COHUNA DISTRICT HOSPITAL

2016-2017 QUALITY ACCOUNT

A MESSAGE FROM THE GENERAL MANAGER

The Cohuna District Hospital (CDH) and Cohuna Community Nursing Home is pleased to present the 2016-2017 Annual Quality Account. The Annual Quality Account provides CDH with the opportunity to inform the community of the achievements and challenges experienced by CDH over the last 12 months. CDH promotes a philosophy and culture of integrity and continuous quality improvement and as such, endeavours to continuously improve the treatment and services, and safety and quality of the care that we provide.

Some examples of improvements this year include; working collaboratively with local health services, expanding our staff knowledge on responding to family violence; and developing policy and procedure to ensure children accessing our care are safe and protected. Clinical governance has been strengthened with a partnership with Echuca Regional Health, sharing of experiences and resources and comparing results with other similar small rural health services the results of which show our patients rate their care in our service as excellent. In the last 12 months, CDH has developed a Community Advisory Committee, and has achieved full National Safety and Quality in Health Services (NSQHS) accreditation through an external review.

CDH work collaboratively with other services in the region, including Gannawarra Shire, Northern Districts Community Health, Echuca Regional Health and others. We are members of networks of health services across the region, and are constantly building on our relationships to enhance the care and services we provide. The examples in this report demonstrate the work CDH is undertaking. It includes objective data, stories and comments from the many people who access our services or come in contact with CDH. We have highlighted a variety of aspects covering the Hospital, Aged Care and Community Care.

CDH began to implement our 2016-2020 strategic plan in the last 12 months with a strong focus on an increasingly integrated health service that provides further options to the community. Guided by a person centred care model, CDH has engaged with residents, patients, clients, and the community whose experiences are helping to shape CDH into the future. It is exciting times for the organisation as we identify new ways to improve our services to the community, to ensure the residents of the region have access to required healthcare in the environment that is most beneficial to them. CDH has also untaken reviews of services that contribute to informing the way services are delivered and the types of CDH services that might be required by the community into the future.

Contributing to this is feedback from patients, residents, clients and the community, which is taken seriously. We encourage the community to feel confident in providing feedback, be assured they will be listened to, and that their feedback will contribute to improving the care and services we deliver.

I would like to acknowledge and thank everyone who has volunteered their time to support and contribute to continuously improving the services CDH provides. This includes the CDH Board, auxiliaries, all staff and volunteers, medical practitioners and community partners

Kathy Day

General Manager

Cohuna District Hospital

Front Cover: Cohuna Park at Dusk
Courtesy: Wendy Lunghusen. NUM

January 2018

Week	Monday	Tuesday	Wednesday	Thursday	Friday	**Saturday**	**Sunday**
1	**1** **New Year's Day**	2	3	4	5	**6**	**7**
2	8	9	10	11	12	**13**	**14**
3	15	16	17	18	19	**20**	**21**
4	22	23	24	25	**26** **Australia Day**	**27**	**28**
5	29	30 **School Starts**	31				

In 2016-2017 no Staphylococcus Aureus Bacteraemia (SAB) infections occurred

In 2017,

87.4%

of staff received Influenza vaccination

2016-17

Hand Hygiene Compliance rate

89.8%

The Community Advisory Committee was re-established in October 2016. Currently we enjoy working with 12 very motivated and enthusiastic community members who bring with them a varied range of experience and interests. The group meets quarterly.

Members of the Cohuna District Hospital Community Advisory Committee (CAC) and Board of Management attended training provided by the Health Issues Centre. The Melbourne based consumerism support and advocacy Centre, received funding from the Department of Health and Human Services to provide free onsite training to Rural Health Service CACs and/or Boards.

This was a great opportunity to access formal training and information to assist our committee members to maximise the effectiveness of partnership with our health service. Health Issues Centre Consumer Participation Coordinator, Nick Barry, expanded on the role and purpose of CACs and their relationship to the Board. 80% of members rated the training as good or very good.

Part of a CAC role is to engage with other community members to increase health service awareness of the perspectives of the broader community. This enables health service planning to target future services that meet community needs.

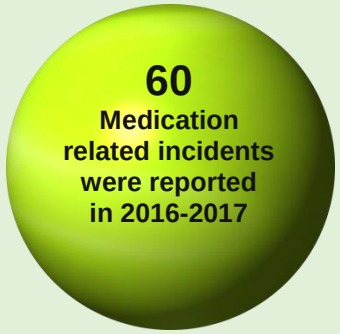
The Hospital appreciates the support it receives from:

- The schools, community choirs and volunteers who provide their time in our aged care facility. The residents look forward to these visits
- The volunteers who assist our Social Support Group
- The many groups who assist the hospital in various ways including fundraising activities
- An active Ladies Auxiliary who work tirelessly to support CDH
- The annual Murray to Moyne bike ride and the famous Bridge to Bridge events support the Hospital by providing fundraising proceeds

We are grateful of efforts of the fundraising groups for without their support purchase of items and equipment for the facility would not be possible.

February 2018

Week	Monday	Tuesday	Wednesday	Thursday	Friday	**Saturday**	**Sunday**
5				1	2	**3**	**4**
6	5	6	7	8	9	**10**	**11**
7	12	13	14	15	16	**17**	**18**
8	19	20	21	22	23	**24**	**25**
9	26	27	28				



Medication safety is a priority. No patient harm resulted from any medication incident.

The Medication Safety Committee oversees all medication related incidents, risks, policies and audits. A pharmacist is a member of the committee. Staff are required to undertake annual online medication education.

Medications are audited monthly. The National Medication Chart Audit and Riskman Medication Audit results are reported monthly. Incidents are investigated and reported to the Board in the quarterly Key Performance Indicator report.

SAFETY & QUALITY

ADVERSE EVENTS

Unfortunately, unexpected and unforeseen incidents occur in health services. Although most do not result in harm, a small number do.

All staff are responsible for reporting incidents including near misses in the Victorian Health Incident Management System (VHIMS). Data from VHIMS is collated monthly and reported across the organisation as a component of the governance system.

All incidents are allocated an Incident Severity Rating (ISR) of 1 to 4.

Dependent on the severity of the incident – near misses attract an ISR of 4 and a serious incident will be allocated an ISR of 1 or 2.

July 16 – June 17

Total Incidents	ISR1	ISR 2	ISR 3	ISR 4
215	1	2	94	118

Each ISR 1 or 2 is flagged and an in-depth Case Review is conducted. These incidents are reported to the CDH Board of Management who monitor progress of Action Plans developed for each review to ensure there will be no recurrence of preventable adverse events.

Other internal systems "trigger alerts" of care episodes requiring further investigation. For example, all transfers from the inpatient ward or the Urgent Care Centre and all patients admitted within 28 days of a prior admission (including at another health service) are audited and reported monthly. Where auditing identifies an issue the case is escalated for review by the Director of Medical Services or the Director of Clinical Services, whichever is more appropriate.

Open disclosure, facilitates open discussion of adverse events that result in patient harm with the patient, their family and carers.

MATERNITY SERVICES

43 births occurred at the Hospital in 2016-2017 compared to 63 2015-2016. With reduced births, staff ensure they complete ongoing training in order to provide safe maternity care within our capability as a Level 2 Low Risk service.

Higher risk obstetric patients who birth elsewhere can return to CDH once mother and baby are well enough to do so. All organisations providing birthing services submit comprehensive data. An annual Victorian Perinatal Services Performance Indicators Report is provided back to each hospital to enable results measurement against targets. RED indicates a result in the least performing quartile (an outlier).
BLUE indicates expected result (HIGH or LOW rate)

Indicator name	CDH 2014-15	Statewide Rate
7 Smoking cessation rate - The difference in the rate of smoking before and after 20 weeks gestation	16.5	7.8 LOW
8a Rate of breastfeeding initiation for babies born at 37+ weeks gestation	91.8	96.2 HIGH

Midwives discuss and offer smoking cessation support.

CDH encourages all mums to breastfeed.
Midwives provide guidance and assistance with one midwife qualified as a Lactation Consultant.

EXTERNAL SURVEYS

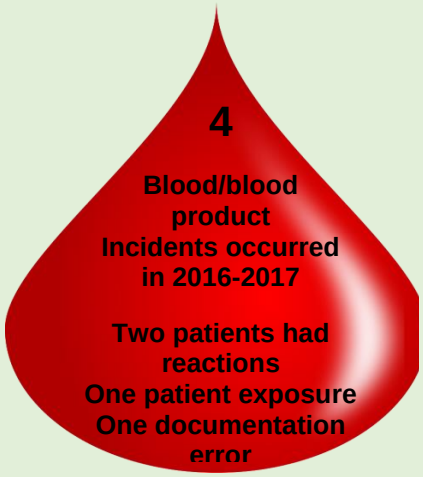
Survey Date	Accreditation	Accredited until
05/08/2015	Australian Aged Care Quality Agency	31/10/2018
25/10/2016	National Safety & Quality in Health Services (NSQHS)	December 2019
27/08/2014	Home Care Common Standards	Not Advised
18/04/2017	2017 Food Safety Audit	April 2018
11/10/2016	Fire Safety Audit	N/A

6 Not Mets were received for NSQHS developmental actions.

Four related to Standard 2 Community Participation a result related to the Community Advisory Committee only recently reformed and no evaluation had occurred. Two related to Standard 9 – Patient Deterioration. The recommendations are being addressed and an update was provided to the accreditor this year.

March 2018							
Week	Monday	Tuesday	Wednesday	Thursday	Friday	**Saturday**	**Sunday**
9				1	2	**3**	**4**
10	5	6	7	8	9	**10**	**11**
11	**12** **Labour Day**	13	14	15	16	**17**	**18**
12	19	20	21	22	23	**24**	**25**
13	26	27	28	29 **End Term 1**	**30** **Good Friday**	**31** **Easter Saturday**	

Blood & Blood Product Safety



Emergency blood is stored at CDH for use in an emergency transfusion.

Blood & Blood Product Safety is monitored and reviewed by a clinical team.

All transfusion episodes are audited.

Results are reported quarterly in a Key Performance Indicator report.

CURRENT PROJECTS

FAMILY VIOLENCE

Family violence can affect anyone in our community including patients, residents and/or staff.

In response to Department of Social Services *National Plan to Reduce Violence against Women and their Children,* the Hospital's response to family violence includes developing policy and strategies to recognise and respond to Family Violence.

Two staff attended Family Violence education and planning sessions.

A staff member has been **appointed** to champion the project.

URGENT CARE CENTRE REVIEW

To ensure our Urgent Care Service provides an efficient and effective service within CDH Capability Framework an extensive review was undertaken.

Recommendations have been made to improve the service and an action plan has been developed to document progress on require work. The work has commenced and will be completed in the coming year.

One improvement will be the introduction of the hospital's electronic patient administration system, iPM, into Urgent Care. The introduction of iPM into Urgent Care will enable details of your visit to be electronically recorded, ensuring a complete, accurate medical record is maintained.

ABORIGINAL HEALTH

The health and well-being of our indigenous people remains a priority. Aboriginal and Torres Strait populations are at increased risk of chronic disease and premature death.

The CDH 2017-2020 Aboriginal Health Plan documents strategies to assist improved Aboriginal health outcomes.

Improving Care for Aboriginal Patients (ICAP) – Key Result Areas (KRA) 1 – 4 Reporting

KRA 1 Engagements and Partnerships
Five of six strategies are in place (83.3%)
Documentation review to be completed

KRA 2 Organisational Development
Three of three strategies are in place (100%)

KRA 3 Workforce Development
One of three strategies (33.3%) is complete
Staff training to be completed

KRA 4 Systems of Care
Five strategies have been developed.
They include data collection, documentation, and health promotion – all for completion by June 2018

LGBTI INCLUSIVE CARE

(Lesbian, Gay, Bisexual, Transgender and Intersex)

All people are entitled to health care in an environment of equality and inclusiveness.

Our policy statement is accepting and welcoming to all lesbian, gay, bisexual, transgender and intersex (LGBTI) people and is supportive of all other policies that embrace diversity to ensure care provided is non-discriminatory for:

Every person, Every time.

KEEPING CHILDREN SAFE

CDH does not tolerate any form of abuse and children are no exception.

We have developed and implemented the *CHILD SAFE* policy, procedure and Staff Code of Conduct agreement.

All staff at CDH have a current and acceptable Police Check.

All health professionals; doctors and nurses are mandated to report any child abuse events whether witnessed or suspected.

MENTAL HEALTH

CDH recognises the difficulties that can be experienced by those in our community who experience mental health issues.

Unlike many other presentations, the signs and symptoms of patients suffering mental health (MH) issues are often invisible.

It is important that MH presentations receive the best treatment available, which may include transfer or referral to other services

We are pleased to report that we are currently reviewing our support and documentation to ensure optimal care based on best practice guidelines is provided.

An experienced clinician is leading the MH portfolio.

April 2018							
Week	Monday	Tuesday	Wednesday	Thursday	Friday	**Saturday**	**Sunday**
13							**1** **Easter Sunday**
14	**2** **Easter Monday**	3	4	5	6	**7**	**8**
15	9	10	11	12	13	**14**	**15**
16	16 **Start Term 2**	17	18	19	20	**21**	**22**
17	23	24	**25** **Anzac Day**	26	27	**28**	**29**
18	30						

ESCALATION OF CARE

Sometimes a patients' condition deteriorates making it necessary for their care needs to be raised (escalated) to the next level of care.

Escalation may mean providing additional nursing care for increased vital sign monitoring or transferring the patient to a higher level of care. CDH uses a National Inpatient Observation Chart has introduced the Royal Womens Hospital ViCTOR charts to monitor babies and children.

ViCTOR charts allow instant visual identification of patients whose observations place them at high risk for deterioration when their results fall into coloured zones that fall outside normal result parameters.

Incident reports and Trigger Alerts including inpatient transfers identify episodes where escalation is warranted.

A team of clinicians oversees patient deterioration and care escalation, assisted by regular auditing and reporting.

Staff education on escalation of care has been provided to clinicians.

WHAT OUR PATIENTS THINK

VHES

The Victorian Healthcare Experience Survey (VHES) provides opportunity for people to provide feedback on their experiences whilst an inpatient at CDH.

(VHES) collects data from a range of healthcare users of Victorian public health services on behalf of the Department of Health & Human Services.

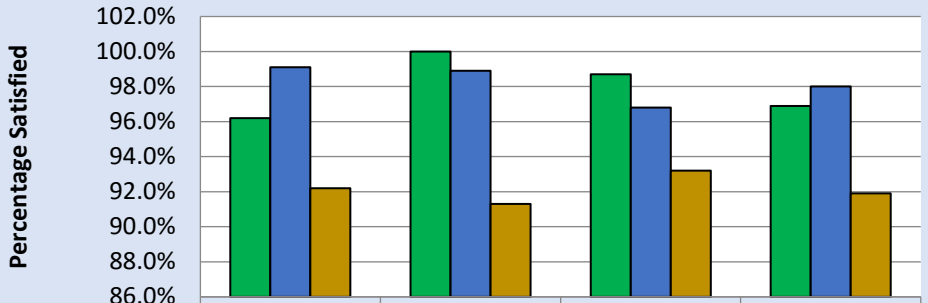
Results are provided to health services and the department quarterly. The department reviews all results to ensure quality care is being provided.

CDH uses the results identify areas that require improvement.

Unfortunately, due to small patient numbers, we do not always get a quarterly result. When this occurs, we are provided with a report that spans 6 months data.

We are pleased to report that CDH Overall Hospital Experience results have consistently exceeded 96% since July 2015, well above State of Victoria scores.

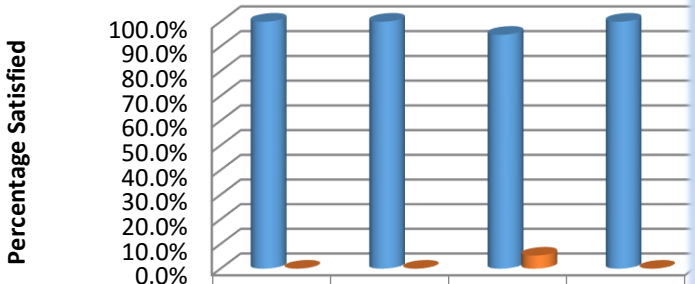
Overall Hospital Experience



	Jul-Dec 2015	Jan-Jun 2016	Jul-Dec 2016	Jan-Mar 2017
CDH	96.2%	100.0%	98.7%	96.9%
Peer Score	99.1%	98.9%	96.8%	98.0%
Victoria Score	92.2%	91.3%	93.2%	91.9%

Overall Hospital Experience relates to Question 76:
Overall, how would you rate the care you received while in hospital?

CDH Patient Satisfaction



	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017
Very Satisfied	100.0%	100.0%	94.7%	100.0%
Neutral	0.0%	0.0%	5.3%	0.0%

Internal patient surveys are collated and reported quarterly.

The Jan-Mar 17 result (94.7%) told us:

Patients wanted more information on:

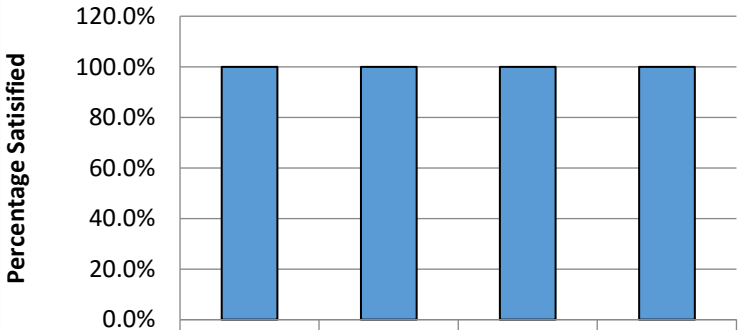
- Advanced Care Planning
- New medications

And more:

- Discharge planning participation
- Improved home services provision

Actions to address patient feedback were developed and implemented.

CDH Maternity Survey



	Jul-Sep 2016	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017
Very Satisfied	100.0%	100.0%	100.0%	100.0%

May 2018							
Week	Monday	Tuesday	Wednesday	Thursday	Friday	**Saturday**	**Sunday**
18		1	2	3	4	**5**	**6**
19	7	8	9	10	11	**12**	**13**
20	14	15	16	17	18	**19**	**20**
21	21	22	23	24	25	**26**	**27**
22	28	29	30	31			

GOING HOME

YHES results

When asked:

"Overall, how would you rate the discharge process?"

CDH patients reported

99.5%

satisfaction with the way their discharge from hospital was managed

94.5% expressed satisfaction with:

a) Information about self-managing health and care at home
b) Family & home was considered
c) Arrangement of home services
d) Provision to GP of the necessary information for follow up

RESIDENTIAL AGED CARE QUALITY INDICATORS

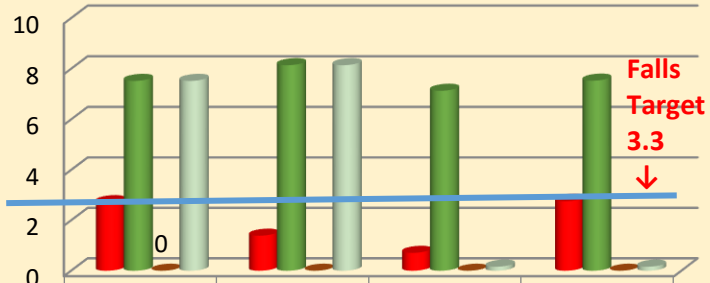
a) Pressure Injuries

Pressure injuries are assessed as Stage 1, 2, 3 or 4 (most severe).
In the 2016/2017 reporting period no Stage 1, 3 or 4 pressure injuries occurred.
There was one Stage 2 pressure injury in Quarter 2 2016-2017

b) Use of Physical Restraint

No form of restraint is used in the Aged Care sector.

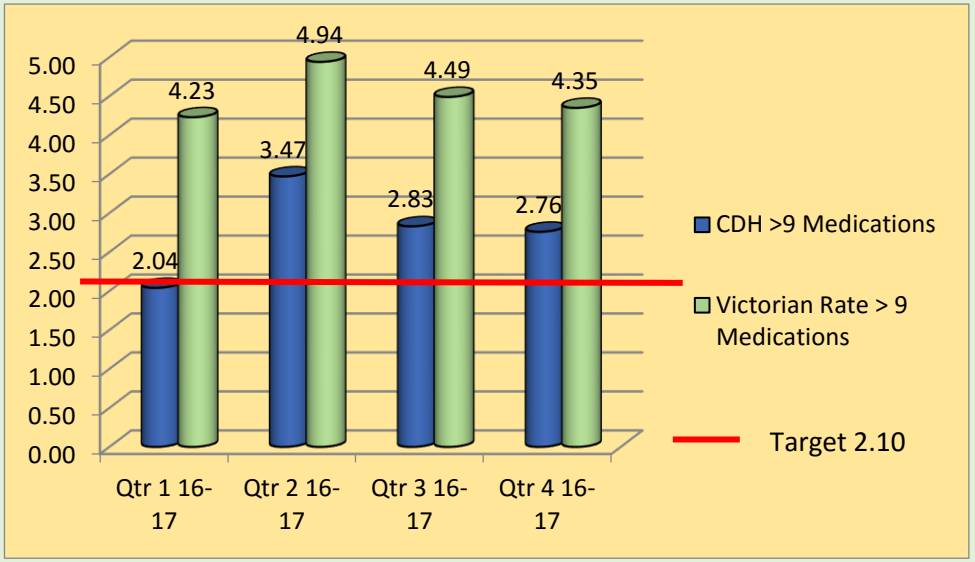
c) Falls and Fall RelatedFractures Per 1000 occupied bed days



	Qtr 1 16-17	Qtr 2 16-17	Qtr 3 16-17	Qtr 4 16-17
CDH Falls	2.72	1.39	0.71	2.76
Falls Victorian Rate	7.52	8.14	7.13	7.53
CDH # resulting from falls	0	0	0	0
Falls State # rate	7.52	8.14	0.16	0.16

At 2.76 our fall rate is below State rates and the 3.3 target, however CDH falls have increased by 300% from the last quarter. This is being investigated and will be reported.

d) Residents Prescribed 9 or More Medications – per 1000 bed day



CDH is over target (2.10) for last 3 quarters in the 2016/2017 reporting period; however, we remain under the Victorian Rate in all 4 quarters.
An internal Indicator report is developed quarterly to provide information as to why we are over target and actions implemented to address this.

An independent Pharmacist reviews resident medication orders 6 monthly.

e) Unplanned Weight Loss

No significant weight loss occurred in the 2016-17 reporting period.

Fluctuations for unplanned weight loss exceeding the State are explained by variances in resident health.

June 2018

Week	Monday	Tuesday	Wednesday	Thursday	Friday	**Saturday**	**Sunday**
22					1	**2**	**3**
23	4	5	6	7	8	**9**	**10**
24	**11** **Queen's birthday**	12	13	14	15	**16**	**17**
25	18	19	20	21	22	**23**	**24**
26	25	26	27	28	29 **End Term 2**	**30**	

OCCUPATIONAL VIOLENCE & AGRESSION

In 2017, Cohuna District Hospital committed to the Australian Nursing and Midwifery Federation 10 point plan to end the culture of violence and aggression against healthcare workers.

41 Occupational Violence & Aggression (OVA) incidents have been reported since 2013.

The CDH 2017 OVA Plan aims to:

- Improve security
- Identify risks to staff and others
- Include family the development of patient care plans
- Report, investigate and act on violent incidents
- Prevent violence through workplace design
- Provide education and training to healthcare staff to prevent and respond to aggression and violence
- Integrate legislation, policies and procedures related to violence prevention
- Provide post incident support to staff
- Apply anti violence approach across all health disciplines
- Empower staff to expect a safe workplace

A RESIDENT'S STORY

This is the story of "Terri" born Terrieve on the 21/8/1935. Terri was unsure where she was born, as she was an adopted baby whom arrived at the home of her adoptive parents when she was eight months old. Her new parents Claude and Emily Corn lived in Malvern, Victoria. They lived there until she was two years before travelling around Australia for 12 months. When Terry was three they arrived in Leitchville where her dad built the Leitchville Post Office. He was a carpenter builder and worked in Leitchville during that time. They loved Leitchville and lived there for four or five years making close friends.

The family went back to Melbourne and lived in Hawthorn. Terri said her mother became very unkind to her and did not like her; however, she was very close to her dad. They adopted another child 'Gillian'. She was a gorgeous child who was very sensitive to the goings on in the house and Terri would often comfort her and provide her with love and affection. There was about 8 years between them. When asked if her mother was also abusive to Gillian, she said no, she loved her, but Gillian would cry a lot when she picked up on the abuse her mother bestowed on Terri's dad and herself.

Terri lived with her family until she was about 16. She worked in Coles for two or three years and during that time lived in a hostel. Terri was then offered work in a variety of jobs from sales, to office worker, always working with people. When she was 19 years, she went nursing and trained at the Royal Melbourne Hospital for three years in general nursing. She decided to go to England and went by boat, which she would later return on. She loved the boat trip and had a lot of fun.

Terri worked in a convalescent home for men during the next 18 months. She had a wonderful relationship with the Matron who was very kind and motherly. Terri loved working there. During that time, Terri lived in the nurses home in the beginning, but later moved into a flat with three other girls.

On receiving a letter telling Terri of her sister's death, she returned home. Terri was worried about her dad, as her mother's abusive behaviour had escalated since the death of Gillian. Gillian was only 16 years when she died, and Terri was very sad. Her father was very happy to see Terri however her mother was not.

Terri got a job at a private nursing home; Matron Cassidy was a lovely lady who encouraged further training. So after 18 months Terri completed further training. She then went and worked for a further 3 years at a male rehabilitation sanatorium. Terri also like this matron but was always getting into trouble for climbing in and out windows. Terri explained 'there were 3 of us and we would go and meet up with the boys'. "Not very Lady Like' the matron would say to Terri. Nevertheless, Terri said it was a lot of fun.

Both of Terri's parents died within 12 months of each other. Terri was very sad with their loss especially her dad. She went back to Leitchville to visit some good friends of the family. It was during this time visiting good friends, that she met up with Goodie and they later married. During their married life, Terri worked at Murray Goulburn Factory at Cohuna as a secretary/Pay Clerk. She would travel down to Cohuna on her scooter on the days she worked. She did not nurse again but did several other small jobs. Every chance Goodie and Terri got they would go camping, fishing, travelling around Australia camping and enjoying each other's company. Goodie died before Terri turned 40, he was the love of her life. She said "I never wanted to get married again as Goodie was the best man ever. Might be a little bit short on looks but had a heart of Gold'

Terri now resides in the Cohuna Nursing Home where staff see Terri's caring and compassionate nature, which made her a loved nurse, friend, sister and wife.

July 2018							
Week	Monday	Tuesday	Wednesday	Thursday	Friday	**Saturday**	**Sunday**
26							**1**
27	2	3	4	5	6	**7**	**8**
28	9	10	11	12	13	**14**	**15**
29	16 **StartTerm3**	17	18	19	20	**21**	**22**
30	23	24	25	26	27	**28**	**29**
31	30	31					

PRESSURE INJURY

16 pressure injuries (PI) were reported in 2016-2017.

7	Inpatient Ward
9	Residential Aged Care

PIs are reported via VHIMS incidents and include minor skin tears

7	Acquired in Care
5	Minor Skin Tears
4	Pre-existing injury at admission

Aged Care PIs are reported separately in this report.

CDH has policies and procedures in place for the management of PIs.

Patients admitted to CDH have a PI assessment performed at time of admission to determine their level of risk for developing PI.

Patients assessed at risk for PI have management plans developed with actions and strategies put in place to prevent a PI occurring.

A clinical team is responsible for oversight of PI management

ADVANCED CARE PLANNING & END OF LIFE

Consultation with Ochre Medical Clinic and Island Care (a local aged care facility), has seen some progress with Advanced Care Planning (ACP) at CDH.

CDH uses standardised Advanced Care Planning Australia documentation.

Six people are currently documented as completing an ACP. CDH is excited to announce our successful application to participate in an ACP Rural Pilot Program.

The Advanced Care Planning Pilot Program that commences in late 2017 enables mentorship of six CDH staff to become proficient in implementing ACPs and imbedding of ACP into usual CDH practice.

Participants include our Standard 9 Lead Nurse for Advanced Care Planning/ Palliative Care.

What is Advanced Care Planning

Making your wishes known

Advance care planning is important for patients, families and health professionals.

It involves you, your loved ones and health professionals talking about your values and the type of health care you would want to receive if you became seriously ill or injured and were unable to say what you want.

Ideally, these conversations start when you are well and continue throughout your illness.

Your wishes should be documented to help your loved ones and health professionals when making decisions about your care when you are no longer able to do so.

You do not have to have a terminal illness to start talking with your loved ones and health professionals about your wishes. Like making a will and appointing a power of attorney or enduring power of attorney, advance care planning may simply be a part of planning.
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It has been shown that health outcomes for people and their families improve when they are able to talk through their concerns, decisions, preferences and choices with health professionals.

CDH is dedicated to providing a high level of care for palliative care patients. We are holding a seminar run by the Pal Care Consortium- Program of Experience in the Palliative Approach (PEPA) in October 2017 that is funded by the Australian Department of Health and many of our staff are attending.

CDH staff are attending the ACP Dying person Pathway education in Rochester in October 2017 and we are committed to implementing the new pathway when it is released.

This Consensus Statement: Essential Elements for safe and high quality end of life care, has been assigned to the Standard 9 Nurse Lead for Advanced Care Planning /Palliative Care. The Lead will determine any further actions that are required, prior to implementation of the Statement guidelines alongside the Dying Person Pathway. An action plan will be developed to evidence progress towards full implementation.

August 2018							
Week	Monday	Tuesday	Wednesday	Thursday	Friday	**Saturday**	**Sunday**
31			1	2	3	**4**	**5**
32	6	7	8	9	10	**11**	**12**
33	13	14	15	16	17	**18**	**19**
34	20	21	22	23	24	**25**	**26**
35	27	28	29	30	31		

THIS REPORT

The 2016 – 2017 Cohuna District Hospital Quality Account provides a snapshot of our activities over the preceding year.

The report is available at: http://www.cdh.vic.gov.au/

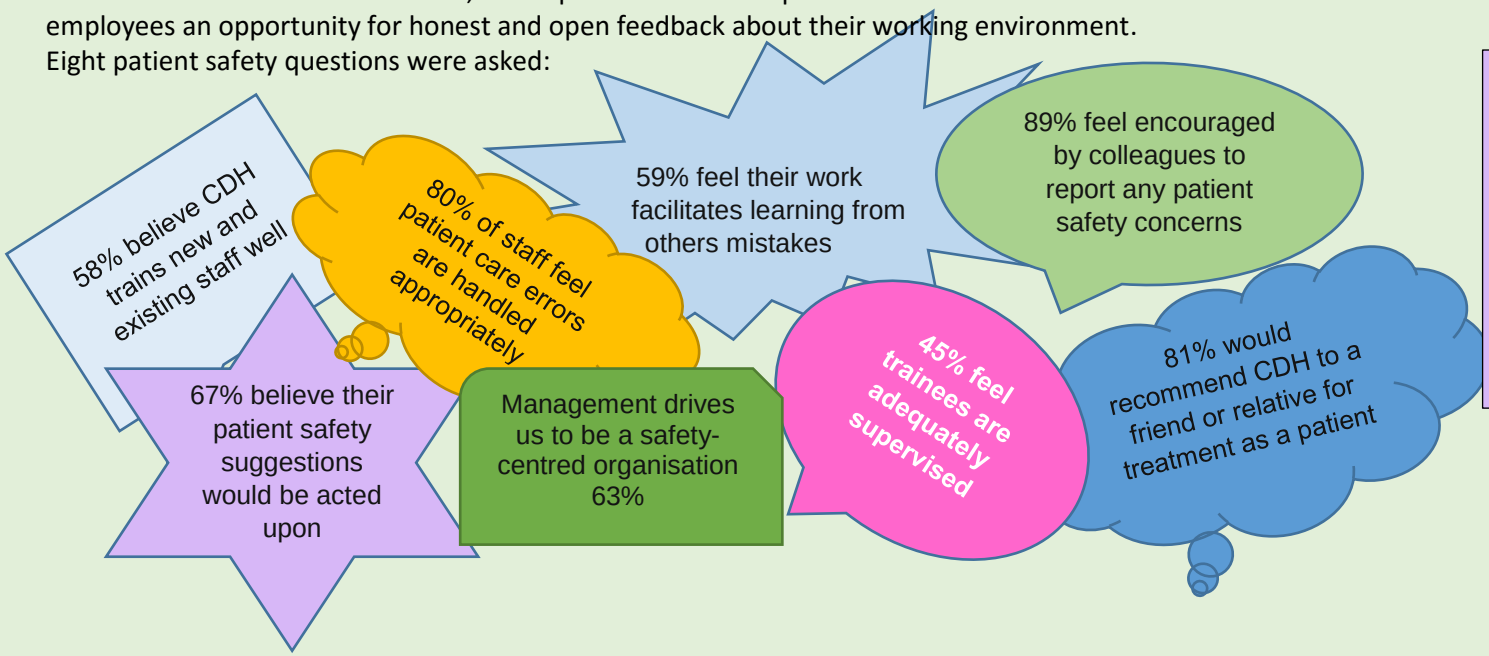
Hard copies are distributed at the Annual General Meeting in November each year or a copy can be collected from Hospital reception.

The report is located at all bedsides in the hospital; a copy is provided to each aged care resident and is available in the waiting area adjacent to reception.

STAFF FEEDBACK–PEOPLE MATTER SURVEY

WORKPLACE CULTURE

80% of CDH staff responded to the People Matter Survey, an annual survey from the Victorian Public Sector Commission, which provides Victorian public sector employees an opportunity for honest and open feedback about their working environment. Eight patient safety questions were asked:



WHAT IS CDH DOING ABOUT THIS?

Some 2017 results offer an opportunity for improvement.

CDH management has engaged an external independent consultant to perform a workplace review

All staff received bullying and harassment training following publication of the 2016 People Matter Survey results.

2017 results tell us that further work needs to occur.

Results of the workplace review will guide CDH future actions.

BULLYING & HARASSMENT

Just under a third of respondents stated experiencing bullying and 14% had experienced some form of discrimination. The percentage of staff experiencing bullying is comparable to the 2016 figure, however the percentage of staff who stated they experienced discrimination has risen since last year.

September 2018

Week	Monday	Tuesday	Wednesday	Thursday	Friday	**Saturday**	**Sunday**
35						**1**	**2**
36	3	4	5	6	7	**8**	**9**
37	10	11	12	13	14	**15**	**16**
38	17	18	19	20	21 **End Term 3**	**22**	**23**
39	24	25	26	27	28	**29**	**30**

PROMOTING ABILITIES

CDH is mindful that all people are individuals, each with varying abilities, levels of independence and needs.

Our 2017-2020 Access and Inclusion Plan includes the strategies we believe are important to ensure equity and inclusion for all in safe, quality health care provision.

The Plan is supported by CDH policy and procedure including Elder Abuse, Equal Opportunity, Harassment, Bullying and Discrimination.

The Plan includes workforce management that results in non-discriminatory care for those from diverse cultural backgrounds and those with disability.

The Plan is due for revision in late 2017 to ensure a contemporary document that aligns to current guidelines.

CDH has commenced working towards transition to the National Disability Insurance Scheme (NDIS) in 2019.

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

STRATEGY	COMPLIANCE	TARGET: 6 of 8 or 75% of a possible 100% OUTCOME: 100% Achieved
i. Participation policy	Partnering with Consumers Framework and Policy (2016)	
ii. Community participation plan (CPP)	Access and Inclusion Plan (2016) Partnering with Consumers Framework and Policy (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. 2016-17, 6 of 1562 discharged patients were of ASTI descent.	
vi. Disability Action Plan	Included in 2016 Access and Inclusion Plan	
vii. Consult and involve consumers, carers & community members	Community Advisory Committee 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 Diabetes and Mental Health Chronic Disease Management Person Centred Care presentation for new staff at orientation	

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

In alignment with the 2016-2017 CDH Statement of Priorities, the 2017-2020 Aboriginal Health Plan has been developed with documented strategies to achieve desired outcomes in each of four Key Result Area to ensure culturally appropriate care for all ASTI people is provided. We continue to build on partnerships with local indigenous groups, participating with the local Elders Group and Mallee District Aboriginal Services (MDAS).

Another priority, development of a lesbian, gay, bisexual, transgender and intersex (LGBTI) policy, has been completed to ensure inclusive, safe care that is non-discriminatory.

Residents and community clients participate in a range of leisure activities, including outings provided by Diversional Therapy in residential aged care and through the Planned Activity Group,

No admissions in 2016/17 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.

October 2018							
Week	Monday	Tuesday	Wednesday	Thursday	Friday	**Saturday**	**Sunday**
40	1	2	3	4	5	**6**	**7**
41	8 **Start Term 4**	9	10	11	12	**13**	**14**
42	15	16	17	18	19	**20**	**21**
43	22	23	24	25	26	**27**	**28**
44	29	30	31				

MANAGING FALLS

A total of 29 falls occurred in 2016-2017.

12	Inpatient Falls
12	Residential Aged
2	Residents on day leave

Falls Management includes policies and procedures to prevent falls, minimise harm from falls and post fall management.

Patients admitted to CDH undergo a falls risk assessment performed at time of admission to determine their level of risk for falling.

Patients assessed as at a risk for falls have a falls management plan developed with actions and strategies put in place to prevent falls.

Falls are recorded in VHIMS incident reports and data is reported monthly across the organisation.

A clinical team is responsible for oversight of falls management at CDH.

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 2016-2017 VHES and Inpatient Surveys indicated that ***no consumers/patients required interpreter services.***

CRF4.2: **96%** VHES respondents stated food was appropriate to dietary need (diets met medical, cultural, religious or personal preference)

Indicator	Area	TARGET (Score required DHHS)	OUTCOME C.D.H. result	DATA SOURCE
CCCP2.1	Consumer Participation Indicator [CPI]	75%	**72.6%** * **98.4%**	2016-17 VHES (Q37) 2016-17 Patient Survey
CCCP2.2	Maternity – Involved in decision making	90%	**100%**	2016-17 Patient Survey
CCCP2.3	Community Health - Care/Treatment	90%	**97%**	District Nursing Survey
CCCP2.5	Residential Care - Involved in decision making	75%	**100%**	2016-17 Resident Choice Survey
CCCP3.1	Information resources	85%	**88.5%**	2016-17 Patient Survey
CCCP3.2	Acute Services - Discharge management info	75%	**97.1%**	2016-17 Patient Survey

* In 2016 – 2017, the CPI scored 72.6%, under the required 75% target.

A report to this effect has been completed and staff are working to develop actions to address the issue

NEW NURSING ROSTER SYSTEM

A new nursing rostering system has been introduced at CDH.

Our old paper based acute and aged care rosters have been replaced with an electronic version.

Shift times have also been changed with the introduction of an 8 – 8 – 10 roster which aligns with most health services, many of which have had the 8-8-10 roster in place for a long time. What this means is that nurses on night shift now work a 10-hour shift instead of the 8-hour shift previously worked. Shift times have also changed and the evening and night shifts both start earlier.

This allows some changeover times where staff from both morning-evening and evening-night shifts double up, providing opportunities for clinical meetings and staff education that were not available previously.

November 2018

Week	Monday	Tuesday	Wednesday	Thursday	Friday	**Saturday**	**Sunday**
44				1	2	**3**	**4**
45	5	**6** **Melbourne Cup**	7	8	9	**10**	**11**
46	12	13	14	15	16	**17**	**18**
47	19	20	21	22	23	**24**	**25**
48	26	27	28	29	30		

ACCOUNTABLE CLINICAL CARE

Active continuous improvement and risk reduction strategies are in place at CDH. Included is constant monitoring and evaluation of the clinical care we provide to our patients, residents and service users.

A Trigger Alert system is in place that assures regular audit of care occurs. Triggers alerts include:

a. Readmissions <28 days
b. Inpatient Transfers
c. Transfers from Urgent Care
d. Obstetric complications
e. Obstetric reviews
f. High acuity patients who require higher level care (capability)

A Case Review policy details staff responsibility for alerting and audit of triggered medical records.

Cases requiring escalation are provided to the Director of Medical Services or the Director of Clinical Services for review and implementation of actions for improvement and risk reduction.

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 five [75%] are required to be compliant to satisfy this standard. The six 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.

December 2018

Week	Monday	Tuesday	Wednesday	Thursday	Friday	**Saturday**	**Sunday**
48						**1**	**2**
49	3	4	5	6	7	**8**	**9**
50	10	11	12	13	14	**15**	**16**
51	17	18	19	20	21 **End Term 4**	**22**	**23**
52	24	**25** **Christmas Day**	**26** **Boxing Day**	27	28	**29**	**30**
1 (2019)	31						

SOME FACTS

During 2016-2017:

- 2,202 people presented to Urgent Care (UCC) for assistance and treatment
- 59 people were transferred from UCC to a higher level of care
- 74 inpatients were transferred from CDH as they required care at a higher level facility
- Each of the 74 transfers was audited
- 45 inpatient transfers were escalated to the Director of Medical Services for review, comment and action.

A PATIENT'S PERSPECTIVE OF CARE

"Joe" was admitted to CDH on Dec 22nd and diagnosed with an infection. Doctors were treating accordingly, family were all gowned up for visits and we seemed to be travelling well. He was having antibiotics and transfusions. It was Christmas and the doctors were rostered on one day each over the Christmas period so he always had fresh eyes looking at him.

I happened to be with him in the afternoon on Christmas Day when he started to collapse and showed signs of fitting. It was a great shock but there was so much calmness around me that I felt I could cope. With the help of a nurse, I rang our son and he came in. There was talk of Bendigo and ambulances and air ambulance. I rushed home to grab some essentials for both "Joe" and I because I did plan to follow the ambulance down.

Our son had also contacted his family, who were there when I returned and I was confronted by something I will never forget. Clinical staff had been called in to care for "Joe" which gave me great confidence. The doctor was escorting the grandchildren to "Joe's side and encouraging them to hold his hand and give him a kiss and speak to him. They need to do this he told me and I understood.

I filled with pride when my youngest grandchild came and stood by me and said, Nan you see the machine Pa is breathing with, that is the machine that we raised the money for on the Murray to Moyne ride. When I asked was he sure he said of course I am, I had my photo taken with it for the paper the day we presented it to the hospital. How great is that? So many positives for us both to learn.

The ambulance arrived and in due course, we were ready to leave with a nurse attending to "Joe" all the way to Bendigo. Arriving in Bendigo was chaos, there were ambulances and people everywhere but even so, other ambulance drivers were standing aside to let us go before them. Our three children were all there, and remember this is still Christmas Night.

Come Boxing Day and it was decided to move "Joe" to Box Hill for surgery on an aneurism, which was leaking. We have always been happy with Box Hill and the new hospital is lovely. They always seemed to have the same ethics as Cohuna and I often compared them when speaking to people. There seemed to be a constant flow of Doctors because he had so many issues to deal with including the fact that he was allergic to penicillin. And it was still Christmas break. The staff were wonderful to "Joe" and the family and after 3 weeks with them, they became like family as well.

I stayed in an apartment run by understanding and helpful people. I travelled in and out to the hospital each day by taxi with drivers who also very polite and caring people and so helpful even though the trip was a short one. You know this is all very important when someone is away from home and alone. Our children and grandchildren visited regularly but I still felt very alone.

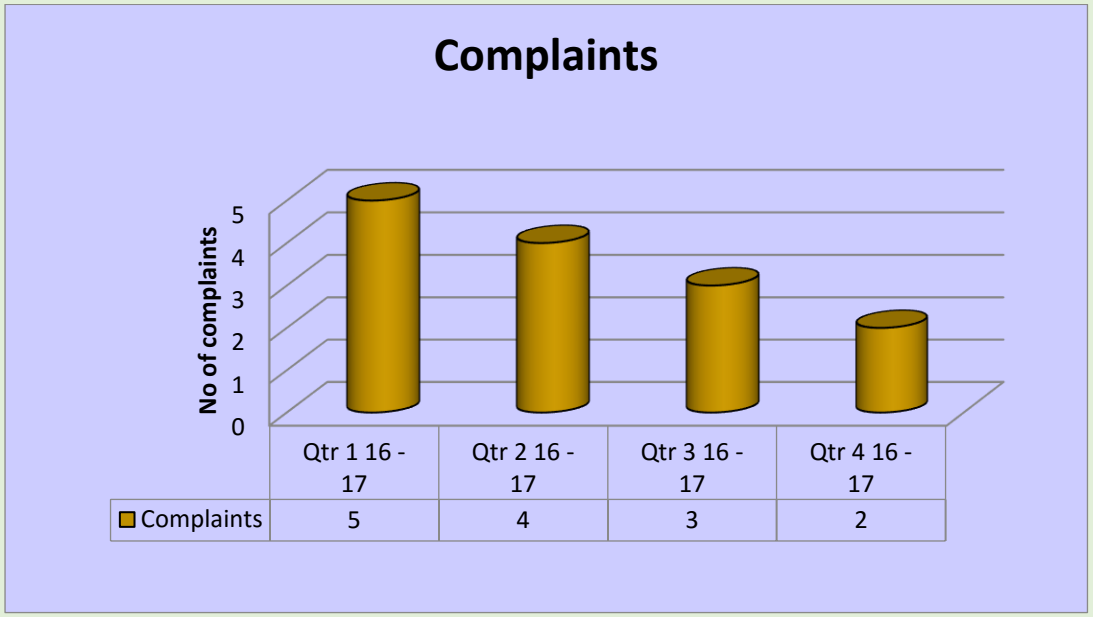
Oh dear, how good it was to have him brought back to Cohuna after 3 weeks. And how lovely and reassuring to have him being cared for by our own doctors and nurses, domestic and kitchen staff. Back home with the people he knew and respected.

He celebrated his 85th birthday on the Saturday but he was not well and I was dispatched to Kerang to have blood tested and return with a match. Family all visited and there were two birthday cakes, one in the morning and nurses organised the whole staff to come in singing happy birthday, it was so lovely for him. In the afternoon, there was another cake for a different group of visits.

By Monday he was stable again and I was able to take him down the street to have his driver licence renewed. This was a major concern because his licence was due in a couple of days and he needed to have his photo taken, and at 85yrs old you don't need the stress of a licence test so between his 6-hour transfusions of antibiotics I slipped him away. He can renew his licence but he can't drive, said the doctor.

There were many discussions about when "Joe" would be able to go home. This caused some sleepless nights and concerns for me as I was unsure how I would manage. I am close to 80 years old and "Joe" was still unwell, requiring six hourly medications. We began by slowly increasing day leave and once the antibiotics finished "Joe" was able to come back home at last. "Joe" is filled with gratitude to all staff in the hospitals where he was treated.

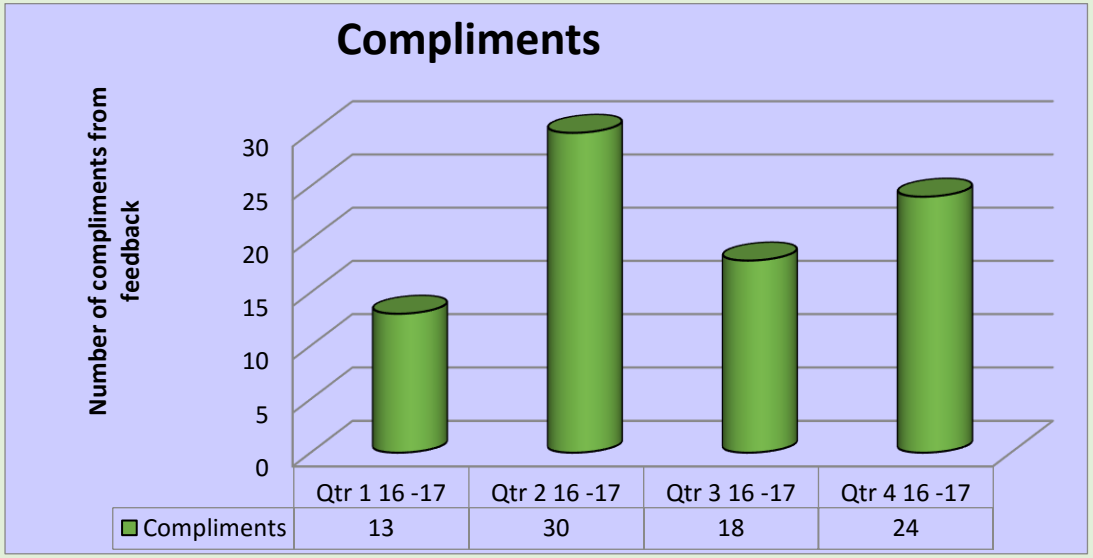
FEEDBACK



14 complaints were recorded in VHIMS feedback 2016-2017. Complaints are sourced from patient/resident/consumer feedback including patient and resident survey comments.

All complaints to CDH are thoroughly investigated and opportunities for improvement are identified.

Staff are involved in the investigation process.



Compliments are sourced from patient/resident/consumer surveys, comments and thank you cards and entered into VHIMS Feedback.

85 compliments have been recorded in the 12-month period.

All compliments are shared with the staff.