

NDHS

Published 7th February



QA 2018

Neerim District Health Service - Quality Account Report

CONTENTS

INTRODUCTION	4
THE HIGHLIGHTS	5
MEASURING OUR PERFORMANCE	6
INFECTION PREVENTION	7
ENGAGING WITH OUR CONSUMERS	8
OPEN DISCLOSURE	9
MANAGING DETERIORATING PATIENTS AND ESCALATION OF CARE	10
RISK AND SAFETY	14
CHILD SAFE STANDARDS	15
CONSUMER FEEDBACK	16
AGED CARE	
HOSPITAL STAY	
HOSPITAL DISCHARGE	
OPERATING THEATRE SATISFACTION	
SHORT TERM RESTORATIVE CARE	

INTRODUCTION

This is the first Quality Account Report issued by Neerim District Health Service to be prepared and published according to the Safer Care Victoria guidelines and the National Safety and Quality Health Service Standards. These standards require us to demonstrate our quality and safety performance and initiatives with the aim of improving healthcare quality and protecting our consumers from harm.

Whilst NDHS is not a public health service, we believe in demonstrating our commitment to the community we serve, our patients, their families and loved ones, through the reporting of performance.

We intend to issue our Quality Account annually as part of our Quality Improvement and consumer engagement strategies. We invite any questions or comments by way of feedback via email.



Kate Graham
CEO
ceo@neerimhealth.org.au

THE HIGHLIGHTS

This year, our focus has been on the evidence of quality across all areas of our health service and hospital. We commenced the year with the three-year Aged Care re-accreditation closely followed with an unannounced visit by the Australian Aged Care Quality Agency (AACQA) less than two months later. Both site visits concluded in excellent outcomes for NDHS with three-year accreditation being granted.

In November, the Australian Council on Healthcare Standards conducted a periodic review for the National Safety and Quality Health Service (NSQHS) Standards and EQuIP National Standards with a full review planned for 2020.

In anticipation of these reviews and as part of our renewed effort to improve the Quality across the organisation, the improvements we have made include:

- Updated Policies and Procedures being available to all staff via a digital platform
- Centralised digital document control system
- Enhanced and improved incident management and feedback processes
- Launch of new annual patient and resident satisfaction surveys
- A sustained focus on Governance and associated Board and operational committees including a review of Terms of Reference
- Formal contractual arrangements with specialised services such as Residential In-Reach, infection prevention consultation and Allied Health Services
- Centralised management of contracts and services
- Complete redevelopment of emergency procedures, manuals and our emergency preparedness plan
- Review and relaunch of an updated annual staff satisfaction survey

MEASURING OUR PERFORMANCE

The measures for our hospital and operating theatre are based on the National Standards, National Safety and Quality Healthcare Standards (NSQHS). NSQHS Standards were developed by the Australian Commission on Safety and Quality in Health Care with the Australian Government, state and territory partners, consumers and the private sector. The primary aim of the NSQHS Standards is to protect the public from harm and improve the quality of health care. They describe the level of care that should be provided by health service organisations and the systems that are needed to deliver such care.

The Evaluation and Quality Improvement Program is a quality assessment and improvement program for organisations/health services and supports excellence in consumer/patient care and services. Assessments are undertaken by the Australian Council on HealthCare Standards (ACHS).

NDHS is also required to meet a range of quality and regulatory requirements for the renewal of private hospital regulations through the Victorian Government Private Hospitals, Commissioning, Performance & Regulations framework.

Further to this, NDHS is also required to meet the Aged Care Quality Standards through an assessment process with the Australian Aged Care Quality Agency.

All assessment and accreditation processes include a range of safety, quality and performance indicators with a focus on consumer engagement, infection prevention, documentation and risk management.

INFECTION PREVENTION

Our focus to ensure we meet all standards for infection prevention and management has been a priority for our staff this year. The monitoring and surveillance of Staphylococcus aureus bacteraemia (SAB) is a national indicator and is a mandatory reporting requirement for all facilities in Australia. Being free of staph infections this year is a key highlight.

Other examples of our commitment to infection prevention include:

- 79.5% of staff being immunised – this is in line with the Department of Health target of 80% staff immunisation rate
- Supported two staff to become qualified Hand Hygiene Assessor Trainers
- Overseen the introduction of new policies and delivered hand hygiene training to 89% of our staff
- Reviewed all hand hygiene products and introduced new and consistent products and dispensers across the organisation

The focus on hand hygiene is evidenced in our patient satisfaction survey that reported 80% of respondents stating they had seen staff wash their hands, use hand gel or put on clean gloves every time prior to treatment and an additional 15% of respondents said “sometimes”. Our investment in procedures and training will ensure that we achieve 100% compliance with hand hygiene in 2019.

NDHS is now registered with:

- VICNISS Healthcare Associated Infection Surveillance Coordinating Centre - to undertake surveillance and benchmarking Staphylococcus aureus Bacteraemia (SAB) infection rates and hand hygiene benchmarking.
- Hand Hygiene Australia - to access and monitor staff compliance for completion of hand hygiene on line training modules.



ENGAGING WITH OUR CONSUMERS

In June we appointed a Clinical Services Manager who has executive responsibility for consumer engagement. An organisation wide Consumer Engagement strategy has been developed with the primary objective of developing a deeper understanding of what our community of consumers expect from our health service offerings. We have introduced the following systems and processes to achieve our goal including:

- Appointing consumers to the NDHS Quality and Safety Committee to ensure consumer representation at a governance level within the organisation
- Creating a range of channels for consumers to provide feedback and raise concerns including directly to our Clinical Services Manager
- Introducing an annual Community Forum (the first is scheduled for 7 February 2019) to enable consumers and the community to participate in future planning for the organisation
- Regular measuring and public reporting of our performance
- Introduction of Family Escalation policies and procedures to assist families escalate any concerns they may have with a patient's condition
- Ensuring regular and contemporary patient and resident satisfaction surveys
- Establishing links with community organisations such as the CWA to provide health literacy information and sessions including elder abuse and Advance Care Directives

Due to the range of health services we provide, such as day procedure surgery, NDHS has identified particular challenges to ensure robust and valuable consumer representation across the organisation. Following the development of the Consumer Engagement strategy, the NDHS Quality and Safety Committee and the Clinical Services Manager undertook major work to develop:

- A Consumer orientation resource for consumer participation in NDHS committees including the Quality and Safety Committee
- A Consumer representative position description
- Consumer recruitment, participation and support policies and procedures
- A Statement of Standards for Community Participation

In late 2018 we introduced the first edition of our NDHS Community Newsletter that will be issued on a regular basis and provide a communications channel to better connect with our consumers and the community of the Baw Baw Shire.

OPEN DISCLOSURE

Open disclosure within the health system in Australia is described by the Australian Commission on Quality and Safety in Health Care as "the open discussion of incidents that result in harm to a patient while receiving health care with the patient, their family, carers and other support persons."

In 2018 we ensured that our policy and procedures to manage Open Disclosure were contemporary and

readily available to staff. Further to this, we have provided training modules to staff resulting in 100% of managers and community-based staff completing training with a further 90% of Registered and Enrolled Nurses completing the training.

All patient handbooks and brochures have been updated to ensure that consumers and their representatives are aware of our Open Disclosure commitment and policies.

MANAGING DETERIORATING PATIENTS AND ESCALATION OF CARE

It is well known that any delay in responding and escalating the care of a deteriorating patient can result in adverse outcomes. Our review of the internal processes and tools to manage deteriorating patients identified a number of improvements that we have since made.

These include:

Funding and support for nine of our registered nurses to complete their Advanced Life Support training

This comprehensive course, delivered in collaboration with the Clinical Educators from West Gippsland Healthcare Group, provides Registered Nurses with the skills and knowledge to manage patients in immediate clinical crisis. The course provides training and skill development in the recognition, assessment and immediate management of a deteriorating patient and includes skill development in dealing with a cardiac arrest or other medical emergencies in a clinical setting. This is a significant achievement for both the individual Registered Nurses but also NDHS as an organisation that provides a suite of clinical services including Emergency Stabilisation.

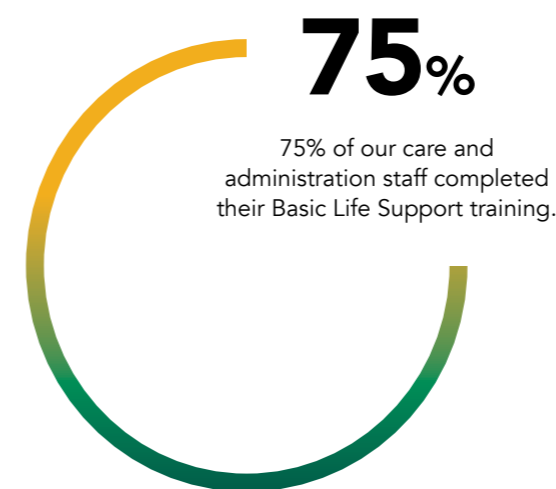


Family Escalation of Care

NDHS is committed to supporting families and representatives participate actively in escalating any concerns they may have about clinical deterioration and care of a patient or aged care resident.

We have developed a specific activation system where information is readily available to families to assist them in raising concerns about care and/or deterioration.

Posters and brochures are now available for family members to escalate concerns and new processes are in place to enable family direct phone contact with senior nursing staff to escalate any concerns.



- Development of an escalation policy and procedure that outlines the thresholds of abnormal physiological observations that trigger an escalation of care response, and the response required when these triggers occur.
- Development of protocols regarding improved clinical handover and associated staff training

Advanced Care Directives and End of Life Care

Advanced care and planning for future health and personal care should a person lose their decision-making capacity is an important part of our service. Advanced care planning captures peoples' values and wishes. It enables them to continue to influence treatment decisions, even when they can no longer actively participate.

End of life care is a challenging but essential part of the care of dying patients. It helps the patient and their care givers to identify their priorities, achieve their goals, so that appropriate end of life care can be provided. Best practice in end of life care focuses on supporting both the patient and their family and addresses not only physical but also the psychosocial and spiritual concerns.

Early in 2018, a file audit was undertaken in our aged care unit in collaboration with the Gippsland Region Palliative Care Consortium (GRPCC) where it was identified that there were no formal advance care directives nor well documented planning for end of life care. Following this audit, a range of improvement strategies were designed and implemented. A further audit later in 2018 identified a significant improvement with 80% of aged care residents having a documented Advanced Care Directive.

The secondary audit results revealed:

- Of those that requested family, spiritual, religious and cultural needs particularly during the last 72 hours were documented
- Evidence of assessment and review of distressing symptoms, pain, respiratory symptoms, breathlessness, excessive secretions, nausea or vomiting, agitation, terminal restlessness were documented in 80% of files. As a result of this lower than expected outcome significant education has been provided to staff on end of life care.



RISK AND SAFETY

Emergency Management

We conducted a major review of our emergency procedures, manuals and emergency preparedness plan in October and November.

This review resulted in a redeveloped suite of emergency procedures and new Emergency Management protocols including our bushfire preparedness plan. We updated and provided training to our Chief and Area Wardens, 100% of the Management team and 72% of Registered Nurses. By December, 70% of all staff had undertaken general evacuation training in context of the updated procedures.

In 2018 we also completed our five-year Fire Safety Plan and have developed an action plan to address issues identified.

Safe Patient Handling

Managing the risks associated with safe patient handling is a priority to ensure risk is managed for our staff, residents and patients.

During 2018 we supported a staff member to undertake training resulting in Certification and Assessor status for safe patient handling. This will provide NDHS with a dedicated resource to ensure all staff have access to training internally for safe patient handling.

CHILD SAFE STANDARDS

All organisations in Victoria that provide services or facilities for children are required to comply with Child Safe Standards, to ensure that the safety of children is promoted, child abuse is prevented, and allegations of child abuse are properly responded to.

During 2018, all managers were provided education and resources regarding the Child Safe Standards and the organisational Code of Conduct is being reviewed to ensure compliance with the Child Safe Standards.

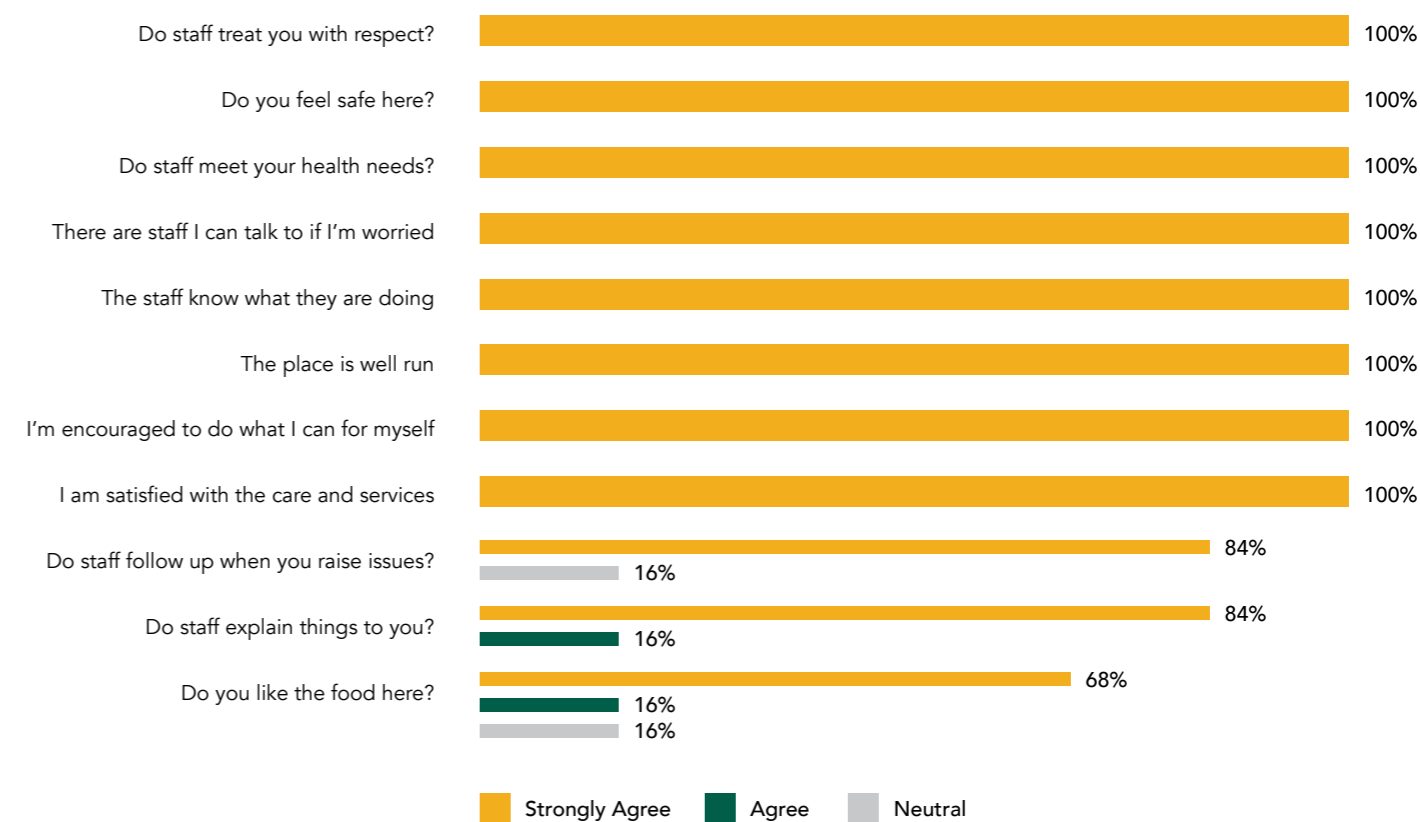
CONSUMER FEEDBACK

Understanding how our patients, consumers and aged care residents view the care and services we provide is important to us. In 2018, the Quality and Safety Committee reviewed and released a new hospital and theatre patient questionnaire which has been simplified yet not detracted from the importance of receiving valuable feedback.

During 2018 we undertook consumer feedback surveys across the organisation including aged care, hospital, theatre and Short-Term Restorative Care. The following summarises the findings:

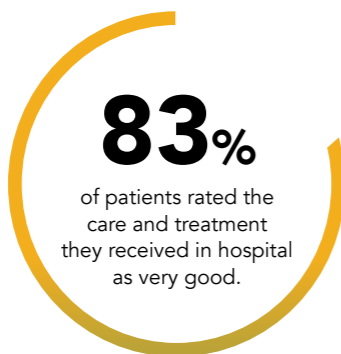
Aged Care

Earlier in 2018 the Quality and Safety Committee recommended that we adopt the Australian Aged Care Quality Agency, Consumer Experience Report framework to seek feedback from our residents. Utilising a similar framework allows us to gain feedback from residents but to also benchmark nationally.



Hospital Stay

All hospital patients are offered the opportunity to provide feedback during their stay and on discharge. The results from an analysis of the 2018 surveys revealed the following:



All patients that responded stated the toilets and bathrooms, hospital room and ward were very clean or fairly clean. The majority of patients responded that they were not concerned by noise or lighting however one respondent did suggest asking visitors to leave by 8pm.

Of the patients that rated the quality of food, 100% stated it was either good or very good. One respondent did provide feedback stating that "I think the menus forget that not everyone is old." As a result, a review of the menu has been undertaken with recommendations for changes to be adopted.

100% of patients who responded felt they were given enough privacy when being examined or treated.

When asked about raising fears or worries about their condition with a health professional, two patients responded that they didn't raise concerns they had and one patient said that when they wanted to talk to a nurse, they were unable to do so. We are optimistic that the work we have undertaken regarding escalation of care will appropriately address this issue in the future.

100% of patients stated that staff always explained the purpose of any treatment and all respondents indicated that they felt they could refuse treatment that they did not want or did not agree with.

Hospital Discharge

100% of patients who responded indicated that they felt their length of hospital stay was appropriate.

80% of patients felt they definitely had a say in the decision to discharge and 88% said they received sufficient information about managing their health and care at home. As a result of this, significant work has been undertaken to develop a patient discharge pack and improved discharge paperwork.

100% of patients felt either completely or to some extent that hospital staff took their family/home situation into account when planning their discharge.

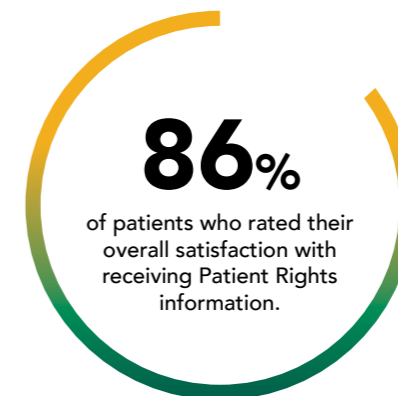
In 2017 77% of patients said they were given notice about when they would be discharged, this has increased to 100% in 2018.

"I would like to thank everyone for the care and support I was given during my stay, with all the staff at this wonderful hospital. Thank you to everyone."

Operating Theatre Satisfaction

At NDHS we undertake over 1,500 theatre cases per year with patients coming from across Gippsland to access private, self-funded and publicly contracted services. Day procedure patients were asked a range of questions with the following results:

“As an old ACHS surveyor, a big tick”



Patients that had planned surgery received a theatre pre-admission pack from their consulting Doctors Room prior to the surgery booked date. Within this pack is a copy of Australian Charter of HEALTHCARE RIGHTS guide for patients, consumers, carers and family information leaflet. Patients' rights posters are also displayed in the Hospital Foyer, Day Surgery waiting room and Day Surgery.

Short Term Restorative Care

Our Short-Term Restorative Care (STRC) packages provide time limited, multidisciplinary and flexible care that aims to reverse and/or slow 'functional decline' in older people through the provision of a package of care and services designed for, and approved by, the individual.

The care can be provided in the persons home care setting or in a residential care setting. A major review of the STRC program was undertaken in the second half of 2018 and a range of quality improvements implemented as a result of client feedback and program review including:

- The recruitment of an STRC Care Coordinator to:
 - o Operate as the single point of contact for program consumers and external stakeholders to access information regarding STRC program and services
 - o Provide initial and ongoing assessment/monitoring of consumer care needs
 - o To facilitate referrals and access to appropriate community-based services during the 8-week program and seamless service provision of ongoing community-based services at time of exit
 - o To facilitate a multidisciplinary approach to care planning and service provision
- The introduction of a brokerage model for allied health service and associated contracts to ensure timely and effective engagement of clinicians
- A new Consent to exchange information tool has been implemented
- A revised client satisfaction survey to capture appropriate information directly related to the STRC Program

At the end of 2018 the STRC Client Satisfaction Surveys revealed the following feedback:



NDHS

Address: 29-39 Main Neerim Rd, Neerim South VIC 3831

Phone: (03) 5628 1226

www.neerimhealth.org.au