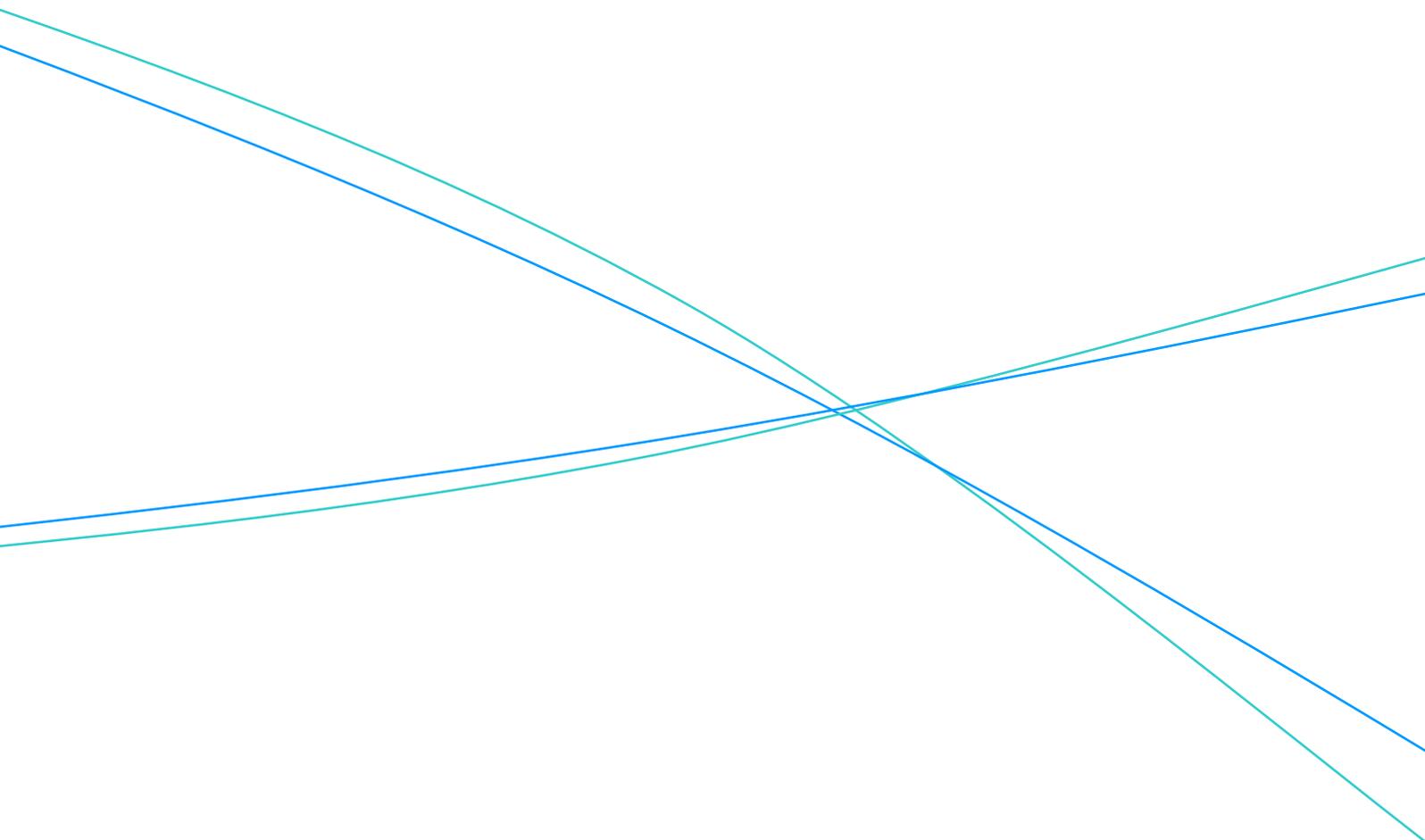


# Yea & District Memorial Hospital

## Quality of Care Report 2006 – 2007



# Quality of Care Report 06/07

## Purpose

The Quality of Care report is produced each year as part of the Annual Report and is a requirement of the funding Yea & District Memorial Hospital (Y&DMH) receives from the Victorian Government.

The Quality of Care report is primarily written for community serviced by Y&DMH. This community may include consumers (patients) carers and clients of Yea Community Health Service and Yea District Nursing.

The purpose of the report is to inform the community of the quality and safety systems at the hospital, the activities undertaken during the year and the services available to the general community through the hospital, residential aged care, district nursing and community health.

Community feedback about the report and its content is welcome and can be made in writing to:

Yvonne Padgett  
Special Projects Coordinator  
Yea & District Memorial Hospital  
45 Station Street  
Yea VIC 3717

Suggestions on what could be contained in the report are also welcome.

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# Community Participation

With its long history of community participation in the development and continuation of its services, Yea & District Memorial Hospital holds a unique position in the community.

While the organisation has benefited from the contribution of community members in a variety of different areas over the years, the role of community members in the planning, development and evaluation of the services provided by the hospital has not been formalised into policy.

Some of the current ways the community are involved in the health service include:

- Victorian Patient Satisfaction Monitor
- Complaints, Compliments and Suggestions
- Diabetes Support Group
- Buds & Blossoms
- Community representation on the Patient Care Review Committee
- Volunteer Group

In 2006 The Department of Human Services (DHS) launched the policy document "*Doing it with us not for us*" *Participation in your health service system 2006–09: Victorian consumers, carers, and the community working together with their health services and the Department of Human Services* policy document.

The document outlined the expectations DHS had for health services (especially hospitals) to increase consumer participation in decision making about health care services and to formalise community participation activities within the organisation.

In 2007 – 2008 Y&DMH aims to develop a formal Community Participation strategy relating to the relevant participation indicators and priority actions as outlined in the "Doing it with us not for us" policy document.

## Participation

*'Participation includes communication, listening to ideas taking on board new ideas and feedback on ideas.'*

*'Health services need to be willing enough to go out and ask the community - able to take criticism, and work with them, show the community they have a voice and power to make decisions and then move on them, willing to get involved.'*

*'User participation is very important because health professionals have different views from consumers and you need to come to a shared understanding.'*

*'The term [participation] refers to a more proactive relationship between health services and consumers, carers and members of the community. Participation aims to ensure meaningful input into decision making.'*

*'Need an open mind and be prepared to listen to each other.'*

*'If you are going to ask for participation you had better be prepared to hear it.'*

*'Don't want things imposed; not participation.'*

*Source: Community consultation feedback - "Doing it with us no for us" policy document, 2006 DHS; p3*

# Cultural Diversity

The Government recognises the importance of ensuring that Victorians from culturally and linguistically diverse (CALD) backgrounds have full and fair access to health services.

Funding is provided to all Victorian public acute hospitals to assist them to develop a planned and integrated approach to service delivery for CALD patients. Y&DMH has implemented a Home and Community Care (HACC) CALD plan and an organisational plan.

## 2006/07 CALD Plan achievements:

- Inservice training provided to seven staff in October 2006. Training was run by Regional Information & Advocacy Council.
- Staff in the residential aged care areas of the hospital, Rosebank Nursing Home and Rosebank Hostel, participated in Harmony Day celebrations for the first time.
- Signage regarding availability of interpreter services was implemented throughout the complex.
- The *Accessing Interpreter and Translating Services* policy was reviewed in March 2007.
- Y&DMH appointed a CALD Coordinator in December 2006.
- A Community Health consumer survey was implemented which identified that 10 per cent of clients were from a CALD background, with 100 per cent indicating that "their cultural needs were met by the agency".
- The Victorian Patient Satisfaction Survey for the acute area of Y&DMH indicated that 100 per cent of patients were satisfied with the service in respect to "cultural or religious needs".
- The Buds & Blossoms shared reading program for young children and residents of the Rosebank Hostel had a special Swiss guest who read a story in Swiss and then translated the story to English.

## The CALD objectives for 2007 – 2008 include:

### 1. Planning

To ensure that all service plans and activities of Y&DMH consider the needs of the CALD population residing in its service area.

### 2. Language Services

To ensure that processes for the effective use of interpreters and translators are in place.

### 3. Consultation with Clients

To ensure that consumers with a CALD background have the opportunity to contribute to planning, monitoring and evaluation of culturally appropriate services.

### 4. Service Coordination

To ensure patients, clients, residents and carers from Culturally and Linguistically Diverse (CALD) backgrounds have access to the services they need, opportunities for early intervention and health promotion and improved health outcomes.

### 5. Valuing Residential Diversity

To ensure CALD residents of Rosebank Hostel and Rosebank Nursing Home have their cultural and religious needs met.

### 6. Access - Physical

To ensure patients, clients, residents and carers from Culturally and Linguistically Diverse (CALD) backgrounds can locate Yea & District Memorial Hospital in the community.

### 7. Accountability

To ensure Y&DMH continues to respond to the needs of patients, clients, residents and carers from Culturally and Linguistically Diverse (CALD) backgrounds residing in its service area.

# Quality and Safety

## Risk Management

An incident reporting system is the main method used to identify risks at Y&DMH. Staff are also encouraged to report near misses. All risks are evaluated as they are identified.

The consequences and likelihood of the risk occurring are determined, and the treatment option is determined. The hospital is also involved in regional and state alliances where participation and sharing of ideas also assists in improving patient safety.

Participation in projects such as the North East Division of General Practice Small Rural Hospital-Limited Adverse Occurrence Screening (LAOS) project actively promotes quality improvement. The project focuses on patient safety and decreasing medical, environmental and systems errors in a non-punitive manner. Two Visiting Medical Officers are reviewers for this project and are actively involved in making recommendations for change.

## Medication Errors

Patient safety is at the top of the health agenda at Y&DMH. All discrepancies and medication errors are followed up and investigated. During the 2006/07 year there were nine medication errors, none of which resulted in adverse outcomes for patients / residents.

## Staff Credentialing

It is of upmost importance that all staff delivering services have appropriate qualifications, skills and competencies.

Visiting Medical Officers must have qualifications and registration checked prior to commencing at the hospital by the Credentials Committee, which is a sub-committee of the Board of Management.

Nursing staff have their qualifications and registration checked on commencement of

employment and then registration is checked annually.

Continuing education is strongly supported and encouraged by management, with all staff encouraged to attend education sessions which enhance quality of care and job satisfaction.

Education programs are both externally sourced or provided internally.

All staff must achieve compulsory competencies in areas such as:

- Basic Life Support
- Privacy and Confidentiality
- Minimal Lift
- Fire Safety

The organisation is also committed to providing education for people in the local community. The past year has seen a number of tertiary and secondary students undertaking placement at the hospital/extended care centre including; nursing, personal care, medical, pharmacy and school work experience students.

## Complaints and Suggestions

Feedback in the form of complaints and suggestions is an important part of addressing issues and improving standards of care. The hospital, Rosebank Hostel and Rosebank Nursing Home welcome any feedback from the community regarding their services.

There has been a formal complaints process in operation for many years and information about how complaints are received and addressed is available through the hospital. Y&DMH's result in the Victorian Patient Satisfaction Monitor Complaints Management Index for February 2007 was 90% with the category average being 88%. In the same survey 96% of respondents stated they were aware they could make a complaint in hospital (category average was 71%).

## Hospital Accreditation

Y&DMH was accredited through the Australian Council of Healthcare Standards Evaluation and Quality Improvement (EQUIP) model in September 2006.

This process consists of a four year cycle, with recommendations potentially resulting every two years from a Periodic Review and an Organisation Wide Survey. These recommendations are then used to develop a Quality Action Plan. The next phase in the cycle for Y&DMH is the Self Assessment due in September 2007.

The organisation was identified in the last Organisation Wide Survey as having "Extensive Achievement" in the area of Continuum of Care. The two areas that greatly impressed surveyors were the pressure ulcer prevention program and the limited adverse occurrences screening (LAOS) process.

The organisation was surveyed against 5 functions and 43 criteria, 19 of which were mandatory. We were happy to have achieved a total of 44 MA's (Moderate Achievement) and were upgraded to an "EA" (Extensive Achievement) in a continuum of care function.

Some of the comments made in the summation report by the surveyors included:

*"The survey team was impressed with the standard of care and the breadth of activities considering the size of the organisation".*

*"The organisation actively seeks opportunities to enhance practice across a number of areas."*

*"A comprehensive risk management policy has been developed and circulated and there is an excellent level of incident and 'near misses' reporting."*

One recommendation made at the time of the survey was for Y&DMH to move from a 'top down' approach to Quality to a staff driven approach. The outcome of this recommendation was the commencement of "Yea for Quality" (YFQ).

YFQ is a group of staff from different departments in the hospital who meet once a month to discuss the ideas, issues or complaints raised by staff, volunteers or patients. All staff are encouraged to put in their ideas or suggestions. Forms, newsletters and more information about YFQ is on the board in the main staff room and in key areas around the facility.

## Yea for Quality

*There are three types of people in the world... people who make things happen, people who watch things happen and people who wonder what happened...*

What has Yea for Quality "made happen" since it started?

- New 6 week nutritionally approved menu, with daily menu choices, has been trialled and approved by residents
- Thickened fluids used in the nursing home are more consistent, nutritionally better and appropriate for residents individual needs. Daily preparation of the fluids has been made simpler with specific directions.
- Reduced use of the hospital grounds as a thoroughfare by children and other members of the public
- Replacement of all aluminium saucepans with stainless steel
- The Grace Bennetts Centre Car park in Miller Street designated as a patient only car park instead of being filled with staff cars
- Reduced workload in the kitchen and reduced risk of RSI through the introduction of pre-peeled potatoes and pumpkin
- Improved air fresheners
- The soon to be purchased "Queens cutlery" to aid residents with self feeding
- More suggestion boxes around the hospital
- Doctors arranging nurses to be present when on their rounds

YFQ has also designed Terms of Reference and developed some key performance indicators which it is well on the way to achieving in its first year.

# Victorian Patient Satisfaction Monitor (VPSM)

The VPSM is funded by the Department of Human Services and has involvement from all Victorian public acute and sub acute hospitals. Individual hospital reports are provided every six months and a state-wide yearly report is made available every 12 months.

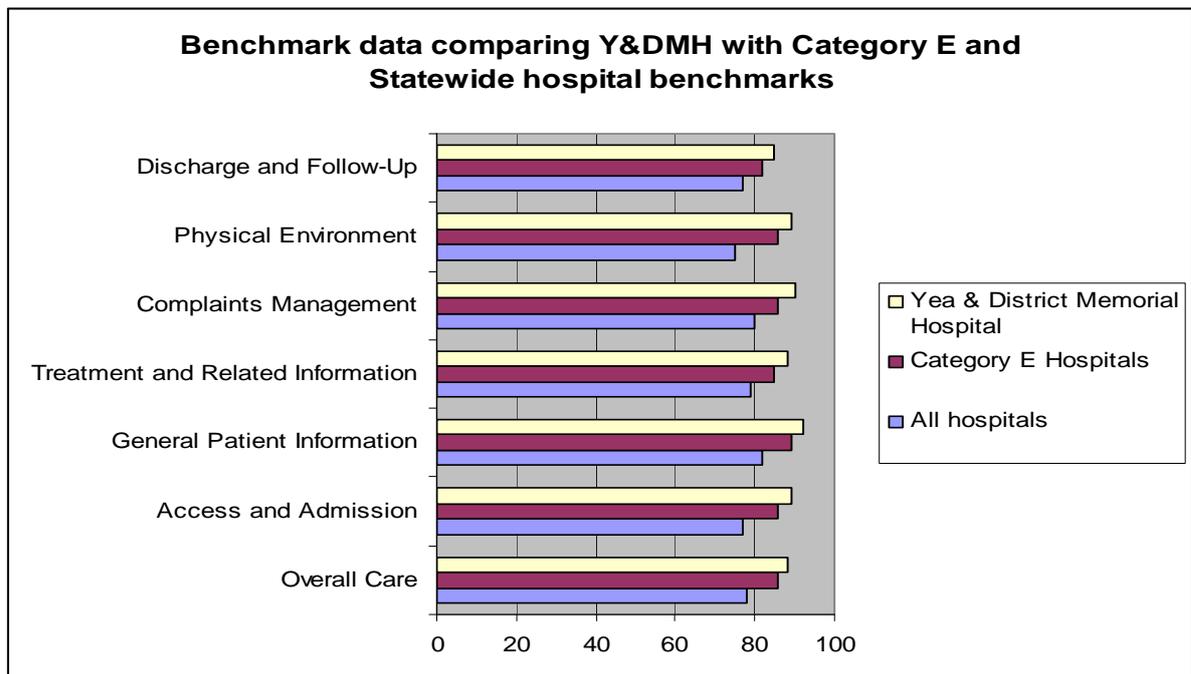
The VPSM enables Y&DMH to track its performance over time and to identify strategies that will ensure the hospital maintains its high level of service provision.

Yea Hospital scored highest in the areas of Access and Admission, General Patient Information, Complaints Management and Physical Environment. Encouragingly for staff and management, all of Y&DMH's results were above average when compared to similar sized hospitals across the state.

Positive results such as these continue to highlight the impact locally supported hospitals have on patient satisfaction and health outcomes.

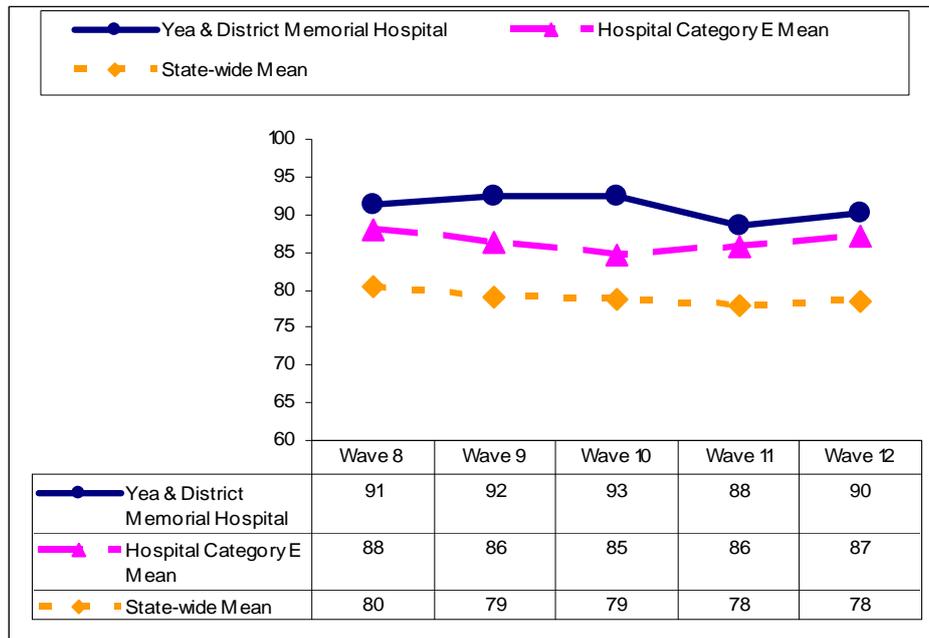
When asked about the best things about their stay in Yea Hospital, patient feedback from the survey included:

- *"Overall the whole stay was excellent. Every aspect of the hospital and staff were of high standard".*
- *"Being confident of the care, attention and professionalism showed at all times by doctors, staff and domestics."*
- *"The help and friendliness of all the staff, the pleasant room and very good facilities."*



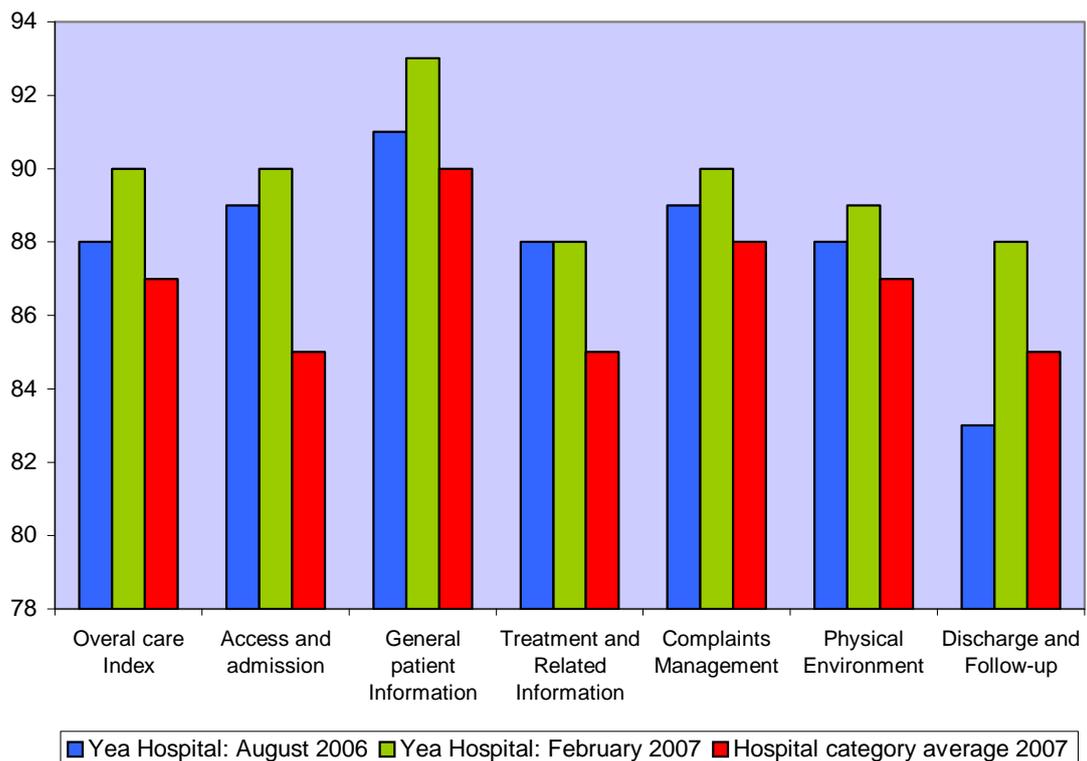
	Overall Care	Access and Admission	General Patient Information	Treatment and Related Information	Complaints Management	Physical Environment	Discharge and Follow-Up
All hospitals %	78	77	82	79	80	75	77
Category E Hospitals %	86	86	89	85	86	86	82
Yea & District Memorial Hospital %	88	89	92	88	90	89	85

Overall Care Index for period 2004 to 2007 (From VPSM report for September 2006 to February 2007.)



The following graph shows the results in patient satisfaction from the DHS Victorian Patient Satisfaction Monitor for August 2006 and February 2007, comparing them with the current category average for like sized hospitals.

**Victorian Patient Satisfaction Monitor: Yea Hospital results for August 2006 and February 2007**



## Infection Control and Cleaning

Infection Control is essential for monitoring and providing a safe and pleasant environment for all patients, residents and staff. Y&DMH has one registered nurse qualified in the area of Infection Control.

The Infection Control Nurse is a member of the Victorian Infection Control Professionals Association the Hume Region Infection Control Group and attends regular meetings in the Hume Region to network and keep up to date with the current changes in infection prevention and control.

The Infection Control Nurse also receives relevant magazines, literature and is on the Department of Human Services mailing/ email list to receive policy and procedures updates and to be notified of new policies as they become available.

Infection Prevention and Control is tabled at Patient Care Review Committee and from there to the Board of Management.

Infection Control is a complex area which overlaps with Occupational Health and Safety in several areas and incorporates these responsibilities:

- Food Safety
- Cleaning Standards
- Staff Immunisation
- Waste management
- Linen management
- Storage and use of Sterile Stock /Single use items.
- Micro-organisms identified in specimens
- Antibiotic usage
- Hand Hygiene
- Risk assessments
- Outbreak Management
- Blood borne infections
- Urinary tract infections
- Surgical site Infections
- Developing and reviewing policies and procedures to reflect current standards, regulations and legislation.

### Staff Health

Staff at Y&DMH are encouraged to have vaccinations offered by The Department of Health which include Hepatitis B, and Measles. Influenza is a yearly vaccination option, with 55 per cent of staff taking up on the offer this year.

### Hand Hygiene

Yea participated in the Victorian Quality Council Hand Hygiene Project this year with a big increase in using alcohol based hand rub lotions, and encouraging visitors to also participate to protect their relatives/ friends. This is also a water saving process as hand washing with running water is not required as often.

### Food Safety

Food Safety is a very important component of infection control, and is audited yearly by an external audit to aid in registration of the premises as a Hospital Standard kitchen. All staff are required to hold a Food Handling Certificate and comply with food handling regulations.

### Clean Pleasant Environment

Regular internal cleaning audits are done in the Hospital using the Department of Human Services Audit tool and an external audit is done yearly and reported back to DHS.

We have very conscientious in-house cleaning staff who work very hard at keeping our facility in a clean and pleasant state as can be seen by audit results below.

#### Cleaning Audit Results

Type of Audit	2004	2005	2006	2007
External DHS	95%	n/a	91%	94%
Internal	96%	94%	94%	96%

## Gastro Outbreak

There were two gastro outbreaks during 2006/07, which were quickly contained and proved to be community type viral gastro. One outbreak was in the Nursing Home and the other in the Hostel. Both cases affected residents and staff. The outbreaks were managed following government guidelines

Gradual improvement in most areas is noted on the graph below, however all areas continue to be of an acceptable standard.

## Waste Management

Further recycling is being done with paper waste and a garden mulcher was purchased to mulch trimmings from the garden. Composting is gaining momentum thanks to our enthusiastic maintenance staff.

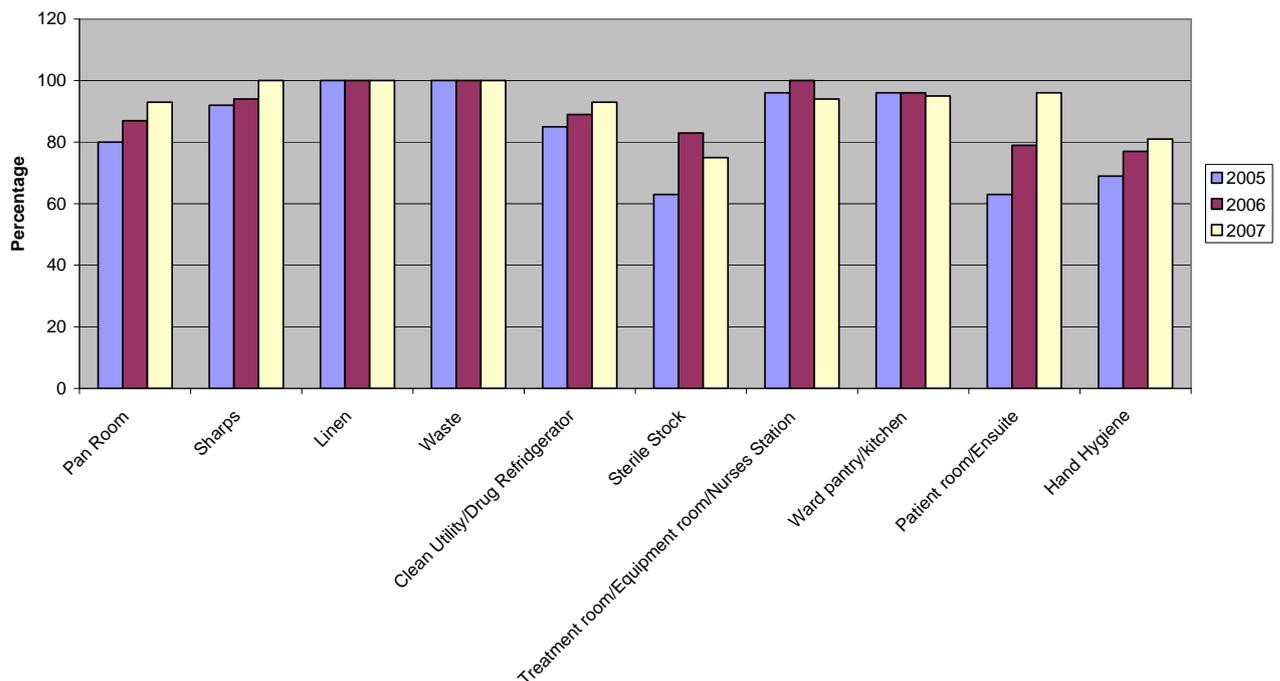
## Risk Assessments

Audits and surveillance are undertaken to identify practices, issues, risks, policies that require change, updating or do not comply with current standards or regulations, best practice and occupational health and safety requirements.

Audit results are posted on the staff room notice board and passed to Patient Care Review Committee and acted on according to the level required.



**Infection Control Audit: Risk Assessment Comparison April 2005, July 2006, Sept 2007**



# Occupational Health & Safety (OH&S)

The Occupational Health & Safety Program at Yea & District Memorial Hospital aims to ensure that this workplace is safe and healthy for employees, residents, patients and visitors.

Y&DMH conducts the Occupational Health and Safety Program with reference to the Occupational Health and Safety Act 2004 and relevant Regulations, Industry Standards and Guidelines.

Y&DMH has an Occupational Health and Safety Committee which meets bi-monthly. Each designated work group is represented by an elected Health and Safety Representative.

Throughout Y&DMH many Occupational Health and Safety programs operate. These include:

## Employee Rehabilitation

An active employee rehabilitation program is provided at Y&DMH. This is provided to employees who are injured at work and those recovering from injury and illness which have occurred away from work. Two staff members utilised the rehabilitation program during the 2006 / 07 year. Both have successfully returned to their usual hours.

## Safety Audits

Monthly internal environment audits are completed by the Health and Safety Representatives. External maintenance is monitored daily by maintenance staff. An external environment audit form is planned to be implemented. There is also an Incident/Hazard form which staff can complete if a Hazard is identified and needs immediate attention.

## No Lift

Y&DMH has a very active NoLift program and staff complete annual competencies. In May 2007 twelve additional NoLift Trainers were trained comprising four staff from each work areas to ensure that NoLift is promoted facility wide.

## Risk Assessments

Manual Handling Risk Assessments are mostly generated by staff concern about a particular task or by the completion of an incident report.

In 2006 / 2007 risks that were assessed included:

- Storage of heavy items in the kitchen
- Toileting residents in high care
- Placing slings under high care residents.

As a result of the assessments the following changes have been made:

- Heavy items have been moved.
- The methods used during the resident handling tasks in high care have been changed and documented on the residents care plan.
- When new manual handling equipment is trialled staff have the opportunity to participate using the equipment trial form.

In addition the following equipment was purchased in 2006 /07 year to reduce manual handling risk:

- new slings for lifting machines
- linen skip straps
- linen skips with foot operated lids
- 1 Clax trolley
- 3 Verna Care commode chairs
- 1 reclining commode chair
- 8 slide sheets
- 1 TED stocking pull on sleeve
- 3 wheelchairs
- 1 wheelchair for people who weigh greater than 150kg
- 1 new mop bucket
- 31 over-bed tables
- DHS funding also provided 1 reclining wheelchair.

## Hazardous Substances

Hazardous substances are stored as required by the Occupational Health and Safety Act 2004 and according to Worksafe guidelines. The storage and handling is monitored during the monthly safety audits.

Material Safety Data Sheets (MSDS) for the hazardous and dangerous goods stored and used at Y&DMH are held in the Manifest in the locked cupboard in the ambulance bay to allow Emergency Services access.

MSDS for all the chemicals used or stored in a work area are kept in folders in that area for staff to access. The Material Safety Data Sheets will be reviewed in October 2007.

## External Audit

Y&DMH attained 9 MA's (moderate achievement) for the nine Safe Practice and Environment criteria at the accreditation survey in June 2007.

Worksafe Victoria visited three times during 2006/2007. Two visits related to ambient temperatures within the workplace. One visit was related to workplace bullying.

The following action was taken in response to the visits:

- Ambient temperatures are being managed through the installation of fans in the acute area, air conditioners in low care, pergolas, blinds, screen doors and planting of shade trees around the facility.
- Staff have been required to attend sessions provided about Workplace Bullying and Harassment.

## Fire and Evacuation Training

Fire and evacuation training was provided for all staff. Nurses who work in charge were trained as fire wardens and 100% of these staff attended. The remaining nursing and care staff attended fire awareness sessions and the hotel services staff watched a Fire and Evacuation DVD, then completed a Fire Awareness Quiz.

## Incident Reporting

During 2005/2006 there were 23 incidents documented relating to staff, 14 of these related to musculoskeletal injuries. In 2006/2007 there were 32 incidents documented 4 of which related to musculoskeletal injuries. The higher level of reporting of Incidents is related to ongoing encouragement of staff by the Health and Safety Representatives to ensure they feel comfortable about reporting incidents.

Three staff were involved in splash incidents (none of which were serious in outcome). This shows that staff education is needed to ensure compliance with wearing protective glasses when performing tasks which could result in a splash. There are safety glasses in each pan room and in Accident and Emergency.

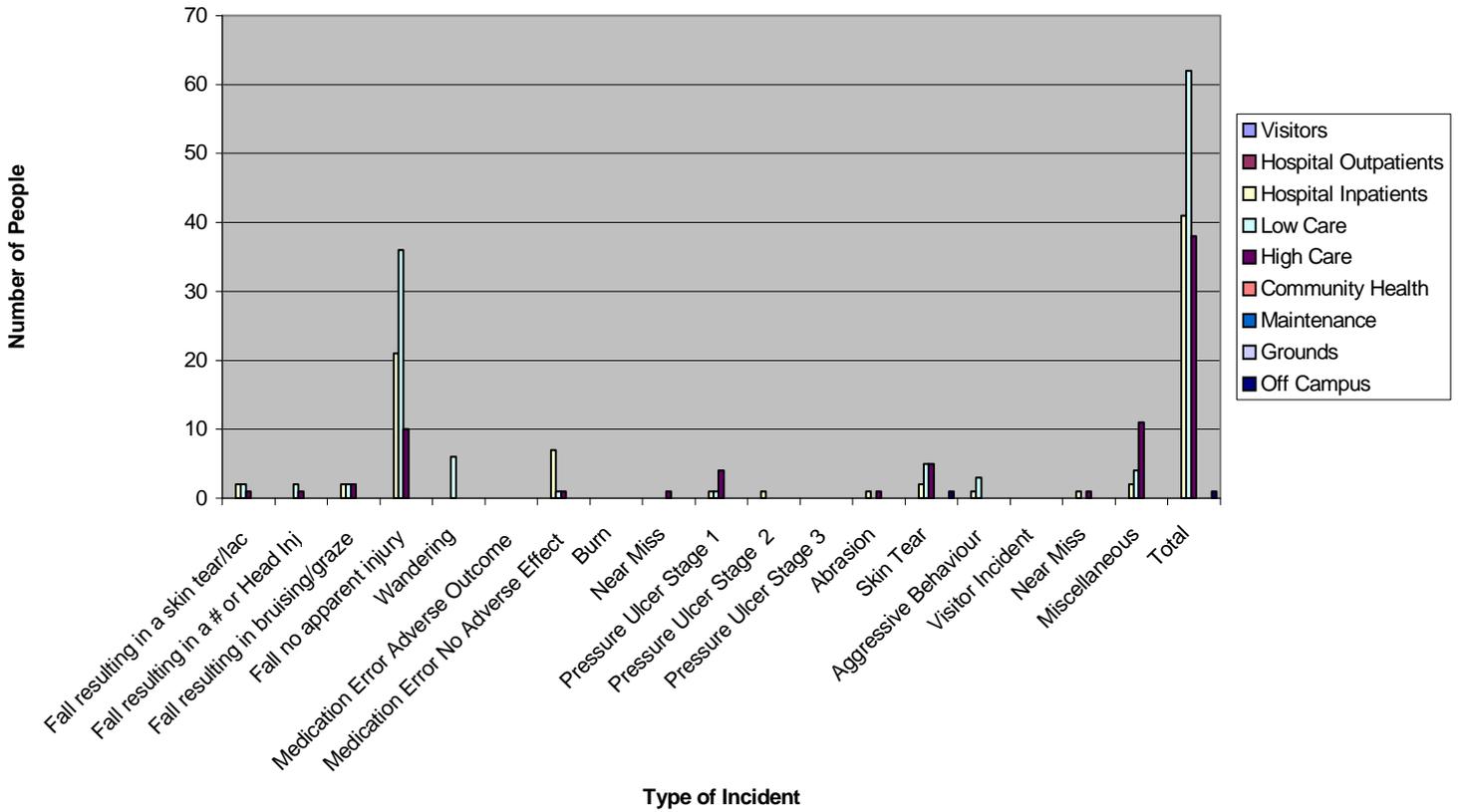
Incidents and injuries involving staff are followed up as soon as possible by management and involves the health and safety representative and the person reporting the incident. Strategies are put in place to eliminate or minimise the risk of the incident recurring.

## Contractor Management

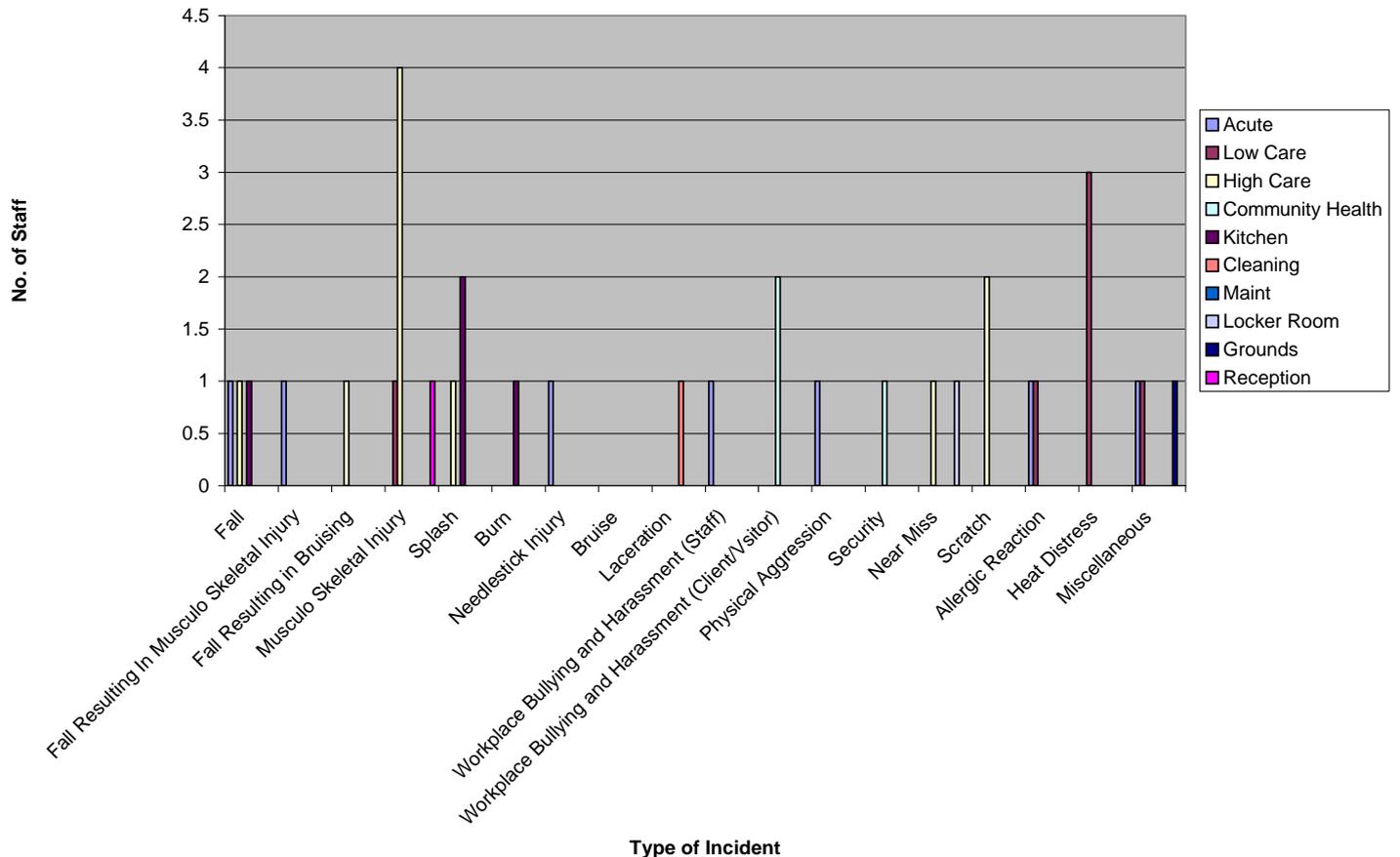
Contractors are required to sign in and out and to wear an identification tag. They agree when signing in to work at Y&DMH they will work according to Y&DMH Occupational Health and Safety Policy.

There were no reports of contractor injury for the year.

### Incident Reports 1 July 2006 to 30th June 2007



### Staff Incidents 1 July 2006 to 30 June 2007



## Falls Prevention

**“A fall is an event which results in a person coming to rest inadvertently on the ground or floor or lower level.” (WHO 2005)**

[www.who.int/violence](http://www.who.int/violence)

Older people living in our community have a greater risk of falls and fall-related injuries. Y&DMH views this as an important part of our public health role. Falls often lead to increased disabilities, ongoing impairment and changes in living arrangements. This leads to psychological trauma from fear of falling frequently.

Older people in residential aged care facilities are at a greater risk of sustaining falls or fall related injuries when compared with individuals who mostly live in private homes. Statistics are such that one in every twenty five individuals will sustain a hip fracture annually. This is 10.5 times higher than for individuals who live in their own home. (Safety and Quality Council Guidelines for Preventing Falls and Harm from Falls in hospitals and aged care facilities.)

At Yea & District Memorial Hospital and Rosebank Nursing Home and Rosebank Hostel a multi-strategy approach is taken by all staff members involved in resident/patient care. The Falls Prevention Program involves the ongoing assessment of all residents and patients and referral to allied health professionals (such as the physiotherapist) to reduce their risk of having a fall while in hospital, at home after discharge or during their residential time at Rosebank.

Assessments of aged care residents are undertaken annually using the Falls Risk Assessment Tool (FRAT) but assessment will also be flagged by a change in a resident's medical condition or following a fall.

Acute patient falls status is assessed on admission then reassessed daily and changes to status documented on the care plan. Referrals to appropriate health programs are made prior to discharge.

This approach aims at achieving best practice implementation of the Falls Prevention Philosophy and encourages residents/patients and staff alike

to participate in positive measures to prevent falls at Y&DMH.

The Falls Prevention Program at Y&DMH and Rosebank is incorporated into the OH&S program which conducts ongoing environment audits. This ensures that corridors, rooms and external pathways are clear and safe for patient, resident and visitor use.

The areas of Quality, Risk Management, Patient Care, Infection Control, Medication Review, Community Health/Health Promotion and District Nursing all contribute to the effectiveness of the Falls Prevention Program.

Residents in low care are mobile and although approximately half are assessed as high care residents they are still able to walk independently and like to move freely around the facility. This (much valued) independence does increase the risk of falls.

All residents who have a fall are reassessed. If the fall involves a fracture they have a more detailed assessment done and preventative measures are taken to control the risk such as:

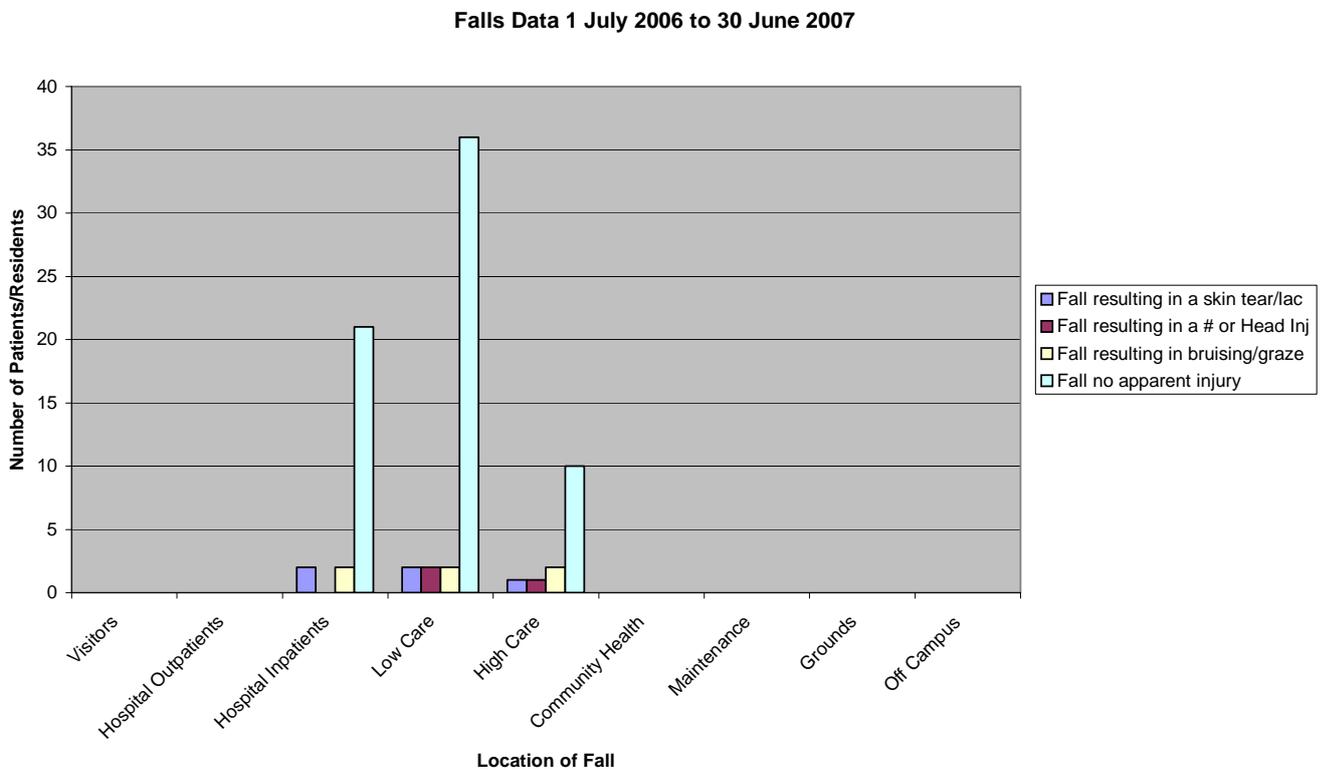
- reducing the amount of personal belongings in the resident's bedroom (less clutter)
- changing over an arm chair to a more suitable one
- emphasizing the need to call staff when moving from one place to another
- placing a commode by the bedside at night.



## Falls data 2006/07

Of the 141 incidents involving patients and residents 81 were falls; 25 in acute, 42 in low care (2 resulting in a fracture) and 14 in high care (1 resulting in a fracture).

The staff at Y&DMH are committed to the Falls Prevention Program and will continue to monitor and control falls risk and promote falls prevention strategies to patients/residents and their families.



## Pressure Ulcer Point Prevalence Survey (PUPPS)

Pressure ulcers (or bedsores) are areas of skin that have been damaged by constant pressure or friction. People with reduced mobility, such as hospital patients who spend long periods of time in bed, may be at risk of developing pressure ulcers on bony areas such as the heels, elbows, the back of the head and the tailbone (coccyx).

Pressure sores can be difficult to treat but can be prevented by a relatively simple assessment and ongoing monitoring process undertaken by nurses. Untreated, pressure ulcers can lead to serious skin damage which requires surgery – extending the patients stay in hospital and the potential long term health impacts.

Y&DMH participates in a state-wide monitoring program overseen by the Quality and Safety Branch of the Department of Human Services. The Pressure Ulcer Prevalence Survey (PUPPS) aims to reduce the occurrence of pressure ulcers in Victorian hospitals through education of staff, increased assessment of risk on admission and ongoing monitoring of hospital patients.

All patients admitted to Y&DMH have a pressure ulcer risk assessment completed within 24 hours of admission. If they are identified as being “at-risk” of pressure ulcers, management strategies are documented in the patient notes or in their care plan. Where necessary a multidisciplinary team is engaged to assist with management of pressure ulcers, including a physiotherapist, dietitian and occupational therapist.

In addition, patients admitted to Y&DMH have access to pressure relieving mattresses during their stay. Y&DMH recently purchased three new mattresses to assist in the prevention of pressure ulcers.

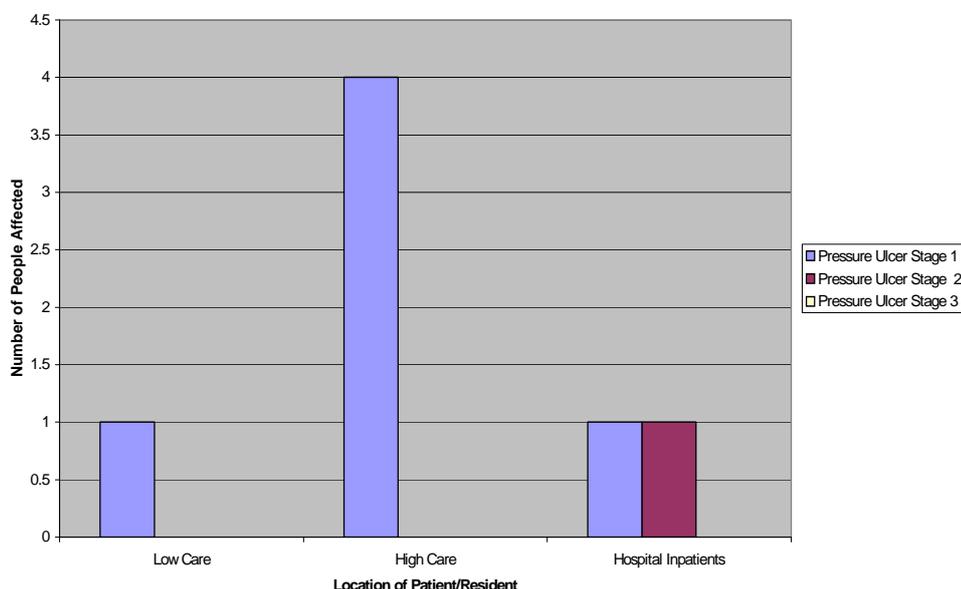
All new staff are made aware of the PUPPS manual and the importance of accurately assessing the risks, implementing strategies for at-risk patients and completing incident reports for any pressure ulcers detected.

### 2006 /2007 PUPPS

Y&DMH again participated in the statewide survey on pressure ulcers. The data was collected on 12 May 2006 and compared to data collected in 2004. On the day of the survey only four patients were in hospital, however all agreed to participate in the survey. Risk assessments were performed within the timeframe of 24 hours of admission and no pressure ulcers were identified.

Y&DMH is committed to the accurate assessment and ongoing monitoring of all patients admitted to the hospital to prevent the development of pressure ulcers, reducing the discomfort of patients, the length of time spent in hospital, and the eventual cost to the health system.

Pressure Ulcer Prevention Program: 1 July 2006 to 30 June 2007



# Continuity of Care

Y&DMH is committed to enhancing the health status of the community it serves through the achievement of clinical excellence and the provision of high quality health services.

The organisation is comprised of three key areas, Acute, Residential Aged Care and Community Health. The Acute area has 10 beds and an accident and emergency area. Rosebank Nursing Home and Rosebank Hostel provide the residential aged care service. The nursing home has 10 residents and the hostel 15 residents.

Y&DMH has responsibility for the provision of community health services to the west side of the Murrindindi Shire. Housed in The Grace Bennetts Centre, Yea Community Health has a range of services available including a diabetes educator, dietitian, support / access worker, women's health worker, occupational therapist, a psychologist and a speech pathologist and counsellor (Kinglake only).

Community members also have access to an extended range of health services onsite at the hospital as several private providers utilise consulting rooms on a permanent or regular basis. Private services available to the community include podiatry, audiology, physiotherapy, pathology collection, ultrasound, optometry, spirometry, echocardiography and psychology services.

Staff in all areas of the organisation also work in partnership with other local service providers, such as Alexandra District Hospital, General Practitioners, Murrindindi Shire Council, Mitchell Community Health Services and other visiting services, with the aim of providing the best model of care for people seeking to improve their health outcomes.



## District Nursing

Yea & District Memorial Hospital strives to provide the best quality in healthcare across a range of hospital and community based services.

Yea & District Nursing Service (Y&DNS) provides nursing care in the homes of people living in Yea and surrounding districts.

Y&DNS recognise that clients have individual needs and attempt to identify and cater for these needs when developing a nursing treatment plan. This is done through a process of assessment and consultation.

Yea & District Nursing Services can provide:

- Continuing nursing care after discharge from hospital
- Wound management
- Assistance with hygiene needs
- Observation and monitoring of blood pressure and blood glucose levels
- Education and advice about medical treatment and health practices to promote wellbeing
- Assessment and referral
- Information on accessing local support services
- Palliative care
- Support for carers

### Districts Visited

Yea & District Nursing Service covers the western side of the Murrindindi Shire, including: Yea, Molesworth, Glenburn, Flowerdale, Kinglake, Highlands, Strath Creek and Murrindindi.

### Hours of Service

**Monday - Friday:** 8.00am to 4.30pm

**Weekends:** Minimum service by arrangement only

Visiting times are arranged in consultation with the client as part of the nursing care plan and consideration is given to client's individual needs

### Overview of 2006 – 2007 services

## Client Visit Summary

Category	1 Jul 06 to 30 Jun 07			
	Clients	Visits	Minutes	Avg/Min
Pensioner	63	1,272	44,429	34.9
Veterans' Affairs	10	574	13,936	24.3
Linkages	5	238	6,791	28.5
Special charge	12	140	3,525	25.2
Post-acute Care	16	67	2,515	37.5
TAC	1	51	1,690	33.1
Work Cover	1	9	365	40.6
Hospital-in-the-Home	3	7	210	30.0
Extended Aged Care in Home	1	1	60	60.0
Private	1	1	60	60.0
please fill in description	3	3	45	15.0
Rehab-in-the-Home	1	1	25	25.0
<b>Totals</b>	<b>117</b>	<b>2,364</b>	<b>73,651</b>	<b>31.2</b>

Other Time and Kilometres	
Kilometres:	30768
	<b>Minutes</b>
Travel Time	29,875
OBDCC Time	189
Misc Time	37,780
<b>Totals</b>	<b>67,844</b>

## Rosebank Hostel

Rosebank Hostel, as part of the Yea & District Memorial Hospital, provides low level residential aged care for the local community and surrounding districts. Single room accommodation, each with ensuite bathroom is provided for 15 residents.

Three of the rooms are fitted with an overhead tracking system allowing for residents with higher care needs to be cared for in line with our "no lift" policy and a commitment to ageing in place.

Residents are cared for by personal care attendants (PCA) and Division 1 registered nurses, with access to a range of allied health services. Residents enjoy a range of activities within the Hostel and out in the community facilitated by a dedicated band of volunteers.

In May 2006 Rosebank Hostel was granted a further three years Accreditation by the Aged Care Standards and Accreditation Agency. A spot audit was conducted by the Agency on 13th December, 2006 with compliance in the Standards being achieved. As a direct result of this audit a key personnel phone contact list has been extended to ensure that at future spot audits relevant staff members are able to be contacted if required.

Rosebank Hostel staff participate in the 'Yea for Quality' group which was set up to encourage a team approach to quality and change management.

One of the first areas identified for improvement in Rosebank Hostel was the garden area.

The plan is aimed at improving our residents' access to the Outdoors Sunshine Program. This will be achieved by:

- Replacing heavy glass doors with automatic doors
- Providing handrails along existing paths
- Extending the existing pathways and
- Tree planting along the walking paths with provision of shade trees.

As this project is quite costly it is proposed to implement it in stages with tree planting to be the first stage. Trees will be chosen by a panel comprising residents, staff and locals with appropriate expertise.

A major challenge in the 2006 - 2007 year was the need to maintain a stable and comfortable indoor temperature for our residents to live in and staff to work in during extended periods of hot weather in the summer months.

Improvement notices issued as a result of a Worksafe audit in February 2007 have so far resulted in the construction of pergolas outside north east and north-west facing windows with shade cloth fitted during the summer months and shade blinds fitted to west facing windows. A ceiling fan has been fitted in the Hostel kitchen.

Staff education and improvement is an ongoing commitment, with staff identifying a need in the area of 'communicating with the family and friends of a dying resident'. An in-service is planned for July 2007. Staff also have access to relevant educational programs through the Aged Care Channel – a satellite training station for aged care staff.

Other improvements planned for the near future will see a new six week menu developed in consultation with a dietitian using standardised recipes.



## Rosebank Nursing Home

Rosebank Nursing Home, as part of the Yea & District Memorial Hospital, is a dedicated high care facility providing an essential service to members of the community who require 24 hour, 7 day a week nursing care.

The facility has 10 beds, all of these are single rooms and have an en-suite bathroom attached.

Rosebank Nursing Home employs registered nursing staff (both Division 1 & Division 2 nurses) to ensure that all our resident's needs are met. There is also access to a number of allied health services, such as physiotherapy, speech pathology, dietician, diabetes education, podiatry, palliative care, audiology and optometry.

Following on from receiving our three year Accreditation by the Aged Care Standards and Accreditation Agency in May 2006, we had a spot audit by the Agency on 13 December 2006 resulting in compliance with all standards. As part of their recommendations we have improved our incident reporting forms.

The organisation continues to focus on quality improvement to ensure that each resident receives the best care available.

One of the ideas to improve in this area has been the development of 'Yea for Quality', which is a group that meets monthly and looks at suggestions, complaints and comments by staff, residents and visitors with a view to finding the best solution to each situation. Some projects are long term and ongoing, while others are able to be dealt with promptly.

Some areas that have been or continue to be addressed by Yea for Quality that involve Rosebank Nursing Home are:

- A review of the food menu. There has been consultation with the dietician and kitchen staff. In the near future residents will be surveyed to find out what they would like on the menu. This is an ongoing improvement.

- Some difficulty in maintaining correct consistency of thickened fluids for residents with swallowing difficulties. This is currently under review.

In addition there has been identified a need to have further training for staff in regards to our 'no lift' policy. In May 2006 three staff were trained as 'trainers' in the Rosebank Nursing Home so they can continue to advise other staff on safe ways to assist our residents to move about.

Other improvements in the 2006 - 2007 year were:

- Installation of corner shelves in each residents room for displaying ornaments, photos etc.
- External sun blinds applied to windows on rooms 8, 9 and 10 to reduce the heat in these rooms from the afternoon sun
- The purchase of a new wheelchair and carendo shower chair

Rosebank Nursing Home looks forward to a future that continues to evaluate how we do things, how we can improve and implement actions that result in the best care possible for our residents.

## Yea Community Health Service

Yea Community Health Services (YCHS) has continued to grow and build on existing programs and alliances within the community.

Improvements have been made to the referral and feedback service between the hospital, medical staff and community health. This has included participation in the state wide roll out of the Service Coordination Tools and their continued development.

Working on some of the feedback provided from the external benchmarked Primary Health Care Consumer Opinion Survey (PHCCOS), completed in early 2006, the Service aims to ensure a comfortable waiting area with tea and coffee facilities, relevant reading materials and magazines (such as the ever popular 'Diabetic Living') and a stereo for some music or radio when clients are waiting to enhance privacy.

Services currently provided through YCHS are:

- diabetes education
- occupational therapy,
- counselling
- community and access worker
- dietitian
- women's health nurse

All these services are provided on a part-time basis, however with the exception of the women's health nurse, clients can be seen in less than five days if an urgent appointment is required.

In addition to these, speech pathology and counselling are both provided in Kinglake. Other services are provided to Yea and surrounding districts by Mitchell Community Health Services.

### Partnership

YCHS staff are committed to working with their clients to achieve the best health outcome possible. Part of this work may include collaborative relationships with relevant service providers such as other allied health professionals and general practitioners. Clients being seen by the Diabetes Educator have particularly benefited from this collaborative approach to health care.

### Health Promotion

Y&DMH and Alexandra District Hospital have a joint health promotion plan that community health staff from each of the hospitals are working together to implement.

The plan runs from July 2006 – June 2009 and has a focus of improving the physical and mental health and wellbeing of the Murrindindi Shire community. This will be achieved by moving the focus of health promotion activities from "individual" to "population", and by concentrating Integrated Health Promotion (IHP) interventions on social marketing and health information, community action, and settings and supportive environments.

The target groups for the 2006-2009 Community Health Plan (CHP) are families, children and older people.

The health priorities for the Murrindindi Shire are:

- Physical Activity
- Food and Nutrition
- Mental Wellbeing and Social Connectedness

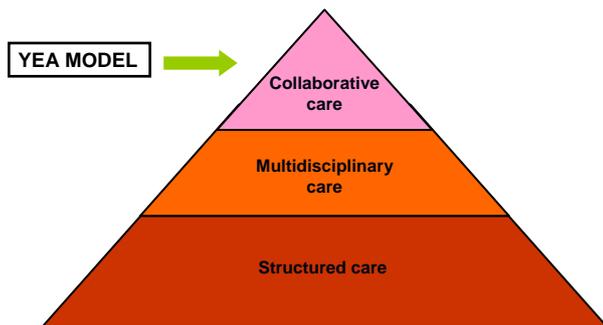
A Health Promotion Committee has been established to oversee the planning, implementation and evaluation of the HP Plan and representatives from both Yea and Alexandra hospitals attend bi-monthly meetings which alternate meeting in Yea and Alexandra.

Local activities that are represented in the Health Promotion plan include:

- Yea Gentle Water Exercise Group
- Buds & Blossoms
- Community Kitchens – "Sarah's Kitchen"

## Case Study:

### A Collaborative Approach to Diabetes Management



#### Background:

In recent years local GPs and allied health professionals from Yea Community Health Service have begun working collaboratively to address the health issues of patients with chronic diabetes.

By working together to support their common patients the GPs and health professionals have seen not only an improvement in the health of their clients but a development in the health of their professional working relationships.

Barriers to previous attempts at collaborative management of chronic diabetes patients included:

- A top-down approach from GP (resistance to change)
- Lack of information provided to Allied Health Professionals (AHPs)
- Difficulties in referring back to GP

However there were several factors that contributed positively to the development of collaborative care including:

- Relatively short waiting times to see the Diabetes educator - e.g. only 1 week wait in Yea compared to 3mths in other rural areas
- Good referral rates between local GPs and Yea Community Health Service
- Distance - one GP practice and YCHS are co-located in The Grace Bennetts Centre

#### How Does the Model Work?

General Practitioner invites a patient experiencing a chronic disease, such as diabetes, to participate in an Enhanced Primary Care (EPC) care plan. The GP develops an appropriate care plan with the patient which identifies other allied health professionals (AHPs) that need to be involved to gain the positive health outcomes the care plan aims to achieve.

In the case of YCHS these health professionals can include the credentialed Diabetes Educator, Dietitian, Psychologist, podiatrist, access worker and physiotherapist.

Weekly face-to-face case conferences are held between the GP, Practice Nurse, Diabetes educator and dietitian (and other relevant AHPs) where the progress of the shared client is discussed and suggestions are made about future progress and the actions the client needs to take to achieve their desired health outcomes. This may include and improvements in diet, increased exercise, medication management / review and other appropriate referrals.

#### Positive Outcomes for Health Professionals:

- Improvement in team management and inter-professional collaboration
- Mutual respect
- Improved information flow between health professionals about common clients reducing the need for the client to constantly be relaying updates and information
- GPs receptive to allied health input

#### Health Professional Feedback about the model:

*GP's quote "...the formalisation of the case conference works well for my practice and is much better for the management of my patients..."*

*Diabetes Educator "...my clients are encouraged by the positive health outcomes of the collaborative care model..."*

*Dietician "... I am getting three times more referrals since the introduction of this approach..."*

*Allied Health Professional "... GP has greater confidence in us when we have face-to-face contact and interactions..."*

*Podiatrist "... the rate of foot ulcers has certainly decreased and I am able to detect and treat potential ulcers..."*

#### Patient Feedback

*"...I feel my diabetic control is getting better and the management of diabetes is getting into a fine art..."*

*"...since starting the care-plan there is more time for patients esp. for a small community. It is good to have all services located at one place esp. at my age..."*

Source: Ambulatory Diabetic Management in Rural Practice "Yea's Collaborative Approach Model" Paxton Loke & Nazar Mohamed

# Buds and Blossoms

The musical tones of the tin whistle echo through the hallways of Rosebank Hostel to alert the residents that 'Buds & Blossoms' is about to begin.

Buds & Blossoms has been running in Yea since the start of 3<sup>rd</sup> term of 2005 and sees a group of very enthusiastic children, their carers, numerous volunteers and Rosebank residents gather together on a Thursday for story time, creative activities and singing children's songs.

The Buds & Blossoms program evolved over a casual chat one afternoon between some local mothers. The idea behind the program was that the preschool children of Yea would benefit from a group book reading session and would enjoy an opportunity to learn some nursery rhymes and sing along with others. From that initial discussion, the group approached Rosebank Hostel who embraced the concept and refined the format to be incorporated into both the diversional therapy program and health promotion plan.

The age of attendants at each program ranges from some very young bubs to 94 years and is greatly enjoyed by all. The program is also enriched by the kind and generous support of volunteers who assist with welcoming the participants and making tea and coffee as well reading books, organising the activities and leading the singing.

Staff at Rosebank Hostel, Rosebank Nursing Home and Y&DMH have also been very supportive of the program, with several bringing in their own children or grandchildren.

The concept of Buds & Blossoms is definitely unique and hopes to help develop a sense of compassion and empathy towards people who are of a different generation in the children that attend.

Some of the residents are in wheelchairs or have other disabilities yet the children never seem apprehensive toward them.

There is an obvious bond formed between some of the residents and young ones and it is beautiful to see the children recognising the residents in the street. To the children the residents are their friends who they meet with once a week to have some fun.

The residents were recently asked what they love about attending Buds & Blossoms. Most agreed that they love watching the children and admire the parents and carers of today.

Many residents say that seeing the children bring back fond memories of when their own children were small. They also enjoy the "modern" storybooks, and really get a kick out of reliving their childhood by singing some nursery rhymes which they hadn't heard in years and learning some new ones.

The parents and volunteers have been able to get to know some of the residents well and enjoy hearing of their stories of growing up in this area.

The Buds & Blossoms program was recognised in the Department of Human Services 2006 Early Years Awards, winning a highly commended in the category of *"Improvements in parent's capacity, confidence and enjoyment of family life"*.



# Quality of Care Report

## 2006 / 07

### **Development**

Thanks to the staff at varying levels who have contributed to the development of the Quality of Care report. Input was also received from Medical Students on placement with the organisation.

### **Distribution**

The Quality of Care Report is distributed with the Annual Report at the Yea & District Memorial Hospital Annual General Meeting.

Residents of Rosebank Nursing Home and Rosebank Hostel also receive a copy.

Interested community members may also pick up a copy of the Annual Report / Quality of Care from the Yea & District Memorial Hospital reception.

### **Evaluation**

In past years evaluation of the Quality of Care report has not been formally undertaken.

However as part of development of the Community Participation Strategy the hospital will increase the opportunity for community members to be involved in the development and evaluation of such documents produced by the organisation.

It is also expected that community feedback in regards to the current report will inform the development of the 2007 – 2008 Quality of Care report.