



THE WOMEN'S
QUALITY OF
CARE REPORT
2015



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





THE WOMEN'S DECLARATION



We will be a voice for women's health



We will care for women from all walks of life



We will lead health research for women and newborns



We recognise that sex and gender affect women's health and healthcare



We will innovate healthcare for women and newborns



We are committed to the social model of health

In everything we do, we value courage, passion, discovery and respect.

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 the women's


the women's
the royal women's hospital

Frances Perry House


the women's
Women's
Emergency Care
Admissions
Laser Treatment
Frances Perry
House
Main Entrance

CEO & CHAIR'S MESSAGE

We are pleased to share with you the Royal Women's Hospital's (the Women's) Quality of Care Report for 2014/15. This year the Women's provided care to more than 70,000 women who speak 97 different languages from 189 countries and follow 70 separate religious faiths. Ours is a community that is constantly changing.

The Women's has a perspective that the consumer is fundamental to our commitment to our social model of health and to ensuring that we care for women from all walks of life.

As such, this report showcases not only our excellent care for women and newborns at our Parkville and Sandringham campuses and our world leading research into better care for women and newborns, but also the strong influence of our community in shaping our service and our future.

The Women's has a long history of continuous improvement that is based on learning from our staff, and the women and families we serve. To understand the needs of our diverse multi-cultural community, this year we have looked for new or improved methods of listening to, and engaging with those who want to have their say about what we do and how we do it.

Our community told us that they wanted to connect with us using multiple methods including online, through social media and through face to face contact. As a result of their feedback, we implemented a dedicated website called "Have Your Say @ the Women's" that allows people to share online their thoughts, feelings and ideas on a range of projects and activities that we are working on.

The community continues to engage with us daily on social media such as Facebook and we still enjoy one-on-one conversations when people visit. We have a busy and active interpreter service to allow us to hear from women and families from cultural and linguistically diverse communities. We also have two Consumer Advocates who provide a private and safe avenue for feedback – positive or negative.

It is important to us that we are visible and available because this feedback on their experience as a patient, family member or member of the community is vital as we plan how best to move forward and continually improve our service.

Understanding our community's needs is very much guided by our dedicated Community Advisory Committee, a passionate group of advocates who generously give their time to help us better cater to the needs of all women. This committee advises on a range of issues such as the preparation of patient information and education activities as well as access issues.

Our 2,233 staff and 250 hospital and community volunteers are integral to the work we do, and we work to ensure that their voices are heard. To do this, we introduced Leadership Walk-Arounds as an informal way for the Women's Executive Team and Board members to engage with front-line staff and patients. In the first six months of 2015, we have actioned a number of suggestions as a result of this engagement.

Recognising that our services stretch across much of the health system, we further extended our partnerships with new or expanded agreements with Women with Disabilities Victoria, Barwon Health, East Grampians Health Service, Family Planning Victoria, Women's Health Victoria, Bendigo Health and Our Watch.

As one way to continuously improve, this year the Women's undertook an accreditation survey. Through this review, we were assessed against the Australian Council on Healthcare Standards; National and EQulP standards. The surveyors deemed that the Women's be fully accredited and assessed that for 39 criteria within the 15 standards, we had not only met them, but had met them with merit. This is a very impressive and pleasing result.

In addition to this glowing report of our quality of care from our accreditation survey more than 90 per cent of patients rated us from good to very good in their overall satisfaction. Some share their experience in this report.

We present this report to you with much pride and thank all who had a say in what we achieved in 2014/2015.



Dr Sue Matthews
The Women's
Chief Executive



Mrs Lyn Swinburne AM
The Women's
Board Chair







YEAR IN REVIEW 2014/15

The Women's was Australia's first public hospital for women, established in 1856. In 2014/15 there were:



Babies delivered



Women cared for



Emergency visits



Outpatient visits



Babies admitted to intensive care and special care



Languages spoken by our patients



People who engaged with us every week on social media



CONNECTING WITH OUR PATIENTS

The Women's is committed to Patient-Centred Care which puts patients at the centre of everything we do. It means always trying to see the care provided and the services delivered through their eyes. It is about going above and beyond, from excellent to exceptional.

LISTENING AND LEARNING – THE DEVELOPMENT OF A GUIDE FOR NEW PARENTS

A mother's intuition has led to the roll-out of a new tool to help care for newborns.

In 2014, a mother raised concerns over a baby who had started vomiting despite an earlier assessment that the baby appeared to have no apparent health issues. Later, a midwife recognised symptoms of deterioration and the baby was transferred to a specialist children's hospital for surgery.

As part of our regular continuous improvement process, a Consumer Advocate's review of the mother's concern led to the development of the one-page Parent Guide for the First Week of Life, created by the Neonatal Department and the Quality and Safety unit.

This flyer offers parents a handy reference tool of symptoms to look out for, including a baby vomit colour chart, as well as details of who to contact if their newborn is unwell.

Together with this guide, a baby observation chart was also developed for staff caring for these mothers and babies, with the same list of prompts for investigation.

Parents are asked to flag any concerns to staff immediately. By empowering parents, this project aimed to focus our expert clinicians on partnering with parents to develop a more timely response to the deteriorating 'well' newborn.

In the six months following implementation of the baby observation chart, 16 babies received earlier medical intervention after either staff or parents recommended escalation of care.



Baby Isaac was born at the Women's in February 2015

ALICE'S STORY

I'd begun the Mind Baby Body program as emotional insurance against postnatal depression. What I did not expect is how the mindfulness practice suddenly comes to fruition when I go into labour.

My waters break on a Saturday evening after dinner at my parents' house. My husband, Nick, and I return home, I pack a bag and we walk to the Royal Women's Hospital, feeling excited anticipation. Something is happening, and when it does happen, it is not the worst pain I've ever had in my life. Who knew that 45 minutes holding melting ice in my hands could prepare me so well for the next five hours? In labour, you realise how finite your energy is. I don't want to waste it by crying, so I start humming instead, louder with each increasing wave.

Our baby is born at 35 weeks, but when he is put on my chest, I don't understand that he is premature and small. Because I am also small, he seems a perfect size for me. He's a strange creature, looking up at me with one grey eye and two yellow eyebrows, one curiously raised. The other eye is stuck shut. Marvelling over his matted black hair and miniature nipples, I cannot believe that this little person folded inside me has come out in one piece. I am euphoric. I look at Nick, battle-weary, still holding my hand. Like an Olympic runner I've been fully concentrating on getting through the task, but patient Nick had to wait out the protracted minutes and hours as a spectator.

When the nurse takes our baby upstairs to the Newborn Intensive and Special Care (NISC) unit, my midwife Ellen gets me a sandwich and helps me into the shower afterwards. Just like my mum 34 years ago, when she gave birth to me, I cannot believe the kindness of the hospital staff. As a new mother, I am luckier, though – the nurses are looking after my baby in intensive care, I can eat the hospital food and keep it down (Mum couldn't stomach Western food at first), and, most importantly, I can speak English.

My mother once told me that when I was born and she was left alone in the room with me, I wouldn't stop crying. Her milk hadn't come in yet and she had no idea what to do, so she fed me Nescafé with sweetened condensed milk from a plastic spoon.

In the Victorian public hospital system, if the mother is healthy and fit, she will go home after one night's stay. Ellen takes me to my room and tells me to rest, that a nurse will check on me soon. When the nurse comes, she hands me a card with our baby's bed number.

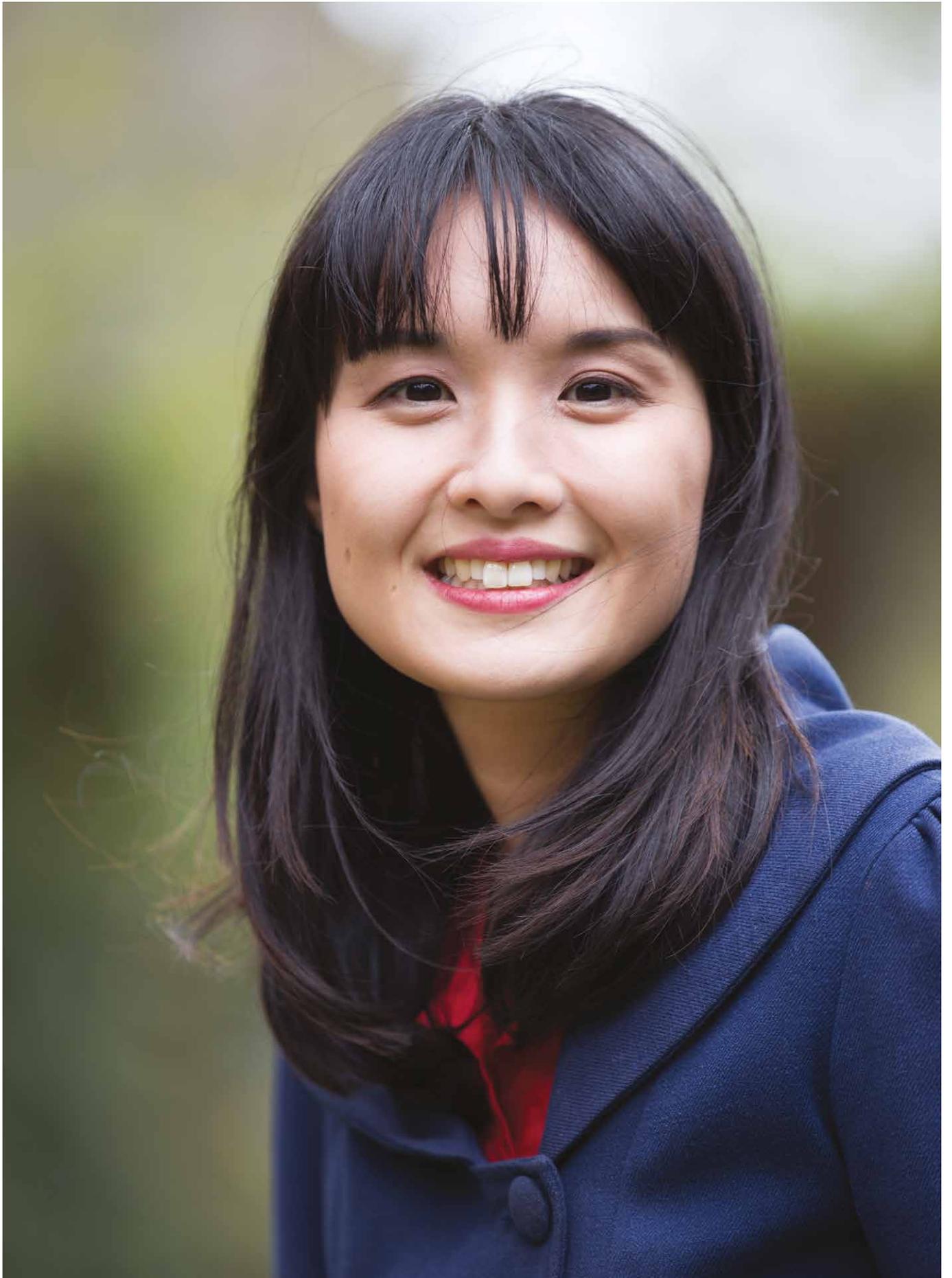
She says that if I can't breastfeed him, I should still be waking up every two to three hours to hand-express milk for him. A physiotherapist comes with some handouts about pelvic floor and abdominal exercises, and advises me to begin them as soon as I can. Then a pharmacist comes with a sheet of medications and vitamins I should take. A final nurse comes and tells me about wound care, and about correct sleeping techniques for the baby to prevent cot death.

The staff at the hospital are kind, helpful and, as I can see, often stretched to their limit with the endless rotation of birthing patients. I am in very good shape, so am discharged from the hospital two days later. I walk home from the hospital with Nick, feeling a little sorry to leave, my bag heavy with printed instructions.

Our baby stays in the NISC for another week. He is in a humidicrib, and two days after his birth he has a feeding tube put in his nose because his blood glucose level is low. I wake up at six in the morning and visit him until 11 at night. I am there so he can have a feed every three hours, and I also hold him against my chest so we can bond. It feels a lot like falling in love, but without the agitation or self-doubt. For that one week I am lucky enough to do nothing but be with my baby. I'm also lucky enough to be able to return home and sleep through the night, while he is in the expert hands of the nurses. I walk home, grateful for our public health system and happy to be a taxpayer. Tax away, I think, if this is the kind of treatment every mother and child gets.

Author Alice Pung has given us permission to run this excerpt of the essay she wrote about having a baby at the Women's. Her essay first appeared in The Monthly.

It feels a lot like falling in love, but without the agitation or self-doubt.



Alice Pung

REPRODUCTIVE LOSS SERVICE

In response to consumer feedback, the Women's developed a universal reproductive loss symbol. This is used throughout the hospital to non-verbally communicate to staff when a family has lost a baby.

The symbol alerts staff to the need for sensitive communication with the family and means the family does not have to repeat their story multiple times during their stay. The symbol is not routinely revealed to bereaved families. One father, on noticing the symbol, asked what it meant. When he was told its purpose, he expressed gratitude for the thoughtfulness that it showed to him and his wife.

The Women's Reproductive Loss Program provides personalised care for women and families whose baby has died. Losing a baby is a devastating experience that is unique for every bereaved parent. Parents endure not only the tragic loss of their baby, but also the loss of the person who would have been. They may also grieve for the hopes, dreams and expectations they had for the future.

The program evolves continually by talking to bereaved parents and incorporating their feedback in improving the service. A parent sharing their very personal journey of grief is an effective and powerful method of learning for program staff. This type of feedback is critical for continual improvement in the services we provide for parents who have suffered the loss of their baby.

As one father stated: "Bereaved parents never forget the understanding, respect, and genuine warmth they received from caregivers, which can become as lasting and important as any other memories of their lost pregnancy or their baby's brief life."

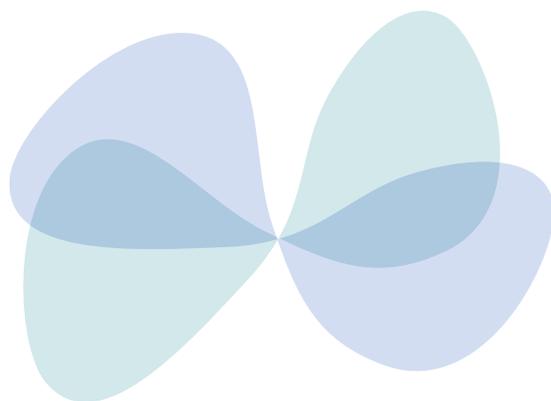


The Women's Reproductive Loss Co-ordinator Sharon Kirsopp

CUDDLE COTS

The Emerikus Land Foundation generously donated a Cold Cuddle Cot to the Women's in 2014. This unique cot allows grieving families to be with their baby who has died, giving them time to say goodbye.

The consistent feedback from bereaved families is appreciation and gratitude. In one instance, a very unwell mother who required emergency surgery remained unconscious after the delivery of her stillborn baby. Because of the cuddle cot, when she regained consciousness she was able to meet her daughter. The cuddle cot gave the rest of the family time to be introduced to her daughter and the opportunity to say goodbye.



MEET OUR CONSUMER ADVOCATES

Located on the first floor of the Women's is the Consumer Advocates' Office, a purpose-built area for our patients, their families or our staff to raise concerns or provide feedback – positive or negative – in a private and safe space.

Our Consumer Advocates know the importance of their roles in providing a line of communication for our patients and visitors. They welcome all comments about any aspect of care at the Women's.

"Health care is the most complex social system that we have and navigating the system can be harder for anyone who is sick, or from a vulnerable community or non-English speaking background," they said.

"We are working with people who are vulnerable, are anxious and who can be extremely scared. Our role is to listen and understand – we often deal with the marginalised, and we are here to make sure that they are heard."

This feedback helps the Women's continually improve our services, ensuring we know what works well and what might need to change to better the quality and safety of care.

Communication is the team's main focus. Patients and their families are often experiencing something that has never happened to them before. Concerns can usually be resolved with further information, and the team works with patients and families to negotiate the maze of healthcare.

"Consumer Advocates are the mechanism for getting assistance and support for when things aren't working," they said.

BREAST RECONSTRUCTION AWARENESS (BRA) MEETING

In October 2014, we held our first Breast Reconstruction Awareness (BRA) meeting. The event provided an opportunity for interested women to gather information and support in an informal setting. Two breast surgeons, two plastic surgeons, five nurses and six past patients volunteered their time to be a part of the meeting.

The event attracted 26 women who were waiting for or considering reconstruction. They were able to have their questions about breast reconstruction answered by health professionals and hear about the experiences of women who had previously had the surgery.

The feedback was overwhelmingly positive from women considering reconstruction as well as our past patients who volunteered their time. Their valuable feedback will help shape future meetings at the Women's for those preparing for or considering breast reconstruction.

A second BRA evening session in 2015 was equally well supported with more sessions planned throughout 2016.

The feedback was overwhelmingly positive from women considering reconstruction as well as our past patients who volunteered their time.

COOLING CAPS HELPS WOMEN WITH CANCER KEEP THEIR HAIR

Women receiving treatment for breast cancer often have to endure significant changes to their bodies and appearance. Losing a breast can be a traumatic event, but so too can losing your hair due to treatment such as chemotherapy.

To improve women's experiences of being treated for breast cancer, the Women's became the first public hospital in Australia to install a new unit that 'freezes' a woman's scalp before chemotherapy to help prevent her hair falling out. The purchase of the \$38,000 machine was made possible through a generous donation by Melbourne charity, Treasure Chest.

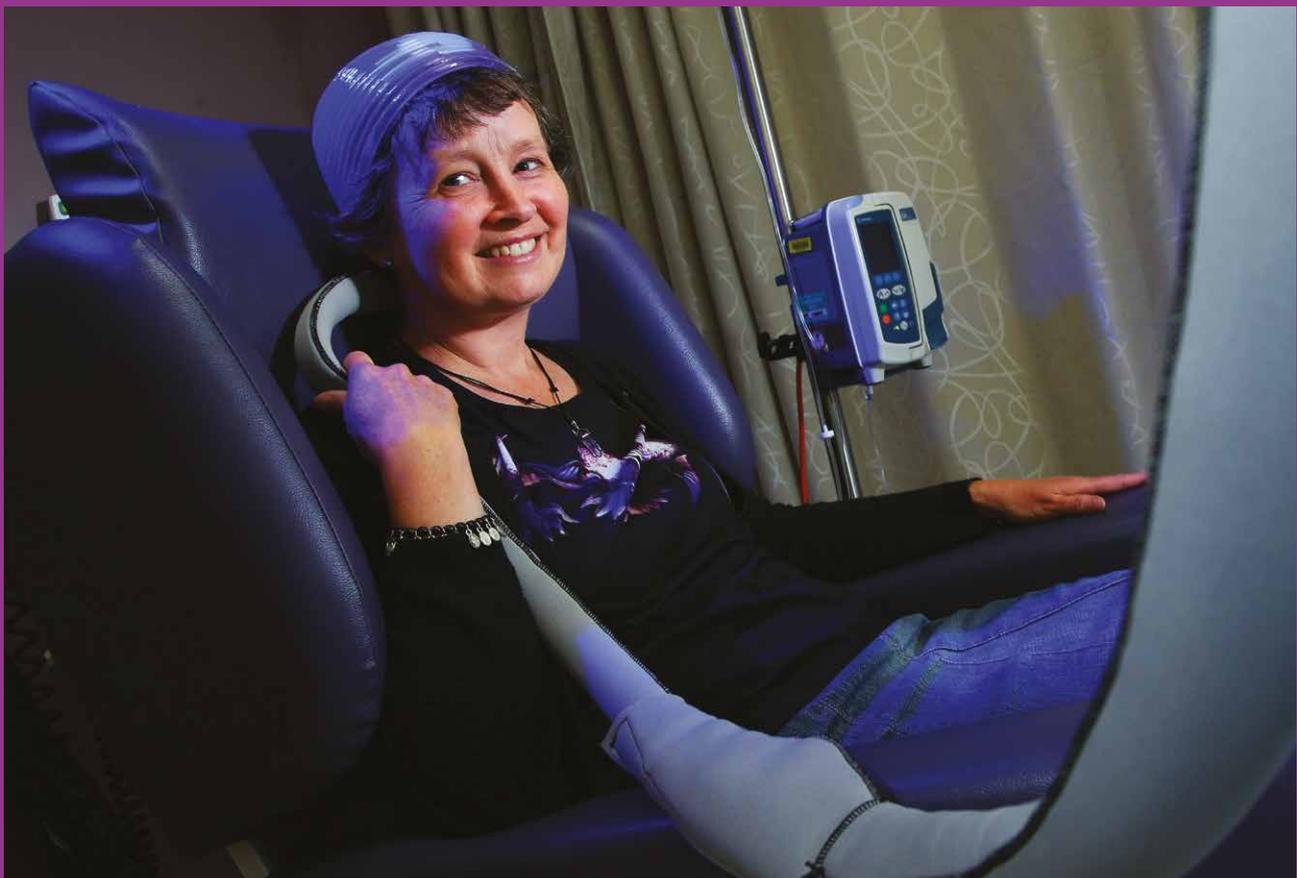
One of the first patients to use the device was Melinda Bryce. "There is so much else going on,"

she said of her treatment, "that not losing your hair is a bonus. You can look and feel more like yourself."

For 30 minutes before chemo, a snug silicon cap attached by a hose to a portable refrigeration unit is placed over a woman's scalp. It is kept on during the treatment, and for up to a further two hours after it ends.

The cap cools the scalp to -4°C , which reduces blood supply to the hair follicles to stop chemotherapy targeting these cells.

According to clinical nurse consultant Pauline Thomas, while having the treatment doesn't guarantee women won't have hair loss, in some women it will reduce it enough that they won't need to wear a head covering.



Melinda Bryce in the Herald Sun. Picture: HAMISH BLAIR /NewsPix



Dilys Luciani, volunteer co-ordinator

CONNECTING WITH OUR COMMUNITY

We have been connecting with our community for almost 160 years and the care and wellbeing of women and newborns remains at the core of everything that we do.

OUR COMMUNITY ADVISORY COMMITTEE (CAC)

CAC provides a voice to all women and links the Women's with our patients, the wider community and key stakeholders. CAC members ensure the voice and views of women are heard and taken into account in shaping the hospital's decision making processes. Members come from all walks of life and are proud to represent all women, and particularly those from minority or marginalised backgrounds, in the interests of social equity and justice.

Pictured below are our CAC members. A Board member chairs this committee. Alison Soutar, Rebecca Harris and Charlene Edwards were not in this picture so they shared the reasons why they joined the committee.

Alison Soutar

Having spent time in a mother and baby unit with severe post natal depression after the birth of my daughter I give voice to women enduring trauma and hardship at a very vulnerable time in their lives. I encourage CAC discussions to take into consideration the complexities involved in some of the more stigmatised areas of women's health such as mental health, family violence and addiction. No one likes being spoken for and by having CAC made up of a vibrant, diverse and inclusive group of women, it ensures all voices are heard. It's women helping women and there's such strength in that.

Rebecca Harris

I think CAC provides a great opportunity to hear women's voices from the community; I appreciate being able to share my knowledge from my experiences as a queer woman but also from through role I have in my professional life working with refugee and migrant women. Although we cannot speak on behalf of all women, we bring a diversity of life and work experience to the table.

Charlene Edwards

I have had the privilege of being involved in the Women's CAC for almost two years and have found it a very rewarding experience. My interest in women's health and wellbeing is rooted in my desire to see the status of women elevated in our, and other, societies. I care deeply about issues of social equity and justice, and believe that all women should enjoy equitable access to excellent healthcare. Participation on the CAC enables me to add my voice and perspective to the Women's planning for future strategy and policy development, and to make suggestions that will improve the patient experience. I add value and perspective through my existing (and developing) networks particularly from a research and knowledge translation perspective.



L-R, Back row: Jill Butty, Jacinta Robertson, Christina Liosis, Sue Matthews, Heather Beanland. Front row, Deepa Mathews, Marija Groen, Ivy Wang, Cathy Hutton, Gemma Cooper. Absent: Rebecca Harris, Alison Soutar, Charlene Edwards

THE WOMEN'S IN THE COMMUNITY – SATELLITE SERVICES

This year the Women's provided community-based health services in a range of locations around the city, the inner north and the west of Melbourne. Mum Tess Sketchley shares her experience of a community clinic.

Tess Sketchley's story

"When I organised to have my second child at the Women's I was pretty apprehensive when I was booked into the community clinic as I didn't know what to expect.

"My first appointment was very detailed and the midwife answered all my questions and addressed any concerns I had from the birth of my first child, including developing coping strategies as I suffered from post-natal depression after my son was born.

"The care I have been receiving has been of a very high standard and exactly what I expected when I booked into the Women's. I am seeing the same two midwives at the clinic and this continuity of care during the pregnancy has made me feel comfortable and well cared for.

"My midwife appointments are easily accessible from my home and parking is very easy to find. I also haven't had to worry about leaving my two-year-old while I attend my appointments, as they have all been on time."

WHERE WE ARE LOCATED

The Women's provides co-located antenatal care with cohealth and Merri Community Health at sites in Moonee Ponds, Kensington and Fawkner. There are childbirth education classes in maternal and child health centres, community health and council run child and family services in North Melbourne, St Kilda, Brunswick, Fawkner and Moonee Ponds.

The Women's also partners with cohealth to provide expert care to women experiencing homelessness, through the Central City Community Health service.

Services are also provided through CASA House, the Women's Centre against Sexual Assault.



Tess Sketchley

ONCE A CUDDLER, ALWAYS A CUDDLER

At the Women's we have over 250 hospital and community volunteers who are integral to the great work we do, contributing their valuable time and handmade items.

The Cuddler Program supports our newborn team with trained volunteers who settle and comfort babies in our Newborn Intensive and Special Care (NISC) and postnatal wards when parents or family can't be with them.

Volunteer Robin has been a dedicated Cuddler for over 18 months, usually coming to the Women's twice a week to attend to babies in the Newborn Intensive and Special Care unit.

Robin feels very fortunate to be a part of the Cuddler Program. She first heard about it over 15 years ago and when she semi-retired as a physiotherapist, she joined the waiting list.

"With my background in physio, I understand the importance of stimulation and touch. The reason I wanted to be a part of the Cuddler Program is because if I can help support and comfort someone in the first few months of their life, imagine the huge impact it will have on their future," she said.

Volunteer Coordinator Dilys Luciani, who manages the program understands all too well the dedication of a cuddler. "Once a cuddler, always a cuddler. The wonderful volunteers who are involved in the program are here to stay – they are a special breed," she said.

"They are caring, responsive, and very committed. We have 100 per cent attendance at our annual training sessions, and even when we don't have any babies on the program they are still here volunteering and assisting in any way they can."



Volunteer cuddler Robin feels fortunate to be a part of the program

"With my background in physio, I understand the importance of stimulation and touch... if I can help support and comfort someone in the first few months of their life, imagine the huge impact..."

KEEPING MUMS AND BABIES TOGETHER

For Mother's Day the community helped to buy bilirubin blankets for the Women's to help keep mums and babies together.

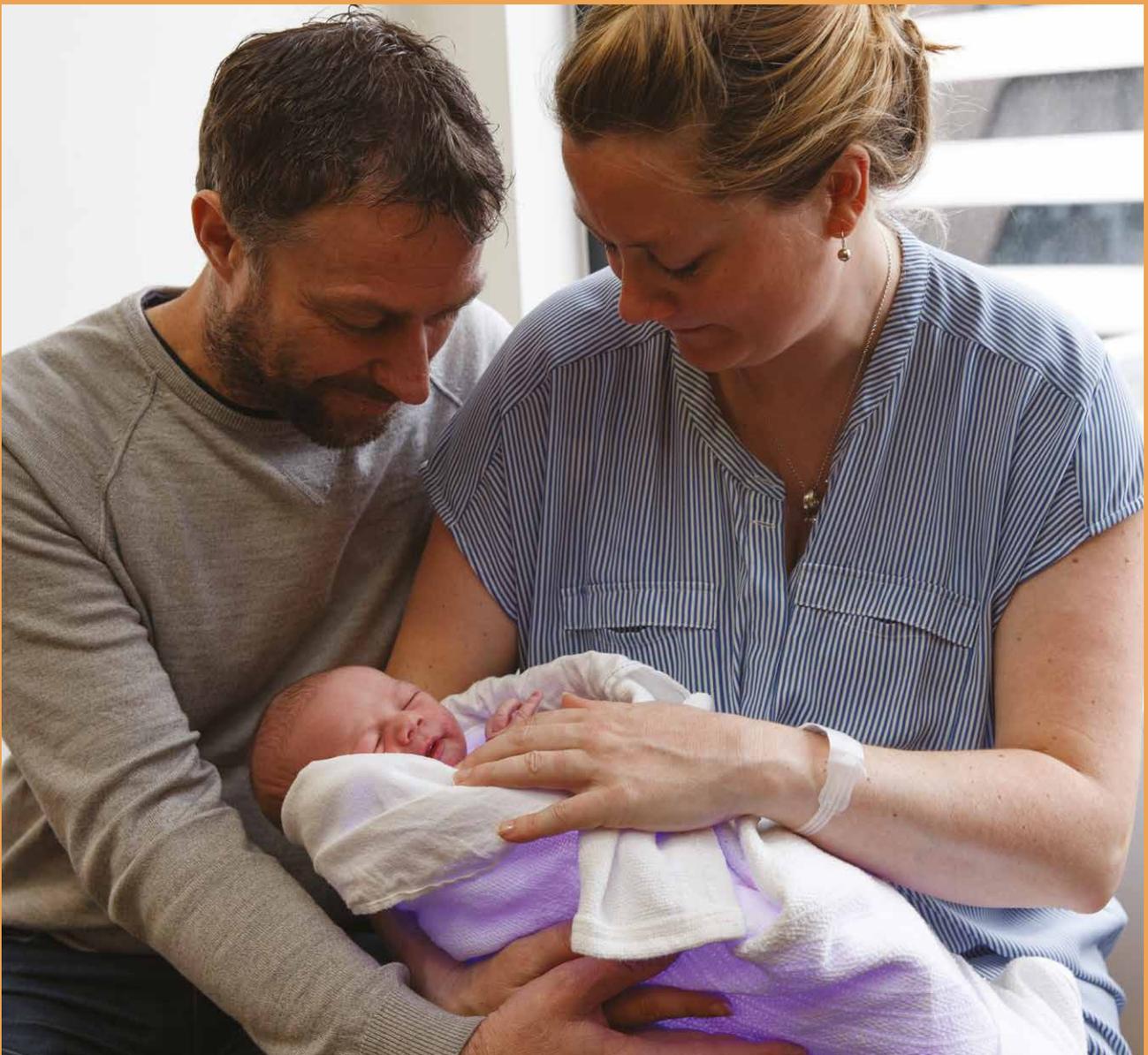
"Babies with neonatal hyperbilirubinemia often need to be placed in a phototherapy cot for treatment, which means they are separated from their mum," said Associate Professor Carl Kuschel, Medical Director of Neonatal Services.

The Women's has introduced special blankets that provide portable phototherapy for babies (like the one pictured here).

This means they can snuggle up in the arms of their mum or a loved one during treatment.

"The blankets also mean that babies can receive phototherapy at home, so mums and babies don't need to stay in hospital for treatment. This is an amazing outcome" said Carl Kuschel.

The Women's is grateful for the work of the Royal Women's Foundation and the generosity of donors who help support research and innovation and purchase equipment to improve the health and outcomes of all women and newborns.





CONNECTING WITH OUR PARTNERS

We continue to improve our reach across Victoria by sharing with and gaining expertise from our partners. These partnerships allow us to gain experience and knowledge in diverse settings and allow our expertise, information and care to be more readily accessible.

THE WOMEN'S COMMUNITY PARTNERSHIPS

The Women's further extended its network this year with new or expanded agreements with Women with Disabilities Victoria, Barwon Health, East Grampians Health Service, Family Planning Victoria, Women's Health Victoria, Bendigo Health, Our Watch and cohealth. We have committed to work with these organisations to improve the overall health of Victorian women and babies.

HELPING TO IDENTIFY ABORIGINAL BABIES

Early and accurate identification is the first step in improving maternity care for Aboriginal and Torres Strait Islander women and babies, yet a recent study showed that up to 40 per cent of Aboriginal and Torres Strait Islander babies are not identified by Victorian maternity services.

The Maternity Services Education Program (MSEP) at the Women's provides resources to the state's maternity services to help identify Aboriginal and Torres Strait Islander babies and support health professionals to improve care.

With the support of the Victorian Government the resources were developed in collaboration with Western Health and Echuca Regional Health, with input from Koori Maternity Services and Aboriginal and Torres Strait Islander families.

The guide, developed as part of the Aboriginal Newborn Identification Project, prompts health professionals to ask all pregnant women at their first visit: "Are you of Aboriginal or Torres Strait Islander origin?" and "Is your baby of Aboriginal or Torres Strait Islander origin?"

"This year approximately 2000 Aboriginal and/or Torres Strait Islander babies will be born in Victoria and this resource guide acknowledges a family's cultural identity and its relevance to their clinical needs and care planning," said Adjunct Professor Tanya Farrell, Executive Director of Nursing and Midwifery at the Women's and Chair of the Aboriginal Newborn Identification Project reference group.

"We know that statistical information about the health status of Aboriginal/Torres Strait Islander people is critical to ensuring access to timely and appropriate maternity care."

The Aboriginal Newborn Identification guide is available to all maternity services across Victoria.

DEVELOPING NEW BREASTFEEDING GUIDELINES

The new Victorian Breastfeeding Guidelines released in August should assist in protecting, promoting and supporting breastfeeding in Victoria.

The guidelines, funded by the Victorian Government, were developed by the Women's in partnership with the Judith Lumley Centre at La Trobe University and the Department of Education and Early Childhood Development.

An advisory panel that included not only community and hospital-based maternal and child health professionals, but also mums, provided valuable feedback to make the content, structure and style of the guidelines appropriate for clinicians in all settings.

It is the first major update of the Victorian Breastfeeding Guidelines in 16 years. The revision was written by Anita Moorhead (the Clinical Midwife Consultant in lactation in the Breastfeeding Service at the Women's who also works in breastfeeding research) and Associate Professor Lisa Amir (from the Judith Lumley Centre at La Trobe University who is also from the Breastfeeding Service at the Women's).

The guidelines will be a readily accessible, concise guide for health professionals who work with pregnant and breastfeeding women.



FAMILY VIOLENCE IS A WOMEN'S HEALTH ISSUE

The Women's is a strong advocate for recognition that family violence is a women's health issue.

We have extensive expertise in addressing violence as a women's health issue, and best practice at the Women's recognises the impact of violence on women's health and on women's access to health care.

This year, we have taken a leading role in training clinicians, doctors, nursing staff, midwives and social workers to sensitively inquire into, assess and respond to family violence.

We continue to provide services at our Centre Against Sexual Assault (CASA House). In 2014/15 we supported 732 women and men who had been sexually assaulted. The Women's also manages the Victorian Sexual Assault Crisis Line (SACL), a state-wide, after-hours confidential telephone crisis counselling service for victims of sexual assault.

This year saw unprecedented demand for the service, which received more than 13,000 calls. In addition, we continued to provide training in 10 secondary schools in Melbourne's northwest, to educate young people about respectful relationships and gender equality.

We are committed to working with others in the sector to ensure that women have access to support, healthcare workers are given the knowledge and skills required to help those experiencing or at risk of violence and that school children are educated about respect as a way to prevent violence against women.

STRENGTHENING HOSPITAL RESPONSES TO FAMILY VIOLENCE

In 2014 the Women's was invited to lead the pilot of a whole-of-system approach to build hospitals' capacity to identify and respond to family violence.

Research indicated that victims/survivors of family violence use emergency departments up to a third more than those who have not been victims, and that reproductive health is an area where clinical conditions are often caused or complicated by violence. The project was piloted in the Women's Emergency Care (WEC) department. The WEC, where large numbers of women enter the hospital with a variety of health presentations, was an ideal primary rollout site.

A number of products were successfully developed and trialled during the project including:

- » Policies, procedures and guidelines for clinical teams to identify and document consumer's experiences of family violence and any subsequent referrals
- » Two modules of clinical training aimed at improving the ability of staff to identify and respond to family violence, and
- » Significant work towards a systematic data capture strategy, relevant to Victorian public hospitals.

These products were then developed into a tool kit of resources and a documented service model to be transferrable to hospital settings across Victoria. The aim of all of this important work has been to increase staff competence, develop and share resources and build hospitals' capacity to better identify and respond to family violence.

The Women's continues to provide leadership in developing a cohesive and sustainable model of identification and referral for women who have experienced violence. We are committed to improving our response to family violence using the knowledge gained from this project, together with existing activities.



The Victorian Comprehensive Cancer Centre (VCCC) is a partnership of 10 successful Victorian organisations committed to cancer control: the Royal Women's Hospital, Peter MacCallum Cancer Centre, Melbourne Health (including The Royal Melbourne Hospital), the University of Melbourne, the Walter and Eliza Hall Institute of Medical Research, the Royal Children's Hospital, Western Health, St Vincent's Hospital Melbourne, Austin Health and the Murdoch Children's Research Institute.

The vision for the VCCC is to save lives through the integration of cancer research, education and patient care. Through innovation and collaboration, the VCCC will drive the next generation of improvements in prevention, detection and cancer treatment.

Aligning as the VCCC, the partners bring together experts in cancer to build on and strengthen collaborations in cancer research, cancer education and training, and cancer treatment and care to ensure the best possible outcomes for the benefit of people affected by cancer.

OUR CONSUMERS HELP SHAPE THE DEVELOPMENT OF THE VICTORIAN COMPREHENSIVE CANCER CENTRE

Interviews with Marija Groen and Heather Beanland.

We have a strong and long history of consumer representation and participation across the hospital. Marija Groen and Heather Beanland, members of our Community Advisory Committee (CAC), are also part of the Victorian Comprehensive Cancer Centre (VCCC) Consumer Strategic Advisory Group (CSAG).



Marija Groen (left) and Heather Beanland

“My membership to the VCCC CSAG ensures the Women's community is represented, acknowledged, and enabled,” said Marija. “There have been many cross learnings, networking and best-practice opportunities for myself, and it has highlighted the leadership the Women's has in consumer participation and across the state. It also showed me how progressive and inclusive they are.”

“Our voices have been listened to and we have been strengthening the voice for women in the development of this new hospital and the precinct,” added Heather. “Working alongside Marija, I see the excellent input and role she has played for people with disabilities and cancer.”

The Women's is proud to have Marija and Heather representing the hospital and ensuring that there is a focus on patient-centred care and improving the journey and outcomes for cancer patients.

Ensuring that there is a focus on patient-centred care and improving the journey and outcomes for cancer patients

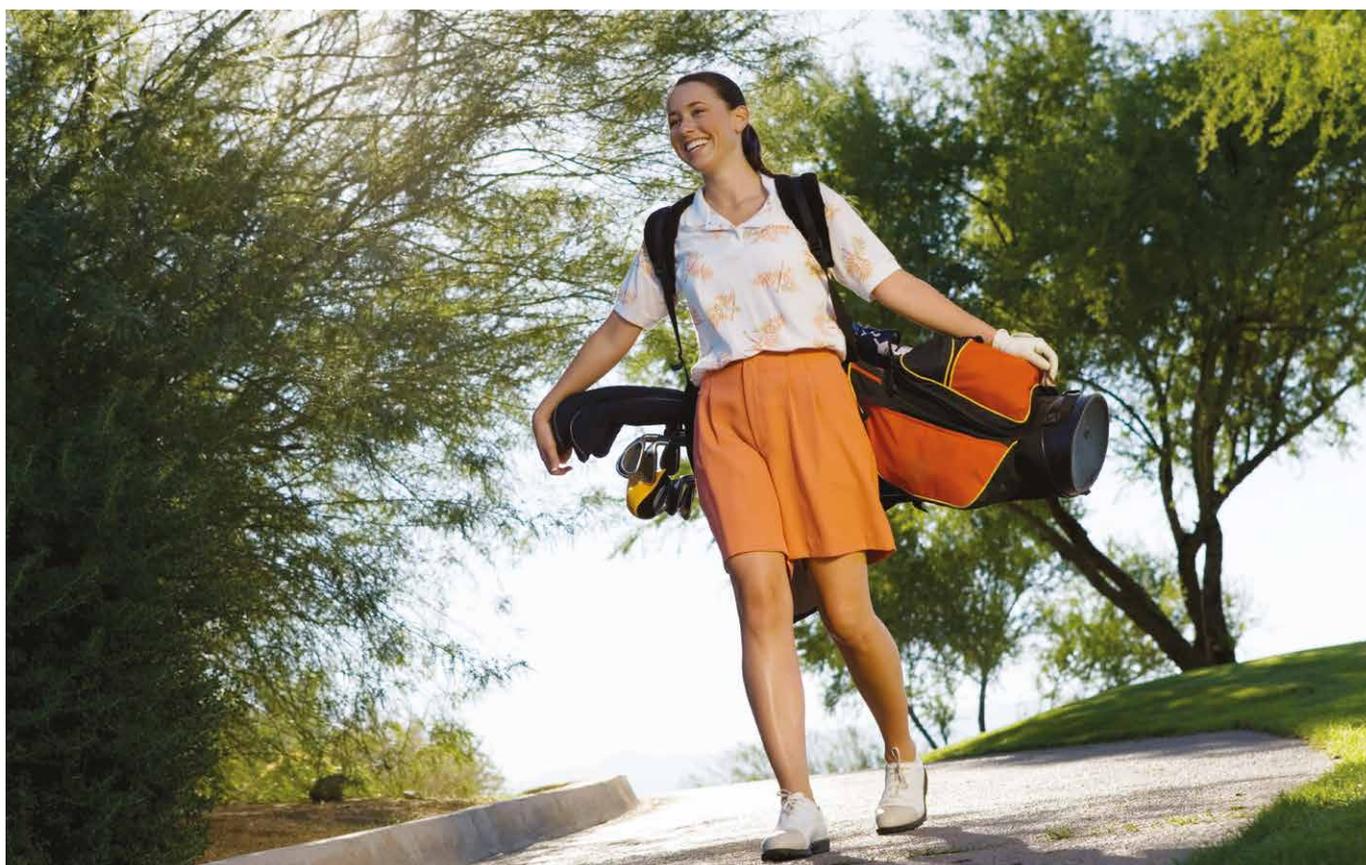


Image taken from *Golf & Health – A Partnership for Life*, produced in partnership with the Women's and Golf Victoria

PARTNERING WITH GOLF VICTORIA TO PROMOTE WOMEN'S HEALTH

In September, in partnership with Golf Victoria, the Women's launched a booklet to promote women's golf and women's health.

The booklet called *Golf & Health – A Partnership for Life* was the result of a decade-long partnership. In 2005 Women's Golf Victoria (now known as Golf Victoria) selected the Women's as its charity partner to commemorate its 100th anniversary.

That partnership continues to thrive today and has helped to raise more than \$160,000 for the Women's. Thanks to the efforts of the women golfers of Victoria, urogynaecology training has been provided to ensure more women are able to access specialist care for conditions associated with pelvic floor dysfunction.

Thanks to this important partnership, in 2014 the Women's was able to purchase a urodynamics system that will allow clinical researchers to develop new treatment methods.

Golf & Health – A Partnership for Life is a 20-page booklet that provides a combination of golf tips for women alongside health tips from a trusted source, the Women's.

Thanks to the efforts of the women golfers of Victoria, urogynaecology training has been provided to ensure more women are able to access specialist care for conditions associated with pelvic floor dysfunction.



CONNECTING WITH WOMEN OF ALL AGES

We understand that women have distinct health needs at different stages of their life and we apply a life-cycle approach to the way we provide care and support.

No matter what age you are, we are committed to providing you with exceptional care. We will continue to provide specific programs around the needs of young women, lead in the area of menopause management and pelvic floor function and ensure world's best practice in the delivery of gynaecological care.

OVARIAN CANCER BREAKTHROUGH

Clinicians and patients from the Women's were involved in a world-first ovarian cancer study that revealed how ovarian cancer outsmarts chemotherapy.

The breakthrough, published in May 2015 in the journal *Nature*, may potentially change treatment approaches for women with high-grade serous ovarian carcinoma (HSC). HSC accounts for 70 per cent of all ovarian cancers, and 60 per cent of ovarian cancer-related deaths, claiming approximately 80,000 women globally each year.

The study, led by Professor David Bowtell from the University of Melbourne and Peter MacCallum Cancer Centre, was a collaboration that included partners in the Victorian Comprehensive Cancer Centre, including the Women's.

Dr Sue Matthews, Chief Executive Officer of the Women's, said the breakthrough highlighted the benefits of the collaboration of VCCC partners.

"This landmark research effort has been a partnership across the country and in particular, the VCCC alliance," Dr Matthews said. "That's the benefit of being part of a partnership of world-class facilities."

The discovery used samples and data collected by the Australian Ovarian Cancer Study (AOCS) and Australian and international partners. Many patients from the Women's were involved through the Women's Cancer Research Centre (WCRC).

Associate Professor Orla McNally, Director of Oncology and Dysplasia at the Women's, Director Gynae-oncology Tumour Stream at the VCCC and associate clinical professor, University of Melbourne, thanked all the women across Australia who had contributed to this very important study.



Our Director of Oncology and Dysplasia, A/Prof Orla McNally

RESEARCHING THE CAUSE OF PRE-ECLAMPSIA

Translating our research from bench to the bedside, our Director of Anaesthesia Research at the Women's is hoping to solve the puzzle of the potentially life-threatening pregnancy condition known as pre-eclampsia.

A/Prof Alicia Dennis and co-author Dr Julian Castro, a consultant cardiologist at St Vincent's Hospital, wrote in the October 2014 edition of the international journal *Anaesthesia* that the cause of pre-eclampsia may be the unique response of women to the oxygen demands of a growing fetus.

They believe that pregnancy is uneventful in women who are able to maintain a sustained, balanced oxygen supply to meet the changing metabolic demands of the fetus. It is when a woman has a reduced capacity to provide oxygen to the fetus that it can become deadly to mother and baby.

Their new unified theory of pre-eclampsia challenges the current view that pre-eclampsia is caused

specifically by a problem with the placenta. It also challenges the widely held view that pre-eclampsia is caused by an as yet unidentified substance that the placenta produces.

"Hypertension, or high blood pressure, in pregnant women remains a serious global problem affecting around 13 million women a year," A/Prof Dennis wrote in the editorial that analysed research papers from across the world.

"There has been no decrease in the prevalence of pre-eclampsia over the last 50 years. We were looking for a unified theory to explain why so many pregnant women developed this condition."

There is no accurate test to determine which pregnant women will develop the condition.

A/Prof Alicia Dennis is also a Staff Specialist Anaesthetist at the Women's and Clinical Associate Professor, Departments of Pharmacology and Obstetrics & Gynaecology, at the University of Melbourne.



A/Prof Alicia Dennis: looking for a unified theory to explain why so many pregnant women develop pre-eclampsia

We are committed to providing care designed specifically for young women aged 19 and under.

YOUNG WOMEN – YOGABABY

Amanda Styles, young women's social worker, Young Women's Program, shares her expertise redeveloping Yogababy.

Time and time again young pregnant women tell me that they do not want to talk about their problems or their family histories because it will bring back painful memories – increasing symptoms of depression and anxiety.

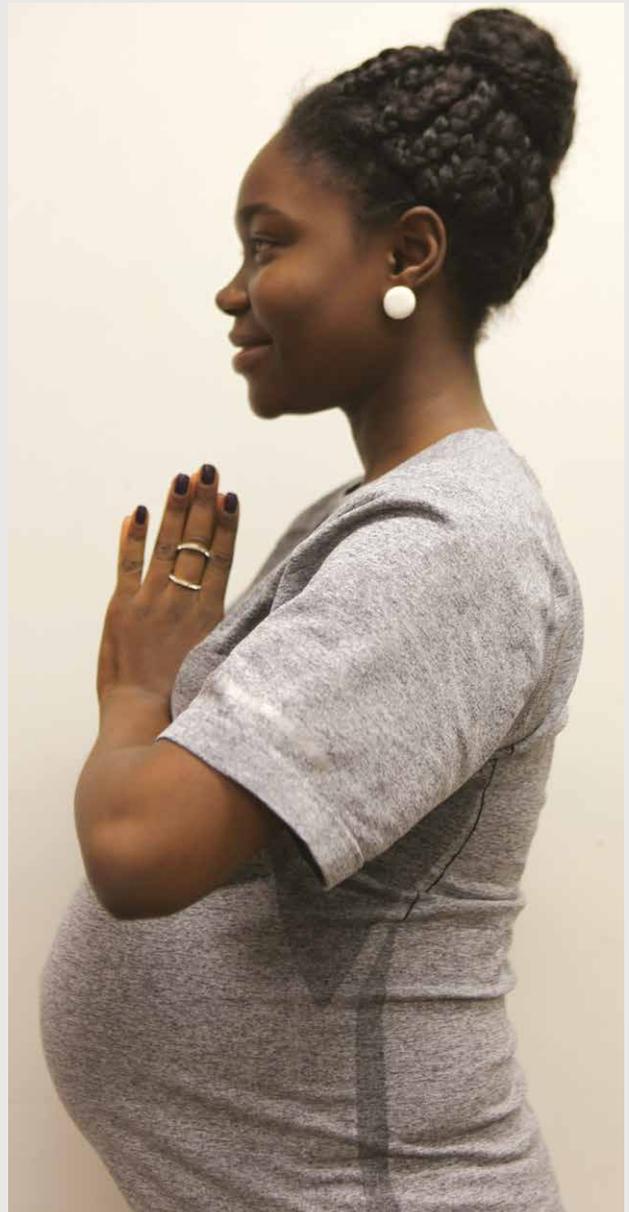
Over 60 per cent of young women (19 years old and under) who have presented to the Women's for maternity care have identified a history of depression.

Young pregnant women have told me they want tools to manage their depression and anxiety without having to repeat their stories.

To support young pregnant women and their infants, health professionals need to start thinking outside the box. We need to listen to what young women want and to be innovative and creative in the way we respond.

Yogababy does just that, using prenatal yoga to enhance the health of young women as they face the challenge of becoming a mother.

Regular practice of yoga allows young women the opportunity to sit back, breathe, and observe their emotions, rather than reacting to them. Research shows that yoga can create positive body image, enhance self-esteem, increase self-awareness, and encourage attitudes of kindness and compassion. Most of all, prenatal yoga classes offer young women the opportunity to build friendships and create peer-support networks.



GYNAECOLOGY AND CANCER CARE

The Women's provides nearly 30 per cent of the state's public gynaecology care. As such, we are continually looking for ways to improve access to our services. This year we exceeded our total waiting list admissions by 5 per cent. We also reduced the time women were waiting for care by 29 per cent, to an average of 78 days.

We share the vision of the Victorian Comprehensive Cancer Centre (VCCC) – to save lives through the integration of cancer research, education and patient care. We have collaborated extensively with the VCCC and remain focused on better outcomes for women in the prevention, detection and treatment of cancer.



The percentage that the Women's provides of the state's public gynaecology care



Percentage the Women's exceeded the total waiting list admissions by



Amount the Women's reduced the average days women were waiting for care

PROTECTING YOUNG PEOPLE FROM CERVICAL CANCER

New research led by the Women's and published internationally shows that the national program to vaccinate school-aged girls and boys with the "anti-cervical cancer" vaccine is providing population-wide protection against the virus responsible for most cases of cervical cancer.

Vaccination with Gardasil is intended to prevent infection with the human papillomavirus (HPV) types that cause 75 per cent of cervical cancer.

The Women's Associate Professor Sepehr Tabrizi, who is a co-lead author on the study, said the team's findings also suggest that the vaccine is providing protection against three other very similar types of HPV that are not in the vaccine.

According to Associate Professor Tabrizi, the findings do not suggest it is safe to not have the vaccine. "You cannot opt out of the vaccine and assume you will be protected. But by having the vaccination, you are not just lowering your risk of you or your sexual partners getting genital warts or cervical cancer, you are also helping the rest of the community."

"It's also important to remember," said Associate Professor Tabrizi, "that all women – whether they've had the vaccine or not – should continue to have a Pap test to check for cervical cancer."







In 2014 anaesthetist Dr Mike Garrett (pictured) did the Wilson's Prom Ultra Marathon to raise \$10,000 for some new surgical equipment for the Women's. He did the run because he wanted to give something back. "I feel very privileged to work at the Women's. It is a unique centre of excellence staffed by extremely motivated and experienced professionals and highly committed staff."

CONNECTING WITH OUR SUPPORTERS

If not for the generous support and philanthropy of individuals and organisations, the ongoing investment in the work we do and the equipment we access could not be achieved.

The Royal Women's Hospital Foundation raises funds to support the vital work of the Women's. To do this it draws upon community supporters, donors, charitable trusts and patients past and present. Some of our supporters are moved by personal experience, others by a desire to help the Women's in its leadership roles and specialised areas of treatment. Here is Lilyroo's story.



The Lilyroo Ride team at Lily's bench, a very special moment and the last stop before the team arrived at the Women's.

A COMMUNITY RIDES TO HONOUR THE LIFE OF LILY

In April the inaugural Lilyroo Ride returned to an emotional welcome at the Women's after completing the 1156km seven-day journey from Adelaide. The Lilyroo Ride had set out on Easter Sunday to raise awareness and money for our Newborn Intensive and Special Care (NISC) unit.

The Lilyroo riders, led by Pete Lockyer, were greeted by dozens of delighted family and friends including a very proud Kristie Lockyer. Pete and Kristie set up the Lilyroo Fund in memory of their daughter Lily who was born at the Women's on 26 March 2014.

"Despite the world class care of the Women's NISC Lily was born too young to lead a long and healthy life," the couple said.

"Nicknamed Lilyroo by her eldest cousin, Lily's legacy will live on through the Lilyroo Fund and ensure that preterm babies and their families receive the same incredible care and compassion that Lily and we received at the Women's."

The ride helped to raise an amazing \$144,478 for the Women's NISC.

A/Prof Carl Kuschel, Medical Director of Neonatal Services for the Women's NISC said he was astounded, amazed, incredulous and in awe of what the Lilyroo Fund had achieved.

"I am constantly blown away by the connection that families have with the Women's NISC, and that they wish to give back in so many special ways," he said.

"To have seen this fundraising venture grow and grow has been a testament to the commitment of the organisers and also to the community in giving to the Women's in recognition of the work we do."

On Friday 19 June 2015, Kristie and Pete welcomed Lily's little sister, Phoebe Lilianna Lockyer, into the world. She was born at the Women's and her story was featured on 7News Melbourne.

"I am constantly blown away by the connection that families have with the Women's NISC, and that they wish to give back in so many special ways"

LEADING THE WAY IN WOMEN'S MENTAL HEALTH

Women's mental health remains a core focus of the care we provide and in November 2014 we welcomed one of Australia's leading infant mental health experts, Professor Louise Newman, to head our Centre for Women's Mental Health (CWMH).

The CWMH is unique in Australia and provides expert clinical and therapeutic services for women who are current patients at the Women's who have a maternity, cancer or gynaecology problem as well as a mental health problem. The CWMH is also a leader in research, education and training,

Louise has a PhD in Infant Psychiatry and has clinical expertise in the area of developmental mental health and an international reputation in the area of parental mental disorder, infant trauma and clinical infant-parent interventions for mothers with significant trauma.

She is committed to the promotion of women's mental health including improving integration between health and community based services and for the provision of accessible and effective mental health interventions for vulnerable women.



Professor Louise Newman

Louise is also working to raise the profile of women's specific needs in the National and State mental health agendas.

Louise has been awarded an Order of Australia for her work in social justice issues and advocacy, particularly for the rights of children in care and asylum seekers and refugees.



Midwives Jill (left) and Amy showing their support for Liptember which raised \$300,000 for the Women's and continues to raise money and awareness for women's mental health.

QUALITY OF CARE DATA

In all that we do, the Women's strives to improve how we deliver excellence in health care. We communicate with our staff and we talk to our patients, their families and carers. We use that feedback to engage and to create change when and where we see a need.

STAFF ENGAGEMENT

Each year, we ask our staff to rate the Women's on a range of sweeping issues. We canvass their confidence about any safety concerns, tap in to their views about the appropriateness of their training and ask them if they would recommend the hospital to prospective patients and employees.

These questions are part of the Victorian Public Sector Commission's People Matter survey which the Women's has participated in for the past nine years.

Overwhelmingly, the staff response to their work, their patients and the Royal Women's Hospital, has been passionate and positive.

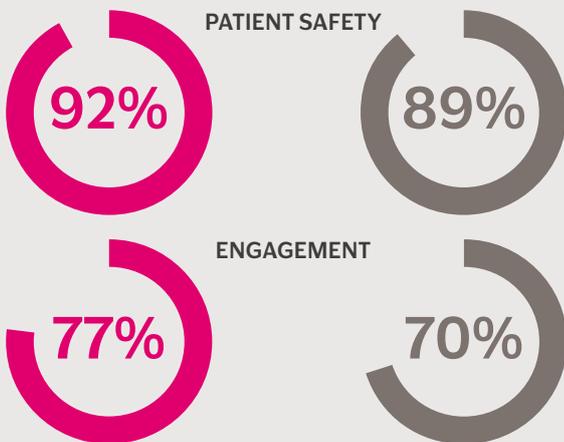
In 2015, more of our staff responded to the People Matter survey than other benchmark organisations.

In the Patient Safety Index, 92 per cent of our people said that the patient safety culture at the Women's is positive, indicating they are comfortable that we provide safe patient care.

In the Employee Engagement Index, a 77 per cent response from our staff revealed their commitment to the Women's values and goals, confirming their motivation to contribute to our successes.

The Women's

The comparator organisations



VHES SURVEY

The Women's has improved the way it communicates with the families and carers of patients after access to information was highlighted as an issue in the Victorian Healthcare Experience Survey results.

Just by asking our patients if their families were receiving enough information about their condition and treatment, we identified that the Women's could be doing more to ensure that these carers were able to talk to staff about their loved ones in our care.

To address this gap, we produced our *Your Stay at the Women's* booklets in February 2015.

The VHES survey of patients plays an important role in quality and performance monitoring. It is one of many ways the Women's seeks to use feedback to implement improvements in the way we perform.

By providing comparisons over time and benchmarking against similar Health Services and the state average, the Women's can identify key areas in need of improvement and develop initiatives and programs to improve services provided to our patients.

In June 2014, the Women's identified two key questions which led to changes being made.

The two questions were: "How much information about your condition or treatment was given to your family, carer or someone close to you?", and "Did your family or someone close to you have enough opportunity to talk to the staff?"

Following implementation of the *Your Stay at the Women's* brochures, the positive response to the question: "How much information about your condition or treatment was given to your family, carer or someone close to you?" increased from 78 per cent in April-June 2014 to 94 per cent for the same period in 2015.

INFECTION PREVENTION AND CONTROL

Any hospital stay carries a risk of infection, which can lead to other health issues. The Women's is committed to reducing this risk and providing the best possible quality of care for its patients.

As part of this commitment we monitor and review incidents of infection to try and implement strategies to further protect our patients.

Infections acquired during a hospital stay are reported and benchmarked with similar hospitals through the Victorian Healthcare Associated Infection Surveillance System (VICNISS) and the Department of Health and Human Services Performance Monitoring. The Women's hospital-acquired infection rates are consistently within or below the VICNISS average rate for Victorian hospitals.

Infection Prevention practices, including hand hygiene (washing and the use of hand gels) and aseptic technique performed by Health Care Workers, are audited to demonstrate compliance and guide education and practice.

Our staff actively participates in vaccination programs to reduce the spread of vaccine preventable diseases between staff, visitors and patients.

BLOODSTREAM INFECTIONS

Any medical device that enters a sterile part of the body has the potential to introduce an infection. Patients with intravenous (IV) lines or central lines (inserted into one of the body's major veins) are monitored for the development of blood stream infections. The number of infections is reported against the total number of IV line days for each month.

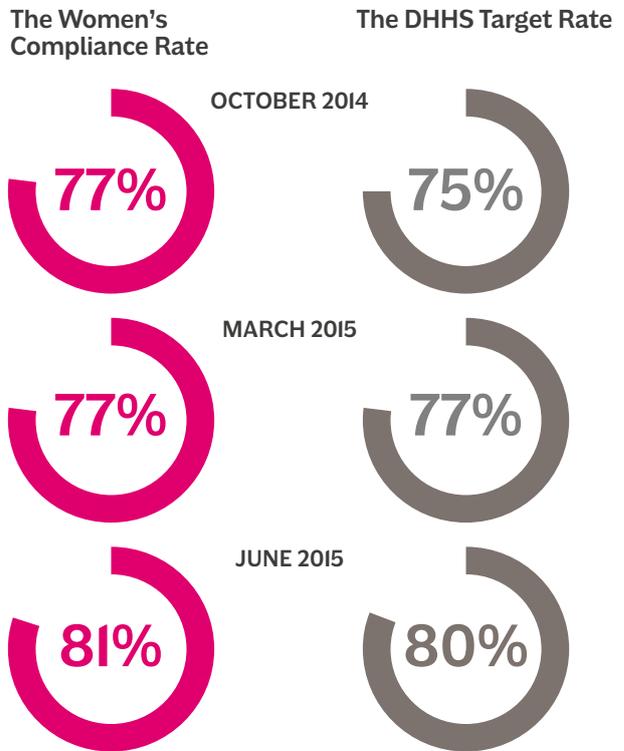
A multidisciplinary Neonatal Infection Working Group meets to review policies and procedures to prevent infections, including blood stream infections, in the Nursery. These blood stream infections are reported to VICNISS by birth weight categories and benchmarked with other Victorian neonatal units.

HAND HYGIENE

The Infection Prevention and Control service provides ongoing hand hygiene education and clinical staff undertake mandatory online competency training.

Compliance to the World Health Organisation (WHO) "5 moments for hand hygiene" is audited three times per year in clinical areas.

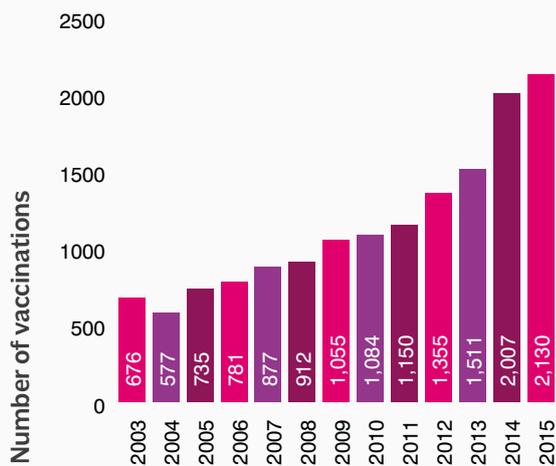
The WHO target for compliance is 55 per cent while the Department of Health and Human Services' (DHHS) target increased to 80 per cent in June, 2015. The Women's achieved a rate of 81 per cent in the most recent audit. Our Hand Hygiene performance can be viewed at www.myhospitals.gov.au



VACCINATION

Our staff are involved in the Victorian Department of Health and Human Services annual influenza vaccination campaign to protect themselves, patients and visitors. This year more than 80% of staff at the Women's received the influenza vaccine exceeding the Department of Health and Human Services target of 75% and demonstrating the commitment of our staff to a healthy work environment.

Staff influenza vaccinations



Vaccine preventable diseases

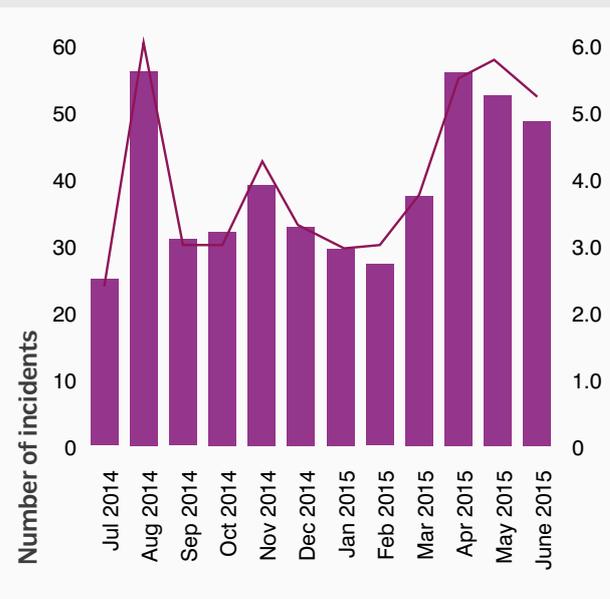
The Women's actively encourages and promotes vaccination for newborns (hepatitis B) and adult patients (tetanus, diphtheria, pertussis and influenza) to protect both themselves and their families. Information is available in the pregnancy outpatient clinic, postnatal units and on the Women's website www.thewomens.org.au

MEDICATION SAFETY

All incidents related to medications are reported and monitored through the Victorian Health Incident Management System (VHIMS). All incidents are investigated to explore any system issues in order to improve medication safety. The Medication Safety Committee reviews trends in medicine incidents and develops relevant recommendations.

Changes in practice are introduced to optimise patient safety. For example, after an audit report showed that only 50 per cent of post natal discharge summaries included a list of the patient's medicines, changes were made to systems and this figure has increased to 75 per cent. We are working to improve this further.

Pharmacists also provide a current and comprehensive list of medicines and explanation of changes in medicines to patients, parents or carers on discharge.







FEEDBACK AND DISTRIBUTION OF THE QUALITY OF CARE REPORT

We thank our staff, patients and consumers who shared their stories for the 2014–2015 Quality of Care report.

Our special thanks, as always, to the Community Advisory Committee for its guidance and advice on the content: Ms Christina Liosis (Chair), Dr Cathy Hutton, Ms Heather Beanland, Ms Charlene Edwards, Ms Marija Groen, Ms Rebecca Harris, Ms Deepa Kandathil Mathews, Ms Jacinta Robertson, Ms Alison Soutar and Ms Ivy Wang.

Each year, the Quality of Care Report is distributed throughout the hospital in waiting rooms and communal areas, mailed to key stakeholders in our community and available on our website

www.thewomens.org.au/reports-publications

We value your feedback and encourage you to email us with your ideas and suggestions at communications@thewomens.org.au

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The Royal Women's Hospital

Locked Bag 300

Parkville VIC Australia 3052

Tel +61 3 8345 2000

www.thewomens.org.au