Echuca Regional Health

QUALITY ACCOUNT 2018

01 CONTENT

Front Cover: Image of ERH Pediatrician Lucas Speed, Supplied by the Riverine Herald

Lyn Jeffreson & Patient

MESSAGE FROM THE CEO

On behalf of the Board and the 750 staff at Echuca Regional Health we are proud to present to you - our consumers, partner agencies and the broader community we serve - the 2017/18 Echuca Regional Health Victorian Quality Account.

In this report we will highlight the services we provide, our performance and the improvements in quality and safety made over the previous twelve months. We will also describe the work we are currently doing as we strive to continually improve.

Many of the items in this report are mandated by the Victorian Government. We show you data that explains how well we are performing and how we compare with other health services. We then describe the actions we have taken to improve the care we provide.

Please read through the Echuca Regional Health Victorian Quality Account and ask questions and provide feedback or ideas on any of our services. We would also appreciate feedback on the report itself and the information provided. The format of this report is very similar to last year's report because of the positive feedback we had from our community.

Yours sincerely

Nick Bush

Nick Bush
Chief Executive

03 MESSAGE FROM THE CEO

Echuca Regional Health's (ERH) major achievements for 2017/18 are:

Continued growth in activity across many services including 11,357 hospital admissions which is 5% greater than previous year and 413 births which is 24% greater than previous year.

11,357

413

Patient experience levels consistently higher than both peer and State average.

A survey of staff in Victorian public health services indicated that a high percentage (93%) of our staff consider we have a strong safety culture, in comparison with 91% for peer hospitals.

Successful full accreditation surveys for the health service as a whole (excluding aged care), community services funded by Commonwealth Home Support Program, Residential Aged Care (Glanville Village), and the Primary Care Clinic. The surveyors who assessed the health service as a whole documented in their report that "the standard of clinical care at ERH was high" and that ERH is "a responsive 'can do' health service with a positive culture that values opportunities to continually improve in order to achieve high quality outcomes for patients".

The new public cafe, located in the main entrance, commenced operation in August 2017.

Chloe Patten

04 ERH SERVICES

ERH provides an integrated acute (hospital), sub-acute (inpatient rehabilitation), palliative care, primary care (community) and residential aged care health service.

Community services:

- Aboriginal Liaison
- Alcohol and Other Drugs
- Cardiac Rehabilitation
- Chemotherapy and Cancer Support
- Counselling
- Dental
- Diabetes Education
- Dietetics
- Health Promotion
- Meals on Wheels
- Medical Specialist Clinics
- Nursing
- Occupational Therapy
- Palliative Care
- Physiotherapy
- Podiatry
- Social Services
- Speech Pathology
- Women's Health

Acute services:

- Wards – medical, high dependency, surgical and maternity/paediatric (54 beds)
- Emergency Department
- Short Stay Unit
- Theatre and preoperative clinic
- Renal dialysis
- Chemotherapy

Subacute (18 beds):

- Rehabilitation
- Geriatric Evaluation and Management
- Transitional Care

Palliative Care (2 beds)

Michelle Tully & Laura Marshall

STATEWIDE PLANS AND STATUTORY REQUIREMENTS

The Victorian Department of Health and Human Services (DHHS) delivers policies, programs and services that support and enhance the health and wellbeing of all Victorians. Many services provided by public health services are driven by statewide plans and statutory requirements. ERH has responded to the following plans:

KORIN KORIN BALIT-DJAK: ABORIGINAL HEALTH, WELLBEING AND SAFETY STRATEGIC PLAN.

Inequalities in workforce participation is seen as one of the causes of social disadvantage. As the largest employer in the Campaspe Shire, ERH is committed to increasing the Aboriginal workforce.

ERH has an Aboriginal Employment Plan which was developed in partnership with local Aboriginal organisations, with the aim of a 2% Aboriginal Employment target by 2020. Each year, ERH employs Aboriginal trainees across a range of areas, including Administration, Health Support Services, Dental Services and Food Services.

Two trainees obtained ongoing employment with ERH after the completion of their studies.

Sonya Parsons nee Briggs,
Aboriginal Liaison Officer

ENDING FAMILY VIOLENCE: VICTORIA'S PLAN FOR CHANGE

ERH is leading a regional partnership to implement the hospital services component of the plan. The partnership includes Rochester and Elmore District Health Service, Cohuna District Health, Kyabram District Health and Swan Hill District Health. The partnership is focusing on both services provided to consumers and the response.

The response to staff experiencing family violence

- ERH has appointed a full-time project leader to implement a whole-of-organisation response to family violence across the partnership organisations.
- Managers have completed a Workplace Support Module to help them understand the underlying drivers of family violence. The module also shows how to identify and manage risk and the systems available to support staff to take leave and achieve safety at work.

Sonya Briggs – Parsons is a Yorta Yorta woman from this region.

As the Aboriginal Liaison Officer (ALO), her role is to support Aboriginal and Torres Strait Islander people who come into ERH.

"I believe that in sharing our culture we enable a better understanding and a strengthening of relationships with not only my fellow work colleagues at ERH but also to the wider community". Sonya provides support to community members to navigate services and assist with understanding basic health information in order to make informed decisions about any medical processes and procedures.

Sonya also strives to build relationships between ERH and local Aboriginal organisations such as Njernda Aboriginal Corporation in Echuca and Viney Morgan Aboriginal Medical Service at Cummeragunja (which is near Barmah) on the Victoria/New South Wales border.

"Take a journey with me and walk beside me to learn our amazing diverse culture."

RAINBOW EQUALITY: LGBTI INCLUSIVE PRACTICE GUIDE FOR HEALTH AND COMMUNITY SERVICES

ERH has been actively involved in the "Socially Inclusive Communities", a two year project coordinated by the Campaspe Primary Care Partnership designed to challenge the culture and stereotypes perpetuating socially exclusive practices in the communities of Murray and Campaspe. The goal of the project is to build resilience, acceptance and cohesiveness within the communities of Murray and Campaspe and to promote inclusion and participation for all.

ERH has also actively pursued the "Welcoming Business" initiative, a socially inclusive organisations program involving the reorienting of health and community services to increase the participation of disadvantaged people and ensure an ongoing commitment to inclusive service provision.

Participation in these projects has resulted in various strategies to raise the awareness of ERH staff of the importance of being inclusive and delivering good customer service to all in our community, regardless of race, ability, sexual orientation, religious beliefs, age, economic or family status.

Social inclusion strategies:

- Delivery of a training program
- Development and display of inclusion/diversity posters in consumer waiting areas
- Welcoming Business Accreditation - achieved

CONSUMER, CARER & COMMUNITY PARTICIPATION

Michelle Tully
& Patient

CONSUMER PARTICIPATION

ERH engages with consumers in a variety of ways including the Seniors Advisory Committee (SAG), consumer representatives on committees, surveys, links to community networks and individual feedback.

Some of SAG's Committee members L to R: Colin Hicks, Heather Richardson, Robin Donaldson, Mary Boek, Dennis King

The Seniors Advisory Committee is chaired by a community member with members from the community, board of management, executive and staff. The committee meet bi-monthly to discuss various topics, provide feedback and to identify any key issues. The following actions, have been implemented:

- ERH successfully applied for funding to install disabled toilets in the consulting suites and renovation works were completed 10 May 2018.
- Feedback from a family of a consumer who received palliative care from several services indicated the care was not as good as it should have been because of a lack of common assessment and planning tools and a lack of coordination across the system. This resulted in a major improvement project to revise the model of care and strengthen the support to staff providing the care.

- New name badges were trialed by nursing staff with excellent feedback from both consumers and staff. They are now being rolled out to all staff at ERH.

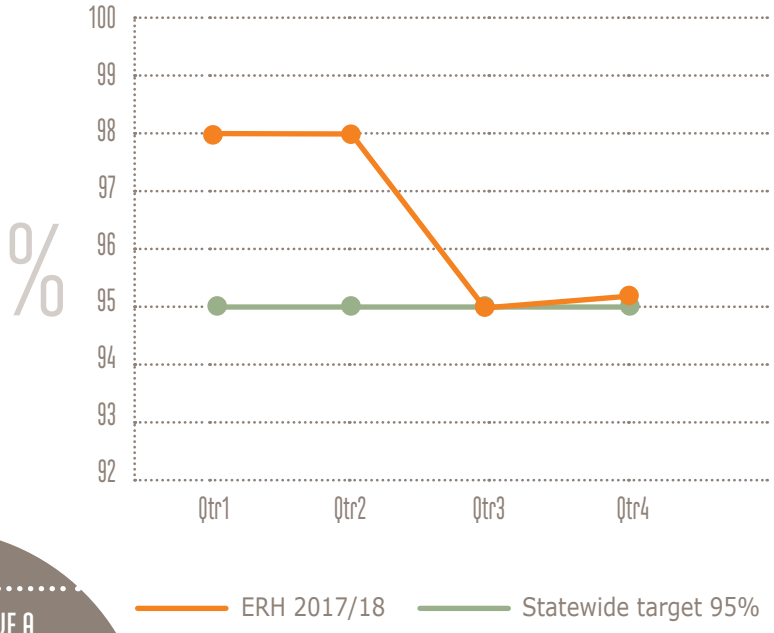
L to R: Amanda Murphy, Jo Rogasch, Lauren Pryde, Marilyn Quinlan & Holly Simonsen

VICTORIAN HEALTH EXPERIENCE SURVEY (VHES)

The VHES is sent to a proportion of consumers who have attended Victorian public health services. Hospitals are provided with their own results and can compare their results with other hospitals every three months.

For the question "Overall, how would you rate the care you received while in hospital?", a positive response is "Very Good" or "Good". The Victorian Government target is 95%. The statewide average was 91% - 92% across the year.

Positive response to overall experience question



ERH STRIVES TO ACHIEVE A POSITIVE RESPONSE FROM ALL OF OUR CONSUMERS. ERH HAS INTRODUCED A PROGRAM CALLED "HELLO MY NAME IS....." TO SUPPORT ALL STAFF TO ALWAYS CREATE A GREAT FIRST IMPRESSION.


Linda Carr

Echuca Regional Health

HELLO!
My name is...

Julie Simpson


Emily Griffin


Karen Taylor

THE VHES ALSO ASKS 4 QUESTIONS ABOUT DISCHARGE PLANNING. THE TRANSITION INDEX IS AN AVERAGE OF THE 4 QUESTIONS AND THE VICTORIAN GOVERNMENT TARGET IS 75%.

% Very Positive Responses to Questions on Discharge Care

	Qrt 1	Qrt 2	Qtr 3
Before you left hospital, did the doctors and nurses give you sufficient information about managing your health and care at home?	70%	84%	79%
Did hospital staff take your family or home situation into account when planning your discharge?	74%	83%	86%
Thinking about when you left hospital, were adequate arrangements made by the hospital for any services you needed?	65%	85%	84%
If follow up with your GP was required, was he or she given all the necessary information about the treatment?	92%	95%	100%
Transition Index (average)	75%	87%	87%

Actions to improve discharge planning:

✔ *Review of the nursing risk assessment which triggers referrals and guides discharge planning.* ERH identified that nursing staff did not always complete risk assessments and investigated why this was occurring. As a result a suite of documents were developed based on a track and trigger colour system. The solution was identified as innovative during the National Standards accreditation survey.

✔ *Developed a new system for the Emergency Department to provide discharge summaries.* The old system involved faxing discharge summaries to GP clinics which resulted in multiple steps to get the information into the GP electronic patient files. The new system is electronic. The ED doctor completes the electronic discharge summary and it's then sent direct to the GP clinic. If the consumer lives out of town the summary is printed and given to the patient.

CONSUMER, CARER & COMMUNITY PARTICIPATION

VICTORIAN COMMUNITY HEALTH EXPERIENCE SURVEY

The Victorian Community Health Experience Survey is sent to a proportion of patients attending Victorian community health services.

FOR THE QUESTION:
"OVERALL, HOW WOULD YOU RATE THE CARE YOU RECEIVED AT THE HEALTH SERVICE?"

97% OF CONSUMERS ATTENDING ERH RESPONDED POSITIVELY.

THE STATEWIDE AVERAGE WAS 95%.

% Positive Responses to Questions on Discharge Care

	2016	2017	2017 State Average
How much information about your issue or care was given to you?	88%	97%	87%
Did you feel comfortable raising any issues and asking questions?	86%	82%	81%
Do you know who to contact if you have any questions about the care you received?	92%	94%	84%

ERH community services focused on improving partnerships with consumers as a strategy to improve patient experience in a number of areas. Good partnerships exist when consumers are treated with dignity and respect, information is shared with them and their participation and collaboration is encouraged.

Considerable training has been undertaken to support staff to partner with consumers when providing care.

Building Capacity of Consumers to participate in their healthcare

Each clinical area now has a consumer brochure display with brochures chosen to match the services provided in the area or the needs of the consumer group.

For consumers to be able to actively participate in their healthcare it is important that relevant information is provided in a way that is understood and that patients are actively involved in their decision making.

Volunteers - Gloria Chapman & Janice Ottrey

CONSUMER, CARER & COMMUNITY PARTICIPATION

A hospital information channel is now available on ward bedroom TVs. This slide encourages patients to become involved in their beside handover and to ask questions.

The introduction of bedside case conference in the Rehabilitation Ward has replaced the formal case conference held in the meeting room. The case conference occurs weekly involving patients, families and the rehabilitation team members. Now patients and their families are actively involved in the review of their progress, so they are better able to participate in decisions about planning their care and discharge.

Interpreter Services

According to the 2016 census data 5 in 100 people in the Campaspe Shire were born overseas and 3 in every 1000 are not fluent in English. ERH utilises accredited interpreters so information can be shared that is culturally and linguistically appropriate.

Face to face and telephone interpreter services

First 9 months 2017/18

Korean	1	Vietnamese	3
Portuguese	1	Mandarin	2
Arabic	4	Serbian	5
Macedonian	1		

Leona Smith & Dr Janith De Silva

Improving Access for Consumers of All Abilities

ERH actively supports inclusiveness for everyone, providing disabled access at all entrances, signage to lifts and disabled toilets.

ERH recently replaced an ageing lift in Lumeah, a building that houses chemotherapy and dialysis on the upper floor and installed disabled toilets in Consulting Suites.

A temporary solution was provided so that disabled consumers could access dialysis and the chemotherapy unit while the new lift was installed.

To improve access for consumers with dementia the Community Nursing Service developed a resource folder for staff working with older people. The resources support staff to provide consumers with dementia (and their carers) information on services available and how to access them.

IMPROVING CARE FOR ABORIGINAL CONSUMERS PROGRAM

The Victorian Government provides funding for health services to employ Aboriginal Liaison Officers and develop services to meet the particular needs of aboriginal consumers. The four areas to be developed by health services include:

1. Engagement and Partnerships

ERH has strong partnerships with the local Aboriginal communities including formal Memorandums of Understanding with Njernda Aboriginal Corporation and most recently with Viney Morgan Aboriginal Medical Service.

These agreements have resulted in collaboration on many projects.

For example:

A community kitchen education program for Njernda clients with a chronic illness. Nutrition education and cooking sessions were provided.

A school based cooking and nutrition education program at Echuca South Primary School for students identified by school welfare as being at significant disadvantage.

2. Organisational Development

Strengthening our systems to ensure we deliver culturally responsive healthcare that acknowledges and respects the specific needs of our Aboriginal community continues to be a priority. NAIDOC week 2018 was celebrated with our Aboriginal community and included a locally inspired presentation, "because of her we can," a smoking ceremony and a 'walk with me' parade viewing local Aboriginal artifacts on display at the hospital.

Our cancer services partnered with Aboriginal community members to develop an Aboriginal specific information brochure identifying the range of cancer support services available locally. The brochure includes artwork recommended by local elders.

Cultural safety training has been strengthened with the development of an e-learning cultural training program. Collaboration with our local community and the Wandeat Bangoongagat Aboriginal Cultural Awareness Group has been central to ensuring the content is relevant to our local community.

3. Workforce Development

Developing the workforce so that it is responsive to our Aboriginal consumers includes increasing the number of Aboriginal people employed by the organisation. Aboriginal trainees are placed and supported in areas (where they will have the most impact). Cultural awareness is critical to providing a culturally safe and supportive service and ERH provides annual 'Share Our Pride' (provided by Reconciliation Australia) cultural awareness training to all employees. ERH is currently working on the development of a cultural awareness training and competency program that is specific to our environment and the local Aboriginal community.

4. Systems of Care

ERH is working with the local Aboriginal community to develop care that is culturally sensitive.

In 2014 no Aboriginal child accessed speech pathology services.

The Aboriginal community told us about the many barriers families experience that result in children not accessing care. Speech pathologists now go to the Berrimba Aboriginal Childcare Centre once a week to:

- Play with children, build connections, and improve speech and language skills;
- Demonstrate interaction techniques to staff in the childcare setting;
- Help staff set goals for individual children;
- Talk with parents about their children's needs

Slowly over time the numbers have increased with 6 Aboriginal children receiving speech pathology services in 2017. ERH and Njernda are now discussing expansion of the outreach service into the Njernda Medical Centre for clients who do not attend Berrimba.

Engaging communities and embracing diversity in End of Life Care

ERH is working towards meeting the requirements of "Victoria's end of life and palliative care framework: a guide for high quality end of life care for all Victorians". One of the priorities involves engaging communities and embracing diversity.

To support indigenous residents living in Glanville Village and attract others living in the region to access respite or palliative care services an indigenous space complete with lounge room, kitchenette and outdoor garden was developed. Residents and community groups were consulted and involved in the designs, colours, decorative features, and native plants incorporated into the garden. The garden has since been used for a "smoking" ceremony for a resident's family member who passed away.

QUALITY AND SAFETY

Inger Mickelson &
Lauren Humphrey

FEEDBACK AND COMPLAINTS

Feedback from our consumers is crucial, it helps us to improve the services we provide.

FEEDBACK CAN BE PROVIDED IN MANY WAYS:

- Talk to our staff
- Ring Main Reception on 5485 5000 and explain that you want to provide feedback
- Write a letter or send email to quality@erh.org.au
- Fill in an ERH Feedback Brochure – available in all locations around the hospital or via the ERH website www.erh.org.au
- Complete the Victorian Health Experience Survey if you are sent one after discharge

In 2017/18 ERH received 101 formal complaints and 480 compliments. All complaints are investigated and, unless the complaint is anonymous or there are privacy issues, feedback is provided to the complainant. For serious or complex complaints consumers are often invited to meet with senior clinicians or management to discuss the case.

All complaints and compliments are reported to staff, the Executive and the Board. Departments and committees review complaints when developing their improvement activity priorities.

You Said: The ward bedrooms are too cold.

We Did: Changed air conditioning settings, closed doors between the new hospital and old building, and did works on the insulation of the external walls.

You Said: Information about palliative care patients does not always follow the patient as they move through different services.

We Did:

- Standardised the assessment tools across both community and inpatient services to aid communication.
- Developed a new Palliative Care Clinical Consultant position to provide care coordination for palliative care patients wherever they access health services at ERH.

You Said: Lack of Disabled Car Parking close to the main entrance.

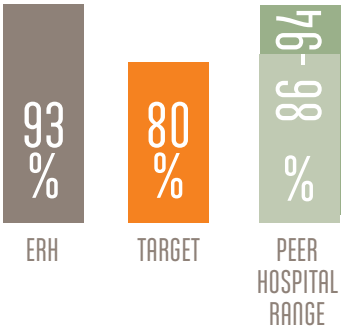
We Did: Liaised with Council regarding parking signs at front entrance.

PATIENT SAFETY CULTURE

Each year Victorian public health services staff are surveyed about their health service's safety culture. The People Matter Survey includes eight questions about reporting safety concerns, patient care errors, acting on suggestions, learning from errors, safety-centred organisation, training, supervision of trainees and would they recommend the health service to family and friends.

84% of ERH respondents agreed that they would recommend a friend or relative to be treated at ERH.

Percentage of staff with an overall positive response to 8 safety culture questions



One area that ERH did not do well was that only 60% of staff agreed that ERH did a good job training new and existing staff. ERH analysed the data and identified the group of staff with the lowest rate of agreement was the corporate services staff. In response, the staffing structure has been revised to provide more support and on the job training. Training for the management of occupational violence and aggression has been strengthened through the work of the newly formed Occupational Violence and Aggression working group.

The group has:

- ✔ Developed education and provides support for staff on how to manage and respond to aggression.
- ✔ Promoted the "It's Never Ok" message. Signage and posters remind patients and visitors not to use verbal and physical aggression towards health workers.

Up to 95% of our healthcare workers have experienced verbal or physical assault, but these incidents are currently chronically under-reported. Aggression and violence is never OK. Report it to your employer, so together we can work towards reducing these incidents and stop it happening to you or your colleagues again.

AGGRESSION AND VIOLENCE AGAINST HEALTH WORKERS. IT'S NEVER OK

worksafe.vic.gov.au/itsneverok

VICTORIA State Government

WorkSafe VICTORIA

ACCREDITATION

Accreditation involves external surveyors visiting ERH to evaluate the delivery of care against the set of standards relevant to the service. Depending on the set of standards an assessment may take several surveyors several days to complete.

All ERH services and subcontracted services are fully accredited:

Hospital and Community Services;
(National Safety and Quality Health Service Standards)

Glanville Village Aged Care;
(Australian Aged Care Quality Agency)

Medical Consulting Suites;
(Royal Australian College General Practice Standards),

Family Services;
(Department of Human Services Standards)

Community allied health and nursing services funded by Commonwealth Home Support Program;
(Home Care Standards)

Murray Valley Health Medical Imaging;
(Diagnostic Imaging Accreditation Scheme)

Goulburn Valley Health Pathology;
(Pathology National Association of Testing Authorities)

In 2017/18 the following ERH services underwent major reviews:

Hospital and community services (National Safety and Quality Health Service Standards)

Outcome: All standards met.

Previous 3 recommendations from the last survey were closed.

Nil new recommendations.

✔ 1. Support patients and carers to document Advance Care Plans.

Our response: Staff training, screening of patients for existing Advance Care Plans on admission, development of referral pathways to assist patients wanting to develop advance care plans.

✔ 2. Implement a general adult observation response chart for post-natal patients.

Our response: A specific chart was developed for post–natal patients.

✔ 3. Periodically review the system for family escalation of care.

Our response: Assess patients ability to understand the family escalation procedure.

Our response: Routinely survey patients and families on their knowledge of how to get reviewed if they are feeling unwell.

Surveyors reported:

"the standard of clinical care at ERH is high & staff generally very proud of their organisation".

"ERH is a responsive 'can do' health service with a positive culture that values opportunities to continually improve in order to achieve high quality outcomes for patients".

Glanville Village Aged Care; (Australian Aged Care Quality Agency)

Unannounced visit April 2018

✔ Outcome: All standards met.
Nil recommendations

Surveyors reported:

"Residents and representatives interviewed said staff are responsive and support residents with behaviours that may impact on others"

Full Survey October 2017

✔ Outcome: All standards met.
Nil recommendations

Surveyors reported:

"ERH has established systems to actively pursue continuous improvement in the aged care home"

Medical Consulting Suites; (Royal Australian College General Practice Standards)

✔ Outcome: All standards met.

Goulburn Valley Health Pathology; (Pathology National Association of Testing Authorities)

✔ Outcome: All standards met.

Renee Johns
& Caleb Pannell

ADVERSE EVENTS

Adverse events are incidents which result in harm or could have resulted in harm.
All incidents are reported, investigated and where applicable improvements implemented to reduce the risk of a similar incident reoccurring. The Board receives trend reports on all incidents and individual reports on serious incidents. Incidents are reported to the relevant managers and committees to inform ongoing training and improvement work.

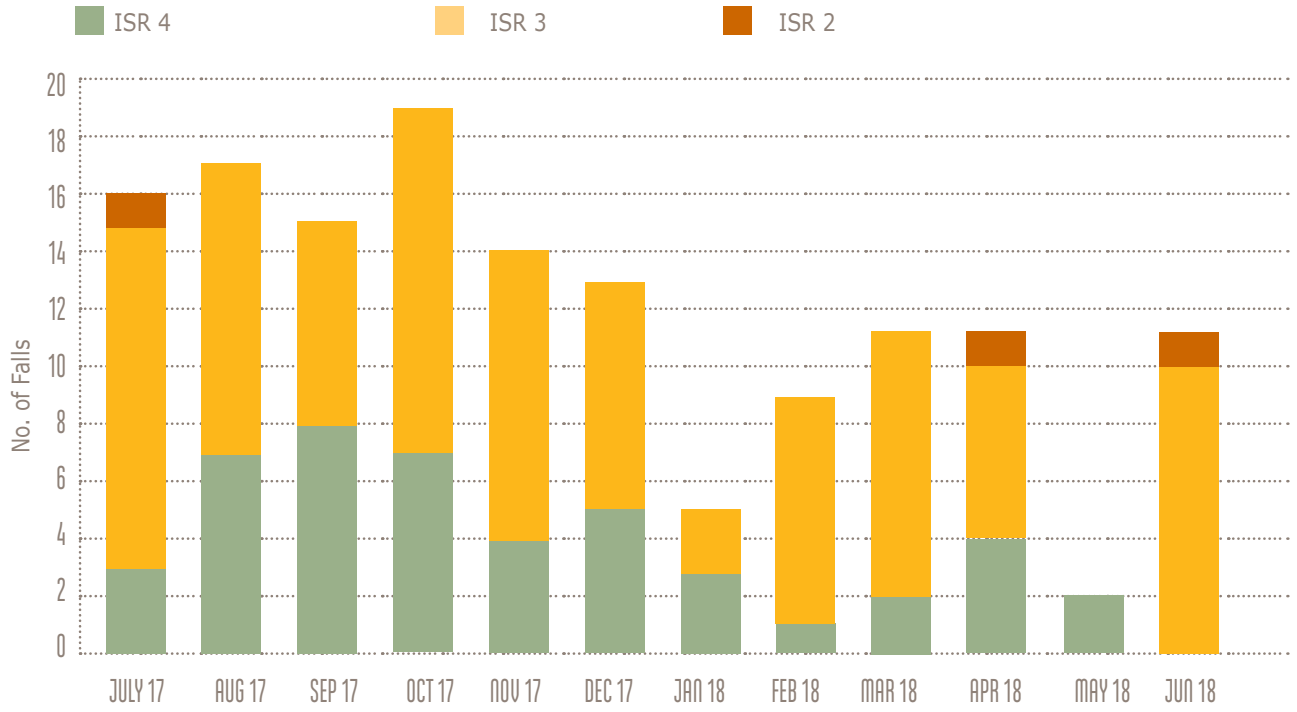
The majority of serious adverse events that occurred during the year were related to the following issues:

- Falls leading to fractures
- Communication issues leading to delay in appropriate treatment
- Medication errors requiring treatment

FALLS

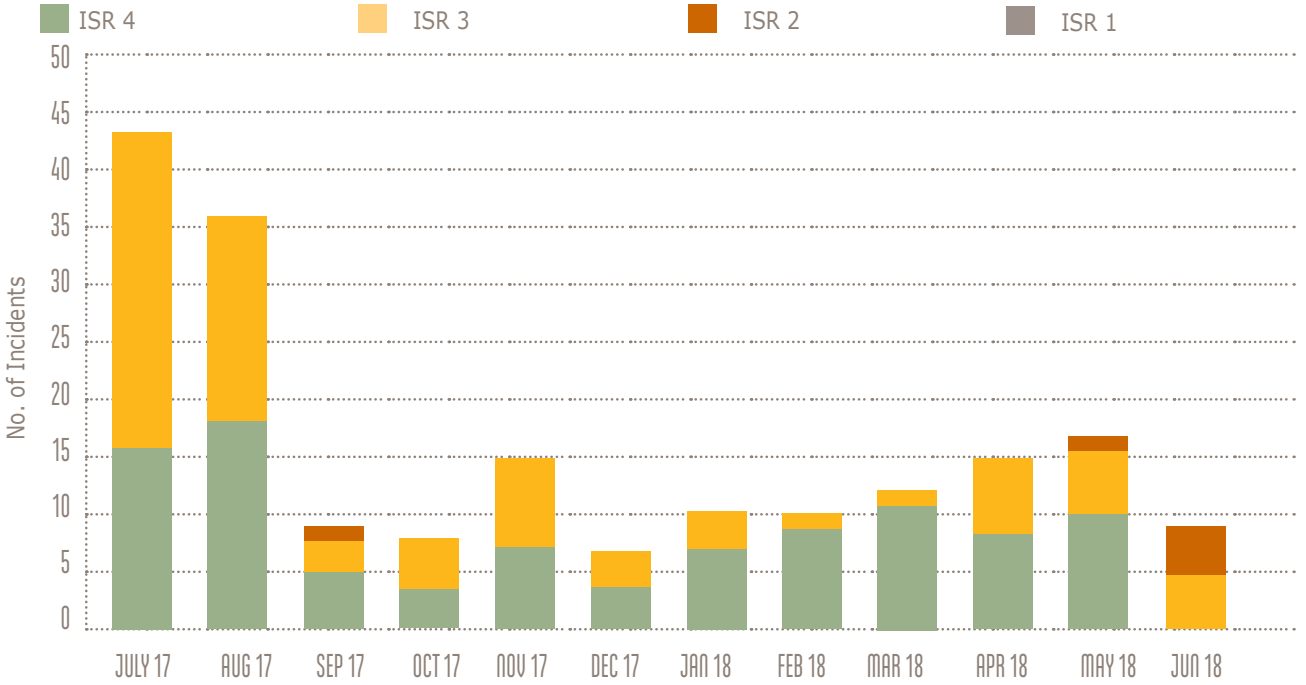
ISR = Incident Severity Rating.	ISR 2 incidents resulted in temporary loss of function and treatment.	ISR 3 incidents are minor injuries.	ISR 4 incidents did not cause harm.

ERH Falls by Incident Severity Rating July 2017 - June 2018 (Excludes Aged Care)



MEDICATION INCIDENTS

MEDICATION INCIDENTS BY SEVERITY JULY 2017 - JUNE 2018 (Excludes Aged Care)



All serious incidents (ISR 1 and ISR 2) undergo a case review, often with external expert input and discussed with relevant staff groups.

RESPONSE TO SERIOUS ADVERSE EVENTS

Falls

- Documentation was revised to easily track risk over time. A rating of "Met with Merit" was awarded by accreditation surveyors to the action relating to documentation of patients at risk of serious harm from falls.
- Frequent rounding for patients assessed as a high risk of falling.
- Work is currently focused on the management of cognition impairment including delirium which is a major risk factor for falling.

Communication issues

- Development of clinical escalation policies that provide staff guidance on who to call and how to manage unresolved concerns.

Medication errors

- Development of a Medication Improvement Management Plan. Staff who make a medication error are supported to improve their practice. An individualised plan is developed including further training.

ERH offers all health care workers, and volunteers a free influenza vaccination.

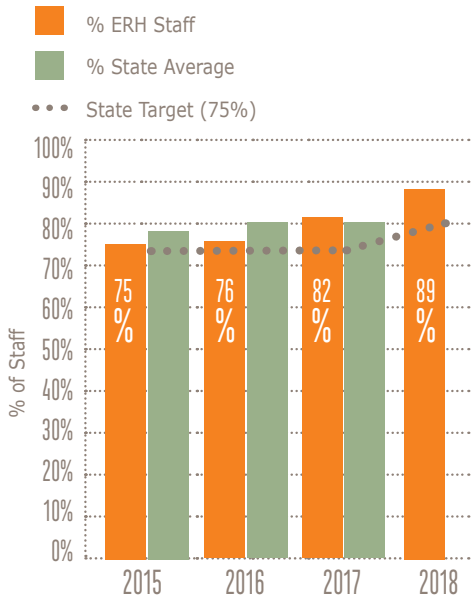
INFECTION PREVENTION

INFLUENZA IMMUNIZATION

Staff health is an essential component of infection prevention and control, including an immunisation program against influenza. Staff are at risk of both getting the flu and passing it on to their patients.

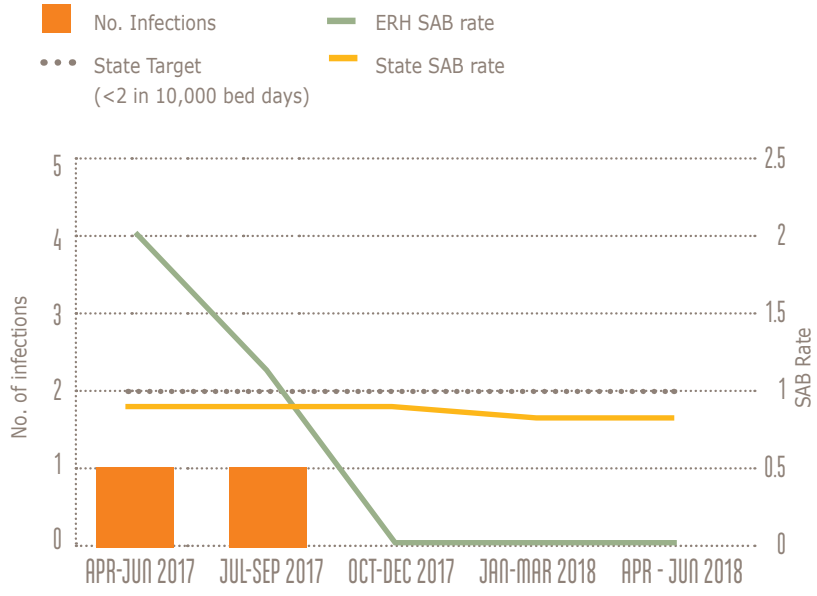
Vaccination of staff helps prevent transmission of flu between staff, patients and visitors.

Influenza vaccination rates ERH



Strategies have been introduced to increase the immunisation rate including:

- Increase in immunisation hours,
- Mobile service to departments,
- Increased number of staff vaccinators,
- Staff incentive (free coffee and lollies),
- Competition between departments.



STAPHYLOCOCCUS AUREUS BACTERAEMIA

Staphylococcus *aureus* Bacteraemia (SAB) is a blood stream infection that can cause serious illness and death. It has been eight months since the last health care associated (SAB) infection at ERH.

ERH has a comprehensive infection prevention and control program to minimise health care associated infections.

- Giving antibiotics only when necessary to minimise the development of antibiotic resistant bacteria
- Formal hospital-wide hand hygiene practices
- Strict adherence to the processes for room and equipment cleaning
- Standard infection prevention practices such as wearing gloves, aprons and masks
- Strict protocols for the management of intravenous catheters and urinary catheters
- Use of non-touch techniques when performing dressings
- Single use devices
- Ongoing training and education

The effectiveness of any interventions is continuously monitored by regular audits and feedback of results.

MATERNITY SERVICE

All hospitals providing maternity services participate in the Victorian Perinatal Service Performance Indicators. This allows hospitals to compare outcomes, monitor trends and assess the impact of improvement strategies. ERH has made significant improvements since the previous report.

Number of indicators in upper quartile compared with other similar hospitals increased.

Previous Report	Most Recent Report (2016/17)
1 indicator in upper quartile: Term babies without congenital anomalies who require additional care	**4 indicators in upper quartile:** 3rd and 4th degree perineal tears for standard primiparae (first baby with no maternal complications) Term babies without congenital anomalies who require additional care Smoking cessation during pregnancy Use of infant formula by breastfed babies born at 37 + weeks

Number of indicators in upper quartile compared with other similar hospitals increased.

Previous Report	Most Recent Report (2016/17)
3 indicators in upper quartile: Inductions for standard primiparae (first baby with no maternal complications) Caesarean section for standard primiparae Term babies without congenital anomalies with an APGAR score of less than 7	**No indicators in the lower quartile**

Actions that contributed to the significant improvement:

- ✔ All ERH GP obstetricians and midwifes undertake fetal surveillance education and testing. Minimum requirements must be achieved before caring for women and babies in labour.
- ✔ Scenario based training for obstetric emergencies, including difficult births and post birth bleeding. This has supported excellent teamwork and outcomes in real life emergency situations.
- ✔ Performance indicators and difficult cases routinely reviewed at the Obstetric Clinical Review meetings. Strategies for improvement are developed and implementation monitored.
- ✔ Weekly meetings with executive and maternity staff, to review the most recent births, identify any issues immediately and then respond quickly to reduce risk for future patients.

Born at just 23 weeks gestation, Kelsey weighed only 520gms (1.144lbs).

THANKS FOR MY LIFE!

Born on December 7 at 23 weeks gestation and weighing just 520g (1.14 pounds) Kelsey Hibberson was welcomed into the world at 17 weeks premature by parents Michelle and Todd Hibberson and their four children.

The chances of survival for premature babies depend on the degree of prematurity and their birth weight. Two thirds of babies born at 24 weeks gestation who are admitted to a neonatal intensive care unit (NICU) will survive to go home, ninety eight per cent of babies born at 30 weeks gestation will survive[1]. It's statistics like these that show what a miracle Kelsey's birth at just 23 weeks gestation here at ERH really was.

The medical team lead by Dr Peter Nesbitt and Dr James Teh worked together with midwives to keep the incredibly fragile baby alive whilst an emergency evacuation unit was arranged by road (3 hours from Melbourne) as planes and helicopters were left grounded due to poor weather conditions.

Arriving into this world 17 weeks early, Kelsey proved a fighter, with the critical hours that followed her birth all being without the critical support of specialists she could've had on call had she been at a major metropolitan hospital. No NICU at ERH meant her chances weren't good.

However, ERH staff did all they could and pulled together to all play a part in supporting Kelsey and her family through what they all say was a miracle.

Michelle admits, "We are incredibly lucky. I credit that to the team at Echuca Regional Health and the Royal Women's". Kelsey was transported from ERH to the Royal Women's Hospital and spent 128 days there with her parents.

Michelle and Todd along with their family were delighted to be able to come in and thank the team at ERH who helped save their daughter's life. She is a happy baby who apart from having regular visits to the doctors to monitor her lungs and eyes, life is all relatively normal (as normal as a household with 5 kids can be). "We are so unbelievably grateful. If it wasn't for the right doctors at the right time and the outstanding care we received at Echuca Regional Health Kelsey wouldn't be here" Michelle said.

[1] www.betterhealth.vic.gov.au/health/healthyliving/premature-babies

L to R: Todd Hibberson, Dr Peter Nesbitt, Dr James Teh, Baby Kelsey Hibberson and Michelle Hibberson

GLANVILLE VILLAGE RESIDENTIAL AGED CARE SERVICE

All public residential aged care facilities must report their performance against five aged care quality indicators:

1. Pressure injuries
2. Falls and fractures
3. Use of physical restraint
4. Multiple medication use
5. Unplanned weight loss

All facilities should be below the upper limit set by the government and also aim to achieve the target. The graphs show how Glanville Village compares with the upper limit and target and also how we compare with other public residential facilities in the Loddon Mallee region.

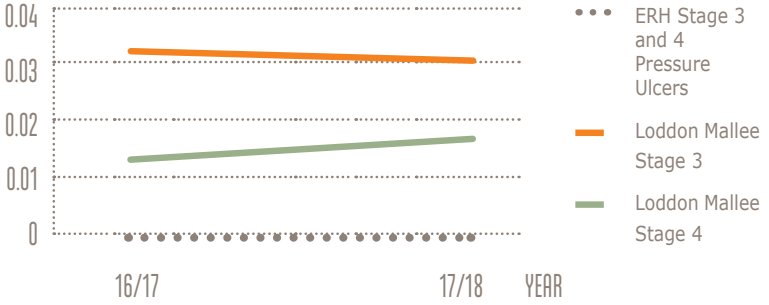
Ongoing improvement strategies are in place for all indicators and progress is monitored by the ERH Aged Care Quality of Care Practice Committee.

All rates in the following graphs are per 1,000 bed days

1. Pressure Injuries

If a pressure injury occurs it is assessed and "staged" from one to four. Stage one is minor with reddened area with intact skin. Stage four is the most serious and involves the tissue beneath the skin.

Stage 3 and 4 Pressure Injuries

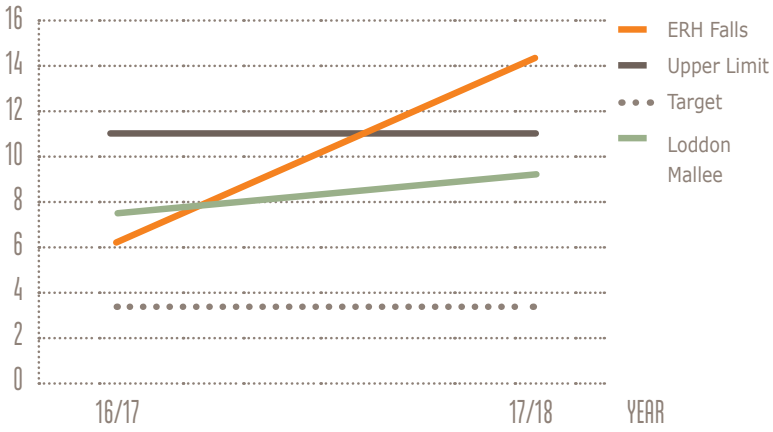


The upper limit and target for Level 3 and 4 pressure injuries is 0.

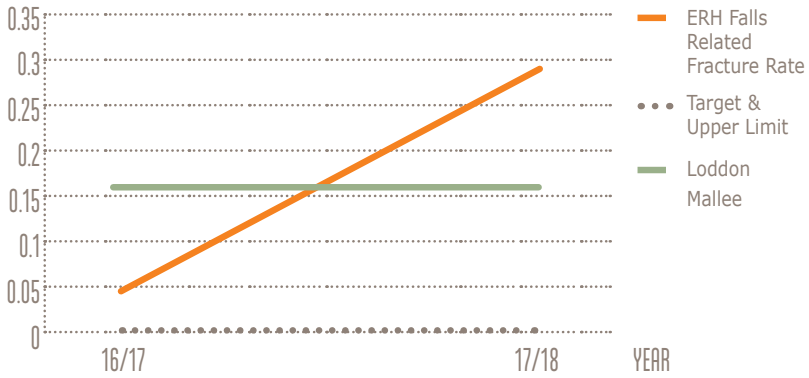
Glanville Village has had no serious (Stage 3 and 4) pressure injuries for two years. Specialised equipment is available for residents at risk of developing pressure injuries and staff are trained to assess, prevent and manage pressure injuries before they become serious.

Minor (Stage 1 and 2) pressure injuries rates are below the upper limit and below the Loddon Mallee rates. Glanville Village continues to strive for no minor pressure injuries.

2. Falls and fractures



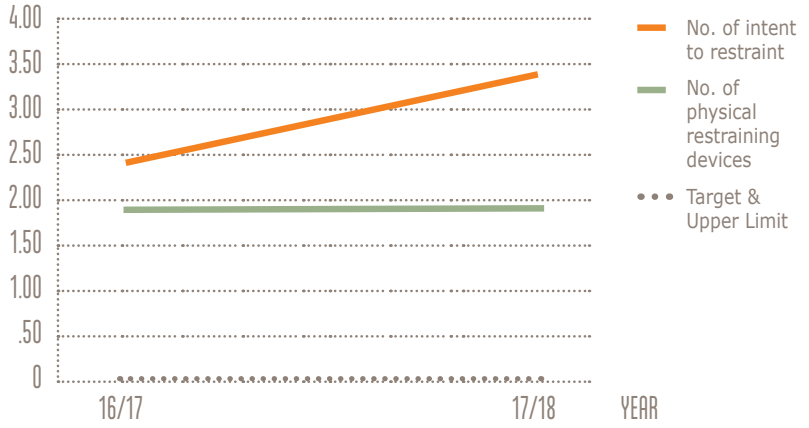
Falls Related Fracture Rate



For 2017/18 falls rate and fall related fractures increased in Glanville Village and went above the upper limit and the Loddon Mallee rate.

The average acuity of residents admitted to Glanville Village is increasing. Glanville Village specialises in providing care for dementia and very complex residents. A currant resident is very mobile and has seizures that are increasing in frequency, which are counted as a fall if the resident ends up on the ground.

3. Use of physical restraint



The number of intent to restrain' is slightly over similar sized facility rates.

The 'number of physical restraint devices' is also slightly over similar sized facility rates. These results are due to one resident having long-term restraint in place, authorised, consented and monitored. Resident and family request bedrails for reassurance.

Actions taken to reduce the falls rate:

- All residents have a Falls Risk Assessment completed at least 6 monthly and following a fall.
- All residents have Physiotherapy input.
- All residents at risk of falling have a sensor mat so staff are alerted when they get out of bed or a chair.
- All residents at risk of falling out of bed have a droppie mat (to soften the impact).
- Red socks are used for residents at risk of slipping.
- The resident with the highest falls rate receives 1:1 supervision 10 hours per day.

Recent actions include:

- Residents with the highest falls risk are checked every half hour 24 hours/day.
- Glanville Village is working with Occupational Therapists to develop further strategies.

The latest data indicates the falls rate and fall related fractures are declining. The falls rate is now below the upper limit.

4. Multiple Medication Use

Glanville Village staff work hard to reduce the number of medications residents take and this occurs gradually following admission. With the average length of stay becoming shorter (in part due to specialising in end of life care) and the complexity of residents increasing, the rate of residents with multiple medications has risen.

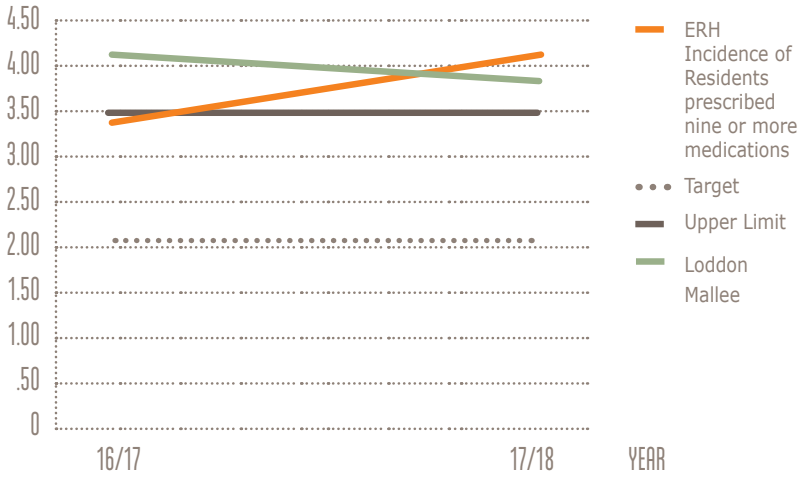
Medications are reviewed regularly by General Practitioners and Pharmacists.

5. Unplanned Weight Loss

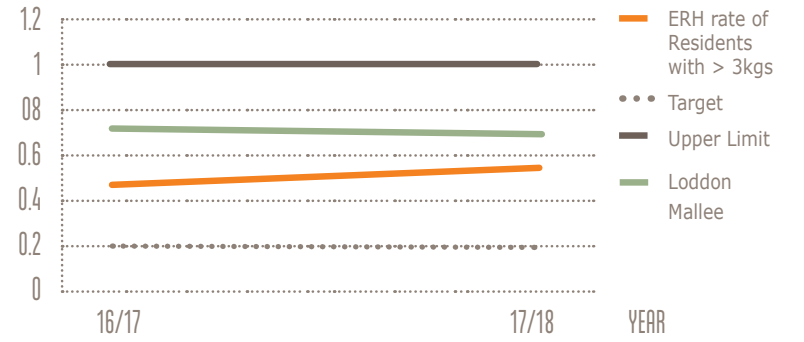
The rate for significant unplanned weight loss is lower than the upper limit and lower than Loddon Mallee rates. Residents are weighed monthly and any residents losing weight are reported early so that strategies such as referral to the Dietician, General Practitioner and Speech Pathology are implemented.

The rate for significant unplanned weight loss is lower than the upper limit and lower than Loddon Mallee rates.

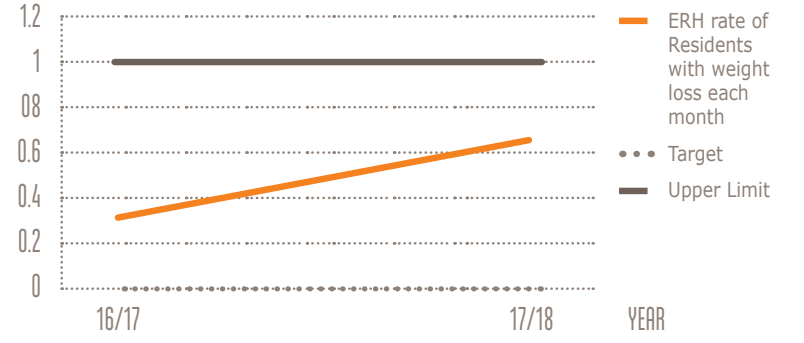
Incidence of Residents prescribed nine or more medications



Significant Weight Loss >3kg



Unplanned Weight Loss (Consecutive)



Julie Morgan

Escalation of Care Case Study

Mrs K was admitted to the Medical Ward with pneumonia. The nurse did routine observations and noted that Mrs K's respiratory rate was high and her oxygen level low. Both the pulse rate and oxygen level were in the trigger range for MET. The nurse pushed the "MET" button in the patient room. The MET team arrived within 5 minutes and the patient was assessed by the senior doctor from the Emergency Department; who then contacted the senior doctor responsible for the patient in the ward and a plan was determined. The patient was transferred to the High Dependency Unit for increased monitoring and respiratory support. Overnight Mrs K continued to deteriorate and despite treatment to help her breathing she triggered a MET call. The two senior doctors again discussed the patients condition and decided to refer to external specialists (via Adult Retrieval Victoria). The specialist advised that Mrs K needed to be transferred to an Intensive Care Unit and the transfer was organised. Mrs K returned to ERH one week later and was subsequently discharged home.

ESCALATION OF CARE

The Escalation of Care system is working well when:

- ✔ A patient who is deteriorating is quickly identified
- ✔ Relevant staff are notified promptly and effectively
- ✔ The response is provided promptly by staff with the appropriate knowledge and skills
- ✔ The patient is referred to external experts and retrieval services if appropriate
- ✔ The case is reviewed to assess our systems

The following codes and calls notify predetermined groups of staff including oncall doctors.

- ✔ Code Blue
- ✔ MET (Medical Emergency Team)
- ✔ Time Critical Caesarean Call
- ✔ Obstetric Emergency
- ✔ Neonatal Emergency
- ✔ Massive Blood Transfusion
- ✔ Trauma Call

COMPREHENSIVE CARE

David Friswell &
Alana Nelson

COMMUNITY HEALTH SERVICES

The Victorian Community Health Experience Survey is sent to a proportion of patients attending Victorian community health services.

The Survey asks clients attending ERH community health services questions about access and the facilities.

Positive responses %	2018	2017	2017 State Average
Was it easy to find the location of the health service	81%	88%	84%
How do you rate the car parking, access to public transport, foot paths, taxi drop off area	66%	88%	74%
Was it easy to make an appointment	78%	70%	72%
Did your condition ever get worse while you were waiting for an appointment	70%	79%	71%

Compared with the previous survey, there was improvement in several areas including finding the service and accessing the service. Although there was a reduction in the ease of making an appointment, more clients said their condition did not get worse.

Once attending services, the clients reported that they felt safe and that facilities were clean. Privacy during appointments was reported as very high and had shown improvement since the 2016 review. Safety and privacy were areas targeted by social inclusion initiatives.

The Victorian Community Health Experience Survey asked clients attending community health services questions about care planning. Significant improvements were achieved after training was provided to staff about working with clients to identify meaningful goals. In the most recent survey ERH provided a written plan for improving health and wellbeing 100% of the time.

Positive responses %	2018	2017	2017 State Average
Were you asked about other concerns impacting on your health and wellbeing	53%	68%	62%
Did health workers help you set goals for your health and wellbeing	71%	77%	67%
Did using the health service help you to feels as though you could achieve these goals	79%	80%	71%
Were you provided with a written plan for your health and well being	83%	100%	80%

COMMUNITY HEALTH PRIORITY POPULATIONS

ERH is funded to specifically provide care for vulnerable groups of people.

Since 2011 ERH has provided an Enhanced Maternity Care Program (EMCP) for vulnerable mothers. EMCP supports mothers with enhanced antenatal care through regular monitoring and reviews with a local obstetric trained General Practitioner, specialist midwife and social worker.

Some women experience issues such as depression, anxiety, grief, bereavement, family violence or substance misuse and are at greater risk of postnatal depression. This year ERH introduced the Antenatal Risk Questionnaire which is a screening tool used during the booking-in appointment. The Questionnaire assists ERH staff to identify vulnerable mothers early and refer them to the specialised EMCP for optimal support.

ADVANCE CARE PLANNING

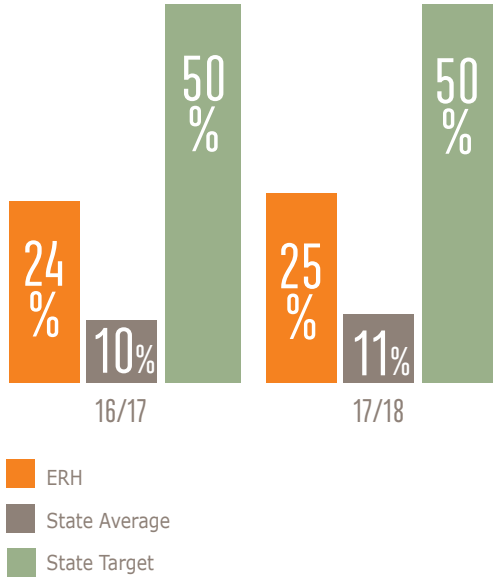
Advance Care Plans (ACPs) are documents that express the wishes and preferences of patients about their future medical treatment, particularly end of life treatment if the person is unable to communicate.

ERH community services including Community Palliative Care, Complex Care and Social Services as well as local General Practitioners provide support to clients to write ACPs.

In 2017/18 ERH developed a system to include patients admitted to the wards. Patients are now asked if they have an ACP or would like to have an ACP. If a patient is interested in learning more about ACPs they are referred to community services staff or their GP.

ERH is working toward increasing the number of patients with ACPs and the strategies will be overseen by the Advance Care Planning and End of Life Care Committee.

% patients over 75 years of age with an advance care plan or substitute decision maker



L to R: Allira Christian, Nancy Forster, Kath Formica, Sarah Dixon

ADVANCE CARE PLANNING CASE STUDY

Mr T was an elderly gentleman with a chronic lung condition that had progressively worsened over many years. He was widowed and had three adult children who were all concerned about his health and welfare. Mr T was particularly close to his daughter, his middle child, who he spoke with several times a week. As it became obvious he was in the final stages of his illness his children were expressing different opinions on the treatments he should or should not receive.

Mr T's GP raised Advance Care Planning with Mr T. With support Mr T developed an Advanced Care Directive that gave very specific directions about medical treatment decisions when he was no longer able to make his own decisions. Mr T also appointed his daughter as Medical Treatment Decision Maker who would make decisions on his behalf for those issues not specifically covered by the Advance Care Directive. During his last admission to hospital Mr T was transferred to the Palliative Care Unit. As per his wishes Mr T did not receive intravenous fluids or antibiotics. Care planning by the healthcare team was straightforward because they understood Mr T's wishes and this ensured a consistent approach throughout his final phase of care. Staff kept in frequent contact with his daughter and she guided any other decisions that needed to be made. Although some members of the family had different ideas they were able to put aside their differences because they knew what their father wanted.

After Mr T's death the family provided feedback that having this plan in place supported the process and made what was a difficult time easier.

END OF LIFE CARE

ERH is working towards meeting the full intent of the Australian Commission on Safety and Quality in Health Care "National Consensus Statement: Essential elements for safe and high-quality end-of-life care".

Essential elements for safe quality end of life care include:

- Patient-centred communication and shared decision-making
- Teamwork and coordination of care
- Components of care
- Use of triggers to recognise patients approaching the end of life
- Response to concerns
- Leadership and governance
- Education and training
- Supervision and support for interdisciplinary team members
- Evaluation, audit and feedback
- Systems to support high-quality care

Improvements made in the last 12 months include:

- Recruitment to a new role - Palliative Care Clinical Coordinator. This position will coordinate the care provided for palliative care patients wherever they access health services at ERH. The role will also continue to develop a consistent approach to assessment, care planning and discharge planning across all care settings.
- The roll out of consistent evidenced based assessment tools so that both inpatient and community services use the same language when assessing patients. This will aid communication and handover of care.
- Development of an end of life pathway (a clinical documentation template) based on latest evidence to guide staff providing care.
- Improved access to palliative care specialists with increased visits by the Loddon Mallee Regional Palliative Care Consultancy Service to Echuca
- Systems to support quality end of life care are oversighted by the Advance Care Planning and End of Life Care Steering Committee.
- Glanville Village refurbished spaces that support palliative care residents and their loved ones with input from the community and volunteers.

Echuca Regional Health

Further copies of this report are available on the ERH website: www.erh.org.au; ERH reception desks and waiting rooms.

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www.erh.org.au