



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



**THE
WOMEN'S
QUALITY
OF CARE
REPORT 2011**

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 *

The Women's

At the Women's, we focus on the health
of women of all ages.

Women come to us for:

Breastfeeding support

Breast cancer

Chronic pelvic pain

Childbirth education

Complex & high-risk pregnancies

Diabetes in pregnancy

Drug & alcohol dependencies

in pregnancy

Endometriosis

Fertility & infertility

Fibroids

Gynaecological cancers

Heavy menstrual bleeding

Incontinence

Menopause

Mental health

Newborn intensive & special care

Recurring miscarriages

Sexual assault support

Sexually transmitted diseases

Social support

Unplanned pregnancies

CEO & Chair's Message

It is with great pleasure that we present to you the Royal Women's Hospital's 2010/11 Quality of Care Report.

The Women's began 155 years ago as a place where under-privileged women could give birth and receive proper medical attention. Today, our work has vastly expanded. As Australia's largest independent tertiary hospital for women and newborns, we are here for women of all ages, all backgrounds and all walks of life.

We care for more than 100,000 women and 6,500 newborns, and provide more than 200,000 occasions of care.

Women come to us for treatment and care for cancer, gynaecological problems, infertility, mental health issues, sexual and reproductive health problems, and after they have experienced sexual assault or violence. They also come to us for maternity services that include childbirth education, antenatal care,

recurrent miscarriage, breastfeeding support and education, and the management of chronic diseases, such as diabetes during pregnancy.

This Quality of Care Report describes some of the services we provide and outlines how our consumers and community are helping us to modify and improve these services.

We know from research and our practice, that many women face significant barriers in accessing health care and support. In response, and with consumer and community participation, we have modified services and developed specific programs to improve outcomes for women who are marginalised and vulnerable: Aboriginal and Torres Strait Islander women, women with disabilities, women with drug and alcohol issues, women with violent partners, young women, and women with serious mental illness.

This Report also gives information on some of the research and

innovation we are undertaking to improve women's health and wellbeing. The Women's has six research centres working to develop better diagnostics and treatments, more effective models of care, and a greater understanding of the illnesses impacting on the health of women and newborns.

The feedback we received from last year's Quality of Care Report is that you wanted more information on what we do and that you enjoyed reading about some of our staff. In this Report, you will meet some more of the 2,300 staff at the Women's and some of our patients, too. Our staff are passionate about patient care and remain the hospital's greatest asset.

The Women's is committed to listening to women, developing as the community evolves and adapting as women's needs change. We welcome your feedback to this Quality of Care Report and trust you will enjoy reading about your Women's hospital. ✱



Dale Fisher

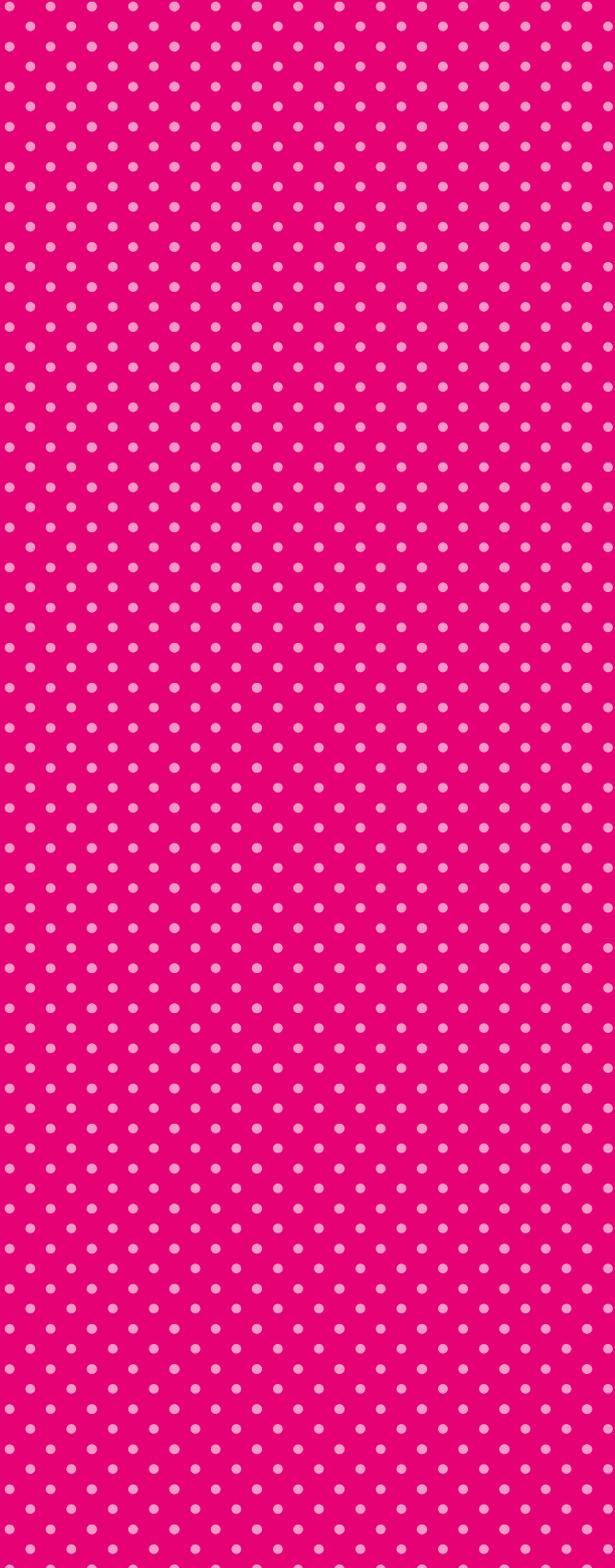
Dale Fisher,
Chief Executive



Rhonda Galbally

Dr Rhonda Galbally,
Chair

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 Georgia Ingram with baby Ivy

Maternity

••• **The Women's is the largest maternity hospital providing tertiary care (complex care) in Victoria.**

The hospital provides specialist treatment for babies in the womb, infectious diseases, twin and triplet pregnancies, premature labour and births, recurrent miscarriages, alcohol and drug dependencies, breastfeeding problems, anxiety and depression, and diabetes during pregnancy.

More natural births for first time mums

There is only one first birth experience, which is why the Women's is focused on improving that experience for women giving birth for the first time.

A growing percentage of first time mothers are giving birth at the Women's, up from 45% of all births in 2000 to 54.5% in 2010.

Project Primip, launched at the Women's in September 2010, aims to increase the vaginal birth rate and reduce the rate of caesarean section, which has been steadily climbing in western countries. The caesarean section rate for first time mothers at the Women's climbed from 24% in 2000 to 32% in 2010 — and is now dropping for the first time in a decade.

Under *Project Primip*, staff are encouraged to be explicit with the time and diagnosis of labour, document two-hourly management plans, and provide supportive one-to-one care of women in established labour. The Victorian



Maternal and Neonatal Clinical Network's new guidelines for induction and augmentation of labour have been adopted, and a new usage regimen for oxytocin — a hormone that triggers and regulates contractions during labour and birth — is contributing to better outcomes for mothers and babies.

The first seven months of data from the project shows the number of caesareans for women at 37-plus

••• *Nyabana Dhol and Tito Pal with their first baby, Nyawesch*

weeks of gestation in spontaneous labour has fallen from 18.6% to 16.3%; while for women induced at 37-plus weeks of gestation, the rate has fallen from 46.1% to 40.1%.

While the outcomes are very positive, the project is a work in progress and will require ongoing monitoring, education and communication.



Chair of Midwifery Della Forster with Trudie Tulen & baby Dixie

Midwifery champion

Professor Della Forster, an internationally recognised researcher in maternity care, has been appointed the inaugural Chair of Midwifery at the Women's to oversee midwifery research.

Della undertook her midwifery training at the Women's in 1989. She has spent the last 20 years as a midwife consultant in the Victorian public health sector and is a senior research fellow at the Centre for Mother and Child Health Research.

Her program of research encompasses: improving maternity care provision, increasing breastfeeding and building research capacity, particularly among midwives.

Diabetes and Antenatal Milk Expressing (DAME), led by Della Forster, was the only midwifery research project to be funded by the National Health and Medical Research Council in 2010.

The project plans to recruit and monitor 600 diabetic women over two years to see what effect expressing milk has on them and their infants. Current practice is to encourage pregnant women with diabetes to express milk before their baby is born. However, there are growing anecdotal accounts that this might cause premature birth. The study will establish evidence to prove whether expressing milk is safe — or not — for women with diabetes and their babies. ✱

Pauline Gandel Imaging Centre

The Women's is the only public hospital in Australia to have Magnetic Resonance Guided Focused Ultrasound (MRgFUS) technology, a revolutionary scalpel-free treatment for uterine fibroids.

The MRgFUS technology uses ultrasound waves to heat and destroy the fibroid, without causing damage to the surrounding tissue. This means women can have a same day procedure and avoid the usual invasive hysterectomy or myomectomy surgery and six week recovery period.

Since the MRgFUS facility opened in June 2009, more than 120 women have been treated using this unique technology.

The treatment was made possible through the generous philanthropic support of \$1 million from the Gandel Charitable Trust and funding from the Department of Human Services New Technologies Program. ✿

■ ■ ■ *Amy Cordle underwent MRgFUS treatment for a large uterine fibroid that was preventing her from having a child. Within a year of the treatment Amy, and her partner Calvin, were pregnant with baby Neroli.*





Newborn Intensive & Special Care

Each year, nearly 1,500 unwell and premature babies are cared for at the Women's Newborn Intensive and Special Care (NISC) Unit, one of the largest neonatal units in Australia.

The family-centred approach

One of the most important things to families with a baby in intensive care is information and reassurance about what is happening to their child.

The Women's was highly commended in the 2010 Victorian Public Healthcare Awards for its model of care, which actively engages and empowers families in the care of newborns.

At the request of parents, the information folder, *Welcome to Newborn Intensive and Special Care*, includes medical and developmental care details and explains the equipment surrounding their baby, the different roles of staff involved in caring for their baby and how parents can be active in care planning.

Now the Women's is taking further steps to develop its family centred model of care by reducing the time that babies are separated from their families in hospital.

Hospital in the Home

A new initiative to increase the NISC Hospital in the Home (HITH) service is giving families the choice to take their baby home earlier.

A home tube-feeding pilot program has been introduced and so far 11 babies from NISC have been enrolled in this program.

An expansion of the NISC HITH criteria now also includes eligible babies from the maternity wards and referrals have increased five fold per month, keeping postnatal mothers and babies together.

The importance of breast milk

Breastfeeding can be challenging for any mother, but mothers of premature or sick babies often face additional barriers due to the health of their baby.

With research demonstrating the importance of breast milk in protecting the newborn, the Women's has made breastfeeding support for vulnerable babies in intensive and special care a priority.

Mothers of babies in NISC helped develop the Enhancing Breastfeeding Support project, which was funded by the Women's Foundation. Their feedback stressed the importance of proactive and consistent support. As a result, lactation consultants now attend regular multidisciplinary team meetings, where mothers are identified for lactation consultant support. Expert advice is given to the team, by the lactation consultant, on how to promote lactation for all women and babies. There has also been an increased emphasis on training and supporting staff to assist parents with the 'first cuddle', when their baby is attached to medical equipment and tubes.

Currently 80.1 percent of babies in the NISC are initially fed breast milk, a clear five percent over the desired benchmark range.



Top-bottom: tube-feeding baby Billie, the Darroch family, Iva Tsihrintzis and baby Billie with lactation consultant Michelle Ngan



■ ■ ■ Maggie on a CPAP device to support breathing



■ ■ ■ Lead author of the hypothermia clinical trial, Dr Susan Jacobs

Cool research to save babies

An international clinical trial of 221 babies led by Dr Susan Jacobs, Director of the Women's NISC Nurseries, has validated a unique and simple way to reduce the risk of brain damage during newborn transport from a suburban or country hospital to a tertiary (complex) care centre like the Women's.

About one in 1,000 babies are critically ill from lack of oxygen to their brain around the time of birth. The clinical trial found that cooling the baby's body temperature with refrigerated gel packs could prevent as many as one in seven babies from dying or surviving with a major disability because of a lack of oxygen to the brain.

➔ To read more about the Newborn Research conducted at the Women's turn to page 23.

Airway management

Many premature babies, particularly those born under 30 weeks old, require ventilator support. Due to their small size, and delicate skin and airways, premature babies have a particular risk of trauma associated with breathing support. This includes pressure to the nose or the accidental removal of the breathing tubes (unplanned extubations).

Since the introduction and monitoring of key performance indicators, working groups and a trauma chart, staff are now trained in and aware of strategies to further minimise these risks.

The rates of unplanned extubations have decreased, while the nasal pressure rates remain very low. *

Emergency 24/7

There are more than 25,000 emergency attendances at the Women's every year.

The Women's Emergency Care looks after newborns, and women with acute pregnancy and gynaecology problems. It also includes a Crisis Care Unit that cares for women who have been sexually assaulted, in conjunction with Victoria Police and the Sexual Assault Crisis Line.

Getting the BEST emergency service

The National Health Reform has set a target for all emergency hospitals to treat 95% of emergency patients within four hours by 2015.

The Women's has taken up the challenge by creating BEST, the Better Emergency Service Times project (funded by the Department of Health).

Since the project began in February 2011, a number of initiatives have resulted in quality and operational improvements. For example, a review of escalation processes in relation to babies with jaundice has seen a reduction in the number of repeat newborn attendances. Another initiative has ensured there are more specialised staff, senior doctors and registrars available at peak times.

The main focus of the project is to now review the admission and discharge process to ensure that waiting times are reduced and the experience for patients and carers is improved. *

From L to R: Project Facilitator Carolyn Looney, Clinical Director Carolyn Bell and Project Team Leader Janet Joss



Mental Health



Director of the Centre for Women's Mental Health, Professor Fiona Judd

As the first gender-based mental health centre in Australia, the Centre for Women's Mental Health offers specialist care to more than 800 women every year.

Mental illness affects one in five Australians and is the leading cause of disability in Australia.

The Centre for Women's Mental Health is playing an important role in demystifying, preventing and treating mental illness.

An early intervention approach

The Centre for Women's Mental Health has an early intervention and prevention approach that is helping women and their families cope with all kinds of emotional and physical pressures in their lives.

The Centre consists of psychiatrists, clinical psychologists, infant mental health clinicians and a psychiatric consultation liaison nurse who care for inpatients and outpatients and also provide extensive training for health professionals.

All women newly diagnosed with breast and gynaecological cancer are screened for psychological distress and offered psychological support through the Centre. Mental health clinicians also work in the multidisciplinary Menopause and Gynaecology Clinics.

The Centre has established a research program that focuses specifically on women's mental health at all stages of life.

→ To read more about Mental Health Research turn to page 28.

Helping mothers vulnerable to mental health problems

Pregnancy is one of the most vulnerable times for women to develop mental health problems or experience a relapse of a past psychiatric disorder. This can have a devastating effect on a woman's wellbeing, her self-esteem as a mother, her ability to care and interact with her baby, and her relationships with her partner and other significant people in her life.

The Perinatal Multidisciplinary Mental Health Clinic was established to intervene early to help women most at risk of mental illness, due to current or past mental health difficulties. These women often have several barriers to accessing mental health care in the community and require post-natal follow up with their baby. In keeping with the National Perinatal Depression Initiative, the Clinic aims to benefit women who are at risk of, or who are experiencing, mental health difficulties during their pregnancy or one year following childbirth.

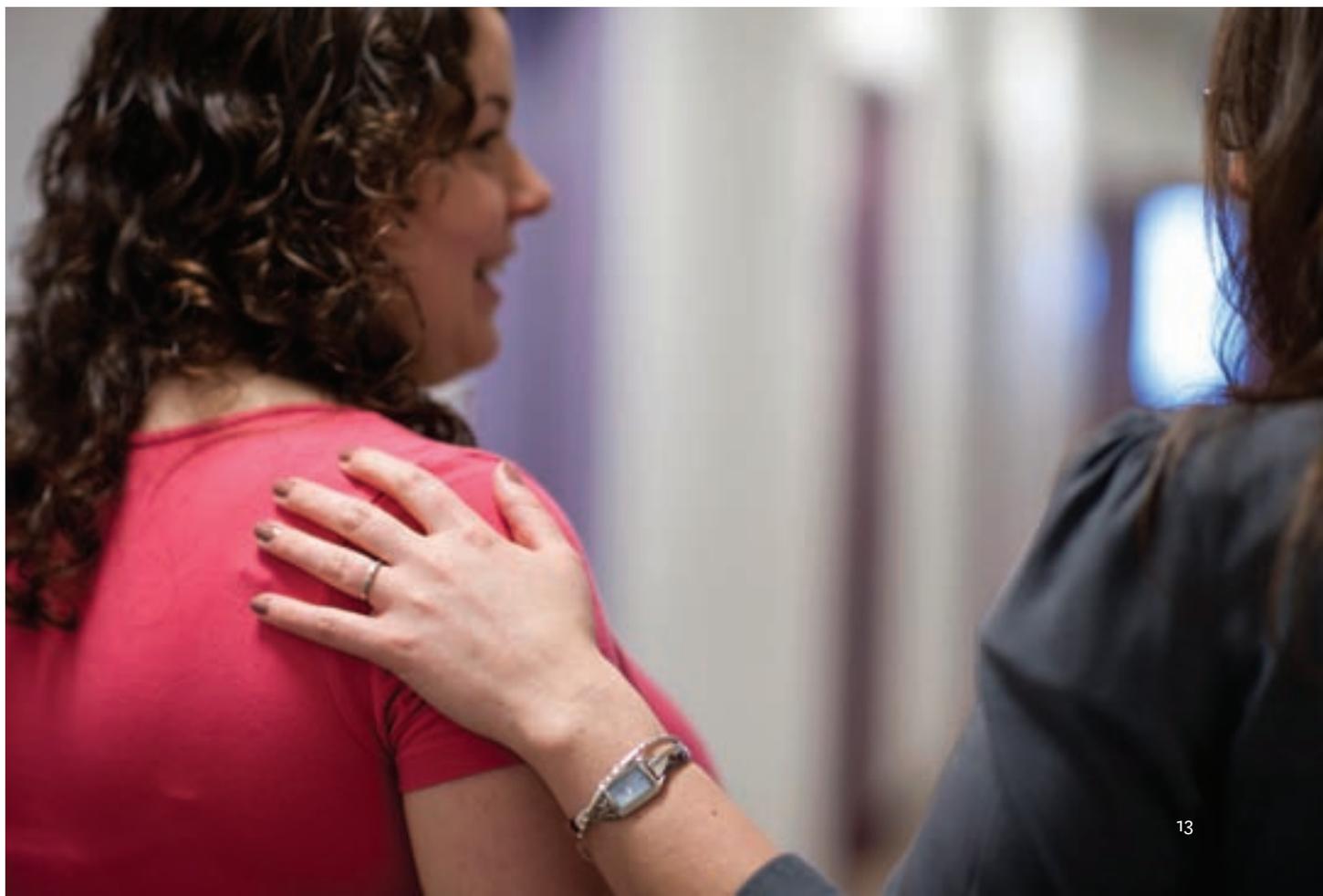
In the past year, the clinic helped 65 women with individual psychology sessions, a group-based educational program, and focused mother-infant attachment intervention.

The response from the women in the program has been overwhelmingly positive.

Protecting mothers from anxiety and depression

Depression is a very serious health issue that affects 13% of women who give birth in Australia every year. The Women's is helping women prepare for the upheaval that accompanies the birth of a baby. In 2011 the Perinatal Multidisciplinary Mental Health Clinic established a psycho-education antenatal group program that specifically focuses on improving a women's understanding of her emotional wellbeing during pregnancy and after birth, and fostering self-care strategies and a strong bond with her baby.

The program was developed following consultation with past consumers of the Centre and continues to be revised through evaluation of participation feedback. ✱





 *Director of the Combined Breast Service, Professor Bruce Mann*

Cancer Services

The Women's specialises in cancers that affect women: breast cancer and gynaecological (ovarian, cervical and endometrial) cancers.

More than 10,000 cancer treatments are provided every year to women who have or are suspected of having cancer. The Women's also conducts cancer research and research on the health issues facing cancer survivors, including early menopause and fertility.

Tackling cancer is a difficult journey that requires multidisciplinary care. That's why the Cancer Service works closely with the Centre for Women's Mental Health and social support services, to give patients the clinical expertise and personal support to help them on their journey.

Breast reconstruction

The Combined Breast Service of the Royal Women's and Royal Melbourne hospitals was established in 2007 to bring together the strengths and resources of two of Victoria's most respected hospitals for the benefit of women with breast cancer.

One in four women with breast cancer requires a mastectomy (removal of the breast) to remove the tumour. For many women, losing one or both breasts causes both physical and psychological scars.

The Service can now combine mastectomy and reconstruction procedures into one surgery, which helps women recover more quickly.

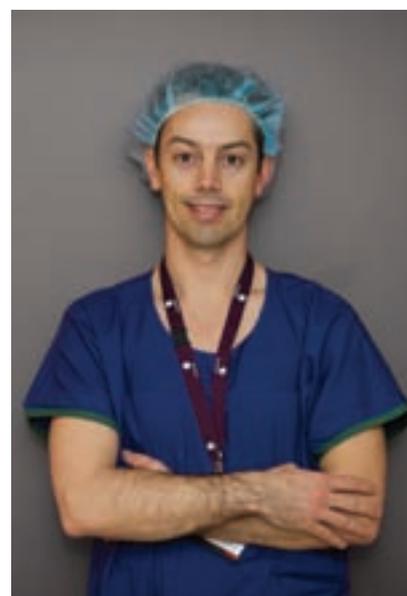


Professor Bruce Mann, the Director of the Combined Breast Service, said surgery to reconstruct the breast so it appears as realistic as possible is vitally important for the long-term mental and emotional health of women.

Professor Bruce Mann in theatre

The expertise of a dedicated specialist plastic surgeon is now giving patients at the Combined Breast Service the full range of reconstructive options with the appointment of Dr Dean Trotter in January 2011.

Dedicated consulting sessions and operating lists every second week, and the reorganisation of the operating theatre allocation has nearly doubled the number of women receiving specialist breast reconstruction services.



Dr Dean Trotter, plastic surgeon

→ To read more about Cancer research at the Women's turn to page 25.

→ To read more about fertility preservation turn to page 17.



Director Oncology/Dysplasia, Miss Orla McNally with a laparoscopic gamma probe

Innovation in endometrial cancer

Endometrial cancer, which occurs in the lining of the uterus or womb, is the most common of all the gynaecological cancers. It accounts for 6% of all cancers in women, with about 1700 new cases and 230 deaths from the disease occurring every year in Australia. Endometrial cancer is growing in prevalence because women are living longer and becoming more obese, which is a known risk factor for this disease.

When endometrial cancer is caught before it has spread, the survival rate is very good. In fact 75% of women will pass the five year survival mark after treatment. However, women who are diagnosed with endometrial cancer must undergo major abdominal surgery to detect if the cancer has spread. Patients have a high risk of serious complication, including major blood loss, and afterwards may suffer from

lymphoedema, a debilitating life-long condition. Recovery can be slow and painful, particularly for older women.

Recently, with the support of generous donors, the Women's Foundation was able to purchase a laparoscopic gamma probe to detect endometrial cancer spread. Instead of major surgery, the laparoscopic procedure involves just four small incisions. There is very little risk of complication and the recovery is weeks rather than months. The Women's is one of the first hospitals in Australia to use the procedure to test for endometrial cancer spread.

Cancer and sexuality

Cancer can change a woman's self-confidence and sexual desire, affecting her relationships with others at a time when many need confidence, comfort and support.

In 2010, the Women's introduced a multidimensional strategy to incorporate sexuality as a core dimension of cancer care.

Staff are being educated about the repercussions of cancer and its effect on sexuality so that they feel confident to impart this to their patients. Approximately 80% of staff have attended a communication workshop that allows them to practice communication within a safe environment. A suite of information has also been designed for staff, which covers topics such as sexual aids, sexuality after a cancer diagnosis, sexuality at end of life, and sexuality services provided by the Women's.

Patients are also receiving a sexuality fact sheet, developed with consumer input, to reinforce the importance of sexuality in their cancer care. ✱

Fertility Services



••• **The Women's has long been a pioneer in fertility services and reproductive rights.**

Australia's first *in vitro* fertilisation (IVF) baby was born at the Women's on 23 June 1980, and the Women's was the first to publish the IVF method so that other hospitals around the world could help their patients become mothers.

Today, the Women's continues to be at the forefront of research, treatment and care for women experiencing infertility. The Women's comprehensive services include: counselling for women with impaired fertility, investigation of fertility, treatment to resolve conditions affecting fertility, assistance for couples to achieve pregnancy through IVF, and the protection of fertility prior to cancer or other treatments that might damage fertility.

••• **Protecting fertility for female cancer patients**

The Women's, in conjunction with Melbourne IVF, is leading a national clinical trial to develop a new way to protect the fertility of young women undergoing chemotherapy for Non-Hodgkins Lymphoma (NHL).

Chemotherapy used to treat this form of cancer attacks rapidly dividing cells, including the follicles (egg producing cells) in the ovaries.

The trial is focussed on a new drug that might make the ovaries more resistant to the toxic effects of chemotherapy.

The researchers will assess ovarian function in the trial participants at six months and three years after treatment. The study will follow the women for up to five years, looking at a range of health impacts, including pregnancy outcomes and quality of life. ✨

••• *Head of Endocrine & Metabolic Services, Dr Kate Stern*



■ ■ ■ Lou Waller, 37 weeks pregnant

Women's Health



▣ Social worker, Amanda Styles, with a patient

▣ **At the Women's, we consider the social, physical, emotional, financial and cultural wellbeing of our patients.**

Our social model of care is an integral part of sending women and their babies out into the world in a better state of health and wellbeing than when they arrived. The Women's Social Support Service manages more than 4,500 occasions of care every year and provides information, counselling, support and advocacy for women in response to their individual health and social needs.

Quality not quantity

To continually improve our services, Women's Health Services have introduced new monthly quality indicators that are driving improvements including shorter waiting times and better access.

In the past, Allied Health and Support Services had reported on the number of services they provided, not the quality of services.

Monthly reports now include:

- ▣ response time to referrals
- ▣ wait time for appointments
- ▣ the percentage of women from marginalised or disadvantaged groups accessing services
- ▣ successful dispatch of discharge summaries to GPs
- ▣ the percentage of discharge prescriptions dispensed in under 60 minutes.

Comparing performances every month has helped managers develop strategies to improve services. For example, the number

of marginalised women using the Well Women's Services has increased from 5.9% in January to 9.2% in May.

Physiotherapy for health and wellbeing

The physiotherapy team works alongside gynaecologists, urogynaecologists, continence nurses, dieticians, sexual counsellors, clinical psychologists, and pain specialists to help women improve their pelvic floor, continence and sexual health, through non-invasive therapies.

Physiotherapists run antenatal and postnatal fitness and Pilates classes for women having babies at the Women's. Physiotherapy work within the maternity teams is focused on prevention and treatment of pelvic girdle and back pain in the antenatal clinics. On the postnatal wards, physiotherapists lead postnatal exercise and education classes.



Left: Women's Consumer Health Manager, Maureen Johnson
 Right: Centre for Women's Mental Health Director, Professor Fiona Judd (L) with Pharmacy Director, Dr Swee Wong

Online guide for decision-making

Women with unplanned pregnancies have long received expert care and support from the Women's Pregnancy Advisory Service.

In 2010, the support was expanded with the launch of a new online decision-making guide at: www.thewomens.org.au/unplannedpregnancy

The guide provides clear, objective, contemporary and relevant information and is helping women make informed decisions about an unplanned pregnancy. The guide was developed with help from consumers and early feedback from users has been extremely positive.

A state-wide role for our Pharmacy

The Women's Pharmacy has a state-wide role in sharing its expertise on the safety of medicines for pregnant and breastfeeding women. Last year, the Pharmacy fielded almost 4,000 enquiries from healthcare professionals and the public, with many enquiries coming through the 'Ask a Pharmacist' service on the hospital's website.

As part of the National Perinatal Depression Initiative to improve

detection and treatment for expectant and new mothers experiencing depression, the Women's was awarded a grant from the Department of Health to develop a specialist medicine information service, the Perinatal Psychotropic Medicines Information Service (PPMIS).

Created through a collaboration between the Women's Pharmacy and the Centre for Women's Mental Health, the PPMIS website (www.ppmis.org.au) is improving the prescribing knowledge and practices of community healthcare providers, and linking women to mental health support. The website contains medicine profiles, summaries of individual psychotropic medicines, information on pregnancy and breastfeeding, and fact sheets for consumers.

In the first six months of operation, the PPMIS website had nearly 1,600 visits, and the PPMIS pharmacists answered 93 calls from healthcare professionals.

Health literacy hero

Maureen Johnson, Manager of the Women's Consumer Health Information Unit, was a recipient of

a Victorian Quality Council Travelling Fellowship in 2010. Her fellowship enabled travel to several sites where health literacy is well advanced: USA, Canada, UK, Netherlands and Finland.

Health literacy describes the capacity for people to access, understand, evaluate, use and communicate health information. Poor health literacy levels have been associated with reduced health outcomes. Current trends in the population challenge the health system to find practical ways to enhance health literacy.

"Health literacy is about more than just plain language, it's about understanding how people access information, what works for them and how we can produce information that is useful, meaningful, understandable and therefore sustainable", Maureen said.

Dr Hong Tran, a Senior Registrar at the Women's also received a Victorian Quality Council Travelling Fellowship. Hong studied how other centres around the world are providing care for heavy menstrual bleeding. ❁

Gynaecology



Chronic Pelvic Pain Clinic L-R: Pain Specialist Angela Chia, Physiotherapist Marg Sherburn, Psychologist Christina Bryant

Every year more than 23,000 women are cared for by the Women's Gynaecology Service.

The service helps women of all ages with problems such as heavy menstrual bleeding, endometriosis, severe menopause symptoms, pelvic pain, uterine fibroids and prolapse. Some of these issues cause infertility and/or miscarriage, others can severely alter a woman's quality of life.

→ To read more about the Women's innovative treatment of uterine fibroids turn to page 7.

Help with chronic pelvic pain

Victoria's first Chronic Pelvic Pain Clinic has been set up to help women manage pain that can be debilitating, disruptive to work and life, and can lead to depression.

Most of the women referred to the chronic pain clinic are under 40, and

have been through traditional medical treatments, pain relief medication and even surgery without finding relief.

In a multidisciplinary approach, a typical 2.5 hour appointment at the clinic involves a patient seeing:

- a clinical pain specialist, to develop a plan to assist in day to day management of their pain symptoms
- a psychologist to develop mental health strategies
- a physiotherapist to develop a program to strengthen core muscles to assist in pain reduction
- a social worker who helps manage the lifestyle implications that come with daily chronic pain.

In just 18 months, the clinic has helped more than 100 women manage their pain more effectively.

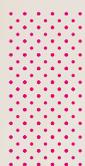
Choices Clinic — a screening centre for infection

The Choices Clinic at the Women's has recently introduced a unique system of screening all patients for mycoplasma genitalium (Mg), a common sexually transmitted infection.

Dr Alex Marceglia of the Choices Clinic said that Mg often doesn't produce symptoms. "Since we began screening all patients, our results have shown that if you only screen the women with symptoms, you will miss most of the women with infection", Alex said.

The Women's unique molecular microbiology laboratory is the only place in Victoria where testing for Mg can take place. Other clinics and hospitals from around Victoria send their samples to the Women's for testing. ✨

The Women's Research Centres



The Women's six key research centres directly contribute to the development of better treatments and more effective models of care, for women and newborns in the hospital and around the world.

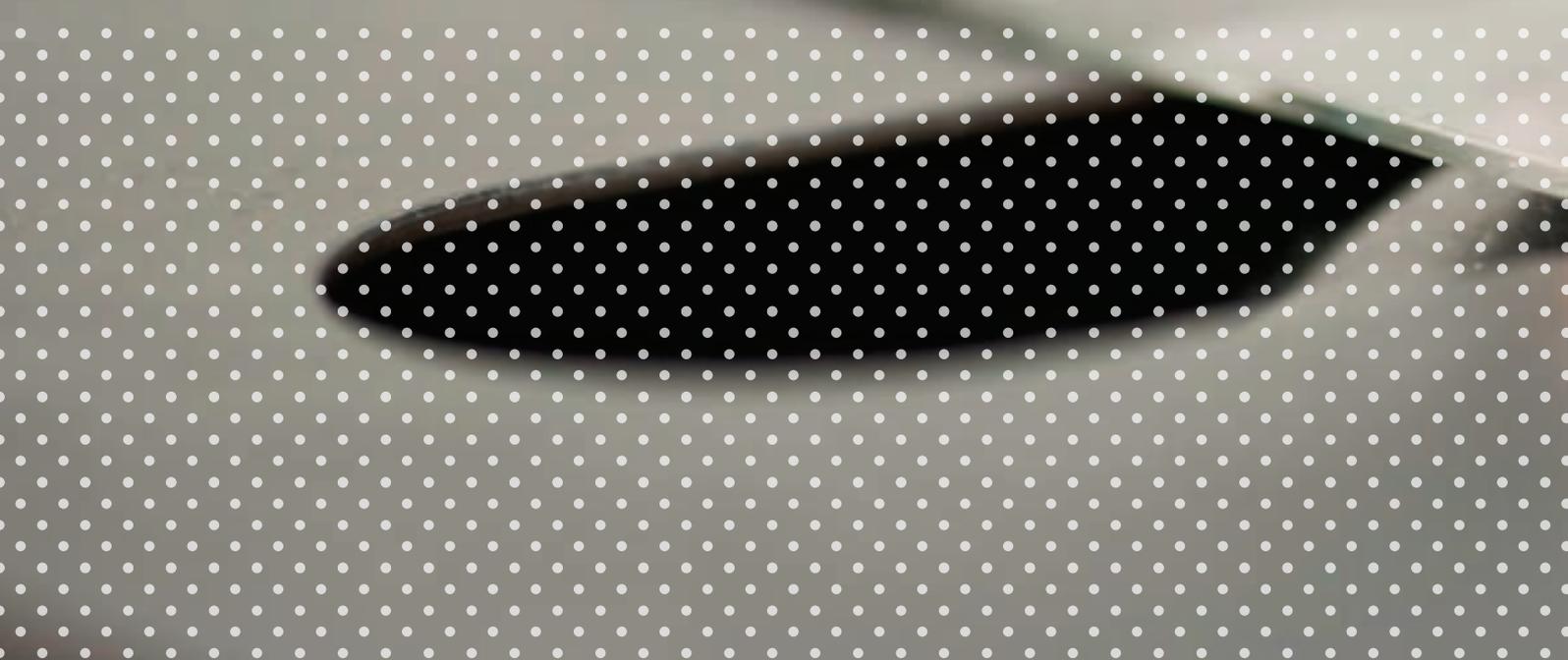
- * **Women's Newborn Research Centre**
- * **Women's Pregnancy Research Centre**
- * **Women's Cancer Research Centre**
- * **Centre for Women's Infectious Diseases**
- * **Women's Gynaecology Research Centre**
- * **Centre for Women's Mental Health**

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Women's Newborn Research Centre



 L-R: Dr Brett Manley and Newborn Research Director, Professor Peter Davis

 **The outlook for sick and very preterm babies has improved considerably over the past two decades.**

To continue to improve the outcomes for babies, the Women's has assembled a team of people with a variety of laboratory and clinical expertise.

The Women's Newborn Research Centre (WNRC), led by Professor Peter Davis, is a world leader in improving brain and lung outcomes for babies requiring intensive care. The WNRC is particularly interested in the changes that occur in the blood circulation and lungs around the time of birth. We are developing better methods of identifying which babies need help

and better ways of supporting them through this critical time. The hospital's smallest and sickest babies are followed as they grow and develop in order to identify areas where we could do better and to test the outcomes of new treatment strategies. *



RESEARCH HIGHLIGHT

Fish oil may lower the risk of a serious lung condition

Supplementing breast milk with high doses of fish oil could reduce the risk of premature babies developing bronchopulmonary dysplasia (BPD), a serious lung condition that mainly affects premature newborns.

Research conducted by Dr Brett Manley from the WNRC and

colleagues, has shown that supplementing food for preterm infants with high-dose docosahexaenoic acid (DHA), found in fish oils, is associated with lower risk for BPD, but not atopic conditions like asthma, in the smallest infants and in male infants in particular.

Further research by the WNRC and the "DHA for the improvement in neurodevelopmental outcome in preterm infants" (DINO) Steering Committee, is needed to determine the optimal dose of DHA, but the trial results add weight to the argument for high-dose DHA supplementation for preterm infants.

Women's Pregnancy Research Centre



Australia's first Department of Perinatal Medicine began delivering clinical services at the Women's in 1992.

The Women's Pregnancy Research Centre (WPRC) opened one year later with the aim of investigating the causes and treatments of pregnancy disorders. Its research focuses on pregnancy complications such as miscarriage, fetal anomalies, preterm labour, pre-eclampsia, fetal growth restriction and placental dysfunction; abnormalities of labour, and maternal and fetal health and welfare assessment during pregnancy and labour. The centre is led by Professor Shaun Brennecke. *

■ Sarah Dyball's pregnancy had been easy and uncomplicated, so it came as a surprise when she was diagnosed with pre-eclampsia just two weeks before delivery. "My GP found protein in my urine and suspected pre-eclampsia. I went to the Women's where they checked me out and admitted me straight away. I could not have had better care anywhere. I just felt so safe," Sarah said.



RESEARCH HIGHLIGHT

Raising awareness of pre-eclampsia

Pre-eclampsia occurs when a previously healthy pregnant woman develops high blood pressure and protein in her urine; signs that she and her baby are at risk of significant ill health. Although pre-eclampsia is one of the most common serious medical disorders of pregnancy there is a lack of published research on women's perceptions and experiences of the illness.

To help change that, Drs Natasha Frawley and Christine East from the WPRC teamed up with collaborators to conduct a trial to better understand women's reactions to a diagnosis of pre-eclampsia.

The trial highlighted the feeling of shock and loss of control over the pregnancy after the diagnosis of pre-eclampsia. The variable nature of the illness and vague symptoms meant

that many women had multiple visits to a doctor before the diagnosis was determined, adding frustration to the experience.

The results will be used to help educate women, their families and health professionals about pre-eclampsia.

Women's Cancer Research Centre

Real advances are being made in cancer research and the Women's is playing a vital role in understanding how ovarian and breast cancers arise and recur, and how they might be eliminated.

The Women's Cancer Research Centre is overseen by Professor Jock Findlay. Professor Michael Quinn, Miss Orla McNally and Dr Nuzhat Ahmed lead the gynaecological cancer research, while Professor Bruce Mann directs the breast cancer research.

The Victorian Comprehensive Cancer Centre

The \$1 billion Victorian Comprehensive Cancer Centre (ccc) being built across the road from the Women's aims to be one of the top 10 cancer centres in the world.



The Women's is a member of the joint venture, and is part of the consultation and planning for the clinical services to be offered by the Victorian ccc and how cancer research and education will be integrated into patient care.

According to Chief Executive Dale Fisher, part of the Women's charge

Ovarian cancer researcher, Dr Nuzhat Ahmed

is to make sure the Victorian ccc has a strong focus on women's cancers. "We are committed to having the expertise and experience our clinical leaders bring to the table, benefit women throughout the state." ✨



RESEARCH HIGHLIGHT

Chemotherapy resistance in ovarian cancer

Reducing the ovarian cancer death rate remains a challenge with approximately 900 Australian women succumbing to the disease each year. As ovarian cancer causes very few signs or symptoms it is not usually detected in the early stage when the cancer is confined to the ovary and can be removed by surgery.

The standard treatment for ovarian cancer is surgery followed by chemotherapy, which causes cancer remission in 75% of patients. Sadly though, this remission is often short-lived because some cancers are resistant to cisplatin and paclitaxel — drugs used during chemotherapy.

Groundbreaking research by Dr Nuzhat Ahmed and the wrcr team is identifying potential targets for new therapeutic strategies that will prevent ovarian cancer becoming resistant to chemotherapy.

According to Dr Ahmed, this type of experiment is only possible because of the close working relationship between the Women's research precinct and the clinical service. "We just cannot do this type of experiment anywhere but in a hospital-based research laboratory. We have to transport samples straight from the surgery to the laboratory for immediate

preparation for these particular types of analyses."

Dr Ahmed has great admiration for the patients who agree to donate their tumour samples for research. "These ladies have so much to consider already but most say that this is a small thing they can do to help future patients. As researchers, their agreement to be part of our study is a very generous decision and we are very grateful."

Centre for Women's Infectious Diseases



Centre for Women's Infectious Diseases Director, Dr Suzanne Garland

The Centre for Women's Infectious Diseases (cwID) is an internationally recognised centre of excellence.

The Centre is conducting laboratory and clinical research on the detection and treatment of infections in pregnancy and after birth, and in newborns as a result of mother-to-baby infections. The research also includes the prevention of cervical cancer

through vaccination, and women's sexual health.

Professor Garland in Australia's top 10

A project led by Professor Suzanne Garland, Director of the cwID, was named in 2010 as one of the top 10 projects in Australia funded by the National Health and Medical Research Council. Professor Garland's project, *Sexual healer: Making Australian women healthier*, involved a large-scale study of women in

remote, rural and urban Australia to determine the frequency of various strains of HPV (human papilloma virus). This research contributed directly to the decision to make the HPV vaccine available to all young women in Australia. It is believed that the vaccine, which is now given to young women in high schools, will greatly reduce the incidence of cervical cancer. *



RESEARCH HIGHLIGHT

Probiotics for prems

The cwID is examining ways to improve the health of newborns. The team is working with the Women's Newborn Research Centre on the novel approach of giving "good bacteria" (probiotics) to premature infants to reduce newborn infections. This randomized and controlled trial,

the gold standard of clinical trials, is being conducted at multiple centres and is the largest trial of its nature in the world. The trial should determine whether giving probiotics is a simple and cheap way to reduce illness and even death of premature babies.



Women's Gynaecology Research Centre

The Women's is demonstrating international academic leadership in gynaecology research with a new Centre under the guidance of Professors Martha Hickey and Peter Rogers.

The Women's Gynaecology Research Centre (WGRC) unites clinical and laboratory researchers with an interest in gynaecological conditions, including heavy menstrual bleeding, incontinence and prolapse of the bladder, vagina and uterus, and infertility.

Professor of Women's Health Research

In November 2010, Professor Peter Rogers was appointed as the new Professor of Women's Health Research, a position that was developed at the University of Melbourne in partnership with the Women's.

"This position is a fantastic opportunity for me to work in the largest specialist women's hospital in Victoria", Professor Rogers said.



"It shows a commitment for collaborative research between the Women's and the University of Melbourne into gynaecological conditions." ✿

▣▣▣▣ *Professors Martha Hickey and Peter Rogers*



RESEARCH HIGHLIGHT

Heavy menstrual bleeding

Heavy menstrual bleeding (HMB) affects one in three women of reproductive age, and is one of the main reasons why women are referred to the Women's. Each year, the hospital treats more than 1,000 women who suffer from HMB.

Now the problem affecting so many women will be the focus of a national

research study led by the WGRC. Martha Hickey, Professor of Obstetrics and Gynaecology at the Women's and the University of Melbourne, has received a major National Health and Medical Research Council grant to find out more about the condition.

"We will use the grant to fund clinical

studies to try to find out why women are troubled with HMB, a serious condition that causes anxiety, stress and, sometimes, social isolation for sufferers", Martha said.

The aim of the studies is to better understand the condition and develop new therapies.

Centre for Women's Mental Health

Professor Fiona Judd and her team at the Centre for Women's Mental Health (CWMH) are researching the prevalence, burden and prevention of mental health problems.

"We know that anxiety and depression occur more commonly in women than in men. We also know that these problems are more common in women during pregnancy and after the birth of a baby," Professor Judd said. "Having the Centre for Women's Mental Health integrated in the hospital, means that we can promote mental health issues and wellbeing to all our patients and work to prevent problems later down the track."

The CWMH's research covers mental health issues that span a woman's life-cycle, including those associated with pregnancy and birth, menopause, and healthy ageing. The CWMH also investigates the mental health issues associated with a cancer diagnosis and treatment. ❁



Adolescent Mothers Project lead researcher, Dr Susan Nicholson



RESEARCH HIGHLIGHT

Adolescent Mothers Project

Pre and postnatal depression are key areas of research, but the CWMH is also working on the effects of these problems on the newborn child and, in particular, ways of preventing the development of attachment disorders. Some women, including many adolescent mothers, have difficulty forming a significant bond with their baby.

Dr Susan Nicholson is conducting research at the Women's to examine whether it is possible to measurably

improve the relationship between young mothers and their babies.

Participants are shown a video prior to birth and then visited after birth, to show the capacity and inclination of newborns to seek connection with their parents.

The Adolescent Mothers' Project, *Let's Meet Your Baby as a Person*, aims to give expectant young mothers a sense of their baby as a person, to enhance their enjoyment of new

parenthood and increase their self-esteem as a new parent.

In recognition of the importance of mother-baby bonding, the Women's also employs Associate Professor Frances Salo, a consultant infant mental health clinician, to empower mothers to bond with their babies. Frances' unique role marks her as the first point of call for new mothers who need assistance or support in bonding with their newborn.

The Women's Health Information Centre

The Women's is a 'go-to' source for women's health information in Victoria.

A free health information service

The Women's Health information Centre (WHIC) is a free, confidential information centre run by nurses and midwives. Each week, the staff onsite answer hundreds of questions from women of all ages around the state. Some women choose to call, others choose to email or drop-in.

Located in the foyer of the Women's, it offers a library with specialist books, DVDs and internet access as well as a safe and trusted place for women to come to for advice, support and health information.

The Health Information Centre also offers free services including pap smears, breast check training and tests for sexually transmitted infections through the Well Women's Clinic, which has recently re-designed its care to be more accessible to women with disabilities.

E-course Menopause Program

Menopause is a health issue faced by every Australian woman in mid-life. The average Australian woman reaches menopause at the age of 51.

For some women however, menopause is experienced much earlier as a result of cancer treatment and surgery. For these women, the WHIC offers a weekly email education program to help them learn more about menopause and related issues.

The course covers bone health, continence and the pelvic floor, menopause and sexuality, diet and body image, moods, memory and sleep and non-hormonal medical treatments. Women receiving these emails are also encouraged to do weekly exercise and art therapy.

The Women's also offers a face-to-face menopause program at the hospital, four times a year, for women in mid-life. *



FACT SHEETS

www.thewomens.org.au

The Women's publishes some 150 online fact sheets in 29 languages, including Arabic, Chinese, Greek, Italian, Somali, Turkish, Vietnamese and Spanish. They can be found at the Women's Health Information Centre or downloaded from our website: www.thewomens.org.au

→ To read more about the Well Women's Clinic turn to page 32.

■■■■ Kandeepan S. and Anjana K. at the Women's Health Information Centre

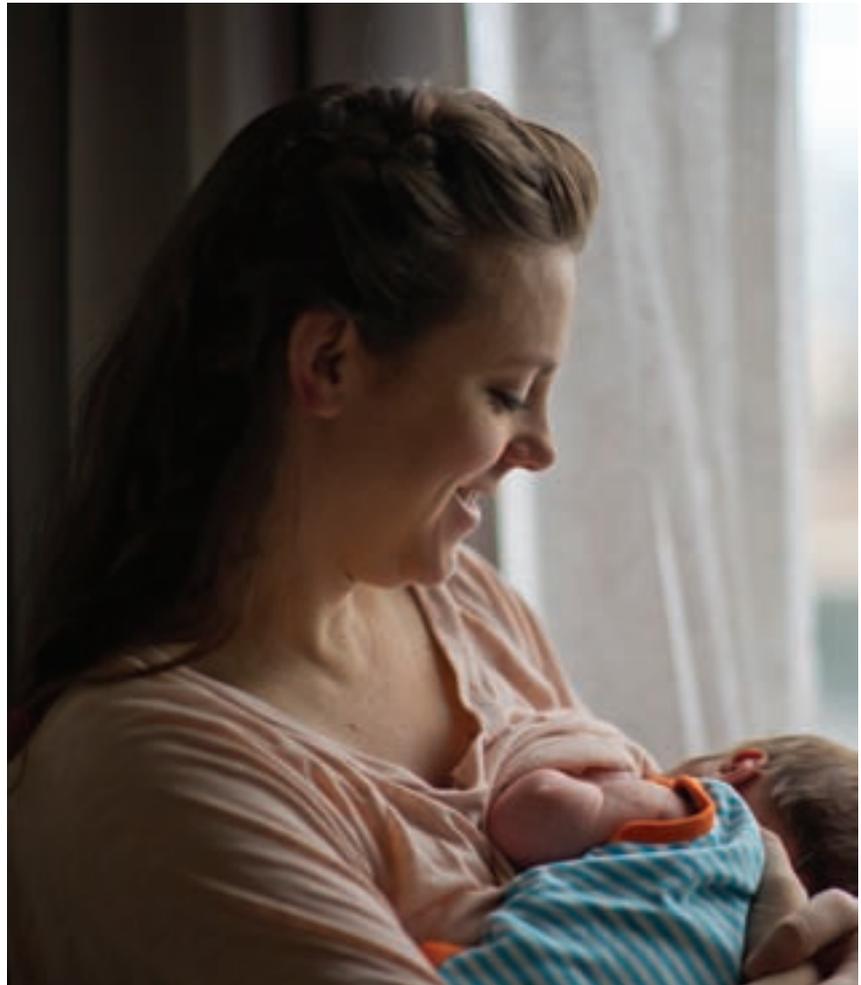


Breastfeeding Education & Support Service

The Women's has a Breastfeeding Clinic, a specialist Lactation Disorder Clinic and provides breastfeeding support to mothers and babies in Newborn Intensive and Special Care.

The Women's is committed to supporting mothers to breastfeed and was the first public Australian hospital to be accredited as 'Baby Friendly', a world-wide UNICEF initiative to support breastfeeding.

Kaye Dyson, the Manager of the Breastfeeding Education and Support Service, believes that the key to successful breastfeeding is having a positive support system behind you. "Taking care of a newborn baby is a full time job, and breastfeeding up to ten times in 24 hours means women get little sleep in the first few months", Kaye said. "Support and understanding from family, friends and the wider community, is important to the health and happiness of new mothers and their babies." ✨



Anna Thomsen breastfeeding baby Ruben



CHILDBIRTH CLASSES

The Women's provides a childbirth education program for all pregnant women, and their partners or supporters, who have booked to give birth at the hospital. More than 3,700 women attend these classes each year.

The Fundamental Classes in childbirth education are among a range of programs designed to inform women and increase their confidence about what to expect during pregnancy, labour, birth, breastfeeding and the early weeks following the birth of their baby.



Community Participation

Participation is the Women's way. We consult with consumers, carers and community members to provide the services that women want.

A 2010 survey of more than 1,000 women about their expectations of the Women's informed the Women's Strategic Plan 2011-14, which sets out our clinical services and social development plans.

The community told us that women trust the Women's as an invaluable source of health information and want information on more subjects. A large proportion of the community (94%) support or strongly support the Women's work in advocating for health services for women. Another strong theme from respondents is that the Women's should continue to share its specialist knowledge and expertise with other hospitals and with community health services. The community also identified a lack of services for young women and for older women, and the Women's has addressed these needs in its Strategic Plan.

Ongoing surveys, focus groups and individual interviews with women provide the Women's with information on how we can best meet our consumers' needs. Consumers also sit on the Women's Board Quality Sub-Committee and the Hospital Ethics Committee to provide a community perspective.

Community Advisory Committee

The Women's Community Advisory Committee (CAC) is a Board sub-committee that advises on consumer, carer and community participation at all levels of the Women's. Members of the CAC include consumers with culturally and linguistically diverse backgrounds. The CAC provides direction and leadership to ensure that participation informs the improvement and/or development of the Women's services, its operations, and its planning and policy development. The CAC advocates to the Board on behalf of the community, consumers and carers, and oversees the Diversity Framework. *

→ *To read about the Community participation indicators turn to page 45.*

Diversity Framework

From its very beginning 155 years ago, the Women's has reached out to women of all backgrounds and embraced diversity and inclusion.

We have a particular focus on reaching women from diverse backgrounds who are less likely to use health services, including women with a disability, women who speak little or no English, and Aboriginal and Torres Strait Islander women.

The Women's has developed a Diversity Framework that identifies and attempts to remove barriers for women from diverse backgrounds accessing our health services. The Diversity Framework includes the Cultural Responsiveness Plan, the Disability Action Plan and the Reconciliation Action Plan. Each of these plans is implemented by the Diversity Management Committee and working groups comprised of consumers and representatives from every service. The Cultural and Linguistically Diverse (CALD) Working Party also has consumers from CALD backgrounds.

Improving access for women with disabilities

In 2010/11, the Women's established Australia's first Women with Disabilities Reference Group, which advises on the specific needs of women with different disabilities. The Women's has already developed several key clinics and services to improve access for women with disabilities. For example, the Women

with Individual Needs (WIN) clinic is a specialist service for women with disabilities who are pregnant.

This clinic is the only maternity support program for disabled women in Australia and supports some 35 women each year. The clinic is staffed by a specialist midwife and social worker and provides intensive care and support to women, many of whom have highly complex medical, social and psychological needs. While studies have found that women with intellectual disabilities are more likely to have pre-eclampsia and deliver a low birth-weight baby, 20% fewer women at WIN have been induced and have lower than average rates of pre-eclampsia.

Another example of removing barriers was the redesign of the Well Women's Clinic. After a consumer survey showed that women with disabilities were not accessing the Clinic, the Women's redesigned the Clinic to be more sensitive to the physical and psychological needs of women with disabilities. This process involved establishing appropriate physical access, obtaining necessary equipment, conducting specially developed staff training, and forging partnerships with advocacy agencies in the disability services sector. The Well Women's Clinic is one of the few dedicated, hospital-based clinics for women with disabilities in Australia. *





Madeleine has several complex needs and was supported by the WIN clinic for six weeks after the birth of her third child with practical support to help her navigate being the mother of three.

“Not many people go into bat for you, but these people will stand up for you and be positive. They’ve got to watch you to make sure you can cope.”, Madeleine said.

Source: Herald Sun



■ Somali interpreter Nadifa Bayahow

Language Services

In the past year, the Women's has cared for women from 175 countries, who speak more than 60 different languages and follow 42 religious faiths.

Four out of 10 women who gave birth at the Women's, and three in 10 patients overall, were born overseas. Data collected over 2010-11 shows that on 91% of occasions, patients who presented at the Women's and were identified as requiring interpreter services, were provided a professional interpreter. This equates to 19,255 occasions of service for 4,859 women.

Premier's Award for Community Harmony

The Women's received the Premier's Award for Community Harmony in 2010 for outstanding achievement

in developing programs that further cross-cultural and cross-religious harmony in Victoria. The Victorian Multicultural Award for Excellence was awarded for the Women's *Language Aide Pilot Project*, developed in partnership with the Victorian Multicultural Commission.

Approximately one third of staff working at the Women's were born overseas in 76 different countries. The *Language Aide Pilot Project* harnessed this diversity by recruiting bilingual staff to help patients and visitors make appointments, find their way around the hospital or learn about the services available. The Women's *Language Aide Pilot Project* also received a commendation at the 2010 Diversity@Work awards. ✨

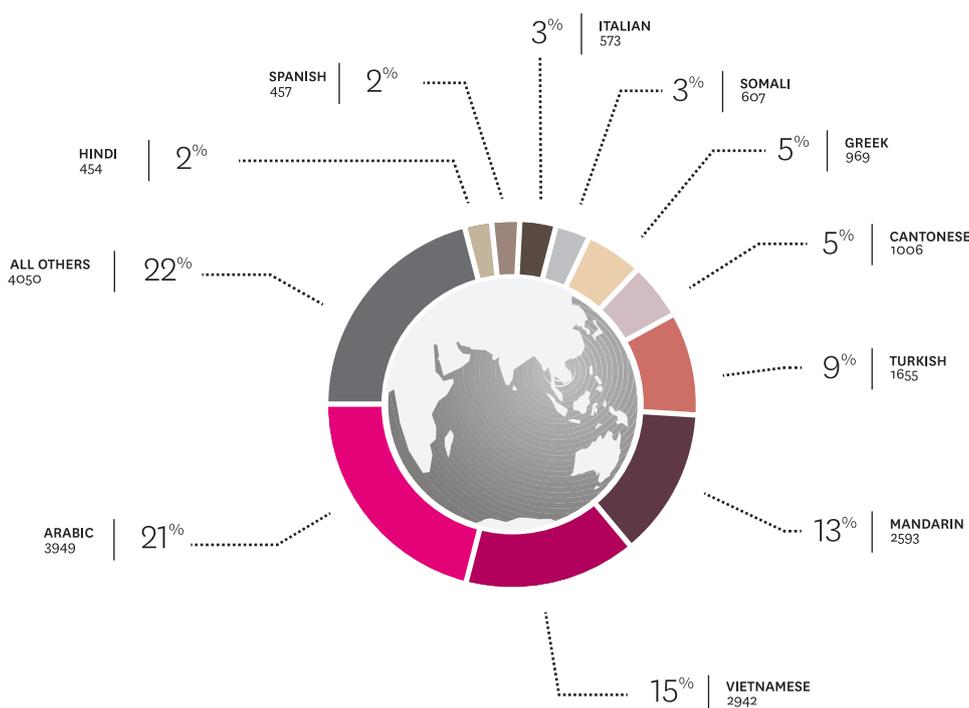


WOMEN'S TRANSLATIONS
www.thewomens.org.au

The Women's online health information fact sheets are available in 29 different languages with 18 of these multi-language fact sheets being produced in-house at the Women's.

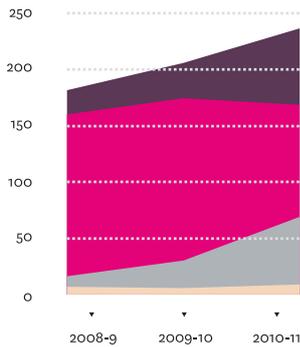
→ To read more about consumer health information turn to page 29.

Requested languages by percentage & total occasions of service

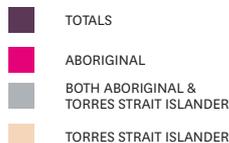
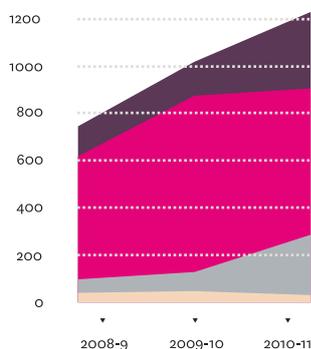


Aboriginal Women's Health

*Inpatient separations
Aboriginal & Torres Strait Islanders*



*Outpatient appointments
Aboriginal & Torres Strait Islanders*



The Women's is working with Aboriginal and Torres Strait Islander women to build community trust in the quality and safety of our health services and to create a culturally safe and welcoming hospital.

Integral to this work is the service provided by the Aboriginal Women's Health Business Unit (AWHBU), which is trying to close the health gap between Indigenous and non-Indigenous people.

The AWHBU is assisted by an Aboriginal Advisory Group made up of community and Aboriginal health service representatives.

For many Aboriginal and Torres Strait Islanders, hospitals are often seen as places of grief and fear, rather than of birth and healing. The AWHBU is working to change this within the hospital and the broader community by acknowledging the hospital's role in the Stolen Generations and creating an environment that is culturally safe and welcoming.

The unit employs two Aboriginal support workers, Joanne Pappas and Terori Hareko-Samios, who provide information, advocacy and support services to Aboriginal and Torres Strait Islander women and their families, and cross-cultural training for health professionals.

"It is important to educate staff about Aboriginal and Torres Strait Islander issues," said Terori Hareko-Samios. "We are also working towards raising staff confidence in being able to ask patients if they are of Aboriginal or Torres Strait Islander descent."

Joanne Pappas said the Women's was working hard to encourage elders to use the Women's services and to spread the word to younger generations.

There is a positive growth trend in the number of Aboriginal and Torres Strait Islander women accessing inpatient and outpatients services at the Women's, up from 203 inpatients last year to 238 this year. Outpatients have increased from 1,015 to 1,215 in the past year.

In 2010/11, a consultation of the Aboriginal and Torres Strait Islander communities on improving health experiences was completed. This consultation was designed to inform the hospital's ongoing plans for reconciliation. Some recommendations include improving health promotion on a range of topics for different demographics within the community and continuing to consult with the Aboriginal and Torres Strait Islander community as a means of identifying health needs.

Reconciliation Plan & the Aboriginal Advisory Committee

The Aboriginal Advisory Committee is a conduit between the Aboriginal community and the Women's and is the first point of contact for projects, policies, research, training and employment that impacts on the Aboriginal and Torres Strait Islander community.

The Women's has also established an internal Reconciliation Working Party, which is responsible for implementing and monitoring our reconciliation efforts to improve care for Aboriginal and Torres Strait Islander patients.



Efforts so far include:

- Establishing and maintaining relationships with Aboriginal community controlled health organisations to strengthen and streamline services.
- Coordinating cross-cultural training for hospital staff in monthly sessions to ensure all staff are aware of the needs of Aboriginal and Torres Strait Islander patients.
- Holding a full day of cross-cultural training with Aboriginal health associates to strengthen relationships and referral pathways.
- Hosting external cross-cultural training sessions to strengthen cultural awareness, cultural sensitivity and cultural competence.
- Setting up and maintaining service planning and evaluation processes to ensure cultural needs of Aboriginal people are addressed when referrals and service needs are being considered, particularly in regard to discharge planning.
- Establishing referral arrangements to support all hospital staff to make effective primary care referrals and seek the involvement of Aboriginal workers and agencies. ❖



Senior Aboriginal worker Joanne Pappas with expectant mother Justice Nelson

Advocating for Women's Health



On 25 November 2010 the Women's hosted a breakfast to mark White Ribbon Day, the International Day for the Elimination of Violence Against Women. The event was initiated and organised by senior male staff and hospital Board members to raise awareness.

L-R: Executive Director HR Chris Gamble, CEO Dale Fisher, former VicHealth CEO Todd Harper, Clinical Director Assoc Professor Leslie Reti, Deputy Chair RWH Stewart Leslie

The Women's is a voice on the health issues that women tell us matter most.

These may be issues affecting all women, such as access to safe, legal abortion, or issues affecting women from disadvantaged communities who experience significant barriers to health care.

Elimination of violence against women

Violence is responsible for more ill health and premature death among women under the age of 45 than any other risk factors,

including high blood pressure, obesity and smoking. In recognising violence as a significant issue, the Women's is committed to trying to prevent the problem as well as dealing with its terrible consequences. The Women's is a safe place for women to talk to health professionals if violence is affecting their lives.

"Violence against women will not cease until the community stands up for the right of women to be treated with respect," says Dale Fisher, Chief Executive of the Women's.

“That means attitudinal, behavioural and cultural change needs to occur at a grass-roots level, right across the community.”

Preventing sexual violence program

The Sexual Assault Prevention Program in Secondary Schools (SAPPS) is an initiative developed by the Women’s CASA House to assist the development of respectful attitudes and behaviour towards women. The program focuses on developing young people’s communication skills in talking about sex and issues of consent.

Over one third of secondary schools in the Women’s region are now running the program and half of the secondary schools in the cities of Melbourne, Darebin, Hume, Moreland and Moonee Valley have attended the *No Means No* show, which is a companion comedy show to the prevention program. The program has been so successful, that it has now been taken up by schools in the Australian Capital and Northern Territories.

SAPPS was a runner up in the Prevention and Promotion Category of the 2010 Victorian Public Healthcare Awards.

In another important project, CASA House has partnered with Melbourne City Mission to engage young homeless people to address violence against women through hip hop workshops.

The project, *16 Songs for 16 Days*, has culminated in the production of a CD to be launched on 9 December at

Federation Square during the “16 Days of Activism to stop Violence Against Women,” an international campaign originating from the first Women’s Global Leadership Institute.

Our ‘no to violence’ strategy

The Women’s has established specialised staff training sessions and a pool of experienced staff to act as leaders in the elimination of violence against women, and to ensure all staff know how to support victims of sexual assault.

The one-day workshop offered to all midwifery, nursing, medical and allied health staff provides staff with the information and skills to appropriately respond to women who report, or are suspected of being, a victim of violence. ✨



SEXUAL ASSAULT CRISIS LINE

The Sexual Assault Crisis Line is a state-wide, confidential telephone crisis counselling service for victims/survivors of both past and recent sexual assault. The Women’s operates the service for both Victoria and South Australia.

The service operates after-hours and throughout weekends and public holidays. The Centre Against Sexual Assault (CASA) Forum manages the telephone during business hours.

A major teaching hospital



Professor Bruce Mann teaching in theatre

Each year, we train hundreds of students and health professionals across Victoria

The Women's began training nurses and midwives in 1859, medical students in 1865, and in 1932, became the first Australian hospital to offer a specialist Diploma in Obstetrics and Gynaecology.

Today, that proud history of training health professionals and sharing knowledge and expertise for the benefit of women and newborns is stronger than ever.

The Women's provides:

- placements and training for clinical study for medical (obstetrics, gynaecology, psychiatry, paediatrics), nursing, midwifery, allied health and pharmacy degrees
- training and education courses for community health professionals for sexual assault response
- conferences and workshops for specialist neonatology and perineal trauma issues
- training for health professionals, emergency responders and health care agencies working with women who have alcohol and drug dependencies
- education and training in women's mental health to clinical students and community health practitioners across the state. ❖

Quality of Care Data

Governance

In 2009 the Royal Women's Hospital commissioned an independent review of the clinical governance structure and processes and compared these to the 2009 Department of Health Clinical Governance Framework Policy. The findings of the review showed that the Women's met the requirements of the DHS Clinical Governance Policy, with all required elements and strategies in place.

Accreditation

In March 2011 the organisation wide accreditation survey was conducted by the Australian Council on Healthcare Standards and the Women's was again accredited for another four years. 80% of our accreditation results were in the top two categories of outstanding achievement (OA) and extensive achievement (EA). The surveyors were particularly impressed by achievements and initiatives in relation to population health, community access to information and care appropriate to its needs, research, and the appropriateness and effectiveness of our clinical services.

Quality and safety improvements

The Women's has extremely low rates of pressure ulcers, falls and faints. Each individual incident is taken very seriously and the Women's operates on international best practise with the aims of both reducing the risk of these events and improving the care given to all consumers.

Pressure ulcers are very rare at the Women's and occur largely in the Newborn Intensive and Special Care unit. Read about the NISC improvement in monitoring and reducing the incidence of nasal pressure and unplanned extubations on page 10.

Infection control

The Women's provides care for many patients who are at an increased risk of infection; the more procedures required during an admission and the more vulnerable the patient, the greater the risk of infection.

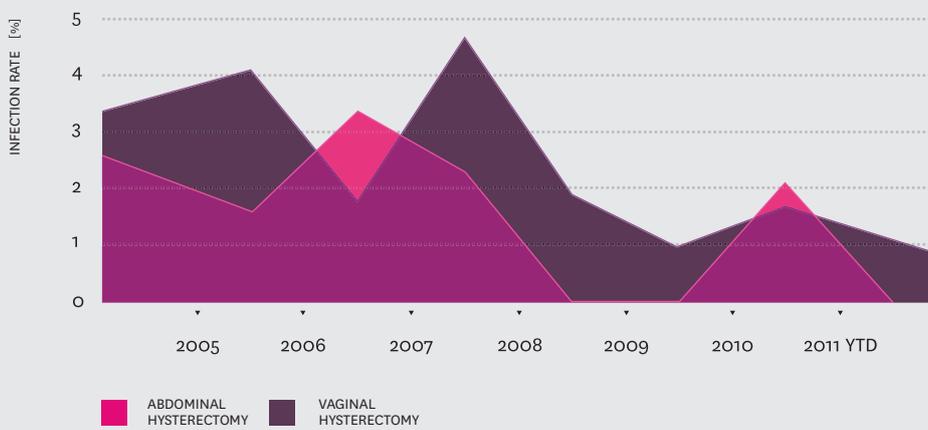
The Infection Control Department works hard to prevent and minimise the spread of infections by:

- monitoring the infection rates from high risk procedures — such as surgical operations and insertion and management of intravenous (IV) lines
- comparing our infection rates with other hospitals in Melbourne (and more broadly in Australia and internationally) to ensure we are providing the best possible care
- educating staff around appropriate practices
- auditing compliance with guidelines
- ensuring all staff perform procedures aseptically and clean their hands
- providing easy access for staff to be vaccinated.

Hysterectomy

Infections occurring following a hysterectomy have been monitored from January to June since 2004 and are reported to the Victorian Healthcare Associated Infection Surveillance System (VICNISS) for comparison with other Victorian hospitals. The Women's is consistently within or below VICNISS aggregate rates for Victorian Hospitals.

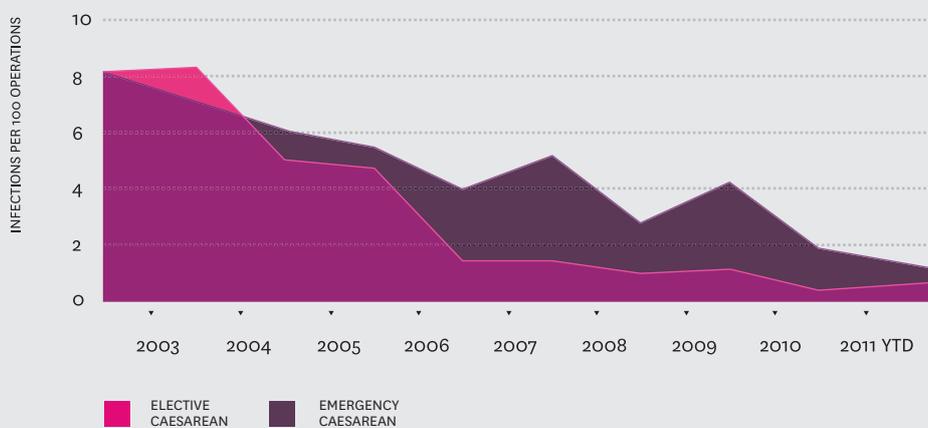
Hysterectomy Wound Infections per 100 Procedures



Caesarean section wound infections have been monitored from July to December since 2001 and these are also reported to VICNISS.

NB: From 2009 results do not include urinary tract infections or Women's Emergency Care (WEC) presentations that did not result in readmission.

Caesarean Wound Infection Rate per 100 procedures



Bloodstream infections

All healthcare associated bloodstream infections are monitored to see if they have been caused by the use of an iv line. Bloodstream infections in babies admitted to the neonatal unit are reported to VICNISS. The number of infections are reported against the total number of line days for each month.

2010 – 2011 YTD (Q1-3 data only currently available)

Baby's weight at birth	Central line infections / 1,000 central line days	Peripheral iv line infections / 1,000 peripheral iv line days
< 750 g	2.3	7.2
751-1,000 g	4.4	0
1001 - 1,500 g	0	1.9
1501 - 2,500 g	0	0
> 2,500 g	4.4	0

Hand hygiene

At the Women's Hand Hygiene is considered to be everyone's responsibility with support, education and monitoring of compliance being provided by the Infection Control service under a comprehensive Hand Hygiene framework. The Women's Hand Hygiene Program focuses on four key elements:

- Education (general and targeted individual)
- Mandatory on line competency achievement
- Ease of access to hand washing facilities
- Observing (auditing) hand hygiene.

Ward-based Hand Hygiene champions have been appointed to reinforce key messages at a local level. Fifteen nurses and midwives attended a training program facilitated by Hand Hygiene Australia to qualify as a 'champion.' Hand Hygiene Champions observe staff to ensure they perform hand hygiene in accordance with the Hand Hygiene Australia (HHA) and World Health Organisation (WHO) guidelines. Compliance audits are performed three times per year. At the last audit the Women's achieved an overall compliance rate of 69% with compliance in our highest risk area, the neonatal intensive care unit at 80%. The World Health Organisation (WHO) target for compliance is 55%.

Staff vaccination : Influenza

As 'seasonal' influenza in pregnancy carries an increased risk of complications for mothers, an annual influenza vaccination is recommended for women who will be in the second or third trimester during flu season. Staff are also actively encouraged to have an annual flu shot to protect themselves and our vulnerable patients, including newborns. Over 1,100 staff were vaccinated before the 2011 winter flu season.

Staff influenza vaccinations



Whooping cough

Whooping cough (pertussis) rates have significantly increased in Victoria and some other states in the last three years. Whooping cough is an acute, highly contagious respiratory infection, spread person-to-person by airborne droplets. It is most dangerous for newborn babies because they have no immunity to the disease and can have difficulty breathing. Deaths occasionally occur.

To protect our newborns and pregnant mothers, the Women's fund an ongoing immunisation program to provide whooping cough vaccine to staff.

Since July 2010, 320 staff members have been vaccinated against whooping cough. Overall 1,040 staff have been immunised since the introduction of the program in 2006.

In response to the increase in number of cases of whooping cough, the government has funded a whooping cough booster immunisation for parents of newborn babies. The Women's supports the program by immunising postnatal women for discharge from the hospital, as the vaccine is not recommended during pregnancy. Over 1,810 women have been administered the vaccine since July 2010.

Community participation indicators

Standard 1: Indicator 1 = 100%

The Women's has adopted the State Government's *Doing it with us not for us* strategic direction. In 2010/11, the Women's CAC oversaw the development of a new Community Participation Plan (CPP) that is aligned with the Women's Strategic Plan, addresses the five key areas of the Department of Human Services' *How to develop a community participation guideline*, and gives clear direction on participation at the Women's. We use a variety of approaches to record and report on participation, including the Quality of Care Report, the Women's website, community networks and social media. We have a Cultural Responsiveness Plan, a Disability Action Plan, and a Reconciliation Action Plan. We seek to continually revise and improve our systems, processes and structures to consult and involve consumers, carers and community and build the capacity of staff to support participation through information and education (see pp. 31-37 for more information).

Standard 2: Indicator 2.1 = 79; Indicator 2.2 = 95%

According to the Victorian Patient Satisfaction Survey (VPSM) our consumer participation score was 79. The VPSM records that 95% of women were given an active say in making decisions about what happened during their labour and/or birth. This is a very high proportion given that the Women's is a tertiary maternity centre and thus choice can be limited by medical emergency.

Standard 3: Indicator 3.1 = 100%;

Indicator 3.2 = 84.7%

In 2010/11, the Women's produced or revised nearly 80 consumer health publications (some in several languages) that comply with the Department of Health's guidelines. Some 84.7% of respondents to the VPSM rated our health information as being good to excellent.

Standard 4: Indicator 4 = 83% (5/6)

A 2010 survey of more than 1,000 women about their expectations of the Women's informed the Women's Strategic Plan 2011-14. Surveys, focus groups and individual interviews with women are also providing the Women's with information on how we can best meet our consumers' needs through service, community and program development, and quality improvement activities. Consumers sit on the Board Quality Committee and the Hospital Ethics Committee. Consumers are also an integral part of the development of consumer health information.

Standard 5: Indicator 5.1

→ see pp.32-33 *Diversity Framework*.

Feedback and distribution of the Quality of Care Report

Thank you to the many contributors — dedicated staff, patients, Board members, Community Advisory Committee members and consumers and carers — who have shared their stories, insights, information and photos in this year's Quality of Care Report.

Feedback from last year's report was overwhelmingly positive, as we took up your suggestions to make it easier to read with more interesting stories about issues that affect women.

Last year's report was distributed throughout the hospital in waiting rooms and communal areas, and was mailed to key stakeholders in the community. The report had a high pick-up rate, and this year we are printing 3,000 more copies for distribution throughout the hospital, to our referring GPs around Victoria and to key community stakeholders.

The report is also available on our website at: www.thewomens.org.au

Your feedback is most welcome and we encourage you to email us at: communications@thewomens.org.au

Your interest and support helps us remain strong, passionate advocates for women's health. *



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