

Djerriwarrh Health Services

Quality Account 2017 2018



djerriwarrh
health services

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Our Service

Djerriwarrh Health Services (DjHS) serves the rapidly expanding population areas of the City of Melton and Moorabool Shire.

BACCHUS MARSH AND MELTON REGIONAL HOSPITAL

A 42-bed acute hospital which provides Maternity, Theatre, Medical, Urgent Care and Outpatient Services

MELTON HEALTH

Ambulatory care for Day Medical, Adult Health, Women and Children's Health and Dental Services

GRANT LODGE

A 30-bed Residential Aged Care facility adjacent to the Bacchus Marsh and Melton Regional Hospital

BACCHUS MARSH COMMUNITY HEALTH CENTRE

Allied Health, Counselling, Community Nursing and Palliative Care

MELTON COMMUNITY HEALTH CENTRE

Allied Health and Counselling services

CAROLINE SPRINGS COMMUNITY HEALTH CENTRE

General Community Health programs

MISSION

Helping people of our community to better health and wellbeing

VISION

Providing quality integrated health services within available resources to the people of our community and encouraging personal responsibility for healthcare

VALUES

Compassion

Leadership

Excellence

Accountability

Respect

Welcome



It has been a dynamic five months since I joined the Djerriwarrh team in June.

We have been busy progressing a number of new projects including the redevelopment of our Operating Theatres at Bacchus Marsh and significant expansion of our Melton Community Health Services. This important work will enable us to

better serve and partner with our growing and diverse community. All our services focus on achieving the highest standard of patient and consumer experience and this report offers you an opportunity to learn about the outstanding work undertaken by the staff and volunteers at Djerriwarrh Health Services this year.



It has been another year of progress and development at Djerriwarrh Health Services.

The June opening of the newly upgraded maternity unit at Bacchus Marsh and Melton Regional Hospital by the Minister for Health, the Honourable Jill Hennessy, marked a further development of the Hospital and another vote of confidence in the future of our dedicated, qualified and caring staff and volunteers.

The refurbishment project, part of a \$10.6 million capital investment program in Djerriwarrh Health Services, has boosted the number of post-delivery beds in the maternity unit from 11 to 15, and expanded the health service's capabilities to cater for up to 1,200 births per annum.

1. Statewide plans & statutory requirements

Family violence

In April 2018 Djerriwarrh Health Services commenced a two year project as part of the State Government funded Strengthening Hospitals Responses to Family Violence (SHRFV) initiative.

Our project aim

Ensure our health professionals feel confident, and have the capacity to recognise indicators of family violence, provide a sensitive response and the necessary support and referrals to the victim and family.

During a training session on how to identify and respond to family violence, the following problem was identified by staff based in our Urgent Care Centres and Antenatal Clinics.

- Clinicians often have a suspicion that a patient may be a victim of family violence but it is difficult to ask the patient when the partner/perpetrator is present.

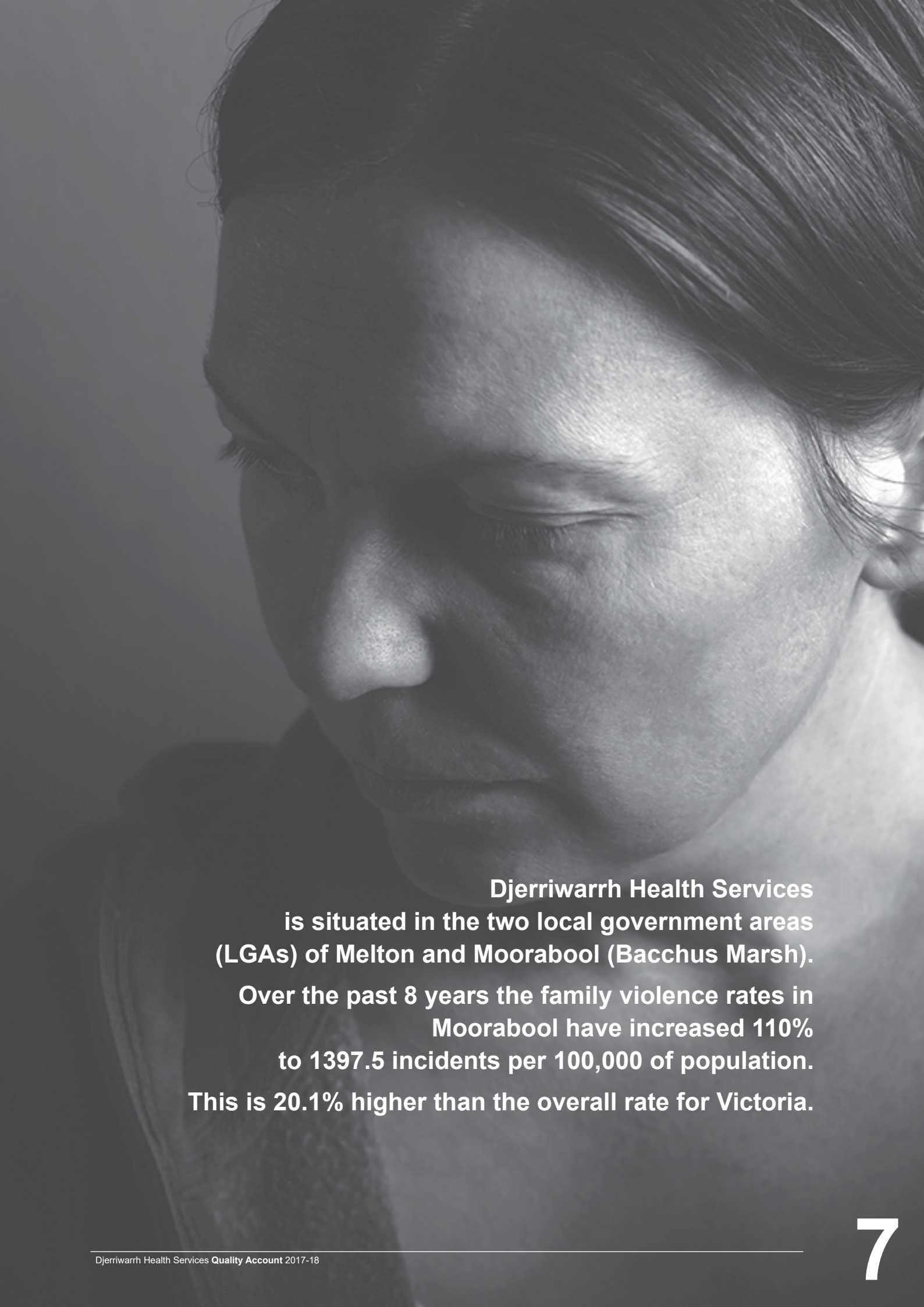
Solutions to the problem

Following some discussion, a group of clinicians work-shopped through some ideas to refine the approach to identifying and supporting patients while they are at the health service. This approach needed to be flexible and unobtrusive.

Clinicians will ask the patient / possible victim to come with them to obtain a urine test

- Attached to the back of the patient toilet will be a poster explaining that everyone has a right to feel safe in their home
- Included will be instructions that they can confidentially disclose they have concerns about family violence by sticking a small coloured dot onto the specimen jar (the stickers are hanging beside the poster).
- Also attached to the back of the toilet door will be a plastic sleeve which contains small business cards with the 24hr contact numbers of RESPECT and SafeSteps
- The clinician will discreetly point these all out to the patient.

The DjHS workforce have enthusiastically embraced the trial of this new process and ongoing training and support will assist in the refinement and delivery of support to our patients



**Djerriwarrh Health Services
is situated in the two local government areas
(LGAs) of Melton and Moorabool (Bacchus Marsh).
Over the past 8 years the family violence rates in
Moorabool have increased 110%
to 1397.5 incidents per 100,000 of population.
This is 20.1% higher than the overall rate for Victoria.**

In 2016 The Victorian Government released the Victorian Cancer Plan (Department of Health and Human Services 2016). The plan contains a framework that focuses on 5 key areas of Prevention, Detection, Treatment, Wellbeing-Support and Research.

Djerriwarrh Health Palliative Care Service (DHPCS) recognises the importance of early access to services particularly in the context of advanced, recurrent or residual cancer. DHPCS is able to optimise the patient experience by supporting patients throughout their care journey both as an inpatient and then in the community setting. This allows us to build a strong relationship with the patient and carers and tailor care to meet their individual needs.

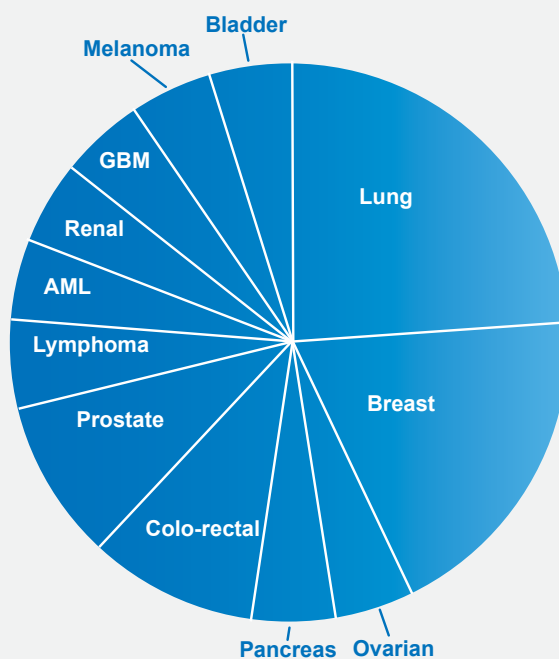
DHPCS has an integrated team of specialist Palliative Care Nurse Consultants, Social Workers, District Nurses and dedicated inpatient ward based Palliative Care areas on our medical ward. DHPCS works in consultation with a range of on-site and regional stakeholders including oncology services, GPs and allied health to ensure coordinated and integrated care.

Our service has a strong alliance with Grampians Regional Palliative Care Team who are available for consults and review of more complex clients including after-hours advice and support.

Currently 80% of our patients have a malignant diagnosis, many patients are still receiving active treatment and we are able to provide support with symptom control, identification of needs and referral to appropriate services throughout their admission to our service.

DHPCS recognise the value and importance of person centred care patients and we support clients to fill out an Advance Care Plan as a guide for decision making in the future. If the patient loses the ability to communicate, their families will be able to communicate their needs and have purposeful conversations about their preferences, choices and values around end of life care.

Palliative care cohort cancer diagnosis



Dr Ravin & Clinical Nurse Consultant Valerie

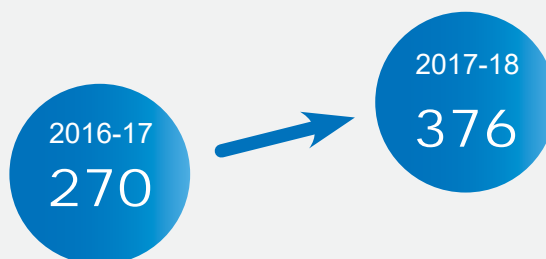
In July 2016 Djerriwarrh Health Services Melton Health Campus entered into a formal partnership with Western Health to deliver medical Oncology and Haematology services. This meant DjHS could provide an expanded service of the current cancer services provided at Melton Health.

This had a significant positive impact on service availability and delivery for our community and meant that patients from across the local area are now able to access chemotherapy treatments without having to travel to the city.

The Medical Oncologist, Dr Cuong Do, is available to review patients on site at Melton Health weekly and a core team of qualified Oncology Nurses are on site to deliver the treatments 3 days each week.

All the chemotherapy treatments are given in accordance with the National Guidelines (eviQ) and give patients confidence they are receiving timely, high quality treatments in accordance with the Victorian Cancer Plan 2016-2020.

Antineoplastic infusions



This does not include 'non-chemotherapy' treatments that are given as part of cancer treatment for local residents



Maria with her patient Denise receiving treatment at Melton Health

SAFETY AND QUALITY OF CARE AND CONTINUOUS IMPROVEMENT

Djerriwarrh Health Services provides a number of key women and children's health programs including Paediatric assessment clinics, childbirth education and day stay programs.

The Paediatric team provides a multidisciplinary assessment and support to children with developmental concerns. Children can also be referred to the specialist clinics including the Autism Assessment Clinic which is a specialist clinic for children aged 0 -15 years inclusive. This clinic is held twice per week across the year and in the previous 12 months we have seen over 90 Children and their Families.

The Paediatric Feeding and Eating Clinic also runs two sessions per week and this year has seen over 750 children attend this service. Other clinics include Weight Management, Behaviour Assessment, Developmental Assessment, and Fussy Eating. The comprehensive team of clinicians includes Speech Pathologists, Psychologists, Paediatricians and Social Workers. Djerriwarrh Health Services is committed to providing safe and high quality care for children and the workforce that is engaged to work with children is skilled and appropriately qualified.

Autism Assessment Clinic

90+
children

Paediatric Feeding & Eating Clinic

750+
children

Sarah, Nigel & Clare from our great Paediatric team



2. Consumer, carer and community participation

ENGAGING WITH CONSUMERS

Djerriwarrh Health Services values and encourages the participation of consumers and their carers in the planning and delivery of the services we provide.

Volunteers are a valuable asset and play an integral part in the wide range of services we provide across all our campuses. Many of our volunteers are active in our wards and community departments, they support our outreach programs to connect with more isolated members of our community, they operate our hospital based kiosk and support our client transport systems.

All our consumers bring their unique perspective to our health service and we value their opinion of what is important to them in their care and treatment. In 2017 feedback from our antenatal women who came for a tour of the maternity unit advocated strongly for the inclusion of a labouring bath in our new maternity unit. Since installing the bath, it has proved to be very popular with women who have found the heat and support of the water relaxing and therapeutic.

Consumer feedback highlighted the path and approach to the main entrance of the hospital had a steep incline from the main car park and some of our consumers found this difficult to navigate. DjHS listened to their feedback and in 2018 we redesigned the approach to the main entrance and built a walkway with a gentle incline

that is accessible to consumers on foot and is wide enough to accommodate a range of mobility aids. Our garden beds that surround the walkway have been redesigned and lighting as also been installed.



Minister for Health,
The Hon. Jill Hennessy and Belinda Scott



VICTORIAN HEALTH EXPERIENCE SURVEY

The Victorian Health Care Experience Survey (VHES) is one mechanism Djerriwarrh Health Services use to engage with our community and gather information from our clients.

Highlights from a comparison of our survey results from January-March 2017 include statistical improvements in 11 aspects of our care. 100% of our patients felt their care was good or very good which reflects the confidence our community has in our services and 88% of patients felt they were involved in their care as much as they wanted to be.

This feedback highlights the success DjHS has achieved in listening to our patients and taking a realistic, action orientated approach to delivering patient-centered improvements.

DjHS recognises the value of this patient experience survey. The VHES is an important benchmark of how well our patient centred services are rated against the State and it gives us important cues on how and where we can make a service better.

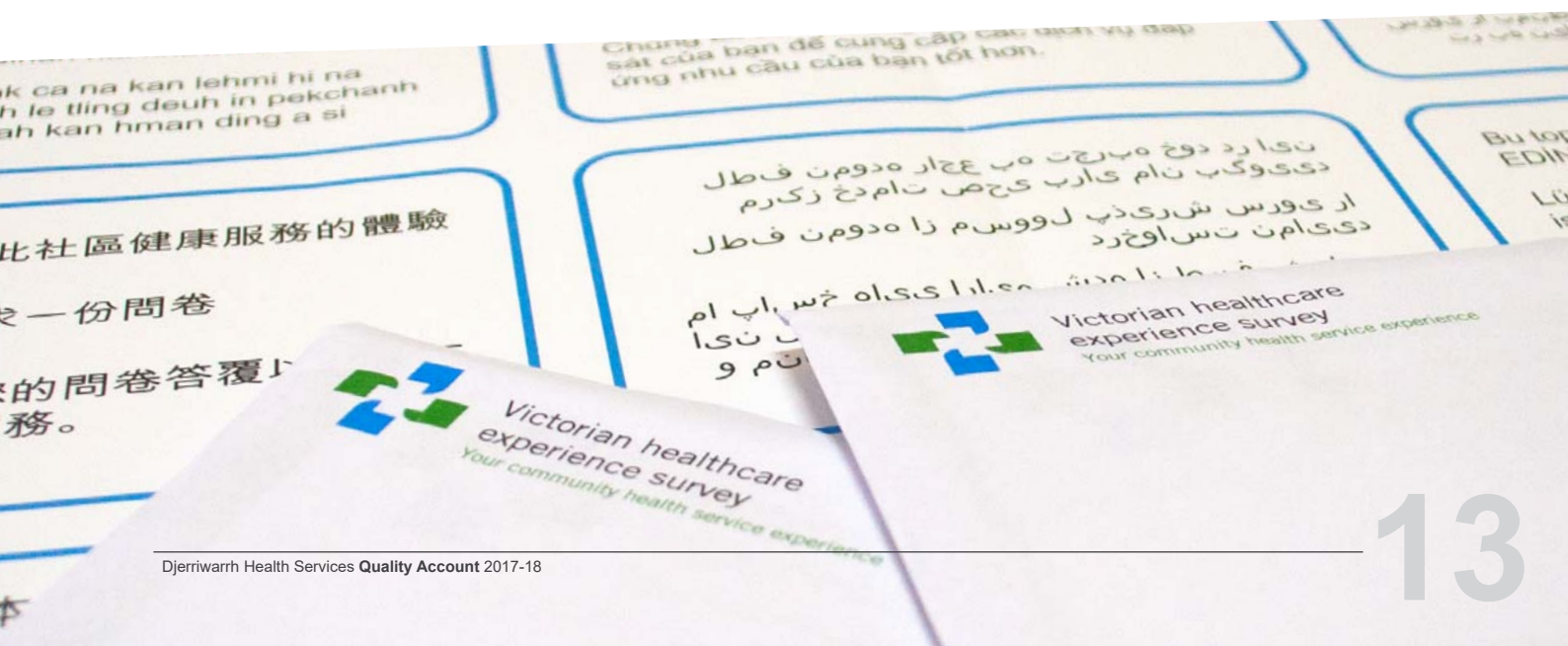
Aspects of care that DjHS has focussed on in

the past 12 months and implemented a quality improvement plan include:

- A good discharge planning experience and ongoing arrangements which shows a 15.2% improvement rising to 94.1%
- Hand Hygiene prior to client consults has risen by 18% to 94.9%
- Health professionals taking time to discuss patients worries or fears has risen by 22% to 81.5%
- Improved communication with hospital doctors and GPs had improved by 26.2% to 68.8%
- The trust and confidence patients had in their nurses had risen by 5.1% to 99.1%

Percentage of DjHS consumers who rated their experience as 'very good' or 'good'

Period	Bacchus Marsh	Melton Health	State Average
Jul-Sept 17	96%	95%	95%
Oct-Dec 17	97%	95.5%	89%
Jan-Mar 18	98.5%	92.1%	89%



PARTICIPATE FULLY AND EFFECTIVELY IN THEIR HEALTHCARE

Djerriwarrh Health Services recognises and understands the importance of patient stories as a way to connect and give voice to their experiences. Every month we make contact with our consumers and canvass them to see if anyone would like to share their health care story. We tailor the content to ensure the relevance of their experience is the focus of their care journey. After the consumer is satisfied with their story it will form the opening point of discussion for each meeting we hold for that particular month. The discussion after the story focuses on what we did well and what we could have improved on.

Each of the patient stories connects consumers and carers to this health service and the stories have great value in promoting a better understanding of their perspective and concerns.

DjHS has been publishing the Patient Story for 12 months with feedback coming from consumers and staff that it has been a rewarding and meaningful experience.

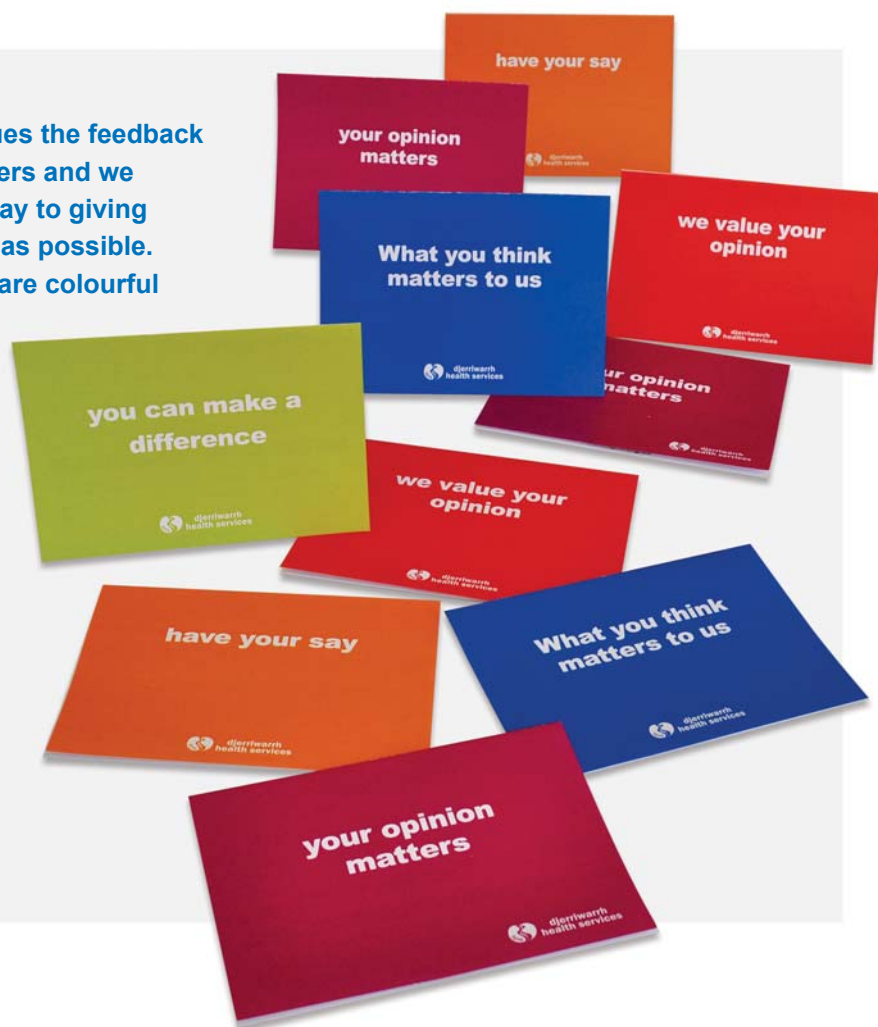
Feedback

133
entries

Djerriwarrh Health Services values the feedback and experiences of our consumers and we work towards making the pathway to giving and receiving feedback as easy as possible. One of DjHS' latest innovations are colourful crafted cards and leaflets developed in consultation with our consumers that offer an opportunity to capture their experience in an easy to understand format.

The colours of the cards align with our organisation values logo:

Compassion, Leadership, Excellence, Accountability, Respect



“Expectant mothers are offered friendship, support & advice.”



The Expectant Tribe was established by local mother of two Katherine Geurts to provide a safe and welcoming space where expectant mothers are offered support, advice and friendship.

Djerriwarrh Health Services offers assistance by a Midwife attending all meetings, allowing for easy access to professional advice and support for the group.

Katherine says “While there are established postnatal support groups in operation in the Bacchus Marsh and Melton area, I noticed there was a distinct lack of structured support for pregnant women throughout the period of their pregnancy.”

“My aim was The Expectant Tribe group helps fill this gap in local support services. I encourage all local mothers to come along and be part of our group.”

Tribe Stories

“The Expectant Tribe has given me a social outing with other pregnant women. This was especially important to me as I had just moved to the Bacchus Marsh area and didn’t know

anyone. It’s important to discuss experiences and get tips from other mums for reassurance. I have found that having The Tribe to go to every Tuesday has been beneficial for my emotional wellbeing as I transition into motherhood.”

“It has been a great place to meet other mums. I found out about the group after seeing a flier when I joined the Bacchus Marsh Library. I had just moved to the area and was looking for ways to meet other mums. As a second time mum I wasn’t going to be assigned to a MCHN mothers group and wanted to meet other mums with bubs that will be the same age as my second baby”

It’s been nice sharing stories, meeting other “Tribe” members and of course the cake is great! In the early days after Ellie had been born I found it especially helpful to have a reason to get out of the house and see other mums I already knew. It really helped me to get over the feeling of being overwhelmed”

“Being fairly new to Bacchus Marsh I found The Expectant Tribe a great place to meet new friends and also to be informed about the local hospital and other services that the area had to offer regarding pregnancy, health services and children’s services.

Having a midwife at each session is great especially when you are unsure about something or just want some tips or advice. It's great that the group is for all mums not just first time mums. I was pregnant with my fourth child and was able to receive great advice but also talk to other expectant first time mums about my experiences with previous pregnancies and births. I have met some wonderful ladies and it's nice to be able to just pop in and say Hi"

"As a first time Mother I began attending the Expectant Tribe on Tuesday mornings after hearing about it from my Sister In-law. After going from full time employment there was some adjusting to do while I was on maternity leave and it was the perfect opportunity to meet other local mothers to be, make friends and learn what to expect from birth and becoming a mother. I soon discovered there were other women with similar questions to mine and getting answers from a Midwife was very reassuring. I felt welcomed the first time I went and have got to know everyone as the weeks went by. It is just like catching up with friends and having a coffee. The Tribe is a space where you can laugh, learn and share some of the challenges we face. It has also been excellent to have medical professionals visit the group such as Physio's and speakers about emotional wellbeing, Lactation Consultants and members of the Shire Council with helpful advice and support.

I continue to visit the group with my son Rhys who is now 6 months old, he loves the cuddles and interaction and for myself having something

regular to look forward to each week helps ease some of the isolation mothers can experience looking after a little one. Did I mention there is yummy pastries provided as well!!!"

"I attended the group from the middle of my second pregnancy and after the birth of my little girl. I really enjoy being able to share my previous experiences as a new mum to first time expectant mothers and meet lots of women in our community. I have since built great connections with several mums. Being able to chat in a friendly relaxed environment with a cup of tea and cake was always lovely and having a midwife hosting the group was terrific. To discuss concerns and ask any questions I had on my mind. The midwives always give us a good laugh and keep the atmosphere fun and casual. I found it super helpful having guest visitors like our local hospital lactation consultant.

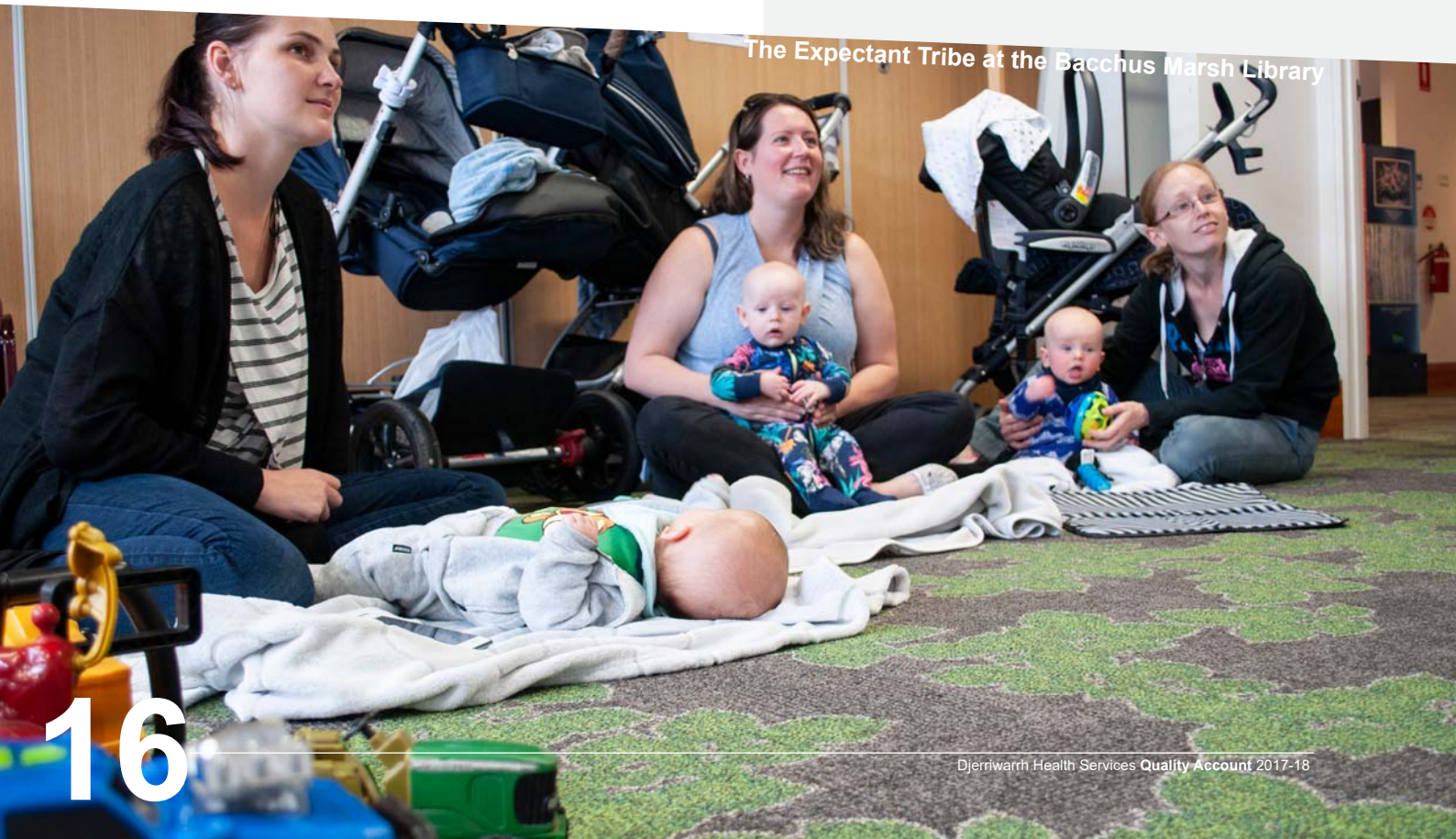
One of the best things is sharing resources and knowledge with other mums. We pass on baby clothes and items and maternity wear and it's great to feel a sense of togetherness in motherhood.

I continue to stay connected through the closed facebook group."

**Visit The Expectant Tribe on Facebook
Search The Expectant Tribe**



The Expectant Tribe at the Bacchus Marsh Library



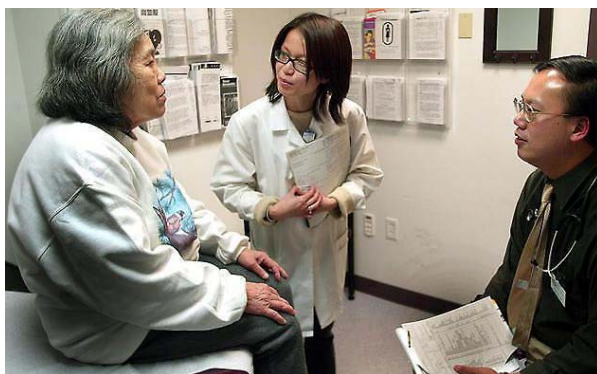
ACCREDITED INTERPRETER SERVICES

Djerriwarrh Health Services provides interpreting services to allow for access and care for the local linguistically and culturally diverse population.

Booking requests can be made by staff, patients or family/carers for an interpreter to attend in order to allow for the delivery of inclusive and complete patient care. This ensures patients and clients are aware of all aspects of their care including care planning and future service delivery requirements and options.

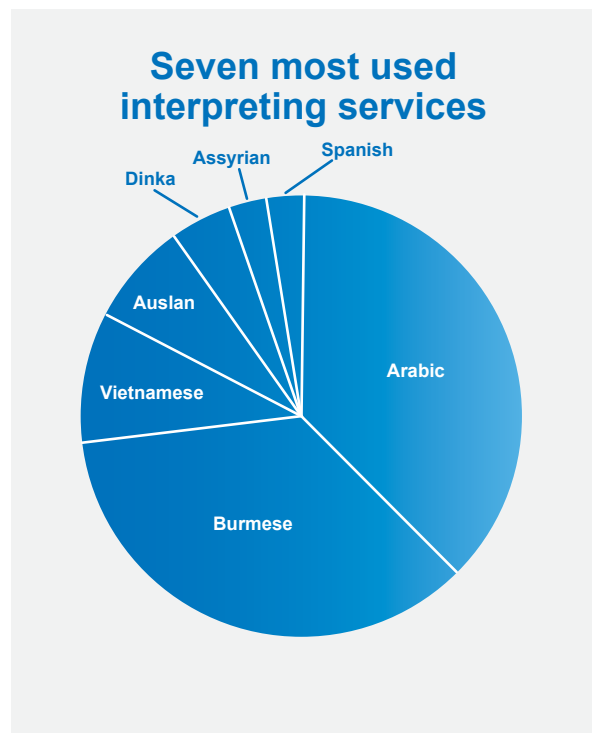
Advantages of having an interpreter available:

- Able to better maintain patient confidentiality by not having to discuss health issues with family member/friend
- Able to engage directly with and develop rapport with the patient
- Do not have to rely upon family member/friend for patient history which may be inaccurate or incomplete
- Confidence that health information is being interpreted correctly
- Able to ensure patient understands completely and is able to ask questions regarding their care



The health care interpreting service plays a pivotal role in assisting our culturally and linguistically diverse community to access and navigate the health service.

Being able to communicate with our patients is vital in ensuring the best communication methods



Appointments

335

Languages

35+

are used and a comprehensive patient and family assessment is obtained.

In the last 12 months we communicated with our patients in over 35 different languages and booked over 330 appointments at our hospital and community based campuses.

Djerriwarrh Health Services community allied health and nursing services have had a strong focus on refining service delivery models and pathways for clients accessing our community programs.

This work has been driven by changes to funding arrangements, demand for service and the introduction of National Disability Insurance Scheme (NDIS). NDIS commenced in the Moorabool Shire in 2017 and now we are gearing up for the impending roll out of the NDIS in the City of Melton, effective the 1st of October 2018.

DjHS is a registered provider of NDIS services and will offer eligible people in the community access to allied health and nursing services and support.

The people requiring our services, irrespective of funding and reasons for requesting the service, are provided with information about our programs and any changes to access. A new process not only enabled patients to receive the information about services available at DjHS, but also streamlined information provision to assist clients with the NDIS processes.

Ensuring compliance with the NDIS requirements identified that a specific NDIS pathway for our NDIS registered services was required. To develop this, specific information was required from the NDIS framework.



Registered NDIS Provider

The aim of developing this pathway

- Providing staff with the information they needed to work within the NDIS framework
- Providing staff with a suite of documents to enable compliance with NDIS reporting requirements
- Providing a pathway to support our clients through NDIS service delivery
- Providing a framework to develop our services in line with the needs of our communities

The information provided has been well received by the team and further work is in progress to develop stronger links and knowledge around the NDIS processes. Ensuring staff are trained and fully aware of the participant's journey and the requirements part of NDIS, will aid the participant's journey experience through our organisation and make it a seamless process to access services at DjHS.

Occupational Therapist, Jessica



Lauren accesses a range of services including, Physiotherapy, Exercise Physiology, Occupational Therapy, Speech Pathology, Dietetics & Podiatry.

Lauren is active in her community running a travel blog & public speaking.



IMPROVING SERVICES FOR ABORIGINAL PATIENTS

Koolin Balit means 'Healthy People' in Boonwurrung language and is the Victorian Government's strategic direction and focus to improve Aboriginal health by 2022 (Department of Health and Human Services, 2012).

One of the six priorities of Koolin Balit strategy is 'a healthy start to life' and in 2016 Djerriwarrh Health Services became the lead agency in The Koolin Balit Early Years Project.

This is a state government funded program which aims to promote the health and developmental outcomes of Aboriginal Children aged 0-8 years. The program is overseen by a Steering Committee comprising 9 partner organisations including local government, Material and Child Health, Aboriginal Corporations, Education, Primary Health Network, Western Health and family services.

The program serves to provide families with individualised support to access health and early years services in addition to providing a range of health promotion and cultural activities to promote health and community engagement.



Individual screening and support, care coordination, facilitated referral and access to allied health and medical services, Kinder, Play groups, Maternal and Child Health services. Health Promotion initiatives include cultural activities, cooking groups, community capacity building initiatives eg. peer leader training to facilitate child language development programs, provision of equipment support.



The team consists of 3 Aboriginal Pathway Workers and a Project Coordinator

DjHS has partnered with the North Western Melbourne Primary Health Network (NWMPHN) to provide a coordinated team care approach to improve the coordination and management of Aboriginal people with a diagnosed chronic illness. Additional funds are also provided to cover client medical and equipment expenses not already funded under other programs.

This program employs two care facilitators named Gillian Thatcher and Jenny Cope who are qualified community health nurses and work within the adult Aboriginal Integrated Health program at DjHS in the role of Care Facilitators.

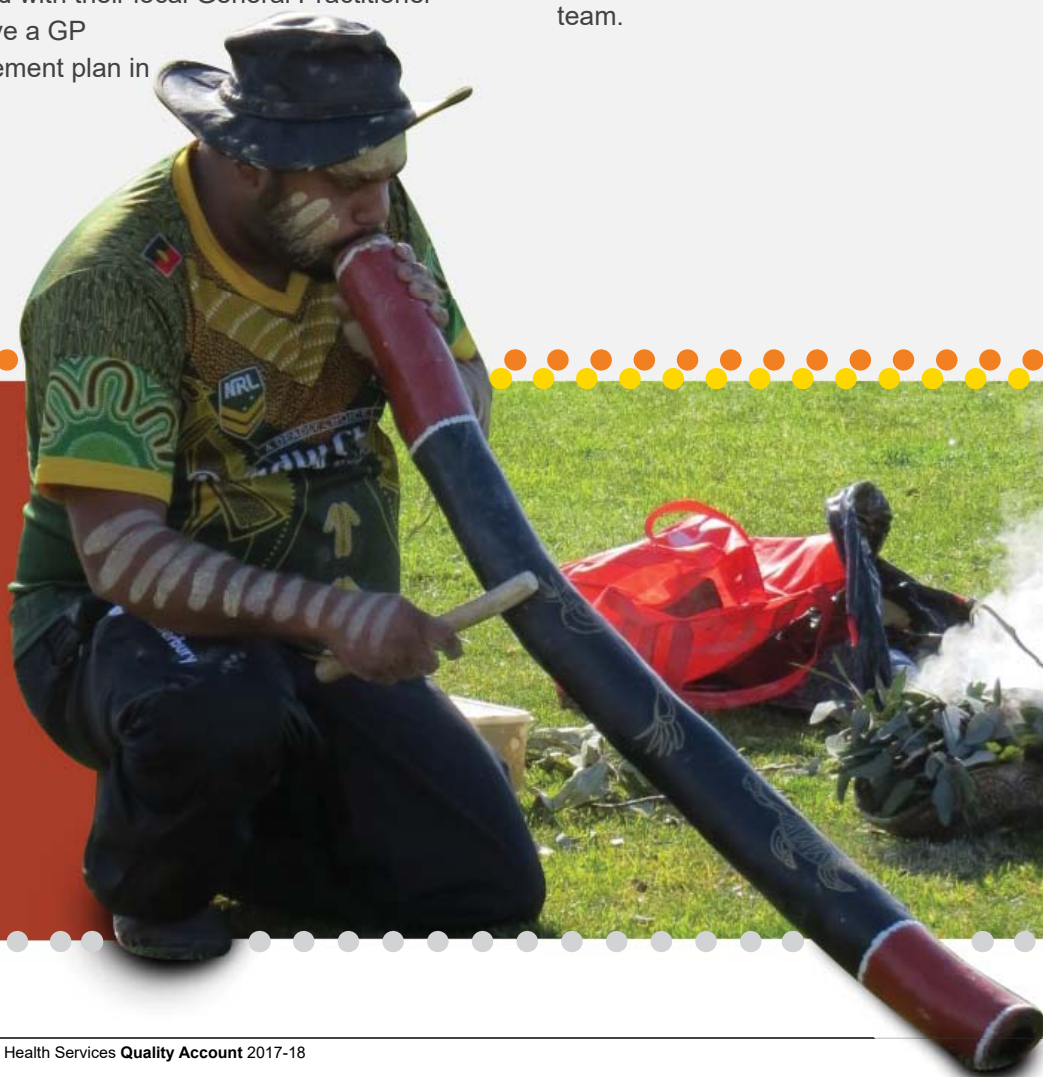
The Care Facilitators have experience working with diverse community groups and this experience has served them in connecting with the local Aboriginal community to support clients in managing complex health and social challenges.

To be eligible for the program, clients must be engaged with their local General Practitioner and have a GP Management plan in place.

The GP Management plan is shared with the DjHS Aboriginal Health team to facilitate referrals for the required services.

The DjHS Aboriginal Health team play a key role in building a culturally safe and respectful relationship with the local Aboriginal community and in facilitating client access to DjHS services, the team has established positive partnerships with local Aboriginal Controlled Organisations and community groups.

DjHS has delivered the Aboriginal Integrated Team Care program since 2014 in partnership with the North West Melbourne Primary Health Network. The program has experienced significant growth and client participation which directly correlates with an increase in the Aboriginal population within the Melton and Moorabool area. Additional funding has been committed to deliver more services and has allowed for increased networking and promotion of the service by the DjHS Aboriginal Adult Health team.



3. Quality and safety

CONSUMER AND STAFF EXPERIENCE

Djerriwarrh Health Service recognises the value of feedback from all our consumers. We welcome and monitor all feedback and use this feedback to inform and shape our service improvements and share and celebrate achievements with staff.

DjHS has partnered with consumers to ensure feedback mechanisms are tailored to meet their needs. Consumers are able to provide feedback in multiple ways including the Victorian Health Care Experience Survey (VHES), through our website and social media, through telephone feedback and paper based brochures and forms.

All complaints that DjHS receive are viewed as valuable information and DjHS encourages all staff to forward and record this feedback. We actively engage with consumers to acknowledge their concerns and resolve complaints in a clear and straightforward way.

DjHS will continue to work with our consumers and the community to improve on our systems of reporting and our responsiveness to all feedback.

Complaints

72

Compliments

61

Feedback from consumers who communicated a desire for managers to be identified more easily and displayed as a point of contact and a welcome to a department.



Maree with her welcome to the Medical Surgical Unit sign

PEOPLE MATTER SURVEY

The 2018 survey campaign resulted in tremendous participation. With over 47% participation we have the most significant data set for consideration ever. This combined with a dedicated commitment from the Chief Executive we are making sure that there are tangible outcomes from this year's survey for our workforce.

This year's result has seen an improvement in many areas of our business including across areas such as; Job Satisfaction, Reward and Empowerment and our Engagement Index.

The executive team is continuing to work on strategies and deliverables to put the data to use. We are focused on improving the employee experience and have held forums, communication activities and have launched a Workforce Engagement Committee to lead the way in implementing these positive changes.

COMMUNITY HEALTH SERVICES

Surveys are a valuable source of information for development of programs, services and staff culture. We strive to ensure that our programs meet the needs of the community and are provided within the expertise of our staff.

One strong shared objective within the DjHS community health teams was to implement sound supervision training for both the supervision of staff and students.

A strong supervision process for allied health professionals at DjHS is guided by the Credentialing, Competency, and Capability framework that was developed by the Department of Health and Human Services in 2016. Our staff identified that they wanted to build their skills and address the significant difference in the expectations of supervision at an organisational level compared with supervision of students at a university level. Training sessions for our senior allied health clinicians, specifically directed at the supervision of staff and supervision of students, were delivered.

Demand for the sessions was high with all disciplines represented in at least one of the sessions. These sessions have provided the foundations for staff to guide their supervision of both students and staff.

ACCREDITATION

All public health services are accredited against the National Safety and Quality Health Service (NSQHS) Standards. This process provides a nationally benchmarked and consistent standard of care across Australia.

Djerriwarrh Health Service maintains full accreditation against these standards and against two other accreditation systems which are The Aged Care Quality Standards and The Home Care Common Standards.

In 2017, DjHS participated in a Periodic Review and achieved success against all mandatory standards. Since this periodic review DjHS has continued to strive for continuous improvement. This year in October, DjHS will participate in a full organisational accreditation survey against the NSQHS Standards.

The Australian Commission on Safety and Quality in Health Care have released Version 2 of the NSQHS standards. These Standards have been developed by incorporating the evaluation of Version 1 and cover key safety and quality areas and specifically issues that have been identified as causing harm to consumers. Version 2 removes some of the duplication in Version 1 and the order of the standards is more reflective of the patient journey through the care system.

DJHS have started to adapt processes and educate clinicians about the new standards in preparation for a full Version 2 implementation in early 2019.

ADVERSE EVENTS

Adverse events are unintended but sometimes harmful occurrences that can have serious consequences. Djerriwarrh Health Services is committed to identifying, reporting, reviewing and actioning all adverse events in a timely and structured way.

DjHS supports all staff to report incidents on the VHIMs RiskMan system and this framework ensures the notification and follow up of all incidents in a systematic way.

Incidents and adverse events have an automatic alert system to ensure they are managed according to their severity. DjHS has robust processes in place to ensure all incidents are regularly reviewed and communicated to the Board Administrator each month.

All incidents are treated as an opportunity to learn and DjHS partners with each clinical unit to develop action orientated, quality and safety plans to address recommendations following all risk review and investigation.

PREVENTION AND CONTROL OF HEALTHCARE-ASSOCIATED INFECTIONS

Bloodstream Infections (BSIs) are a common complication in healthcare; they can cause significant illness in patients and on some occasions may even cause death. A large number of these infections are associated with procedures that are performed on patients during an episode of care in a healthcare facility.

Djerriwarrh Health Services conducts surveillance as per the Victorian Government legislative requirements. This includes continuous surveillance for staphylococcus aureus bacteraemia rates using the Victorian Healthcare Associated Infection Surveillance System (VICNISS). This provides a method for our health service to count staphylococcus aureus bacteraemia rates and to seek guidance on how to investigate the causes and the prevention of health care associated staphylococcus aureus bacteraemias.

A thorough investigation is conducted to identify the cause and to initiate corrective action immediate to prevent escalation of the infection.

Accurate surveillance and monitoring is achievable through an infection electronic referrals system generated by staff from the clinical areas and by the online posting of pathology reports by the pathology service contracted to the health service.

It is significant to note that data from the 2018 Surgical Site Infection Database indicated that that per 100 procedures at Djerriwarrh Health Services: Knee replacement had a zero rate of surgical site infection. Hip replacement had a zero rate of surgical site infection. There have been no reportable staphylococcus aureus bacteraemias at DjHS during the past twelve month reporting period.





Each year the flu affects thousands of Victorians and puts an enormous strain on our healthcare systems. The flu is not like the common cold, the disease may be short-lived with mild symptoms or more often, a severe illness with a high temperature through to life threatening pneumonia and organ failure.

For vulnerable people, like children, the elderly and people with a weakened immune system, the flu can have devastating effects.

Multiple viruses circulate each year but Influenza A and B viruses are the main cause of infection in humans.

During 2017, there was a significant increase in the number of reported and confirmed cases. The annual flu vaccines are prepared months ahead of the flu season, and sometimes the strains on which the vaccines are based may not end up being a good match with the circulating strains during the season. This was the case during the 2017 flu season where 85% of people who were vaccinated and then exposed to the flu became infected. There were an increased number of reports of illness amongst the general public and

a number of outbreaks throughout Victorian Aged Care Facilities.

Our residents in Grant Lodge Residential Aged Care Facility were all vaccinated in the 2017 season as well as full vaccination achieved in 2018. Grant Lodge were fortunate not to experience and outbreak during the 2017 season.

All staff at Djerriwarrh Health Services DjHS are strongly encouraged to be immunised.

Maintaining a level of immunity in the healthcare workforce ensures the risk of transmission is minimised, reducing the risk of transmission of the disease to co-workers, vulnerable patients and their families.

In 2017, DjHS achieved a workforce vaccination compliance rate of 77.7%. This year, the Government has raised the compliance target to 80%. DjHS have had an excellent response from staff with compliance for 2018/19 at 80%

We submit data from all five of the health services campuses to the Victorian Department of Health and Human Services.

As part of a Statewide/National agreement targets are set for some key performance indicators. This indicator focuses on the number of singleton term infants who were born over 37 weeks gestation and without congenital anomalies. This indicator uses the Apgar score to physiologically assess the baby at 5 minutes of birth against their colour, heart rate, muscle tone, breathing and reflexes.

Djerriwarrh Health Services reported a rate of 2.8 per cent was well below the state average of 9.6 per cent.

Caesarean section can be a lifesaving procedure for babies. Having a caesarean for the first birth greatly increases the need for a caesarean birth with subsequent birth. Careful counseling of a vaginal birth after caesarean birth provides the mother and her care team an opportunity to consider giving birth naturally.

DjHS natural choice rate of 35 per cent compares with the state average of 29.9 per cent. Results in 2017 reflect a strong commitment to working collaboratively with women to achieve their birth choices. DjHS achieve a 35.3 per cent rate of successful vaginal birth after caesarean. This is higher than 2016 and reflects our commitment to offer appropriate choices to women and families.

One of the factors that can influence women in their choice of birth is the information they receive in the antenatal period. Antenatal education provides women and their support network with strategies including dealing with being pregnant, healthy behaviour and increasing a women's confidence to labour and give birth.

The Maternity Unit at Djerriwarrh Health Services identified an expressed need from women in the local community to have more support for pregnant women and 'The Expectant Tribe' was born and has been running for 12 months in the Bacchus Marsh community.

The Expectant Tribe meets on Tuesday mornings at the Bacchus Marsh Library. The group is facilitated by a midwife and guest speakers are regularly invited.

Mothers are encouraged to bring older children and new babies back to the tribe. Many postnatal mothers attend this group which provides a positive experience and sharing of information amongst women.

In 2018 a second "Expectant Tribe" group commenced on Wednesday mornings at the Melton Library. The groups have been advertised through social media and flyers that are available at events.

DJERRIWARRH'S EXPERIENCE USING THE TRAFFIC LIGHT SYSTEM FOR MATERNITY CARE

Khot N, Watts S.

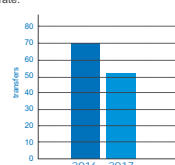
Introduction:

Djerriwarrh Health Service is a Level 3 Maternity service. In 2016, it implemented a traffic light triage system for maternity care. Women falling in the 'Red' zone were transferred to a tertiary facility while women falling in the 'Green' zone continued to receive care at Djerriwarrh. This left a group of women with known risk factors who were classified in the 'Amber' zone did not have a clear plan of care in pregnancy. Inconsistent decision making for these women was identified as a safety issue.



Measurement of improvement:

We audited our transfers to tertiary hospitals during two 12-month periods prior to and after setting up the Amber committee. This audit demonstrated almost 20% reduction in transfer rate.



Assessment of the problem:

We undertook a 3-month audit of antenatal referrals to our service. We discovered that 69% of referred women fell within the 'amber' category. On further analysis, we found that clinical decision making was variable and did not always follow accepted best practice.

Intervention:

We formed a multidisciplinary "Amber Committee" with midwives, obstetricians, paediatricians, social worker, lactation consultant, and allied health professionals. Other specialists like anaesthetists were contacted as required. A referral form was developed for referral to this committee. The clinical management plan made by the team was recorded contemporaneously into the woman's BOS electronic antenatal record ("Management Plan" section).

Strategy/Timeline:

Audit of referrals: Jan- Mar 2016
Commencement of Amber committee: July 2016
Audit of referrals: ongoing
Formal staff feedback via survey: annual
Modification of the referral form: ongoing
Measurement of improvement: ongoing

Effects of change:

Each woman with a known risk factor has an individual, multi-disciplinary, evidence-based plan of care that is easily accessible to all staff. In addition, these meetings provide a forum for different craft groups to discuss management plans. The meetings are a teaching opportunity for junior doctors and midwifery students.

Lessons learnt:

In order to make this process sustainable, flexibility and commitment are both essential. Ongoing viability of this committee will need clear, objective proof of benefit for staff and consumers.

Key Messages:

This project has a direct impact on patient care since more women are able to continue to have safe maternity care close to home. The bigger impact however, is a significant change in the culture of the organisation improving communication between doctors, midwives and allied health specialists.



**“Our maternity ward
was officially opened on
27 June 2018 by the
Minister for Health,
The Hon. Jill Hennessy, MP”**



Weight Loss

Grant Lodge Residential Aged Care Facility had an increase in the number of residents who experienced unintentional weight loss. This weight loss was impacted by a respiratory outbreak that affected 11 residents and residents who were receiving end of life care.

Unintentional weight loss is a significant risk in older people and can occur for multiple reasons. Age related changes include loss of taste, smell and sight, swallowing difficulties, depression, chronic disease and social isolation which will all impact on the enjoyment of food.

Many residents are on multiple medications and a regular review from the pharmacist is necessary to monitor for poly pharmacy which can have an adverse effect on their appetite. Dementia can play a significant part in weight loss, some people become unable to recognise food or feed themselves.

Weight loss can contribute to increased risk of hip fracture, development of skin abrasions and pressure injuries and it can impact on wound healing.

In Grant Lodge Residential Aged Care Facility, the Team recognise that food is pivotal to the well-being and quality of life of their residents. The Team looked at how all residents can enjoy their food and have introduced innovative ways to deliver nutritious meals and snacks.

Finger food lunches have been organised where residents assist with the preparation of tasty food which is a change from the usual diet and the finger food is tactile. Eddie is the resident gardener and the Grant Lodge home grown fresh produce comes straight from the garden for these events!

Many residents who often eat poorly will eat well as they sit at the table with others enjoying a glass of wine or a beer. The team have noticed a reduction in weight loss in residents when they are able to enjoy finger foods and eat in a communal setting such as this.

Diversional Therapist Robin enjoying pizza with Thomas



**“Eddie is the resident gardener
for Grant Lodge bringing the fresh
produce straight from the garden
to the pizzas”**



Falls

Falls are a substantial concern across the residential aged care sector and present a challenge to the diverse team of skilled staff in their prevention.

At Djerriwarrh Health Services, the team at the Grant Lodge Aged Care Facility make falls prevention a priority for everyday practice and work together to identify the best approach to take with each of their residents.

The Quarterly Indicators from Australian Information Management Systems (AIMS) report that is submitted to the Department is one way to benchmark against other similar sized facilities and look at current falls prevention activity to better determine any areas that need development or intervention.

The 4th quarter which was April to June 2018 showed 20 falls compared to the 3rd quarter of January to March 2018 which had 15 falls. In comparison to similar sizes homes we have less falls overall.

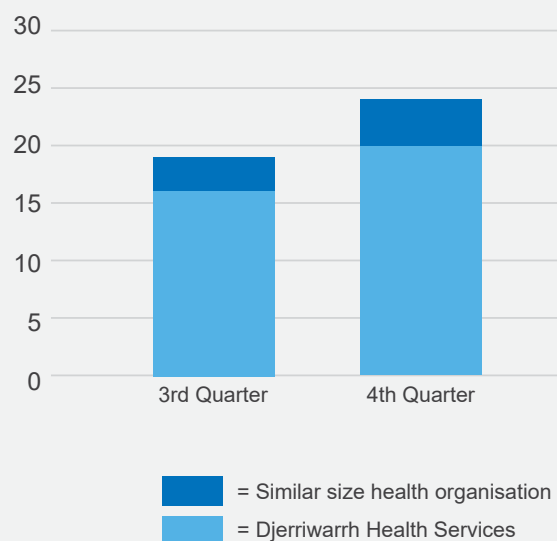
The number of falls is dependent upon the acuity of current residents, all of the falls in Grant Lodge can be attributed to residents with impaired cognitive function & impaired mobility.

Strategies implemented to combat residents falling

- Falls Risk Assessment (FRAT) on admission, monthly and when a fall occurs this identifies high risk residents
- Resident individual and group exercise programs, individual exercise program
- King single beds to minimise rolling from bed
- Physiotherapy review on admission, 3rd monthly and also following a fall
- Education for staff
- Mobility & Dexterity audit



Falls 2017/18



PATIENT ESCALATION OF CARE PROCESS

The revision and updating of the Code Blue Procedure and the introduction of “Track and Trigger” and “ViCTOR” patient observations charts throughout the organisation has assisted to improve patient care by providing staff with tools to assist in the early recognition and appropriate response to patient deterioration.

With the implementation of the new procedure and observation charts, the number of code blue calls has increased, however actual cardiac arrest episodes has been minimal. The remainder of the code blue calls reflected patients receiving timely intervention as a result of early recognition of clinical deterioration that was escalated appropriately. There has been a focus on creating organisation wide awareness of both the code blue policy and the “Track and Trigger” and “ViCTOR” observation charts. The education focused on the following areas; how to call a code blue, recognising when to call a code blue, using objective criteria and clinical judgement rather than subjective interpretation by the clinician, who would respond to the call and their role during a code.

The education and training encompassed all levels of staff within the organisation increasing competence and confidence. The overriding message of this education was improved patient safety and clear processes to support this.

Factors for improved recognition & responding to patient deterioration

- The introduction of the “Track and Trigger” and “ViCTOR” patient observation charts
- Resuscitation training throughout the organisation, including Basic Life Support (BLS) and Advanced Life Support (ALS)
- Standardisation of resuscitation trolley equipment and contents for adults and children



Chelsea, Claire, Kim & Michelle from our education team

The recent changes to the funding and access pathways for community health programs has meant that navigation of services can be confusing and difficult for some patients and General Practitioners.

Djerriwarrh Health Services has put strategies in place to support patients by assisting them to access the services they require and facilitating the identification of additional needs.

A Register Nurse has been working alongside our Referral and Appointment Services and clinical teams to engage with patients and GPs to facilitate referral pathways for patients and their referrers.

On receipt of referrals, patients are contacted via telephone, the patient's needs are determined in addition to which referrals need to be made.

Education and feedback is provided to referrers so that they are aware of all requirements and can assist with orientating patients to the new processes.

Patient feedback on this new process has been positive with an appreciation of the services and early contact. Patients felt more prepared for the discussions with MY Aged Care(MAC) with the additional engagement from the nurse.

This strategy has supported patients to access and navigate the changing health service pathways.

Heather, one of the registered nurses at DjHS has reported that with the implementation of this process:

“Every phone call I have made, the client has appreciated the interest in their needs and situation. Many are confused about the process of navigating MAC. I take time to explain and clarify the process.

Patients do reflect on what they have and then after being prompted consider other services available which they may not know are available to them

Patients who accept a new service are very happy that I will complete the referral. A letter is sent as follow up to remind the patient about what they accepted with information that MAC will contact them to confirm the service.”

Referral from a general practitioner that are deemed eligible for CHSP funding prompts a call to the patient discuss their referral. A screening tool is used to check the MAC referral has been completed correctly and identifies additional needs.

An example of this might include a patient being referred to physiotherapy for an injured shoulder who identifies being a diabetic who hasn't been seen by a Diabetes Nurse Educator for a period of time. With early contact and screening additional services can be offered and referrals to My Aged Care made on their behalf.

Over the past 12 months 2,020 patients have been contacted and an additional 287 referrals for different services have been made.

Follow-up

2,020
patients



287
referrals

for a
different services

4. Comprehensive care

COMPREHENSIVE CARE – CONTINUITY

Comprehensive and integrated care is of paramount importance in ensuring a high standard of care for patients accessing the Community Health locations at DjHS.

A collaborative approach to care has been introduced by providing combined allied health sessions with podiatry and dietetics for patients with diabetes who attend DjHS.

These sessions are aimed at:

- Decreasing the total number of appointments needed
- Optimising the information and care provided to the patient
- Proactive preventative care for the patients
- Maximising patient access to and awareness of services that can assist in the management of their health
- Supporting a patient centred partnership approach to care planning and management

This process has improved the team work of the clinicians providing the care. Joint assessments enable the patient to develop comprehensive health goals which are translated into the allied health care plan and shared with the patient and General Practitioner as consented.

This approach is active at Melton and Bacchus Marsh Community Health Centre. Additional appointments can be arranged outside of the specific times for patients who require more support. This approach has enabled upwards of 40 patients to be seen with positive verbal feedback received from patients.

Patients have reported the benefit of having both clinicians available for their care. This includes a sense of security for prevention of complications. Patients are often relieved when they are only required to attend one appointment rather than multiple especially when it is close to home in their community.

Feedback from staff has been positive. Dietitians are able to see patients opportunistically and explain the benefits of their role.

This approach to care is patient centred and has potential to decrease the recurrence of complications in patients with diabetes by better integration of care and care planning across the health service.

Formalised feedback processes are currently being completed.

Our Dietitian Lisa & Podiatrist Gordon with their patient Ron



IMPROVING THE HEALTH SERVICE EXPERIENCE

The Health Promotion Team have been working on a project to improve accessibility to our health service for lesbian, gay, bisexual, transgender, intersex and questioning (LGBTIQ) community members. This project aims to progress the organisation through achieving the Rainbow Tick accreditation and creating a safer and more inclusive service for our diverse community.

The first step in this journey took place at the Melton City Council International Day Against Homophobia, Biphobia, Intersexism and Transphobia (IDAHOBIT) event on the 17th of May in 2018. The Health Promotion team were on site at the Melton Community Hall for the event and distributing rainbow socks. The team also surveyed the local community with feedback forms and collected information to find out how they can improve the service.

37 community members responded to surveys on the day which asked “How can we create a safe and inclusive community for everyone?” and “How can we provide a culturally safe and accessible service at DjHS?” Responses included: “create a space that is safe and

open to feedback”, “ensure that all included are advocates for safe and inclusive environments” and “good partnerships. Working with organisations who have the expertise.”

Over 50 community members were engaged and were encouraged to share photos of themselves with their rainbow socks on social media with the hashtag #darnrightisupportit to share Djerriwarrh Health Services’ goal for a safe, inclusive and diverse community.



Our Health Promotion team

ADVANCE CARE DIRECTIVE OR A MEDICAL TREATMENT DECISION MAKER

Advance care planning is a process that enables individuals to make plans about their future health care. Advance care plans provide direction to healthcare professionals when a person is not in a position to either make and/or communicate their own healthcare choices.

Within the Community Nursing service, we had a client who lived alone, with his only regular support coming from an ex-partner. He was fiercely independent and very slow to accept his need for assistance, or to acknowledge that his disease might end in death. We, as a team felt that he had weeks to live and decided to discuss the end of his life via a discussion of Advance Care Planning and making sure it was clear who his medical decision maker(s) were.

In the discussion around Advanced Care Planning, it became apparent that the client was aware he was dying, and was happy that he had lived more years than his father and grandfather. He wished for his son's to make his medical decisions and he wanted to die at home if possible or in hospital nearby in Bacchus Marsh. He also requested that his life wasn't maintained by machines, and that quality of life rather than quantity was important.

A few days later, the client was admitted to a tertiary hospital. The team, because we knew of the patient's wishes, advocated to have him transferred to Bacchus Marsh. We could also advocate that both sides of his family could have access to visiting him in hospital which was in his ACP, and his death was supported by our team consulting both the client who remained lucid until quite late in his life and his Advance Care Plan.

One of the key learnings for the team was that the decision the client made regarding his medical decision makers was not the decision we expected. He selected a son who was interstate, and a son he had little to do with as his Medical Power of Attorney MPOA's. As a team we had to adjust our thinking due to his wishes, and it also altered how we communicated with his ex-partner who was up until that moment, his recognised carer. We allowed the client to clarify and communicate his thoughts regarding the end of his life with the people he wanted to and the professionals caring for him. This meant we had a clear understanding of where and how he wanted to die, and we were able to gently inform him of when he was likely to die, which allowed him to say goodbye to a range of family members.

Clinical Nurse Consultant Valerie with her patient Carole





The importance of monitoring the effectiveness of end of life care systems is stressed in the 10 essential elements of the National consensus statement: Essential elements for safe and high-quality end of life care and is a part of the organisational prerequisites.

Djerriwarrh palliative care service conducted a death audit this year to monitor and evaluate the processes and systems used for delivering end of life care within our inpatient setting as well as our residential aged care facility. The results confirmed the strengths of those systems and procedures and also assisted us in recognising opportunities for improvement. The audit measured data around documentation of Advance Care Directives, place of death matching clients wishes, timely referral to specialist palliative care service and social worker, patient being identified as dying, clear medical plan of care put in place, symptoms management in the last 72 hours to name a few.

The audit demonstrated high achievements, above 80%, in areas such as:

- patients place of death matching their wishes
- patients are identified as dying, that a clear medical plan of care is put in place

- an end of life care pathway was commenced
- symptoms were reviewed and treated with a syringe driver and anticipatory medications charted at least 72 hours before death
- a family meeting was held
- patients wishes have been documented.

Areas for further improvement were:

- documentation of evidence of Advance Care Directives or Medical Enduring Power of Attorney/substitute medical decision maker in patient's files
- documentation that staff are addressing the patient's and family's psychological and/or spiritual needs
- evidence that the recommendations from the specialist palliative care team were implemented at every shift and that Bereavement packs were provided to family.

This information is valuable to target specific education for our workforce. It will assist us to develop effective and sustainable systems for delivering safe and high-quality end-of-life care, including sustainable improvements in the experiences of patients, families and carers.

Memorial Service: A Time to Remember

The Palliative Care service has run a Memorial Service for people who have had family members die while receiving support from the Palliative Care Service. It was decided to change the location to the grounds of Bacchus Marsh Hospital. A more varied group of people were invited including families of people connected to the Palliative Care service, and included people affected by bereavement with in Djerriwarrh Health Services. There was a focus on inviting staff from departments across Djerriwarrh Health Services to acknowledge they may have experienced bereavement and loss.

Two Directors of Djerriwarrh Health Services were invited and a local GP who works with our Palliative Care Service to speak about the history of the hospital and the history of grief in their

lives. Families and staff had an opportunity to read poems and there was music from a harpist which provided an opportunity for meditation and as backing music to the readings.

During the service the names of all people who had died in the previous 12 months were read aloud. There was a symbolic white wooden tree that people were encouraged to attach written messages to their loved ones.

The service closed with a version of “Somewhere over the rainbow” and this led into an afternoon tea where people could spend time sharing stories with each other

All feedback from the memorial service enables the Palliative Care Service to best meet the needs of the community

Bereavement Groups

The majority of the bereavement groups started with 7-8 people who experienced a bereavement within the same 6-12 month period. Groups meet monthly with a professional for 12 months and then become independent. The ongoing group dynamics play a part in the longevity and success of each group.

In 2015 open bereavement groups commenced which means that membership could change, people could come and go as they need to this worked well for a period of time. Popular venues for the group to meet include the Golf Club, and a popular restaurant because for many people, having social contact and good food made talking about grief more acceptable.

The group is thriving at the moment for several reasons, the membership is made up of people who have been bereaved for over two years, and people who have been bereaved for two months. People who have been bereaved longer have become adept at supporting and encouraging the newly bereaved.

The strength of the group is that attendance varies, it creates a community within the town, and it allows companionship. It also encourages empathy because while all grief and each situation is different, there is enough similarity in experience that people “know a bit about how each other feels”.

**“people were encouraged
to attach written messages
to their loved ones.”**



WE APPRECIATE YOUR FEEDBACK

Please provide us with feedback on the form attached regarding our Quality Account report or via www.djhs.org.au

DISTRIBUTION OF THIS REPORT

The 2017-2018 Quality Account Report is distributed to healthcare partners, GP clinics and community leaders. Copies are available in Djerriwarrh Health Services foyers and for download from www.djhs.org.au

WHAT DO YOU THINK OF THIS REPORT?

Please complete this survey and return to:

Chief Executive, PO Box 330, Bacchus Marsh, Victoria, 3340

1. Was the report easy to understand?

YES / NO

(please circle)

2. What did you like most about the report?

.....

.....

3. What information would you like to see in this report?

.....

.....

4. Do you have any suggestions or feedback on other services Djerriwarrh Health Services could offer the community?

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Thank you for your comments.

