



victorian quality account
2017/18



VICTORIAN

quality account

2017/18

Vision

To be a responsive, relevant and holistic health service.

Acute Services
District Nursing
Residential Aged Care
Community Health

Contents

Welcome Message	4
Workforce Data	5
State-wide Plans and Statutory Requirements	6
Family Violence	6
Child Safety	6
Cultural Diversity and Language Services	6
Consumer, Carer and Community Participation	7
Engaging Consumers In Healthcare	7
Health Literacy	8
Patient Experience and Outcomes Performance	8
Disability Action Plan	8
Quality and Safety	10
Consumer and Staff Experience	10
Consumer Feedback and Complaints	10
Patient Safety Culture	12
Promoting a Positive Workplace Culture	12
Actions to Improve Safety for Staff	12
Accreditation	13
Targeting Zero – Adverse Events	13
Safety	14
Medication Safety	14
Preventing Falls	14
Preventing and Managing Pressure Injuries	15
Use of Blood and Blood Products	15
Infection Prevention and Control	15
Immunisation Rates	16
Hand Hygiene	16
Food Safety	16
Public Sector Residential Aged Care Service Indicators (PSRACS)	17
Aged Care Quality Improvement Activities	18
Escalation of Care	18
Comprehensive Care	20
Patient Journey - Improving Discharge Care	20
Victorian Healthcare Experience Survey (VHES) Transitions Index	20
Community Health Spotlight - Dietitian	21
Advance Care Planning	24
End of Life Care	24
Yea Community Health	25
Yea District Nursing Service	25
Yea Hospital and Rosebank Auxiliary	26
Rosebank Volunteers	27

Welcome Message



Yea and District Memorial Hospital (Y&DMH) is dedicated to providing high quality and safe health care to our community.

We are very pleased to present this report on our quality and safety initiatives for the 2017/18 year, as well as our activities that aim to enhance the wellbeing of our community.

The aim 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

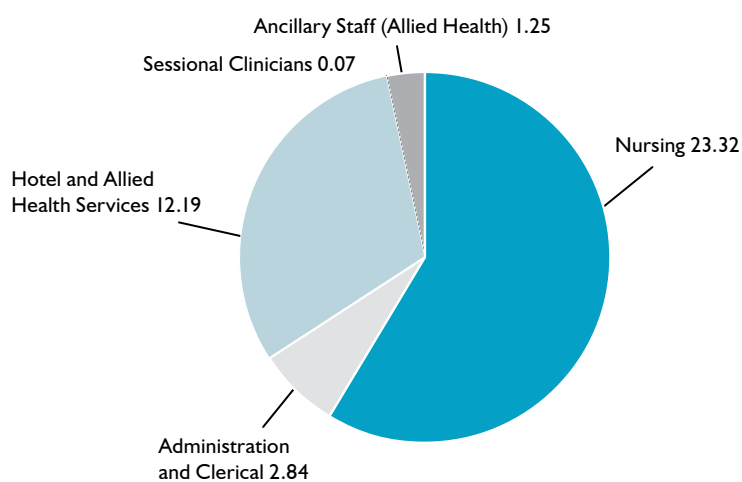
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Website Feedback Form: www.yeahospital.org.au

Workforce Data



Labour Category	JUNE Current Month FTE		JUNE YTD FTE	
	2017	2018	2017	2018
Nursing	24.11	22.81	23.77	23.32
Administration and Clerical	2.79	2.58	2.83	2.84
Medical Support	0	0	0.22	0.00
Hotel and Allied Services	13.22	12.06	12.47	12.19
Sessional Clinicians	0.05	0.05	0.05	0.07
Ancillary Staff (Allied Health)	1.05	1.32	1.18	1.25
Total	41.22	38.82	40.52	39.67

Yea and District Memorial Hospital is committed to ensuring that policies and procedures are in place to promote a high standard of employment and conduct principles. Yea and District Memorial Hospital upholds and adheres to the Code of Conduct of Public Sector Employees, issued by the Public Sector Standard Commissioner, made under the *Public Administration Act 2004*. All employees have been correctly classified in the 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.

Section I

State-wide Plans and Statutory Requirements

Family Violence

The Royal Commission into Family Violence was launched in February 2015 to address the impact of family violence in communities across Victoria. The final report included 227 recommendations to implement change and address family violence, taking a whole of community approach. At Yea and District Memorial Hospital, we have developed a Plan for the 'Strengthening Hospital Responses to Family Violence Project' including 14 Actions.

A range of activities have been completed including:

- Developing policies, procedures and guidelines
- Developing a training schedule and training plan
- Initiating a cultural change process
- Undertaking internal communications
- Mapping family violence services and resources
- Developing a form and process for collecting data
- Providing reports

In 2017/18 key senior executive staff attended workshops and staff training is planned for 2018/19. Activities are ongoing.

Child Safety

Child Safe Standards have been introduced in Victoria to keep children safe from harm and abuse. Yea and District Memorial Hospital has developed and implemented a Child Safety Review Checklist and Action Plan to address the seven Child Safe Standards. The action plan and activities demonstrate our commitment to ensuring child safe culture and environment. Actions have included staff and volunteer education.

Cultural Diversity and Language Services

Yea and District Memorial Hospital serves a diverse community made up of people from a number of nations, languages and cultures and focused on ensuring that services are accessible and responsive. Patients, residents and clients are treated with respect in relation to their religious and cultural background.

As a funded public health service the hospital supports and implements tailored health responses based on individual preferences, self-management and co-design with patients, residents and clients. All areas of the organisation consider cultural diversity when developing a response to each individual's care needs.

Staff from all areas of the organisation have received training in cultural diversity and can access tools and consumer information in languages other than English to enable consumers from diverse cultural backgrounds to access services effectively, to fully participate in their care planning and to make informed decisions regarding the treatment options available to them.

In the 2017/18 year, staff did not require access to language services for inpatients, clients or residents. However, information on how to access language services (interpreters/translators) is readily available in all areas.

Section 2

Consumer, Carer and Community Participation

Engaging Consumers In Healthcare

Yea and District Memorial Hospital is committed to engaging consumers, carers and the community in meaningful partnerships to provide quality experiences, deliver timely and relevant services, and enhance clinical outcomes.

The hospital uses a range of formal and informal ways to engage with consumers of our service to make sure services are accessible, responsive to consumer needs and provided in a safe manner.

Community Consultation For the Clinical Services Plan

As part of the development of the Yea and District Memorial Hospital Clinical Services Plan (2018-2022), consumer feedback was sought to identify service priorities and opportunities to enhance access to services, strengthen partnerships with other health providers and develop sustainability in the local health workforce.

Consultation was undertaken with staff, Board members, community and other key stakeholders.

- A total of 35 people attended a community consultation session held in Yea on 7 March 2018
- An additional 14 individuals provided input through an online survey
- Individual consultation sessions were held with staff

How We Engage With Our Consumers



Section 2

Consumer, Carer and Community Participation

Consumer Input - Publication Review Group (PRG)

The Yea and District Memorial Hospital Publication Review Group continues to provide feedback on new and improved consumer publications. In 2017/18, the focus has been on finalising the review of the Acute Bedside Information document and providing feedback on a new publication about public and private patients in the hospital.

Members of the PRG also provided input into the hospital's National Accreditation review that occurred in February 2018, particularly in the area of Standard 2 – Partnering with Consumers.

Health Literacy

The hospital rolled out a five module Health Literacy education package to staff during the year. The five modules cover the following topics:

- Introduction to Health Literacy
- Communication
- Navigation of physical and virtual environments
- Partnering with consumers
- Leadership

Positive feedback was received from staff across the organisation with many commenting that it helped them understand that Health Literacy is about more than just pamphlets and signage.

Module	Introduction	Communication	Navigation of physical and virtual environments	Partnering with consumers	Leadership
No. of Staff Completed	18	13	7	8	10

Patient Experience and Outcomes

The patient experience score comes from the Victorian Health Experience Survey (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.

State-wide Target - 95%

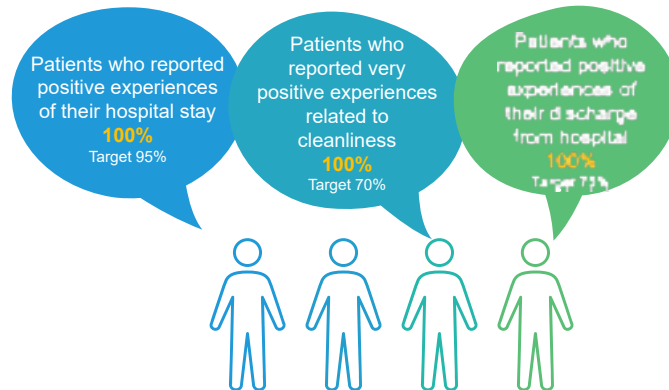
Our Score - 100%

Disability Action Plan

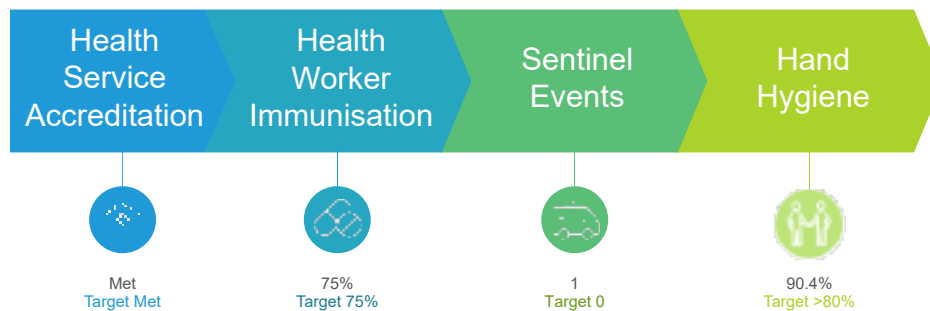
Yea and District Memorial Hospital is committed to ensuring accessibility of its facilities and services. The Victorian Disability Act 2006 requires all public sector bodies to have a Disability Action Plan – a document which aims to reduce and remove barriers experienced by people with a disability. Planning is underway for Yea. The development of a Disability Action Plan is listed as a key action in our 2018/19 Statement of Priorities, along with a commitment to fully implement the plan within the health service by 30 June 2020.

Patient Experience

What percentage of our patients are saying...

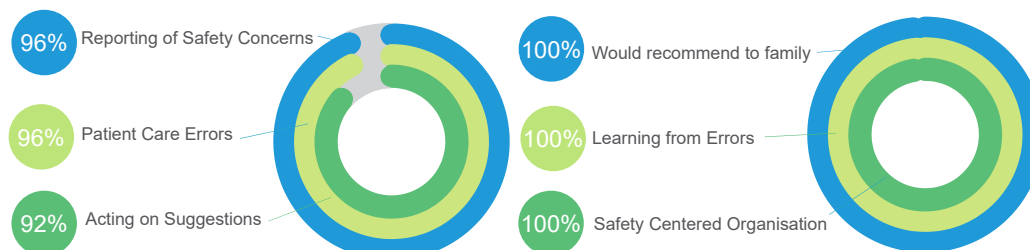


Performance Measures



Governance, Leadership and Culture

People Matter Staff Survey Results 2017



The People Matter Staff Survey is completed annually and asks staff a range of questions about the organisations culture

Section 3

Quality and Safety

Consumer and Staff Experience

Consumer 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 Yea and District Memorial Hospital 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

Complaints 2017/18

During the year there was one formal complaint, which related to air-conditioning in the aged care area. An internal review was completed and a recommendation was made to undertake a professional review of cooling to provide advice, costing and possible solutions.

Yea and District Memorial Hospital 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.

Responding to Feedback

The Victorian Healthcare Experience Survey (VHES) data and verbatim feedback are presented to the Board and comprehensively reviewed at Patient Care Review committee to look for opportunities for improvement.

As part of the 2017/18 Statement of Priorities, we worked on the following areas:

VHES Data Results

Data in 2017/18 reflected the following improvements:

Providing assistance with meals



Action: Hotel and nursing staff were informed of this result and reminded of their role to support patients with their meals.

Reducing the light, noise and other disturbance



Action: Eye masks and ear plugs were offered to inpatients upon admission.

Were you involved as much as you wanted to be in decisions about your care and treatment?



Action: We reinstated implementation of bedside handover and ensured staff awareness about offering an opportunity to discuss their care and treatment.

What Our Patients Say

Responses from the Victorian Healthcare Experience Survey

Patients were asked the question: "What could the hospital do to improve the care and services it provides to better meet the needs of patients?" The following responses were received:

- Had no complaints was comfortable in all situations
- The Yea hospital always provides excellent care

What were the best things about your stay in hospital?

- All quiet and caring right down to domestic staff
- Efficiency, friendliness.
- Friendly atmosphere, and efficiency
- Getting better
- Nice room. Excellent staff. Food very good
- The care I received. The closeness to my home so easy access for my wife to visit. The hospital surrounds added to my wellbeing

What were the worst things about your stay in hospital?

- Being away from home
- Being crook
- Just having to be in hospital because I was ill

Section 3

Quality and Safety

Patient Safety Culture

The patient safety culture score comes from the People Matter Survey, an employee opinion survey run by the Victorian Public Sector Commission. The survey contains eight specific questions that assess our employees' perspective on the safety culture of the organisation.

State-wide Target - 80%

Our Score - 94%

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.

Yea and District Memorial Hospital 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, one had personally experienced bullying at work in the last 12 months and stated that it was not continuing. This staff member had not submitted a formal complaint. In response to the People Matter Survey outcomes, the hospital has developed an action plan each year.

Actions To Improve Safety For Staff

Bullying and Harassment

A Bullying and Harassment Action Plan was developed and all items have been completed.

Actions ranged from training and risk management, to staff engagement, information, and reporting.

Ongoing staff education and support is offered.

Occupational Violence and Aggression Initiatives

Yea and District Memorial Hospital takes occupational violence very seriously and encourages all staff to report every incident. Each incident is thoroughly reviewed and an individual action plan is completed to ensure staff wellbeing and any risk factors are mitigated to prevent further incidents. A review of past occupational violence data indicates that most incidents occur in the aged care area and/or involve residents with dementia or acquired brain injuries. Staff education on behaviour with regard to dementia has been extensively undertaken in the past two years as this was seen as an area of greatest need. Other additional measures are also undertaken on a case by case basis. Reporting of occupational violence incidents have decreased in the last six months.

An Occupational Violence and Aggression Action Plan was developed and all items were undertaken except the provision of training to staff, which will be undertaken in 2018/19.

There were no occupational violence incidents in Acute.

PEOPLE MATTER RESULTS 2018



Our highest and lowest scoring results

1 INTEGRITY 100%

- In my organisation, earning and sustaining a high level of public trust is seen as important
- In my organisation, improper conduct is not tolerated

2 RESPONSIVENESS 96%

- My manager is committed to ensuring clients receive a high standard of service

3 HUMAN RIGHTS 96%

- My organisations encourages employees to act in ways that are consistent with human rights

4 LEADERSHIP 88%

- My manager encourages behaviours that are consistent with my organisation's values.

5 ACCOUNTABILITY 83%

- My workgroup always tries to improve its performance

6 RESPECT 83%

- People in my workgroup treat each other with respect
- My manager listens to what I have to say

7 MERIT 67%

- My work performance is assessed against clear criteria

8 EQUAL OPPORTUNITY EMPLOYMENT 67%

- Disability is not a barrier to success in my organisation

9 ACCOUNTABILITY 71%

- Senior managers provide clear strategy and direction

9 RESPECT 71%

- My managers keeps me informed about what is going on

10 INTEGRITY 75%

- My managers keeps me informed about what is going on
- I am confident that I would be protected from reprisal for reporting improper conduct
- People in my workgroup are honest, open and transparent in their dealings

11 ACCOUNTABILITY 75%

- People in my workgroup use their time and resources effectively

12 RESPECT 75%

- Bullying is not tolerated in my organisation

Accreditation

Yea and District Memorial Hospital was accredited under National Safety and Quality Health Service Standards (NSQHS) in February this year.

Aged Care is currently accredited and will be re-assessed later in 2018.

Key Performance Indicator	Target	2017/18 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

Targeting Zero – Adverse Events

A number of actions were taken during the year to improve the quality and monitoring systems for adverse events. A review of clinical governance commenced in 2017/18 with consideration of the development of a Clinical Review Committee. Discussions with the Director of Medical Services continue in relation to the planned implementation of the Clinical Review Committee. Policies and procedures on mortality and morbidity were updated and reviewed by the relevant committees. External specialist input was utilised as required.

Information extracted from 2018 People Matter Survey - Organisational Report: Full report available F:\6. Newsletters\Hospital Happenings

Section 3

Quality and Safety

Safety

Medication Safety

Medication management is a key component of a patient's hospital admission. An accurate medication history must be obtained from the patient or relative upon admission. This is obtained through the medication reconciliation. The medication reconciliation is repeated upon discharge again with the patient and/or relative. Patients receive a print out of their current medications upon discharge and are offered consumer medication information for any new medications commenced while in hospital.

Several audits are conducted regarding medication management, these include:

- Documentation of allergies and adverse reactions
- Double checking and signing of all injectable medications and intravenous fluids
- Checking that the dangerous drugs and restricted 4 medications are checked and signed for daily
- Checking that all medications and intravenous fluid stock is rotated and in date
- Checking medication charts for completeness
- Monitoring temperature of medical fridges

All audits have excellent results. Medication errors are reported through VHIMS and presented at the Yea and District Memorial Hospital Patient Care Review Committee. All staff registered to administer medications complete an annual online competency.

Preventing Falls

The prevention and minimisation of harms from falls while in hospital is a priority. This is undertaken through screening for falls risk upon admission and implementing appropriate measures – such as non-slip red socks, signs above the bed to alert staff, and floor-line beds.

Date	Incident	Acute	Aged Care
Jul-17	Slip, trip or fall	1	3
Aug-17	Slip, trip or fall	1	0
Sep-17	Slip, trip or fall	1	4
Oct-17	Slip, trip or fall	1	10
Nov-17	Slip, trip or fall	0	3
Dec-17	Slip, trip or fall	0	5
Jan-18	Slip, trip or fall	1	3
Feb-18	Slip, trip or fall	0	2
Mar-18	Slip, trip or fall	1	9
Apr-18	Slip, trip or fall	0	1
May-18	Slip, trip or fall	2	7
Jun-18	Slip, trip or fall	0	3
Totals		8	50

Preventing and Managing Pressure Injuries

The prevention and management of pressure injuries or “bed sores” is done by screening patients upon admission, monitoring patients during their stay, and by auditing mattresses and replacing them when necessary.

Date	Incident	Acute	Aged Care
Jul-17	Pressure Injury - Prior	1	0
	Pressure Injury - Inpatient	0	0
Aug-17	Pressure Injury - Prior	1	0
	Pressure Injury - Inpatient	2	0
Sep-17	Pressure Injury - Prior	0	0
	Pressure Injury - Inpatient	0	0
Oct-17	Pressure Injury - Prior	0	0
	Pressure Injury - Inpatient	0	0
Nov-17	Pressure Injury - Prior	0	0
	Pressure Injury - Inpatient	0	1
Dec-17	Pressure Injury - Prior	2	0
	Pressure Injury - Inpatient	0	0
Jan-18	Pressure Injury - Prior	1	0
	Pressure Injury - Inpatient	0	0
Feb-18	Pressure Injury - Prior	1	0
	Pressure Injury - Inpatient	0	0
Mar-18	Pressure Injury - Prior	0	0
	Pressure Injury - Inpatient	1	1
Apr-18	Pressure Injury - Prior	0	0
	Pressure Injury - Inpatient	0	0
May-18	Pressure Injury - Prior	0	0
	Pressure Injury - Inpatient	0	2
Jun-18	Pressure Injury - Prior	0	0
	Pressure Injury - Inpatient	0	0
		9	4

Use of Blood and Blood Products

The safe and appropriate use of blood and blood products is maintained by Yea and District Memorial Hospital.

A total of 12 transfusions of Blood and Blood Products were carried out in 2017/18. Two of these were fresh red packed cells the rest being bottled products. Policies and procedures for collection, transport, storage, administration and adverse events are regularly reviewed, updated and audited to ensure compliance. Compliance with Standard 7 is continuing to develop with close monitoring of adherence to transfusion and best practice guidelines

Blood products Incidents for 2017/18 = 0

Blood Transfusions for 2017/18 = 12

Infection Prevention and Control

Yea and District Memorial Hospital is required to regularly submit data on infections and related activities. In particular, reportable healthcare associated infections and peripheral venous catheter use/infections (phlebitis).

Reportable Infections:

- 1 x clostridium difficile infection (acquired pre-admission)

Peripheral Venous Catheter Outcomes:

- 131 cannulae inserted during 2017/18
- 14 resulted in a minor complication
- 6 of these complications were related to phlebitis with no harmful outcome

Section 3

Quality and Safety

Staff Influenza Immunisation Rates

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 Yea and District Memorial Hospital. All public health services must collect this data each year and submit towards the end of the influenza season.

State-wide Target - 75%

Our Score - 75%

Hand Hygiene Program Compliance

The hand hygiene program compliance is the organisation's overall percentage score for audits covering the five moments for hand hygiene:

1. Before touching a patient
2. Before a procedure
3. After a procedure / body fluid contact
4. After touching a patient
5. After touching a patient's surroundings

State-wide Target - 80%

Our Score - 90.1%

Food Safety

Food safety relates to the safe storage, preparation and service of all food products on site. It also covers staff training and food brought in by patients, residents and their family and friends.

Yea was compliant in all areas of the external food safety audit and a Certificate of Compliance was issued.

Compliance was achieved with the annual external food safety audit.

- As recommended by the external food safety auditor, an allergen matrix project was commenced by an external worker.
- We renewed the food safety supervisor training (which was also undertaken by the head cook).

Result for 2017/18 - Compliant

Public Sector Residential Aged Care Service Indicators

Rate (per 1000 bed days)	Rosebank Nursing Home			Rosebank Hostel			State Average
	Actual	Upper Limit	Compliance	Actual	Upper Limit	Compliance	
Pressure Injury Stage 1	0.31	1.20	✓	0.00	1.20	✓	0.35
Pressure Injury Stage 2	0.00	0.80	✓	0.00	0.80	✓	0.35
Pressure Injury Stage 3	0.00	0.00	✓	0.00	0.00	✓	0.05
Pressure Injury Stage 4	0.00	0.00	✓	0.00	0.00	✓	0.01
Suspected Deep Tissue Injury	0.00	0.00	✓	0.00	0.00	✓	0.02
Unstageable Pressure Injury	0.61	0.00	×	0.00	0.00	✓	0.03
Falls	7.65	11.00	✓	4.52	11.00	✓	7.66
Fall Related Fracture	0.92	0.00	×	0.19	0.00	×	0.15
Intent to Restrain	0.00	0.00	✓	0.00	0.00	✓	0.28
Physical Restraint Devices	0.00	0.00	✓	0.00	0.00	✓	0.53
9 or more Medications	3.98	3.50	×	3.39	3.50	✓	4.40
Significant Weight Loss (>3kg)	0.00	1.00	✓	0.00	1.00	✓	0.78
Unplanned Weight Loss (Consecutive)	0.00	1.00	✓	0.19	1.00	✓	0.78

One pressure injury has put Yea above the State average. The unstageable pressure injury was for a resident who was in palliative care, despite efforts to use a number of interventions to prevent a pressure related injury. We have had no other pressure injuries for the year.

There was one fall-related fracture in the hostel for the year which required a hospital stay. There were two falls related fractures in the nursing home for the year. Falls rates have remained below the upper limit this year. It should also be noted that we use no physical restraint and minimal anti-psychotic medications so residents are more mobile, which may increase the risk of falls.

All residents have a bi-annual review by an external pharmacist who will recommend ceasing medications if this is in the resident's best interest. This information is provided to the resident's doctor for them to review.

All residents who have unexpected weight loss are reviewed by the Dietitian. There has been a reduction in these figures over the past year.

Section 3

Quality and Safety

Aged Care Quality Improvement Activities

Preventing Falls

A strong focus on falls prevention has continued throughout 2017/18, with figures showing we remain below the upper range limit on the indicators. Residents are assessed upon admission to determine their mobility needs and falls risk. This is reviewed every six months or earlier if they have any changes to health or care needs. The Physiotherapist is asked to complete a mobility assessment of new residents and for residents assessed as a high falls risk as soon as possible following admission. All residents are then reviewed by the Physiotherapist annually (or earlier if required) to monitor for any changes to mobility needs.

Continued use of bed sensor alarms, floor-line beds with floor falls mats have assisted in reducing the number of falls from beds. We are continuing to seek opportunities for improvement in this area and an action plan will be implemented in 2018/19 to prevent the risk of falls and falls related injury for residents.

Weight Loss

Throughout 2017/18 we have focused on ensuring we have effective systems in place to prevent and manage unexpected weight loss for residents. We have had significant input from our Dietitian to assist in this area. She has assisted us to update our nutrition policy in areas including: assessment of nutritional needs of each resident, use of fortification in residents' diets (when required) to improve their nutritional intake, management of dysphagia and interventions that can be used when she is not available to review residents with weight loss immediately.

Education for staff has also assisted in greater awareness of when to report weight loss and what interventions are helpful in assisting residents to maintain a good nutritional and hydration state. This has seen a reduction in the number of residents having significant unexpected weight loss and/or continuing weight loss over a number of months.

Escalation of Care



Yea and District Memorial Hospital continues to implement and review the hospital's response to *Recognising and Responding to Clinical Deterioration, an Escalation of Care – Care, Flow and Staffing*. The focus

remains to support staff to address the increased care needs of patients whose condition is worsening.

The Escalation of Care procedure and accompanying flow chart provides care staff with a clear course of action to follow when faced with a situation causing genuine concern for a patient's, client's or resident's safety.

This "clear course of action" is a system by which staff members can make an objective decision to increase care or engage other emergency services after recognising altered physical observations.

This process can be known as the “Track and Trigger” system. Track refers to the graphing and monitoring of observations. A Trigger is a predetermined observation threshold or clinical assessment finding which triggers action by any member of the care team.

The standard observation chart used on the acute ward provides a colour-coded alert when observations fall outside of the acceptable ranges.

Initiated activity under the Escalation of Care model may include increased observations by nursing staff, a review by the Nurse in Charge, a review by a doctor or the initiation of Code Blue (a medical emergency requiring intensive medical treatment) if required.

The patient/family model that supports this procedure is called the REACH program. REACH stands for Recognise, Engage, Act, Call, Help is on its way.

All inpatients are provided with clear information on the REACH program when admitted and are encouraged to speak up and engage with the nursing staff if they feel that “something isn’t right”.

In the 2017/18 period there were no patient initiated escalations of care using the REACH model.

Staff initiated escalation of care occasions during the same period were mostly as a result of observations falling outside the agreed parameters. Most were of low acuity (lower levels of intensity of nursing care required for the patient) with most escalations of care stabilising after initial review.

Staff initiated escalation of clinical care occasions are audited every six months with results tabled at the Patient Care Review Committee, to ensure ongoing oversight of the hospital’s adherence to National Standard 9 - *Recognising and Responding to Clinical Deterioration*.

Any significant events, if they were to occur, would be reviewed under the *Clinician Review for the Mortality and Major Morbidity* process.

All Yea and District Memorial Hospital Registered Nurses who are allocated an “in charge” shift have completed the Advanced Life Support training and all Registered and Enrolled Nurses are encouraged to complete the Deteriorating Patient one-day practical course.



Section 4

Comprehensive Care

Patient Journey – Improving Discharge Care

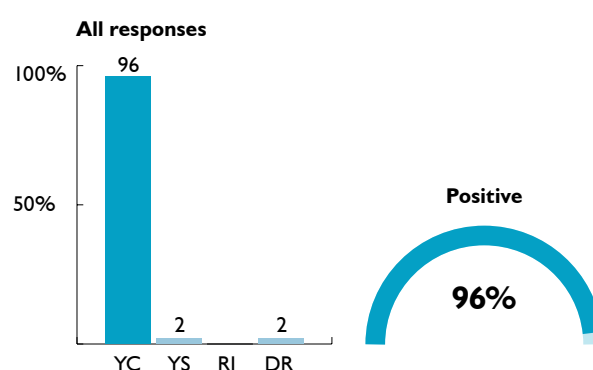
An important part of a patient's journey through the healthcare system is how well nursing staff, doctors and other health professionals communicate and document in the clinical record and treatment plan of all patients. This includes working with patients to make sure they have sufficient information 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) Transition Index

In 2017/18, 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.

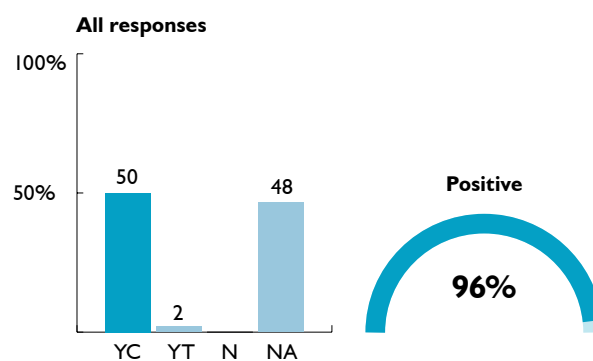
VHES Questions Relating to Discharge Planning

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



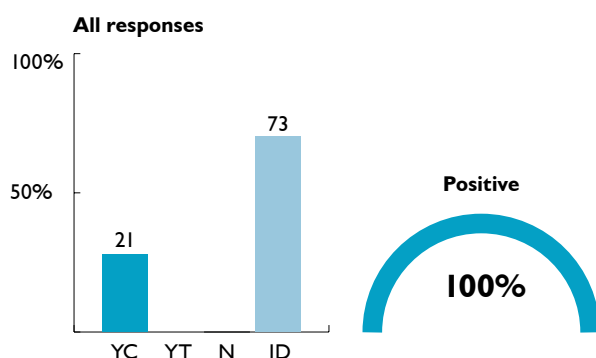
YC - Yes, completely **YS** - Yes, somewhat
RI - Received insufficient info **DR** - Didn't receive info

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



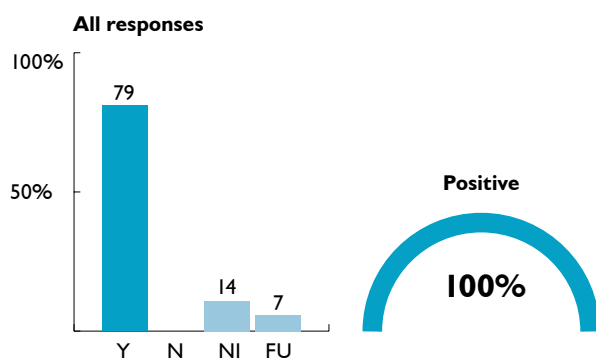
YC - Yes, completely **YT** - Yes, to some extent **N** - No
NA - Not applicable

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)



YC - Yes, completely **YT** - Yes, to some extent **N** - No
ID - I didn't need this

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?



Y - Yes **N** - No **NI** - No info was needed
FU - Follow up wasn't required

Community Health Spotlight - Dietitian

Referrals / Group Education:

The Community Health Team continues to refer patients to relevant services within the team for holistic care and patient management. This includes referring to the Dietitian, Diabetes Nurse Educator, Physiotherapist, Podiatrist and Counsellor.

- The Dietitian has also referred patients to the Seymour Hospital Admission Risk Program (HARP) team, Cardiac Rehabilitation at suitable locations, and to the Occupational Therapist and Palliative Care team. Four patients were referred to Cardiac Rehabilitation (three to Seymour and one to Lilydale) working with the Acute Nurse Unit Manager. Two patients were set up with DVA for nutrition supplements, one patient was referred to the Occupational Therapist and two referrals were made to Palliative Care.
- The Dietitian and Diabetes Nurse Educator have continued to attend case conferences with two main doctors from the Yea Medical Clinic, to support coordinated care for joint clients.
- We continued new mums groups nutrition education sessions. Two sessions were held at Kinglake. Ongoing contact is made with the Maternal and Child Health Nurse regarding enquiries/information for clients.
- Clients are attending the Dietitian, mostly for the following reasons:
 - Type 2 diabetes
 - Weight management
 - Nutrition support (underweight)
 - Chronic kidney disease
 - Gastrointestinal issues
 - Cancer

Section 4

Comprehensive Care

General quality improvement activities in 2017/18:

- Ongoing menu reviews were undertaken, mostly for the texture modified diet menu. The head cook continues to make texture modified, moulded food for increased appeal and provides suitable items for special occasions such as AFL Grand Final Day and Christmas. Some snacks and desserts for the texture modified diet are being outsourced to balance workload, variety and safety.
- There is increased in-house production of gluten free snacks.
- We revised the patient menu booklet regarding food choices, including allergies and diabetes. There were great audit results from the nurses on providing this booklet to patients and checking requirements for texture modified diets / thickened fluids upon admission.
- The enteral nutrition procedure was reviewed.
- More dysphagia related information was added to the nutrition procedure, including a dysphagia checklist (created with the support of the Nurse Unit Manager, Aged Care).
- We updated the information on dysphagia resources (i.e. for soft, minced, moist, smooth puree diets).
- Attendance at the North Eastern Dietitian meetings fosters discussion of quality improvement ideas and systems with other sites.

Staff Education:

- An ongoing education component is held during food service staff meetings (every two months) with topics such as palliative care and nutrition, and language used when offering meal and snack choices.
- Deakin Food Service Dietitian students completed an education session for all staff regarding their project findings/recommendations.
- Education was reinforced through the Hospital Happenings staff newsletter on various topics.
- Two education sessions were completed with District Nurses regarding nutrition for older people.
- The Dietitian and Nurse Unit Manager–Aged Care organised four education sessions on Texture Modified Diets and dysphagia for PCA staff and food service staff, including a pre- and post-education quiz.
- An education session was organised for GPs regarding protein powder and meal replacement products.

Students Placements:

- The annual food service placement with Deakin Dietitian students continues. The recent project was: 'To improve the safety and quality of texture modified meals at YDMH through an investigation of the variety offered by the six-week texture modified menu and compliance to the Australian Standardised Definitions and Terminology'. This extensive project involved the development of a specific texture modified safety audit tool. An action plan was developed after the audit and many changes have been made.
- A voluntary employment contract commenced with a previous Deakin student, the student assisted with the development of a texture modified manual for cooks to follow in the kitchen.
- The Dietitian continues mentoring partnerships with provisional dietitians.



Texture A



Texture C



Texture B

Comprehensive Care - HARP Referral

A GP referred a patient with unintentional weight loss to the Dietitian. The Dietitian completed reviews until the patient's weight and intake were stable.

At the first assessment, the patient reported reduced strength, no regular physical activity due to feeling weak, and had a recent slip and fall at home. The patient was identified as being at risk of a hospital admission (with an extensive medical history) and a falls risk, and was referred to the HARP team.

The HARP team visited the client at home at no cost. Physiotherapy provided strength-based exercises, Occupational Therapy reviewed balance, and a home assessment was undertaken to ensure daily activities could be undertaken safely. The Welfare Worker assisted with advance care planning. Ongoing assistance is currently occurring.

Actions to improve the continuity of care include exploring more than nutrition, taking a detailed history and considering what else can be done (i.e. referrals) to help the patient function and manage in the best possible way. Information has been provided to the Yea Medical Centre about additional services available, so they can consider other appropriate referrals.

Section 4

Comprehensive Care

Advance Care Planning (ACP)

July – Sep 2017 -	26 admissions (over 75 years) 2 had ACPs
Oct – Dec 2017 -	25 admissions (over 75 years) 3 had ACPs
Jan – Mar 2018 -	29 admissions (over 75 years) 3 had ACPs
April – June 2018 -	22 admissions (over 75 years) 3 had ACPs
TOTAL =	102 admissions (over 75 years) 11 ACPs

A total of 9.2% of patients admitted over the age of 75 years had an advance care plan in place.

All admitted patients (100%) are asked if they have an advance care plan. Regular audits are conducted to monitor admission documentation in relation to advance care planning and action is taken if audit results are not satisfactory.

End of Life Care

Following changes to the Medical Treatment Act, Yea has reviewed its policies in regard to end of life wishes and advance care planning. We continue to work on this area. This year staff have received training in the use of end of life care plans, care of the dying patient, as well as training on the use of the syringe driver for delivery of medications to relieve pain and other symptoms at the end of life.

One of our Registered Nurses has completed training under the Banksia Palliative Course and is now available to assist staff when required with planning and delivery of care at end of life. All deaths are reviewed using our mortality and morbidity documentation, and the results of these are discussed with both nursing and medical staff. Any issues or concerns identified are followed where there are opportunities for improvement.

Community Health Client Contacts Summary 2017/18

Activity	Direct Hours	Indirect Hours	Total Hours
Counselling / Casework	601.53	646.19	1247.72
Dietetics	1211.50	2.52	1214.02
Diabetes Educator (Nursing)	154.29	151.85	306.14
Speech Therapy	168.18	143.58	311.76
Initial Needs Identification	NA	97.25	97.25

Yea District Nursing Service

Yea District Nursing Service Quality Activities include:

1. ICAN – Investigating Capacity to Assess Nutrition
- A form was developed by dietitians to screen, investigate and act on concerns about clients' nutritional status. District Nursing staff have received training and education from the Dietitian about use of the tool. The tool is now being used as part of routine admission procedure for the District Nursing Service, which provides more comprehensive screening and directs future treatment pathways.
2. Wound Care Assessment and Treatment Charts
- These were developed by Regional Wounds– Goulburn Valley and are now being used by District Nursing Service agencies in the Lower Hume region.

Scheduled audits are undertaken throughout the year.

District Nurses attended training in areas such as Palliative Care and Advance Care Planning.

Yea Community Health Diabetes Educator Report 2017/18

- The majority of Diabetes Educator consults are patients with type 2 diabetes - newly diagnosed, those requiring general diabetes education, working on improving diabetes control/reducing complications, diabetes medication reviews and education. Some consults include patients with type 1 diabetes.

- Ongoing case conferences are held with doctors.
- The Diabetes Educator is currently setting up the option for patients to teleconference with endocrinologists in Melbourne with our case conference team present.
- Staff education on diabetes took place during the year.



Yea Hospital and Rosebank Auxilliary – AGM 2017/18

This year has been another successful and enjoyable year for the Yea Hospital and Rosebank Auxiliary thanks to the dedicated members, friends and volunteers.

Through their fundraising efforts the Auxiliary has once again been able to provide Yea Hospital and Rosebank Aged Care with items from their wish list, including:

- 25 stainless steel nail clippers for personalised nail care kits for all residents
- Light box tracing boards for Rosebank Activities
- 2 Nebulizers
- 25 Polar fleece blankets for Nursing Home and Hostel
- Jug and crockery for the dedicated Palliative Care room on the Acute Ward
- 2 Easels for the painting group at Rosebank
- DVD Discs for the Activities Program
- Roho cushions

A total of \$300 was also donated towards the Activities Program at Rosebank to purchase specific resources as needed.

This year we made \$1,118.20 from selling raffle tickets for Meg Here's wonderful painting. This was a record amount. The Auxiliary thanks Meg for her continued support.

A total of \$700 was also raised from a garage sale given to us by Justine and Chris Stevenson.

The Entertainers came four times this year and everyone who attended enjoyed their songs and music and the Auxiliary was pleased to support the visits through coordinating the refreshments after the performance.

Congratulations go to Joy Anderson for her perseverance in amalgamating all the plaques from past benefactors which are now attractively displayed in the hospital foyer.

A special thanks to the Director of Nursing Lorina Gray and her team, Heather Luke and her staff in aged care. Also thanks to Sharon Fern, Activities Coordinator and the volunteers who assist the residents in craft and other activities. Thank you also to Special Projects Coordinator, Yvonne Padgett, for her assistance throughout the year.

Finally thank you to Treasurer Barb Guttridge, Secretary Ruth Crockett and Vice President Joy Anderson who have all made my job as President a lot easier these past years.

Thank you

Maree Oddy,
President Yea Hospital Auxiliary

Rosebank Volunteers

The Rosebank Volunteer Group continues to be a wonderful support to residents in the aged care area. There are currently 21 registered volunteers whose visit schedules range from several times a week to once a month.

Overwhelming positive feedback from current and former residents and their families demonstrates that the activities provided by the volunteers are relevant and very much enjoyed by participants.

Regular activities which are always well received:

- Walking program
- Art/craft
- School visits
- Weekend movies
- Bingo
- Singalongs
- Exercises
- Buds and Blossoms
- Footy tipping

Some new activities in the last financial year were:

- Halloween visit by children from the Yea community
- Second morning of exercises
- New singalong with Adrian
- Pet therapy

Special events continue to be popular at Rosebank and keep the residents entertained and engaged. This year the most popular have been:

- Egg and bacon breakfast
- Chinese lunch
- Lawrie's piano accordion
- The Entertainers
- Jo's Jingles
- Museum Victoria Mobile Display visit
- Melbourne Cup day events
- Violin and piano recitals
- Flowerdale Primary School visit
- Yea kinder visit
- Dindi line dancers
- Yea Town Singers
- The Four Fathers singing group

Yea Hospital and Rosebank Auxiliary

Annual Financial Statement for the Year Ending 30 June 2018

Receipts		Payments	
Members Subscriptions	\$85.00	Donations to Hospital and Rosebank	
M. Heres Painting Raffle	\$1,118.20	2 Art Easels	\$50.00
Garage Sale	\$700.70	25 nail clippers	\$27.25
Christmas Cake Sales	\$11.00	Light box tracing board	\$48.99
Refund from Benefactor Board	\$250.00	2 Nebulisers	\$493.16
		25 polar fleece blankets	\$124.75
		Jugs / Crockery	\$335.42
		DVD Disks	\$66.00
		Advertising	\$98.92
		Benefactor Recognition Board	\$473.00
		Donation to Rosebank Volunteers Group	\$300.00
		Camp Table	\$19.00
		Gifts	
		Chinese Restaurant	\$50.00
		Flowers	\$160.00
		Christmas Cakes	\$105.00
Total	\$2164.90	Total	\$2351.49
Receipts	\$2,164.90	Payments	\$2351.49
Bank Balance 01.07.2017	\$8,905.12	Balance at Bank 30.06.2018	\$8,718.53
	\$11,070.02		\$11,070.02









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