



SOUTH GIPPSLAND HOSPITAL

QUALITY OF CARE REPORT

2014-2015

Our Vision

South Gippsland Hospital will demonstrate excellence in community focused rural healthcare

Our Mission

To deliver the highest quality health care services that are equitable and accessible to all; that meet the current and changing needs of our community; and collaborate with our strategic partners to provide innovative models of care that reflect best practice

Our Core Values

Mutual Respect, Accountability, Trust, Excellence



Welcome to the 2014-2015 South Gippsland Hospital Quality of Care Report. This year our theme is working together to provide high quality, safe and patient centred care. Our success depends on the cooperative effort of community members, patients and staff.

South Gippsland Hospital, classified as a small rural health service (SRHS), is an integrated hospital and community health service providing a broad range of acute and primary care services. The Hospital offers services on an inpatient basis and through its Community Health Centre, outreach clinics, out-patients and in-home care.

Acute Services

General Medical Care
Urgent Care Clinic
Surgical (Peri-Operative Unit)
General
Obstetrics
Urology
Gynaecology
Endoscopy
Pre-Anaesthetic Clinic

Maternity

Shared Care Antenatal Clinic
Extra Care Program
Antenatal Education Program
Birthing & Post Natal Care
Home Visits
Welfare Worker

Allied Health

Physiotherapy
Occupational Therapy
Dietetics
Podiatry
Therapeutic Massage
Inpatient Services
Outpatient Services
Home-based Services
Psychology
Allied Health Assistant
Diabetes Education

Community Health

Planned Activity Groups
Health Promotion
Good Health Clinic
Chronic Disease Support
Well Women's Clinic
Smoking Cessation
District Nursing
Drug/Alcohol Support
Continence Nurse
McGrath Breast Care
Mental Health
Youth Assist Clinic
Transition Care Program

Pastoral Care

As well as physical healing, sometimes the inner soul or spirit of our patients and clients requires attention. To help meet these needs our program of pastoral care has continued to provide spiritual and personal support to patients. There are eight volunteer Pastoral Carers in the program from a range of faith and carer backgrounds.

Volunteers

Approximately 36 community members were involved in a variety of roles including Planned Activity Group support, drivers for Allied Health services, administration, provision of clinical record packs, kitchen duties, visiting patients, and supporting the Transition Care Program. This year also saw the addition of palliative care volunteers offering patients and their families the assistance, time and care needed for a considerate and respectful final journey.

Hospital Auxiliary

The Auxiliary members have continued their greatly appreciated fund raising efforts and provided a range of clinical equipment including a Hoverjack – an inflatable device designed to lift patients off the floor should they fall, providing comfort and safety for the patient and preserving nurses' backs.

Consumers and Carers

Our efforts to further improve patient, carer and consumer involvement included:

Communication

The SGH website www.southgippslandhospital.org.au was expanded to include more information, including tips to help make a patient's stay as safe and enjoyable as possible, information on patient rights, our quality and safety systems and the services available. All of which can be translated automatically into languages other than English.

Community Inclusion

During the year we received a Diversity Project grant to help implement our Home and Community Care (HACC) Diversity Plan and make our services more accessible to people from Aboriginal and Torres Strait Islander backgrounds within our community. The project resulted in a better understanding of the makeup of our local Indigenous community and the possible barriers in accessing our services. It also enabled the development of relationships with a range of individuals, organisations and partnering agencies including the Ramahyuck District Aboriginal Corporation.

As part of the process of acknowledgment, an indigenous smoking ceremony marked the first raising of the Aboriginal flag at South Gippsland Hospital. A large crowd of local community members including guests from the Indigenous community, local Council, schools and the Department of Health and Human Services gathered to witness the event.

Community

Community members were involved on our Board of Governance and its sub-committees, in the large team of volunteers, the pastoral care team, the Hospital Auxiliary and in providing consumer input to our patient information publications. While our medical, nursing, community health, administrative, catering, environmental health and maintenance staff each have a vital role to play, patients and their families also provided valuable feedback on their experience and participated in care planning.

Although the existing contribution has already been significant, in the coming calendar year we will be expanding the opportunity for community participation including input into our quality and patient safety systems.

Board

All hospital boards need a mix of skills, qualifications and experience but we have an added bonus. Our board members know our local community and workforce, their needs and the challenges of providing health care in a rural environment.





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Consumer Participation in Care

Patients and carers were informed and involved in decisions about their care. The revision of medical documentation included the provision for patients to sign their care plans to indicate their involvement. Information was provided to help inform patient decisions about their care using material provided by the Department of Health and Human Services as well as locally produced information (with consumer input) and explanations by staff. The success of this involvement is demonstrated by the responses below to specific questions in the Victorian Health Experience Survey (VHES). SGH results compared to results from similar health services were encouraging.

Participation Indicator	SGH	Peer Group
Things were explained in a way patients could understand	99%	95%
Patients were involved as much as they wanted to be in relation to their care and treatment	84%	79%
Satisfaction with information provided about condition or treatment	99%	93%

Patient Rights

SGH recognises and endorses the Australian Charter of Healthcare Rights and all patients were provided with information about their rights, responsibilities and privacy. We endeavored to provide this information in a way patients could understand and started to include questions about this in our monthly patient satisfaction survey. Since this was introduced, the score for patient rights being both explained and understood has averaged 88%.

Other Activities Promoting Participation and Inclusion

- clinical handover at the patient's bedside
- bedside audits involving patient participation
- review of consent forms for theatre and blood products
- reconfiguration of assessment forms to involve patients in their own care
- provision of an accessible service for 'at risk' youth
- mental health professional network meetings and community groups meetings on site
- Indigenous health resources discussed and disseminated at midwifery staff meeting
- maternity admission form changed to reflect the Indigenous or cultural heritage of the baby
- community health patient information packs
- brochures on Rights Responsibilities and Privacy and the Aged Care Assessment
- goal orientated care plans developed with community health clients
- securing access to Allied Psychological Services (ATAPs) funding to improve access to mental health services in the local area
- establishing a relationship with Quantum Support Services to address those at risk of homelessness
- introduction of Medicare funded Allied Health services to enable greater access to services for clients with chronic disease

Quality Management System

Our structure for helping to ensure patient safety and quality of care continued to be effective. It included the Quality Systems Review Committee comprising board members and senior staff, plus the Clinical Practice and Drugs and Therapeutics committees made up of staff and the Director of Medical Services. These committees regularly reviewed the care provided and helped ensure safe and patient focused services. The Senior Management Team met monthly to consider the safety and quality of care provided.

Our clinical review system involved the Director of Medical Services and Director of Nursing, investigating and reporting on any episodes of care involving:

- Transfer to another health service
- Unplanned re-admission within 28 days
- Patient deaths (expected and unexpected)
- Patient's length of stay greater than 35 days
- Unplanned return to theatre within seven days
- Any record that has been recommended by a health professional for review

This year we focused on making sure we complied with the requirements of the 10 National Safety and Quality Health Service Standards. A gap analysis was undertaken in relation to each of the new Standards and systems put in place to ensure compliance. Policies were revised and new ones developed; new and revised clinical record documents were produced as well as patient information brochures and targeted training and education was provided for staff.

Staff Feedback

We value the input of our staff and participated in the Victorian Public Sector Commission People Matter staff feedback survey. Some areas of the results provided another way of checking our patient safety systems.

Staff Ranking	SGH	State Average
Patient care errors are handled appropriately	97%	94%
Suggestions about patient safety are acted on	97%	91%
Would recommend a friend or relative to be treated here	99%	90%

Staff received regular training and encouragement to report any incidents or patient safety concerns. All staff meetings had regular 'Potential Risk' items on their agenda and staff were encouraged to raise any safety concerns.

Victorian Health Experience Survey

This is a statewide survey of people's public healthcare experience conducted by the Victorian Department of Health and Human Services. For 2014-2015, patients rated their overall experience at South Gippsland Hospital as 99% compared to the peer group (of similar health services) of 97%.

The survey was used as a tool to inform quality improvement. After the results for the October 2014 to March 2015 survey the need to give more understandable explanations, provide consistent information, listen to concerns and involve family members was reinforced. As a result, these areas scored much higher in the final survey for the financial year with the average score increasing from 80% to 91%.

Patient Feedback

Once again the majority of feedback took the form of 84 letters, emails or cards thanking staff for their wonderful, kind, compassionate, friendly, and professional care.

We also had 13 complaints and two suggestions in relation to SGH services and a further two related to services by other providers. All were fully investigated and outcomes reported back to consumers.

Of these, six complaints related to patients' perceived attitude of staff and two were post-operative care related. The remaining five included emergency assessment and referral process, response to telephone call, privacy in theatre area, and hygiene needs perceived as not being met. The two suggestions related to noise in the maternity area and infant feeding charts. Outcomes after investigation included:

- education for individual staff members
- emergency assessment process clarified with medical centre
- clarification of duty of care requirements and the need to communicate with hospitals receiving transfers
- improved telephone assessment process
- reinforcement of the importance of following medical, dietary and physical therapy orders
- improved communications systems for program participants including information sessions and newsletter
- a more private area made available for doctors to consult with theatre clients
- new signage asking visitors to keep noise to a minimum
- detailed handover given from the nursing staff to other service providers about pain levels

Planning

Planning is an important part of delivering appropriate and effective services. Activity in this area included:

- A new Strategic Plan developed for 2014-2018 to guide responses to the community's evolving healthcare needs
- HACC Diversity Plan 2014-15
- Active Service Model Plan 2014-15

Audits

The comprehensive schedule of audits continued to help ensure a safe and high quality patient experience.

Accreditation Audit

We successfully maintained our accreditation after our annual surveillance audit in November 2014. Compliance was assessed against National Safety and Quality Health Service Standard 1 (Governance for Safety and Quality), Standard 2 (Partnering with Consumers) and Standard 3 (Preventing and Controlling Healthcare Associated Infections), the JAS-ANZ Core Standards for Safety and Quality in Healthcare, and AS/NZS ISO 9001:2008. All of the core aspects of these standards were met.

The auditors' assessment comments included: *Top management is actively involved with maintaining and improving the quality management system. The quality management system is effective in establishing sound and thorough processes to provide good outcomes.....Appropriate processes are in place to ensure timely action, positive results followed by regular evaluation.....Management has developed a strong culture for encouraging continual improvement and continues to evaluate the quality management system and functional support roles.'*



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Medical Records

The regular schedule of clinical documentation audits continued to provide a mechanism for maintaining sound documentation practice. All results were reviewed on a monthly basis, referred to appropriate clinical staff for further discussion and specific actions as required. They were also referred to clinical governance committees for their consideration. The average score for clinical documentation was 94%.

Catering Audit

Once again the hospital was 100% compliant with all legislative & Food Safety Program requirements. The annual external food auditor's summary indicated:

A very competent Food Safety Supervisor and highly trained, committed staff oversee the catering facility. The kitchen staff are very supportive and ensure that the food safety program is being implemented successfully, strictly adhering to the food handling policies and continue to maintain the kitchen in a spotlessly clean condition. This site meets the highest standard of food safety compliance.

Environmental Services Audit

The overall score was 98.7% compared to the 2014 result of 98.1%. The summary noted:

All aspects of the internal cleaning audit program at South Gippsland Hospital are compliant with the requirements of the Cleaning Standards for Victorian Health Facilities 2011. An overall high standard of cleaning was noticed at SGH. Staff dedication to maintaining a very high cleaning standard is evident.

Hand Hygiene and Immunization

Hand hygiene compliance remained at a high level with an average audit score of 86% (up by 3% from last year), well above the compliance target of 80% and staff influenza immunisation rates were 81% again, well above the compliance target of 75%.

Education

Our regular program of staff education continued with a particular focus on the implementation of the new National Standards. This included a Patient Centred Care approach in which consumers, patients, families and carers are:

- Listened to and communicated with about their concerns, fears, condition and treatment
- Treated with respect and dignity
- Provided with understandable information
- Supported and encouraged to participate in decision making about their care

Staff also attended motivational training, palliative care triage and advanced care directive training and 22 nurses and doctors attended the Practical Obstetric Multi-Professional Program focusing on maternity emergencies management.

Incident Reporting

A 'clinical incident' is an event or circumstance resulting from health care, which could have, or did, lead to unintended harm to a person, loss or damage, and/or a complaint. Clinical incidents also include near misses. They are categorized by their severity rating:

- ISR 1 Severe** - resulting in death or a severe injury
- ISR 2 Moderate** - resulting in a moderate injury and increased levels of care
- ISR 3 Mild** - resulting in minimal injury and/or additional care
- ISR 4 No Harm/Near Miss** - resulting in no injury or additional care but having the potential to do so



Staff leadership education exercise

Obviously we would like to see as few incidents as possible. However, we are equally concerned that all incidents are actually recorded so we can learn from what happened and help lower the likelihood of future incidents.

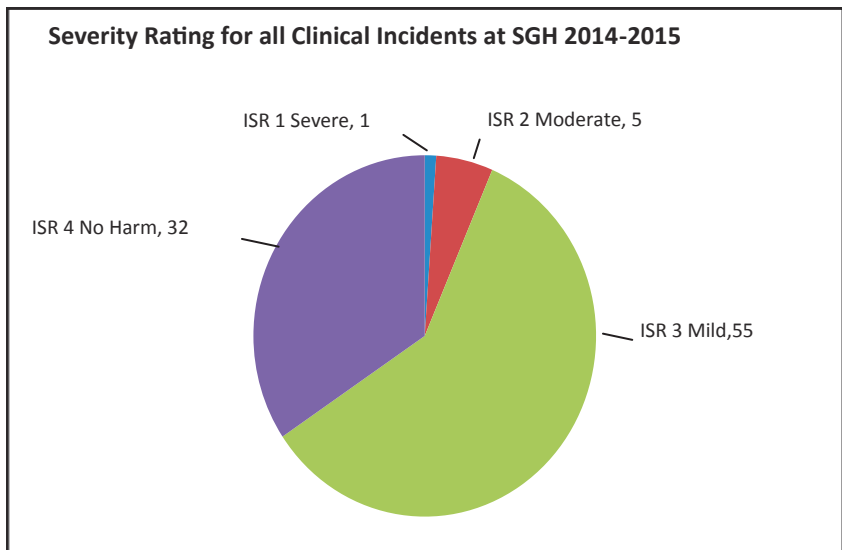
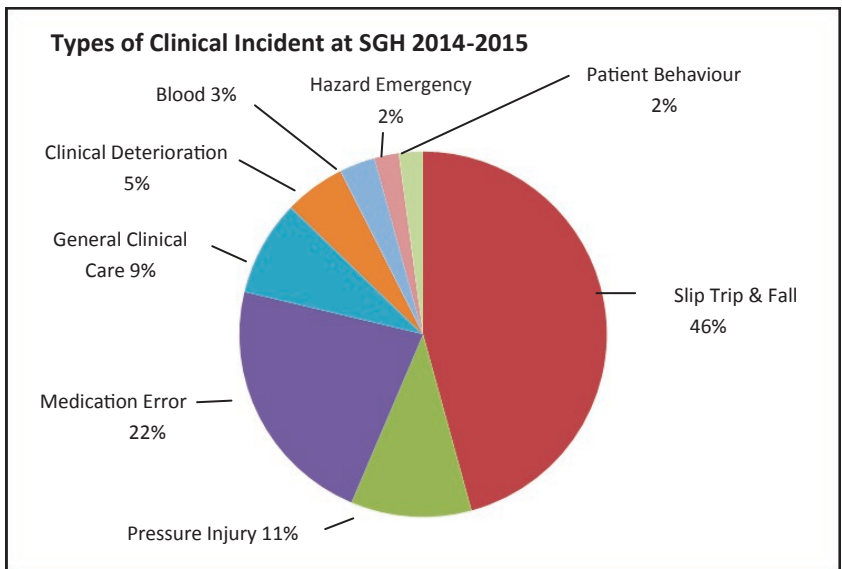
Of the total 94 clinical incidents occurring and investigated in 2014-2015, 85 involved no harm or loss/reduction in functioning, eight involved temporary loss or reduction in functioning and one involved an unexpected death unrelated to the care provided. Although the total number of clinical incidents increased from 79 in 2013-2014, the actual number of incidents involving a temporary loss or reduction in functioning actually reduced from 11 to eight, with the 14 additional incidents involving no harm or loss/reduction in functioning. Details of the five most common clinical incidents types are listed below.

Falls

The number of clinical incidents involving slip/trip/falls was 43, representing 46% of the total 93 clinical incidents. This compares to 36 (45%) in 2013-14. Of the 43 falls, 14 occurred in July 2014. This was well above the average rate of falls expected (at 40 per 1000 bed days) and investigation of the individual incidents showed a particularly vulnerable patient population for this period. For the remaining 11 months the falls rate dropped to 8.5 per 1000 Bed Days with 28 falls occurring in total. This sits within the range of 4–12 falls per 1000 bed days that the Australian Commission on Safety and Quality in Health Care indicates can be expected.

Common strategies to prevent re-occurrence included:

- frequent nursing observations and direct questioning about toileting, repositioning and comfort needs
- call bell within easy reach and encouragement of patients to seek assistance
- relocation to a bed closer to the nurses' station to facilitate closer visual monitoring
- encouragement to use 4 wheel walkers and other aides including appropriate footwear
- review of patient falls assessments by physiotherapist at discharge planning meeting





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Medication

The number of clinical incidents involving medication was 21, representing 23% of total clinical incidents. This compares to 26 (33%) in 2013-14. Minimisation strategies and controls put in place included staff education and competency, staff supervision, regular audits and policy redesign.

Pressure Injuries

The number of pressure injuries identified was 10 compared to seven in 2013-14. All but three were pre-existing pressure injuries unrelated to the care provided at SGH. The appropriate care and treatment was provided and this ensured the injuries were prevented from developing further.

Clinical deterioration

The five incidents relating to clinical deterioration included three in relation to response time in the Urgent Care Clinic, one regarding the appropriate use of the Adult General Observation Chart and one unexpected death unrelated to the care provided. The lack of adequate response time was raised at a senior level with the staff person involved and they are no longer part of our service. The policy in relation to clinical deterioration was revised with reference to the National Standards.

Blood

The three incidents related to blood products included one allergic reaction and two matters relating to labeling. The allergic reaction was reported to the Health Department and the Blood Bank was notified of this along with the minor labeling error. The other labeling error related to a recent change of patient address.

Continuity of Care

Our discharge processes were refined to include more patient and carer input, ensure appropriate referrals are in place and provide patients with follow up that is timely. Patient's satisfaction with their discharge process was illustrated by VHES results.

Discharge process satisfaction indicator	SGH	Peer Group
Overall satisfaction with discharge process	99%	95%
Sufficient information about managing care at home	85%	82%
Adequate arrangements for services needed after discharge	87%	88%

A new brochure on Advanced Care Planning was produced and included in the information provided to patients. It aims to help patients document their wishes about future health and personal care, particularly end-of-life care and help ensure their wishes are respected. Advanced Care Planning was also promoted via the SGH website.

The community health team participated in the Victorian Community Health Indicators project and used the results from this process to improve care planning for clients by tailoring treatment care plans for all allied health community health services. Clients participated in the care planning process to ensure their treatment goals were identified and their treatment plan was patient centred.

Busy as usual

- 1036 patients were admitted, staying a combined total of 3735 bed days
- The Urgent Care Clinic had a total of 2817 attendances
- 96 babies were born
- 698 procedures were undertaken
- 8000 Community Health attendances



Joyce's Story

While every patient's needs are different, Joyce's story illustrates how we respond to the needs of patients across the continuum of care, with a high level of consultation and coordination between our various departments and services.

After being admitted to the acute ward and cared for by our medical and nursing staff, Joyce was supported by our nursing and allied health team as she prepared to return home. For example, while Joyce was still an in-patient, our physiotherapist worked with her to gain initial mobility and be able to get safely out of bed and the occupational therapist assessed Joyce's level of independence with personal care and arranged for her to attend the Breakfast Group. As part of this group, patients prepare their own meal (under supervision) in preparation for a safe discharge to their home.

After Joyce was discharged from hospital, care continued to be provided as part of our home based Transition Care Program in the form of modifications to her home and twice weekly visits from our Allied Health team. The Occupational Therapist had already conducted a home assessment and organised safety rails in Joyce's bathroom and some personal care equipment and the Physiotherapist continued to work with Joyce to achieve her previous level of mobility. Another member of the team, our Podiatrist, ensures Joyce's feet are in great shape to minimise the risk of falls.

Joyce has made a great recovery, continues to be involved in our Community Health Centre and has progressed from involvement in Cardiac Rehabilitation to being an active member of the Heartmoves exercise group and one of the Planned Activity Groups.

A number of other initiatives helped provide support along a patient's journey

- organisational policies in place re mandatory reporting and unborn wellbeing report
- referral to relevant agencies for those with chronic and complex conditions
- community information available on volunteer transport escorts, travel rebates and maps of other hospitals
- Extra Care Program providing antenatal referral and involvement of specialist services for birthing families
- provision of 'hospital in the home' for cancer patients via our district nursing service
- offering local weekend services for disconnecting of IV pumps instead of patient having to travel out of the area

- aged care framework and processes compliant with recent changes in aged care assessment including education session for staff
- strong links with aged care facilities within the region to promote placement and transition to aged care
- fortnightly Community Health Complex Care meetings with shire services, aged care package providers and other regional health facilities, in order to coordinate and document the care of community clients with multiple needs

We value your input

If you would like to provide any comments or feedback about this report or other matters concerning our services, please contact Paul Greco, Quality Coordinator on 5683 9777 or email paul.greco@sghs.com.au.