AlfredHealth

theAlfred

Caulfield
HOSPITAL

Sandringham
HOSPITAL

MSHC
MELBOURNE SEXUAL HEALTH CENTRE

Nursing
Annual
Report
2023-24

AlfredHealth

Contents

Hello & welcome
to the first Alfred Health Annual Nursing Report.

The purpose of this report is to describe and showcase the important contributions and achievements of nursing and nurses to Alfred Health (AH) and the broader community we serve: locally, nationally and internationally.

Welcome to the first Alfred Health Nursing Annual Report.

Since my arrival in March 2023, I have witnessed the Alfred Health nursing spirit firsthand. The commitment and dedication of our passionate staff are crucial in leading to the positive outcomes our patients experience.

We have seen many significant achievements in the past year. With a focus on supporting, training and developing our staff, we have ensured a strong and vibrant workforce caring for our patients and community.

Through our 'Grow our own' strategy, we welcomed close to 300 graduates, filling almost all nursing positions within the organisation. Our Education team has invested in postgraduate training for our early career learners across most major specialties, demonstrating our commitment to growing our own nurses for the future.

Our Nursing Situation Report completed in July 2023 identified a need for leadership development. We have implemented targeted programs for Nurse Managers, Advanced Practice Nurses and Nursing Executive.

Onboarding additional Nurse Practitioner roles, research professors and informatics nurses will enable us to expand our contribution to practice excellence, positioning Alfred Health as a leader in research and innovation.

We were successfully accredited against the National Safety and Quality Health Service Standards (NSQHS) with a strong culture of safety observed. Nursing staff at all levels showed involvement in risk and quality management, collaborating across clinical disciplines for patient-centred care.

Thank you to the Board and community for your support – and most importantly, our staff for everything you do, every day.

It is with great pride that I share this report with you all.

Kind regards,

**Professor
Ged Williams AO**

*Chief Nursing Officer
& Executive Director
of Nursing AH*

Nursing Professional Practice Framework

Nursing Vision

To deliver world-leading clinical outcomes through outstanding nursing care, education and research.

Strategic Intent

AH will promote a culture of enquiry that nurtures innovation and excellence in nursing practice and provides the best opportunities to enable the professional development of nurses to ensure optimal patient care.

AH utilises the Nursing Professional Practice Framework (NPPF) to define the key elements of nursing practice, which informs the nursing strategic plan. The NPPF aims to support nurses in all settings across acute, subacute, community and ambulatory services to identify key components of practice that help to achieve safe, high-quality care for patients and build a contemporary workforce for the future.

The NPPF comprises six domains. These are crucial to maintain high standards, lead change, embrace diversity and inclusion, add value to healthcare and patient outcomes, whilst supporting the wellbeing and development of the nursing workforce.

The domains guide improvements to build knowledge, expand evidence-based practice, drive innovation and lead improvements.

The domains are:

- Comprehensive (Quality & Safe) Care
- Workforce
- Leadership
- Professional Development
- Research
- Informatics

Alfred Health Comprehensive Care

Strategic Objective
Comprehensive quality and safe clinical nursing care is evidence-based and delivered in partnership with patients and families.

Alfred Health Workforce

Strategic Objective
The workforce has the right profile with a clear strategy to provide and sustain safe care to patients and staff wellbeing.

Alfred Health Leadership

Strategic Objective
Leadership is enabled and encouraged for all.

Alfred Health Professional Development

Strategic Objective
Professional development is advanced through education, learning and training for all.

Alfred Health Research

Strategic Objective
Research advances our nursing practice and creates innovative solutions to improve patient outcomes and experience.

Alfred Health Informatics

Strategic Objective
Information and analytics advance our nursing practice.

Alfred Health *Nursing* at a glance in 2023

21,747 *days*
of pre-registration student nursing placements.

220
Nursing graduates

156
Advanced Practice Nurses

10
PHD students

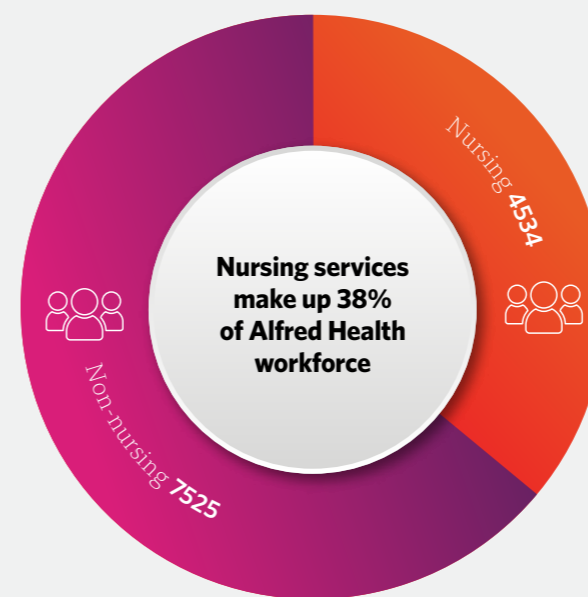**18** Statewide Services with national reach

4,548 *Nurses*

35% Nurses with higher qualifications

$3,102,629
Research funding for 2023

Areas nurses are working

- Inpatient **88.47%**
- Mental Health **7.64%**
- Community **3.89%**

Nursing services make up 38% of Alfred Health workforce

Nursing **4534**

Non-nursing **7525**

Main provider of health services to **people living in the inner southeast suburbs of Melbourne.**

770,000+
Local Population

101,978
Emergency Presentations & Largest ICU in Australia leading clinical care.

Alfred Health nurses work across four main sites and numerous community clinics:

the**Alfred**

Caulfield HOSPITAL

Sandringham HOSPITAL

MSHC MELBOURNE SEXUAL HEALTH CENTRE

Alfred Health *Patients* at a glance in 2023

101,978 ⚠
ED presentations

28,293 〰
Theatre cases

3,053 🏠
Home based admissions

46,398 📅
Multi-day admissions

3,284 ⊕
ICU admissions

Sourced from Clinical Performance Unit (CPU)

Top 10 languages
spoken by our patients

English	**Greek**
Turkish	**Arabic**
Vietnamese	**Croatian**
Mandarin	**Russian**
Cantonese	**Italian**

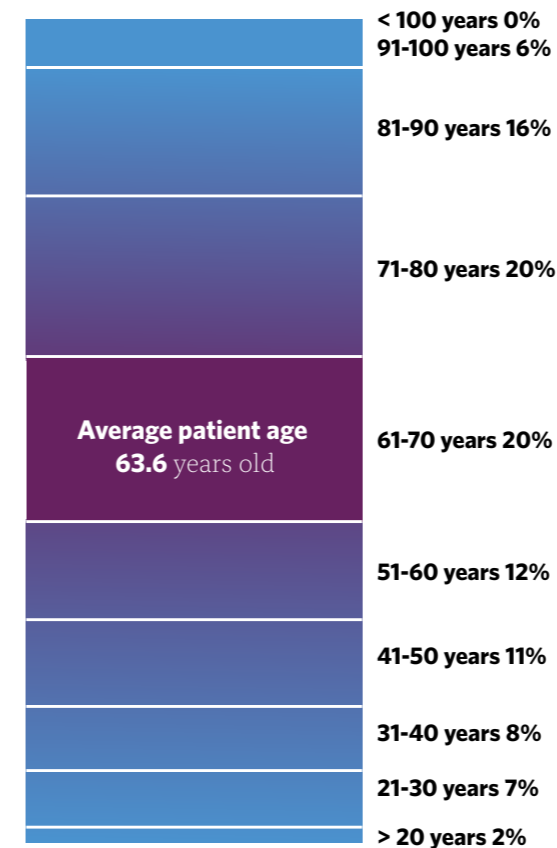Source AH Annual Report 2022-23

500 *per day*
Time-critical medications administered

330,836
Outpatient Department attendance for Alfred Health specialist clinics
Sourced from Clinical Performance Unit (CPU)

70% patients are identified as 'At Risk'

'At Risk' patients from one or more of the following: falls, delirium, pressure injury or malnutrition.

Close to 1,000 inpatients
are at Alfred Health any time.

< 100 years 0%
91-100 years 6%
81-90 years 16%
71-80 years 20%
Average patient age 63.6 years old
61-70 years 20%
51-60 years 12%
41-50 years 11%
31-40 years 8%
21-30 years 7%
> 20 years 2%

Sourced from Nursing Quality Audit data, October 2023.

🙌 Patient experience feedback

Good morning, I would just like to give some feedback about my recent stay at the hospital.

I was admitted Monday around 9:30am via ER (brought in by ambulance) and I was treated with compassion, respect and above all, excellent care. My nurse took amazing care of me until I was moved to the ward at 8:30pm. Once there, my care was again amazing. In particular, D and S took great care of me. I was quite emotional and scared and they constantly reassured me, always lent an ear when I needed it, and were genuinely caring and respectful to me. I couldn't thank them enough for everything they did to me during what was an incredibly challenging time for me (and for my family). I will never forget the amazing care I was given at the Alfred and all the staff (including the staff who brought my meals, wheeled me to my tests etc).

Thank you so much to everyone.

Alfred Health
Comprehensive Care

The Nursing Clinical Practice Committee oversees processes and patient outcome measures to support the nursing strategic direction of comprehensive care.

The Committee's work is supported by dedicated quality roles within the Nursing Services Quality team. The Committee ensures that AH's nurses have the resources to support the delivery of comprehensive care in partnership with patients, families and carers

Over the past year, nursing quality initiatives have focused on streamlining nursing audits and improving access to real-time patient safety audit data. By enhancing the visibility of meaningful data, nursing has identified areas of high risk, emerging clinical trends, and has actively been working towards addressing them. This year, we celebrate the accomplishments of several quality improvement projects and annual nursing-led audit days, which have informed research and contributed to a successful accreditation year.

Driving quality patient care

Nurse Sensitive Indicators

In 2023, the Nursing Clinical Practice committee reviewed available patient safety data sets, and developed a new suite of AH Nurse Sensitive Indicators (NSIs). NSIs are a criteria for changes in health status that nursing care can directly affect. Inclusive of emerging AH risk trends, and new legislation metrics related to the Mental Health and Wellbeing Act 2022, the 2024 NSI suite is informed by current literature and available benchmarking data. The NSI suite includes metrics such as hospital-acquired infections, patient falls, pressure ulcers, and medication administration errors and optimises use

of data available from the Electronic Medical Record. A new governance process to the Nursing Clinical Practice committee was established to ensure that 'stubborn' below target indicators have organisational visibility to nursing leadership to ensure local and program level accountability.

The 'How are we doing' dashboards were developed in consultation with Operations and the NM group to provide near real-time quality and safety data at a glance (Figure 1). Work continues related to translating the NSI suite into an automated report and dashboard for the NM group.

Figure 1: Example of six-week at a glance Risk Assessment completion rates per ward on the 'How are we doing Dashboard'.

Audit with purpose

Review and improve

Nursing staff collaborate with all clinical disciplines to prevent hospital-acquired pressure injuries (PI). Annually, an audit consisting of a Pressure Ulcer Point Prevalence Survey (PUPPS) and Body Mass Index (BMI) is conducted by AH to monitor performance. The audit day is overseen by the Wound Clinical Nurse Consultant group, Nursing Quality team, and Nutrition department. Data is collected through observational audits and documentation reviews. The results of the PUPPS indicate an ongoing reduction in acquired PIs in care and a decrease in the severity of PI-related harm. The 2023 AH results showed that 6.8% of patients acquired PI during care. This positive result was related to high-risk wards implementing specific action plans to address pressure injury prevention and care gaps in local areas. Additionally, as part of the 2022 Intensive Care Unit (ICU) to Ward Handover Project, all patients transferred

from the ICU were classified as 'high risk,' ensuring appropriate strategies for falls, pressure injuries, malnutrition, delirium, and mental state deterioration were in place prior to transfer. The 2023 ICU to ward handover audit results show that of the patients transferred (n=50), 98% had a hi-low bed provided, 100% had a dynamic air mattress, and 100% were observed on arrival with immediate care needs met.

Based on learnings from the PUPPS/BMI audit, a Nursing Quality Audit Day took place in October 2023. The aim of the audit was to perform a comprehensive observational assessment across the organisation to understand and monitor patient care across all NSQHS Standards. In total, 68 auditors carried out 796 audit surveys, which involved 536 patient interviews across the Alfred, Caulfield, and Sandringham campuses, including inpatient home-based services.
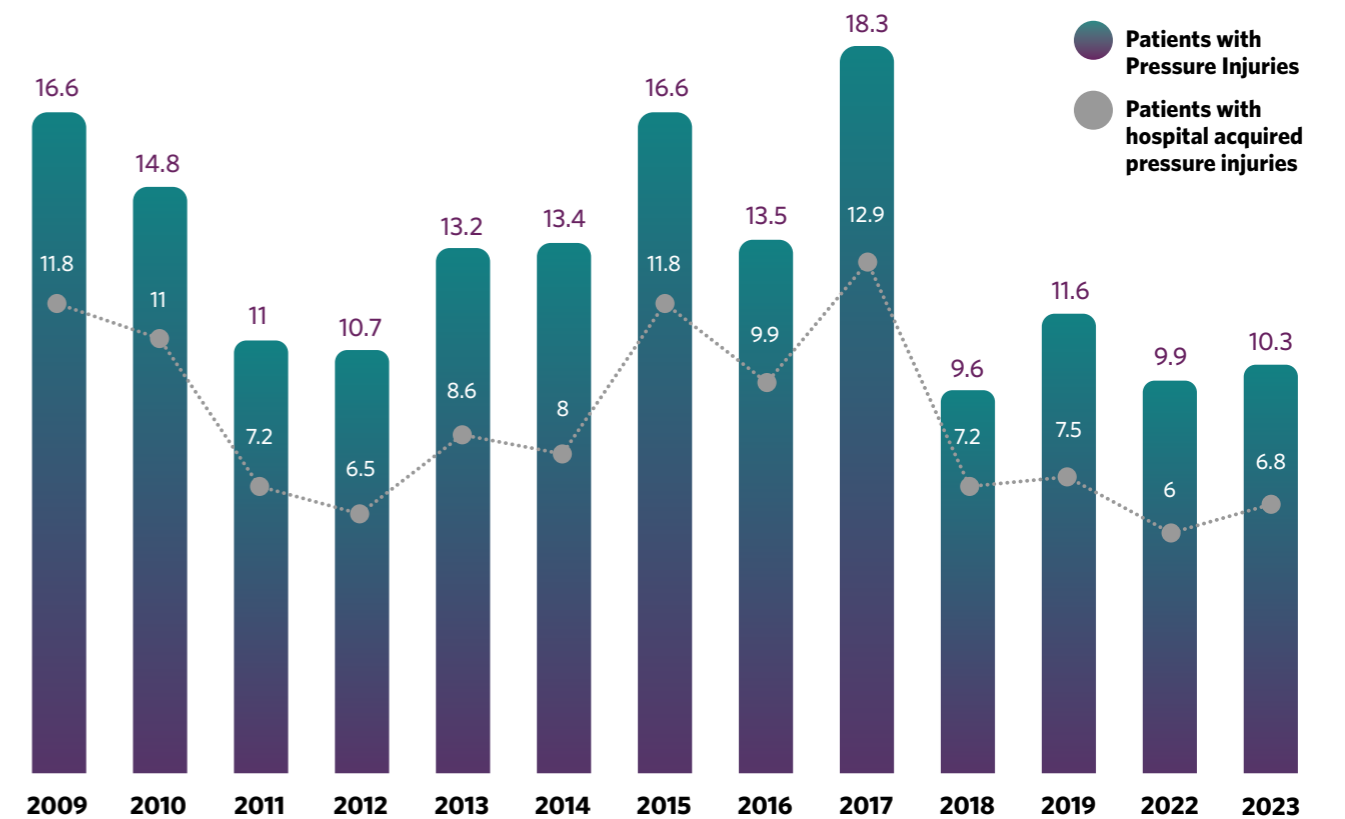

- Patients with Pressure Injuries
- Patients with hospital acquired pressure injuries

Figure 2: AH PUPPS results 2009-2023 (not conducted in 2020-2022 due to COVID).

Joint Commission International (JCI). (2014). Joint Commission International Accreditation Standards for hospitals (5th ed., pp. 9–72). JCI Press.

Top 3
Achievements

100%
Patient Identification band matching Electronic Medical Record (EMR) and patient stated details

99%
Beds in ideal position

99%
Central Venous Access Devices documented in EMR

Top 3
Driving change

74%
Nurses discussed care with patient

71%
All Peripheral Intravenous Venous Cannulas documented in EMR

54%
Escalation documented (where abnormal observations recorded)

Organisational achievements were celebrated and priority areas for improvement identified outcomes included follow up meetings with each Nurse Manager to discuss their results with action items escalated according to the relevant committees. The Quality Audit Day will be scheduled annually and replace several other nursing-led audit programs.

Improving Handover & Patient Engagement

Go Bedside campaign

To support the evaluation of patient safety data, the Nursing Services Quality and Education teams with the NM group, led an organisational wide 'Go Bedside' campaign to improve nursing clinical handover. The principles describe the important elements that make up an effective clinical handover, including patient engagement – a central part of AH's strategic goals and objectives. The key principles developed include, Prepare, Engage, Handover & Validate, and Escalate (Figure 3). The campaign also involved a co-designed consumer project that resulted in the development of a new Patient Communication Board, and a nursing process to ensure patients are asked 'What Matters to Me'.

Figure 3: Go Bedside campaign material.

The Go Bedside campaign consisted of a four-week pilot phase to refine the principles and workflows with frontline nurses, followed by a month of onboarding of the remaining inpatient areas once the process was defined (15 wards, in total). Resources were developed, and regular forums ensured wards could present challenges and success stories for shared learnings. There was strong engagement in the implementation of the Go Bedside campaign, as it was locally led with a focus on local workforce 'troubleshooting'. Nursing processes have since incorporated the Go Bedside principles and a regular audit schedule is in place.

Showcasing Quality Improvement Projects

Reducing Blood Wastage in the Emergency Department: Alexandra Nevill and the AHE Standard 7 team.

Problem:
Blood transfusions are critical for treating severely ill patients in the Emergency Department. Often due to stringent storage requirements, high wastage rates of this precious resource can occur.

Aim:
Reduce blood wastage by 50% in the Emergency Department.

Baseline data:
Audits showed the economic cost of blood wastage: $39,751 (June 2019-May 2020) and $42,499 (June 2020-May 2021).

Interventions:
Undertook observations of the Massive Transfusion Protocol and identified reasons for wastage. The results informed workflow improvements and targeted education.

Outcome:
Substantial economic and environmental benefits were achieved, reducing blood wastage in the Emergency Department to below $20,000 in each of the following two years, a 55% reduction. Key learnings highlighted the importance of multi-disciplinary education to ensure a cohesive team approach for shared outcomes.

Ward G3 & Day Procedure Unit (DPU) Quality Improvement Project- Paediatric Emergency Grab Box.

Problem:
Ward G3 and the DPU treat over 100 paediatric patients each year. This means staff need to be familiar and confident in paediatric emergency management.

Aim:
To improve staff confidence in gaining access to appropriately sized equipment during a paediatric emergency.

Baseline data:
A pre-intervention survey identified 7% of staff felt confident in accessing correct emergency equipment easily and quickly during a paediatric emergency.

Interventions:
An Emergency Grab Box was introduced, which includes equipment packs arranged by weight range in accordance with the Broselow resuscitation trolley color-coding system. Additionally, education was conducted for all staff members.

Outcome:
Post intervention surveys found 100% of staff surveyed felt more confident in identifying and accessing the correct emergency equipment quickly and easily.
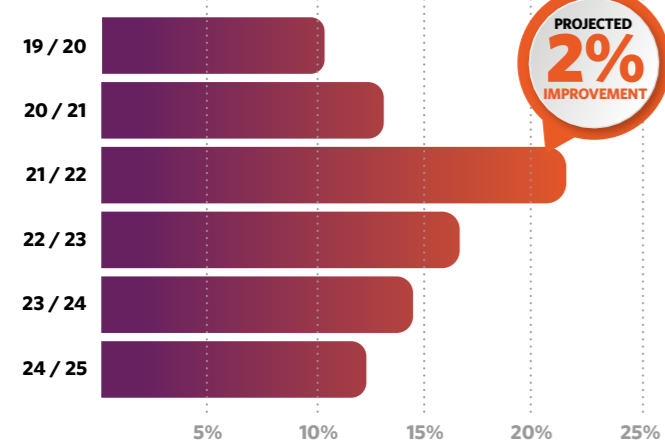
Alfred Health
Workforce

Nursing is currently experiencing a workforce crisis with a global shortfall of **5.9 million nurses**. In Metropolitan Melbourne, the Victorian Skills Authority has projected an additional **9721 nurses** will be needed by 2026.

At AH, a key focus was to address the requirement of replacing 454 Equivalent Full Time (EFT) nurses due to attrition and vacancies. As each nurse typically works between 3-4 days per week, the goal was to recruit around 700 nurses. To achieve this, a detailed recruitment strategy was developed, which involved:

- Increasing Graduate Nurse numbers to over 300.
- Continuing overseas recruitment, aiming for approximately 100 nurses.
- Recruiting locally and interstate, targeting around 250 nurses.

The development of targeted initiatives to attract and increase retention of the nursing workforce included the 'grow our own' strategy. The aim being to ensure the nursing workforce has the right profile, with a clear strategy to provide and sustain safe care to patients and staff wellbeing whilst also improving vacancies, agency usage, overtime and leave liability.

12-month percentage nursing turnover

**PROJECTED
2%
IMPROVEMENT**

Year	
19 / 20	
20 / 21	
21 / 22	
22 / 23	
23 / 24	
24 / 25	

5% 10% 15% 20% 25%
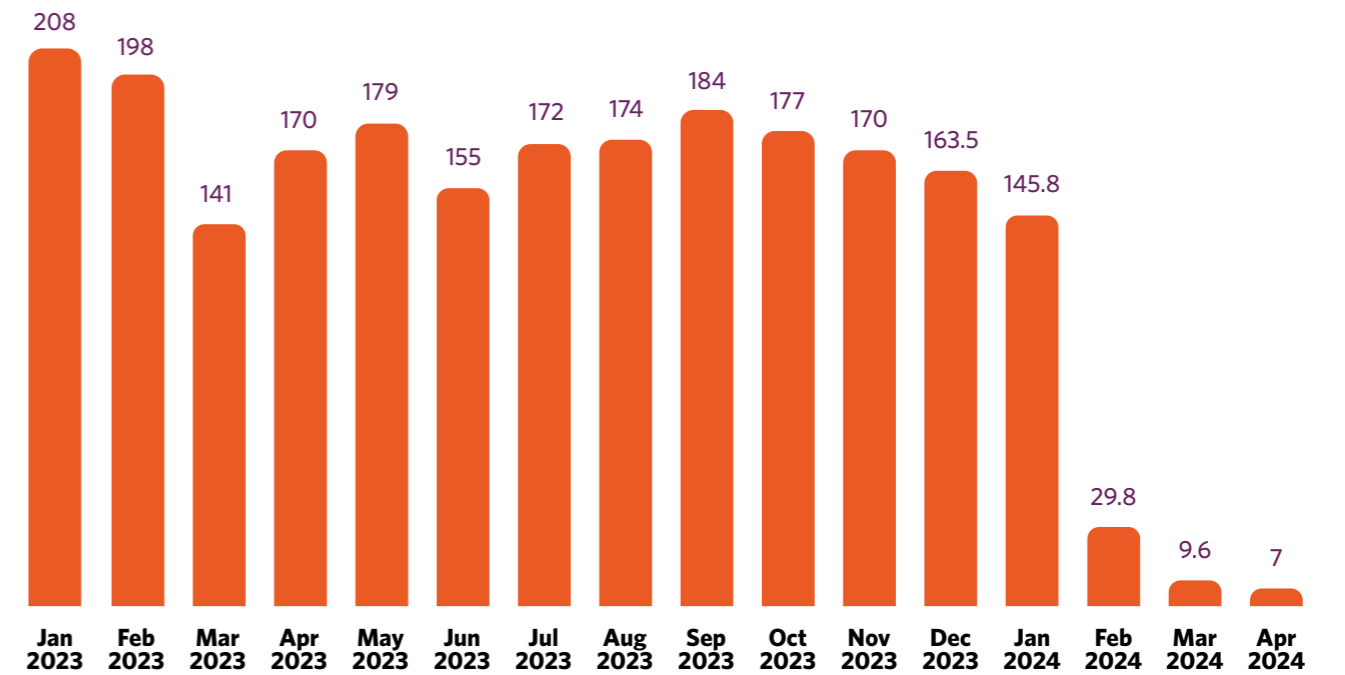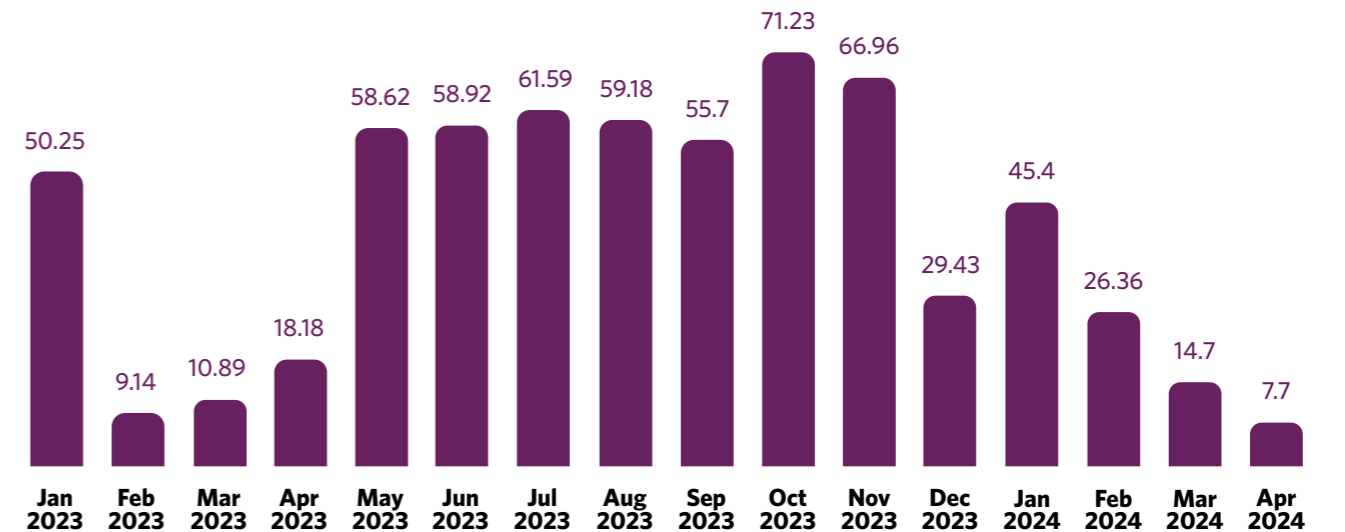
Attrition rates in nursing peaked at 21.6% in 21/22. We have been seeing a steady improvement since implementation of the 'Grow our own' strategy.

Nursing Vacancy by EFT

Jan 2023	Feb 2023	Mar 2023	Apr 2023	May 2023	Jun 2023	Jul 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024	Apr 2024
208	198	141	170	179	155	172	174	184	177	170	163.5	145.8	29.8	9.6	7

Nursing Agency usage by EFT

Jan 2023	Feb 2023	Mar 2023	Apr 2023	May 2023	Jun 2023	Jul 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024	Apr 2024
50.25	9.14	10.89	18.18	58.62	58.92	61.59	59.18	55.7	71.23	66.96	29.43	45.4	26.36	14.7	7.7

Nursing at Alfred Health

The nursing workforce at Alfred Health comprises **4,548 nurses** from a range of departments and specialties. Located across The Alfred, Sandringham and Caulfield campuses and Melbourne Sexual Health Centre, the overview provides a snapshot of the nurses at Alfred Health.
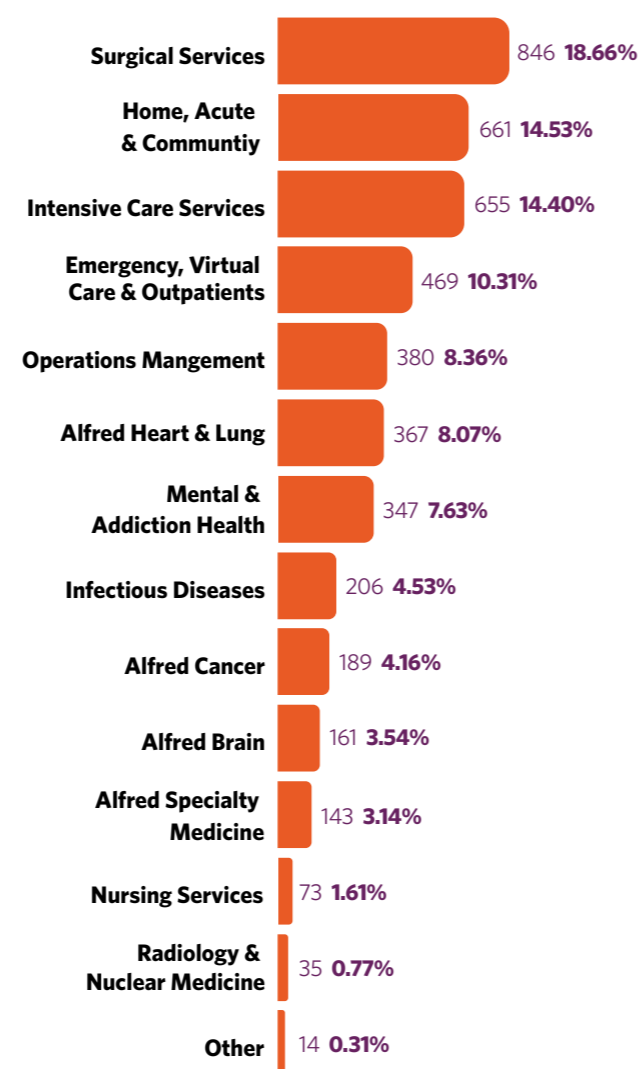
7 *years* — Average length of service for nurses at Alfred Health

37 — Average age of nurses at Alfred Health

120 — International nurses joined us in 2023

1,684 — General registered nurses with higher qualifications

Nursing Workforce by Program

Program	Count	Percent
Surgical Services	846	**18.66%**
Home, Acute & Communtiy	661	**14.53%**
Intensive Care Services	655	**14.40%**
Emergency, Virtual Care & Outpatients	469	**10.31%**
Operations Mangement	380	**8.36%**
Alfred Heart & Lung	367	**8.07%**
Mental & Addiction Health	347	**7.63%**
Infectious Diseases	206	**4.53%**
Alfred Cancer	189	**4.16%**
Alfred Brain	161	**3.54%**
Alfred Specialty Medicine	143	**3.14%**
Nursing Services	73	**1.61%**
Radiology & Nuclear Medicine	35	**0.77%**
Other	14	**0.31%**

Transition to Acute Practice Program (TTAP)

The TTAP was established as a nursing workforce recruitment strategy as a bridge to the commencement of the 'Grow your own' strategy. AH recruited Registered Nurses (RNs) with limited acute care experience, providing them with a tailored induction and orientation program.

Nurses joining the program worked four days per week for consolidation and were allocated to a clinical area for a month to ensure initial support. The TTAPs support system included a collaborative effort, with help from ward leadership teams, Bank and Pool CSN, and Nursing Education.

Week 1:

Orientation day, skills lab days, and two supernumerary shifts.
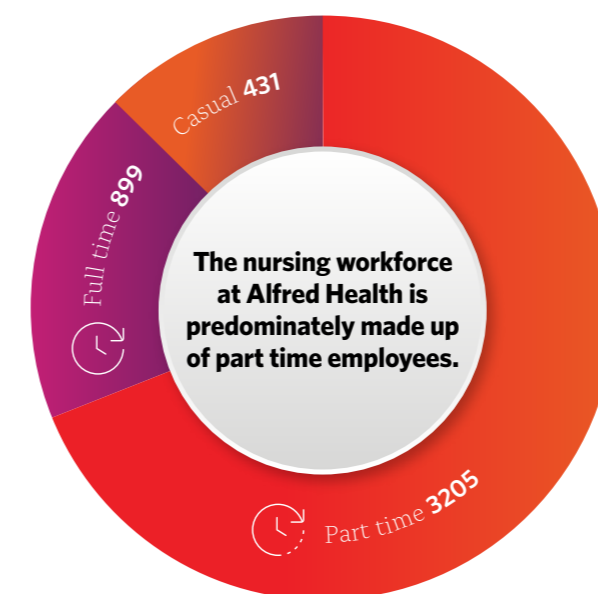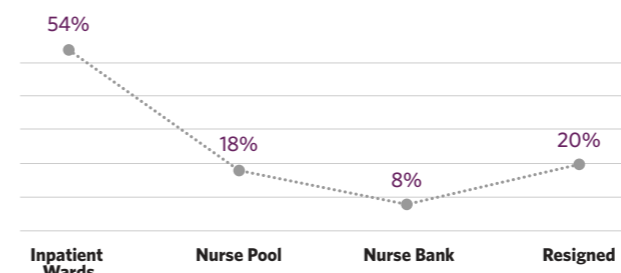
Weeks 2-3:

Consolidation on a selected ward.

Week 4:

Return to Pool or continue with the ward on a permanent basis.

Throughout the TTAP, 192 nurses were recruited, with 186 of the nurses employed. There was a high attrition, with 72% continuing in permanent positions (Nurse Pool (18%) or wards (54%)), and 8% continuing with casual bank.

Distribution of TTAP Workforce

54%	18%	8%	20%
Inpatient Wards	Nurse Pool	Nurse Bank	Resigned

Casual **431**

Full time **899**

Part time **3205**

The nursing workforce at Alfred Health is predominately made up of part time employees.

Registered Undergraduate Students of Nursing (RUSON)

AH has been employing RUSONs for many years and identified an opportunity to expand this workforce. The 'Start with us' initiative aimed to create an entry pathway for pre-registration nursing students to start their nursing careers with AH. This program involved offering contracted positions to RUSONs for up to 12-months. The goal was to help nurses meet patient needs effectively and engage upcoming nurses in roles that align with pre-registration fellowships and placements, serving as a pathway to employ graduate nurses who are already familiar with AH.

In 2023, 38 RUSONs were recruited, with 14 RUSONs (37%) continuing with AH as they transitioned to their Graduate program.
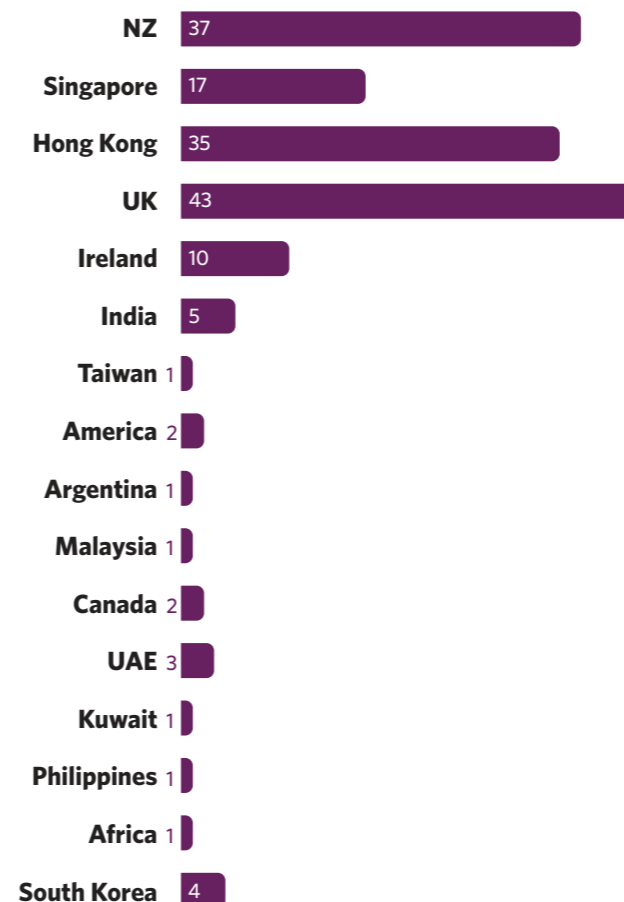
International
Recruitment

Another key recruitment strategy implemented during 2023 was the employment of nurses from overseas. There were **164 Registered Nurses** recruited from countries worldwide, with the biggest cohort being from the UK (43) closely followed by New Zealand (37) and Hong Kong (35).

Countries international RN's have come from

Country	Count
NZ	37
Singapore	17
Hong Kong	35
UK	43
Ireland	10
India	5
Taiwan	1
America	2
Argentina	1
Malaysia	1
Canada	2
UAE	3
Kuwait	1
Philippines	1
Africa	1
South Korea	4

PNG critical care Nurse visit: Sharing Experiences & Expertise

In October 2023, we hosted a group of critical care nurses from Papua New Guinea (PNG). These are members of the PNG Critical Care Nursing Society and working in PNG Public Hospital critical care departments. They also were visiting Melbourne to attend the ACCCN conference held on 19-20 October. The Alfred study day provided a bespoke program to meet specific learning needs of these nurses. The critical care nurses had dedicated time to observe nursing practice in ICU, cardiac wards and Emergency. More senior staff focused on exploring policy, patient flow, education, competency training and related professional issues.

Benny Lam's Story

Benny Lam joined AH as a RN from Hong Kong in December 2022. Benny was involved in the orientation process to highlight the benefits of AH and provide support for new international nurses.

He states he encountered some challenges in adapting to the different culture and nursing practices during the first few weeks. However, he took solace in the company of other international nurses and the realisation that they were all navigating similar challenges.

Benny values the teamwork among doctors, allied health professionals, pharmacists and nurses. Throughout 16-months in his career at AH, Benny has been enthusiastic about exploring new learning opportunities. Presently, Benny is a part of the Better @ Home team.

Build *your*
career with us

Name
Grace O'Brien

Years at Alfred Health
8 years

Current role
Nursing Fellow

Career Alfred Health
RN recovery – RN ICU, Critical Care RN, Associate Nurse Manager, Clinical Nurse Consultant, and Clinical Nurse Manager

I stay at Alfred Health because
The Alfred has shown me numerous different opportunities that were previously unknown to me. It is truly inspiring to discover fresh possibilities at work, making me eager to return each day.

Name
Francis Dignam

Years at Alfred Health
15 years

Current role
Operations Manager –
Acute and Integrated Care
Home, Acute and Community

Career Alfred Health
Deakin Fellowship - Graduate Nurse ICU – Clinical Nurse Specialist, Associate Nurse Manager, Clinical Nurse Consultant – Clinical Nurse Manager Hyperbaric – Nurse Manager General Medical - Deputy Director COVID Community Response

I stay at Alfred Health because
I've been able to bring various skills from my past roles at the hospital. Every day and every role have presented new challenges that keep me engaged. Reflecting on the day makes me feel excited about returning tomorrow.

Name
Katie Turner

Years at Alfred Health
6 years

Current role
Clinical Support & Development Nurse, Alfred Centre Short Stay

Career Alfred Health
Graduate Nurse – Nurse Pool - Associate Nurse Manager ACSS

I stay at Alfred Health because
We are fortunate with the amazing people that we get to work with every day. I think the team is phenomenal. The abundance of opportunities in such a short period of time has significantly accelerated my career growth in a positive direction.

Recognising
Nursing Excellence Awards 2024

The AH Recognising Nursing Excellence Awards, celebrate the achievements of nurses and highlight their exceptional contributions. Nurses are nominated by their peers or teams in one of the six Nursing Professional Practice Framework domains. Special categories include Graduate and Preceptor of the Year as well as recognition of quality initiatives. In 2024, there were 109 individual or team nominees across all domains.

Award Recipients 2024

Comprehensive Care

Individual: Cam Do
Team: General Medical HITH and HARP team
Graduate: Isobel Leggett

Workforce

Individual: Rozanne (Rox) Johnston
Team: Acute Pain Services (APS) Nurses
& 6 East Nursing teams

Leadership

Individual: Kiran Salim
Team: Medical Oncology Trials Leadership team

Professional Development

Individual: Raymund Manawis
Team: E&TC Nursing Education & AH Emergency Psychiatry teams
Preceptor: Jheo Canela, Brodie Allan (2 recipients), Jorja Mack (Highly Commended)

Research

Individual: Sean Carnegie, Sandra Burkitt (Highly Commended)
Team: Wound Clinical Nurse Consultant team

Informatics

Individual: Conny Brune
Team: Alfred Oncology Nursing team

Quality

Individual: Alexandra Toy (recipient), Bianca Cirone (Highly Commended)
Team: Acute Pain Service Nursing team

Award recipients who attended event at The Hub with Prof Ged Williams CNO

Graduate of the Year Isobel Leggett's Story

I began my career at AH in 2016 as a casual ward clerk and since then have worked in various roles in staffing allocations, clinical governance and nursing services.

In each of these roles, I have worked with nurses and it was these nurses who inspired me to study nursing and become a nurse myself. AH and my colleagues have been so supportive in each step of my nursing journey to becoming a graduate nurse.

I spent the first rotation of my Grad year at Sandringham Emergency Department before rotating to 7W - both of these rotations gave me a great insight into the patient journey. I was thrilled to be nominated for a Nursing Excellence Award in the category of Comprehensive Care - Graduate Nurse and overjoyed to have won too! I am looking forward to continuing my career at AH after the completion of my graduate year.

Isobel Leggett : Graduate of the Year 2024

Alfred Health
Leadership

Advanced Practice Nurses Enhancing Care & Advancing Practice

At AH, the Advanced Practice Nurse (APN) workforce includes NPs and Clinical Nurse Consultants (CNC). We have undertaken profiling of our APN workforce and we have developed a five-year APN strategy. This strategy aims to support significant growth in the APN workforce as well as optimising full scope of practice, tailored to meet the needs of our community. An APN register that highlights speciality priority areas will assist nurses in pursuing APN career opportunities in their areas of interest.

In 2024, we expanded the APN Leadership Group to incorporate CNCs. This forum is crucial for fostering continuous development, networking, connection and strengthening the influence of APNs in nursing. We have also introduced an annual APN Innovations Forum.

Nurse Practitioner specialities at AH

- Emergency
- Sexual Health
- Mental Health
- Mental Health and Addictions
- Haematology and Oncology
- Urology
- Burns
- Palliative Care
- HIV
- Diabetes
- Trauma
- Cardiac and Cardiothoracic

27 *Nurse Practitioners*

6 *Nurse Practitioner candidates*

129 *Clinical Nurse consultants*

Nurse Practitioner
Meg McKechnie

NP Meg McKechnie works within Alfred Mental and Addiction Health, as an Alcohol & Other Drug (AOD) Consultation and Liaison Nurse. Meg has led ground-breaking changes to AH guidelines, putting us on the AOD map. Meg has led a significant shift away from a zero tolerance approach for patients with substance use disorders, to ensuring we meet the diverse needs of patients by providing trauma-informed, inclusive, empathetic and harm-reduction-oriented AOD treatment. This change aligns more closely with the National Drug Strategy, promoting patient engagement, reducing violence and enhancing satisfaction overall. AH is a national leader in adopting this approach.

Showcasing innovations in NP and CNC at AH

In December 2023, we hosted the inaugural APN Innovations Forum, which more than 95 nurses attended in person or virtually. The forum featured 11 rapid-fire presentations by a diverse range of CNCs and NPs, highlighting their innovative work and achievements. Interactive panel discussions were included to engage participants and provide deeper insights into the significant contribution made by the APN workforce to healthcare services. The forum was highly valued, with a star rating of 8.72 out of 10. Positive feedback included comments such as: "The forum was beneficial, as I gained insight of innovation possibilities and stakeholders e.g. network. The presentations illustrated the scope that a NP or CNC can bring to improved patient and organisational outcomes". Plans are in progress for a second forum scheduled for October 2024.

Star rating of 8.72 out of 10

★★★★★
★★★★☆

Visiting International Professor of Nursing

In October 2023, we were honoured to host Prof. Ruth Kleinpell from Vanderbilt University School of Nursing in Nashville, USA. Prof. Kleinpell, a renowned researcher in advanced practice nursing, has held key leadership positions in critical care and clinical practice globally and in the USA.

During her three-day visit to AH, Ruth engaged in productive discussions with groups of APNs as well as senior nursing managers. She provided invaluable guidance on professional and practice-related APN issues. These meetings offered APNs a unique opportunity to share their accomplishments, receive advice on demonstrating the positive impacts of their roles on patient outcomes and learn from Ruth's wealth of experience. We look forward to welcoming Ruth back in the future.

Nursing leadership Development: Investing in our Leaders

During the nursing strategy consultation, focusing on nursing leadership development utilising the organisational evidence-based Leadership Capability Framework, was identified as a strategic priority. Three new initiatives have been introduced: Learning Sets, a Talent Identification Pool, and a Nursing Leadership Development Program. Robust evaluation of these initiatives will guide future programs.

1. Learning Sets

AH has invested in a 12-month Learning Set Program for nurse leaders within the Nursing Talent Identification Pool. These learning sets are designed to enhance the development of this group. The Learning Sets, led by external nurse leaders, consist of five eminent leaders and 45 participants meeting monthly for leadership development. Participants complete self-assessments and set leadership goals for the 12-month program.

The leaders create a safe community of practice with their Learning Set to inspire innovative thinking and development of leadership capabilities. Open discussion can be about anything the group wishes to share and is focused on a learning need of one or more in the group.

The leaders collaborate with the Chief Nursing Officer to share ideas and themes of their groups, to enhance the leaders, confidence, as well as to ensure consistency in messaging and learning effectiveness.

2. Talent Identification Pool – Enhancing leadership pathways

The Talent Identification Pool Program assists future nursing leaders by offering clear leadership development pathways and opportunities to enhance their leadership skills. The Chief Nursing Officer (CNO) and Chief Operating Officer (COO) actively oversee the talent pool membership with regular assessments.
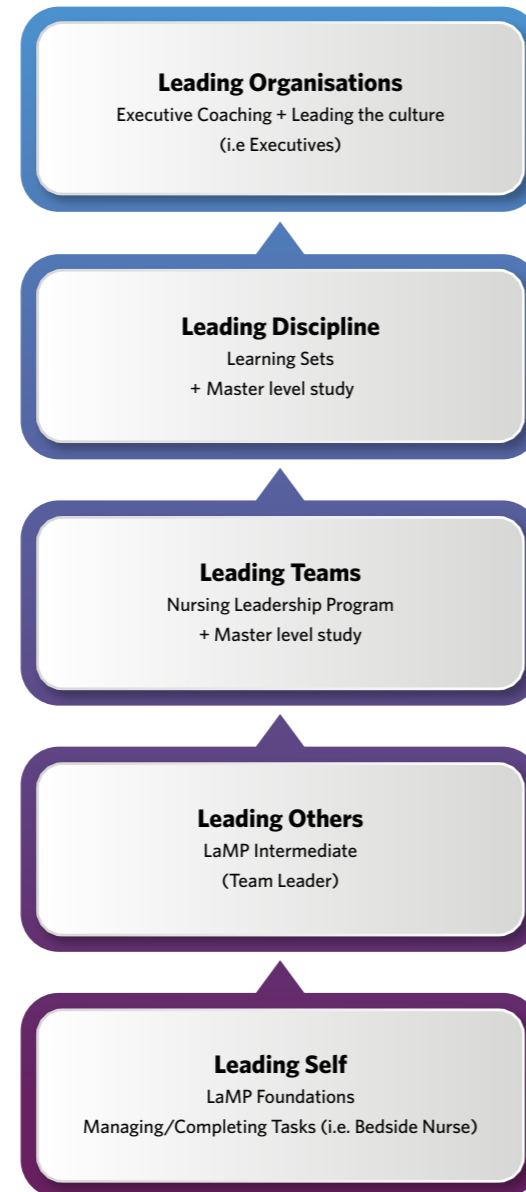
Participating in the program enables nursing leaders at AH to broaden their personal and professional growth beyond their current roles. The program enables access to nursing leadership and development opportunities, cultivating leadership skills through interactions with other leaders within AH and the broader health sector. Opportunities include: participation in Learning Sets, secondments and leave cover for nursing leader roles.

3. Nursing Leadership Development Program

Focusing on the development of Nurse Managers and providing opportunities to enhance their leadership skills is a top priority for both Nursing Services and the organisation. A Leadership Development Program for Nursing Managers, which was co-designed by People Measures in collaboration with AH, commenced in March 2024, with a duration of six months. There are currently, two programs underway with 51 Nurse Manager participants.

Preparatory work involved participants completing an online questionnaire, including the Occupational Personality Questionnaire (OPQ), followed by one-on-one coaching sessions. The Leadership Labs involve in-person four-day sessions teaching frameworks and concepts, with guest speakers and group activities. An Online Peer Learning Group focused on discussions, challenges and skill application, following the in-person sessions to encourage feedback exchange and create safe spaces.

Nursing Leadership Development Pathway

Leading Organisations
Executive Coaching + Leading the culture
(i.e Executives)

Leading Discipline
Learning Sets
+ Master level study

Leading Teams
Nursing Leadership Program
+ Master level study

Leading Others
LaMP Intermediate
(Team Leader)

Leading Self
LaMP Foundations
Managing/Completing Tasks (i.e. Bedside Nurse)

Nursing Leadership Development Program Participant

Katie Settle
NM Quality & Risk, Nursing Emergency

"The group immersed themselves in learning and collaboration through self-reflection, participant-led conversations, small group discussions, peer coaching, experimentation and other activities. As a collective we spoke about a growth mindset and guiding our high performing teams to success. We covered topics such as leadership and management, emotional intelligence, developing others and building capacity, supervision and delegation, coaching and systems thinking. The group socialised over breakfast and dinner, and throughout the program the enthusiasm and enjoyment in the room was palpable, as the group got to know each other, and bonded as a team"

Professional Nursing Fellowship

The AH Professional Nursing Fellowship was established in early 2023, to offer mid-career nurses an opportunity to better understand the role of Nursing Services and provide mentorship for professional development.

Two nursing fellows undertake a 12-month secondment divided into two six month streams in Nursing Workforce and Nursing Quality and Safety. The program offers involvement in priority projects focusing on optimising nursing systems, engaging staff in change processes, utilising clinical data for practice improvement and evaluating implemented changes.

The Nursing Fellowship successfully provided exposure to a broader organisational way of thinking for the delivery of high-quality, patient-centred care. Key factors for sustainability included role modelling, support from Nursing Services, and involvement in improvement projects.

Stacey Cross (L) 2023, Grace O'Brien (middle) 2024, Karla Gregory (R) 2024. Absent: Maria Chiu

Maria Chiu says of the Nursing Fellowship: "It has been a wonderful introductory journey to Nursing Services. There were many great learning experiences with exposure to multiple areas across the organisation, including some less familiar areas like Public Affairs & Communications, Data & Analytical Services and Redesigning Care to name a few. The inaugural Nursing Fellowship has given a unique learning opportunity to expand my knowledge to a broader organisational way of thinking for the delivery of high-quality, patient-centred care. It also provided a supportive mentorship to facilitate professional development."

Intermediate Leadership & Management Program (LaMP)

The Intermediate Leadership and Management Program brings together a set of core leadership skills for nurses working in, or inspiring to work, in clinical support and leadership roles and education roles.

- In 2023, 78 staff members attended one of the three programs.
- The program includes a blended approach including online learning modules, face-to-face study days, online workshops via MS Teams, and a three month supported Quality Improvement Project with a presentation.
- Sessions offered peer idea sharing, troubleshooting, application of learnings and networking opportunities.
- Evaluations led to recommendations focused on scheduling and timing rather than program content.
- Participants gave highly positive anecdotal feedback, sharing experiences of applying leadership activities at work.

The LaMP Program is currently being reviewed and will be conducted twice in 2024.

AH Advancing Nursing Leadership Scholarship

The AH Advancing Nursing Leadership Scholarship is awarded annually to emerging nurse leaders in clinical practice, research, informatics, education, or management. Advancing nursing practice through clinical observation, research, education and leadership experiences to introduce new ideas and concepts to nursing at AH.

The scholarship was initiated and supported with funds through a luncheon convened by Mrs Janet Spooner. Jan's passion to support emerging nurse leaders to further develop their skills and share their learnings with their colleagues to advance patient care has been invaluable in driving the development of this scholarship. This is the fifth year of awarding the scholarship, thanks again to Bank First's generous donations enhancing the scholarship.

In 2024, the scholarship program received a record 22 high-quality applications, resulting in the awarding of five scholarships for the first time.

Tania Birthisel, Clinical Services Director Intensive Care Program

Tania will undertake a scoping activity, visiting leading ICUs internationally, to gain valuable insights and perspectives on how we can enhance the Alfred ICU's operational efficiency and nursing leadership.

Emma O'Donnell, Clinical Nurse Manager General Medicine HITH

Emma will develop an orientation framework and home based simulations for preparing nurses to provide acute bed-substituted care in places other than hospital settings. Emma will also observe best practice simulation approaches in regional Victoria and the USA.

Josephine Baker, Clinical Nurse Consultant Neurology, Headache

Josephine will visit the UK to observe nurse-led headache clinics and identify the translatability to the Australian context. This visit will support an ongoing international collaboration and the development of a model to pilot at AH.

Scholarship recipients with Bank First CEO, Michele Bagnall (far left) at The Hub. Tania Birthisel absent

Felice Borghmans, Manager Clinical Services Design General Medicine HITH

Felice will visit the Netherlands to learn how a distributed leadership, community nurse-led model works in practice by observing the Buurtzorg model and learning about the model's self-management and governance structures, as well as the coaching model used to induct clinicians into the service.

Kellie Easton Clinical Nurse Consultant Heart Failure

Kellie will visit the UK to observe Heart Failure Clinics and better understand the role of CNCs in the provision of specialist care and guidance to best heart failure practice. During this time, Kellie will attend the European Society of Cardiology (ESC) Conference. Her abstract was accepted, and she will present on the world-first independent inotrope program.

We are setting up a Nurses' Fund to support the AH Advancing Nursing Leadership Scholarship. To find out more and to donate, scan the QR code below.

Alfred Health Nurses' Fund

We are delighted to launch our Nurses' Fund. This fund will benefit nurses at AH through scholarships and opportunities for further education, training and research. It will also encourage recruitment and retention of our amazing staff by supporting wellbeing. Please scan this QR and select "Nurses' Fund" from the drop down menu. Thank you.

Scan for more information

Alfred Health
Professional Development

Nursing Education continues to respond to ongoing and emerging organisational needs and priorities as we entered a period of recovery and refresh following the pandemic. Key professional development strategic actions are aligned to the themes of 'Growing our own' and 'Building your career with us'.

During 2024, we will welcome more than 300 graduate nurses who will commence their career at AH. A coaching model is providing intensive support during the first few months of transition from student nurse to graduate nurse. The revised and expanded transition to practice programs are providing a career pathway into specialisation and postgraduate studies. In early 2024, we established the Nursing Education Advisory Committee (NEAC) to strengthen governance and leadership of nursing education across AH.

Professional Development Snapshot

1,432 Pre-registration Students

18 Graduate Nurses in Mental Health

340 Graduate Nurses in General Nursing

118 Nurses commenced a transition to specialty practice program

187 Nurses undertaking postgraduate study in specialty areas

Nursing Education Advisory Committee

The Nursing Education Advisory Committee (NEAC) offers strategic oversight for all learner groups within the organisation, providing leadership, governance, and advice on clinical nursing education and training throughout AH. The NEAC brings together nursing education representatives from all clinical programs, including pre-registration to postgraduate programs. The NEAC acts as an important forum for communication, implementation and planning concerning nursing professional practice initiatives, fostering a collaborative approach to educational goals. It guides professional development in line with workforce trends and ongoing requirements.

Pre-registration to Nursing Placement

AH is recognised as a leading provider of pre-registration nursing and paramedicine placements in Melbourne. Our diverse range of clinical areas offered a unique opportunity to learn new skills, gain inspiration from leaders in healthcare and explore diverse career pathways.

We coordinate clinical placements for over 2,500 nursing students each year, encompassing acute and subacute inpatient units, Emergency Departments, Intensive Care Units, operating theatres and most community services.

University Partners

- Deakin University
- La Trobe University
- Monash University

In 2023, 1,432 pre-registration nursing students undertook 21,746 placement days across AH. Evaluation results (109 returned surveys from pre-registration students) showed 94% felt safe and 89% reported having a sense of wellbeing at this organisation.

Key initiatives and research in 2023

- A pre-registration nursing management guideline was developed to standardise placement delivery by defining roles, responsibilities, rostering processes and performance management for nurses who interact with pre-registration nurses.

- A QR code system was introduced to recommend exceptional students for our Graduate Program, and these students receive electronic certificates to provide as evidence of outstanding performance.

- Placements in Emergency Department and Intensive Care Unit were reinstated.

- Several research projects focusing on student and nursing staff experiences during placements were progressed. Findings on learning barriers on placement were presented at national conferences. A collaborative project with Monash University was initiated to better understand factors influencing students' alignment to a placement fellowship model. Research is underway to explore the preceptorship model and evaluates preceptor education effectiveness.

Fellowship & Clinical School Model

Deakin University & Monash University both have established AH fellowships. Students are invited to submit applications outlining their alignment to AH values. Fellows for 2023 remained stable in numbers. La Trobe University operate a clinical school model for third years only with 100 enrolments to the Alfred clinical school based on student term time postcode. From 2024, La Trobe University third years will preference their clinical school and therefore their placement provider enabling greater tracking of these students and their experiences. Fellowship students are offered placement venue preferencing for all placements (subject to placement block allocation) and fellow status is noted on applications to the Graduate Program.

Graduate Nurse Program

The AH Graduate Nurse Program (GNP) is designed to provide a supportive environment for first-year graduate nurses to enhance their knowledge and skills. During this program, graduates receive support to develop the necessary situational skills, knowledge and values to become valuable members of the healthcare team and nursing workforce.

- In 2024, over 300 graduate nurse positions were offered at AH, with all employed in ongoing permanent nursing roles.

- The GNP spans 12 months, with graduates allocated rotations across the Alfred, Caulfield and Sandringham campuses.

- Graduates undergo two six-month clinical rotations to broaden their experience and skills within the program, with opportunities to explore other areas within the organisation in the future.

- AH aims to prioritise the wellbeing of its employees. Therefore, the graduate year is 64 hours per fortnight, allowing for a work-life balance and supporting ongoing study requirements.

- Structured support for the GNP includes: supernumerary time, preceptorship, Nurse Educators, dedicated Clinical Support Nurses, core clinical tutorial day and scheduled study days and weekly clinical online tutorials.

Towards the end of the program, graduates can apply for positions in their preferred ward areas or specialties at AH after a successful graduate year.

Supporting Graduate Nurse transition to practice using RN coaching model

Workforce shortages within the Australian nursing workforce have led to increased numbers of graduate nurses being employed. AH employed a large intake of 340 GNPs in 2024 – the largest cohort to date. The challenge was how to provide point-of-care support for this large intake of novice practitioners as they transition to practice. An innovative model of coaching was developed involving secondment of experience registered nurses within ward/unit environments for initial the eight weeks of graduate nurses' transition to practice, with overlay and support by the nursing education team.

A structured education program was developed to prepare the coaches and an online resource portal provided ongoing support and advice. An evaluation framework was developed with the aim of understanding how this coaching model utilising point-of-care nurses would support graduate nurses' transition to practice. Preliminary evaluation would suggest that this coaching model offered contextual, contemporary support for graduates within the clinical environment and also enabled building of capability in point-of-care teaching skills in the nurses undertaking the role. Further evaluation of data will assist in refining the model of support for future intakes of GNP.

Graduate Nurse Program Mental & Addiction Health Nursing

AH is the longest running Mental Health Graduate Nurse Program (MHGNP) in Victoria, and in 2024 we offered 18 graduate nurse positions. The MHGNP provides a supportive environment, assisting newly registered nurses to consolidate and develop their knowledge and skills in Mental and Addiction Health Nursing.

The emphasis is on working in collaboration with each graduate, in order to develop their practice as a beginning level Mental and Addiction Health Nurse. We are committed to supporting graduates to develop therapeutic skills within the context of team-based nursing. By developing therapeutic skills, our graduates may take on roles as team nurses, case managers and clinical leaders in the future.

Completing the Alfred Mental and Addiction Health Graduate Nurse Program offers credit towards a Postgraduate Diploma/Masters in Mental Health Nursing at various universities. While not mandatory, the program encourages further studies after completion to support career growth and skill development for newly registered nurses.

Nursing Preceptorship Program Building Foundations for Coaching

In September 2023, nursing education reviewed the preceptorship program to increase accessibility for all point-of-care nurses. The program combined online and in-person workshop components. While nurses had the option to participate, those from clinical areas identified for involvement in the graduate coaching model in 2024, were automatically allocated to attend the face-to-face sessions.
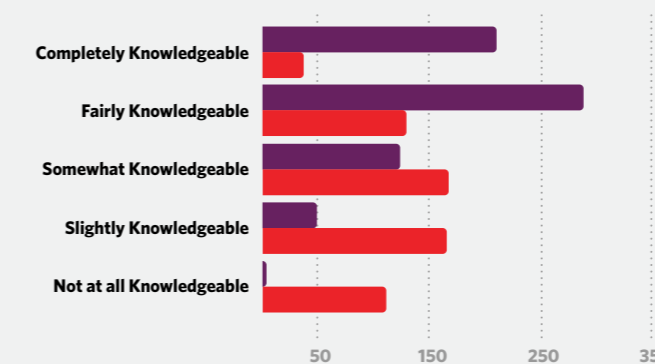
The face-to-face sessions were guided by Nurse Educators, Clinical Support and Development Nurses, Clinical NMs and Clinical Support Nurses. A train-the-trainer strategy and centralised resources allowed numerous facilitators to take part, including Emergency nurse educators, who ran the program locally in the Emergency Department.

The aim was for all Grade 2 RNs working in clinical areas with graduate nurses (around 668 nurses) to complete the course. 80% of the target group throughout AH completed the program, with over 800 attending the workshop component. The evaluation results showed nurses felt more knowledgeable and confident after the training in relation to giving feedback and teaching methods.
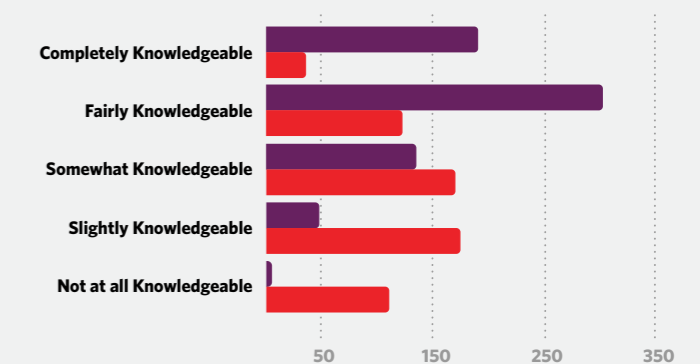
A continuous evaluation of the preceptorship program is planned for 2024.

Preceptorship Program Evaluation Results

Knowledgable and Confident in Teaching Methods

Completely Knowledgeable
Fairly Knowledgeable
Somewhat Knowledgeable
Slightly Knowledgeable
Not at all Knowledgeable

50   150   250   350

Knowledgable and Confident in Giving Feedback

Completely Knowledgeable
Fairly Knowledgeable
Somewhat Knowledgeable
Slightly Knowledgeable
Not at all Knowledgeable

50   150   250   350

- Post-session
- Pre-session

Transition to Specialty Practice Programs

AH Transition to Specialty Practice Programs (TSP) offer a structured 12-month program to provide a career pathway for nurses focusing on clinical specialty nursing practice. This program is designed for RNs at Grade 2, Year 2-3 level, aiming to enhance knowledge and skills in comprehensive patient assessment within a specialty area through the development of critical thinking and problem-solving abilities.

Key Points:

Programs available in:

- Intensive Care
- Emergency and Trauma
- Peri-operative Services
- Cardio-Respiratory
- Mental Health

Completion of the program can lead to:

- Advancement in the chosen area, such as Clinical Nurse Specialist (CNS)
- Support transition into Master's level postgraduate studies
- Acquire specialised skills and knowledge for application upon return or transition to a different area of practice area within AH
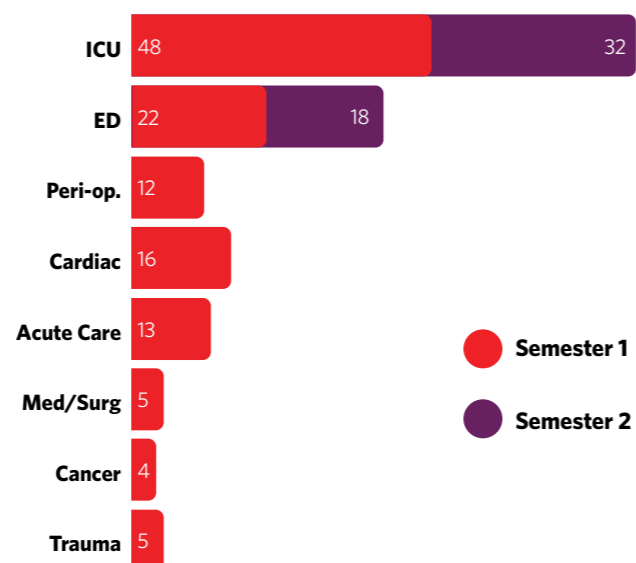
Participants usually proceed to postgraduate studies in the specialised area after the TSP program, while some may opt to return to a broader AH context with enhanced expertise. Tertiary unspecified credits are in place for emergency and intensive care specialities.

Postgraduate Courses

AH partners with the following universities for postgraduate courses: Monash, Deakin and La Trobe University. The primary nursing specialties include Intensive Care, Emergency, Perioperative, Cardiac, Acute Care, Medical/Surgical Nursing and Trauma Nursing. New and additional courses in 2023 were another Perioperative course through Deakin, the Medical/Surgical and Trauma courses at Monash. AH also supports nurses completing the Cancer nursing course at the University of Melbourne. We are exploring new opportunities for priority courses/streams like Neuroscience, Cancer and Continuing Care with partner universities.

Postgraduate Numbers 2023

Specialty	Semester 1	Semester 2
ICU	48	32
ED	22	18
Peri-op.	12	
Cardiac	16	
Acute Care	13	
Med/Surg	5	
Cancer	4	
Trauma	5	

● Semester 1
● Semester 2

New Program for Master of Advanced Practice (Trauma)

AH and Monash University partnered to create a Master of Advanced Nursing in Trauma Nursing. The stimulating program equips trauma nurses with advanced skills and knowledge for managing seriously injured patients, enhancing trauma care quality, and developing leadership abilities for advancing quality care. Experienced nurses from AH deliver the course, sharing valuable skills and knowledge. The program started in July 2023 and continues at Monash University.

Scholarship & Funding Support

In 2023, we were successful in funding applications and internal funding grants to provide:

- 126 Department of Health (DoH) scholarships for RNs to undertake postgraduate clinical degrees, totalling $757,997
- 24 AH scholarships awarded to support 14 RNs undertaking postgraduate clinical degrees and 10 RNs undertaking leadership post graduate degrees, totalling $12,000
- 2 DoH NP Candidate Support and Scholarship, totalling $84,000
- 34 DoH Enrolled Nurse to RN transition Scholarships, totalling $85,000 for completion of first year Bachelor of Nursing
- 48 RUSONs at 2 shifts per week

Program Scholarship Recipient

ACN Emerging Research Leader
Sam Miller

Congratulations Sam Miller on being awarded an Emerging Research Leader Program Scholarship from the ACN. This is the first time the scholarship has been offered by the ACN, with only 15 scholarships offered across Australia. The program provides online learning modules and a professorial mentor to support a project leading to publication as a first author.

Sam has initiated an integrative literature review describing the contributing factors that enable RNs to build positive relationships with students under a preceptorship model of clinical placements. Sam's aim is that this will help to underpin her future work in preceptorship development at AH. We look forward to Sam sharing the outcomes of her work in nursing communications and nursing forums.

Alfred Health
Research

Partnering with Consumers Research

A robust partnership between patients, families and healthcare professionals is essential for improving the quality of patient care and achieving effective communication. Yet patients and families often express frustration with not knowing what is happening, understanding new or changed treatments or medications and being involved in care planning discussions.

Our research is focused on understanding patient and family needs whilst in hospital or being cared for at home. We partner with patients and families from diverse backgrounds, who can be especially vulnerable to breakdowns in communication, to address gaps in care. Clinical Nurse Consultant, Sean Carnegie, partnered with people with epilepsy to identify their needs in care and education. He identified some patients had gaps in knowledge about epilepsy and experienced epilepsy-related stigma since diagnosis. Senior Research Fellow, Dr Robin Digby, has partnered with families of ICU patients, to identify their needs during a stressful, uncertain time. She found a need for frequent information about their relative, flexible face-to-face visiting times and an approach which welcomes their involvement in care and decision making. Optimising access to information through digital innovations is one way to improve communication.

PhD student Vicky Yuan is working with patients and their families who have had lung transplants to identify their needs for receiving and sharing information with clinicians via the patient portal system to ensure a more

patient-centred, user-friendly system. Similarly, Sophia Wallace (PhD student) used a co-design process with consumers, clinicians, and researchers to identify research needs of patients undergoing surgery in Australia. While early career researcher, Dr Guncag Ozavci, has been focusing on understanding older patients' experiences in communication about managing their medications across transitions of care. By understanding patient and family experiences of care in more depth, we can target strategies towards improvements that have impact for both individuals and organisations.

Prof Tracey Bucknall, Director Of Nursing Research and Sean Carnegie. Sean was recipient of individual Research Nursing Excellence Awards. Sean was also a recipient of the Marjory Walkowski Award for the excellence in clinical nursing research in the Bachelor of Nursing (Honours) Course at Deakin University.

Recognition & Response to Clinical Deterioration

In hospitalised patients, clinical deterioration poses a significant risk and ongoing challenge for clinical staff. Nurses must be alert to physical, mental and cognitive changes in patients at all times. Signs of deterioration such as shortness of breath or agitation are triggers for activating further medical review in most hospitals. Our research has investigated interventions to improve patient care for both physiological and mental state deterioration. We have worked with nurses, patients and families.

Led by Professor Tracey Bucknall, the PRONTO clinical trial, was funded by the National Health and Medical Research Council, in partnership with the Australian Commission on Safety and Quality in Health Care, Alfred, Eastern and Monash Health Services. We investigated whether intensive facilitation of clinical practice guidelines could improve nurses' recognition and response to clinical deterioration for over 6,000 patients. We randomised 36 inpatient wards at four hospitals, 18 wards had guidelines disseminated by nurse managers and 18 had guidelines disseminated by the nurse manager with additional support from nurse facilitators. Facilitators were engaged to work with staff, identifying how to use the guidelines to improve patient safety and when to escalate care to medical teams. Patients in the wards with facilitators had a two-day shorter length of stay than those patients in wards without nurse facilitators. In 2023, the study was voted by editors as the most impactful research article published by the international journal BMJ Quality and Safety in 2022 and was in the top five articles downloaded[1].

Another study, led by Professor Tracey Bucknall and funded by the Australian Research Council, studied patient and family members, stories about their recognition of and response to clinical deterioration and their interactions with clinicians prior to and during Medical Emergency Team (MET) activations in hospital. We found that clinical deterioration results in an additional burden for hospitalised patients and families to speak up, seek help and resolve their concerns. A close partnership between patients, families and nurses is needed to ensure patients and families know what to be concerned about and when to notify staff[2,3].

Deakin University PhD student Bruce Dziruni is studying the impact of an AH program 'DIvERT' to address the increasing incidence of mental state deterioration. DIvERT is a rapid response system for managing mental health deterioration. It involves a multi-disciplinary team that assists with de-escalation and early intervention to create a safe environment and minimise restrictive practices. His recent publication synthesises research evidence on rapid response systems in managing mental state deterioration in acute hospital settings[4]. Three important elements that contribute to the effectiveness of a rapid response system for managing mental state deterioration were identified: care processes, therapeutic practices and organisational support.

PRONTO *Article*

Scan to read the article

References:
1. Bucknall, T.K., Considine, J., Harvey, G., Mitchell, I., Rycroft- Malone, J., Graham, I., Saultry, B., Mohebbi, M. Watts, J. Bohingamu Mudiyanselage, S, Mojtaba Lotfaliany, M., &Hutchinson, A.M (2022) Prioritising Responses Of Nurses To deteriorating patient Observations (PRONTO): a pragmatic cluster randomised controlled trial evaluating the effectiveness of a facilitation intervention on recognition and response to clinical deterioration. BMJ Quality and Safety 31(11): 818-830.
2. Guinane, J., Hutchinson, A.M. & Bucknall T.K. (2018) Patient perceptions of deterioration and patient and family activated escalation systems—A qualitative study Journal of Clinical Nursing 27(7-8), 1621-1631.
3. Bucknall, T., Quinney, R., Booth, L, McKinney, A., Subbe, C. & Odell, M. (2021) When patients (and families) raise the alarm: Patient and family activated rapid response as a safety strategy for hospitals. Future Healthcare Journal 8 (3), e609-e612; DOI: 10.7861/fhj.2021-013.
4. Dziruni TB, Hutchinson AM, Keppich-Arnold S, Bucknall T. (2024). Realist synthesis of a rapid response system in managing mental state deterioration in acute hospital settings. International Journal of Mental Health Nursing https://doi.org/10.1111/inm.13347.

Caring for patients in isolation

The COVID-19 pandemic created many challenges for patients, families and staff. Patients required isolation to prevent the spread of infections, visiting was severely restricted, and staff faced many barriers to care delivery. Unintended outcomes of isolation, including falls and anxiety, increased in isolated patients. The Alfred Health Patient Care in Isolation Taskforce was established in 2020 to review the processes and systems in place across Alfred Health that support staff to deliver quality care to all inpatients who are being cared for in isolation precautions. The interdisciplinary taskforce, led by the Chief Nursing Officer, was in place until the end of 2023. The taskforce reviewed literature, data, patient and staff experiences, identifying 18 recommendations to improve the delivery of quality care to all inpatients who are cared for in isolation. The recommendations related to standards of care, infrastructure and the environment, communication and patient/family/carer experience.

The taskforce led to further research related to the care of patients in isolation. Researchers conducted a systematic review and found there was a lack of high-quality evidence for effective interventions to manage patients in isolation[1]. Focus groups were conducted with clinical staff to understand the challenges for isolated patients' mental health, mobility, nutrition and care[2]. Our survey of clinical staff during the first wave of COVID-19 reflected a significant amount of anxiety, fear and uncertainty related to the pandemic[3]. Research with isolated ICU patients' families and staff showed a high degree of psychological stress, both from families unable to be with their critically unwell relatives and staff facing extreme challenges in preventing the spread of infection in isolation rooms[4, 5]. In interviews with isolated patients in general wards, loneliness, boredom and feelings of abandonment were common.

The Nurses Board of Victoria funded a large co-design study, which included patients in isolation, families and staff. The study identified solutions to overcome the problems associated with isolation and successfully trialled these in four general wards.

Publications arising from the program of research:
1. Kramer S, Omonaiye O, Digby R, Berry D, Considine J, et al. An evaluation of interventions to improve outcomes for hospitalized patients in isolation: A systematic review. American Journal of Infection Control. 2022;50(2):193-202.
2. Digby R, Hopper I, Hughes L, McCaskie D, Tuck M, et al. Exploring staff perspectives on caring for isolated hospitalised patients during the COVID-19 pandemic: a qualitative study. BMC Health Services Research. 2023;23(1):208.
3. Digby R, Winton-Brown T, Finlayson F, Dobson H, & Bucknall T. Hospital staff wellbeing during the first wave of COVID-19: Staff perspectives. International Journal of Mental Health Nursing. 2021;30(2):440-50.
4. Digby R, Manias E, Haines KJ, Orosz J, Ihle J, & Bucknall TK. Family experiences and perceptions of intensive care unit care and communication during the COVID-19 pandemic. Australian Critical Care. 2023;36(3):350-60.
5. Digby R, Manias E, Haines KJ, Orosz J, Ihle J, & Bucknall TK. Staff experiences, perceptions of care, and communication in the intensive care unit during the COVID-19 pandemic in Australia. Australian Critical Care. 2023;36(1):66-76.

Alfred Health Nursing
PhD Students

Enrique Cruz
Title of PhD research
Feasibility of Post-stroke Incontinence Rehabilitation with Adjunct Transcutaneous Electric Stimulation (PIRATES).
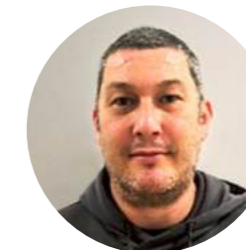
Antoinette David
Title of PhD research
Nurses' perceptions on the role of "End-of-shift" verbal handover: mixed method research.

Tendayi Bruce Dziruni
Title of PhD research
A realist evaluation of a rapid response intervention for managing mental state deterioration in acute hospital settings.

Paul Ross
Title of PhD research
Investigating the impact of nursing workload, complexity, and intensity in intensive care on patient outcomes.

Felice Borghmans
Title of PhD research
Exploring the clinician's experience of hospital-based complex care through the lens of complex adaptive phenomenology.

Sophie Wallace
Title of PhD research
Consumer engagement in perioperative medicine research in Australia.

Vicky Yuan
Title of PhD research
Patient Portal, the electronic platform to enhance patient care.

Natalie Kondos
Title of PhD research
Medical Emergency Team stand-down decision making and its impact on patient safety.

Nursing
Research
Awards

The Nursing Research Forum and Nursing Research Awards presentations were held on 15 November 2023.

Kathleen AB Smith Memorial Award for Best Early Career Researcher Publication 2023

Recipient: Natalie Kondos - A Delphi study to obtain consensus on medical emergency team (MET) stand-down decision making.

Authors: Natalie A. Kondos, Jonathan Barrett, Jo McDonall, Tracey Bucknall.

Kathleen AB Smith Memorial Award for Best Publication 2023

Recipient: Natalie Kondos - A Delphi study to obtain consensus on medical emergency team (MET) stand-down decision making.

Authors: Natalie A. Kondos, Jonathan Barrett, Jo McDonall, Tracey Bucknall.

Nursing Abstract Awards 2023

The Alfred Emerging Researcher Award for Best Nursing Research Abstract

Recipient: Vicky Yuan - The Nurse-led Intervention Aimed to Optimise Care for Patients in Isolation at an Acute Hospital - A Pilot Feasibility Study.

The Alfred Senior Medical Staff Nursing Research Award for Best Nursing Abstract

Recipient: Tanya Brewis - The Family Liaison Nurse Role: Strengthening Family Communication in Intensive Care During Covid-19.

Publications for 2023

E Saddington, F Rahman, J Stuart, J Hocking, C Talarico, D V Smit, P Cameron, B Mitra: Initial experience of a Priority Primary Care Centre in Metropolitan Melbourne.

N Jennings, K Tori: The top 100 cited Nurse Practitioner publications: a bibliometric analysis.

Y Singer, B J Gabbe, H Cleland, D Holden, M Schnekenburger, L M Tracy: The association between out-of-hours burn centre admission and in-hospital outcomes in patients with severe burns.

J E. Bray, Z Nehme, J C. Finn, J Kasza, R A. Clark, D Stub, D A. Cadilhac, A K. Buttery, J Woods, J Kim, B J. Smith, K Smith, S Cartledge, A Beauchamp, N Dodge, T Walker, E Flemming-Judge, C Chow, M Stewart, N Cox, W van Gaal, V Nadurata, P Cameron: A protocol for the Heart Matters stepped wedge cluster randomised trial: The effectiveness of heart attack education in regions at highest-risk.

S Howell, K Smith, J Finn, P Cameron, S Ball, E Bosley, T Doan, B Dicker, S Faddy, Z Nehme, A Swain, M Thorrowgood, A Thomas, S Perillo, M McDermott, T Smith, J Bray; Aus-ROC OHCA Epistry Management Committee: The development of a risk-adjustment strategy to benchmark emergency medical service (EMS) performance in relation to out-of-hospital cardiac arrest in Australia and New Zealand.

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Alfred Health
Informatics

Nursing Informatics Annual Report for 2023-24 highlights advancements, challenges, and contributions in integrating technology to enhance patient care, healthcare processes and innovation.

The report showcases initiatives like electronic medical records, data analytics and clinical decision support, emphasizing technology's positive impact on nursing practice, education and research at AH. It acknowledges nurses' dedication in leveraging technology to improve patient outcomes, workflow efficiencies, and quality initiatives, with a commitment to utilising technology to empower nurses and enhance healthcare delivery.

Digital Health Strategy 2022 - 2023

The vision of the AH Digital Health Strategy is to provide easy access to person-centred, smart and connected quality care. To achieve this vision, the focus has been to advance excellence in healthcare through the implementation of digital and data technologies across six key strategic pillars:

1. Personalised Patient Experience

2. New & Optimised Models of Care

3. Digital Workplace

4. Next Generation Health Service Operations

5. Resilience & Cybersecurity

6. Research

The report provides an annual progress update on the status of the Digital Health Strategy 2022-2024 for AH. This report outlines a current snapshot of key accomplishments, the indicative forward-looking roadmap over the next 12 months, as well as key risks, issues and challenges.

Digital Oncology Enhancing Standardisation & Coordination

The Digital Oncology project has gone live with phase one across all cancer areas, including 7 East, Haematology Oncology Centre (HOC), and Hospital in the Home (HITH). This is a significant milestone for Cancer Services as it has involved digitising paper-based cancer nursing assessments and paper-based cancer therapy administration charts.

The digitisation has enabled standardised assessment and practice across all cancer services, improving transparency and enhancing coordination and continuity of care. Additionally, clinical areas report improved communication and collaboration across the multidisciplinary team due to increased visibility.

In 2024, more than 200 nurses have undergone education and proficiency assessments, which have supported a smooth transition. We are grateful to all the cancer nurses for their support and enthusiasm in embracing change, which has played a crucial role in the success of this project. We are excited about the upcoming launch of phase two in May.

Cancer Clinical Project Lead for Digital Oncology Project

Caitlin McDonald-York

As the Cancer Clinical Project Lead for the Digital Oncology project, I have been involved in planning, designing, and implementing the Cerner module. This includes working with all AH stakeholders, clinicians in the multidisciplinary team, and third-party stakeholders (Cerner) to review current workflows, identify and map how future workflows would integrate, and review practice changes. The proposed changes to workflows were discussed at relevant workgroups or steering committees, where there was engagement from all stakeholders to review and identify the governance required for the changes.

After module completion and approving all future workflows, integration testing with end users was conducted, leading to direct feedback and subsequent discussions in working groups. An education plan was established, training over 250 nurses across various departments with the support of a Project Nurse Educator. The rollout strategy was designed to promote adoption and facilitate change management during the go-live phase.

Now that the project is live, we are closely working to identify and establish any reporting needs required from clinical areas to support quality improvement. We are also reviewing pre-existing KPIs to determine the best approach for digitising reporting data.
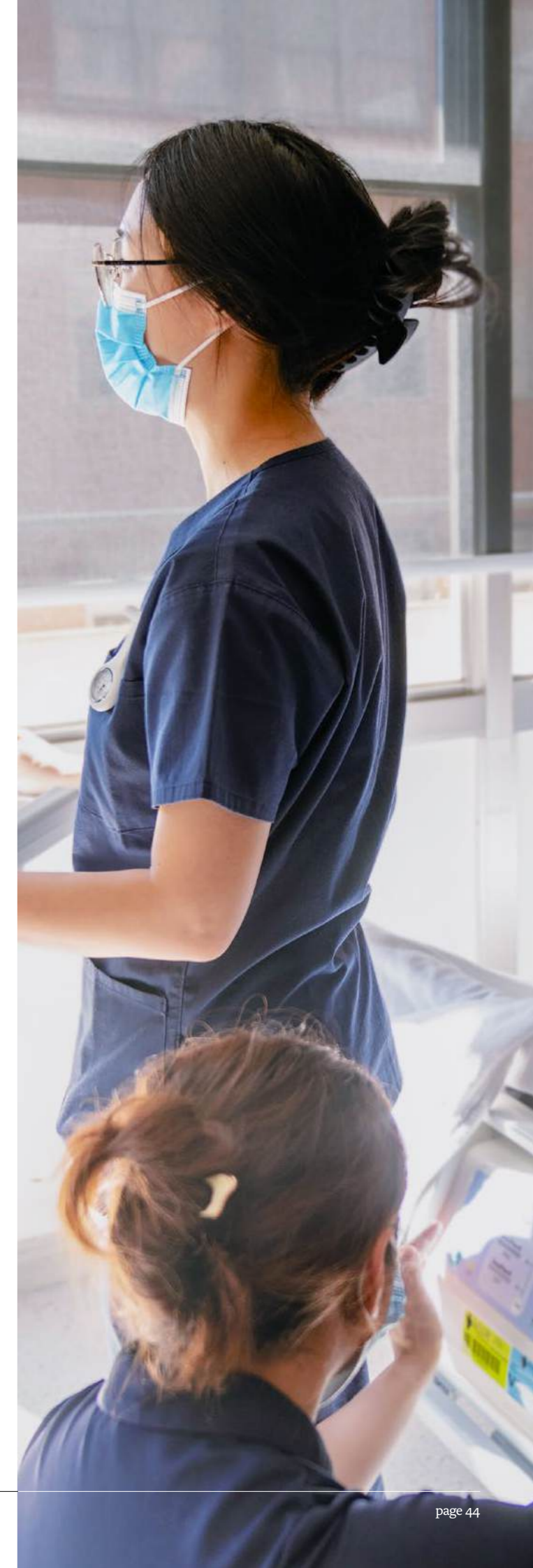
Decision Support & Artificial Intelligence

Artificial Intelligence (AI) is evolving in various ways to assist clinicians in providing care. For example, AI models can be developed to significantly improve the process of patient selection for home-based care in hospitals. By analysing extensive patient data, AI algorithms can identify individuals who would benefit most from home-care services faster. These algorithms consider various factors such as medical history, current health status, the complexity of care needed and the patient's home environment amongst other variables. When combined with clinicians' experience, AI can help in stratifying risk and predicting outcomes, ensuring that patients with stable conditions and a supportive home setting are selected for home-based care.

The goal of using these as decision support tools for staff not only optimises resource utilisation within the hospital, but also improves patient satisfaction by allowing them to recover in the comfort of their own homes, with family. The intent is to further improve and maintain the high standard of care expected from our staff and patients even outside the traditional hospital setting. Recent examples of AI being explored and tested for use is within the Acute and Integrated Care Stream (part of the Home Acute and Community Program) where they have developed three approaches to support shift managers, doctors and allied health, in identifying the most appropriate program when in-hospital care is no longer needed.

There are numerous services and programs available, including bed substitution and non-admitted options, for patients to continue to receive care when they no longer need the intensity of in-hospital care. However, due to the multitude of programs, knowing each one's details and admission criteria can be overwhelming. Often decisions about discharge are based on a clinician's experience overseeing a patient's care, rather than aligning the patient's care needs with a specific program.

What is certain is that there is no one size fits all; these following three approaches can be customised to the needs of specific clinical units. These approaches do not replace clinical decision making; rather, they augment discharge planning, with the key focus on accessibility rather than holding knowledge and access to these tools in particular roles.
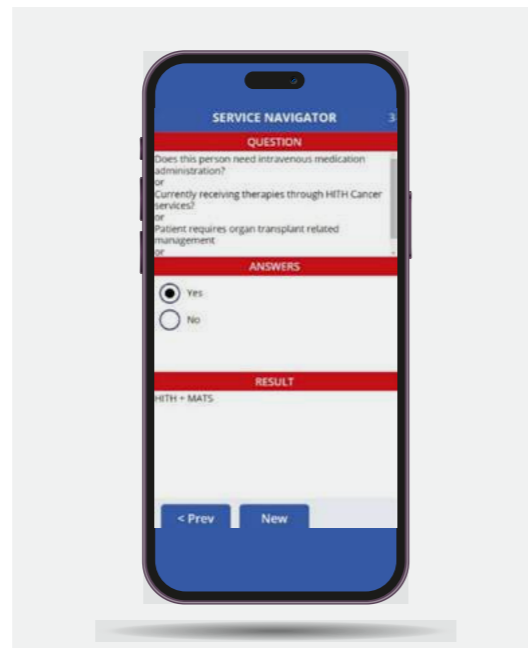
1. Decision Support Tool – Service Navigator – 'Right service, first time'

A PowerApps application was built that incorporates a decision tree that maps all of the home-based services, including their particular inclusion and exclusion criteria. Clinicians complete a set of questions, which provides suggested referral programs. This supports clinicians to refer patients to the right service through Cerner.

2. Event Driven Discharge – Consolidating patient observation points from iView into a single dashboard

Numerous key physiological decision points that inform a patient's readiness for discharge are often spread across PowerChart and iView, making it challenging to have a comprehensive 'picture' of the patient at any point in time. Collaborating with Res3, we developed a dashboard specifically for patients appropriate for discharge to HARP, based on pre-defined criteria. This dashboard provides shift managers with a quick summary of the physiological data influencing discharge decisions.

2. HEART - HITH Eligibility Analysis and Recommendation Tool

Using Machine Learning, the DAS team built a model with all historical presentations to HITH, to determine who is currently in the hospital and could transfer to HITH, and who has not already been referred. We are in the prospective patient phase of this tool, testing the models with existing inpatients. It has been helpful in forecasting the required services for HITH to accommodate patient groups they typically wouldn't care for.

The Machine Learning model identified over 100 concepts, and from here, four groups were developed. This approach is not being used to make clinical or discharge disposition decisions at the time of writing this report.
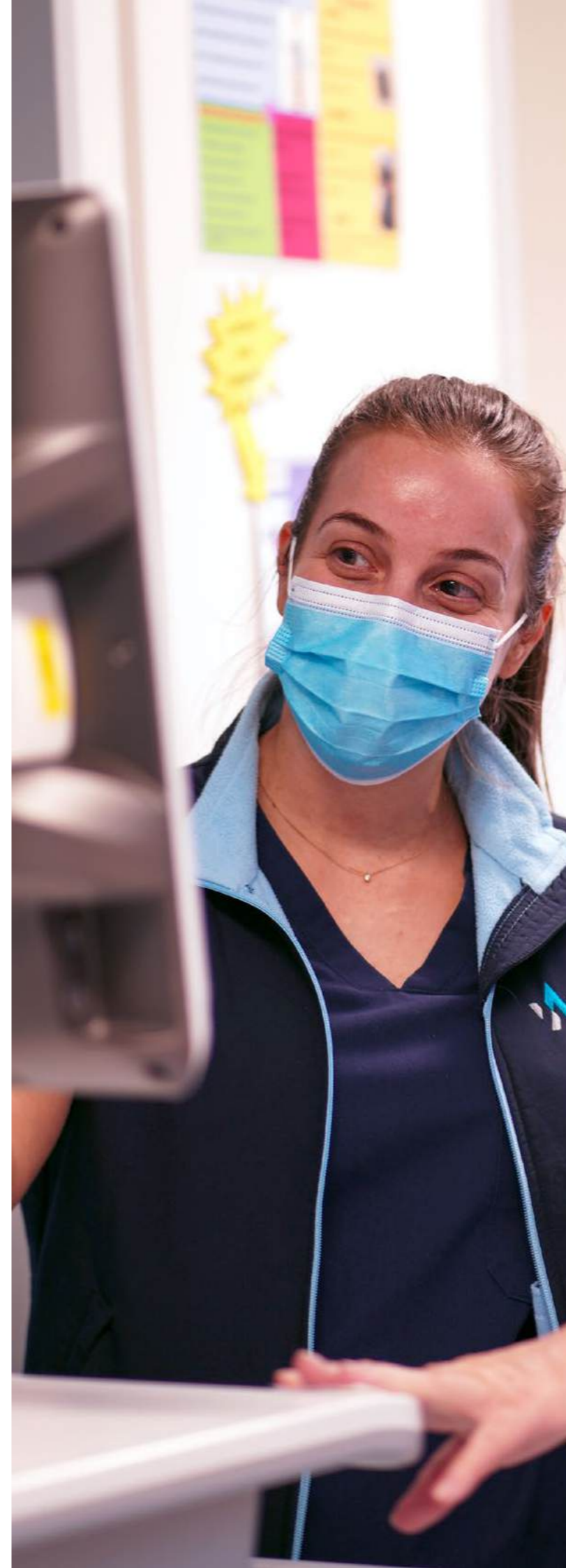
Informatics Research Publications

Nursing informatics research merges nursing practice with information technology, driving transformative healthcare innovation. In the fast-changing healthcare landscape, the nursing informatics research listed is crucial for advancing nursing education and professional development in the digital era. Researchers in nursing informatics shape nursing practice, education and research through interdisciplinary collaboration, leading to a more interconnected and efficient healthcare system.

Weicong, T, Xin, Z, Wray, B, Bingham, G, Hongzhi, Y. (2024) OntoMedRec: Logically-pretrained model-agnostic ontology encoders for medication recommendation.

Shakibaei, B, E, Sohal, A, Rajabkhah, D, P, Melder, A, Nguyen, D, Q, Bingham, G, Tong, E. (2024) Influential factors in adopting Clinical Decision Support Systems in hospital settings: Systematic-review/meta-synthesis of qualitative studies.

Chin, K. Donovan, J, Bingham, G, Poole, S, Tong, E. (2024) Evaluation of Smart Pump Interoperability with an Electronic Medical Record System to Improve Infusion Safety.

Rathnayaka, A, Gendy, M, Wu, F, Al Mamun, A, Curtis, S, Bingham, G, Peleg, A, Stewardson, A, Yuce, M. (2023) An autonomous IoT-based contact tracing platform in a COVID-19 patient ward.

Alfred Health
Program Profiles

Home, Acute & Community Program

This year saw further innovation within the community with the Home, Acute and Community Program continuing to expand care 'beyond hospital walls'. Alfred Health's Home, Acute and Community (HAC) is a clinical program that plays an integral role, supporting people to maximise their health, independence and functioning, and minimise long-term care needs. It oversees a diverse group of services in settings such as people's homes, community centres and in hospital. Our programs continue to scale care delivery in the home as a key way of either preventing hospital admission or reducing the patient's time spent in hospital.

Hospital in the Home

Over the past year, our innovative Hospital in the Home (HITH) service was able to provide acute care in the home for more patients with conditions such as cancer, acute or surgical wounds and general medical needs. In March 2023, we expanded capacity to safely treat more patients with acute general medical conditions in their homes. Between March and June 2023, we have treated an additional 120 acute patients in their homes for conditions such as respiratory and cardiac-related conditions and infections. We have an ongoing commitment to innovate and transform the way we deliver care to patients, giving them more choice of where they receive their care.

Better at Home

Our Rehabilitation, Health of Older Persons (HOP) and acute care teams continued to utilise our Better at Home service to offer rehabilitation and sub-acute care in the home for patients that was previously only available in an inpatient setting. Our specialised Better at Home Disability (BAH-D) service provides safe and timely transition for patients who are under 65 years old and live with a disability. These patients are supported by a team of clinicians to leave hospital and return to the community. In 2022–23, 21 patients were admitted to the Better at Home Disability service, with many supported along the NDIS pathway for ongoing support and care in the community.

Caring in the community

Our community teams met patients' needs by offering urgent services, goal-oriented care in therapy centers, clinics and patients' homes.

Residential Aged Care Support

The Alfred Health Mobile Assessment and Treatment Service (MATS) continued to support residential aged care facilities (RACF) in our region. They are focused on optimising pathways to clinical support, improving infection prevention and supporting falls prevention within RACFs. We continue to provide advice and treatment to residents to support their health and wellbeing and information on how they can access support to remain well. In 2022–23, MATS provided over 15,000 occasions of care to residents via on-site visits, telehealth and telephone consultations. This important service has played a vital role in ensuring most residents are able to avoid a transfer to hospital and remain in their facility for treatment when experiencing clinical deterioration.

Alfred Brain

Alfred Brain brings together the surgical and medical neuroscience units of Neurosurgery, Neurology, Stroke, Epilepsy, Multiple Sclerosis and Neuroimmunology (MSNI) and the Monash Psychiatric Research Centre (MAPrc). The program's mission is to deliver the highest quality neuroscience patient care, training and research, be at the forefront of innovation and world's best practice and to be recognised nationally and internationally for this. Alfred Brain at Alfred Health aims to be the destination of choice for patients, staff, trainees/students, researchers and government and industry funding partners. Over the past year, the program has continued to provide a specialist outpatient neurology service to regional Victorians (Sale regional partnership), establish new outpatient services (e.g. concussion) and expand existing clinics (e.g. epilepsy surgery clinic). The program has also become the first Victorian hospital to offer Laser Interstitial Thermal Therapy: a neurosurgical technique to ablate soft tissue to treat drug resistant epilepsy and tumours.

Nursing in Alfred Brain continues to play a pivotal role across all areas of the program including in the areas outlined below.

Specialist Clinical Nurse Consultants provide care and support for our regional partners in Sale, which has enabled patients to receive specialist treatment and care in their own community.

Alfred Brain at Alfred Health has a large Clinical Trials team focusing on Phase I-IV research, particularly in first-in-disease trials. The team collaborates on various Neurological conditions such as Epilepsy, Movement Disorders, Headache, Dementia, Stroke. Multiple Sclerosis and Neuroimmunology.

Our Nursing Clinic Coordinators have made incredible headway with New and Review waitlist audits for many of our Alfred Brain clinical units. The main audits performed were in Neurosurgery, Neurology and Stroke. Their work helped reduce the clinical risk of Alfred Brain patients waiting too long for appointments. This helps prevent future patient referrals from facing a backlog, which could lead to delayed care.

Alfred Cancer

The Alfred Cancer program works together to provide comprehensive patient-centred, quality care through investment, research and innovation. We aim to deliver comprehensive care for patients affected by cancer, blood disorders and at the end of life. We care for patients through our two statewide services in Melanoma and Haemophilia. We provide Medical Oncology, Radiation Oncology, Haematology and Palliative Care services. We are one of the largest Bone Marrow Transplant Centres in Victoria and only one of two Victorian hospitals able to deliver CAR-T therapy. Our mission is working together to provide comprehensive patient-centred, quality care through investment, research and innovation.

In 2023 to 2024, three major projects have included:

Cancer@Home

The Cancer@Home project continued to produce positive outcomes, with the recruitment of tumour stream nurse coordinators enhancing our patient centred approach. Our patients' experience of care has improved thanks to direct access to a specialist nurse at the immediate time of need, along with earlier intervention to avoid ED and admission.

Digital Oncology

The project is a significant milestone for Cancer Services as it has involved digitalising paper-based cancer nursing assessments and paper-based cancer therapy administration charts.

These changes have enabled standardised assessment and practice across all cancer services, improving transparency and enhancing coordination and continuity of care.

Additionally, clinical areas report improved communication and collaboration across the multi-disciplinary team due to increased visibility. Since January, more than 200 nurses have undergone education and proficiency assessments, which has supported a smooth transition.We thank our the nursing staff across all cancer areas (7E, HOC, and HITH) for their support and enthusiasm for embracing change, which has been instrumental in the success of the Digital Oncology project.

Paula Fox Melanoma Cancer Centre

In April 2024 we officially opened the Paula Fox Melanoma and Cancer Centre. The new $152.4 million facility will deliver lifesaving clinical trials, research and care under one roof - as well as become home to a new Quadra PET/CT scanner. With the Paula Fox Melanoma and Cancer Centre we now have a purpose-built space to continue high-quality care and further improve access to clinical trials, new technology and emerging therapies. A significant amount of time and effort from our nursing leadership and front line staff has contributed to opening this facility. Five years of planning and detailed design to ensure the workflows and design of the floor plan enabled timely care delivery.

The Paula Fox Melanoma and Cancer Centre includes:

- Modern and welcoming treatment and consultation spaces for patients, including day therapy treatment chairs overlooking Melbourne's iconic St Kilda Road and tranquil gardens.

- A Wellness Centre, providing a dedicated home for respite, education and support services for patients, their families and carers.

- A hub for clinical trials – enabling patients to receive access to cutting-edge treatment in the same location.

- Integrated precision technology, promoting early detection of melanoma and connecting regional and rural patients with the very best of care.

- On-site research laboratories, allowing patients to benefit from advancements in medicine as soon as possible.

- World-class research and training facilities, attracting the brightest and best minds in cancer care.

Alfred Cancer Nursing Career Pathway & Education

Alfred Cancer is committed to ongoing education, and this year marked our initial collaboration with Monash University to co-design a postgraduate course for cancer nursing. We aim to have this course ready for the 2025 course intake.

Alfred Cancer has four Nurse Practitioners in the Haematology and Bone Marrow Transplant services and 1 Nurse Practitioner in Palliative Care, supporting a further three nurses to complete their Nurse Practitioner Masters across CAR-T, and Haemostasis Thrombosis.

Alfred Heart & Lung

Alfred Health's Heart and Lung Program is at the cutting edge of treatments for severe heart and lung diseases and is recognized nationally and internationally for clinical excellence. Alfred Heart and Lung continue to grow a strong network of regional partnerships at Latrobe, Bass Coast and Bairnsdale. Our heart and lung nurses have various roles in inpatient and ambulatory services caring for patients with complex clinical needs. Led by our operations managers, nurse unit managers, 60 advanced practice nurses, four nurse practitioner candidates and clinical educators our nurses have many opportunities to progress their careers. We have two joint clinical and academic appointments. Dr Susie Cartledge in Cardiology and Associate Professor Bronwyn Levey in Respiratory, as well as a team of research nurses supporting cutting-edge therapeutic interventions. This year we supported and developed 30 graduate nurses, 15 transition to specialty practice nurses and 17 postgraduate cardiac nurses.

Highlights and achievements

Cardiac Services Improvement Project

Completion of the Cardiac Services Improvement Project in August 2023 delivered four Cardiac Catheter Laboratories (Cath Lab), a procedure room and an improved co-located day procedure unit. This has enabled 40% growth in Cath Lab procedures averaging 6,000 per year. The appointment of Dr Lorelle Martin to the Nurse Manager role in November 2023 provides expert clinical leadership for our Cath Lab team

Firsts and milestones for Heart team

After reaching 1,000 Transcatheter Aortic Valve Implantation (TAVI) cases in September 2022, our Structural Heart team led by A/Prof Tony Walton and Rox Johnson, Lead Clinical Nurse Consultant, performed the Victorian-first, mitral valve replacement procedure via transcatheter technique and also our first tricuspid valve intervention.

Successful lung transplant for severe COVID patient

A 62-year-old man was transferred to the Alfred with severe COVID. He rapidly deteriorated to the point he required support with veno-venous ECMO (a type of cardiac bypass than can be run through large veins). After three months he was referred and listed for lung transplantation. This care is coordinated by an expert team of nurse consultants. He was ultimately transplanted after almost four months on ECMO and he is walking regularly, having been discharged home. Only one other patient in Australia has been successfully transplanted following ECMO support for COVID. This is by far the longest successful bridge to transplant and it is a tribute to the expertise and dedication of so many healthcare professionals who have provided care. The patient is followed up regularly by the dedicated team of lung transplant nurse consultants.

Cystic Fibrosis

Felicity Finlayson and the team of CF clinical nurse consultants joined forces with the multi-disciplinary team in receiving a $50,000 innovation grant to co-design CF outpatient clinics with consumers, leading the future for partnerships in care.

Alfred Infectious Diseases (ID)

Alfred Infectious Diseases includes a team of dedicated nurses, doctors, and researchers who specialise in illness caused by the spread of infectious organisms. The team's focus is to advance medical and scientific knowledge, providing comprehensive care to patients, and addressing the challenges posed by life-threatening diseases. It has also formed key strategic partnerships with a range of institutions to conduct collaborative research.

In 2024, we successfully finished the ID Alfred Lane House Capital Project, creating a unified workspace for the broader ID team; a space that is co-located with The Fairfield Centre, a new ward co-designed with the HIV community, ensuring continued subacute care as part of our HIV Statewide Service.

Melbourne Sexual Health Centre (MSHC) comprises a team of 27 EFT nurses including three sexual health NPs and three enrolled nurses. All registered nurses are nurse immunisers, CST (pap test) providers, and the significant number hold higher qualifications. Our HIV service, referred to as The Green Room, offers care for approximately 1,600 people living with HIV. Many of these clients have complex care needs and the HIV nurses create a non-judgmental and supportive environment. These needs include HIV support and education, managing chronic diseases and the provision of complex care services.

Additionally, we offer sexual healthcare services provided by a nurse once a week to support disadvantaged people in St Kilda, particularly homeless women and sex workers. In response to an increase in cases of monkeypox, we play a crucial role in infection prevention and client follow up.

Alfred Mental & Addiction Health

Alfred Mental and Addiction Health (AMAH) provides community-based mental health treatment, care and support to infants, children, young people, families, adults and older adults across south eastern Melbourne, as well as inpatient care to adults and older adults at The Alfred and Caulfield hospitals. AMAH is at the forefront of service redesign and transformation, with a growing lived and living experience workforce as part of our team.

The range of services include bed-based and community rehabilitation and recovery programs alongside: highly specialised care in crisis management; ongoing clinic-based and community care; addiction treatments through assessment, treatment and pharmacotherapy services delivered in partnership with community program by experienced and expert nurse practitioners. A nurse-led specialised statewide gambling service provides primary and secondary consultation services. Specialist programs include suicide response and aftercare, perinatal services and clinic-based and outreach support for consumers with an eating disorder. The establishment of a statewide women's mental health services ensures trauma informed, specialist treatment care and support for women in metro and rural areas through public/private partnerships and Hospital in the Home models. Additional programs include youth orientated services through Headspace primary centres and youth early psychoses services, youth intellectual disability programs, youth forensic services and school refusal programs. A focus on improving mental health literacy across community and hospital settings is supported through the clinical responsiveness of the emergency psychiatry. Additionally, a hospital-wide consultation and liaison service, and established discovery colleges, deliver education and training though a co-designed curriculum.

Alfred Specialty Medicine

Alfred Speciality Medicine offers a diverse range of acute and chronic services including Rheumatology, Endocrinology and Diabetes, Dermatology, Gastroenterology, Renal Medicine and the newly established Clinical Genetics and Genomics service. These services play a critical role in the care of our community, with a particular emphasis on ambulatory health, inculing high volume of Endoscopy services performed at the Alfred campus.

Alfred Specialty Medicine runs a large ambulatory service with a focus on multi-disciplinary specialist clinics with >42,000 patient consultations per year with clinics across all three Alfred Health campuses. The program has a strong focus on innovative care models across the ambulatory setting, with commencement of nurse and allied health led services, along with GP integrated clinics being embedded in the last 12-months.

In addition, Alfred Specialty Medicine has a world-leading research program providing our patient with access to the latest innovations in clinical care.

Alfred Health Emergency

Alfred Health Emergency cares for the local communities of Southern and Bayside Melbourne and the broader Victorian community via a large number of statewide clinical services. It delivers patient care through two campuses: The Alfred Eva and Les Erdi Emergency & Trauma Centre (E&TC) and Sandringham Hospital Emergency Department (SH ED). Together these two sites see and treat over 110,000 patients per annum.

The name Alfred Health Emergency (AHE) describes all services provided by medical, nursing, allied health, clerical and other specialised services for patients presenting to these two sites for emergency care.

Emergency Campuses

The Alfred

The Eva and Les Erdi Emergency & Trauma Centre at the Alfred Hospital is a major adult tertiary referral hospital and is one of Australasia's busiest trauma centres. In addition, it is home to many Victorian statewide services, including the Victorian Adult Burns Unit, Heart and Lung Transplant, HIV Medicine, Cystic Fibrosis, Hyperbaric Medicine, Clinical Haematology, Haemophilia and Malignant Adult Haematology. Receiving patients to the hospital for statewide and national services results in the E&TC providing care for some of the sickest, most injured and most complex patients in our state and Australia.

Sandringham Hospital

Emergency Department Sandringham Hospital (SH ED) is a community-focused hospital. The Emergency Department is co-located with Ambulatory Care @ Sandringham, an urgent care centre run by general practitioners. SH ED also works alongside Monash Health @ Sandringham to provide support to their birthing suite, as well as neonatal resuscitation support. Ambulatory Care @ Sandringham is a partner of Alfred Health and cares for selected, non-urgent patients, allowing ED staff to care for higher acuity patients. In the 2023 fiscal year just under a third of Sandringham's overall emergency presentations were streamed for care in this co-located clinical area.

Intensive Care Services

The Alfred ICU is the largest and most acute intensive care unit in the country, with 61 designated ICU beds. The nursing workforce consists of in excess of 600 highly qualified nurses, who undertake significant training including a postgraduate in critical care nursing, to ensure care provision meets the high standard required for the patient demographic. It provides quaternary clinical services for Victoria, specialising in trauma, ECMO, burns, and heart and lung transplantation. During 2022-23, ICU treated 3,183 patients with its care stretching beyond metropolitan borders due to our extensive statewide service. That number included 763 patients from regional Victoria, with 248 patients from interstate or overseas. In addition, The Alfred provides a telehealth service for our regional ICU partners including Mildura Base Hospital). The ICU is also the largest provider of medical, nursing and allied health critical care training in Australia. Our regional partners Mildura and Bairnsdale have commenced undertaking postgraduate critical care placements within the unit, both enhancing knowledge, exposure and collegiality across the sector. It also makes an enormous ongoing contribution to critical care clinical research through over 200 research publications, with authors representing all members of the multi-disciplinary team.

Surgical Services

Surgical Services provides world-class surgical care for the sickest, most vulnerable patients in Victoria and beyond, providing or supporting a range of statewide services, with the biggest nursing workforce across Alfred health.

The Surgical Services Program incorporates a large number of services, overseeing the management of the Operating Suites, Patient Service Centre, Central Sterilising Service, Surgical Specialist clinics as well as six inpatient wards across both the Alfred and Sandringham campuses. The inpatient wards oversee the care delivery of our specialist statewide Trauma and Burns services as well as a wide variety of complex sub-speciality patients.

The surgical nursing workforce has an overall EFT of 623. The program has an array of advanced practice nursing roles, with Clinical Nurse Consultants across Perioperative Medicine, Pain services, Burns and Trauma, as well as Nurse Practitioners across Burns and Urology.

The Surgical Services Program values a supportive learning culture and career progression, offering a learning journey for staff. the program focuses on the fundamentals of nursing with a focus towards specialist nursing. Through our Transition to Specialist Practice Program, 12 nurses completed the Transition into Theatres Program in 2023. The surgical program also supports nurses undertaking postgraduate studies across perioperative nursing and acute care. The program currently has 237 nurses (28% of the Surgical Services Program) holding postgraduate qualifications.

Radiology & Nuclear Medicine

Alfred Health has one of the most experienced and advanced Radiology departments in the country, receiving multiple accreditation awards including full Diagnostic Imaging Accreditation Scheme (DIAS) compliance (excluding DEXA and research), a tribute to our community of diligent and dynamic staff, devoted to caring for patients' needs. As a part of this commitment we also employ three dedicated radiation safety scientists to ensure that our dose reduction and imaging techniques are in line with international best practices.

Our dedication to clinical and process excellence is matched by our ongoing commitment to education and research. The Alfred Radiology Research Unit (the first of its kind in Australia) conducts a broad range of internally-initiated, collaborative and industry research improving patient care through evidence-based medicine. Our education programs are again fully accredited and facilitate radiologist and radiographer training in many specialties and sub-specialties.

Outpatients

Across various specialties such as surgical, medical, and others, Specialist Consulting Clinics treat an average of 1,200 patients daily. In July 2023, the outpatient program was decentralized, returning management to individual clinical programs to oversee their specialist clinics and outpatient services. The Outpatients team in Emergency, Virtual Care, and Outpatients (EVO) maintains support for clinical programs through referral management, telehealth assistance, and ongoing enhancement and optimization strategies.

Nursing
Executive

Ged Williams
Chief Nursing Officer
& Executive Director of Nursing (EDON) and Chair

Andrew Hoiles
Director of Nursing – Strategic Workforce Planning

Judy Reeves
Director of Nursing Education
& Professional Development

Tracey Bucknall
Clinical Chair Nursing Research

Melissa Reid
Director of Nursing & Operations, Sandringham

Danielle Bolster
Director of Nursing, Caulfield

Gordon Bingham
Chief Nursing Informatics Officer

Kelly Decker
Deputy Director of Nursing – Quality & Safety

Kate Purcell
Deputy Director Nursing Workforce Planning
& Performance

Shirley Burke
Deputy Director, Nursing Education

Anne Kenneally
ADON, Nursing Professional Practice Governance – EO

Matt Deneen
Clinical Service Director, Alfred Infectious Diseases

Rebecca Mattison
Deputy Director of Operations & Nursing –
Emergency & Specialist Clinics

David Wright
Deputy Director of Operations
& Nursing HAC Program

Sandra Keppich-Arnold
Director of Operations, Psychiatry

Whitney Johnson
Deputy DON, Mental & Addiction Health

Victoria Snooks
Clinical Service Director, Alfred Specialty Medicine

Daniella Chiappetta
Clinical Service Director - Alfred Cancer

Carolyn Naismith
Clinical Service Director – Alfred Heart & Lung

Karen MacMillan
Deputy Director of Operations and Nursing,
Operating Suites & Outpatients

Chelsea Blake
Assistant Deputy Director of Operations and Nursing,
Quality & Safety, Wards & Workforce

Tania Birthisel
Clinical Service Director of Intensive Care Services

Kate Settle
Nurse Manager Emergency

Aleisha Welsh
Nurse Manager Ward 4 East

Victoria Lee
Nurse Manager Ward AC2

Tania Hobbs
Nurse Manager Ward F2

Karla Gregory/ Grace O'Brien
Nursing Fellows

Nursing Governance
Our Committees

Nursing Executive

Chair: EDON - **Ged Williams**

Governance Nursing Professional, Workforce, Quality, Research.
Sets and oversees strategic direction for Professional Nursing Services

Nursing Clinical Care

Chair: Chief Nursing Information Officer
Gordon Bingham

Ensures nurses deliver comprehensive clinical care that is evidence based & delivered in partnership with patients and families

Nursing Workforce & Professional Development

Chair: Director of Nursing Education & Professional Development
Judy Reeves

Oversees the implemementation of three domains of the NPPF*: Leadership, Workforce & Professional Development

Credentialing & Nursing Scope of Practice

Chair: Director of Nursing
Danielle Bolster

Monitors scope of practice (SOP) developments & implements local actions. Supports and ensures safe expansion to SOP to meet healthcare demands

Nursing Classifications

Chair: Director of Nursing Strategic Workforce Planning
Andrew Hoiles

Provides support and recomendations for classifications of nursing positions, ensuring aligned with role requirements and EBA

*Nursing Professional Practice Framework (NPPF)