



Metro North Hospital and Health Service

QUALITY OF CARE

2015–2016

Putting people first



Queensland
Government

VISION

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

PURPOSE

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

VALUES



RESPECT



TEAMWORK



COMPASSION



HIGH
PERFORMANCE



INTEGRITY

Contents	3
Welcome	5
Your local health service	6
About Metro North Hospital and Health Service	7
Caring for you	8
2015–16 fast facts	9
Person-centred care	11
Organised for safety	19
Highly reliable care	35
Led for excellence	49

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 တောင့်တရောက်ရောက် အရည်အသွေး အစီရင်ခံစာ၏ ရည်ရွယ်ချက်မှာ သုံးစွဲသူများ၊ တောင့်တရောက်သူများနှင့် ကျွန်ုပ်တို့၏ လူမှုအသိုင်းအဝိုင်းအား ကျွန်ုပ်တို့၏ အရည်အသွေးနှင့် ဆောင်ရွက်ပုံဖြင့်ဆောင်ရွက်မှုနှင့်တကွ ကျွန်ုပ်တို့၏ ဝန်ဆောင်မှုများကို ဝိုးတော်အောင် ကျွန်ုပ်တို့ အားကိုးဆောင်ရွက်နေသည် 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.

Cover image: Mother Vanessa Harkess and baby Poppy in the care of nurse Alana Davies.

Welcome

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

This report showcases our quality and safety systems and achievements of our health service for you – our patients, consumers, carers and partners.

The articles in this report are a snapshot of our services, who we care for, and how we are leading the way in many areas of person-centred care and clinical excellence. It highlights the innovation and cutting-edge technology that is driving health care into the future, and how our highly skilled workforce is making a positive difference to the lives of almost one million patients in our service catchment, and many more who access our state-wide services.

As our community grows, we are treating and providing care for more people than ever before. Through a strong partnership with Brisbane North PHN, we continue to work collaboratively to plan for the future, improving access to health care services across the care continuum.

Quality and safety remain our key focus at all times and we are proud of what we have achieved in the past year in improved safety, care and a positive experience for our patients.

As always, we look forward to hearing your feedback and what topics you would like to read about in future editions.

We would also like to take this opportunity to thank our many volunteers in all our facilities and those we work closely with everyday to deliver care to our community.

Please contact us via metronorthfeedback@health.qld.gov.au

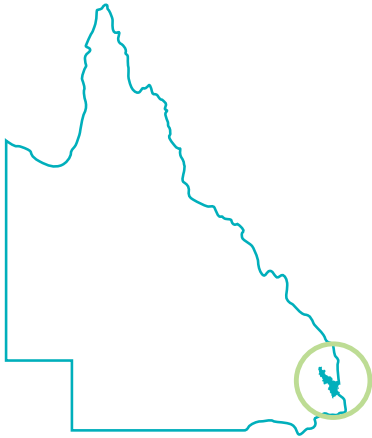
Dr Robert Stable AM
Chair, Metro North Hospital
and Health Board

Ken Whelan
Chief Executive, Metro North
Hospital and Health Service



Tell us what you think

Our 2015–2016 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 outstanding medical research 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 the largest and most diverse hospital and health service in Australia.

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

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








Metro North provides care at all stages of life through a range of services from emergency and acute care to mental health, oral health, and rehabilitation and extended care services, and public health services.

This report is produced as part of Metro North's commitment to increase and improve community awareness of the safety and quality of its health services.

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.

The Quality of Care report is available online at <https://www.health.qld.gov.au/metronorth/publications/>

You can contact us via:

-  Metro North Communications
Level 14, Block 7
Herston, Qld 4029
-  (07) 3646 8111
-  MD16-MetroNorthHHS@health.qld.gov.au
-  www.health.qld.gov.au/metronorth
-  facebook.com/metronorthhhs
-  twitter.com/@metronorthhhs
-  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. It is Australia's largest and most diverse hospital and health service.

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, Caboolture and Kilcoy Hospitals: key facilities servicing fast-growing populations. Services include emergency, medical, surgical, orthopaedics, obstetrics, paediatrics, rehabilitation, and specialised outpatient clinics. Kilcoy is a rural hospital providing emergency, general medicine, and postnatal care. Metro North also manages Woodford Corrections Health Service.

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 at the Brisbane Dental Hospital, University of Queensland Oral Health Centre, and Lady Cilento Children's Hospital, 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 homeless 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 well-being 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.



Caring for you

Health literacy is an important safety and quality issue

Health literacy means people can obtain, understand and use the health information and services they need to make appropriate health decisions, and to manage their condition for improved quality of life.

Metro North is committed to providing information and improving interactions with our community using our Quality of Care Report as one way of doing so at the broadest level. We are working on meeting the diverse range of quality and safety health literacy needs by making our report as accessible and easy to understand as possible.

We see our reporting in our Quality of Care Report as a public accountability mechanism, where we can communicate our understanding of quality and safety issues associated with our community's health care needs, and demonstrate the action and achievements made with meeting safety and quality standards.

For more information on Health literacy, see the National Statement on Health literacy at <http://www.safetyandquality.gov.au/our-work/patient-and-consumer-centred-care/health-literacy/>



3.5 MILLION
episodes of care
provided across
our services



280,266
Emergency
Department
presentations



239,376 admissions
to hospital



8,061
births per year
{ that's one
baby born
each hour }



**employs
more than
14,400
people**



**more than
46,000**
surgical operations

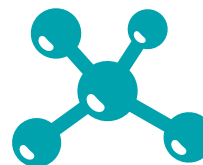


largest HHS employer
of nurses in Queensland

6,324
{ 44% of our
workforce }

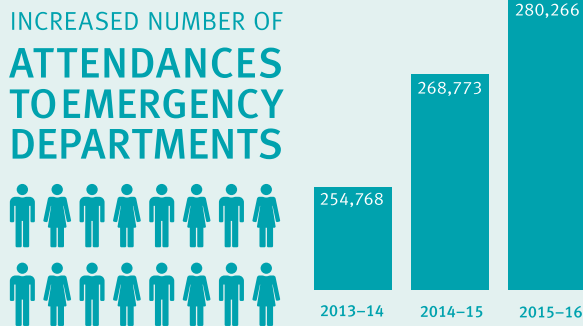
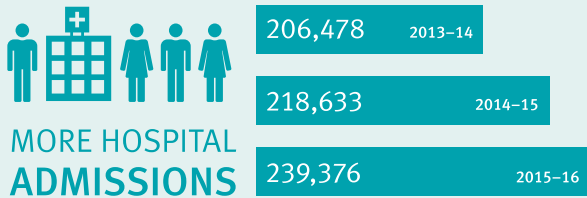
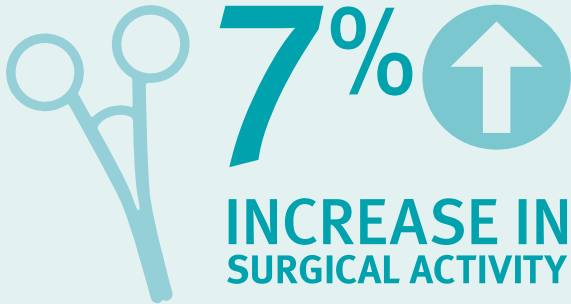


891,969
outpatient
occasions of service



Herston offers unique
position co-located with
leading researchers

2015–16 fast facts



REDUCTION IN LONG WAITS ENT OUTPATIENTS (1,447 PATIENTS) SINCE JUNE 2015



196,363 **ADMITTED OR TREATED AND DISCHARGED IN 4 HOURS***

People admitted or treated and discharged within four hours of presentation to a Metro North ED

73% **194,240** **PATIENTS TREATED WITHIN 4 HOURS**
2014–15

74% **183,951** **PATIENTS TREATED WITHIN 4 HOURS**
2013–14

* Excludes manually collected Kilcoy data.

ZERO **LONG WAIT DENTAL LISTS FOR CHECKUPS**







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.

Working with our consumers to design and deliver high quality health care

At Metro North we believe safe and accessible care is founded in understanding and responding to the needs and experiences of our consumers, their families and carers, and the broader community.



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RESPECTING PEOPLE'S VALUES and putting people at the centre of care

Making sure that people are involved in and central to their care is recognised as a key component to delivering high quality health care.

In the past 12 months, Metro North has been committed to working closely with consumers and community members to make sure our services are designed to take into account people's preferences and expressed needs.

Consumer advisors and representatives play a key role in identifying areas for innovation or improvement based on their personal experience, or that of their community, and helping us coordinate and integrate care services.

There are 100 consumer advisory roles currently active within Metro North, which involve more than 60 registered consumer advisors or representatives.

These consumers are engaged in a range of activities, including influencing strategic management committees and being involved in making key decisions about health facilities and services.

Consumers also work on projects at the front line of care, listening to and collating patient experiences, or working alongside clinicians and managers to make sure staff are supportive, well trained in communication and striving to put people at the centre of their care.

Connecting with the community

Working in partnership in decisions about the design and delivery of services.

The Community Board Advisory Group (CBAG) provides a vital link between Metro North and our community.

Formed three years ago, CBAG was established to guide and support the Board's legislative responsibilities with regards to consumer and community engagement.

CBAG comprises of representatives from peak consumer and community organisations including state-wide and local organisations. Member organisations represent people with chronic conditions, hard to reach populations and those with special needs. There is also representation from Brisbane North PHN and Metro North Hospital and Health Board and Executive.

Members support innovation and ensure patients are at the centre of their care. They ensure everyone has the opportunity for an equal voice and enable equity of access particularly for hard to reach populations and those with special health needs. CBAG partnerships are essential for service integration in Metro North, ensuring people can access the right care, at the right time and in the right place.

CBAG has contributed to initiatives including revising the Metro North Strategic Plan and *Putting People First* Strategy, guided the design and implementation of the LINK (Leading Innovation through Networking and Knowledge sharing) partnership fund and identified emergent community engagement priorities.



The voice of consumers

Working together to make sure there is good communication, information and education.

Improving access to public health care for everyone is an important cause for consumer advisor Janelle Morrissey (pictured left).

As a member of the Caring Together Consumer Network at Caboolture and Kilcoy Hospitals Janelle, a mother of three, recognises the power of her voice as an advocate for people and is observing how consumers voices are being heard and acted on across the hospital system.

One of Janelle's personal interests is improving access to health care for everyone.

"Most people only go to hospital if they feel there is no other suitable option," Janelle said.

"We are working together to provide more suitable alternatives and make people aware of the services that already exist within their community."

Wendy Callaghan (pictured right) is another one of our consumer advisors who takes pride in her role as a consumer advisor across several Metro North hospitals.

Part of Wendy's role at Redcliffe Hospital includes speaking to patients and visitors about their care experience and seeking opportunities for improvement in service redesign.

She uses the feedback and ideas to advocate for patients, aiming to improve health care for everyone.

"When I speak with other patients I notice they are so guarded until I share that I am a patient too, and then they open up," said Wendy, who has been receiving cancer care for four years.

"I enjoy talking to people to understand their needs and together we are working on ideas to help Metro North deliver better hospital services."

Wendy has also been part of a panel hiring senior staff, questioning applicants' abilities to lead a service that focuses on what matters to most patients and who demonstrate compassion, respect and empathy.

Partnering with consumers and the community is a Metro North priority. Through our partnerships, we gain a greater understanding of the needs of consumers and the community, allowing us to meet the diverse needs and preferences of people living in our community, and those we serve more broadly.

To register your interest in getting involved, email: metronorthengage@health.qld.gov.au

Pictured above: Janelle Morrissey. Right: Wendy Callaghan.



International praise for consumer and community engagement

“A strong partnership between RBWH staff and consumers ensures quality patient, clinical and organisational outcomes.”



A transformative hospital-wide engagement program at Royal Brisbane and Women’s Hospital has earned international praise.

Safety and quality Clinical Nurse Consultant Catherine Ryan’s work was recognised at the 2015 International Hospital Federation (IHF) Awards in Chicago, being named runner up for the IHF Dr Kwang Tae Kim Grand Award for ‘The Power to drive change’.

RBWH Executive Director Dr Amanda Dines said it was fantastic that Catherine’s work at the RBWH was given such high praise. “Patients and their carers are at the centre of everything we do,” she said.

Ms Ryan said hearing from those who use the hospital’s services was vital to ensuring continued improvement to the safety and quality of care provided.

“Feedback gives an understanding of the needs and expectations of patients, families and carers, and patient experience is a key measure of the hospital’s performance in delivering safe, patient-centred care. Our framework gives consumers a voice at all levels of the hospital system and a robust avenue for providing feedback about their care, treatment and experience,” Ms Ryan said.



Catherine Ryan – partnering with our consumers to develop and improve person-centred services.

Key features include a central committee with staff from each hospital service working alongside consumers to develop a sustainable framework. A dedicated Consumer Advisory Group has also been established, reporting directly to the hospital leadership team, to strengthen the consumer voice in key priority areas for the hospital.

Working in partnership to better connect care across the health system is a priority for Metro North Hospital and Health Service and Brisbane North PHN.

The General Practitioner Liaison Officers (GPOs) work in a range of specialty areas across hospital outpatient departments. They draw on their knowledge of general practice, referral systems and clinical handover processes to make recommendations for improvement.

Coordinated by Metro North and the PHN, GPOs work in selected specialty outpatient departments, such as rheumatology, cardiology, orthopaedics, neurology, maternity, and ear, nose and throat. Over time, the program will expand into other specialist outpatient areas.

GPO Dr James Martin said GPs can have a positive influence on communication between hospitals and primary care.

GPOs also work with the Brisbane North PHN’s Pathways Program to develop care pathways for a range of clinical conditions to support management in primary care. There are currently more than 90 pathways pages covering around 50 clinical conditions.



Dr James Martin is a GPO working with Brisbane North PHN and the Metro North Hospital and Health Service in the area of rheumatology.

Online consultation hub

The Metro North Consultation Hub is an online platform for consumer, community and staff consultation.

Since commencement in September 2015, 657 consumers have participated in 27 online surveys on a diverse range of topics including cancer services, outpatients, genetics and pressure injury prevention.

The hottest topic, from a consumer point of view, has been a survey on “pre-implementation of WiFi access” with 170 people participating.

Involving our community in decisions about health care service planning

Residents, patients and staff at Brighton Health Campus took part in a large community consultation process in 2015–16 to develop a vision for the future of the site.

More than 200 people gave their feedback on how services could be improved and expanded, to cater for the growing local population.

The consultation was under the guidance of a community-led steering committee, with former Deagon Ward Councillor Denise Herbert as Chair.

Through the consultation, a draft *Vision for Brighton* was created, with a focus on expanding health services, creating a centre for excellence in ageing, research and education, and enhancing community connections within the campus. The vision will inform future planning for the site to ensure it is both an important health facility and an asset for the local community.

This includes a commitment to return residential aged care at Gannet House to 40 beds and an emphasis on expanding social health and wellbeing activities to the broader community.

The community and aged care system is an important and growing element of aged care services that makes a tangible difference to the quality of life for many older people.

A Community and Strategic Relationships Manager will work with the Brighton Program Committee, chaired by Mark Tucker-Evans from the Council on the Ageing, to create partnerships in the local community.

The community engagement model at Brighton is one of the many examples of how Metro North has valued working in partnership with the community in making choices about the type of care and services they access and how and when they are delivered.



Making sure our services are accessible, flexible and easy to navigate

Accessing health services for someone who does not speak English as their first language can be a daunting experience. However our confidential, free, around-the-clock accredited interpreter and hearing impaired service assists in facilitating communication between culturally and linguistically diverse (CALD) consumers and health care providers to ease this burden.

With 10 per cent* of people in the Metro North catchment speaking a language other than English at home, having someone to speak to and who can advocate on the patient and medical staff's behalf is a crucial part of the interpreter service provided for all our patients from CALD backgrounds.

* Population Health Report 2013–14

Interpreters can help reduce inequalities in health care access and quality of care between English-speaking patients and those with limited or no English, improving clinical outcomes.

Coming to hospital can be a stressful time for patients and their families, especially if English is not their first language.

Having access to interpreter services to ensure clear communication between caregivers and patients is essential to good health care.

Ethnic Communities Council of Queensland Program Manager Hong Do has provided interpreter services for residents in Brisbane's north on a number of occasions and knows how important the service is.

"The interpreter service helps convey the message, and assists communication and understanding between the patient and clinician," she said.

"I strongly encourage and recommend the use of the interpreter service; it can make a big difference."

Ms Do said the service provided comfort for the patient.

"It provides comfort and reassurance for the patient knowing someone cares, listens and understands," she said.

All consumers have the right to access an interpreter. Metro North Interpreter Service Coordinator, Kari Stewart, said the service always strives to provide a positive experience for every patient, no matter the type of interpreter request.

"We receive more than 1,100 requests a month for interpreter services across Metro North, for languages including Mandarin, Farsi, Auslan (Deaf Services), Cantonese and Italian," she said.



Frequent languages interpreted across Metro North facilities

RBWH	Mandarin (1029)	Farsi (946)
TPCH	Farsi (310)	Italian (230)
Redcliffe	Auslan (92)	Mandarin (61)
Caboolture	Dinka (73)	Mandarin (57)
Kilcoy	Korean (2)	Mandarin (2)



Taking a holistic approach to assessing people's needs and providing care

Metro North Aboriginal and Torres Strait Islander Health Unit (ATSIHU) is here to help make the health care experience for Aboriginal and Torres Strait Islander people as comfortable as possible.

The ATSIHU team provides culturally appropriate advocacy and support to the Indigenous community before, during and after visits to RBWH or TPCH. They assist with keeping appointments, providing cultural support, transport from the bus, airport or train to the hospital and helping you to get excellent health care in either of the hospitals

“We start community engagement at the community level, all the way to the hospital and all the way back to the communities to help close the gap.”

Tamat Rattler left his Torres Strait home of Horn Island to travel to Brisbane for the first time in May to undergo specialist cancer care at RBWH.

It was a daunting journey for the 54-year-old to make, but the Indigenous Health team has been with him all along the way to help him feel safe, confident and supported during his treatment.

“Living away from home is very sad and staying on your own is very difficult but the team helps and is there for you.

“The team helps a lot with anything and everything. I feel safe and confident to travel around now,” he said.

All ATSIHU staff are from Aboriginal and/or Torres Strait Islander descent. This helps a lot when communicating verbally and non-verbally in a culturally appropriate way with patients, who speak English as their second, third or fourth language.

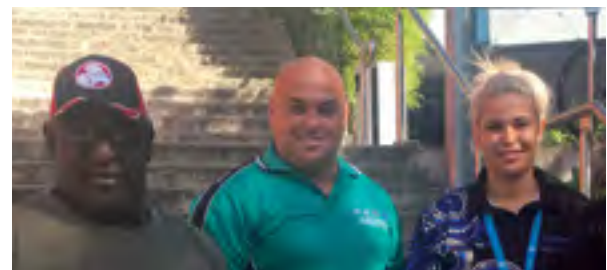
“English is complicated to understand, especially in hospital, but with the help of ATSIHU staff it’s easier to understand and communicate,” Mr Rattler said.

Acting Director Paul Drahm said all ATSIHU staff have immediate and extended family in the same communities as patients and understood their connections, traditions, language and concerns about coming to a big city for treatments.

“Patients aren’t just patients; they are an extension of our communities and families,” Mr Drahm said.


“We help them as if they were our own family member and that reassures them that we will care for them and have their best interests at heart, to get the best possible health care and service.

“We start community engagement at the community level, all the way to the hospitals, and all the way back to their communities of origin to help ‘Close the Gap’ between Indigenous and non-Indigenous health inequalities,” he said.



Tamat Rattler with staff members of the team who have assisted him throughout his stay in Brisbane.





Metro North makes safety a central feature of everything we do. We work diligently to make sure the health care 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**

Keeping people safe in our care

Metro North is committed to providing safe, high quality care that improves clinical outcomes, and results in a positive patient experience.

Five main areas of focus for our safety program include **Pressure Injury Prevention, Falls, Infection Prevention, Medication Safety, and Consumer Feedback.**

 In the past 12 months there has been a **REDUCTION IN STAGE 3 PRESSURE INJURIES**

Pressure injury prevention

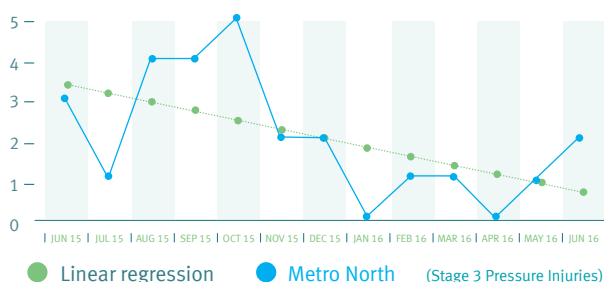
Pressure injuries are areas of damage to the skin or underlying tissue, caused by unrelieved pressure or friction. They occur most commonly over bony prominences such as the area at the base or bottom of the spine, and heel, but they can develop anywhere on the body. These injuries can be painful, can form a wound that can be difficult to treat, and can impact the comfort and quality of life of the individual affected. They can also lead to longer stays in hospital.

Pressure injuries occur most commonly in older people but they can occur in any patient. Immobility, such as that associated with extended bed rest, along with factors such as poor nutrition, poor skin integrity and lack of available oxygen to tissues have been associated with pressure injuries. A pressure injury can commence in any setting, however, across Metro North they are most commonly reported in general wards and intensive care units.

Our staff are continually updating their knowledge about correctly assessing and preventing pressure injuries, and have undertaken a wide range of research to inform their practice. At RBWH, the ULCER trial has led to the redesign of the pressure injury risk assessment tool, and quality improvement activities are built into programs across intensive care units and units that care for older persons.

As part of our patient safety program, we regularly conduct audits of patient risk screening, care planning, and care interventions to monitor and improve safe care standards.

Hospital acquired pressure injuries



RBWH has a pressure injury prevalence rate of 3.4%, below the state target of 10%. RBWH received a 'Met with Merit' for this National Safety and Quality Health Service Standard during 2016 accreditation.

Preventing falls and harm from falls

Falls are one of the largest causes of harm in health care and are a national safety and quality priority.

While the risk of falls is well documented for the elderly, falls can occur in all age groups. The risk of falls and harm from falls is higher for people with impaired vision, poor balance, muscle weakness, reduced bone density and taking some medications. The more risk factors an individual has the greater the risk of falls and harm from falls.

Across Metro North our staff have dedicated programs and care processes that aim to reduce the incidence, or number, of patients’ falls and minimise harm from falls when they occur. Across Metro North, we aim to screen all patients on their initial admission to reduce falls and harm from falls, and ensure that all patients at risk of falling receive evidence-based care interventions.

The graph below shows the number of falls with harm registered across Metro North Hospitals in 2015–16.

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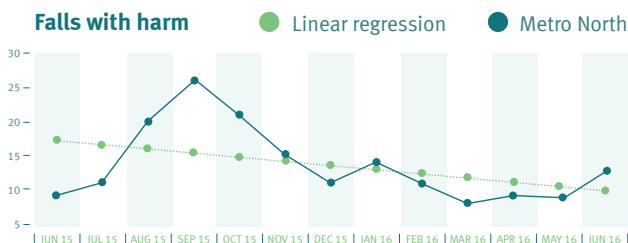
In the past 12 months there has been a

REDUCTION

IN FALLS

resulting in harm

.....



Things you can do to reduce your risk of falling include:

- eating healthy and nutritious food
- drinking enough fluids
- maintaining a healthy and active lifestyle, with regular exercise such as tai chi to prevent your muscles weakening and joints stiffening
- taking medication only as prescribed
- wearing the right shoes – comfortable, firm-fitting, flat shoes with a low wide heel, laces, buckles or Velcro fastenings and rubber soles that grip
- wearing slippers which are good fitting
- not walking in socks
- making sure clothing is not too long causing a trip hazard (touching the floor)
- hazard proofing your home to make it as safe as possible – removing slip or trip hazards like loose rugs or mats and repairing or replacing worn areas of carpets
- wiping up spills immediately
- making sure there is adequate lighting, especially at night
- using your walking aid at all times
- installing grab rails in the bathroom
- keeping pathways in good repair and clean
- marking the edge of steps so they are easy to see

Source: My Aged Care

Whether you are a patient, visitor or staff member, our aim is to ensure that from the moment you enter our service until you leave it, our facilities provide a safe environment for your best care.



“Hand hygiene is a crucial factor for keeping our patients safe and infection free.”

Infectious Diseases consultant, Dr Krispin Hajkowicz demonstrates correct hand hygiene.

Minimising infection risks

Health care associated infections are the most common complication affecting patients in hospitals.

We are committed to ensuring our facilities remain infection-free by using the highest standards of hygiene.

Hospital-acquired infections like *Staphylococcus aureus* (*S. aureus*) can cause serious illness in patients.

The good news is *S. aureus* is preventable and TPCH is a shining example of how hospitals can reduce the rate of these serious hospital-acquired infections.

TPCH Infection Control Clinical Nurse Consultant Janice Geary said early identification of slight increases of *S. aureus* is key to successfully managing the spread.

“We give clinicians notification within 48 hours of the detection of health care acquired *S. aureus* blood stream infection so we can work on preventable factors,” Janice said.

“TPCH also does a yearly point prevention audit of every single cannula used in the hospital to get benchmark figures on cannula usage and care across all clinical areas.”

Cannulas must be inserted safely, reviewed every day and removed as soon as they are no longer required to help reduce the risk of infection. Medication given orally is preferred, to avoid the potential for infection via the intravenous method.

In all our hospitals, hand hygiene for staff, patients and visitors is crucial to reduce the rate of infection. It is particularly important before touching a patient when performing a procedure.

Metro North’s Infectious Diseases Consultant Dr Krispin Hajkowicz said TPCH has one of the most extensive hand hygiene audit schedules of any Australian hospital.

“Our clinicians are keenly aware of hand hygiene compliance rates and respond to it,” Dr Hajkowicz said.

“Hand hygiene is also included in every staff member’s orientation and there are service line management plans across the organisation.”

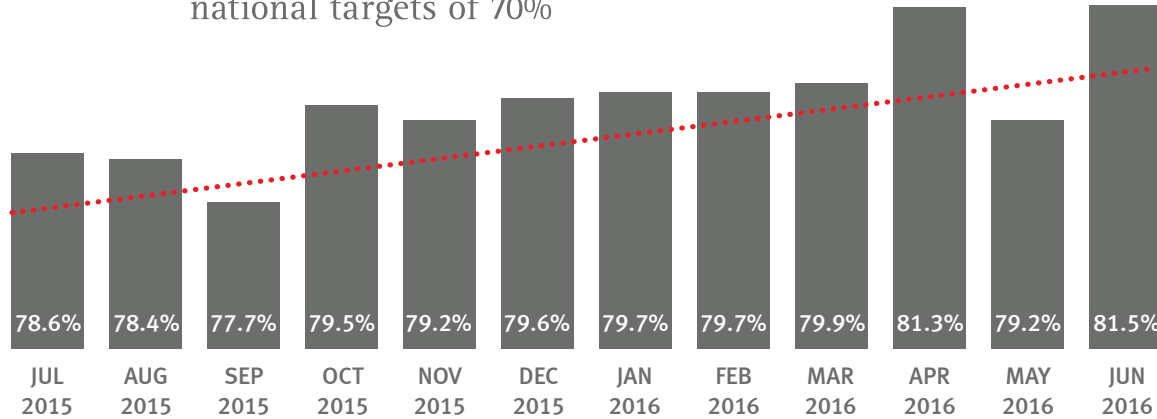
Together, we’re working hard to keep our patients safe and infection-free.



Hand Hygiene rates consistently **EXCEED** national targets of 70%

Hand hygiene 5 moments overall compliance

- Hand hygiene 5 moments overall compliance
- Linear (Hand hygiene 5 moments overall compliance)



The Yellow Clean Team helps minimise infection

The Yellow Clean Team at RBWH are cleaning team superstars.

We like to think of the Yellow Clean Team as our SWAT team. It is a highly specialised cleaning team that take charge after a patient with an infectious disease vacates the room. The team has been operational since February 2015.

The team clean an entire room from top to bottom, focusing on high risk areas like bedside tables, chairs, over-bed tables and nursing equipment.

Our patients are safer thanks to the Yellow Clean Team.

Yellow Clean Team members Rose, Ann and Alanna complete a thorough clean of a patient's room.



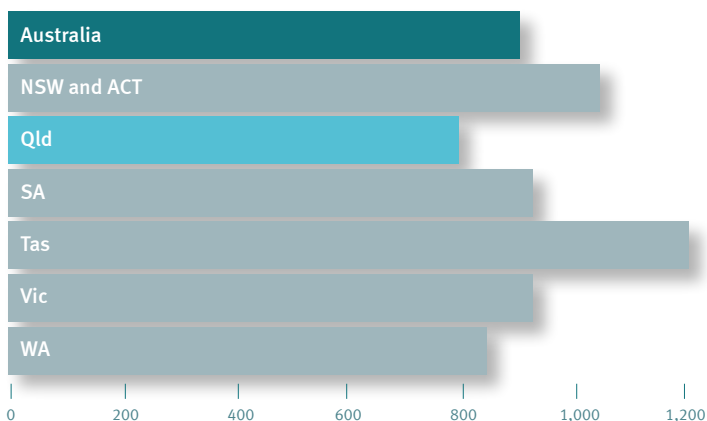
Metro North closely MONITORS ANTIBIOTIC USE to reduce antibiotic resistance

A growing number of infections are becoming harder to treat as the antibiotics used to treat them become less effective. Antibiotic resistance is accelerated by the misuse and overuse of antibiotics, as well as poor infection prevention and control.

QUEENSLAND
hospitals have the
lowest use of
antibiotics
in the country

Overall antimicrobial usage rates in hospitals participating in NAUSP, by jurisdiction 2014

Source: AURA Report 2016



Metro North has seen a

21.4% reduction in
**HOSPITAL ACQUIRED
INFECTION** over last 12 months

Healthcare Associated Staphylococcus Aureus
Bacteraemia



Medication safety

Medicines are the most common treatment used in health care and range from sedatives and pain relief, to antibiotics or medications such as those used for cardiovascular disease or diabetes. As such, medications can be associated with a higher incidence of errors and adverse effects than other health care treatment.

Adverse medication events are more likely to be experienced by those who are most vulnerable including young children, those aged 65 years and older, and people with multiple conditions and medications.

Adverse medication events can affect a consumer's health in a range of ways, from a mild allergic reaction to death. Across our hospitals and services in 2015–16, drugs and medications were the third most commonly reported cause of adverse event or clinical incident.

Reducing error and harm from medicines through safe and quality use is an important element of our work and is helping us to achieve our objectives of reducing preventable harm.

Medication reconciliation is known to reduce medication errors at time of admission by around 50 per cent. As a result, we aim to undertake a comprehensive medication history of all patients on admission. The below graph demonstrates our improvements in this area over the last year, and how we compare to other hospitals:



In 2015, 84 per cent of Metro North inpatients had a medication history documented in the medication chart or medication action plan.

Source: Queensland bedside audit

How we are using this information to improve care

By monitoring our safety and quality data we are able to potentially detect unplanned variances in patient outcomes. The occurrence of both high or low results have potential lessons, and are a continuous part of our 'report-review-act' cycle. Across the organisation this happens at an individual clinician level, a service level, and a whole of hospital and health service level. We link our annual program of quality improvement to the results we analyse.

Accreditation

Accreditation is a formal process to assist in the delivery of safe, high quality health care based on standards and processes devised and developed by health care professionals for health care services.

Accreditation is public recognition of achievement of accreditation standards, demonstrated through an independent external peer assessment of our level of performance in relation to the standards.

Across 2015–16, all hospitals and services across Metro North were assessed either through an organisation-wide survey, or periodic review, with all services attaining successful accreditation, with no high priority recommendations.



In addition to achieving accreditation standards, Royal Brisbane and Women's Hospital and Metro North Oral Health Services were recognised as having measures of good quality and a higher level of achievement for 36 actions, recognised through a 'Met with Merit' level of assessment.

To achieve this status, a culture of safety, evaluation and improvement must be evident throughout the service in relation to that particular standard.

Listening and using feedback

Metro North believes patients, consumers, their carers and families are best placed to comment on the quality of their care, and as such, we are committed to being responsive to their concerns.

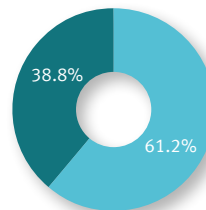


A consumer who has not had the best experience is our greatest source of learning. Similarly, someone who has had an exceptional experience can also help us make sure we build that into the way we care, so that everyone can benefit.

Metro North works closely with patients and their families to support them as true partners in the provision of their health care. We understand people receiving care have a significant role to play in the health care team, which includes a central role in having a real voice in planning and implementing their own care. We know that to do so, people need information to make informed choices, and we need to listen to what they are telling us.

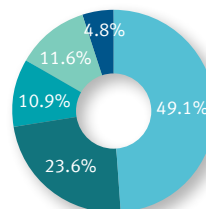
Consumers do not always expect everything to be perfect, but they do expect us to listen, to be caring, compassionate and respectful, and to acknowledge and take action when things go wrong.

In 2015–16, we received a total of 10,633 forms of registered feedback (6,511 compliments and 4,122 complaints).



Complaints/compliments

- 61.2% of all feedback was a compliment
- 38.8% of feedback was registered as a complaint



Source of feedback

- From the consumer (49.1%)
- Relative/Friend/Significant other (23.6%)
- Departmental Liaison Office (10.9%)
- Other (11.6%)
- Ministerial Correspondence (4.8%)

The feedback management system is designed to hear all forms of feedback (both positive and negative), and use this information to make future improvements for all patients and consumers. This promotes sharing and learning from those times when care has been considered excellent, to those times when changes need to occur to improve the quality of care we provide.

Your feedback in the spotlight

Our actions following feedback from consumers range from system level changes in the way we configure and deliver services, to policy and procedure changes, through to working with front line staff to understand, measure and act on people's experiences of care.



96%
of patients are likely to recommend Metro North to their family or friends

Source Quality report Dashboard



99%
OF ALL
FEEDBACK IS
ACKNOWLEDGED
within five days



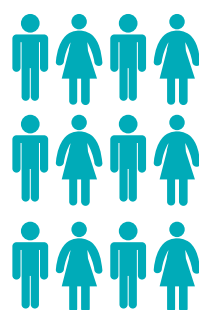
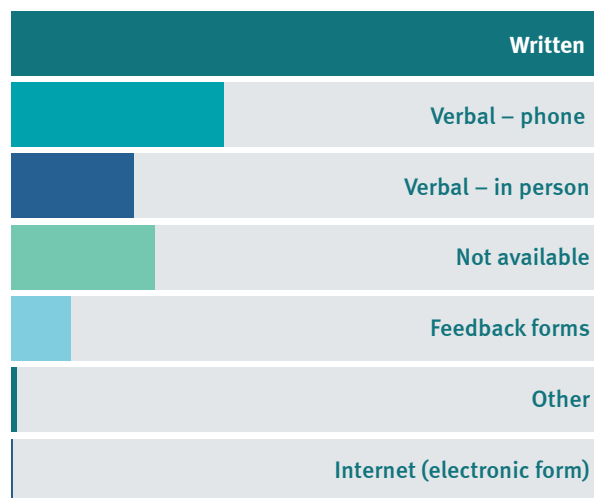
89% of all **COMPLAINTS** ARE RESOLVED within 35 days

We're here to listen

Our staff have developed programs to help people talk freely about their feedback and experiences of care, so that they can share in their own words what matters to them most, and how they felt about their care.

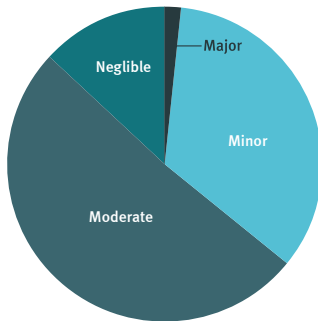
Patients and their family are invited to provide feedback by talking to staff, either in person or on the telephone, or providing written feedback, by completing surveys and questionnaires, or by participating in interviews and focus groups.

Communication type



10,633
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 below diagram represents the 2015–16 total number of Metro North-related complaints received from the OHO:

Complaints received	
291	

Assessment	Take no further action
29	206

- 1. Take no further action:** Some complaints will not be taken further for a number of reasons.
- 2. Assessment:** 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.
- 3. Local resolution:** OHO works with the complainant and Metro North to facilitate meetings and other communication to resolve the complaint informally.
- 4. Conciliation:** When complaints are more complex, conciliation is an informal, confidential meeting process run by independent skilled conciliators.
- 5. Investigation:** Investigation involves a detailed examination of a complaint including gathering evidence and analysing the cause/s of an adverse health incident or health care issue.

Local resolution
30

Conciliation
8

Investigation
3

Referral to another organisation i.e. AHPRA
15

Referral to the Director of Proceedings or Conduct of an inquiry
0

- 6. Referral to another organisation:** A complaint can be referred to another organisation if the issue falls within another jurisdiction, better suited to managing the complaint.

Below are some examples of the actions taken from feedback this year:

What you said	What we did
<i>“I am a post kidney transplant patient and have to wait two hours after submitting my script to get my anti-rejection tablets, and there is nowhere for me to park.”</i>	We have organised the patient’s script to be held by the Pharmacy Department, so the patient can contact us to have the script filled and collect when ready avoiding the need for the patient to wait. We have also organised short term car parking for the collection of her medication.
<i>“I had been visiting the physiotherapy department for treatment of my crushed vertebrae in my neck. After my discharge from hospital I continued to experience dizzy spells and neck pain. My ongoing symptoms meant I could not continue to work as a truck driver. I made a complaint as I had not been given an appointment for the review of my symptoms.”</i>	We managed the complaint through our Surgical and Perioperative Services with a priority neurosurgery appointment. The patient received carpal tunnel surgery and is making a good recovery.
<i>“I feel that the nurse was quite blunt with her request, and had no compassion for me as a parent.”</i>	We’re implementing frontline communication training for all our staff and continuing to build on our commitment to provide compassionate health care that connects with our community.
<i>“The staff on night shift were very noisy. It is hard for patients to sleep.”</i>	Staff were reminded about how noise travels, particularly at night, and are mindful of the importance of setting up the environment for rest.



Making sure people are physically comfortable and safe, emotionally supported and that we involve family and friends.

“We are the Patient Experience”

Staff across our services celebrated the importance of consumers and health care staff working together to improve the patient experience.

Patient Experience Week is brought to the health care community by The Beryl Institute, the global community of practice and premier thought leader on improving patient experience in health care.

The “I am the patient experience” photographic collage was an activity run during the week to highlight the role all health care staff play in improving the **experience** people have of care.

Working with compassion and respect as core to our organisational values.



Patient experience matters

In the past 12 months, patients across Queensland have responded to three patient experience surveys for Maternity Services, Emergency Department Services and Maternity Outpatient Clinics. In total, 3,345 people told us about their experience across Metro North services.

Responses and comments received while conducting the surveys are recorded and collated, and then relayed to staff. Clinical teams work together to develop action plans to improve care for others.

Metro North Maternity Outpatient Clinics¹

RBWH:

Treated with respect and dignity

Yes, always 87%

Caboolture Hospital:

Care received in the maternity clinic

Very good 73%

Redcliffe Hospital: *Sufficient time to discuss health with doctors*

Always 74%

Emergency Department Services²

RBWH: *Right amount or too much information about their condition*

The right amount 91%

TPCH: *Confidence and trust in all or most of the doctors and nurses*

All of them 75%

Caboolture Hospital: *Treated with kindness and understanding*

Yes, all of the time 84%

Redcliffe Hospital: *Treated with respect and dignity*

Yes, always 88%

Metro North Maternity Services³

RBWH: *Received desired pain relief/comfort measures*

Yes 86%

Caboolture Hospital: *Felt listened to and supported by midwives*

Yes 87%

Redcliffe Hospital: *Felt midwives were supportive of choice of feeding method*

Yes 84%

Amber – satisfactory/some of the time Red – requiring improvement



TPCH Children's Emergency Department was the No.1 ranked² Emergency Department in the state for:

1. Treating patients with respect and dignity
2. Given enough information about how to manage care at home
3. Advised about danger signs of illness/treatment

1 Queensland Health Maternity Outpatient Clinic Patient Experience Survey 2015
 2 Queensland Health Emergency Department Patient Experience Survey 2015
 3 Queensland Health Maternity Services 2015

Opportunities for improvement include:

Our patients have told us we can do better at keeping people informed about their wait times in our Emergency Departments.

“We are working on ensuring that patients, families and carers are kept informed of estimated wait times and the reasons why.”



80% said no.

20% said yes.



We also heard from feedback we could do better with the written information we give to people about their condition.

“With our consumers, we are reviewing the written information we provide so that information provided is helpful”.



50% said we could do better.

50% said information was helpful.



Kilcoy Hospital staff member, Courtney Hayes with patient, Melva Hubner.

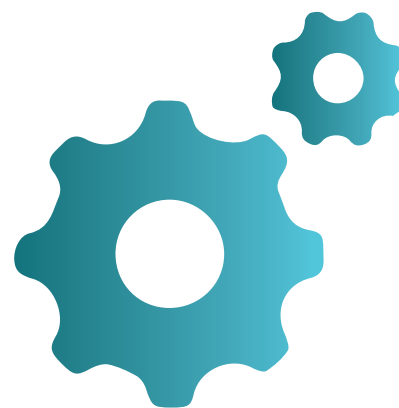


Maternity Patient Experience Survey – Caboolture Hospital was the No.1 ranked Maternity Service in the State for:

- 1. Included in the decision process for referral of antenatal care**
- 2. Effectiveness of communication between care providers around services**
- 3. Offered maternity care at home**



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**



Combined clinic puts patients first

“Queensland has the country’s highest rate of hospital admission for diabetic complications”

Chronic kidney disease affects one in nine adults. People who have either diabetes or kidney disease are more likely to develop both conditions and Queensland has Australia’s highest rate of hospital admissions for diabetes.

In most cases, people with diabetes and kidney disease will see separate specialists, but a combined clinic is being trialled at North Lakes Health Precinct. The clinic, supported through Metro North’s LINK innovation grant funding, is a 12 month pilot project bringing an endocrinologist, community diabetes educator and podiatrist to work directly with the RBWH community chronic kidney disease team.

The project started in November 2015, with the first monthly clinic held in March 2016. In addition to people with diabetes and kidney disease, the clinic also sees patients with kidney-related bone and mineral disease. Already, the combined clinic has had significant benefits for patients, including increased motivation and self-management of their condition. This has led to better blood sugar control, which also improves kidney function.

Patients of the combined clinic are able to come to one place close to home to see their specialists and receive referrals for follow up services or additional specialist appointments for related chronic conditions. Access to care at the clinic reduces travel and waiting time, provides clear information about how both kidney disease and diabetes work together, and reduces the overall care costs with specialists able to pick up possible complications sooner. Additionally, early data suggests higher patient and clinician satisfaction with both the kidney and diabetes services.

New model of care helps get Peter's diabetes under control

Peter Heta has lived with diabetes for more than 20 years, and kidney disease for three, but he never fully understood his condition until he attended the new combined kidney disease and diabetes clinic at North Lakes.

"I had the information before, but the doctors and nurses here gave it to me straight, in clear language and explained the consequences," Peter said. "I like that."

For the past few years, Peter has been unable to sleep properly. His legs have been so swollen with water retention, it felt like he was walking on tacks all the time and his knees couldn't move properly. He would take his water retention pills, but didn't realise he also needed to adjust his diet.

"I used to take half a dozen sandwiches and a big soft drink for my lunch, but now I take a salad, water and some fruit," he said.

"I've cut down on salt through Dr Adrian Kark [Nephrologist] explaining that no matter how many tablets I take, I'm still taking in salt with food. Now I'm learning to go without salt when I have a meal."

Since starting with the combined clinic, Peter has been referred to TPCH to sort out his sleeping. Now, instead of sleeping only a few hours a night sitting up and keeping the house awake with snoring, he gets a solid eight hours, thanks to his sleep apnoea machine.



Diabetes educator Sharon Munsie tests patient Peter Heta's blood sugar at the new combined kidney disease and diabetes clinic at North Lakes Health Precinct.

"Before, if I was to sleep you could be in the end room and hear me cutting trees down. I got kicked into another room," Peter said.

"Now my wife sleeps right beside me. My quality of sleep is better, and when your sleep is better, your whole life changes for the good."

Now that Peter's diabetes is under control, he's no longer lethargic all the time and the pain in his legs has gone. He's slowly building up his exercise and he has more energy. He needs it, too, with three of his 28 grandchildren at home.

As a truck driver, Peter is grateful his doctors have forced him to take some time off work until his health improves.

"It was a wake-up call. It shakes you to the core, but it's what I've needed for a long time," he said. "One of the biggest things for me is the information and how it's delivered."

"I'd recommend this clinic to anyone with these conditions."



Innovative programs to enhance quality of life

Metro North Mental Health provides services to people experiencing mental illness or who are at risk of developing a mental illness across age all groups, spanning perinatal, children and adolescents, adults, older persons and including a range of specialist services such as consultation liaison, forensic, addiction, eating disorders and community mental health, as well as an inner city homeless team. The service supports the recovery of people with mental illness and/or alcohol and drug issues through interventions that are person-centred, strengths based and empowering and in collaboration with primary and private health providers and our non-Government partners in our community. We deliver a number of innovative programs to enhance people's quality of life and recovery including the Eating Disorders Outreach Service Intensive Outpatient Program and Integrated Employment Programs.

The service provides inpatient, hospital-based and community services. There are three geographically defined catchment areas for the service – RBWH, TPCH, and Redcliffe and Caboolture Hospitals. In addition, the Alcohol and Drug Service provides a range of treatment, consultation and liaison information and advice services across the area. Community services are located at Brisbane City, Fortitude Valley, Herston, Nundah, Chermshire, Strathpine, Caboolture and Redcliffe, with outreach services to Kilcoy.



Boosting physical wellbeing leads to mental health recovery

Metro North Mental Health applies a multifaceted approach to improving the physical wellbeing of our mental health consumers.

It is well recognised that people with severe mental illness live at least 12 years less than the general population. They are at greater risk of chronic illness, including metabolic syndromes and cardiovascular disease, due to lifestyle factors such as increased rates of smoking, physical inactivity and obesity.

We recognise the strong link between physical wellbeing and mental health recovery through the implementation of the following programs:

Increased Access to Primary Care

A bulk billing GP clinic was launched at the Inner North Brisbane Mental Health Service community clinic in Fortitude Valley to provide mental health consumers with the opportunity for routine screening and treatment of physical health concerns. The clinic operates every Thursday morning and mental health consumers are able to 'drop in' to see the GP. Since its inception in October 2014 to June 2016, the clinic has provided 654 consultations, growing from four consultations a month to 52.

Let's Get Physical

Launched in 2012, the *Let's Get Physical* initiative has resulted in increased rates of screening and identification of potential health risk factors for mental health consumers through twice yearly, routine metabolic monitoring. We have expanded the program across all community mental health facilities in Metro North. There has been a 50 per cent improvement in metabolic monitoring since the program started.

Exercise Physiologists

To introduce the role of Exercise Physiology in mental health, we have coordinated two student placements within the adult acute inpatient units at TPCH. A pilot program in November 2014 was followed with a four week trial in October 2015. The aim was to expose students to the special needs of mental health consumers, so they can better understand individual holistic health goals. We are hoping to develop a student placement model for exercise physiology that will extend across all Metro North Mental Health facilities.

Dental and Dietetics Clinic

The clinic was launched in April 2016 to provide our mental health consumers with dental clinic referrals and dietetics assessment with individualised meal plans. University of Queensland dentistry and dietetics students provide consultations at the Inner North Brisbane Mental Health Service community outpatient clinic every Tuesday. In the first month and a half of the clinic's operation, 43 clients were seen.

QUIT 2.0

In order to address nicotine dependency within the community, a ban on tobacco products was introduced across all Metro North Mental Health inpatient units in April 2016. To support these changes, we offer Nicotine Replacement Therapy to all consumers on admission, have installed QUIT Line phones in all inpatient areas and have provided training and resources to assist clinicians working with consumers who smoke.

Alcohol and Drug Treatment

This year we launched *Project Gauge* as a way to engage more clients in our Alcohol and other Drug treatment services. In the one month period after its launch in June this year, the *Project Gauge* website had over 330 active users and nearly 1,200 page visits.

Post launch (22 June – 29 July 2016):

<i>Project Gauge</i> website users	331
<i>Project Gauge</i> unique page views	433
<i>Project Gauge</i> page views	1,140

GP appointments have
INCREASED BY
>200%
for Mental Health patients
accessing the Fortitude Valley
Community Clinic
in the last 12 months

One of Australia's biggest Milk Banks celebrates its third birthday

“In the last three years our staff have pasteurised almost 3,000 litres of milk, and supported the feeding and growth of more than 1,000 hungry babies.”



One of two Milk Bank fridges.

The health of some of Queensland's youngest patients is in good hands thanks to loving mothers who donate their breast milk to the Milk Bank at the Royal Brisbane and Women's Hospital.

Imagine if the life of your baby depended on a total stranger and another new mother.

It's a frightening scenario but one that has been made much easier by the RBWH's Milk Bank, which has helped more than 1,000 babies around the country since it opened three years ago.

The RBWH Milk Bank supplies pasteurised breast milk to babies born at less than 34 weeks gestation. Most of these bubs are from Queensland but some tiny patients from as far south as Tasmania have received the lifesaving liquid.

There are now more than 257 registered donor mums, including mother of two Dianna Lewis.

She was a grateful recipient first, and later, a donor mum for the bank.

“When my second child Will was born, he was 31 weeks and weighed a little over 1,500g,” Ms Lewis said.

“It was such a stress to worry about him, my daughter at home and on top of all the worry, my milk had not come in and I couldn't even feed my newborn son.

“I am so grateful that I had somewhere to turn. My beautiful family stand testament to the value of the RBWH Milk Bank. It's such a selfless thing to do.”

Mrs Lewis donated almost 100 litres of breast milk herself, following in the footsteps of the bank's very first donor mum Debra Rolfe, who became involved in the service under tragic circumstances.

Her beautiful boy Bradley lost his life at just 94 days old.

“When Bradley passed away, I had over 43 litres of breast milk stored in bottles. When I was told that I could be the first donor to the milk bank I was overwhelmed,” Mrs Rolfe said.

“Even participating in the screening process gave me a sense of purpose. I was genuinely comforted knowing that my time and effort was going to help set up a service that had the potential to nurture so many babies.”



Acting Clinical Nurse Consultant RBWH Milk Bank Jacqueline McClymont said the benefits of the service were immeasurable.

“In the last three years our staff have pasteurised almost 3,000 litres of milk, and supported the feeding and growth of more than a thousand hungry babies,” Ms McClymont said.

“Donor milk gives the babies optimal nutrition and immunological protection. It also reduces the length of stay, improves survival rates and reduces the stress on families.”

Pasteurised donor human milk donations from eligible donors are screened and stored onsite in regulated hospital facilities to comply with ISO 22000, Australia’s highest health food standard.



Debra Rolfe with husband Nick Rolfe and son Bradley.

If you would like to know more about the RBWH Milk Bank, or are interested in becoming a donor, please email Milk_Bank_RBWH@health.qld.gov.au or call (07) 3646 0542.

Metro North hospitals work with Pathology Queensland and other hospitals to reduce blood wastage



Caring for a precious resource

Working smarter to minimise blood and blood product wastage.

Every drop of blood is precious. Across Metro North our hospitals and health services work together to minimise blood wastage.

Donated blood is vital to producing various lifesaving blood products including red blood cells, plasma, platelets, immunoglobulins and clotting factors.

Around one in three people will need blood at some point in their lifetime for a variety of reasons including surgery, trauma and cancer. Others will need blood products for illnesses such as immune deficiencies, neurological conditions or if their blood does not clot properly (Haemophilia).

During 2015, more than 28,000 bags of 'fresh' blood components (red blood cells, plasma and platelets) were transfused to almost 5,000 patients.

Blood products that are close to their expiry date are transferred within Metro North to ensure blood is not wasted.

Other Queensland hospitals also turn to us to help reduce waste, with more than 3,000 bags of blood transferred into our facilities each year.

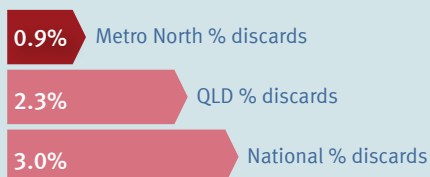
Metro North maintains a team of professionals who ensure blood products are managed safely and in line with National Safety and Quality Health Service Standards. Patients are only transfused when clinically indicated following the National Patient Blood Management Guidelines.

Metro North discards **LESS THAN HALF** of the national average (platelets)
Source: National Blood Authority

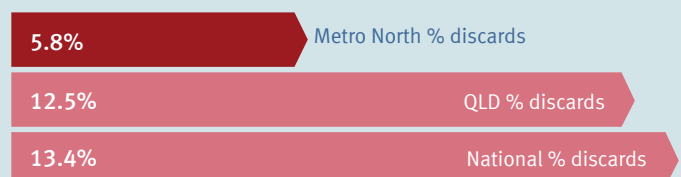
Metro North's recycling program **SAVED OVER 3,000 UNITS** (red cells) from being discarded
Source: National Blood Authority

Metro North product discards in % compared to Queensland and nationally 2015

Red cells



Platelets



Donating blood: Peter's story

People often ask: "Why should I donate blood?"

Peter Vang has an answer for them.
"It helps keep me alive," he said.

Peter suffers from severe aplastic anaemia – a condition that occurs when the bone marrow stops making enough healthy blood cells for the body's needs.

"Regular blood transfusions help keep my blood cell counts at acceptable levels; it gives me a quality of life," he said.

Peter has been a regular patient at the Royal Brisbane and Women's Hospital Cancer Care Service's Day Therapy Unit for the past eight years, receiving transfusions every three to six weeks, while he waits for a bone marrow donor.

Despite the hours spent in a hospital bed hooked up to an intravenous line, Peter remains optimistic and grateful.

"The nurses here are brilliant; they always make me feel comfortable as soon as I walk in the door," he said.

"Almost everyone will need a blood donor some time, either for themselves or a family member.

"It's a simple thing to do but it makes such a difference. It goes a long way to saving lives," Peter said.

Registered Nurse Katie Matthews tends to patient Peter Vang during a transfusion.



Staff roll up their sleeves

Staff from Royal Brisbane and Women's Hospital's Cancer Care Service who cared for the late Adem Crosby were so inspired by his charitable work and advocacy for blood donation that they banded together and formed a blood donation group – rbwhcancercareforteamadem.

Team Adem, a group formed by Adem and his family are Australia's largest community blood donation group formed under the Australian Red Cross Blood Service group donation program RED25.

RBWH Registered Nurse Vanessa Jones said every blood donation by staff is registered with rbwhcancercareforteamadem and helps save three lives.

"It has been very rewarding to see staff rally behind the initiative and support patients beyond what we do in the workplace," she said.

To join the group, email:
rbwhcancercareforteamadem@outlook.com
or follow them on facebook
@rbwhcancercareforteamadem

Contact the Red Cross on 13 14 95 or visit
<http://www.donateblood.com.au/>

Saving lives... Royal Brisbane and Women's Hospital Registered Nurse Vanessa Jones knows the lifesaving importance of blood donations.





Helping our patients maximise independence and confidence

Metro North's Transition Care Program cares for people leaving public or private hospital in need of support to move back home or into aged care.

This Commonwealth funded program supports patients either as short-term residential inpatients at Brighton Health Campus, or in their own home. The service is available to people who need additional therapy after treatment for an accident, fall or illness.

The types of care provided in community or residential transition services include medical and nursing care, wound management, low intensity physiotherapy, speech pathology, and rehabilitation. The teams also provide goal-oriented occupational therapy support to improve or adapt daily tasks, social work support, and nutrition advice. Residential transition care supports people to regain functional capacity before moving into residential aged care.

For people in community transition care, a dedicated case manager coordinates care, equipment and help around the house if needed, to make returning home easier. The aim is to enable people to return home after a hospital stay, providing support to adapt to their new circumstances, rather than move to residential care prematurely.

In 2015–16, more than 700 patients were admitted to the residential transition service, with more than 400 transitioning to aged care homes. The community transition care program had more than 3,700 episodes of care over a year.

Home at last

Without community transition care Elizabeth Kerr would likely spend the rest of her life in a nursing home.

Elizabeth, who lives with husband Geoff at North Lakes, was diagnosed in February with a benign tumour on her spine and a dangerous ulcer in her duodenum. The combination made her frail and unwell.

The first signs were a rapid drop in weight, low iron and a pain in her leg. Without the weight loss, she might have just thought the decline was due to life with scleroderma.

“I had a slow decline in mobility prior to the incident, but I thought it was because of the scleroderma,” Elizabeth said. “I didn’t realise anything else was wrong.”

“Transition care has helped us adjust to a new life.”

Scleroderma is a degenerative condition which, over time, causes a person’s skin to thicken and constricts their organs. Elizabeth sees a rheumatologist to manage the disease progression. Her hands and feet are often cold as blood supply is limited.

When her symptoms worsened, Elizabeth’s doctor told her to call an ambulance. After a four-month stay in Redcliffe Hospital, Elizabeth was discharged to the residential transition care program at Brighton.

Two weeks later, she was back at home, receiving care through the community transition program, with a dedicated case manager coordinating care and support at home.

Elizabeth and Geoff have been physically active throughout their nearly 40-year marriage. They’ve motorcycled and sailed around Australia, and even climbed part of Mt Everest. Their house is full of Elizabeth’s nature paintings.

“We were looking forward to a nice retirement,” she said. “We did a lot of travelling before and we like to go out in our small caravan.”

The community transition care program provides Elizabeth with at home restorative care services including home exercise support, assistance with housekeeping and personal care, and access to health professionals.

The aim is to help Elizabeth regain as much function as possible, particularly in her upper body, and help the couple adapt to getting around with a wheelchair. Her case manager will also coordinate referrals to non-government service providers to continue support after she leaves the transition care service.

Elizabeth said the transition care program had helped them adjust to their new life.

“A world we didn’t know dropped onto our plate. Not being able to move around properly, we wouldn’t have known what to do or where to go,” she said.

“There’s a lot of compromise. We can’t do all the things we want, but we can still do some. We’ll try it one step at a time.”

Left: Allied health assistant Jenny Baker helps patient Elizabeth Kerr with at-home exercises.



Lifting the Lip to halt tooth decay in kids

“During the year, all Child Health Nurses in participating metropolitan areas have received training in the program and more than 300 children under four have been referred for an oral health check-up.”



MORE THAN HALF of Queensland children AGED BETWEEN five and 15 suffer from tooth decay

Accessible Dental Care in the community improves people’s quality of life.

More than 300 under-fours have already been referred for an oral health check-up under a new program that aims to reduce the rate and severity of dental disease experienced by young Queenslanders.

In collaboration with Metro South Oral Health and Child & Youth Community Health, Metro North Oral Health Services (MNOHS) has successfully led the implementation of ‘Lift the Lip’ in the Brisbane metropolitan area.

Child Health Queensland has formally incorporated ‘Lift the Lip’ into its ‘Head to Toe’ assessment program and nurses will provide oral health guidance to parents of infants and toddlers at regular child checks and refer children for oral health care.

Andrew McAuliffe, Executive Director, MNOHS said earlier engagement will lead to improved oral health outcomes for children.

“They will present earlier for their first dental check up at the recommended age of no later than two years, will develop improved oral health knowledge and behaviour and develop better dietary habits,” he said.

“By the time this cohort reaches six years of age, we should see an increased number of Brisbane children who have never experienced dental decay and a reduction in the number of children requiring dental treatment under general anaesthetic.”

Dental hubs have been established at Caboolture, Ferny Hills, Kippa Ring, Humpybong, Kallangur, Strathpine, Bracken Ridge, Browns Plains, Jindalee, Beaudesert, Jimboomba, Kingston and Inala. By October 2016, hubs will be established for children living in the Logan, Nundah, Keperra, Redlands, Wynnum, Beenleigh and Springwood areas.

‘Lift the Lip’ is currently being considered for implementation in the Torres and Cape area, Cairns and Hinterland, Townsville and the Gold Coast regions.

Good oral health is an essential part of general health and well-being. Metro North Oral Health Services is one of the largest providers of public oral health services in Queensland. It delivers safe, sustainable and appropriate oral health services for all eligible clients at dedicated oral health facilities, hospitals, community outreach clinics and schools.

A smile that says so much

It's hard to wipe the smile off Tash Hall's face these days.

She attributes much of her self-confidence and positive outlook on life to the care she received from the team of specialists at Brisbane Dental Hospital.



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**WAITING TIMES
for treatment
under general anaesthetic
REDUCED BY
30% in 2015–16**

.....

Eat well, brush well, drink well – tips for healthy teeth

Brush well: Clean teeth thoroughly twice a day using fluoride toothpaste to remove plaque and minimise bacteria in the mouth.

Eat well: Eat healthy foods and reduce the intake of sugary foods to lower risk of tooth decay.

Drink well: Drinks lots of water and limit intake of sugary drinks, for example, soft drinks, juice sports drinks and flavoured milk.

Play well: Wear a mouthguard when playing contact sports to prevent injury and trauma to the teeth and mouth.

Stay well: have regular dental check-ups.

Tash underwent head and neck surgery and radiation therapy for advanced melanoma almost a decade ago.

Despite regular dental visits and a stringent preventative oral care routine at home, Tash experienced severe tooth decay resulting from radiation induced dry mouth.

“I’ve always had perfect teeth. I didn’t have one filling,” she said.

“But years after radiation treatment my teeth were crumbling. My front four lower teeth were broken down to the gum line; it got to the stage where they had to come out.

“I cannot find a photo of myself in those years where I am smiling because my teeth were so yellow and broken down. I didn’t meet friends; I stayed home and was a bit of a hermit.”

With the help of the Brisbane Dental Hospital team who carried out extensive repair work including 13 crowns, Tash not only has regained her health but also her happiness.

“They [the Brisbane Dental Hospital team] are brilliant – absolute gems. It’s a huge gift to give someone their confidence back,” she said. “I can’t stop smiling.”

Now in her ninth year of remission, Tash is making the most of her life.

“I could not be happier,” she said.

Dr Deborah Buick, Principal Dentist Cancer Care at Brisbane Dental Hospital, said radiation treatment can affect the salivary glands so that they produce less, or no, saliva weaken teeth and make it more likely to get tooth decay.

“Natasha has gone against the odds. She’s taken such good care of her teeth that we have been able to save most of them,” she said.



All smiles... Brisbane Dental Hospital patient Natasha Hall.



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



**Led for
excellence**



New hope for patients with chronic lung disease

Ground-breaking stem cell therapy research at The Prince Charles Hospital has the potential to change the lives of people affected by chronic lung disease.

The Queensland Lung Transplant Service's Head of Research Associate Professor Daniel Chambers said he is hoping the research will not only extend the survival rates of the many Australians who have had a lung transplant, but also ultimately transform the quality of life for people with any lung disease.

"Chronic lung conditions are debilitating and ultimately fatal with many patients needing a lung transplant in the long term," Associate Professor Chambers said.

"We are investigating the role of stem cell therapy for targeted lung conditions to identify new ways to assist in the long term management of patients with currently incurable conditions."

The team is also investigating the role of stem cell therapy in the prevention of chronic rejection after a lung transplant.

"This is good news for transplant patients given chronic rejection is the biggest risk to their survival," Associate Professor Chambers said.

The research team has already conducted multiple world-first trials to evaluate the feasibility and safety of intravenous stem cell and T-cell therapy in lung fibrosis, pulmonary hypertension, lung transplant rejection, drug-refractory viral infection and related malignancies.

Patient Matt Meyers has experienced the benefits of the research first hand. After receiving a life-saving heart-lung-liver transplant for cystic fibrosis, Matt was unable to recover when he developed post-transplant lymphoma which was unresponsive to conventional chemotherapy.

The research team stepped in and were able to obtain compassionate access to a third party T-cell product they are developing in collaboration with QIMR-Berghofer and a corporate partner. After receiving this ground-breaking treatment, Matt recovered to return home and enjoy life.

With the support of Metro North and the University of Queensland, Associate Professor Chambers is establishing an Australian-first Centre for Lung Regeneration, where stem cell science can be translated into the clinic. The Centre will be the largest of its kind in the world.

Matt Meyers and Associate Professor Daniel Chambers.



Researchers at the forefront of innovations in health care

Metro North is proud of the vibrant research culture that exists across all its health services.

Our researchers are among the best in the world. Their work is helping to not only advance patient care, but also provides a glimpse into the next generation of treatments that have the potential to make a difference to people's lives the world over.

To celebrate the depth and breadth of this quality work, Metro North hosted its inaugural Research Excellence Awards in May 2016.

Professor Michael Breakspear, known internationally for his research in the application of brain network theory to understand psychiatric disorders, was named Researcher of the Year for his work on non-invasive technologies to unravel the mysteries of the brain.

His ground-breaking research will help address some of our biggest mental health challenges such as depression, bipolar disorder and dementia.

The Researcher of the Year was decided from winners of the seven Research Excellence Award categories.



Professor Michael Breakspear, Researcher of the Year 2016.

Metro North has a strong research culture, with multi-disciplinary research programs undertaken across medical, nursing, allied health streams.

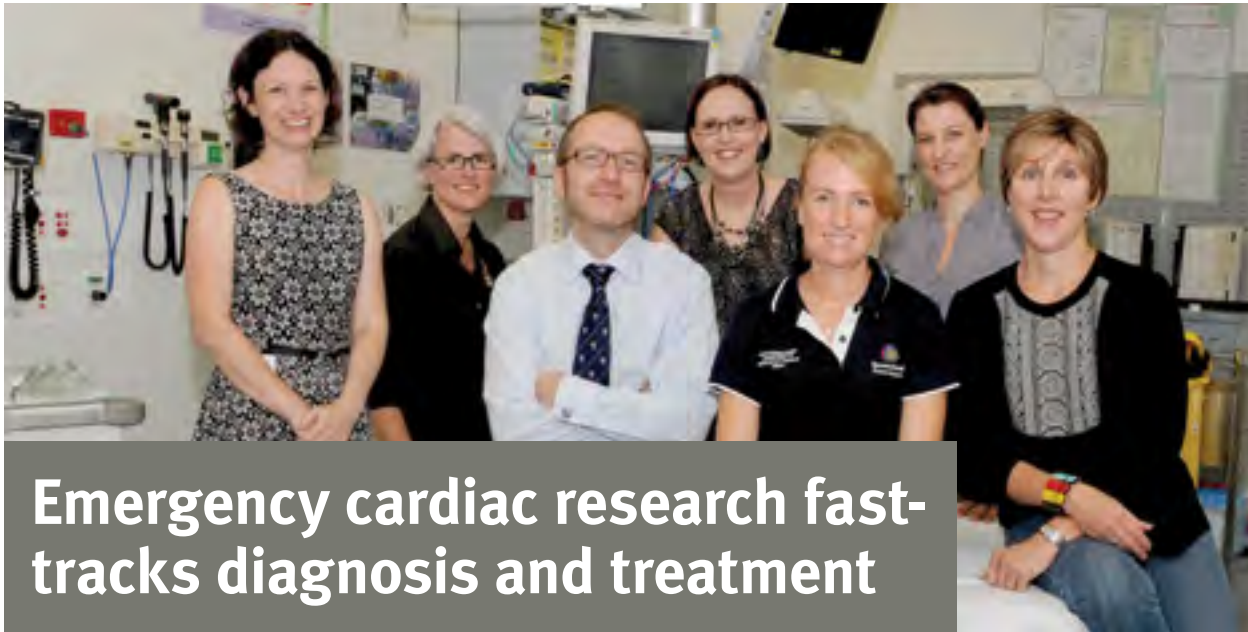
The Board and Executive strongly support enhancing our research capability across Metro North as part of the Health Service Strategy 2015–2020 and this aligns with Queensland Government objectives outlined in the Queensland Science and Research Priorities.

Research at Metro North relies on vital support from our funding partners, including The Prince Charles Hospital Foundation and RBWH Foundation.

Metro North is currently engaged in 718 active studies, with a value of approximately \$70 million, of which 211 new studies commenced in 2015-16.

The financial investment in these 211 new studies is in excess of \$40 million, comprising:

- Metro North-funded clinical and research staff (Metro North has approximately 1,700 staff who are identified as contributing to our R&D programs in various full and part-time capacities)
- \$22m through agreements with Queensland and interstate universities
- \$7m through National Health and Medical Research Council funding, and
- \$8m in commercially sponsored clinical trials.



Emergency cardiac research fast-tracks diagnosis and treatment

Professor Louise Cullen and the Emergency Cardiology Research Group at the Royal Brisbane and Women's Hospital.



Ground-breaking
RESEARCH
into cardiac emergencies
has led to quicker treatment
for less urgent cases, diverting
doctors and resources to help
patients most in need

Throughout Metro North, there are hundreds of researchers working hard each day to improve health outcomes. World class ground-breaking research is occurring in our laboratories, clinics and at the bedside, with the vision to translate knowledge into practical gains for patient care.

We know the most pressing health care problems today call for a multidisciplinary approach, working together across professions and specialities for the greatest benefit.

Research partners co-located on our campuses are an important part of ensuring research activity involves state of the art technologies and adds value to the range of highly specialised services we proudly deliver across the Hospital and Health Service.

An Australian-first research initiative is changing the way patients who present to an Emergency Department (ED) with chest pain are managed and treated.

The initiative, known as the ImpACT protocol, is an accelerated assessment strategy for patients who present to the ED with chest pain. It has been implemented by the Emergency Cardiology Research Group at the Royal Brisbane and Women's Hospital, led by Professors Louise Cullen (ED) and William Parsonage (Cardiology).

Research on the ImpACT protocol has been undertaken in collaboration with health economists from the Australian Centre for Health Services innovation (AusHSI) at QUT. It is a safe and cost effective assessment strategy that reduces the length of stay for ED patients with chest pain, and subsequently creates additional capacity in the ED and broader hospital.

Professor Cullen said that, traditionally, patients who present to an ED with chest pain were assessed using clinical history, ECG and blood testing over six to 12 hours.

“They then go on to have further testing, usually with an exercise stress test. This can take up to 24 hours, requiring an overnight stay in hospital,” she said.

“This research has led to a more efficient approach to assessing this patient group and a reduction in unnecessary exercise stress testing for patients at low risk of coronary artery disease.

“By reducing the length of the assessment process, more patients are able to be discharged from hospital on the day of presentation. This means getting the patient home sooner, and reducing pressure on the ED.”

The study builds on previous work done by the group that has been the basis for the Accelerated Chest pain Risk Evaluation (ACRE) project, a state-wide clinical redesign initiative that has implemented improved models of care for patients with chest pain and possible heart attack in 19 Queensland hospitals. ACRE is estimated to be saving \$21 million per annum for Queensland Health.

Professor Parsonage said more than 80,000 patients present to Queensland EDs with chest pain each year.

“Chest pain has always been one of the most common reasons for admission to hospital medical wards,” he said.

“The ACRE project has safely led to substantial improvement in hospital admission rates and length of stay across Queensland. The ImpACT protocol has the potential to build on these improvements by improving care for more patients.”

Ian's story

Ian Gibbs is testament to the benefits of the ImpACT Protocol.

The 53-year-old Taigum resident recently presented to RBWH's Emergency Department after experiencing some sharp pains in his chest.

Ian was quickly assessed by clinical staff and his first blood test was taken to check for troponin, a protein that is released into the blood when there has been damage to the heart muscle.

“The staff told me they would be back within two hours to take some more blood,” Ian said.

Not new to the hospital system, Ian previously had visited another Emergency Department in Adelaide with chest pain.

“Previously, I had to wait around six hours to have my second round of blood taken,” he said.

“This extra waiting can cause quite a bit of anxiety. You naturally worry while you're waiting for results, particularly if you have a family history of heart disease like I do.

“At the Royal Brisbane and Women's Hospital, the nurses were back within two hours to take my blood. I was then sent on to the short stay unit and underwent a stress test,” he said.

“Fortunately, everything was fine and I was told I could go home that day.

“The whole process happened quite quickly which was surprising, as I had expected an overnight stay,” he said.

“It was different to what I had experienced before – certainly a lot better and quicker.

“This helped make me feel a lot calmer about the whole experience,” Ian said.





Proud to be the world's largest providers of simulated health care training

Simulation-based training has an important role in clinical education and to patient experience and outcomes.



Simulated trauma response and surgical scenarios are just some of the hands-on skills delivered by Queensland's world-leading Clinical Skills Development Service (CSDS).

The state of the art service based at Herston Health Precinct is one of the world's largest providers of simulated health care training, offering hundreds of courses each month to Queensland medical staff.

CSDS Director Dylan Campher said the most popular is the blended-modular Advanced Life Support course. This course is delivered via online interactive eLearning and a short face to face component, using high tech simulation manikins to train more than 400 clinical staff per year.

"The training needed to be short, accessible and we needed to be able to ensure that our training was actually making every participant competent without a doubt," Mr Campher said.

"We modified the training to incorporate the necessary background and theory into a 1 hour online e-learning component, an interactive online portal that offers support for up to 12 months."

The training module is the first of its kind to be internationally recognised and licenced for delivery in Australia. Students complete an online course and then test their skills in person with the CSDS's simulation manikins.

Simulation Educator Davin Arthur said the manikins are programmed with life-like responses. Mr Arthur is one of a handful of Australian accredited simulation providers.

"You can feel the manikin's pulse, watch the chest rise and fall, and monitor all vital signs as you perform procedures," he said.

The Clinical Skills Development Service also offers simulated surgical training and other clinical procedures. It has 26 training rooms, laboratories, a fully functioning operating theatre and hospital wards, offering hundreds of training scenarios for doctors, nurses and allied health staff.

Director Dylan Campher said the CSDS's e-learning reduces the amount of time health staff spend travelling for education. The CSDS collaborates and partners with local hospitals throughout Queensland to establish Pocket Simulation Centres, offering a variety of locally grown and state-wide simulation courses.



Our staff matter

The annual Working for Queensland survey provides all Metro North staff with an opportunity to provide confidential feedback on a range of issues.

These views on what it's like to work for Metro North help us put ideas into action and build on the work being done as part of our Putting people first Strategy.

Positive workplace culture improves patient safety

76%

76% of staff acknowledge that teamwork within units is strong

72%

72% of staff agree that supervisor/manager expectations/actions promoting patient safety is positive

Safety Culture Survey 2015



STAFF ENGAGEMENT improves patient outcomes and quality of care



9% MORE staff feel they would recommend Metro North as a great place to work



Metro North has seen an **8% improvement** in staff rating the organisational leadership as high quality

Projects drive health care innovation

Metro North is committed to a culture of innovation.

We recognise that staff, and our health care partners have great ideas to help improve outcomes for patients, through new processes, resources and partnerships.

Each year Metro North invests \$1 million in its LINK (Leading Innovation through Networking and Knowledge-sharing) fund.

LINK funding provides the opportunity to build partnership and community engagement capability, deliver efficiencies and improve continuity and quality of care for patients, consumers, carers and families.

In 2015–16, 11 projects were funded:

- GRACE – GP Rapid Access to Consultative Expertise
- Lymphoedema Community Support Network
- Extended Eligible Private Midwife Practice
- Emergency Department projects
- Emergency Department Frequent Attendee Management
- "Switching On" Addressing High Psychosocial Needs in Caboolture
- MS Connect
- Private Public Kidney Partnership
- High Risk Foot
- Stoma Community Model of Care
- Cancer Care Services Web Portal





GRACE – Right care in the right place

An innovative project implemented at The Prince Charles Hospital allows patients to access the care they need sooner, and reduce demand on the Emergency Department (ED).

GRACE – GP Rapid Access to Consultative Expertise – aims to reduce the number of General Practitioner (GP) referrals to the ED and promotes patients accessing the ‘right care in the right place, the first time’.

The project has introduced a Hotline to provide GPs with direct access to internal medicine services, bypassing the ED.

The line is managed by members of the Internal Medicine team including a Clinical Nurse Consultant or Medical Registrar, supported by the on-call Consultant Physician.

The Hotline provides GPs with timely access to expertise regarding assessment, management and treatment of patients needing acute inpatient care.

TPCH Director of Internal Medicine Services, Dr Jeff Rowland said the Hotline has facilitated a range of more targeted care pathways outside of the ED including same day direct admission to the hospital’s Rapid Assessment Medical and Surgical Unit (RAMS), and appointments in the Day Unit for Investigation and Therapy.

“Since the commencement of the project in March this year, it has been identified that TPCH’s ED sees around 180 patients every week who have been referred by their GP.

“By working with ED staff, we have been able to identify suitable GP referred patients in triage who can be pulled safely into the RAMS Unit.”

While still in its early stages, the GRACE project is bringing positive results.

Of the total number of calls received through the GRACE Hotline, 75 per cent of patients were able to avoid the ED and could be referred to more appropriate care options.

“Our aim is to work with GPs to increase the number of calls we receive,” Dr Rowland said.

“We are working with our local community and GPs to ensure that their patients access the right care in a timely way.

“This improves the patient’s experience in hospital and means they can access the care they need sooner,” he said.

Managing the GRACE Hotline – Senior Medical Officer Dr Gurudev Kewalram and Project Officer Rosalee Trent.



A leader in transplantation

The Prince Charles Hospital is internationally recognised for its excellence in heart and lung transplantation.

Surgeons Dr David McGiffin, founder of The Prince Charles Hospital’s heart transplant service, and Dr Michael Gardner, made history in June 1990 when they performed Queensland’s first heart transplant.

This milestone event has opened the door to hundreds of Queenslanders being given a second chance at life and led to many advancements in heart transplant care and research.

We express our gratitude to the donor families who, at the time of greatest grief, think of others and provide the gift of life that transplantation offers to a total stranger.

More than 7,000 lives

saved by organ transplants since 2009. Find out how to talk to your family about organ donation and more at www.donatelife.gov.au.

Year	Transplant	Number
2014–15	Heart	10
	Lung	24 in total 23 lung transplants and 1 heart-lung-liver transplant
2015–16	Heart	20
	Lung	38 in total 36 lung transplants and 2 heart-lung transplants

With every beat of her heart



Bec Craven will always be grateful for a second chance at life.

The once healthy 26-year-old from the Gold Coast returned from a Bali holiday in November 2013 with a virus that attacked her heart.

She was admitted to The Prince Charles Hospital in June 2015, where she had surgery to implant a Ventricular Assist Device inside her chest – a machine that took over the functioning of the heart while she waited for a heart transplant.

Under the expert care of the Advanced Heart Failure and Cardiac Transplant Unit’s team, Bec finally received a donor heart in early 2016.

Now well on the road to good health, she encourages more Australians to talk about becoming organ donors.

“I feel grateful and thankful that someone donated this gift. Without it, I wouldn’t be here.

“I can now get back to enjoying and living life. I have a future,” Bec said.

More than 7,000 lives have been saved by organ transplants since 2009. Find out how to talk to your family about organ donation and more at www.donatelife.gov.au.



Metro North Chief Executive Ken Whelan chats with staff during a Let's Talk Occupational Violence at Caboolture Hospital.

Putting People First through 'Let's Talk' sessions

Metro North's Chief Executive recognises the importance of staff engagement through his regular 'Let's Talk' sessions.

In its first year, more than 70 initiatives have been launched to bring the *Putting People First* Strategy to life. This includes many projects run at a local hospital or service level including:

As part of a *Putting People First* initiative, Metro North has implemented "Let's Talk" sessions across its facilities.

Let's Talk Program coordinator Hazel Harden said Let's Talk gave staff at all levels the opportunity to share ideas in a safe environment where they can talk informally with one of our leaders.

"It's not about solving problems or making decisions, but a chance for staff to share what's important to them and ask questions they might otherwise not get the chance to ask," she said.

"It is also 'time out' for our leaders where they get to listen to staff and learn from their day to day experiences."

Since the first Let's Talk in October 2015, 13 sessions have provided more than 120 staff from across the Hospital and Health Service an opportunity to have a face to face conversation with Chief Executive Ken Whelan.

Another 200 staff have been involved in 21 Let's Talk Together Occupational Violence sessions. Feedback from these sessions is informing the development of an action plan to protect and support our staff from occupational violence.

Ideas into action

- New patient education materials at Redcliffe Hospital and interactive resources to support patients with chronic disease at home.
- Launch of the Intensive Care Unit Empathy Project at The Prince Charles Hospital to improve the patient experience for end of life care and long stays in the Intensive Care Unit
- Trial of a safe wards program in Mental Health to support staff to reduce conflict and contain aggressive behaviours
- New staff health and well-being programs at Caboolture Hospital and Community Indigenous and Subacute Services and the launch of an Employee Wellbeing Service at the Royal Brisbane and Women's Hospital.

Where would we be without our volunteers?

Metro North is privileged to have the services of more than 500 volunteers across our facilities.

This small army of men and women makes a huge difference in the lives of our staff, patients and visitors.

Each of them plays a vital role in improving the hospital experience by providing customer service, a friendly face, companionship and comfort to patients and their families, fulfil a number of administrative support roles and raise funds for additional hospital amenities.

We value our vOLLIES! Our volunteers are an important part of our health care family.



Did someone say cheese? Our St John volunteers at Caboolture Hospital always have a smile on their dial.



Sharon and Nola are the first smiling faces visitors see when they visit our North Lakes centre on a Tuesday.



RBWH's 100 volunteers give more than 60,000 hours of their time each year! Myra, Barbara and Ros love greeting patients at the front desk and helping them on their way!



Charlie's Angels Sana and Bill add a little sunshine to the lives of our staff and patients.

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DISTRIBUTION

Metro North distributed 500 copies of the 2014-15 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.

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TELL US WHAT YOU THINK

We rely on feedback to ensure our Quality of Care Report is relevant and engaging for our readers. Please complete our online survey: www.health.qld.gov.au/metronorth.

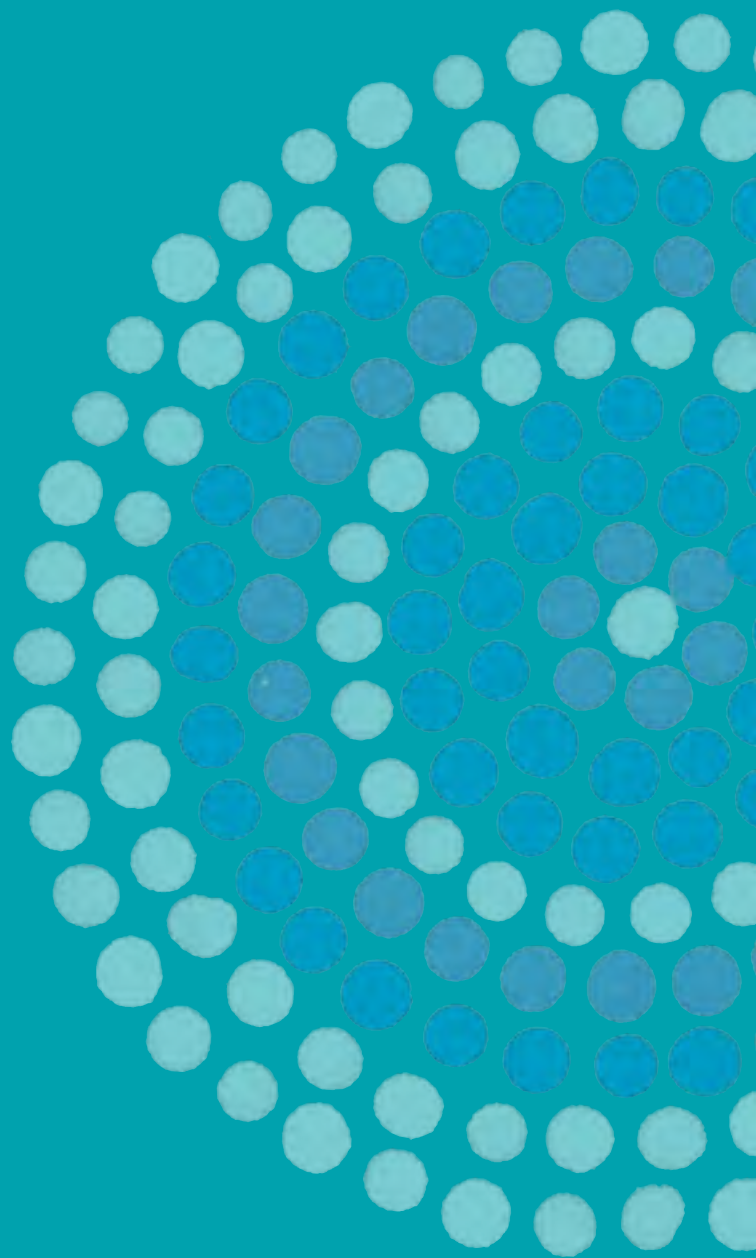
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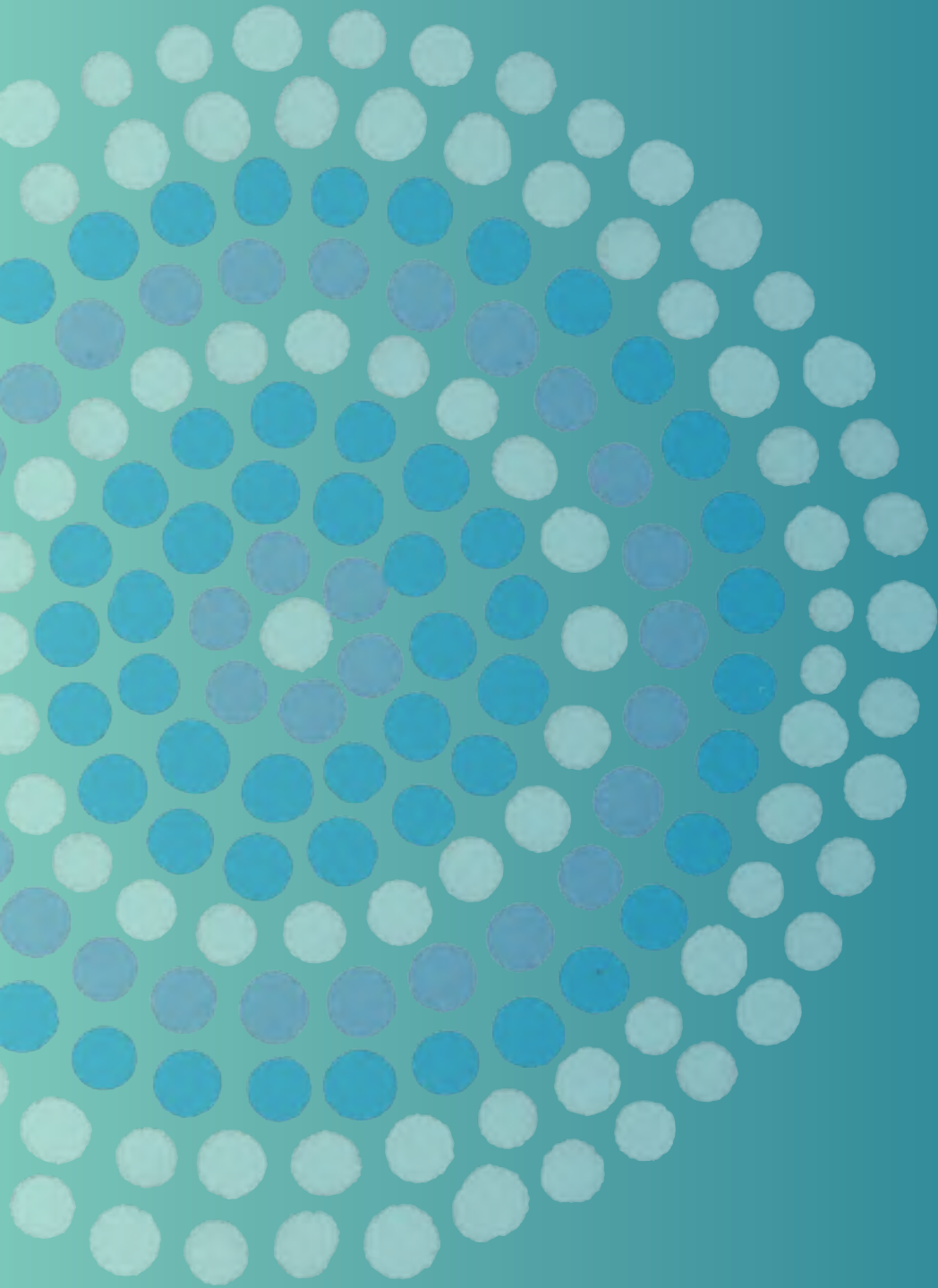
CONTACT

Metro North Hospital and Health Service
Level 14, Block 7
Royal Brisbane and Women's Hospital
HERSTON QLD 4029
Phone: (07) 3646 8111

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BIGGEST
BEST
BRIGHTEST
.....





www.health.qld.gov.au/metronorth

Painting: Meeting Place (Men's)
Artist: Ronald Abala, WULUKANTHA – "little spirit man"