accountability

compassion

2016-17

Quality Account

djerriwarrh health services

leadership

respect

excellence

Content

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 includes 11 maternity beds, a wide range of theatre procedures, outpatient care and community health.

Grant Lodge

Grant Lodge is 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 Health

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

Melton Community Health Centre

Allied health and counselling services

Caroline Springs Community Health Centre

General community health programs

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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

I would like to welcome you to the 2016/17 Quality Account.

The 2016/17 year has seen positive change at Djerriwarrh Health Services as we position ourselves to meet the needs and challenges of our current and future communities.

During the year the Minister announced my reappointment as Administrator for a further 12 months. My focus has continued to be on establishing the most rigorous and accountable clinical governance standards and provide ongoing support to Chief Executive, Andrew Freeman, and his team.

The revitalisation of Djerriwarrh Health Services continued during the year. We now have robust, clinical governance processes, systematic training, continued professional development and strong leadership that's ensures Djerriwarrh Health Services is a safe, secure and community serving Health Service.

Thank you to all of the staff that have contributed so positively to the changes that have been undertaken. In doing so, they have brought confidence to the communities that rely on the Health Service.

I hope that you take the opportunity to read through this report and take the time to recognise the many achievements we have made this year.

Djerriwarrh Health Services is a provider of quality health care that our communities can rightly have confidence in and be proud of, now and into the future. The continued transformation of Djerriwarrh Health Services during the year, led by our staff, shows their commitment, professionalism and desire for change which is clear and evident to anyone who experiences care at Djerriwarrh Health Services, whether in Bacchus Marsh, Melton or Caroline Springs.

Thank you to all the staff and volunteers for your support during the year.

Dr John Ballard

Administrator

Andrew Freeman

Chief Executive

1. Statewide plans and statutory requirements

1.1 Aboriginal Health

Building cultural awareness, respect and trust between Djerriwarrh Health Services' (DjHS) Aboriginal Health Support Nursing team and clients, has been pivotal to the establishment of a health improvement focused relationship between clients and their health care workers. Individual's interactions and past experiences with the health care service can significantly impact on future engagement with health services and therefore potential health outcomes.

Good care is underpinned by 3 key elements:

1. **Cultural awareness:** Knowledge and understanding of cultural differences, history, cultural values and practices;
2. **Cultural competency:** Use of sensitive and effective health care behaviours including attitudes and policies to create effective cross-cultural working relationships
3. **Cultural safety:** Creating an environment where clients are treated in a culturally respectful manner and are empowered to actively participate in decisions affecting their health care.

In 2016/2017, DjHS engaged the Victorian Aboriginal Community Controlled Health Organization (VACCHO) to facilitate cultural competency training. A total of 40 staff attended the workshop which provided an overview of the Aboriginal historical context, community and family structures and culturally sensitive and competent care. The training proved to be a lively and interactive session where staff learnt much about the rich and diverse culture of our Aboriginal community.

Cultural competency training is a mandatory competency requirements for all DjHS staff. To date, 92% of DjHS staff have completed training in the delivery of culturally competent care and culturally competent communication.

Some other strategies we are using to create a culturally safe environment for Aboriginal and Torres Strait Islander clients are:

1. Implementation of staff cultural awareness training.
2. Display of culturally appropriate artwork in communal spaces and client consulting rooms.
3. Inclusion of cultural competency training as a core component of staff mandatory competency requirements.

Statewide plans and statutory requirements

1.2 Family Violence

Djerriwarrh Health Services (DjHS) is committed to raising awareness and providing assistance to victims of family violence at any and all entry points to our services. This remains a critically important societal issue that needs a whole of society response. Last year 5 women died in the Brimbank/Melton and Western Melbourne regions at the hands of their partners. 4 of these had no prior police involvement and one had recently been referred to family violence services after an identified family violence episode.

DjHS has established a Family Violence Prevention and Child Safety Committee to streamline our referral processes, work in an integrated way with external services and educate staff to be able to identify family violence risks, support victims in a non-judgemental manner and provide the right response to help them including:

- the commencement of Risk Assessment and Management Panels. These are case review meetings where members from core family violence organisations meet and table cases to discuss and develop management plans to support family safety. 50 cases have been tabled for risk assessment and management across the Brimbank/Melton and Western Melbourne RAMP areas.
- Processes have been changed to improve access to the Men's Behavioural Change Group resulting in an additional 20 men being able to access the service.

Family Violence Case Study

Sandra was the partner of one of the men in our Men's Behavioural Change Program (MBCP). The aim of the MBCP is to enhance the safety of women and children by working with the male perpetrators of the violence take responsibility for, and hopefully change, their behaviour.

Sandra met with the counselling team and was initially ambivalent about implementing a safety plan. She was hopeful that her partner Wally was going to change. Sandra had been assaulted by Wally about two months prior. She had never experienced an assault before, was embarrassed to disclose to her family what had happened and was taking full responsibility for the assault having had occurred.

Sandra had been in the relationship three years.

Sandra was seriously physically assaulted by Wally about 6 weeks later. Wally left the scene after the assault and according to Sandra had shown remorse and agreed not to return home for the time being. She was supported and encouraged to make a statement to the police.

Wally did not attend for three consecutive MBCP sessions after the assault. When he attended for his first MBCP after the assault, he disclosed the incident in group, placing all the responsibility on Sandra and claiming she had assaulted him.

Sandra continued to struggle with the family violence dynamic and did respond to requests for contact from Wally. His behaviours included stalking - actual and on social media and threats of homicide/suicide. Eventually Sanda ceased responding to Wally's attempts to contact. Police were instrumental in supporting Sandra.

Sandra attended weekly sessions at DjHS for a total of four months, then fortnightly for a further three months. Below is an excerpt from one of Sandra's statements to police

"My helpers and social workers there (DjHS) were and still are amazing individuals to work with, my facilitator has been totally amazing her name is X and to me she is a terrific wonderful human being, whom opened my eyes to the fact it wasn't my fault and someone like Wally whose in denial must be responsible and is accountable for his crime to me..and she has taught me so much - the education and support she gave me and still gives me is simply amazing. I totally have embraced her help and I am grateful for all she has done with me and other organisations she has referred me to and used to help me through this bad time".

Names and minor details have been altered: the excerpt from the Police Statement is entirely accurate.

DjHS provides a range of services in relation to family violence prevention and support
Men's active referral service – 5000 notifications, 450 contacts and 50 men who took up ongoing support.
Men's behaviour change group – 80 men attended the program and 50 affected partners were referred into other support services.
Women's family violence program – 82 individual counselling sessions for clients, 75 group clients and a further 20 received other supports.
Adolescent and Young Adult programme – 60 referrals to this program were adolescents or young adults affected by the trauma of family violence.

1.3 Child Safe Standards

Djerriwarrh Health Services (DjHS) has a strong commitment to child safety. This includes establishing and maintaining child safe and child friendly environments, a commitment to cultural safety for Aboriginal children, cultural safety for children from culturally and or linguistically diverse backgrounds and providing a safe environment for children with a disability.

Djerriwarrh Health Services Commits to:

- Zero tolerance for child abuse and is committed to acting in the best interests of children and to keeping them safe at all times.
- Actively work to listen and empower children.
- Has systems to protect children from abuse, and will take all allegations and concerns very seriously and responds to them consistently in line with mandatory reporting obligations.

The designated Child safety officers for DjHS the Director of Paediatrics and the Director of Nursing and Midwifery. The Child Safety committee guides the development of the child Safe Policy, the Child Safety review and implementation of the standards. This work guides how DjHS works with children and families across our organisation and in all our services. DjHS aims to create and maintain a culture of child safety, lowering the risk of harm to children by early identification of maltreatment. Most importantly, services work to respect the diversity of our families and community but ensure the child's right to be safe is our key responsibility, and to protect children from harm.

Dr Nigel Hocking who leads DjHS Paediatric services states " Not only does Djerriwarrh Health Services provide diagnostic assessments for for children with developmental disabilities, but also the long term follow up that families with special needs require. We are caring for a group of children and families from our community who are often vulnerable and find getting the help they need challenging. We are able to provide the expertise at Djerriwarrh with a team of highly qualified multidisciplinary Child Health staff to meet their individual needs over time as they grow and develop. "

2. Consumer, carer and community participation

2.1 Building the capacity of consumers, carers and community members to participate fully and effectively in their healthcare

At Djerriwarrh Health Services (DjHS) listening to the consumer and actively including them in all the steps of care including planning, delivery and evaluation is a fundamental aspect of person cented care and the evidence tells us it improves outcomes. The Diversity and Consumer Advisory Committee is one of the ways DjHS keeps our consumers involved. Formed in July 2016 with the appointment of 9 consumer representatives, the group meets monthly with DjHS Executives to offer a balanced consumer perspective on a range of issues ensuring the provision of safe, person centred care to all patients of the health service.

In addition, individual members of the group are appointed to key governance and operational committees to ensure the view of the consumer is represented in all matters concerning clinical, quality, safety, risk management and other issues of importance. In July 2017 four additional consumer representatives from the Melton area were appointed to ensure adequate representation of the Melton community.

At a recent committee meeting a consumer representative stated:

"The consumer group at DjHS was established as a cohesive group from the outset and in the past 15 months has developed not only very strong connections between all members of the group but has also built strong links with clinicians, allied health and frontline staff members of the health service committees on which they serve."

"Establishing this group from the ground up and positioning it within the health service as part of the strategic plan has enabled the development of a great deal of mutual acceptance and respect between consumer representatives, clinicians and administrators. DjHS is to be commended for its foresight in taking this approach."

2.2 Meeting the needs of our diverse community by the use of accredited interpreter services.

The provision of interpreting services provides access and equity in health care to our linguistically and culturally diverse population. DjHS is committed to social inclusion and the provision of safe and optimal health care for our entire community.

Bookings can be made online, by fax or by email. They can be requested by staff, by the patient or by family / carers.

The ante-natal clinic utilise the interpreting services regularly. For a Dinka speaking South Sudanese woman, this service has been invaluable. Through the interpreter, the Obstetrician could explain what was seen on the baby's scan; discuss her due date, and what to bring along to hospital.

Five most used interpreting services 2016-17

2.3 Djerriwarrh Health Services Disability Action Plan

The DjHS Disability Action Plan focus on meeting the needs of our community through actively:

- **Providing and continually improving holistic care**
- **Facilitated the best possible pathways through care**
- **Preventing discrimination and abuse of patients with a disability**

Currently we have 19 clients accessing allied health services through the National Disability Insurance Scheme (NDIS) pathways. There are a total of 8 clients accessing nursing services through an NDIS pathway. DjHS is also providing other health related services to these clients ensuring continuity of care and avoiding disjointed services, which is a common complaint of consumers with complex needs.

A patient was referred to physiotherapy under NDIS for ongoing management of her mobility and balance deficits due to Parkinson's Disease. She was soon to be undergoing joint replacement surgery that was not disability related and would require a second referral for her acute health condition. The processes and pathways that Djerrriwarrh Health Services have in place facilitate the care of this patient and allowed us to treat both her disability related conditions as well as her health conditions with minimal confusion or delay for both the patient and the practitioner. We were able to continue her care in relation to her Parkinson's Disease while being able to access a second physiotherapy service for the acute condition in a timely matter. This was a positive outcome for the client and the best possible return of her previous functional levels of her overall health and mobility.

The roll out of the NDIS commenced in the Shire of Moorabool in 2017. The City of Melton is due to commence in October 2018. Whilst NDIS focuses on clients' disability related needs, clients may also have health related concerns which are treated as part of usual health service provision. Patients have been referred to our services via their NDIS care plans and Centralised Referral and Appointment Service. This process through the centralised Referral and Appointment Service enables clients to arrange appointments at times that suit them within the operating times of community health.

NDIS clients undergo a multidisciplinary assessment to ensure that all needs are met from both a disability and health perspective. As health needs are identified, Djerriwarrh Health Services is able to initiate internal referrals to facilitate patient access to the necessary allied health and nursing services, ensuring that all clients attending have access to the relevant services in a timely manner.

2.4 Participation Victorian Health Experience Survey

TThe Victorian Healthcare Experience Survey collects data from a range of healthcare users of Victorian public health services. The survey is conducted on behalf of the Department of Health & Human Services by an independent contractor.

These questionnaires are distributed in the month following a hospital admission or an emergency department attendance. Selected participants may respond either online or by pen and paper with a freepost return. The participant's contact information is confidential and kept for a period of six months. This ensures another questionnaire is not sent to the same participant during that time.

The questionnaires are available in English and a range of community languages. The survey is anonymous. Health services and the Department do not know which patients are selected or respond.

The Victorian Healthcare Experience Survey information is an important way for consumers to provide feedback without fear of impact on care. It is pleasing to note, that DjHS achieved excellent results over the year, consistently exceeding the state average.

Data : Victorian Healthcare Experience Survey - Results 2016-17

Period	Bacchus Marsh	Melton Helath	Statewide average
Jul-Sept15	0.99	NA	0.87
Oct-Dec15	0.97	0.97	0.93
Jan-Mar16	0.95	N/A	0.915
Apr-Jun16	0.95	N/A	0.9

The Victorian Healthcare Experience Survey is one of the important ways DjHS receives feedback on patient and consumer experiences in addition to direct feedback from consumers. The Victorian Healthcare Experience Survey data provides us with an opportunity to benchmark our results with other services across Victoria and similar sized organisations. One area for improvement identified was the desired level of involvement from consumers in decisions about care and treatment. The results showed a rate of 82%, although above the state average of 63.4%; with the increased focus and education on person and consumer centred care we expect this to improve. DjHS will use the Victorian Healthcare Experience Survey data to monitor progress.

2.5 Public Health Services must, where applicable report on key result areas 1 to 4 of the Improving Care for Aboriginal Patients (ICAP) program

The DjHS Aboriginal Men's, Parents and Marla Women's groups have served as a vehicle to engage Aboriginal community members in activities to promote health and wellbeing and to facilitate client access to health services.

The groups are facilitated by DjHS' Aboriginal Health Support Nurses and Aboriginal Liaison Officer.

The Aboriginal concept of health recognises social, emotional and cultural wellbeing as being intrinsic to achieving individual's physical and mental health.

The groups provide a culturally appropriate forum for clients to play an active role in the planning and implementation of activities to build community capacity to promote health and wellbeing.

In 2016-17, the DjHS Aboriginal Men's, Parents and Marla Women's groups implemented a range of community programs and cultural activities including:

1. Marla exercise groups
2. Reduced cost gym memberships
3. Community information sessions
4. Health information workshops on breast health and health screening
5. "Share the Journey of our mob" cultural workshop
6. Cultural excursions
7. NAIDOC week BBQs and Djerriwarrh Festival participation;
8. Cultural art workshops and projects
9. Community health events

DjHS Aboriginal group activities

The community activities and events have facilitated referral on to allied health and medical services within DjHS and other support services.

Cultural art workshops	84
Cultural dancing & didgeridoo workshops	32
NAIDOC activities	300
Health screening	631
Health Promotion events	914

The heath inequalities between Indigenous and non-Indigenous Australians is underpinned by a complex interplay of the enduring impacts of colonialism, wariness of services, social disadvantage and poor engagement with mainstream health organizations.

The Aboriginal Health Promotion And Chronic Care partnership Initiative aims to improve Aboriginal people's access to health services and improve health outcomes by preventing avoidable hospital admissions and strengthening the delivery of care in the community.

This is achieved through the implementation of programs to:

1. Improve Aboriginal people's access to services
2. Improving the coordination and integration of services
3. Supporting culturally appropriate local initiatives focussed on chronic disease management, co-ordination and service delivery improvement.

2.6 Community health integrated program

Using an Assets Based Community Development model, the Linking Melton South project has aimed to increase the capacity of the community to identify and respond to their needs. Elements to increase capacity at multiple levels include:

- Individual capacity
- Civic participation
- Organisational capacity
- Inter-organisational capacity
- Community capacity

Amy's story

Amy's passion for her community, excitement for learning new things, solution focused attitude and enthusiasm for the arts and wellbeing has made a considerable impact on both the DjHS Health Promotion Team and broader community. She is now keen to further connections that she has made with local artists and we look forward to seeing what ventures she has planned next!

Amy McDonald, a resident of Melton South was actively involved with Linking Melton South (LMS) since its early days. Her participation and interest in music led to her playing a key role in the establishment and success of a Community Street Band, the Fabulous Meltones, formed through a partnership between DjHS, Festival for Healthy Living (RCH) and Community Music Victoria. Amy's passion for community and the arts resulted in formally being employed by DjHS. Amy has been an integral link to the community, particularly CALD groups to support the implementation of Health Promotion projects. Her work culminated in the recent celebration of the 2017 Dream Big Festival showcasing the talent and culture of Melton South.

"My role in the band began as a singer and guitarist, also as a mum, daughter and friend who wanted my whole family and any local friend involved in our excellent band. I have invited everyone I know... Now I am privileged to work with the group as part of my job and as the assistant co-ordinator of the Dream Big Festival (which was one of our first gigs!). Living working and learning in Melton South...I have done all three."

Through her involvement in numerous Linking Melton South projects including Little Libraries, the Fabulous Meltones Street Band, 2016 Dream Big Festival and Community Stations Project, Amy built her skills, knowledge and confidence to volunteer in her community and to network with others. She participated in Safe Food Handling Training and Mental Health First Aid which were provided by Linking Melton South. Amy's previous experience with Linking Melton South along with her broader volunteering experiences, she demonstrated the skills and confidence to successfully take up a position with. In partnership with the Festival for Healthy Living, an opportunity for a local resident from Melton South to take up a paid position assisting with the 2017 Melton South Dream Big Festival. Amy has successfully brought together more local community members and additional members with diverse backgrounds from the Cook Islands, Samoan, Aboriginal, Indian, Bangladeshi, Egyptian, Lebanon and Bosnian to plan and implement the 2017 Dream Big Festival.

3. Quality and safety

3.1 Consumer Feedback - Complaints, Compliments, Enquires and Suggestions

Djerriwarrh Health Services (DjHS) monitors all feedback, this includes formal or informal complaints, compliments, and 'have your say' forms and online feedback. Feedback from our consumers is used as an opportunity to learn, improve and congratulate our staff. We share feedback with staff groups, our committees , including our Consumer Representative Committee. All these groups tend to see feedback in different ways and assist us in developing a better understanding of how we can do better.

In July 2016 DjHS received a complaint regarding a parent not being able to stay with an older child overnight. This review assisted us in revising our processes and in context to the Child Safe Standards we now ensure all children admitted overnight are placed in a single room that enables parents to stay overnight if they wish.

Reviewing, analysing and monitoring this feedback provides us an opportunity to gather current consumer and patient experiences, benchmark against both national and like organisations, and provide quantitative information to the quality improvement measure and monitor cycle. We received a total of 195 episodes of feedback, compliments and complaints over the year. Understanding the consumer perspective helps us focus on areas for improvement.

Both complaints and feedback have decreased over the last 12 months, complaints peaked from July to November 2016. Compliments have remained relatively steady until February this year. Although the number is monitored, the feedback we receive and how we use this information to improve our service is more important. Staff are reminded to forward compliments and feedback to their Managers or Directors. Providing timely and meaningful feedback to consumers is an opportunity to rebuild trust within our community. The trend will be monitored and further work will be done with our Consumer representatives to identify key areas for improvement.

Feedback	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	2016-17 YTD
Complaints	16	8	13	8	6	7	4	8	4	2	3	3	82
Compliments	14	14	9	9	11	8	15	5	3	3	3	7	102
"Have Your say" enquiries / suggestions	1	5	4	0	0	-	0	2	0	0	0	1	13

3.2 Patient safety culture results from the People Matters Survey

The People matters Matters Survey provides data around groups of employees' perspectives. Nurses, support services and others treating and assisting patients scored a high level of positive agreement around patient safety at 76%, whereas corporate services group scored a low level at 61%, this is probably due to the perception that safety relates only to clinical services. This provides us with the feedback we need to address this over the coming year, DjHS views all staff as important in the patient safety journey, all staff contribute to keeping our patients and staff safe, every day every time.

3.3 Safety for staff

Creating and maintaining a safe environment for our staff is a key focus for DjHS. Achieving this is a two fold process as we want to prevent injury or illness from occurring, and we want to manage it in the best possible way and care for our staff when an incident does occur. It is about providing the best possible environment, within our capabilities, to achieve the best possible outcomes for staff and patients. This requires a team effort from management and staff, it requires us to: ensure incidents are reported and reviewed respectfully in a fair and just way, to reflect and learn from experiences, and to put actions in place to improve the future. DjHS uses the committee structure to support these processes. The Occupational Health and Safety committee has broad representatives from across the work groups and meet monthly. Each month they review all the OH&S incidents to collectively identify risks, issues and recommendations for improvements and all recommendations are monitored through this committee to ensure the actions are completed. The Occupational Health and Safety committee is also committed to developing and monitoring a 'bullying and harassment' action plan to address this issue and support progress across the organisation.

The Senior Nurses committee have taken the lead on the prevention and management of occupational violence and aggression across DjHS. This group are using the support of Australian Nursing and Midwifery Federation (ANMF) and the WorkSafe toolkit and resources to ensure that every action to stop violence and aggression in the health care environment is taken.

Although prevention is the aim, DjHS is committed to supporting staff when incidents occur. Providing staff with a follow up conversation, offering support and counselling and identifying what can be done to prevent it happening again is an important part of the improvement process. All incidents of violence, aggression and allegations of bullying and harassment are reported through the committee structure, the Board views these issues as key to providing a safe work place for all our staff.

The ANMF ten point plan provides us with a framework to:

1. **Improve security**
2. **Identify risks to staff and others**
3. **Include family in the development of care plans**
4. **Report, investigate and act**
5. **Prevent violence through workplace design**
6. **Provide education and training to healthcare staff**
7. **Integrate legislation, policies and procedures**
8. **Provide post incident support**
9. **Apply anti violence approach across all health disciplines**
10. **Empower staff to expect a safe workplace.**

3.4 Community Health Staff Survey

The Health Promoting Workplaces project seeks to support staff in improving their overall health. To do this, consultation is done through the Staff Health and Wellbeing survey which informs the development and evaluation of workplace health initiatives and programs, while providing a snapshot of staff health and wellbeing. In its 3rd year, the information was collated and utilised in the development of the DjHS Workplace Health Action Plan 2017 which is delivered by the Health Promotion team in conjunction with the Health and Wellbeing Working Group.

The survey was conducted across September 2016 and had a total response rate of 133 people, or 19% of the organisation. Based on the 2015 survey, the questions were developed to provide more qualitative data, which would allow staff to provide feedback on how they believe they can be best supported in each domain of the survey.

In response to the 2016 survey results, recent workplace health promotion projects were delivered including:

> White Ribbon Day

> R U OK Day,

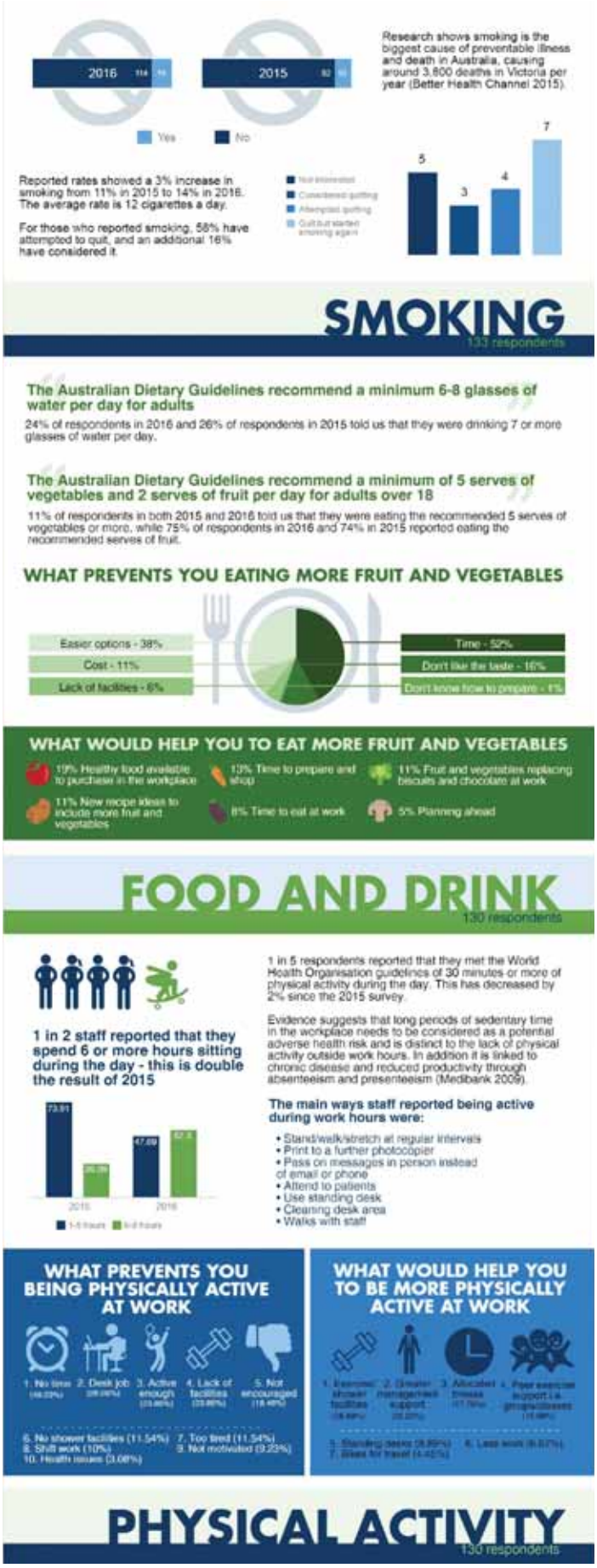
> Harmony Day,

> Active April,

> World No Tobacco Day, Introduction to Mindfulness sessions,

> Prevention of Violence Against Women (PVAW) training

> blood donation promotion



3.5 Accreditation status

Djerriwarrh Health Services (DjHS) has made significant improvements and substantial change for staff over a very short time frame. Change is often challenging but these required changes in leadership, systems, governance and care, with continued investment are fundamental to ensuring DjHS has a strong future and the trust of our community. DjHS is fully and successfully accredited under three systems:

1. The National Safety and Quality Health Service Standards by Australian Council on Health Care Standards,
2. The Aged Care Quality Standards by the Australian Aged Care Quality Agency for our Residential Care Services, and
3. The Home Care Common Standards by the Department of Health and Human Services Aged Care Quality for our Community Services.

DjHS, including our outpatient and ambulatory services, had a Periodic review in March 2017 with a successful outcome on all mandatory standards. Three surveyors from ACHS spent three days across the organisation reviewing our systems, processes and outcomes.

The Surveyors reported that:

"The organisation is commended for its attention and diligence to ensuring a sound structure with processes to deliver outcomes established. The governance structure was re-engineered to identify appropriate committees, reporting lines, and a quality and risk framework with a strong engagement of staff to ensure a whole of organisation approach.

The governance structure serves as a foundation which supports all activities of the organisation in a transparent and collegiate manner with a focus on accountability and responsibility. Processes undertaken including external reviews, monitoring of risks, incidences and ongoing auditing are ensuring the organisation is well placed to provide appropriate, safe care."

All recommendations from the previous accreditation survey have been closed."

Grant Lodge has had two Aged Care Assessment visits from the Australian Aged Care Quality Agency during the year and met all of the standards assessed at each visit. These visits provide Djerriwarrh Health Services an opportunity to identify possible improvements for the future. Grant Lodge will undergo full accreditation in March 2018.

Our Community Health Services including allied Health, Therapy Services and District Nursing Services were assessed in August against the Home Care Common Standards. The Assessors described:

"The provider has a strong understanding of and engagement with the communities in which it operates and his understanding is reflected in service planning, service delivery and continued service development. Engagement with the community is ongoing through processes such as participation in and development of partnerships and promotional events and with a strategic direction that emphasises consumer engagement in all aspects of the organisation including an active participation of consumers within the committee structure."

3.6 Improving quality and monitoring in response to adverse events

Incidents and adverse events can occur in health care and they can have serious consequences. DjHS has a structured and systematic process to review incidents and adverse events, based on Australian standards and international best practice. The process ensures a learning environment is created by reviewing adverse events and incidents and that improvements and recommendations are captured and implemented. Open discussion and respectful review ensures we rebuild a culture of trust with staff and the community. Staff are encouraged and supported to report events and near misses to focus on learnings and improvements.

All incidents and adverse events are communicated through the committee structure to the Board on a monthly basis. An incident is an event or circumstance, which could have, or did lead to unintended and/ or unnecessary harm to a person, and/or a complaint, loss or damage. An organisation wide policy guides the identification and review of incidents and DjHS uses the VHIMs RisMan System to enter and monitor incidents.

Incidents have been broken down into the following severity ratings:

- **ISR 1 Severe:** An event that results in death or a severe injury to a patient, visitor or staff member;
- **ISR 2 Moderate:** An event resulting in patient/visitor/staff requiring increased levels of care;
- **ISR 3:** Mild harm to patient/ visitor/ staff
- **ISR 4:** No harm near miss for patient/ visitor/ staff

DjHS not only categorises by severity but also by type and area to maximise learnings, identify risks or trends in the data.

There have been no serious adverse events or sentinel events for the period of July 2016 – June 2017 at DjHS.

3.7i Preventing and controlling health care associated infections

Bloodstream Infections (BSIs) are common and can cause significant illness and death, more than half of these infections are associated with procedures performed in healthcare facilities. Importantly:

- Patients who develop BSIs whilst in hospital are more likely to suffer complications during their hospital stay often resulting in increased length of stay and increased healthcare costs
- Staphylococcus aureus bacteraemia is the most common cause of healthcare associated bloodstream infections
- Patients who are immunocompromised, on haemodialysis or in intensive care units (ICUs) are more likely to develop a healthcare associated bloodstream infection
- Quality improvement activities involve surveillance involving monitoring and reporting of Staphylococcus aureus bacteraemia to relevant state jurisdictions and subsequently reported into a national data collection base for benchmarking and research. This also includes surveillance of not only our admitted patients but also patients presenting to our health service Urgent Care Services with a community acquired Staphylococcus aureus bacteraemia
- The use of intravascular catheters is one of the most common medical procedures associated with bloodstream infections

Actions to address Staphylococcus aureus Bacteraemia rates:

- In 2008, Australian Health Ministers endorsed that all hospitals monitor and report Staphylococcus aureus bacteraemias. Staphylococcus aureus rates are included as a key Performance Indicator in the National Health Services Agreement Performance
- As a result of this Agreement, all public hospitals including psychiatric hospitals but excluding residential aged care beds must perform Staphylococcus aureus surveillance
- DjHS conducts, as per Victorian Government legislative requirements, continuous surveillance for Staphylococcus aureus rates using the Victorian Healthcare Associated Infection Surveillance System (VICNISS) Staphylococcus aureus surveillance module
- This provides a method for our health service to count Staphylococcus aureus bacteraemia and to seek guidance on how to investigate the causes and the prevention of healthcare associated Staphylococcus bacteraemias at DjHS
- VICNISS has developed competency units for Infection Control Practitioners to assist in the validation of data to ensure Infection Control Practitioners have the knowledge required to rigorously adhere to VICNISS protocols to generate correct denominator data and correctly identify infection events such as Staphylococcus aureus bacteraemias
- The Infection Control Practitioners at DjHS complete the VICNISS competency units annually to support their practice

Evidence of Quality & Safety:

- Staphylococcus aureus bacteraemia surveillance includes all patients admitted to DjHS with a bloodstream infection, a bacteraemia caused by Staphylococcus aureus
- Reportable surveillance also includes patients who present to the Urgent Care services with a community acquired Staphylococcus aureus bacteraemia
- When a positive blood culture occurs at DjHS it is reviewed by a healthcare worker who is trained in infection control to determine if the clinical criteria meet the Staphylococcus aureus bacteraemia definition. This will be an Infection Control Consultant employed by the health service and supported by an Infectious Diseases Physician when required
- Every healthcare associated bacteraemia is investigated to identify the cause and corrective action is initiated to prevent escalation of and future infections
- DjHS collects and submits data to VICNISS monthly with a report generated from VICNISS quarterly
- There have been no reportable Staphylococcus bacteraemias at DjHS during this reporting period
- Numerator Data: all admitted patients to the hospital are monitored for Staphylococcus aureus bacteraemia until discharge; this includes hospital in the home patients (HITH). Accurate surveillance and monitoring is achievable through infection control electronic referrals from clinical staff and online posting of pathology reports by the pathology service contracted to the health service
- Denominator Data: Occupied bed days (OBDs) are used for a denominator. OBDs are provided to VICNISS by the Victorian Department of Health and Human Services (DHHS). OBDs is the sum of all bed-days from the first day of the month to the last day of the month inclusive

3.7ii Medication safety

Chemotherapy drugs for infusion in Day Medical Unit are compounded by an external compounding service provider and delivered to Melton Health ready to be administered to patients by nursing staff.

During 2016/2017 a review of our compounding provider resulted in a new provider of this service which has enhanced patient safety with each chemotherapy bag labelled with individual patient identifiers (Name, UR Number and Date of Birth). This is used by nursing staff in the checking process for chemotherapy administration.

It has also provided pharmacy with a more cost effective streamlined online chemotherapy ordering portal with access to drug stability and expiry date data which enables delivery of chemotherapy to be scheduled in accordance with patient treatment times.

- DjHS has Cytotoxic Drug Management Guidelines which outlines the process for handling, preparation, prescribing, administration and disposal of cytotoxic agents. The guidelines apply to medical, nursing, pharmacy and support staff involved in the management of patients treated with cytotoxic agents.
- Nursing staff administering cytotoxic drugs in the Day Medical Unit are required to complete the online eviQ Antineoplastic Drug Administration course and demonstrate competency in the management of vascular access devices, including PICC lines which are used to administer chemotherapy to patients before commencing chemotherapy administration in the unit.
- Oncologists and Haematologists must prescribe chemotherapy using an approved eVIQ (cancer treatment online) protocol. The patients' doses and treatment regime are double checked and signed by a pharmacist on receipt of the patients' treatment sheet before chemotherapy is ordered.

Immediately before administration two nurses complete a "Chemotherapy Drug Time Out Checklist" as a final patient safety check before chemotherapy administration.

The prescribing of chemotherapy using approved protocols was audited as outlined below.

The Oncology/Haematology service at Melton Health is linked to Western Heath which enables patients to be reviewed at multidisciplinary meetings and the most appropriate treatment course for each patient discussed and planned.

Patients are educated on their chemotherapy regimen, side effects and management strategies before chemotherapy is commenced. Each patient receives a medicine list outlining any medications that they are to take or administer at home as part of their treatment regimen.

A retrospective documentation review audit was conducted for the period July 2016 to May 2017 on 24 patients' chemotherapy treatments to assess compliance with chemotherapy prescribing with approved eVIQ treatment regimes.

The results demonstrated compliance with all patients prescribed eVIQ chemotherapy treatment regimes.

One palliative patient had a dose reduction at the commencement of chemotherapy which was discussed and agreed to by the patient. Five patients had doses of their drugs reduced during treatment based on protocol recommendations due to management of symptoms such as neuropathy, decreased kidney function and decreased lung function.

To enhance protocol prescribing compliance and patient safety, standard ordering templates for some high risk chemotherapy regimens have been developed for Haematology to guide prescribing. Further standard ordering sets will continue to be developed for Oncology and Haematology chemotherapy drug protocols.

3.7iii Preventing falls and harm from falls

Patient Story

Ken was an elderly gentleman who lived with his step daughter and her family. Ken was admitted to hospital because he had cancer and he and his family were finding it difficult to manage at home. Due to his illness he was quite frail and had difficulty moving about. He also sometimes became confused. Nursing staff assessed Ken as being at high risk of falls. They talked to Ken about using the call bell to call them if he needed help and assisted him to get out of bed and help him with his personal care. They also made sure he had non slip socks or good footwear on his feet. His room was in view of the main nurse's staff base so they could help him quickly if he needed it. The physiotherapist came to see Ken and gave him a frame to help him move about more easily. She also gave him some exercises to help him build up strength. Ken did have a fall whilst he was in hospital where he slid off the side of the bed. Staff were able to assist him quickly and fortunately he did not hurt himself. Ken's mobility improved and he was able to return home.

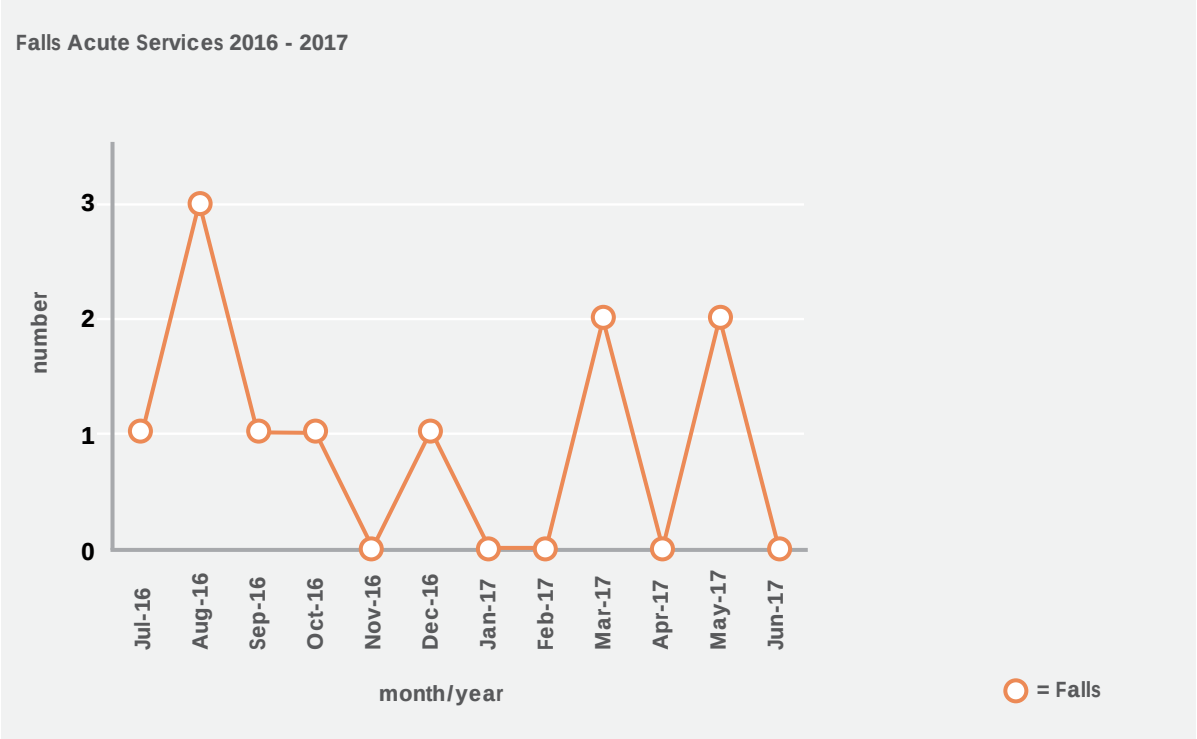
Data

Falls across the Bacchus Marsh Hospital are low in number with a total of 10 recorded for the 2016/17 period.

All patients undergo screening for their risk of falls and preventative actions put in place for those identified as having a moderate or high risk of falling.

There were no serious outcomes as a result of falls.

Falls prevention is an important aspect of care for all our patients and the Falls prevention working group meets regularly to monitor and improve our prevention strategies.



3.7iv Preventing and managing pressure injuries

Andy is a 34 year man who became paraplegic after a road accident. He lives at home, alone and independently with carer support through TAC funding. He also had an acquired brain injury as a result of the accident that left him with some limitations in the ability to compromise and adapt to change. He was referred to District Nursing for a continence assessment in March 2017 and was found at this admission to have a serious and deep pressure injury to his left buttock. He reported to the nurse that he had been managing this independently and that it had developed a couple of months earlier. As a result, Andy had rarely been out of bed for 6 months in an attempt to try and reduce the wound. This was impacting his quality of life considerably and he could not enjoy time with his family.

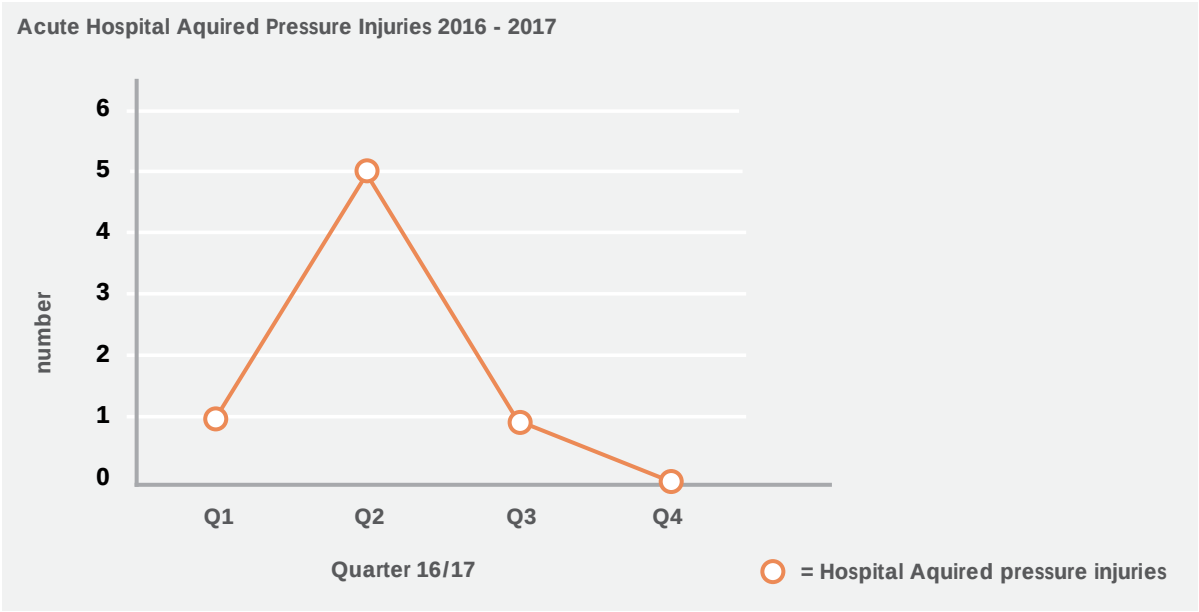
Using the Braden scale Andy was assessed at moderate risk of Pressure injury development. The Wound Clinical Nurse Consultant saw him and found that the pressure relief from his mattress and the cushion on his motorised wheelchair were not sufficient to prevent pressure injuries. A special ROHO cushion was available for his manual wheelchair but Andy rarely used this chair.

The initial wound management helped to improve the wound a little but because the equipment was inadequate it was difficult to make significant progress. Nicole, our wound care consultant, worked with Andy to teach him how to prevent pressure injuries and recognise the signs early. The wound care was changed to maximise healing.

Andy was initially very reluctant to have services involved in his care however he did agree to working with our Wound Care Nurse Consultant who suggested that the Occupational Therapist review his equipment needs. The Occupational Therapist complete 'pressure mapping' which gave Andy a picture of where the pressure points were and showed the need for equipment changes. A replacement mattress was organised within three days. The client is also now trialling a new electric wheelchair with pressure relieving cloud cushion. After implementing the equipment changes, the wound improved significantly and has recently healed. Preventative dressing are in place to ensure the scar tissue has time to remodel and improve tensile strength.

Andy is very pleased with the outcome and now says he has confidence in District Nursing and would not hesitate in the future to ask for assistance. He is now able to get out and about and is enjoying family life.

The standard 8 – Pressure Injury Prevention Committee has met regularly to review the data and outcomes for Pressure injury prevention and management at Djerriwarrh Health. Audit tools to measure our outcomes have been developed as well as a schedule for ongoing auditing and policy review. Planned improvements include the development of a system for recording where pressure injury prevention equipment is located throughout the organisation and to monitor and replace when needed. Ongoing education for staff across the Acute and Community Services is also planned for the coming year.



3.7v Safe and appropriate use of blood and blood products

Blood transfusions are standard treatments for both inpatients and outpatients suffering from anaemia at DjHS. Patients can be admitted for overnight stays on the Medical/ Surgical Unit, or can attend an outpatient appointment in the Day/Medical Unit at Melton Health.

There are multiple risk mechanisms in place to ensure that all blood at DjHS is used in a safe and appropriate manner.

Firstly, a medical officer is the only person able to prescribe blood. Mrs X a 75 yo woman presented to the hospital with lethargy and shortness of breath. A blood test showed her Hb was below normal parameters. This gave the doctor a clear indication the patient may benefit from a blood transfusion. She was subsequently admitted to the medical surgical unit.

One unit of blood was ordered. Two nurses checked the unit of blood to ensure it was the correct blood type, the correct expiry date and for the correct patient. They performed this robust checking routine three times. When taking the blood out of the fridge, at the patient's bed side, then again before connecting the transfusion to the patient.

Prior to connecting the blood, both the doctor and the nurse chatted with the patient and her daughter about the benefits of a blood transfusion, and also the associated risks. The patient signed a consent form, indicating she had understood this, and was ready to receive the unit of blood. The nurse also went on to explain to Mrs X how many sets of observations the staff would need to take, and why. The nurse explained to the patient and her daughter that if she experienced specific symptoms to use the patient call bell immediately.

The transfusion progressed with no complications. The patient was discharged into her daughters care the following morning with information about blood transfusions and a follow up appointment with her local GP.

Blood Transfusions 2016 - 2017

Total number of blood transfusions	180
Total number of patients educated & consented	180

3.8 Hand Hygiene Compliance

Hand Hygiene is an essential key strategy in the prevention and control of healthcare associated infections. Good Hand Hygiene practice also protects the workforce and consumers. The "5 Moments for Hand Hygiene" was developed by the World Health Organisation in 2009 and adopted by Hand Hygiene Australia in 2008.

The aim of Hand Hygiene is to:

- protect patients acquiring infectious agents from the hands of the healthcare workers
- help protect patients from infectious agents (including their own) entering their bodies during procedures
- protect healthcare workers and the healthcare surroundings from acquiring patients' infectious agents Hand Hygiene is performed:
- using soap and water to wash and dry hands thoroughly, or
- using waterless hand rubs e.g. alcohol based hand rubs

The "5 Moments for Hand Hygiene" must be practiced by all staff for all patient care:

1. Before touching a patient
2. Before any procedures on a patient
3. After anybody fluid exposure or risk
4. After touching a patient
5. After touching a patient's surroundings

Healthcare workers must perform Hand Hygiene before and after every patient contact to prevent patients becoming colonised with healthcare associated organisms from other patients and the healthcare environment. Emphasis is placed on preventing the transfer of organisms from a contaminated body site to a clean body site during patient care. Hand hygiene must also be performed after contact with objects such as medical charts and equipment.**Actions:**

At DjHS, staff Hand Hygiene compliance is measured by trained Gold Standard auditors. Gold Standard auditors at DjHS complete a stringent annual auditor's competency module with Hand Hygiene Australia.

There are also two staff members at DjHS currently undertaking the basic hand hygiene auditing education modules. When qualified, they will be able to assist in local hand hygiene auditing in areas of the health service that are not required to submit data to the Victorian Government. This will encourage ownership of the Hand Hygiene program in individual clinical areas and promote the level of compliance

There are three audit periods completed annually with results reported to the Victorian Government and to all levels of governance within the health service as per legislative requirements. Clinical units also post unit results on the "Knowing How We are Doing" board. The Victorian Government has set a compulsory compliance rate of 80%.

One of our Gold Standard Auditors was selected by Hand Hygiene Australia to assess and validate the expertise of auditors throughout the Grampians Region during 2016.

Evidence of Quality & Safety:

There has been a huge ongoing effort throughout the health service to increase the visibility and importance of Hand Hygiene. Large Hand Hygiene Stations, designed by one of our employees, have been erected at all entrances to the health service. This has encouraged all patients, visitors and staff to practice Hand hygiene on entry to the various campuses.

Smaller Hand Hygiene stations have also been erected outside all patient wards as well as all clinical consulting rooms in our community health centres.

These results show there has been maintenance of good Hand Hygiene compliance throughout the health service. The quality improvements have shown a culture change within the workforce with sustained maintenance in compliance rates. It is also pleasing to see many community members, relatives and visitors participating in the Hand Hygiene program by practising hand hygiene on entry and exit to the health service.

Audit Period	Bacchus Marsh	Melton Helath	Target
Audit 1 - 2016	87.4%	88%	80%
Audit 2 - 2016	87.7%	89.3%	80%
Audit 3 - 2016	88.5%	91.7%	80%
Audit 1 - 2017	89.4%	91.3%	80%
Audit 2 - 2017	88.5%	89%	80%

3.8ii Preventing and controlling healthcare associated infections: Influenza Immunisation

Influenza is caused by Influenza A and B viruses. These viruses cause minor or major epidemics of seasonal influenza in most years, usually occurring during the winter months. Those affected are usually the frail and the elderly and those with pre-existing serious chronic illness, but anyone can get sick from the flu, including people who are otherwise healthy. The disease may be short lived with mild symptoms and a few muscle aches or more often a severe illness with severe muscle aches, feeling dreadful, high temperature, chills and uncontrollable shakes through to life threatening pneumonia, and organ failure.

The influenza virus is spread through droplets and contact with virus-contaminated equipment so infection control precautions e.g. hand hygiene, patient isolation, use of personal protective equipment are essential particularly for patients admitted to the health service.

Although influenza vaccination is not compulsory, all staff at DjHS are strongly encouraged to be immunised. Staff are advised there is a risk they may be exposed to and transmit the disease to co-workers, vulnerable patients and their families. Maintaining a level of immunity in the healthcare worker population ensures the risk of transmission is minimised. The 2017v vaccine for healthcare worker immunisation is a quadrivalent vaccine, this covers all four of the circulating viruses for 2017, immunity lasts for about one year and it is important to receive an influenza vaccination annually to maintain protection.

There has been an increase in reported influenza infections this year, in hospitals, nursing homes and in the community. This is a result of the influenza virus making a significant shift in its genetic structure during the 2017 flu season making the vaccine less efficient than in previous years.

Evidence of Quality & Safety:

- DjHS was able to reach a compliance rate of 77.7% for 2017. This is a minor decrease in compliance from 2016 (78.1%)

- Data was submitted for the health service as a whole, this included all campuses, Bacchus Marsh, Melton Health, Melton Community Health and Caroline Springs
- Initiatives to boost and encourage vaccination:
  - Mobile/roaming vaccination trolleys visiting all clinical areas
  - Frequent vaccination sessions at all campuses
  - Influenza PowerPoint education – face to face education and discussion
  - Posters and promotional material displayed on all campuses, with a progressive tally of compliance charted in clinical areas
  - Lolly- pops provided to all staff vaccinated
  - Vaccinated “flu bug” stickers for staff name badges following vaccination
  - Community vaccinations- teachers at local Primary Schools, Disability Industrial Workshop and local CFA, vaccinations conducted to increase herd immunity amongst our local community
  - Directors and Managers assisted with staff lists in encouraging participation in the influenza program
- Our message to staff:
  - Use a tissue when coughing or sneezing
  - Stay at home if you have flu like symptoms
  - Dispose of tissues into the bin and wash your hands
  - The best way to protect yourself and others from the flu is to get vaccinated

Audit Period	Total Staff Employed	Total Staff Vaccinated	% Vaccinated	Target
Victorian Public Health Services	116,273	93,143	80.1%	75%
Djerriwarrh Health Services	667	516	77.4%	75%

3.9 Maternity perinatal service performance indicators

Ongoing improvement is the culture within our Maternity Unit at DjHS. We strive to provide the best safest care possible to our women and families. We are constantly evaluating the care we provide to ensure we are moving in the right direction for the future. The following 2 indictors have been chosen, as the impact of current and future changes will have a significant benefit on the health of women and families we care for.

Indicator 7: Smoking Cessation Rate

Our data has remained unchanged from 2015-2016 – our rates of cessation in pregnancy remains consistently suboptimal at 11.1 % - compared to a Victorian average in public hospitals of 39%. At present, women that divulge they are smokers are given the details of the Quit Line number. They are also encouraged to see their GP for extra support. We revisit this question again at 20 weeks gestation to see if there has been any improvement. Data strongly indicates that effective interventions require coordinated interventions involving individual, organisational and systemic change. With this in mind, we are embarking on an important quality initiative to try to address this gap in health care. We will be running a program in 2018 in our Maternity Clinic, where woman can be referred by their midwife or obstetrician, for either one on one support to give up smoking or within a smoking cessation group specific to pregnancy. This will be run by one of our Health Coaches, in collaboration with the Maternity team.

We know that both mother and baby benefit from a pregnant woman ceasing smoking.

- Long-term smokers are at greater risk of developing diseases such as heart disease, stroke, lung diseases and various forms of cancer. However, as the period of abstinence increases, the risk of developing certain diseases approaches that of a non-smoker (Quit Victoria 2011).
- Smoking during pregnancy has been associated with, among other things, a higher rate of perinatal death (Laws et al 2006).

We envisage that this above program will make a dramatic improvement on our current rates, which will have a profound effect on the longer-term health of our women and families.

Indicator 8: Rates of Breastfeeding initiated in term babies

The World Health Organization recommends exclusive* breastfeeding for babies to 6 months of age, and thereafter for breastfeeding to continue alongside suitable complementary foods for up to 2 years and beyond.

The breastfeeding initiation rates for babies born at term is 90.1% in 2015-2016. This compares to a Victorian average of 95%. Our rates of the final feed being taken exclusively and directly from the breast on discharge from the Unit, remains unchanged at 84.9%. The Victorian average for public hospitals is 79.7%.

In order to make sustained improvements in these rates, we have established the role of a Lactation Consultant with the Unit. By doing this, we are able to offer extensive support to women in the antenatal and postnatal period with a referral services. Woman have the opportunity to continue this level of support when they have been discharged from our care, by having direct contact with the Lactation Consultant. The Lactation Consultant is also responsible for the formal education of all the maternity staff to ensure they are up to date with best practice and any further advances within the field of lactation. With implementing this role, we feel our rates will dramatically improve within the next reporting cycle.

CASE STUDY

Christine had her first baby here at DjHS in June 2017. She attended antenatal education classes on breastfeeding to help prepare her in what to expect and to understand the importance of breastfeeding.

Following the birth of her child, she received support from midwives who attended regular breastfeeding education/updates within the unit to ensure best practice. She was discharged home with a feeding plan initiated by the midwives. Christine reports, "I had really good support, every time I needed help there was a midwife there to help me. The midwives were so supportive".

Christine required extended visits because her baby was jaundiced. These visits ensured the breastfeeding plan was appropriate and effective in enabling her baby to thrive. If the role of the Lactation Consultant was in place at this time, this would have given further support to Christine not only on the Maternity Unit, but on an outpatient basis for sustained continuity of care.

3.10 Victorian Audit of Surgical Mortality

DjHS conducts low risk surgical services providing important surgical procedures to our community. Our Surgical team including the surgeons, anaesthetists, nursing and preadmission staff carefully plan the surgery at DjHS and work with our partners across the Grampians and Western health to ensure that the right surgery happens in the right place at the right time.

DjHS have not had any surgical associated mortality this year.

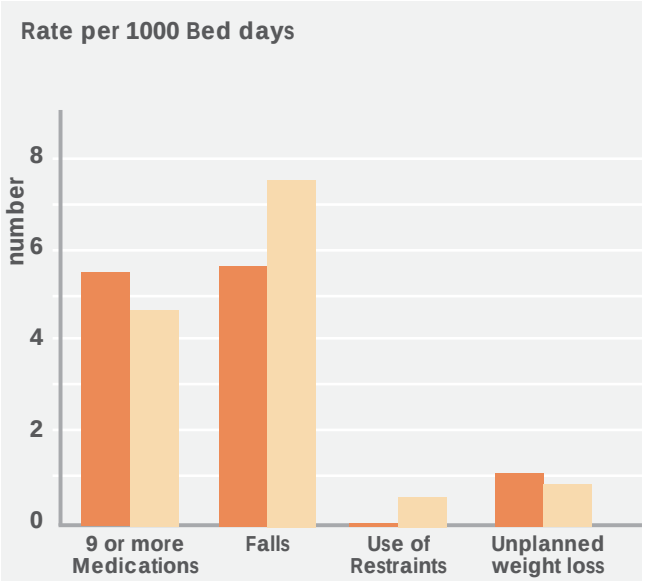
3.11 Residential Aged Care

DjHS is part of the National Aged Care Quality Indicator Program which measures 5 key areas of care for people in residential aged care homes. Measuring these indicators as well as asking our residents and their families what we can do better helps us to make improvements. Peter's story helps show why this is important.

Peter (not his real name) is a 97 year old gentleman who lives in Grant Lodge. When he was admitted he had a stage 5 pressure area to his heel which had developed after an extensive stay in hospital. We developed a management plan which included staff from multiple specialities including Podiatrist wound specialist; consultant wound nurse, dietician, physiotherapist, residents GP, pressure relieving equipment and nursing staff maintaining the wound management regime between reviews.

The outcome for Peter was fantastic, he was able to start restricted walking again after 5 months and the wound was completely healed after 8 months with full weight bearing and walking ability returned. Certainly a significant improvement in quality of life for Peter he now happily walks everywhere and also enjoys activities out in the men's shed.

Information from the Quality Indicator data is tabled at the RAC's 1/4ly meetings where there are representatives from GP, residents, nursing staff, infection control, education and executive team. Risks and issues are identified and reviewed quickly so that an effective management plan can be put into place which results in quality outcomes for our residents.



3.12 Patient escalation of care

One of the key responsibilities of doctors, nurses and midwives looking after patients in hospital is to quickly recognise and act on any decline in their medical condition. Medical emergencies can occur during a hospital stay and these are called 'Code Blue' emergencies.

Studies have shown that a system encouraging patients or their carers to let staff know if they have concerns or worries about their medical condition helps staff respond more quickly.

At DjHS we call this system "It's Your Call". Patients are given a brochure as part of their admission and told to let staff know if they are worried about a change in condition. There is a number they can call if staff on the unit do not respond quickly.

Betty was a 72 year old lady who had a hip replacement surgery. After her operation she went to the Medical/Surgical Unit to spend a few days in recovery. Betty was not feeling good after the operation and was worried about her condition. She called the nurse looking after her who noticed that her vital signs were not within normal limits. She escalated care and called for the anaesthetist to come and review the patient. Whilst she was waiting the lady suddenly lost consciousness. A Code Blue was called and Doctors and Nurses from across the hospital responded with emergency medical equipment. They were able to stabilise her rapidly and give her the care she needed to improve. Betty went on to recover well.

Over the past year staff have been working on a range of improvements and initiatives to better manage medical emergencies when they occur. These include:

- Purchase of new, standardised defibrillation and monitoring equipment in our urgent care centres at Bacchus Marsh Hospitals and Melton Health as well as our Operating Theatre
- The introduction of new track and trigger observation charts for children which help staff quickly identify when vital signs are outside normal limits
- The introduction of a Maternity Early Warning System chart to help staff quickly identify vital signs outside normal limits
- Advanced Life Support training and education for staff working in clinical care areas
- Advanced neonatal training for all anaesthetists, obstetricians and midwives
- Emergency scenario training in clinical care areas
- Review and updating of the Code Blue Medical Response procedure to better meet the needs of the organisation

3.15 Improving people's experience of and access to healthcare, as well as improving their health outcomes

Prior to commencing Linking Melton South Pop Up Services Hub (PuSH) project, a mapping exercise was undertaken with 60 community members in order to assess their service and program needs. This project was further informed by a working group consisting of representatives from interested local service providers and local residents.

Objectives

- To map and identify service providers accessible for the Melton South community
- To understand the service needs of the Melton South community
- To increase awareness of the services available in Melton South
- To increase opportunities for service providers to engage with Melton South community members
- To support relationships between service providers in Melton South
- To identify the barriers to accessing services in Melton South
- To increase access to services provided in Melton South

Since 2015, 25 organisations have participated in the Linking Melton South Pop Up Services Hub providing information and access to a variety of services including: mental health, housing, children's and family services, vision, hearing, drug and alcohol, CALD community support, nutrition, disability services and aged care. This project has provided organisations with opportunities to engage with members of the community who are often considered 'hard to reach'. "Contacts made at the Hub led to longer term work with clients."

Linking Melton South Pop Up Services Hub service provider:

"We are working with a guy at the moment who I met at the Pop-up Hub, who has engaged well with the service. I feel like he wouldn't have normally accessed the service otherwise."

Linking Melton South Pop Up Services Hub service provider:

"We (Melton South Community Centre) are able to let people know they can get help/support on Fridays when we get questions during the week." Melton South Community Centre representative

The Pop Up Services Hub has continued to run for over 69 weeks with more service providers taking part in the initiative. The total cost for the planning, implementation and evaluation of this project has been less than $500 per school term and 0.2 EFT from DjHS. This has included hosting a monthly BBQ, room hire and morning tea provisions. Service providers have reported that this activity has been a worthwhile use of resources which has resulted in the initial pilot being extended.

The LMS Pop Up Services Hub has created a firm partnership and more awareness about services available not only across the community but also between service providers and across organisations.

It has been really valuable to apply a reflective practice approach in the planning and implementation of the Linking Melton South Pop Up Services Hub, through this approach we have been able to incorporate feedback and learning to improve the model as we go.

4. Continuity of care

4.1 'Leaving hospital' from the Victorian Healthcare Experience Survey

At DjHS discharge planning starts when your care starts because we know that by working together across the journey going home will be easier. DjHS consistently rates above the state average but there are still things we can do better, this is what our patients tell us about going home:

Discharge & leaving hospital	DjHS	State Average
length of stay	93	87
Notice of discharge	94	66
Involvement in discharge decision	83	57
Delay in discharge	94	83
Information re managing at home	80	71
Consideration of family and home situation	83	74
arrangement for service you needed	87	69
GP follow up information	96	90
Copies of communication received	70	42
Over all rating	98	86

Good discharge planning is important to successful recovery from spending time in Hospital. The Victorian Healthcare Experience Survey is a Statewide survey of peoples experiences conducted by an independent contractor on behalf of the Victorian Department of Health and Human Services.

4.2 Community health continuum of care

Continuity of care is important to consumers, it is respectful and responsive to the preferences, needs and values of consumers. Continuity and transition of care is an important part of our commitment to person centered care at DjHS, it improves the consumer and staff experience, and improves value for services. It is about delivery of the right care at the right time in the right place.

Staff story

Part of my role at Djerriwarrh Health Services, is to identify and coordinate services for clients who have been referred to our organisation via the My Aged Care website. Following receipt of referrals, I contact each client to identify their broader health needs and refer them on to additional services as required.

I use a newly developed screening tool which helps clients or their carers to identify potential and current health needs. This process helps us to deliver a more holistic service to clients in addition to providing more timely access to services and programs.

The screening tool is electronically entered into the DHJS Client Patient Folder (electronic medical record), for the purpose of ensuring communication with all staff reviewing the client's medical records and to maintain medico -legal compliance.

At the end of each client contact, the client is informed that they will receive a letter in the post confirming the services which they have agreed to accept in addition to receiving brochures relating to the services and associated fees.

4.3 Community health priority population

My Aged Care was introduced in 2015 and since that time has slowly been transitioning into the gateway for all people over the age of 65 (Or clients who identify as Aboriginal and or Torres Straight Islanders over 50 or Homeless clients over 50 years old) to access services within the community.

The DjHS My Aged Care service coordination role aims to take a holistic view of client health needs by identifying opportunities for prevention and early intervention health care in addition to addressing client's immediate health problems. A screening tool was developed for all services offered / provided by Djerriwarrh Health Services; including Community Health Nursing, Dementia support nurse, Continence nurse, Physiotherapy, Exercise Physiologist, Occupational therapy, Counselling, Podiatry, Dietitian, Falls Prevention Clinic, Carers Support Group , Chronic Pain Support Group, Gentle Exercises to Music group, Speech Therapy, Dental , Diabetic Nurse Education, Health Coach, Well Women's Clinic and Friendly Visiting Program. This screening tool was evaluated by consumers.

The screening occurs via telephone where 3 point identification of client is established before staff proceeds to gather information or commence the screening tool. Once the screening tool has been completed and referrals are identified the staff member completes the appropriate forms to proceed with the accepted referrals from the client. The client is provided with information about the referrals accepted and the process in which they will be contacted by the services offered. This notification happens by post.

Over 4 months 130 My Aged Care clients were contacted.

91 people accepted to participate in our screening tool survey. 146 additional referrals were identified and initiated within our organisation.

A total of 34 clients declined to participate in the screening survey.

The data collected to date supports the need to undertake client screening on referral to DjHS. The data clearly supports the need for our organisation to undertake client health screening to ensure that clients receive the services to meet their health needs.

Top 5 My Aged Care Referrals

Health Coach	30.7%
Dental	24.2%
Physio - General	24.2
Podiatry	16.5%
Physio - Fall Prevention	15.4%

4.4 Responding to the needs of consumers, their families or carers and the community across the continuum of care

The Koolin Balit Babaneek Booboop Project is an Early Years project that utilises the 'outreach model' to engage with the Aboriginal and Torres Strait Islander community in the Melton City Council and Moorabool Shire. The project has employed 'Pathway Workers' to support client access to the local child health and early year's services. In the absence of Aboriginal Community- Controlled Health Organisations in Melton and Moorabool, the Babaneek Booboop Project strengthens the link between the Aboriginal and Torres Strait Islander community and the existing child health and early years services.

The Babaneek Booboop Project is a consortium between 9 agencies including DjHS as the lead agency. The development and strengthening of partnerships built from this project will also provide an evaluation tool on how Aboriginal and non-Aboriginal agencies collaborate and create service models in the future.

As of June 2017, the project has assisted 18 families, including 22 children aged 0-8 and 6 children in kinship care/Out-of Home care.

- 100% of these children have been supported in accessing child health and early years services (Pediatrics, Allied Health, Playgroups, Kindergarten, Child Care and Close the Gap Health Checks)
- 27 children were seen by the DjHS Dental Team through Oral Health promotion activities and community outreach such as the Koorie Kids Playgroup, Melton West Primary School and the Koorie Kids Dental Day at Melton Health.
- 12 Families have attended Healthy Eating sessions at the Koorie Kids Playgroup facilitated by DjHS Dieticians.

"The Pathway Worker is a great helper. She gives me so much support and helps me understand what the doctors are saying and what I need to do."

–M, Melton South

"The Pathway Worker has just been amazing. All the support coming to appointments, helping me to know who to contact and getting me heard by professionals and just to see how we're doing has been fantastic. I want to keep her forever."

-L, Melton South

"The Pathway Worker has helped me heaps. She's always on time, reliable and good person to talk to."

–L, Melton West

4.5 Advanced care planning

Advance care planning allows a person to express their preferences for future medical treatment if they become unable to participate. The following case study demonstrates how this discussion can be beneficial for the individual, their next of kin and the medical staff. Mr and Mrs X were referred to the dementia support service to provide support and education as Mr X was diagnosed with a type of dementia that affects speech and the ability to communicate. As well as making referrals to appropriate services to assist Mr & Mrs X, the dementia support nurse raised the topic of advance care planning. This included appointing an Enduring Power of Attorney for financial matters, Enduring Power of Attorney for medical decisions and an advance care plan. Discussions were held in regards to Mr X's values and beliefs, enabling Mr X to talk openly about his wishes in regards to medical care in the future when he would be unable to speak for himself. These discussions helped to prepare Mrs X for the time that Mr X's condition suddenly deteriorated and was admitted to hospital. Once medical staff confirmed that Mr X was dying, Mrs X was accepting of the decision to take a palliative approach and keep Mr X comfortable in our local hospital as he had discussed previously. Mrs X was able to spend time by his bedside until his death.

At DjHS, Advance Care Planning has evolved into a conversation we aim to have with every patient over 16 years of age admitted to our health service. In partnership with the Primary Health Network, Djerriwarrh Health has run education evenings for local health professionals to attend.

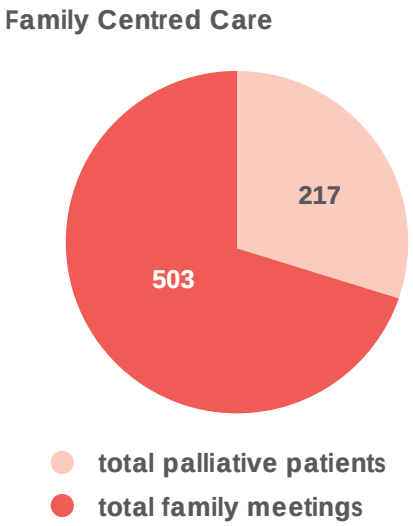
DjHS recognises that the advance care planning process encourages you to reflect on what is important to you, your beliefs, values, goals and preferences in life. By having these things documented, health professionals can then be guided by what is important to you in the event you become to unwell to guide us. We aim to discuss advance care planning with all adult patients admitted to the health service. We offer advance care planning champions to assist in these discussions, and have advance care plans that our patients can use. We accept advance care plans from local GP's, from other hospitals, and from the patients themselves. They are stored electronically on our medical record system and easily accessible for all health professionals in the organisation.

We are committed to supporting current and future patients to engage in planning for their medical care in advance through staff training 'Have the Conversation', Advance Care Planning literature, a close relationship with GP's, and with targeted community groups.

4.6 Safe and high-quality end of life care

Mr ... was a young gentleman referred to the service with only weeks to live. He had two young children, and a wife grappling to come to terms with a devastating diagnosis. He and his family lived in a rural, semi-isolated area. He was admitted to the program with haste and seen daily over two weeks until his death. On day one, the palliative care staff co-ordinated a family meeting. Here they were able to ascertain quickly, that this man wanted to die at home, surround by his children and his wife. The palliative care staff spent the early days educating the family on how to manage symptoms with medications and also how to physically care for their dying father and husband. This included mouth care, hygiene, heat packs, and administering medications.

By building capacity in the family to care for him, Mr X was able to die at home, very peacefully. Safe and patient and family centred care is integral to achieving optimal outcomes for dying patients.



Care of the dying person and their families and carers is urgent care. Safe and quality end of life care requires skilled clinicians and the timely recognition of a deteriorating patient. Djerriwarrh Health employs two Palliative Care Nurse Consultants, a Palliative Care Social Worker, and a Palliative Care GP. The team is committed to patient and family centred goals, which aligns with their individual values, wishes and needs.

4.7 High-quality end of life care for all Victorians

When people receive services that are coordinated and integrated at end of life the quality and effectiveness of the care received at that time can be greatly increased. The case study of Mrs X highlights how our service implemented the third priority of Victoria's end of life and palliative care framework: coordinating and integrating services.

Mrs X was referred to our community palliative care service from her oncology team while receiving regular chemotherapy as an outpatient. We have been liaising with them as long as she was receiving treatment. Mrs X was triaged as a Category 1 patient and admitted to the program within 24 hours. We also referred Mrs X to the regional specialist palliative care service as her symptoms became very quickly complex to manage. The interdisciplinary team remained involved weekly with her ongoing pain management. She was also referred to our social worker and some allied health professionals for social support and to improve safety and her quality of life while staying at home. We were also regularly liaising with her GP via updates. As Mrs X's disease progressed very rapidly, and her symptoms became more unstable, an admission to an acute hospital away from her home ensued. Knowing it was her wish to die close to home, wiith her family by her side, the team acted swiftly,to expedite her transfer back to Djerriwarrh Health where she died peacefully. This patient's journey shows clearly how our service managed to communicate with and integrate multiple services and health care providers to insure the best outcome for Mrs X and her family.

Triage Category	Explanation	Admission Time Frame	DjHS Response Time
CATEGORY 1	Patient is terminal, or in an unstable phase.	Within 24 hours	80%
CATEGORY 2	Patient deteriorating, with symptoms present Prognostic indicator (3-6 months)	Within 72 hours	65%
CATEGORY 3	Patient is stable. Prognostic indicator (6-12 months)	Within one week	78%
CATEGORY 4	Very stable requiring respite only	Within two weeks	100%

DjHS values timely and appropriate end of life care. Early referral, admission planning and assessment allows the team to focus on patient and family centred care and outcomes including the following:

- People experience optimal end of life care.
- People's pain and symptoms are managed using quality interventions.
- People's preferences and values are recognised and respected in their end-of-life care.
- Carers are better supported.
- People are cared for in their place of choice.
- Where possible, people can choose to die in their place of choice.

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 2016-2017 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

Was the report easy to understand? (please circle)

YES NO

What did you like most about the report?

.....

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What information would you like to see in this report?

.....

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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.

djerriwarrh health services

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