

# Quality Account 2016

**BRHS** Bairnsdale Regional Health Service





*My team is*  
**BRHS**



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# Welcome

We are proud to present the Bairnsdale Regional Health Service Quality Account. This is our way of reporting to the community annually on how BRHS has performed in the area of quality service provision and the care we provide and how we meet the standards required of a service such as ours.

I would also like to thank the BRHS Board of Management, the BRHS Community Advisory Committee consumers and staff on their contribution to the report card to our community.

As we look to the future of continued growth and positive change at BRHS, we reaffirm our commitment to our core organisational principles of accountability, collaboration, competency, progressiveness and delivery of person-centred care. Supporting a diverse community with a wide range of needs, it is our role to support the health and wellbeing of our community by providing accessible, high quality and sustainable health care.

We are excited by the achievements of the organisation in the past 12 months including the opening of a clinic in the Bairnsdale CBD which offers improved access to a range of services within the town hub, the establishment of the new model of maternity care and, the expansion of our medical imaging services to include a brand new state of the art MRI machine.

Consumer feedback is very important to us. We trust you will find this report interesting and informative and we encourage you to provide feedback on this year's report and tell us what you would like to see included in the future. We encourage people to complete the short survey form at the back of this Report.



**Angela Hutson**  
President, Board of Management

**Therese Tierney**  
Chief Executive Officer

# Person centred care the goal at BRHS

BRHS is continuing a journey started around six years ago on person centred care as a result of the implementation of the Active Service Model, a Department of Health Initiative.

**Active Service Models** means we approach our care based on awareness that patients have the best understanding of their own needs and priorities and the reasons for improving their health.

The Active Service Model was an initiative of the Allied Health Unit and has helped us understand that by working in partnership with patients they are likely to get better outcomes and outcomes that improve their quality of life.

This is making a shift from an old model of the medical staff/clinician as the expert where they tell the patient what to do and when, why and how.

The focus this year has been in embedding these principles into our Allied Health practice so that the concept of partnership and patient engagement becomes a natural part of all our direct patient services.

To do this we started with some training around motivational interviewing. This is a high level patient engagement tool that teaches skills in understanding the patient's own motivations, listening with empathy and empowering the patient.

At least 50% of our Allied Health outpatient staff have completed this training.

We have also developed a multidisciplinary working party to further explore the needs of the teams in implementing patient engagement techniques.

**Some of the actions from this group included:**

- Training on health literacy for staff and the impact increasing patients understanding of the health can have on their health
- Development of a new care plan to document patient's goals and treatment plans to better communicate these with the patient – this is expected to be trialled soon
- Development of a model to identify and train staff in all the components needed for successful patient engagement and partnership. Whilst we are only part way through this

journey, we are already seeing the impact of this model. A number of patients are coming forward and reporting they feel that staff are explaining things well and working towards their goals and aspirations, which in turn has resulted in positive outcomes for them.

Some specific feedback from patients when asked in our standard patient feedback form "What are the two most important things we have done really well" included:

- "They made me feel important"
- "I felt included in any decisions"
- "They worked together well with me"
- "They provided clear explanations"
- "My goals were met"

80% (30/38) of allied health patients rated "Excellent", when asked about their level of involvement in the planning and decisions about their care. The other 20% (8 patients) rated as good. BRHS is continuing to develop staff skills using this model of patient engagement.

We are implementing the actions identified in an organisation wide health literacy audit that looks at how we create a whole of organisation culture that is based on supporting patients to have the best understanding possible of their own health. We have also identified some measures, such as numbers of patients leaving our service with goals met, rates of non-attendance for appointments at the service, which will allow us to assess our performance in patient engagement on an ongoing basis.

**At BRHS, one initiative we have developed to actively contribute to building our consumers ability to participate fully in their plan of care is thorough our Active Service Model in Outpatients.**

# Italian Nonas keeping cultural heritage alive at PAG

BRHS operates five Planned Activity Groups (PAG) in the East Gippsland Region located in the areas of Bairnsdale, Buchan, Lindenow, Metung and Paynesville.

**Planned Activity Groups provide a friendly place for people to share a meal, catch up with friends or make new ones, and enjoy a range of activities that can assist with better health and wellbeing. Planned Activity Groups can also serve as respite for carers and encourages people to remain in the community by providing meaningful and enjoyable activities that enhance their social and life skills.**

In 2014 a conversation took place with three 'Italian Nona's' who were PAG members that identified that there was a large Italian community residing in Bairnsdale that they felt would enjoy opportunities for social inclusion.

It soon became apparent through this conversation that there was an opportunity for a activity to be established that could support the older Italian community to keep in contact with one another, to share their stories and their cultural heritage.

The PAG staff, with help from one of the Nona's daughter's (Cathy), asked around the Italian community to see if they also felt there was a need for an Italian Nona's group. The reply was a definite yes.

With support from Cathy, other Nona's who were interested in attending the activity were identified and in February 2015 invitations were sent inviting them to meet in March at the PAG in Bairnsdale for a morning tea. It was decided they would establish a regular group and get together bi-monthly.

As time went on the Nona's identified other meaningful activities that they would like to do such as their love of making passata tomato sauce and growing their own fruit and vegetables. As a result PAG staff planned with the Nona's for some raised garden beds to be built to provide a space for this to occur and when the produce was harvested to use the PAG kitchen to make the sauce.

The group has now been meeting for over 18 months and in that time have continued to discuss their life stories including how some group members had immigrated to Australia and what it was like to settle in a new country. This has resulted in an idea to develop a book that would share their immigration stories.

The group participants have been actively contributing to the development of the book collecting photos, sharing stories and reminiscing about their trips back to their respective homelands.

Plans are underway to write an Immigration book to be published mid-2017.

**If you or your loved one would be interested in attending or trying the Planned Activity Groups please see more information at:**  
[www.brhs.com.au/health-services/brhs-at-community/planned-activity-group/](http://www.brhs.com.au/health-services/brhs-at-community/planned-activity-group/)

**BRHS utilise accredited interpreters when patients identify as requiring this.**

**Only, 2% of our patients state they need help with English**

**90% of our patients stated they received information in their language. (State average 51.2%)**

# Improving communication with GP's



BRHS is improving our communication with your GP on your discharge from hospital

The Victorian Health Experience Survey is sent to patients discharged from hospital during the year.

This information allows BRHS to identify areas of opportunity for improvement. The survey showed that people believed their GP's were not receiving copies of discharge reports and communications from the hospital. With this in mind, BRHS commenced a project to improve communication with GP's.

Prior to this project GP's were sent a copy of a patient's discharge summary via mail. Our Health Information Services and our Information Technology support has been working together with the Bairnsdale Medical Group and other local GP clinics to set up processes that allow patient discharge summaries to be sent electronically to local GP's or care providers in a secure and timely manner.

These advances in information and communication technology have helped BRHS ensure that developments in electronic discharge summaries can be timely and accurate.

This new electronic process is safe and privacy is maintained.

**Victorian Health Experience Survey**  
The survey is sent to a random sample of patients discharged from our care. This graph represents your overall score on your experience within our care.

**Victorian Health Experience Survey**  
Several questions within the survey relate to the process of safe discharge. This graph shows how many of you felt your GP received the necessary information about your stay in hospital with us.

- The following activities have occurred to improve communication with local clinics:
- Electronic Discharges Summaries have been set up
  - GP clinics regularly notifying BRHS when a new GP commences to ensure they are set up to receive discharge summaries
  - Bairnsdale Medical Group is completing audits to ensure the paper copies received are the same as the electronic copies received
  - Regular reports are sent to Bairnsdale Medical Group and McLeod Street Medical Centre confirming discharge summaries sent to them
  - Continue review of the new system with information technology services to find and fix any system issues
  - Improving the layout of the discharge summary to assist in communication.
  - Regular meetings with Visiting Medical Officers

It is anticipated that the paper copy will cease to be printed late 2016.

In future, with the patient's consent, we plan for this information to be linked to the 'My Health Record'.

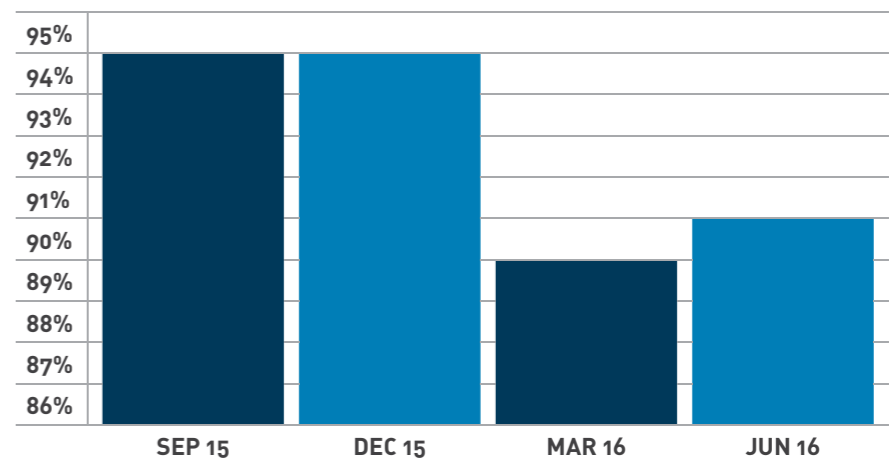
My Health Record is a government program and houses a secure online summary of your health information. You can control what goes into it and who is allowed to access it. You can choose to share your health information with your doctors, hospitals and other healthcare providers.

Having a My Health Record means your important health information like allergies, current conditions and treatments, medicine details, pathology reports or diagnostic imaging scan reports can be digitally stored in one place.

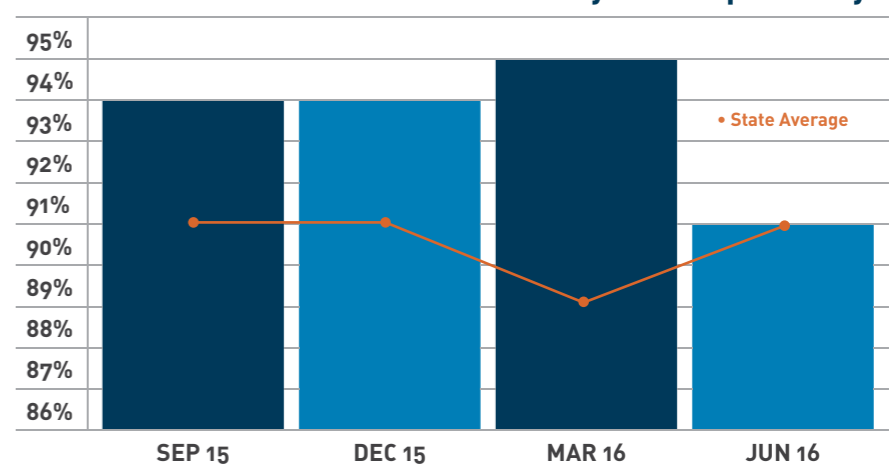
Healthcare providers like doctors, specialists and hospital staff can see these details online from anywhere at any time when they need to.

**For more information on the My Health Record, or to set up your record please visit their site at [myhealthrecord.gov.au](http://myhealthrecord.gov.au)**

## Patient Experience



## Did your GP receive the necessary information about your hospital stay?



# Aboriginal health unit

BRHS service continues its ongoing commitment to improving health outcomes for Aboriginal and Torres Strait Islander people. Inclusiveness, cultural awareness and competency sit as core values in our organisation.

## Organisational Development

To deliver an opportunity in which the whole organisation could be represented, and to provide a space where issues and needs relating to Aboriginal and Torres Strait Islander people could be discussed, the idea of an Aboriginal Resource Group (ARG) was born.

Invitations went out to all employees to nominate themselves for this voluntary group membership. We received 26 nominations from all work areas of the organisation from staff who had a proven interest, ideas and willingness to be involved. We were truly delighted by the response of staff willing to give of their time to support this.

The ARG meets monthly and works together in developing strategies to address identified needs and issues while improving outcomes and experience of community visiting BRHS. Another vital role of the group is to provide advice, input and feedback to BRHS on the needs, issues and interests of Aboriginal and Torres Strait Islander People as consumers, employees and trainees.

## Engagement & Partnerships

BRHS has actively supported the coordination, development and promotion of appropriate celebrations of the Aboriginal and Torres Strait Islander culture. The incredibly successful and well attended NAIDOC week celebrations were a true reflection of the positive outcomes resulting from consultation and collaboration with our Aboriginal community and Aboriginal Community Controlled Health Organisations (ACCHO's). There is a wealth of knowledge in the Aboriginal community and it's important to build on the many strengths that exist. The BRHS Aboriginal Health Unit team meets monthly as a group with the four ACCHOs of Orbost, Lakes Entrance, Lake Tyers and Bairnsdale to network and align the services delivered.

## Workforce Development

Cultural safety is about providing quality healthcare that fits with the familiar cultural values and norms of the person accessing the service, which may differ from our own. BRHS held a number of cultural information workshops this year which were well attended by staff. These workshops have improved our organisations capacity to advance service delivery and the provision of culturally safe health services to Aboriginal people. The feedback from these workshops show that cultural safety is achievable and is a fundamental enabler to truly close the gap in health outcomes for Aboriginal and Torres Strait Islander people.

## Systems of Care

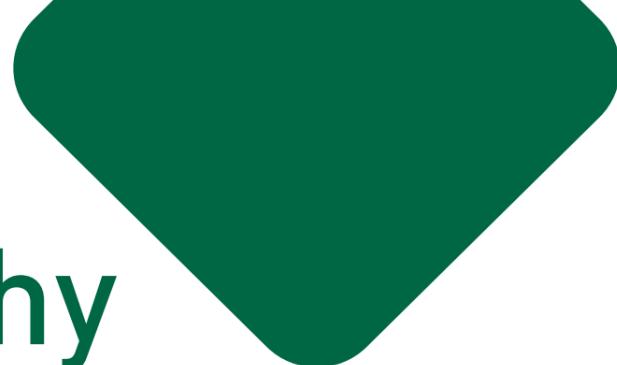
Person centred care underpins our care delivery at BRHS. Our Aboriginal and Torres Strait Islander clients have provided us with the opportunity to design a number of tools and resources to assist in improved experience at BRHS. A "My Hospital Journey" book has been designed and covers the needs of Aboriginal patients coming into hospital right through to their discharge home. Improved referral systems are in place between BRHS and the ACCHOs to ensure health and treatment information is shared in a timely manner. Improved identification practices are in place and we have a care coordinator who works with those with complex care needs or chronic health conditions.

To support the outcomes of the Improving Care for Aboriginal People program a number of valuable and innovative developments have been completed over the past 12 months in the space of Aboriginal Health.

## Significant Aboriginal Dates celebrated by BRHS with the community.

- 13 FEB | National Apology Day
- 21 MAR | Harmony Day
- 24 MAR | National Close the Gap Day
- 26 MAY | National Sorry Day
- 27 MAY - 3 JUN | National Reconciliation Week
- 3 JUN | MABO Day
- JUL | First full week of July- National NAIDOC Week
- 4 AUG | National Aboriginal and Torres Strait Islander Children's Day
- 9 AUG | National Day of the World's Indigenous People.





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# Mind your health



Looking after our employees is important to us. Each month a group of staff meet to look at ways to promote a healthy lifestyle and a good work-life balance for our workforce.

The PHEW Committee (which stands for Positive Health and Employee Wellbeing) has 3 main objectives:

- Increase staff awareness and consumption of healthy food options
- Increase staff awareness and uptake of physical activity
- Improve staff mental health and well-being.

It was the last objective which was the reason the committee organised a range of staff activities to coincide with Mental Health Week in October last year. The committee loves a challenge and decided not to restrict the fun to just one week but to organise a range of activities held throughout October designed to promote the maintenance of good mental health and wellbeing.

Every two years BRHS staff participate in the People Matter Survey, the last survey was in 2014. BRHS decided to work on improving the workplace by implementing the PHEW committee

Called Mind your Health Month the activities were based on the Department of Victoria Better Health Channel's - "10 Tips to Stay Mentally Healthy". These are: [www.betterhealth.vic.gov.au/](http://www.betterhealth.vic.gov.au/)

- Connect with others
- Take time to enjoy
- Participate and share interests
- Contribute to your community
- Take care of yourself
- Challenge yourself
- Deal with stress
- Rest and refresh
- Notice the here and now
- Ask for help.

The month kicked off with a guest speaker from Beyond Blue who talked to staff about 'Mental Health in the Workplace' and the signs and symptoms of depression and anxiety.

Throughout the month free sessions were held at BRHS and locations throughout the local area on: Meditation; Tai Chi; Zumba; and Yoga. These free sessions were 'tasters' for staff to try out activities which promote mental well-being and it was hoped would encourage staff to take up a new interest outside of work.

Our gardening crew also ran a special session for staff on "How to grow plants from cuttings" over a lunch break. Gardening was chosen as researchers have found that smelling roses and pulling up weeds can lower blood pressure, increase brain activity and produce a general upbeat feeling. For more information on how gardening can improve your health please see the following link. [www.dailymail.co.uk/health/article-193859/Proof-gardening-healthy.html#ixzz4Iz9SPYzC](http://www.dailymail.co.uk/health/article-193859/Proof-gardening-healthy.html#ixzz4Iz9SPYzC)

The major event for the month was the Staff Expo. Local interest groups, sporting clubs and community organisations were invited to have a stand and promote their particular area of interest. Keeping the '10 tips to stay mentally healthy' in mind, organisers wanted to provide staff with chances to connect more with their local community, take up a new interest, and challenge themselves. Held over a wet lunchtime staff were invited to walk through the Expo, talk with exhibitors and find out more. Show bags were distributed with contents designed to encourage staff to take time to relax. Small items such as camomile teabags; aroma candles; incense;

colouring sheets and pencils; as well as information about the BRHS Employee Assistance Program were included in the show bags. Over 25 community groups and 170 staff participated.

Organisers distributed a short online survey to staff to find out whether the activities had increased awareness of the importance of good mental health. The results were very encouraging with over 80% of surveyed staff providing positive feedback.

A selection:

"I enjoyed talking to representatives from the different groups and as a result have joined the golf club".

"Excellent expo. The sessions I attended were very informative and following the expo we actively sought out the theatre show purely because we heard about it at the expo. Thanks".

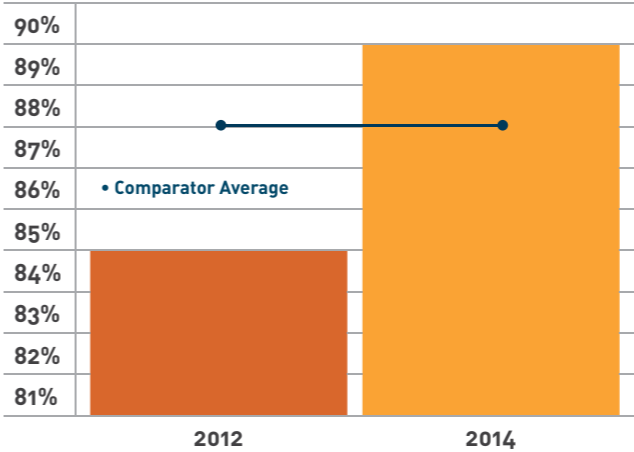
"I am aware of a number of people who have followed up and are now members of some of the community groups. Regular staff wellbeing sessions such as massage and mediation I believe would be great for workplace positivity and culture".

Following the survey and as a result of the feedback the PHEW Committee has organised 'Blokies Breakfasts' – a chance for our male staff to get together over a bacon and egg roll and hear guest speakers on a range of topics.

There have also been more staff health checks conducted and the committee continues to provide free fruit each Thursday for staff.

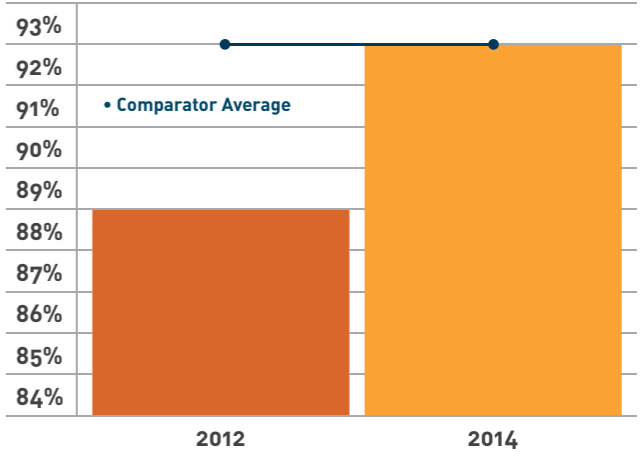
A Social Bowls evening is planned for later in the year and staff are encouraged to participate in 'Walktober'.

## PatientSafety



**People Matters Survey**  
Every two years BRHS conduct this survey across our staff. This graph represents the staff perception of a Patient Safety culture within the organisation. This has significantly improved over the last two years.

## Workplace Culture



**People Matters Survey**  
This graph represents the staff perception of Workplace Wellbeing within the organisation. This has significantly improved over the last two years since the introduction of the PHEW initiatives.

# Quality Monitoring and Quality Care

At BRHS, like all hospitals in Australia, we continually monitor our performance against the National Safety and Quality Healthcare Standards. These standards ensure we have:

- The right governance in place to manage our care in a safety and high quality manner
- The appropriate policies and procedures in place to guide our practice against the best practice available for safe care
- Continual auditing and monitoring in place to check our performance, and
- Quality improvement processes in place to close any gaps in performance we identify and improve our standard or care through seeking excellence.

A full accreditation process happens in a four year cycle, with a partial review midway biannually to ensure we are performing to the required standard. In 2014, BRHS was assessed by surveyors from the Australian Council of Healthcare Standards as meeting these standards and we were awarded full accreditation status with six small recommendations to complete.

In 2015, we completed our self-assessment against the standards and proposed a plan towards completing the six recommendations. This report was met with positive feedback from the council. We are now working towards our surveyor visiting in 2016 where a midway or periodic review will be conducted and full assessment is made on the progress of our actions against the surveyor's recommendations.

## Recommendation 1 – Infection Prevention

To ensure that all staff satisfactorily complete aseptic technique trainin.

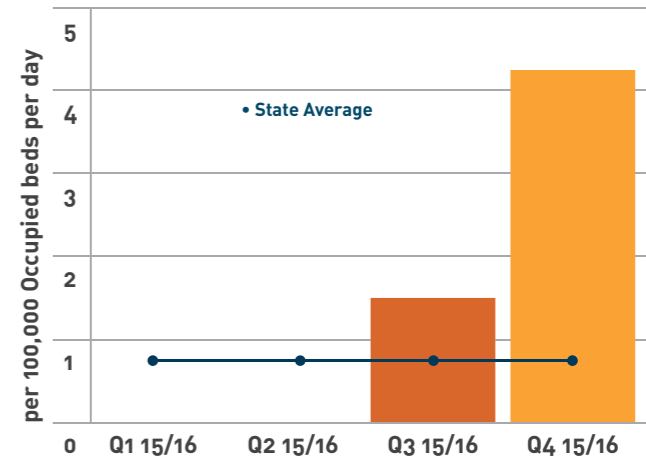
Aseptic technique is the method by which a health professional conducts a procedure that can potential cause an infection. This includes procedures like inserting an IV drip, inserting a urinary catheter and inserting a chest tube. All clinical staff at BRHS are now required to complete both an online training package and demonstrate competency in completing a procedure using aseptic technique. Current results show BRHS is on its way to completing this recommendation.

## Recommendation 2 – Infection Prevention

To review infection prevention patient information to see if it meets the needs of the Aboriginal users of our service.

BRHS Infection Control Consultant and our Aboriginal Liaison Officer met with our local Aboriginal Health Service, GEGAC, to discuss the best way to share information with the Aboriginal community about infection prevention. A poster was created and Aboriginal artwork is now clearly displayed around the organisation to provide information to the community about the importance of preventing infection. This work is now finished and BRHS is looking forward to showcasing their work against this recommendation at the next surveyors visit in 2016.

## Health Associated Infections Staphylococcusnaureus bacteraemia



**Infection Prevention**  
Preventing infections at BRHS is conducted many way, through Hand Hygiene, monitoring infection rates and isolation rooms. The monitoring of particular infections that occur within hospital can tell us how well our infection prevention is occurring. This graph represents the number of a particular infection that is monitored in hospital. Although our rate is up in the last two quarters, this only represents 1 and 3 patients respectively within that 3 month period

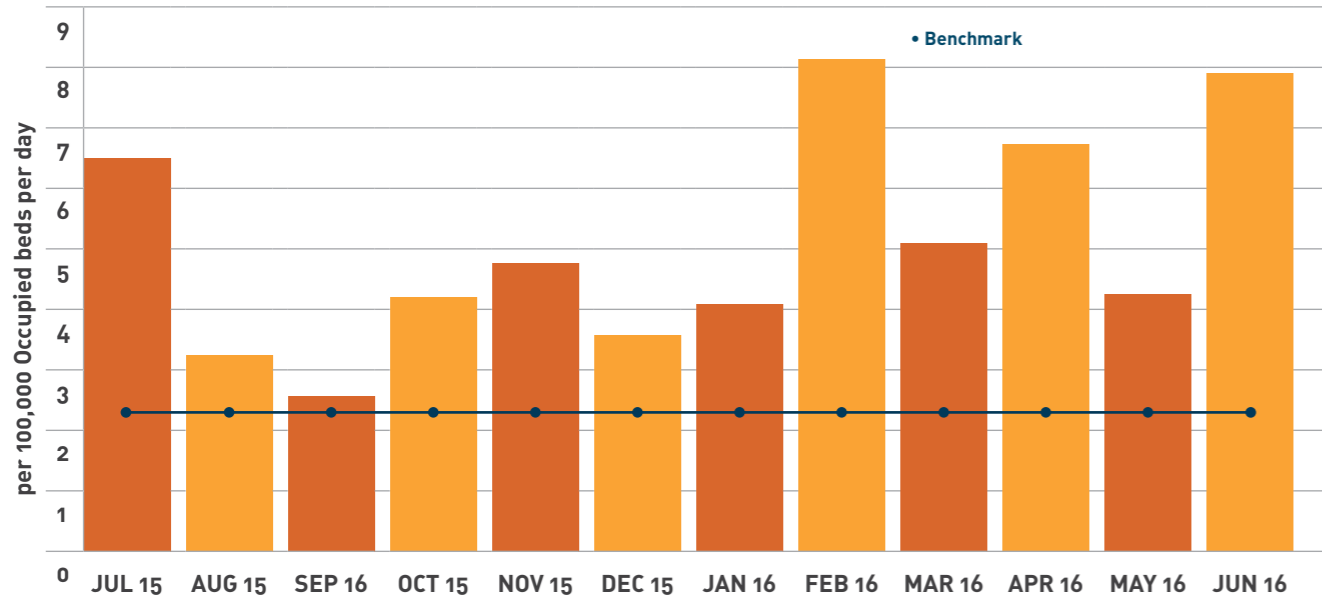
We aim to put you at the centre of your care. This means we will partner with you in planning your care during your stay with us in preparation for returning home.

Recommendation 3 – Pressure Injury Prevention

To provide evidence that pressure injury prevention plans are developed in partnership with patients and carers.

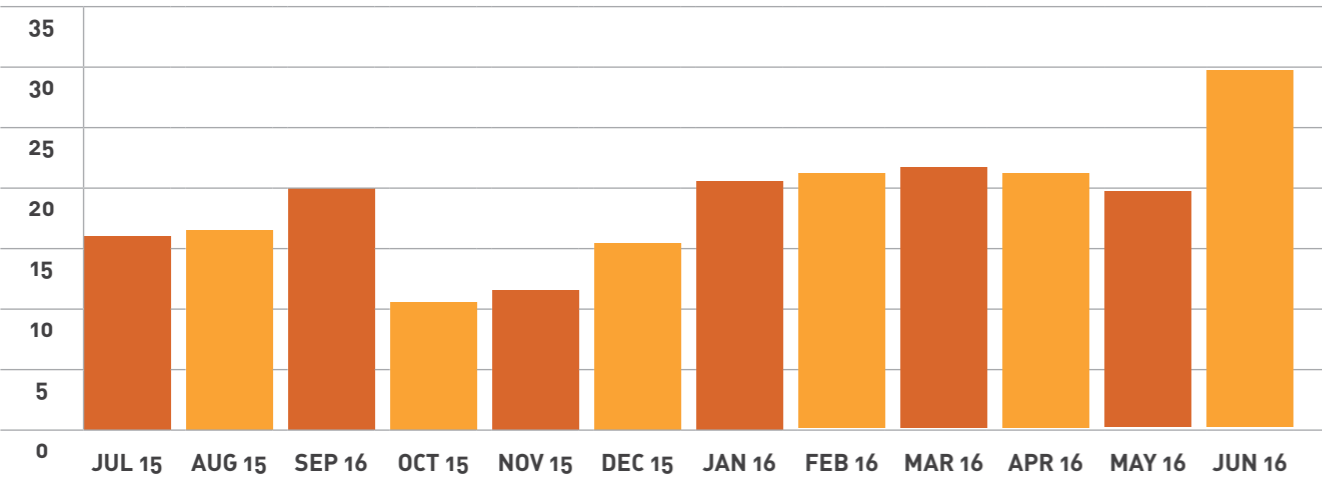
Patients are at risk of pressure injuries, or bed sores, when they are unwell and not moving as much as they normally would be. Best practice in care shows that prevention plans developed with the patient are more effective as patients then understand what they are to do and why. National Standards states that we need to show evidence that we have developed our prevention plans with our patients. A new form was developed for this where patients will be asked to sign that they had their prevention plan developed with them. BRHS is now well on the way to completing this recommendation.

Number of Inpatient Falls



**Falls within hospital**  
The number of reported falls we are getting within the hospital are starting to rise. Some of this is improved reporting of this incident. We are working closely with our patients on their individualise prevention plans. This may include, waiting for assistance before going to the bathroom, wearing appropriate non-slip footwear or using walking aids when prescribed these.

Medication Safety



**Medication Safety**  
The reporting of any actual or potential incident of medication safety is extremely important. Many of our reported incidents are finding errors before they reach the patient, which inturn prevents harm, and assists us to find areas that need to improve to prevent harm in the future. There has only been two serious incidents from medication errors reported in this financial year.

Recommendation 4 – Clinical Deterioration

To review the effectiveness of family escalating their concerns of their love ones.

At BRHS we encourage all patients and families to raise the alarm to us if they believe they are becoming more unwell. Responding to deterioration quickly is essential in gaining the best outcomes, and as this deterioration is often felt first by the patient, or noticed by the family as a change, we encourage you to tell us if you’re worried. BRHS now review all of these occurrences when patients or family inform us of deterioration to see if the response to this was appropriate and if there were any signs we could have responded to earlier. All these learnings will assist us in providing the best and most responsive care to our patients.

Recommendation 5 – Falls Prevention

To provide evidence that fall prevention plans are developed in partnership with patients and carers.

Like pressure injuries, patients are also at risk of falls when they are unwell and not moving as much as they normally would be. Best practice in fall prevention also shows that plans need to be developed with the patient. A new form was also developed which patients are asked to sign to confirm they had a falls prevention plan developed with them. BRHS is now well on the way to completing this recommendation.

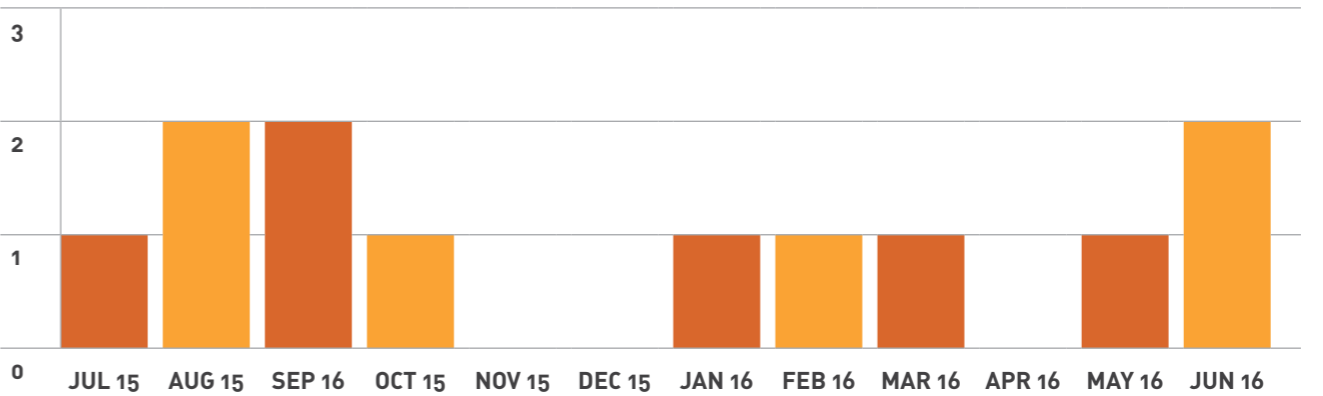
Recommendation 6 – End of Life Care

To develop an organ and tissue donation policy.

BRHS has developed an organ and tissue donation policy. If your loved one is unfortunately seriously injured and will not recover, family members are asked to inform nursing staff if their wish is to be an organ donor. This early notification could help save the life of another person awaiting organ donation.

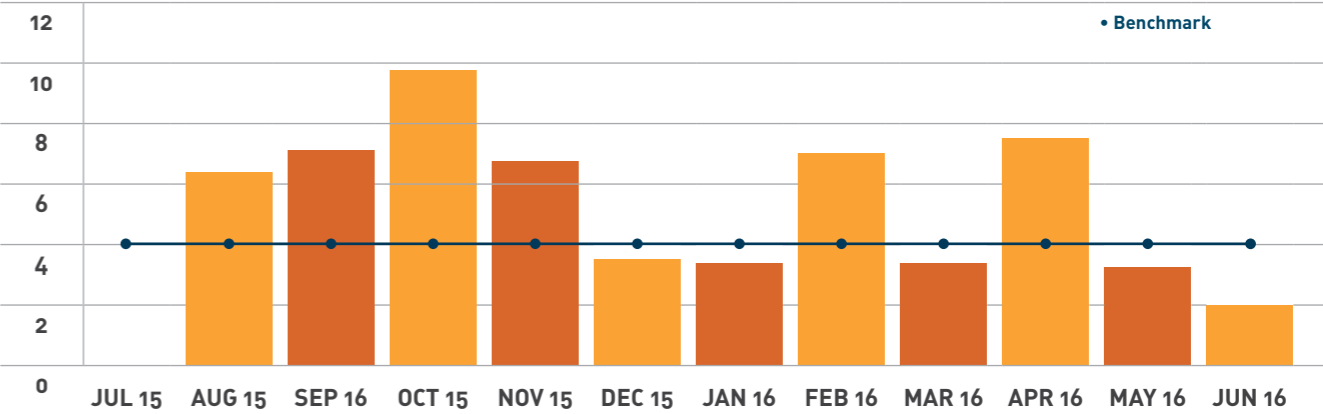
BRHS is unable to undertake this specialized procedure on-site as intensive care facilities are not available, however early identification of a possible donor can assist in transferring the patient to an appropriate facility if required.

Incidents Involving Blood Related Products



**Blood related incidents**  
Incidents that involve blood or blood products are very low within our organisation

Pressure Injuries occuring in hospital



**Pressure Injuries occuring in hospital**  
Our rate of pressure injuries occurring in hospital has been low over the past six months, this was reported as an excellent result in benchmarking reports

Improvements in Quality and Monitoring

Adverse events are defined as incidents in which harm resulted to a person receiving health care. They include infections, falls resulting in injuries and problems with medication and medical devices. Some of these adverse events may be preventable. At BRHS we aim to provide safe care and have systems and process in place to make your stay with us as safe as possible. We have improved the monitoring and reporting of these events through our incident reporting system by:

- Further educating staff on the incident reporting system
- Improving how we understand what we need to improve
- Reviewing the care provided to all patients that pass away at BRHS to ensure the care they received was of high quality and best practice.

BRHS was reviewed by the Department of Health and Human Services as it was identified as having low death rates, also known as low mortality rates. This review found that our mortality rate is better than expected for similar services.

# Preventing Infections

## Keeping hands clean

At BRHS we rely on you to tell us what is important and having clean hands whenever we provide care is really important to prevent the spread of infection.

It is so important that when we asked our patients, 90% noticed that staff did use hand hygiene before providing care.

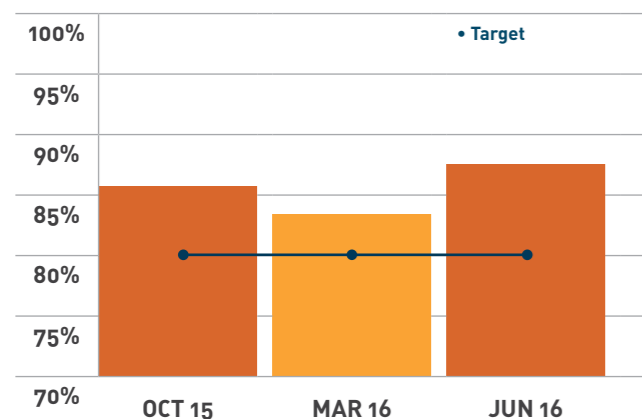
This is matched by our own observations of staff where we consistently find that they clean their hands 85% of the time when providing care.

How have we managed to achieve this? Firstly, we provided an easy to use foam hand cleanser that makes little mess and covers the hands as needed. Secondly, we put a foam dispenser at every place that our clinical staff are likely to need it. This means there is no excuse for missing out on clean hands. Thirdly, we gently remind staff as they go about their daily routine to keep cleaning their hands.

By keeping hands clean we avoid having to treat unnecessary infections and stop the spread of bugs that cause infections to the community.

We encourage the community on their visits to BRHS to watch to make sure our staff are consistently cleaning their hands. Occasionally everyone needs a gentle reminder and we welcome you to provide us with a gentle nudge on the path to improvement.

## Hand Hygiene Rate



## Influenza takes a hit

Every year in the winter months, influenza raises its head. Those most at risk are the very young, the very old and those of us whose infection fighting systems are on the blink.

To reduce the risk of influenza each year BRHS has embarked on a program to immunize its staff.

Each year we aim to improve our staff immunization rates. We are achieving this by offering incentives and making sure staff are educated so they can make active and informed decisions.

BRHS has teamed up with Savign's Café and offered coffee vouchers to staff as an incentive to be vaccinated. We are aiming to beat our 72% immunization rate from 2015.

What does this mean for you? This means that our staff will be less likely to carry influenza and spread it among themselves and their families, amongst our patients, some of who are the most vulnerable people in the population and amongst visitors to BRHS.

## Staff Immunisation Rate for 2014/15



\*Figures as of August 2015 for the 2014/15 period.

# A new model for Maternity Care

In June 2015, BRHS commenced a new version of maternity care for the women of East Gippsland. Every woman who births at the hospital is part of our team maternity care and is provided care from both their chosen doctor as well as a small team of dedicated midwives.

Our aim is to provide collaborative care, which means that women have a known midwife during pregnancy, labour, postnatally and once they go home from hospital. This helps women build trust and form a relationship with their known midwife as well as continuing their relationship with their chosen doctor.

Since our new version of maternity care commenced, the caesarean rate at BRHS has decreased. Midwives are able to get to know the women and educate from early pregnancy to help women achieve the best possible outcome for their birth.

As well as decreasing our caesarean rate, women are also provided the opportunity to have extra education for a Vaginal Birth after Caesarean (VBAC). Appointments are available on Tuesdays at our CBD Clinic. This extra information provides women more knowledge and skills to achieve a vaginal birth if they have had a caesarean for a previous birth.

Breastfeeding rates continue to improve at BRHS due to women being prepared and having guidance, including one on one education at their 34 week appointment with their midwife.

Women are also encouraged to attend a free breastfeeding class towards the end of their pregnancy to help prepare for their breastfeeding journey.

Once their baby arrives, BRHS also provides a Breastfeeding Clinic. This clinic runs every Tuesday at our CBD

Clinic and is available to all women and babies of any age. Although the Breastfeeding Clinic has only been running for a few months, it is becoming very popular and has helped many women continue their breastfeeding journey.

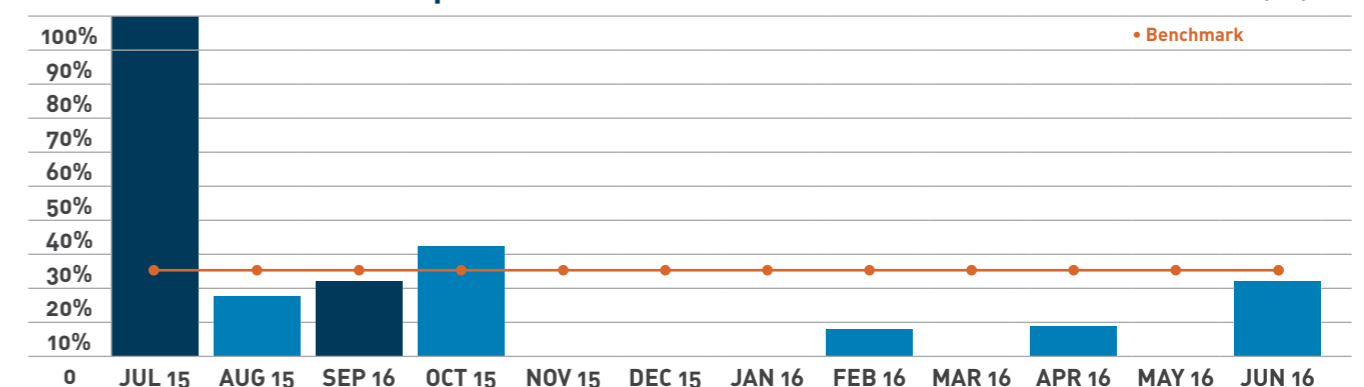
One year since the commencement of our new model, BRHS is proving to be a pioneer when it comes to team midwifery in the Gippsland area. With increasing breastfeeding rates and a decreasing number of caesareans, providing continuity of care or a known carer for women is proven to provide women with better outcomes and a better birth experiences.

**For more information on maternity services through BRHS please see our website at:**  
[www.brhs.com.au/health-services/brhs-at-hospital/maternity-services/](http://www.brhs.com.au/health-services/brhs-at-hospital/maternity-services/)

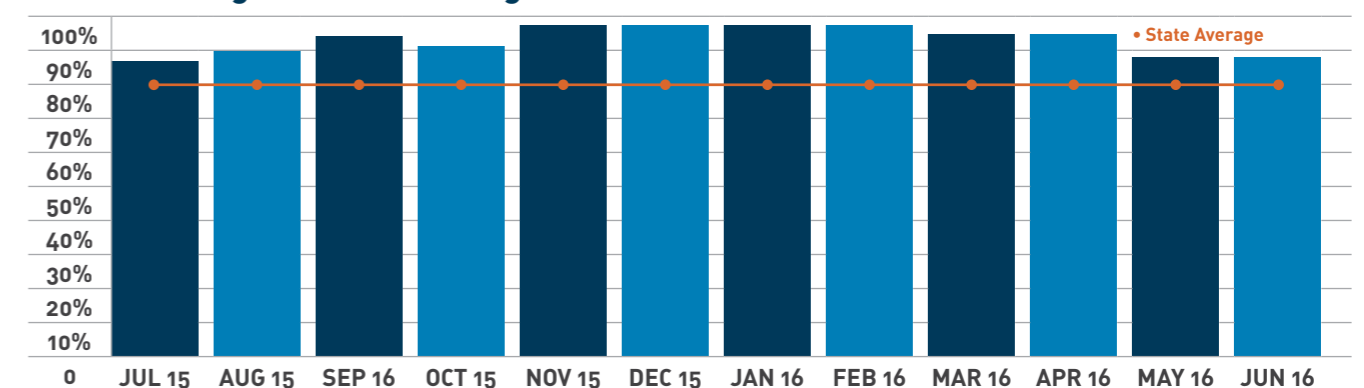
## New maternity model of care decreases caesarean rates and improves breastfeeding rates.

### Caesarean rates for Primiparae

Primiparae is a first time mother giving birth



### Breastfeeding rates at discharge





BRHS have introduced BMI as an assessment to ensure we provide safe care and only operate on low risk patients. We will refer you to more appropriate care if you're not low risk

# Safe Surgery at BRHS

**At BRHS we implement certain measures to achieve surgical safety for our patients. This includes limiting surgery on people with a Body Mass Index (BMI) over 40 to emergency surgery only.**

It is safer for patients with a BMI over 40 to be treated by a specialist anaesthetist with broader support services that can be provided at a larger hospital.

If you require a surgical procedure at BRHS you will be asked to complete a Patient Health Questionnaire, including accurate height and weight measurements so we can calculate your BMI.

People with a high BMI have a greater risk of developing complications during and after surgery and therefore may require specialised care and facilities that are not available at BRHS.

If your BMI is greater than 40 you will be referred to a specialist service. Patients who have a low BMI may also be considered to be at greater risk. Minor procedures requiring only local anaesthetic are usually considered safe at BRHS for patients with a BMI of 40 and above.

Other factors such as medical history, medications, current health and the type of surgery required are also considered when assessing each patient's suitability for surgery at BRHS.

BRHS has a Peri-operative Harm Minimisation policy which outlines a series of 'checks and balances' that must occur to make sure it is safe for you to have your surgery at BRHS.

Every surgical patient will have a review by the GP anaesthetist prior to surgery, which allows for assessment and scoring against the universally recognized American Society of Anaesthesiologists (ASA) score. This helps us identify whether you are suitable for anesthetic and subsequent surgery at BRHS.

BRHS also monitors the scope of practice for each surgeon to ensure it remains within the capability of BRHS services and resources to enable us to provide safe surgical care.

# Pain Management improvements in Aged Care



At BRHS we recognize the importance of managing pain in the older person and maintaining mobility. Well controlled pain can significantly improve people's quality of life.

In December 2014 a business case was developed and approved for Maddocks Gardens to provide a pain management and mobility program (PMMP) to our residents. Funding was successfully secured through the Aged Care Funding Instrument.

The program was established and designed to:

- Improve the comfort and functional wellbeing of residents
- Improve resident physical strength and safety
- Reduction the risk of falls and fall related injuries
- Improve residents' self-confidence and sense of well-being, and
- Decrease the use of pain relieving medications

There are many strategies that have been introduced as part of this program, including:

- Massage
- Heat and cold packs
- TENS machines (a small portable battery operated device worn on the body transmitting electrical pulses which may relieve certain types of pain)
- Aromatherapy and
- Group exercise classes.

Pain management is being delivered to eligible residents at least weekly, with some residents with more complex

pain management needs being able to access the services of allied health professionals at least four times a week. Two specially designed rooms have been made within our facility where the two designated physiotherapist can treat the residents.

Alternatively, the physiotherapist may choose to perform treatment in the resident's own room. This is of benefit if the resident is immobile or has difficulty transferring to a chair.

As of August this year, 71 residents are receiving care on the PMP. Of these residents:

- 93% (66 participants) are receiving massage, and / or TENS as part of their PMP four times per week by a physiotherapist;
- 4% (3 participants) are receiving massage, and / or TENS as part of their PMP 20 minutes per week from either a physio or registered nursing staff;
- 93% (66) are receiving heat/cold packs for 20 minutes each week in 2 x 10 minute sessions.

Maddocks Gardens introduced an extensive pain management program (PMP) to improve health outcomes for its residents.

**Residents' feedback of the PMP are glowing:**

"Can't fault it, everything moving better getting up out of the chair better- no more 1,2,3- Get up!";

"Deep breathing, slow movement of limbs. (It's finding sore spots)

"Getting around the whole body...the song at the end (of the session) comes too soon!"

"The exercises help with balance, mobility, muscle tone, as well as being fun and a great social time spent with friends."

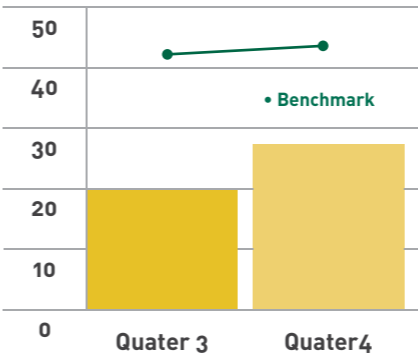
Our PMMP is an effective initiative contributing to improved outcomes for our public sector aged care Department of Health key performance indicators. Two of these indicators are reporting upon residents who regularly take nine or more medications, and, residents' falls and falls sustaining harm.

An audit of 35 medication charts showed a decrease in the use of pain relieving medication in 49% of residents on the PMP from the commencement of the program until this year.

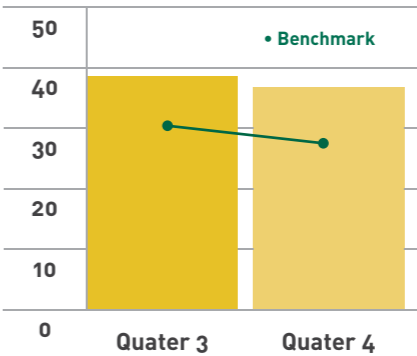
Overall, the number of residents taking nine or more medications fell over the financial year 2015-16. The PMP is just one aspect of care contributing to improvement in residents' health outcomes.

An improvement in the number of falls from the commencement of the 2015-2016 year has also been seen. Initiatives such as the PMP contribute to a greater awareness of safety by all at Maddocks to ensure the ongoing health of each resident.

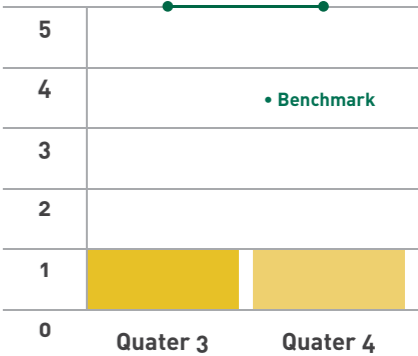
Falls in Age Care



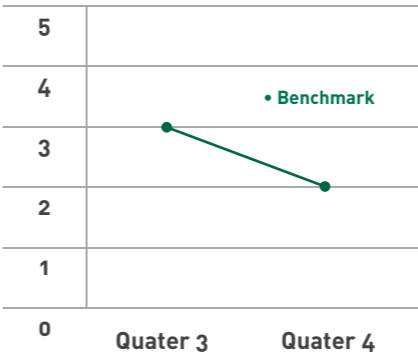
9 or More Medications



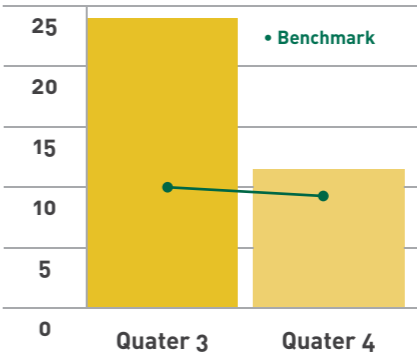
Pressure Injuries



Use of Restraints



Unplanned Weight Loss



**Restraint use**  
Maddock gardens nursing home did not use restraints within the last financial year

**Aged Care Indicators**  
Aged care commenced reporting to the My Aged Care site in January this financial year. The indicators are now reported in different format so are unable to be compared to the first two quarters of this financial year. All these results are a collated summary of our three reportable sections of the Maddocks Gardens Nursing Home.



# Advance Care Planning



## Do you have an Advanced Care Plan?

For more information on Advance Care Planning go to [advancecareplanning.org.au](http://advancecareplanning.org.au)

Advance care planning is a process to help you plan your medical care in advance. It is important because some time in the future you may become too unwell to make decisions for yourself. If you have no problems communicating and can make your own health decisions, your advance care plan will not need to be used.

At BRHS, Doctors will refer to your advance care plan if you can no longer communicate or make decisions. For example, this might happen if you have a stroke or serious accident, or become unconscious, or if you develop dementia. In some cases illnesses, such as cancer, may mean the medication you take or the pain you have may make you unable to communicate.

When you are admitted to BRHS, we will ascertain if you have an advanced care plan as part of the clinical admission process. This will then be recorded in your medical record to ensure your wishes are understood, even if you cannot communicate them yourself. If you don't have an advance care plan, please let us know if you'd like assistance to create one. At BRHS we have a clear policy and guideline on advance care planning as well as end of life care to ensure all staff understands this important process of including your wishes into our care at this critical and sensitive time of life.

## Our journey with Palliative Care

Owen recently came into our care for his final days and he brought with him his advanced care plan. This helped us deliver the care he and his wife Lyn needed at this delicate time. This is Owen and Lyn's Story, and we would like to thank them for sharing with us.

Thank you for the opportunity to express our gratitude for the superb care that Owen received whilst in Palliative Care during his final days of life.

Owen and I had been married almost 60 years, and during this time, as we were growing older we often discussed our lives together and what may happen in the final days of our partnership. He was an artist and I am a silversmith, we have three wonderful daughters, all individually creative and are a very close-knit family, and we all felt that there must be dignity as we exit this life.

Owen was a very creative man, always active, athletic, who in later life suffered heart problems due to a virus attached to the common cold. This virus caused 'electrical dysfunction' and a pacemaker was implanted.

He 'battled on', reliant firstly on the pacemaker and then as the condition worsened, an ICD was implanted. It was at this stage we discussed death, and how we hoped to depart this life with dignity. We were given 'advanced medical care' forms which we discussed with each of our medical support team, who agreed with our actions – No resuscitation should we suffer a severe ailment.

During the 11 years since the first pacemaker was implanted he carried on with all his normal activities, keeping himself as fit as possible with daily exercising and swimming, and of course very active in his studio, writing, painting and drawing and never really dwelling on his health condition, even though he did have the ups and downs – life carried on as normally as possible.

After a day when he did his usual swim, and painting in his studio he started to feel unwell. Then it happened. Owen quite suddenly suffered a very severe stroke, which left him speechless and immobilized on the right side, making it necessary to be admitted to BRHS.

On admission, I spoke to the medical staff in casualty and produced the advanced medical care forms. Our doctor verified that this was our wishes, and also that of our daughters, that Owen should be allowed to pass from this life with dignity, thus he was moved to the Palliative Care Ward.

I cannot speak more highly about this part of our journey.

Owen was gently moved to the Palliative Care Ward, where he was made comfortable, resting, sleeping and without pain. The ICD, of course, had to be turned off, as his heart was now reliant 100% on the machine.

A specialist was at the hospital and I will always remember the comforting arm around my shoulder from the nurse, as we stood there through this process. It would be only time now for Owen to complete his final journey, comfortably, pain free and leaving with Dignity.

The situation was explained fully to my family when they arrived to farewell their Dad, and we were all cared for by the Palliative Care team, who made sure we too, were coping with everything.

The lounge became our temporary home. Food and drinks were always on hand and the special little hand-sewn hearts which we each held and shared with him. A small side-table was brought in for us to be able to have Owen listen to his favourite music, as hearing is so important (and the last of the senses to diminish). He also held flowers from his garden.

Owen finally left us to start on his journey three days later and again we were given solace and comfort. It was a truly moving experience that has made our task of saying farewell just a little easier, though tears flow as I write this.

Owen's art works will live on. They are held in major gallery collections and it is with deep gratitude that I gifted one of his paintings, now hanging in the BRHS Palliative Care Lounge, for others to view and hopefully receive comfort during their time of grief.

To Doctor Chapman and the nursing team in the Palliative Care Ward – Thank You.

Lyn Piggott



Lyn Piggott and Therese Tierney with donated painting.

**BRHS continuously strives to improve the care for people at the end of their life**

# Feedback

To enable us to continue to improve our publications, we invite you to provide us with your thoughts and feedback on this Quality of Care Report. Please complete the short questionnaire below and over thepage, return to us by post to:

PO Box 474, Bairnsdale, VIC, 3875  
or deliver to our main reception at  
122 Day Street, Bairnsdale, VIC, 3875.

**You can also provide informal feedback by email to:**  
**[communityconnections@brhs.com.au](mailto:communityconnections@brhs.com.au)**


What is your overall opinion of this publication?

What did you like most about the report?

What did you like least about the report?

How could the publication be improved?

Any other comments



We acknowledge that  
Bairnsdale Regional Health Service  
is located on the traditional land of the  
Gunaikurnai people and we pay our  
respects to elders both past and present  
and thank them for their contribution  
to the development of our services.

*My team is*  
**BRHS**