

# QUALITY OF CARE REPORT



On behalf of the Board of Management and Staff I have pleasure in providing you the Cohuna District Hospital and Cohuna Community Nursing Home Quality of Care Report for 2011-2012. This report is prepared in accordance with the guidelines provided by the Department of Health. It provides us with an opportunity to share information with our community, patients, staff and other interested persons about the processes that assist us in continuous quality improvement activities. This ensures CDH continues to achieve ongoing accreditation through the Australian Council on Health Care Standards (ACHS) and the Aged Care Accreditation Agency. Moreover, it provides means of ensuring our standards of care are safe and our work environment meets all required standards to the highest level.

I would like to record my sincere appreciation to our committed and dedicated staff, Board members, clinicians and volunteers for their personal commitment to the CDH that has upheld the health service in high regard by the local community throughout its history.

The Report is available at our reception desk with a copy located in each ward for inpatients to read. It is also distributed at the Hospital Annual General Meeting. An online electronic version of the report is accessible online at our website <http://www.cdh.vic.gov.au>. We hope that you enjoy reading the report and find it interesting and informative. We would appreciate receiving feedback on our report and include a feedback sheet for your comment.

Robert J Bulmer  
Chief Executive Officer

## Services include:

- Acute General Medical
- Surgical
- Obstetric Care
- Renal Dialysis
- Emergency Outpatient service
- Transition Care Program
- District Nursing
- Aged Residential Care
- Radiology services [Bendigo Radiology]
- Pathology service provided by St. John of God Hospital
- Physiotherapy (weekly)
- Meals on Wheels
- Adult Day Activity & Support Service [A.D.A.S.S.]



Our care extends to the frail, elderly to enable them to remain living in the community for as long as possible with organisation of assessment and supportive home services. Liaison with external services assists us to provide care for clients with mental illness or drug and alcohol issues. External services include Bendigo Mental Health Service, Northern District Community Health Services [NDCHS], local government – Shire of Gannawarra, Home and Community Care [HACC] and Aged Care Services.

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## EXTENSIONS & RENOVATIONS

Ward 2 now has an ensuite.  
The room is suitable for  
patients requiring isolation



One of the two bathrooms near Ward 1 has been converted into a ward office. Once current works are completed, the office will provide space for our VMOs and NUM. Ward 11 now has an ensuite.

The Nursing Home is being extended!



Extending behind the Hospital – new offices for our Chief Executive Officer and Director of Nursing.



Purpose built dialysis room. Ward 10 [currently dialysis] will be an area for patient / family use.  
→ This view shows dialysis water tank relocated.  
→ View of new dialysis room and passage to new Chief Executive Officer, Director of Nursing and administration offices.



2011 – 2012

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## SNAPSHOT:

In the twelve months July 1<sup>st</sup> 2011 to June 30<sup>th</sup> 2012:

- ➔ 1,403 patients were discharged from the Hospital
- ➔ Accident & Emergency continues to be busy. 3,666 clients presented to A & E with 971 treated by nursing staff without needing to see a doctor. In spite of increasing numbers we continue to remain an unfunded service.
- ➔ Our District Nurse made 1,934 community visits
- ➔ The Nursing Home had a 99.39% occupancy rate.
- ➔ We provided 9,691 community Meals on Wheels.
- ➔ 40 babies were born at the Hospital.

## ACCREDITATION

All health care organisations must be fully accredited in order to continue to operate. Accreditation is a process where our performance is measured against sets of Standards. The process ensures accountability. It enables identification of issues and implementation of actions to rectify problems. In this way we are able to improve patient care and the services we provide to our community.

The annual Food Safety Audit was conducted by an external auditor in June 2012. No issues were identified, evidencing the ongoing great work of management and staff.

Our Nursing Home must show compliance with all 44 [ACSAA] Aged Care Standards and Accreditation Agency standards. The Home will undergo assessment on August 8<sup>th</sup> and 9<sup>th</sup> 2012 to remain accredited for the next 3 years.

All remaining Hospital areas and services including District Nursing, A.D.A.S.S., management and administration, maintenance, domestic services, infection control, occupational health & safety/emergency management, risk and quality improvement fall under Australian Council of Health Care Standards [ACHS] accreditation.

The Hospital will undergo A.C.H.S. accreditation in September 2012 when two surveyors will attend for a period of 3 days. We must show compliance against 47 criteria contained in 13 standards across 3 functions: Clinical, Support and Corporate. 15 of the 47 criteria are mandatory – we must show compliance in order to attain accreditation.

## **A.C.H.S. Standards**

<b>Clinical</b>	<b>Support</b>	<b>Corporate</b>
1.1 Continuity of Care	2.1 Quality Improvement and Risk Management	3.1 Leadership & Management
1.2 Access	2.2 Human Resources Management	3.2 Safe Practice and Environment
1.3 Appropriateness	2.3 Information Management	
1.4 Effectiveness	2.4 Population Health	
1.5 Safety	2.5 Research	
1.6 Consumer Focus		

**2011 – 2012**

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## **QUALITY IMPROVEMENT**

Quality Improvement [QI] is pivotal to the accreditation process. QI entails ongoing, constant assessment and scrutiny of what, why and how we do things and does it work. Where issues or shortcomings are identified remedial actions are implemented to improve systems to ensure better consumer outcomes that align with current best practice and meet the needs of those we serve. Activities across the organisation are recorded with the documentation providing the evidence towards achieving compliance with all accreditation standards.

The Quality Coordinator is responsible for collating evidence for Hospital accreditation, preparation and data entry into the Electronic Assessment Tool [EAT] of self assessment documentation which is submitted to A.C.H.S. prior to the surveyors onsite visit.

Evidence of improvement is derived not only from activities we conduct but also from internal and external survey or questionnaire results. Quality Improvement is reported through various channels from monthly reports to committee meetings including the Board of Management, noticeboard items and this annual Quality of Care Report.

## **RISK MANAGEMENT**

The Hospital has a well established risk management system in place covering corporate and clinical risk. The system compliant with the standard AS/NZS ISO 31000 comprises policies, procedures and a risk management programme. It enables a systematic approach to ensure all risks are identified analysed, evaluated, treated and monitored. The Hospital's risk policy and procedures were revised in October 2011 to incorporate changes due to the implementation of the Victoria Managed Insurance Authority risk register information technology programme.

All risks are reviewed at least once annually. Extreme and High risks are reviewed by each risk owner and the executive working group bi-monthly.

A new risk management programme covering the period 2011-2014 commenced during the year. It is directed towards maintaining and enhancing an effective organizational wide risk management system, taking effective action to identify and mitigate risks, and ensuring the Hospital's risk management processes are integrated with the Hospital's strategic goals.



## **Risk Framework Quality Review**

The Victorian Managed Insurance Authority undertook a review of the Hospital in December 2011. The review assessed the hospital against the Authority's Risk Management Framework Maturity Model and the requirements of AS/NZS ISO 31000:2009 – Risk Management Principles and Guidelines. A Hospital can receive one of four different ratings, Developing, Integrating, Effective or Advanced. The Hospital received a rating of "Effective."

## **Clinical Governance and Risk**

Clinical risk is managed through a clinical governance structure and this is central to the Hospital providing safe, efficient and effective quality health care. The Board and senior executive staff are responsible to ensure the safety and quality of all clinical care provided to patients and residents. Clinical governance covers many areas including infection control and reporting, monitoring all incidents and taking action on any adverse event which has occurred, credentialing of visiting medical officers and the mitigation of

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potential or real clinical risks to patients. Reporting and monitoring of incidents is assisted through the use of the state wide web based incident reporting system, VIHMS.

The Hospital's clinical committee structure was strengthened during the year. All committees dealing with clinical issues now report to the Quality Improvement [Clinical Services] committee. This committee reports directly to the Board and includes Board members as part of its membership. It plays a pivotal role in assisting the Board meet its clinical governance responsibilities. The committee receives and acts upon many reports including, infection control, operating theatre, incident and near miss reports, surgical audits, health promotion, pharmacy audits, medical documentation reports and reviews of clinical histories. It monitors clinical indicators, coroner reports and complaints.

## **Credentialing and Certification of Staff**

Medical staff who work at the Hospital are required to have their qualifications and experience screened by a Regional Credentialing Committee. This regional committee whose membership includes medical practitioners and representatives from participating hospitals acts as a sub-committee of the Hospital's Board of Management. Medical staff are only permitted to perform duties and tasks which are within their qualifications and scope of clinical practice.

All nursing staff working at the Hospital are required to present their annual registration/practicing certificates and participate in continuing education programmes. This ensures nursing staff skills are maintained and developed at the highest level. Activities and processes to ensure clinical competency of nursing staff include completion of cardiopulmonary resuscitation [CPR] training and on-going education/training in the No Lift Programme.

## **Corporate Governance and Risk**

Management of corporate risk is met in a variety of ways including the use of internal and external auditing. This process ensures the hospital meets its obligations under the financial management compliance framework. Senior management use BACes software to monitor legislative compliance and a quarterly report on compliance is provided to the Board. Essential services monitoring ensures the fire safety systems within the hospital are compliant with relevant acts and regulations.

## **COMMUNITY PARTICIPATION**

Cohuna District Hospital and Cohuna Community Nursing Home value feedback, suggestions, compliments and even complaints provided by our patients, residents, carers, staff, family and community members. We use the information to assist development of service planning, accessibility and delivery and improve safety or quality.



Historically, we have utilised internal and external surveys, post surgical telephone interviews and focus group meetings as well as Victorian Patient Survey Monitor [VPSM] results to obtain feedback about satisfaction with services we provide.

Recognising the value of community participation to ensure provision of quality health services our Board of Management fully supported formation of a Community Consultation Forum [CCF]. The Forum held its inaugural meeting in April 2012 and was attended by 16 enthusiastic community, staff or Board participants. The group will meet regularly and much benefit will be gained from members' input.

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## INFECTION CONTROL AND CLEANING

Our Infection Control program continues to be of high importance throughout Cohuna District Hospital [CDH] continues to place high importance and focus on our Infection Control program. Prevention strategies and initiatives are in place and regular monitoring occurs to identify potential for infection.

There have been no incidences of hospital acquired [nosocomial] infections at CDH although from time to time we care for patients admitted from other facilities who come to us with nosocomial infections acquired elsewhere. These patients are successfully managed utilising recognised standards, practices and precautions to provide day to day care.



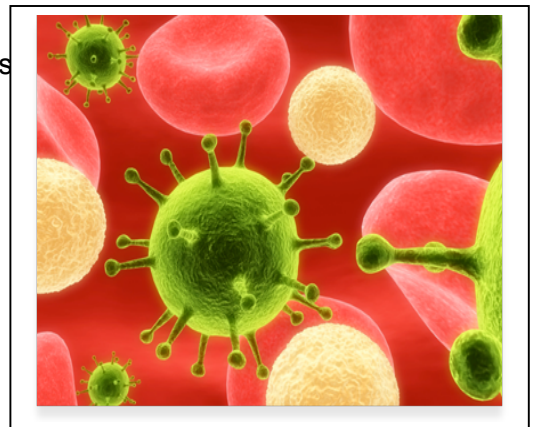
Our Infection Control Program includes

- ➔ Staff, inpatient and general public education.
- ➔ Staff health program which includes immunisations, for example Fluvax.
- ➔ The Hand Hygiene program provides an important strategy in infection prevention as evidence shows correct hand washing practices to be integral in minimisation or eradication of infection spread.
- ➔ Regular cleaning audits are performed throughout the organisation. 3 audits are required annually – 2 internal and 1 external audit. Internal cleaning audits are carried out by appropriately trained staff with outside auditors performing the external audit. All results are reported to Department of Human Services and are benchmarked against results from other Australian facilities. The minimum score we must achieve is 65% rising to 70% from 2012-2013. 4 CDH staff are accredited as external auditors and can audit other hospitals.
- ➔ Regular reporting of infection related matters to various internal committees including Board of Management.
- ➔ Victorian Nosocomial Infection Surveillance System [VICNISS] – infection prevalence data collection/reporting enabling comparison against statewide results.
- ➔ Part of our Waste Management program focuses on recycling. Items recycled include old batteries, fluorescent lighting and paper.
  - ➔ Since implementation in 2010 we have recycled 18.6kg of batteries!
  - ➔ Total 2011 waste cost has been reduced by 19.5% since 2009.
  - ➔ 98% of staff participated in recycling [2011 Staff Survey].
- ➔ ResourceSmart strategy will implement environmentally sustainable practices to achieve sustainable outcomes. As a result of ResourceSmart we are reducing the environmental impact of the Hospital, collecting information and data indicating environmental performance and setting appropriate targets to improve environmental performance.

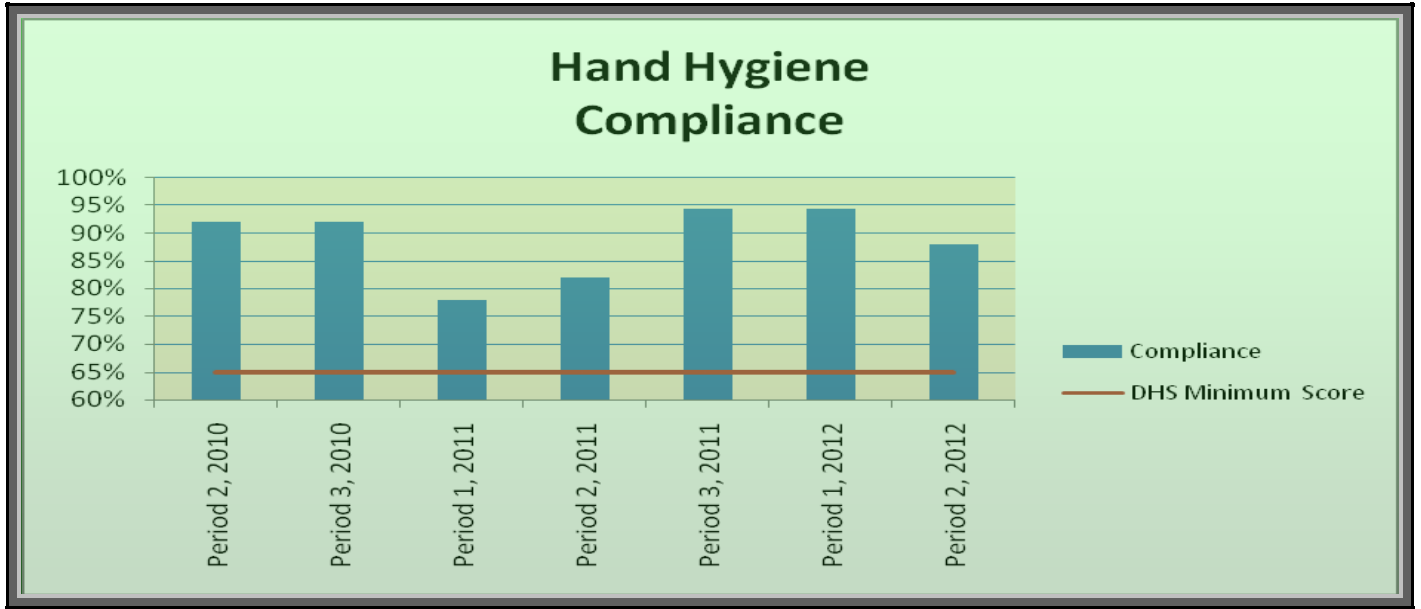
## Hand Hygiene

The Hand Hygiene program audits five correct hand hygiene 'moments'

- ➔ Before patient contact
- ➔ Before a procedure
- ➔ After patient contact
- ➔ After a procedure or body fluid exposure
- ➔ After contact with patient surroundings



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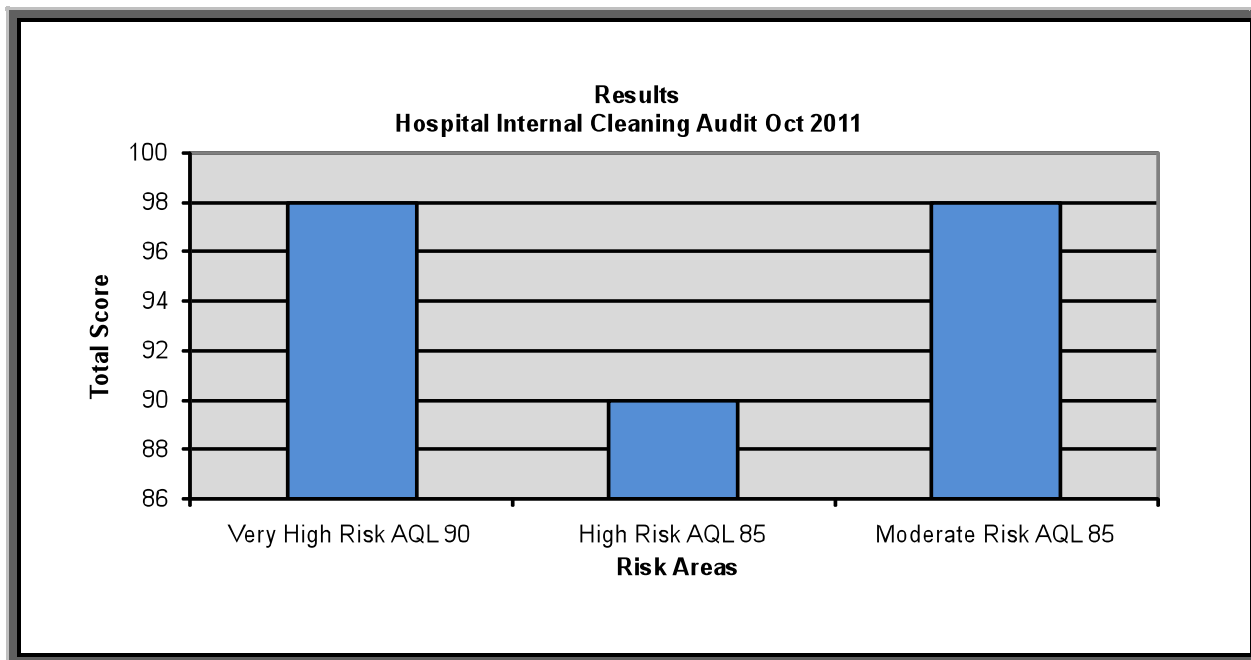


## Cleaning Audits

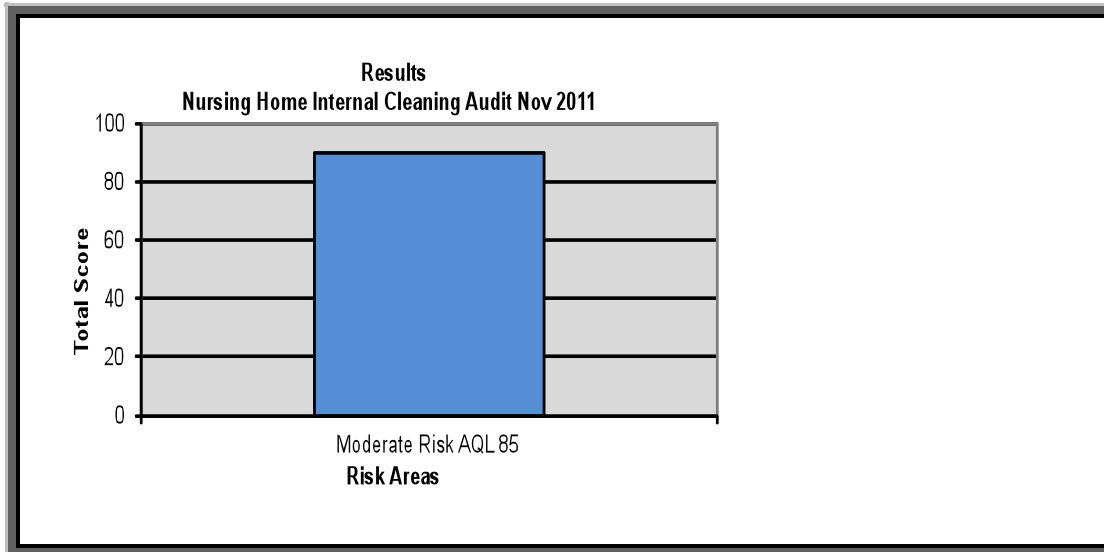
Cleaning audits form part of the infection control program. 2 internal and 1 external audits are required each year with all results reported to DHS. Accredited staff conduct internal audits with qualified, independent auditors performing our external auditing.

Department of Health sets Acceptable Quality Level [AQL] scores which must be achieved. AQLs are:

- ➡ 90 Very High Risk Areas
- ➡ 85 High, Moderate and Low Risk Areas



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Our last external cleaning audit [August 2011] achieved an overall compliance score of 96.

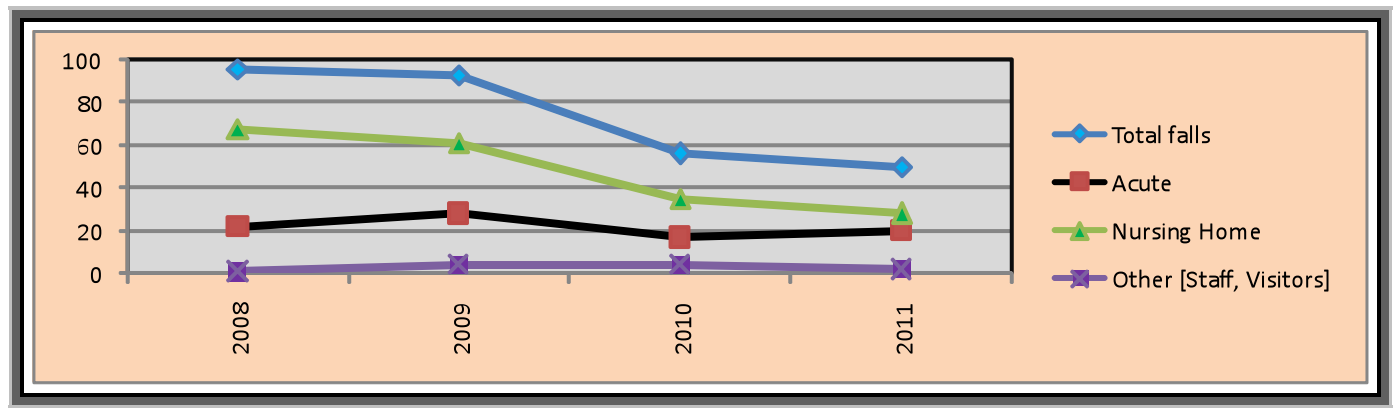
## **FALLS MONITORING AND PREVENTION**

With increasing age comes an increase in incidences of falls. Various factors may contribute to the rise in falls including ageing, declining health, dizziness, mobility or vision problems.

All patients admitted to the Hospital have falls risk assessments completed and, if the reason for admission is a fall, this is also documented.

Unfortunately, some hospital patients and Nursing Home residents suffer falls. All falls incidents are reported, recorded, a degree of severity is assigned and the data is collated and trended. Interventions to reduce occurrences of falls or minimise harm suffered by a fall are implemented and may include ensuring areas are free of obstacles and clutter, use of non slip mats or hip protectors, special mattresses or beds that lower to floor level.

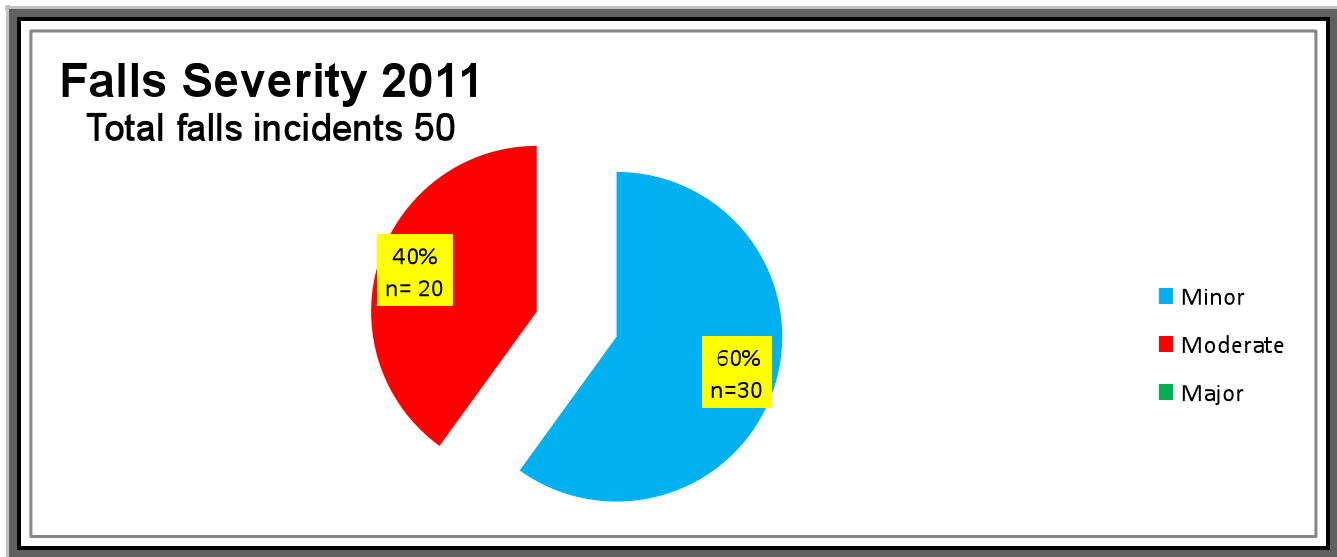
### **Fall incidents trended over time.**



*This graph demonstrates visitor, staff and acute fall incidents have remained fairly static over past 4 years. However, the incidence of Nursing Home falls has dramatically decreased as has total number of falls. All incidents, including falls, are entered into the Victorian Hospital Incident Management System [VHIMS], the Victorian Department of Health incident reporting system.*



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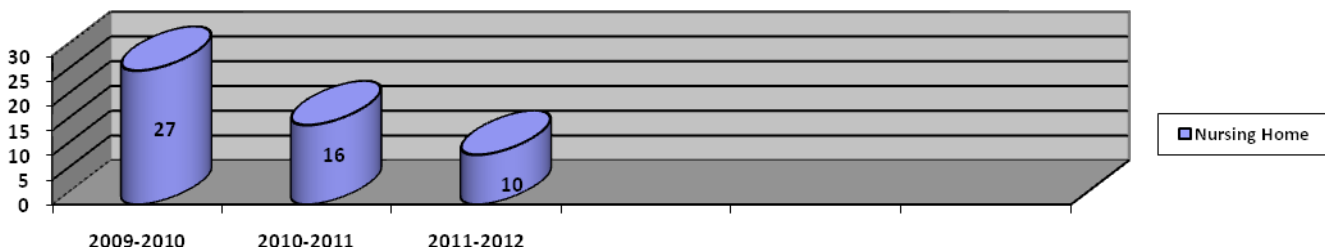
## MONITORING AND PREVENTION OF PRESSURE AREAS

Pressure areas can be caused by a number of factors including decreased mobility or decline in health status. Because of this some frail elderly face increased susceptibility of development of pressure areas.

The acute area has had no incidences of pressure area development during admission to hospital. All eligible patients have pressure risk assessments performed at time of admission [dialysis, paediatric and obstetric patients excluded].

Our Nursing Home collects data on residents' pressure area prevalence. Unfortunately some of our elderly and frail face increase risk of pressure wound or ulcer development. Staff perform assessments to determine likelihood of skin breakdown. Minimisation of pressure area development is enabled with use of pressure relieving aids including elbow/heel protectors, special mattresses and air cushions.

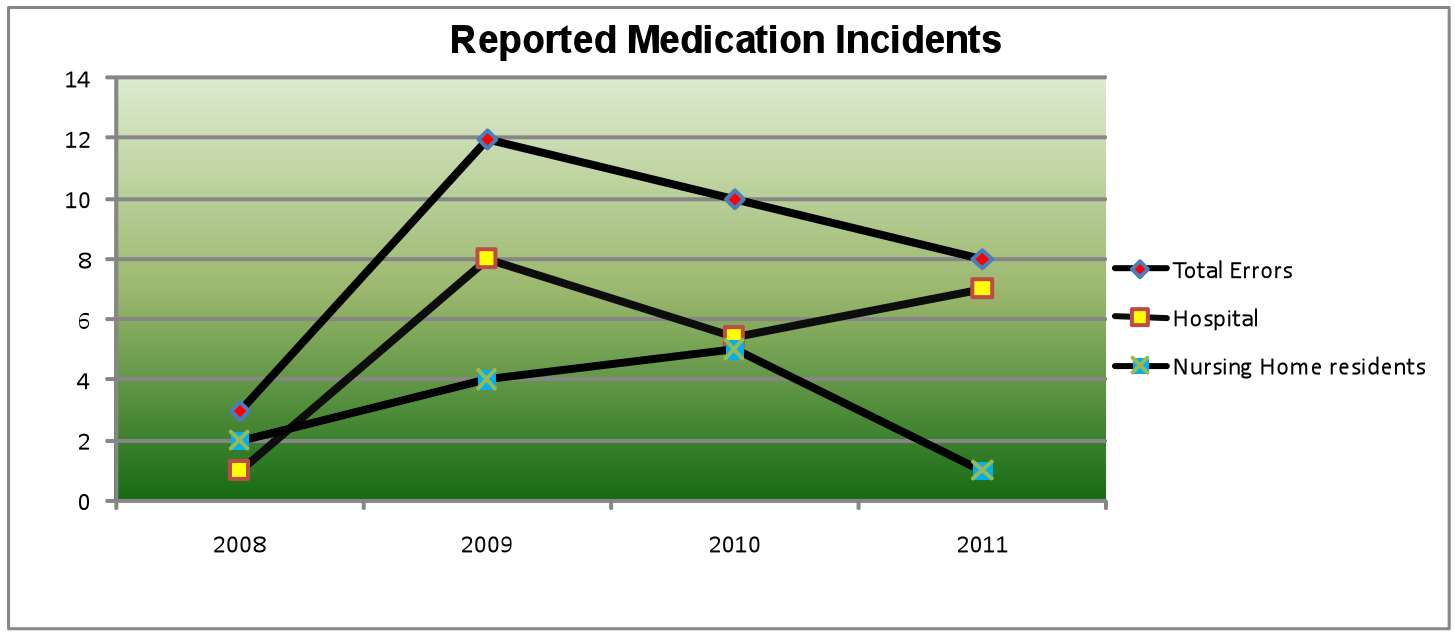
### Nursing Home Pressure Area Prevalence



Evidence of the success of preventative measures and diligent monitoring is supported by data showing a decrease in pressure area prevalence from 2009-2010 [27] to 2011-2012 [10].

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## MEDICATION ERRORS



Overall, the number of reported medication incidents reduced in 2011 when 8 incidents were reported. Hospital occurrences are fairly static – 8 in 2009 and 7 in 2011 whilst the Nursing Home data shows a reduction in 2011 [1] from 2009 and 2010 [4 and 5].

The reduction in reported medication incidents may be explained by a number of actions that have been implemented to minimise occurrence:

- 2 nursing staff check drugs removed from pharmacy prior to storage in bed side lockers.
- Some S11 drugs are now documented in the register and are counted each shift by nursing staff.
- Discharge summaries are reviewed by 2 nursing staff to ensure patients medications at time of discharge are correctly documented including dose, time drug to be taken, frequency etc. These are explained to the patient prior to discharge from Hospital.
- New drug charts have been developed. These are specific to CDH and enable printed lists of medications to be adhered to patients' medication charts.

## BLOOD and BLOOD PRODUCTS SAFETY

Cohuna District Hospital is very safety conscious in relation to blood products including the administration of blood transfusions. We have a comprehensive Blood Transfusion Pathway to guide all staff from admission, medical officers through to nursing staff administering transfusions and discharge. Patients who require blood transfusions are provided with comprehensive information about the procedure, pre and post transfusion care, potential risks involved and the relevant signs and symptoms of a transfusion reaction that may be experienced. This enables all patients to provide informed consent when undergoing a transfusion.

Audits and monitoring are performed regularly to ensure our compliance with legislation and standards relating to blood and blood products and our staff participate in ongoing education to ensure safe practice. In 2011 we transfused 51 units of blood to patients in our care.

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## RESIDENTIAL AGED CARE

We have 16 residents in the Nursing Home.

Nursing Home Quality indicators are collected and reported through the Department of Health Public Sector Residential Aged Care Services [PSRACS] quarterly. The Department develop a return report that provides benchmarking [comparison] against Statewide data. Indicator data submitted includes:

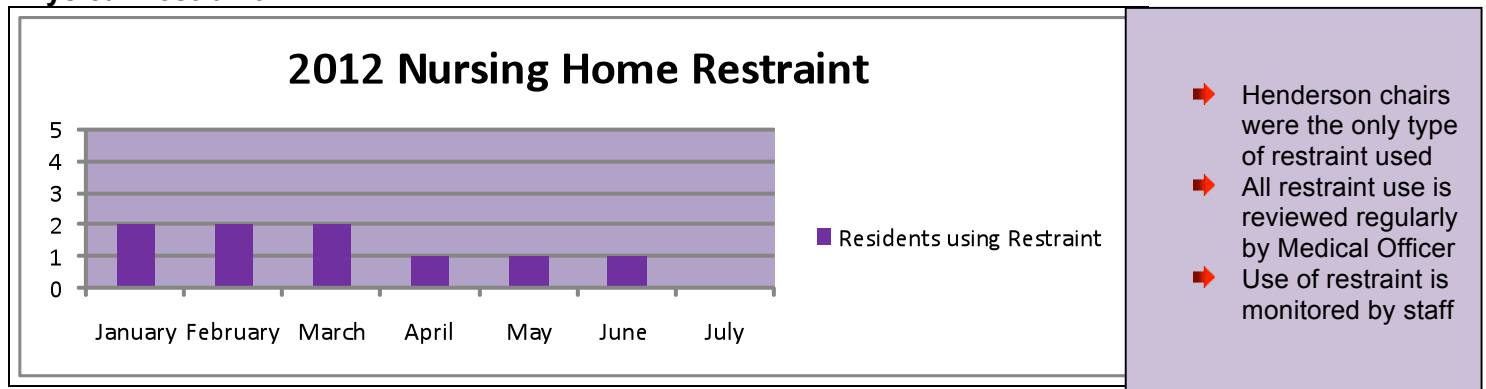
- Pressure ulcers
- Falls and fractures
- Use of physical restraint
- Multiple medication use
- Unplanned weight loss

### Weight

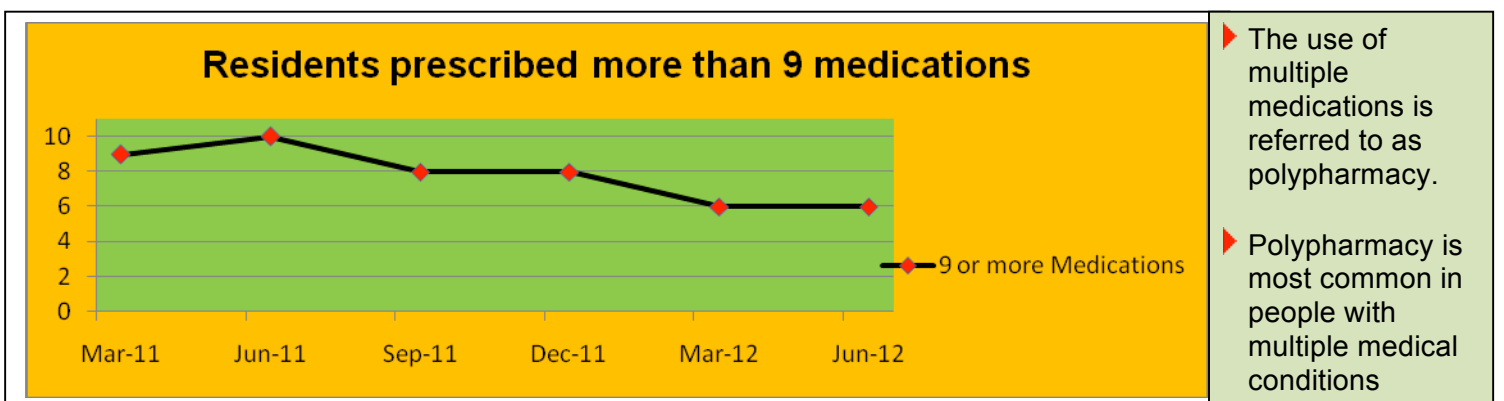
Data is collected on resident weight gains or losses. The quality indicators consider the number of residents monitored, the number who experience significant unplanned weight loss over a 3 month period and residents who have had an unplanned weight loss over 3 consecutive months.

Many incidences can be attributed to planned weight loss initiatives overseen by the Dietician who attends the Home regularly. Unplanned weight loss is often due to general deterioration of a residents' health status or advancement of a disease process.

### Physical Restraint



### Residents on more than 9 medications



Patients at greatest risk of polypharmacy related issues include the elderly and those taking five or more drugs concurrently.

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## VISITING MEDICAL OFFICERS [VMO]



Our hard working GP/VMOs continue to provide excellent care for hospitalised patients and Nursing Home residents, capably led by principal GP, Dr. Peter Barker, who provides our obstetric care. Shared on call arrangements with neighbouring Kerang and Barham GP clinics continue with Cohuna on call one weekend every four weeks for the district.

Our GP/VMOs, based at Cohuna Clinic, provide services including emergency outpatient care 24 hours a day, every day of the year. Hospital admission is authorised by VMO's who attend daily to see inpatients or more frequently if required. Admission documentation is completed by VMOs on the day of admission and discharges summaries are provided within 24 hours.

All inpatients have care plans. Care plans are individualised to meet the needs of each patient. Multi-disciplinary input in care plan development includes VMOs, nursing staff, patients and/or their family or carer and includes physiotherapist, dietician and other allied health participation where applicable. All community clients attended by our District Nursing Service also have care/treatment plans in place.

Other VMOs include orthopaedic, gynaecological and general surgeons. A dental surgeon also attends.

## HEALTH PROMOTION

Cohuna District Hospital works towards improving and informing the health of our community. We are involved in health promotion activities and participate in external committees and groups including Southern Mallee Primary Care Partnership [SMPCP] and The Southern Mallee Transport Connections Partnership [SMTCP]. As a small rural health service we are fortunate to know our community, their issues and needs as many of our staff are members of local service organisations and community groups.

Health promoting activities include Mens' Health, community immunisation program, weekly exercise program and information provision. We conduct a staff health program and provide antenatal classes three times a year for our expectant mums and their partners.

Follow up services available include HACCs and Meals on Wheels, Post Acute Care, Aged Care Assessment, referral for Diabetes and rehabilitation service referrals include Respiratory Health, Cardiac rehab, Drug and Alcohol and Mental Health Services.

## OTHER SERVICES

### Transitional Care

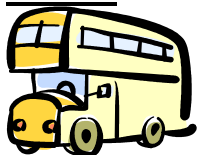
The Transition Care Program [TCP] provides care and restorative services for a short-tem period for older people who have been in hospital but are not quite ready or confident enough to return home after illnesses or accidents. TCP offers low level therapy and support to continue to aid recovery in a community [home] setting or in a care setting. Our program is run under the umbrella of Bendigo Health Services who organise Aged Care Assessment Service [ACAS] assessment and approval for participation in the program which is funded for 6 -12 weeks. During this time the TCP client has access to services from allied health professionals.

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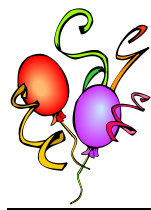
## Melbourne Medical Companion Project

Cohuna District Hospital participated in the Melbourne Medical Companion Project trial which, with assistance of Travellers Aid Australia volunteers, provided companions who met country travellers and accompanied them to medical appointments in the city. The trial was a success and the Project is continuing. More details are available online: [www.smtcp.com.au](http://www.smtcp.com.au) and bookings for assistance can be made on 1300 700 399. Please call at least 24 hours before your travel date.

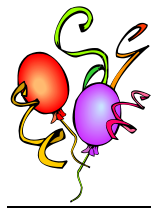
## G-NETS



Gannawarra Non Emergency Transport Service [G-NETS] is a service providing transport solutions for those who cannot access public transport due to illness, age, frailty, disability, fear, personal care needs or inappropriate public transport enabling Gannawarra Shire residents access to specialist or other health care located elsewhere in larger regional centres. Cohuna District Hospital is the Lead Agency for the service. For more information call **0428564170**



*A GREAT ACHIEVEMENT*

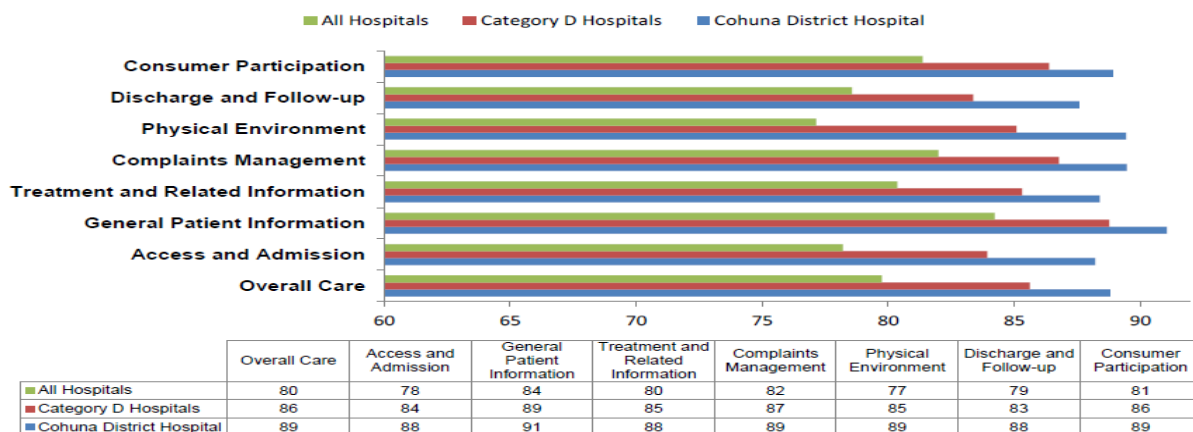


Our patients participate in the Victorian Patient Satisfaction Monitor [VPSM]. Results are reported six monthly. In Wave 21 [the result report for July -December 2011] Cohuna District Hospital achieved the third highest across Victoria in Overall Care Index [OCI] with a score of 89 [the highest score was 90.9]. We are very proud of this achievement and the confidence our community has shown in our service.

## VPSM – WAVE 21

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## Benchmark data comparing Cohuna District Hospital with Category D and Statewide hospital benchmarks



Overall Care Index result is derived by averaging the top seven topics

### Quality of Care Mandatory Reporting

Department of Health requires reporting on a number standards and indicators included in our Access and Inclusion Plan. The 'Plan', incorporates the Victorian Department of Health Cultural Responsiveness Framework and Disability Action Plan, and Department of Human Services' 'Doing it with us not for us' strategy.

Evidence of our compliance is derived from results of the Victorian Patient Satisfaction Monitor (VPSM) – Wave 20 January 2011-June 2011 and Wave 21 July 2011-December 2011,

### Standard 1: Demonstrate commitment to consumer, carer and community participation appropriate to the serviced community

There are 8 strategies.

We are required to demonstrate compliance with 6 [75%].

The 8 strategies required are:

STRATEGY	COMPLIANCE
i. Participation policy	Community Consultation Framework policy [2011] is in place.
ii. Community participation plan (CPP)	Incorporated into Access and Inclusion Plan [2010]. Supported by Community Consultation Framework Policy and Terms of Reference. Community Consultation Forum formed 2012
iii. Community Reporting	Consumer, carer and community information disseminated via local media items, Resident/ Relative meetings, CDH website, surveys, VPSM, newsletters and this Quality of Care Report. The report and other information is available in all wards, in the A&E waiting area and at reception. Copies are distributed at the Annual General Meeting.
iv. Cultural Responsiveness Plan	Initiated December 2010 and implemented.
v. Improving Care for Aboriginal & Torres Strait Islanders (ASTI)	Given we have few ASTI patient admissions individual assessment occurs as required. [2011 - only 1 of 1520 admissions was an ASTI patient]

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vi. Disability Action Plan	Included in Access and Inclusion Plan [November 2010]
vii. Consult and involve consumers, carers and community members	Community Consultation Forum Inaugural meeting held April 2011.
viii. Staff capacity building/education to support consumer, carer, community participation	Strong involvement with Southern Mallee Primary Care Partnership [SMPCP]. Key personnel committee involvement - Chronic Disease Management [including Diabetes], Mental Health

**TARGET:** 6 of 8 or 75% of a possible 100%

**OUTCOME:** 87.5% Achieved

**Standard 2: Promote an inclusive organisational culture where management, staff and volunteers are responsive to diverse needs of consumers and community members**

Because of our size we benefit by knowledge of our community including its background and constitution. There are few non-English speaking background residents. No admissions in 2011 required interpreter services [VPSM-Wave 21]. The Hospital subscribes to an interpreter service should we need it. Interpreter service information is available. Facts cards are located in public waiting area.

The facility is easily accessible for our aged and/or disabled clients. Our program ensures aged care residents and appropriate patients can access internal and external activities or outings.

Our Chief Executive Officer has attended a forum on Aboriginal education and employment, chronic disease management, improving cultural awareness, respect, safety and care.

Despite attempts to do so we remain unable to provide Cultural Awareness training or education.

Senior managers are receiving education and training on leadership and change management and are assuming higher responsibilities.

**Standard 5: Consumers, and where appropriate, carers are involved in informed decision making about their treatment, care and wellbeing at all stages along the continuum of care and with appropriate support.**

CRF 4.1: Number of culturally and linguistically diverse [CALD] consumers/patients indicating their cultural/religious needs were respected - Target required 75%  
*Data from VPSM Wave 20 and 21 data results 4.45 satisfaction [from possible score of 5.00] = 89%.*

CRF4.2: Our menu makes provision for culturally appropriate meals [Kosher, Halal, Vegetarian etc] if and as required.

CCCP2.1 VPSM Consumer Participation Indicator [CPI]

CCCP2.2 Maternity Services – % of women stating they were given an active say in making decisions about their labour/birth.  
 No VPSM data available, Internal CDH 2011 Midwifery Patient Survey results.

CCCP2.3 District Nurse clients satisfied with care/treatment decisions.

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- CCCP3.1 Information resources compliant with 30 of 40 Written Consumer Health Information Checklist items [Currie et al. 2000], *Well written health information: a guide*, D.H.S].
- CCCP3.2 Acute services – Number of respondents rating written information on how to manage their condition & recovery at home as good or excellent.

Area	TARGET [DoH required score]	OUTCOME C.D.H. result	DATA SOURCE
Consumer Participation Indicator [CPI]	75%	89%	VPSM 20-21
Maternity –Involved in decision making	90%	100%	Midwifery Survey
Community Health - Care/Treatment	90%	100%	District Nurse Survey
Residential Care - Involved in decision making	75%	100%	Resident Choice Survey
		100%	Relative Survey
Information resources	85%	89.3%	Audit
Acute Services - Discharge management info	75%	87.5%	VPSM 20-21

**Standard 6: Consumers, carers and community members are active participants in the planning, improvement and evaluation of services and programs on an ongoing basis.**

There are six dimensions, of which 5 [75%] are required to be compliant to satisfy this standard.

The 6 dimensions are:

- 4.1 Strategic planning
- 4.2 Service, program & community Development
- 4.3 Quality improvement activities
- 4.4 Developing & monitoring feedback, complaints & appeals systems & in the review of complaints
- 4.5 Ethics, quality, clinical & corporate governance committees
- 4.6 Consumers, carers & community members are involved in the development of consumer health Information

DIMENSION	ACTIONS TAKEN TO ACHIEVE COMPLIANCE
4.1	2012-2014 Strategic Plan developed in consultation with community representatives [BoM]. Operational Plan implemented. Currently undertaking Service Planning
4.2	Consumer, carer and community feedback provides feedback on services and programs. The Community Consultation Forum [CCF] further enables future planning/development of services, programs.
4.3	Our consumers, carers and community play a crucial role in determination of ways to improve services provided. Feedback is derived from numerous sources including complaints, comments, suggestions and initiating appropriate actions to address identified

**2011 – 2012**



# QUALITY OF CARE REPORT

	issues. Data is collected by forums, internal/external surveys, post operative interviews, general comment, complaints, incidents. No feedback from this report has been received. CDH management supports a strong Quality Improvement program.
4.4	All complaint, formal or informal, are viewed. Senior management act to reach satisfactory resolutions. Where appropriate, to ensure acceptable outcomes are achieved consumers, carers and community members are involved throughout the process.
4.5	Clinical and corporate governance committees include some community membership. Our Community Consultation Forum primarily comprises community membership. We do not have an ethics committee but have an agreement with Bendigo Health Care Group in relation to this should we need the service.
4.6.	Community Consultation Framework Policy and Terms of Reference ensure participation in development and consumer health information revision.

**TARGET:** 75% of a possible 100%  
**OUTCOME:** 5 of 6 Dimensions Achieved -83%

## FEEDBACK SHEET

*WE VALUE YOUR COMMENTS AND SUGGESTIONS.*

**We hope you have found our 2011-2012 Quality of Care Report both interesting and informative.**

***Please circle the most appropriate response to statements using the following scale:***

	Strongly Disagree	Somewhat Disagree	Neither Agree or Disagree	Somewhat Agree	Strongly Agree	
	1	2	3	4	5	
1. The report was interesting to read.		1	2	3	4	5
2. The report was informative and easy to understand.		1	2	3	4	5
3. The presentation and layout were appropriate.		1	2	3	4	5
4. The length of the report was appropriate.		1	2	3	4	5
5. From the information provided, you feel systems in place at CDH contribute to provision of safe and quality care.		1	2	3	4	5
6. Where did you obtain a copy of this report to read? [Circle appropriate answer]						
Hospital	Annual General Meeting	Website	Other (note below)			

# QUALITY OF CARE REPORT

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7. Please comment on the report or suggest ideas you have to improve our Quality of Care Report.

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*PLEASE DETACH THIS SHEET AND RETURN TO :*

**Quality Manager  
Cohuna District Hospital  
P. O. Box 317  
Cohuna. Vic. 3568**