THE WOMEN'S QUALITY ACCOUNT 2017

the women's
the royal women's hospital
victoria australia

ABOUT THE WOMEN'S

The Royal Women's Hospital is Australia's first and largest specialist hospital dedicated to improving the health of all women and newborns. The Women's leads the way in women's and newborn healthcare and has advocated and advanced the issues of women's health in Australia for 160 years.

We are recognised as a high performing healthcare provider with a reputation for excellence and innovation. Located at two sites, Parkville and Sandringham, the Women's provides healthcare for local women and their newborns as well as those with complex needs from throughout Victoria. As a state-wide tertiary hospital, we have a unique role as a leader and advocate, sharing our expertise in specialist maternity, neonatal, gynaecology and women's cancer care across Victoria and beyond.

We are a major teaching hospital, internationally recognised for our research and a source of trusted health information for women and health professionals. The Women's is also a significant provider of professional development and secondary consultations to midwives, nurses, general practitioners and other specialists. Many practitioners and researchers from around Australia draw on our specialist expertise in areas such as pregnancy and drug use, women's and newborn research, women's and infant mental health, and reproductive and sexual health.

The Women's is committed to the social model of health, which recognises that a broad range of environmental, socioeconomic, psychological and biological factors impact on health, and we have a range of distinctive programs and services, offering support to women beyond clinical interventions.

The Royal Women's Hospital acknowledges and pays respect to the Kulin Nations, the traditional owners of the country on which our sites at Parkville and Sandringham stand and we pay our respects to the Elders past and present.

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CHAIR AND CHIEF EXECUTIVE'S MESSAGE

We are proud to present *The Women's Quality Account 2017*, our annual report on the quality and safety of care provided by the Women's during 2016/17.

We place patients at the core of our work and this is reflected in our *Strategic Plan 2016–2020*, which is structured around this important commitment. It means that across all aspects of our work, we strive to provide the best and safest care, for each and every woman and newborn, every time.

This commitment extends beyond our patients to their families and anyone who interacts with our hospital, whether it be a community member looking for healthcare information on our website or a healthcare provider seeking our expertise.

We were honoured to have our leadership and excellence in care recognised last year when we were named the 2016 Premier's Large Health Service of the Year in the Victorian Public Healthcare Awards. This wonderful achievement was a result of the hard work and dedication of the Women's staff and volunteers who demonstrate an incredible commitment to the care and wellbeing of our patients—we extend our thanks to each and every one of them.

Despite being recognised with this prestigious award, we are always looking to improve. We continue to strive towards providing an exceptional experience for all who pass through our doors, call us, or engage with us online. And we do so by partnering with patients, families, consumers, staff and others to inform our decisions and improve our service.

We've spent the past year working towards addressing areas for improvement, which patients and consumers, and our own monitoring, have revealed to us, and we're proud and delighted to be reporting back on the progress we have made.

We are always looking to learn and improve, and this report is an effective way for us to ensure transparency and accountability to the community we exist to support. We hope you find it insightful and reassuring, and we welcome all suggestions about how we can improve the way we work with the community to ensure we maintain the high standards of care, quality and safety they expect and deserve.

Dr Sue Matthews
Chief Executive, the Women's

Ms Lyn Swinburne AM
Board Chair, the Women's

Acknowledgments

The Women's would like to thank its Board and governing committees, especially the Quality Committee, for oversight of our quality and safety systems and processes, and the Community Advisory Committee for advising us on how we can better meet the needs of the Women's patients and consumers.

YEAR IN REVIEW

9,175
Babies born

80,863
Women cared for

27,741
Emergency visits

34,269
Inpatient visits

193,954
Outpatient visits

2,234
Babies admitted to intensive and/or special care nursery

255,965
Episodes of care

186
Countries of origin of patients

92
Languages spoken by our patients

17,882
Requests for interpreter services

72
Different religious beliefs followed

HIGHLIGHTS IN 2016/17

July 2016

- The Women's hosts Australia's first conference dedicated to looking at how sex and gender play a role in cancer and affect approaches to care, treatment and clinical research.

August 2016

- Parliamentary Secretary for Medical Research Frank McGuire launches the Women's Research Report 2015.
- Minister for Health, Jill Hennessy, visits the Women's to announce that funding for the Strengthening Hospital Responses for Family Violence initiative (led by the Women's and Bendigo Health) would increase to more than $1.2 million for hospitals across Victoria.

September 2016

- The Women's takes on responsibility from Alfred Health for the Special Care Nursery in Sandringham.

November 2016

- The Women's hosts its annual Cool Topics conference, Australia's largest international neonatal conference.
- Our hospital achieves Baby Friendly Health Initiative accreditation for the seventh time.

December 2016

- One of the Women's longest-serving volunteers, Elaine Tisher, receives a Premier's Volunteer Champions Award for her years of dedication and support to the hospital and its patients.

↑ The Women's is named the Premier's Large Health Service of the Year at the Victorian Public Healthcare Awards.

February 2017

↓ The Women's hosts its first 'Meet a Scientist Day' for more than 180 secondary school students to celebrate International Day of Women and Girls in Science.

March 2017

↗ The Women's celebrates the diversity and richness of our female staff with a special photographic exhibition titled *'The women behind the Women's'* for International Women's Day.

- Around 100 families and staff attend the Women's Annual Memorial Service. A tradition of more than 20 years, the service offers families who are grieving the loss of their unborn or newborn baby a chance to farewell and remember them.
- The Women's is successful in maintaining its full accreditation status against the National Safety and Quality Healthcare Standards through a review process with the Australian Council on Healthcare Standards.

↓ The Women's becomes one of the first Victorian hospitals to receive White Ribbon Workplace Accreditation for its extensive efforts to support employees who may be experiencing family violence.

April 2017

- The Women's Chief Executive, Dr Sue Matthews, is appointed to Victoria's Family Violence Steering Committee as the state's hospital representative.

May 2017

- The Women's celebrates the great contribution of its nursing and midwifery staff with the annual Nursing and Midwifery Awards.
- The Women's new Ambulatory Gynaecology Service is officially opened, offering a faster, easier service for women in need of minor gynaecology procedures without the risks of general anaesthetic.

↘ The Women's, the Royal Melbourne Hospital and the Peter MacCallum Cancer Centre hold a combined event to acknowledge National Sorry Day and affirm our joint commitment to righting the wrongs of the past and continuing along the journey of reconciliation.

June 2017

- The new Rapid Access Service at the Women's is established providing women experiencing homelessness with case management services in collaboration with partners in the homelessness and community health sectors.

WORKING IN PARTNERSHIP ACROSS VICTORIA

As a state-wide leader, the Women's is continuously working in partnership with other health services to build capacity across the whole health system so that all Victorian women and newborns receive the best possible care.

Our commitment to reducing inequities in health and our care for vulnerable and disadvantaged women and newborns has always been a priority and extends to our state-wide responsibilities. We continue to advocate and take the lead on important state-wide priorities including violence against women as a major public health issue, maternal and neonatal health, and improving access to sexual and reproductive healthcare.

BUILDING CAPACITY IN VICTORIA'S HOSPITAL SYSTEM

The Women's advocates for, and is taking, a state-wide leadership role in how hospitals respond to family violence. We are partnering with hospitals across Victoria and the family violence sector to build greater capacity within hospitals to provide sensitive and appropriate responses to family violence.

The State Government's *Ending Family Violence: Victoria's Plan for Change*, recognises the unique role hospitals play in preventing and supporting those experiencing family violence. Healthcare professionals are often the first person an individual talks to about their experiences and research indicates victims/survivors of family violence use hospital emergency departments up to a third more than those who have not been a victim.

In response, we are proud to be leading the state-wide rollout of the Strengthening Hospital Responses to Family Violence (SHRFV) project with our partner Bendigo Health. The project aims to develop and implement a framework for embedding within hospitals across Victoria the practice of identifying and responding to family violence experienced by patients. Stages 1 and 2 saw us develop training modules to build the capacity and capability of staff to identify and respond to family violence and create a toolkit of resources and communications materials to guide and support other health services to implement the SHRFV service model. Stage 3 now involves changing culture, building capacity for change within hospitals, strengthening partnerships with hospital consumers who have experienced violence, and ensuring staff safety.

We are currently providing mentor support to 11 metropolitan and four regional hospitals with our partner Bendigo Health. The Women's is running a number of activities including state-wide forums, workshops, and the production of the third edition of the SHRFV toolkit of resources which includes four new specialist modules, such as 'Identifying/responding to elder abuse' and 'Working in regional and rural settings'.

We acknowledge that our employees are not immune from such experiences and so in early in 2017 we were extremely proud to become one of the first Victorian hospitals to receive White Ribbon Workplace Accreditation for our extensive efforts to support employees who may be experiencing family violence. This accreditation also recognises our efforts in raising awareness of family violence at a state-wide level and advocating for the prevention of violence against women.

HELPING TO IMPROVE STANDARDS AND PRACTICE ACROSS VICTORIA

The Women's Maternity Services Education Program (MSEP) is a state-wide education program delivering multidisciplinary education onsite in Victorian maternity services. MSEP workshops are tailored to meet individual health service needs, assisting clinicians to provide woman-centred, high quality, evidence based and culturally safe maternity care. In the last financial year, the Women's delivered a total of 17 maternity and newborn emergency care workshops across the state reaching 315 healthcare professionals.

The Victorian Perinatal Autopsy Service (VPAS) provides a coordinated state-wide service ensuring consistent standards of practice and expertise for the clinical investigation of perinatal deaths across Victoria. During 2016/17, the Women's continued to take a lead role in the development and coordination of VPAS including the implementation of practice guidelines, and provision of numerous educational initiatives. To promote awareness of the state-wide service, and foster high quality investigation of perinatal death, VPAS held a multidisciplinary education seminar at the Women's Conference Centre for 100 delegates from health services across Victoria, and has also provided education seminars within a number of regional health services, as well as education for trainees of The Royal Australian and New Zealand College of Obstetricians and Gynaecologists.

The Women's led the establishment of Regional Maternal and Perinatal Mortality and Morbidity Committees (RMPMMC) in six regions in Victoria during 2016/17. The purpose of this project is to embed a consistent and coordinated regional approach to case review, provide access to independent multidisciplinary clinical expertise, and enhance learning between maternity clinicians to improve maternity care. The regional committees aim to promote consistency in the application of the Perinatal Society of Australia and New Zealand guidelines across the state through engagement with clinicians and existing review committees. The project reflects the commitment of the Victorian Government to reduce avoidable harm for mothers and babies and improves transparency and clinical governance at a local and regional level. A RMPMMC project review is underway and will include project evaluation, key learnings and recommendations.

LEADERSHIP ON SEXUAL AND REPRODUCTIVE HEALTH

Equity of access and effective models of care that are appropriate to each woman's needs are an important priority for the Women's. During 2016/17, we provided information and expert advice to inform the Victorian Government's *Women's Sexual and Reproductive Health Key Priorities 2017–2020* and we are now advising on its implementation. As part of our state-wide role, the Women's formalised our partnership with the Centre for Excellence in Rural Sexual Health through a memorandum of understanding to support research, clinical networks and service capability, and strengthen advocacy to improve women's access to reproductive healthcare in regional Victoria.

IMPROVING THE HEALTH OUTCOMES OF ABORIGINAL AND TORRES STRAIT ISLANDERS

The Women's is committed to improving health outcomes for Aboriginal and Torres Strait Islander people by establishing culturally safe practices which recognise and respect their cultural identities and safely meet their needs, expectations and rights.

Badjurr-Bulok Wilam, our Aboriginal and Torres Strait Islander Women and Families Place, provides support and advocacy for Aboriginal and Torres Strait Islander women. Badjurr-Bulok Wilam means 'home of many women' in Woiwurrung, the language of the Wurundjeri Peoples. Through Badjurr-Bulok Wilam we offer access to hospital services, information and referral to services, practical assistance, and a resting place for Aboriginal and Torres Strait Islander women and families attending our hospital. It's a place where they can yarn with the Aboriginal and Torres Strait Islander Hospital Liaison Officers.

The *Baggarrook Yurrongi — Women's Journey* is a National Health and Medical Research Centre funded initiative, led by La Trobe University's Judith Lumley Centre, to improve maternity care and health outcomes for Aboriginal mothers and babies in four maternity hospitals, including the Women's. In March 2017, the Women's started recruiting women to this midwifery care program developed for women who identify as Aboriginal or Torres Strait Islander or have a partner who does. An Aboriginal Advisory Group has been established with Aunty Di Kerr, an Aboriginal Elder, as the Chair and midwives have been provided with additional training, resources and support. Interest and engagement has been high and we have had 100 per cent uptake from women with 27 booking into the program so far.

A Koolin Balit funded project to raise awareness and provide information for Aboriginal women about the risks associated with alcohol and drug use, including 'ice', during pregnancy was completed this year following extensive collaboration with Aboriginal patients, partner agencies and services including Njernda Aboriginal Corporation in Echuca, the Victorian Aboriginal Health Service, and the Victorian Aboriginal Community Controlled Health Organisation. The resource, *You and Your Boorai: Taking Care During Pregnancy* provides positive advice on all aspects of pregnancy health and will be launched during 2017/18.

ABORIGINAL PUBLIC SECTOR EMPLOYMENT

The Women's is committed to building a workforce that is reflective of the community we care for. This helps us to understand, respect, and meet the needs of our diverse patient groups.

We are proud to be making significant progress towards the Aboriginal and Torres Strait Islander employment goals we have set out in the *Women's Aboriginal Employment Plan* which will take us through to 2020. Our objectives are to provide employment opportunities to Aboriginal and Torres Strait Islanders and, importantly, to provide a culturally safe and welcoming workplace for our Aboriginal and Torres Strait Islander employees. They align well with the Victorian Government's *Barring Djinang*, the new Aboriginal employment strategy for the Victorian Public Sector.

Our Aboriginal and Torres Strait Islander workforce has grown from 0.01 per cent of our workforce in 2012 to 0.76 per cent at the end of June 2016. We are proud that our workplace continues to attract talented professionals and it's a great start towards our goal of reaching two per cent Aboriginal and Torres Strait Islander representation at the Women's by 2020.

Our focus over recent years has been on improving Aboriginal and Torres Strait Islander representation in our nursing and midwifery cohort as nurses and midwives make up over half of the Women's workforce.

Since 2012 we have introduced two targeted strategies: a Nursing and Midwifery Cadetship Program that has supported 14 cadets at the Women's; and through our Nursing and Midwifery Graduate program, we have employed and supported 12 nursing and midwifery graduates. This year, we were funded by the Department of Health and Human Services (DHHS) and have successfully filled all five positions in our Cadetship Program. We are also supporting an Aboriginal postgraduate student studying midwifery. In 2016 we expanded our cadetship support for Aboriginal and Torres Strait Islanders beyond nursing and midwifery into allied health and we are now looking forward to consolidating this support and extending it to other areas such as clerical and administrative support.

Thanks to the growing popularity of our Aboriginal and Torres Strait Islander employment program, we are able to strengthen our commitment to supporting the development of future Aboriginal and Torres Strait Islander professionals.

SPOTLIGHT

COSMOS MIDWIVES CELEBRATE 10 YEARS OF ONE-TO-ONE CARE

In August 2017, the Women's celebrated the 10th anniversary of caseload midwifery (known as COSMOS).

Introduced as the largest research trial of its kind in 2007, the COSMOS trial — COmparing Standard Maternity care with One-to-one Midwifery Support — gave the Women's strong evidence to support the continuance of caseload midwifery.

The model of care, hailed as the "gold standard" of care, sees women assigned an individual midwife throughout their pregnancy, birth and early postnatal period, and has been shown to reduce caesarean births, epidural pain relief during labour, length of hospital stay, episiotomies, low birth weight babies and newborn admissions to special and intensive care.

The Women's Director of Midwifery and Maternity Services Research Professor Della Forster, also from La Trobe University's Judith Lumley Centre, who co-led the COSMOS trial, said caseload midwifery care provides women with continuity and individualised care from a known midwife (with two or three back-up midwives) throughout their pregnancy, labour and birth, and first days as a new mother.

"The midwives refer women to other health professionals as appropriate, and work collaboratively with obstetricians — women stay with their known midwife even if their particular pregnancy needs more specialised input" Professor Forster said.

Sara and her son Macklin

COSMOS midwives

"We conducted a really comprehensive evaluation of the midwives involved in the original trial, and we found much lower rates of burnout and much higher satisfaction scores in the midwives working in the caseload model compared to those working in the other models of care.

"So caseload has really positive outcomes for mothers, babies and midwives — for everyone involved."

To date, 4,544 women have been through the caseload program at the Women's.

New mum Sara got to know Amber as her midwife when she was 18 weeks pregnant with her son Macklin. Her pregnancy was not straightforward and, following several episodes of bleeding, Sara gave birth to Macklin by emergency caesarean at 34 weeks and 6 days. He spent time in the high dependency and then neonatal intensive care units, followed by weeks in special care before being able to go home.

"Being in caseload was a fantastic experience for me," Sara said. "I have anxiety, so having one person to go to was amazing for me. I didn't have to explain myself every time I needed to speak to someone because my midwife Amber knew me and my situation — it was really reassuring."

Prof Forster said the Women's was part of a new five-year project to offer caseload midwifery care to one of its most vulnerable patient groups – Aboriginal and Torres Strait Islander women and their babies.

"Aboriginal and Torres Strait Islander mothers and babies often have poorer health outcomes and we are really pleased to be offering caseload midwifery care to all women who identify as Aboriginal or Torres Strait Islander, or who are having a baby who is Aboriginal or Torres Strait Islander," Professor Forster said.

"We started offering this care to Aboriginal or Torres Strait Islander women in March this year, and have three dedicated midwives working in what we call Baggarrook COSMOS. So far, all 27 women offered the model have chosen to accept caseload care, we've had seven babies born, and early feedback is that the women and midwives are really enjoying the model of care."

The project, named Baggarrook Yurrongi (Woman's Journey), is a partnership between the Women's, La Trobe University, the Mercy Hospital for Women, Sunshine Hospital, Goulbourn Valley Health and The Victorian Aboriginal Community Controlled Health Organisation, with funding from the National Health and Medical Research Council. It has also offered a great opportunity for the Women's to work more closely the Victorian Aboriginal Health Service, and for the Baggarrook COSMOS midwives to engage with Badjurr-Bulok Wilam, the Aboriginal Unit at the Women's.

"Our goal is to provide care that might improve the health of Aboriginal mothers and their babies. We want to 'close the gap' and also deliver services which are culturally sensitive, and responsive to the needs of our Aboriginal community," Professor Forster said.

CONSUMER, CARER AND COMMUNITY PARTICIPATION

OUR APPROACH TO PARTNERING WITH PATIENTS AND CONSUMERS

We see partnering with patients and consumers as vital in all our interactions with the women, babies and families we care for.

The Women's has always been focused on providing individualised care for women and newborns and aims to lift its already great experience of care to 'exceptional'. Our goal is to not only better understand the diverse expectations, needs and preferences of patients and consumers, but for them to be involved in decisions that affect them — so that the patient voice is truly listened to and understood.

The Women's Strategic Plan 2016–2020 has a bold strategic direction — to put patients and consumers at the heart of everything we do — and we are in a major transformational phase which is challenging the status quo of our organisation. While we have always been focused on our patients, we are implementing a multi-year cultural change strategy across the Women's that embeds participation, involvement and collaboration with patients and consumers across every aspect of our service.

In early 2017, the Women's Board endorsed the *Women's Patient and Consumer Experience Strategy 2016–2020*, which will enable us to deliver our ambitious goal. We also invested in a patient and consumer experience team led by a newly appointed Chief eXperience Officer.

With extensive feedback from our patients and consumers, the Women's developed and adopted five guiding principles that articulate our patients' priorities and expectations. Named the 'RAISE' principles (Responsive, Accessible, Integrated, Safe and Effective/Efficient) they underpin our patient experience strategy and are being utilised as the framework for several operational and strategic initiatives, including Executive performance plans, leadership competencies and a balanced performance scorecard for the organisation. We have also introduced a quarterly management report that presents the Victorian Health Experience Survey results in alignment with the RAISE principles, and these are shared with individual departments to identify and monitor improvement opportunities.

The Women's utilises several other patient feedback mechanisms to drive improvement including complaints, compliments and patient stories. Patient stories are shared at the Board and Board Committee levels as well as in our 10-hour Creating Exceptional Experiences course which has successfully graduated almost 600 staff. We are now trialling a 'near real time' patient experience measurement program which will allow for a more rapid response to patient and family feedback.

The Women's Community Advisory Committee provides patients, consumers, carers and other community members with the opportunity to directly advise the hospital on establishing and maintaining effective systems to ensure we meet the needs of the patients and consumers we serve.

The membership of the committee includes two Board members, up to 10 community members, the Chief eXperience Officer and the Chief Executive.

The committee ensures the views of women and their families are taken into account in the hospital's decision-making processes and promotes a patient and consumer perspective, particularly in relation to improving the experience, quality, safety, accessibility and appropriateness of our services.

Other patient and consumer partnership opportunities at the Women's include:

- an annual Community Board Meeting open to any member of the public
- consumer representation across a number of hospital committees, such as our Board Quality Committee, accompanied by a formal induction process for these representatives to ensure meaningful participation
- consultation — through targeted focus groups, interviews and surveys — with our patients, consumers and community groups on relevant topics or issues
- working with former patients to collect their stories on an ongoing basis with some recorded on video for staff engagement and training purposes, and to improve clinical and non-clinical practices and processes.

SUPPORTING WOMEN WITH INDIVIDUAL NEEDS

Our Women with Individual Needs (WIN) Clinic offers customised support for pregnant women with a learning difficulty, acquired brain injury or intellectual, physical or sensory disability. In 2016/17, the clinic delivered over 100 occasions of service for women with individual needs.

The WIN clinic's dedicated midwife coordinates antenatal and postnatal care, pregnancy related information and postnatal outreach for up to six weeks after the baby's birth. The social worker assesses a woman's psychosocial needs, provides information about service options, advocacy, practical assistance, emotional and social support, referral to community services and works with the woman and the midwife to develop a postnatal care plan. Together they ensure a holistic approach to care for women with individual needs with facilitated pathways through care, and to ensure the prevention of discrimination and abuse.

SUPPORTING PATIENTS FROM NON-ENGLISH SPEAKING BACKGROUNDS

Victoria has a rich and diverse population and our patients reflect this.

In 2016 just over half (51 per cent) of the women who gave birth at the Women's were born overseas. We care for patients from a wide variety of cultures and backgrounds and our policies, programs and services reflect and support this diversity.

With our patients coming from 186 different countries and speaking 92 different languages, our interpreter service is critical to ensuring clear communication between our patients and health professionals, so that patients can ask questions and receive the information they need to make informed decisions about their own healthcare.

The Women's provides interpreter services in 60 languages, including Australian Sign Language (AUSLAN) and some of the most frequently spoken languages in our community, such as Arabic, Mandarin, Vietnamese, Amharic, Tigrinya, Persian, Urdu, Hindi, Cantonese, Turkish, Assyrian, Italian, Lao, Greek and Spanish. These languages are spoken by our National Accreditation Authority for Translators and Interpreters (NAATI) accredited in-house interpreters. For less commonly spoken languages, we book experienced interpreters from agencies to provide language assistance with face-to-face or telephone interpretation.

Of the 17,882 patients who required an interpreter in 2016/17, 89 per cent received assistance from a NAATI accredited interpreter. Only four per cent of our interpreter services were unaccredited. The majority of these cases occurred because the language requested was not one tested and accredited by NAATI in Australia (such as Kurdish-Sorani, Hmong, Tibetan and Mongolian) or because it was a language for which only a limited number of accredited interpreters are available, such as Hakka (Timorese), Dinka and Albanian.

RAISING THE BAR

Our RAISE principles have been adapted from research completed by the Picker Institute with thousands of patients and family members who described what was most important to them.

From a patient's perspective, an experience at the Women's should be:

Responsive

I expect to be respected and treated as an individual. You will ask about what is most important to me and my care team will work with me to achieve my goals.

Accessible

I can find and access the care and services I need. You will not ask me to wait an unreasonable amount of time for my care.

Integrated

I expect my care journey to be seamless. You will ensure my story travels with me across different staff and departments.

Safe

I expect to experience a clean and comfortable environment. You will do everything possible to help me feel safe and manage my physical and emotional needs.

Effective/Efficient

I want to feel supported and confident to make decisions about my care in partnership with you. You will listen to me first, then offer your advice, information and expertise.

VICTORIAN HEALTHCARE EXPERIENCE SURVEY

The Victorian Healthcare Experience Survey (VHES) gathers feedback from patients who have recently attended Victoria's public health services.

The survey is conducted on behalf of the Department of Health and Human Services (DHHS) by Ipsos, an independent company. It is distributed to a sample group of eligible, randomly selected participants and survey results are provided to health services and DHHS each quarter. We use these results to identify areas for improvement and to build on our areas of strength.

VHES structures questions within three categories: 'adult and child inpatients'; 'maternity clients'; and 'adult and child emergency department attendees'. As a specialist hospital, VHES provides the Women's with feedback from three patient groups: adult inpatients, adult emergency patients, and maternity patients. This report requires us to report on adult inpatient only.

FOCUS ON IMPROVEMENT— ADULT INPATIENT RESULTS

In the October to December 2016 quarter, we received poor results for two VHES questions in the adult inpatient category.

In response to the question: 'During your hospital stay, did the nurses who treated you know enough about your condition and treatment?' only 74 per cent of people surveyed answered 'yes'.

For the question, 'Did you have confidence and trust in the nurses treating you?' only 86 per cent of patients answered 'yes'.

We made a focused effort to respond to this adult inpatient feedback and are delighted to have done so.

In the following quarter, January to March 2017, positive responses to the question '…did the nurses who treated you know enough about your condition and treatment?' rose from 74 per cent to 93 per cent.

In relation to the second question about confidence and trust, our score increased from 86 per cent to 92 per cent.

To achieve these scores, we took action to improve our staff engagement and wellbeing. By making the workplace a more satisfying and supportive one for our people, we have reduced absenteeism and turnover and consequently created greater consistency in the people, knowledge, care and advice our patients receive.

PATIENT EXPERIENCE SCORE

The Women's was very pleased to see our adult inpatient overall patient experience score increase to 95 per cent in our April to June 2017 results, up from 94 per cent at the beginning of the year. We were particularly pleased to receive 97 per cent in our January to March 2017 VHES results — a high for the year and a four per cent increase in the overall experience rating when compared to the same time last year.

We believe our most recent result reflects the focused work and investments that have been made to improving the patient experience over the last year.

As shown in the following table, we are delighted to have improved our adult inpatient results and have actively been working towards making the experience of all our patients the best it can be.

Victorian Healthcare Experience Survey (VHES) 2016/17

	Adult inpatient overall patient experience score*
April to June 2017	**95**
January to March 2017	**97**
October to December 2016	**94**
July to September 2016	**94**

**Percentage of adult inpatients who said they had a positive experience*

LISTENING AND UNDERSTANDING MATTERS

Through our own analysis at the Women's, we have identified that listening and understanding ('Do you feel that you were listened to and understood by the people looking after you in hospital?') correlate with our patients' overall experience, which in turn reflects our adult inpatient VHES score.

In the January to March 2016 quarter, we received an overall VHES rating of 71 per cent on this question and consequently implemented a plan focusing on listening to and understanding our patients in what was then, our new Creating Exceptional Experiences program.

As more people graduate from this program (around 600 graduates at the end of 2016/17) we saw a 10 per cent improvement in our overall listening and understanding score, which sat at over 81 per cent a year later (January to March 2017 quarter).

While we are very pleased with this result, we continue to strive for further improvement across all our VHES scores.

LEAVING HOSPITAL

VHES includes measures relating to how ready adult inpatients feel when they leave hospital. Questions include whether patients agree that:

- they have received enough information about managing their health and care at home
- their family and home situation has been considered
- adequate arrangements have been made for any services they might need at home
- their GP was provided with relevant information regarding their treatment/advice for follow up after their hospital stay.

The results of these questions combine to make an overall 'leaving hospital' score.

The Women's has seen consistent improvement in the overall experience of leaving hospital and the transition of care as rated by our patients. Over the past year we have increased our overall 'leaving hospital' score to 76 per cent.

This is reflected in improvements over the same time in each of the individual measures. For instance, many more patients felt they had sufficient information about managing their health and care at home after discharge — in the October to December 2016 quarter just over 74 per cent believed they had sufficient information, compared with 83 per cent just months later in the April to June 2017 quarter.

One of the contributing factors to these improvements has been a significant focus on ensuring adult inpatients are prepared for their discharge and that staff are consistent in the information they give to their patients prior to and upon discharge. We have also worked with staff to ensure consistency in the information so that, for example, the patient receives the same discharge information from the pharmacy as they would from their doctor and physiotherapist.

SPOTLIGHT

DADS' GROUP HELPS FATHERS OF PREMATURE BABIES

Up until a few years ago, the Women's, like most hospitals, focused on the care of premature babies and the psychological health of their mothers. But having a premature baby in special or neonatal intensive care is an enormously stressful and emotional experience for both mothers and fathers.

In 2016 we worked with the Murdoch Childrens Research Institute to learn more about the effect of premature birth on the "forgotten parent"— dads.

Our research showed that 36 per cent of fathers to very premature babies experience depression, six times the rate of depression in fathers of full term babies.

The Women's decided to do something to support fathers and so we established the Dads' Group, a support program for fathers of babies born premature. Initially a fortnightly session, demand quickly saw the Dads' Group become weekly and we have since advised hospitals in Australia and New Zealand about establishing similar groups.

Associate Professor Carl Kuschel is Director of Neonatal Medical Services at the Women's and was the driving force behind starting the Dads' Group (he is now ably supported by other colleagues, including a specialist in Infant Mental Health). He had seen first-hand fathers who appeared to be coping with the premature birth of their baby fall into depression and post-traumatic stress disorder.

"Fathers of premature babies were struggling but we didn't understand how significant the rates of depression and anxiety were until we worked with the Murdoch Childrens Research Institute to undertake detailed research. The results were shocking, and showed not only a high rate of depression but that almost one in two dads were not talking about how they were feeling," Associate Professor Kuschel said.

"We now actively seek out dads and ask them how they are coping and encourage them to attend the Dads' Group.

"The Group has been an overwhelming success, allowing dads to see they are not alone and to chat to other fathers going through the same experiences," he says. "While our clinicians can advise dads on what to do, they are more likely to take it on board when other dads are sharing their experience with them."

BURAK DEMIR'S STORY

Burak Demir's son Yusuf was born at 23 weeks, a gestation period where only 20 per cent of babies survive.

"I was in a dark place where I felt I was on my own and even though I had a wonderfully supportive family, I felt no one understood how I felt," Mr Demir, a first time dad, says.

"Being a guy you don't want to cry or show your emotions. But in the Dads' Group we talked about what we were going through and it was great to just get it off my shoulders. I realised I wasn't the only one going through this and that I finally had support from people that were going through the exact same thing."

Burak with his wife Sare and son Yusuf

IMPROVING CARE FOR ABORIGINAL PATIENTS PROGRAM

The Improving Care for Aboriginal Patients Program (ICAP) was established to improve the access of Aboriginal and Torres Strait Islander people to mainstream health services through accessibility and cultural responsiveness. It has four key areas of focus: engagement and partnerships, organisational development, workforce development, and systems of care.

The Women's has made significant progress over the past year in all these areas. Below are examples of some of the activities we have implemented and undertaken to improve the cultural responsiveness of our service and care, for both staff and patients:

- Incorporated a focus on Aboriginal and Torres Strait Islanders in our *Women's Strategic Plan 2016–2020* in which we reiterate our commitment to closing the gap in health status between Aboriginal and non-Aboriginal women and babies.
- Employed Aboriginal Hospital Liaison Officers (AHLOs) who see all new Aboriginal inpatients and work with them to ensure appropriate access to care. We communicate broadly with clinical staff to educate staff and patients about the AHLO service and we have employed a coordinator of Badjurr-Bulok Wilam, our Aboriginal and Torres Strait Islander Women's health unit.
- Continued to strengthen partnerships with local organisations, Elders and Aboriginal community members by including them in research projects and reference groups, and inviting them to attend our annual Community Board Meeting.
- Created a welcoming environment by developing policies for acknowledging "Traditional Owners and Elders, past, present and future" and "Welcome to Country" at key meetings and events and incorporated ceremonial leave for Aboriginal and Torres Strait Islanders into our Leave Policy.
- Made our physical sites as culturally safe and welcoming as possible through, for example, flying the Aboriginal flag at the front of our Parkville campus, displaying Aboriginal Message Sticks at the entrance to Parkville's Sacred Space and Aboriginal artwork around our hospital.
- Provided staff with the opportunity to attend "Healing the Spirit" cultural competency training twice a year.
- Strengthened our shared care model with the Victorian Aboriginal Health Service.

LISTENING AND RESPONDING

The Women's aims to provide patients with the best possible care at all times. We welcome and seek feedback from our patients and consumers in order to constantly understand our services from their perspective and continuously improve the quality and standard of care.

RESPONDING EFFECTIVELY TO FEEDBACK

Our Consumer Advocate Service offers support for patients and consumers wishing to discuss and investigate concerns or resolve problems. All interactions are confidential and patient complaints are not included in the patient's medical record and do not affect their treatment or care.

Consumer advocates are contactable via phone, email or mail, and will listen to and advise each individual in a professional and non-judgmental way. We promote our Consumer Advocate Service widely, on our website, through social media, and throughout the hospital using our "tell us what you think" brochures.

Most complaints to the Consumer Advocate Service are of a clinical nature and categorised as being related to "quality of care". This is a broad term covering queries relating to patients seeking further information regarding their treatment, test results, timing of appointments, and feedback about the clinicians attending them. Some of these complaints are complex and require clinical staff to meet with the patient and their family and provide additional support and discussion on the care and treatment they received. Some complaints relate to process and administrative issues and are generally resolved to the patient's satisfaction through written contact.

We make every effort to resolve an issue but on the occasions when a patient or consumer is not satisfied with the outcome, they are referred to the Health Complaints Commissioner.

OUR COMPLAINTS DATA

In 2016/17, the Women's received 673 complaints, 71 compliments, and 99 enquiries through the Consumer Advocate Service.

Eighty-nine per cent of complaints were resolved within 30 days and nine complaints (just over one per cent) were referred to the Health Complaints Commissioner.

Of the complaints recorded, over that time, 37 per cent related to clinical issues (quality and safety), 34 per cent to relationship issues (communication, compassion, and patient rights) and 29 per cent related to operational issues (institutional and timing/access to services).

CREATING A SPACE FOR THE PATIENT VOICE

In addition to more structured feedback channels such as patient experience surveys and consumer advocacy, the Women's employs a full time Community Engagement Coordinator who is responsible for supporting all areas of the organisation with the tools and capabilities to actively partner with patients and consumers, develop ongoing relationships, and nurture strong consumer engagement networks. This enables us to dig deeper into the needs and expectations of the people we care for and partner with them to solve problems, improve existing services, or design new services.

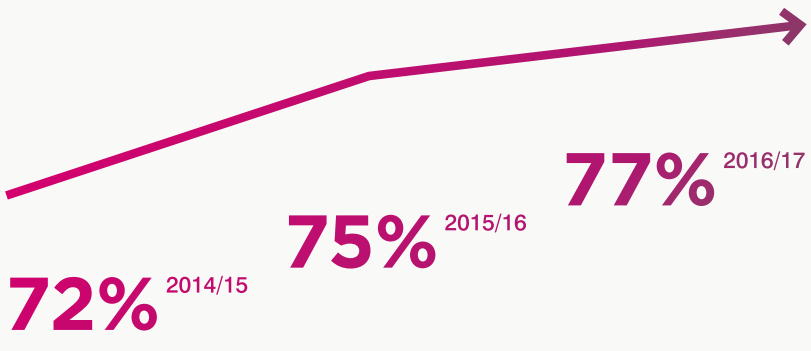
Our Community Engagement Coordinator collates patient and consumer stories on an ongoing basis through face to face meetings, interviews and focus groups. Some of these real patient stories are recorded on video and, through staff engagement and training, these voices and perspectives are incorporated into the mindset and behaviour of our people and into clinical and non-clinical practices and processes, helping us move towards more patient-centred service delivery.

DIGITAL CHANNELS

Increasingly, the Women's is engaging with patients and consumers through our social media channels such as Facebook, Twitter, LinkedIn and Instagram. These platforms are an effective and engaging way through which we can listen to patients and consumers, and respond in a timely way. Members of the community frequently provide us with compliments, comments and reviews, and occasionally complaints through these channels. The latter are responded to within 24 hours and referred to our Consumer Advocate Service for a response.

The Women's website, which enjoys more than 190,000 visits each month also includes a feedback mechanism for patients and consumers. As with our social media channels, website feedback is responded to swiftly and complaints are referred to our Consumer Advocate Service for a response.

CREATING A PATIENT SAFETY CULTURE



Overall patient safety score in the People Matter Survey over three years

EVALUATING OUR WORKPLACE CULTURE

Each year, the Women's participates in the People Matter Survey which is run by the Victorian Public Sector Commission. The survey provides insight into what is important to our people and how they view our quality and safety culture.

In 2016/17, the Women's achieved a 41 per cent response rate to the People Matter Survey, which compares favourably to a rate of 30 per cent in 2015/16. This is above the response average of our peers (37 per cent) and the Department of Health and Human Services target of 40 per cent.

One of the dimensions in the survey focuses on patient safety and asks questions about the patient safety culture at the Women's, and how patient safety is assured and managed.

This year, our overall score for a positive patient safety culture was 77 per cent which compares favourably to 75 per cent the previous year (and 72 per cent for 2014/15).

We believe our improved score in this dimension is the result of our concerted efforts over several years to improve patient safety structures and processes, as well as training requirements, changed staffing arrangements, and changes to our ongoing compliance monitoring arrangements.

We are of course continuing to address lower scoring areas such as trainee supervision, through a number of initiatives including leader education, providing effective feedback, and better change management approaches.

2017 People Matter Survey staff responses to patient safety questions

	'Agreed' (%)	Comparator group (%)
Patient care errors are handled appropriately in my work area.	**78**	72
The health service does a good job of training new and existing staff.	**72**	61
I am encouraged by my colleagues to report any patient safety concerns I may have.	**82**	81
The culture in my work area makes it easy to learn from the errors of others.	**73**	69
Trainees in my discipline are adequately supervised.	**69**	64
My suggestions about patient safety would be acted upon if I expressed them to my manager.	**77**	75
Management is driving us to be a safety-centred organisation.	**77**	74
I would recommend a friend or relative to be treated as a patient here.	**89**	76

BUILDING A POSITIVE WORKPLACE

During 2016/17, our Board approved the *Women's People Strategy 2016–2020*, which provides a blueprint for how we will build the engagement, wellbeing and capability of our people over the next five years.

This strategy is critical to supporting a positive workplace and enhancing our patient safety culture. We recently launched several initiatives to help us achieve these goals including:

- A program aimed at strengthening the skills of our leaders to meet the challenges and opportunities of the future. The first step has been to redesign our competency framework to clearly articulate the core competencies and key actions required of our leaders at the Executive Director, Director, and Manager levels. For example, one of our articulated competencies relates to Patient and Consumer Experience and is defined as 'taking actions and developing relationships necessary to meet and exceed patient needs, holding self and others accountable for providing a positive patient experience (including safety, satisfaction and clinical outcomes)'.

  The second phase of this program involves assessing our leaders against these competencies through a 360 degree assessment process and further developing their strengths and areas for future focus.
- In addition to our extensive clinical education program, we also provide non-clinical learning opportunities. For example, our recently updated 'New Manager' training is a full day program aimed at building the skills of middle managers to ensure their teams have a healthy and positive working environment. Topics in this program include effective performance conversations, occupational health and safety, employee relations, and effective recruitment practices.
- Piloting of a new program for nurses and midwives designed to help them take charge of their mental, physical and emotional wellbeing at work as well as at home. The 'Happy People' app-based program aims to support frontline shift workers to be healthy and happy as they care for patients at the bedside.

In addition, our Leadership Engagement and Development (LEAD) forum, which has been in place for three years, provides all people managers at the Women's the opportunity to create a culture of engagement and to develop their management and strategic leadership skills. The LEAD forums take place to maximise collaboration across the Women's, provide regular updates on progress of key strategic initiatives and activities, and to develop leadership.

CREATING A SAFE ENVIRONMENT FOR OUR STAFF

The health, safety and wellbeing of our people is a priority for the Women's — it is important that we take care of the people who take care of our patients. We have undertaken significant activity in the past year to ensure we create a safe environment for our people including:

- Implementation of 'Raising Successful Managers', a new training program for managers which educates them about occupational health and safety, WorkCover and respectful workplace behaviours. This program is being rolled out to all new managers.
- Creating a more secure environment for our patients and staff by installing swipe card access to the doors in our Parkville emergency department and six new duress alarms for our pregnancy clinic. At our Sandringham campus, we have purchased four new home visiting personal duress alarms for use during post-natal home visits.
- Continued provision of our Employee Assistance Program (EAP) which includes managerAssist®, a one-on-one external service that provides support to managers on staff management issues, including health and wellbeing. In 2016/17, 115 employees contacted EAP for counselling and related services. Most individuals were seeking support for personal issues, such as family or relationship issues and legal or financial concerns.

PREVENTING BULLYING IN THE WORKPLACE

The Women's is committed to the public sector values and workplace equity principles. This includes equal opportunity, creating and maintaining a work environment where all employees are treated with dignity and respect, where there is freedom from all forms of discrimination, and where diversity and human rights are valued.

It is the Women's objective to ensure that its procedures dealing with grievances such as discrimination, sexual harassment and workplace bullying are consistent, fair and equitable.

The Women's Respectful Workplace Behaviours Policy continues to be implemented and our managers are trained in the policy and its practical implications. A program of peer support contact officers has been implemented as part of the policy. These contact officers are members of staff who have been trained to assist their colleagues to access confidential and impartial information about our Respectful Workplace Behaviours program. Contact officers support and assist staff to understand the resolution options available to address workplace issues and behaviours that may arise. They are provided with training from the Human Rights and Equal Opportunity Commission on the role of a contact officer as part of their substantive role within the Women's.

2016/17

	Number of VHIMS incidents lodged	Number of formal complaints
Behaviours not in line with the Women's values	17	9
Sexual Harassment	0	2
Bullying/Harassment	0	3
Discrimination	0	0

All workplace incidents involving staff, including bullying and harassment behaviours, are recorded in the Victorian Health Incident Management System (VHIMS) for appropriate investigation, follow up and preventative strategies.

Our results in the People Matter Survey 2016/17 indicated that 14 per cent of respondents said they had personally experienced bullying at work in 2016/17. This has decreased four per cent from the previous survey and is four per cent lower than the comparator group average.

As part of our ongoing reflection of bullying and harassment matters reported to us, we have increased our reporting internally of cases to the Executive as well as strengthened our guidelines on how to respond to and investigate an allegation of bullying or harassment. As an important component of the Women's People Strategy commitment to *"create an even better place to work, grow and achieve"* and thereby enhance the culture and engagement of our staff we are strengthening the governance of Respectful Workplace Behaviours program to include a bullying risk mitigation strategy and further engagement with the Women's contact officers.

SPOTLIGHT

HEALTHY TEAMS FOR EXCEPTIONAL PATIENT CARE

The Women's is committed to providing a safe and supportive workplace for all our people, one which creates satisfied and engaged employees who in turn deliver the highest quality care and service to our patients and consumers.

One way in which we have been helping to build this environment is through our 'Healthy Teams Challenge', a pilot program designed to support managers by building their confidence and ability to manage their team's wellbeing and use of unscheduled leave.

The challenge ran from May to August 2017 and managers were given the opportunity to contribute to the development of the program which included workshops, coaching, planning tools and other support.

While we are still evaluating the full impact of the program, we've seen a stabilisation, and in some cases, a reduction in staff absence rates during the life of the pilot. We hope that an improvement in engagement and reduced absences will lead to an increase in patient satisfaction due to greater continuity of care and support provided by a satisfied and supported workforce.

STAFF PERSPECTIVE

Marita has been a nurse/midwife for over 18 years and has been the Midwifery Team Leader of 'Green Team' for the past two years.

Marita and her team of 75 midwives provide maternity care for around 1,800 women each year so she understands the importance of having a team that is on top of their game.

"Our people are no different to the community we care for," says Marita. "We have responsibilities, issues, challenges in our lives that can all have an impact on how we feel at work, and vice versa."

"Participating in the Healthy Teams Challenge was a great opportunity to have conversations with my people — to make sure they're okay and to offer support where needed."

"It's crucial for our teams to be fit and well and in the right frame of mind when they're here at work. It's the best thing for the organisation in terms of having a positive impact on other staff and on reducing the costs associated with sick leave, but critically, it enables us to provide the best care possible for the women we look after."

"...it enables us to provide the best care possible for the women we look after."

RESPONDING TO ADVERSE EVENTS

The nature of what we do in hospitals is inherently risky, however our goal is to always deliver the best and safest care for all patients. We have a process for reporting and investigating serious incidents and learning from them in order to prevent any recurrence.

For all serious incidents, the Women's conducts an in-depth review involving clinicians with relevant knowledge and expertise to understand how and why the incident occurred and, where possible, to make recommendations to prevent recurrence. These are usually practical recommendations that are monitored as part of clinical management and by our Quality and Safety Committee.

During 2016/17, we improved our monitoring of these recommendations by changing our reporting from quarterly to monthly and ensuring all recommendations remain on the Quality and Safety Committee agenda until they are completed.

Outcomes are communicated to relevant staff and we also practice 'open disclosure', that is, we provide information to the patient and their family on changes and improvements we make as a result of investigations. In addition, open disclosure training is included in our orientation program for both medical and general staff.

An audit of serious clinical incidents in 2016 showed that in all 12 cases there was appropriate open disclosure and follow up with the family.

QUALITY ACCREDITATION ACHIEVED

The Women's was surveyed in March 2017 under the Evaluation Quality Improvement Program (EQuIPNational) which includes the national standards from the Australian Commission for Safety and Quality in Health Care.

All recommendations from our previous survey in March 2015 had been successfully completed and we received full accreditation with an additional 12 'met with merit'. The survey team were extremely impressed with the level of commitment and passion of our people and our sustained embedded processes.

The surveyors provided us with one recommendation that requires further work.

This is in relation to the Charter of Healthcare Rights, in particular for patients who are at risk of not understanding their healthcare rights because they are not English speaking. We are already working on this and are confident that we will be able to meet this recommendation when we are next surveyed in March 2019.

HEALTHCARE-ASSOCIATED INFECTIONS

At least half of healthcare-associated infections are considered to be preventable. Australian and overseas studies have shown that it is possible to reduce the rate of infections caused by healthcare, through infection prevention and control practice, which aims to reduce the development of resistant infectious agents and minimise the risk of transmission through isolation of patients with infectious agents. However, just as there is no single cause of infection, there is no single solution for prevention. Successful infection prevention and control practice requires a range of strategies across the healthcare system.

NEONATAL CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION

Unwell babies sometimes require a long-term intravenous catheter (flexible tube) so we can administer and remove fluids, medications and blood products. Invasive procedures such as this can introduce infection into the body.

Data for neonatal central line-associated bloodstream infection is collected, reviewed internally, and submitted quarterly to Victorian Healthcare Associated Infection Surveillance System (VICNISS).

As reflected in the table below, the Women's (Parkville) had no central line-associated bloodstream infections in babies up to 2500g in 2016/17 and was below the VICNISS five-year aggregate for all Neonatal Intensive Care Unit (NICU) babies other than babies over 2500g.

Central line-associated bloodstream infection results 2016/17 (Parkville)

Baby weight	<750g	751–1000g	1001–1500g	1501–2500g	>2500g
The Women's central line-associated bloodstream infection rate	0	0	0	0	1.7
VICNISS five-year aggregate	1.7	1.5	1.6	0.4	0.1

Infection rate = central line-associated bloodstream infection per 1000 central line days

STAPHYLOCOCCUS AUREUS BACTERAEMIA

Staphylococcus aureus bacteraemia (SAB), also called *S. aureus* or 'golden staph', is a common bacterium that lives on the skin or in the nose. It is generally harmless but if it enters the body through a cut in the skin it can cause a range of infections.

Hospital patients are at increased risk of golden staph infection due to surgical or other wounds. These people can become seriously ill if the infection resists treatment and they may require isolation from other patients.

Standard hygiene practices can help protect our patients, which is why our staff comply with the five moments of hand hygiene.

The Women's carefully monitors and treats any patients with *S. aureus bacteraemia*. There were six cases of *S. aureus bacteraemia* infection the first three quarters of 2016/17 at the Women's (Parkville and Sandringham), all in the NICU.

Although this is still very low and puts us below the Department of Health and Human Services (DHHS) target, we take each incident seriously and each case was reviewed as a critical incident. As a result, we have increased auditing of nursing and medical staff work processes and targeted environmental cleaning as an area of improvement.

These results are reflected in the table below.

Staphylococcus aureus bacteremia 2016/17
(Parkville and Sandringham)

Year	Number of SAB cases	Occupied bed days	Rate of SAB per 10,000 occupied bed days
The Women's Q1–Q3 2016/17	**6**	**52,340**	**1.1**
DHHS Statement of Priorities target	**n/a**	**n/a**	**<2**
VICNISS 5-year aggregate (n=66)	**1,776**	**18,827,178**	**0.9**

MEDICATION SAFETY

The use of medication remains the most common intervention in healthcare. Medicine misuse, under or over use and adverse reactions result in an estimated 230,000 hospital admissions annually in Australia. Most adverse drug events are preventable.

At the Women's, we monitor, report and investigate all medication errors to try and prevent them recurring. We have a low rate of medication errors that cause harm to the patient compared with the benchmark for peer hospitals.

The Women's rate of errors for July 2016–December 2016 was 0.02 per cent[1]. This compares favourably with the Australian Council on Healthcare Standards (ACHS) benchmark of 0.03 per cent for the same period. This is reflected in the accompanying table for clinical indicator 6.3 (medication errors/ adverse events requiring intervention) reported to the ACHS.

Medication errors/adverse events requiring intervention 2016/17
(Parkville and Sandringham)

	Women's July 2016 — December 2017	ACHS public hospital peer comparison July 2016 to December 2016
Number of medication errors resulting in an adverse drug reaction requiring intervention beyond routine observation and monitoring	**9**	**n/a**
Number of occupied bed days	**42,065**	**n/a**
Rate %	**0.02**	**0.03**

Note: for the purposes of this data, an adverse event is one in which harm unrelated to the accepted progression of the person's illness/es resulted in a person receiving health care and the occupied bed days are the number of days for all patients who were admitted for an episode of care.

1 Includes Parkville and Sandringham

FALLS

Falls-related injuries are one of the leading causes of morbidity and mortality in older Australians. More than 80 per cent of injury-related hospital admissions in people aged 65 years and over are due to falls and falls-related injuries. Most of our patients are young and relatively fit women so the Women's has a low rate of falls and falls-related injuries.

Our total number of patient-related falls incidents in 2016/17 was 40 (0.44 per 1000 bed days), a decrease from 48 last year and the result of the implementation of a number of strategies to reduce falls-related incidents such as ongoing staff education and reviewing and upgrading equipment.

None of the falls reported resulted in serious injuries. However, any falls-related incident is a concern for us so we continue to take action towards reducing the number of occurrences. Our strategies include:

- Appointing three midwifery leads in Maternity Services with a portfolio to review incidents and trends, conduct audits, and feedback results to staff.
- Screening at-risk patients and implementing falls risk reduction management plans.
- Staff education around falls risks, the screening process and implementation of falls risk reduction management plans.
- Updating the Falls Prevention Management Guidelines.
- Implementing visual alerts identifying those at risk of falls, such as alerts on patient journey boards.
- Purchasing of electric recliners for post-operative use in Day Surgery.
- Conducting regular audits across all clinical areas and communicating these results to the Pressure Injuries, Falls and Faints (PIFF) Committee.
- Patient education.
- Reviewing and following-up all reported falls in Victorian Health Incident Management System (VHIMS) by managers and PIFF Committee.

PRESSURE INJURIES

Pressure injuries are areas of damage to the skin and underlying tissue caused by constant pressure or friction. They can occur in any patient, adult or baby, with any or all of the associated risk factors, which include decreased mobility and/or malnutrition.

Pressure injuries are a major contributor to the care needs of patients within the health industry and in most cases are preventable. They are classified by how serious they are and the impact they have on the patient. The classification has four stages with Stage 1 being the least serious.

At the Women's in 2016/17, the total number of pressure-related incidents was 69 (0.76 per 1000 bed days). Seventy-five per cent of these were reported by our NICU where such injuries result from the use of nasal prongs to deliver oxygen to premature babies. No Stage 3 or Stage 4 pressure injuries were reported at the Women's in 2016/17.

We continue to work towards reducing pressure injuries by:

- conducting a research project called 'Pronose' which aims to determine the effectiveness of a barrier dressing in reducing nasal trauma in babies receiving oxygen via nasal prongs
- updating the Pressure Injury Prevention Management Guidelines
- conducting regular audits across all clinical areas and communicating these results to the PIFF Committee
- staff and patient education, such as 'Ambulatory August', an early mobilisation post-caesarean section initiative in which we are educating staff to encourage patients to get out of bed earlier than planned.

BLOOD AND BLOOD PRODUCTS

Blood and blood products, provided by the Australian Red Cross Blood Service and funded by the National Blood Authority, are a vital resource for our hospital.

While the use of blood and blood products can be lifesaving, there are also risks associated with their administration. The Women's has a Transfusion Committee that reviews current practice, assesses risks, identifies opportunities for improvement, implements practice improvement, and measures the results.

Transfusion-related events are one of the measures the Women's uses to determine patient safety. Incidents or reactions that are of a serious nature are reported to DHHS in a 'de-identified' fashion through the Blood Matters Serious Transfusion Incident Reporting (STIR) system which is a central reporting system for serious adverse events involving the transfusion of fresh blood or blood components.

The following table includes the number of transfusion reactions the Women's reported to STIR for July 2016–June 2017.

Transfusion reactions at the Women's July 2016–June 2017

Confirmed reactions reported to STIR	3
Number of transfusion episodes	561
Rate %	0.53

HAND HYGIENE COMPLIANCE

Hand hygiene—correct hand cleaning—is important for patient safety as it can help prevent the spread of germs that cause disease. All staff at the Women's are regularly informed of the importance of hand hygiene through seasonal campaigns, mandatory training, and on-ward reminders.

Over the past financial year, we have trained additional hygiene auditors to help with auditing and education of clinical staff. Both our Parkville and Sandringham sites exceeded the DHHS recommended minimum compliance target for Victoria of 80 per cent for 2016/17.

STAFF FLU IMMUNISATION

Flu immunisation protects both staff and patients. As a hospital that cares for some of the most vulnerable in our community, we strongly encourage our staff to participate in our free influenza vaccination program.

DHHS sets a target of 75 per cent compliance for influenza vaccination. Our annual staff influenza campaign ran from 3 April to 18 August in 2017 with 80.1 per cent of our staff vaccinated across both campuses at Parkville and Sandringham.

VICTORIAN PERINATAL SERVICES PERFORMANCE INDICATORS

The Women's is a significant provider of services to women and babies before and after birth. Known as 'perinatal services' we report against a number of quality and safety measures in this area. These include the *Victorian perinatal services performance indicators 2014–15* which are monitored by DHHS. For this report, DHHS requires us to report on at least two of these 2014–15 performance indicators.

Indicator 8b: Rate of use of infant formula by breastfed babies born at 37+ weeks' gestation[2]

2014–15

State average	**25.2 per cent**
The Women's	**30 per cent** (down from 31.7 per cent in 2012–13 and 30.9 per cent in 2013–14).

Breastfeeding (rather than formula) provides optimal nourishment for a growing baby's physical, cognitive and immunological development. Babies who are breastfed have a reduced risk of respiratory illnesses and infections of the ear and gastrointestinal tract. Breastfeeding has also been shown to protect babies from sudden infant death syndrome (SIDS) and diabetes and heart disease later in life.

An exclusive breastfeeding rate of 75 per cent from birth to discharge for women with healthy term infants is part of the international Baby Friendly Hospital Initiative benchmark for hospitals providing maternity care. This benchmark includes all women, not just those choosing to breast feed, and all hospitals.

Hospitals that do not consistently achieve the benchmark can apply for special consideration and must demonstrate that clinical or cultural circumstances are a barrier and that strategies are in place to work towards the achievement of the 75 per cent goal.

As a tertiary referral hospital, the Women's treats some of Victoria's most complex cases and therefore has significant challenges in meeting the 75 per cent exclusive breastfeeding target. High risk pregnancies and subsequent birth interventions are associated with significant breastfeeding challenges and lower breastfeeding rates. In addition, low socio-economic status and education, as well as smoking and high maternal body mass index are associated with lower breastfeeding intention and poorer breastfeeding rates.

At the Women's, clinically well babies greater than 36 weeks gestation (but not yet full term) and/or of low birth weight of less than 2.5kg remain with their mothers in the postnatal ward supported by our NICU team. This cohort of babies are more likely to require medically indicated infant formula and therefore reduce the exclusive breastfeeding rate overall. It is not routine for late preterm babies (35–37 weeks gestation) to be cared for in maternity wards in all hospitals.

In 2016, the Women's was granted special consideration and achieved accreditation (the only hospital in Australia to have done so for the seventh time) under the Baby Friendly Health Initiative (originally initiated by UNICEF and World Health Organization).

2 The desired outcome for this indicator is that rates should be low and consistent among peer-group hospitals.

Indicator 10: Rate of term infants without congenital anomalies with an Apgar score <7 at five minutes

2014–15

State average	**1.5 per cent**
The Women's	**1.5 per cent**

The Apgar[3] score is an assessment of a newborn's wellbeing at birth based on five physiological attributes at one and five minutes (and longer if applicable): colour (circulation), breathing, heart rate, muscle tone, and reflexes. It is used as a proxy for the quality of care provided during labour and delivery, and neonatal resuscitation (if necessary) following birth.

Each attribute is given a score of 0, 1, or 2, with a total minimum score of 0 (indicating no or greatly diminished signs of life) and a maximum score of 10. An Apgar score below 7 at five minutes indicates a baby who requires ongoing resuscitation measures or additional care that may be due to avoidable factors during labour, childbirth or resuscitation.

Singleton[4] babies who are more than 37 weeks' gestation and without congenital anomalies are expected to be born in good condition, show healthy transition at birth, and not require resuscitation.

At the Women's we review all babies who are born with Apgars of less than 7.

PATIENT ESCALATION OF CARE

In October 2016, the Women's implemented a new process allowing patients to escalate care at the bedside. Our Patient Initiated Medical Emergency Team (MET) service aims to ensure an appropriate and timely response is provided to a patient in the event of their condition deteriorating as observed by themselves, a carer, relative and/or friend.

The Patient Initiated MET process is explained to patients during admission, and information on Patient Initiated MET calls is visible in all bedside lockers and in every patient ensuite bathroom. Patients are encouraged to activate the nurse/midwife call bell if they feel unwell or are concerned about their or their baby's physical health. If there is no response within 10 minutes and they are still concerned, they can phone extension 2999. One of our switchboard operators will answer the phone designated specifically to these calls and confirm caller details before the call is broadcast throughout the hospital twice. The response team will then attend the patient immediately and undertake a full set of physiological observations before initiating the appropriate response. Details of the call are recorded in the Medical Record and in VHIMS and each case is reviewed at the bimonthly Medical Emergency Committee.

Since we implemented the Patient Initiated MET system there have been five calls. Only one of these was related to clinical issues, and the patient received prompt treatment.

VICTORIAN AUDIT OF SURGICAL MORTALITY

The Women's has not received a report from the Victorian Audit of Surgical Mortality for the 2016/17 reporting period as the level of mortality is below the feedback threshold.

3 Named after US anesthesiologist, Virginia Apgar.

4 A 'singleton' is a baby born of a single birth, that is, in contrast to one that is part of a multiple birth.

SPOTLIGHT

GROUND-BREAKING RESEARCH HALVES RISK OF GIVING BIRTH EARLY

The Women's is committed to improving the health and wellbeing of women and newborns through our internationally recognised research and innovation.

Each year, we conduct more than 60 clinical trials and produce around 300 publications out of our 10 research centres which cover the areas in which we can best make a difference to the lives of women and newborns around the world.

Some of our latest research found that women with a history of preterm labour and miscarriage, who are referred to a specialist clinic for individualised care, halve their risk of giving birth early.

The ground-breaking research found that over the past 10 years, the Women's Preterm Labour Clinic has doubled the rate at which women with high risk pregnancies reach full term. This is despite there being no overall improvement to the international preterm birth rate.

Head of the Women's Preterm Labour Clinic Dr Penny Sheehan said the research gave hope to women with a history of mid-pregnancy miscarriages or preterm deliveries.

"The women coming to our clinic have extremely high-risk pregnancies and often are coming to see us after many years of unsuccessful pregnancies," Dr Sheehan says.

"We work incredibly hard to establish just what is happening to make each woman deliver early and try to intervene with individualised treatment options.

"We aim to get women through to at least 26 weeks, when babies have an 80 per cent chance of survival and the outlook continues to improve from there."

Dr Sheehan attributed part of the clinic's success to developments in understanding of treatment for high-risk pregnancies, such as prescribing antibiotics and vaginal progesterone—two medications that have been proven to help prevent early labour, and other medical procedures.

"Better awareness by GPs and other health professionals that a short cervical length does increase a woman's preterm labour risk has also led to more referrals to the clinic and therefore, timely interventions by our team," she says.

The research looked at the preterm rate over a 10 year period to 2014 at the clinic, observing a significant improvement in the numbers of women delivering at full term. By the end of the study period, the rates of women giving birth at term had doubled.

"I was actually surprised that we could show such strong evidence of benefit and success because each woman's treatment is so individualised. This just further highlights the importance of a specialised clinic to support women at a high risk of a preterm birth to achieve their dreams of having children."

"I just felt so positive because I was in safe hands."

LOUISA CHAN'S STORY

Louisa Chan is one woman whose pregnancy was a success thanks to the dedicated specialist clinic team. She gave birth to a daughter, Samantha, last September, after more than six years of heartbreaking miscarriages and unsuccessful IVF rounds.

"It was a really tough journey to get Samantha here in my arms," Louisa says.

While building their family home complete with five bedrooms, Louisa lost two of her pregnancies at 13 and 16 weeks.

Saddened and discouraged after so many failed attempts, Louisa and Joseph were referred to the Women's Preterm Labour Clinic for their fifth pregnancy and under the leadership of Dr Sheehan, saw a small specialist team that did everything possible to keep Louisa's pregnancy viable.

At 19 weeks, a check-up showed Louisa's cervix was increasingly shortening, one of the most common causes of mid pregnancy loss. She was put on bed rest in the Women's long-term stay unit, monitored closely and given a whole array of medicines and interventions to keep Samantha inside her womb.

"I just felt so positive because I was in safe hands. I told myself, I will leave my physical pregnancy to Dr Sheehan and my main task is to keep myself positive and to rest. I really, truly trusted the team and I didn't have any fear, even after all I'd been through," Louisa says

"When Samantha was born, I just felt like everything was worth it."

END OF LIFE CARE

The Women's aims to align with our precinct partners, Peter MacCallum Cancer Centre and the Royal Melbourne Hospital, to achieve high-quality end of life care that is appropriate for our patient demographic. During August–October 2017, we undertook a comprehensive review and update of relevant procedures and guidelines, consumer information, and associated resources.

Our initial focus is on person-centred services, which is Priority 1 of Victoria's end of life and palliative care framework, *A guide for high-quality end of life care for all Victorians*. This incorporates that:

- a person's care is individualised
- families and carers are supported and valued
- people have information that supports decision making
- people have opportunities to develop their advance care plan.

The following indicators for public health services have not been reported in our *Quality Account 2017* as they are not applicable to the Women's:

3.11 Residential aged care quality indicators.

3.13 Clinical mental healthcare restrictive intervention.

3.14 Clinical mental healthcare quality improvement.

ADVANCE CARE PLANNING

An Advance Care Plan (ACP) is a written document which allows people to let others know of their preferences for medical care when they may not be able to communicate. Developing a plan involves thinking about your wishes and values, discussing them with family, friends and doctors, and choosing someone to make decisions for you if you are ever unable to make decisions for yourself. The plan allows you to make decisions that respect your values and preferences at a time when you may not be able to express them.

Patients receiving inpatient and outpatient care at both our Parkville and Sandringham sites are asked to identify their ACP status as part of their registration process. Women over 75 years of age are asked to discuss preparation of an ACP with their GP and to bring the completed ACP to the hospital on admission. We are able to access national ACP resources and all ACP information is captured in our Patient Master Index (iPM) and Operating Room Management Information System.

For the six months from 1 January to 30 June 2017, 132 women aged 75 years and over were admitted to the Women's. Of these, 3.1 per cent were recorded as having an ACP in iPM.

The Women's is revising and updating the current Women's Guideline for Advance Care Planning and associated resources to ensure compliance with Victoria's *Medical Treatment Planning and Decisions Bill 2016* (which comes into effect in March 2018) and the *Australian Commission for Safety and Quality in Health Care's National Standards*.

THE WOMEN'S DECLARATION

Our origins as the first lying-in hospital in Australia for women who were pregnant, vulnerable and often destitute and our longstanding commitment to evidence-based medicine have created a proud legacy of excellence in care for the most disadvantaged in our community.

This culture has endured through more than a century-and-a-half of transformations in health and health care, as well as major changes in the social, economic and legal status of women.

Our Declaration, which reflects the principles and philosophies fundamental to the Women's, captures the essence of who we are and what we do.

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