

# VICTORIAN QUALITY ACCOUNT

2015/16



# Vision

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



Yea & District Memorial Hospital

Acute Services  
District Nursing  
Residential Aged Care  
Community Health

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## New name, same reporting commitment

Yea & District Memorial Hospital is pleased to present an overview of our quality and safety initiatives for the 2015-16 year.

This year the annual quality and safety report has a new name, the Victorian Quality Account. It may be a new name but Yea & District Memorial Hospital (Y&DMH) is still committed to providing accessible information on quality and safety.

The aim of the report is to provide information to our patients, resident, clients, staff, community and other stakeholders about the services we provide.

The report enables us to reassure our community that the services we provide are safe and subject to ongoing monitoring, ensuring quality is maintained and improved.

While some areas are mandated by the Department of Health and Human Services for reporting, it is our pleasure to also include other activities of the organisation which are designed to enhance the health and wellbeing of our community.

We hope you enjoy reading the document and as always your feedback is welcome. Page 14 of this report lists the way you can provide your feedback to us.

A handwritten signature in black ink that reads "Lorina Gray".

**Lorina Gray**

Director of Nursing / Manager

## Snapshot of our service



Number of Bed Days  
Provided  
**1,856**



Number of Staff  
Employed  
**61**

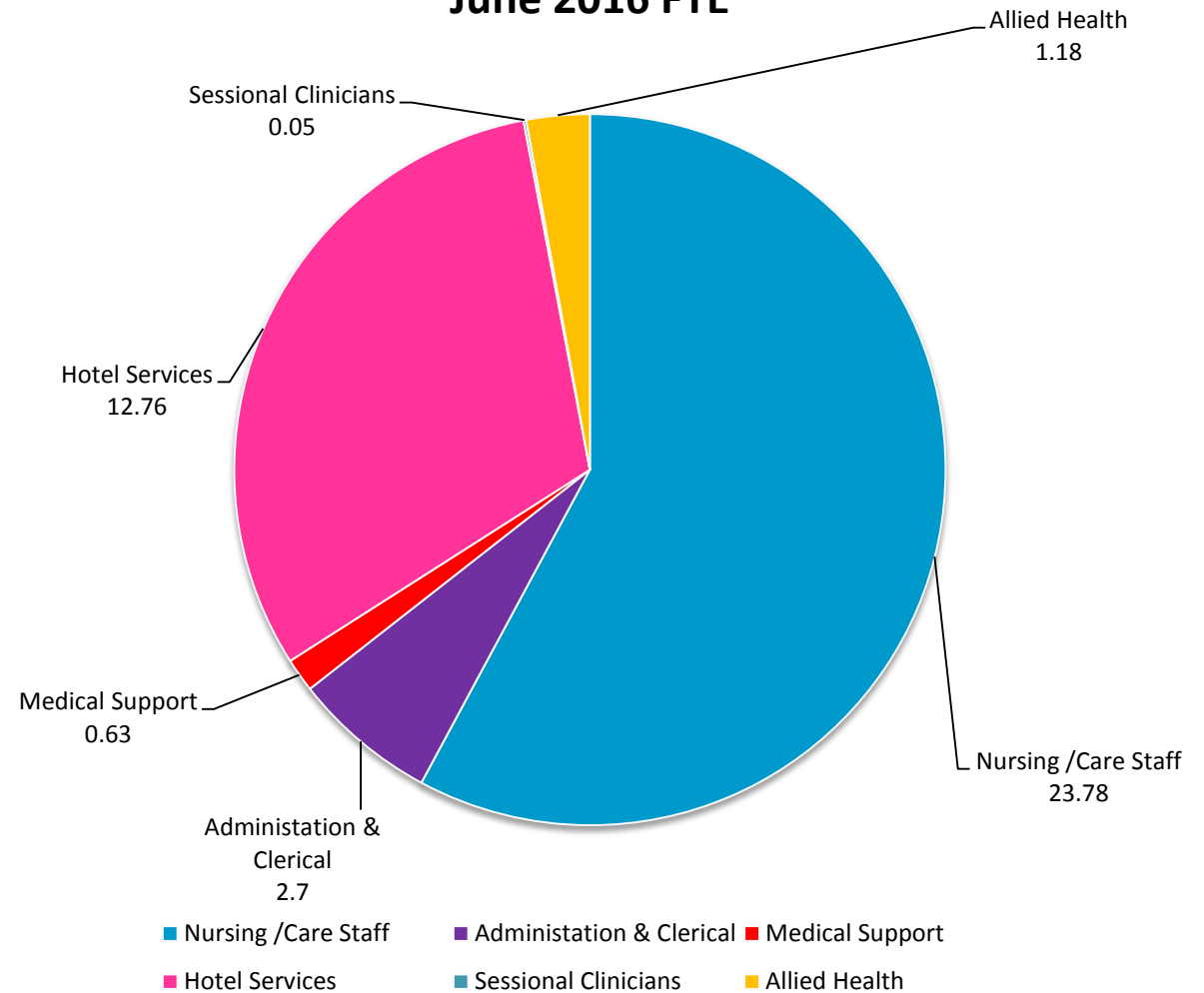


Number of  
Volunteers  
**28**



Number of Students  
on Placement  
**13**

## Labour Category June 2016 FTE





## Consumer, Carer and Community Participation

Y&DMH is committed to engaging consumers, carers and the community in meaningful partnerships to benefit the areas of clinical and quality outcomes, the experience of care and the delivery of timely and relevant services.

### Principle 1

Working with consumers in a respectful way that values their contribution in improving service planning, provision, monitoring and review as well as overall system outcomes.

### Principle 2

Engaging with consumers in a way that shows respect to their culture, beliefs, values and personal characteristics.

### Principle 3

Encouraging and supporting participation in decision making by consumers including those from diverse backgrounds.

### Principle 4

Creating a health service that is responsive to consumer needs and preferences.

### Principle 5

Communicating and sharing information with consumers to enable and empower their participation in service planning and evaluation.

### Highlights for the year

- 3 consumer documents reviewed by the Community Publication Group.
- 3 occasions where an accredited interpreter was provided to support a district nursing client to participate in their care and decision making.
- A suite of community diabetes education packages was developed with the support of Deakin Nutrition Students who also provided an education session to the Yea Rotary Club regarding the new education resources.
- The Community Health Dietitian provided an education session on nutrition for the Yea Under 12 footballers.
- 240 children, 20 staff and 20 volunteers participated in The Connected Garden Project's Harvest Picnic which had a focus on healthy eating and enjoying the fruits (and veggies!) of their own labour.

## The Connected Garden Project

Working with the community to address the priority area of healthy eating.

In 2014-15 and 2015-16 Y&DMH has collaborated with local schools, child care centres, kindergartens, community houses and local food program volunteers to deliver The Connected Garden Project.

The main objective this year was to have schools and preschools set up a watering system with their edible garden so that there was less reliance on a parent / volunteer watering program over the summer holidays. This was completed before the end of the 2015 school year.

### Workshops

- All schools took part in two edible garden workshops where the seedlings were planted and the irrigation system was installed.
- The second school workshops were completed in February and included a "How to Harvest and Cook" session.
- Schools were also encouraged to visit their local community garden for inspiration.

### Harvest Picnic

The highlight of the year was the Harvest Picnic which was held on March 17th at the Yea Recreation Reserve. 240 children, 20 staff and 20 volunteers participated in the day. More than 50kg of fresh vegetables were harvested from school and community gardens for the day. As well as fresh pizza making, the activities on the day included Fruit Smoothie Bike Blender, Popcorn Races, the running game Fruit Salad, Apple on a String, Try Something New, Zucchini Tower Competition and a display of any weird and wonderful fruit or vegetables from their gardens.



## Project Outcomes

The school teachers were issued a post-project survey and the key findings of the evaluation are as follows:

- The project has increased healthy eating knowledge and awareness through the school and preschool communities.
- Fruit and vegetable consumption increased in the school/preschool community.
- There was increased child willingness to try new foods.
- The program helped to create links between schools and the community.
- Transfer of program benefits to the home environment – more kids eating veggies at home.





## Quality and Safety Performance

Key performance indicator	Target	2015-16 result
Compliance with National Safety and Quality Health Service Standards accreditation	Full compliance	Achieved
Compliance with the Commonwealth's Aged Care Accreditation Standards	Full Compliance	Achieved
Overall compliance with cleaning standards	Full Compliance	Achieved

## What our patients had to say about us

Verbatim responses from the Victorian Healthcare Experience Survey

- Everyone was pleasant & would stop & engage in a chat if you needed them to.
- The staff, doctor, nurses were all caring and very professional. They made my stay so restful.
- The food, the nurses' care were the best things about my stay in hospital
- My doctor and the nurses were very good, so making my time in hospital much easier for myself.
- The professionalism and compassion of the staff and doctor - first class country hospital Yea Victoria.
- I wasn't told how long I would be there – that was the worst thing about my stay in hospital.
- The food was not appetising or nutritious, party pies for dinner! That's not a meal.



**Responding to feedback:** In response to ongoing feedback about the hospital menu, the Y&DMH Dietitian worked with the kitchen staff to develop an expanded range of evening meals. Sample meal items were first reviewed by an onsite focus group and the most popular items were added to the standard rotating menu.

## Patient Experience and Outcomes Performance

Patient Experience	Patient Safety Culture	Hand Hygiene Program Compliance	Staff Influenza Immunisation Rates
The patient experience score comes from the <b>Victorian Health Experience Survey</b> (VHES) that all hospital patients are invited to complete. The score is the percentage of patients that had an overall positive response to their hospital stay.	The patient safety culture score comes from the <b>People Matter Survey</b> (PMS). The PMS is an employee opinion survey run by the Victorian Public Sector Commission. The survey contains eight specific questions that assess Y&DMH staff's perspective on the safety culture of the organisation.	The hand hygiene program compliance is the organisation's overall percentage score for audits covering the five moments for hand hygiene: <ol style="list-style-type: none"> <li>1. Before touching a patient</li> <li>2. Before a procedure</li> <li>3. After a procedure / body fluid contact</li> <li>4. After touching a patient</li> <li>5. After touching a patient's surroundings</li> </ol>	Vaccination for seasonal influenza is encouraged for healthcare workers by the Department of Health and Human Services (DHHS) and free vaccine is offered to all staff at Y&DMH.  All public health services must collect this data each year and submit towards the end of the influenza season.
State-wide Target  95%	State-wide Target  80%	State-wide Target  80%	State-wide Target  75%
Our Score  100%	Our Score  97%	Our Score  86%	Our Score  74.1%

Quality and Safety Area	Performance
<p><b>Controlling Infections</b>  Relates to the prevention and control of healthcare - associated infections. Y&amp;DMH is required to regularly submit data on infections and related activities. In particular, reportable healthcare associated infections and peripheral venous catheter use / infections (phlebitis).</p>	<p><b>Reportable Infections</b>  1 x clostridium difficile infection  (acquired pre admission)</p> <p><b>Peripheral Venous Catheter Outcomes</b>  131 cannulae inserted during 2015-16  14 resulted in a minor complication  6 of these complications were related to phlebitis with no harmful outcome</p>
<p><b>Preventing Falls</b>  Relates to the prevention and minimisation of harms from falls while in hospital.  This is done through:</p> <ul style="list-style-type: none"> <li>▪ Screening for falls risk on admission.</li> <li>▪ Implementing appropriate measures – such as non-slip red socks / signs above the bed to alert staff, floor-line beds.</li> </ul>	<p><b>Documented Falls</b>  4 – near miss / no harm  3 – mild falls  1 - moderate fall</p>
<p><b>Pressure Injuries</b>  Relates to the prevention and management of pressure injuries or “bed sores”.  How we do this:</p> <ul style="list-style-type: none"> <li>▪ Screening on admission and monitoring during patient’s stay</li> <li>▪ Auditing of mattresses and replacement when necessary</li> </ul>	<p><b>Pressure Injuries Recorded</b>  0 – admitted patients  1 – acquired prior to admission</p>
<p><b>Blood Products</b>  Relates to the safe and appropriate use of blood and blood products.</p>	<p><b>Blood Transfusions</b>  17 transfusions were safely administered</p>
<p><b>Food Safety</b>  Relates to the safe storage, preparation and service of all food products in the hospital. It also covers staff training and food brought in by patients and their family / friends.</p>	<p><b>Compliant</b>  Y&amp;DMH was compliant in all areas of the external food safety audit and a Certificate of Compliance was issued.</p>

## Continuity of Care

An important part of a patient's journey through the healthcare system is how well nursing staff, doctors and other health professionals communicate and document in the clinical record and treatment plan of all patients. This includes working with patients to make sure they have sufficient information and understanding of their treatment to be able to effectively participate in maintaining their own care once they are discharged from hospital.

### Victorian Healthcare Experience Survey (VHES) - Transitions index

In 2015-16 the score from four questions on discharge planning in the VHES (questions 69 – 72) were combined to create a transition index. This index or “overall score” is used to provide an idea of how hospitals, health services, peer groups and the state are performing in assisting patients to leave hospital with enough information and support to manage their own care at home.

#### VHES Questions Relating to Discharge Planning

**Question 69** - Before you left hospital, did the doctors and nurses give you sufficient information about managing your health and care at home?

**Question 70** - Did hospital staff take your family or home situation into account when planning your discharge?

**Question 71** - Thinking about when you left hospital, were adequate arrangements made by the hospital for any services you needed? (e.g. transport, meals, mobility aids)

**Question 72** - If follow up with your General Practitioner (GP) was required, was he or she given all the necessary information about the treatment or advice that you received while in hospital?

#### Bonus Payment

Hospitals were expected to work towards a transition index of 75% overall satisfaction. To encourage this, a bonus payment was made to hospitals that reached this target in Quarter 1 and Quarter 4. Y&DMH received two bonus payments – Quarter 1 with a transition index of 90% and Quarter 4 with a transition index of 93%



## Advance Care Planning

At Y&DMH Advance Care Planning is considered for all patients, residents and clients in the hospital, residential aged care and district nursing.

Advance Care Planning is a way to help you think about, talk about and document your wishes for health care in the event that you become incapable of consenting to or refusing treatment or other care.

You may never need your Advance Care Plan - but if you do, you'll be glad that it's there and that you have had these conversations, to make sure that your voice is heard when you cannot speak for yourself.

Y&DMH supports Advance Care Planning by providing information and planning templates where appropriate to hospital patients, district nursing clients and residential aged care residents and their families.



## Advance Care Plans and Palliative Care - Aged Care

Focus continues on encouraging residents to choose to be involved in completing End of Life Wishes in an Advance Care Plan. In the 2015 -16 year this has ranged from 75 - 80% of aged care residents having them completed, with some residents still not wishing to be involved in this. Our focus has been on providing information to residents and their family to help them understand the benefits of Advance Care planning. This information has been provided through resident meetings and the resident newsletters.

The introduction of morbidity reviews this year has enabled Y&DMH to review all inpatient and resident deaths to identify ways the organisation can improve the care and support provided to residents and their family during this difficult time. So far the morbidity reviews have shown that the family of the deceased have been very happy with the care received by their loved one while they were dying.

## Feedback and Complaints

Complaints and suggestions are an important source of information about the safety and quality of a health service.

Consumers can provide feedback on quality and safety at Y&DMH through:



Victorian Healthcare Experience Survey

Feedback form on the website



Anonymous feedback forms located around the organisation

Thank you cards given to staff



Resident and Family Meetings – Residential Aged Care

Annual resident, client and volunteer satisfaction surveys



**2015-16 Complaints** – during the year there was only one formal complaint, which related to air-conditioning in the acute ward. An internal review was completed and a recommendation was made to undertake a professional review of cooling to provide advice, costing and possible solutions.

## Y&DMH Complaints Management Principles

1. **Rights** – Consumers have a fundamental right to speak up about the care and services they receive.
2. **Respect** – Consumers are treated with respect and dignity throughout the process. This includes respecting their privacy and maintaining the confidentiality of their information.
3. **Fairness** – Consumers are treated fairly and their concerns are dealt with in an unbiased and objective manner.
4. **Accessible** – Information should be provided in ways that enable consumers to know how to make a complaint.
5. **Person Centred** – The Complaints Management System is flexible enough to respond to individual needs and to consider what is both important to and important for consumers.
6. **Responsive** – There is a clear process for ensuring that complaints are handled in a timely way and consumers are kept informed of the progress of their complaint.
7. **Natural Justice** – Consumers involved in a complaint need to be given a fair opportunity to respond to issues raised and to present their views.
8. **Accountable** – The process for resolving complaints is clearly outlined so consumers know what to expect.
9. **Excellence** – The Complaints Management System is part of a quality culture that sees the complaint as an opportunity for improvement.

## Promoting a Positive Workplace Culture

A positive workplace culture that supports both staff and patient safety is essential in achieving the best outcome for healthcare workers and the consumers they support. A workplace culture that places a high priority on safety, learning and continuous improvement will lead to an increase in patient satisfaction and overall staff morale, productivity and health.

Y&DMH supports the Victorian Government's framework for addressing bullying and harassment in healthcare. Information gathered through the *People Matter Survey* indicated that, of those staff that completed the survey, three had personally experienced bullying at work in the last 12 months. One of these individuals stated that it was continuing. None of these staff members had submitted a formal complaint. In response to the People Matter Survey outcome Y&DMH has developed an action plan.



Action areas include:

- ➡ Investigating bullying issues with an aim to increase reporting of bullying as well as developing prevention strategies.
- ➡ Providing more comprehensive information on new employee and their skills and how existing staff can support them.
- ➡ Providing education and training on dealing with conflict and the complaints resolution processes.
- ➡ Clarifying performance criteria for all staff and how this is managed at Y&DMH.
- ➡ Implementing staff education on conflict of interest.
- ➡ Enhancing the orientation program (including expecting mandatory competencies to be completed prior to starting).

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

	Rosebank Nursing Home			Rosebank Hostel			State Average
Rate (per 1000 bed days)	Actual	Upper Limit	Compliance	Actual	Upper Limit	Compliance	
Pressure Injury Stage 1	0.00	1.2	✓	0.00	1.2	✓	0.35
Pressure Injury Stage 2	1.13	0.80	✗	0.00	0.80	✓	0.38
Pressure Injury Stage 3	0.00	0.00	✓	0.00	0.00	✓	0.07
Pressure Injury Stage 4	0.00	0.00	✓	0.00	0.00	✓	0.02
Suspected Deep Tissue Injury	0.00	0.00	✓	0.00	0.00	✓	0.01
Unstageable Pressure Injury	0.23	0.00	✓	0.38	0.00	✓	0.04
Falls	23.73	11.00	✗	14.32	11.00	✗	7.21
Fall Related Fracture	0.29	0.00	✗	0.38	0.00	✓	0.15
Intent to Restrain	0.00	0.00	✓	0.00	0.00	✓	0.34
Physical Restraint Devices	0.00	0.00	✓	0.00	0.00	✓	0.46
9 or more Medications	3.81	3.50	✗	3.96	3.50	✗	4.44
Significant Weight Loss (>3kg)	0.88	1.00	✓	0.57	1.00	✓	0.86
Unplanned Weight Loss (Consecutive)	1.46	1.60	✓	0.57	1.00	✓	0.76

### Notes (for both facilities):

- 1 pressure injury will put us above the state average, our small numbers seem to cause this even though the figures are worked out per 1000 bed days. The same applies for 1 fracture.
- All fractures were minor (scapula, toe and finger) which healed with no issues and no lasting effects.
- Falls rates have decreased, but still remain above the state average. The decrease is due to increased interventions such as more bed sensor alarms, the introduction of a frequent sighting chart for a resident with frequent falls and use of floor-line beds with floor falls mats and change of resident mix. It should also be noted that we use no physical restraint and minimal anti-psychotic medications so residents are more mobile which may increase their falls risk.
- All residents have a bi annual review by an external pharmacist; she will recommend ceasing medications if she thinks this may be in the resident's best interest.
- All residents who lost weight were either being reviewed by the dietitian at the time or were referred to the dietitian following their weight loss. Some of these residents were palliative and no interventions were effective in preventing the weight loss.



## Aged Care Quality Improvement Activities

### Medication Safety

2015-16 has seen the introduction of Webster Paks™ for management of resident's medications in the aged care facilities. This has been successful with staff embracing the change and finding they are user friendly and time effective while providing a safer medication system. A reviews and subsequent audits following the introduction showed that some changes were needed regarding medication storage (to accommodate the Webster Paks™ and secure storage of higher risk drugs) and for checking the Webster Paks™ when they are delivered from the pharmacy.



### Preventing Falls

The second half of 2015-16 saw a reduction in our falls rates for both the Hostel and Nursing Home. While the falls rates are still above the state averages (PSRACS indicators) the introduction of more bed sensor alarms, introduction of a frequent sighting chart for a resident with frequent falls and use of floor-line beds with floor falls mats in place has been successful in reducing the number of falls and the severity of any injury associated with the fall.



### Pressure Injuries

Reporting continues through the PSRACS indicators. We continue to have occurrence of pressure injury and have had 5 Stage 2 injuries over the year in the Nursing Home with all healing within a short time frame. In the Hostel we had 1 stage 3 and 1 unstageable pressure injury for the year. Use of alternating air mattresses and other pressure relieving devices, such as gel cushions, memory foam seating and wedges as well as regular repositioning for residents at risk of pressure injury have continued to be effective. Purchase of an additional full alternating air mattress for the Nursing Home has also been beneficial.

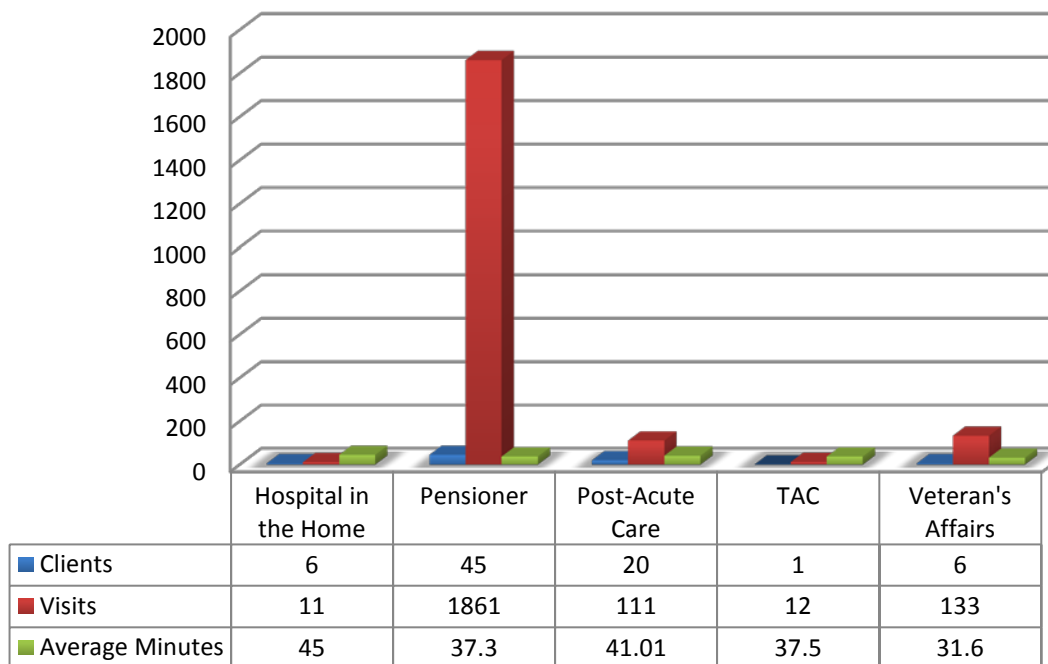


## Yea District Nursing Service (YDNS)

For people living in rural areas such as Murrindindi, travelling or accessing transport to attend appointments with health service providers can prove to be difficult.

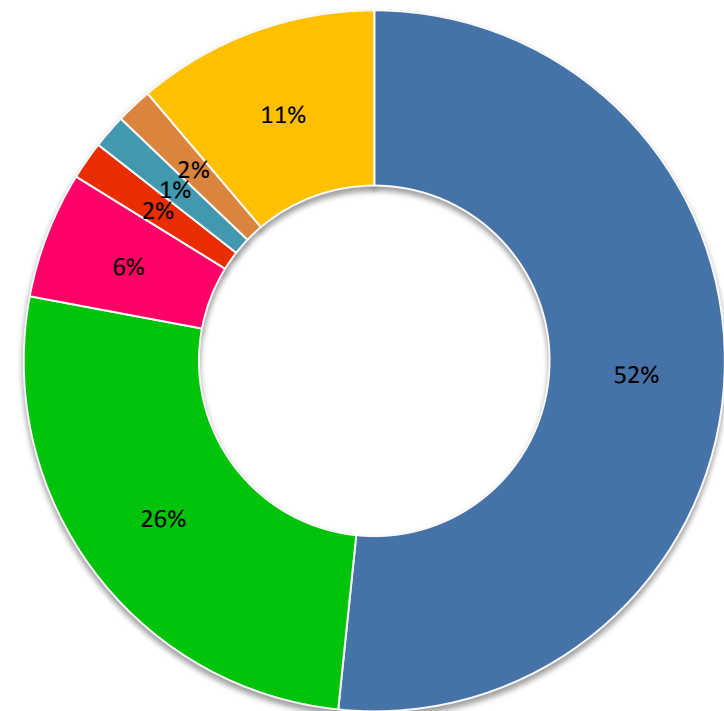
District Nursing visits are of benefit to those who have difficulty travelling – whether it is due to an acute short term condition such as after surgery, a chronic medical condition or infirmity. YDNS staff often provide a link with other health service providers such as general practitioners or Allied Health staff.

### Client Visit Summary



## 2015 - 16 Intervention Types

- Assessment and Monitoring
- Education
- Hygiene
- Other care / support
- Wound Management
- Medication Management
- Case Management



## District Nursing Consumer Survey (HACC Services)

- 17 surveys sent to HACC clients
- 9 completed responses returned. (52.9%)

### Results

Overall results indicated a positive consumer response – 13 of the total 27 questions scored 100%.

Responses indicated a marked improvement in client understanding of advocacy, complaints processes and assessments. (100%)  
(Previous survey 2014 < 70%)

Advocacy and complaints processes had been identified from previous surveys as areas for improvement. Staff focus has been to ensure that verbal explanations are provided to clients. Revised written information sheets have also been implemented.



Hours of Service  
Provided

**1,329**



Number of Kms  
Travelled

**18,934**



Total Number  
of Visits

**2,146**



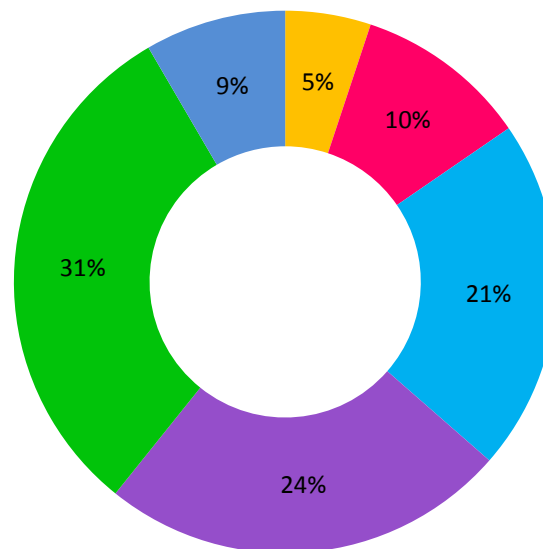
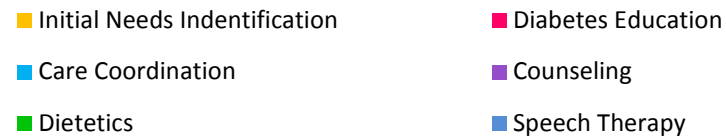
Average Visit  
Time (minutes)

**37.2**

## Yea Community Health

Service	Actual Activity 2015-16
Diabetes Education	335.58 hours
Dietetics	1238.13 hours
Speech Therapy	401 hours
Care Coordination	902 hours
Counselling	642 hours

### 2015-16 Service Breakdown





## Counselling - Service Spotlight



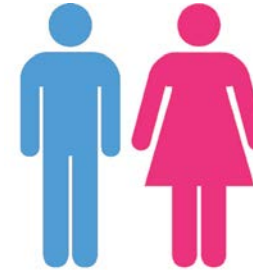
### Top Reasons for Visiting

- 1 Anxiety
- 2 Depression
- 3 Stress / Life Transition
- 4 Parenting
- 5 Grief / Trauma
- 6 Relationships



Total Number  
Clients 2015-16

**60**



Gender Split  
of Clients

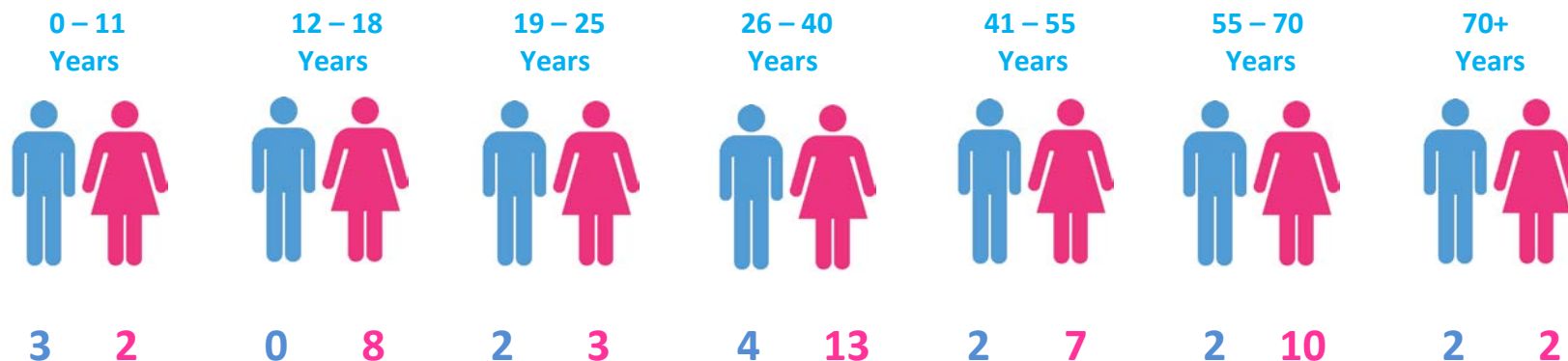
**25 % 75%**



Total Number of  
Visits to Counsellor

**286**

### Service User Profile



Number of  
clients per  
age group

## Rosebank Volunteer Group

The Rosebank Volunteer Group continues to go from strength to strength with additional volunteers joining during the year, bringing new skills and interests to the Activities Program. We also farewelled several of our volunteers as they moved from the area or had to step down due to competing demands on their time.

Due to the changing ability of the residents in the Hostel and the Nursing Home there has been some modification to the range and participation level of the Activities Program this year. However, there continues to be a good level of involvement in the different activities offered by our wonderful group of volunteers. All the volunteers have different skills and abilities and this helps us meet the activity and social needs of each resident.



### Activities Snapshot

Activity	Frequency	Average number of attendees
Special Entertainment	4 – 6 times a year	18 residents
Hand Massage	Weekly	15 residents
Buds & Blossoms	Weekly	10 residents
Primary School Visit	Weekly	8 residents
Exercises	Weekly	8 residents
Art /Craft	Fortnightly	6 residents
Movie Session	Fortnightly	6 residents
Church Service	Monthly	7 residents
Outings	At least once a month	7 residents
Quiz / Mind Challenge	Fortnightly	7 residents
Bingo	Fortnightly	6 residents
Dominoes	Fortnightly	6 residents
One-on-One Volunteer Visits	Weekly	5 residents
Books and Brunch at Yea Library	Monthly	6 Residents

## Yea Hospital & Rosebank Auxiliary

This financial year we started off with a basket lunch. We asked Delma Moore to be our guest speaker and bring along her wonderful displays of Brazilian embroidery and stump-work. We raised \$800

The Entertainers came four times this year and were enjoyed by everyone who attended. Meg Heres donated one of her original paintings for us to raffle; this year it was on Yea Wetlands and the lady who won it was visiting Yea for a family wedding. She was delighted when I rang her with the results.

In March we held a cake stall and thanks to everyone who baked and also thanks to those who brought all the delicious sponges, slices etc. It was our best effort yet, raising \$1277.05

Val Borrie announced her retired from the Auxiliary at the May meeting. Val does so much for the community and something had to go. After the meeting Joy Anderson suggested we have an afternoon tea at her place for Val. It was a grand affair, fine china, a beautiful setting and good friends.

On this year's Wish List was a camera for Sharon Fern and the volunteers to use to capture special snaps of the residents and the crafts they make. We also bought 6 more sensory bed alarms.

Once again I would like to thank Lorina Gray the Director of Nursing / Manager and her team and also Heather Luke and her staff in aged care. Thanks also to Sharon Fern Activities Coordinator and the volunteers. Thanks also to Yvonne Padgett for her help in organising raffle tickets and fliers as required.

Thanks to Joy Anderson our Vice President for her continued support, our Secretary Ruth Crockett who keeps us on track at our meetings and Barb Guttridge our Treasurer who accounts for every cent. Finally thanks to all our members for their support throughout this financial year.

*Maree Oddy*

President

Receipts		Payments	
<b>Members Subscriptions</b>	\$80.00	<b>Donations to Hospital and Rosebank</b>	
<b>Basket Lunch</b>	\$798.50	6 Bed Assist Bed Monitors	\$3615.00
<b>Street Stall</b>	\$12,77.05	Sun Umbrella	\$146.00
<b>Christmas Raffle</b>	\$803.30	Nikon Camera	\$179.99
		Craft Items	\$44.98
		<b>Advertising</b>	\$63.25
		<b>Petty Cash Expenses</b>	\$50.00
		<b>Gifts for Speakers / Guests</b>	
		Entertainers Christmas Cakes	\$80.00
		Gifts (plants, Cards, Printing)	\$84.05
<b>Total</b>	<b>\$2,958.89</b>	<b>Total</b>	<b>\$4,263.27</b>

<b>Receipts</b>	<b>\$2,958.89</b>	<b>Payments</b>	<b>\$4,263.27</b>
<b>Bank Balance 01.07.2015</b>	<b><u>\$7,511.21</u></b>	<b>Balance at Bank 30.06.2016</b>	<b><u>\$6,206.79</u></b>
	<b><u>\$10,470.06</u></b>		<b><u>\$10,470.06</u></b>

Finance Report Tabled by Treasurer, B. Guttridge  
Independent audit completed by Russell W. Collins, CPA – 15 July 2016



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