

Quality of Care Report 2013-14





Contents

- p5** Your Local Health Service
- p6** Service Directory
- p7** CEO & Leadership Team
- p8** Strategy 2013 - 2017
- p10** Good Governance
- p13** Consumer Feedback
- p14** Accreditation
- p16** Our People
- p18** Volunteers - a vital part of quality care
- p20** Participation Indicators
- p22** Improving Care of Aboriginal Patients
- p46** Feedback Form

@Hospital

- p24** Productive ward
- p26** Preventing & Controlling Healthcare Associated Infections
- p28** Short Stay Unit
- p30** "Help us make your stay safe" initiative
- p32** Maternity services
- p33** Diversity

@Community

- p34** Dental Service
- p36** Men's Health
- p36** Women's Health

@Home

- p38** Quality of Aged Care
- p40** Residential In Reach
- p43** Multiple Medication Use
- p44** Continuum of Care

Welcome

We are proud to present this year's Quality of Care Report to the East Gippsland Community. Produced in partnership with the BRHS Community Advisory Committee, Board of Management, BRHS Executive, BRHS Staff and consumers this report is undertaken annually as a way of informing our community of quality, performance improvement and care undertaken by the health service over the past year.

As we look to the future of continued growth and positive change at BRHS, we re-affirm 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 significant growth in our Dental Services Program with six fully staffed dental chairs, resulting in a significant drop in the waiting times for care.

Consumer feedback received about our 2013 Quality of Care Report has been used to inform the design and development of this year's report and we thank all those that have contributed. You will notice included in this report is a short survey that we invite you to complete providing your comments and feedback on the content of this year's report.

We hope that you find this report interesting and informative.



THERESE TIERNEY
CHIEF EXECUTIVE OFFICER



ANGELA HUTSON
PRESIDENT, BOARD OF MANAGEMENT

@ Hospital

@Community

@ Home

inSupport



14,095 admissions

4,877 dialysis treatments

329 babies born

2,846 surgical procedures performed

19,756 emergency department attendances

Your Local Health Service

With a growing population of over 43,000, East Gippsland has an above average rating of personal wellbeing according to the latest Australian Unity Wellbeing Index with our population indicating high levels of happiness and wellbeing.

Located in Bairnsdale, approximately 281km east of Melbourne, Bairnsdale Regional Health Service (BRHS) is the main health service in East Gippsland, an area of around 20,931 square kilometres. The service has an operating budget of \$71million and a staff base of over 800.

At BRHS there has been a strong focus on upgrading the facility and implementing a capital works program to improve the patient flow and consumer experience. This includes:

- Capital works on the Emergency Department triage
- New Short Stay Unit (5 beds)
- Administration offices moved out of the clinical spaces
- New painting, graphics and vinyl flooring

The Short Stay Unit, including the Medical Ambulatory Day Unit (MADU), provides the community with increased care options for patients who require a short period of observation or treatment. We see these options as part of the improved care pathways for the community now and in the future.

We have reviewed a number of the models of care at BRHS including services related to rehabilitation and geriatric evaluation programs, Health Independence Programs (HIP) including Post-acute Care, Complex

Care, Continence, and Allied Health services. The improvement plan and actions for each of these reviews have commenced and will be implemented in 2014-15 with a key outcome including centralised intake and care coordination to ensure the consumer gets the right care, in the right place, at the right time.

BRHS services are linked according to the primary location in which they are delivered. They are hospital, community and consumer's homes.



Hospital services are delivered in or at hospital. Consumers will typically be admitted as an inpatient, which may include day services or an overnight stay.



Community services are delivered to consumers where they are required to attend a venue or centre for services to be delivered. Consumers are outpatients.



Home services are delivered to consumers in their home, including residential aged care and other home situations. This may include acute/high level clinical services where care is substituted from the hospital to the home environment.



Support services are non-clinical services provided to ensure the delivery of health services is optimised and typically includes corporate functions, administration functions and management.

Service Directory

BRHS
@Home

- Allied Health Services (see full details in @Community)
- Residential Aged Care
- Dementia Care
- Respite Care
- Permanent Care
- Residential In Reach Service
- Hospital in the Home (HITH)
- Palliative Care
- Post-Acute Care (PAC)
- Home Based Nursing Services /District Nursing
- Complex Care Program
- Rehabilitation in the Home

BRHS
@Community

- Visiting Medical Specialists
- Community Nursing
 - Cardiac Rehabilitation
 - Women's Health
 - Adolescent Health
 - Breast Care Services
- Continence Service
- Dental Services
- Diabetes Services
- Planned Activity Group (PAG)
- Pulmonary Rehabilitation
- Allied Health Services
 - Physiotherapy
 - Occupational Therapy
 - Speech Pathology
 - Social Work
 - Dietetics
 - Podiatry
- Needle Exchange Program
- Lymphoedema Clinic

BRHS
@Hospital

- Dialysis
- Emergency Services
- Geriatric Evaluation and Management (GEM)
- Medical Ambulatory Day Unit (MADU)
- General Medicine
- Medical Imaging
- Obstetrics & Gynecology
- Oncology
- Paediatrics
- Pathology (Provider: Gippsland Pathology)
- Pharmacy
- Inpatient Rehabilitation
- Stomal Therapy
- Surgical Care
- Maternity Services
- Inpatient Palliative Care
- Short Stay Unit (SSU)
- Allied Health Services
- Aboriginal Health
- Koori Hospital Liaison
- Visiting Medical Specialists

BRHS
inSupport

- | | |
|--|---|
| <ul style="list-style-type: none"> • Executive Team and Support • Consumer Engagement • Risk & Safety • Health Information Services • Facilities • Food Services • ICT • Medical Library | <ul style="list-style-type: none"> • Finance • Communications • Quality • Medical Workforce & Education • Environmental Services • Workforce Capability and Culture • Administration • Supply |
|--|---|

The CEO & Leadership Team

The CEO and leadership team are responsible for the effective operation of BRHS.

Therese Tierney
Chief Executive Officer
RN, CRRN (USA), Grad Dip Bus, FIPPA

Dr Ka Chun Tse
Director of Medical Services
MBBS, MHM, MPH, FACHSM



The Medical Services Directorate at BRHS supports the operation and development of the medical workforce, pharmacy, radiology services, health information services, elective surgery access coordination, and health sciences library. It also oversees the clinical and research governance of the health service, and works collaboratively with the East Gippsland Regional Clinical School to support medical student placements at BRHS.

Bernadette Hammond
Director of Nursing, Midwifery and Aged Care
RN, RM, CCN, BNrsg, MHSM

The Nursing, Midwifery and Aged Care Directorate at BRHS incorporates a range of clinical, nursing, community and residential aged care services. This covers the services provided by the emergency department, general surgical, maternity, medical inpatient care, district nursing, health independence programs, transition from hospital to home (discharge) and follow-up care, high and low level residential care for older people, renal dialysis and the oncology and medical ambulatory day unit for those requiring chemotherapy or other treatment on a day stay basis. The Directorate also incorporates and manages patient liaison and volunteer services, palliative care and infection prevention across the organisation.

Brendan Coulton
Director of Allied, Community and Support Services
B.A Science, Dip Education, M.B.A.

The Allied Health, Community and Support Services Directorate provides leadership to the planning and operation of allied health services both inpatient and outpatients. The role provides management support to the community nursing services (including diabetes, continence, women's and family health), dental service and planned activity groups based at the Ross Street campus. The Directorate includes the post-acute care program and consulting suites in addition to infrastructure and hotel service areas of food, environmental and facilities. Risk management, occupational health and safety, executive projects, supply and emergency management provide great diversity to the role.

“The BRHS strategic plan is the result of a process of considered consultation with a wide range of stakeholders including community and staff. We are proud to present this plan to our community and stakeholders as a visible reminder of our commitment to our vision of being a respected leader of outstanding health care delivery.”

Angela Hutson
President, Board of
Management



Strategy 2013 - 2017

Bairnsdale Regional Health Service operates under a guiding Vision, Role Statement and a set of Strategic Objectives, Organisational Principles and Trademark Behaviours that define our organisation.

In May 2014 we officially launched our 2013 – 2017 Strategic Plan. This launch was to the community of East Gippsland and was attended by our Federal member of Parliament Darren Chester MP, Mayor of East Gippsland Cr Mark Reeves, Cr Jeff McNeil alongside representatives from staff, community and business groups and our auxiliaries.

The Strategic Plan was developed through a process of detailed community and staff consultation in late 2012.

The outcome is that the Plan provides a clear direction to the organisation for 2013-2017, but more importantly it confirms a common vision and aspiration for the organisation to ensure it meets the needs of the community into the future.

Recognising the significant change undergone at BRHS in recent times, the plan also captures our focus on good governance and clear goals.



“The strategic plan provides direction and a roadmap toward the delivery of our goals. We firmly believe our role is to improve the health and wellbeing of the East Gippsland community by providing high quality and sustainable health care. Having identified our guiding principles as part of the planning process, we are now well positioned to deliver on the plan.”

Therese Tierney
Chief Executive Officer

Strategic Objectives	Goals
1. High Quality, Effective Care	1.1 Evidence based models of care are in place and measurable
	1.2 High quality integrated systems support our care delivery
	1.3 A person centred care approach underpins our models of care
	1.4 Service provision meets the needs of the community
2. Skilled, Motivated & Valued Workforce	2.1 BRHS workforce has the capacity and capability to meet service requirements
	2.2 Staff are engaged, valued and accountable
	2.3 Volunteers are an integrated and vital part of the organisation
3. Accountability, Sustainability & Governance	3.1 BRHS is governed by a skilled and effective Board
	3.2 BRHS effectively plans for its future resource needs
	3.3 BRHS is an environmentally responsible organisation
	3.4 Integrated systems are in place to enhance decision making at BRHS
4. Leadership & Partnership	4.1 BRHS has collaborative partnerships that support strategic directions
	4.2 BRHS has a strong reputation as a leader of regional health care

These strategies with their underlying goals unite the organisation in a common direction forward for the next 5 years and are utilised by all services at BRHS to guide their own Work Plans each year.

Good Governance

In 2014, Bairnsdale Regional Health Service (BRHS) developed the Good Governance Strategy.

What is Good Governance?

It is the process for making and implementing decisions. Not just making the correct decision but is about using the best possible processes for making these decisions. In 2014 BRHS developed the BRHS Good Governance Strategy to ensure we can benefit from the outcomes of good governance.

This Strategy describes the work that has been done over the last few years. The outcome of these actions have resulted in better organisational strategies and plans and improved operational effectiveness. It also includes more prudent regulatory compliance, financial and risk management, improved stakeholder engagement and communication flow, and increased ability to deliver on our purpose and goals. It ensures our principles and behaviours are demonstrated and create value through innovation and the continuing development of the organisation.

The work over the last couple of years has been about making sure we have the foundations of a very good organisation and the elements of good governance established. This has been the development and implementation of a series of plans, strategies and frameworks and making sure they are effective .

Having and using quality information

A part of good governance is ensuring the organisation has access to quality information about their performance to assist in making good decisions about the direction of service provision. At BRHS clinical quality indicators are reported to several governance committees, including the Board, to inform decision making across the organisation.

The Principles of Good Governance and our actions:

1. Focusing on the organisation's purpose and its intended outcomes for the community and service users.
 - The Strategic Plan and the Annual Deliverables are clear.
 - Quality Improvement Plan and access to information about our performance to assist in making good decisions.
 - Clinical Governance Framework so we are clear about what we measure about our clinical work.
2. Performing effectively in clearly defined functions and roles.
 - Reviewed the committee structure and roles to ensure that all aspects of governance are monitored.
3. Promoting values for the whole of the organisation, demonstrating the values
 - Developed and implemented the Principles and Trademark Behaviours of BRHS
 - Partner and collaborate with our neighbours to improve the health outcomes of our community.
4. Informed, transparent decisions and managing risk
 - Strategic Financial Plan
 - Risk Management Framework
 - Emergency Management Plan
5. Developing the capacity and capability of the governing body to be effective
 - Measure the effectiveness of the Board
6. Engaging stakeholders and making accountability real.
 - Consumer Participation Plan
 - Communication Plan
 - Workforce Capability and Culture Plan
 - OH&S Plan
 - Environmental Sustainability Plan

Falls Prevention and Harm Minimisation

Older people are very prone to falling when they are out of their usual environment and are therefore particularly vulnerable when they are admitted to hospital. The prevention of falls, and harm from falls is a major focus at BRHS. Throughout 2013/2014 several staff education sessions have been held to ensure our approach to falls prevention continues to be of a high standard.

All patients at BRHS are screened to establish their risk of falling and prevention strategies are then put into place, at all times we aim to involve the consumer with their care plan. Regular audits of falls prevention processes occur across the organisation and quality improvement activities ensure our falls related policy and guideline meet the National Standards.

Are you or someone you know at risk of a fall?

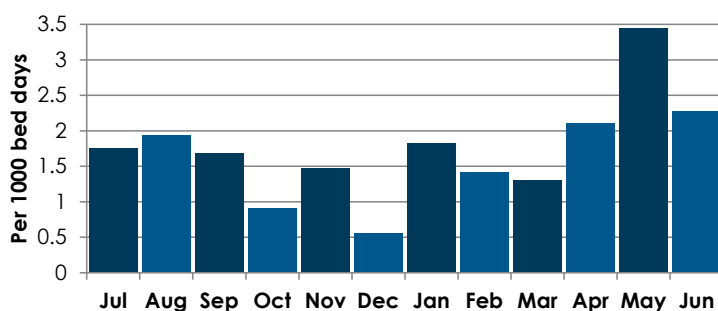
The following factors are indications that you may be at risk of falls.

- Previous fall
- Difficulty in walking/moving
- Changes to your ability to think or changes to behaviour
- Incontinence
- Multiple medications
- Visual impairment

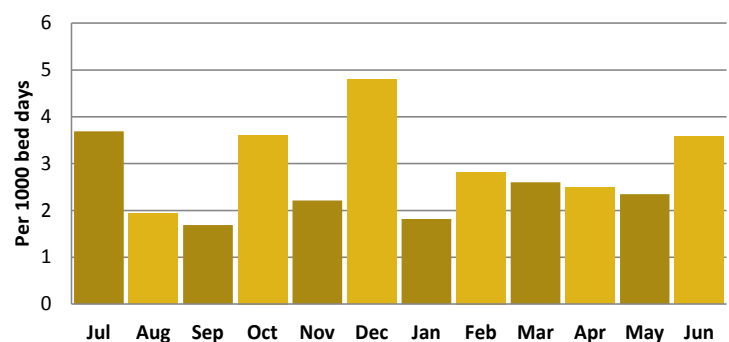
If you or someone you know have any of these risk factors, contact the BRHS Allied Health Department on (03) 5150 3388 or visit your GP for advice.

Both of these services can guide you on prevention strategies such as the use of vitamin D and appropriate levels of exercise.

The graph below shows the rates of falls in the acute hospital for 2013/2014



The graph below shows the rates of fall in our aged care facility for 2013/2014



Pressure Injury Prevention

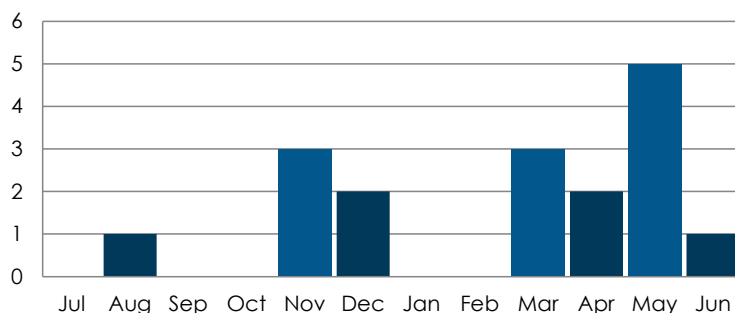
BRHS is committed to the prevention of pressure injuries in the patients admitted to our care. Pressure injuries were once called bed sores which can develop when patients are confined to bed or can not easily move themselves. However, in modern times we inspect the skin, particularly of those at risk e.g. the older person or those that have poor nutrition or long periods of illness. Skin is inspected on a daily basis to ensure the skin is not marked (a Stage 1 pressure injury) as this can lead to the development of a larger pressure injury.

Staff at BRHS assess patients on admission for their risk of poor skin integrity and potential pressure injury development and implement preventative strategies. This may include replacing the mattress with a specialised air mattress or mattress overlay; providing the patient with a special gel or air cushion for their chair; referring the patient to a dietitian for a nutrition assessment and educating the patient about their risk and what they can do to prevent a pressure injury.

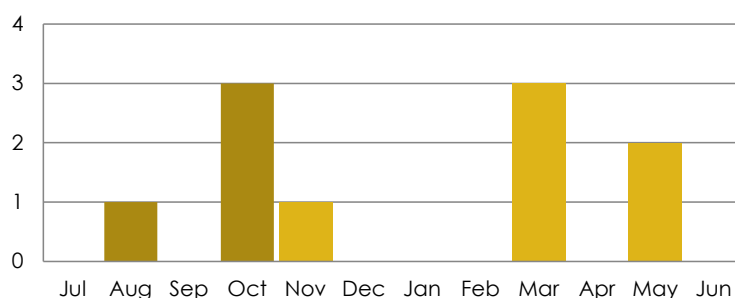
BRHS undertakes a biannual pressure injury point prevalence survey to assess the number of pressure injuries at a given point in time and during this time assesses the risk assessment process, and the use of pressure relieving equipment and patient involvement in their care plans to protect their skin from an unnecessary break.

The June 2014 survey showed a greater number of patients (10%) had their risk assessment completed within 8 hours of admission, an increase from 63% in November 2013 which means preventive strategies were able to be put in place for those at risk.

The graph below shows the number of hospital patients per month that developed a pressure area in 2013/2014



The graph below shows the number of residents in the aged care facility that developed a pressure area in 2013/2014



What can you do to prevent a pressure injury?

Pressure injuries can develop on bony areas like heels, toes and buttocks.

- Move often: change how you sit or lie often. Even small changes in position relieve pressure
- Sitting up in bed can put pressure on your tailbone. Avoid sitting up in bed for long lengths of time
- Check your skin for redness, blisters or broken areas regularly
- Take note of pain, particularly over a bony area
- If you have painful areas, ask staff if there is something to help, like a cushion, protective bootie or mattress
- Talk to staff about using a soap alternative when washing and a moisturiser on your skin regularly
- Eat a healthy and nutritious diet.

Consumer Feedback

BRHS is committed to consumers and the continuous improvement of our services and uses feedback as information to drive safety and quality improvement.

Consumers, carers and the community are encouraged to provide feedback about Bairnsdale Regional Health services, including complaints or service improvement suggestions.

BRHS has multiple methods and tools for consumers to provide both formal and informal feedback including but not limited to:

- Compliments and Complaints Form
- Informal conversations with consumers and carers
- Feedback Postcard
- Website link
- Email based feedback
- Phone based feedback
- One on one interviews where requested

The principles applied by BRHS when managing feedback include:

- Riskman software is used to manage all feedback, both formal and informal.
- All formal feedback is acknowledged and responded to within the time frame indicators. Initial response letter of acknowledgement is 3 working days. Investigation and response letter to complaints are completed within 30 days. BRHS maintains contact and provides updates on progress of investigations with complainants when the process exceeds 30 days.
- Feedback is dealt with in a manner that is as effective as possible, confidential, fair and provides just outcomes.



- All formal feedback is distributed from the CEO's office with all letters personally reviewed and signed.
- All formal feedback is reported to the Board of Management and Community Advisory Committee and other committees as relevant as per Terms of Reference.
- All feedback is analysed and where possible actions implemented to address identified quality improvement opportunities.
- When a complainant or consumer is unsatisfied with the outcome of a complaint investigation and/or response, BRHS provides details of relevant authorities such as the Health Commissioner where complaints or issues can be escalated to.

Some examples of feedback leading to change in service delivery include

- Change in service guidelines of Post Acute Care to ensure flexibility to meet consumer's needs, so the program was extended from 4 to 6 weeks per application.
- Improvements to the McKean Street car park with resurfacing and addition of speed humps.

BRHS receives feedback through a number of sources including informal & formal. In 2013-14 we recorded a total of **407** feedback items.

290 Compliments, **117** Complaints

"The last time I was in hospital was 25 years ago so I didn't know what to expect. I was absolutely amazed at the level of care that I received. The staff were professional, caring and compassionate. They were all very busy but still had time for each individual."

Ilona, Consumer

Accreditation

Bairnsdale Regional Health Service (BRHS) has full accreditation with the Australian Council on Healthcare Standards (ACHS). Accreditation is public recognition of the achievement of meeting quality standards demonstrated through an independent external peer assessment. Accreditation is a requirement of all healthcare facilities and involves a four year continuous cycle of quality assessment and improvement.

Accreditation systems are considered to be comprised of five key elements:

1. Governance or stewardship function
2. A standards setting process
3. A process of external evaluation of compliance against those standards
4. A remediation or improvement process following the review
5. Promotion of continuous quality improvement.

In 2013, BRHS committed to The National Safety and Quality Health Service Standards (NSQHS Standards) developed by the Australian Commission on Safety and Quality in Health Care (ACSQHC) which were implemented nationally from 1 January 2013. BRHS elected to be accredited against the fifteen EQulP National standards which are listed on the opposite page.

This accreditation is whole of hospital, both clinical and support services, as well as dental services.

In addition BRHS is required to meet standards under other accreditation programs for several services, including:

- Community Care Common Standards – which incorporate Home and Community Care (HACC) programs. These include some allied health services, district nursing, planned activity group and the continence nursing service.
- National Standards Assessment Program (NSAP) – Palliative Care Services
- Baby Friendly Health Initiative – Midwifery services
- Postgraduate Medical Council of Victoria – Medical intern training program
- Residential Age Care Accreditation Standards – Residential Aged Care Facility (Maddocks Gardens)
- Diagnostic Imaging Accreditation Scheme – Medical Imaging (x-ray department)

BRHS have a dedicated Quality Management department and require all areas to focus on continuous quality improvement. Some highlights of outcomes achieved in 2013-2014 include:

- Improvements in the processes of assessment, care planning and documentation of falls prevention and management
- Improvement in the process of assessment, care planning and documentation of pressure injury prevention and management
- Improvement in health information and consumer brochure review process
- Productive Ward implementation across three inpatient units
- “Help us make your care safe” initiative
- Improvements in medication reviews of high risk patients

Success!

Bairnsdale Regional Health Service was successful in achieving full accreditation against the EQulP National standards in August 2014.

A comprehensive report of this success will be included in the 2014/2015 Quality of Care Report.

EQuIP National Standards



Governance for Safety and Quality in Health Service Organisations

This standard describes the quality framework required for health service organisations to implement safe systems.



Partnering with Consumers

This standard describes the systems and strategies to create a consumer-centred health system by including consumers in the development and design of quality health care.



Preventing and Controlling Healthcare Associated Infections

This standard describes the systems and strategies to prevent infection of patients within the healthcare system and to manage infections effectively when they occur to minimise the consequences.



Medication Safety

This standard describes the systems and strategies to ensure clinicians safely prescribe, dispense and administer appropriate medicines to informed patients.



Patient Identification and Procedure Matching

This standard describes the systems and strategies to identify patients and correctly match their identity with the correct treatment.



Clinical Handover

This standard describes the systems and strategies for effective clinical communication whenever accountability and responsibility for a patient's care is transferred.



Blood and Blood Products

This standard describes the systems and strategies for the safe, effective and appropriate management of blood and blood products so the patients receiving blood are safe.



Preventing and Managing Pressure Injuries

This standard describes the systems and strategies to prevent patients developing pressure injuries and best practice management when pressure injuries occur.



Recognising and Responding to Clinical Deterioration in Acute Health Care

This standard describes the systems and processes to be implemented by health service organisations to respond effectively to patients when their clinical condition deteriorates.



Preventing Falls and Harm from Falls

This standard describes the systems and strategies to reduce the incidence of patient falls in health service organisations and best practice management when falls do occur.



Service Delivery

Information about services, access and admission to services, consumer/patient consent, appropriate and effective care, diverse needs and diverse backgrounds, population health.



Provision of Care

Assessment and care planning, management of nutrition, ongoing care and discharge/transfer, end-of-life care.



Workforce and Planning and Management

Workforce planning, recruitment processes, ongoing employment and development, employee support and workplace relations.



Information Management

Health records management, corporate records management, collection, use and storage of information, information and communication technology.



Corporate Systems and Safety

Strategic and operational planning, systems and delegation practices, external service providers, research governance, safety management systems, buildings, plant and equipment, emergency and disaster management, physical and personal security, waste and environmental management.

Our People

As the largest employer in the region we feel we have an obligation to contribute to the development of the next generation of the workforce. We do this by making our facility and resources available for large numbers of student placements. We also bring a strong focus on traineeships which will continue into the future.

We have been very pleased with the continued success in recruiting staff with the specialist skills needed to provide a consistent level of service and care to our community. This has been a significant contributor to the maintenance of a high level of service to our community.

We also maintain a commitment to ensuring our staff have access to educational and professional development opportunities to support them in maintaining existing knowledge and ensuring contemporary practices are applied in our organisation. We extend these opportunities to our large volunteer group with focus on areas such as consumer leadership and appropriate consumer oriented workshops.

Our participation in the annual State Services Authority (SSA) People Matter Survey has provided valuable insights into the needs and challenges within our workforce. The survey results provide us with a basis for developing an action plan defining key undertakings to address these needs and challenges.

At BRHS, we value the feedback of all staff and we are excited to be participating in the 2014 SSA People Matter Survey which measures perceptions of the values and principles underpinning our organisation's culture and operations and gathers information on a broad range of issues.

Results are expected in September from the 2014 survey however, a range of actions arising from the 2010 survey have been implemented in the last 12 months including:

- The development of a custom-made training program for our managers – "Trademark Management Training"
- Development of the Trademark Behaviours and Organisational Principles
- Implementation of a new Employee Assistance Program
- Commenced the development of intranet to improve communication

Employee Wellbeing

The creation of the Positive Health and Employee Wellbeing (PHEW) Committee early in the 2013-14 financial year brought with it a defined focus on supporting the health and wellbeing of our staff in a range of ways.

Providing support to staff to participate in community activities such as the annual Corporate Triathlon, raising awareness of health and wellbeing topics through targeted education and contributing to the improvement of staff facilities within the organisation, the PHEW committee has made a very positive impact on the organisation and we look forward to continuing to grow the work of the committee.

In partnership with Davidson Trahaire Corpsych we launched our Employee Assistance Program offering a confidential counselling and personal development service for employees and their eligible family members. The service is able to assist with a wide range of situations and issues with the aim being to help individuals develop positive strategies to resolve their concerns.

As an added service, we also offer our managers the managerAssist program which is particularly targeted at providing managers with strategies, suggestions and options for dealing with difficult management situations.

Safety

BRHS is committed to providing a safe environment for all staff, volunteers, residents, patients and visitors.

To support this commitment, BRHS complies with its obligations under the Occupational Health and Safety Act 2004 and Occupational Health and Safety Regulations 2007.

BRHS has an Occupational Health & Safety (OH&S) Committee made up of relevant staff including 14 trained Health and Safety Representatives from across the organisation.

This committee meets monthly to address matters relating to workplace safety, they also monitor health and safety indicators and trends so that corrective actions can be put in place to increase workplace safety.

Indicators monitored by the OH&S Committee include the number, location and severity of OHS incidents, OHS near misses and work place hazards. There have been no serious category 1 OH&S incidents at BRHS in 2013-14

Traineeships

BRHS has successfully implemented an Aboriginal Health Traineeship Program to help achieve a key priority of community partnership.

Placements are currently filled in Allied Health and in Dental Services.

The traineeship offers support for the participants in the completion of a TAFE based health certificate, and provides opportunities for the trainees to gain experience working in a health setting.

Ashleigh, a participant in the program described the traineeship opportunity as “engaging young Aboriginal people in health and helping other Aboriginal people in hospitals feel like they have someone familiar to go to” adding, “If I was in hospital, and someone come up to me that was more understanding of who I was, I would be more comfortable”

Sam, a fellow participant agreed feeling that “The local Aboriginal community appears to benefit from seeing familiar people working in the hospital. They see the young ones, the kids, the other Koori’s here and it doesn’t seem as bad as they think. They see a familiar face in the hospital”



Volunteers

A vital part of quality care

Bairnsdale Regional Health Service has very engaged volunteers in a multitude of roles across our organisation. Volunteers will be found on most days at the hospital chatting to patients, providing activities and reading material, arranging flowers and providing a friendly presence.

Partners in Information

Volunteers sit on various committees within the organisation including the Board of Management and Community Advisory Committee providing valuable input into the assessment, design and delivery of information, services and much more.

Partners in Falls Prevention

One of our volunteer roles is providing assistance with falls prevention. This role includes checking patients have their call bell, water jug, tray table and personal belongings within reach, as well as checking the room to ensure there is nothing they may trip on. This role is vital in the provision of safe and high quality care.

Partners in Care

Volunteers are involved in many activities that support clinicians in the provision of care across the hospital. These activities include administration support, photocopying, making up information packs, meet and greets for appointments, transport to and from appointments and support in our aged care facility, Maddocks Gardens.

Partners in Support

Family and friends of patients often take comfort in the connections made with volunteers. Many hours are spent providing emotional support to complement the clinical care provided.

Partners in Presentation

Another role of the volunteers is with the upkeep and maintenance of the hospital grounds. On many days you can find an eager volunteer mowing the lawns and tending to the gardens. They have built and planted wonderful vegetable gardens for the residents of Maddocks Gardens which have brought much enjoyment to many residents that enjoy this pastime.

Partners in Services

This year the Kiosk Auxiliary celebrated its 50th year of providing a needed service to patients, visitors and staff. It was 1963 when the then Hospital Auxiliary proposed the opening of a kiosk in the hospital. In the past 10 years, the Kiosk Auxiliary has donated over \$200,000 to the hospital. The 50th year saw their largest donation of over \$80,000 towards the fitout of the newly opened Short Stay Unit this year.

Partners in Resources

Many volunteers are very involved with fundraising for the hospital. The hospital Bower Birds run many fundraising events throughout the year including the annual Oaks Day Ladies Luncheon and South Pine Golf Day. In the past 12 months, the Bower Birds have raised over \$50,000 for the hospital.



We are always on the lookout for new volunteers to join our team.

For more information, contact our Volunteer Liaison Officer on (03) 5150 3333

292 *Volunteers providing a range of support services*

"There is a lot of general chatting to the patients....they love it. A lot of the patients are here for a week or so and you develop a rapport and they do love having someone to generally chat to them. We make notes and if there is something that needs attention, we hand it on for follow up by the nurses"
Olga, Volunteer

Participation Indicators

The Community Advisory Committee (CAC) is a Board Sub-Committee established by Bairnsdale Regional Health Service which provides a structured partnership between consumers/community and the health service, creating a system that is responsive to patient, carer and consumer input to improve the safety and quality of care delivered.

The CAC facilitates and drives consumer partnerships that address the needs and preferences of consumers and carers by listening to, understanding and responding to consumer and carer experiences and expectations about health care to improve consumer, carer and community satisfaction with BRHS service access, delivery and responsiveness.

The Community Advisory Committee provides a governance structure to ensure a system exists that promotes patient safety and quality and to clearly articulate and explicitly support the principles of person (consumer) centered care.

The CAC worked with the organisation to develop a Consumer Participation Plan in 2013-2014 that was endorsed by the Board of Management that supports BRHS to ensure it meets its obligations of consumer participation under the “Doing it with us, not for us” Strategic Direction 2010-2013. The following standards include evidence of application at BRHS.



Community Advisory Committee Members

S tandard 1 – Commitment to consumer, carer and community participation

BRHS demonstrated commitment to consumer engagement and participation as evidenced in our Consumer Participation Policy and Plan and the Community Advisory Committee

There are eight specified strategies to meet this standard and BRHS has policies and plans in place to meet all the relevant strategies.

This meets the Victorian public health services target of 75% of the requirements for Standard 1.

S tandard 2 – Consumers involved with informed decision-making about their treatment

BRHS participated in the newly developed Victorian Patient Experience Survey and look forward to the results of this due late in 2014.

A consumer satisfaction survey for Home and Community Care (HACC) clients showed 70% of respondents were satisfied that they were included in the planning and decision about services to help maintain their independence.

Our aged care residents reported a satisfaction level of 78% when asked if they were involved in decisions regarding their care.

S tandard 3 – Consumer information

BRHS have undertaken a quality improvement approach to the review of consumer information developed within the organisation, ensuring the information is reviewed by consumers and meets the requirements of the consumer health information guidelines.

83% of health information created by BRHS has been reviewed against the guideline to date.

S tandard 4 – Consumer involvement in planning and improvements

The Community Advisory Committee members are an active participant in many improvements across the organisation. Community involvement has also been sought on a number of initiatives.

- Consumers were involved with the development of the Strategic Plan.
- Consumers have been engaged in focus groups for program and service improvements and redesign which includes the Sub Acute and Health Independence Programs reviews.
- Consumers have been actively engaged with visits to the hospital ward as part of the Productive Ward quality improvement program.
- All feedback received by the organisation is presented for review and monitoring to the Community Advisory Committee.
- Consumers are represented as members on the Quality and Risk Committee who monitor quality and innovation activity.

S tandard 5 – Building capacity of consumers

The organisation actively contributes to building the capacity of consumer members to participate fully and effectively, this has included achievement of Consumer Leadership Certificates for two members, engagement in regional forums and educational opportunities conducted by Health Issues Centre and other consumer organisations.



Improving Care of Aboriginal Patients

The Shire of East Gippsland has an Aboriginal population of 3.2% compared to 2.5% within Australia, therefore Bairnsdale Regional Health Service has a clear priority in improving service delivery to this consumer group.

Koolin Balit is the Victorian Department of Health strategic directions document outlining the specific commitments to, and focus on, Aboriginal health within the health system. BRHS have addressed the key results areas of Koolin Balit through the following initiatives.

We try to make the environment more comfortable by providing the Warrawee Room for community and publicly displaying the Apology and our Statement of Intent to reduce the health gap.

1. Engagement and Partnership

BRHS meet with the Gippsland and East Gippsland Aboriginal Co-operative(GEGAC) on a fortnightly basis to support care partnerships for this consumer group. Meet and greet sessions have commenced between the staff of both services and meetings are held between the CEO of BRHS with local Aboriginal Elders on issues of mutual interest.

2. Organisational Development

All BRHS emails acknowledge and show our respect to the traditional owners, the Gunaikurnai people.

The Strategic Plan provides the direction for culturally responsive and responsible healthcare with improved outcomes for Aboriginal patients.

The Aboriginal Health Work Plan talks about the actions we need to take to achieve the Strategic Goals.

The Aboriginal Liaison Officer has membership on key committees, including the Innovation and Care Committee to ensure the voice of the community is part of our decision making. BRHS CEO is an appointed member on the Aboriginal Health Expert Panel, providing advice to the Secretary of the Department of Health on initiatives to improve Aboriginal health outcomes.

3. Workforce Development

BRHS developed an Aboriginal Employment Plan and as part of this plan an Aboriginal Traineeship program was implemented. Since commencement of this program we have worked with seven trainees.

At orientation, all staff of BRHS receive information delivered by the Aboriginal Liaison Officer about cultural awareness in health care delivery. Specific training is also provided to areas that are more involved with our Aboriginal community.

4. Systems of Care

The BRHS dental service work with GEGAC to offer a regular Aboriginal dental block to support their oral health program.

A special effort has been made in the area of discharge planning from the hospital for Aboriginal patients to ensure connection and links to culturally appropriate community based organisations.

Success!

In 2014, BRHS won a Wurreker Award for Public Sector Employer of the year.

A comprehensive report of this success will be included in the 2014/2015 Quality of Care Report.

Gippsland Koori Kidney Health Series

In partnership with Kidney Health Australia, The Clontarf Academy and the Lakes Entrance Aboriginal Health Association, BRHS welcomed attendees from across the state to the Gippsland Koori Kidney Health Series in Traralgon in May 2014.

Sponsored by AMGEN, the day was designed to inform and educate attendees on the wide range of factors that influence kidney health in the Koori community and to help foster increased cultural awareness of traditions and beliefs that influence health care delivery in our community.

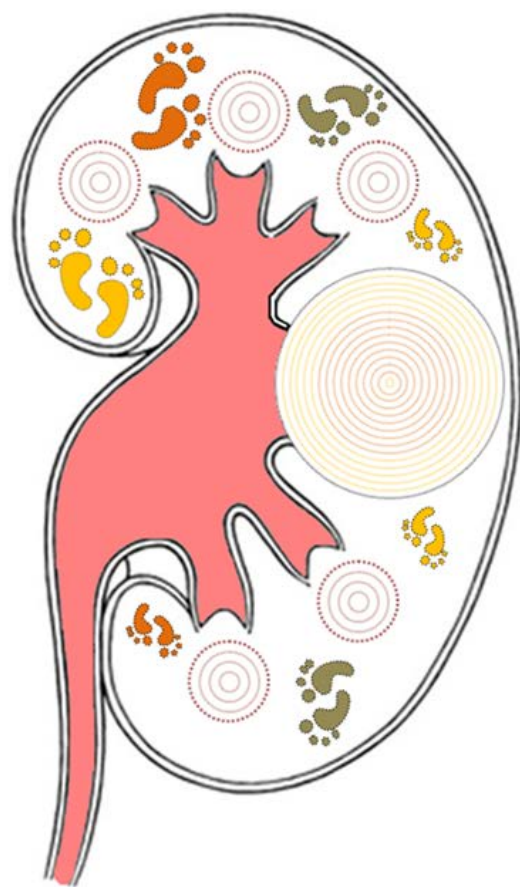
There were a number of keynote speakers on the day, providing a broad spectrum of information relating to Koori health from past, present and future directions.

Bairnsdale members of the Clontarf Academy were engaged in producing a short documentary on a Koori person's journey onto dialysis. This brilliant story demonstrated how health information can change a person's life, their experience and key messages to other Koori people.

The Department of Health (DoH) have expressed interest in further utilising this story to increase the awareness of Kidney disease in Koori people.

The day was well attended with attendees coming from Orbost right through to Melbourne. The feedback from this event has been extremely positive with requests to hold a similar event next year.

Thank you to all who attended, guest speakers and the team work that went into this very successful day.



Artist: Timothy Gordon



384 *episodes of inpatient care delivered to Aboriginal patients*

618 *day procedures delivered to Aboriginal patients*

Productive Ward

Staff from Fraser, Gabo and Rotamah wards have been working hard on making their ward environment more effective and the processes more efficient. This program aimed to ensure patients were involved in and understood their planned care; let family and staff know at a glance where they were up to with their care plan and plan for discharge. This program also created more efficient processes with less waste and improved staff satisfaction and well-being. The Productive Ward series is a comprehensive program that empowers staff to examine their own work practices and to provide solutions that improve processes in their workplace and the way in which they deliver care to allow more direct care time.

Staff started off by getting their hands dirty 'WOWing' their stock and store rooms to ensure a 'Well Organised Ward' environment. This process involved reorganising stock and storage spaces to make sure everything had a place and could be easily found therefore making routine functions take less time, giving more time for staff to spend providing direct patient care.

Nursing and Allied Health staff have worked together to introduce boards that allow all staff, patients and families to know the 'Patient Status at a Glance'. Patients, staff and families can write on bedside boards so as to keep everyone up to date with what is happening.

Patient journey boards were established in a key area for staff to quickly determine what the needs of the patient are throughout the day.

The journey boards include non-sensitive information about patient's care requirements. These boards use symbols and codes to ensure the care needs are clear to the entire team throughout the day. This includes items such as referrals to physiotherapy or home based services needed for the patient on discharge.

A further component of the Productive Ward project for the 2013\14 year included displaying improvements in care indicators on a 'Knowing How We are Doing' board. These boards are located in the hallways of each participating ward and display information and measures collected on a regular basis about the ward including:

- clinical incidents
- unplanned leave
- patient satisfaction
- direct bedside care time

These boards help each ward showcase their improvements and allow staff to celebrate achievements or identify areas for ongoing improvements.



"I am very pleased to say with time and effort we have come such a long way. All staff members are amazed at what the changes to our ward have given us, that most important thing – more time with our patients. Changes to our equipment room and treatment room have given our team a real boost of pride."

BRHS Nursing Team Member

Different members of the BRHS community have made visits to the wards participating in Productive Ward Series to discuss with staff the improvements they are working on and to talk to patients about their experience at BRHS. Wards have been visited by the Executives, Quality Manager, Redesign Co-ordinator, Hospital Board members and members of the Community Advisory Committee.

The Productive Ward series will continue over the next twelve months with the staff starting work on further modules including discharge planning and meal delivery and consumption.



"What I found most impressive during a visit to a productive ward was the enthusiasm and confidence of the nurses in relation to the processes they are working through. They seemed to find in the approach a refreshing affirmation of their daily round of duties and a reinvigorated view of their relationships with the patients."

*Jill Ellis
BRHS Community Advisory Committee Member.*

"Although it seemed very daunting at the beginning, the concept of having relevant information about the patient visible has made allied health referrals and discharge planning much easier. The staff have embraced the journey board, especially our ward clerk, who has now become a champion and keeps it updated daily."

Jo Petersen
Nurse Unit Manager, Gabo Medical.

Preventing & Controlling Healthcare Associated Infections



Hand hygiene is conducted at several distinct points when providing care. This is called the **“Five Moments of Hand Hygiene”**

1. Before touching a patient
2. Before a procedure
3. After a procedure or touching body fluid
4. After touching a patient
5. After touching a patient’s surroundings

Whether you are a patient, visitor or staff member at BRHS, we want to ensure that from the moment you enter our service until you leave it, you remain safe and are protected from acquiring an infection. A major factor in contributing to the success of this endeavour has been our hand hygiene program. Although primarily directed at staff this program has also catered for patients and visitors to our service.

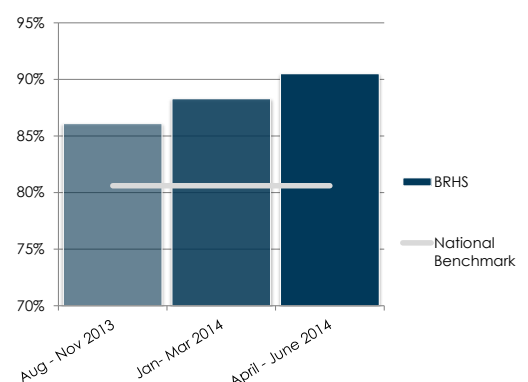
The introduction of automated dispensers for our hand hygiene foam along with the prominent and strategic location of the dispensers has seen a wonderful compliance in the hand hygiene of our staff.

Our audit results against the “5 Moments of Hand Hygiene” have shown a steady improvement this year finishing with an impressive 90% compliance.

Our doctors are proud that for the first time ever they have exceeded the fantastic performance of our nursing staff!

Patient hand hygiene requirements have not been forgotten. Advice for them about keeping their hands clean are included in the newly developed “Help Us Make Your Care Safe” brochure along with access to hand hygiene facilities. Patients are invited to ask staff to keep their hands clean too! The aim is to have safer staff and patient interactions.

Hand Hygiene Compliance



Cleaning Standards

BRHS conduct monthly internal **cleaning** audits, and have an external cleaning audit conducted annually against the Cleaning Standards of Victorian Public Hospital.

Our results for the external audit indicate that standards are exceeded.

BRHS scored above the Acceptable Quality Levels in all audits for 2013/2014:

Very High Risk Functional Areas: **94.6**

High Risk Functional Areas: **85.9**

Moderate Risk Functional Areas: **87.6**

Overall facility score: **89.3**

Target: **85**

For more information around these results, please contact us on 03 5150 3333

We don't stop with hand hygiene but seek to ensure that all aspects of care conform to the cleanliness requirements for safer care. The BRHS cleaners know that they must look after those parts of the hospital that get touched the most and our cleaning audits show that indeed they are performing this well.

Major changes to the hospital environment have also helped them perform better through the carpet replacement program. The new vinyl has been met with approval by all with its ease of cleaning and fresh appearance.

The safety of surgical procedures performed at BRHS is paramount. Our instrument cleaning, disinfection and sterilisation audit results ensure that we are right to be confident we can perform surgery safely.

Immunisation

In 2013, 65% of Bairnsdale Regional Health Service (BRHS) staff were vaccinated against influenza.

For the 2014 Influenza season, BRHS are supporting increased influenza vaccinations of staff through a targeted campaign.

Preliminary results indicate a significant increase in staff immunisation rates.



BRHS workforce health is also important to keeping everyone safe from infection. As part of this we have worked hard this year to improve the rate of staff influenza vaccination and achieved a fantastic 65%. This result demonstrates that staff at BRHS are committed to keeping everyone in the service healthy!

People often arrive for care in our service with multiple drug resistant organisms. Our action plans have ensured that we recognised these events early and provided care without compromising patients or others.

Short Stay Unit

The formal opening of Bairnsdale Regional Health Service's Short Stay Unit (SSU) on 30th April 2014 represents the successful completion of another stage in the BRHS capital works investment plan.

The Short Stay Unit is a dedicated 5 bed facility that is designed to provide ongoing observation, investigation and diagnostic services for patients who are in need of further care but do not need to be admitted to hospital. It is particularly helpful in cases of asthma, chest pain assessment, head injuries and people requiring regular intravenous medicines or blood transfusions.

The Unit has been fitted out thanks to the generous donation of \$84,000 from the BRHS Kiosk Auxiliary in celebration of their 50th anniversary of fundraising support to BRHS.

The Auxiliary are delighted to continue to support the health service into the future.

"I have been having treatment at the Bairnsdale Regional Health Service (Bairnsdale Hospital) for 12 years now and attending the Short Stay Unit since its opening in April of this year.

The unit is operating in a very efficient manner, providing me with a service that is second to none. My treatments are booked in advance and coordinated with pharmacy to ensure that there are no unnecessary delays.

Having this unit with regular nurses who are fully aware of the medication and procedures provides an additional security and ensures that I can have my treatment without any problems.

I have found the staff to be always helpful, friendly and accommodating. BRHS should be commended on this fantastic facility."

Adam - Consumer





451 Patients have been treated in the Short Stay Unit
since its opening

**"It gives us great pleasure to support Bairnsdale Regional Health Service. Contributing
to the development of this new short stay facility enables the community to see their
donations in action"**

Sandra Martin of the BRHS Kiosk Auxiliary

“Help us make your care safe” initiative

BRHS undertook a quality improvement initiative focused on improving consumer engagement in the delivery of care. We developed a new piece of health information in the form of a brochure entitled “Help Us Make Your Care Safe”, placing a high priority on partnering with our patients in the delivery of their care.

This brochure is given to all patients on their admission, along with the Australian Charter of Healthcare Rights brochure and outlines how the consumer can assist us in the delivery of their care to ensure their stay with us is safe. The brochure aligns with the EQulP National Quality and Safety Standards and includes information on how to:

- Prevent infections
- Take/receive medications safety
- Ensure we correctly identify you
- Communicate your needs with the team
- Plan your transfusion safely
- Prevent your condition worsening
- Prevent a fall
- Prevent problems with your skin or a pressure injury

In 2014/2015 we plan to audit the effectiveness of this brochure and ensure that all patients receive, and just as importantly, understand this important information about their stay with us.

Safe blood transfusion practices are a cornerstone of delivering safe care.

In **2013/14**, BRHS administered **585** transfusions with **0** significant reaction to any transfusion administered.

My team *is* **BRHS**



Help Us Make Your Care Safe
Patient Information

We maintain a firm commitment to actively involve patients in their care and treatment through our strategic goal of delivering person-centred care. We do this in a range of ways including:

- the provision to all patients of the Australian Charter of Healthcare Rights
- displaying our Trademark Behaviours of “trust and mutual respect”
- providing information on safety in their care
- developing care plans in partnership with consumers and listening to, and acting on, consumer decisions about their care



Preventing Infections

We encourage you and your family members to join BRHS healthcare workers in their efforts to practice good hand hygiene.

You and your family members can participate by:

- ❖ Asking healthcare workers who are about to touch you or your loved one, to clean their hands, and thank them when they do.
- ❖ Keeping your hands clean too. Ask for help to do this.

Using Medications Safely

- ❖ Inform us of the medications you were taking prior to coming into hospital.
- ❖ Ask any questions about any changes to your medications.
- ❖ At discharge please discuss the medications you have been prescribed to go home with, to ensure you understand what the medications are for and how to take them.

Confirming Your Identity

During your stay in hospital there are many times where we need to confirm who you are and what procedure you are expecting to have, so that you receive the correct care, investigations and treatment.

- ❖ Please check the details on your name band are correct.
- ❖ The best way for us to check who you are is to ask you your full name, date of birth and address. We then check these are the same details on our documents and your name band.

Discussing your needs with the team

Clinical Handover is the transfer of information from one healthcare provider to another.

There are times when the clinical handover occurs at your bedside.

We encourage you to be involved in this clinical handover by:

- ❖ Asking any questions
- ❖ Confirming Information
- ❖ Actively being involved in the decision making process.

Planning for your transfusion

When deciding if blood products will be part of your treatment, you and the Doctor will discuss:

- ❖ The reason the blood product has been recommended as a treatment.
- ❖ The risks and benefits of the blood product.
- ❖ If there are alternative treatments other than blood products available.

Ask the doctor any questions you may have about receiving a blood product.

Preventing you from falling

- ❖ Ask us about your risk of falling.
- ❖ If you are at risk of falling discuss with us how we can reduce your risk of having a fall.
- ❖ Tells us which strategies to reduce falls best suits you or your loved one.
- ❖ Tell us what plans you have in place.

Preventing problems with your skin

- ❖ Ask us about your risk of developing a pressure injury.
- ❖ Ask us about the things you can do to reduce your risk of developing a pressure injury.

Preventing your condition from worsening

You or your loved ones may recognise a worrying change in your condition.

- ❖ Immediately discuss your concerns with the nurse looking after you.
- ❖ If you are still concerned ask to speak with the nurse in charge and request a clinical review. **This should occur within 30 minutes.**

BRHS Supports Patient & Family/Care Involvement in healthcare



Maternity Services

Having a baby can be one of the most exciting times in our lives; it can also be a time of apprehension and uncertainty, all families need individualised care to assist in achieving healthy outcomes for mothers, babies and families; care is planned to ensure individual preferences and cultural requirements are met.

In March 2014, Bairnsdale Regional Health Service ran a two day workshop on Culturally Safe Care for Aboriginal Women. The workshop had 34 attendees from across the region, including midwives, Aboriginal health workers, GP obstetricians, emergency physicians, paramedics and consumers. The two days of information were presented in partnership with Gippsland & East Gippsland Aboriginal Co-operative (GEGAC), and involved speakers from the Victorian Aboriginal Community Central Health Organisation, Maternity Service Education Program, Ambulance Victoria and GEGAC. Education included sessions on cultural safety, ambulance transfers, pre-term births and emergency care, with scenarios based training included into the days.

Pre and post workshop surveys showed a significant increase in the participants' understanding and knowledge of the unique issues faced by Aboriginal women during pregnancy and birth which will lead to improved care for this portion of our consumers.

In the BRHS Maternity Unit in 2013-14

329 babies were born



Diversity

Bairnsdale Regional Health Service is located within the East Gippsland Shire. Within this population, 92.8% of the population speaks English only at home, with only 0.3% of the population that do not speak English well or at all. The largest ancestry group aside from Australian are English, Scottish and Irish and the local area has an indigenous population of 3.2% compared to 2.5% within Australia as a whole.

We have addressed the cultural responsiveness framework's need for culturally and linguistically diverse (CALD) services through the following ways:

Standard 1 - A whole-of-organisation approach to cultural responsiveness is demonstrated

- Development of a Workforce Capability and Culture Strategy.

Standard 2 - Leadership for cultural responsiveness is demonstrated by the health service

- Development of an Aboriginal Employment Plan.
- Provision of an Interpreting Service and Multi-Cultural Information Policy.
- Development of a Religious and Cultural Sensitivity Guideline.
- Working closely with local government on the development of East Gippsland Shire's Diversity, Access & Social Inclusion Plan.

Standard 3 - Accredited interpreters are provided to patients who require one

- CALD interpreters are accessible as required.

Standard 4 - Inclusive practice in care planning is demonstrated

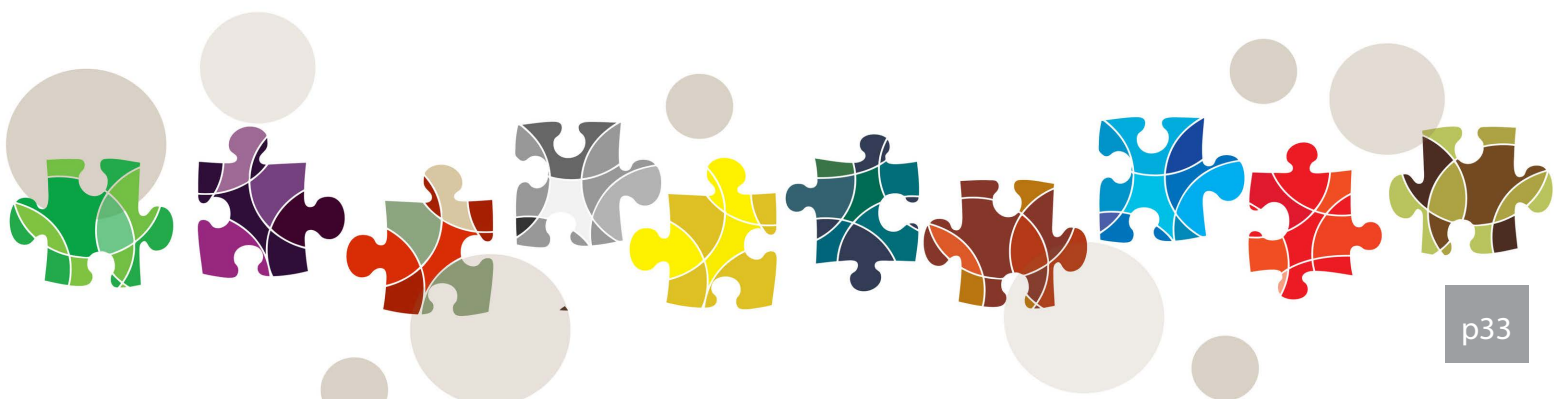
- Inclusion of cultural and spiritual assessment within the admission processes, including language, Aboriginal and Torres Strait Islander status, and special dietary requirements.

Standard 5 - CALD consumer, carer and community members are involved in the planning, improvement and review of programs and services on an ongoing basis

- Community Advisory Committee are utilised in the review of program and services through participation at forums and conducting consumer experience surveys. Culturally diverse groups are accessed through Consumer Panels as required.

Standard 6 - Staff at all levels are provided with professional development opportunities to enhance their cultural responsiveness

- Culturally focused education is provided to staff to develop opportunities to enhance their cultural knowledge at orientation, as well as focused seminars and workshops, including Kidney Koori Health and Maternity cultural safety workshop.



Dental Service

Significant work has been undertaken by the BRHS Dental Service with outstanding results in the key areas of:

- Consumer access
- Innovative models of care
- Staff wellbeing & retention
- Systems and data management
- Facilities and equipment

The East Gippsland Sub Regional Service model commenced in early 2014 following collaboration between BRHS, Orbost Regional Health and Omeo District Health to provide flexible and sustainable outreach dental care to the East Gippsland community. This program was featured at the Dental Health Services Victoria Innovations Workshop 2014.

To further support community access to the service, a selection of targeted programs have been implemented including:

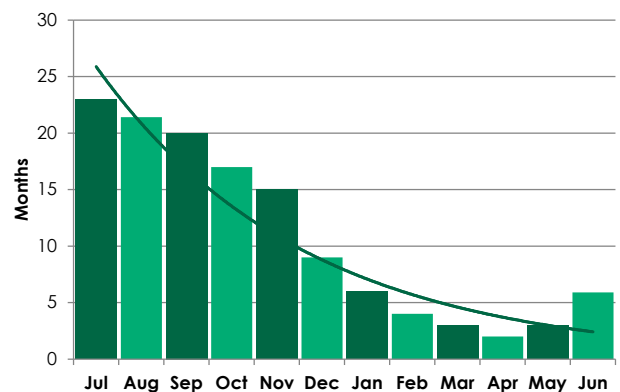
- Dedicated dental block for Aboriginal patients on a fortnightly basis in collaboration with GEGAC
- In partnership with an external provider, delivery of dental screening programs in early years settings to provide education and identify young children in need of dental care
- Provision of Oral Health Education and Screening to Supported Residential Services and Aged Care to encourage client engagement with the dental service and improve oral health

Significant facility upgrades include:

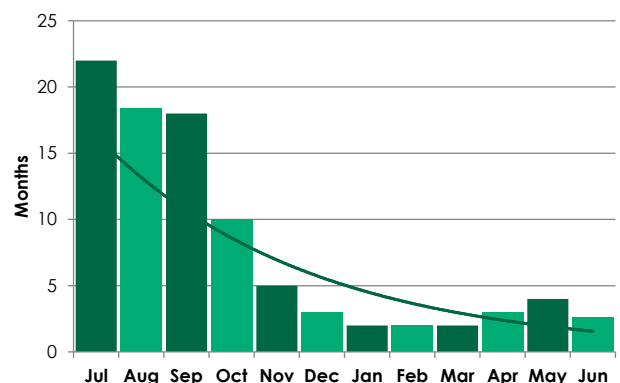
- The imminent introduction of a cabinet steriliser to ensure infection control standards are met and improve efficiencies
- Addition of a 5th and 6th dental chair including the construction of a new consulting room
- Updated dental chairs, x-ray machines and implementation of a full digital x-ray system
- Transition to full electronic records

BRHS have also offered dental assistant traineeships with two successfully completed in the last year, one supporting increased employment opportunities for young Aboriginal people.

The below graph shows the waiting time for general dental care in 2013/2014



The below graph shows the waiting time for denture care in 2013/2014





*General wait list time **reduced** from 29 months to 3 months*

*Denture wait list time **reduced** by 31%*

*Total appointments **increased** by 67.5%*

*People seen **increased** by 145%*

Men's Health

Men's health is an important component of public health for the community. The BRHS Community Health Service has assisted in the commencement of a Prostate Support Group. This support group meets regularly and community health nurses continue to provide ongoing support and education to this group.

Many of our male consumers attend the Cardiac Rehabilitation and the Pulmonary Rehabilitation groups. These groups allow for opportunities for consumers to interact with others that have also gone through the same issues.

The group also provides education and guidance in the ongoing prevention and management of cardiac and chest related chronic diseases.

Community health nurses at BRHS also attend public events where they have provide information and advice to the community on men's health issues. One such event was held this year at the Bairnsdale RSL and was well attended by the community. A health promotion clinic was also held at the East Gippsland Field Day.

Women's Health

The Community Health Nursing Team at Bairnsdale Regional Health Service are passionate about helping the women of East Gippsland to be as healthy as possible.

A range of community groups came together to host a Women's Health Seminar in June 2014 to help inform women in the community about a range of issues that influence their health. The day was attended by over 40 women from the local community who heard from various speakers including local GP Dr Elizabeth Boyd who spoke about the health choices women can make to help stay well and checks women can do to ensure they are looking after themselves.



Continence Nurse Advisors were also at the event to explain their role in educating the community on topics including the prevention of incontinence and supporting people with bladder and bowel problems.

Guest speaker Sheryl Cleaver, Women's health Physiotherapist, gave tips on pelvic floor exercises for women as a prevention and treatment therapy.

BRHS participated in Men's Health Week designed to celebrate the contributions men make to our community and to draw attention to the key health issues confronting men.

A healthy vegetarian lunch was provided for the staff of BRHS and John Ashfield's "Matters for Men - How to stay healthy and keep life on track" were purchased and distributed to all male employees.



Other speakers included Jo Hall, credentialed Diabetes Educator, who gave advice on how to monitor for signs of diabetes and lifestyle choices to prevent diabetes; and Women's Health Nurse, Dianne Gibbs who spoke about the services available for women at BRHS including support for women with breast cancer.

Women interested in any of these services or wanting to know more can contact the Community Team on (03) 5152 0222.

Men in rural areas are 12% less likely to self-report good or excellent health than their counterparts in the city.

They are more likely to report arthritis, lung and heart conditions according to the Australian Institute of Health and Welfare.

If you or your male family member or friend is experiencing less than optimal health, seeing a GP may be of help. The GP can also refer to the most appropriate support service.

"Staying healthy is a complex thing and there is much that we can do to maintain our wellbeing."

Joy Manley, Community Health Nursing Manager

"I attended a talk last night from Community health. Her presentation was amazing and moving"

Community Member

Quality of Aged Care

A Day in Maddocks Gardens

*I am up and away to face a fine day
There will be good meals to eat and people to greet
And games for some to play
But for me its the crosswords and a good book to find
Both entertaining and good for the mind
Then its off for a walk in the lovely fresh air
Then back to my haven to browse in my chair
The day wears on and there are cups of tea
And of course there's always the old tv
Then it's off to bed and a prayer to be said
For the comforts and care that's been given to me*

Joan Singleton

BRHS provide a 90 bed aged care facility to the community called Maddocks Gardens. This facility is designed to offer a home like environment, with many features assisting the residents to feel comfortable and see as their home.

This year, the staff at Maddocks Gardens have implemented a range of initiatives to assist people transitioning into living in our aged care facility including:

- Production of the resident information booklet which has been designed to answer frequently asked questions related to aged care and to inform prospective residents and their families of available services and routines at Maddocks Gardens.
- Walk-around visitations that allow prospective residents and their families to

see our facilities and chat with residents and staff

At Maddocks Garden's we pride ourselves on providing a home-like environment and resident centred care. Feedback from the residents and their representative/families is vital and enables the review and revision of care to best meet the individual needs of each resident.

We actively pursue continuous improvements in many areas through the engagement of our residents and their families. The provision of meals in an environment that encourages opportunities to socialise is one such area and is pivotal to each resident's enjoyment.

The annual food survey provides residents/representatives with the opportunity to provide feedback on their meals.



78% of residents reported they had been involved with their care needs

72% of residents reported the meals tasted nice often or always

The BRHS Food Services Manager also regularly attends the residents and friends forum to provide the opportunity for resident engagement to discuss food preferences and to plan the seasonal menu.

It is important to all staff at Maddocks Gardens to maintain a safe environment promoting independence and physical and emotional wellbeing for each resident. Each quarter we submit data to the Department of Health to evidence the care residents receive related to falls, skin injuries, medication safety, physical restraint and any unplanned weight loss.

These 5 key performance indicators are benchmarked against the state and the performance of other public sector aged care facilities. Further information on falls, pressure injuries and medications can be found throughout this report.

The use of restraints within aged care is actively discouraged and at Maddocks Gardens no use of restraints has been found through auditing since Oct 2013.

Residents at Maddocks Gardens are all regularly weighed to as a part of the monitoring of their health and wellbeing.

During 2013-2014, only four residents were found to have lost more than 3kgs during each 3 month period.

Residents are able to enjoy a range of activities tailored to suit their individual preferences at Maddocks Gardens. During 2013\14 Residents participated in art classes, wrote stories and developed a sensory garden with the help of local artists, garden club members and story writers. These activities culminated in an art show and launch of the book of residents stories at a celebratory afternoon tea.

Residential In Reach Service

During 2013/2014 Bairnsdale Regional Health Service implemented a Department of Health funded program known as the Residential In Reach program. The primary aim of this service is to provide acute care of older people in their home of a Residential Aged Care Facility (RACF) when they become unwell.

This can prevent the resident from having to be transferred to the Emergency Department for assessment and care or to the hospital for care. Highly skilled emergency department nurses provide acute care in conjunction with the persons GP without them having to be moved to the hospital.

The staff also develop an ongoing management plan with the resident and facility; which may or may not include specialist consultation, education and support for staff all aimed at ensuring residents receive the right care, at the right time and in the right place.

Many presentations or admissions to hospital from RACF are preventable. Once a resident is transferred from their home for higher level care, they are at risk of increasing confusion, falls, pressure injuries, infections and medication errors. Providing appropriate care for residents in their homes is the mainstay of the project and improving the care of older people.

The Residential In Reach service is not intended to replace the care that the resident usually receives from the RACF or their own GP, but creates a partnership with them providing acute care in time of ill health for the resident; it is a team approach.

The services our Residential In Reach team can provide include:

- Physical Assessments in the home environment of their RACF
- Examination after a fall
- Advice on tube feeding
- Advice on urinary catheter management
- Wound management advice
- Advice with Advanced Care Planning and palliative care
- Administration of antibiotics by IV lines
- Dehydration assessment & management
- Bowel management
- General clinical advice
- Assist with access to a Geriatrician
- Advise on equipment required for more advanced care for the resident, and
- Staff education

If the resident is assessed as needing a hospital admission, the Residential In Reach service can assist in making the process as smooth as possible, and support the earliest possible return home to their RACF.



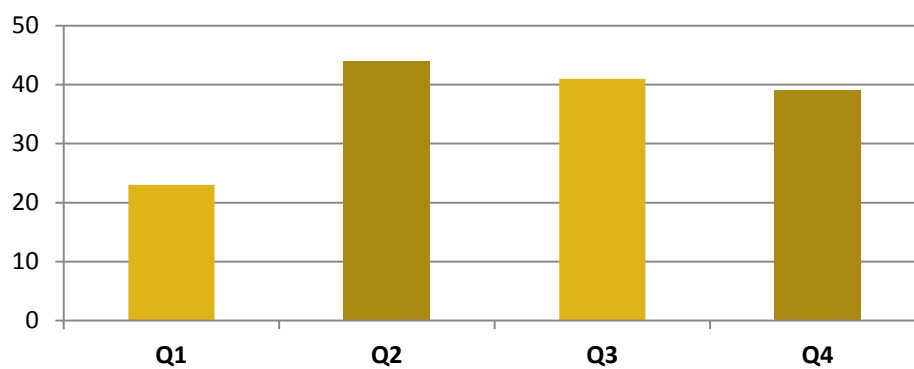


Residential In Reach Team

*Since its commencement in November 2013,
the Residential In Reach service has assisted
105 residents towards improved care.*



**The below graph show the number of residents
at our aged care facility on >9 medications in
2013-2014**



Multiple Medication Use

The use of medications is the main treatment option for many diseases and chronic conditions, as well as the management of symptoms caused by these conditions.

Consumers will often obtain medications from many sources, including those prescribed by their GP, specialists, complementary and alternative therapists and over the counter medications they seek on their own. Yet as we age, the way in which our body processes these medications changes, and many medications will interact with each other changing the effect it has on our bodies.

A large role of our pharmacy department at Bairnsdale Regional Health Service is the review of patients that are taking multiple medications. Within the last 12 months, the BRHS pharmacy department has increased its effort to review patients that are elderly and on over five medications. This quality improvement is to ensure safety in medication taking and to review the list of medications our patients are taking all together.

At our aged care facility, Maddocks Garden's, all residents have their medications reviewed by their local GP every 3 months, and annually by a pharmacist to ensure they are still appropriate for the resident's needs.

Multiple medication use, particularly as we age, can lead to

- Increased risk of falling
- Confusion
- Greater harm as opposed to benefit

If you are preparing for an admission to the hospital, ensure that you have all your medications, including any over the counter medications and vitamins, with you so we can ensure we are safely treating you and your medication requirements.

As well as this, if you are prescribed a new medication and start experiencing new symptoms it is important to see the prescribing doctor or your GP as soon as possible.

If you answer yes to the questions below, consider having your medications reviewed by your GP.

1. Are you or a member of your family on more than 5 medications?
2. Are these medications prescribed by multiple people?
3. Have you/they had a fall in the last 6 months?

@ Hospital

@Com

inSu

One of the most important aspects of health care is the ability to provide the “right care at the right time and in the right place” so as part of the review of the models of care at BRHS this year we have tried to make the care options for our consumers clearer. This also includes better coordination of the pathways in and out of the acute hospital. We work from the proposition that hospitals are not always the best place for health care service to be delivered, as some care is better in the home or in the community close to where people live.

To achieve this clarity we have divided our services into BRHS@Hospital, BRHS@Community and BRHS@Home with clear pathways between each of the modes of care. We have also focused on the partnerships we need to improve and build on to ensure the people that need services understand how to access the care that is needed.

Some members of our community have very complex needs and find that they come in and out of hospital often.

We felt we could do better so we did a small project to identify this group. They now are part of a process called the Shared Support and Care Planning (SSCP). This program is aimed at people with complex and sometimes chronic conditions that require care across multiple services. A key worker is identified for each person and his or her individual goals and needs established. A care plan is created and agreed to with a process of regular review by the patient and all of the health care team from BRHS and our partners in care. This means that the GP, the hospital and community based allied health and nursing are aware of the care being provided and the goals of that care from a patient perspective.

This focus has improved a number of processes that can impact on a patient's experience and health outcomes in a positive way:

- Reduced the number of unplanned admissions to the health service
- Improved the communication between the service providers
- Ensures that the consumers goals are at the centre of decision making

munity

@ Home

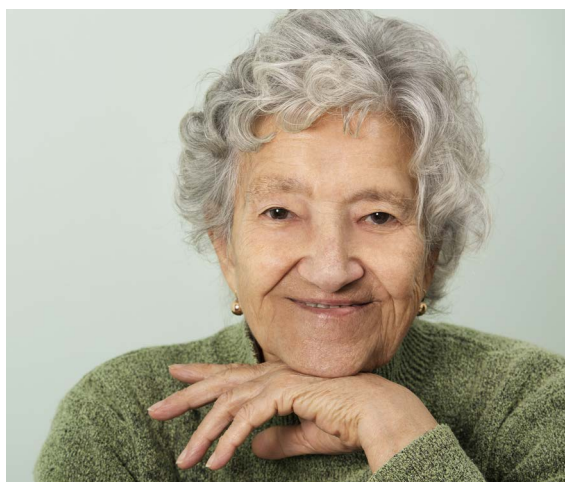
pport

- Due to the increased consumer involvement their health literacy and the tools to self manage have improved
- It has improved the efficiency of the admissions to the hospital when they are needed
- More beds are now available as the readmission rate has dropped from 6.5% to 2%
- It has built strong relationships between the health care agencies in East Gippsland, which has paved the way for other types of collaboration.

Throughout this report there will be a number of examples for this improved collaboration but one partnership has filled a significant gap in care. Drug and alcohol related conditions, behaviours and use are big issues in East Gippsland but the resources available to manage and care for the individuals affected are limited. One clear gap was the availability of an inpatient bed as part of the detoxification process.

The Drug and Alcohol workers at Gippsland Lakes Community Health and Gippsland and East Gippsland Aboriginal Cooperative identified this gap and we commenced discussions to see what could be done.

BRHS has made an inpatient bed available and people are admitted to this bed in a planned way from these agencies with clear objectives for the admission. Most of the detox work is done in the community with the support of the specialist workers but when someone has medical conditions or need pharmaceutical assistance a brief hospital stay becomes part of the care process. Because of the planning and structure this is becoming a successful program that has met many needs. We are very proud of the part we play in this partnership in care.



CoMMUNITY

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 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

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?

Thank you...





BRHS Board of Management

Liz Grayson, David Formby, Lindley Jones, Doug Vickers (Deputy President), Peter Murphy
Angela Hutson (President), John Websdale (Chair, Audit & Risk Committee), Mendy Urie

Bairnsdale Regional Health Service
would like to thank all who have
participated in the production of the
2013-14 annual Quality of Care Report.