THE WOMEN'S QUALITY ACCOUNT 2018

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

ABOUT THE WOMEN'S

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

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

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

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

Acknowledging the Traditional Owners

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

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CHAIR AND CHIEF EXECUTIVE'S MESSAGE

We are pleased to present *The Women's Quality Account 2018,* our report on the quality and safety of care provided by the Women's during 2017/18.

It's been a productive and rewarding year during which we have worked hard to enhance our performance, improve our quality and safety, and work with our staff to enrich their experiences at work. In addition, we focused on creating a comprehensive framework for partnering with our patients and consumers at the individual, program and organisational levels to ensure our engagement with them is meaningful and impactful.

There have been a number of highlights. We played an important role at a state-wide level, leading phase three of the Regional Perinatal and Maternal Mortality and Morbidity Committee project, which aims to embed a sustainable system and culture in Victoria to reduce perinatal and maternal morbidity and mortality.

The Strengthening Hospital Responses to Family Violence Project is in its fourth year and during 2017/18, with support from the state government, we delivered a Family Violence Workplace Support Program in our own hospital and worked with hospitals across the state to develop and implement their own programs for staff.

With support from Better Care Victoria, we developed a number of innovative models of care that allow low-risk patients to access our services from their own home or in a community health setting without compromising quality and safety. Programs like our jaundice treatment in the home program created a new home-based care pathway for newborns who need phototherapy management.

At our Sandringham campus, we invested in new equipment, additional training and reviewed our staffing systems to enhance the quality of our care. We also introduced low-flow oxygen via nasal prong into our clinical care model for preterm babies.

We reviewed our clinical governance structures and 'consumer advocate' model to improve responses to patient safety concerns, enhance our clinical governance framework, and inform our staff education program. In addition, we developed an analysis and improvement program using Victorian Health Experience Survey data to engage regularly with clinical teams on patient feedback and improvement strategies.

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

Ms Lyn Swinburne AM
Board Chair, The Women's

Dr Sue Matthews
Chief Executive, The Women's

Our Community Advisory Committee

The Women's Community Advisory Committee promotes improved outcomes for patients and the broader community. It advises the hospital on establishing and maintaining effective systems to ensure the services we provide meet the needs of the communities we serve, and that the views of women are taken into account in the hospital's decision making processes.

Membership

Chair: Ms Christina Liosis

Board Director: Ms Mandy Frostick

Members: Ms Deepa Kandathil Mathews, Ms Heather Beanland, Ms Rebecca Harris, Ms Charlene Edwards, Ms Alison Soutar, Ms Ivy Wang, Mr Simon Gullery, Ms Lorraine Parsons (commenced January 2017), Ms Aydanur Sabri (July 2017 to March 2018 - resigned), Ms Heikma Siraj (commenced April 2017)

Our Quality and Safety Committee

The Women's Quality and Safety Committee facilitates improved outcomes for patients by ensuring that systems are in place to promote and monitor improvement in the quality of clinical and other services and to enhance the safety of clinical care.

Membership

Chair: Dr Nicolas Radford AM

Directors: Ms Lyn Swinburne AM, Ms Cath Bowtell, Ms Naomi Johnston (commenced August 2018)

Members: Dr Jack Bergman, Ms Heather Beanland (resigned - term ended June 2018), Ms Patricia Malowney (resigned - term ended June 2018), Mr Simon Gullery (commenced August 2018)

The Community Advisory Committee and the Quality and Safety Committee are appointed by, and report to, the Women's Board of Directors.

YEAR IN REVIEW

9,367
BABIES BORN

79,568
PATIENTS

26,688
EMERGENCY VISITS

250,040
EPISODES OF CARE

258
COUNTRIES OF ORIGIN OF PATIENTS

190
LANGUAGES SPOKEN BY OUR PATIENTS

34,424
INPATIENT VISITS

188,928
OUTPATIENT VISITS

2,115
BABIES ADMITTED TO INTENSIVE AND/OR SPECIAL CARE NURSERY

20,371
REQUESTS FOR INTERPRETER SERVICES

74
DIFFERENT RELIGIOUS BELIEFS FOLLOWED

EXCEPTIONAL PATIENT AND CONSUMER EXPERIENCE

The Women's has a long history of placing patients, consumers, their families and the community at the heart of everything we do. We continue to increase our focus on creating exceptional experiences with everyone who interacts with our hospital by moving from making decisions with patients and consumers in mind to making decisions with patients and consumers in the room.

Embedding participation, involvement and collaboration with patients and consumers across every aspect of our service enables us to move towards achieving our vision of transforming healthcare and improving health outcomes for women and newborns.

Our key priorities for 2017/18 were to create a culture in which our people, patients and consumers feel empowered to act in ways that create exceptional experiences and to incorporate patient and consumer experience into the design and delivery of all our services. We regularly measure our progress and use all information available to us to take action to improve.

PARTNERING WITH PATIENTS AND CONSUMERS

Our partnerships with patients and consumers take many forms, from one-on-one partnerships where appointments are scheduled, treatment decisions are made and information is exchanged, to surveys, focus groups and participation in, and membership of, committees and working groups.

Our partnerships are two-way, giving patients and consumers the opportunity to participate and engage in processes and activities that may influence their treatment, wellbeing and health outcomes. In this way, we build trusting relationships which provide a platform for voices to be heard and views to be considered and acknowledged. We also promote information-sharing and encourage patients and consumers to be involved in matters, issues or interests which may impact their lives or the lives of those for whom they love and care.

Towards the end of 2017, we developed and implemented our framework '*An approach to partnering with patients and consumers*', which clearly defines what it means to partner with patients and consumers, articulates principles of engagement, and ensures that a partnering framework guides our interaction with patients and consumers.

The following are some of the other key ways in which we have encouraged and facilitated partnership with patients, consumers, carers and the community over the past year.

The Women's Community Advisory Committee

The Women's Community Advisory Committee provides patients, consumers, carers and other community members with the opportunity to directly advise the Women's on establishing and maintaining effective systems to ensure we meet their needs. The committee ensures the views of women and their families are included in our decision-making processes and promotes a patient and consumer perspective, particularly in relation to improving the experience, quality, safety, accessibility and appropriateness of our services. Membership of the committee includes two Board members, up to 12 community members, the Chief eXperience Officer and the Chief Executive Officer.

Creating Exceptional Experiences program

Our Creating Exceptional Experiences (CEE) course is now two years old and continues to reinforce the importance of listening to understand, reflecting on our assumptions and judgements, and respecting the expertise that patients and consumers bring to the partnership. Seven hundred and thirty staff and volunteers have now graduated from the course and we hope the remainder of our workforce will participate by the end of 2018.

Community Engagement Coordinator

The Women's full-time Community Engagement Coordinator supports all areas of the organisation with the tools and capabilities to actively partner with patients and consumers, develop ongoing relationships, and nurture strong consumer and community engagement networks.

Celebrating International Patient Experience Week

In April 2018, the Women's participated in International Patient Experience Week for the first time, recognising the role all our people play in creating exceptional experiences with patients. Patients and members of the community played an integral part in the week's activities, including as judges of our 'Ideas Tank', which awarded funding to initiatives that improve the experience of our staff and patients.

Including the voice of the consumer

The Women's program and service areas seek to include the voice of the patients and consumers they serve. Over the past year, we have partnered with over 800 patients and consumers in decisions that affect them. The Women's Board Committees are also partnering with patients and consumers with lived experience to ensure their voices contribute to creating exceptional experiences at the health system and governance levels.

Our Community Engagement Coordinator collates and records patient and consumer stories on an ongoing basis, with video being an effective way of capturing their stories first-hand. These are used in staff engagement and training activities (such as the CEE program) and at Board and Board Committee meetings, ensuring patient and consumer perspectives are incorporated into the mindset and behaviour of our people and into our clinical and non-clinical practices and processes.

During 2017/18, we improved our story gathering process. Traditionally, consent for patient stories was sought once with no follow up, now patients are involved in editing and shaping their story and asked to provide final sign-off. We also introduced audio patient stories, a new method of story-telling that allows us to capture a higher volume of diverse stories.

IMPROVING PATIENT EXPERIENCE

In 2017/18 the Women's focused on three key areas in which to improve patient experience as a priority: comfort in clinic waiting areas, person-centred customer service, and near-real-time measurement of patient feedback. These areas of focus were identified after reviewing our multiple sources of patient feedback – including Victorian Health Experience Survey (VHES) data, common complaints, and staff ideas – and discussing these with our Community Advisory Committee.

Targeted activity and working groups have contributed to the Women's making significant progress in all three priority areas over the past twelve months as outlined on this page and the next.

Improving patient and consumer experience and comfort levels in clinic waiting areas

We asked patients how they felt about their experience in our clinic waiting areas and how it could be improved. While 88 per cent rated the level of our reception staff's politeness and helpfulness as 'very good' or 'good', less than 20 per cent felt our waiting areas were 'very comfortable'. Suggestions for improving comfort focused on elements such as seating, noise, refreshments, child-friendly facilities, layout, entertainment and general amenities.

This feedback led to the introduction of a new role for our volunteers. The Women's 'Volunteer Guides' provide wayfinding and waiting area comfort to patients where needed. Guides greet people as they enter the hospital, guide them to their destination, and support waiting room comfort by helping patients access bathrooms and providing them with water or refreshments. Volunteers also respond to requests from wards and clinics when patients or family members need additional help, such as finding their way around the hospital or pushing a patient's wheelchair. This new role for our volunteers is being piloted and we will review and evaluate the impact over the next year.

Increasing our focus on person-centred customer service

A recent survey by the Women's found patients who rate the politeness and helpfulness of reception staff as 'very good' are nearly three times more likely to rate the clinic as being 'very organised'.

As a result, over the past 18 months, we have engaged our clerical teams to further develop person-centred customer service values and focus. This has included conducting workshop sessions with a specific focus on listening, respectful behaviour and building rapport. We have integrated the Women's RAISE principles (Responsive, Accessible, Integrated, Safe and Effective/ Efficient) into our customer service indicators and the way we analyse patient feedback and we provide regular feedback to team leaders.

Implementing near-real-time measurement

The Women's has developed a near-real-time measurement program which aims to capture feedback from patients as close as possible to their experience with us.

In 2017/18, we successfully completed the foundational objectives of this program by:

- Conducting a pilot program capturing feedback on the outpatient waiting area experience.
- Identifying what matters most to patients and focusing the design of feedback and types of questions around those moments or touchpoints.
- Completing the technical design of the program and engaging with expert vendors who will assist with the system rollout to capture feedback in a timely and accurate way (ensuring we ask the right patients at the right time for feedback on their experience).
- Partnering with patients to co-design a short structured survey which captures the most important questions to ask future patients about their experience, ensuring we gain feedback on the experiences that matter most.

The feedback database and survey tool development will be completed throughout August – December 2018. We are looking to implement the program and hope to have the first feedback survey live by February 2019.

SEEKING FEEDBACK AND RESPONDING TO COMPLAINTS

The Women's welcomes and seeks feedback from our patients and consumers so we can improve their experience and the quality and standard of care.

Our Consumer Liaison Service

In late 2017, our Consumer Advocate Service was reviewed to ensure we were providing an effective complaints management service that improves the experience for our patients and their families.

This incorporated a best practice review, an audit of responses to complaints, 21 interviews with key staff and ten in-depth interviews with patients who had been involved in making a complaint.

The outcomes were written up and twenty-five recommendations were made. These recommendations have been incorporated into an action plan and are being implemented. One of the early recommendations that has already been implemented was to clarify the role and function of our 'Consumer Advocates' and change the title to 'Consumer Liaison' to better reflect the service.

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

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

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

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

Birth debriefs

The Women's receives between 10 and 15 requests for a 'birth debrief' each year. These debriefs are in addition to any other information the woman and her family have been given at the time of the birth. The debrief meetings are often facilitated by the Consumer Liaison Officers. Some of the requests are for births that occurred recently, others may be for births that occurred many years previously.

Last year, five years after the birth of her baby, a woman contacted the Women's Consumer Liaison Service because she was still distressed about specific events that had occurred. A meeting was arranged with one of our senior obstetricians so that the woman and her partner could ask questions and talk through her concerns and why specific decisions were made about the labour and delivery. After the meeting, the woman and her partner stated they were reassured by the explanations they received and felt that the concerns they had about any future pregnancy had been listened to and addressed.

Our Consumer Liaison Service data 2017/18

75

COMPLIMENTS

45

ENQUIRIES

524

COMPLAINTS

83%

RESOLVED WITHIN 30 DAYS

2%

REFERRED TO THE HEALTH COMPLAINTS COMMISSIONER

43%

RELATED TO CLINICAL ISSUES (QUALITY AND SAFETY)

33%

RELATED TO RELATIONSHIP ISSUES (COMMUNICATION, COMPASSION, AND PATIENT RIGHTS)

24%

RELATED TO OPERATIONAL ISSUES (INSTITUTIONAL AND TIMING/ACCESS TO SERVICES)

VICTORIAN HEALTHCARE EXPERIENCE SURVEY

The Victorian Healthcare Experience Survey (VHES) gathers feedback from patients who have recently attended Victoria's public health services. The survey is conducted on behalf of the Department of Health and Human Services (DHHS) by an independent company and is distributed to a sample group of eligible, randomly selected participants. Public health services receive the feedback data each quarter and we use this to identify trends and areas for improvement, build on our areas of strength, celebrate improvement, and set targets for the year ahead.

The DHHS targets for VHES Adult Inpatient for 2017/18 were:

- **Overall experience**: 95 per cent of Adult Inpatient respondents answered the question about their overall experience positively.
- **Discharge care:** 75 per cent of Adult Inpatient respondents answered 'very good' to four specific questions about discharge care.

The overall experience target is a combination of the results of the question asking patients to rate their overall experience within all three surveyed areas at the Women's: Adult Inpatient, Adult Emergency, and Maternity.

Patient experience score

We are proud to have commenced the year (July – September 2017 quarter) with a perfect Adult Inpatient score of 100 per cent positive experience, following the previous year's trend of strong performance in this area. This result compares very favourably to the state-wide average (91.5 per cent) for the same quarter, and was influenced by very positive responses to the 'overall care and treatment by the staff' question in the Adult Inpatient survey with both scores for doctors and nurses reaching 100 per cent positive.

Another result worth noting is our score for Adult Emergency in the final quarter of the year (April – June 2018). We achieved a score of 91 per cent, which reflects very well against the state-wide average of 85 per cent. One of the questions that influenced this score was 'overall treated with respect and dignity', which scored 96 per cent. This is a 10 per cent improvement on the previous three quarters for this question.

In all four quarters of the year, the Maternity Services overall patient experience score was exceptionally high. The survey tells us that a major reason for our consistently high scores in Maternity for each quarter is that our patients feel they are 'treated with respect and dignity' and that staff explain their care in 'a way they can understand'.

Our positive results can be attributed to our people and the dedicated and passionate focus they have on caring for our patients and consumers. However, there is always room for improvement and we will continue to work in specific improvement areas that patients tell us are important to them. We are also working to embed the VHES results into staff feedback mechanisms and improvement strategies, as well as working with staff to support their health and wellbeing which is, as we know, directly linked to the delivery of our care.

Victorian Healthcare Experience Survey 2017/18: patient experience scores

	ADULT INPATIENT	ADULT EMERGENCY	MATERNITY
APRIL – JUNE 2018	94	91	95
JANUARY – MARCH 2018	91	77	92
OCTOBER – DECEMBER 2017	98	88	93
JULY – SEPTEMBER 2017	100	91	93

* Percentage of patients who said they had a positive experience.

Note: Data sourced from VHES portal on 25 October 2018

Leaving hospital

The Victorian Healthcare Experience Survey (VHES) includes measures relating to how ready for discharge adult inpatients feel when they leave hospital. Questions include whether patients agree that:

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

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

We achieved our leaving hospital target of 75 for each of the last three quarters of 2017/18. Our disappointing score in July - September 2017 was investigated and the results shared with the Women's discharge working group. In response, the team developed a plan to improve future decisions and actions around patient discharge. For example, they recommended and implemented a post-operative phone call for day surgery patients to ensure they are well supported following their surgery. As our figures show, this led to a substantial improvement.

Victorian Healthcare Experience Survey 2017/18: Adult inpatient overall 'leaving hospital' scores

APRIL – JUNE 2018	76
JANUARY – MARCH 2018	75
OCTOBER – DECEMBER 2017	82
JULY – SEPTEMBER 2017	66

OUR LANGUAGE SERVICES

The Women's cares for patients of all backgrounds, cultures and languages. Our Language Service is crucial to ensuring that all women have the opportunity to understand and contribute to decisions that may affect their health.

Over the past year, the Women's has seen a 39 per cent increase in the diversity of our patients, who now come from 258 countries and speak almost twice as many languages as in 2016/17. It can be challenging to find certified and available interpreters for new and emerging languages, such as Pashtu, Hazagari, and Nuer. This is particularly the case when the majority of new patients request female interpreters, who are even rarer in these languages. Equally, it's increasingly challenging to source certified interpreters in some of the 'old' languages (for example, Greek, Russian, Italian and Polish) as experienced certified interpreters retire and there are fewer new ones replacing them.

In 2017/18, we received 20,371 requests for interpreter services, nearly 2,500 more than the previous year. After cancellations and failed attendances, we provided 16,670 interpreter services in 70 languages, including Australian Sign Language (AUSLAN) and some of the most frequently spoken languages in our community, such as Arabic, Mandarin, Vietnamese, Amharic, Tigrinya, Persian, Urdu, Hindi, Cantonese, Turkish, Assyrian, Italian, Lao, Greek, Somali, Japanese and Spanish. These languages are spoken by our National Accreditation Authority for Translators and Interpreters (NAATI) certified in-house interpreters. For less commonly spoken languages, we booked experienced interpreters from agencies to provide language assistance with face-to-face or telephone interpretation.

Ninety-five per cent of the patients who received interpreter services, received assistance from a NAATI certified interpreter. Only five per cent of our interpreter services were uncertified. The majority of these cases occurred because the language requested was not one tested and/or certified by NAATI in Australia, it was a language for which only a limited number of certified interpreters are available, or because some of these certified interpreters in the rarer languages choose not to leave their area and come to the city.

The Women's Language Services

COUNTRIES OF ORIGIN OF WOMEN'S PATIENTS

2016/17	2017/18
186	258

LANGUAGES SPOKEN BY WOMEN'S PATIENTS

2016/17	2017/18
92	190

LANGUAGES FOR WHICH THE WOMEN'S PROVIDED INTERPRETER SERVICES

2016/17	2017/18
60	70

REQUESTS FOR INTERPRETER SERVICES

2016/17	2017/18
17,882	20,371

% PATIENTS WHO RECEIVED INTERPRETER SERVICES WHO RECEIVED ASSISTANCE FROM A NAATI CERTIFIED INTERPRETER

2016/17	2017/18
89	95

MORE OPTIONS FOR WOMEN

DOCTOR PATRICIA MOORE, HEAD OF THE WOMEN'S EARLY PREGNANCY SERVICE

The Women's is constantly looking for ways to innovate and improve the delivery of safe, high quality care. One of the ways we are doing this is through alternative models of care that provide support and services closer to home.

In 2017, after a successful year-long pilot project funded by the 2016/17 Better Care Victoria Innovation Fund, we introduced medical management of miscarriage in the home, giving women with low risk early pregnancy loss the option to receive high quality care from the Women's in the privacy, comfort and convenience of their own home.

"Previously, medical management of miscarriage required inpatient day admission on the gynaecological ward, which was dependent on bed availability and sometimes led to delays," said Dr Patricia Moore, Head of the Women's Early Pregnancy Service.

"Anecdotally, evidence suggested that women preferred to experience this treatment in the privacy of their own home and that an inpatient hospital stay could be distressing, time consuming and frustrating, especially as the level of clinical attention needed is low."

Now, after having all treatment options explained to them, women who choose this path of self-administered medication have it prescribed and dispensed in an outpatient setting. They are supported throughout this experience by an early pregnancy assessment service nurse who undertakes clinical monitoring via a telephone clinic.

"Feedback is overwhelmingly positive," said Dr Moore, "Women appreciate the choice and control this gives them over their care. Another great outcome is that this pathway is highly transferable to other healthcare providers so it has the potential to be of benefit to so many more women."

"We've made our resources available to the wider health sector and we've also implemented a state-wide Early Pregnancy Loss service special interest group where this and other models, pathways of care, and latest clinical evidence can be discussed."

A survey into how patients felt about this new model of care revealed:

100%

OF RESPONDENTS REPORTED THEY HAD A GOOD TO HIGH LEVEL OF SUPPORT FROM THE WOMEN'S.

96%

OF RESPONDENTS FELT THEY HAD ACCESS TO WOMEN'S STAFF AND SERVICES DURING THEIR TREATMENT, AND THE ABILITY TO ASK QUESTIONS, RAISE CONCERNS OR VOICE THEIR FEELINGS.

83%

OF RESPONDENTS WHO USED THIS PATHWAY WOULD DO SO AGAIN IF REQUIRED.

A HEALTH SERVICE THAT IS RESPONSIVE

ABORIGINAL AND TORRES STRAIT ISLANDER STAFF, PATIENTS AND FAMILIES

The Women's is committed to establishing culturally safe and responsive practices and services that recognise and respect the cultural identities and safely meet the needs, expectations and rights of Aboriginal and Torres Strait Islander staff, patients and families.

In 2017/18 our focus was on building, strengthening and streamlining the relationships and processes critical to delivering on this commitment.

Below are just some of the ways we continued to improve the cultural responsiveness and safety of our service and care for Aboriginal and Torres Strait Islander staff, patients and their families in 2017/18:

- Provided ongoing access to hospital services, information and referral to services, practical assistance, a resting place and somewhere to yarn for Aboriginal and Torres Strait Islander women and families through Badjurr-Bulok Wilam, our Aboriginal and Torres Strait Islander Women and Families Place.
- Continued our Baggarrook Yurrongi – Women's Journey caseload midwifery program, providing women who identify as Aboriginal or Torres Strait Islander or have a partner who does with one-to-one midwifery care.
- Revised our Welcome to Country and Acknowledgement of the Traditional Owners policy, ensuring appropriate acknowledgement at key meetings and events.
- Participated in the Improving Care for Aboriginal Patients forums to share the work and experience of the Women's and Badjurr-Bulok Wilam.
- Strengthened working relationships and partnerships with:
  - the Victorian Aboriginal Child Care Agency
  - the Aboriginal Hospital Liaison Officer units at the Peter MacCallum Cancer Centre and Royal Melbourne Hospital
  - the Wadja Aboriginal Family Place at the Royal Children's Hospital
  - local organisations such as Indigenous Hospitality House and the William T Onus Aboriginal Hostel
  - Elders and Aboriginal community members
  - workers from community and health services across Victoria.
- Established a Parkville Precinct Aboriginal Health Working Group, which is looking at ways to increase collaborative practice across the precinct.

- Commemorated National Sorry Day with a Welcome to Country and Smoking Ceremony and a special dance performance.
- Consolidated the maternity shared care model between the Women's and the Victorian Aboriginal Health Service.
- Developed a resource – *You and Your Boorai: Taking Care During Pregnancy* – to help Aboriginal and Torres Strait Islander women who are pregnant and using drugs and/or alcohol to have a healthy pregnancy and a healthy boorai (child). This was a Koolin Balit funded project to raise awareness and provide information for Aboriginal women about the risks associated with alcohol and drug use. The project involved extensive collaboration with Aboriginal patients, partner agencies and services including Njernda Aboriginal Corporation in Echuca, the Victorian Aboriginal Health Service, and the Victorian Aboriginal Community Controlled Health Organisation (VACCHO).
- Supported the Women's Aboriginal and Torres Strait Islander Program Coordinator/Health Liaison Officer, to attend VACCHO leadership training and also supported her in her role as a Treaty artist for the Treaty Advancement Commission Possum Skin Cloak and Kangaroo Skins.
- Maintained our Aboriginal and Torres Strait Islander representation at 0.75 per cent of our workforce as of the end of June 2017 and continue to work towards meeting our goal of two per cent representation by 2020.
- Provided eight nursing and/or midwifery cadetship places and three Aboriginal nursing and/or midwifery graduate places as part of our Aboriginal and Torres Strait Islander cadetship program. Recruitment is currently underway for an Aboriginal Allied Health Cadetship program. Four Aboriginal nurses and/or midwives remain employed at the Women's after completion of their graduate programs in 2016/17.

FAMILY VIOLENCE

The State Government initiative, *Ending Family Violence: Victoria's Plan for Change,* recognises the unique role health services play in preventing and supporting those experiencing family violence. Healthcare professionals are often the first person an individual talks to and many experience or have experienced family violence themselves.

The Women's advocates for, and is taking, a state-wide leadership role in how publicly funded health services respond to family violence and how they support their people who are experiencing family violence. In December 2017, we launched *A Future Free from Violence*, our strategy for how we will implement a sustainable, whole-of-health-service response to violence against women over the next four years.

A Future Free from Violence builds on our existing work partnering with services across Victoria and the family violence sector to build greater capacity within publicly funded health services to provide sensitive and appropriate responses to family violence. In 2017/18 we continued to lead the state-wide rollout of the Strengthening Hospital Responses to Family Violence (SHRFV) project with our partner Bendigo Health. Last year, every publicly funded health service in Victoria received funding or support to implement the SHRFV model and we are proud to provide mentoring support and resources to enable this.

In 2017/18, SHRFV expanded its scope beyond identifying and responding to family violence experienced by patients (and building the capacity and capability of staff to do so) to incorporate a focus on workplace support. This work is aimed at ensuring that any staff member impacted by family violence working in a health service, and requiring additional leave or supports, will not be disadvantaged but instead will be provided with a workplace response that prioritises the safety and wellbeing of that staff member and their family.

The Women's dedicated Research Centre for Family Violence Prevention also continues to work towards improving the safety, health and wellbeing of women and their families experiencing family violence, including our health workforce. Over the past year, a team of clinicians, social scientists, statisticians, early career researchers and students has worked to develop innovative interventions and technological responses to assist women experiencing family violence, including identification tools, early intervention and therapeutic responses. For instance, they have developed a guide to implementation of trauma-and-violence-informed care in practice across hospitals and explored the dynamics of abuse and resilience and the effects on health.

A Future Free from Violence: The Women's Prevention of Violence Against Women Strategy 2017-2021

1. Prioritise the safety and wellbeing of our people exposed to violence professionally or personally.
2. Educate and support our people to enhance their capacity, capability and comfort in sensitively inquiring about violence.
3. Promote a culture of gender equity in which women are safe, respected and valued members of the community.
4. Conduct innovative research to enhance our knowledge, inform our first line and specialist services and contribute to the evidence base of violence against women as a health issue.
5. Provide state-wide leadership to the health sector and advocate for the role and resourcing of hospitals in responding to violence against women and family violence.
6. Influence and inform policy and sector reform on gender equity, violence against women and family violence.

Building capacity in Victoria's hospital system

Through the Strengthening Hospital Responses to Family Violence (SHRFV) program, the Women's provided mentoring support to 88 publicly funded health services in Victoria during 2017/18, along with our partner Bendigo Health. We undertook a number of activities to help achieve our SHRFV goals, including a state-wide forum, workshops to guide health services in how to implement the SHRFV model, and the publication of the third edition of the SHRFV toolkit of resources in August 2017. It is a sign of the strength of the SHRFV program that other states such as Queensland, Australian Capital Territory and the Northern Territory have used information and have engaged and developed content based on the SHRFV model.

The fourth edition of the SHRFV toolkit (released in August 2018) includes many new revisions and adaptations of previous content along with specialist video modules, e-learning training modules, and new training activities and manuals.

This year, we also piloted and introduced antenatal screening for family violence at the Women's in Sandringham. This means that every woman accessing antenatal care at Sandringham Hospital is now routinely and sensitively asked about family violence. Evaluation of our pilot is informing screening at our Parkville site as well as the state-wide roll out of antenatal screening for family violence. This work is in response to the Royal Commission into Family Violence's Recommendation 96, which recommends routine screening for family violence in all public antenatal settings. There is an increased risk of intimate partner violence during pregnancy and generally regular engagement with health professionals during the antenatal period provides opportunities for early intervention.

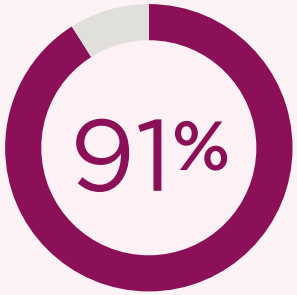
Strengthening Hospital Responses to Family Violence (SHRFV) key statistics 2017/18 - Victorian publicly funded health services

10,081

STAFF TRAINED IN SHRFV

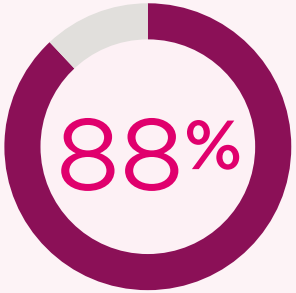
1,177

MANAGERS TRAINED IN SHRFV



91% OF PUBLIC HEALTH SERVICES ARE USING OR HAVE DRAFTED POLICIES AND PROCEDURES TO SUPPORT PATIENTS EXPERIENCING FAMILY VIOLENCE

88% OF PUBLIC HEALTH SERVICES ARE USING OR HAVE DRAFTED POLICIES AND PROCEDURES TO SUPPORT STAFF EXPERIENCING FAMILY VIOLENCE



Supporting our people experiencing family violence

The Women's has maintained its White Ribbon Workplace Accreditation achieved in early 2017 in recognition of our ongoing extensive efforts to support our people who may be experiencing family violence, including our Family Violence Workplace Support Program.

In 2017, we received funding to lead Victoria in developing and rolling out this program to other public health services. As a significant employer of women, and with family violence increasingly recognised as a workplace issue, the health sector is likely to see an increase in disclosures from employees experiencing family violence. We are proud to be providing support and leadership in creating supportive workplace cultures at other publicly funded health services around the state and have spent much of the last year sharing our SHRFV and White Ribbon Accreditation learnings, experience and activities.

One way we are helping achieve our goal is through the introduction of two new SHRFV training modules to support staff experiencing family violence – one for managers and one for staff. We also introduced a new suite of good practice documentation for intranet sites, internal policies and procedures that support family violence programs and other related support. In addition, we are running train-the-trainer half-day implementation workshops across the state for managers and family violence and human resources staff to support them in adoption and implementation of this important work.

In 2018/19 we look forward to further supporting staff by sharing stories from health sector professionals about their personal experience of family violence. Work has already commenced on this project, which aims to raise awareness of the issue of family violence as one that affects hospital staff and support hospital staff experiencing family violence by letting them know they are not alone and that there is support available.

CANCER

The *Victorian Cancer Plan 2016–2020* provides a framework and a basis for action and achievement to make a real difference to Victorians affected by cancer. The plan establishes the key areas for development of ongoing improvements in cancer outcomes, and a coordinated approach to clinical research and other initiatives needed to achieve them.

The Women's is a member of the Victorian Comprehensive Cancer Centre (VCCC) and committed to the goals of the *Victorian Cancer Plan.* We specifically work towards achieving them in the following ways.

Treatment, wellbeing and support

The Women's specialises in the treatment and research of women's cancers. The Gynaecological Cancer Clinic provides comprehensive testing and treatment for ovarian, cervical, endometrial, vulval, vaginal, uterine, fallopian tube and peritoneal cancers, with the health and wellbeing of the whole woman in mind. Women who come to see us may have a suspected or confirmed diagnosis. Our clinic provides a full clinical service and offers appropriate treatment options to assist women in making decisions about their care.

The world-class Shared Breast Service at the Women's is part of the VCCC Breast Tumour Stream working alongside specialist teams at the Royal Melbourne Hospital and Peter MacCallum Cancer Centre. At the Women's, we focus on the initial assessment and diagnosis, breast and reconstructive surgery, and supportive care of women through their breast cancer journey. Collaboration with our Parkville partner health services means women are supported throughout the journey through to medical and radiation oncology.

Our Fertility Preservation Service specialises in providing patients with care and support when faced with a fertility issue prior to the commencement of treatments which may damage fertility, such as chemotherapy. Jointly managed by the Women's and Melbourne IVF, the clinic is the first of its kind in Australia and has been a national and international leader in fertility preservation for more than 20 years. During 2017/18, the clinic supported 278 patients – men, women and children (from the Royal Children's Hospital) – to achieve their fertility preservation goals.

Research

The Women's Cancer Research Centre comprises a multidisciplinary team conducting research into different gynaecological cancers: uterine, ovarian/fallopian tube, cervical and vulval. Our researchers and clinicians also have a preventative focus looking at pre-cancerous conditions, which may lead to these cancers, as well as the genetic variations, which put women at increased risk of gynaecological cancers. With this in mind, women are recruited to clinical trials at the Women's, and collaboratively through the VCCC Parkville Clinical Trials Unit, which explores all aspects of the clinical journey.

Examples of our work include:

- A collaborative study, led by the Women's and the Victorian Cytology Service, in partnership with expert cancer pathology laboratories in Victoria, New South Wales and Queensland, which found up to 93 per cent of cervical cancers in Australia could be prevented by a new HPV (Human papillomavirus) vaccination, and researchers hope one day vaccination will almost entirely eradicate the disease.
- The development of an online infertility calculator to help breast cancer patients understand how their treatment may affect their fertility. At diagnosis, women are often faced with having to make a quick decision about their fertility during a very stressful time. This new tool aims to give women access to evidence-based information on the risks to their fertility, allowing them to make informed decisions about the best fertility preservation and cancer treatment options.
- Participation in an international study recruiting our patients to a trial that will look at whether some women with breast cancer are being 'over-treated' by having their lymph nodes removed.

Menopause symptoms after cancer

The Women's Menopause Symptoms After Cancer (MSAC) clinic cares for women with menopausal symptoms and a history of cancer. It is the only clinic in Victoria where menopause, mental health and cancer are treated together.

MSAC Clinic Director, Professor Martha Hickey, says menopausal symptoms can be a frequent and distressing effect of cancer treatments.

"Our experience and research shows us that cancer survivors had more severe and frequent menopausal symptoms, such as hot flushes and night sweats, than other people being treated for menopause," said Professor Hickey.

These symptoms are often very challenging and unexpected, particularly for women who have undergone cancer treatment at a young age and have experienced a treatment-induced menopause. Cancer treatment may also exacerbate pre-existing menopausal symptoms.

Due to the complex nature of a cancer diagnosis and the risk of recurrence, many of the patients seen in the MSAC clinic require multidisciplinary help. Each woman's program is tailored for her needs so she sees a team which includes gynaecologists, surgical and medical oncologists, endocrinologists, fertility specialists, sexual counsellors, the Centre for Women's Mental Health staff and specialist nurses.

MSAC CLINIC DIRECTOR PROFESSOR MARTHA HICKEY (LEFT) AND PSYCHIATRIST DR CHRISTINA BRYANT (RIGHT)

SUPPORTING CANCER SURVIVORS TO RECOVER AND THRIVE

ELOISE BABOS (LEFT) WITH ASSOCIATE PROFESSOR KATE STERN, HEAD OF THE WOMEN'S FERTILITY PRESERVATION SERVICE (RIGHT)

Greater awareness of the genetic mutations linked to cancer has resulted in more families identifying their genetic risk and subsequently choosing risk reduction surgery. The Women's has experienced a five-fold increase in the number of healthy women who have a family link to cancer and choose surgery to remove their reproductive organs to prevent ovarian cancer.

Eloise Babos, 29, a Pink Hope Outreach Ambassador, is one of these women. She carries the BRCA1 genetic mutation and has undertaken IVF treatment with specialist testing to select an embryo without her genetic mutation to ensure her child will not inherit the high-risk cancer gene.

"When I was officially told, it was a shock, but I felt really grateful for the forewarning." Eloise said.

At that time, she faced an 80 per cent likelihood of developing breast cancer and a 60 per cent chance of ovarian cancer. In 2014, Eloise had a double mastectomy to reduce her risk of breast cancer and she now hopes to have two children close together before her ovaries and fallopian tubes are removed.

Associate Professor Kate Stern, head of the Women's Fertility Preservation Service, said the high risk that BRCA1 and 2 gene mutation carriers face for developing ovarian cancer means many think about their fertility at a young age.

"Women have an option of going through IVF and using preimplantation genetic diagnosis (PGD) testing, which allows us to take a cell from a five-day-old embryo and test it for genetic variations before transfer to the woman. Not all embryos will carry the faulty gene, so by conducting this test we can identify those without the mutation and offer some comfort to parents that they won't be passing the gene on to the next generation," Associate Professor Stern said.

Over the last two financial years, just over 200 women have been referred to the Women's for consideration of risk reduction surgery – double the number of previous years.

"Because of the demand, the multi-disciplinary approach we use to manage these women has had to evolve," said Associate Professor Orla McNally, Director of the Women's Gynaecology Oncology Service and the Gynaecology Tumour Stream of the Victorian Comprehensive Cancer Centre (VCCC). "We work very closely with Familial Cancer Services [across the VCCC] so we have accurate information from genetic doctors and counsellors prior to planning surgery.

"There is a small chance that cancer will be found at the time of surgery and so it is important that this surgery is performed by specialists experienced in caring for women in this situation. Expert pathologists are also important. Many women will enter menopause much sooner and women can be counselled in the specialist menopause clinic at the Women's before and after surgery."

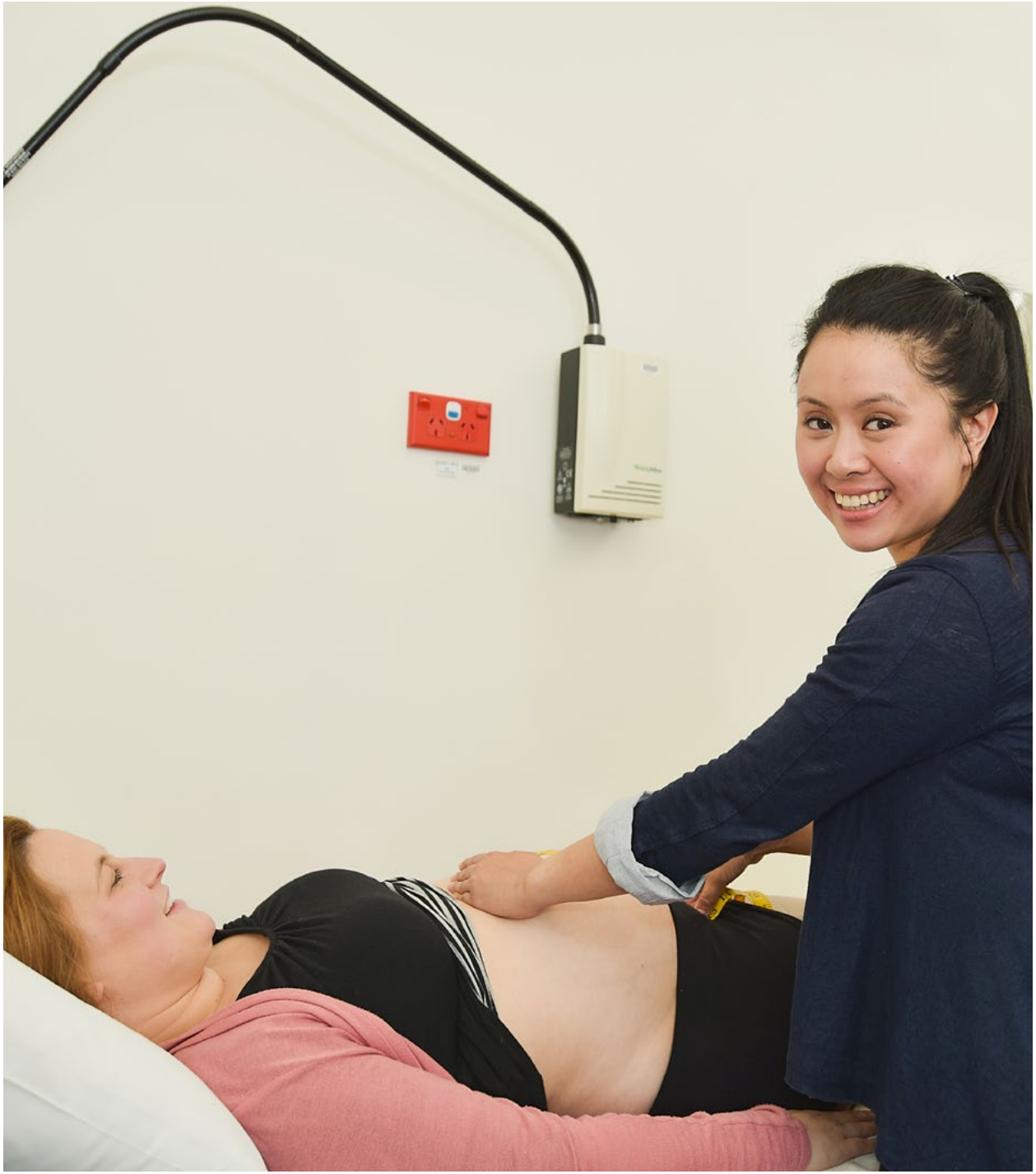
Unlike many other cancers, ovarian cancer has had little improvement in survival rates as there is no proven early diagnostic screening test available, resulting in women usually being diagnosed once the disease is in the late stages.

"We know that women's outcomes are better when they are managed by gynae-oncology teams in specialist centres in Australia such as the one at the Women's as they also have enhanced access to clinical trials," Associate Professor McNally said.

SUPPORTING WOMEN OF ALL ABILITIES

Our Women with Individual Needs (WIN) clinic offers customised support for pregnant women with a learning difficulty, acquired brain injury or intellectual, physical or sensory disability. In 2017/18, the clinic delivered over 82 occasions of service for women with individual needs.

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



QUALITY AND SAFETY

The Women's recognises that a culture of quality and safety is critical to providing the best possible clinical care and patient experience. We build quality and safety into everything we do, including leadership, systems, processes, policies, procedures, education, resources and communications.

All Women's staff and volunteers share responsibility for ensuring patient care is delivered safely and effectively. We have in place checks to prevent errors and we review and learn from them when they occur. Importantly, we focus on strong lines of communication between our people, patients and their families.

PATIENT SAFETY CULTURE

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

In 2017/18 the Women's participated in the People Matter Survey for the twelfth consecutive year, with 41 per cent of our workforce responding to the survey, the same as 2016/17.

This exceeded the Department of Health and Human Services target of 30 per cent.

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

This year, our overall score for a positive patient safety culture was 74 per cent, consistent with our comparator group of healthcare organisations (74 per cent). We believe this is the result of continued efforts over several years to improve patient safety structures and processes, as well as training requirements, changed staffing arrangements, and changes to our ongoing compliance monitoring arrangements.

We continue to work towards improvements in our patient safety culture through a number of initiatives, including leader education, providing effective feedback to staff on errors and implementing staff suggestions for improved patient safety. We have also improved the response for patients with mental health concerns by including observations in our track and trigger charts and ensuring staff have a recognised way to get assistance for patients with mental health issues.

The Women's continues to perform favourably within our comparator group for questions related to employee engagement and job satisfaction. We carefully monitor this and other related sources of information to ensure that people-related initiatives are targeted to respond to staff feedback. It is a strategic priority to ensure that the Women's remains a positive work environment, where our people participate in meaningful work and feel supported to have a successful career.

PATIENT SAFETY CULTURE

2017/18 People Matter Survey patient safety results

	2017/18 'Agreed' (%)	Comparator group (%)	2016/17 'Agreed' (%)
Patient care errors are handled appropriately in my work area.	75	76	78
The health service does a good job of training new and existing staff.	70	62	72
I am encouraged by my colleagues to report any patient safety concerns I may have.	83	82	82
The culture in my work area makes it easy to learn from the errors of others.	68	70	73
Trainees in my discipline are adequately supervised.	68	66	69
My suggestions about patient safety would be acted upon if I expressed them to my manager.	73	76	77
Management is driving us to be a safety-centred organisation.	74	78	77
I would recommend a friend or relative to be treated as a patient here.	82	77	89

2017/18 People Matter Survey engagement and job satisfaction results

	2017/18 'Agreed' (%)	Comparator group (%)	2016/17 'Agreed' (%)
I would recommend my organisation as a good place to work.	74	72	78
I am proud to tell others I work for my organisation.	79	75	82
I feel a strong personal attachment to my organisation.	74	71	75
My organisation motivates me to help achieve its objectives.	71	68	73
My organisation inspires me to do the best in my job.	72	69	74

HAPPY PEOPLE

CARMEN BARRY, ASSOCIATE NURSE UNIT MANAGER

The Women's is dedicated to supporting the health and wellbeing of our people, especially those who are on their feet caring for patients around the clock.

In mid-2017, over 500 nurses and midwives from the Women's joined thousands of others from around Victoria to participate in *Happy People* – a six-week pilot program designed to help shift-working nurses and midwives take charge of their mental, physical and emotional wellbeing at work as well as at home.

"Nurses and midwives are great at looking after other people but sometimes we forget about ourselves and the impact working shifts has on our work and our personal life," said Carmen Barry, one of the nurses who took part in the pilot.

"It's hard to sleep during the day, when you've done a night shift, and it's difficult to maintain a routine for exercise and catching up with friends and family when your work schedule changes from week to week."

Happy People provides tools, tips and strategies to manage mood, stress, energy, and sleep. At the heart of program is the 'messy' and 'magnificent' scale – a new way for staff to gauge how they feel, learn how to turn a messy day into magnificent one, and importantly, learn how to help avoid messy days in the first place.

"In just a few minutes every day, Happy People helped me feel calmer and think clearly, and keep my energy levels up both in and out of work," said Carmen. "Being able to participate as a team just made it that much more fun."

Carmen was not alone, with a huge 92 per cent of participating staff completing their 'Sleep' goals to have more energy to think clearly at work and have more energy to exercise at home. Overall, nearly 90 per cent of participants achieved their desired goals.

These and other learnings from the pilot program have already been embedded into the Women's ongoing health and wellbeing practices. And you'll hear 'messy' and 'magnificent' used widely throughout the Women's today.

IMPROVING STAFF SAFETY

The Women's is committed to providing and maintaining the safest possible work environment for our people. Reducing violence and aggression against our staff and volunteers is a priority – all our people have a right to be safe and treated with respect.

Over the past year the Women's has focused on improving our occupational violence and aggression (OVA) policies, programs, procedures and training.

We reviewed our OVA program against the Department of Health and Human Services framework and WorkSafe Guidance released in 2017, formed an OVA action plan, and established an OVA working group to progress this plan. Already this group has helped us revise policies and procedures relating to OVA, including updating our Code Grey (incidents in which a person is abused, threatened or assaulted in circumstances relating to their work) and Code Black (incidents of serious personal threat requiring police assistance) procedures and training.

We undertook many activities to better support all our people, including; improved reporting, providing a range of resources to help address OVA risks, increasing coverage of duress alarms at both Parkville and Sandringham, and commencing a review of all-staff training to determine requirements. We also implemented targeted training and support, such as updated training for our Code Grey Team Responders (including after hours managers, psychiatric registrars and security).

Our focus for 2018/19 continues to be on raising awareness with patients and their families and consumers that violence and aggression is unacceptable and will not be tolerated. We are also encouraging our people to report violence and aggression so that we can better understand it and develop improved preventative strategies and controls and create a stronger safety culture.

ADVERSE EVENTS

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

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

An example of this was an incident where a patient with a history of Post Traumatic Stress Disorder was admitted for surgery and was extremely agitated in recovery. The investigation of this incident led to the inclusion of a psychiatric management plan for complex patients being part of the medical record and further education for staff on the management of psychiatric emergencies and complex cases.

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

An audit of serious clinical incidents (incident severity rating 1) in 2017/18 showed that in each of the four cases there was appropriate open disclosure and follow up with the family.

Quality and safety accreditation achieved!

The Women's Centre Against Sexual Assault and Sexual Assault Crisis Line services were surveyed in March 2018 under the Department of Health and Human Services Standards and were both awarded full accreditation with no recommendations.

The Women's will undergo a full organisation wide survey in March 2019 under Version 2 of the National Safety and Quality Healthcare Standards from the Australian Commission for Safety and Quality in Healthcare. We will be one of the first services to undergo review against these new standards and are working to ensure we will be ready for our assessment.

INFECTION PREVENTION AND CONTROL

The Women's cares for some of the most vulnerable in our community, so we take prevention and control of infection seriously.

Hand hygiene is the single most effective way to prevent the spread of infections. All staff and volunteers at the Women's are regularly informed of the importance of hand hygiene through seasonal campaigns, mandatory training, and on-ward reminders. We conduct regular audits and both our Parkville and Sandringham sites have exceeded the Department of Health and Human Services (DHHS) recommended minimum compliance target for Victoria of 80 per cent for the last couple of years, with both achieving 83 per cent in 2017/18.

On the rare occasion it occurs, we take a variety of courses of action to control infection. Each case is reviewed as a critical incident, whereby we examine the risks and factors that would change the outcome, such as environment and processes, and make changes accordingly.

Staphylococcus aureus bacteraemia (SAB)

The Women's carefully monitors and treats any patients with Staphylococcus aureus bacteraemia (SAB). There were two cases of SAB at the Women's in 2017/18, both in our neonatal intensive care unit (NICU).

Although this is still very low and puts us below the DHHS target, we take each incident seriously and each was reviewed as a critical incident. As a result, we have increased education for staff working in NICU, audited nursing and medical staff work processes, and targeted environmental cleaning as areas of improvement.

NOTE: Statement of Priorities = Rate of patients with SAB per occupied bed day ≤ 1/10,000

Staphylococcus aureus bacteraemia (SAB) July 2017 – June 2018 (Parkville and Sandringham)

Year	Number of SAB cases (July 2017 – June 2018)	Occupied bed days	Rate of SAB per 10,000 occupied bed days (July 2017 – March 2018)
The Women's July 2017 – June 2018	2	81,451	0.2
DHHS Statement of Priorities target	-	-	<1
VICNISS* 5-year aggregate (n=66)	1,980	26,505,128	0.7

VICNISS = Victorian Hospital Acquired Infection Surveillance System.

Central line-associated bloodstream infection

In 2017/18, nine babies had a central line-associated bloodstream infection. In each case, a team of doctors and nurses from the neonatal unit, infectious diseases and Infection Prevention and Control department reviewed the infection to determine if there were any contributing factors that could be prevented. We generally find that there are no factors that could have changed the outcome because the Women's is a tertiary hospital that cares for babies born very early at risk of complications and requiring several interventions for long periods of time. Occasionally, we do identify an environmental or process issue that may improve the outcome. When this occurs, we immediately make the changes required.

Flu immunisation

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

DHHS sets a target of 80 per cent compliance for influenza vaccination. Our annual staff influenza campaign ran from 16 April to 31 August in 2018 with 82 per cent of our staff vaccinated across both campuses at Parkville and Sandringham at the end of the campaign.

Central line-associated bloodstream infection results July 2017 – June 2018 (Parkville)

Baby weight	<750g	751-1000g	1001-1500g	1501-2500g	>2500g
The Women's central line-associated bloodstream infection rate ^ /1000 line days	8.5 (5 line infections)	3.5 (2 line infections)	0	0	6.5 (2 line infections)
VICNISS five-year aggregate	3.9	1.9	0.9	1.8	1.2

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

VICNISS = Victorian Hospital Acquired Infection Surveillance System.

VICTORIAN PERINATAL SERVICES PERFORMANCE INDICATORS

The Women's is a significant provider of perinatal services – services to women and babies before and after birth. Each year, Safer Care Victoria produces the *Victorian Perinatal Services Performance Indicators (PSPI)* report which helps to improve outcomes for Victorian women and their babies. The report contains data on 10 performance indicators of perinatal care in Victorian health services spanning the antenatal, intrapartum and postnatal period and are measured at the state-wide public and private hospital level and at individual public hospital level.

For this report, we give an overview of how we performed overall and report on two indicators from the 2016/17 PSPI report where either performance was within the least favourable quartile or there has been a decline in performance compared to the previous year.

Overall, the Women's at Parkville performed very well, with five indicators rated in the most favourable quartile (compared to less than three for other tertiary hospitals). Improvement from the previous year was noted for two indicators: gestation standardised perinatal mortality ratio for babies born at 32 weeks or more; and the rate of term babies without congenital anomalies who require additional care.

The Women's Sandringham site compared similarly with other like organisations, with two indicators rated in the most favourable quartile. Improvement was noted from 2015/16 for two indicators: the rate of third-and-fourth-degree perineal tears in standard primiparae and the breast feeding indicator.

Perinatal Services Performance Indicator 3: Rate of severe fetal growth restriction in a singleton pregnancy undelivered by 40 weeks

Fetal growth restriction (FGR) is a condition in which a baby doesn't grow to normal weight during pregnancy. FGR is a major area of focus in Victoria as it has been shown to be strongly and consistently associated with adverse perinatal outcomes.

Against Indicator 3, the Women's performance is within the least favourable quartile at both sites. Notably Parkville has seen improvement from the previous report, which can be attributed to greater focus from the team and an improved third trimester surveillance program. Of the babies born in this category, there has not been an increase in those requiring admission to Special Care.

In addition, a robust governance structure of reviewing fetal growth restricted babies takes place weekly at clinical meetings and senior management level. Regular feedback is provided to clinicians following case reviews.

Perinatal Services Performance Indicator 10: Rate of term babies without congenital anomalies with an Apgar score <7 at five minutes

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

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

Singleton babies (a baby born of a single birth) who are more than 37 weeks' gestation and without congenital anomalies are expected to be born in good condition, show healthy transition at birth, and not require resuscitation.

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

The rate of term babies without congenital anomalies with an Apgar score <7 at five minutes has risen at Parkville in the last year which resulted in our performance falling within the least favourable quartile. This has not affected the rate for term babies who require additional care (Indicator 2) which in fact has improved at Parkville and is unchanged at Sandringham.

Apgar score recording can be subjectively reported. Annual neonatal resuscitation competencies are mandatory and further education is required to ensure clinicians are correctly and consistently identifying and reporting the Apgar scores.

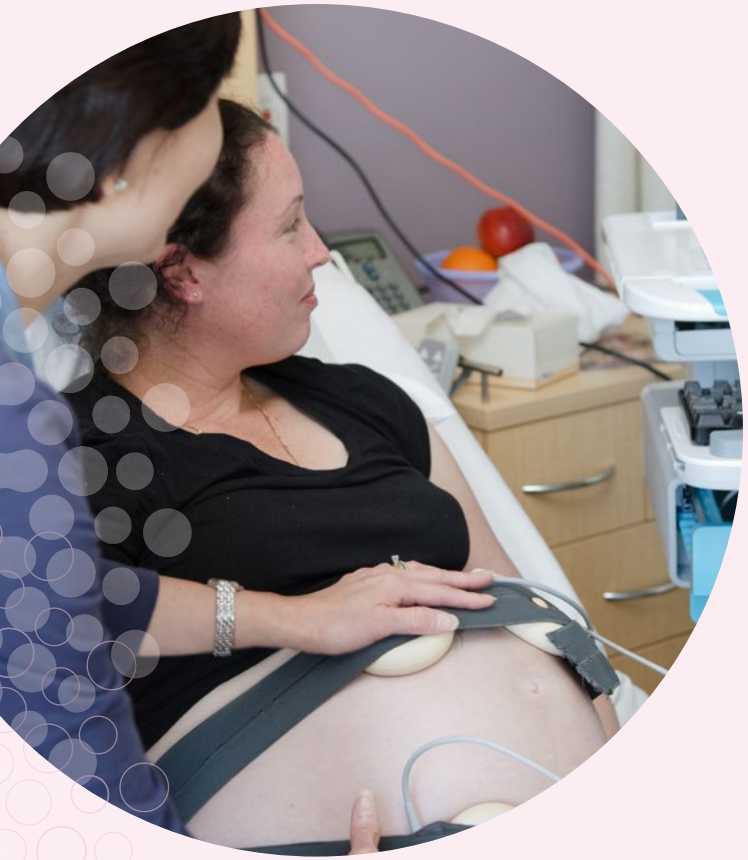
ESCALATION OF CARE PROCESSES

In October 2016, the Women's implemented a Patient Initiated Medical Emergency Team (MET) service to support an appropriate and timely response to a patient in the event of their condition deteriorating as observed by themselves, a carer, relative and/or friend.

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

There were no Patient Initiated MET calls this year. An audit of awareness of the system undertaken in May 2018 showed that 100 per cent of the patients audited (24 patients across four wards) were aware of the system. Posters promoting the service were available on 96 per cent of the bedside lockers (107 of 112) and in 100 per cent of the bathrooms (92 of 92).

MAKING A MOVE FOR A BETTER PATIENT EXPERIENCE



In late 2017, the Women's identified an opportunity to improve our service and create a better experience for both patients and staff.

Our Assessment Centre was originally located in the Women's Emergency Care unit in Parkville. The centre is where low risk women who are 37 weeks pregnant or more and showing signs of early labour are assessed for their readiness for admission. Women are assessed by a midwife and generally spend around one to four hours under observation before either being admitted to the Birth Centre for ongoing pregnancy and labour care, or sent home with reassurance from a midwife.

Following a review of workflows in our maternity services area, and in response to feedback, the Women's decided to relocate our Assessment Centre from Women's Emergency Care to the Birth Centre on level three. This would provide a more seamless pathway, minimising the need for women to travel between floors and maximising consistency of care.

"The relocation of assessment to the Birth Centre has streamlined the process for women coming to hospital for labour assessment," said Jenny Ryan, Director of Maternity Services.

"Around half of the women we see progress from the Assessment Centre to the Birth Centre so it made sense to bring the two together. Now, when a woman with signs of early labour arrives at the hospital she goes straight to the one area and either births or goes home with reassurance."

The relocation of the Assessment Centre also provides an improved experience for women – there is now greater privacy and midwives have more timely access to medical staff as required.

"It's been great for our midwives too," said Jenny. "Being located in the same area enables midwives to work more collaboratively and support each other, especially during the busy periods."

"Birth Centre staff are also able to better forecast their workload as the assessment of women is occurring on level three in the birthing environment. This is especially helpful during our peak periods when demand for beds is high."

ADVANCED CARE DIRECTIVES

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

Women are encouraged to document values, beliefs, and healthcare preferences, as well as what treatment(s) they would and would not want in an Advance Care Directive (ACD), as a way to let people know what is most important to them. Processes are in place to support women to complete an ACD as part of the Women's patient-centred care. Where a woman has an ACD, a copy of the document is retained in the Medical Record for clinicians to access and follow.

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

For the twelve months from 1 July 2017 to 30 June 2018, 239 women aged 75 years and over were admitted to the Women's.

Advanced Care Directives in women aged 75 and over who were admitted to the Women's in 2017/18

Date	# of women aged 75 or over admitted	# with Advanced Care Directive	% with Advanced Care Directive
July - September 2017	61	1	1.6
October - December 2017	64	0	0
January - March 2018	50	0	0
April – June 2018	64	2	3.1

MEDICAL TREATMENT DECISION MAKER

Women may appoint someone they trust to make decisions for them if they are too sick to make the decisions themselves. This person is known as a Medical Treatment Decision Maker (MTDM), previously known as the Medical Power of Attorney. The name and contact details of the MTDM is recorded as part of patient registration. A MTDM will be involved in making care decisions on behalf of a person whose decision-making capacity is impaired.

END OF LIFE CARE

The Women's is working with our precinct partners, Peter MacCallum Cancer Centre and the Royal Melbourne Hospital, to empower and support patients to direct their own care. In particular, a patient's needs, goals and wishes at the end of life which may change over time.

Pathways and resources are being developed to ensure the cultural, spiritual and psychosocial needs of patients, and their families and carers, are considered in addition to meeting their physical needs.

THE WOMEN'S DECLARATION

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

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

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

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

We will be a voice for women's health

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

We will innovate healthcare for women and newborns

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