

## 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.

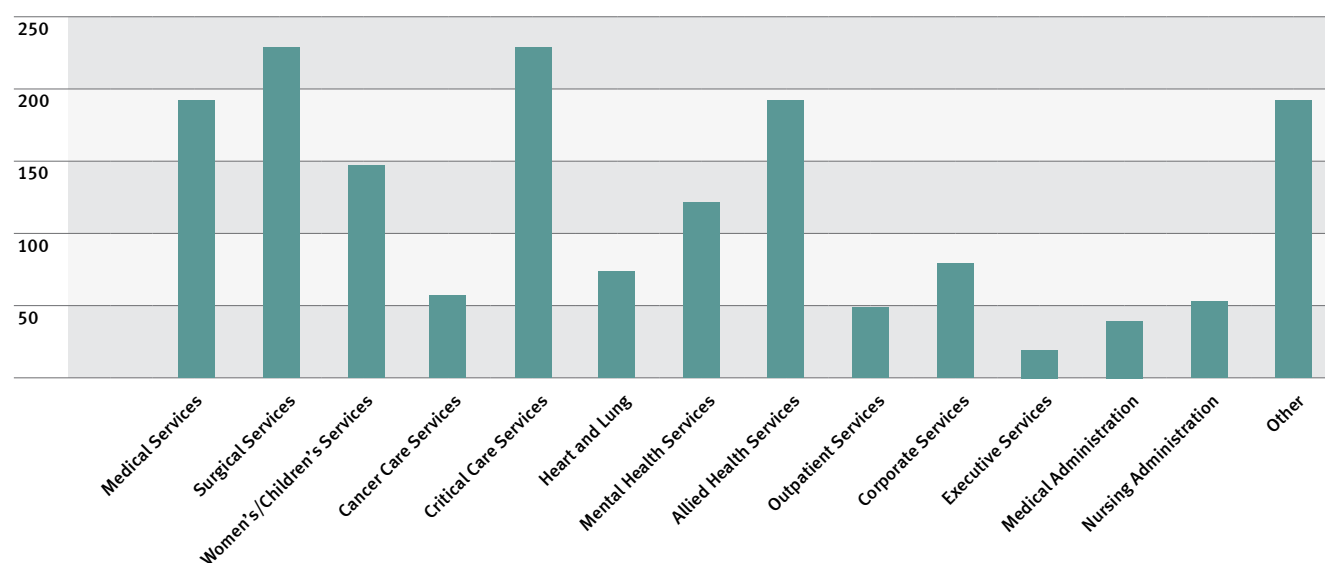
The survey was distributed to approximately 12,900 staff across five hospitals and health services including acute and sub-acute services. Most respondents were nurses (49 per cent) and 78 per cent of respondents had direct contact with patients.

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.**

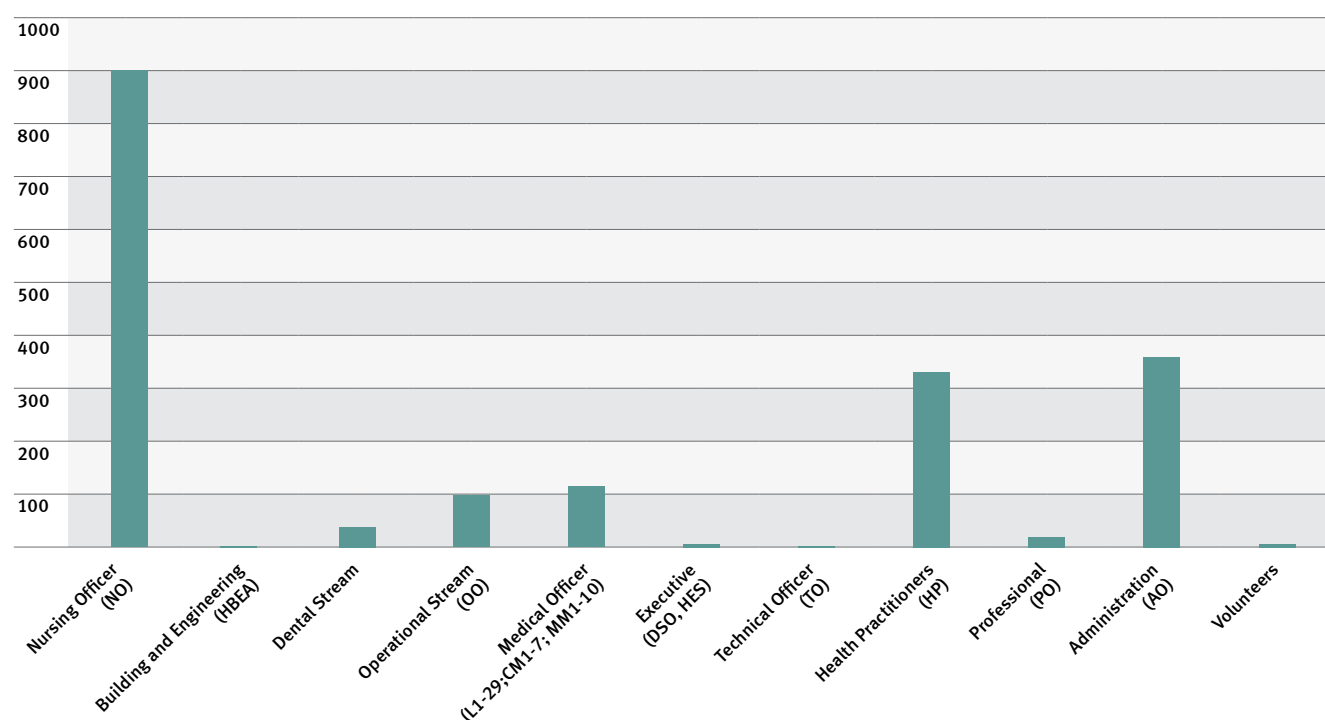
## Proportion of respondents by primary work stream/unit/department

Global Metro North demographics



## Proportion of Metro North respondents completing the survey

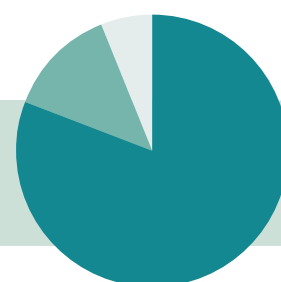
Staff position



**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'Neill, 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.

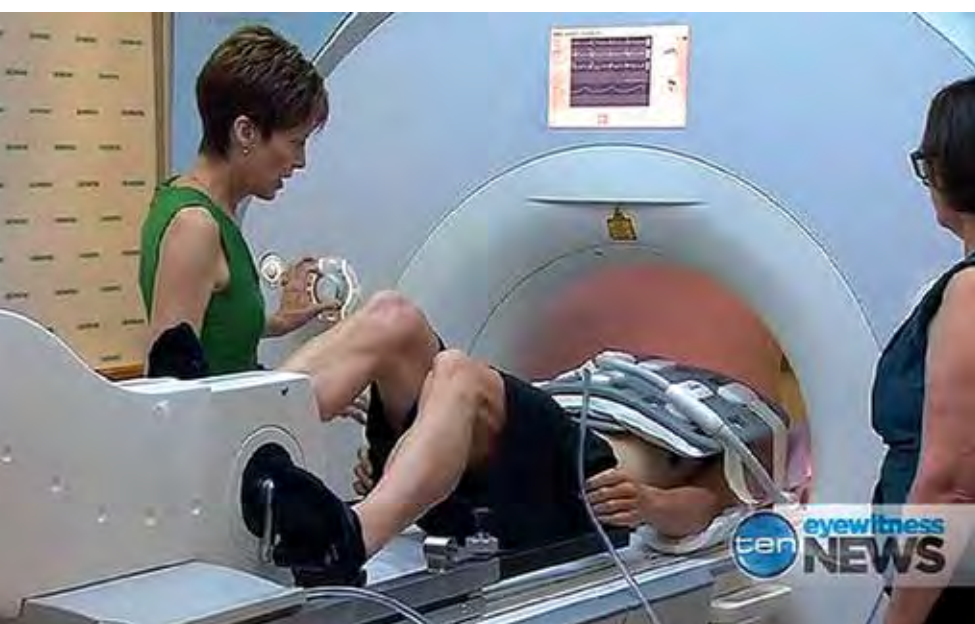
“Heart Foundation of Australia figures show that one person dies from heart or lung disease every 24 minutes – about the same time it takes me to complete a short time trial,” Cadel said.

“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'.

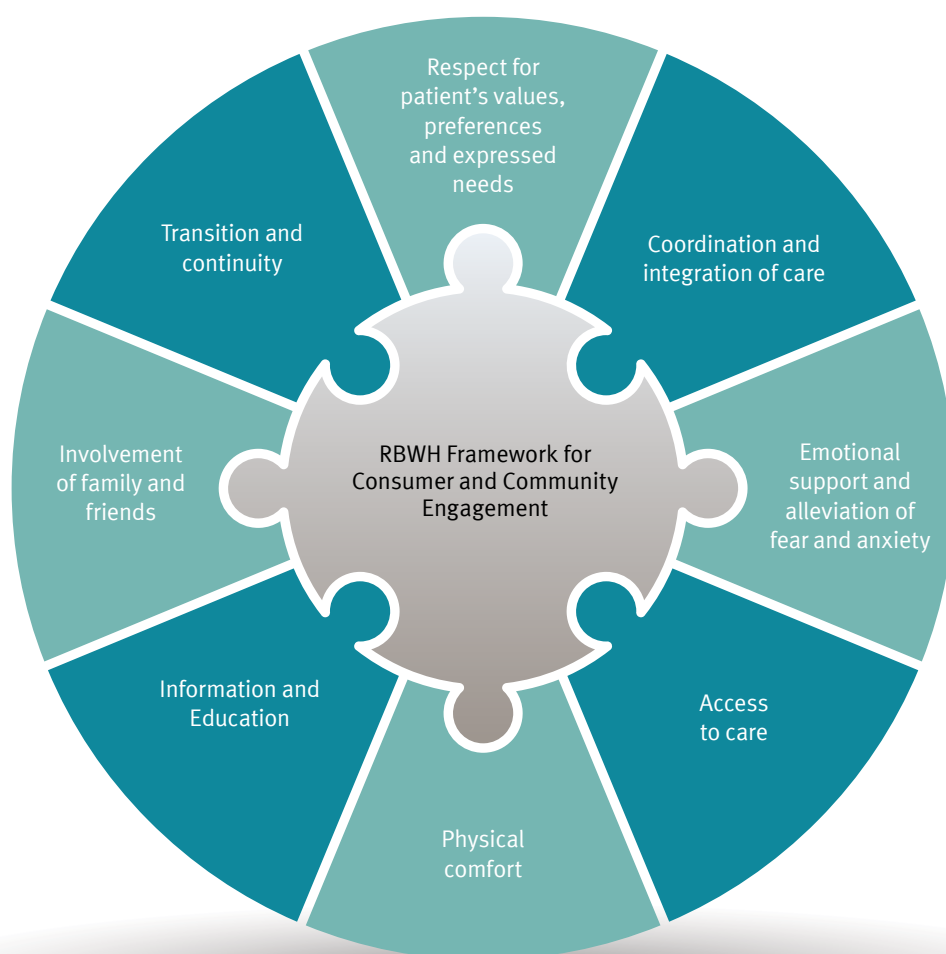
Being a consumer representative and working through the Consumer and Community Engagement Committee, I have seen many changes at RBWH and, indeed, throughout the health sector in Queensland. At RBWH I am constantly reminded that these changes affect all of us – not just the consumers/patients but also 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?

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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:

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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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