Echuca Regional Health

QUALITY ACCOUNT 2017

01 CONTENT

MESSAGE FROM THE CEO

On behalf of the Board and the 750 staff at Echuca Regional Health (ERH) we are proud to present to you - our community the 2016/17 Echuca Regional Health Quality Account. Every year public health services across Victoria are required to provide a report to their community outlining the services provided, our performance and the improvements in quality and safety made over the previous 12 months.

Many of the items included in this report are mandated by the Victorian Government and have a focus on improvement actions taken and measurement of outcomes. 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.

03 MESSAGE FROM THE CEO

The major achievements for 2016/17 are:

Opening of the Short Stay Unit (4 beds) located within the Emergency Department.

Patients with medical conditions that are stable and expected to be discharged within 24 hours are admitted to Short Stay and remain under the care of the senior Emergency Department doctors.

Safety Culture higher than average and improving

Increased levels of staff satisfaction

Finalist for the Victorian Government Health Service of the Year Award (medium size)

Building and Environmental Innovations Award by Victorian Healthcare Association for new hospital

> Growth in activity of many services

Theatre 10% > prior year

Emergency Department 8% > prior year

We invite you to read through our Quality Account and encourage you to ask questions and provide feedback, ideas or suggestions 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 from our community.

Please contact the Quality and Safety Unit:

5485 5000

quality@erh.org.au

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

ERH SERVICES

Echuca Regional Health provides an integrated acute (hospital), sub-acute (rehabilitation), residential aged care and primary care health service.

- Aboriginal Liaison
- Alcohol and Other Drugs
- Ambulatory Services Unit
- Antenatal Classes
- Asthma Education
- Cardiac Rehabilitation Program
- Chemotherapy/Cancer Support Services
- Community Health Nursing
- Community Rehabilitation
- Complex Care
- Dental
- Diabetes Education
- Dietetics
- Discharge Planning
- District Nursing
- Education Department
- Emergency Department
- Finance
- Glanville Village Aged Care
- General Counselling
- Health Promotion
- Infection Prevention and Control
- Meals on Wheels
- Occupational Therapy
- Palliative Care
- Pathology
- Perioperative Unit
- Pharmacy
- Physiotherapy
- Podiatry
- Preoperative Clinic
- Primary Care Clinic
- Quality and Safety Unit
- Radiology
- Renal Dialysis Unit
- Social Services
- Speech Pathology
- Transition Care Program
- Volunteers
- Women's Health

Acute Hospital Facilities

73 Acute beds

- Haemodialysis
- High Dependency
- Medical
- Obstetric
- Paediatric
- Surgical

Sub - Acute Hospital Facilities

24 Sub-Acute Beds

- Palliative Care
- Rehabilitation
- Geriatric Evaluation and Management

Residential Aged Care

- 60 High Care Beds

05
ERH SERVICES

Family Violence

ERH is implementing the Strengthening Hospitals Responses to Family Violence (SHRFV) program and has developed an organisational wide policy. Banners are now prominently displayed –" ERH says NO to family violence".

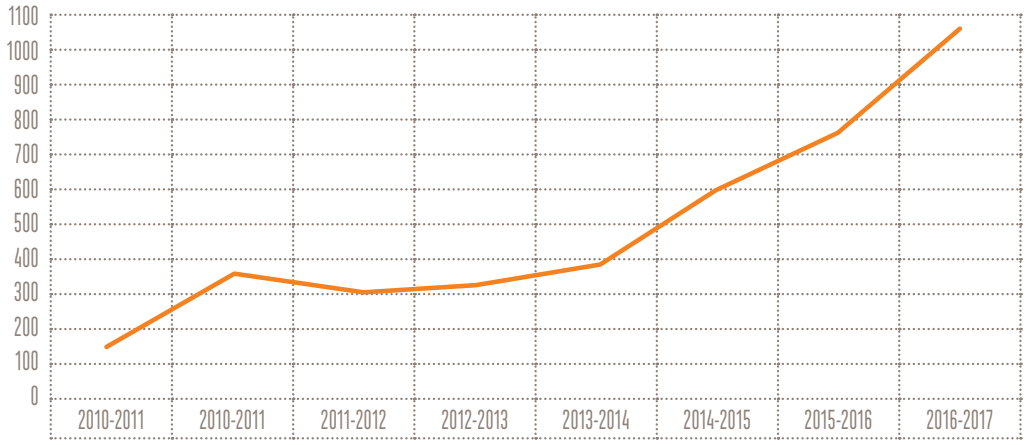
Rosie Batty was a keynote speaker at an education session conducted for health care providers. The morning also featured speakers involved in family violence initiatives and was attended by 90 participants from across the region.

Building on the work already undertaken, ERH has been nominated as the lead agency to roll out the SHRFV initiative across five health services in the region.

Cancer Services

Cancer services at ERH have continued to grow and develop this year providing more treatments and better access for our community to specialist medical services. The Medical Day Oncology Unit (chemotherapy) is now operating five days a week with up to 15 treatments administered each day by trained and experienced chemotherapy nurses. Our Medical Oncologists; Dr Say Ng, Dr Rob Blum and Dr Ivon Burns provide a weekly service on site and we also have two specialist Haematologists; Dr Ali Bazargan and Dr Shu Tan providing a monthly outpatient clinic.

In addition to our Cancer Support Nurses and McGrath Breast Care Nurse, a new Prostate Nurse position commenced this year, generously sponsored by the "Biggest Blokes Lunch" in partnership with the Prostate Cancer Foundation.



Total number of chemotherapy treatments by year

Denise Scott, Brook Southern, Anna Schroeter, Serena Morley, Chris Turner, Dr Rob Blum, Jenny Railton, Lyn Jeffreson

CONSUMER, CARER & COMMUNITY PARTICIPATION

SUPPORTING OUR COMMUNITY TO PARTICIPATE IN THEIR HEALTHCARE

Information that can be understood by consumers is crucial for them to actively participate in decisions about their care.

Consumer tested brochures

ERH develops many consumer brochures to provide information about different services and health conditions. ERH has always sought feedback on brochures and this year formalised the process with consumer testing. Consumers who use the service the brochure is describing test the brochure using a checklist. The feedback is then incorporated into the final document and the brochure badged with a symbol indicating it has been "consumer tested".

Use of Accredited Interpreter Services

According to the 2016 Census data five in 100 people in the Campaspe Shire were born overseas and three in every 1000 people are not fluent in English. The three top languages other than English were Italian, Filipino and Mandarin.

So that patients (or their carers) can participate in decisions about their care it is important and that all treatments are explained in a manner that is understood. In 2016/17 there were five instances where accredited interpreters were used; languages included Mandarin, Macedonian, Spanish, Arabic and Serbian.

Disability action plan

ERH is improving the care provided to people with a disability who also have complex behavioural needs and require treatment at ERH. Health services can be very confronting for people with a disability and if their individual needs are not understood and accommodated for, this can lead to distress for the patient and reduced effectiveness of their treatments.

The new process for supporting people with a disability has been developed collaboratively with Bendigo Health and include input from specialist paediatricians, family members, and a team of clinicians with expertise in disabilities. Our Bed Managers now meet with the prospective patient and family/ carer in the community and develop a plan on how to best address their needs in the event they need treatment at ERH. This plan is agreed by all parties and filed in the patient's medical record ready for use if required.

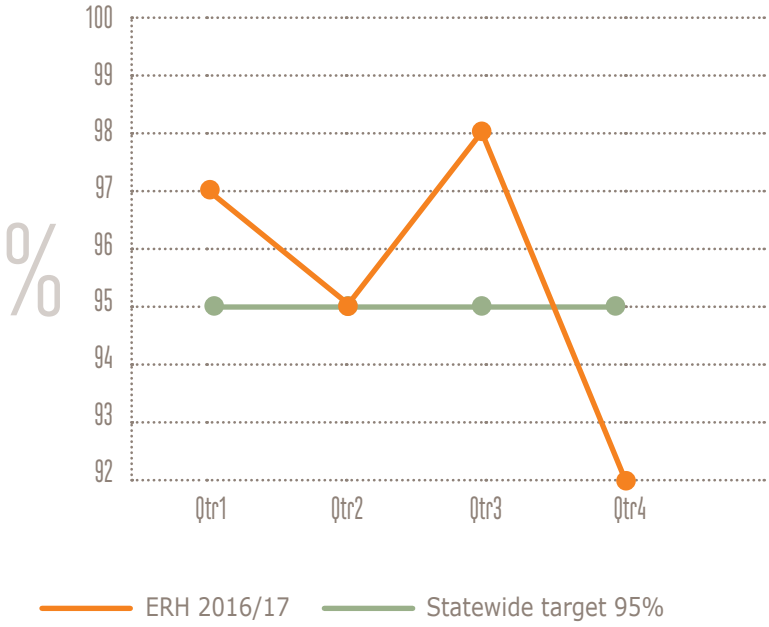
ERH actively supports inclusiveness for everyone and this includes people who are socially or culturally disadvantaged and people with a disability.

VICTORIAN HEALTH EXPERIENCE SURVEY – PATIENT EXPERIENCE SCORE

The Victoria Health Experience Survey is sent to a proportion of patients who have attended Victorian public health services to get feedback on their experience. 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 is 91% - 93%.

Positive response to overall experience question



ERH AIMS TO MEET OR EXCEED THE TARGET EVERY QUARTER AND IN 2017/18 WILL INTRODUCE A PROGRAM TO ASSIST STAFF TO ALWAYS HAVE POSITIVE AND EFFECTIVE COMMUNICATION WITH OUR PATIENTS.

Engagement and partnerships

ERH has strong partnerships with local Aboriginal communities to develop and provide services. ERH has a formal agreement with the Njernda Aboriginal Corporation, Cummeragunja, Housing and Development Aboriginal Corporation (CHADAC) and Viney Morgan Aboriginal Medical Service (VMAMS). ERH is a member of the Aboriginal Health Partnership Group which this year developed an Early Years Directory to help inform parents and families about health and support services available in Echuca and Moama from pregnancy through to starting school and how to contact them.

IMPROVING CARE FOR ABORIGINAL PATIENTS PROGRAM

Aboriginal and Torres Strait Islander people experience poorer health than non-Aboriginal people in nearly every aspect of health measurement. There remains a significant gap in life expectancy and ERH is working to improve these statistics.

2.4% people in Campaspe Shire identified themselves as Aboriginal/Torres Strait Islander in the 2016 census.

In addition to celebrating NAIDOC week and Sorry Day, ERH marked Reconciliation Week this year with a number of activities. The theme, "Let's take the next steps" was the topic of our 'Grand Round' in May where our guest speaker John Bonnice reflected on the journey so far; 50 years since the 1967 referendum that saw more than 90% of Australians vote to have Aboriginal and Torres Strait Islander peoples recognised in the national census, 25 years since the historic Mabo decision that legally recognised the special relationship that Aboriginal and Torres Strait Islander peoples have with the land and paved the way for land rights or native title and 9 years since Kevin Rudd, the then Prime Minister made a formal apology to Australia's Indigenous peoples. John's thought provoking presentation together with Uncle Rick Ronnan's heartfelt welcome to country inspired us to look at how we as an organisation plan our next steps.

Organisational development

Glanville Village has undergone a major refurbishment of the facility to improve the environment for residents. One of the improvements is a culturally supportive and appropriate space for Aboriginal residents which had active input from the Aboriginal community members and volunteers. The space includes a sitting room area with a kitchen and an outdoor courtyard. The courtyard garden has been designed to resemble a dry river bed with much of the garden work completed by volunteers. The outcome is a stunningly beautiful area that is functional and allows residents to maintain their connection with the 'bush'.

A program is now in place that ensures all Aboriginal residents requiring palliative care support are assessed by specialist palliative care services and a plan of care agreed with the resident and family. Our Aboriginal Liaison Officer plays a key role in liaising with the family and ensuring the plan is culturally safe and appropriate. All Glanville Village staff have received specific training on how to provide culturally safe and appropriate care.

Systems of care

One of ERH initiatives is to improve the oral health of Aboriginal children by the "Smiles 4 Miles" program. 17 early childhood services including the Berrimba Aboriginal Childcare Centre have implemented a brushing program, nutrition & oral health policy and a cycle menu for their service.

Aboriginal Workforce development

Barb Gibson-Thorpe, Aboriginal Liaison Officer at ERH was awarded a Rowan Nicks Russell Drysdale Fellowship to undertake a project aimed at strengthening employment opportunities for Aboriginal and Torres Strait Islander people. This project seeks to understand the opportunities and challenges that affect our local Aboriginal community in gaining the necessary skills, experience and qualifications to pursue a career in health.

ERH is committed to supporting and retaining employment for members of our Aboriginal community and this project will assist us in understanding how we can develop sustainable community solutions and programs that support our Aboriginal employees and attract Aboriginal people to a career in health.

This year ERH has employed Aboriginal trainees across a variety of departments. Pictured below are our trainees Talitha Butler, Ashley Farrall and Jameena Jackson.

COMMUNITY HEALTHY PRIORITY POPULATION GROUP RESPONSE

ERH has partnered with surrounding health services, Shire of Campaspe, Murray Primary Health Network and Campaspe Primary Care Partnership to work together to reduce the impact of key health issues on our community.

Work is now underway to develop clinical guidelines so that the right care is given in the right place at the right time. ERH is involved in all five projects and is leading the Cancer project.

The group has identified five key health priorities for our community:

- Drug and Alcohol
- Mental Health
- Obesity
- Cancer
- Diabetes

Mr Dan Fletcher (Surgeon), Geoff and Alex Kent; Michael Delahunty (CEO); viewing the Endoscopic equipment funded by a significant donation from Mr and Mrs Kent.

QUALITY AND SAFETY

CONSUMER FEEDBACK

ERH welcomes feedback from our consumers so that we can continue to improve what we do.

FEEDBACK CAN BE PROVIDED IN MANY WAYS:

Talking to our staff

Ring main reception on 5485 5000 and explain you want to provide feedback

Write a letter or send email to quality@erh.org.au

Fill in an ERH Feedback Brochure – available in many locations around the hospital or via the ERH website www.erh.org.au

Fill in "How Did We Do Today" cards in Primary Care areas.

Complete the Victorian Health Experience Survey if you are sent one after discharge

In 2016/17, ERH received 112 written and telephone complaints and 427 written compliments. All complaints are investigated and feedback provided to the person who made the complaint. 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. Many departments and committees review complaints when developing their improvement activity priorities.

You Said: Toilets are too far away for patients in the theatre waiting room.

We Did: ERH is now staffing the waiting room so that patients can use the toilet inside theatre.

You Said: Smoking area at Glanville Village is not in a safe controlled environment for nursing home residents.

We Did: We have selected a new designated smoking area; including the installation of a partial roof, permanent seating, swipe card access, a nurse call button and an Enviropole. The area is much more visible and easier to access for all nursing home residents.

You Said: Pigeon droppings on the new building is a very unpleasant sight.

We Did: Pigeon/Bird spikes/ deterrents placed around building.

You Said: Rooms not cleaned often enough.

We Did: New cleaning regime commenced.

You Said: Consulting Suites waiting room has an unpleasant smell and is overwhelmed with signage.

We Did: A review of the cleaning schedule for the floor and fabric covered chairs to ensure that the frequency of cleaning matches the usage. Notice and poster displays in the waiting room have been reviewed and some material removed.

COORDINATED SERVICES PROVIDE THE BEST OUTCOMES

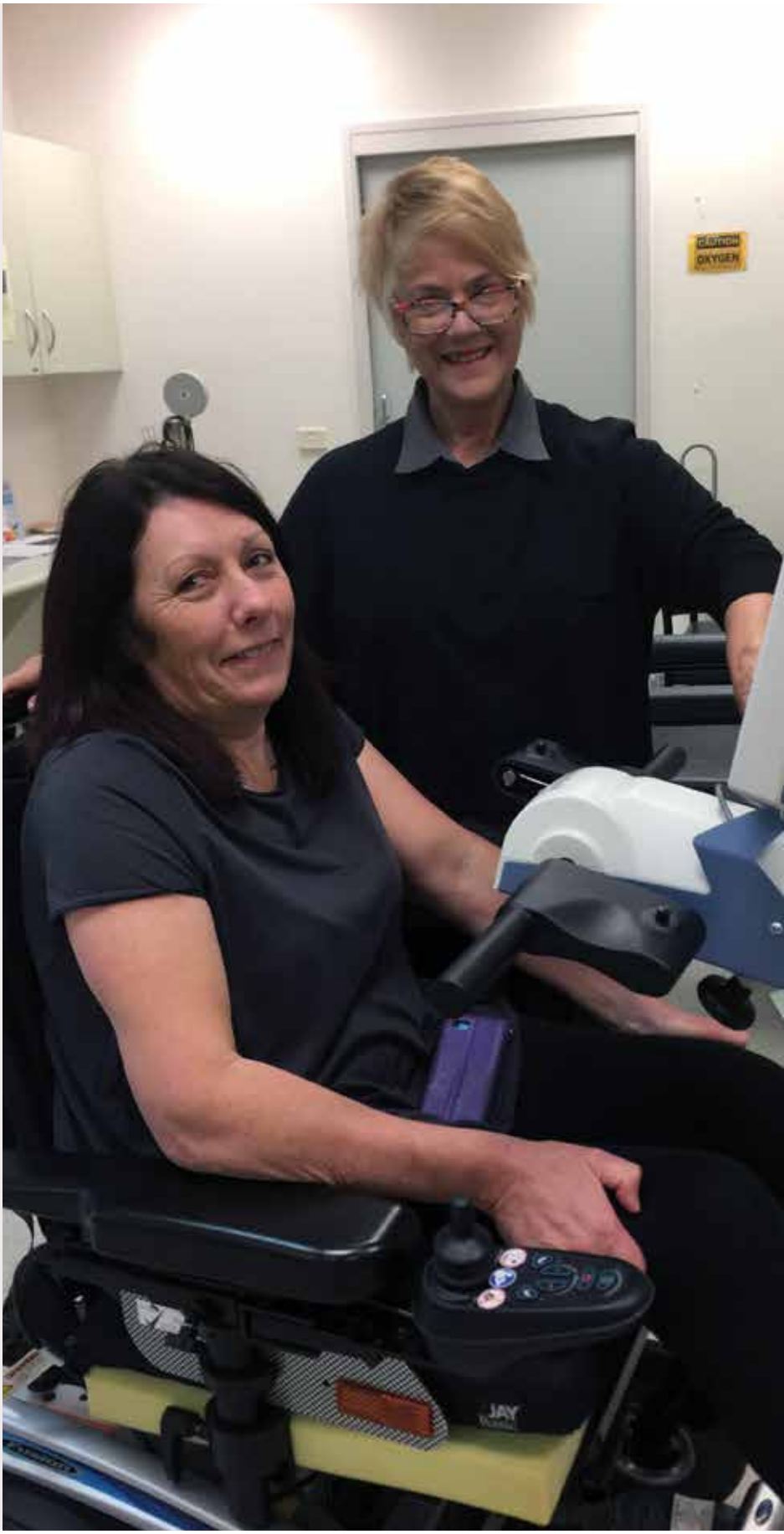
JEN'S JOURNEY

Jen was diagnosed with Multiple Sclerosis (MS) 8 years ago. She lives at home with her husband and works part time.

Jen has had several admissions to the Community Rehabilitation Centre (CRC) for therapy over the past three years. The Community Rehabilitation team has worked with Jen during the progression of her MS to maximize the outcome of her medical treatments, and enable her to live independently at home in a safe environment, continue to work and enjoy activities in the community.

Recently an illness meant that Jen was having difficulty in moving about and she was not able to manage safely at home. She was admitted into the acute ward for medical management of her illness and once well enough was transferred to the inpatient rehabilitation unit for intensive therapy to help her regain her functional ability to return home.

To facilitate her discharge home community nursing visited her at home and Jen recommenced her visits to the CRC. The CRC has assisted Jen to maintain the physical improvement that she made whilst an inpatient and also assisted her to develop her own NDIS (National Disability Insurance Scheme) plan. Once the community rehabilitation program is complete, Jen will continue to access allied health services at ERH through her NDIS plan.



ERH PATIENT SAFETY CULTURE

Each year our staff are invited to complete the Victorian Government People Matters Survey that measures staff engagement in key areas of work.

A number of questions relate to the patient safety culture at ERH and 78% of our staff responded positively to these questions. This is an improvement on last year's result of 74% and compares very favourably with our comparator group of hospitals which averaged 70%.

Echuca Regional Health
CARE Matters
Collaboration Accountability Respect Excellence

CARE Matters Boards

Actions to strengthen ERH patient safety culture include:

- A Focus on accountability and identifying what is important through the CARE Matters Program.
- Development of guidelines in each department identifying what is acceptable and not acceptable behaviour.
- Managers "rounding" with each member of their team at least monthly and asking them what is working well and any suggestions for improvement.
- CARE Matters Boards installed in ward areas to provide up to date information on how the area is performing. The boards are situated in prominent places so that staff, patients and visitors can view them. The boards have information about clinically related incidents such as rate of patient falls, feedback from consumers, new or revised procedures and staff to be recognised for outstanding work. The boards will be rolled out to all departments in 2017/18.
- Introduction of Clinical Leads and Champions. These staff work in clinical areas and focus on particular risks eg falls, pressure injuries. Clinical Leads and champions attend committee meetings, share information with their teams and are provided with time to work on safety initiatives.

POSITIVE WORKPLACE CULTURE AND PREVENTION OF BULLYING AND HARASSMENT

CARE Matters: Above/ Below the Line Behaviour

"Above and Below the Line Behaviours" is part of our CARE Matters Program and aligned to ERH values: Collaboration, Accountability, Respect and Excellence. We acknowledge and celebrate staff when they demonstrate behaviours above the line and support staff to provide peers with constructive feedback when their behaviour goes below the line. This peer to peer program has been very useful in reducing the occurrence of unwanted behaviours that have the potential to lead to safety issues such as workplace bullying.

Our Contact Officer network has been expanded to seven officers. Our Contact Officers are from a range of departments and they are trained to provide information on how to resolve workplace issues. Contact Officers have been very effective in supporting our staff and preventing workplace issues from escalating.

In the last 12 months ERH has engaged an external training provider to deliver training for staff on diffusing aggression in both the clinical and home settings. ERH has also run a mock Code Grey exercise for training purposes. Code Grey is called when a patient is aggressive. The responding team is a mixture of clinical and security staff who work together to defuse the situation. This exercise was very effective in demonstrating the roles and responsibilities of all staff managing aggression in the workplace.

QUALITY & SAFETY ACCREDITATION STATUS

Accreditation involves external consultants certifying that ERH complies with relevant quality standards. ERH is fully accredited for all services including:

Hospital and Primary Care;
(National Safety and Quality Health Service Standards also known as "National Standards")

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

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

Commonwealth Home Support Programme (CHSP) Services:
(Community Care Common Standards)

Family Services;
(Department of Human Services Standards)

National Standards is a national safety and quality accreditation framework for all Australian hospitals. ERH underwent its first accreditation survey against the new standards in 2014 and received full accreditation with only 4 recommendations to be completed during the three year cycle. ERH is due to be reassessed in November 2017.

✔ **Recommendation:** Support patients and carers to document Advance Care Plans.

Our response:
- Training provided to staff and GPs.
- Advance Care Planning brochures made available.
- Referral pathway for patients in hospital to community services after discharge that will provide information and assist with documentation.
- A Steering Committee to oversee Advance Care Planning was established.

✔ **Recommendation:** Implement a general adult observation response chart (that meets National Standards requirements) for post-natal patients.

Our response: Implemented the following month. ERH has also introduced similar charts across other specialty areas including theatre, Emergency Department, paediatrics and obstetrics.

✔ **Recommendation:** Periodically review the system for family escalation of care.

Our response: ERH has reviewed how other hospitals meet this requirement. We also asked our Seniors Advisory Committee how they would like to be informed about the system. ERH will roll out a revised program in November 2017.

✔ **Recommendation:** Assess patients/ carers ability to understand the family escalation procedure.

Our response: Consumers have reviewed the revised information. The new program will be audited for its effectiveness.

QUALITY AND SAFETY ADVERSE EVENTS

Clinical adverse events are incidents which result in patient harm or could have resulted in patient harm.

All incidents at ERH including those that result in patient harm and near misses that do not result in harm are reported, investigated and where applicable changes implemented to reduce the risk of a similar incident reoccurring. All incidents are reported to the Board and appropriate committees (eg Falls Committee, Medication Committee). These committees oversight initiatives aimed at reducing the number and severity of adverse events. Recommendations related to the higher severity incidents 1 and 2 are monitored by Board until they have been fully implemented.

ERH incidents by Severity 2016/17

188

SEVERITY 4

Minimal or no harm, near miss. No treatment required.
Example: Incorrect date of birth recorded during registration.

282

SEVERITY 3

Temporary and minor. Requires some extra care.
Example: Incorrect dose of drug. No harm, extra observations.

16

SEVERITY 2

Temporary loss of function. Resident transferred from Glanville Village to the hospital. Patient transferred to the High Dependency Unit or other hospital.
Example: Broken bone after a fall.

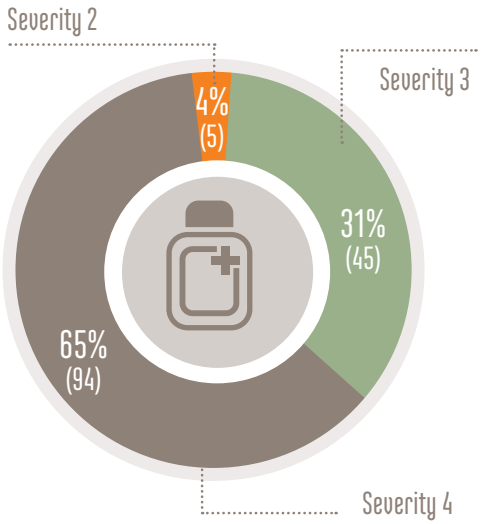
1

SEVERITY 1

Major permanent loss of function or death.
Example: Complication during procedure.

Medication Safety

ERH Medication incidents by Severity 2016/17



The severity two incidents include:

- 1 transfer from Glanville Village to the Emergency Department after a drug error.
- 2 drug errors in the hospital and 1 complication related to spinal analgesia. All 3 were transferred to the High Dependency Unit for monitoring.
- 1 was an unknown drug allergy.

Actions taken this year to improve medication safety are:

- ✔ Participation in a multiple hospital trial to test if having a pharmacist in the Emergency Department improves medication safety. The pharmacist reviews patient medications before they go to the ward and may contact community pharmacies. Early data indicates that drug prescribing errors have reduced.
- ✔ Patients with certain conditions that put them at a high risk of complications after spinal analgesia are now routinely transferred to the High Dependency Unit from theatre after spinal analgesia so they can be closely monitored.
- ✔ Patients with drug allergies are provided with wallet cards with allergy information.
- ✔ Warnings have been placed on the electronic administration system alerting nurses to drugs with similar names.

STAPHYLOCOCCUS AUREUS BACTERAEMIA (SAB)

Staphylococcus Aureus Bacteraemia (SAB) is a blood stream infection that can cause serious illness.

Three ERH patients had a SAB infection during 2016/17.

ERH's average for the past two years of 0.3 SABs per 10,000 bed days is well below the state average of 0.7.

ERH has comprehensive infection prevention and control program to minimise hospital acquired infections including SAB's:

- ✔ 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 control practices for staff, including wearing aprons and masks to prevent the spread of known infections to other patients.
- ✔ Strict requirements and processes for the management of invasive devices such as IVs and urinary catheters.
- ✔ Use of the 'aseptic' technique.
- ✔ Single use devices.
- ✔ The effectiveness of any interventions is continuously monitored by regular audits and feedback of results.

What has ERH done?

Reducing falls and harm from falls has been identified as a key organisational goal. All departments including physiotherapy, occupational therapy, wards, emergency department and cleaners are working towards reducing the number of falls.

Champions and clinical leads in each ward have been identified who provide input into the improvement strategies and assist in implementing improvements.

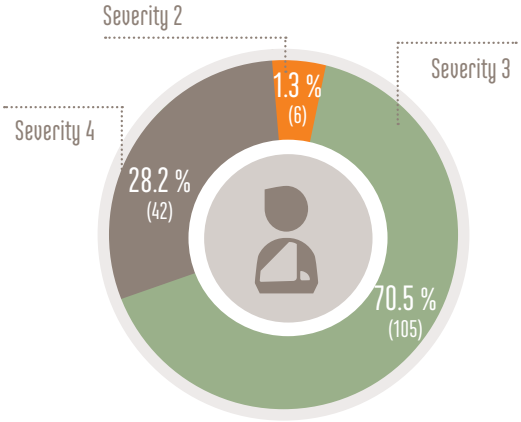
A variety of new falls prevention equipment has been purchased including 'pressure off mats' and motion sensors which alert staff if a patient attempts to get out of bed or stand up from a chair.

New documentation being trialed with daily falls risk assessments directly linked to the nursing care plan. Patients are now risk assessed every day.

ERH plans to introduce "rounding" - a routine patient check at regular intervals that includes asking the patient if they are comfortable, need any assistance or need to go to the toilet.

Patients with confusion have a high risk of falling and ERH plans to implement delirium management guidelines to help better manage this risk.

Preventing Falls and Harm from Falls



The severity two incidents include:

- 4 Glanville Village residents sustained a broken bone.
- 2 hospital patients sustained a broken bone.

Falls are one of the largest causes of harm in hospitals for older people.

Safe and Appropriate Use of Blood and Blood Products

In 2016/17 there were 17 incidents related to blood transfusions. They were all low severity incidents (nil or minor impact to patient) such as mild transfusion reactions, blood wastage and consent issues.

Improvements in 2016/17 have focused on reducing unnecessary blood transfusions:

- Single Unit Policy – in non-urgent situations one unit of blood is given at a time and then the patient retested.
- Haemoglobin optimisation through diet – patient brochure provides information on food that will improve iron levels.
- Use of Tranexamic acid during operations – helps to reduce bleeding.

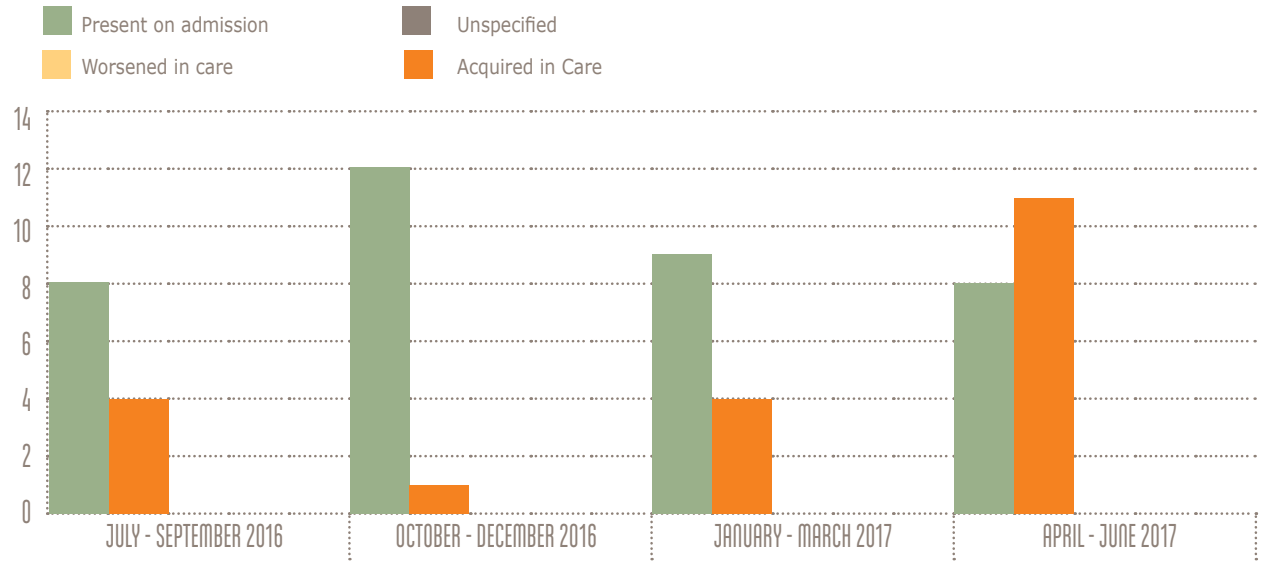
Preventing and Managing Pressure Injuries

Pressure injuries are caused by constant pressure or friction. They can vary in severity from reddened skin to destruction of deep tissue.

In 2016/17, 20 patients developed pressure injuries during their stay (25 previous year). 47 patients were admitted with a pressure injury already existing.

Each patient is assessed for their risk of developing pressure injuries each day. Prevention strategies are developed in consultation with the patient and/or their family. All hospital mattresses include "memory foam" and patients with a high risk of developing pressure injuries may also be placed on special pressure relieving devices such as pressure alternative redistribution mattresses (alternate sections are pumped). Patients are also encouraged to regularly move when in hospital.

Reported Pressure Injuries July 2016 - June 2017 (Excludes Aged Care)



HAND HYGIENE COMPLIANCE

"It's OK to ask me if I've washed my hands."

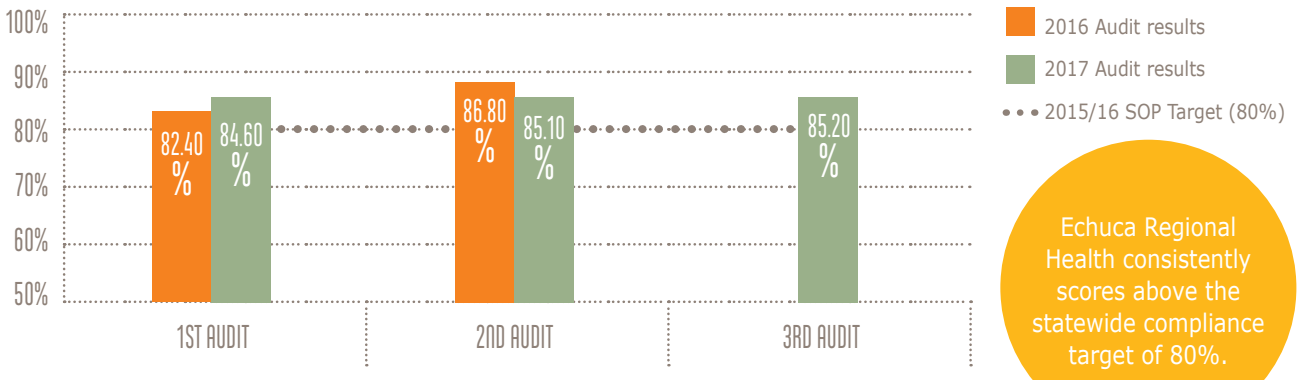
Hand hygiene is the single most important strategy to prevent healthcare associated infections. Hand hygiene is done by either cleaning hands with waterless alcohol based hand rub solution OR washing hands with soap and water.

The risk of spreading harmful germs and infections is reduced when staff, patients , and visitors clean their hands whenever the patient, their bedside or belongings are touched.

To make hand hygiene quick and easy, we have placed alcohol-based hand rub beside each bedside, in prominent areas around the hospital and at the entrances.

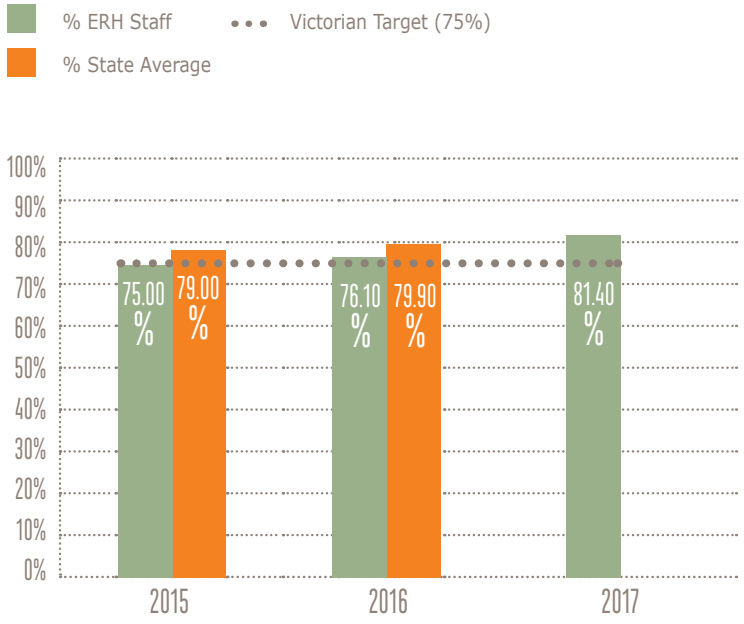
The national hand hygiene guidelines are called the 5 moments for hand hygiene.

Hand Hygiene Compliance



Echuca Regional Health consistently scores above the statewide compliance target of 80%.

Influenza immunisation rates at ERH

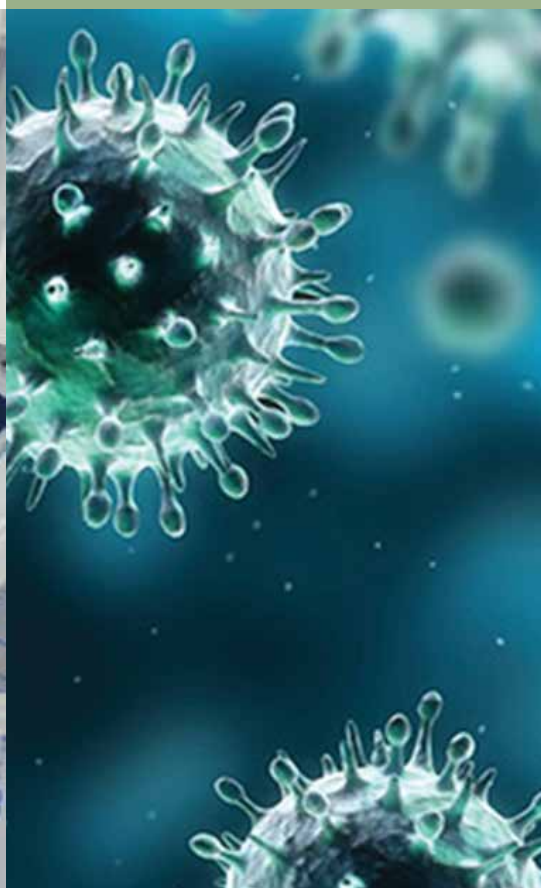


Staff influenza (flu) vaccination

The flu is an extremely infectious virus that can be spread from person to person by coughing, sneezing or touching contaminated surfaces. It can occur all year round but is most common between May and September. Some people, such as the elderly and people with underlying medical conditions, are more susceptible to developing serious complications requiring admission to hospital.

The risk of infection can be reduced by having an annual flu vaccination and practicing good hand hygiene. 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. ERH provides free vaccines for all staff and volunteers and has a roving vaccination cart in the lead up to winter.



VICTORIAN PERINATAL SERVICES PERFORMANCE INDICATORS

All hospitals providing maternity services participate in the Victorian Perinatal Service Performance Indicators. This allows hospitals to benchmark results, compare practices and aim to achieve set targets.

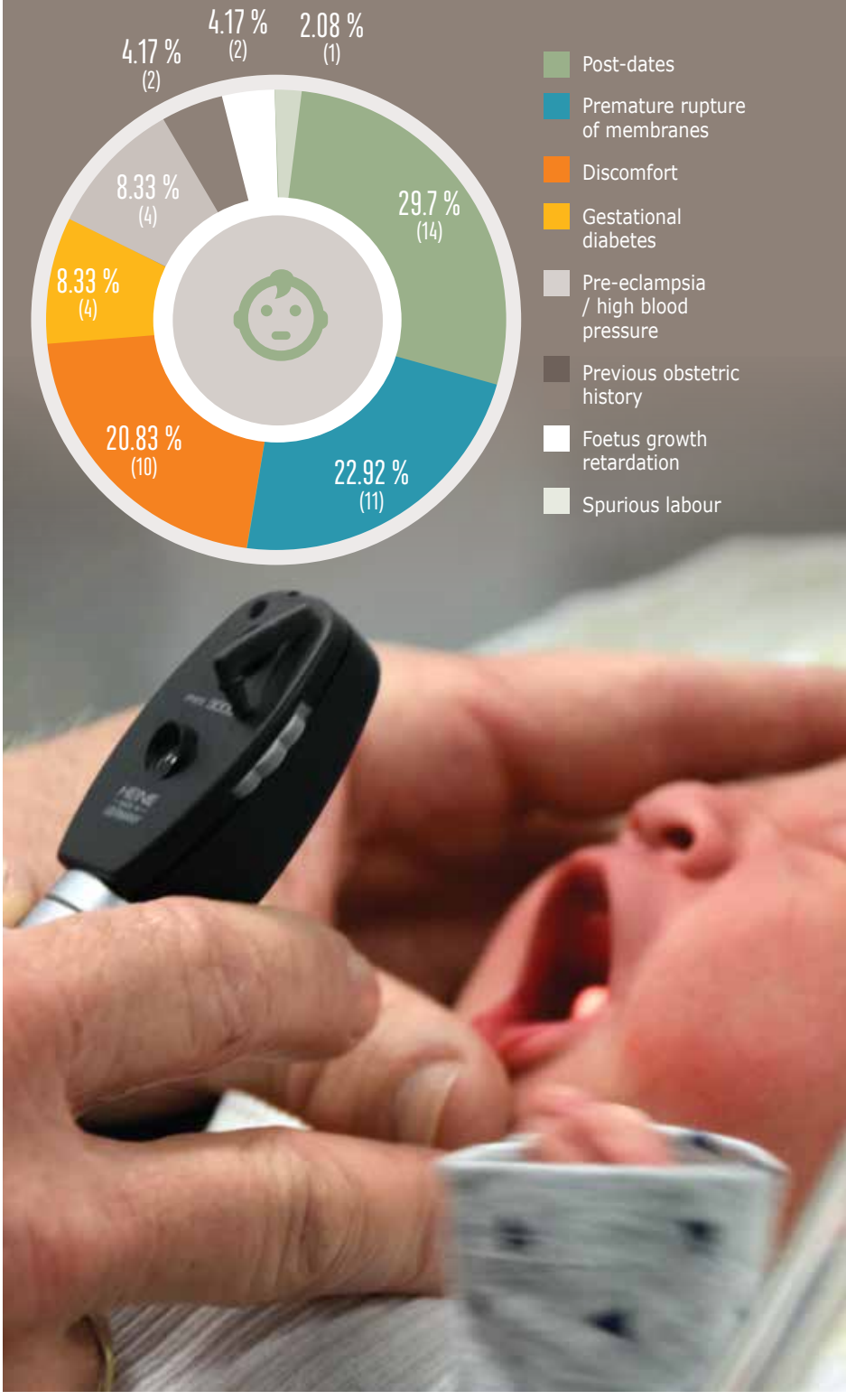
The 2014/15 report indicated that ERH compared well (upper quartile) with other similar hospitals for:

- ✔ Term babies without congenital anomalies who require additional care.

ERH compared less favourably (lower quartile) for:

- ✔ 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.

ERH reviewed all inductions between August 2016 and January 2017



Inductions may be appropriate in a number of situations eg pre-esclampsia. However inductions are known to be linked to increased rates of other birthing interventions such as emergency caesarean sections.

ERH has strengthened the consent process by requiring written consent when inductions are booked. Women can expect that the doctor will explain the indications and contraindications for induction when discussing birthing plans. The new consent form includes reason for induction which assists ERH with ongoing audits.

Apgar scores

All GP obstetricians and midwifes undertake foetal surveillance education and testing.

Scenario based training for obstetric emergencies, including difficult births and post birth bleeding, is provided regularly for all midwifes, GP obstetricians and anaesthetists.

In 2015/16 the Apgar Score indicator improved from 3.1 to 1.9.

The performance indicators continue to be routinely reviewed and strategies for improvement discussed at the Obstetric Clinical Review meetings. Recommendations and the progress of their implementation are monitored at Board level.

Victorian Audit of Surgical Mortality (VASM)

VASM is a systematic peer-review audit of deaths associated with surgical care. VASM receive information directly from hospitals and the coroner.

ERH has a low number of deaths associated with surgical care compared with other hospitals.

Two cases for the period 1 July 2012 to 30 June 2017 underwent peer review.

What has ERH done?

ERH has strengthened the Clinical Escalation System by documenting pathways to obtain a second opinion or executive assistance if staff has any unresolved clinical concerns.

RESIDENTIAL AGED CARE INDICATORS

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

- Falls and fractures
- Pressure ulcers
- Use of physical restraint
- Multiple medication use
- Unplanned weight loss

All indicators have statewide targets and upper limits. All facilities should be below the upper limit and aim to achieve the target. Rates are based on the number per 1000 bed days and are monitored by the ERH Aged Care Quality of Care Practice Committee. Ongoing improvement strategies are in place for all indicators.

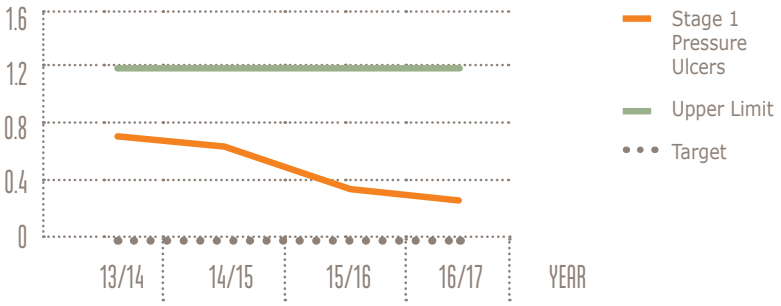
Pressure Injuries

Stage one injuries are the least significant (reddened area, skin intact) and stage four the most significant (deep tissue involvement).

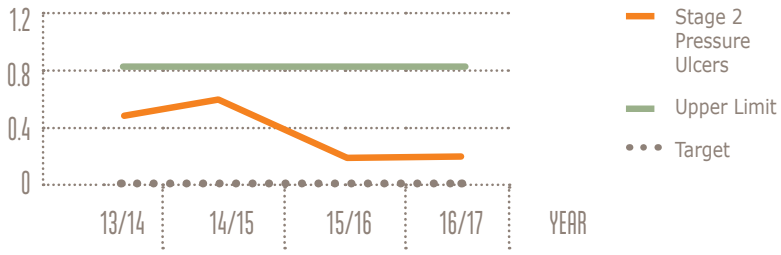
The rate of pressure injuries at Glanville Village has decreased significantly with no stage four pressure injuries in 2016/17. Three stage three pressure injuries were present on residents on admission. Specialised equipment is available for residents at risk of developing pressure injuries and staff have regularly undergone training in 2017 to increase knowledge in assessing and reporting pressure injuries.

PRESSURE INJURIES

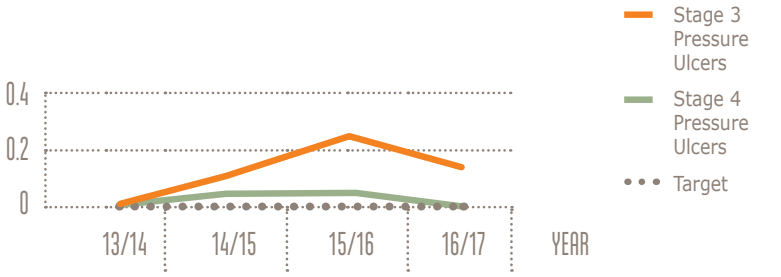
ERH Stage One Pressure Injuries



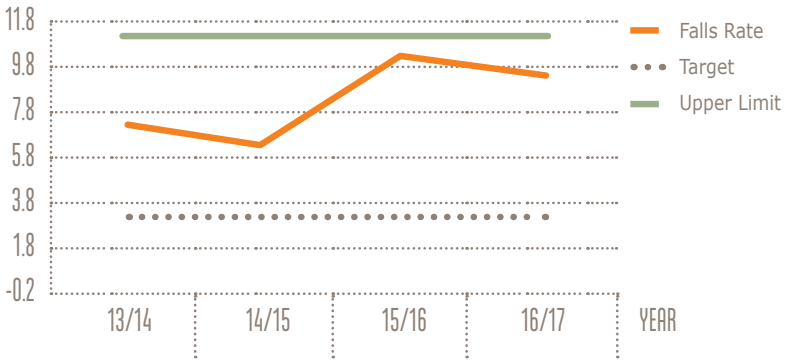
ERH Stage Two Pressure Injuries



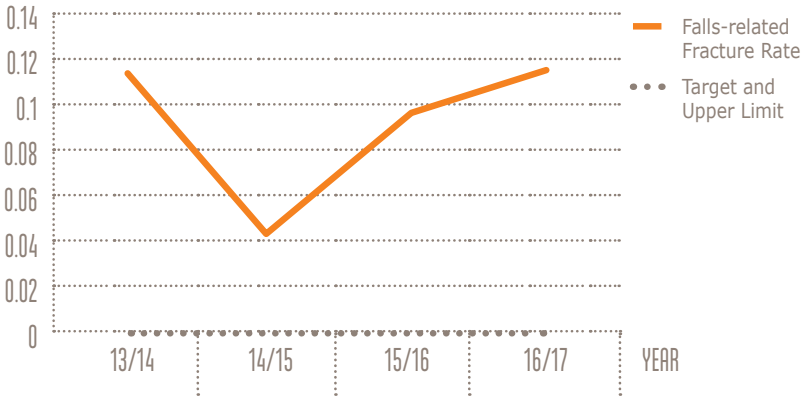
ERH Stage Three & Four Pressure Injuries



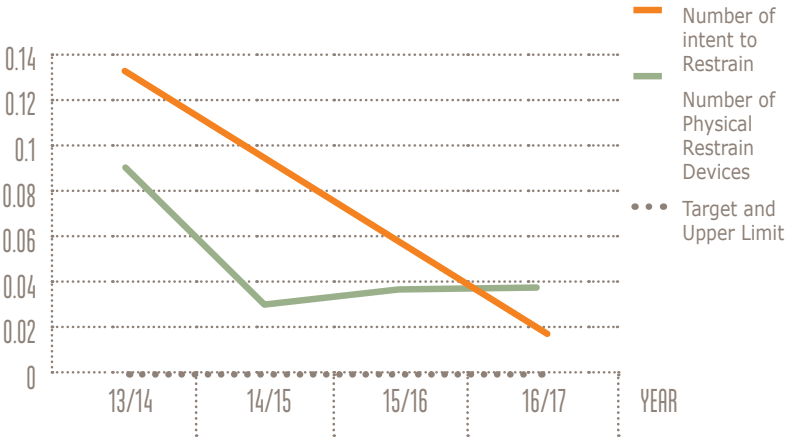
Glanville Village Falls



Glanville Village Falls-related Fracture Rate



Glanville Village Restraints



Glanville Village use of Physical Restraint:

Restraint of residents and use of equipment for restraint to manage behaviours of concern has decreased dramatically in Glanville Village over the past 5 years. Glanville Village develops individual care plans and uses other methods such as music therapy, 1:1 staff monitoring, appropriate medications, General Practitioner reviews and referral to appropriate specialists such as Aged Persons Mental Health Team.

Current restraint devices such as bedrails are only used when requested by the family/resident, and must be assessed as safe, authorised by the General Practitioner and assessed by staff before being implemented.

Falls and Fractures

Glanville Village continues to aim for lower falls rates and zero fracture rates. Equipment to help prevent falls and reduce harm from falls includes sensor mats, low-low beds and mats placed at the bedside to minimise harm if residents roll out of low- low beds.

Three residents with severe cognitive impairment attempted to walk unaided and fell and sustained fractures. Glanville Village plans to implement resident rounding as a strategy to further reduce falls rates, particularly for residents who forget that they are unable to walk safely without assistance; increased supervision will mean that staff can intervene before they try to walk and fall.

Nursing staff have a high level of awareness levels for regarding falls prevention and the need to closely monitoring of residents is high.

Multiple Medication Use

General Practitioners, pharmacists and registered nurses regularly review medications with the aim to reduce the number of medications residents are taking.

An increase in the number of new residents with complex health issues requiring multiple medications resulted in an increase in this indicator in one quarter and thus an overall increase. This rate has since decreased in the last quarter following reviews as above and remains well below overall state-wide and Loddon Mallee rates.

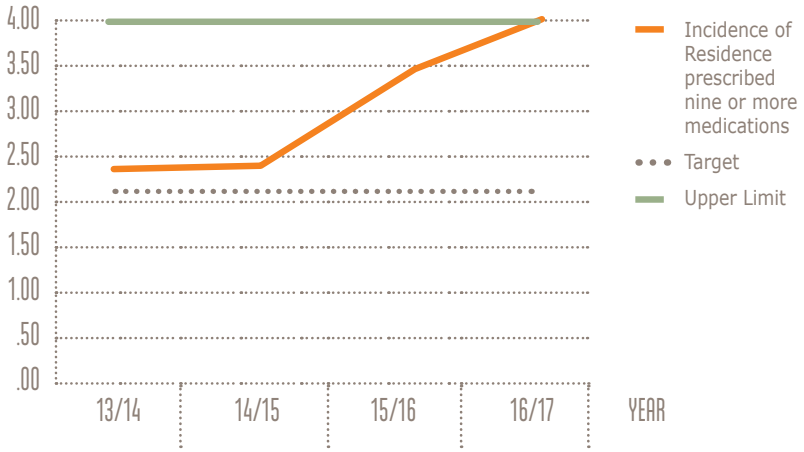
Regularly review medications with the aim to reduce the number of medications residents are taking.

Unplanned Weight Loss

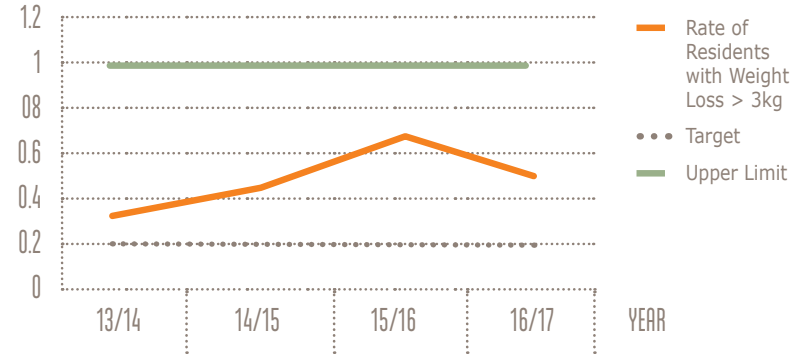
The rates for resident unplanned weight loss, both significant and consecutive have decreased significantly due to increased monthly monitoring and review of policies to increase staff understanding, and early reporting so that strategies such as referral to the Dietitian, General Practitioner and Speech Pathology are implemented.

Weightloss has decreased due to increased monitoring and review.

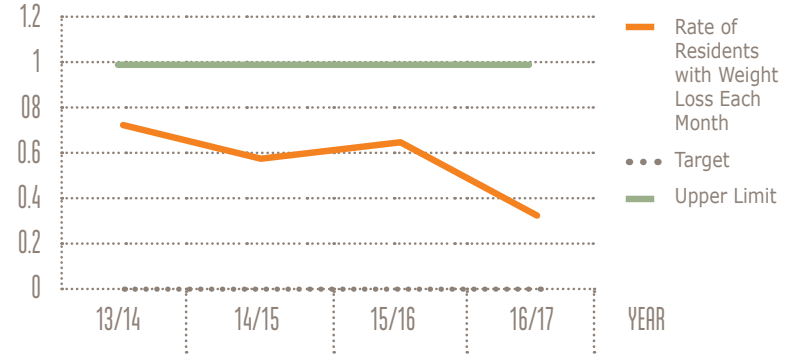
Incidence of Residents prescribed nine or more medications

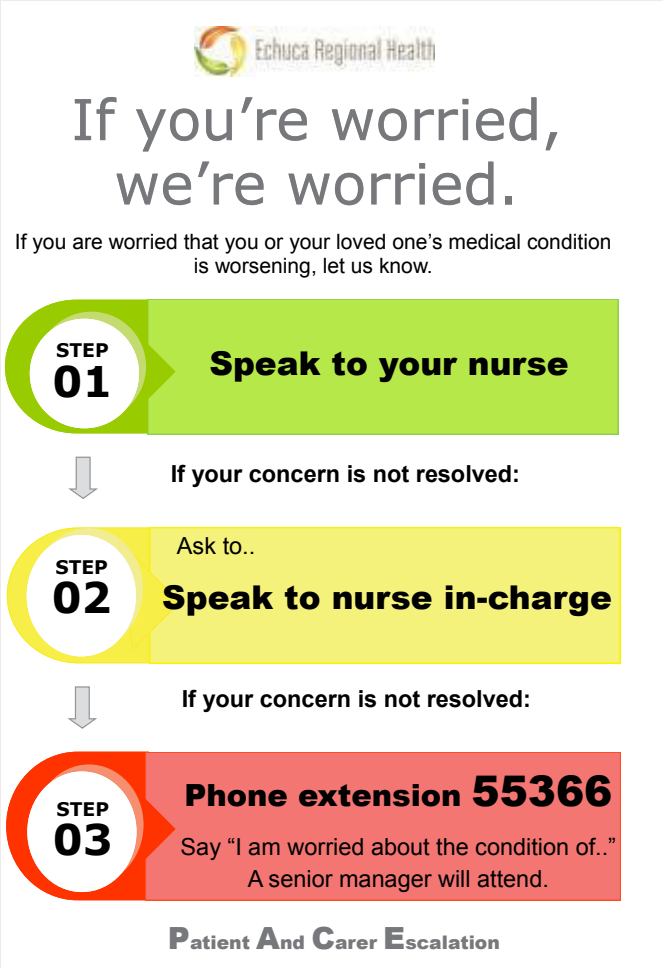


Significant Weight Loss >3kg



Unplanned Weight Loss (Consecutive)



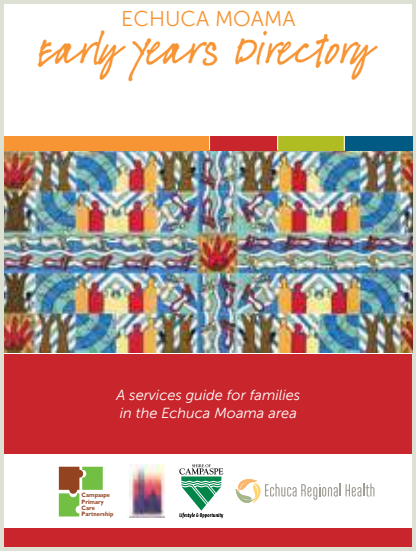


PATIENT ESCALATION OF CARE

PACE: Patient and Carer Escalation

Patients, carers and family are often aware of a change in the patients condition before this is evident to staff. Our new Patient and Carer Escalation (PACE) process assists patients and carers to raise any concerns about the patients condition with the treating team. This helps us to respond to any deterioration as fast as possible. Our Seniors Advisory Group worked with us to develop easy to read instructions for patients and carers on what do to if the patient (or carers/family) are worried. These posters are in every patient bedroom in the hospital.

If the patient/ carer is still worried after talking to the nurse or nurse in charge, the patient or carer can ring 55366 and talk to a senior clinical staff member. The Bed Manager or After Hours Manager will attend and listen to the concerns and initiate further action as required.



SUPPORTING ACCESS TO HEALTHCARE

ERH is a member of the Aboriginal Health Partnership Group which developed the Echuca Moama Early Years Directory. The directory provides information on hospital and community services and programs that support children's learning and development.


CONTINUITY
OF CARE
erh

VICTORIAN HEALTHCARE EXPERIENCE SURVEY (VHES) – "LEAVING HOSPITAL"

The VHES Transition Index is made up of 4 questions:

Question: "Before you left hospital, did the doctors and nurses give you sufficient information about managing your health and care at home?"

Question: "Did the hospital take your family or home situation into account when planning your discharge?"

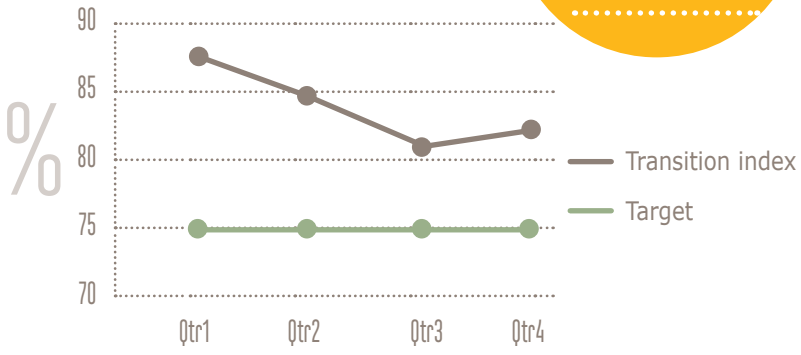
Question: "Thinking about when you left hospital, were arrangements made by the hospital for any services you needed?"

Question: "If follow up with your GP was required, was he or she given all the necessary information about the treatment or advice that you received in hospital"

ERH is improving discharge processes by:

- Providing Medipals – Medication information
- Introduced electronic discharge summaries – sent directly to GP rooms.
- Continually updating the 'Ticket Home' which includes information on transport, mobility aids, and follow up appointments.

ERH achieved above target for all questions for all 4 periods..



COMMUNITY HEALTH SERVICES AND CONTINUUM OF CARE

Many of our community health services including Complex Care, Post Acute Care, Residential Inreach and Community Rehabilitation Centre organise their services based on the Health Independence Program guidelines. Programs are tailored to the specific needs of the client based on the goals of the client and/or carer. Goals are person and situation dependent. eg I want to be able to walk to the letter box; need assistance to care for a spouse with dementia at home.

Complex Care focuses on clients with a chronic illness. Clients are provided with a care coordinator for up to six months who will visit clients at home and in collaboration with the client and family identify client goals and strategies to meet those goals. Strategies are broad ranging and could include assistance in sourcing a community home package, helping with access to residential aged care, health coaching so clients can help manage their own illness, linking into National Disability Insurance Scheme (NDIS) or linking into social activities.

In 2016/17 community health services at ERH have done a lot of work preparing for NDIS. Allied Health teams have embarked on a comprehensive process to prepare for the introduction of the NDIS. This has included the development of referral pathways and streamlining of service provision. A great deal of work has been undertaken to assist clients with assessments that will inform the development of their client plans.

For many of the clients, accessing allied health services will be an option they have not previously been able to take advantage of ERH staff look forward to working with this relatively new cohort of clients.

CONTINUUM OF CARE CASE STUDY

Mr Smith (not his real name) was brought in late at night by ambulance to the Emergency Department with shortness of breath. He was very worried about his health, but more worried about leaving his wife who has dementia at home alone. They had managed well until recently and had started to feel overwhelmed but had not shared his worries with other people. He wondered if he should tell the ED nurse or wait and see if he was admitted to a ward. He improved with treatment in ED and was sent home. The ED nurse recognised he was quite anxious and referred him to Post Acute Care for follow up. Post Acute Care typically provides short term services such as cleaning and showering and also refers clients to other services if longer term assistance is needed. After meeting Mr Smith it was agreed that a referral to Complex Care for case management would be helpful.

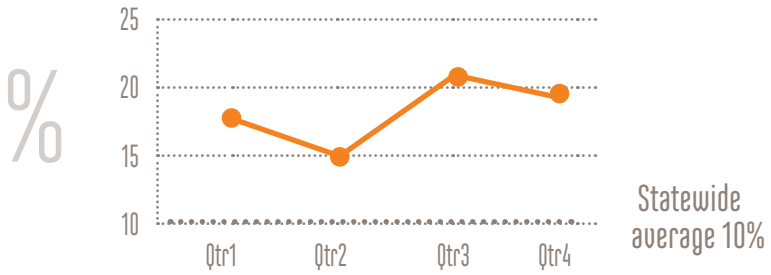
Complex Care visited their home and client centred goals were agreed upon and achieved. The main goal was for Mrs Smith to stay at home and Mr Smith to remain well so he could look after her. The strategies included:

- ACAS assessment and approval for a Community Homecare Package
- A self- management plan developed in conjunction with Mr Smith's GP – it included education on when and how to use a spacer and when to see a GP.
- Referral to ERH Pulmonary Rehabilitation Program and review by a Respiratory Physician.
- Mrs Smith was reviewed by Physiotherapy and Occupational Therapy in the home. Aids and tips on how to best care for her were provided.

ADVANCE CARE PLANNING

Advance Care Plans (ACP) document the wishes and preferences of patients about their future medical treatment, particularly end-of-life treatment. Advance Care Plans guide treatment if the patient is unable to communicate their wishes.

% patients over 75 yrs of age with an advance care plan or substitute decision maker State target 50%



ERH has developed an action plan based on the Victorian Government framework "Advance Care Planning: have the conversation - a strategy for Victorian health services 2014 – 2018". One of the actions is to increase the number of referrals to community services that can support people to develop their ACP including ERH Community Palliative Care, Complex Care and Social Services and local GPs.

HOW AN ADVANCE CARE PLAN CAN WORK

Our Community Palliative Care service recently supported a gentleman dying of an incurable condition to develop an Advance Care Plan. He was a widower with caring children. The plan was developed at home while he was relatively well and could clearly articulate what he did and did not want. The Community Palliative Care team also assisted him and one of his children to complete a Medical Power of Attorney form and to understand what this was for and when it would come into effect.

The Advance Care Plan contained things such as wanting to stay at home with family and no artificial feeding tubes, any type of ventilation or CPR. As the disease progressed, there were occasions where having ventilation or enteral feeding may have been an option but because his family knew his wishes, these were not done.

He died peacefully at home with his family around him as planned. The conversations with the gentleman and his family when completing the ACP meant the family did not have to guess when it came to making decisions about his care.

PALLIATIVE CARE AND END-OF-LIFE CARE

ERH Community Palliative Care service covers a large geographical area and works with other services so that people receive care that is coordinated and integrated.

Community Palliative Care

- Arrange shared care plans with outlying local district nursing services to ensure care is coordinated and appropriate.
- Have monthly multidisciplinary meetings to discuss more complex patients. This includes input from social work, occupational therapy, physiotherapy and Aboriginal liaison officer.
- Refer patients to other services (where appropriate) such as My Aged Care for home care support packages and Residential Aged care for respite or permanent care.

Specialist palliative care has been stregthened by:

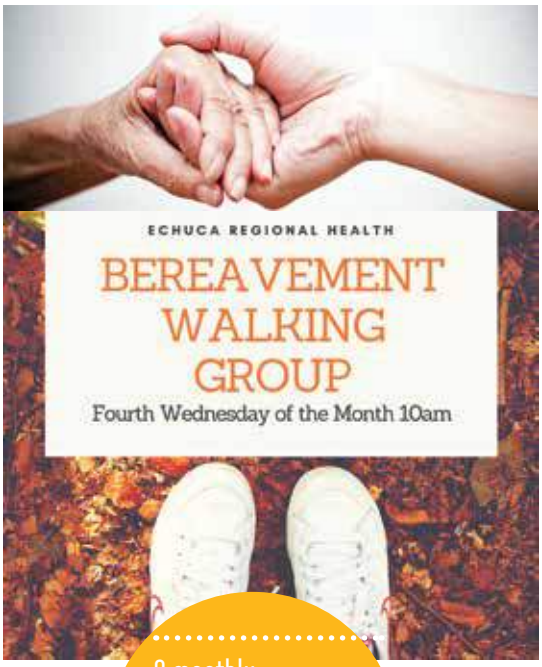
- ERH now has a visiting Palliative Care Physician, Dr Mark Kitching who consults at ERH every fortnight. A trial is underway where he also reviews patients in their home from Bendigo Health using teleconferencing.
- The National Consensus Statement: Essential elements for safe and high-quality end of life care and Victoria's end of life palliative care framework are guiding improvement work at ERH.
- ERH is developing a palliative care pathway that will guide clinical staff on the conversations to have with the patient and family and then document the agreed care to be delivered. The pathway will include space for tailored medical care and end of life care plans. It will also include treatments to be instigated if certain symptoms occur. This will mean treatment can be implemented quickly if required. This will be trialed and then rolled out across the hospital in 2018.

Community Palliative Care routinely audits the service against the Palliative Care National Standards. The most recent audit identified ERH could improve bereavement care.

- The "Bereavement Support Standards for Specialist Palliative Care Services" were implemented resulting in a new process for all of our bereavement care.

A monthly bereavement walking group has also commenced and is well attended with very positive feedback from the participants.

The inpatient palliative care unit (new service within the new hospital) will also participate in the next audit.



A monthly bereavement walking group has also commenced

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