



# QUALITY OF CARE REPORT

2015

  
**redhs**  
*More Than a Hospital*  
Rochester and Elmore District Health Service



## Vision

REDHS is widely recognised for excellence in responsive, sustainable rural health services and compassionate care

## Values

**R**espect, dignity and understanding

**E**quity, access, participation and consultation

**D**iligence, responsibility and accountability

**H**onesty, trust, fairness

**S**ervice, professionalism and ongoing improvement and innovation

## Contents

Working Together.....	3
New Initiatives.....	4
Safety & Quality.....	6
Information Management.....	10
Monitoring Risk.....	11
Falls Prevention.....	13
Infection Control.....	14
Connecting with the Community.....	15

## From the Board President and the Chief Executive Officer

On behalf of Rochester and Elmore District Health Service (REDHS), we are pleased to present the Quality of Care Report for 2014-15.

This report aims to inform our community about the healthcare services we provide, the quality and safety processes surrounding the services, some of the challenges and how we meet them and participation by members of the community in safety and quality improvements.

This year, achievements include:

- The success of the Sing Out Loud Choir initiative and their Australia Day Award for Arts Group of the Year
- Four registered nurses completing the Rural and Isolated Practice Endorsed Enrolled Nurse qualification
- The introduction of Advance Care Planning
- Aged care resident food forums
- A Pain Management clinic in aged care
- Patient communication whiteboards in all acute bedrooms
- Consumer feedback or story (de-identified) at the commencement of Board of Management meetings
- Appointment of a consumer representative to the Care Review Committee

The report covers three main topics: consumer, carer and community participation, quality and safety and continuity of care. Following consumer feedback on last year's report and input from the group of community volunteers and staff overseeing the production of this year's report, it has been adapted to a new "lift out" format this year, in place of the calendar. The aim is for the newsletter to be easier to read, feature more stories

and photographs and support greater distribution throughout our catchment.

The articles and, in particular the consumer stories, featured in this magazine highlight how REDHS is truly "more than a hospital" and we thank those people who so generously shared their stories.

Thank you to the people in our community who partnered with REDHS this year through increased involvement in their care, making suggestions, completing surveys, paying compliments and lodging complaints. This involvement helps REDHS to focus on where to improve and to pass on recognition to staff and volunteers.

We would also like to thank the group of volunteers who have provided their opinions and supported the report's design and development which is testament to REDHS' commitment to involving consumers in our health service in particular Pat Smith, Tom Murphy, Robert Brown, Jim and Dawn Deverill, Andre Blackman and Karen Hughes.

We would also like to recognise the dedicated efforts of the Board, executive, leadership team, staff, Visiting Medical Officers and our volunteers who work hard to provide the best service possible to the Rochester and Elmore district community.

This year the report is being distributed in local newspapers and is also available at various community stores and medical clinics, as well as at REDHS. It is also available at [www.redhs.com.au](http://www.redhs.com.au)

*Enjoy reading about your health service*



*Tim Fulton*

**Tim Fulton**  
Board President

*A McEvoy*

**Anne McEvoy**  
Chief Executive Officer



## Working Together Gets Great Results

By working together, REDHS staff and management, volunteers, people receiving care, carers and community members can improve the safety and quality of care provided at REDHS. In this report you will read about how consumers have contributed and made your health service even better and safer.

### SINGING OUT LOUD

An excited buzz in the room, pressed, white shirts, black hats, red bowties and feathers told the audience that they were going to be treated to something very special on this very warm October day in 2014. REDHS' Sing Out Loud Choir was ready to perform.

Residents had been rehearsing for eight weeks under the guidance of Maestro Aurora with Activities Coordinators Karen and Janine, pianist Lyn, volunteers and family members also joining in the fun.

On this very special afternoon, the audience of family, friends, staff and community members watched and listened as the choir burst into song and were entertained with renditions of many old favourites such as "Kiss me goodnight Sergeant-Major", "Daisy, Daisy" and "The Road to Gundagai". Choir members told of how they met their soul mates and there were stories of growing up on farms without many of the trappings of modern society such as electricity and tales of making butter and encounters with snakes. There was some dancing and a wonderfully humorous poetry recitation from 99 year old resident, Ernie. The audience was enthralled and were invited to join in the singing. There was lots of talk around town about the outstanding performance and the hope that the choir

would be able to perform again in 2015. (Note: the choir has since participated in a second program and performed in September 2015 with new Maestro, Emma).

The choir was an innovative, invigorating and inclusive form of entertainment, bringing back many memories for residents. It also provided an opportunity for family members to join in a group activity with their loved ones.

In recognition of this exciting initiative, the Sing Out Loud Choir was awarded both the Rochester and Shire of Campaspe Australia Day Arts Group Awards in January 2015. Some residents, staff and volunteers attended the award ceremony to receive their certificates. Congratulations to all involved.







## New Initiatives

### LIVING PAIN FREE

In October 2014, 88 year old resident was diagnosed with carpal tunnel in her left wrist. Due to Una's medical history, she was deemed inappropriate for surgery as an intervention. She was treated with a cortisone injection in October 2014, and prescribed the use of a wrist brace and analgesic gel and also commenced pain relief medication in February 2015 to help manage the condition. Sadly, Una's wrist pain continued, affecting her daily activities, and causing her to cease participation in hobbies such as knitting and completing crosswords. In March 2015, Una commenced participation in the Pain Management Clinic. The Clinic is led by REDHS physiotherapists Judy Lee and Keely Trew, who treat residents with massage, mobilisation and stretches. Una had three treatments per week to her wrist and within three weeks of commencing this program, she was able to return to her hobbies. Una is now able to knit everyday with no effects on her wrist.

*Una, below, enjoying her regular massage therapy from Physiotherapist Keely Trew.*



### WHITEBOARDS IMPROVE COMMUNICATION

*"I really miss having a whiteboard in my room. There was one in my room at another hospital and it was a great help for reminding me what was happening that day and the names of the staff".* These comments from a patient led to REDHS installing patient communication whiteboards in the acute ward during the year.



REDHS has consumer feedback processes in place to ensure that compliments, suggestions and complaints are addressed appropriately and that improvements can be made. The whiteboard suggestion was embraced and the project got underway.

Examples of communication boards from other health services were reviewed and trial versions were put in the patient's room to check what information they and their family members wanted recorded there. Another patient saw the trial whiteboard and wanted to be involved in trialling one as well, then another and another. Staff and Board of Management directors also provided feedback on the content of the whiteboards. Finally all opinions were gathered and the whiteboards were printed.

Positions for the installation of the whiteboards were decided upon through consultation with patients, the acute ward manager and maintenance staff. They were placed so

that they could be read by patients from their beds, but out of view of the general public.

The whiteboards are a great way for patients to keep track of the day and date, when they have appointments, their planned discharge date and the names of staff providing the care on that shift. They are also for the reference of family members who can write messages for staff or doctors and see what is planned. This great initiative was made possible by a patient speaking up and the responses to the whiteboards from patients, family members and staff has been overwhelmingly positive.

There have been a number of other improvements and initiatives at REDHS as a result of consumer feedback including:

- Complaints were received about both the internal and external call bells that alert staff to the presence of someone wanting to access the Urgent Care Centre. The internal call bell was not easily seen. As a result, of discussions between the consumer and the Acute Services Manager, the signage was relocated to the reception window, directly opposite the bell. Consumers were subsequently asked to review the change and were able to easily locate the call bell. On another occasion, after hours entry had been delayed due to the external call bell alert not being received by the nursing staff. Written instructions on holding the button down for longer to activate the alert for staff are now displayed next to the external call bell.
- Planned Activity Group (PAG) clients indicated that the toilet doors were heavy and were difficult for them to open, especially when using a wheelie frame. Clients and PAG staff suggested that a door closer be removed. A supervised trial was undertaken to make sure that the doors wouldn't close too quickly on clients, causing injury or a fall. The trial was a success and clients can now access the toilets independently.

*Affiliated Health Assistant,  
Maddy Chapman, and  
Dietitian, Katherine  
Watson, received REDHS  
Great Care and Service  
Excellence Recognition for  
their implementation and  
coordination of the food  
forums.*

## LET'S GET TOGETHER AND TALK ABOUT FOOD

Sauces, gravy, dressings and custard being served "on the side", additional breakfast cereal varieties and "Happy Hour" starting earlier on Fridays to include afternoon tea as the two activities were too close together. These are just some of the changes made as a result of resident food forums commenced this year.

Meal times are important social events in REDHS' aged care facilities and nutritious food and drinks are important in the physical sense. This year, the Food Services Reference Group initiated food forums in the dining rooms of both the high and low care residential aged care units with assistance from REDHS Activity Coordinators. Residents and family members were invited to "have a chat around the kitchen table" with dietitian, Katherine Watson and chef, Bec O'Sullivan about the meals. Topics ranged from favourite meals, food dislikes, meal presentation, the meal choices available and meal times.

The residents and their families really enjoyed this opportunity and it was so well received that regular forums are now being held every couple of months. Apart from the changes already mentioned, there are many more things that are being worked on as a result of the sessions, including pictorial menus to show what a meal looks like and information sheets that outline what is in a meal, including the types of vegetables. A resident is now a representative for fellow residents at Food Services Reference Group meetings and brings any suggestions or concerns raised by residents between forums.

It is great to have this collaboration between the staff developing menus and preparing meals and the residents eating the food.







## Improving Safety And Quality Through Participation

In 2014-15, Rochester and Elmore District Health Service (REDHS) has continued to support consumer participation through increased opportunities for involvement in care, service planning, consumer information development and consumer involvement in health service committees.

As a Victorian government-funded health service, REDHS has adopted the Department of Health and Human Services' *Doing it with us not for us* policy on consumer, carer and community participation in the health care system and continues working towards meeting all of the targets of the five standards.

### HOW REDHS IS MEETING THE STANDARDS

#### STANDARD 1

**The organisation demonstrates a commitment to consumer, carer and community participation appropriate to its diverse communities.**

- The Partnering with Consumers policy has been adopted by the Board of Management and is available to all staff
- The Care Review Committee has a consumer representative and recruitment to the Quality of Care Committee is under way (note: consumer since appointed in September 2015)
- Health service information has continued to appear in the local newspaper but articles are now appearing in two additional community newsletters in Elmore and Lockington
- Regional Aboriginal Liaison Officers have been assisting with REDHS Aboriginal Health Action Plan

- Staff have been provided with cultural responsiveness and person-centred care education opportunities

#### STANDARD 2

**Consumers, and, where appropriate, carers, are involved in informed decision-making about their treatment, care and wellbeing at all stages and with appropriate support.**

- Significant work has been done on partnering with consumers with the introduction of bedside handover and bedside discharge planning in acute enabling the patient to have direct input into their treatment and promote inclusion
- The level of involvement of primary care clients and aged care residents and families is assessed through the use of annual satisfaction surveys
- Results from the Victorian Health Experience Survey for acute ward and day procedure unit patients are used to assess satisfaction with their involvement in care and treatment decisions



*Physiotherapist Judy Lee working with one of our residents.*

### STANDARD 3

**Consumers, and, where appropriate, carers are provided with evidence-based, accessible information to support key decision-making along the continuum of care.**

- Relevant information is provided to patients, residents and clients about their care
- The information is sourced from validated organisations
- REDHS uses the Checklist for Assessing Written Consumer Health Information for all brochures/information sheets
- Where appropriate, consumer reviewers provided their feedback on information brochures
- REDHS developed a "Consumer Approved" logo for inclusion in information brochures
- When surveyed 89% of residents were satisfied with the information they received from REDHS

### STANDARD 4

**Consumers, carers and community members are active participants in the planning, improvement and evaluation of services and programs on an ongoing basis.**

- There was consumer involvement in Strategic Plan review (2013-2016) with continuing involvement planned for review in March 2016
- There is a well-established consumer feedback process for complaints, suggestions and compliments and consumers are encouraged to be involved in resultant quality improvement activities
- The Community Kitchen commenced by REDHS is now participant-driven with oversight by REDHS' dietitian
- Aged care residents are actively involved in providing feedback during menu reviews and food forums
- Evaluations before and after health promotion activities or programs are completed by consumers to assist with future planning
- Consumers are on clinical governance committees

### STANDARD 5

**REDHS actively contributes to building the capacity of consumers, carers and community members to participate effectively.**

- A short film featuring REDHS patients, residents and clients talking about their care was shown to staff at mandatory training days. The film is a powerful tool to which staff easily related.
- Volunteer refresher sessions were held during the year and included presentations on providing feedback and the opportunity to give feedback and evaluation of the sessions.
- Two consumers attended Health Issues Centre workshops on effective consumer participation

## Cultural Responsiveness At REDHS

As a small, rural health service, REDHS aims to meet the challenge of providing high quality healthcare that is responsive to the diverse needs of its community. These needs include being able to access services delivered in the home and other support services, addressing geographical isolation by providing primary care outreach services to neighbouring communities such as Stanhope, Rushworth, Lockington and Dingee and effectively assisting culturally and linguistically diverse (CALD) consumers. CALD consumers present a particular challenge owing to the extremely low number that access REDHS' services.

Being culturally responsive is having the ability to respond effectively, as needs arise, by having an appropriately skilled workforce.

REDHS Cultural Responsiveness Plan (CRP) is aligned with REDHS Strategic Plan and the Cultural Responsiveness Framework: Guidelines for Victorian health services. The CRP covers the six standards for culturally responsive practice and its purpose is to improve service delivery to CALD consumers. Progress towards meeting the standards is outlined below.

### DOMAIN: ORGANISATIONAL EFFECTIVENESS

#### STANDARD 1

**A whole-of-organisation approach to cultural responsiveness is demonstrated**

- The Cultural and Linguistically Diverse Clients policy ensures that CALD clients have equal access to REDHS services
- The Diversity Plan for Home and Community Care clients was developed
- An Aboriginal Health Action Plan is in place and implementation has commenced
- Information on interpreter services is included in the Staff Information Handbook
- Information brochures in various languages are accessible to staff online

#### STANDARD 2

**Leadership for cultural responsiveness is demonstrated by the health service**

- Managers participate in the review of the CALD Clients policy
- REDHS Chief Executive Officer attends the Campaspe Aboriginal Health Partnership meetings

### DOMAIN: RISK MANAGEMENT

#### STANDARD 3

**Accredited interpreters are provided to patients who require one**

- REDHS continues to have access to accredited interpreter services however no patients required these services attended REDHS in 2014-15

- Admission forms were updated and include the recording of the need (or not) for an interpreter
- In the Victorian Health Experience survey, no patients indicated that they needed help to understand English and 100% of patients were provided with information in their language

## DOMAIN: CONSUMER PARTICIPATION STANDARD 4

### **Inclusive practice in care planning is demonstrated, including but not limited to: spiritual, family, attitudinal and other cultural practices**

- Active Service Model in use in primary care
- Collaborative care planning is undertaken that is individualised and culturally responsive
- Cultural and spiritual needs of aged care residents are recorded on admission including meal requirements and observed customs

## STANDARD 5

### **CALD consumer, carer and community members are involved in the planning, improvement and review of programs and services on an ongoing basis**

- Community representatives are members of clinical governance committees and working parties responsible for service review and planning.

## ABORIGINAL HEALTH

This year, Echuca Regional Health's Aboriginal Liaison Officer reviewed REDHS Aboriginal Health Plan and gave advice on how to progress, including making connections with Aboriginal community organisations. As a result, a five point action plan was developed including the introduction of education and training for staff regarding Aboriginal and Torres Strait Islander cultural requirements. Support has also been provided by the Aboriginal Liaison Officer from Department of Health and Human Services – Bendigo office.

## Meeting Australian Standards In Healthcare

REDHS is currently fully accredited which means that the health service is meeting the nationwide standards for consumer safety and quality of care across the organisation.

National Safety and Quality Health Service Standards (10). REDHS also opted to be surveyed against an additional five EQIP National standards. The survey included all services except residential aged care and was conducted by the Australian Council on Health Standards.



In April 2015, REDHS underwent a two-day organisation-wide survey conducted by the Australian Council on Healthcare standards and met 365/367 actions. During the survey it was found that three patient record forms needed to be updated. The health service was given additional time to complete the updates and put a new review process in place. On completion, full accreditation was awarded for a further four years until July 2019.

Residential aged care –the Australian Aged Care Quality Agency



Both the high and low care units had unannounced contact visits by the agency in November 2014 and April 2015 and were found to be compliant. Preparations for the two day accreditation audit in July 2015 were made. (Note: REDHS' aged care facilities successfully met all 44 aged care accreditation outcomes and were accredited for a further three years until July 2018).

Community Care Common Standards - Home and Community Care services



Currently fully accredited. No audits conducted in 2014-15.

Diagnostic Imaging Accreditation Scheme



Radiology service (X-rays) was surveyed in December 2014 with full compliance achieved. Accreditation valid until January 2018.

Food Safety Audit



External audit conducted in May 2015 and full compliance achieved.





Board members, staff and volunteers celebrate achieving full accreditation status

## Improvements as a result of accreditation

In the twelve months leading up to the various accreditation surveys, many new initiatives or revised processes were put in place including:

- Bedside handover at nursing shift change in acute enabling the patient increased involvement and conversations with nurses
- Bedside discharge planning where a nurse and allied health professionals meet with the patient to discuss when the patient can expect to go home and what needs to be done to make this happen
- Family escalation of care whereby family members are encouraged to alert staff to any changes in the patient. These can then be checked by doctors or nurses and care escalated as needed.
- The "Resident of the Day" process was revamped and made even more comprehensive with a resident's care completely reviewed once a month according to room number i.e. the resident in Room 5 will be reviewed on the 5th day of the month. This review is conducted with the resident and, if they desire, a family member. Of course, if a resident's needs change in between these reviews, their care plans will be updated at the time.

## Workplace Culture And Quality Of Care

Staff are happy to work at REDHS and feel that the health service performs well in the services we deliver.

This is according to the results from this year's People Matters Survey. The survey provides an insight into what it feels like to work at REDHS. It sought the beliefs, attitudes and insights of staff about a whole range of topics including leadership, change management, job satisfaction, employee wellbeing and engagement.

The results of the survey contribute to the ongoing improvement of the organisation and, in turn, the service provided to our patients, residents and clients. People who are satisfied with their work and proud to be

a part of an organisation generally perform at a consistently high level. Overall, REDHS compared very favourably with other similar-sized health services across all elements surveyed. Some areas that were identified as requiring some improvement included: change management and communication processes, improved training opportunities and employee wellbeing.

In 2015-16, REDHS management will provide feedback to staff about the results and work with them to decide how to make improvements in identified areas.



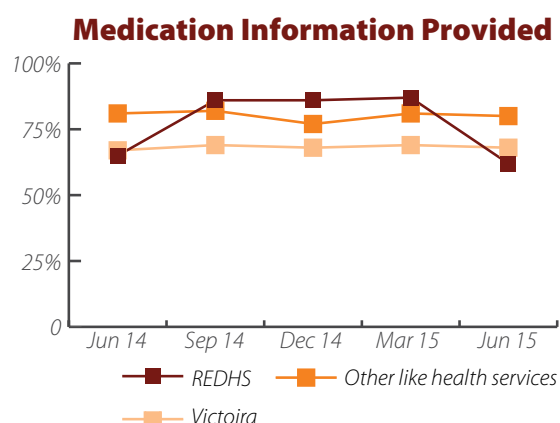
# The Right Information At The Right Time

When people are leaving hospital, it is important that they receive all the relevant information for managing their health at home, especially about their medications. After a hospital stay or day procedure, patients are invited to complete the Victorian Health Experience Survey (VHES).

*"Did you receive sufficient information about any medication you were given while in hospital (e.g. purpose, side effects and how to administer the medication)?"*

In June 2014, 65% of patients considered that they did receive sufficient information. This was not a very good result and was significantly less than the state average. Ways to improve were discussed and, at staff suggestion, forms were altered to prompt staff to provide the relevant information.

By September 2014, REDHS' result had significantly improved to 86%. December 2014 saw us improve again to reach 87%. This was a wonderful effort. However, results for June 2015 showed that we had slipped back. The September 2015 results, when available, will be used to check whether the score has remained low a second time and will direct our future actions to bring the score back up.



## MAKING TRIPS TO REDHS COUNT

Let's face it, nobody likes having to go to medical appointments and everybody is busy. It can be time consuming, involve travel and trying to coordinate your own schedule with that of a health professional can be challenging.

At REDHS, we provide numerous primary care services and, in an effort to make the process of attending appointments easier for our clients, we work with them to find the

best available solution. The most common solution is to make one trip to REDHS for multiple appointments.

If a client needs to see more than one clinician, our primary care staff will try their best to coordinate the appointment times so that they follow each other on the same day. Likewise, if two family members both need to see our clinicians, we will try and make simultaneous or consecutive appointment times in an effort to save time and travel costs.

*"My husband and I have our regular podiatry appointments one after the other on the same day. This saves us having to run our car on two different days".*

Please discuss your appointment preferences with REDHS primary care reception staff. They will do their best to make your healthcare appointments as convenient as possible.

## HAVING THE CONVERSATION

Bill had dementia and was unable to communicate his wishes to his healthcare team at a critical time in his deterioration. Fortunately his wife and daughter had full knowledge of his wishes and were able to provide a copy of his Advance Care Plan to his treating health care team. The plan specified that he did not want medical interventions that would not provide for a good quality of life.

Bill had broken his arm as a result of a fall and despite many months of recovery, this break had failed to mend. His doctor was proposing further surgery to the arm in an attempt to regain its function. The doctor explained to the family the risks of another anaesthetic with his cardiac problems and the likelihood of not making a full recovery. At a time of great stress for all involved, Bill's wife was able to share his wishes.

Does your family know your wishes for your future health care? Would they know what to do if they needed to make decisions on your behalf? Having an Advance Care Plan in place will help your family to respect your wishes if you are no longer able to communicate them.

REDHS has now established an Advance Care Planning program, a series of steps community members can take to help them plan for their future health care. REDHS Advance Care Planning policy outlines our commitment to the application of the Australian Charter of Healthcare Rights in Victoria which includes the rights of consumers to be treated with dignity and respect and the right to be included in decisions and make choices about their health care.

Bill's family had the confidence to advocate for no further treatment, as this was outlined in his Advance Care Plan. Having the plan gave them peace of mind, knowing they were respecting his wishes when making decisions. It also relieved the burden of having to make the decisions alone. Bill passed away peacefully, surrounded by his family, as he wished.







## Monitoring High-Risk Areas Of Aged Care

People living in residential aged care are vulnerable and at high risk of harm which is why REDHS has policies and procedures designed to keep residents safe and free from preventable harm.

As required by the Victorian government, REDHS monitors and reports on five indicators for high-risk care areas important to the health and wellbeing of our residents: pressure injuries, use of nine or more medications, use of physical restraint, and unplanned weight loss falls and fall-related fractures.

If the indicators fall outside the expected range, investigations are undertaken and results and recommendations discussed at REDHS Quality of Care Committee.

### Pressure Injuries

Pressure injuries occur as a result of inactivity when people are not moving about and spend extended periods of time sitting or in bed. This inactivity affects blood circulation and nerve sensation, initially resulting in reddened areas that, if left unchecked, can lead to further injury to the skin and underlying tissue.

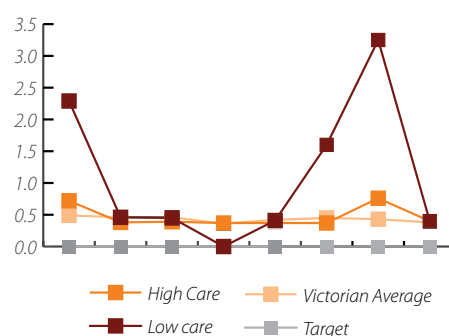
Pressure injury rates at REDHS (both in aged care and the acute ward) are consistently low due to the many strategies that are in place including comprehensive skin assessments and pressure relieving mattresses and devices.

### Use of nine or more medications

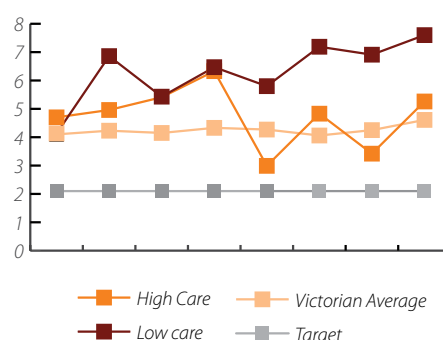
At any one time in the past 12 months, 20-32 of our 60 residents were prescribed over nine different medications, with 15 medications not unusual. This may seem like a lot, but our aged care residents often need a sophisticated combination of multiple medications to manage very complex health needs. For example, a resident may be prescribed medications to manage pain, allergies, heart/ lung/ blood pressure issues, gastric reflux, bowels, kidneys, anxiety/depression, mobility and blood thinning.

During 2014-15, the average rate of low care (hostel) residents on nine or more medications was consistently above the Victorian rate whilst high care (nursing home) residents were just below. Medications are continually monitored by the prescribing doctors, nurses and pharmacists. On referral, a pharmacist will conduct a comprehensive medication review.

#### Stage 1 Pressure Injuries



#### Use of 9 or more medications



## Physical Restraint

Research indicates that physical restraint can cause negative physical and psychological outcomes. A restraint free environment is the recommended standard of care therefore REDHS does not enforce restraint. However a policy is in place to only secure residents in situations where there may be risk of them falling or losing balance. For example, a seat belt may be used in a wheelchair or arm rests in a chair when dining to avoid falls or slips. Restraint must be agreed to by the resident or their carer.

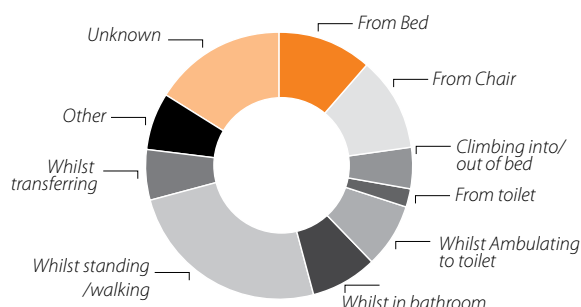
## Unplanned Or Significant Weight Loss

The idea of weight loss for many is a positive one. However, unplanned or significant weight loss in aged residents can result in serious health issues such as muscle wastage and bone loss. Weight loss may be the result of an underlying condition or disease. If a resident experiences unplanned or significant weight loss, a referral to our dietitian is made.

## Falls and Falls with Fracture

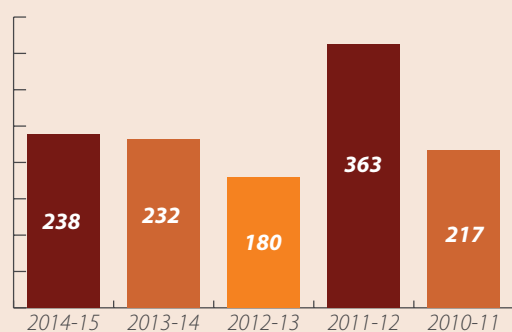
REDHS aged care falls rates for 2014-15 began within the expected range but rose sharply in the last six months. This was predominantly due to a small number of residents having multiple falls due to their deteriorating health status. Following each fall, residents are reassessed and any additional or different strategies are put in place.

Of the 202 falls that occurred, 5 fractures resulted. Residents who experience a fracture usually have to be transferred to hospital, which is very unsettling, as well as resulting in family members generally having to travel, all of which are undesirable outcomes. This is why REDHS keeps falls prevention and management as a high priority.



## Falls At Redhs This Year

### Total Falls at REDHS



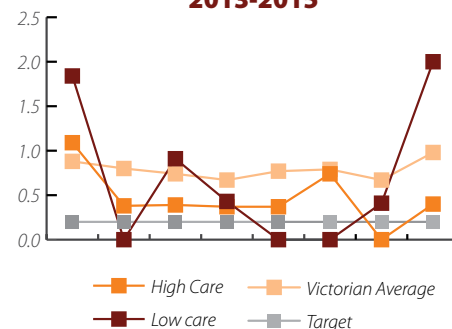
Falls prevention continues to be a high priority for REDHS because, like all health services, in spite of assessments being made and strategies put in place, falls still occur.

This year REDHS had a total of 238 falls across the health service, compared to 232 last year. Of these, 112 occurred in the high care unit (Nursing Home) with one fall resulting in a fracture and 90 occurred in the low care unit (Hostel), resulting in 4 fractures.

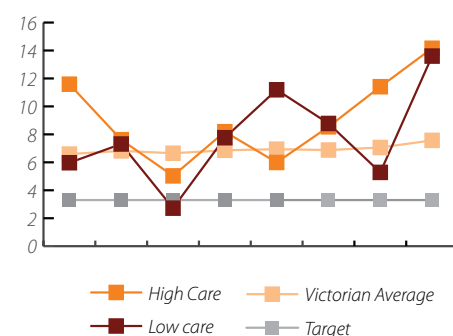
Our Acute ward recorded 33 falls that involved 22 patients who fell during their stay and three of those falls resulted in fractures. The rate of falls in the acute ward for people aged over 65 years is higher than the national average. This statistic can be affected by the relatively small size of REDHS but does alert us to the need to continue with prevention strategies to reduce the rate.

Best Practice education on falls prevention for community members, patients, residents and staff will continue to be provided because we all know that "prevention is better than cure". Innovations, such as Gripsox (see page 13) will continue to be investigated and trialled as appropriate and best practice strategies put in place.

### Significant weight loss (>3kg) 2013-2015



### Aged care falls 2013-2015







Occupational Therapists Nerree Anstee and Casey James at April Falls Day.

## APRIL FALLS DAY

Falls can have a devastating effect on a person's health and impact on carers and other family members. Therefore their prevention is very important, both in the community and when receiving care, at a health service.

On 9 April this year, REDHS primary care staff hosted April Falls Day, where information about preventing falls for residents and community members was provided. A falls prevention information stand was set up in the main waiting area for aged care residents and community members to access. REDHS occupational therapists, podiatrists and physiotherapists were in attendance to give advice, hand out information brochures and coordinate games that raised awareness of falls prevention and the importance of appropriate therapies.

The initiative was a great success, with 30 residents and community members attending as well as some staff members. Feedback from attendees was very positive and some said they were surprised at what they didn't know about falls prevention. REDHS is planning to run the event again next April.

Following April Falls Day, a six-week Falls Prevention Program commenced after primary care clinicians identified an increasing number of referrals for falls prevention that would result in the use of several services by each client. Participants received education on falls prevention from occupational therapists, physiotherapist, podiatrist, dietitian and pharmacist. By the end of the program, six out of the seven participants had improved their overall confidence score and all reported they had made positive changes in their behaviour to prevent falls. Some had made changes at home, identified areas of risk in the community and notified those responsible, resumed activities they had stopped due to a fear of falling and joined in group exercise classes at REDHS. Following the success of the program, more potential participants have come forward to participate when it is next offered.

## RED GRIPSOX AT REDHS

Specially designed socks with a non-slip sole have been successfully introduced at REDHS this year. REDHS Registered Nurse, Heather Wickham, attended an Australian Nursing and Midwifery Federation conference where the red Gripsox were displayed and promoted. She collected information and samples and brought them back to REDHS.

The gripsox have a non-slip sole and, along with other individualised strategies put in place, help prevent falls in people who are at risk of falling and also alert staff to the risk at a glance.

On admission, all patients have a falls risk assessment completed. Those who are identified as being at risk of falling are encouraged to wear the RedSocks.

The socks were trialled with great success and patients reported that they felt more confident when getting in and out of bed and generally moving about, when they wore the socks. They also helped to keep their feet warm in bed.

*Podiatrist Emily Gallagher giving a demonstration of footwear suitable for preventing falls*



# Preventing And Managing Infections

## TRAFFIC LIGHTS USED TO MONITOR ANTIBIOTIC USE

Over the years, inappropriate and over use of antibiotics has led to the emergence of resistant bacteria. The Australian Commission on Safety and Quality in Healthcare reports that inappropriate antibiotic use increases the risk to patients of colonisation and infection with resistant organisms and subsequent transmission to other patients.

In 2014-15, REDHS implemented an antimicrobial stewardship program that is overseen by REDHS' Medication Advisory Committee. The program's aim is to monitor and review the antibiotics being prescribed for infections as part of a worldwide response to the emergence of "superbugs" that don't respond to current antibiotics. Having such a system is also an accreditation requirement.

Antibiotics were divided into three groups and are identified using a traffic light system, with their positions on the pharmacy shelves being marked accordingly.



**Highly restricted**

**Monitored**

**Unrestricted**

The prescribing doctor, nursing staff and pharmacist all have roles to play in the effective management of antibiotic use. All antibiotics are monitored, recorded by doctors and nursing staff and reviewed by a pharmacist. "Red" ones require the prescriber to contact an external specialist to discuss its use and for both "red" and "orange" ones, the prescriber must record the infection they are treating in the patient record.

The reasons for the use of any prescriptions that fall outside the guidelines are discussed with the prescribing doctor by REDHS' Director of Medical Services to confirm that patients are receiving Best Practice antibiotic treatments.



## HAND HYGIENE

The most effective way to prevent the spread of infections is to practise good Hand Hygiene. Staff are required to undertake Hand Hygiene training annually and doctors are also encouraged to do the same.

REDHS is required to monitor and report the Hand Hygiene practices of doctors and nurses to the Department of Health

and Human Services. It is a challenge to conduct audits at REDHS because of the comparatively low activity. This can make results go up or down significantly with only minimal changes in overall numbers. In 2014-15 the target score was 80, which REDHS exceeded in two out of three audits with scores of 79, 90 and 84.

It is also very important for visitors to make sure they clean their hands. If you are coming to REDHS, remember to clean your hands on entry and exit of the health service and between patient / resident rooms if visiting more than one person. Debug pump packs are conveniently located throughout the facility and have instructions for its correct use displayed.

Area rating	REDHS Areas	Target	REDHS Score
A - Very High (critically important)	Day Procedure Unit	90%	97%
B - High (highly important)	General ward areas Residential areas	85%	94%
C - Moderate (very important)	Pharmacy, radiology, waiting areas, cafe	85%	91%



## CLEANING STAFF SHINE

REDHS cleaning staff continued to set a very high standard with consistently high results in both internal and external cleaning audits this year. Cleaning staff are trained in the application of the *Victorian Cleaning Standards for Healthcare Facilities*, with some cleaning staff having also trained as auditors. They conduct the internal audits at REDHS and conduct audits at other health services who, in turn, do the same for REDHS.

The required target score for an area is determined by the level of cleaning frequency and intensity needed based on the risks associated with inadequate cleaning.

These "shining" results highlight the dedication and professionalism of the REDHS' cleaning team in providing a clean, safe environment in which high quality care can be delivered.



## Making New Friends

Maureen was receiving regular visits from the District Nurses to assist her with managing her health in her home. During these visits she told them that she often experienced feelings of loneliness and isolation.

The nurses believed that Maureen would benefit from attending REDHS Planned Activity Group (PAG) and, after talking with her, they sent a referral so that her eligibility to attend could be confirmed.



*Maureen enjoys having a cuppa at Planned Activity Group*

Although reluctant at first, Maureen began attending PAG and within a very short period of time she was attending all three sessions each week.

*"I love the company of other like-minded people and being treated to delicious meals, morning and afternoon teas as well as activities such as singing groups and*

*excursions. Coming to PAG has improved my health"* said Maureen.

The nurses say that Maureen is a "changed person" and is much happier and brighter than when they first began coming to her home.

*"I will keep coming to PAG as often as I can, for as long as I can."*

## District Nurses Making Connections



*REDHS District Nursing team ready to visit community members in their homes*

REDHS District Nursing Service (DNS) provides community based nursing care and health advice to the communities of Rochester, Elmore and Goornong for people who may be unwell, aged and frail, people with disabilities and their carers.

Community members who access DNS are at a distinct advantage in comparison to many other areas of Victoria, rarely having to wait more than 3-4 days to see one of our nurses. All referred clients are assessed for urgency, with the majority being seen within two days. There was no waiting list for District Nursing services in 2014-15.

As you can see from Maureen's story, DNS nurses are able to connect people in their care to other services that can assist people to manage their health.

## District Nursing – A Case Study

Veronica\* lives alone in Rochester and, after a visit to her GP, she was referred to REDHS DNS for the care of a skin wound on her forearm. Initially the nurses attended Veronica's home to dress her wound, however it became apparent that Veronica needed additional assistance.

Over several visits, Veronica began to feel more and more comfortable in confiding in the nurses and opened up about her situation. As the visits continued, many new needs became apparent, including difficulty in carrying out daily tasks such as grocery shopping and visiting family and friends since losing her confidence to drive.

The District Nursing team have assisted Veronica to access other services by referring her to various allied health professionals. She now has regular appointments with a podiatrist, physiotherapist and social worker. Since these regular appointments, the nurses have observed that Veronica's physical and emotional health has greatly improved. She is now driving short distances again and the nurses have also linked Veronica in to local transport services.

Veronica is very pleased to have been able to maintain her independence and improve her wellbeing through home visits from DNS and attending regular appointments at REDHS.

*\*Name changed to protect privacy*

## Riperns At REDHS

Thanks to scholarships provided by Loddon Mallee Murray Medicare Local, four REDHS nursing staff members are now qualified RIPERNS, with one further staff member currently studying to complete the RIPERN qualification. The acronym RIPERN translates as Rural and Isolated Practice Endorsed Registered Nurse. RIPERNS are nurses who have undertaken further education to allow them to administer and supply a small and controlled amount of medications without the prescription of a GP or health service doctor. The medications that can be administered or supplied are for very general low risk conditions such as ear infections, small burns or tonsillitis. Having RIPERNS on staff allows REDHS to provide a wider range of services to improve our delivery of safe and appropriate care.



**Rochester and Elmore District Health Service**

PO Box 202 (Pascoe Street)  
 Rochester Victoria 3561 Australia  
 Ph: (03) 5484 4400  
 Fax: (03) 5484 2291  
 Email: rochhosp@redhs.com.au  
[www.redhs.com.au](http://www.redhs.com.au)