



OUR YEAR IN REVIEW

Quality Account
2019-2020



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**Stawell Regional Health acknowledges the Traditional Owners,
Custodians and Elders past and present on whose lands we work.**

**Photos included in this report were taken at different times of the year -
therefore the wearing of masks were not always required.**

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INTRODUCTION

Result: Working together in partnerships and stepping up by being adaptable underpinned our extensive pandemic response effort.



We are proud to present our "Year in Review" - it highlights how Stawell Regional Health continued to deliver healthcare to our community upholding our values of compassion, accountability, respect and excellence throughout a year that started positive with the appointment of Kate Pryde as our new CEO, but soon became exceptionally challenging during the last six months as we worked towards responding to the COVID-19 pandemic.

In 2019 we initiated and launched a three year plan - the Stawell Regional Health Strategic Plan 2020-2023 "*Growing Healthy Together*". An associated annual Operational Plan with our ongoing workplans followed focussing on improving community based partnerships.

COVID-19 interrupted many of our original plans, yet we have achieved a tremendous amount in a short period of time that included changing some of our critical clinical pathways overnight in our quest to ensure that we were ready to lead the initial crushing of the COVID curve for, and in partnership with, our region, other service partners and our community.

This report, however, can never tell the full story of the commitment and the agility and focus seen from our staff in this most challenging period. We want to acknowledge and thank them for their dedication.

The report mainly focusses on the key projects undertaken throughout the year, July 2019 - June 2020 to improve our service and is based on some of the results achieved by working with Safer Care Victoria, Better Care Victoria and the Victorian Agency for Health Information to collect and monitor healthcare statistics.

At Stawell Regional Health we have committed, as part of our Growing Healthy Together strategic direction and Exceptional Experiences priority to "listen to, involve and engage our patients, residents and community" - we will continue with the recruitment of new Consumer Representatives and formalising our Partnering with Consumers Committee to build on the work that has been done so far.

Lastly, we encourage you to feel free to provide feedback to us after reading this account, please go to the backpage for contact details.

Vision

Caring for our community

Mission

In partnership with our community, Stawell Regional Health will deliver high quality care and improve health outcomes by providing safe and accessible and integrated services.



CONSUMER, CARER AND COMMUNITY PARTICIPATION

Result: SRH achieved a higher rating of consumer satisfaction each quarter compared to the Victorian benchmark of 95%

Stawell Regional Health monitors consumer satisfaction through the Victorian Healthcare Experience Survey (VHES); internal surveys; patient experience trackers and through a feedback system capturing suggestions, complaints and compliments.

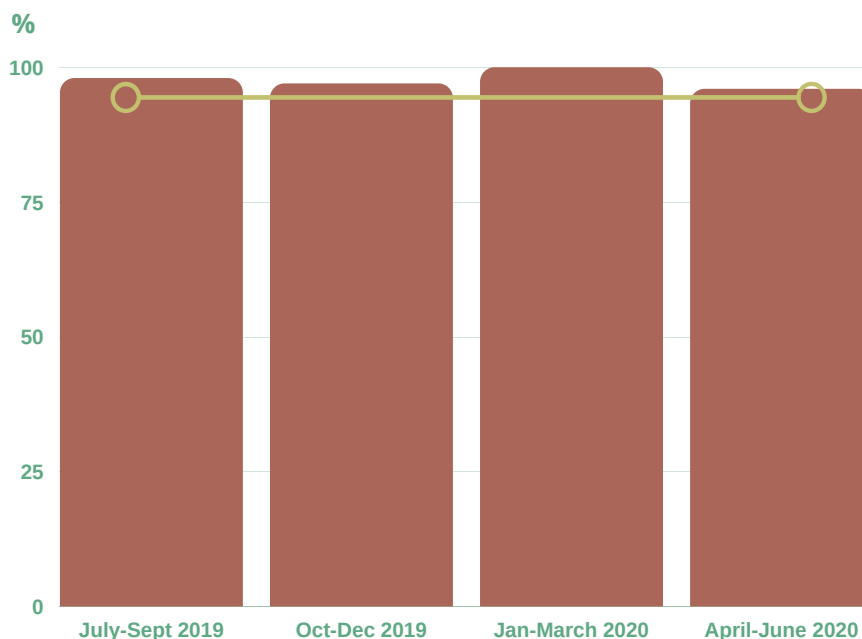
The VHES is a state-wide survey that measures people's public healthcare experiences, allowing for a variety of people to provide feedback on their experiences when they were in hospital.

The surveys are sent to a randomly selected group of eligible people who attended our health service

in the month following their hospital discharge, or their Urgent Care Centre attendance, by an independent contractor on behalf of the Victorian Department of Health and Human Services.

Stawell Regional Health rated between 96 - 100%, as indicated in the 'Overall Hospital Experience' graph below, where patients rated the health service as either 'Very good' or 'Good' for the last year.

A higher rating of consumer satisfaction was achieved each quarter this year compared to the Victorian benchmark of 95%.



Victorian Healthcare Experience Survey – Graph 1

“The hospital staff have done an exceptional job in how they have handled the COVID-19 risk to patients”

*-VHES feedback
(April – June 2020)*

Integrated Communication Project

In last year's report the commencement of the Integrated Communication Project was highlighted. This was a project on Simpson Ward that was aimed at improving communication between patients and staff, with the patient involved in decisions about their care from the time of admission to after the time of discharge.

Daily Operation System

The first tier of the project related to designing, introducing and embedding the 'Daily Operation System' (DOS). This is a process that assesses the resources and readiness to provide safe and effective care to patients each day. DOS is now fully embedded and working well to identify any potential issue for escalation and finding suitable solutions early.

Clinical Rounding

Clinical rounding is the second tier of the project and has also been well embedded. It requires the Associate Nurse Unit Managers (ANUMS) to purposefully visit patients at the bedside to assess the patient and evaluate their current treatment, and to support nursing staff in completing their clinical assessments and discharge planning. The visit of the ANUMs provides an additional opportunity for patients to discuss their care. The clinical rounding process has been instrumental in identifying potential incidents before they could happen and support staff in their decision-making processes.

Bedside Handover

The bedside handover process were reviewed to ensure that it was more patient centered and involved patients and / or their carers sharing

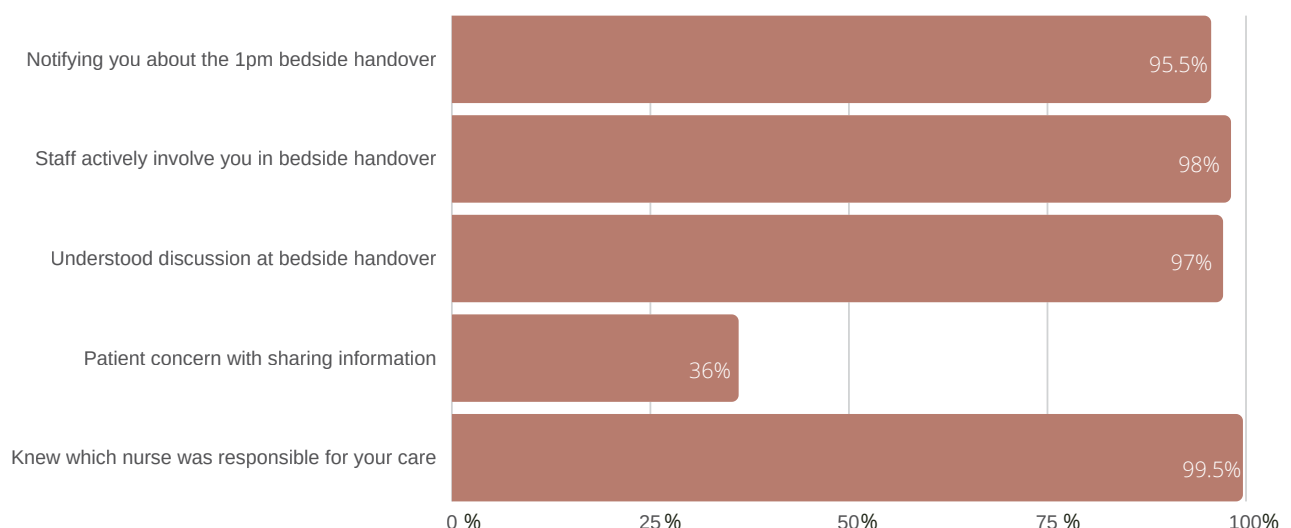
information about the patient with the incoming nurse and the outgoing nurse.

Bedside handover has continued with visual auditing of staff during the process to identify gaps and improvements. The team also tracked patient feedback using Patient Experience Trackers which allows for patient understanding and involvement in bedside handover to be measured.

Feedback received from patients indicated that SRH is very good at notifying patients about bedside handover, actively involving them and ensuring they understand what is being said, as well as letting them know which nurse was responsible for their care, at each shift. Only a third of patients surveyed indicated they had some level of concern about sharing their personal information during the bedside handover.

The graph below shows the average of the positive 'Always' to 'Most of the time' responses for each of the questions over a nine-month period from September 2019 till June 2020.

***"I recently had medical treatment done and I can not thank all staff how I appreciated their professional manner and kindness, Dr. and nurse that was with me at the time. Please pass on my thanks to all staff."
- medical inpatient***



Bedside Clinical Handover Feedback – Graph 2

Patient Communication Boards

An important component of the project, commencing in June 2019, was the redesign and reimplementing of patient communication boards, a tool that have been used in the acute ward for a number of years. The plan was to work with patients and staff to improve the layout and functionality of the board. A first draft of the new layout of the communication board was provided for staff to use and patients to comment on in June 2019.

To obtain feedback from patients a questionnaire was hand delivered to patients. This process was found to be cumbersome, so a set of five questions suitable for use on an electronic device was developed. The Patient Experience Tracker, with the set of five questions, was first released in mid November 2019.

In response to the feedback received, and being mindful to use clear language, the design of the new format of the Patient Communication Boards commenced in January 2020. The boards are used daily and aim to improve communication and allow patients to feel comfortable in asking questions about their care. It did not replace any of the other forms of communication staff regularly use, but were used to provide more specifics and add additional detail.

As part of the redesign it was agreed to include a magnetic interface to the board that could be used by staff to add prepopulated magnets that stick to the boards, clearly highlighting certain risks such as falls and pressure injuries. The graph below shows the average of the ‘Always’ to ‘Most of the time’ responses for each of the five questions over a nine-month period (November 2019 – June 2020).

The feedback received indicated that the respondents thought the communication board was easy to read; and the information on the communication board helped each individual to understand their care by assisting them to speak to, and work with, staff about their care.

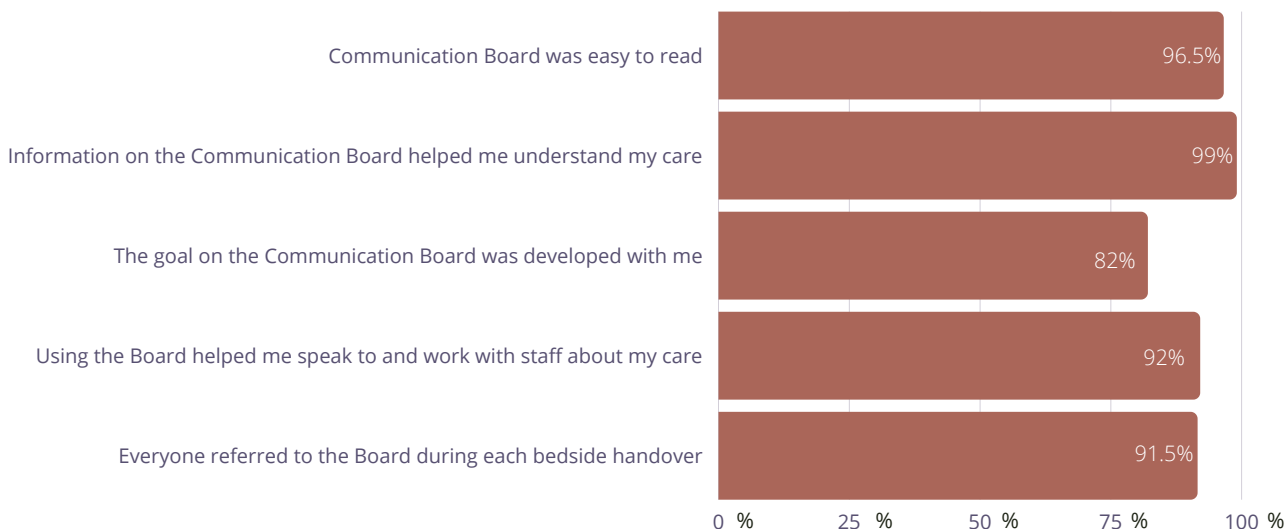
Staff are continuing to work on how to develop a focused goal on the communication board for, and with, each patient and how it will ensure every nurse refers to the communication board, every time, during bedside handover.

The new boards will be positioned in each patient’s room and will be used together with patient and carer input as part of the handover process once all components, such as the magnets, are available for purchase.

Discharge Care

The final step in the project was to develop a multidisciplinary bedside discharge planning process to ensure that the discharge plan was fully understood by the patients and actioned by all services involved. The twice weekly discharge planning meeting structure, which involved the multidisciplinary team, were reviewed. Family meetings became a focus in response to the survey results that indicated the need for more frequent meetings with patients and families to improve the communication process prior to discharge, leading to the flagging of any barriers to discharge or concerns from the patient and / or family.

The communication boards also enabled space to communicate discharge plans and expected dates and the needs of patient and family prior to discharge.



Patient Communication Board Feedback – Graph 3

Building Consumer Understanding

SRH is committed to supporting consumer engagement and is keen to see the services through the eyes of individuals, such as patients, residents, visitors and the local community coming into contact with different departments. The health service acknowledges that consumers play an essential role in providing input into the quest for continuous improvement across the whole of the health service.

There are many ways and opportunities for consumers, their carers and community members to participate in sharing their views - all are encouraged to be involved when possible:

- Patients and residents are encouraged to become fully involved in their care and treatment by being a part of their risk screening, assessment and care planning
- Patients are invited to be involved in the bedside handover process
- Brochures and leaflets are reviewed with consumers to ensure it is informative
- In the past year consumer representation on the following committees/projects and working groups brought valuable insights:
 - Clinical Governance Committee
 - The MSRC redevelopment working group
 - The MSRC Falls Working Group
 - Social Support Group Client/Carer meeting
- A MSRC resident representative and consumer representatives from SRH rehabilitation groups attended a briefing session and Trade Show on 11 March 2020 where six companies presented their Nurse Call systems, followed by a debriefing session to provide verbal and written feedback to advise the development of the specific requirements that a SRH Nurse Call system should meet
- Consumers continued to be involved in the planning, improvement and evaluation of services, programs and communication tools,

- including the review of the design of the patient communication board in Simpson Ward
- Consumers were actively involved in the management of concerns and complaints; and if an individual from the Northern Grampians Shire Region provided contact details they were sent a Consumer Participation Register Application request form inviting them to become a consumer representative
- Consumers have shared their "patient experience" at SRH to various staff meetings
- Upon recommendation of SRH's partner, Budja Budja Aboriginal Cooperative in Halls Gap, a number of Aboriginal welcoming symbols have been placed at all points of entry - this included an Apology Statement, Acknowledgement as Traditional Owners of the Land plaque and an Aboriginal language map
- A Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, and Intersex (LGBTQI) Action Plan was developed in consultation with the local community, followed by SRH staff participation in two major events (Pride March and IDAHOBIT Day). Feedback from the LGBTQI group highlighted their appreciation for the visible commitment of the SRH Executive to providing a safe environment for their members
- In previous years this report, the Victorian Quality Account was submitted to Safer Care Victoria. This year with the impact of COVID-19 SRH was not required to submit this report, however it was considered an important communication opportunity with consumers and it was therefore made available to the community through a variety of avenues. Community members will be asked for their feedback about the report.

If you are living in our local community and are interested in anything to do with health care, we would like to invite you to become a SRH Consumer Representative. Please contact the SRH Consumer Engagement and Service Innovation Manager on 03 - 5358 8537.



WORKING TOGETHER WITH THE BROADER COMMUNITY

Result: The Health Service has been instrumental, in partnership with local service providers, to successfully work with our community to limit the health impact of the COVID-19 pandemic in the Northern Grampians under the banner of "in it together".

SRH / Northern Grampians Shire Council and Grampians Community Health

SRH, Northern Grampians Shire Council (NGSC) & Grampians Community Health (GCH) regularly met and worked together with the view to optimise any health and support services required in the event of a COVID-19 outbreak. In planning for an all-of-community response, Executive leaders and community engagement representatives together 'localised' suitable and consistent messaging, services and action plans in keeping with the Department of Health and Human Services directions.

The need for support for individuals to complete their staying at home, as the pandemic progressed, quickly became apparent; and a Home Isolation Support Service was implemented, making a complete care package available for the Stawell community during their isolation period.

The partners localised and disseminated relevant health advice to the business and residential communities via newsletters, online portals and information displays in Shop 108 in the Main Street of Stawell. Joint Emergency Management planning for a shared local preparedness program was undertaken with SRH taking a lead role in health related matters, such as the need for rapid deployment of COVID-19 testing.

Budja Budja Aboriginal Cooperative

The partnership stepped up in cementing the working relationship, sharing information to develop their COVID-19 response service delivery action plans.

Eventide Homes

The partnership, in sharing information, and jointly developing service delivery strategies, between Stawell Regional Health and Eventide Homes has never been more important than in the past year.

Together the two services managed to keep residents from both facilities safe from any outbreak or spreading of COVID-19 while cohesive management strategies were maintained to ensure the continued commitment to quality care.

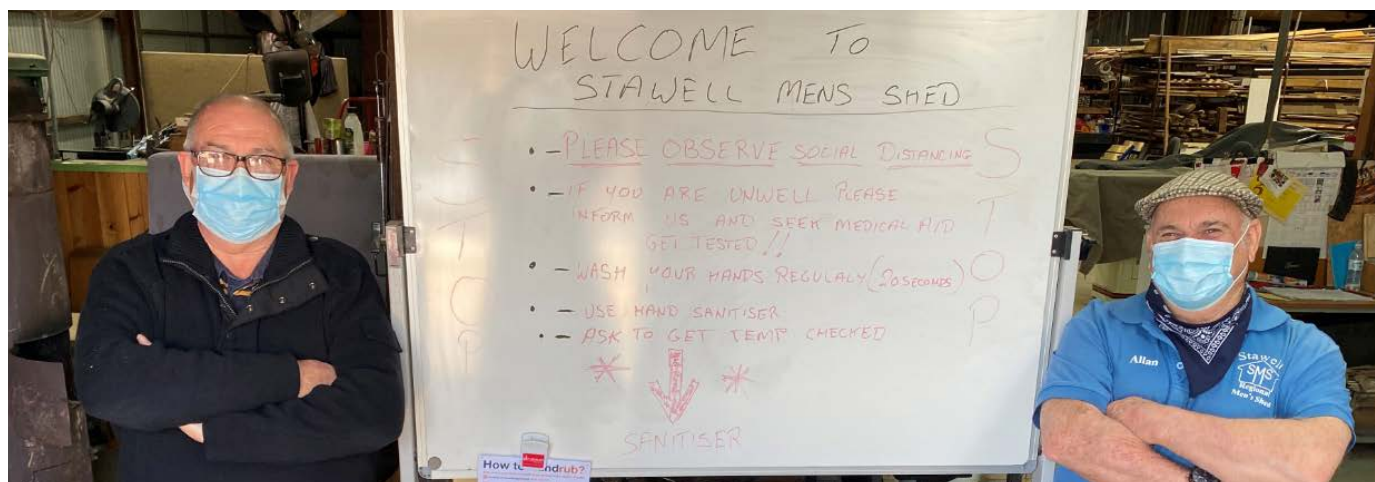
CEO Kate Pryde sits on the Eventide Homes Board of Management and works hard to continue the strong relationship between the two partners that extends into SRH providing ongoing healthcare services to Eventide Homes.

Stawell Men's Shed

Stawell Men's Shed is where men are invited to come to experience friendship and support in a safe and friendly environment.

The Men's Shed volunteers and members assist in providing members with useful new wood and metal work skills, and are encouraged to take on individual projects - with the view to improving the health and wellbeing of members aiming to reduce the number of men who are at risk from isolation and preventable health issues.

SRH has supported the Men's Shed by working together for men's health since its inception and is proud of their work in the community. SRH and the Men's Shed promoted health topics during the National Men's Health Week, 15-21 June 2020.





NEW INITIATIVES

Result: Innovative initiatives on the ground ensured unexpected productivity gains and significant cost savings.

Comprehensive Care – Risk & Chronic Disease Program

Recognising the importance of health screening, Stawell Medical Centre, as one of four practices selected in the region, participated in an Australian Practice Nurse Association (APNA) and Primary Health Network (PHN) project by providing a risk prevention program for people living in the region and who are between 45 to 49 years old. With no cost to the patient, the program is fully funded by Medicare including the screening.

A dedicated nurse was provided with additional training to understand the fundamental principles of chronic disease management and healthy ageing to work with people in this age range.

The information provided and gathered are used to identify strengths and areas to grow in relation to chronic disease management and healthy ageing practice. The Stawell Medical Centre reported a positive uptake by the community and the program will continue in the next year.

'A Day in your Shoes'

SRH Executive were excited to introduce "A day in your shoes" in 2019. As part of their response to staff feedback from the 2018 People Matters Survey, they were very keen to spend a day working alongside staff to better understand workplace triumphs, challenges and needs.

As many as 18 departments / work areas were visited by the Executive Team between February and August 2019 with each executive working a full day shift in an allocated area to further their understanding of the services that are specific to the health service. Many improvements were identified across departments, ranging from the purchase / upgrade of equipment to reviewing of

crucial systems. Some of the improvements the Executive took on board and approved were:

- New digital scales for the kitchen
- Improved education and staff development pathways for support staff
- Review of the phone routing system for Simpson Ward and Radiology
- Additional storage areas built into the new refurbishment plan for Macpherson Smith
- Floor covering replaced in the Social Support Group building, and
- Improved furnishings in the Transitional Care Program rooms.

'Dollar-a-Day'

The 'Dollar-a-Day' initiative was announced at the August 2019 Staff Forum and was the brain wave of the Finance Manager who thought that everyone should ask themselves how in a normal work day money could be saved above and beyond what already was being done.

Everyone was put to the test to ask themselves if something was really needed, to think of a more efficient or effective way to do something and to either *reduce, re-use, or recycle*. A panel of experts from the different departments judged the entries and each month a prize was awarded to the most original and innovative way of saving a \$-a day.

Some of the \$-a day savings were:

- Reducing the number of newspapers purchased, resulting in a cost saving of approximately \$400 a month
- Synchronising the daily preparation of expensive oncology medication for multiple patients ensured less wastage
- Reviewing theatre equipment repair and maintenance contracts with suppliers ensured an annual saving of around \$5K.

Strengthening Hospital Response to Family Violence

Stawell Regional Health made a commitment to the safety and welfare of staff, patients and visitors of our health service by agreeing to participate in the Strengthening Hospital Responses to Family Violence (SHRFV) initiative. The initiative provides a whole of hospital response to family violence and recognises that hospitals are an early contact point for many people who have experienced family violence. Staff can identify family violence, have conversations with patients and provide support if required. Hospitals are also workplaces which have a role to play in supporting staff who may be experiencing violence.

A Project Officer was appointed to oversee the work in 2019 with the goal of being responsive to the needs of staff and consumers impacted by family violence.

A large part of this work involved the training of staff in different areas. The focus has been on three different types of training:

- A Shared Understanding - completed by 49 staff members
- Identifying and responding to family violence - completed by 42 staff members
- Workplace Support Program Manager – completed by 31 staff members.

We have been able to support employees who experience family violence by providing a working environment that prioritises safety and provides the flexibility to support them during this time.

Three trained Contact Officers are located across the health service. A Family Violence Contact Officer is an alternate contact point to a direct manager for anyone in the workplace who may be experiencing family violence. The role of the Contact Officers is to provide information about external support services, workplace entitlements and privacy issues.

A training action plan is in place with the aim for all staff to complete the training by June 2021.

Urgent Care Centre Telehealth Project – My EMERGENCY DR (MED)

SRH is one of nine Urgent Care Centre's (UCC) participating in the Western Victoria Primary Health Networks After Hours Telehealth Pilot. This is the first telemedicine service in Australia that is exclusively staffed by Emergency Specialists from the Australasian College of Emergency Medicine.

The pilot commenced in December 2019 and was due to be completed September 2020. The project funding provided for 150 telemedicine consultations at SRH during the ten month pilot.

The five main objectives of the project were to:

- Support and reduce fatigue of local General Practitioners and Visiting Medical Officers who work on-call and overnight; between the hours of 10pm – 6am
- Provide emergency specialist advice and support for nursing and medical staff
- Provide a quicker response time to an emergency specialist due to instant electronic access to telehealth
- Provide a referral system for triage category 3 (urgent) patients; category 4 (semi-urgent) patient and category 5 (non-urgent) patients
- Reduce transfers from the UCC to larger facilities by assessing, treating and managing category 3-5 patients.

The rollout process involved the delegation to a nurse to lead to the project, utilising step-by-step guides. Medical staff were engaged in monthly consultation and worked together to refine processes and address needs specific to SRH.

The establishment of a feedback process for staff with the Simpson Wing Nurse Unit Manager enhanced ongoing communication with the MED Team. Using a consumer survey, the project was evaluated by Deakin University.

Outcomes:

- Six months into the 10-month trial SRH was one of the sites that used MED the most
- Using MED allowed for significant practice changes for the SRH nursing and medical staff
- The interim Deakin University consumer survey results (combined results from the 10 participating sites) showed that 78.8% of patients would use MED again and overall treatment was rated at 78% (good and excellent responses combined)
- As the trial progressed and with positive engagement and consultation between SRH and MED Director(s) feedback from SRH staff about this service has improved dramatically.

Next steps:

- SRH will utilise MED more broadly outside the current hours to improve retention and extend rotation of medical staff
- Further data collection via interviews from staff and key stakeholders by Deakin University were planned for September 2019.

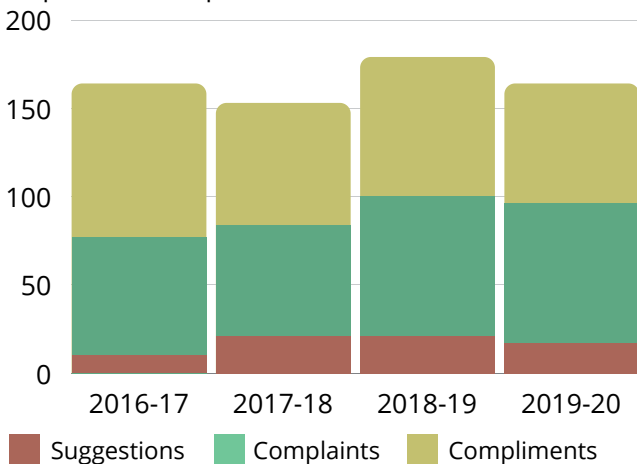
QUALITY AND SAFETY

Result: Receiving and responding to feedback ensured continued improvement in patient care.

Patient, Resident and Visitor Feedback

At SRH feedback is wanted and welcomed as it informs the views of staff when working on improving current services. Complaints are investigated, the same as what is done with any incident, to look at finding innovative ways to improve all systems and processes.

SRH received 164 items of feedback in the past year. This is on par with previous years as depicted in Graph 4 below:



Feedback received – Graph 4

Eight complaints received related to the nurse call bell system and response times.

To address this issue there is a nurse call project underway that will see a modern call bell system introduced with improved functionality. It will allow SRH to monitor and report on response times which is an improvement to the current system that have in place.

In response to a complaint by a patient with Type 1 diabetes there is also work undertaken with the Diabetes Educator and the patient to develop a guideline that would enable patients with Type 1 Diabetes to self-manage their own diabetes whilst they are an inpatient.

In response to suggestions we have received, we have reviewed the timing of gardening services and reviewed the helipad parking signage with placement of new, additional signage.

In the next year SRH plans to review the feedback system and will introduce an indicator that will allow for the measurement and capturing of any trends when responding/ acknowledging the feedback received.



Adverse Events / Sentinel Events

An adverse event is an unintended event that causes serious harm to a person receiving health care. SRH team members always aim to provide the best and safest possible care, however, even with the best intentions there are times when things don't go as planned and this can result in an adverse event.

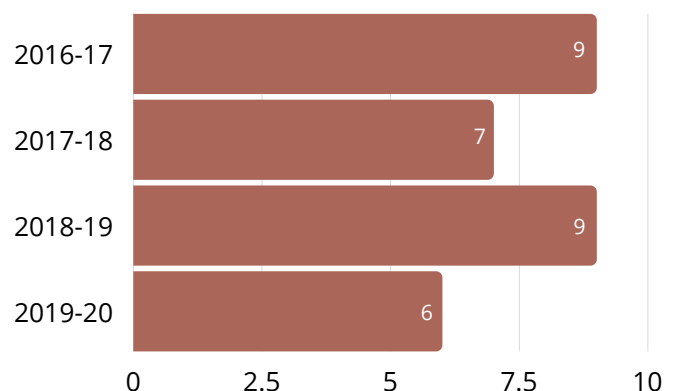
Not all adverse events are preventable, however it is important that we investigate and learn from all adverse events to identify system or process issues to prevent similar events from happening again.

Very serious adverse events are called sentinel events and are reported to the Department of Health and Human Services (DHHS). All falls that result in serious harm (patients, clients, residents, visitors and staff) are also now required to be reported to Worksafe.

In 2019-2020 there were 545 clinical incidents reported.

All clinical incidents reported are rated for severity; and given an Incident Severity Rating (ISR). 1 being the most severe, to 4, the least severe (no harm / near miss). SRH recorded zero ISR1 incidents and six clinical ISR2 incidents this year which represents 1.1% of the total number of clinical incidents reported.

The figure below highlights the number of incidents rated "Moderate" (ISR2) over the last four years.



Incidents rated "Moderate" (ISR2) – Graph 5

In response to incidents new procedural instruments were purchased for theatre to replace instruments that were at end of life new weigh chair was purchased for Simpson Ward.

Last year we developed a Multidisciplinary Falls Action Group at Macpherson Smith Residential Care. Prior to COVID-19 the group met regularly and a number of initiatives came from this, but face to face meetings were put on hold during February 2020. Meetings were to continue as online (virtual) meetings.

Last year's report also indicated that SRH:

- planned to introduce a Sepsis Pathway to streamline the identification and management of sepsis. The pathway was introduced in 2019 and is available to all staff through the internal electronic policy and procedure system
- would expand the in-house Advance Life Support training program for nursing staff. The training was completed as planned in August 2019.



Stawell Regional Health exceeded the DHHS target of 84% by immunising 95.6% of all our staff against the flu.

**Infection Control
Immunisation**

Influenza (Flu) can be a severe medical condition that requires hospitalisation, however it can be prevented by receiving an annual flu shot; which has proven to save countless lives.

In 2020 the annual immunisation program was deemed crucial due to the competing coronavirus in circulation, leading to SRH offering vaccinations a little earlier than planned so that staff were as immune as possible to the Influenza virus while COVID-19 was affecting the population.

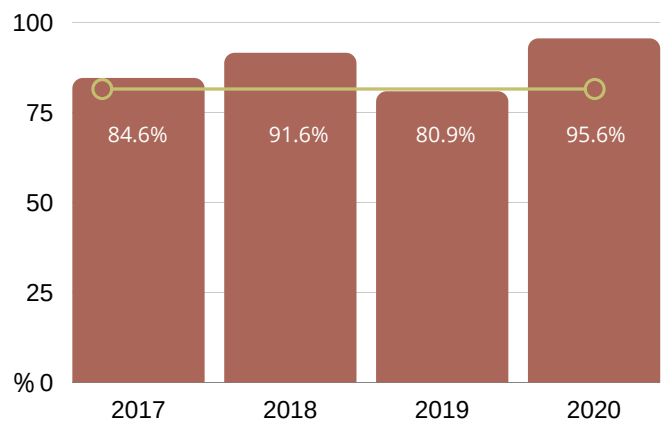
The challenge this year influencing the roll-out action plan was because it was a requirement to stagger staff immunisations. This was necessary due to the possibility of an individual response to immunisation causing mild fever and/or flu like symptoms affecting temperature testing on the SRH premises introduced as part of COVID-19 screening, SRH needed to lessen the risk of staff exhibiting mild symptoms. Staff were asked to attend flu vaccination sessions on days where they had at least 48 hours away from the health service. Staff were also followed up individually if they didn't return the consent/refusal form for the flu vaccine.

A concerted effort by everyone involved saw the highest staff influenza immunisation rate ever and well above the Department of Health and Human Services (DHHS) target of 84% of all staff.

This year, Stawell Regional Health exceeded the DHHS target by immunising 95.6% of all staff against the influenza virus.

The adjacent graph shows our Staff Influenza Immunisation rates over the last four years and the current DHHS target.

Please note: Data for the 2019 year has been amended to accurately reflect our rate which was 80.9% not 87.7% as stated in last year's quality account.



Staff immunisation rates for Influenza virus– Graph 6

SRH also vaccinated all of the vulnerable residents at Macpherson Smith Residential Care - 100% of residents were immunised against the Influenza virus this year - the same rate as last year.



SRH's COVID-19 Response

SRH's initial and rapid response to the first wave of COVID-19 commenced in March as Victoria declared a State of Emergency. Response plans were monitored and reviewed daily to ensure rapid adaptations if required to meet the fast changing government guidelines and the escalating needs of the local community, at the same time trying to keep patients, residents and staff safe.

In a matter of weeks, SRH significantly transformed all services to be ready for the new challenges!

March 2020 was by far the busiest month setting the pace of the following four months and many changes were made across the organisation involving:

- Temperature screening of patients, outpatients, visitors and staff upon entry
- Restricting entry to visitors and staff
- Suspending community and rehabilitation groups
- Introducing separate entry / exit points to sensitive services such as Oncology
- Adapting new staff communication processes and tools
- Providing additional staff education to step up hand hygiene, improve cough and sneezing etiquette and learn about social distancing to reduce any potential spread of the virus. Another key education focus was on the use of additional Personal Protective Equipment; especially front line clinicians in assessing and managing patients that may have presented to our health service
- Connecting with the community through the local media, social media and newsletters
- Commencing early planning for the 2020 Flu season



- Implementing new and significant restrictions by 23 March as the number of cases across Victoria were on the rise. Restrictions applied to the work environment and restriction of visitors
- Transitioned to a telehealth platform for appropriate consultations at the Stawell Medical Centre
- SRH staff saying a 'Thank you' to the Community for staying at home circulated on social media
- Establishing a Respiratory Assessment Clinic based out of Building B.

Stage 3 restrictions were implemented across Victoria from midnight on 30 March 2020.



In April, in addition to the response planning and response work in March, a Community Respiratory Assessment Clinic was opened.

The Respiratory Assessment Clinic (RAC) was established as part of SRH's COVID-19 pandemic response and was developed as a short-term measure to assist in the testing and management of people with respiratory related symptoms.

The main purpose was to provide targeted early, safe and streamlined assessment and management of people in Stawell and surrounding districts who would usually present to hospital and local medical clinics.

The Community Rehabilitation Centre (Building B) on the hospital site was chosen as the safest option for the RAC as outpatient clinics and rehabilitation groups were cancelled as a result of the pandemic.

The layout of the building assisted in unidirectional flow (entry through one door and exit through another) of patient presentations.

The RAC nursing staffing were mostly redeployed staff from theatre, with assistance through the peak swabbing periods by other nursing staff from Simpson Ward. Stawell Medical Centre doctors were rostered to work at the RAC and were an integral part of the team. Other staff that were instrumental in setting up the RAC were reception staff; health information staff; maintenance staff, supply and administration staff.

By the end of April, the team had:

- Provided a 'Big Friday shout out' - to all the Team who have worked tirelessly to support the SRH COVID-19 response
- Commenced working with all the health services within our region to make decisions about how the region would manage outbreaks of COVID-19 and what the role of SRH was to be.



By the end of May, the Clinic team had:

- Conducted the COVID-19 testing 'Blitz' announced by the government. A month after the clinic opened and in response to the Victorian governments two-week campaign/ testing blitz (with a target of completing 100,000 COVID-19 tests by the end of the second week in May) the RAC team was offering testing to all staff regardless of whether they had symptoms or not. A target was originally set to achieve 500 COVID-19 swabs, but by mid-morning 8 May the team completed approximately 400 tests
- Continued to support nursing and medical student placements ensuring that they were health screened prior to their placements
- Continued to limit surgical services to 25% capacity throughout May - June 2020 in line with Government directives

- Developed a 'You tube video' that showed the changes that had taken place across SRH due to COVID-19 requirements.



By end of June, SRH had:

- Developed a COVID-19 community newsletter in partnership with Grampians Community Health and the Northern Grampians Shire
- Transitioned from a Pandemic Response to a COVID-19 Cluster response in line with a Victorian directive
- Commenced work on returning as many services as safely as possible
- Slowly increased the theatre service under the government guidelines with the initial plan to return to full theatre services by 1 July 2020
- Commenced work on relocating the RAC back to Stawell Medical Centre to reopen Building B again.

By the end of June this year, our RAC had tested 985 people in our community!



Lessons that have been learnt:

Staff involved have summarised the many lessons learned as follows:

- We are human.
- We are resilient and can adapt to an ever changing environment.
- We needed to implement things on the hop then change or review them as they worked or didn't work or as circumstances changed.
- We could never have achieved what we did in such a short space of time without the support of our community, our families and our staff.
- SRH executive and senior leadership team are continuing to work together to meet the challenges we face and implement our coronavirus response plan with the aim of keeping our staff safe, caring for patients and residents, managing visitors to our facilities, reviewing access to our facilities and services, and ensuring that we establish communication channels that ensure all of our staff, patients, visitors and the community receive timely updates and instructions
- SRH values working in partnership with our other local healthcare providers, residential care services, council and community support services to support an all of community approach to our region's response.
- We will need to continue working closely with our neighbouring public hospitals to ensure we are all working together and maximising our resources.



"I was admitted during COVID-19 & the staff were excellent. Following everything that they required to do in COVID-19."

- VHES survey feedback



EDUCATION AND TRAINING

Result: The increased investment this year resulted in internal staff career pathway progression for many members of our staff.

Stawell Regional Health, as an Employer of Choice in the region strives to offer great careers that includes meaningful training and development opportunities along the way. The Education Team provided and promoted ongoing education and training opportunities to staff across all departments during the year:

Student Nurses:

- Student days across all clinical areas amounted to 2,193 in 2019/20 (1,514 in 2018/19)
- Students received a weekly tutorial/debrief, and were included in all available education
- End of placement surveys provided continuous feedback that ensured ongoing improvements to the program.

Graduates:

- There were four graduates in 2019 which increased to six in 2020, all enrolled in COOP (Care of the Older Person Program); external networked training days, peer professional learning groups, and mentoring.
- Theatre grads were supported to attend VPNG intro course (along with novice theatre staff members - three grads attended in early 2020)
- By the end of 2019 all grads attended the external Blood Management Workshop.

Post Graduates:

- Number of clinical staff undertaking a Post Grad qualification in 2019/20 is 18, including:
 - Emergency Nursing, 3
 - Clinical nursing (Gerontology), 10
 - Clinical Nursing (Oncology), 1
 - Infection Control, 1
 - Graduate Diploma of Nursing, majoring in education, 1
 - Masters of Business Administration, 1
 - Masters of Healthcare Leadership, 1

Non Clinical Staff in training: 16 participants:

- Cert III in Health Services Assistance (Food)
- Cert IV in Allied Health Support, Porter/Orderly
- Cert IV in Health Administration
- Cert IV in Health Administration (Supervision)
- Certificate IV in Hospital/Health Services Pharmacy Support
- Apprentices enrolled for TAFE Cert III training:
 - Apprenticeships 2019: 1, 2020: 3
 - Electrotechnology Electrician
 - Carpentry , and
 - Commercial Cookery.

"I would like to express my gratitude for your kindness and support throughout my placement."

- Compliment from a student on placement



Solution based education program

20 SRH staff attended monthly 3R's Urgent Care - *Right care, Right time, Right place* - training sessions organised in collaboration with other regional health services. All involved in the program expressed an increase in professional confidence and highly recommended the training to other staff members.

Staff training program

Stawell Regional Health invested \$70,973.03 during 2019/20, in comparison to the spend of approximate \$51K in 2018/19.

Training provided included:

- Residential/Aged/Dementia
- Dining with Dementia
- A Day in the life of - virtual event
- Reality Dementia training
- Dignity of Risk workshops
- Understanding COVID-19

Successful Grant Applications in 2019/20:

- Enrolled Nurse (EN) Growth Grant: \$104,030
- EN Transition Year: \$152,224
- 3R's Urgent Care Training: \$118,500
- Non Clinical Scholarships: \$12,500
- Three staff scholarships valued at \$4,000 each for the Emergency Nursing Graduate Certificate.



Community education events included:

- Restart a Heart Day
- PARTY program in late 2019 with the secondary school.

*"I really had a great time here.
Thank you to each and every one."*

- Compliment from a student on placement



PRIMARY AND COMMUNITY CARE

Result: The SRH team adapted to using innovative digital consulting and engagement techniques - they contributed new ideas and practices, all while making sure social connections were maintained in our community.

The Primary and Community Care teams deliver services across Stawell Regional Health and across a variety of disciplines, including:

Allied Health

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

Community Services

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

"Thank you all very much! Everything is so well organised. People are very friendly and helpful. We are lucky to have such excellent facilities and services in Australia."

- Compliment from a patient that attended an appointment at the Community Rehabilitation Centre

WORKFORCE

Result: Investment in staff health and well-being brought an increase in positive, safe and culturally appropriate behaviours.

Overview

Results of the *People Matter Survey* - for the 2019/20 financial year on overall positive response to safety and culture - was reported as 90%, benchmarked against a target of 80%. This figure has increased from the previous financial year and is based on the results of the *People Matter Survey* completed in May 2019.

The health service employs 282 staff members, with 59% of them being on the clinical interface. 80% of our workforce are permanently employed, with 76 staff on a full-time basis and 149 staff part-time.

SRH continues to focus on the health and wellbeing of our staff, and is currently developing a sustainable Health and Wellbeing Program in consultation with the broader staff group. The physical environment continues to be assessed with a view to making healthy choices the easier choice for staff for their physical wellbeing.

Awareness around negative behaviours and how to call them out and address them has been rolled out this year and will continue into the new financial year.

The number of occupational violence and aggression incidents decreased over this financial year and saw a zero-percentage rate for incidents resulting in injury, illness or an ongoing condition.

Community expression of interest recruitment campaign

Stawell Regional Health launched a social media campaign in April 2020 requesting local clinical and non-clinical workers to submit an Expression of Interest to be registered as potentially available to work in case a local COVID-19 surge eventuated.

73 applications were received, with 20 candidates shortlisted on the register.

CAPITAL PROJECTS

Result: Investment in significant upgrades ensure the long term sustainability of Stawell Regional Health

Macpherson Smith Residential Care (MSRC) refurbishment

The planned refurbishment of MSRC has been made possible through funding from a government grant of \$268,000 and \$70,000 in bequests; a total budget of \$338,000.

The project involves refurbishment of the East Wing of the facility; addition of two *en suites*; increasing

inside and outside storage and garden landscaping using dementia friendly concepts throughout.

The project has commenced with a project control group in place. Initial drawings have been presented to the project control group but the project was subsequently placed on hold due to current COVID-19 restrictions.



Theatre improvements

The operating room lights were replaced during the planned theatre closure from December 2019 / January 2020 in addition to the considerable upgrading that was already occurring to air handling and the airconditioning units.

This replacement was made possible through a significant donation (\$43,000) from the Hospital Foundation.

The lights were replaced as it was no longer possible to purchase or replace any equipment for the lights which made them in-serviceable and a risk to our surgical services. Very positive feedback about the new lights have been received from theatre staff and the attending surgeons.

Other capital works, funded through the Rural Health Infrastructure Fund, continued throughout the year and included upgrades to our power and Information Technology infrastructure.



Upgrade of Technology

Usually one quarter of the total number of computers and laptops are replaced annually across the organisation.

With the Cyber security threat late last year and earlier this year replacement moved at a quicker pace and half of the total number of computers and laptops on site were replaced. This was made possible by funding through a Department of Health and Human Services Clinical Technology Refresh Grant and part self-funding by SRH.

Other equipment purchases were made possible through the generosity of local organisations and fundraising groups and included patient monitors, respiratory units and theatre equipment.

Nurse on Call

Funding to upgrade the Nurses Call system was made possible through the successful application to the third round of the Rural Health Infrastructure Fund.

The Nurse Call system is in two parts:

- The basic system is the call buttons that are within rooms that clients, patients and residents use to contact staff and
- The larger system is how the above set-up integrates with other systems. E.g. Fall sensors, out of bed alarms, staff movements and rounding, duress alarms, kitchen menus and maintenance requirements.

Consumers from both Macpherson Smith Residential Care and the SRH Rehabilitation Groups (who included recent patients) were invited to be part of the process and to attend:

- A 1:1 briefing session
- A trade-show where six companies presented their Nurse Call systems, and
- A debriefing session with staff after the trade-show.

The representatives were also asked to provide verbal and written feedback to advise the development of the specific requirements that the Nurse Call system should meet. The project status is regularly reviewed, but were placed on hold due to current COVID-19 restrictions.



ENVIRONMENTAL PERFORMANCE / SUSTAINABILITY

Result: Working together across all areas in the health service ensured significant cost savings.

Paper consumption

Stawell Regional Health continues to take measures to reduce the carbon footprint of the health service and improve the environmental sustainability through a number of different initiatives.

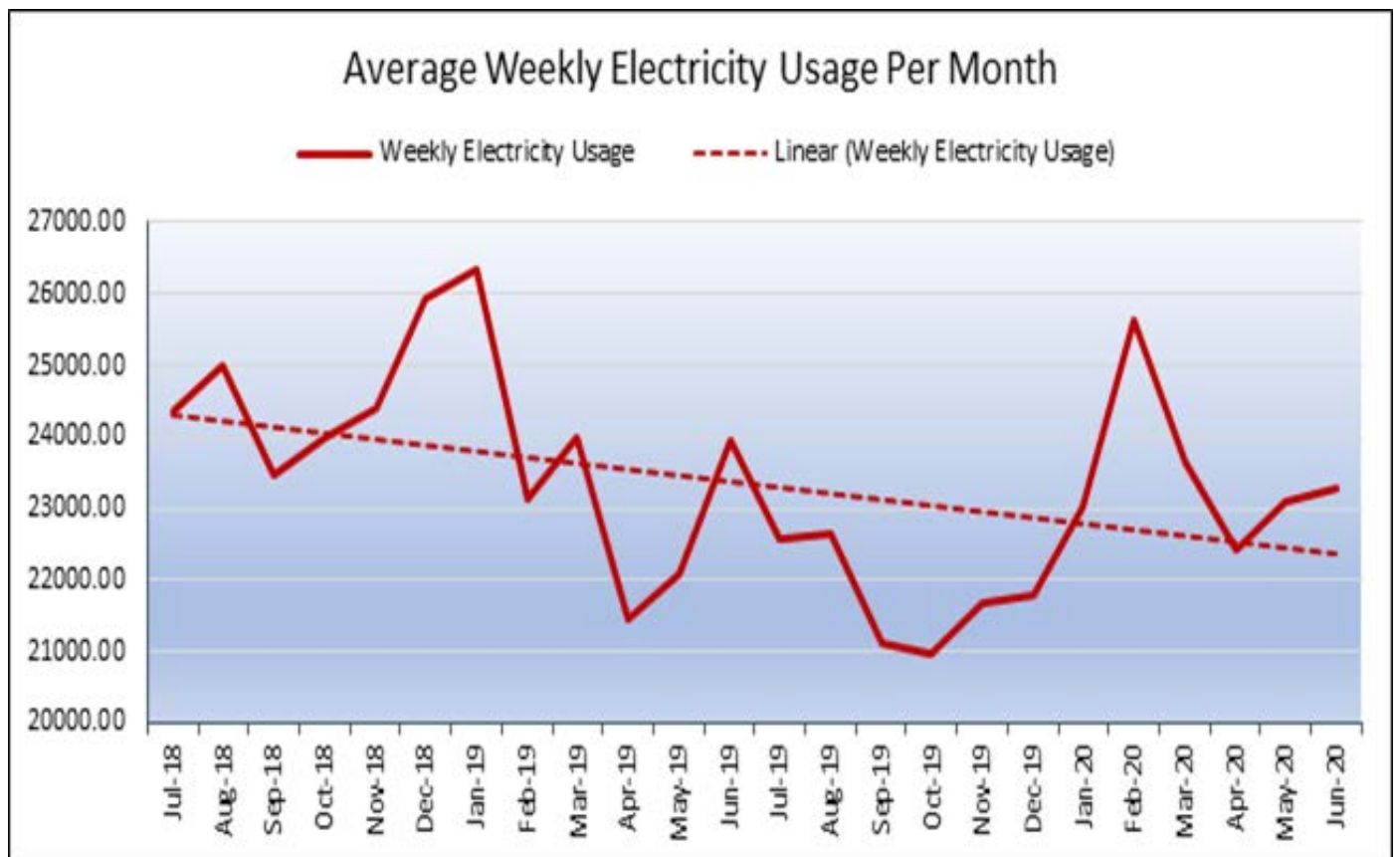
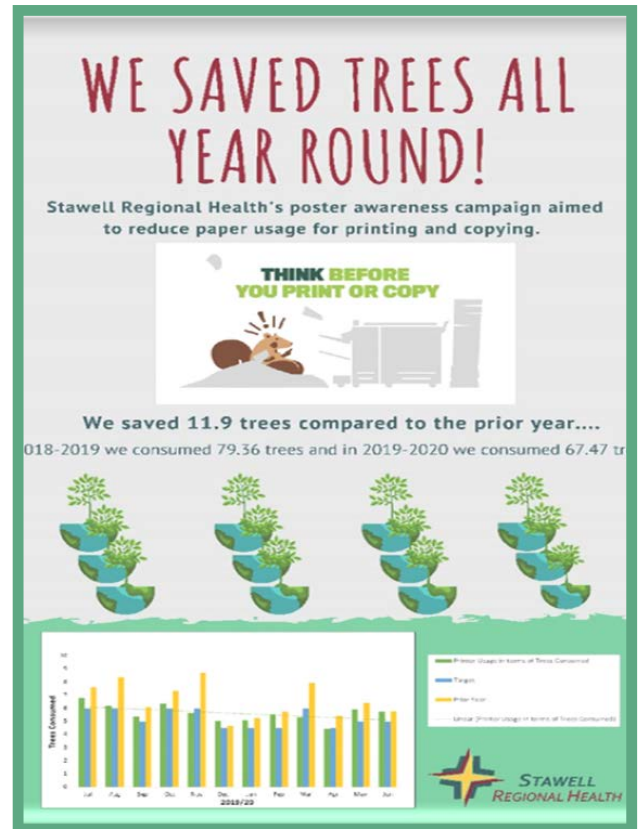
The "reduction to printing" program that commenced the previous year continues to show a decline in the equivalent number of trees consumed and was part of a submission made through 'The Biggest Science Experiment'.

Electricity consumption

Power consumption also continues to decline despite additional equipment being run as part of increased service delivery. Grant applications have been submitted for additional solar panels funding at the Macpherson Smith Residential Care facility to build on the success of the hospital site and to take additional advantage of this renewable resource.

Waste – Clinical general recycled

Current initiatives being worked on are e-waste, oxygen mask recycling and improvements to the segregation of our recyclable waste.



OUR SUPPORTERS

Result: With the support of our community we have been able to update medical equipment to ensure the best care for patients and residents.

Y-Zetts

The small, dedicated local volunteer group has worked tirelessly for more than 35 years to raise funds for Stawell Regional Health for use to purchase additional specialised equipment. The success of the Y-Zett's efforts this year has once again included the very popular local Shopping Spree in November that raised over \$9,000 for the health service.

In September the Y-Zetts fully funded three new Vital Signs Monitors, worth \$7,960 combined for use by nursing staff in the Simpson Ward, Theatre and Macpherson Smith Residential Care. High flow oxygen delivery units were also acquired.

Stawell Regional Health is very grateful and proud of the continued association with this very active and resourceful group.

Ladies Auxiliary

The Stawell Hospital Ladies Auxiliary has been meeting monthly for more than 90 years to plan, organise and host a number of fundraising events in the community. The funds raised were all put towards providing the health service with necessary equipment.

In the past year the generous efforts of Auxiliary members and continued generous donations from the community of Stawell provided the

the finances to develop and complete an "improved dining experience" project for the residents of MSRC. The funding received were used for the required dining room modifications.

The Auxiliary fund-raising functions in the past year have been impacted by the declaration of the COVID-19 pandemic that resulted in the cancellation of the usually well attended Wine and Savoury event in March 2020 and other subsequent events that were planned.

Stawell Regional Health deeply appreciates the ongoing effort of the Ladies Auxiliary and is looking forward to being involved with any future fundraising activities.

Stawell Regional Health Hospital Foundation

The Hospital Foundation functions as a charitable trust under a trust deed and periodically disperses the interest earned to fund the purchase of vital equipment for the health service. The Hospital Foundation donated \$43,000 to replace the surgical theatre lights, significantly upgrading the theatre.

The community is encouraged to contribute by making a donation, arranging a pledge, or consider bequeathing a portion of their estate to the Stawell Regional Health Foundation.



Community Donations

The Bookworm Gallery continues to support Stawell Regional Health as their volunteers have done for many years through the collection, sorting and selling of second-hand books, clothes and house-hold items.

This year the Bookworm Gallery provided a generous donation of \$20,000.00. They donated \$10,000 toward the cafeteria courtyard redevelopment and on the open day of the courtyard they donated another \$10,000.

The SRH Executive and all staff members expressed a heartfelt thank you to the numerous local community members, clubs and organisations that continue to show their support to Stawell Regional Health through various practical and monetary donations throughout the year.

Lions Club

The Lions club in Stawell has many activities that add to the funds they raise in the community, leading to the club donating \$17,000 to SRH to ensure that the Urgent Care Centre was furnished with a new cardiac monitoring system. They also donated a further \$2,500 towards the Transition Care Program (TCP) refurbishment.



Murray to Moyne Annual Cycling Event

SRH's participation in the annual Murray to Moyne cycling event is a highlight each year, with the "Sprockets" team organising fundraising activities and accepting donations for the challenging long-distance relay team event.

As with many other events, this event was cancelled shortly before the race started. SRH renegotiated the transfer of team sponsorships to 2021 and the team anticipates wearing their jerseys next year that will allow the sponsors the associated publicity of their logos being displayed.



Major Raffle

The major raffle forms part of the Murray to Moyne "Sprockets" fundraising effort each year and 2020 was no exception with \$8,660 in total donations received, including the \$1,770 raised from raffle tickets sold.

SRH thanks everyone who entered the raffle and management and staff also extend their gratitude to the generous major raffle ticket prize sponsors, Halls Gap Lakeside, Miners Ridge B&B, Halls Gap Zoo and Lillies & Lattes who supported the lead-up to the 34th Murray to Moyne annual cycling event.



Stawell Regional Health would like to thank you for your interest in our Health Service and reading this Quality Account.

We would like to receive your feedback on how useful the report is and what other information would you like to see included in it.

You can either phone the Community Engagement Manager on 03 - 5358 8537 or email your feedback to: pr@srh.org.au

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