



# QUALITY ACCOUNT 2016



Leading our community to better health  
Rochester and Elmore District Health Service

## Vision

Leading our Community  
to Better Health

## Values

Respect

Equity

Diligence

Honesty

Service

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# A message from the Board Chair and CEO

*It is our great pleasure to present Rochester and Elmore District Health Service's (REDHS) Quality Account for 2015/16.*

Health care is very complex and coming into contact with health services can be very daunting. This is why it is very important that REDHS provides information to assist community members in partnering with the health service.

Throughout this report you will read information about how REDHS is performing and some of the many things being done to meet challenges to safety and quality health care. You will also read what actions REDHS is taking in respect of statewide plans.

To help with making this report easy to read, a number of community members have been involved in its production. I would like to take this opportunity to thank them for their willingness to participate and contribute to this important activity.

We did not receive any formal feedback about last year's Quality Account, but anecdotally it was very well received. In previous years there was some perception that the report tended to concentrate more on the things that REDHS had done well. This report not only showcases the many positive things that are happening, but also the areas for improvement and the actions being taken.

The report has been widely distributed and is available from a variety of locations including REDHS reception, medical practices and general stores.

Copies have also been inserted in local newspapers and newsletters or it can be accessed at **[www.redhs.com.au](http://www.redhs.com.au)**

*We hope you enjoy reading about your health service.*



**Ben Maw**  
Board Chair

**Anne McEvoy**  
Chief Executive Officer

## REDHS 2020

Strategic Plan 2016 - 2020

### Strategic Priorities

- Quality Healthcare
- Collaborative Endeavours
- People and Infrastructure





# Patient Safety - A Staff Perspective

## How do staff rate the safety of patients at REDHS?

In the 2015 People Matter Survey, staff were asked a series of questions regarding staff training, incident reporting, learning from mistakes, supervision of trainees, management attitude to safety and if they would recommend a friend or relative to be treated as a patient at REDHS. Their responses were gathered together and the overall rating was 89%.

**Patient  
Safety  
89%  
Target 80%**

An area that resulted in a lower rating (74%) was around training new and existing staff. In 2015, clinical skills days, specifically for staff providing direct care, commenced and covered mandatory training sessions. This allowed staff to complete most of the required training on the day, instead of during their work shifts. In addition, the new electronic recruitment system

requires new employees to complete some mandatory education prior to commencing work. Orientation checklists for new staff were updated and are to be completed during the first week of employment. (Note: In spite of these changes, the rating for 2016 fell to 66%, so further actions will be taken in 2016/17).

An important aspect of keeping patients safe is staff wellbeing and working in a positive environment.

Throughout 2015, the mandatory training day included sessions on person-centred care, living REDHS values, understanding change and preventing unacceptable behaviours through positive communication. All staff were also involved in deciding "above and below the line" behaviour i.e. what is accepted and what is not.

Another session was on the prevention of bullying and harassment in the workplace. Staff were provided with information on what is bullying and harassment, how to have conversations with colleagues to address any issues and where to seek assistance if the issues were unable to be resolved.



Acute Services Manager, Meredith Hodder, providing instructions to nursing students.

# Communicating for Better Health

This year, REDHS has engaged with community members, collectively and individually, in a variety of ways:

A popular quarterly newsletter was introduced and widely distributed via local newspapers and town newsletters.



**Food forums** continued throughout the year, giving an opportunity for residents and families to speak directly with the staff who provide these aspects of their care and allow any problems to be addressed quickly and suggestions followed up.

*Catering Team Leader, Bec O'Sullivan, and dietitian, Katherine Watson, chat with residents and volunteers about meals.*



A shortened version of the **annual resident experience survey** was conducted this year. This version was quicker and easier for residents and families to complete and provided a snapshot of opinions.

Residents and representatives rated the various aspects of their care highly:

- Involvement (78%)
- Respect shown (96%)
- Staff approachability (91%)
- Staff listening (81%)
- Explanations about care (80%)

In regards to involvement, all residents felt they were involved, however 22% answered only "Sometimes".

The revamped "Resident of the Day" review is being used to increase involvement for residents and their families.

In place of the other questions used in previous surveys, a series of discussion forums are being used. This provides the opportunity for residents, families and volunteers to speak directly with staff regarding food, cleaning, laundry and maintenance.

All involved have found the forums a great way to exchange information and learn from each other.

Dietetics students consulted with residents when developing the **new meals menu**.

It was an opportunity for resident likes and dislikes to be taken into consideration. Residents have said that they have really been enjoying the new meals and the dietitian is very pleased with the nutritional value; a "win-win" situation.



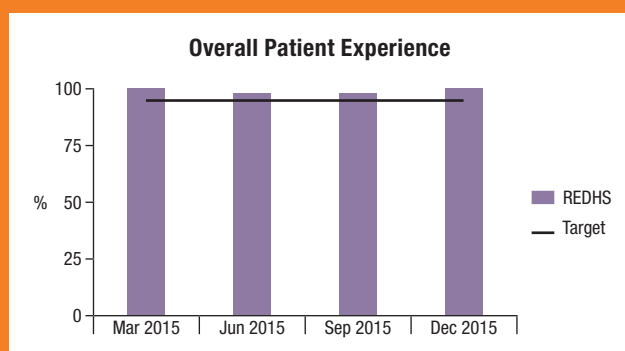
Nurses come to talk with the patient when the shifts are changing over. This is called **bedside handover**. It provides the opportunity for the patient to be involved in discussions about the care being provided.



# Communicating for Better Health *(continued)*

Patients in the acute ward and day procedure unit are invited to participate in the **Victorian Health Experience Survey**.

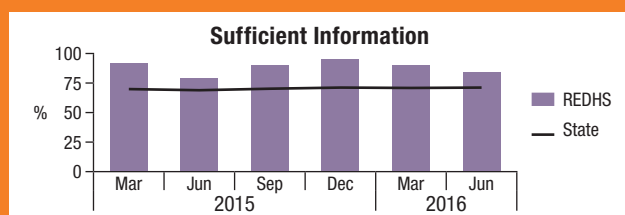
REDHS' target is to achieve a rating of at least 95% of patients having a positive experience whilst receiving care.



*\*Note: REDHS did not have enough respondents to obtain ratings for January to June 2016.*

It is also important that patients are given support and information to manage their healthcare at home. REDHS performed well above the state average in all four aspects:

- Provision of sufficient information
- Taking the family/home situation into account
- Making adequate arrangements for services
- Provision of information to the GP

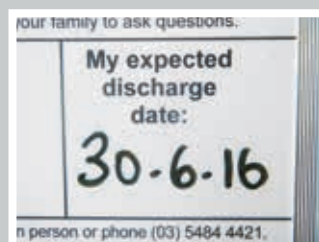


## Resulting actions:

In June 2015, the rating for the provision of information had dropped from 92% to 79%.

Staff were provided with the results and reminded to ensure that sufficient information was available. As a result, the ratings returned to the previous high levels.

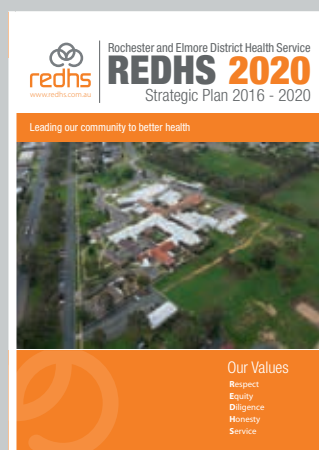
Discussions about when a patient can expect to be discharged (home or to another facility) are held regularly and involve the patient, their families and any staff involved in their care e.g. nurses, physiotherapist, dietitian etc.,



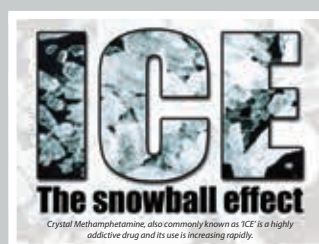
REDHS rarely has to use Interpreter Services, but it is very important to have them available. This was true this year, with an interpreter accessed for a patient who spoke Hazaragi (a dialect of the Persian language).



REDHS CEO met with staff and a number of community groups for their input into REDHS Strategic Plan.



REDHS partnered with a number of community groups to form the Rochester Ice Action Group which held four discussion forums in Rochester, Elmore, Lockington and Nanneella.



REDHS website has been updated with a new easier to read format, additional information for service users and a variety of options for communicating with REDHS.

Go to:

[www.redhs.com.au](http://www.redhs.com.au)



# Better Health for Indigenous Australians

**REDHS provides healthcare for very few people who identify their origin as Aboriginal or Torres Strait Islander.**

Over the past couple of years, REDHS has been working on improving care provision for indigenous people with support and advice from the Aboriginal Liaison Officer from Echuca Regional Health, the Aboriginal Service Advisor from the Department of Health and Human Services and Campaspe Primary Care Partnership.

This has provided REDHS with a greater awareness of the actions that can be taken to foster and encourage partnerships. REDHS will continue to work on building relationships with indigenous community members, with the aim of providing appropriate, quality healthcare for aboriginal people. Actions taken to date are included in the Statewide Plans table below.







## STATEWIDE PLANS

The Victorian Government has statewide plans in place aimed at maximising quality of life for all Victorians. This table sets out the actions taken in 2015/16 in response to these plans.

<b>Aboriginal health</b>	<p>Working party developed to support Aboriginal Awareness events; Close the Gap (for staff in March 2016) and NAIDOC Week /Welcome to Country (July 2016).</p> <p>Aboriginal cultural training February 2016 under auspice of Campaspe Primary Care Partnership (PCP). CEO member of Campaspe Aboriginal Health Partnership Group.</p> <p>Acknowledgement of country implemented at commencement of all Board meetings and REDHS staff email signatures.</p> <p>Traditional owners acknowledgement plaques at the main entry and Urgent Care Centre entry.</p> <p>PCP Inclusive Organisations working group developing a Socially Inclusive Organisations toolkit which will include a generic Welcoming/ Acknowledgement to Country policy.</p> <p>A poster series for display in waiting areas to highlight social inclusion. One poster specifically for Aboriginal communities will be displayed in 2016/17.</p>
<b>Aboriginal public sector employment</b>	<p>Two staff of Aboriginal or Torres Strait Islander origin self-identified in People Matter Survey 2016.</p> <p>All staff recruitment is judged on merit.</p>
<b>Disability responsiveness</b>	<p>Review of residential aged care motorised mobility aid storage.</p> <p>Carer Support Program via brokerage model through Bendigo Health.</p> <p>Developed National Disability Insurance Scheme (NDIS) project worker position to commence in July 2016 to support NDIS transition.</p> <p>Involvement in Campaspe PCP Socially Inclusive Communities project working group - developing a "social script" picture book for Primary Care services and investigating a way-finding map for REDHS.</p> <p>Investigating software that will allow presentation of information in diagram and picture format.</p> <p>Modifications to doors for ensuites and toilets accessed by patients and clients.</p>
<b>Lesbian, gay, bisexual, transgender and intersex (LGBTI) communities</b>	<p>Involvement with working parties for Campaspe Primary Care Partnership's Socially Inclusive Communities Project.</p> <p>Currently working on a series of posters for display in waiting areas to highlight inclusion of all diversity including one specific to LGBTI.</p> <p>Developing a Socially Inclusive Organisations toolkit.</p>
<b>Family Violence</b>	<p>Working party established February 2016.</p> <p>Strengthening Hospital Response to Family Violence Action Plan developed.</p>

# Maintaining Accreditation Standards for Better Health

PROGRAM	STATUS	DETAILS	ACTIONS
<b>EQuIPNational</b> (acute ward, day procedure unit and some primary care services)	 Fully accredited until July 2019	At survey, REDHS met 365/367 actions.  One of the Not Met actions was mandatory and involved the regular review of medical record forms.  REDHS met the requirements of the EQuIPNational accreditation program, including all 10 National Safety and Quality Health Service Standards.	A committee was formed and now oversees all forms reviews. Full accreditation was achieved.  (The other Not Met action also involved document management but was not mandatory for achieving accreditation).
<b>Aged Care Accreditation Standards</b> (for Rochester Nursing Home Annexe and Rochester and District Hostel)	 Fully accredited until July 2018	REDHS aged care facilities were assessed three times in 2015/16 - one full survey against all 44 outcomes, an unannounced visit and an announced visit.  On each occasion REDHS was found compliant.  During the unannounced visit, it was identified that there could be improvements made around diabetes management.	Improvements were made to the monitoring systems with the involvement of the aged care manager, diabetes educator and quality team.  Communication processes between carers were also updated to allow timely reviews by the diabetes educator and actions by care staff.
<b>Community Care Common Standards and Diagnostic Imaging Scheme</b> (for primary care and medical imaging)	 Fully accredited	REDHS primary care services, including radiology, continue to meet the current requirements.	Review of requirements continues with the rollout of the National Disability Insurance Scheme and the associated changes in government oversight.
<b>Licensed food premises</b> (for food services)	 Compliant	REDHS successfully met its requirements through external review of the Food Safety Plan and through the Shire of Campaspe as a licensed food premises.	Monitoring of compliance with the Food Safety Plan is ongoing.

# Making Improvements Together

*"I had a family member move into residential aged care. I did not receive enough information and sometimes I received conflicting information."*

*"The ensuite (bathroom) doors are very heavy to open and I am afraid of falling."*

*"It is with great sadness I hear funding is limited or to be cut from the Carer's Support Program. As a carer I found this to be a momentous, fun-loving, energetic group of staff who go above and beyond to provide enjoyable, small group outings for people who may otherwise be housebound, lonely and isolated."*

*"The parking area for residents with scooters is too small."*

These are some of the 43 complaints that REDHS received this year, providing some great opportunities to improve.

A number of complaints were received from acute ward patients and primary care clients regarding toilet and ensuite doors. They were finding the doors "heavy" and this was affecting their independence by having to rely on someone else to open the doors. The situation was also increasing the risk of falls through people being put off balance if trying to manage the door alone and, at times, a wheelie frame as well.

REDHS' occupational therapy team conducted a risk assessment in consultation with acute ward patients, the Acute Services Manager and the Maintenance Supervisor. It was agreed that the best results would be gained from structural change. As this was not possible at this time, an alternative solution was agreed. This resulted in a one month trial involving the removal of one door closer. This was to monitor any safety risks and whether it was having the desired effect. A similar trial had previously been carried out with primary care clients and had yielded positive results.

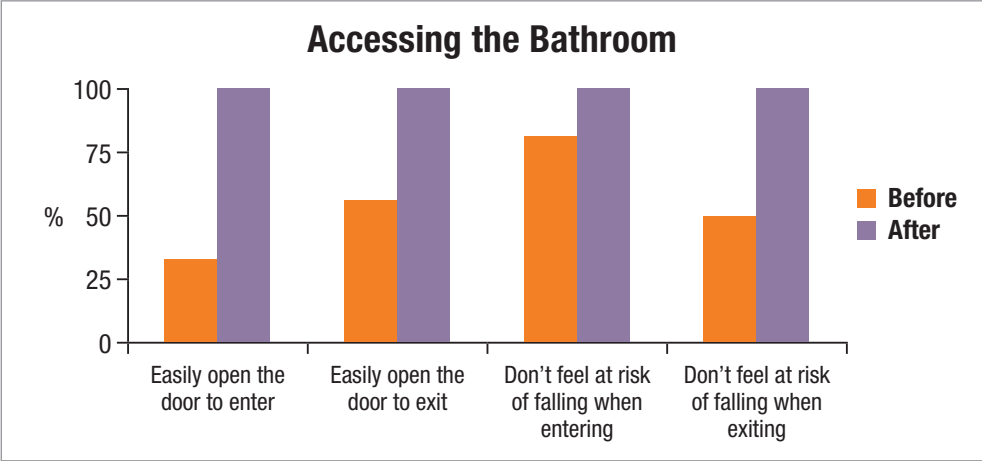


*The door adjustments have promoted independence whilst maintaining safety.*



# Making Improvements Together *(continued)*

*"Our family can't thank you enough for all the care you showed our sister in her final days and also taking the time to help our family remain by her side. This has been a difficult time for our family but it could have been a lot worse without the dedication of your nursing staff and a special mention to your catering staff who also made sure we were looked after. We will always be truly grateful."*



Before and after the trial, patients, staff and visitors were surveyed about ease of access and whether they were worried about falling.

The graph shows that after the door closer was removed, everyone (100%) who was surveyed agreed that the doors are easy to open and that they did not feel at risk of falling, either upon entering or exiting.

This is a great outcome for all. The same changes had also been made to the toilets accessed by Planned Activity Group clients, achieving the same positive results.

Other improvements as a result of feedback included a total review of the Resident and Family Handbook in consultation with resident representatives (a new version will be published in late 2016), plans for an extended mobility aid parking area for aged care residents and sourcing of additional, but limited, funding for the Carers' Support Program (as well as requesting suggestions from program users for activities).



Aged care mobility aid parking area

Staff and resident family members working together.  
Back row: Michele Bibby (Aged Care Manager), Judy Anderson, Lynn Wolfe (Quality Systems Manager)  
Front row: Helen Kneebone and Georgina Roberts

*"I have been on two outings now and I must say how much I and the seven or eight others have enjoyed our trips. Your staff were absolutely great, could not have wished for a better day and they went out of their way to help and look after every one of us blokes. They took us to interesting places and had a great lunch. I do hope we can do the same a few times in the next 12 months."* (Carer's Support Program participant).

# Controlling Infection for Better Health

## Healthcare associated infections

REDHS has many controls in place for the prevention and management of infections, all of which are regularly monitored to make sure they are working. One way of checking the controls is to monitor if healthcare-associated infections are occurring, especially the ones that have become resistant to antibiotics.

In 2015/16, there were no healthcare-associated infections caused by *Staphylococcus aureus* bacteraemia (commonly known as "Golden Staph"), Vancomycin resistant enterococcus or *Clostridium difficile*. This is an outstanding result.



Administration trainee, Hollie Hildebrandt, knows the importance of hand hygiene.

## Hand Hygiene

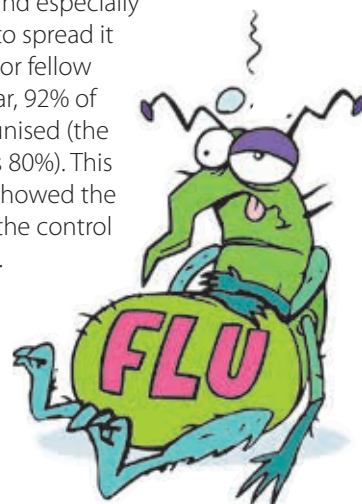
Effective hand hygiene is the single most important way of preventing infections from entering or being spread in health care settings.

Hand hygiene includes washing hands with water and soap or using an antimicrobial hand rub. When hand hygiene is performed correctly, it results in a reduction of microorganisms on hands. It is vital that doctors, staff, volunteers and people in their care undertake this important practice. It is also essential that visitors clean their hands before and after visiting.

Hand hygiene audits are conducted throughout the year and reported to Hand Hygiene Australia. In the last two audits, REDHS achieved compliance scores of 89% and 92% (the target is 85%).

## Immunisation against the flu

People in REDHS' care are often very susceptible to "catching bugs". It is important for people to try to avoid catching the flu and especially important for staff not to spread it to people in their care (or fellow staff members). This year, 92% of REDHS staff were immunised (the government target was 80%). This was a great result and showed the importance placed on the control of this type of infection.



*"Thank you all for your guidance and patience! I have learned and experienced more than I thought I would. Thanks for providing such a useful and positive experience. You are all the type of nurse I want to become." (From a student nurse)*

# Patient Safety in the Acute Ward



## Medication Safety

In 2015/16, there were 22 medication errors, none of which resulted in serious harm. The most common types were missed doses, followed by wrong concentration and wrong medication. All incidents are discussed at staff meetings and the staff rounding topic for April 2016 was medications, particularly their incorrect administration. This resulted in a reduction in errors for the remainder of the year.



## Blood and Blood Products

In 2015/16, there were nine blood transfusions and 29 other infusions. All were planned procedures and there were no adverse events.

Staff use a checklist before and during every procedure to ensure that the treatment is appropriate, effective and as safe as possible.



## Pressure Injuries

The rate of hospital-acquired pressure injuries continues to be extremely low. In 2015/16, REDHS Acute ward managed a total of 15 pressure injuries for nine patients. Twelve of the injuries were present when the patients were admitted, however one patient developed three pressure injuries during their stay. The injuries were on heels and at the base of the spine. They developed as a result of the patient remaining in one position too long, especially at night. Once identified, the injuries were treated and healed. These injuries resulted in discussions at senior and general staff meetings that highlighted the need for vigilance for patients who are not considered a high risk and are usually mobile. Staff now also consider the use of preventive dressings for "at risk" areas of skin in some instances.



## Falls Prevention and Management

Eighteen patients had a total 38 falls, with two patients having one third of them. As the acute ward falls rate for patients over 65 years of age is greater than the national average, a review of all falls was undertaken to see if any trends could be identified.

The review showed that all patients who had a fall were classified as high falls risk and had strategies in place to minimise the risk of falling including Red Sox (non-slip), adjustable height beds, night light on, walking aids, call bell within reach and more frequent checks by staff. Further analysis is being undertaken in 2016/17 to identify what more can be done.

*(Note: Five new adjustable height beds were purchased in 2015/16)*



# Risks to Better Health for Residents

## What do you think are the biggest risks to quality of life for people living in aged care facilities?

Falls easily come to mind, as do the broken bones that occasionally occur as a result. This type of incident can have a very serious impact on the resident, their families and the staff. Some of the other things that impact quality of life are being physically restrained, taking a large number of medications, developing pressure injuries or experiencing unplanned weight loss.

REDHS results for these risks are compared to other Victorian public residential aged care facilities and against the recommended range.

So, how did REDHS compare in 2015/16?

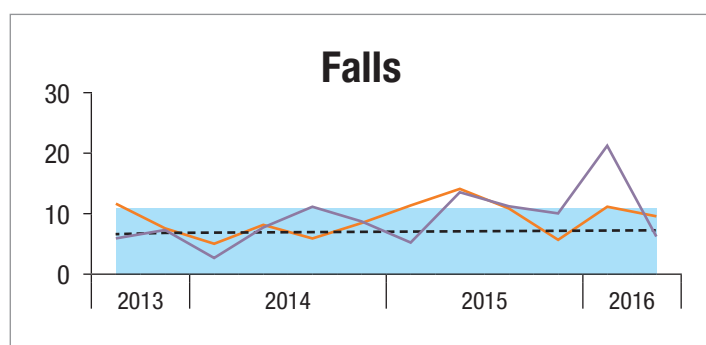
### How to read the graphs:

Reference Range REDHS Nursing Home REDHS Hostel Overall Statewide Rate

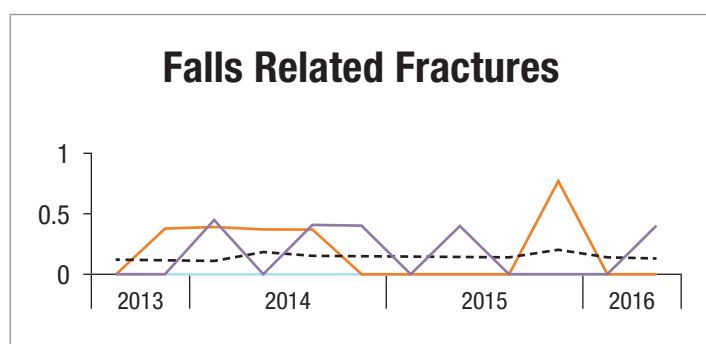
Note: To allow for comparison, rates are calculated per 1000 bed days e.g. 30 residents in July is  $30 \times 31 \text{ days} = 930 \text{ bed days}$ .

## Restraint

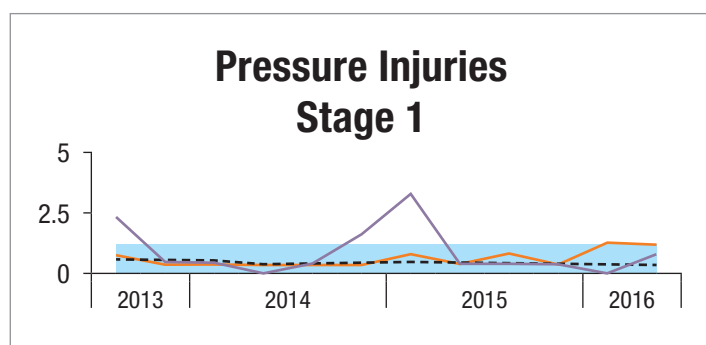
Restraint is a practice, device or action that negatively interferes with a resident's ability to make a decision or which restricts their free movement. REDHS is a restraint-free environment, which is the recommended standard of care. No instances of physical restraint were reported at REDHS in 2015/16.



In 2015/16, resident falls remained within the reference range, with the exception of Q3 (January to March 2016) in the hostel. During this quarter, two residents had multiple falls due to their mental and physical conditions. Strategies were put in place, including those to minimise harm. Medication reviews were undertaken and referrals made to a geriatrician as needed. By Quarter 4 (April - June), the falls numbers were back within the range.



Falls related fractures have a zero tolerance, so there is no reference range. In 2015/16, there were three falls related fractures, three fewer than the previous year. In response to these fractures, there was increased staff monitoring, reviews by residents' GPs and the physiotherapist.



A pressure injury (PI) is an area of damage to the skin and the area under the skin. It can happen to people in a number of ways, particularly when they sit or lie without moving or changing position often enough. A shoe rubbing on skin can also result in this type of injury.

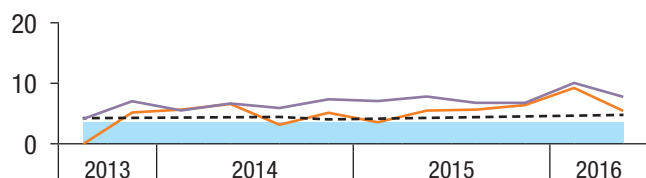
Pressure injuries are rated according to their severity, with Stage 1 being the least severe.

In 2015/16, the number of Stage 1 PIs was within the range, but there has been an increase in the latter part of the year from one PI to three. Stage 2 PIs were outside the range for one quarter but by June 2016, the number had dropped from three to zero.

Appropriate treatment and pressure-relieving equipment is provided as needed. This may include daily checks, application of skin moisturiser and/or dressings, the use of Princess reclining chairs and air mattresses as well as regular skin, podiatry and physiotherapy assessments. The dietitian is also consulted for nutritional advice to aid healing.

# Risks to Better Health for Residents *(continued)*

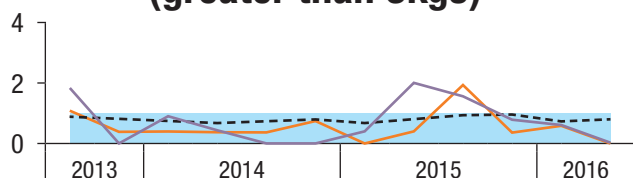
## Use of Nine or More Medications



REDHS' rates were consistently above the range for the medication indicator, with a high proportion of residents using nine or more medications.

To confirm that residents continue to require all of their medications (regardless of the number), a review pharmacist carries out checks. Reviews carried out this year indicated that, on the whole, medications were suitable and any suggested changes were forwarded to the prescribing doctor for their consideration.

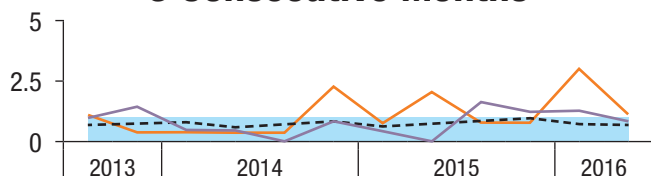
## Significant Weight Loss (greater than 3kgs)



After starting the year well above the range, REDHS' rates have reduced to there being no significant resident weight loss by June 2016.

There has been a lot of work done by the catering team, dietitian and dietetics students on the new menu and cooking processes since March 2016 including the High Energy, High Protein diet and "Cook Fresh" technique. These may be having an effect as well as changes made following resident suggestions at the food forums.

## Unplanned Weight Loss in 3 Consecutive Months



Unplanned weight loss in consecutive months is often associated with palliative care and leads to varying results from quarter to quarter. Residents experiencing significant and/or consecutive weight loss are referred to the dietitian to ensure that appropriate nutrition is being provided.



A new electronic medication system was introduced this year.



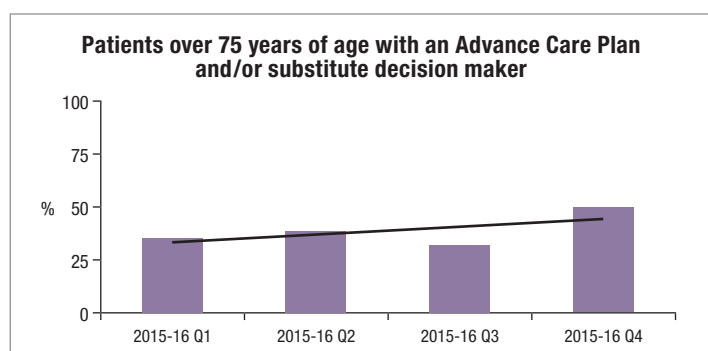
Fourth year dietetics students worked with REDHS' catering team and dietitian to develop a new menu for residents, patients and clients.

# Caring at the End of Life

**This year, REDHS has devoted considerable time to developing and improving information resources for end-of-life care and helping people have conversations that can be very difficult.**

This year, some care staff attended a *Caring for the Dying and Bereaved* education session, delivered by local funeral directors. Those who attended reported that they found it very useful and informative.

Staff trained in Advance Care Planning have been assisting patients, residents and their families to complete an Advance Care Plan (ACP) for discussion with their doctors. An ACP gives a person a say in future health decisions whilst they are still able to participate. Staff also encourage people to consider who could be their substitute decision maker in the event they are unable to make decisions for themselves, and then appoint a Medical Enduring Power of Attorney.



The graph shows that the number of admitted patients over 75 years of age with an ACP or substitute decision maker (e.g. Medical Power of Attorney) is gradually increasing, but also shows that there is plenty of room for improvement. Staff are working with aged care residents and their families to have ACPs in place.

Do you, your family members or friends have a plan in place?

There have been a number of occasions during the year when patients, clients and residents have expressed their relief in having discussed and recorded their wishes in an Advance Care Plan. Equally, family members have found the decision-making process much easier when the time comes. There have also been occasions when an ACP has not been in place and families have had to make decisions without being able to consult with their loved one, making very emotional situations even more difficult. If you would like to discuss Advance Care Planning, please contact REDHS' social work team via Primary Care Reception on 5484 4465 or raise it with nursing staff if you are in hospital or living in residential aged care.

During the review of the Resident and Family Information Handbook, additional information regarding Advance Care Planning has been included. The aim is to encourage residents and their families or representatives to consider having these conversations, so that an Advance Care Plan can be in place prior to a resident moving in, or soon thereafter. Information regarding end-of-life care has also been included following requests from family reviewers.

Staff will continue to encourage people to consider having an ACP in place and monitoring will continue in 2016/17 to measure the success of the initiative. REDHS will also be reviewing all current policies regarding end-of-life care to ensure Best Practice care is being provided.



A project involving REDHS' social workers, other staff and community members resulted in the production of an *End of Life Care and Bereavement Guide*.

Community members provided input and this has resulted in this "easy to follow" book being very well received in the community. Copies are available at the health service or on the website at [www.redhs.com.au](http://www.redhs.com.au).



# Tell Us What You Think

The aim of this report is to be transparent in providing information on how REDHS is performing and being accountable to its community for the provision of safe, high quality care.

## What I liked about the report

.....

.....

## What I think can be improved for next year's report

.....

.....

## Optional:

Name: ..... Ph: .....

Email: .....

☐ **I am interested in assisting with the production of this report next year**  
*(If Yes, please make sure to include your name and contact number above)*

Your feedback about this report is welcome.

Please return the coupon to REDHS Reception or send it postage free to:

**Reply Paid No 5**  
**Rochester and Elmore District Health Service,**  
**PO Box 202, Rochester Vic 3561**

If you would like further information about this report, please contact:

REDHS Quality Unit on **(03) 5484 4470** or email **rochhosp@redhs.com.au**

*"Recently I was admitted to REDHS' Day Procedure Unit. I am writing to let you know how much I appreciated the exemplary professional, friendly care I received. All the staff contributed to a relaxed atmosphere which, I am sure, helps the medical treatment people are there to receive. If ever I have to attend Rochester Hospital for any procedure in the future, I will do so knowing I will receive the best of care."*



For further information please contact us at:

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Rochester Victoria 3561 Australia

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