2017–2018

Quality Account

Exceptional care, outstanding outcomes

MonashHealth

This Monash Health Quality Account is written to provide consumers (patients, clients, residents) and our community with information about how we monitor and improve quality and safety throughout our health service.

If you don't speak or read English but would like to know more about the information in this report, please email **monashinterpreters@monashhealth.org**

لقد تم كتابة تقرير جودة الرعاية لصحة موناس Monash Health Quality Account لتزويد المستهلكين (المرضى، العملاء، المواطنين) ومجتمعنا بالمعلومات عن كيف نقوم برصد وتحسين جودة وسلامة خدماتنا الصحية.
فإذا كنت لا تجيد تحدث أو قراءة اللغة الانجليزية وتود أن تعرف المزيد عن المعلومات التي وردت في هذا التقرير نرجو الكتابة الينا على الايميل التالي: monashinterpreters@monashhealth.org

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این گذارش "سطح کیفیت موناش هیلث" تهیه شده است تا برای استفاده کننده گان (مریضان، مراجعین، باشندگان) و اهالی/جامعه ما معلومات لازم را در مورد اینکه ما چگونه کیفیت و ایمنی را در تمام ساحات ارایه خدمات صحی نظارت و بهبود می بخشیم، فراهم نماید.
هرگاه شما به صحبت کردن و خواندن به زبان انگلسی بلدیت ندارید اما علاقه مند دانستن بیشتر در مورد معلومات مندرجه این گذارش میباشید، لطفا بما ایمیل نمایید monashinterpreters@monashhealth.org

Αυτή η Αναφορά Ποιότητας του Monash Health (Νοσοκομείου Μόνας) γράφτηκε για να παρέχει στους καταναλωτές (ασθενείς, πελάτες, κατοίκους) και στην κοινότητά μας πληροφορίες σχετικά με τον τρόπο παρακολούθησης και βελτίωσης της ποιότητας και της ασφάλειας σε ολόκληρο το φάσμα των υπηρεσιών υγείας που παρέχουμε.

Εάν δεν μιλάτε ή δεν διαβάζετε Αγγλικά, αλλά θέλετε να μάθετε περισσότερα σχετικά με τις πληροφορίες αυτής της αναφοράς, επικοινωνήστε μέσω ηλεκτρονικού ταχυδρομείου στην ηλεκτρονική διεύθυνση monashinterpreters@monashhealth.org

این راپورت کیفیت خدمات صحی موناش تهیه شده است تا به مصرف کنندگان (مریضان، مراجعه کنندگان، ساکنین) و اعضای جامعه در باره طریقه نظارت ما بر بالابردن کیفیت و مصون سازی کلیه خدمات صحی ما معلومات بدهد.
اگر شما مایل به دریافت معلومات بیشتر در باره این راپورت هستید، ولی به لسان انگلیسی تکلم و خوانده نمی توانید لطفا با ایمیل ذیل تماس بگیرید:
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Đây là bản báo cáo chất lượng phục vụ của Monash Health, được soạn thảo để cung cấp thông tin đến cộng đồng và người xử dụng (bệnh nhân, khách hàng, cư dân) về đường lối giám sát, cách cải tiến an toàn và nâng cao chất lượng phục vụ qua mọi dịch vụ y tế của chúng tôi.
Nếu quý vị không nói hoặc đọc được tiếng Anh nhưng muốn tìm biết thêm thông tin về bản báo cáo này, xin gửi điện thư (email) đến monashinterpreters@monashhealth.org

Monash Health acknowledges the traditional owners of the land on which our service operates, the Wurundjeri and Boonwurrung People of the Kulin Nation, and we pay our respects to elders past and present.

The word Aboriginal is used throughout this document to include Aboriginal and Torres Strait Islander people.

Some of the patient stories used in this document use pseudonyms to protect identity.

Cover image: Monash Children's Hospital patient Bonnie Daniello with mother Deanne and nurse Brigitte Seeley.

Contents

About Monash Health

Monash Health provides care to around a quarter of Victorians at every stage of their life. With the health and wellbeing of so many people in our hands, we strove to provide every patient with excellence in each of the 3.9m episodes of care in 2017-18 (3.6m in 2016-17).

With more than

17,000

employees

operating across over

40 sites

Monash Health is Victoria's largest public health service.

Monash Medical Centre began operation 30 years ago with the amalgamation of Prince Henry's and Queen Victoria Hospitals to serve Melbourne's expanding population in the south east. Now, along with Cranbourne Integrated Care Centre, Dandenong, Casey, Kingston, Monash Children's and Moorabbin Hospitals, Monash Health provides the full range of emergency and acute services from birth to end of life.

Our values:

integrity

compassion

accountability

respect

excellence

We improve the health of our community through:

- Prevention and early intervention
- Community-based treatment and rehabilitation
- Highly specialised surgical and medical diagnosis, treatment and monitoring services
- Hospital and community-based mental health services
- Sub-acute, aged care and palliative care programs
- Research, education and teaching the next generation of healthcare professionals
- Regional and state-wide specialist services.

The Monash Health Translational Precinct (MHTP), an alliance between Monash Health, Monash University and the Hudson Institute of Medical Research, had 1135 active research projects in 2017-18. Funding includes $15.3 million from the National Health and Medical Research Council and $20 million for commercially-sponsored clinical trials from leading pharmaceutical and biotechnology companies. Life changing medical research is being brought to the bedside with innovative projects - such as home-based cancer treatments and the use of virtual reality to alleviate anxiety in our youngest consumers - just two examples of the new thinking fuelling our work.

Monash Health is a major provider of education and training for the next generation of doctors, nurses and other health professionals. This is achieved through our partnerships with Monash, LaTrobe and Deakin Universities.

The community we serve:

is one of Melbourne's
fastest growing areas

is home to more than
1.9 million
people including many families with young children and the majority of our employees

is culturally diverse
with people originating from more than
180
different countries

is multilingual, speaking more than
100
languages

is ageing

includes the
City of Casey,
which has one of the largest Aboriginal and Torres Strait Islander populations in Melbourne

including our primary and secondary catchment areas, accounts for
31% of Victoria's population

A message from our Chair and Chief Executive

The pursuit of excellence is at the heart of Monash Health, and something we each aspire to do every day. This applies to both the clinical care we provide and the overall experience we give them.

We are committed to delivering world-class healthcare and ensuring kindness remains a priority. We are pleased with the improvements in patient experience shown in our most recent survey results and we have strategies for further gains.

This 2017-18 Monash Health Quality Account tracks our results against indicators and standards introduced by the Victorian Government.

To provide the best treatment and care to our community we must involve consumers and carers at all levels of our operations. We have incorporated consumer participation as a key component of our work improvement.

Our Transforming Care Program has made significant progress this year and we continue to work to ensure our systems and our people are aligned so as to deliver excellence in patient care.

In 2017, Monash Health successfully achieved accreditation against the National Safety and Quality Health Service Standards. Surveyors acknowledged our achievements and continued growth.

The Monash Children's Hospital school celebrated its one year anniversary

The Monash Children's Hospital school celebrated its one year anniversary, and highlights our commitment to our patients and their families. This initiative helps young patients to continue their learning and provides important social benefits.

A further example of our commitment to education is the Monash Health Translational Precinct which strengthens links between education and training, basic and clinical research, and patient care.

In the Financial Year (FY) 2017-18, Monash Health achieved many Australian and Victorian firsts, providing the latest equipment, procedures and services to consumers. We are now one of only two designated 24-hour endovascular clot retrieval services in Victoria providing stroke victims with a better chance of survival and with less impairment.

The use of a single dose of intraoperative radiotherapy in breast cancer treatment instead of a series of 16 treatments post-operatively, has significantly improved our patient experience.

A new generation bone scanner that measures bone density and quantifies three dimensional microarchitecture of bones to assess musculoskeletal disease is another example of a breakthrough innovation made available to consumers this year.

The refinement of Monash Health's biggest technology-based transformation, the Electronic Medical Record (EMR), has continued, and is due to 'go live' in 2019.

The EMR will help provide clinicians with access to timely information and decision support, thereby enabling safer and more timely care.

Dipak Sanghvi
Chair, Board of Directors

Andrew Stripp
Chief Executive

We are now one of only two designated 24-hour endovascular clot retrieval services in Victoria

Our telehealth and tele-surgery services to rural and regional Victoria expanded, as did out-of-hospital services. We also implemented our Chronic Disease Strategy. The new Victorian Heart Hospital and Casey Hospital Expansion Project will also provide significant new benefits to our consumers.

We extend our gratitude to the Board's Quality Committee for its strategic leadership in relation to the clinical governance at Monash Health. We are also grateful for the insight provided by our Community Advisory Committee, which guides us to better understand the needs of the people who use our services, and how these needs can best be met.

Thank you to all Monash Health employees and volunteers for the work you do and your enormous contribution to the health and wellbeing of our community.

Dipak Sanghvi
Chair, Board of Directors

Andrew Stripp
Chief Executive

Operational snapshot

In 2017–2018

3,915,202

Episodes of care provided across the community

(3.6m in 2016-17)

1,453,333

Outpatient Services

(1.2m in 2016-17)

40,987

Paediatric Admissions

(40,293 in 2016-17)

226,315

Emergency Presentations

(220,913 in 2016-17)

1,043,936

Pathology Tests

(1m in 2016-17)

10,027

Births

(10,162 in 2016-17)

259,958

Total Hospital Admissions

(260,786 in 2016-17)

287,624

Mental Health Client Contacts

(224,460 in 2016-17)

58,858

Ambulance Arrivals

(54,495 in 2016-17)

Making changes to make a difference

Virtual reality

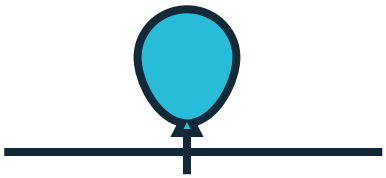
Clinicians at Monash Children's Hospital and Monash University are conducting a research study using virtual reality to help distract patients during procedures.

Endovascular Clot Retrieval service

Monash Medical Centre has joined the Royal Melbourne Hospital as the state's only designated 24/7 Endovascular Clot Retrieval hospitals. Victorian stroke victims now have a better chance of survival with less impairment than ever.

The $135 million expansion of Casey Hospital has begun

and will deliver 160 new beds, the hospital's first intensive care unit, six new operating theatres, and a new day surgery unit. It will enable us to treat more than 25,000 patients, perform an extra 8,000 procedures and support an extra 1,300 births annually.



Monash Children's Hospital School officially opened

and will help us meet the needs of young people with chronic medical or mental health issues who are at risk of disengaging from education, or are unable to attend their regular school.

Home treatment for cancer patients

The Hospital in the Home program trialled a new treatment for low risk cancer patients. Consumers had the option of being safely treated in their own environments, with great benefits for patients and carers, and efficiencies for healthcare providers.

New generation bone scanner

that measures bone density and quantifies three dimensional microarchitecture of bones to assess musculoskeletal disease is now available at Monash Health. It is the only one of its kind in Australia and will allow cutting edge musculoskeletal research both domestically and internationally.

New Early in Life Mental Health Service (ELMHS) facility opened

at Monash Children's Hospital and will provide specialist multidisciplinary assessment and treatment to children and young people up to 25 years, including those with severe and complex psychological, behavioural and psychiatric problems.

Making Change Happen

is a new resource that provides Monash Heath staff with the tools and templates to facilitate change. Available to all employees, it is designed to guide them through the process of both leading and experiencing change.

New Ward Leadership model launched

as part of Monash Health's Transforming Care program. The Ward Governance model promotes effective interdisciplinary clinical communication; patient and family-centred care and shared decision making; teamwork and transparency; in a fair and just culture.

We will work towards a workforce that is more diverse, reflecting the community we serve.

Statewide plans and statutory requirements

Victoria has a number of statewide plans in place that have a bearing on the work of public and community health services.

We at Monash Health contributed to those plans and have established further initiatives to address the priority areas identified.

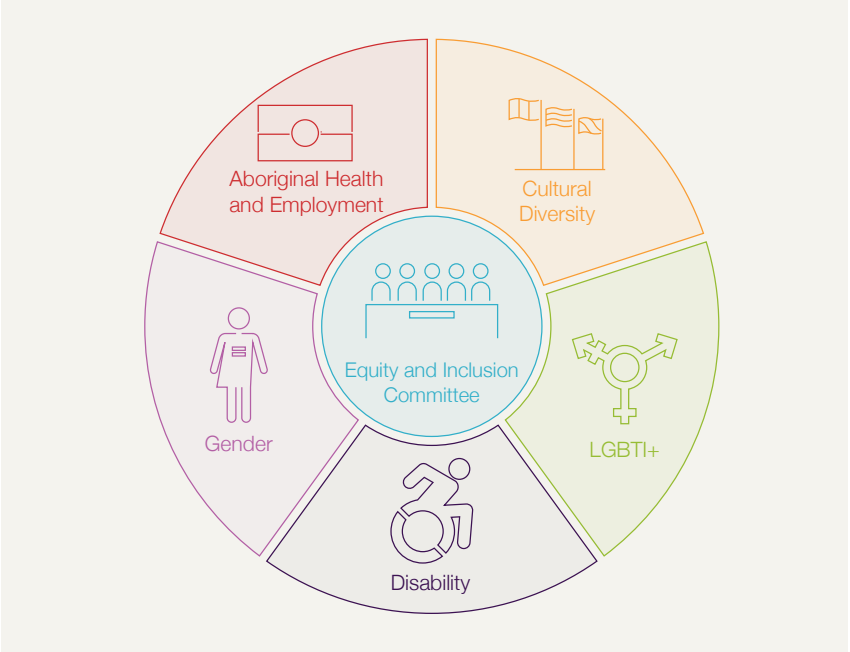
Equity and Inclusion Strategy

Monash Health provides a variety of services to our diverse community. We are committed to creating an inclusive environment and experience for them.

We provide opportunities to people from all backgrounds and embrace the different attributes, skills, perspectives and experiences they bring to Monash Health. The Equity and Inclusion Strategy 2018-2023 outlines the actions we will take to embed equity and inclusion in everyday life at Monash Health. We are committed to removing all barriers that may impact on our patients, employees, volunteers, community and visitors from being fully included in their healthcare.

The strategy has five focus areas: Aboriginal Health and Employment; Cultural Diversity; LGBTI; Disability; and Gender.

Monash Health's Consumer Advisory Committee was involved from the outset, contributing strongly to the very definition of equity and inclusion.



Equity means that everyone is treated fairly and with respect regardless of their gender, ability, race or age. It is about considering everyone's differences so that each person receives care that meets their needs.

Inclusion is about valuing and respecting all individuals and celebrating differences. Inclusion occurs when everyone is supported, feels safe and has access to opportunity. Treating everyone with respect and fairness is a core value at Monash Health.

Key actions to support all priority areas

Unconscious bias training will be available to all employees and volunteers.

- We will implement cultural awareness training that builds an organisational culture that is respectful and supportive of all culturally and linguistically diverse people and our Indigenous peoples.
- Our systems, policies, procedures and processes are set up to attract, better support and retain our diverse community.
- We will implement inclusive language in our policies, procedures and orientation. We will include a statement of commitment to Equity and Inclusion in all job advertisements.
- Our orientation process will identify working arrangements and requirements needed to support new employees and volunteers with disabilities.
- Our interview panels will be reflective of our community and will ensure their representation in our focus areas.
- We will ensure all roles are reviewed before advertising to assess if flexible arrangements can be accommodated.
- We have appointed an Executive sponsor for each focus area.

Culture

We will support days of significance such as International Day against Homophobia, Biphobia and Transphobia (IDAHOBiT), International Day of People with Disability (IDPwD), International Women's Day, Harmony Day and National Sorry Day.

- We will improve wayfinding through multilingual signage, better signage of information points and accessible maps at all sites.

Gender

We will increase transparency in our workforce management processes to identify areas of gender inequality.

This includes:

- Reporting annual gender ratios for each discipline.
- Conducting a gender pay gap analysis.
- Developing and implementing gender-neutral and transparent processes for selection into leadership positions.
- Reviewing and addressing structural, financial and cultural barriers to accessing parental leave entitlements.
- We will develop a communication strategy to increase awareness about identifying, reporting and addressing sexual harassment and discrimination.
- We will continue to develop and promote leadership training and mentoring programs to build capability and confidence in our workforce, particularly in areas affected by gender imbalance.
- We will promote our flexible workplace and continue to develop our workplace flexibility strategy.
- We will commission accessible breastfeeding rooms at all main hospital sites.

Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI)

We will complete a needs analysis by surveying all Monash Health employees and use the data to develop a training package to ensure Monash Health meets the needs of the LGBTI community.

- Each main Monash Health site (Clayton, Kingston, Casey, Moorabbin, Dandenong and Cranbourne) will have one toilet which will have LGBTI friendly signage.
- We will appoint an Employee Liaison Officer who will be responsible for providing resources and information for LGBTI employees, patients and visitors.
- We will ensure that our patient forms are inclusive of LGBTI appropriate language.

"Diversity in our community should be celebrated and all forms of self-expression honoured. I am committed to ensuring that the LGBTI community feels comfortable, safe and accepted at Monash Health."

Denise Owen
Lead of LGBTI Subcommittee
Deputy Director of Nursing

Cultural and Linguistic Diversity (CALD)

We will describe the demographic profile of our workforce at every level across the organisation. We will use this data to understand the cultural diversity profile of our workforce.

- We will nominate a CALD Project Worker, who will establish a CALD Advisory Group to represent clinical and non-clinical professional groups. We will address individual and structural issues impacting recruitment, retention and career development for our CALD employees.
- We will ensure our Patient Experience Survey includes effective, accessible mechanisms for our CALD patients to provide feedback.

Disability

We will increase our employees' knowledge and skills with respect to working with people with physical, cognitive, social and sensory disabilities by appointing a Disability Liaison Officer.

- We will survey patients, visitors and employees with disabilities to ensure barriers to access, care and employment are identified and addressed.
- We will develop and include coding for people with intellectual disability and/ or cognitive impairment. This will enable tracking of patient journeys, patient experience, health outcomes and service usage by people with a disability.

"Improving systems, supports and access for all people, regardless of how they think, speak or move will create better outcomes for all of our patients, visitors and staff."

Bronwyn Harding
Lead of Disability subcommittee
Manager Disability Services Programs

Aboriginal and Torres Strait Islander (ATSI) Health and Employment

We will ensure a culturally safe space for our ATSI community, patients, families and employees.

- We will include Acknowledgement of Country posters in all main meeting rooms across Monash Health and roll out communications to ensure all meetings are being opened with Acknowledgement of Country.
- We will promote awareness of our commitment to Aboriginal Health and Employment in Monash Health's corporate induction.
- We will work towards building a workforce in which 2 percent of our people are ATSI peoples.
- We will implement cultural awareness training that is respectful and supportive of our Aboriginal and Torres Strait Islander peoples, for all our staff.

"Reconciliation is about understanding and acknowledging what has happened in the past and working together to build relations, respect and trust and achieve equality."

Sharron Pitchford
Aboriginal and Torres Strait Islander Employment Coordinator

Izzy's story

Izzy Howard is a proud Jaadwa woman from western Victoria. She successfully completed Monash Health's Aboriginal Cadetship Program in 2014 and Graduate Nurse Program in 2015. Although Izzy was unable to secure permanent employment after this, she filled a maternity leave position and worked with Monash Health's nurse bank, before completing a Health Management internship and Masters in Health Administration. Izzy is now completing her final intern placement at Monash Health and hopes that the ATSI Employment Policy will assist her in securing permanent employment so she can continue her work in Aboriginal Health.

"Monash Health's ATSI Employment Policy gives me a sense of security and allows me to plan out my career path," she said.

"It's great to see Monash Health valuing their Aboriginal staff and investing in them to ensure they can reach their full potential. This policy provides a clear pathway for Aboriginal people and ensures they don't get lost in the recruitment process."

"Everyone has a role to play in closing the gap and the benefits that come with growing the Aboriginal workforce are invaluable."

Aboriginal employment

Monash Health is committed to achieving successful employment outcomes for Aboriginal and Torres Strait Islander (ATSI) people. We are actively working towards increasing the number of ATSI employees within Monash Health to be 2% of our total employees. This target is supported by Monash Health's Reconciliation Action Plan and the ATSI Employment Policy, which was launched in February this year.

We rely heavily on our Aboriginal and Torres Strait Islander staff to work with our non-Indigenous staff to reach out to the community as well as deliver care in our hospitals and community sites.

Increasing Aboriginal employment raises cultural awareness within Monash Health whilst improving the quality of care our Aboriginal patients receive. The ripple effects that employment has on Aboriginal people, their family and community contribute to closing the gap through improved health and wellbeing, providing positive role models and increasing health literacy levels.

A dedicated Aboriginal and Torres Strait Islander Employment Coordinator for Monash Health was appointed in June, with peer supporters at each of our major sites also appointed. These staff assist ATSI people with the recruitment process, including resume writing and applications.

Other elements of the policy include:

- Applicants who identify as Aboriginal or Torres Strait Islander and hold the necessary skills, qualifications and experience for a position will automatically proceed to the interview stage.
- The ATSI applicant will be the preferred candidate for the position and must be offered it if they have demonstrated the ability to perform the requirements of the role via an interview and received positive referee reports.
- Provision of support options during the interview process, including having an ATSI person sit on the interview panel (for all applicants), and bringing a support person to the interview.

Improving care for Aboriginal patients

Monash Health has continued to grow its commitment to reducing the poor health outcomes and lower life expectancy within our Aboriginal community.

A highlight of the year was our partnership with the Gukwonderuk Unit of Monash University, which has provided support for many of our initiatives and events. They have also provided financial support in the form of a training scholarship for the Principal Advisor role and for a Nursing Intern position.

The Aboriginal Strategic Partnership Group set priorities pertaining to Midwifery and the Emergency Department.

Monash Health had 97 Aboriginal and/ or Torres Strait Islander births last year.

An Aboriginal Midwife provides support and care for ATSI women giving birth at our hospitals, reinforcing key messages from the Midwifery team and supporting women and their families with their ante and post-natal care. Many of these women come from as far afield as Gippsland and don't always have family to provide this support - so this position is even more crucial for these women.

The focus for International Day of the Midwife was on traditions and customs. Aboriginal speakers Karinda Taylor (Principal Advisor Aboriginal Health) and Tyson Yunkaporta from Monash University captivated the audience with their stories.

Community consultations identified interest in creating placenta gardens – a traditional Indigenous custom - at our birthing sites and a guideline for this has been written in response. Identification of Aboriginal women or mothers of Aboriginal children has been a focus in Midwifery so that the pathways available to these families can be outlined by the Aboriginal Midwife or Aboriginal Hospital Liaison Officer.

The inaugural Welcome Baby to Country event was held during National Aborigines and Islanders Day Observance Committee (NAIDOC) week in partnership with the City of Greater Dandenong and Gukwonderuk Unit of Monash University. This beautiful and moving celebration was held at the Drum Theatre with Aboriginal and Torres Strait Islander children being presented to Aboriginal Elders, who then offered them traditional gifts and symbolic face painting.

A total of 2093 Aboriginal people presented to our Emergency Departments in 2017-18. As the first place of entry to our service, we've recognised that it is important to optimise our approach in this setting. Work has been done to improve the systems involved in ATSI identification and ensuring that this information is communicated to any subsequent departments involved in their care.

Talking to our Aboriginal community is an important part of what we do. We know we have to continue to adapt and evolve our services, our environments and our people to be suitable and appropriate for our Nation's first people. Our strategic plan reflects feedback from our community consultations and our Aboriginal services are guided by the contributions of ATSI consumer representatives. Consultation for our next Reconciliation Action Plan has been completed and some of our emerging programs such as Healthy Koori Kids have the community involved from the design phase.

Monash Health had

97

Aboriginal and/ or Torres Strait Islander births last year

NAIDOC 2018

'Because of her we can'

The stunning Cranbourne Royal Botanic Gardens was the setting for another amazing NAIDOC celebration. Under the national NAIDOC theme 'Because of her we can', more than 3,000 people came along to acknowledge, learn and celebrate the world's oldest living culture through a range of activities such as bushfood walks, echidna making, storytelling and the always popular Indigenous Hip Hop Project.

Once more, Monash Health was thrilled to be part of the organising committee, along with a range of Aboriginal and Non-Aboriginal organisations under the guidance of Boon Wurrung Elder, Aunty Fay Stewart-Muir. Members of Monash Health's Aboriginal Health Service rolled up their sleeves to help make thousands of free hot drinks to keep event goers warm as they explored their way around the gardens.

This year Aboriginal and non- Indigenous female staff who work in Aboriginal health celebrated with a Women's Business Breakfast at Crown, where inspirational Aboriginal leaders and Elders spoke. As our Aboriginal workforce is predominantly women, this event was particularly relevant.

From the Outback to Melbourne

Betty is a 16 year-old girl from outback Northern Territory who speaks her language but little English and was pregnant with a baby who required urgent surgery. Monash Health mobilised teams to ensure that Betty had a safe delivery and the baby received surgery and the care required, within a culturally-safe environment. Even before Betty made it to Melbourne, a relationship was established with the care teams and central to this was the Aboriginal Midwife, Tracey Stephens.

Betty made her way into Melbourne on a cold, wet, winter night. However, transport, accommodation, food and warm clothing were waiting for her and her Aunty, who had come with her to support her and act as an interpreter. Betty gave birth a few days after her arrival and Tracey was there to assist her through the birth and every step of the way after that. The baby underwent surgery a few days later.

Betty and her Aunty were initially expecting to have to stay for months but the baby responded so well after surgery that this period was reduced to five weeks. For Betty and her Aunty there were a number of things that were important to them and their stay with Monash Health. Aunty put her hand on her heart and said to Tracey:

> "You know when you see another Indigenous face that you feel safe."

Ronald McDonald House was a haven for them, staff were always friendly and they would often have meals with other residents and 'yarn'. Tracey made time to talk to them about the things that mattered to them, their families and their lives in NT. The care teams included Tracey in all major discussions and Tracey also helped to facilitate discussions for the Monash Health staff. This illustrated that great outcomes are achieved when people work together to give patients optimal care that is also culturally considerate and appropriate.

Language services

Monash Health provides equitable access and services to people from culturally and linguistically diverse backgrounds.

We received

108,000

Interpreter requests

in 2017-18

Increase of

10.36%

on last year

Services were provided in more than

120

languages

Interpreters facilitate communication between staff and patients whose preferred language of communication is not English, or their primary mode of communication is Auslan/ Australian Sign Language.

Monash Health provides appropriately-trained interpreters to ensure patients understand the information being provided to them.

Some 7% of our consumers have limited English proficiency (LEP), which without the use of interpreters, can lead to suboptimal care, as patients may be more likely to feel distressed, concerned, unsure or isolated, unable

to follow instructions and therefore they fail to improve or require re-admission.

When patients are supported by interpreters, they are more likely to understand instructions, know what to expect, and trust that they are receiving appropriate care. Furthermore, when interpreter access occurs within 24 hours of admission, there is a significantly greater likelihood that the patient will receive more timely care.

The priority areas identified include:

- Investing in a new Language Services Booking System to optimise the provision of language services by reducing administration labour – which will translate to lower unit pricing.
- Increasing upfront interpreting in Emergency Departments.
- Optimising outcomes for women who require an interpreter in maternity care.
- Appropriate workforce structure to maximise in-house coverage and careful use of external providers.
- Trialling the use of video interpreting and apps.
- Ensuring LEP data is integrated into booking systems.

From a strategy perspective, language services are aligned with the broader Monash Health Equity and Inclusion Strategy, and the approach is organisation-wide.

There were 46,491 patients provided with language services in 2017-18.

More than 80% of these were Outpatients.

Some $5.3m was spent on interpreting services across Monash Health last year.

Most commonly requested languages for interpreter services

Dari
15,114

Mandarin
11,139

Vietnamese
10,957

Greek
8,566

Khmer (Cambodian)
8,257

Arabic
4,105

Burmese
3,481

Cantonese
3,253

Farsi (Persian)
3,051

Hazaragi
2,841

A mother's understanding

The final weeks of many pregnancies can be uncomfortable and somewhat frustrating for expectant mothers, and so it proved to be for a mother who presented to Dandenong Hospital at 37 weeks.

The patient was in discomfort and insisting on having labour induced rather than return home and wait for natural labour to occur. The doctor's examination initially revealed an irregular fetal heart rate for a short time, however, a consistent rate returned and was observed for an hour.

Through the help of an interpreter who spoke her native Dari language, the doctor was able to explain to the patient that her fetus was showing normal movement, reasonable size and a good heart rate. With no fluid leakage and a closed cervix, the doctor said that there was no medical reason for induction of labour and in fact, an emergency caesarean operation involved a number of risks.

Having received a thorough explanation of the situation, the patient was satisfied with the information provided and was happy to return home and notify the hospital if there were changes to her condition.

The interpreter played a vital role in helping the patient understand her situation, the risks involved, and ultimately her decision to avoid unnecessary medical intervention.

7% of our community have limited English proficiency (national average 3.5%)

Family violence

The 'Strengthening Hospital Responses to Family Violence' (SHRFV) project continues Monash Health's pledge to implement the recommendations of the Royal Commission into Family Violence. We are also implementing a Family Violence Education Plan in Monash Health's Emergency Departments to improve the support for victims of family violence.

A taskforce, chaired by Adjunct Professor Cheyne Chalmers, Executive Director Residential and Support Services, Chief Nursing and Midwifery Officer, has continued to meet to discuss issues. We have recruited an expanded project team to improve access to training and implement system changes. Updated policies and procedures were finalised in December 2017 and are now being regularly accessed by staff. People also telephone Social Work, South East Centre Against Sexual Assault and Family Violence (SECASA) or the SHRFV team for a secondary consultation as needed.

Training was delivered to 629 staff during 2017-18, including nurses, midwives, doctors, allied health staff and managers. Of these staff, 234 worked full-time in the Emergency Department.

The training covered a general introduction to family violence: incidence, legislation, warning signs, high risk groups and case studies. Suggestions were made about how to make a sensitive enquiry, respond and refer. Some specific presentations for midwives and for those working with children were also delivered.

Monash Health staff personally affected by family violence can now access up to 20 days of paid leave and the employee assistance program for counselling. Both supports are being used. Staff also can access specialist agencies. Partnerships and service links are important. Monash Health is a member of the Southern Metropolitan Integrated Family Violence Partnership, which allows us to be informed and contribute to developments in the sector. Monash Health also works closely with SECASA.

Marie's story

Marie, a 35 year-old mother, presented to the Emergency Department with a painful arm and some abrasions. She seemed distressed and told staff that she had a fall. Staff had received training on family violence and how to make a sensitive enquiry, but did not ask anything at this time. They responded to her immediate medical needs including pain management, reassurance and relevant diagnostic imaging, which revealed a fractured arm. Marie needed to go to theatre to have the fracture properly set, so she needed admission. Her partner stayed by her side, often 'telling her story' for

Training was delivered to

629 staff

during 2017-18 including nurses, midwives, doctors, allied health staff and managers

Monash Health also acts as a mentor hospital for Kooweerup Regional Health service, The Queen Elizabeth Centre, and Calvary Health Care Bethlehem - who are also now engaged in this project. Each institution faces its own challenges: one is a regional service, one is working with new families, and one is working with progressive neurological disease and palliative care.

Monash Health is also a site for the Integrated Model of Care (IMOC) for responding to Elder Abuse. We have provided education to 330 staff, and delivered 35 secondary consultations per month.

In addition, the project manager has spoken at 29 in-services to 471 people. A referral flowchart was developed for Monash and has been used as a template for other sites, and an elder abuse champion program has been established.

Staff awareness and engagement overall has been improved through a range of communications including slides on the TV screens, information and resources made available on the intranet and internet, a monthly staff newsletter, and via clinical educators. Staff are interested in learning more and report being more confident about providing an improved responsiveness to family violence.

her. Staff became concerned when observing the interactions between the couple, as well as the nature of the injury.

On the morning following her treatment, Marie still seemed anxious. The nurse began to talk with her about going home, and asked her if she felt safe there. Marie reluctantly said that she didn't, and was also concerned for their four-year-old child, who'd witnessed the assault.

The nurse reassured Marie that there were people who could help and asked if she would like to chat with someone. Marie was unaware of this help and agreed to chat with a social worker. The social worker listened to her dilemmas, showed empathy and didn't judge her, reassuring her that this was not her fault. They talked together about ways she could protect herself immediately and in the future - and where she could get some help.

With her partner going away for work, Marie had time to think and seek support and advice. She wanted to stay with him but didn't want this violence erupting again.

"One of the most sincere forms of respect is actually listening to what another person has to say."

Bryant H. McGill

She also wanted to find out about services that could help her husband, as she wanted to see if he would get some help and if she could find some local supports.

The social worker explained that the current situation was very dangerous for both herself and her child, and she needed to address the conflict at home. Marie was very keen to get some help, now knowing what was possible. She decided to explore some options and developed a plan to keep herself and her child safe. She was very pleased that the nurse took time to enquire about her situation and was relieved to have shared her burden. Follow up appointments were made for both her medical care and to help her with her family challenges.

Consumer, carer and community participation

Patients and carers are often the only people with a perspective on their entire journey.

The experience our patients and carers acquire from their episode of care is a product of our systems and processes. Patients and carers have valuable insights on how well our systems are working, and what we could do to improve them.

The Monash Health Community Advisory Committee (CAC) supports the function of the Board of Directors by bringing a consumer perspective to the organisation's discussions and decisions.

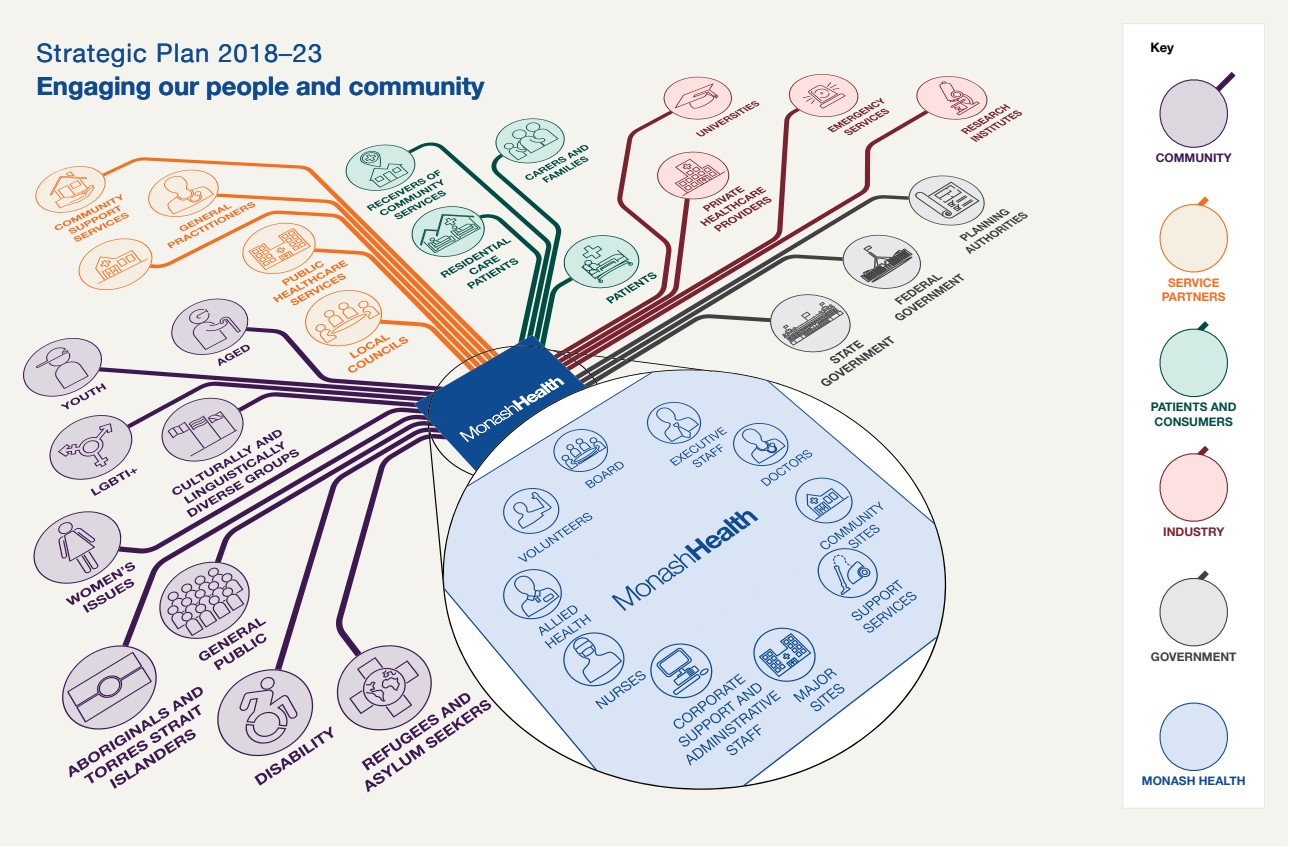
The CAC has two main roles:

- to provide leadership in relation to the integration of consumer, carer and community views into all levels of strategy, operations, planning and policy development; and
- to provide advice to the Board on priority areas and issues from a consumer, carer and community perspective.

Emotional support of patients and families in the Emergency Department

A working group, which included consumer advisors and staff from the emergency departments (EDs) of Monash Medical Centre, Dandenong and Casey Hospitals, was established to identify ways to improve the ED experience for patients and families.

The CAC, after reviewing patient feedback in the Victorian Healthcare Experience Survey, was instrumental in initiating this new project into the ED patient experience. The first step will be identifying factors that impact on patients and their families feeling emotionally supported. Once these are identified, the next stage will focus on strategies and measures that can be implemented to address these issues and ensuring consistency in the approach to them at the three Emergency Departments.



Monash Health Strategic Plan

Last year we put a lot of effort in developing Monash Health's new strategic plan.

Over months we listened to our community, our employees and our partners. We sought to truly understand what matters most to them, and what they believe we should aspire to achieve. Consumers took advantage of one or more of the many options available to them, to communicate what was important to them.

Our strategic plan will chart the next five years and beyond, reflecting our aspirations and commitment to our values.

We are committed to the pursuit of excellence in everything we do: the care we deliver; teaching and research; and in the opportunities and support we provide to our community and our employees.

Our new strategic plan articulates a shared vision, and clear expectations of the way in which we will work together and engage our patients and community.

EMR co-design

Monash Health will introduce an Electronic Medical Record (EMR) system in 2019. The EMR is a clinical system that will provide real-time patient information at the clinician's fingertips. As a tool it will be integrated into everyday clinical work practises for our staff.

Consumers and carers have been engaged in the design and implementation of the EMR. The EMR will support improvements and advancements in patient care, particularly around safety and quality.

"The patient, family and carers are at the heart of all decisions." This organisational strategic objective has been embedded into the EMR program.

By providing all the relevant and required information in one place: notes, pathology and diagnostic imaging, it will streamline care.

The built-in alerts, order-sets and clinical pathways will improve the quality of care we provide our consumers and the decision support will make it easier for our healthcare workers to provide the best care.

Discharge passports

Our patients and their families tell us that what matters to them is receiving clear, easy-to-understand information on what they need to do when they get home.

'MY Passport' was co-designed by our patients and their families to provide simple and clear instructions on what they need to do when they leave hospital.

They were initially piloted at Dandenong Hospital in 2014 and subsequently at the Kingston Centre in 2015.

In 2016, the Clinical Council endorsed the reinvigoration of the passport at Dandenong Hospital and Kingston Centre and the introduction of 'MY Passport' in a number of pilot wards across Monash Health.

The evaluation of these pilots demonstrated that patients and staff overwhelmingly believed that the Passport was a great initiative, and an excellent tool to ensure understanding of the discharge instructions. Monash Health has committed to a further rollout of 'MY Passport' across remaining sites in 2018 and 2019.

Other activities to which consumers have contributed:

MMC Emergency Department redevelopment

Consumers were consulted in the redevelopment process – initially during the design phase, and then in the fit out of the rooms.

Emergency Department model of care

Consumer Advisors conducted surveys of patients in the Emergency Department and worked with the innovation and improvement team to help inform decisions on the model of care.

Structured Integrated Bedside Round (SIBR)

Dandenong Hospital has been trialling an accountable care model of ward governance for more than a year. One component of this has been the Structured Integrated Bedside Round (SIBR) - an inter-professional, patient-centred communication round. It was recognised that there were a number of aspects of the round which were not relevant in our environment and a project was undertaken to improve the effectiveness of these rounds.

Consumers raising money for Cystic Fibrosis research

Consumers and members of the Cystic Fibrosis Advisory Committee help raise money for research, and to date have raised more than $650,000. They have met with senior clinicians and researchers to determine the best projects for funding.

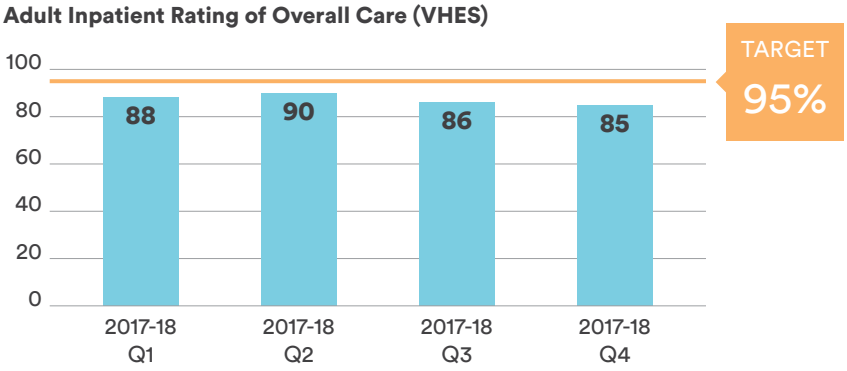
Improving patient experience

Monash Health is committed to providing exceptional patient care and excellent patient experience. We listen to our patients, act on their feedback and implement solutions. We understand that the experience they perceive has a significant impact on their health and wellbeing.

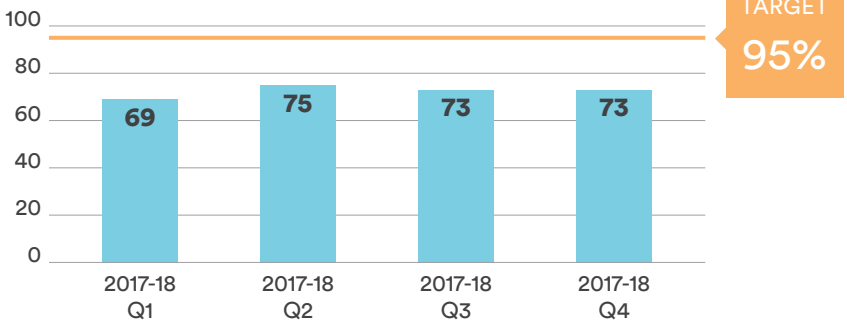
The Victorian Healthcare Experience Survey (VHES) provides us on a quarterly basis with feedback from people who have recently attended our health service.

Percentage of Monash Health patients who rated their overall care as either 'very good' or 'good' across the past year.

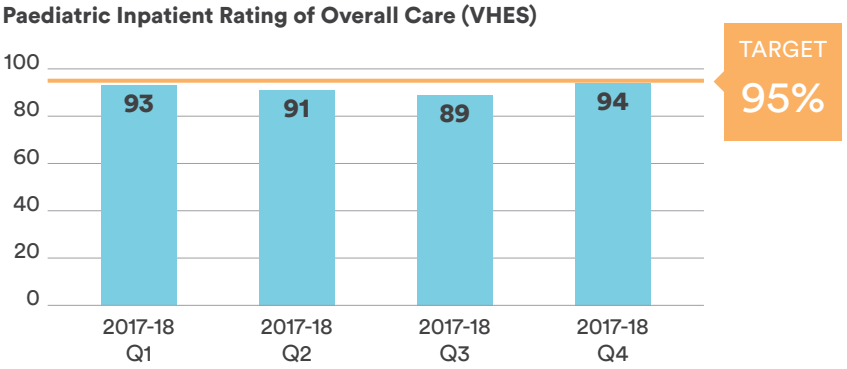
Adult Inpatient Rating of Overall Care (VHES)



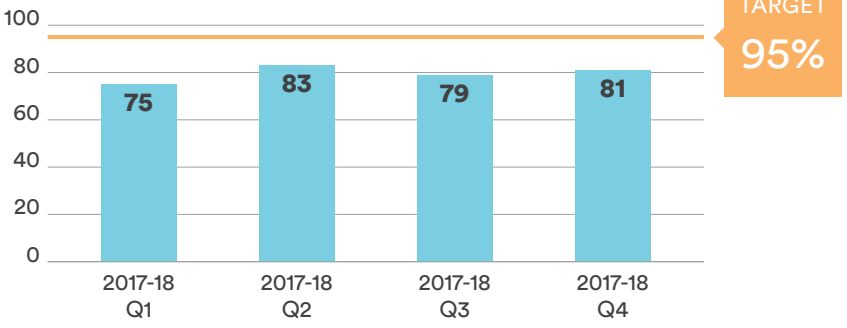
Adult Emergency Rating of Overall Care (VHES)



Paediatric Inpatient Rating of Overall Care (VHES)



Paediatric Emergency Rating of Overall Care (VHES)



One of the key focus areas in the Patient Experience Strategy was to develop targeted education and training programs.

The manner in which a healthcare provider communicates information to a patient can be equally as important as the information being conveyed. Communicating effectively with our patients and families is a cornerstone of providing quality healthcare.

Patients who understand their providers are more likely to understand their health problems and treatment options, modify their behaviours and adhere to follow-up instructions.

Our results have required us to rethink our approach to improving our consumers' experience. We have rethought our education and training and will also focus on improving:

- Our discharge
- Communications
- Cleaning
- Emergency Departments

Monash Voices

Storytelling has been used as a tool for communication, learning, understanding, and empathising for thousands of years. Through Indigenous cultures across the world, to Western society, storytelling helps facilitate change by learning from one another's experiences. Patient experience stories can offer unique insights into what it is like to be a patient at Monash Health; how our actions and our service models shape their experience and perceptions of that experience.

Staff stories also provide valuable perspectives from people working with patients; their observations and reflections on their impact on patients and their families, but also the impact that patients have on us, the healthcare professionals.

Consumer and staff narratives offer a first-hand account of healthcare experiences.

Understanding these is critical and used to constantly adapt and refine our services and processes to better meet individual's needs.

This year Monash Health developed a program called Monash Voices; a library of patient and staff stories that can be accessed to assist the development of our teams and our services.

We have captured stories and experiences using a variety of media, including face-to-face interviews, audiotape and film.

Patient stories and experiences can be used as a cultural initiation tool in venues such as: orientation, staff meetings, huddles, training, coaching; and quality and safety meetings.

"A story is personal. It will usually evoke feelings from others and capture things we cherish most highly or feel most passionate about."

Croizer 2016

"When I started my training as a nurse we were encouraged to go and sit at the patient bedside and talk to patients and ask about their hospital experience. Since then I have increasingly valued the feedback which patients give. As health professionals we often do not take the time to listen to our patients, but we have so much to learn from them. Listening to their experiences and stories provides valuable knowledge for planning safe, patient-centred care."

Nurse Unit Manager

"Our role is to ensure we give an inclusive, equitable voice to consumers. While I have seen a big improvement in the attention we give to our community's needs, I will always work to make sure consumers are front and centre of care at Monash Health."

Lynda Condon
Chair – Community Advisory Committee

Hello my name is...

In April, Chris Pointon, co-founder of the #HelloMyNameIs movement, shared his inspirational story with staff.

Along with his wife, Dr Kate Granger, who was terminally ill and a doctor in the UK health system, he was inspired to start a global campaign focused on encouraging all health staff to introduce themselves with a smile to all patients and visitors. Chris explained how the simple act of an introduction could be instrumental in creating human connections and providing truly person-centred care. Kate passed away in 2016, but her key values live on.

Monash Health want all staff to join the #HelloMyNameIs movement to learn more, and start introducing themselves to patients and build that human connection with them.

A Gathering of Kindness

The Gathering of Kindness invites healthcare providers and consumers to come together to examine the challenges to creating a kinder, more compassionate culture of healthcare in Australia. A 'culture of kindness' in the health care work environment is associated with improved patient safety.

A kind culture decreases the potential for bullying behaviour while promoting staff wellness and mitigating the effects of compassion fatigue inherent in healthcare professions.

Andrea Wallace and Alice Wilson, nurses at the Monash Children's Hospital, championed a series of Kindness activities that involved over 50 staff and included not only the nursing team but also the medical teams on the ward, Allied Health, support services and clerks.

Morning and afternoon teas supported the events, acknowledging that this was an important and valuable way to recognise and celebrate the culture on the ward. The team reflected on what sorts of actions might contribute to creating a culture of kindness in the workplace. Staff were invited to write down these actions on heart-shaped post-it notes and a colourful poster was created – which was displayed in the team meeting room.

They also organised a 'Champion of Kindness' activity. The team was asked to nominate a staff member who consistently demonstrated kindness in all they did. The feedback from the team was really positive and everyone enjoyed taking the time to reflect on how they could continue to look at ways of being kind to their colleagues, their patients and to themselves.

Quality and safety

Compliments and complaints

Monash Health is genuinely interested in what our patients, families and carers have to say and we want our patients and consumers to see that we are acting on what we hear.

To be able to provide the best care, we must be able to see it from the perspective of our patients, families and carers. We provide a range of avenues for consumers to give feedback and share their thoughts on new or improved ways in which we can provide excellent care.

Patients and consumers can provide formal feedback in a number of ways depending on their preferred method: a phone call, face-to-face, through our website or in writing.

It is important to Monash Health to celebrate when we do well and to take action when we don't do so well.

Examples of where we provided excellent service

"To all the nursing staff, thank you so much for taking care of me. After moving from ICU to you, the attention to detail, the warmth, the kindness and love you have all shown me and my whole family will never be forgotten."

"Good services, friendly staff, great play area for toddlers and good facilities for the parents."

"We would like to thank the food services staff member for her outstanding care and support, not just to patients but also to us the parents. Thank you."

In July/August 2017 a number of complaints were submitted regarding the policy of not providing meals to the mothers of patients who were breastfed during their inpatient stay at the new Monash Children's Hospital.

We took note and meals are now provided to mothers if their baby is under six months of age and fully breastfed.

A consumer of our Maternity services said: "I expect to receive not just expert care but also empathy, communication and ultimately to trust the clinicians providing care."

The young mum who provided the feedback and one of our very experienced consumer advisors worked together to develop a training course for our staff. They then presented at our 'Point of Care Management of Complaints Workshop'. This workshop was run in late 2017 and early 2018 for senior managers and nurse managers. The workshop format was hands-on, with role plays, practice in response writing and how to prepare for a family meeting.

At Monash Health we have continued to build on the recently created role of Manager for Feedback and Service Excellence. We use the information we gather from complaints to develop coaching and support to staff in providing proactive service recovery and a positive culture of service excellence. Complaints data provides a unique insight into those aspects of the care we provide that are not easily captured by other quality and safety modalities: the human connectedness component of healthcare; things such as compassion, respect and communication. The Manager for Feedback and Service Excellence will take the analysis of complaints management to the system level, where the data will be aggregated into themes and monitored as an indicator of potentially problematic healthcare behaviour.

This year Monash Health received 2,158 formal complaints, which represented 0.05% of the total episodes of care provided. Most complaints related to communication, access to care or the patient environment. Ninety-four percent of complaints were resolved within 30 days.

On occasions, a consumer feels their complaint has not been resolved and may contact the Health Complaints Commissioner (HCC) or the Mental Health Complaints Commissioner (MHCC). This occurred on 14 occasions in 2017-18 with the HCC and 29 occasions with the MHCC, and we worked with both these bodies to achieve resolution of the complaints.

In 2017-18 we received more than 2040 compliments and these predominantly related to 'good care provided' and 'helpful staff'.

Complimentary correspondence

"You were the ED doctor at Casey Hospital who came alongside me and acknowledged that I was a man in need of acute medical care.

You reassured a very sick man that he would get better.

You lifted the veil of fear and desperation.

My wife, who was highly anxious, at last felt she put her husband into capable hands.

She observed that you listened to my story and that you empathised with my suffering.

It was like walking through an opened door that was filled with warm heartedness, understanding, patience and humility, and the very hope of recovery.

Advocacy for the elderly, sick, the lonely and the frightened patient, is a special and rare gift and is allocated to people like you who truly care about life."

This year Monash Health received

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formal complaints. This represented

0.05%

of the total episodes of care provided

Out of these complaints **94%** were resolved in

30 days

Consumer and staff experience

The results below show an improvement in all areas and above the state average in all but one indicator.

People Matter Survey 2018

	Monash Health		
Safety Culture questions	2018	Change on 2017	Group average*
Patient care errors are handled appropriately in my work area	79%	+4	76%
This health service does a good job of training new and existing staff	65%	+2	63%
I am encouraged by my colleagues to report any patient safety concerns I may have	84%	+2	82%
The culture in my work area makes it easy to learn from the errors of others	73%	+3	69%
Trainees in my discipline are adequately supervised	68%	+2	66%
My suggestions about patient safety would be acted upon if I expressed them to my manager	77%	+3	76%
Management is driving us to be a safety-centred organisation	78%	+1	77%
I would recommend a friend or relative to be treated as a patient here	76%	+3	78%
Overall	75%	+2	73%

Note that DHHS and Orima Research calculate scores differently. This data utilises the Orima research methodology.

*The comparative data in this report is based on the survey results of: Alfred Health, Austin Health, Dental Health Services Victoria, Eastern Health, Melbourne Health, Mercy Health, Northern Health, Peninsula Health, Peter MacCallum Cancer Centre, Royal Children's Hospital, Royal Victorian Eye and Ear Hospital, Royal Women's Hospital, The Queen Elizabeth Centre, Tweddle Child and Family Health Service, Victorian Institute of Forensic Mental Health and Western Health.

Monash Health is committed to providing a healthy and safe work environment where people feel safe, valued and supported to excel in their professional and personal life.

Monash Care is Monash Health's complete Health and Wellbeing program. The purpose of the program is to improve the physical, mental, social and emotional health and wellbeing of our people. It brings together a wide range of services to promote and support staff health and wellbeing under the one banner.

Monash Care goals

Promote health and wellbeing

- Promote healthy lifestyle choices.
- Provide opportunities for growth and development.
- Enable teamwork and camaraderie.
- Enable meaningful work and participation in organisational decisions.
- Promote fairness and equity in resource allocation, recognition and rewards.

Protect health and wellbeing

- Identify stressors in work systems and processes that decrease wellbeing and reduce joy in work.
- Reduce the impact of these stressors by redesigning systems, processes and roles and ensuring physical and psychological safety.

Prevent injury and illness

- Raise awareness about individual risks to health and wellbeing.
- Make it easy to seek help.
- Ensure early identification and support for the at-risk employee.

Support staff who are injured or unwell

- Identify and support people with illness or injury including their return to work process.
- Monash Care commitment.

Monash Care initially supported Monash Health doctors but was extended this year to support our whole workforce.

Accreditation

Monash Health successfully passed accreditation following a week in August/September 2017 in which 21 surveyors visited many of our clinical areas, reviewing documentation and talking with staff and patients.

We are now preparing for the second edition of the National Quality & Safety Health Service Standards being implemented in January 2019. Monash will be assessed against these new standards at our next survey in 2020.

There are 52 new actions. These relate to the specific health needs of Aboriginal and Torres Strait Islanders; ensuring a safe environment for staff and patients; comprehensive care planning; end of life care planning; preventing and managing delirium; and managing patients' nutrition and hydration needs.

Responding to adverse events

We continue to improve our serious incident and complaint review process. Consumers participate and over the past 12 -18 months, we have almost always involved input from an external expert. These experts are generally senior experienced doctors who can discuss practice with clinicians and offer insights into better ways of doing things.

A focus over the past 12 months has been in improving data availability for the clinical managers in the form of electronic dashboards and benchmarking, i.e. comparing our performance with 'like' services. We are continuing to improve our access to and reporting of clinical registry data. Registries are disease, procedure or area-specific databases with patient outcomes able to be compared with other services and against best practice standards. By monitoring trends over time, they can help us assess the quality of care we provide and to be proactive in improving our performance as we relentlessly pursue excellence in outcomes for our patients.

Infection control

Staphylococcus aureus bacteraemia (SAB) rate

Bacteraemia is the presence of bacteria in the blood. *Staphylococcus aureus*, better known as 'golden staph', is the most common cause of healthcare-associated bacteraemia, causing significant illness and potentially death. More than half of these infections are line- related; that is, an infection related to the insertion of a medical device and are preventable.

Bacteraemia rates are expressed per 10,000 bed days. In 2017-18 there was an improvement, with a reduction from a rate of 1 healthcare associated *Staphylococcus aureus* bacteraemia infections in 2016-17 to a rate of 0.6 in 2017-18, below the state target of 1 and the state average of 0.8.

Monash Health continues to work hard to reduce the infection rate to zero. Maintaining aseptic technique, supported by training and observational auditing during procedures, has been the focus of the past 12 months. In the coming year, a dashboard to improve the awareness of infection occurrence and to provide better visibility when areas of risk are identified, will assist to reduce the risk of infection across all clinical areas.

Central line-associated blood stream infections (CLABSI)

When a blood stream infection is associated with the presence of a central line, a catheter placed into a large vein, it is referred to as a CLABSI.

Blood stream infections are usually serious and typically cause prolongation of hospital stay and increased cost and mortality.

CLABSI can be prevented through proper insertion techniques and management of the central line.

At Monash Health, the paediatric intensive care unit had no infections in 2016-17 and 2017-18. The neonatal intensive care unit had nine infections in 2016-17 and reduced that to six in 2017-18.

In the adult intensive care units, Dandenong had one infection in 2017-18 and Clayton had three infections over the same period.

The target is zero and the intensive care units are using strategies such as education and training in aseptic technique, line insertion, and feedback of hand hygiene compliance rates to lower the infection numbers in the next 12 months.

Staff influenza vaccination rate

A total of 11,852 Monash Health staff were vaccinated against influenza in 2017-18, representing 76% of our eligible workforce. While the target for Victorian hospitals was 80%, the project was affected by a six week period in which a shortage of vaccines meant none were available.

Plans for the next influenza vaccination period will commence in the coming months. A change to communication via an electronic dashboard should assist with vaccinating staff earlier in 2019. This should help avoid a reduction in the vaccination rate should vaccine shortages occur again next year.

11,852

Monash Health staff were vaccinated against influenza in 2017-18, representing 76% of our eligible workforce

Maternity services

Monash Women's and Newborn Program encompasses maternity, gynaecology and newborn services across four hospitals: Monash Medical Centre, Dandenong, Moorabbin and Casey. It is the largest maternity and newborn service in Victoria, providing care to over 9,000 women giving birth to more than 10,000 babies each year.

The Victorian Perinatal Services Performance Indicator (VPSPI) report presents and discusses outcome data on key performance areas of perinatal care.

Two specific performance areas studied were the rate of severe fetal growth restriction (FGR) at 40 weeks gestation, and the readmission levels of mothers and babies within 28 days of discharge. Data is site specific (MMC, DH, CH) rather than Monash Health overall.

FGR refers to a condition in which a fetus is unable to achieve its genetically determined potential size. The challenge for clinicians is to identify fetuses whose health is endangered and to monitor and intervene appropriately because of the associated risk of perinatal mortality with severe FGR as pregnancy advances.

This is a priority area for improved performance across Monash Health. Key to this is ensuring women attend their first antenatal visit before 12 weeks' gestation. Reducing the ultrasound wait time for women identified as at risk of fetal growth restriction in the third trimester is another strategy to address the issue of FGR.

Detection of FGR at Monash Medical Centre was excellent in the most favourable quartile, despite the very high-risk patient population and large number of births. Expanded perinatal services, improved access to ultrasound, new clinical practice guidelines, dedicated quality meetings, and team accountability contributed to the strong result.

Although FGR was detected in most cases, not all mothers were agreeable to earlier delivery, hence the rate at 40 weeks remains higher than preferred.

Casey Hospital is currently at or below the state average, which is a favourable position, reflecting a strong multidisciplinary team culture for clinical excellence and education, and the improved access to ultrasound services delivered through the Perinatal Excellence Committee.

Stillbirth Australia and SCV Fetal Growth Restriction workshops commenced across the state in July 2018 to build clinicians' skills in the detection of FGR with much of this work based on the success of the Casey approach.

Dandenong Hospital showed outcomes above the target, however, the low numbers involved highlight the statistical complexity in the definition of this indicator. All babies appropriately detected by Dandenong and Casey and referred to Monash Medical Centre so they no longer feature in the statistics at their site because the birth usually occurs at MMC. This issue is unique to Monash Health.

A new fetal surveillance unit is being established at Dandenong and Casey Hospitals to improve access to ultrasound and fetal monitoring services. This means women won't need referral to MMC for these services and will improve their overall patient experience.

Readmissions of mothers was above target at Casey Hospital. All cases were reviewed, with 50% of cases not warranting readmission as they could have been managed as an outpatient, and several cases were Emergency Department presentations not requiring admission to the ward area.

Education and development of junior medical staff was undertaken to assist them in recognising when it is appropriate to escalate cases to senior medical staff for advice on the appropriateness of admission.

Monash Medical Centre and Dandenong Hospital were below the target, while readmissions of babies were below target at all sites.

The Women's and Newborn Program have partnered with the Business Intelligence unit to develop a 'real time' performance dashboard for the perinatal indicators; this allows for monthly review of performance and timely improvement activities.

Providing care to over

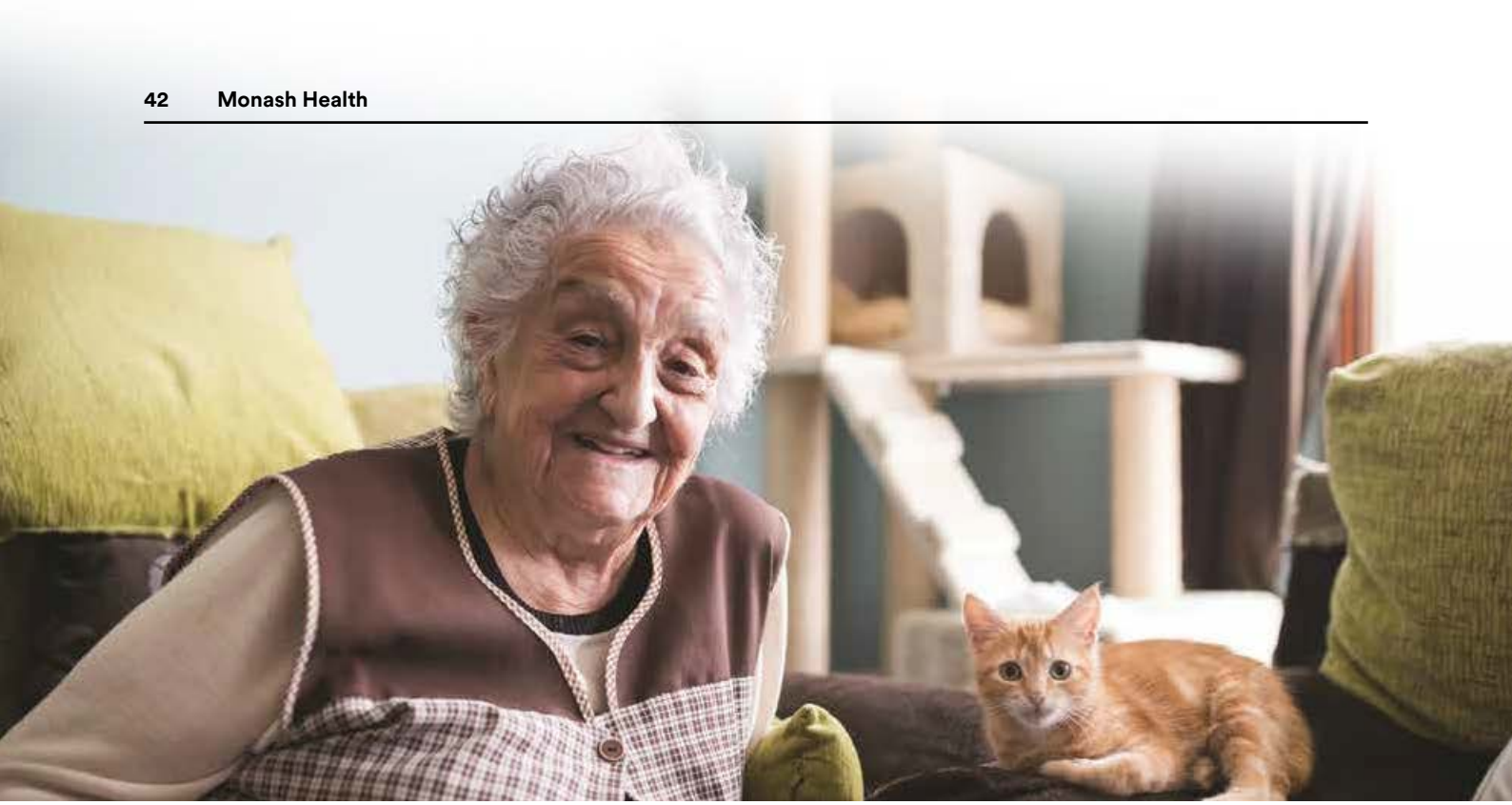
9,000

women

Giving birth to more than

10,000

babies each year



Residential aged care services

A suite of quality indicators has been designed to promote excellent care in Public Sector Residential Aged Care. The indicators provide meaningful and measurable outcomes to assist in improving residents' quality of care. They also allow Monash Health Residential Services to compare our outcomes against those from other Public Sector Residential Aged Care homes. Monash Health outperformed the state rates in each of the five key indicators.

Pressure injuries

The prevalence of pressure injuries (also known as pressure ulcers or bedsores) in older people aged over 70 years is greater than in the general population, due to friction and shearing forces, age related skin changes, chronic diseases and decreased mobility. The homes conduct daily skin inspections on residents and Braden scores are used every two months (or sooner) to determine the current risk to the resident of developing a pressure injury. Subsequently interventions are implemented to decrease the identified risk. The rates of suspected deep tissue injuries were 0.01 per 1000 bed days - compared with the state rate of 0.02 per 1000 bed days. Unstageable pressure injuries for Residential services were 0.02 per 1000 bed days - compared with the state rate of 0.03 per 1000 bed days.

Pressure injury severity continues to decrease

Physical restraint

Monash Health Residential Services has a zero rate of restraint as it is not used in our homes. The state rate is 0.53 per 1000 bed days.

Unplanned weight loss

The rate of unplanned weight loss for Monash Health Residential Services residents was 0.53 per 1000 bed days, which was lower than the state rate of 0.78.

Use of nine or more medications

Monash Health Residential Services residents were prescribed nine or more medicines at a rate of 4.32 per 1000 bed days. Although this was below the state quarterly benchmark of 4.40 per 1000 bed days, a biannual Residential Medication Management Review will be commenced at two homes for the first time to help reduce this rate. This involves a collaboration between the general practitioner and a pharmacist to review the medication needs of residents.

Falls and fractures

Monash Health is committed to minimising falls as these are one of the most common causes of harm in the healthcare setting.

Residents in our Residential Aged Care Services sustained a rate of 0.07 falls with fracture per 1000 bed days, with the state rate for this indicator being 0.15. Whilst the target for this indicator is zero, our resident mix throughout 2017-18 was very unpredictable due to mental health issues and dementia overlays. Our service is restraint free and all falls prevention interventions were in place for the residents.

We ensure that our residents have freedom to move around in their own home environment. Research shows that the risk of falls with fracture is greater in people over the age of 65, who have chronic disease, dementia and decreased mobility and balance. Monash Health Residential Services has implemented the 'Niagara Taskforce': a multi- disciplinary taskforce looking at research and new initiatives that can be implemented into the homes to further decrease falls. Physiotherapy conduct gentle exercise groups to improve core support and balance and the care staff implement a range of exercises as prescribed by the physiotherapist to increase strength and enhance `movement of the resident's limbs.

Residents in our Residential Aged Care Services sustained a rate of 0.07 falls per 1000 bed days. The State rate for this indicator was 0.15

Bill's story

Bill Bonnie has lived at Eastwood Hostel on the Kingston Site since 2014. He mentioned that one of his regrets in life was that he had never had an opportunity to ride a motorcycle; he had friends who rode when they were all much younger and Bill always wished he could.

In January this year, Michael from Andy's Motorcycles made Bill's wish come true with an amazing, one hour scenic ride along Beach Road.

Bill arrived back home and was so invigorated the he couldn't wait to share his experience with fellow residents and staff, describing it as "one of the best times in my life". During the ride he was in awe of his surroundings and loved the feeling of the cool breeze on his face.

All this was made possible through funding received from 'Monash Health Imagination Stars'.

Mental health services

The Monash Health Mental Health Program provides a broad and comprehensive mental health tertiary service to South Eastern Metropolitan Melbourne, covering a quarter of Victoria's population and mental health service activity. We continue to partner with a range of providers who can advocate for people with mental illness, meaning they have access to specialists and local services. Safeguarding the rights and dignity of each person with a mental illness, we focus on recovery-oriented practice which minimises the use of compulsory treatment.

Reducing restrictive practices, seclusion and restraint, is essential to ensure mental health services are safe places for all consumers, visitors and health staff. Seclusion and restraint are used at Monash Health after all less restrictive options have been considered and found to be unsuitable.

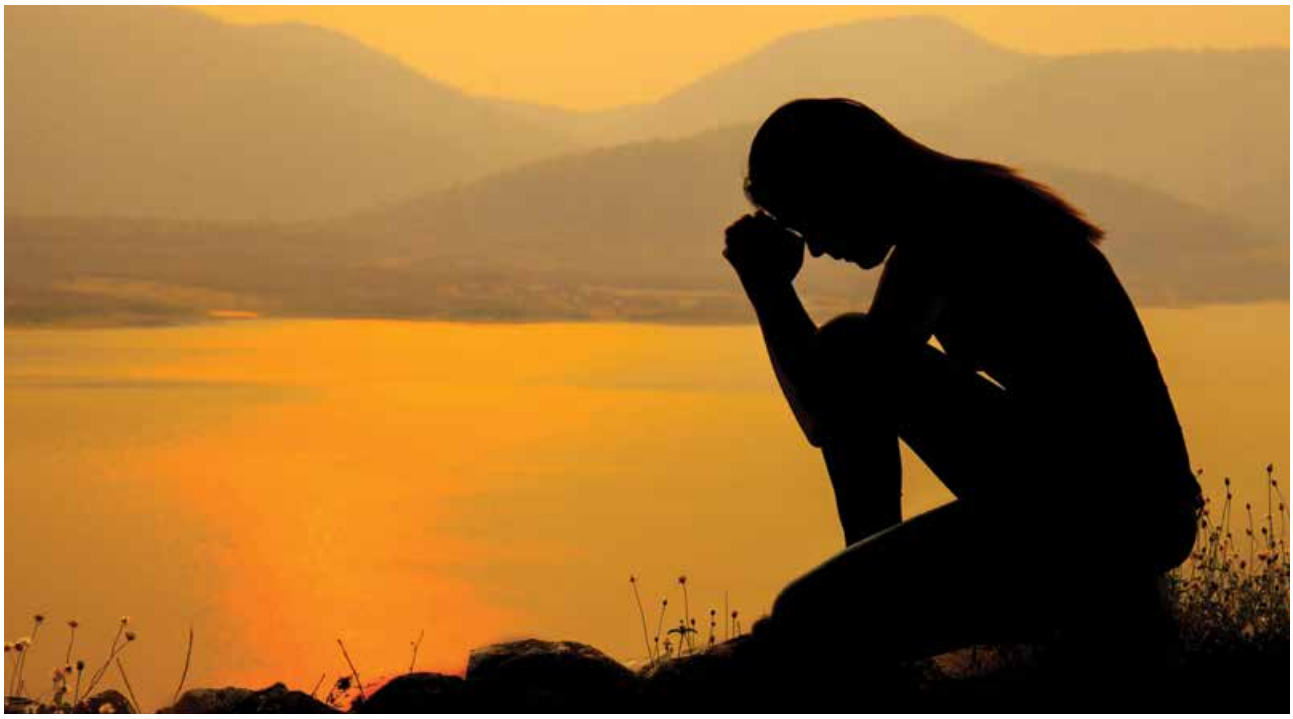
The regulation of restrictive interventions applies to all people receiving mental health services in a designated mental health service regardless of the person's legal status under the *Mental Health Act 2014*.

Though not considered a therapeutic intervention, seclusion aims to de-escalate a situation which may be dangerous to an agitated person or those nearby. Placing them in a quiet room free of stimulation can be the best course of action.

The Victorian target for seclusion is a rate less than 15 episodes per 1,000 bed days. Ours is 8.3.

Mechanical and physical restraint episodes are governed by legislation and clinical guidelines to ensure the interventions are as minimally restrictive as practical. Mechanical restraint is rarely employed, with Monash Health registering a rate of 0.03 episodes per 1000 bed days. Physical restraint is recorded for any instance where the patient is physically restrained as clinically necessary to prevent harm. Episodes of physical restraint are typically very brief with Monash Health registering a rate of 5.8 episodes per 1000 bed days.

Monash Health has systems to minimise, and where possible, eliminate the use of restrictive interventions, including review at the local and program level of all episodes. A dedicated committee ensures oversight of all instances of restrictive interventions and is tasked with developing recommendations and actions to improve the effectiveness, safety and quality of care.



Improving people's experience of mental health services

Monash Health aligns itself to the National Mental Health Strategy that ensures consumers and their family/carers are involved in discussions about the planning, delivery and evaluation of services designed to meet their needs. Monash Health recognises that participation can empower and inform consumers and carers, de-stigmatise mental illness and ultimately improve mental health outcomes.

Monash Health recognises the importance of an environment that is designed to promote and support therapeutic engagement and facilitate clinical care in an appropriately low stimulus environment. A grant has been secured for refurbishment work at P-Block in Clayton for the patient activities area and sensory room. In February 2018 a purpose built unit with state-of-the-art mental health facilities offering a spacious, relaxing and friendly environment for adolescents, their families and carers was opened in Monash Children's Hospital.

The Victorian target for seclusion is a rate less than

15 episodes

Ours is 8.3

Joanna's story

Monash Health believes in working with our patients to overcome both physical and mental challenges to assist them to enact positive changes in their lives. Joanna's story is an example of how this approach helped her through a dark time.

"My name is Joanna. I am a resident at a psychiatric rehabilitation facility. I am here because I have a severe mental illness and require a certain level of care. I have schizoaffective disorder and a long history of drug abuse.

Certain traumas in my teens and early 20s led to extreme overindulgence in heroin and methamphetamine.

I have found the staff at Monash to be both skilled and understanding in working with me.

Monash is in the process of what has, so far, been an expert change in my medication. My previous medication impeded my ability to think, however, I am feeling much better with the alterations. I hope to put this to positive use by returning to study.

Although I'm still in a part of my journey which is tough at times, I have hope for the future and believe that with support, I can get to the best possible place to achieve all my goals."

Quality improvement

Refugee health

Monash Health has over 600 hundred volunteers across our hospitals and Monash Health Community sites, but there is something unique about the 80 volunteers at Monash Health Community at 122 Thomas Street in Dandenong: nearly all were born overseas.

Many are refugees or asylum seekers from 20 different countries including Syria, Iraq, Afghanistan, India, Sri Lanka and Myanmar who have sometimes left behind promising careers in places where they were 'somebody'. They are putting their professions aside for now to give back to the community that has embraced them, assisting staff wherever possible to create a high quality patient experience.

This busy community health site would have significant difficulties dealing with its clients in Australia's most multicultural community, without the team of Concierges, who speak 32 languages between them and welcome and guide clients and visitors to their appointments. Others are Patient Visitors, providing companionship to patients in the Dialysis Unit by talking, listening, or playing games with them. Some are trained to massage patients' feet or assist with their exercises, much to their delight. A variety of teams benefit from their eagerness to help staff with administrative tasks, or conducting sport and recreation programs, or rehabilitation programs in the gym. Despite their extensive experience overseas, they joyfully help in menial tasks like packing boxes for the needle syringe program, or summoning taxis for patients.

More than 120 have graduated since the program started in 2014. Most are now working, assisted by the skills, knowledge and confidence they received from volunteering in Monash Health. Nineteen are now Monash Health staff.

Jacqui McBride, Manager of Refugee Health and Wellbeing points out:

"Social inclusion and employment are determinants of health and well-being. The health of these refugees and asylum seekers is enhanced as a consequence of them seeking to enhance the quality of care and patient experience of thousands of people receiving healthcare at Monash Health."

The Refugee Health and Wellbeing Service has demonstrated a strong commitment to research. Several research projects are in place to determine the efficacy of new models of care and their ability to lead to system change. These include: piloting a model of care to manage latent Tuberculosis within the primary care setting; a regional capacity-building strategy to ensure community GP practices are better placed to respond to the health needs of asylum seekers and refugees, and; developing and implementing an innovative assessment tool to determine and respond to the social risk factors leading to poor oral health among refugees – a project undertaken in partnership with Monash Health Dental Services.

Refugee Health also participates in a range of research partnerships both within Monash Health, and externally with local universities. Findings from all projects are proactively disseminated through peer-reviewed publications and conference presentations.

We attempt to collect client feedback at discharge from the service and again at four months post discharge. Over the past four years, 291 clients have provided feedback on their service experience and 84% of these also participated in a follow-up interview. The results revealed:

- 91% of clients reported that staff always listened to them carefully.
- 87% reported that staff always explained things in a way that they could understand.
- 96% reported that services were always delivered in a culturally appropriate way.

Our staff were the most valued aspect of the service by far, and were described as respectful, caring, understanding, friendly and supportive.

96%

Reported that services were always delivered in a

culturally

appropriate way

Shabnam's story

Shabnam, her mother, father and three younger brothers are Afghan refugees who arrived in Australia from Pakistan in 2009.

"Coming from an ethnic and refugee background, navigating our complex healthcare system can be a struggle. My family tries to avoid visiting the doctor as much as possible. It took us a very long time to get used to the system and how it works, but there is still that reluctance to engage," she said.

Three years ago, Shabnam's mum needed spinal surgery at Monash Health.

"The amount of information we were provided was very large. I was basically her sole carer from beginning to end and the responsibility was overwhelming. Although everything went well, I couldn't be there with her every minute of the day.

"Adding to the language barrier was the fact that she was on medication, which made communication with her carers very difficult. It made me think that, while Monash Health does provide great care to the community, there are some specific needs of certain community groups that can be better catered for."

Shabnam says little things can make a big difference to ease fear and uncertainty around hospitals and healthcare.

"Things like having appropriately translated information about what to expect during their time at the hospital, prayer rooms or facilities for patients and their carers, or having a bilingual staff member check in with the patient – they don't have to be a doctor or a nurse - just a familiar face that you can talk to if you are feeling overwhelmed."

Likewise, Shabnam notes female patients from certain communities may be hesitant to share specific information about their health with a male doctor.

"Perhaps providing the choice between a female or male doctor where possible could have a positive impact on the entire patient experience and the outcome of their treatment."

Now a Monash Health Consumer Advisor, Shabnam hopes to improve access to healthcare for refugee and migrant communities.

"I want my community and similar communities to understand that the sooner you learn about the healthcare system, the better. Knowing where, when and to whom to go when you need medical attention, can have a huge impact on the quality of care you receive and that is something everyone should know."

Sai's story

Sai Candiah came to Australia by boat in September 2012 as an asylum seeker fleeing persecution in Sri Lanka. Having prior healthcare experience with Médecins Sans Frontières (Doctors Without Borders), he signed up with Monash Health in May 2014 in the first group of volunteer concierges at the Thomas Street site in Dandenong.

"This gave me lots of confidence and helped me develop my English skills," he said.

"I took many opportunities to broaden my role and soon started volunteering full-time, as I was not permitted to work in Australia at that time."

After volunteering with the rehabilitation team and gaining his qualifications as an Allied Health Assistant, he recently was successful in obtaining his first paid job in Australia at Monash Health. It is still a challenge to secure consistent employment but he is on the way to fulfilling his dream of becoming a physiotherapist.

Monash Health will accommodate requests for same gender care, where possible, in order to deliver health care services with respect for religious beliefs or cultural needs, in accordance with relevant standards and legislation.

Our interpreters are accredited to NAATI Level 3 (the National Accreditation Authority for Translators and Interpreters) and provide independent, unbiased, confidential, complete and accurate interpreting for all parties free of charge.

Monash Health is committed to the provision of equitable and accessible services that cater to the differing needs of our diverse consumers, families, carers and employees.

Comprehensive care

Continuity

Patients regularly transition through different parts of Monash Health, receiving distinct – but connected – treatments and services. Ensuring that communication, integration and care remains seamless and excellent, is vitally important to us. Our staff, across a range of sites and disciplines, work with outstanding levels of skill, passion and cohesion in order to achieve this.

An expectant mother was admitted to Monash Medical Centre after suffering a stroke. She was 26 weeks pregnant and stayed in Neurology for about four weeks before moving to the Maternity ward, where she stayed until she had a caesarean section at 35 weeks. The baby went to the special care nursery at Monash Newborn and the mother stayed in the ward at MMC until they were both ready to go to Dandenong Hospital so she could commence rehabilitation.

The mother went to Dandenong and her baby went to the Special Care Nursery at Dandenong while she underwent rehabilitation. A further three days on the Maternity ward at Dandenong enabled the mother to receive parental support and education before going home.

This story highlights the team work and collaboration between the staff and sites involved: from Nursing and Midwifery; Medical and Allied Health; Neurology; Monash Newborn; Rehabilitation; and the Special Care Nurseries at Clayton and Dandenong; they were all able to rise to the challenge and excel.

Without this co-operation and collaboration between teams, it would have been much harder for the mother and her baby to have bonded so successfully in what was an unusual set of circumstances.

Advance care directives

Monash Health is committed to supporting consumers, carers and community members to participate fully and effectively in their healthcare, at all points of their healthcare journey. Monash Health actively engages in, and promotes, advance care planning.

Advance Care Planning is the process of planning for your future healthcare. This ensures those close to you and those caring for you know what is important to you, what preferences you have regarding medical care and who you want to make decisions for you if or when you are unable to do this for yourself.

Monash Health has an Advance Care Planning Program providing our consumers with information and assistance to discuss and complete advance care planning documents: appointment of a medical treatment decision maker, appointment of a support person and advance care directives.

The program also provides education and training to clinical staff to ensure they have the skills to assist patients to discuss and document their advance care planning discussions as part of ongoing care.

To support implementation of advance care planning, Monash Health has worked with consumers to produce the advance care planning consumer information brochure *"Who will help make medical decisions for you?"*. This brochure, available in six languages, updates consumers on the changes to Victorian law regarding medical treatment, planning and decision making, the process of planning for future medical care, the documents available to communicate their preferences, and how to access assistance with advance care planning.

Monash Health has also worked with the Department of Health and Human Services, Office of the Public Advocate, Health Issues Centre and other health services to develop advance care planning forms to assist consumers to formalise their advance care planning.

The completion of formal advance care planning documentation is voluntary. Our commitment to ongoing education training and information sessions for consumers, staff and care services has resulted in the benefits of planning ahead being recognised as an important part of healthcare. This has contributed to a 24% increase in referrals to our Advance Care Planning program in the past year.

This year Monash Health had more than 10,000 adult in-patient admissions where an advance care plan and/or a medical treatment decision maker had been identified by an 'alert' in the patient medical record. In 10% of these admissions, patients were aged 75 years and over.

Referrals to Advance Care Planning program

2012-2014

308

2016-2018

965

By increasing consumer awareness and workforce capacity-building to 'have the conversation', we are working to further increase the numbers of patients with advance care planning documentation. We are also making changes to our registration processes and systems so that advance care planning information is available in both clinical systems (to support comprehensive care planning) and in administrative management systems (for data reporting).

Muriel's story

As part of comprehensive care planning, Les Harris was introduced to advance care planning by his Care Coordinator from Monash Health Community's Complex Care Program. Both Les and his wife, Muriel, felt it was important to discuss their future healthcare preferences with their son - who they wanted to appoint as their medical treatment decision- maker - and the healthcare team, so they were also aware of their preferences and values. This then needed to be documented.

They met with a Monash Health advance care planning facilitator in October 2017 and completed advance care directives and appointed a medical treatment decision maker.

"The lady (ACP Facilitator) came out and explained everything and helped us complete the forms; it was very helpful. We were both very grateful for her help," Muriel said.

Les' health continued to decline over the next few months and he was subsequently admitted to Casey Hospital in March 2018. While Les was able to talk to the medical team, Muriel felt that having had the advance care planning discussion with Les when he was well helped her with his ongoing care.

"The doctors involved Les and me in all discussions about his care, and I felt that they listened to what Les wanted, understood and respected his wishes.

"This made it easier for me when the decision was made to transfer him to palliative care. As much as I wanted him to stay, I knew he didn't want to linger.

> "All of the doctors and nurses were lovely; they knew it was important to both Les and me that he was cared for at Casey Hospital as it is close to our home and I could be with him, which was really important.

"Advance care planning really did help...it has helped me knowing that we all did the right thing by Leslie."

Having had this experience, Muriel now has confidence that her wishes are known and in the event he has to make medical decisions for her in the future, her son, Derek, is also aware of her wishes. Muriel is now recommending advance care planning to others.

At the end of life

Monash Health's palliative care service is an integrated system of care that provides individualised care, at the right time and in the most suitable setting. It is compassionate and maximises patient and carer experience whilst reducing treatment costs, preventing end of life aggressive care and reducing depression and stress in families and caregivers.

It supports patients and carers through the trajectory of their disease and provides pre-emptive services, symptom management, terminal care and bereavement services. Where possible these services are provided in the patient's preferred venue of care: home, community, outpatient services and where required, inpatient services.

During the past two years, the Monash Health Service model has been further developed and strengthened with a number of innovative new initiatives.

A key aspect of the updated model of care is that it promotes continuity and concentrates efforts in breaking down the divide of care between community and hospital.

Supportive Chronic Conditions Clinic (SCCC)

The Supportive Chronic Conditions Clinic (SCCC) is a proactive system of care for patients with life-limiting chronic conditions.

Palliative Care, Complex Care, General Medicine and Renal Medicine partnered with Advance Care Planning to form a working group including community palliative care, community services, and primary health networks.

The multi-speciality, multi-disciplinary clinic guides community care and prevents avoidable problems requiring admission. Clinicians work closely with general practitioners and manage symptoms/pain/psychosocial distress, care planning and medication de-prescribing.

OncoPain Clinic

The OncoPain Clinic has been highly successful and was a finalist in the 2017 Victorian Public Healthcare Awards. The primary aim of the initiative is to manage refractory cancer pain.

As part of this initiative, we attended targeted multidisciplinary meetings of other services to develop rapport with other specialities and facilitate appropriate and timely referrals.

There are plans to expand this activity as it has been highly effective in reaching patients that we otherwise would not have, or alternatively, would have been referred only in the last weeks or days for terminal end-of-life care.

Promoting Improved Care for the Dying (PICD)

PICD is a set of guidelines to ensure patients and families receive a high standard of end-of-life care. They are designed for dying patients cared for by generalist staff in non-specialist palliative care settings. While PICD has been in use at Monash Health since 2009, its incorporation into the new Electronic Medical Record will allow treating units to measure the care they have provided against the PICD guidelines.

Community

Monash Health Community provides an integrated and interdisciplinary service which strives to improve and maintain the health, independence and wellbeing of our community. Our primary aim is to empower and prepare clients to self-manage their health, wellbeing and healthcare. We understand that achieving this aim requires expertise in identifying and addressing indicators across all three determinants of health: social, biomedical and behavioural.

Working with clients across the age spectrum, Monash Health Community provides care through all stages of non-acute care from prevention through to rehabilitation. We support clients in their homes, community-based facilities and dedicated Monash Health Community hubs. Our services, which are delivered as close to where people live as possible, include clinical care (nursing, dental, medicine, physiotherapy, occupational and other therapies) and non-clinical care (counselling, social work, case management and health promotion). We understand that the highest quality of community care is delivered in partnership with clients, families, carers, general practitioners and other community organisations, so communication is very important to the work we do and the care we provide.

Access to care is prioritised for Victoria's more vulnerable populations, which include Aboriginal and Torres Strait Islander people, people with an intellectual disability, refugees and people seeking asylum, people experiencing or at risk of homelessness, people with a serious mental illness and children in out-of-home care. These populations are often socially and/or economically disadvantaged, experience poorer health outcomes, and have complex care needs or limited access to appropriate healthcare services. We are driven to improve the equity of outcomes for these vulnerable people within our local community.

Integrated Care – helping to improve both health and wellbeing

One of the fantastic benefits that Monash Health is able to provide to our community accessing care, is the opportunity to benefit from a broad range of services, which can be tailored to assist each individual to reach their independent health and wellbeing goals.

In particular, our community health and wellbeing hubs which integrate traditional health and community services, such as our Thomas Street Dandenong facility, are well placed to provide this care. An example of this approach to care is included in the story below.

Lawrence's story

Lawrence's initial contact with the Allied Health team came after he was referred by the Nephrology Department for assistance to improve his overall health and condition, prior to commencing dialysis. Lawrence had had diabetes for some 15 years, but it had not been well managed as he had focused on a busy working life. Unhappily for Lawrence, his situation deteriorated, and he developed neuropathy, retinopathy and renal failure. He had gained significant weight and could no longer work in his usual capacity as he had become legally blind. His weight and general poor health prevented him being eligible for a renal transplant. At 42, he was on the Disability Support Pension, and feeling pretty low about his future.

Together with other health and community providers, the allied Health team worked with Lawrence, helping him find and achieve small goals along his journey.

Over the past 24 months, Lawrence has worked hard and we have supported him through a number of setbacks to remain focused on a more positive lifestyle. Today, Lawrence attends a community gym daily and has hiked up Mt Bogong. He plays AFL 7s and is in training for the inaugural AFL Blind competition, due to kick off in 2019. We have been supporting him with his National Disability Insurance Scheme (NDIS) application and supporting his future independence. Importantly, Lawrence has much better blood results, his vision has not deteriorated further, he has achieved weight loss and is now eligible for a transplant.

SECASA 40th Anniversary Art Show

Monash Health's South East Centre Against Sexual Assault (SECASA), which offers a range of services including counselling for victims/survivors of sexual and physical assault, celebrated its 40th anniversary in August 2017.

The milestone was marked with an exhibition of artwork at Monash Medical Centre by SECASA clients, many of whom overcame considerable challenge to display their work in public. The SECASA team constantly strives to provide sensitive, responsive and where needed, innovative and creative care delivery. The SARA program, designed to support anonymous reporting of sexual assault, is an example of an innovative program designed to respond to the needs of our community.

SARA

Five years after its launch, SECASA's Sexual Assault Report Anonymously (SARA.org.au) continues to be a valuable resource.

The mobile-friendly website allows people to anonymously report incidents of sexual assault and sexual harassment that they have not reported to police. Feedback from those who've used SARA was that it helped give them peace of mind because they had told someone what had happened to them, and it also meant that this information was not lost. Some 42% of SARA users had not told anyone else what happened to them. For many, it gave them the confidence to proceed with police interaction.

Reports from all over Australia are doubling in number each year, and these are passed on to police, who have used the information to assist with open investigations, ongoing cases and even to apprehend a serial rapist.

Client quote:

"Having made the SARA report, I felt emboldened. And as I regained my confidence I spoke to a few trusted friends about what had happened. In each case I was asked if I had reported it to police, and I was able to tell them I had.

I doubt that I would have told them if I hadn't completed a SARA report, as I would have felt I had to explain or justify why I hadn't been to the police. Not everyone understands how difficult it can be to 'disclose' at all, let alone front up to a police station and disclose to a complete stranger, without the certainty of knowing you will be believed.

The fact that SARA took my report seriously and that the police have the perpetrator's details on their database seems to have reassured everyone, not just me. My SARA report is making everyone feel better about the police and legal systems, and also in terms of their own sense of agency in the world. It seems that SARA's benefits are quite far reaching."

A helping hand – Monash Health Foundation

Echo boost for sick children

The 2018 Dandelion Wishes Gala supported the purchase of a new Echocardiograph (Echo) machine for the Paediatric Intensive Care Unit in Monash Children's Hospital.

The Echo machine takes 3D images of the heart with extreme clarity. It supports our doctors to provide accurate and timely diagnosis, and treatment options, to intensely sick children.

One of the 2018 Gala highlights was a magical performance by Cystic Fibrosis patient - 16 year old Claudia Coll. The Dandelion Wishes Gala has now raised over $1.2 million for new equipment in the Monash Children's Hospital.

Meet Effie - cancer survivor and fundraising champion

Effie Atkins fought liver cancer for seven years. When she found out the chemotherapy was not working, she started to lose hope.

However Effie decided to volunteer for a Monash Health clinical trial, testing a new form of treatment which mobilises the immune system to fight the cancer. Within months Effie's life was turned around.

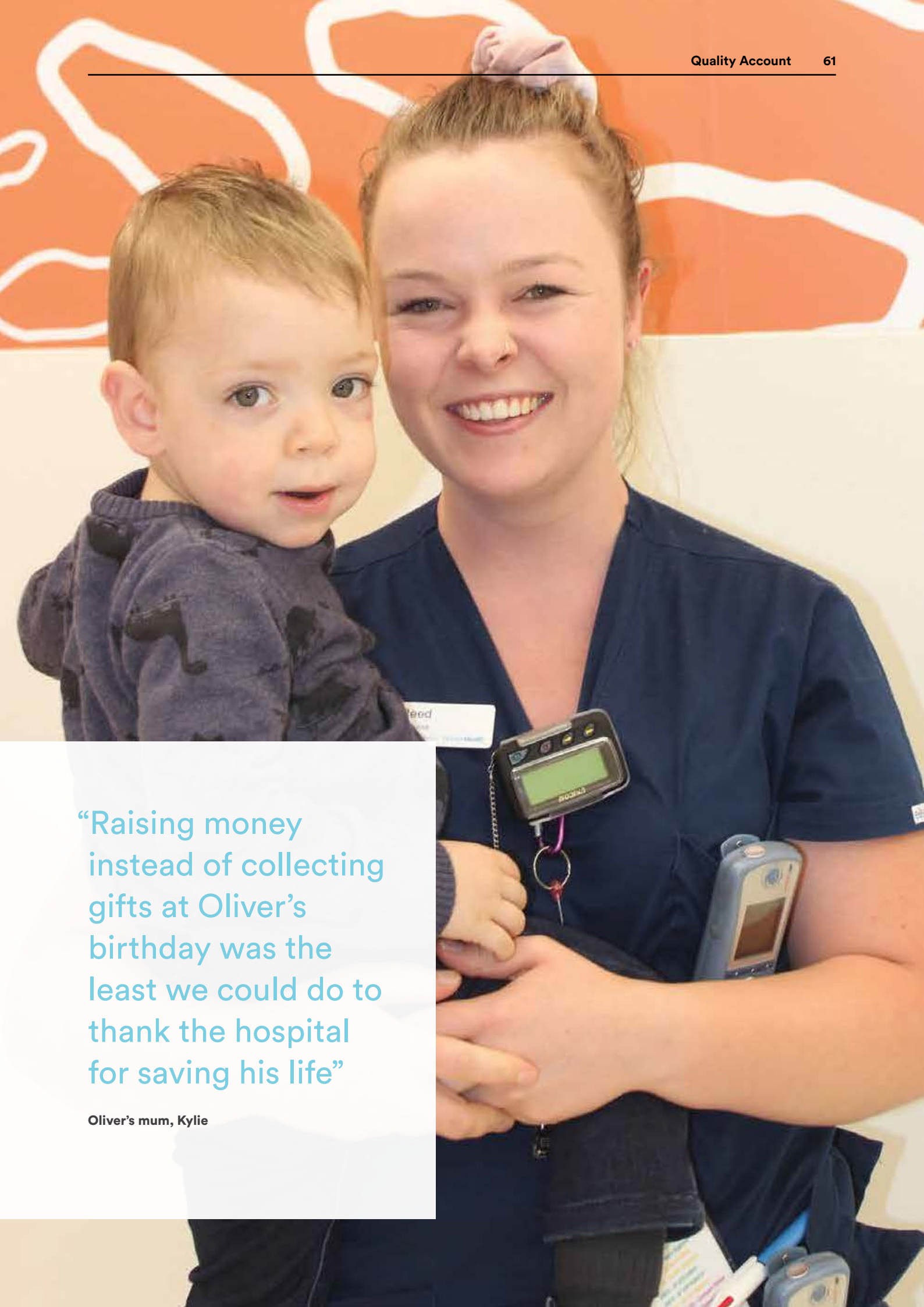
"Now I can make plans for the future, and I no longer call myself a victim of cancer," says Effie.

Effie decided to support the discovery of improved treatments, like the one which saved her own life, through fundraising for the Monash Health Foundation. She has hosted two successful events and with the support of family and friends, Effie has now raised over $50,000 for clinical cancer trials at Monash Health.

Miracle baby celebrates two years

Little Oliver Angwin was born at just 24 weeks gestation, weighing little more than a tub of butter. His first 128 days of life were spent under close observation in our Neonatal Intensive Care Unit. In 2018, a now healthy Oliver celebrated his second birthday.

Oliver's friends and family helped raise $5,400 through donating to Monash Children's Hospital, instead of purchasing birthday gifts. Oliver and his parents visited the NICU team to present the donations, which will fund the purchase of Kangaroo Zaks. Much likea kangaroos's pouch, this strapless wrap is designed to allow skin-on-skin contact and help babies and their parents bond.



"Raising money instead of collecting gifts at Oliver's birthday was the least we could do to thank the hospital for saving his life"

Oliver's mum, Kylie

The nurse head shave raised over $20,000 to support the tiny babies treated in NICU by this dedicated team of nursing staff

Five brave nurses shave their heads

Neonatal Intensive Care Unit nurses Leah, Grace, Jade, Alice and Kate, wanted to provide further support for the tiny newborns they care for every day. The brave nurses (and Leah's son Jack) shaved their heads to raise funds for the Imagination Appeal, supporting Monash Children's Hospital.

Supportive colleagues and hospital visitors gathered in the atrium of Monash Children's Hospital as the hairdressers got to work, clippers in hand. The beautiful bald nurses even inspired another of their colleagues, Pam, to spontaneously shave her head on the day too.

"We are incredibly grateful and in awe of the amazing support we've received from the Monash Children's Hospital community, our friends and families," said Jade.

Feedback and distribution

Feedback and consultation

Monash Health sought feedback on our previous report from consumers and incorporated their feedback into the development of this Quality Account.

Distribution

Copies of the Quality Account are provided to local government and service providers within Monash Health's catchment.

The report is also available on the Monash Health website **www.monashhealth.org** so that it can be accessed by the wider community.

Help us to improve

We welcome your feedback about the value and relevance of this report and all aspects of the service we provide.

Please tell us what you think: info@monashhealth.org

Are you interested in bringing a consumer perspective to decisions that are made within Monash Health?

When opportunities arise, being a member of the Consumer Advisor Register allows individuals interested in quality and safety, patient experience or health issues to participate in our health service.

If you are interested in becoming a consumer advisor at Monash Health, please contact **consumerparticipation@monashhealth.org**

To donate to Monash Health

Head to **www.monashhealthfoundation.org**

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62-70 Kangan Drive
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Cranbourne Centre
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Dandenong
t 03 9594 6666

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Warrigal Roads
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