



# victorian quality **account**



2018/19



# VICTORIAN

## quality account

2018/19

### **Vision**

*To be a responsive, relevant and holistic health service.*

Acute Services  
District Nursing  
Residential Aged Care  
Community Health

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# Welcome Message



Yea and District Memorial Hospital (YDMH) is dedicated to providing safe, high quality health care to our community.

We are pleased to present this report on our quality and safety initiatives for the 2018-19 year and highlight activities that aim to enhance the wellbeing of our community.

The role of the Quality Account is to provide information to our patients, residents, clients, staff, community and other stakeholders about the services we provide.

The report also demonstrates to our community that the services we provide are of the highest level of quality and safety. Regular, ongoing monitoring is undertaken to ensure standards are maintained and continuous improvement is undertaken.

Your feedback is valuable to us. Consumer feedback helps us include information that is relevant and of interest to our community. Below are the ways you can provide feedback on this report and on all the services we provide.

**Lorina Gray**  
**Director of Nursing / Manager**

## Your Feedback is Important

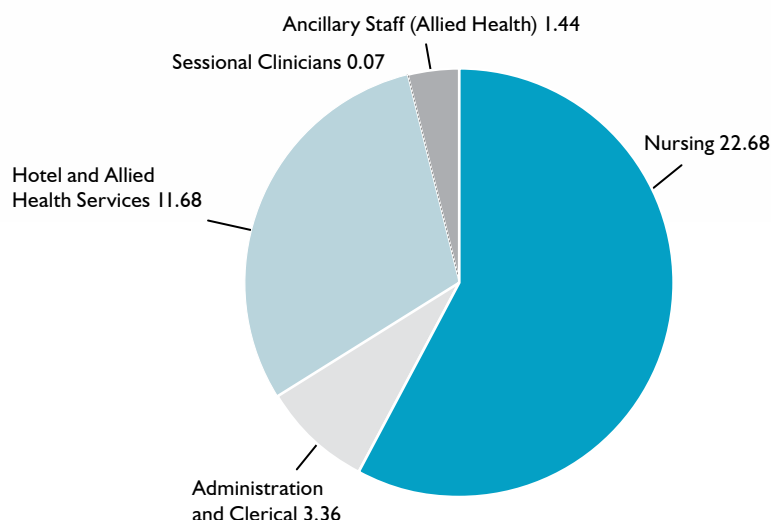
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# Workforce Data



Labour Category	JUNE Current Month FTE		Average Monthly FTE	
	2018	2019	2018	2019
Nursing	22.81	23.30	23.32	22.68
Administration and Clerical	2.58	2.93	2.84	3.36
Medical Support	0	0	0	0
Hotel and Allied Services	12.06	11.95	12.19	11.68
Sessional Clinicians	0.05	0.11	0.07	0.07
Ancillary Staff (Allied Health)	1.32	1.51	1.25	1.44
<b>Total</b>	<b>38.82</b>	<b>39.80</b>	<b>39.67</b>	<b>39.23</b>

The FTE figures required in the table above are those excluding overtime. These do not include contracted staff (e.g. Agency nurses, Fee-for-Service Visiting Medical Officers) who are not regarded as employees for this purpose. The above data should be consistent with the information provided in the Minimum Employee Data Set.

Yea and District Memorial Hospital adheres to the public sector employment principles. These help to shape the working environment we offer to our employees. They assist in maintaining the workplace culture whereby there are productive and harmonious working relationships, employees are treated well, have career opportunities and can safely raise their concerns.

The employment principles are:

- Integrity
- Respect
- Accountability
- Responsiveness
- Impartiality
- Leadership
- Human Rights

All employees have been correctly classified in workforce data collections.

## MERIT AND EQUITY PRINCIPLES

Yea and District Memorial Hospital is committed to applying merit and processes to ensure that applicants are assessed and evaluated against criteria and other accountabilities without discrimination.

## CODE OF CONDUCT

All Yea and District Memorial Hospital staff are required to abide by the Code of Conduct, which is based on the Code of Conduct for Victorian Public Sector Employees.



# Consumer, carer and community participation

## Victorian Health Experience Survey (VHES)

YDMH participates in the VHES, an independently conducted, state-wide survey collecting data from a range of healthcare users. This survey allows for patients to comment on their experiences in the month following their hospital stay.

Patient Experience – VHES Results	YDMH Results	State Average
Victorian Healthcare Experience Survey – percentage of positive patient experience response	89%	88.55%
Victorian Healthcare Experience Survey – percentage of very positive responses to questions on discharge care	89 %	68.19%
Victorian Healthcare Experience Survey – patients' perception of cleanliness	100 %	74.15%

## What happens to the VHES data at YDMH?

The VHES data and verbatim feedback are presented to the Board and comprehensively reviewed by the Yea for Quality committee to identify opportunities for improvement.

Improvement initiatives undertaken this year as a result of data received through the VHES included:

- Clinical staff education on pain management to ensure anyone experiencing pain is offered treatment and managed appropriately
- A targeted campaign to reduce the amount of noise in the ward, particularly at night, including offering patients eye masks to block out light and ear plugs to block out noise

## Clinical Feedback – An opportunity to improve

Feedback from patients highlighted an opportunity for YDMH to improve communication between patients and nursing staff / doctors, giving patients and their family increased involvement and more opportunities to ask questions about their care.

The feedback was reviewed using the criteria in the Clinical Communication standard (part of the National Safety and Quality in Health Care Standards). Patient rounding was identified as a possible solution. This activity commenced on the ward in May 2019.

### Spotlight – Patient Rounding

#### Definition:

Regular purposeful communication by a healthcare team member with each patient and/or their carer or family.

#### Purpose:

- Keeps patients and/or their carer or family informed about and involved in their care
- Supports the delivery of safe, quality care
- Regularly evaluates the quality of care delivered
- Creates trust and reduces patient and/or carer or family anxiety by providing clear expectations for each interaction by a known care giver.

Source: *Intentional Patient Rounding Information for Clinicians and Health Professionals*. Clinical Excellence Commission <http://www.cec.health.nsw.gov.au>

## Community Advisors

Our community advisors play an important role in improving patient care at YDMH. Our advisors sit on our quality committees and provide valuable feedback in the review of our care and activities.

YDMH also undertook extensive community consultation that included feedback from stakeholders and staff that informed the development of our **Clinical Services Plan**.

Our Clinical Services Plan identifies activities focused on four core service areas:

- Urgent Care Centre
- Acute Health Services
- Community Health
- Residential Aged Care.

These are grouped under current internal organisational structures. Each area places a high priority on service collaboration and partnership, and increased engagement within our community.

Additionally, one of the objectives of the organisation's ongoing Strategic Plan review will be to align current delivery arrangements with the needs of our community, fostering closer collaboration and partnerships with other publicly funded and community-based health providers in our region.



## Provision of Accredited Interpreters

Healthcare workers have a duty of care to make sure people have access to information that assists them to make informed choices about their treatment and care. This is particularly important for patients and residents whose first language is not English.

By accessing the services of accredited interpreters health services, like YDMH, can make sure information is presented and collected accurately, confidentially and impartially (as unlike family member or friend a professional interpreter does not take sides and does not allow their personal judgements or feelings affect the interpretation). In the 2018-19 year YDMH did not require the services of an accredited interpreter for either inpatients or residents in our aged care facility.

## Disability Action Plan (DAP)

The 2019 - 2021 YDMH DAP will allow the organisation to continually monitor and respond to the needs of persons with a disability, be they accessing our services as a consumer or supporting us to provide safe, quality services as a member of our workforce.

Under section 38 of the Victorian Disability Act 2006, the Victorian Government has identified four outcomes that an organisational DAP should address. The YDMH DAP responds in the following ways as listed in the table below:

Outcome	YDMH Response
<b>Outcome 1:</b> Reducing barriers to persons with a disability accessing goods, services and facilities.	<b>Objective:</b> To ensure the physical and information environment at YDMH supports access by persons with a disability.
<b>Outcome 2:</b> Reducing barriers to persons with a disability obtaining and maintaining employment.	<b>Objective:</b> To maintain an inclusive workplace that offers equal opportunity for persons with a disability.
<b>Outcome 3:</b> Promoting inclusion and participation in the community of persons with a disability.	<b>Objective:</b> To demonstrate leadership in the community about the rights of persons with a disability and to champion opportunities for inclusive practice.
<b>Outcome 4:</b> Achieving tangible changes in attitudes and practices which discriminate against persons with a disability.	<b>Objective:</b> All staff in the organisation are aware of the organisation's global obligations and their personal responsibilities relating to access and inclusion for persons with a disability.



# Quality and Safety

## Feedback – Your experience matters

YDMH is committed to enhancing patient experience. We actively pursue excellence in service through a timely, confidential and without prejudice feedback system which leads to improvements in the care and services we provide to our community.

In addition to the formal feedback sought through the VHES (as mentioned previously) consumers are encouraged to provide informal feedback through a variety of mechanisms:

- feedback forms - readily available throughout the organisation
- verbally - in person or via telephone
- electronically - via email or our website
- social media platforms – Facebook etc

Consumers are invited to share their stories with us and many do exactly that through the numerous personalised notes and cards staff receive throughout the year.

Verbatim consumer feedback examples from the 2018-19 year include:

***“My partner and I stopped in at Yea Hospital on our way from Melbourne to Mansfield. I had just had surgery on my right foot the day before and was sick from the anaesthetic. We would just like to express how truly grateful we are for your kindness, hospitality and care that you provided us with. You really went above and beyond! Thank you so very much”***

***“...It was not an easy six weeks, but would have been so much harder without you all. Many thanks also to the kitchen and cleaning staff for their cuppas and chats. My sincere thanks”***

***“Food and assistance have been excellent. The addition of fresh fruit at all times would be appreciated”***

Note: As a result of this last comment, fresh fruit was added to the menu for all inpatients and offered each meal time.



## High Quality and Safe Care

ACCREDITATION	Target	Actual
Accreditation against the National Safety and Quality Health Service Standards	Accredited	Full Compliance
Compliance with the Commonwealth's Aged Care Accreditation Standards	Accredited	Full Compliance
INFECTION PREVENTION AND CONTROL	Target	Actual
Compliance with the Hand Hygiene Australia program	85%	93.1%
Percentage of healthcare workers immunised for influenza	80%	90.2%
PATIENT EXPERIENCE	Target	Actual
Victorian Healthcare Experience Survey - data submission	Full compliance	Full Compliance*
Victorian Healthcare Experience Survey - percentage of positive patient experience responses	95%	Full Compliance*
Victorian Healthcare Experience Survey - percentage of very positive responses to questions on discharge care	75%	Full Compliance*
Victorian Healthcare Experience Survey - patients perception of cleanliness	70%	Full Compliance*
ADVERSE EVENTS	Target	Actual
Sentinel events - root cause analysis (RCA) reporting	All RCA reports submitted within 30 business days	Nil sentinel events

\* Less than 42 responses were received for the period due to the relative size of the Health Service

## Infection control

### Staff Influenza Vaccination Rate

YDMH had a record high of 90.2% for staff vaccinated for the flu season - easily exceeding Department of Health and Human services KPI of 75%

It is thought that the high vaccination rates and careful management of patients, residents and staff, lead to zero outbreaks of influenza during the 2018/19 period despite the Australian flu season being one of the worst in quite some time.

MRSA rates - 2018/19

0

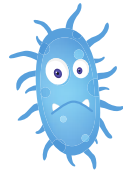
VRE rates - 2018/19

0

### Hand Hygiene

YDMH recorded a 93.1 % rate of hand hygiene being done correctly when observed as part of the internal audit. This was a 1% increase on the previous year. The state target for hand hygiene was 85%.

## Infection Control

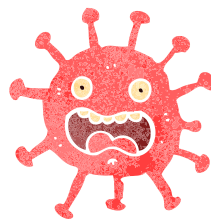
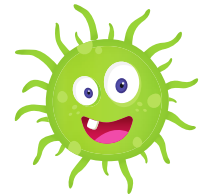


# 90.2%

Staff Influenza  
Vaccination Rate

# 0%

MRSA Rate (Multi Resistant  
Staphloccus Aureus)



# 0%

VRE Rate (Vancomycin-  
resistant Enterococci)

# 93.1%

Hand Hygiene Rates



# 100%

Patient Rated Hospital  
Cleanliness

## Escalation of Care Processes

There is a recognised standard process that is undertaken to escalate (increase) the level of care a patient receives if their condition deteriorates (gets worse). This is called Escalation of Care. The need for increased care can be flagged not only by a member of the nursing staff but also by the patient themselves or the patient's relatives or visitors.

A key tool in supporting the decisions to escalate care is through colour coded in-room observation charts.

These charts were developed to easily identify changes in patient health status through colour coded vital signs graph sheets. When observations fall outside the normal range they visually flag to staff that the patient needs either a clinical review (yellow field), rapid response (purple field) or that a medical emergency is occurring (code blue).

### Clinical Review

Response Criteria	Actions Required
<ul style="list-style-type: none"> <li>Any observation in the orange area</li> <li>New, unexpected or unrelenting pain</li> <li>Unexpected fluid or blood loss</li> <li>You or the patient (or their family) are worried about the patient but they do not fit the above criteria</li> </ul>	<ul style="list-style-type: none"> <li>Inform RN in charge</li> <li>RN in charge to review patient</li> <li>Complete full set of observations</li> <li>Increase frequency of observations every 30 minutes until resolution of response or as directed by VMO</li> <li>If medical review required, contact VMO using ISOBAR tool</li> </ul>

### Rapid Response System

Response Criteria	Actions Required
<ul style="list-style-type: none"> <li>Any observation in the purple area</li> <li>Any unexpected decrease in conscious state (without compromised A, B, C)</li> <li>Any unresolved, unrelenting pain</li> <li>Any urine output &lt;150ml in 6 hours</li> <li>You or the patient (or their family) are seriously worried about the patient but they do not fit the above criteria</li> </ul>	<p>If criteria is met you are required to:</p> <ul style="list-style-type: none"> <li>Inform RN in charge</li> <li>RN in charge must review patient immediately</li> <li>Contact VMO using ISOBAR tool</li> <li>Follow management plan</li> <li>Complete full set of observations</li> <li>Increase frequency of observations to every 5 minutes until resolution of response or as directed by VMO</li> <li>If no response from VMO - use ISOBAR tool and contact Ambulance Victoria on 000</li> </ul>

### Code Blue

Response Criteria	Actions Required
<ul style="list-style-type: none"> <li>Any threatened airway</li> <li>Respiratory or Cardiac arrest</li> <li>Any unexpected decrease in conscious state (with compromised A, B, C)</li> </ul>	<ul style="list-style-type: none"> <li>Call for help - staff assist</li> <li>Do not leave patient</li> <li>Begin Basic Life Support</li> <li>Notify VMO</li> <li>Notify Ambulance Victoria 000</li> </ul>

## People Matter Survey

At YDMH we value our staff and their contribution to maintaining a safe environment for both our patients and themselves.

One way the organisation collects data on opportunities for positive change across the organisation is through the annual People Matter Survey (PMS). Coordinated by the Victorian Public Sector Commission, the PMS is for all employees in eligible Victorian public sector organisations (not just hospitals).

In 2019 a total of 92,215 employees from a record 196 participating organisations gave their feedback about working in the public sector.

## Patient Safety Culture

For YDMH the PMS is particularly helpful in providing an overview of staff's perceptions of patient safety. Each year the data relating to patient safety is analysed and an action plan is developed to help improve patient safety culture at YDMH.

Key performance measure	2019 Results
Organisational culture	
People matter survey - percentage of staff with an overall positive response to safety and culture questions	86%
People matter survey – percentage of staff with a positive response to the question, “I am encouraged by my colleagues to report any patient safety concerns I may have”	97%
People matter survey – percentage of staff with a positive response to the question, “Patient care errors are handled appropriately in my work area”	82%
People matter survey – percentage of staff with a positive response to the question, “My suggestions about patient safety would be acted upon if I expressed them to my manager”	82%
People matter survey – percentage of staff with a positive response to the question, “The culture in my work area makes it easy to learn from the errors of others”	82%
People matter survey – percentage of staff with a positive response to the question, “Management is driving us to be a safety-centred organisation”	85%
People matter survey – percentage of staff with a positive response to the question, “This health service does a good job of training new and existing staff”	68%
People matter survey – percentage of staff with a positive response to the question, “Trainees in my discipline are adequately supervised”	65%
People matter survey – percentage of staff with a positive response to the question, “I would recommend a friend or relative to be treated as a patient here”	91%



Information extracted from 2019 People Matter Survey - Benchmarked Report



# Case Study - A Culture of Safety at YDMH

## Background

Each year, through the People Matter Survey, all staff at YDMH are asked to respond to a series of questions relating to the culture of patient and workplace safety within the organisation. The results from these questions give the organisation a high-level understanding of the perceptions of safety within the workplace - for both patients and employees. YDMH wanted to dig deeper into these findings to identify areas that could benefit from more clarity around safe practice and practical solutions to everyday concerns about safety within the workplace.

## Process

### Stage 1

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All staff were emailed an invitation to contribute to an expanded survey relating to “safety culture” at YDMH. The survey was entitled *How do you rate the Safety Culture at YDMH?* It contained six questions, the first three related to general safety culture (what was good, what needed improvement) the next three related to staff’s own perception of how safe it would be to treated as a patient in the hospital (would you recommend YDMH, what do we do well, what needs to improve).

### Outcome

66% of staff (10 of 15) that completed the online survey noted that they ‘agree or strongly agree’ the organisation is safety centred. Of the remaining respondents, three staff (20%) neither ‘agreed or disagreed’, and one staff member selected ‘disagree’ and another ‘strongly disagree’. Unfortunately, where the staff member ‘strongly disagreed’ that the organisation is safety

centred, there were no additional comments made. The other staff member who ‘disagreed’ stated that we could improve “staff competency including GPs and building security”.

Suggested areas for improvement from the first section of the survey were that staff should report all hazards and incidents, follow policies and procedures and use the equipment provided. The night ratios were also mentioned as an area for improvement by a staff member that ‘neither agreed or disagreed’ with the organisation being safety-centred.

In the second section 64% (9 of the 15 respondents) stated they ‘agree or strongly agree’ they would recommend a friend or relative be treated at YDMH. The staff member that selected ‘neither agree or disagree’ stated that it “totally depends on situation and care required”. Unfortunately, the staff member that ‘strongly disagreed’ did not add any further comments to clarify their thoughts.

Additional areas suggested for improvement were up-skilling, including in-service training and assessments of all those who present or call YDMH.

### Stage 2

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Responding to emerging themes around staff personal safety and potential for occupational violence in the first survey, a second survey was sent to staff covering questions on workplace safety and occupational violence (OV) at YDMH. The set of questions in the second survey focused more on staff’s personal perceptions of safety such workplace violence, physical and verbal harassment, adequate measures to protect workers from OV, the provision of a physically safe workplace (public access to work areas, security, external lighting, duress alarms) and training on how to respond to and / or report violent incidents in the workplace.

## Outcome

Overall 91% of staff (11 of the 12 respondents) indicated they felt safe at work and 82% (9 of the 12 respondents) believed YDMH had adequate measures in place to protect its employees from workplace violence and provided a safe work environment. Interestingly it was in the free text response sections that YDMH gained more insight into staff *perceptions* of the safety culture at YDMH. While staff often started their answers with statements acknowledging the fact that there had been low, if no, security and OV incidents at YDMH, they went on to make suggestions on how the physical environment, people management and increase security measures could provide more “peace of mind” when it came to their overall perceptions of being part of an integrated safe working environment.

## Stage 3

Fitting neatly with the work conducted by YDMH with the two internal staff surveys the Department of Health and Human Services had recently made a direction that all public health services undertake a site specific risk assessments consistent with the recently developed and released *“Guide for security arrangements to prevent and manage occupational violence and aggression”*.

In May 2019, YDMH engaged a consultant to complete a security audit, including the preparation of an OVA risk assessment.

## Outcome

In summary the audit and risk assessment noted the levels of recorded OV related incidents at YDMH for the period 1 July 2017 to 8 May 2019 were extremely low and all had been managed professionally and effectively by staff. These findings matched overall staff statements in the internal surveys about YDMH being a safe workplace. Staff verbatim responses, as to opportunities for improvement, were also reviewed as part of the process and suggestions relating to lighting, CCTV and physical security considerations were acknowledged as both realistic and achievable over the next one to three years.

## Conclusion

According to industry research, the more an employee feels they have protection of physical safety, the greater their job attachment, satisfaction, commitment and performance.

For YDMH this means by taking the time to seek greater clarification about the realities of the safety culture, real benefits can be achieved for both the employees and the patients we serve. The investigation process helped the organisation confirm that overall the scorecard relating to safety within the workplace is looking good. However, it also gave staff the opportunity to provide practical and achievable suggestions to maintain and improve the safety culture at the organisation.



# Statement of Priorities 2018-19: Progress Report

The Statement of Priorities is an agreement between the Minister for Health/Secretary for the Department of Health and Human Services and each public hospital.

Statements of Priorities are consistent with the health services' strategic plans and aligned to government policy directions and priorities.

The annual agreements support the delivery of, or substantial progress towards the key shared objectives of quality and safety, good governance and leadership, access and timeliness, and financial sustainability.

Domain	Deliverable	Action Required	Progress Update for Department Reporting
<b>Better Health</b>	1. Support the implementation of the Lower Hume Primary Care Partnership Integrated Health Promotion & Prevention Plan 2017-2021, Healthy Eating & Active Living objective.	100% Complete	Achieved <ul style="list-style-type: none"> <li>Working with Lower Hume Primary Care Partnership and Murrindindi Shire in actively implementing the Health Promotion and Prevention Plan initiatives</li> </ul>
	2. Implement project deliverables within the Lower Hume Primary Care Partnership Chronic Disease Committee and actively contribute to the partnership.	100% Complete	Achieved <p>Working with Lower Hume Primary Care Partnership and Murrindindi Shire in actively implementing the Chronic Disease initiatives which have included:</p> <ul style="list-style-type: none"> <li>Development of a collaborative action plan in conjunction</li> <li>Collaboration at the Goulburn Chronic Care Strategy planning process</li> <li>NADC (National Association of Diabetes Centres) diabetes accreditation gap analysis</li> </ul>
<b>Better Access</b>	3. Develop and implement an action plan in response to Yea & District Memorial Hospital Clinical Services Plan 2018-2023 that addresses access to services.	100 % Complete	Achieved <ul style="list-style-type: none"> <li>Service planning review completed with key stakeholders</li> <li>Collaboration with local and surrounding services undertaken</li> </ul>
	4. Engage with regional and sub-regional health services to foster further use of technology, particularly telehealth, to support access to services	100% Complete	Achieved <ul style="list-style-type: none"> <li>YDMH has entered into a contract with the RFDS for the provision of telehealth services for chronic disease management services for the community</li> </ul>

Domain	Deliverable	Action Required	Progress Update for Department Reporting
<b>Better Care</b>	5. Develop and implement a plan with staff, General Practitioners and the local community to gain support for increased care being provided in community settings where appropriate.	100 % Complete	Achieved <ul style="list-style-type: none"> <li>Service and strategic planning has been undertaken and reports completed that will guide increased services and care provision in the community.</li> </ul>
	6. Collaborate with peer health services and regional partners to extend education and training opportunities.	100% Complete	Achieved <ul style="list-style-type: none"> <li>Partnerships in training and education have been consolidated with the Hume Region and new connections formed with Mansfield, Alexandra and Seymour Hospitals for shared education opportunities.</li> </ul>
<b>Disability Action Plans</b>	7. Submit a Disability Action Plan to the department by 30 June 2019 and outline the approach to fully implement the plan within the health service by 30 June 2020.	100% Complete	Achieved <ul style="list-style-type: none"> <li>A disability action plan has been completed and submitted to the Department</li> </ul>
<b>Volunteer Engagement</b>	8. Develop and implement a Volunteer Engagement Plan that includes input, engagement and support by Yea & District Memorial Hospital Executive and senior managers.	100% Complete	Achieved <ul style="list-style-type: none"> <li>Volunteer and Consumer engagement plan developed and implementation is in progress</li> </ul>
<b>Bullying &amp; Harassment</b>	9. Continue to educate, promote, monitor and respond to bullying and harassment workplace issues, including participation in annual People Matter survey.	100% Complete	Achieved <ul style="list-style-type: none"> <li>Participation in annual People Matter Survey (PMS), staff education and surveys.</li> </ul>
<b>Occupational Violence</b>	10. Implement annual training for all staff on occupational violence. The department's occupational violence and aggression training principles will be implemented.	100% Complete	Achieved <ul style="list-style-type: none"> <li>OV Action plan developed and implemented. 100% of staff received online training . Safety audit and staff survey undertaken</li> </ul>
<b>Environmental Sustainability</b>	11. Review and subsequently implement the Yea and District Memorial Hospital Environmental Management Plan including workforce education and reduction of landfill waste.	100% Complete	Achieved <ul style="list-style-type: none"> <li>Environmental Plan completed and in process of implementation</li> </ul>
<b>LGBTI</b>	12. Develop and implement an LGBTI service plan including an audit against Department of Health and Human Services Rainbow Accreditation guidelines.	100% Complete	Achieved <ul style="list-style-type: none"> <li>Auditing and subsequent development of an LGBTI service plan developed and implementation in progress in conjunction with Rainbow Accreditation guidelines</li> </ul>

# Residential Aged Care

## Public Sector Residential Aged Care Service Indicators (PSRACS)

Rate (per 1000 bed days)	Rosebank Nursing Home			Rosebank Hostel			State Average
	Actual	Upper Limit	Compliance	Actual	Upper Limit	Compliance	
Pressure Injury Stage 1	0.32	1.20	✓	0.00	1.20	✓	0.32
Pressure Injury Stage 2	0.00	0.80	✓	0.20	0.80	✓	0.35
Pressure Injury Stage 3	0.00	0.00	✓	0.00	0.00	✓	0.04
Pressure Injury Stage 4	0.00	0.00	✓	0.00	0.00	✓	0.01
Unstageable Pressure Injury	0.32	0.00	✗	0.00	0.00	✓	0.04
Suspected Deep Tissue Injury	0.00	0.00	✓	0.00	0.00	✓	0.01
Falls	6.75	11.00	✓	2.36	11.00	✓	7.67
Fall Related Fracture	0.32	0.00	✗	0.00	0.00	✓	0.15
Intent to Restrain	5.79	0.00	✗	0.00	0.00	✓	0.27
Physical Restraint Devices	6.11	0.00	✗	0.00	0.00	✓	0.43
9 or more Medications	4.50	3.50	✗	5.30	3.50	✗	4.37
Significant Weight Loss (>3kg)	0.32	1.00	✓	0.00	1.00	✓	0.80
Unplanned Weight Loss (Consecutive)	0.32	1.00	✓	0.20	1.00	✓	0.81

### Notes (for both facilities):

- One pressure injury will put us above the state average. Our small numbers create this result even though the figures are worked out per 1000 bed days. The unstageable pressure injury was for a resident who was palliative and was very restless due to cognitive impairment. Despite the use of a number of interventions to prevent pressure related injuries he developed a pressure injury.
- There was one falls related fracture in the nursing home for the year which required a visit to a hospital emergency department. This was a fractured wrist and the resident did not require a hospital admission.
- Falls rates have remained below the upper limit this year. As we use minimal physical restraint and minimal anti-psychotic medications residents are more mobile, this may increase their falls risk.
- We have a policy of no restraint whenever possible, in the nursing home this year we have had two residents who have requested that bed rails be used. The bed rails were used for safety reasons and not as a means to prevent them getting out of bed, however we are still required to report this as restraint.



## Aged Care Quality Improvement Activities

### Restraint

Our policy on restraint states we work towards a restraint free environment whenever possible and that we ensure any restraint used be the least restrictive type possible and only used after all reasonable alternatives have been explored. In the last reporting period (2017-18) we had no physical restraint in either of our aged care facilities. This year we have seen an increase in the use of physical restraint in the nursing home.

The reason for this is that we have two residents who requested the use of bedrails. Both residents were reviewed by the occupational therapist and their doctor and it was agreed in both cases bedrails were the best option to reduce the risk of injury due to their personal circumstances. In both instances bedrails were considered a safety tool rather than for the purpose of restraint.

We continue to aim for no restraint but where it is required and/or requested we have a thorough assessment completed by nurses, a doctor and the occupational therapist as well as discussions with the resident and their representative. The use of restraint is regularly reviewed and this is well documented.

### Medications – 9 or more taken daily

This is an area that we are not meeting the target for in both facilities. Most residents have a bi-annual review by an external pharmacist who will recommend medication changes to the resident's doctor. The resident's doctor also reviews their medications each time a new medication chart is due (every four months) and at other times if there are changes or concerns about the residents' health.

Polypharmacy is an area that we are continuing to review and discuss with the doctors. This process includes ongoing open discussion with some residents, and their representatives, who do not wish to make changes to medications if they feel their health conditions are well managed.

## Spotlight – Polypharmacy

### Definition:

The concurrent use of five or more medications by a resident.

### Purpose:

Polypharmacy is more common in older people who have multiple health problems. In relation to the PSRACS, YDMH is considering polypharmacy in our local context as residents taking nine or more medications.

Medicines can provide many benefits in treating and preventing health problems. However, sometimes polypharmacy can be inappropriate. By continuing to monitor the use of multiple medications by our residents the doctor and the Nurse in Charge can identify when a residents may be taking medicines that are not working or no longer needed, medicines that may have been prescribed to treat the side effects of other medicines (prescribing cascade) or other available treatment options that may have better outcomes.

# Yea Community Health

Located in The Grace Bennetts Centre, Yea Community Health offers a range of services to support consumers with their primary health needs.

Our clinicians work closely with each other in a team approach, offering “person centred care”, with the aim of achieving the best health and wellbeing outcome for their clients. Clinicians also work in consultation with the client’s other health care providers such as general practitioners (GPs), podiatrists, physiotherapists and the district nurse.

Services available through Yea Community Health include:

- Dietitian
- Diabetes Educator (Nursing)
- Psychologist (Counselling / Casework)
- Paediatric Speech Therapy (Kinglake only)
- Health Promotion

## Community Health Service

## 2018/19 Achievement

### 2019-19 Client Summary

Initial Needs Identification	93 hours of service
Nursing	407 hours of service
Counselling/Casework	1,162 hours of service
Dietetics	1,623 hours of service
Speech Therapy	364 hours of service

# Yea District Nursing Service (YDNS)

## 2018-19 Client Visit Summary

Client Category	No. Clients	Number of Visits	Minutes of Service
Community Health	2	31	675
Hospital in the Home	1	9	340
Contracted Service Provision	1	9	60
Pensioner	35	1001	41605
Post-Acute Care	14	39	2020
Special Charge	2	57	2630
TAC	3	21	840
Veterans' Affairs	1	32	540
Totals	60	1198	49035



16,628 – Total number of kilometres driven

## Documentation the Key to Success

The use of assessment forms and audit tools is critical in forming an initial information baseline for District Nursing activities and then measure the ongoing success of any treatment or support provided to the client.

YDNS undertakes regular reviews of all audit tools, both as part of general quality improvement activities within the local service and as part of collaborative work with other agencies across the region. These reviews make sure all documents continue to demonstrate best practice.

This year YDNS:

- Reviewed, revised and improved the *Investigating Capacity to Access Nutrition (ICAN)* form and the *Wound Care Assessment & Treatment Management Plan*.
- Developed two new forms – the *4/52 Wound Escalation Handover* (helps identify if the wound has improved in the last four weeks) and the *Lower Limb Vascular Assessment* (assesses the state of the veins in the lower legs).

## Audits

Regular audits are conducted as per best practice service provision, with a focus on client centred care (where the client received individualised care relevant to their own needs).

Each client has a Nursing Care Plan and these are audited every three months to ensure the care they are receiving is keeping pace with their changing needs (this can either be as their condition improves or as their needs become more complex). Overall client reassessments are scheduled within a six month time frame (or as client's circumstances change).

Other audits include:

- Nutrition & Weight monitoring
- Home Safety Checklist (to monitor safety issues for client and staff prior to starting home visits)

## Progression to Electronic Notes

In the coming months YDNS will move toward implementing a paperless system of note keeping. Staff are currently trialling the use of a mobile android device (tablet) to access the client management program. The electronic notes will allow nursing staff to see live client information and input real time data while completing their in-home visit. This will further improve accuracy in data collection and reduce duplication of data collection and entry.

## Wound Care

An audit of YDNS client files indicated that 30-40 % of clients admitted to YDNS were referred primarily for wound care.

To ensure they maintain the skills to provide best practice wound care, in 2018-19 YDNS staff:

- Participated in Wound Link Clinician Workshops (Lower Hume Regional - 4 Days) with the aim of developing awareness of and the ability to champion the latest wound care best practice guidelines within their organisation.

- Maintained membership of Wounds Australia – with attendance at two twilight seminars
- Conducted a review of the Wound Product Formulary – Reviewed and updated the information resource (eg. which dressing for which wound) to guide staff use of best practice treatment products in wound care at YDNS

## New Equipment

This year YDNS was fortunate to receive a donation from the Yea Hospital and Rosebank Auxiliary which was used to purchase a Stocking Donner and Stocking Applicator, both of which are used to support staff to apply compression stockings for leg oedema (swelling in the legs due an excess of fluid collecting in the tissues of the body). Many thanks to the Auxiliary for their generosity.



# Yea Hospital Scholarship Program

The YDMH Scholarship Program was established to support local students pursue a career in health practise.

Each year YDMH invites local residents in Yea and the greater Murrindindi Shire to apply for the scholarship program. A total amount of \$10,000 is available each year. The scholarship program gives the Yea Hospital Board of Directors flexibility to allocate to one, or several successful candidates. Students must be able to demonstrate enrolment in an eligible course.

Scholarship money can be used to cover:

- Fees (excluding Higher Education Contribution Scheme (HECS) contributions)
- Textbooks and other study material requirements such as stationary, laptops
- Travel associated with attending undergraduate studies
- Accommodation associated with attending undergraduate studies.

**In 2019 there were three successful candidates:**

Name	Course	Education Institution
Bec Hall	Biomedical Science	Deakin University, Burwood
Jo Leigh	Bachelor of Nursing, EN Entry	LaTrobe University, Bundoora
Jade McLoughlin	Diploma of Nursing	GOTAFE, Seymour



Ms Kerry Stubbings – YDMH Board Member, Bec Hall, Jade McLoughlin, YDMH Board Chair – Ian Marshman, AM



YDMH CEO – Cameron Buttler, Jo Leigh



# Rosebank Volunteers Group

It has been another full year of activities for the Rosebank Volunteer Group as they continued to engage and entertain the residents of our aged care service, both in the Nursing Home and Hostel.

Lead by Sharon Fern, our Activities Coordinator, the volunteers bring a wonderful variety of skills and interests to the daily, weekly and monthly program. The monthly Volunteer Meeting is an opportunity to plan and review activities and look for ways to provide a meaningful, individualised program for each resident. Group activity sessions also provide a valuable social opportunity for residents and their wider community.

The volunteer's visit schedules range from several times a week to once a month. Overwhelming positive feedback from current and former residents and their families demonstrates the activities provided by our volunteers are relevant and very much enjoyed by participants.

Highlights for the year include:

- Chinese lunch
- Mindful colouring
- John Lee's entertaining musical sessions
- Fish and chip lunch
- Outings – Yarck, Killingworth Hill and Mumma Molly's cafe
- Dame Nellie Melba performance by Sheila Brennan
- Cooking
- Carpet bowls tournaments
- Sunset Valley Chicks visit

And of course the demand for regular activities continues, the most popular being:

- The weekly Buds and Blossoms playgroup style activity in the Hostel lounge
- Outings
- Carpet bowls
- Special lunches
- Visits by the local primary schools, which keeps the link between young and old in our community



## Yea Hospital and Rosebank Auxiliary

The fundraising efforts for the year began with a morning tea at the home of Judy Hard. It was a lovely day that was well attended, with the trading table and small raffle proving to be very successful.

The major Christmas raffle was also another successful fundraising activity for the group. Due to illness our generous benefactor Meg Heres was unable to provide a painting this year however the UFO Group (un-finished objects group) kindly donated a beautiful patchwork quilt instead, which was gratefully received.

The Yea & District Community Bank® Branch (Bendigo Bank) offered the group five Community Gold Gift Cards valued at \$10 each, these were accepted with thanks. The gift cards promote a “shop local” approach and can be spent at participating businesses in Yea and Alexandra. The cards will be used as raffle prizes in the near future.

The Auxiliary again hosted four visits from “The Entertainers” at Rosebank. These are always happy and enjoyable occasions.

The Yea Historical Society has given the Auxiliary the original plaques that recognised the opening of the Rosebank Hostel in 1979 and Nursing home in 1985. The group has received permission from the Yea Hospital Board to reinstall them. This will be done very soon.

Funds raised during the year have been used to buy the following items:

- A Roho pressure relieving cushion for the Nursing Home
- Two electric recliner chairs for the Nursing Home
- A mini sound system for the Hostel
- A custom-made entertainment and storage unit for the Hostel lounge
- A cork display board for the Hostel

The Auxiliary also donated \$300 to the Rosebank Volunteers Group, which was used to support the activities they run for the residents.

The Auxiliary held a very profitable cake stall and hamper raffle in June, with the generosity of our members contributions once again being amazing, as it has been for many years.

Several of our members assisted at a special function at the home of Norma Tobias, after which Norma gave the group a generous donation. Thank you, Norma, after all your years on the Auxiliary we would have helped for nothing!

The Auxiliary appreciate the support of Lorina Gray, Director of Nursing / Manager, Heather Luke, Aged Care Nurse Unit Manager, and her staff, Sharon Fern, Activities Coordinator, and thanks especially to Yvonne Padgett, Special Projects Coordinator, for her advice and invaluable assistance with posters, raffle tickets etc.

Finally, thank you to Judy Griffiths (Vice President), Ruth Crocket (Secretary), and Barbara Guttridge (Treasurer) for their support and great work. Thanks also to all our members for another happy and productive year.

*J. C. Anderson*

**Joy Anderson**  
**President**



# Yea Hospital and Rosebank Auxiliary

## Annual Financial Statement for the Year Ending 31st July 2019

Receipts		Payments	
<b>Members Subscriptions</b>	\$85.00	<b>Donations to Hospital and Rosebank</b>	
<b>Quilt Raffle</b>	\$1,079.40	Sound System	\$229.00
<b>Morning Coffee</b>	\$946.50	Roho pressure relieving cushion	\$879.54
<b>Street Stall</b>	\$1,533.75	2 x Recliner Chairs	\$3,942.50
<b>N. Tobias Luncheon</b>	\$200.00	Custom Entertainment and Storage Unit	\$3,500.00
<b>Donation</b>	\$200.00	Cork display board	\$35.98
<b>Sale of Christmas Cakes</b>	\$20.00		
		<b>Advertising</b>	\$67.10
		<b>Framing of M. Heres painting</b>	\$135.00
		<b>Donation to Rosebank Volunteers Group</b>	\$300.00
		<b>Gifts</b>	
		Guest Speaker	\$14.25
		Chinese Restaurant	\$50.00
		Christmas Cakes	\$80.00
		1 x Lions Christmas Cake	\$17.00
<b>Total</b>	<b>\$4,064.65</b>	<b>Total</b>	<b>\$9,250.37</b>
<b>Receipts</b>	<b>\$4,064.65</b>	<b>Payments</b>	<b>\$9,250.37</b>
<b>Bank Balance 01.07.2018</b>	<b>\$8,718.53</b>	<b>Balance at Bank 31.07.2019</b>	<b>\$3,532.81</b>
	<b>\$12,783.18</b>		<b>\$12,783.18</b>

Finance Report Tabled by Treasurer, B. Guttridge

Independent audit of Auxiliary Finances for the 13 months ending 31st July 2019 completed by Russell W. Collins,  
CPA - 9 August 2019







