

QUALITY CARE COUNTS

2013-2014 Quality of Care Report

Metro North Hospital and Health Service

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Interpreter Services Statement

Metro North Hospital and Health Service is committed to providing accessible services to the community from culturally and linguistically diverse backgrounds.

If you have difficulty in understanding this Report, please contact us on 07 3646 6102 and we will arrange an interpreter to communicate the report to you effectively.



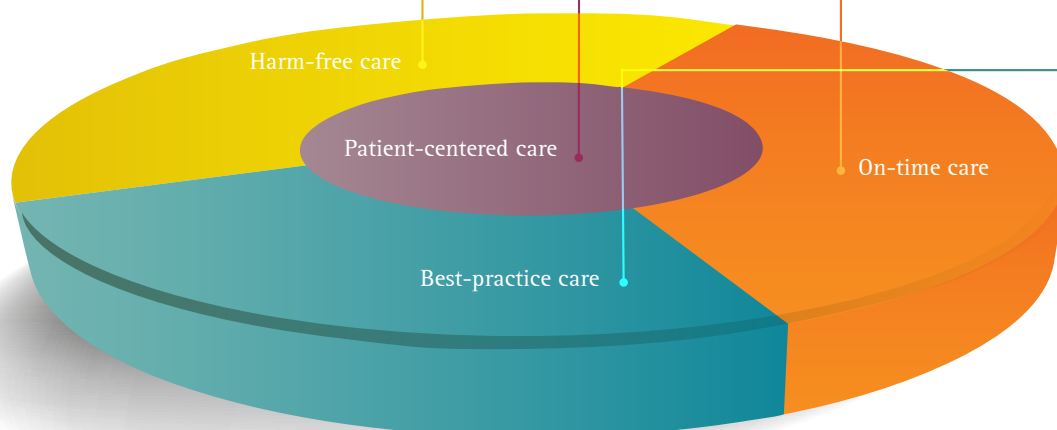
All patients diagnosed, treated and cared for at Metro North Hospital and Health Service will receive the safest, highest quality care, personalised to their needs, that compares well with the best in the world and has a strong academic and evidence-based approach to improving quality supported by patient experience and feedback.

To achieve this we have identified four key areas:

- Patient-centred care: Improving the experience of our patients
- Harm-free care: Improving safety and eliminating avoidable harm
- On-time care: Reducing unnecessary delays in care
- Best-practice care: Providing care that is high-quality, evidence-based and optimises outcomes.

The four areas are interlinked and interdependent, and we will only achieve our ambition if all four areas are achieved equally and simultaneously.

We wish to set our quality vision to be one the best academic and care delivery organisations in the world. This will require leadership, staff engagement and a willingness to radically challenge the shape and content of services delivery and achieve a high level of innovation.



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Foreward from the Board Chair

For Metro North Hospital and Health Service
the patient is central to everything we do.

The Quality of Care Report for 2013–14 highlights our commitment and achievements to providing our community with high quality, safe and sustainable healthcare within our four key priority areas:

- **Patient-centred care:** improving the experience of our patients
- **Harm-free care:** improving safety and eliminating avoidable harm
- **On-time care:** reducing unnecessary delays in care
- **Best-practice care:** providing care that is high quality, evidence-based and optimises outcomes.

As demonstrated in this report, we have seen significant improvements in access to services for our community with the move to a more integrated and connected service for our patients.

Each day almost 4,200 patients access Metro North services, placing their trust in us to care for and treat them. The focus for Metro North continues to be providing the highest quality, best possible care whilst improving the experience of our patients.

This report highlights our achievements in ground-breaking research, clinical service improvements, partnerships and the importance of an innovative culture of excellence.

We look forward to continuing to work with our health and community partners in developing our approaches to patient centred care. Through collaboration and partnerships we have developed strong links to improve and sustain the health and well-being of our community.

I would like to thank everyone who has contributed to this report and acknowledge the tremendous efforts, enthusiasm and dedication of the staff, Executive, Board and all our partners during 2013–14 to deliver outstanding outcomes for our patients and community.



Dr Paul Alexander AO
Chair
Metro North Hospital and Health Board

“ We look forward to continuing to work with our health and community partners in developing our approaches to patient-centred care.”



At a glance

Metro North Hospital and Health Service

Metro North Hospital and Health Service (MNHHS) provides the full range of health services including rural, regional and tertiary teaching hospitals. It covers an area of 4,157 square kilometres and extends from the Brisbane River to north of Kilcoy. See below for a 2013-14 organisational profile.



Staff	12,685 (FTE)
Investment in care	\$2,155,269,907
Sites	Five hospitals, 11 community health centres, oral and mental health facilities and five subacute sites
Hospital admissions	206,478 people admitted
Ambulance arrivals	86,567 ambulance arrivals handled by our emergency departments
Emergency	254,768 attendances
Outpatient services	821,760 people received care as outpatients at 1,939 clinics
Surgical operations	9,007 emergency and 27,646 elective operations performed
Children	22,235 children under age 19 were admitted to MNHHS childrens wards and neonatal units
Births	8,017 babies born at our facilities
Mental health	232,557 client contacts
Community health	258,569 hours of direct primary care
X-ray and ultrasound	260,120 x-ray and ultrasound attendances
Dental	729,805 weighted occasions of service
Breastcreens	41,120 breastscreens performed
Pharmacy	79,623 number of pharmaceutical items dispensed



INCREASED NUMBER OF ATTENDANCES TO EMERGENCY DEPARTMENTS



2013-14
254,768

2012-13
235,864



June 2014
74%

July 2013
70%

HIGHER PROPORTION OF PEOPLE ADMITTED OR TREATED AND DISCHARGED WITHIN FOUR HOURS OF PRESENTATION TO AN EMERGENCY DEPARTMENT

AN INCREASE IN AMBULANCE ARRIVALS



2013-14
86,567

2012-13
80,941



MORE HOSPITAL ADMISSIONS



2013-14
206,478

2012-13
200,060



A REDUCTION IN ELECTIVE SURGERY LONG WAITS



July 2013
1,429

June 2014
30



NO MORE LONG WAIT DENTAL LISTS



July 2013
6,394

June 2014
0

Maintaining safety and quality through accreditation



One of the many ways in which Metro North Hospital and Health Service demonstrates to our community that we are doing our best to achieve excellent standards of safety and quality is through our accreditation against the National Safety and Quality Health Service Standards.

From January 2013, all Australian health services are required to be assessed with a new national accreditation program launched by the Australian Commission on Safety and Quality in Health Care (ACSQHC).

Metro North Hospital and Health Service is accredited by the Australian Council on Healthcare Standards (ACHS).

Accreditation is public recognition by a healthcare accreditation body of the achievement of standards by a healthcare organisation. This is demonstrated through an independent, external peer assessment of the organisation's level of performance in relation to the National Safety and Quality Health Service Standards as well as the ACHS EQulP National Standards.

The standards set a new benchmark not only for us, but for health services across the country, and means our patients and local community can be assured that all our services meet the rigorous standards applied to the delivery of modern public healthcare.

While accreditation is one tool in a range of strategies used to improve quality and safety in health services, it also provides the additional benefit of unifying our health services through the common goal of developing a safe and high quality health system for our community.

Our Hospital and Health Service systems, processes and practices are regularly assessed against best practice standards to ensure standards of safety and quality are met.

In 2014, Royal Brisbane and Women's Hospital (incorporating Mental Health) and Metro North Oral Health Services were assessed by the Australian Council on Healthcare Standards against National Standards one, two and three as well as mandatory criteria of ACHS EQulP National Standards. Our facilities were successful in meeting all of these standards, receiving 19 'Met with Merit' ratings in the process.

The Prince Charles, Redcliffe, Caboolture and Kilcoy Hospitals, as well as Sub Acute and Ambulatory Services, will undergo similar surveys by the Australian Council on Healthcare Standards in 2015.

Accreditation systems are considered to comprise five key elements:

1. Governance or stewardship function
2. A standards-setting process
3. A process of external evaluation of compliance against those standards
4. A remediation or improvement process following review
5. Promotion of continuous improvement

National Safety and Quality Health Service (NSQHS) Standards and ACHS EQuiP National Standards



Standard 1: Governance for safety and quality in health service organisations describes the quality framework required for health service organisations to implement safe systems.



Standard 2: Partnering with consumers describes the systems and strategies to create a consumer-centred health system by including consumers in the development and design of quality health care.



Standard 3: Preventing and controlling healthcare associated infections describes the systems and strategies to prevent infection of patients within the healthcare system and to manage infections effectively when they occur to minimise the consequences.



Standard 4: Medication safety describes the systems and strategies to ensure clinicians safely prescribe, dispense and administer appropriate medicines to informed patients.



Standard 5: Patient identification and procedure matching describes the systems and strategies to identify patients and correctly match their identity with the correct treatment.



Standard 6: Clinical handover describes the systems and strategies for effective clinical communication whenever accountability and responsibility for a patient's care is transferred.



Standard 7: Blood and blood products describes the systems and strategies for the safe, effective and appropriate management of blood and blood products so the patients receiving blood are safe.



Standard 8: Preventing and managing pressure injuries describes the systems and strategies to prevent patients developing pressure injuries and best practice management when pressure injuries occur.



Standard 9: Recognising and responding to clinical deterioration in acute health care describes the systems and processes to be implemented by health service organisations to respond effectively to patients when their clinical condition deteriorates.



Standard 10: Preventing falls and harm from falls describes the systems and strategies to reduce the incidence of patient falls in health service organisations and best practice management when falls do occur.



Standard 11: Service delivery - Implement and use systems to ensure the safe, appropriate and effective delivery of services to consumers/patients.



Standard 12: Provision of care - Implement and use systems to provide a comprehensive continuum of care for consumers/patients.



Standard 13: Workforce planning and management - Implement and use systems to recruit, assess and improve the performance of clinicians and other staff members.



Standard 14: Information management - Implement and use systems to efficiently and securely collect, use and store information.



Standard 15: Corporate systems and safety - Implement and use systems and processes to ensure the healthcare organisation operates safely and efficiently.

Patient-centered care





GP maternity alignment to strengthen ties with Metro North hospitals

A new Maternity GP Alignment Program has been established for General Practitioners (GPs) who provide shared care for women planning to birth within Metro North birthing facilities including Royal Brisbane and Women's Hospital (RBWH), Redcliffe and Caboolture Hospitals.

Approximately 40 per cent of women giving birth in public birthing facilities receive antenatal care through GP maternity shared care arrangements.

Women's and Newborn Services at RBWH, in partnership with Metro North Brisbane Medicare Local, and in collaboration with other Hospital and Health Services, have responded to government commitment to support the need for robust clinical pathways between GPs and hospital facilities.

In February 2014, the program team collaborated with the Mater Health Service, Metro South Hospital and Health Service and Metro North Brisbane Medicare Local to map, customise and develop a suitable program. A steering committee and working groups were established consisting of clinical and consumer representatives.

The aim of the program is to align community and hospital care while strengthening partnerships between GPs and the public hospital system.

Women who are pregnant or who are planning a pregnancy and choose a GP shared care model will experience improved process efficiencies and safer, more effective care.

Resources have been developed to:

- inform GPs at the point of care
- face-to-face workshops hosted by all three birthing facilities enabling education delivery and information exchange
- capture GPs learning needs by means of workshop pre and post knowledge assessment and evaluation.

The workshop has been accredited by the Royal Australian College of General Practitioners for 40 Category One Active Learning Module points. Approximately 40 GPs attended the first workshop, which was hosted at RBWH.





Above: Women's and Newborn Services celebrate the launch of the Eligible Private Practice Midwives Model of Care.

New midwifery care model first in Brisbane

An exciting new midwifery model offers more choice to northside families. Women who are booked to give birth at Royal Brisbane and Women's Hospital (RBWH) are now able to choose to see an accredited private midwife for their maternity.

This agreement is the first of its kind for public hospitals in Brisbane. RBWH Nursing and Midwifery Director for Women's and Newborn Services Tami Photinos is pleased to be able to offer this model of care to Brisbane mums-to-be.

"We have been working for many years to get this model of care up and running for women wanting to see their own private midwife," Tami said.

"This first phase will allow women to see a credentialed private midwife in the community during the pregnancy and after the birth, but attend at RBWH for birth as a public patient under the care of our staff. Women can also access specialist appointments from RBWH as required.

"At present a small number of private midwives have been credentialed to provide this service in collaboration with RBWH. We hope to expand this number early in 2014."

The midwives will follow referral guidelines to ensure any issues that arise during the pregnancy are referred to RBWH for specialist treatment.

The collaboration also allows for Medicare rebates as the midwives are notated by the Nursing and Midwifery Board of Australia as an eligible midwife.

Phase two will see women have the option of birthing care by their private midwife.



Left: Metro North Brisbane Medicare Local Team Care Coordinator Sue King, Redcliffe Hospital Chronic Disease Nurses Tim Wright and Alison Howard (back left to right). One the program's first patients Helen Buckbee (front right) and her neighbour Naomi.

Better health for people with chronic disease

A program is being trialled at Redcliffe Hospital that may see as many as 150 patients with chronic diseases managed safely out of hospital.

Redcliffe Hospital and Metro North Brisbane Medicare Local are guiding patients with chronic disease and long term chronic conditions to a wellness program that fosters the relationship between a general practitioner and patient to ensure they receive the best possible medical care out of hospital.

Project Manager Tracey Duke, with two Medicare Local team care coordination nurses and a chronic disease nurse at Redcliffe Hospital are approaching people who record high use of hospital services and have had two or more admissions or presentations to the emergency department to take part in the program.

“The program encourages patients to visit their GP regularly and contact them or the chronic disease team first before calling an ambulance or present at the hospital emergency department,” Tracey said.

The Team Care Coordinators and Chronic Disease Nurse facilitate the creation of an individual written plan that may include a range of preventative measures, self management education and support the patient with the appropriate general practitioner (GP).

Patients on the program also receive coordinated access to other services including Non-government organisations, Subacute and Ambulatory Services (SaAS) and Queensland Ambulance Service (QAS).

“With the team and GP regularly kept in contact regarding the patient’s medical condition, if there is an emergency the patients can be directly managed to a ward instead of going through the emergency department,” Tracey said.

“The program has already prevented a large number of re-admissions to Redcliffe Hospital and as the scheme gathers momentum we are confident of preventing more.”

Patients on the program will predominately be diagnosed with diabetes, chronic obstructive pulmonary disease (COPD), heart failure or asthma.

The 12 month project is funded by the Support, Explore, Excel and Deliver (SEED) Program and the Department of Health, and delivers a patient-centred model of care by the most appropriate provider for people with multiple, complex chronic diseases.

Home support for mums and bubs

A program at Royal Brisbane and Women's Hospital is supporting new mothers and their families during the first weeks after giving birth.



Above: Kerry Kyriacou and baby Marlon.

The Mums and Bubs Program provides two home visits in the first month following birth to support mother's physical, social and emotional health. Support in the first six weeks following birth helps to lay the foundation for mums to feel confident in their mothering ability and learn their baby's cues for feeding.

For new parents, knowing what feels and looks normal during this time and where to seek help is vital for a new family unit.

The midwife home visits provide the opportunity for both mother and baby to have a wellbeing assessment in the comfort of the home. This visit for mum includes physical and emotional health assessments to ensure recovery from birth is progressing normally and that women know about the options for ongoing care suitable to their individual needs. The gentle reassurance of knowing their baby is feeding and growing well can alleviate some of the stress of motherhood in these early weeks.

Mums and Bubs home visits are offered during the first fortnight following birth and again in the second fortnight following birth. Women have the option of deciding if they would like to take up this offer for one or both visits or be linked into the free community clinics currently offered by Child and Youth Community Services or other services within the community.

Midwives start preparing women for parenthood when they first book in at the hospital. During hospital stays following birth, Midwives provide support and education for mothers to learn while recovering from the birth and assist the mum to confidently care for herself and baby.

The program proudly provided more than 4,600 home visits in 2013-14.

Home visits have long been an option for women who have their babies at RBWH and this program extends this offer to women who birth in public and private facilities and reside within the Metro North catchment.

Results of this program are published electronically on the government's *Blueprint for Better Healthcare in Queensland*.

North Lakes Haematology outpatient service delivers excellence



Patients requiring haematology services in the northern corridor of MNHHS are benefitting from the North Lakes Haematology Service with great feedback from patients.

In its first year of operation the North Lakes Haematology Outpatient Service has delivered more than 5,900 lifesaving treatments or Occasions of Service (OOS) to haematology patients, which is 3,000 more OOS provided to the community in the northern catchment before the service existed.

Importantly, the increase in the number of OOS is partly as a result of MNHHS northern catchment patients being able to receive treatment in their local area, where previously they may have been required to travel to the TPCB or RBWH.

In 2012 MNHHS identified a growing need for haematology services in the northern corridor of MNHHS. At that time, Redcliffe Hospital's Oncology services were operating at full capacity, requiring some haematology patients to travel to the RBWH or TPCB to access cancer treatment.

An investigation to identify options for expanding haematology services in the North Lakes Health Precinct resulted in a decision to transfer haematology services from Redcliffe Hospital to a new outpatient-based day therapy service at North Lakes.

Left: North Lakes Haematology Outpatient Service patients being treated. Inset: The centre waiting room.

Excellence in patient experience

The North Lakes Haematology Service provides patients with a high level of service, according to the results of the October 2014 RBWH Patient Experience survey. One hundred per cent of patients who completed the survey rated their overall experience as good to excellent.

The survey results revealed 93 per cent of patients rated their experience as excellent, and 97 per cent of patients surveyed said they were always treated with dignity and respect.

The survey also confirmed that the majority of patients at the North Lakes Haematology Service were reviewed within 30 minutes of their arrival at the clinic, and that 100 per cent of patients were seen within their categorised wait time for an appointment.

“ All staff are respectful, knowledgeable at all times and truly wonderful staff members who make treatments bearable. ”

“ Everyone is lovely and friendly. They make you feel calm and relaxed, especially when you are nervous. ”



Comments submitted in the survey were very positive and highly regarded staff members.

The North Lakes Haematology Outpatient Service was established in April 2013 at the North Lakes Health Precinct and comprises eight treatment bays and two consultation rooms. The service operates three days a week and has further capacity to extend its operations to five days per week as demand increases.

Treatments provided include low risk chemotherapy and blood and blood product transfusions along with supportive therapies, medical consultation and allied health support.

“ The attention and care is excellent. ”

“ No suggestions on how to improve this centre. Just praise for all the staff I came into contact with. Keep up the great work. ”

Prosthesis music to a little girl's ear

Eleven-year-old Gap resident Chloe Crust is now able to fulfil her dreams of playing the cello, thanks to the work of the Royal Brisbane and Women's Hospital Rehabilitation Engineering Centre.



Above: Chloe Crust has her dream fulfilled thanks to RBWH Rehabilitation Engineer Oliver Mason.
Above right: The components of Chloe's new prosthetic arm.

Chloe was born with a shortened arm above the elbow and dreamed of play instruments at school. After receiving her prosthetic cello adaptor, the keen musician said she feels thrilled with her new skills.

"My plucking device has helped me progress in my cello grades. It helps me move my arm faster to get the plucking right for the speed of the song," Chloe said.

After failed attempts with the violin, Chloe took on the challenge of the cello with the support of her family and school.

Chloe was referred to the RBWH Rehabilitation Engineering Centre (REC) where engineers clinically assess, design and manufacture custom solutions for clients with complex needs.



Chloe and her family met with Rehabilitation Engineer Oliver Mason to discuss the need to create a custom prosthetic adaptor to hold a guitar pick, with the ability for her left side to pluck the string while her right hand holds the note.

Oliver said the prosthesis adaptor is custom built using original designs for Chloe's need.

"I didn't have any previous designs to work from. Prosthetic pick holders do exist but they don't have the folding capability, nor are they designed to use with a cello," Oliver said.

"I had to design and make a solution to hold the plectrum to the cello bow allowing Chloe to pluck strings when necessary, and then flip the device out of the way quickly during songs so that she could play the strings normally with the bow as well.

"It took a few days to make but when the family returned for the first time, it worked straight away. I am ecstatic that I was able to help Chloe."

With the support from RBWH, Chloe can continue making strides in her music.

Improving access to dental care for those who need it

A mobile dental clinic has been located in the Bribie Island area to improve access to oral health services for Aboriginal and Torres Strait Islander people as well as adults with special needs.

The link between good oral health and good overall health is well established and the mobile clinic has allowed important oral health services to be delivered locally, and in a familiar environment, for those who need it most.

Director of General Practice Division Metro North Oral Health Services, Dr Chris Butson, said the clinic provides treatment to eligible clients who find it hard to travel to their nearest public oral health facility in Caboolture.

These are people who cannot access services easily and delay in dental treatment often results in serious infection and pain with poor overall health outcomes.

“With the mobile clinic we have been able to connect these people with the oral health services they need to stay healthy and live as independently as possible,” Dr Butson said.

The mobile dental clinic offers clinical care Monday to Friday. It is equipped with wheelchair access and caters for those who are not readily mobile.

Patients are offered longer appointments to limit the need for the elderly, frail or those with a disability to have multiple appointments.

Operating from Centacare’s Ningi campus, the clinic provides services to clients of Centacare Waminda, Banksia Beach and Disability services as well as their carers. The Waminda Respite Centre offers centre-based and in home services to frail-aged people and their carers in the Caboolture Shire, with a primary focus on the Aboriginal and Torres Strait Islander community. Centacare Disability Services co-located on the same campus offers a comprehensive range of practical support services for the frail-aged and people with a disability and their carers.

The clinic also provides services to other eligible patients on the Caboolture Dental Hospital waiting list who live in the Bribie Island area.



Left: The mobile clinic reprocessing area.
Above left: The clinic from the outside.



Above: Staff appear in the 'I am the patient experience' video.

The ultimate barometer of success: Our patients' experience

A good patient experience is more than high quality clinical care – it takes other patient needs into account such as physical comfort, access to education and meeting emotional needs.

The Royal Brisbane and Women's Hospital (RBWH) surveyed patients to see how the hospital performed in regards to patient experience and discovered that patients rated the hospital highly.

The survey asked patients what they thought the most important areas were to ensure they would have a good experience when receiving care as an inpatient or outpatient. They were also asked to rate their patient experience.

The results saw RBWH rate highly in the following areas:

- Valuable information and education was provided to patients
- Patients felt comfortable
- Patients felt they were respected
- Staff listened and took action when patients expressed needs or preferences
- Patients were given emotional support and steps were taken to alleviate fears.

The survey also asked patients if they would recommend the hospital to friends and family and 76 per cent said yes.

The survey has allowed action plans to be put in place and staff are working hard to improve services based on responses, with assistance and guidance from consumer representatives.

RBWH aims for patients, families and carers to expect:

- to be treated with compassion and as partners in their own care
- open communication and ample information about their treatment in language that they can understand
- that staff honour patient's personal preferences to create a care plan they can confidently manage when they go home.

Competitive employment paves the road to recovery

It is widely accepted that clinical recovery in a healthcare setting does not automatically lead to functional recovery out in the world.



Above: Mental Health Clinician Warren, consumer Andrew and employment consultant Ian.

There is growing recognition that competitive employment demonstrates functional recovery and helps mental health consumers to integrate more successfully into – and get more out of – everyday life.

Historically, few public mental health consumers were referred to vocational services or have vocational goals identified in their recovery plans but that is changing and Metro North Mental Health Services has been working to deliver employment solutions within a recovery oriented framework.

Redcliffe-Caboolture Mental Health services are working in partnership with HELP employment agency to deliver the Integrated Employment Program.

The ethos of the program is to aid recovery in a number of ways including reducing stigma by providing access to a socially-valued role, which leads to increased self-efficacy, self-esteem, structure and practical support that yields a host of benefits.

The program is based on seven evidence-based principles:

- Eligibility is based on consumer choice
- Supported employment is integrated with treatment

- Competitive employment is the primary goal
- Rapid job search (first employer contact within four weeks)
- Job finding, and all assistance, is individualised
- Follow-along supports are continuous
- Financial planning is provided.

Along with increased self-esteem comes increased opportunities for social inclusion and the program provides time structure and a reason to stay well, that perpetuates this positive cycle to set consumers up for their best chance at a successful recovery.

The added benefits of the Integrated Employment program include improved communication between the services with knowledge and expertise flow across sectors. The employment consultants are co-located with the clinical teams at both community mental health teams, ensuring regular communication with case managers about progress of individual consumers seeking employment.

There are 93 referrals currently in place for the Redcliffe- Caboolture Integrated Employment Program.

“ I like working at the airport. I get to move around and be out in the fresh air some of the time. Also you get to meet lots of people who are coming and going. I even met Wally Lewis once.”



Above: Students from St John's College attend the P.A.R.T.Y. Program and follow the journey of the trauma patient. **Opposite right:** Students from Good Shepherd Lutheran College make a pledge after their P.A.R.T.Y. Program experience, and students from Everton Park State High School learn what it's like to be disabled at the school-based program.

Making the P.A.R.T.Y. bigger

Royal Brisbane and Women's Hospital (RBWH) has been inviting young people to the P.A.R.T.Y. (Prevent Alcohol and Risk-Related Trauma in Youth) program to reduce their risk of injury and disability and more young people can now join in.

Immensely popular with Queensland schools, P.A.R.T.Y. has been run by the RBWH Trauma Unit since 2010. It is an interactive full-day in-hospital program which, through a series of 'hands on' activities and exposure to real-life trauma patients, gives students aged 15-19 years the ability to recognise potential injury-producing situations, make prevention-oriented choices and adopt behaviour that minimises unnecessary risks.

Almost 40 per cent of deaths in teenagers and young adults aged between 15 and 25 are caused through road trauma. The P.A.R.T.Y. Program delivers not only a powerful road safety message to young people at a critical time in their lives – before they learn to drive – but a powerful message relating to the consequences of making bad decisions and the effects of alcohol and drugs.

The RBWH P.A.R.T.Y. Program was the first hospital based program to be implemented in Queensland. Since it commenced in April 2010, more than 1,500 students have attended. The program has now been introduced to other locations giving more young people the opportunity to attend. RBWH introduced the program at



Nambour Hospital in February 2014 with plans for further rollout to other hospitals across the state.

A first of its kind, three and half hour school-based program has also been launched to bring some of the ‘hands on’ P.A.R.T.Y. activities into the school environment. This modified program allows a larger number of students to participate (up to 110 at a time).

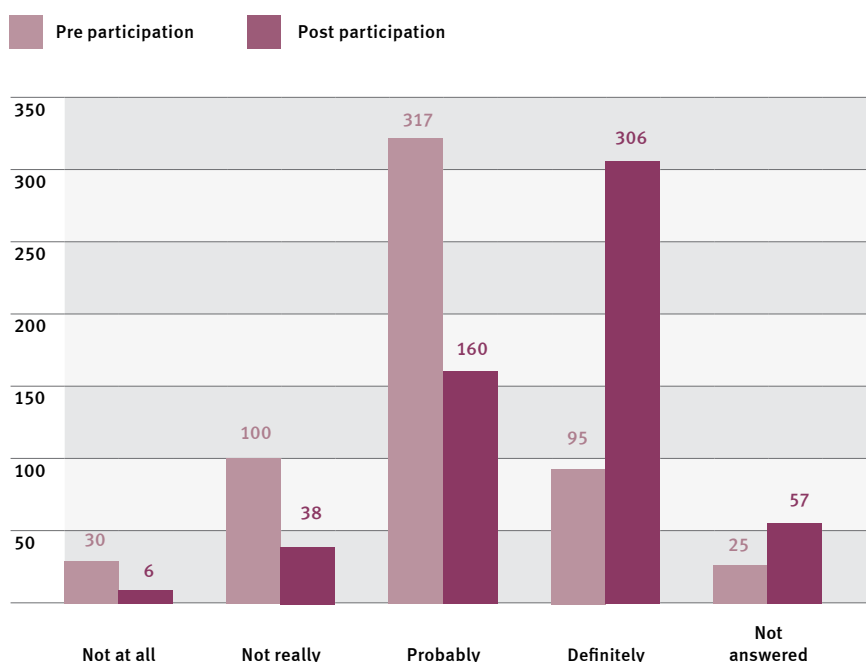
There are more than 100 sites running the P.A.R.T.Y. program worldwide and a 10 year evaluation from Canada showed that teenagers who participated in the program had a reduced incidence of major trauma and traffic offences when compared to those who did not participate.

An evaluation method has been designed to measure the acceptance of the program to participants along with short-term changes in attitudes and knowledge. Those participating in hospital-based programs complete a pre-program survey, post-program survey and are followed up at four months (with the same instrument). Participants in the modified school-based program complete a pre-program survey and a post-program survey.

Survey result from school-based program

Survey results consistently show the difference the P.A.R.T.Y. program makes in encouraging students to think differently about their actions. The data also reinforces the value of the modified school-based program.

Question: Do you think the P.A.R.T.Y. Program will make a difference to the way you think about your actions in the future?





Graham gets to breathe easier

Graham Allen worked in the building industry for most of his life. The active 74-year-old is now semi-retired and enjoying his acreage in Mooloolah where he breeds horses, a side-line he has enjoyed for many years.

Just six years ago, Graham was informed of a partial block in one of his arteries. While it was monitored closely, a subsequent test showed the artery had virtually closed and intervention was required.

Graham had trouble breathing, leading up to the latest test, but had put it down to his lungs being full of asbestos from his days in the building industry.

“After working on a roof for a while, I would be so tired at the end of the day I’d have to sit down for half an hour before I could do anything,” Graham said.

At The Prince Charles Hospital, Graham was given the opportunity to be part of a world-wide research program and receive a unique drug-eluting stent.

This stent was guided by a wire from a cut in his groin and fed through to cover the blockage in his artery. The stent is impregnated with drugs, which will release over time and encourage tissue growth where the blockage occurred.

This particular stent is also designed to completely dissolve once it has worked its magic in Graham’s artery. Over three to five years he will literally breathe the life-giving device out of his body.

This stent is the second of its kind to be trialled at TPCH. As the new devices come on to the market they are used in a heavily monitored research program which determines their efficacy.

Graham had two new devices successfully deployed during his procedure.

Once the stent was put in place, its positioning inside the artery was able to be visually inspected to make sure it completely filled the space.

This purpose-designed device captures images from inside the artery and displays moving photographs so operators can check their work as the artery begins to function fully again.



Top: All smiles – patient Graham Allen. Above: The stent is the second of its kind to be trialled at TPCH.

Patient education makes all the difference

Kasha Marczak was on her way to bingo when the 70-year-old suffered a ‘small’ heart attack and found herself at Redcliffe Hospital instead.

While Kasha was quickly stabilised and her symptoms abated, further investigation was needed and it was decided that she would have an angiogram at The Prince Charles Hospital or The Royal Brisbane and Women’s Hospital.

For a patient who had only seen the inside of a hospital for the birth of her two children and an operation on

her appendix when she was 10 years old, the thought of an angiogram and further treatment was confusing and overwhelming.

Thanks to Redcliffe Hospital’s Coronary Care Nurses and a generous gift from the Redcliffe Hospital Auxiliary Kasha was soon reassured she was on the right track.

Acting Clinical Nurse Consultant, Louise Joce, said it is quite common for patients to be confused about their heart condition and daunted by treatment prospects, but these feelings could be alleviated with the right education.

“Cardiac problems such as coronary artery disease, congestive heart failure, angina, arrhythmias and myocardial infarction are conditions that can be difficult for a patient to grasp,” Louise said.

“As Coronary Care Nurses we play a vital role in the care, teaching and rehabilitation of our patients and we have various educational tools we can use to help our patients understand what is happening to them.

“The Redcliffe Hospital Auxiliary boosted these efforts by providing us with funds to purchase a portable DVD player so we can bring patient education to the bedside.

“Kasha and other patients who are waiting for procedures can now be much better informed well in advance of their treatment.”

The education Kasha was provided helped her take a step towards recovery by explaining what was coming next and giving her reassurance she wouldn’t otherwise have.

“Kasha and other patients who are waiting for procedures can now be much better informed well in advance of their treatment.”

Below: Kasha Marczak with the portable DVD player used for patient education.





Above: James Overall with Physiotherapist Lili Tang.

Cystic Fibrosis proves no barrier for James

James Overall water skis twice a week, plays tennis once a week, completes his exercise program at least three times a week, and has recently taken up golf. It's a very active life for a 63-year-old, let alone one living with cystic fibrosis.

“ I was taught skills to manage my condition that no one has ever taught me. I was taught how to breathe properly and to use my ventolin in the correct manner. These skills have helped me to manage my condition more effectively and I have never felt better. ”

James, who is the second oldest Australian with cystic fibrosis, has no intention of slowing down and believes the secret to a happy life is to live in the moment - not worry about what could happen and surround yourself with other like-minded people.

Eventually James will require a double lung transplant, however he has a world class health team to support him.

James said the respiratory team at The Prince Charles Hospital (TPCH) was fantastic, providing him with the medical support he needed.

“Not only have I learned valuable skills to manage my condition, I also feel confident that I am medically fit to receive the transplant,” James said.

The Lung Transplant Team at TPCH referred James to the North Lakes Complex Chronic Disease Team run by Subacute and Ambulatory Services (SaAS) in November 2013 to participate in their eight week respiratory rehabilitation program to enhance the treatment he was receiving and prepare him for the double lung transplant.

“My condition usually means I am more susceptible to getting lung infections. However, for the past nine months I have been infection free. My positive attitude and exercise program are making me stronger physically and mentally, and I believe this is preventing the infections,” he said.

“The nurses and physiotherapists were so impressed with my physical fitness that my tailored exercise program included more physically demanding elements than others in the class.

“I was an active person before attending the rehabilitation program, however the new skills I have learned and the various exercises I was taught have motivated me to continue to improve my fitness.

“I was taught skills to manage my condition that no one has ever taught me. I was taught how to breathe properly and to use my ventolin in the correct manner. These skills have helped me to manage my condition more effectively and I have never felt better.”

The Complex Chronic Disease Team is based at the North Lakes Health Precinct and Nundah Community Health Centre and also provides services across Redcliffe, Caboolture and Chermside Community Health Centres.

The service allows clients like James to receive treatment at a community health centre and maintain their usual lifestyle.

Without these much needed services, clients would have higher presentation and readmission rates.

The Complex Chronic Disease Team is a highly skilled team of health professionals including a geriatrician, general physician, nurses dietician, exercise physiologist, neuropsychologist, occupational therapist, physiotherapist, psychologist, social worker and a speech pathologist.



Mental health companion support proves key to success

There is clear evidence to support the theory that people with a lived experience of mental illness be role models and provide hope for others with a mental illness.

Meaningful peer interaction and support is associated with innovative recovery-oriented services internationally, and people with their own experience of mental illness, often called 'peers' or 'companions', have been proven to directly contribute to the recovery of others with a mental illness.

The Consumer Companion Program was introduced into Metro North Mental Health (MNMH) Service with the aim of providing peer support and positive interaction to consumers who are inpatients of mental health facilities through 'companions' who have overcome a similar experience.

Consumer Companions may support somebody during their hospital stay in a variety of ways, such as:

Providing activities –
Board games and participate
in some groups

Talking to patients –
Be an empathic listener

Supporting people to provide
feedback to the service

Sharing their own lived
experiences as appropriate

Providing a positive role model
for consumers and staff

Improving patients' mood

Meeting patients' needs

Providing guidance on the ward

Providing companionship

Through their own lived experience, these companions give valued support and insight, which can be transformative in reframing of an illness experience. Through their interactions, they give to others, which is an important component of healing.

The program has gone from strength to strength with Consumer Companions providing a total of 96 hours of peer support every week in the Adult Acute Inpatient Units and Secure Mental Health Rehabilitation Units across Metro North Mental Health.



Above: Consumer companions Matt and Cassie. **Opposite:** Companions make a connection in a simple but very effective way with patients that proves mutually beneficial for both parties.

Companions make a connection in a simple but very effective way with patients that proves mutually beneficial for both parties and can range, in practice, from guidance on a ward to the sharing of stories and experiences.

Matt, who has been a companion for almost five years now, says the program provides hope – “This works. People come around. I’ve seen it in action and it’s great to see them get better and move on.”

“You give them space and build some trust and they come around.”

Another companion, Cassie, who has been in the program for seven months, says that the reciprocal nature of the companion support dynamic means that both parties benefit from the arrangement and this makes a real difference to improved feelings of wellbeing.

“As much as I’ve helped them, I feel this work has helped me to improve and let go of old ways of being,” Cassie said.

At the most recent Australian Council on Healthcare Standards (ACHS) periodic review of the RBWH, surveyors commented favourably on the Consumer Companion Program.

Telehealth technology puts patients first

Kilcoy Hospital has been working with other Metro North facilities to improve patient flow in emergency departments, by working in innovative ways to support local patients through the use of telehealth technology.



Telehealth services give patients living in rural, remote and outer metropolitan locations greater access to a range of specialist consultations. By bridging the gap – and eradicating the inconvenience caused by geographical distance, a patient’s personal commitments and family or childcare arrangements – telehealth delivers real-time health consultations online by providing specialist healthcare via video link up.

In today’s world of rapidly increasing technological changes, embracing the use of telehealth provides a service back to the community, allowing patients to make choices as to whether they have to travel potentially hundreds of kilometres for a half hour appointment.

The innovative approaches of staff show that the team at Kilcoy Hospital are driving their telehealth initiative with energy and commitment to increase the capacity to offer outpatient sessions to the community of Kilcoy and surrounds for specialist appointments that occur in Brisbane, Redcliffe and Caboolture.

Director of Nursing and facility manager at Kilcoy Hospital, Lyndie Best says “this is very patient-centred and with the redevelopment of our old buildings, here at Kilcoy, we are creating a very warm and welcoming space which will be dedicated to outpatient appointments”.

The telehealth team have found that it is through the continued support of the specialist outpatient clinics across the service at Metro North HHS that this vision will become a reality.

“Kilcoy Hospital can provide blood tests prior to a session, which are then made accessible to the specialist and plain x-rays can also be performed if required by nursing operators at Kilcoy,” Ms Best said.

Most beneficially, this type of preparation means that any pre-workup can be achieved prior to the telehealth session.”

Kilcoy Hospital also holds a separate mobile telehealth unit which is able to connect to the fracture clinic appointments at Redcliffe for the patients who are non-weight bearing for a period of time, and are unsafe to travel home.

X-rays can also be performed prior to these scheduled sessions and any other information such as physiotherapy updates can be provided.

“It is the support of the specialist outpatients department and the consultants that is key to the process. A prime example of putting patients at the centre of care, telehealth prevents a rather long and sometimes uncomfortable trip, for some, from Kilcoy to Redcliffe Hospital,” Ms Best said.

“Other uses that we are exploring with telehealth extend to working with other disciplines such as physiotherapists, occupational therapists and psychologists over distance, and this is an area we are enthusiastic to pursue with the Director of Allied Health across Kidchek and the diagnosis of behaviours where possible.”

Meanwhile, the timely consultation with nurse wound consultants continues to be facilitated via telehealth at the facility, with patients able to describe how the wound feels while staff identify areas for the consultant to zoom in on and view in real-time.

The Telehealth team at Kilcoy Hospital are not stopping there though.

“Telehealth also needs to have the support of the local GPs so that they do not ‘tick’ the box that says no telehealth available on the patient travel forms and we are looking to develop a pamphlet for the patients to take with them to their appointments to ask if they can have telehealth appointments scheduled for future appointments,” Ms Best said.



Above: Telehealth delivers real-time health consultations online by providing specialist healthcare via video link up.

“ Other uses that we are exploring with telehealth extend to working with other disciplines such as physiotherapists, occupational therapists and psychologists over distance.”

Harm-free care

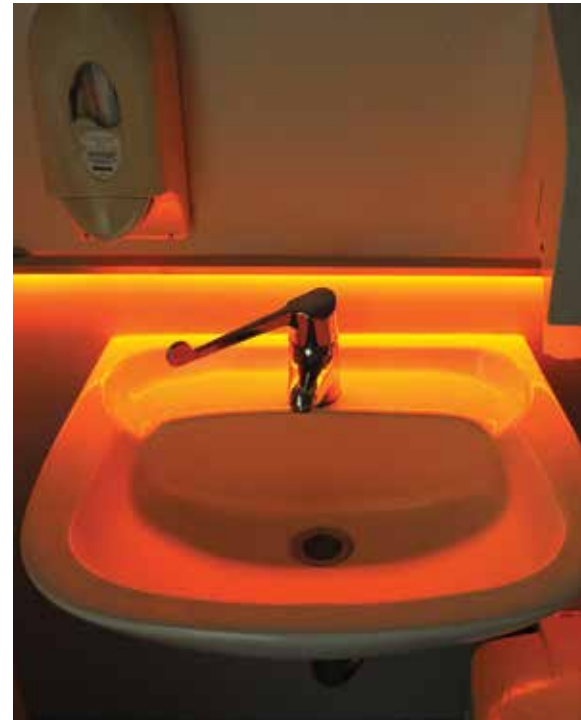




HARM-FREE
CARE

Lighting the way to fewer falls

Getting a good night's sleep is very important, and even more so while you are trying to recover from illness in hospital.



Above: The new night lighting scheme provides just the right amount of low-output lighting in key locations.

Keeping the environment dark is one important way of supporting sleep. However, as staff often need to leave some lights on for patient safety, it can be challenging to maintain a dark sleep environment in hospital wards.

To tackle this challenge, Metro North Hospital and Health Service trialed a new night lighting scheme that allows wards to be kept relatively dark while providing just the right amount of low-output lighting in key locations within patient rooms and toilet.

The lighting was designed based on best available research on vision, balance and stability in the elderly in low-level light and the physiological impacts of specific wavelengths of light.

Patient feedback during the trial was positive. Most patients thought the lighting would help them sleep better and move about more safely at night. One elderly patient commented that he was 'impressed how much of a difference' the new lighting made to the sleep environment."

Another elderly patient commented that having such lighting in wards would be 'brilliant' and that she would be talking to her husband about considering such lighting at home as well.

The trial involved 10 wards across the Royal Brisbane and Women's Hospital, the Prince Charles Hospital and Redcliffe Hospital. Results highlighted the potential value of this lighting

system to be a non-disruptive and low-cost strategy for reducing falls at night.

Following the success of the trial, the lighting system is being installed in six wards at the Royal Brisbane and Women's Hospital as part of world first clinical research evaluating the effects of such lighting on the rates of inpatient falls over time.

Metro North Hospital and Health Service will seek to introduce the lighting scheme into hospital wards gradually, as they are refurbished.



Above: Clinical Nurse Kelly Wells (left) with Clinical Nurse Consultant Jodie Gordon.

Paying attention to wound management

Effective wound management is important for helping patients on the road to recovery, particularly when a wound is hard to heal.

At Redcliffe Hospital, a specially trained team is working closely with medical, nursing and allied health staff across the hospital to get the best wound management results for patients.

The Wound Management Stomal Therapy team assists when a patient has a wound that is taking longer than usual to heal or requires management of a stoma (a surgically formed opening to the skin from the inside of an organ).

According to the team's Clinical Nurse Consultant, Jodie Gordon, education, good partnerships and tailored treatment are key ingredients for achieving the best healing results.

"Wound healing is complex and influenced by many factors, particularly for the elderly or the more vulnerable in our society," Jodie said.

"When a patient is referred to our service we work closely with their treating team to determine the best care options for their particular circumstance.

"We then continue to work with allied health, nursing and medical staff to make sure patients have access to the treatment, support and education they need to keep their skin healthy and help them heal."

Maintaining skin integrity is a key focus for the Wound Management Stomal Therapy team. When skin is damaged it can be a costly and painful process to restore the health of the skin and heal the wound. Every patient referred to the team is assessed for skin integrity on admission, and wound treatment options include consideration of the most appropriate type of wound dressing.

“ “ When a patient is referred to our service we work closely with their treating team to determine the best care options for their particular circumstance. ” ”

Jodie said this is particularly important for older patients.

"Older skin is fragile, can be injured easily and can take longer to heal. There are many different types of dressing and it is important to use one that does not irritate a patient's skin and slow down the healing process," she said.

Maintaining healthy skin is also important for patients with a stoma as the skin around the stoma should be clean, dry and intact to limit the risk of irritation or infection."

The Redcliffe Hospital Wound Management Stomal Therapy team sees more than 200 patients per month. Through effective and timely assessment, intervention and partnership this team is making sure these patients receive the care that is essential for their healing process.



Medical ‘superglue’ research may provide simple solution to major hospital problems

A simple dab of medical superglue may be the solution to a multi-billion dollar problem plaguing hospitals around the world.

A team of Queensland researchers are investigating the benefits of medical grade superglue in securing vital intravascular devices (IV lines) into patients compared to the standard medical dressings used by hospitals.

Lead researcher Professor John Fraser, who is Director of the Critical Care Research Group (CCRG) based at The Prince Charles Hospital, said “IV lines are used in almost every aspect of the patient’s care in hospital - to administer vital fluids, blood, medications, and nutrients.

“Hospitals around the world experience problems securing IV lines into patients using standard medical dressings,” Professor Fraser said.

The idea grew from some of the ground breaking basic science work being conducted by the CCRG, the largest critical care research group in Australia.

“We realised that superglue was incredibly effective at keeping drips in. On further reading, we realised that it also killed bacteria, which can frequently invade drip sites and cause huge clinical problems, as well as greatly increased length of stay and cost of health care,” he said.

“One of our collaborators, Professor Rickard, is at the forefront of research around drips, so we suggested we should do a human study.”

Second lead research Professor Claire Rickard, from Griffith University, said normally around one third of IV lines

get blocked, are pulled or fall out, and when this happens, there are significant implications for patient care.

“Urgent medical care can be interrupted due to leakage of the IV line, and patients may experience pain when the IV line has to be reinserted,” Professor Rickard said.

“There is also significant potential for life threatening infections and illness to develop in the patient.

“The cost to hospitals also increases due to greater amount of disposable equipment, time for specialist clinical staff to reinsert the IV line and staff exposure to needle stick injuries.”

Professor Fraser said every department in the hospital can benefit from this type of research.

“We have teamed up with world leading nurse researchers in this field, Professor Claire Rickard, our colleagues from anaesthesia, emergency medicine and ICU.

“We hope to also extend the research to the ambulance service and paramedics, who frequently have the least controlled situations, where the stability and bug killing properties of medical superglue are ideal.”

Professor Fraser said the research trial has great potential help make patient care in the hospital setting much safer and result in significant cost savings for the health system.

“By holding IV catheters securely in place with a small dab of glue, the potential benefits to patient care are immense,” he said.

“The patient will need replacement and painful needle jabs less often, risk of infection goes down, and the potential savings are significant.

“This research has the potential to improve patient care and increase hospital safety throughout Australia and internationally.”

“ This research has the potential to improve patient care and increase hospital safety throughout Australia and internationally. ”

Left: Members of research team with The Honourable Lawrence Springborg Minister for Health.

Team-based nutrition care improves outcomes for hip fracture patients

A research project to improve the health outcomes of hip fracture patients at The Prince Charles Hospital (TPCH) has been recognised at a national health innovation forum.



Above: TPCH researcher Jack Bell.
Opposite: Dietitians help ensure patients' recovery is aided through adequate nutrition.

The research titled 'Multidisciplinary action research improves nutrition outcomes in acute hip fracture patients' was presented at the 2013 National Health Roundtable Innovation Awards, winning the stream 'Rescuing the Stranded Patient.'

The winning research highlighted the successful work of TPCH's Fractured Neck of Femur (NOF) Service, which innovatively combines the expertise of orthopaedic surgeons, geriatric medicine specialists and allied health professionals to provide dedicated and comprehensive care for patients with a broken hip.

TPCH key researcher and dietician, Jack Bell, who is also a PhD candidate at the University of Queensland Centre for Dietetics Research, said that multidisciplinary care for patients with a fractured neck of femur (broken hip) is essential due to the complexity and high risk nature of the patient group.

"Patients admitted to the TPCH Fractured NOF ward average an age of 83 and typically have five other co-existing medical conditions such as dementia, ischaemic heart disease and chronic obstructive pulmonary disease," Jack said.

"These factors all create significant challenges for the individual patient and health professionals before, during and following surgery."

Research shows that approximately one in two patients admitted are malnourished and 30 per cent have been diagnosed with dementia on admission.

"Our research showed that these patients experience barriers which can impact on their nutritional state," Jack said.

"Barriers are numerous and varied and may include medical or physiological problems such as cognitive and communication impairment, issues with fine gross motor skills, or gastrointestinal issues.

"Patients can also be affected by a range of psycho-social barriers including depression, disordered eating patterns, fear, social isolation and loss of dignity."

These are just some of the barriers that result in many patients having an inadequate nutritional intake.

Identifying barriers and ways to improve nutritional intake is important as we know that malnutrition affects a patient's ability to recover after hip fracture surgery.

Patients who are malnourished are more likely to have more complications including reduced mobility and increased chances of developing pressure injuries or bed sores.

Malnourished patients are also more likely to have an unplanned hospital readmission, be placed into long term care, or die within 12 months.

"The move to a multidisciplinary team Fractured NOF Service combining the expertise of many health professionals helped us identify and address many of the nutrition problems faced by patients," Jack said.



“Through a variety of research methods, we were able to show that getting the team and patients involved in identifying barriers to nutritional care engaged the patients and staff.

“Early results from this study show that implementing recommended improvements from a range of health professionals results in patients significantly increasing their protein and energy intakes, reduces the likelihood of patients becoming malnourished in hospital, and improves home discharge rates.

The Fractured NOF Service has significantly improved not only the nutritional outcomes but the overall health outcomes of patients with fractured neck of femurs (broken hips).

“Since the Fractured NOF Service started in 2010, we have seen major improvements in patient care delivery including faster and extended access to surgery, and more rapid discharge from hospital.”

“ We were able to show that getting the team and patients involved in identifying barriers to nutritional care engaged the patients and staff. ”



Nation's best performer for infection rates at The Prince Charles Hospital

A report released by the National Health Performance Authority, has highlighted Brisbane's The Prince Charles Hospital (TPCH) as being the nation's best performer in achieving low infection rates among patients.



Above: The Prince Charles Hospital Infection Control and Safety and Quality Teams.

This is the second year running that TPCH has achieved the nation's lowest infection rate among major hospitals.

The report rates the performance of 115 Australian hospitals in relation to health care associated Staphylococcus aureus blood stream infections.

Staphylococcus aureus is a common blood stream infection that patients may develop through the course of medical treatment provided by hospitals.

TPCH was reported as having the nation's lowest rate of infection among major hospitals with most vulnerable patients.

It recorded just 10 cases and a rate of 0.53 cases per 10,000 bed days, two and half times lower than the nation's average.

The National Healthcare Agreement signed in 2011 set a target for no more than two cases per 10,000 bed days for each state and territory.

Hand hygiene is a major factor in helping to reduce infections like Staphylococcus aureus.

The Prince Charles Hospital has a comprehensive hand hygiene program, which is constantly promoted to staff, patients and visitors.

The hospital has systems in place to regularly monitor and evaluate staff in both clinical and non-clinical areas to ensure good hand hygiene practices, and identify areas in need of improvement.

Achieving low infection rates is also about diligent clinical practice and staff training, particularly for staff that care for patients who are at greater risk of infection.

TPCH has a strong level of support from senior management to ensure that safety and quality remains a priority for the hospital.

The excellent achievement has positioned TPCH as a leader in safety and quality within Australia.

On-time care





Premier's award recognises excellence in public health service delivery



A strategy to improve the accessibility and quality of medical imaging services at Royal Brisbane and Women's Hospital (RBWH) saw the hospital's Medical Imaging Department win the Premier's Award for Customer Service Excellence in September 2013.

The award-winning team targeted appointment availability and turnaround times to improve access to medical imaging services for patients and clinicians. These improvements contributed to a reduction in the length of stay for both surgery patients and Emergency Department patients, which helped the hospital improve National Elective Surgery Target (NEST) and National Emergency Access Target (NEAT) requirements.

Improvements were made in five areas:

24-hour CT services

The introduction of a 24-hour CT service led to a huge decrease in imaging delays for emergency and high acuity patients. This reduced the backlog of patients waiting in emergency for discharge and facilitated timely diagnosis and admission.

Same day inpatient imaging

Coordination of services was improved, from booking appointments to facilitating transport, to ensure all inpatient imaging could be performed within 24 hours (excluding Angiography and complex MRI).

Radiology help desk

The radiology help desk has provided extra support for clinicians whose patients require urgent imaging. The help desk supports staff to ensure patients receive the right imaging in a timely manner.

Radiologist dashboard

The introduction of a radiologist dashboard ensures the workload is appropriately distributed and reports are delivered quickly.

Patient transport hub

The centralised coordination of patient transport drastically improved transport to and from the imaging department.

The collaboration between DMI Imaging Assistants and Patient Support Services delivered a significant improvement in the allocation of time and number of jobs completed. This was a massive task involving the coordination of, on average, 2000 jobs per week.

The Medical Imaging Department's multidisciplinary team approach to customer service improvement was achieved through dedication and commitment and has ultimately greatly improved patient access to medical imaging services at RBWH.

Above: The 2013 Medical Imaging Team receiving Customer Service Excellence Award from Queensland Premier Campbell Newman.

All smiles as Metro North dental wait list eliminated

With the help of the dental voucher system, Metro North has eliminated its long-wait general care waitlist with all patients seen by June 2014.

This success of the dental voucher system was supported by additional state government funding, which allowed for more efficient use of resources and the outsourcing of some services to the private sector via the dental voucher scheme.

The vouchers were mainly sent to people who had been on the public dental waiting lists for long periods, but also went to those requiring urgent dental care.

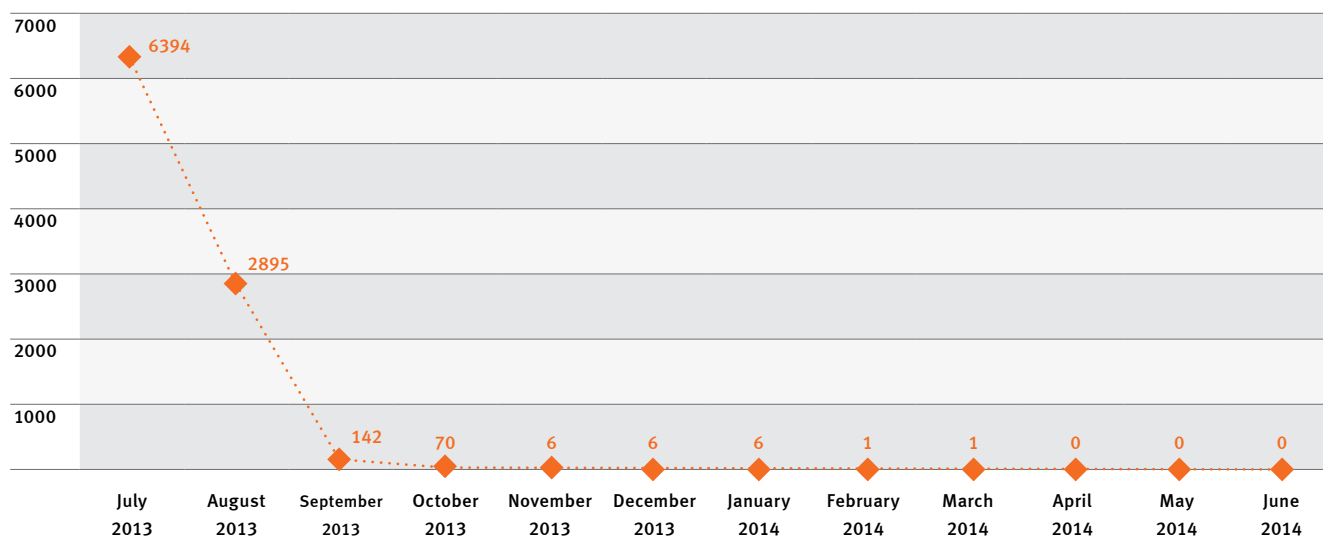
Metro North Oral Health Service has seen an improvement in public dental waiting times right across the board. There has been a concerted effort to address waiting times and real progress has been made through the commitment and dedication of oral health staff.

The Oral Health Service continues make improvements to assist people across the north Brisbane and Moreton Bay catchments to access oral health services when and where they need it most.



Change in Oral Health waiting lists

Total waiting more than two years on dental waiting list:





Above: RBWH Neurologist Dr Rob Henderson with patient John Rataj and Physiotherapist Ian Parker.

FAST action aids recovery

Brisbane local John Rataj didn't experience the classic signs of a stroke; he first realised he had suffered a stroke when he woke up in the Royal Brisbane and Women's Hospital the next day.

The 66-year-old retired maths and science teacher said when he woke up he realised he was in hospital and his right leg felt weak.

"I couldn't feel much and I had totally lost the use of my right arm," he said.

RBWH Neurologist Dr Rob Henderson said it was important for people to have access to the acute care provided in a dedicated stroke unit.

"Dedicated stroke units provide access to acute therapies such as thrombolysis (breaking down of blood clots)," Dr Henderson said.

"The acute care provided by stroke nurses and allied health staff in a facility with dedicated resources to stroke are important aspects of a stroke unit.

"With 85 per cent of strokes caused by a clot blocking blood supply to a part of the brain, if the clot can be dissolved quickly, outcomes can be dramatically improved but treatment must occur as early as possible.

"This requires people to recognise the signs of stroke and access medical care immediately."

Mr Rataj spent two weeks in hospital and was transferred to the Brighton Health Campus where he spent a further four weeks in rehabilitation and another eight weeks as an outpatient.

"The occupational therapists and physiotherapists at all facilities were terrific," he said.

"They were really supportive and although the work was intense I quite enjoyed it.

"I no longer require treatment and I do little exercises around the home as my fine motor skills are still coming back."

Dr Henderson said the National Stroke Foundation's FAST campaign raises awareness of stroke warning signs. FAST stands for Face, Arms, Speech and Time and involves asking three easy questions.

"It is important to remember that stroke is always a medical emergency, and medical assistance should be sought by calling 000 – even when the symptoms last for only a short time," he said.

Stroke is Australia's second single greatest killer after coronary heart disease with approximately 60,000 people suffering new and recurrent strokes. This equates to 1,000 strokes every week or one stroke every 10 minutes. It is also a leading cause of disability with the burden of stroke estimated to be \$5 billion per year.

The FAST test is:

F for face:

Can the person smile, has their mouth dropped?

A for arms:

Can the person raise both their arms?

S for speech:

Can the person speak clearly and understand what you say?

T for time:

Act FAST and call 000 immediately.

“ With 85 per cent of strokes caused by a clot blocking blood supply to a part of the brain, if the clot can be dissolved quickly, outcomes can be dramatically improved but treatment must occur as early as possible.”



Above: Kid Check Project Leader Dr Hsien-Jin Teoh.

Kid Check speeds up access

An innovative psychology-led program called Kid Check is reducing the wait times for parents with children on the category three (non-medical) paediatric waiting list at Redcliffe Hospital.

Children on the category three paediatric waiting list, including those with behavioural problems, ADHD, ADD, autism, learning disabilities (i.e. reading, writing and maths), low self-esteem and bed-wetting, are now being seen sooner thanks to this service.

Project Leader, Advanced Clinical Psychologist Dr Hsien-Jin Teoh, said a team of six post-graduate psychologists under his supervision make initial assessments and recommendations on children on the category three lists before they are reviewed by a paediatrician.

“The psychology interns do a detailed intake assessment on each child, which includes telephone interviews as well as one to three face-to-face meetings,” Dr Teoh said.

“Additional information obtained from multiple sources enables them to make a thorough diagnosis.”

“The team runs thorough tests of the child’s behaviours and mental abilities and obtains information from the parents and school guidance counsellors before discussing the results with a paediatrician.

“Utilising intern psychologists to assist with screening children on the long wait list, and offering brief interventions, enables faster access to appropriate treatment much sooner than if every child had to wait for an appointment with a paediatrician.

“Many of the children being seen by my team will be directed to appropriate treatments in the community via their GPs, with the guidance of the paediatrician.

“This initiative has been an opportunity to collaborate with universities to give post graduate interns experience in the field they would not receive under normal circumstances.”

Kid Check, funded initially through the SEED initiative via The Prince Charles Hospital’s Department of Clinical Psychology and Neuropsychology, is clearing between 10 and 20 cases every three or four weeks.



24 hour short stay medical unit streamlines admissions

To improve patient flow through the Emergency Department at Redcliffe Hospital, the Medical Admissions Unit (MAU) redesigned its service to better facilitate unplanned medical admissions.

Patients who present at the emergency department and who fit the criteria are transferred directly to MAU.

If the patient is likely to be in hospital for longer than 24 hours they would be immediately transferred to a medical ward. A decision to plan discharge within 24 hours would see their treatment completed in MAU.

Between 600 and 700 unplanned medical patients present to the 18-bed MAU every month. There is no seasonal variation, and patients typically present with chest pain, cardiac or respiratory problems.

Originally, medical patients with an estimated admission less than 48 hours were admitted to MAU. The service redesign to a shorter stay unit for patients with an estimated admission of less than 24 hours has significantly improved patient flow issues.

MAU's Nurse Unit Manager Keith Von Dohren said the model of care has been of particular benefit to the patients who are safely assessed, treated and discharged to a ward or back home much more smoothly and quickly than previously.

"Most of our patients are elderly, and it is important to their wellbeing, physical and mental health that we can assess, diagnose and deliver them to the next stage of their care with as many answers about their condition as possible," Mr Von Dohren said.

"The new model for MAU includes pharmacy support, a discharge planner/flow nurse, improved bed management after hours and administrative support.

"When patients are discharged from MAU they will have their prescription, test results and any further referrals in their possession," he said.

The unit averages 22 patients a day through its 18 beds and has, on occasion, a throughput of 36 patients in a 24 hour period. This helps improve overall patient flow through the hospital while ensuring short-stay patients still receive high-quality, efficient care.

Above: Keith Von Dohren (left) with Ward Clerk Linda Shorney and Acting NUM Richard Cross start planning for admissions and discharges.

RBWH elective surgery waiting list slashed



More Metro North Hospital and Health Service (MNHHS) patients are receiving their elective surgery on time thanks to hospital-led initiatives such as the Long Wait Reduction Strategy (LWRS) at RBWH.

Efficient team work and innovation are at the heart of the LWRS, which saw 99 per cent of RBWH's elective surgery patients receive surgery within the clinically recommended time frames by the end of June 2014.

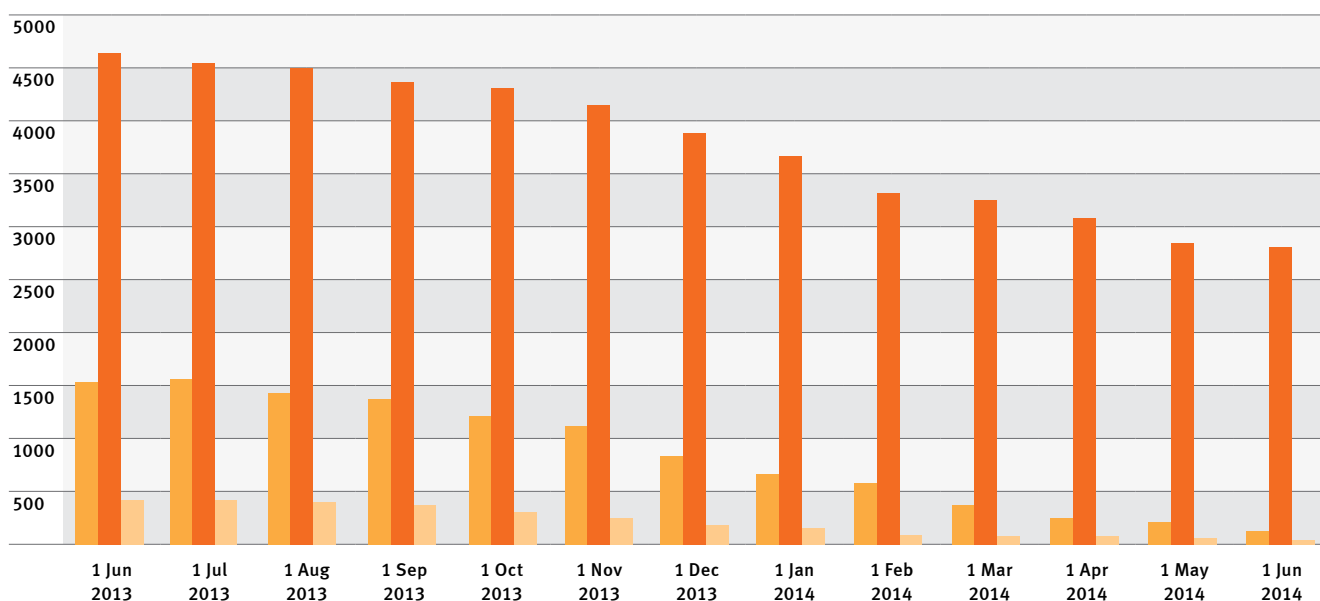
As the largest hospital in MNHHS with highly specialised surgical services, these results are impressive. Key elements of the RBWH strategy include:

- Improved efficiency of outpatient and admission procedures
- better scheduling of surgery sessions to maximise the use of operating theatres
- Use of “treat in turn” methodology, which ensures more patients with less urgent categorisations can be treated in the order in which they were placed on the waitlist.
- Improved pre-operative planning with patients to make sure they are fit for surgery, which minimises cancellations and patient inconvenience.

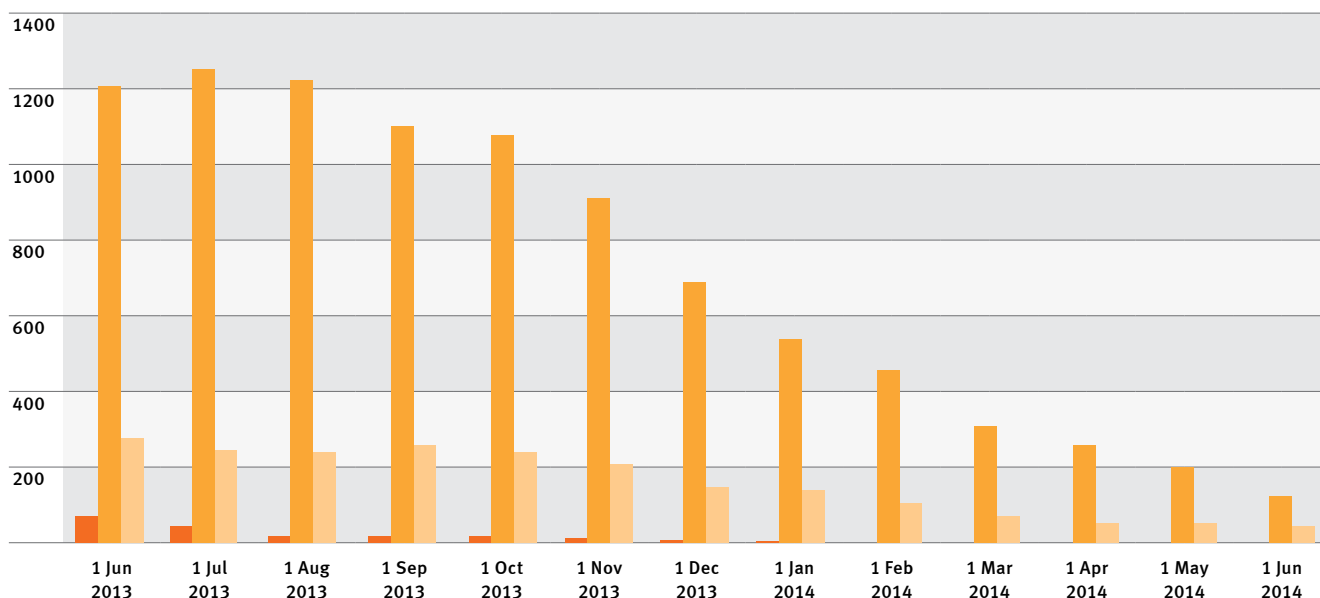
With the implementation of the LWRS the number of patients waiting for elective surgery longer than clinically recommended at RBWH dropped from 1299 in November 2013 to just 24 by June 2014.

From July 2013, the total wait list has dropped 40 per cent from 4,589 patients to 2,736 in July 2014.

The LWRS has delivered more equitable access to surgery, allowed more patients to be seen and has improved patient outcomes.



	1 Jun 2013	1 Jul 2013	1 Aug 2013	1 Sep 2013	1 Oct 2013	1 Nov 2013	1 Dec 2013	1 Jan 2014	1 Feb 2014	1 Mar 2014	1 Apr 2014	1 May 2014	1 Jun 2014
Total patients waiting	4665	4589	4500	4411	4348	4195	3929	3707	3361	3299	3133	2907	2866
Total long-wait patients	1548	1558	1481	1426	1299	1130	865	730	545	391	343	271	196
Total patients waiting >365+ days	429	427	405	404	375	334	259	235	168	102	91	90	64



	1 Jun 2013	1 Jul 2013	1 Aug 2013	1 Sep 2013	1 Oct 2013	1 Nov 2013	1 Dec 2013	1 Jan 2014	1 Feb 2014	1 Mar 2014	1 Apr 2014	1 May 2014	1 Jun 2014
Long-wait cat 1 >30 days	60	42	24	18	17	12	12	4	1	2	3	6	4
Long-wait cat 2 >90 days	1215	1257	1217	1159	1055	916	690	573	436	318	274	200	142
Long-wait cat 3 >365 days	273	259	240	249	227	202	163	153	108	71	66	65	50



PACS team fast facts in the past 12 months

Admitted and discharged 8,424 clients, with an average of 32 referrals per day.*

Provided 18,085 episodes of care.

Conducted 26,505 home visits, with an average of 102 home visits a day.*

Travelled 10,978 hours, with an average of 42 hours per day.*

Completed 132,722 client interventions with an average of 509 client interventions per day.*

**based on 261 working days Monday to Friday.*

Helping patients recover after hospital

Patients have been singing the praises of the Post-acute Care Service (PACS) and the difference it is making to their recovery after a hospital stay.

The service has forged strong partnerships with Metro North Hospital and Health Service (MNHHS) hospitals over the past 18 months to ensure patients receive the best possible care after discharge.

According to PACS patient Valda Ferguson the service gives all the clinical and home support needed for recovery.

“I received treatment as soon as I was discharged from hospital and care was tailored to my health needs,” Valda said.

“This included care from nurses, an occupational therapist, a dietician and a physiotherapist.

“A safety assessment was completed on my villa and I received a shower stool and my lounge was raised to ensure I didn’t need to bend and risk injury.

“The staff were very kind and attentive and it was very comforting to know help was available when I needed it. I cannot praise the service enough.”

PACS takes referrals from hospitals and emergency departments in MNHHS and offers short term nursing and allied health care for patients who have special recovery needs.

PACS provides a seven-day-a-week service including public holidays from 8am until 5pm. The service identifies individual patient needs on admission and implements services based on those needs.

Above: Valda’s Post-acute Care Team are, from left, Therapy Assistant Aaron Arthur, Registered Nurse Sarah Cotterell and Physiotherapist Liz King.

New initiatives help streamline Redcliffe ED service

One of Queensland's busiest emergency departments is streamlining services to ensure patients receive on-time care as demand for services increases.



Redcliffe Hospital Emergency Medicine Director, Dr Douglas Morel, said the department is seeing more than 5,000 patients a month. This trend is expected to continue with emergency presentations topping 60,000 for the 2014 calendar year.

“We have done a lot of work to make sure our patients’ journey through the department is safe and streamlined and it is a credit to our staff and management who have devised systems and processes to reduce the time patients need to spend in the Emergency Department,” Dr Morel said.

Working to meet the National Emergency Access Target (NEAT) has been one of the success stories at Redcliffe and it continues to improve. NEAT performance, which aims to discharge or admit patients within four hours, steadily improved as the year progressed.

In 2014, the four Metro North emergency departments will treat approximately 250,000 patients.

Dr Morel is most pleased that fewer patients are staying for prolonged periods in the emergency department.

“The improvement is due to a variety of initiatives, both in the Emergency Department and throughout the hospital,” he said.

“Hospital patient flow coordinators, staff from emergency and the wards meet every morning to discuss our patients and the journey they will need to take through the hospital to receive treatment.

“This daily planning ensures our patients start their treatment early after being fully assessed. The planning of their discharge is also started soon after they present to the ED to ensure their care is efficiently delivered and patients can return sooner to their homes.”

“It is a credit to our staff and management who have devised systems and processes to reduce the time patients need to spend in the Emergency Department.”

Best-practice care





Engaging staff to improve patient safety culture

Safety is a priority for Metro North Hospital and Health Service and the 2014 Patient Safety Culture Survey shows staff members across the organisation are committed to continuous improvement in this area.



Metro North Hospital and Health Services conducted its first organisation wide Patient Safety Culture Survey to assess the current status of patient safety culture, identify areas for internal patient safety and quality improvement, evaluate the impact of patient safety and quality improvement initiatives, and track patient safety culture change over time.

The survey produced valuable data and results will be used to build and improve safety culture strategies across Metro North.

The most significant finding was that teamwork within units was strong, with 83 per cent of respondents acknowledging positive support from colleagues and the ability to work together as a team to get work done.

Eighty one per cent of respondents acknowledged the organisation was actively doing things to improve patient safety. Seventy four per cent said they will speak up if they see something that may negatively affect patient care. Overall, 67 per cent of respondents graded patient safety positively with a grade of excellent or very good.

The survey also identified areas for improvement including a need for better reporting and communication across service areas. Metro North Safety and Quality staff are putting strategies in place to drive these improvements.

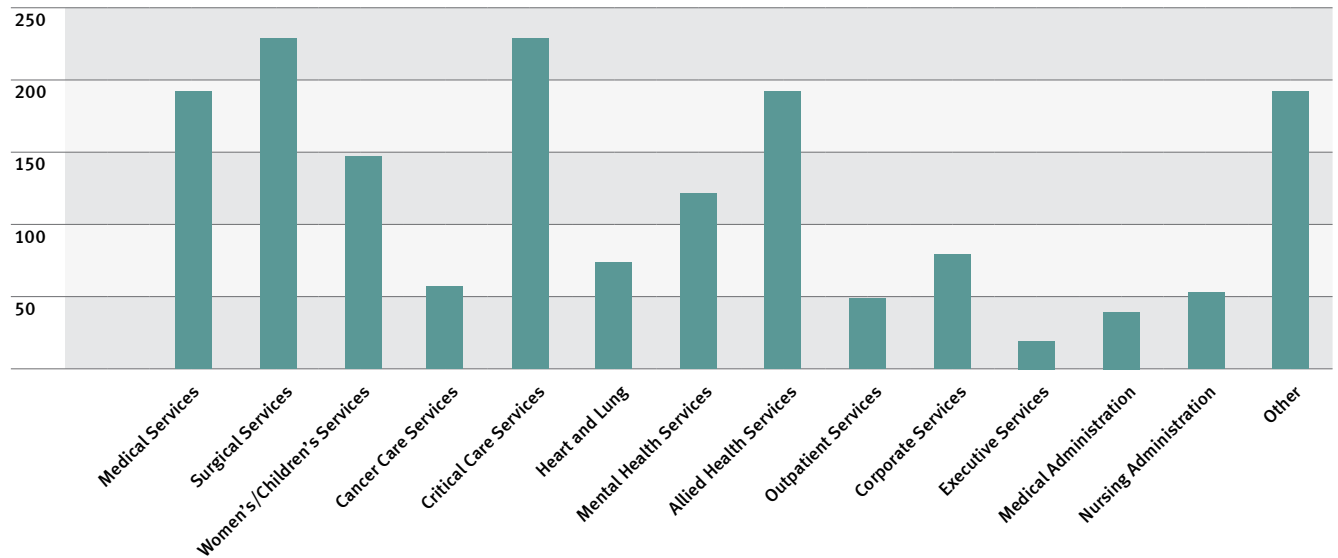
The survey was distributed to approximately 12,900 staff across five hospitals and health services including acute and sub-acute services. Most respondents were nurses (49 per cent) and 78 per cent of respondents had direct contact with patients.

The MNHHS patient safety culture survey drew on the Agency for Healthcare Research and Quality (AHRQ) survey instrument. This survey is internationally recognised as a reliable tool for internal assessment of four patient safety outcomes and 10 dimensions of patient safety culture in hospital/health service settings.

81 per cent of respondents acknowledged the organisation was actively doing things to improve patient safety.

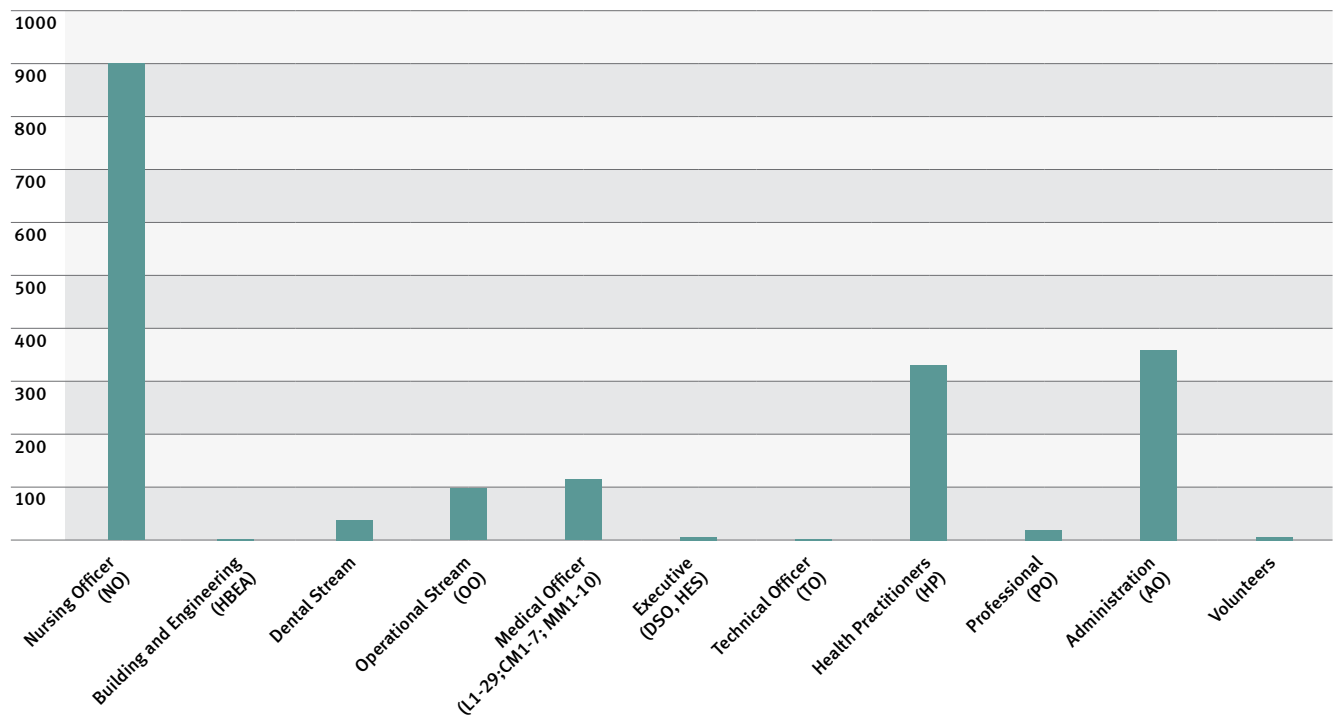
Proportion of respondents by primary work stream/unit/department

Global Metro North demographics



Proportion of Metro North respondents completing the survey

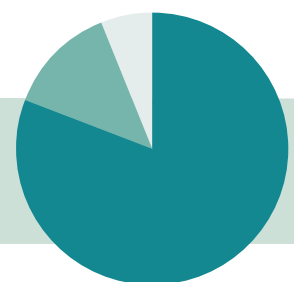
Staff position



81% Strongly agree or agree

13% Neither agree or disagree

6% Strongly disagree or disagree



New life thanks to world leading lung transplant technique

When world-leading transplant expert, Professor Stig Steen, visited The Prince Charles Hospital (TPCH), lung transplant patient Michael O'Neill took the opportunity to meet the inventor of the system that gave him a second chance at life.



Above: Associate Professor Dan Chambers, Dr Chris Davis, Michael O'Neil, Professor Stig Steen and Dr Peter Hopkins; and above right, Professor Steen demonstrates the Ex-Vivo lung perfusion technique.

The Swedish Professor is the inventor of the revolutionary EX-VIVO lung perfusion (EVLP) technique, introduced to Australia by transplant staff from TPCH in November 2011 and Michael is living proof of EVLPs success.

Michael, who has Cystic Fibrosis, was transplanted last year with donor lungs treated by the Ex-Vivo lung perfusion system and was pleased to be at the demonstration.

“I am so grateful for what Professor Steen and the other doctors at The Prince Charles have done for me,” Michael said.

“I wouldn’t be here if this technology wasn’t available. It is really amazing and has given me back my life.”

During his visit to TPCH, Professor Steen demonstrated the ELVP technique to visiting transplant physicians from around Australian.

According to TPCH Transplant Physician, Associate Professor Dan Chambers, the EVLP technique has contributed to a 70 per cent increase in lung transplant numbers in Queensland in the past two years.

“A lot of damage can occur to the lung while it is still in the organ donor, meaning only about 15-20 per cent of potential donor lungs can be used for transplant,” Associate Professor Chambers said.

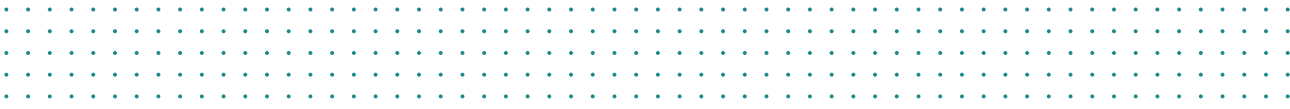
“The EVLP system can keep a pair of human lungs slowly breathing inside a glass dome – attached to a ventilator, pump and filters – for up to 12 hours while clinicians assess and repair them for transplant.

“The lungs are maintained at a normal body temperature of 37°C and perfused with a bloodless solution of nutrients, proteins and oxygen.

“Prior to the use of the EVLP system, any organs deemed unsuitable for transplantation would not be retrieved and no transplant attempted.”

TPCH is a leader in transplant research and hosted Professor Steen as part of its ongoing commitment to sharing the knowledge of renowned experts.





Excellence in patient care eases the journey for those on the road to recovery

For people recovering from drug and alcohol addiction, withdrawal or detoxification from alcohol or other drugs can feel like an insurmountable goal.

A patient's physical and psychological dependence on a drug means withdrawal symptoms may be severe, and may differ widely depending on the type of drug and duration of use, the person's physical and psychological characteristics and the method of withdrawal being undertaken.

Unsurprisingly, taking the necessary steps to begin recovery is a complex process that can feel isolating and hopeless for patients looking to take back control of their lives. So it is a very positive acknowledgement that the team of professionals at Biala's Acute Care Service Unit have been recognised in a patient satisfaction survey for their excellent work in facilitating best practice care across what is a vital, yet challenging process for patients.

Operating for more than 35 years in the heart of Brisbane's CBD, Biala's Acute Care Service Unit sees approximately 100 new patients per month for withdrawal management from alcohol and other drugs.

Manager of Biala's Alcohol and Drug Service, Mark Fairbairn, said patients are typically reviewed daily for five to seven days, the duration of their withdrawal symptoms. Alcohol dependence is the most common reason for presentation, followed by opioid dependence and cannabis dependence.

To determine the effectiveness of the service from a patient view point, InSight Clinical Evaluation Services commenced the confidential survey in April 2014.

The survey of 39 patients, anonymously polled in the week following their withdrawal management treatment, revealed that the overall results rated 'a highly effective service' with 100 per cent of patients stating that they received the service they wanted and that their needs were met.

The positive feedback also indicated that 89 per cent of patients surveyed indicated that they were 'very satisfied' with the care they received, while the remaining 11 per cent rated as 'mostly satisfied'.

All patients surveyed believed that the service helped them deal more effectively with their drug use problem, and all participants said they would return if they had a problem in the future.

"Withdrawal management is a difficult process for anyone, and it has been great to see the impact staff can make on a patient's journey just through providing an empathic interaction – a central component of any therapeutic alliance," Mark said.

When asked what the best thing was about the treatment received at Biala, the respondents cited the interactions they had with the professional and caring staff as paramount:

"Courtesy and overall empathy was the best I have experienced over a 20 year period. Thank you for helping me get my life back on track."

"The staff treated me with respect and kindness. Also my appointments are on time."

"The staff are awesome."

"Very helpful staff, professional and caring."

"I felt safe around staff and re-assured."

"They made me feel human."

The Biala Acute Care Service offers triage, clinical assessment, crisis interventions, treatment and referral and post-discharge aftercare services. The unit has partnerships with the Hospital Alcohol and Drug Service (HADS) at the Royal Brisbane and Women's Hospital (RBWH), non-government and private sector organisations.

“Courtesy and overall empathy was the best I have experienced over a 20 year period. Thank you for helping me get my life back on track.”

Cadel Evans puts his heart into medical research

Tour de France cycling champion Cadel Evans put his heart into world-leading cardiopulmonary research when he visited The Prince Charles Hospital by peddling inside a Magnetic Resonance Imaging (MRI) machine.

A team at TPCH is doing cutting edge cardiopulmonary research by combining MRI imaging with an MRI bicycle ergometer. Using a Siemens MAGNETOM Aera MRI scanner with the latest imaging techniques, the study is a world first.

As an ambassador for Siemens, Cadel pedalled inside the MRI to show how the heart and lungs of an elite athlete operate under exercise conditions and provide a benchmark for researchers.

The research program, led by Thoracic and Transplant Physician Dr Fiona Kermeen, aims to better understand how the heart and lungs operate under exercise conditions, which the researchers believe will lead to improved treatment for patients with heart and lung disease.

“Many symptoms of heart and lung disease only manifest when a patient is exercising,” Dr Kermeen said.

“Exercise-MRI scans give us information about how the heart performs under conditions of stress enabling us to diagnose conditions earlier and implement more appropriate and effective treatment.”

A multidisciplinary team, including Senior Physiotherapist, Heart Lung Institute Helen Seale and Director of MRI Services Wendy Strugnell, working with Professor of Physiotherapy at Griffith University, Professor Norm Morris, is using the technology to undertake research on patients with pulmonary hypertension.

Director of MRI Services Wendy Strugnell said while Cadel’s test showed the absolute limits of what could be achieved with ultra-fast imaging the major beneficiaries of the technology will be sick patients.

“Up until now, we have not been able to capture images of the heart during exercise in people who are unable to hold their breath long enough for a clear picture to be taken,” Wendy said.

This technology will give us that picture and help us better understand how to improve their treatment.”

Cadel Evans said he hopes his work with Siemens will raise awareness about how technology can better understand heart and lung disease and lead to improved treatments that reduce the strain on the healthcare system.

“Since becoming a dad I’m very conscious about my health, and of ensuring that Australia has the best quality healthcare system for the future.

“Heart Foundation of Australia figures show that one person dies from heart or lung disease every 24 minutes – about the same time it takes me to complete a short time trial,” Cadel said.

“I hope this technology and research will ultimately save lives.”

The Richard Slaughter Centre of Excellence in Cardiovascular MRI at the TPCH, through its research collaboration with Siemens, is one of the first MRI centres in the world to have the advanced technology required to capture ultra-fast images of the heart during exercise.

TPCH is currently the only hospital in Australia with the capability to combine this technology with research expertise in the cardiopulmonary arena.

Below: Wendy Strugnell and Helen Seale preparing Cadel Evans for his exercise-MRI study.
Opposite: Cadel Evans, second from left, with members of the research team.





“ The major beneficiaries of the technology will be sick patients who are unable to hold their breath long enough for us to take clear pictures of their beating hearts. Up until now, we have not been able to acquire images of the heart during exercise in these people. ”



Above: QMAC Director Dr Robyn Grote tests out the equipment for the Queensland Motion Analysis Centre. **Opposite:** At the centre's official opening are patient Finbar Mills, The Honourable Lawrence Springborg MP Minister for Health, Dr Robyn Grote, The Honourable Campbell Newman MP, Premier of Queensland, and Dr Paul Alexander AO, Metro North Hospital and Health Board Chair.

Computer game technology gets patients moving

Technology developed by the computer gaming industry is being used at the Queensland Motion Analysis Centre (QMAC), located at the Royal Brisbane and Women's Hospital to improve outcomes for patients with movement disorders.

Led by Dr Robyn Grote, QMAC is used by burns patients, stroke victims, patients with acquired neurological disorders and those with other complex mobility problems. The new cutting edge 3D gait analysis technology is improving diagnosis, treatment planning and monitoring for these patients.

Brisbane University student Finbar Mills used the technology to learn to walk again after a motorcross accident in 2009 left him a paraplegic. He spoke of his experience at the QMAC launch in February 2014.

The 3D gait analysis technology uses reflective markers and electromyographic sensors attached to the body, force plates embedded in a specially designed portable walkway and state-of-the-art 3D modelling to provide a three dimensional view of the patient.

Dr Grote said this most precise profile of gait and movement enables better understanding of movement disorders.

“Prior to this technology we had a much more limited view of patient abnormalities with one plane of movement always absent as only two planes, front, back or side, can be seen by the naked eye at once.

“In the past this led to misdiagnoses and even further complications and repeated procedures for the patient.

“This unique form of data collection and analysis will greatly assist specialist clinicians, surgeons and allied health staff to plan and monitor treatments for their patients and will also provide benchmarks by which outcomes can be measured,” said Dr Grote.

The technology has also provided researchers with an opportunity to create a world-first three dimensional model specifically targeted at treating babies. Dr Robyn Grote and fellow researcher Professor Paul Colditz, Director of the Perinatal Research Centre hope to be the first in the world to design a 3D model for a baby and its movements.



Shared journey: A consumer representative perspective

Noel Muller shares his thoughts on what it means to be a consumer representative.

As a consumer representative for the last 15 years involved at a state and national level, my experience at RBWH has not only been rewarding for me but I feel privileged to have shared in the journey, with so many others, both consumers and members of staff.

Having had involvement at many levels and with so many people at RBWH I am constantly reminded that it is when everyone is working together outstanding results can be achieved. My journey, over the last two years, at RBWH has been an exemplar of working together, and of a 'shared journey'.

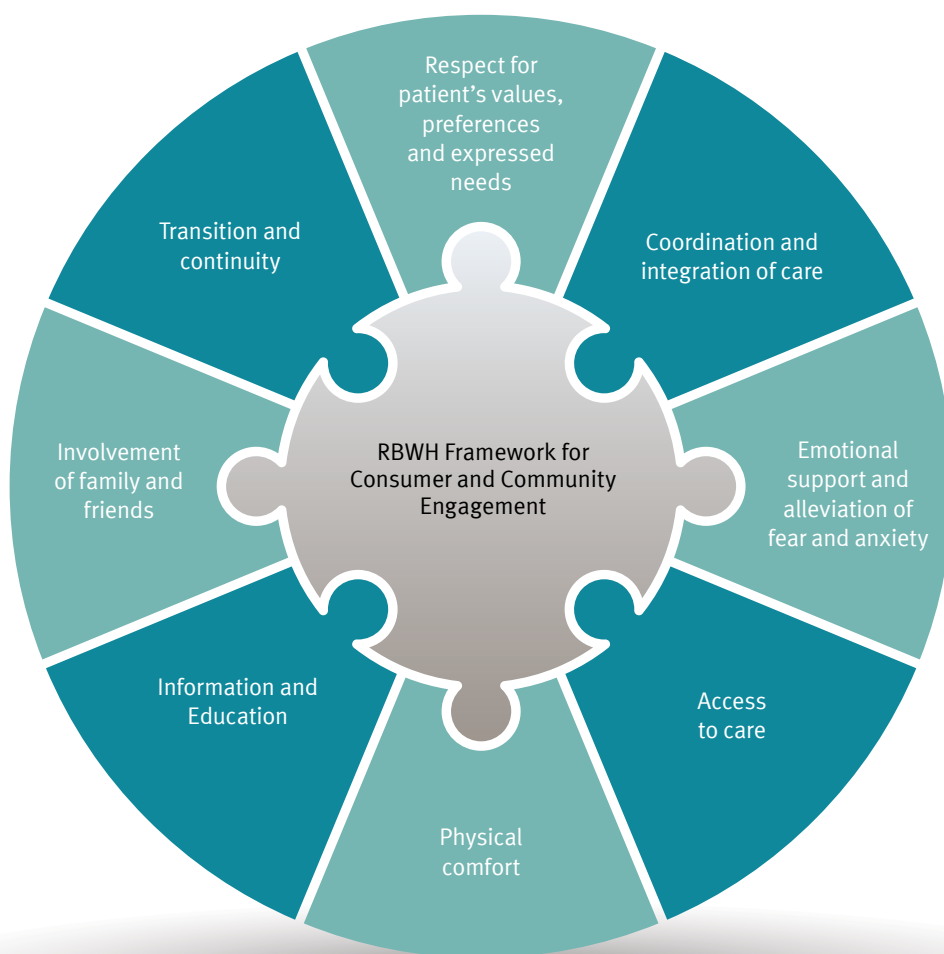
Being a consumer representative and working through the Consumer and Community Engagement Committee, I have seen many changes at RBWH and, indeed, throughout the health sector in Queensland. At RBWH I am constantly reminded that these changes affect all of us – not just the consumers/patients but also the staff. Working closely with staff at all levels at RBWH, the distinguishing feature for me has been seeing how staff respond to the changes in such a positive manner and always with a focus on how that relates to patients and their families.

The RBWH Framework for Consumer and Community Engagement – which focuses on the eight dimensions of patient-centred care – was developed in 2012 with the involvement of consumers. Much of the change at RBWH has been modelled to the framework and the commitment of RBWH and staff is unquestionable.

It is a very rewarding experience for me to see how the staff have embraced the Framework of engagement and at the same time made it a reality for the patients and their families.



Right: Consumer representative Noel Muller.



Transition and continuity

- Ability to self-care after discharge with coordinated and planned treatment and services.
- Provide understandable, detailed information regarding medications, physical limitations, dietary needs etc.
- Provide information regarding access to clinical, social, physical and financial support on a continuing basis.

Respect for patients values, preferences and expressed needs

- An atmosphere respectful of the individual patient should focus on quality of life.
- Involve the patient in medical decisions.
- Provide the patient with dignity and respect a patient's autonomy.

Coordination and integration of care

- Coordination of clinical care.
- Coordination of ancillary and support services.
- Coordination of front-line patient care.

Emotional support and alleviation of fear and anxiety

- Anxiety over physical status, treatment and prognosis.
- Anxiety over the impact of the illness on themselves and family.
- Anxiety over the financial impact of illness.

Physical comfort

- Pain management.
- Assistance with activities and daily living needs.
- Hospital surroundings and environment.

Access to care

- Access to the location of health services.
- Availability of transportation.
- Ease of scheduling appointments.

Information and Education

- Information on clinical status, progress and prognosis.
- Information on processes of care.
- Information to facilitate autonomy, self-care and health promotion.

Involvement of family and friends

- Provide accommodation for family and friends.
- Involving family and close friends in decision making.
- Supporting family members as caregivers.
- Recognising the needs of family and friends.

Engaging with CleftPALS QLD to support families

When a baby is born with a cleft of the palate and/or lip, families need extra support to better understand their child's condition and treatment options.





A strong relationship between Children's Oral Health Services and CleftPALS QLD is providing this valuable support.

CleftPALS, which stands for Cleft Palate and Lip Society is a national, voluntary group made up of parents, relatives and professionals interested in the welfare of children born with cleft related conditions.

Children's Oral Health Services is working with CleftPALS QLD to provide the group with innovative educational resources and information on special appliances that support treatment.

Senior Dental Technician Children's Oral Health Services, Dan Boddington, said the relationship with CleftPALS QLD is also providing a valuable insight into the concerns of parents and prospective parents of children with cleft lip and palate.

"Understanding the concerns of these families is really important as it helps us improve our service delivery," Dan said.

"For example dental technicians are usually tucked away in the laboratory and rarely get to connect with the families they serve.

"Through CleftPALS we have been able to meet with families not only to educate them about the appliances we make but also to hear firsthand about any issues they have or expect to have with them.

"We can then consider ways to overcome these issues; for example, some appliances can be made with different coloured acrylics, sparkles and motifs to give ownership to the kids who have to wear them, hopefully increasing compliance."

Metro North Oral Health Services consumer representative Fiona Comber agrees the relationship is providing many benefits.

"Staff from Children's Oral Health Services regularly attend our functions and have been educating our members with some great resources," Fiona said.

"At our Annual General Meeting, the team used 'baby face' models to show families how using a plate and taping on a daily basis improves outcomes for babies undergoing initial lip and palate repairs.

"Some of our families were faced with going through this process for weeks or even months and understanding the reasoning behind it made it easier for them to stick to the regime, and maintain the treatment for the best result.

"The feedback we have received on information sessions like this has been very positive and we look forward to the relationship continuing."

The Children's Oral Health Services provides comprehensive oral health care for children, adolescents and young adults with a wide range of complex clinical disorders or conditions. The orthodontic and paedodontic treatment of children and young adults with cleft lip and palate disorders and related craniofacial anomalies is a state-wide service.

Above: The CleftPALS 2013 AGM where Daniel gave his talk. Consumer representative Fiona Comber pictured second from right. Opposite: The Dental Technician Team at Children's Oral Health Service with their 'baby faces' Stephen Taylor, Steph Van Wensveen, Peter Fuller, Daniel Boddington (front left) and Angela Stomfai.

Continuing the conversation





Did you know?

Information exists on websites to assist you to prepare for hospital admission.

Some subjects covered at <http://www.health.qld.gov.au/hospital/admission.asp> include:

- What if my health changes while waiting for hospital admission?
- Why do I have to wait for hospital treatment and why could it be postponed?
- What should I do before my admission?
- What should I bring to hospital?
- Where do I go when I get to hospital?
- What happens during admission to hospital?
- Is help available with travel to hospital?
- How long will I be in hospital?
- What if I need an interpreter?
- What if I'm a smoker?



Some topics covered at <http://www.health.qld.gov.au/metronorth> (select specific health facility) include:

- Aboriginal and Torres Strait Islander Health Liaison Service
- Accommodation
- Chaplaincy Service
- Compliments and Concerns
- Consent
- Facilities (Food Outlets, Banking, Specialty Shops)
- Identification Bracelet
- Interpreter Service
- Making Healthy Choices
- Medical Records
- Medications
- Organ Donation
- Patient Rights
- Pre-Admission Clinic and Surgical Day Care Unit.

If there are no surveys in the back of this book, please contact the hospital Safety and Quality Unit for more copies.

Please tell us what you think

We invite you to comment on this report, so we can continue to improve and meet your needs by completing and returning our reader survey.

1. What did you think of the information in this report?	Poor <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Excellent
2. The information is easy to understand	Strongly disagree <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Strongly agree
3. What did you think of the presentation of the report?	Poor <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Excellent
4. Did you like the magazine format?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Indifferent
5. Did you find the articles to be...?	Too technical <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Very interesting
6. Was the information helpful to you?	Strongly disagree <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Strongly agree
7. The report gave me a better understanding about the health care services Metro North HHS provides:	Strongly disagree <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Strongly agree
8. Do you know how you can get more information and support if you need it?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do you have any suggestions for improving this report?	<hr/> <hr/>

Can you please tell us about yourself, I am a:

- Patient
- Relative/carer of a patient
- Health professional
- Other

Please tick the age range that applies to you:

- < 20
- 20–35
- 36–50
- > 50

Can you please tell us which suburb/town you live in?

Are you interested in being part of a community committee that is committed to improving our health services?

- Yes
- No

If yes, please identify your preferred Metro North HHS community committee:

Name

Address

Phone

Email

Post to: Safety and Quality Unit, Level 7, Block 7, Royal Brisbane and Women's Hospital, Butterfield Street, Herston Qld 4029.

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3. What did you think of the presentation of the report?	Poor <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Excellent
4. Did you like the magazine format?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Indifferent
5. Did you find the articles to be...?	Too technical <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Very interesting
6. Was the information helpful to you?	Strongly disagree <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Strongly agree
7. The report gave me a better understanding about the health care services Metro North HHS provides:	Strongly disagree <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Strongly agree
8. Do you know how you can get more information and support if you need it?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do you have any suggestions for improving this report?	<hr/> <hr/>

Can you please tell us about yourself, I am a:

- Patient
- Relative/carer of a patient
- Health professional
- Other

Please tick the age range that applies to you:

- < 20
- 20–35
- 36–50
- > 50

Can you please tell us which suburb/town you live in?

Are you interested in being part of a community committee that is committed to improving our health services?

- Yes
- No

If yes, please identify your preferred Metro North HHS community committee:

Name

Address

Phone

Email

Post to: Safety and Quality Unit, Level 7, Block 7, Royal Brisbane and Women's Hospital, Butterfield Street, Herston Qld 4029.

Please tell us what you think

We invite you to comment on this report, so we can continue to improve and meet your needs by completing and returning our reader survey.

1. What did you think of the information in this report?	Poor <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Excellent
2. The information is easy to understand	Strongly disagree <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Strongly agree
3. What did you think of the presentation of the report?	Poor <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Excellent
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