



# Quality Account 2023 - 2024

**Austin**  
HEALTH

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## About this report

This report provides information about the quality of care we deliver at Austin Health.

All figures relate to the period 1 July 2023 to 30 June 2024, unless otherwise specified.

Austin Health is a metropolitan health service established under the section 181 of the Health Services Act 1988 (Vic).

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Austin Health's three main campuses are on the lands of the Wurundjeri People of the Kulin Nations. We pay our respects to Wurundjeri Elders and acknowledge the ongoing connections to land, waterways, culture and lore of the oldest living culture in the world.

We acknowledge the Aboriginal, Torres Strait Islander People and all Indigenous nations of the world, who continue to uplift communities and champion rights to land, water, language and traditions.

We support the important role Indigenous people continuously hold in our society.

Feedback about this report can be forwarded to the Patient Experience Team by emailing [feedback@austin.org.au](mailto:feedback@austin.org.au)

# A message from our Chief Executive Officer and Chief Medical Officer



It is with great pride that we present the Austin Health Quality of Care Report for 2023-2024. This report reflects our unwavering commitment to delivering exceptional patient care, clinical excellence, and continual improvement in the services we provide to our community. At Austin Health, our vision of “shaping the future through exceptional care, discovery, and learning” has never been more relevant, and this report is a testament to the collaborative efforts of our teams, staff, and partners in pursuing this goal.

This past year, we have continued to navigate an evolving healthcare landscape marked by increasing demands, diverse patient needs, and emerging health challenges. Throughout these changes, Austin Health’s dedication to maintaining the highest standards of safety, quality, and patient-centered care has remained steadfast. Our ability to respond proactively to these challenges while fostering an environment of learning and innovation is a direct result of the professionalism and dedication of our healthcare teams.

Key achievements over the past year include advancements in clinical safety protocols, enhancements in patient experience initiatives, and significant strides in reducing hospital-acquired complications. The ongoing focus on the National Safety and Quality Health Service Standards has enabled us to further embed best practices into our day-to-day operations, ensuring our patients receive safe, effective, and compassionate care.

We are also proud of our success in embedding a culture of transparency and accountability. Our commitment to incident management, clinical audits, and morbidity and mortality reviews has strengthened our ability to learn from our experiences and apply these lessons to improve the care we provide. Additionally, the integration of new technologies and data-driven insights has empowered our teams to make more informed decisions, ultimately improving outcomes for our patients.

None of these achievements would be possible without the tireless efforts of our staff across all levels of Austin Health. Their dedication to continuous improvement, patient safety, and clinical excellence is the cornerstone of our success. I would also like to acknowledge the valuable contributions of our patients and their families, whose feedback helps shape the future of our care.

As we look ahead, Austin Health will continue to embrace innovation, advance our clinical practices, and strengthen our partnerships within the healthcare community. We remain resolutely focused on our mission of delivering the highest quality care, ensuring that our patients can trust us with their health and well-being.

Thank you for your ongoing support, and we look forward to continuing this journey together as we build on our achievements and strive to deliver even better care for our community.

A handwritten signature in black ink that reads "Cameron Goodyear".

Cameron Goodyear  
Chief Executive Officer (Interim)

A handwritten signature in black ink that reads "Mary O'Reilly".

Prof. Mary O'Reilly  
Chief Medical Officer

# Consumer, Carer and Community Participation

## Engaging with patients as partners

Involving patients in their healthcare journey through shared decision-making is key to providing patient-centered care. The Australian Charter of Healthcare Rights gives patients the power to choose their level of involvement in their care and decision-making. We remain committed to educating patients about their healthcare rights with our co-designed resources. To learn more, visit Austin Health's [website](#).

This year, we partnered with Safer Care Victoria to pilot the Families and Carers as Part of Healthcare Team (FACT) program on Ward 9 West. The program enhances carer involvement during a patient's stay, offering support in care tasks, overnight stays, extended visiting hours, and access to carers' meals. Early results show improved patient and staff satisfaction.

## Empowering patients in 2024

This year, we've strengthened our support for patients, families, and carers by:

- Enhancing audit tools for diverse and inclusive engagement.
- Installing patient bedside communication boards at over 800 beds, providing a vital channel for sharing information with healthcare teams.
- Launching a new consent form as part of broader informed consent improvements.
- Introducing a 'Preparing for Discharge' checklist to assist patients in planning and participating in their discharge process.

## Commitment to consumer partnership

Austin Health's approach to consumer partnerships is grounded in person-centred care, equity, participation, and health literacy. By aligning with Safer Care Victoria's Consumer Partnership Framework, we ensure that patient and carer voices are actively involved in planning, delivering, and evaluating care at all levels of the organisation.

Through continuous engagement and open communication, we strive to create a culture where consumer partners feel respected, supported, and empowered.

Their feedback and insights are key to shaping our services, driving improvement, and building a healthcare system that meets the needs of our community.

## Strengthening consumer partnerships

Consumer partnerships are a vital part of our commitment to delivering patient-centred care. We currently work with over 50 consumer representatives who are actively involved in many governance committees including the:

- Community Advisory Committee (CAC)
- Primary Care & Population Health Advisory Committee
- National Standards Committees
- Root Cause Analysis
- Divisional Safety, Quality & Risk Committees

Our consumer representatives are also actively involved in working groups and projects aimed at improving the care we provide. This includes participation in Patient Information Review Groups and contributing to the development of the Patient Portal. Their input helps us create clearer, more accessible resources and ensures that our services are shaped by those who use them.

## Enhancing consumer engagement

Our recent consumer engagement survey revealed an overall satisfaction rate of 87%. This result reflects our commitment to creating a supportive environment where consumers, carers, and community members feel valued and empowered to contribute to shaping their healthcare experience.



Austin Health is committed to providing better support for our consumer partners. Key improvements include:

**Recognising Contributions:** Our consumer partners are now offered remuneration as a recognition of their valuable input.

**Improved Online Access:** We have upgraded our Consumer Partner Portal, making it easier for partners to access relevant information, complete mandatory training and receive updates.

**Clarified Roles:** We have updated the Consumer Partner Position Description to ensure everyone has a clear understanding of their role and expectations.

**Enhanced IT Support:** We've improved access to the tools and technology needed to participate effectively in meetings.

### Access to certified interpreters

Clear communication is key when providing quality patient-centered care.

During the 2023–2024 financial year, Austin Health's data shows approximately 16 percent of outpatients treated at Austin Health were of culturally and linguistically diverse backgrounds.

Our Language Services department provides National Accreditation Authority for Translators and Interpreters (NAATI) certified interpreters, to patients from culturally and linguistically diverse backgrounds. Language Services received 274 requests for Auslan interpreters during 2023–2024. A total of 77 percent of these requests were met with 23 percent unable to be met due to the short notice and interpreters not being available at the requested time. Alternative solutions of video interpreters and alternative times were offered, to ensure the communication needs of our patients were met.

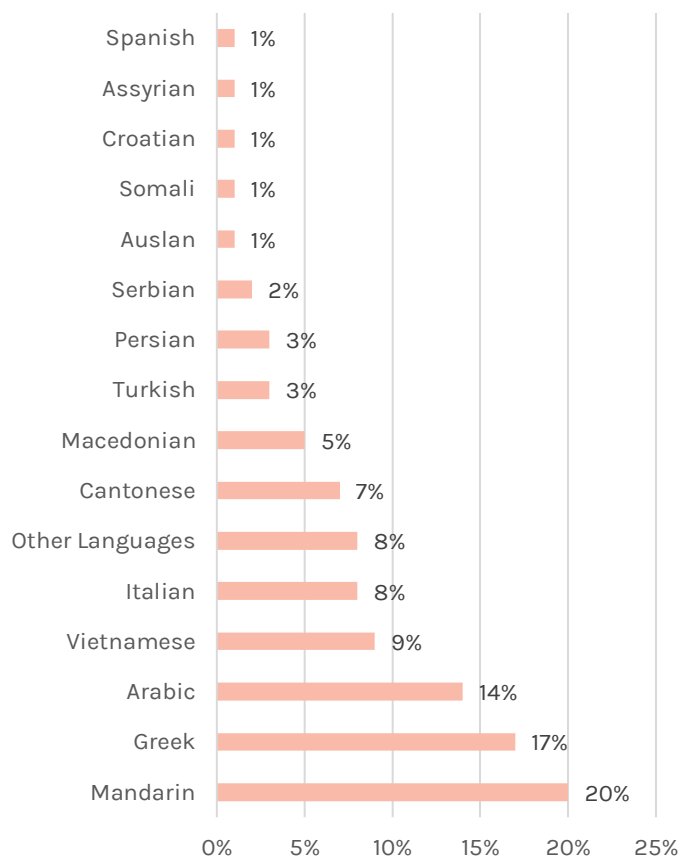
Overall, our interpreter activity has remained stable compared to 2022–2023, with 17,168 appointments provided. Our data shows we provided face-to-face interpreters on 10,293 occasions, an increase of 38 percent compared to the previous year. There was a corresponding reduction in the use of telephone and video technologies (Teams and Telehealth) by 30 percent, with 6,425 appointments provided via telephone and 450 interpreter appointments via video.

During 2023–2024, the languages most frequently requested for interpreters were: Mandarin, Greek, Arabic, Vietnamese, Italian, Cantonese, Macedonian and Turkish (in order of demand).

We provided 96 written translations of hospital resources into Arabic, Chinese Simplified, Vietnamese, Chinese Traditional, Greek, Italian, Persian, Macedonian, Turkish and Serbian (listed in order of demand). This is a decrease of 50 percent compared with the previous year.

We continue to provide translation services to our community and are constantly seeking new ways to ensure patients from all backgrounds and abilities can make informed decisions participate in all discussions about their healthcare.

Interpreter Services by Language  
July 1 2023 - June 30 2024



## Disability Action Plan

Since Austin's Disability Action Plan (DAP) was launched in December 2022, the Disability Inclusion Committee and the Disability Liaison Officer (DLO) Program continue to work on the targeted strategies, specific actions and key performance indicators within the plan. These were developed to align with the National Safety and Quality Health Service Standards ensuring legislative responsibilities are met.

Key achievements over the 2023-2024 financial year across the three priority areas; inclusive, accessible and effective include:

### Priority Area 1: Inclusive

- Remuneration is now offered for formally onboarded consumers with disability to facilitate meaningful participation across Austin committees and working groups.
- A survey to understand disability awareness across the organisation closed on December 2023 and analysis of the results have indicated a varying confidence and knowledge of working with disability. Data is currently being used to inform the development of targeted disability awareness information and education for staff.
- Development and launch of posters to support staff education on language and disability and how to complete the disability identifier question set.

### Priority Area 2: Accessible

- A changing places/accessible bathroom has been included in the Emergency Department redevelopment.
- Easy English version of the Australian Charter of Healthcare Rights is now available on the Austin Health website.
- A pathway to support patients using their own transfer equipment at their appointments has now been established and work is continuing to embed this into practice.

### Priority Area 3: Effective

- In September 2023, the DLO team secured the Statewide Sector Development Lead role for the next 3 years. This role supports DLO's across approximately 22 health services through secondary expert consultations, coordination of a fortnightly Community of Practice and newsletter as well as establishing consistency of practice across the sites.
- From October 2023 Austin Health was the first health service to mandate that the disability identifier question set is asked to all patients on admission. Parkville Precinct Hospitals together with Austin have evaluated the utility and acceptability of the question set across different implementation approaches. The project will provide recommendations on broader rollout and implementation across the state with the potential for national adoption.
- In April 2024, two National Disability Insurance Scheme (NDIS) program lead roles have been filled. These roles utilise specialist NDIS knowledge to support staff to work with and improve outcomes for NDIS participants.
- In this financial year, the DLO program has supported over 1,000 people with disability at Austin Health to use hospital services and access the care and treatment they need. The DLO program has held 19 education sessions with over 600 staff to continue to build a culture of disability inclusion.



## Improving care for First Nations patients

We aim to provide a culturally safe and welcoming environment for Aboriginal and Torres Strait Islander staff, patients and their families.

As part of this commitment, our work this year to improve quality of care for First Nations patients has included:

- Conducting a trial of an after-hours Aboriginal Health Liaison Officer (AHLO) role to support patients in the Emergency Department (ED) and inpatient wards in the evening and on weekends. Every patient who received support from the after-hours AHLO stayed to receive all of the recommended care in ED. The trial received positive feedback from patients, their families and staff and we are excited to extend the trial this year.
- The development of a new video in collaboration with the Northeast Metro Health Service Partnership to educate staff about the importance of identifying First Nations patients and how to ask the identification question.
- Making the First Nations status of all patients visible in the Electronic Medical Record banner bar so that clinical staff can easily identify their patients and provide culturally appropriate care.
- Continuing to improve the Austin Health environment to make it welcoming for First Nations patients with new artwork commissioned in ED and a new office space for the Ngarra Jarra Aboriginal Health Unit.
- Surveying Aboriginal and Torres Strait Islander consumers to find out what matters to them and how their experience could be improved. 88% of respondents reported feeling culturally safe at Austin Health (an increase from 81% in 2022).



- Strengthening our community connections- we hosted a lunch with Wurundjeri Elders to discuss cultural safety priorities at Austin Health.
- Ensuring significant dates are acknowledged at Austin Health. This year's National Aboriginal and Islander Day Observance Committee (NAIDOC) Week was the biggest and best yet with a smoking ceremony, invited speakers, morning tea and communications to staff.
- Sharing key information from the Aboriginal Health Governance Committee with the organisation via a bi-monthly communique.
- Austin Health's vision for reconciliation is one where all Aboriginal and Torres Strait Islander Peoples have access to just, equitable and culturally safe healthcare.

## Reconciliation Action Plan

Our Innovate Reconciliation Action Plan (RAP) ended in April, providing a chance to reflect on highlights achieved as well as areas that need further work. 63% of the deliverables were achieved, and we are still working on the remainder.

Highlights from our RAP include:

- Engaging staff in reconciliation through events, education and displaying our vision for reconciliation throughout the organisation.
- Development of a cultural protocol guide.
- Austin Health is committed to becoming a Supply Nation member to increase procurement from Aboriginal and Torres Strait Islander suppliers.
- Acknowledgement of Country is included at the start of all important meetings and acknowledgment plaques are visible throughout Austin Health.
- Acknowledgement of Aboriginal and Torres Strait Islander veterans is embedded in the ANZAC, Vietnam Veteran and Remembrance Day services.
- Mapping and developing our organisational partnerships.
- We are taking some time to reflect on the Innovate RAP and consult with community to identify priority areas before embarking on the development of the next RAP.

## Championing Diversity: Building Equity with our Diverse Communities

Austin Health's people are our greatest strength, and we know that they can be their best selves when they feel safe and empowered. Celebration and recognition of our people is one of our priorities; Pride Month, International Day Against Homophobia, Biphobia, Interphobia and Transphobia Day, International Day of People with Disability, Ramadan, International Women's Day, National Reconciliation Week and NAIDOC Week are just a some of the wonderful events that were celebrated at Austin this year.

International Women's Day was celebrated with a fantastic hybrid event – both online and in person. Hosted by Associate Professor Natalie Yang, Director Radiology and Chair of the Senior Medical Staff Association, with special guest Mariam Issa and the Inspirational Women Awards Ceremony.



## Investing in Equality: Progress of Our Gender Action Plan

During the implementation of Austin's first Gender Equality Action Plan, Austin worked closely with GenderWorks Australia to compare and analyse 2023 workforce and employee experience data with the information submitted in 2021. A progress report and workplace gender audit were submitted, and compliance confirmation is due to be provided from the Gender Equality Commission. A positive review outcome is expected and once received, the progress report will be published on Austin's website beside the Gender Equality Action Plan (GEAP).

## Ongoing commitment to diversity and inclusion

Diversity and inclusion remain a core focus at Austin Health, driven by the clear message we received from our employees: a diverse and inclusive environment is paramount.

We understand that continued success occurs when everyone from all backgrounds feel valued and respected. A diverse and inclusive environment fosters innovation, leads to a happier workforce, and ultimately results in improved patient care.

In the last 12 months there have been initiatives developed to cultivate a truly inclusive culture, systems designed to attract and retain diverse talent and our unwavering commitment to continuous improvement.

Our commitment to these goals is demonstrated below:

- How2 training provided by Rainbow Health Australia has been undertaken by key Austin staff members. The training provides a framework for organisations to show that they are safe, inclusive and affirming services and employers for the Lesbian, Gay, Bisexual, Transgender, Queer Intersex and Asexual + (LGBTQIA+) community. A needs analysis is intended to be undertaken to determine next steps.
- As of 1st July 2024, Victorian health services are required to report a patient's sex at birth (replacing sex) and patient's gender to the Department of Health. The implementation of this process has required education and support for all staff as well as procedure and system change. Collecting accurate information on sex at birth and gender enables better healthcare by:
  - allowing us to provide clinically appropriate and inclusive care,
  - improving LGBTQIA+ data collection to understand experiences and identify needs
  - enabling government planning to design policies, programs, and services for equitable health outcomes.

Austin Health has pledged its support for the *Racism. It stops with me. Campaign* and is proud to take a stand against racism by creating a welcoming, culturally safe working environment. This is important for the safety and inclusion of all members of the Austin Health community.

The Diversity Council of Australia (DCA) is the independent, not for profit body leading diversity and inclusion in the workplace in Australia. To demonstrate our organisation's commitment to creating a diverse and inclusive workplace, Austin became a member



# Patient Safety, Experience and Clinical Excellence

## Complaints management

We listen, we learn, and we improve.

We welcome feedback from our patients and visitors about their experience, as it helps us improve our services and the quality of care we provide.

Feedback can be provided by phone, email, and by completing an online form, available on our website, or paper form available at all sites. Complaints are followed up by the most appropriate senior staff and are used to drive quality improvements.

In the 2023-2024 financial year Austin Health received:

- 1277 complaints (decrease from 1291 complaints in 2022-2023; 1.08 per cent decrease).
- 893 compliments (increase from 817 in 2022-2023; 9.3 per cent increase).

Austin Health staff use the 'You Said, We Did' approach to implement improvements based on patient and consumer feedback.

Recently, outpatients attending Radiology appointments at Heidelberg Repatriation Hospital reported that signage and directions were difficult to follow. In response, the Radiology Department upgraded its signage and naming conventions in the entry, reception, and waiting areas, making it easier for patients to find their way when visiting the department.

## Victorian Health Experience Survey Results

Patient experience measures are an important component of evaluating and improving the quality of healthcare services. These measures provide a patient-centred perspective on interactions with health care providers and contribute to overall safety and quality monitoring within the health system.

The Victorian Health Experience Survey (VHES) measures how well we're doing by asking patients about their experiences.

The table below shows the VHES Austin Health adult inpatient overall patient satisfaction results for 2023-2024. The Department of Health's (DoH) target for overall positive patient experience responses is 95 per cent.

Reporting period	Time Period	Austin Health Result (%)
Quarter 1	July - Sept 2023	95.3
Quarter 2	Oct - Dec 2023	96.0
Quarter 3	Jan - Mar 2024	93.6
Quarter 4	Apr - Jun 2024	93.0



## Supporting Muslim Patients Observing Ramadan at Austin Health

In 2024, Austin Health’s Dietetics, Food Services, and Pharmacy Departments collaborated to support Muslim patients observing Ramadan fasting during their hospital stay, when medically appropriate.

From 10 March to 9 April, Muslim patients were provided with nutritionally balanced meals for suhoor (before sunrise) and iftar (after sunset). Based on patient feedback, dates were included with the evening meal, as they are traditionally used to break the fast at sunset. This initiative was introduced to ensure Muslim patients could observe Ramadan while receiving care in the hospital.

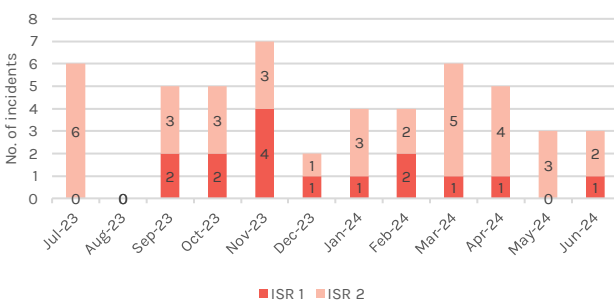
The Pharmacy Department also developed resources to assist clinical staff in adjusting medication schedules for fasting patients. These resources, used successfully during Ramadan 2023, helped staff create individualised medication plans, further strengthening our partnerships with consumers.

### Patient Safety

Austin Health is committed to the delivery of safe, high- quality health care in a compassionate environment where patients and their families can receive appropriate medical care and support during times of illness.

We are always striving to achieve excellent clinical outcomes and delivering on this requires a coordinated and robust approach to clinical governance. Our governance framework supports our organisation by championing patient centered care and process transparency. We engage subject matter experts and consumer representatives to actively participate in our adverse event reviews, to ensure our service improvements consider peer perspectives and consumer interests, respectively.

Incident Rating 1 and 2 Incidents  
July 2023 - June 2024



## Statutory duty of candour

The Duty of candour is a legislative requirement for Victorian health services, which came into effect on 30 November 2022. Statutory Duty of Candour (SDC) builds on existing elements of open disclosure as outlined in the Australian Open Disclosure Framework and encourages open, honest communication when a patient has suffered a serious adverse patient safety event (SAPSE) while receiving care. SAPSE’s are the equivalent of Incident Severity Rating (ISR) 1 and 2 events, resulting in, or likely to result in, unintended or unexpected harm (moderate harm, severe harm, or prolonged psychological harm) to the patient.

Patients and / or their families who wish to be involved in the SDC process receive a written summary of their meeting and a summary of the review report, as part of the SDC process.

Between the 1 July 2023 and the 30 June 2024, 43 SAPSEs were reported and subject to SDC legislation. Thirty-five patients/families chose to participate in the SDC process, and eight patients chose to ‘opt out’ of the SDC process.

### Serious adverse patient safety events

The most serious SAPSE’s are reported to Safer Care Victoria (SCV) as sentinel events. This year there were eight sentinel events reported across Austin Health for the period 1 July 2023 – 30 June 2024. Two involved interagency reviews, one of these reviews was conducted in conjunction with Ambulance Victoria and another review was conducted with another metropolitan Health Service.

The Adverse Events Committee (AEC) continues to provide high level endorsement of completed ISR 1 & 2 incident reviews through case presentation, recommendations, and monitoring of agreed timeframes for implementation across Austin Health. Over the past 12 months, the AEC has noted a strong emphasis for promotion of patient safety across the organisation and a shared accountability between the organisation and our teams in supporting a Just Culture. The focus on patient safety across the organisation has meant that most identified recommendations are implemented within the agreed timeframes. Continued ongoing monitoring will assist in improving the effectiveness of our incident management and investigations systems.

## Accreditation

All Australian health services are surveyed under the National Safety and Quality in Health Service Standards (administered by the Australian Commission on Quality and Safety in Health Care). This includes acute care, sub-acute care and mental health services.

The National Safety and Quality Health Service (NSQHS) Standards were established by the Australian Commission on Safety and Quality in Health Care to protect the public from harm and enhance the quality of healthcare services across Australia. These standards provide a nationally consistent framework, ensuring safe and high-quality care while focusing on key areas such as clinical governance, patient safety, infection control, medication safety, and communication. The goal is to ensure that healthcare organisations deliver responsive, person-centered care, while continuously improving health outcomes.

The NSQHS Standards consist of eight key areas critical to healthcare safety and quality. These include:

- Clinical Governance, which ensures effective leadership and a system-wide approach for safe care.
- Partnering with Consumers, which involves patients in decision-making about their care.
- Preventing and Controlling Infections, which reduces the risk of healthcare-associated infections.
- Medication Safety, which addresses the safe use of medicines.
- Comprehensive Care focuses on coordinating care based on patient needs.
- Communicating for Safety ensures effective communication to prevent errors.
- Blood Management promotes safe transfusion practices.
- Recognising and Responding to Acute Deterioration ensures timely intervention when patients' health deteriorates.

Together, these eight standards aim to prevent harm, improve patient outcomes, and promote continuous improvement in healthcare delivery.

The Short Notice Assessment Program (SNAP) plays a pivotal role in maintaining compliance with these standards. Under this program, healthcare services are subject to unannounced assessments with minimal prior notice, ensuring that the standards are integrated into everyday operations, not just when an assessment is scheduled.

This real-time evaluation of safety practices, patient care, and governance processes encourages health care services to maintain high standards consistently, fostering a culture of continuous readiness and improvement.

In September 2022, Austin Health underwent a rigorous accreditation process against the National Safety and Quality Health Service (NSQHS) Standards for Hospitals, reflecting the institution's unwavering commitment to delivering high-quality healthcare.

As we move forward, we will use the insights gained from the accreditation process to identify areas for further improvement and innovation. We will continue to collaborate with our staff, patients, and stakeholders to ensure that Austin Health remains a trusted healthcare provider and a center of excellence in the field of healthcare.

## Building the capability of our people

Austin Health continues to invest in leadership development initiatives such as the Frontline Leadership program (FLP) and the Specialist Certificate in Clinical Leadership (SCCL) to equip our leaders with contemporary management and leadership skills to enable the success of all our people.

The Frontline Leadership program and the Specialist Certificate in Clinical Leadership are making a significant contribution to building the capabilities of our leaders to deliver quality care to our patients.

In addition, the Frontline Leadership program and the Specialist Certificate in Clinical Leadership are examples of the commitment in our People Strategy 2023 - 2027 to implement targeted development programs for our leaders that strengthens their skills and capabilities to meet current and emerging challenges.

## Frontline Leadership program (FLP)

In 2023, The Frontline Leadership program (FLP) was delivered to four cohorts involving 84 participants between May to December 2023. The FLP is designed for early career Nurse Unit Managers (NUM), Associate Nurse Unit Managers (ANUM), nursing, medical and allied health practitioners with leadership responsibilities, team leaders, supervisors from non-clinical roles.

The FLP consists of six full day sessions over a period of four to five months for each of the four cohorts.

In addition, participants were involved in self-directed coaching circles. These are small groups that met at specific stages during the program. The aim was to embed learning and provide coaching opportunities amongst participants on issues arising from the main group sessions.

The key topics explored in the FLP are:

- understanding self as a leader
- managing people and teams
- managing change
- managing performance and development
- influencing and managing stakeholders
- strategic thinking.

## Specialist Certificate in Clinical Practice (SCCL)

Austin Health partners with the University of Melbourne (UoM) to deliver the Specialist Certificate in Clinical Practice (SCCL). The SCCL is co-designed and customised for Austin Health.

The aim of the SCCL is to support our senior doctors to develop the skills to effectively lead and drive positive change to improve care across our health service. The program assists our senior doctors to develop the required knowledge and skills to be an effective and influential clinical leader.

The SCCL is delivered by University of Melbourne's medical school experts and leading international guest presenters and contributors. The program uses evidence-based approaches, tested in health care settings and other industries and covers topics such as adaptive leadership, organisational behaviour, change management, and innovation in healthcare.

In 2023, 20 senior medical practitioners participated in the SCCL. The SCCL brings clinical leaders together from across Austin Health, assisting participants to shape new networks as well as support each other to explore and address medical leadership and service delivery/improvement challenges at Austin Health.

The SCCL is a nationally accredited program and participants considering extra study beyond the SCCL, can apply for recognition of prior learning into additional study. Previous participants have gone on to complete other UoM programs, such as the Innovation Accelerator Program (IAP) and Australian Clinical Entrepreneurs Program (AUSCEP).

## 2023 People Matter Survey

The People Matter Survey is the Victorian public sector's independent employee opinion survey. It is an important source of valuable feedback and helps us to understand where we are doing well, where improvements need to be made, and to determine what is important to our people.



# Patient Bedside Communication Boards: Enhancing communication and Patient Care



Patient Bedside Communication Boards have become an integral part of enhancing communication between patients and their healthcare teams at Austin Health. These boards serve multiple functions, including improving the overall communication experience, allowing patients and their families to leave questions or comments, and keeping them informed about important aspects of their care, such as discharge plans and the current nursing staff overseeing their care.

The Patient Safety & Clinical Excellence Unit has worked closely with local teams to install over 820 communication boards across all three Austin Health campuses. This initiative is a part of our ongoing commitment to patient-centered care and improving transparency in healthcare delivery.

All team members are encouraged to ensure that the boards are consistently updated with relevant information. This includes critical details about the patient's care plan, next steps for discharge, and contact details for the care team. Patients and their families are also invited to actively contribute by leaving questions, feedback, or any specific requests to support open communication with healthcare providers.

To assess the effectiveness of these boards, we have conducted evaluations following each phase of the rollout. Feedback from ward managers has been gathered to identify any areas requiring improvement, ensuring the boards are utilised to their full potential. Furthermore, patient and family feedback has been overwhelmingly positive, highlighting the role these boards play in fostering an environment of transparency and trust.

We will continue to track patient experiences through the "Partnering in Care Survey" in 2025 to ensure the sustained success of this initiative and explore opportunities for further improvement in patient communication and care delivery.

By maintaining these communication boards, Austin Health reaffirms its dedication to creating a patient-centered environment that prioritises safety, communication, and engagement in the healthcare process.

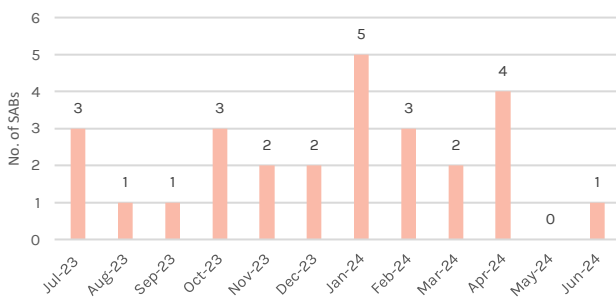
## Infection Prevention and Control

Austin Health staff have worked hard to reduce infection rates across the organisation. We are pleased to report their hard work is showing positive results for patients.

### Staphylococcus Aureus Bacteraemia

Staphylococcus Aureus Bacteraemia (SAB) bloodstream infections are often associated with healthcare and occur when Staphylococcus aureus bacteria also known as S. aureus or golden staph cause an infection of the bloodstream, or bacteraemia. Our SAB rate has increased slightly from 0.6 per 10,000 occupied bed days (OBD) 22/23, to 0.7 this year. Our SAB rate is on par with the Victorian Department of Health's target of 0.7 per 10,000 OBD, and below the national benchmark of 1.0 per 10,000 OBD. Our goal is to achieve zero infections through consistent practice in inserting and caring for peripheral and central intravenous lines.

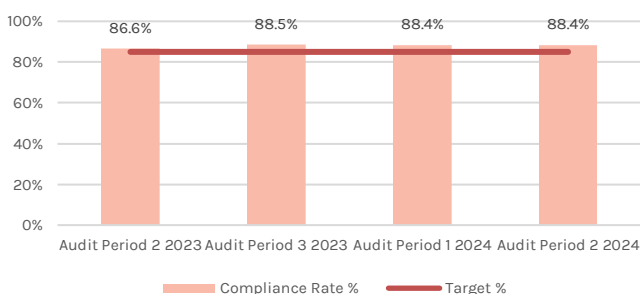
Staphylococcus Aureus Bacteraemia  
July 1 2023 - June 30 2024



### Hand hygiene

Austin Health audits hand hygiene compliance as part of the National Hand Hygiene Initiative. For the past four audit periods, we achieved greater than 85 per cent compliance with hand hygiene, which is above the national target.

Hand Hygiene Compliance  
July 1 2023 - June 30 2024

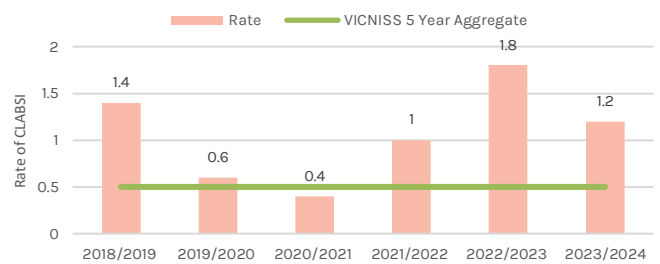


## Central line-associated bloodstream infections (CLABSI)

The rate of central line-associated bloodstream infections (CLABSI) has decreased, from 1.7 per 1,000-line days last year to 1.4 per 1,000-line days this year. This is above the Victorian Hospital Acquired Infection Surveillance System (VICNISSO five-year aggregate rate of 0.5 per 1,000-line days. We aim to achieve zero CLABSI in accordance with the Department of Health's target. Actions taken to reduce the rate of CLABSI and increase the safety of our patients include:

- Use of daily Chlorhexidine body wash for all patients with a central line
- Focus on improving hand hygiene compliance
- Focused on aseptic technique compliance
- Increased monitoring and review of clinical need for the central line in daily round and handovers

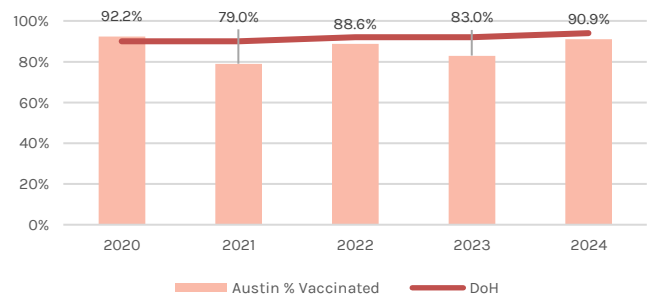
Central line-associated bloodstream infections (CLABSI)  
July 1 2023 - June 30 2024



### Staff influenza vaccination

Influenza immunisation is offered to staff annually, to protect them and our patients against the flu. In 2024, 90.9 per cent of staff were vaccinated.

Staff Influenza Vaccination  
2020 - 2024



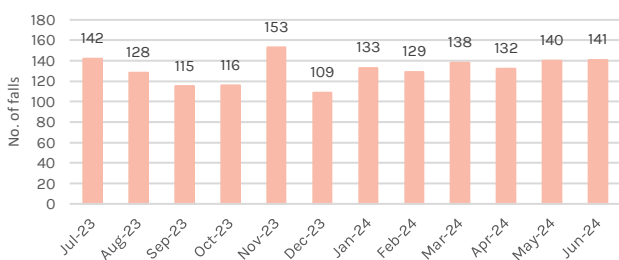
## Preventing falls and harm from falls

Organisation wide we have achieved a financial year-to-year decrease of 11 per cent in the total number of falls. Importantly the number of falls with serious harm (ISR 1 & 2) has decreased by 39% per cent, building upon a previous decrease of 44% in the preceding year.

Falls prevention is multifactorial and relies on a risk assessment to plan and implement effective mitigation strategies. In 90% of the 1576 falls, manager review determined that appropriate minimisation strategies were in place at the time of the fall. A research project in the Continuing Care Division is underway to develop novel falls prevention strategies which involve the multidisciplinary team implementing an ‘Eyes On’ approach with the aim of reducing the frequency of unwitnessed falls.

Most patients who fell (65%) had a history of previous falls which reflects the need to ensure that when a fall does occur as an inpatient, a thorough and complete physical assessment and review of the care plan is undertaken to prevent a subsequent fall. In conjunction with subject matter experts the Cerner Electronic Medical Record (EMR) team has designed new note types and workflows to standardise post fall care.

Falls by Month  
July 1 2023 - June 30 2024



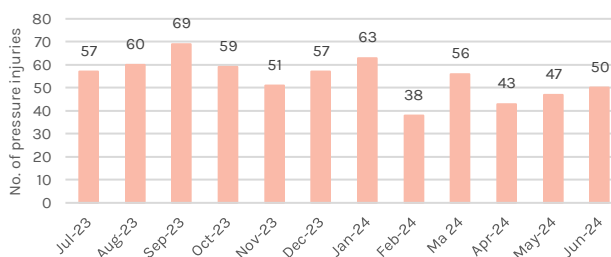
## Preventing pressure injuries

A pressure injury is a localised injury to the skin and/or underlying tissue, usually over bony prominences. Patients who experience pressure injuries can experience an increased length of stay as well as associated discomfort and distress.

Austin Health experienced an 11 per cent increase in the total number of reported pressure injuries, however a 10 per cent decrease in stage 3, 4 suspected deep tissue and unstageable pressure injuries.

Detection of at-risk patients and early skin changes is vital to the prevention and/or deteriorating pressure injuries. The Pressure Injury Prevention and Management guideline has been reviewed to provide guidance on prevention strategies based on risk, highlighting key positioning considerations in specialty areas and strengthening a multi-disciplinary approach to prevention and management. The Pressure Injury Committee is also currently working to standardise skin assessment documentation across the organisation.

Pressure Injuries by Month  
July 1 2023 - June 30 2024



## Escalation of care

Austin Health continues to be committed to helping patients and their carers to monitor their progress and be able to escalate their care concerns, while in hospital. Patient And Carer Escalation – PACE, is Austin Health’s patient escalation of care process. PACE is a simple three step process, to help address concerns about the patients’ health care needs. An independent clinical staff member will listen to the concerns raised and put strategies in place to address them.

Between July 2023 – June 2024, there were 42 PACE calls. This is an increase from the previous year. During the reporting year we have focused our energies on increasing the visibility of the PACE call process to our consumers and families. This includes updates to the Austin Health website, prominent display of PACE posters in clinical areas and now with the rollout of the ‘My Communication Board’, each board details the PACE call process.

# A New Approach to Hoist Transfers Using Patient-Owned Slings at Austin Health



Austin Health has embarked on a vital quality initiative to improve safety and accessibility for patients requiring hoist transfers. This project is particularly focused on the use of patient-owned or specialised slings during transfers, an issue that has caused concern regarding safety, compliance, and patient satisfaction.

Historically, hospital policy has stipulated that all slings used during patient transfers must be tested for damage to ensure safety for both patients and staff. However, when patients arrived with their own slings, it was impossible for staff to inspect or test the sling in accordance with policy. This led to instances where Radiology staff were unable to use patient-owned slings or specialised slings, resulting in some patients experiencing dissatisfaction and, at times, delays in access to care.

Feedback from the Disability Liaison Officer (DLO) team, along with data from the 2022-2023 incident system and consumer expertise, highlighted that patients' needs were not being fully met. Specifically, concerns were raised by patients that refusal to listen to them as experts in their care and use patient-owned or specific slings could lead to adverse outcomes in rare but significant cases. In response Austin Health formed the "Patient Owned Assistive Products Working Group" in December 2023. This group, led by the expertise of a consumer and staff from the Health Safety and Wellness (HSW) team, the Movesmart training coordinators, legal advisors, occupational therapists, radiology staff and DLO members, aimed to modernise policies and expand training programs to ensure both patient safety and equity of access.

The working group's primary goal was to align policy to patient centered care while ensuring that staff across the hospital, especially in Radiology, had the necessary training and resources to use patient-owned specialised slings safely and effectively. The group also focused on updating the existing Movesmart training to incorporate the correct use of these slings and recommended purchasing varied sizes and types of slings for Radiology.

While working toward a long-term solution, the team implemented several innovative interim measures. Radiology staff were advised to contact the Occupational Therapy (OT) manager whenever a patient arrived with the need to use their own sling. The OT manager dispatched a trained clinician to assist with the transfer, ensuring safe and appropriate use of the equipment. This strategy has already seen success, with three safe transfers completed under these guidelines, minimising the risk of adverse outcomes.

Beyond these interim solutions, Austin Health plans to create a 'train the trainer' model and appoint 'superusers' within Radiology to further strengthen staff capabilities. This approach ensures that, moving forward, all staff members are equipped with the knowledge and skills to use specialised slings when required, without the need for external assistance. Moreover, the Movesmart training program will be updated to reflect the expanded use of patient-owned slings across Austin Health.

So far, the changes have significantly improved patient safety and access. Importantly, Austin Health is committed to continue to listen to expert health consumers and modernise its policies to ensure greater equity of access for all patients.



## Mental Health

Austin Health prioritises the quality and safety of mental health services through rigorous benchmarking and monitoring of restrictive practices. This report provides an overview of our performance in managing seclusion and restraint within our psychiatric inpatient settings over the past year, reflecting on the challenges and steps taken to enhance care and safety.

To ensure the highest standards, we report on seclusion rates and the use of mechanical and physical restraint at our monthly patient safety clinical excellence committee meetings which are chaired by the Medical Director of Mental Health. Our active participation in the Victorian Department of Health's Creating Safety group and the Office of the Chief Psychiatrist's oversight meeting underscores our commitment to minimizing restrictive practices and continuously improving our protocols.

This past year has presented several challenges:

- There are ongoing sector-wide acuity pressures, especially in the adolescent and young adult age groups, relating to shifts in presentations post-COVID-19, evolving impacts from the Royal Commission into Victoria's Mental Health System, and continuing limitation of acute mental health beds to manage this safely and appropriately. These contribute to heightened incidents of violence and aggression, and an increased reliance on restrictive practices than we would like but is needed to maintain consumer and staff safety in the face of high demand.
- The implementation of the new Mental Health and Wellbeing Act from August 2023 has had a profound impact on Austin Health's mental health services, driving positive changes in consumer rights, care quality, and service delivery. However, adapting to the new legislative requirements has required significant adjustments in operational procedures and documentation practices, including updating protocols for restraint and seclusion to align with the Act's focus on minimising restrictive practices. There has also been an increased need for resources to support the implementation of the Act, including additional training and adjustments to service delivery models.
- This has necessitated careful planning and allocation of resources to ensure compliance and maintain service quality. While challenges remain, the Act's focus on person-centred care and evidence-based practices is fostering a more supportive and effective mental health system for our consumers.

### Restrictive interventions data:

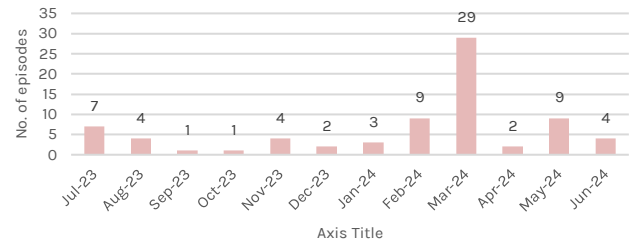
- Use of Mechanical restraints saw significant fluctuations throughout the year, with June 2024 experiencing the highest instances (30), and the lowest in September 2023 (1).
- Mechanical restraint is used mainly for transfer purposes, for Electro Convulsive Therapy, and this likely related to more acutely unwell consumers needing transfer for this treatment.
- Use of physical restraints was notably high in July 2023 (51 instances) but showed a general decline over the year, with a reduction to 13 instances by May and June 2024. The decrease reflects improvements in patient management strategies and staff training, alongside a decrease in the need for physical interventions.
- Seclusion rates varied significantly, with a peak in March 2024 (29 instances), attributed to managing heightened acuity and challenging behaviours. The rates in other months were generally lower, with a significant drop to 4 instances in June 2024. The variability in seclusion rates highlights the need for ongoing assessment of factors contributing to high acuity periods. Our efforts will focus on balancing safety with the minimisation of seclusion, ensuring it is used as a last resort.
- Reporting on the use of chemical restraint is a new requirement under the Mental Health and Wellbeing Act, with rigorous documentation and justification requirements. With the development of a clear new Austin Health guideline on appropriate use, the frequency of chemical restraints remained minimal, with very few instances recorded. The low incidence of chemical restraints indicates effective use of non-pharmacological approaches, aligning with our goal of minimising restrictive interventions.

## Future Directions

Looking ahead, we anticipate that the opening of additional beds across the mental health sector will alleviate some of the pressures on our services. This expansion will support our ability to manage acuity more effectively and align with the Royal Commission's objectives of accessible, high-quality mental health services that include active consumer and carer engagement. We will continue to review and refine our restraint protocols to ensure that restrictive practices are used judiciously and only when necessary. Enhancing staff training and support will remain a priority to better manage challenging situations and reduce the reliance on restrictive practices. We remain focused on improving patient outcomes through individualised care plans and supportive interventions that address the underlying causes of high acuity and aggression and focus on ensuring safer, more effective care.

Austin Health remains committed to delivering high-quality mental health services while addressing the complexities and challenges of restrictive practices. Through continuous monitoring, staff support, and adherence to regulatory guidance, we aim to enhance the safety and effectiveness of our mental health services, ensuring that we meet the needs of our patients and uphold the principles outlined in the Royal Commission's vision for mental health care.

Episodes of seclusion by month  
July 1 2023 - June 30 2024

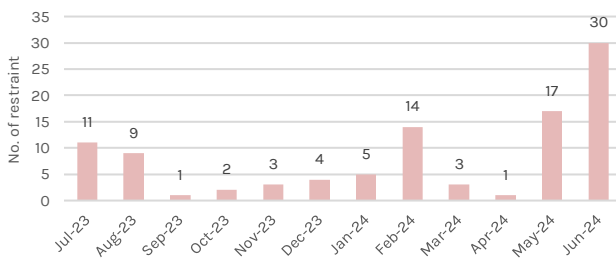


## Blood Products

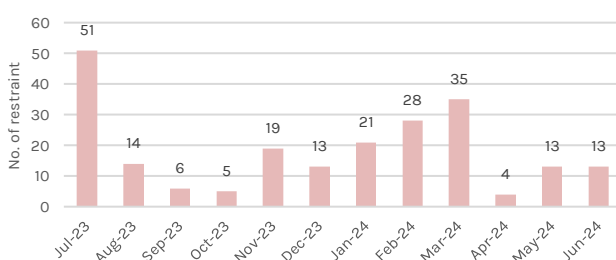
Austin Health continues to use blood and blood products safely and appropriately. We constantly monitor the stock levels of our blood products to ensure that we have enough in reserve; and we rotate stock so that the shortest expiry products are used first to avoid wastage. Our Pathology Doctors are responsible for reviewing urgent requests for blood products, to make sure that they are required and to offer specialist blood transfusion advice to improve patient outcomes.

Our Blood Bank Scientists closely monitor special blood products such as Platelets, which have a very short expiry time of only 5 days, to ensure that they are not wasted and that they are given to patients in need. As a result, Austin's Platelet wastage rates continue to be below the State and National levels.

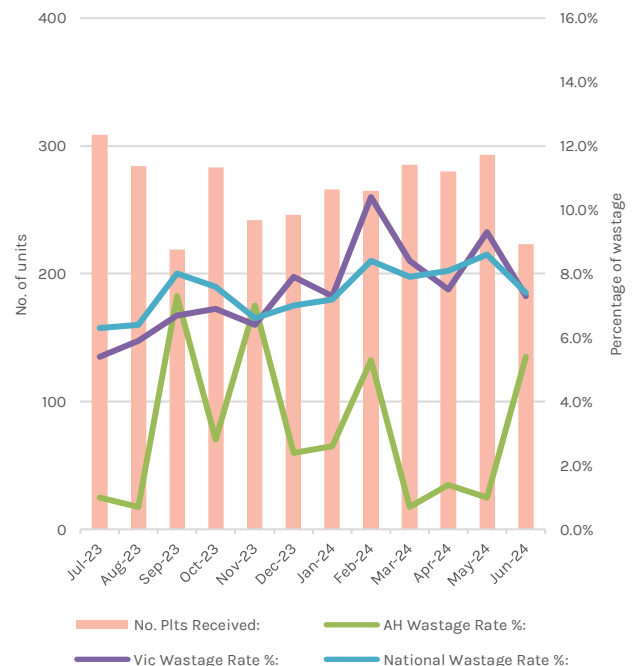
Mechanical restraint by month  
July 1 2023 - June 30 2024



Physical restraint by month  
July 1 2023 - June 30 2024



Adult Platelets Unit Received and  
Wastage Rate  
July 1 2023 - June 30 2024



# Future Care Planning

Future Care Planning (FCP) is a relatively new conceptual model introduced at Austin Health to support clinicians with high quality, patient-centered and effective care planning with our patients for both immediate and longer-term medical needs.

The nine pillars of Future Care Planning (represented in the figure below) include prognostication (meaning a prediction of future care needs), shared decision making, determining decision making capacity, identifying Medical Treatment Decision Maker, informed consent, Goals of Care and Escalation form, advance care planning and end of life care.

## Key achievements

In 2023–2024, implementation of the FCP initiative has focused on improving patient-centered care and informed consent practices. The Overall Goal of Care form has been revised in March 2024 to support consideration of patients' medical, social, and personal goals when formulating the overall goal of care. Notably, we have observed a substantial increase in the Goal of Care form completion. Ongoing efforts are underway to extend these discussions beyond inpatient settings to other community areas to ensure that all patients benefit from comprehensive care planning discussions.

To support our commitment to informed consent practices, new consent solutions are being developed. These solutions are designed not only to facilitate accurate documentation but also to ensure that clinicians engage in meaningful conversations with patients about procedure risks and options. The planned rollout will focus on embedding shared decision-making principles into clinical practice, promoting a patient-centered approach that aligns with legislative and quality standards.

The FCP Capability Framework has been instrumental in educating early career nurses and junior medical doctors during their induction. This framework ensures that all healthcare professionals understand the pillars of Future Care Planning and are equipped to implement them effectively in their daily practice. Additionally, regular discussions at senior medical staff meetings reinforce the importance of FCP principles and encourage continuous improvement in care planning processes.

Moving forward, we remain committed to further refining our practices, engaging stakeholders, and ensuring compliance with regulatory standards to continuously improve patient outcomes.



## Prognostication, recognition of acute deterioration and those nearing end of life.



Shared decision making



Determine decision making capacity



Identifying Medical Treatment Decision Maker



Informed Consent



Goals of care and escalation form



Advance Care Planning



End of life care



Communication skills

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Heidelberg Repatriation Hospital  
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300 Waterdale Road  
Ivanhoe Victoria 3079  
P. 03 9496 5000  
F. 03 9496 2541

Royal Talbot Rehabilitation Centre  
Wurundjeri Country  
1 Yarra Boulevard  
Kew Victoria 3101  
P. 03 9490 7500  
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