Boort District Health

Quality of Care Report
2010/11

From the CEO

On behalf of the Boort District Health Team, welcome to our 2011 Quality of Care Report to the community. This report is prepared in accordance with the guidelines provided by the Department of Health. It provides us with an opportunity to inform you on how we monitor, compare and change what we do to improve the quality and safety of our services. I would like to take this opportunity to acknowledge the outstanding work of our dedicated staff, Board members, clinicians and volunteers who contribute to the ongoing success of our Health Service. Their enthusiasm, hard work and caring is commendable.

Veronica Jamison
Chief Executive Officer

Introduction

This is our opportunity to report to the community of Boort and district about the services Boort District Health (BDH) has provided in 2010-2011 and how we are working to improve the quality of these services.

Highlights for 2010-2011

- Development of BDH website and intranet.
- Partnership with NDCHS and BRIC to establish Men's Shed
- Purchase of three infusion pumps, a bladder scanner, an ECG machine and furnishings for the Acute area
- Repainting of resident's rooms and installation of a new kitchen and floor coverings in the hostel.
- Installation of key-padded locks on all exterior doors of the hospital
- Minor refurbishment of the nursing home to provide a dementia friendly area through the Encouraging Best Practice in Residential Aged Care (EBPRAC) program.
- Purchase of a plate warmer in the kitchen.
- Expansion of the community strength building program

Response to floods

In mid-January the community of Boort and District were tested with an unprecedented flood situation. This also impacted heavily on Boort District Health and while we had plans in place for this and other emergencies, they had never been put to the test to this extent.

Fortunately it was not necessary to evacuate the hospital or hostel and Boort District Health continued to provide full services to the community.

There were however challenges including;

- Loss of electricity for 36 hours. Generators ran 24 hours a day in above average heat.
- Loss of phone and internet communication.
- Road closures which prevented the delivery of medical and consumable supplies.
- Over 50% of the staff could not get to work during the week, some staff were unable to return for several weeks. Many existing staff worked long hours to provide ongoing care for the residents and patients.

Highlights

- A wonderful effort from both staff and community to ensure that the health service continued to run.
- BDH continues to assist the community and has been allocated funds to employ a Flood Support Worker.

Our Community

In 2010-2011

- BDH treated 224 inpatients
- 1422 people were treated in Accident & Emergency.
- The District Nurses made 2516 visits to clients.
- 1765 clients visited our Pathology services
- BDH served 39,946 meals
- 2538 people attended the Day Centre programs throughout the year.

Community involvement at BDH

The community contributes to the organization by involvement in

- Board of Management
- Representation on committees and reference groups
- Involvement in strategic planning processes

Informing the Boort community

The community is kept informed about BDH by

- BDH Quality of Care Report
- Annual reports
- Annual General Meeting
- Accreditation reports
- Newspaper articles
- BDH website launched in March 2011
- Community recognition – Congratulations to

BDH on receiving recognition from the CFA on our involvement during the January Flood crisis.

If you would like to help make a difference, you can get involved at your local health service by contacting BDH on - phone: 54515200, or email: reception@bdh.vic.gov.au

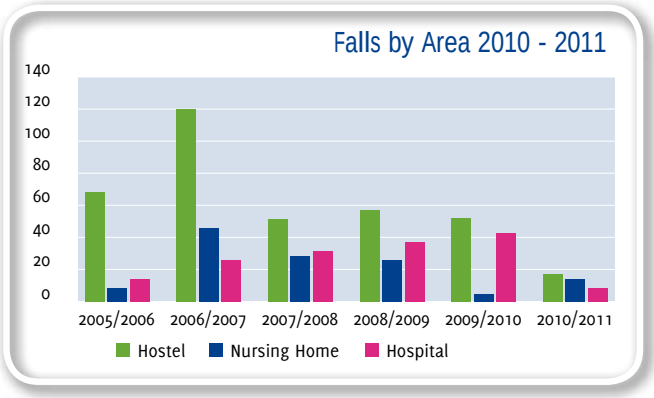
Community Health at BDH

In 2010-11 BDH delivered the following services and activities to the community:

- Sustainable Farm Families at Boort and Calivil
- Chair of the Diabetes in Loddon Action Group – DiLAG
- Strength building classes increased to twice weekly under funding received from the Well for Life initiative.
- Diabetes Australia LIFE program for those members of the community at risk of Diabetes.
- In partnership with Northern District Community Health Services "Living with chronic disease' program
- Active member of Loddon Health Minds network.
- Member of the Loddon Mallee Primary Care Partnership.

Falls

Falls are a major cause of injury in the elderly, due to sickness and poor mobility. BDH has implemented



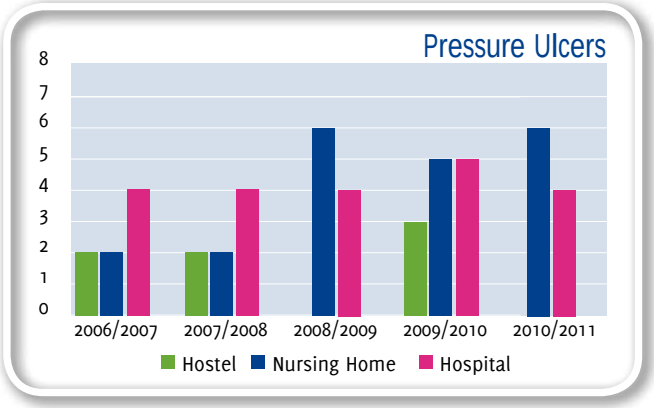
various strategies in 2010-2011 that have seen an overall reduction in falls by patients and residents. BDH actively monitors falls by;

- Completing a falls risk assessment on all new residents and patients to identify those who may be at risk of falling.
- Individual care plans are developed in consultation with the physiotherapist and medical practitioners to implement strategies to minimize the risk of falls for the client.
- Participation in a strength training program for patients and residents. This program aims to improve fitness, balance and muscle tone of participants.
- Encourage the use of mobility aids. e.g. use of walking frames.

Pressure Ulcers

A pressure wound or ulcer is a lesion caused by continuous pressure that results in damage to the skin and underlying tissue. The risk of a patient developing a pressure ulcer in hospital is high, but can be prevented. Patients who are bedbound and those who are unable to reposition themselves are at greatest risk. In 2010-2011 BDH had 10 pressure ulcers, 0 in low care, 6 in high care and 4 in acute. Measures used at BDH to prevent pressure ulcers are

- Identifying patients /residents at risk.
- The use of pressure relieving equipment such as pressure relieving mattresses, heel protectors and air cushions.
- Repositioning patients
- Implementation of policies and guidelines for the prevention of pressure ulcers.



Risk Management

Risks are identified as any events or circumstances which would affect services or our ability to deliver services. Every year BDH reviews the risk and identifies any new risks. These are then rated according to severity and likelihood. All risk rated as 'High' will have an action plan developed to reduce or eliminate the risk. BDH cannot eliminate all risks to the organisation but it can take action to minimise the potential impact for any risk identified or for any risk that eventuates. BDH top four risks are

- Failing building infrastructure at the hostel
- Manual handling and injury to staff
- Medication errors
- Loss of accreditation status

Occupational Health & Safety

BDH has an active Occupational Health & Safety Committee, it comprises of representatives from each department area. The committee conducts regular hazard reports and assessments in the workplace. BDH recognises its obligation to take all reasonable precautions to protect the health and safety of its staff, clients, visitors and other persons lawfully entering the premises.

Infection Control

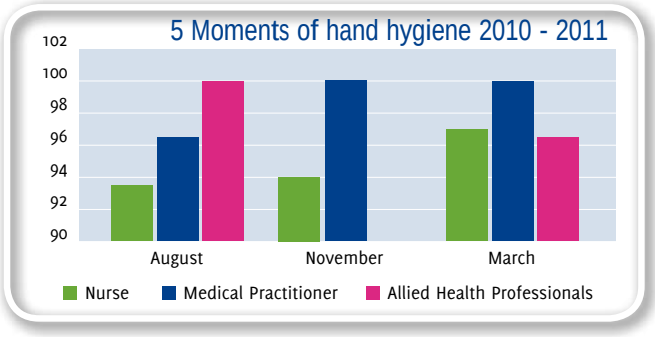
Infection Control is a high priority for all staff at BDH. We ensure this by:

- Staff participation in our immunization program annually with 65% of staff immunized for influenza
- Conducting internal and external cleaning audits
- Monitoring of infection rates; results are reported to the Department of Human Services.
- Annual Food Safety Audit.
- Monitoring of food handling procedures. This includes storage, handling and temperatures of food.

Hand hygiene

Research has found that poor hand hygiene assists in the spread of infection. BDH has implemented the following strategies to minimize the spread of infection.

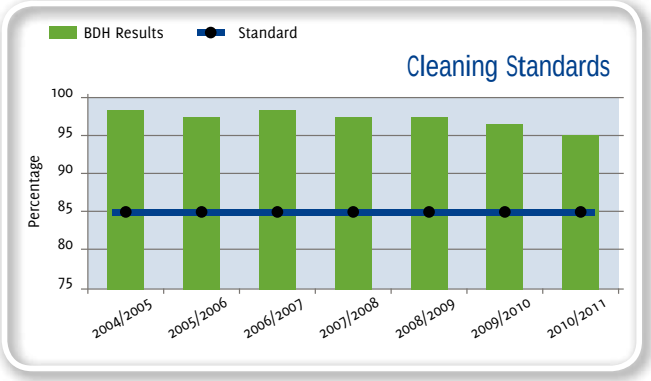
- Regular monitoring of staff & medical professional's compliance with hand hygiene procedures.
- Installation of 'hand rub' solution, located at front door of BDH and in numerous areas within BDH
- Annual hand hygiene training through the "Five moments of hand hygiene" program



Cleaning audits- Victorian Cleaning Standards

The cleaning audit measures cleanliness compliance on a range of building elements. (floors, furniture, vents, windows, doors, fixtures, general tidiness odour control) within defined functional areas of each hospital.

Each hospital area is risk rated from "very high through to low."

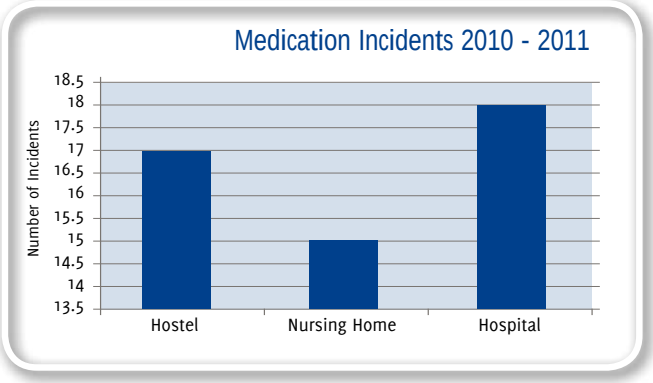


Medication Safety

Medication safety is a priority at Boort District Health. Errors that can occur when administering medication include duplicating a dose, providing the wrong medication or the wrong dose level or not administering the medication at all. A number of initiatives have been carried our during 2010/2011 to facilitate improvement.

- Medication incidents are reported to the clinical management team and the Board of Management on a regular basis.
- All staff responsible for the administration of medication undergo annual competency testing.
- An external pharmacist is engaged to conduct residential aged care medication reviews. The pharmacist is a member of our clinical advisory committee and provides regular reports to the staff and GP's on medication issues.
- Medication packed externally is checked by staff on arrival.

No patient or resident at BDH suffered any harm or increased length of stay because of medication incidents.



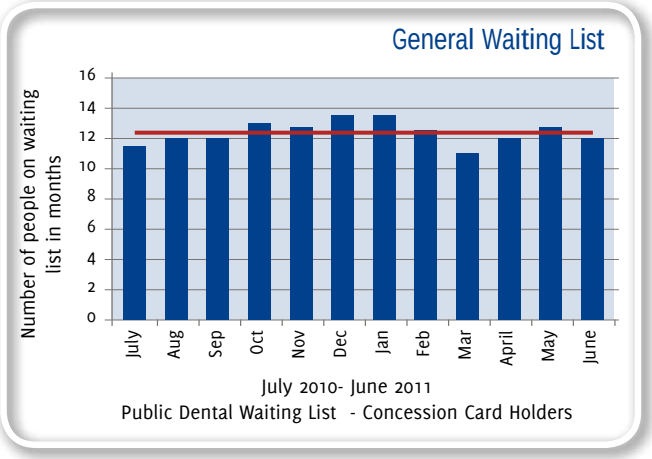
Boort District Health

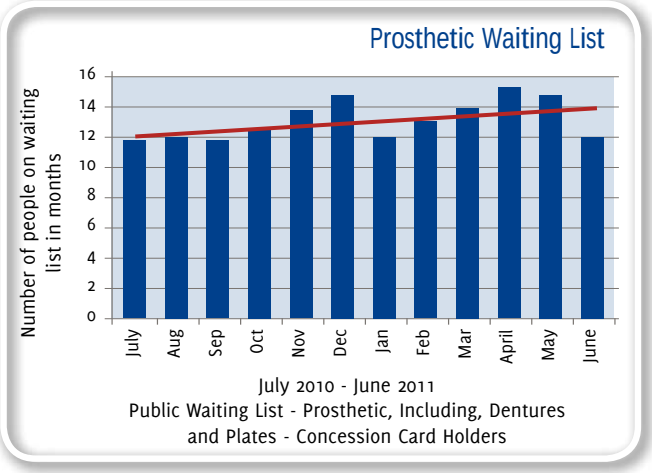
Dental Clinic

In 2010/11, the general waiting list has remained steady and there has only been minimal increase in the prosthetic waiting list.

In 2010/2011 the Dental Clinic

- Provided 535 clients with a general course of dental care
- Treated 500 clients through the emergency triage system
- Provided 389 clients with either partial or full dentures
- Treated 424 private dental patients
- Provided 637 children with visits to the dentist via the school dental program





Accreditation & Compliance

Clinical Governance

The Boort community need to have confidence that the services provided are safe and of a high quality. It is the role of the Board of Management, CEO and executive team to make sure the systems that are in place are effective. Managers and clinicians are accountable for implementing and adhering to these systems.

In 2011 clinical governance was strengthened by the appointment of Dr Paul Francis to the position of Medical Director.

Boort District Health clinical governance policy is reviewed to meet the standards set by the Victorian Clinical Governance Framework. Information is collected throughout the year to ensure all members of the board, staff and consumers understand their responsibilities in the area of clinical governance by;

Internal reporting

The Quality and Safety committee consists of representatives of each of the services and members of the board. It monitors issues of quality and safety through the receipt and analysis of reports from all departments. Reports are received on infection rates, comments and complaints, incidents, including near misses and improvements across the organization.

Risk management is carried out through careful analysis of the risks to the organization. All quality activity and risk management are reported to the board from these processes.

BDH is involved in the Limited Adverse Occurrence Screening (LAOS) program which review specific clinical histories and make recommendations for improvements. These recommendations are reviewed by senior clinical staff and recommendations for improvements to clinical care at BDH are taken to the Clinical Advisory Committee.

External reviews

BDH undertakes rigorous quality accreditation programs for all of its services and is fully accredited with the Australian Council on Health Care Standards (ACHS) and the Aged Care Standards and Accreditation Agency (ACSAA).

Accreditation is an evidence based audit process that guides the performance of an organisation to deliver safe, high quality health care.

Boort District Health has full accreditation status with the Australian Council on Health Care Standards (ACHS), Aged Care Standards Accreditation Agency (ACSSA) and Home and Community Care (HACC)

Boort District Health is involved with the following forms of accreditation:-

Australian Council on Healthcare Standards (ACHS), organisation wide EQuIP Accreditation (EQuIP is an Evaluation and Quality Improvement Program which provides a framework for establishing and maintaining quality care and services)	In October 2010 BDH underwent a periodic review of its processes. BDH provided evidence of continuous evaluation and ongoing improvement to the assessors in a two day survey. BDH received no high recommendations in this process.
Home and Community Care (HACC) accreditation	HACC accreditation has undergone a transformation in its processes. BDH is currently working through the process in anticipation of an accreditation visit in the near future.
Residential aged care services – Aged Care Standards Accreditation Agency (ACSAA)	Both areas have undergone successful unannounced support contact visits in 2010 & 2011. The nursing home will undergo a two day accreditation visit in May 2012
Food safety audits	Annual accreditation
Hospital cleaning standards	Annual accreditation
Fire safety audits	Four yearly accreditation

Providing an Effective Workforce

Clinical credentialing and certification

Clinical credentialing is how we ensure that our clinical team are appropriately registered, qualified and trained to undertake the work required. All clinical staff at BDH has a defined area of expertise or 'scope of practice'. This scope of practice is set by their qualifications and education they have received and is clearly defined in each area.

Every medical practitioner that works at BDH has undergone a "Credentialing" process to ensure that they have the appropriate education, training, experience and qualifications to practice medicine.

All medical staff, nurses and allied health staff must be registered with the Australian Health Professionals Registration Agency (AHPRA).

Maintaining Clinical Effectiveness

Working with the consumers, clinical staff are guided in providing an appropriate and timely clinical service. This is evaluated and reviewed to improve performance across the organisation.

Working in partnership

"True partnership occurs when consumers, carers and community members are involved in decision making and care planning for the wellbeing of themselves and the community." *('Doing it with us and not for us –Strategic direction 2006-09')*

This philosophy is reflected in 'Our Consumer participation policy' as we seek to work with the community in providing appropriate health services to the Boort district.

Partnership begins at the very first contact any member of the community has with BDH and may involve participation in care planning during an acute hospital admission, district nurse contact or care planning with staff on the entry to aged care. This consultation continues throughout the continuum of care as needs and plans change with time.

Anyone accessing BDH services are provided with information on the service being provided as well as appropriate information on health needs or challenges.

In 2011 BDH completed a Cultural diversity plan outlining plans to provide inclusive health care to everyone. This also includes plans for improvement and continuing education in this field. We are currently working on a Disability Action Plan to ensure good access to all clients who may need our service.

All health information is audited annually to assess the quality of written consumer health information. In 2011 all information given to our clients was assessed as accurate and suitable.

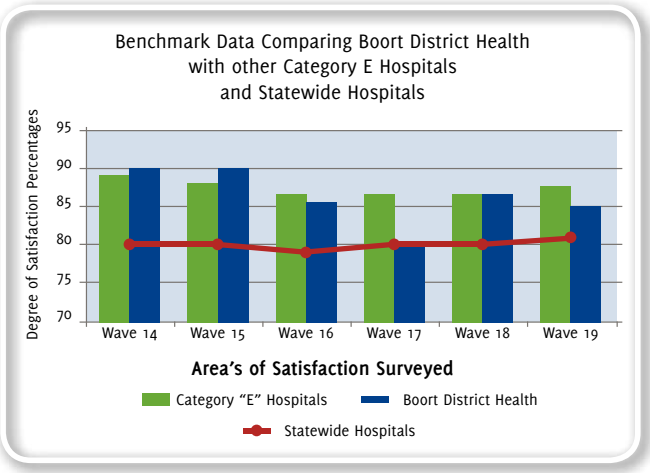
Feedback

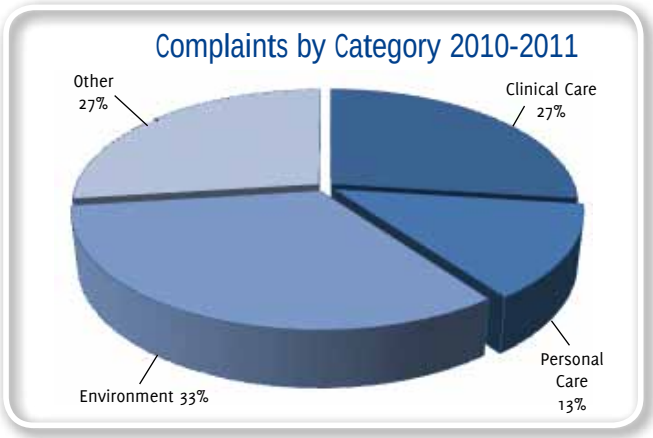
BDH receives many compliments and affirmations from the community of the work done in providing an excellent and appropriate health service.

This Feedback is through:

Annual satisfaction surveys in all areas of the hospital guide BDH in planning and improving services. In 2010-2011 100% of district nurse clients and 88% of aged care residents felt that they were involved in their care.

The Victorian Patient Satisfaction Monitor (VPSM) is a state wide survey that measures the patient





satisfaction of care while in hospital. In the most recent survey BDH scored 85 compared with a state average of 81 in the following questions.

- The opportunity to ask questions about your condition or treatment
- The way staff involved you in decisions about your care
- The willingness of hospital staff to listen to your health concerns.
- Discharge and follow up
- Physical Environment
- Complaints Management
- Treatment and related information
- Access and Administration
- Overall care

Clients and residents also have the ability to make an input by compliments and complaints. In 2010 -2011 BDH received sixteen formal complaints all of which were closed to the satisfaction of both the clients and the organisation.

Murray 2 Moyne - *Reflections from a rider*

As a member of the Boort community and an employee of Boort District Health I knew I wanted to participate in the event after speaking to others that had competed in years before me. Not having any experience at all with cycling was a little daunting, however the support and encouragement from other riders was fantastic. I bought myself a new bike and equipment, which did cost a bit, however with cycling once you have the gear you're set. Training started just before New Year, with Sunday rides, progressing to a Wednesday night ride to prepare for the night rides on the Challenge Training rides were great, we would ride to Mysia, Borung, Durham Ox, Oakvale & Barraport. We had a ride to Charlton to Bennett's where they put on a great breakfast spread which fuelled everyone up for the ride home, with a head wind! Also enjoyable was the night ride to Wychitella Pub for tea, with some of us deciding to ride home that night managing to get home by 11.30pm.

After all the preparation, and a couple of falls, I was ready to complete the challenge. An early start from Boort on the Saturday morning saw us head off to Echuca. The day was lovely and sunny with a little breeze, however by the middle of the day the wind was more than a slight breeze. With our wonderful team of support crew & vehicles the day flew by very quickly. We had smooth changeovers, and a fantastic welcome coming into and leaving Boort. We had a plentiful supply of food and drink, which was a lifesaver, I didn't realise how hungry riding would make me. Our team made it into Hamilton about 1.30am, we had a nice hot shower, thanks to the Hamilton Cycling Club, the BBQ was operating and a few quiet ales were had. It was nice to sleep in a building rather than in a shed like most of the other crews and we were reasonably well rested to begin the final leg the next day.

At 7am Sunday morning, we headed off for the final leg. This last trip into Port Fairy was very hilly, you would get to the top of one hill and think this is great a big hill to ride down but then another would be in front of you. Don't get me wrong it was enjoyable but after about 50km fatigue started to set in and bums were getting a little sore. It was good when big groups would join in, you could talk to other people from all over the state and they could help with wind resistance, so it would take the strain and pressure off. Coming into Port Fairy was fantastic, a huge crowd of friends and family were waiting for us and to finally realise that the ride had come to an end was awesome. I'm very proud of myself and everyone who participated; it is a very challenging experience. Thank you must go to all those that organised the event, our support crew and all the riders who participated, I would highly recommend it no matter what your fitness level or ability is. It was a great weekend, although I didn't get on my bike for a month after it.

"Isabellas" Story

Isabella was admitted to BDH acute care with increasing frailty and loss of weight. She was a type 2 diabetic on medication for the disease. She was living alone and although she valued her independence she was often frightened at night and was finding it difficult to get out in the garden as she used to.

During her time in acute care she was cared for by both registered and enrolled nurses who assessed her needs and monitored her progress. She was visited daily by the visiting medical officer who reviewed her medications and ordered x-rays and blood tests to determine if there was a cause for her increasing frailty. Referrals were made to the speech pathologist from Northern District Community Health Service to assess her swallowing ability in the light of her weight loss and when no problem was found, a dietician visited to advise on diet. She worked with the diabetic educator from the Boort Medical Clinic to discuss the implications of her diet on her diabetes

A referral was made to the BDH physiotherapist who visited and assessed her problems with walking. She advised that Isabella would benefit from a walking frame, which was then ordered and the physiotherapist over -saw the instruction to Isabella on its use.

Despite all the care given, Isabella stated to her family that she still felt very unsure about continuing to live alone. A family meeting with her, her two sons, the Director of Nursing and the Aged Care Unit Manager was arranged and all options were discussed with those present Isabella asked about the hostel and it was agreed that a referral to the Aged Care Assessment Team be sent to Bendigo Health to assess her suitability for low level care, or if appropriate a package to assist her to remain at home.

She was seen one week later by the ACAT and deemed eligible for low level residential aged care. She was visited by the Aged Care Manager who explained to her and her family the process for entry into aged care.

Isabella was admitted to low care and has settled well enjoying the company of the other residents while still engaging in outside activities with her family and friends.

During her time in hospital Isabella had the input of nine services working together to provide options and solutions to her health problems. All health providers documented in the same notes to ensure that continuity of care was provided at all times.

Note: All names in the above story are fictional.

Feedback is Important to us

We would like to hear what you think of the Quality of Care Report for 2010/2011

Was the report interesting to read?

- ☐ Yes
- ☐ No

Was the information appropriate?

- ☐ Yes
- ☐ No

Did you enjoy the presentation and layout?

- ☐ Yes
- ☐ No

Was the report readily available for you?

- ☐ Yes
- ☐ No

Where did you obtain this report?

- ☐ Annual General meeting
- ☐ Community
- ☐ Other

Comments:.....

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Name:.....

Address:.....

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Phone:.....

Quality of Care Report Evaluation Survey

Quality Improvement Manager
Boort District Health
Reply Paid 200200
Boort VIC 3537

Thank you for taking the time to complete this survey – please detach this page and return to the Quality Improvement Manager.

Boort District Health