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# COHUNA DISTRICT HOSPITAL 2018 – 2019 QUALITY ACCOUNT



## A Message from the President and CEO

It is our pleasure to present the Cohuna District Hospital (CDH) Quality Account for 2018/19.

The purpose of the Quality Account is to show you the work we do to ensure safe, high quality care is provided to every consumer using Cohuna District Hospital services. Through the use of consumer stories, data, photos and graphical representation of activities we have undertaken, this report seeks to demonstrate how we are realising our vision to achieve excellence in Rural Health. It is also our way to celebrate and highlight the effort, care and energy undertaken in providing our services to the Cohuna community over the past financial year.

This year, there is much to celebrate, with many achievements, commencing with our successful Accreditation outcome in July 2018 in our Residential Aged Care services.

We have also worked on transitioning to the 2nd Edition of the National Safety and Quality in Healthcare Standards in preparation for our assessment in September 2019. Whilst new Aged Care Standards will come into effect on July 1 2019 and encompass Residential Aged Care, Transitional Care Program (TCP), Social Support Group and District Nursing Services, which involves significant energy and reflection on practices and what that means for a consumer in receiving health care in Australia into the future.

As such, we have also introduced the role of the Community Engagement Officer to enhance the consumer's voice in everything we do, and welcomed Angela Clark-Grundy to the position. Contemporary healthcare places you; our patients, residents, carers, family and community ('consumers') who use our facilities, central to each of the services we provide.

Our Partnering with Consumers Committee and consumer participation on operational meetings have greatly supported this work, and we look forward to exploring new ways to partner with you in aspects of care and treatment you or your loved ones are provided here at CDH into the future.

We welcome your feedback and hope you enjoy reading this report and find the information interesting about how your Hospital is continually working to deliver the best of available health and wellbeing services to our community.



Ross Dallimore  
President  
Board of Management



Ben Maw  
Chief Executive Officer

## Our Vision

We are recognised for excellence in Rural Healthcare

## Our Mission

To deliver the best of available health and wellbeing services to our community

## Our Values



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# 2018 – 2019 in Pictures



← Health Minister, Jenny Mikakos visited CDH in March 2019

→ Celebrating the 2018 AFL footy finals



Lots of work has been done around Family Violence.

Our Chief Executive Officer, Mr. Ben Maw is seen adding his message to our tree which was displayed at Southbank in December 2018 to conclude 16 days of activism, a government



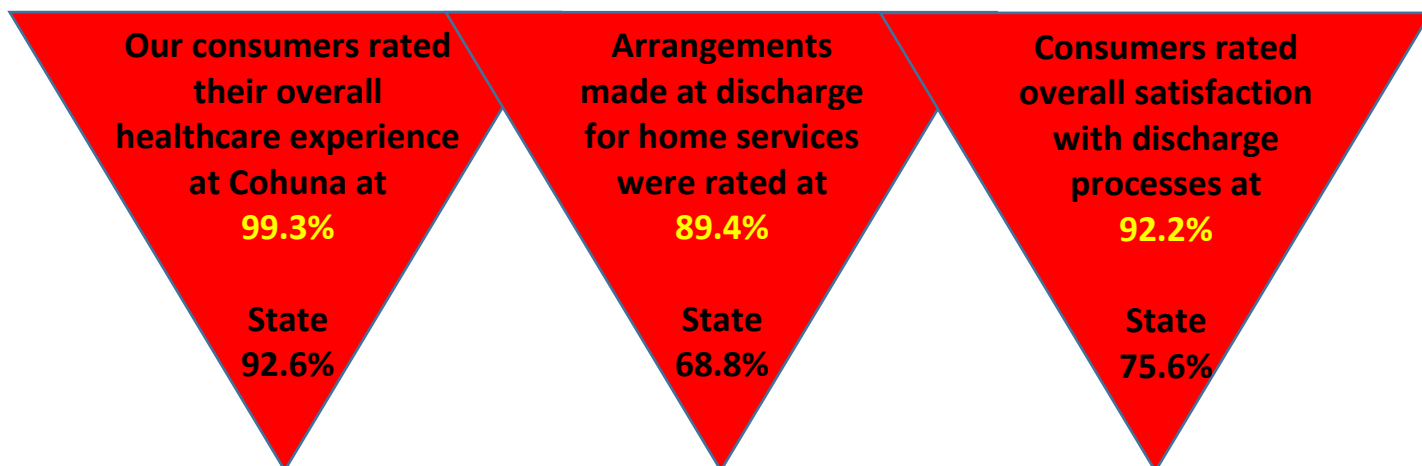
**AGED CARE WEEK CELEBRATIONS**  
September 19 included a BBQ for residents, families, volunteers and staff with John Doyle providing the music



# The Victorian Health Experience Survey (VHES)

The Victorian Health Experience Survey (VHES) is a statewide survey sent out on behalf of the Department of Health and Human Services to determine people's public healthcare experience. Results are made available to CDH enabling benchmarking and comparison of our performance against like sized health services and the overall result for the State of Victoria. The survey is sent to Victorians who have been discharged from hospital and results are published quarterly.

A number of changes to the survey have occurred in the past 12 months including reduction of the required responses from 42 to 10. For CDH this means we now receive regular results.



VHES results are supported by outcomes from internal surveys completed by consumers admitted to Hospital.

- ➡ 100% of inpatients surveyed from Jul 18 – June 19 stated they were involved in their discharge planning
- ➡ 100% felt they received enough information & explanation of needs/requirements for home recovery
- ➡ 92.6% of inpatients and 100% of obstetric patients surveyed stated arrangements for home Services met their need. The result for inpatients is an area where improvements can be made.

All survey results are reviewed and analysed within the organisation at departmental and board of management level for movement, trends or a decline. Whilst results are consistently strong and above benchmark, as part of the work to be undertaken in 2020, we will be focussing our attention further on how we can enhance discharge practices for consumers.

## Partnering with Consumers

Improvements we have achieved against 2018-2019 three targeted Statement of Priorities areas.





### BETTER HEALTH

The value of health promotion and prevention is recognised as just as important as treatment and is achieved in part through consumer awareness of their own health, their risks and strengthening healthy community and neighbourhood lifestyles. CDH has:

- ➡ Prompted physical and mental wellness initiatives in Mental Health services and Strengthening Hospital Response to Family Violence initiatives through training and presentation at the 2018 Annual General Meeting
- ➡ Partnered with Gannawarra Shire to expand the Loddon Diabetes Action Group to include our catchment
- ➡ Exceeded our target for colonoscopy follow-up of persons with positive Faecal Occult Blood, a precursor in identifying potential Bowel Cancer.
- ➡ Partnered with Murray Primary Health Network to successfully implement Healthy Heart, Healthy Lungs Pulmonary Rehabilitation program in Cohuna









## BETTER ACCESS

Consumer access to holistic healthcare is available when needed, including home and community care, and provided equitably.

-  In Dec 2018 CDH endorsed a review to be undertaken within the Murray Partnership that will support training and recruitment of Medical and Allied Health professionals through a dedicated regional educator.
-  Enhanced regional partnership participation in place based initiatives.
-  Improved discharge planning and community support services included in the Referral Pathway Project
-  Appointment of a project officer (April 19) to map and enhance referral and discharge pathways within CDH and the region

## BETTER CARE

Patient Safety and quality care guides everything we do in partnership with consumers to ensure their needs are met, evidenced through:

-  The Director of Clinical Services (DCS), Director of Medical Services and Quality & Risk Manager attended the Institute for Healthcare Improvement (IHI) 2 day national quality forum (Nov 18)
-  Residential Aged Care fully accredited for 3 years
-  Staff working groups completed a gap analysis and commenced working towards alignment to the new Aged Care and National Safety and Quality in Healthcare Services (NSQHS) 2<sup>nd</sup> Ed. Standards
-  Support provided for an additional Registered Nurse in attaining a post graduate Midwifery qualification
-  Director of Clinical Services, GP Obstetrician and Midwifery Manager participate at Regional Perinatal committee meetings
-  Key staff and a Partnering with Consumer representative have attended external Root Cause Analysis training sessions to enhance ability to better investigate clinical events of concern if and when they arise.
-  Two midwives attended Sunshine Hospital for 5 days as part of the Maternity Connect Program Maternity service, enhancing exposure to best practice midwifery care.
-  Increased participation in Maternity M& M meetings to enhance support of safe maternity services.

## Join us:

Here at CDH we encourage and welcome all consumers, carers, families and community members to engage in all aspects of care, treatments and services we provide. All people regardless of background, ethnicity and/or gender are welcome. Should you wish to participate in any way whether through volunteering, joining one of our many committees or just providing feedback for improvement to services, please contact us on 54565300.

Are you interested in helping with diversity planning, Aboriginal and Torres Strait Islander health, disability action planning or culturalism? Or maybe you are more operational minded and interested in joining a clinical committee? Clinical committees include Infection Prevention, Medication Safety, Comprehensive Care, Communicating for Safety, Blood Management and Acute Adult Deterioration. The only experience necessary is an interest in CDH and an enquiring mindset!

We would also like to thank our wonderful volunteers; those who enhance the lives of Aged Care consumers and the CDH Ladies Auxiliary, who work tirelessly for the organisation enabling the purchase of needed furnishings and equipment. We thank you all for your dedication and commitment.



**Spring Racing Carnival Fun in Aged Care**

## **Feedback**

We care about your thoughts on our health service with consumer and staff feedback considered as very important. All feedback, whether a compliment or complaint, is documented electronically and complaints lodged with the CEO are responded to within 5 working days.

You can share this information with us in a number of ways:

- ➡ The Victorian Health Experience Survey (VHES)
- ➡ Feedback Forms are available at the Hospital and Aged Care foyers
- ➡ Various internal surveys include inpatients, obstetric patients, Aged Care, District Nursing, Social Support Group and catering surveys.
- ➡ Online comments on our Facebook page or web page <http://www.cdh.vic.gov.au/>
- ➡ Complaints can also be made directly to the Chief Executive Officer (CEO) or to the Health Complaints Commissioner or the Aged Care Quality & Safety Commissioner. Details are available on our website or pop in to the hospital and request a Feedback brochure
- ➡ Consumer stories

Feedback has resulted in improving the information we provide you and how we communicate with you. Staff education opportunities have also been identified from feedback and even some changes to practice have occurred.

An example of practice change came from feedback provided in the Inpatient Survey. Respondents had continued to report that provision of information about newly prescribed medications did not always occur. As a result, this information is now provided when starting a new medication rather than at discharge. This gives patients an opportunity to have the need for the medication explained to them and ask any questions they may have during their admission.

Feedback is reported across the organisation from staff meetings up to the Board of Management and the Partnering with Consumers committees.

## Staff Survey

Staff are provided the opportunity to feedback to the organisation through staff meetings, internal surveys and annually in the People Matter Survey (PMS). The PMS is conducted by the Victorian Public Sector Commission across public sector employees with over 92,000 employees participating in the 2019 survey. The survey includes questions about patient safety and workplace culture.

Patient Safety Question	2017 % Result	2018 % Result	Improvement
1. Patient care errors are handled appropriately in my work area	80	66	▬ 14 %
2. This health service does a good job of training new and existing staff	58	52	▬ 6 %
3. I am encouraged by my colleagues to report any patient safety concerns I may have	89	77	▬ 12 %
4. The culture in my work area makes it easy to learn from the errors of others	59	46	▬ 13 %
5. Trainees in my discipline are adequately supervised	45	45	=
6. My suggestions about patient safety would be acted upon if I expressed them to my manager	67	66	▬ 1 %
7. Management is driving us to be a safety-centred organisation	63	54	▬ 9 %
8. I would recommend a friend or relative to be treated as a patient here	81	75	▬ 6 %

Workplace Culture	2017 % Result	2018 % Result	Improvement
1. My organisation provides a safe work environment	86	73	▬ 13 %
2. Bullying is not tolerated in my organisation	30	38	▬ 8 %
3. People in my workgroup treat each other with respect	30	43	↑ 13 %
4. The psychological wellbeing of employees is a priority for my organisation	25	18	▬ 7 %

Overall, 2018 results relating to Workplace Culture and Patient Safety did not improve on 2017 results and our organisation implemented the following improvements:

- ➔ Results were presented to the Board of Management and the People Matter Consultative (PMC) Committee, a multi-disciplinary committee with majority staff membership
- ➔ The PMC committee developed an Action Plan to address workplace culture issues. Strategies included a staff recognition initiative in the newsletter, ensuring all staff were issued with CDH email addresses and were provided access to VHIMS/Riskman electronic incident reporting system, and introduction of a regular electronic quarterly Staff Survey.
- ➔ Another strategy involves reporting back to staff about responses directly related to PMS questions in a *You Said – We Did* format
- ➔ Psychological reminders about the Employee Assistance Program (EAP), a healthy eating program was implemented and celebration of special days were actively promoted

The main focus for the 2018 year was around enhancing Safety and Security for staff within the workplace and enhancing the organisational structure so that staff could receive support and advice when needed as to how to do their job, and do it safely. As a result, we have commissioned a new Security Swipe Tag system across the whole site, undertaken training in response to violence training and implemented a new Security Action Plan.

# EVERY PERSON, EVERY TIME




## 2019-2022 Disability Action Plan

CDHs' 2019-2022 Disability Action Plan has been developed in consultation with our consumers and staff, our regional partners and through participation and adoption of feedback from a Disability and Wellbeing reference group. The proposed final draft of the Disability Action Plan is to be presented to the Partnering with Consumers committee in September 2019 prior to finalisation and launch in 2019/20.

The Plan confirms our commitment that people with a disability have equal access to resources within the community and within our services and workplace, that there is no discrimination against people with a disability, and that their interests are considered in our future planning.

The Plan recognises the complex and variable needs of people with disabilities and commits our organisation to continue to identify and address the barriers that impact on the ability of our patients, carers and staff to be fully included and participate in their community.

We will achieve this by improving:

-  access to services
-  the provision of care in our facilities and
-  employment opportunities for people with a disability





## Diversity

The organisation is committed to ensuring services are provided in an atmosphere of inclusiveness and equality that is non-discriminatory and recognises the value of cultural diversity. The CDH 2018-2019 Statement of Priorities evidences examples of advancement in inclusiveness through development of our 2018-2019 Diversity Plan and provision of Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) education to Aged Care staff.

The CDH Diversity Plan documents our strategies to provide accessible, supportive community services that are respectful and inclusive of vulnerable people, including those living with dementia, from culturally or linguistically diverse backgrounds or those identifying as LGBTI or of Aboriginal or Torres Strait Islanders heritage. Interpreter Services are accessible 24 hours a day although no access has been required in the past 12 months.

## ABORIGINAL HEALTH

In recent surveys, those identifying as Aboriginal or Torres Strait Islander account for 1.9% of the population living within the Gannawarra Shire (*Southern Mallee Primary Care Partnership - Gannawarra data*). This population is now recognised as a particularly vulnerable group of health care consumers with specific health care needs across Australia. The CDH 2017 - 2020 Aboriginal Health Plan aligns with Victorian Department of Health and Australian Commission on Safety & Quality in Health Care Guidelines and Standards using four Key Areas:

-  Engagement and Partnerships
-  Organisational Development
-  Workforce Development
-  Systems of Care

All consumers are asked "Are you of Aboriginal or Torres Strait Islander Origin?" when arriving at CDH. By identifying as Aboriginal and/or Torres Strait Islander origin, consumers assist Cohuna District Hospital to deliver optimal culturally sensitive health care services and to understand the extent of specific presenting health conditions by identifying opportunities to better understand what services are being utilised and providing feedback on enquiry as to how we can make them better.





## SAFETY AND QUALITY

### Adverse Events

The nature of health care and treatments mean that sometimes things go wrong and unintentional incidents occur. CDH staff report incidents electronically through the Victorian Health Incident Management System (VHIMS).

Incidents are classified into one of three groups; incidents affecting consumer we care for, staff related incidents or incidents that are neither of the above, usually involving equipment, utilities and/or hazards. VHIMS are

further broken down into Severity classifications (ISR) 1 to 4 with 4 signifying a no harm/near miss incident up to one where the outcome was serious and caused harm. Incidents form part of the risk management program and, once entered, actions are allocated to responsible staff to minimise the risk of recurrence and/or impact. More

serious events that attract an ISR of 1 or 2 are reported to the Board of Management, extensively investigated and improvements made as a result.

A total of 421 incidents were recorded in VHIMS from July 1 2018 to June 30 2019, an increase of 121 from the previous year. This does not necessarily mean that more incidents actually occurred but more likely reflects increased reporting by staff who have been encouraged to report even minor events and an initiative undertaken to ensure ALL staff have individualised access to this system for reporting into the future as part of enhancing safe workplace initiatives through the People Matter Committee.

For the 2018/19 year, the following table provides a high level breakdown of recorded incidents:

Incident Type	ISR 1	ISR 2	ISR 3	ISR 4	TOTAL
Clinical (Patient)		7	101	222	330
Occupational Health & Safety (Staff)		1	18	30	49
Non Clinical, Non Occupational Health & Safety (Hazard)			6	36	42
		<b>8</b>	<b>125</b>	<b>288</b>	<b>421</b>

No ISR 1 incidents were recorded in the 2018-2019 period.

A total of 8 ISR 2 incidents were reported.

One ISR 2 Occupational Health & Safety incident was recorded – a staff member sustained a fracture from a fall. In the Clinical area 7 ISR 2 incidents were recorded, the details and actions of which are as follows:

➡ A patient required advanced treatment following an adverse reaction to medication. The incident was investigated by the Director of Medical Services, discussed with GPs and a new protocol was developed for administration of the medication to further enhance safety should someone ever present with the same reaction in the future

➡ 3 incidents automatically attracted an ISR rating of 2 as in each case the patient was transferred to a higher level of care

➡ 4 ISR 2 incidents related to obstetric patients as post-partum haemorrhages or other maternity emergencies occurred. Each incident was reviewed by our visiting Obstetrician; improvements made from resultant recommendations and outcomes were discussed with medical and nursing staff

**MATERNITY SERVICES**

As a small rural health service CDH remains one of few like-sized facilities that continue to offer birthing services in rural areas across Victoria. An extensive amount of work occurs to ensure the service is safe and optimal outcomes for mums and babies are achieved.

Diversion of maternity services is one action that has been embedded to make sure safe outcomes result. Diversion occurs when shortages affect CDHs ability to provide fully staffed birthing services. This may be due to the unavailability of a midwife, Theatre staff, a GP Obstetrician or Anaesthetic coverage. Those that a diversion is likely to affect are notified and fully informed about the diversion and their birthing options during the diversion period.

All Victorian healthcare facilities offering birthing services are required to submit a range of data to Safer Care Victoria. Results are reported back to us as Perinatal Services Performance Indicators (PSPI). Results in this report refer to the period July 2017 – June 2018

Birthing numbers have remained relatively stable over time. 56 Babies were born at the Hospital from July 2017 to June 2018.



CDH received a Moses basket thanks to a generous donation from Madeline and Travis Gilby

Indicator	CDH 2017-18 Result	State-wide 2017-18 Result	
Percentage of singleton full term babies (without congenital abnormalities) who are considered in poor condition shortly after birth	1.8	8.7	1 of the 56 babies birthed at CDH required extra care after birth in the form of a resuscitation and transfer to a higher tertiary service in the state for monitoring
Percentage of babies with severe fetal growth restriction (FGR) at 40 or more weeks gestation	0.0	28.0	No babies born to women at CDH @ 40 weeks or more gestation had severe fetal growth restriction (FGR).

CDH clinical staff complete a range of training and education to deal with different types of emergency situations including maternity emergencies.

## PRACTICAL Obstetric Multi-Professional Training (PROMPT)

PROMPT is an evidence based, multi-professional obstetric training package that trains all those who care for mothers and their babies together in the effective management of obstetric emergencies.

CDH nursing and medical staff participate in PROMPT training along with our midwives.

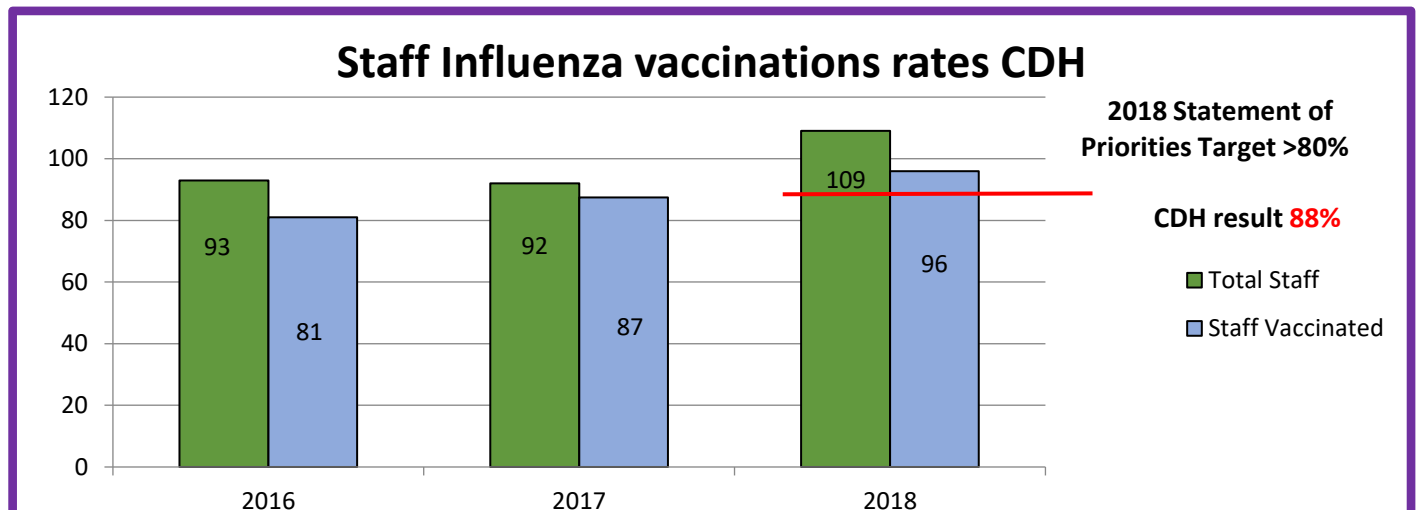
Our PROMPT coordinator Rachel was invited to present at the PROMPT coordinators meeting in 2018. The topic was Cord Prolapse based on an emergency event that occurred at CDH and was aptly managed thanks largely to the multidisciplinary PROMPT training undertaken as part of our education.



## Infection Prevention

CDH has a strong Infection Prevention program.

All public hospitals are required to participate in VICNISS (Victorian Hospital Acquired Infection Surveillance System) reporting of quarterly data of Surgical Site Infection (SSI), Staphylococcus aureus Bacteraemia (SAB) and Blood Stream Infection data. We are pleased to report none of these has occurred in the past year.



Staff immunisation rates for 2018 exceeded the Statement of Priorities target of 80%, with 88% of staff immunised. Staff uptake of influenza vaccination is also reported to VICNISS annually.



The notice board in the Hospital passage is utilised for informational displays for consumers, families, visitors and staff. The 2019 Influenza information is pictured above.

## Escalation of Care

It is important that appropriate action is implemented when a consumers' health deteriorates. The organisation has procedures in place to escalate care in response to recognising deteriorating health. Nationally approved observation charts are one means used as is training in reading an electrical tracing of a babies' heartbeat whilst in labour. The charts have parameters to assist staff to recognise a decline in a person's health status and actions that need to be taken to manage and correct it. Episodes of deterioration are documented and the medical record is audited. Actions are taken should opportunities for improvement be identified and staff record a VHIMS incident report if things were not done as they should have been.

An example of this occurred with a mother presenting in labour to our Urgent Care Centre. Upon assessment, the nurses and midwives were able to determine that a CTG tracing was abnormal, and in raising this with the GP obstetrician and getting further medical reviews, we were able to diagnose a baby in distress in a potentially life threatening situation. From this review and within 45 minutes, the on-call processes were enacted and the mother supported in undertaking an emergency caesarean at CDH. If left un-identified or if staff weren't trained in care escalation, there is a very real possibility that harm would have occurred for the baby.



In October 2018 the board displayed information about defibrillation and Automated External Defibrillators (AED) which are now commonly located at community venues.



Clinical staff participate in on-going education including Basic Life Support, Advanced Life Support, Neonatal Resuscitation and Triage education.

## A problem shared is a problem halved: The journey to upgrading our Dialysis Unit Chairs.

One of the joys of living and working in small rural health services is the ability to make a positive and noticeable impact for someone you know. It's also nice to know that if you put your hand up for help, there is a community there to support you. In considering a consumer story for our Quality report, the following is a great example of how people came together to effect the health and wellbeing of its community in a variety of ways, through health promotion, fundraising, inclusiveness and support.

Following discussions with our Dialysis team and their patients, a review was undertaken of the ageing Dialysis treatment chairs that had been in place in the unit since its initial inception. Whilst state of the art at the time and well maintained, the chairs had declined over time, with splitting material that created infection risks, through to lumpy padding that no longer supported the patient comfortably and placed them at risk of pressure areas. It had become evident we needed to do something soon before they became a risk to patients and staff.



In considering opportunities to source the much needed funds, discussions began commencing between the Hospital, the Lions Club of Cohuna and the Cohuna and District Progress Association regarding the ongoing management and future of the Cohuna Bridge 2 Bridge event. The event had been run annually for over 25 years at this stage, and was at risk of not continuing without some additional support from the community.

With a commitment from all parties to continue to support the event locally for both running and bike riding events, the B2B committee also committed to supporting the hospital in raising the much needed funds to replace the chairs, donating 100% of the profits to the hospital for this specific purpose. Through participation, we were able to keep a valuable

**Dialysis Nurse, Toni Naismith demonstrates one of the 3 new dialysis chairs**



← Director of Clinical Services, Lynne Sinclair gratefully accepts new cot quilts from Joyce West.

→ Many thanks to the Lions Club for their ongoing support of CDH. Lions members are pictured with Chief Executive Officer, Mr. Ben Maw



## A consumer story

### Introducing Mavis Hester – part of our family here at CDH.



Mavis was born Mavis Julia Gray on 19/01/1926 at the old Cohuna Hospital to parents Emily and George Gray. Mavis was their seventh child, they were later to have another two children. Her sisters were Nina (Franz), Merle (Brown/Lever), Elaine (Wilson), brothers were Kevin, George, Leslie, Edger, Roy and Will. All Mavis's siblings have past now except for Elaine and Mavis.

Mavis lived on her parent's dairy farm where they milked 38 cows. Their farm was about 3 miles out of Cohuna which the Keely's own now, the farm is located across from where John Keely lives. As children they worked on their parent's farm milking cows and feeding the pigs. Life was always busy.

As Mavis grew up she attended the Keely School which was located near Bluey and Karen Fletcher's farm. A lot of local children attended this school from nearby farms. Mavis went to school here until she completed grade 8 and then helped on the family farm. Church was also held at the school.

George Gray was called up for service in WW2, along with his son. It was during this time that her father and brother returned for a family visit that her brother bought a friend home. His name was Albert Hester. He was from Eaglehawk and had struck up a friendship with Kevin, known more affectionately as "Splint". He came home with Splint to attend a dance, but at this stage Mavis was too young and unable to attend.

After Mavis's father and brother returned from service, Albert also moved to this area where he worked for Con O'Brien at Wee Wee Rup. It was during this time he courted Mavis, they fell in love and were married in 1945 in the Methodist Church, which is now the Uniting Church in Cohuna. They lived in a house near Mavis's parents on the outskirts of Cohuna, where Mavis lived until she moved into the Nursing Home. Their first born was a daughter who they named Kay (1946), followed by Jan who was born in 1949 and then Wayne in 1952. They were born in the old Cohuna Hospital with Dr. Stewart delivering each baby.

Church life played an important role in their family life and they regularly attended Cohuna Methodist Church. Mavis, Jan and Kay taught Sunday school and Albert was the superintendent of the Sunday school. Many social occasions were enjoyed with great friendships made with their church family.

Albert and Mavis became cleaners at the Cohuna High School, now known as Cohuna Secondary College. They worked at this job until Albert had a heart attack and passed away unexpectedly at only 49 years of age. Mavis and her family were devastated and his loss was mourned by the community.

Life went on and Mavis continued working for the High School until the age of 60, when she retired to help look after her grandchildren. Some of Mavis's interest include cross stitch and china painting when she spent many hours with Pearl Barton creating masterpieces.

At church, Mavis became a Lay preacher. The Methodist Church later combined with other churches now known as the Uniting Church. She was a member of the Cantata with members from all churches participating to sing the annual Christmas message.

Many people who lost loved ones, or were needing an encouraging word were recipients of heartfelt letters written by Mavis with love and sincerity. These letters are still kept by many who received them.

Mavis has been living at the Cohuna Hospital Aged Care Facility for the last four years, during this time she has built up a great friendship with the lady she shares her room with. Her life is enriched with her family and friends who are regular visitors, along with her six grandchildren and five great grandchildren who all love their Nana.

## Residential Aged Care

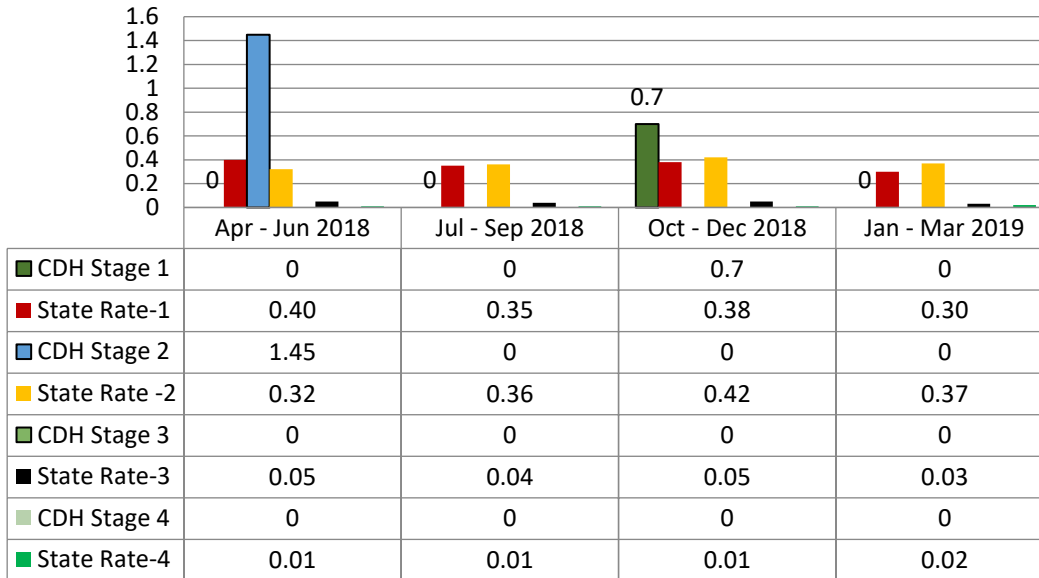
Quarterly quality indicators are reported to Public Sector Residential Aged Care Services (PSRACS) enabling benchmarking against Statewide results and allowing comparison of our results over time to identify trends. Indicators are reported per Occupied Bed Days (OBD). Of note, Quarter 4 Apr-Jun 2019 data is not yet available for the five areas reported in 2018-2019.

### Pressure Ulcer Rates

Pressure Injuries are rated 1 – 4 according to severity with 4 the most serious.

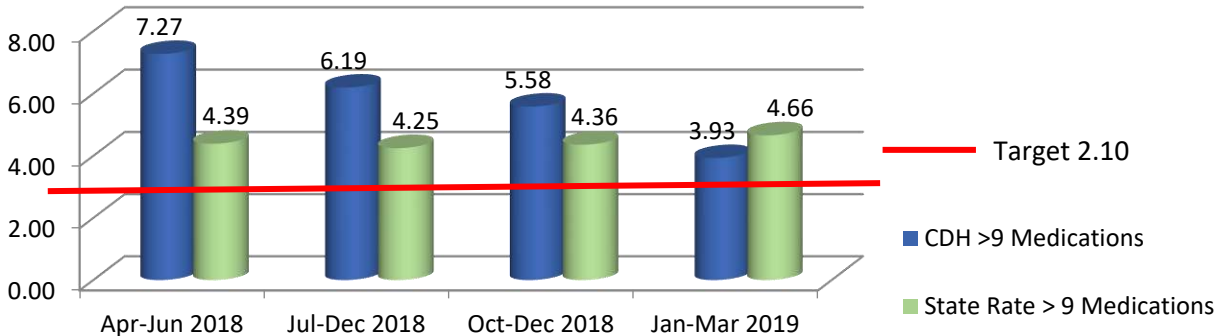
No stage 2, 3 or 4 pressure injuries have been reported since July 2018.

A Stage 1 was reported in Oct-Dec 2018.



Pressure Area Management was under benchmark in all indicators for the reported period, except Apr-June 2018, where early identification and intervention of a newly admitted resident prevented any further harm and strategies resulted in the healing of the identified pressure areas before they became stage 3 and 4, involving significant injury.

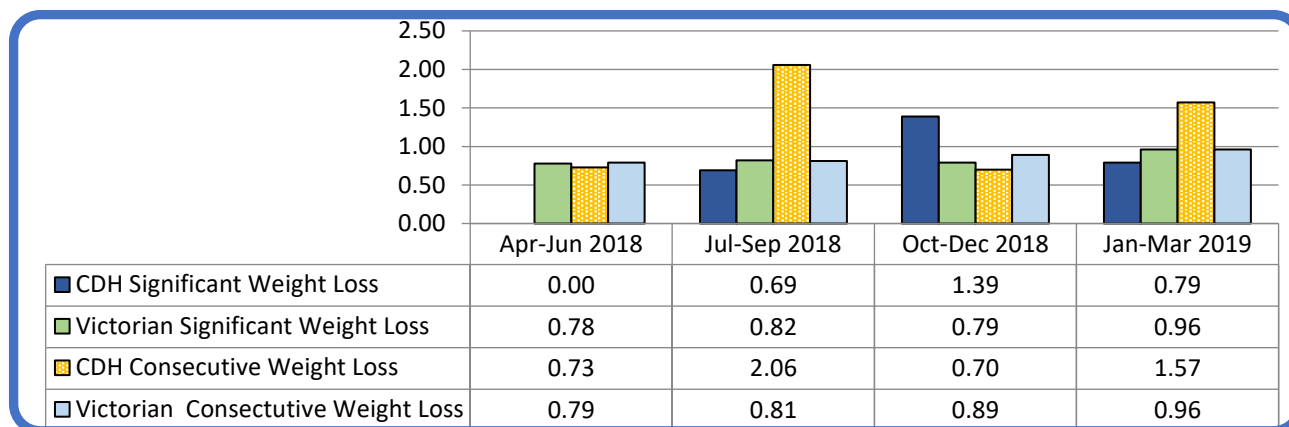
## Use of 9 or more medications



CDH exceeds the target of 2.10 in this indicator. In context, this target is seen as aspirational as higher levels of medication intake have been linked with increased risk of harm through increasing falls risks and the interactions of medications. The chart shows the level of significant work undertaken by staff to reduce this to the target level, trending down over the last 12 months and currently sitting under the rate across other public aged care services across the state.

Ongoing activity to reduce the incidence of consumers prescribed nine of more medications will include a full review of each residents' medication through an annual pharmacist and external Geriatrician review.

## Unplanned weight loss



CDH is below State significant weight loss rates in the Jan-Mar 19 quarter but exceeds the state average of 0.96 for consecutive weight loss with a result of 1.57.

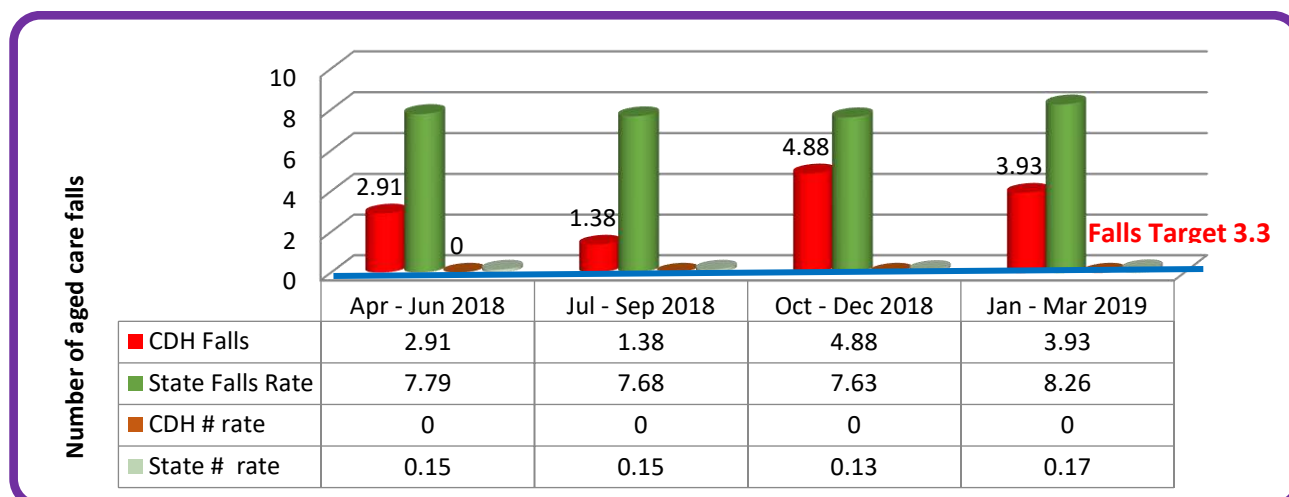
To address the result we have implemented the following actions:

Planned review of reporting to ensure we filter out residents undertaking palliative care. Whilst all strategies are undertaken to support nutrition, it is not unexpected that someone receiving end of life care should experience some weight loss as their condition declines, and therefore is not to be included in this indicator for future monitoring as per DHHS monitoring standards.

Purchase of new weigh chair to ensure accuracy and better enable monitoring of immobile clients.

Further review of Weight Loss policy and procedures and how they are practiced is required. Ongoing review of menu and meal options will be monitored to ensure menu alterations in the Healthy Eating Policy are not impacting on weight maintenance.

## Falls and Fall Related Fractures



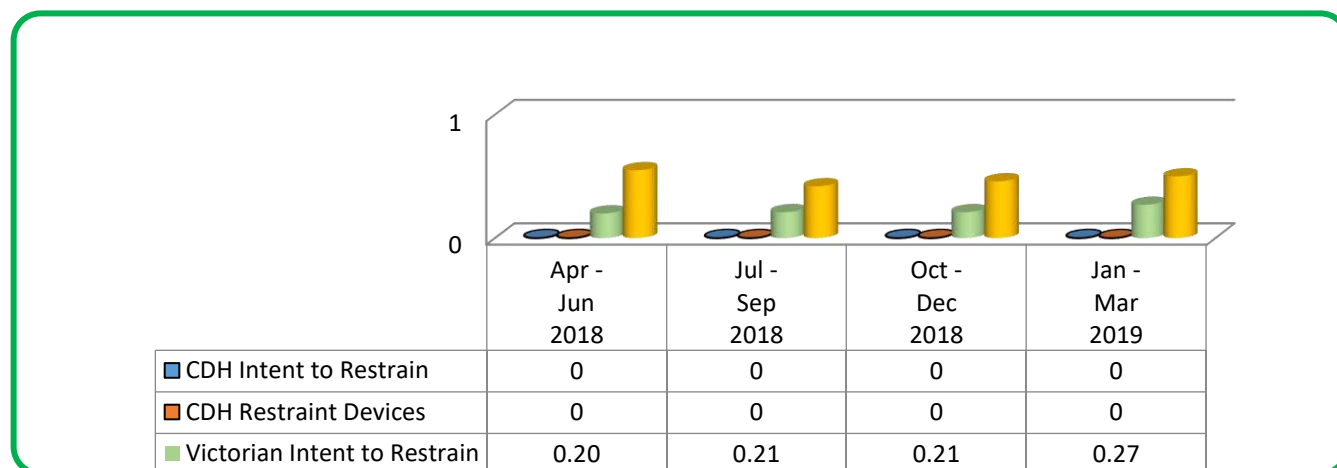
**Targets for this indicator are set by the state as an aspirational target.**

Although CDH is over target for falls, no fractures have occurred, and CDH continues to fair better than other services across the State of Victoria in remaining below the State Falls Rate.

Individual strategies for each resident are identified and reviewed regularly, and the organisation is looking to upgrade its Nurse Call system and remote patient sensor mats as one strategy to improve on this into the 2019/20 year.



## Physical Restraint



Cohuna District Hospital practices restraint free care and therefore has no incidences or intent to restrain during this reporting period.

New indicators will be added to 2019-2020 reporting as part of our commitment to monitoring and enhancing care in Residential Aged Care services into the future.

## ACCREDITATION

The Hospital must be accredited to continue to provide services. A number of assessments are performed by external bodies in order to meet requirements.

1. The Hospital is accredited by the Australian Council of Healthcare Standards (ACHS) who assess CDH against the National Safety & Quality in Healthcare Services (NSQHS) 2<sup>nd</sup> edition Standards. We are required to meet all 148 criterion. The Hospital is currently accredited until late 2019. CDH will be reassessed in September 2019 to gain accreditation until 2022.

28 recommendations for improvement were made by ACHS at the 2016. We have closed all 28 of the recommendations and will present them to ACHS with details of actions implemented.

An example is the work done on ensuring legibility of medical records. This has been addressed by the GPs using electronic progress note documentation, the introduction of the Birthing Outcome System (BOS) to record obstetric patient notes and referrals and the use of the electronic medication chart.

2. Residential Aged Care was fully accredited in July 2018 for three years, passing all 44 criterion contained in 4 Standards. From July 2019 8 new Aged Care Standards will be implemented with future accreditation encompassing residential aged care, Transition Care Program (TCP) and community nursing including District Nursing and Social Support Group.
3. Support Services accreditation is assessed against the organisations' Food Safety Plan which is compliant with the Food Safety Act. Assessment is performed annually and in April 2019 we were successfully assessed with no recommendations made.



The Medication Safety information display for consumers, families, visitors and staff

## Social Support Group

The clients at the 3 Social Support Groups have had another busy year. With specialty events such as Christmas in July, Lady Joan's Hat Parade at the Village, Pink Ribbon Day high tea and the Footy Tipsters Luncheon just to name a few. There have been outings to the Silos to see the Art works, barbeques by the creek, Mystery History tours of surrounding areas, a visit to Lockington Historical Centre and of course afternoon tea at Waffles is very popular.

The clients enjoy celebrating the usual cultural days of Valentine's Day, Queens's birthday, Oaks Day and Christmas in the company of their Social Group friends.

The Monday group had a visit to Sue Robertson's home where she cares for injured wildlife. The clients were in awe of the care that Sue provides, predominately funded from her own pocket. Knowing this, the clients set about raising money to assist this worthy cause. A raffle was organised with clients sourcing prizes themselves. Sue was invited over for a special afternoon tea where she was presented with nearly three hundred dollars. This raised client's feelings of still being able to give back to the local community.

With the new Aged Care Standards, clients now have a monthly planning session where they plan the next month's activities. This gives clients control and input into the group's activities known as "co-creation". This empowers clients and promotes individualised activities.

Our volunteers are an essential part of our operation. Staff and clients are very grateful to have such a dedicated, hardworking and friendly team of volunteers who assist with activities, outings, set up and clean up and driving the Community bus. We would like to express our thanks for all that do.

We also have a new program about to commence in September. We have sourced a grant to be able to run a Men's Cooking program which aims to develop participant's knowledge of good nutrition and to increase their meal preparation and cooking skills to minimise the risk of poor nutrition leading to an increase in poor health outcomes.

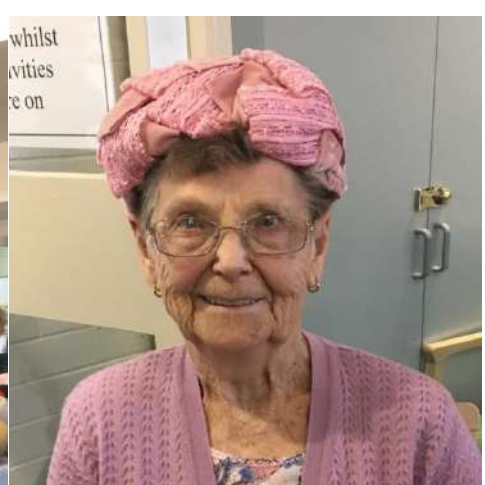
Who says the twilight years are for relaxing?



George & Gwen Bradshaw at the Christmas in July



Dame Joans Hat collection at the Village



whilst activities are on



Some of the many Social Support Group Activities – Spring Posies, Valentines' Day Lunch, a visit to the Leitchville Animal Rescue, Pink Ribbon High Tea, Footy Tipping Day Luncheon.

