



South
Gippsland
Hospital

Quality Account 2015-2016

As part of the Victorian Government's Department of Health and Human Services renewed focus on accountability and transparency, all health services must provide a Quality Account to their community. The Department has a set list of quality and safety indicators and it is mandatory that services give a clear and transparent report on all items relevant to their service delivery.

Consumer, Carer & Community Participation

Working with the local community

Community members have continued to be involved on our Board of Governance and its sub-committees, in the large team of hospital volunteers, the pastoral care team, the Hospital Auxiliary and in providing input to our patient information publications. Patients and their families provided valuable feedback on their experience via patient surveys, our complaints and suggestions system, and via individual care planning. In order to improve patient participation even further, handover between nursing shifts is being encouraged to take place at the patient's bedside and patients and their families are actively involved in discharge planning.

In the coming year we will be including consumer representation on our Quality Systems Review Committee and this will increase the opportunity for community participation in our quality and patient safety systems.

Community involvement has been supported by:

- ◆ training of volunteers
- ◆ providing information via the hospital's website
- ◆ setting up a SGH Facebook page
- ◆ promotion of a patient and family centred care approach to staff
- ◆ conducting audits of the quality and safety of care at the patient's bedside, with their participation

Pastoral Care

Experience has shown that there is more to healing than just addressing physical ills. Sometimes the inner soul of our patients and clients requires attention. We now have eleven volunteers from a range of faith and carer backgrounds who are available to support the needs of patients, clients and their families in time of spiritual need.

Hospital Auxiliary

We thank the Auxiliary members for their outstanding fundraising efforts and contribution to improving patient safety and quality of care. This financial year they funded more than \$35,000 worth of equipment including a laryngoscope blade, pressure mattress and patient monitor, a Heartstart defibrillator, a foetal monitor and a specialised ceiling hoist.

The doctors and nursing staff treated me with professionalism and took time to talk and listen in their interactions with me. In my short stay I felt that the care I was given was of a very high standard. All staff provided care in a way that I felt that I was a partner. The nursing care plan was inclusive of my thoughts it was not 'done for me but with me.'

Volunteers

We are also very thankful for the 30 or more volunteers who have continued to make their time available in a variety of roles including program support, driving, administration, provision of clinical record packs and visiting patients. They always conduct themselves in a professional manner and maintain an attitude of fun whilst they work. New volunteers are always welcome!

Services for all

SGH aims to provide the highest quality health care services available to all members of our community and accepts the Australian Charter of Healthcare Rights and the Charter of Human Rights and Responsibilities. We acknowledge Aboriginal people as the traditional custodians of the land on which we operate, their connection to country and commit to working together to ensure all Australians have the same healthcare opportunities.

Although we rarely have clients who do not speak English at home, we recognise our responsibility for ensuring that the cultural and linguistic needs of all consumers are met and as part of this staff are educated in relation to accessing the Victorian Interpreting and Translation Service.

Patient experience rating

The Victorian Health Experience Survey (VHES) is a state wide survey of people's public healthcare experience. The average score for 2015-2016, in relation to patients' overall experience at SGH was 99% compared to the score for similar health services of 98% and the Department's target of 95%.

After examining the results for the December 2015 survey we targeted the following areas for improvement:

- ◆ giving consistent information to patients about their care
- ◆ providing understandable explanations of treatments and tests
- ◆ increasing patient participation in their care and the discharge process

As a result, the average score for the areas targeted increased from 84% to 89% and the overall patient experience score increased from 98.5% to 100% in the June 2016 survey.

Responding to community health priorities

Once a week a group of dedicated clients make their way into our Community Health Centre to participate in 'Cardiac Rehab'. These motivated community members come along to ensure their heart is recovering adequately after a cardiac event. The program is for people who have had a heart attack, angina, angioplasty (a stent), coronary artery bypass grafts, valve surgery, or people with chronic heart disease.

Each person has an initial appointment with a community nurse and physiotherapist before beginning group rehabilitation. The 9 week program focuses on assessment and education as well as exercise to improve heart health to minimize the risk of future cardiac problems.

Whilst the program is delivered in a group everyone has an individual care plan developed around their personal health and fitness objectives. The program is self-directed, so the person, their family and/or carer can understand the purpose of activities and work at their own pace.

Our dedicated team of practitioners works with each person to identify their needs, help them achieve their goals and enhance their quality of care and care outcomes. People respond well to the cardiac program sometimes staying on for two or three series or moving into long term exercise programs.

Quality & Safety

Consumer experience

During the 2015-2016 twelve month period we received a total of 4 complaints from patients in relation to SGH services. These related to the condition of the patient lounge for post-operative care, amount of information provided about post-operative effects and pain management, recognising and managing patient deterioration, and response provided to out of hours presentation at the Urgent Care Clinic.



Quality & Safety cont..

Outcomes resulting from investigation of the complaints included: design and funding submission for a theatre recovery and maternity facilities development; review of information provided about post-operative pain; case review and education for staff in relation to clinical deterioration; review of triage process and education on communication style.

Three complaints related to other services and these were discussed with the services involved.

Other suggestions lead to repairs to a skylight, funding submission for a new call system, repairs to a shower room and introduction of a Wi-Fi service for patients.

Community feedback was also provided by the 118 patients who responded to our monthly patient satisfaction survey. It asked about the admission process, explanation of rights, interaction with students and the discharge process. The

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	99%
Patients would be happy to come back to SGH if needed	100%

overall score was 94%. Key survey results included:

The main areas targeted for improvement were explaining patient rights and providing information about medication given on discharge.

We also received feedback from 80 patients - via letters, cards and emails sent by patients and their family members thanking staff for their high level of care.

People Matter staff survey

The overall score[#] for staff with a positive response to questions about patient safety culture was 96%. This compares favourably to last year's score of 95% and the target of 80% set by the Department of Health and Human Services. The

Staff rating	Score
My organisation provides high quality services to the Victorian community	100%
I would recommend a friend or relative to be treated as a patient here	92%
I am encouraged by my colleagues to report any patient safety concerns I may have	90%
Management is driving us to be a safety-centred organisation	92%

response to key questions was encouraging.

[#] Adjusted for neutral responses (neither agree or disagree, or don't know)



Workplace culture

A patient safety culture continues to be promoted. Each staff meeting includes an opportunity for staff to raise concerns about potential risks to safety and provision of care as does their individual annual performance reviews.

The organisation's policy on bullying and harassment was promoted via the regular staff newsletter, general staff meetings and team meetings. A specific leadership training program and education program for staff will be undertaken in 2016-2017.

As part of maintaining positive and safe work culture an independent safety audit was undertaken and funding is being sought to enable the recommendations to be put in place to reduce the risk of and prevent occupational violence.

Other opportunities to promote a positive workplace culture included:

- ◆ the annual Murray to Moyne cycle relay where 25 staff and local community members cycled 520kms over 24 hours and raised \$13,000 to update the patient lounge
- ◆ monthly staff newsletter, circulated to all staff
- ◆ a new internal communication network (intranet) for staff

Training

Staff training also provided a good opportunity to not only refine clinical skills but also help promote a positive workplace culture. This included:

Paediatric Infant Perinatal Emergency Retrieval (PIPER) training day with expert neonatal educators who ran a workshop for midwives and doctors on resuscitation of new born babies and stabilisation of unwell new born babies who require transfer.

A local education session involving scenarios that required nurses, midwives, doctors, radiology staff and a paramedic to work together in a simulation of neonatal resuscitation of new born babies, resuscitation of children and Anaphylaxis (severe allergic reaction)

'I really enjoyed participating in the training, it helped improve my clinical skills and also made me feel part of the team'

Accreditation

2015 was the first year SGH was audited against all ten of the National Safety and Quality Health Service Standards. This involved a concerted effort by staff to ensure compliance with all aspects of the Standards and accreditation was successfully achieved for the next three year period. The auditors assessed each of the 10 Standards as being "Met" for all elements. Their findings included:

- ◆ An integrated governance system is in place to maintain and improve the reliability and quality of patient care.
- ◆ SGH has an active partnership with the patients to improve the safety and quality of care.
- ◆ The effectiveness of the infection prevention and control systems is regularly reviewed at the highest level of governance and processes and systems are in place to ensure compliance with requirements.
- ◆ Systems and processes are in place to support the maintenance of organization wide medication safety systems.
- ◆ Patients are correctly identified whenever care is provided and correctly matched to their intended treatments.
- ◆ Timely, relevant and structured clinical handover supports safe patient care.
- ◆ Systems are in place for the safe and appropriate prescribing and clinical use of blood and blood products.
- ◆ Systems and processes are in place for the prevention and management of pressure injuries.
- ◆ The upskilling of the workforce is highly encouraging. 18 nursing staff now have advanced life support certificates.
- ◆ Systems and processes are in place to reduce falls and minimise harm from falls.



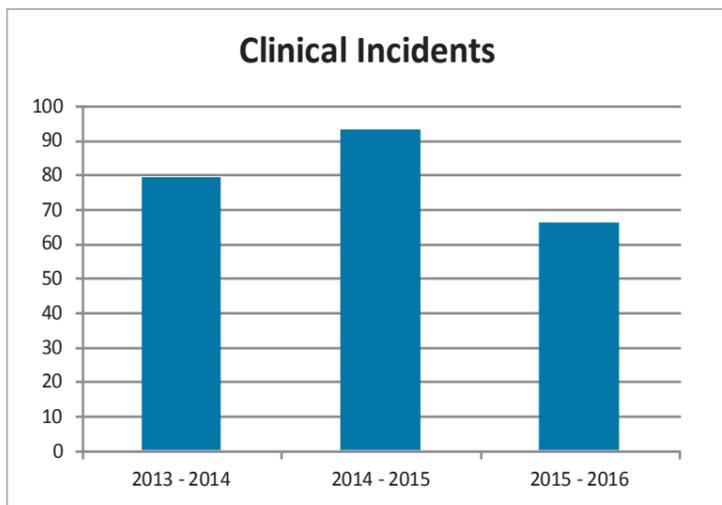
Catering and Environmental Services Audits

External audits again verified the hospital was compliant with all legislative & Food Safety Program requirements and cleaning standards.



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. All incidents were recorded, investigated and reported to our Clinical Governance meetings.



The total number of clinical incidents for 2015-2016 was 66. This was significantly less than the 93 recorded for the previous year.

55 incidents involved no harm or loss/reduction in functioning, and 11 involved temporary loss or reduction in functioning. Immediate action was taken after each incident in order to minimise patient harm and after investigation action was taken to help prevent future incidents. More details of incidents and actions taken are listed below.

Falls - 29 incidents involved slip/trip/falls compared to 43 in 2014-2015. This represented a rate of 8 falls per 1000 bed days which is consistent with the range of 4 to 12 falls per 1000 bed days that the Australian Commission on Safety and Quality in Health Care says can be expected.

Each fall was assessed by the physiotherapist. Actions taken to help prevent future events included: supervision whilst walking, encouragement to wear appropriate footwear, beds set up appropriately, assistance with toileting, mobility aids, reinforcement of calling for staff assistance before getting out of bed, increased regularity of patient observation and patient education.

Medication - 16 incidents related to medication compared to 21 in 2014-2015. Follow up action included: reinforcing the need to double check times written on medication chart, introducing a system where all medications administration times are checked by two nurses, reinforcing the need for clear and legible medication orders, and reminding staff to reconcile medication list accompanying patients on admission against medication chart.

'Once again I was very satisfied with SGH. The staff were fantastic, making my hospital stay as comfortable and enjoyable as possible. Not only does this go for doctors and nursing staff but also cleaners and kitchen staff were extremely obliging and always helpful. Thanks again to everyone for making SGH such a lovely place to have a baby.'

Pressure Injuries - 7 incidents related to pressure injuries compared to 9 in 2014-2015. Of these, 1 was found not to be a pressure injury after further investigation, 4 were pre-existing pressure injuries and 2 early stage pressure injuries were identified that developed during the course of the patient's stay. Investigation of each incident confirmed appropriate strategies had been put in place to help manage the pressure injuries.

Other Service Providers - 5 incidents related to other service providers. In each case the issue of concern was discussed with the independent service provider in order to help prevent it happening again.

Patient Behaviour - 3 incidents related to the behaviour of patients. One patient was found smoking in their ward and one patient absconded twice. Patients were educated about requirements in relation to smoking and leaving the premises.

Patient Identification - 2 incidents related to patient identification. In one case the wrong label was placed on the patient's document prior to transfer and in another the wrong identification arm band

was on a patient's left arm. Both errors were immediately rectified and systems checked to avoid further events.

Blood - 1 incident involved an adverse reaction to Octagam. The patient was managed according to protocol and the reaction was reported to the manufacturer.

There were no acquired healthcare-associated infections during the year.

Hand Hygiene and Immunisation

Hand hygiene compliance remained at a high level with an average audit score of 82% compared to the compliance target of 80% and staff influenza immunisation rates were 81%, well above the compliance target of 75%. Hand hygiene analysis now includes examination of scores for each aspect of hand hygiene as well as total scores. This helped us understand which areas needed improvement. Recommendations of an independent audit of hand hygiene management have been included in our implementation of the Infection Control Standard, this includes annual hand hygiene education for all staff.

Maternity services

As part of our system for ensuring high level care we have a number of government determined "indicators" and benchmarks to help measure how our services are performing. Two of these are listed below:

Indicator	Score	Benchmark
SGH Rate of breastfeeding initiation for babies born at 37+ weeks gestation	97.7	Greater than 94.2
Rate of term infants without congenital anomalies who require additional care	4.8	Less than 8.4

The first indicator shows our breastfeeding initiation is above the state average. This is made possible by current best practice, midwifery skill and knowledge, patient education and the experience of staff. The presence of three international board certified lactation consultants also provides support for birthing families and maternity staff.

The second indicator means the rate of infants requiring transfer elsewhere for additional care is well below the state average. This relates to our framework of care which carefully identifies any higher risk pregnancy and ensures that birthing occurs at the most appropriate birthing facility.



The maternity services team met in December 2015 to review the SGH framework for maternity care and ensure we work within our scope of practice to provide a safe experience for mothers and babies. This included strengthening our regional partnerships with higher level health services for additional care for birthing families when necessary. The support of the Foster and Toora Medical Centre GP obstetricians is greatly valued and contributes to the continued ability to offer local, accessible, safe and high quality birthing care.

Victorian Audit of Surgical Mortality

As part of the overall Victorian quality improvement process, information is regularly produced based on case reviews performed by surgeons participating in the Victorian Audit of Surgical Mortality. This information is then circulated to health services to help them review their current practices. The information received was circulated to our theatre unit for their consideration and discussion. Fortunately we did not have any incidents of surgical mortality but the lessons learned helped reinforce good practice.

Care Planning

Care planning at our Community Health Centre (CHC) is an example of continuing efforts to improve health outcomes for our community. The principle of delivering care is that:

- ◆ clients are the experts in their health and will be encouraged to set their own priorities about their care
- ◆ our services will adopt a "doing with, not doing for" approach and will be flexible and tailored for the individual
- ◆ people will be empowered to promote their own health and wellbeing

Effective care planning at the CHC requires a collaborative approach to deliver holistic individualised care. Staff utilise their expertise and professional judgement to design flexible solutions and tailor service delivery to meet each individual's unique needs.

Our care planning asks each person, 'What is important to you?' and 'What do you want to achieve?'. Some have identified "I want to be able to dance at my granddaughter's wedding" or "I would like to go out more and be more social". We then set about finding strategies and activities that suit each person and help them to achieve their goals. All of this is recorded on a document called a care plan and we provide a copy to take home. Each care plan is reviewed annually to make sure it is still relevant and working to achieve the outcomes desired.

Continuity of Care

Leaving Hospital

The VHES also asks patients about their experience when leaving hospital. The scores of three questions make up what is called the Transitions Index. The target set for health services by government is 75%. Our score rose from 83% in the September 2015 survey to 89% in June 2016.

While the score for the final question was well above the state average it was significantly below the average score of 95% for similar size hospitals. In response, a specific discharge planning coordinator has recently been appointed and this has helped improve the ability of patients and their families to participate in the discharge process. We anticipate this will significantly improve the transfer of care for patients from the hospital to other services.

Question to Patient about leaving hospital	SGH rating	State average
Did the doctors and nurses give you sufficient information about managing your health and care at home?	90%	71%
Did hospital staff take your family or home situation into account when planning your discharge?	88%	73%
Were adequate arrangements made by the hospital for any services you needed?	81%	68%

Team approach

We recognise that in many cases people will benefit from a team care approach. In order to achieve effective communication between all team members involved in the care of a Community Health client, each fortnight we hold a multi-disciplinary team meeting called "Complex Care".

At each Complex Care meeting a range of practitioners comes together to discuss the best care option for clients who have considerable needs and have consented to this process. The team ensures:

- ◆ discussions are conducted confidentially, so only direct care team members are involved
- ◆ SMART principles are used. Specific, Measurable, Assignable, Realistic and Timely actions are identified to achieve best outcomes
- ◆ care is coordinated so that care activities are deliberately organised between the multiple practitioners

These meetings help coordinate care across the services involved when clients have complex needs. This improves the continuity of care a client experiences and leads to improved health and wellbeing as well as reducing duplication, delays and conflicting information.

Topsy and Albert's story

The SGH Community Health Centre responds to the needs of consumers, carers and families in a variety of ways.

People are referred to the Community Care Coordination Clinic by themselves, their family or by the Community Health team. The aim is to make a person's community health experience as useful to them as possible.

Topsy and Albert have been coming to the Centre since 2011. Albert was diagnosed with a heart condition and later diabetes, and attended Cardiac Rehabilitation and the Diabetes Clinic. In 2012 Albert had a further health problem which required the use of the Transition Care Program. This aims to assist people to return home after hospital and prevent premature admission into aged care. It involves assessment by the Aged Care Assessment Team from La Trobe Community Health. Once on the program, the entire Community Health Team may be involved in the client's care, including district nursing, physiotherapy, occupational therapy and podiatry.

Albert and Topsy's health deteriorated somewhat over the past couple of years and they and their family requested we help plan the next stage of their lives. By introducing services from the South Gippsland Shire Council, we were able to help them stay living in the community.

Recently Topsy and Albert both had the misfortune to be admitted to the hospital. Planning for a safe discharge involved the ward staff, the discharge planning team, the Community Care Coordination team and the district nurses. Following discharge, a family meeting was held at their house, involving the care coordination team and members of their family. The Shared Care Plan developed will be reviewed as necessary as Topsy's and Albert's needs change. It will keep all the services working together, so their goals can be achieved and help them to remain living safely at home.



Advance care planning and end of life care

An advanced care plan (ACP) explains what you would like to happen if you were badly injured or seriously ill and couldn't make decisions about your healthcare. It spells out your wishes about future health and personal care, particularly end-of-life care, and helps to ensure your wishes are respected.

In 2016 a new admission process was introduced into the Acute Ward and the Urgent Care Clinic. Every admitted patient is now specifically asked if they have an ACP and if so where is it located. If the hospital does not have a copy the local medical centre is asked to provide one or the family, if it is located at home. Once a copy of the plan has been received at the hospital it is recorded on our data base and on the patient alert form located at the front of the patient's medical history. The form is then accessible for all healthcare staff to access when required.

When a patient becomes unable to express their wishes (usually due to the progression of the disease) their ACP is activated as in the example below. The patient's prior wishes regarding treatment options, including the provision of resuscitative measures, are identified and adhered to. The patient will be cared for to ensure they remain comfortable and pain free.

'George', an 82 year old man was in respite at a low level care facility, where he completed his Advanced Care Plan. He had very mild dementia initially but his mental capacity declined rapidly during his stay.

Investigations for ongoing acute symptoms revealed George had terminal cancer. His advanced care plan was reviewed to ensure that his treatment wishes were complied with. One of his wishes was to stay close to his family and not be transferred to another health service for any further diagnostic tests or active treatment. Therefore he was transferred back to SGH for palliative care in close proximity to his family.

In accordance with his ACP George's symptoms were managed and he was given continuous pain relief and died a week later with his wife by his side.

The percentage of patients over the age of 75 years with an advanced care plan is now being monitored on a 3 monthly basis and for the first quarter of 2016-2017 was 46%.

SGH will continue to implement current best practice end of life management principles in line with the Victorian End of Life and Palliative Care Framework. We will partner with Latrobe Regional Hospital as the new regionally based specialist palliative care service commences in South Gippsland from January 2017 to support person centred care for the community.

Our specific advanced care plan policy is in the process of being finalised but a brochure on advanced care plans has already been developed and is available to patients.

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

Paul Greco, Quality Coordinator, on 5683 9777 or paul.greco@sghs.com.au

More information about the hospital's compliance with state-wide plans can be found in the South Gippsland Hospital Annual Report 2015-2016 on our website www.southgippslandhospital.org.au.