



# Quality Account 2016/17

**Omeo District  
Health**

## Our values

**Integrity**

**Accountability**

**Leadership**

**Respect**

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# Welcome

The last year has seen significant change and improvement in the clinical governance and oversight of health care services across Victoria and those provided at ODH.

Governmental policy change underpinned by the Duckett Review, *Targeting Zero: Supporting the Victorian hospital system to eliminate avoidable harm and strengthen quality of care*, has been instrumental in the development of collaborative clinical governance arrangements among healthcare services.

ODH has established stronger ties with our neighbouring health services in the development of area-based health services planning and clinical governance arrangements.

A collaborative agreement between ODH and Bairnsdale Regional Health service has strengthened our credentialing and quality improvement activities and culminated in the appointment of a new Director of Medical Services.

We have also been actively developing a new suite of clinical indicators to form the foundation of a new clinical governance framework.

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.

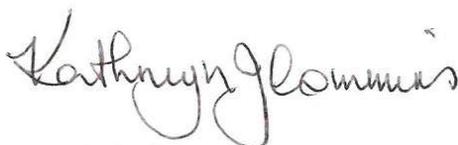
We achieve this through working with consumers, staff, patients and their families as well as keeping up with community feedback to enhance patient satisfaction, improve clinical outcomes, and engage consumers to be part of creating excellence at ODH. A key initiative has been the redesign of our Community Advisory Committee to ensure our strategic direction and service planning is informed by community need.

By improving health literacy within the community we hope that increased understanding can help our health care consumers, carers and the wider community to participate more actively in their own care and in improving the health service system.

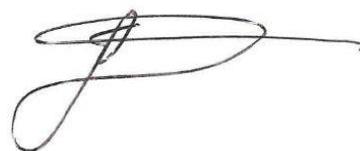
We would like to take this opportunity to thank our Board of Management, members of our Committees, staff, patients, volunteers, consumers and their families for their ongoing commitment to providing outstanding health care for our community. We are pleased to present to you the 2017 Omeo District Health Quality Account.



*Alison Burston*  
Chair, Board of  
Management



*Kate Commins*  
Chair, Quality & Safety  
Committee



*Ward Steet*  
Chief Executive Officer

## Our mission

To promote and enhance the health and wellbeing of the people of Omeo and district.

## Our organisation

Omeo District Health (ODH) offers a broad suite of healthcare services to support the communities of the Omeo and District region. Our mission remains as relevant today as when it was first coined.

ODH continually reviews the current and emerging healthcare needs of the communities we serve and strives for continuous improvement in the quality and safety of our services while keeping a focus on access and responsiveness.

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, a public dental service and primary care services delivered from the Omeo Medical Centre, as well as a comprehensive range of community and home-based allied health and support services.

The ODH Board of Directors and management will continue to strive to maintain and expand the range of services available while continuing to meet all the organisation's legislative compliance obligations in a financially sustainable manner.

## Our services

<p><b>Acute Care</b> 4 Acute beds for general medical care Urgent Care Centre</p>	<p><b>Sub-Acute Care</b> Rehabilitation Transitional Care Program</p>
<p><b>Residential Aged Care</b> 10 High Level &amp; 4 Low Level Care Beds Diversional Therapy Respite Care Virtual Visiting program for Residents Gentle exercise program for Residents</p>	<p><b>Visiting Services</b> Maternal &amp; Child Health Continence Service Wound Consultant Cardiologist</p>
<p><b>District Nursing Services</b> Home Visiting Post Discharge Support</p>	<p><b>Allied Health &amp; Community Services</b> Chronic Disease Management Diabetes Education Dietetics Podiatry &amp; Foot Care Occupational Therapy Physiotherapy Speech Pathology Community Transport Volunteer Program Counselling / Social Work Health Promotion &amp; Education Youth Program Allied Health Assistant Community Gym &amp; Exercise Classes Equipment Loan</p>
<p><b>Home Based Services</b> Domestic Assistance &amp; Home Maintenance Home Respite Meals on Wheels Personal Care Social Support Group</p>	
<p><b>Medical Services</b> General Practitioner Services Practice Nurse Support</p>	
<p><b>Dental Services</b> Public Dental Services</p>	
<p><b>Use of the Facilities</b> Community Group Meetings Optometry Services In-venue Family Day Care</p>	<p><b>Supporting Portfolios</b> Administration Environmental &amp; Food Services Infection Control Maintenance &amp; Gardens Occupational Health &amp; Safety Pathology Quality &amp; Safety Education &amp; Training</p>
<p><b>Ancillary Services</b> Radiology Pathology</p>	

# Quality and Safety Committee

The ODH Quality and Safety Committee is a sub-committee of the Board of Management.

The Committee oversees the quality and safety of health services at ODH to provide the Board with assurance that effective monitoring and improvement systems are in place and that any problems are quickly identified and addressed.

The Quality and Safety Committee meets 11 times per year to review information under a broad range of indicators. A summary report is then provided to the Board of Management by the Committee Chair, Kate Commins.



**Committee members L to R:** Darren Fitzpatrick (Director of Nursing), Simon Lawlor (Board Director), Ward Steet (CEO), Penny Barry (Board Director), Kate Commins (Committee Chair, Board Director), Leanne Stedman (Quality & Safety Coordinator), Dr Kaushik Banerjea (Director of Medical Services), Kelly Greenland (Executive Assistant). **Not pictured:** Liza Newby (Board Delegate), Ormond Pearson (Board Delegate), Marijs Last (Community Care Manager), Penny Geyle (Infection Prevention & Control Registered Nurse)

## Statewide plans and statutory requirements

Recognising and responding to family violence

Child Safe Standards

Cultural diversity & language services

## Recognising and responding to family violence

ODH is taking action in line with the Statewide plan *Ending Family Violence: Victoria's plan for change*.

During 2016/17 we actively participated in:

- the Outer Gippsland Family Violence Network, currently working to establish Family Violence Response Hubs.
- training for health service providers in responding to family violence.
- the High Country Early Years Action Group, currently creating a collaborative approach to family violence among its members.

We use the *Strengthening Hospital Responses to Family Violence Toolkit* to ensure consistency of staff response to family violence. Given our ageing population, elder abuse has been a particular focus.

Our Social Worker has attended Seniors' Rights training and can access Seniors' Rights services on behalf of clients. Recognising and responding to elder abuse is part of our mandatory staff training program.

Our 2017/18 Statement of Priorities includes a commitment to work toward achieving White Ribbon Accreditation to promote respectful relationships and gender equality.



**ODH Social Worker, Leslie Edwards, says people are becoming more willing to seek help to deal with family violence.**

## Child safe standards

ODH welcomes the Child Safe Standards introduced by the Victorian Government, as well as the Victorian Reportable Conduct Scheme, which began on 1 July 2017.

We require all staff in relevant roles to have a current Working With Children check and Police check and we use referee checks as part of our recruitment process.

We are currently reviewing and updating all of our child safety policies and procedures to incorporate new and revised legislative developments and to demonstrate the implementation of all seven Child Safe Standards.

## Cultural diversity and language services

ODH values the diversity of our local population. We have a Diversity Action Plan in place under which we identify areas for improvement and set priorities for action each year based on demographic data.

During 2016/17, ODH also completed a Cultural Competence Audit and has chosen to focus on maximising access to services for Aboriginal people, people who identify as LGBTQI, people with dementia and people living in remote areas.

We also 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.

# Consumer, carer and community participation

**Community  
Advisory  
Committee**

**Health  
Promotion**

**Lewington House Residents',  
Family & Friends Meetings**

**Accredited interpreters**

**Disability  
Action Plan**

**Improving patient experience**

ODH actively contributes to building the capacity of consumers, carers and community members to participate fully and effectively in their healthcare. We facilitate specific groups and forums for direct input into our services, as well as community health promotion activities that enable people to take an active role in managing their own health.

## ODH Community Advisory Committee

The Community Advisory Committee (CAC) is now a Board sub-committee and Board members attend CAC meetings to receive direct input from its community membership. The CAC has had direct input into the presentation of this Quality Account which, as a result, 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 more personal approach, with more stories and pictures;
- plain, jargon-free language to promote health literacy.

## Lewington House Residents' Family and Friends Meetings

Our quarterly Residents' Family and Friends Meetings provide another opportunity for direct input into our health care practices. These meetings are well attended and are a friendly and welcoming forum for any concerns or ideas to be shared and discussed.

## Health Promotion - a whole of community activity!

### Omeo Region Harvest Exchange

- 13 Harvest Exchanges and one Recipe Exchange were held during the 2016/17 season, with a huge variety of home grown produce exchanged.
- A Harvest Exchange promotion held at the 2016 Omeo Show saw more than 60 new participants sign up to our mailing list.
- The Harvest Exchange program continues to grow, with 16 events planned for 2017/18 season, at Ensay, Swifts Creek, Omeo and Benambra.

### High Country Men's Shed

- The High Country Men's Shed has 24 active members, with a current age range of 47 to 83. This year, the membership process has been simplified and the annual fee reduced from \$10 to \$5.
- Monthly activities include BBQs, fishing and golf days. Members complete 2 to 3 community projects and around 6 member projects per month.
- During 2016/17, members raised \$500 for the Ensay Bush Nursing Centre.

### ODH Community Gym

- A third ODH Community Gym site opened at Benambra on 7 March, bringing the total number of Community Gym sites to three.
- During 2016/17, the number of regular gym members increased from 33 to 52. 113 people participated in gym programs and classes.



Over 200 people have participated across 14 Harvest Exchange events.

## Omeo Region Harvest Exchange



Community members exchanged over 80 varieties of produce.

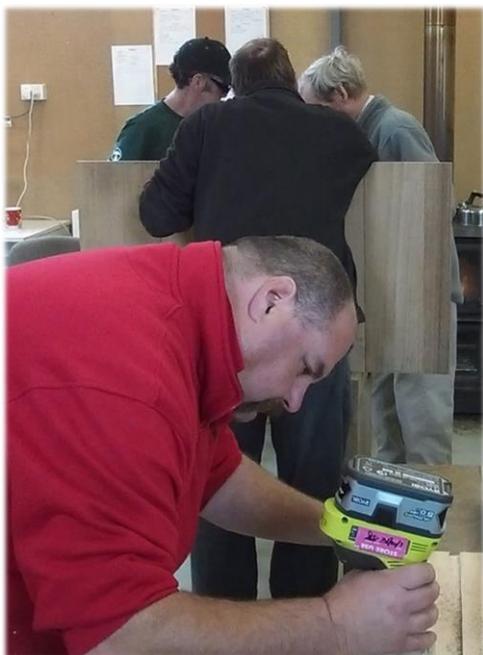


Supporting and fundraising for community projects

## High Country Men's Shed



Fishing, golf and BBQ days



“Shoulder to shoulder”

# ODH Community Gym



**Circuit training and classes at Swifts Creek**



**Gentle exercise classes at Omeo**



**Benambra Gym opening day with ODH Board Chair Alison Burston (Centre)**

## ODH Disability Action Plan

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

During 2016/17 we took action in four main priority areas:

### 1. ODH's transition to the National Disability Insurance Scheme (NDIS).

- ODH has engaged a Project Worker to complete tasks required for the transition;
- the Community Care Manager has attended forums to keep abreast of developments ahead of the transition;
- client data refresh processes have been carried out in accordance with the DHHS timeframe. This process will continue until July 2018.

### 2. Provision of appropriate, holistic care, including facilitated pathways through care and preventing discrimination and abuse of patients with a disability:

- the Victorian Health Experience Survey conducted in January 2017 demonstrated high client satisfaction with access to ODH home care and disability services;
- ODH's High Country Men's Shed Coordinator attended training on the impact of Acquired Brain Injury in September 2016;
- service provision care plans for all home care clients have been reviewed in consultation with clients;

- the transition to My Aged Care has resulted in home based services clients aged over 65 now accessing services through the My Aged Care platform;
  - all ODH staff can access ODH's Anti-Discrimination Policy on our online policy platform, PROMPT.
- 3. Accessing the physical environment and the provision of specific equipment:**
- the accessibility of services for disabled consumers was reviewed by the Community Care Manager along with ODH maintenance staff.
- 4. Promoting and actively supporting employment for people with a disability:**
- there has been a focus on early intervention for staff who are unable to fulfil all the requirements of their role due to a temporary or permanent disability. Two staff members were supported into full return to ongoing work during 2016/17.

## 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.

## Improving patient experience

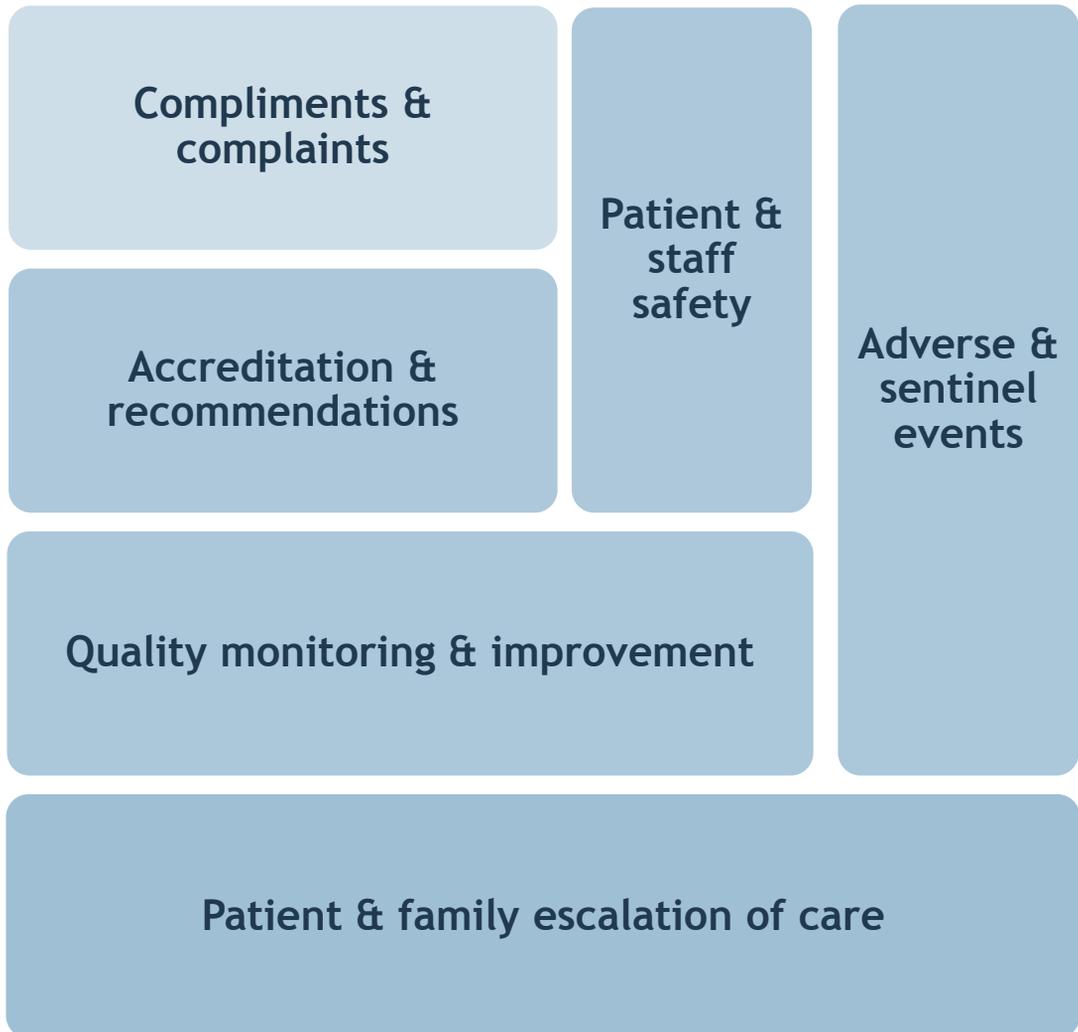
As a small rural health service with relatively few acute patients, ODH does not receive Victorian Health Experience Survey results. However, during 2016/17 we took action to improve our patients' experience by:

- reviewing and updating our patient information booklet;
- providing the information booklet to all acute patients upon admission;
- developing and implementing a new patient and family escalation of care policy; and
- recognising staff who are specifically mentioned in patient feedback as having provided excellent care.



Some of our dedicated nursing staff, L to R:  
Sarah Anderson, Marg Worcester and Tania Crisp

# Quality and Safety



## Compliments and complaints

We welcome all feedback from patients, clients, residents, family members, friends, staff and community members. We receive 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; and
- direct communications by mail, email, phone or in person to our CEO or managers.

During 2016/17, ODH received 63 items of direct consumer feedback, including:

- 62 compliments, including feedback from Quick Surveys.
- 1 complaint. This complaint was investigated by the relevant line manager and the matter explained to the client's satisfaction.

Formal complaints are registered, investigated and responded to by the relevant line manager and, where necessary, by the CEO. A summary of all feedback is compiled each month for reporting to the ODH Quality Committee and to the Board. We have recently put in place a more robust and transparent recording and reporting process for complaints and this may result in a greater number of complaints being recorded and reported during 2017/18.



## Patient safety culture

We recognise that our staff are important patient safety advocates. We take particular notice of how our staff view our organisational culture in relation to patient safety.

The following table outlines results from the People Matters survey completed in May 2017 by ODH staff, in relation to our patient safety culture. It includes comparison of ODH figures from 2016 and comparison to the Victorian State average.

The 2017 results demonstrate a very significant improvement at ODH across all patient safety areas compared to 2016, and show that ODH sits well above the State average in all areas.

While these results are very positive, we are taking further steps to strengthen our patient safety and reporting culture.

All staff will be required to attend training on patient safety and incident reporting during 2017/18 and the first of four planned mandatory training sessions has already taken place.



**All ODH staff undertake regular training and updates in Basic Life Support. A high tech simulation mannequin (above) is used to provide realistic scenarios.**

<b>Patient Safety Culture People Matter Survey Results</b>	<b>ODH results 2017</b>	<b>Change from ODH results 2016</b>	<b>ODH compared to Victorian State average</b>
Patient care errors are handled appropriately in my work area	79%	+3%	+3%
This health service does a good job of training new and existing staff	85%	+9%	+19%
I am encouraged by my colleagues to report any patient safety concerns I may have	95%	+11%	+11%
The culture in my work area makes it easy to learn from the errors of others	79%	+3%	+9%
Trainees in my discipline are adequately supervised	74%	-10%	+9%
My suggestions about patient safety would be acted upon if I expressed them to my manager	90%	+6%	+12%
Management is driving us to be a safety-centred organisation	92%	+4%	+14%
I would recommend a friend or relative to be treated as a patient here	95%	+11%	+16%
<b>Average Positive Agreement % over all Patient Safety Measures</b>	86%	+5%	+12%

## Staff engagement and safety

Every year ODH asks its staff to complete the People Matter Survey run by the Victorian Public Sector Commission. Our people are our most important asset and we strive to ensure that staff are engaged, motivated and satisfied with their work.

We would like to thank all our staff for such a great response rate.

The results of the survey were very positive, with ODH outperforming both its peer group and the State average in the majority of domains.

**ODH recorded marked improvement in over 95% of areas covered in the People Matter Survey, compared to 2016 results.**

**63% of ODH staff completed the 2017 People Matter Survey - much higher than the State average of 38%.**

This year, we have changed staff parking arrangements to increase staff safety, particularly for evening staff. We have also put new security codes in place to minimise the risk of harm to staff from occupational violence.

ODH continues to take a zero-tolerance approach to workplace bullying and harassment. Our policies on workplace bullying and harassment are reviewed in accordance with our policy review schedule and any incidents are proactively managed. There were no incidents of bullying or harassment reported during 2016/17.

## 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 2018
Community Care Common Standards - Community Health	Australian Aged Care Quality Agency	Accredited to 26 October 2017
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 9 November 2017

## Accreditation - recommendations and actions

Following our most recent survey under the National Safety & Quality Healthcare Standards, we submitted a Progress Report on 2 May 2017 outlining action taken in response to the six recommendations that came out of the survey.

In response to those recommendations, we have:

- expanded our mandatory staff training program to include training in open disclosure and management of adverse events for all clinical staff;
- reviewed the orientation manuals for both the medical centre and dental practices to ensure compliance with training requirements in open disclosure and aseptic technique;
- amended our admission and discharge forms to include clear reference to whether an Advance Care Directive is in place;
- continued to work with Hand Hygiene Australia and VICNISS to improve our hand hygiene audit program;
- introduced a program of unannounced emergency scenario training for staff;
- introduced a new policy to enable patients, residents and visitors to trigger an escalation of care and new signage to support the policy.

## Adverse and sentinel events

- An adverse event is an incident that results in harm to a person receiving health care.
- A sentinel event is an adverse event that results in death or serious harm to a patient.
- There were two adverse events at ODH during 2016/17, both involving falls. There were no sentinel events.

## Quality and monitoring systems for adverse events

During the 2016/17 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 now 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.

## 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.

ODH Maintenance staff also have a role to play in maintaining a healthy hospital environment by maintaining water quality and air quality systems.



**ODH Maintenance staff Steve Disney and Darryl Shepherd inspect the heating system with a HydroChem supplier.**

There were no healthcare associated infections at ODH during 2016-2017 in any of the following priority categories:

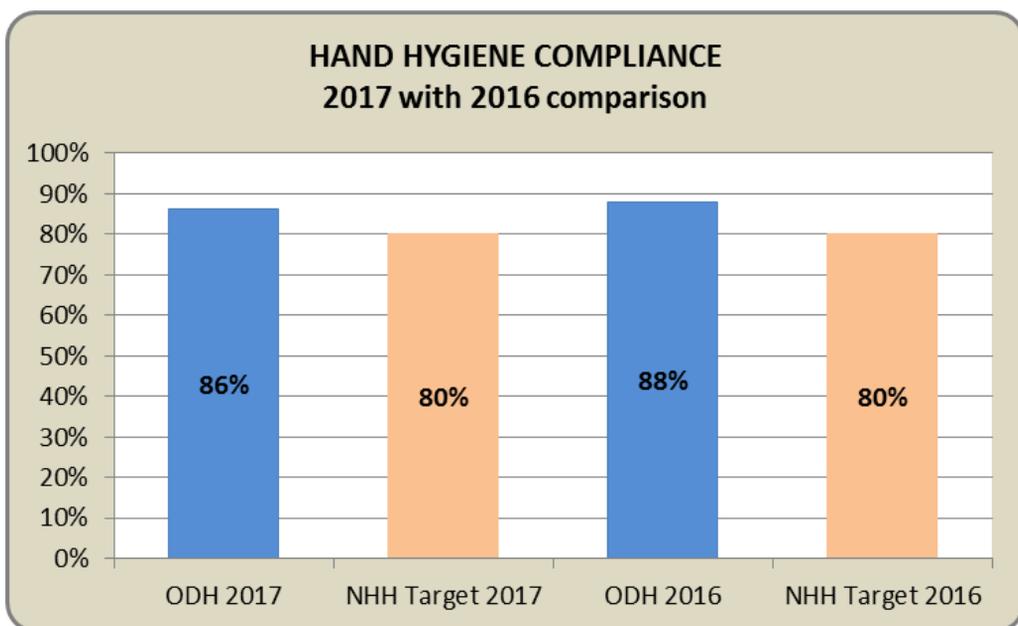
- Methicillin resistant *Staphylococcus aureus* (MRSA or 'superbug');
- *Staphylococcus aureus* Bacteraemia ('golden staph');
- Vancomycin Resistant *Enterococcus* (VRE);
- *Clostridium difficile* Infection ('gastro').

## Hand hygiene compliance

ODH participates in the National Hand Hygiene Initiative by reporting our hand hygiene compliance through Hand Hygiene Australia. The National Hand Hygiene Initiative is implemented by the Australian Commission on Safety and Quality in Health Care.

ODH's hand hygiene practices are audited by our Infection Prevention & Control Registered Nurse.

We are proud to report that during 2016/17, compliance at ODH has again scored consistently above the national benchmark with an overall average of 86.2%. The current National Hand Hygiene Target is 80%.



## Workforce influenza vaccination

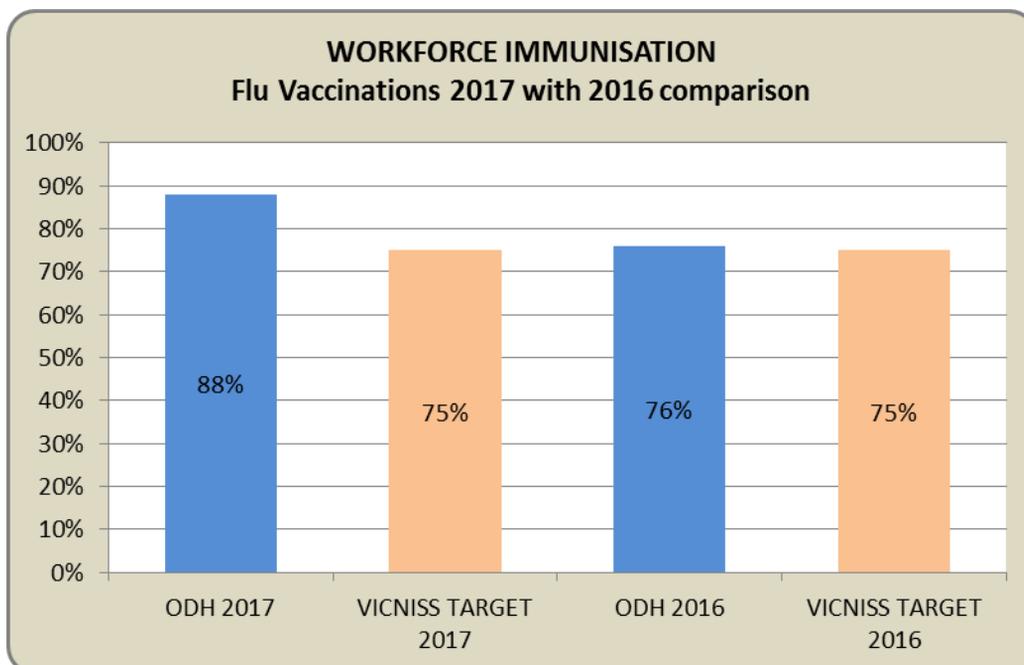
For a patient or resident who already has a medical condition or weakened immune system, complications from the flu can be severe, even life threatening.

It is possible to be infected with the flu without getting sick, so every year we encourage all our staff to be vaccinated against flu to help prevent its spread and protect our most vulnerable patients and residents.

**In 2017, 88% of ODH staff were vaccinated against flu - 13 percentage points higher than the VICNISS target.**

The VICNISS target for 2017 was 75% staff participation in flu vaccination programs. ODH exceeded this target by 13 percentage points, achieving a total participation rate of 88%. This is also much higher than our 2016 figure of 76%.

Well done to all our staff for working to keep our health care service flu free.



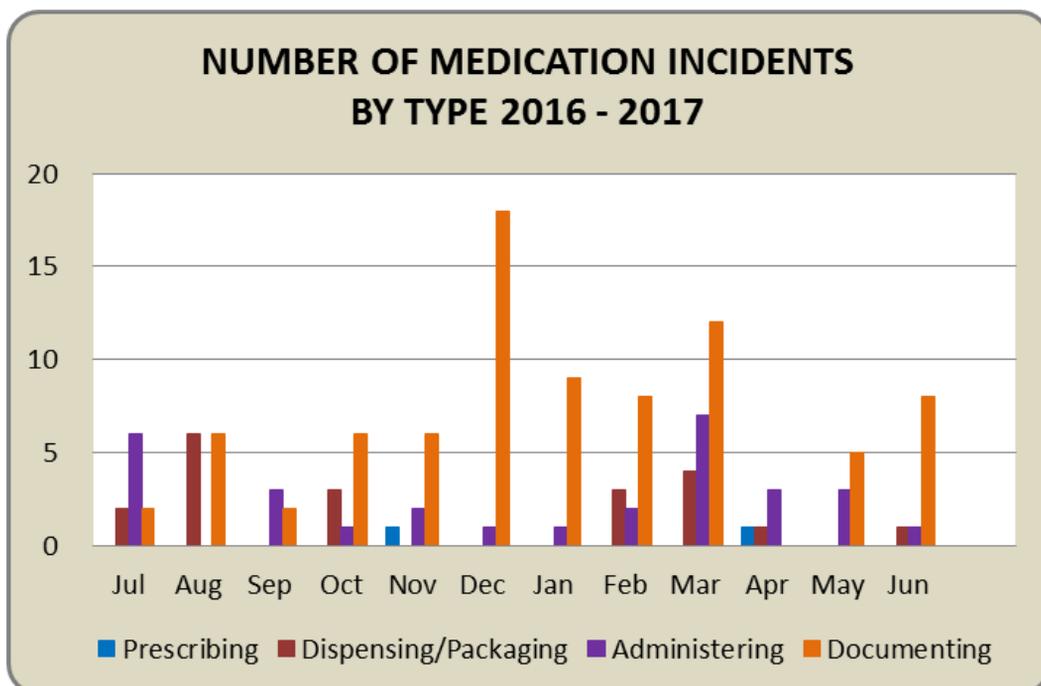
## Medication safety

ODH is committed to safe and effective medication usage. All medication incidents are entered onto our Health Service incident reporting system “Riskman” to ensure appropriate follow up.

The number of medication incidents relating to documentation is being reported on for the first time this year. The number of documentation errors is mostly due to increased monitoring of medication charts in aged care and an increased focus on identifying missed signatures on drug charts.

The unusual spike in documentation errors in December 2016 was investigated and the causes addressed by putting new procedures in place. Documentation errors have since decreased dramatically.

There were no medication incidents that caused harm to patients.



## Falls prevention in acute care (including palliative care)

Patients are at increased risk of falls in health care settings, due to being unwell and not moving as much as they would when well and in the community.

During the 2016/17 year, there were 3 reported falls and no falls related fractures in acute care.

Staff at ODH help patients minimise their risk of falls by:

- helping patients to settle in, keeping their surroundings safe, and providing each patient with falls prevention information upon admission
- conducting a falls risk assessment upon admission and a further assessment whenever a patient's condition changes.
- developing and implementing a falls prevention care plan in consultation with the patient
- organising visits by occupational therapists or physiotherapists to assist patients to move safely.

Staff are also trained in safe manual handling techniques to minimise the risk of falls as patients are being moved.

## Preventing pressure injuries in acute care

A pressure injury is an area of skin that has been damaged due to prolonged pressure, friction or a combination of these factors. Pressure injuries can occur in health care settings due to lack of mobility, nutritional status, changes in skin and tissue structure and lowered immune system.

During the 2016/17 year, there were no pressure injuries in acute care.

ODH has a Skin Integrity Management Policy which promotes a range of strategies to help minimise the risk of pressure injuries among patients and residents.

In accordance with this policy, ODH staff conduct a comprehensive assessment of pressure injury risk as soon as possible after admission. Where risk is identified, an appropriate management plan is put in place including skin protection, oral nutrition, support surfaces, and positioning factors.

Information on how to reduce the risk of pressure injuries is provided to patients in an information booklet.

Training in preventing and caring for pressure injuries forms part of our mandatory training schedule for all ODH nursing staff.

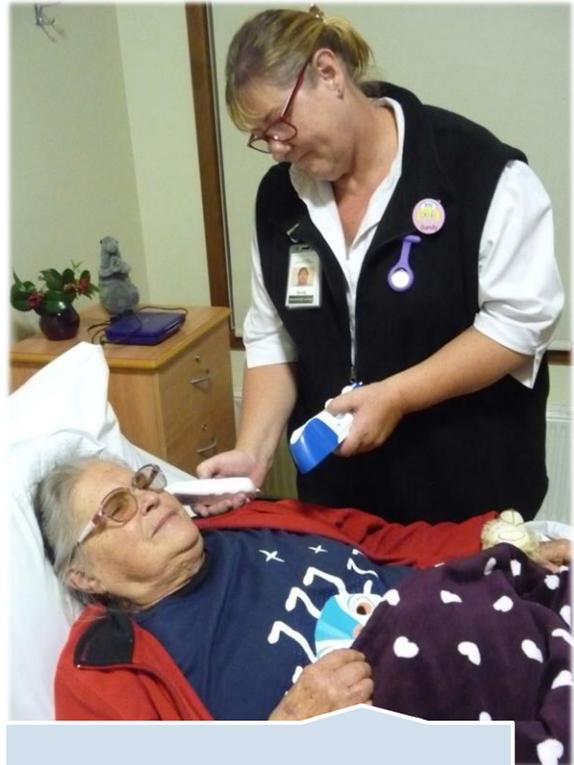
## Escalation of care processes

ODH has introduced a new Patient and Family Escalation of Care Policy and has improved existing signage for patients.

The new signage more clearly informs patients and family of their rights to escalate care and encourages them to do so if they notice any worrying changes in condition. It also more clearly sets out the process the patient or client should follow in order to escalate care and reiterates that ODH values patient and family input into care.

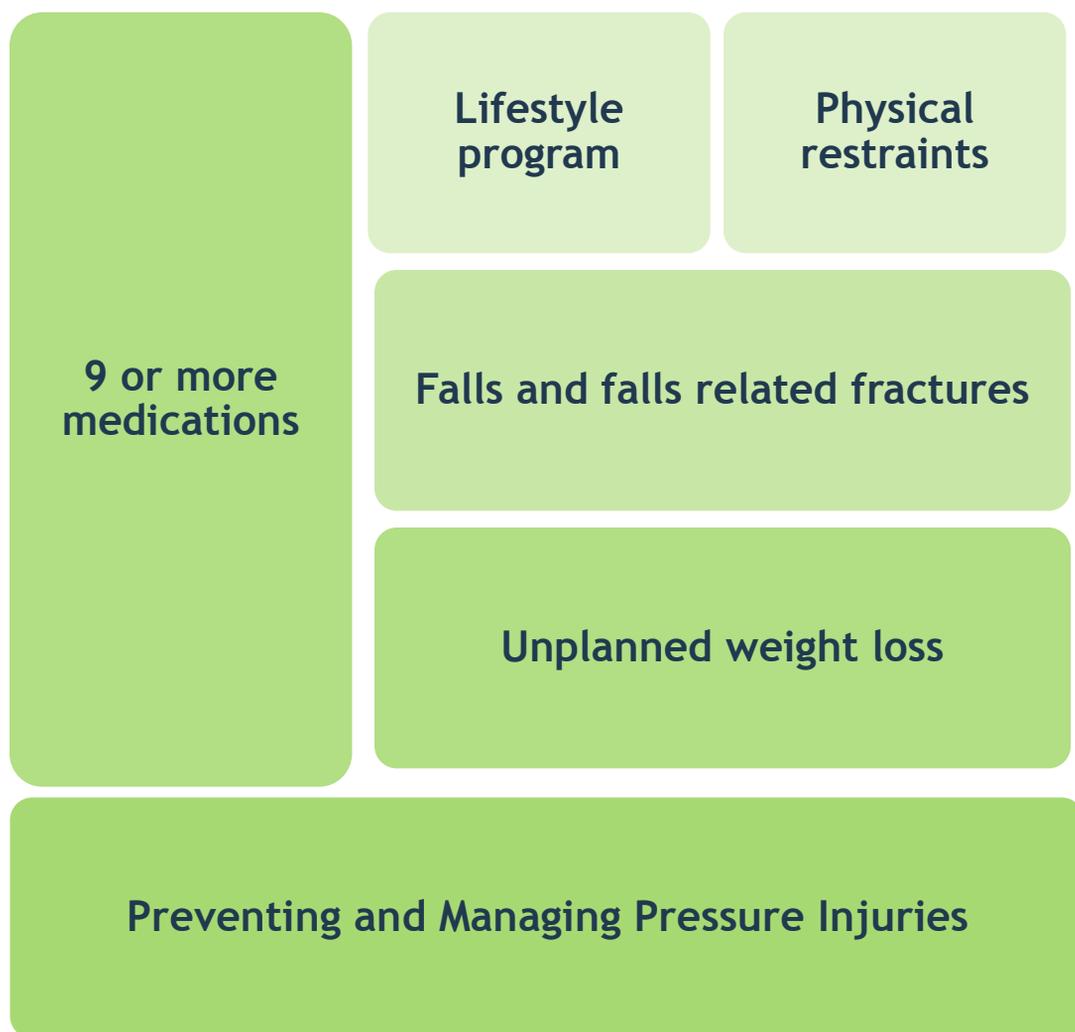
The new Patient and Family Escalation of Care Policy guides ODH staff in responding to escalation action by patient or family.

The new policy and signage were reviewed and approved by the ODH Community Advisory Committee on 29 June 2017.

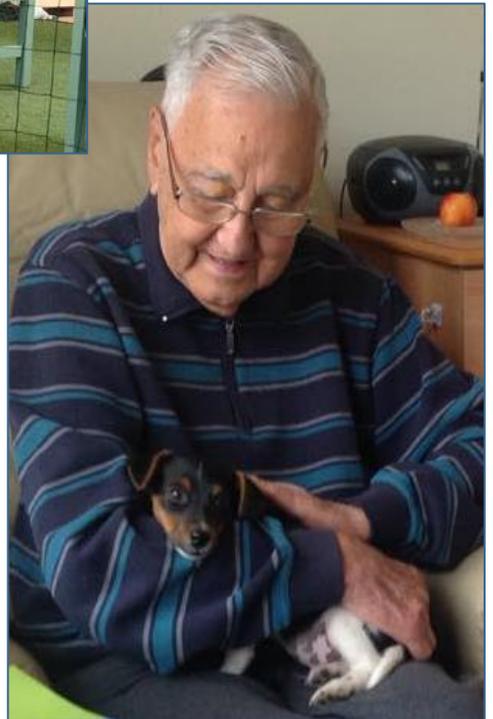
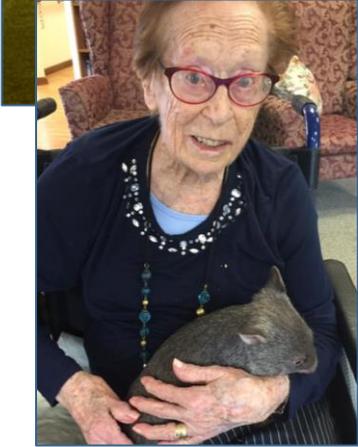


**Nurse Sandy O'Keefe checks Monika Morgan's temperature.**

## Residential Aged Care



# Lewington House Lifestyle Program



The Lewington House Lifestyle Program aims to make the later years of all our Residents' lives as meaningful and enjoyable as possible. We strive to make sure all Residents feel included and welcome, and that they can have a say in the activities that are running.

We focus on participation at all levels. Even if that means a Resident is sitting and watching all of what is going on, that is ok! Knowing that they are surrounded by others and can join in at any time is a good thing.

We recognise each person as a unique individual and respect individual personal needs of dignity, independence, choice, participation, self-esteem, and life satisfaction.

By planning activities a month ahead, both Residents and Coordinators know what to expect and can be ready for upcoming activities. We plan according to a monthly theme that is relevant to the Residents' interests and the time of year. We display a calendar of events each month.

We also hand out a weekly news sheet so that our Residents are well informed of upcoming activities and any news items that may arise, such as birthdays, public holidays and special theme days.

We try to offer a diverse range of activities to cater for all interests, abilities and cognitive areas. Examples include art and craft, active exercise, games, church services, pet and sensory therapy, pampering and massage, poems and reading, local excursions and outings, children visiting, music and of course monthly singing sessions with the High Country Singers!

We are excited with the direction the Lifestyle Program is heading in and we will continue to make it grow for the benefit of all Residents.

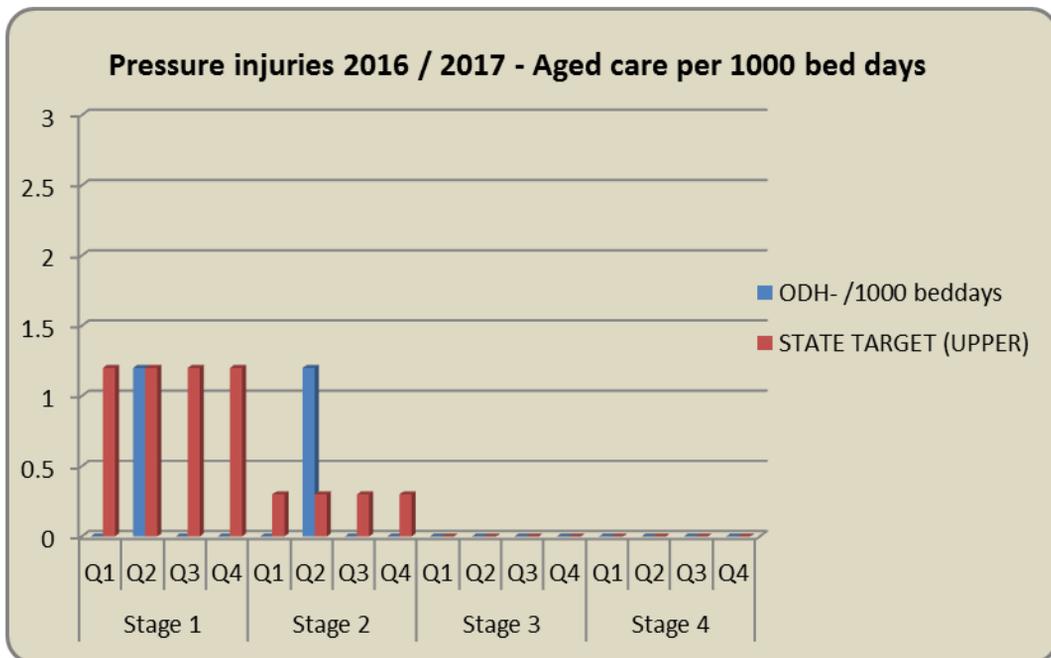
Cheers,

Leanne Appleby, Lifestyle Program Coordinator

## Preventing and managing pressure injuries in Aged Care

Two pressure injuries were reported in aged care at ODH, one Stage 1 and one Stage 2, both in a single resident. The State target for Stage 2 injuries is 0.3 per 1000 bed days, however due to low resident numbers at ODH, a single Stage 2 pressure injury results in a rate of 1.2 per 1000 bed days. There were no Stage 3 or 4 injuries.

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.



## 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.

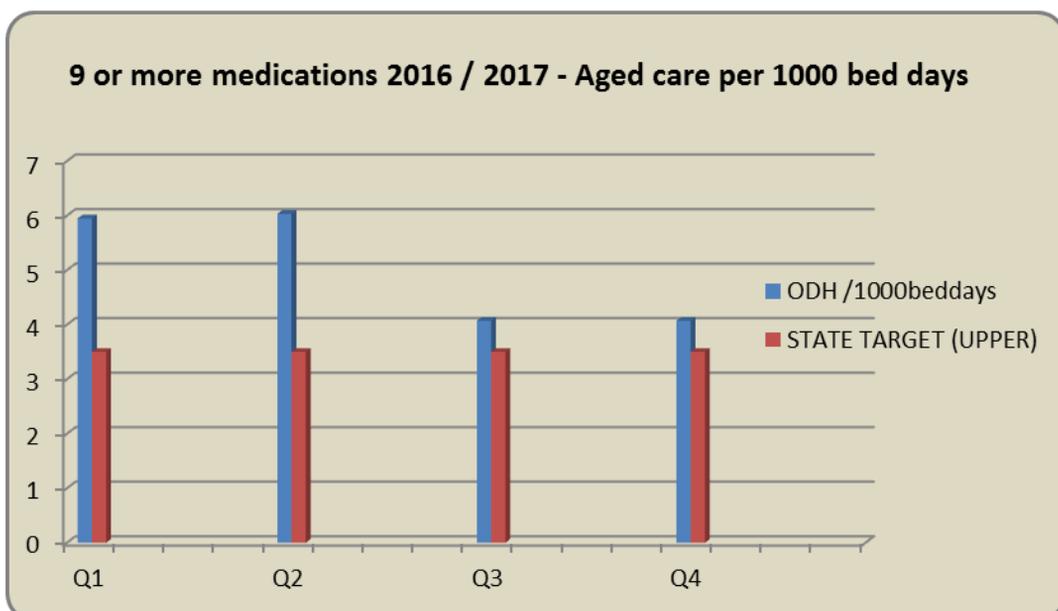
It is ODH policy to avoid the use of physical restraints as far as possible. Instead, where necessary, ODH offers the use of specialised equipment such as low-low beds and alarm mats to effectively manage residents' needs. There were no instances of physical restraints being used in Aged Care.

## Use of 9 or more medications in Aged Care

The use of a large number of different medications is referred to as “polypharmacy”. As polypharmacy often arises from having several underlying medical conditions, it is much more common in elderly patients.

Polypharmacy does carry certain risks, including increased risk of adverse drug reactions, falls, weight loss and inability to metabolise medicines.

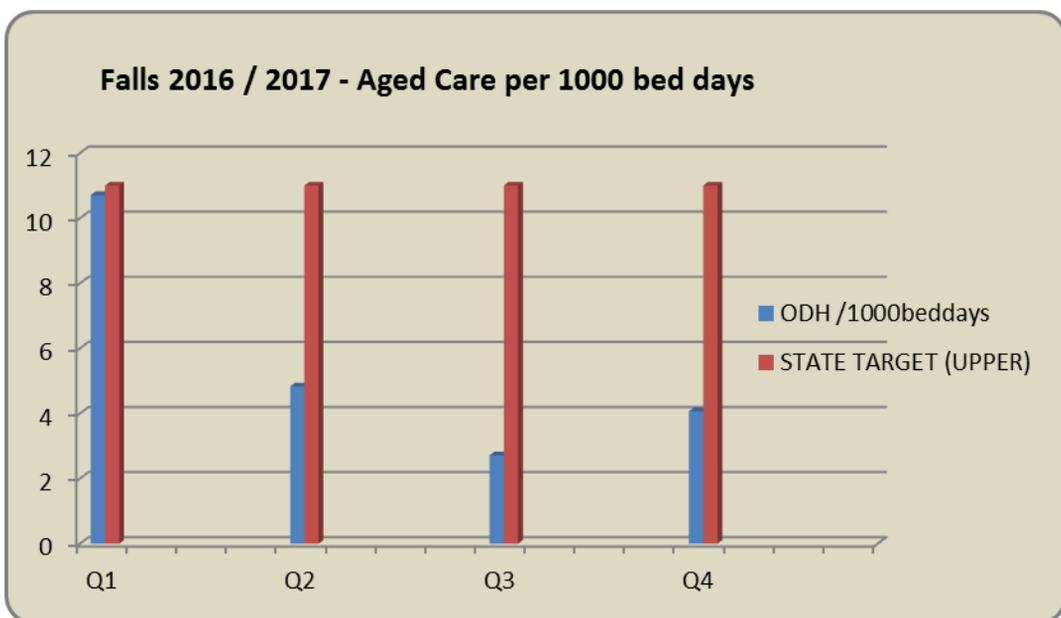
For these reasons, ODH monitors the prevalence of polypharmacy in aged care and conducts regular medication reviews to ensure that all residents are receiving only those medications that are necessary for their health and wellbeing.



## Falls and falls related fractures in Aged Care

Falls and fall-related fractures are a particular risk for residents in aged care, as people aged 80 years or more are at the highest risk of falls and fractures. Falls and fall-related fractures can result in decreased independence, increased anxiety and fear of falling and increased functional decline.

It is for these reasons that ODH monitors the rate of falls and fall-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.

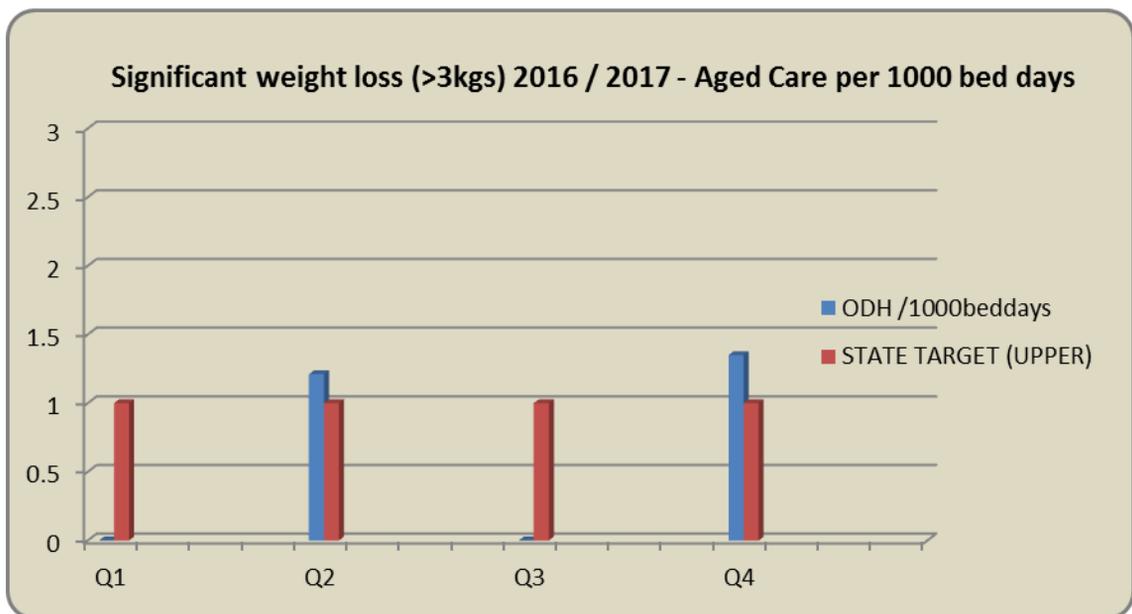


Falls minimisation strategies adopted at ODH include comprehensive risk assessment using the FARAM tool, sensor mats that detect when a person is getting out of bed and alert nursing staff through the call bell system. We also offer physiotherapy and gentle exercise programs to improve strength, balance and flexibility.

There were no falls related fractures in Aged Care during 2016/17.

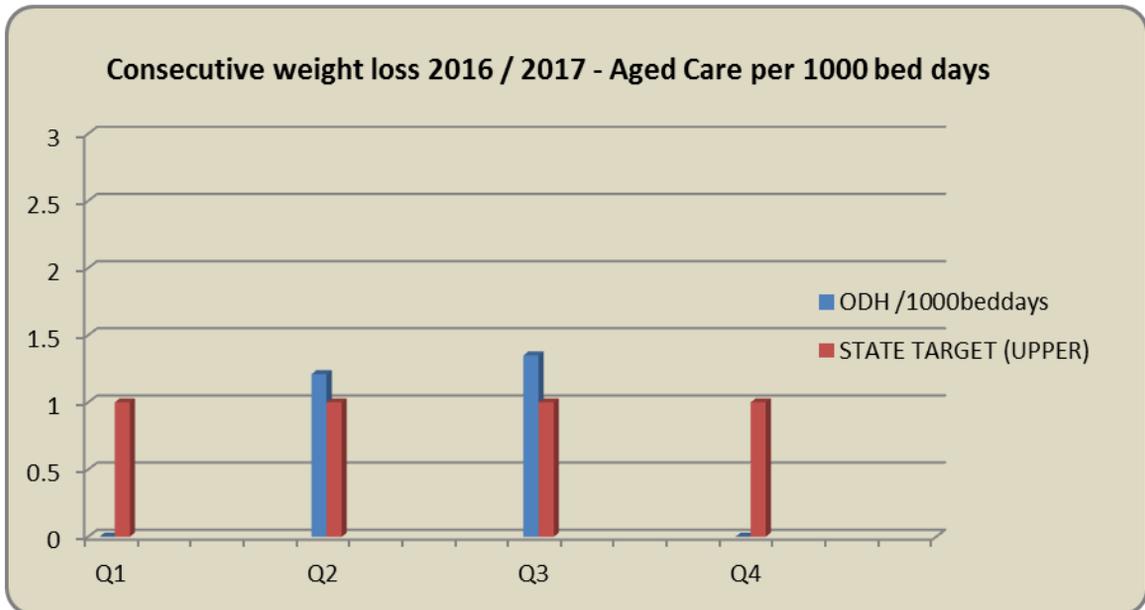
## Unplanned weight loss in Aged Care

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.



There are two forms of unplanned weight loss:

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



ODH weighs each resident monthly, providing the resident consents, and records changes in weight over time. This helps us ensure that changes are identified early and appropriate strategies put in place.

Information on unplanned weight loss is already reported to the Quality Committee each month. However, in order to improve the timeliness and quality of our responses we have recently:

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

# Continuity of care

Improving discharge care

Advance care planning

End of life care

## Improving discharge care

An important aspect of continuity of care includes how services ensure discharge or transfer practices meet the needs of their patients.

As a small rural health service with relatively few acute patients, ODH does not receive Victorian Health Experience Survey results. However, during 2016/17 we took action to improve our patients' discharge and transfer experience by:

- improving communication pathways between ODH and local Bush Nursing Centres. Bush Nursing Centres at Ensay and Swifts Creek are now notified of all admissions and discharges to and from ODH, with the patient's consent.
- holding fortnightly case management meetings attended by all internal service providers, including our Social Worker, Physiotherapist and Chronic Disease Nurse, as well as representatives from our Community Care and Medical Centre divisions.
- distributing a summary of case management meeting outcomes internally to ensure follow up.



**ODH Physiotherapist Jill Hill provides one of our most in-demand therapies.**

ODH also offers a Transition Care Program (TCP), which provides care and services for a short term period following a stay in a hospital. The program offers extra support, allied health and case management.

TCP gives patients an option to be discharged sooner to continue their recovery out of the hospital. If appropriate, long term care can be arranged.

TCP services can be provided in a patient's own home or in a residential care setting.

## Advance Care Planning

An Advance Care Plan is a way of recording and communicating your values and wishes about your future health care. Advance Care Planning 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 Plan.

We place particular emphasis on Advance Care Planning 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 Plan in place.

Of the acute patients admitted during 2016/17, five were palliative care patients. 100% of those patients made Advance Care Plans and identified a substitute decision maker.

For acute patients, we have improved the documentation provided on admission to make it more accessible and easily identified in the medical record.

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

## A family story...

Alan\*, 91, was a palliative patient of ODH, being cared for in his own home with his wife of nearly 70 years.

Despite extensive assistance from his family, Alan began having increased difficulty coping at home. He was admitted into our acute care area having sustained falls and injuries on multiple occasions.

Alan was very frail on admission but keen to return home. We therefore placed him in our Transition Care Program, to minimise hospital time and help increase his strength, balance and mobility.

Under this program, Alan enjoyed being driven about his farm and attending events at the local golf course where he had been an active member and volunteer for many years.

During time spent receiving treatment at ODH, Alan's wife and extended family visited once or twice daily. ODH staff got to know the family and we planned together how best to support Alan's wishes.

As Alan's disease progressed, a Pathway for Improving the Care of the Dying was commenced in consultation with Alan and his family. This enabled his care to be as least intrusive as practicable whilst still supporting Alan's and the family's needs.

Within the last week of Alan's decline he asked to return home for the day. One of our nursing staff assisted Alan to visit home and he returned tired but beaming. A further visit was planned, however a quick decline saw Alan achieve peace, having fulfilled many of his goals.

\*Name changed to protect privacy

## 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 2016/17 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](http://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 and returning it to:

Omeo District Health

PO Box 42 OMEO 3898

Phone: 03 5159 0100

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? \_\_\_\_\_

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What did you like least about this Quality Account? \_\_\_\_\_

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## Do you think this Quality Account is...

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

Any other comments? \_\_\_\_\_

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