

THE WOMEN'S
QUALITY OF
CARE REPORT
2014



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

The Royal Women's Hospital (the Women's) has led the advocacy and advancement of women's health in Australia for 157 years.

As a tertiary level hospital and one of Australia's major teaching hospitals, we are committed to excellence and innovation to improve the health and wellbeing of women and newborns.

The Women's Declaration reflects the principles and philosophies fundamental to our hospital.

It captures the themes identified from consultation with our local community, with our staff, and with women from across Victoria.

Our Declaration reflects who we are and what we do:



THE WOMEN'S DECLARATION

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

We are committed to the social model of health

We will care for women from all walks of life

We will lead health research for women and newborns

We will innovate healthcare for women and newborns

We will be a voice for women's health

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



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Pictured: New parents Melanie and Amy with baby James who are helping to develop our Parenting Kit

CEO & CHAIR'S MESSAGE

This Quality of Care Report highlights service improvements, new programs, and how we work with consumers to continuously improve our services. Every decision is made with the patient at the centre of our considerations.

As a state-wide tertiary hospital, and the premier specialist women's hospital in Victoria, we have an important role in providing leadership across the state for women's health services. In 2012/13, the Women's became a multi-campus hospital with the inclusion of maternity and gynaecology services at Sandringham Hospital.

In this report, you will read interviews from women who have used our services from maternity to menopause and more. You will also read about our research and innovation, such as our work to improve premature babies' breathing, and our use of technology to connect families who can't be with their babies in Newborn Intensive and Special Care.

Community surveys and feedback from health professionals have shown that the Women's is a trusted source of health information, so we turned to the community to tell us what health information was needed in every house in Australia. Our experts then wrote the first evidence-based, comprehensive women's health book produced by health professionals for Australian women: *The Women's Health Book: A Complete Guide to Health & Wellbeing For Women of All Ages*.

We increasingly use social media channels to engage with the community and to share the Women's research highlights and service improvements. This provides greater opportunities to receive valuable feedback from the community we serve. To serve the increasing number of consumers and health professionals who go online to search for trusted women's health information and

services, we also redeveloped our website. The site's revised information architecture and enhanced search functionality has been designed for viewing on desktop, tablet or smartphone devices. We are one of the few hospitals in Australia to take a mobile-friendly and disability-friendly approach to our website design and function.

We aim to provide our patients with the best possible care at all times and welcome feedback, positive and negative. If a problem does arise, our Consumer Advocates are there to help. We thank Jacqui Pinge, in particular, who shared her experience with our Consumer Advocates in this Quality of Care Report.

We remain committed to a holistic philosophy of health that considers a woman's social, physical emotional and cultural well-being, and not just medical problems. Language, social, cultural and spiritual support, or having a place to stay, can be just as important as clinical care. In this issue, we tell the story of two families from country Victoria who were offered a place to stay at our Family Accommodation Service when they needed to be close to the hospital.

This year marks a change in leadership at the Women's with a new Chief Executive, Dr Sue Matthews, appointed in February 2014.

We are very pleased to present you with the Women's Quality of Care Report 2013/14. As a healthcare organisation, we are privileged to be able to make a difference in the lives of those we care for. We hope you enjoy reading about our work to improve women's and newborns' health and about the families for whom we have provided care.



Sue Matthews

Dr Sue Matthews
The Women's Chief Executive



Ms Margaret Fitzherbert

Ms Margaret Fitzherbert
The Women's Board Chair

THE WOMEN'S AT SANDRINGHAM

Maternity and gynaecology care for the Bayside community

As Victoria's largest specialist hospital for the health of women and newborns, we have an important role in providing leadership across the state for women's health.

On 1 October 2013, we became a multi-campus hospital with the management of the maternity and gynaecology services at Sandringham Hospital being transferred from Alfred Health to the Women's.

This step was taken to support and grow health services for women in the Bayside area of Melbourne following an extensive consultation with the community and staff in Sandringham and with the Department of Health.

The Women's (Sandringham) was officially launched by The Honourable David Davis, Minister for Health and Ageing. The Minister commended the collaboration between Alfred Health and the Women's as an example of how the health system should work, and praised the Women's for "once again" showing leadership as a specialist hospital.



✓ Pictured: The Honourable David Davis with Maya Lerman-Becker and her husband Guy Becker, with their new baby Eliya and proud big brother Tom at the launch of the Women's at Sandringham

WATER BIRTHS

Meeting a growing demand

Water births are becoming an increasingly popular method of birth at the Women's. Labour and birth in water is offered to help with relaxation and to provide women with greater choice in pain management.

Water immersion during labour has always been an option at the Women's Parkville campus, but the option to birth in water has only been available since August 2013. The Women's Sandringham campus introduced water birthing in June 2013 to accommodate growing demand there.

Kate Holden was one of the first women to have a water birth at the Women's (Sandringham) and only has good things to say about the experience. "I had a long labour but by the time I was in the water I was so relaxed and the warmth helped immediately relieve the pain of my joints. My baby was born in a perfect healthy condition with no breathing issues, so the labour was a pleasant experience for us both," she said.

Kay Kurth, Maternity Services Manager at the Women's (Sandringham), explained that there were a number of factors that make water birth an appealing option. "Women request water birth for several reasons: pain relief, prefer the medium of water, have had a previous water birth, or would like to try it to avoid chemical pain management," she said.

The Women's (Parkville) has baths in most of its birth centre rooms. Women with a low risk of birth complications can choose to birth their baby in water.

Lisa Smith, Acting Director at the Women's (Parkville) Birth Centre said that managing labour and birth in water does require specialist midwifery skills. "Having appropriately accredited midwives has allowed us to offer water births, and the numbers of births in water has steadily increased. We had 84 water births in Parkville from July 2013 up until the end of April 2014."

Kate has no qualms about having another water birth. "The room itself is very functional and had a great atmosphere so if I was to have another baby, I would definitely consider another water birth," she said.



✓ Pictured: Kate Holden who had a water birth at the Women's, at home with her baby boy Colby

PARENTING KIT

Working with consumers to develop a parenting kit for Victoria

In an Australian first, mums and dads, along with health experts, are being asked for their input to help develop a parenting kit that gives important information from healthy pregnancy through to the first 12 months of parenting.

The Women's is developing the kit in partnership with the Victorian Government's Department of Health and with the help of hundreds of new parents from around Victoria.

A dedicated website through which Victorian parents and health professionals are contributing to the development of the parenting kit was launched in December 2013 by the Minister for Health and Ageing, The Honourable David Davis.

"Victoria's parenting kit [is being] designed by and for Victoria's parents and health professionals with significant input from midwives, obstetricians and maternal child health nurses," said Minister Davis.

Tanya Maloney (Executive Director Planning and Service Development), said that asking Victorian parents what information they want and how they want it delivered, is key to developing a kit that gives new parents what they need.

"We have had a terrific response online through our dedicated website, and also through the Women's website and social media, that has allowed us to let parents know what's happening and how they can be involved."

The parenting kit is being modeled on an idea from Hollywood actor Rob Reiner who worked with the University of California, Berkeley, to create a Kit for Parents in response to a need for parenting education resources.

You can visit www.haveyoursay.thewomens.org.au for more information.



✓ Pictured: Parents Sechelle and Richard Johnson, with their son Kieran (two and a half) and newborn daughter Laila Grace

FACETIME

Connecting patients and families through Facetime

Our Newborn Intensive and Special Care (NISC) and Critical Care Unit (CCU) teams have been running a pilot project to study the effectiveness of linking mums and babies through technology known as Facetime.

Its success was highlighted on the front page of the Sunday Age newspaper on Mother's Day when Hayley MacKay shared her experience. Hayley told how her 30 weeks pregnancy check revealed her blood pressure was dangerously high, putting her life and that of her unborn baby at risk. Her son Alfie was born in an emergency caesarean at the Women's.

Because Alfie's mum was too ill to see him initially, the team at the Women's connected the family through Facetime.

Melissa Drew (Associate Unit Manager/Data Manager of Neonatal Services) said the concept of using Facetime - which makes visual telephone calls - to communicate with unwell mothers post-delivery originated from the "Dad's Group".

Carl Kuschel (Medical Director of Neonatal Services) runs the 'Dad's Group'. He found that dads were feeling a burden of responsibility trying to relay information between medical staff and the mother. He helped to introduce the group to using Facetime.

Melissa said in addition to reducing this stress for fathers, the Facetime project helped increase bonding between mother and baby, increase maternal self-esteem, family involvement in care and increase satisfaction with the overall healthcare experience.

Melissa said feedback had been overwhelmingly positive from families and also staff at the Women's.



Pictured: A/Prof Carl Kuschel, Medical Director Neonatal Services and Melissa Drew, Data Manager Neonatal Services



MEDICAL EMERGENCIES

A new approach to medical emergency announcements



Hearing a 'Code Blue' or a 'MET' call over the public announcement (PA) system at the Women's can seem a bit frightening for some of our patients and visitors.

It is a requirement that all hospitals call a Code Blue over the PA system, and since June last year, the Women's has also been piloting a new Medical Emergency Team (MET) call over the PA.

What does all this mean in plain language?

The overhead MET and Code Blue calls announce to our clinical experts – who might be anywhere in the hospital – that there is a medical emergency and give the location of the person requiring a medical response.

A MET call alerts a team of experts to a situation in which a patient's specific health measures are getting worse.

For example, if someone's blood pressure drops suddenly, a MET call might be made. These experts respond by getting to the patient as fast as they can and reviewing the patient's treatment or care.

A Code Blue can be any type of medical emergency that requires a clinical team to respond. Sometimes these are for people feeling faint or simply tripping over. Sometimes, they are for more serious resuscitation purposes.

Jill Butty (Director Quality and Safety) says that sending the right people and equipment to any medical emergency is crucial for providing the right care at the right time.

"We have a dedicated Neonatal Response Group for newborns that includes neonatal specialists and nursing staff available all day every day. This team responds to a 'Neonatal Code Blue,' she said. "And we also have a (general) Code Blue Response Group available all day every day for when a child or adult requires an emergency response."

COMPLAINTS AND COMPLIMENTS

We aim to provide our patients with the best possible care at all times. Your feedback helps us continually improve our services by letting us know what works well and what might need to change to improve the quality and safety of care provided at the Women's.

If a problem arises, tell a hospital staff member as it's always best to try and fix a problem immediately. If the problem isn't fixed to your satisfaction, you, your partner or your support person can contact the **Consumer Advocate**.

The Consumer Advocate is available to all public and private patients attending the hospital. They will listen to your feedback and discuss any complaints or concerns you might have, no matter how big or small. They can offer you support by confidentially discussing any of your concerns, investigating these on your behalf and helping you fix the problem.

If you make a complaint it is important to understand that:

- » **the details of your complaint are not included on your medical record**
- » **it will not affect your care or treatment in the hospital**
- » **the issues are not discussed with anybody except the relevant staff**
- » **you will not be punished in any way or made to feel unwelcome in the hospital**

ADDRESSING COMPLAINTS: JACQUI'S STORY

Booking the delivery of your baby is an exciting time for any expectant mother, but it turned out to be a trial for Jacqui Pinge. She turned to the Consumer Advocate team at the Women's to resolve her problem.

After moving house, Jacqui realised that she needed to change where she was booked to birth her baby. "I originally had my delivery booked in Sandringham but after moving to Yarraville I was in a different zone. My new zone meant I was closest to the Women's in Parkville" she said.

That's exactly what Jacqui set out to do, but the process proved difficult. After receiving a letter in the mail confirming her booking at the Women's, Jacqui was ecstatic. However, after visiting her GP she was told that there had been an error and her application was actually unsuccessful.

"I spent a lot of time going back and forth trying to have my application verified as I was in the correct zone. I even sent through proof of purchase of my property to confirm my residential status but I wasn't making progress," Jacqui said.

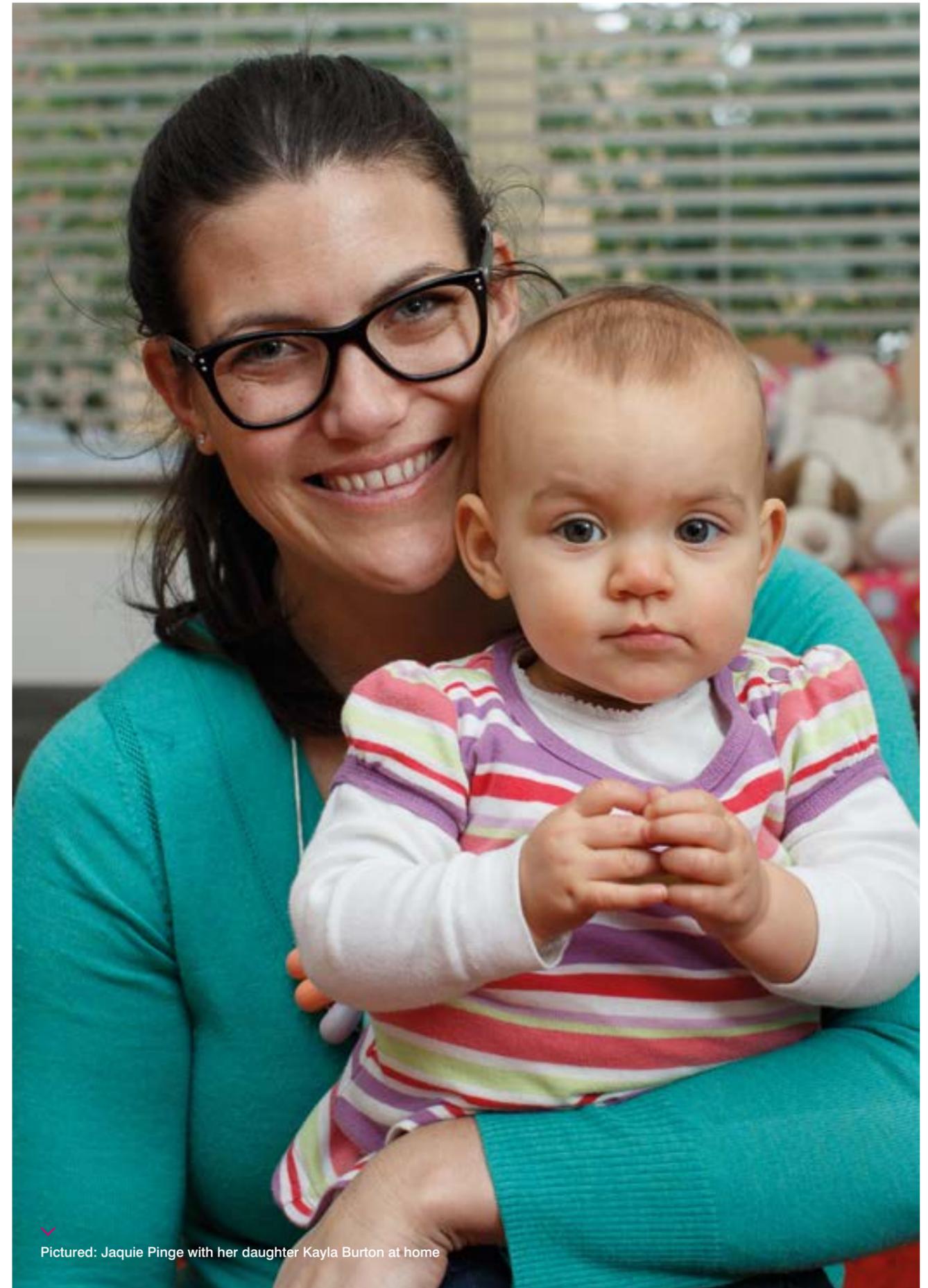
It was at that point that Jacqui was referred to Consumer Advocate Kate, and suddenly she was optimistic that her booking would finally be confirmed.

"Kate was fantastic, going above and beyond helping me gain access to the Women's. Apparently she was new at the time but you wouldn't have known. She got in touch with as many people as it took to have the issue resolved," she said.

Not only did Kate handle the issue with patience, she was aware of how much Jacqui had already been through in trying to get her booking confirmed and subsequently was determined to have the issue resolved for her.

"Kate chased down the right people from the right departments until my booking with the hospital was finally confirmed. She went above and beyond, not only because I had been tossed around so much, but also because she was a fantastic person and empathised with my situation."

A few months after confirmation of her booking, Jacqui gave birth at the Women's. Despite her disappointment with the arduous process of getting booked, she was very pleased with the service she experienced at the hospital. "Kate did an amazingly good job for me and I was so appreciative to be able to have my baby at the Women's, especially after all the effort it took to get me there," Jacqui said.



Pictured: Jaquie Pinge with her daughter Kayla Burton at home

BREASTFEEDING SUPPORT

Strategies to improve breastfeeding rates

In September 2013, the Women's was re-accredited as a Baby Friendly Hospital by the Baby Friendly Health Initiative (BFHI). The Women's was the first public hospital in Australia to be accredited as a Baby Friendly Hospital.

The BFHI is an international program developed jointly by the World Health Organisation and UNICEF that aims to give every baby the best start in life by protecting, promoting and supporting breastfeeding.

Jenny Ryan (Acting Director of Maternity Services) said promoting a good start in life for babies was a priority for the Women's.

"As part of our work to improve health across the broader population, we're implementing strategies to improve breastfeeding rates and promote secure attachment relationships between a mother and her baby. We use a program called 'Ten Steps to Successful Breastfeeding', which is well-embedded in the Women's maternity service and further supported in Newborn Intensive and Special Care," Jenny added.

Anita Moorhead (Clinical Midwife Consultant for Lactation and co-coordinator of the BFHI assessment), explained being accredited as a Baby Friendly Hospital provides external recognition of the outstanding care staff provide to mothers and babies. It is also an important factor in helping new mothers to breastfeed, with research showing mothers are 28% per cent more likely to breastfeed in a Baby Friendly Hospital.

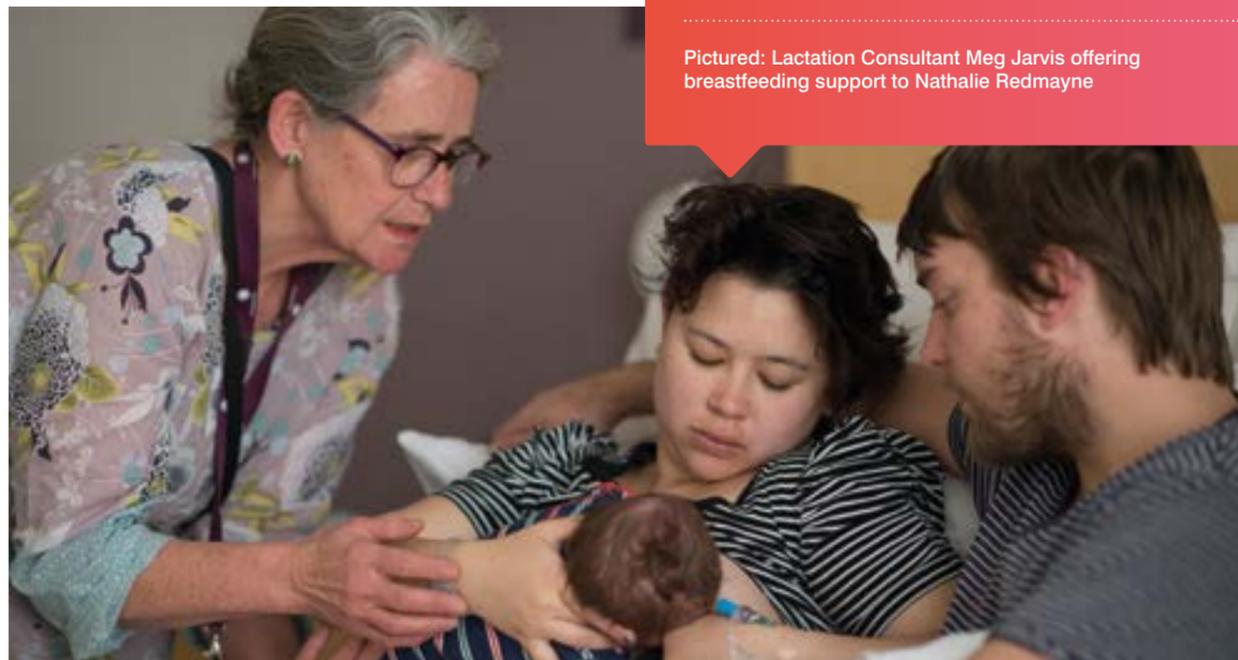
"This re-accreditation is something of which we can be really proud. It was fantastic to see staff from all over the hospital – midwives and nurses, doctors and ward clerks, dieticians and pharmacists to name a few – all working together to achieve a great outcome," Anita said.

THE WOMEN'S CONTINUES TO LEAD THE WAY IN ITS RESEARCH AND COMMITMENT TO BREASTFEEDING.

Recently, Associate Professor Lisa Amir, a general practitioner and lactation consultant at the Women's, was invited to write a review of how common breastfeeding issues are managed for the highly-regarded *British Medical Journal*. Dr Amir is the medical officer for the Breastfeeding Service at the Women's and also contributes to breastfeeding education for medical staff and medical students.

About 30% of mothers experience at least one breastfeeding problem at two weeks after birth. In the article, Lisa addresses common breastfeeding issues such as mastitis, nipple damage and infection, low milk supply and medicine safety for breastfeeding women. She also highlights that general practitioners play a key role in managing these areas of concern which cover nipple pain, feeding issues and anatomical problems.

Pictured: Lactation Consultant Meg Jarvis offering breastfeeding support to Nathalie Redmayne



HEALTH INFORMATION FOR WOMEN

Written by our health experts

The first step in making good choices about health and wellbeing or treatment in hospital is having health information that is accurate and easy to understand.

The Women's places great importance on producing health information that consumers tell us they want and need. Two major health information projects were completed in this past year: the launch of a new website and the publication of *The Women's Health Book*.

The Women's Website

The new website adjusts its style and content according to the size of the screen whether the reader is viewing it on a laptop, tablet or smart phone. Importantly, the site has an 'AA accessibility standard', which means it can be used by people with disabilities.

The site is designed for three key audiences: people seeking women's health information, health professionals seeking information on women's health issues, and people coming to the Women's as either a patient or visitor. Consumers were involved at multiple points during the planning and development, with the testing of how to use the site including former patients and also GPs who refer patients to the Women's.

The site has lots of images, lots more health information, and an improved range of information for health professionals. We would love to have your feedback on the website; email us at communications@thewomens.org.au

The Women's Health Book

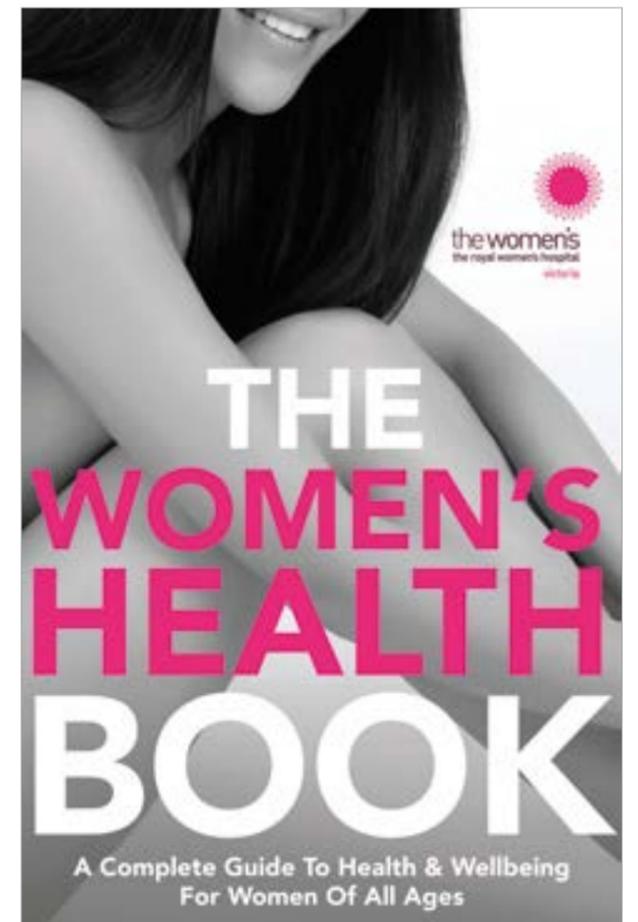
The Women's Health Book: A Complete Guide to Health & Wellbeing For Women of All Ages is the first evidence-based, comprehensive women's health book produced by health professionals for Australian women.

Covering health issues associated with a woman's life cycle – from adolescence and youth through to mid-life and older years – the book includes a variety of topics such as sexuality, mental health, food and nutrition, common chronic medical conditions, plastic surgery and gynaecological cancer.

The content of *The Women's Health Book* was guided by information gained from consumer focus groups. More than 50 clinicians from the Women's and seven external writers then wrote the more than 865 pages. The external experts covered subjects that consumers thought were important, but were outside the expertise of Women's staff: complementary medicines, dental health during pregnancy, bullying, and looking after the health of the carer.



Pictured: The new Women's website on desktop and smartphone



Pictured: *The Women's Health Book* is available from major book-sellers in hard copy and online as an ebook.

The royalties from *The Women's Health Book* will go to the Women's Foundation to fund more research and innovation to improve the health and wellbeing of women and newborns.

POLYCYSTIC OVARIAN SYNDROME

Supporting the mental health of sufferers

Polycystic Ovarian Syndrome (PCOS) is one of the most common hormone disorders affecting women. As a chronic disease that poses complex physical and body image challenges, PCOS is known to reduce fertility and quality of life and to increase the risk of depression and anxiety in the 6-10% of women affected by the disorder.

Some studies have found that depression and anxiety often go unrecognised and untreated in women with PCOS. Best practice for providing care for women with PCOS is achieved through a multidisciplinary approach that includes mental health practitioners.

In October 2013, a multidisciplinary team of staff from Reproductive Services, the Centre for Women's Mental Health, and the Nutrition and Dietetics Unit met to discuss anxiety and/or depression screening for women with PCOS who attend our Reproductive Services Clinic with fertility problems.

A total of 50 women were screened during the first five months of the project and of these, 29 women (or 58%) were identified as at risk of anxiety or depression and referred to our Centre for Women's Mental Health. Nineteen of these women accepted the offer of an appointment with a mental health team member for assessment and support.

Mary Apostolidis, (Psychiatric Consultation Liaison Nurse) runs a new mental health assessment clinic for women with PCOS every Thursday afternoon. "The sessions are really about understanding what the main issue for the woman is, whether it is depression, anxiety, body image issues, a combination of issues or even issues that may have been present prior to the PCOS which may have now been exacerbated," Mary said. "We then talk about pathways of getting treatment for whatever the specific issue is."

The partnership between fertility, mental health and nutrition experts has successfully closed an important gap in the care provided to women with PCOS who are attending the Reproductive Services Clinic.

▼
Pictured: Psychiatric Consultation Liaison Nurse, Mary Apostolidis, consulting with a patient



EMERGENCY CONTRACEPTION

A new video to help reduce the rate of unplanned pregnancies



▼
Pictured: Behind the scenes – shooting Louna Maroun on location for the Women's emergency contraception video

YouTube sensation and television show *Neighbours* regular, Louna Maroun, is the star of a new video produced by the Women's for young women.

The four-minute video is about emergency contraception (EC) and has been produced with memorable and realistic messages that are engaging, conversational, accessible and relaxed.

Because that's what young women said they wanted.

"Like all of the projects conducted as part of the Young Women's Strategy, young people have been engaged as experts in their health care needs and key informants in our activities," said the Women's Tanya Maloney (Executive Director Planning and Service Development).

The goal of the Young Women's Strategy, which targets young women aged 19 and under, is to improve young women's health and wellbeing. Reducing the number of unwanted pregnancies is one area of focus.

Research shows low levels of awareness and usage of EC amongst teenagers. The 5th National Survey of Secondary Students and Sexual Health found only 2.7% reported having used it. This survey also confirmed that young people use the internet to access sexual health information and that they use social media every day.

Responding to this evidence, the video produced by the Women's is about providing young women with information on EC using a language and format they connect with.

The message for young people is that EC is a safe, effective and accessible medicine to prevent unplanned pregnancy. The video provides information for teenagers about what EC is, when to use it and how to get it (it's available 'over the counter' from pharmacists).

We listened to five focus groups that included 39 young women and one man aged between 17 and 21 to get a better understanding of how they wanted the information presented. "Just talk to us," they said.

So we did.

The Young Women's Emergency Contraception video can be viewed at www.thewomens.org.au

NEWBORN BEHAVIOURAL OBSERVATION SYSTEM

Training health professionals to support parents of newborns

Introducing the Newborn Behavioural Observation (NBO) system into Australia is the most recent example of our Centre for Women's Mental Health leading a change in thinking and practice when it comes to maternity care that considers the whole woman and her child.

The NBO system helps the clinician and parent to, together, observe the behaviour and responses of a newborn and discuss how to respond to the baby's needs. The NBO helps parents build confidence and adjust emotionally to being a parent. The NBO also helps build a baby's sense of security and assists with their emotional development.

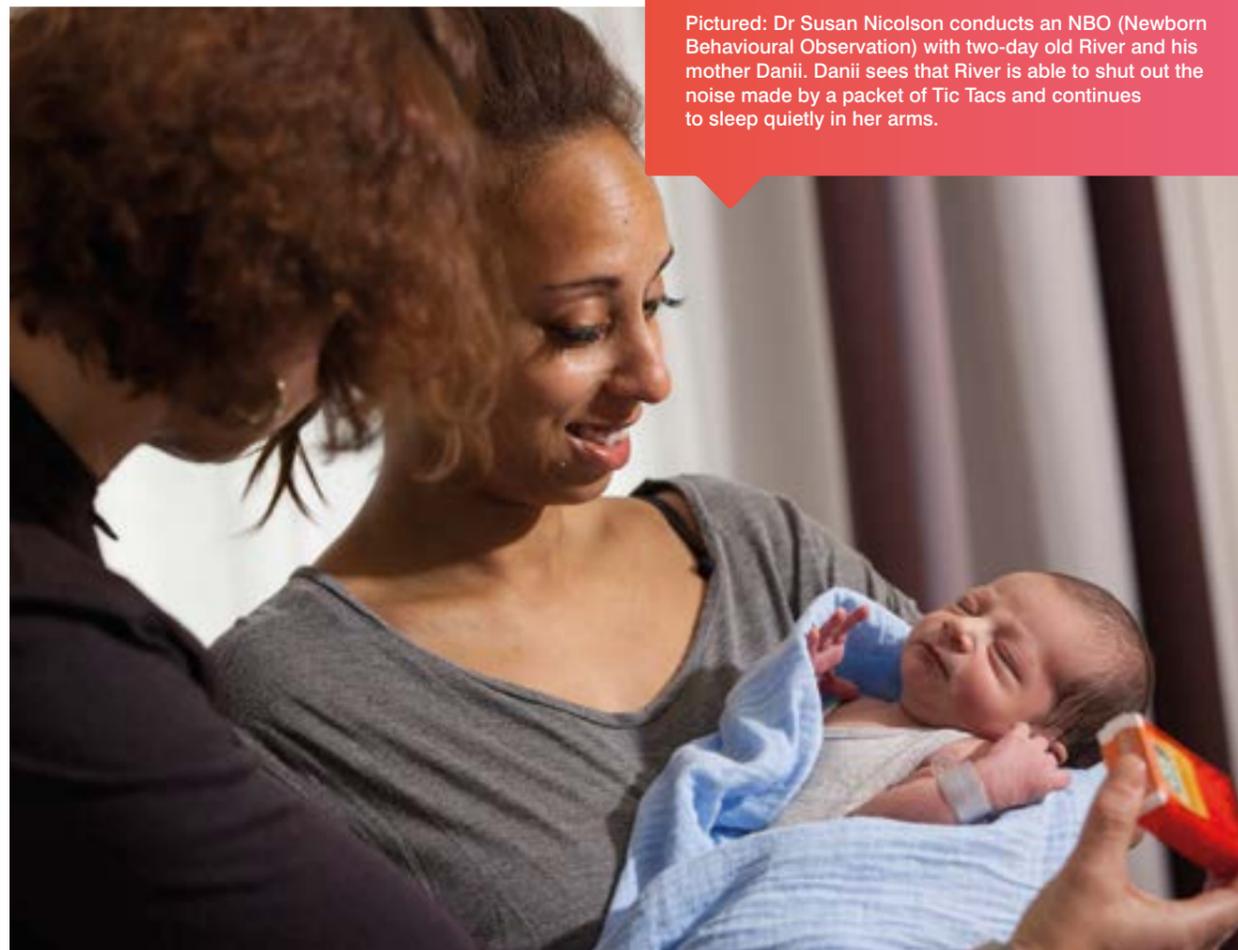
In 2013, the Women's was accredited as "NBO Australia", the official training centre in Australia and New Zealand for the NBO system, which was developed by the Brazelton Institute in Boston (USA). The Women's is the only accredited training centre outside North America and Europe.

With the support of the Liptember Foundation, the Women's has provided NBO training to 138 health professionals in just under 12 months. Sessions have been conducted in Melbourne, Bendigo, Geelong and Hobart and Adelaide. Sessions in Mildura, Shepparton and Perth are being planned.

NBO training provides midwives, nurses, psychologists, psychiatrists, medical doctors, infancy specialists, lactation consultants and allied health professionals with the knowledge and skills to use the NBO system in their clinical practice.

NBO training gives health professionals extra skills and knowledge for supporting both parents and newborns. Importantly, it can also identify women who might need a little extra help with their emotional needs after the birth of their baby.

Pictured: Dr Susan Nicolson conducts an NBO (Newborn Behavioural Observation) with two-day old River and his mother Danii. Danii sees that River is able to shut out the noise made by a packet of Tic Tacs and continues to sleep quietly in her arms.



GROUND-BREAKING NEWBORN RESEARCH GENTLE BREATHING SUPPORT FOR BABIES IN INTENSIVE CARE

Premier applauds Brett's work

In June, Dr Brett Manley received a commendation at the 2014 Premier's Award for Health and Medical Research. Dr Manley received the honour for his ground-breaking investigation into breathing support for preterm babies.

This research was seconded under the guidance of Professor Peter Davis from the Women's Newborn Research Centre. Brett's research found that high-flow nasal cannulae, a simpler, more comfortable method of supporting the breathing of very preterm babies, was safe and effective. The results of this study were presented at a series of international meetings and published in the prestigious international journal, the *New England Journal of Medicine*.

The trial involved 303 babies at the Women's in Melbourne, the Women's and Children's Hospital in Adelaide and the Royal Brisbane and Women's Hospital.

As a Consultant Neonatologist at the Women's, Dr Manley is responsible for caring for sick newborn babies, who are often born preterm, in the Neonatal Intensive Special Care unit at the hospital and following them up after discharge home.

Dr Manley is now working on some new clinical trials at the Women's to help premature babies. "We are taking the next steps with our high-flow research, and have started a very large trial of this support from soon after birth in preterm infants," he said.

"We also want to roll a trial out in non-tertiary special care nurseries around Australia, as we think high-flow may be an easy-to-use therapy in special care, as well as intensive care nurseries."



Pictured: Dr Brett Manley, Neonatal Services Fellow



NEW BREAST CANCER RESEARCH DEVELOPING PERSONALISED CANCER TREATMENT PLANS

The Combined Breast Service of the Women's and the Royal Melbourne Hospital is a partnership between the two hospitals that provides a full range of care for all types of breast disease.

The Combined Breast Service recently led a trial of a specialised test known as Oncotype DX to predict the likely benefit of chemotherapy for 151 women with early stage breast cancer.

According to Professor Bruce Mann (Director of the Combined Breast Service of the Women's and the Royal Melbourne Hospital), the question of whether chemotherapy will benefit the patient can be difficult for both the clinical team and the patient.

"For many patients, chemotherapy does not reduce the chance of recurrence, but for some it will," said Bruce.

In the trial, the clinical team made a standard chemotherapy treatment recommendation for each patient. A slice of the patient's tumour was then sent for testing to produce a prediction of whether the cancer would recur. This prediction was provided to the clinical team and the patient.

The test results led to the clinical team changing their treatment recommendation for 36 of the 151 patients.

"The clinicians who used the test had greater confidence in their recommendations, and the patients were pleased to have extra information on which to base their decision", Bruce said.

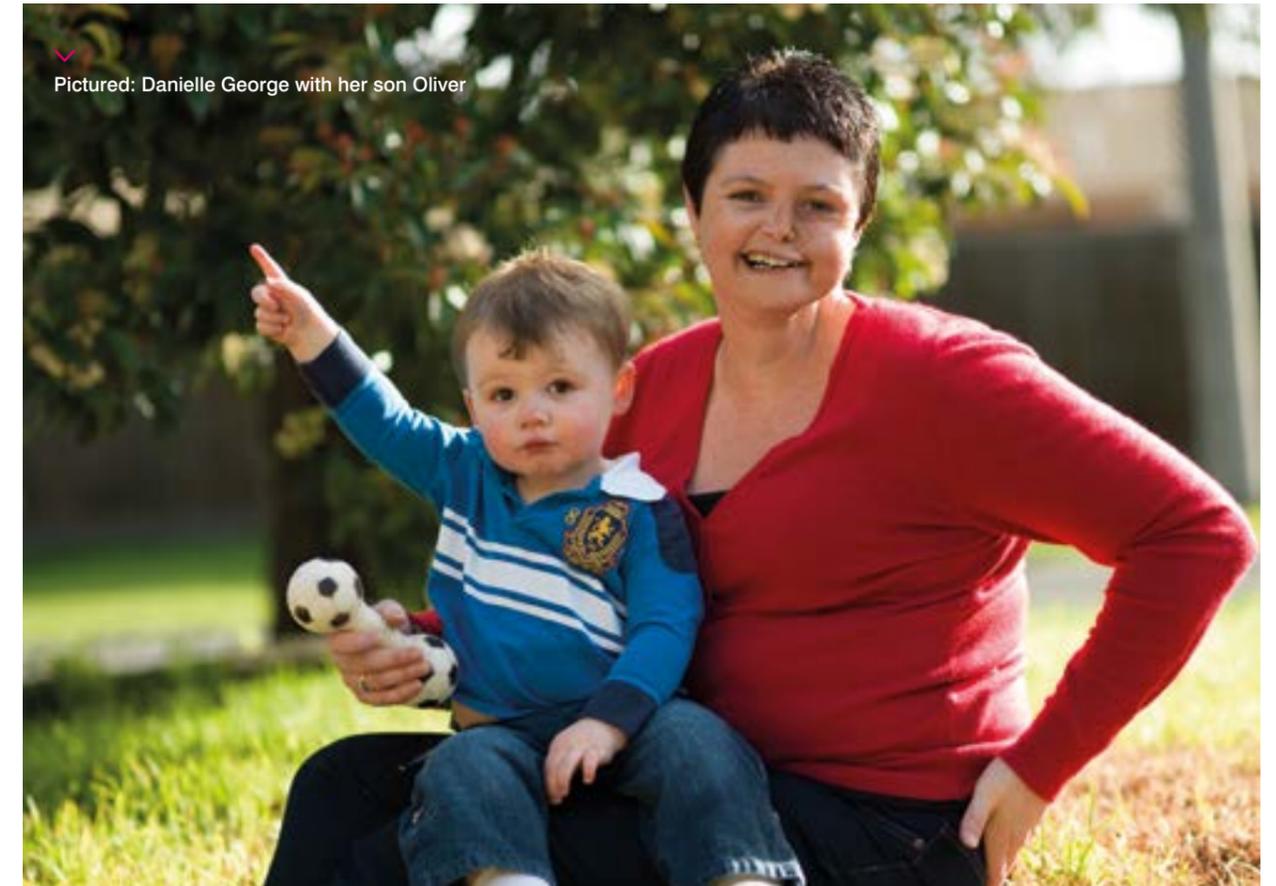
Tests such as this are likely to provide increasingly better, more personalised treatment plans.

▼
Pictured: Professor Bruce Mann examining an X-ray



FERTILITY PRESERVATION

Before cancer treatment



▼
Pictured: Danielle George with her son Oliver

Danielle George says her son Oliver was meant to be here. He was born using IVF after his mum had been through a tough year of treatment for a rare form of cancer.

"As soon as I was diagnosed it was suggested that I go straight to the Women's to talk to the Fertility Preservation Service and (fertility expert) Kate Stern," Danielle said. "It was the best suggestion."

Although she said having babies was the last thing on her mind at the time, Danielle said her female instincts kicked in. "My husband Chris was not keen to delay treatment to undergo IVF, but I knew this was my only chance to have a baby."

Danielle said with the support of the Fertility Preservation Service she and Chris – her husband of two years – had an IVF cycle that produced four embryos. "That gave me peace of mind," Danielle said. "I could then concentrate on the fight of my life."

As she had been warned, the first dose of chemotherapy destroyed Danielle's ovaries, but the intensive treatment saved her life.

Danielle said when she was confident she was going to be around, she and Chris decided to have the embryos implanted. Three survived the thawing process and two were implanted, sadly without success.

"We only had one embryo left; our last chance. That embryo was Oliver. He was meant to be," she said.

Danielle shared her story because she said she was so grateful that she was encouraged to go to the Fertility Preservation Service and wanted to make sure others were also made aware of the Women's services.

RISK-REDUCING SURGERY

Sisters Kylie and Belinda share their story

Kylie Behr was diagnosed with breast cancer when she was 34 and, because her mum Gail also had breast cancer, it was recommended that both Kylie and her younger sister Belinda have genetic testing.

"I tested positive to the BRCA1 gene mutation and so did Belinda and our dad," Kylie said. "Interestingly, mum tested negative, but she saved our lives. If mum had not had breast cancer, Belinda and I would not have had early testing."

Belinda, then 30, said she had some decisions to make about preventative surgery, but felt she had time up her sleeve.

"I decided not to have any surgery immediately and to have the recommended regular breast MRI screening as an extra precaution instead."

On her third MRI screen at the age of 32, Belinda was also diagnosed with breast cancer. She would follow the same treatment plan as her sister.

Like her sister, Belinda decided to have her ovaries removed because she wanted the "ticking time bomb" gone.

Kylie had genetic counselling at the Women's prior to having her double mastectomy, and again when it was time to make decisions about having her ovaries and fallopian tubes removed.

"This was followed by appointments with Dr David Wrede leading up to my surgery at the Women's and I'm now continuing to have appointments at the Menopause Clinic to monitor my medically-induced menopause and long-term health risks."

The risk-reducing surgery the Behr sisters underwent significantly reduces the risk of ovarian cancer, but it also starts menopause, ends fertility and, for many young women, triggers sexual dysfunction.

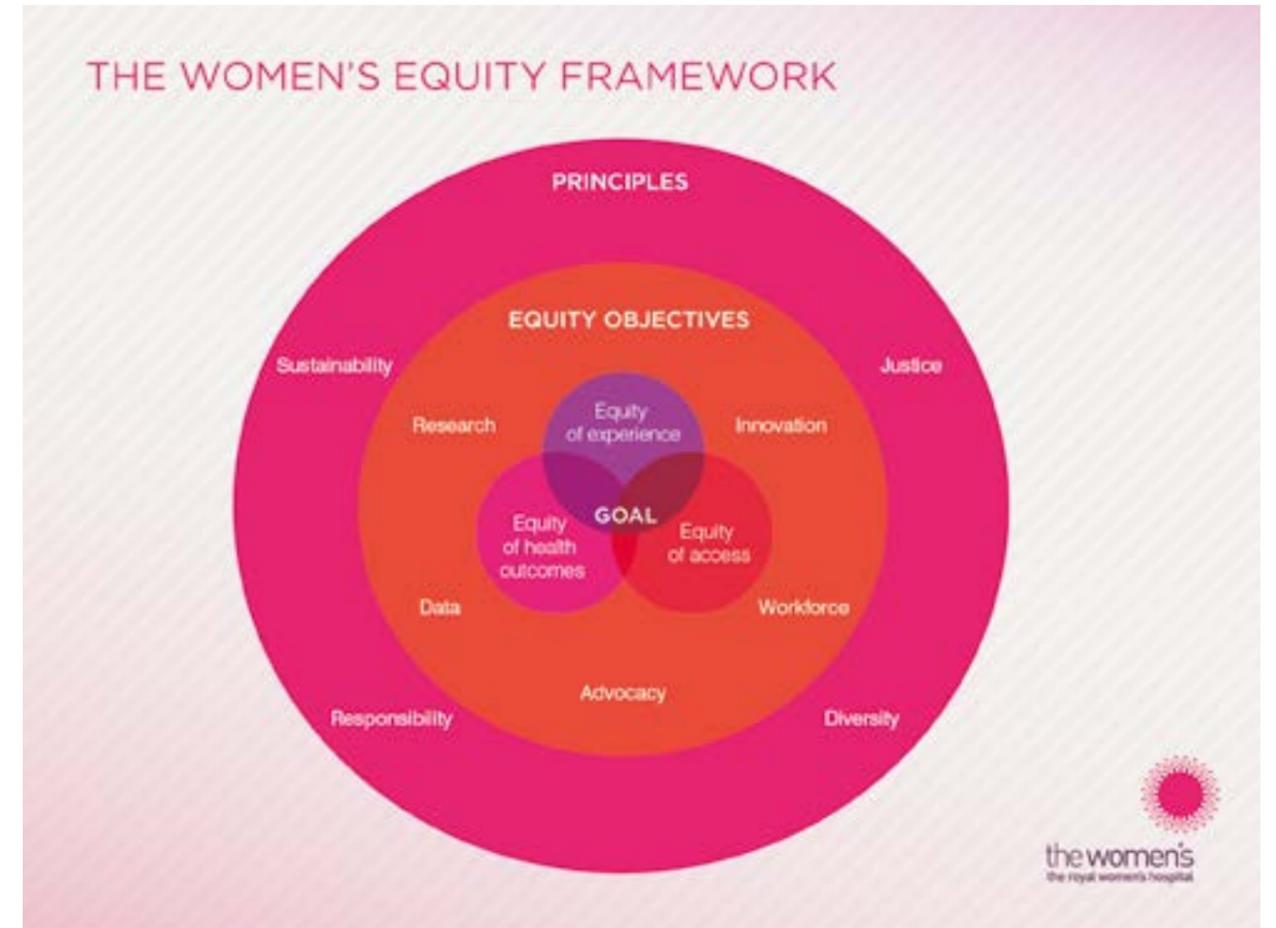
In a world-first study, a team led by Professor Martha Hickey, from the Women's Gynaecology Research Centre, is investigating the full benefits and harm of this surgery. The study will look at the impact on health, in particular sexual function, bone density, heart risk and the severity of menopause symptoms.

Pictured: Sisters Kylie and Belinda Behr



THE WOMEN'S EQUITY FRAMEWORK

The right care at the right time for every woman



We know from research and practice that many marginalised and vulnerable women face significant barriers in accessing health care and support. The key groups experiencing these barriers are Aboriginal and Torres Strait Islander women, women with disabilities, women with drug and alcohol issues, women with violent partners, young women, women living in remote communities, and women with serious mental illness.

Did you know that women with an intellectual disability are five times less likely to be screened for cervical cancer than women in the general population? This is just one example of health inequity. Another is the teenage birth rate in rural Victoria, which is twice the rate of metropolitan Melbourne.

The Women's believes that health equity for all women is more than a vision, it is a responsibility. Addressing health inequities is not only a matter of social justice, but an issue of sustainable healthcare. Our commitment to meet the needs of our diverse community is included in the Women's Declaration and our Strategic Plan 2011-2015.

In response to, and helped by, extensive consultation with health professionals and our community, we developed an Equity Framework to further strengthen our focus on the goals of equity of access, equity of experience and equity of outcome.

The Equity Framework formalises the range of actions we currently undertake to reduce health inequities in our community. Additionally, the Equity Framework will provide an agenda and structure for continuous improvement and service development to better meet the needs of our diverse community.

THE WOMEN'S LANGUAGE SERVICES

Helping women understand health information in their native language

The Women's Language Service provides interpreters for patients at the Women's who speak English as a second language. Women need to be able to understand the information they are being given to be able to make decisions about their lives and health.

"Interpreters are needed in nearly all departments," explained Language Services Manager, Poni Poselli.

More than 100 languages are provided by Language Services. The ten top languages requested in 2013/14 were Arabic, Mandarin, Vietnamese, Turkish, Greek, Cantonese, Italian, Persian (Farsi), Somali and Hindi.

The Women's has now recruited a new interpreter to manage the increasing requests for two African languages, Amharic and Tigrinya, so that more women in this language group have access to a face-to-face interpreter instead of an over the phone service. "As a consequence, communication has been enhanced," Poni said.

"In our workforce we have 76 countries represented from the one in four staff who were born overseas. More than 20% of our staff speak at least one additional language to English."

Pictured: Language Services Manager, Poni Poselli providing interpretation services to patient Vinci Luigia



IMPROVING CARE FOR ABORIGINAL AND TORRES STRAIT ISLANDER PROGRAM (ICAP)

Key result area 1: Establish and maintain relationships with Aboriginal communities and services.

The Women's regularly consults with Aboriginal women on service planning by working with our Aboriginal Advisory Committee. As a result of extensive research and community consultation, Aboriginal and Torres Strait Islander women's health became a priority in the Women's Strategic Plan 2011-2015, in our Community Participation Plan 2011-2015 and in our Population Health Plan.

Key contributions of the Aboriginal Advisory Committee this year have been:

- » providing valuable input to the development of the Women's Equity Framework. The Framework will further strengthen our focus on the goals of equity of access, equity of experience and equity of outcome.
- » making the recommendation to rename the Aboriginal Women's Health Business Unit to Badjurr-Bulok Wilam, meaning 'home of many women'. This was in recognition that the Badjurr-Bulok Wilam not only provides support and assistance to women, it offers a place where all Aboriginal women and their families can relax and feel welcome.

An acknowledgement of the traditional owners of the land is incorporated into all major hospital events and, when appropriate, a traditional "Welcome to Country" ceremony is performed by a community elder. Acknowledgement of the traditional owners of the land has been placed on the new Women's website, and information about the Badjurr-Bulok Wilam is located throughout the hospital's patient areas.

A program of collaborative cultural events has been developed, with the Aboriginal Advisory Group, to build relationships between the community and the hospital. Close the Gap Day, Sorry Day and NAIDOC week and Aboriginal and Torres Strait Islander Children's Day are acknowledged annually at the Women's.

Key result area 2: Provide or coordinate cross-cultural training for hospital staff

The Badjurr-Bulok Wilam runs regular cross-cultural training sessions with all areas of the hospital and works with the Clinical Education team to instil in all staff the importance of identifying Aboriginal and Torres Strait Islander patients, so that culturally responsive care is provided. Aboriginal cultural competency sessions are provided throughout the year.

Cross cultural training and 'asking the question' training has been made available to all staff, and an online cross cultural training tool has been developed. The importance of recording status is also detailed in a new fact sheet that is provided on our intranet and during staff orientation.

This year, the Women's launched two new video resources that have been developed for health workers involved in the care of Aboriginal mothers and babies. Not only do they demonstrate the process involved when performing a post natal check for a well Aboriginal mother and baby, they also highlight the importance of culturally safe care and the role of the Aboriginal and Torres Strait Islander Hospital Liaison Officer. Funded by the Department of Health, the two videos were a collaboration between the Women's Maternity Services Education Program, the Women's Badjurr-Bulok Wilam unit, the Koori Maternity Services team, Sista Girl Productions and Victoria's peak representative Aboriginal health body, the Victorian Aboriginal Community Controlled Health Organisation (VACCHO).

Key result area 3: Set up and maintain service planning and evaluation processes that ensure the cultural needs of Aboriginal people are addressed when referrals and service needs are being considered, particularly in regard to discharge planning.

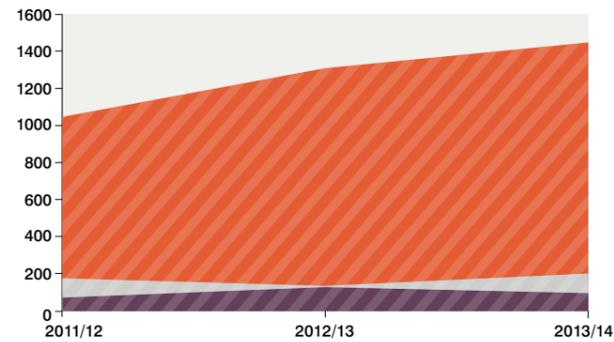
The Women's Badjurr-Bulok Wilam unit provides a safe space for women and their families. The unit workers gather feedback from women about their experiences in the service formally (via surveys) and informally. This feedback is provided to the manager of the unit and utilised in service planning, particularly in regard to discharge planning.

Aboriginal staff are involved in development, review and refinement of post-acute care and discharge planning arrangements. Aboriginal-specific post-acute planning policies, procedures and protocols are in place.

Our Maternity Services Education Program is partnered with VACCHO to deliver pregnancy care education to midwives and Aboriginal Health Workers in the Koori Maternity Services.

**Outpatient appointments
Aboriginal & Torres Strait Islanders**

■ ABORIGINAL
■ BOTH ABORIGINAL & TORRES STRAIT ISLANDERS
■ TORRES STRAIT ISLANDER



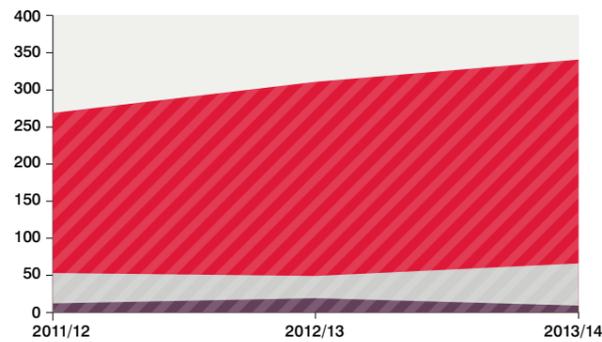
Key result area 4: Establish referral arrangements to support all hospital staff to make effective primary care referrals and seek the involvement of Aboriginal workers and agencies.

Referral arrangements have been established to support all hospital staff to make effective primary care referrals and seek the involvement of Aboriginal workers and agencies. Our Aboriginal health workers are involved in the development, review and refinement of referrals to primary care. The Women's has a database of referral information and protocols relevant to Aboriginal patients, including identification of circumstances where Aboriginal health workers should be involved.

Views of Aboriginal Community Controlled Health Organisations and Aboriginal service users have been sought through meetings, consultation and conversations.

**Inpatient separations
Aboriginal & Torres Strait Islanders**

■ ABORIGINAL
■ BOTH ABORIGINAL & TORRES STRAIT ISLANDERS
■ TORRES STRAIT ISLANDER



QUALITY OF CARE DATA

CONSUMER, CARER AND COMMUNITY PARTICIPATION

Community Participation Indicators

Standard 1: Indicator 100%

The Women's has adopted the State Government's *Doing it With Us Not for Us* Strategic Direction 2010-2013. We are committed to consumer, carer and community participation appropriate to the diverse communities we serve, through our Community Advisory Committee (CAC), Aboriginal Advisory Group and Disability Reference Group.

The CAC promotes improved outcomes for patients and the broader community through effective community participation in the hospital. The CAC advises the hospital on establishing and maintaining effective systems to ensure that the health services provided meet the needs of the communities served by the hospital, and that the views of women are taken into account in the hospital's decision making processes, in line with strategic directions.

Our Women's Equity Framework ensures a whole of organisation approach to improve health equity for all women and newborns. The consultation for the development of the Framework included input from our CAC, Disability Reference Group, Aboriginal Advisory Group and the Multi-Cultural Centre for Women's Health.

The Women's meets the four key result areas in the Improving Care for Aboriginal and Torres Strait Islander Patients program (ICAP), as detailed in this report on pages 21-22.

The Women's uses a variety of approaches to record and report on consumer, carer and community participation to the wider community, including the Women's website, the Quality of Care Report, community networks and social media.

Standard 2: Indicator 2.1 = 82 % Indicator 2.2 = 94.2 %

Consumers, and, where appropriate, carers are involved in informed decision-making about treatment, care and wellbeing at all stages, which is facilitated with evidence-based, understandable and accessible information and support. Interpreters are provided for patients who require them.

We encourage all women to be actively involved in their pregnancy, birth and postnatal care, and we encourage the involvement of their partner, support person and family. The Women's is a tertiary maternity centre, though, and choice can be limited by medical emergency.

Standard 3: Indicator 3.1 = 100% Indicator 3.2 = 79.2%

Consumers, and, where appropriate, carers are provided with evidence-based, accessible information to support key decision-making along the continuum of care. Community surveys and feedback from health professionals has shown that the Women's is a trusted source of health information. To serve the increasing number of consumers and health professionals who go online to search for trusted women's health information and services, we redeveloped our website to include extensive evidence-based women's health information and fact sheets.

Of the 205 fact sheets we maintain, 45 have been translated into 15 languages other than English. Twelve new fact sheets were produced in 2013/14. Health Information and facts sheets are available on our website.

Standard 4: Indicator 4 = 100% (6/6)

Consumers, carers and community members are active participants in the planning, improvement, and evaluation of services and programs on an ongoing basis. Our CAC provides leadership and direction for incorporating community participation in our quality and safety improvement activities. The CAC advocates to the Board so that our hospital priorities continue to include and value community participation and a consumer perspective on improving services.

Standard 5: Indicator 5.1

The Women's actively contribute to building the capacity of consumers, carers and community members to participate fully and effectively.

The Women's has established a series of committees and advisory groups that connect us with the increasingly diverse communities we serve, especially in planning services that meet the needs of marginalised and vulnerable women – immigrant and refugee women, women of Aboriginal and Torres Strait Islander backgrounds, women with disabilities, women with drug and alcohol issues, young women and women with serious mental illness.

The Women's Equity Framework ensures a whole of organisation approach to improving health equity for all women and newborns.

CULTURAL RESPONSIVENESS FRAMEWORK

Standard 1:

The organisation has made a commitment to meeting the needs of our diverse community in our Strategic Plan and our Declaration.

The Women's Equity Framework demonstrates a whole of organisation approach with objectives across the following areas: innovation in service delivery; research; workforce; data; advocacy. The purpose of this Equity Framework is to formalise and document the range of actions we currently undertake to reduce health inequities in our community. Additionally, the Equity Framework provides an agenda and structure for continuous improvement and service development that will allow us to better meet the needs of our diverse population and reduce health inequities.

Interpreters are available to patients at the Women's. Language Services provide experienced interpreters for every hospital clinic and service and provide assistance with more than 100 community languages. We also provide services for women requiring AUSLAN (Australian Sign Language). The interpreters specialise in women's health terminology and are familiar with women's health issues and medical treatments. This ensures consumers can make informed decisions about their health.

Standard 2: Indicator 2.1 = 30 % (6/18)

Cross-cultural training at the Women's is provided annually by our Clinical Education Team, and external training and development workshops. Six of the 18 senior managers at the Women's undertook leadership courses for Diversity Training in 2013/14.

Regular cross-cultural training sessions are held with all areas of the hospital to instil in all staff the importance of identifying Aboriginal and Torres Strait Islander patients, so that culturally responsive care is provided. Aboriginal cultural competency sessions are provided throughout the year.

Standard 3: Indicator 3.1 = 90 % Indicator 3.2 = 65 %

Accredited interpreters are provided to patients who require one. In 2013/14, Language Services received 12,368 patient requests for an interpreter for 75 different community language groups. Many requests are managed by in-house interpreters. For after hours care, interpreter services are available via the Women's switchboard.

On 90% of occasions during 2013/2014 patients who required a professional interpreter were provided with one, which equates to 17,987 occasions of service for the 12,368 patients that required an interpreter.

The ten top languages requested in 2013/14 were Arabic, Mandarin, Vietnamese, Turkish, Greek, Cantonese, Italian, Persian (Farsi), Somali and Hindi.

The Women's recruited a new interpreter to manage the increasing requests for two African languages, Amharic and Tigrinya, so that more women in this language group have access to a face-to-face interpreter instead of an over the phone service.

Over the last 12 months there has also been an increased demand for interpreters who speak Farsi, Hindi and Italian.

The Women's maintains a list of 205 consumer fact sheets in 49 community languages for the total number of 75 community language groups which access the service.

Twelve new fact sheets, compliant with the Department of Health guidelines, were developed in 2013/14. The Consumer Health Information team produced one new print publication this year and revised five previous publications and 21 fact sheets.

Standard 4: Indicator 4.1 = 84.4% Indicator 4.2 = 100%

The Women's has an inclusive practice in care planning, including but not limited to dietary, spiritual, family, attitudinal, and other cultural practices.

The number of refugee and immigrant women who indicated on the VPSM survey (WAVE 24 Jan – Jun 2013) that their cultural and religious needs were met was 84.4%. There was no VPSM conducted in the second half of 2013 or the first half of 2014.

The Women's is participating in the Department of Health's trial of a new survey, the Victorian Hospital Experience Survey (VHES). The data for that survey were not available at the time this Quality of Care report went to print.

The Women's Food Service Operation Plan is designed to meet the cultural and religious needs of our patients and includes detailed reference to the hospital menu, which is in line with Department of Health recommendations and meets the *Australian Guide to Healthy Eating*.

Appropriate key performance indicators measure compliance with contractual agreements and are reported on quarterly. Additional monthly audits measure compliance with quality, safety and patient satisfaction standards.

Standard 5: Indicator 5.1 = 100%

The Women's CAC has a diverse membership. In 2013/14, four of our CAC members were from a culturally and linguistically diverse background.

Refugee and immigrant consumers, carers and community members are involved in the planning, improvement and review of programs and services at the Women's on an ongoing basis. In 2013/14, the Women's began exploring a relationship with AMES, Australia's largest provider of humanitarian settlement, education, training and employment services for refugees and newly arrived migrants. The aim of the relationship is to access consumer and community feedback and to assist with teaching newly-arrived Victorians how to navigate the health system.

Standard 6: Indicator 6.1 = 52.4% (686/1308)

In 2013/14, staff were provided with 40 opportunities to participate in professional development sessions that included Diversity Training. Some 686 of our 1,308 staff (52.4%) received the training.

GOVERNANCE

Clinical governance is about being accountable for providing good, safe care to patients and is fundamental to continuous improvement in patient safety.

A 2014/15 Quality Plan has been developed to align with the Women's Strategic Plan 2011-15 to ensure that the quality of our clinical services is monitored for continual improvement of patient care and safety. The Plan is managed by the Women's Quality and Safety Committee, which reports to the Women's Board Quality Committee. This is consistent with the Department of Health's Clinical Governance Policy Framework.

QUALITY AND SAFETY IMPROVEMENTS

The Women's uses international best practise in reducing the risk of pressure injuries, falls and faints, and experiences extremely low rates of these events at the hospital. Any incident is taken very seriously and is investigated and reported to the Board Quality Committee at monthly meetings.

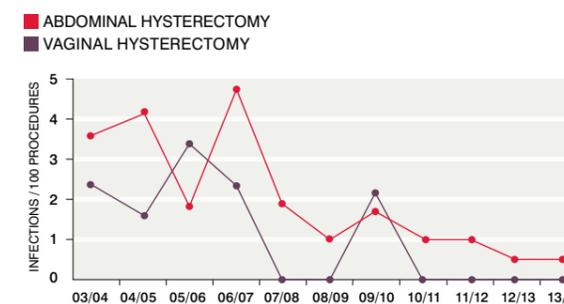
Infection Prevention and Control

Infection rates are reported and benchmarked with similar hospitals through the Victorian Healthcare Associated Infection Surveillance System (VICNISS) and the Department of Health Performance Monitoring. The Women's rates are consistently within or below the VICNISS average rate for Victorian hospitals.

Hysterectomy and Caesarean Section Wound Infections

Through monitoring and reporting surgical site wound infection following a caesarean section, or hysterectomy, we ensure that best practice guidelines for antibiotic prophylaxis, aseptic technique and wound care are followed. Monitoring of hysterectomy wounds commenced in 2004 and includes both abdominal and vaginal procedures.

Hysterectomy wound infection rate / 100 procedures



ACCREDITATION

The quality of care we provide is at the core of our services to the community. We achieved the required National Safety and Quality Care Standards for accreditation at a periodic review in March 2013.

We are currently preparing for the Organisation Wide Survey in March 2015. This will involve assessment against all of the 10 National Safety and Quality Health service Standards, as well as five Equip National Standards.

Any hospitalisation and associated procedures carries a risk of infection. The Women's ensures that these risks are managed with strategies to protect our vulnerable patients. By monitoring infections, interventions can be implemented to improve practice.

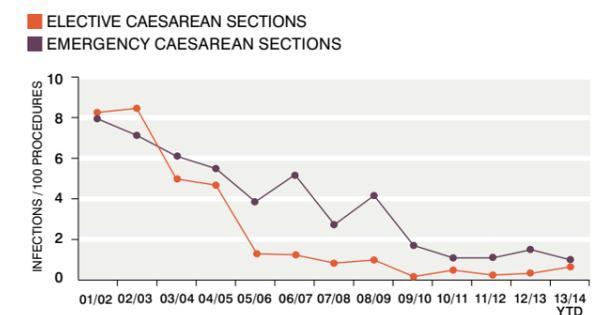
Infection Prevention practices, including hand-hygiene and aseptic technique, are audited to demonstrate compliance and guide education and evaluation.

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

Caesarean section wound infections have been monitored since 2001 and are reported to VICNISS and included in the hospital's performance monitoring. From April 2014, the surveillance has included caesarean sections at the Women's (Sandringham).

Interventions to further reduce the rate included the timing of antibiotics given during surgery and the length of time the dressing is left on post-surgery.

Caesarean wound infection rate / 100 procedures



Bloodstream Infections

Any medical device that enters a sterile part of the body has the potential to introduce an infection. Consequently 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 lines/device 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.

2013/2014 YTD (Q1-3 data only currently available)		
Baby's weight at birth	Central line infections / 1000 central line days	Peripheral line infections / 1000 peripheral line days
< 750 grams	8.1	2.9
751-1000 grams	0	0
1001 – 1500 grams	0	3.1
1501 – 2500 grams	0	0
> 2500 grams	0	0

The number of infections are reported against the total number of line days for each month.

Hand Hygiene

To ensure staff perform appropriate Hand Hygiene, the Infection Prevention and Control service provides ongoing education, and staff undertake mandatory online competency training.

Compliance with 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% whilst the Department of Health's performance target is 70%. The Women's achieved a rate of 78% in the most recent audit. Our Hand Hygiene performance can be viewed at www.myhospitals.gov.au.

2013/2014 Audit Period	Compliance Rate
October 2013	73%
March 2014	82%
June 2014	78%

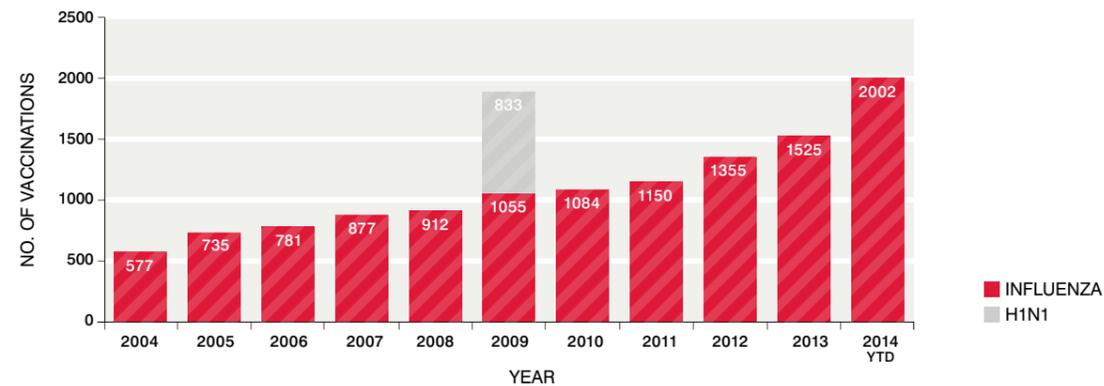
Vaccination

Our staff actively participate in the Victorian Department of Health annual influenza vaccination campaign to protect themselves and their vulnerable patients, including newborns. This year we exceeded the Department of Health target of 75%, demonstrating the commitment of our staff to protect their patients.

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.

Staff Influenza Vaccinations



SAFE USE OF BLOOD PRODUCTS

Audit of red blood cell transfusion appropriateness

The Women's conducts audits of aspects of transfusion practice on a regular basis. Recently we participated in an audit conducted by the Blood Matters program of the Department of Health. This audit found that 80% of red blood cell transfusions in adults occurred in the context of recent or ongoing bleeding. The audit also examined documentation of the reason for transfusion and evaluation following transfusion.

Red cell audit results

Item audited	Percentage
Presence of recent or ongoing bleeding	80% of transfusion episodes
Presence of iron deficiency	36% of patients
Documentation of decision to transfuse	67%
Documentation of evaluation of transfusion	97%

The audit identified that there was room for improvement in the documentation of clinical decision-making for transfusion.

The audit also identified a high rate of iron deficiency in patients undergoing transfusion. Further work is planned in the next 12 months to identify whether improvements in the management of iron deficiency may benefit patients and, in some cases, enable them to avoid blood transfusion.

Laboratory blood bank information system

A recent upgrade in the laboratory information system has improved the ability to trace the transfusion of processed blood components from the manufacturer to the patient.

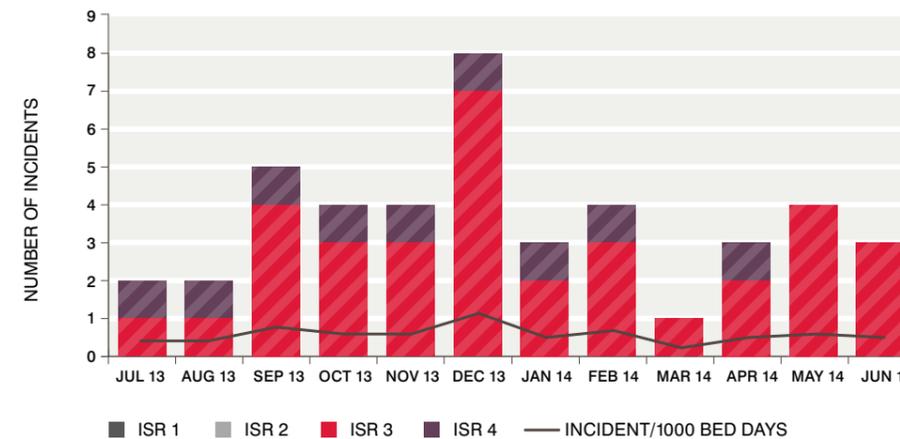
Decreased blood wastage

The Women's Blood Bank carefully manages the Blood Bank inventory to ensure there are sufficient blood stocks to meet both expected and emergency patient needs, whilst also reducing any wastage. The Blood Bank works closely with Melbourne Health and the Red Cross Blood Service and uses a variety of strategies to minimise wastage. The Women's has recorded a wastage rate for red cells of 1.6% over the last 12 months, which compares favourably with the target rate of 4.5%.

PREVENTING FALLS AND HARM FROM FALLS

At the Women's, all falls are reported through Victorian Health Incident Management System (VHIMS). All falls are investigated with the level of investigation dependent on the harm to the patient.

The Pressure Injury, Falls and Faints (PIFF) Committee oversees the trend/ pattern of incidents related to falls and changes practice where possible.



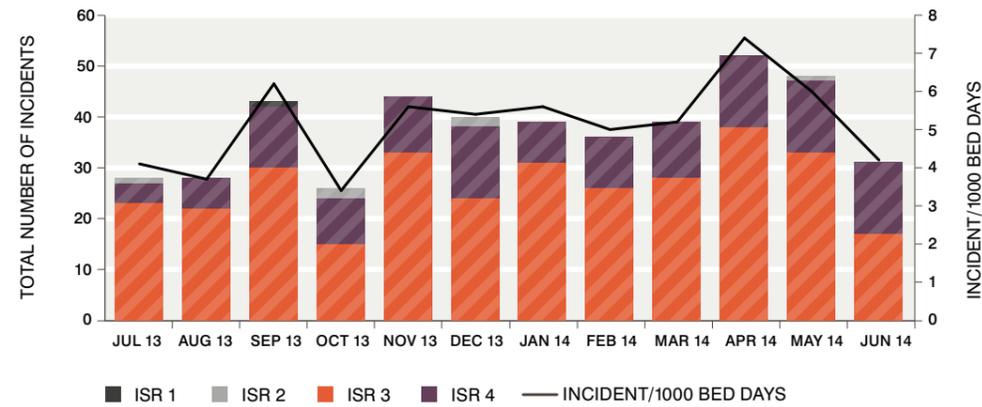
At the Women's, we have a very low rate of falls. Some of the reasons behind patient falls include:

1. Woman lightheaded after birth trying to get to bathroom.
2. Mother falling asleep while holding baby and baby falling.

MEDICATION SAFETY

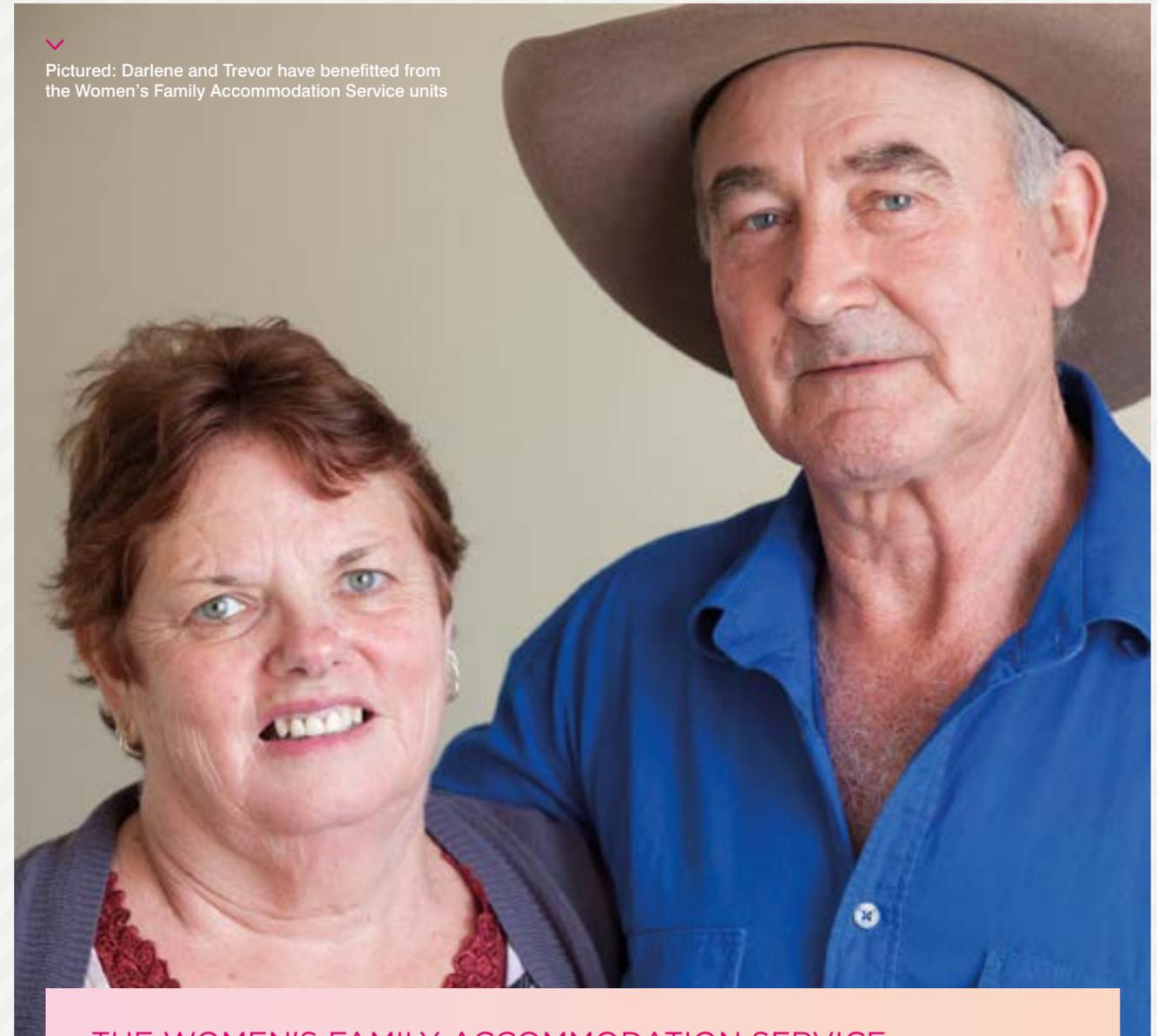
All incidents related to medications are reported and monitored through the Victorian Health Incident Management System (VHIMS). All incidents are investigated to explore the system

issues in order to improve the medication safety. Medication Safety Committee oversees the trend of medicine incidents and develops relevant recommendations.



Changes in practice are introduced to help reduce the rate of errors, eg. it was noted that some patients were discharged from the hospital without their medications, so a discharge prescription flow chart was developed and education was provided to reduce these incidents.

This change has resulted in a significant reduction in incidents reported relating to discharge medications and prescriptions not provided.



Pictured: Darlene and Trevor have benefitted from the Women's Family Accommodation Service units

THE WOMEN'S FAMILY ACCOMMODATION SERVICE

Meet Darlene and Trevor, who stayed at the Women's Family Accommodation Service units as Darlene underwent surgery and treatment for ovarian cancer.

The country couple have now headed home after staying in the Women's units for more than two months. Trevor had a tear in his eye when he spoke about the support he found by talking to other families in the units and how these friendships had helped him deal with what he and his wife have been going through.

Our units help many families just like Darlene and Trevor. Chief Executive Dr Sue Matthews said that part of what makes the Women's different is that we consider the whole patient's experience while in hospital and recognise their illness is just a part of an ongoing journey. "Staying away from home, particularly if you're from rural or regional Victoria, places a huge financial strain on families in a medical crisis," she said. "On-going debts and payments, such as the electricity bill or the mortgage, don't stop during a stay in hospital."

The Women's Family Accommodation consists of 16 self-contained apartments in Grattan St, Carlton. The units are desperately in need of renovation and refurbishment, and the Women's has started a community project that has already attracted the support of businesses including IKEA, Hafele Australia, Masters and Dulux Australia as well as some incredibly hard-working students from Chisholm Institute.

"The Women's Family Accommodation Units allows hundreds of patients to have loved ones staying nearby," said Sue. "We don't receive any government funding to maintain these apartments so we're incredibly grateful for the support we've received to refurbish them."

LISTENING TO OUR COMMUNITY...

The Women's welcomes positive feedback so we can share this information with our dedicated staff and let them know how much patients appreciate their work.

We also always want to know how we can improve.

You can tune in to the highlights we promote to our community by following the Women's Facebook page:

 <https://www.facebook.com/theroyalwomenshospital>

You can also read our news stories on the Women's website – www.thewomens.org.au



The Royal Women's Hospital

One year on from her stay in the Women's NISC, baby Matilda still recognises staff member Katie's voice. Katie is a Patient Services Assistant at the Women's who used to sing songs to Matilda when Matilda spent her first months in our NISC. Returning to the hospital recently it was clear Matilda still recognised Katie's voice. (210 likes)



Comments

Meaghan Montgomery Katie is truly remarkable. We fondly remember her singing sweet music to our twins whilst also in nicu..it's those little sentiments that can make all the difference (2 likes)

Betty Maravelias WOW that's wonderful. God Bless Matilda & Katie xoxox (3 likes)

Carol Borrett What a wonderful woman you are Katie. (2 likes)

Jacki Fenwick Just can't wipe the smile off my face. Beautiful. (2 likes)

Fiona Nika I remember Kate singing to my daughter when she was in NICU - beautiful lady xo (9 likes)

Sue Charlton Our daughter spent almost 4 months in The Women's and we remember Katie's singing, it was a nice relief from the stress of having a 24 week premature baby. Another great team member at The Royal Women's Hospital (3 likes)



FEEDBACK AND DISTRIBUTION OF THE QUALITY OF CARE REPORT

Feedback from previous year's reports has been extremely positive and we are most grateful to those who have shared their stories with us this year. We continue to take the approach – based on your feedback – of having staff, consumers and carers tell the Women's story in their own ways.

Our special thanks, as always, to the Community Advisory Committee for their guidance and advice on this report's content: Christina Liosis (Chair), Dr Cathy Hutton, Ms Heather Beanland, Ms Charlene Edwards, Ms Marija Groen, Ms Rebecca Harris, Ms Deepa Kandathil Mathews, Ms Dua Maleken, 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

Pictured: Shella Martin with her eight day old daughter, Farrah Ruby

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the women's
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