



Metro North Hospital and Health Service

# QUALITY OF CARE

2016–2017

*Putting people first*



Queensland  
Government

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## VISION

Changing the face of healthcare through compassion, commitment, innovation and connection.

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## PURPOSE

Create, connect and apply knowledge to deliver high quality health services.

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## VALUES



RESPECT



TEAMWORK



COMPASSION



HIGH  
PERFORMANCE



INTEGRITY

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# Community forward

## English

The purpose of the Metro North Quality of Care report is to inform consumers, carers and our community about our quality and safety performance and what we are doing to improve our services.

## Arabic

إن غرض تقرير "جودة الرعاية بشمال العاصمة" هو إعلام المستهلكين ومقدمي الرعاية ومجتمعنا ككل بأدائنا المتميز بالجودة والسلامة، وما نقوم به لتحسين الخدمات التي نقدمها.

## Italian

Lo scopo del rapporto di Metro North Quality of Care è di informare gli utenti, i badanti e tutta la comunità sulle nostre prestazioni di qualità e di sicurezza e su ciò che facciamo per migliorare i nostri servizi.

## Chinese

*Metro North* 医院服务质量报告旨在让消费者、护理人和我们的社区了解医院在质量和安全方面的表现以及为改善服务正在采取的行动。

## Korean

*Metro North Quality Care*에서 발간한 보고서는 저희가 갖추고 있는 안전하고 질적인 서비스 수행 능력과 서비스를 향상시키기 위하여 저희가 어떤 일을 하고 있는지에 대해 소비자와 케어러 그리고 우리 지역사회에 알리고자 하는 데 그 목적이 있습니다.

## Persian

هدف از گزارش کیفیت مراقبت مترو نورث مطلع کردن مصرف کنندگان، مراقبت کنندگان و جامعه محلی از عملکرد کیفی و ایمنی ما و اقدامات ما برای بهبود خدمات می باشد.

## Burmese

*Metro North* စောင့်ရှောက်ရေး အရည်အသွေး အစီရင်ခံစာ၏ ရည်ရွယ်ချက်မှာ သုံးစွဲသူများ၊ စောင့်ရှောက်သူများနှင့် ကျွန်ုပ်တို့၏ လူမှုအသိုင်းအဝိုင်းအား ကျွန်ုပ်တို့၏ အရည်အသွေးနှင့် ဆောင်ရွက်ပုံဖြင့် ဆောင်ရွက်မှုနှင့်တကွ ကျွန်ုပ်တို့၏ ဝန်ဆောင်မှုများကို ဝိုးဘော်အောင် ကျွန်ုပ်တို့ ဘာကိုဆောင်ရွက်နေသည် ဆိုသည့်အကြောင်းကို အသိပေးရန်ဖြစ်ပါသည်။

## Vietnamese

Mục đích của báo cáo *Chất lượng Chăm sóc (Quality of Care) Metro North* là để thông báo cho người sử dụng, người chăm sóc và cộng đồng chúng ta biết về chất lượng và hiệu năng an toàn của chúng tôi và những gì chúng tôi đang thực hiện để cải thiện dịch vụ của chúng tôi.

## Spanish

El propósito del informe de Calidad de Atención de Metro North es informar a los consumidores, los cuidadores y nuestra comunidad acerca de nuestro rendimiento de calidad y seguridad y lo que estamos haciendo para mejorar nuestros servicios.

# Welcome

On behalf of Metro North Hospital and Health Service, we are proud to present our Quality of Care report for 2016-17.

As Australia's largest public hospital and health service, we continually strive to meet the challenges and opportunities for improving the health and wellbeing of our growing community.

During 2016-17 we have continued to deliver outstanding care as our dedicated staff see more patients than ever before in our acute, outpatient and community settings.

Our focus at all times is on quality and safety and on providing a positive experience for patients. This is evidenced by the stories and initiatives featured in this year's report, which captures some of the extraordinary work that our health service is undertaking on our journey to ensure our patients, consumers, carers and partners remain at the centre of everything that we do.

We are proud of what we have achieved in the past 12 months and excited by what the future holds.

Metro North is committed to our role in supporting the health and wellbeing of our community by providing high quality innovative, forward-thinking, accessible and sustainable person-centred care.

Consumer feedback is very important to us. We hope you will find this report informative and interesting and look forward to hearing your feedback and what you would like to see included in the future.

Please contact us via [metronorthengage@health.qld.gov.au](mailto:metronorthengage@health.qld.gov.au)



**Dr Robert Stable AM**  
Chair, Metro North Hospital  
and Health Board



**Shaun Drummond**  
Chief Executive  
Metro North Hospital and Health Service



## Tell us what you think

Our 2016–2017 Quality of Care Report is our commitment to you – our patients, consumers, carers, families and community members – to keep you up-to-date with how we are doing at Metro North. We have specifically covered the quality and safety of our services, and what we are doing to continuously improve the standard of care we provide. We have also highlighted some innovations that will make a difference to your care. We would love to hear what you think of the report and of your experiences at Metro North.



## Your local health service

Metro North Hospital and Health Service is Australia's largest and most diverse public hospital and health service.



We provide care to a catchment of more than 900,000 people in the northern Brisbane region. Our 18,000 staff work across five hospitals, 14 community and residential care centres, 14 mental health centres and 27 oral health facilities.

Our diverse health services include surgery, cancer care, maternity, trauma, medicine, mental health and more than 30 subspecialties and superspecialties such as heart and lung transplantation and burns. We care for people at all stages of life.

The Quality of Care report is part of our commitment to continually improve our services and to provide high quality healthcare through compassion, commitment, innovation and connection.

Disclaimer: This publication is intended only as a general guide to services provided by Metro North Hospital and Health Service. It does not substitute health advice from an individual's medical specialist, general practitioner or other health professional.

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-  Metro North Hospital and Health Service

# About Metro North Hospital and Health Service

Metro North Hospital and Health Service is the public hospital and health service for the north side of Brisbane.



## Our services include:

### Royal Brisbane and Women's Hospital (RBWH)

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.

### The Prince Charles Hospital (TPCH)

The major tertiary level cardiothoracic referral hospital for Queensland, the largest such service 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 Hospital

Key facility servicing a fast-growing population. Services include emergency, medical, surgical, orthopaedics, maternity, paediatrics, rehabilitation, and specialised outpatient clinics.

### Caboolture and Kilcoy Hospitals and Woodford Corrections Health Service

Key facilities servicing fast-growing populations. Services include emergency, medical, surgical, orthopaedics, maternity, paediatrics, rehabilitation, and specialised outpatient clinics. Kilcoy is a rural hospital providing emergency, general medicine, and postnatal care.

### Oral Health

One of the largest providers of public oral health services in Australia. Services are provided through a network of facilities including specialist clinics, hospital-based clinics, community clinics, school-based clinics and mobile dental clinics.

### Mental Health

Provides services across the age spectrum from perinatal, child and adolescent, adult to older persons and including a range of specialist services such as consultation liaison, forensic, addiction, eating disorders, and community mental health including an inner city homelessness team.

### Community, Indigenous and Subacute Services (CISS)

Offers a broad range of quality community-based healthcare and support services to help people improve and maintain their wellbeing and independence, as well as specialised aged and residential care, Indigenous health, and services delivered from many sites including the Brighton Health Campus, and mobile service teams.

As well as service delivery, Metro North is also committed to education and training. In particular, our focus on excellence ensures a thriving culture of research that delivers continuous service improvement and evidence-based care.

# How we embed quality and safety

Metro North's vision for safety and quality of care is set out in the *Metro North Safety and Quality Strategy 2015-2018*.

The strategy sets forth a vision for the elimination of preventable harm and the achievement of the best possible outcomes for patients at the best possible value.

Importantly, the strategy respects and honours the key needs and expectations of patients and carers, their families, and their social networks in the approach and direction of our initiatives.

The patient and their experience with and expectations of their healthcare interaction are at the top of our strategic plan. Value (and therefore quality) is defined by the patient, and the patient's voice has been purposefully embedded in our improvement activities, and at every level of our organisational governance.

Our safety and quality strategy has been informed by the experience internationally of those who have led the patient safety and high reliability agendas, and understand the leadership commitment, organisational changes, and the breadth of initiatives necessary to achieve excellence. As a result, four core building blocks have been identified to guide us toward achieving our vision for safety and quality: person-centred, highly reliable, organised for safety, and led for excellence.

We work collaboratively on system level improvements, and monitor our performance and our progress through the Board Safety and Quality Committee, and the Executive Safety and Quality Committee, which are both supported by and work closely with the Community Board Advisory Group, and the Clinical Council.

Several networks and collaboratives have been established to pursue the development and adoption of evidence-based practice and improvements in areas such as the National Standards and targeted initiatives within the safety and quality strategy.



The opportunities we have at Metro North to integrate research and innovation and translate knowledge into clinical practice at the frontline have the potential to transform the way healthcare is provided in Australia. Metro North is a large organisation, but we come together with purpose for the continuous improvement of the care we provide, and the experiences our patients and their families have with their care.

As a key part of the safety and quality work occurring at Metro North, attention is being given to truly understand how patients and the broader community assess their quality of care and experience. In late 2016, for the first time across Metro North, we gathered with over 100 frontline clinicians, consumers, leaders and board members for the Inaugural Safety and Quality Forum. The forum provided an occasion for people from across our health service to share their challenges and solutions and find opportunities to collaborate.

Key to this direction in 2016-17 has been the design and pilot of the Systems and Safety Improvement Model (S2i), a ground-breaking initiative that draws on the research of human performance, quality improvement and patient safety. The model supports frontline teams to undertake their own inquiry into care processes and outcomes, supported by expertise to gain new insights.



The model recognises the healthcare environment in which our staff work is constantly evolving, with teams very adept at self-organising and adapting in response to these changes. Our staff's expertise in adapting, adjusting, feeding back and responding are all elements of what makes the care system safe.

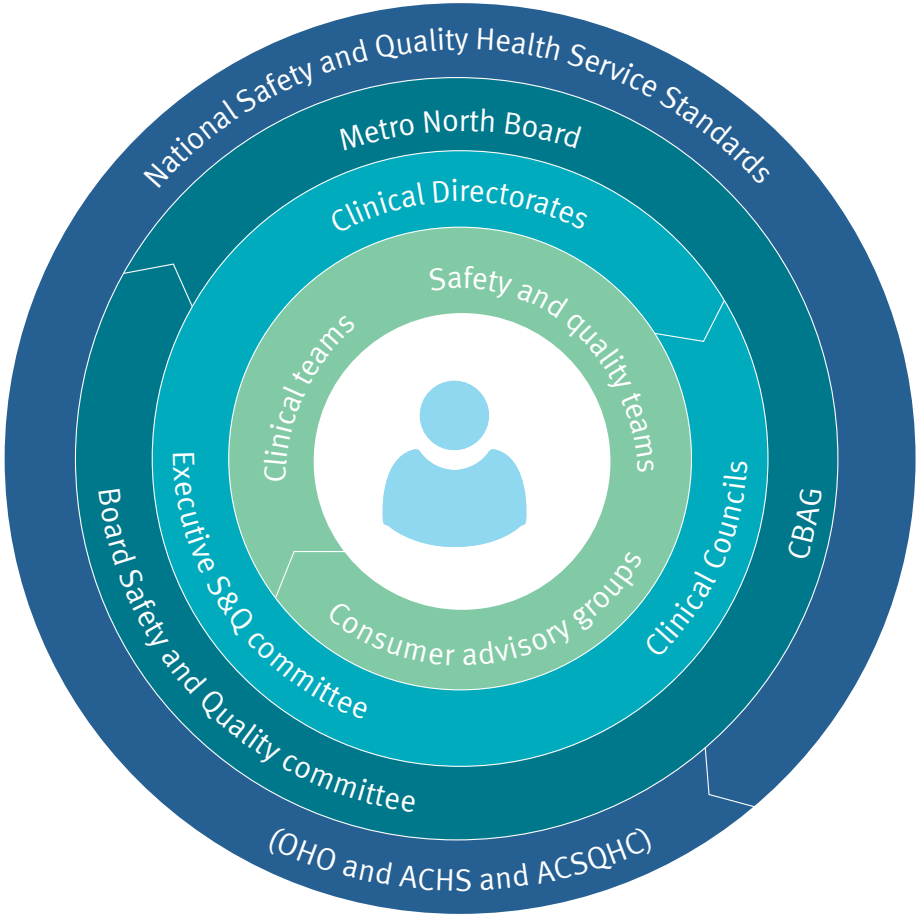
The model is designed to help promote the understanding of these patterns more deliberately, with the aim to build on those insights and knowledge and apply them more purposefully for a more resilient and reliable care system at all levels.

The vision for Metro North safety and quality has never been stronger. At a time when there is growing interest and involvement from our community in the quality of care they receive, our leadership and collective goals for safety and quality have never been more important or necessary.

At Metro North, we believe with the outstanding skills and commitment of our clinicians we can achieve this ambitious vision, and remain true to our most important goal of the individual care we provide to each of our patients, during each interaction, every day.

Above all else, the care we provide will continue to be delivered with compassion and kindness, continuity, clear communication and shared decision-making. Everyone working in the system is invited and encouraged to be a part of this vision for safety and quality, and contribute their knowledge, commitment, passion and expertise to learn and innovate for solutions – for our community and patients we serve.

- ACSQHC** Australian Commission on Safety and Quality in Healthcare
- ACHS** Australian Council on Healthcare Standards
- OHO** Queensland Office of the Health Ombudsman
- CBAG** Community Board Advisory Group







## **Person-centred care**

Person-centred care is a way of thinking and doing things, an approach which helps Metro North provide accessible, responsive and flexible services that meet the diverse needs and preferences of people in our community.



## Value-based healthcare

When we think of value in healthcare, we often think of making the most of our financial resources. A new project in Metro North is turning that idea on its head, looking at value and cost from the patient perspective.

Project officers Dr Simon Bugden and Jodie Gordon said value-based healthcare is a global movement aimed at focusing on things that are important to the patient in terms of health outcomes.

“Value-based healthcare looks at the longitudinal effect on the patient, not just the immediate patient outcome. As an emergency doctor, I can stitch someone up, but I don’t know if I’m helping them to do what they want,” Simon said.

“This is not about financial costs at all, but the interesting thing about high performance organisations is that when they focus on improving the value for patients, cost goes down.”

The idea of value-based healthcare is to recognise that everyone’s definition of good quality of life is different. For some it may be the ability to return to peak physical fitness, whereas for others it could be the ability to play with their children.

Jodie and Simon are working with teams across Metro North’s hospitals and health services to help staff recognise opportunities for value-based healthcare decisions.

“We have been given permission to give people permission,” Jodie said. “People already have the concept in their head, but may not feel empowered to make a different decision. We ask them what they need, and encourage innovation to improve the quality of life from the patient’s perspective.”

## Value-based healthcare in Metro North

Some examples of value-based healthcare projects across Metro North include:



- **Year of the Frail Older Person** – a focus on changing the way we treat older patients.
- **Choosing Wisely at RBWH** – reducing duplication and unnecessary tests and treatments.
- **LINK and SEED grants** – demonstrating how projects will improve value for patients.
- **Redcliffe low-value healthcare initiative** – a pilot project to reduce interventions and tests that may not be necessary.
- **CISS high-value healthcare initiative** – a pilot implementation of Patient Reported Outcome Measures (PROMs).



## New support for new mums

Being a first time mother can be a scary and exciting experience, as you learn how to care for your new baby and cope with hormonal and physical body changes. A new program at Redcliffe Hospital is helping new mothers prepare emotionally for parenthood.

The program is a collaboration between Redcliffe Hospital's Maternity Services and Mental Health, supported by the Queensland Centre for Perinatal and Infant Mental Health. It involves midwives and consumers from Redcliffe Hospital's Maternity Service working closely together to deliver an emotional preparation class for expectant parents.

Redcliffe Hospital Nursing Director of Critical Care, Women's and Children's Service, Russell Reilly said women are more vulnerable to experiencing mental illness during and after pregnancy than any other time in their life.

"The challenges of pregnancy and new parenthood can also exacerbate an existing mental illness," Mr Reilly said.

"However, these issues are not well-recognised or understood in the community and parents may not recognise their signs and symptoms, or may blame or denigrate themselves for the emotions they are experiencing, and may therefore be reluctant to seek help."

The program involves consumers with lived experience of mental illness during and after birth co-designing and co-presenting parenting classes which has changed the dynamic and receptiveness to learning within the class. The content of the class was developed through a team approach and has evolved based on feedback.

"The content suddenly becomes real, and expecting parents willingly engaged with the concepts and strategies offered to improve early detection and intervention for emotional challenges during the perinatal period," Mr Reilly said.

"Consumers co-delivering the class has enabled role-modelling of positive help-seeking behaviours, hope for recovery, honest and open relationships between parents and clinicians, as well as providing partners with much needed support."

Participants have reported that the classes provide them a platform to begin a conversation about their emotions. For midwives, the class has improved their confidence in discussing healthy transitions to parenthood and supports available in the community for parents. It has also improved staff understanding of perinatal mental illness, and their ability to provide empathetic and comprehensive family-centred care.

If this information has caused concerns, please call Lifeline on 13 11 14.

*Pictured above: Debbie Spink and Helen Funk.*



- Suicide is the leading cause of maternal death in Queensland during pregnancy and for 12 months following pregnancy (*QMPQC, 2015*)
- 16% of women will experience post-natal depression (*Beyond Blue, 2011*)
- 10% of men will experience post-natal depression (*Beyond Blue, 2011*)

# Working together to shape quality of care and patient-focused outcomes

Approximately 200 clinicians, clinical support staff and consumers are working together to inform and enhance patient care and health outcomes through the delivery of health services at what will become Metro North's newest health facility – a state-of-the-art specialist rehabilitation and ambulatory care centre. The facility forms part of the Herston Quarter redevelopment, adjacent to the RBWH campus.

Functional elements of this health facility – from patient admissions to surgical and rehabilitation spaces to discharge – are being worked through by over 60 user groups and reference groups as part of a 12-month comprehensive and interactive clinical design process. When completed, this new health facility will comprise 100 rehabilitation beds, special purpose rehabilitation support areas and a surgical and endoscopic centre including a 32-bed surgical inpatient unit, seven operating theatres, three endoscopy rooms and associated recovery spaces, and medical imaging services.

The first phase of the clinical design process, which involved testing the layout of floor plans, and patient flows and coming up with improvements and solutions together, is now complete. The second phase got underway in June and will build on outcomes from the first phase and begin to bring floor plans to life as the detailed design is developed for each room and space within the building.

## Working together

Metro North's Community Board Advisory Group (CBAG) is a vital mechanism that ensures we are accountable and outward-looking in our consumer and community engagement.

CBAG provides a platform for connection and collaboration to ensure consumer and community groups, particularly those who may experience access barriers or have more complex health needs, have a voice in Metro North. CBAG is actively involved in shaping Metro North's Health Service Strategy and in evaluating programs such as LINK innovation funding.

CBAG membership includes three members of the Metro North Board: Professor Mary-Louise Fleming, Professor Helen Edwards OAM, and founding Board sponsor Dr Margaret Steinberg AM. This year the role of CBAG Chair transitioned to an external community partner with the Heart Foundation Queensland's Health Director, Ms Rachelle Foreman, taking on the role.

Metro North Executive Director of Clinical Services Dr Elizabeth Whiting is also a member of CBAG which provides a strong relationship between community-based organisations and partners and Metro North Clinical Streams.

During 2017 CBAG and the Brisbane North PHN agreed to bring their separate consumer and community advisory committees together on shared agendas. The joint PHN Consumer Advisory Committee and CBAG meetings will focus on improving the consumer journey across the continuum of care, and providing an opportunity for consumer and community partners to contribute to the integration of services across sectors, and for all consumers in Brisbane North.

# Shaping the future of hospital food

For some of our most vulnerable patients, coming to hospital can result in rapid loss of condition and malnutrition following a decreased appetite and poor intake of food.

Metro North Patient Food Services and Nutrition and Dietetics is introducing moulded meals across the Health Service, to improve the health outcomes and experiences for patients who require soft food. Moulded meals are pureed food shaped into its usual appearance, such as pureed corn shaped into a cob.

Moulded meals were originally trialled at The Prince Charles Hospital (TPCH) in 2015 and received positive feedback and outcomes. TPCH became one of the first public hospitals in Queensland to introduce the moulded meals as a regular item. TPCH currently serves around 90 moulded meals each day.

TPCH Food Services Dietitian Bianca Neaves said introducing moulded meals into the hospital came from patient dissatisfaction about appearance and taste and a belief that Food Services could provide a more appetising alternative.

“The moulded meals taste great! It tastes like the food should and patients love the appearance. Patient satisfaction has improved and patients are eating more than they were,” Ms Neaves said.

Metro North Patient Food Services Manager Simon Whelan said the moulded meals are beneficial for nutritional outcomes and patient health.

“Nutrition plays such an important part in the healing process,” Mr Whelan said. “Everyone eats with their eyes and when we give patients moulded meals that look like real food, the chance of them eating and enjoying it is a lot higher, reducing their length of stay and increasing their appetite.”

Redcliffe was our second hospital to implement moulded meals, and they will soon be introduced at Royal Brisbane and Women’s Hospital.

“We want to implement this initiative throughout the whole health service,” Mr Whelan said.

*Pictured above: TPCH patient Lorna Duffy thanked Patient Food Services Cook Sierra Murray for her care.*



## ALL MEALS

Facility	Meals per year
Metro North	2.7 million
RBWH	1.26 million
TPCH	768,000
Caboolture	290,000
Redcliffe	300,000
CISS	430,000
Kilcoy Hospital and surrounding services	43,160

## MOULDED MEALS

Facility	Meals per day
TPCH	90 meals a day
Redcliffe	75 meals a day
RBWH (predicted)	135 meals a day

## Therapy programs provide connection

More than 300 patients and consumers at Brighton Health Campus are benefiting from meaningful and therapeutic group activities.



The psychosocial therapy program includes music therapy, group activities, and visits from therapy dogs and offers residents and inpatients opportunities for social interaction, mutual support and the benefits of being in a group.

Director of Social Work for Community, Indigenous and Subacute Services Louise Lynch said participants experience

improved mental health and adjust better to new circumstances resulting from changes in their health.

“About 340 patients have attended one or more groups and are providing positive feedback regarding the impact on their mental health and wellbeing, with around 87 per cent of participants rating the groups from good to excellent through patient evaluation surveys,” said Ms Lynch.

Therapy groups for inpatients focus on a range of topics supporting the emotional journey through transition care and rehabilitation, including reminiscence and life review, goal setting, laughter therapy and mindfulness and relaxation activities.

Data collected from participants of Brighton’s music therapy group, provided in each Brighton unit weekly, has shown significant changes in mood and energy and some mild improvements in pain and anxiety as a result of participation.

Patients are also reaping the benefits of a partnership with Delta Therapy Dogs, with two dogs currently visiting all Brighton units twice weekly to interact with patients in their room or common areas.

*Pictured above: Special guest therapist from Delta Dogs*

## Designing services for better access

Metro North’s Community, Indigenous and Subacute Services (CISS) are reshaping and simplifying services to provide patients with the right care, at the right time and in the right place.

CISS by Design is an intensive, patient-centred project to make it easier to refer, connect, care and empower CISS clients and services by creating a responsive and integrated end-to-end service model that starts in the community and ends in the community.

The service redesign encompasses a new patient-centred ‘Hand of Care’ model, defining the five streams of service CISS will prioritise pressing forward towards a more patient-focused future:

- Referral, Assessment, and Navigation
- Home Hospital
- Extended Care
- Rehabilitation
- Specialist Residential

CISS Executive Director Chris Seiboth said the project would streamline access to CISS services from acute facilities and the wider Metro North community while maintaining provision of safe, effective, reliable and culturally-appropriate care which is both innovative and sustainable.

“CISS by Design will refocus our services to create a seamless connected care journey for patients and a more effective service that makes it easier for our staff to deliver the best possible care for our patients, wherever they are in our community,” he said.

Mr Seiboth said the project also reflects the priorities of the Metro North Health Service Strategy 2015-2020, which include expanding services to better meet the needs of a growing population and to empower patients to be at the centre of their care.







Sarah and Chevy Moffat with the feeding clinic team

## Clinic helps little Chevy shine

A new children's clinic at Caboolture is proving to be a godsend for new mothers like Sarah Moffat whose baby experienced feeding difficulties.

### OF 259 VISITS:

Nutrition/ Dietetics	Occupational Therapy	Social Work	Speech Pathology
78	31	31	119

### Meeting the needs of babies and families

Almost one in five babies born at Caboolture Hospital each year has difficulty swallowing or feeding due to low birth weight or prematurity.

Caboolture Hospital Director of Speech Pathology and Audiology Brooke Cowie said if unmanaged, feeding and swallowing difficulty in children can lead to a range of medical, developmental and behavioural problems.

"The new Paediatric Feeding and Swallowing Service is here to support families through education, early intervention plans, treatment and support," Mrs Cowie said.

In its first seven months, the Paediatric Feeding and Swallowing Service supported 60 families with new babies. The clinic also supports families to transition to longer term community based care if needed when their baby leaves the clinic.

Sarah, a first-time mum from the Glasshouse Mountains, gave birth to son Chevy 10 weeks early. She has welcomed the guidance and support she received from the Paediatric Feeding and Swallowing Service to help her son feed properly and consistently gain weight.

"The service was important to me as I learnt a lot. It made a big difference and without it I would have been lost," Sarah said.

"Chevy has become a really good feeder now, he has maintained his weight and I am no longer worried that he will go backwards."

Caboolture and Kilcoy Hospitals Executive Director Dr Lance Le Ray said it was important for the hospital to continue to introduce services that would make a significant difference, especially to our young patients and their families.

"As demand grows, so has the need to enhance our children's inpatient services to better identify and support newborns and kids who are experiencing feeding and swallowing difficulty (dysphagia)," Dr Le Ray said.

"These conditions if undetected and untreated can have a significant impact on the health and wellbeing as children grow and develop."

As part of the new service, a team of allied health professionals has been assembled to identify and assess newborns, infants and young children at risk of dysphagia and clinical malnutrition at the hospital.

Dr Le Ray said it was very important to offer paediatric services closer to home to all of our patients.

The Paediatric Feeding and Swallowing Service will benefit around 200 local patients of the hospital each year.

# Indigenous identification improves care

Letting healthcare staff know if you are an Aboriginal or Torres Strait Islander person can help improve your health outcomes.

A new Effort Tracker tool is being used by Indigenous health services across Metro North to ensure people who identify as Aboriginal or Torres Strait Islander origin receive culturally appropriate and relevant care.

Director of the Aboriginal and Torres Strait Islander Health Unit Paul Drahm said data is captured for all Indigenous presentations and admissions within the unit's services.

"Correct identification of Indigenous Status is fundamental to understanding and measuring their personal health needs, service monitoring, evaluation and planning in a culturally appropriate manner," Mr Drahm said.

The Effort Tracker is one of the ways Metro North is working to close the health gap between Indigenous and non-Indigenous Australians.

Metro North has also introduced a procedure for all staff to identify Aboriginal and/or Torres Strait Islander patients accessing their hospital and facilities in an effort to close the gap on health outcomes.

By recording accurate on the spot accurate, relevant and timely data about the healthcare journey of Aboriginal and Torres Strait Islander patients, we can ensure people are being checked for chronic diseases which reduce quality of life.

## Why identify?

Mother of eight Melanie Kielly, a proud Baradah Gabalburra woman, supports the identification campaign.

When her son Mohma was admitted to hospital with pneumonia, his doctors asked whether the family identifies as Indigenous and where their communities are.



"By asking this question he was able to identify the communities in Cairns and the Cape and where exactly my son got the pneumonia from. I now understand the importance of identifying to gain the full health history and for closing the gap purposes," Melanie said.

"From a health planning perspective it's important to identify the needs of our people and also to see the main reasons for admission in hospital.

"I've had a number of my children admitted into hospital and the question at intake has been do you identify as Aboriginal and or Torres Strait Islander origin."

Melanie encourages the whole family to identify as Aboriginal and or Torres Strait Islander when accessing Metro North health services to ensure the care and services they receive are both clinically and culturally responsive.

*Pictured left: Melanie and Mohma Kelly – by identifying as Aboriginal and/or Torres Strait Islander, Mohma's doctor was able to identify the cause of his pneumonia and provide the appropriate care plan.*

# Preserving precious resources

## Antibiotic use

The medical community has long known the risk antibiotic overuse posed to healthcare, both locally and globally.

The issue has come to the foreground the past few decades, as much-publicised ‘superbugs’ have emerged, immune to the once incomparable treatment that are modern antibiotics.

A new Centre for Redefining Antimicrobial Use to Reduce Resistance (CRE REDUCE) at Royal Brisbane and Women’s Hospital (RBWH) uses research to combat antibiotic resistance, and is a major step forward in discovering new ways to prevent, detect and contain antimicrobial resistance.

The Centre is run by RBWH pharmacist Professor Jason Roberts and Director of Intensive Care Services Professor Jeffrey Lipman.

The centre is designed to provide support for teams of researchers to pursue collaborative research—and Prof Lipman’s most recent study is doing just that.

The BLING III study compares continuous dosing and bolus dosing of beta lactam antibiotics in over 7000 patients worldwide, and holds the potential to significantly improve patient outcomes by altering traditional practice.

“Antibiotic resistance is the biggest challenge facing modern medicine today,” Prof Lipman said.

“While Australia’s practices may be improving to reduce this risk, international travel bringing resistant organisms to Australia really means that this is a challenge we fight right across the world.”

Currently, around 39 per cent of inpatients are on an antibiotic at any given time at RBWH.

In an attempt to reduce this number locally, decrease the duration of prescriptions and find the most appropriate antibiotic to reduce the likelihood of resistance down the track, a number of initiatives have taken off across RBWH.

This includes antibiotic prophylaxis in orthopaedic surgery and extension of the antimicrobial stewardship system to the neonatal intensive care unit.

By creating guidelines to standardise antibiotic use, and the length of time patients should be prescribed preventative antibiotics, a reduction in antibiotic resistance is built by creating consistency and best practice.

## Blood products

Blood products are a vital and precious resource. Metro North is committed to using blood efficiently and reducing the amount of blood products discarded.

### BLOOD PRODUCTS USED

In 2016-17, across our hospitals we used:

 **29,717** units of fresh blood products

 **31,353** units of blood plasma

 **4759** patients received blood product transfusions

### DISCARDED BLOOD PRODUCTS

#### RED CELLS

Metro North	1.1%
Queensland	2.3%
National	2.3%



#### PLATELETS

Metro North	6.1%
Queensland	12.0%
National	12.3%

### METRO NORTH RECEIVED



**3568** units

of red blood cells from other Queensland facilities to be recycled or to reduce discards through expiry.



## More options now available for Caboolture mums-to-be

Caboolture mums-to-be now have access to more local maternity options thanks to a partnership between Caboolture Hospital and two private midwifery-led group practices.

Caboolture Hospital Director of Nursing and Midwifery Anne Clayton said for the first time women now have the option to be admitted to Caboolture Hospital as a private patient to be cared for by their chosen private midwife.

“Midwives from Coast Life Midwifery and My Midwives Brisbane North are now using our facilities and accessing our birthing suites, maternity rooms and equipment,” Ms Clayton said.

“These private practice midwives are supporting local mums and their families through their pregnancy, birth and postnatal care at the hospital.”

The Eligible Private Practice Midwives groups (EPPMs) add to the four existing public midwifery group practices available to women at the hospital.

At Caboolture Hospital, more than 40 per cent of mothers who give birth prefer the continuity of care model where they are cared for by a midwife or group of midwives throughout their pregnancy. Each year Caboolture Hospital delivers about 2000 babies.

## 15 Steps provides preview of care

A person can tell what kind of healthcare they will receive within 15 steps of walking in to a ward, making positive first impressions crucial for success of any health service.

The 15 Steps Challenge - an initiative of England’s National Health Service - is a tool designed to help staff, patients and others to work together to identify improvements that will enhance the patient experience. It revolves around seeing the care given from a patient’s perspective.

The Challenge is delivered by a 15 Steps Challenge team consisting of patients, carers, staff or Board members conducting a walk-around at random in a service and reporting their initial impressions of the care they believe they could expect from that ward or unit.

Members of the Challenge team also engage in additional conversations with patients regarding what is working well and where there is room for improvement.

The Challenge team feeds results back to teams and senior leaders in the organisation. Feedback focuses on building continuous improvement with the patient’s voice at the heart of the process.

Challenges have been conducted almost weekly in inpatient and residential settings at Brighton Health Campus sites since the initiative’s implementation late last year with the objective of improving patient experience, satisfaction and engagement and bolstering safety and quality improvement strategy.

Community, Indigenous and Subacute Services (CISS) is also in the process of transferring the 15 Steps Challenge to home visiting services, with the development and implementation of the processes to be coordinated by the CISS Consumer Engagement Community of Practice.

# Helping you stay informed

Metro North is committed to providing information that enables people to understand the health services they need in order to make appropriate decisions and manage conditions.

In 2016-17 we have been redeveloping our hospital and community services websites to be more accessible and user-friendly for patients. This project includes significant consultation with staff, visitors and consumers to ensure information is easy to find and understand.

Frequent languages interpreted across facilities – 1 Jul 16 – 30 Jun 17			
RBWH	Mandarin (1257)	Arabic (1063)	Total (10343)
TPCH	Farsi (321)	Italian (300)	Total (2948)
Redcliffe	Auslan (169)	Mandarin (62)	Total (657)
Caboolture	Mandarin (77)	Vietnamese (63)	Total (471)
Kilcoy	Auslan (3)	Mandarin (2)	Total (6)
CISS	Arabic (313)	Karen (104)	Total (984)

## Top three surveys by response

'A Better Choice – food and drink options at RBWH' staff and consumer survey

**546**  
RESPONSES

RBWH Outpatient administrative practices consumer survey

**491**  
RESPONSES

Alcohol and other drugs client satisfaction survey

**363**  
RESPONSES



## Consultation Hub

During 2016-17, we conducted a number of staff and consumer surveys on a range of topics and received 7235 responses. There were:

**105** STAFF SURVEYS WITH  
**3278** RESPONSES

**39** CONSUMER SURVEYS WITH  
**3201** RESPONSES

**9** STAFF AND CONSUMER SURVEYS WITH  
**756** RESPONSES





Metro North makes safety a central feature of everything we do. We work diligently to make sure the healthcare system is designed to provide safe, high quality care, and when something goes wrong we take action to prevent it happening to someone else.



**Organised for  
safety**

# Measuring connection and respect

Respectful and considerate communication makes a huge difference to a patient's experience of healthcare.

Positive patient experiences reflect a number of clinical benefits including increased patient engagement and improved health outcomes.

Three Metro North services trialed the Connection and Respectful Experience (CaRE) patient experience survey in late 2016 and found that taking a few minutes to explain and answer questions can change someone's perception of the quality of care they receive.

Four hundred and seventy consumers participated in the survey while accessing care in Caboolture Hospital, Oral Health, and Community, Indigenous and Subacute Services (CISS).

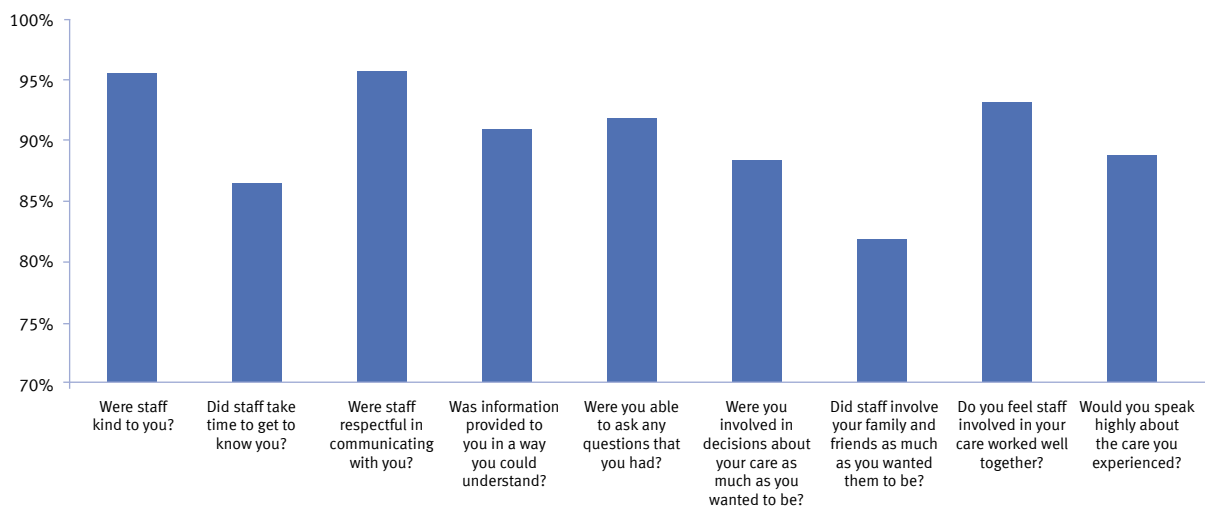
The CaRE survey tested the viability of a short set of consistent measures which capture the minimum standards that patients should experience when accessing care in any of our hospitals and health services.

The survey was co-designed with consumers to ensure questions reflected the things that matter to patients including empathy, respect, connection, communication, information and patient and family involvement in care.

The trial included different methods of delivering the survey and found that people preferred to complete it via face to face conversation with someone not directly involved in providing the care. Survey responses were recorded in Metro North's Consultation Hub system which allowed staff to take immediate action to resolve any problems.

The overall combined trial data shows the lowest scoring response was for involvement of family and friends in care at 81.9%. The highest scoring response was for respectful communication at 95.8% followed by kindness of staff at 95.6%. The overall experience score, which asked whether patients would speak highly of the care received, was high at 88.8%.

## Combined CaRE survey results





# Our Safety and Quality Performance

The *Metro North Safety and Quality Strategy 2015–2018* commits to deliver the highest quality healthcare experience in true partnership with our patients. Our performance is assessed against National Standards and benchmarked against nationally recognised safety and quality indicators.



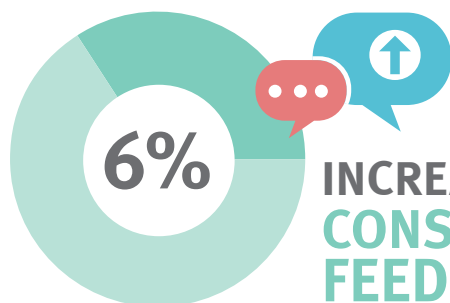
**90%**  
OF ALL COMPLAINTS TO METRO  
NORTH ARE RESOLVED WITHIN  
**35 DAYS**



**14%**  
**INCREASE**  
IN COMPLIMENTS



**7%**  
**REDUCTION**  
IN COMPLAINTS

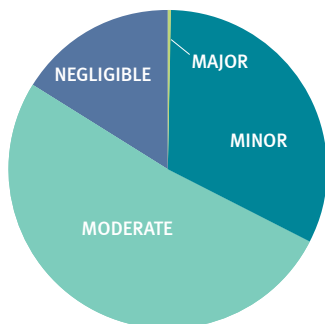


**6%**  
**INCREASE IN  
CONSUMER  
FEEDBACK**

**11,288**  
**PEOPLE**  
TOLD US ABOUT THEIR CARE



## COMPLAINTS BY SEVERITY



The Office of the Health Ombudsman (OHO) is Queensland’s health service complaints agency and is another avenue consumers have available to them should they wish to make a healthcare complaint.

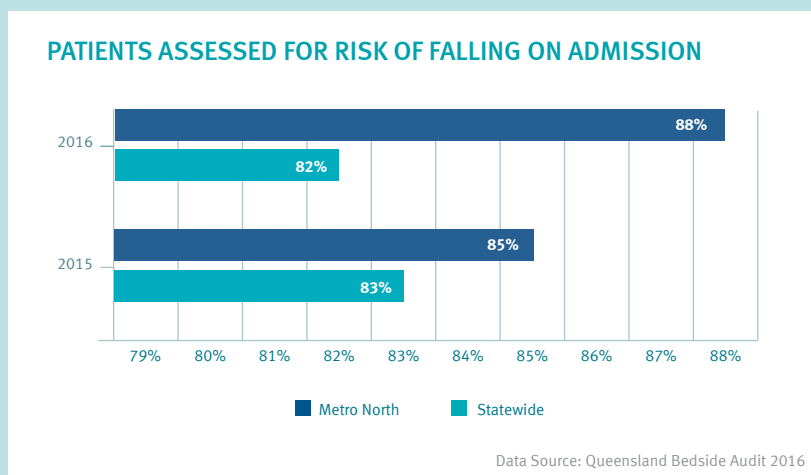
The OHO is an independent statutory body and the place Queenslanders should go if they have a complaint about a health service provider or a health service provided to them, a family member or someone in their care that they are unable to resolve with the service provider directly. Complaints can be made to the OHO about both registered and unregistered health service providers or health service organisations.

The opposite diagram represents the 2016-17 total number of Metro North-related complaints received by the OHO.

Complaints received	
301	
Assessment	Take no further action
32	107
<b>1. Take no further action:</b> Some complaints will not be taken further for a number of reasons.	
<b>2. Assessment:</b> The assessment process will gather all relevant information needed from the complainant, the health service provider and any relevant experts to enable the OHO to make the right decision on how best to manage the complaint.	
<b>3. Local resolution:</b> OHO works with the complainant and Metro North to facilitate meetings and other communication to resolve the complaint informally.	
<b>4. Conciliation:</b> When complaints are more complex, conciliation is an informal, confidential meeting process run by independent skilled conciliators.	
<b>5. Investigation:</b> Investigation involves a detailed examination of a complaint including gathering evidence and analysing the cause/s of an adverse health incident or healthcare issue.	
<b>6. Referral to another organisation:</b> A complaint can be referred to another organisation if the issue falls within another jurisdiction, better suited to managing the complaint.	
Local resolution	Conciliation
101	22
Investigation	Referral to another organisation i.e. AHPRA
4	35
Referral to the Director of Proceedings or Conduct of an inquiry	0

**45% REDUCTION IN FALLS RESULTING IN HARM**

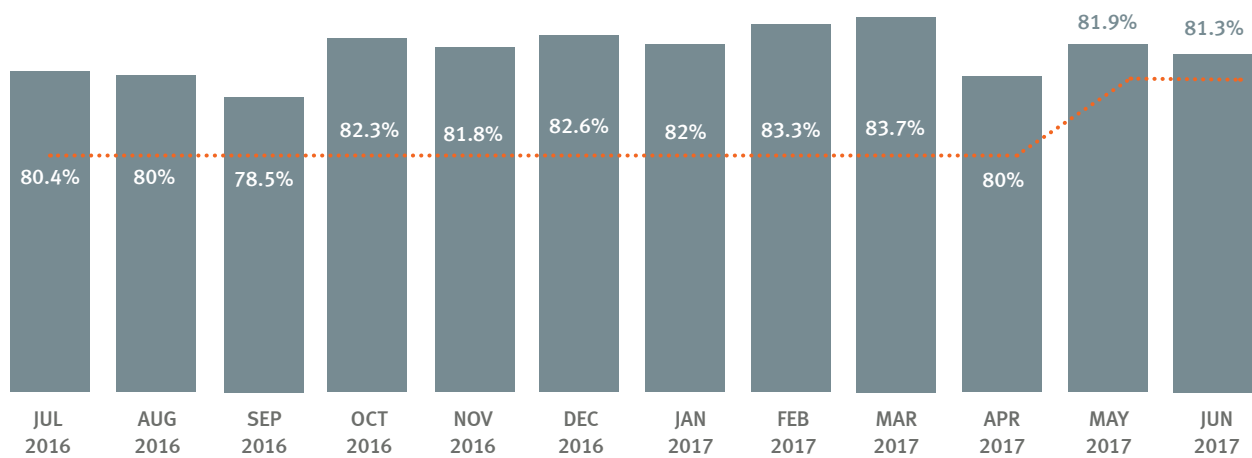
Metro North has continued to improve and exceed the Statewide result for the percentage of patients assessed for risk of falling on admission



# HAND HYGIENE RATES CONSISTENTLY EXCEED NATIONAL TARGETS



**OF 70%\*** Hand Hygiene Australia (HHA) increased target to 80% effective from May 2017



## REDUCING FALLS



Eating healthy and nutritious **FOOD**



Make sure there is **ADEQUATE LIGHTING** especially at night



using your **WALKING AID** at all times



Keep up your **FLUIDS**



Maintain a **HEALTHY ACTIVE lifestyle**



Take medication **only as PRESCRIBED**



Wear the **RIGHT SHOES**

## Addressing ice use

Drugs such as crystal methamphetamine have devastating impacts on individuals, families and communities, but a range of free tools and resources are enabling Queensland-based health and community service workers to better engage with patients and clients affected by ice.

Insight – a statewide service hosted by Metro North Mental Health Alcohol and Drug Service – was commissioned in 2016-17 to develop a package of education, information, training and advice resources to support the workforce. A partnership with the Queensland Aboriginal and Islander Health Council also has enabled the development of contextualised resources for use in Indigenous settings.

Director of Statewide Clinical Support Services and Insight, Jeff Buckley said a key initiative in the package was an ultra-brief intervention tool called Meth Check.

“Meth Check is an innovative, graphically-designed clinician-administered tool designed to help structure a brief five-to-10 minute conversation with a patient or client who has been identified as a current user of methamphetamine,” Mr Buckley said.

“It is designed to be used by hospital nursing and social work staff, alcohol and drug clinicians, psychologists, GPs and other health and community service staff.

“The tool incorporates basic psycho-education, a simple assessment, provision of normative feedback, ‘decisional-balance’ technique and provision of practical advice for someone who wants to keep using, cut back or quit their use of meth.”



Director of Statewide Clinical Support Services and Insight Jeff Buckley (far right) with the team behind Meth Check, which was a finalist in the Excellence in Clinical Training and Education category at the 2016 Metro North Staff Excellence Awards: Michelle Taylor, Nikola Ognjenovits and Karen Hassan.

Whilst a formal evaluation of Meth Check has not yet been conducted, anecdotal feedback suggests that the tool is simple and user-friendly. It can also be used as a self-guided brochure for those patients who are not ready to discuss their methamphetamine use with a health worker.

Resources such as factsheets for families who are supporting someone who is using methamphetamine are available on Insight’s website <http://insightqld.org/>

From August to December 2016 the project team delivered full-day ‘Crystal Clear’ methamphetamine workshops in 14 locations across Queensland targeted at frontline health workers across government and non-government agencies.

This roadshow was a follow-up to a previous round of methamphetamine training delivered to 412 practitioners in 15 locations across Queensland between April and June 2016, meaning that 781 health workers across Queensland were able to access this training in 2016. The project also included family-inclusive alcohol and other drugs (AOD) practice workshops across the state, targeted at frontline health workers from government and non-government agencies. It also provided professional development for drug and alcohol brief intervention teams and consultation liaison nurses (DABIT/CL Connect) and a youth AOD forum delivered by Insight’s partner youth program, Dovetail. Outputs from this training roadshow include:

- 369 Participants in total (Qld Health 172; NGO 197)
- 92.26% - Overall course satisfaction score
- 28.37% - Overall increase in knowledge
- 28.94% - Overall increase in confidence
- 97.89% of participants would recommend the training to others

## Treatment services boosted

An expansion of treatment services in the Redcliffe-Caboolture area is responding to increasing need from people taking steps to manage their substance dependence and regain control of their lives.

Manager of Metro North Mental Health’s Alcohol and Drugs Service (ADS) Mark Fairbairn said the case load for the Opioid Treatment Program (OTP) had increased significantly over the past few years prompting the service to move clinical resources into the area.

ADS is partnering with Brisbane North PHN and Lives Lived Well to deliver treatment services in the area, which has been identified as high need.

### SERVICE CONTACTS

YEAR	REDCLIFFE	CABOOLTURE
2012-13	142	351
2013-14	324	364
2014-15	437	445
2015-16	989	886
2016-17	1340	1459

“The OTP’s maintenance model of treatment is a harm reduction strategy that enables people to stop the cycle of opioid dependence,” Mr Fairbairn said.

“Substitution therapy reduces the attractiveness of opiate use, provides stability to users and helps people get back on track with their lives.

“The objective is to keep people in treatment as long as necessary to halt the cycle of dependence.”

Mr Fairbairn said the OTP had demonstrated effectiveness to significantly reduce drug use.

## Medication safety

Medications are a vital and common part of healthcare but knowing what medication to take when and how often after you leave hospital can be complicated and confusing, whether it’s pain relief after surgery or anti-rejection drugs after a heart transplant.

To help better understand and manage medication at home, pharmacists at The Prince Charles Hospital (TPCH) have introduced a new model of care to support people attending outpatient clinics.

TPCH Director of Pharmacy Ross McDougall said the change aims to address the challenges faced in managing medications for patients with complex health needs following their discharge from hospital.

“Doctors require accurate medication histories on which to base treatment decisions,” Mr McDougall said.

“If they are working from incorrect medication histories this can result in adverse events that may result in poor outcomes or readmission to hospital.”

TPCH provides inpatient care for many specialty areas including lung and heart transplant, advanced heart failure, cystic fibrosis, oncology, palliative care, cardiology and surgery.

Mr McDougall said having pharmacists in outpatient clinics can help doctors understand whether patients have changed their medication after leaving hospital.

“Clinical pharmacists can have this information available with any recommendations for the doctor before they see the patient, making for a more efficient process with the potential for better long term outcomes for the patient.

“It also frees up time for the doctor to spend with the patient discussing other aspects of their care,” he said.

The integration of pharmacists into the outpatient setting also means transfer of vital medication information to community pharmacies and nursing homes.

“This is particularly important to ensure patients who have their medications packed into dose administration aids are updated in accordance with the doctors’ changes,” Mr McDougall said.

Since the introduction of the new model in July 2016, 6,929 patients have had a consultation with a clinical pharmacist in an outpatient clinic at TPCH.

## Streamlining mental health services for Indigenous patients

Indigenous people needing mental health support now have more access to services through a partnership between healthcare providers.

The partnership between Metro North Hospital and Health Service Mental Health Redcliffe/Caboolture and the Institute for Urban Indigenous Health (IUIH) is creating a streamlined pathway for Indigenous residents requiring mental health services.

Launched in February 2016, the Way Forward Program offers weekly psychiatry clinics at IUIH in Caboolture where care is delivered in a culturally sensitive environment. It allows for the patient to have full access to a holistic approach to healthcare with other services operating as a ‘one stop shop’ for Indigenous patients.

Way Forward Program Director Kimina Anderson said the aim was to make it easier for Indigenous people to receive mental health treatment.

“Aboriginal and/or Torres Strait Islander community members may enter mental health services via traumatic pathways, for example via emergency services under involuntary provisions, and are less likely to engage in follow up treatment with public mental health services,” Ms Anderson said.

“By creating a pathway within the community controlled sector, our clients are more likely to access services and we are able to address those gaps for our community members.”

Caboolture Adult Mental Health Team Leader Elizabeth Troman said the program allows for a smoother pathway into mental health services and better continuity of care.

“A number of patients seen by the registrar don’t require ongoing services. They are able to access a brief rapid review instead of going through acute care or the emergency department,” Ms Troman said.

“It’s a win-win for all services involved.”

Following the successful implementation of the program at Caboolture, Ms Troman hopes the program will be replicated across other Metro North sites.



*Caboolture Adult Mental Health Team Leader Elizabeth Troman and Way Forward Program Director Kimina Anderson*

## Workplace safety takes SHAPE



Introduced in 2017, Metro North's Safety Has A Place Everywhere (SHAPE) program takes an integrated approach to staff and patient safety.

The aim of SHAPE is to educate and empower staff and patients to establish safe environments, reduce harm and work together to find solutions.

The program brings together frontline workers, supervisors and executives working together to improve safety overall.

The SHAPE principles are:

1. We are all accountable for safety, personally and collectively.
2. We are all genuinely engaged and empowered to work safely.
3. The right people, resources, tools and support for safety.
4. Identify, understand and control all hazards and risks.
5. Constantly striving and always learning and improving on Health and Safety.
6. Actions not words position Metro North as a leader in safety excellence.

## Supporting our staff to care better

Coming to hospital can be a disconcerting experience for patients and their loved ones. Metro North aims to provide a safe and positive healthcare experience for everyone accessing our services.

We know that sometimes people who are scared, confused, feeling unwell or in pain may display challenging behaviour.

Staff at The Prince Charles Hospital (TPCH) are learning how to managing challenging behaviour through specialised training.

Acting TPCH Consumer Liaison Officer Laretta van Fleet said since January the hospital has trained 58 groups of staff to better assist people who are distressed.

"For many staff, challenging behaviours from patients can be extremely confronting, and may significantly impact the way in which the interaction of care delivery occurs," Ms van Fleet said.

"That's why it's so important that staff have the necessary skills and knowledge to deal with these situations in a positive and controlled way."

The training gives staff a range of practical strategies and methods for managing challenging behaviours from patients, while maintaining the highest level of care and respect.

"Our training focuses on specific principles and behaviours which enable staff to better connect with the patient and create an environment where the patient is being heard and respected," Ms van Fleet said.

"We look at areas such as non-verbal gestures, facial expressions, eye contact and voice tone."

Ms van Fleet said another key area of training is managing compliments and concerns, which are useful for improving services. The training emphasises the value of feedback and provides staff with tools for effective listening and working with patients to solve problems together.

# Our promises...

**Dr Lance Le Ray**  
Executive Director,  
Caboolture and  
Kilcoy Hospitals

I AM GOING TO VISIBLY  
SUPPORT, CELEBRATE  
GAINS AND REMOVE BARRIERS  
TO PEOPLE WORKING ON THIS  
ALREADY.

**Assoc Prof Colin Myers**  
Executive Director,  
Critical Care MNHHS

Inspire staff to  
focus on  
wasted patient time.

**Mark Butterworth**  
Executive Director,  
Allied Health MNHHS

Develop A More  
Proactive Approach  
To Helping Those  
IN THEIR LAST  
1000  
DAYS

**Dr Liz Whiting**  
Executive Director,  
Clinical Services  
MNHHS

Identify a Frailty  
Screening Tool for  
Metro North HHS

**Adj Assoc Prof  
Alanna Geary**  
Executive Director,  
Nursing and Midwifery  
Services MNHHS

Walk the walk  
Talk the talk"

**Dr Amanda Dines**  
Executive Director,  
Royal Brisbane and  
Women's Hospital

INTEGRATE THE NEEDS  
OF OLDER PEOPLE AS  
WE IMPROVE OUR  
FACILITIES

**Anthony Williams**  
Executive Director,  
The Prince Charles  
Hospital

SUPPORT / ADVOCATE  
THE PROCESS / MOMENTUM  
(IT IS ABOUT VISIBILITY)

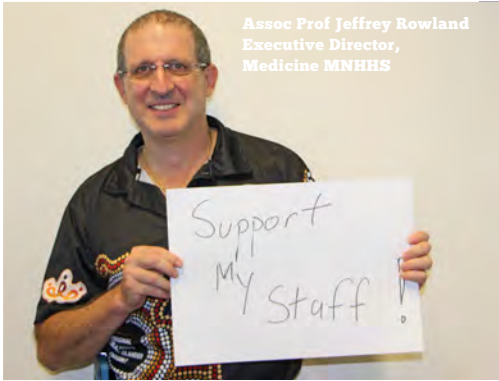
**Louise Oriti**  
Executive Director,  
Redcliffe Hospital

Continue to ask questions,  
listen, support and advocate.  
Unblock red tape where I  
can!

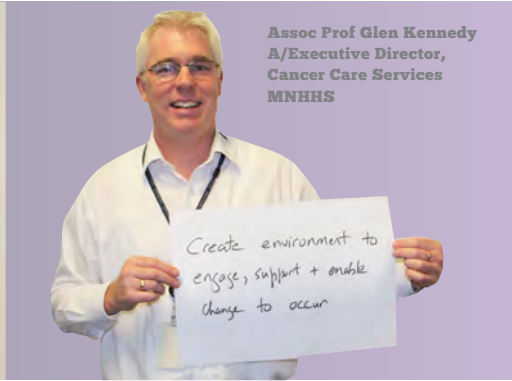
**Chris Seiboth**  
Executive Director,  
Community, Indigenous  
and Subacute Services  
(CISS), MNHHS

To 1/2 the time of  
meetings to give back  
time to my staff, in turn  
Supporting them to give  
back time to our older  
patients in CISS.





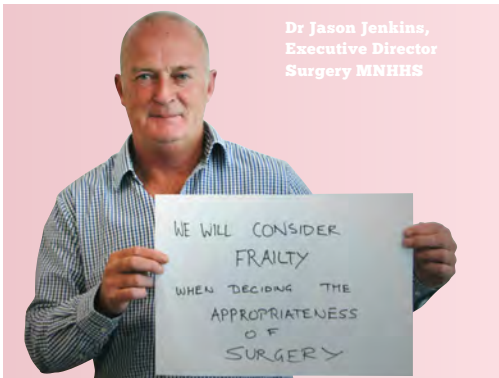
Assoc Prof Jeffrey Rowland  
Executive Director,  
Medicine MNHHS



Assoc Prof Glen Kennedy  
A/Executive Director,  
Cancer Care Services  
MNHHS



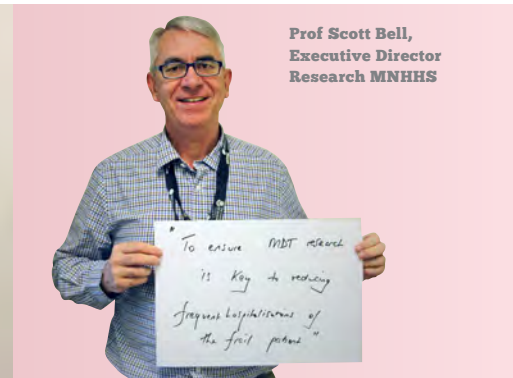
Kate Copeland  
Executive Director,  
Corporate Systems and  
Infrastructure MNHHS



Dr Jason Jenkins,  
Executive Director  
Surgery MNHHS



Assoc Prof Brett Emmerson,  
Executive Director  
Mental Health MNHHS



Prof Scott Bell,  
Executive Director  
Research MNHHS



**Support healthy  
and active ageing.**

**Every day counts.**

# Patient experience matters

We place equal importance on the experience of our patients as we do the technical and clinical aspects of care.

Our patients tell us that excellent treatment is the least we can provide, and the importance of being treated with care, respect and dignity, and in keeping with cultural and individual needs and preferences, are equally as important to a positive care outcome. As well as measuring clinical care outcomes, we also regularly ask our patients how they felt about their care experience, so we can learn and improve for others.

## Maternity Patient Experience Survey 2016

● Favourable ● Satisfactory/some of the time ● Requiring improvement



### RBWH:

Confidence and trust in midwives



Birth companion involved as much as desired



Advised who to contact if worried after leaving hospital



Received maternity care after leaving hospital



RBWH has recorded improvements (>5%) with respect to the following areas from the 2014-15 Maternity Patient Experience Survey:

- Opportunity to discuss labour, birth with care provider
- Advised who to contact if worried after leaving hospital



### Redcliffe

Time to ask questions/discuss at antenatal check-ups



Reason for induction of labour explained



Information about contraception



Advised who to contact if worried after leaving hospital



Received maternity care after leaving hospital



Redcliffe has recorded improvements (>5%) with respect to the following areas from the 2014-15 Maternity Patient Experience Survey:

- Ability to move and position for comfort
- Opportunity to discuss labour, birth with care provider
- Whether had concerns about food



### Caboolture

Reason for induction of labour explained



Confidence and trust in midwives



Birth companion involved as much as desired



Advised who to contact if worried after leaving hospital



Received maternity care after leaving hospital



Caboolture has recorded an improvement (>5%) with respect to the following area from the 2014-15 Maternity Patient Experience Survey:

- Opportunity to discuss labour, birth with care provider



## Protecting our people

Violence shouldn't be a normal part of anyone's work, but unfortunately for healthcare staff it's a daily occurrence. Metro North Hospital and Health Service has been leading the state in improving safety for staff, visitors and patients through a dedicated occupational violence prevention program.

By shining the light on this serious issue, we helped form a statewide committee to implement recommendations of a Queensland taskforce to address violence against health workers. Initiatives have included additional security, better reporting mechanisms, and improved training and support for staff.

Metro North Occupational Violence Project Manager Lita Olsson said the committee has made significant inroads over the past year to improve the safety of staff and patients.

"As an Emergency Department nurse I have experienced violence first hand. Sadly, it's become normal to think it's an acceptable part of the job, but it's not," Ms Olsson said.

"I am proud we are not just changing this behaviour but we are leading by example. Through the work of the committee, every hospital across Queensland is now benefiting from the work we've trialled and implemented at a local level."

Ms Olsson said the benefit of more resources and post incident support has gone a long way with staff now empowered by the strong leadership and stance the committee has taken against violence in the workplace.

"No one should feel unsafe going to work or coming to hospital to be treated. While it's early days since the initiatives have been in place, I am confident we are creating a safe environment enabling us to feel empowered and get on with what we do best, providing the best possible care to our patients," Ms Olsson said.

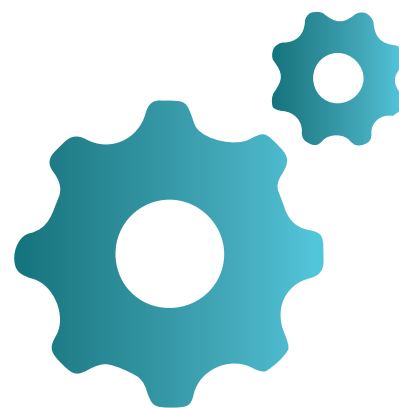
### The safety initiatives across Metro North include:

- 15 additional full time equivalent security officers employed to work in Emergency Departments, as well as the RBWH Mental Health Centre
- 30 body-worn cameras, meaning each security officer wears one when on duty
- New less-authoritative uniforms for security officers
- Consistent signage across all facilities about acceptable behaviour
- \$85,000 spent to upgrade closed circuit television and cameras
- Trial of the Behaviour Modification Chart to guide clinicians on early identification and intervention for aggressive behaviour
- Expansion of swipe card readers in Emergency Departments to easily report violence and aggression
- Stronger partnership with Queensland Police Service who are now doing walk throughs of Emergency Departments
- Metro North project team now focusing on post-incident support to staff





Clinical care provided is based on the best available knowledge and evidence to reduce preventable harm, and apply research that will improve safety and quality.



**Highly reliable  
care**



## 160,000 cancer services delivered

With more than 160,000 cancer treatments, consultations, procedures and other services carried out in a single year, it's no wonder Cancer Care Services at the Royal Brisbane and Women's Hospital (RBWH) is constantly striving to improve the patient experience.

A number of initiatives have been implemented in the department over the past 12 months, and more are on the way.

North Lakes Cancer Care Services have been expanded to four days a week, including Medical Oncology and Radiation Oncology from March 2017.

Technology has been embraced, with telehealth consultations with North Lakes Health Precinct and Kilcoy Hospital now under way, and telehealth chemotherapy treatments within the same facilities commencing in August 2017.

Cancer Care Services has worked closely with the RBWH Department of Emergency Medicine (DEM) on the combined DEM Avoidance Project, aimed at reducing avoidable presentations and hospital admissions by instead utilising the Cancer Care Outpatients department where appropriate.





*CISS researchers Paul Bew and Melanie Carter with the InMotion robotic device used in post-stroke upper limb rehabilitation.*

## Robot 30 times more effective for stroke rehab

Every 10 minutes someone in Australia suffers a stroke, and 80 per cent of those who do will experience some degree of arm weakness afterwards.

Of these people, 50 per cent regain no useful function in that arm and many stroke survivors have very little or no movement return, typically leaving them reliant on assistance from therapists, families and carers.

But physiotherapists and occupational therapists in Community, Indigenous and Subacute Services (CISS) are forging a brighter future for these patients through a series of research projects exploring solutions with the help of new exercise devices.

The InMotion robotics project at Brighton Health Campus, in collaboration with Australian Catholic University, involves implementation and evaluation of an upper limb robotic device in the management of upper limb weakness following stroke. The device has never before been used in a clinical setting in Australia.

While optimal upper limb recovery requires intensive, repetitive practice of around 300 movement repetitions per session, research shows patients are independently completing around 30 repetitions per session. However patients independently exercising using the InMotion device are now achieving 845 repetitions per session (an average of 33 minutes exercise time).

Around three to four patients are now using the device every day for up to 60 minutes each, unlocking potentially faster recovery.

Other stroke rehabilitation patients are similarly benefiting from using a customised, dynamic splint to assist weak muscles and allow completion of more repetitions independently, with case studies showing patients achieving around 200 repetitions per session with the splint compared to around 30 repetitions without.

Current and planned research projects aim to identify the combination of clinical rehabilitation protocols and modes of delivery that will optimise upper limb recovery for stroke survivors across CISS.

# Lowering oral health barriers for the homeless

Oral Health staff have taken a unique approach to reducing barriers to dental care for socially disadvantaged people, partnering with The Big Issue to reach those in need.

Metro North Oral Health Services (MNOHS) Nurse Manager Safety and Quality Jan Anderson said what began as a visit to a weekly soccer game in New Farm Park led to dental appointments over the past year for 106 people experiencing homelessness, economic hardship, drug and alcohol addiction or mental health issues.

“We initially approached the group intending to provide them with information but we soon learned that’s not what they wanted; they wanted help!” Jan said.

The MNOHS team came prepared with brushes, toothpaste and information but refocused when learning most of the group required assistance making appointments for dental care.

“Some of this group have no address; others may have no credit on their phones or no phone to make the appointment. Once we gained the group’s trust, we found the best way to assist was to sit down and arrange to make appointments for them,” Jan said.

“Occasionally we make appointments on the spot for those who have no other means of contact. More recently we have been working with non-government organisations and healthcare workers who have assisted us to get appointments for individuals.”

Jan said this ensured the patients had a time and place for their treatment arranged without them having to negotiate the appointment process or find a phone or phone credit to do it themselves.

From this initial partnership with a vital partner, MNOHS is now building its network and expanding its outreach to engage with groups such as Queensland Injectors Health Network, Salvation Army and Wesley Mission. MNOHS also attended Homeless Connect Day and is reaching out to people in caravan parks.

The majority of the appointments required some form of dental intervention including restoration, extraction and/or construction or repair of dentures.



*Oral health technician Zoe Johnston with Ronnie Beadman who was provided with dentures through the outreach program.*

## New teeth give Ronnie a new perspective

Ronnie Beadman has every reason to smile thanks to the Metro North Oral Health Services team (MNOHS) outreach program.

After meeting the MNOHS team through The Big Issue soccer games at New Farm Park, Ronnie was provided with a new set of teeth – and the result has been life-changing.

He travelled to Scotland as part of the Australian team for the Homeless World Cup in July. Since then, Ronnie has continued kicking goals with a new-found confidence helping him turn his life around.

Ronnie said his improved appearance had allowed him to socialise without embarrassment and inspired him to give back. He supports his peers at the Salvation Army’s Moonyah centre and continues to promote good oral health.

Ronnie has reconnected with his family and is also working towards completion of a Certificate III in security services.



## Interim care cuts 3700 days from hospital stays

More than 380 people have moved from a hospital bed to an aged care facility faster thanks to Metro North's new interim care service.

Community, Indigenous and Subacute Services (CISS) launched the interim care in 2016 as a temporary suitable care alternative to hospital, specifically for older patients, to help relieve the increased pressure faced by acute settings over flu season.

However, due to the service's success in reducing length of stay for older patients it is now operating as a 28-bed capacity service caring for those who no longer require care in a hospital but are unable to return to their own home and need support to move to an aged care home.

Project lead Kate Schultz, who helped develop the model of care, said the service is now discharging or transferring around 40 patients each month, with patients spending about 25 days on average in interim care.

More than 70 per cent of people admitted to interim care have been discharged to a residential care service and more than 13 per cent have transferred from the service to other hospitals.



Around five per cent of patients have moved on to other healthcare accommodation and around another five per cent of patients have shifted from the service back to home or their usual residence.

“Not only has this service contributed to reducing pressure on the acute sector, it has also offered a pleasant, safe and suitable environment that provides the necessary support and resources to properly care for patients in that interim period until alternative accommodation can be found,” said Ms Schultz.

In total, the service has resulted in patients spending about 3700 fewer days in hospital than they likely would have while awaiting a nursing home placement.



## Healthy smiles for Kilcoy locals

In its first year, more than 340 patients have now accessed the new adult oral health clinic at Kilcoy Hospital.

Kilcoy Hospital Nursing Director Lyndie Best said locals in Kilcoy, Woodford and the Somerset region no longer need to travel to Caboolture or further afield to access free, high-quality dental care.

“We know that the elderly are at higher risk of gum disease and are more likely to have untreated tooth decay,” Ms Best said.

“This new service will not only make a great difference to residents' smiles, but it will deliver better health outcomes for the community.”

The clinic offers a range of preventative dental care including fillings, as well as denture work and emergency procedures to eligible adults with pensioner and senior's cards.

It builds on the network of oral health facilities and community outreach services across the Metro North Hospital and Health Service, which provides more than 50,000 free dental appointments each year.



Metro North HHS, Brisbane North PHN and Queensland Ambulance Service staff with the refreshed Yellow Envelope at Redcliffe Hospital.

## Yellow envelope improves continuity of care

**Aged care facility residents can be assured of receiving the right follow up care with a simple clinical handover tool.**

The Yellow Envelope is exactly what the name suggests—an envelope used by healthcare staff to ensure relevant medical information stays with the patient as they move between hospital, their general practitioner, ambulance and their residential aged care facility.

The tool has been refreshed through a partnership between Metro North Hospital and Health Service, Brisbane North PHN and Queensland Ambulance Service as part of Metro North’s Innovation Alliances in 2016.

Metro North Director of Clinical Operations Strategy Implementation unit Elizabeth Davis said the Yellow Envelope was a simple tool that could make a big difference.

**Working together allows us to provide holistic, integrated and responsive care**

“The Innovation Alliances were set up to manage winter bed pressures. One of these alliances was the Primary Care to Emergency Alliance which identified handover of residents’ care from residential aged care facilities as a concern and gave us the opportunity to refresh the Yellow Envelope and reintroduce it to our clinicians,” Ms Davis said.

The Yellow Envelope provides information about the patient’s medical history to allow clinicians to continue the right care. The Yellow Envelope has been successfully re-implemented at Redcliffe Hospital and will be refreshed across Metro North.

“Working together on projects such as the Yellow Envelope allows us to provide holistic, integrated and responsive care to achieve the best outcomes possible for our frail older patients,” Ms Davis said.

This clinical handover tool also aligns with Metro North’s Year of the Frail Older Person campaign, helping to respond to the challenges of caring for an ageing population by improving communication between all providers of care.

## Physiotherapy service helping women access care sooner

Redcliffe mums are avoiding surgery for pregnancy related continence issues with the introduction of a gynaecology physiotherapy screening clinic at Redcliffe Hospital.

The clinic, which runs in conjunction with Redcliffe Hospital's Department of Gynaecology, supports women experiencing a range of pelvic health and continence issues, reducing the need for invasive surgery.

Redcliffe Hospital's Acting Director Physiotherapy, Cate Carter said the new clinic will significantly speed up treatment for a range of gynaecology conditions for women who don't require surgery.

"Traditional models of care meant that women who were assessed as having a non-urgent condition would have to wait significant periods of time to attend an outpatient appointment with a gynaecologist, and then be referred to a physiotherapist as needed, resulting in extra waiting," Ms Carter said.

"For some patients, this prolonged waiting period provides the potential for their condition to deteriorate, and increase the risk of further complications which many in fact require surgical intervention in the future."

Previously patients waited up to for 18 months for treatment, but under the new model of care eligible women can be seen within a month of referral to the clinic.

"If suitable for conservative management (non-surgical) patients will then see a treating physiotherapist and or a continence nurse advisor for a course of treatment," Ms Carter said.

"We are able to discharge some patients, while other patients who need to will remain on the wait list to see a gynaecologist. Evidence shows that there is a higher chance of success with surgery if patients have first completed conservative therapy.

"Many people are surprised to learn that muscles in their pelvic floor can become weak and contribute to symptoms. The physiotherapists utilise a range of treatments to help maximise pelvic floor function, which can help to improve the quality of life of our patients."

The clinic receives positive feedback from women who feel like they now have the tools to return to living a normal life.

Since its introduction in September 2016, the Category 3 Gynaecology wait list has reduced by 36 per cent, enabling earlier access for patients appropriate for surgical review. Almost a quarter of patients require no further gynaecologist follow up after treatment through the physiotherapy clinic.



## LINK for Innovation

Improving quality of care through integrated partnership projects drives the Metro North's LINK funding program which provides staff opportunities to test ideas and build sustainable community partnerships to better care for our patients.

A successfully implemented LINK funded project, the Multiple Sclerosis (MS) Connect project is a partnership between MS Queensland and Royal Brisbane and Women's Hospital (RBWH) MS Clinic.

The MS Connect project has introduced an MS care coordinator at the RBWH Clinic who provides recently diagnosed patients or patients with a worsening condition with an opportunity to discuss a range of issues and concerns, and to work out a plan of care.

Through a coordinated approach, the MS care coordinator liaises with employers, family members, and other services to support the patient in returning to home and work, and ensure they are supported in adapting and managing their health.

This project, like many other LINK funded projects, has improved the quality of life for patients by ensuring people receive the help they require in a seamless, efficient way.

Since 2015, LINK has funded 21 projects with \$2 million dollars. LINK has received 67 applications for partnership funding since commencement.



Across Metro North our leaders are committed to changing the face of healthcare through compassion, commitment, innovation and connection.



**Led for  
excellence**

## Research excellence improves healthcare

A doctor dedicated to improving antibiotic use for critically ill people is Metro North's Researcher of the Year 2017.

Intensive Care Specialist Professor Jeffrey Lipman was awarded the Researcher of the Year for his ground breaking research into intensive care and antibiotic resistance at the 2017 Research Excellence Awards.

Professor Scott Bell, Metro North Executive Director of Research, said the awards recognised excellence and represented tangible acknowledgement for researchers, attracting 74 high calibre nominations over seven categories.

“The sheer volume of research happening across Metro North is impressive, from evidence-based practice at the bedside, to drug and device trials, through to end-to-end clinical research and knowledge translation,” Professor Bell said.

“Our researchers are the epitome of what bringing ideas to life is all about. They are improving healthcare at all stages of the patient journey and making huge strides in their dedicated expertise. They are turning research outcomes into daily practice which is a challenge faced by both researchers and clinicians around the world.”

Rising Star recipient Dr Jonathon Fanning was recognised for his research into advancing understanding of the effects of cardiac procedures. Additionally, the inaugural Chief Executive Award was presented to the Brighton Research Advancement Team for their clinician-led ‘grassroots’ research in Community, Indigenous and Subacute Services.

*Below: Professor Scott Bell with Research Supporter of the Year Dr Alka Kothari, Professor Jeffrey Lipman and Dr Jonathan Fanning.*



## World-first centre advances anaesthesia training

There has long been very limited exposure for anaesthetists to hone their craft in the safety and security of a simulator or skills laboratory.

This coupled with the overwhelming growth of the profession—the volume of medical information doubles every 18 months, with related journals producing 1000 new pages each day—highlighted the need for more efficient ways to teach, analyse and access information for anaesthetists.

Now, the Royal Brisbane and Women’s Hospital (RBWH) and The University of Queensland have created the world’s first Centre of Excellence and Innovation in Anaesthesia (CEIA) offering a simulation skills lab, including airway management, regional anaesthesia, vascular access and minimising drug error.

RBWH staff specialist Professor Andre Van Zundert said the CEIA delivers a way to tackle the issues faced by anaesthetists—in a way that nowhere else does quite as well.

“Just like aeroplane pilots who train for months at a time before taking to the skies, anaesthetists need to be trained on a regular basis on all sorts of devices, equipment, drugs and situations to master their profession and all possible scenarios,” Prof Van Zundert said.

“This is a profession of high-pressure and high-risk scenarios, and now for the first time we can offer these anaesthetists specialised simulated training to increase their confidence, improve their skills and decrease their stress levels.”



***Pictured top:** Professor Andre Van Zundert, Dr Kerstin Wyssusek and Lizanne Dalgleish are the proud RBWH faces behind the CEIA  
**Above:** Medical staff participate in a trauma simulation exercise at the CEIA*



The CEIA was established for better education, research, communication, collaboration, governance and funding around anaesthetics. The development of skills through simulation gives health professionals an opportunity to gain knowledge and technical expertise in an environment that removes stress and increases clinical confidence.

The centre will also play a key role in the assessment of medical equipment as part of the Systematic Analysis of Basic Equipment in Anaesthesia (SABEA) project, and aims to develop a Wiki-Anaesthesia website to complement existing medical literature.

“The work in the CEIA will contribute in making the field of anaesthesia a safer profession not just for the patient, but for the specialists themselves,” Prof Van Zundert said.



# Right care, right place, right time

Patients coming into Metro North emergency departments can be assured they'll receive the right care fast thanks to the Patient Access Coordination Hub (PACH).

PACH launched in May 2016, after an eight-week design and development process, to assist with the expected increase in demand for services over winter. The hub has been so valuable it has continued to provide daily support for busy clinicians and ensure hospitals are ready to receive patients.

Executive Director of The Prince Charles Hospital Anthony Williams said at a local level PACH assists with decision making by providing real-time information about what's happening across the network.

"We have two large screens with a subset of the data in our executive centre and it's a regular part of my work day to look at it. It allows us to analyse what's happening and react before problems arise," Mr Williams said.

"Before PACH we had a narrow view of what was happening at our facility only, but now we can see all four emergency departments as well as a view of our wards.



Metro North's PACH team celebrate one year of the Hub's operation

I know for a fact by looking at the information whether everyone has a problem or if it's just us."

PACH Medical Director Dr Liz Rushbrook said since the service has been running it has assisted staff to manage emergency department crowding by flagging potential delays.

"We have a comprehensive whole of system approach which allows us to focus on making sure there are no bottlenecks or delays," Dr Rushbrook said.

"We have reduced adverse patient outcomes due to ED crowding and delays."

# Telehealth technology continues to put rural patients first

Kilcoy Hospital is continuing to improve access to specialist outpatient services through the use of telehealth technology, with the recent introduction of a Holter Monitoring service.

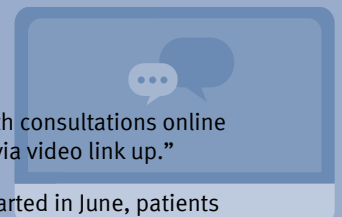
Kilcoy Hospital Facility and Nursing Director said this was a fabulous new service for our community which has a high number of frail and elderly residents at risk of heart disease and conditions.

"Telehealth is increasing the capacity to offer outpatient sessions to the community of Kilcoy and surrounds for specialist appointments that occur in Brisbane, Redcliffe and Caboolture," Ms Best said.

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

As part of the new service which started in June, patients and locals suffering from heart conditions, such as heart palpitations or irregular heartbeats no longer need to travel to Caboolture Hospital for specialist testing and monitoring.

The new telehealth service follows the introduction of allied health clinics for the frail and elderly recovering from falls and heart attacks, and outpatient appointments for locals who suffer kidney disease.







## Skills honed through world-leading simulation

With more than 3800 simulators, hundreds of full-bodied, high-tech mannequins and more than 100,000 hours of training, the Clinical Skills Development Service (CSDS) is the only facility of its kind in Queensland.

Hosted by Metro North Hospital and Health Service, CSDS is a statewide service with over 107 partner Pocket Simulation Centres across the state. It's the largest network of healthcare simulation provision in the world.

Each site has access to interactive neonatal, paediatric and adult mannequins used to train a vast variety of staff across multiple scenarios and disciplines. CSDS is recognised as one of the leading innovators in health education worldwide. Health professionals from all over Queensland receive critical medical training through the CSDS network so they can deliver life-saving emergency medical assistance to their communities, as do Australian Defence Force personnel.

CSDS Director Dylan Campher said simulation in healthcare education and training allows the clinical workforce to adapt to high-stress, life-threatening situations—improving the outcome for both the patient and the clinician.

“Rethinking how we use simulation has created an opportunity for frontline staff to solve their daily problems with new and innovative solutions. Simulation is more than just an educational and rehearsal tool, today we use it to test improvement at the bedside and translate how-work-is-done to help inform and guide our understanding of the healthcare journey,” Mr Campher said.

“The work done here at CSDS allows us to deliver training in major traumas such as road accidents, workplace accidents, fires, natural disasters and physical assaults.”

CSDS's network is developing at a rate of 10 new Pocket Simulation Centres a year across the state and delivers critical advanced medical training to Australian Defence Force (ADF) personnel before deployment into some of the harshest war zones on the planet.

“ADF medical professionals and soldiers are provided with real life scenarios to handle the most extreme conditions. This is the sort of stuff you can't truly prepare for unless you've faced it yourself, and that's why simulation is so essential,” Mr Campher said.

The centre has over 26 session rooms, laboratories and a fully functional operating theatre and hospital ward located on the Herston campus of RBWH.



# Surgery robot to reduce hospital stay

It may seem like a work of science fiction, but a surgical robot at the Royal Brisbane and Women’s Hospital (RBWH), will have very real, and very positive impacts on the lives and recovery times of Queenslanders with throat tumours.

Two RBWH surgeons have been trained in the world-leading technology, which involves the remote operation of fine, robotic arms designed to reach areas in a patient’s throat that are normally impossible to access using conventional methods.

Director of the RBWH Ear, Nose and Throat (ENT) Department Dr Sharon Kelly said the industry changing benefit of the robot was the length of time it takes a patient to recover.

“With conventional surgery the procedure can take up to 12 hours, with a subsequent four week stay in hospital. Depending on the case, it may be possible for a patient to go home two days after the robotic surgery,” she said.

“Around 20 patients a week require ENT surgery at the RBWH and the introduction of the robot will help to reduce overall theatre time, so it will benefit even those who don’t use the robot directly.”

Dr Kelly said major surgery required a long period of difficult and sometimes painful rehabilitation, with some patients having to re-learn basic processes such as talking and swallowing.

A robot-utilised procedure could reduce scar tissue and rehabilitation time for these patients.

The new robotic procedure is just one component of a wide-reaching campaign which saw ENT waiting lists reduced dramatically over the past 12 months.

Dr Kelly said the use of existing resources, combined with alternate working strategies and the dedication of RBWH staff resulted in reducing the number of patients waiting longer than clinically recommended for an appointment or a procedure to zero.

## Statewide Epilepsy Program

Prior to late 2016, Queenslanders with severe, uncontrollable epilepsy were left with no choice but to cross the border and seek surgical intervention in Victoria, separating them from the support of family and friends.

Identifying this gap in treatment, Royal Brisbane and Women’s Hospital (RBWH) began work on the Statewide Epilepsy Program to bring treatment options back to Queenslanders.

By late 2016 the program began taking in patients and 19 people have been treated with a surgical intervention to great success so far.

Executive Director of Internal Medicine Services Kate Mason said it was the comprehensive multidisciplinary team and the surgical pathway components of the service that made the real difference.

“Some patients who have uncontrollable epilepsy have all the therapeutic management and medications we

can possibly employ, but their seizures still cannot be managed. That’s when a surgical procedure may be of benefit,” she said.

“Up until last year these patients had to be separated from their families to receive this get treatment... it’s very traumatic and very isolating. It was hard to believe a state as big as Queensland didn’t have this service, but now we do.

“We think it is wonderful. Our patients think it is wonderful. Queensland thinks it is wonderful.

“These patients so far haven’t had to go down south, and I think that is a win. They have the potential now to take up fully functional lives again.”

The program uses a close and intensive follow-up process, due to the serious nature of brain surgery, and boasts strong interdisciplinary collaboration between medicine, surgery and imaging.

JUL-DEC  
2016

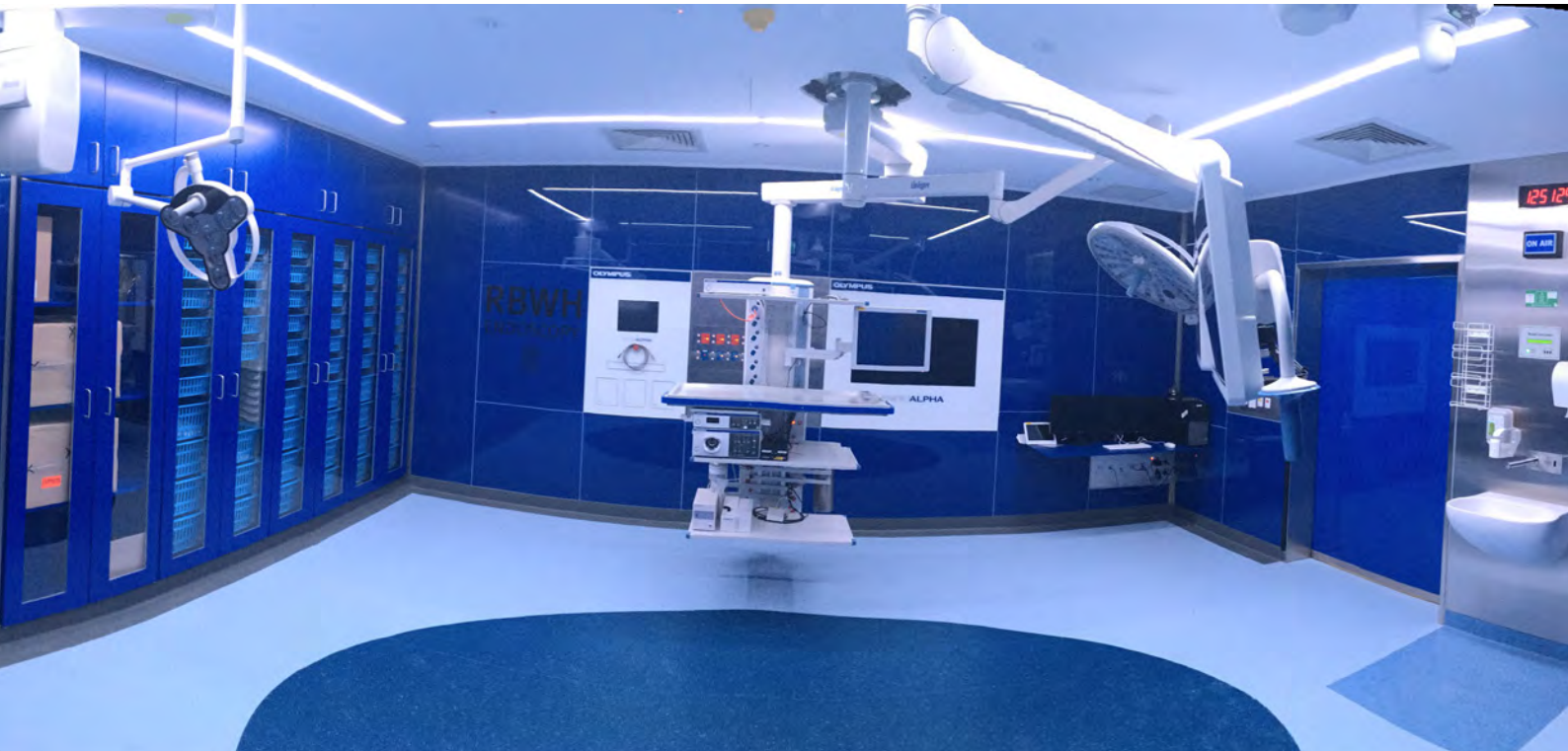


148 patients admitted  
5 surgeries

JAN-JUN  
2017



165 patients admitted  
14 surgeries



## Blue room boosts endoscopy numbers

More Queenslanders than ever before will now have access to specialist endoscopy services at the Royal Brisbane and Women's Hospital (RBWH).

A new blue procedure room will increase the number of endoscopies by almost 50 per cent to more than 9000.

RBWH Director of Gastroenterology and Hepatology Dr Mark Appleyard said the 'Blue Room' is a brand new theatre capable of handling additional and more complex procedures than the other theatres.

"More complex interventional and diagnostic gastroenterology services are possible with the room's blue walls providing a high contrast to the pink tissues being examined," Dr Appleyard said.

"This service expansion includes an automated sterilising system as well as an equipment tracking and drying room to improve safety."

At the push of a button the room is automatically set up to the surgeon's requirements which saves time between procedures.

The new procedure room has blue tempered glass walls and 'kick bars' for staff to exit the room without using their hands. A fully integrated digital system includes a touch panel to control equipment, communication devices, lighting and sounds.

Dr Appleyard said one of the features of the state-of-the-art equipment provided increased scope to expand training and research options.

"The 'Blue Room' is equipped with cameras and videoconferencing equipment capable of broadcasting procedures to students around the globe. Conversely our surgeons will benefit from teachers interstate or overseas being able to dial into complex procedures to help with training," Dr Appleyard said.



## Providing dignity at end of life

Spending our last days and hours in comfort and with dignity are the minimum we would all want for ourselves and our loved ones.

The Prince Charles Hospital (TPCH) Palliative Care unit has developed new tools to help staff ensure patients receive the best possible care in their final days.

Palliative Care Clinical Nurse Consultant Sue Mannion said not all health staff have experience caring for people who are dying.

“Caring for someone who is dying can be extremely confronting for health practitioners who are unfamiliar with looking after patients and families in this situation,” Ms Mannion said.

“The effective management of symptoms in patients who are nearing the end of life is of great value when supporting families and carers through grief and bereavement.”

The resources include an observation chart for common signs and symptoms, such as pain, shortness of breath, and restlessness. The chart also prompts the nurse or doctor to assess family and significant others for distress so as to make appropriate referrals for support.

“Without the correct knowledge and tools, a staff member may find it particularly challenging to know how to approach the end of life care process. This includes having difficult conversations with patients and families,” Ms Mannion said.

Palliative Care nurse René Carnes said the observation chart is a good visual aid to see which symptoms are causing the patient the most distress and how best to relieve them.

“In my own day to day experience, I enjoy being able to use a tool that allows me to very quickly manage the problems that are most troubling to both the patient and their families at a very challenging time,” Ms Carnes said.

The tools are now being rolled out across other parts of TPCH and through Community, Indigenous and Subacute Services providing care to people at the end of their life. The project is supported with funding from Metro North’s SEED innovation grants.

*Pictured: René Carnes, Registered Nurse, TPCH Palliative Care Unit*

## 350 access new telehealth service in first three months

Royal Brisbane and Women’s Hospitals (RBWH) Allied Health Professions are enhancing the quality of care they provide through establishing and expanding new telehealth models to enable more convenient patient access to specialist services—regardless of location.

A number of departments across the hospital, including speech pathology, nutrition and dietetics, cardiac sciences, physiotherapy, occupational therapy, social work, rehabilitation, and audiology are delivering care to patients either at their local facility, or home via their own computer or mobile device.



**In a state as decentralised as Queensland, equal and easy access to specialised healthcare has always been a point of difficulty—but technology is fast changing that.**

Clinicians are expanding their use of telecommunication technologies, such as live audio and video links and health monitoring devices to connect directly with patients and staff to enhance clinical care and service outcomes.

RBWH Allied Health telehealth services are rapidly expanding into new territory, treating more and more patients. The new Spinal Physiotherapy Screening Telehealth Clinic alone, which delivers multidisciplinary treatment to patients with chronic spinal pain conditions, conducted over 350 telehealth appointments within the past three months.

The Speech Pathology and Nutrition and Dietetics departments have combined and expanded their existing telehealth service to patients with head and neck cancer. Renal patients treated at Kilcoy Hospital are receiving psychosocial support by the Social Work Department, and the Occupational Therapy

Department have established support clinics for burns rehabilitation and hand therapy. The Audiology Department have plans to expand their post cochlear implant home service to patients living in regional Queensland.

The statewide RBWH Tele-Cardiac Service, implements Holter monitors and conducts stress testing for patients across Queensland via a videoconference setup with live electrocardiograms (ECGs).

“Our belief is that we would like to see rural patients get quick access to care,” Director of Cardiac Sciences Adjunct Professor Adam Scott said.

“This is one mechanism we can use to help out our rural partners.”

*Pictured above: Cardiac science telehealth department connects with patients at other hospitals around the state*

# Metro North Fast Facts

<b>Staff</b>	15,162 full-time equivalent (FTE), 18,000 headcount
<b>Investment in care</b>	\$2.553 billion
<b>Sites</b>	Five hospitals with 2,354 available beds, 14 community, Indigenous and subacute service locations, 27 oral health facilities and 14 mental health facilities
<b>Hospital admissions</b>	268,853 people admitted
<b>Ambulance arrivals</b>	98,483 ambulance arrivals handled by our emergency departments
<b>Emergency</b>	283,628 attendances
<b>Outpatient services</b>	987,080 people received care as outpatients
<b>Surgical operations</b>	49,288 elective and emergency operations performed
<b>Children</b>	16,433 children under age 18 were admitted to Metro North wards and units
<b>Births</b>	8,390 babies born at our facilities
<b>Mental health</b>	409,205 contacts
<b>Community health</b>	161,269 hours of direct primary care
<b>X-ray and ultrasound</b>	317,992 x-ray and ultrasound attendances
<b>Dental</b>	701,436 weighted occasions of service
<b>Breastcreens</b>	42,674 breastcreens performed

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## DISTRIBUTION

Metro North distributes copies of the Quality of Care Report to patients, staff, community members and key stakeholders. This year the report will again be made available to our partners, patients and staff, as well as on our website, [www.health.qld.gov.au/metronorth](http://www.health.qld.gov.au/metronorth).

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