



STAWELL
REGIONAL HEALTH



Quality

Account

2018 - 2019

Caring for our
Community

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Stawell Regional Health would like to thank everyone who contributed to this Quality Account. It is much appreciated. We would also like to acknowledge Kerri Kingston who took the photos that are included in the report.





Rhian Jones, Board Chair and Libby Fifis CEO Stawell Regional Health

Introduction

On behalf of Stawell Regional Health we are proud to present this year's Quality Account.

The annual Quality Account is how we report on our performance in delivering high quality, safe health services to our local community.

Throughout the year we work together with Safer Care Victoria, Better Care Victoria and the Victorian Agency for Health Information to collect and monitor various healthcare statistics.

We use this information to help us identify areas of high performance as well as opportunities to improve.

Many of these statistics are provided throughout the report along with consumer stories and key projects undertaken throughout the year to improve our service provision.

A sample of these projects include:

- Our Integrated Communication Project which is aimed at improving consumer involvement and communication from admission through to discharge.

- Our ageing-well workshops designed to help connect ageing community members and their families with local aged care services.
- Our mobile social support group pilot which aimed to improve social connectedness and reduce social isolation for remote communities.

Whilst the Victorian Health Experience Survey data tells us that our community's experience at Stawell Regional Health is strong, we know there are further opportunities to partner with consumers to help us improve the services we provide.

“
 Thank you to the wonderful staff for the care shown to my wife during her recent surgery. In particular thanks to Karen who was patient, informative and caring. We felt in very good hands. We couldn't imagine anywhere else getting such one on one care. Well worth travelling 2.5 hours
 Michael Johnston Newtown
 ”

This year we laid the foundation through the development of our Partnering with Consumers Committee and role descriptions for incoming consumer representatives. We look forward to the recruitment of our consumer representatives in the second half of 2019.

Whilst we did not receive any comments from consumers from last year's report, this year we have returned to the inclusion of a feedback form for the Quality Account and we encourage you to have your say regarding the publications content, layout or style.

This year our 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.

Our sincere thanks to the committed and dedicated staff of Stawell Regional Health who not only took the time to help create this year's Quality Account, but continue to provide quality rural health care to our local community.

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

Community

Compassion

Accountability

Respect

Excellence



Consumer Carer and Community Participation

Consumer, carer and community participation – patient experience

Patient Experience

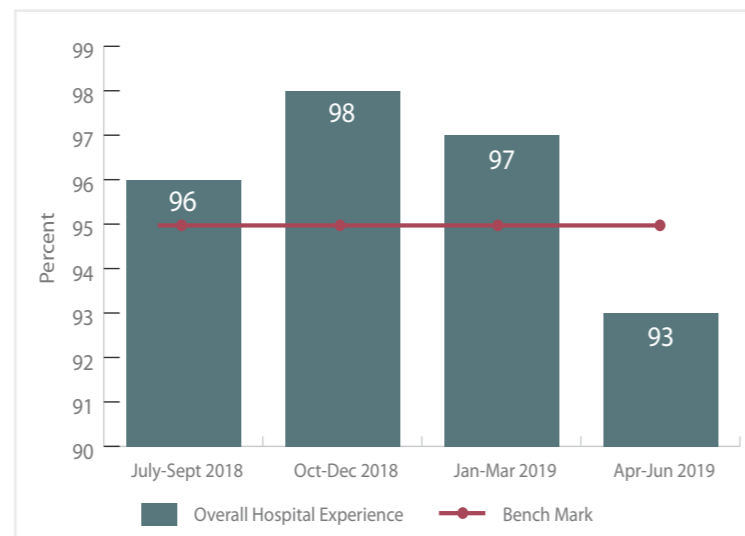
Stawell Regional Health monitors consumer satisfaction through the Victorian Healthcare Experience Survey (VHES) and a number of internal surveys. The VHES is a state-wide survey of people's public healthcare experiences.

The 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 by an independent contractor on behalf of the Victorian Department of Health and Human Services in the month following their hospital discharge or their Urgent Care Centre attendance. 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 93-98% compared to the Victorian benchmark of 95%.

Figure 1



Student nurses from other parts of Victoria come and spend two weeks alongside our District Nurses getting hands on experience. They all seem to enjoy the challenges and I enjoy their company.

Roma Bennett
District Nursing patient

Actions that Stawell Regional Health focused on in the last twelve months included:

- The quality of care and treatment of patients received by doctors and nurses in the Urgent Care Centre (UCC) is one of the areas measured in the Victorian Health Care Experience Survey. Whilst there were only a small number of responses in the survey from patients that attended the UCC those that

responded rated the quality of care and treatment they received as extremely high.

Presentations to the UCC continued to rise and within the period we experienced a 7.5% increase in overall presentation and with this, a higher number of patients requiring high

level emergency assessment and response. On average Stawell Regional Health supports 1.3 helicopter extractions per week to transfer patients to hospitals that can provide advanced clinical support and intensive care services.

Many strategies have been implemented to ensure we are able to respond to these emergency presentations. In 2019, Stawell Regional Health made a commitment to train all clinical staff in advanced life support techniques to ensure that we are able to respond, manage and stabilise critically ill patients.

To facilitate this training Stawell Regional Health became the first regional hospital in the state to affiliate with an accredited life support training program, the ACCCN (Australian College of Critical Care Nurses) to run internal accredited ALS training to staff in the Grampians Region.

In addition to ALS training, targeted study days focused on key knowledge and skills staff need, to work in the Urgent Care Centre have been planned to run later this year and then on an ongoing basis. The iSimulate machine will assist in the delivery of these education modules.

To facilitate this training the ALS iSimulate was purchased. This is an advanced training resource which uses computer technology to replicate various patient presentations requiring nursing and medical staff to respond quickly with skills and knowledge.



Providing internal ALS training ultimately allows our clinicians to be trained, updated and confident in the management of critically ill patients, avoiding the need to send them to external providers that are often far away and at a large cost to Stawell Regional Health.

More importantly, nurses maintain the skills and confidence needed to care for patients presenting to our hospital.

We are very grateful to the Hospital Auxiliary who raised funds that enabled us to purchase the ALS iSimulate.

- One of the areas that was highlighted for improvement from the VHES survey results was the opportunity for us to improve how we include consumers in their care and partner with them when providing care.

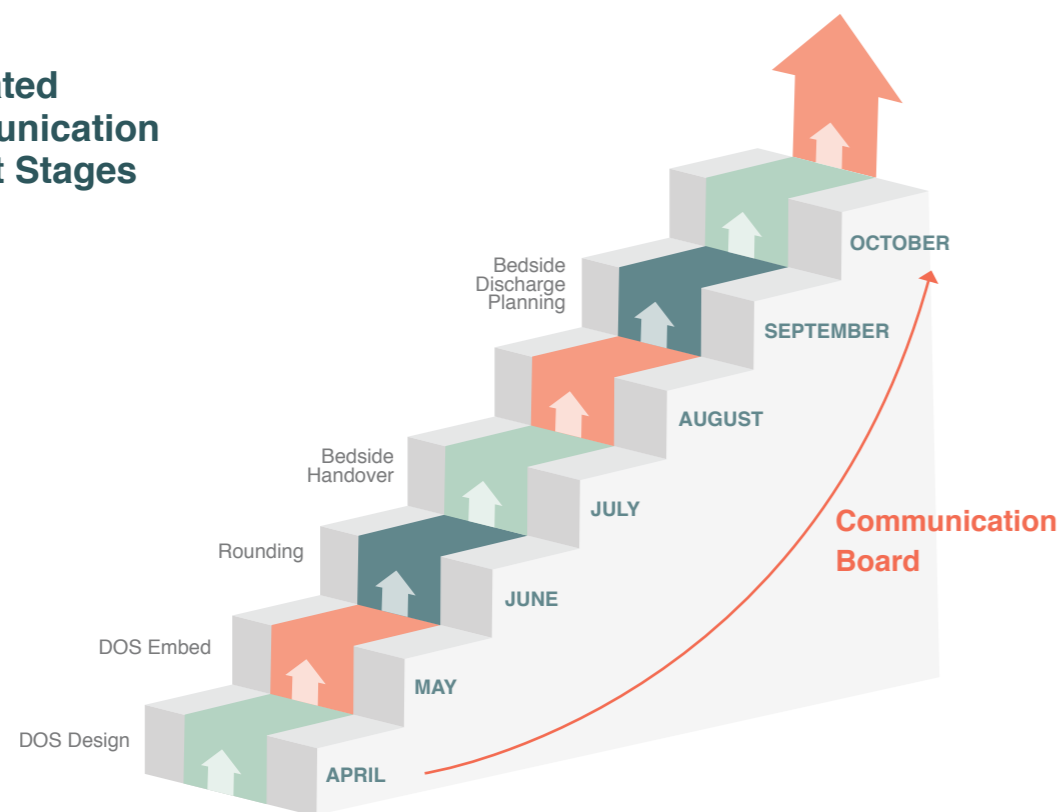
In response, the Integrated Communication Project was developed – A five tier, six month project aimed at improving consumer involvement and communication from admission through to discharge.

Daily DOS Operating System

From the outset we looked at introducing a systematic approach to assessing our resources and readiness to provide safe and effective care each and every day through the development of our "Daily Operating System (DOS)". The DOS is designed to identify potential "road blocks" that impact care delivery, access and patient flow.

The DOS assessment aids in planning the daily work flow needs, ensuring that the required number of staff are available to care for inpatients and those who present to the UCC. We can plan for discharges and understand our admitting

Integrated Communication Project Stages



A number of actions from the Integrated Communication Project are highlighted below:

capacity. Any issues are identified early and where necessary, escalated to the senior management or executive team so that solutions and planning commences as early as possible allowing Stawell Regional Health to plan and care for its community at all times.

Clinical rounding is undertaken by senior nursing staff daily to ensure care is coordinated and staff are supported in their clinical assessments and discharge planning.

Bedside handover also occurs on a daily basis. The incoming nurse receives handover from the outgoing nurse in the presence of the patient – this allows the patient to be included in the conversation regarding their care and to participate in all aspects of their discharge planning.

Communication Boards

To support clear communication Simpson Ward is currently working with patients to improve in room communication boards. The communication boards are visual communication tools that clearly display important priorities in patient care, including information such as the treating doctors name, the responsible nurse, care alerts, mobility supports needed and agreed patient goals.

The boards are there to support two way communication and have an area dedicated to patient/family communication where patients and or their family can raise issues to ensure they are addressed in a timely fashion.

This simple but effective communication tool ensures that we partner with those we are providing care for ensuring that the patient

- Has control over their goals of care
- Is an active participant in successfully planning their care and discharge and;
- Clinicians are working towards the same goal so that the care plan responds to the patient's needs.

The next phase of the project is to gather consumer and clinician feedback around the effectiveness of the revised communication boards.

The final step will be to develop a multi-disciplinary bedside discharge planning process to ensure that the discharge plan is fully understood and actioned by all services involved, the patient and those providing care for them post discharge.



Community Health Services Victorian Healthcare Experience Survey

The results from the 2018 Victorian Healthcare Experience Survey received in May 2019 have been analysed, and we are pleased to report an improvement in community satisfaction regarding how information is received from Stawell Regional Health.

Our results show we are above the state average for all questions relating to 'Information'.

A marked improvement was seen in client's being informed of the cost of our services (80% compared to 62%) which was an area targeted as a result of our 2017 survey results.

People also felt they were provided with more information about their care, and were aware of who to contact if they had any questions about the care received.

Additional improvements include:

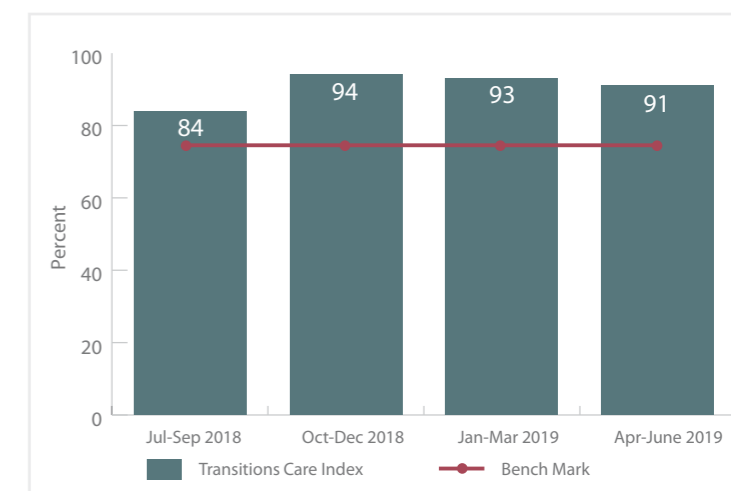
- Provision of brochures for My Aged Care to appropriate clients, to provide information about the My Aged Care service and how it is accessed.
- Motivational interviewing training undertaken by community care staff, to improve communication of information being provided to clients about their care.
- Creation of information packs for clients over the age of 65, informing them of the new Charter of Aged Care Rights.

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 84-91%, which was well above the expected benchmark in all quarters. We recognise that we did not perform as well as expected in the first quarter but pleasingly, our results were higher than that in the second, third and fourth quarters.

Figure 2





Consumer representatives, Lyn Mackenzie and Peter Martin join SRH leaders and National Engagement Adviser at Australian Health Practitioner Regulation Agency (AHPRA), Susan Biggar for a consumer engagement forum.



Building consumer capacity

Stawell Regional Health is committed to supporting consumer engagement throughout the service.

We acknowledge that consumers play an essential role in continuous improvement across the whole of the organisation. There are many and varied opportunities for consumers, their carers and community members to participate in the organisation, and we encourage them to get involved where they are able.

- 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 asked if they would like to be involved in bedside handover
- In 2019, 85% of residents/relatives rated the way staff involved them in decisions about their care and treatment as “often” to “always” compared to 73.5% in 2018
- Brochures and leaflets are reviewed with consumers and align with our policies, and with Health Literacy Principles
- In the past 12 months we have had consumer representation on the following committees/ project and working groups:
 - Quality and Safety Committee
 - Clinical Governance Committee
 - The Macpherson Smith Residential Care redevelopment working group and Falls Working Group

- Consumers are involved in the planning, improvement and evaluation of services and programs
- The Budja Budja Cooking Group participants have been involved in the set-up of a Head Chef program which involves one participant choosing the recipe to be cooked and leading or delegating the cooking to others. This has resulted in more ownership of the cooking and increased numbers of people assisting with the cooking as they are supporting the Head Chef.

The program has also been altered towards the end of the 2018/19 financial year to have more collaboration between the cooking/ exercise program and the Social & Emotional Wellbeing worker and the onsite nurses. E.g. Joint quit smoking awareness sessions

- Consumers are actively involved in the management of concerns and complaints
- Consumers have presented to staff on the acute site and in allied health about their “experience” at Stawell Regional Health
- The Victorian Quality Account is submitted to Safer Care Victoria. 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 perforated feedback form is available on page 15 of this report.

If you are interested in becoming a Consumer Representative please contact the Executive Team on 5358 8548.

Interpreter Services:

The majority of people living within our catchment area identify as coming from an English speaking background.

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 one patient admitted to our hospital for elective surgery required an interpreter. A Thai interpreter was used by telephone using a three way phone link up for a pre - operative consultation.

Draft Disability Action Plan

In 2018/19 Stawell Regional Health developed a draft Disability Action Plan (DAP). The development of the DAP was informed by consultation with people living with a disability and disability service providers within the Grampians region. There is a higher population of people living with disability in Stawell compared to the Victorian average which is in part a result of local deinstitutionalization with many people now living in supported accommodation. The Stawell Regional Health DAP aims to improve and increase the accessibility of our services to people with disability and supports our strategic objective of ensuring equal access to care for all members of the community.



The District Nurse visits at 8.30 each morning to assist with my tablets. My next visit is at 4.30 when I get an insulin injection and my tablets are put into a saucer for when I go to bed. They always help with opening jars and other small jobs too.

The District Nurses organised for me to attend the Social Support Group. My days there are full with a lunch meal, morning and afternoon tea, the daily paper to read along with magazines, quizzes and games and lots of outings. Stawell is lucky to have such a facility. And I am lucky to attend, I enjoy the company.

Roma Bennett, District Nursing Patient and Social Support Group Client





Quality and Safety

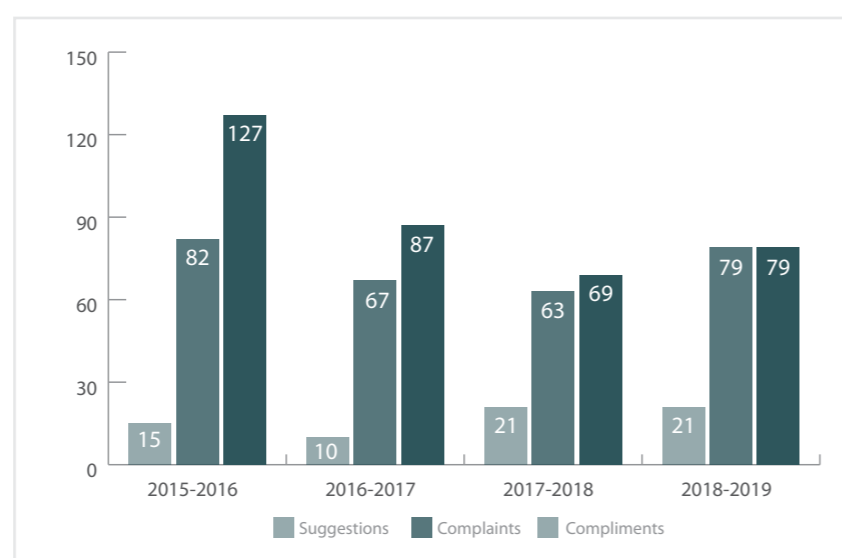
Quality and Safety - Consumer and staff experience

Seeking Consumer Feedback

We encourage community members to tell us what they think of our health service. This feedback shows us what is working and where we, as an organisation need to do better.

In 2018-19, Stawell Regional Health received 179 pieces of feedback. The feedback is recorded as either a suggestion, complaint or as a compliment. Figure 3 compares feedback over the past four years.

Figure 3



How we respond to complaints:



179 pieces of feedback received in 2018-2019 

We aim to respond with an outcome to all complaints within 30 days. Where this is not possible a letter is sent to provide an update on the progress of the investigation and expected response for an outcome.

Actions as a result of consumer feedback

Car parking has been an emerging theme throughout the feedback received in 2018-2019.

As a result the following action has been taken:

- Safety of car parking has been improved at the Stawell Medical Centre by repositioning a bollard that was identified as a falls risk
- The number of reserved parking spaces on the hospital hill has been reduced to increase the amount of patient and visitor parking access
- Further improvements to signage are planned for the end of 2019.

Other improvements as a result of your feedback include:

- Various improvement to the information patients receive regarding our services
- Purchase and installation of a washing machine for use by consumers participating in the Transition Care Program
- Improvements to the toilet facilities in the Bennett Centre
- Improvements to the scheduling of theatre times and
- Various improvements in our administrative procedures.



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.

These include: in person, a letter, email or phone call, via the SRH website or via a Suggestion, Complaint & Compliment Form which are located throughout the health service.



Tell us your complaints, compliments & suggestions

Quality Account 2018 – 2019 Feedback Form



Nurse Lauren Cooper helps to prepare a patient for theatre.

People Matter Survey

Our Patient Safety Culture index for the 2018/19 financial year, was reported as 79% benchmarked against a target of 80%. This figure has decreased from the previous financial year and is based on the results of the People Matter Survey completed in April 2018.

The People and Culture Committee was established in response to questions about safety and workplace culture. The committee is now bedded down and we are seeing rigorous discussions and feedback from staff across the board. This committee, with responses from the staff they represent, developed an action plan to address trends and key areas identified in survey responses. Committee members continue to monitor actions against this plan and will again evaluate the effectiveness of the strategies in the next survey. We expect that there will be an improvement in the next survey conducted in 2019.

The Health Service has developed a health and wellbeing page on the Intranet to help all staff

access assistance for physical and psychological needs. The overall environment continues to be assessed with a view to making healthy choices the easy choice for staff for their physical wellbeing, an example of this is the replacement of sugary drinks in the cafeteria and vending machines with approved drinks from the Heathy Choices Food and Drink classification guide.

A number of policies have been redesigned to align with best practice and to ensure that staff at any level may access support for possible negative behaviours experienced. Awareness around these will be further rolled out in the next financial year.

The incident reporting culture continues to be a focus area, not only through orientation of new staff who join the organisation, but also with existing staff through training and manager support. Awareness and support in reporting both actual incidents and near misses will continue to ensure that staff feel more confident in reporting these and that a positive reporting culture is maintained.

TEAR HERE

Your feedback is important to us and we appreciate your time to complete our Quality Account Survey.

Please tick (✓) the appropriate response or write a comment.

Please advise the format in which you accessed the report

- Electronically via SRH Website
- Paper copy via SRH Reception areas

I would prefer to access the report

- Electronically
- Paper Copy

1. The information in the report was easy to read and understand.

- Strongly Agree Agree Disagree Strongly Disagree

2. The report was well presented.

- Strongly Agree Agree Disagree Strongly Disagree

3. The report was a good length (number of pages).

- Strongly Agree Agree Disagree Strongly Disagree

4. I know more about services at Stawell Regional Health since reading the report.

- Strongly Agree Agree Disagree Strongly Disagree

5. What other information would you like to see included in this report:

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Proudly displaying our accreditation certificate at Macpherson Smith Residential Care

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>All actions under V2 of the NSQHSS are now mandatory</p>	<p>Acute site</p> <p>Planned organisational wide survey was conducted 4-5th October 2017 against the ten National Standards.</p> <p>Stawell Regional Health received:</p> <ul style="list-style-type: none"> • Four Advanced Completion (AC) 90 day recommendations against four core actions which were successfully completed at re-survey 4th January 2018. • The additional recommendations we received at the 2017 survey continue to progress; these relate to patient / family escalation of care process and staff interaction with patients at bedside clinical handover. • We also 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. • A Self-Assessment was submitted in July 2018 and an Action Plan developed against suggestions received such as using national statistics sourced from Australian Bureau of Statistics rather than local data. • Stawell Regional Health has a scheduled survey against version 2 of the NSQHS Standards in October 2020 and work continues against these mandatory actions.

Types of Accreditation	Status
Australian Aged Care Quality and Safety Commission (Three year cycle with one on site survey and at least one *unannounced site visit every other year)	Macpherson Smith Residential Care <ul style="list-style-type: none"> Successful survey 4th- 5th September 2018 at which 44 outcomes were achieved. The next quality review is planned for 2021 and the service will be assessed against the new Aged Care Quality Standards introduced from July 2019. We have commenced a GAP Analysis against the new Aged Care Quality Standards.
Commonwealth Home Support Program (CHSP) (The quality review included the following areas: Allied Health and Therapy Services, Nursing and the Social Support Group)	Community Services <ul style="list-style-type: none"> 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 and the service will be assessed against the new Aged Care Quality Standards introduced from July 2019. We have commenced a GAP Analysis against the new Aged Care Quality Standards.
Australian General Practice Accreditation Limited (AGPAL) The practice is accredited against The Royal Australian College of General Practitioners (RACGP) Standards for General Practices Ed 4 (GP Ed 4)	Stawell Medical Centre <ul style="list-style-type: none"> Successful onsite survey on 28th August 2018 As a component of the accreditation survey a patient feedback survey is undertaken. Stawell Regional Health has chosen to now undertake this survey annually. Our next survey is scheduled for 2021 against the new version, version 5 of the RACGP Standards.
National Disability Insurance Scheme (NDIS)	NDIS Services <ul style="list-style-type: none"> Stawell Regional Health is a registered NDIS provider. Stawell Regional Health will undergo our accreditation against the new NDIS Practice Standards in 2020. We have commenced a GAP analysis to support our preparation for accreditation against the NDIS Practice Standards.



“ This morning I attended the emergency service at SRH as my partner had fallen and injured her knee. From the moment we arrived until we left we received nothing but an excellent service delivered by caring professional staff. The emergency nurses and attending Doctor were wonderful as were radiography staff and the allied care staff. ”

Adverse Events

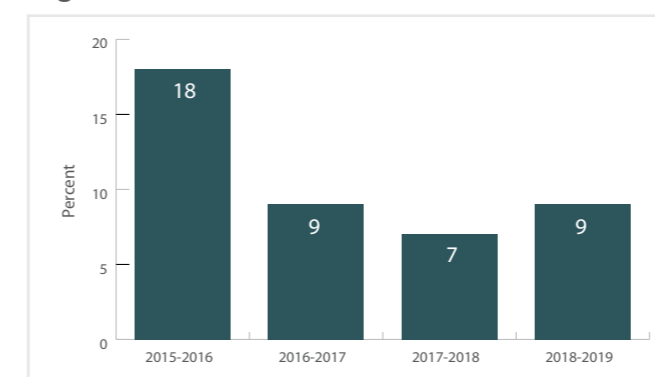
An adverse event is an incident which results in harm to a person receiving health care. Examples include infections, falls resulting in injury, problems with medication or development of a pressure injury. Stawell Regional Health team members always aim to provide the best and safest possible care,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

In 2018-2019, there were 799 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.

Figure 4 highlights the number of incidents rated Moderate to Severe over the last 4 years.

Figure 4



Lessons learned and improvements arising from these events:

Clinical incidents that cause significant harm account for approximately one per cent of reported incidents and each incident is formally reviewed. Through the thorough investigation of these incidents we are able to identify if there were any preventable factors that caused the incident to occur, and if so, what we can do to prevent these in the future.

Patient deterioration and transfer to larger health care facilities emerged as themes from these reviews. As a result we have:

- Reviewed our procedures for recognition and response to patient deterioration to ensure we are identifying any clinical issues early
- Implemented a system to review all cases where a patient is transferred to another health service to ensure the transfer was appropriate
- Improved our system for code blue calls.

We also plan to:

- Introduce a Sepsis Pathway to streamline the identification and treatment of Sepsis and
- Expand the in-house Advance Life Support training program for nursing staff. This program is due to commence in August 2019.



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:

- Blood infections (Bacteraemia)
- Review of the antibiotics used and identified microbes that are resistant to these antibiotics
- Staff immunisation against preventable diseases
- Incidence of infections after knee surgery
- Compliance of all staff with hand hygiene
- Clinical staff not wearing jewellery or watches while attending to their patients / clients.

Stawell Regional Health also benchmarks against other regional hospitals with 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.

Blood Stream Infections (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 this 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.

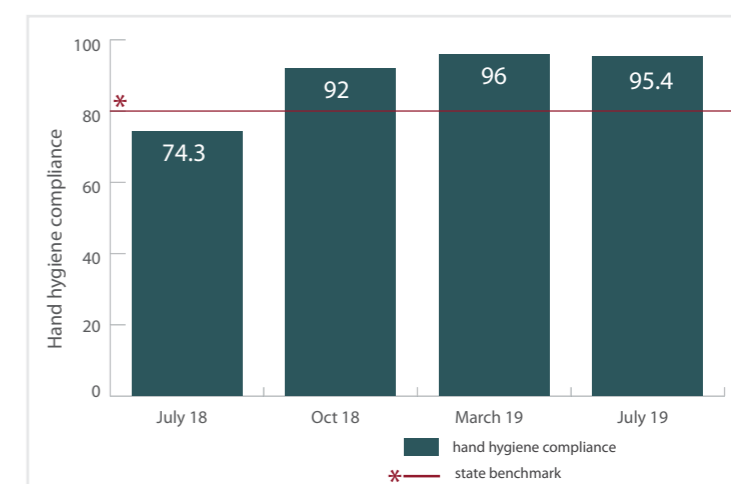
	July - Sept 2018	Oct – Dec 2018	Jan – March 2019	April – June 2019
SRH results	0	0	0	0
Staphylococcus aureus bacteraemia infections per 10,000 occupied bed days				
State wide results	*0.7	*0.9	*0.9	*NA
Per 10,000 occupied bed days				
National benchmark	2.0	2.0	2.0	2.0
per 10,000 bed occupied days				

Note: *Data for 2018-19 State wide results are provisional, and will be finalised in November 2019.

Stawell Regional Health continues to promote the 'five moments of hand hygiene' and have introduced a 'High Five for 95' program to ensure hand hygiene remains a focus for all staff with an aim for a compliance rate of 95%.

Figure 5

Figure 5 compares our compliance against the State Benchmark over the last 5 years.





Immunisation

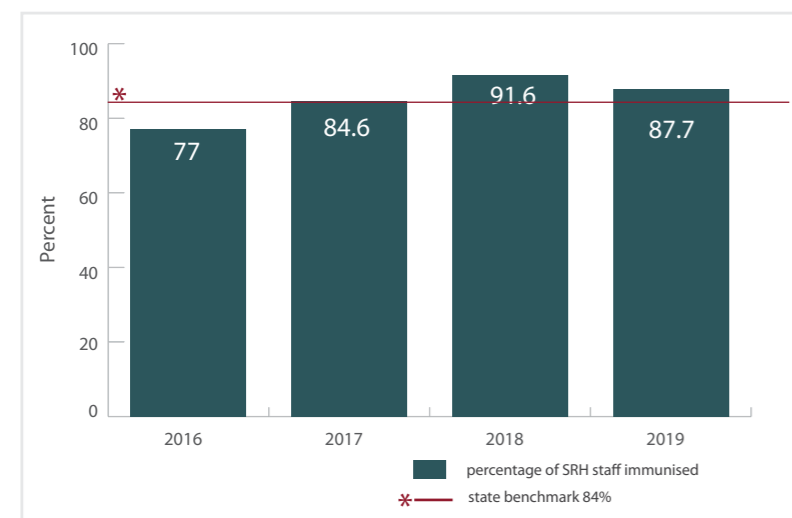
Influenza (Flu) can be a severe medical condition that requires hospitalisation, however it can be prevented through immunisation.

We now have two accredited Nurse Immunisers on staff and our Pharmacist is also an accredited immuniser. In the last year we have had a decline in our number of immunisers, however we have been able to achieve our targets with support of the executive to provide more immunisation sessions and encourage staff to attend.

In 2019 the Department of Health and Human Services (DHHS) set a target for all public hospitals in Victoria to vaccinate 84% of all staff. This year, Stawell Regional Health exceeded the DHHS target by immunising 87.7% of all staff.

Figure 6 shows Staff Influenza Immunisation rates over the last four years and the current DHHS target.

Figure 6



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 annual average of overall high care rates for Victorian Aged Care facilities.

We use this information to review and improve our care to our residents.

Pressure Injuries

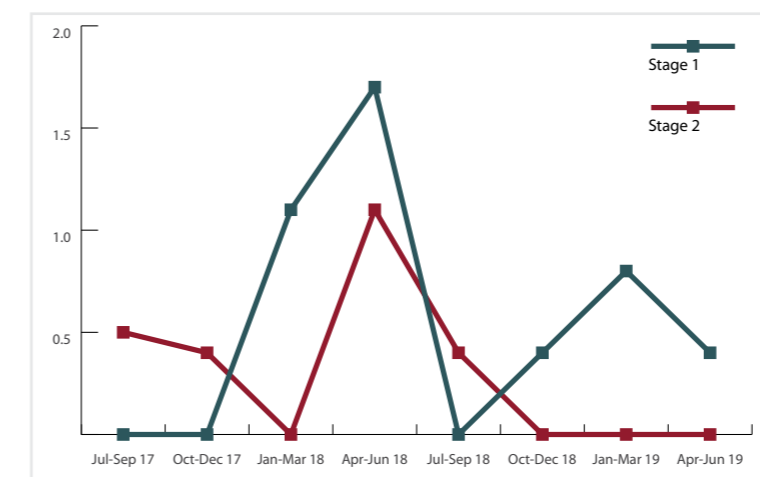
Residents in Macpherson Smith have not recorded any acquired* Stage 3, Stage 4 (most severe), unstageable or deep tissue injuries during this audit over the last five years.

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. Stage 2 pressure injuries present as partial thickness skin loss.

Figure 7 provides data on Stage 1 and 2 Pressure Injuries over the last two years. Macpherson Smith was above the annual average of the overall 'High care rate' for both years for both Stage 1 and 2 pressure injuries. Stage 2 pressure injuries are trending down in the last three quarters of 2018/2019.

(*Acquired means the pressure injury developed whilst in the care).

Figure 7



In comparison:

The annual average of the overall 'High Care Rate' for Stage 1 Pressure Injuries in 2017/2018 was 0.42 and in 2018/2019 was 0.35.

The annual average of the overall 'High Care Rate' for Stage 2 Pressure Injuries in 2017/2018 was 0.47 and in 2018/2019 was 0.41



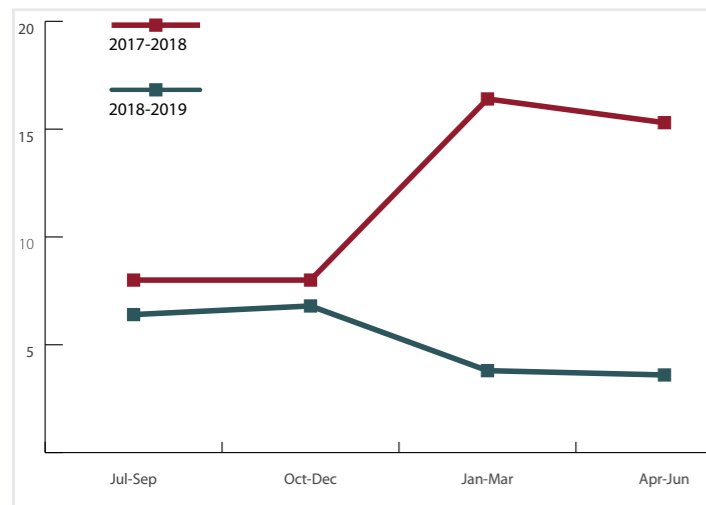
Use of physical restraint

'Intent to restrain' is the intentional restriction of a resident's voluntary movement or behaviour by the use of a device, 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 annual average of the overall 'High care rates' for Victorian Aged Care facilities. Restraint devices used are trending down in the last two quarters of 2018/2019 as shown in Figure 8.

Figure 8



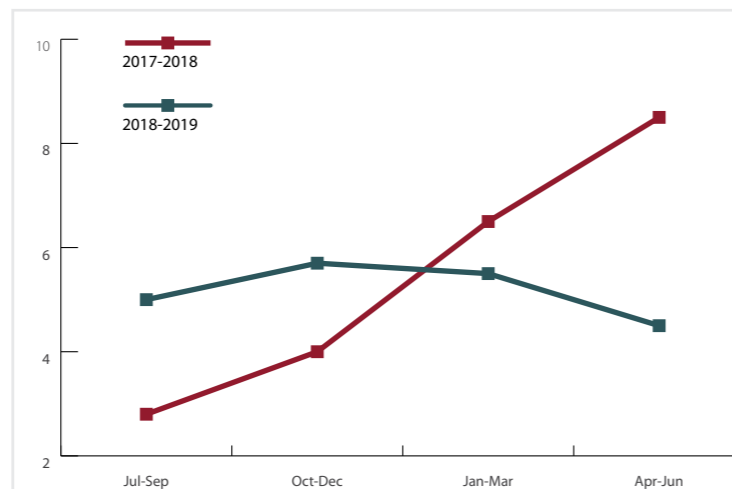
In comparison: The annual average of the overall High Care rates is 0.91 for 2017/2018 and 0.6 for 2018/2019.

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.

Figure 9 shows residents prescribed nine or more medications over the last two years with the number trending down in the second half of 2018/2019.

Figure 9



The annual average of the overall highcare rate for Victorian Aged Care facilities was 4.7 in 2018/2019

Falls and falls related fractures

Macpherson Smith Residential Care has recorded no falls related fractures. Macpherson Smith has recorded above the annual average of the overall 'High care rates' for Victorian Aged Care facilities in seven of the eight quarters, as shown in Figure 10.

Macpherson Smith continues to have a higher falls rate compared to the annual average of overall high care rates for Victorian Aged Care facilities.

Action taken:

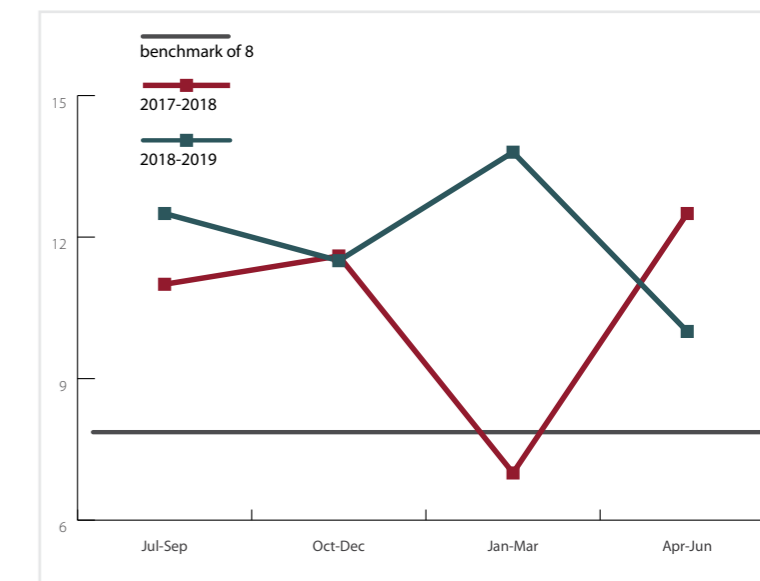
- Developed a multidisciplinary Falls Action Group to monitor and analyse the falls data in order to develop a resident focussed action plan. The Falls Action Group shall report directly to the Comprehensive Care Committee and shall provide regular updates to the Clinical Governance Committee
- Provided training through Dementia Australia for a range of staff at one of two 3 hour workshops that utilised EDIE, Dementia Australia's virtual reality smartphone app. This workshop enabled staff to see the world through the eyes of a person living with dementia utilising high quality virtual reality technology. This program explored what it may feel like to experience dementia and care for someone living with dementia

- Engaged Dementia Australia who undertook an Environmental Audit at Macpherson Smith against 10 Dementia-Enabling Environment Principles

Plan to:

- Refurbish the facility to re-enable consumers and decrease falls
- Increase independent access to outdoors areas
- Introduce walking stations which shall provide destinations for residents to walk to.

Figure 10



In comparison: The annual average of the overall 'High Care Rate' in 2017/2018 and in 2018/2019 was 8.0.



Macpherson Smith Residential Care has re-introduced Happy Hour for residents.



Residents with unplanned weight loss

Figure 11 shows unplanned weight loss (3 kilograms or greater and weight loss each month for three months) over the last two years.

Weight loss greater than 3 kgs has reduced over the 2018/2019 year and has sat under the annual average overall 'High care rates' for Victorian Aged Care facilities in five out of eight quarters.

Weight loss each month for three months has sat under the annual average of the overall 'High care rates' in two out of the eight quarters.

All residents who experience unplanned weight loss are reviewed by our Dietitians and have a management strategy in place.

Action taken:

In response to results above and feedback about our food services we plan to review the consumer dining experience. We have:

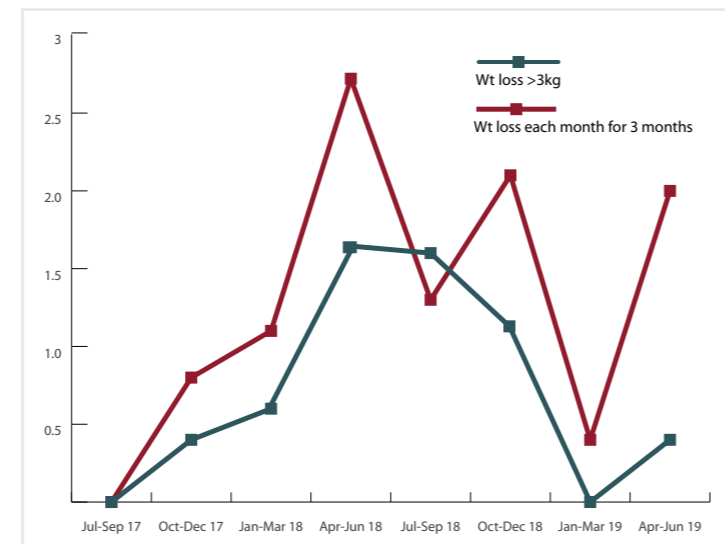
- Enabled visitors to pre order a meal to have with their loved ones and
- Encouraged consumers and relatives to provide feedback to the Support Services Manager about the food.

We also plan to:

- Undertake a full Food Services Review
- Develop a working party to respond to feedback
- Place bowls of fresh fruit on tables

- Purchase flowers, tablecloths, condiments for the tables in the dining room to enhance the dining experience
- Purchase clocks and place them around the facility to support meal identification time
- Make changes to the menu
- Re-introduce 'Happy Hour'
- Re-introduce Social Food Events e.g. Indian theme day planned for August
- Provide access to a snack bar.

Figure 11



In comparison: The annual average of the overall 'High Care Rate' for weight loss greater than 3 kilograms for 2017/2018 was 0.89 and in 2018/2019 was 0.93. The annual average of the overall 'High Care Rate' for weight loss each month for three months for 2017/2018 was 0.86 and in 2018/2019 was 0.92

Escalation of care process

Stawell Regional Health has a number of safety measures in place to identify deterioration to make sure staff can recognise these signs and act appropriately.

These safety measures include:

- Recognising and responding to clinical deterioration policies that clearly outline the circumstances when escalation of care should be started and how it should be managed
- Adoption of a range of 'Track and Trigger' charts for adults and children. These charts enable vital signs to be tracked within pre-set measures and thresholds and set out the escalation response required in dealing with different levels of abnormal vital signs and other observations and assessments
- Scheduled audits of appropriate use of track and trigger charts
- Initiation of a formal debrief after a clinical deterioration episode by the senior nursing staff so that reflection, recommendations and improvement can occur if necessary. This process also supports clinicians to reflect on their individual practise as well as the whole care team
- SRH has applied to be part of a Safer Care Victoria Pilot 'Hear Me', which is a 24/7 call service for patients and carers to escalate their concerns.

An example of when escalation of care processes resulted in a positive outcome for a patient:

- A middle aged person presented to the Urgent Care Centre with signs suggesting Sepsis (Sepsis is a life-threatening condition that arises when the body's response to infection causes injury to its own tissues and organs).
- With a past history of chemotherapy (Chemotherapy is a type of cancer treatment that uses one or more anti-cancer drugs as part of a standardized chemotherapy regimen) this immediately identified our patient at risk of Febrile Neutropenia. (Febrile Neutropenia occurs when a patient has a fever and a significant reduction in their white blood cells (neutropenia) that are needed to fight infections).
- Febrile Neutropenia is a clinical emergency where a patient's condition may deteriorate rapidly.
- Staff immediately implemented the 'Febrile Neutropenia' Clinical Pathway which has been embedded in practice at SRH. This resulted in immediate identification and escalation of care. Correct and timely treatment enabled emergency transfer to Ballarat Base Hospital where our patient was treated in the Intensive Care Unit for several days and was ultimately transferred home to Stawell.



Comprehensive Care

Community Health Services

Accessing the Health Service

Nine questions form the 'Accessing the health service' section of the survey. Two of the nine questions scored significantly higher in 2018 compared to the 2017 results.

Key highlights included 100% of respondents rated reception staff as polite and helpful, 88% felt it was easy to make an appointment and 87% felt the time waiting in the waiting room was about right.

A priority action area relates to the provision of information before an appointment which sat just above the state average despite being higher than the 2017 results.

Environment and Facilities

Respondents to the 2018 VHES Community survey rated SRH between 82 – 97% across all questions relating to environment and facilities.

These questions were:

- How clean was the health service
- Did you feel physically safe at the health service
- Did the health service feel welcoming
- Were you given enough privacy at reception
- Were you given enough privacy at your appointment?

Stawell Regional Health scored above the state average and our 2017 results for all questions except for making community service waiting areas more welcoming. Stawell Regional Health plans to focus on making community service waiting areas more welcoming for people from diverse backgrounds such as Aboriginal and Torres Strait Islanders, people living with a disability and Lesbian, Gay, Bisexual, Transgender, Intersex and Queer (LGBTIQ) people.

Community Health Services

Planning Your Care

Stawell Regional Health scored above the state average for all Victorian Health Care Experience Survey (VHES) Community questions relating to Planning Your Care.

There are nine questions in the 'Planning Your Care' section of the survey. Seven of the nine questions scored significantly higher (between 8-30%) in 2018 compared to the 2017 results, whilst two of the nine questions scored a similar result (low 80s).

This was a priority action area from the 2017 VHES Community survey which resulted in a review of goal setting and care planning in community services, implementation of standard goal setting across all community services, and investment in training staff in evidence based motivational interviewing and health coaching techniques.

As a result of these actions there was a marked improvement in questions relating to goal setting and care planning. The next step is to provide all clients with a care plan in their preferred medium – written or electronic.

People living with Diabetes

Stawell Regional Health proposed a pilot in early 2018 to run a multidisciplinary Diabetes Self-Management Group led by the Diabetes Educator, Dietitian and Exercise Physiologist.

The program ran twice after June 30 2018, funded by the Primary Health Network's Chronic Conditions Model of Care.

It focussed on educating and supporting people to self-manage their lifelong condition. The first group provided positive feedback along with some recommendations for change which was addressed prior to the second group commencing.

The name of the group, 'First Steps to Living Better with Diabetes, we will conquer' was developed by the first pilot group.

Due to staffing changes this program has been on hold since the second pilot program. There are plans to commence the multi-disciplinary First Steps to Living Better with Diabetes Group later in 2019 to ensure that there is a group based option for diabetes support in our community.



I left yesterday with a great sense of being OK as a person. To be in a group of people contributing and being taken seriously – while just being me was liberating.

LGBTIQ Community member regarding LGBTIQ Forum



100% of respondents rated reception staff as polite and helpful



The Cancer Wellness Program is popular amongst cancer survivors in the area.



The Pilot Mobile Support Group had a day out which included a silo tour

Tackling social isolation in rural communities

Cancer Wellness Program

The final report for the Telehealth for Supportive Survivorship Care was released June 2019.

Stawell Regional Health was one of the Grampians rural sites that participated in this research project to increase access to survivorship education and exercise and wellness programs in rural and regional Victoria using telehealth.

Given the current rates of cancer in Northern Grampians Shire and more Oncology services being offered at Stawell Regional Health, a service focussed on living well with cancer or post cancer is a great addition.

Program highlights included:

- Delivery and evaluation of eight programs across two regions and five health services to 110 participants.
- Development of an evidence based, best-practice program that was informed by participant and facilitator feedback, input and evaluation data.
- Strong links and improved relationships between health services, the Integrated Cancer Services and primary care networks.

- Dedicated local health professionals whose commitment ensured the success and implementation of the model.
- Improved emotional health, wellbeing, social connections and increased local access with less travel for participants.

The program is now embedded in normal practice in the Grampians Region. It has also had a name change to – ‘Cancer Wellness Program’.

Stawell Regional Health participates in the program twice yearly in collaboration with Rural Northwest Health and Wimmera Health Care Group for Telehealth sessions. Since the project concluded Stawell Regional Health has participated in two other programs with positive feedback from participants.



Mobile Social Support Group Pilot

Studies show that acute loneliness and social isolation can impact gravely on wellbeing and quality of life, with demonstrable negative health effects. Being lonely has a significant and lasting negative effect on blood pressure and is also associated with depression.

Research evidence is particularly supportive of social group activities with a creative, therapeutic or discussion-based focus. Participants in those groups experienced better subjective health and survival rates compared with a control group.

One of the goals in our Statement of Priorities for 2018/2019 was better access to care and to expand the provision of the Social Support Group service to key rural communities outside the local township.

The purpose is to reduce isolation for people living in remote areas and increase the socialisation of people living in the Northern Grampians. Site visits and focus groups were conducted in outreach locations and a pilot mobile social support group planned for Landsborough in June this year.

Nine people over the age of 65 years participated, and the group went on a Silo Tour, visited the Murtoa Stick shed and participated in a group lunch at the Murtoa Neighbourhood House.

Outcomes:

- 100% of participants found the program beneficial to their wellbeing
- 100% of participants would like to participate in the program again
- 100% of participants would recommend the program to a friend.

Attendee interviews indicated an:

- increased sense of socialisation and social interaction for the attendee and carer and
- Increased accessibility of social support opportunities.

The next steps are to:

- Measure feasibility
- Investigate the funding opportunities and
- Expand the pilot to the Navarre and Marnoo communities.



Roger Philis speaks about his experience of the Cancer Wellness Program and Oncology Massage Program.



Boot scooting was a big hit at the Ageing Expo

Community Rehabilitation Centre open day

In October 2018, SRH hosted an open day of the Community Rehabilitation Centre. This was an opportunity for staff and community members to get together to celebrate the many services offered from this building.

The Community Rehabilitation Centre (CRC) was first opened in January 2014, in response to a Department of Human Services report which found access to specialist services was limited within the Grampians Region. The CRC was funded by a \$3.5million Federal Government grant, and a \$180,000 State Government contribution and from the efforts of local farmer Aaron Hemley who raised in excess of \$120,000 for the oncology unit during a shearing marathon.

The CRC offers a wide range of services including Primary Care Services, Rehabilitation Programs, Oncology, and visiting specialists such as orthopaedic surgeons, paediatricians, rheumatologists, ophthalmologists, urologist and an ear, nose and throat specialist. On average approximately 220 people access one or more of the services at the CRC on a weekly basis.

The open day included a tour of the building including the John Bowen Oncology Unit,

specialist consulting rooms, and purpose built rehabilitation gymnasium, kitchen and garden.

The Director of Primary and Community Complex Care, Rhys Duncan presented on the history of the building and services provided from it, whilst guest speaker Roger Philis shared his own personal experience of the care he received from services delivered from the CRC.

Allied Health Professionals including Physiotherapy, Dietitians and Occupational Therapists provided presentations to educate community members about living healthy and staying active. Attendees on the day also had the opportunity to get moving, by participating in Tai Chi, and exercise sessions for heart, lung and cancer care run by the Community Health Nurse, Exercise Physiologist and Allied Health Assistants.

The open day was well attended by community members, staff of SRH, staff of Northern Grampians Shire and other community organisations.

Feedback gained on the day was overwhelmingly positive, with many comments from attendees highlighting the informative and interesting presentations, and helpful and friendly staff.

Ageing Forum

Last year Stawell Regional Health held a series of information forums on ageing for older people and their family and carers. In 2019, Stawell Regional Health partnered with a range of local services to hold a mini expo at the Stawell Town Hall.

This was a great opportunity for community members to see the breadth and diversity of services available, to catch up with old friends and to ask questions about issues that concern them.

Stawell Regional Health and the other services also got to network, learn about new services and have direct contact with service users and people looking for services.

About 75 people attended, with a boot scooting and ballroom dancing presentation, chair exercises and a session on Advanced Care Planning proving very popular.

Stawell Regional Health Capital Works

In addition to the \$2.2m funding we received from the Regional Health Infrastructure Fund in 2018 we have received \$294k to help upgrade our IT infrastructure through installation of new fibre optic cabling and replacement of outdated switches.

We have also secured funding of \$912k, to install a state of the art patient communication system with sophisticated and technologically advanced functionalities.

Work on these projects will proceed throughout the coming year along with continued work relating to last year's funding which has seen the installation of a new steriliser and two new chillers to strengthen continuity of service.

“ I want to commend all of the staff who attended my surgery. Every staff member provided excellent care. They were informative, kind and respectful, but most of all professional. The Anaesthetist must also be commended. Stawell Hospital put others to shame. Thank you all. Linda Nemeth, Rupanyup, Patient speaking of her cataract surgery ”



Stawell Regional Health's Environmental Performance

We take our environmental sustainability responsibilities very seriously and have implemented a number of initiatives and measures to reduce the impact we have on the environment from daily operations.

Two key areas of focus have been to work towards:

- reducing printing and
- electricity usage.

Whilst Figures 12 and 13 demonstrate a trending down in both these areas over the relevant periods we are committed to further improving performance through workforce education and the use of innovative ideas.

The impact of the installation of solar panels in January of this year can clearly be seen as grid electricity consumption falls from that period.

Further work is being carried out in the areas of recycling, waste reduction and offsetting carbon emissions.

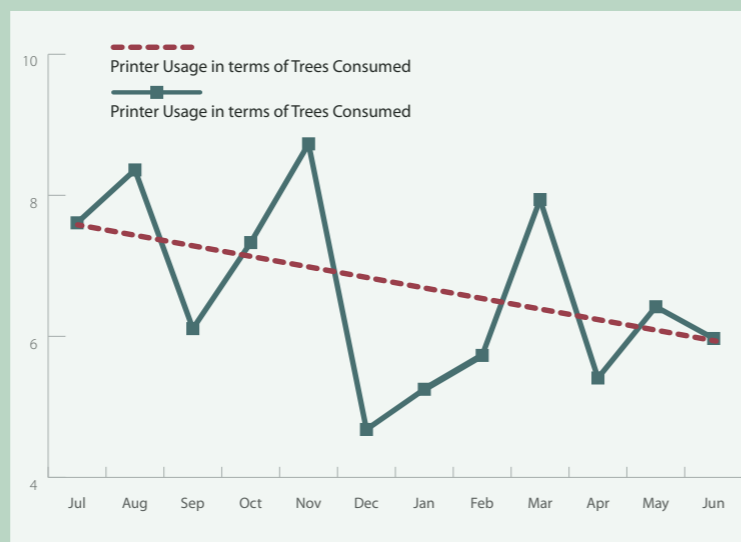


Figure 12: Printer usage in terms of trees consumed

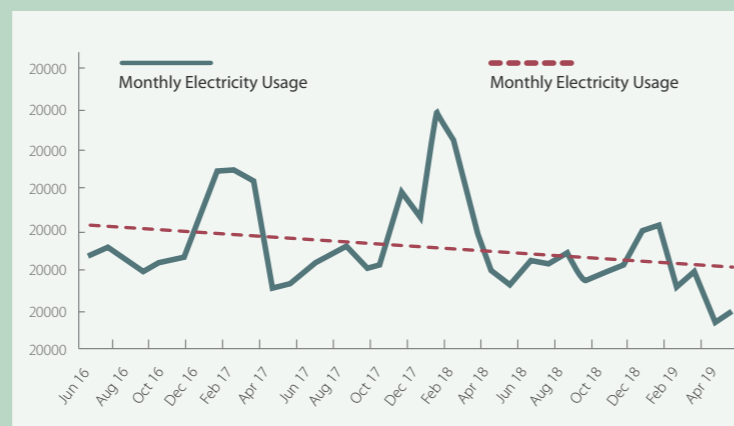


Figure 13: Monthly electricity usage



The Hospital Auxiliary, with the help of local businessman, Peter Carey, raised funds for a new Oncology Fridge through The Historic Homestead Tour Fundraiser which was awarded the Northern Grampians Shire Event of the Year.

Our Supporters

Hospital Auxiliary

In its 91st year, the Hospital Auxiliary continued its tireless work to raise funds to support the purchase of additional clinical equipment and furniture for Macpherson Smith Residential Aged Care. This year, through the efforts of the Hospital Auxiliary, Stawell Regional Health was able to purchase equipment to the extraordinary value of \$36,816.57.

Some of those purchases include a new pharmacy fridge for the day Oncology unit, new living room furniture and smart TV for Macpherson Smith Residential Care, a Doppler machine for use by district nursing and an iSimulate machine to support the provision of advanced life support training of Stawell Regional Health staff and the broader region.

Y-Zetts

The iconic annual Stawell shopping spree was once again held in late 2018 enabling the Y-Zetts to continue their contribution to the health service. This year, through the Y-Zetts donation, Stawell Regional Health has purchased two, much needed portable vital sign monitors to the value of \$7,055.02.

Community Donations

The Bookworm Gallery have supported Stawell Regional Health for many years and this year provided a generous donation of \$10,000.

Our sincere thanks go to the numerous local community members, clubs and organisations that continue to show their support to Stawell Regional Health through various donations throughout the year.

Murray to Moyne

Once again, the Stawell Sprockets stepped up to raise funds for Stawell Regional Health, participating in Murray to Moyne, a 520k relay from Echuca to Port Fairy. It's a long ride over two days and includes months of practise beforehand, so a great deal of work goes into it, but that is not all these riders do.

They also fundraise through gaining sponsorships and selling raffle tickets. In 2019, fundraising increased through a Curry Dinner fundraiser organised by one of the Stawell Sprockets, Lindsay Knight. Another new initiative, started by Strum, a Stawell Regional Health volunteer was to sell raffle tickets at markets and outside the supermarket. Stawell Regional Health is very grateful for the support this valiant group provides each year. The Sprockets raised more than \$7,000 which will go to creating a Chronic Illness Hub in the Stawell Medical Centre.

Stawell Regional Health Hospital Foundation

The Stawell Regional Health Foundation functions as a charitable trust under a trust deed and periodically disperses the interest earned to fund the purchase of vital equipment for the health service.

The Foundation did not approve any equipment purchases during 2018/19.

