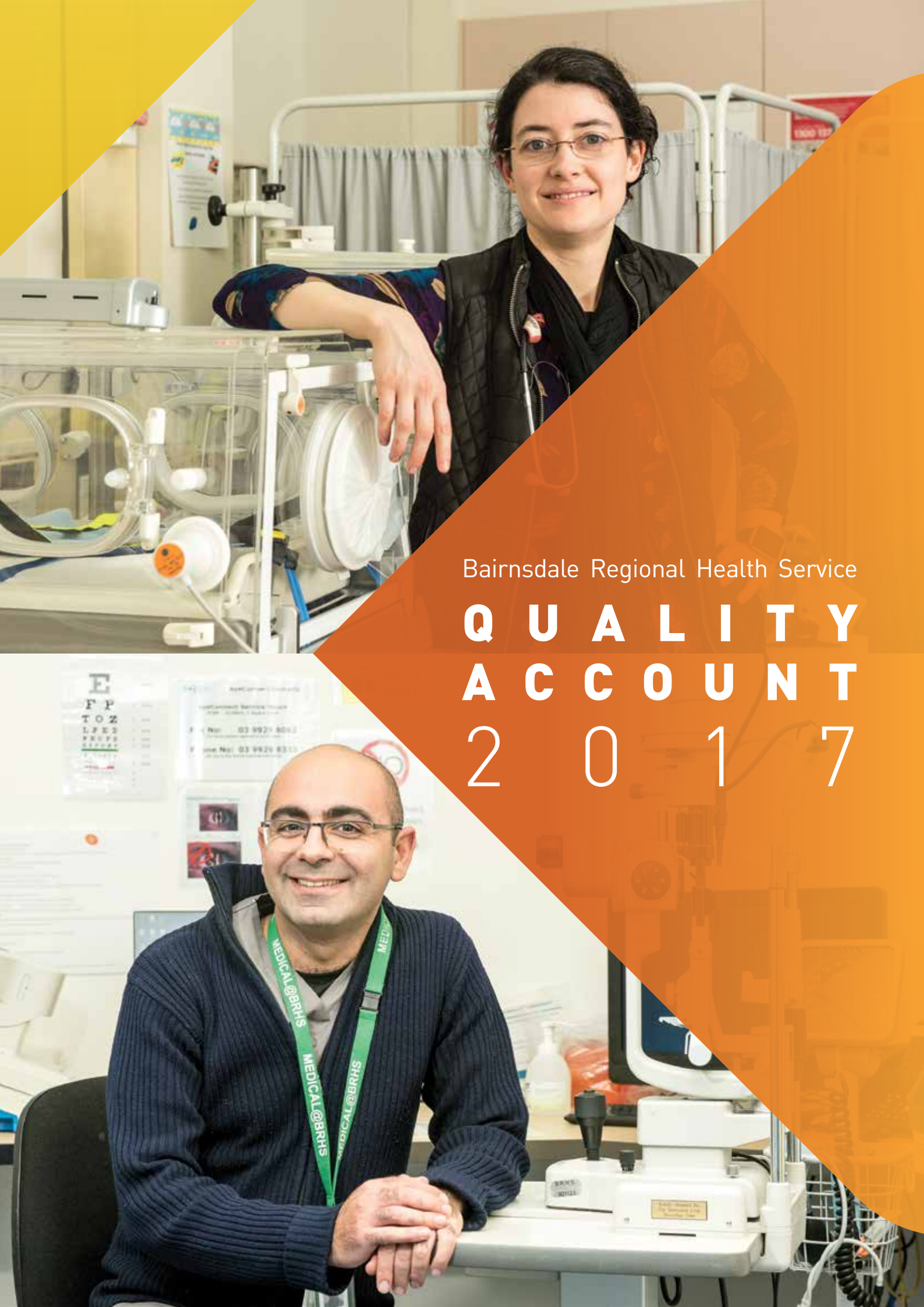

Bairnsdale Regional Health Service

QUALITY ACCOUNT 2017

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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.

We would also like to thank the BRHS Board of Management, the BRHS Community Advisory Committee, consumers and staff on their contribution to the report to our community. I congratulate and thank our staff and volunteers who continue to provide exceptional services to our community, many which are highlighted in the report.

BRHS has a new Strategic Plan 2017-2021 providing the key objectives to ensure we focus on achieving our vision of being a respected leader of outstanding health care and continue to improve the health and wellbeing of the East Gippsland 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 capital building project commencement for the "One Ward" which is on target for an early 2018 completion. A substantial building extension and renovation will see two small wards become one with modern facilities, more single rooms and a space for a High Dependency Unit to be established. BRHS has collaborated and worked with Omeo District Health, Gippsland Lakes Community Health and Orbost Regional Health to finalise the East Gippsland Strategic Service and Capability Plan. The plan encompasses the development of the full range of health services including acute, sub-acute, emergency care, maternity, mental health, primary health and community-based services. The plan is intended to consider service developments over the next five to 10 years, and provides the basis for more strategic service development over the next 20 years.

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 provide feedback and details on how to do this can be found at the back of this report.

Angela Hutson
President, Board of Management

Therese Tierney
Chief Executive Officer

Amber Buller
Qualified Allied
Health Assistant

Aboriginal employment opportunities on the rise

I am very thankful to BRHS for giving me the most amazing opportunities and also to everyone that has helped and supported me along the way.

AMBER BULLER

In May 2016 Amber Buller commenced a traineeship in Allied Health Assistance. In April 2017 she secured ongoing fulltime employment as a qualified Allied Health Assistant. Here is her story:

"I underwent a traineeship at Bairnsdale Regional Health Service (BRHS) studying a Certificate 3 in Allied Health Assistance. The training involved 24 hours a week with four of those hours being allocated to 'study time' in the Monash library every Friday with the other trainee and our tutor, Frances. With her wonderful help I completed my book work within the first eight months of the traineeship. I found doing this traineeship was a benefit as it was also 'learning on the job' so it made understanding the book work a thousand times easier.

Also just having moved back to Bairnsdale in the last couple of years, this traineeship has opened me up to the community both indigenous and non-indigenous. I believe if you're ready to put the effort in, these traineeships are very beneficial for the young ones wanting to make a start in their careers. Without even completing the full 12 months of the 'traineeship', a full time position as an Allied Health Assistant became available so I applied and within a few days my manager told me I was successful!

The last thing I honestly thought I would be doing at my age is working in a hospital as a full time employee. I am very thankful to BRHS for giving me the most amazing opportunities and also to everyone that has helped and supported me along the way. I will now continue to work full time as an Allied Health Assistant and will also work to further my qualifications to a Certificate 4. I've also found while looking into the Certificate 4, there are no trainers qualified to support Allied Health Assistant students wanting to do a Certificate 4 in Bairnsdale. Once I've completed the Certificate 4 myself, I would also love to complete my Certificate in Training and Assessment so I could help future students complete a Certificate 4 in this area."

Bairnsdale and surrounds has one of the highest Aboriginal populations in Victoria at 3.6%. As a lead organisation within the East Gippsland region and the largest employer in Bairnsdale, BRHS recognises its responsibility to grow its local workforce, provide meaningful opportunities to local Aboriginal people and to ensure that it represents the diversity of its community.

We continue our strong commitment to providing on-the-job training and study opportunities in line with the BRHS Aboriginal Employment Plan 2016-2019, and the Koolin Balit Aboriginal Workforce Plan 2014-2017.

Since 2013 BRHS has supported 16 Aboriginal traineeships in Allied Health Assistance, Dental Assistance, Administration, Enrolled Nursing, Health Support Services, Aboriginal Health Liaison, and Personal Care Attendance.

Many of the trainees have secured ongoing employment either at BRHS or other health agencies and BRHS is very proud that some trainees are now studying higher qualifications in nursing.

Through its traineeship program BRHS has also improved its profile within the local Aboriginal community as an employer of choice and job applications from the ATSI community for general employment vacancies has increased.

The goal is to increase the Aboriginal workforce to accurately represent the needs and diversity of the Aboriginal community.

Funding received through the Koolin Balit Training Grants Program has assisted BRHS to continue offering Aboriginal traineeships to members of the community and resulted in the Aboriginal workforce remaining steady at 1.3%.

BRHS has further developed its cultural awareness programs for staff across the organisation. It is anticipated that together with a range of employment initiatives, the BRHS Aboriginal traineeship program will assist us to reach our target of 4% Aboriginal workforce by 2019, in accordance with our Aboriginal Employment Plan 2016–2019.

Gabo Ward Art Donation
Kindly donated by Federation Training

Closing the gap for Aboriginal health

Bairnsdale Regional Health Service (BRHS) recognises the Gunaikurnai people as the traditional owners and custodians of the land on which our health service is located. We recognise and respect their cultural heritage, beliefs, knowledge, stories, resilience and relationship with the lands. Elders have for many years helped shape our health service and we pay respect to them and thank them for their significant and ongoing contributions.

As a public health organisation, BRHS is required to ensure they implement Koolin Balit, the Victorian Government strategic directions for Aboriginal Health, which includes cultural responsiveness as an enabler for improved Aboriginal Health.

This year we have worked continuously to ensure the organisation is culturally welcoming, responsive and a culturally competent service. It is with great pride that we are able to show many extraordinary pieces of locally produced art, which incorporate Gunaikurnai symbols, totems and language into our workplace. Each of these representations are of country, people, places and relationships.

The Aboriginal Health Unit (AHU) comprises the Koori Hospital Liaison Officer, Aboriginal Access and Support worker and Care Coordinator for Aboriginal Health. Improving Aboriginal Health outcomes is everybody's business and the team is able to provide targeted assistance and advice where needed. We are very proud of the dedication of all BRHS staff to improving health outcomes for community. When we look at how we deliver care we are continuously mindful of the historical and current issues impacting upon Aboriginal and Torres Strait Islander people.

BRHS is one of 18 hospitals nationally involved in Phase 3 of the Lighthouse Project. This is a national research project with aims to drive change in the hospital setting through implementation of activities that improve care and outcomes for Aboriginal people experiencing heart attack. This project has allowed us to work with community to look at how we can improve access, assessment, care planning, support, discharge planning and referral processes within BRHS in collaboration with clients and the wider Aboriginal community-controlled health organisations (ACCHO).

Supporting all these initiatives is our Aboriginal Resource Group. This group comprises over 20 staff members who work together in developing strategies to address identified needs and issues while improving outcomes and experience of the Aboriginal community visiting BRHS.

The group also provides advice, input and feedback to BRHS on the needs, issues and interests of Aboriginal and Torres Strait Islander People as consumers, employees and trainees. We are proud to say nearly 3% of our staff are of Aboriginal origin and the value they add to the organisation is immense.

To grow our staff we have had a number of workforce training, development and support opportunities that have covered engaging with Aboriginal community and working alongside the local ACCHO's. BRHS maintains a close working relationship and has regularly visited the Moogji Aboriginal Council in Orbost, LEHA (Lakes Entrance Aboriginal Health Association), GEGAC (Gippsland and East Gippsland Aboriginal Co-operative) and LTAT (Lake Tyres Health and Children's Service) during the past year. These visits enable the services to work together as closely as possible and become partners in an equal and culturally secure provision of service from BRHS.

The relationships between services involve respect and two-way communication, which builds faith and trust with one another. One of the largest parts of maintaining our relationships as the AHU is achieved by going out to community and listening and yarning. These visits are always so interesting and valued by both us and the ACCHO's.

NAIDOC Week
Rhianna singing with
CEO Therese Tierney

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 03 JUN	**National Reconciliation Week**
03 JUN	**MABO Day**
JUL	**National NAIDOC Week** (First full week of July)

The local community has been supportive of BRHS by attending many of the events held including:

Close the Gap week – which brought people together to share information and most importantly to take meaningful action in support of achieving Indigenous health equality by 2030.

NAIDOC Week - which emphasised and celebrated the unique and essential role that Indigenous languages play in cultural identity, linking people to their land and water and in the transmission of Aboriginal and Torres Strait Islander history, spirituality and rites through story and song. There are some 250 distinct Indigenous language groups that covered the continent at first European contact in the late eighteenth century. Today only around 120 of those languages are still spoken and many are at risk of being lost as Elders pass on. Many of the local Elders from our Gunaikurnai community attended and it was a great privilege to sit and have a yarn with many of them. Local children provided much of the artwork and this made the halls of the hospital shine with colour. BRHS staff joined community for the NAIDOC Street March which has been a highlight for many staff each year.

A highpoint of NAIDOC this year was the provision of staff time to visit The Krowathunkooloong Keeping Place in Dalmahoy Street. Here staff learned Gunaikurnai people's history of the Gippsland area and built a better understanding of Aboriginal culture, history and heritage. Staff came away with a greater community awareness, appreciation and pride in local Aboriginal culture, arts and crafts.

Striving to meet increased demand for cancer services

The Victorian Government released a document titled "Victorian Cancer Plan 2016-2020 Improving Cancer Outcomes for all Victorians" under the Improving Cancer Outcomes Act 2014. This document outlines the Victorian Governments vision for improving cancer outcomes and outlines priorities to enable health systems to work towards this goal.

The demand for cancer services is continually increasing which is driven by improvements in diagnosis and the increasing research and improvements in treatment options. It is anticipated that one in three Victorians will develop cancer by the age of 75.

The increased demand correlates with steadily increasing survival rates also thanks to earlier detection and improvements in treatment modalities.

BRHS Day Oncology unit has utilised the "Victorian Cancer Plan 2016-2020 Improving Cancer Outcomes for all Victorians" to guide improvement. We focused on the treatment action area for improving care as this is the area most relevant to a Day Oncology Treatment Unit. The initiatives we believed we could progress were improving access to the Optimal Care Pathways (OCP) for the 15 tumor types to improve consistency in the quality of treatment and experience of care and improving the patient's experience of treatment and care.

The Optimal Care Pathways are now on display in the unit foyer and patients, their carers and other health professionals are encouraged where the tumor stream has a developed OCP to utilise this document.

We are working with the Gippsland Regional Integrated Cancer Services (GRICS) to increase the knowledge of OCP with the wider community. The OCP's have been presented at Senior Nursing and Management meetings and ongoing education to BRHS key stakeholders will continue.

We also undertook a redesign of care project specifically looking at improving the patients experience and minimising waste. This project involved many facets, including reducing the patient wait times for chairs and reducing the length of stay (LOS) by reducing the wait for medications from pharmacy.

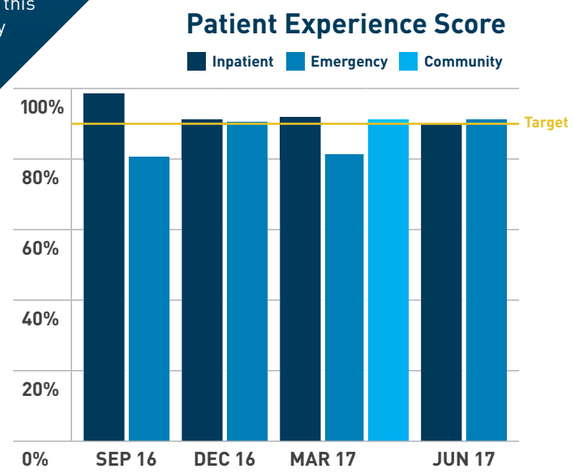
We set a target that 80% of patients would wait less than 10 minutes for their treatment chair appointment time. Using our business analyst unit and our electronic booking system CHARM we can graph this weekly and identify the rare times we have not met this target. We also graph our LOS and to date the patients time spent in the chair is streamlined and waits for medications from pharmacy have ceased. We utilise our electronic booking system CHARM to assist us in continually tracking LOS.

The Day Oncology Unit shares a waiting room with the visiting Haematologist and visiting Oncologist. Many patients across East Gippsland travel long distances to have their cancer medical consult and treatment.

We endeavor to provide this service on the same day where travel time is greater than 45 minutes to the unit.

That has resulted in improved satisfaction from patients but increased time spent waiting in the unit. Firstly waiting for the doctor then waiting for the allocated treatment chair appointment. Following a survey of patients undertaken we have utilized consumer input and donation funds to provide a more homelike waiting environment which encompasses privacy areas and places for communal interaction.

Overall the Day Oncology Unit is pleased that we have been able to make considerable improvements for our consumers experience with cancer and will continue to use the "Victorian Cancer Plan 2016-2020 Improving Cancer Outcomes for all Victorians" to guide future improvement initiatives.



Victorian Health Experience Survey:
BRHS recieved survey results from across our admitted patients and emergency patient every 3 months. This year we also commence surveying our community clients and recieve feedback on an annual basis in March.

Our patient experience score over this financial year has been at or slightly below the target of 95%.

Cancer Fundrasier:
Claudia Martin cut the ribbon opening the refurbished Oncology / Dialysis Waiting room. Claudia shaved her head to raise funds to be donated to BRHS to assist with the upgrade of facilities that could be used by patients undergoing treatment for cancer.

Building capacity of consumer's carers and community

Bairnsdale Regional Health Service (BRHS) is committed to improving consumer care for all our services. To do this we needed accurate and honest feedback to guide any changes we make.

For that reason we participated in the first Victorian Health care experience survey (VHES) for community services. This survey is run by an external agency so we were able to get neutral feedback from consumers which we could use to compare our performance against other health services.

The survey was mailed to our consumers in November 2016 and the results returned to us in April this year. We reviewed the results of the survey and formed an action plan based on the results. We were pleased with the results with 93% of our consumers satisfied overall with our service, however we were also able to identify some areas for improvement.

Patient or consumer engagement is already a priority for BRHS and improvements are planned around areas we score lower than similar sized health services and state averages.

The 2016 VHES results for BRHS indicated that we had 3-8% lower scores across a number of areas related to patient involvement in their health care. For example consumers feeling listened to and being able to work on and achieve their own goals.

As a result, we have reviewed our care plan forms and introduced a new care plan for outpatient services that helps health workers ensure the goals are the consumer's own personal goals written in everyday language. The care plan asks clients what they would like to achieve but also what it will mean for them when they do achieve their goal. This makes sure that the goals are focused on the needs of the person. For example someone might say that they want to be able to improve their walking further. When asked what achieving it would mean for them they might state that they would be able to walk their dog around the block every day which they find vital for their social and emotional wellbeing.

We have also increased the number of people checking their own care plans by asking them to sign that they agree with the care plan and giving them a copy of the form. We are also introducing a care plan review form that consumers can sign to show that they have reviewed their progress and made any changes needed in their plan to help them achieve their goals.

Our Planned Activity Group (PAG) introduced goal setting with consumers a number of years ago however when investigating the results of the survey it was identified that the goals were not reviewed regularly and linked to the daily programs. To improve this, there is now a PAG Participant Goal Record sheet completed at the end of each session to measure activity against all of our consumer's goals. The team also created a Daily Activity Record sheet that identifies individual consumer goals and is used for guiding the room set up for activities on a daily basis.

BRHS community services conducted another consumer survey in mid 2017 to see if there have been any changes in these areas and were pleased to find the results showed that between 87% and 91% of consumers across the different community services felt they were included in the planning of their care and all their needs and choices were considered. This compared with the results from the VHES survey where 63% stated they were assisted in setting goals. Also in the VHES survey only 57% of participants felt they could achieve their goals with BRHS and the recent survey results indicate that between 80-91% of consumers felt they were achieving their highest level of independence as a result of the services they were receiving.

We are also planning more training for staff in 2018 to help them improve the involvement of consumers in their care and motivating them to make any changes that will help them reach their goals. We will continue to work at making the care plan forms clearer for consumers.

You provide feedback and we listen

Bairnsdale Regional Health Service (BRHS) welcomes your feedback. As consumers and visitors to our organisation, we rely on information about your experiences to our service to help us improve as a healthcare service. We appreciate hearing what has gone well and where we could improve.

Feedback can be provided to our service in a number of ways. If you are visiting any one of our facilities you will be able to see feedback forms located in many places. If you cannot find a form, please ask for one from any of our staff members.

Online feedback is another option that many people prefer. The BRHS website has a section where you can submit your feedback to the organisation. This is located at **http://www.brhs.com.au/feedback/**

Alternatively, our staff are always happy to listen. If you prefer to sit with someone and talk about your experience we can arrange this. All our staff will take down feedback you provide, or if you prefer you can ask to speak to our Quality Manager who manages feedback received within the organisation.

All feedback received is forwarded to our Quality Manager. For the management of complaints, the first step in the process is acknowledgement of your feedback.

Our Quality Manager contacts all consumers who have provided complaints to our organisation within five working days. Generally this contact is through a phone call where we clarify your concerns and explain the process of complaint investigation. Within the last financial year, 92% of all complaints were acknowledged within the five working days.

All complaints are then thoroughly investigated, which can include reviews of medical records, reviews by managers of their process and interviews with staff involved. When this investigation is complete, the complainant is contacted and informed of this outcome. In the last financial year, 78% of all complaints were able to be resolved within 35 working days.

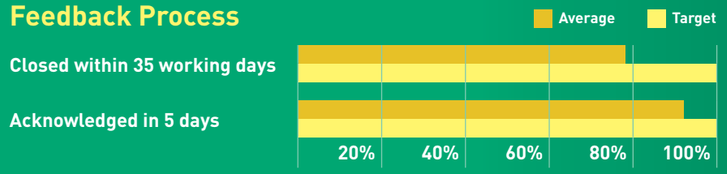
As a result of your feedback the following improvements have been made:

- **Communication counselling and education on an individual staff level basis as identified to improve our communication and partnering with consumers**
- **Improvement in food delivery of hot and cold meals to inpatients**
- **Implementation of more senior doctor reviews in the emergency department for patients that re-present when their condition has not improved or got worse.**
- **Improvements in the management and continual review of patients within the waiting room at our emergency department**
- **Replacement of the reception glass at Medical Imaging to improve the ability to talk and hear reception staff**

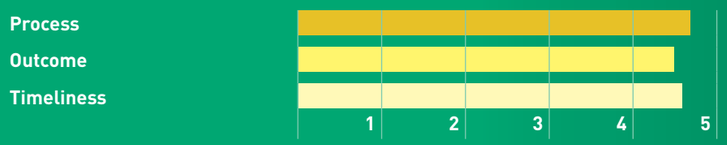
Each complainant that we contacted with their complaint resolution through a phone call, we also asked them a few short questions to monitor satisfaction of our complaints management process. For each question we ask them to rate their satisfaction out of five, one being not happy and five being very happy. The responses rate on the satisfaction of feedback resolution is very pleasing with an average of

- **4.7 out of 5 satisfied with the process of how their complaint was managed**
- **4.5 out of 5 satisfied with the outcome reached in their resolution, and**
- **4.6 out of 5 satisfied with the time the complaint management took.**

Feedback Process

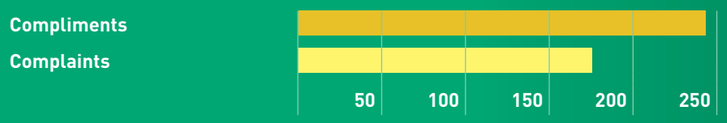


Feedback Satisfaction



Feedback Numbers

BRHS recieve a significantly higher number of compliments versus complaints.



Patient safety culture improvement with a scholarship support program for BRHS employees

"It has been a dream of mine since 2008 to complete a Graduate Diploma in Renal Nursing, however, without this assistance, I could not have done it this year"

GENETTE HESLOP,
REGISTERED NURSE – DIALYSIS

As part of a range of employee programs, and to further enhance professional development opportunities for BRHS employees a Scholarship Support Program was introduced in 2015. This program was also aimed at improving our patient safety culture.

Designed to not only reduce the financial burden on embarking of further studies, the program aimed to support staff further develop their skills in patient care and safety.

In the two years since its inception, 14 staff have received scholarships and either completed, or are currently undertaking formal courses of education and study. Courses of study include: Diploma of Midwifery, Diploma of Nursing Masters in Health Management, Graduate Certificate in Continence Management, and Masters in Public Health; and Masters in Pharmacy Practice.

As part of the conditions of the scheme, recipients are required to provide a short progress report on their studies. Here is a selection of some of their feedback:

"I started the course, Diploma of Nursing, in March of this year and have done practicals and assignments so far getting the basics done before my first placement". The units I have studied so far are:

- Follow safe work practices for direct client care.
- The history of the nursing profession.
- Comply with infection prevention and control policies and procedures.
- Confirm physical health status.
- Reflect on and improve own professional practice.
- Practise nursing within the Australian Health Care System.
- Apply communication skills in nursing practice.
- Implement and monitor care of the older person.
- Apply legal and ethical parameters to nursing practice.
- Implement, monitor and evaluate nursing care plans.

The scholarship I was granted was fantastic I was so happy when I received the news, I used it for my administrative fees and towards my course fees. The government changed their funding model so we have to pay for this course ourselves with no student VET loans available, so I was appreciative of the grant it made the difference for me studying or not." (Cameron Porteous, Personal Care Attendant)

"It has been a dream of mine since 2008 to complete a Graduate Diploma in Renal Nursing, however, without this assistance, I could not have done it this year".

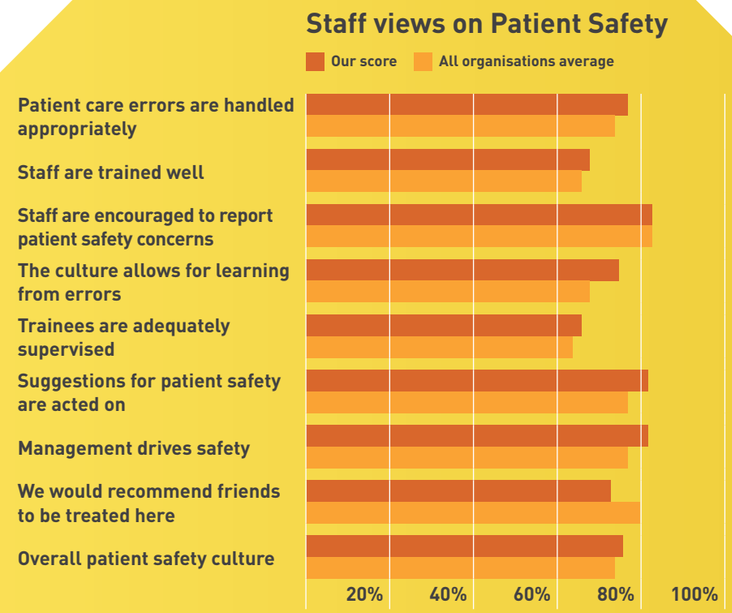
The subjects I completed in first semester were: Project Management for Health Professionals and Research for Clinical Practice A. The workload for the Project Management subject was horrendous! However, I did manage to pass with a distinction. The knowledge I gained from these subjects was invaluable and I believe equips me to move forward with some of my goals and aspirations in the future which will be of benefit to the dialysis unit at BRHS." (Genette Heslop, Registered Nurse – Dialysis)

"Thank you to the scholarship committee for continuing to provide financial support as I toil my way through my Masters of Pharmacy Practice degree. For Semester 2 2016 I completed the unit, "Infectious Diseases Pharmacotherapy", and for Semester 2 2017 I completed "Patient Data and Pharmacotherapy 1".

The unit in Infectious Diseases Pharmacotherapy covered topics such as evaluation of patients with infections, infection prevention, antimicrobial resistance and use of various anti-infective agents. Treatment of common infections was discussed. The outcome of this is that I am better able to recommend and comment on antimicrobial prescribing in our hospital." (Genelle Hammond, Pharmacist)

Scholarship applications are encouraged from both clinical and non-clinical staff. The scheme has proven increasingly popular to the extent that for the 2017/18 intake there are 19 staff members who have submitted applications, which is more than double last year's applications.

People Matters Survey: BRHS participate in the People Matter staff survey annually. This survey gives us the best understanding of our organisational culture. One section of this survey is the Patient safety section which outlines the staff perspective of how safe our organisation is. This year all sections of this survery except one were rated by our staff at a higher level of patient safety than the Victorian average response



Reducing occupational violence and aggression risk

BRHS has implemented a number of strategies over the 2016-17 year to reduce risk from Occupational Violence and Aggression. Occupational Violence describes any incident where a person is physically attacked or threatened in the workplace.

One action was the commencement of a comprehensive staff training program called CARE (Communication and Non-Violent Response Education).

This training is delivered by nine BRHS staff members who had previously completed the CARE train-the-trainer program.

CARE training equips staff to deal with occupational violence and aggression by giving them insight into possible causes of this type of behaviour as well as practical de-escalation strategies. Self-defence techniques are taught including how to break free from a hold.

Staff are also given instruction and then practice exercises regarding how to initiate and help during a team restraint should this be necessary. It is made clear that restraint is a last resort and the emphasis is placed on strategies to minimise the need to employ restraint. When rolling out CARE training, priority has been given to areas where staff are more likely to encounter occupational violence, such as the Emergency Department.

What we did	How this helped
BRHS supported 10 staff to attend a four day CARE train the trainer program so they could deliver training to other staff	**The trained staff who completed the program have used their knowledge and skills to conduct regular CARE training sessions for BRHS personnel during the 16/17 year. This meant that all staff on the aggression response team and staff in high risk areas were able to learn important techniques they can use to help manage a difficult situation.**

BRHS also completed an upgrade of 11 existing fixed duress buttons. The duress buttons provide a way for staff to easily call for help if needed. There is an aggression response team of trained staff who respond immediately when a duress button is used and the team can provide extra help in managing a difficult situation.

What we did	How this helped
Made improvements to the duress system	**The duress system is now more reliable and efficient and can be used in more parts of the health service.**

The aggression response team is an important part of our safety system and each member of the team needs to be clear about their role as they support staff by responding to aggression related incidents. Providing training for the aggression response team ensures that everyone understands what to do and promotes competence and confidence when dealing with occupational violence and aggression.

What we did	How this helped
A review of the aggression response team was done	**The team was increased by one member and changed to ensure a minimum of three responders at all times.**
An online training module especially for the aggression response team was developed	**All members of the response team and other staff can access the training on the staff intranet. It has also been used to deliver group training sessions.**

In August 2016, BRHS submitted two funding applications under the Victorian Government Health Service Violence Prevention Fund.

What we did	How this helped
BRHS applied for funding to purchase more CCTV cameras	**We were able to install an additional three CCTV cameras to improve security in the hospital car park.**

BRHS engaged an external auditor as part of the internal audit program to review Staff and Patient Security.

What we did	How this helped
A Staff and Patient Security audit was done by an external auditor	**A number of recommendations were completed during 2016-17. Some examples are:** • **environmental checks across the organisation to reduce factors that could contribute to violence and aggression** • **additional locks and security for staff areas** • **extra lighting** • **personalised posters featuring staff photos reminding people to remain respectful**

BRHS conducted a staff survey about occupational violence in 2016 which was a repeat of the same survey done in 2013. The results showed improvement in a number of areas.

Having the right conversations with your staff

Feedback from the People Matter Survey 2016 indicated that there remained a lack of staff confidence in reporting alleged incidents of bullying and harassment, and a lack of satisfaction with the outcomes when lodging a formal grievance.

Further analysis of the number of formal grievances submitted to the People and Culture department in comparison to the data from the Survey revealed that while staff believed they were reporting matters to their supervisors, the supervisors were not always recognizing these as formal grievances. As a result matters relating to staff allegations of bullying and harassment continued to be handled in a less formal manner and outcomes were not being satisfactorily communicated to the aggrieved staff member.

It was decided that our supervisors needed more training on how to manage grievances and their obligations as people managers. The training would also be an opportunity to reinforce expectations regarding day-to-day people management, annual reviews and how conscientious application of these processes can result in reducing the instances of bullying and harassment in the workplace, and minimize the impact of such instances when dealt with promptly.

Called "Having the Right Conversations with Your Staff" the training covered the following content:

- Building right conversations into management practice
- Defining bullying and harassment versus inappropriate behaviour
- Providing meaningful praise
- Providing constructive feedback
- Appropriate escalation processes
- The importance of keeping records of discussions (file notes,) including agreed outcomes and timely follow-up.
- Conscientious application of the annual reviews

A range of handouts and templates were developed to accompany and support the training. Extracts from these resources are provided below:

Right Conversations – Expectations of Supervisors

Expected	Not Expected
Acknowledging people management is a key part of your role	Seeing people management as an addition to your role and something you do only when things go wrong
Modelling the standard of professional and personal behaviour expected from everyone	Tolerating or overlooking inappropriate behaviour
Addressing performance and behavioral issues promptly within scope of role	Acting beyond your authority (e.g. formal disciplinary action, investigations)
Providing an informed and considered response to employee requests	Reacting immediately/feeling like you need to give an immediate response/reaction to employee requests

Bullying and Harassment – Handout for Supervisors

This sheet will help you understand behaviour that constitues bullying and behaviour which doesn't.

Bullying and harassment IS:	Bullying and harassment IS NOT:
When a person is subjected to behaviour which is: • Repeated • Unwelcome • Unsolicited And that the person considers it to be offensive, intimidating, humiliating or threatening (or a reasonable person would). It can be committed by an employer, worker, group of workers, patient/client or member of the public.	• A single incident of harassing type behavior (inappropriate interactions). • Reasonable management action taken in a reasonable way. • Acts of unlawful discrimination, vilification or sexual harassment (a single incident is sufficient to constitute sexual harassment).

Examples

Workplace harassment covers a wide range of behaviours from subtle intimidation to more obvious aggressive tactics, including:

- Abusing a person loudly, usually when others are present
- Repeated threats of dismissal or other severe punishment for no reason
- Constant ridicule and being put down
- Leaving offensive messages on email or the telephone
- Sabotaging a person's work, for example, by deliberately withholding or supplying incorrect information, hiding documents or equipment, not passing on messages and getting a person into trouble in other ways
- Maliciously excluding and isolating a person from workplace activities
- Persistent and unjustified criticisms, often about petty, irrelevant or insignificant matters
- Humiliating a person through gestures, sarcasm, criticism and insults, often in front of customers, management or other workers
- Spreading gossip or false, malicious rumours about a person with an intent to cause the person harm
- Management action may be considered as workplace harassment where it is used:
  - primarily to offend, intimidate, humiliate or threaten workers
  - to create an environment where workplace harassment is more likely to occur

Feedback from the participants was overwhelmingly positive. When asked what would be the **three main words** to describe the training the feedback included:

- Insightful, informative, challenging
- Interesting, worthwhile
- Constructive, easy to implement/practical
- Relevant / related to work, interesting, useful information
- Thought provoking
- Empowering, motivating, reinforcing role as manager
- Demonstrates continued support to staff

Where to from here? The feedback from supervisors included the need for more bullying and harassment workshops and for similar sessions to be delivered more broadly to staff. The resources will be available to all staff on the Intranet and plans are currently being delivered for more targeted training to be available within existing staff meeting arrangements.

Accreditation status

BRHS undergoes accreditation by the Australian Council on Healthcare Standards to ensure it is providing services within nationally recognised standards.

In August, 2016. BRHS underwent a period review for accreditation, which included two surveyors visiting the hospital reviewing processes. BRHS was successful in maintaining its status and received no recommendations for improvement.

Interpreter service

Bairnsdale Regional Health Service has access to a Translating and Interpreting Service. If you or a family member require the assistance of an interpreter during your admission or appointment please let us know and we can arrange this.

We also have access to many patient information brochures in other languages to assist with patient education and communication during your time with us.

Red socks for safety

Bairnsdale Regional Health Service (BRHS) continually monitors our patient safety and looks for opportunities for improvement. This financial year we undertook an improvement project into the reduction of harm from falls.

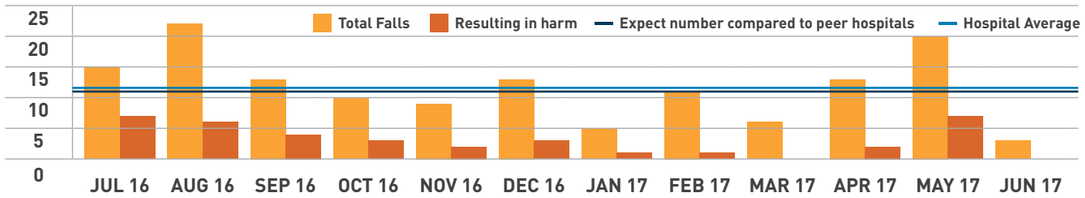
This improvement project included the review and implementation of many tools and pieces of equipment that can assist in the prevention of harm from falls. One such intervention was the introduction of non-slip socks for patients. These sock have grips on the soles and help when patients mobilise, particularly moving from bed to the bathroom when the process of putting on shoes is often overlooked.

Other inventions have included

- Low beds – these are lower to the ground so if a patient does roll out of bed it is not far to fall
- Sensor alarms – there have been multiple types of sensor alarms implemented across the hospital that are used with patients who are at a high risk of falls. These alarms alert the staff if the patient has started to move without supervision.

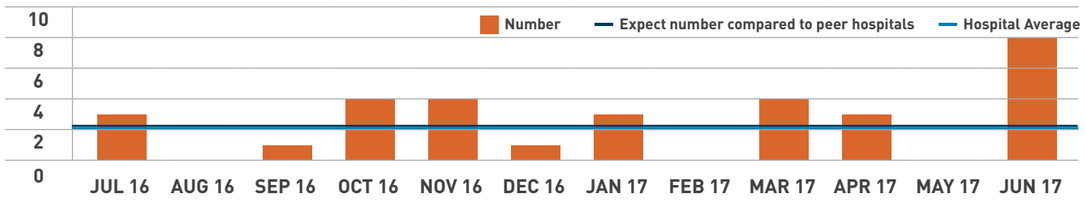
All of these initiatives have resulted in improved patient safety by significantly reducing falls that can cause harm to our patients.

Incidents of Falls



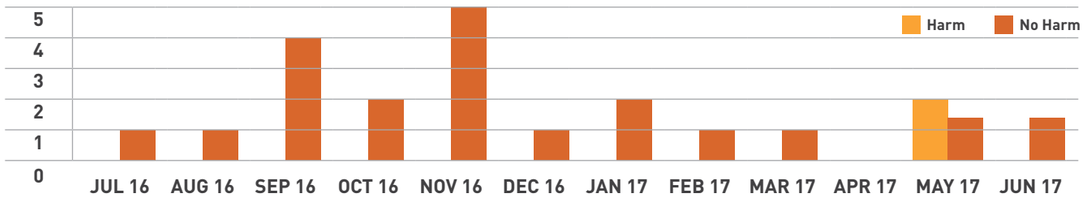
Incidents of Falls: BRHS has been successful in reducing the number of falls resulting in any form of harm over the last financial year. The total falls average is very close to the expected number when compared to our peer hospitals.

Pressure injuries acquired



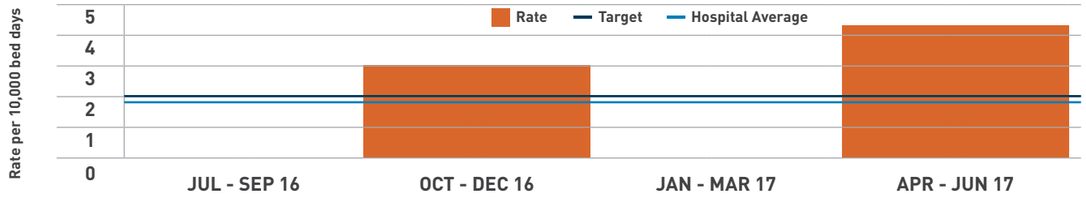
Pressure injuries occuring in hospital: BRHS has been successful in reducing the number of pressure injuries resulting in any form of harm over the last financial year. The hospital average is below the expected number when compared to our peer hosptials.

Incidents Involving Blood Products



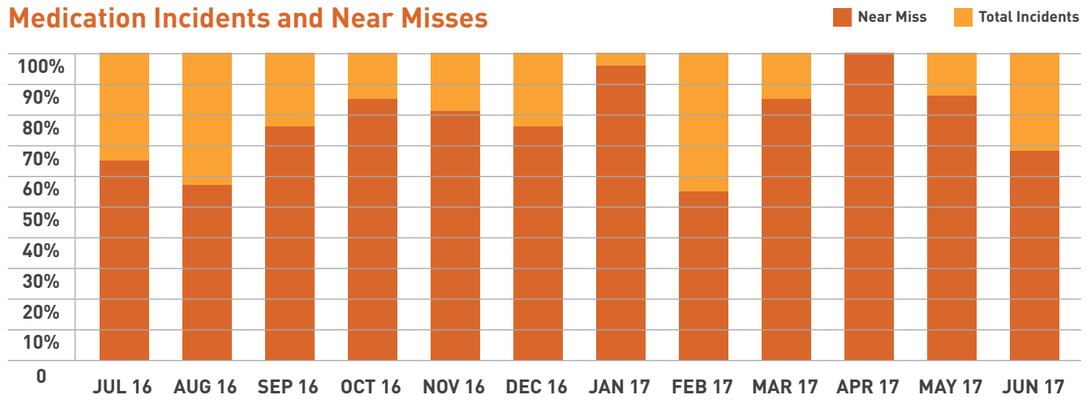
Incidents involving blood products: BRHS has very low numbers of these incidents with the majority causing no harm to patients.

Rate of SAB Infections



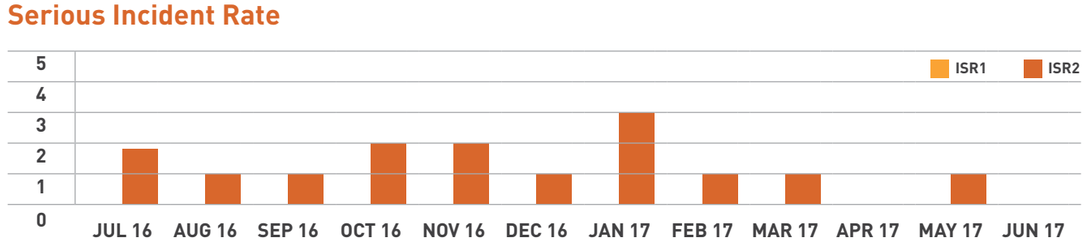
Staphylococcus aureus bacteraemia infection rate: BRHS have very low numbers of these incidents with the average number below the target as required.

Medication Incidents and Near Misses



Medication incidents: BRHS has a high percentage of their medication incidents reported as near misses, this means the error has been identified and corrected before harm has occured to the patient.

Serious Incident Rate



Serious incident rate: Incidents are rated on a scale called the Incident Severity Rating (ISR), an ISR 1 is an incident that results in death or permanent injury.
BRHS had no ISR 1 incidents for this financial year.
An ISR 2 results in temporary harm requiring some form of advanced treatment. The rate of ISR 2 at BRHS over the year is very low.
After a few incidents that were related to falls earlier in the year, several initiatives were implemented to reduce harm from falls as reported in this article.
Other improvements include:

- a change in the layout of monitors in the emergency department
- staff education on the early recognition of sepsis

Preventing infections

Hand Hygiene

At BRHS we know that hand hygiene is essential to prevent the spread of infections. For that reason we monitor our staff and ask you, our consumers, to tell us if we are cleaning our hands whenever we provide care.

Our observations of our staff found that we consistently exceeded the national hand hygiene target of 80% with an overall rate of 88% when providing care. How have we managed to achieve this? Firstly, we provided an easy to use product that is acceptable to our employees. We chose a foam product because it made less mess but still covered the hands as needed.

Secondly, we put a foam dispenser at every place that our nurses and doctors are likely to need it. This means there is no excuse for missing out on clean hands. Thirdly, we regularly remind staff as they go about their daily routine to keep cleaning their hands too.

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

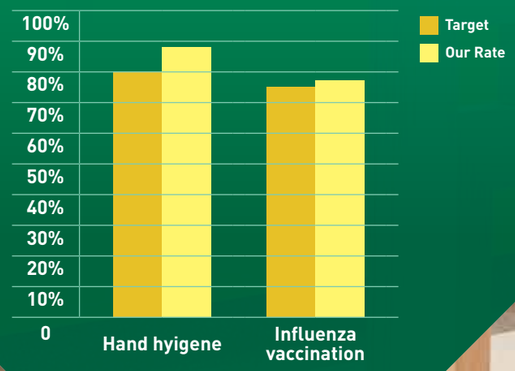
Influenza

Seasonal influenza is once again hitting the headlines. Especially hard hit are the very young, the very old and those of us whose infection fighting systems are on the blink.

The fight against influenza requires a program that gets our staff immunized against influenza. Each year we have worked at this, nudging the numbers up by offering incentives and making sure staff are making an active decision. Once again we were able to team up with Savige's Café and offer staff a free coffee as an incentive to be vaccinated. We successfully reached the Health Department target of 75% when 77% of staff elected to be vaccinated.

What does this mean for you? This means that our staff are 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.

Infection Prevention



Maternity Care: A process of continued improvement

The care of a family pregnancy, new born babies and their new parents is a process of continual improvement to ensure the best outcome for all. To measure our improvements there are multiple key performance indicators (KPI's) that are continually reviewed and reported within our organisation and to the Department of Health and Human Services (DHHS).

We use these performance KPI's to assess how our care is going, and to look for opportunities to improve. The following is an outline of two such KPI's that we have been working on improving over the 2016/2017 financial year.

Smoking Cessation

This indicator indirectly assesses the performance of the health service in providing smoking cessation advice, assistance and follow up during the antenatal period to reduce the rate of smoking amongst pregnant women and therefore the risk of poorer health outcomes for their babies.

Sustained interventions through education and support programs offered by the health service, general practitioners and other healthcare providers can help pregnant women stop smoking.

In June 2015, Bairnsdale Regional Health service established a new model of midwifery care, where GP Obstetricians and midwives work collaboratively and in partnership with the women to provide care that is centered on their needs.Prior to this, Midwives had limited contact with women during the antenatal period and were unable to provide any continuity of midwifery care. Since the commencement of Team midwifery, most women now share their antenatal care between their GP Obstetrician and a team midwife. This has facilitated more opportunities for education and support for pregnant women in many areas, including smoking cessation.

Some of the strategies that BRHS has put into place since the commencement of the Team midwifery model to address smoking in pregnancy are:

- Identifying further education needs of our Midwives in providing smoking cessation advice and interventions
- Reviewing written information and support available through the QUIT program for both women and clinicians and displaying written information in appropriate areas
- Working closely with the Aboriginal Health unit and GEGAC Midwife and Boorai (well-baby) health worker, to use and display some locally developed posters and written information around smoking
- Identifying gaps in service around smoking cessation interventions
- Ensuring that clinicians know how and whom to refer women to for extra assistance if required

BRHS will continue to focus on this area.

Outcomes for Standard Primipara (first time mother) - Third and Fourth Degree Tears

A standard primipara represents a healthy woman aged 20-34 years who is giving birth for the first time to a single baby at term (37-41 weeks)

This indicator focuses on the low risk and uncomplicated pregnancies. Therefore medical intervention and the rate of complications during labour and birth for this group of women are expected to be low.

Complications for third and fourth degree tears after vaginal birth can cause long term problems for women. It is important that clinicians are competent in avoiding as well as identifying and classifying perineal tears.

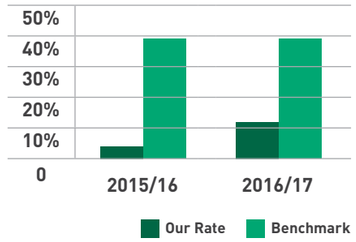
Third and fourth degree tear rates may reflect the quality of care provided during labour and as there is significant variation in the rate between hospitals, there is an opportunity for improvement.

Some of the initiatives that BRHS has implemented to look at this indicator includes:

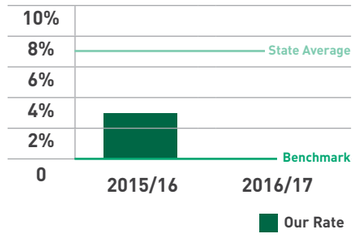
- Establishing a Perinatal Morbidity and Mortality committee which meets bi monthly, where a multidisciplinary team audits and reviews data including outcomes for Standard primipara .Cases are selected for presentation from this data review
- Cases where a third or fourth degree tear occurred are reviewed and presented at the meeting
- Hands on education using a mannequin has been given to all staff including medical and midwifery students
- Current literature and findings on third and fourth degree tears was presented by our visiting Obstetrician, looking at worldwide studies and evidence
- Education on the correct technique for cutting episiotomies was given
- Education was given on classifying perineal tears
- A display was set up outside the birth suite on consequences and management of third and fourth degree tears, including early referral to BRHS continence service and a physiotherapist who specializes in women's post birth health.
- Policy on management of third and Fourth degree perineal tears was revised and updated

Due to small numbers, it is difficult to interpret the data. But BRHS felt that due to the significant complications that can arise with these tears, it was an area to focus on.

Smoking Cessation Rate



3rd and 4th Degree Tears



Strategies in place to continue to advance quality aged care

Pressure injuries

We have been improving in our pressure injuries during 2016 – 2017 with only five pressure injuries reported for the year. Eighty per cent of the pressure injuries reported were present on admission to Maddocks Gardens.

All residents are assessed for their risk of pressure injuries on admission to the facility and this is reviewed when there is a change in their condition and at their monthly review. Appropriate prevention strategies are put in place depending on the resident's level of risk.

Improvements we have made in this area have been around the purchase of 18 pressure relieving air mattress overlays that are used on the beds of those residents who are at a high risk of developing a pressure injury.

Falls and falls with fractures

There was an overall increase in this key performance indicator during this reporting period compared to the previous year.

The contributing factors for this increase have been:

- A general decline is some residents health caused by the natural progression of their condition
- New residents entering the facility now have greater needs than those previously admitted.

We have had more falls in Sutherland Lodge than in our other areas. Sutherland Lodge is our 32 bed Dementia specific unit.

Strategies and improvements put in place to minimise the number of falls and harm from falls have been:

- Residents are encouraged to attend daily exercises with our Leisure and Lifestyle team
- Residents attend regular sessions with the Pain Management Team to minimise the impact pain has on their mobilisation
- Enough soft foam mats (crash mats) were purchased for each bed in the facility so that if we have a resident at risk of falling out of bed then this is placed beside their bed to minimise harm
- Residents at high risk of falling are given a bed that is able to be lowered to the floor to help minimise harm if they roll out of bed. (When a resident falls from a low bed to their crash mat on the floor we still record this as a fall)
- Sensor alarms are in place for residents at risk, these alert staff when a resident is on the move so that staff can quickly assist if needed
- An extra shift was developed to maximise staff coverage on the floor at times of high resident activity in Sutherland Lodge
- Leisure and Lifestyle hours were altered to allow these staff to be present when residents in Sutherland Lodge were up wandering around
- A short, afternoon shift in another area of the facility is shared with Sutherland Lodge when their need is greater.

Physical restraint

We have only had the one physical restraint device used during this reporting period which was a bed rail that was specifically requested by the resident and his family to maximize his ability to move around his bed.

Nine or more medications

We have been trying to reduce the number of our residents who currently take 9 or more medications by having it as an agenda item on our Medication Advisory meeting. Our visiting Pharmacist looks at this when they are here doing medication chart audits and our team leaders discuss it with the doctors when they come to visit.

We have seen a two per cent decrease in the number of residents who take nine or more medications this financial year compared to the previous financial year.

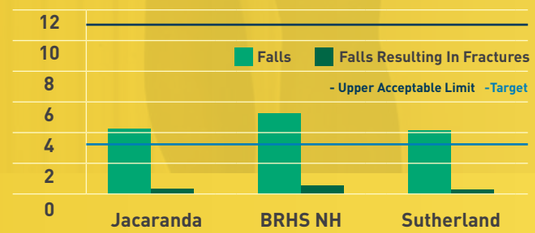
Unplanned weight loss

We saw a spike in the unplanned weight loss in some of our residents during the first quarter of this financial year. At this time we had many residents unwell which would have been a contributing factor. Also at this time we had a major change in our meal delivery service that required some adjusting for our residents and staff alike. Since then the resident's weight has been closely monitored with referrals sent to Allied Health Professionals where necessary, as well as many discussions with the chef in the kitchen in regards to resident meal choices. A dramatic improvement was noted in the following quarters with only four per cent of residents having consecutive weight loss (any amount of weight loss each month for 3 months) in the last reporting quarter compared to 22 per cent in that first quarter.

Pressure Injuries in Aged Care

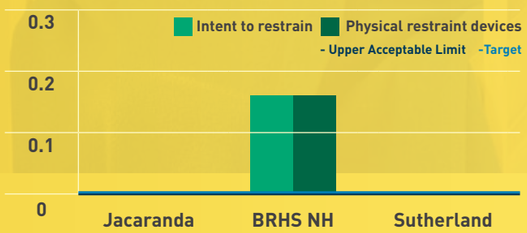
Pressure injuries in Aged Care: BRHS Maddocks Gardens reported last financial year only a very small number of pressure injuries that were mostly under the upper acceptable limit, many of these were present on the resident when they arrived in our service

Incidents of Falls



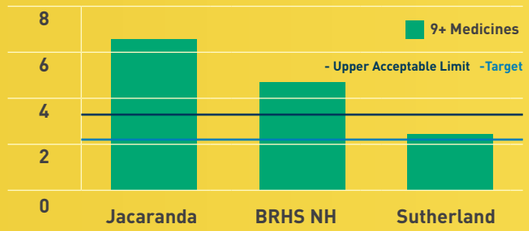
Falls and Falls resulting in Fractures: BRHS Maddocks Gardens reported last financial year only a very small number of falls that were well below the upper acceptable limite for these service. Falls resulting in fracture were also very low.

Use of Physical Restraint



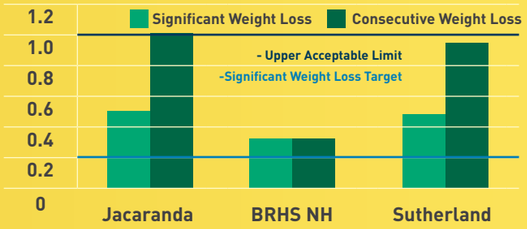
Use of Physical Restrict: BRHS Maddocks Gardens reported last financial year only a very small number of time that the use of physical restraint was required.

Use of 9 or More Medications



Use of 9 or more medications: BRHS Maddocks Gardens reported last financial year a small number of patients on 9 or more medications, all of these patients have their medications review by their GP.

Unplanned Weight Loss



Unplanned weight loss: BRHS Maddocks Gardens reported last financial year a small number of patients with unplanned weight loss, though the patients with significant weight loss were well below the upper acceptable limit.

Patient escalation process providing positive results

In Australia and internationally, investigations into adverse events have shown that appropriate treatment is often delayed even when families or carers have identified and reported concerns about clinical deterioration to the healthcare team. Families and carers are ideally placed to identify signs of clinical deterioration because:

- The patient is well known to them, allowing subtle changes or signs of clinical deterioration to be identified by the family before being identified by the healthcare team
- They spend time with the patient, providing additional surveillance to that provided by the healthcare team.

As a result the National Safety and Quality Healthcare Standard 9: Recognising and Responding to Clinical Deterioration in Acute Health Care requires that systems are in place to enable patients, families and/or carers to independently initiate an escalation of care response.

Bairnsdale Regional Health Service (BRHS) has patients, families and/or carers escalating their care with approximately eight cases occurring each year.

These have resulted in positive outcomes for the patient including one case where the patient was preparing for discharge home that morning following a surgical procedure when they collapsed in the bathroom, family escalated to the staff and a Medical Emergency Team (MET) call placed. Assessment identified the patient as having an arrhythmia which was then further investigated and treated.

The faster deterioration in a patient's condition is detected and escalated the more quickly medical care can be implemented. Escalation occurs from a variety of family members and/or carers. Of the eight cases at BRHS in the past year, one case included a son escalating his father's deterioration due to increasing abdominal pain and in another a grandmother notified staff of her grandson having seizure activity. There is information beside each patient's bed encouraging family members and carers to notify staff and how to do this.

BRHS is continuing to develop and improve the system in place for patients, families and/or carers to escalate care.

Discharge planning for better outcomes

The Victorian Department of Health and Human Services continually survey our patients on their experience of our service, this survey is called the Victorian Health Experience Survey. Part of this survey includes questions about leaving the hospital and your experience of our discharge process.

The Victorian Health Experience Survey is a form of consumer feedback that we use to plan our care and look for opportunities to improve. In the area of discharge planning we monitor a combination of questions called the Leaving Hospital Indictor. This indicator is also monitored by the department and hospitals are expected to reach a target of over 75% as an average score across these questions. Bairnsdale Regional Health Service has scored above the 75% target within all quarters of 2016/17, but we continually look at ways of improving on this performance for the best outcome for our patients. One of these improvements is the process of discharge planning with our most complex patients through our Complex Care and Subacute programs.

Complex Care

This program is designed to support patients to remain in good health after a hospital stay and to prevent them from having to return to the hospital unnecessarily.

The program team work with the patient and includes you and your family, your doctor(s) and any other health services and community based services involved with the care.

The complex care program focuses on consumers who have attended the hospital emergency department or been admitted to hospital and have one or more of the following conditions:

- Chronic Pulmonary Disease
- Chronic Heart Disease
- Diabetes with complex needs
- Movement disorders such as Parkinson's disease or stroke
- Cancer
- Long-term kidney disease
- Complex psychosocial needs
- Ongoing health conditions which are chronic and for which you may have a range of needs

These conditions are focused on as the people who experience these are most commonly in need of more involved discharge planning and more support to prevent further health deterioration.

Complex Care Team is made up of experienced registered nurses, and the support they provide includes

- Talking to you about your health, your needs and any concerns that you may have
- Providing information, support, monitoring and education about your condition and the medications that you use
- Coordination of your care with other health professionals, if required
- Working with you to create an individual plan of care that clearly describes your individual goals and helps you to manage your condition better

This support will be provided in conjunction with the necessary health care providers such as dietitian, occupational therapists, physiotherapists, pharmacists, social workers and your GP with the aim to help you stay as healthy as possible.

The Complex Care Team has achieved above their targets for the financial year, with 22-28% more clients referred to the service each month. This means more and more consumers are being supported in the community to prevent complications of complex health conditions. Complex Care has also introduced an emergency department service Monday to Friday in February this year to capture the frequent unplanned readmissions. This has resulted in the team managing up to 40 additional referrals from the emergency department.

One example of the success of the Complex Care Team was with Mr H, a 77 year old male, married and living at home. Mr H had several admissions to hospital after having falls at home, with the last fall breaking his hip.

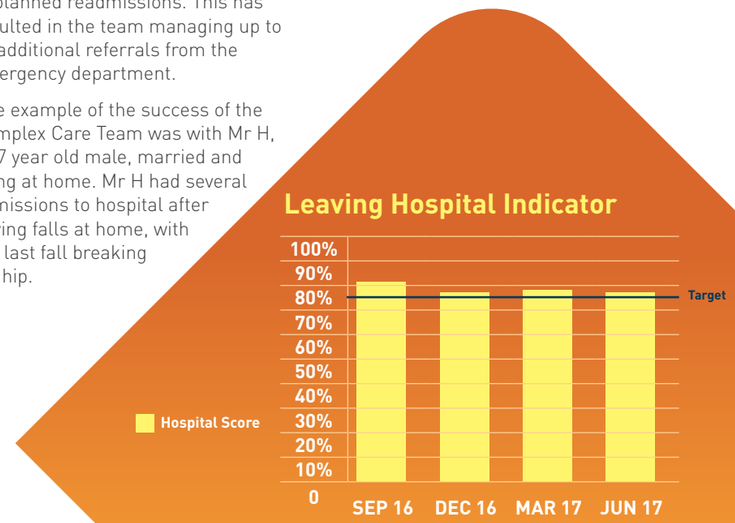
Mr H also has Parkinson's disease. After a three week stay in the Rehabilitation Ward, Mr H was ready to go home. He agreed to have a nurse from the Complex Care Team visit him.

The Complex Care nurse was able to help Mr and Mrs H with:

- Managing his mobility to ensure he moves around the house safely
- A comprehensive assessment of his Parkinson disease that enabled Mr and Mrs H to better understand how the Parkinson's Disease was effecting him
- Referrals for him to the Parkinson support group, enabling him to join this group for support for people also suffering from the disease, and
- Planning with Mr and Mrs H on his future care and wishes.

Following this support from the Complex Care Team, Mr and Mrs H have been attending the Parkinson support group, and have made friends and contacts as well as receiving information about the condition.

1. Mr H's Parkinson assessment has enabled the link between the complex care nurse and allied health services to ensure his ongoing care needs can be met.
2. This has facilitated Mr and Mrs H to stay at home and he has had no further falls.



Advance care planning in the dialysis unit

Advance care planning is clearly expressing your views about your health preferences and is seen as a part of everyone's personal health care.

At Bairnsdale Regional Health Service (BRHS) we openly promote Advance Care Planning with our patients as a way of ensuring we care for you and your loved ones according to yours and their wishes.

Advance Care Planning is a process that encompasses the principles of person centred care, shared decision making, self-management and autonomy to support people to make plans for their future care (Bradshaw, Smith & Sinclair, 2016).

An Advance Care Plan is a written document that refers to the entire process of end of life care discussions, which considers patients goals, values and preferences (Hain, Paiva & Poole, 2015).

Ideally this process should occur while the person's comprehension is intact. It can be revised as often as required, ensuring that individual choices are respected in future medical treatments and in situations where the patient is no longer able to communicate or make decisions (Lim et al., 2016).

Elsie (identity changed) is a delightful 87 year old lady. She received haemodialysis three times a week for irreversible kidney damage since May 2013, until she passed away earlier this year. Her kidney disease was caused by type II Diabetes and high blood pressure.

Upon commencing haemodialysis in 2013 Elsie was encouraged to complete an Advance Care Plan. This included appointing a Medical Enduring Power of Attorney(s), completing a Refusal of Treatment Certificate and a Statement of Choices. This statement incorporated the things Elsie valued in life and other things she wanted known to help with decision making about future medical treatment.

This was done in conjunction with an Advance Care Practitioner and a Medical Practitioner in hospital in Melbourne.

Elsie remained relatively well, living at home independently, until the middle of 2016. At this point, the decision was made by Elsie and her sons that she would be safer living in residential care.

In December 2016 she had a fall, sustaining a broken hip which was repaired surgically. Whilst she made a full recovery from the surgery her overall health had begun to decline and she was losing confidence with mobility. Elsie was no longer able to get out to do the things she had previously enjoyed doing and was beginning to feel that haemodialysis was becoming more burdensome than beneficial.

In May 2017 Elsie was admitted to her local hospital with an infected arm. This infection caused her blood pressure to drop. Over several days, the dialysis nursing staff liaised with the ward staff, Elsie's kidney specialist, and her sons regarding ongoing management and decisions about future care. Elsie was frightened initially, wanting to see her sons and her sisters to say her goodbyes, as she felt that she did not have a lot of time left.

The decision was made early on not to continue with haemodialysis and to begin the palliative care pathway. Elsie was involved in this decision along with her sons (both had Medical Enduring Power of Attorney) and she was accepting of End of Life care.

Elsie survived a further seven days before passing away peacefully surrounded by her family.

This story highlights the importance of early decision making with the guidance of an Advance Care Plan, and the clear communication of these decisions to your family. In Elsie's case, her Advance Care Plan provided clarity to the medical team and her sons, about her wishes for her ongoing care.

Due to evidence supporting the importance of discussions about end of life care for people with irreversible kidney damage, there has been a resurgence of interest with Advance Care Planning in the Dialysis Unit.

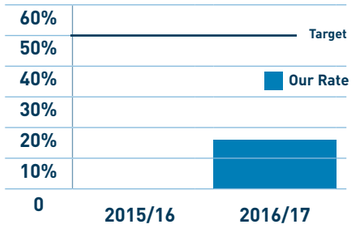
Nursing staff from the hospital's Complex Care team were invited to speak to the Dialysis patients about Advance Care Plans and what they entail. Additionally, patients have been given written information since these sessions. They are encouraged to discuss Advance Care Planning further with their family and their General Practitioner.

It is hoped that both the information sessions and written literature have a positive impact on our patient's decisions to complete an Advance Care Plan.

References:

- Bradshaw, W., Smith, K., & Sinclair, PM, 2016,'Advance Care Planning in nephrology care', Renal Society of Australasia Journal, Vol. 12., No. 1., pp. 26-30, Viewed Sunday 1st October 2017.
- Hain, D., Paiva, L.M., and Poole, B, 2015, 'Preparing For the future: Advance care planning for the patient with ESRD', Nephrology News & Issues, Vol. 29., No. 3., pp. 16-18, Viewed Sunday 1st October 2017.
- Lim, CED., Ng, RWC., Cheng, NCL., Cigolini, M., Kwock, C., & Brennan, F, 2016, 'Advance care planning for heamodialysis patients (Review), 'Cochrane Database of Systemic Reviews', Issue 7, pp. 1-13., Viewed Sunday 1st October 2017.

Advanced Care Planning



Advanced Care Planning: Number of recorded Advance Care Plans for patient over the age of 75 years. BRHS has significantly improved on this number improved nil reports in the previous financial year.

Person centre focus in end of life care

BRHS has systems in place to ensure safe and high-quality care for people who are approaching the end of life. We have a committed multi-disciplinary palliative care team who meet regularly and have a strong philosophy that 'a good death is part of a good life' and we do whatever we can to help you achieve this if you are nearing the end of your life.

At BRHS we adopt the essential elements of the National consensus statement on end of life care, and use Victoria's End of Life and Palliative Care Framework to guide our care also. In addition BRHS voluntarily undertakes a regular self-assessment against the National Palliative Care Standards and submits this to Palliative Care Australia to identify areas for improvement. Our last self-assessment was carried out in 2013 and we can see marked improvement in achievement of the National Standards in our 4th cycle in particular in relation to improvements relating to care planning and involvement of patients in their care.

Our multi-disciplinary team consists of medical and nursing specialists, specialist palliative care pharmacist, hospital and community nurses, social work and bereavement counsellors, volunteers and senior hospital staff. This team works closely with your GP to provide the care you choose. Care is person-centred and planned in partnership with you and your family and loved ones ensuring your wishes are respected and your care reflects your cultural and spiritual beliefs.

The care pathways in use at BRHS also alert and guide the clinical staff to re-evaluate or escalate the care to a specialist service if your condition changes rapidly or becomes more complex. Our care planning allows for people to change their wishes and goals at any-time. Our social work team is skilled at bereavement counselling and is readily available to support people during this time.

Our care planning and staffing allows for people to move between their home and hospital as needed during the end of life phase. In January 2017 we extended the hours of the home based nursing services team to now finish at 8pm. This allows the nursing staff to provide evening care to those receiving end of life care at home and has significantly decreased the number of call outs during the night indicating that patients are more settled and both them and their families (and the staff) get more rest overnight.

If you are required to be in hospital for some of your care we encourage families to be part of that care and have a designated area for them that allows them to stay overnight if needed, or take a break at any time also.

We provide extensive education to our staff to ensure the care provided in partnership with you is contemporary and based on clinical evidence and consumer need. Late last year we ran a very successful community event called Dying Laughing, a play about end of life care to raise awareness regarding good death. At the same time BRHS engaged the Alfred Hospital Advance Care Planning (ACP) team to provide education to our staff and support staff to develop the tools required to assist people with ACP and also to educate staff on how to initiate a conversation regarding the need for people to have an ACP which is often the hardest step.

We value your feedback

We value your feedback on the BRHS Quality Account. If you wish to provide us with feedback you can do so by emailing **feedback.brhs@brhs.com.au**

My team ***is***

BRHS