



STAWELL
REGIONAL HEALTH



**Quality
Account**
2017-2018

Caring for our
Community



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Staff Service Awards

| 5 years | 10 years | 15 years | 20 years | 25 years | 30 years | 35 years |
|----------------------|------------------|-----------------|-------------------|-----------------|-------------|------------------|
| Christine Anyon | Tim Baker | Rachel Nicholls | Benyamin Yokhanis | Pamela Dunn | Paul Tangey | Garrie Martin |
| Amanda Baker | Susanne Dunmore | Anna Sullivan | | Jennifer Farrer | | Carolyn McDonald |
| Amanda Carr | Naomi Hunter | | | | | Heather Thomas |
| Pamela Cooper | Jessica Prockter | | | | | |
| Rhys Duncan | Taryn Sibson | | | | | |
| Beth Eldridge | Denise Squire | | | | | |
| Marsole Greyvensteyn | Suzanne Weight | | | | | |
| Kerryn Harrington | Janet Wilson | | | | | |
| Shirley Hetherington | | | | | | |
| Bree Leonard | | | | | | |
| Rebecca McQueen | | | | | | |
| Vicki Ottrey | | | | | | |
| Jessica Robinson | | | | | | |
| Leonie Tellefson | | | | | | |
| Amy Yole | | | | | | |

Introduction

Stawell Regional Health is pleased to present the 2017/2018 Quality Account. The annual Quality Account serves to highlight the achievements and improvements our staff have made in the provision of healthcare for our community.

This year has seen growth across a number of key health service areas including Medical Admissions (6%), Surgical Day Cases (4%), Urgent Care Presentations (5%), and Bed Based Transition Care (13%).

Our growth and achievements are testament to the 280 staff, expanding Visiting Medical specialist group and volunteers who strive towards our mission to deliver high quality care and improve health outcomes to our community.

Feedback from patients, residents and clients is important to us and have helped us to continue to perform well against a range of satisfaction measures as outlined in our report.

We received 15 responses from the community about our 2016/2017 Quality Account which prompted improvements to the style and content of this year's report including the size and length of the report.

This year the report is available on our website at www.srh.org.au/publications and hard copies are also available from all hospital reception and waiting areas.

Suggested improvements to future reports can be made online at: www.surveymonkey.com/r/TSTZ6GL

Vision

Caring for Our Community

Mission

In partnership with our community, Stawell Regional Health will deliver high quality care and improve health outcomes by providing safe accessible and integrated services

Values

- Trust
- Respect
- Accountability
- Communication
- Safety



State-wide plans and Statutory requirements

| Type of Plan | Action Taken by Stawell Regional Health |
|-----------------------------|--|
| Child Safe Standards | <p>Stawell Regional Health has created a system geared towards prevention as much as treatment and addressed the state wide risks associated with the safety of children.</p> <p>Stawell Regional Health's response to child safety has included:</p> <ul style="list-style-type: none"> • The appointment of a Child Safety Officer • Conducting a gap analysis against the Standards and developed an Action Plan to implement the standards • Provision of education to the Leadership Team • Finalisation of policies and procedures (Child Safe Policy, Mandatory Reporting Procedure and Code of Conduct) • Development and rollout of an education package by the Child Safety Officer • Reimbursement to staff of the cost of the Child Safe Check if it has been completed by 1st December 2018 • Inclusion of the Child Safe Check requirement on pre-employment information. |
| Family Violence | <p>Stawell Regional Health has partnered with Ballarat Health Service, and other members of the Grampians and Wimmera Southern Mallee Health Alliance to implement 'Strengthening Hospital Response to Family Violence' (SHRFV).</p> <p>SRH has:</p> <ul style="list-style-type: none"> • Appointed a Family Violence Project Officer to work on the SHRFV project • Established a SHRFV working group • Developed a project brief and an action plan. <p>SRH is:</p> <ul style="list-style-type: none"> • Finalising policies to support both staff and patients who may be experiencing Family Violence • Conducting a whole staff Family Violence Survey • Developing a communication strategy for staff and the community. <p>SRH plans to:</p> <ul style="list-style-type: none"> • Deliver training to managers to respond to staff who are experiencing Family Violence so they feel confident in responding to any staff disclosures • Continue to implement actions and seek opportunities to strengthen our response to Family Violence. |

| Type of Plan | Action Taken by Stawell Regional Health |
|---|---|
| Lesbian, gay, bisexual, transgender and intersex communities | <p>Stawell Regional Health is an active member of the Grampians Region Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) Network.</p> <p>The network is a collection of agencies and community members who are implementing a collaborative approach to promoting LGBTI inclusiveness and ensuring there is equal and fair access to care for the LGBTI community.</p> <p>The networks plan focuses on sharing resources for inclusive policy, increasing awareness through education, and strengthening leadership through the appointment of LGBTI champions.</p> <p>SRH has:</p> <ul style="list-style-type: none"> • Appointed three LGBTI champions <p>SRH is:</p> <ul style="list-style-type: none"> • Conducting a self-assessment against the Government's Rainbow eQuality Guide <p>SRH plans to:</p> <ul style="list-style-type: none"> • Identify and adopt 'actions for inclusive practices' and develop and implement strategies to optimise the health and wellbeing of lesbian, gay, bisexual, transgender and intersex individuals and communities. |





Consumer, carer and community participation

Patient Experience

In partnership with consumers, SRH identified three priority improvement areas using Victorian Healthcare Experience Survey data and established an improvement plan for each. We have developed targeted strategies to ensure quantitative improvements in the following areas:

| Patient experience priority improvement areas | How consumers were engaged | Progress made |
|---|---|---|
| Community Client Fee's - understanding the cost of community health in the community program | Through the Community Healthcare Experience Survey | Stawell Regional Health has reviewed its Community Services Fee policy and implemented a system to guarantee access to care for vulnerable clients. Since its inception, there has been no reports of clients unable to access community services due to cost. |
| Bedside Handover - communication between staff, patients and families | Patients were engaged internally through patient experience trackers and independently through the Victorian Healthcare Experience Survey | Stawell Regional Health has reviewed its Bedside Handover process to ensure patients are central to the handover process. |
| Discharge Policy - discharge planning within the acute program area | Feedback from in-patient Victorian Healthcare Experience Survey | A Discharge Planning Focus Group including key nursing and allied health staff has formed to address key issues identified by Victorian Healthcare Experience Survey. This will continue to be a priority area in 2018/2019. |

Stawell Regional Health monitors consumer satisfaction through the Victorian Healthcare Experience Survey (VHES) and a number of internal surveys.

The VHES is a state-wide survey of people's public healthcare experiences. The survey asks people aged 16 years and over who have been discharged from hospital questions about their stay.

An independent contractor conducts the survey on behalf of the Victorian Department of Health and Human Services. The VHES allows a wide range of people to provide feedback on their experiences when they were in hospital.

The surveys are sent to a randomly selected group of eligible people from our health service in the month following their hospital discharge or their Urgent Care Centre attendance.

Surveys can be completed by hand (mailed out surveys) or online. The personal details of people who complete the survey are not made available to Stawell Regional Health so responses are anonymous.

SRH receives regular quarterly reports.

Figure 1 shows "Overall Hospital Experience" as rated by these patients as either "Very Good" or "Good" for the last year.

Stawell Regional Health rated between 92-100% compared to State Government benchmark of 95%.

The results are shared with staff and key committees of Stawell Regional Health. Results are discussed, and improvements identified.

A working group was formed to respond to outcomes identified from our VHES results.

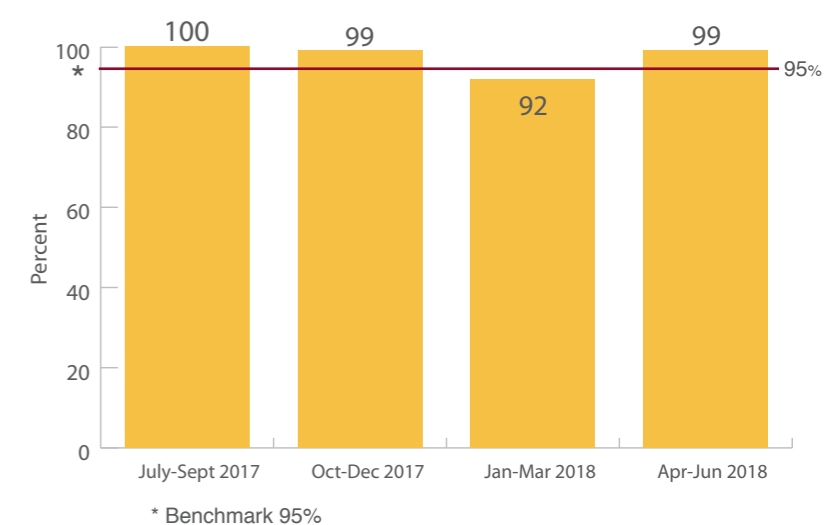
The aim was to identify gaps and implement processes to facilitate improving our communication with patients and as a team.

Three actions that SRH focused on in the last twelve months include:

- Communication to improve patient care - Approximately 10 staff from Nursing, Education and Allied Health attended the "Do you hear me" / "Do you know me" plays and facilitated discussion designed to provide education to health providers about communication and the patient /client experience.
- Timely provision of discharge summaries to patients and their GP's. This will remain a consistent focus in the coming year. To assist this process Nurse Unit Managers and Associate Nurse Unit Managers now have access to computer software, Medical Director, which will assist with timely access to progress notes in the Urgent Care Centre and provision of medical discharge summaries to inpatients. Training on this new process through Medical Director has been undertaken by appropriate staff.
- Ensuring patient consent with student involvement in care. The June 2018 result of 86% for this area was a significant improvement compared to the March 2018 result of 67%.

The plan for the coming year is to include patients with complex discharge needs in the discussion about their discharge at the twice weekly multidisciplinary discharge planning meeting.

FIGURE 1: Victorian Healthcare Experience Survey – Overall hospital experience.





Community Health Services Victorian Healthcare Experience Survey

In October 2017, SRH was involved in the second annual Community Health Survey through the Victorian Healthcare Experience Survey.

Results of the survey were received in June 2018 and have been presented and discussed at Primary Care and Community and Complex Care meetings.

As a response of feedback from our community, we have focused on provision of community information and have:

- Reviewed both the Community Services fee policy and marketing material including SRH's Website and program brochures
- Updated information about all Community Service fees including the National Disability Service Scheme (NDIS) services, and
- Ensured brochures are on display at all points of service delivery.

The Stawell Regional Health website has also been updated to include information about aged care reform such as My Aged Care and accessing disability support through the NDIS.

Building the capacity of consumers, carers and community members to participate fully and effectively in their healthcare

SRH has worked hard to build the capacity of consumers, carers and community members to participate fully and effectively in their health care.

- Our patients and residents are encouraged to be fully involved in their care and treatment by being a part of their care planning
- Patients are encouraged to be involved in bedside handover

- In Aged Care, 73.5% of residents/relatives rated the way staff involved them in decisions about their care and treatment as "often" to "always"
- Brochures and leaflets are reviewed with consumers and align with our policies, and with Health Literacy Principles
- Consumer representation is on the following committees/project groups:
 - Quality Improvement and Risk Management
 - Nutrition and Hydration Committee
 - The Macpherson Smith Residential Care redevelopment working group
- Consumers are involved in the planning, improvement and evaluation of services and programs.
- The Budja Budja Cooking Group and Exercise Group class participants have reviewed their program and have combined to offer a range of activities
- Consumers are actively involved in the management of concerns and complaints
- Consumers have presented to staff on the acute site, in allied health and residential aged care about their "experience" at SRH
- The Victorian Quality Account is submitted to the Department of Health and Human Services each year. The report is made available to the community through a variety of avenues
- Community members are asked for their feedback about the report and a link on how to provide feedback is available in the report.

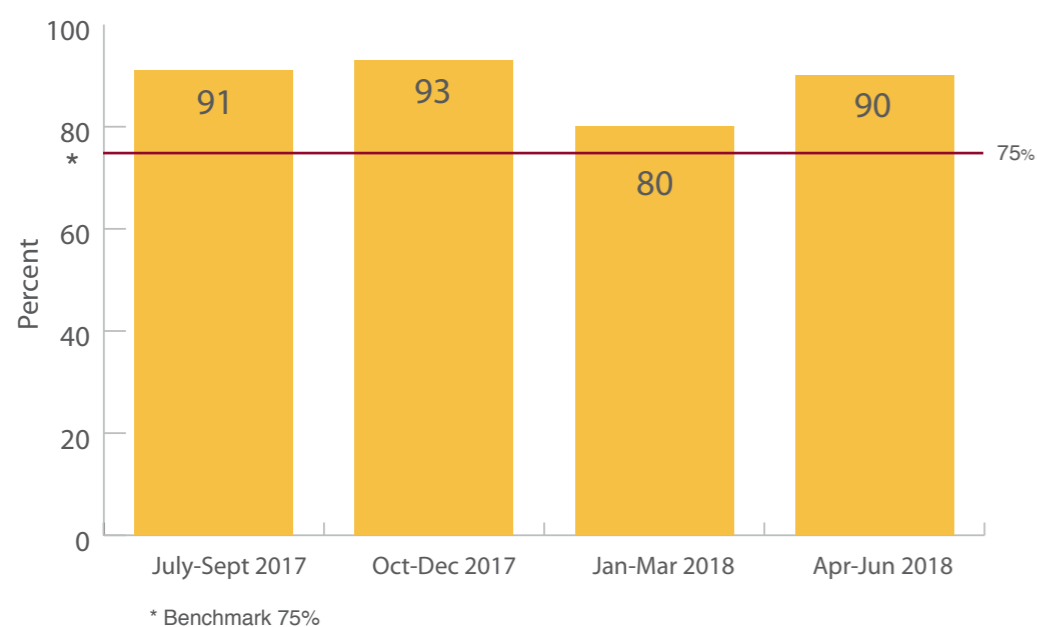
Transitions Index

The Transitions Index includes the average of the positive scores for four of the adult inpatient questions relating to discharge. This provides an overview of how well we are performing the discharge process.

All public hospitals are required to meet a target of 75%.

Figure 2 shows that our quarterly index is between 80-93%, which was well above the expected benchmark for the first two quarters. We recognise that we did not perform as well as expected in the third quarter, which was a quarter of known staff shortages in the inpatient area. Pleasingly, our results returned to our usual expectant levels in quarter four.

FIGURE 2: Transitions Index





Interpreter Services

The Victorian Interpreting and Translating Service (VITS) is readily available to staff if we need to assist patients and residents who speak a language other than English.

In the last financial year four patients were admitted to our hospital who were registered as speaking a language other than English. In three cases an interpreter was used.

Three community language groups (Arabic, Assyrian Neo-Aramaic and Punjabi) accessed our services last year.

In the last financial year we accessed translated material and resources in Arabic and Chinese.

Improving access for consumers of all abilities

Stawell Regional Health operates a central point of referral and intake for all Primary and Community Care services.

Service Access Workers are employed to support current and future clients navigate the health system and access the services they need.

The Service Access Workers have received training and further professional development in aged care reform and the National Disability Insurance Scheme (NDIS) to support NDIS participants understand the NDIS rollout and access the disability services they need either at Stawell Regional Health and within the broader health and disability sector.



To date 30 participants have accessed NDIS services at Stawell Regional Health since the Northern Grampians Shire Rollout in October 2017.

Some of the members of our NDIS Team.

Improving Care for Aboriginal Patients (ICAP) Program

1. Establish and maintain relationships with Aboriginal communities and services

Stawell Regional Health has partnered with The Grampians Pyrenees Primary Care Partnership and Budja Budja Aboriginal Cooperative in Halls Gap to ensure there is fair and equal access to care for the Aboriginal population. By collaborating and consulting with Budja Budja Aboriginal Cooperative Stawell Regional Health has identified localised strategies to improve access to care.

The localised strategies focus on:

- The physical environment
- Education and skill development of staff and volunteers
- Review of service access and referral pathways
- Communications and awareness
- Policy review and development

The Primary Care Manager represents Stawell Regional Health (SRH) on the Grampians Pyrenees Aboriginal Health Sub-Committee.

2. Provide or coordinate cross-cultural training for hospital staff.

Stawell Regional Health promotes cultural safety, cultural security, and cultural awareness training opportunities to its staff via the SRH Education department and training calendar.

Cultural awareness training and resources are available for staff on the SRH Intranet site.

3. Set up and maintain service planning and evaluation processes that ensure the cultural needs of Aboriginal people are addressed when referrals and service needs are being considered, particularly in regard to discharge planning.

Stawell Regional Health has a strong and longstanding relationship with Budja Budja Aboriginal Cooperative, which includes a collaborative approach to service planning and service evaluation. Recently Stawell Regional Health supported the development of the Budja Budja Aboriginal Cooperative led “Health to You Van” project, which addresses barriers to accessing services such as availability of

transport. The “Health to You Van” plans to deliver mobile multidisciplinary health services at various townships within the Stawell catchment.

Stawell Regional Health Dietitians and Exercise Physiologist head out to Halls Gap every Tuesday where they meet members of the local Aboriginal community. Over the past year, the Dietitian and Exercise Physiologist have joined forces with the group of attendees to partake in an array of activities, including:

- Cooking up a storm in the kitchen
- Physical activity sessions
- Planned activities, such as Tai Chi, picnics and an Easter egg hunt
- Planning, planting and looking after the garden and
- Nutrition education, including label reading and meal planning.

More recently, each individual group member has been taking their turn at planning the recipe for the group and taking centre stage as the “Head Chef” for the week. This has led to some fantastic creations in the kitchen, including a couple of standouts called Bec’s Shepard’s Pie and Deb’s Pumpkin Soup and Homemade Bread Rolls.

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

Stawell Regional Health has engaged Budja Budja Aboriginal Cooperative to support Aboriginal clients to access and attend services and to support discharge planning.

Stawell Regional Health operates a central point of intake for all Primary Care referrals, which includes Initial Needs Identification screening to identify the needs and wants of clients.

Budja Budja Aboriginal Cooperative is engaged to support clients who identify as Aboriginal or Torres Strait Islander access the services they require.





Quality and Safety - consumer and staff experience

Consumer Feedback

We encourage our community to let us know what you think of the care we provide and our services. Feedback about our care and services is important as it shows what is working and where we as an organisation need to do better.

How we seek feedback

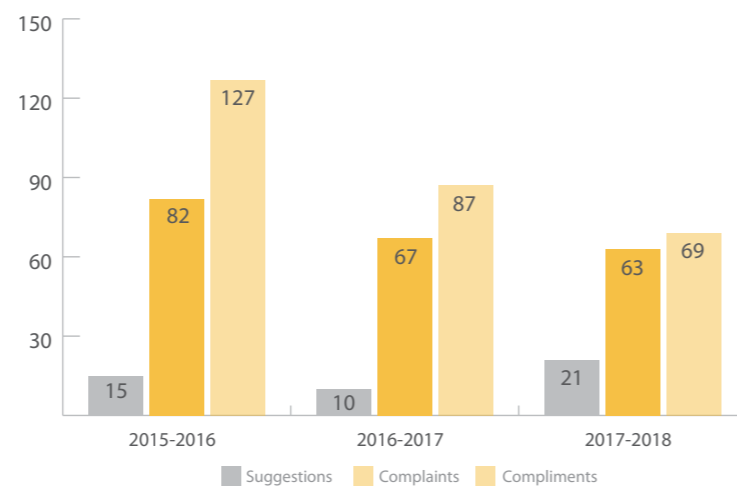
There are a number of ways to provide feedback and make suggestions about the safety and quality of services provided at Stawell Regional Health including:

- in person
- by letter
- by email
- by phone call
- via SRH website (srh.org.au) or
- via a Suggestion, Complaint & Compliment Form which are located throughout the health service.

In 2017-18, Stawell Regional Health received 153 items of feedback. The feedback is recorded as either a compliment, complaint or as a suggestion.

Figure 3 below provides the number of suggestions, complaints and compliments received over the last three years.

FIGURE 3: Consumer Feedback



The quality and preparation of our food was a feedback theme received in 2017-18 and featured in 16 per cent of complaints throughout the year.

What action we have taken:

- We purchased new hot boxes for the transfer of food from the hospital kitchen to Macpherson Smith Residential Care to improve the temperature of food
- A review of the menu has been completed, and our chefs and dieticians are working together to create an exciting new menu which will be available to patients and residents by the end of 2018
- A refurbishment of the kitchen and kitchen appliances has been carried out including modifications to the cafeteria, improved food display aligned with healthy eating codes.

People Matter Survey

Our Patient Safety Culture index, for this financial year, was reported as 82%.

This result is benchmarked against a target of 80%.

Although this is above the target, it has decreased from the previous financial year and will be a focus point for the period ahead.

As a result of responses to questions about patient safety and workplace culture Stawell Regional Health has established a People and Culture Committee, which is made up of non-managerial representation from all departments within the health service. One of the objectives of this committee is to provide oversight to ensure that SRH promotes a healthy and safe working culture and has appropriate employee wellbeing and Occupational Health and Safety strategies in place.

Another function of this committee will be to review the People Matter Survey results; evaluate them against industry and internal benchmarks; identify trends that require further investigation; and develop and monitor the appropriate action plans / key strategies to be implemented.

The work undertaken in ensuring departments are aware of the impact of increased use of the incident reporting system has had a positive effect on incident reporting culture.

Staff will continue to be supported across the service in reporting both actual incidents and near misses.

How we respond to complaints

Complaint received and entered onto the feedback system.

Executive staff notified. Complaint acknowledgement letter sent.

Complaint forwarded to appropriate Manager for investigation.

Appropriate action initiated and reported to Executive Staff.

Outcome letter apology /explanation forwarded to complainant.



Accreditation

Accreditation is a formal process that Health Services use to measure their performance against set standards. The Federal and State Governments require all health and residential aged care services to achieve accreditation. Stawell Regional Health continues to maintain accreditation across Acute, Residential Aged Care, and Community Services and at the Stawell Medical Centre.

| Types of Accreditation | Status |
|---|---|
| <p>National Safety and Quality Health Service (NSQHS) Standards.</p> <p>Accreditation provider:- Australian Council on Healthcare Standards (ACHS)</p> <p>(Three year cycle which includes one on site survey, once every three years)</p> <p>Core actions = Must be met.</p> <p>Developmental actions = Don't need to be fully met to achieve accreditation</p> | <p>Acute site</p> <p>Planned organisational wide survey was conducted 4-5th October 2017 against the ten National Standards.</p> <p>SRH received:</p> <p>Four Advanced Completion (AC) 90 day recommendations against four core actions:</p> <ul style="list-style-type: none"> • Two recommendations related to regular performance reviews of staff and medical officers. • Two recommendations related to our patient identification system. • We received six recommendations against “Developmental” actions. These related to partnering with consumers, the patient / family escalation of care process and staff interaction with patients at bedside clinical handover. • We received one recommendation against an action that was rated as “Met” at survey. This related to medical staff completion of practical Aseptic Non Touch Technique assessments. <p>All four AC recommendations were actioned within the 90 day timeline allowed and we received full accreditation status in January 2018. We will continue to progress other recommendations and suggestions made by the surveyors over the next 12 months.</p> |

| Types of Accreditation | Status |
|--|--|
| <p>Australian Aged Care Quality Agency (AACQA)</p> <p>(Three year cycle with one on site survey and at least one *unannounced site visit every other year)</p> | <p>Macpherson Smith Residential Care</p> <ul style="list-style-type: none"> • In preparation for survey, SRH management employed a consulting group in January to review the home’s quality system against the Aged Care Standards. An action plan was developed with recommendations made. A number of initiatives have been introduced • Successful ‘unannounced’* site visit in February 2018 • Application for re-accreditation survey submitted in April 2018 • Survey scheduled for 4th- 5th September 2018. |
| <p>Commonwealth Home Support Program (CHSP)</p> <p>(The quality review included the following areas: Allied Health and Therapy Services, Nursing and Social Support Group)</p> | <p>Community Services</p> <ul style="list-style-type: none"> • Improvement Plan from the previous survey in October 2014 listing one recommendation and a number of suggestions for improvement was reviewed prior to the October 2017 survey • Onsite survey scheduled for 12th October 2017 • Successful review in October 2017. No recommendation received. • The service met 18 out of 18 expected outcomes of the Home Care Standards • The next quality review is planned for 2020. |
| <p>Australian General Practice Accreditation Limited (AGPAL)</p> <p>The practice is accredited against The Royal Australian College of General Practitioners (RACGP) Standards for General Practices Ed 4 (GP Ed 4)</p> | <p>Stawell Medical Centre</p> <ul style="list-style-type: none"> • Application for re-accreditation survey submitted • Next onsite survey scheduled for 28th August 2018 • As a component of the pending accreditation survey a patient feedback survey was undertaken in June 2018 and 150 people provided feedback about the practise and services. In response, we have addressed the heating and air-conditioning of the waiting room, changed some of the chairs in the waiting room and improved our communication around doctors running late for appointments. |

*An ‘unannounced’ visit is an assessment or review audit that is carried out by the Australian Aged Care Quality Agency without prior notification to Macpherson Smith Residential Care.



Adverse Events

An adverse event is an incident which results in harm to a person receiving health care. Examples include infections, falls resulting in injury, problems with medication or development of a pressure injury. Stawell Regional Health team members always aim to provide the best and safest possible care however, even with the best intentions there are times when something goes wrong which may result in an adverse event. Not all adverse events are preventable, but a large number are. It is important that we identify and learn from these events to prevent the adverse event from happening again.

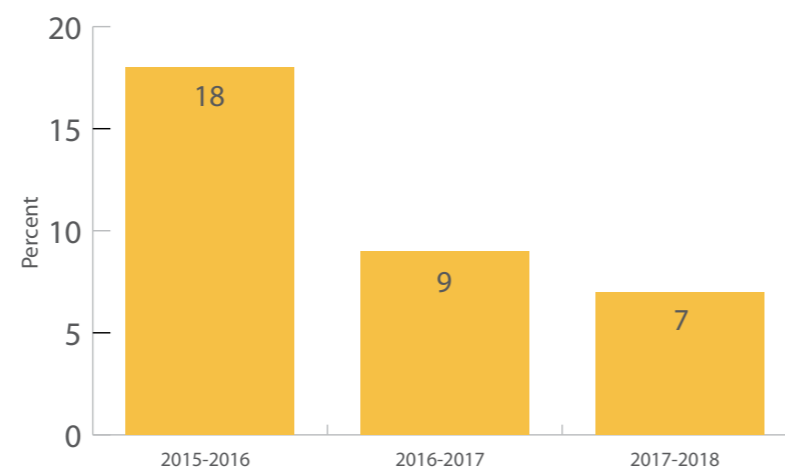
In 2017-2018, there were 823 clinical incidents reported. All clinical incidents reported are rated for severity with 99 per cent rated as minor to no harm reaching the patient. These incidents were reviewed so that trends are monitored and areas of concern are identified.

Clinical incidents that cause significant harm account for approximately one per cent of reported incidents and each incident is formally reviewed. The review identifies if there were preventable factors that caused the incident to occur, and if so, an action plan is developed.

Actions arising from these reviews have included:

- Changes to our Falls Risk Assessment & Prevention Plan Tool
- The addition of Falls Prevention to the education plan for staff
- Enhancements to the medication safety practices in the theatre environment
- Development of an orientation package for nurses working in the Urgent Care Centre
- Further enhancement of the Professional Development Review process for Medical Staff
- Improvements to documentation in the theatre environment.

FIGURE 4: Provides the number of incidents rated moderate to severe over the last three years.



Infection Control

All Victorian public hospitals are required by the Department of Health and Human Services (DHHS) to submit regular reports on infection acquired while a person was in hospital.

We are required to report on surgical site and blood infections. (Bacteraemia).

All hospitals also report how they are complying with actions to reduce the risk of infections. These actions include staff compliance with hand hygiene practices, waste management, food safety, cleaning, and appropriate antibiotic usage guidelines and staff immunisation against preventable diseases.

Stawell Regional Health reports all infection rates to the government on a regular basis and there have been zero instances of blood infection over the past 12 months.

Staphylococcus aureus bacteraemia

Staphylococcus aureus is a bacteria commonly found on the skin. It can live on a healthy person's body without causing any harm, but can cause infection if it enters the bloodstream. Patients who develop bloodstream infections are more likely to suffer complications that result in a longer hospital stay and an increased cost of hospitalisation. Serious infections may also result in death.

The spread of the bacteria in hospitals is most commonly by the hands of healthcare workers.

Why is reduction of Staphylococcus aureus infections important?

Staphylococcus aureus bacteraemia associated with hospital care is an important measure of the safety of a hospital.

The aim is to have as few cases of Staphylococcus aureus bacteraemia as possible. One of the most effective ways to minimise Staphylococcus aureus bacteraemia and associated infections is good hand hygiene. Good hand hygiene is the correct cleaning of our hands.

A national benchmark of no more than two cases of Staphylococcus aureus bacteraemia for every 10,000 patient days has been set for public hospitals.

Our performance

The table below shows our excellent performance over the last 12 months against state wide results and the National benchmark for Hospital Acquired Infections. No cases of Staphylococcus aureus bacteraemia have been found in the last year and there have been no cases detected since 2012. SRH has consistently scored below both the state wide results and national benchmark over the last year, which means we have had less Staphylococcus aureus infections than other hospitals.

SRH continues to promote the 'five moments of hand hygiene' and have introduced a program to ensure hand hygiene remains a focus for all clinicians.

| | July - Sept 2017 | Oct - Dec 2017 | Jan - March 2018 | April - June 2018 |
|---|------------------|----------------|------------------|-------------------|
| SRH results | 0 | 0 | 0 | 0 |
| Staphylococcus aureus bacteraemia infections per 10,000 occupied bed days | | | | |
| State wide results | *0.8 | *0.8 | *0.8 | NA |
| Per 10,000 occupied bed days | | | | |
| National benchmark | 2.0 | 2.0 | 2.0 | 2.0 |
| per 10,000 bed occupied days | | | | |

*Provisional results - The 2017-18 State wide results are provisional, and will be finalised on 1 November 2018.



Immunisation

Influenza (Flu) can be a severe medical condition that requires hospitalisation, however it can be prevented through immunisation.

Over the past twelve months our Infection Control capacity has grown. We now have four accredited Nurse Immunisers on staff and our Pharmacist is also an accredited immuniser.

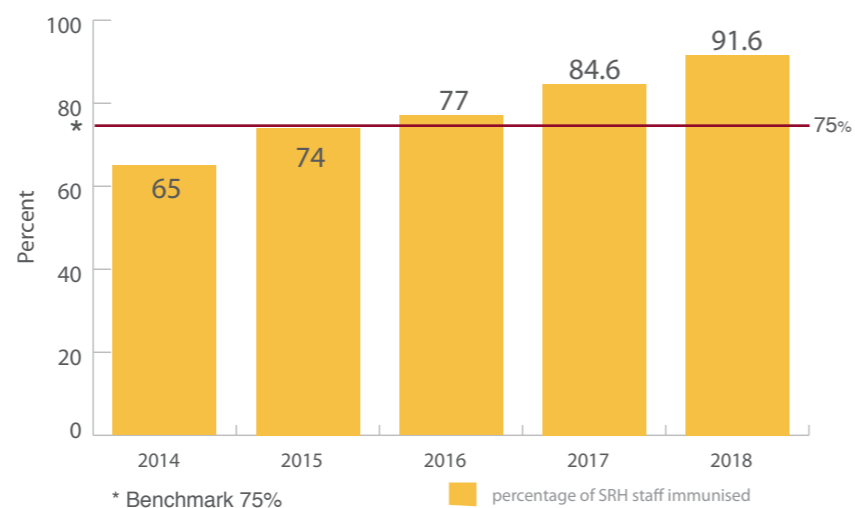
The increase in immunisers has directly resulted in more immunisation sessions and an increase in the number of staff immunised against influenza this year.

In 2016, the Department of Health and Human Services (DHHS) set a target for all public hospitals in Victoria to vaccinate 75% of all staff.

This year, Stawell Regional Health exceeded the DHHS target by immunising 91.6% of all staff, one of the best staff vaccination results in the state.

Figure 5 shows Staff Influenza Immunisation rates over the last five years and demonstrates an upward trend every year against our own results and over the last three years against the current DHHS target.

FIGURE 5: Staff Influenza immunisations



91.6% of staff were immunised in 2018





Residential Aged Care Service Indicators

Quality indicators about residential aged care are submitted to the Department of Health and Human Services each quarter. The following graphs and information outline our performance against the average of the overall high care rates for Victorian Aged Care facilities.

We use this information to review and improve our care to residents and display these results on the South Wing notice board at Macpherson Smith Residential Care.

Pressure Injuries

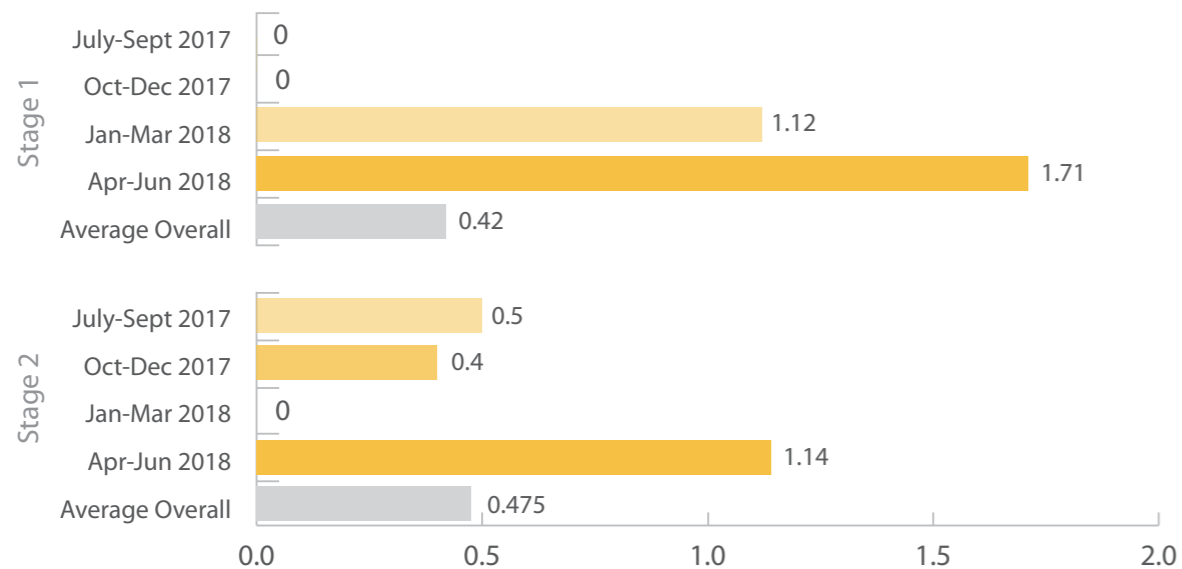
Residents in Macpherson Smith have not recorded any acquired* Stage 3 or Stage 4 (most severe) pressure injuries during the last five years.

Stage 1 pressure injuries present as a reddened area of intact skin, usually over a bony area of the body, that doesn't fade when pressed.

Figure 6 shows that no Stage 1 Pressure Injuries were found at audit in the first two quarters, however during the last two quarters our rate was above the average overall high care rates for Victorian Aged Care facilities.

Stage 2 pressure injuries present as partial thickness skin loss. Stage 2 Pressure Injuries were found at audit during three of the four quarters. In two quarters our rate was above the average of the overall high care rates for Victorian Aged Care facilities.

FIGURE 6: Pressure Injuries per 1,000 bed days



As a result of our increasing rate of Stage 1 and Stage 2 Pressure Injuries over the last two quarters we have provided the following education:

- Chronic and infected wounds
- Skin Tears
- The Braden Scale
- Wound Site Tool and
- Wound Chart.

Education will continue to be provided throughout the year to upskill staff in wound management and identify additional 'Wound Champions'.

We have completed a review of prevention and management of Pressure Injury procedures and are undertaking an organisational wide review of our air mattress management, (to reduce pressure injuries) and current best practice.

(* Acquired means the pressure injury developed whilst in the care of Macpherson Smith Residential Care)

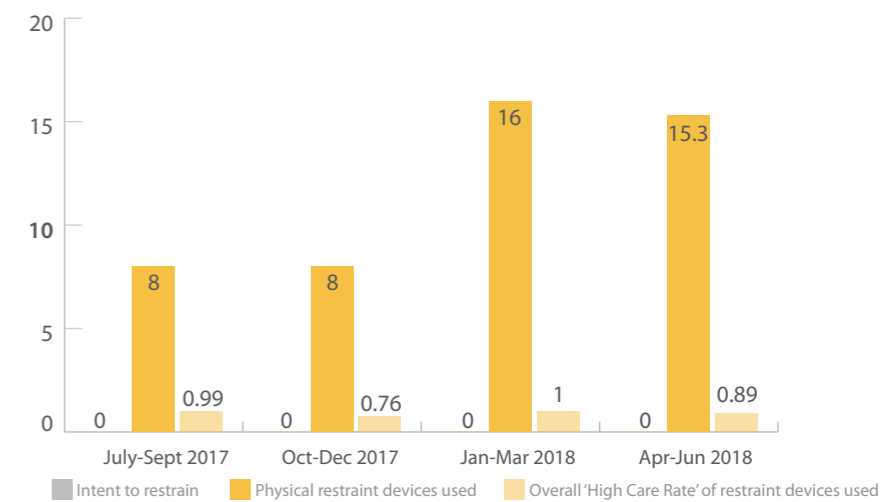
Use of physical restraint

'Intent to restrain' is the intentional restriction of a resident's voluntary movement or behaviour by the use of a device, or removal of mobility aids, or physical force for behavioural purposes.

Macpherson Smith's "intent to restrain*" rate is **zero and below** the average of the overall high care rates for Victorian Aged Care facilities.

A small number of residents request bedrails in place for the feeling of safety and security, which is reflected in the high count of physical restraint devices used compared to the average of the overall high care rates for Victorian Aged Care facilities shown in **Figure 7**.

FIGURE 7: Restraint per 1,000 bed days





Residents prescribed nine or more medications

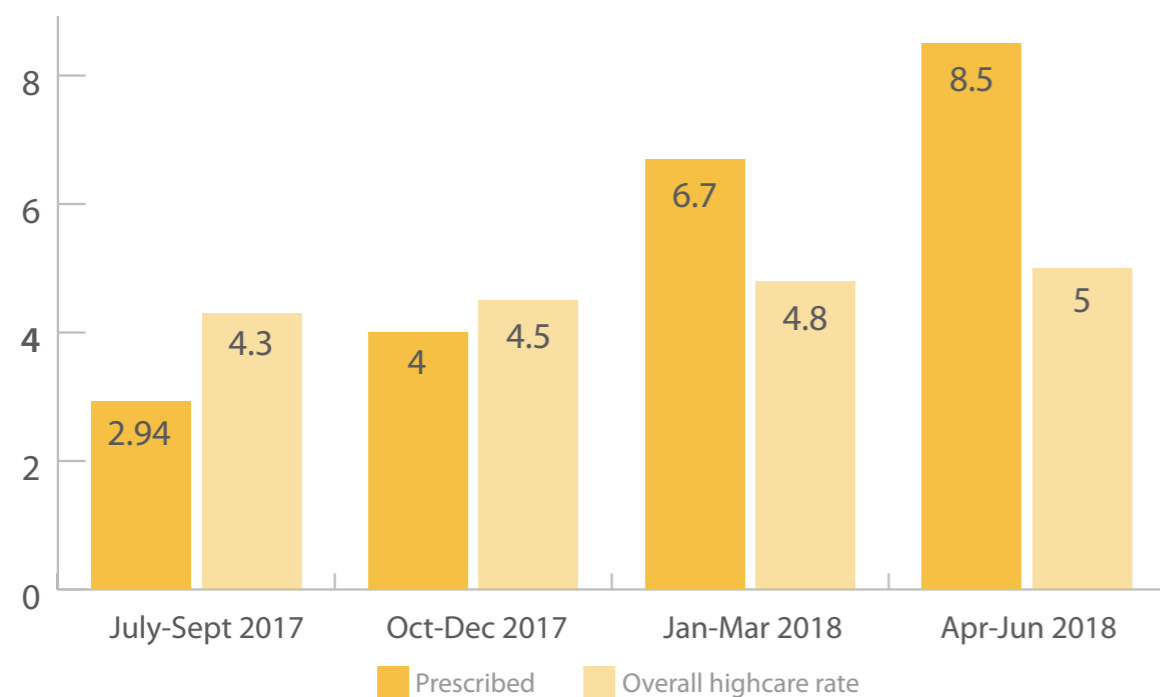
It is important in residential care that attention is given to the number of medications prescribed to each person. Multiple medications can lead to complications such as an increase in the risk of falls or loss of weight. The number of medications can change depending on the medical conditions the residents have at the time of audit. Over the year the number of residents prescribed nine or more medications has increased.

During the first two quarters, Macpherson Smiths rate was below the average of the overall high care rates for Victorian Aged Care facilities, however our rates for the third and fourth quarter were above this average. See **Figure 8**.

In response to this increase:

- All residents have had their medications reviewed by an external pharmacist, with recommendations provided to treating General Practitioners (GP's).
- We established a review of resident's medication on a regular basis by the resident's GP.

FIGURE 8: Residents prescribed nine or more medications per 1,000 bed days





Falls and falls related fractures

Macpherson Smith has recorded no fall related fractures during this time period.

Macpherson Smith has recorded above average of the overall high care rates for Victorian Aged Care facilities in three of the four quarters as shown in **Figure 9**.

In comparison the average of the overall high care rates for Victorian Aged Care facilities was eight (8) for the 2017/2018 year.

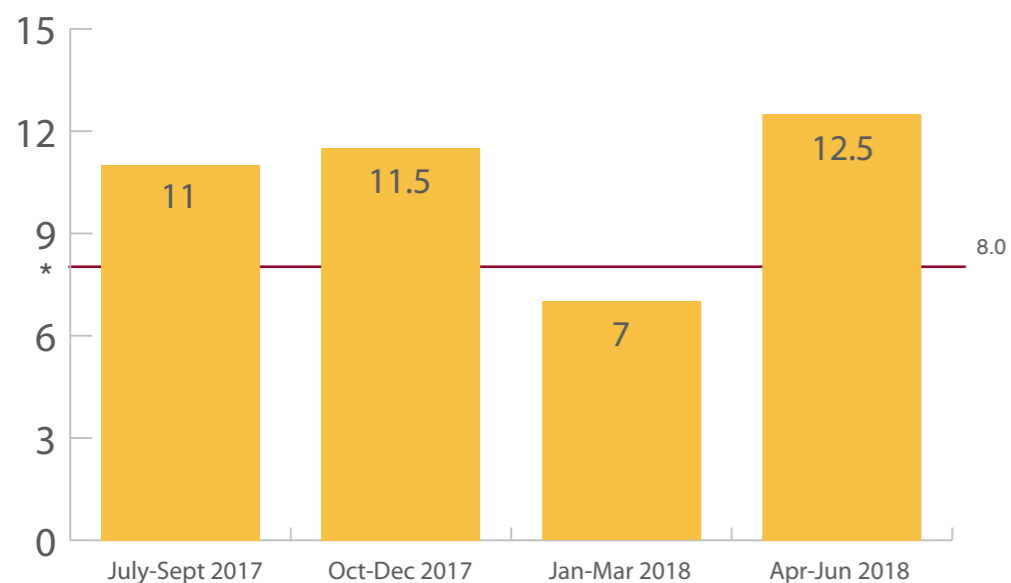
In response to the increased number of falls:

- Physiotherapists have increased annual reviews to bi-annual
- A pain management program has been introduced

The following strategies have been implemented to decrease the likelihood of residents falling:

- Contacting Vision Australia to conduct a low vision environment assessment to assist residents with low vision
- Optimise residents' participation in Tai Chi and other movement activities
- Review the use of the 'Falls traffic light' (red, amber and green tags on walking equipment) system
- Investigate the use of Vitamin D and protein supplements for appropriate residents
- Review models of care particularly during periods when fall rates have been shown to be higher.

FIGURE 9: Falls per 1,000 bed days



* The annual average of the overall 'High Care Rate' for the year was 8.0

Falls

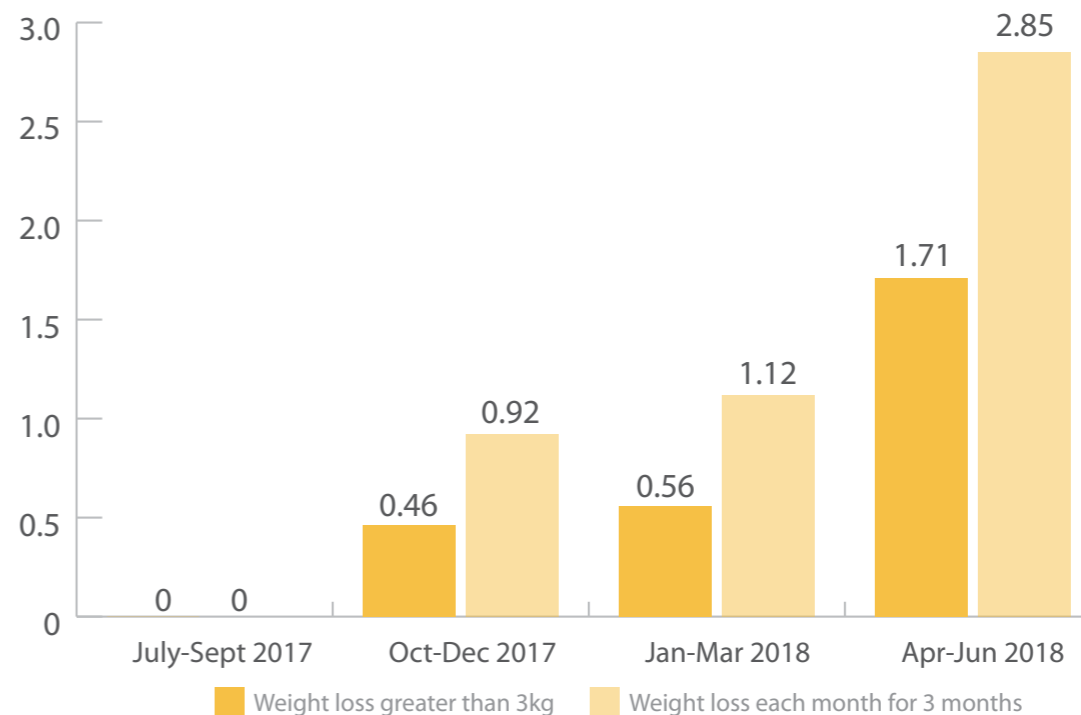
Residents with unplanned weight loss

Figure 10 shows unplanned weight loss (3 kilograms or greater and weight loss each month for three months) has increased during the last three quarters and is above the average overall high care rates for Victorian Aged Care facilities. In comparison the average overall high care rates for Victorian Aged Care facilities for weight loss greater than 3kgs is 0.89 and for weight loss each month for three months was 0.86 for the 2017/2018 year. All residents who experience unplanned weight loss are reviewed by our Dietitians and have a management strategy in place.

In response to Resident and Relative feedback we have introduced:

- New hot boxes for transport of meals from the kitchen to MSRC.
- New kitchen equipment was purchased and installed in the SRH kitchen improving the quality of food provided. In our most recent resident survey, 83% of residents reported they enjoyed our food most or all of the time.
- A menu review is close to finalisation with a new menu to be introduced in November 2018.

FIGURE 10: Residents with unplanned weight loss per 1,000 bed days



The annual average of the overall 'High Care Rate' for weight loss greater than 3kgs; was 0.89
The annual average of the overall 'High Care Rate' for weight loss each month for three months was; 0.86



Comprehensive Care

Patient Escalation of Care Processes

Stawell Regional Health recognises the importance of having a robust patient and family escalation system to support patients of any age, their families and carers, to raise concerns if a patient's health condition is getting worse or not improving as well as expected.

Patients, carers and relatives are encouraged to communicate any concerns regarding the clinical condition of a patient by calling a dedicated number and speaking directly to the Nurse in Charge. Signage is placed at the foot of the bed to provide an ongoing prompt for patients, carers and family members.

A review of the current patient escalation system found that the system was confusing and was not being used for its intended purpose.

As a result, our process is being further developed in collaboration with consumers to ensure that it is clear and effective. This provides us with another avenue to work in partnership with patients, families and carers.

Community Health Services

Accessing the health service

In response to the Community Health Services Victorian Healthcare Experience Survey results Stawell Regional Health have reviewed our schedule of fees which is now on display at each point of care.

In addition, we have implemented an application for fee adjustment process to enable clients who are experiencing financial hardship to access the community health service they need.

Environment and facilities

In response to the Community Health Services Victorian Healthcare Experience Survey results and direct consumer feedback, the signage of Stawell Regional Health community services has been revised and updated. The new signage includes clear and complete information of Stawell Regional Health community programs and services.

People living with Diabetes

Diabetes is a significant cause and contributing factor to mortality in Australia. 280 Australians are diagnosed with diabetes every day, that's one every 6 minutes. And for every person diagnosed, there is usually a family member or carer who also 'lives with Diabetes' in a support role.

A recent needs assessment by the Grampians Pyrenees Primary Care Partnership reports that Northern Grampians is ranked with the fourth highest prevalence of Diabetes at the local government level at 7.1%.

SRH offered one-on-one consults with the Diabetes Educator, Exercise Physiologist and Dietitian, but there were no group-based options for individuals with Type 2 Diabetes to seek support.

The literature suggests that group-based support for those with Type 2 Diabetes is effective at improving important measures of health.

Stawell Regional Health proposed to pilot a multidisciplinary Diabetes Self-Management Group led by the Diabetes Educator, Dietitian and Exercise Physiologist.

The program was funded by the Primary Health Network's Chronic Conditions Model of Care focusing on educating and supporting people to self-manage their lifelong condition.

The multidisciplinary group program, is to run for four weeks and is based on The Wagner Model of Chronic Care and targets people living with Diabetes. The participants will be invited to nominate a name for the program.

The program commenced late June with pre-screening of participants about their current diabetes management and their readiness to change.

The plan is to review the pilot program and introduce it as a sustainable model of care.

Continuity of care

Community Health Services Victorian Healthcare Experience Survey - Team work

Stawell Regional Health has implemented fortnightly Shared Care and Care Coordination meetings to foster team work and high quality multidisciplinary care for clients to access Primary and Community Care.

Led by the Stawell Regional Health Social Worker and Diabetes Educator the fortnightly meetings are underpinned by the pursuit of person centred care and a collaborative approach.

Allied Health, Nursing, and other health professionals from Stawell Regional Health and other agencies such as Grampians Community Health and Northern Grampians Shire Council attend the meetings to collaborate and work toward the goals set by each client.



Advance Care Planning and End of Life Care

Stawell Regional Health encourages patients, clients and community members to document their healthcare wishes in an Advance Care Directive (Advance Care Plan) which allows loved ones, doctors and healthcare teams to know what care is wanted if the person become seriously ill or injured and is unable to speak for him or herself.

At SRH, an End of Life Care Pathway Clinical Practice Guideline directs staff to support patients and their families and significant others to ensure you receive high quality end of life care.

Persons nearing their end of their life will be provided with support and care that enables their dignity, privacy, comfort, cultural and religious beliefs and personal wishes to be maintained.

The rates of admitted patients over 75 years with an Advance Care Plan (ACP) / Advance Care Directive (ACD) or a Substitute Decision Maker or Medical Treatment Decision Maker have improved overall compared to last year. With that said there is still room for improvement with quarterly percentages for the 2017/2018 year being 28%, 18%, 20% and 13% for the first, second, third and fourth quarters respectively.

We are keen to support our community to ensure their wishes are documented and as such have implemented the following actions over the past 12 months:

- Several Stawell Regional Health (SRH) staff have attended training to learn about new legislation which came into effect in March 2018 regarding Advance Care Directives and Appointing a Medical Treatment Decision Maker

- Numerous education sessions were presented to staff across SRH to promote Advance Care Directives and to increase awareness of new legislation and responsibilities
- Provision of Advance Care Planning Australia factsheets to patients who attend the Preadmission Clinic or who are in contact with the clinic and awaiting surgery
- To assist individuals in our local community to complete an Advance Care Directive, education has been provided to:
 - All groups attending the Community Rehabilitation Centre including Pulmonary, Cardiac and Oncology groups
 - Members of the community attending recent presentations on Healthy Ageing series and
 - Community groups outside of SRH such as the Parkinson's Support Group
- Updating of policies to reflect changes to legislation
- Documents for patients attending primary care services are now more readily identified / accessible since the introduction of the digital medical record (BossNet).

Last year we developed a survey to measure patient satisfaction with the Advance Care Planning process. Patients said they were provided with enough information about the process and in a way that they understood. Patients also said that the people they wanted involved in developing the plan were included, they were made to feel comfortable during the process, the ACP was reflective of their choices and it was a relief to know that their choices shall be respected.

To increase the percentage of patients with an ACD in place we plan to:

- add a prompt to the Pre-Anaesthetic Questionnaire asking patients to nominate if they have a ACD in place and asking them to provide a copy for their record
- add prompts to the Admission Assessment and Discharge Risk Screening Tool to alert staff to ask the patient for a copy of the ACD if they have one in place, or ask the patient if they would like to be referred to the Social Worker or appropriate staff to develop an ACD and
- monitor our quarterly results as a Key Performance Indicator at the Clinical Governance Committee meeting.

Advance Care Plan Case Study

(Patients name and details withheld)

A patient with heart disease was admitted to the Acute Ward. A discussion around completing an Advance Care Plan had been undertaken the previous year with the Social Worker and not long after a Statement of Choices for the Competent Person was completed by the patient, Social Worker and patient's doctor.

The patient expressly wished that:

- pain was managed
- there be no active treatment
- family to be present and
- would like a visit from the minister of their choice.

The patient's health declined and the patient was kept comfortable.

The patient died peacefully with their expressed wishes on the Statement of Choices for the Competent Person upheld.



Digital Medical Record

On the 13th of November 2017, after months of preparing our systems and staff for the transition, Stawell Regional Health 'went live' with a Digital Medical Record (DMR).

The DMR includes scanned paper based forms and electronic forms as well as integrated radiology and pathology results. Clinical staff now have access to patient information at all points of care across the organisation. This provides our medical, nursing and primary care teams with a comprehensive patient record that can be accessed in a timely manner enhancing clinical efficiency and patient care.

The implementation of the DMR at Stawell Regional Health was part of a wider project for the Grampians region with funding received from the Victorian Department of Health and Human Services Information and Communication Technology Innovation fund. Nine other agencies across the region have implemented the DMR. Clinicians are now able to access the medical records of their patients who have been transferred from other hospitals in the Grampians region. This enhanced and connected system for patients and health care providers means that information can be more easily shared between health organisations. This enables better care co-ordination and more timely care can be provided to improve patient treatment and outcomes.

Macpherson Smith Residential Care Refurbishment Project 2017-2018

We received funding for purpose built ensuites, increased living area and storage in 2017.

Effective consultation occurred with a broad range of stakeholders including residents / significant others and staff. Two residents have been members of the Working Group since its inception.

The refurbishment included the addition of ensuites to four of the shared rooms and the creation of four single rooms with ensuites.

MSRC has undergone significant refurbishment to north wing resident rooms in early to mid-2018, with the installation of ensuites and minor refurbishment is currently underway in the East Wing.

Services offered at the Community Rehabilitation Centre (CRC)

The Community Rehabilitation Centre opened in 2014 and offers a wide range of services to the community. The building houses Primary Care Services; rehabilitation programs, the John Bowen Oncology Unit and specialist waiting rooms alongside the purpose-built rehabilitation gymnasium.

On average approximately 220 people access one or more of the services (Oncology, Visiting Specialists, outpatient Primary Care Services and Rehabilitation Programs) offered at the CRC on a weekly basis.

Many of the CRC services are funded through the State funded Health Independence Program, specifically the Sub-Acute Ambulatory Care Services or SACs. The main aim of these services are to help people who have a physical disability, are frail, chronically ill or recovering from a traumatic injury or illness, to regain and/or maintain optimal function, and to allow people to maximise their independence and return to or remain in their usual place of residence.

Also, SACs aims to help people with newly emerging and chronic disease symptoms or concerns. Ultimately, the aim of these services is to optimise function, independence, activities of daily living and quality of life. Many of these services are centre based (either group rehabilitation or 1:1 consultation), are time based and goal orientated, delivering a tailored and holistic service with the patient at the centre of their care.

Primary Care (Allied Health) Services available at the CRC:

- Exercise physiology
- Physiotherapy
- Occupational therapy and
- Speech pathology.

Rehabilitation Programs offered at the CRC comprise:

- Cardiac Rehabilitation Program
- Pulmonary Rehabilitation Program
- Pulmonary Rehabilitation Maintenance Exercise Group
- Oncology Rehabilitation
- Better Balance Program
- Tai Chi classes have also been offered

Patients from the Transition Care Program (for patients transitioning from acute care at the hospital) join in activities that build confidence and independence. They are supported in walking, exercises and preparing meals (cooking breakfast). Many of these activities take place in the Community Rehabilitation Centre.

The well-appointed consulting rooms are utilized by a number of consulting specialists including medical specialists, orthopaedic surgeons, general surgeons, medical and radiation oncologists, general surgeons, paediatricians, rheumatologists, ophthalmologists, urologist, and an ear, nose and throat specialist.

The John Bowen Oncology Unit continues to operate Tuesday, Wednesday and Thursdays with three medical oncologists and three radiation oncologists available supported by oncology nurses and an experienced regional oncology Nurse Practitioner.

Patients and their families, staff, visiting oncologists and our volunteers continue to appreciate our modern, spacious unit with the wonderful views stretching from Stawell across to the Grampians.

SRH plans to conduct an open day of the CRC later this year. This will be a great opportunity for the whole community to see how this service could help you, your family and friends recover from illness, injury or disability.

Our Supporters

Stawell Regional Health Hospital Foundation

The Foundation has been raising funds since 1989 and has contributed to substantial equipment worth over \$1m during that time. This year the Foundation purchased an Endoscopy Tower for theatre to the value of \$293,000.

The Foundation functions as a charitable trust which means that anyone can donate or bequeath funds. Because there are no management costs or fees to run the Foundation, 100% of donations are used for the Hospital's needs.

Hospital Auxiliary

The strength of the hospital auxiliary is in its numbers. And its longevity, celebrating 90 years of service this year. They are known for their iconic wine and savoury evening, Casserole luncheon and more. Members of the Auxiliary cook, meet and work hard to raise money for Stawell Regional Health, most recently the purchase of a new laparoscope.

This year the Auxiliary launched a new fundraising venture – Historic Homestead Tours to raise money for a new pharmacy fridge for the Oncology Unit.

The success of this venture was because everyone put in a great deal to make it work, we can't thank the following enough: Sandlant Coaches and drivers, owners of the historic homes, RSL, Chris N Di's Bakery, Corinella Farms, Frewstal and Deutschers, Grampians Estate Wines, Geraldine and Peter Carey, all volunteers leading up to and on the day and many more who made sure it was a success.

This year the Stawell Regional Hospital Auxiliary has supported SRH to buy a laparoscope for surgery, ENT instruments and gynaecological instruments.

Y-Zetts

A wish to fundraise while having fun saw the Y-Zetts first put their shoulders to the cause of Stawell Regional Health more than 40 years ago and many of these dedicated ladies are still members today.

They have recently raised funds for the purchase of a Diathermy Laparoscope, chairs for our Social Support group and WIFI connection for surgical monitors.

Their iconic annual Stawell shopping spree is planned for later this year.

Murray to Moyne

On 7th April, eleven cyclists donned their Stawell Sprockets jerseys mounted their bikes and began the 2018 Murray to Moyne relay. They had travelled from Stawell the night before ready to head off on day one of the relay. From Echuca, they arrived back in Stawell for a quick meal at 6pm. Soon they were back on their bikes heading to Hamilton, where they would sleep the night on the floor of a public hall.

Sunday morning the end was in sight and they cycled as a team into Port Fairy and the culmination of their relay which aims to raise money for Stawell Regional Health.

Stawell Regional Health is very grateful to riders, bus drivers and other volunteers, along with sponsors and everyone who bought raffle tickets. Also to Di Bretherton who donated three nights in Daylesford's stunning Helix House helping us to raise over \$7,000.



Life Governors

| | | |
|--------------------------|--------------------------|-------------------------|
| Barham, Jim | Fuller, Jocelyn | Norton, Rosemary (Sam) |
| Barry, Debbie | Gavin, Jenny | Perry, Di |
| Bennett, John | Gaylard, Rob | Perry, Rosemary |
| Bibby, Doreen | Gibson, Kath | Peters, Esta |
| Bibby, Lyn | Graham, Mavis | Potter, Pam |
| Blackman, Dawn | Gross, Betty | Potter, Val |
| Blake, Meg | Gust, Betty | Pyke, Wavel |
| Blake, Rodney | Harding, Yvonne | Rasche, Alison |
| Blay, Glenda | Harris, Kaye | Reid, Patricia |
| Blay, John | Heslop, Lorraine | Redman Pat |
| Boatman, Carol | Howden, Betty | Richards, Yvonne |
| Bonney, Trevor | Howden, Bruce | Rowe, Lorraine |
| Bowen, Eileen | Humphrey, Phyllis | Savage, Barb |
| Bowers, Wally | Jackson, Betty | Scott, Myriam |
| Brilliant, Joan | Jerram, Hazel | Seear, Joy |
| Cadzow, Faye | Jones, David | Sherwell, Jan |
| Castle, Noelene | Kalms Robyn | Sibson, Janine |
| Castle, Dr. R.Norman OAM | Kennedy, Val | Smith, Betty |
| Christian, C | King, Beth | Stokes, Frank |
| Coote, Jean | Krelle, Sadie | Stone, R.C. (Bob) |
| Crouch, Judy | McCracken, J.D. (David) | Summerhayes, Shirley |
| Cunningham Dr. Andrew | McLoughlin, Leonie | Teasdale, Mary |
| Dadswell, Ken | McDonald, Carolyn | Thomas, Gary |
| Dunn, Neville | McDonough, Graeme (Dec.) | Thomas, Heather |
| Dunn, Sandra | McGaffin, Marg | Ward, Fred |
| Earle, Greg | Martin, Garrie | Warne, Mr. R.B. (Roger) |
| Elliot, Malcom | Meumann, Elizabeth | Warren, Sarah |
| Eime, Anna | Miller, Kaye | West, Janet |
| Fowkes, Bruce PSM | Monaghan, Terry | West, Pam |
| Fletcher, Stella | Murphy, Carmel | Witham, Janet |
| Fontana, Sue | Neilsen, Beryl | Wynd, Fiona |
| Francis, David | Neilsen, Vern | Young, Kathleen |
| Fraser, W.G. (Scottie) | Nicholson, Helena | Young, Kaye |
| Fry, Darrelyn | Nicholson, Nicole | |
| Fuller, Graham | | |



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