



South
Gippsland
Hospital

Quality Account 2016-2017

As the CEO of South Gippsland Hospital (SGH) it gives me great pleasure to present our annual Quality Account as part of the Victorian Government's commitment to provide accessible information to local communities about the quality of care and safety of health services. Quality of Care is a priority for our staff working in both clinical and non-clinical areas of SGH and we are very proud of our strong track record in providing high quality care to our patients.



SGH CEO Chris Trotman receiving her flu vaccine from
Infection Prevention Nurse Franwyn Jacka

State-wide plans and statutory requirements

As part of our process of continuous improvement we took action to help implement Victorian Government statewide plans. This included:

- adopting the Women's Hospital Strengthening Hospital Responses to Family Violence principles, and working in partnership with Bass Coast Health and Gippsland Southern Health Service to use the toolkit at a local level
- ensuring the Victorian Child Safe Standards are embedded in everyday thinking and practice to better protect children from abuse; involving a staff awareness program and discussion at recruitment, orientation and performance reviews
- conducting a desktop gap analysis against the Rainbow eQuality Guide to identify barriers/issues for LGBTI community members accessing SGH services
- completing a desktop audit of Gippsland Aboriginal Health Cultural Competency Tool to identify barriers/issues for Aboriginal and Torres Strait Islander community members accessing SGH services

In the coming year a new disability action plan will be developed in line with the recently released 'Absolutely Everyone' Victorian State Disability Plan 2017-20.

Consumer, Carer & Community Participation

Patient centered care

Our patient, carer and consumer focused approach continued. Patients, carers and families actively participated in decisions about care and treatment. The options were explained in a way that was easily understood and where available, written material was provided. Handover between nursing shifts took place at the patient's bedside where possible and patients and their families were actively involved in discharge planning. Many of our forms also require patients to sign acknowledging they have participated in the development of their treatment plans. The effectiveness of our efforts to encourage participation was regularly tested by patient satisfaction surveys and our system of bedside audits which directly involved patient participation. Consumers also provided input by checking the content of our information brochures to help make sure they were easy to read.

'The best thing that comes to mind is the very caring happy atmosphere. All the staff I met in my time in hospital were prepared to do all that it took to make my stay worry free and relaxed.'

VHES response, December 2016

Community involvement

The involvement of community members on our Board of Governance and its sub-committees, the hospital volunteers, the pastoral care team, the Hospital Auxiliary and those providing input to our patient information publications has continued to be greatly appreciated. This year the Auxiliary contributed \$31,500 toward much needed equipment including endoscopy instruments, commode chairs, a podiatry chair, a digital chair scale and an ECG machine. The generous financial support of many other community organisations and individuals has also been greatly appreciated, as has the spiritual and emotional support provided by the pastoral care team. The continuing efforts and contributions across a wide range of areas by the team of hospital volunteers has again been a vital component of effective service provision.

The inclusion of additional consumers on our Quality Systems Review Committee was postponed until the new Victorian Clinical Governance Framework was finalised. Our quality management system has now been reviewed and the inclusion of consumer input to the new Clinical Governance and Quality Committee will be a priority for the coming year.

Service accessibility

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 was reinforced. Although we rarely have clients who do not speak English at home, 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 the need did not eventuate.

Patient experience rating

The Victorian Health Experience Survey (VHES) is a state wide survey of people's public healthcare experience. The average SGH score in 2016-2017 for patients' overall experience was 98.5% compared to 98% for similar health services, the state average of 93% and government's target of 95%.

After reviewing results for the December 2016 survey, we identified specific areas for improvement including patient privacy, satisfaction with noise or lighting, waiting time, comfort with presence of students and consistency of information about care. As a result of raising staff awareness, the average score for the areas targeted increased from 88% to 92% and the overall patient experience score increased from 97% to 100% in the June 2017 survey.

Increased access to diabetic clinic

In response to community health priorities, in April 2017 SGH commenced an after-hours diabetes clinic with late afternoon to early evening appointments. Prior to the after-hours clinic, patients with diabetes could only access care and treatment via our regular diabetes clinic, which offers appointments between 9am to 4pm.

Some clients told our diabetes educators they were unable to attend appointments during the traditional clinic hours. A review of diabetes clients revealed low numbers of people under the age of 65 and indicated we may be missing younger (working) clients by not offering more accessible appointment times.

The new clinic was promoted widely and the number of referrals and uptake has steadily grown. The provision of increased service hours, at times outside of traditional service delivery, has resulted in positive feedback from the community regarding access and increased levels of participation.

Quality & Safety

Consumer feedback

Consumer complaints, compliments and suggestions are welcomed by SGH. This feedback helps us identify what we are doing well and areas where we can improve. People are able to put their feedback in writing, speak directly to staff or respond via our website. We also send out a monthly satisfaction survey to patients after they have been discharged.

We value the feedback we receive and give serious consideration to all matters identified. We do everything in our power to address the issues raised; however on rare occasions we may not have the resources to meet the request ourselves. In this case we refer people to services that do have the resources to meet their needs.

During the twelve month period we received a total of 11 complaints in relation to SGH services. Of these, 5 related to perceptions about the communication style of staff, 3 were about administrative procedures, 1 related to the ability to address mental health issues, 1 to food provided to an activity group and 1 to facilities. Actions taken included: communication technique education, special needs education, clarification of the pastoral care team visiting procedures, reinforcing of correct catering procedure, clarification of administrative procedures and reinforcement of the commitment to provide all patients with the most appropriate care at the most appropriate facility for their best possible outcome.



Peri-operative Nurse Gabrielle Buckland with patient Mr Alan Talmash

Other feedback from consumers lead to the installation of two Australian Standards compliant disability parking spaces and the identification of a preferred design for new beds (now installed).

Ninety patients responded to our monthly patient satisfaction survey. The overall score was 95%. Key indicators of patient satisfaction included:

Area	Score
Staff made patients feel welcome when they were admitted.	100%
Patients were happy with the contact they had with students	99%
Patients needing an appointment for further treatment had this arranged or were given directions on how to do so	96%
Patients would be happy to come back to SGH if needed	100%

Workplace culture

The score for the patient safety culture questions in the annual People Matter staff survey was 85%. This compares favourably to last year's score of 84% and the target of 80% set by the Department of Health and Human Services. The response to key questions included:

Staff rating	Score	Target
I would recommend a friend or relative to be treated as a patient here	98%	80%
I am encouraged by my colleagues to report any patient safety concerns I may have	92%	80%
My suggestions about patient safety would be acted upon if I expressed them to my manager	90%	80%

Actions already taken as a result of the survey included:

- providing all staff with access to an online learning module on bullying and harassment
- an occupational violence de-escalation training workshop attended by 21 staff
- relocation of after-hours staff parking
- health promotion initiatives promoting healthy eating, increased physical activity and social connections, including a new series of staff exercise groups
- education on the Charter of Human Rights
- introduction of flexible work arrangements to help improve work/life balance and reduce workplace stress

These actions resulted in staff being better equipped to deal with challenging behavior and more actively engaged in promoting and encouraging a safe work environment. A significant development aimed at improving the safety culture for both staff and patients was the introduction of a smoke free workplace where smoking is no longer permitted anywhere on the grounds of the hospital, including all outdoor areas.

Once again the Murray to Moyne cycle relay helped to promote a positive workplace culture. This year it raised more than \$20,000 to enable the construction of a mobility garden in the hospital grounds. This will incorporate pathways with different surfaces, obstacles, ramps, steps and slopes all designed to assist with rehabilitation and the transition from a hospital stay to home.

One of the issues identified by the People Matter survey was staff feeling somewhat stressed at work and wanting to learn how to better balance their commitment to work and personal life obligations and pursuits. In response we will be providing self-care workshops for staff. These facilitated workshops will explore how to:

- set and maintain professional boundaries
- balance work schedule and life demands so no one day or one week is too much
- make time throughout the work day for intermittent self-care breaks and
- create a healthy work space

SGH aims to encourage all staff towards balancing work, family, and personal life. Not only will this improve the quality of life and work for staff it will also further enhance the patient safety culture and quality of care provided.

‘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.’

Cate, Satisfaction Survey, October

Accreditation

The 2017 accreditation audit was conducted against requirements of the National Safety and Quality Health Service Standards 1, 2, 3 & 7. The Standards were assessed by the external auditors as follows:

Standard	Core Actions*	Developmental#
Standard 1 Governance	44 – 34 Met, 10 Met with Merit	9 – 9 Met
Standard 2 Consumer Partnership	4 – 4 Met	11 – 11 Met
Standard 3 Infection Control	39 – 35 Met, 4 Met with Merit	2 – 2 Met
Standard 7 Blood	20 – 10 Met, 10 Met with Merit	3 – 3 Met

*Core Actions need to be implemented in full

Developmental requirements don't have to be fully met at this point

The auditors overall summary stated:

‘The clinical governance framework structure, system and processes in place have excelled since the last audit to ensure a robust systematic and comprehensive reporting process is in place. All actions have been taken on issues identified in a timely manner. This is evident in its risk management, clinical audit program, education, training and continuing professional development of its staff. As well as the practice of evidence based care and measurement of its effectiveness.....

Management has developed a strong culture for encouraging continual improvement and continues to evaluate the management system and functional support roles. Continual improvement is driven by internal audits, management review, non-conformances reporting, the logging of customer feedback, compliments, complaints and incidents.’

Even though all requirements were met, a few items were identified for quality improvement. Outcomes included:

- a review of theatre staff education resources
- introduction of new microbiological testing schedules for endoscopic equipment
- development of a revised open disclosure policy

Incident reporting

A ‘clinical incident’ is an event resulting from health care, which could have, or did, lead to unintended harm to a person. 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 total number of clinical incidents for 2016-2017 was 92, compared to 66 for 2015-2016. Five of the incidents related to external services. The most significant differences were 12 more medication incidents and 12 patient injuries to self, including 9 skin tears. Although more clinical incidents were recorded, the overall impact of incidents remained similar. 82 of the incidents involved no harm or no loss/reduction in functioning. 10 involved temporary loss or reduction in functioning compared to 11 for the previous year. The main incident types are summarized below.

Falls - 30 incidents involved slip/trip/falls compared to 29 in 2015-2016. This represented a rate of 7.6 falls per 1000 bed days (compared to 8 in 2015-2016) 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 advises can be expected. Actions taken to help prevent future falls included: increased staff supervision, staff training and education, promoting family involvement, provision of continence aids, provision of appropriate mobility aids, promotion of appropriate footwear, and encouraging patients to call for assistance when required.

Quality & Safety cont..

Medication - 28 incidents related to medication compared to 16 in 2015 - 2016. This represented a rate of 7.2 medication incidents per 1000 bed days (compared to 4.4 in 2015-2016). All of the medication incidents involved either no harm or no loss/reduction in functioning (89%) or only temporary loss or reduction in functioning (11%). The medication incidents either required minor treatment (18%) or no treatment at all (82%).

Prevention strategies and controls included staff undertaking medication education packages, reinforcing the need to double check times written on medication charts, reinforcing the system where all medications administration times are checked by two nurses and reinforcing the need for clear and legible medication orders. In addition, reminding staff to reconcile medication list accompanying patients on admission against their medication chart and encouraging patients not to self administer medications.

Pressure Injuries - 6 clinical incidents involved pressure injuries. This compared to 7 in 2015-2016. Of the 6 pressure injury incidents, 5 were pre-existing prior to the patient being admitted and one early stage pressure injury was identified immediately prior to discharge under an intravenous bung. Ongoing management of the pressure injury was handed over to our District Nurses after the patient's discharge. Staff were reminded to check the skin under intravenous bungs when performing regular checks.

Blood - 3 of the incidents related to blood products: blood with an expiry date on the date it arrived; inappropriate process of blood specimen by worker from an external service; and a delay in delivery of blood associated with the cross matching process. External agencies were made aware of and managed the first two issues, and SGH staff were educated about the correct procedure for cross matching documentation.

Infection Control - There were no Staphylococcus aureus bacteraemia (SAB) healthcare-associated infections acquired by SGH patients during the year.

Hand hygiene and influenza immunisation

Hand hygiene practice was monitored by regular hand hygiene observational audits. The average hand hygiene compliance audit score for 2016-2017 was 84% 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 hospital received a certificate of excellence in recognition of exceptional efforts undertaken in achieving a healthcare worker influenza vaccination rate of 93.2%, the second highest score in Victoria for a comparable hospital or health service and well above the minimum target of 75% set by Government.

Maternity services

Providing safe maternity care is a priority for the Department of Health and Human Services (DHHS) in Victoria and for SGH in particular. The maternity and obstetric staff at SGH make every effort to provide safe, women and child centred maternity care. An important part of this process is the monitoring of a number of key maternity care indicators which are reported to DHHS. Two of these indicators involve women having a baby for the first time as outlined below. Both indicators relate to Standard Primipara Mothers (who are healthy women, aged 20-34 having a single baby for the first time at between 37-40 weeks).

INDICATOR	SCORE	BENCHMARK
SGH Rate of inductions in Standard Primipara Mothers	12.5	3.0
SGH Rate of caesarean section in Standard Primipara Mothers	25	15.9

Although both scores for the indicators were significantly higher than the benchmark target, the results were skewed by the small number of women involved. Of the eight women fitting the indicator criteria, one woman required an induction and two required a caesarean section. All mothers and babies had very good outcomes without any adverse effects, and all three of the births were reviewed and assessed as being appropriately managed.

The maternity team staff again participated in an onsite education program provided by the Royal Children's Hospital Paediatric Infant Perinatal Emergency Retrieval (PIPER) team. This updated staff knowledge and skills in relation to best practice for stabilisation and transfer of new born babies as well as resuscitation techniques.

'The staff are exceptional. I recently gave birth to my second child. The maternity ward and staff were amazing, very thorough in their care of me and my baby. It is an absolute credit to management and you should be proud to call them your staff.'

Bree, Feedback Form, May 2017



Tessa and Sophie with baby Jack - all born at SGH

We also had our maternity services reviewed by two external experts, a highly qualified and respected obstetrician and a very experienced midwife. Their report concluded:

'...the Board, Executive, staff and community have more than risen to and met the challenges of providing a safe, high quality consumer-focused service for the region that depends on SGH for antenatal and birthing services.'

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 once again helped reinforce good practice.

Escalation of care process

At SGH there are a number of processes to help ensure the level of clinical care provided is escalated if a patient's clinical needs increase. "Track and trigger" observation charts are in use for all patients. If recorded observations exceed pre-set limits, a higher level of care is triggered. In addition, all patients (and their carers if applicable) are asked if they have any concerns at the bedside handover between nursing shifts. All nursing staff are educated on how to escalate care in the acute ward, urgent care setting and in the community, as required. An action card for medical emergencies is located in all patient bedside folders. This is guided by the SGH Internal Escalation policy and Recognizing and Responding to Clinical Deterioration policy. All acute nursing staff have Basic Life Support skills and over 75% of registered nurses are also competent in Advanced Life Support.

'Tom's' episode was an example of the escalation of care practice at work. Tom had been admitted with a chest infection and this had been successfully treated with antibiotic therapy. On the day he was meant to be discharged he had a brief loss of consciousness accompanied by low heart rate and low blood pressure. The nurse attending activated the emergency response system which resulted in nurses and doctors attending. Tom was quickly stabilised and he regained consciousness after a brief period of time. It was determined he had a cardiac condition that required investigation and management in a tertiary hospital and he was transferred to Monash Medical Centre. Tom was subsequently discharged back home without any ongoing issues.

Youth Assist Clinic

We continue to look at ways we can improve our services and the Youth Assist Clinic is a great example of quality improvement at work. It was established by the hospital in 2012 in collaboration with the local high school, community members and a group of young people to provide a safe, friendly space for young people to have their health needs met. A clinic that was easily accessible, professional and confidential was established at the Foster War Memorial Arts Centre and has operated there once a week since.

Over the past 6 years we have developed a unique model of care that is achieving great results for the young people accessing our service. A key aspect of this is an outstanding alliance between the hospital and the Foster Medical Centre to support our specialist adolescent health nurse, with an additional workforce of a mental health nurse and a GP. Since July we have also secured the services of a specialised youth drug and alcohol worker. These clinical partnerships enabled us to provide a holistic and unique response to each young person's need and have been crucial in achieving amazing outcomes. These results are now sparking interest across the region as other organisations look to us to establish similar youth services.

Continuity of Care

Walter’s story – continuity of care at work

Walter is an 82 year old gentleman who required a variety of our hospital and community health services for an ongoing health issue during 2017. During his hospital stay Walter joined our Transition Care Program (TCP), a 12 week residential and home based program which aims to minimise the number of people experiencing inappropriate, extended lengths of stay in hospital or being prematurely admitted to residential care.

By offering case management, low-intensity therapy and personal support, TCP enables older people to have more time in a non-hospital environment to complete their restorative process. During Walter’s time on the program he received physiotherapy, podiatry, occupational therapy and district nursing support as well as case management and discharge planning to coordinate all these different forms of care and therapy.

Walters’s issues had left him with some aspects of his health that he was unhappy with so our team worked with Walter and his wife on the following goals:

- improving Walter’s awareness of his current capabilities and re-training him to be able to maintain physical functionality, coordination and strength
- increasing Walter’s independence with personal care tasks (showering and dressing)
- preparing Walter for a safe home discharge

Services provided to Walter during his stay at SGH included:

- a comprehensive home assessment and provision of equipment to help regain the ability to complete daily tasks
- a daily upper limb strength program
- hand therapy three times a week
- attending group sessions and light meal preparation classes
- footwear advice to assist Walter safely mobilise
- ongoing health monitoring and district nurse support at home



Mr Walter Potts with some of the Transition Care Program team

In August this year Walter made a safe and successful transition back to his home and has regained the majority of his functionality thanks to his hard work and dedication and the efforts of the TCP team in supporting him during this time.

Leaving hospital

The VHES also asks patients about their experience when leaving hospital. The scores of four questions make up the patient reported discharge care score. The target set for health services by government is 75%. Our average score for 2016-2017 was 94% compared to 90% for similar health services and the state average of 76%.

Question to patients	SGH score	Similar Hospital
Did the doctors and nurses give you sufficient information about managing your health and care at home?	89.5%	87%
Did hospital staff take your family or home situation into account when planning your discharge?	92.5%	91%
When you left hospital, were adequate arrangements made by the hospital for any services you needed?	94.5%	87%
If follow up with your General Practitioner was required, was he or she given all the necessary information about the treatment or advice that you received while in hospital?	98%	96.5%

The appointment of a dedicated discharge planning coordinator and promoting the importance of the overall discharge process has helped improve the ability of patients and their families to participate. It resulted in our score moving from significantly below the score of similar hospitals in 2015-2016 to significantly above it in 2016-2017.



Discharge Planning Coordinator Melissa Henwood with Mr Geoff Davey

Advanced 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 advanced care plan. SGH provides information to patients on the advanced care planning process and encourages them to work with their General Practitioner to develop a plan. A copy of this is then included in their hospital medical record. Thirty percent of patients over the age of 75 years who were admitted to SGH during 2016-2017 had an advanced care plan included in their medical record. The quarterly percentages are listed below. We are liaising with General Practitioners to ensure copies of advanced care plans are also kept in patients’ hospital medical records.

Percentage of patients over 75 with an advanced care plan			
1 st Quarter	35%	2 nd Quarter	50%
3 rd Quarter	18%	4 th Quarter	18%

‘Steve’ was an elderly gentleman with prostate cancer. Late in 2016, in consultation with his doctor, wife and daughter he developed an Advanced Care Plan and nominated a substitute decision maker to ensure his wishes regarding his death were observed. In 2017 the cancer spread to his spine and he underwent palliative radiotherapy to help relieve the severe pain. After undergoing the radiotherapy he returned to SGH for further palliative care as was his explicit wish in his Advanced Care Plan. He was cared for at SGH where his family could visit him and died surrounded by his family, in his local community according to his wishes.

End of life care

This year we have incorporated the Palliative Care Outcomes Collaboration (PCOC) initiative into the provision of end of life care; both in the hospital and out in the community. PCOC is a national program that uses standardised clinical assessment tools to measure and benchmark patient outcomes in palliative care. Participation in PCOC is voluntary and can assist palliative care service providers to improve their practice.

The initiative guides our 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. The care plan is communicated to all members of the health care team involved with the patient. This process also allows us to measure how effective we are in providing end of life care and helps identify any opportunities for continuous improvement.

‘ Thanks for compassion, kindness and gentle caring attention to our mother’s needs and to us during the difficult time of her illness and passing. Our community is so very privileged to have such a professional and caring team to rely on. It’s often a difficult job you do and it doesn’t go unnoticed.’

Ruth, thankyou card, January 2017

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:

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