



# Quality Account 2022-23



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## About this report

This report provides information about the quality of care we deliver at Austin Health. The information and data in this report complies with the guidelines and obligations prescribed by Safer Care Victoria.

All figures relate to the period 1 July 2022 to 30 June 2023, unless otherwise specified.

Austin Health is a metropolitan health service established under the section 181 of the *Health Services Act 1988 (Vic)*.

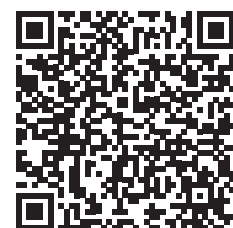
ABN: 96 237 388 063

ISSN: 2208-5580

This report is available online at [austin.org.au](http://austin.org.au)

Austin Health's three main campuses are on the lands of the Wurundjeri People of the Kulin Nations. We pay our respects to Wurundjeri Elders and acknowledge the ongoing connections to land, waterways, culture and lore of the oldest living culture in the world. We acknowledge the Aboriginal, Torres Strait Islander People and all Indigenous nations of the world, who continue to uplift communities and champion rights to land, water, language and traditions. We support the important role Indigenous people continuously hold in our society.

Feedback about this report can be forwarded to the Patient Experience Team by scanning the QR code or emailing [feedback@austin.org.au](mailto:feedback@austin.org.au)



# A message from our Chief Executive Officer and Chief Medical Officer

We are pleased to present the Quality Account Report for Austin Health for the 2022-23 year. This annual quality account serves as a comprehensive reflection of our commitment to delivering high-quality healthcare services to patients, carers and their families. As the Chief Executive Officer and Chief Medical Officer at Austin Health, it's both our privilege and responsibility to share our progress, challenges, and achievements for 2022 - 2023.

Over the past year, our dedicated team of healthcare professionals, administrators, and support staff have worked tirelessly to ensure that every patient who entrusts us with their care receives the highest standard of medical attention and compassion. Austin Health's mission is clear: to improve the health and well-being of our community through excellence in patient care, research, and education.

In this report, you will find an in-depth analysis of our performance across various clinical areas, patient outcomes, and safety measures. We are committed to transparency, and this report provides an honest assessment of our strengths as well as areas where we continue to strive for improvement. Our dedication to continuous improvement is unwavering, and we believe that by acknowledging and addressing our challenges, we can better serve our patients and community.

Throughout the year, we have made significant strides in advancing medical research, education, and innovation. Our partnership with leading academic institutions, including our close ties with the University of Melbourne, has enabled us to push the boundaries of healthcare knowledge and practice. We have continued to invest in state-of-the-art technology and facilities, ensuring that our patients have access to cutting-edge treatments and therapies.

None of our achievements would be possible without the support of our staff, volunteers, and the community. We extend our heartfelt gratitude to each and every one of you for your dedication and hard work. Your commitment to our mission is truly inspiring, and together, we are making a positive impact on the lives of countless individuals and families.

As we look ahead, our vision for Austin Health remains clear: to be a world-leading healthcare provider known for excellence in patient care, research, and education. We understand that achieving this vision requires ongoing collaboration, innovation, and a commitment to putting the needs of our patients first.

We invite you to explore this report in detail to gain insight into our journey and progress. We welcome your feedback and look forward to continuing to work together to improve the quality of care we provide to our community.

Thank you for entrusting Austin Health with your healthcare needs, and for being an essential part of our mission to make a difference in the lives of those we serve.



A stylized, handwritten signature in black ink, appearing to read 'Adam Horsburgh'.

Adam Horsburgh  
Chief Executive Officer

A stylized, handwritten signature in black ink, appearing to read 'Mary O'Reilly'.

Mary O'Reilly  
Chief Medical Officer

# Consumer, carer and community participation

## Engaging with patients as partners

Shared decision making is a crucial way we involve patients in their healthcare journey and ensure our care is centered around them. The Australian Charter of Healthcare Rights empowers patients to decide how involved they want to be in their care and decisions.

We're committed to informing patients about their healthcare rights through our co-designed resources. In 2022-23 we enhanced this effort by adding QR codes to our outpatient appointment letters and creating an easy English version through our Disability Liaison Office.

Learn more by visiting Austin Health's website [austin.org.au/your-rights-responsibilities](http://austin.org.au/your-rights-responsibilities)

## Strengthening consumer partnerships

At Austin Health, consumer partnerships thrive. More than 40 consumer partners represent patient interests and perspectives in safety and quality activities. We actively engage consumers in research and improvement initiatives, and we have a centralised process to monitor and track their participation.

Exceptional consumer engagement is recognised annually during Research Fest. In 2022, our Consumer Partnership Award was won by the Community Rehabilitation Service, for their partnership with consumers in designing and delivering a secondary stroke prevention program. The program focuses on exercise and lifestyle changes to prevent patients experiencing another stroke. Thirty-six people participated in the program and gave their feedback. Following a positive response, the program is now offered, as part of the community rehabilitation service.

## Consumer review group

Our consumer review group plays a vital role in developing patient health information. This group review and approves around 400 documents annually, to ensure the documents are easy-to-understand. Look for their 'consumer tick' of approval on our patient resources.



## Empowering through shared decision making

In 2022, we introduced training on shared decision making for staff. This model empowers patients in their healthcare choices. The training is accessible on our internal learning management system and combines interactive materials and videos to support staff in providing patient centered care.

## Empowering patients in 2023

This year, we're introducing several initiatives to support patients, families, and carers

- creating ways for our consumer partners to engage with patients to find out about their experience at Austin Health
- improving our audit tools for diverse and inclusive engagement
- providing communication boards to help improve communication between our patients and their care team
- supplying our patients with a discharge information pack when they leave hospital
- enhancing our informed consent practices
- offering an easy-to-understand medicine list to our patients when they leave hospital

## Access to certified interpreters

Clear communication is key when providing quality patient-centered care.

During the 2022-23 financial year, Austin Health's data shows approximately 16 per cent of outpatients treated at Austin Health were of culturally and linguistically diverse backgrounds.

Our Language Services department provides National Accreditation Authority for Translators and Interpreters (NAATI) certified interpreters, to patients from culturally and linguistically diverse backgrounds. Language Services received 351 requests for Auslan interpreters during 2022-23. A total of 89.8 per cent of these requests were met with 10.2 per cent unable to be met due to the short notice and interpreters not being available at the requested time. Alternative solutions of video interpreters were offered, and alternate times were investigated to ensure the communication needs of our patients were met.

Due to the easing of COVID-19 restrictions during the 2022-2023 financial year, there was a notable rise in the provision of face-to-face interpreters compared to the

previous financial year. Additionally, there was an overall increase in interpreter activity, with 17,232 appointments provided.

Our data shows we provided face-to-face interpreters on 7,466 occasions, an increase of 543 per cent compared to the previous year. There was a corresponding decrease of 69 per cent for telephone interpreting, with 8,931 interpreters provided via telephone.

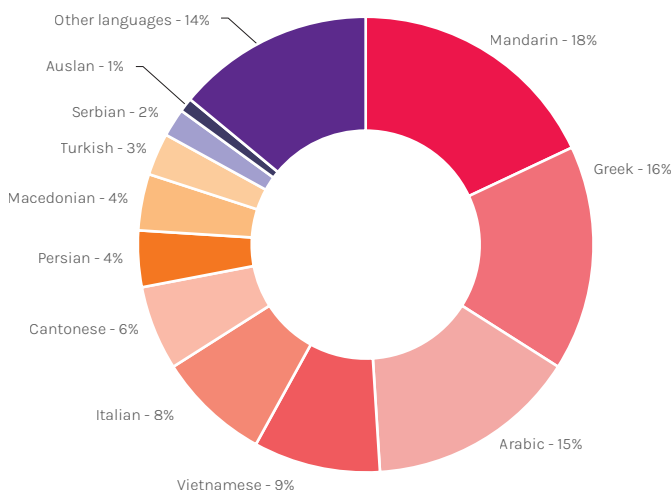
This corresponding downward trend in the use of interpreters via video technologies (Teams and Telehealth) occurred across many clinics, wards and departments. We provided 835 interpreters via video, a decrease of 64 per cent compared to the previous year.

We provided 195 written translations of hospital resources into Simplified Chinese, Arabic, Italian, Vietnamese, Persian, Greek, Traditional Chinese, Turkish, Macedonian, Serbian and Bosnian/Croatian (listed in order of demand). This is a decrease of five per cent compared with the previous year.

During 2022-23, the languages most frequently requested for interpreters were: Mandarin, Greek, Arabic, Vietnamese, Italian, Cantonese, Persian, Macedonian, Turkish and Serbian (in order of demand).

We continue to provide translation services to our community and are constantly seeking new ways to ensure patients from all backgrounds and abilities are able to make informed decisions participate in all discussions about their healthcare.

**Interpreter services provided by language 2022-23**



## Disability Action Plan

Austin Health is committed to ensuring safe and effective healthcare is available to those who need it, with our second Disability Action Plan (DAP) launched in December 2022.

The DAP 2023-26 lays a foundation for our organisational approach to all disability related improvement work. The DAP draws together our existing and planned activities under three priority areas.

Targeted strategies, specific actions and key performance indicators were developed against the National Safety and Quality Standards ensuring legislative responsibilities are met. The Disability Liaison Officer (DLO) program aims to address and improve barriers faced by people with disability when accessing mainstream services and build a culture of disability inclusion at Austin Health. The DLOs form a key role in ensuring the organisation progresses its actions.

- *Priority Area 1: Inclusive* – We create an inclusive culture by ensuring representation of people with a disability. We have developed a workforce diversity and inclusion plan, as well as the development of a research project to further understand the baseline knowledge of disability awareness across the organisation.
- *Priority Area 2: Accessible* – Our built environments, information and communication are accessible to people with disabilities. Progress towards this area has included improvements in the accessibility of the external web page of Austin Health which now includes access to social stories, the autism care plan and access to Auslan interpreters. In relation to the built environment, the DLO team recently worked with the sustainability team to install incontinence bins in male toilets across our Austin and Heidelberg Repatriation Hospital sites.
- *Priority Area 3: Effective* – Our actions provide effective and safe patient care. The DLO program has supported people with disabilities to access inclusive, equitable and safe healthcare. The DLOs have supported people in accessing inpatient and outpatient services across the organisation by advocacy, provision of disability specific advice, resources and support across Austin Health services. This has included assisting patients to avoid presentations to the emergency department by facilitating direct admissions or working with community partners. A disability identified question set was embedded into the patient admission form in the electronic medical record from March 2023. This will help inform improvement initiatives and measure outcomes for patients with disabilities.

## Improving care for Aboriginal patients

We aim to provide a culturally safe and welcoming environment for Aboriginal and Torres Strait Islander staff, patients and their families.

As part of this commitment, we are one year into our innovate Reconciliation Action Plan (RAP) 2022-24 which outlines our continued commitment to reconciliation and articulates the steps we will take to achieve this vision.

Achievements to date include:

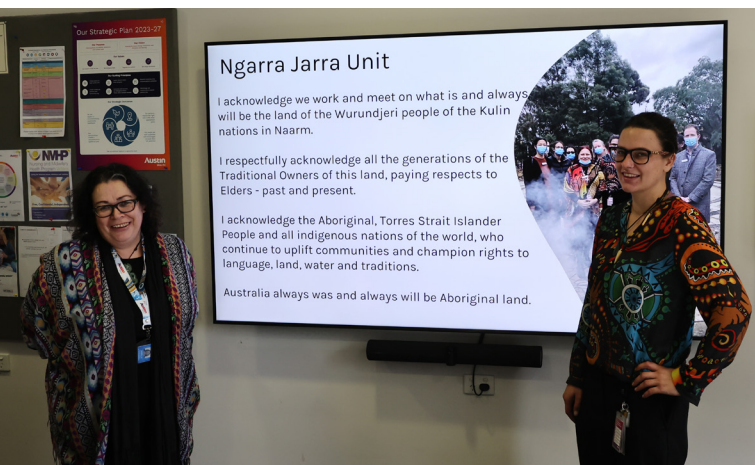
- promotion of our vision for reconciliation and enhanced education via the induction program for new employees, staff mandatory training “living the values” module, a dedicated space on the Austin Health website containing reconciliation resources and display of the vision in prominent areas across the organisation
- Austin Health has registered as a supporter of the “Racism. It Stops With Me.” campaign with the Australian Human Rights Commission
- development and launch of the Social Procurement Strategy 2023-25 to increase Aboriginal and Torres Strait Islander supplier diversity, to support improved economic and social outcomes
- celebration of National Reconciliation Week with a “You can’t ask that” video and webinar. Resources and materials were provided to staff to build awareness and understanding of Aboriginal and Torres Strait Islander culture and to encourage participation of staff at a number of external events.
- celebration of NAIDOC Week across Austin Health. We held a Grand Round celebrating our Elders and featuring Uncle Kevin Coombs and Janine Coombs.
- acknowledging important cultural days, by gathering staff from across the organisation to be immersed and engaged in these cultural events.
- stories featuring Aboriginal staff communicated regularly on Austin Health’s internal and external media platforms
- Ngarra Jarra Aboriginal Health Unit provides cultural education to external organisations strengthening our community partnerships.

In addition to the RAP, our focus this year has been to improve our monitoring and reporting on safety, quality and care of our Aboriginal and Torres Strait Islander patients with the development of:

- a Cultural Safety Action Plan for Austin Health
- an Aboriginal cultural safety dashboard that is reviewed regularly at the organisation-wide Aboriginal Health Governance Committee, Closing the Gap. Key areas are tracked including Aboriginal and Torres Strait Islander patient activity, their health needs and rates of identification of Indigenous patients.
- a new Aboriginal employment working group with the aim of attracting, retaining and developing Aboriginal and Torres Strait Islander staff, as well as building relationships with external stakeholders.
- a survey of our Aboriginal and Torres Strait Islander patients to find out what matters to them and how their experience could be improved. Eighty-one per cent of Aboriginal and Torres Strait Islander people who responded reported feeling culturally safe. Some patients requested information about the Ngarra Jarra Aboriginal Health Unit be more visible. Based on the feedback, posters and information were developed and are now displayed throughout the hospital.
- a smoking ceremony procedure to ensure the Aboriginal culture and traditions are upheld and performed with respect. Smoking ceremonies are undertaken by a member of our Ngarra Jarra Aboriginal Health team and are used in the context of healing, spiritual renewal and strengthening. This has resulted in our Ngarra Jarra Aboriginal team performing regular smoking ceremonies.
- a Sorry Business/Sad News procedure to ensure culturally safe care and provide knowledge to staff caring for Aboriginal and Torres Strait Islander patients at the end of life.
- systems to ensure correct identification of our Aboriginal and Torres Strait Islander patients. This includes cultural training sessions for staff working in high priority areas, awareness raising and display of visual reminders on computer screen savers, desk tents and posters.

The above strategies have had a positive impact with the number of Aboriginal and/or Torres Strait Islander patients accessing Austin Health’s services rising across all areas.

In the 2022/2023 financial year, 1596 Aboriginal and/or Torres Strait Islander patients presented to the Emergency Department (an increase from 1458 in 2021/2022) and 1922 inpatient admissions (up from 1750 in 2021/2022).



## Our commitment to gender equality

Austin's Health's first Gender Equality Action Plan 2021–2024 was approved by the Commission for Gender Equality in the Public Sector and published in July 2022. It guides our priorities and strong commitment to promoting gender equality in our workplace and across programs and services we offer to patients and the community.

A Gender Equality Working Group was established in September 2022 and is leading this important work across our organisation.

## Creating a safe and welcoming environment for the LGBTQIA+ community

We aim to provide our LGBTQIA+ community, including staff, patients and their families, a safe and welcoming environment at Austin Health.

To support this, the following initiatives have been achieved:

- the creation of a suite of LGBTQIA+ resources on our intranet site to support managers and employees. These resources include:
  - understanding gender identifiers
  - an LGBTQIA+ inclusive language guide
  - understanding pronouns
  - how to be an ally
  - 'all welcome' posters including the Austin Health inclusion statement.
- an e-learning module aimed at raising awareness about LGBTQIA+ inclusion, particularly in the workplace, has been made available to our staff. This module has been developed by Pride in Diversity and the Australian Red Cross
- gender pronoun badges and pride rainbow lanyards/ name badge stickers are now available for staff.

## Our people, their stories

Our 2023 cultural calendar '*Our people, their stories*' recognises our wonderful staff and volunteers. It is an opportunity to celebrate our people and share their stories. It is also about building a shared understanding of different backgrounds, experiences and beliefs.

Building on previous year's success, this year's calendar features 14 of our staff and volunteers who share their story, culture, traditions and explain the importance of a cultural event or significant date. Included in the 2023 cultural calendar are feature stories about the Midsumma Pride Festival, Pride Month and International Non-Binary People's Day. These stories are shared monthly both internally and across various social media channels.

We have also celebrated a number of significant dates in the LGBTQIA+ calendar:

### Midsumma Pride March

Austin Health participated in the Midsumma Pride March this year with numerous organisations and community groups showing our love and support for the LGBTQIA+ community.

### Wear It Purple Day

Wear it Purple Day is an annual celebration of LGBTQIA+ youth. It's all about supporting the LGBTQIA+ community, creating a sense of inclusion, safety, empowerment and raising awareness of the challenges faced by young rainbow people. By celebrating Wear it Purple Day, we demonstrate a sense of community and solidarity with LGBTQIA+ youth and help our staff members and patients feel seen, cared for, respected and celebrated.

### Pride Month celebrations

Pride Month is in June and celebrates the diversity of the LGBTQIA+ community. It's a time to reflect on how far civil rights have progressed, as well as an opportunity to continue raising awareness and educating the community.

Austin Health's workforce Diversity and Inclusion Plan 2020-23 commits to recognising that our people are our greatest strength. We want them to thrive, be their best selves, and feel engaged, safe and empowered. To achieve this, diversity and inclusion is essential to our culture and our values.

This year, for the first time, a Pride Month 'best dressed/ward/department/team' competition was identified by staff as one of the ways in which Austin Health could get involved in celebrating Pride Month. Teams were invited to submit photos from their celebrations, to go into the running to win an entertaining morning/afternoon tea with the fabulous Frock Hudson.



# Patient safety, experience and clinical excellence

## Complaints management

We listen. We learn. And we improve. Feedback from our patients and visitors about their experience helps us improve our services and the quality of care we provide. Feedback forms are available across all of our sites. Feedback can also be provided by phone, email, and by completing an online form, available on our website. All complaints are followed up by the most appropriate senior staff and are used to drive quality improvements.

The 2022/2023 feedback results are trending in a positive direction when compared to the 2021/22 financial year.

In the 2022/2023 financial year Austin Health received:

- 1291 complaints (decreased from 1485 in 2021/22, down 13 per cent)
- 817 compliments (an increase from 602 in 2021/22, up 35 per cent)

Austin Health staff use the ‘You Said We Did’ methodology when implementing improvements, as a result of patient and consumer feedback. This methodology was recently applied when consumers reported a lack of hospital parking spaces available for patients attending the Health and Rehabilitation Centre. Austin Health staff contacted the car parking team and arranged for more long-term parking spaces to be limited to three hours in the patient parking area located nearest to the building. This resulted in improved access to parking throughout the day for our patients, who often have mobility issues.

## Victorian Health Experience Survey Results

Patient experience measures are an essential component of evaluating and enhancing the quality of healthcare services. These measures provide a patient-centred perspective on interactions with health-care providers and contribute to overall safety and quality monitoring within the health system.

The Statement of Priorities is an agreement made annually between public healthcare services in Victoria and the Health Minister. The Victorian Health Experience Survey (VHES) measures how well we’re doing by asking patients about their experiences. A key performance measure in our Statement of Priorities is positive patient experience responses from the VHES. The Department of Health’s target for positive patient experience responses is 95 per cent.

Austin Health exceeded the Department of Health’s target in quarter one (July – September 2022) and quarter three (January – March 2023) and almost achieved their target quarter two (October – December 2022).

The table below shows Austin Health’s VHES results for positive patient experience and the results for the key aspects of care that influenced our patient’s overall experience.

Austin Health VHES Results 2022/2023	Jul – Sep 2022	Oct– Dec 2022	Jan– Mar 2023
<b>Positive patient experience responses</b>	<b>95.6%</b>	<b>93.1%</b>	<b>96.4%</b>
Before you arrived at hospital, did the hospital give you useful information on what to expect from your stay?	93.9%	89.8%	87.3%
Did you feel cared for?	88.8%	87.2%	88.1%
While you were in the hospital, did you feel safe?	91.6%	96.2%	97.0%

## Patient experience

During 2022 and 2023, the number of COVID cases in the community decreased and we were able to move towards a ‘post pandemic approach’ to delivering care and services to our patients and consumers. The COVID visitor restrictions have been extremely challenging for our patients, their families and our staff. Our patients and staff welcomed the easing of visitor restrictions, allowing more visitors into the hospital, for extended periods of time, to support our patients. As soon as we were able, we opened visiting during lunch and evening meals times, allowing families and carers to support patients to eat their meals.

## Emergency department re-assessment area

We acknowledge patients in the Emergency Department can deteriorate while waiting to be seen. Posters providing clear instructions on how to seek assistance are now displayed in both our adult and paediatric waiting areas. We have also developed a new re-assessment area in the Emergency Department waiting room. Patients who are worried that their symptoms have worsened can sit in this dedicated area, alerting staff that they need urgent review. This helps avoid the need for patients and carers to re-approach the triage desk.



## Patient experience improvements in Specialist Clinics

Specialist Clinics staff have made changes to improve the overall experience and responsiveness for patients and consumers seeking assistance from the Specialist Clinics Call Centre.

Patients and consumers regularly provide feedback about the Specialist Clinic Call Centre response times. We therefore commenced a review to better understand the demand for our Specialist Clinics Call Centre. Through this process, a few important issues were identified:

- the ‘Google’ search for contacting Austin Health listed the Specialist Clinic Call Centre as the contact phone number for Heidelberg Repatriation Hospital. This issue has been fixed.
- additionally, a callback feature was introduced to the Specialist Clinic Call Centre. This feature assists patients and consumers to receive a callback within 24 hours of contacting the Call Centre.

Specialist Clinics also worked to improve patient experience by trialling a ‘Set Appointment’ pilot across eight units for 12 weeks.

This pilot provided patients with a pre-booked appointment date/time rather than patients being invited to contact the Specialist Clinic Call Centre to schedule an appointment. Patients involved in the pilot received their appointments via a text message and were provided the opportunity to confirm, cancel and rebook via a link on their text message. The text message also provided our patients with an alternative to contacting the Call Centre, which improved communication opportunities and decreased demand for the Call Centre. A small number of patients involved in the pilot were surveyed, with 90 per cent of surveyed patients indicating they were satisfied/very satisfied with the text message process to receive their appointment

We continue to work towards improving patient communications and experience in our Specialist Clinics.

## Improving discharge processes

Austin Health staff are committed to improving the process of leaving hospital. We have completed and continue to work on a number of initiatives to improve our patient’s discharge experience including our:

- **patient friendly medication list** - A list of medications that patients can easily understand. This list is also included in our patient’s medical discharge summary
- **patient friendly discharge summary** - Currently patients receive a copy of their medical discharge summary when they leave hospital. We have developed a patient friendly version of the discharge summary that is easy to understand. It will include important information including who to contact if patients have questions after they are discharged. We plan to provide the patient friendly version of the discharge summary to patients in 2024

- **discharge information packs** - A new resource is being developed to help patients and their carers store and access important information they might need after leaving the hospital
- **general practitioner feedback** - Austin Health collects feedback from GPs about the quality and timeliness of discharge summaries they receive from our health service. This feedback is provided to the doctor who wrote the discharge summary for quality improvement purposes
- **general practitioner details** - We are improving our processes to ensure our patients GP details are accurately recorded in our system. This improvement will ensure important medical information is sent to the patient’s correct GP in a timely manner.

## Patient safety

Austin Health is committed to the delivery of safe, high-quality health care in a compassionate environment where patients and their families can receive appropriate medical care and support during times of illness. Every person who seeks care at Austin Health has the right to an experience that not only meets but exceeds their expectations.

We are always striving to achieve excellent clinical outcomes and delivering on this requires a coordinated and robust approach to clinical governance. Our governance framework supports our organisation by championing patient centered care and process transparency. We engage subject matter experts and consumer representatives to actively participate in our adverse event reviews, to ensure our service improvements consider peer perspectives and consumer interests, respectively.

## Statutory duty of candour

Safer Care Victoria (SCV) introduced Serious Adverse Patient Safety Events (SAPSE), in December 2022. SAPSEs are the equivalent of Incident Severity Rating (ISR) 1 and 2 events, resulting in, or likely to result in, unintended or unexpected harm (moderate harm, severe harm, or prolonged psychological harm) to the patient.

SAPSEs are subject to Statutory Duty of Candour (SDC) legislation. Health service entities are responsible for ensuring disclosure occurs in cases of serious harm. The duty of candour requires: an apology to anyone seriously harmed while receiving care, or to their family where the patient lacks capacity or has died and an explanation, in writing, about what happened, a description of what action will be taken, and improvements put in place.

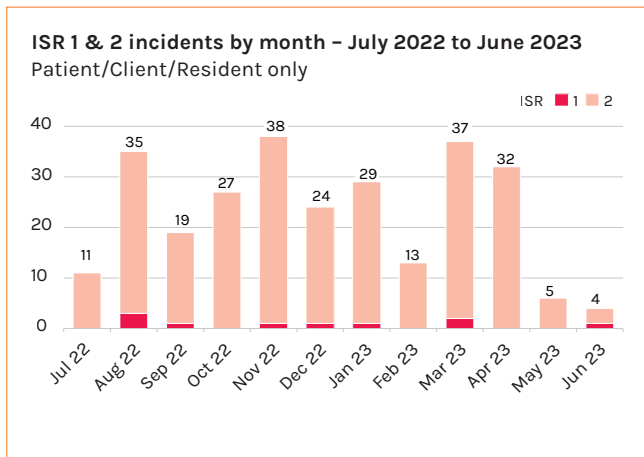
At Austin Health, our Patient Safety Team completes a review of the SAPSE and produces a report and our Patient Experience Team offers to facilitate a meeting between patients, their family, and our clinicians. Patients and / or their families who wish to be involved in the SDC process receive a written summary of their meeting and a copy of the review report, as part of the SDC process.

Between the 1 December and the 30 June 2023, 22 SAPSEs were reported and subject to SDC legislation. Fourteen patients chose to participate in the SDC process, and eight patients chose to 'opt out' of the SDC process.

## Serious adverse patient safety events

This financial year, 15 incidents with an ISR of 1 and 265 incidents with an ISR of 2 were reported and reviewed, with recommendations for improvement made. At the end of April 2023, The Office of the Chief Psychiatrist, in conjunction with the Victorian Agency for Health Information, ended the mandatory ISR 2 reporting of sexualised behaviours. This change in reporting is reflected in our data as a significant decrease in ISR 2 incidents from May 2023 onwards.

Sexualised behaviours continue to be a risk to Austin Health staff. Appropriate reporting, management and counselling for staff remains a priority.



Austin Health's investigation procedure is constantly being refined. The introduction of SAPSEs and SDC legislation has generated more structure in our adverse event response when an ISR 1 or 2 event is recorded in our RiskMan incident reporting register. A patient safety huddle involving relevant clinicians, managers, patient experience staff and clinical excellence coordinators is held within 48 hours of notification. Patient safety huddles provide an overview of the incident, address any immediate patient safety concerns, confirm the validity of the incident, ensure open disclosure has occurred with the patient and their family, and support the progression of the review. This is then followed by an in-depth panel review using a methodology approved by SCV.

Incident reviews have led to recommendations for improvement initiatives including:

- introduction of an Ambulance Victoria off-load area and waiting room nurse to closely monitor patients awaiting admission through the Emergency Department
- implementation of a prep, stop, block approach to lateralising anaesthetic blocks across the Austin and Heidelberg Repatriation Hospital campuses
- improved visibility of patient and carer escalation signage across the organisation, to promote use of this service, in case of patient or family concern for patient deterioration
- development of a Respond Grey escalation process that supports patients and clinicians when behaviours of concern are unable to be managed effectively
- reestablished the process for the communication of critical results from pathology to clinicians
- added criteria for a Medical Emergency Call in the Emergency Department.
- various care documentation and clinician communication improvements such as checklists, simulations, and meetings
- shared general learnings with other healthcare organisations.

The most serious SAPSEs must be reported to SCV as sentinel events. This year there were five sentinel events reported across Austin Health for the period 1 July 2022 - 30 June 2023. One of these reviews was conducted in conjunction with Ambulance Victoria.

## We're working together to improve patient care

The Adverse Events Committee (AEC) continues to provide high level endorsement of completed ISR 1 & 2 incident reviews through case presentation, recommendations, and monitoring of agreed timeframes for implementation across Austin Health. Over the past 12 months, the AEC has noted a renewed enthusiasm for patient safety across the organisation and the majority of recommendations are implemented within the agreed timeframes. This ongoing evaluation will assist in improving the effectiveness of our incident management and investigations systems.

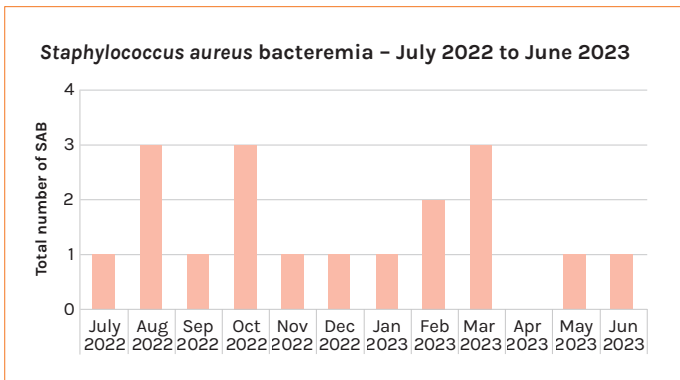


## Infection control

Austin Health staff have worked hard to reduce infection rates across all our care facilities. We are pleased to report their hard work is showing positive results for patients.

### Staphylococcus aureus bacteremia

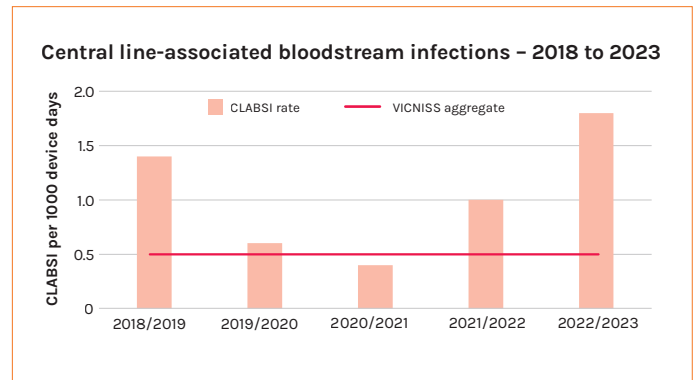
*Staphylococcus aureus* bacteremia (SAB) bloodstream infections are often associated with health care and occur when *Staphylococcus aureus* bacteria also known as *S. aureus* or golden staph cause an infection of the bloodstream, or bacteremia. Our SAB rate has decreased from 1.0 per 10,000 occupied bed days (OBD) 21/22, to 0.6 this year. Our SAB rate is below the Victorian Department of Health’s target of 0.7 per 10,000 OBD, and the national benchmark of 1.0 per 10,000 OBD. Our goal is to achieve zero infections through consistent practice in inserting and caring for peripheral and central intravenous lines.



### Central line-associated bloodstream infections (CLABSI)

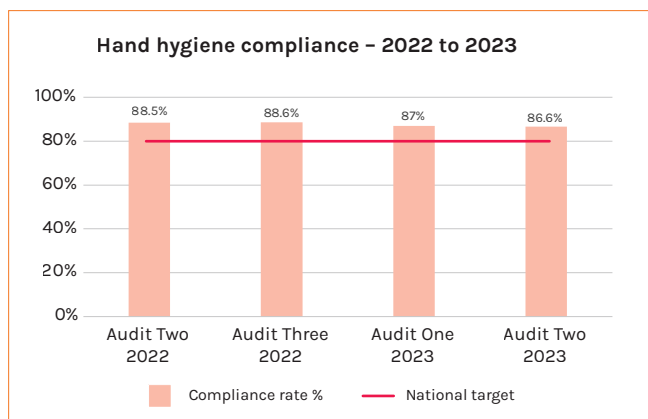
The rate of central line-associated bloodstream infections (CLABSI) has increased, from 1.0 per 1,000-line days last year to 1.54 per 1,000-line days this year. This is above the Victorian Hospital Acquired Infection Surveillance System (VICNISS) five-year aggregate rate of 0.5 per 1,000-line days. We aim to achieve zero CLABSI in line with the Department of Health’s target. Actions taken to reduce the rate of CLABSI and increase the safety of our patients include:

- Use of daily Chlorhexidine body wash for all patients with a central line
- Focus on improving hand hygiene compliance
- Focused on aseptic technique compliance



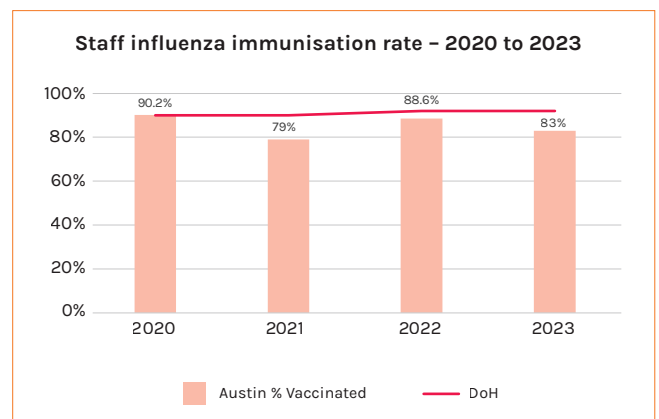
### Hand hygiene

Austin Health audits hand hygiene compliance as part of the National Hand Hygiene Initiative. For the past three audit periods, we achieved greater than 85 per cent compliance with hand hygiene, which is above the national target.



### Staff influenza vaccination

Influenza immunisation is offered to staff annually, to protect them and our patients against the flu. In 2023, 83 per cent of staff were vaccinated, 83.1 per cent Category A/B and 82.3 per cent Category C. These rates were below the Department of Health’s target of 100 per cent Category A/B staff and 92 per cent for Category C.

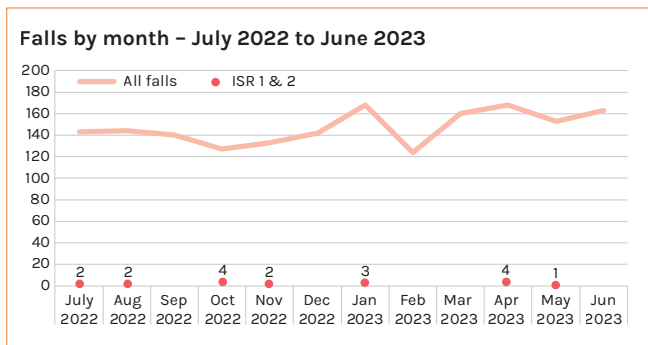


## Preventing falls

Across the organisation we have seen a year-to-year increase of 7.5 per cent in the total number of falls, however the number of falls with serious harm (ISR 1 & 2) has decreased by 44 per cent. The Medical Division has reduced their total number of falls by 2 per cent and has had a 71 per cent reduction in falls with serious harm.

At our Heidelberg Repatriation Hospital, Ward 10 had one of the highest rates of falls incidents in the organisation. Consequently, they focused on falls as their largest quality improvement project. Ward 10 staff made significant changes in their approach to falls by adopting an “eyes on” model. This project has included a number of phases, including reviewing the trends in falls, a focus on Team Nursing and multidisciplinary education provided by the Physiotherapy team.

Over a six-month period, Ward 10 had (approximately) a 50 per cent decrease in unwitnessed falls, despite a 20 per cent increase in their patient admission numbers. The Continuing Care Division has embraced this successful local area initiative as an opportunity for both replication and research.



## Escalation of care

Austin Health remains committed to helping patients and their carers to monitor their progress and be able to escalate their care concerns, when required, while in hospital. Our patient escalation of care process is called PACE (patient and carer escalation). PACE is a simple three step process, to help address concerns about the patients' health care needs. If needed, an independent clinical staff member will listen to the concerns raised and put strategies in place to address them.

Between July 2022- June 2023 there were 19 PACE calls, eight more than the previous year and four more than in 2020/2021. Most of the PACE calls were made by family members, with the time of the PACE call more likely to be made in the late afternoon or early evening.

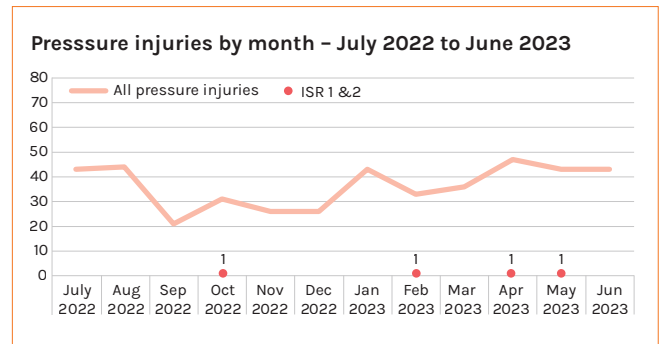
During 2023, there has been a sustained effort to increase the visibility of the PACE call posters across ward areas. In addition, an area specific escalation process was put in place within the Emergency Department waiting room. All PACE calls are reviewed, for quality improvement purposes.

## Preventing pressure injuries

A pressure injury is a localised injury to the skin and/or underlying tissue, usually over bony prominences. Patients who experience pressure injuries can experience an increased length of stay as well as associated discomfort and distress.

Austin Health experienced a two per cent increase in total number of pressure injuries, however an eight per cent decrease in stage 3, 4, suspected deep tissue and unstageable pressure injuries.

Detection of at-risk patients and early skin changes is vital to prevention of, or deteriorating pressure injuries. Ward staff are improving their documentation of skin assessment in patient progress notes. The Pressure Injuries Committee is currently awaiting the results of local evaluations to determine the viability of implementing an organisation-wide tool.



## Mental health

Restrictive practices in Mental Health services are benchmarked each year to ensure quality and safety.

We are required to report on seclusion rates and the use of mechanical and physical restraint within our psychiatric inpatient settings. We do this via a monthly safety and quality meeting, which is chaired by the Medical Director Mental Health.

We are active participants in the Victorian Department of Health's Creating Safety group, which ensures restrictive practice is minimised and our Medical Director is a member of the Office of the Chief Psychiatrists oversight meeting on restrictive practices.

This past year has seen ongoing acuity pressures on mental health services related to the shifts in presentation post COVID-19, the evolving impacts of the Royal Commission into Victoria's Mental Health System and the bottleneck of insufficient beds in the mental health sector. At the same time there have been ongoing increases in incidents of violence and aggression with significant impacts on staff wellbeing and retention.

The Mental Health Complaints Commissioner (MHCC) has also focused on restrictive practices in mental health wards and increasingly in Emergency Department and general hospital settings. These have culminated in higher rates than we would like in documented seclusion and restraint for this year.

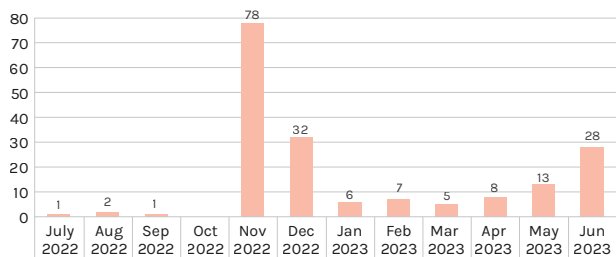
The intent of the Royal Commission is to provide high quality mental health services that can be accessed easily, close to home and ensure consumers and carers' voices are heard in their recovery journeys. We hope that future bed openings across the sector will enable us to meet demand which would in turn would further support the objectives of the Royal Commission.

The adolescent and adult acute inpatient units experienced increases in the use of seclusion to manage acuity and patient and staff safety. The increases were related to individual consumers with high acuity and forensic histories and periods of higher acuity on the wards which increase the chances of violence. Restrictive practices were necessary to ensure safety for the individual, the other consumers, and the staff.

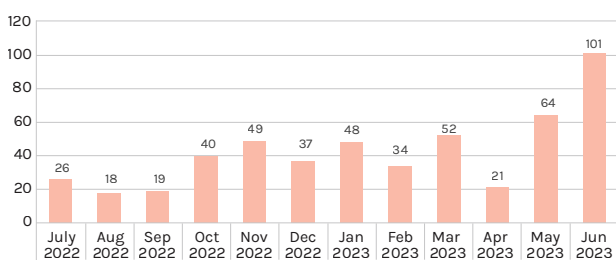
The lower acuity units Secure Extended Care Unit, Ward 17 (Veterans inpatient unit) and Brain Disorders Unit were able to maintain seclusion rates under the expected thresholds.

The seclusion rates within the Adolescent Inpatient Unit fluctuated over the year and again were predominantly determined by individual consumers with high acuity needs and low affect regulation capacity.

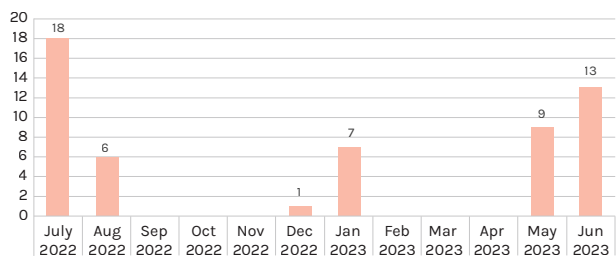
**Episodes of seclusion by month - July 2022 to June 2023**



**Physical restraint by month - July 2022 to June 2023**



**Mechanical restraint by month - July 2022 to June 2023**



## Blood products

We continue to include our patients in decisions about their care, including when they are recommended to receive a blood transfusion or a transfusion of other blood products (e.g. fresh frozen plasma or platelets).

Our most recent audit results showed 97.9 per cent of patients receiving blood transfusions had documented evidence of informed consent. This pleasing result has been consistently achieved throughout the 2022/23 financial year.

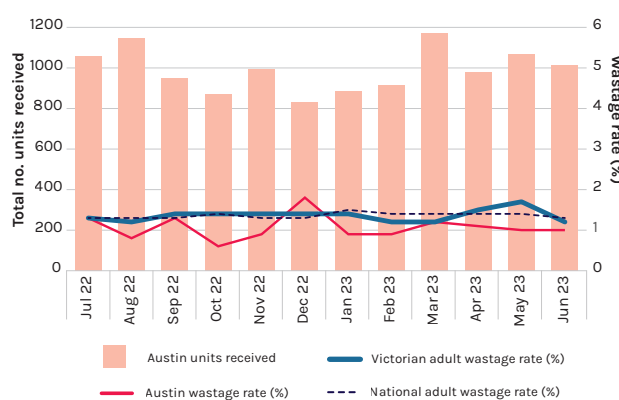
## Blood wastage

As blood is a precious resource, we monitor all blood transactions to ensure that the right blood has been given to the right patient, and to ensure that blood is not wasted.

We do this by ensuring that all requests for blood have a minimum of three patient identifiers, enforcing the 30-minute rule when blood has been removed from cold storage, and we do not allow blood to be kept in local ward fridges.

We track all blood to remote areas to ensure that the cold-chain of the product is maintained at all times to reduce wastage. All blood usage and wastage are monitored and audited. Our audit results for the 2022/23 financial year show our blood wastage rate was only one per cent, which is below the Victorian and national wastage rates.

**Adult red cell units received and wastage rate - July 2022 to June 2023**



## Accreditation

All Australian health services are surveyed under the National Safety and Quality in Health Service Standards (administered by the Australian Commission on Quality and Safety in Health Care). This includes acute care, sub-acute care and mental health services.

In September 2022, Austin Health underwent a rigorous accreditation process against the National Safety and Quality Health Service Standards for Hospitals, reflecting the institution's unwavering commitment to delivering high-quality healthcare. The accreditation process is a comprehensive evaluation of healthcare facilities to ensure they meet the highest standards of safety, patient care, and quality.

Austin Health successfully achieved accreditation in September 2022, demonstrating our dedication to providing exceptional healthcare services to our community. This accreditation affirms that our hospital meets or exceeds the stringent national standards set forth for healthcare organizations in Australia.

During the accreditation process, Austin Health's performance across various domains, including clinical governance, patient care, safety, and leadership, was thoroughly assessed. The assessment considered factors such as infection control, clinical outcomes, patient experience, and the effectiveness of our quality improvement initiatives.

Our success in achieving accreditation in September 2022, is a testament to the hard work and commitment of our healthcare professionals, staff, and leadership team. It reflects our continuous efforts to improve patient safety, clinical outcomes, and the overall quality of care provided at Austin Health.

This accreditation also underscores our dedication to transparency and accountability. It assures our community that Austin Health adheres to the highest standards of care, and we are committed to ongoing quality improvement efforts to further enhance our services.

As we move forward, we will use the insights gained from the accreditation process to identify areas for further improvement and innovation. We will continue to collaborate with our staff, patients, and stakeholders to ensure that Austin Health remains a trusted healthcare provider and a centre of excellence in the field of healthcare.

## 2022 People Matter Survey

The People Matter Survey is the Victorian public sector's independent employee opinion survey. It is an important source of valuable feedback and helps us to understand where we are doing well, where improvements need to be made, and to determine what is important to our people. The survey invites our people to express their views across a range of areas including patient safety.

The 2022 People Matter survey provides benchmarking data with the overall Victorian Public Service and a comparator group. The comparator group benchmarking

data represents results for a collection of Victorian health services that participated in the survey.

Austin Health's response rate for 2022 was 37 per cent, a significant increase from the 25 per cent rate in 2021 and 22 per cent in 2019. Our health services comparator group received a 27 per cent response rate.

The People Matter Survey is the primary tool used to measure staff engagement across the organisation. The employee engagement index is a key measure indicating the health of the organisation and consists of five specific questions.

The 2022, the employee engagement index score was 72 per cent, compared with 73 per cent in 2021. Many health services reported a downward trend in their engagement scores compared to their 2021 results. Austin Health's employee engagement index score is a relatively positive result, being four points higher than the comparator group's results and six points higher than the overall public health service's results. Maintaining employee engagement through another challenging period is a significant achievement.

Our overall patient safety culture result was 74 per cent. This is a two per cent increase on the 2021 result. In the set of eight questions addressing different aspects of patient safety, Austin Health improved its scores in all but one question, which remained unchanged. Austin Health scored consistently higher than its comparator group for the patient safety culture category.

## Building the capability of our people

The 2023 Frontline Leadership program commenced in May 2023 and is an example of our commitment to invest in our people and build leadership capability across our organisation.

The aim of the program is to build the capabilities of participants to navigate day-to-day leadership scenarios and challenges in our ever-changing environment.

More than 80 Austin Health people will be involved in six full day sessions and are provided the opportunity to learn more about their leadership style, their strengths, professional development needs and to plan for their own progression in a supportive environment.

Topics explored in these sessions include:

- understanding self as a leader
- managing people and teams
- managing change
- managing performance and development
- influencing and managing stakeholders
- strategic thinking.

This program is designed for frontline leaders in clinical and non-clinical areas of Austin Health and provides participants with the opportunity to learn alongside a diverse group of frontline leaders, from across the organisation, to expand their network.

# Future care planning

Future Care Planning is a new conceptual model introduced at Austin Health to support clinicians with high quality, patient-centered and effective care planning with our patients for both immediate and longer term medical needs.


At the end of 2022, the previous End-of-Life Committee transitioned to the Future Care Planning Committee. This committee aims to provide leadership and governance to facilitate care planning conversations and decision-making with our consumers.


The nine pillars of Future Care Planning include prognostication, shared decision making, determining decision making capacity, identifying Medical Treatment


Decision Maker, informed consent, Goals of Care and Escalation form, advance care planning and end of life care.

Expert knowledge and skills in Future Care Planning maximise a clinician's ability to support our patients to reach their medical, social and personal goals. To upskill clinicians, we have developed guidelines, procedures, and compiled a list of resources available to staff. Education to new staff is provided during orientation for medical and nursing services. End of life care data, including the Quality of Death and Dying Audit and the Palliative Care Outcomes Collaboration (PCOC) Report provides us with useful information to drive quality improvement.

**Clinicians working collaboratively to support patients to reach their medical, social and personal goals through expert knowledge and skills in:**

 **Prognostication, recognition of acute deterioration and those nearing end of life.**

						
Shared decision making	Determine decision making capacity	Identifying Medical Treatment Decision Maker	Informed Consent	Goals of care and escalation form	Advance Care Planning	End of life care

 **Communication skills**

## Immediate future planning

For **current illness** treatment decisions

## Longer term future planning

In the event that a patient:

- **loses capacity** in relation to a particular decision
- **acutely deteriorates** (in or out of hospital)
- is approaching **end of life**



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