THE WOMEN'S QUALITY OF CARE REPORT 2012

the women's
the royal women's hospital
victoria australia

THE WOMEN'S DECLARATION

WE RECOGNISE THAT SEX AND GENDER AFFECT WOMEN'S HEALTH AND HEALTHCARE

We are committed to the social model of health

We will care for women from all walks of life

We will lead health research for women and newborns

We will innovate healthcare for women and newborns

We will be a voice for women's health

In everything we do, we value courage, passion, discovery and respect

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The Women's is a hospital for all women – at every stage of their lives.

Pictured: Mother Kylie with grandmother Judy and young Chuck


the women's
the women's
the royal women's hospital
Frances Perry House

CEO & CHAIR'S MESSAGE

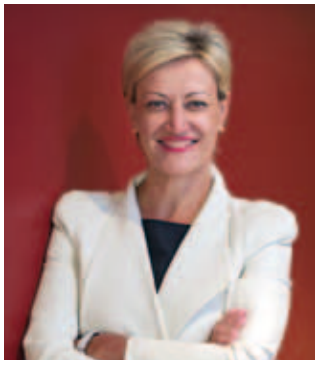
We have prepared this year's report to reflect the different stages of a woman's life. The Royal Women's Hospital (the Women's) recognises the different health issues and healthcare needs in a woman's life journey. So, whether you are a young woman, you are having a baby or raising children, you are in mid-life or you are an older woman, we hope the stories will resonate.

In the same way, for the first time, we have structured our Strategic Plan (2011–2015) to reflect a life-cycle approach to improve the health of women and newborns. The plan has evolved from widespread consultation with women, our community, partners and staff who told us that this is what you want of the Women's.

Individual patient and broader community feedback are vital to our work. We have a number of committees and advisory groups that connect us with their communities – ethnic women, women of Aboriginal and Torres Strait Islander backgrounds, women with disabilities, women with drug and alcohol issues, young women, women with violent partners and women with serious mental illness. Many of these groups are the first of their kind engaged in a public hospital in Australia.

It is contact with our community that keeps us relevant, innovative and motivated. Formal and informal feedback on our Strategic Plan and other specific service programs and practices is actively encouraged. It means we are ideally positioned to uphold the values of our community and show leadership through delivery of quality services and personalised patient care.

We are pleased to present you with the Women's Quality of Care Report for 2012. While it is, by no means, an exhaustive description of everything we do, we hope you enjoy reading some inspirational stories about how we look after women, at every stage of their lives.



Dale Fisher
Chief Executive Officer

Dr Rhonda Galbally AO
Chair

CHAPTER 01 »

BABIES

THE WOMEN'S MATERNITY SERVICE CARED FOR MORE THAN 7,000 WOMEN, AND PROVIDED 100,000 OCCASIONS OF CARE.

Every year, the Women's cares for more than 1,400 premature or unwell babies in our Newborn Intensive and Special Care (NISC) unit. A large number of unwell and premature babies are born at the Women's because we are the leading tertiary hospital for the care of women with complex/ high-risk pregnancies in Victoria.

Pictured: Midwife Olivia Capozzi takes the temperature of baby Sanna, with parents Simon and Silja.

At the Women's we are passionate about giving babies the best start in life. And while most babies born here go home soon after birth, babies who are born sick or premature can spend many weeks, even months, in our hospital.

Our Newborn Intensive and Special Care unit is an extraordinary place. Some of the most vulnerable babies from around Victoria come to us to receive the highly specialised care required for their survival.

Our team of experts work around the clock to care for the newborns and support their families through the highly emotional and often difficult journey.

BREASTFEEDING SUPPORT 'RIGHT FROM THE START'

One thing that can make a big difference to unwell and premature babies is breast milk. Often described as 'liquid gold', breast milk is a vital ingredient in the care of sick and premature babies. Breast milk has many unique properties that support growth, protect against infection, and have long-lasting benefits.

Many of the babies admitted to our Newborn Intensive and Special Care (NISC) unit cannot be breastfed to start with, and can only receive breast milk via a tube. For mothers, this means expressing milk with an electric pump, at least eight times every day.

In the past, breastfeeding rates in NISC have not been optimal. Recognising this, we developed a strategy which considered a range of clinical, environmental and personal ways to make it easier for women of very small and sick babies to give their newborns breast milk.

With funding raised through the Women's Foundation, 13 new hospital-grade electronic breast pumps were purchased. The total number of breast pumps in NISC is now 28, providing mothers with more pumps and less time to wait for access.

A training program has been conducted for the NISC and Breastfeeding Service staff and the feedback from mothers and staff to date has been overwhelmingly positive.

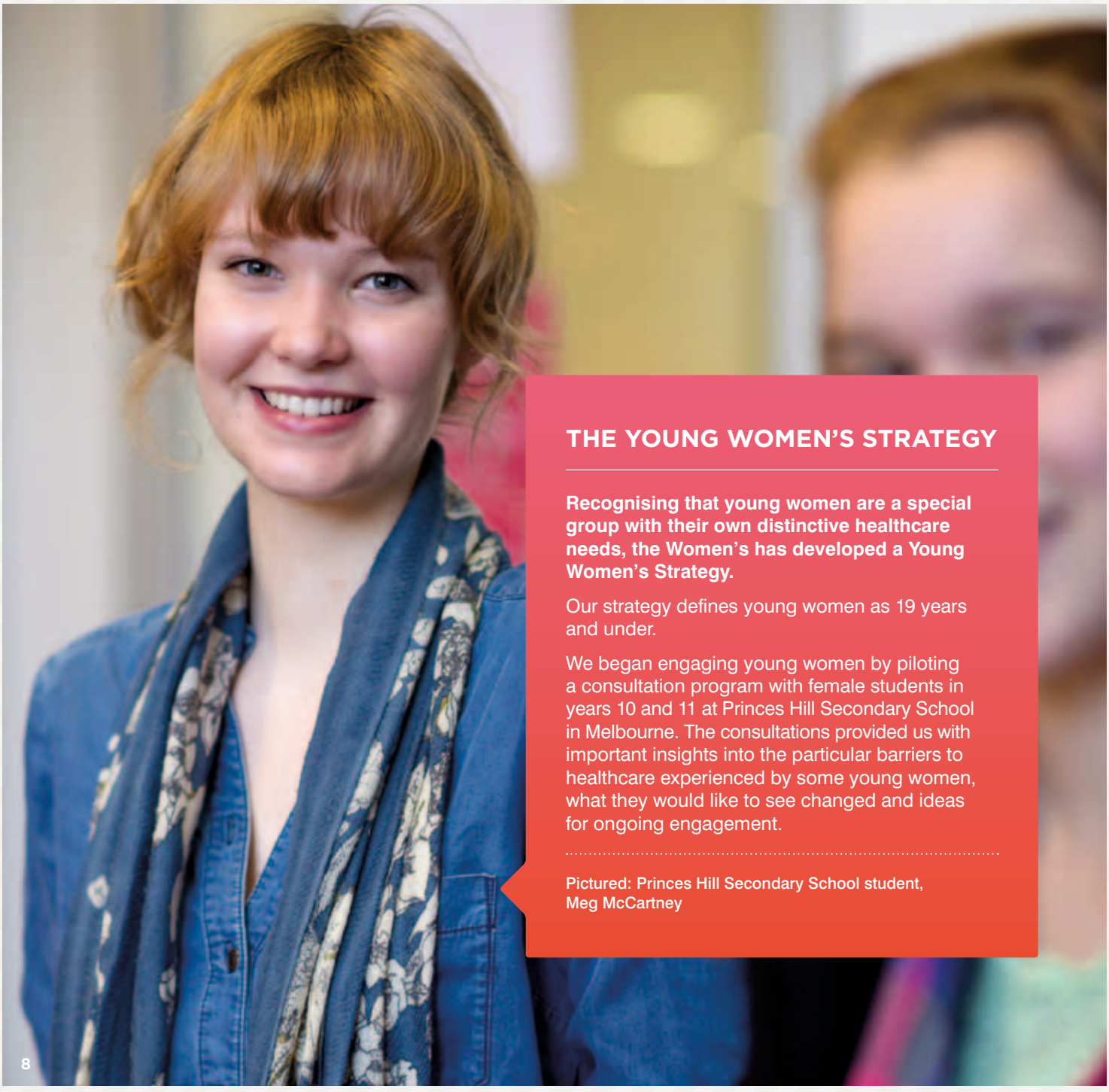
This strategy has the potential to become a benchmark for enhancing breastfeeding support in neonatal settings nationally and internationally, cementing the Women's reputation as a leader in the healthcare of women and their infants.

The *Right from the Start* strategy title is taken from a quote by a mother of an infant in the Newborn Intensive and Special Care unit. "You're trying right from the start to express and to feed, so you need the help right from the start."

Pictured: Lactation Consultant Annette Auld demonstrates how to use a breast pump.

CHAPTER 02 »

YOUNG WOMEN



THE YOUNG WOMEN'S STRATEGY

Recognising that young women are a special group with their own distinctive healthcare needs, the Women's has developed a Young Women's Strategy.

Our strategy defines young women as 19 years and under.

We began engaging young women by piloting a consultation program with female students in years 10 and 11 at Princes Hill Secondary School in Melbourne. The consultations provided us with important insights into the particular barriers to healthcare experienced by some young women, what they would like to see changed and ideas for ongoing engagement.

Pictured: Princes Hill Secondary School student, Meg McCartney

Young women in their adolescent years are transitioning from childhood to adulthood. It is a time of great physical, emotional and psychological change.

While most young women are well during this time, they are more likely to take risks, suffer from peer and social pressure and can establish life-long patterns, both positive and negative.

Adolescents who become mothers require additional support as they prepare for the challenges of motherhood.

The Women's has implemented a model of maternity care for young women aged 19 years and under, with the aim of further engaging them in the process of improving their own lives and the health and wellbeing of their babies.

YOUNG WOMEN'S MATERNITY CARE

Maternity care for young women is not new for our hospital. A Young Mum's Clinic began here in 1996 to provide age-specific maternity care.

Young women have special needs. The often unplanned nature of their pregnancy and their individual needs further compound their transition to parenthood.

Additional concerns they may face include: single motherhood, poor educational opportunities, mental health issues, unemployment, financial hardship and homelessness.

Hospital data found that young women were much more likely to have a low Body Mass Index, smoke, have a preterm baby, have a baby admitted to Newborn Intensive and Special Care or to not breastfeed.

As well as providing quality maternity care, the Women's aims to address the needs of young women in the context of their lives, not just their immediate health issue, and provide non-judgmental support from our skilled, multidisciplinary team.

Young pregnant women want continuity of care and of carer. The Women's has subsequently developed a midwifery model for these young women to provide continuity of care and carer through their pregnancy, labour and birth, and care after birth.

Mercedes Reyes Munoz is our Young Women's Clinical Co-ordinator. She has specialised in work with young mums since she trained as a midwife. She says that the hospital's Young Women's Service is important to give the women and their babies the best start in life. "Some of these girls are doing it very tough," says Mercedes. "Their pregnancies are generally unplanned; they may not have a partner or a job, or any family support. Having said that, they are the strongest, most honest group of women I've ever known."

Pictured: Young mum Cassandra Carlon with her boyfriend Taylor Berryman and daughter Savanna

RESEARCH HIGHLIGHT:
ENDOMETRIOSIS AND PELVIC PAIN

A world-first study at the Women's Gynaecology Research Centre was conducted in 2011/12 to determine if key nerve fibres associated with endometriosis and pelvic pain in older women are present in young women (aged 19 or below) with pelvic pain.

Led by international expert Martha Hickey, Professor of Obstetrics and Gynaecology at the Women's Hospital and at the University of Melbourne, the study was a collaboration between the Women's and the University of Sydney. Findings from the study have the potential to enable early diagnosis of endometriosis and to improve clinical management of this common and often debilitating condition.

Professor Hickey said many women suffer from gynaecological problems at some point in their lives. Abnormal bleeding and pelvic pain affect up to one third of Australian women.

In another project, the Research Centre's Professor Rogers and his team are investigating the genetic factors that determine the incidence of endometriosis.

A genetic link has been made between female family members and endometriosis by the Queensland Institute of Medical Research.

The joint project between the University of Melbourne and the Women's will now recruit 1,000 women to examine how those results can be translated into actual treatment.

"Once we fully understand the genetics behind endometriosis, we will be in a better position to translate this into practical care and identify the best ways we can help the women who suffer from it," says Professor Rogers.

The studies are part of the Women's Gynaecology Research Centre. To read more about the Women's Gynaecology Research Centre turn to page 18.

Pictured: Gemma Cooper, Participation Coordinator (second from left), takes Princes Hill Secondary School students, (from left) Marli Dowsett, Emma Byers, Radiya Ahmed Dahir, Lucy Turton and Meg McCartney, on a tour of the hospital.

CHAPTER 03 »

CHILDBEARING YEARS

AT THE WOMEN'S WE ENCOURAGE ALL WOMEN TO BE ACTIVELY INVOLVED IN THEIR PREGNANCY PLAN, BIRTH AND POSTNATAL CARE, AND WE ENCOURAGE THE INVOLVEMENT OF PARTNERS, SUPPORT PEOPLE AND THEIR FAMILIES.

Every woman and every pregnancy is different. We believe that each birth is a natural and unique event, and that women should receive personalised care throughout pregnancy, labour, and birth and in the days after they go home with their baby.

Our aim is for pregnant women to feel a greater sense of control and support.

Pictured: Michelle Clark with baby Reznor Tuke

There is compelling evidence that a healthy pregnancy can improve the outcome for two generations – the mother and the child.

For many women, the joy of having a longed-for pregnancy confirmed is accompanied by the understanding that their lives will be profoundly different.

Some women however, can experience difficulties in conceiving, some experience complications during pregnancy and birth, while others experience anxiety and depression both during their pregnancy and after their baby is born.

The Women's is a leader in maternity care. As one of Australia's largest maternity hospitals, we have developed services to care for the needs of all women – young women, women from diverse cultural backgrounds, women with healthy pregnancies and women with complex, high-risk pregnancies or with babies born unwell or premature.

ASSESSING HEART FUNCTION OF CRITICALLY ILL PREGNANT WOMEN

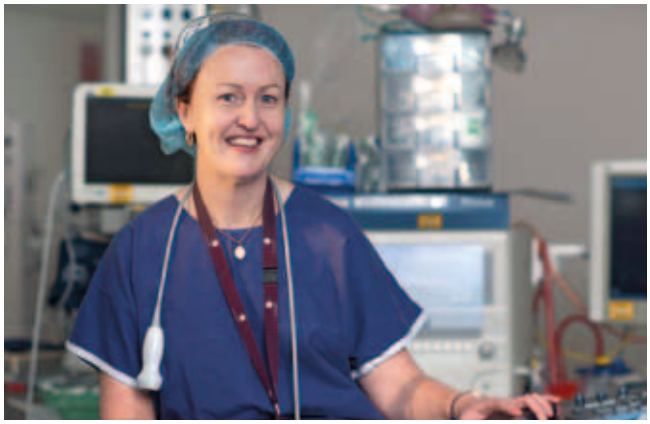
The Women's Department of Anaesthesia has a long history of research, teaching, education and innovation. Founded in 1951 by Dr Kevin McCaul, it was the first obstetric anaesthesia department in Australia.

The department has an active research program concentrating on world-first research in the area of heart function in pregnant women with preeclampsia. Preeclampsia is a condition that typically starts after the 20th week of pregnancy and causes high blood pressure. It affects the woman's heart, kidneys, liver, brain and the placenta. It is also a leading cause of fetal complications such as low birth weight, premature birth and stillbirth.

Current research projects in the department use the ROSE Scan – the Rapid Obstetric Screening Echocardiology Scan – which has been developed to rapidly and safely assess a sick pregnant woman's heart function. It is a world-first ultrasound technique that monitors the hearts of critically ill pregnant women in the same way their unborn babies are scanned.

Developed by a Women's anaesthetist, Clinical Associate Professor, Dr Alicia Dennis, the ROSE Scan lets doctors, for the first time, instantly see the inner workings of heart function in pregnant women without invasive high-risk monitoring.

The ROSE Scan is tipped to revolutionise treatment for the life-threatening condition that approximately 15,000 Australian women suffer each year.



Dr Alicia Dennis enjoys an esteemed career in both clinical practice and research. She is a strong advocate for high-quality, scientifically based education for women and girls, to enable them to make informed choices. She also believes the role of the obstetric anaesthetist is vitally important in facilitating safe childbirth for women and safely managing critically ill pregnant and recently pregnant women.

A NEW SERVICE FOR PREGNANCIES COMPLICATED BY TRAUMA FROM AN INJURY

It is estimated that one in 12 pregnancies in Victoria will be complicated by trauma from an injury.

Trauma is the most common cause of non-obstetric death of an unborn baby or pregnant woman. Examples of these traumas include motor vehicle accidents, falls and assaults.

Obstetric Trauma is a new service provided through a partnership between the Women's and The Royal Melbourne hospital.

A pregnant woman represents two patients. The key management principles are to provide care to the mother, because best help for the mother will maximise survival of her baby.

As a major trauma service provider and because of its close proximity to the Women's, The Royal Melbourne Hospital is designated to admit all pregnant trauma patients.

Because the two hospitals work so closely on cases of pregnant women in trauma, we have developed a set of patient management guidelines to ensure appropriate monitoring, management and referral of these patients.

If the injury to the pregnant woman is assessed at The Royal Melbourne Hospital as being minor and not requiring admission to a general hospital for trauma care, she may then be transferred to the Women's to manage her pregnancy care.

ASSISTED REPRODUCTION FOR HIV-POSITIVE PEOPLE

The Women's has been offering assisted reproductive techniques to HIV-positive men with HIV-negative female partners since 2003 and to HIV-positive women since 2006.

A research paper by Dr Michelle Giles, an infectious diseases physician at the Women's, published in the *Medical Journal of Australia* in 2011, reviewed the outcomes of 37 HIV-positive people with HIV-negative partners (known as 'serodiscordant' couples) who took part in an assisted reproduction program at the hospital between 2003 and 2010.

In that time, 19 babies were born and no cases of HIV transmission to the baby or the HIV-negative partner occurred.

Dr Giles said the study confirms the safety of assisted reproduction for serodiscordant couples within a program that includes strict protocols for HIV treatment and testing of all semen for detectable HIV before use.

The choice of treatment offered includes intrauterine insemination or IVF depending on the woman's age, reproductive history, fertility and her partner's sperm quality.

"I'm pleased to say our study demonstrates that people with HIV can safely conceive a child using assisted reproduction," says Dr Giles.

"I'm pleased to say our study demonstrates that people with HIV can safely conceive a child using assisted reproduction," says Dr Giles.

Pictured: Dr Michelle Giles, Infectious Diseases Physician, with Harold Bourne, Lab Manager

CHAPTER 04 »

MID-LIFE

IN 2010, THE WOMEN'S APPOINTED PROFESSOR MARTHA HICKEY, AN INTERNATIONALLY RECOGNISED GYNAECOLOGIST SPECIALISING IN THE AREA OF MENOPAUSE.

Martha Hickey is Professor of Obstetrics and Gynaecology at the University of Melbourne and Adjunct Professor of OB/GYN at Yale University, Connecticut.

She is an experienced clinician and researcher in gynaecology. Her main areas of interest are: abnormal uterine bleeding and menopause, the development of non-hormonal treatments for menopausal symptoms and the mechanisms of abnormal bleeding in women using sex steroids for contraception or Hormone Replacement Therapy (HRT).

Mid-life can be a time of significant change in women's lives.

For most women, it coincides with menopause as well as other life changes – changes in family and professional roles, changes in relationships, caring for ageing parents or perhaps new physical and mental health issues.

The average Australian woman reaches menopause at 51 years of age. Most women experience relatively mild symptoms, like the infamous hot flushes. Many others however, will suffer from symptoms that can substantially reduce their quality of life.

To promote health and wellbeing, the Women's undertakes research and provides programs that address the physical and mental health challenges that women can face in mid-life.

MANAGING MENOPAUSE SYMPTOMS AFTER CANCER

Menopausal symptoms are a common consequence of cancer treatment for many women. These symptoms are often very challenging and unexpected, particularly for women who have undergone treatment at a young age and have experienced a treatment-induced menopause. Cancer treatment may also exacerbate pre-existing menopausal symptoms.

The Women's Menopause Symptoms After Cancer (MSAC) clinic was established by Professor Martha Hickey in 2010, to care for women with menopausal symptoms and a history of cancer. This clinic is the second of its kind in Australia and is the only clinic in Victoria where menopause, mental health and cancer care co-exist.

The clinic provides specific advice and individualised care for women. This involves education and evidence-based advice on symptom management as well as referral to specialist services to help women reduce symptoms and improve their quality of life.

Due to the complex nature of a cancer diagnosis and the risk of recurrence, many of the patients seen in this clinic require multidisciplinary help. Each woman's program is tailored to her needs and she sees a team which includes gynaecologists, surgical and medical oncologists, endocrinologists, fertility specialists, sexual health counsellors, the Centre for Women's Mental Health staff and specialist nurses.

Kylie Barton (MSAC Clinical Nurse Coordinator) says, "Women who come to us are thankful to be able to sit and talk about something that is not widely discussed. Our aim is to help them with a plan that will reduce their symptoms and work for them so that they can carry on with their lives – whether that is returning to work, maintaining a relationship or dealing with day-to-day family life."

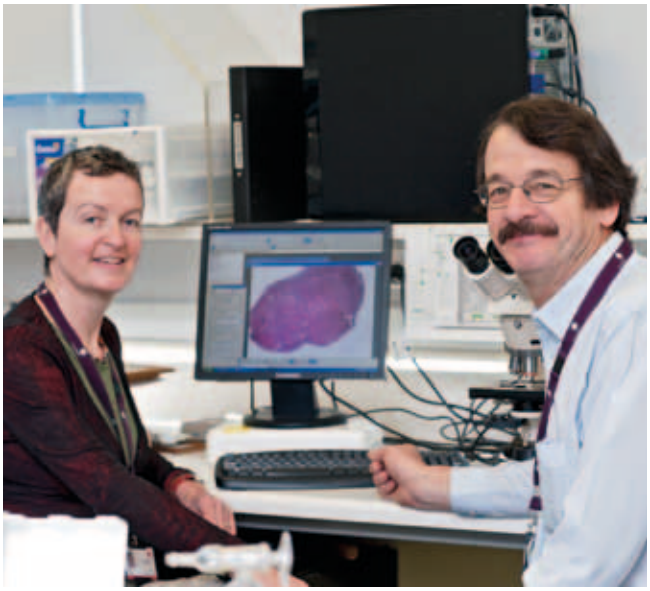
A NEW GYNAECOLOGY RESEARCH CENTRE

Although the Women's has been conducting research almost since its establishment, the hospital's highly specialised Gynaecology Research Centre (WGRC) was established in 2011 and is already leading internationally.

It is the first centre in Australia to bring together clinical and laboratory expertise to investigate a wide range of common gynaecological issues including: menopause, menopause after cancer, heavy and abnormal menstrual bleeding, endometriosis and sexual health dysfunction due to cancer.

Led by international expert Martha Hickey, Professor of Obstetrics and Gynaecology at the Women's and at the University of Melbourne, and Peter Rogers, Professor of Women's Health Research at the University of Melbourne, the Centre will provide greater understanding of common gynaecological conditions to improve prevention, diagnosis and management of conditions.

A very generous bequest from the estate of Ilma Mary Short, received in late 2008, allowed the hospital to establish the centre and staff it with leaders in their field. Ilma was treated at the Women's in the late 1970s for gynaecological cancer and, having worked all her life around scientists, and having the financial means to do so, chose to direct her ultimate gift towards research in this area.



Pictured: Professors Martha Hickey and Peter Rogers

RESEARCH HIGHLIGHT:
NEW INTERNATIONAL HRT GUIDELINES

The Women's has published the latest guidelines for doctors prescribing Hormone Replacement Therapy (HRT) to safely manage menopause symptoms in healthy women.

Professor Martha Hickey published an article in the prestigious *British Medical Journal* in 2012 stating that certain HRT drugs given to otherwise healthy women for a shorter period of time could manage distressing menopause symptoms without increasing other health risks.

This peer-reviewed publication provides doctors with comprehensive guidelines on who can receive HRT, which HRT should be prescribed and how to monitor HRT side-effects and effectiveness.

It also describes which non-hormonal treatments are effective and provides information for doctors to give to their patients.

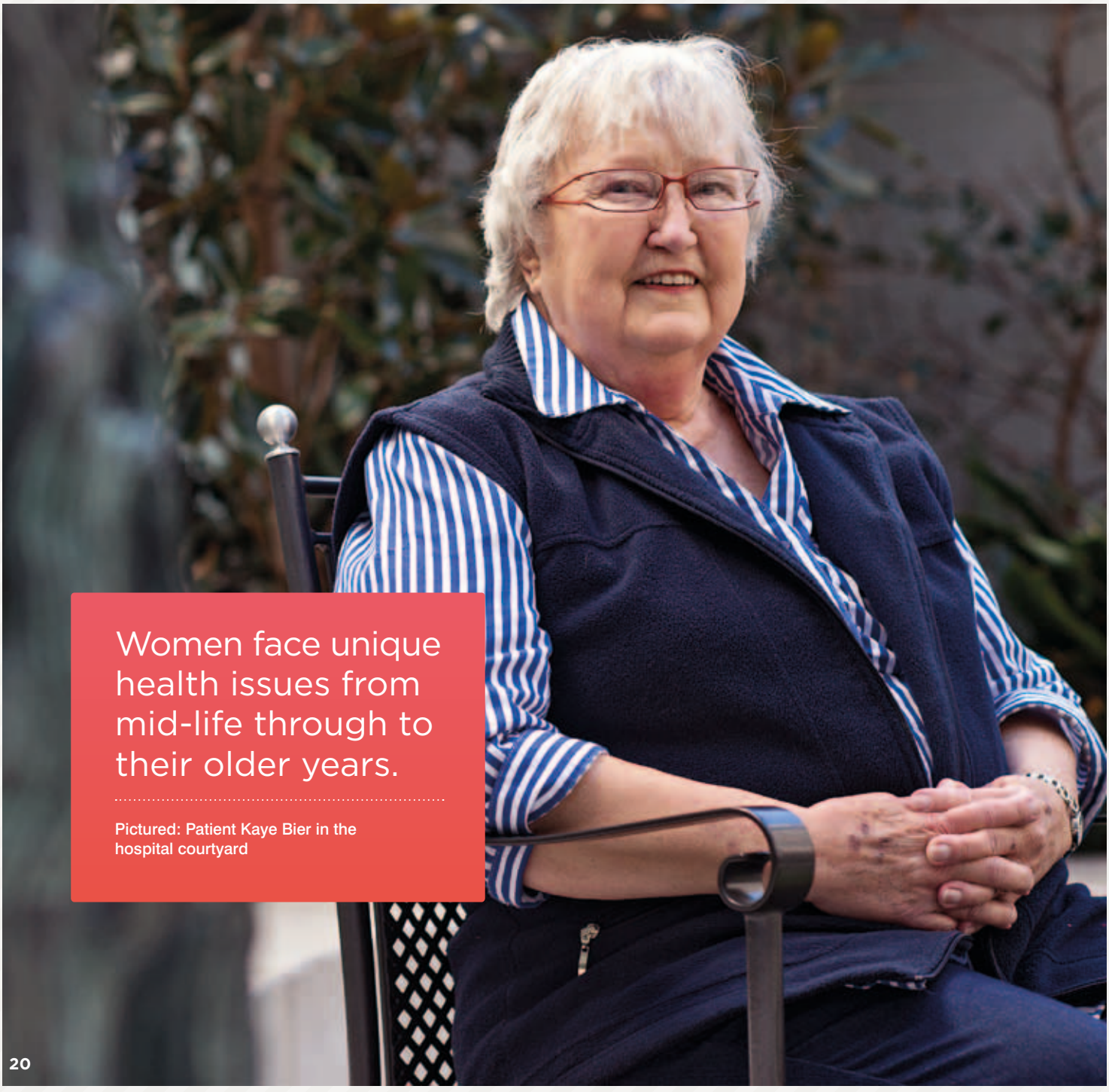
The outcomes are that healthcare providers and women are offered new clear guidance about HRT use.

Professor Hickey's article has provoked international responses and demonstrates international leadership for the Women's in providing guidance for menopause management.

Pictured: Menopause Symptoms After Cancer (MSAC) clinic patient Glenda Carroll

CHAPTER 05 »

OLDER WOMEN



Women face unique health issues from mid-life through to their older years.

Pictured: Patient Kaye Bier in the hospital courtyard

Advances in health and medicine will mean that women will live longer.

The average life expectancy at birth for Australian women is currently 85 years of age. This is expected to increase over the next decade.

Good health, and the knowledge and skills to manage any long term illnesses, is critical to ageing positively and enjoying these later years. Women face unique health issues from mid-life through to their older years.

Women's cancers occur more frequently in older women. The Women's specialises in the research and treatment of cancers that affect women. We are also committed to improving the quality of life for women living with cancer.

THE WOMEN'S CANCER SERVICES

A cancer diagnosis often triggers feelings of fear, anxiety and uncertainty.

The cancer journey is a very confronting one. It is critical that our patients regain a sense of confidence over their individual life journey and their survival.

The Women's specialises in the treatment and research of cancers that affect women: breast, ovarian, cervical, and endometrial cancers.

Our Cancer Unit is an intimate, specialised and supportive environment for women. We consider a woman's cancer journey in the context of her life and the many decisions and adjustments that she may face along the way. We know that women of all ages undergoing treatment for cancer face difficult decisions and experience many issues for which they need support. Older women also have special needs.

We offer an extensive support network provided by a multidisciplinary team, which includes nursing and medical staff, dieticians, pharmacists, physiotherapists, psychologists, social workers, sexual counsellors and pastoral care workers.

The Women's Cancer Unit is known as a centre of excellence. This means it practises exemplary standards of work from diagnosis to treatment, care and research.

Services include major and minor surgery, chemotherapy, oncology and dysplasia outpatient clinics as well as leadership of a number of significant research projects to improve outcomes for women with cancer.

Our patients receive best-practice treatment as well as the opportunity to participate in the latest clinical trials.

Pictured: Hilary Black with Julene Hallo, Senior Research Nurse, Gynaecology/Oncology Clinical Trials

OUR PARTNERSHIP WITH THE VICTORIAN COMPREHENSIVE CANCER CENTRE

The Women's is a joint venture partner with the new Victorian Comprehensive Cancer Centre (VCCC) to be built in Parkville, and is taking a leadership role in developing best-practice models of care and treatment of cancers that specifically affect women.

It will be the first centre of its kind in Victoria and will drive leadership and innovation, with the largest concentration of cancer clinicians and researchers in the southern hemisphere and ranking among the top 10 cancer centres in the world. Construction commenced in 2011 and is due for completion by the end of 2015.

Our partnership with the VCCC will further enhance the Women's reputation for research advances and clinical developments in cancer care for women.

CANCER SURVIVORSHIP PROGRAM

Women with cancer frequently feel differently about sexuality after treatment. They may have body image changes due to surgery, radiation or chemotherapy.

Women diagnosed with breast cancer might undergo a range of therapies. Approximately 20% of women who are diagnosed with breast cancer will have a mastectomy, the removal of one or both breasts, as part of their treatment.

After a mastectomy, a woman has a scar where her breast once was, and for many women, these changes are emotionally traumatic. Surgery to reconstruct the breast is a vitally important step for the long-term mental and emotional health of many breast cancer survivors.

The combined Breast Service of the Women's and The Royal Melbourne hospital has been able to nearly double the number of women receiving breast reconstruction for public patients, with thanks to some philanthropic support from the Treasure Chest Foundation.

Chemotherapy and radiotherapy can have life-long physical effects, some of which are still little understood. Women often undergo early menopause as a result of their treatment, and the emotional and physical consequences of early menopause can be devastating.

The Women's has developed personalised survivorship care plans to ensure women in our combined Breast Service receive consistent, tailored treatment in the community after they leave hospital.

GYNAECOLOGICAL CANCERS:

The Women's specialises in the treatment and research of gynaecological cancers including ovarian, uterine, endometrial, cervical and vulval cancers.

While the rates for breast cancer survivorship are improving, the news is not so good for women suffering from ovarian cancer. Every year, approximately 1,200 Australian women are diagnosed with ovarian cancer. Often only diagnosed at an advanced stage, ovarian cancer has been referred to as the 'silent killer' of women.

Ovarian cancer is difficult to diagnose because the symptoms are those that so many women have generally in day-to-day life, including abdominal swelling and bloating, burping, the feeling of being tired and full all the time, and needing to urinate often or urgently. But if these symptoms become persistent, women should insist on further tests including scans and blood tests, and a referral to a Gynaecological Oncologist to ensure proper diagnosis and management. The earlier the diagnosis, the better the outcome.

Pictured: Dr Deborah Neesham, Gynaecological Oncologist and Miss Orla McNally, Gynaecological Oncologist and Director of Oncology and Dysplasia

MINDFULNESS PROGRAMS HELPING WOMEN COPE WITH CANCER

Our Centre for Women's Mental Health offers two group programs based on a mindfulness meditative practice. One is for cancer survivors seen in the Menopause Symptoms After Cancer (MSAC) clinic and one is for women with gynaecological or breast cancer, who often experience premature menopause after treatment.

'Mindfulness' is a meditative practice proven to be effective for the management of depression, anxiety, the fear of cancer recurrence, emotional distress and in improving quality of life for people with chronic health conditions.

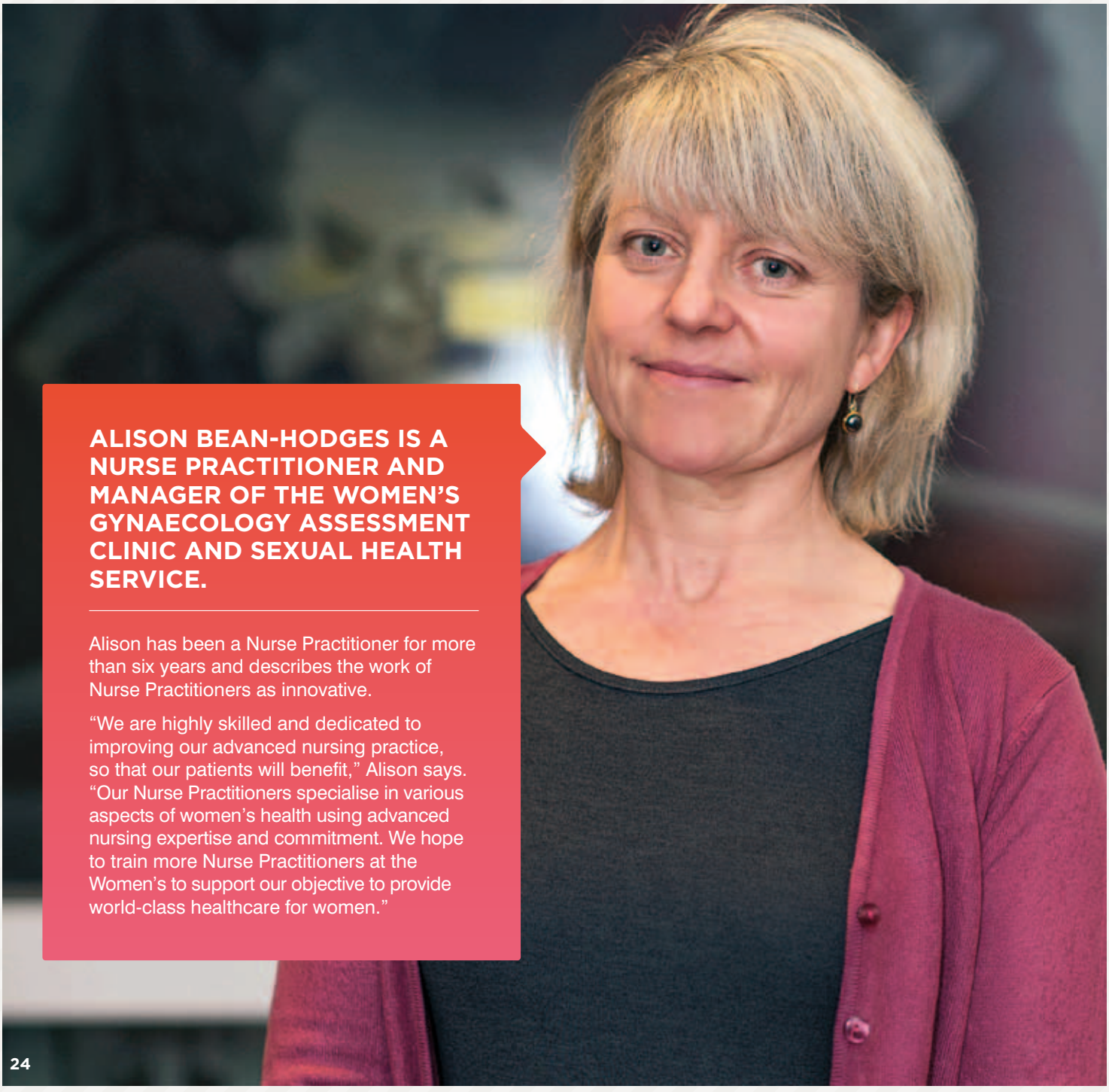
Sessions involve group discussions about the key concepts of mindfulness followed by specific meditation exercises which women can then continue to practise at home.

To date, three groups have been held with the plan for further group programs to be offered in 2013. The feedback has been positive with women identifying that it has been helpful, and often timely for them while they manage either their cancer treatment or menopausal symptoms.

Pictured: Clinical Psychologists, Dr Naomi Thomas and Dr Lesley Stafford

CHAPTER 06 »

LEADERSHIP



ALISON BEAN-HODGES IS A NURSE PRACTITIONER AND MANAGER OF THE WOMEN'S GYNAECOLOGY ASSESSMENT CLINIC AND SEXUAL HEALTH SERVICE.

Alison has been a Nurse Practitioner for more than six years and describes the work of Nurse Practitioners as innovative.

"We are highly skilled and dedicated to improving our advanced nursing practice, so that our patients will benefit," Alison says. "Our Nurse Practitioners specialise in various aspects of women's health using advanced nursing expertise and commitment. We hope to train more Nurse Practitioners at the Women's to support our objective to provide world-class healthcare for women."

The Women's position as an independent, specialist hospital allows us to advocate for women's health issues, to safeguard resources dedicated to women's health and to facilitate gender-specific health research, treatment and care.

It has also enabled us to focus our energy on moving beyond the medical model to improve the health of women.

NURSE PRACTITIONERS – THE WOMEN'S LEADS THE WAY

The Nurse Practitioner (NP) role, a unique role in women's health, commenced development at the Women's in 2001.

In Australia, NPs are registered nurses who complete extra university studies and then work in an area of special interest such as women's health.

Only four NPs currently specialise in women's health in Victoria and all of them work at the Women's. Each NP has an extended scope of practice, which means they can investigate and treat a range of problems for women attending the outpatient services.

Though our NPs have been able to initiate diagnostic investigations and prescribe medications since 2006, they have recently furthered their skills at the Women's via some key treatments – they are now trained in the technique of vulval biopsy, insertion and removal of contraceptive device Implanon and can administer Zolodex implants – a synthetic hormone used to treat endometriosis and fibroids.

SEXUAL HEALTH SERVICE

An additional Nurse Practitioner has also joined the Women's as a visiting clinician from The Royal Children's Hospital and works in collaboration with the Sexual Health Physician to provide care for women in our Sexual Health Service (SHS).

Established in 2010, the Service has already achieved significant improvements including a seamless referral process for HIV infected women, and in collaboration with the Centre Against Sexual Assault, the Victorian Institute of Forensic Medicine and the Women's Emergency Centre, it provides optimal care of women following sexual assault.

The Service also provides training for senior registrars, has developed a clinical discussion group and partnered with the Centre for Adolescent Health to conduct research project for marginalised young people.

THE WOMEN'S DIVERSITY FRAMEWORK

TO PROVIDE A STRATEGIC AND INTEGRATED APPROACH TO BETTER SUPPORT WOMEN FROM DIVERSE COMMUNITIES, THE WOMEN'S DIVERSITY PLAN INCLUDES ACTIONS IN THE AREAS OF RECONCILIATION, CULTURAL AND LINGUISTIC DIVERSITY AND DISABILITY.

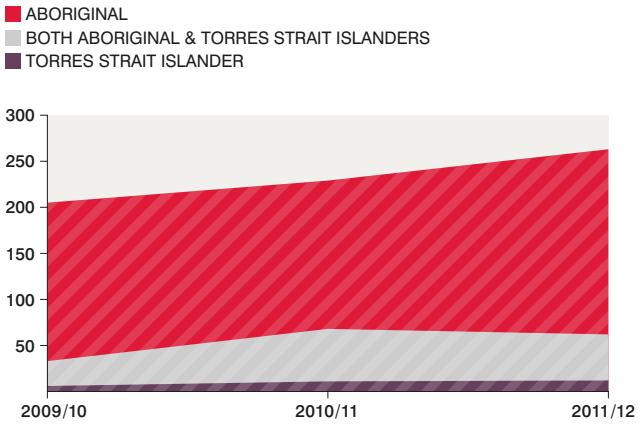
THE WOMEN'S RECONCILIATION ACTION PLAN:

This plan details the Women's activities to improve the health and wellbeing of Aboriginal and Torres Strait Islander (ATSI) women by building community trust in the quality and safety of the health services provided at the Women's. It aims to develop our ATSI workforce and integrate orientation, training, accurate identification of ATSI patients and referral to support services.

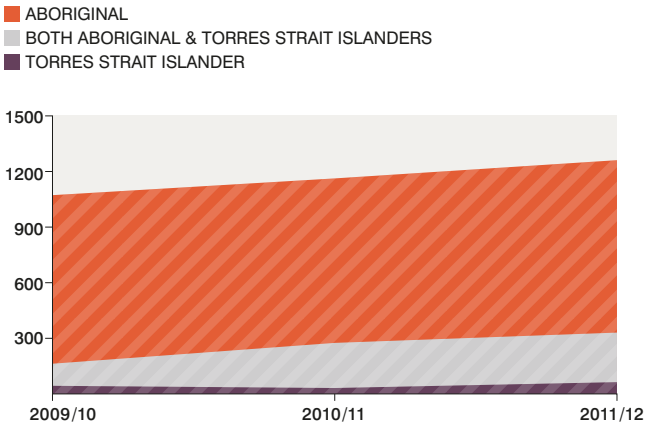
Pictured: Joanne Pappas, Senior Aboriginal Support and Education Worker, with Paola Marika Balla

IMPROVING CARE FOR ABORIGINAL AND TORRES STRAIT ISLANDER PATIENTS (ICAP) PROGRAM

Inpatient separations
Aboriginal and Torres Strait Islanders



Outpatient appointments
Aboriginal and Torres Strait Islanders



Key result areas 1 to 4 of the Improving Care for Aboriginal and Torres Strait Islander Patients (ICAP) program:

1. Establish and maintain relationships with Aboriginal communities and services

The Aboriginal Women's Health Business Unit (AWHBU) at the Women's has ongoing relationships with the local Aboriginal Community Controlled Health Organisation and communities and is always looking at strengthening the communication between the organisations. The Women's is developing projects around areas such as streamlining the services delivered, and care and support pathways for Aboriginal and Torres Strait Islander (ATSI) women.

2. Provide or coordinate cross-cultural training for staff

The AWHBU runs monthly cross-cultural training sessions with all areas of the hospital and is working closely with the hospital's Clinical Education team to instill in all staff the importance of identifying ATSI patients in a timely manner, to ensure culturally responsive care is provided.

The Aboriginal Health Associates Program at the Women's is being revised and will have a full day of cross-cultural training, with presentations from Aboriginal-controlled services such as the Victorian Aboriginal Health Service, and the Victorian Aboriginal Community Controlled Health Organisation, which will strengthen the relationships for care and support referral pathways.

The AWHBU also continues to host external cross-cultural training sessions at the Women's with special guest presenter AJ Williams-Tchen, a Wiradjuri/ Wotjobaluk man who has over 20 years experience in the health and community sector. The training has received very positive feedback.

3. Set up and maintain service planning and evaluation processes that ensure culturally appropriate discharge planning

The AWHBU is maintaining service planning and evaluation processes to ensure cultural needs of Aboriginal people are addressed when referrals and service needs are being considered, particularly in regards to discharge planning. The ongoing focus is to deliver appropriate cross-cultural training to strengthen cultural awareness, cultural sensitivity and cultural competence.

4. Establish referral arrangements to support all hospital staff to make effective primary care referrals and seek the involvement of Aboriginal workers and agencies

The discharge planning process can be challenging for Aboriginal patients with complex needs or chronic health conditions. Responsibility often falls on the Aboriginal Hospital Liaison Officers to link Aboriginal patients with community-based services on discharge. The AWHBU maintains close working relationships with all clinical areas to strengthen knowledge of all hospital staff to make the most effective primary care referrals to support Aboriginal patients.

The Women's has established a Disability Reference Group to help us understand the issues. It is the first such reference group engaged in a public hospital in Australia.

Pictured: Maureen Johnson, Manager of Women's Consumer Health Information, with Audrey Cheah

THE WOMEN'S DISABILITY ACTION PLAN

The Women's Disability Action Plan recognises that women with disabilities face multiple disadvantages which can affect their health, wellbeing and access to health services. It aims to remove barriers to women with a disability so they can always access high-quality healthcare at the Women's, and to open up employment opportunities to people with disabilities.

The Women's has established a Disability Reference Group to help us understand the issues. It is the first such reference group engaged in a public hospital in Australia.

Disability Reference Group Chair, Tricia Malowney, says, "The Women's is at the forefront on recognising the barriers to access to health services for women with disabilities. In discussions with the Chief Executive, Dale Fisher, we agreed that we need to bring together a team of women who can speak to the diversity of disability, the diversity of experiences, and the diversity of needs. We now have in place a dynamic Disability Reference Group, which works with the hospital to ensure that women with disabilities have access to the same services as other women in Victoria."

The group, working to the theme of 'Nothing About Us – Without Us', has already provided advice on the hospital's website, reviewed the outpatient registration form and identified that special scales were required for women in wheelchairs to be weighed.

The group's current major project for this year is developing a health literacy toolkit to inform the development of health information for women from diverse backgrounds. A report will discuss the information needs of women with disabilities and make recommendations as to how information projects can be approached to: enable equitable access, use and understanding, to improve communication and to encourage and support women's capacity to evaluate quality. Information will be provided in a range of formats such as large print, Braille, audio, electronic media, and Easy English. Women with disabilities must be included in the development of these health resources.

Pictured: Gemma Cooper, Participation Coordinator, at a Disability Reference Group meeting

Pictured: Tricia Malowney, Chair of the Disability Reference Group

EYE DESIRE TAPESTRY

The entry of a hospital is an important physical point as it helps to orientate both patients and visitors and makes them comfortable in a busy, public environment.

Eye Desire is a powerful tapestry in vibrant shapes and colours that provides a strong and soothing focus point to the main foyer of the hospital.

Installed in 2011, the tapestry artwork was created by artist Sally Smart and weaved by Sue Batten and Chris Cochius from the Australian Tapestry Workshop.

The artwork was made possible thanks to the generous donation of Mark and Anne Robertson, and the Hotel Leisure and Management Group.

Pictured: *Eye Desire* tapestry at the Women's. Photo by John Gollings.

ARTWORK AT THE WOMEN'S

Anyone who has spent time in a hospital will know the positive effect that artwork can have on stress levels and on an individual's sense of wellbeing. Art has a humanising benefit on clinical environments and helps patients, their visitors and staff feel comforted and more at ease.

Recognising these facts, the Women's has developed a unique program which commissions purpose-designed artworks with philanthropic support. Our role is to provide world-class clinical care in an environment that is welcoming, reassuring and culturally safe.

TREE OF LIFE MURAL

Two recent art installations have been inspired by our Diversity Plan's goal to promote reconciliation with Aboriginal and Torres Strait Islander communities.

The first, called the *Tree of Life*, is a mural on the wall entering the Newborn Intensive Special Care (NISC) unit, with profound and special significance.

Produced after deep and intensive consultation with Community Elders from the Wurundjeri Land Council – the traditional owners of the land where the Women's is built – the mural was created by four young aboriginal artists as a part of the baby's 'first bedroom' concept.

The mural is providing interest and comfort to the mothers and families of the sick and premature babies we care for, in very spiritual and meaningful ways.

"Art has the power to heal, soothe and connect," explains Cvetka Sedmak, Clinical Director Neonatal Services (Nursing) at the Women's. "The *Tree of Life* has helped us to create a more family-friendly environment, as well as being culturally supportive of Aboriginal and Torres Strait Islander families, as they can spend so much time in the hospital."

The mural was kindly funded by donations from some of the families with infants in the hospital's NISC unit in 2011.

Pictured: A detail of the *Tree of Life* mural

CONTEMPORARY ABORIGINAL ART COMMISSION

National Sorry Day in 2012 was particularly special for the Women's, as we unveiled new contemporary Aboriginal artwork in the foyer.

In 2008, the Centre for Contemporary Photography (CCP) approached the Women's with the idea of commissioning a female Aboriginal artist to create some new artwork for the hospital.

The commissioned artist, Bindi Cole, is a Melbourne-based photographic artist of Wathaurung descent. She has exhibited nationally and internationally, and has won several awards.

To develop the artwork, Bindi consulted with staff, patients and the Aboriginal Advisory Committee at the Women's to produce two artworks, *Seedtime* and *Harvest*, which reflect on the hospital's past relationship with the Aboriginal community and celebrate the hospital today as a place for women of all backgrounds, with a special effort made to reach out to Aboriginal women.

The artwork commission, managed by CCP, was made possible by generous support from the Sidney Myer Fund and Manfrotto.

Pictured: Bindi Cole and the Minister for Aboriginal Affairs Jeanette Powell

CHAPTER 07 »

QUALITY OF CARE DATA

GOVERNANCE

Governance is, at its core, about being accountable for providing good, safe care to patients and is fundamental to continuous improvement in patient safety.

The Women's commissioned an independent review in 2009 of our clinical governance structure and processes and compared these to the 2009 Department of Health Clinical Governance Framework Policy. The findings of the review showed that the Women's met the requirements of the DHS Clinical Governance Policy, with all required elements and strategies in place.

ACCREDITATION

The Women's is accredited across all service areas. The Australian Council on Healthcare Standards conducted an organisation-wide accreditation survey in March 2011. 80% of our accreditation results were in the top two categories of outstanding achievement (OA) and extensive achievement (EA).

The surveyors were particularly impressed by our achievements and initiatives in relation to population health, community access to information and care appropriate to its needs, research, and the appropriateness and effectiveness of our clinical services.

QUALITY AND SAFETY IMPROVEMENTS

Infection Control

The Women's provides care for many patients who are at an increased risk of infection. Any hospital admission carries with it the small possibility of an infection. The more vulnerable the patient and the more procedures required during an admission, the greater the risk of infection. The Women's Infection Control Department works to prevent or minimise the spread of infections by:

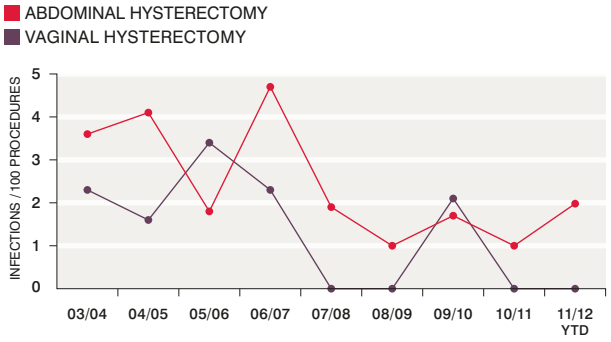
- monitoring the infection rates from common procedures – such as surgical operations and insertion and management of intravenous lines
- comparing our infection rates with other hospitals in Melbourne (and more broadly, in Australia and internationally) to ensure we are providing the best possible care
- educating staff around appropriate practices
- auditing compliance with guidelines and practices
- ensuring all staff perform procedures aseptically and clean their hands before and after each patient contact
- providing easy access for staff to be vaccinated.

Hysterectomy and Caesarean Section Wound Infections

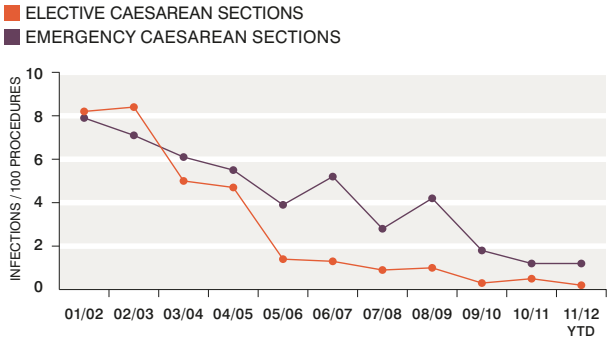
Infections occurring following a hysterectomy have been monitored by the Women's from January to June each year since 2004 and are reported to the Victorian Healthcare Associated Infection Surveillance System (VICNISS) for comparison with other Victorian hospitals.

Caesarean section wound infections have been monitored since 2001 and these are also reported to VICNISS. The Women's rates are consistently within or below VICNISS aggregate rates for Victorian hospitals.

Hysterectomy wound infection rate / 100 procedures



Caesarean wound infection rate / 100 procedures



NB: From 2009, results do not include urinary tract infections or Women's Emergency Care (WEC) presentations that did not result in readmission.

Bloodstream Infections

Intravenous therapy, (a line or a drip) known as an IV, is used to administer fluid and medication directly into a patient's bloodstream. A central line is when the IV is inserted into one of the body's major veins or arteries. All healthcare associated bloodstream infections are monitored to determine if they have been caused by the use of an IV line.

Bloodstream infections in babies admitted to the Neonatal Unit are reported to VICNISS. The number of infections is reported against the total number of IV line days for each month. The Women's ranks well within VICNISS aggregate rates for Victorian hospitals.

2011/2012 YTD (Q1 – 3 data only currently available)		
Baby's weight at birth	Central line infections / 1000 central line days	Peripheral line infections / 1000 peripheral IV line days
< 750 gms	0	3.3
751–1000 gms	0	0
1001–1500 gms	3.7	1.5
1501–2500 gms	6.5	0
> 2500 gms	0	0

Hand-Hygiene

At the Women's, hand-hygiene is considered to be everyone's responsibility. Support, education and compliance monitoring are provided by the hospital's Infection Control service under a comprehensive Hand Hygiene framework. The Women's Hand Hygiene Program focuses on four key elements:

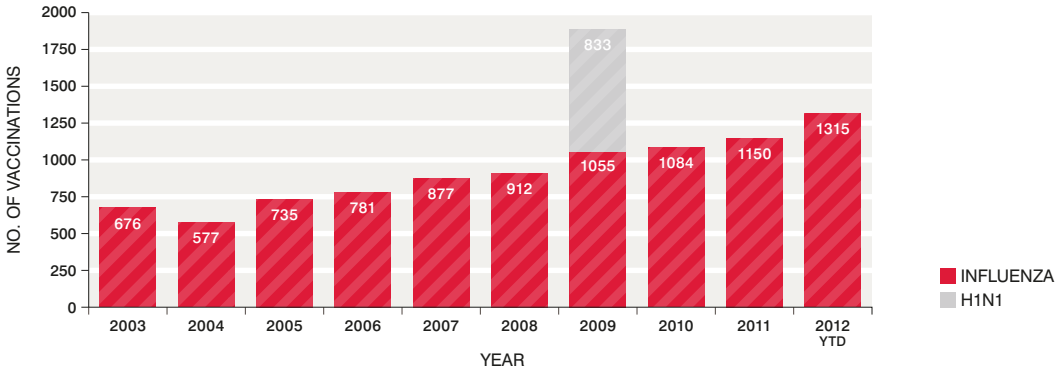
1. Education (general and targeting individuals)
2. Mandatory online competency achievement
3. Ease of access to hand-washing facilities
4. Observing (auditing) hand-hygiene practices.

Compliance audits are performed three times per year. The World Health Organisation target for compliance is 55% and the Department of Health target for compliance is 65%. At the last audit, the Women's achieved well above the minimum compliance rates with 74% compliance.

Staff Vaccination Program

As 'seasonal' influenza in pregnancy carries an increased risk of complications for mothers, an annual influenza vaccination is recommended for women who will be in the second or third trimester during the flu season. Staff are also actively encouraged to have an annual flu vaccination to protect themselves and their vulnerable patients, including newborns. More than 1,300 staff were vaccinated before the 2012 winter flu season.

Staff Influenza Vaccinations



Whooping Cough

Whooping cough (pertussis) is an acute, highly contagious respiratory infection, spread person to person by airborne droplets. It is most dangerous for newborn babies because they have no immunity to the disease and can have difficulty breathing. Deaths occasionally occur.

Pertussis rates of infection have increased in Victoria over the last several years up until 2012. 2012 has seen a decrease of notified cases. For the majority of babies diagnosed, parents can be the source of pertussis.

The government funded a pertussis booster vaccine for parents of newborns in 2011/2012. Patients at the Women's were immunised after they had their baby. In 2011/2012 an average of 443 immunisations were dispensed to the postnatal unit each month.

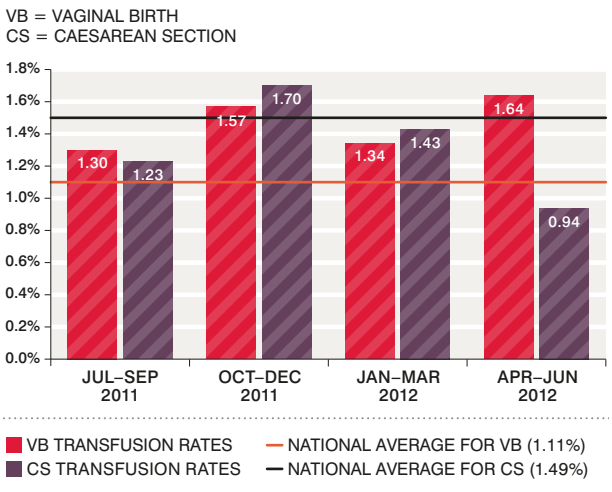
To further protect our newborns and pregnant mothers, the Women's fund an ongoing immunisation program to provide whooping cough vaccine to staff. More than 1,100 staff have been immunised since the introduction of the program in 2006.

Safe use of Blood and Blood Products

Blood Transfusion Today

Just over one in 100 women who give birth at the Women's requires a blood transfusion. These urgent blood and blood product requirements are supported by a 24 hour onsite Blood Bank laboratory.

Transfusion rates at the Women's are compared to Australia wide data (see below) and discussed at the hospital's quarterly Transfusion Committee meeting. The clinical complexity of maternity patients being treated at the Women's is the reason for the transfusion rates being higher than the national average.



Hospital staff are guided in the safe administration of blood by referencing the Hospital Blood Transfusion Guideline, which is available via the intranet. This guideline has recently been updated to reflect national recommendations and has also been informed by a recent observational audit of staff performing blood transfusion processes. Recent changes to improve transfusion safety include:

- the use of pumps for all routine transfusions. This helps further ensure the accurate dose and rate is given to the patient,
- close visual patient observation during the first 30 minutes of transfusion,
- raising the awareness of the importance of patient participation in clinical care and decision making, including informed consent for transfusion.

Community Participation

Standard 1: Indicator 1 = 100%

At the Women's we work with consumers to create better, more responsive services, having adopted the Department of Health's Consumer Participation Standards (outlined in the *Doing it with us not for us. Strategic Direction 2010–13*). Our Consumer Advisory Committee's Participation Plan is aligned with our Women's Strategic Plan, and addresses the key areas of the Department of Human Services' *How to develop a community participation guideline*. We use a variety of approaches to record and report on participation, including the Quality of Care Report, the Women's website, community networks and social media.

As part of addressing the National Safety and Quality Health Service Standard Number 2 – *Partnering with Consumers*, we are developing a comprehensive orientation program for all consumers who are involved in consultations and in our hospital advisory committees.

We seek continually to improve our systems and processes, to consult and involve consumers, carers and community and to build the capacity of staff to support participation through information and education.

The Women's Diversity Plan provides a strategic and integrated approach to strengthening our services and support for women from diverse communities. The plan includes actions in the areas of reconciliation, cultural and linguistic diversity and disability.

The Women's has also established a Disability Reference Group to help us to understand issues faced by women with a disability accessing our health services. It is the first such reference group engaged in a public hospital in Australia.

See page 29 Disability Action Plan

Standard 2: Indicator 2.1 = 80; Indicator 2.2 = 88%

According to the most recent Victorian Patient Satisfaction Survey (VPSM), our consumer participation score was 80. The VPSM records that 88% of women were given an active say in making decisions about what happened during their labour and/or birth. This is a very high proportion given that the Women's is a tertiary maternity centre and choice can be limited by high-risk, complex pregnancy, and medical emergency.

Standard 3: Indicator 3.1 = 100%; Indicator 3.2 = 75.8%

The Women's maintains a list of 180 consumer fact sheets in up to 18 community languages. Fifty new fact sheets were developed in 2011/12, all of which are compliant with the Department of Health guidelines. Some 75.8% of respondents to the VPSM rated our health information as being good to excellent.

Standard 4: Indicator 4 = 83% (5/6)

Surveys, focus groups and individual interviews with women are providing our hospital with information on how we can best meet our consumers' needs through service, community and program development, and quality improvement activities. Consumers sit on advisory committees including, but not limited to, the Board Quality Committee and the Hospital Ethics Committee. Consumers are also an integral part of the development of health information at the Women's.

Standard 5: Indicator 5.1

See pages 26–39 and page 31 Diversity Framework

Cultural Responsiveness Framework

Standard 1

The Women's has an organisational-wide approach to cultural responsiveness, as part of our commitment to consumer participation (as detailed in Standard 1 for Consumer Participation).

We continue to progress towards achieving the standards of the Department of Health's Cultural Responsiveness Framework (as specified in the *Cultural Responsiveness Framework: Guidelines for Victorian health services*).

Our Women's Diversity Framework provides a strategic and integrated approach to strengthening our services and support for women from diverse communities. The Framework includes plans in the areas of reconciliation, cultural and linguistic diversity and disability. The Women's Diversity Framework identifies and attempts to remove barriers for women from diverse backgrounds, including women who speak little or no English, and Aboriginal and Torres Strait Islander women.

See page 26 The Women's Diversity Framework

Standard 2: Indicator 2.1 = 47.4% (9/19)

The Clinical Education team and the Aboriginal Women's Health Business Unit at the Women's run monthly cross-cultural training sessions with all areas of the hospital to instil in all staff the importance of identifying Aboriginal and Torres Strait Islander patients in a timely manner and to ensure culturally responsive care is provided. As part of the Women's commitment to cultural responsiveness training, nine of our senior managers also attended Aboriginal Cross-Cultural Training in 2011/12.

See pages 26–27 The Women's Diversity Framework and Improving Care for Aboriginal and Torres Strait Islander Patients Program

Standard 3: Indicator 3.1 = 90%

Data collected over 2011/12 shows that on 90% of occasions, patients who presented at the Women's and were identified as requiring interpreter services were provided with a professional interpreter. This equates to 18,737 occasions of service for 6,787 women.

The top 10 languages requested in 2011/12 were: Arabic, Mandarin, Vietnamese, Turkish, Greek, Cantonese, Assyrian, Somali, Italian and Hindi.

In 2012, the Service Development and Redesign team commenced an initiative known as Transforming Access to Language Services (TALS), in collaboration with Language Services and clinicians, to increase the use of interpreters by improving scheduling, workflow in the clinics, reducing the non-value added time interpreters spend waiting, searching and documenting, and by building our in-house workforce capacity. This initiative also reduced our reliance on casual agency interpreters. To date, the TALS project has been successful in bringing staff together to understand the process involved in providing language support and the importance of the interrelationships that affect the quality and reliability of the service.

The Women's consumer fact sheets are in 18 different community languages, all of which are compliant with the Department of Health guidelines. Print publications are also developed and translated in consultation with community, and where it was considered beneficial to the patient.

Standard 4: Indicator 4.1 = 81.2% Indicator 4.2 = 81%

The number of Culturally and Linguistically Diverse consumers who indicated on the VPSM survey (Wave 21 July – December 2011) that their cultural and religious needs were met was at 81.2%.

The Women's Food Service Operation Plan includes detailed reference to the hospital menu, which is in line with Department of Health recommendations, meets the Australian Guide to Healthy Eating and is designed to meet the specific cultural and religious needs of our patients. Appropriate KPIs measure compliance with contractual agreements and are reported on quarterly. Additional monthly audits measure compliance with quality, safety and patient satisfaction standards. The 2012 Food Survey results indicate that 81% of meals offered met with patients' cultural and religious needs.

Standard 5: Indicator 5.1 = 100%

We have a multicultural mix of women on our Consumer Advisory Committees that represent the broad community we serve. Consumers are involved in service planning, reviewing of programs and services and in developing health information.

Standard 6: Indicator 6.1 = 6.3% (139/2207)

A number of key staff participated in cultural awareness professional development at the Women's over the last two years. Training was provided on the following topics:

- Responding to Communities Affected by Female Genital Mutilation (FGM),
- Working with Aboriginal and Torres Strait Islander (ATSI) Families, ASTI Health Professional,

  Exchange program and Aboriginal Women's Business Unit (AWHBU),
- Cultural Awareness,
- *Nothing About Us Without Us* – Disability Forum,
- Health Associates Forum & Aboriginal Cultural Awareness Training,
- Refugee Health,
- Female Genital Mutilation,
- Aboriginal Support Services,
- Aboriginal Employment & Human Resources,
- Mandatory Training Day – AWHBU Vic Aboriginal Cadetship Pilot,
- Cultural Considerations.

DESIGN: ERD.NET.AU / PRINT: BAMBRA PRESS

FEEDBACK AND DISTRIBUTION OF THE QUALITY OF CARE REPORT

Many people have contributed to this year's Quality of Care Report. We are most grateful to the patients, the staff, the Board members, Community Advisory and other committee members, consumers and carers who have shared their stories with us.

Feedback from the previous year's report has been extremely positive. We have taken on board your feedback and focused more on the individuals who tell the Women's story in their own ways.

Last year's report was distributed throughout the hospital in waiting rooms and communal areas, and was mailed to key stakeholders in our community. It is also available on our website at: www.thewomens.org.au

We value your feedback. Please email us at communications@thewomens.org.au

Pictured: Volunteer Maria Pavani

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