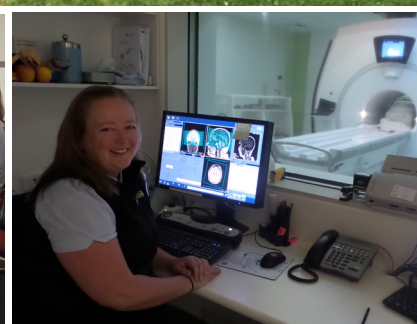


# Quality of Care Report 2015

**BRHS** Bairnsdale Regional Health Service



# Welcome

We are proud to present this year's Quality of Care Report to the East Gippsland Community. Produced in partnership with the Bairnsdale Regional Health Service (BRHS) Community Advisory Committee, Board of Management, BRHS Executive team, BRHS Staff and consumers this report is provided annually as a way of informing the community of our quality, performance, improvements 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 reaffirm our commitment to our core organisational principles of accountability, collaboration, competency, progressiveness and delivery of person-centred care. Supporting a diverse community with a wide range of needs, it is our role to support the health and wellbeing of our community by providing accessible, high quality and sustainable health care.

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

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



**ANGELA HUTSON**  
PRESIDENT, BOARD OF MANAGEMENT



**THERESE TIERNEY**  
CHIEF EXECUTIVE OFFICER

# Contents

Accreditation success!	p4
Falls prevention in hospital	p6
Improving processes to reduce pressure injuries	p7
MRI open for business	p8
Emergency Department - Complex care, complex communications	p10
Medical Intern Program	p12
Cultural Responsiveness Framework Standards	p14
Improving Aboriginal Care Standards	p15
Lighthouse Project - Cultural responsiveness, engagement and improving Aboriginal care	p16
Trademark Management Program	p18
Improving patient experience	p20
Participation Indicators	p22
End of life care	p24
A new way of caring in aged care	p26
Improving the oral health of children in East Gippsland	p28
Code Grey - a call for assistance in health	p31
Community Health Nursing	p32
Planned Activity Group - innovation through pictures	p34
Feedback form	p37

# Accreditation success!

Bairnsdale Regional Health Service (BRHS) was successfully accredited against both the Australian Council on Healthcare Standards EQulP National program and the Community Care Common Standards for Home and Community Care (HACC) services in August 2014.

Accreditation is the public recognition of a health service's achievement against standards through an independent external assessment process. BRHS also participates in accreditation within many individual service areas including Palliative Care, Baby Friendly Hospital, and Medical Imaging accreditation processes.

The process of preparation for accreditation involved many months of planning and collation of evidence to show that the services delivered by BRHS meet the standards required.

BRHS met all mandatory actions, 129 of the developmental actions, and received many complimentary comments. Further work was recommended in four development actions around partnering with consumers, and substantial progress has been made toward meeting these requirements.

## **Meeting with consumers – why is this important?**

When delivering health care services it is important to ensure that we work with you, our consumers, to develop the best plan of care that is formulated in partnership with you and is evidence based. It is important that any plan is one you understand and can participate in.

Partnering with patients in the prevention of falls and pressure injuries were two of the recommendations from our recent accreditation process and you will see more detail about how we are addressing these in other areas of this report.

A third recommendation was to ensure that information given to patients on infection prevention meets their needs, ensuring in particular that this information meets the needs of the Aboriginal and Torres Strait Islander population. A small project is currently underway in consultation with the local Aboriginal Community Control Health Organisations to source appropriate posters to display information to our consumers on the prevention of infection.

The final recommendation was to review our system of consumer lead escalation of concerns regarding deterioration of their health. During a hospital stay, we encourage consumers and their families/carers to let us know when they are concerned about their health. One way we communicate our need for patients and family to let us know if they are feeling unwell is through our "Help Us Make Your Care Safe" brochure that is given to all patients on admission. We are now reviewing how often this occurs and whether care is delivered in an effective and timely manner.

# EQuIP National Accreditation

This accreditation is an organisational wide accreditation process, and ensures that a health service meets 233 mandatory actions and 134 non mandatory but developmental actions across 15 standards:

- Standard 1 - Governance for safety and quality
- Standard 2 – Partnering with consumers
- Standard 3 – Preventing and controlling healthcare associated infections
- Standard 4 – Medication safety
- Standard 5 – Patient identification
- Standard 6 – Clinical handover
- Standard 7 – Blood and blood products
- Standard 8 – Preventing and managing pressure Injuries
- Standard 9 – Recognising deterioration
- Standard 10 – Preventing falls and harm from falls
- Standard 11 – Service delivery
- Standard 12 – Provision of care
- Standard 13 – Workforce planning and management
- Standard 14 – Information management
- Standard 15 – Corporate systems and safety



**“The new Executive Management Team has done a considerable amount of work to modernise the organisation, and develop strong leadership”**

**“There is a commitment to patient-centred care which is supported by an embedded culture of quality and safety.”**

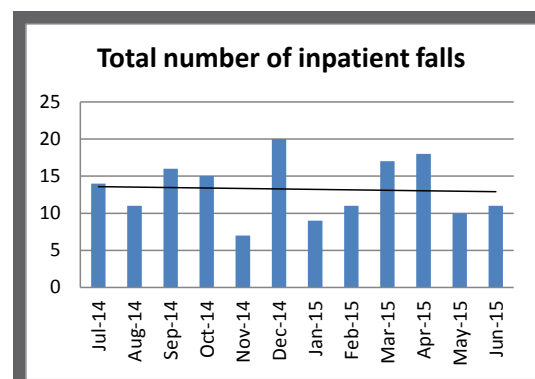
**Accreditation Surveyors**

# Falls prevention in hospital

BRHS recognises that implementing timely strategies to prevent falls and harm from falls is an important step in the admission of a patient to our care. If a patient falls in hospital it can lead to injury and a longer stay. Most people who fall in hospital fall near their bed or whilst getting to the toilet.

People fall in hospital for a variety of reasons including:

- Being unwell and in an unfamiliar place
- Poor mobility and balance
- Badly fitting footwear and clothing
- Urgent need to go to the toilet
- Medications that cause drowsiness or dizziness



When a patient is admitted to BRHS a nurse will assess their risk of falling and discuss with them strategies they can use to help prevent a fall from occurring. Nursing staff will often work with a broader multidisciplinary team in falls prevention including physiotherapists and occupational therapists to assist patients in their care.

Involving patients in a plan to prevent falls enables the patient to provide staff with important and relevant information about themselves, provides an opportunity to ask questions and gives staff a chance to build rapport with their patient.

Changes to falls prevention documentation have been introduced at BRHS and include a place for patients to sign and acknowledge that they have been involved in the development of their falls prevention plan. This initiative was introduced from a recommendation received from our recent accreditation.

## Tips for preventing a fall in hospital:

- Use the call bell and keep it within reach
- Familiarise yourself with your room and bathroom
- Take your time when getting up from sitting or standing
- Use your walking aids
- Wear safe supportive footwear
- Wear your glasses



# Improving processes to reduce pressure injuries

A pressure injury is a localised injury to the skin and underlying tissue as a result of pressure or friction. Pressure injuries most commonly occur over bony areas such as the heels, buttocks and hips. Poor nutrition and long periods of illness and bedrest are some factors that may contribute to a pressure injury occurring. A pressure injury can result in a significantly longer length of stay in hospital.

When patients are admitted to BRHS, nursing staff complete a risk assessment which determines the likelihood of a patient developing a pressure injury. If the patient is at risk a care plan, including preventative actions, is implemented with the patient. Changes to this assessment have recently been made to keep our care up to the best clinical standards. Staff on Gabo Medical ward have been trialing new assessment and planning forms to ensure patients receive the best care, prevention and management of pressure injuries.

On admission nurses will check each patient's skin to record any wounds or existing pressure injuries. The nursing staff will assess and discuss with the patient strategies most likely to help prevent the development of a pressure injury. Such strategies include ensuring the patient:

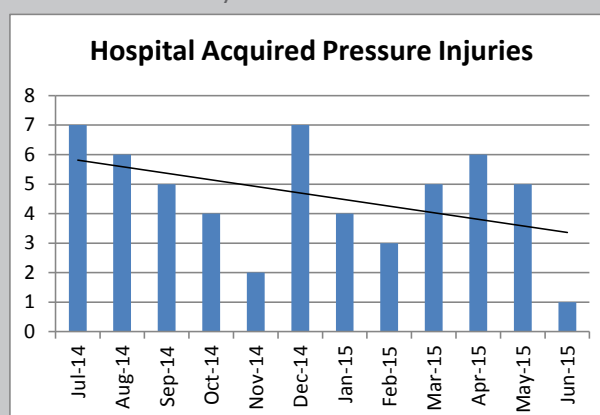
- Changes position frequently when lying in bed and keeps active,
- Eats a healthy and nutritious diet,
- Has equipment to ease sore spots such as an air mattress, cushions, pillows or booties

Patients are actively encouraged to participate in the development of their prevention and management plan so they understand what is being done to care for them and why. The new forms include a place for patients to sign and acknowledge their participation. This has been an initiative introduced to address one of the recommendations from our recent accreditation.



Twice a year a survey is undertaken to ensure the assessments are being completed and appropriate prevention plans are developed with the patients and are effective.

The most recent pressure injury point prevalence survey showed a decrease in the number of hospital acquired pressure injuries and an increase in the number of patients assessed for their risk of pressure injury on admission when compared to the surveys conducted in November 2014.



# MRI open for business

The East Gippsland community now has access to a new, world class MRI (Magnetic Resonance Imaging) service at the BRHS Hospital Campus with the new facility officially opening for business on May 4th. Operating in a purpose built section of the hospital, consumers can now benefit from Medicare subsidised access to MRI services.

"We are very excited to be able to bring this high tech imaging service to the East Gippsland community," said BRHS CEO Therese Tierney, "\$1M in state government funding combined with a further \$1.3M from the BRHS capital works budget has enabled us to build the new MRI facility which is now home to our GE Healthcare wide bore MRI machine and undertake a renovation of our Medical Imaging Department that is still in progress.

"The machine itself is the result of a strong collaboration between BRHS and Regional Imaging Gippsland who secured the licensing and purchased the machine. This collaboration is a great example of how working together can benefit our community."

Weighing in at over 7 tonne, the MRI scanner uses a powerful magnet and radio-waves to produce superbly detailed cross sectional images of the body, particularly soft tissues, such as the brain, spinal cord and muscles. Unlike many other imaging tests, MRI does not use radiation.

This type of scanning is often used to investigate or diagnose soft tissue conditions including:

- Tumours, including cancer
- Soft tissue injuries such as damaged ligaments
- Joint injury or disease
- Spinal injury or disease
- Injury or disease of internal organs including the brain, heart and digestive organs.

Previously, MRI services were offered at BRHS via a mobile service that visited three times each month resulting in community members having to travel long distances to other locations to access MRI services. The new, permanent facility at BRHS has the capacity to provide scans to around 280 people per month, up from around 40 per month previously. A highly skilled and expertly trained team of medical imaging staff guide patients through the entire process. This new service employs two Radiographers and one administration assistant. We are currently able to complete 15 scans per day; this may include multiple scans for the one patient.

The environment within the MRI room itself has been specifically designed with consumer comfort in mind, with a beautiful skylight scene on the roof.

Your GP/Specialist can provide a referral to this service. If you have any enquiries about appointments or our fees/medicare rebate information, please call our Medical Imaging Department on 03 5150 3470



# Emergency Department

## Complex care, complex communications

The provision of emergency care at a hospital is fast paced, complex and often confronting.

BRHS regularly receives feedback about wait times and communication within the Emergency Department (ED). As a result of the feedback, the ED team has undertaken several initiatives to assist with increased patient demand for services and to improve communication with consumers. These initiatives include:

- Additional ED signage explaining how the ED works
- Waiting room brochures from Department of Health & Human Services (DHHS) explaining common health conditions
- Additional senior medical staff rostered to work in the ED
- Commencement of an ED Nurse Practitioner role and a fast track treatment area
- Development and integration of a Short Stay Unit to provide ongoing observation, investigation and diagnostic services for patients in need of further care but who do not need to be admitted to hospital.

### What happens when I get to the Emergency Department?

#### Step 1. Triage

When all patients arrive at the Emergency Department, they are reviewed and triaged by the nurse in accordance with the Australasian triage scale. You will be given a Category 1-5, with 1 being allocated to the most medically urgent cases.

The most critically ill or injured patients will always be treated first regardless of whether they arrive before or after you. This process enables the staff to ensure they are attending to the most medically urgent cases first.

If at any time you feel your condition is becoming worse you are encouraged to speak with the triage nurse.

#### Step 2. Assessment

Once the triage nurse has classified patients in order of priority the ED staff will call patients in as the staffing and bed resources become available. Sometimes patients who arrive after you may go in before you because they are allocated a higher priority due to the medical urgency of their situation. Once you are seen by the ED doctor or nurse practitioner, a more detailed assessment will occur to decide what course of treatment is required.

Did you know that in 2014/15 at Bairnsdale Regional Health Service, the Emergency Department had **19,169 attendances**

That's means an average of **52 attendances a day**

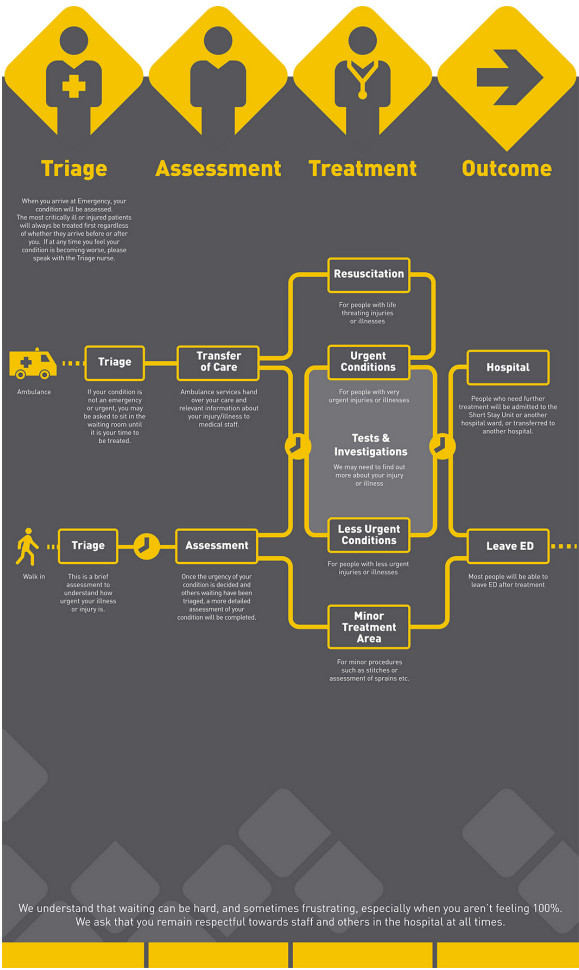
Step 3. Treatment

The delivery of treatment can only occur when we know all the details of your current condition. Even if you have presented before with the same condition, the staff need to establish if anything has changed since they last saw you and will therefore ask you a series of questions to enable to them to provide you with safe and effective care.

Step 4. Outcome

When your assessment and investigations (if required) are complete, a decision will be made as to whether you can go home after treatment, or need to stay in the hospital. People who need further treatment will either be admitted to the Short Stay Unit, another hospital ward, or transferred to another hospital. If it is deemed necessary that you stay, then a suitable hospital bed will need to be found, which sometimes takes time as this may require discharging someone else first to free up that bed.

We have put new signage in the ED waiting area to explain this process to all our consumers and hopefully assist in understanding how the ED works.



Customer Service

We understand that when you come to our ED it is because you feel you, or someone close to you has a condition that is of great concern and may be urgent. Those situations can often be frightening or stressful and, to help our staff to better engage with you in those moments, they have recently undertaken some sessions about Consumer Engagement, Customer Service & Communication skills.

Emergency Departments can often seem calm, or even not busy, from the waiting area even though staff are working at a frantic pace behind the doors managing ambulance presentations along with community members who have already been triaged. This frantic pace often presents challenges to our staff and requires them to be very efficient which can sometimes create a perception of a lack of communication or customer service. We assure you that our staff view all patients as important and do their very best to provide excellent service under sometimes difficult conditions.

# Medical Intern Program

In January 2015 BRHS, in partnership with Central Gippsland Health Service (CGHS), commenced its first East Gippsland Community Based Intern Program. Prior to this, interns at BRHS were in training at hospitals in Melbourne and visited BRHS for a 10 week rotation only.

The new training program started with 5 interns moving to East Gippsland who will complete rotations throughout BRHS and CGHS in the areas of Surgery, General Medicine, Emergency Medicine and General Practice. Three of the interns will be based in Bairnsdale and two in Sale.

You will find them on their rotations at:

- Bairnsdale Regional Health Service (BRHS)
- MacLeod St Medical Centre
- Central Gippsland Health Service (CGHS - Sale)
- Clocktower Medical Centre (Sale)

This innovative program runs over a full year and gives the Interns the opportunity to engage with the local community, care for patients over a longer period of time, and enhance their clinical skills in a regional setting.

The interns have chosen to work in East Gippsland due to their keen interest in rural medical practice. The experience they will gain in this setting will give them an excellent foundation to move on to specialise in many different areas of medicine. This opportunity also hopefully instils a desire for these doctors to continue practice in our region, thereby contributing to the growth of the medical workforce in East Gippsland.

The benefits of this training program include:

- Extensive hands-on experience
- Individualised learning and support
- Constant and direct access to supervisors, specialists and consultants
- An integrated approach to the achievement of competencies and experience
- Pathways to further community and/or rural training
- Dedicated teaching time
- The opportunity to follow patients' care and see the results of their treatment plans





# EAST GIPPSLAND COMMUNITY BASED INTERNSHIP



# Cultural Responsiveness Framework Standards

The Cultural Responsiveness Framework is the guideline for all Victorian Health Services to ensure they provide services that encompass the needs for all consumers, including those from culturally or linguistically diverse backgrounds.

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

Our community profile indicates that most of us are from English speaking backgrounds. 3.2% of our population are Aboriginal and Torres Strait Islander people compared to 2.5% Australia wide. It is for this reason that over the past year, BRHS has concentrated many initiatives around the improvement of services for the local Aboriginal population. These initiatives include:

- The Lighthouse Project
- Cultural awareness training for staff
- Display of footprints designed by a local Aboriginal Artist showing the way to the Warrawee Room
- Employment of a second Aboriginal Liaison Role for HACC clients assisting with access to services

## **Standard 2: Leadership for Cultural Responsiveness is demonstrated by the Health Service**

- Establishment of a Diversity Working Group to ensure services align with the Cultural Responsiveness Framework
- Representation on East Gippsland Shire's Diversity, Access and Social Inclusion Planning

## **Standard 3: Accredited interpreters are provided to patients who require one**

- CALD (Culturally and Linguistically Diverse) interpreters are accessible as required

## **Standard 4: Inclusive practice in care planning is demonstrated, including but not limited to dietary, spiritual, family, attitudinal and other cultural practices**

- BRHS includes the assessment of dietary, spiritual and cultural needs, including language and Aboriginal and Torres Strait Islander status within their admission processes

## **Standard 5: CALD consumer, carer and community members are involved in the planning, improvement and review of programs and service on an ongoing basis**

- The Community Advisory Committee is utilised in the review of programs and services through participation at forums and review of feedback and patient information
- 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**

- Aboriginal Cultural Awareness Training
- Aboriginal responsiveness included at orientation for all staff

# Improving Aboriginal Care Programs

The “Improving Aboriginal Care Program” is an initiative of the Victorian Department of Health and Human Service and ensures that quality and accessible health care is provided for Aboriginal Patients. The Victorian Health Experience Survey showed that 3% of the consumers completing this survey were of Aboriginal origin, Torres Strait Islander origin or both. This is representative of the regional population of 3.2% , showing that this population is accessing our service.

## Engagement and Partnership

BRHS regularly meet with the local Aboriginal Community Controlled Health Organisations (ACCHO) to ensure strong partnerships for the development and implementation of health services to the local Aboriginal Community.

One initiative this year was the implementation of footprints designed by a local Aboriginal artist showing the way from the front door to the Warrawee Room. This has created a welcoming environment, and leads people to the Aboriginal Meeting and Resource room that is located in our front corridor beside the office of the Aboriginal Liaison Officer.

## Organisational Development

BRHS has engaged in projects like Lighthouse to assist in the development and delivery of culturally responsive healthcare.

## Workforce Development

BRHS has implemented cultural awareness training for staff, and includes cultural information to all staff at orientation.

## Systems of Care

Improvements have been made on the development and accessibility of culturally appropriate patient education information. Increased training and monitoring has also occurred in the appropriate identification of Aboriginal and Torres Strait Islander consumers.

Improved discharge planning was introduced with the ACCHOs by developing a system of referral to them utilising an online system called S2S (Service to Service). A staff resource was also developed to assist in the identification of services provided by each ACCHO and the areas they cover to improve appropriate discharge referrals.



# Lighthouse Project

## Cultural Responsiveness, Engagement, Improving Aboriginal Care

BRHS was invited by the Australian Heart Foundation to be one of eight hospitals funded nationally to test a new set of clinical care and health screening tools referred to as the Lighthouse Toolkit.

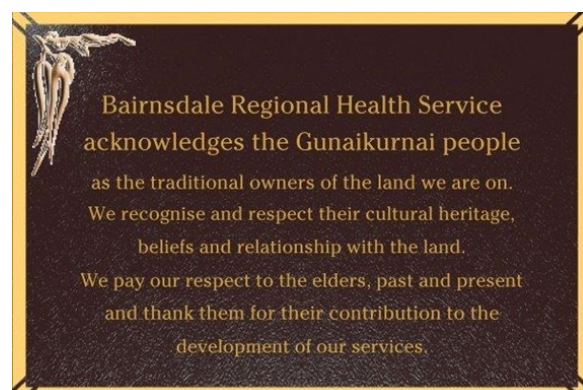
The purpose of the Lighthouse Toolkit is to provide all health practitioners with practical steps to ensure Aboriginal and Torres Strait Islander people receive clinically appropriate treatment that is delivered in a culturally-safe manner in our hospital. Cultural Awareness is the knowledge and understanding of cultural differences and history. Cultural Competence is the facilitation of sensitive and effective health care behaviours and Cultural Safety which provides trust and genuine partnership.

The overall aim of the Lighthouse Project is to drive change in the ways we deliver care to our Aboriginal and Torres Strait Islander patients experiencing heart attacks, also known as Acute Coronary Syndrome (ACS), and other related heart illnesses. By focusing on hospital-based ideas that can be implemented at the bedside, the goal is to improve ACS outcomes for Aboriginal and Torres Strait Islander peoples.

The two areas BRHS is focusing on are:

### **Cultural Competence to achieve cultural proficiency across the hospital**

- Collaboration is in place with local Aboriginal Community Controlled Health Organisations (ACCHOs) to formalise community participation and association
- We are personalising our cultural awareness training for service delivery excellence
- Review of health screening tools and update with culturally appropriate content has been completed
- Completion of a safe meeting space called the Warrawee room within the hospital for Aboriginal people
- We have reviewed admission and discharge protocols to include the Aboriginal Health Worker, Koori Liaison Officer, family and children's presence at assessment points



### **What are the signs of a Heart Attack?**

Pain or discomfort in one or both arms, the back, neck, jaw or stomach. Shortness of breath with or without chest discomfort. Other signs such as breaking out in a cold sweat, nausea or light-headedness. As with men, women's most common heart attack symptom is chest pain or discomfort.

## Care Pathways to improve access to and uptake of evidence based acute coronary syndrome care for Aboriginal and Torres Strait Islander people

- Prompts for Aboriginal people to identify on presentation to assist in providing appropriate care and follow up care
- Integrate identification prompts into all Acute Coronary Syndrome (ACS) Pathways
- Embed referral tools to strengthen post discharge follow up appointments and education
- Make available appropriate educational material in the Emergency Department waiting room and also the Warrawee room

Feedback from the staff and community has been overwhelmingly positive and as we plan for the service into the future, Aboriginal and Torres Strait Islander Health remains a key consideration.

### Did you know?

Aboriginal and Torres Strait Islanders have:

- More than twice the in-hospital coronary heart disease death rate than non-aboriginal people
- A 40% lower rate of angiography (looking at the heart chambers, veins and arteries)
- A 40% lower rate of coronary angioplasty or stent procedures (repair or unblocking of a blood vessel, especially a heart artery)
- A 20% lower rate of coronary bypass surgery. (Procedure that restores blood flow to your heart muscle by diverting the flow of blood around a section of a blocked artery in your heart)



*The Blue Wren is a totem of the Gunaikurnai people who are the traditional owners of the land the hospital is on. This wren sits in front of one of the seven local shields. This picture was hand drawn by local artist Shane O'Shanassy. This picture sits in key areas of the hospital to encourage Aboriginal identification points.*



# Trademark Management Program

BRHS participates in the biannual People Matter Survey. This is an employee opinion survey run by the Victorian Public Sector Commission and measures aspects of our workplace including:

- How engaged or satisfied staff are
- Workplace wellbeing
- Employee commitment, and
- Managing change

The 2014 survey results were very pleasing, with many areas showing that BRHS not only ranked within the top quarter of comparator organisations, but was also more than 5% above the comparator organisations average. These areas of outstanding results were in:

- Treating others fairly and objectively
- Actively implementing, promoting and supporting the values
- Choosing people for the right reasons
- Resolving issues fairly
- Managing change

Part of the reason for participating in the People Matter Survey is to look for opportunities for improvement. One area that BRHS decided to invest in was supporting senior managers in influencing change through the development of the Trademark Leadership Training Program.

Following the success of the “Trademark Management Training Program” in 2014, BRHS developed a “Trademark Leadership Program” which was delivered over 6 full day workshops between October 2014 and March 2015. This training was targeted at staff who are currently in second-in-charge or team leader positions and was designed to enhance their leadership skills and knowledge.

There were 61 participants in total who were carefully selected based on their hours, roles and responsibilities and represented all areas of BRHS across Nursing, Medical, Community Health, Allied Health and Support Services. In addition to those participants currently in supervisory/team leader roles, other staff who showed leadership potential were also included as part of planning for future workforce needs and to provide career opportunities.

The Trademark Leadership Program was developed by an external management facilitator in consultation with BRHS executives. Workshops were conducted by the external facilitator and inhouse expertise and subject matter expert presenters for selected topics.

A formal evaluation was undertaken with all participants. The majority of participants reported a greater awareness and understanding of their influence as a role model. Other feedback included:

- A greater understanding of the management, obligations, expectations and actions of the organisation
- Greater confidence as a leader at BRHS
- A better understanding of the roles and responsibilities at BRHS
- A better understanding of the processes and systems at BRHS
- Feeling better equipped to be of assistance to their manager
- An acknowledgement of the benefits of networking and getting to know other participants as well as subject matter experts at BRHS (inhouse presenters)
- The relevance of the content in the sessions to their role

At a Senior Managers Meeting, the participants' supervisors were also asked what they saw as some of the benefits of the training. The managers reported the participants having:

- A greater willingness to take the initiative
- More involvement in recruitment
- An increased breadth of knowledge of the organisation
- Increased personal confidence
- Better recognition of 'bigger picture' issues
- A better understanding and willingness to delegate
- Greater communication – within and between departments
- Broken down 'silos'
- More interest in quality improvement projects and greater input of ideas
- More thoughtful and thorough investigations into incidents
- Empowered the group and a general increase by participants of feeling 'worthwhile'.

Overall the Trademark Leadership training was a resounding success and provided participants and their managers the opportunity to benefit from comprehensive and relevant leadership training. Plans are underway for leadership and training opportunities for new leaders and managers at the health service in the near future as we commit to well trained and supported staff across all levels.



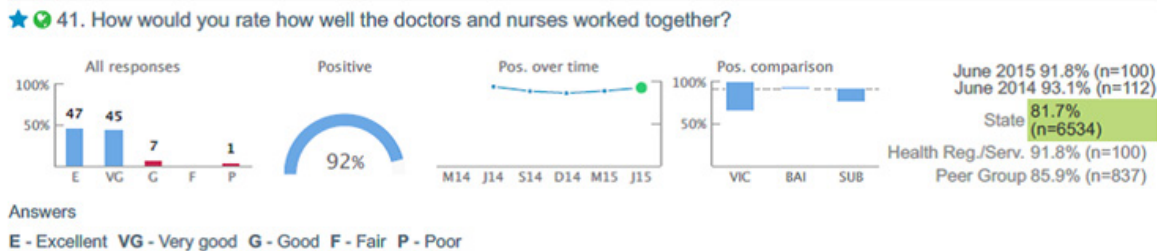
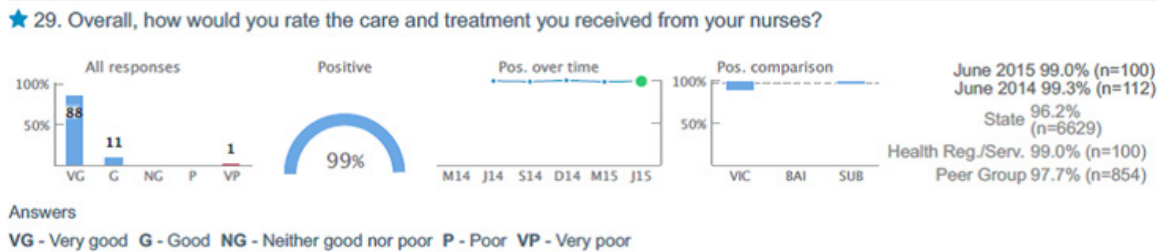
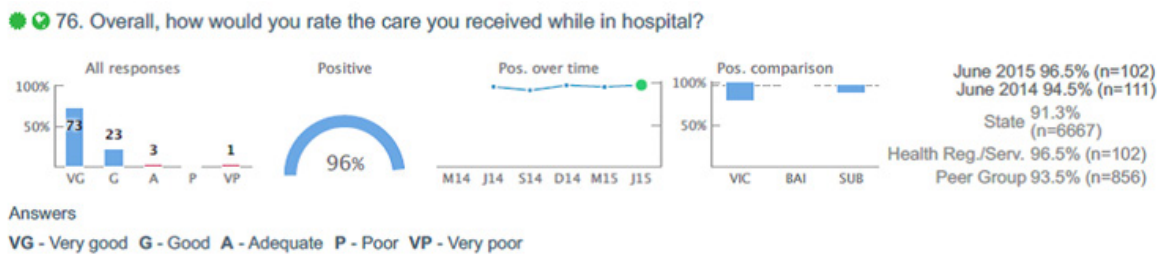
# Improving Patient Experience

The Victorian Healthcare Experience Survey (VHES) is a statewide survey of people's public healthcare experiences conducted by The Ipsos Social Research Institute, an independent contractor, on behalf of the Victorian Department of Health and Human Services (DHHS). The questionnaire is based on the internationally recognised work of the Picker Institute, an international leader in the field of person centred care.

The VHES Adult inpatient questionnaire seeks to discover the experience of people, 16 and over, who have been admitted to one of 116 Victorian public hospitals. Potential respondents are randomly selected from people who were discharged from the health service in the preceding month. Results from this survey are used by BRHS to identify ways that we can improve.

Independent analysis shows that if a health service providing adult inpatient services improves the care and treatment provided by nurses, teamwork between doctors and nurses and the discharge process, patients' overall experience is likely to improve.

The BRHS VPES results shown below indicate that our patients' overall experience was consistently very positive throughout 2014-15.

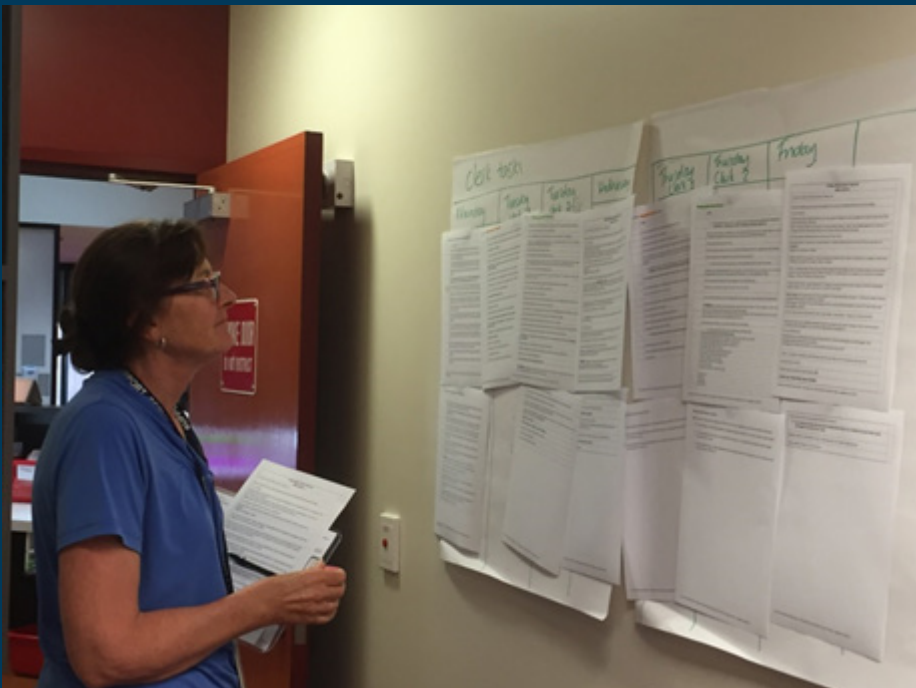


Notwithstanding these positive results, our patients also told us that they would like us to improve our wait times for service. BRHS has invested in staff development to build the skills and organisational capability in redesign methodology. The core idea is to maximise value to our patients while minimising waste. This in turn helps free up our clinical resources for providing care to our patients. When we reduce waste, eliminate delays and duplication we are able to add more value to those we are here to serve. The following is an example of this type of quality improvement activity undertaken in 2014-15.

## Chemotherapy Day Unit (CDU) Redesign Project

Phase 1 of the CDU redesign project began in Oct 2014. The purpose of the first phase of the project was to equip our BRHS team with the skills and knowledge needed in redesign methodology to improve patient flow. The CDU Nurse Unit Manager, CDU Ward Clerk and Clinical Project Initiatives Nurse undertook this training, provided by an external company.

The initial focus for translating the new learning into practice, was to apply the methodology to a review of reception and arrival processes via “real time” data collection, where patients were experiencing delays. This involved the trained staff watching and recording how the reception area was managed. The outcome of this study was implementation of more streamline procedures in reception which has resulted in a reduction in the wait time for chemotherapy patients having treatment. This approach to process improvement is ongoing and has a compounding effect. As more and more processes become more efficient, there are less wait times throughout the patient journey which also creates more capacity for other patients over time.



CDU Ward Clerk checking reception tasks for the day

# Participation Indicators

The Community Advisory Committee (CAC) is a Board Sub-Committee established by BRHS 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. This enables us 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 update the BRHS Consumer Participation Plan in 2014-2015 that was endorsed by the Board of Management. This plan 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.

## Standard 1 – Commitment to consumer, carer and community participation

- Consumer Participation Policy and Plan
- Community Advisory Committee

## Standard 2 – Consumers involved with informed decision-making about their treatment

Patient Experience	Our Score	State Average	Peer Average
Involved with decision about care and treatment	73%	63%	71%
Health professional explain things	93%	92%	94%
Information on conditions and treatments given	87%	84%	88%
Emotional support given	82%	71%	80%
Involved in decision on discharge	67%	57%	67%

These results were based on March 2015 results for the Victorian Health Experience Survey.

### Standard 3 – Consumer information

BRHS has 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.

Of the health information reviewed by the Community Advisory Committee this year, Section D of the checklist was not applicable with publications rating 83% 'yes' on the "Well-Written Health Information Checklist"

### Standard 4 – Consumer involvement in planning and improvements

- Consumer representation on Patient Safety Committee and Board Quality & Clinical Performance Committee
- All feedback received by BRHS is reviewed and monitored by the Community Advisory Committee

### Standard 5 – Building capacity of consumers

The organisation actively contributes to building the capacity of consumer members to participate fully and effectively, this has included:

- Providing Consumer Leaders Certificate training to members, with one member completing
- Facilitating attendances at Consumer Forums and information sessions in the region hosting the 2014 session in Bairnsdale where we were able to share and highlight our progress on consumer engagement and capacity building



# End of life care

At BRHS we provide a collaborative and multidisciplinary approach to both palliative and end-of-life care. Our services span both the hospital and community setting.

End-of-life care involves the final days or weeks of a person's life and is where the decisions around their goals of care are reviewed more frequently. We focus care on the person's physical, emotional and spiritual comfort and providing support for the family.

BRHS has implemented a Palliative Care and End of Life Service Delivery Policy and Guideline. This includes outlining how palliative care will be delivered ensuring:

- timely discussion with the patient and family occurs about their plan of care
- ensuring decisions of how to manage sudden deterioration in the patient are made in advance, so everyone knows how to respond when the time comes
- ensuring clear communication occurs with all involved including the patient, family, hospital and community services.

The BRHS Home Based Services (previously known as District Nursing) coordinate a shared care model ensuring seamless care is delivered in the patients/clients preferred setting, in home or in hospital. This planning also includes protocols of how the person is to be admitted to hospital after hours if this is required.

BRHS partners in their care with the specialist services provided by the regular visits from Palliative Care Service, the oncology unit, treating Oncologist and the patient's own GP.

When end-of-life care requires a request to occur in the hospital setting, BRHS now has two specific single rooms available for these patients along with a shared lounge room for patient's family and friends to have space to meet, support each other and grieve together. Grief and bereavement care is offered to all patients and their families.

End-of-life care, whether delivered in the home or in hospital, is carried out with consideration of the patient's Advanced Care Plan and supported on a specific care pathway designed for this specialty care.

BRHS undertakes ongoing assessment through the National Standards Assessment Program for Palliative Care. Earlier in 2015 we were again successful in the completion of our third review.



**We aim to improve quality of life and support people to die with dignity in the environment of their choice**

# A new way of caring in Aged Care

In September 2014, 17 staff from Maddocks Gardens (BRHS' residential aged care facility) attended a two day professional development program to learn about the Montessori program which has since been implemented in our Sutherland Lodge dementia care unit.

The program is based upon the original pioneering work of the Italian Physician and childhood educator Dr Maria Montessori. The program is a philosophy of care that brings meaning and purpose to each person's daily routine. It takes into account each person's interests, needs, skills, and current level of ability in the development of daily meaningful tasks to occupy our residents.

Measures of success are evidenced as residents involve themselves in their activities with an increasing interest and level of independence. It is early days in the implementation of our program and too early for comprehensive evaluation however Sutherland Lodge staff have captured photographic evidence of residents participating in, and enjoying, the program and anecdotal evidence suggests a very positive impact to the residents' quality of life by the program.

Montessori for Dementia has 4 main areas of focus:

- Cognitive
- Social, Cultural & Spiritual
- Practical Life
- Sensory

A Clinical Coordinator was assigned the role of Montessori leader with regular meetings held to ensure a committed team worked cohesively to develop the program, inclusive of task sheets and risk assessments for each participating resident.

The residents of Sutherland Lodge Dementia Care Unit have been participating in and enjoying the Montessori program and each day residents have the opportunity to participate in and complete daily living tasks including:

- Sweeping - keeping their home neat and tidy
- Setting and wiping dinner tables
- Folding of laundry items, maintaining their interests in household duties
- Social community outings to Bunnings to buy plants/vegetables for their garden
- Planting of vegetable and flower beds
- Flower collection and arranging - beautifying their home
- Preparing and cooking the home grown produce, and enjoying the product cooked with afternoon tea or their next meal. The smells of the cooking travel throughout the resident's home, offering sensory therapy and a homely atmosphere

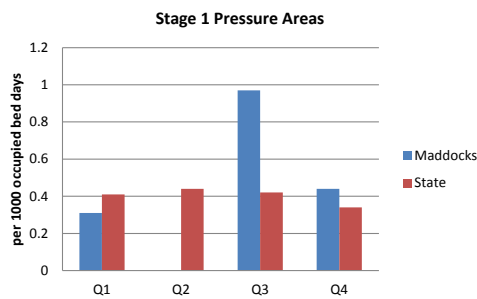
- Woodwork, sanding, painting, enjoying the finished products - bird boxes- sensory boxes
- Shoe polishing, maintaining appearance, beauty care
- Doll therapy - allows the nurturing of the babies as in their youth, providing the resident comfort, fulfilling their maternal needs
- Craft – sensory blankets - residents assist with items for the sensory blankets; knitting squares for rugs; dolls and toy animals; painting and colouring-in

These one-on-one daily living tasks assist with behaviours while maintaining interests and a home like environment.

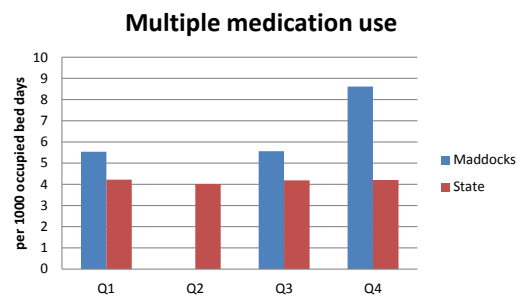
Volunteers, lifestyle and leisure, and care staff work in partnership to deliver each participating resident's Montessori program activities informed by the task sheet developed for each resident to ensure continuity of the program.

# Aged Care Data

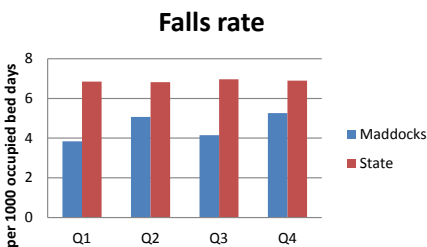
## Pressure Ulcers



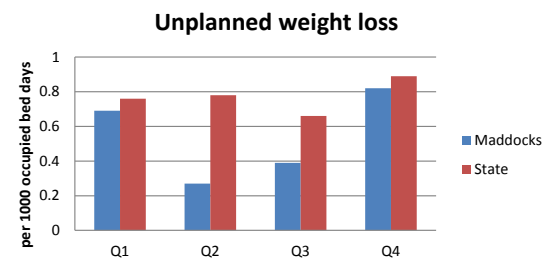
## Multiple Medication Use



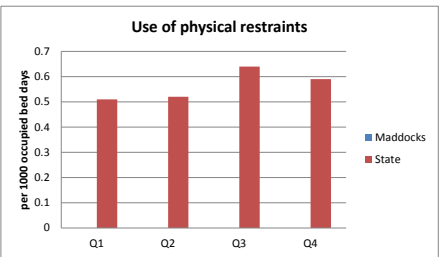
## Falls & Fractures



## Unplanned Weight Loss



## Use of Physical Restraints



# Improving the oral health of children in East Gippsland...

Tooth decay is often a preventable, diet related disease resulting in a large number of hospital admissions which could be avoided with appropriate preventative care.

In 2012-13, 644 (12.5%) of the 5,129 eligible children under the age of 13 accessed the BRHS public dental service. In 2013-14 this increased to 678 which although is a 5.3% increase on the previous year, still meant that there were 4,451 children in the region not accessing public dental services. We recognised that the uptake of services for children up to the age of 13 was limited and this presented an opportunity to improve both access and oral healthcare.

We took a proactive and different approach to the standard brochures and advertising and decided to develop the Oral Health Outreach Screening Program. The strategy was to go to where the children were and provide an easy pathway to oral health services for both the children and parent/guardian.

Building a relationship with an external provider, Oral Health Therapist Andrea Bradley from Oral Health Outreach, we developed a plan to attend early childhood settings and conduct screening and oral health education sessions. By partnering with the education facilities we were able to promote the public dental service to both the school and the parents/guardians.

**The Oral Health Outreach Screening Project had one clearly defined and measurable objective which was to increase the uptake of children aged under 13 utilising the public dental service in 2014-15.**

We have improved population health by identifying and facilitating access for children to oral health services, particularly those requiring intervention and who may not otherwise have accessed the service due to lack of knowledge of the service's existence. Part way through the program it was recognised that there were a significant number of children who could benefit from the application of fluoride varnish. Additional consent was sought to allow for this to be carried out during the screening process. With the inclusion of this intervention in the program 114 children have had a total of 242 teeth treated with fluoride varnish.

From a public health perspective we have made a positive long term impact on the oral health status of these children and reduced the potential need for more expensive and traumatic treatment in the future by facilitating treatment interventions and providing oral health education.

In 2014-15 a total of **3,767** courses of care were provided to **2,674** individuals.

- Denture **422**
- Emergency Adult **1,442**
- Emergency Child **64**
- General Adult **812**
- General Child **1,027**

Of the 2,674 individuals treated

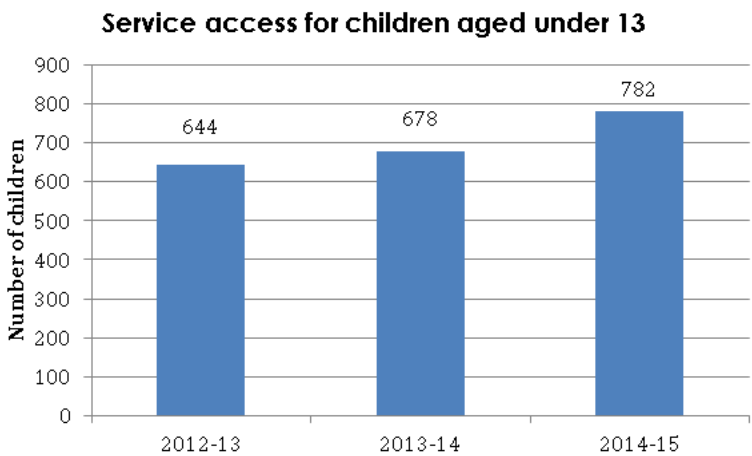
- Female **53%**
- Male **47%**
- Under 18 **34%**
- 19 - 65yrs old **39%**
- Over 65 yrs old **27%**



**In 2014-15 we saw 782 children under the age of 13. This was a 15.3% overall increase on the previous year.**

A total of 849 children were screened

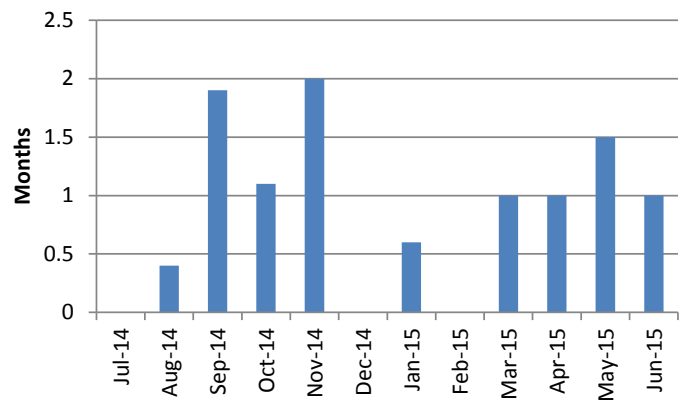
- 618 of these had not previously used the public dental service and 215 have subsequently accessed the service
- 625 of these were identified as requiring treatment or intervention and 297 have subsequently attended the service
- 338 children in total have now accessed the service



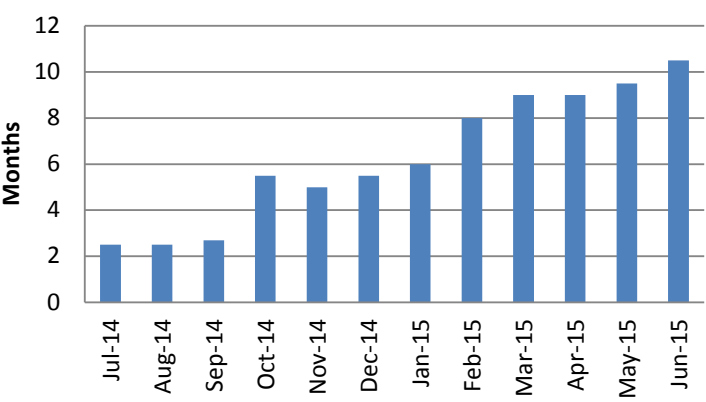
*As a result of this project a total of 181 children who were identified as requiring treatment or intervention have accessed the public dental service at BRHS for the first time.*

# Key measures of our dental service

Waiting time for priority denture care



Waiting time for general dental care



# Code Grey

## A call for assistance in health

Aggression and violence is, unfortunately, becoming a daily hazard for the healthcare workforce. Sometimes there are medical conditions that result in patients acting in ways that can cause physical harm to staff, other times patients or visitors are behaving inappropriately due to stress, drugs or alcohol, or frustration over lack of control within this environment.

A Code Grey is defined as a hospital-wide coordinated clinical and security response to actual or potential patient aggression or violence (unarmed threat). Code Grey activates an internal alert or emergency response and is a way for staff to activate urgent assistance.

A standardised Code Grey procedure for responding to incidents of violence and aggression in Victorian public hospitals was a recommendation from the Inquiry into Violence and Security Arrangements in Victorian Hospitals.

The establishment of Code Grey standards has raised awareness of the issue while providing support for our valuable staff. Increases in the use of Code Grey alerts are considered a measure of success, reflecting the implementation of good practice and thus safer and more secure workplaces.

The Code Grey principles are:

**Principle 1:** Standardised Code Grey responses support quality care across the Victorian health system.

**Principle 2:** A Code Grey response is a whole-of-health-service responsibility.

**Principle 3:** Code Grey strategies consist of a dual clinical and security response that is clinically led.

**Principle 4:** Code Grey responses maintain a patient focus while ensuring safety for staff and visitors.

BRHS implemented Code Grey from 2nd March 2015 following an implementation period of policy and procedure changes and staff education. BRHS has an Aggression Response Team which is activated to help with management of a Code Grey incident.

- 27 incidents of aggression have occurred since implementation
- This equates to 1.5 incidents a week
- 2 of these were a Code Grey
- 4 of these were a Code Black (armed or serious threat)

# Community Health Nursing

The Community Health Integrated Program guidelines produced by the Department of Health & Human Services are used to guide the way community health services are run. At the centre of this program is Person-Centred Care. The people we see are at the core of our service and everyone is different. We try to tailor our service in a way that suits each individual and helps them to achieve their goals. There are eight principles that make up the Community Health Integrated Program, and at BRHS these are met in the following ways.

## **Principle 1 - Goal directed**

The Nurses work with their clients to identify their main concerns and to talk to them about what they hope to get out of the visit. They then work with them to make a plan to improve their health and to help them achieve their goals.

## **Principle 2 - Health Literacy**

We know that the health system is difficult for many people to find their way around and that health professionals often use language that is difficult to understand. Community Health Nurses try to use everyday language when talking to you and will check to make sure you understand what has been discussed. Brochures have been reviewed and put into language that is easier to read and understand. Health literacy is a priority for us.

## **Principle 3 - Health Promotion**

Although many of the people we see have chronic conditions already, we spend quite a bit of time getting to know more about them and encouraging them to make changes that will help keep them well. We promote a healthy lifestyle both in our one-to-one talks with clients and on a broader community wide basis. We have worked with a number of other East Gippsland organisations to promote healthy eating and physical activity across the community. We have all adapted our health promotion programs in response to a direction from the Department of Health & Human Services to focus on reaching more people with health promotion messages.

Personal development sessions are run in primary schools to help all children learn basic knowledge about what to expect during puberty. This is done to reduce the risks that young people can take as they grow older. Healthy eating and other life style issues are included in this program. One school has been supported to adopt the Catching on Early Sexuality Education program during 2015.



#### **Principle 4 - Self-management**

Community Health Nurses aim to help clients look after their own health better and be as independent as possible. They teach people about their conditions and give them advice on how to manage their health with support from their health professionals. This is done in individual consultations and group activities. Cardiac Rehabilitation, Pulmonary Rehabilitation, Diabetes Lifestyle and Core Strengthening Exercises are all regular group programs that we run to enable participants to manage their own health better.

#### **Principle 5 - Early Intervention**

Identifying factors that put people more at risk of developing conditions or getting worse is important. We ask clients a number of questions when they see us to help us recognise symptoms that might be a sign of other conditions such as depression or diabetes. We also participated in the East Gippsland Field Days event this year and did blood pressure screening. Many were then advised to see their GP for more testing.

#### **Principle 6 - Evidence based**

This refers to care that is proven to work and up to date. Our nurses are encouraged and helped to maintain their skills by attending conferences and training days. They use any new information that they hear about in their practice and share it with the other nurses in the team.

#### **Principle 7 - Team approach**

People with complex problems are referred to other health providers when needed and a team approach is used to manage their health needs.

#### **Principle 8 - Culturally responsive**

We know that different cultures have different ways of doing things and different needs. Language can also be a barrier for some and a telephone interpreter service is used to make sure they understand what we are saying.

Aboriginal and Torres Strait Islander people are known to have poorer health than average and are often less likely to go to mainstream services. We run a weekly diabetes education clinic and a fortnightly continence service at Gippsland and East Gippsland Aboriginal Cooperative to reach more of this population group.

### **Services Provided**

**Continence Advisory Nurses ~ Diabetes Education ~ Women's Health  
Breast Cancer Support ~ Prostate Cancer Support ~ Smoking Cessation  
Primary School Sexuality Education  
Cardiac Rehabilitation ~ Lung Rehabilitation  
Health Promotion**

# Planned Activity Group

## Innovation through pictures...

BRHS Planned Activity Group has developed a set of picture cards using photographs collected by PAG staff over a six month period. The pictures depict PAG participants individually and in groups undertaking the activities that took place at BRHS PAG over this period in the local area and in the PAG setting.

The end product is a set of images that promote choice and create opportunities for conversation and storytelling. The cards are designed to assist PAG staff initiate those sometimes tricky conversations that will encourage people to talk about themselves and what is important to them. Everyone has an interesting story to tell, unique and unlike any other, and by using the cards to prompt storytelling we can capture the stories that might otherwise be lost and gain insight into individuals. Shared experiences connect people to each other.

The cards are also used as a tool to develop PAG participant's Goal Orientated Care Plans and further support the provision of person centered care. The finished product is a set of 32 cards including:

- 1 Introduction/Instruction Card
- 1 Postage Paid Feedback Card
- 30 picture cards

Each picture card has an image on the front and a set of at least four prompting questions on the back which can be used to encourage further discussion and start conversations that will reveal more about an individual.

Further applications of the cards include:

- Encourage people to reminisce and trigger memories in group and individual settings
- Promote better understanding between generations
- Help make meaningful conversations with older people including people with dementia
- Can lead to and inspire story telling

The PAG Activity cards positively promote PAG and create a new interest, perspective and increased awareness of PAG and the people who attend them. They show a wide range of activities being undertaken by the diverse groups of people who attend PAG.

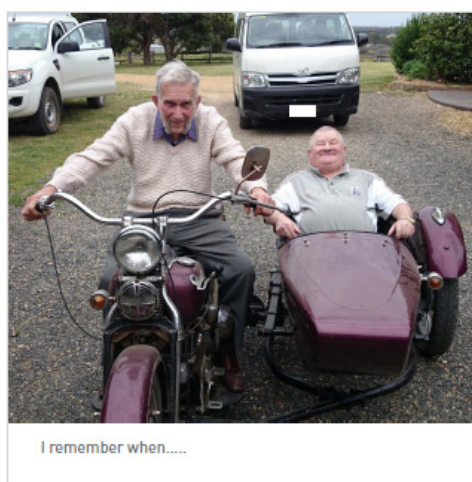
These card have also been purchased by multiple other organisations for assistance in their services across greater Victoria.



FRONT



BACK



FRONT



BACK



Want to be the voice of **your community** and help Bairnsdale Regional Health Service to develop services **responsive to the diverse needs** of our community?

Want to **collaborate** with BRHS in the monitoring of **quality of services** and ensure the **consumer voice** is heard within the organisation?

**If your answer is “Yes!” then....**

Become a member of our Community Advisory Committee and help to make a difference for your community.

The BRHS CAC meets bi-monthly and is composed of committed, passionate volunteers who bring a range of community views to the team.

For information on how to become a Community Advisory Committee Member, contact us on 03 5150 3333 or [email@brhs.com.au](mailto:email@brhs.com.au)



# Feedback

To enable us to continue to improve our publications, we invite you to provide us with your thoughts and feedback on this Quality of Care Report. Please complete the short questionnaire below and over the page, return to us by post to PO Box 474, Bairnsdale, VIC, 3875 or deliver to our main reception at 122 Day Street, Bairnsdale, VIC, 3875.

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

What is your overall opinion of this publication?

What did you like most about the report?

What did you like least about the report?

*Please turn over for more questions*

# Feedback

How could the publication be improved?

Any other comments



*My team **is***

**BRHS**



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