Acknowledgement of Country

Monash Health acknowledges the Traditional Custodians of the land, the Wurundjeri and Boonwurrung peoples, and we pay our respects to them, their culture and their Elders past, present and future.

In this document, ‘Aboriginal’ refers to both Aboriginal and Torres Strait Islander people. ‘Indigenous’ or ‘Koori/Koorie’ is retained when part of the title of a report, program or quotation.
Table of Contents

Acknowledgement of Country 2
A message from our Chair and Chief Executive 5
About Monash Health 7
Our care at a glance 9

1. Consumer, carer and community participation
   Patient experience
   1.1 VHES results 11
   1.2 Community health services information 13
   1.3 Building capacity in healthcare 14
   1.4 Language services 17
   1.5 Disability services 17

2. Quality and safety
   Consumer and staff experience
   2.1 Consumer feedback leads to improved outcomes 19
   2.2 Patient safety culture 20
   2.3 Staff survey results drive improvement 22
   2.4 Accreditation 22
   2.5 Sentinel and adverse events 23

   Infection prevention and management
   2.6 Staphylococcus aureus bacteria rate 24
   2.7 Staff influenza vaccination rate 24

   Maternity services
   2.8 Victorian Perinatal Services Performance Indicator 25

   Residential aged care services
   2.9 Performance against quality indicators 25
   2.10 Escalation of care process 28

   Mental health services
   2.11 Report on aspects of restrictive intervention 28
   2.12 Accessing the health service 29

3. Comprehensive care
   Continuity
   3.1 ‘Your experience with health workers; ‘Team work; ‘Planning your care’ 31
   3.2 Actions to improve a community health population 32

   Monash Health Foundation 36

   Feedback and distribution 38
We are relentless in our pursuit of excellence
A message from the Chair and Chief Executive

Monash Health is committed to improving our consumer’s experience. Above and beyond the quality of our clinical care, how people remember their time with us is of paramount importance.

The care we provided to our community continued to grow in our 165th year, with 4.1 million episodes of patient care, an increase of nine per cent on the previous year.

This Monash Health Quality Account is an opportunity to share our performance against Victorian Government indicators and standards to build accountability across the health sector and drive continuous improvement.

Consumer participation is a key component of our organisational culture and strategic approach. We recognise that involving consumers, carers and community members at all levels of our operations helps ensure we provide excellence in treatment and care.

This year we launched our Strategic Plan 2019-2023, which outlines our focus for the next five years. It sets out aspirations for the future and what we will do to meet the needs of the local and broader Victorian community.

Our relentless pursuit of excellence forms the cornerstone of our strategic intent and defines our approach as a leading teaching and research health service of international standing.

It is an exciting time for Monash Health, as we bring together a number of major initiatives. A stand-out has been the introduction of the Electronic Medical Record, a fundamental step towards improved patient safety and care.

In 2018-19, the $135 million expansion of Casey Hospital continued, and we began work on the Victorian Heart Hospital, Australia’s first dedicated cardiac care hospital as well as upgrades to Monash Medical Centre’s Emergency Department.

Our Transforming Care Program of work continued to introduce improvement initiatives across the organisation, enabling us to provide the best possible care and experience for our consumers.

Our health professionals are conducting world-class clinical and translational research, with 531 new research projects and 1,417 patient-focused research projects underway.

We acknowledge and thank the Victorian Government, Safer Care Victoria, the Department of Health and Human Services (DHHS) and the Federal Government for supporting us in serving our diverse and growing community.

We are grateful to our employees, volunteers, community and consumer advisors who contribute so meaningfully to the health of our consumers. We appreciate the support we receive from every corner of our organisation and beyond, as we pursue excellence in everything we do at Monash Health.
About Monash Health

Monash Health is Victoria’s largest public health service. We provide safe, high-quality care to one-quarter of Melbourne’s population, across the entire lifespan, from pre-birth to end-of-life. In 2018-19 we provided more than 4.1m total episodes of care (3.9m in 2017-18).

We improve the health of our communities through:

- Prevention and early intervention
- Community and home-based treatment and rehabilitation
- Specialised surgical; and medical diagnosis; treatment and monitoring services
- Hospital and community-based mental health services
- Comprehensive sub-acute and aged care and palliative care programs
- Research and teaching the next generation of healthcare professionals

More than 18,000 staff members work at over 40 care locations across southeastern Melbourne, including Monash Medical Centre, Monash Children’s Hospital, Moorabbin Hospital, Dandenong Hospital, Casey Hospital, Kingston Centre, Cranbourne Centre, and an extensive network of rehabilitation, aged care, community health and mental health facilities.

Monash Health is also a major provider of education and training for the next generation of doctors, nurses and health professionals. We achieve this through our partnerships with Monash, LaTrobe and Deakin Universities.

Strategic intent
We are relentless in our pursuit of excellence.

Our guiding principles

- We consistently provide safe, high quality and timely care.
- We provide experiences that exceed expectations.
- We work with humility, respect, kindness and compassion in high performing teams.
- We integrate teaching, research and innovation to continuously learn and improve.
- We orientate care towards our community to optimise access, independence, and wellbeing.
- We manage our resources wisely and sustainably to provide value for our community.
Our community

Monash Health is an integral part of the local communities we care for. Our consumers and employees are from local government areas including Glen Eira, Kingston, Monash, Greater Dandenong, Casey, and Cardinia. The demographic characteristics of these rapidly evolving communities include:

**Rapid growth**
The south-east growth corridor of Casey and Cardinia is the fastest-growing region in the state.

**High birth rates**
The south-east of our primary catchment area has a younger population and higher birth rates than the state average.

**Ageing populations**
The north-west of our primary catchment area has significantly higher rates of older persons than the state average.

**Multicultural diversity**
Approximately 20,000 residents are Aboriginal and/or Torres Strait Islander peoples, over a third of residents were born overseas, and we have the largest refugee and migrant community in Victoria.

**Inequity**
Many of our local communities experience some of the greatest socioeconomic disadvantage and highest rates of unemployment in the state.

**More illness**
There is a higher prevalence of cancer and neurological conditions, chronic diseases among our communities, including diabetes, heart disease and asthma, and risk factors such as obesity and high blood pressure.

Monash Health’s reach also extends across Victoria and Australia for some of our specialist services. The local government areas that comprise our secondary catchments are Bayside, Frankston, Knox and the Mornington Peninsula. Our tertiary catchment area includes Bass Coast, Baw Baw, East Gippsland, Latrobe, South Gippsland and Wellington.
Our care at a glance
2018-19

4.1m
Total episodes of care*
(3.8m in 2017-18)

265,027
Total hospital admissions
(260,082 in 2017-18)

1.55m
Outpatient services
(1.38 in 2017-18)

1.09m
Pathology tests
(1.04 in 2017-18)

335,428
Mental Health client consumer contacts
(283,708 in 2017-18)

10,357
Births
(10,026 in 2017-18)

63,133
Emergency department ambulance arrivals
(58,852 in 2017-18)

231,856
Emergency department attendances across our three campuses
(226,314 in 2017-18)

46,812
Procedures performed
(46,898 in 2017-18)

41,203
Paediatric admissions
(40,987 in 2017-18)

*Excludes surgical operations, total hospital admissions, births, ambulance arrivals and paediatric admissions.
Monash Health was the first service in Victoria to implement the Neonatal Early Onset Sepsis Calculator to keep newborn babies with their mothers so that bonding and breastfeeding can be enhanced.

Monash Health was the statewide lead for the DHHS Maternity and Newborn Rural and Regional Operating Model, to support women in determining the safest places to deliver.

A Telehealth service was established across 13 adult specialties, reducing patient travel costs by more than $25,000 and travel time by more than 450 hours.

A single point of contact model was introduced in surgery to reduce waiting times for elective surgery and pre-surgical appointments. This improved consumer experience, and led to a seven per cent reduction in the number of patients waiting longer than clinically recommended.

Mental Health continued to develop its Consumer and Family Carer Service and strengthen its Advocacy Committee with the addition of 12 new members and inpatient Peer Support Workers.

Monash Children’s Hospital gained a magnetic resonance imaging (MRI) licence, significantly increasing access to this vital technology for our youngest patients.

Enhanced team-based management improved significantly, with 42 ward governance meetings established monthly. Thirty-five wards now have set ward rounds and a simple set of discharge planning guidelines to ensure patients are discharged with the information and support they require.

E-journey boards and patient information technology systems in 162 clinical areas were established. This enabled timely and consistent visibility of individual inpatient journeys and identified delays in patient care.

We introduced an internal electronic referral triage system across 46 adult and paediatric specialist clinics. The time taken to process a referral from initial receipt to booking the first appointment has been reduced from 16 to six days, eliminating the need for paper and reducing the risk of losing referrals.
Consumer, carer and community participation

Patient Experience

1.1 Victorian Health Experience Survey results

Improving patient experience

Monash Health is committed to providing experiences that exceed expectations. We listen to our patients and act on their feedback to improve the quality and consistency of their experience of care.

The Victorian Healthcare Experience Survey (VHES) provides us with feedback from people who have attended our health service. Data collected from the VHES forms part of the performance dashboard presented to our Board and is used to identify priorities for patient experience improvement.

Our priority focus areas for improving the VHES patient experience scores are:

- discharge planning,
- cleaning,
- food,
- ward processes (including effective ward rounds and nurse rounding), and
- Emergency Departments.

Over the past 12 months, we have implemented a range of initiatives under our priority focus areas to improve our patients’ experiences.

These include:

- An organisation-wide review of cleaning that resulted in our Clean Slate project, comprising of more than 20 cleaning improvement initiatives,
- Hospital environmental patient experience auditing to gather real-time feedback from patients about improving their perception of cleanliness,
- Separation of the adult and paediatric waiting areas in the Monash Medical Centre Emergency Department,
- Development of patient information for distribution on arrival at the Emergency Department that provides important information about the patient journey and what to expect,
- Roll out of single allergen menus that offer more meal choices for patients with a food allergy,
- Review of our food service delivery models across hospital sites, and
- Implementation of tool to support our Nurses and Midwives bedside hourly rounding.
VHES Positive Patient Experience Responses

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

**Adult Inpatient**
Percentage of positive responses to Q76: Overall, how would you rate the care you received while in hospital?

- Apr - Jun 18: 92%
- Jul - Sep 18: 94%
- Oct - Dec 18: 93%
- Jan - Mar 19: 92%
- Apr - Jun 19: 92%

**Adult Emergency**
Percentage of positive responses to Q68: Overall, how would you rate the care you received while in the Emergency Department?

- Apr - Jun 18: 85%
- Jul - Sep 18: 83%
- Oct - Dec 18: 86%
- Jan - Mar 19: 83%
- Apr - Jun 19: 81%

**Percentage of Monash Health patients who provided very positive responses to questions on discharge care across the past year**

**Adult Inpatient**
The Transitions Index is an average of the positive score for questions on discharge care.
Improving transition to home

Our patients have been telling us that the experience of being discharged from hospital could be improved. In response, we introduced initiatives including MY Passport and the implementation of Discharge Planning Business Rules, which aim to improve patient transition from hospital to home.

MY Passport

Monash Health implemented MY Passport to improve how we communicate patient discharge information. MY Passport has been co-designed with our patients and families to provide simple and clear instructions on what they need to do when they leave the hospital. MY Passport is completed by the nurse or midwife preparing the patient for discharge, and provides information about:

- following-up with your GP
- further tests you may need
- your next appointment
- your medications, and
- important contact phone numbers.

“\textit{I really like this document. I can't remember all my tests, it's good that everything is recorded on this document. I will take this to my GP.}”

- Patient

1.2 Community health services information

The VHES indicated that 82% of those who had accessed Monash Health Community services felt they had received about the right amount of information about their issue or care.

Monash Health Community has a Consumer Advisory Committee which provides consumer input into our services and strategic planning and delivery. The Committee reviews our consumer brochures to ensure they are clear and contain information that consumers want about the services they receive, including our brochures outlining our disability services provided under the National Disability Insurance Scheme.

When accessing our aged care services, clients receive a comprehensive introduction to the service at their first contact, including what services are available to assist them.

Client Information Packs are provided to new clients and include:

- Rights and Responsibilities brochure,
- Do You Have A Concern?
- Service brochures,
- Consent forms, and
- Care Plan.

We also receive valuable consumer feedback through our Community Strategy development engagement.
Monash Voices

June 2019 saw the launch of Monash Voices, a library of patient, family and staff stories for the coaching and education of our teams. It offers the opportunity to maximise learnings from the first-hand experiences of consumers, families and employees about their healthcare journeys.

By having a greater understanding of the experiences people have at Monash Health and other healthcare services, we can learn about what matters most, strengthen our relationship-centred care practices, and continually adapt and refine services and processes to better meet the needs of every individual consumers and family.

Patient experience stories can offer unique insights into what it is like to be a consumer at Monash Health; how our actions and our service models shape their experience and their perceptions of that experience. Employee stories can also provide valuable perspectives from people working with patients; their observations and reflections on the impact on patients and their family, but also the impact that patients may have on employees.

1.3 Building the capacity of consumers, carers and community members to participate fully and effectively in their healthcare

Monash Health in the Community provides and coordinates integrated, multidisciplinary, community-based healthcare for people of all ages from Bayside to Cardinia. We work with individuals and groups in various settings, including community health centres, partner facilities and in client’s homes.

Some services target specific populations or needs such as aged care, Aboriginal health, refugee health, youth, rehabilitation, disability, victims of sexual assault and family violence, chronic/complex disease, children and families, mental health, health promotion, respite, support for carers, and other groups experiencing vulnerability. Other community services focus on education, advocacy and clinical research.

Using a collaborative and creative process, we identified our goals and developed our strategic direction. We achieved this through 41 sessions with Monash Health employees, clients and our partners in healthcare - such as councils, government and not-for-profit agencies, GPs and local health service providers, and representatives of the Aboriginal, migrant and neighbourhood communities.

Our goals are to disrupt the trajectory of chronic disease, improve the health and social wellbeing of people experiencing vulnerability, minimise the need for hospital use, and improve client access, outcomes and experiences while managing our resources wisely.
Aboriginal Employment

Monash Health is committed to creating an inclusive environment and equal opportunities for all of our Aboriginal people, families and communities. To achieve this, we are working to improve employment opportunities and career pathways for Aboriginal people. The ripple effects that employment has on Aboriginal people, their families and communities contribute to closing the gap through improved health and wellbeing, providing positive role models and increasing health literacy levels.

We are actively seeking to increase the number of Aboriginal employees within Monash Health to 2% of our total employees. This target is underpinned by our Aboriginal employment process, which we introduced in 2018. This process supports Aboriginal people in applying for roles and obtaining them. Since introduction, the number of Aboriginal people employed has increased from 13 to 55.

In addition to the launch of our Aboriginal employment policy in 2018, we support professional Aboriginal employment through our Allied Health, Nursing and Midwifery Cadet and Graduate Program. Over the past year, there has been a strong focus on ensuring that we have a robust attraction, sourcing, selection and retention strategy. Some of these initiatives have been:

- Appointing a dedicated Aboriginal and Torres Strait Islander Employment Coordinator for Monash Health, who offers support for candidates and walks them through their employment journey, offering advice, mentoring and other specialist support to our managers and candidates.
- Implementing a peer support network for our Aboriginal employees to have someone at each site.
- Launching a yarning circle where Aboriginal employees are invited to attend on a quarterly basis to meet and develop a network and support system.
- Increasing awareness of Monash Health as an employer of choice by advertising roles through Aboriginal channels such as Koori Mail.
- An improved Employee Assistance Program, which provides an Aboriginal helpline and coaching/counselling sessions for our Aboriginal employees.

Over the past three years, using our People Matter survey, we have measured how our employees feel about the culture at Monash Health in relation to employees who are Aboriginal. Since introducing the affirmative employment procedure and the associated initiatives to ensure we can sustain and grow employment, we have seen the behaviours and views of our employees shift.

In 2017, only 61% of our employees felt that there was a positive culture within Monash Health in relation to employees who are Aboriginal and/or Torres Strait Islander. In 2018, we saw that increase to 64% and further increase to 73% in 2019.

Increasing our numbers of Aboriginal employees has correlated with a rise in the numbers of Aboriginal consumers accessing Monash Health services.

A total of 2,414 Aboriginal people presented to our emergency departments in 2018-19 (up from 2,093 in 2017-18).

Aboriginal births increased by more than 22% last year (119 in 2018-19 up from 97 in 2017-18).
Monash Health Community – Youth Program

A new youth service was established in 2010, targeting vulnerable and disadvantaged young people aged 16 to 25 years with complex health and social issues. These young people include frequent presenters to emergency who have significant gaps in academic and health literacy. They are also characterised as lacking in support from long-term adult relationships that could guide their ongoing health challenges. The service met needs by being welcoming, culturally sensitive and inclusive of all young people that needed a health service.

Two ‘Youth Health Hub’ sessions began in late 2016. These after-school programs support and empower vulnerable young people to improve their health by providing individual support, youth-friendly health education groups and helping to access other community and health services.

The ‘Youth Health Hub’ provides opportunities for young people to engage with other young people and health professionals. Young people are drawn to an exercise program facilitated by an accredited exercise physiologist, utilising the extensive gym facilities at the Dandenong site.

The program also provides access to health professionals, such as nurses with significant experience in sexual health education, social workers, a dietitian, psychologist, music therapist and communications/speech pathologist. The multi-disciplinary team also conducts a number of group programs on a rotating basis. These groups target the development of health knowledge and literacy, resilience, self-esteem, engagement, social communication skills as well as the management of anxiety.

A key to the success of the youth program is the extensive work undertaken to develop trusted inter-agency relationships, ensuring referral opportunities for vulnerable clients are identified immediately. This unique service ensures that no young person referred is placed on a waiting list. By understanding their needs, clients are offered a service of their choice to start engagement. Currently, the service receives referrals from 20 different local agencies with 20 new referrals per month.
Monash Health strives to provide equitable access and services to people from culturally and linguistically diverse backgrounds. Appropriately-trained interpreters help ensure patients understand the information provided to them from employees and employees understand the information provided to them by patients. Understanding the information provided means that patients:

- are more likely to follow instructions,
- know what to expect,
- trust that they are receiving appropriate care, and
- are significantly more likely to receive timely care when interpreter access occurs within 24 hours of admission.

Initiatives introduced in 2018-19 to improve our language services included:

- Increasing the number of in-house interpreters (permanent and casual), enabling us to cater for more languages and provide more responsive services.

Developing the ‘Living With Cancer’ education program for the Greek community, increasing access to group education for Greek-speaking cancer patients and families. This was done in partnership with Cancer Council Victoria and Southern Melbourne Integrated Cancer Service.

Developing an interpreter data dashboard for Clayton maternity services to improve interpreter usage data visibility and reporting at the Monash Medical Centre birth suite and maternity wards, through improved data and systems integration.

There were almost 50,000 (49,330) patients provided with language services in 2018-19.

More than 80% of these were in Specialist Consulting.

<table>
<thead>
<tr>
<th>Ten most commonly requested languages for interpreter services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Language</strong></td>
</tr>
<tr>
<td>Dari</td>
</tr>
<tr>
<td>Mandarin</td>
</tr>
<tr>
<td>Vietnamese</td>
</tr>
<tr>
<td>Greek</td>
</tr>
<tr>
<td>Khmer (Cambodian)</td>
</tr>
<tr>
<td>Arabic</td>
</tr>
<tr>
<td>Hazaragi</td>
</tr>
<tr>
<td>Cantonese</td>
</tr>
<tr>
<td>Farsi (Persian)</td>
</tr>
<tr>
<td>Burmese</td>
</tr>
</tbody>
</table>

An increase of 9.25% on last year. Services were provided in 122 languages.

Disability Action Plan

Monash Health is committed to creating an inclusive environment and ensuring people with disabilities feel included, valued, recognised, respected and have access to opportunities. In the pursuit of excellence, and to demonstrate our commitment, we have developed our Disability Action Plan 2019-2023, which begins implementation in 2019-20.

- Facilitating the employment of people with disability and their retention.
- Eliminating barriers that prevent people from accessing and participating in our services.
- Promoting awareness of people with disability within our organisation and community, and demonstrating our collaboration.
Consumer and staff experience

2.1 Consumer feedback leads to improved outcomes

Monash Health welcomes all feedback about the services we provide and the manner in which they are delivered.

Feedback might be:

- a suggestion about an improvement,
- a compliment about a staff member or service, or
- a complaint or concern about the care provided.

Feedback is used to improve the quality and consistency of care and services provided. It is confidential and does not affect the care or the services provided. It is treated with respect and dealt with in a timely, courteous manner.

People can provide feedback in different ways:

- Complete a feedback form online,
- Send an email,
- Download and mail a completed form to our Consumer Feedback Coordinator,
- Complete a feedback form, located in most patient areas, or a staff member can provide one, or
- Contact the Consumer Feedback Coordinator by phone at the relevant site.

Those who provide us with a complaint are contacted to acknowledge the submission and informed of any decisions made or action taken. We aim to investigate and resolve complaints within 35 days.

If anyone remains dissatisfied with our response, we inform them that they can contact the Health Complaints Commission, which responds to complaints about health services and the handling of health information in Victoria. This service is free, confidential and impartial.

Complaints about serious misconduct or corruption involving public health services in Victoria can be made directly to the Independent Broad-based Anti-corruption Commission (IBAC).

Monash Health encourages individuals to raise their concerns with IBAC if they are uncomfortable raising their concerns directly with Monash Health or if they feel some detrimental action has been or may be taken against them if they make a complaint.

This year Monash Health received 2,721 formal compliments and 2,422 formal complaints.

Consumers can also provide feedback in another language. They can:

- Request an interpreter and provide feedback to their healthcare team,
- Call Language Services to arrange to speak to a Consumer Feedback Coordinator with an interpreter during business hours, or
- Write to us via letter or email in their preferred language and we will arrange for this to be translated at no charge.
Parking issue resolved at Moorabbin Haemodialysis

In March 2018, Mr W, a regular dialysis patient, made a second complaint to the Moorabbin Haemodialysis Nurse Manager about ambulance transport vehicles blocking patient car parking spaces. Around the same time, we received an anonymous consumer feedback form about the same issue.

The Moorabbin Haemodialysis patient carpark is a small one, providing eight parking spaces for dialysis patients attending the unit for treatment. There was no dedicated parking or zone for ambulance transport, and the one area was used by all vehicles to drop off and pick up dialysis patients.

Mr W submitted that ambulances would often park in front of two or three parking spots, thereby restricting the number of spaces available to patients and delaying their entry or exit.

The Dialysis Nurse Manager advised that there had been a significant increase in ambulance patients coming on certain days and times - which was impacting the number of available parking bays.

The Patient Relations Manager and Security Manager developed a solution which would make more effective use of space, satisfy the needs of the unit, and reduce complaints.

Over the ensuing months, these key people, along with the Operations Manager, implemented the changes.

The area at the end of the carpark was reconfigured and line marking completed. This provided ambulance transport with a designated parking area which didn’t obstruct patient vehicles and allowed them to move around the carpark easily.

Leanne’s ‘Tree of Life’

To the Chemo Unit Superheroes:

“My name’s Leanne. I was a patient in the chemo unit almost 12 months ago. Some of you may remember me; I was the noisy, loud one!

I had this ‘Tree of Life’ painted for me at the end of my treatment.

Each fingerprint represents someone who helped me fight and win my cancer battle. I would love for you to add your fingerprint and name to my tree.

I don’t think you realise just how much of an impact you have all made on my life and how much I appreciate everything you did to help me through what should have been an absolutely horrible experience.

You all made it a much more pleasant experience and I fondly referred to my chemo visits as my weekly “cocktail party”. After all was said and done and I was finished, I actually missed seeing you all!

So please, add your fingerprint to my tree, along with your name. This painting is the first thing I see every morning and it is a constant reminder of how lucky I am to have such a huge team of supporters who helped me all the way.”

Love always,
Leanne Verhaegh

2.2 Patient safety culture

Each year Monash Health participates in the People Matter Employee Survey, the results of which influence our approach to health, safety and wellbeing. In the past year, we have focussed on safety leadership and introducing new systems and processes to provide Monash Health employees with a safer, healthier work environment.

Our key objective is to prevent work-related injuries and illness by promoting, protecting and supporting the health and wellbeing of our people. We will work together to recognise the main issues that cause injury and illness, then act quickly and efficiently to reduce their impact on our people.
There are four pillars in our strategy:

**Promote**
We encourage the physical and psychological health, safety and overall wellbeing of our employees.

**Protect**
We safeguard physical and psychological health, safety and overall wellbeing by creating effective processes and systems, and monitoring OHS performance.

**Prevent**
We avoid physical and psychological injury and minimise the impact of illness through proactive actions, early intervention strategies and robust risk management.

**Support**
We work collaboratively to care for our employees’ physical and psychological health, safety and overall wellbeing, through facilitating access to managerial support, specific information and support programs.

Some of the key actions listed to achieve our health, safety and overall wellbeing include:

Develop and implement a plan to increase the involvement of Health and Safety Representatives in the management of OHS issues and incidents.

### People Matter Survey 2019

<table>
<thead>
<tr>
<th>Safety Culture questions</th>
<th>Monash Health 2019</th>
<th>Change 2018</th>
<th>Group average* 2018-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient care errors are handled appropriately in my work area</td>
<td>77%</td>
<td>-2</td>
<td>73%</td>
</tr>
<tr>
<td>This health service does a good job of training new and existing staff</td>
<td>66</td>
<td>+1</td>
<td>61%</td>
</tr>
<tr>
<td>I am encouraged by my colleagues to report any patient safety concerns I may have</td>
<td>84%</td>
<td>-</td>
<td>80%</td>
</tr>
<tr>
<td>The culture in my work area makes it easy to learn from the errors of others</td>
<td>73%</td>
<td>-</td>
<td>69%</td>
</tr>
<tr>
<td>Trainees in my discipline are adequately supervised</td>
<td>67%</td>
<td>-1</td>
<td>63%</td>
</tr>
<tr>
<td>My suggestions about patient safety would be acted upon if I expressed them to my manager</td>
<td>75%</td>
<td>-2</td>
<td>76%</td>
</tr>
<tr>
<td>Management is driving us to be a safety-centred organisation</td>
<td>73%</td>
<td>-5</td>
<td>69%</td>
</tr>
<tr>
<td>I would recommend a friend or relative to be treated as a patient here</td>
<td>72%</td>
<td>-4</td>
<td>74%</td>
</tr>
<tr>
<td><strong>Overall</strong></td>
<td>73%</td>
<td>-2</td>
<td>70%</td>
</tr>
</tbody>
</table>

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.*
2.3 Staff survey results drive improvement

Monash Health remains above the State average in all but one category, however we will continue to use the results of Employee survey results to generate improvement initiatives. We remain committed to providing a healthy and safe work environment where our people feel safe, valued and supported to excel in their professional and personal life.

Recognising our employees

In response to last year’s results, the People and Culture team revised the staff Reward and Recognition program. Our new Special Thanks and Recognition (STAR) program supports our pursuit of excellence by acknowledging and celebrating individuals and teams who bring to life our guiding principles. The most outstanding nominees are invited to receive their awards at our quarterly Senior Leadership Team meeting.

Employees can nominate their colleagues via an online portal, making it easy and quick to say thanks and recognise colleagues and teams.

Once a year, we recognise outstanding achievements across the organisation at our Monash Health Awards. In addition to this, our medical, nursing and midwifery and allied health groups also hold annual awards to recognise excellence by individuals and teams within their workforce.

2.4 Accreditation

Monash Health is implementing the second edition of the National Quality and Safety Health Service Standards put in place by the Australian Commission on Safety and Quality in Health Care in January 2019. We will be assessed against these new standards at our next survey in 2020. The 52 new actions relate to the specific health needs of Aboriginals, 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.

Mental Health and Wellbeing training, developed in partnership with the Black Dog Institute

- Consists of 4 x eLearning modules with accompanying podcast and fact sheets
- Managers participate in a one hour face-to-face session

Occupational Violence and Aggression Support Pack

- A printable pack providing a summary of support is available

### Revamped Employee Assistance Program (eight programs providing assistance and support)

- Manager Assist
- Career Assist
- Conflict Assist
- Nutrition and Lifestyle Assist
- Money Assist
- Family Assist
- Legal Assist
- Employee Assist

This program includes five specialist helplines and information distributed via more than 120 health and wellbeing tip sheets, and webinars.

### Mental Health and Wellbeing training, developed in partnership with the Black Dog Institute

- Consists of 4 x eLearning modules with accompanying podcast and fact sheets
- Managers participate in a one hour face-to-face session

### Occupational Violence and Aggression Support Pack

- A printable pack providing a summary of support is available

#### Employee Assistance Program

- Manager Assist: Coaching and advice to assist with a variety of people management issues and develop leadership competencies.
- Career Assist: Career development and planning, resume and job seeking assistance, interview skills, vocational counselling.
- Conflict Assist: Strategies, tools and coaching to deal with difficult workplace and personal situations.
- Nutrition and Lifestyle Assist: Specialist advice across nutrition, sleep, resilience, mindfulness, addictive behaviours, retirement planning and positive lifestyle changes.
- Money Assist: Money management coaching to help you work through financial wellbeing concerns.
- Family Assist: Counselling for family members needing support across personal and/or lifestyle concerns.
- Legal Assist: Up to 2 sessions of expert legal support and access across family law, tenancy/renting, real estate, consumer disputes and more.
- Money Assist: Assistance and support for any financial wellbeing concerns.
- Family Assist: Counselling for family members needing support across personal and/or lifestyle concerns.
- Legal Assist: Up to 2 sessions of expert legal support and access across family law, tenancy/renting, real estate, consumer disputes and more.
- Employee Assist: Support and counseling for a broad range of personal and work related issues.
- Conflict Assist: Strategies, tools and coaching to deal with difficult workplace and personal situations.
- Nutrition and Lifestyle Assist: Specialist advice across nutrition, sleep, resilience, mindfulness, addictive behaviours, retirement planning and positive lifestyle changes.
- Money Assist: Advice and support for any financial wellbeing concerns.
- Family Assist: Counselling for family members needing support across personal and/or lifestyle concerns.
- Legal Assist: Two sessions of legal support and access across family law, tenancy/renting, real estate, consumer disputes and more.
- Employee Assist: Support and counseling for a broad range of personal and work related issues.
- Conflict Assist: Strategies, tools and coaching to deal with difficult workplace and personal situations.
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- Employee Assist: Support and counseling for a broad range of personal and work related issues.
2.5 Sentinel and adverse events

Between 1 July 2018 and 30 June 2019 there were:
- 16 sentinel events,
- 43 Incident Severity Rating 1 events, and
- 325 Incident Severity Rating 2 events.

Each clinical incident is allocated an Incident Severity Rating. The categories of ‘Falls’ and ‘Recognition and Responses to Deterioration’ accounted for 23% of Incident Severity Rating 1 events. Just over 28% of Incident Severity Rating 2 events were ‘Falls’.

Sentinel events are a subset of adverse patient safety events that are wholly preventable and result in serious harm to, or death of, a patient.

Improvements related to sentinel and adverse events

Falls

Falls can be difficult to prevent in hospitals, but an area identified for improvement this year was better recognition and management of delirium and dementia. With this in mind, the Delirium and Dementia Initiative commenced at Monash Health.

Delirium and Dementia Initiative

Implementation of the Delirium and Dementia initiative started with the General Medicine wards at Monash Medical Centre. The wards are now:
- actively screening for cognitive impairment in admitted patients more than 65 years old, actively preventing and managing delirium,
- using new tools to get to know patients and their families better,
- accessing education and assistance from the Cognitive Clinical Lead and online to improve care for patients with cognitive impairment, and
- educating families and carers about delirium and dementia management, prevention and outcomes.

Our employees have reported a positive experience, and value the support of the Cognition Clinical Lead, which is a new role for our organisation. Education was well attended, and online resources were well used.

Compliance rates with cognitive screening are close to 100%, while falls and the need for Security support have reduced.

Better recognition and response to patient deterioration

Our ‘Track and trigger’ vital sign charts provide clinicians with instructions on what to do when vital signs are in the critical zone. We have incorporated this approach into the new Electronic Medical Record program. Alerts have also been built into the EMR to help employees contact the appropriate people quickly.

We have also updated our processes so that only our most experienced doctors can authorise a change to ‘track and trigger’ criteria.

EMR

Monash Health is implementing an Electronic Medical Record (EMR) in 2019, transforming the provision of high-quality care to our patients. Introducing the EMR at Monash Health will support:
- Reliable integration of information across systems,
- Standardisation and innovation,
- Prediction, reduction and remediation of errors,
- A strong inter-disciplinary team culture, and
- Advanced research and teaching capabilities.

The EMR is a fundamental step towards improved patient safety and care. It means our healthcare team will have access to accurate, up-to-date and legible information about patients when they need it.

Benefits of the EMR

The EMR implementation will enable Monash Health to:
- Improve the quality of patient care and clinical decision making using an electronic patient record containing clinical notes, diagnosis, test results, patient allergies and alerts,
- Provide secure access to the patient record at the point of care, enhancing the patient experience. There will be no need for clinicians to follow up or share a single paper-based record, enabling timely access to information and subsequent care,
- Improve workflow in inter-disciplinary and inter-departmental care enabling the patient experience to be seamless, consistent and integrated handovers and transfer of care across Monash Health departments and hospital campuses,
- Improve alignment across the continuum of care by ensuring there is a patient information channel between primary and secondary care providers,
- Enhance medication management, improve decision support and provide clear and concise clinical documentation, reducing clinical incidents,
- Reduce variations of care through standardised workflow, processes and terminologies in the EMR, which will lead to better outcomes for our patients and reduce cost through management and control,
- Satisfy our governance, reporting, accreditation and compliance obligations through improved data collection, processing and dissemination,
- Support translational, clinical and outcomes-based research and teaching, and
- Reduce cost through decreased paper handling, improved safety and reduced repetitions/duplications of effort (e.g. re-testing).
Infection prevention and management

2.6 Staphylococcus aureus bacteraemia (SAB) rate

Staphylococcus aureus, better known as “golden staph”, is one of the most common causes of healthcare-associated bacteraemia, which is the presence of bacteria in the blood. It can cause significant illness and death. More than half of these infections are associated with healthcare procedures – such as the insertion of a medical device - and are therefore potentially preventable.

Monash Health continues to work hard to reduce infections due to Staphylococcus aureus. Maintaining aseptic technique, supported by training and observational auditing during procedures, continues to be a focus along with improved hand hygiene. In the coming year, we will introduce a new peripheral intravenous insertion pack across Monash Health aimed at reducing infections due to intravenous lines.

There were 36 Staphylococcus aureus infections at Monash Health in 2018-19. Improved awareness of when infection occurs and better identification of areas of risk will help reduce infection across all clinical areas.

Central line-associated bloodstream infections (CLABSI)

Some patients are at risk of developing healthcare-associated infections, including bloodstream infections. A large proportion of these bloodstream infections are associated with the presence of a central vascular catheter (central line) and are usually serious, typically causing prolongation of hospital stay, increased cost and sometimes mortality. CLABSI can be prevented through proper insertion techniques and central line management.

In 2018-19, the paediatric intensive care unit had one infection, the adult intensive care units at Dandenong had one infection, and Clayton had three infections.

The target for CLABSI is zero, and intensive care units are improving insertion and management practices, and providing feedback regarding hand hygiene compliance rates to reduce infections in the next 12 months.

2.7 Staff influenza vaccination rate

More than 13,600 Monash Health employees were vaccinated against influenza in 2019, more than the DHHS target of 84% of our eligible workforce. This is the highest vaccination rate for influenza ever achieved at Monash Health.
Maternity services

2.8 Victorian Perinatal Services Performance Indicator

We are 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 across three hospitals: Monash Medical Centre, Dandenong Hospital and Casey Hospital.

Monash Women’s provides maternity care for well women and women with more complex and specialty needs. Monash Medical Centre provides tertiary level maternity care, with pregnancy assessment and fetal diagnostic units, adult and neonatal intensive care situated on-site.

The Victorian Perinatal Services Performance Indicator (VPSPI) report presents and discusses outcome data on key performance areas of perinatal care. Monash Health’s contribution to this report allows us to provide a quality and safety update in the Women’s and Newborn Program.

Two specific performance areas studied were the rate of severe fetal growth restriction (FGR) and the rate of full-term babies considered to be in poor condition shortly after birth. Data is site-specific rather than being measured as Monash Health overall, reflecting Safer Care Victoria definitions.

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.

Key to improving our performance is ensuring women attend their first antenatal visit before 12 weeks’ gestation.

Reducing the ultrasound wait time for women identified as at risk of FGR in the third trimester is another strategy.

The rates of FGR at Monash Medical Centre (25%), Casey Hospital (23.8%) and Dandenong Hospital (23.8%) were at or below the state target (28.1%), reflecting a strong culture of clinical excellence and education. Additionally, Stillbirth Australia and Safer Care Victoria commenced Fetal Growth Restriction workshops across Victoria in July 2018 to further build clinicians’ skills in the detection of FGR. Dandenong Hospital opened a Fetal Surveillance Unit to improve FGR detection and overall patient experience. We plan to expand this service to Casey Hospital.

The other key performance area studied was the rate (percentage) of singleton full-term babies (without congenital anomalies) who are considered in poor condition shortly after birth.

Casey Hospital (1.1%) was below the statewide average of 1.3%, with Dandenong Hospital (1.5%) and Monash Medical Centre (1.9%) above the average. These results highlight an area for improvement and also reflect our large number of births from high-risk patient groups.

The program’s focus on recognition and timely escalation has been demonstrated by the revision of the Code Pink procedure. The procedure details our response to a maternity emergency and the review resulted in the inclusion of the “inability to ascertain fetal wellbeing”. This has strengthened the procedure to promote timely escalation and maternal and fetal wellbeing.
Keeping mothers and babies together

Monash Health was the first health service in Victoria to implement the use of the Neonatal Early Onset Sepsis (NEOS) calculator to provide individualised sepsis risk assessments. These assessments allow us to keep more well babies with their mothers rather than exposing them to unnecessary blood tests, antibiotic therapy and admission to the neonatal unit.

The ‘keeping mothers and babies together’ initiative represents the integration of best evidence, innovation and team engagement to improve the quality and safety of care that Monash Health provides to babies and their mothers.

Early Onset Sepsis (EOS) is an uncommon but severe bacterial bloodstream infection in newborn babies that can cause critical illness or fatality if not detected and treated early. The most common cause is a bacteria called Group B streptococcus (GBS). GBS is carried by some pregnant women; it does not cause maternal infection but can be transmitted to the baby during birth. The only way to reduce the incidence of neonatal GBS EOS is to give antibiotic prophylaxis during birth.

Risk-factor based algorithms have been used for many years to assist clinicians caring for babies to determine a baby’s risk of developing sepsis. Those babies judged to be at high risk are treated with antibiotics was up to 200 times higher than the actual exposure to well babies; the number of newborn infants being assessed algorithms were resulting in high rates of antibiotic treatment and separation rates in well newborn babies without increased risk of missing true cases of sepsis.

Monash Health had poor performance against Indicator 2 (babies without congenital anomalies who are born at term but require additional care) on successive Victorian Perinatal Services Performance Indicator (VPSPI) reports. All Monash Health perinatal sites exceeded the statewide benchmark of 8.6% in 2017-18, with Monash Medical Centre being the poorest performer in the state.

Implementation of the online NEOS calculator (an innovative, multivariate risk assessment tool), combined with universal GBS screening in pregnant women, provided a more individualised and specific risk assessment that reduced antibiotic treatment and separation rates in well newborn babies without increased risk of missing true cases of sepsis.

All sites showed improvement against VPSPI Indicator 2, with two sites (Casey Hospital and Dandenong Hospital) now outperforming the statewide benchmark of 8.6%. There has also been a significant improvement at Monash Medical Centre, with a post-implementation shift in median rate from 18% to 13.5%.

There were no cases of missed or delayed treatment for early-onset sepsis.

The successful introduction of the NEOS calculator and universal GBS screening and the demonstrated positive impacts on quality of care was achieved through effective program leadership and engagement with all key stakeholders. The messaging of ‘keeping mothers and babies together’ united clinicians from across disciplines and had a significant impact on mothers’ experiences and outcomes for them and their babies. More well babies were spared unnecessary medical interventions and stayed with their mothers after birth, which, in turn, enabled stronger bonding and breastfeeding establishment.

Residential aged care services

2.9 Performance against quality indicators

The Quality Indicator Program is part of a suite of quality initiatives designed to support excellence in public sector residential aged care. The indicators provide a set of meaningful and measurable outcomes to assist in monitoring and improving recipients quality of care. Quality indicators reported quarterly relate to pressure injuries, falls and fall-related fractures, use of physical restraint, medicines and unplanned weight loss.

The program allows Monash Health Residential Services homes to compare indicators against other public sector residential aged care homes and use this information to improve the quality and consistency of our care.

Pressure injuries

For 2018-19, Residential Services reported a rate of 0.01 per 1,000 bed days for Stage 4 pressure injuries. The rates of suspected deep tissue injuries and unstageable pressure injuries for Residential Services are zero for both indicators compared to the state rate of 0.01 per 1,000 bed days for suspected deep tissue injuries and 0.04 per 1,000 bed day for unstageable pressure injuries.

The prevalence of pressure injuries (also known as pressure ulcers or bedsores) in people over 70 years is greater than the general population, due to friction and shearing forces, age-related skin changes, chronic diseases and decreased mobility. Daily skin inspections are conducted on care recipients, and the Braden scale (a risk assessment tool) is used every two months (or sooner) to determine the current risk to the care recipient of developing a pressure injury. Subsequently, interventions are implemented to decrease the identified risk.

Physical restraint

Monash Health Residential Services has a zero rate of restraint, as it is not used in our homes.

Medicines

Monash Health Residential Services care recipients were prescribed nine or more medicines at a rate of 6.01 per 1,000 bed days, above the state benchmark of 4.37 per 1,000 bed days. The continuation of the twice-yearly medication review will assist in improving practice in this area. These reviews are a collaboration between the General Practitioner and a Pharmacist to review the medication needs of care recipients following a request from the General Practitioner.

We are currently focusing on a reduction in the prescription of antipsychotic medicines. Residential Services reported a rate...
of 3.03 per 1,000 bed days compared with a state rate of 2.22 per 1,000 bed days. The target for this indicator is zero. Monash Health has 104 designated psycho-geriatric residential beds and many other care recipients in our other homes with mental health diagnoses.

Monash Health’s proton pump inhibitor medicines rate of 1.44 per 1,000 bed days is lower than the state rate of 2.75 per 1,000 bed days, while the five or more administration times is 1.88 per 1,000 bed days compared with a state rate of 1.46 per 1,000 bed days.

**Falls and fractures**

Monash Health is committed to minimising falls as these are one of the most common causes of harm in healthcare. Our rate of falls at 5.97 per 1,000 bed days is significantly lower than the state rate of 7.67 per 1,000 bed days. The falls with fracture rate was 0.15 per 1,000 bed days, which matches the State rate for this indicator.

While the target for this indicator is zero, our care recipient mix is unpredictable due to mental health and dementia overlays. Our service is restraint-free and all fall prevention interventions are in place for care recipients. We ensure that our care recipients 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 a chronic disease, dementia or decreased mobility and balance. Physiotherapy conducts gentle exercise groups to improve core support and balance and care employees implement exercises as prescribed by the physiotherapist to encourage strength and movement of the care recipient’s limbs.

**Significant weight loss**

The rate of significant weight loss for Monash Health Residential Services care recipients was 0.91 per 1,000 bed days, which was higher than the State rate of 0.78 per 1,000 bed days. All care recipients who record significant weight loss are referred to a dietician and/or speech pathology.

As a program, we analyse data each month, both at each home and as a whole to identify trends, and learn how to manage and implement strategies to improve outcomes for care recipients.

Falls and falls with fracture are still a risk as care recipients have the freedom to walk, and following the principles of dignity of risk, to move within their home environment. Pressure injuries within our homes are continuously monitored and investigated to identify the cause, with interventions made to minimise further injury and to promote healing of the injury.

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**Public Sector Residential Aged Care Service Quality Indicators**

<table>
<thead>
<tr>
<th>Indicator (rate per 1,000 bed days)</th>
<th>Year to June 2018</th>
<th>Year to June 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pressure injury</strong></td>
<td>Target</td>
<td>Monash Health services</td>
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<tr>
<td>Pressure injuries stage 1</td>
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<td>Pressure injuries stage 2</td>
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<td>Pressure injuries stage 3</td>
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<td>0.01</td>
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<td>Pressure injuries stage 4</td>
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<tr>
<td>Unstageable pressure injuries</td>
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</tr>
<tr>
<td>Presumed deep tissue injury</td>
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<td><strong>Falls</strong></td>
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</tr>
<tr>
<td>Fall related fractures</td>
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<td><strong>Restraint</strong></td>
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<td>Restraint A</td>
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</tr>
<tr>
<td>Restraint B</td>
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</tr>
<tr>
<td><strong>Medications</strong></td>
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<td><strong>Weight loss</strong></td>
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<tr>
<td>Consecutive unplanned weight loss</td>
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<td>0.53</td>
</tr>
</tbody>
</table>

*within range of target* *exceeds upper limit*
2.10 Escalation of care process

We know that sometimes families and carers notice that a patient is not doing well and needs help. At other times, the patient, family or carer may not know who to go to get information about the plan of care. Monash Health makes it clear how to call for assistance, through posters displayed in many different languages across our sites, consumer brochures, websites and from contact with our employees. Last year we received an average of six escalation of care calls a month.

Mental Health Services

2.11 Report on aspects of restrictive intervention

The Mental Health Program at Monash Health provides a broad and comprehensive tertiary service to southeastern metropolitan Melbourne. We provide care to children and adults across the entire lifespan, with the Aged Mental Health service successfully transitioning to the Mental Health Program in September 2018 to provide a whole-of-life focus within this single program.

Monash Health has an integrated mental health service across its network with in-reach services to Medicine, Surgery and Maternity programs (Consultation-Liaison) and Emergency Departments (Emergency Psychiatry Services). We provide a diverse range of community-based mental health services across the catchment area through five adult, three child and adolescent, and two aged community mental health clinics.

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 Victorian Mental Health Act 2014. The oversight of restrictive interventions such as seclusion and restraint is essential to ensure mental health services are safe places for all consumers, visitors and health employees.

Within Monash Health, the Reducing Restrictive Practices Committee (under the auspices of the Program Quality and Safety Committee) are tasked with oversight of restrictive interventions under the Mental Health Act 2014. This committee develops actions and recommendations and drives procedures to ensure restrictive practices are kept to a minimum. Incidents of restraint and seclusion are reviewed, with opportunities for peer support and debriefing for the consumers.

Mechanical restraint is rarely employed, with Monash Health registering a rate of 0.26 episodes per 1,000 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 8.71 episodes per 1,000 bed days.

Numerous quality initiatives targeting the reduction of restrictive interventions have seen the overall seclusion rate drop from 8.3 in 2016-2017 (target 15) to 5.72 in 2018-2019, with a concurrent reduction in average length in seclusion in 2018-2019 by 60%.

The Monash Health Mental Health Program continuously improves its service. In 2018-2019, among a raft of initiatives and projects, the service underwent an extensive refurbishment of key facilities; actioned several initiatives to support workforce development; and appointed a Health Promotions Officer to facilitate consumer and clinician education, guide a physical health screening program, and coordinate a range of health promotion activities.

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 empowers and informs consumers and carers, de-stigmatises mental illness and ultimately improves mental health outcomes.
Mental Health consumer feedback

This consumer had an inpatient stay at Monash Health after a deterioration in their mental health, and was subsequently discharged to the community Prevention and Recovery Care Service (PARCS) to facilitate ongoing recovery. The service works with people who require extra support but do not require hospitalisation. The consumer said about their experience:

“I just wanted to thank all of you for caring for me and supporting me through one of the most difficult periods of my life. I am eternally grateful and admire all the hard work you do. I’m pleased to report I have made a full recovery and am back at work full-time helping others (while still looking after myself). Keep doing all the amazing work you do; you really make an amazing difference to the lives of so many people.”

Patient Relations Coordinator – Connie Williams

My name is Connie Williams, and I am a Patient Relations Coordinator at Monash Health.

My portfolios include Moorabbin Hospital, Kingston Centre and Residential Services. I am part of a team of Patient Relations Coordinators that cover all the sites at Monash Health.

So what do we do?

Well…on paper, our job description states:

“The Patient Relations Coordinator will ensure that Monash Health achieves its vision of “Exceptional Care, Outstanding Outcomes” by managing feedback from our patients, families, carers and the broader community.

The Patient Relations Coordinator will work to enhance the patient and family experience through the effective management of formal and informal feedback, usually at the point of care, to achieve appropriate, high quality and timely responses and resultant outcomes.

The Patient Relations Coordinator will take a proactive approach to feedback by working with our staff, patients and families to improve experiences and mitigate poor outcomes. The Patient Relations Coordinator will be responsible for delivering education, training and support to front line staff, including managers, to ensure that Monash Health effectively seeks and responds to patient and family feedback using a proactive, service recovery model.”

On a day-to-day basis, this translates to receiving feedback from our consumers in many different forms. We often communicate with people when they are feeling extremely vulnerable, upset, angry and frustrated or, on the other side, happy, grateful, appreciative and thankful for the care, treatment or service that has been provided.

We strive to ensure that the patients and consumers feel heard, that their matter is taken seriously and that we strive for the best outcome. Sometimes the outcome may or may not change their personal experience, but our role is to use their feedback by listening, responding and improving.

We receive and seek feedback via our website, emails, letters, consumer feedback forms, thank you cards, phone calls and in person. We also receive feedback from many external governing bodies such as the Health Complaints Commissioner, Safer Care Victoria, Members of Parliament, Aged Care and Mental Health Commissions. There is a formal process that we follow, from recording the feedback, coordinating the review by appropriate staff to providing responses.

Just as we have many ways of receiving and seeking feedback, there are many ways of responding. The responses take many different forms, including an apology, explanation, actions taken, service provided, clinical investigation or process/procedural changes. Responses back to the consumer or governing bodies are generally guided by their specific request, which might include:

- An acknowledgement that the feedback has been received and recorded,
- A call back to the consumer with actions or outcomes,
- A family or open disclosure meeting,
- A formal written letter or report, or
- A combination of all of the above.

We all take pride in providing the best service to our consumers and personally when I have received compliments, kind words or a thank you, it really does encourage me to consistently do my best.

Here are a couple of compliments I have received.

“Just want to give some feedback re Connie. I have been dealing with Connie for some time and worked with her on complex complaints/consumers/families etc. I always find her to be very helpful. She does a lot more than what is required just to help us and others involved to achieve the best possible outcome. Connie has been taking calls from our consumers, staff, visiting several times, giving solutions sometimes outside the box to sort out complaints is very valuable.

Given that most complaints are treated confidentially, people trying to sort them out are not always known and not given due credit, but what they do is very important and crucial for the business.”

ANUM, The Boulevard Chestnut Gardens, Monash Health

“Hi Connie,

I really appreciate the prompt response, update regarding my current status and amendments to my personal details.

Once again, thank you for your time and prompt response, my wife held you in excellent regard for your time spent and demeanour today and it is greatly appreciated.”

Patient’s name withheld for privacy
2.12 - Accessing the health service

Aboriginal access and support workers actively engage and support clients to access services. This has resulted in increased engagement with Aboriginal people over 50 years of age, with the Dandenong and District Aborigines Co-operative Limited (DDACL) accessing aged care services. Employees facilitate access into Commonwealth home support programs and the broader health services and provide support to consumers throughout their healthcare journey.

Our Community Access team is available to assist clients to understand and gain access to the most appropriate services and the associated fees. Service guides set out the eligibility and fees for each service.

The Victorian Healthcare Experience Survey, along with feedback from employees and consumers throughout the development of the Community Strategy identified the need to improve access to our services and waitlist management. This is a priority improvement initiative for Monash Health Community in 2019-20.

Environment and facilities

Overall, Community Health performs at the higher end of state benchmarks for Environment and Facilities in the VHES.

We are proud of our unique program operating at the Dandenong Community Health Centre, which contributes to enhancing the environment and facilities for our clients and patients.

The Refugee Health and Wellbeing program facilitates a unique volunteer program involving 59 volunteers from 17 countries, who speak more than 30 languages, most of whom come from refugee backgrounds. The volunteer program has run for more than five years and was initially created to address the unemployment and isolation components of the social determinants of health.

The volunteers provide a concierge service for Australia’s most multicultural municipality, improving access and engagement for this diverse community, and benefitting all teams and services at the site, not just the Refugee Health service.

More recently, established Australians are being recruited as Employment and English Literacy Mentors. These mentors help other volunteers improve their job-readiness and make applications for employment. This ‘volunteering toward employment’ approach is unique to the Thomas Street site, with many volunteers reporting improved confidence and English competence. Of the 140 ‘graduates’, most have moved into employment or tertiary study. So far 27 volunteers have secured jobs in Monash Health, mainly through the Bureau’s casual bank.
Comprehensive care

Continuity

3.1 ‘Your experience with health workers’; ‘Teamwork’; ‘Planning your care’

Monash Health Community exceeds the State benchmarks for VHES questions related to interaction with our healthcare workers.

One consumer said: “I have a back problem and osteoarthritis, so the group exercise on a Friday morning supervise my exercise and help me tremendously. As I cannot afford to attend a private physiotherapist, I do feel much better and in less pain when I attend this group.”

As a result of the implementation of the new Aged Care Quality and Safety Standards in July, we prioritised a review of our care plans to ensure they were client-focused and reflected their goals and journey.

Each client undergoes a holistic, interdisciplinary assessment to identify their needs and set realistic goals. Assessment, care planning and ongoing reviews are conducted in collaboration with the care recipient and/or their representatives, and other healthcare professionals. Regular documentation audits ensure care planning is conducted according to procedures. Consumer feedback helps us make sure that care planning processes meet client expectations. These elements combined ensure clients are working towards their chosen goals and that they are receiving integrated health care.
3.2 Services that provide integrated community health services must report on actions taken to improve the health service experience for a particular community health priority population.

Aboriginal Health Services

Monash Health Community consulted with our Aboriginal community and identified several areas for improvement. These included:

- Respectful identification of Aboriginal people,
- Access to Aboriginal Liaison Officers,
- The need for cultural competence training,
- The need to address unconscious bias, and
- The need for more meaningful consultation.

We used this feedback to develop actions built into Monash Health’s Reconciliation Action Plan, including:

- Allied Health assessments occurring jointly with Aboriginal Access and Support workers when requested and possible, and
- Professional development training - ‘Supporting Aboriginal Clients through Aged Care Assessment and Planning’.

Employees participated in professional development training - ‘Supporting Aboriginal clients through Aged Care Assessment and Planning’ – to strengthen their ability to deliver contemporary, culturally appropriate care. The training identified various care plan tools, including the ‘Stay Strong Care Plan’ and the ‘Goal Directed Care Plan’ templates, both of which were adopted by clinicians as a tool for clients. Care plan auditing within the Aboriginal Health Service in May 2019 identified that 100% of clients have a completed care plan.

Access and support workers embedded in the Community Support Options and Aboriginal Health Services support information provision for at-risk client groups, such as those experiencing homelessness, Aboriginal people, and those with limited English proficiency.

More than 80% of Aboriginal Health staff completed the ‘Teach Back’ health literacy training.

Consumer Advisor – Sherril McCleary

Why did you become a Consumer Advisor?

I like helping others and finding ways to improve things. At first, I wanted to give back to the cystic fibrosis community, using ideas and experiences gained from being with my daughter through numerous hospitalisations and clinic visits. Then I got involved in other areas that I am passionate about – the response to family violence, transition from paediatric to adult care, and improving clinical communication for patient safety.

What do you like/enjoy most about being a Consumer Advisor?

I enjoy taking part in interesting discussions with others who are striving to make things better. The committees I attend often have some power to influence outcomes. I really believe that I can assist Monash Health to continuously improve the experiences of patients, families and carers.

What achievement are you proud of as a Consumer Advisor?

My feedback and suggestions have always been welcomed and seriously considered. Sometimes re-wording edits proposed by me have been accepted into the final documents. There is no single big achievement that I can think of. However, I feel that I have helped by being the outsider and seeing things differently. I have also tried to link the committees I attend, as sometimes what is being worked on in one realm can assist another.

Would you encourage others to become Consumer Advisors?

Definitely! And there has never been a better time. Health services will soon need to provide evidence of consumer involvement to achieve accreditation, so now is the time to step up and be heard. We all have different experiences and different perspectives. Diversity can lead to more creative solutions, so it would be beneficial to have consumer advisors from a variety of backgrounds to represent the depth and breadth of the community served by Monash Health.
Digital technology assisting cardiac rehabilitation

Jan was diagnosed with coronary artery disease, and as a busy grandmother and carer for her husband, she was happy to be part of cardiac rehabilitation research to trial a mobile-enabled application.

The app allowed Jan to do her cardiac rehabilitation at home instead of attending the traditional centre-based service. Participating at times that suited her provided great flexibility and Jan appreciated spending less time away from home.

“I can see the benefits for some people, especially if they can’t get in to the centre or at the times when the group is on,” she said.

“For me, the best part was that it gave me motivation and pushed me to escape for my walks. I really liked the reminders, and the whole lot, really. The calls were good and I looked forward to speaking to someone just about me, and also where I could improve. I really enjoyed it and would be happy to continue if I could.”

Completion of a cardiac rehabilitation program reduces the risk of further cardiac events and readmission to hospital in the first year by up to 56%.

Clients are often referred to centre-based cardiac rehabilitation following a heart attack or cardiac surgery, but in Jan’s case, she was identified as being at risk before a serious heart event occurred. As a great advocate for seeking a heart health check, she recognised some symptoms which required discussion with her GP and underwent investigations with Monash Heart.

Jan commenced medication and monitoring her level of disease to reduce her risk of having a heart attack. At her initial appointment, she identified being present for her family and grandchildren as her main motivation to prioritise her health. For her part, Jan has already reduced some risk factors within her control, and with the help of the health app on her mobile phone, has successfully completed her program.

The mobile-enabled research trial will complete in late 2019. It will measure the efficacy, use and uptake of the app, and determine if clinical outcomes for clients are equivalent or better as compared with traditional centre-based cardiac rehabilitation.
Navigating kidney disease - Sebastian Wolfenden

Throughout my life I’ve had many ups and downs, but none quite compare to the fail of my transplanted kidney in 2017. Notwithstanding what a great movie title that it would make, this was also the point at which my routine and life, in general, was flipped upside down. A tonne more hospital visits, restrictions to fluid intake and diet, not to mention the bunch of surgeries and haemodialysis that would follow. Here are a few things that changed because of my kidney disease and how I navigated it.

Firstly, because of my faith, family, friends, and wonderful hospital staff, I was able to navigate what I was, and still am, going through. I strongly encourage those going through kidney disease to find someone to lean on. Never go at it alone. You’re loved, and through the suffering, you might be going through, a greater love can flourish.

Secondly, school. There are many different ways to get yourself educated nowadays. If you are currently going through chronic kidney disease, it can be very tricky to get yourself to a normal school. You might miss days, and missing days may mean you fail classes. Other avenues to explore could be virtual or online school, homeschooling, and hospital school.

My kidney failed just as I was going into year 11. We found out that through Distance Ed schooling, I was able to complete year 11 despite hospital stays, surgeries, and just the general “off” days. All the teachers were really easy to get in contact with and tremendously supportive. A diploma in animation at TAFE, which I’m doing right now, was much the same and I’m able to work my dialysis days around TAFE days.

Thirdly, life participation. Kidney disease really does affect life in general. It impacts social meet-ups, exercise, eating, and good mental fortitude. Every experience is unique and subjective, but what I can say is do not be afraid to pace yourself, miss a couple of catch-ups with friends here and there. No one is going to think any less of you. If friends do think that, can they really, truly be considered a friend? This goes back to my first point: finding someone to lean on. You wouldn’t lean on a pile of fragile glass, you want to lean against something or someone you can rely on! Your rock, find that rock. My rock is my family, not just my immediate family, but extended one also.

On the flip side, doing nothing can have unfortunate effects. This disease is very draining mentally and psychologically; you may fall into a pit and struggle to get out. For me? I’ve found going to the gym twice a week, TAFE, learning guitar, learning to drive (which has aged my poor parents years!), and the occasional outing with friends and family is enough for me between my dialysis days. If you can do more, that’s great!

Food. In regards to food, with kidney disease, I personally have no appetite, and after one bite I’m full. Navigating this has been tricky, but eating breakfast, lunch, dinner, and least one snack in between meals is enough to satisfy my mum, who makes sure I eat enough. Making sure I eat good food despite limitations and eating carbs and high protein foods has helped me look as amazing as the next Brad Pitt - I just need a deeper voice! Drink wise, if you’re like me and on a tight fluid restriction, it’s tough, it really is. My way of navigating it is a little strange. I get our outside hose and rinse out my mouth, making sure I swallow as little as possible, while still wetting the inside of my mouth. All up I only swallow 20 ml.

Lastly, if you’re going to take anything away from this, it would be to have a positive mental attitude. It does wonders - not just to you, but to the people you speak to. What do I mean by this? Four things: humour, kindness, patience, and hope. People always say that laughter is the best medicine and I wholeheartedly agree; it’s just for me a close second from life support. Horrible jokes aside, if it wasn’t for the dry sense of humour that runs in our family, I don’t know where I’d be. Weirdly, sometimes one of the primary ways to navigate kidney disease is to laugh, laugh well, and laugh easily.

Be kind, have patience and give hope. I have found through my journey that being all these three things can be one of the best things you can do. It can net you great results socially and medical staff will make less mistakes because they know they don’t have to worry about a big ol’ fire breathing dragon that’ll disintegrate them if they make even the slightest mistake because you put them at ease.

In conclusion, I navigate kidney disease in many ways: faith, having people to lean on, friends and family, trying out new schools, different eating habits, and a slightly altered social life. I hope you can take something away from this. Thank you, and remember, be kind, have patience, and give hope.
Enabling our workforce to understand family violence

As the largest health service in Victoria, with a catchment including some of the highest family violence rates in the State, Monash Health is the first port of call for many suffering the health impacts of family violence.

In response to the 2016 Royal Commission into Family Violence, the Monash Health Family Violence Unit is embedding a robust system to identify victims early, to improve responses and referrals in mainstream health, mental health, and with older people. This is quite a challenge in a complex health service with over 18,000 busy employees.

We are providing an improved organisational response for patients and employees with strong executive-level support. A family violence policy and clinical guidelines have been published, over 3,300 of our people have been educated in the past financial year (over 4,000 in total), and system changes made to improve data collection methods.

Of those trained in this last financial year, the emphasis has remained on the highest risk areas for our patients – maternity, paediatrics, emergency and mental health.

Following training, 96% of attendees reported feeling they had a far greater understanding of how to recognise family violence and had more confidence about how to respond; up from 39% before training.

One of the most important aspects of our work is to put in place strong support arrangements for our employees, who may be experiencing family violence issues in their own lives. Targeted training has been rolled out to 356 managers as part of a suite of activities to support employees, which includes family violence leave, flexible work options and a family and domestic violence hotline as part of our Employee Assistance Program offering.

Crucial to getting our approach right, one of the major strengths of Monash Health’s approach is the inclusion of consumer voices at all levels. A consumer representative sits on our key decision-making forum; the Strengthening Hospitals’ Response to Family Violence Taskforce. In what we believe to be a first, Monash Health has employed a family violence survivor advocate as part of our mental health team, to provide advice about our responses to others facing similar experiences. A survivor of family violence presents her personal experiences as part of our training workshops.

We recognise the health service works as part of a much wider system, so collaborates widely and actively across south-east Melbourne. Consistent referrals from the State government’s Orange Door service are escalated to our Elder Abuse Liaison Officer for secondary consultations. Our partnerships have led to early work looking into the prevention of elder abuse, contributing to a literature review published by the Southern Melbourne Primary Care Partnership.

The size and complexity of our health service and the rapidly changing service system present some challenges we are tackling head-on. It is recognised this work requires cultural change. We are challenging attitudes and stereotypes by using current evidence, statistics, policies, guidelines, personal stories to help staff achieve a greater level of understanding. We are also changing practice by embedding family violence identification and response into clinical roles. Most of all, we want our people to have confidence that they have the ability to make a positive difference for our consumers and employees.

It is a work in progress, but we are committed to providing first-class support to victim/survivors, perpetrators and anyone in our catchment who is experiencing the short and long-term health effects of family violence, so they can make some changes.
The Monash Health Foundation is the philanthropic heart of Monash Health

Generous donations from the broader community help ensure the very best care is delivered throughout Monash Health. Through building meaningful partnerships with our donors and fundraisers, the Monash Health Foundation ensures philanthropic support for Monash Health goes where it is most needed. This year generous donations have enabled the purchase of state-of-the-art equipment, new investment in research and provided additional comfort and wellbeing programs for consumers and their families.

Throughout 2019, we established new streams of giving and built on the successes of previous years. Community support is essential, and we say thank you to every person who has helped make a difference over the past year.

- The Dandelion Wishes Committee, led by Lincoln and Veronique Wulff, saw this year’s Dandelion Wishes Gala achieve great success, with over 950 guests and close to $800,000 raised to ‘re-write the stars’ for the patients of Monash Children’s Hospital through the purchase of equipment for the Paediatric Emergency Department.

- Chris and Sarah Sexton hosted a beautiful event in memory of their son Oisin. The Brightest Star cocktail evening held on the rooftop of PWC, raised over $65,000 for the Paediatric Intensive Care Unit (PICU) to establish The Sexton Scholarship. The scholarship supports programs and training to improve patient care and family support within PICU.

- Nine amazing people came together to climb Mt Kilimanjaro in support of Monash Health and raised over $46,000. It takes a special kind of person to succeed in the fundraising, training and adventure journey these people took on, and we are incredibly grateful for their commitment.

- Effie Atkins and her incredible committee raised over $50,000 by hosting two events: a high tea and gala to fund a position called “Dr Hope” within the clinical trials department. Dr Kate Webber has been appointed in the role and is working to support many more patients like Effie.

- Monash Health employees who contributed to our workplace giving program, iGive, collectively gave more than $75,000 to Monash Health programs and services.

- The Lions Club of Waverley are long term supporters of the Monash Children’s Hospital. This year, they donated 25 Kangaroo Chairs to our Neonatal Intensive Care Unit. The chairs are used for parents to share bonding time with their new baby.

- The Biggest Playdate, organised by patient parent Vanessa Miranda, raised $30,000 for the Monash Children’s Hospital Cancer Centre, to support osteosarcoma research. The Biggest Playdate is a wonderful family day that truly brings the community together in a united effort to support children’s health.

- The Friends of the Children Foundation showed their ongoing dedication in supporting the Walk for Monash Children’s Hospital, with 2000 people raising nearly $200,000. These funds will help purchase a cardiovascular ultrasound to improve care for infants who have fetal cord restriction and congenital diaphragmatic hernias.

- The annual 65k for Cystic Fibrosis endurance event raised nearly $116,000 to support research and clinical improvements into Cystic Fibrosis. Thank you to the committee and the 250+ participants for their commitment and passion to support Cystic Fibrosis patients and their families.

- The Rotary Club of Emerald chose Monash Children’s Hospital as the charity partner for their Kids Fun Run with Thomas. Over $45,000 was raised for the Children’s Cancer Centre at this great family day out where children raced against Thomas the Tank Engine (Puffing Billy) at Emerald Station.

- Thank you to the Monash Cystic Fibrosis Foundation for their annual golf day and continued support. They provide significant funding throughout the year to purchase equipment and fund new initiatives.

- Patrick Tessier hosted the 15th Bailey’s Day and raised over $170,000. Hosted in memory of Patrick’s son, Bailey, the event provides support for the Children’s Cancer Centre by funding a Fellow position. This year’s event was particularly special as it featured a performance by patient Georgia Russell and one of her oncologists, Dr Yoni Diamond, who is a Bailey’s Day Fellow.
Community fundraising is at the heart of the Monash Health Foundation

Whether it be a school group holding a walkathon, a committee organising a gala ball or a group of colleagues participating in a head shave; what these people have in common is their passion for supporting the work of Monash Health and encouraging their community to make a difference.

Often that passion comes from being a patient in one of our hospitals, a friend or family member of a patient, or a consumer of one of our services. Other people are simply inspired by the work of our hardworking teams, knowing one-quarter of Victoria’s population may need to use our services at some stage of their lives.

Thank you

Philanthropy plays such an important role at Monash Health in enabling the provision of greater patient experiences, funding new initiatives and the purchase improved technologies and equipment.

We extend our gratitude to those who have raised funds in celebration of a special occasion or have given a gift in memory of a loved one.

A special message of thanks also to our dedicated auxiliary members who work tirelessly to raise funds for Monash Health. The commitment from this wonderful group of people to support our Monash Health patients continues to inspire generosity from our community.

Contributions to the Monash Health Foundation can be made by contacting 9594 2700 or emailing foundation@monashhealth.org
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 at Monash Health?

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