COHUNA DISTRICT HOSPITAL

QUALITY ACCOUNT 2015 - 2016

Introduction

Cohuna District Hospital 2015 - 2016 Quality Account

A message from the Chief Executive Officer

Mrs. Jacque Phillips

Cohuna District Hospital (CDH) is focused on providing a unified, integrated health service that places patients at the forefront of how, when and where they receive care. We had the privilege of engaging with patients and residents, whose experiences helped inform our priorities and strategic directions for the next 3 years.

The achievements over the last year related to a number of comprehensive reviews of quality and safety, clinical services and strategic planning. This has been instrumental in positioning CDH, both clinically and financially, to take the bold actions that will be needed to build a strong and sustainable future for health care in our community.

We take feedback from the community seriously and it is vital that the community feels confident that CDH listens and understands the needs of the community, operates with integrity and can provide safe health care.

As we start to implement our new three-year Strategic Plan in 2016, we are poised to work differently and in new and more collaborative ways to help ensure residents of our region have access to the health services they require when and where they need them most.

That starts with strengthening partnerships with local health service providers and fostering new relationships. This past year, we worked collaboratively on a number of fronts with Bendigo Health, Gannawarra Shire and Echuca Regional Health and other community partners. We will continue to build on these and other relationships to develop initiatives to provide people with opportunity to improve health outcomes.

Throughout this report, we have highlighted many aspects of our Hospital, Aged Care and information for you to be confident in the services we provide. One very important aspect is continuing the dialogue with patients and families to help shape the services we provide.

Our thanks to the individuals and community who so tirelessly and generously give their time to serve on our Board and our auxiliaries, and to staff, medical practitioners, volunteers, donors and community partners for contributing to our health service.

Jacque Phillips
Chief Executive Officer

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AGED CARE - My Story – Frank (Franklin) Jenkinson

Frank was born on Australia Day, January 26th in 1923. He was the fourth of seven children including an adopted sibling, all of whom were relatively close in age. Frank's parents, Jim and Ada Jenkinson farmed close to the Gunbower Creek, near the township of Leitchville. They were dairy farmers and so there was always work to do.

Frank attended Leitchville School until he was 14 years of age, however he never liked school or farm work for that matter as there was always plenty of work to be done but no money.

During these years' life was mixed up with wars. Apparently Frank's oldest brother died just before Singapore fell, however the family were not informed of his death and did not find out for about 4 years, when a returned soldier (POW) who knew Frank's brother told the family what had happened. This was a very sad time in the family's life. Franks mother had diabetes and had worried about her son for all that time. Sadly, she passed away at only 54 years of age and Frank believes she died of a broken heart from her worry and loss. Frank 's father lived to 80 years when he was a very old man.

At this point during the telling of his story, Frank chuckled as he realised he had passed this milestone and 80 was now not that old……

When Frank left home, he left with no money and stated he never considered marriage as he had no money or anything to show for the years he had spent farming. The ones getting married had money and something to offer.

Frank partnered with Noel Barton who had bees. This partnership lasted a long time. Initially the honey was separate but was then amalgamated into the bee business resulting in the biggest setup in Australia. Noel became the Chairman of Australia Honey Board. The business was based in Cohuna and had hives throughout Victoria and other states. The biggest problems they faced was finding food for the bees, and having to shift hives when there were plagues of grasshoppers and they sprayed them with planes. One year when 200 tons of honey was produced the business tipped the Australian record for the largest quantity of honey.

Frank semi-retired at around 65 years and went to work with a bloke who bred queen bees. In Australia we have only native bees not honey bees. The pair brought hives out from Canada but mainly from Italy to breed honey bees. It was very interesting and took a bit to learn.

At about 68 or 69, Frank went with another old bloke for 8 -10 years digging sapphires in Anakie. When his mate died, Frank went opal mining in Winton and learnt all about opals and what they call 'Fairy Opals' - opals you slice and cook. Franks main passion was fishing, and with two mates he would spend a lot of time fishing including at Thompson River, Coopers Creek and other fishing places in west Queensland. The biggest fish Frank caught was a Murray Cod in the Darling River that was about 60 lb.

Other interests include the Bunyip Club, where Frank holds life membership and 15 years' involvement in the National Yabby Races in Windorah where Frank, the jockey, '" had to catch the bugger first".

Frank states the secret to having a great life was spending lots of time in the bush and working hard. During harvest of the hives the men would work up to 7 days a week. They lived off the land, however Frank states that in all that time he never ate kangaroo.

In later life Frank lived with his brother, but in a separate bungalow. Frank spent some time in hospital because of trouble with his legs. He then got sick and states his family thought he was going to die. Frank is now a resident in our aged care facility and is happy to report that he is now a lot better and can now walk again.

Infection Prevention and Control

Our mission is to minimise the risk of healthcare related infection by providing evidence based preventative and management strategies for infection control. We work in a whole of organisational approach that includes:

A comprehensive Hand Hygiene program targeted at staff, patients, residents, families, carers, visitors and volunteers. Regular Hand Hygiene auditing occurs and results are reported to Hand Hygiene Australia three time each year. The required rate of compliance is 80.

Hand Hygiene Compliance 2015-2016 89%

Support Services Department:

- Develops the annual Food Safety Plan. Food Safety is accredited annually by external auditors
- Environmental measures include management of general, clinical and infectious waste, maintenance, plant and equipment servicing, recycling and cleaning.

Our 2015 External Audit cleaning result was 99% with no recommendations received.

92% of staff received FLUVAX in 2015

Our staff immunisation program includes free annual influenza vaccination for all employees. Data is submitted to the Victorian Healthcare Associated Infection Surveillance System (VICNISS) annually.

In 2015 CDH was awarded a certificate from the Victorian Healthcare Associated Infection Surveillance System (VICNISS) in recognition of the high number of staff who were vaccinated. Staff use Standard Precautions (gloves, gowns etc) routinely and implement Transmission Based Precautions when required to protect patients, residents, staff and visitors against infection. We pride ourselves on our minimal incidence of infection.

Type of Infection	2015 – 2016
Surgical Site Infections (SSI)	**0**
Multi resistant Organisms (MRO)	**0**
Blood Stream Infections	**0**
Staphylococcus Aureus Bacteraemia (SAB)	**0**

Results are reported across the organisation regularly.

Data on infection rates is submitted to VICNISS

Our Operating Theatre has strict cleaning and sterilising processes in place. Regular servicing, maintenance, testing of equipment and sampling ensures our ability to provide safe, quality care for surgical patients. For example, theatre air sampling is conducted and reported regularly, ensuring the air in theatre is free of microorganisms.

Education and training are provided to staff on a regular and ongoing basis. Consumer information is available through brochures, signage and/or a conversation.

Anti Microbial Stewardship (AMS)

Antibiotic resistance is now a world-wide problem compounded by the absence of any new antibiotics in the foreseeable future. The AMS program was implemented in 2013 for all Australian health care providers to improve patient safety and reduce antimicrobial resistance in Australian hospitals through monitoring appropriate use of antimicrobials against Department of Health and Human Service's Therapeutic Goods Administration (TGA) guidelines.

Our Infection Control Officer manages the AMS program; auditing antibiotic usage and feeds data results to each Medical Officer. CDH staff access education and training through the National Antimicrobial Prescribing Survey (NAPS) website.

Blood & Blood Products

At CDH we are mindful of the potential risks associated with any blood & blood product transfusion. CDH has systems and processes in place to ensure safe care and reduce the risk of patient harm and possible impact should an adverse reaction to transfusion occur.

Interventions include ensuring transfusion recipients are aware and fully informed so are they able to give informed consent for the procedure. Information your Medical Officer should provide includes the reason for the transfusion, potential risks associated with a transfusion, explanation of possible alternatives to a transfusion and benefits derived from the transfusion.

A number of processes serve to ensure optimal patient safety include:

- Monitoring blood fridge temperature –blood & blood products must remain at a specific temperature
- The Blood Products Register is audited to ensure recording and checking of blood/blood products by suitably qualified staff complies with hospital policy and BloodSafe guidelines
- We monitor wastage
- Incidents involving blood & blood products are reported in VHIMS (Victorian Health Incident Management System) and are fully investigated should they occur if
- Consent is regularly audited
- Each patient transfusion episode is audited with results collated and reported monthly
- Nursing staff complete online BloodSafe training every two years

There were four Blood & Blood Product incidents in the past 12 months. Two of these related to one patient who had an adverse reaction. The remaining two incidents related to storage and equipment issues.

We commenced auditing patient transfusion episodes in July 2015 through RiskmanQ, an electronic auditing system. The average result 2015/2016 was 94.9%, with points lost for provision of patient information. Many patients who have regular procedures don't want to receive the same information each time they attend for a transfusion. We are working with staff on this to improve results by ensuring consistency in auditing.

Safety and Quality

Cohuna District Hospital's vision for Excellence in Rural Health Care is supported by clinical and corporate governance overseen by our Board of Management. We strive to ensure safe, quality care and service provision to patients, residents, their families, carers and the community we service.

The Clinical Governance Framework and policy are supported by Risk Management and Quality Improvement Frameworks and policies. These documents detail how our organisation governs care and services provided at CDH including collection, analysis, evaluation and reporting of clinical data. A range of data is monitored and regularly reported across the organisation and includes patient/resident incident data for falls and pressure injury, incidents related to medication errors, patient/resident identification errors and clinical handover. Infection rates and incidents related to blood & blood products and escalation of care events are also monitored and reported.

Incidents are reported electronically through the Victorian Government's Victorian Health Incident Management System (VHIMS). All incidents are allocated an ISR 1, 2, 3 or 4; a rating according to the incident's severity.

For example: and ISR 1 reflects a serious outcome whereas an ISR 4 is allocated to an incident where no harm occurred. Incidents are investigated and improvements made to reduce likelihood and effect of future occurrence. A comprehensive incident analysis is reported at various internal committees each month.

A component of ensuring safe, quality care provision includes staff education and all staff are required to complete a number of mandatory training modules annually, with further department specific education completed according to staff's area of work such as Support Services, Nursing or Administration.

The risk management program was reviewed in 2016 by the Victorian Managed Insurance Authority (VMIA). The review resulted in an overhaul of the risk register which has been separated into registers for strategic and operational risk. All risks are regularly re-assessed and reported across the organisation.

Adverse Events

97 incidents were reported during 2015/16,

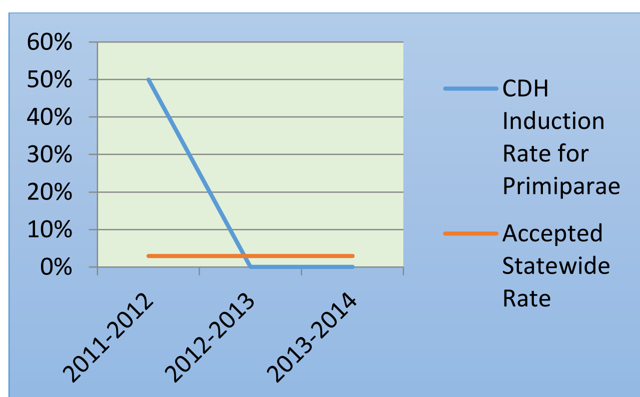
83 were assigned a severity rating ISR 3 – No harm

14 were assigned a severity rating ISR 2 - deemed adverse events as most required increased temporary vigilance

There were no ISR 1 (death or permanent injury) incidents reported in the past 2015/16

Maternity Services - Indicators

Hospitals provide maternity service data to the Department of Health and Human Services *Victorian Perinatal Services Performance Indicators.* We receive annual reports to identify areas for improvement where our results are outside accepted parameters.



The accepted rate of induction in Standard Primiparae (first births meeting low risk criteria) is 2.9.

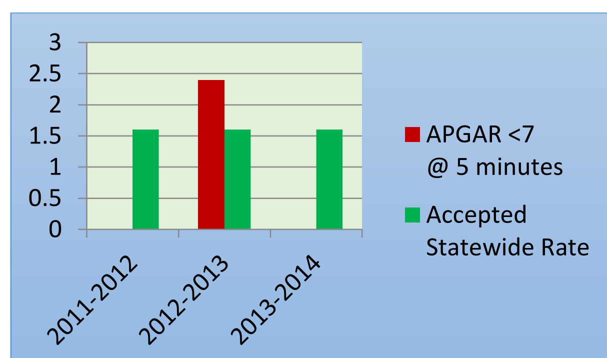
In the 2011-2012 period CDH rate was 50.0, and well outside the accepted parameter

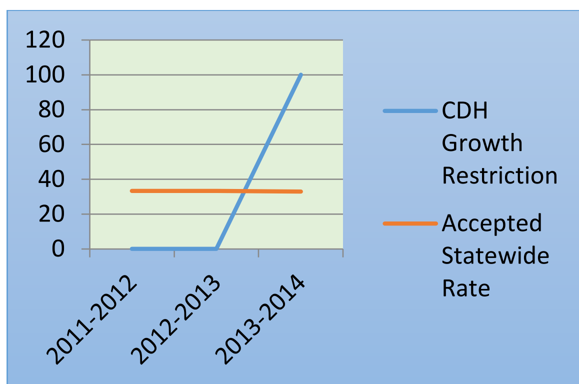
In 2013-2014 our rate dropped to 0.0 showing a marked improvement

APGAR refers to a score out of 10 applied to a newborn at 1, 5 and 10 minutes' post birth to determine health status.

In 2013-2014 CDH rate was 2.4.

Only one newborn had an APGAR less than 7 (out of 10) at 5 minutes' post birth.





Fetal Growth Restriction for a pregnancy over 40 weeks' gestation is another indicator that we report

The accepted parameter is 33.3 – our 2013-2014 result indicates 100.0.

The figure relates to one birth. Practices have changed because of this and in future women with growth restricted foetus will be birthed prior to 40 weeks.

Future Maternity Services

In late 2015, following notification of a number of tragic and preventable birthing outcomes at a Victorian health service, CDH, like many other small rural health services, CDH assessed the maternity services we provide to ensure our practice complied with Department of Health and Human Service's *Capability Framework for Victorian Maternity and Newborn Services* (2010). CDH has been assessed as a Level 2 low risk birthing facility. An external expert was engaged to conduct the review and provide recommendations to CDH.

What are the implications for our community?

Ensuring CDH provides a service for maternity within our capability, we are able to continue to provide a birthing service locally. Women who have risk factors outside our service's capability are referred to Bendigo Health for care and birthing and then return to Cohuna following the birth of their baby.

Our community can be assured that an outcome of safe birthing of a healthy infant remains central to all CDH maternity services decision making.

CONTINUITY OF CARE

End of Life Care

Sometimes patients in our care are nearing the end of their life journey. We strive to make this time as uncomplicated as possible for patients, their families and loved ones by ensuring information and education about palliative care is provided. Once the patient (or their spokesperson) has been fully informed, they are offered the opportunity to provide their wishes regarding End of Life Choices. Wishes are documented in patient medical records and communicated during clinical handovers to ensure patient wishes are respected.

End of Life Choices policy and procedures are regularly reviewed to ensure correlation with contemporary best practice. Please talk to your Medical Officer or our nursing staff if you have any questions about end of life care.

Advanced Care Planning

Over the last 12 months, CDH has placed great emphasis on Advanced Care Planning (ACP) in our hospital and community. An Advanced Care Planning Champion has participated in the Education package and training sessions provided by Advanced Care Planning Australia, and is now qualified to complete ACP's with inpatients or community members. Our hospital policies and procedures are up to date and aligned with the ACP requirements and CDH is working with other community health providers to complete the processes.

Advance Care Planning (ACP) provides people over 18 with an opportunity to plan and record their health care preferences in case they become ill or injured and unable to express these wishes. These preferences may include, but are not limited to, end-of-life decisions.

Advance Care Planning is based on people having the right to be informed about their medical options and to be treated in ways which respect their dignity and prevent suffering. The process involves health professionals discussing with people and their families the likely progression of, and treatment options for, illnesses or injuries.

Advance Care Planning also gives people the opportunity to record their preferences about specific treatments or document their views regarding unacceptable outcomes. Then, if they are unable to speak for themselves when the time comes, Advance Care Directives – the documents previously completed – provide health professionals and substitute decision-makers with the person's wishes about treatment and acceptable outcomes.

For more information please visit http://advancecareplanning.org.au/ or http://www.health.vic.gov.au/acp/

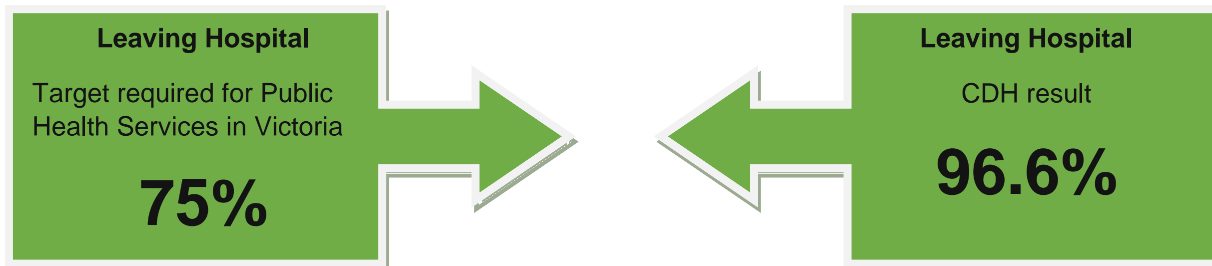
Below is a reflective comment about CDH's Advanced Care Planning process from one of our clients Carol Robe.

Carol's Advanced Care Planning experience

"With the assistance of the CDH Nurse, the process was straight forward" Carol said. "It involved talking with my family and Doctor, so that I could make informed choices and express my wishes for my future healthcare. Making these choices now will remove the burden from my family in the future". Carol went on to explain that she carries a card with her at all times to ensure she receives the medical treatment she has outlined in her plan, giving her peace of mind.

Leaving Hospital

Results from the VHES patient survey provides feedback on the success of the Hospital's discharge processes.



This result indicates that most patients are satisfied with their discharge from CDH. From an internal inpatient survey, we identified patients were not aware of communication between the Medical Clinic and CDH, to notify of a patient's discharge. Staff now discuss this with patients when finalising the discharge summary. Our Medical Officers commenced using electronic discharge summaries and these are automatically available to the Medical Clinic.

DIVERSITY

This section includes reporting on the government's five Statewide Plans:

- *Koolin Balit: Victorian Government strategic directions for Aboriginal health 2012–2022*
- *Koolin Balit: Aboriginal health workforce plan 2014–17*
- *Victorian State disability plan 2013–16*
- *Lesbian, gay, bisexual, transgender and intersex (LGBTI) health and wellbeing action plan for Victoria 2014 – 18*
- *Victoria's action plan to address violence against women and children: everyone has a responsibility to act*

Indigenous Health

The name 'Cohuna' is an aboriginal word meaning "Native Companion (Brolga)".

Cohuna District Hospital and Cohuna Community Nursing Home acknowledge the traditional Aboriginal land owners and elders in the Gannawarra Shire; the Baraba Baraba and Yorta Yorta people. We are committed to providing culturally appropriate services to the Aboriginal community. In this context we recognise the importance of acknowledging language, culture, gender, race, historical and political aspects of an individual's experience and how these impact on the level of access by Aboriginal people to our services.

According to the Gannawarra Shire Diversity Action Plan 2014/15 report, the Gannawarra Shire recorded 165 Indigenous residents living in the shire, or 1.6% of the population. Of this total 28 falls into the Home and Community Care (HACC) funded age group of 55+ years.

Admissions of aboriginal patients at CDH increased to eleven in the 2015/16 year. CDH in partnership with Kerang Aboriginal Elders and surrounding health care providers, have a partnership agreement which adheres to the principles espoused by the National Health Agreement on 'Closing the Gap' in Indigenous Health Outcomes and adheres to the principles as set out in 'Closing the Aboriginal Health Gap' Loddon Mallee Strategic Plan 2010. All of which recognises that improving the health of Aboriginal and Torres Strait Islander people is a national priority supported by governments at all levels.

CDH has access to Mallee District Aboriginal Services (MDAS) through the Connecting Care referral portal, with offices situated in Kerang. By referring to MDAS, CDH can access multiple services that include maternity and child health services, chronic disease management, health promotion programs and mental health programs.

Key Result Area (KRA)	CDH Strategy
1: Engagement and partnerships Hospitals and area mental health services establish and maintain partnerships, and continue to engage and collaborate with Aboriginal organisations, Elders and Aboriginal communities	CDH maintains a strong relationship with Southern Mallee Primary Care Partnership (SMPCP). SMPCP incorporates health services in the Swan Hill, Buloke and Gannawarra Shires. In 2015 SMPCP commissioned a report on Mental Health Service Access in Small Rural Communities in the Southern Mallee Catchment. The study was undertaken by Professor Amanda Kenny from Latrobe University (Bendigo). The report recognises that whilst many issues related to mental health are common to all sufferers including rural and remoteness from services and stigma attached to mental health sufferers, specific mental health issues affect the Aboriginal and Torres Strait Islander (ASTI) population including an increased rate of suicide. CDH participates with the Kerang Elders group, attending meetings to plan, deliver and improve health care for ASTI people. We work with SMPCP and Mallee District Aboriginal Services (MDAS) to ensure ASTI patients are informed and cared for in a culturally appropriate manner. We refer patients to MDAS for support and expert care including mental health services. **CDH Statement of Priorities:** SOP 22. Drive improvements to Victoria's mental health system through focus and engagement in activity delivering on the 10 Year Plan for Mental Health and active input into consultations on the Design, Service and infrastructure Plan for Victoria's Clinical mental health by: Formalising protocols with Bendigo Health Care Group for provision of mental health services from Bendigo Mental Health Service
2: **Organisational development** Hospitals and area mental health services have an	Aboriginal health is a stated priority. Traditional owners are acknowledged at organisational meetings and the aboriginal flag flies adjacent to the Hospital entrance. The Board of Management has documented organisational goals in the CDH

organisational culture that: acknowledges, respects and is responsive to Aboriginality can deliver culturally responsive health care through organisational development that includes CEO, boards, and operational staff includes culturally responsive planning, monitoring and evaluation for the organisation	Statement of Priorities. **CDH Statement of Priorities:** SOP 21. Improve the health outcomes of Aboriginal and Torres Strait Islander people by establishing culturally safe practices which recognise and respect their cultural identities and safely meets their needs, expectations and rights - Formally engage and maintain Board representation on the Elders Committee Meeting that will assist in identifying and improving ASTI health outcomes.
3: Workforce development Workforce training, development and support is provided and appropriately targeted to Aboriginal and non-Aboriginal staff at all levels of the organisation. This includes strategies to support staff retention, professional development, on the job support and mentoring, cultural respect and supervisor training	Although no ASTI persons are currently employed at CDH, the organisation's policies for recruitment and employment embrace equality and non discrimination for cultural diversity. Cultural awareness and respect is a requirement in the recruitment of new staff to the hospital/area mental health service. Educational opportunities have been difficult to resource, however two senior staff attended ASTI specific training and disseminated education resources to CDH staff. CDH signed the Koolin Balit agreement in and is committed to improving ASTI health outcomes.
4: Systems of care Culturally competent health care and a holistic approach to health and the place of family are provided to Aboriginal people. Culturally responsive health care supports access, assessment, care planning, patient support, discharge planning, referral, monitoring and recall processes	CDH recognises culturally appropriate health care for Aboriginal people is an organisation-wide responsibility. Admission processes support collection of patient identification data on Aboriginality. ASTI admission data is recorded and reported - and the data is used to strengthen Aboriginal patient care. Culturally responsive, age appropriate and gender specific strategies are in place to assist ASTI women, men, children, youth and aged people to access required health services, mental health services and other supports are enabled through contact, advice and referral to MDAS. MDAS provide preventative care/early intervention services through primary health and community based services, facilitating comprehensive health care provision. Comprehensive discharge planning for all ASTI people especially those with complex care needs or chronic health/mental health conditions includes referral to MDAS. CDH is working in partnership with the Kerang Elders group and MDAS to improve the patient journey and clinical care of ASTI people by ensuring culturally responsive person centred care. The ASTI Health Plan will be reviewed by June 2017 to ensure it reflects 2013 *'Improving care for Aboriginal patients - Guidelines for Victorian hospitals and area mental health services'*

Disability

CDH's Statement of Priorities (No. 2) pledges the Board of Management will develop and endorse a plan to implement strategies to ensure the organisation's preparedness for the National Disability Insurance Scheme (NDIS) and HACC transition and reform, with particular consideration to service access, service expectations, workforce and financial by June 2017.

Lesbian, gay, bisexual, transgender and intersex (LGBTI)

Our organisation, using the Government's *Rainbow Equality Guide,* will develop and display an Inclusive Care Policy by February 2017. Actions for inclusive practices and improved responsiveness to the health and well being of LGBTI will be identified and implemented under the CDH's Statement of Priorities (No. 23).

Family Violence

CDH staff have attended education sessions relating to Victoria's action plan to address family violence. Bendigo Health have received funding to develop regional family violence policies and plans. Once developed CDH will implement Bendigo Health's "Strengthening Hospital Responses to Family Violence" mode. This is included in our Statement of Priorities (No. 13) and is to be completed by June 2017.

Consumer & Community Participation

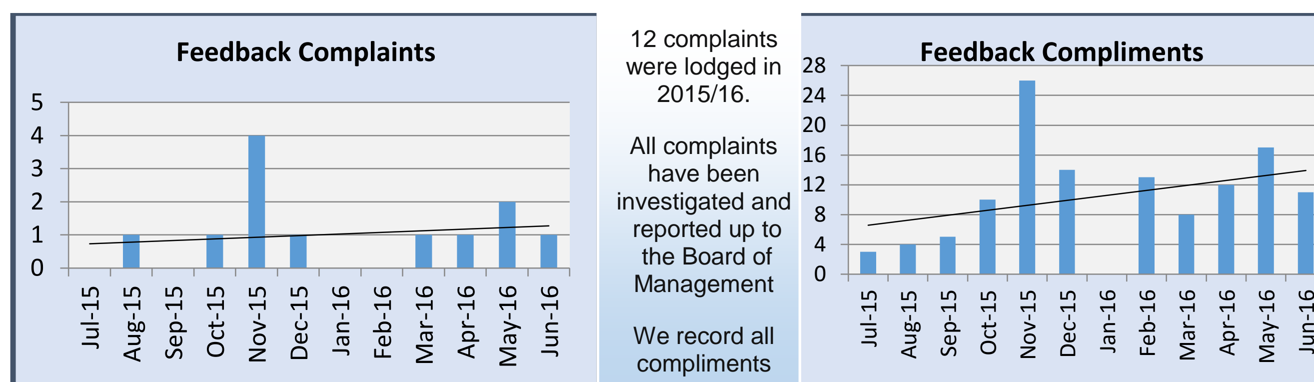
We continue to enjoy the long standing close relationship we have with our community including the open communication with patients, care recipients, their families and carers. The organisation is working to improve formal partnering opportunities with service consumers and our community, in particular the re-establishment of the Community Advisory Committee (formerly Community Consultation Forum). You can become involved and we would love to hear from you. Please contact the hospital during business hours for further information.

How this Report is Distributed?

The 2015-2016 Quality Account is distributed at the Cohuna District Hospital and Cohuna Community Nursing Home Annual General Meeting in November. Copies will be made available at each bedside and in the waiting area adjacent to Radiology. The report will also be available on our website http://www.cdh.vic.gov.au/

Consumer Feedback

We have provided a feedback form with this Quality Account. We encourage you to respond and let us know your thoughts and ideas. Unfortunately, no direct feedback has been received on the report for a number of years. Your feedback on our performance is important and appreciated. It enables us to improve the care and services we provide to the Cohuna community. Feedback includes complaints, comments and suggestions.



Any opportunities for CDH to improve services have been implemented.

Victorian Health Experience Survey (VHES)

The VHES is a state-wide survey of the experience of our patient's hospital stay. The survey is distributed in the month following a patient's discharge from hospital. This is conducted by an independent contractor under the Department of Health and Human Services. CDH receives survey results enabling us to identify areas to make improvements to the quality of care and services we provide.

Unfortunately, like many other small rural health facilities, we don't always get a VHES result each quarter. This is due to insufficient responses to the survey. We require at least 42 responses each quarter to obtain a result. The information we receive from VHES results is important to us and we are working hard to communicate with patients, their families and carers to increase response numbers in order to receive valuable VHES results on a regular basis.

CDH 2nd quarter 2015 (April - June 2015) 100%	CDH Patient Overall Hospital Experience Satisfaction has remained consistently high, when compared, over the past year	CDH 2nd quarter 2016 (April - June 2016) 100%

People Matter Survey

Staff are encouraged to participate in the Victorian Public Sector Commission's (VPSC) *People Matter Survey* (PMS). The annual survey seeks employee's opinions about their place of employment. 2016 results are detailed below;

ISSUE
2.2 Our staff have told us through the 2016 People Matter Survey, that we promote a patient safety culture, with an average of 69% agreement to all patient safety culture questions. This result is less than the group average although we performed better than the overall State average with 85% agreement to the statement: 'I would recommend a friend or relative be treated as a patient here.' **2.3** Our People Matter survey results tell us that we need to focus on building a positive workplace culture and we have responded by introducing a number of initiatives to tackle bullying in the workplace. All CDH staff will attend bullying training during 2016 and we will be working as an organisation to agree on 'Above & Below the line behaviours'. All CDH staff have the opportunity to participate in developing an action plan as a result of our 2016 People Matter survey.
WHAT IS CDH DOING?
2.3 CDH has introduced 'Above & Below the line behaviours' across the organisation, which provides all staff with the tools to recognise behaviours that are in line with our organisational values, as well as raising awareness of unacceptable workplace behaviours. CDH has a strong policy and procedure in place to address bullying behaviours, and we have recently introduced our Contact officer network to ensure that all staff have access to support and advice about how to address potential workplace bullying if it arises.

A Patient's Journey

Mr. Kevin Limon describes his journey – then until now.

February 26th 2016 – Stroke, a bleed
Sitting at home about 9.30pm watching television, I developed a bad headache and called an ambulance. I was transferred to Bendigo Health fairly promptly.

March 1st 2016
Moved to St. John of God hospital where I was told to go home to Cohuna and enjoy what time was left. At that stage I did not want to be here but after family discussions I decided to give it my best shot and went to rehabilitation. Medical staff were impressed with my progress but felt I couldn't go much further and sent me back to Cohuna to wait for a bed in rehabilitation in Echuca which happened on;

April 27th 2016
It was a great place, wonderful staff and a very busy time, with thoughts of going home. It was hard work as I had no feeling on my right side but could speak reasonably well with quite a bit of speech therapy. A clot was found in my arm which caused some concern but scans etc. showed no cancer had spread. The doctors were surprised and happy with that

news and I was put on Clexane injections for thinning blood and told not to dwell on it too much; just enjoy life. The clot has moved around a bit and we don't know the future. Rehabilitation finished on;
June 10th 2016
I was sent back to Cohuna Hospital to prepare for home. Although the staff were just wonderful (mostly) I was there for too long due to Shire anomalies from June 10th to July 18th 2016. The staff thought nothing of small accidents in the night and were always happy to do their job. So, here I am and you know the rest.
Kevin has kindly provided a CD. This will be available on our website when this report is uploaded.

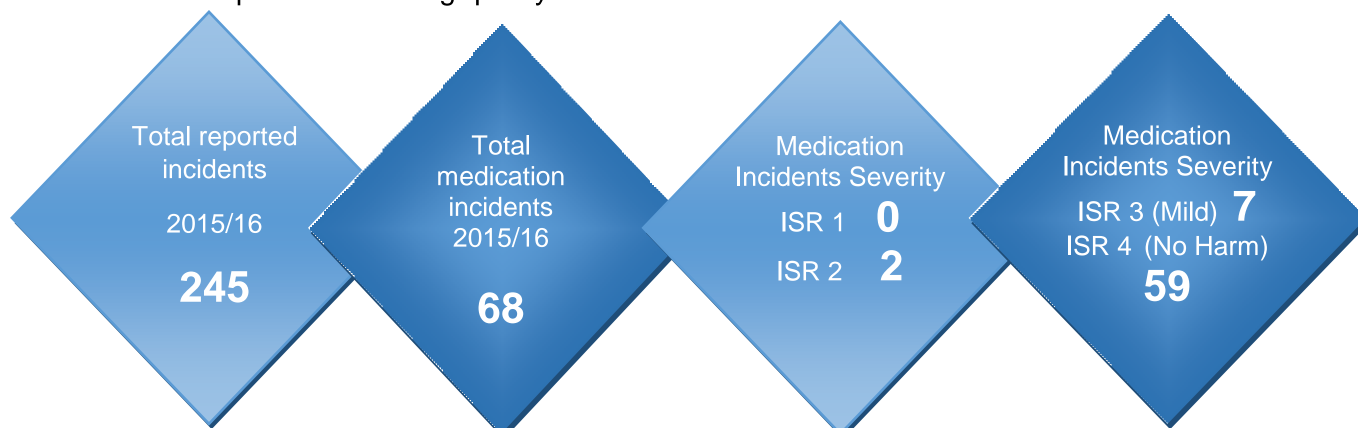
Accreditation

To ensure delivery of safe, quality care and services Cohuna District Hospital and Cohuna Community Nursing Home are regularly assessed against various industry standards and legislative requirements. This occurs through independent assessment by external surveyors and is what's called accreditation.
Accreditation confirms and reassures our community that our organisation is compliant with relevant standards, regulations and guidelines, thus ensuring the safety and quality of services and practices. Although many programs and services are accredited, the main ones are;

Note: *At the time of publication there was no date for the next Community Services Accreditation*

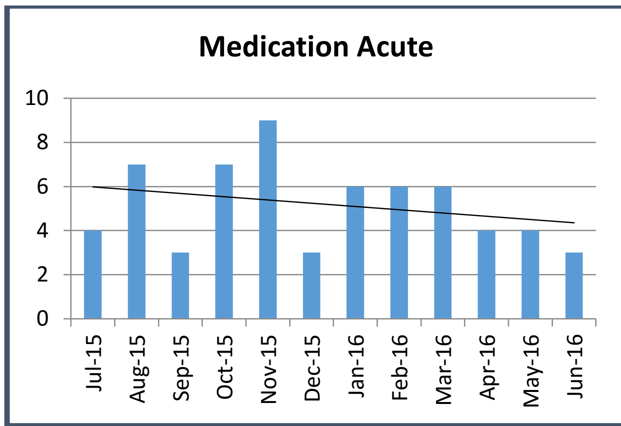
Medication Management and Safety

The medication management team has implemented a number of strategies to reduce medicine related issues and risk to the consumer, improving quality of life. The Hospital uses the national medication management plan designed by the Australian Commission on Safety and Quality in Healthcare. This plan records medicines taken prior to admission and assists medication reconciliation on admission, transfer and discharge of the consumer. Medication issues are quickly identified and reported to the Medical Officer.
Medication reconciliation ensures on discharge the consumer is prescribed the correct medication and dose. Discrepancies are clarified with the medical practitioner and adjusted prior to discharge.
Consumer medication information is given for specific medications on discharge. It ensures each consumer has the current information on how to safely and effectively use specific prescription or over the counter medications.
The overall aim is to improve health outcomes and include consumers in their ongoing healthcare, building better relationships and achieving quality use of medicines.



There were 245 incidents reported from during 2015/16, an increase of 43 from 2014/15.
Of these, 64 incidents were medication related: 61 in acute and 3 in aged care.

Acute Medication Incidents



Although 7 more incidents were reported in 2015-2016 than for 2014-2015, overall incidence of Medication errors has actually fallen from 30.2% to 27.8%.

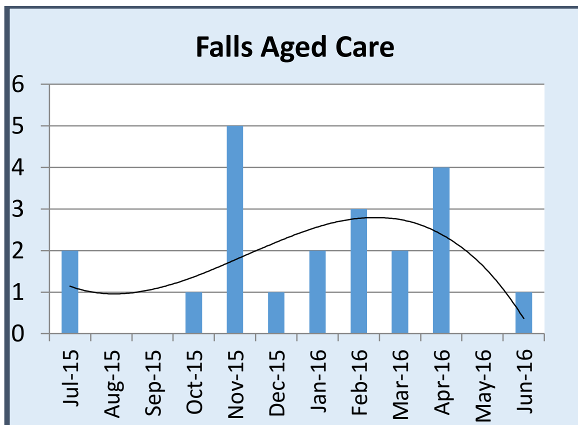
Not all medication incidents involved patients. Some were administration documentation errors, omissions and telephone orders.

Aged Care Reporting

Our Aged Care sector is required to submit quarterly data for falls and fractures, pressure ulcers, physical restraint, multiple medication use and unplanned weight loss to Quality Indicators in Public Sector Residential Aged Care Services (PSRACS). Performance indicators for this data is also reported within the organisation.

Graphical data enables identification of trends; whether the incidence being monitored is increasing or decreasing. Please note in the graphs below an adverse outcome is simply an incident where an incident resulted in an increase of care. For example, following a fall a patient/resident may require increased monitoring of their vital signs.

Aged Care Falls July 2015 – June 2016

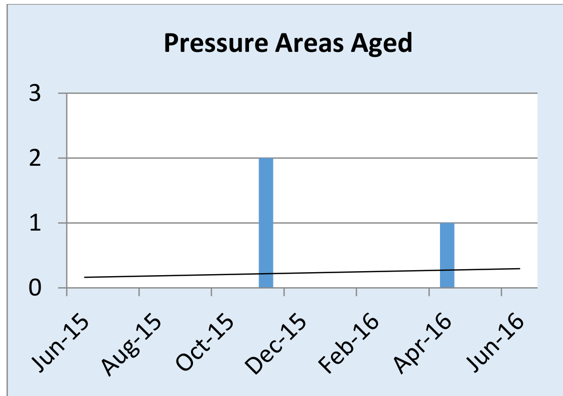


Despite a midway rise falls incidents are now trending down

51 falls incidents were reported across the organisation from 2015/16. 22 of these occurred in Aged Care.

Of the 22 falls occurring in Aged Care, 7 were ISR4 (no harm), 15 were ISR 2 (requiring some additional care temporarily and one incident was an ISR 2, more serious as a fractured hip resulted from the fall and transfer to a larger hospital was required.

Aged Care Pressure injury July 2015 - June 2016

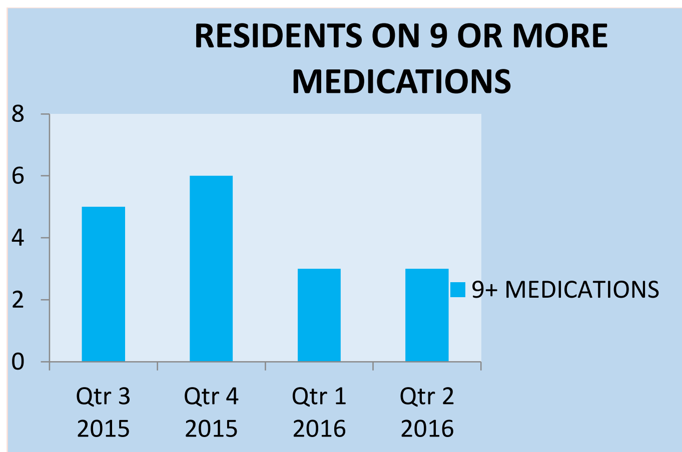


Although showing as increasing in incidence, there have only been 3 pressure injuries in the twelve-month period

Aged Care Restraint July 2015 - June 2016

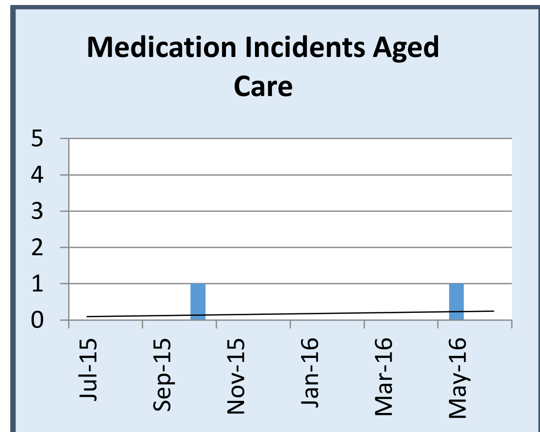
No restraint in any form was used in Aged Care

Aged Care – Residents on 9 or more Medications July 2015 - June 2016



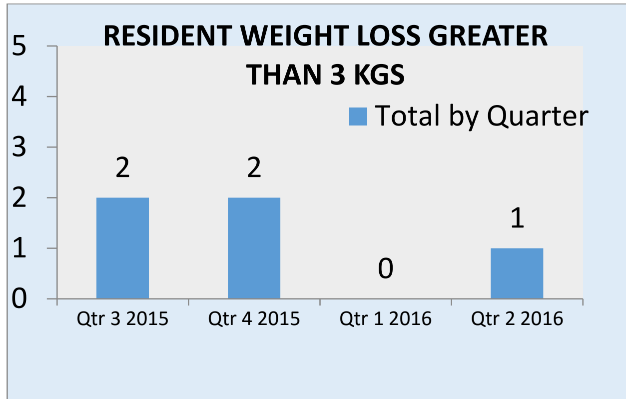
With the assistance of our Pharmacist the incidence of care recipients prescribed over 9 medications has decreased significantly

Medication Incidents July 2015 - June 2016



Only 2 medication incidents occurred in Aged Care 2015/16

Aged Care Weight Loss July 2015 – June 2016



Resident's weight is monitored monthly. If unwell or clinically indicated, it will be monitored more frequently

During quarter 4 2015, (Sep 30th - Dec 31st Aged Care had a mix of residents who for different reasons struggled to maintain weight for a variety of reasons

The facility has weekly visits from a dietician and all residents are closely monitored and interventions utilised to maintain weight

Environmental Performance

The data for 2012/13 represents the baseline data from which performance of this plan was measured.

Staff Survey

The Cohuna District Hospital Staff Survey is disseminated to all staff on the payroll every two years. The survey utilises the Likert Scale of 1 - 5 where responses range from 'Strongly Disagree' to 'Strongly Agree', together with a number of Yes/No questions. The survey enables analysis of staff feelings and/or perceptions about a number of organisational areas.

In 2013,

98% [50] staff members indicated that they participate in waste reduction/recycling

88% [45] are satisfied with our waste/environmental strategies

Staff Orientation

Staff orientation sessions are conducted for all new staff, volunteers and students.

In 2015/16 there were 33 sessions conducted

In 2014/15 there were 12 sessions conducted

In 2013/14 there were 23 sessions conducted

In 2012/13 there were 27 sessions conducted

In 2011/12 there were 24 sessions conducted.

Baseline Environmental Data

Energy consumption

Total energy consumption by energy type (GJ)	Year 1	Year 2	Year 3	Year 4
Electricity	1516	1402	1297	1424
Natural gas and LPG	1378	1114	1226	895
Other energy types (e.g. steam, diesel)				
Total (gigajoules)	**2894**	**2516**	**2523**	**2319**

Normalised energy consumption	Year 1	Year 2	Year 3	Year 4
Energy per unit of floor space (GJ/m2)	1.40	1.21	0.98	0.90
Energy per unit of activity (GJ/activity)	0.23	0.18	0.19	0.18

Floor space = 2074m^2 *2014/15 2587m^2*

Activity (Per patient treated) =12595(2012/13)

=13636 (2013/14)

=13518 (2014/15)

= 13012 (2015/16)

Greenhouse gas emissions

Total greenhouse gas emissions (tonnes CO2e)	Year 1	Year 2	Year 3	Year 4
Scope 1 (Gas) (conversion factor 1.17)	82.13	66.38	73.05	53.36
Scope 2 (Electricity) (conversion factor 59.60)	492.84	455.80	421.63	463.04
Total	**574.97**	**522.18**	**494.68**	**516.40**

Normalised greenhouse gas emissions	Year 1	Year 2	Year 3	Year 4
Emissions per unit of floor space (kgCO2e/m2)	277.23	251.78	191.22	199.61
Emissions per unit of activity (kgCO2e/activity)	45.65	38.29	36.59	39.69

Water consumption

Total water consumption by type (kL)	Year 1	Year 2	Year 3	Year 4
Potable water	4.69	4.23	4.62	4.18
Re-used / recycled water	0	0	0	0
Total	**4.69**	**4.23**	**4.62**	**4.18**

Normalised water consumption	Year 1	Year 2	Year 3	Year 4
Water per unit of floor space (kL/m2)	.002	.002	.002	.002
Water per unit of activity (kL/activity)	.0004	.0003	.0003	.0003

Water re-use and cycling	Year 1	Year 2	Year 3	Year 4
Re-use / recycling rate (percentage)	0	0	0	0

Water reuse/recycling not measurable

Waste generation

Total waste generation by type (Tonnes)	Year 1	Year 2	Year 3	Year 4
Clinical waste	3.96	3.8	4.465	4.382
General waste	23.25	24.03	56.141	56.449
Recycled waste	26.95	20.00	11.382	16.058
Total	**54.16**	**47.85**	**71.988**	**76.889**

Normalised waste generation	Year 1	Year 2	Year 3	Year 4
Waste per activity (kg/activity)	4.3	3.5	5.3	5.9

Waste recycling	Year 1	Year 2	Year 3	Year 4
Waste recycling rate (percentage)	49.76	41.80	15.81	15

Year 1 Activity Data 2012/13: *Total Inpatient & Aged Care bed days = 8917* *Total ED presentations = 3678* *Per patient treated = 12595*	***Year2 Activity Data: 2013/14*** *Total Inpatient & Aged Care bed days = 9553* *Total ED presentations = 4083* *Per patient treated = 13636*
Year 3 Activity Data: 2014/15 *Total Inpatient & Aged Care bed days = 9629* *Total ED presentations = 3889* *Per patient treated = 13518*	***Year 4 Activity Data: 2015/16*** *Total Inpatient & Aged Care bed days = 9790* *Total ED presentations = 3222* *Per patient treated = 13012*

MANDATORY REPORTING REQUIREMENTS

The data reported here is described in the CDH 2017-2020 Access and Inclusion Plan which incorporates *Disability Action Plan resulting from* *Disability Act 2006, the DHHS-Cultural Responsiveness Framework (CRF)and the "Doing it with us not for us"-Consumer, carer & community participation Strategic direction 2010-13 (CCCP)*

Standard 1. Demonstrate commitment to consumer, carer and community participation appropriate to serviced community.

STRATEGY	COMPLIANCE
i. Participation policy	Partnering with Consumers - new Framework and Policy developed in 2016
ii. Community participation plan (CPP)	Access and Inclusion Plan [2016] Partnering with Consumers – New Framework and Policy developed 2016 Community Advisory Committee Terms of Reference (2016)
iii. Community Reporting	Consumer, carer and community information reported through local media items, Resident/ Relative meetings, website, surveys, VHES, newsletters, Annual and Quality Account Reports distributed at AGM. Quality Account Report and Patient Information Book available in wards, UCC waiting area and reception.
iv. Cultural Responsiveness Plan	Includes Diversity. Linked to Access and Inclusion Plan 2016
v. Improving Care for Aboriginal & Torres Strait Islanders (ASTI)	With few ASTI patient admissions, assessment occurs on an individual basis. 2015-16, 11 of 1643 discharged patients were of ASTI descent. Documented on Statement of Priorities
vi. Disability Action Plan	Included in 2016 Access and Inclusion Plan
vii. Consult and involve consumers, carers and community members	Community Advisory Committee planning Access/Inclusion Plan reviewed 2016
viii. Staff capacity building/education to support consumer, carer, community participation	Participation with Southern Mallee Primary Care Partnership [SMPCP] includes Chronic Disease Management (Diabetes) and Mental Health

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

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

Demographical data evidences a population comprising few residents from non-English speaking backgrounds. No admissions in 2015/16 required access to an interpreter service. Interpreter service information is available to consumers via the Patient Information Book and brochures in Urgent Care centre (UCC) waiting area including Language Other Than English (LOTE) publications.

Aged / disabled access is enabled. Aged Care residents/patients and HACC clients participate in planned activities and outings. Access for aged and disabled clients includes specially designed bus for transport and level wheelchair access to the organisations acute and aged facilities.

CDH supports the Victorian Governments Koolin Balit, the strategic direction for Aboriginal health over the next 10-years. We maintain a strong partnership with the Elders Group (Kerang) with health service representation at the group's meetings.

The Aboriginal Health Plan will be reviewed by June 17. Two staff members attended Cultural Awareness education with information material provided to staff.

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 2015-2016 VHES and Inpatient Surveys indicated that no consumers/patients required interpreter services.

CRF4.2: **91. 4%** VHES respondents stated food was appropriate to dietary need (for example medical, cultural, religious or personal preference)

CCCP2.1 VHES Involvement in care/treatment decisions – **74.4%**
Inpatient Survey - **98.8%**

CCCP2.2 Maternity Services – % of women stating they were given an active say in making decisions about their labour/birth.

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. 2000I, *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.

Indicator	Area	TARGET (Score required DHHS)	OUTCOME C.D.H. result	DATA SOURCE
CCCP2.1	Consumer Participation Indicator [CPI]	75%	**74.4%** **98.8%**	2015-16 VHES (Q37) 2015-16 Patient Survey
CCCP2.2	Maternity – Involved in decision making	90%	**100%**	2015-16 Patient Survey
CCCP2.3	Community Health - Care/Treatment	90%	**100%**	District Nursing Survey
CCCP2.5	Residential Care - Involved in decision making	75%	**98.8%**	Resident Choice Survey
CCCP3.1	Information resources	85%	**100%**	2015-16 Patient Survey
CCCP3.2	Acute Services - Discharge management info	75%	**98.6%**	2015-16 Patient Survey

* **For the first time, CDH the CPI (Q37) VHES result rated only 74.4%- 0.5% under the required 75% target.**

We assume the low compliance results from insufficient responses to VHES in 2015-2016, thus increasing the margin for error and results validity.

This is supported by VHES result for Overall Experience of 100% together with 2015-2016 Patient Survey evidencing 98.8% of patients surveys felt involved in decision making about their care and treatment.

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	• 2016=2020 Strategic Plan developed and endorsed by Board of Management. For presentation to Community Advisory Committee. • 2016 Statement of Priorities finalised.
4.2	• Feedback mechanisms assist identification and improvement to CDH services / programs. • Community Advisory Committee (CAC) assist planning future services, programs.
4.3	Consumers, carers and community participation in quality improvement encouraged and fostered through: • Complaints, comments and suggestions. • Consumer participation on organisational committees- Community Advisory and, Safety & Quality committees • Forums • Internal Surveys -post operative interviews, Patient and Maternity, PAG and District Nursing Service, Aged Care and Support Services surveys • VHES (Victorian Health Experience Survey • Incidents reports • Quality Account feedback (to date no feedback received)
4.4	• All complaints are, formal or informal, are taken seriously; they are recorded and reported to CDH senior management and Board of Management. • Where appropriate, consumers/ carers / community participation in resolution ensures acceptable outcomes are achieved.
4.5	• Consumers participate on selected organisational committees- Community Advisory and, Safety & Quality committees • CDH has an agreement with Bendigo Health Care Group to provide advice on ethical matters if required. • Ethics/Research is an Agenda item for Clinical Governance committee.
4.6.	• Partnering with Consumers Framework (2016) and Policy (2016) and Community Advisory Committee Terms of Reference (2016) describe development / revision of health information designed for our consumers.

OUTCOME: **100%** Achieved

Tell us what you think………….

Thank you for reading our Quality Account

To help us improve this report, please take a moment to fill in this feedback form.

Please circle the answer that matches your response.

How do you rate the presentation of this report?

Poor	1	2	3	4	5	Excellent

Was this report easy to understand?

Not at all easy	1	2	3	4	5	Very Easy

Do you think the report was?

Too short	About right	Too Long

Would you like to see more about: (circle as many that apply)

Cohuna District Hospital	Yes	No
How consumers/volunteers contribute to the organisation	Yes	No
Preventing falls and harm from falls	Yes	No
Safe use of blood and blood products	Yes	No
Preventing and controlling healthcare associated infections	Yes	No
Medication Safety	Yes	No
Quality and patient safety related policies	Yes	No
Hospital Accreditation	Yes	No
How we respond to the needs of consumers and families	Yes	No
Partnerships with Medical Officers and other community services	Yes	No
Health promotion activities	Yes	No

Other……………………………………………………………………..

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What would you like to see more of? Patient Stories Staff Profiles

Other……………………………………………………………………..

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General Comments:

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Thank you for your feedback.

Please return this survey to:

Quality & Risk Manager,
Cohuna District Hospital, PO Box 317, Cohuna Vic 3568