

Kerang District Health



Quality of Care Report 2013 -2014



CONTENTS

■ WELCOME	3
■ HEALTH SERVICE ACCREDITATION	4
■ NATIONAL SAFETY AND QUALITY HEALTH SERVICE STANDARDS	5
■ QUALITY AND SAFETY	6
■ CONSUMER, CARER AND COMMUNITY PARTICIPATION	10
■ CONTINUITY OF CARE	13
■ READER SURVEY	17

WELCOME

We are pleased to present our 2013 - 2014 Quality of Care Report

Hospitals are full of stories and Kerang District Health is no different from the next health facility. Any patient experiencing an episode of care has something to say of the experience. We value this feedback and actively seek opportunities to improve our service to our community.

Our staff are proud of the work that they do and are genuinely committed and passionate about the standard of care they provide.

I hope you enjoy reading this report and some of our stories. Your feedback on the reader survey would be highly valued.

Robert Jarman
Chief Executive Officer



Distribution of our Quality of Care Report

Kerang District Health *Quality of Care Report* is distributed at our Annual General Meeting and will be available on the Kerang District Health website: www.kerangdistricthealth.com.au. It will also be widely distributed in Kerang through a letter box drop and to the outlying districts through the mail delivery system. Copies are also available at the hospital and medical clinics.

We welcome your feedback on the *Quality of Care Report* or your suggestions for new areas to be included in next year's report.

Last year seven consumers provided feedback on the report with the overall opinion summarised in the words of one consumer, "very informative, detailed report". We would like to have more feedback on this report. Please return the reply paid reader survey enclosed in this report.

A comment received from a consumer relative to last years report.

"very informative, detailed report"

Health Service Accreditation

As a public health service Kerang District Health is required to meet the ten National Safety and Quality Health Service Standards. As a provider of residential aged care, "Glenarm" is required to meet the 44 accreditation standards set by the Australian Aged Care Quality Agency.

In December 2013, Kerang District Health provided the Australian Council on Health Care Standards with a self-assessment against the first three national standards. These standards are:

- ◆ Governance
- ◆ Partnering with Consumers
- ◆ Preventing and Controlling Healthcare Associated Infections

On the 2nd-5th of September 2014 Kerang District Health will undergo an organisation-wide accreditation survey to assess our performance against the ten National Safety and Quality Health Service Standards. Kerang District Health's current accreditation expires in May 2015.

On the 2nd and 3rd of December "Glenarm" will undergo a full re-accreditation audit against the 44 standards set by the Australian Aged Care Quality Agency. "Glenarm's" current accreditation expires in March 2015.

Safety and Quality framework at KDH

The framework at Kerang District Health is based on the Victorian Government Clinical Governance Policy Framework which is built on the four domains of quality and safety – **Consumer Participation, Clinical Effectiveness and Appropriateness, Effective Workforce, and Risk Management.**

The Management Quality Risk Committee oversees clinical governance of the health service and monitors quality and safety. Two representatives from the Board of Management members, the Chief Executive Officer, Corporate Services Director, Director of Nursing, Quality Coordinator, Nurse Unit Managers and Department Heads attend the meeting. Departmental Operational meetings are held each month, to facilitate the transfer of information and discussion of audit results. Staff are encouraged to suggest how improvements can be made to both clinical and non-clinical processes.

Our organisational Continuous Improvement Plan is linked to the KDH Strategic Plan 2012 - 2015. Departmental plans have also been developed and are linked to the KDH Strategic plan.

National Safety and Quality Health Service Standards.



The Australian Commission on Safety and Quality in Healthcare has developed 10 National Health Standards for safety and quality in the acute setting. These standards were implemented on 1 January 2013. They are evidence-based improvement strategies to address the gaps between current and best practice that the Department of Health has identified as affecting a large number of patients.

The primary aims of the National Health Standards are: to protect the public from harm and to improve the quality of health service provision.

The standards are:

1 Governance for Safety and Quality in Health Service Organisations - the quality framework required for health service organisations to implement safe working systems

2 Partnering with Consumers - to create a consumer-centred health system by including consumers in the development and design of quality health care.

3 Preventing and Controlling Healthcare Associated Infections - to prevent infection of patients and to manage infections effectively when they occur .

4 Medication Safety - to ensure clinicians safely prescribe, dispense and administer appropriate medicines to informed patients.

5 Patient Identification and Procedure Matching - to identify patients and correctly match their identity with the correct treatment.

6 Clinical Handover - the effective clinical communication whenever accountability and responsibility for a patient's care is transferred.

7 Blood and Blood Products - the safe, effective and appropriate management of blood and blood products.

8 Preventing and Managing Pressure Injuries – to prevent patients developing pressure injuries and implementing best practice management when pressure injuries occur.

9 Recognising and Responding to Clinical Deterioration in Acute Health Care - to respond quickly and effectively to patients when their clinical condition deteriorates.

10 Preventing Falls and Harm from Falls - to reduce the incidence of patient falls and implement best practice management when falls do occur.

Quality and Safety

Preventing and Controlling Healthcare Associated Infections

Monitoring the rates of infections in patients and finding ways to reduce those rates is an important part of keeping our patients safe during their hospital stay.

Kerang District Health is part of the state-wide program called VICNISS (Victoria National Nosocomial Infection Surveillance) to monitor patients for infections following surgery. Last year our results were above the state average and in line with regional rates.

Kerang District Health monitors any blood stream infections as part of this national program. In 2014 Kerang District Health had no incidences of hospital acquired blood stream infections.

Kerang District Health participates in the National Hand Hygiene strategy with audits conducted twice yearly. Our latest results achieved an overall compliance rate of 90.9% which is well above the Department of Health's benchmark of 70%.

All staff and visitors are encouraged to use the alcohol hand rub placed in all rooms, corridors and entrances.

A clean hospital is not just a pleasant place to recover from illness or injury, but cleanliness plays a vital role in reducing the risk of patients developing an infection during their stay. Our external cleaning audits for 2013 showed that the Department of Health cleaning standards were met in all risk categories with overall compliance rate for the audit conducted in July 2014 of 98%.

In order to prevent the spread of influenza the Department of Health supplies Fluvax to Kerang District Health staff and aged care residents. In early 2014, 59% of staff received Fluvax.

Medication Safety

The Management Quality and Risk committee oversees medication management at Kerang District Health. Staff are encouraged to report any errors involving medications, including near misses, as this enables us to develop new initiatives to ensure that the prescribing, dispensing and administering of medications is made safer for our patients.

Information about the medications patients are currently taking is an important part of the admission process, as well as providing written information to patients about their medications upon discharge from hospital. Kerang District Health is currently working with the doctors to introduce a printed document outlining the medication dose, time to be taken, the purpose of the medication and possible side effects of their medications. Feedback from our phone surveys of patients supports this initiative.

The local pharmacist also reviews our patients medication charts and discusses medications with them.

In 2013 we introduced a pharmacy review of patient's medications on discharge as another means of ensuring that the patient was fully informed about the medications that they are to take and to reconcile any new medications with medications on file at the local pharmacy. This also allows the patient or their carer to ask any questions and have them answered by the pharmacist. This practice continues in 2014 and has been working well for all concerned.

Quality and Safety

In 2013 - 2014 there were:

- ◆ 40 medication errors for Glenarm down from 48 in 2012/2013.
- ◆ 31 for Acute Ward down from 82 in 2012/2013.

Some of the medication errors were omissions of signatures. However, by creating a culture of reporting of errors, Kerang District Health has been able to look at systems and processes to reduce medication errors.

All medication charts are collected at the end of each shift and checked for compliance to legal requirements and this has improved compliance in signing of medication charts.

Kerang District Health continues to use the APINCH acronym to improve medication safety.

A - Antibiotics

P - Potassium

I - Insulin

N - Narcotics

C - Chemotherapy

H - Heparin

APINCH medications have been listed and risk mitigation strategies have been developed to prevent errors from occurring. The medication audit results showed a 93% compliance. Areas of poor compliance were: documenting the weight, this was then brought up at ward meetings for staff to be more vigilant with documenting weights.

Preventing Falls and Harm from Falls

Falls occur in all age groups; however the risk and harm from falls varies between individuals due to factors such as eye sight, balance, muscle strength, bone density and medication use. Falls remain a significant issue in the safety of patients in Australian hospitals, and although the risks are well documented impaired mobility is also a major falls risk and is not age defined.

In 2012 Kerang District Health developed an organisational wide policy on the *Prevention of Falls and Fall Related Injuries* with Falls Prevention made a quality project across the health service.

Staff education and audits on patient files were implemented to monitor compliance for risk assessment and development of a management plan.

In 2014 the Falls Project continues and has a focus on care planning and prevention strategies in line with best practice. Staff are using an escalation criteria for patients who are in the high falls risk category, and when rated on the higher scale, staff are documenting hourly checks, offering fluids, toilet breaks, and change in position for patients. Kerang District Health now has a Falls Management Forum which looks closely at this standard.

Strategies, such as reducing clutter in patient rooms, ensuring that the bed is in a low position, the light is left on in the bathroom, and the patient's glasses or walking aid are within reach, have been implemented.

Falls in 2013 - 2014:

- ◆ *Glenarm reported 23 falls down from 79 in 2012/2013*
- ◆ *Acute ward reported 21 falls down from 29 in 2012/2013*

Quality and Safety

Preventing and Managing Pressure Injuries

The chances of acquiring a pressure injury are increased when people are ill or admitted to hospital. Pressure injuries can result in a long stay and prevention is a priority at Kerang District Health.

Pressure injuries are defined as any lesion caused by unrelieved pressure resulting in damage of the skin and underlying tissue causing pain, distress and debility for patients and residents.

In 2015 Kerang District Health will expand the pressure injury prevention program by staff education, surveys and audits to identify education gaps and then implement solutions.

Pressure areas/skin integrity in 2013 - 2014:

- ◆ Glenarm 12 reports
- ◆ Acute ward 1 report



Julie's Story

Julie has been receiving treatment at Kerang District Health for some time now.

She appreciates being able to receive her treatment locally rather than having to travel to a regional centre.

Safe and Appropriate use of Blood and Blood Products

Kerang District Health participates in the Blood Matters clinical audit program run by the Australia Red Cross Blood Service. To ensure we comply with best practice and that we are compliant with informed consent, Kerang District Health regularly audits the file of patients who receive blood and or blood products.

Informed consent for a blood component transfusion means the Doctor and patient (or carers) discuss the risks, benefits and alternatives to having a transfusion.

As a result of the discussion the patient or carer will:

- ◆ Understand what medical action is recommended and why.
- ◆ Be aware of the risks and benefits associated with the transfusion.
- ◆ Appreciate the risks of receiving and possible consequences of not receiving the recommended therapy.
- ◆ Be given the opportunity to ask questions.
- ◆ Give consent for the transfusion
- ◆ Receive two brochures; *Blood - Who Needs It?* and *A Blood Transfusion*.

Audit results May 2014:

- ◆ Compliance with medical documentation - 100%
- ◆ Compliance with observation guidelines baseline - 100%
- ◆ Compliance with nursing documentation:
 - 100% compliance - time commenced
 - 100% compliance - two signatures
 - 50% compliance - time completed.
- ◆ Compliance with observations at conclusion - 100%
- ◆ Compliance with observations after 15 minutes - 100%
- ◆ Compliance with observation guidelines - 100%

Quality and Safety

Residential Aged Care

Pressure Ulcers

Quality Indicators for the last 12 months (2013/2014) showed that Kerang District Health was below the state average in development of Stage 1 and 3 pressure injuries.

Stage 1 is redness, stage 2 is blister-like, stage 3 is full skin involvement and stage 4 is full skin and deep tissue loss.

Falls and Fractures

In 2013/14 falls at Kerang District Health decreased from 7.69% to 3.12%, a reduction of 59%. This was significantly below the state average (7.26%) which supports our robust falls prevention program.

Use of Physical Restraint

In 2013/14 the use of physical restraint at Kerang District Health decreased from 3.79% to 1.95% a reduction of 48.5%.

Multiple Medication Use

In 2013/14 the number of residents prescribed 9 or more medications increased from 5.84% to 8.96%, an increase of 34%. This indicator has been targeted for a quality project over the next 12 months.

Unplanned Weight Loss

Kerang District Health residents have maintained a weight loss indicator of 0.78%, the same as 2012/13 and this is below the state average.

	INDICATOR Per 1,000 bed days.	GLENARM Aged care facility	
		Glenarm	State Ave
1.	Pressure ulcers – Stage 1	0.39	0.44
	Pressure ulcers – Stage 2	1.17	0.57
	Pressure ulcers – Stage 3	0.0	1.12
	Pressure ulcers – Stage 4	0.39	0.04
2.	Prevalence of falls	3.12	7.26
	Prevalence of falls with fractures	0.39	0.18
3.	Incidence of physical restraint	1.95	0.69
4.	Incidence of resident prescribed nine or more medicines	8.96	4.47
5.	Unplanned weight loss	0.78%	0.82%

Consumer, Carer and Community Participation

Partnering with Consumers

The National Safety and Quality Health Service Standards required the development of a Consumer Participation Strategy that aims to build strong partnerships with our community, which enables them to have greater input into health care. This occurs when consumers are meaningfully involved in decision-making about their care and treatment, or when providing input about service delivery, health policy or planning.

Currently we have many initiatives that gather data on patient experience, but the new standard requires for consumers to be more involved in being part of finding the solutions to those aspects identified for improvement.

During 2013/14 Kerang District Health has been actively seeking consumers to be members of the Partnering with Consumers Committee and training was provided to the consumers.

In April 2014, Kerang District Health had our first Partnering with Consumers committee meeting with 12 consumers attending. The committee members agreed to meet bi-monthly and will look at a number of projects such as reviewing health service brochures along with orientation booklets and other relevant documentation to ensure that they can be easily understood by the general community.

Comments, Complaints and Suggestions

Comments, complaints and suggestions help us understand how best to improve our services. The complaints we receive can relate to treatment, communication, the environment, food services and timeliness of care and any other aspect of care raised by patients, carers or families.

In 2013/2014 there were 13 complaints received compared to 30 in 2012/13.

All comments, complaints and suggestions are entered onto the VHIMS program and a copy forwarded to the Chief Executive Officer. Each form is registered with a brief summary outlining the nature of the complaint, what the investigation found and what the outcome was. Comments, complaints and suggestions are tabled at the monthly Management Quality and Risk Committee meeting.

Consumer Feedback Book

In June 2014 Kerang District Health introduced a Consumer Feedback Book in acute ward. Questions are based around the ten national standards which staff can randomly ask patients to assess our performance. Staff are encouraged to record any feedback given to them in this book and take action as appropriate.

An example of action taken from this feedback is the introduction of hand wipes on meal trays to enable patients to attend to hand hygiene.

Consumer, Carer and Community Participation

Internal and External Patient Surveys

Kerang District Health conducts telephone surveys on a monthly basis by selecting 10 random patients to provide feedback on admission, care provided, including consumer input into the planning of the care, cleanliness of the room and bathroom, meals, discharge planning and services provided.

Comments:

“Excellent Care”

“Very Happy”

“Have been in lots of hospitals, this one was very good”.

The Victorian Patient Experience Survey is an external survey which is benchmarked to other organisations and in the past has always given us valuable information for Kerang District Health to continuously improve our service.

The last VPSM (Victorian Patient Satisfaction Monitor) report in the second half of 2013 rated our overall care index as 86.7 which was consistent with category D hospitals and significantly above the state average of 79. High performing areas were “courtesy of nurses”, “being treated with respect”, “time you had to wait for a bed”, “how well cultural/religious needs were met” and “arrangements for outpatient services”. Areas identified for improvement were “explanation of side effects of medicines”, “quality of food” and “explanation of hospital routines and procedures”.

Victorian Patient Satisfaction Monitor Indices Results for Wave 24 Jan 2013 to June 2013	KDH Wave 24 Score	KDH Wave 23 Score	Category D (like-sized hospitals) Wave 24 average
Overall Care (OCI)	86.7	86.2	86.8
Access and Admission (AAI)	86.3	84.8	85.5
General Patient Information (GPII)	89.8	90.0	89.9
Treatment and Related Information (TRII)	86.2	86.4	86.7
Complaints Management (CMI)	89.3	87.9	88.4
Physical Environment (PEI)	83.7	83.7	85.8
Discharge and Follow UP (DFI)	87.6	84.9	84.3
Consumer Participation Indicator	87.5	87.3	87.8

Consumer, Carer and Community Participation

Our midwifery surveys collect feedback on antenatal care, care during delivery, breastfeeding, comfort of the room, cleanliness of the bathroom, satisfaction with the meals offered and domiciliary mid care. Overall ratings were excellent with the following comments received from some of our patients:

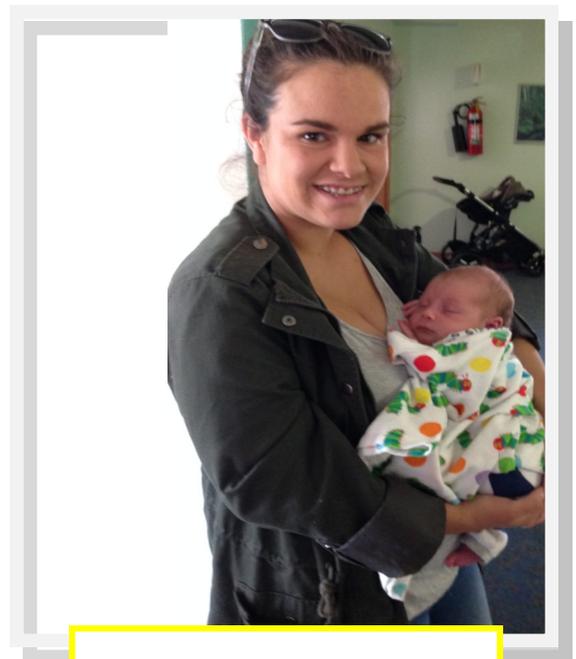
- ◆ *“Outstanding support from all the midwives and great information provided. The best thing was feeling ok to stay until I was confident about what I was doing and there was no pressure to leave”.*
- ◆ *“The midwives were very understanding and communicated well with each other”.*
- ◆ *“Staff were fantastic and made us feel very at ease and well cared for”.*

Other feedback from patients

- ◆ *“Very happy with care given”*
- ◆ *“Service very good, no problems”*

Pearl's Story

Pearl was involved in the shared-care maternity model with midwives from Kerang District Health and her local GP/Obstetrician. She was cared for in the antenatal and post natal periods by Kerang District Health.



Pearl & Baby Isaac

Continuity of Care

Community Services

This year saw the WD Thomas Activity Centre changed its name to reflect the Active Service Model and staff and clients have been educated and encouraged to embrace this.

Staff have made many improvements including:

- ◆ The introduction of e-referrals - an encrypted way of referring clients to save clients having to repeat details at every agency they visit.
- ◆ Focus on increasing security for community services staff and clients medications and files within District Nursing, including infectious waste transport.
- ◆ Focus on aligning services with required documentation whilst meeting needs of the community within the resources available.
- ◆ Development of a volunteers database including an education afternoon and handbook.

Collaborative projects in this area were through the GLAM network (Gannawarra Local Agency Meeting) and included National Aborigines and Islanders Day Observance Committee (NAIDOC) week and an oral health project.



Glenarm Residents Neville, Pam, Joyce, Jean, Val and Jean with Activities Coordinator Toni Kilderry, enjoying a fishing outing at the property of Bruce Heritage in Murrabit.



Continuity of Care

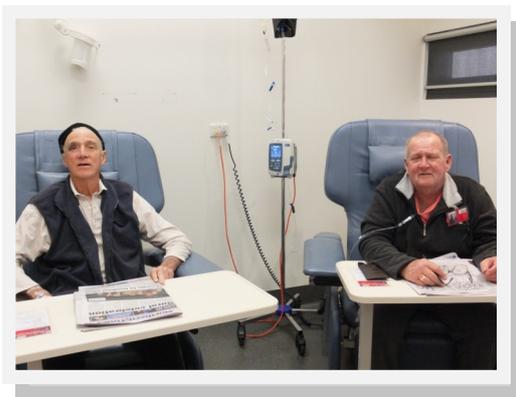
John's Story

John and partner Margaret live in Swan Hill. John worked as a painter and decorator for many years. In June 2011 John became ill and was hospitalised with pneumonia. X-rays were performed and the results showed spots on his liver.

After a Colonoscopy was performed by Dr Tellambura, colon cancer was diagnosed. After consultation with Oncology at Peter MacCallum John saw Dr Rothmeier from Melbourne, in Bendigo, who explained the journey and treatment that John would be starting with Dr Mark Warren, Oncologist from Bendigo Health.

In July 2012 John began chemotherapy in Bendigo and his ongoing treatment has since been transferred to Oncology at Kerang District Health.

It is now part of John's life and visits to Kerang are special as the care and attention he receives is so calming and caring. John has made many friends throughout his journey and this has helped tremendously.



Chemo day John and John chat about their lives — children and grandchildren, fishing, football and their treatment while they read and do the crossword .

Continuity of Care

Von's Story

Von was brought into hospital very unwell and requiring quite involved treatment for her recovery.

Von is the primary carer for her husband Alan, and this required regular communication with his case manager from the Gannawarra Shire Council to arrange respite care. Von was kept informed of Alan's well being whilst he was in respite care.

Von recovered well and was extremely grateful to all the staff who were in any way involved in her episode of care.

"Staff have been just marvellous attending to all my needs. They are just wonderful and I couldn't fault anyone from the doctors, nurses, domestics to everyone else".





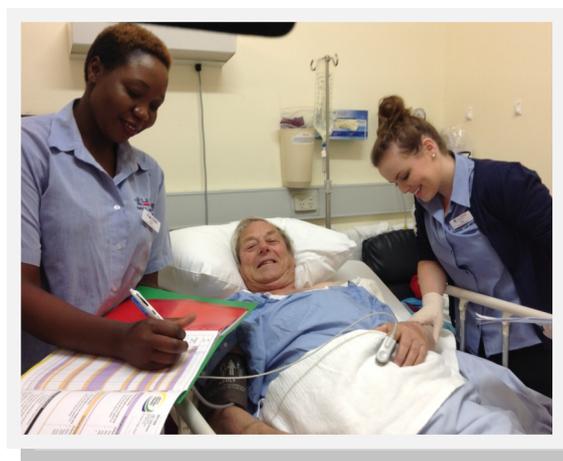
Cliff Windridge - Patient at KDH



RN Vineeth Aredath and Dr Lindsay Sherriff in theatre



Liz Halliday, Chloe Keogh & Margy Christian
at Staff Professional Development Day 2014



Students Rose and Tashi attending to patient
Keith Light



Reader Survey

Please share with us your impressions of our Quality of Care Report.

We would like to improve future Quality of Care Reports so ask you to assist us by completing this short survey and returning it to us. Please cut, fold and tape where indicated when returning report. Thank you.

Did you find the content of the report easy to understand?

Yes No

Comments: _____

What did you like most about the report? _____

What could be improved about the report? _____

Do you have any suggestions on other services that Kerang District Health could offer the community?

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Kerang District Health
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Australia

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Quality Coordinator
Kerang District Health
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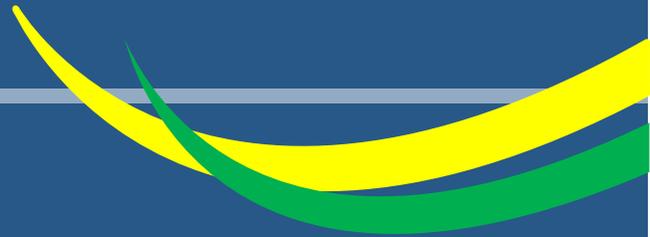


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Artists impression of Kerang District Health Redevelopment



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