



Metro North Hospital and Health Service

# QUALITY OF CARE

2014-2015

## Big heart small hospital

Kilcoy earns patient praise

# Welcome

On behalf of the Metro North Hospital and Health Service and staff, we are pleased to present our Quality of Care Report.

As our service levels continue to grow, we are treating more people than ever before. We continue to plan and build for the future, using our Health Service Strategy 2015-2020 as a guide, to meet growing demand across our community for better access to healthcare services and facilities.

This magazine is designed to highlight our diverse services, expertise and the safe and positive experiences within our public healthcare system. It demonstrates how we continue to innovate and progress our vision to be Australia's leading health service.



**Dr Paul Alexander AO**  
Chair, Metro North Hospital  
and Health Board



**Ken Whelan**  
Chief Executive, Metro North  
Hospital and Health Service

The Quality of Care Report is available online at [www.health.qld.gov.au/metronorth/publications](http://www.health.qld.gov.au/metronorth/publications)



## Your local health service

**Metro North Hospital and Health Service (MNHHS) is the largest and most diverse hospital and health service in Australia.**

We serve a population approaching 900,000 people through the efforts of more than 16,000 staff and hundreds of volunteers. Our catchment community covers an area from north of the Brisbane River to north of Kilcoy, an area of 4,157 square kilometres.

Services are provided to patients throughout Queensland, northern New South Wales and the Northern Territory, incorporating all major health specialties, including medicine, surgery, psychiatry, oncology, women's and newborn, trauma and more than 30 sub-specialties.

MNHHS provides care at all stages of life through a range of services from emergency and acute care to mental health, oral health, and rehabilitation and extended care services. Dedicated units provide public health and Aboriginal and Torres Strait Islander health services.

The Quality of Care Report is produced as part of Metro North's Hospital and Health Service's commitment to increase community awareness of the safety of and quality of its health services.



RBWH is the largest tertiary referral hospital in Queensland with a number of specialities including medicine, surgery, orthopaedics, psychiatry, oncology, trauma and women's and newborn services. RBWH fulfils a significant teaching and research role with links to Queensland's major tertiary institutions.



TPCH is the major tertiary level cardiothoracic referral hospital for Queensland, the largest such unit in Australia, and one of the largest services of its type in the world. The hospital also provides emergency, general medical and surgical services, orthopaedics, and rehabilitation services, as well as outreach specialist services throughout Queensland.



Redcliffe and Caboolture Hospitals are key facilities servicing fast-growing populations. Services include emergency, medical, surgical, orthopaedics, obstetrics, paediatrics, rehabilitation, and specialised outpatients clinics. Kilcoy is a rural hospital providing emergency, general medicine, and postnatal care.




Mental Health, Oral Health, Subacute and Ambulatory Care services are provided from many sites including hospitals, community health centres, residential, rehabilitation and extended care facilities, including the Brighton Health Campus, and mobile service teams. Dedicated units provide public health and Aboriginal and Torres Strait Islander health services. The state-wide Clinical Skills Development Centre is one of the world's largest providers of healthcare simulation.




## Further information

We aim for an informative, reader-friendly report. Feedback on how we can further improve is welcome. Contact us at:



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 Metro North Hospital and Health Service



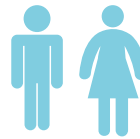
## A yearly glance



**2.8 million**  
episodes of care  
provided across  
our services



**268,500**  
Emergency  
Department  
presentations



**218,000** admissions  
to hospital



**8,000**  
births per year  
{ that's one  
baby born  
each hour }



**employs  
more than  
16,000  
people**



largest HHS employer  
of nurses in Queensland

**7,300**

{ 46% of our  
workforce }



**more than  
36,000**  
surgical operations



**840,000**  
outpatient  
occasions of service



Herston offers unique  
position co-located with  
leading researchers

# 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 were 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 EQuIP 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 EQuIP 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:

- ✔ Governance or stewardship function
- ✔ A standards-setting process
- ✔ A process of external evaluation of compliance against those standards
- ✔ A remediation or improvement process following review
- ✔ Promotion of continuous improvement



**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.

# Get to know a consumer representative

At Metro North Hospital and Health Service, we are listening to our consumers. Diverse community engagement helps make a positive impact on the delivery of patient-centred care across our services. Fiona Comber answers some questions about her role as a Consumer Representative.

## Q: How did you come to be a consumer representative?

When my daughter was born in 2008, it became clear that I was not going to be able to return to work as soon as I had hoped due to her health needs. At the same time my eldest daughter was also receiving treatment at Children's Oral Health Service. We were at the hospital and visiting a number of health services regularly for appointments for both girls. I wanted to do something to keep my mind active and develop some new skills that I could add to my resume while I was away from the workforce.

During one visit I saw a poster about becoming involved in the Family Advisory Council at Children's Health Queensland. I got involved and my interest in the voice of the consumer in health care has grown.

Fast forward another five years and my involvement with the patient community has grown to include establishing a charity with other parents and carers of children born with cleft lip and palate called Cleft Connect Australia. We represent the needs of people with this condition throughout the lifespan. This includes advocating and representing these patients in the services they use, many of which are located within Metro North.

My role also includes representing the experience of other families who might not have the time and energy to attend meetings and give feedback in that way. This is certainly true if they are caring for elders or people with a disability, or have a disability themselves.

## Q: What is involved in your role as consumer representative?

I attend a meeting once a month and do some reading in between meetings. I might review a presentation or read a report and send in some feedback over email.



In some cases I will meet with a staff member over the phone or in person if I have something specific I want to raise. I also take time to listen to the experiences of other people who use the service so I can be informed not just about my own journey, but other perspectives too.

**Q: What do you find most positive about this role?**

The way staff are receptive to the feedback I give, and seeing how dedicated and informed staff are behind the scenes. For example, our experience in an appointment is really only the tip of the iceberg for what goes into running a high quality health service.

In the same way it is very rewarding to be able to point out that what a clinician sees in a patient during an appointment or hospital stay is not the whole story about that person and their life. Patients have full lives and are connected to their family and their community. This is very important to their wellbeing both in that clinical setting and beyond.

**Q: What advice do you have for anyone considering becoming a consumer representative?**

It's very worthwhile. Even if you don't see results straight away because the wheels tend to move slowly in a big organisation, be patient and hang in there. Build relationships with other consumers and with the people within the organisation that are seeking a consumer perspective. The patient experience is an essential part of making healthcare better for everyone. Telling your own story can be very empowering especially in an environment that is supportive and where your audience wants to learn from your perspective.



## Listening to our community...

Metro North Hospital and Health Service (MNHHS) is committed to meaningful and diverse consumer and community engagement and is focussed on making a positive difference to the delivery of patient-centred care. We partner with consumer advocacy and community organisations and Brisbane North PHN.

The Community Board Advisory Group (CBAG), which was established in October 2013, provides strategic advice and voices of the communities we service to MNHHS planning, service delivery and evaluation. Membership of the group is made up of organisations and consumers who represent the diverse communities based on burden of disease, high current MNHHS system users and hard to reach populations, those with special health needs, MNHHS and Brisbane North PHN.

MNHHS and Brisbane North PHN recognise that collaboration is crucial to improving the health and wellbeing of Metro North Brisbane communities. Current priorities for collaboration include chronic disease prevention and management, providing care in the most appropriate setting and avoiding unnecessary hospital admissions, end of life care, mental health and Aboriginal and Torres Strait Islander Health.



# Expert care helps fulfil a family dream



When Karen-Kay experienced increased bleeding during her pregnancy, her worst fears were realised. But the dream she and her husband had of adding to their family were eventually realised through the care of medical teams at the Royal Brisbane and Women's Hospital.

When her doctor advised surgery for a miscarriage, Karen-Kay expected to be heading home after the procedure. Instead, she found herself being rushed to the Royal Brisbane and Women's Hospital (RBWH) to be met by a team of specialists.

"My treating team was unable to control my haemorrhaging and made the quick decision to transfer me," Karen-Kay said.

With her husband, Greg, out of town for work, and concerned for her young daughter, Karen-Kay described the ambulance transfer to RBWH as "scary".

Arriving at the hospital's Emergency Department, she was met by a diverse team of specialists, including Emergency Department staff, gynaecology specialists, interventional radiologists and maternal foetal medicine staff.

"The hospital sent medical images across with me, so the team at the RBWH were well informed and developed a plan to treat me very quickly," Karen-Kay said.

"During that initial period in the Emergency Department at the RBWH, I was also well informed. I felt looked after the whole time.

"The doctors were really honest with me and told me the issues we were facing, the risk associated with the treatment, and they were clear about the risk to any future pregnancies."

Karen-Kay was diagnosed with a scar ectopic pregnancy, a rare but potentially life threatening condition.

With her husband now by her side, they discussed their wish for more children and doctors agreed to try a conservative care plan.



Karen-Kay said she and her husband were kept informed every step of the way during her treatment. Her care continued with counselling and monthly outpatient clinics at the RBWH.

Months later when she learnt she had fallen pregnant, Karen-Kay and her husband returned to the RBWH for antenatal care as a high risk patient with the specialist team.

"I was again treated well," she said. "I saw the same teams throughout, which I found comforting.

"Even the staff doing my scans knew me and all the teams kept me up to date throughout the pregnancy on what they saw in the scans and when doing my assessments."

"Delivery of my baby was planned to be by caesarean section due to the risks and I was delighted that several of the doctors who had cared for me wanted to be in the operating theatre to see how it all went.

"I felt cared for by the whole team and was thrilled to have a healthy baby boy."

There is limited data to guide medical and care teams with regard to maintaining future fertility for this rare type of condition, however the team at the RBWH had experienced similar cases and employed a treatment plan, which would deliver safe care and support Karen-Kay's wishes to the best of their ability.

**Opposite:** Karen-Kay and her children Dakota and Lawson. **Above:** Karen-Kay and husband Greg, their children Dakota and Lawson and members of their expert obstetrics and gynaecology care team Dr Renuka Sekar, Dr Akram Khalil and Dr David Baartz.

# A prescription for improved medication safety

Medication safety is a priority across our hospitals to ensure a positive experience for patients. Effective communication between Metro North Hospital and Health Service (MNHHS) pharmacists, doctors and nurses is improving medication management and providing better health outcomes for patients.

Medicines are the most common treatment used in health care and range from sedatives and pain relief for a day only surgical procedure to antibiotics to long term cardio-vascular drugs. As such, medications can be associated with a higher incidence of errors and adverse effects than other healthcare treatments.

Dr Ian Coombes, Director of Pharmacy at Royal Brisbane and Women's Hospital (RBWH), said medication errors can and do occur in some instances, but the majority are detected and corrected before they affect the patient.

To oversee efforts that prevent and reduce the likelihood of errors, Dr Coombes said RBWH had implemented significant systems changes, such as standardised medication ordering and administration systems, "Smart infusion pumps" that control the rate of medication infusions and automated medication distribution systems that are being put into our emergency departments.

"In addition we are working to apply the successful model already used with pharmacists with medical and

nursing staff to provide self and peer evaluation and immediate feedback to junior doctors, nurses and pharmacists to guide their development and ensure medication safety best practice," Dr Coombes said.

Junior doctors reacted positively to the self and peer evaluation and feedback, with a majority acknowledging it as a "good learning experience" and "beneficial to improve prescribing". Nurses also reported that individual feedback had raised awareness of strengths and weakness and allowed them to take accountability for their practice and make improvements.

"Effective communication between the people who deliver care and those who receive care can help prevent medication errors," Dr Coombes said.

"Due to the complexity of a patient's medications, it is important to ensure they receive the right medicine in the right dose at the right frequency.

"As patients come in, they will be asked what medications they are taking. This information is critical in building an

accurate picture of what they are taking, and how they are taking it.

"Before a patient receives any medication during a hospital stay they will always be asked questions by their pharmacist, doctor or nurse to ensure the right medication is correctly administered.

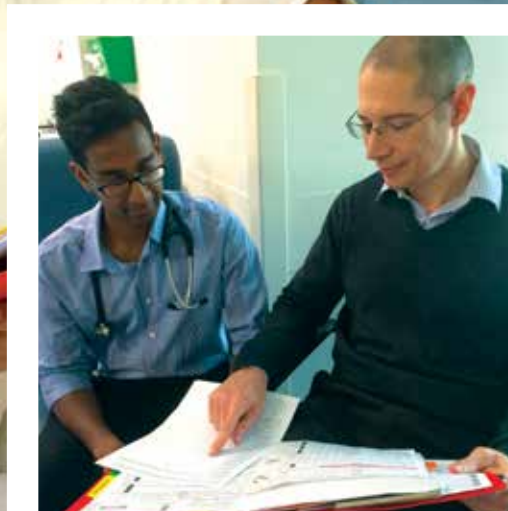
"On average, people will leave hospital with nine medications. During hospital stays, there can be four, five or six changes to medicines.

"Having accurate information allows patients to be informed about their medicines, helps us prepare for a patient's discharge and reduces the chance of them having problems with your medicines when they go home. It also ensures the patients' GPs are able to safely continue therapy after they go home."

Dr Coombes said RBWH has taken a leading role in the development, testing and implementation of many best practice standards and is ranked among the top hospitals in Australia for a number of initiatives which have resulted in statistically significant improvements in medication safety.

**196,609** items dispensed from RBWH Pharmacy per year { that's an average of 16,384 per month }

*Opposite:* Clinical Educator, Brooke Myers (right), with junior pharmacist, Kate Streatfeild. *Opposite inset:* RBWH Clinical Pharmacology Registrar, Dr Richard Friend (right), provides medication management feedback to Senior House Officer, Dr Joel Thomas.



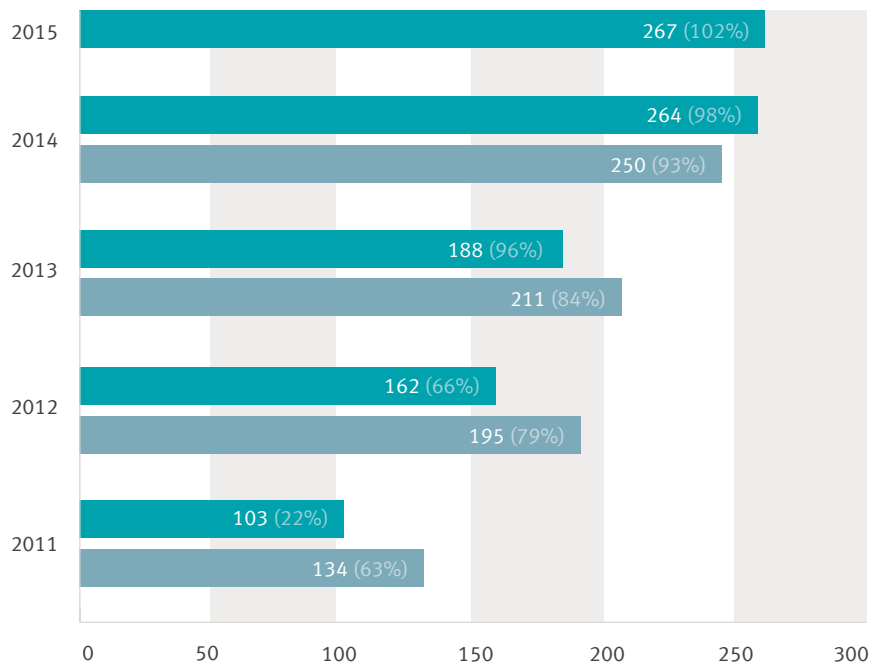
### Internal medicine medication administration observation and feedback

Providing direct feedback to individual nurses resulted in significant improvement in a range of medication safety targets, including:

- ✔ Identification check increased from 57.6% to 98%
- ✔ Adverse Drug Reaction (ADR) checks increased from 45% to 93%
- ✔ Inappropriate dose omissions halved from 5.1% to 2.5%
- ✔ Interruptions by nurses decreased from 4.3% to 3.2%
- ✔ Wrong infusion rate decreased from 17% to 0.1%

■ Medication list provided to patients on discharge per week (as % of discharged scripts reviewed by pharmacist)

■ Verbally counselled (not collected for May 2015)



“I’ve been told how much of a miracle it is that I am alive.”

## Surviving the odds

Brett Goodban is alive today thanks to the efforts of doctors around the world to get father of three home to Australia for life-saving medical treatment.



Brett contracted an aggressive strain of flu which attacked his heart while holidaying in Japan at Christmas 2014.

Days into what was meant to be a trip of a lifetime with his Japanese-born wife, Ami, their three young sons Senna, 6, Luca, 3, and baby Kimi, and his sister Tania and her family, the Cairns dad was admitted to Chiba Hospital after feeling unwell.

He had contracted a severe case of viral pneumonia, triggered by an aggressive strain of influenza which attacked his heart. He developed a blood clot that travelled to his lungs and blocked an artery, causing a cardiac arrest.

Japanese doctors resuscitated the 41-year old and connected him to a ventilator, to help him breathe. They also hooked him up to extracorporeal membrane oxygenation (ECMO), a heart-lung bypass machine that re-oxygenates the blood and pumps it back into the body.

As Brett's life hung in the balance, his family realised they had to get him back to Australia for the best chance of survival.

As Queensland's leading ECMO centre and only heart transplant service, The Prince Charles Hospital was well positioned to receive Brett for ongoing medical support, but needed to determine whether Brett was well enough to be repatriated over such a long distance.

TPCH's Intensive Care Unit Director, Dr Marc Ziegenfuss spoke with Brett's sister, Tania Lyon, as she sat at her brother's bedside while he lay in a coma. He needed evidence that would affirm his decision to bring Brett home.

Brett's acknowledgement of his sister's voice as she spoke to him, with small tears trickling from his eyes, was the sign Dr Ziegenfuss was looking for.

This set in motion a massive logistical operation with collaboration between doctors from The Prince Charles Hospital, Chiba Hospital in Japan, Queensland's air ambulance service, Careflight, the Alfred Hospital in Melbourne, which runs one of Australia's leading ECMO retrieval services, and Brett's travel insurance company.

The mission to transfer Brett from Tokyo to Brisbane proved more difficult than usual. He was dependent on the ECMO machine to provide oxygen to his body and support his blood pressure. The bulky ECMO machine required continuous reliable power and oxygen, and, Brett was receiving additional complex life support.

While Brett's situation was tenuous, a Challenger 604 jet acquired by Careflight only weeks before was a sturdy and timely addition to its fleet and central to the success of the repatriation. It could house the medical team of three doctors, a nurse, three pilots and over 100 kilograms of medical equipment that would enable Brett to survive the nine hour flight covering 7,000 kilometres. According to Careflight, Brett's return to Queensland may be the longest ever civilian transport of a patient on ECMO.

Brett arrived at TPCH at 2am on January 13 with two specialists from the hospital as his receiving team, as well as a team of nurses and perfusion specialists. The team at the Alfred had expertly managed Brett's condition through the transfer with essentially no ill side effects.

Brett was reassessed by intensive care and heart failure specialists at TPCH to plan the next round of treatment. This involved an operation to remove a blood clot in his lungs and another procedure to change over his mechanical cardiac support to take pressure off his heart. In the following weeks, Brett's condition improved with support from a full multidisciplinary team of hospital staff.

His once ailing heart had recovered to near normal and he was successfully removed from the device that had ultimately sustained his life.

Brett has no memory of the events that occurred from his admission to Chiba Hospital to when he woke six weeks later in TPCH's Intensive Care Unit.

"I had no idea what was going on. It was surreal," he said.

On March 24 this year, three months after he was admitted to Chiba Hospital, Brett was released from hospital and returned to his home in Cairns. His doctors say it will take around a year for Brett to fully recover.

"I've been told how much of a miracle it is that I am alive," Brett said.

While Brett didn't get the chance to meet many of his lifesavers, he has absolute gratitude for all the people, locally, nationally and internationally who made his survival possible.

"It's hard to put into words how grateful I am," he said.

"These amazing people have given me the greatest gift of all. I'm alive to watch my beautiful boys grow up and spend the rest of my life with Ami. It doesn't get better than that."

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*Opposite: 'Miracle man' Brett Goodban with his wife Ami and children, Luca, 3, Senna, 6, and Kimi, 1. Brett's alive today thanks to the efforts of doctors around the world to get him home to Australia for life-saving medical treatment. Photo courtesy The Courier-Mail.*

# Care and comfort for our most vulnerable

Caring for some of the most vulnerable people in our community depends on the skill and compassion of the talented team who run the Delirium and Falls Unit (DAFU) at Redcliffe Hospital.

Many of the patients in the unit have dementia, which means they have had a deterioration in their ability to think and to look after themselves. There are a number of causes of this, but the most common are Alzheimer's disease and vascular dementia.

Redcliffe Hospital Director of Medicine and Older Persons Service, Dr Catherine Yelland, said the disease may affect memory, language, perception, personality and cognitive skills.

"Dementia has profound consequences for health and quality of life for people with the condition and also for their family and loved ones," she said.

The DAFU team is highly qualified to help these patients, with the help not just confined to those occupying beds, but to their family members who can be just as beneficial in the treatment and stability of the patient.

Dr Yelland said an example of the combined care offered to patients in the unit manifested late last year when patient Dave\* was admitted to the unit after his symptoms of dementia progressed.

"While he was a complex patient, the nursing staff understood his background and his present needs. Every effort was taken to ensure his dignity and comfort. His restlessness and confusion were reduced as much as possible," Dr Yelland said.

"One of the most important aspects of the treatment of Dave and other patients with active delirium or dementia is familiarity.

"As health care staff in DAFU, we make an extra effort to discover the familiar things our patients enjoyed when they were well and try to introduce those aspects of their life into their hospital stay."

Part of that familiarisation involves talking with the families, wives and husbands to explore what might trigger happy memories.

Dave developed difficulty understanding speech and difficulty communicating verbally. He had trouble recognising familiar faces and everyday objects.



He did not always remember who his wife was, but staff recognised he retained a fondness for her when she visited.

His wife became an integral part of the DAFU 'family' to ensure quality of life for Dave. With her guidance, nursing staff danced with him, took him out into the garden and read to him from his favourite columns in the Redcliffe Herald, activities which Dave liked to do and which reduced some of his restlessness and confusion.

Dr Yelland said that understanding both the disease and the patient are the keys to providing quality patient-centred care and quality of life for patients like Dave.

"Every one of our staff in DAFU has training in occupational violence protection (OVP) which helps them to stay as safe as possible and to recognise when a patient may inadvertently act out at those trying to help.

“Being aware of what dementia can do to people and helping them feel comfortable with scenarios familiar to their life when they were well, is the type of care which sets DAFU apart from other types of hospital care.”



“Being aware of what dementia can do to people and helping them to feel comfortable with scenarios familiar to their life when they were well, is the type of care which sets DAFU apart from other types of hospital care.”

Recognising familiarity as a key to patients’ wellbeing in the early stages of dementia is likely to lead to a ‘Dementia in the Home’ program where patients remain at home in familiar surroundings with visits from DAFU staff who can support not only the patient, but the extended family in the community.

\*Name has been changed for patient privacy



*Right: DAFU nurses Karen and Renee play cards with a patient in the new activity room.*





# Managing chronic disease in the community

A new model of care for managing chronic disease is helping reduce the amount of time patients need to stay in hospital.

Pamela Steele, is a former nurse at Redcliffe Hospital, and one of more than 200 patients to sign up to the Integrated Chronic Disease Model of Care program, which is run by the hospital in collaboration with Brisbane North Primary Health Network (PHN) Team Care Coordination nurses.

She said the program has given her a confidence she never dreamed of a couple of years ago.

As the primary carer for her husband and coping with her own chronic obstructive pulmonary disease (COPD), Pamela was feeling the toll and felt she was doing it all alone.

“I was going to have to spend a lot more time in hospital than I felt I could afford, particularly when I needed to be taking care of my husband,” Pamela said.

Now, the program is keeping her out of hospital for the most part and providing

a network of health professionals Pamela can call on at any time if she is unsure where the disease is taking her.

“If I feel anxious about what is happening to me I can just pick up the phone. I can get the information I need from the phone, or one of the Chronic Disease Team will be on my doorstep if the situation is serious enough,” Pamela said.

“Before the program was introduced I would probably have to call an ambulance and go through all the admission procedures at the hospital which takes up time and space which may be needed for acute patients.”

Integrated Chronic Disease Model of Care program Project Manager, Tracey Duke, said the care model was achieving positive results in both patient care and patient flow at the hospital.

## Since its introduction, the Integrated Chronic Disease Model of Care program has achieved:

- ✔ a reduction in the length of the average stay in hospital is now just under 17 hours, which gives more patients greater access to acute inpatient medical beds.
- ✔ a decreased readmission rate from three to an average of 2.4 patients requiring readmission per month.
- ✔ a 50 per cent reduction in the number of acute medical beds occupied by this group each month.
- ✔ an increase in the hours per day ED staff can manage other patients.

“A self-management approach to managing chronic disease at home means patients are less stressed and more aware of their symptoms.”

*Opposite: Patients like Pamela Steele, pictured here with Redcliffe Hospital Chronic Disease care Nurse Gordon Cox, are being helped to stay out of hospital through programs such as Redcliffe’s Integrated Chronic Disease Model of Care.*

“It’s really good to have this surgery delivered locally. A lot of families are going to benefit from having their surgery here.”



*Above: A new Ear, Nose and Throat (ENT) service was welcomed by staff, families and patients at Caboolture Hospital. Young patients Elouise and Jackson Bates were among of the first to receive minor surgery for ear, nose or throat conditions. Pictured here with registered nurse Erin Mampara and mum Melissa Baker.*



# Children's ENT service cuts travel time for families

For Ningi mum Melissa Baker, the addition of a new Ear, Nose and Throat (ENT) service at Caboolture Hospital is very welcome.

The new service means that her children, Elouise and Jackson Bates, did not have travel the distance to hospitals in the city for minor surgery for ear, nose or throat conditions.

Melissa said that both her children had grommets inserted, and Jackson had his adenoids checked at Caboolture Hospital.

"Children requiring minor surgery, such as the adenoid removal and perforated ear drum repairs can now be treated at the clinic at the hospital," Dr Le Ray said.

"We have been working very closely with specialist staff from Lady Cilento Children's Hospital to identify local children on the wait list whose conditions can be treated here.

**126** Outpatients for 2014-2015 { **93 new** } { **33 review** }

**45** ear, nose and throat operations were carried out since inception.



"I am very relieved that I didn't have to travel to the city as it can turn into a very expensive day with meals and parking," she said.

"It is really good to have this surgery delivered locally. A lot of families are going to benefit from having their surgery here."

Caboolture and Kilcoy Hospitals Executive Director Dr Lance Le Ray said the introduction of the ENT service was an exciting milestone for the local community.

"A highly respected and experienced surgeon Dr Andrew Chang, from Lady Cilento, is performing the procedures and conducting outpatient clinics at the hospital."

The introduction of the service at Caboolture follows the enhancement of children's services and the opening of the only specialist children's audiology service in north Brisbane.

The new service is part of a broader Metro North Hospital and Health Service strategy to provide better access to safe and family-centred health services where they are needed in the community.

# Small hospital with a big heart and the personal touch

Ask Gaye Ballantine how good the care her 88 year-old mother received at Kilcoy Hospital and her response is similar to the majority of patients and family members that experience the hospital.

“Kilcoy Hospital is the hidden gem of Queensland Health. It is an amazing country hospital, very well organised, with very caring staff,” Gaye said.

This sentiment is also backed up by the newly released Small Hospitals Patient Experience Survey 2014, which shows that 93% of patients and families rate the quality of care at Kilcoy Hospital as very good or good.

Gaye also praised all of the nurses and doctors at Kilcoy Hospital for the personal care that her mother, Marion Julian, received after a heart attack at age 88.

“Through their support, and regular visits from her Shih-Tzu, Oliver, mum not only left palliative care, but was able to go home, safe and well,” Gaye said.

“When Oliver arrived, I saw mum’s eyes light up and it wasn’t long before she rallied,” she said.

“Oliver had such a wonderful effect on mum and all of the patients. All the ladies and staff at the hospital loved to see him each time he visited.”

After her initial improvement, Marion had to undertake an intensive rehabilitation

program under the direction of allied health staff at the hospital.

“If it wasn’t for the physiotherapist my mother wouldn’t have been able to sit up or eventually become more mobile,” Gaye said.

“The physiotherapist was very helpful, and through their support, my mum was able to eventually come home.”

Caboolture and Kilcoy Hospitals Allied Health Director Donna Ward said the expansion of allied health services in 2015 was important to improve inpatient and outpatient support services at Kilcoy.

“Four existing hospital beds have now been dedicated to elderly patients recovering from various conditions like

falls, musculoskeletal injuries or heart attacks,” she said.

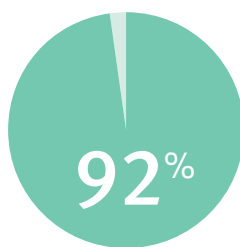
“Visits from allied health staff in the areas of occupational therapy, speech therapy (pathology?), physiotherapy, psychology and social work has increased.

“A full-time allied health assistant continued the rehabilitation program in between visits from specialists.”

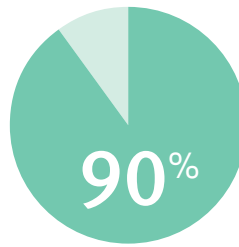
Donna said Marion had access to existing medical staff at the hospital, and regular telehealth conferences with a senior doctor from Caboolture Hospital.

Gaye couldn’t thank the Kilcoy Hospital Director of Nursing Lyndie Best for her support, and in particular allowing Oliver to visit. – couldn’t thank her enough?

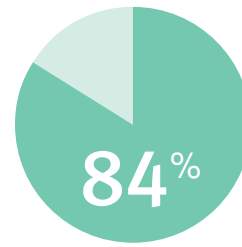
## Small Hospitals Patient Experience Survey 2014 – Kilcoy



**92% of patients** said they were treated with respect and dignity



**90% of patients** believed they received the right amount of information about their care from doctors and nurses



**84% of patients** said that they had the opportunity to speak to about the care their family member was receiving

*Opposite: Gaye Ballantine (left) and her mother Marion, who was thrilled to be visited by her pet Shih-Tzu, Oliver, during her stay at Kilcoy Hospital.*



“ Kilcoy is an amazing country hospital, very well organised, with very caring staff.”

# A pharmacy at the bedside

Making a trip to the pharmacy while you are in hospital is not always possible, but an extended service at Redcliffe Hospital is taking pharmacy to the wards.

Pharmacists at Redcliffe Hospital are helping patients of all ages progress through their hospital journey quickly and seamlessly as more and more pharmacy work is performed on the wards.

Director of Pharmacy at Redcliffe Hospital for the past 15 years Derek Just said the pharmacy in the ward program at the hospital has taken dispensing to a new level, freeing up medical and nursing staff to see more patients with an assurance all patients are going to get the correct medications.

Derek introduced a plan to provide clinical pharmacy in the ward, which aims to take the pharmacist to the patient to assist the doctors and nurses.

“The pharmacy service has now established itself as something that is very useful,” Derek said.

“The pharmacist will record a patient history and then provide a medication action plan.

This assists the doctors and nurses in terms of getting the right medication to the right person at the right time.”

Patients are assured of a very high degree of safety when dealing directly with the pharmacists.

Pharmacists working in the Emergency Department (ED) play a particularly intricate role when patients are presenting off the street or are brought in by ambulance. Redcliffe Hospital was the first in Queensland to introduce a full seven-day pharmacy service to the ED.

“Pharmacists in the ED will take a full medication history to get a current picture of all the medications a patient is taking,” Derek said.

“Often the pharmacist will notice any contraindications involving the drugs currently being taken or likely to be prescribed during the ED presentation.

“This ensures the patient is safe, is receiving the most appropriate medication and is receiving it in a timely manner.

The pharmacist will also give advice on dosage, availability of medications and has a clear understanding of all available medications, particularly with a plethora of new drugs available in the marketplace.”

“Pharmacists’ major focus in the hospital setting is concentrated on the judicious use of medicines and managing overuse, particularly of antibiotics.

“We are concentrating on antimicrobial stewardship at the moment and have just recently appointed staff to promote judicious prescribing of antibiotics.

“Now, the majority of our population is ready to accept that they need to know what they are taking, to know the side effects and be responsible with their medications.

“As time goes on we’ll find there will be less dependence on a pill to cure problems and we will be looking at the psychological aspects and other means of treating conditions.”

While you are in hospital...



Please bring a list of all medicines you take and any recent changes that have been made. This includes all prescription medicines and those purchased in a pharmacy, supermarket or health food shop. These medicines will be reviewed by your treatment team. Please advise us of any unexpected or allergic reactions you have had to any medicine in the past.

**Opposite:** Director of Pharmacy at Redcliffe Hospital, Derek Just, has introduced a program to provide clinical pharmacy in the ward.



**Benefits of a bedside delivery program include:**

- ✔ Assists in speeding up the discharge process.
- ✔ Saves patient a trip to the pharmacy, eliminating ambulation issues.
- ✔ Prescriptions are processed and delivered to patients.
- ✔ Pharmacists can provide counselling and education face-to-face at bedside.
- ✔ Improves patient safety.

# Cancer care model provides safety net for patients and their families



Royal Brisbane and Women's Hospital does on average 150 bone marrow transplants in one year.

*Above: Nicholas Bridgeman and his mum, Sue.*



## At just 29 years of age, Nicholas Bridgeman is already fighting his second battle with Acute Lymphoblastic Leukaemia.

Nicholas was first treated for the blood cancer in 2010 and went into remission, but relapsed in 2014.

He received a bone marrow transplant at Royal Brisbane and Women's Hospital (RBWH) in March, and attends the Oncology Day Therapy Unit (ODTU) as an outpatient for blood transfusions.

When Nicholas was discharged from RBWH following the bone marrow transplant, he received information on possible symptoms and contact details to use without delay if he felt unwell at home.

RBWH Cancer Care Services has long used this model of care, which enables outpatients like Nicholas to avoid unnecessary trips to the Emergency

Department and overnight admission. Through early detection, most symptoms can be managed within the ambulatory and day therapy units.

"The important message we give our patients is to address symptoms early, and that no issue is too trivial," said Gillian Nasato, Acting Nursing Director, RBWH Cancer Care Services.

When Nicholas's temperature spiked to 39 degrees in April, his mum Sue called the number provided. After discussing his symptoms, staff encouraged Nicholas to return to the Day Therapy Unit immediately and he was admitted to hospital when a bed became available.

After a few weeks of inpatient care, Nicholas was well enough to return home.

"One phone call can be enough to reassure the patient, establish a treatment plan or determine if it is, in fact, necessary for the patient to present to the Emergency Department," Gillian said.

"The patients are also given an information card to present if an ambulance must be called, to ensure the specialist care required can be provided on arrival at hospital.

"Feedback shows that cancer patients feel less alone knowing there is someone to call for advice, support, treatment, and a plan for feeling better."

Family and friends of patients undergoing treatment for cancer are also supportive of the model as it is perceived as providing a safety net for their loved one. This has certainly been the case for Nicholas and Sue.

The Royal Brisbane and Women's Hospital is the only organisation in Queensland listed with the Australian Bone Marrow Donor Registry. All Queensland donors must come to the hospital for assessment and collection of stem cells.

## Excellence in cancer care research

The Cancer Nursing Professorial Precinct aims to bring the brightest minds together and embed research into clinical practice. This strategic collaboration between cancer nurses at the Royal Brisbane and Women's Hospital, Metro North Hospital and Health Service and the world-class academics at Queensland University of Technology, fosters innovation in a highly complex and challenging area of healthcare. The Precinct was established by visionary leaders in Cancer Care to inspire and motivate nurses to contribute, develop, learn, innovate and create.

The Precinct has enabled an open channel for collaboration and communication between managers, clinicians and academics; regular on-site research and practice development consultation clinics with a Professor of Cancer Nursing; and effective leadership strategies for the dissemination and uptake of latest knowledge generated by the Precinct.

The Precinct is guided by eight principles which are essential for ensuring all initiatives within the Precinct are truly consumer-centred and are enhancing cost-effective clinical practice.



# P.A.R.T.Y. helps youth make the right choices

More young people can now join the P.A.R.T.Y. (Prevent Alcohol and Risk-Related Trauma in Youth).

“ Road trauma is still one of the most common causes of mortality and catastrophic injury in youth.”

Immensely popular with Brisbane high schools, the P.A.R.T.Y. (Prevent Alcohol and Risk-Related Trauma in Youth) program is run by the Royal Brisbane and Women's Hospital (RBWH) Trauma Service to educate young people on risks, consequences and injury prevention.

Almost 40 per cent of deaths in teenagers and young adults under the age of 25 are the result of road trauma.

P.A.R.T.Y. delivers a powerful message to young people about road safety, consequences of bad decisions and the effects of alcohol and drugs before they learn to drive.

Through a series of hands-on activities and exposure to trauma patients, the program gives students the ability to recognise and prevent potential injury-producing situations and adopt behaviour that minimises unnecessary risks.

Since commencing in 2010, more than 4,000 students between the ages of 15 and 19 have attended the program.

The program has been expanded to give more young people the opportunity to participate.

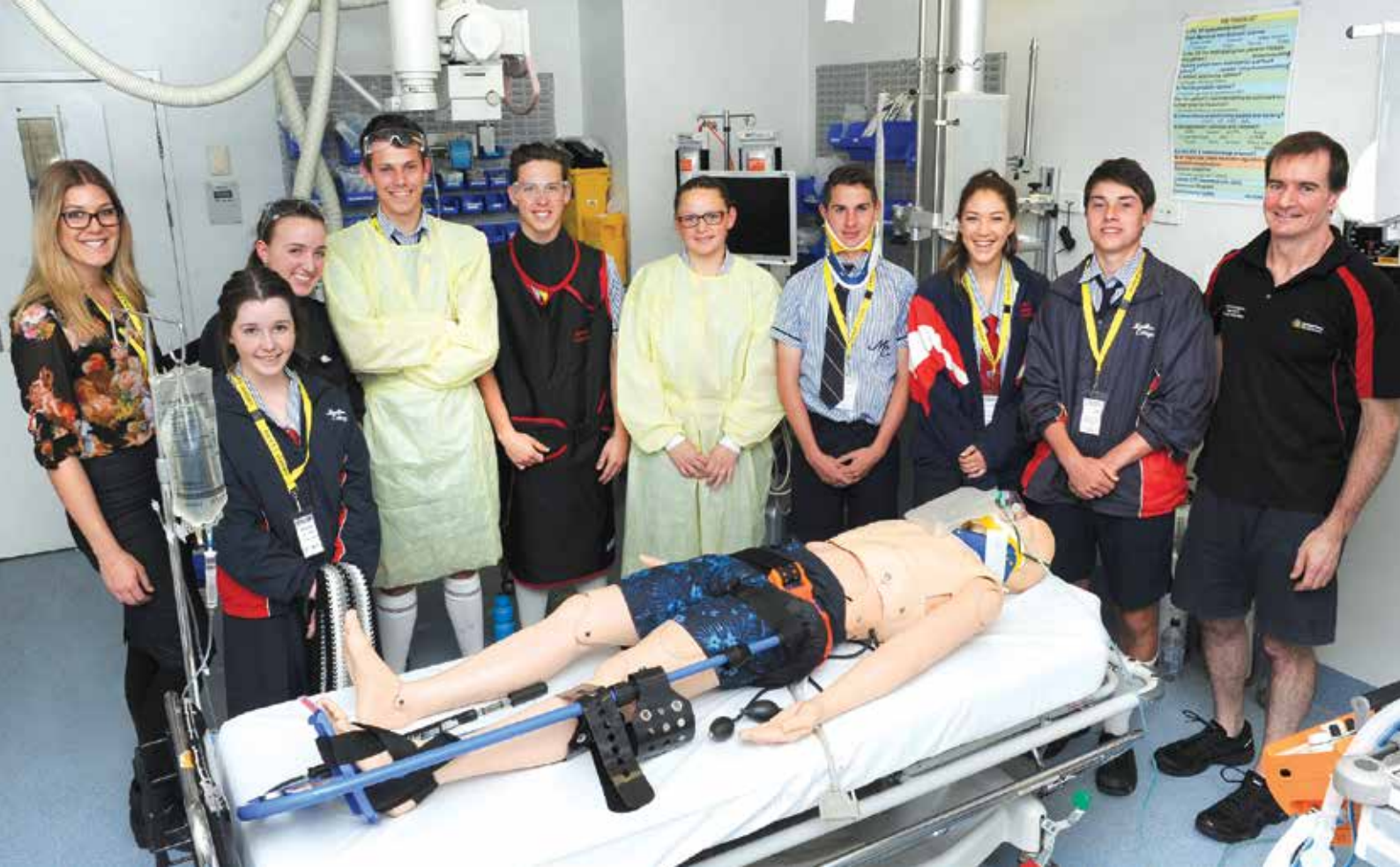
In 2013, a modified half-day program was taken to schools to reach a larger audience, over 100 students at a time. It is the first school-based program of its kind in Australia.

The hospital-based P.A.R.T.Y. program was also introduced at Nambour Hospital in 2013 and Gold Coast University Hospital in 2015, with RBWH the state-wide coordinator of these programs.

The P.A.R.T.Y. team at the RBWH have plans to roll out the program to other hospitals in Queensland as well as an Outreach P.A.R.T.Y. program to rural and remotes centres.



*Above: Students from Mueller College follow the journey of a trauma patient with RBWH Department of Emergency Clinical Nurse Consultant Simon Dodson.*



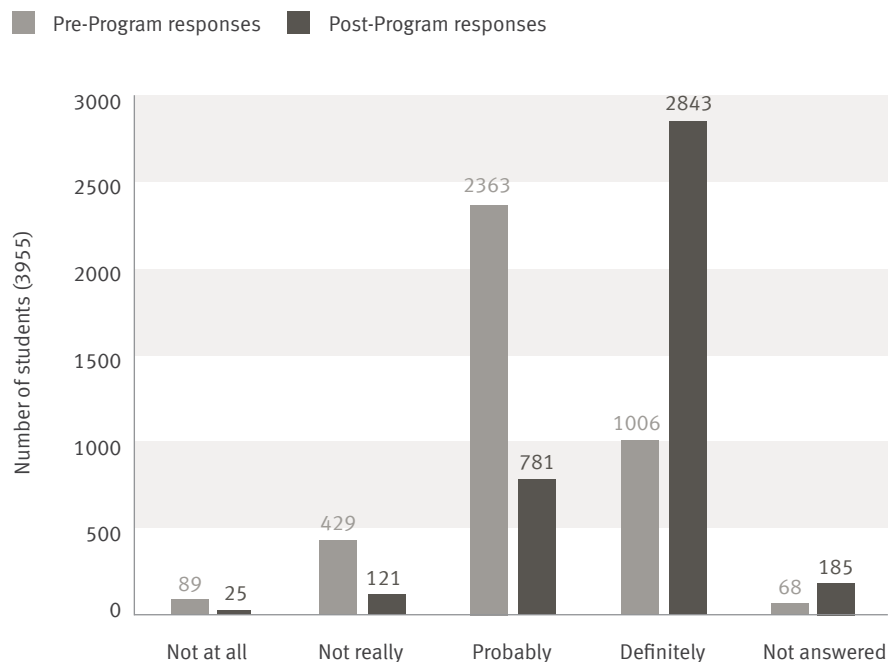
“P.A.R.T.Y. was an initiative of the RBWH Trauma Service and would not be possible without the tireless dedication of staff across the multidisciplinary departments of both hospitals involved in the delivery of these programs,” program coordinator Tracey Daelman said.

Student Rose McGrail said she was not prepared for the way the P.A.R.T.Y program would affect her.

“I think everyone needs to go through something like that to fully understand the effects of risk-taking behaviours. It was so confronting and I felt so drained afterwards,” Rose said.

“Despite the fact that I felt drained, on my way home the impact of the day really settled with me and I think that is a success in itself. To have this profound impact on someone is one step closer to a positive change, to preventative behaviours which could possibly save a life.”

### 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?



# Improving the Indigenous patient journey

New programs introduced at Metro North Hospital and Health facilities are helping to ensure thousands of Aboriginal and Torres Strait Islander patients receive culturally appropriate care.

Visiting a hospital can be an overwhelming and stressful experience for Aboriginal and Torres Strait Islander people, but new programs operating across Metro North Hospital and Health Service are achieving positive outcomes.

Improving the Patient Journey (IPJ) and Indigenous Hospital Liaison (IHLO) programs are bringing a newfound confidence to Aboriginal and Torres Strait Islander patients by giving them access to culturally appropriate care.

The IPJ program, launched last year, is already achieving great results for patients travelling from rural and remote communities across the state. In the three months from January to March 2015, 134 patients accessed the service from as far as the Cape York Peninsula to northern New South Wales.

The program supports Aboriginal and Torres Strait Islander people who need to travel to Brisbane for medical treatment at the Royal Brisbane and Women's Hospital (RBWH) or The Prince Charles Hospital (TPCH).

A range of services is provided to assist patients and their escorts/carers throughout their health journey.

Once at the hospital, patients receive support from the Indigenous Hospital Liaison staff.

Director of the MNHHS Aboriginal and Torres Strait Islander Health Unit, Angela Scotney, said IHLO staff act as advocates for patients and ensure they are treated in a culturally appropriate way when accessing mainstream services.

“Each month the Indigenous hospital liaison officers see an average of 500 patients for a variety of health conditions, including acute and chronic illnesses,” Ms Scotney said.

“We have now increased our after-hours services at the Royal Brisbane and Women's Hospital and The Prince Charles Hospital, which is particularly important as many patients come from outside of Brisbane and they don't have family support here.

“The programs are designed to make our people feel as comfortable as possible, to keep them connected with their community and ensure they don't feel they have to go home until they are fully recovered.”



**Right:** Safety and Quality Officer Natasha White with the Effort Tracker app.

**Opposite:** Carolyn Little and Evan Blackman are just two of the patients whose journey has been improved thanks to new IPJ programs.

Carolyn Little has visited the Royal Brisbane and Women's Hospital on several occasions over the past few years to receive treatment for a kidney condition.

"The IPJ program is exactly what we need. It's a great initiative for Aboriginal and Torres Strait Islander people to receive help when they travel to hospital and to feel at ease with the staff.

"We are independent people, but I'm realising we need to accept the help. It takes a huge weight off our shoulders to know we have assistance with travel and food expenses when we are at hospital. It's also reassuring that we have someone to help us while we are in the hospital through the Indigenous Hospital Liaison Service."



Metro North Hospital and Health Service's Aboriginal and Torres Strait Islander Health Unit (A&TSIHU) is working on a pilot program designed to record the patient experience while streamlining reporting processes and to aid in improving quality of care and staff work efficiency.

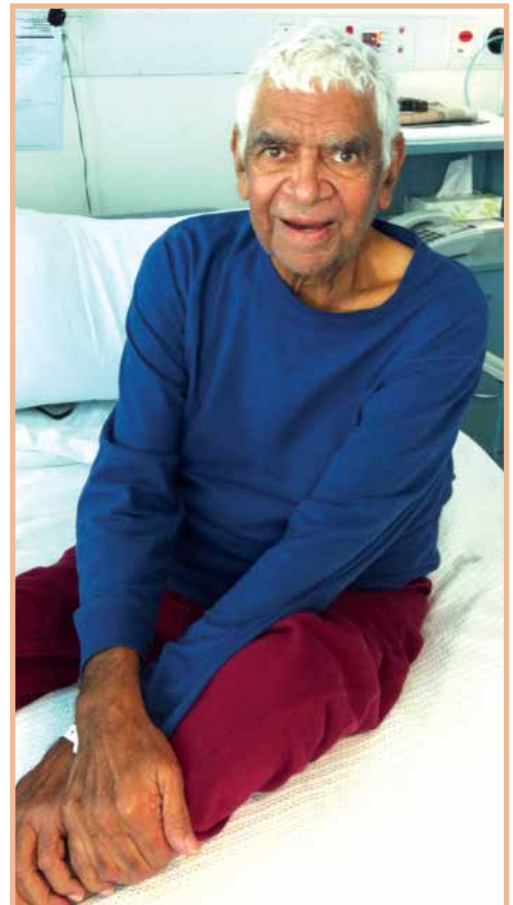
The Effort Tracker, will record on the spot accurate, relevant and timely data in regards to an Aboriginal and Torres Strait Islanders patient journey which will help inform service provision, resource allocation and policy development and to enable comparisons with non-Indigenous outcomes.

A&TSIHU Safety and Quality Officer, Natasha White (pictured left) said the custom-built application works across multiple platforms – computer, tablet and smart phones.

"The application will streamline the way A&TSIHU hospital staff, including Indigenous Hospital Liaison, Indigenous Patient Journey, Cultural Capability Officers and Safety and Quality services record patient information.

"Our aim is to support staff to accurately report against Key Performance Indicators to reduce "not stated" in the Indigenous identification, reduce the number of Indigenous people discharging against medical advice and reduce the number of potentially preventable hospitalisations."

The program is being trialled in June/July 2015, with the results to determine if the final product will be rolled out to all A&TSIHU staff across Metro North facilities.



Evan Blackman, from the Gorang Gorang country in Bundaberg, was transported to Brisbane recently for lifesaving surgery.

He settled in Nambour years ago and helped establish the Murri Court in Caloundra and Caboolture. It was here he met MNHHS Patient Journey Liaison Officer Robert Brown who was working with youth in the Caboolture area. Evan said he was pleased to see Robert and felt comfortable knowing Indigenous staff were on hand to help.

"I had four staff members sitting in my room the other day, all having a yarn. It was handy to know the Indigenous Patient Journey and Indigenous Hospital Liaison Officers were here to help. They checked in regularly to make sure I was OK and we discussed family connections."



*Above:* Recovering stroke patients like Russ Noyes have a new device to help them work on regaining control of their hands. A mechanical arm allows him to incorporate hand functionally in therapy and at home by supporting the weakened wrist, hand, and fingers.

# Stroke patients get a new grasp on life

Being able to brush your teeth or hold a coffee cup are simple, everyday tasks most of us take for granted. For stroke patient Russ Noyes, they are significant milestones on the rehabilitation road.

Russ suffered a devastating stroke in September 2013, which left him paralysed on one side of his body and unable to speak or walk.

Nearly two years on, he made significant progress in his recovery and regained lost independence thanks to a rehabilitation program managed by occupational therapists and physiotherapist from Brighton Health Campus and a mechanical arm.

The arm now has been added to the rehabilitation program for patients who have suffered a stroke or another neurological condition. It uses dynamic and static splinting systems to allow stroke or serious brain injury patients retrain their muscles and brain to regain lost function.

Clinical Lead Physiotherapist at Brighton Health Campus Paul Bew said the rehab unit acquired the new technology for use in occupational therapy and physiotherapy sessions to help patients recover sooner after seeing the success Russ was achieving with its use.

“Being able to provide our patients with this technology will have a huge impact on their rehabilitation,” Paul said.

“We’ve already seen some great results and we have patients practicing for up to 90 minutes on the device as part of their daily rehab program.”

Paul said the device is capable of teaching the brain to re-program itself and allows patients to re-learn how to use their hands through functional repetitive activity.

“It enables patients to regain use of their arms and hands, giving them back independence and improving their quality of life.

“As well as doing traditional therapy exercises, clients will be able to immediately use their hands to perform everyday tasks, which we hope will advance their recovery.”

Russ, and his wife Kerry, purchased their own mechanical arm September 2014 and have set up a rehab program at home to progress Russ’s recovery and enhance his monthly OT and physio session at Brighton.

“It’s important to keep up the routine. I have the self-motivation to push myself, and with my wife’s support I keep achieving goals. I keep improving. I couldn’t even touch my nose before, now I can,” Russ said.

The National Stroke Foundation recommends the F.A.S.T. test as an easy way to remember the most common signs of stroke:

Using the F.A.S.T. test involves asking these simple questions:



## Face

Check their face. Has their mouth drooped?



## Arms

Can they lift both arms?



## Speech

Is their speech slurred? Do they understand you?



## Time

Time is critical. If you see any of these signs call 000 straight away.

The rehabilitation unit at Brighton Health Campus now has nine devices available for stroke and neurological patients.

Paul said people who are up to 20 years post neurological injury show improvements in proximal strength and control of their affected arm.

“It is a great experience to take many years of clinical research and use it to directly influence the lives of individual patients and their families,” Paul said.

# Improving interpreter services for CALD communities

Metro North Hospital and Health Service has recently undertaken a review of its interpreter services to cater to the needs of an increasing number of people who speak a language other than English at home.

This review has indicated improvements that can be made to interpreter services, and also to a range of other factors that we need to consider to improve access and care for people from culturally and linguistically diverse (CALD) backgrounds.

The 2011 Census showed that 10 per cent, or 83,142, of residents in the Metro North catchment spoke a language other than English at home. The Census also indicated there was significant diversity, with inner city localities showing higher than average percentages of people born overseas and speaking other languages at home. Nundah and surrounding suburbs had the highest proportion of residents (17 per cent, or 17,314 persons) who speak a language other than English as their first language. Toowong recorded the greatest number of residents who speak a language other than English at home (19,679 persons or 14 per cent). The high proportion of residents born elsewhere in Nundah may also reflect refugee settlement patterns. Approximately 44 per cent or 245 clients from the Multicultural Development Association's refugee settlement programs are based in Nundah.\*

Anna Voloschenko, a member of the Community Board Advisory Group (CBAG) and an advocate for people from CALD communities said all migrants and refugees from CALD backgrounds bring with them a variety of skills, multicultural values, traditions and attitudes, as well as knowledge and definitions of health, health care and ageing needs.

“These can differ significantly from those in the broader Australian community,” Anna said.

“Language and health literacy are critical skills that can impact CALD people's access to services, communication with health professionals and eventual outcome of the health condition that they have.

“Engagement of the interpreter is often very beneficial but can be challenging at times. For example, if the interpreter belongs to the same cultural or social group as the patient, some patients may refuse to disclose important information for fear that such information will be passed on to the rest of the community. “

Anna said another important factor in engaging an interpreter is the age and gender of the interpreter.

“Female patients are unlikely to communicate with a male interpreter and a male patient will prefer to discuss health matters in the presence of male interpreter,” she said.

“Furthermore, the skills and health literacy of interpreters can vary and this can impact upon the experience of patients who need an interpreter.”

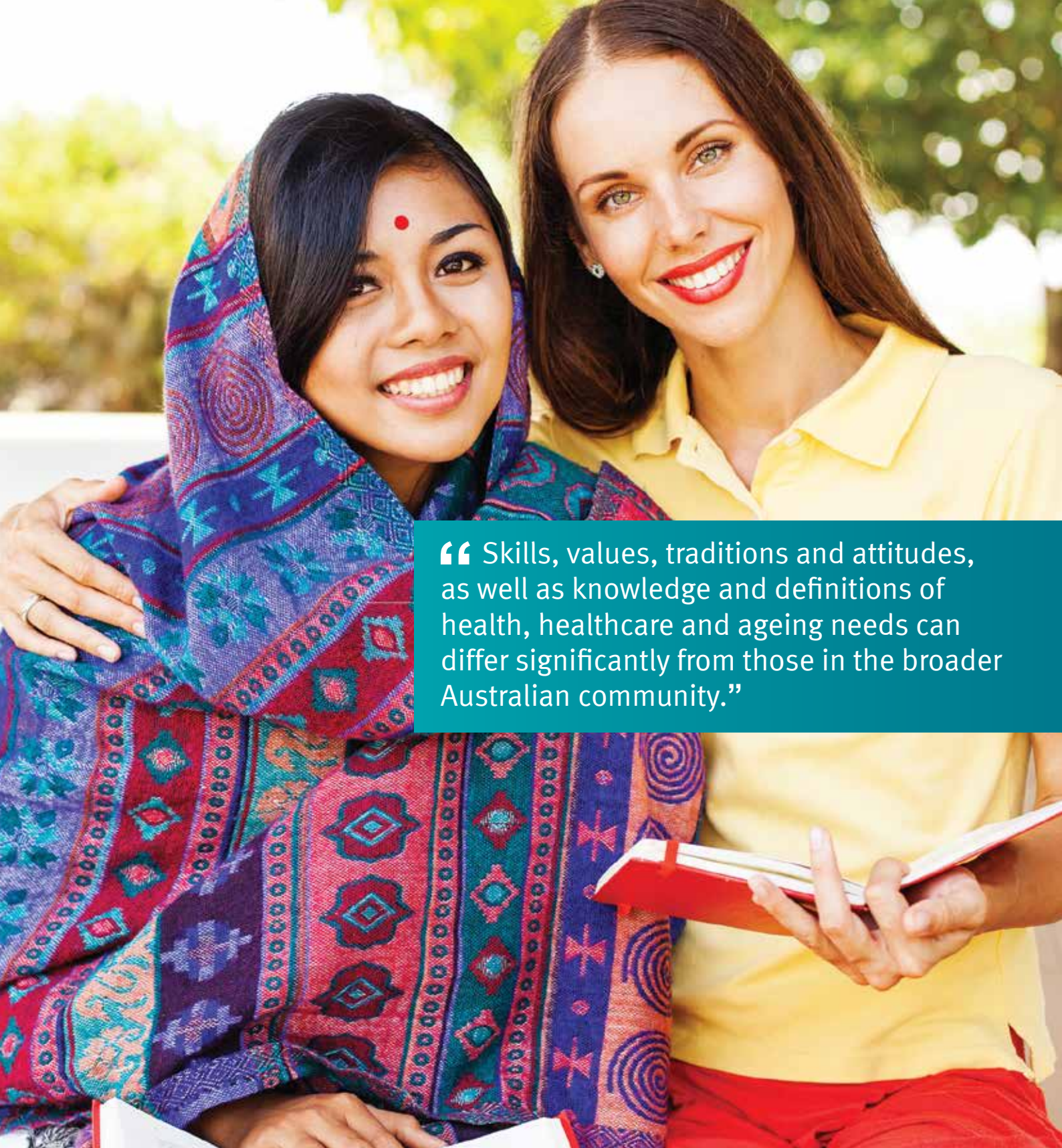
Metro North is committed to improving by engaging with CALD to enhance access to services and improve the quality of care they receive.

**10%  
or  
83,142**  
in the Metro North  
HHS catchment speak a  
language other than  
English at home

Sourced from Population Health Report 2013/14 compiled by Elliott Whiteing Pty Ltd for Metro North Brisbane Medicare Local.

\* Source: Population Health Report 2013–14 compiled by Elliott Whiteing Pty Ltd for Metro North Brisbane Medicare Local).





“ Skills, values, traditions and attitudes, as well as knowledge and definitions of health, healthcare and ageing needs can differ significantly from those in the broader Australian community.”

# Kitchens serve up 2,000,000 meals a year



**87%** of patients are on a care plan to optimise their nutrition

**89%** of patients are screened to assess risk of nutritional decline while in hospital

**85%** of Intensive Care Unit patients achieve > 80% of nutritional goals

**4.1 out of 5**

Food service satisfaction rating across Metro North HHS

## More than two million meals are served from kitchens across Metro North Hospital and Health Service's facilities each year.

Each meal is the result of collaboration between Patient Food Services and Nutrition and Dietetics who work together to provide high-quality food, both nutritionally and in taste.

A primary focus is preventing and treating malnutrition by maximising patient food consumption and meeting the different dietary requirements of patients.

Regular feedback is encouraged through satisfaction surveys, patient feedback forms and direct engagement.

Dietetic Assistants visit hospital wards to assist patients to complete menus according to their own needs. Patients are also asked their preference on specific or new food items.

Weekly meal quality audits are conducted and a monthly Nutrition and Food Service Quality Meeting, chaired by the Director of Nutrition and Dietetics, considers all patient feedback and areas for service improvement.

Recent improvements and feedback across Metro North include:

The addition of an afternoon tea service and a more substantial morning tea, including gluten-free biscuits, at the Royal Brisbane and Women's Hospital.

Moulded food trials at The Prince Charles Hospital to improve the visual appeal of minced and pureed foods.

Caboolture and Kilcoy Hospitals' annual patient satisfaction survey found 80 per cent of patients were very satisfied with the meal service, and the other 20 per cent were satisfied.

The introduction of red coloured meal trays at a number of wards at Redcliffe Hospital to identify patients who need full or partial assistance with their meals.

The introduction of a Meal Service Feedback form to patients, residents and their families at Brighton Health Campus. Meal Quality Audits are also conducted to ensure food remains at a high standard.

*Above: Hard at work: Kitchens across Metro North HHS facilities serve up to 2,000,000 meals a year.*

# New hospital ward improves care for heart and lung patients



A new state-of-the-art health care facility at The Prince Charles Hospital (TPCH) will mean improved care for patients with complex heart and lung conditions.

The new Heart Lung Complex Care Centre is a modern, purpose built centre providing care primarily to patients with cystic fibrosis (CF) as well as those with adult congenital heart disease. The 14-bed single room centre allows patients to receive care in a modern, patient-friendly setting suitable to their clinical condition.

TPCH Director of Cystic Fibrosis, Professor Scott Bell said patients with CF have very specific clinical requirements due to the nature of their condition.

“CF is a genetic condition resulting in chronic lung disease, reduced nutrition and reduced life expectancy. Patients with CF are susceptible to bacterial infections and in some, possible cross-infection occurring between patients,” he said.

“In a normal hospital ward setting, the opportunity for patient-to-patient contact naturally increases, particularly if patients are in hospital for a period of time. Patients with CF can have up to four admissions each year, with some admissions lasting 14 days or more.

“The new Centre will ensure our patients continue to receive the best care in a comfortable setting specifically tailored to their clinical needs.

“Each patient room has a shared ensuite, television, fridge and exercise equipment,” Professor Bell said.

The growth of patients with CF in the last 20 years has been significant. Since 1996, the number of patients with CF cared for by TPCH has almost tripled.

As the state’s centre for adult CF care, the service today cares for around 300 patients from around Queensland and northern NSW, achieving world-class results. It has a strong research program, currently supported by the NHMRC, Queensland Health Research Fellowships, Australian Infectious Diseases Research Centre/QIMR Berghofer Medical Research Institute, TPCH Foundation, Queensland Children’s Hospital Foundation, 65 Roses, among others. These partnerships enhance evidence for the best ways to deliver care and treatments.

“The rapid increase in patient numbers over the years provided us with an opportunity to study ways infection can be spread and to review our current accommodation, and custom build a facility in line with international CF care standards,” Professor Bell said.

“This is amongst the best facilities for adults with CF nationally and provides an ideal opportunity to efficiently improve the health of our patients. Optimising the healthcare experience will enhance the quality of life of adults living with CF in Queensland.”

Six months on, patients are delighted with the new facility and the research team is actively studying the impact on infection control of single room accommodation.

Importantly, through the CF Centre’s Patient Advisory Committee, established in June 2013 in collaboration with the TPCH Foundation, \$34,000 has been raised for resources to improve facilities especially gym and exercise equipment.

*Above: Patients like Ben Austin have benefited from dedicated Heart Lung Complex Centre.*



# More options for mothers-to-be

An innovative consumer-driven new model of care at Royal Brisbane and Women's Hospital (RBWH) is providing women on Brisbane's north side with continuity of care throughout their pregnancy and birth, with a personal midwife.

Women who are booked to give birth at RBWH have the option of being admitted as a private patient to be cared for by their chosen midwife for labour and birth, as well as their antenatal and postnatal care. RBWH currently has eight Eligible Private Practice Midwives (EPPMs) accredited with full visiting access.

Support is provided to EPPMs should they need to consult or refer during the pregnancy, and provide back-up when the woman present is in labour.

The RBWH has a thorough credentialing process for EPPMs, and Consultation and Referral Guidelines to ensure any complications arising during pregnancy are referred to RBWH for specialist treatment.

The first phase of the model of care was implemented at RBWH in 2013, and in November 2014, the model expanded

to include labour and birth care by the private midwife as a private patient.

Helen Saggars was the first woman to give birth at RBWH under the new private midwife arrangements.

Helen said working with her chosen midwife, Michelle from My Midwives, throughout the preparation for birth, delivery and post natal care felt very natural.

"I feel those six months leading up to the birth were absolutely crucial. Michelle got to know my partner Doug and I, our strengths, weaknesses, dreams, fears, and, most importantly, we created a birth plan together to achieve the best possible outcome," Helen said.

"During labour Michelle was nothing but supportive. She kept my birth suite calm and peaceful and was by my side for every surge," she said.



4,362  
births at RBWH  
in 2014–15

{ more than half the total babies  
born across MNHHS per year }

“Midwifery-led care enables women to develop a relaxed and trusting professional relationship with the same group of midwives throughout their pregnancy, birth and the postnatal period.”

*Opposite: Helen Saggars and partner Doug Raisin, baby Brooklyn and midwife Michelle Devenish.*



## Second generation of mums returning to give birth

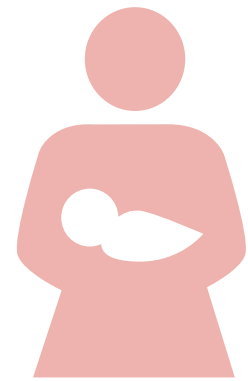
Caboolture Hospital Maternity Nurse Unit Manager Melinda O'Sullivan has experienced a lot of changes to the maternity and newborn service since it opened its doors 20 years ago.


"It is not uncommon to see the second generation of women coming back and giving birth to their own children at the hospital," Melinda said.

"There have been a few times where I have supported mothers to deliver their babies, and can remember when these women were newborns themselves."

Melinda joined Maternity and Newborn Services as a midwife when it began on the 26 September 1994, and now has helped support more than 33,500 births.

"Since 1994, the demand for maternity services has increased significantly from about 1,000 births in the first year to more than 2,000 babies being delivered at the hospital each year," Melinda said.



**1,960**  
**births at**   
**Caboolture Hospital**  
**in 2014-2015**  
**{ 833 births through }**  
**group practice }**

“Since the inception of the maternity service the number of registered midwives has grown from approximately 27 to 109 permanent staff made up of midwives, nurses and assistant nurses.

Recently, Melinda joined a 20-year celebration with current maternity staff and six other midwives who had worked at the hospital for two decades – Trudy Young, Helen Jahkne, Karen Nightingale, Carole Dodd, Karen Rylance and Robyn Alexander.

A key highlight for Melinda has been the extension of the Ngarrama North Aboriginal and Torres Strait Islander maternity service which supported around 150 Aboriginal and Torres Strait Islander women each year during pregnancy, birth and the first few weeks of newborn care.

Other significant maternity milestones over the past few decades have included the establishment of the 24-hour 12-bed neonatal unit which provides more specialist care for newborns over 32 weeks gestation, and the extension of home visits following birth through the Mums and Bubs program.

“The introduction of the new midwife-led group practices at the hospital and in community-based locations including the Holding Hands, Lucina and Midwives and Me teams has been significant,” Melinda said.

For Melinda, the hospital environment and her connection with the local community has played an important part in her longevity.

“I have a strong local connection as I grew up in Caboolture and my father was a policeman here,” Melinda said. “Personally I like giving support to people in our community – ensuring that women who come to the hospital feel safe.”

For further information please visit Caboolture Hospital’s Maternity and Newborn services site at [www.health.qld.gov.au/caboolture/maternity/default.asp](http://www.health.qld.gov.au/caboolture/maternity/default.asp)

*Above: (from left) Trudy Young, Helen Jahkne, Karen Rylance, Carol Dodd, Robyn Alexander, Melinda O’Sullivan and Karen Nightingale were the first midwives to join Caboolture Hospital two decades ago.*



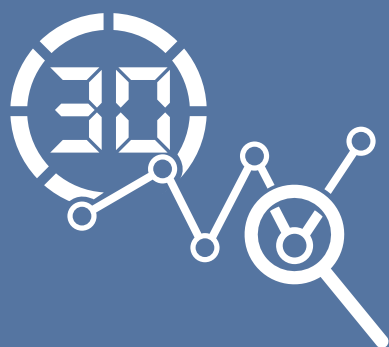
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*Above: Professor Owen Ung, with patient Glennis Legg, said the OSNA machine enabled surgeons to learn whether the cancer had spread and make a decision about continued surgery.*



# Australian-first breast tumour analysis

Royal Brisbane and Women's Hospital (RBWH) and Pathology Queensland are leading the nation with the installation of state-of-the-art technology able to detect the spread of breast cancer to the sentinel lymph nodes with 96 per cent accuracy.



Women undergoing breast cancer surgery can now have results within 30 minutes that show the extent of their cancer, enabling doctors to decide whether further surgery is needed before the patient wakes up.

One Step Nucleic Acid Amplification (OSNA) has revolutionised breast cancer surgery, helping surgeons determine whether the lymph nodes need to be removed.

About 300 women undergo breast cancer surgery at the RBWH each year. Thirty per cent of those will have cancer that has spread to the lymph nodes in the armpit and as many as 20 per cent of those cases will require further surgery.

“During surgery, the breast cancer is removed and a sentinel lymph node, which is the first node that drains the tumour, is sent to the pathology laboratory for testing while the patient is still under anaesthetic,” RBWH Director of Breast Health Professor Owen Ung said.

The lymph nodes in the armpit (axilla) are often the first place that breast cancer will spread outside the breast. The need for surgery to the armpit and further treatment will be influenced by whether there are cancer cells in the lymph nodes.

OSNA allows results to be obtained while the patient is still asleep in surgery, avoiding unnecessary axillary dissections and enabling additional surgery when required.

Director of Anatomical Pathology at Pathology Queensland, Professor Sunil Lakhani said the speed and accuracy of the testing means results can be relayed to the theatre in as little as 30 minutes with no follow-up analysis required.

Patients diagnosed early benefit greatly from the minimally invasive sentinel node biopsy and accurate OSNA method,

experiencing fewer complications, less stress and less time away from work, family and everyday life.

In 2010, Glennis Legg underwent treatment for cancer in her left breast. At her five year follow-up, Glennis was diagnosed with breast cancer on the right side.

The second diagnosis came as a huge shock to Glennis, husband Ivan and their family.

Glennis said her second experience with breast cancer was vastly different to her previous diagnosis in 2010, when she endured an agonising month-long wait for results.

“The waiting, when you don’t know, it’s a long time,” Glennis said.

Glennis underwent a wide excision of her tumour and sentinel node procedure at RBWH in November 2014. During the operation, OSNA determined that the sentinel node had a significant number of cancer cells and an immediate decision was made to remove the remaining lymph nodes.

“When I woke up from surgery, they were able to tell me everything,” said Glennis, adding that she felt well informed and better able to consider further treatment options.

Following her surgery, further treatment recommendations were made based on the outcome from her surgery and subsequent pathology results.

After completing radiation treatment in March, Glennis, now aged 71, is doing well. “I feel really good,” she said.



## What is TAVI?

Transcatheter Aortic Heart Valve Implantation (TAVI) is a breakthrough therapy used to treat high risk patients with aortic valve stenosis (narrowing of aortic valve), who are not eligible for open heart surgery.

A TAVI procedure involves the placement of a balloon-expandable heart valve into the body via a catheter based delivery system.

The valve is designed to replace a patient's diseased native aortic valve without traditional open heart surgery.

During the procedure, the patient's heart continues to beat, avoiding the need to stop the patient's heart and connect them to a heart-lung machine which temporarily takes over the function of the heart and patient's breathing.



- ✓ TPCH Cardiology Program currently involved in several first in man trials of next generation devices is one of the leading sites globally
- ✓ TPCH has performed approximately 380 TAVI procedures since program introduced in 2010
- ✓ Outcomes are better than most published international standards

*Above left: Lorrie McPherson has renewed enthusiasm for life.*



## Heart valve technology gives Lorrie new lease on life

There was a time not so long ago when Lorrie McPherson could barely walk across the street from her seaside home at Wynnum.

Thanks to state-of-the-art cardiac technology being delivered at The Prince Charles Hospital (TPCH), Lorrie has returned to the active life she has always enjoyed.

The 87-year-old great grand mother underwent a Transcatheter Aortic Heart Valve Implantation (TAVI) procedure in late 2012 after doctors diagnosed her with narrowing of the aortic valve, which was causing severe shortness of breath.

“Before having the procedure, it took me three turns to walk up my front steps,” Lorrie said.

“It was very frustrating and stopped me from doing what I loved.

“I had to stop my volunteer work with the Red Cross and my regular indoor bowls games. I just didn’t have the energy.

Since having the procedure, Lorrie has a renewed enthusiasm for life.

She has since returned to her volunteer work at the Red Cross as the designated social coordinator, where she organises and participates in regular bus trips.

She has even been on four cruises around Australia and New Zealand

“I feel like I can do anything. It’s great to be able to make plans and know I am well enough to achieve them.

TPCH’s Director of Cardiology, Professor Darren Walters who provides expert opinion and supervision to other TAVI sites across Australia, Japan, New Zealand and the USA, said that due to the non-invasive nature of the procedure, it is a good option

for older, frailer patients who are not physically robust enough to endure major surgery,” Professor Walters said.

“The procedure is tolerated well by the majority of patients and recovery is quick, with most patients feeling significantly better within days of having the procedure,” Professor Walters said.

“The procedure gives patients a new valve and most importantly, a greatly improved quality of life.”

TPCH is a national leader in the Transcatheter Aortic Heart Valve Implantation. Its outcomes for the procedure are excellent and better than most published international standards.

More than 350 patients have received a transcatheter heart valve at TPCH since the technology was first introduced in early 2010.

TPCH is one of 15 sites across Australia and New Zealand to use the Edwards Sapien Transcatheter heart valve technology.

# Renewed hope for families managing dementia

The Prince Charles Hospital's (TPCH) Cognitive Assessment and Management (CAM) Unit is giving many families renewed hope in meeting the challenges of caring for a loved one with behaviour changes associated with dementia.

Dementia is a progressive disease. The effects on the individual can vary, but in most cases there is a gradual deterioration of short-term memory. Those affected may still be able to remember how to do things and frequently resort to activities they performed in the past and continue to enjoy them.

TPCH's Medical Director of Geriatric Medicine and Rehabilitation, Dr Keren Harvey, said the condition can result in significant changes in a person's behaviour and ability to communicate their needs effectively.

Skills in communication, decision making and judgment may be lost, and the person may become frustrated or physically put themselves or their loved ones at risk.

"With progressive deterioration, the care of people with these symptoms can become very difficult for families," Dr Harvey said.

The CAM Unit is staffed by doctors, nurses and allied health professionals and employs a range of unique diversional strategies to help manage and calm behaviours of individuals with complex dementia.

"The unit provides a team model where the person is the central member of the team. The emphasis is on quality care provision for people living with complex dementia – promoting independence and quality of life, supporting them and their families and providing relevant information and education tailored to their individual needs to enable informed discussion and decision making."

Dr Harvey said the provision of practical activities is important for this group of patients.

"The unit fosters an enriched physical environment to appeal to the patient's senses. It has adopted a home-like setting using items such as a common dining area, music, piano, and books."

The unit also accesses support from visiting families and external agencies to facilitate best patient care to meet the person's needs.

"Our goal is to develop strategies for individual clients that can help support the individual and their caregivers manage the behaviour changes associated with dementia," Dr Harvey said.

"It's also about preparing families for how they can continue to care for their loved one at home using the strategies we employ in the unit.

"The reality is many families are faced with the quandary of whether they can continue caring for their loved one at home.

"Our responsibility is to work out whether an individual with dementia can be managed at home with the support of their family, or whether residential aged care may be a better option.

"In many cases, through our program, many families learn that they can continue to provide care at home with additional support services and opportunity for assistance when needed.

"The program also aims to assist families in future planning for their ongoing needs so that the person with dementia and their families do not reach crisis point, and have the opportunity to make informed decisions.

"This gives families a great sense of relief that they can safely and effectively manage their loved ones at home, but that they are not alone and there is always access to support if and when they need it," Dr Harvey said.





There are more than  
**342,800**  
Australians living  
with dementia

An estimated  
**1.2 million**  
people are involved  
in the care of a person  
with dementia

Dementia is the single  
greatest cause of  
disability in older  
Australians aged  
**65 years +**  
and third leading  
cause of disability  
burden overall

# Eat Walk Engage: Helping older patients to a faster recovery

Our great grandmothers knew some of the secrets to recovering from illness...a walk outside, chicken soup, a good book. Research now supports these simple strategies.

Getting up and going, regular meals and meaningful activities to keep the mind active are recognised as important interventions for older people in hospital. They reduce serious complications of hospitalisation, such as falls, pressure injuries and delirium.

Unfortunately, research also shows that older people eat poorly in hospital, and spend most of their time in bed, bored and alone.

A focus on technology, hectic staff schedules, increased patient numbers, complex teams and poor hospital design are some of the barriers to ensuring older patients get the care interventions they need.

The Eat Walk Engage (EWE) program at RBWH is supporting ward teams to help their older patients to a faster and better recovery in hospital.

The programme developed as collaboration between Departments of Internal Medicine and Aged Care, Nutrition and Dietetics, Physiotherapy and the Safety and Quality Unit.

Professor Alison Mudge, who leads the team, said the team was passionate about improving hospital care for older patients.

“We work with each ward to try to help them understand their systems and barriers to delivering the processes of care that we know make a real difference to older people in hospital, like helping them to take a walk three times a day or having access to the news. Every ward is different, and we are learning as we go.

“As the program grows we share successful strategies between wards.”

Professor Mudge said careful evaluation of the first two wards to implement EWE showed how these small changes can make a big difference to patients.

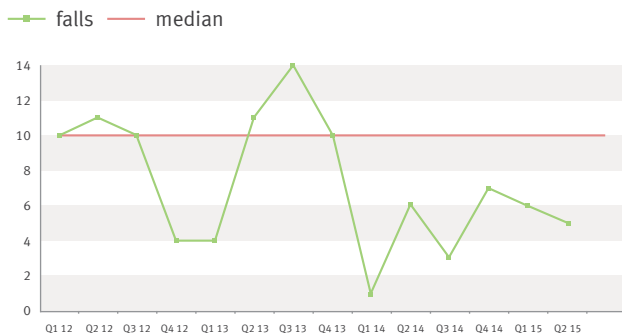
“The challenge now is to grow and sustain our program, and to work towards a truly older person friendly hospital,” Professor Mudge said.

The team has obtained a prestigious Queensland Accelerate Partnership Grant in partnership with Metro North HHS, Sunshine Coast HHS and QUT Institute of Health and Biomedical Innovation to evaluate Eat Walk Engage in four hospitals, and ensure the programme remains underpinned by strong evidence.

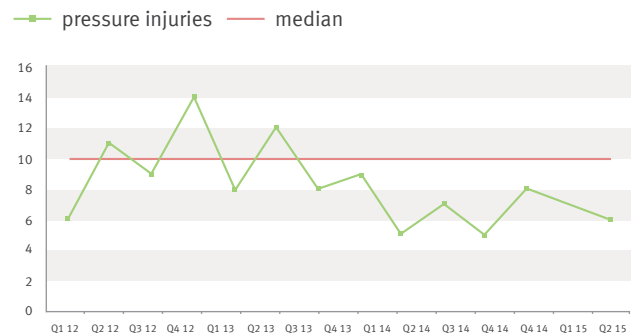
The trial will support the group’s growing international reputation as leading researchers in acute hospital care of older patients.

Following implementation of Eat Walk Engage on the vascular surgical ward in 2013, there has been a sustained reduction in falls and pressure injuries

Number of falls (per three months) in older patients, 7BW



Number of pressure injuries (per three months) in older patients, 7BW





Improvements in mobility and mealtime assistance were accompanied by a **20%** reduction in length of stay in older patients and fewer falls. **{ Medical Ward 9B }**

**10%** reduction in length of stay   **25%** fewer patients requiring convalescent care   **30%** fewer geriatric syndromes (delirium, falls and pressure injuries) **{ Vascular Surgical Ward }**



*Above: Patients, staff and volunteers from the Oncology ward share morning tea and conversation out in the fresh air.*

# Every life is precious

Give hope for a healthier future by supporting medical research and patient care initiatives at Royal Brisbane and Women's Hospital.



Donate now at  
[rbwhfoundation.com.au](http://rbwhfoundation.com.au)  
or call 07 3646 7588.

Thanks to our generous supporters we funded over \$4 million worth of research and other initiatives last financial year.



*“Help me find a  
cure for dementia.”*

*Sterling. Ambassador for  
The Common Good.*



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