

2019 QUALITY ACCOUNT

Creating healthier communities



Our vision

Creating healthier communities

Our mission

To support our community’s physical, mental and social wellbeing by:

- Providing safe, high quality innovative services
- Building enduring partnerships
- Delivering customer service excellence

Our values

Integrity

We will be open and honest and will do the right thing for the right reason

Innovation

We will be an industry leader by breaking new ground and improving the way things are done

Collaboration

We will actively work together in teams and partnerships

Accountability

We will take personal responsibility for our decisions and actions

Respect

We will value all people’s opinions and contributions

Empathy

We will endeavour to understand other peoples’ feelings and perspectives.

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*Caption front cover: Jane Stapleton with 1yo Elise Robertson.
Back Cover: Iris Clutterbuck with staff member Jenny Dunstan*

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Welcome to the 2018-2019 Quality Account

Welcome to the Western District Health Service 2019 Quality Account. The Quality Account provides us with an opportunity to demonstrate our commitment to the provision of safe, high quality and innovative services to all our customers.

Quality is measured in many different ways. It is measured by data and importantly by feedback based on our customers' experience. Measurement and feedback are key to quality improvement. Data and feedback are both used to identify areas where WDHS is doing well and areas where improvement is required.

It's been a productive and rewarding year for WDHS as we have worked hard to enhance our performance, improve our quality and safety, and work with our staff to enrich their experiences at work.

We focused on developing our disability action plan, renewing our consumer participation and quality plan and introduced a new advanced care planning clinic based on our customers' experience.

Education programs were delivered to our staff as a part of The Strengthening Hospital Response to Family Violence program and we continued our advocacy to support an end to family violence across the region.

With support from Safer Care Victoria we commenced work on promoting the inclusion of all consumers and are working toward developing a plan to improve communication and shared decision making across the organisation.

We invested in a significant refurbishment of the Birches Aged Care Facility and the Medical Unit family room received a makeover. The Cycling Without Age Program was introduced and we reduced our environmental footprint with the installation of solar panels across all our campuses.

The development of the Chronic Obstructive Pulmonary Disease program continued and the End PJ Paralysis project encouraged patients to get out of bed earlier to improve their health outcomes.

We are always looking to learn and improve, and this report is an effective way for us to ensure transparency and accountability to the community we support. We hope you find it insightful and reassuring, and we welcome all suggestions about how we can improve the way we work with the community to ensure we maintain the high standards of care, quality and safety you expect and deserve.

We would like to thank everyone who has contributed to the information in this publication and to the consumers that provide ongoing assistance to our health service.

If you would like to provide any suggestions for inclusion in next year's report please do so by completing the feedback form provided and returning to: Quality Manager, Reply Paid 283, Western District Health Service, PO Box 283, Hamilton, Victoria, 3300 or by contacting the Quality Manager on 03 555 18207.



Mr Ian Whiting
President



Mr Rohan Fitzgerald
Chief Executive

Western District Health Service respectfully acknowledge the traditional owners of the land upon which we work, the Gunditjmara people.

We pay our respects to the Aboriginal Elders past and present who have been integral part of the region's history, and we celebrate the continuing culture of the Aboriginal, Torres Strait Islander and Gunditjmara people.



About Western District Health Service



Western District Health Service (WDHS) is one of Victoria's high ranking and consumer centric rural and regional health services. Having played a central role in the region for more than 150 years, WDHS continues to deliver high quality care and services to support the health and wellbeing needs of its community.

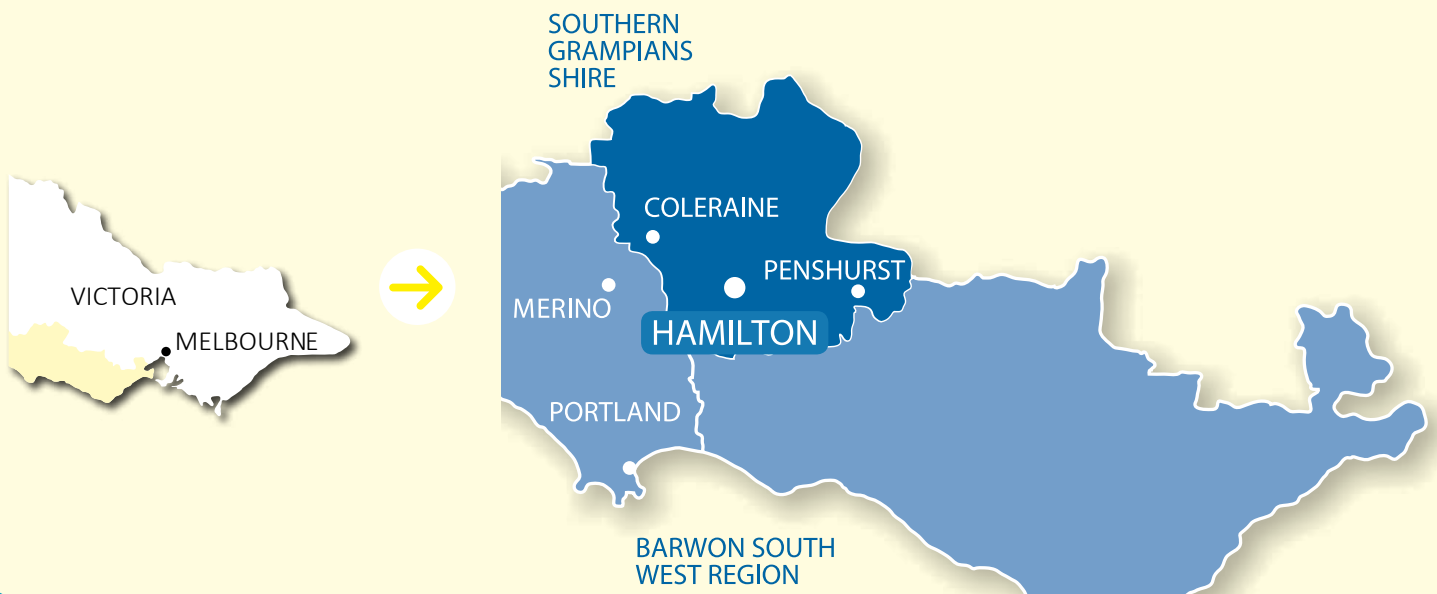
WDHS is located in the Southern Grampians Shire in Victoria's Western District and supports the healthcare needs of consumers from the immediate locality and many that travel for treatment to our region. Hamilton is the geographic and business hub of the region.

WDHS provides 89 acute and subacute beds, 175 residential aged care beds and 35 independent living units. Care is provided to our consumers 24/7 with access to emergency, palliative, aged care and acute care services. WDHS provides a wide range of service across the following campuses and facilities:

- Hamilton Base Hospital (HBH)
- The Birches Residential Aged Care Service
- The Grange Residential Aged Care Service
- Frances Hewett Community Centre (FHCC)
- Coleraine District Health Service (CDHS)
- Peshurst and District Health Service (PDHS)
- Merino Community Health Centre
- National Centre for Farmer Health (NCFH)

Services we provide at WDHS

- Emergency Services
- Acute Care
- Residential Aged Care
- Community Services
- Allied Health Care
- Independent Living
- Maternal & Child Health Care
- Palliative Care
- Special Needs Care
- Farmer Health
- Research
- Education



WDHS HIGHLIGHTS

<p>WDHS changed the staffing structure in the Emergency Department and Intensive Care units to have more nurses available to support consumers that present to ED or need specialist ICU care.</p>	<p>We developed a Disability Action Plan to ensure that we are listening to and are inclusive of the needs of our diverse consumers.</p>	<p>Reduced our environmental footprint with the introduction of solar panels at all our campuses.</p>
<p>We renewed our consumer participation plan and received feedback from consumers to ensure that we are responsive to the needs of our community.</p>	<p>The 'cycling without age' program introduced to offer recreational mobility to older people.</p>	<p>Feedback from a community forum led to the introduction of an Advance Care Planning clinic.</p>
<p>The Birches refurbishment was completed which features a streetscape design of Gray Street Hamilton including the Post Office, Fire Station and the John Thomson & Co building.</p>	<p>Safer Care Victoria released the Partnering in Health Framework in April 2019. WDHS has chosen the domains of communication and shared decision making to work on over the next 12 months.</p>	<p>End PJ Paralysis project was rolled out with the aim of getting our consumers out of bed and mobilising early in their hospital stay, reducing hospital acquired complications and length of stay.</p>
<p>We developed the COPD (Chronic Obstructive Pulmonary Disease) program – to assist staff and community with the training and resources required to identify and diagnose COPD.</p>	<p>WDHS reviewed adverse incidents, hospital acquired complications and case reviews, with an aim to make improvements to care provided.</p>	<p>We implemented a Clinical Handover project, in liaison with the Institute for Healthcare Improvements with the aim to have a more consistent transfer of clinical and critical information between staff.</p>
<p>The Medical Unit family room makeover was completed creating a comfortable place for families and carers to spend time when faced with a loved one being admitted to hospital.</p>	<p>The Grange, Birches and Peshurst Aged Care Facilities have been re-accredited by the Australian Aged Care Quality and Safety Commission.</p>	<p>The Healthy Leg club was set up for people experiencing leg related problems.</p>
<p>98% of WDHS staff received the flu vaccine, which is one of the highest vaccination rates in Victoria.</p>	<p>WDHS reviewed its Quality Plan</p>	<p>We continued to support and campaign for an end to family violence.</p>

PART 1: Statewide Plans And Statutory Requirements

1.1 Consumer, Carer and Community Participation

WDHS recognises and respects the importance of consumer, carer and community participation in the health service. On a quarterly basis WDHS receives a response from the Victorian Health Experience Survey (VHES) that details a wide variety of information from consumers that have had an inpatient visit in the health service. Patients who have had an acute inpatient admission or a presentation to the Emergency Department are randomly selected to participate in the Victorian Healthcare Experience Survey (VHES). The survey is conducted on behalf of the DHHS and allows our consumers to provide feedback on their experiences. This information is used by WDHS to help us improve our services and the patient experience. Based on the information received, WDHS develops quality improvement projects (if appropriate and possible).

WDHS enters into an agreement called the 'Statement of Priorities' with the State Government. This annual agreement supports the delivery of or progress towards key shared objectives of quality and safety, good governance and leadership access, timeliness and financial sustainability.

One of the Key Indicators in the Statement of Priorities is Patient Experience from the Victorian Health Experience Survey. The results below show we are performing well compared to the state result.

How would you rate the care you received while in hospital”.

Service	Jul 17 – Jun 18	Jul 18-Jun 19
WDHS result	96.25%	94.8%
State result	91.55%	92.3%

Overall how would you rate our discharge services?

Service	Jul 18 – Jun 19	Jul 18 – Jun 19
WDHS result	91%	91.87%
State result	84.9%	84.8%

The health services have responded to VHES feedback by developing:

- Actions to improve the overall patient experience:
 - Implementation of communication boards at the bedside of each patient to act as a communication tool between the patient, the family and the treating multidisciplinary team
 - Better engagement with patients through the “I deserve your clean hands” program. A program designed to empower the consumer to highlight concerns regarding staff hand hygiene practices
 - Introduction of a detailed education session for cleaning staff to ensure that they have the correct knowledge and techniques when cleaning clinical areas
 - Upgraded the family room in the Medical Unit to create a relaxing space for consumers and their families during their hospital journey
 - Developed an action plan to review and make improvements to the journey of our consumers through our Emergency Department, based on feedback received
- Actions taken to improve our discharge planning processes for consumers through:
 - Included consumers and their families in decisions regarding their care from early in the healthcare journey – shared decision making
 - Consumers reviewed discharge and consumer information written in language that is easily understood – health literacy
 - Whiteboards have been placed at the bedside of all consumers to promote better communication between all members of the team, the consumer and their family
 - Discharge planning meeting occur on a regular basis to ensure that all members of the team have full knowledge and input in the discharge plans of the consumer
 - Family meetings regularly occur to ensure that all members of the consumers’ family have the opportunity to voice any concerns and/or questions related to the safe discharge of the patient
 - Implementation of the “Get to know your patient” module on the consumers’ Electronic Health Record has streamlined referral processes to ensure that the consumer is having appropriate referrals to members of the multidisciplinary team initiated from the start of their hospital journey



→ Amanda Adamson, giving a community talk.



→ Carol Scherek with patient Bernadette Ball

1.2 Community Health Services VHES Results

Each year a number of WDHS community health service consumers are invited to complete the Victorian health Experience Survey based on their experiences. Below were the overall VHES results received from 89 of our Community health consumers for the period 2018-2019:

VHES – Community Health	% Agree
Overall, how would you rate the care you received at the health service	99
How likely are you to recommend this health service to friend and/or family?	83
Did you feel you were treated with respect and dignity at this health service?	94
Do you think using this health service has been beneficial to your health and wellbeing?	88
Do you think using this health service has assisted you in being able to do the things that are important to you?	82
Were you ever treated unfairly by the health service for any of the reasons below	93
If you needed to, do you know how to make a complaint at the health service?	54

1.3 Consumer Participation

Advance Care Planning Forum

WDHS held a community forum to inform them about legislative changes made to Advance Care Plans in September 2018. This forum was well attended with over 100 people coming along on the night. Key speakers included: Erika Fischer (WDHS Palliative Care nurse consultant) and Dr Sue Robertson. Information was provided to the community on the process required for Advance Care Directives to be completed. WDHS listened to the voice of the community and started an Advance Care Planning clinic to ensure that consumers had a point of contact to gain information and start the process of Advance Care Planning.

Community Advisory Committee

WDHS has an active Community Advisory Committee. This committee chaired by a board member, is attended by senior members of the

Executive team and consumers. The aim of this committee is to ensure that consumers are involved in every aspect of the organisations strategic and operational goals and that appropriate engagement and feedback occurs. This committee allows the Board of Directors a direct line to consumer feedback on a range of issues that may be raised and to collectively develop a way to create improvements.

Partnering with Consumers Workgroup

Health literacy, person centred care and consumer engagement are key goals of the Partnering with Consumers workgroup. The workgroup assisted the implementation and continuation of the Consumer Participation Plan through Community education sessions, feedback sessions and focus groups and have also developed a Disability Inclusion Plan. This was possible due to collaboration with the community, local organisations and WDHS Diversity and Equality Committee. The consumer representatives on this workgroup provide valuable input and feedback which enables our organisation to enhance the consumer experience.

PART 1: Statewide Plans And Statutory Requirements

1.4 What if I speak another language?

WDHS is committed to ensuring that all consumers are provided with the best possible experience when faced with admission or presentation to the service. Should an interpreter be required to assist with clear and effective communication, this will be organised either as a face to face visit or via videoconferencing facilities. WDHS also provides support for those requiring an AUSLAN (sign language) interpreter. This is organised with the use of videoconferencing facilities. Videoconferencing is often used due to the geographical location of the service. If an interpreter is required, staff will access the WDHS Interpreting and Translating Services Policy which provides details on how to access these services.

Case study

The organisation recently had a consumer utilise the services of the sleep clinic. This consumer did not speak English as her first language and was supported through her healthcare journey by the sleep clinician, who organised an interpreter to come and support both the consumer and the staff with clear and effective communication. This process helped the consumer have a better and more relaxed experience.



→ Volunteers at The Grange celebrating 'National Volunteers Week'

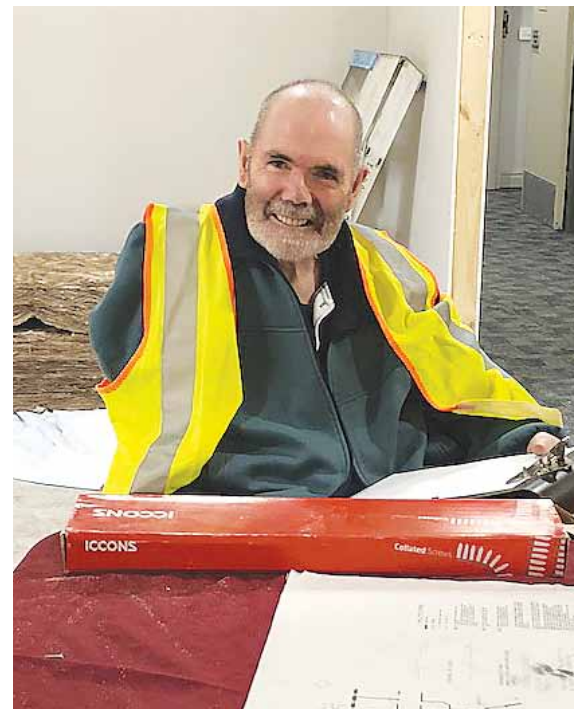
1.5 Disability Inclusion Plan

The aim of the Disability Inclusion Plan is to ensure that WDHS provides an inclusive, safe and accessible health service and workplace for the community with a focus on person centred care.

This plan enables greater accountability and streamlined reporting. The plan encompasses diversity, inclusion and access. WDHS also aims to create a meaningful place for employment and volunteer opportunities. This aim was achieved through providing men's and women's health education session, in collaboration with local disability organisations.

We had involvement from a wide range of organisations when developing the Disability Inclusion Plan; WestVic recruitment, Southern Stay, WDEA, Mulleraterong, Southern Grampians Shire Council, community members and WDHS staff. In April 2019, a community focus group was held and the outcomes from this focus group became the actions for our Disability Inclusion Plan. There is a greater emphasis on building enduring partnerships with local organisations and employment service providers to make it easier for those with a disability to gain meaningful employment with WDHS. In addition to paid employment, there is a focus on creating an inclusive volunteer model as not everyone at the focus group was wanting paid employment. The plan covers physical access, with a long-term action items to create an 'access key' that will enable those with a disability to effectively plan their visit to the health service with adequate knowledge of the facilities and services, including how to physically access them.

In February 2019 an external company was accessed to conduct a signage audit of our facilities at Penshurst, Coleraine and Hamilton. "Walk in my shoes" was a process to identify problem areas such as reception desks and provide recommendations for way finding and access modifications. As part of this review universal symbols, in addition to written signs, were explored to enable way finding for non-literate consumers. Communication cards have been developed to assist nonverbal consumers at all frontline reception desks and ward areas. The Disability Inclusion Plan has included timelines to June 2020 to achieve all identified areas of improvement.



→ Birches Resident Gordon overseeing the redevelopment

PART 2: Quality and Safety - Consumer and Staff experience



→ ED/ICU Team working together

2.1 Consumer & Staff Experience

WDHS strives to improve consumer experience within our health service. To assist us to improve outcomes for our community we embrace community feedback from a variety of sources and encourage members of our community to become involved in our work groups and committees that have consumer representation.

We seek feedback in a number of different ways and are always open to suggestions for improving our community communication strategies.

- Written feedback using the pre organised feedback form – also available by asking our staff members
- Written feedback through email to our community liaison office
- Verbal to any of our staff members
- Through the Quality Department
- Direct to the Chief Executive Office

Complaints received by the organisation are taken seriously and improvements in care or facilities occur due to feedback received. Our process is simple but effective. When a complaint is received, the quality department log it in our internal complaints' portal. It is then discussed with the manager and staff of the area concerned. The area manager will contact the complainant to discuss further and gain more information. Discussions with staff involved and/or education are provided based on the experiences of our consumers. All complaints are reviewed and discussed with the Chief Executive to ensure that full open disclosure occurs for the consumer and an effective, agreed resolution is achieved.

To improve our point of care feedback a tablet has been placed in the Emergency Department and Allied Health reception areas to assist consumers with providing quick feedback in an easy to use format.

PART 2: Quality and Safety - Consumer and Staff experience

2.2 – PMS – Patient Safety Culture Questions

The People Matter Survey is a public sector employee opinion survey run by the Victorian Public Sector Commission. The survey gives our staff the opportunity to share their views on how the public sector values and employment principles and key supporting measures are demonstrated by their colleagues and managers. The survey can also be used as a measure of staff engagement and job satisfaction. Results highlight areas for improvement and action.

Patient Safety – People Matter Survey 2019	% Target	% Agree
“I am encouraged by my colleagues to report any patient safety concerns I may have”	80	98
Patient care errors are handled appropriately in my work area	80	95
“My suggestions about patient safety would be acted upon if I expressed them to my manager”	80	95
The culture in my work area makes it easy to learn from the errors of others	80	93
Trainees in my discipline are adequately supervised”	80	87
Management is driving us to be a safety-centred organisation	80	95
This health service does a good job of training new and existing staff”	80	80
I would recommend a friend or relative to be treated as a patient here	80	90

2.3 Staff Survey in Action

As a result of the People Matter Survey our Allied Health team held a “World Café” meeting with staff. The Primary & Preventative World Café event was held over 2 sessions, enabling the majority of the Division to attend and provide input. Staff were encouraged to think outside the square and use their creative thinking to problem solve. The World Café responses were collated and an action list was created which identified some immediate needs within the Division and some longer-term goals that are still in progress, such as a feasibility assessment into a WDHS childcare service.

A workgroup was formed to oversee the world café outcomes and action items. Meeting each month, the workgroup was able to implement changes that improved overall communication and accountability within the division.



→ Husband & wife team Mark and Susie Stevenson receiving long service badges.

Case Study

Our organisation is very aware of the risk to the staff who work in isolation in the more remote or rural settings.

WDHS staff raised concerns in relation to their safety when working in the community and in client's homes. Many of our staff work in isolation, driving on country roads, in all weather conditions in areas of often unreliable or poor phone service.

As a result, WDHS organised a trial of several communication devices. It was found that the MePACS service suited the needs of our organisation and staff. This device has a GPS locator which allows instant communication with a trained operator at any time. The use of this device has allowed staff to feel safe when conducting their consumer rounds as they know that assistance is always at hand in the case of an emergency.

Staff acknowledgement

We are very thankful for the tremendous care and support that our staff provide for our community on a 24/7 basis. Our staff participate in ongoing professional development and further studies to ensure that we are providing best practice up to date treatments for our consumers.

Employees of the Month

July - Michelle McErvale, Birches Ward Clerk

August - Cecilia Fitzgerald, NCFH Executive and Administrative Assistant

September - Nyrie Adams, Associate Nurse Unit Manager, Theatre

October - Shane Benge, Personal Care Worker, PDHS

November - John Hedley, Group Manager Support Services

December - Fenella Campbell, Executive Assistant

January - Jack Parfrey, Gardener / Handyman

February - Monique Sobey, Wellbeing Officer

March - Claire Hawker, Executive Assistant to Chief Executive

April - Amy Holmes, Clinical Nurse Specialist / Stomal Nurse Coordinator

May - Julianne Thomson, Pharmacist

June - Jenny Kenny, Food and Domestic Services Assistant

AGM Awards Staff Above and Beyond



Every year we celebrate and recognise a staff member that goes “Above and Beyond” what is expected of them in their roles, we also recognise both clinical and non-clinical excellence and the important role our community plays in our success. The reward recipients for 2018 are as follows:

Above and Beyond Award

Over her Career Carol has demonstrated WDHS values and provided a high level of care and support to our dialysis and oncology patients. During 2018 Carol in her own time organised an art show, displaying her art work; to raise funds for an ultrasound machine to assist staff with accessing fistulas prior to dialysis. Congratulations to Carol Scherek for achieving the 2018 Above and Beyond Award.



Community Award

The Community Award in 2018 was given to the Festi Kultura Event Team. This event is held to promote cultural diversity at WDHS. Staff and members of the community are invited to bring food dishes that would normally be eaten in their country of origin to create a greater awareness of cultural diversity at WDHS. This is an inclusive event for all of our staff to attend to gain a greater appreciation of the value diversity plays in the workplace.



Clinical Excellence Award

The 2018 Clinical Excellence Award was presented to the 20-minute rounding team. This team led the research-based project with the aim to reduce falls causing harm to our residents in our aged care facilities. Residents with a high risk of falls are identified and are included in staff rounding every 20 minutes.



Non-Clinical Excellence Award

The Maintenance Team were presented with the 2018 Non-Clinical Excellence award. The maintenance team work tirelessly behind the scenes to ensure that all our services and equipment are maintained to a high standard for use by our consumers. In 2018 the maintenance team also supported the redevelopment of the Cancer and Dialysis Centre, the redesign of the family room in the Medical Unit and the installation of solar panels to all our facilities.

PART 2: Quality and Safety - Consumer and Staff experience

2.4 Accreditation

Accreditation is a requirement for all public health services, providers of residential aged care and organisations that provide community health. WDHS participates in several national accreditation programs, including those conducted by the Australian Council on Health Care Standards (ACHS), the Aged Care Quality and Safety Commission.

Aged Care Quality Standards

In 2019, a full site assessment of compliance with the Aged Care Quality Standards occurred at The Grange, Birches* and Peshurst Campus. These facilities achieved reaccreditation which promotes the implementation and compliance of safety and quality systems to improve aged care quality and safety requirements and consumer experience. From July 1st 2019 the health service must comply with an updated version of the Aged Care Quality Standards. This is done through unannounced site visits by assessors from the Aged Care Quality and Safety Commission, alongside the full site audit every 2-3 years.

NB* The Aged Care Quality and Safety Commission, found that 5 of 44 expected accreditation outcomes were 'not met'. A follow up visit found that all 44 outcomes were met. Over this time, the service retained its accreditation from the Aged Care Quality and Safety Commission.

The revised Aged Care Quality Standards are:

- Standard 1: Consumer dignity and choice**
- Standard 2: Ongoing assessment and planning with consumers**
- Standard 3: Personal care and clinical care**
- Standard 4: Services and supports for daily living**
- Standard 5: Organisations service environment**
- Standard 6: Feedback and complaints**
- Standard 7: Human resources**
- Standard 8: Organisational governance**



National Safety & Quality Health Service Standards

The National Safety and Quality Health Service Standards provide guidance for the implementation and compliance of safety and quality systems to improve healthcare and consumer experience across our acute services.

WDHS acute facilities at Hamilton, Coleraine and Peshurst are fully compliant against the first edition of the National Standards and are due to go through a site audit against the second edition of the National Standards.

The second edition of the National Standards include newly developed criteria under the new Comprehensive Care Standard. This includes completing risk assessments and appropriately managing deterioration in relation to nutrition, delirium, end of life care and mental health deterioration.

NSQHS Standards (second edition)

- Standard 1: Clinical Governance
- Standard 2: Partnering with Consumers
- Standard 3: Preventing and Controlling Healthcare Associated Infections
- Standard 4: Medication Safety
- Standard 5: Comprehensive Care
- Standard 6: Communicating for Safety
- Standard 7: Blood Management
- Standard 8: Recognising & responding to Clinical Deterioration



→ Aged Care Placement Co-ordinator
Michelle McGrath with Birches resident
Gladys Wright

PART 2: Quality and Safety - Consumer and Staff experience

2.5 Quality and Safety – Preventing harm to patients & residents

All staff at WDHS have a responsibility to identify and report any incidents that cause harm or a near miss to our consumers. This is done through our internal Incident Reporting and Management system called RiskMan. Education and access to the Riskman system is provided when staff first begin employment and at intervals throughout the year. This allows all staff to document incidents and ensures that adverse events are investigated appropriately.

Incidents reported in the Riskman system are assigned an Incident Severity Rating (ISR) based on the degree of impact, the level of care and the treatment required. Ratings assigned are:

- ISR 1 – Severe
- ISR 2 – Moderate
- ISR 3 – Mild
- ISR 4 – No harm (near miss)

At WDHS, all ISR1 and ISR2 clinical incidents have an in-depth case review completed and with those identified as sentinel events, a Root Cause Analysis is completed. These incidents are discussed at a weekly multidisciplinary In-Depth Case Review Meeting, Maternity Surveillance Committee and/or Medical Surveillance Committee to determine if an adverse event has occurred and what action or improvement can be made with the aim to prevent the event from occurring again.

All incidents, including those with a rating of ISR3 or ISR4, are reviewed at our workgroups (For example: Medication Advisory Committee or Falls Work Group) to identify and discuss trends and emerging risks.

2018-19 adverse events	Number
ISR1 incidents reported as a sentinel event	0
ISR2 incidents that had an IDCR undertaken	37

What is a sentinel event?

- Surgery or other invasive procedure performed on the wrong site resulting in serious harm or death
- Surgery or other invasive procedure performed on the wrong patient resulting in serious harm or death
- Wrong surgical or other invasive procedure performed on a patient resulting in serious harm or death
- Unintended retention of a foreign object in a patient after surgery or other invasive procedure resulting in serious harm or death
- Haemolytic blood transfusion reaction resulting from ABO incompatibility resulting in serious harm or death
- Suspected suicide of a patient in an acute psychiatric unit or acute psychiatric ward
- Medication error resulting in serious harm or death
- Use of physical or mechanical restraint resulting in serious harm or death
- Discharge or release of an infant or child to an unauthorised person
- Use of an incorrectly positioned oro- or naso- gastric tube resulting in serious harm or death
- All other adverse patient safety events resulting in serious harm or death

To support our Riskman incident reviews, we conduct a monthly Mortality & Morbidity Review (Medical Surveillance Committee) process where we discuss consumer case reviews and consumer feedback in order to highlight trends and risks that may not be reported as an incident. Incidents related to maternity and neonatal cases are reviewed and discussed at Maternity Surveillance Committee.

All adverse events detected from any of our review process are escalated to our monthly Medical Surveillance Committee and Clinical Care Review Committee for review and to identify and implement improvement activities

The organisation presents all ISR 1 and 2 incidents to governance committees with aim to identify trends in incidents and to develop improvement strategies to ensure safe and quality care for our consumers and staff.

Improvements that have been implemented over the past 12 months include:

- Introduction of The Allergy and Texture Modified Communication Form, which identifies patient dietary requirements at the time of admission and alerts hotel services staff of any allergies or cultural food needs that the patient may have.
- Change of organisational policy to guide staff to listen to patient choice when they are receiving medications for respiratory conditions, which are administered via a “spacer” or alternatively via a nebuliser mask. This change was initiated as a result of a deterioration in the condition of a patient.
- Change of organisational policy regarding the administration of pre-emptive analgesia prior to operations.
- Change in post-operative location and management of surgical patients that are deemed high risk by the team caring for the patient. This was a result of the clinical deterioration of a post-operative patient, which resulted in a return to theatre and advanced treatment. Changes in management include overnight monitoring of oxygen and pulse levels and cardiac monitoring if requested.
- Scenario based education for staff to identify and manage a variety of situations which can result in clinical deterioration of a patient.
- Regular de-escalation training by a senior medical consultant to assist all staff in managing patients who have heightened and/or aggressive behaviours.
- Implementation of the Patient and Carer Escalation system (development and review stage) as a result of patient and family feedback regarding staff listening and reacting to voiced patient and family concerns about the progress of a patient’s clinical progress. This is a system by which the patient and/or their family has the ability to escalate their concerns via an alert system “PACE escalation”. This system will be fully implemented in 2019/2020.

PART 2: Quality and Safety - Consumer and Staff experience

2.6 Infection control

WDHS's infection control department monitor infection rates, report results to the Department of Health and Human Services, provide education and support to staff and ensure compliance with strategies to reduce hospital acquired infections.

Infections surveillance at WDHS

During the 2018-19 reporting period:

- For those consumers admitted to ICU and require the insertion of a central line - out of 71 central lines that were inserted, there were no central-line associated blood stream infections (CLABSI) detected in the Intensive Care Unit (ICU).
- There were 8 Staphylococcus aureus bacteraemia (the presence of bacteria in a person's blood) infections detected across all facilities at WDHS, 5 of which were community acquired (the consumer was admitted to hospital with the infection).
- The orthopaedic procedures - total hip replacements and total knee replacements - were monitored for post-operative surgical site infections. Out of 135 procedures performed, there was 1 site infection reported.

2018-19 Healthcare Associated Infections	Number	Target
Central Line associated blood stream infections	0	0
Staphylococcus Aureus Bacteraemia	3	0

2.7 Staff influenza vaccination program

The annual influenza vaccination is an important strategy to prevent the contracting and spreading of the influenza virus and the complications to a person's health that occur as a result. Vaccination is one strategy that aims to decrease the effect of the influenza virus on a person. Although the influenza vaccination doesn't always prevent a person's contracting the virus, it can help reduce the severity of the symptoms and may prevent further health complications occurring.

WDHS strives to provide safe care to our community, at all times. One way we contribute to this is via our staff vaccination program. All staff are encouraged to participate in the annual influenza vaccination program. If, for any reason, a staff member does not receive the influenza vaccine they are requested to wear a respiratory mask when in close contact with patients, residents and clients. They are also invited to meet with the Chief Executive to gain a better understanding of their reason to decline the vaccine. The flu vaccination uptake for staff for the 2019 season was 98%.

In 2018 Hamilton and Penhurst campuses achieved the highest flu vaccine uptake for like sizes hospitals in Victoria.

Influenza HCW rates:

Hamilton

Vaccinated 612 / 620 total staff

High risk areas:

ED: 20 vaccinated / 20 total staff

ICU: 44 vaccinated / 44 total staff

Coleraine:

Vaccinated 86 / 92 total staff

Penhurst:

Vaccinated 41 / 41 total staff

WDHS Aged Care Facilitates staff

Birches:

Vaccinated 47 / 48 total staff

Grange:

Vaccinated 59 / 61 total staff

Kolor Lodge:

Vaccinated 6 / 6 total staff

Penhurst NH

Vaccinated 14 / 14 total staff

Year	Hamilton	Coleraine	Penhurst	WDHS	VICNISS target
2016	87%	77%	83%	85%	80%
2017	88%	80%	91%	87%	80%
2018	98%	95%	100%	97%	80%
2019	98%	96%	100%	98%	85%



→ WDHS Pharmacy Team welcoming new Director Dayo Ayorinde



2.8 Maternity Services

WDHS continues to support mothers and babies in an environment that encourages safe and high-quality care, education and support that is evidence-based and best-practice.

173 babies were born at Western District Health Service in 2017/18. During this time 204 women were booked for antenatal care at our service, and others who were not booked received domiciliary postnatal care from WDHS.

WDHS Maternity Services are required to measure and report a number of key indicators which are published in the Victorian Perinatal Services Performance Indicator report 2017 – 2018.

The data for indicator 2, indicator 10 and indicator 1ci from the 2017/18 Perinatal Services Performance Indicator Report is as follows:

Indicator 2: Term babies without congenital anomalies who required additional care, WDHS had a rate of 2.5% which was in the most favourable quartile.

Indicator 10: Low apgar score, the rate at WDHS was 0.6%, again in the most favourable quartile. This indicator measures the wellbeing of babies who are born at 37 or more weeks' gestation and without congenital anomalies at birth.

Indicator 1ci: The rate of third and fourth degree perineal tears during unassisted vaginal births to primiparae was 4.5% at Western District Health Service, this was highlighted as being in the least favourable quartile. WDHS is now involved in the Better Births for Women Collaborative through the Institute for Healthcare Improvement and Safer Care Victoria, which aims to reduce 3rd and 4th degree perineal tears through the consistent implementation of a 'bundle' of interventions, including:

- application of warm perineal compresses during labour,
- hands-on to support the perineum, with gentle verbal guidance, for all vaginal births (assisted and spontaneous)
- episiotomy performed when indicated
- genito-anal examination on all women post birth
- grading of perineal tear based on grading and reviewed by experienced clinician.

WDHS has engaged with a local consumer who is providing support and assistance to this project to ensure that we remain focussed on improving the care and experience for women.

All incidents in relation to maternal and/or neonatal health are recorded in the organisations risk management system, RiskMan, and discussed with the multidisciplinary team at Maternity Surveillance Committee.

PART 2: Quality and Safety - Consumer and Staff experience



→ Celebrating the achievements of staff and volunteers

Volunteers support WDHS in the following areas...

- Contribution to Governance Committees
- Hamilton Community Transport Service
- Coleraine/Merino Community Transport Service
- Opportunity Shop
- Comforts Trolley – providing patients with access to magazines, toiletries and snacks
- Fundraising
- Aged Care facilities at Hamilton, Penshurst and Coleraine
- Palliative Care
- Acute Ward Volunteers
- Theatre Concierge
- Delta Dogs
- Social Support groups at Hamilton, Penshurst and Coleraine
- Data entry and clerical assistance
- Hospital Harmonies Choir
- Conducting surveys
- Assisting with file compilation
- Preparation of document packs for consumers.

Our valued volunteers

We are very proud of the organisations 252 registered volunteers and approximately 50 volunteers who actively participate on the auxiliary committees and Aged Care Trust.

Our volunteers work tirelessly to assist our staff in providing a positive experience for our consumers. Amongst a vast number of other activities, our volunteers have also assisted in compiling documentation, completing a “trolley round” to provide goods for consumers and assisted with wayfinding for visitors that may need some guidance with directions.

We are very thankful for the continued support and kindness shown by all our volunteers.

Case Study:

The Community Transport Service consists of 45 volunteer drivers who work to help ease the burden of travel arrangements for consumers that require support with transport. The majority of transport is for consumers to attend specialist medical appointments in areas other than Hamilton however we also provide support for clients who are disadvantaged socially and economically. We have provided transport for a relative to attend a funeral in a Melbourne suburb. We have arranged transport for an elderly woman to visit her daughter in a nursing home in Horsham and we have made it possible for a young child to continue to attend Kinder whilst his parent’s car was off the road. During a working week our amazing volunteer drivers work tirelessly to transport an average of 10 clients per day. The community transport team have completed 2126 trips or 218,521 kms in 2018/19. In total this equalled 4352 volunteer hours.

Charlie Watt Volunteer of the Month Recipients for 2018-19:

July	Rose Howard	January	Ian McIntyre
August	Judith Collier	February	Margaret Burgin
September	Dianne Price	March	Joshua Stephens
October	Helen Walker	April	Fran Barber
November	Kay Hadden	May	Alex McErvale
December	Peter Moore	June	Helen Powell



→ (L-R) Judith Collier, Rose Howard and Dianne Price receiving their Volunteer of the Month awards.

We are hugely thankful for the dedicated time and work that our volunteers provide to our service. On a monthly basis volunteers are nominated by their peers and our staff for going the extra mile. One volunteer is chosen as our “volunteer of the month”. Above and below are the worthy recipients of the award for July, August and September 2018 and October, November and December 2018.



→ (L-R) Peter Moore, Kay Hadden and Helen Walker receiving their Volunteer of the Month awards.

PART 2: Quality and Safety - Consumer and Staff experience

2.9 Residential Aged Care Indicators

WDHS provides professional, quality aged care services to the South West region. As one of the largest providers in this region, WDHS has 175 aged care beds across six facilities and uses the Public Sector Residential Aged Care Quality Indicator benchmarking as a guide to improve quality and safety processes. As a Public Sector facility, nurse to resident ratios support best practice nursing assessment and care. Results and improvements are monitored by the Quality and Safety Committee and the Aged Care Governance Committee. This strengthened approach allows improved transparency of aged care clinical governance.

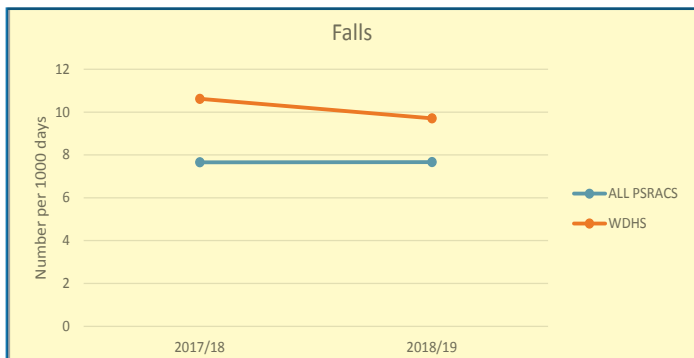
The five indicators measured on a quarterly basis include:

- pressure injuries
- Use of physical restraints
- use of nine or more medications
- falls and fall-related fractures
- unplanned weight loss

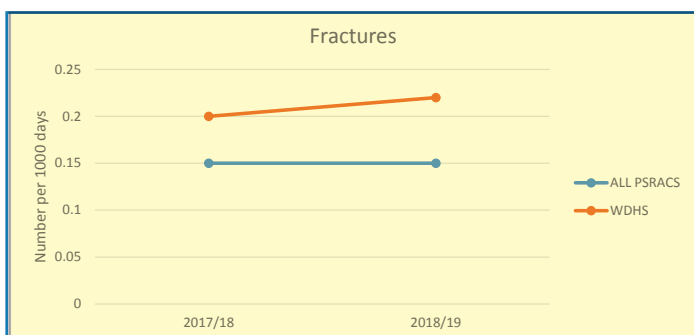
WDHS has performed well against three of the five indicators over the 2018/19 year. We continue to monitor and review ways that we can make improvements against falls and fall related fractures and nine or more medications.

Falls

The number of falls continues to be higher than the ALL PSRACS data, however the rates improved from the previous 2017/18 data.



WDHS has a strong culture of supporting consumer dignity and choice and this means that residents who are at high risk of falls are not restrained. This allows them the ability to move around freely, however does provide a challenge for staff as they enable resident's independence and choice whilst attempting to prevent them from falling.

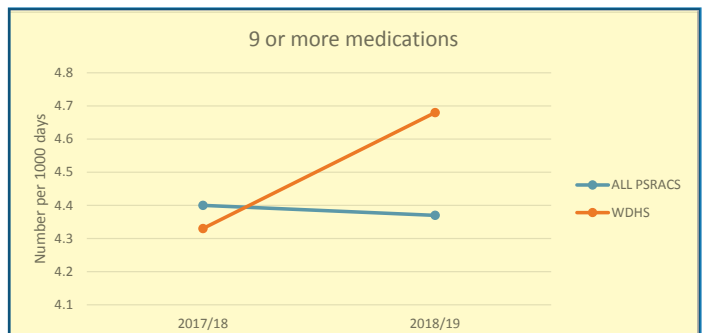


All residents are screened for their risk of falling, both on admission and ongoing. Analysis of trends related to falls incidents occurs at a facility level, in addition to an organisational based review at the Falls Working Party. It has been identified that residents with a cognitive impairment are at high risk of sustaining falls and that allowing for "dignity of risk" is an important consideration for these residents.

As an organisation we have implemented many strategies to assist with residents who are at risk of a fall, this includes assessment, fall identifiers, bed alarms and sensor mats, in addition to environmental audits and strength and exercise programs. The 20 Minute Rounding research (to investigate if '20 minute staff rounding' could reduce the impact of falls and fall related injuries among high risk aged care residents) findings was implemented across WDHS aged care facilities to support the reduction of the number of falls.

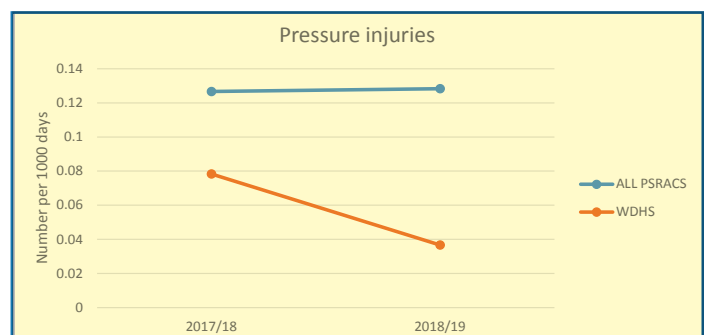
Use of nine or more medications

WDHS has implemented processes to improve medication management across all facilities. Current key improvements include medication reviews for residents who are identified as taking high numbers of or high risk medications, in addition to this an audit has been completed at each facility to determine the number of residents who are prescribed psychotropic medication. Psychotropic medications can contribute to an increased risk of falling. WDHS also uses predictive analysis medication reports that assist with falls prevention and looking at what combination of factors influence a resident at being at a high risk of falling.



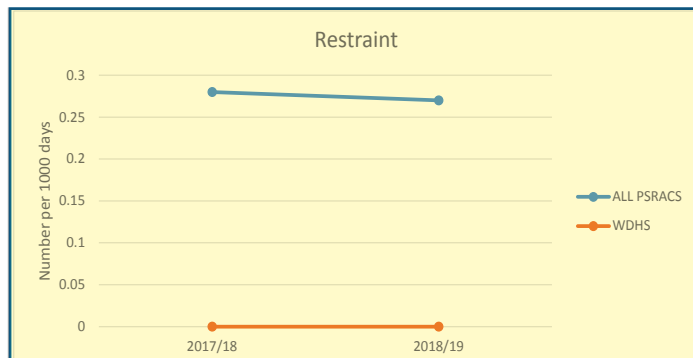
Pressure Injuries

During the admission process all residents are assessed for their risk of developing a pressure injury to assist staff in maintaining good skin integrity. Supports that assist effective prevention and management of pressure injuries include pressure relieving mattresses, pressure relieving cushions and heel boots. As per the below graph we have improved our pressure injury rate in comparison to last year's result by 0.04. This is less than the state rate of pressure injuries of 0.13.

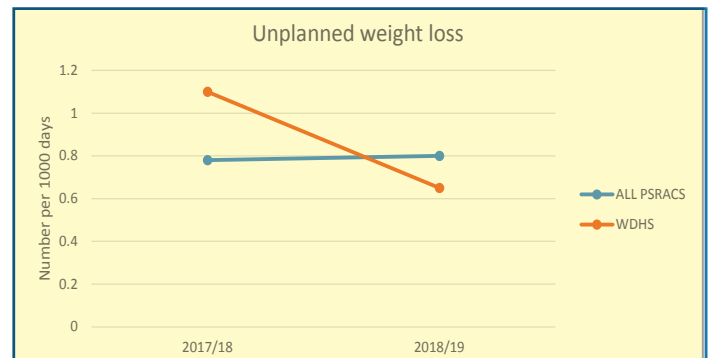


PART 2: Quality and Safety - Consumer and Staff experience

WDHS promotes a restraint free environment in all its facilities. Alternatives to restraint include, leisure and lifestyle programs, falls management systems and ongoing inclusion and discussion with the resident, family and multidisciplinary team. As detailed in the above graph we have not had any incidents of restraint in the past year.



As part of the admission process to our residential aged care facilities, each person undergoes a nutritional assessment. This includes the documentation of the resident weight and referrals to the dietician, speech therapist and other allied health clinicians, if required. The Grange aged care facility continues to use the Red flag Program to improve the nutrition experience for residents who are at risk of weight loss.



→ Theatre staff celebrating 'International Nurses Day'

2.10 Escalation Of Care

WDHS has a variety of patient escalation of care processes, including Medical Escalation Team (MET) and Stroke call. In 2019, in response to results from our clinical indicators, we have introduced a STEMI call. This escalation of care system notifies a specific response team to attend to the care of a consumer who has been identified as having an ST Elevation Myocardial Infarction (a type of heart attack). This escalation of care system aims to have thrombolysis medication (clot busting medication) be administered within 30 minutes of identification of the STEMI.

2.11 Mental Health Services

WDHS is not a specialist mental health provider for our community. Should a person need emergency support, a pathway has been developed in liaison with South West Healthcare to provide easy, prompt review by a Mental Health Clinician, either face to face or via telehealth services. Telehealth services are available 24 hours a day and has streamlined the process for our consumers to have a review and discussion with a specialist mental health clinician during their time of need. Our community services team do provide outpatient counselling support for those that need.

Case Study:

A 29-year-old patient arrived at the emergency department with a feeling of shortness of breath and a medical history of asthma. She was admitted to the acute area of the hospital and was managed as per the asthma guidelines. She was able to speak in full sentences at the time of admission. The respiratory nurse assisted the patient with education about asthma management and looked at her technique when using her medications through a "puffer". Over the next couple of days, the patient responded slightly to the treatment provided. The patient expressed concerns and showed signs of continuing shortness of breath, a worsening cough and said she was feeling tired due to lack of sleep and ongoing shortness of breath. The escalation of care system "MET call" was initiated for this patient for an increase in respiratory rate and heart rate. The MET call was called to ensure that the correct medical and nursing team were present to manage her condition appropriately. This specialist team reviewed the patient's condition and progress and decided that it was best for her to be sedated and have supportive breathing to allow her body time to rest and recover. This patient has since been discharged home with an asthma management plan in place.

PART 2: Quality and Safety - Consumer and Staff experience

2.12 Quality Improvement

WDHS is committed to continuous quality improvements. On a quarterly basis we receive a report from the Victorian Health Experience Survey based on feedback from consumers regarding their experience at our health service. The below table details the results received from consumers who attended our community health services.

VHES – Community Health	% Agree
Was it easy to find out this community health service existed	76
Was it easy for you to find the location of the health service	86
How do you typically travel to the health service	88 by private care
How would you rate the transportation facilities that you use at the health service (e.g. car parking, access to public transport, foot paths, taxi drop off areas)?	68
Was it easy to make an appointment	83
Did your condition ever get worse while you were waiting for an appointment?	84
Before your appointments, did you receive all the information that you needed (e.g. how to prepare for the appointment, what to bring and what would happen at the health service)?	83
How would you rate the politeness and helpfulness of the reception staff at the health service?	99
Do you think the amount of time you usually spend in the waiting area before your appointment is?	89

Over the past 12 months we have reviewed the ongoing parking issues that we are having for our community health consumers. Improvements that have been implemented include; one permanent parking space has been redesigned to a 15 minute pick up/drop off space. This is to assist consumers who need to make quick appointments at Frances Hewitt Community Centre or pick up products that are distributed from there.



→ Grange residents Dulcie Mcleod, Ada Robinson and Alfred Lane enjoying the sunshine

3.1 Community Health Actions

VHES – Community Health	% Agree
Did the health workers you saw introduce themselves and their role?	87
Did you feel that you were listened to and understood by the health workers?	92
How often did the health workers take the time to explain things to you?	91
Were the health workers compassionate?	91
Did you have confidence and trust in the health workers	90
Did the health workers spend enough time with you?	95
Did health workers take your concerns seriously?	94

Marjes’ story -

Transition Care Program

Usually, the Transition Care Program (TCP) is offered to people over 65 year old. However, if appropriate, sometimes people younger than 65 can be offered the program.

The case study of 63 year old Marje (not her real name) is one such case.

Marje lived alone but near to family post a family break-down some years ago. Marje’s family had concerns as she hadn’t been looking after herself to her usual standard in recent times. A neighbour alerted Marje’s family as they hadn’t seen her that day and her sprinkler was left on for 24 hours. The family attended and found Marje on the floor after a fall. No-one knew how long Marje had been on the floor. Marje was then brought in to the Emergency Department by Ambulance.

Marje had a lengthy hospital admission of 4.5 weeks. Her admission was complicated by withdrawal from alcohol. She was previously unaware how much her drinking had increased and the impact it had on her day to day life. Marje and her family were in shock at the amount of decline she had suffered since her fall. It was clear that if Marje was to go home she was going to need some support, at least for a short time.

The Transition care Program was able to offer a home based program of support to Marje. Occupational Therapy performed a home visit and through TCP were able to provide various pieces of equipment required to facilitate a safe return home. TCP facilitated Marje’s weekly Case Manager visits, physiotherapy, counselling, Meals on Wheels (initially), District Nursing for support, webster packs for medications, home care, shopping and transport assistance.

Little by little Marje kept making gains, building confidence in herself and regaining her family’s confidence in her. Marje even found some alcohol in her house that hadn’t been removed by family, yet she remained strong knowing how far she had come. Marje had 10 weeks on TCP and on discharge continued with home care services. Marje and her family were so pleased with her progress due to the TCP and how far she had come especially since it was in doubt whether she would even make it home from hospital again.



→ (L-R) Student Dean Molver with EN Tessa Blair

3.2 Actions taken to improve the service experience for a health priority population.

We strive to ensure that we provide innovative care and services for our community, some of the new programs for this year include:

Hamilton Healthy Leg Club

The Hamilton Healthy Leg club was launched by the Chief Executive in October 2018 at Frances Hewett Community Centre.

The club is based on a social model of care encouraging members of the community who have actual or potential chronic leg wounds to attend. Experienced wound care nurses are available from 10am to 2pm each Friday to bath and dress club member's legs, to prevent or treat leg wounds. A gold coin donation is welcome which goes towards healthy, fresh food and tea, coffee etc.

The club currently has 34 members and we see an average of 8 per week. The emphasis is on a fun and friendly non-clinical atmosphere where people can meet, talk and receive advice from the wound care nurses and other allied health staff who visit on a regular basis. Hamilton is the third Leg club to be established in Victoria. The outcomes from these clubs are well researched and we have some really positive stories to back that up.

End PJ Paralysis Project

WDHS took part in this Safer Care Victoria project that aimed to encourage and assist our consumers to "get up, get dressed and get moving" in a bid to increase early mobilisation, therefore decreasing the risk of developing a hospital acquired infection. This project had a multidisciplinary approach and was well received by the consumer group involved.

Cancer and Dialysis

The new developed Cancer and Dialysis Centre was completed in October 2018. This purpose-built facility was designed to provide a comfortable, welcoming service for our consumers. The service is available 5 days a week and is staffed by specialist trained nursing staff.

Clinical Handover project

The Surgical Unit is taking part in a Clinical Handover Project which aims to improve consumer and staff communication during the handover of care process. Both staff and consumers have been involved in providing feedback at different stages of this project and in the redevelopment of ideas throughout this project to ensure that any change to practice that is implemented is worthwhile and sustainable.

COPD Collaborative Project

WDHS is taking part in the Safer Care Victoria COPS (Chronic obstructive Pulmonary disease) project which aims to assist staff and consumers with training and resources to appropriately diagnose COPD early, using the correct equipment (spirometry). This will give better, more effective treatment options for the consumer.



→ Staff supporting the 'Healthy Leg Club'

GLOSSARY OF TERMS



ACHS	Australian Council on Healthcare Standards
ACP	Advance Care Planning
ACD	Advance Care Directive
AACQA	Australian Aged Care Quality Agency
ACSQHC	Australian Commission of Safety & Quality in Health Care
AMS	Antimicrobial Stewardship
ATSI	Aboriginal and Torres Strait Islander
BFHI	Baby Friendly Health Initiative
BOD	Board of Directors
BRICC	Ballarat Regional Integrated Cancer Centre
C4YB	Community for Youth Board
CAC	Community Advisory Committee
CCRC	Clinical Care Review Committee
CDHS	Coleraine District Health Service
CE	Chief Executive
CHIC	Consumer Health Information Committee
CLABSI	Central Line-Associated Blood Stream Infection
CPR	Cardiopulmonary resuscitation
DHHS	Department of Health & Human Services
ED	Emergency Department
EDIE	Educational Dementia Immersive Experience
FHCC	Frances Hewett Community Centre
FRAT	Fall Risk Assessment Tool
FWG	Falls Working Group
GP	General Practitioner
HBH	Hamilton Base Hospital
HCP	Home Care Packages
HITH	Hospital in the Home
HMMC	Hamilton Midwifery Model of Care
ICU	Intensive Care Unit
IDCR	In Depth Case Review
ISR	Incident Severity Rating
KPI	Key Performance Indicator
LGBTI	Lesbian, Gay, Bisexual, Trans & Intersex
MET	Medical Emergency Team
NCFH	National Centre for Farmer Health
NSQHS	National Safety and Quality Health Service
PIPER	Paediatric Infant Perinatal Emergency retrieval
PROMPT	Practical Obstetric Multi-Professional Training
PSRACS	Public Service Residential Aged Care Services
PDHS	Penshurst and District Health Service
PEPA	Program Experience with Palliative Approach
PMS	People Matter Survey
PPH	Primary & Preventative Health
QSC	Quality & Safety Committee
RACS	Residential Aged Care Services
RCA	Root Cause Analysis
RVEEH	Royal Victorian Eye & Ear Hospital
SAB	Staphylococcus aureus bacteraemia
SSI	Surgical Site Infection
SSG	Social Support Group
SWH	South West Healthcare
SWARH	South West Alliance of Rural Hospitals
TCP	Transition Care Program
VBAC	Vaginal Birth after Caesarean
VHES	Victorian Health Experience Survey
VST	Victorian Stroke Telemedicine
VTE	Venous Thromboembolism
VMIA	Victorian Managed Insurance Authority
WDHS	Western District Health Service



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