



2016/2017 QUALITY ACCOUNT



Index

Staff Service Awards	2	
Welcome	3	
State-wide Plans	4	
Consumer, carer and community participation	5-7	
• Interpreter Services		
• Patient Experience		
• Disability Action Plan		
• Improving Care for Aboriginal Patients (ICAP) program		
• How to become a Volunteer		
• Health Promotion		
– “PARTY” program		
– Healthy, Resilient, Connected Community		
– Corporate Volunteering – Volunteering in the Community		
Quality and safety	8-14	
Consumer experience		
Staff experience		
• People Matter Survey		
• Occupational Violence		
Accreditation		
Safety		
• Adverse Events / Sentinel Events		
• Preventing and controlling healthcare associated infections		
• Staphylococcus aureus bacteraemia		
• Medication safety		
		<ul style="list-style-type: none"> • Preventing falls and harm from falls • Preventing and managing pressure injuries • Safe and appropriate use of blood and blood products • Hand Hygiene • Immunisation
		Surgery <ul style="list-style-type: none"> • Victorian Audit of Surgical Mortality • Escalation of Care
		Residential Care Indicators <ul style="list-style-type: none"> • Pressure injuries • Use of physical restraint • Residents prescribed nine or more medications • Falls and falls related fractures • Residents with unplanned weight loss
		Continuity of care
		15
		<ul style="list-style-type: none"> • Transitions Index • Advance Care Planning and End of Life Care
		Our Supporters
		16-17
		<ul style="list-style-type: none"> • Y-Zetts • Ladies Auxiliary • Murray to Moyne • Stawell Regional Health Foundation
		Our Services
		18
		Life Governors.....
		19

Staff Service Awards

5 years	10 years	15 years	20 years
Sally Douglas	Kellie Friend	Carolynne Johnston	Wayne Bannister
Gabrielle Sherwood	Kim Scott	Barbara Barham	
Stephanie Walker	Sonja Whelan	Helen Kennedy	
Sadie Slorach	Michelle Cahill	Elizabeth McCourt	
John McNeill	Kate Vance	Carol Wilson	
Kristy Dodds	Lynne Iseppi	Pam Franklin	
Michelle Coutts			
Judy Body			
Alan Spry Gellert			
Ashlee Handford			
Shallan Cooper			

Front Cover: Stawell Regional Health staff.

Back Cover: Stawell Regional Health patients and staff.

Designed and printed by: designlink.fairfax.com.au

Photographs: Peter Pickering

Welcome

It is my pleasure to report to the Stawell Community on the quality and safety systems in place at the hospital.

Public hospitals in Victoria are required to produce a Victorian Quality Account each year.

Our aim is to produce an interesting, easy to read document at a reasonable cost.

Last year 10 people provided feedback about our report, which was eight less than the previous year.

The feedback from those 10 people showed that:

- 100% (10) agreed or strongly agreed that receiving the report in the newspaper was a great way to give the report to our community
- 89% (8) agreed or strongly agreed the information in the report was easy to read and understand
- 100% (10) agreed or strongly agreed the report was well presented
- 90% (9) agreed and strongly agreed the report was a good length and good size and
- 87.5% (7) agreed or strongly agreed that their knowledge on services at Stawell Regional Health has increased.

The feedback indicated that there were areas where we could improve in relation to the style, content and information included in the report.

In response to this information, we have made the following changes:

- Reduced the length of the report
- Included photos of Doctors
- Included a definition of Life Governors

This year the reporting guidelines from the Department of Health and Human Services changed and the report will reflect the new requirements.

We have included a loose leaf feedback form in this report for you to provide us with any comments you may have on the report.

The form is self-addressed and reply paid, and can be sent back to the hospital at no cost to you. We look forward to your feedback.

To ensure this report reaches as many community members as possible, it is placed as an insert in the Stawell Times News.

Copies are also available from all hospital reception and waiting areas and online at www.srh.org.au.

Clinicians, staff, patients and community members all assisted in developing the 2017 Quality Account.

You will see that we have met and exceeded our targets in some areas and that there is still work to be done in other areas.

Stawell Regional Health evaluates and assesses the care that is provided to our patients on a regular basis. Our quality plan promotes "Stawell Regional Health Great Care" for every consumer, every time, across the acute hospital, community services and residential aged care.

We have continued to strive to improve our customers' experience at the hospital and across all our programs. The Community Rehabilitation Centre, Oncology Unit and Student Accommodation are fully utilised, we have new visiting specialists coming to our community, and new and improved programs offered to our community.

We will continue to be innovative in our approach to the delivery of healthcare and seek opportunities for improving the health of our community.

I would like to recognise the loyal and tireless endeavours of our hard working staff and volunteers - it is through their work across the entire organisation that we are in a position to provide the local community with "Great Care"



Liz McCourt
Chief Executive



Left to right: Julie Edwards Personal Assistant to The Chief Executive and Janet Feeny Human Resources Manager

State-wide Plans

Type of plan	Action taken by SRH	
Aboriginal health	In partnership with the Budja Budja Aboriginal Co-Operative provide a targeted community outreach program to community members of Budja Budja.	<p>Provision of outreach services to the community of Budja Budja Aboriginal Co-Operative: weekly exercise physiology and fortnightly dietetics sessions.</p> <p>Evaluation of the Budja Budja Cooking Program by Deakin University students in April 2016 identified a high level of satisfaction with the program by both participants and Budja Budja Aboriginal Co-Operative staff.</p> <p>Memorandum of Understanding between Budja Budja Aboriginal Co-Operative and Stawell Regional Health renewed.</p> <p>A contract to support delivery of services from Budja Budja Aboriginal Co-Operative is also in place.</p>
	Provide further cultural awareness training to clinical staff to support the provision of culturally safe care.	A "Cultural Safety" Project was undertaken in partnership with Budja Budja Aboriginal Co-Operative and the Grampians Pyrenees Primary Care Partnership. The project delivered the training "Strengthening Cultural Security" to Stawell Regional Health staff in May and June 2016.
Aboriginal public sector employment		Stawell Regional Health is an Equal Opportunity employer.
Lesbian, gay, bisexual, transgender and intersex communities		The Lesbian, Gay, Bisexual, Transgender, and Intersex champion attended the Gay & Lesbian Health Victoria "Champions" Training Session in April 2016.
Family Violence		<p>Meeting with local stakeholders such as the Victoria Police Family Violence team, and Grampians Community Health Chief Executive regarding joint collaboration and education initiatives, and strengthening of referral pathways.</p> <p>Information for staff and victims obtained and made available in public waiting areas.</p> <p>Family Violence Policy developed. Family Violence information packs and referral contacts available in the Urgent Care Centre.</p> <p>Joint staff education held in collaboration with Grampians Community Health Family Violence Team.</p>



Left to right: Robyn Wilson Director of Clinical Services and Trudi Cameron Risk and Policy Officer

Consumer, carer and community participation

SRH has worked hard to build the capacity of consumers, carers and community members to participate fully and effectively in their health care.

- Our patients and residents are encouraged to be fully involved in their care and treatment by being a part of their care planning
- In May 2017, 83% of residents/relatives rated the way staff involved them in decisions about their care and treatment as “good” to “very good”
- Brochures and leaflets are reviewed with consumers and align with our policies, and with the ‘Well Written Health Information Checklist’ and Health Literacy Principles
- We have consumer representation on the following committees/project group:
 - Quality Improvement and Risk Management since January 2015
 - Nutrition and Hydration Committee since June 2016 and
 - The Macpherson Smith Residential Care redevelopment project group meeting has two resident representatives.
- Consumers are involved in the planning, improvement and evaluation of services and programs. For example, Health Promotion and Community Rehabilitation Programs are reviewed regularly with the assistance of consumers
- The Budja Budja Cooking Group and Exercise Group class participants have reviewed their program
- Consumers are actively involved in the management of concerns and complaints
- Consumers were involved in developing the Strategic Plan
- Consumers have presented to staff on the acute site, in allied health and residential care about their “experience” at SRH
- The Victorian Quality Account is submitted to the Department of Health and Human Services each year. The report is made available to the community through a variety of avenues. Community members are asked for their feedback about the report and a loose leaf reply paid form is available in each report.

If you are interested in becoming a Consumer Representative please contact the Executive Team on 5358 8548.

Interpreter Services

The Victorian Interpreting and Translating Service (VITS) is readily available to staff if we need to assist patients who speak a language other than English.

In the last financial year fourteen patients were admitted to our hospital who were registered as speaking a language other than English. Eleven of these patients elected to use the interpreter service.

In the last financial year we accessed translated material and resources in Arabic and Chinese. Nine community language groups (Arabic, Assyrian Neo-Aramaic, Spanish, Burmese, Turkish, Karen, Persian (excluding Dari), Somali and Macedonian) accessed our services last year.



Left to right: Elizabeth McKenzie Enrolled Nurse and Elaine Hermann

Patient Experience

Stawell Regional Health monitors consumer satisfaction through a number of internal surveys and with the Victorian Healthcare Experience Survey (VHES).

The VHES is a state-wide survey of people’s public healthcare experiences. The survey asks people who have been discharged from hospital a number of questions about their stay.

An independent contractor conducts the survey on behalf of the Victorian Department of Health and Human Services. The VHES allows a wide range of people to provide feedback on their experiences when they were in hospital.

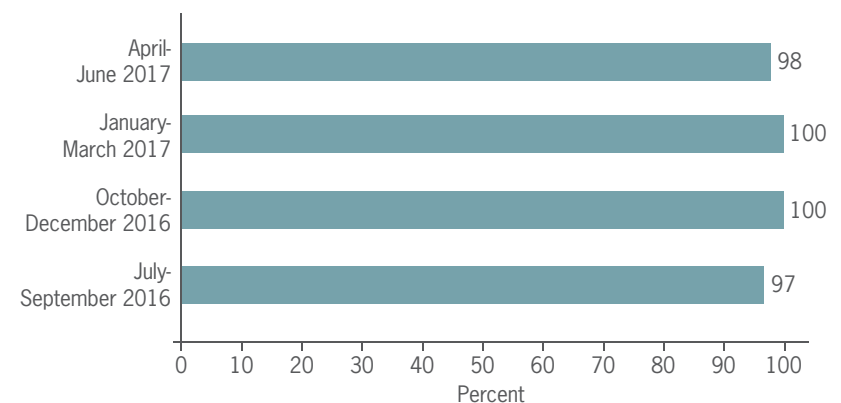
The surveys are sent to a randomly selected group of eligible people from our health service in the month following their hospital discharge or their emergency department (Urgent Care Centre) attendance. Surveys can be completed by hand (mailed out surveys) or online. The personal details of people who complete the survey are not made available to Stawell Regional Health so responses are anonymous.

SRH receives regular quarterly reports. Figure 1 shows “Overall Hospital Experience” as rated by these patients as either “Very Good” or “Good” for the last year. Compared to like-size (Peer Group) hospitals, Stawell Regional Health rated between 97-100% compared to 97% which was the average rate for Peer Group hospitals.

The results are taken to the Leadership Team, Staff Forums and key committees of Stawell Regional Health. Results are discussed, and improvements identified.

An action taken in response to an outcome from the Victorian Health Experience Survey was to form a working party to look at ways of improving communication between staff and patients.

Figure 1: Victorian Healthcare Experience Survey
Overall hospital experience



In October 2016, SRH was involved in the first Community Health Survey through the Victorian Healthcare Experience Survey. Results of the survey were received in June 2017 and have been presented and discussed at Primary Care and Community and Complex Care meetings.

Areas planned for improvement:

- Develop a communication strategy of our schedule of fees and
- Investigate care coordination and patient information.

Disability Action Plan

The organisation has focused effort on access improvements at our main site. This has included improved signage at all access points to assist consumers in wayfinding. We have ensured all new building works have considered appropriate disability access through project control groups. This includes our current projects at the Macpherson Smith Residential Care Facility.

Doorways are assessed for easy access, and changes are engineered to improve accessibility. The sensors in electronic sliding doors in the entries of the medical Centre and Rehabilitation Centre have had their timing monitored and adjusted to ensure the buildings can be accessed safely.

Bedside clinical handover is an important part of ensuring our patients have access to the right care at the right time. The handover of a person’s care between nurses occurs at the patient’s bedside. This handover includes the patient and, when requested, their carers and family. This is to enable the patient and their family to describe the care received and provide ongoing feedback to enable our staff to meet their individual care needs.

The SRH Website has been reviewed and redesigned to improve accessibility for all consumers, including the ability to read the pages with larger fonts. Each page has been written with a health literacy focus to assist all consumers to access content regarding our services.

Improving Care for Aboriginal Patients (ICAP) Program

Key Result Areas

1. Establish and maintain relationships with Aboriginal communities and services.

Stawell Regional Health continues to enjoy a positive working relationship with Budja Budja Aboriginal Cooperative in Halls Gap. This relationship includes a formal contract to provide Primary Care services such as dietetics and exercise physiology to the Indigenous community in the Grampians region. These services aim to increase the ability of clients to lower their risk of chronic disease or manage their chronic disease.

Stawell Regional Health is an active partner in the Koolin Ballit initiative, along with other local agencies such as Budja Budja Aboriginal Cooperative. Koolin Ballit means healthy people in Boonwurrung language. It is a Victorian Government strategy, which commits the health system to improve the length and quality of life of Aboriginal people in Victoria by 2022.

2. Provide or coordinate cross-cultural training for hospital staff.

Stawell Regional Health has implemented a Cultural Security Action Plan. A key action in this plan is to identify opportunities for cross cultural training. Over the last twelve months the following education opportunities have been attended by staff:

- In collaboration with the Grampians Pyrenees Primary Care Partnership Consumer Engagement Working Group – Indigenous Consumer Engagement.
- In collaboration with Grampians Community Health – education delivered by an Aboriginal Health Worker that focussed on barriers that clients face when accessing healthcare.

3. Set up and maintain service planning and evaluation processes that ensure the cultural needs of Aboriginal people are addressed when referrals and service needs are being considered, particularly in regard to discharge planning.

Stawell Regional Health is a member of the Grampians Pyrenees Aboriginal Health Sub-Committee (GPAHSC). The sub-committee meets regularly with key partners such as Budja Budja Aboriginal Co-operative, Grampians Community Health, Northern

Grampians Shire and East Grampians Health Service. Stawell Regional Health is represented by the Primary Care Manager.

Regular service planning occurs between Stawell Regional Health, Budja Budja Aboriginal Cooperative and Rural Workforce Agency Victoria. This process involves community and client consultation in the planning, implementation and evaluation of Dietetics and Exercise Physiology Services that Stawell Regional Health provides to Aboriginal clients at Budja Budja Aboriginal Cooperative. These services are provided in a group setting with the focus on addressing barriers to healthy eating and physical activity, and building the capacity of clients to make healthy choices. Between January and June 2017 this program was altered based on client feedback to include cooking and gathering workshops that combined culturally specific “Bush Tukka” with locally available conventional food.

4. Establish referral arrangements to support all hospital staff to make effective primary care referrals and seek the involvement of Aboriginal workers and agencies.

The Stawell Regional Health Primary Care team has appointed a Service Access Worker to coordinate the single point of entry for all Primary Care services and to assist clients to identify and access the services they need. This includes coordinating with the Budja Budja Medical Clinic in Halls Gap to identify potential barriers clients may face in attending services and implementing support strategies, such as transport and reminders to address these barriers.

Stawell Regional Health has engaged an Aboriginal Health Worker to assist in activities such as policy development and review.

How to become a Volunteer

Volunteering at SRH is as simple as talking to our Coordinator to identify how your skills could contribute to our patients' and residents' care.

To speak with our Volunteer Coordinator, please call 5358 8620.



Left to right: Lee-Anne Lovett, Nadia Maxwell Dietitian, Rebecca O'Riley and Abbie Lovett



Budja Budja Cooking Group's veggie garden

Health Promotion

Year 10 students PARTY at the Stawell hospital.

Sixty five Stawell Secondary College students experienced some of the consequences of alcohol and risk taking behaviour during a visit to Stawell Regional Health last year.

The Year Ten students had been involved in a number of programs during the year that support the "Prevent Alcohol Related Trauma in Youth" or "PARTY" Program in the lead up to their visit in November.

It is difficult for schools to get into the Alfred Trauma Centre for the PARTY program due to the high demand and expense of travel. We are thrilled to be able to provide a similar program here in Stawell. Our version of the PARTY program provided students with exposure to the recovery they might need as a result of being involved in alcohol and risk related activities. It is hoped that this will help them make safer choices.

Chief Executive Officer Liz McCourt welcomed the group and set the scene for the day sharing her experiences of working in the Alfred Hospital trauma centre. "Sadly, each year we see a huge number of young people coming into our Emergency departments across the state with life-threatening injuries that could have been prevented," Liz said.

Students spent the morning meeting the people who care for patients who have experienced a traumatic event. These included Urgent Care Centre nurses, Paramedics, Radiographers, Pathologists and Allied Health professionals, as well as a quick visit to the morgue. Through short videos, activities, and mock clinical scenarios, the students were exposed to the painful journey of a trauma patient.

Some comments from students before leaving Stawell Regional Health included:

"It would be much harder to live with a disability than we think it would be".

"How difficult it would be to communicate if you couldn't speak".

"That accidents can affect everyone and it would be hard on your family".

"The road to recovery can be a long one".



Stawell Secondary School Students

Working together to create a healthy, resilient and connected community.

Stawell Regional Health have been working with other local health services to develop the first ever Regional Integrated Health Promotion Plan. All health services have agreed to work together on actions that improve the health and wellbeing of our communities.

Members of the community were asked for input into the plan about what they saw as important for good health. This information was collected in a number of ways including:

- Online
- Forums
- Surveys and
- Workshops.

This information, and evidence from research was used to develop the priorities for the next four years. These are:

- Healthy Eating and Active Living, and
- Improving Mental Health and Wellbeing.

The Health Promotion Coordinator, Katrina Toomey said, "We are very excited to be working together on a shared prevention plan. We believe that this will mean we can make a big impact in our area, creating a healthy, resilient and connected community".

Katrina has also been working closely with others in the Northern Grampians Shire in developing the Municipal Health and Wellbeing Plan. This plan aligns closely with the Regional Plan, and will be focusing on the same two priorities as well as the prevention of Family Violence.



Left to right: Shawn Lee Primary Care Manager, Judd Smith student and Liz McCourt Chief Executive

Corporate Volunteering – Volunteering in the Community

Stawell Regional Health have identified that supporting staff to volunteer in the community during their official work hours benefits both staff and the community. It provides local programs and services that are under resourced. Staff benefit from feeling a sense of pride in helping others and developing new skills.

Volunteering can also increase staff job satisfaction, attitude and morale. It is hoped that staff will develop a positive attitude to volunteering and consider other ways they can volunteer in the community outside work hours.

Stawell Regional Health work with the Stawell Neighbourhood House to hold regular community lunches. The lunch is an opportunity for people to come together to share a healthy three course meal and enjoy a social outing.

The meal is made by community volunteers with food provided by the Stawell Food Connect Program. This rescued food is either end of line products, or fresh food that might be slightly blemished and would have otherwise gone into landfill.

Staff helped at the first community lunch held in 2016 and have been eager to continue to support the lunches. They are involved in all aspects of the lunch from helping prepare the food, serving, clearing tables, washing dishes and cleaning up.

Katrina Toomey, Health Promotion Coordinator said, "Because of this food and the wonderful community and corporate volunteers, the lunch can be offered to people for a gold coin donation. There is always lots of talking and laughter which make the lunches a fantastic opportunity to meet new people and enjoy a day out".

CEO Liz McCourt offered to help at one of the lunches this year and upon arrival was issued with a tea towel and asked to start drying dishes. Liz said "It was a pleasure to be involved in such a great initiative. The event was also supported by school students, which was great to see."

Quality and safety

Consumer Experience

Improvements

During the year SRH received ten written suggestions from the public about how the health service could be improved.

Complaints

Complaints are an important part of reviewing and improving our services. We acknowledge, assess and respond to all complaints.

During the past 12 months we received 67 complaints regarding clinical care, staff behaviour, and food and service costs.

The following actions have occurred as a result of feedback from patients and visitors:

- There is an expectation that all staff are respectful when communicating. Respect and communication are two of our Values.
- Primary Care Patient Booking system has been reviewed
- Development of a post-operative tonsillectomy diet sheet
- The meal plate warming process in the kitchen was reviewed
- Additional education was provided to theatre staff on Hand Hygiene prior to and after the use of gloves
- Trial and replacement of the chairs in the Day Procedure waiting area
- Provided alternative meal items if a resident has an allergy to a food item on the menu
- The feasibility of locating an ATM in the Urgent Care Centre has been explored.
- Plan to review the courtyard area between Simpson Ward and the Day Procedure Unit to increase patient privacy
- Commencement of the chime warning prior to an announcement on the Public Address System
- Additional food options are available for patients after a day procedure.

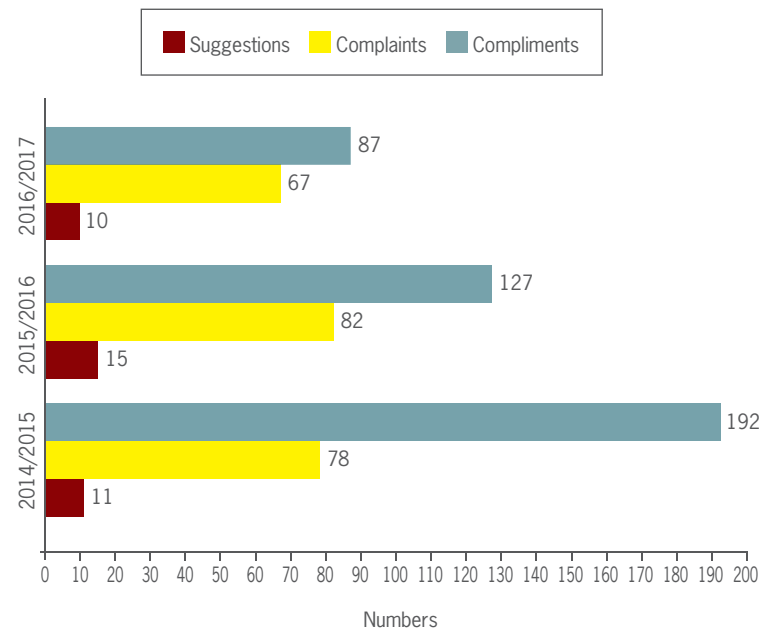
Posters depicting responses to feedback are now displayed in the passage to Simpson Ward and shall be updated on a regular basis.

Compliments

During the past year we received 87 compliments. They were from patients, residents, clients and families. In addition to these, numerous compliments have been received from students on placement. Compliments are forwarded to the appropriate staff and work areas.

Figure 2 provides the number of suggestions, complaints and compliments received over the last 3 years.

Figure 2: Consumer Feedback



People Matter Survey- Patient Safety Culture Questions

Stawell Regional Health has focused on improving communication within each department in line with the feedback from the People Matter Survey 2016 results.

Our Patient Safety Culture index was reported as 92% for this financial year, improving from 87% the previous year. This result is benchmarked against the target of 80%. Work has been undertaken within departments to increase use of the incident reporting system across the service, with staff supported to report near misses, as well as actual incidents.

As follow up to the Bullying & Harassment training program, a Mental Health awareness program has been run to increase staff knowledge of issues and concerns that may impact on colleagues in the workplace. A resilience program will be run in the near future to support staff in managing their own mental health.

Occupational Violence

Stawell Regional Health is actively involved in reducing the risk to employees from occupational violence. The Melbourne Health training program "Management of Clinical Aggression" is provided to groups of staff from all work areas. These sessions are designed for both non-clinical and direct care employees. Training includes theory, negotiating skills, and harm minimisation techniques and breakaway techniques. Twelve incidents of occupational violence were recorded this year.



Left to right: Tracey Dark Ward Clerk and Sandra Dunn Simplified Billing Co-ordinator

Accreditation

Accreditation is a formal process that Health Services use to measure their performance against set standards. The Federal and State Governments require all health and residential aged care services to achieve accreditation. Stawell Regional Health continues to maintain accreditation across Acute, Residential Aged Care, Community Services and at the Stawell Medical Centre.

Types of Accreditation	Status
<p>National Safety and Quality Health Service (NSQHS) Standards</p> <p>Accreditation provider:- Australian Council on Healthcare Standards (ACHS)</p> <p>(Three year cycle which includes one on site survey, once every three years)</p>	<p>Acute site</p> <ul style="list-style-type: none"> • Ongoing Accreditation received at the Organisational Wide Survey (OWS) October 2014 • During the last year we submitted a Self-Assessment that included progress against the recommendations we received at the October 2014 survey. • We have recently submitted our pre survey documents. • Our next onsite survey is October 2017.
<p>Australian Aged Care Quality Agency (AACQA)</p> <p>(Three year cycle with one on site survey and at least one unannounced site visit every other year)</p>	<p>Macpherson Smith Residential Care</p> <ul style="list-style-type: none"> • Successful unannounced* site visit in August 2015. • Full three year accreditation achieved in September 2015. • Successful unannounced* site visit in November 2015. • Successful unannounced* site visit in July 2016. • Our next on site survey is in 2018.
<p>Home and Community Care (HACC)</p> <p>Community Care Common Standards</p>	<p>Community Services</p> <ul style="list-style-type: none"> • Successful review in October 2014. One recommendation received with a number of suggestions for improvement. • Improvement Plan reviewed and updated March 2016; and additional evidence submitted against the recommendation and suggestions for improvements. • Our next onsite survey is October 2017.
<p>Australian General Practice Accreditation Limited (AGPAL)</p>	<p>Stawell Medical Centre</p> <ul style="list-style-type: none"> • Full three year accreditation achieved in September 2015. One recommendation received • Our next onsite survey is in 2018.

- An “unannounced” visit is an assessment or review audit that is carried out by the Australian Aged Care Quality Agency without prior notification to Macpherson Smith Residential Care.



Dianne Martin Nurse Unit Manager Simpson Ward.



Kristy Dodds Registered Nurse.

Quality and Safety

Adverse Events / Sentinel Events

An adverse event is an incident in which harm resulted to a person receiving health care. SRH has a number of measures and strategies in place to reduce the incidence of adverse events.

As part of the Clinical Governance process, adverse events identified through incident reporting, review of patient records, review of emergency codes and reported through the patient feedback system are investigated with appropriate clinical staff.

The degree of severity of an incident is based on three key points:

- degree of impact
- level of care
- treatment required.

An Incident Severity Rating (ISR) is then automatically generated from the combined information in these three points.

The ISR scale is:

- 1 = severe/death
- 2 = moderate injury
- 3 = mild injury
- 4 = no harm / near miss.

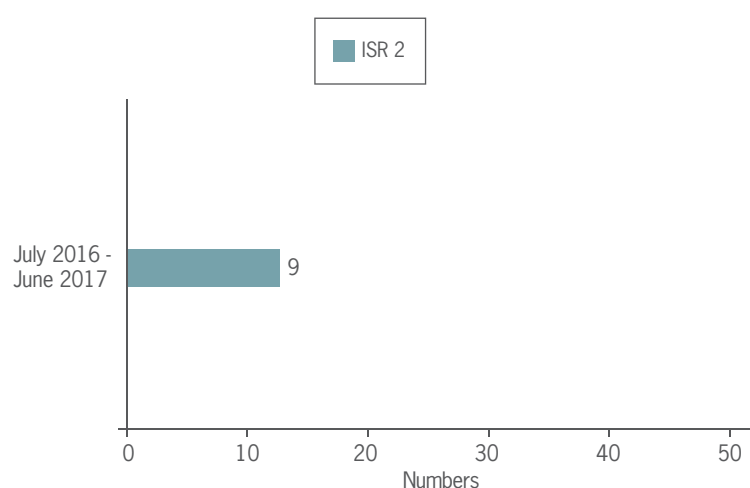
In the last 12 months SRH recorded zero ISR1s and nine ISR2s. (Figure 3)

An in depth case review is carried out on all incidents rated an ISR 1 or 2 to investigate the causes and highlight any areas we can improve to prevent similar incidents in the future.

Some of the improvements made in response to these reviews includes:

- Targeted staff education
- Introduction of ceiling lifts and overhead tracking at Macpherson Smith Residential Care to provide a safe system for resident transfers
- Introduction of sensor mats for floors and chairs in Macpherson Smith Residential Care to reduce the risk of falls
- Review and changes to clinical processes and related policies and procedures
- Review of related risk assessments
- Review of education provided to patients and residents in regards to falls prevention

Figure 3: Incidents by Severity



Preventing and Controlling Healthcare Associated Infections

All Victorian public hospitals are required by the Department of Health and Human Services (DHHS) to submit regular reports on infection acquired while a person was in hospital. The types of infection that SRH report on include infections in the blood (Bacteraemia) and in wounds from surgery.

All hospitals also report how they are complying with actions to reduce the risk of infections. These actions include staff compliance with hand hygiene practices, waste management, food safety, cleaning, and appropriate antibiotic usage guidelines and staff immunisation against preventable diseases.

Stawell Regional Health reports all infection rates to the government on a regular basis. Over the past 12 months, people that have attended Stawell Regional Health have not acquired any blood or wound infections while in hospital.

Staphylococcus aureus bacteraemia

Staphylococcus aureus is a bacteria commonly found on the skin. It can live on a healthy person's body without causing any harm, but can cause infection if it enters the bloodstream. Patients who develop bloodstream infections are more likely to suffer complications that result in a longer hospital stay and an increased cost of hospitalisation. Serious infections may also result in death.

The spread of the bacteria in hospitals is most commonly by the hands of healthcare workers.

Why is reduction of Staphylococcus aureus bacteraemia infections important?

Staphylococcus aureus bacteraemia associated with hospital care is an important measure of the safety of a hospital.

The aim is to have as few cases of *Staphylococcus aureus* bacteraemia as possible. One of the most effective ways to minimise *Staphylococcus aureus* bacteraemia and associated infections is good hand hygiene. Good hand hygiene is the correct cleaning of our hands.

A national benchmark of no more than two cases of *Staphylococcus aureus* bacteraemia for every 10,000 patient days has been set for public hospitals.

Our performance

The table below shows our excellent performance over the last 12 months against state wide results and the National benchmark for Hospital Aquired Infections. No cases of *Staphylococcus aureus* bacteraemia have been found in the last year and there have been no cases detected since 2012. SRH has consistently scored below both the state wide results and national benchmark over the last year, which means we have had less *Staphylococcus aureus* infections than other hospitals.

	July-September 2016	October-December 2016	January-March 2017	April-June 2017
SRH results Staphylococcus aureus bacteraemia infections per 10,000 bed days	0	0	0	0
State wide results Per 10,000 bed days	0.7	0.9	0.7	Unavailable
National benchmark per 10,000 bed days	2.0	2.0	2.0	2.0

Medication Safety

Medication Safety is a large focus for any health organisation in Australia. It is one of the ten National Standards that give consumers a clear guide on the level of care they should expect from health services.

Our Pharmaceutical Advisory Committee (a multidisciplinary group) is responsible for overseeing compliance with this standard, including the safe and effective use of medicines across the organisation.

Continued review of our current medication safety practices has led to the following improvements over the past 12 months:

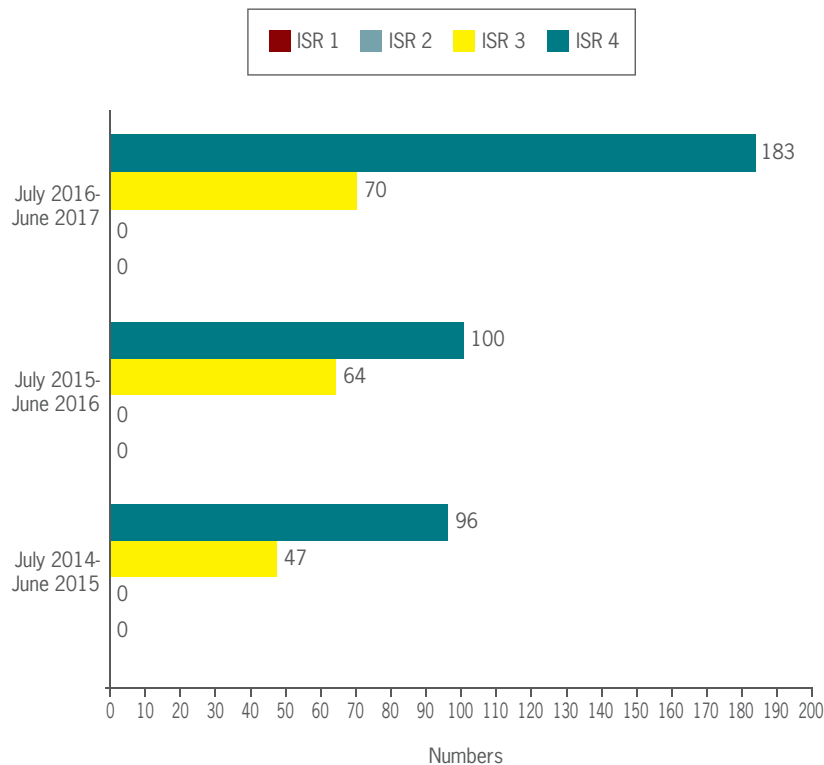
- A "closed" system has been introduced to our chemotherapy and immunotherapy products in our Oncology unit. Our nursing staff have been provided with an extra safety barrier, preventing them coming in contact with potentially dangerous chemicals that may affect their own health.
- A digital fridge monitoring system has been implemented in all clinical areas that require refrigeration storage of medication. Fridge temperatures are recorded every 5 minutes and printed graphs are produced for review of any temperature disruptions that may have an adverse effect on the safety of medication.
- A Patient Experience Tracker was introduced to receive consumer feedback on how well educated and informed they were about their medication management while in hospital. Two snap shots of consumer feedback were obtained: one between July 2016 – January 2017 (55 responses); the other between January – June 2017 (80 responses). Of the responses, a large majority were happy with the information they received about their medications from admission to discharge from hospital.

Figure 4 demonstrates the number of medication incidents by severity over the last two years. An Incident Severity Rating (ISR) is a score given to each incident. This measures the severity of the impact caused to either a person or the hospital. Ratings range from ISR1-Severe, ISR2-Moderate, ISR3-Mild to ISR4-No harm/near miss. The rise in the number of no harm / near miss incidents demonstrates that our staff are willing to report medication incidents.

In the next 12-18 months we plan to:

- Review our diabetes management medication chart to align with the new National subcutaneous insulin chart for inpatients.
- Review our medication management system at Macpherson Smith Residential Care.

Figure 4: Medication Incidents by Severity



Preventing falls and harm from falls

People over the age of 65 are more at risk of having a fall. Preventing falls and harm from falls is one of the National Safety and Quality Health Service Standards we are required to meet. Our team of staff work together to improve safety through our Falls Prevention Program.

The team includes nurses, allied health staff, the pharmacist and doctors. If you are over the age of 65, are admitted to hospital after a fall, or have a history of a fall you will be reviewed for your risk of falling. On admission your nurse will assess you, and work with you, your family or carer to develop a plan to reduce this risk. Our patient information booklet provides top tips to prevent falls whilst in hospital. You may also be referred to our Gait and Balance Program.

- “Call, don’t fall” – If you need assistance use your call bell prior to moving
- Acquaint yourself with your room and the bathroom
- Use your walking stick or walking frame
- Wear your glasses and
- Wear safe footwear.

Figure 5 provides the number of falls across the organization over the last three years. Compared to last year there has been an increase of falls at the hospital and a slight increase at Macpherson Smith Residential Care.

The increase in falls at both the hospital and at Macpherson Smith directly relates to the number of patients and residents that are at high risk of falling who continue to choose to walk independently to maintain some form of independence. Carers and families are aware of their risk of falling.

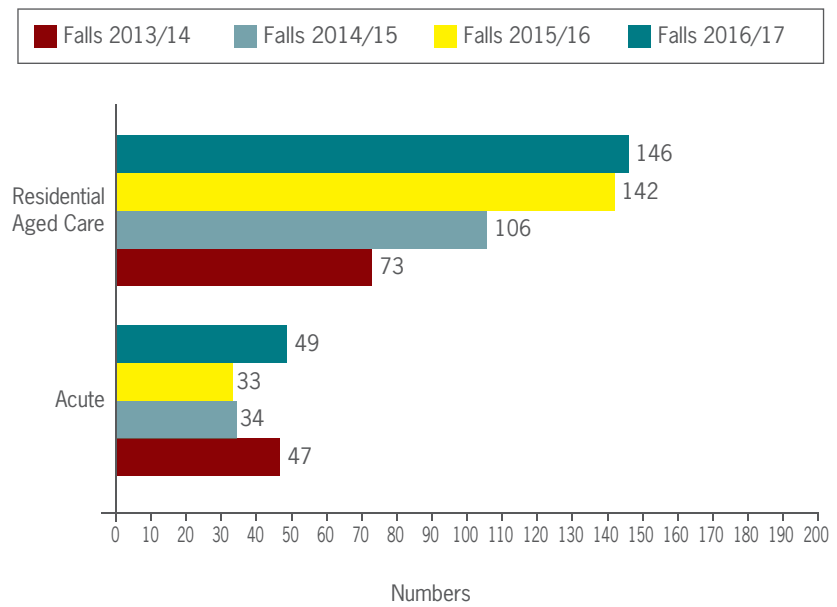
Improvements made over the last twelve months:

- This year we have reviewed falls information in the Patient Information Booklet and included information for falls prevention for children in hospital.
- We have audited the number of completed Falls Risk Assessment Tools and Prevention Plans
- The Falls Prevention and Management Policy has been reviewed
- The Falls Risk Assessment Tool and Prevention Plan is under review
- Reviewing of the times of the frequent fallers with staff, and implementing changes to try to minimise high risk falls times.

We have recorded and reviewed the time of day that falls occur:

- Changes have been implemented to minimise falls during “high risk” falls times.

Figure 5: Falls incidents



Preventing and managing pressure injuries

Pressure injuries are areas of damage to the skin and underlying tissue caused by constant pressure or friction. This type of skin damage can develop quickly in anyone with reduced movement, such as older people or those who stay in the one position for too long e.g. lying or sitting in a bed, chair or trolley.

When you arrive in hospital Residential Aged Care, or are admitted as a patient by District Nursing, your nurse will assess to see if you are at risk of developing a pressure injury. If you are, we will work with you, your family or carer to develop a plan to meet your needs to reduce this risk.

To help in preventing pressure injuries we recommend:

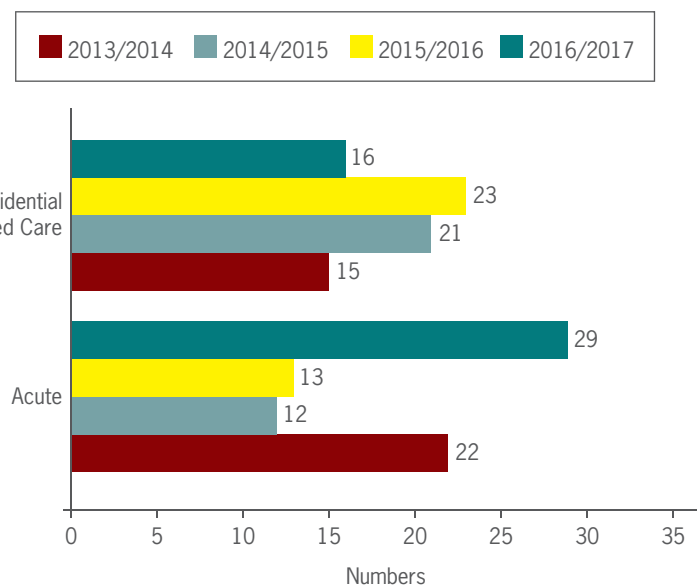
- Take care of your skin, do not use oils, powders or talc powder that will dry out your skin
- Protect your skin by using mild soaps and water based creams
- Eat well and increase your activity.

The Braden Scale is used by all nursing staff to predict pressure injury risk in patients, residents and clients.

Figure 6 shows that over the last year the number of pressure injuries acquired during a stay at Macpherson Smith Residential Care have reduced.

The increase in rate of pressure injuries on Simpson Ward is being addressed by additional staff education and the purchase of additional pressure relieving devices such as air cushions.

Figure 6: Acquired Pressure Injuries



Improvements made over the last 12 months:

- The information about pressure injuries in the Patient Information Booklet has been reviewed
- The Pressure Injury Risk Assessment and Prevention Plan was reviewed
- The number of completed Pressure Injury Risk Assessment and Prevention Plans has been audited
- The Malnutrition Screen has been included in the Admission Assessment and Risk Screening Tool
- The Pressure Injury Prevention and Management Policy was reviewed
- A Pressure Injury Prevention and Management Procedure has been developed and associated resource tools reviewed
- A Wound Site Tool was developed
- Roho special pressure relief cushions were purchased for patients and residents at highest risk to use and
- Board approved to purchase new beds for residents at Macpherson Smith.

Safe and Appropriate use of blood and blood products

The Infection Control Blood Transfusion Committee, a multidisciplinary group, is responsible for overseeing compliance with the safe and appropriate use of Blood and Blood Products.

We continue to improve our work including:

- Regular auditing through the Blood Matters Program
- Regular reports of key performance indicators are provided to the Infection Control and Blood Transfusion Committee, Quality Improvement and Risk Management Committee and to the Board of Management on blood and blood product incident data
- We have reviewed the Blood and Blood Products policy and plan to review the Blood and Blood Product Consent form
- No Blood or Blood Products incidents have been recorded in the last year.

Hand Hygiene

Hand hygiene remains the most simple and effective way to reduce the transfer of bugs that may have the potential to cause an infection or disease. Two additional staff members have successfully completed the Hand Hygiene Australia on-line education and assessment. These staff members monitor compliance and reinforce the hand hygiene guidelines.

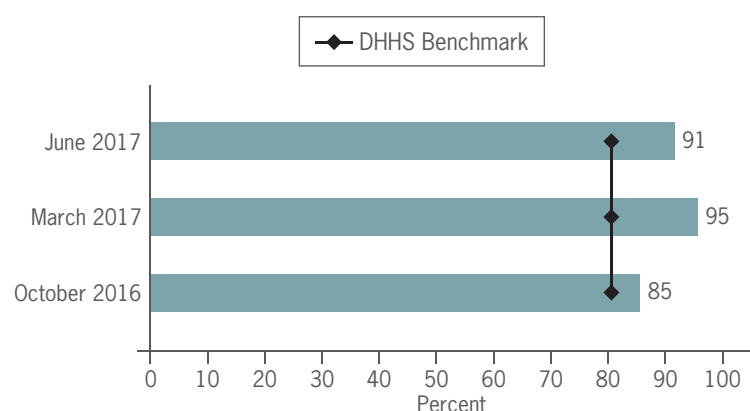
Staff hand hygiene compliance rates are improving whilst our latest results in June showed 91.1%, compliance we still need to improve on this. That is why we promote and encourage you as a client, resident, patient, visitor or family member to ask the staff members attending to you or your loved one if they have washed their hands.

When visiting someone at Stawell Regional Health we encourage you to decontaminate your hands when entering and leaving or in between visiting patients if you are visiting more than one person.

Hand gel units are located at the front entrance and through the hospital for your use.

Figure 7 shows hand hygiene compliance at Stawell Regional Health compared with the Department of Health and Human Services' benchmark. This year's rates were consistently above the Department of Health and Human Services benchmark.

Figure 7: Hand Hygiene



The Department of Health and Human Services (DHHS) Benchmark is 80%

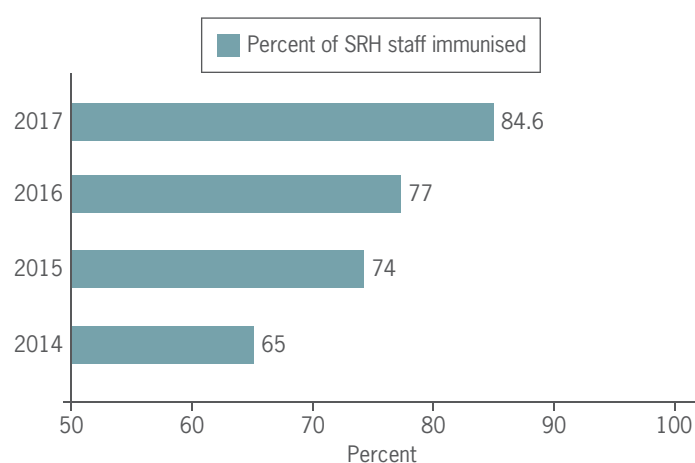
Immunisation

Influenza (Flu) can be a severe medical condition that requires hospitalisation, however it can be prevented through immunisation. Over the past twelve months our Infection Control capacity has grown as two additional staff members have become qualified immunisers who are credentialed to immunise staff at Stawell Regional Health. The increase in immunisers has directly resulted in more immunisation sessions and an increase in the number of staff immunised against influenza this year. In 2016, the Department of Health and Human Services (DHHS) set a target for all public hospitals in Victoria to vaccinate 75% of all staff. This year, Stawell Regional Health exceeded the DHHS target by immunising 86% of all staff.

To reduce the spread of the influenza virus to protect all our clients, residents and patients, we also offered the vaccine to all residents at Macpherson Smith Residential Care. This year all residents accepted the influenza immunisation. In addition all residents eligible to receive the Pneumococcal vaccination were vaccinated.

Figure 9 shows staff immunisation rates over the last three years and demonstrates an upward trend against the DHHS target.

Figure 9: Staff Influenza Immunisations



Department of Health and Human Services Benchmark is 75%

Surgery

- Victorian Audit of Surgical Mortality reports are reviewed regularly and there has been no mortality (death) as a result of surgery at Stawell Regional Health.

Escalation of Care

This process is for you the patient, or your carer or family to alert staff if they are worried about a change in the patients condition.

We have a process where patients or concerned family members can ring a number and speak directly to the nurse in charge.

This process is not well used and is under review with our patients.

Caring for the Environment

Stawell Regional Health has fully implemented the Car Pool system. This is an on line vehicle booking system to enable sharing of hospital cars when staff are travelling to similar destinations.



Left to right: Tara-Sky Long Physiotherapist with Angela Fletcher



Left to right: Noel Jamieson with Helen Nihill Volunteer



Left to right: Robyne Kalms Enrolled Nurse and June McKee

Residential Care Indicators

Data about our Aged Care facility is submitted to the Department of Health and Human Services each quarter. The following graphs and information outline our performance against the Victorian average for Aged Care.

We use this information to review and improve our care to residents.

The quarterly reports are on display on the North Wing notice board at Macpherson Smith Residential Care.

Pressure Injuries

Macpherson Smith has not recorded any acquired* Stage 3 or Stage 4 (most severe) pressure injuries during the last four years.

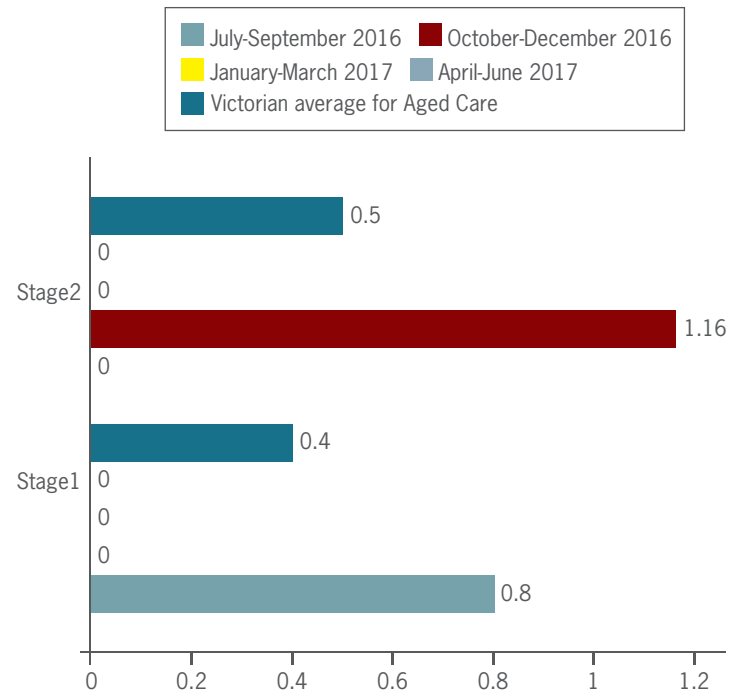
Figure 10 shows Stage 1 Pressure Injuries rated above the Victorian average for Aged Carer during the first quarter with no Stage 1 pressure injuries at the time of audit during the last three quarters. Stage 2 Pressure Injuries rated above the Victorian average for Aged Care for the second quarter, with no Stage 2 pressure injuries at the time of audit during the other three quarters.

The Braden Scale remains the tool of choice for measuring the risk of developing a pressure injury.

Increased surveillance = Decreased injury

* Acquired means the pressure injury developed whilst in the care of Macpherson Smith Residential Care

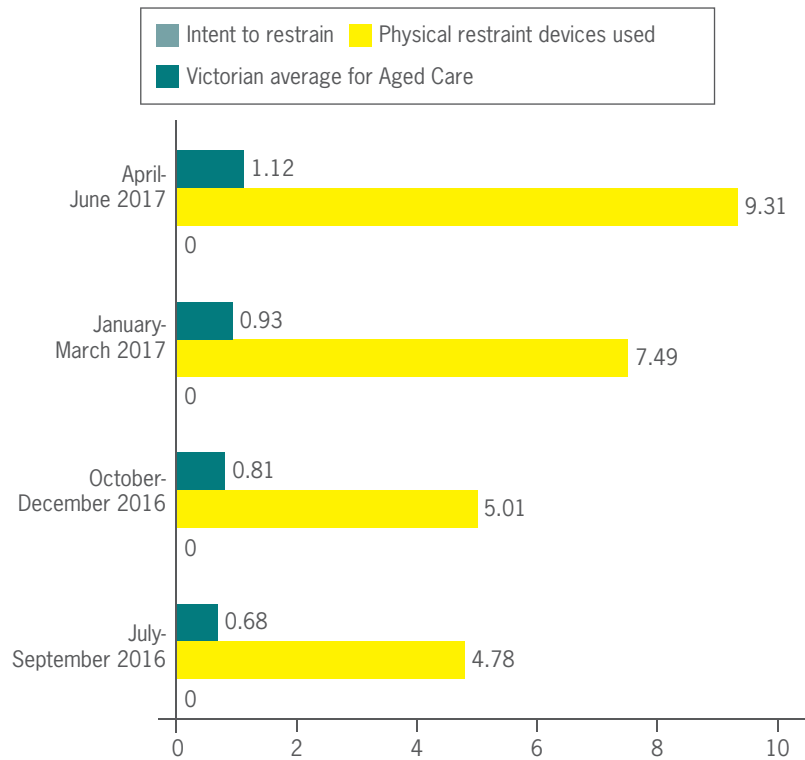
Figure 10: Pressure injuries per 1,000 bed days



Use of physical restraint

Macpherson Smith's "intent to restrain" rate is below the Victorian average for Aged Care. A small number of residents request bedrails in place for the feeling of safety and security, which is reflected in the high count of physical restraint devices used compared to the Victorian average for Aged Care shown in Figure 11.

Figure 11: Restraint per 1,000 bed days

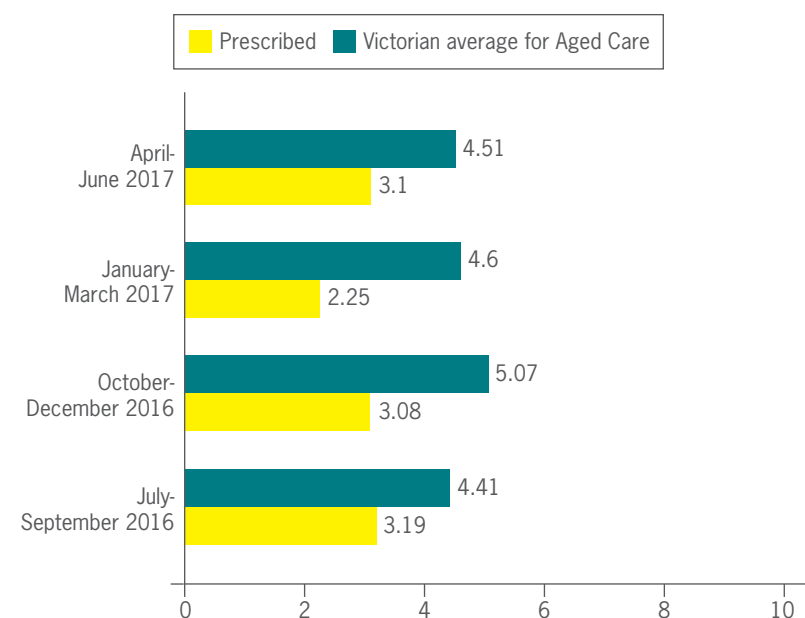


Residents prescribed nine or more medications

It is important in Residential Care that attention is given to the number of medications prescribed to each person. Multiple medications can lead to complications. Such as an increase in the risk of falls or loss of weight. We are required to monitor the number of people who are prescribed nine or more medications.

Macpherson Smith have a reduced number of residents prescribed nine or more medications compared to the Victorian average for Aged Care across the four quarters. See Figure 12. This number of medications can change depending on the medical conditions the residents have at the time of audit.

Figure 12: Residents prescribed nine or more medications per 1,000 bed days



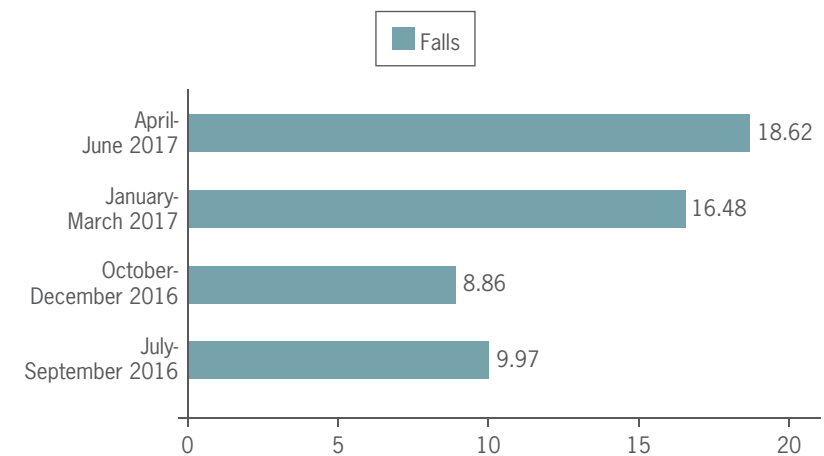
Falls and falls related fractures

Unfortunately Macpherson Smith has recorded above the Victorian average for Aged Care for falls, as shown in Figure 13, but has recorded no falls related fractures during this time period. In comparison the Victorian average for Aged Care for falls was eight (8) for the 2016/2017 year.

Staff diligently report all falls and falls prevention and management is discussed at staff and clinical care meetings.

- In response to the increased number of falls in the second and third quarter, staff have reviewed the times of the frequent fallers with staff adopting changes to minimise the high risk falls times.

Figure 13: Falls per 1,000 bed days



In comparison:- The Victorian average for Aged Care for the year was 8

Residents with unplanned weight loss

Figure 14 shows unplanned weight loss (3 kilograms or greater and weight loss each month for three months) has increased during the last year and is above the Victorian average for Aged Care.

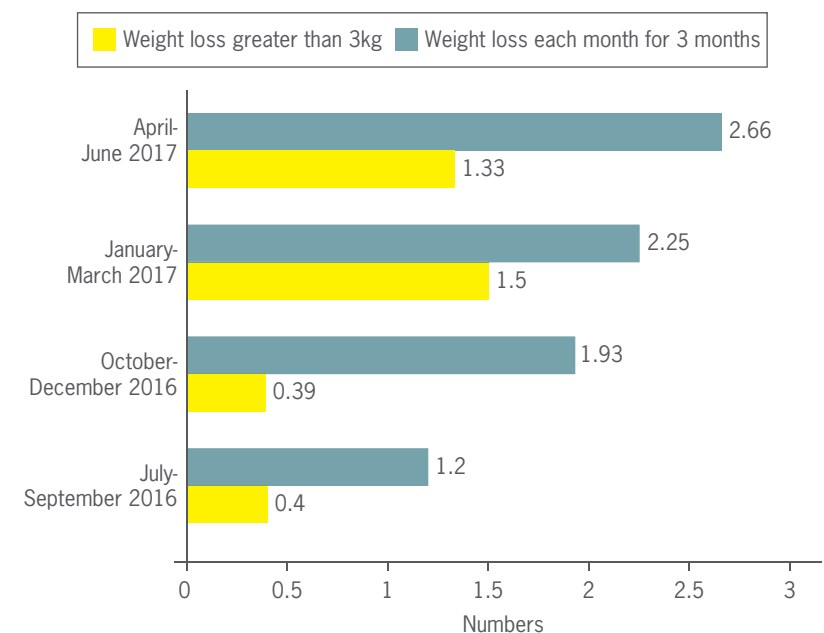
Improvements to address this are:

- increase in staff education
- closer supervision of resident's meal and supplement intake, and
- introduction of food fortification (enrichment) by our Dietetics staff.

In comparison the Victorian average for Aged Care for weight loss greater than 3kgs was 0.93 for the 2016/2017 year.

The Victorian average for Aged Care for weight loss each month for three months was 0.93 for the 2016/2017 year.

Figure 14: Residents with unplanned weight loss per 1,000 bed days





Left to right: Alison Fischer Nurse Unit Manager Residential Aged Care and Marjory Jamieson

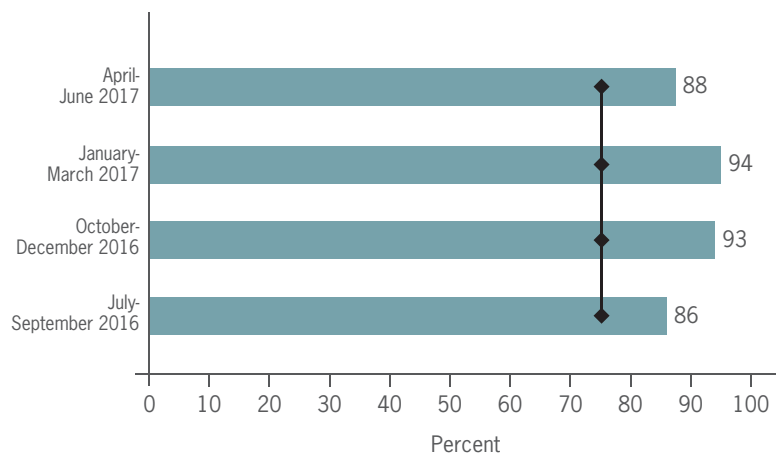
Continuity of care

Transitions Index

The Transitions Index includes the average of the positive scores for four of the adult inpatient questions relating to discharge. This provides an overview of how well we are performing the discharge process. All public hospitals are required to meet a target of 75%. Figure 15 shows that our quarterly index is between 86-94%, which is well above the expected benchmark.

One of our improvements in relation to patients discharge is providing all patients' doctors (local or out of town) with a discharge summary when their patient has been discharged from Stawell Regional Health.

Figure 15: Transitions Index



Advance Care Planning and End of Life Care

Completion of an Advance Care Plan involves patients and their families talking about a plan for their future health care. It ensures that a patient will continue to have the care they want if they are unable to speak for themselves.

Care decisions have historically been made after a patient's health has declined, and during this stressful period families are often asked to make a difficult decision about the patient's future care. The Advance Care Plan process relieves the burden on family and friends of making decisions about a patient's end of life care at such a time.

The Advance Care Plan discussions are organised with a trained staff member at a time convenient for family and carers to hear and support the patient's decision making process. Our Social Worker has been involved in the majority of Advance Care Plans and works closely with patients and their families through this process.

A record is kept of the decisions made and the treating doctors are informed.

The Advance Care Plan can be changed or upgraded at any time.

Improvements made to the process during the past 12 months:

- The End of Life Care Policy has been reviewed
- The Advance Care Planning Policy has been reviewed
- Admission paperwork has been reviewed
- We have developed a survey to measure patient satisfaction with the Advance Care Planning process and whether the process was reflective of patients' wishes. To date, respondents have been happy with the information provided and with the process
- Education on how to assist in developing an Advance Care Plan is available to all clinical staff
- Our Social Worker takes every opportunity to provide information to patients, residents and clients who attend outpatient programs about this process of planning future healthcare needs.
- The number of completed Advance Care Plans are reported to the Department of Health and Human Services as a key performance indicator
- The Patient Information Booklet contains information about Advance Care Planning and Advocacy.

The following table outlines the percent of patients over the age of 75 during the last year who had an Advance Care Plan or a substitute decision maker in place.

Time frame	Percent of patients >75 years who had an Advance Care Plan in place	Percent of patients >75 years who had a substitute decision maker (enduring power of Attorney) recorded
July – September 2016	9%	6%
October - December 2016	14%	6%
January – March 2017	16%	7%
April – June 2017	14%	4%



Left to right: Anne Warren and Naomi Hunter Transition Care Program Coordinator

Our Supporters

Y-Zetts

The small but dedicated members of the Stawell Regional Health Y-Zetts have once again worked together to raise funds for our hospital and residential care facility.

This year the Y-Zetts conducted the very popular local Shopping Spree in November.

This year we purchased the following equipment:

- Hover mattress (\$3460)
- Ultrasound couch for radiology (\$ 5200)
- Crash Cart (\$2314) and a
- Patient monitoring machine (\$6600).

Ladies Auxiliary

The Stawell Hospital Ladies Auxiliary recently held their 89th Annual Meeting.

The monthly meetings continue to be well attended as the Auxiliary work towards providing the hospital with necessary equipment.

In the past year the generous efforts of Auxiliary members and continued generous support from the community of Stawell, approximately \$12,000.00 has been raised and donated to Stawell Regional Health to assist in the purchase a Paediatric Emergency Cart, Niki Pump, Treatment Chair and Emergency packs.

In addition to the \$12,000 raised, the Auxiliary received a \$5,000 donation from the Lions Club, which was greatly appreciated.

The fund raising functions in the past year have been successful with a very popular Wine and Savoury event in March, casserole lunch in June and spring fashion parade in September. These functions were well-attended.

On behalf of the Auxiliary, President Doreen Bibby, thanks all who assisted with both their time and assistance in organising the events, and the support provided by the community through their donations.

The Auxiliary have welcomed a new member in the past year and reluctantly accepted the resignation of Lorraine Heslop, who has been a tireless member for many years.



Ladies Auxiliary Members

Murray to Moyne

Once again Stawell Medical Centre Murray to Moyne "Sprockets" were fundraising for Stawell Regional Health.

In 2016 the Sprockets raised \$15,000 which went towards the purchase of a Wireless ECG Monitor for the Acute Ward and an Intravenous Pump for the Oncology Department.

The 2017 Sprockets geared up for another challenging 520 kilometre Murray to Moyne Relay, riding from Echuca on 1st April to Port Fairy in 24 hours.

The fundraising goal for 2017 was \$10,000 with the proceeds raised going towards the purchase of a Hover Mat System for the residents at Macpherson Smith Residential Care. Riders were seeking sponsorships and donations for this worthwhile cause, with sponsorship flyers available from the main reception at the hospital. Some sponsorship packages have copy deadlines to enable us to commit to marketing time frames.

The Sprockets ran their major raffle with tickets on sale from various locations around the health service and through volunteer riders.

The Sprockets thank all past and current sponsors for their generous donations including Rider Jersey Sponsors; Crowe Horwath, The Pickers Market Stawell and Stawell Paint Centre.

Major Raffle

A major raffle is ran to assist in the fund raising goal.

First prize winner of a \$600 accommodation voucher to Lady Bay Resort was won by Sue Rivera.

Second prize of a \$100 Bunnings voucher was won by Tony Llyod

Third prize of a \$100 Bunnings voucher was won by Geoff McDermott.

A big thank you goes out to all the riders on another very successful Murray to Moyne, the generous donors and everyone who entered the raffle.



Volunteers from the Uniting Church picking up meals on wheels

Stawell Regional Health Foundation

The Stawell Regional Health Foundation was established in 1989 and operates under a Trust Deed established at that time. The Foundation meets quarterly to discuss its' activities and to determine ways in which it can assist Stawell Regional Health.

The Foundation members have continued to observe the objectives of the Foundation, which provides a source of funds for health services equipment, particularly when there has been difficulty obtaining funding from other sources.

Mr Bill O'Driscoll has continued in the role of Chairman.

The Foundation appreciates the generous donations it receives either directly or through bequests.

This year the Foundation reviewed its information brochure. Consumers were engaged in this review. The new brochure was distributed throughout the community.

Any enquires regarding donations to the Foundation can be made either to a Foundation member or the Chief Executive of Stawell Regional Health. A donation form can be accessed directly from Stawell Regional Health's website.

Our Services

Summary of Services

Allied Health

- Audiology (visiting)
- Community Health Nursing
- Continence Clinic
- Diabetes Education
- Exercise Physiology
- Nutrition & Dietetics
- Health Promotion
- Occupational Therapy
- Physiotherapy
- Podiatry
- Social Work
- Speech Pathology

Community Services

- Planned Activities Group (Bennett Centre for Community Activities)
- District Nursing Service
- 'Hospital in the Home'
- Post-Acute Care
- Transition Care Program
- Hospital Admission Risk Program (HARP)

Stawell Medical Centre

- Day Oncology Unit
- Acute Care
- Urgent Care Centre

Medical Imaging

- X-ray
- CT
- Ultrasound

Residential Aged Care

- Residential Aged Care Facility- Macpherson Smith Residential Care
- Aged Care Assessment Service

Rural Primary Care

- Allied Health/Community Services to outlying communities
- Support for Budja Budja Aboriginal Co-Operative Health Service at Halls Gap

Medical Specialties

- General
- Endoscopy
- Gynaecology
- Obstetrics
- Ear, Nose and Throat
- Urology
- Orthopaedics
- Ophthalmology
- Medical Oncology
- Paediatrics
- Rheumatology
- Radiation Oncology

Surgical and Anaesthetic Services

- Pre Admission Clinic
- Day Procedure Unit
- Operating Suite / Sterilising Department

Australian Clinical Laboratories

- Pathology Services



Left to right: Enrolled Nurse Students from RMIT and Anna Price Clinical Support Nurse

Life Governors

Barham, Jim	Eime, Anna	King, Beth	Richards, Yvonne
Barry, Debbie	Fowkes, Bruce PSM	Krelle, Sadie	Rowe, Lorraine
Bennett, John	Fletcher, Stella	McCracken, J.D. (David)	Savage, Barb
Bibby, Doreen	Fontana, Sue	McLoughlin, Leonie	Scott, Myriam
Bibby, Lyn	Francis, David	McDonald, Carolyn	Seeary, Joy
Blackman, Dawn	Fraser, W.G. (Scottie)	McDonough, Graeme	Sherwell, Jan
Blake, Meg	Fry, Darrelyn	McGaffin, Marg	Sibson, Janine
Blake, Rodney	Fuller, Graham	Martin, Garrie	Smith, Betty
Blay, Glenda	Fuller, Jocelyn	Meumann, Elizabeth	Stokes, Frank
Blay, John	Gavin, Jenny	Miller, Kaye	Stone, R.C. (Bob)
Boatman, Carol	Gaylard, Rob	Monaghan, Terry	Summerhayes, Shirley
Bonney, Trevor	Gibson, Kath	Murphy, Carmel	Teasdale, Mary
Bowen, Eileen	Graham, Mavis	Neilsen, Beryl	Thomas, Gary
Bowers, Wally	Gross, Betty	Neilsen, Vern	Thomas, Heather
Brilliant, Joan	Gust, Betty	Nicholson, Helena	Ward, Fred
Cadzow, Faye	Harding, Yvonne	Nicholson, Nicole	Warne, Mr. R.B. (Roger)
Castle, Noelene	Harris, Kaye	Norton, Rosemary (Sam)	Warren, Sarah
Castle, Dr. R.Norman OAM	Heslop, Lorraine	Perry, Di	West, Janet
Christian, Carol	Howden, Betty	Perry, Rosemary	West, Pam
Coote, Jean	Howden, Bruce	Peters, Esta	Witham, Janet
Crouch, Judy	Humphrey, Phyllis	Potter, Pam	Wynd, Fiona
Cunningham Dr. Andrew	Jackson, Betty	Potter, Val	Young, Kathleen
Dadswell, Ken	Jerram, Hazel	Pyke, Wavel	Young, Kaye
Dunn, Neville	Jones, David	Rasche, Alison	
Dunn, Sandra	Kalms Robyn	Reid, Patricia	
Earle, Greg	Kennedy, Val	Redman Pat	
Elliot, Malcom			

A life governor is a staff member, board member, volunteer or supporter of Stawell Regional Health who has contributed 30 years of service to the organisation. The list above reflects current Life Governors. We understand our records may not be accurate. If you have any concerns, please contact us.



Left to right: Robyn Work Activities Assistant and Mrs Edie Baulch



Uniting Church Volunteer picking up meals on wheels

