

QUALITY OF CARE REPORT

On behalf of the Board of Management and staff I have pleasure in providing you the Quality of Care Report – 2012-13 for the Cohuna District Hospital and the Cohuna Community Nursing Home. The report is prepared in accordance with guidelines provided by the Department of Health.

The past twelve months has been a key period in terms of accreditation surveying. The Aged Care Standards and Accreditation Agency carried out a comprehensive audit of our Nursing Home in August 2012 and we passed the 44 standards with excellent results and suggestions for continuous improvements. A further three year accreditation term was awarded from October 2012 to October 2015. A month later, in September 2012, the Hospital was surveyed by the Australian Council on Healthcare Standards and was awarded full accreditation status until 2016. Twelve criteria were upgraded to an “extensive achievement” by the Council on the surveyors’ recommendations which is an outstanding result for a small rural hospital with limited resources. The hospital also received a number of suggestions and ideas to improve its quality program.



The very nature of accreditation is the maintenance and improvement in quality practices across the spectrum of health service activities. The nursing home will be subject to periodic audits including some unannounced visits by experienced auditors over the next three years. The hospital will have a periodic review in March 2013 and will have to meet the new and exacting National Safety and Quality Health Service Standards (NSQHS). I am confident the health team, under the guidance of its Quality & Risk Manager, Jill Moore, will rise to this challenge.

The health service has completed \$600,000 of largely self funded building improvements over the past year that have improved facilities for both patient, residents, doctors and staff. The hospital Annual Report outlines these completed works and also equipment upgrades and sources of community financial support.

I record my sincere appreciation to Board members, staff, and clinicians for their professional and personal commitment, that has collectively contributed to the maintenance of excellent services and responded admirably to the inevitable challenges faced throughout the course of the past year.

The Report is available at our reception desk with a copy located in each ward. An online version is accessible at our website <http://www.cdh.vic.gov.au>

We look forward to your feedback and suggestions and include a feedback sheet for your convenience.

Robert J Bulmer
Chief Executive Officer

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Statistics:

From July 1st 2012 to June 30th 2013:

- ✧ 1,391 Hospital patients were discharged;
- ✧ 220 surgical procedures were performed
- ✧ There were 310 Transition Care Program bed days [268 in Acute and 42 in our Nursing Home]
- ✧ Our District Nurse made 1,775 visits to community clients
- ✧ The Nursing Home occupancy rate averaged 92.51% over the twelve month period
- ✧ 9,392 Meals on Wheels were provided to the community
- ✧ There were 42 births at the Hospital, 13 of these were to first time mums
- ✧ 46 Adult Day Activity Support Service [ADASS] clients attended a total of 6,220 hours
- ✧ Our Accident & Emergency service was busy as usual with 3,410 attendances for care. All presentations were triaged by nursing staff resulting in 882 people receiving treatment without needing to see a doctor. Our Accident and Emergency service remains unfunded, not receiving any government financial support.



Services:

External

Community care services for our frail, elderly enables them to remain living in the community for as long as possible with organisation of assessment and home services to support independent living. Care for clients with mental illness or drug and alcohol issues is enabled through liaison with appropriate external services. These 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. The Hospital is able to provide community based Transition Care Program to clients assessed as appropriate for the service.

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Internal:

- ✧ 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 new visiting surgeon Mr. Patrick Moore with Dr. Barker and Theatre Staff

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Extensions & Renovations

Over the past year renovations Cohuna Distirct Hospital underwent extensive renovations across a number of areas including Administration, Acute and the Nusing Home.

Nursing Home



Changed! - Front of the Nursing Home



The pergola roof has since been completed



Residents enjoy a spacious new dining room



Taking shape – Residents' lounge room.



Getting there



Increased comfort in the new lounge room

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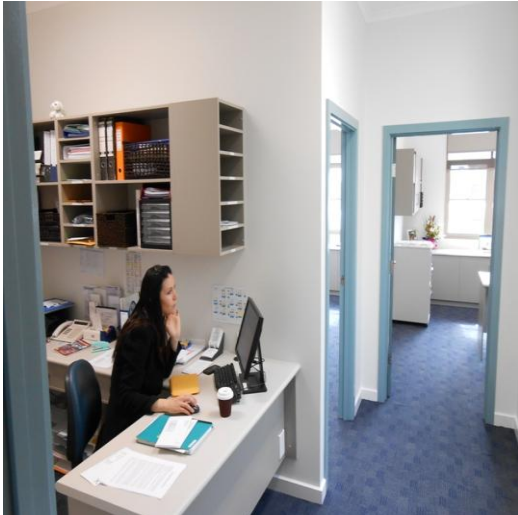
Administration



New office for our Chief Executive Officer



Our Director of Nursing now has more room



New accomodation for two Personal Assistants



Dialysis

Renal Dialysis has moved into a purpose designed room to accommodate our dialysis recipients. Three patients currently dialyse three days a week.

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Accreditation

Nursing Home:

Our Nursing Home had their accreditation assessment conducted by Aged Care Standards and Accreditation Agency [ACSAA] in August 2012 and achieved outstanding results. The Home evidenced complete compliance against all 44 Standards to be awarded accreditation status for three years [2015] with no recommendations from ACSAA. We are justifiably proud of the exemplary care provided to our residents by a team of dedicated staff led by Nurse Unit Manager, Mrs. Anne Harrison,

Hospital Accreditation:

The Australian Council of Healthcare Standards [ACHS] is the accrediting body for all other Hospital services/areas including District Nursing, A.D.A.S.S., management, administration, maintenance, hotel services, infection control, occupational health & safety/emergency management, risk and quality improvement.

Nationally, all health care organisations are required to be fully accredited to continue to operate. In a process of external assessment of performance measured against set Standards, accreditation has five key elements:

- ✧ A governance or stewardship function
- ✧ A standards-setting process
- ✧ A process of external evaluation of compliance against those standards
- ✧ A remediation or improvement process following the review
- ✧ Promotion of continuous quality improvement

Australian Council of Healthcare Standards [2012]

Cohuna District Hospital underwent accreditation in September 2012 when ACHS conducted an Organisational Wide Survey [OWS]. Two surveyors attended over a three day period to assess our compliance against 47 criteria contained in 13 standards across 3 functions: Clinical, Support and Corporate. We had to evidence compliance against each criteria and reach an MA [marked achievement] rating for each of 15 mandatory criteria in order to remain accredited.

The result we achieved was fantastic. We were awarded 12 EA ratings [Extensive Achievement] by the surveyors.

Part of our OWS included assessment of a Gap Analysis we prepared against proposed new National Standards to identify how compliant we were. Surveyors advised that Cohuna District Hospital evidenced compliance in 6 of 10 new National Standards.

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National Standards:

In January of this year the Australian Commission on Safety and Quality in Health Care's [ACSQHC] new mandatory National Safety and Quality Health Service [NSQHS] Standards were introduced across Australia for all hospitals, public and private, and day procedure units. There are 10 clinically based NSQHC Standards.

Whilst some facilities have opted to only be assessed against the 10 standards, the hospital has elected assessment under ACHS EQUIPNATIONAL which involves an additional 5 ACHS developed standards; making a total of 15 standards. We believe that this better showcases and recognises more of the non clinical work we do. All clinical staff are involved in preparation for accreditation under the new Standards.

EQUIPNATIONAL: a combination of NSQHC National and A.C.H.S. EQUIP Standards

STANDARD	DESCRIPTION
Std. 1	Governance for Safety and Quality in Health Service Organisations
Std. 2	Partnering with Consumers
Std. 3	Preventing and Controlling Healthcare Associated Infections
Std. 4	Medication Safety
Std. 5	Patient Identification and Procedure Matching
Std. 6	Clinical Handover
Std. 7	Blood and Blood Products
Std. 8	Preventing and Managing Pressure Injuries
Std. 9	Recognising and Responding to Clinical Deterioration in Acute Health Care
Std. 10	Preventing Falls and Harm from Falls
Std. 11	Service Delivery
Std. 12	Provision of Care
Std. 13	Workforce Planning and Management
Std. 14	Information Management
Std. 15	Corporate Systems

Other Audits

Our annual Food Safety Audit in June 2013 again evidenced the ongoing commitment of management and staff. We achieved great results with no recommendations.

A Fire Safety Audit was conducted in July 2012 following completion of a large portion of the renovations and recommendations resulting from the audit are being worked through.

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Quality Improvement

Accreditation and Quality Improvement [QI] are intrinsically linked with QI fundamental to the accreditation process.

QI is a formal approach to the analysis of performance and systematic efforts to improve it. QI is aimed at improvement - measuring where you are, and figuring out ways to make things better. It specifically attempts to avoid attributing blame, and to create systems to prevent errors from happening. QI activities assist continuously improving how things work by identifying where there are system defects and implementing new ways to do things to provide better outcomes for our consumers.

Collating evidence of improvement and QI activities are the responsibility of the Quality Manager who prepares and enters data into the Assessment Recording Tool [ART], the ACHS electronic accreditation tool to produce self assessment documents prior to surveys and onsite visits.

Evidence originates from a variety of sources including quality activities and survey and questionnaire results, QI is reported to the Board of Management through various Hospital committees, monthly Quality Reports and in this annual Quality of Care Report.

Risk Management

The Hospital has a well established risk management system in place to cover corporate and clinical risk. The system comprises policies, procedures and a risk management programme that complies with the AS/NZS ISO 31000 standard. A systematic approach ensures identification of all risks which are analysed, evaluated, treated and monitored. The Hospital's risk policy and procedures were revised in April 2013. We use the Victoria Managed Insurance Authority risk register information technology programme. All risks are reviewed at least annually, more often if required. Extreme and High risks are reviewed by assigned risk owners and reported to Executive Working Group meeting bi-monthly.

The 2011-2014 risk management plan is in place. The plan intergrates risk management processes with the Hospital's strategic goals, maintaining and enhancing an effective organizational wide risk management system and enables us to identify and mitigate risks.



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Clinical Governance and Risk

A clinical governance structure manages clinical risk ensuring the Hospital provides safe, efficient and effective quality health care. The Board and senior executive staff oversee the safety and quality of all clinical care provided to patients and residents. Areas of clinical governance include infection control and reporting, monitoring all incidents and taking action on any adverse event which has occurred, and the mitigation of potential or real clinical risks to patients. The state wide web based incident reporting system, VIHMS is utilised to report and monitor incidents.

All clinical issues are reported to the Quality Improvement [Clinical Services] committee at quarterly meetings. The committees' membership includes Board members, senior management and key personnel. Minutes are reported directly to the Board, assisting the Board to 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 clinical history reviews. histories. It monitors clinical indicators, coroner reports and complaints.

Credentialing and Certification of Staff

Credentialing of visiting medical officers is part of Clinical Governance. Medical staff who work at the Hospital are obliged to have their qualifications and experience screened by a Regional Credentialing Committee. The committee, whose membership includes participating hospital representatives and medical practitioners, acts as a sub-committee of the Hospital's Board of Management. Their role is to ensure that medical staff are credentialed to perform only duties and tasks within their qualifications and scope of clinical practice.

All nursing staff employed by the Hospital must be registered and are required to present annual registration/practicing certificates annually. They must also participate in continuing education programmes to ensure clinical skills and competence are maintained and developed at the highest level. Annual competency training includes cardiopulmonary resuscitation [CPR] and on-going education/training in the No Lift Program.

Corporate Governance and Risk

Corporate risk management is achieved in various ways that includes both internal and external auditing. Processes ensure we meet our obligations and responsibilities under the financial management compliance framework. Legislative compliance is monitored by senior management using BACeS software and reports on compliance status are provided to the Board every quarter. Essential services monitoring ensures fire safety systems within the hospital are compliant with relevant acts and regulations. A comprehensive fire audit is conducted every four years, the last audit conducted in 2012.

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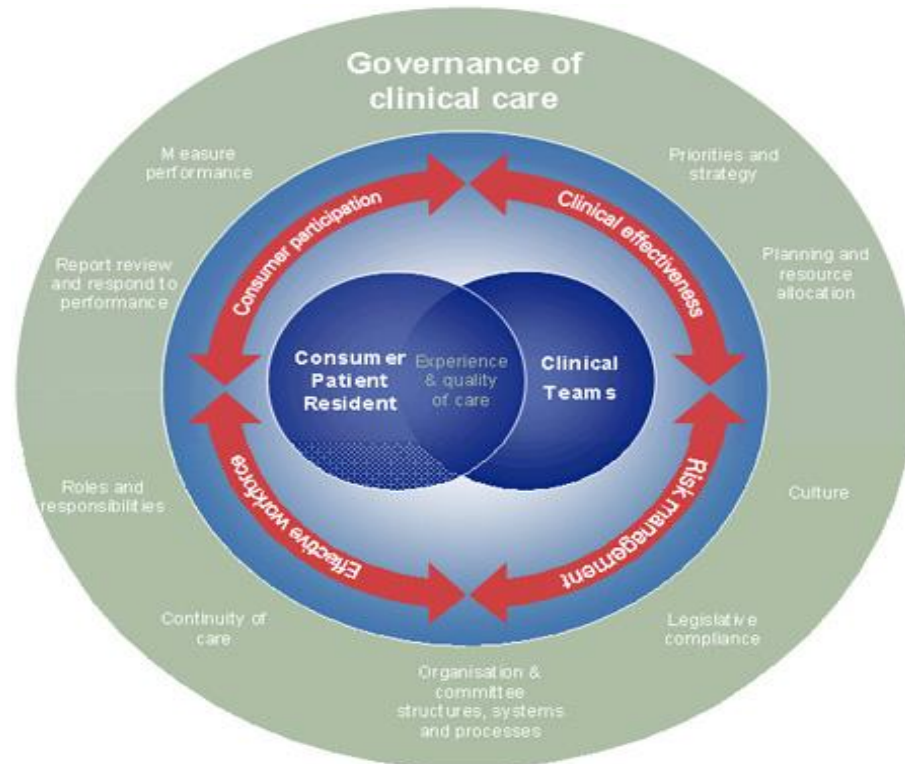
Clinical Governance

The four domains

Clinical governance is the system by which the governing body, managers, clinicians and staff share responsibility and accountability for the safety and quality of care.

Four domains described in the Victorian Clinical Governance Policy Framework are:

1. Consumer participation
2. Clinical effectiveness
3. An effective workforce
4. Risk management (encompassing incident reporting and management).



Our Board of Management assumes overall responsibility for clinical governance

Part of demonstrating compliance with Nat. Std. 1 - *Governance for Safety and Quality in Health Care Organisations* has included utilising the Dept of Health's *Organisational readiness checklist* tool to identify areas needing work to achieve compliance.

A Board Activity checklist is another tool our Board is using to determine progress towards meeting clinical governance requirements.

The checklist is attached to our Clinical Governance Policy and enables self auditing of achievement in each of the four domains described above.

This image illustrates clinical governance, including the four domains http://www.health.vic.gov.au/clinrisk/publications/clinical_gov_policy.htm

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Mr. Francis [Toby] Harrower

Toby was born in Cohuna in September 1923. He had 3 brothers and 4 sisters. He attended school in Cohuna until the age of 14 when he left High School to work on the family farm milking some 56 dairy cows by hand. At 17 Toby joined the Army Militia serving for 4 years as a Darwin Defender. Following his service, Toby returned to milking cows on the family farm. There was no pay and so Toby sold rabbit skins in Barham for his pocket money. [He may have also sold the skins of protected water rats, but that would have been illegal so we won't mention that].

Socially, Toby attended local dances at Leitchville, Gunbower, Koondrook-Barham and Cohuna and states that he was "a fair dancer".

He met the love of his life, Barham girl, Maureen Main at the Boxing Day sports in Barham and the couple married in 1949. On July 18th 2013 the couple celebrated 64 years of marriage – a wonderful achievement.

In the meantime Toby had a 'blue' with his father over the no pay issues and took up employment as a Water Bailiff which he did for 6 years. He then purchased part of the family farm and once again became a dairy farmer. When they had to install a bulk milk vat Toby retired from milking, diversifying into beef and pigs which were much easier.

This continued until around 2000 when illness struck and the couple sold the farm and moved to town. Toby says he felt 'liked a caged lion' living in town.

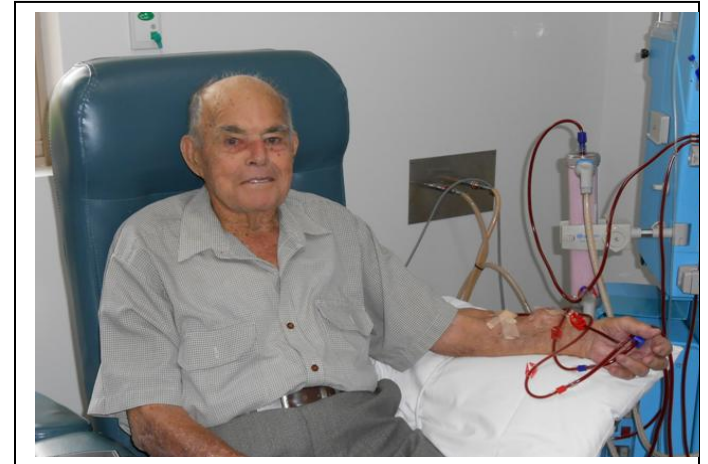
Diagnosed with renal failure, Toby believes guns used during the war years [that felt like they 'hit your back' when discharged] contributed to his ill health.

And so Toby's renal dialysis journey began, initially at the Austin in Melbourne then 4 months in Bendigo whilst waiting for a vacancy at our Hospital. Eventually a place was available and Toby has been a dialysis patient here attending 3 days every week for the past 12 years.

During the years Toby has seen a lot of changes including many staff changes with younger dialysis nurses now trained in dialysis. As well, a number of patients have passed away and new dialysis patients have come. Toby commented nursing staff are efficient and very caring and had nothing but praise for our wonderful catering staff. He mentioned that a particular favourite is ginger fluff [I'll bet he is hoping this prompts some baking].

Change has also included the move from Room 10 to the new dialysis room just beyond the reception/administration area. The dialysis machines were replaced in March of this year. Whilst the new room is more spacious Toby prefers the old room as he could see the comings and goings during his nearly 6 hour dialysis stints and more people dropped in for a chat.

Toby is one of nature's gentleman and a very generous soul, offering gifts and donations to the Hospital. He doesn't mind a little flutter on the horses and on special occasions he might call in to see if any of the staff want a bob or bet put on.



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Community Involvement

The Cohuna District Hospital and Cohuna Community Nursing Home recognises the important role our community, consumers and carers play in ensuring we continue to provide safe and quality healthcare that is relevant to our population.



Internal and external surveys, post operative telephone interviews, focus group meetings as well as Victorian Patient Survey Monitor [VPSM] are some of the ways we get consumer satisfaction feedback. These results together with compliments, complaints and suggestions are used to assist service planning, and make improvements to our service.

Our Community Consultation Forum comprises an active, enthusiastic community membership, our Chief Executive Officer, Director of Nursing, Board of Management representatives and staff. Meetings are constructive and lively. Under the new National Standard 2 *Partnering with Consumers*, the role of the Forum will be expanded to include policy review/development, identification of staff training needs and revision of consumer information developed by our organisation.

Blood and Blood Products Safety

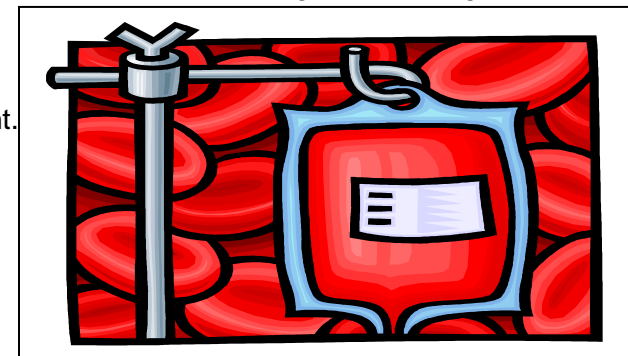
Comprehensive information about the transfusion procedure, pre and post care, potential risks and reaction signs and symptoms is provided to patients requiring blood transfusions as they need to provide informed consent prior to the procedure.

We are very safety conscious about all blood products including administration of blood transfusions and policies and procedures are based on evidence based guidelines and applicable legislation. Our comprehensive Blood Transfusion Pathway provides a comprehensive guide to all staff including medical officers from admission, transfusion administration through to discharge.

Regular audits monitor compliance with legislation and standards relating to blood and blood products. Staff participate in ongoing education to maintain competency ensuring quality, safe practice. Education includes on-line learning and assessment.

Blood and blood products are covered by National Standard 7.

In 2012 a total of 61 units of blood were administered to 27 patients in our care.



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Infection Control and Cleaning

Cohuna Hospital Infection Control unit has a broad ranging portfolio. Not only are we concerned with Hospital acquired (nosocomial) infections, but we are also responsible for:

- Formulating, updating and auditing the effect of policy, with particular reference to procedures requiring aseptic no touch technique
- Education regarding and monitoring of hand hygiene compliance to prevent transmission of harmful organisms from one patient to the next.
- Management of waste, including recycling glass, plastic, paper and batteries to minimise our ecological footprint
- We work with Hotel Services to ensure cleaning practice meets best practice and regularly receive excellent results in our cleaning audits
- Monitor and audit the Staff vaccination program
- Work with maintenance to ensure regular quarterly auditing of sterilising equipment
- Work with the theatre staff to audit surgical services, including sterilising and post operative wound infections
- Feeding data back to the Victorian Nosocomial Infection Surveillance System (VICNISS) which allows our performance to be compared and benchmarked against state-wide results. We also report to the Board of Management and Department Heads committees.

The number of staff taking advantage of the free influenza vaccination program was excellent this year. 92% of (Category A) frontline staff who have direct patient contact were vaccinated along with 93% of (Category B) staff with no direct patient contact. This is up from 79% for Category A and 54% for Category B last year.

Two patients have come into the facility with reportable infections and as they were managed by following the accepted Infection Control Guidelines, the infections were successfully treated and no other staff or patients were placed at risk. We have had no surgical site infections in the last year, and our sterilising audit showed a 100% compliance with all mandatory requirements as laid out in the Australian standard AS4187.

Operating Theatre – **Cleaning, Disinfecting and Sterilizing Audit to determine compliance with Standard AS/NZ 4187:2003**

Results of the RICPRAC [Rural Infection control Practice Group] 2012 audit were:

We achieved 100% compliance against mandatory criteria and 97.6% compliance against best practise – a great result

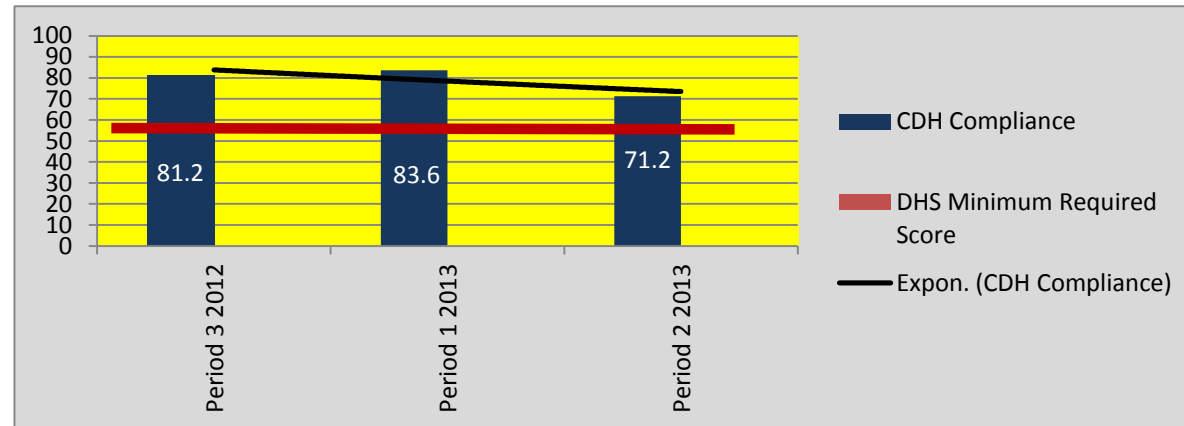
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Hand Hygiene

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

HAND HYGIENE 2012-2013 COMPLIANCE AUDIT RESULTS



Cleaning Audits

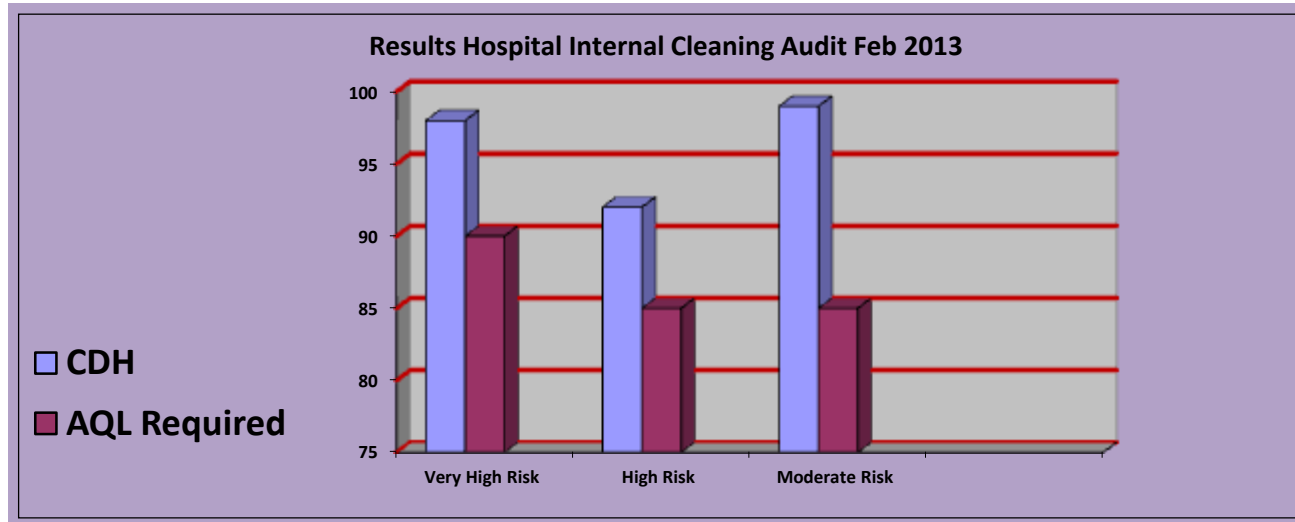
Cleaning audits form part of the infection control program. 2 internal and 1 external audits are required each year with all results reported to Department of Health. Accredited staff perform our internal audits while a qualified auditor independent to the Hospital conducts our annual external audit.

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

2012 – 2013

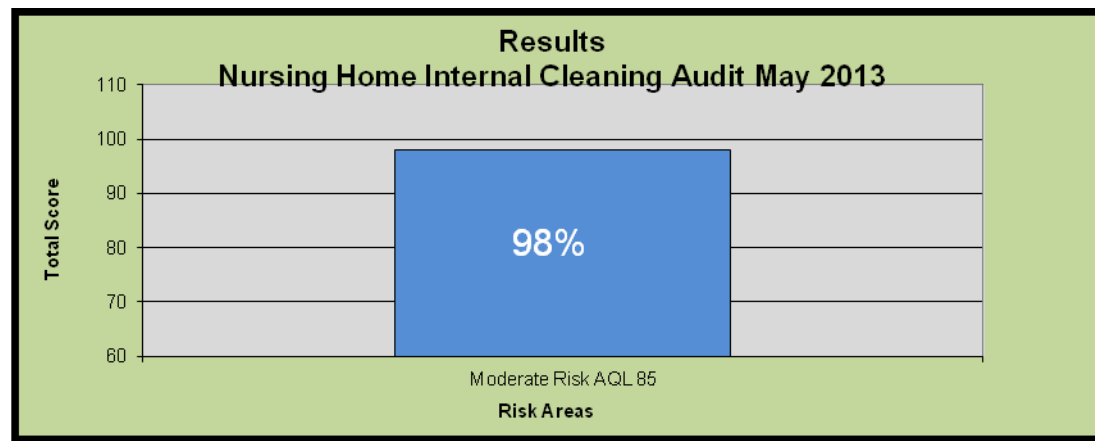
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Results evidence compliance rates above required AQLs achieved across all risk categories.

Our last external cleaning audit [July 2012] achieved an overall compliance score of 98

Very High Risk areas	100
High Risk areas	98
Moderate Risk areas	97



Results of Nursing Home Cleaning Audits evidence compliance rates above AQL of 8

2012 – 2013

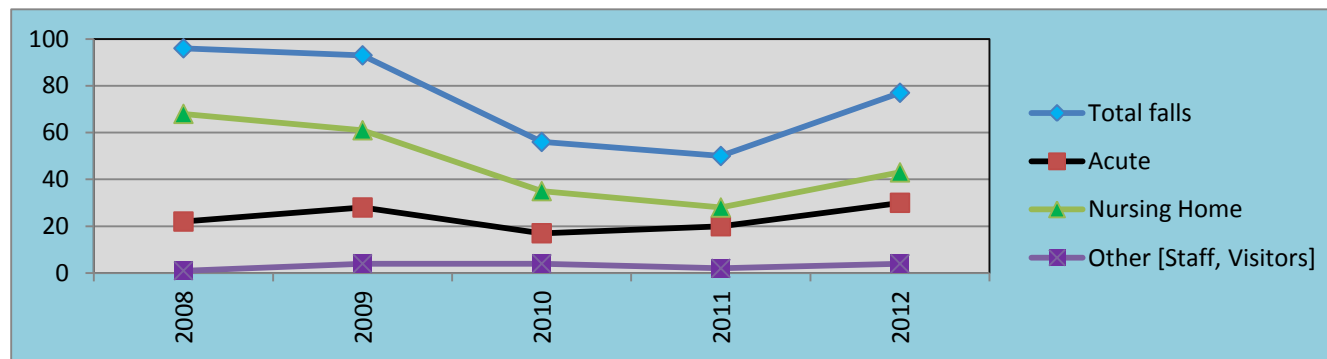
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Falls Monitoring and Prevention

Regrettably, a number of hospital patients and Nursing Home residents will fall. Falls occur for a variety of reasons including dizziness, impaired vision, reduced mobility and a general decline in health that can occur with increasing age.

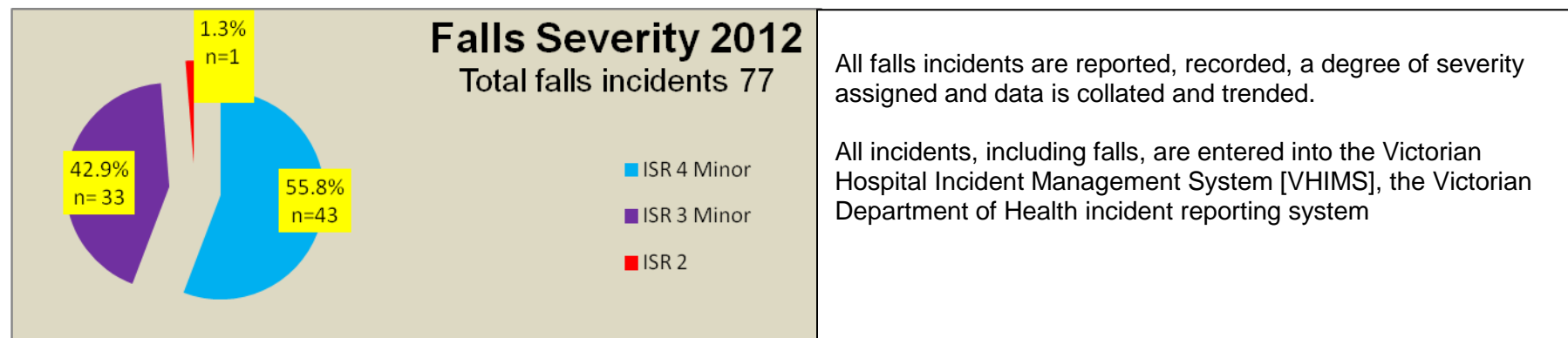
Every Hospital patient has a falls assessment completed at time of admission to determine their risk of falling. Likewise, Nursing Home residents are assessed when first coming into the Home and regular reassessment of falls risk occurs after that. If assessed as at risk of a fall, a number of interventions may be introduced to reduce fall instances, reduce the likelihood and/or severity of harm suffered by residents and patients as a result of a fall. Interventions include keeping the environment safe by ensuring floors are clean and dry with areas free of clutter or obstacles. Hip protectors, non slip mats, low beds and special mattresses can also reduce falls.

Fall incidents trended past four years.



The graph shows incidents in Nursing Home and Acute fall categories rose in 2012 - the total number of falls increasing from 50 in 2011 to 77 in 2012.

A brochure “Falls can be a problem for healthy active older people” is included in the admission information pack.



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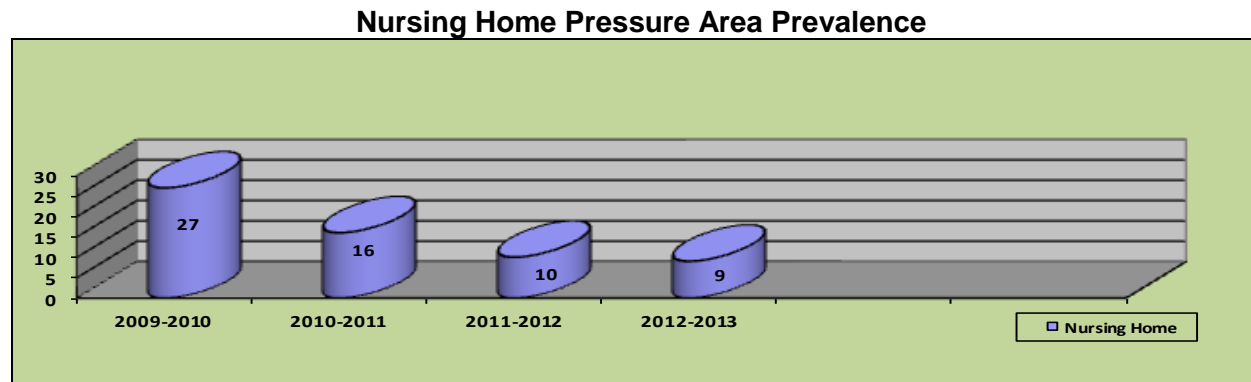
Pressure Ulcer Prevention and Monitoring

Some of us, particularly our frail elderly with decreased mobility or poor health, are at increased risk of developing pressure areas. Cohuna District Hospital monitors the instance of pressure ulcers and implements appropriate strategies to treat them should they arise.

All eligible Hospital patients [excluding renal dialysis, paediatric and obstetric admissions] are assessed at time of their admission for: [a] the presence of a pressure ulcer and [b] their risk of developing a pressure ulcer using the *Pressure Ulcer Prevention Plan [PUPP] Risk Assessment Tool*.

We are pleased to report that no acute patient developed a pressure ulcer during their period of admission in 2012 – 2013.

Our Nursing Home gathers and reports quarterly data on pressure injuries incurred by residents. A comprehensive assessment to predict skin breakdown probability is performed at time of entry into the Home with regular follow up reassessments occurring. Pressure relieving devices including elbow/heel protectors, special mattresses and air cushions are utilised to minimise development of pressure areas



Success of vigorous monitoring & preventative measures is evidenced by data trending showing decreasing pressure area prevalence from 2009-2010 [27] to 2012-2013 [9].

A information brochure “*Pressure Ulcer Prevention*” has been developed and is included in the information pack provided at time of admission to all people.

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Medication Safety

Medication Errors:

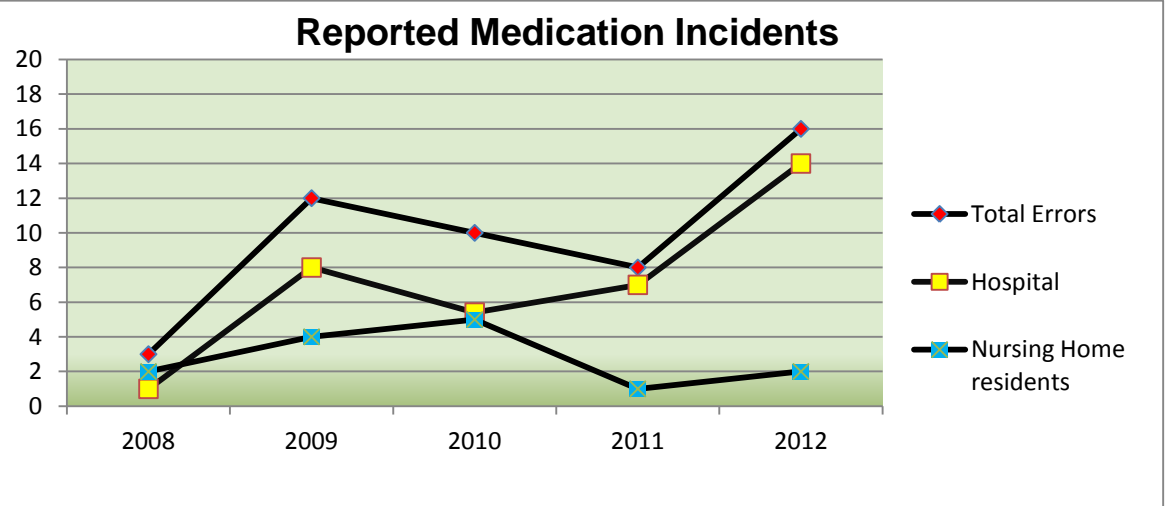
Reported Medication Incidents increased by 100% in 2012 with 16 incidents being reported.

This increase has occurred as staff are now encouraged to report all medication related incidents.

We are now reporting incidents where:

- written medication orders are illegible
- staff have not signed administration
- wrong dose, frequency, time, route or patient [no instances of wrong patient]
- medication has not been administered

No adverse outcomes have resulted from any medication related incidents.



Medication Safety [National Standard 4] is a very important area covering correct storage, administration, restricted medications etc. A Medication Safety Committee is being formed as part of the work being undertaken to ensure accreditation compliance with the Standard. The committee will review all medication related incidents as part of its role and determine interventions necessary to ensure continued safe medication administration for our patients and residents.

Transition Care Program

The Transition Care Program [TCP] provides short term restorative care in the community or in a care setting for clients who, following illness or hospitalisation, are not quite ready to return home independently. TCP provides support and low level therapy that continues to aid the recipients' recovery.

Program participation is enabled following assessment by the Aged Care Assessment Service [ACAS] under the umbrella of Bendigo Health Services. Once approval for participation in the program is established TCP funded for a period of 6 -12 weeks during which time the recipient receives services from allied health professionals including physiotherapy and occupational therapy.

The program has been successful with a total of 7 TCP participants in 2012, 2 community based and 5 care based clients.

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Residential Aged Care

Our Nursing Home provides care for 16 residents.

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

- ✧ Pressure ulcers *[reported on previous pages]*
- ✧ Falls and fractures *[reported on previous pages]*
- ✧ Use of physical restraint - none of the Homes' 16 residents were restrained during 2012-2013
- ✧ Multiple medication use
- ✧ Unplanned weight loss

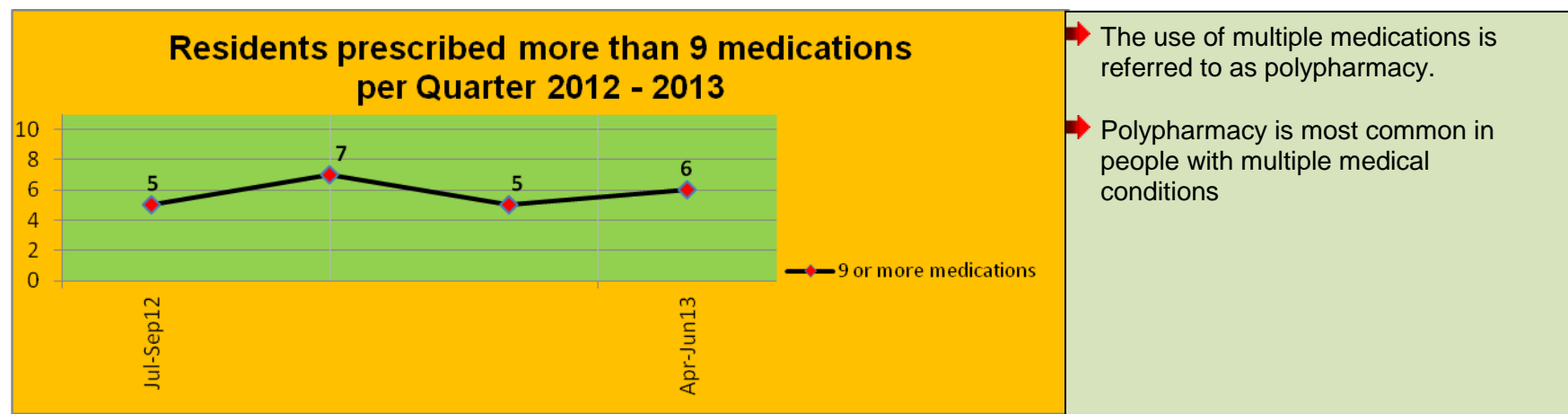
Weight

Quarterly data on resident weight gain/loss is collected and reported. Quality indicators consider the number of monitored residents, number experiencing significant unplanned weight loss in a 3 month period and residents with unplanned weight loss over 3 consecutive months.

Sometimes planned weight loss results from Dietician initiatives and recommendations. The dietician attends regularly. Unplanned weight loss can be as a result of a residents' general deterioration or disease process advancement.

2 Nursing Home residents experienced a three month period in 2012 to 2013 with weight loss > 3 kg.

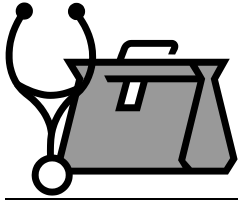
Residents on more than 9 medications



2012 – 2013

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The elderly and those taking five or more drugs concurrently are at greater risk of issues related to polypharmacy.



Visiting Medical Officers [VMOs]

Cohuna Clinic GPs led by Dr. Peter Barker provide medical services to the Hospital and Nursing Home. This includes emergency outpatient care 24 hours a day 365 days a year. All emergencies are notified to the VMO on call immediately. Depending on the type of emergency a doctor may attend immediately or following finishing at the clinic if non urgent. Hospital nursing staff are responsible for triaging presenting patients and prioritising care.

VMO's attend daily rounds of inpatients; more frequently if required. All admissions to the Hospital are authorised by medical officers with documentation completed on the day of admission. Care summaries, developed at time of discharge are immediately available to VMOs who usually review them within 24 hours of discharge.

Each community client and inpatient has an care plan, individualised to meet their. Inpatient care plan development is multidisciplinary based and includes VMO, nursing staff, patient and/or their family or carer input together with physiotherapist, dietician and other allied health participation where applicable.

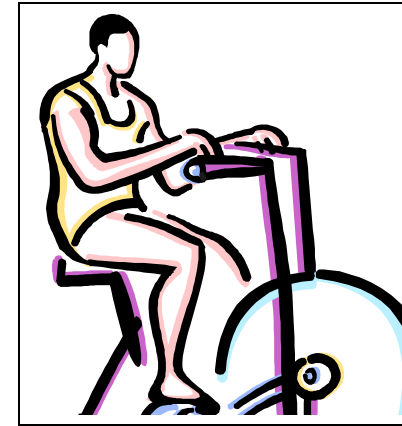
Specialist VMO services include orthopaedic, gynaecological and general surgeons. Service is also provided by a local dental surgeon. Shared on call arrangements with neighbouring Kerang and Barham GP clinics continue with Cohuna on call one weekend every four weeks for the district

Cohuna, Barham & Kerang continue a weekend 'on call' arrangement, with Cohuna on call one weekend of every four.

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Health Promotion

The health of our community is very important and we are fortunate that we know the needs and issues that face our population. As a small rural facility, Cohuna District Hospitals' staff base is sourced from within our community with many of our staff also involved in community groups including sports clubs and schools. This means that we can target health promotion activities to identified needs of our consumers in the community.



Some of our health promotion activities include:

- Our District Nurse provides an excellent service to the community and is able to tap into a range of other services as required
- Hospital midwives hold ante natal classes throughout the year for mums-to-be and their partners
- Accredited staff participate in community immunisation sessions
- A weekly exercise group meets in our physio building every Friday morning
- A.D.A.S.S. [Adult Day Activity Support Service] provides weekday activities and outings enabling those who would otherwise be at home, the opportunity to interact with other community members
- Executive and senior management hold membership to external committees. These include Southern Mallee Primary Care Partnership [SMPCP], the Southern Mallee Transport Connections Partnership [SMTCP], Barham, Cohuna and Kerang After Hours Committee and GLAM [Gannawarra Agency Meeting].
- Informing our community through Mens' Health activities and information provision
- Liaison with Northern District Health for provision of services including Respiratory Health, Cardiac rehab, Drug and Alcohol and Mental Health Services, diabetes management
- Organisation of Aged Care Assessments ensures maximum consumer access to services whether home or care based
- We refer to Gannawarra Shire for provision of Meals on Wheels and home services such a H.A.C.C. [Home and Community Care]
- Post Acute Care services enable people to return home after a stay in hospital whilst receiving any care still needed
- A comprehensive staff health program is in place



QUALITY OF CARE REPORT



ANOTHER GREAT ACHIEVEMENT



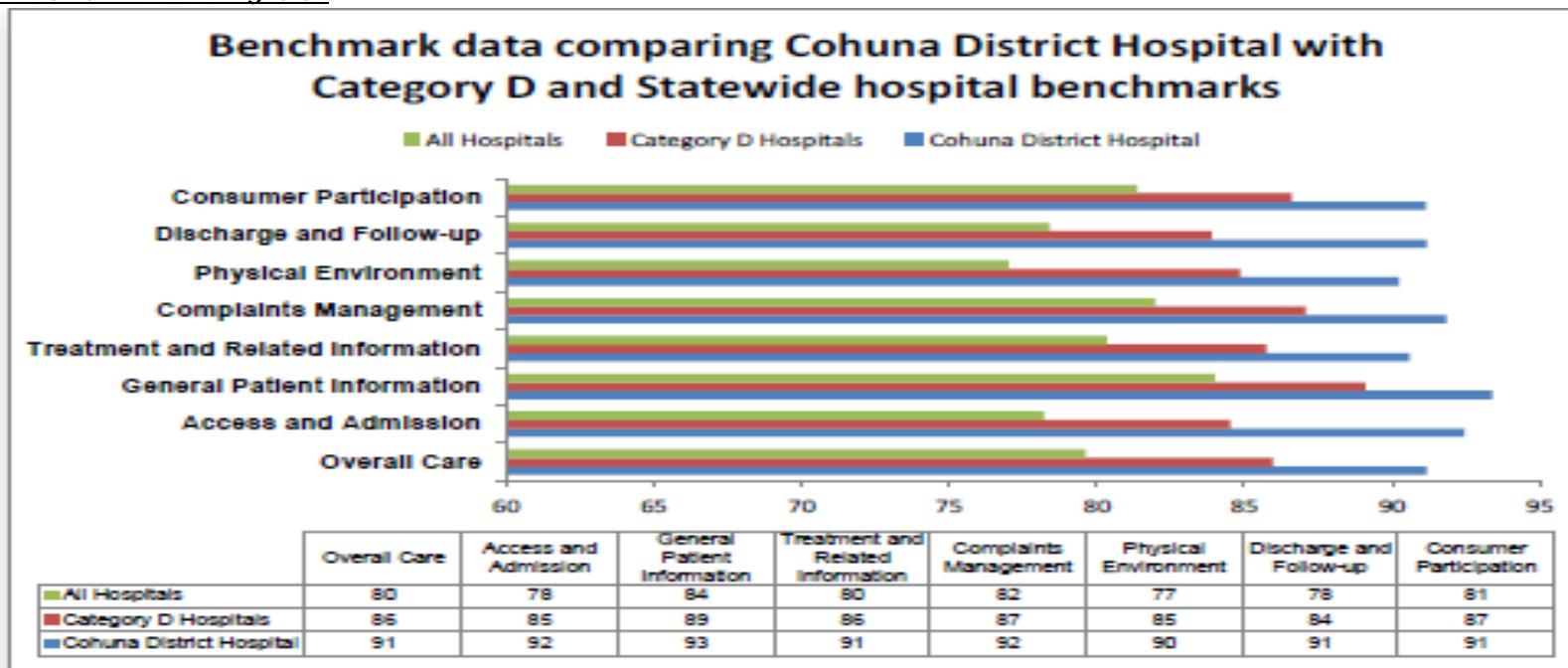
The Victorian Patient Satisfaction Monitor [VPSM] is an independent survey sent to discharged Victorian hospital patients.

Our results are received six monthly and benchmarked against same sized facilities [Category D hospitals] and against the mean score achieved across Victoria. Our Hospital performs consistently above both Category D and Statewide results.

In Wave 22 [the result report for January-June 2012] Cohuna District Hospital achieved one of the highest Victorian scores for Overall Care Index [OCI] with a score of **90.7** then followed up in Wave 23 [July-December 2012] with **91.2** – outstanding results.

The Overall Care Index result is derived by averaging the top seven topics: Access and Admission [AAI], General Patient Information [GPII], Treatment and Related Information [TRII], Complaints Management [CMI], Physical Environment [PEI], Discharge and Follow-up [DFI] and Consumer Participation Indicator [CPI]

VPSM - Wave 23 OCI



2012 – 2013

QUALITY OF CARE REPORT

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. The Access and Inclusion Plan is currently to be reviewed.

Evidence of our compliance is derived from results of the Victorian Patient Satisfaction Monitor (VPSM) – Wave 22 January 2012-June 2012 and Wave 23 July 2012-December 2012,

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] revised April 2012.
ii. Community participation plan (CPP)	Incorporated into Access and Inclusion Plan [2010] – currently being reviewed. 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, website, surveys, VPSM, newsletters, Annual and Quality of Care Reports. The Quality of Care Report and other information is accessible in all wards, A&E waiting area and at reception. Both reports distributed at the Annual General Meeting.
iv. Cultural Responsiveness Plan	Initiated December 2010 and implemented. Reviewed 2013 – package revised to include Diversity and is tied into Access and Inclusion Plan
v. Improving Care for Aboriginal & Torres Strait Islanders (ASTI)	As there are few ASTI patient admissions, assessment occurs on an individual basis. In 2012 - only 4 of 1334 discharged patients was an ASTI patient including one born in our care. There have been no ASTI admissions to date in 2013.
vi. Disability Action Plan	Incorporated into Access and Inclusion Plan [November 2010]. For review.
vii. Consult and involve consumers, carers and community members	Community Consultation Forum meetings. CCF sub committee formed [2013] to review Access and Inclusion Plan.
viii. Staff capacity building/education to support consumer, carer, community participation	Liaise with Southern Mallee Primary Care Partnership [SMPCP] and their Chronic Disease Management [including Diabetes] and Mental Health sub-committees.

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

OUTCOME: 100% Achieved

QUALITY OF CARE REPORT

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

Our smaller size facilitates knowledge of our population including background and constitution. There are few non-English speaking background residents and no admissions in 2012-2013 required access to the Hospitals' subscribed interpreter service. Information about interpreter services is available to staff and information cards are located in public waiting area.

Access for our aged and/or disabled is provided. Programs are planned to enable access to activities and outings for aged care residents/patients. An Aboriginal education, employment, chronic disease management, cultural awareness, respect/safety/care conference was attended by our Chief Executive Officer. An Aboriginal Health Plan was developed in 2012. Cultural Awareness training or education was attended by Acute NUM and Quality & Risk Manager. Following this, educational material was provided for staff education and information. Five senior nursing staff attended Leadership training, including change management, as they assume 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 22 and 23 data results **4.43** satisfaction [from possible score of 5.00] = **89%**.

CRF4.2: Culturally appropriate meals [Kosher, Halal, Vegetarian etc] are available if 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 2012 Midwifery Patient Survey results.

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

CCCP3.1 Information resources compliant with 30 of 40 Written Consumer Health Information Checklist items [Currie et al. 20001, *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%	91%	VPSM 22 + 23
Maternity – Involved in decision making	90%	100%	2012 Midwifery Surveys
Community Health - Care/Treatment	90%	100%	District Nurse Survey
Residential Care - Involved in decision making	75%	100% 100%	Resident Choice Survey Relative Survey
Information resources	85%	89.35%	Internal Audit
Acute Services - Discharge management info	75%	89.6%	VPSM 22 + 23

2012 – 2013

QUALITY OF CARE REPORT

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]. Statement of Priorities in place. Stage 1 Service Planning complet, Stage 2 imminent
4.2	Consumer, carer and community feedback provides feedback on services and programs. Community Consultation Forum [CCF] role in planning future 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 issues. Data is collected by forums, internal/external surveys, post operative interviews, general comment, complaints, incidents. No feedback from this report has been received. Strong support of Quality Improvement program from CDH management.
4.4	All complaint, formal or informal, are viewed. Senior management act to reach satisfactory resolutions. Where appropriate, consumers/carers/community are involved throughout process to achieve acceptable outcomes..
4.5	Clinical and corporate governance committees include some community membership. Community Consultation Forum primarily comprises community membership. No local ethics committee. Agreement in place 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%**

QUALITY OF CARE REPORT

2012 – 2013

QUALITY OF CARE REPORT

FEEDBACK SHEET

WE VALUE YOUR COMMENTS AND SUGGESTIONS.

We hope you have found our 2012-2013 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, do you feel systems in place at CDH enable the 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)

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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**