



WE CARE

about creating a healthy community



Quality Account 2018

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Welcome

Clinical governance is the foundation of safe, quality care. Omeo District Health (ODH) has a strong focus on clinical governance which has culminated in the finalisation of our new Clinical Governance Framework that guides service provision across the organisation ensuring the care our consumers, patients and clients receive is safe, evidence-based and of the highest quality.

Over the past year the Board of Management finalised the ODH Strategic Plan 2018-2023 which is underpinned by six key strategic pillars. Importantly, Quality Care & Safety is one of the six strategic imperatives. The remaining strategic pillars, Healthy Community, People & Culture, Sustainable Services, Effective Governance and Collaborative Partnerships, all complement Quality & Safety and each other to ensure a seamless patient experience as the consumer passes through their healthcare journey.

An Operational Plan with key performance indicators and milestones has been developed to ensure the strategic direction of the organisation remains relevant and actions are in place to ensure progress is made to achieve the Vision set by the Board of Management.

Work has continued on strengthening the incident reporting culture of ODH with an emphasis on a proactive quality improvement approach versus reactive response.

There has been much change in the Quality & Safety space over the last twelve months and there is more change on the horizon with significant amendments to the National Quality and Safety Standards applicable in healthcare as well as a move to a single aged care framework across the community and residential aged care service arenas. ODH has been very busy preparing for these changes and is well positioned to continue in the provision of responsive safe care for our community.

In this Quality Account, you will find information on the work we are doing around continuous quality and safety improvement at ODH and the results of these efforts over the past year.

It includes evaluation of our performance against a broad range of quality indicators and standards, as well as actions we have taken to ensure continuous improvement.

We achieve this through working with consumers, staff, volunteers, patients, residents and their families as well as keeping up with community feedback to enhance patient satisfaction, improve clinical outcomes, and engage consumers to be part of creating excellence at ODH.

We would like to take this opportunity to thank our Board of Management, members of our Committees, staff, patients, volunteers, consumers and their families for their ongoing commitment to providing outstanding health care for our community. We are pleased to present to you the 2018 Omeo District Health Quality Account

Simon Lawlor
Chair, Board of
Management

Kate Commins
Chair, Quality &
Safety Committee

Ward Steet
Chief Executive

Our Mission

To promote and enhance the health and wellbeing of the people of the East Gippsland High Country.

Our Organisation

We are an integrated healthcare service providing acute inpatient and urgent care services, an inpatient and community-based Transition Care Program, respite and palliative care services, residential aged care services, primary care services delivered from the Omeo Medical Centre and a comprehensive range of community and home-based allied health and support services.

We are continually reviewing the current and emerging healthcare needs of the communities we serve. We strive for continuous improvement in the quality and safety of our services.

Acknowledgement of Country

Omeo District Health acknowledges the traditional owners of the lands on which we operate. We recognise and respect their cultural heritage, beliefs and relationship with the lands.

Statewide Plans and Statutory Requirements

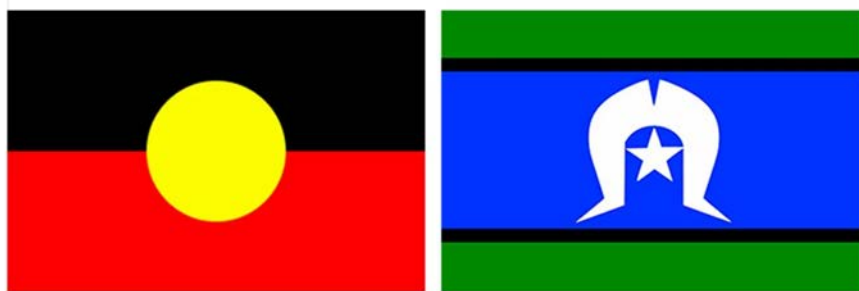
Aboriginal and Torres Strait Islander inclusive practice

During 2017/18, ODH has worked toward implementing actions that were identified in the Cultural Competence Audit undertaken in 2016/17 and in our 2017/18 Statement of Priorities.

We have chosen to focus on maximising access to services for Aboriginal people, as well as people who identify as LGBTIQI, people with dementia and people living in remote areas.

Actions taken during 2017/18 to improve access for Aboriginal and Torres Strait Islander people include the following:

- All Board and Committee meetings now begin with an Acknowledgement of Country; and
- Flag poles have been purchased so that the Aboriginal and Torres Strait Islander flags may be flown outside the organisation.



LGBTQI inclusive practice

Our 2017/18 Statement of Priorities includes a plan to develop and implement an LGBTQI-inclusive practice action plan from results of our internal gap analysis in relation to the Rainbow eQuality Guide Standards.

Our implementation of this plan has included the following actions:

- The ODH RAS assessor has participated in the LGBTI Equality Roadshow when it visited Bairnsdale, and has made connections with the Gippsland Rainbow Collective;
- Positive feedback regarding inclusiveness has been received and logged by ODH from a transgender client;
- E-mail tag identifying ODH as an LGBTQI-inclusive practice health service developed;
- Flag poles have been purchased so that the Rainbow flag may be flown outside the organisation;
- The CEO attended the inaugural LGBTQI+ forum held at the Alfred Hospital;
- LGBTQI inclusive signage has been placed at the entrance to the hospital;
- Signage has been placed outside all restrooms indicating that everyone is welcome to use any restroom.



Recognising and responding to family violence

Omeo District Health continues to maintain and strengthen its response to the Statewide Plan *Ending Family Violence: Victoria's plan for change*. On behalf of ODH, Social Worker Teri Pleydell participates in:

- regular Gippsland Integrated Family Violence Service Reform Steering Committee meetings; and
- fortnightly Shared Hospital Response for Family Violence (SHRFV) meetings with Bairnsdale and Orbost hospital staff.

During 2017/18, Teri completed “MATE Bystander Train the Trainer” Training through Gippsland Prevention of Men’s violence against women Strategy, led by Gippsland Women’s Health.

A number of senior ODH staff attended D-V Alert (Domestic and Family Violence Response) Training which was provided through Lifeline at Omeo in May 2018. Revised Family Violence Policies and Procedures have been implemented within ODH.

ODH launched the internal SHRFV program in August, commencing with management staff training, and working through the hospital employees right across the hospital until every employee is been trained in recognising and responding to family and domestic violence.



ODH Social Worker,
Teri Pleydell

Consumer, carer and community participation

Quality Account feedback

Each year, we ask for community feedback on the presentation and content of our Quality Account. Last year we received only one completed feedback form, which read:

"Its clear large print, easy to read/follow format photos, pictures, captions, diagrams colour and presentation - very effective and reader friendly. Overall great job!"

On that basis, we have continued with the same basic structure and presentation for this 2017/18 Quality Account.

Victorian Health Experience Survey

As a small rural health service with relatively few acute patients, ODH does not receive Victorian Health Experience Survey results in relation to our acute services. However, during 2017/18 we planned and implemented actions to improve our patient's experience and discharge arrangements and these are reflected in three patient experience priority improvement areas.

Patient experience priority improvement areas

In partnership with consumers and utilising the results of community consultations and feedback, we identified three patient experience priority improvement areas and established an improvement plan for each. These are set out in our 2017/18 Statement of Priorities and are as follows:

Patient experience priority improvement area

Actions taken in 2017/18

Strengthen the admission and discharge planning processes with Ensay Bush Nursing Centre and Swifts Creek Bush Nursing Centre (BNCs)

- The ODH daily admission/ discharge spreadsheet is now distributed to the BNC's providing more timely information on admissions and discharges of patients from their communities.
- There are ODH staff members on the BNC Committees of Management to improve communications and address any issues as they arise
- The ODH Clinical Governance Framework has been made available to both BNC's
- ODH has offered the BNC's support of the ODH Quality & Safety Coordinator to assist them as they undertake the NSQHS accreditation process
- MoU's between ODH and the BNC's have been revised

Develop social media communication channels to improve engagement with local youth

- ODH has developed a Facebook page dedicated to the Youth program overseen by the ODH Youth Worker. The Facebook page has gathered over 100 followers.
- ODH have recruited a young local female to the Youth Worker role who has been very well received by the Youth as well as the key stakeholder organisations in the region.

Redevelop the health service website to make it more user friendly and provide more assistance in navigating the changes associated with Aged Care reforms

- Simplified information regarding aged care has been developed in lay person terms which has been uploaded to the Aged Care page of ODH website
- Information regarding ODH Community Health Services has been updated on the ODH website, including links to key sites such as My Aged Care.
- A totally new website is under development that will enhance navigation and consumer-friendly use of the website.

Strategic Plan consultation

During 2017/18, we held a series of special community consultation meetings in Dinner Plain, Benambra, Omeo, Swifts Creek and Ensay, to receive input from the community into our 2018-2023 Strategic Plan.

Based on these consultations, we developed the Strategic Plan for 2018-2023 with an emphasis on our revised core values and consumer health literacy.

ODH Community Advisory Committee

The Community Advisory Committee (CAC) is a Board sub-committee and Board members attend CAC meetings to receive direct input from its community membership.

Each year, the CAC reviews the content and presentation of the Quality Account prior to its release. As a result, the Quality Account now features:

- larger font size - 12 point or more;
- column, bar or pie graphs, rather than line graphs;
- well-spaced lines and short paragraphs;
- dark lettering on light coloured backgrounds for visual contrast;
- a personal approach, including stories and pictures;
- plain, jargon-free language to promote health literacy.

During 2017/18 the CAC also reviewed ODH's Quick Survey forms. Based on CAC feedback, we have improved the layout of the forms and added an option for consumers to provide contact details if further discussion is required.

SHINE Committee

The SHINE Committee is ODH's auxiliary fundraising committee. It's a great, informal way for community members to have input into the direction and activities of ODH by raising funds and contributing to decisions on how the funds could be used. All funds raised go towards improving the care of residents and patients in the aged care facility and hospital.

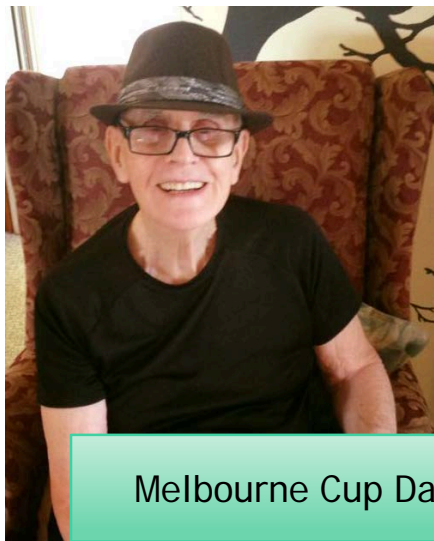
With money raised during 2017/18 the SHINE Committee purchased an iSTAT machine to allow quick assessments of a patient's condition, a pressure relieving mattress, portable ramps for wheel chair access to shops, an electronic patient monitoring device, tables for the residents lounge and supported lifestyle activities and day trips for residents.

Lewington House Residential Aged Care

Our quarterly Lewington House Residents' Family and Friends Meetings are always well attended and are a friendly and welcoming forum for any concerns or ideas around our aged care services to be discussed.

During 2017/18, one of the initiatives decided upon was the establishment of a small fundraising table at the entrance to the hospital. Since this began in February 2018, more than \$300 has been raised for the Lewington House Leisure and Lifestyles Program.

In addition, the Annual Lewington House High Tea Event raised \$650.00 in 2017, from the entry fee, raffle, donations, and the selling of Bowel Cancer ribbons. The event was a fundraiser for both Bowel Cancer Australia and the Lewington House, Leisure and Lifestyle Program and funds raised were split equally between these causes.



Melbourne Cup Day



Visit from JoJo the rescued wallaby



Socialising at Benambra Neighbourhood House

Clytie's 100th Birthday



Making flower baskets for Mothers' Day celebrations



Christmas afternoon tea



Health Promotion

Women's Health Event

- What a great day we had at our Women's Health Event on 31 August! 56 local women enjoyed free show bags, lots of helpful information on bladder and bowel health and other topics and a very sociable afternoon tea.
- A big thank you to Jean Hailes for Women and the Eirene Lucas Foundation for making this event possible, as well as Benambra Neighbourhood House, Benambra Branch of the CWA and the Swifts Creek Bush Nursing Centre for supporting ODH's application to hold this event.
- Thank you to our keynote speaker Dr Amanda Newman, from Jean Hailes for Women, and our local speakers Swifts Creek Bush Nursing Centre Manager Sue Carroll, ODH Allied Health Assistant Emma Anthony and ODH Practice Nurse Annie Kissane. Thank you to Grace Elford and ODH kitchen staff for putting on a fantastic afternoon tea!
- Special thanks also to Margaret Pendergast, Roma Lumsden and Pauline Connley for helping to set up - and to everyone who helped pack up. Finally, thank you to Trudy Anderson for taking all these pics!

Community Health Needs Survey

- In 2018 we are restarting our Community Health Needs Survey. Every two years, everyone in the catchment serviced by ODH is invited to complete this survey. In 2018, the Survey will be available during August and September and you will be able to complete it online or on paper.
- The results of the Survey will provide us with vital information on current community health needs and how ODH can assist in meeting those needs.



Jean Hailes Women's
Health Event with
keynote speaker
Dr Amanda Newman



56 local women
attended



The free show bags were
full of interesting goodies



High Country Men's Shed

- During 2017/18, membership of the High Country Men's Shed increased from 24 to 28 and it was a very busy and productive year.
- The most high-profile new member was former Prime Minister Tony Abbott, who visited the Men's Shed and was so impressed that he took out his own membership!
- Social activities this year have included BBQ events with other Men's Shed groups in the region, including Bairnsdale, Clifton Waters and Bruthen. The Men's Shed continues to enjoy the support of Bunnings Warehouse.
- Community projects completed this year included:
 - picnic tables for Omeo kindergarten;
 - book cases for the new library at Swifts Creek Primary School;
 - two large picnic tables for Swifts Creek Recreation Reserve - kindly supported by VicForests.
- During the year, the Men's Shed received a grant from the Department of Health and Human Services for a new picnic area, pergola and storage shed at the Men's Shed site in Omeo. The picnic area and pergola are now complete and there will be a grand opening of the shed at the annual Grand Final Day BBQ to be held in September 2018.
- Fundraising for Men's Shed activities is now also supported by a new can recycling crate at the Albion Hotel Swifts Creek. Thanks to Shannon and Tenille for providing a place for the crate at the Albion.



Receiving a visit from
former Prime Minister
(and now High Country
Men's Shed member)
Tony Abbott

Aluminium can
collecting crate at
Albion Hotel, Swifts
Creek



Building the picnic area and pergola
at the Men's Shed site



New picnic tables for
Omeo Kindergarten

ODH Disability Action Plan

ODH has a Disability Action Plan as described under the *Disability Act 2006*.

During 2017/18 we took action in the following priority areas:

- holistic care;
- facilitated pathways through care;
- preventing discrimination and abuse of patients with a disability; and
- recruitment and retention of people with a disability.

In particular, we:

- adopted the Victorian Code of Conduct for disability service workers;
- reviewed and updated our recruitment processes to incorporate a check for each new employee under the Disability Worker Exclusion Scheme;
- reviewed and updated our Diversity Policy in October 2017;
- in consultation with clients, continue to provide twelve monthly service plan reviews for all home based services clients;
- continue to maintain a peer support program and an EAP program and maintain an active return to work program; and
- offer a flexible work environment where appropriate to facilitate return to work and this has been utilised by staff.

The Victorian Health Experience Survey, conducted in November 2017 in relation to ODH Home Based Services, demonstrated a high level of client satisfaction with access to ODH home care and disability services.

Omeo District Health

P.O. BOX 42 OMEO 3896
(03) 5159 0100 (tel)
(03) 5159 0194 (fax)
reception@omeodhs.com.au
www.gha.net.au/odh

DECLARATION FOR DISABILITY SERVICE PROVIDERS

I, Ward Steet, on behalf of Omeo District Health, acknowledge and am committed to supporting the employees of Omeo District Health to abide by the obligations outlined in the *Code of conduct for Disability Workers*.


Signature of Disability Services Provider Representative

10 / 05 / 2018
Date

CEO
Position of Disability Service Provide Representative

Accredited interpreters

We offer the use of the Victorian Interpreting and Translating Service (VITS). Multi-language posters in both reception areas alert non-English speaking clients to this service.

Quality and Safety

Compliments, complaints and community input

We welcome all feedback from patients, clients, residents, family members, friends, staff and community members. We receive regular feedback via:

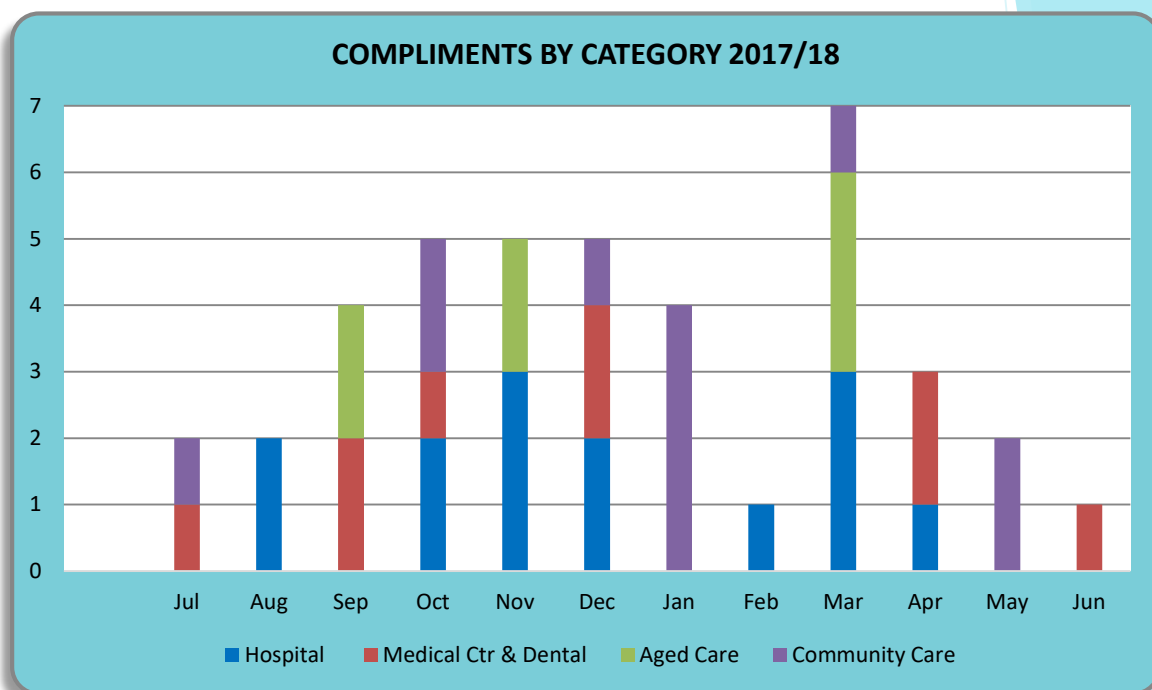
- our Quick Survey forms, available in both Reception areas at ODH;
- the 'blue box' in the Lewington House Lounge, for residents, friends and family who may wish to provide anonymous feedback;
- our Lewington House Residents' Satisfaction Survey and quarterly Residents, Family and Friend's meeting ;
- the annual Victorian Healthcare Experience Survey, in relation to community-based services;
- Our biennial Community Needs Surveys; and
- direct communications by mail, email, phone or in person to our CEO or managers.

**We'd like to
know what you
think...**

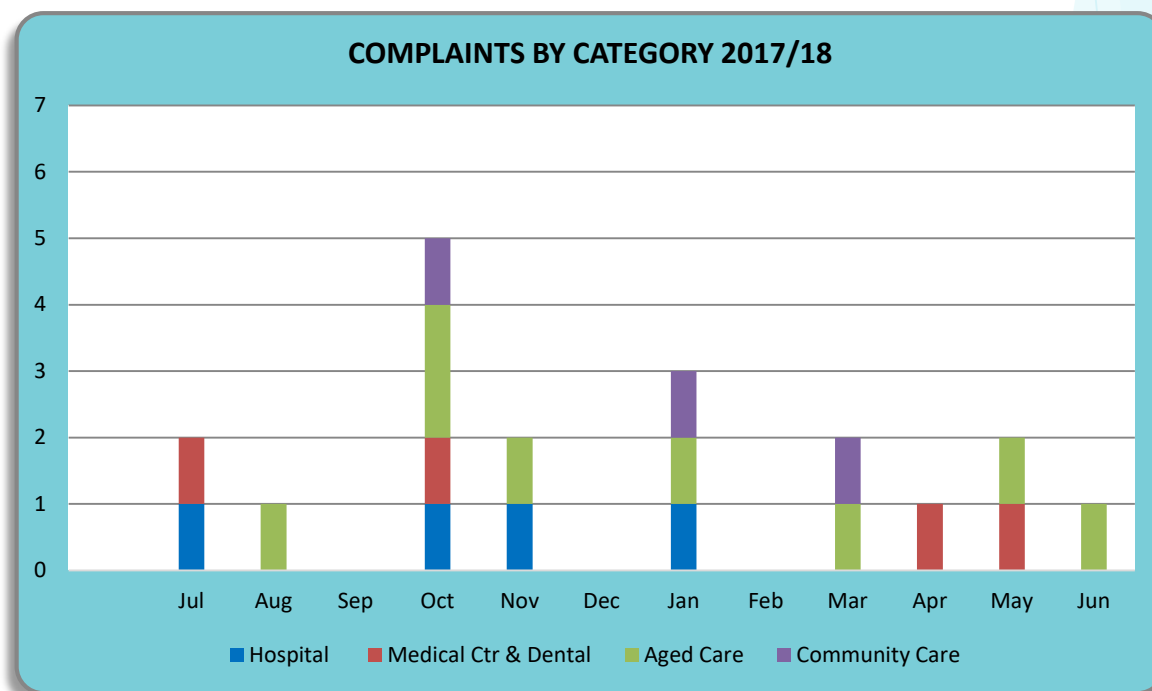


Where we got it right and where we needed to improve

During 2017/18, we received a total of **41 compliments** across all service areas.



During 2017/18, we received a total of **19 complaints** across all service areas. Complaints are investigated and responded to by the relevant line manager and, where necessary, by the CEO.



"Today I attended the Omeo Medical Centre. I want to express my sincere appreciation and gratitude for the friendly, professional and helpful experience. Tracey, Annie and the Doctor in attendance exceeded my expectations and are to be commended for their excellent care and attitude."

"I am not judged for my choice as identifying as an LGBTI client. [...] I am really happy with help I get from ODH."

"The installation of grab rails [by the Community Care Team] has changed my life. Thank you."

marvellous efficient highlights advice
congratulated nurses warming
appreciation expectations
inclusion attitude humour good
efforts explained quickly greeted
commended happy outstanding exceeded
friendly gratitude loved treatment fantastic
personal treasures everyone excellent grateful
success doctors thanks sincere
service exceptional special well welcome
kindness lovely heartfelt thoughtful worthwhile
pleasant staff fast attention treated amazingly pleased
expertise great supportive professional support
everything helpful wonderful
quick encouragement caring
assistance invaluable
experience

"Thanks for all your efforts in keeping the Harvest Exchange going. It is a worthwhile program in our view."

"To all your staff and doctors, we really appreciate how quickly we were seen and the fact they were there to help. You are all to be congratulated on your work and hope you will continue to provide such great service to the community in the future."

"We would like to express our appreciation to the members of the High Country Men's Shed for donating their time and materials for building and delivering four children's picnic tables. We really appreciate your support."

WE CARE about your feedback

YOU SAID:

"Someone I know told me that they received no response to their complaint."

A staff member's manner in answering a phone call was "unprofessional and very rude!"

"High chair in waiting room needs replacing - torn vinyl! GERMS can climb in!!"

WE DID:

We introduced timelines of 5 days for acknowledgement of a complaint and 35 days for a comprehensive response. All complaints are now logged electronically to trigger these new timelines. Compliance is monitored and reported to the Quality & Safety Committee and the Board.

The CEO spoke at our quarterly All Staff Forum and reminded staff of the need to speak courteously on the phone at all times, regardless of what may be happening in the hospital when the call is received. There have been no further complaints in relation to phone manner.

Maintenance staff inspected the chair and found some wear and tear. The chair was replaced immediately. No further complaints were received in relation to the chair.

Tell us about it

We want and value your feedback and encourage you to contact us.

You can:

- ☐ Speak to a staff member
- ☐ Fill in an anonymous Quick Survey Form
- ☐ Ask for a Complaint Form
- ☐ Write a letter or email

Tell us what we did well and what we can do better.

Together we can all improve your health service!



Patient safety culture

We care about our internal patient safety culture, as reported by our staff as well as by patients. Staff responses to questions in the annual People Matter Survey give us a good indication of the strength of our patient safety culture.

Among ODH staff, the average positive agreement with questions around our patient safety culture was **89%**. This is:

- 9 percentage points higher than the target of 80% set out in the ODH Statement of Priorities 2017/18;
- 11 percentage points higher than the average score of comparable health services in 2018; and
- 2 percentage points higher than ODH's 2016/17 result.

This excellent result indicates that ODH staff feel that their commitment to patient safety is well supported by management. It also suggests that our efforts to strengthen our incident reporting culture over the past year has increased staff confidence in our organisation's patient safety culture.

Results from the People Matter Survey 2018 are outlined on the next page, along with a comparison of results for the same questions in 2017. On every measure, ODH has exceeded the target of 80% set under our Statement of Priorities agreed with DHHS for 2017/18.

Staff safety

This year, we have improved workplace safety for our staff by promoting Victoria's Charter of Human Rights and Responsibilities as it applies in the workplace, promoting the Code of Conduct for Victorian Public Sector Employees and improving our incident reporting culture.

To provide further support, we enrolled one third of our staff in a two year Leadership Team Coaching Program run by Safer Care Victoria.

Patient Safety Culture People Matter Survey Results	ODH results 2018	ODH results 2017	Target - ODH Statement of Priorities 2017/18
Percentage of staff with an overall positive response to safety and culture questions	89%	87%	80% <input checked="" type="checkbox"/> EXCEEDED
I would recommend a friend or relative to be treated as a patient here	96%	95%	80% <input checked="" type="checkbox"/> EXCEEDED
I am encouraged by my colleagues to report any patient safety concerns I may have	96%	95%	80% <input checked="" type="checkbox"/> EXCEEDED
Management is driving us to be a safety-centred organisation	92%	92%	80% <input checked="" type="checkbox"/> EXCEEDED
My suggestions about patient safety would be acted upon if I expressed them to my manager	88%	90%	80% <input checked="" type="checkbox"/> EXCEEDED
The culture in my work area makes it easy to learn from the errors of others	88%	79%	80% <input checked="" type="checkbox"/> EXCEEDED
Patient care errors are handled appropriately in my work area	85%	79%	80% <input checked="" type="checkbox"/> EXCEEDED
This health service does a good job of training new and existing staff	83%	85%	80% <input checked="" type="checkbox"/> EXCEEDED
Trainees in my discipline are adequately supervised	81%	74%	80% <input checked="" type="checkbox"/> EXCEEDED

Staff Safety Culture

In 2017 our staff said:

We took action...

...and the result was:

Only 77% of ODH staff agreed with the statement "I understand how the Charter of Human Rights and Responsibilities applies to my work".

We conducted an awareness campaign which included placing the Charter of Human Rights in highly visible places around the organisation.

By 2018 agreement with this statement had risen to **96%**.

This demonstrates that our awareness campaign was effective.

Only 67% of ODH staff agreed with the statement "I am confident that I would be protected from reprisal for reporting improper conduct".

We conducted four training sessions on the importance of incident reporting, what happens to reports and how they are acted upon. We have heavily promoted incident reporting among staff through the year at Staff Forums and committee meetings. As reporting rates began to rise in response to the training sessions, notices were placed in staff areas thanking staff for contributing to strengthening our incident reporting culture.

By 2018, agreement with this statement rose by 25 percentage points to **92%**.

An excellent turnaround.

82% of ODH staff agreed with the statement "People in my workgroup treat each other with respect". This was 11 percentage points higher than the average among comparable organisations, but we wanted this to improve.

In 2017/18 we have worked hard to emphasise respectful behaviour among colleagues. The new core values of Omeo District Health now include *"Empathy - show compassion and understanding for the perspective and experiences of others."*

By 2018, agreement with this statement had risen by 14 percentage points to **96%**.

A great improvement.

Accreditation

Accreditation is the ongoing review of our performance against a range of standards to make sure we are doing our best to keep patients safe, as well as continuously improving our services.

ODH is accredited under the standards, and by the agencies, outlined in the table below.

Accreditation standard	Accreditation agency	ODH status
National Safety and Quality Healthcare Standards (NSQHS)	Australian Council on Healthcare Standards	Accredited to 1 August 2019
Aged Care Standards Residential Aged Care - Lewington House	Australian Aged Care Quality Agency	Accredited to 4 December 2019
Royal Australian College of General Practitioners (RACGP) Standards - Medical Centre	AGPAL	Accredited to 4 May 2021
Community Care Common Standards - Community Health	Australian Aged Care Quality Agency	Accredited to 26 October 2020
Department of Human Services Standards - Disability Services	Department of Health and Human Services	ODH is an approved provider and completes a self-assessment every 18 months. The next self-assessment is due on 9 May 2019.

Accreditation activity in 2017/18

National Safety and Quality Healthcare Standards (Hospital):

1 May 2018: Omeo District Health submitted its Progress Report 2 to the Australian Council on Healthcare Standards. This included updating ODH's response to each of the 10 National Standards and submitting a new 2017/18 Quality Improvement Plan.

Aged Care Standards (Residential Aged Care):

29 May 2018: The Australian Aged Care Quality Agency conducted an unannounced Assessment Contact visit to Omeo District Health.

All Aged Care Standards under assessment were assessed as Met.

Home Care Common Standards (Home Based Services, District Nursing, Allied Health):

25 October 2017: The Australian Aged Care Quality Agency conducted an accreditation audit of Omeo District Health Home Based Services, District Nursing and Allied Health.

ODH received confirmation on 7 December 2017 that all Standards had been assessed as Met.

Department of Human Services Standards (Disability Services):

10 November 2017: Omeo District Health is required to provide DHHS with a self-assessment under these Standards every 18 months. The last Self-Assessment was submitted on 10 November 2017 and feedback from DHHS received 15 December 2017.

The feedback received was very positive, describing our self-assessment as "comprehensive and thorough" and noting that our quality improvement plan "demonstrates a commitment by Omeo District Health to continuous quality improvement".

Accreditation activity in 2017/18 cont.

Royal Australian College of General Practitioners (RACGP) Standards (Medical Centre):

12 February 2018: Australian General Practice Accreditation Limited (AGPAL) conducted an accreditation audit of Omeo District Health's Medical Centre under the RACGP Standards.

ODH received confirmation on 12 March 2018 that all Standards had been assessed as Met.



L to R: Omeo Medical Centre Practice Nurse, Annie Kissane; Quality & Safety Coordinator, Leanne Stedman; Omeo Medical Centre Practice Manager, Tracey Ah Sam; Dr Bernie Moore

Adverse and sentinel events

- An adverse event is an incident that results in harm to a person receiving health care, defined by Safer Care Victoria as an incident with an ISR (Incident Severity Rating) of 1 or 2.
- A sentinel event is an adverse event that results in death or serious harm to a patient.
- There was one adverse event at ODH during 2017/18, being a fracture occasioned by a fall. There were no sentinel events.

Quality and monitoring systems for adverse events

During the 2017/18 year, ODH has made very significant improvements in how all quality and safety incidents are reported and presented to the Quality Committee and the Board.

All incidents are grouped according to their Incident Severity Rating, which indicates whether or not an incident has resulted in harm to a patient or resident.

This allows us to more effectively monitor incidents that may result in harm. It also enable us to measure and track the strength of our incident reporting culture by comparing the number of incidents resulting in harm with those that are reported as 'near misses'.

We have also introduced a new Death Screening Tool. This will enable the Director of Nursing to undertake an initial review of all deaths occurring at ODH. The initial review will determine whether there should be a referral to our Director of Medical Services for further analysis of the circumstances leading to the death. The use and results of the new Death Screening Tool are reported to the Quality & Safety Committee and the Board.

Preventing and controlling healthcare associated infections

One of the easiest ways to prevent the spread of infection in a health care setting is to wash your hands or use hand sanitiser as appropriate.

To make hand hygiene quick and easy, we position hand washing stations and alcohol based hand rubs in prominent places around the hospital and at each point of care.

ODH has an Infection Prevention & Control Registered Nurse who conducts regular audits and makes reports as required by VICNISS and Safer Care Victoria.

Action in relation to infection control is concentrated around the following high priority infection categories:

- Methicillin Resistant Staphylococcus Aureus (MRSA or 'superbug');
- Staphylococcus aureus bacteraemia ('golden staph');
- Vancomycin Resistant Enterococcus (VRE);
- Clostridium difficile infection ('C. diff').

During 2017/18, there was one Clostridium difficile infection at ODH and no healthcare associated infections in any other high priority category.



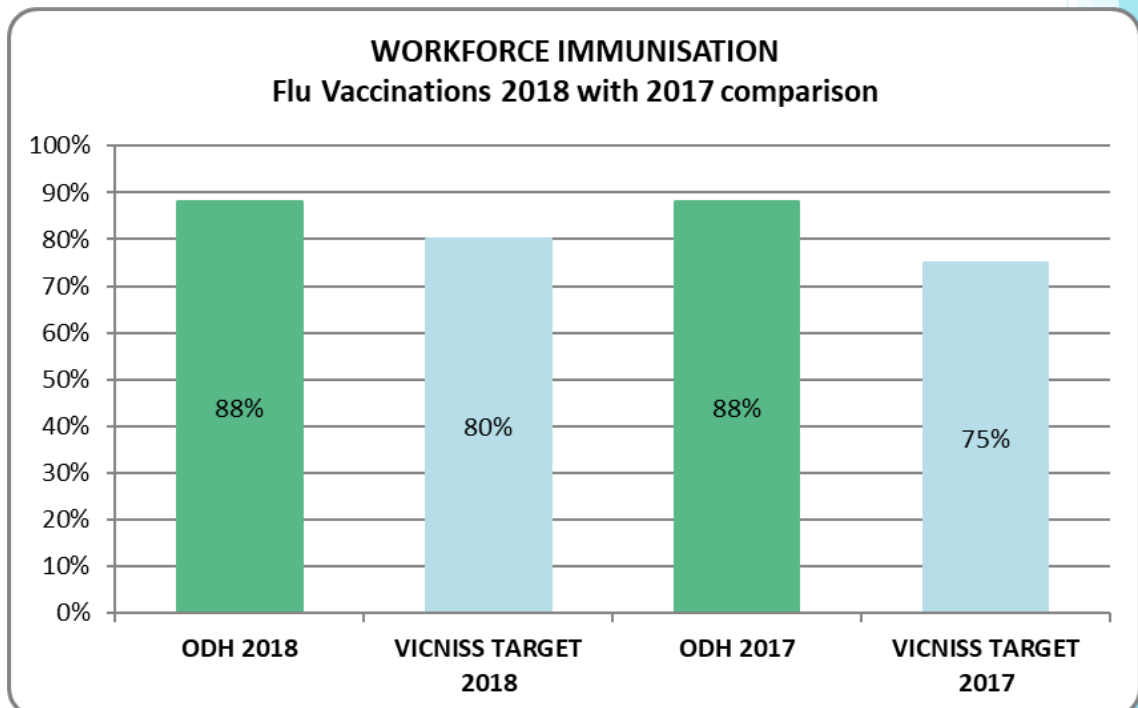
Workforce influenza vaccination

The percentage of ODH staff who receive the flu vaccination has increased dramatically over the past few years, thanks to the efforts of our Infection Control RN, Penny Geyle, and Practice Nurse, Annie Kissane. We encourage all our staff, including our GPs and volunteers, to be vaccinated against flu to help protect our most vulnerable patients and residents.

In 2018, 88% of ODH staff were vaccinated against flu - 8 percentage points higher than the VICNISS target.

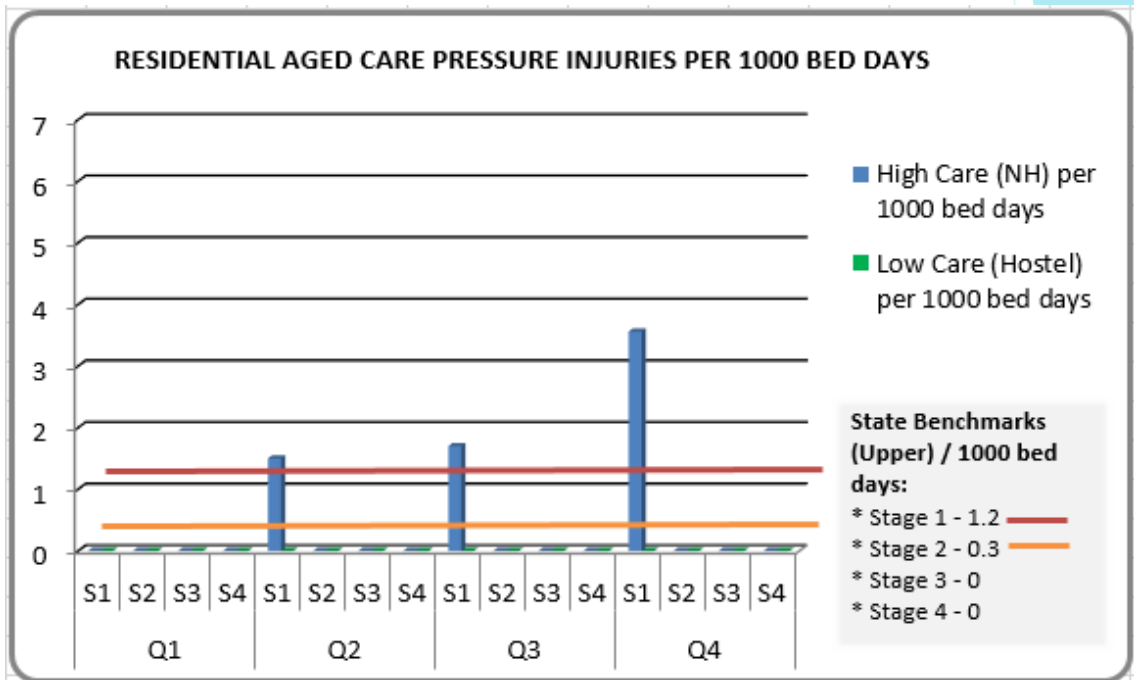
The VICNISS target for 2018 was 80% staff participation in flu vaccination programs. This was five percentage points higher than the 2017 target but ODH has once again exceeded the VICNISS target with a total participation rate of 88%.

Thank you and well done to all our staff for taking action to keep our health care service as safe as possible.



Preventing and managing pressure injuries in Aged Care

Strategies that we use to minimise the risk of pressure injuries include maintaining good hydration and nutrition, implementing a turning schedule, providing pressure reduction support surfaces and encouraging maximum mobility.



Q1: No pressure injuries reported.

Q2: One Stage 1 pressure injury in High Care = 1.5/1000 bed days.

Q3: One Stage 1 pressure injury in High Care = 1.7/1000 bed days.

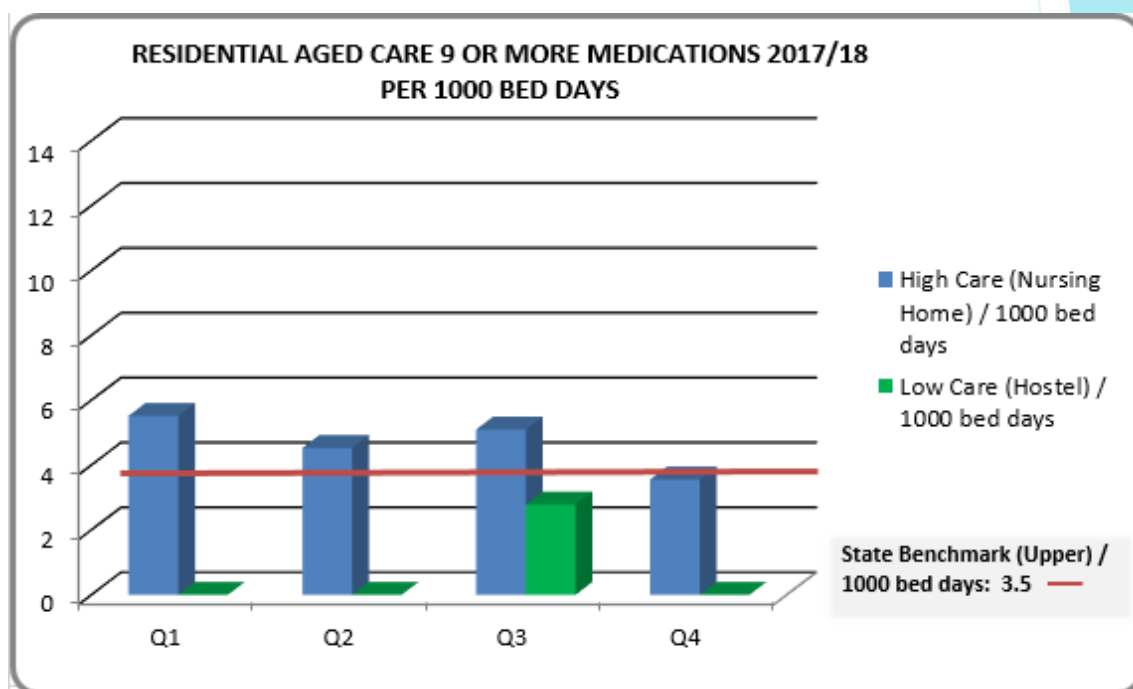
Q4: Two Stage 1 pressure injuries in High Care (same resident) = 3.56/1000 bed days.

The State Benchmark for Stage 1 injuries is 1.2 per 1000 bed days, however due to the low numbers of bed days at ODH for each quarter, a single pressure injury will place us above benchmark for that quarter.

Use of 9 or more medications in Aged Care

The use of a large number of different medications is referred to as “polypharmacy”. Polypharmacy often arises from having several underlying medical conditions and is much more common in elderly patients. Polypharmacy can increase the risk of adverse drug reactions, falls, weight loss and inability to metabolise medicines.

ODH therefore monitors the prevalence of polypharmacy in aged care and conducts regular medication reviews to ensure that all residents are receiving only those medications that are necessary for their health and wellbeing.



Q1: Four instances in High Care = 5.52/1000 bed days.

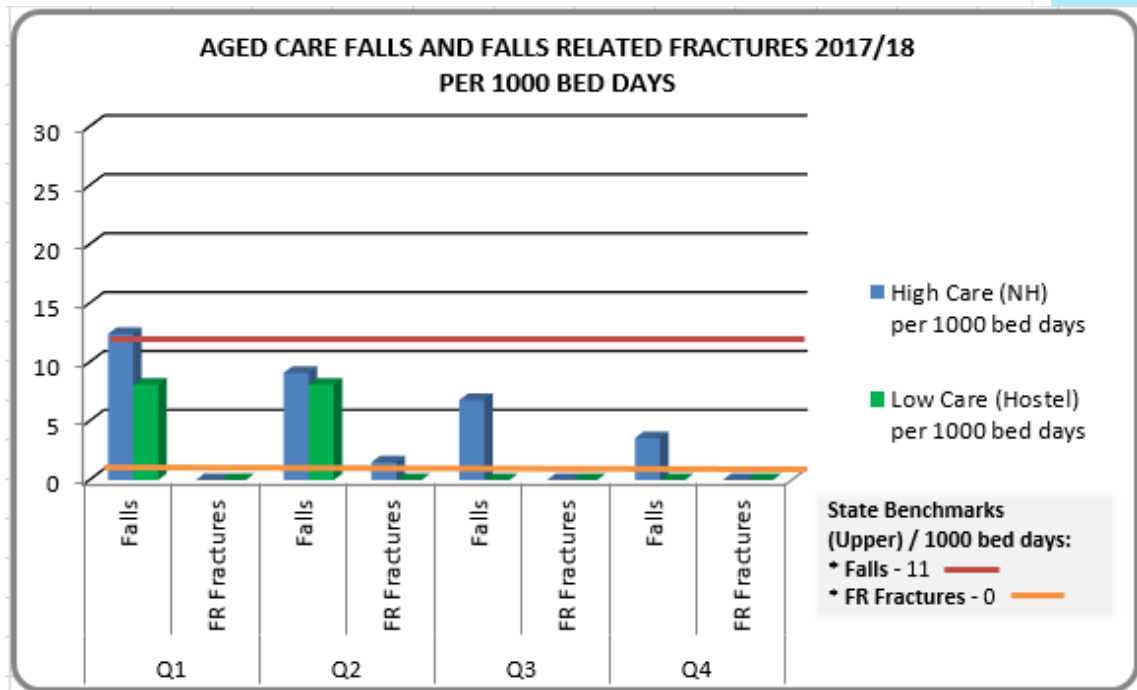
Q2: Three instances in High Care = 4.53/1000 bed days.

Q3: Three instances in High Care = 5.1/1000 bed days, one in Low Care = 2.78/1000 bed days.

Q4: Two instances in High Care = 3.56/1000 bed days.

Falls and falls related fractures in Aged Care

People aged 80 years or more are at the highest risk of falls and related fractures. ODH therefore monitors the rate of falls and related fractures in our aged care service to ensure that the risk of falls is minimised and that all residents are assisted according to their own level of falls risk.



Q1: Nine falls in High Care. (Five by a single resident) = 12.4/1000 bed days.

Q2: Six falls in High Care = 9.1/1000 bed days, three in Low Care = 8.1/1000 bed days. One fall-related fracture in High Care = 1.51/1000 bed days.

Q3: Four falls in High Care = 6.8/1000 bed days.

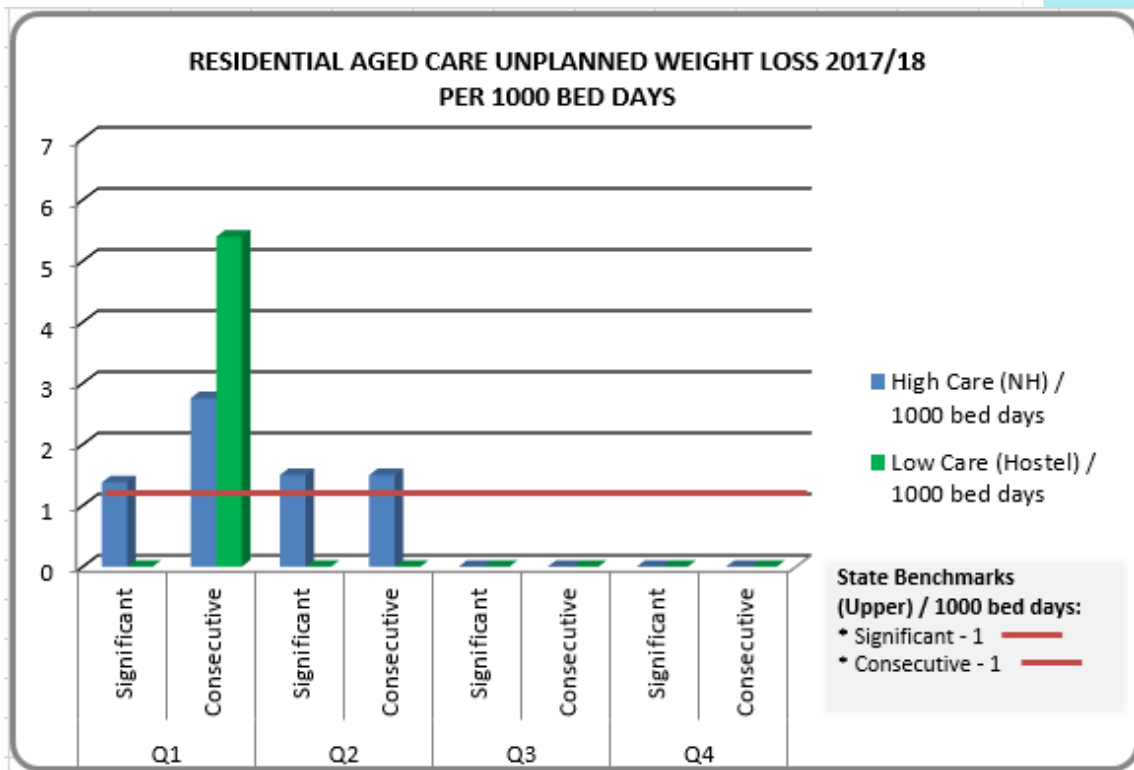
Q4: Two falls in High Care = 3.56/1000 bed days.

Falls minimisation strategies include comprehensive risk assessment using the FARAM tool, mobility aids and sensor mats to alert nursing staff when a person is getting out of bed. We also offer physiotherapy and gentle exercise programs to improve strength, balance and flexibility.

Unplanned weight loss in Aged Care

There are two forms of unplanned weight loss in residential aged care:

- loss of three kilograms or more over a three month period (“**Significant**”); and
- loss of any amount during each of three consecutive months (“**Consecutive**”).



Q1: Significant weight loss - One instance in High Care = 1.38/1000 bed days.

Consecutive weight loss - Two instances in High Care = 2.76/1000 bed days, two in Low Care = 5.4/1000 bed days.

Q2: Significant weight loss - One instance in High Care = 1.5/1000 bed days.

Consecutive weight loss - One instance in High Care = 1.5/1000 bed days.

Q3: No unplanned weight losses.

Q4: No unplanned weight losses.

Unplanned weight loss occurs among older people for a number of reasons, including behaviours linked to dementia and age-related changes such as loss of taste, smell, sight, changes to the digestive system, and swallowing difficulties.

To help us ensure that changes are identified early and appropriate strategies put in place, we:

- weigh each resident monthly, providing the resident consents, and record changes in weight over time;
- record personalised ideal weight ranges for each resident and include these in our database;
- have improved the way we generate reports from the available data, so as to improve their accuracy; and
- have programmed our database so that an alert will be generated if the resident's weight reaches a preset upper or lower limit.

The State Benchmark for unplanned weight loss (either Significant or Consecutive) is 1 per 1000 bed days. however due to the low numbers of bed days at ODH for each quarter, a single instance of unplanned weight loss will place us above benchmark for that quarter.

Use of physical restraints in Aged Care

A restraint is any practice, device or action that interferes with a resident's ability to make a decision or which restricts their free movement. Examples are lap belts, bed rails to prevent residents falling out of bed or chairs that are difficult to get out of.

It is ODH policy to avoid the use of physical restraints as far as possible. Instead, where necessary, ODH offers the use of specialised equipment such as low-low beds and alarm mats to effectively manage residents' needs. There were no instances of physical restraints being used in Aged Care.

Patient and family escalation of care

ODH has a Patient and Family Escalation of Care Policy and there is signage around the hospital explaining this policy for patients, residents, carers, family and friends.

Patients, residents and those who care for them have the right to escalate care and we encourages them to do so if they notice any worrying changes.

Signage clearly sets out the process the patient or carer may follow in order to escalate care and reiterates that ODH values patient and family input into care.

The ODH Patient and Family Escalation of Care Policy also guides ODH staff in responding to escalation action by patient, resident or carer.

Patients and Residents:

Are you worried about a recent change in your condition?

Visitors:

Are you worried about a recent change in your loved one's condition?

Have you spoken to a nurse or doctor about this worrying change? Have your concerns been followed up?

If you are still concerned:

- 1. Use the patient's call button OR
phone 90169 from any bedside phone OR
phone 90169 from the Nurses' Station OR
phone 5159 0169 from your mobile.**
- 2. Ask to speak to the Nurse in Charge.**
- 3. Request a Clinical Review immediately.**

We believe that you know yourself or your loved one best. Please speak to us if you are worried. Together we make a great team.




Omeo District Health

Continuity of Care

Advance Care Directives

With recent legislative changes, the type of document that was previously called an Advance Care Plan is now called an Advance Care Directive. An Advance Care Directive is a formal document prescribed by Victorian law from 12 March 2018.

An Advance Care Directive is a way of recording and communicating your values and wishes about your future health care. Having an Advance Care Directive in place can assist families and health professionals to know that they are making medical decisions in accordance with your wishes and lessen the burden of decision making for families.

Upon admission at ODH we encourage all patients and residents to provide a current Medical Power of Attorney and complete an Advance Care Directive.

We place particular emphasis on Advance Care Directives for those of our patients and residents who are over 75 years of age. Currently, 100% of our Aged Care residents over 75 years of age have an Advanced Care Directive in place.

Of the acute patients admitted during 2017/18, 57% either had an Advance Care Directive in place or had been transferred from another hospital with that hospital's 'limitation of medical treatment form' in place.

Admission documentation for all acute patients includes a specific checkbox to enable opportunities for Advance Care Directives to be immediately identified.

End of life care

Dying is something we all face. It is part of life and a normal human experience. The quality of health care that people receive in the last years, months and weeks of their lives can help to minimise the distress and grief associated with death and dying for the individual, their family, friends and carers.

The “*National Consensus Statement: essential elements for safe and high-quality end-of-life care*” (the Consensus Statement) describes some essential elements for delivering safe and high quality end of life care.

ODH subscribes to, and implements, the Consensus Statement by taking a holistic approach to end of life care, including support of families and carers, and care of the patient’s body after their death.

ODH is an active member of the Gippsland Regional Palliative Care Consortium (GRPCC), an alliance of 14 member agencies across Gippsland that provide inpatient and/or community palliative care. Along with other members of GRPCC, we are committed to ensuring that patients and residents with life-threatening illnesses receive high quality, coordinated care and support that is responsive to their individual needs and supportive of their carers and families.

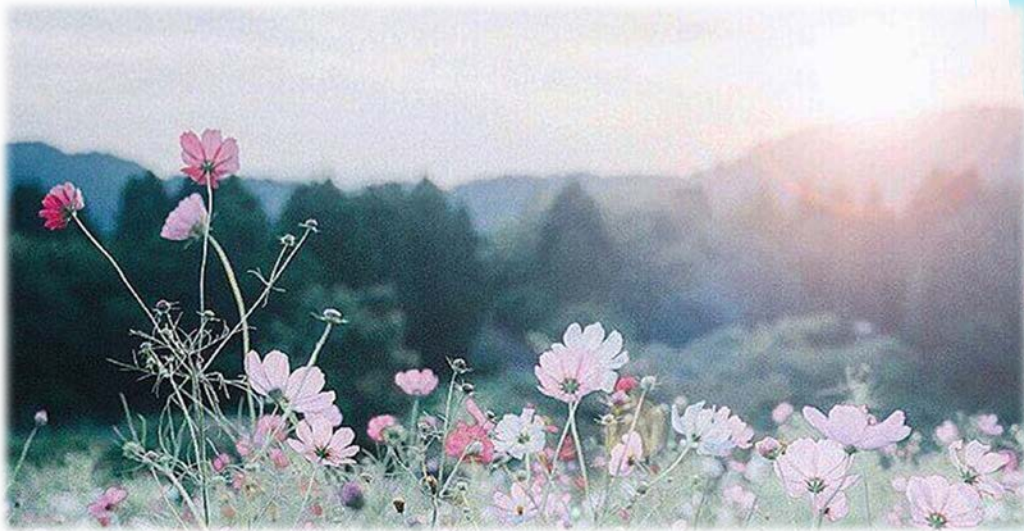
We have two palliative care nurses who are tasked with leading palliative care at ODH. Both have attended education sessions during 2017/18 to maintain their skills.

We take specific action to implement the five priorities in “*Victoria’s end of life and palliative care framework: A guide for high-quality end of life care for all Victorians.*”

One of those priorities is person centred care. At ODH, palliative care is individualised and we support, and where possible assist in fulfilling, our patients’ final wishes.

We provide palliative care patients with resources to support informed decision making. Advance care plans are completed in consultation with patients, their families and their doctor, enabling any concerns to be raised and appropriate information provided.

Families and carers are also fully supported and valued. We maintain a quiet reflection room next to our palliative care room for use by families and carers. The room also contains resources to assist families and carers in dealing with grief and loss and explain the palliative care and dying process.



How to access this Quality Account

You can access this Quality Account:

electronically via the ODH website - www.odh.net.au

or

in hard copy at:

- Omeo District Health, 12 Easton Street, Omeo;
- Benambra Neighbourhood House;
- East Gippsland Shire Council Office, Day Street, Omeo
- Swifts Creek Community Centre
- Swifts Creek Bush Nursing Centre;
- Ensay Bush Nursing Centre.

Quality Account Survey

We'd like to know what you think

Please help us by completing the survey below, removing this page and returning it to:

Omeo District Health
PO Box 42 OMEO 3898
Fax: 03 5159 0194

Where did you access this Quality Account?

- ☐ At ODH ☐ At a Community Centre/Neighbourhood House ☐ Online
☐ Somewhere else _____

What did you like most about this Quality Account? _____



What did you like least about this Quality Account? _____

Do you think this Quality Account is...

- ☐ Easy to understand? ☐ Difficult to understand? ☐ Somewhere in the middle?

Any other comments? _____

Thank you. Your answers will help us improve our Quality Account format.