



South
Gippsland
Hospital

Quality Account 2018-2019

From the CEO

On behalf of the Board of South Gippsland Hospital (SGH) I am pleased to present our Quality Account for the 2018 - 2019 financial year. With the support of the local community, local doctors and our health service staff we have been able to maintain high quality and safe health care services. Key achievements for the year included:

- meeting or exceeding the annual performance targets agreed to with the Department of Health and Human Services (DHHS)
- treating more patients in our acute hospital services than at any time over the past five years
- expanding our delivery of community health services, particularly Home Care Package programs
- improving our patient triage process (assessing patients for priority of treatment in our Urgent Care Centre)
- Strengthening our education and orientation programs for staff and volunteers
- renovation of a ward ensuite, bathroom and the hospital kitchen
- securing additional funding to provide a larger theatre with works underway and due for completion by end of June 2020

The involvement of local community members; on our Board of Management and its sub-committees; as hospital volunteers; as pastoral care team members; and as Hospital Auxiliary members was much appreciated and essential to maintaining our community connections and relevance. We also appreciated the dedication and commitment of our staff, including the Foster Medical Centre doctors; and the \$35,000 raised by the Hospital Auxiliary for hospital equipment.

Participation

Hospital Patient Experience

The Victorian Health Experience Survey (VHES) is conducted on a 3 monthly basis for patients from public hospitals across Victoria. They are able to provide feedback about their overall experience, treatment and care.

We greatly appreciate the time taken by our patients in responding to the survey and thank those who participated. 175 surveys were completed during the 2018-2019 financial year. This represented a return rate of 39% compared to the 26% average for all public hospitals in Victoria.

The information provided helps us meet the needs of people using our services in the most effective way possible. The survey is anonymous and can be completed online or in hard copy. Participation is voluntary but we encourage everyone who receives a survey to fill it out if they are able to do so.

On par with our 2017-2018 results, the average score for patients' overall experience at SGH was 99% compared to the government's target of 95%. The score for patient experience of their discharge process was 92% compared to the target of 75%.

After receiving the results for the September to December 2018 quarter we selected 16 areas for improvement including the opportunity for patients and carers to speak to staff, providing information about managing care at home and considering the home situation when planning discharge. In the following survey for the January to March 2019 period, 14 of the areas targeted showed an improvement, with an average increase of 8 percentage points.

Action taken to help bring this about included improvements to our admission and discharge processes, a revised patient bedside information booklet and the introduction of patient information videos.

Community Health Service Client Experience

A separate Victoria Health Experience Survey is conducted on an annual basis for our community health service clients. The 2018 results were very pleasing with 98% of all people participating rating our services as very good or good. 100% agreed that using this health service had been beneficial to their health and wellbeing, and had assisted in doing things that were important to them. 100% indicated they were treated with dignity and respect.

One area for improvement identified from the survey results related to some community health clients reporting they were unaware of how to make a complaint. We recognise our clients' right to comment, ask questions and make complaints about the health care they receive from us and we provide clients with an information brochure explaining this when they first access our services. In response to the feedback, we re-distributed the brochure to as many community health clients as possible by:

- including it in a monthly Community Health mail out
- offering the brochure at each face to face session for a month
- placing the brochures in a more prominent position at CHC reception

Patient, Carer and Community Member Participation

Maintaining our partnerships with consumers (patients, clients, carers and any community members who may use our services in the future) is an essential part of providing relevant and effective services.

We continued our efforts to encourage and enable patients, clients and carers to actively participate in decisions about their care and treatment. This included providing easy to understand information and taking the time to explain treatment options. When falls and pressure injury prevention and management plans were developed, patients were actively involved in the process. This was also the case for overall care plans and when patients were discharged. Patients were also involved in daily handover meetings at their bedside.

During the year we completed a review of the models we use to provide care to patients. This helped us to remain patient focused and make sure we provided opportunities for patients and carers to participate.

Consumers continued to be consulted whenever we reviewed or produced new information handouts to help ensure it was meaningful, helpful and easy to understand.

The number of consumer representatives on our Clinical Governance and Quality Committee has been increased to three and this will improve our ability to respond to consumer perspectives and needs.



CEO, Chris Trotman; McGrath Breast Care Nurse, Catherine Enter; Quality Coordinator, Paul Greco; and Director of Nursing, Paul Greenhalgh helping to promote breast cancer awareness

Inclusion

We acknowledge the need to provide accessible services that respond to the values, abilities, culture, language and traditions of all service users. We are currently in the process of developing a more detailed Diversity Action Plan to assist in this process. Staff remain aware of the need to access the Victorian Interpreting and Translation Service as needed, although it is seldom required.

A regional Disability Action Plan has now been developed in collaboration with our health service partners and local councils within the Gippsland South Coast area. The focus of the plan is to reduce barriers for people living with a disability to access acute and community health services, obtain and maintain employment, and to change any staff attitudes and practices that may discriminate against staff, clients/patients and visitors. SGH is part of the committee overseeing the implementation of the plan, and has established a local working group, with consumer representation, in a bid to:

- improve the physical environment for consumers
- engage more effectively with the disability community
- address the access needs of people living with a disability
- improve the experience whilst in our health service
- train staff to further enhance consumer experience

Quality & Safety

Consumer Feedback

An important part of providing a health service is to hear back from the people using it. When patients are admitted or information packs are sent out, we provide information on how to give us feedback. We also explain this in person to our patients and clients during their episode of care. Whether it is a complaint, suggestion or congratulations we are very happy to hear from people. Consumers can fill out a form, send us an email or give us a call. Feedback is always appreciated and usually an opportunity to provide an even better service.

We give serious consideration to all matters identified and do what we can to address the issues raised. All complaints are investigated and the outcomes of investigations are reported back to the person making the complaint.

During the 2018-2019 financial year we received a total of 19 patient complaints in relation to SGH services. Of these, 7 related to staff attitude, 5 to the building environment, 5 to aspects of care, 1 to limitations of our capacity, and 1 to food services. Actions taken included:

- full implementation of the Alert, Check, Talk (ACT) escalation of care policy and procedure developed and commenced
- reviewing and formalising the senior nurse on call system
- promotion of the need for effective communication
- bathroom renovation
- input to the Disability Action Plan
- new Urgent Care Centre signage, website information and public awareness
- staff being better equipped to deal with grieving patients

We continued to send out surveys to 20 hospital patients each month after they had been discharged. The survey asked patients a range of questions about their stay including their admission process, explanation of rights, experience with students and their discharge process. We received 77 responses for the 12 month period. Once again the overall satisfaction 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 of satisfaction	Agreement
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%

Workplace Culture

Feedback from our staff is another important source of information, both in terms of their assessment of our patient safety culture and also in relation to their own physical and psychological wellbeing. In order to obtain such feedback we encourage our staff to participate in the annual People Matter Survey run by the Victorian Public Sector Commission. The survey is conducted in May and the results are then adjusted for neutral responses (neither agree or disagree, or don't know) by the Department of Health and Human Services and reported back to health services in the latter part of the year. The percentage of staff who agreed with the statements related to patient safety culture are listed below.

Statement	Agreement
I am encouraged by my colleagues to report any patient safety concerns I may have	100%
Patient care errors are handled appropriately in my work area	98%
My suggestions about patient safety would be acted upon if I expressed them to my manager	94%
The culture in my work area makes it easy to learn from the errors of others	96%
Management is driving us to be a safety-centred organisation	100%
This health service does a good job of training new and existing staff	90%
Trainees in my discipline are adequately supervised	96%
I would recommend a friend or relative to be treated as a patient here	100%

The overall score for the patient safety culture questions was 97%. This compares favourably to the target of 80% set for all health services.

“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”.

2018 Accreditation Audit Summary

Actions taken in 2018-2019 in response to the May 2018 results included:

- delivering training to improve staff knowledge and skills in identifying and responding to family violence
- capital works funded by the Health Service Violence Prevention Fund being completed and providing a new nurse call bell system, security swipe card access and additional Closed Circuit TV security camera
- orientation program for new employees and volunteers updated to include a bullying and harassment prevention component as well as an occupational violence awareness and prevention component
- staff receiving training under the Know Better, Be Better campaign to help ensure they were aware of behaviors defined as bullying and harassment, the relevant workplace procedures and the importance of working together to eliminate inappropriate behaviors
- staff undertaking formal Occupational Violence and Aggression Prevention training

One of the exciting developments relating to work place culture and the promotion of a respectful workplace was the appointment of our first “Contact Officer”.

The Contact Officer provides initial advice and support to employees who have a workplace concern but may not be comfortable with discussing it through the more formal systems. By listening to their concerns the Contact Officer is able to help staff identify “where to from here”. Several staff have made use of the service throughout the year and have appreciated the opportunity to be heard and receive help in clarifying their options. The Contact Officer is always happy to be contacted and is glad to be able to participate in helping our organisation continue to be a positive place to work.



Making sure patient information is handed over when nursing shifts change is an important part of the care provided.

Accreditation

All health services are required to be audited against the National Safety and Quality Health Service (NSQHS) Standards. This is an important part of helping to ensure we are providing high quality and safe care to our service users.

As reported in last year's Quality Account, our three yearly accreditation audit was conducted in September 2018. All of the requirements were assessed as being met:

Actions undertaken during the year relating to minor discrepancies identified included:

- incorporating water quality and testing requirements into our new operating theatre development
- updating our staff infection protection policy
- improving patient medication chart identification requirements
- improving scheduled drug book documentation procedures

The NSQHS Standards have recently been updated and our next three year audit will be conducted in August 2021 using the revised requirements. We have already started examining our systems and processes in relation to the second edition of the Standards. This involves taking a detailed look at the new requirements, identifying any gaps and making necessary changes. It is providing a good opportunity to take a fresh look at what we do and incorporate new ideas and ways of going about our work.

Clinical Incident Reporting

A 'clinical incident' is an event which could have, or did, lead to unintended harm to a person receiving care. A clinical incident that does result in harm is also referred to as an adverse event. Incidents are categorized by a Severity Rating.

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

At SGH we see every incident as an opportunity to learn and improve our services. As in previous years, we have included a summary of all clinical incidents occurring in the financial year.

Once again all incidents were recorded, investigated and reported to our clinical governance committee. 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 number of clinical incidents for 2018-2019 was 70 compared to 86 in 2017-2018. This represented a drop in the rate of incidents per 1000 bed days from 24 to 19. (1 bed day = 1 patient staying 1 night)

There were no incidents classified as ISR 1, one as ISR 2, forty six as ISR 3 and twenty two as ISR 4. The ISR 2 rated incident involved a patient falling while attending an exercise class at the Community Health Centre resulting in a hip fracture.

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 36 falls in 2018-2019 compared to 29 in the previous year. The rate of falls per thousand bed days increased from 9.4 to 10.4. However, with a renewed focus on falls prevention in the later quarters of the year, the rate of falls per quarter fell from 15.2 to 11.7 to 6.4.

The great majority of falls (72%) involved no harm or no loss/reduction in functioning. This was similar to the 2017-2018 figure of 78%. The remaining 28% of falls this year involved temporary loss or reduction in functioning.

As well as the usual prevention strategies, additional actions included:

- development and implementation of a new hourly patient safety and care check, where nursing staff visually check and assess all patients in their care at least every hour
- 'Call don't Fall' signage in all clinical areas including bathrooms, patient rooms, Urgent Care Centre and theatre recovery to encourage patients to ask for assistance
- implementation of the Safer Care Victoria End PJ Paralysis Project, where patients are encouraged to get up, get dressed and walk prior to lunch. By being more active whilst in hospital, there is a reduced likelihood of falls, pressure injuries and more chance patients will leave hospital as physically able as when they came in
- improved patient orientation to ward and systems including falls risk awareness and falls prevention

Medication: There were 14 medication incidents in 2018-2019 compared to 19 in the previous year and the rate per 1000 bed days decreased from 6.1 to 4.1. The number of medication incidents resulting in no injury or additional care was 79% in 2018-2019, the same as the previous year. Again, no medication incidents required any treatment for patients. Prevention strategies and controls put in place included staff training and education, and discussion of individual incidents with staff involved.

Pressure Injuries: The number of pressure injuries acquired during care was 4 compared to 6 in 2017-2018. All were early stage and only required minor treatment with no loss or reduction in functioning.

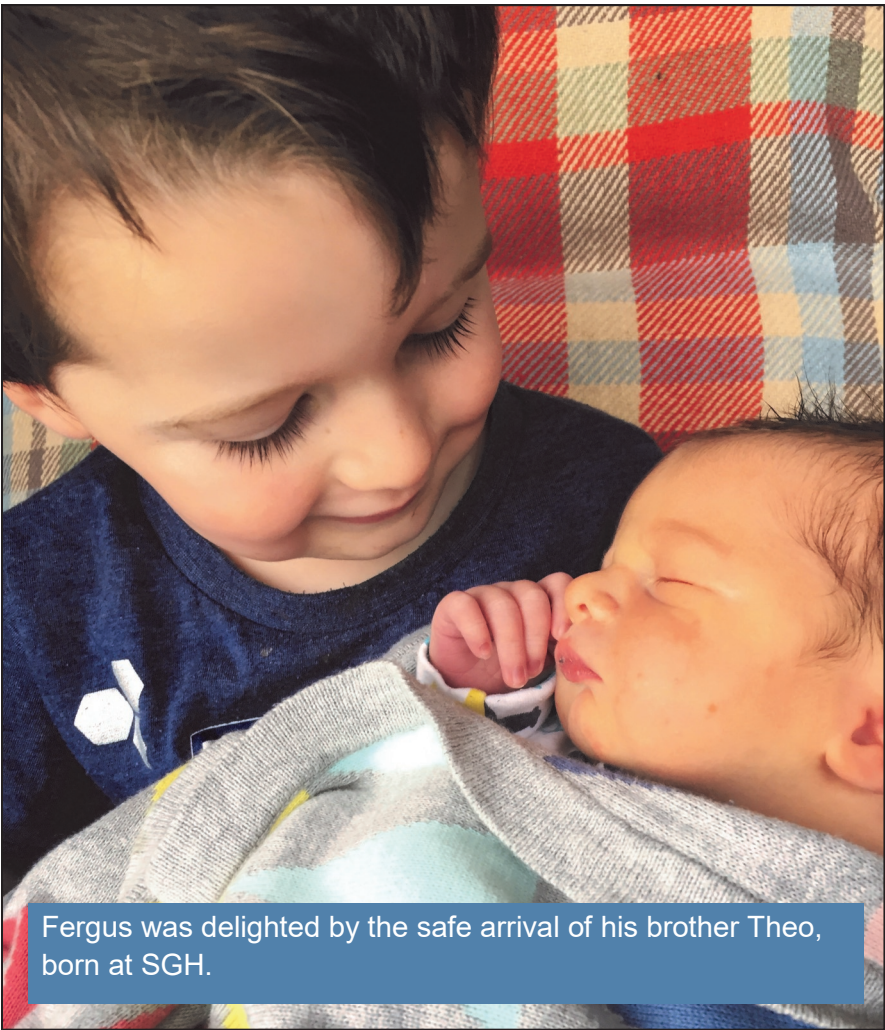
Other Clinical Incident Types: Of the remaining 16 clinical incidents, 11 involved no harm to patients and 5 involved minor treatment including treatment for three skin tears.

Infection Control

We maintained our infection prevention and control systems including staff adhering to strict hand hygiene practice, regular monitoring and protection of possible infection sites (like intravenous cannula sites) and ensuring all equipment was sterile and kept free from contamination.

As part of our monitoring systems for infection prevention we regularly conducted hand hygiene audits. Our average score for the year was 86% compared to the DHHS minimum target of 80% and similar to our score of 88% for the previous year. Of course we are always aiming for 100% compliance and the importance of hand hygiene continues to be promoted to staff, patients and visitors.

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 key performance measures is for the 2017–2018 financial year. The results for two of the key indicators detailed in the report are listed below.

Indicator	SGH Rate
1. Percentage of single birth full-term babies (without congenital anomalies) who are considered in poor condition shortly after birth	2.2%
2. Percentage of women who started breastfeeding their full-term babies after birth	100%

The first indicator measures the wellbeing of babies at birth. It is used as a measure of the quality of care during labour and birth. The rate of 2.2% represented one baby and was similar to the average for comparable maternity services and the performance target of 1.4% set by DHHS.

Whenever a baby is born in poor condition a review of the care given before and during the birth is undertaken. This occurs at both a local and regional level to determine if any changes in practice or education are required.

During the year we completed our annual training on resuscitation of newborn babies, management of complications during birth and monitoring a baby's heartbeat during labour to determine if it is becoming distressed.

The second indicator relates to the importance of breast feeding. There are short and long-term health benefits for women and their babies who are able to breastfeed. Babies are provided with ideal nourishment for their development and the bond between mother and baby is strengthened which in turn lowers the risk of various long-term health issues for both mothers and babies. It was encouraging to have 100% of mothers start feeding their babies with breast milk.

The high uptake of breastfeeding was helped by a number of midwives on staff being qualified lactation (breast feeding) consultants and the provision of a specific lactation consultancy service. It was also encouraged by the promotion of breast feeding at our ante-natal classes.

"This was my third stay at SGH for the arrival of our third child. The doctors, nurses, kitchen staff, cleaners and all other staff were once again amazing. I felt extremely comfortable and welcome in the facility and was overwhelmed at how helpful and lovely all of the staff were." - April Post Discharge Survey

Monitoring the level of *Staphylococcus aureus bacteraemia* (SAB) infections for hospital patients is an effective way of checking infection control practices. SAB is the most common cause of healthcare associated infections and can result in significant illness and death. More than half of these infections are associated with healthcare procedures, and are thus potentially avoidable. We are proud to say that SGH has had no healthcare associated SAB infections in the last 10 years.

Another aspect of our infection prevention was the active encouragement of all our staff to be immunised against influenza. Staff uptake of the influenza vaccination for 2018-2019 was excellent with most staff participating. The influenza vaccination rate was 90%, well above the target of 84% set by Government.

Escalation of Care Process

The Alert, Check, Talk (ACT) process is in its second year at SGH. It is a way that patients and families can escalate any concerns about the care being provided. ACT is an important communication process where patients and/or their family members can talk to the healthcare team about a deteriorating health condition or the current treatment plan. It encourages people to talk to nursing staff or doctors at the bedside in the first instance, and provides other avenues should their concerns not be addressed.

Basically, if a patient or loved one is worried, they can tell a nurse, or doctor. If things are still worrying them, they can then tell the nurse in charge, and if they're still worried they can call our Director of Nursing on his mobile phone.

Written information about ACT is available for patients and their family members in the patient handbook and in posters on the walls in patient rooms.

ACT encourages a culture of open communication between healthcare staff, patients and their families. It represents the principle of a 'partnership', by recognising patients and families as key members of the care team. We acknowledge that the patient or loved one often knows best. You may recognise a worrying change in your loved one's condition or, if you are a patient, you may recognise a worrying change in yourself.

Healthcare professionals can also escalate any care concerns to a senior doctor and/or nurse 24 hours a day.

This dual and stepped approach to escalation of care, ensures SGH has mechanisms to provide safe care whilst enhancing the hospital experience and health outcomes for patients. The ACT process, and the other escalation processes ensure that SGH is compliant with the amended Safe Patient Care Act (2019).

"Stella" (not her real name), a 21-year-old woman presented to the Urgent Care Centre with a badly cut right thumb. There was a lot of bleeding and she was in severe pain. The doctor on call was relatively junior and he was initially unable to stop the bleeding.

Stella was given pain killers, but her pain persisted. Following the ACT policy and procedure, a senior doctor was notified that his expertise was required.

The senior doctor came in and assessed the injury. He provided extra pain relief and a local anaesthetic. This allowed him to have a good look at the injury and repair the artery without any additional pain for Stella.

Once the injured thumb was repaired and there was no further bleeding after a period of observation, Stella was able to go home with no further pain.

Accessing Community Health Services

In the community health services VHES results, 20% of clients rated the transportation facilities they used to access our health service as average or poor; especially access to public transport. Over the past 12 months SGH has joined with Bass Coast Health and Gippsland Southern Health Service to establish the South Gippsland Coast Partnership Volunteer Transport Program. This program is supported by a grant from the Department of Transport to provide local transport to and from any health related appointment/services within the Bass Coast and South Gippsland Shires. Using a central booking process, this program provides a cost free way for clients to access our services.

We are pleased to report that over 95% of clients found our community health centre was always clean and felt safe. Whilst 90% reported they always felt welcomed and that their privacy was respected, we are always aiming for 100% and so we have embarked on some ways to make clients feel more welcome by:

- applying for a cultural arts grant to provide a more welcoming environment to Aboriginal and Torres Strait Islander people
- providing training to our staff regarding the needs of Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) clients
- providing opportunity for staff to refresh their skills in patient centred care

Comprehensive Care

A Coordinated Approach

Within our SGH community health services we aim to coordinate and plan each client's care journey very carefully. We were glad to receive feedback via the Community Health Services VHES results that we are doing well in this area, particularly with staff working together to help clients and in setting up individualised plans to address each client's health and wellbeing concerns.

In response to the survey feedback, in 2019 we are focussing on improving our client's journey by:

- providing reminders within our care plan to ensure staff include all relevant people (e.g. carers, family, friends) when setting care goals
- including new questions within our care planning sessions considering any other concerns and/or other needs impacting on client's health and well-being
- providing training to staff in positive communication techniques to ensure all staff are communicating effectively with each client and utilising a number of strategies to guarantee clients concerns are understood

Community Health Service Priority

Over the 2018–2019 period our community health team has concentrated efforts on improving the service experience for clients with chronic disease, with a focus on cardiac and respiratory disease. Much consideration has been given to the clients requiring cardiac and respiratory rehabilitation to ensure their needs are being met clinically, physically and emotionally following a cardiac event.

Our cardiac rehabilitation program has been redesigned to include:

- an education program to improve client wellbeing and quality of life
- a physiotherapy led exercise program to help prevent readmission to hospital and reduce the impact of illness
- a flexible program delivery model to meet the needs of hard to reach and vulnerable groups and other clients with chronic illness, especially those with reduced functional capacity

We now use a series of steps, the 'Five A's' (*as explained below*), with our chronic illness rehabilitation clients. This approach, taken by our Chronic Disease Management (CDM) nurse, emphasises working together to set goals, building up skills to overcome barriers, helping clients to monitor their own health, listening to feedback from each client and family, and building links to other community resources.

The Five A's are:

Assessment: The client's health beliefs, health condition, skills, and knowledge are assessed in detail and recorded in a client centred care plan.

Advice: Clients and their families are provided with specific information about health risks and the benefits of change.

Agreement: Care plan goals are jointly developed, based on the client and their family's priorities and confidence in their ability to change behaviour.

Assistance: Clients and their families are assisted to problem solve by identifying barriers and strategies to overcome them; and by being provided with social, environmental, and community supports and resources.

Arrangements: The CDM nurse supports, follows-up and evaluates each client's cardiac rehabilitation program and ensures they have relevant supports in place before they are discharged from the program.



Rehabilitation group members enjoy the time planning and participating in activities

The publication of this report is a requirement of DHHS. It 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:

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