
First in care

MELBOURNE HEALTH QUALITY ACCOUNT 2015/16



First in Care, Research and Learning

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Melbourne Health acknowledges the traditional owners of this land, the Wurundjeri people of the Kulin Nation. We pay our respects to their Elders, past and present.

Cover image: Registered nurses, Amy Howe and Ashlea Stacey.

In 2015, Amy and Ashlea won Melbourne Health's annual *You Made A Difference – Team Award*. Read their story on page 11.

Melbourne Health Quality Account 2015/16
Production: Melbourne Health Public Affairs
Design: Ckaos
Photography: MH Medical Illustration

Welcome

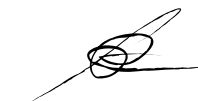
Our aim is to make Melbourne Health the best place to work and the best place to be treated and cared for.

WE ARE PLEASED TO present the Melbourne Health Quality Account for 2015–16.

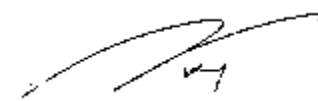
Safety continues to be the foundation of everything we do and the focus of every decision we make. In 2015–16 we set the groundwork and embarked on one of the most critical pieces of work to help guide improvement and strengthen our safety culture. It is called the *Because We Care Cultural Transformation Program*. This is a long-term program which aims to make Melbourne Health the best place to work and the best place to be treated and cared for – somewhere you would recommend to family and friends.

This report provides a snapshot of our work throughout the 2015–16 year and describes how we continually strive to create a safer environment for our staff, patients and consumers. It highlights our service improvements, new programs and ways in which we are continuing to put our patients and consumers at the heart of everything we do. We invite you to learn more about these initiatives in the pages that follow.

We hope you enjoy reading the stories within, and get in touch with us to let us know what you think.



Mr Michael Gorton AM
Board Director and Chair
of Melbourne Health
Clinical Governance and
Improvement Committee



Dr Cate Kelly
Executive Director
of Clinical Governance
and Medical Services



We are caring for more Victorians than ever before

92,600+

inpatients were cared for by
our services

178,000+

people attended outpatient
appointments

68,500+

people received urgent care in our
busy Emergency Department

5300+

consumers were cared for as inpatients
in our mental health services

TELL US WHAT YOU THINK

We hope you enjoy reading this report. This is an avenue for us to have an honest conversation about whether we are meeting your expectations and where we need to do better.

Please get in touch with us and let us know what you think of this report and what sort of information we should be sharing with you. By sharing your thoughts, you will help us make sure this report and our services best meet your needs.

 thermh.org.au

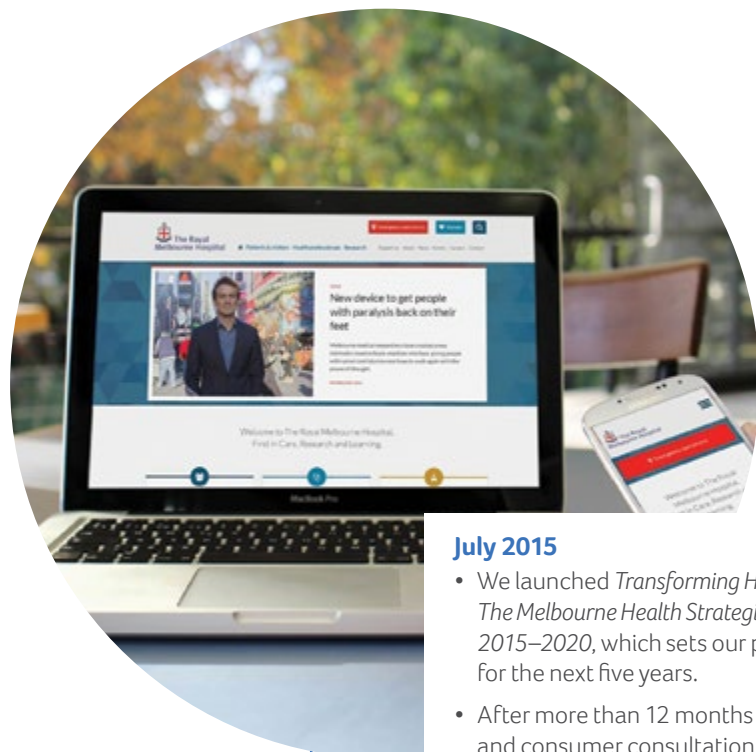
 consumerliaison@mh.org.au

 [RoyalMelbourneHospital](https://www.facebook.com/RoyalMelbourneHospital)

 [TheRMH](https://twitter.com/TheRMH)

Snapshot of the year

The 2015/16 year has been a busy and rewarding one. Here are some key highlights from the last 12 months that we'd like to share with you. You will be able to read more about some of these within the pages of this report.

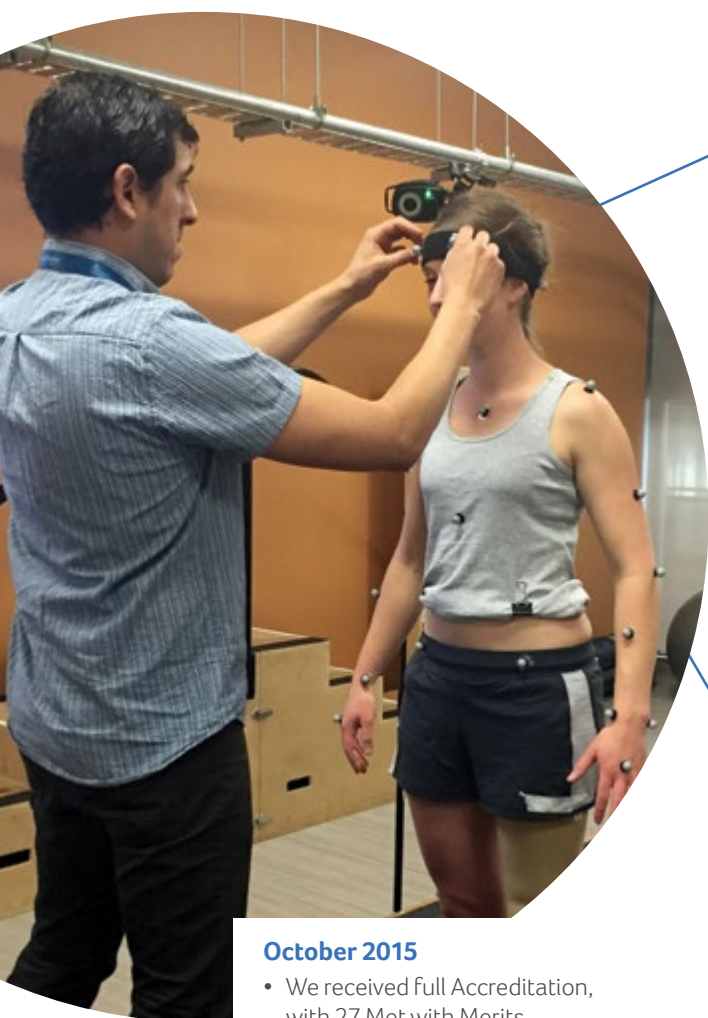


July 2015

- We launched *Transforming Health—The Melbourne Health Strategic Plan 2015–2020*, which sets our priorities for the next five years.
- After more than 12 months planning and consumer consultation we launched our new RMH website with content specifically structured to suit our patients and visitors.

September 2015

- We launched a new initiative called *"If You're Worried, We're Worried"* to give family members and carers the ability to raise their concerns if they feel their loved one is deteriorating.
- We commenced planning for a long-term program of work to enhance our safety culture and professional accountability, and improve the delivery of safer, and high quality healthcare.



October 2015

- We received full Accreditation, with 27 Met with Merits.
- We opened a new movement lab that uses 3D motion capture technology to detect human movement not visible to the naked eye.

November 2015

- In a single day, surgeons from the RMH and five other hospitals across Victoria and New South Wales performed 14 separate operations to remove and transplant kidneys in Australia's largest paired kidney exchange.



December 2015

- Our researchers received more than \$35 million in funding from the National Health and Medical Research Council (NHMRC).

January 2016

- We welcomed a new generation of staff, with 80 medical interns and 107 graduate nurses joining the team with enthusiasm and fresh perspectives.
- We announced the results of a world-first clinical trial of an anti-cancer drug which proved to be effective in killing cancer cells in people with advanced forms of chronic lymphocytic leukaemia.

February 2016

- In a truly collaborative effort, medical researchers from the RMH, the University of Melbourne and The Florey Institute of Neuroscience and Mental Health received world-wide recognition for creating a new minimally invasive brain-machine interface which gives people with spinal cord injuries new hope to walk again with the power of thought.



May 2016

- We officially opened Victoria's first comprehensive Intensive Care Unit (ICU) to care for critically unwell patients from across Victoria.

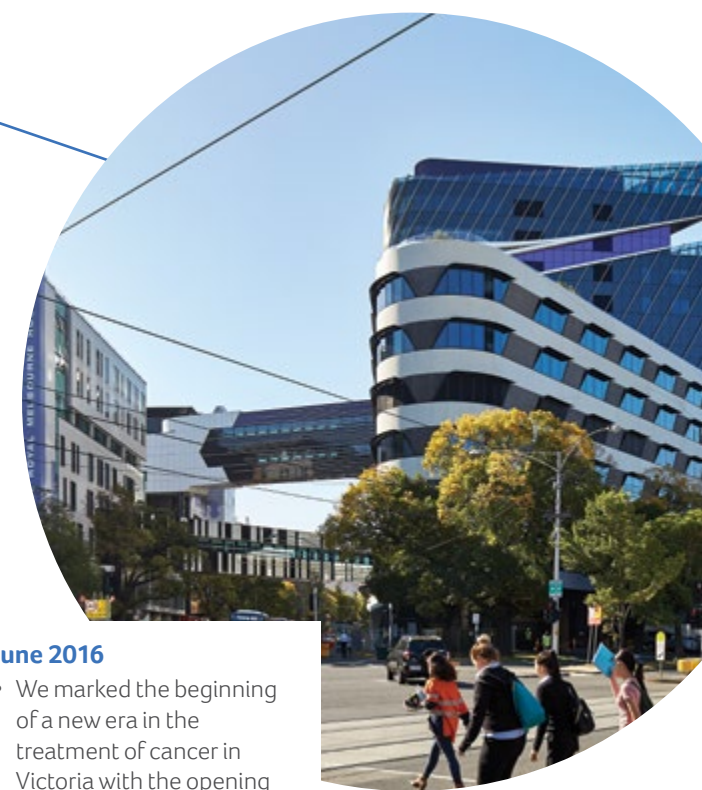


March 2016

- We launched a new booklet for our consumers and carers to help navigate our mental health services.
- We established a new reward and recognition program called *Recognising Team Excellence* to acknowledge great teamwork on wards that lead to improved patient outcomes and safe, high quality care.

April 2016

- As part of the Victorian Comprehensive Cancer Centre (VCCC), we opened a 32-bed Haematology and Bone Marrow Transplant ward.
- The RMH was officially appointed the first state-wide service for Endovascular Clot Retrieval, a new breakthrough treatment for stroke care in Victoria.



June 2016

- We marked the beginning of a new era in the treatment of cancer in Victoria with the opening of the VCCC.



Professor Terry O'Brien, holding the tiny 'stentrode'

THE DEVICE, KNOWN AS a brain-machine interface includes a stent-based electrode (stentrode). The stentrode is implanted within a blood vessel next to the brain and records the type of neural activity that has been shown in pre-clinical trials to control exoskeletons and bionic limbs.

Dr Thomas Oxley, Neurologist at The Royal Melbourne Hospital and Research Fellow at The Florey Institute of Neurosciences and The University of Melbourne, said the stentrode was revolutionary.

"We have been able to create the world's only minimally invasive device that is implanted into a blood vessel in the brain via a simple day procedure, avoiding the need for high risk open brain surgery," Dr Oxley said.

"Our vision, through this device, is to return function and mobility to patients with complete paralysis by recording brain activity and converting the acquired signals into electrical commands, which in turn would lead to movement of the limbs through a mobility assist device like an exoskeleton. In essence this is a bionic spinal cord."

Co-principal investigator and biomedical engineer at The University of Melbourne, Dr Nicholas Opie, said the concept was similar to an implantable cardiac pacemaker – electrical interaction with tissue using sensors inserted into a vein, but inside the brain.

The device will be implanted in the first-in-human trial at The Royal Melbourne Hospital.

"In our first-in-human trial, we are hoping to achieve direct brain control of an exoskeleton for three people with paralysis," Dr Opie said.

Currently, exoskeletons are controlled by manual manipulation of a joystick to switch between the various elements of walking – stand, start, stop, turn. The stentrode will be the first device that enables direct thought control of these devices.

Professor Terry O'Brien, Head of Medicine at Departments of Medicine and Neurology, The Royal Melbourne Hospital and University of Melbourne said the development of the stentrode has been the "holy grail" for research in bionics.

"To be able to create a device that can record brainwave activity over long periods of time, without damaging the brain is an amazing development in modern medicine," Professor O'Brien said.

"It can also be potentially used in people with a range of diseases aside from spinal cord injury, including epilepsy, Parkinson's, and other neurological disorders."

The development of the stentrode has brought together leaders in medical research from The Royal Melbourne Hospital, The University of Melbourne and the Florey Institute of Neuroscience and Mental Health.

Moving with the power of thought

A new minimally invasive device the size of a small paper clip created by our researchers is giving people with spinal cord injuries new hope to walk again with the power of thought.



Watch: New device to get people with paralysis back on their feet

[youtube.com/royalmelbournehospital](https://www.youtube.com/royalmelbournehospital)



Victor Blackwood (left) and Rodney Jacobs were participants in the venetoclax trial

Wonder drug 'melts' cancer cells

A world first clinical trial of a potent new anti-cancer drug conducted in collaboration with our Victorian Comprehensive Cancer Centre (VCCC) partners is delivering outstanding results for our patients.

CLINICAL TRIALS OF THE drug venetoclax showed it was effective in killing cancer cells in people with advanced forms of chronic lymphocytic leukaemia (CLL) when conventional treatment options had been exhausted.

79 per cent of patients involved in the trial had promising responses to the breakthrough therapy – including 20 per cent who went into a complete remission.

A small number of patients had such a profound response that even very sensitive tests were unable to detect any remaining leukaemia in their bodies.

CLL is one of the most common forms of leukaemia, with around 1000 people diagnosed with the cancer in Australia every year.

Professor Andrew Roberts, a clinical haematologist at The Royal Melbourne Hospital and cancer researcher at the Walter and Eliza Hall Institute, said most trial patients responded positively to the therapy, showing substantial reductions in the number of leukaemia cells in their body.

"Many patients have maintained this response more than a year after their treatment began, and some patients remain in remission more than four years on," Professor Roberts said.

"Venetoclax selectively targets the interaction responsible for keeping the leukaemia cells alive and, in many cases, we've seen the cancerous cells simply melt away.

"This is a very exciting result for a group of people who often had no other treatment options available."

VCCC heralds new era in healthcare

After years of construction and anticipation, the Victorian Comprehensive Cancer Centre (VCCC) officially opened in July, heralding a new future for cancer treatments, research and collaborations.

THE \$1 BILLION, 130,000-square-metre centre is home to cancer research, clinical services and educational facilities for Peter MacCallum Cancer Centre, Melbourne Health and the University of Melbourne.

In addition to the 13 story building on Grattan Street, the VCCC facility includes four new floors on top of The Royal Melbourne Hospital which houses a world class 42-bed capacity Intensive Care Unit (ICU) caring for some of the sickest patients from the Parkville Precinct and a 32-bed haematology and bone marrow transplant ward.

Associate Professor Chris MacIsaac, Director, ICU said, "As one of the state's two designated adult trauma centres, the new ICU will provide critical care to over 3000 patients per year."

"The new unit is designed to be future proof so if Victoria were to suffer an influenza pandemic, we can care for 22 patients in a special negative pressure area while continuing to run a normal 20 bed ICU."

The ICU is split into four pods; three pods of 10 beds and one pod of 12 beds. Each room is a single room with state-of-the-art equipment and switchable glass that changes between clear and opaque at the flick of a switch, allowing privacy to patients and their loved ones.

The ICU is one of only five comprehensive units in the world providing care to patients from more than one hospital.



Watch: Go behind the scenes as our staff move some of our sickest patients to the new ICU

[youtube.com/royalmelbournehospital](https://www.youtube.com/royalmelbournehospital)

Transforming our culture

A great staff culture equals a great place to work, and we want Melbourne Health to be a place where people want to work and be treated.

THROUGH A NUMBER OF different surveys, staff told us that they enjoy their work, but we need to be better at working in alignment with our values. They told us that we need to be more accountable, communicate better and always put safety first.

This important feedback helped us develop our *Because We Care Cultural Transformation Program*, designed to create a more positive culture for our staff and safer, higher quality care for our patients.

Six programs of work have been defined to help transform our culture over the coming years (see diagram on right).

The first new initiative introduced across Melbourne Health in March 2016 was the Safety Culture Program. It is designed to build our safety culture, increase professional accountability, and continuously improve the safety, quality and reliability of the care we provide our patients and consumers.

Sometimes our staff may observe decisions or behaviours that make them question if the safest care is about to be delivered. We want all of our staff to feel empowered to speak up when they have concerns about safety, for our patients, consumers and each other. Our Speaking Up for Safety training is helping us create a culture of feedback by providing our staff with a structure and language to respectfully raise concerns about safety. By the end of 2015/16 we had trained over 1600 staff in how to speak up for safety.

Another part of the Safety Culture Program is the new weCare online tool. This system allows our staff to nominate colleagues for awards, or submit feedback about behaviours that undermine a safety culture and our values. Staff entered into the system for behaviours which undermine our culture are given feedback by trained, independent peers to allow them to reflect on their behaviour and respond accordingly. While this approach has been used successfully overseas, we are the first in Australia to introduce this system in an effort to address disruptive behaviour.

We are also conducting robust research around the Safety Culture Program to gain an understanding of its effectiveness and its impact on our culture so that we can continue to grow and improve as an organisation.

These steps are just the beginning of our efforts to make Melbourne Health the best place to work and the best place to be treated and cared for – somewhere our staff would recommend to their family and friends.



Other actions taken to promote a positive workplace culture that prevents bullying and harassment include:

- Rolling out a comprehensive anti-bullying awareness campaign
- Strengthening leadership and accountability
- Enhancing capability within our reporting systems
- Commencing a review of policies and procedures for managing and investigating bullying and harassment.



Hellen Malunga, Nurse, Northern Area Mental Health Service

90%

of our respondents agreed that we provide high quality services to the Victorian community

76%

of respondents said that we provide a safe working environment

74%

would recommend a friend or relative to be treated as a patient

72%

of respondents said that they are satisfied with their job

70%

said that our culture and practices support patient safety

62%

of respondents agreed that Melbourne Health does a good job of training new and existing staff

People matter

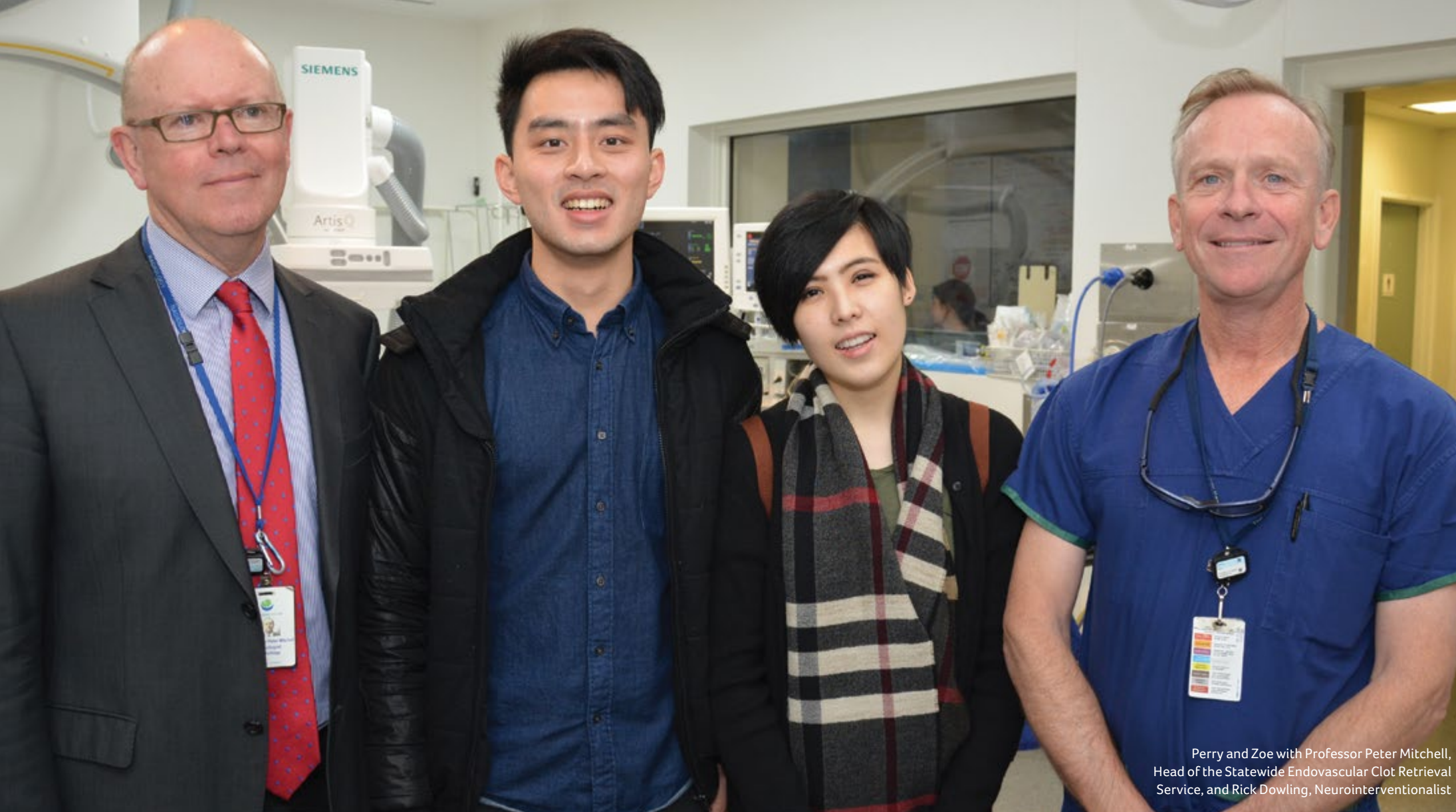
Every two years our staff are invited to participate in the People Matter Survey conducted by the Victorian Public Sector Commission.

THE SURVEY MEASURES A range of aspects of workforce culture and climate in the Victorian public sector, focusing on employees' perspectives on public sector values and employment principles in their workplace. It also measures other workplace aspects such as job satisfaction and workplace wellbeing. The survey gives our staff the opportunity to tell us what we are doing well and what we need to improve.

The results from the 2014 People Matter Survey helped us drive the development of our *Because We Care Cultural Transformation Program*. Elements of the program such as workplace bullying, values, leadership and

change communication are important areas of work that arose directly as a result of feedback from our staff.

The 2016 survey was open to all 8800 employees at Melbourne Health, which includes ongoing, fixed term and casual staff. At the conclusion of the survey period, 2127 of staff took the opportunity to have their say. This represents 24 per cent of our staff, an increase from the 2014 Survey where 22 per cent the workforce participated. This is a great response rate indicating our staff are genuinely engaged in shaping the culture of their workplace.



Perry and Zoe with Professor Peter Mitchell, Head of the Statewide Endovascular Clot Retrieval Service, and Rick Dowling, Neurointerventionalist

Gold standard for stroke care

Stroke continues to be the biggest killer and leading cause of disability in Australia, causing more deaths than breast cancer in women and prostate cancer in men.

65

patients received ECR treatment at The Royal Melbourne Hospital in the first quarter of 2016

WITH OUR WORLD RENOWNED stroke experts, The Royal Melbourne Hospital is Australia's first comprehensive stroke service providing round-the-clock access to a new breakthrough treatment called Endovascular Clot Retrieval (ECR).

ECR, where the clot formed during a stroke is "pulled" from the brain, is the 'gold standard' for stroke treatment. It has been shown to nearly double stroke recovery and survival outcomes by quickly restoring blood flow to the brain.

Studies show 70 per cent of patients recover from a stroke when treated with ECR, up from 39 per cent. It is now considered the world's best practice for stroke treatment, and we are leading the way in Australia.

Professor Peter Mitchell, Director Neurointervention Service at The Royal Melbourne Hospital, is the Head of the Statewide Endovascular Clot Retrieval Service.

"Timely stroke care is critical in helping a patient recover faster and reducing their chance of disability," Professor Mitchell said.

"Our service gives Victorians access to a world-class endovascular clot retrieval service and 24-hour stroke care when they need it most."

In the first quarter of 2016, 65 patients across Victoria received ECR treatment at The Royal Melbourne Hospital. It is anticipated over 360 Victorians will receive ECR by the end of the year.

Perry's story

When 21 year old medical student, Perry Lin, spoke to his girlfriend on Facetime, little did he know that the conversation would save his life.

Each night, Perry would speak to Zoe, who was in Taiwan, via Facetime. However, on this particular night Zoe noticed that Perry looked different.

"She mentioned that my face was drooping and I was speaking funny," Perry said.

Perry was having a stroke.

Thanks to Zoe, who called his friends in Melbourne to help, Perry was rushed to The Royal Melbourne Hospital and within 90 minutes he was undergoing groundbreaking Endovascular Clot Retrieval (ECR), to pull out the blood clot in his brain causing his stroke. Perry was able to leave hospital three days later.

The Royal Melbourne Hospital is the only health service in Australia to offer this service 24/7.

Exercising for better health

"I feel fitter and stronger and I feel as though I'm back in the real world."

THESE ARE NOT THE words you would often hear from someone who has just had a Bone Marrow Transplant. Patients typically experience reduced energy, strength and increased fatigue.

But the trial of a new exercise program, being run by physiotherapists at The Royal Melbourne Hospital, is getting patients who've had a donor Bone Marrow Transplant back on their feet in no time.

Shaza Abo, a physiotherapist in oncology and palliative care, said exercise is now emerging as an effective, drug free treatment for cancer patients to recover from their lengthy treatment.

"The side effects stick around for potentially months and years after the transplant, because it's quite an aggressive form of treatment."

Under the initiative, physiotherapists prescribe outpatients with tailored exercise programs, spanning 30 minutes, five days a week, with one session a week completed in hospital.

Participants also attend education sessions every second week, covering nutrition, sexual health, returning to work, financial advice, and embracing a healthy lifestyle routine.

The trial team from The Royal Melbourne Hospital and The University of Melbourne perform activity testing on patients ahead of their allogeneic transplant. The team then re-assess the patient after their transplant.

"It's a combination of aerobic and resistance exercise – we use walking, stationary cycling, hand weights, elastic therapy bands for resistance or the patient's own body weight, whatever is most appropriate," Shaza said.

"The patients are reporting that they're really enjoying it."

"Some people have even said the class has helped them return to work much faster than they think they would have otherwise."

Shaza added that it's rewarding to see patients improve their recovery through "a simple form of medicine."

"I can see them actually making quite significant gains from week one in the program to week five or six, and they're feeling so much more confident that they're just happy," she said.



Watch: Can exercise help bone marrow transplant patients recover faster?

youtube.com/royalmelbournehospital



Rebecca Lewin, Clinical Nurse Consultant

Heart of everything we do

We know that when patients are involved in their own care it leads to better outcomes. Our aim is to recognise this partnership in order to achieve positive outcomes and be responsive to the diverse needs of our community.

Our patients and consumers are at the heart of everything we do at Melbourne Health.

AS A LARGE METROPOLITAN health service with a complex governance structure involving more than 60 committees, partnership at every level of the organisation is a challenge. Promoting consumer engagement in governance committees has been a priority for us over the last five years.

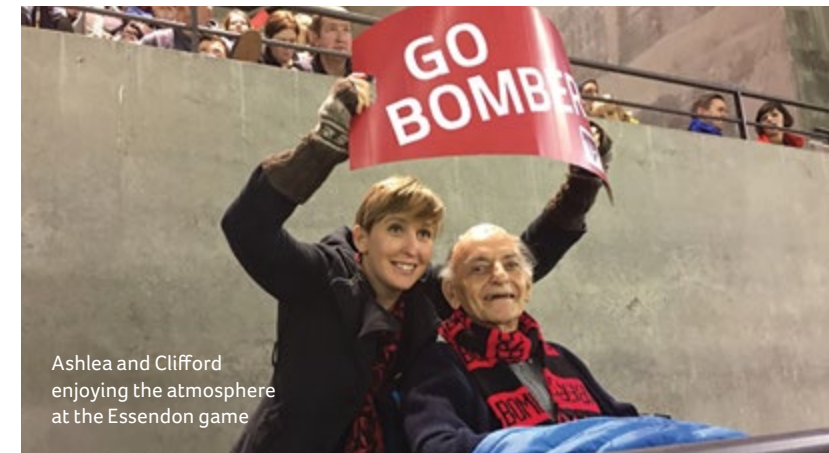
Partnership in this capacity has played an important role in increasing transparency, maintaining a person-centred focus in discussions and providing an external perspective when making decisions. More than that, we have seen a real shift towards a person-centred culture that prioritises the patient experience in everything we do, both at the bedside and in the Boardroom.

Building partnerships though committee membership helps staff to consider patient needs and foster relationships with consumers who become integral in the decision making process.

This shift from consultation to partnership is key in developing true engagement. This also opens doors to unexpected discussions and opportunities for consumers to provide input into new areas such as facilitating staff training, involvement in recruitment panels or decision making regarding service design.

Just one of the ways we partner with our community is by inviting them to join us at our Community Board Meeting to celebrate our achievements and tackle some of the big issues – some that we face now – some that we will over the coming years.

At our last meeting, we talked about improving patient safety, transforming our culture, supporting physical well-being in people with mental health conditions and supporting the mental health of those who are homeless, and much more.



Ashlea and Clifford enjoying the atmosphere at the Essendon game

Going the extra mile for our patients

Clifford Howe, a mad Bombers supporter, had one last opportunity to see his beloved team play thanks to our nurses Amy Howe and Ashlea Stacey.

CLIFFORD HAD BEEN DIAGNOSED with an inoperable cancer and Amy and Ashlea wanted to do something to lift his mood. In their own time and at their own expense Amy and Ashlea organised a wheelchair, warm clothing, food, transport, and wheelchair access tickets to an Essendon game at Etihad Stadium.

You can see from the photo just how much he enjoyed being part of the atmosphere at the game. This is a great example of how our staff consistently go above and beyond for our patients.

Amy and Ashlea were awarded our annual *You Made a Difference – Team Award*, which recognises staff who live our values everyday and make a difference to the lives of our patients and consumers. Amy and Ashlea are also featured on the cover of this report.

What matters to you, matter to us

What matters to you, matters to us is a new initiative to strengthen partnerships with our patients, carers and the community to deliver the best care.

BASED ON THE CONCEPT of a safety briefing when you board a plane, *What matters to you, matters to us* is a resource to help understand the risks and the steps that can be taken to stay safe during your time in hospital. The resource is clear and easily accessible and helps empower patients and their loved ones to take an active role in staying safe in hospital.

It was created by staff in partnership with community members, consumers and carers.

Watch: 10 simple steps to keep you safe while in hospital

[youtube.com/royalmelbournehospital](https://www.youtube.com/royalmelbournehospital)

Valerie and Peter's story

By sharing their own experience Valerie and Peter are redefining what it means to engage patients and carers and provide person-centred care.

VALERIE SUFFERS FROM A chronic neurological condition and has spent many months in our care. She is a former patient in our Intensive Care Unit and has been cared for in a variety of different settings at our hospital.

While many with her condition would focus on their own needs and struggle with managing life with such a difficult diagnosis, Valerie and her husband Peter have generously committed to giving back to the hospital as consumer representatives.

Their first involvement as consumer representatives was with the Intensive Care Quality Committee. This led to opportunities to address other groups at the hospital, sharing their story and helping to redefine what it means to genuinely engage with patients and carers.

Valerie speaks of the great respect she has for the clinicians who saved her life. While sharing the positives, she is also ready to address the challenges and difficulties.

She wants to help us understand her perspective as a patient. When she was first in ICU she was unable to move and unable to speak. She tells us how difficult it was to be paralysed and mute and the frustration this caused her. She tells us of her fear in not understanding what was happening to her.

Valerie and Peter's willingness to speak about their experiences as a patient and carer has provided us with insights that have led to some key changes. For them, this has been very rewarding. They hope that other patients and carers will benefit as a result of them having asked questions and having told their stories.

Most importantly they hope they have contributed to a culture where decisions are made not for patients and carers, but with patients and carers.



Dialysis treatment with a view

People with kidney failure rely on dialysis for life-saving treatment. However living on dialysis poses many challenges for patients and their families.

ON AVERAGE, DIALYSIS PATIENTS need treatment three times a week for the rest of their lives, restricting where they can work and travel. The ongoing and time consuming treatment for many can seriously impact their quality of life and wellbeing.

The Royal Melbourne Hospital Kidney Care Service is the largest renal service in Victoria, providing comprehensive renal care – integrated renal disease, dialysis and transplant service – to Victorians.

We recently opened a new dialysis unit at Essendon Fields which provides a new level of service for patients, many of whom are not able to receive a kidney transplant.

Before opening the Essendon Fields treatment centre, patients residing in Moonee Valley and nearby areas would have to travel to the bustling inner city for treatment. Now, they can access services closer to home with views of all the action unfolding on the Essendon Fields runway.

Professor Steve Holt, Director Nephrology says the striking view across the airfields reflected Melbourne Health’s commitment to improved patient experience.

“One of the unique things about the new service is the views of the Essendon Airport runway, giving our patients a fantastic outlook and the opportunity to plane spot.”

The new facility features 15 dialysis stations and two consulting rooms for a nephrology outpatient service. The unit has the capacity to treat 60 patients and is expected to be full by 2017.



Susan Fisher and transplant patient Nigest Eshete

Improving medication outcomes for transplant patients

A new role within the Kidney Care Service is helping patients better understand their ongoing medication plan.

PATIENTS WHO RECEIVE A new kidney transplant must take a number of medications to prevent the body from rejecting the organ. The new medication regime that goes with a new kidney can be complex, and understanding and adhering to it can be a challenge for many.

The Renal Unit recognised this and a new role, that of a dedicated Transplant Outpatient Pharmacist, was created to help provide this specialist pharmacist care to patients.

Susan Fisher, Renal Transplant Outpatient Pharmacist, said that her role supports patients with all aspects of their medication management.

“This includes everything from teaching patients about the purpose of new medications, how to take them, potential side effects, dosette filling techniques, to the identification of individuals who have problems with drugs or side effects.”

In response to feedback from patients, there was also a need to simplify the re-supply of immunosuppressant medication.

“We set up a Renal Transplant Medication Supply Service to simplify the process of obtaining new drugs for transplant patients. All Royal Melbourne Hospital transplant patients now have direct access to advice on medicines and re-supply of immunosuppressant prescriptions and medication by phone or email. Their medications can be prepared ready for collection or posted out to their home reducing the need to travel to hospital.”

Susan added that transplant patients can discuss difficulties with medication or side effects, or to make sure they have understood the doctor’s instructions and the ongoing plan.

The role has become an essential part of the transplant team liaising with doctors, nurses, hospitals and community pharmacy services to ensure that patients receive a high quality, safe and secure transplant medication service. This innovative new approach has already identified a number of potentially serious errors that could have jeopardised transplant success.

“The feedback has been overwhelmingly positive from patients. This role has led to enhanced patient understanding of their medication and ongoing medication plan, and a far simpler process of obtaining new drugs.”

Care closer to home

Our Kidney Care Service supports 22 affiliated rural and regional satellite dialysis services throughout Victoria.

WE RECENTLY EXPANDED THE support we offer our regional satellite units to allow more patients to be treated closer to home with access to comprehensive quality care within their community.

Medical support

- Our nephrologists regularly visit the areas to conduct outpatient clinics or review patients undergoing treatment.
- We conduct workshops or seminars for local staff and General Practitioners to increase knowledge, skill and awareness and to foster relationships.
- We have expanded our transplant assessment clinics in the regional areas to expedite patients being waitlisted for a transplant or organising a live donor pair.
- We started weekly telehealth clinics with staff and patients from the Mildura/Robinvale area.

Nursing Support

- Our renal clinical nurse consultants regularly visit each of the sites and provide training, support and clinical guidance to the satellite nursing staff.
- We have home dialysis staff employed at two of the larger centres to provide training and ongoing support for our home dialysis patients.
- Our dialysis technical services team provides equipment and technical support. Each service technician travels more than 50,000km every year to provide comprehensive maintenance and breakdown service for our machine fleet throughout the state.

Through these initiatives, we have prevented countless trips to Melbourne for our country patients requiring inpatient care, outpatient review, home training and transplant assessment.



The power of language

We are caring for more patients from culturally and linguistically diverse backgrounds than ever before.

WE KNOW THAT CLEAR communication is vital in health settings and there is a wealth of research that shows the benefits of effective communication on health outcomes. Our aim is to breakdown language and health literacy barriers to ensure patients from all backgrounds have equal access to our services, can communicate effectively with our staff and have the best health outcomes possible.

In 2015/16, people speaking 100 different dialects and languages were cared for through our services. Most of these patients fall into our top seven languages; however, we have recently seen the demand for Assyrian and Persian interpreters grow. To meet everyone's language needs, our Transcultural and Interpreter Service provides highly qualified professional interpreting services, including Australian Sign Language (AUSLAN).

Throughout the year, 14,336 inpatients and 2276 emergency presentations were identified as requiring an interpreter. Our outpatient clinics continue to be the largest user of interpreter services, with 28,595 people needing an interpreter.

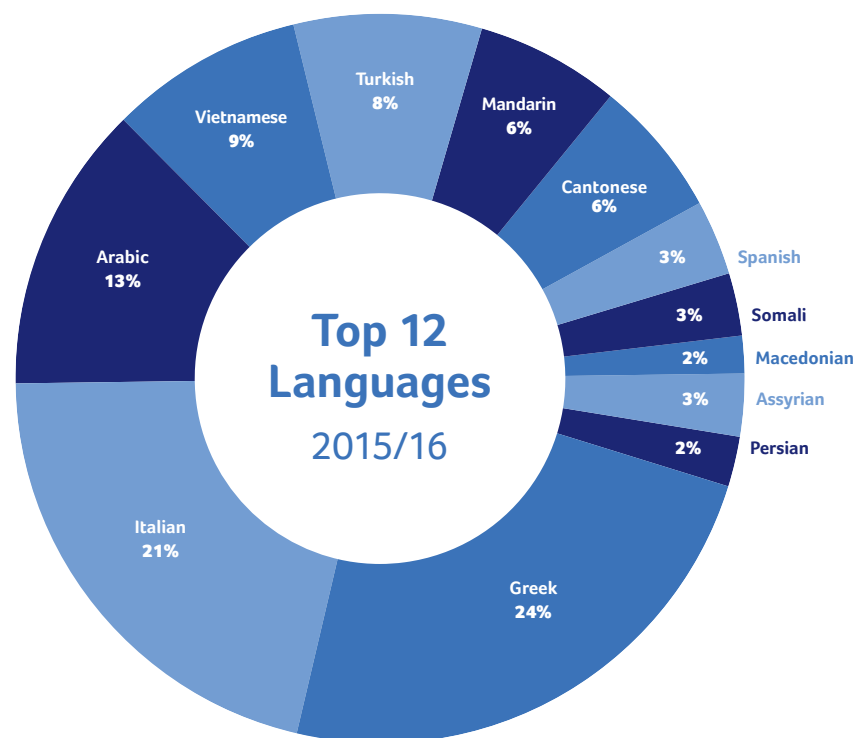
To deal with this demand, we introduced a telephone interpreting service as an additional option in the suite of available interpreter services. This has allowed for greater flexibility and increased capacity of the interpreter service and has helped to address access issues in response to meeting the diversity and demand of languages required by our patients. In addition, our inpatient wards are now provided with equipment to enable three-way telephone communication, further adding to the

number of options available to our patients.

We also introduced lanyard cards for staff. These provide information on how to contact interpreters and act as a visual reminder for patients to ask for interpreter assistance. After an initial roll out at our Royal Park Campus, the lanyards are now being piloted with Allied Health staff at the City Campus with feedback received so far being overwhelmingly positive.

45,207

patients were identified as needing an interpreter, a rise of 6% from last year



Bronwyn Davies, Care Coordinator at HARP with Bill

Bill's story

Bill, a 63 year old who suffers from multiple health conditions, is a cheerful and friendly man who loves a joke. But his jovial manner hides the fact that he has had a pretty tough life.

BILL CONTRACTED MENINGITIS AS a child and has ongoing health issues as a result. He also has diabetes and this had led to cardiovascular disease and 'neuropathy' or loss of feeling in his feet. Bill has foot ulcers that don't heal and has had partial amputation of both feet.

Because of Bill's healthcare needs, he was referred to the HARP Complex Care Service, which provides specialist treatment, care planning, education and support to help people with chronic and complex health issues.

Bronwyn, Bill's Care Coordinator at HARP, raised the topic of Advance Care Planning with Bill when she was completing his admission assessment and he was happy to participate in the process.

Talking through his health issues with Bronwyn helped Bill to improve his understanding of his health and the options available to him. Bronwyn assisted Bill with completing a Statement of Choices. It took a couple of visits to finalise the document, which they then took to one of Bill's outpatient appointments for one of his doctors to review, discuss with Bill, and sign.

Bill sums up the Advance Care Planning process by saying that the staff "know me better than I know myself."

Although Bill chose not to appoint a Medical Enduring Power of Attorney, he nominated his sister to make medical decisions for him if he is unable to do so.

Bill's sister was very touched when she was notified of his decision and phoned him to discuss his wishes further. A copy of Bill's Statement of Choices has been sent to his sister and General Practitioner, so that everyone is on the same page with regard to Bill's wishes.

The values and preferences that Bill has documented in his Statement of Choices will help guide medical decision-making if and when Bill loses the capacity to make his own decisions. Just going through the process has helped Bill to clarify his wishes and created the opportunity for ongoing discussions with his healthcare providers as his situation changes.

Planning for your future

When we think of planning ahead, we often think of superannuation, retirement, making a will, even pre-planning our funeral.

HOWEVER, THERE'S ANOTHER important component to planning ahead that is not well understood. That is planning for a time when you may not be able to make your own medical decisions, and this is called Advance Care Planning.

Advance Care Planning involves talking to your family, friends and doctors about your healthcare preferences, sharing with them what is important to you and your healthcare preferences so that if you become unable to speak for yourself, your loved ones and health professionals will have a plan for making decisions that are right for you.

There are three main steps to developing an Advance Care Plan:

- 1. Appoint an agent:** Your agent should be someone who you trust, will listen carefully to your plans and goals and will be able to speak on your behalf if you are too unwell to speak for yourself. In Victoria, this is best done by appointing an Enduring Power of Attorney (Medical Treatment). They can, but don't have to be, a family member.
- 2. Communicate your wishes:** Talking to your agent, your loved ones, and the health professionals caring for you helps everyone understand your values, beliefs and preferences, as they relate to healthcare, so that they can make the medical decisions that are right for you if you can't speak for yourself.
- 3. Write down what is important to you:** At The Royal Melbourne Hospital we call this document a Statement of Choices. You should keep the original copy but share certified copies with your GP and your loved ones so that everyone is on the same page.

You can find out more about Advance Care Planning on the RMH website or you can email rmh-advancecareplanning@mh.org.au.



Staff from Ward 3 South, who were recognised for their team excellence in May 2016

High quality care 24 hours a day

We are a 24-hour hospital and we want to offer our patients the same high quality care regardless of the hour.

37%

improvement in door to CT scan time for stroke patients overnight

OUR RESEARCH AND HOSPITAL data was telling us that some of our patients were not receiving the same quality of care overnight as during the day. At the same time, our staff working at night, particularly junior doctors, were feeling less supported when compared with their daytime colleagues and had concerns about workload distribution and access to teaching.

We responded to these challenges by introducing Nightlife, a new model of care to help improve patient safety, better support our junior staff and improve the quality of care.

As part of Nightlife, we standardised our overnight clinical procedures and introduced a Medical Officer-in-Charge to provide support

to junior medical staff overnight. We created a dedicated space for medical staff so they could have supervised hand-over, team meetings and access to teaching and mentoring. We also introduced an electronic task allocation system to redistribute tasks to help share the workload.

Recently, we expanded Nightlife to include the entire multidisciplinary team. Each night, we now have two extra nurses to offer additional support to ward nursing teams, helping deliver safe patient care during busy periods. These nurses have a broad range of experience with a focus on patient safety rounding.

Because of these improvements, we've increased staff satisfaction and improved patient experience and outcomes.

Our staff are now telling us that because of Nightlife they feel more supported at night and that there is better communication and more cohesive teamwork. We've also seen a significant reduction in sick leave by the night medical staff.

And the patient outcomes from Nightlife speak for themselves.

We've seen a 36 per cent reduction in the patient fall rate at night when compared with the same period in 2015. Patients at risk of deterioration are being identified earlier and we are seeing a reduction in cardiac arrests overnight. Also, the number of patients who felt the quality of care they received overnight was the same as during the day increased from 40 per cent to 84.2 per cent. We think this is a great outcome.



Doing things better as a team

We know that our staff deliver great care every day. We want to recognise and reward this great work and encourage our staff to strive for excellence.

RECOGNISING TEAM EXCELLENCE is a new program which aims to acknowledge great teamwork leading to improved outcomes for our patients.

Every three months, wards are compared against each other and themselves on criteria related to patient care, safety and performance including falls, pressure injuries and hand hygiene. Winning wards are awarded cash prizes which are invested back into the ward on initiatives that will help deliver even better patient care. There will also be annual winners to be acknowledged at our end of year awards.

We see this as an opportunity for us to work together as teams to help drive improvement and seek out new and better ways of doing things.



Supporting our carers

For many of our consumers living with mental illness the support of their carers is essential to their recovery and wellbeing.

UNFORTUNATELY, MANY CARERS LIVE in considerable social isolation, often with the burden and the uncertainty of how best to support their loved one and themselves.

Recognising the need to better support our carers, our Hume Community Mental Health Team introduced a dedicated Carer Peer Support Worker to provide social, emotional and practical support.

Michelle Swann, Carer Advisor for NorthWestern Mental Health said a Carer Peer Support Worker is someone with lived experience of caring for a person with a mental illness, who provides support to other carers.

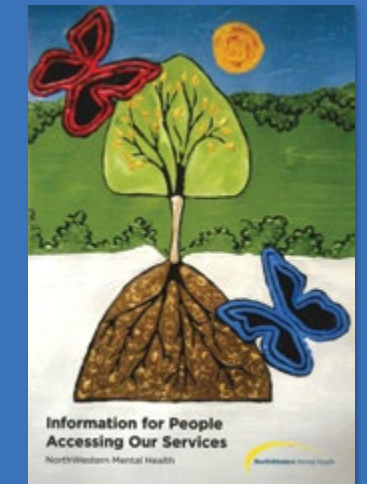
“They offer support by phone, face-to-face and outreach, providing emotional support, practical information and strategies.

“Carer Peer Support Workers are strongly supported by mental health policy and have increasingly shown to improve carer and consumer outcomes.

“The introduction of this role has been incredibly successful, with over 150 families referred to the Carer Peer Support Worker in the first 11 months. This demonstrates a significant need for such a role.

Recent surveys of carers found that after contact with the Carer Peer Support Worker, they felt heard and understood, more hopeful, less alone and learnt good ways to cope.

“I felt a connection with the support worker and that she understood how I was feeling. She provided lots of practical information and contacts for further support.” – *Feedback from a carer*



Guide to our mental health services

A new booklet has been created for consumers and carers to help navigate our mental health services.

CALLED 'INFORMATION FOR PEOPLE Accessing Our Services' the booklet is written in lay terms and explains the range of services offered by our mental health services, the types of mental illnesses that can be treated and our approach to care.

Based on a prototype developed at the North West Area Mental Health Service, the booklet has been adapted for use across all our mental health services.

It explains the steps in mental health care so that people can understand how assessment, treatment, review and discharge processes usually work.

Due to the complexity of the mental health system, guidance is provided with respect to the *Mental Health Act 2014*, consumer and carer rights and responsibilities, privacy and confidentiality.

Feedback from consumers, carers and staff regarding the booklet has been very positive. It has proved very valuable for everyone to have access to a booklet that includes all the vital information required to navigate our mental health services.

You said, we did

For the past three years, every patient who has stayed overnight at The Royal Melbourne Hospital and has given us an email address, has been sent an online patient experience survey.

THIS SURVEY INCLUDES QUESTIONS developed by our experts in patient experience and focuses on aspects of care that matter to patients and families.

So far over 5000 patients have shared their experience of our services. This valuable information helps us make changes that matter the most to you.

Thanks to your valuable feedback, our staff have easy access to a wealth of patient experience data and we've developed a suite of computerised tools to help use this information in a meaningful way. We are now recognised as a leader in using technology and feedback to make improvements.

Staff on each of our wards can review the survey results given by their patients. They can see how the feedback changes over time and can compare results with other areas of the hospital. Comparing the data helps us determine where improvements can be made, or where successful approaches to care can be adopted from another part of the hospital.

This year, our patient experience data told us that you wanted clearer information about care after hospital discharge.

In response, a multidisciplinary team worked with consumers and patients to develop a one page discharge information letter written in simple English, which outlines who the patient or a carer can contact if they are worried about their condition or treatment after they leave hospital. This letter was trialled on four wards earlier this year with fantastic results.

The discharge information letter is being progressively rolled out across all inpatients wards at The Royal Melbourne Hospital.

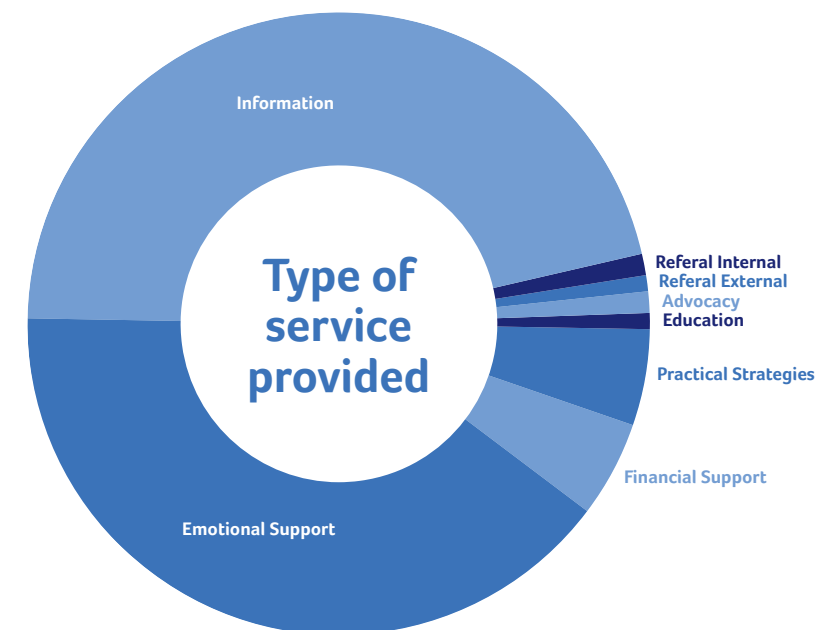
You can find information on our website about other changes we have made based on your feedback.

88%

of patients said that they received all the information they would need following discharge from hospital

92%

of patients said that they would recommend the RMH to a relative or a friend, exceeding our target of 90%





Above: Jane Jolley, Podiatry Manager and Diabetic Foot Unit Team Leader, with patient Lorina Lovett



Zoe Milner, Senior Occupational Therapist, with patient Susan Thornton

Cultural safety for improved patient care

Type 2 Diabetes is one of the major issues facing many Aboriginal and Torres Strait Islander (ATSI) people and has a detrimental effect on their health.

ATSI people are about three times more likely to have diabetes, 10 times more likely to be admitted for diabetic foot complications and 30 times more likely to suffer diabetes-related lower limb amputations than non-indigenous people.

JANE JOLLEY, **PODIATRY MANAGER** and Diabetic Foot Unit Team Leader said that despite the increased number of diabetes related foot conditions in the ATSI community, it was noted that they were considerably underrepresented in our Diabetic Foot Unit.

“We assembled a special interest group consisting of healthcare professionals from across the hospital with an aim to increase awareness of the Diabetic Foot Unit and its services within the ATSI community.

“We found that the ‘asking the question’ (asking ATSI people to identify as part of registration) was inconsistently applied by our staff and as a result some ATSI patients were not

offered services that they may be eligible for, such as access to the Diabetic Foot Unit. We also noted that a high level of ATSI patients left our Emergency Department before being assessed by a doctor and this was anecdotally reported to be due to the busy nature of the area.”

“We recognised that to improve health outcomes for the ATSI community we needed to strengthen cultural safety.”

For ATSI people a culturally safe environment is one where they feel safe and secure in their identity, culture and community.

“We consulted with ATSI patients, Aboriginal community organisations and Aboriginal healthcare workers to identify the barriers and

worked together to develop solutions for easier access to the Diabetic Foot Unit.”

As a result of the project, the team have:

- Developed stronger links and agreed referral pathways in and out of the Diabetic Foot Unit for the ATSI community which has led to greater awareness of the service within the community.
- Provided additional cultural safety training for staff
- Developed educational tools and patient information brochures with consumer consultation for use within the Diabetes Foot Unit

“We’re already seeing an increase in the number of patient referrals to the Diabetic Foot Unit from the ATSI community.”

Taking the pain out of CRPS diagnosis

A unique intervention program for patients with Complex Regional Pain Syndrome (CRPS) is improving patient outcomes and reducing the number of hospital visits.

CRPS IS A PAINFUL condition of a person’s upper limb, which usually occurs after an injury or a trauma. Symptoms can range from mild to severe, and may last months or years.

Zoe Milner, Senior Occupational Therapist, said treatment for complex regional pain syndrome is most effective when started early.

“Current evidence shows that less than 50 per cent of all patients diagnosed with CRPS return to work. With treatment our aim is to relieve symptoms, restore movement and activity in the affected limb so that patients can return to their everyday life.

“We found that the management of patients with CRPS was often complicated and disjointed and on average patients were coming to the hospital up to four times before being diagnosed with CRPS.

“We now offer a new intervention program that provides CRPS patients with immediate management and quicker diagnosis, reducing unnecessary hospital visits.

“We’ve been able to educate staff in areas of the hospital that are likely to encounter patients with CRPS and establish referral pathways for specialist assessment and intervention.”

Zoe added that in the first six months of the service, 35 patients were referred for assessment, and of these, 28 were diagnosed and treated for CRPS.

“We are seeing incredible results with up to 90 per cent of our patients with CRPS returning to their pre-injury workplace.

“This is a great example of providing coordinated care to improve patient outcomes.”



Indigenous art lifts spirits

As part of this year's NAIDOC Week celebrations we unveiled two beautiful artworks by local Wurundjeri artist Mandy Nicholson in our Emergency Department and the garden on the ground floor.

Every year we celebrate NAIDOC Week, where the nation recognises the contribution that Aboriginal and Torres Strait Islander Australians make to our country and society.

OUR EMERGENCY DEPARTMENT IS one of the main entries into the hospital for Aboriginal and Torres Strait Islander people and we identified a need to create a more culturally welcoming and friendly environment.

Tracey Evans, Aboriginal Service Development Worker, said that the Aboriginal people have for thousands of years used artistic designs and symbols to convey stories and messages which are incredibly important to their culture.

"The artwork in the Emergency Department represents a Traditional Welcoming Ceremony of the Wurundjeri people.

"This ceremony usually involves placing young

manna gum leaves on the embers of a fire to create smoke. The smoke that the young leaves emit contain a high oil content which has strong healing properties.

"In the artworks, the smoke is depicted in the form of calming flowing swirls that mimic the flow of water. This forms another part of the Welcoming Ceremony, where visitors are offered water to drink to let them know that the local resources are safe."

Tracey added that the bright and colourful mural in the garden on ground floor also features artistic designs, colours and symbols that help take the focus away from the busy surrounds of the garden.



The garden was also renamed in Woi-Wurrung language and is now known as the Mooroop Wa-Lam-Buk Garden which means "Renew Soul."

This artwork was funded by the Department of Health and Human Services under the Koolin Ballit Aboriginal Health Strategy.

Accreditation

Like people, health services also need regular check-ups to make sure all is well and to identify any problems that may require more investigation and treatment. This check-up is called an accreditation.

ACCREDITATION IS PUBLIC RECOGNITION of a healthcare organisation's level of performance. It's an ongoing process to make sure we are doing our best to keep our patients safe and focusing on continually improving our services.

In October 2015, all of our services were assessed against the EQuIP National Standards. This is a comprehensive accreditation program which addresses the 10 mandatory National Safety and Quality Health Service Standards and five additional standards to cover all aspects of the provision of care, along with a review of corporate and support standards.

At the same time, our mental health services were assessed against the National Standards for Mental Health Services and two units participated in a survey against the Department of Health and Human Services Standards.

Thanks to the hard work of our staff, we were successful in achieving full accreditation with 27 "Met with Merits".

The surveyors who visited our services were impressed with the excellent work being undertaken across all areas.

According to the final report, strengths of the organisation include:

"A well-researched best practice strategic direction, a focus on patient and consumer experience, cultural responsiveness, commitment of staff to the Transformation, Quality and Safety agenda, research, governance of corporate infrastructure systems and safety, and environmental sustainability."

Suggestions and a small number of recommendations were provided to guide our progress in ongoing improvement. Our next organisation-wide accreditation will be in 2019.

We are proud of this accomplishment and our ability to provide high quality, safe care and services to our patients, consumers and their families.

What is accreditation?

All Australian healthcare services must be accredited against the National Safety and Quality Health Services Standards.

Healthcare services are rated against specific action items with the possible ratings being:

- MM – Met with Merit
- SM – Satisfactorily Met
- NM – Not Met

To achieve or maintain full accreditation, all care action items must achieve at least a SM rating.

Preventing spread of infection

One of the easiest ways to stop the spread of infection is by washing your hands. Nowhere is this more important than in hospitals.

WHETHER YOU'RE A STAFF member, visitor or family member, washing your hands or using hand sanitiser whenever you touch a patient, consumer or their belongings reduces the risk of spreading harmful germs and infections. To make hand hygiene quick and easy, we have placed alcohol-based hand wash beside each bedside, in prominent areas around the wards and at the entrances to the hospital.

Much like other hospitals, we measure our hand hygiene compliance through an audit process. We have over 180 trained observers who watch for opportunities when hand washing or cleaning ought to occur in order to ensure good infection control. Our auditors report on hand hygiene compliance every month, with the results shared amongst staff.

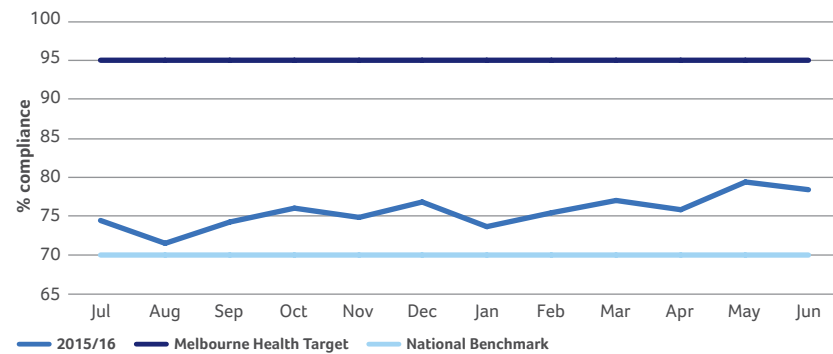
Leadership Rounds with our infection prevention team and the medical and nursing leads of clinical areas have identified that staff have an awareness of their local hand hygiene results and are actively addressing gaps, where required. Examples of improvements include delegating a trained hand hygiene auditor on medical rounds and improving the location of hand sanitiser dispensers.

As part of our Speaking Up for Safety Program, we also developed a short educational video for our staff on how to give and receive feedback in relation to hand hygiene. We want our staff to feel supported and encouraged to speak up in a respectful way if they see a missed hand hygiene opportunity. This video guides staff through various scenarios, how best to provide feedback and what to do if this feedback isn't received well.

Because hand hygiene is so important, it is also part of Celebrating Team Excellence which recognises great teamwork that continually improves outcomes and provides safe and high quality care.

Nationally, the current target for people working in healthcare practicing proper hand hygiene is 70 per cent. Our compliance was consistently above the national benchmark with an overall average of 77 per cent.

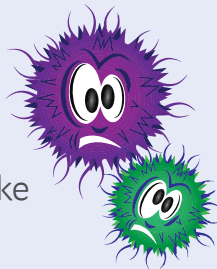
Hand Hygiene



Our compliance was consistently above the national benchmark with an overall average of 77 per cent. Melbourne Health continues to strive towards its internal target of 95 per cent compliance.

The power to fight flu

In a healthy person, the flu can make you really sick for a week or more.



IF YOU ALREADY HAVE a medical condition, or your immune system is weak, complications from the flu can be serious, even deadly.

Every year we encourage our staff to have the flu vaccine because you can be infected with the flu but not get sick, while spreading the virus without realising it. This is just one of the ways we build on our safety culture to deliver safe, reliable and quality care.

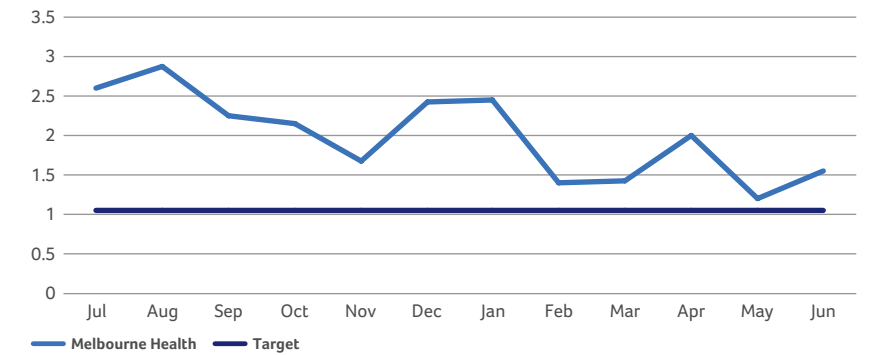
Since 2013, we have set ourselves the target of having 80 per cent of our staff vaccinated against the flu. This is above the Department of Health and Human Services target of 75 per cent.

We make vaccinations readily available to all our staff with a dedicated Flu Stop Shop at The Royal Melbourne Hospital City Campus and roving vaccinators across our 30 sites. This year 80.3 per cent of our staff took part in the vaccination program and received the quadrivalent vaccine which provided protection against four strains of the virus.

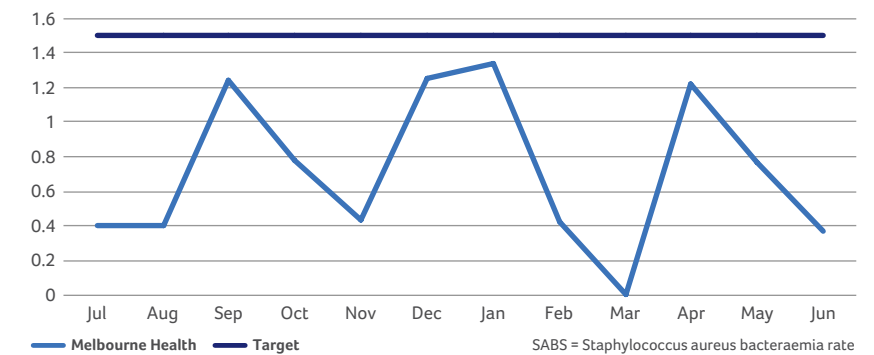
Quality of Care Performance Indicators

Many indicators are collected to identify performance, and where improvements can be made in the delivery of care. Some of these are presented on this page.

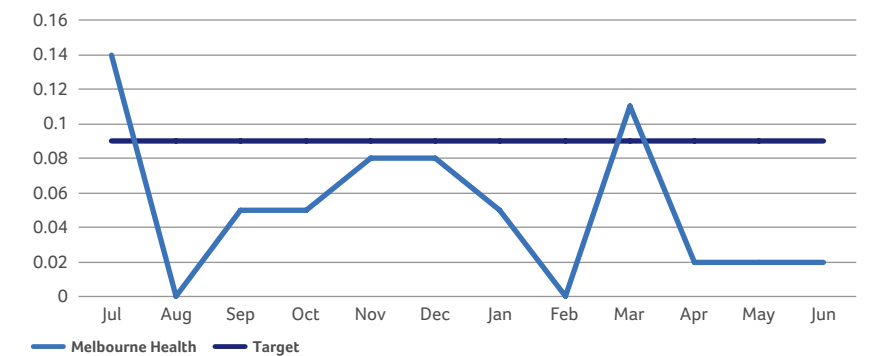
Pressure Injuries per 1000 bed days 2015/16



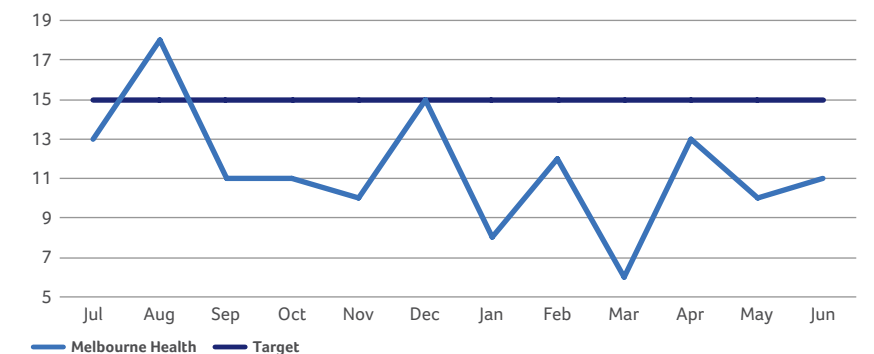
Hospital Acquired SABs per 10,000 bed days 2015/16



Reported Falls with Fracture per 1000 bed days 2015/2016



NorthWestern Mental Health Seclusion Rates per 1000 bed days 2015/16



Residential Aged Care Services

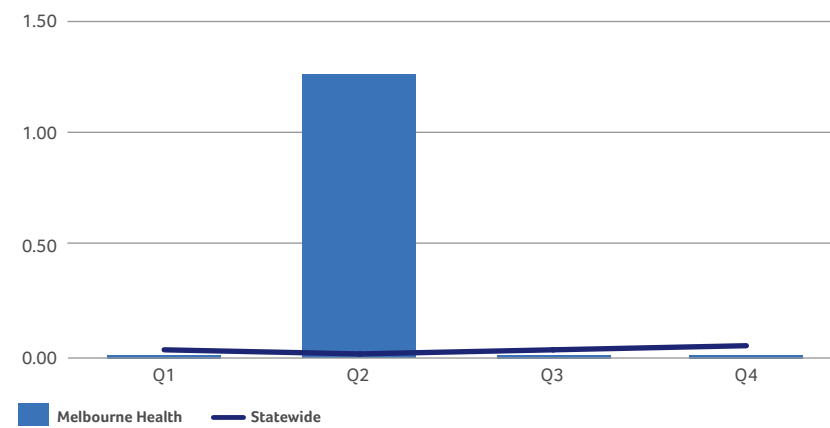
Melbourne Health Residential Aged Care Services are:

- Boyne Russell House, Moreland
- Cyril Jewel House, Keilor East
- McLellan House Hostel, Jacana
- Merv Irvine Nursing Home, Bundoora
- Westside Lodge Nursing Home, St Albans

The facilities provide residential, high care services with the exception of McLellan House Hostel which is a low care facility. Cyril Jewel House provides care for residents with multiple sclerosis and neurological disorders, in addition to residential aged care.

Stage 4 Pressure Injuries per 1000 bed days 2015/16

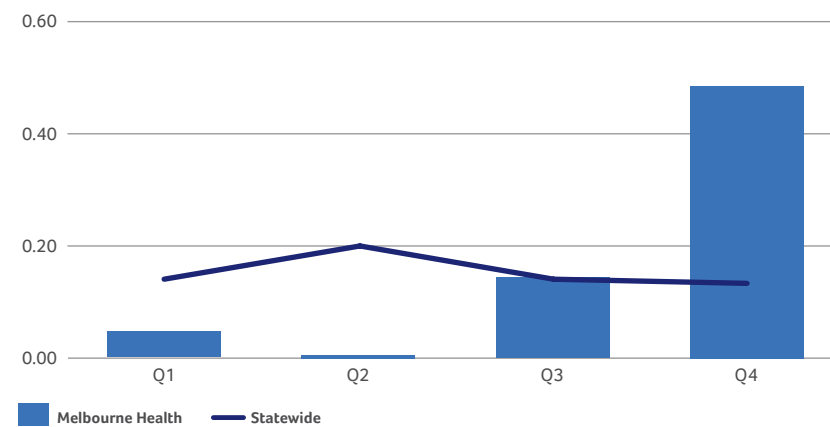
Older patients and residents are at a higher risk of developing pressure injuries due to a combination of factors such as fragile skin, mobility issues and prolonged periods of sitting or lying in the same position. Pressure injuries are categorised based on the depth of the injury to the skin according to a four point scale where 1 is a superficial injury and 4 is deep damage. The number of Stage 4 injuries remained low in 2015/2016 and registered above the state average only in Q2. The ongoing education of staff and review of clinical practice to prevent pressure injuries remains a key focus at Melbourne Health (MH).



Falls related fractures per 1000 bed days 2015/16

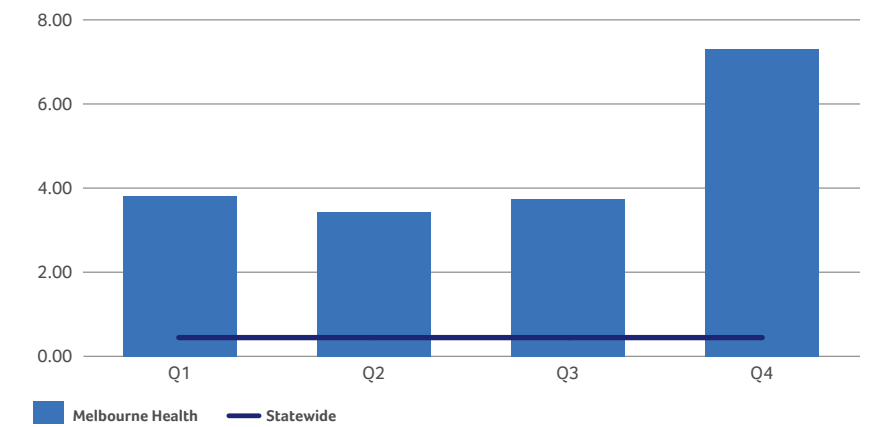
A number of falls related fractures in the residential aged care services registered above the state average only in Q4 and remains low overall.

The analysis of the incidents involving a fall continues to provide valuable information on which to develop increased staff awareness of the circumstances that contribute to falls and standard precautions that can reduce the risk of falls.



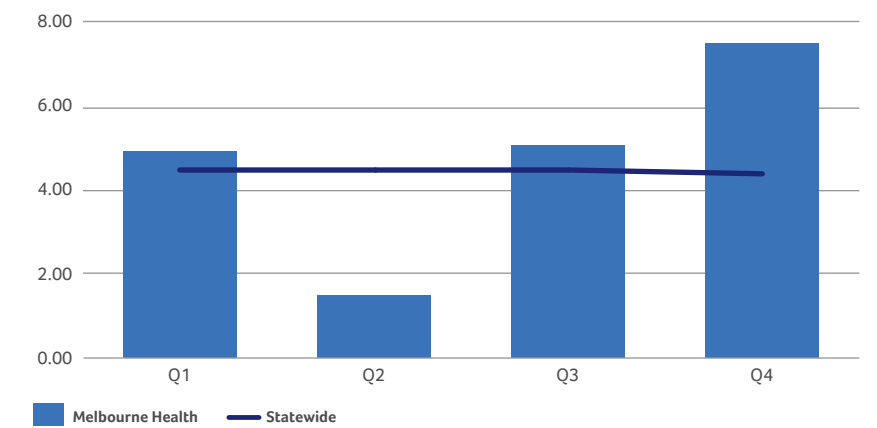
Physical Restraint devices per 1000 bed days 2015/16

Physical restraints describe a range of devices and includes tilt chairs, bed rails and seat belts. Such devices are used in circumstances where there is a direct risk of the patient injuring themselves or others and is to be kept to a minimum wherever possible. The MH numbers for 2015/16 are above the statewide average and continue to reflect the needs of the patient population in specific MH high care residential services. The use of physical restraint devices is regularly monitored and reviewed to determine both appropriateness and requirement of ongoing restraint.



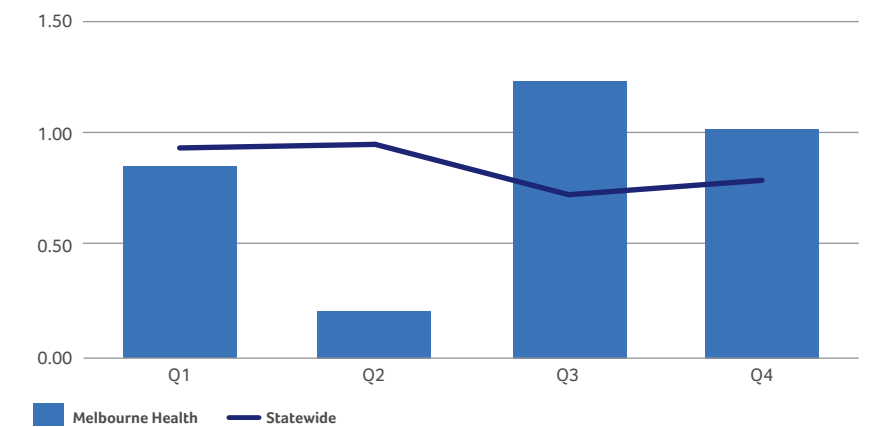
Number of residents who are prescribed nine or more medications per 1000 bed days 2015/16

The number of MH residents prescribed nine or more medications reflects the high care and complex needs of residents across the range of residential services and registered below the state average in Q2. Best practice guidelines are followed as an increased number of medications for an individual resident can increase the risk of medication errors and subsequent harm.



Number of residents with significant weight loss per 1000 bed days 2015/16

Weight loss experienced by elderly patients in healthcare facilities generally and more specifically in residential aged care services has become an area of increased focus in terms of monitoring and prevention. The weight loss can be due to a combination of the patient's medical conditions and the type and quantity of food available. In 2015/16 the number of residents with significant weight registered above the state average in Q3 and Q4.



Who we are and where we care

We are a leading public health service in Victoria with a history of providing the best possible care for our patients and consumers. We provide care through three key services:

The Royal Melbourne Hospital

Our acute and sub-acute academic health service

As one of the largest hospitals in Victoria, The Royal Melbourne Hospital in Parkville provides a comprehensive range of health services across two campuses.

Our City Campus provides general and specialist medical and surgical acute services. Sub-acute services, including rehabilitation and aged care, outpatient and community programs are provided from our Royal Park Campus.

The Royal Melbourne Hospital plays a key role within the broader Victorian health sector as a major Victorian referral service for specialist and complex care, and is a designated state-wide provider for services including adult trauma. It also contains centres of excellence in several specialties including neurosciences, nephrology, oncology, cardiology and genomics.

NorthWestern Mental Health

Our mental health service

As the largest provider of mental health services in Victoria, NorthWestern Mental Health works in partnership with consumers and carers to provide a comprehensive suite of general and specialist services to youth, adult and aged people within the community, residential and health services.

Services are delivered through six programs spanning 30 sites across the northern and western suburbs of Melbourne.

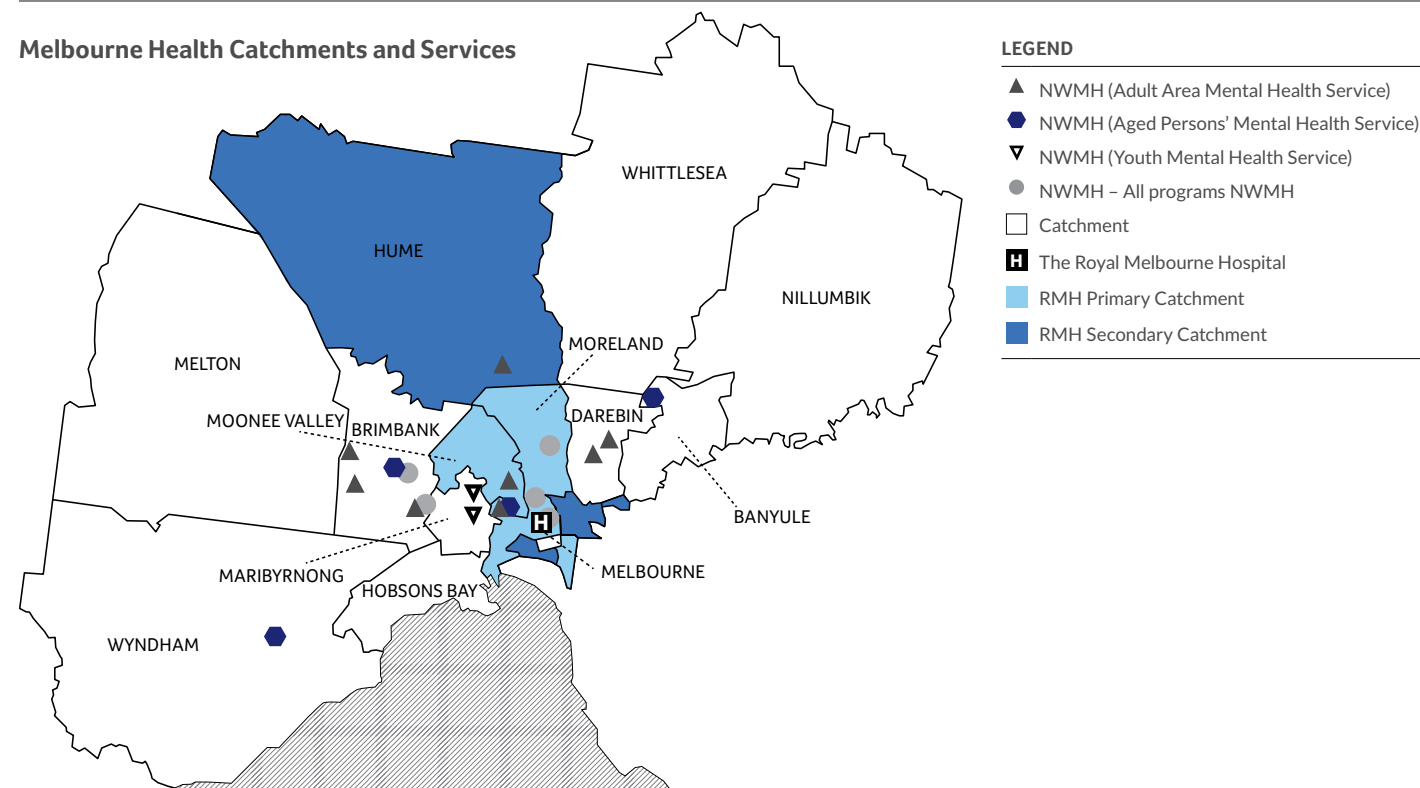
It also delivers a number of state-wide services including the neuropsychiatry service and the eating disorders service.

The Doherty Institute for Infection and Immunity

Our infection and immunity service

The Doherty Institute, our partnership with the University of Melbourne, is a world-class institute that combines research into infectious disease and immunity with teaching excellence, reference laboratory diagnostic services, epidemiology and clinical services.

Melbourne Health Catchments and Services



OUR VISION

Our vision is to be *First in Care, Research and Learning* to improve outcomes for our community and Victorians.

CARE

First in delivering safe and high quality care

RESEARCH

First in evidence-based research integrated into practice

LEARNING

First in developing our workforce and community

OUR VALUES

Our values and behaviours guide the way we work together to achieve our vision.

CARING

We treat everyone with kindness and compassion

EXCELLENCE

We are committed to learning and innovation

INTEGRITY

We are open, honest and fair

RESPECT

We treat everyone with respect and dignity at all times

UNITY

We work together for the benefit of all

OUR PRIORITIES

We aim to achieve our vision by focusing on six strategic priorities.

CARE AND OUTCOMES

We deliver outstanding care and outcomes

PATIENT AND CONSUMER EXPERIENCE

We partner with and empower our patients and consumers

INNOVATION AND TRANSFORMATION

We embrace innovative thinking in everything we do

WORKFORCE AND CULTURE

We enable our people to be the best they can be

COLLABORATION

We maximise the potential of our partnerships

SUSTAINABILITY

We are a recognised, respected and sustainable health service



Melbourne Health is committed to working with our consumers to improve our patients experiences and outcomes.

The 2015/16 Quality of Care report has been produced in consultation with, and reviewed by our consumer representative Diane Steward from the Melbourne Health Community Advisory Committee.

MELBOURNE HEALTH

