



South  
Gippsland  
Hospital

# Quality Account 2017-2018

## From the CEO

On behalf of South Gippsland Hospital (SGH), I am proud to present the 2017-18 Quality Account. All public hospitals are required to produce a Quality Account by the Department of Health and Human Services (DHHS) as part of the Victorian Government's commitment to provide accessible information on the quality and safety of health services, to their local communities.

SGH has a strong commitment to the quality and safety of our service users and once again we met or exceeded all quality indicators for the 2017-18 year. This Quality Account details how we met the standards and includes comprehensive results of our recent successful three year accreditation audit.

As a result of several successful grant applications, some of our hospital facilities will be upgraded to better meet the safety and quality needs of our community. Our theatre and maternity suites will undergo significant extension and refurbishment as a result of funding received through the Rural Health Infrastructure Fund Round 2. We have worked with the architects to finalise the design, and will soon call for tenders. We expect the project will be completed late in 2019.

In addition, a number of safety systems have been installed with funding from the Health Service Violence Prevention Fund Round 2. This includes a new nurse call bell system with integrated duress alarms, additional CCTV and swipe card control access system. Together these systems provide a safer environment for our staff, patients and visitors.

We continue to partner with our South Gippsland Coast health colleagues at Bass Coast Health and Gippsland Southern Health Service to finalise and implement a South Gippsland Coast Clinical Services Plan. Together we aim to increase the range of safe, high quality services we can provide to our local communities, thus reducing the need for patients to travel out of the area to receive the services they need.

## State-wide plans & statutory requirements

As part of maintaining and improving patient safety and quality of care we took action to help implement statewide initiatives. This included:

- implementing the second stage of the Strengthening Hospital Response to Family Violence program in partnership with Bass Coast Health and Gippsland Southern Health Service in order to help us respond to service users and staff experiencing family violence
- continuing to implement a child safety policy and educating all staff about reportable conduct requirements relating to suspected child abuse
- creating a health literacy action plan and commencing organisation-wide implementation to help ensure easily understandable information is provided to all of our service users regardless of their cultural or language background

## Consumer, Carer & Community Participation

### Improving patient experience

Our participation in the development of the clinical services plan has provided the opportunity to explore the health needs of the South Gippsland and Bass Coast areas and recommend actions in response to these identified needs. The process includes consumer representatives and we expect implementation of the plan over the coming three years.

Ongoing engagement with consumers through our patient feedback systems has helped identify the limitations of our theatre and maternity facilities and helped us secure the funding mentioned above.

In order to improve the level of engagement with young people a youth health steering committee has been established for our Youth Assist Clinic. This will help improve service coordination for young people, identify barriers to participation and assist in the development of new health initiatives.

### Patient experience rating

The Victorian Health Experience Survey (VHES) is a 3 monthly state wide survey of patient's hospital experience. The average SGH score in 2017-18 for patients' overall experience was 99% compared to the government's target of 95%. The score for patient experience of the discharge process was 92% compared to the target of 75%.

After reviewing results for the September 2017 survey, we identified specific areas for improvement including cleanliness of toilets and bathrooms, hand hygiene and food suitability for dietary needs.

As a result of raising staff awareness of the issues identified and indicating aspects requiring improvement, the average score for the areas targeted increased from 89% in September 2017 to 95% in March 2018.

Our community health service users also participated in a VHES survey for the October to December 2017 period. They rated their overall experience at 98%. It was pleasing to find that 100% of clients rated the politeness and helpfulness of the reception staff at the health service as very good or good, 98% felt they were treated with respect and dignity and 95% were likely to recommend our services to someone else. Items identified for improvement included setting goals for health and wellbeing, documenting this in a plan and reviewing the plan with service users. In order to achieve this a standard care plan has been put in place for use across all community health services.

### Patient centred care

Patients, carers and families continued to actively participate in decisions about their care and treatment. This included handover between nursing shifts taking place at the patient's bedside where possible and patients and their families being actively involved in discharge planning. Easily understood information was provided to patients about their treatment to help inform their participation. Ongoing implementation of the health literacy action plan will further assist with this ongoing process.

Consumer participation in reviewing information handouts has continued and we now have two consumer representatives on our Clinical Governance and Quality Committee. The participation of consumer representatives at this level will help provide a voice for consumers and help ensure our services are relevant and accessible to all.



Consumer representatives, Dianne Frey and Jean Moore

The involvement of the local community as members of our Board of Management and its sub-committees, as hospital volunteers, as pastoral care team members and as Hospital Auxiliary members also helps make sure we provided relevant and appropriate services. This year the Auxiliary raised a much appreciated \$32,000. Part of this was used to purchase physiotherapy equipment and a new, 'state of the art' hospital bed. The majority of the funds have been allocated to providing new equipment for the theatre and maternity upgrade.

The generous financial support of many other community organisations and individuals continues to be greatly appreciated, as is the spiritual and emotional support provided by the pastoral care team and ongoing dedication and commitment of our professional staff in both clinical and non-clinical areas.

SGH remains committed to delivering the highest quality health care services that are equitable and accessible to all. The need to provide services sensitive to clients' diverse needs and be responsive to the values, abilities, culture, language and traditions of all consumers continues to be promoted to staff. Although we rarely have clients who do not read or speak English, we recognise our responsibility to provide clear and accurate communication and staff remained aware of the need to access the Victorian Interpreting and Translation Service as required, although again the need did not eventuate.

A formal disability action plan will be finalised in 2019 and community input to the process will be sought and valued.



# Quality & Safety

## Consumer feedback patient

We greatly value feedback about the services we provide. Whether it's a compliment, suggestion or complaint this input helps us identify what we are doing well and areas where we can improve. It helps us to provide an even better service that is appropriate to the needs of our local community. Feedback can be in writing, or by speaking directly to staff, or respond via our website. We also send out a monthly satisfaction survey to hospital patients after they have been discharged.

We give serious consideration to all matters identified and do everything in our power to address the issues raised. On rare occasions we may not have the current resources to meet some requests ourselves. In this case we refer people to services that are better equipped to meet their needs.

During the 2017-18 financial year we received a total of 18 complaints in relation to SGH services. Of these, 4 related to aspects of care, 4 to administrative matters, 4 to the building environment, 2 to limitations of our capacity, and 4 to staff attitude. Actions taken included: education about communication techniques, clarification of possible outcomes for Transition Care Program patients, easier to read meal menus, refining administrative systems, designated hospital bus parking, and education on SGH capacity.

The post discharge surveys were sent to 20 hospital patients each month. We received over 100 responses for the 12 month period. The overall score was 94%. Key indicators of patient satisfaction are detailed below. Any items not indicating complete satisfaction were discussed with staff and requirements for improvement explained and reinforced.

Area	Score
Staff made patients feel welcome when they were admitted	100%
Patients were happy with the contact they had with students	100%
Patients needing an appointment for further treatment had this arranged or were given directions on how to do so	95%
Patients would be happy to come back to SGH if needed	100%

## Workplace culture

The People Matter Survey is a public sector employee opinion survey run by the Victorian Public Sector Commission. The following results are for the survey conducted in May 2018. In line with Department of Health and Human Services protocols, this year's results have been adjusted for neutral responses (neither agree or disagree, or don't know) i.e. with a score of 98% meaning that only 2% disagreed with the statement.

The overall score for the patient safety culture questions was 97%. This compares favourably to the target of 80% set by the Department and the score (adjusted as above) of 96% for the 2017 survey. The response to key questions are listed in the table below.

Staff rating	2018 Score	2017 Score
I would recommend a friend or relative to be treated as a patient here	100%	98%
I am encouraged by my colleagues to report any patient safety concerns I may have	100%	98%
Management is driving us to be a safety-centred organisation	100%	100%

Action relating to patient safety and workplace culture included:

- the provision of the new nurse call bell, duress alarm and swipe card system
- the development of a workplace mental health and wellbeing plan
- formalising a flexible working arrangements policy, which enables staff to better manage their work-life balance, through a range of options including flexible hours (where possible) or purchasing additional leave
- self care workshops for staff to learn more about how to look after themselves in the workplace
- monthly newsletter including tips for healthy work practice
- family violence prevention workshop
- constructive and encouraging mental health messages displayed and rotated throughout staff areas
- weekly gym or yoga sessions for staff

As part of the VHES survey process patients were asked how they would rate the way doctors and nurses worked together. In the survey results for the January to March 2018 period; of the 58 patients participating, 98 % said this was excellent or very good.

## Accreditation

The 2018 three yearly accreditation audit was conducted (in September 2018) by external auditors against the requirements of all 10 National Safety and Quality Health Service (NSQHS) Standards. The corrective actions to address the minor discrepancies identified in the 2017 mid-cycle review were assessed as having been completed. The following key points were made in relation to assessment of compliance with the 10 Standards.

- SGH has successfully met all the core and developmental elements and has implemented a safety and quality governance framework that can maintain and improve the reliability and quality of patient care, as well as improve patient outcomes.*
- There is a robust safety and quality management system in place.*
- SGH commitment to quality and safety system is evident.*
- There is evidence of a culture of collaboration, commitment and respect between clinical and non-clinical staff, the executive, medical staff and the community.*
- SGH has made significant progress in all areas of growth, developing and strengthening the quality management system to ensure continuous progressive improvements of the service.*

Seven minor discrepancies and six observations were noted in the audit and a remediation plan is in the process of being implemented. Issues identified included the need for improved documentation from external companies providing equipment testing, the desirability of clear dating of action plans, the need to update the staff infection protection policy and some additional medication documentation requirements.



Our Executive team: CEO, Christine Trotman; Sam Park, Director of Community Health; and newly arrived Director of Nursing, Paul Greenhalgh give consideration to ways we can continue to maintain the safety and quality of our services.

## Incident reporting

A 'clinical incident' is an event resulting from health care, which could have, or did, lead to unintended harm to a person. Incidents are categorized by a Severity Rating.

All incidents were recorded, investigated and reported to our clinical governance meetings. Immediate action was taken after each incident in order to minimise patient harm and after investigation action was taken to help prevent future incidents. The documentation and investigation of incidents provides us with another opportunity for learning and improving safety and quality of care.

The total number of clinical incidents for 2017-18 was 86. This represented the same rate per 1000 bed days (with 1 bed day = 1 patient staying 1 night) as the 2016-17 year, being 24 per 1000.

Although the rate of clinical incidents was equal to the previous year, the seriousness of the incidents was less. In 2017-18, 40% of clinical incidents resulted in no injury or additional care compared to 25% in 2016-17. There was one incident classified as ISR 1, one as ISR 2, 49 as ISR 3 and 35 as ISR 4.

The one ISR 1 incident involved a patient death. It was fully investigated and was found not to be related to SGH systems or processes. The investigation indicated the death was due to the patient's terminal condition and not related to the care provided.

There was one ISR 2 rated incident compared to four in 2016-17. The incident involved a management protocol not being followed during blood sampling. Staff education was provided along with a change of duties.

### Incident Severity Ratings

**ISR 1 Severe-** An event resulting in death or a severe injury

**ISR 2 Moderate-** An event resulting in a moderate injury and increased levels of care

**ISR 3 Mild-** An event resulting in minimal injury and/or additional care

**ISR 4 No Harm/Near Miss-** An event resulting in no injury or additional care but having the potential to do so



The main incident types are summarized as follows:

**Falls:** We use the NSQHS Standards definition of a “fall” when we classify incidents. Where a fall is “an event that results in a person coming to rest inadvertently on the ground or floor or another lower level”. We record such an event as a “fall” regardless of whether the event resulted in any harm or not.

There were 29 falls (trips or slips included) in 2017-18 compared to 30 in the previous year but the falls rate per 1000 beds days increased from 7.6 to 8.1 (due to the lower number of bed days in 2017-18). However the number of falls resulting in no injury or additional care increased from 20% in 2016 -17 to 38% in 2017-18 and the number of falls requiring treatment decreased from 37% to 28%.

*“Falls-related injury is one of the leading causes of morbidity and mortality in older Australians with more than 80% of injury-related hospital admissions in people aged 65 years and over due to falls and falls-related injuries. Fall rates of 4–12 per 1000 bed days during health care have been described in patients 65 years and older”. - Australian Commission on Safety and Quality in Health Care. Safety and Quality Improvement Guide Standard 10: Preventing Falls and Harm from Falls (October 2012).*

While our falls rate was within expected limits we are making every effort to reduce their occurrence. Prevention strategies include:

- provision of mobility aids, higher levels of supervision, slippers, non-slip socks, regular encouragement to request assistance, call bell within reach, placement in a room more easily monitored, high low bed, assistance with toileting, new beds with bed alarm, assistance with walking

**Medication** - There were 19 medication incidents in 2017-18 compared to 28 in the previous year and the rate per 1000 beds days decreased from 7.2 to 5.3. The number of medication incidents resulting in no injury or additional care increased from 39% in 2016-17 to 79% in 2017-18 and no medication incidents required any treatment for patients. Prevention strategies and controls put in place included staff training and education, discussion of individual incidents with staff involved and new patient safety information above each bed.

**Pressure Injuries** The number of pressure injuries acquired during care rose from 1 in 2016-17 to 6 in 2017-18. However all were early stage and only required minor treatment with no loss or reduction in functioning. The rate of prevalence of pressure injuries is well within the range of what would be expected and also reflects a higher level of reporting having been encouraged.

*The 2016 NSW Pressure Injury Point Prevalence Survey Report (2017) indicated the average rate of inpatients found to have pressure injury that developed during their current stay in hospital was 5.3%. Based on this, 30 acquired pressure injuries per year could be expected at SGH. The actual number of 6 was well below this figure.*

Again, whilst within expected limits we continue to implement strategies to prevent pressure injuries occurring. These included: skin integrity checks on admission, regular review of risk assessments according to required timelines, and patient education about pressure injury prevention.

**Other Clinical Incident Types:** Of the 24 remaining clinical incidents, 83% involved no harm or no loss/reduction in functioning. The patients involved in these incidents required no treatment in 42% of the incidents and only minor treatment for the remaining 58%.

**Infection Control** - There were no Staphylococcus Aureus Bacteraemia (SAB) healthcare-associated infections acquired by SGH in-patients during the year. One incident involved an inpatient contracting the Norovirus whilst in hospital and this was successfully managed by implementing gastroenteritis outbreak management protocols, with no further patients contracting the virus.

Hand hygiene and influenza immunisation

Hand hygiene practice was monitored by regular hand hygiene observational audits. The average hand hygiene compliance audit score for 2017-18 was 88% compared to the compliance target of 80%. The importance of hand hygiene continued to be promoted and annual hand hygiene education packages were completed by all staff.

The healthcare worker influenza vaccination rate for 2017-18 was 85%, well above the minimum target of 75% set by Government but below the 93% compliance achieved in 2016-17. We continue to encourage all staff to uptake the vaccination program and are aiming for all staff to participate.

The VHES survey also asked patients if they saw hospital staff wash their hands, use hand gel to clean their hands, or put on clean gloves before they were examined. In the survey results for the January to March 2018 period, 92% of patients said this was always the case.



Members of the SGH Auxiliary inspect the current operating theatre to learn how their fund raising efforts will benefit the new theatre.

Maternity services

Providing safe maternity care is a priority for SGH and DHHS. The Department monitors and reports on all public and private hospitals that provide maternity care. The latest report on the ten key performance indicators is for the 2016-17 period. SGH performed well for the majority of these indicators.

Indicators scoring lower than the 2015-16 results are included in the following table. One of these relates to babies born at full term without any congenital abnormalities who require additional care. For 2016-17 there was one baby born at full term who required transfer to another hospital. This represented a rate of 2.2% which, although far below the state average of 9.6%, was higher rate than the previous year. As a result the case was reviewed by a consultant paediatrician from the Paediatric Infant Perinatal Emergency Retrieval Service. The overall conclusion was that the birth, resuscitation, stabilization and transfer of this baby was managed very well.

The other indicator with a lower result was the rate of final feed exclusively from the breast for full term breastfed babies. The rate for the period was 87.5%. This was still above the required rate of 75% but was a decrease from the previous year. This result was somewhat surprising in view of the initiation of breastfeeding rate being 100%. In response, the number of lactation consultant hours have been doubled and further breastfeeding education has been provided to all midwives.

Indicator	Rate	Benchmark
Rate of term babies without congenital anomalies who require additional care	2.2%	2.8%
Rate of breastfeeding initiation for babies born at 37+ weeks gestation	100%	97.5%
Rate of final feed being taken exclusively and directly from the breast by breastfed babies born at 37+ weeks' gestation	87.5%	75%

A review of our framework for maternity care has also been conducted during the reporting period to ensure that only women who meet the requirements for a safe birth within our capability are booked in to give birth at SGH.

Escalation of care process

SGH clinical management staff have researched methods other health services throughout Australia have implemented to enable relatives, carers and patients to escalate any concerns about care. After reviewing a number of different approaches the Alert, Check, Talk (ACT) process was accepted as being the most suitable for our context. This empowers patients and families to escalate care if they are concerned about the condition of the patient by first encouraging engagement with the treating clinicians at the bedside and then giving them other avenues to raise their concerns. ACT fosters a culture of open communication between staff, patients and their families.

Patient and family escalation represents the principle of ‘partnership’ and recognises families as key members of the care team. Providing opportunities for our patients and their family to escalate care for their condition improves patient safety, their hospital experience and often their health outcomes. ‘Maria’s’ story is a good example of this.

*‘Maria’ was admitted with a presentation of abdominal pain and diarrhoea with a history of diverticulitis (gastrointestinal problems). She was under the care of a junior doctor. Maria also lived with dementia and this made obtaining an accurate history difficult. Her condition was treated as diverticulitis, however she did not improve and continued to have intermittent episodes of abdominal pain which improved with medication. As her condition did not improve with the normal treatment, the family escalated her care to a more senior doctor who ordered further tests which revealed a small bowel obstruction. Thanks to this escalation of care, Maria was transferred to a tertiary hospital for further management of her condition without any long term negative health issues.*



Accessing community health services

Although 97% of the 2017 Community Health Services Victorian Healthcare Experience Survey participants could easily find our community health service, 22% felt that transportation facilities (car parking, public transport, foot paths, taxi drop off areas) were average or poor. It was a concern to us that transport to services may be a barrier to access and we developed a patient transport service, using our much appreciated volunteer drivers and our community health program car. This is only available for eligible clients with no other means of getting to our services, but we are also working with a local taxi service to ensure other people can get to us when required.

In March 2018 SGH commenced delivering Home Care Packages (HCP). Community members approved for HCP are allocated funding from the government to purchase services they need to live independently in their own home and to avoid premature admission to an aged care facility. Services can range from allied health and personal care support to cleaning, home maintenance and meal preparation. HCP clients are already reporting they are very happy and satisfied with our services and to date SGH is now supporting 15 clients to remain at home.

Comprehensive Care  
Continuity and coordination of care

Maureen's story demonstrates our health and wellness approach to service assessment, planning, delivery and review. Maureen is 80 years old and has lived locally for many years. She has kindly consented for us to tell her story.

During early 2018 Maureen required a variety of hospital and community health services for ongoing health issues. Due to a fall she needed a hospital admission and during her stay Maureen and her family agreed she would benefit from our Transition Care Program (TCP). This is an intensive support program to address particular rehabilitation goals.

Maureen's goals, aspirations and concerns were discussed with her and incorporated into a longer term care plan. Maureen's main goal was to be able to return to live at home and continue her weekly activities. Maureen's health issues had left her with decreased mobility.

Our team worked with Maureen on the following specific goals:

- improving awareness of her current capabilities and providing support and advice on how to maintain physical functionality, coordination and fitness
- increasing her independence with personal care tasks
- assisting her to be safe at home with aids and equipment

The services helping Maureen to achieve these goals included:

- a comprehensive Physiotherapy and Occupational Therapy rehabilitation program to regain strength and learn to use mobility aids and techniques to assist her movement.
- a full home assessment
- ongoing group social support sessions
- health monitoring and support at home

Maureen also agreed to have some modifications around her home to assist her to live safely in this environment.

Coordination of services for Maureen meant she didn't have to repeat her story and she felt that she was always involved in the decisions about her care. As soon as it was safe to do so, Maureen was discharged home with the supports required to complete her restorative process.



Maureen with some members of the team providing support

Maureen is now safely living at home and is enjoying time in her garden and getting out and about. Maureen stays engaged with her community by attending Moovers (a weekly exercise class) and Social Support Group; both at SGH. As her needs change, services will be adjusted accordingly.

Advance care planning

Advance care planning is a process to help people plan and document their medical care choices in advance, for use at a time when they may no longer be able to communicate those decisions themselves. The person's wishes are documented in their advance care directive (previously called an advance care plan). SGH provides information to patients on the advance care directive planning process and encourages them to work with their General Practitioner to develop a plan.

SGH has examined the implications of the new Medical Treatment Planning Decisions Act 2016 and has updated its Advance Care Planning and Medical Treatment Planning and Decisions Policy accordingly.

The advance care directive system involves a partnership between the hospital, our local medical centre and patients. The Foster and Toora Medical Centre work with their patients to ensure that a sensitive discussion occurs to understand the wishes, preferences and instructions for future health care and end of life care. This process also allows patients to appoint one or more medical treatment decision-makers to make decisions on their behalf if they are ever unable to do so themselves.

Once an advance care directive is completed, and with the patient's consent, SGH is provided with a copy for the medical record and our administration staff then place an alert in the regional electronic inpatient data management system.

When a patient is admitted for inpatient care the alert system and our admission process ensures that the treating healthcare team are aware of the individual's formal advance care directive.

For the 2017-18 year twenty one percent of admitted patients over the age of 75 years had an advance care directive or plan in their medical record. This was down from thirty percent in the previous year. The quarterly percentages are listed below. We continue to liaise with General Practitioners and patients to encourage the making of advance care directives and to ensure copies are also kept in patients' hospital medical records.

Percentage of patients over 75 with an advanced care plan			
1 <sup>st</sup> Quarter	21%	2 <sup>nd</sup> Quarter	25%
3 <sup>rd</sup> Quarter	16%	4 <sup>th</sup> Quarter	23%

'Jimmy's' story is a good example of the benefits of having an advance care directive in place.

*'Jimmy' was admitted with a valid advance care directive and the healthcare team were aware of this on admission. Subsequent to the admission his condition deteriorated and during a family meeting, when Jimmy no longer had capacity to make decisions about his care, treatment options at a metropolitan hospital were discussed. However, when the team and family once again reviewed the information within his advance care directive, it was determined that he would not want to be moved to Melbourne. So, Jimmy's wishes to remain at our local health service for care were honoured and he died peacefully in his own community, with his family at his side.*

End of life care

It is impossible to predict when anyone is going to die but we can all prepare for it. SGH supports end of life care in line with individual's values, needs and wishes as documented in their advance care directive.

As well as continuing to incorporate the Palliative Care Outcomes Collaboration (PCOC) initiative into the provision of end of life care, both in the hospital and out in the community, SGH is now transitioning to a broader End of Life Framework. This framework will strengthen existing structures and guide end-of-life care to ensure delivery of the right care at the right time and in the right place in response to the needs of people and their families.

PCOC is a national program that uses standardised clinical assessment tools to measure and benchmark patient outcomes in palliative care. Both the PCOC initiative and the End of Life Framework will guide assessment of patient symptoms throughout the stages of dying. It enables us to work with the patient and carers to develop an individualised person centred care plan which respects and values individual's cultural, spiritual and psychosocial needs and encourage patients to direct their own care, whenever possible, with the interdisciplinary team. The care plan is communicated to all members of the health care team involved with the patient.

This report was circulated to community members prior to printing for their feedback on its content and readability. Their assistance is much appreciated. If you would like to provide any feedback about this report or our services, please contact:  
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