

Inglewood & Districts Health Service



Quality Account Report 2016-2017



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Welcome to the Quality Account for 2016/17.

This is our report to you, our community, about what we have achieved in the past 12 months. As you read the following pages we hope that you will see the continuous improvement all staff are making to improve patient and resident care.

We hope you find the information interesting, informative and inspiring as we highlight some of our continued improvements to our services.

We would love to hear what you think about this Quality Account, or how we are going in general.

Feel free to drop us a line at admin@idhs.vic.gov.au, write to us or call on (03) 5431 7000.

Quality Account Report Feedback

The Consumer Advisory Committee (CAC) reviewed the Quality of Care Report and were satisfied with the content and the layout. The members suggested additional opportunities for circulation, and local business owners offered to display the report to encourage the community to take a copy. The report is to be presented at the Annual General Meeting in November 2017.

Consumer, Carer and Community Participation

Inglewood and Districts Health Service (IDHS) is committed to working with the whole community in the planning and delivery of our services. IDHS has a Consumer Advisory Group who meet regularly. Members of the group provide information and advice regarding services and program planning and review information prior to distribution to consumers. This information is invaluable as we begin to refocus our services in the future.

The diversity of our community in all its forms is embraced by IDHS. We have developed a diversity plan to make sure we consider and include all members of our community. The Victorian Health System has several standards relating to diversity. IDHS use these to make sure our services and programs are appropriate.



Sheryl Ugle, a mother of three girls, commenced at IDHS two years ago and has almost completed her Certificate III in Administration and Finance. She was recruited using funding provided through the Koolin Ballitt training program.

Sheryl is hoping to remain on the staff team at Inglewood Districts Health Service at the end of her training. She thoroughly enjoys the variety of her role and she can be found at the main reception, in the ward providing administration support and a range of other tasks that helps to keep the place going.

She particularly enjoys the opportunities to engage with the patients, residents and their families and the community members who visit the health service on any given day.

IDHS is working with our community to improve Health Literacy. Health Literacy describes the level of understanding and capacity a person has to communicate, obtain, process and understand health information and services to make the best health decisions for them. In May 2016 Inglewood and Districts Health Service received a health Literacy report. The report offered several recommendations around signage, noticeboards, and information displayed at our main entrances. We are working through the recommendations and hope that when you visit our service you will see improvements in finding your way to the ward, nursing home, hostel areas as well as other parts of the service.

To make sure our services are accessible to consumers of all abilities, IDHS worked with the project officer from the Inclusive Towns project. A community member with a disability assessed IDHS facilities and buildings. The assessment report rated the service access highly with only minor recommendations to improve the ease of access for a person with a disability.

To strengthen health services response to family violence, policies and procedures are being developed in partnership with Bendigo Health. We are excited to be working with Bendigo Health to make sure this important program is fully understood, implemented and embedded across our health services and programs.



The IDHS Community Health Team provides Health Promotion and Community Engagement programs. We use population health and demographic data together with information from our community to make sure the services and programs are a good fit for your needs.

During the year 100 children from the 5 local Primary Schools enjoyed a health promotion activity encouraging them to “Go for 2 (fruit) and 5 (vegies)”.

In 2016/17 Rural Health Days, WOW for Women and Men Matter sessions are a few initiatives that have had positive reviews from the community, improving community experiences and health outcomes.



IDHS has included community members in the planning and staging of these Health Promotion events. The program for the “WOW for Women day” was developed by a working group of women from various Loddon communities. The “Men Matter Day” speakers were suggested by local community members to address the health issues that mattered most to local men. Both events were well attended and received positive feedback.

These community events provide opportunities for us to learn more about what we are doing well and where we need to improve or adjust our services. We are always glad to hear feedback as this provides an opportunity to better meet community needs and expectations. All patients, residents, clients and their families are encouraged to provide feedback in the form of satisfaction surveys, cards, letters and verbal communication. All complaints are taken seriously and we strive to discuss your concerns with you as soon as possible to reach a satisfactory result.



The Victorian Healthcare Experience Survey (VHES) is a survey of patients and community members who use the service. Participants are selected at random, invited to complete and return a survey form. This is completely anonymous and provides valuable feedback on the care we have provided, the meals served and the cleanliness of our facilities as well as how our staff interact with patients, residents, their families and carers. We are proud that this survey consistently indicates a high level of general satisfaction.

People Matter Survey

Staff satisfaction is measured at annual staff Performance Development reviews, ad hoc meetings and through the People Matter Survey (PMS). The PMS survey indicated some areas that we are currently working to improve. Although our Patient Safety Culture Score for the 2016/17 year was 89% we

know that there is room for improvement in this area and we are taking steps to improve this result in the next PMS with a higher portion of our staff taking part in the survey.

In the most recent People Matter Survey (PMS) staff indicated that the executive team should be more visible across the service and that there were concerns regarding bullying and harassment. To address this, we have developed an action plan to ensure that the areas for improvement are addressed and that the changes are experienced by our staff members. This is very important to the Board and the management team as our staff are our most valuable asset. To further support the staff, IDHS have recently employed Human Resource (HR) expertise to ensure that the systems and processes implemented are appropriate for the health service in 2017 and the future.



In the past 12 months we have had an unannounced visit to our residential care areas. This visit was positive with the surveyors pleased with the care of our residents and the systems and processes we have in place.

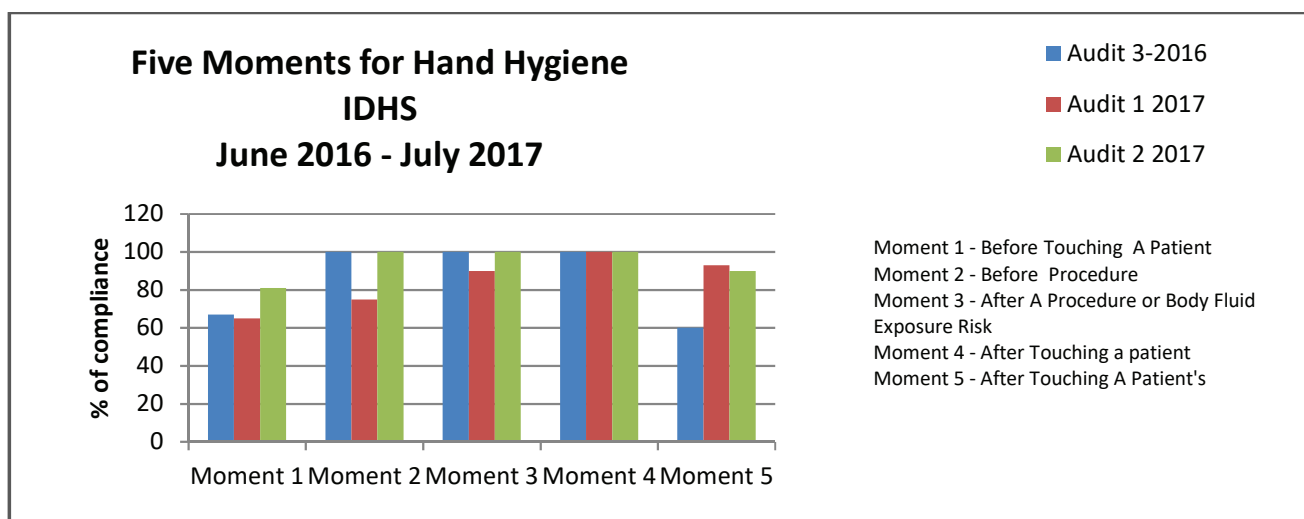
In 2017 we began to include our residents on the interview panels for new staff members to our hostel and nursing home areas. This ensures that the residents have a say in who is working in their home. The residents have enjoyed and felt proud to be included in the recruitment process and have made sure that new staff feel very welcome when they commence.

It has been a great initiative and ensures we have our residents at the centre of all that we do.

In May 2017, we underwent accreditation for the Home and Community Care Program. This includes the District Nursing and Planned Activity Group programs. Again, we received positive feedback from the surveyors which included suggestions to further improve. This has been developed into an action plan that the staff are working through. We are in the process of preparing for the full accreditation of the Residential Care areas in 2018. This review will utilise the new standards. IDHS has nominated to be a pilot site for these new standards and we are waiting for confirmation and dates for this review.



Hand Hygiene or hand washing is critical in the prevention and control of infections. Regular audits ensure staff rub their hands with an alcohol based solution or wash their hands with soap and water at each of the main points in the patient care process, known as the ‘five moments of hand hygiene’. The graph below indicates our results in this area. IDHS exceeded the Department of Health & Human Services (DHHS) target of 80%, achieving an average 84% compliance.



The Staff influenza vaccination program protects our patients, residents and staff from the seasonal flu. Complications from the flu can be serious and even deadly, or those who already have a medical condition or a weak immune system can be severely affected. 76% of IDHS staff were vaccinated for flu, achieving the (DHHS) target.



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As a result of media articles about flu outbreaks in health and residential care facilities we discussed the importance of hand hygiene and flu vaccinations at a general staff meeting. The importance of these two key strategies to reduce the potential for an outbreak was discussed with both clinical and non-clinical staff. Because of these discussions, we altered our Vaccination policy so that people who are unvaccinated will wear a face mask whenever they are within 1 metre of patients or residents for the duration of the flu season.



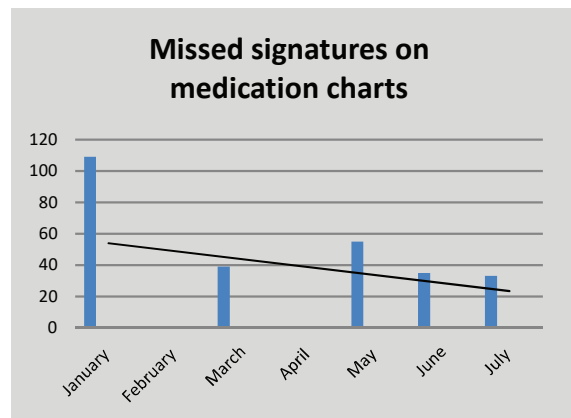
Medication Safety - Medications are the most common treatment provided in the hospital setting. IDHS is committed to medication safety and the wellbeing of patients/residents. Regular auditing or checking of the medication management system occurs and the results of the audits are reviewed to identify opportunities to improve our systems to further reduce errors.

In the past 12 months a focus in this area has been the medication record. This is a complex document and includes all the medications ordered for a patient.

Each medication must be individually signed by the doctor and the nursing staff use this document to administer the medication. Missed signatures by the doctor. The nursing staff have been identified as one of the main medication errors.

To address this the nursing team have changed how they hand a patient over at each shift change. This has allowed the nurse commencing the shift to review the chart as the fresh eyes for any missed signatures.

Because of this change the number of missed signatures has reduced from 109 in January 2017 to less than 30 by June 30. This is an 72% reduction in medication errors, a significant improvement.



Preventing Falls and Harm from Falls - IDHS monitors falls across the organisation. We are constantly reviewing the falls to determine if it is one patient or resident falling regularly, or a number of patients /residents falling. This is due to the different strategies needed to address these results.

If it is one resident falling frequently, we review their care plan to see what has changed for them and implement strategies allow them to continue their activities while reducing the potential for them to fall.

If, however, the results indicated several individuals falling, we would again review the data to see if this was occurring at a particular time of day or in a particular location so again we could implement strategies and measures to reduce the potential for these falls. In the 2016/17 year there were 14 falls in the acute area of IDHS. It is pleasing to note that none of these falls resulted in fractures for our patients.



Pressure Ulcers - A pressure ulcer is caused by continuous pressure resulting in damage to the skin and underlying tissue. Residents and patients, who are unable to reposition themselves, have poor nutrition and mobility are at the greatest risk.

At IDHS we have several processes in place for all patients and residents including an overall patient risk assessment, skin inspections, use of pressure relieving equipment such as air mattresses to avoid friction. Our rate of pressure injuries in the aged care facility is well below the state average.



Blood and Blood Products - Treatment with blood can be high risk. For this reason, there are strict guidelines in place to ensure both the patient and the staff member are protected. Staff are trained in all aspects in the preparation for and the taking of blood. Blood transfusions are infrequent at IDHS, only two for this year. However, all nursing staff understand the process and procedures, including the wearing of personal protection equipment (including gown, gloves, face mask) when dealing with blood and blood products.



Residential Aged Care

We have had many outings with our residents in the past year as well as having many people visiting. This is important to keep our residents interested in what's happening in the community as well as giving them an opportunity to reflect on their own life experiences.

In our Nursing Home and Hostel, clinical care is monitored through the five Public Sector Residential Aged Care quality indicators (PSRACS). These include pressure ulcers, use of physical restraint, multiple medication use, falls and resulting fractures and unplanned weight loss. *At IDHS we do not use physical restraint on any of our residents and so we have no data in this area.*

Pressure Injuries

Patients and residents are assessed on arrival at IDHS to ensure that they do not have any pressure injuries or areas that may be susceptible for a pressure ulcer to develop. These occur when patients are unable to move around as they wish, or spend lengthy periods in bed or in the same position in a chair. If a patient/ resident develops a pressure injury they can take quite some time to heal and are painful.

For this reason, we are diligent to ensure these cannot develop and may use a variety of equipment to ensure our patients are comfortable and that they are at the least risk of developing a pressure injury. This equipment can include an air mattress and wedges to relieve the pressure on areas of their body. Whenever possible patients are encouraged to spend time out of bed, or are regularly re-positioned by our nursing team members.



9 or more medicines used at IDHS



For many of our residents, and some patients in the acute area, they may have been prescribed a variety of medications to manage various conditions and illnesses.

We have implemented a process for a geriatrician located in Bendigo to undertake a review of our residents prescribed more than 9 medications. In 2016/17 this has been achieved using telehealth, in a program called Geri-connect. The geriatrician has interviewed the residents using this new technology. Family and carers are encouraged to be present during the assessment and can provide valuable input into the process if the resident consents to their presence. Using this technology, the geriatrician can see several residents without any of them needing to leave their home. We have received very positive feedback from all involved and it has been amazing to see how quickly the residents relax and forget that they are on camera. At the time of writing this report, 11 of the residents had been reviewed by the geriatrician using this method.

Falls and fractures resulting from falls at IDHS

In the 2016/17 year we have experienced two residents who have had a fracture from a fall. In each of these situations IDHS has undertaken a full review of the incident and implemented steps to minimise the potential for this to recur. We have contacted WorkSafe to complete a review and provide us with any further strategies to be implemented. On each occasion, we have received no further recommendations beyond the actions that IDHS identified and implemented.



In 2016/17 IDHS recorded 75 falls in the hostel and nursing home areas. Many of these falls occur within a small group of residents. These residents are reviewed to determine what is causing the falls. This may include a deterioration of their condition, clutter in their room, changes to their medication. Some strategies to reduce the frequency of falls can include ensuring the resident is wearing appropriate footwear, maintaining their fluids to reduce dehydration and changes to their routine if the incidence is at a particular time of the day.



Unplanned weight loss over a three-month period

All residents are weighed on at least a monthly basis. Unexplained weight loss is monitored and when needed the resident is referred to a dietitian for a review and changes to their diet are implemented when needed.

Continuity of Care

IDHS is committed to making sure our community is satisfied with access to our services and that they can access the right service at the right time. This also includes how we transfer and plan for the discharge of our patients to meet their needs. Discharge planning begins at admission, ensuring patients with ongoing complex needs or chronic conditions can be referred to District Nursing, or to a Community based care or health program such as Cardiac Rehabilitation, Diabetes Educator, Physical Activity or Strength Training. If a referral to District Nursing is likely, this often begins while the patient is in hospital so that a familiar face attends to their home once the patient is discharged.



For some patients, a referral to the Transition Care Program (TCP) may be arranged. This program has been very successful providing frailer patients an opportunity for additional support to ensure their transition home or into residential care is successful. Participants in the program are provided with up to twelve (12) weeks of care in hospital where they are supported and encouraged to regain full independence. This program can also be provided from their home. Physiotherapy, nursing support and counselling is provided through the TCP program.

Advanced Care Planning

Advance Care Planning (ACP) is a plan for future health and end of life care. It assists family members and loved ones to understand what is important for an individual's quality of life if they were unable to make their own decisions. A patient with an ACP will have their wishes respected enhancing the quality of care by potentially avoiding unwanted invasive medical treatments at the end of a person's life. Having an ACP in place provides some peace of mind and empowers family members at this important chapter in their lives. All residents in our nursing home and hostel have a current ACP in place. Patients in the acute ward are also offered to meet and discuss an ACP if they wish to do so. Age should not be a barrier to beginning the conversation about what you would want if you could not make the decisions

Advance Care Planning Australia

BE OPEN | BE READY | BE HEARD

for yourself.

For advance care planning advice call 1300 208 582 – available 9am–5pm (AEST) Monday to Friday.

Advance Care Planning Australia

C/- Austin Health

PO Box 5555

Heidelberg VIC 3084

IDHS is proud of the quality of care we provide for our patients, residents and community members. We work hard to make sure the systems and processes we have in place for service delivery, are continually improving and responding to the needs of the community. We are always glad to receive your feedback and ideas about how we could improve our services.

Services offered by IDHS

- **Acute Care**
- **Residential Aged Care**
- **Community Services**
 - **Nursing Services:** Community Health, Community Mental Health and District Nursing, Diabetes Educator.
 - **Social Welfare Services:** Social Worker and Alcohol and Other Drugs Worker.
 - **Social Support Services:** Planned Activity Groups, Volunteer Visiting and Volunteer Transport.
 - **Community Development:** Health Promotion/Education, Capacity Building, Strength Training, Youth Services.
 - **Allied Health Services:** Physiotherapy, visiting services include: Podiatry, Dietetics and Occupational Health.

What is the role of a consumer representative?

The role of a consumer representative is to provide feedback and opinions based on their own knowledge, experience and skills as a consumer or as someone supporting a consumer of health services. Consumers are motivated to become involved for a variety of reasons, including positive and negative experiences within the health system.

**If you are interested in joining our Consumer Advisory Committee
please complete the form below**

Name _____

Preferred Telephone number _____

Email address or address _____

Please return slip to administration at IDHS or email the above details to admin@idhs.vic.gov.au