



VICTORIAN QUALITY ACCOUNT

2017 - 2018 A YEAR IN REVIEW

YOUR GUIDE TO HOW
WE INSPIRE HEALTH

OUR MISSION, VISION & VALUES
We will always strive to create a healthy community through the promotion of good health, providing optimal services, collaborating through partnerships & developing our workforce. Above all else, we value:



GENUINE



RESPECT



EXCELLENCE



ACCOUNTABILITY



TOGETHERNESS





HIGHLIGHTS FROM 2017 & 2018

Centre of Inspired Learning Opening
Health and Movement Centre Opening
Inspiring Health Week
Rural Infrastructure Announcement
Wattle Rise Re Naming

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WHAT IS THE QUALITY ACCOUNT?

We produced this Victorian Quality Account to provide accessible information to our community about our quality of care and safety. The aim of this report is to improve the audience's understanding of, and engagement with, the quality systems, processes and outcomes provided by Maryborough District Health Service.

We have taken into account the comments from readers about the 2016-2017 Report. As a result, this year we will provide more information about our continuous development projects across the organisation.

Items contained in this Report specifically pertaining to quality and safety, satisfy the Victorian Department of Health's guidelines for reporting the safety and quality of our care. Reports are available via www.mdhs.vic.gov.au, from the Reception Desk at Maryborough or if you wish, a copy to be mailed to you, please contact (03) 5461 0333.

MESSAGE FROM THE CEO AND BOARD CHAIR

It gives Maryborough District Health Service (MDHS) great pleasure to provide this annual Victorian Quality Account. As we did last year, we are printing and providing over 3000 copies of this report so our community understands the progress and programs of MDHS.

The year has had enormous highlights, in amongst the ever growing challenges of delivering health care services in Regional Victoria.

I am delighted to report that at the time of print, MDHS is a finalist in the Premier's Health Service of the Year. To be nominated as a finalist is a testament to the team at MDHS, including our Doctors, Nurses and all Support Staff who deliver the care and facilities to our communities.

MDHS has also been shortlisted in the same awards for the "Whole of hospital model for responding to family violence". As an organisation, we remain determined to support Maryborough Rotary with their fantastic initiative #Sayno2familyviolence. They, along with other key partners are doing some incredible work in this space.

The past twelve months feel like they have flown as we continue to focus on service improvements and growth. We are continuing to focus on enhancing our internal systems, improved clinical care and efficiency and improved governance systems across all areas of the health service.

The report contains a significant number of graphs and statistics in regards to MDHS. These are examples of how we as an organisation govern and monitor our performance. You will note some of these still show areas for improvement and remain unresolved in our commitment for further improvement.

Speaking of our continuous improvement system, MDHS has remained fully accredited with all relevant agencies for our services. This includes our Aged Care Service, specific Community Health programs, along with the Organisational Wide Assessment programs. This should reassure all of you in the community of the strength of the systems at MDHS. We are continuing to enhance our already robust quality systems.

Indeed within the most recent National Standards assessment in August, the accreditors noted: -
"MDHS should be proud of its good work, its innovation and its achievements in improving care and services".

This past year has seen a number of enormous community events. A feature was to have Minister Hennessy here with us in February announcing the funding for our student accommodation project and new kitchen. The kitchen work is complete with a brilliant outcome. The student accommodation will start shortly.

We thank and acknowledge our Volunteers and Auxiliaries who advocate and support our services so incredibly well. The introduction of the Welcome Ambassador's desk along with the ongoing equipment support at Dunolly and Avoca are testament to their dedication and support.

MDHS is governed by our Board of Management who are the voice and representation of the community. Their leadership and support to the Executive and staff is invaluable in allowing MDHS to deliver the service excellence reported within this report. We thank all Board Members for their active participation. MDHS is extremely proud of the service we deliver and we hope you find this Victorian Quality Account informative and interesting to read.

This report can also be found on our website at www.mdhs.vic.gov.au



Peter McAllister
President of the Board of Management



Terry Welch
Chief Executive of MDHS

COMMUNITY HEALTH SERVICES - VHES RESULTS

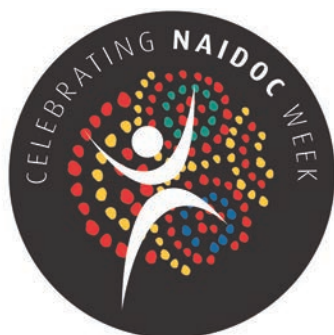
Overall satisfaction with community services was 95% according to the Community Health Services Victorian Healthcare Experience Survey April 2018.

An area for improvement identified was the number of times clients needed to repeat information that should be available in their record. 24% of respondents identified that this process was repeated multiple times during the process, and from this a review of MDHS intake services was undertaken. The intake processes ensures improved access to services and streamlines initial contact so that accurate information is collected and recorded to reduce the amount of time clients need to repeat information. A number of recommendations were implemented and will be reviewed.

To improve the overall experience of Community Services clients, MDHS has recently renovated the client waiting area. This renovation allowed for the redevelopment of office space therefore increasing the number of consulting rooms available to consumers. As a result, this has improved the overall client experience when accessing Community Services.

The Physiotherapy Department, which previously had difficult access, particularly for those people who required the use of mobility aids and or wheel chairs, was relocated into another redeveloped area which facilitates better physical access to treatment areas. This area is called the Health and Movement Centre and is used by a number of disciplines which enables and promotes better integrated care. The area is also used to provide exercise programs for staff.

MDHS has focussed on improving our responsiveness to including consumers in planning and improving their health outcomes and care. Key focus for 2017-2018 was to embed the Son's of the West program which resulted in 45 local male community members developing strategies and mateship to improve many aspects of their lifestyle. Further to this MDHS also launched the Daughters of the West program in early 2018 which saw 60 women enrol to begin their journey to planning and improving their health outcomes.



**BECAUSE OF HER,
We Can!**
8-15 JULY 2018

ICAP PROGRAM

Less than 2% of the population has been identified as Aboriginal or Torres Strait Islander (ATSI). MDHS respects the traditional owners of the Dja Dja Wurrung land. The closest ACCHO are located in Ballarat and Bendigo. MDHS has a strong commitment to supporting the ATSI community through their health journey.

The Statement of Intent and Apology Statement are on display throughout the organisation. Each year MDHS celebrates NAIDOC week in the first week of July.

Our Diversity Plan ensures that culturally appropriate mechanisms are in place for engagement and obtaining feedback from Aboriginal and Torres Strait Islander people. The information is used to improve the delivery of health care, cultural awareness and respect across MDHS.

VHES RESULTS

The Victorian Healthcare Experience Survey (VHES) is a state-wide survey of public healthcare experiences conducted on behalf of the Department of Health and Human Services (DHHS) to better understand what matters to the community. The VHES allows people to provide feedback on their experiences and the information is used by MDHS to help monitor and improve our services.

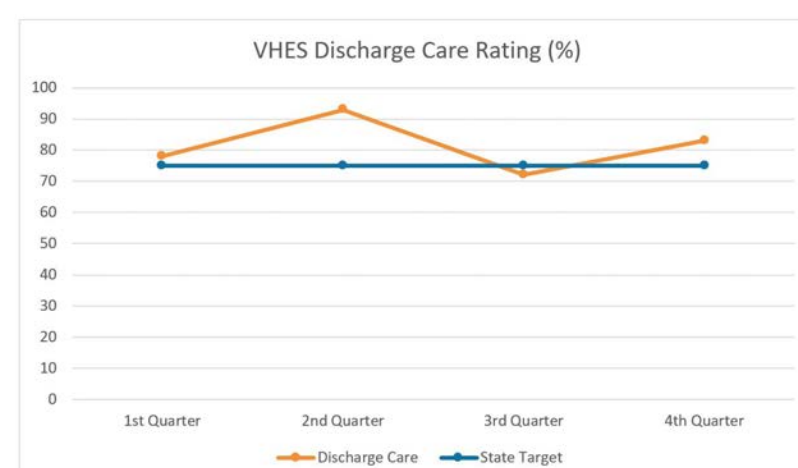
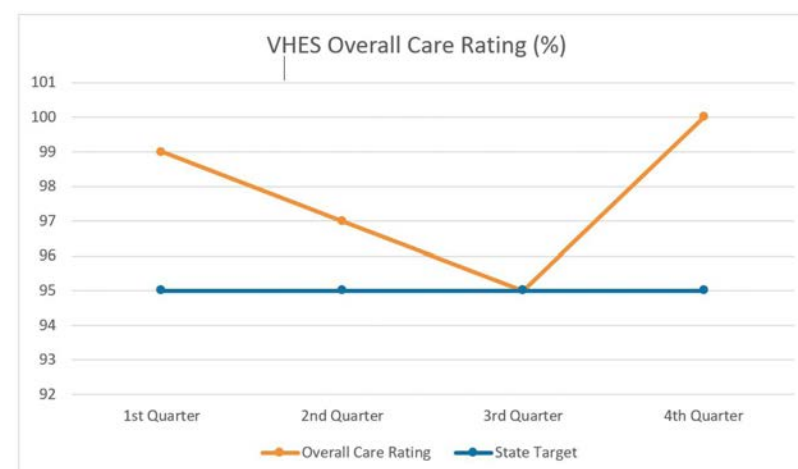
The Patient Experience Score is a key indicator of how we are performing overall. The DHHS expects that 95% of people surveyed indicate a positive experience with our acute services.

During the 2017-2018 year we reached the target in every quarter. This is an absolute reflection of the amazing work of the multidisciplinary team working across acute services.

Key works have been implemented:

1. MDHS has utilised the VHES data to engage with consumers to drive clinical outcomes. Discharge information and process have been utilised to embed discharge phone-calls and the development of a Discharge Liaison Officer to assist patients in their journey home.
2. The implementation of a Cancer Resource Nurse in direct response to consumer feedback from patients identifying their physical and emotional isolation during their cancer journey.
3. Led by the Board of Management and Hotel Services Team, a review of bathrooms across acute services in response to room cleanliness. The actions put in place addressed the feedback and now the cleanliness rate is 90% post this review.

The Victoria Healthcare Experience Survey (VHES) provides comprehensive feedback, however it does not encompass all patients and clients of MDHS. In an effort to constantly improve consumer feedback reporting, MDHS obtains additional feedback through a system known as 'My Rounding'. My Rounding captures data from inpatients, residents and outpatients.



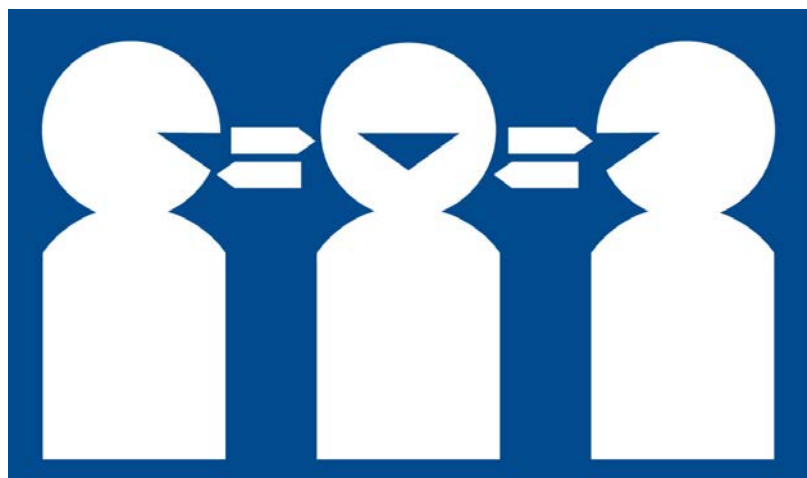


HEALTH AND COMMUNITY COLLABORATIVE

The Health and Community Collaborative is a Board Sub – Committee which advises the Board of Management and advocates on behalf of the community, consumers and carers, with Members providing guidance and leadership in relation to the integration of consumer, carer and community member views of MDHS service operations, planning and policy.

Community members or consumers appointed to the Health and Community Collaborative are persons who:

- Represent the views of the communities served by MDHS
- Are not currently employed or engaged in the provision of services at MDHS
- Are not practising health professionals at MDHS
- Are not appointed as representatives of specific organisations within the community



INTERPRETERS

Due to the rural location of Maryborough, interpreters are generally accessed via telephone to ensure a timely response for patients, residents and consumers.

Consumer waiting areas and intake workers have up to date telephone contact numbers for interpreting services.

Approved Cue Cards are available in patient and consumer areas (in required languages) to assist and support clients, patients and residents to communicate normal daily tasks with staff.

MDHS has a policy to support staff in the process of accessing interpreter services. A PIN for easy access is known to staff when access to services is required for their patients, clients and residents. Interpreting services are contacted in an appropriate and timely manner, as required, to support patient care.

The need for and use of interpreters is documented in the patient, client and resident files.

BUILDING CAPACITY

MDHS highly values the positive contribution consumers, carers and community members provide to improve the quality and the delivery of high quality health care.

MDHS strives to ensure consumers, carers and community member contribution is at an individual and service delivery level. Ensuring consumers carers and community members are informed, consulted, involved and empowered in the process is a key focus and occurs through a range of platforms

Strong partnerships exist with key services across the Central Goldfields and Pyrenees catchments to ensure that all community members are engaged in the development and provision of services provided by MDHS.

Key services include the Central Goldfields Shire, local employment groups, local Schools, and Early Childhood Development programs. The community is represented through the Avoca & Dunolly Community Conversation Committees and the Maryborough Auxiliary Committee. Representatives from these groups have contributed and provided guidance to the Central Goldfields Health Service Plan.

The Montessori program is embedded across all Aged Care facilities and continues to be an extremely positive program, actively building the capacity of the consumer to participate in their direct care which maximises their independence, empowerment and wellbeing.

DISABILITY

Diversity Statement: *Maryborough District Health Service believes in the strength of a vibrant, diverse and inclusive health service where the backgrounds, perspectives and life experiences of our people, clients, patients and residents, help us to forge strong respectful connections.*

To ensure MDHS is meeting the needs of community members in our catchment we have developed a Diversity Plan which focuses on the needs of:

- People from Aboriginal and Torres Strait Islander backgrounds
- People from Cultural and Linguistically Diverse (CALD) backgrounds
- People with intellectual and physical disabilities
- People living in rural and remote areas experiencing isolation
- People experiencing financial disadvantage (including people at risk of homelessness)
- People who identify as LGBTI

MDHS patients and consumers across the catchment have a high level of disability, with more than 63% of the population having a core need for assistance, compared to the Victorian State average. The number of people receiving support through disability support pensions is three times higher than the Victorian State average. It is important for MDHS to be proactively engaging with our consumers and such programs as the Sons and Daughters of the West have worked to include all members of our community.

Key Results

- Collaboration with external partners via MDHS Family Violence Committee
- Plans implemented to engage with Dja Dja Wurrung people to develop a RAP plan
- Improved collaboration and coordination of emergency and crisis housing across the catchment

COMPLAINTS AND FEEDBACK

MDHS welcomes feedback from consumers and community members as it is a way for individuals and groups to be involved in the improvement process. We welcome compliments and complaints as it is an opportunity to constantly be improving our delivery of healthcare.

We encourage feedback in a number of ways:

- Talking to our staff
- Calling and providing our Customer Excellence Team with feedback over the telephone
- Written letter or email
- MDHS Feedback Brochure, available at all sites or via our website
- Victorian Healthcare Experience Survey
- Patient, Resident and Consumer Rounding

In 2017/2018 MDHS received 151 compliments and 53 complaints. All complaints are reviewed by staff, Executive and Board to identify opportunities for improvement.

You spoke, we listened

We received feedback from consumers and patients regarding access to Antenatal and Maternity Services at MDHS.

What happened next:

We engaged the services of a Maternity Services Consultant to conduct a full review of our Antenatal/Maternity Services, which identified a lack of awareness in the local community of the range of services available to potential/new mothers (and babies).

It was decided that we needed to raise awareness and remove any barriers, to encourage local (and district) consumers/patients to choose Maryborough District Health Service to have their baby.

Antenatal/Maternity Services consumers/patients are now able to self-refer to our Antenatal Clinic or, if preferred, will continue to be referred on by their own GP.

We believe MDHS provides excellent Antenatal/Nursing Care to new mothers and babies throughout pregnancy, birth and beyond – in a friendly and familiar environment, and we invite you to view a series of videos (on our website), with presentations by new Mothers, our local GP/Obstetrician, Amherst Nurse Unit Manager and Midwives.

We engaged the services of a marketing company to develop a range of videos for our website, social media pages and internal promotion to promote the service through a series of stories told by a consumer, GP Obstetrician, Nurse Unit Manager and Midwife.

ACCREDITATION

In November 2017 MDHS was successfully accredited at all aged care communities against the 44 Australian Aged Care Standards, which was an outstanding achievement for our teams. The opinion of the survey team, was that MDHS had achieved 'Satisfactorily Met' ratings for all core and mandatory actions. The surveyors did note that all developmental actions from the last survey were closed.



Highlights from our compliments

"...thank you all for being so welcoming and kind...you all made my first months as an RN very educational and enjoyable..."

Compliment (Thanks) received from recent Nursing Student, expressing appreciation for support provided during placement at MDHS Amherst.

"...thank you to all staff at MDHS who provided me with high quality patient centred care... I have only positive things to say about my treatment and care..."

Compliment (Thanks) received from recent DSU/Amherst inpatient, expressing appreciation for care provided.

"...Your compassion and care for him will never be forgotten, and we know that he was happy to be there, and lucky to be looked after by you and your staff. You all are wonderful..."

Compliment (Bereavement Thanks) received from family of recent Amherst inpatient, expressing appreciation for care provided.

"...Just want to express how welcoming and friendly, kind, caring and loving Irene was. Best Dental Nurse I have had in 33years..."

Compliment received from recent Dental Clinic client, expressing appreciation for care provided.

"...The stall went well and my estimate is that we talked to over 60 individuals, which included a good percentage of these having a BP check and/or diabetes risk assessment completed. We are very appreciate of your staff attending and supporting local families at the school in regards to their health..."

Compliment (Thanks) received from MEC for MDHS Community Services Staff involvement and support of their Family Fair – Health Habits stall.

"...I recently stayed overnight at your friendly hospital... All went well with the operation and recovery, but I was delighted how friendly and caring your whole staff were towards me and other patients I observed. Thank you again and I have told so many how great Maryborough Hospital is!!!"

Compliment (Thanks) received from Day Surgery patient, expressing appreciation to all MDHS Staff/Nurses & Reception Crew.

"...my stay was excellent. Nursing care was fantastic and the atmosphere was so caring and comfortable...nothing was too much trouble..."

Compliment (Thanks) received from recent Dunolly Acute Patient, expressing appreciation for care provided.



PEOPLE MATTER SURVEY – SAFETY CULTURE QUESTIONS

Every year MDHS staff are invited to participate in the People Matters Survey conducted by Orima Research on behalf of the Victorian Public Sector Commission.

The core survey monitors the application of the public sector values and employment principles within public sector organisations. It contains questions about employee perceptions of the way the values and employment principles are demonstrated within the organisation by leaders, managers and colleagues and measures employee satisfaction and engagement.

In 2018 there are modules for diversity and inclusion, employee wellbeing, change management, career intentions, learning and development and sexual harassment.

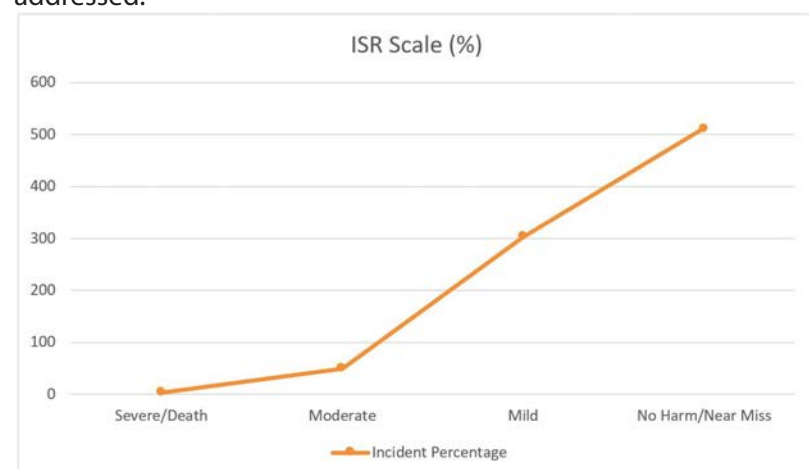
In 2018 MDHS had a 74% positive response to the patient safety questions. This is against a target of 80%. The results of the patient safety culture questions has helped us to drive improvement through a number of strategies: Engaging with staff via bimonthly all staff forums to share patient safety information on a broader scale, review of committee structure to include non-clinical staff to provide greater understanding of clinical and non-clinical incidents across the health service, with clear action plans to provide a better understanding of the psychological and physical safety for staff. MDHS OHS committee and the HR team have developed an action plan in response to Occupational Violence and have presented this broadly to staff and executive to further improve this response.

We have proactively shared survey results with staff in staff forums and also reported this information to our Board of Management.

ADVERSE EVENTS

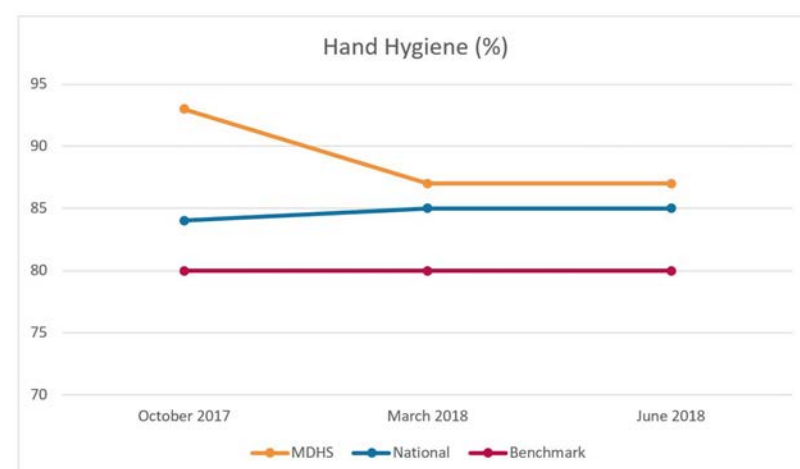
An adverse event is described as when a person receiving health care could potentially be harmed or is harmed. Any adverse event that occurs at MDHS is identified, notified and reviewed through our incident management and investigative processes in order to decrease the risk of these events reoccurring. All adverse events are reviewed, internally investigated by the Clinical Risk Coordinator and reported to our Performance Committee, Governance Committees and up to the Board's Clinical Governance sub-committee.

Our quality team frequently reviews and has refined our Incident Management Framework in order to ensure a high level of effectiveness with the management of adverse events. Action Plans are developed and monitored to ensure that all outliers are addressed.



Each incident (clinical, non-clinical, OHS) is reported and rated on impact.

INFECTION CONTROL



The National Hand Hygiene Benchmark is set by the Australian Health Ministers' Advisory Council (AHMAC). From 2017 onwards, the benchmark has been set to 80%.

Hand Hygiene

Effective health care worker hand hygiene is a core strategy in the prevention of health care associated infections and the transmission of antimicrobial resistance.

Core components of the Hand Hygiene strategy include provision of alcohol-based hand rub at the point-of-care, health care worker education, and auditing with performance feedback of hand hygiene compliance according to the WHO 'My 5 Moments for Hand Hygiene' approach.

Our hand hygiene program is based upon the consistent application of the 'five moments' for hand hygiene and involves either hand washing with soap and water or using the pink alcohol based hand rub at the following times:

- Before touching a patient;
- Before a procedure;
- After a procedure or body fluid exposure;
- After touching a patient;
- After touching a patient's surroundings.

Throughout all areas of MDHS, hand hygiene compliance is consistently above the required benchmark of 80% and the national average.

To ensure clients' expectations and needs are being met MDHS regularly undertakes observational audits of hand hygiene compliance and we also conduct an annual hand hygiene survey. The results show MDHS hand hygiene compliance is consistently above the 80% requirement and consistently above the National Hand Hygiene average. MDHS surpassed the Victorian public hospital benchmark by achieving 87%.

Healthcare Worker Immunisation

Influenza is a risk that MDHS takes very seriously. Each year the organisation undertakes an internal campaign to ensure all staff and volunteers of the health service are immunised. The organisation also undertakes an external marketing campaign to provide the community with information and increase awareness about the importance of immunisation.

Through an ongoing education campaign advising staff on the benefits of immunisation and staff incentives, MDHS surpassed the Victorian Public Hospital benchmark of 75% by achieving 88%.



Avoca Footy and Food Clinic was held at the Avoca Recreational Reserve with participants able to participate in healthy eating sessions, football clinic and art competition. To see over 100 children engaging in activities that promoted increased physical activity and healthy eating was wonderful, even more so as this was driven by the local community to develop an event that was needed by them.



Maryborough District Health Service, in conjunction with Central Highlands Water, launched the **Choose Tap initiative**, installing two drinking fountains at the Maryborough Campus.



MDHS was proud to partner with Sons of the West for the second year to help promote health and prevent disease in men aged over 18 living in the local community. The 10 week program aims to improve mental and physical health through a series of workshops, presentations, events and experiences.



Maryborough District Health Service launched the newly built **Health and Movement Centre**. The new location allows clients to access group and individual exercise sessions in a vibrant, spacious facility. This project was initiated from feedback from our local community regarding access to the previous physiotherapy and allied health gym, as space was limited and access for community members who were non ambulant was extremely difficult. MDHS worked with local community members to create a space that is open and free to promote a safe space, to build strength and improve outcomes for community members accessing physiotherapy, exercise physiology and other allied health related treatments.



Maryborough District Health Service in conjunction with the Avoca Community Bank, Maryborough Branches & St Arnaud Agency, launched the Centre of Inspired Learning. This initiative was driven to build MDHS' social capital to provide opportunities and local pathways for youth to obtain skills and education that otherwise would not be possible for them. By engaging with our local schools to identify the needs of school children meant MDHS could collaborate to provide different learning opportunities for health based training.



The renaming of Wattle Rise, formerly known as the Maryborough Nursing Home, was a terrific celebration, acknowledging the new name and celebrating the award winning garden.

Rural Capital Support Fund announcement of \$4.1 million dollars. Funding is for state of the art student accommodation and upgrade of the Maryborough kitchen.



Pictured are guests at the **2018 Feast on the Fairway**, an event raising awareness of Men's Health. The event was a chance for locals to get together and put a focus on Men's Health. 10 staff from MDHS were recognised by their peers for embodying the organisational values and received a complimentary ticket to the event on behalf of MDHS.

AGED CARE

MDHS has three Residential Aged Care facilities in Maryborough, Avoca and Dunolly. MDHS is committed to empowering resident centred care and providing an environment that is reflective of their previous home environment and lifestyles.

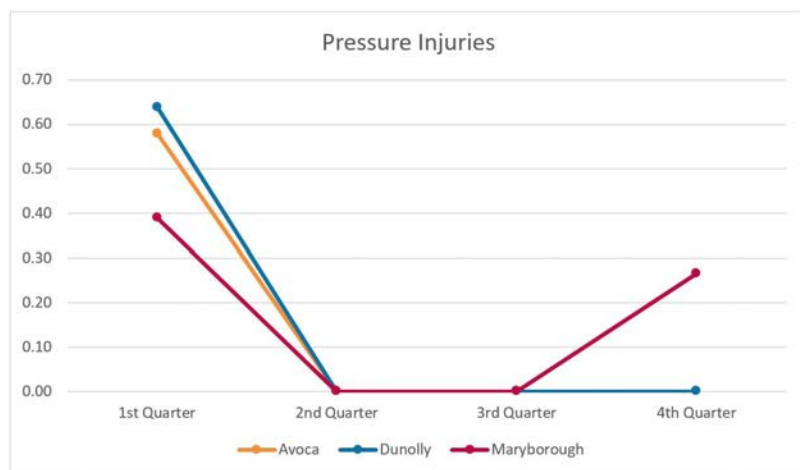
Access to a geriatrician service is provided through a tele-health model to enable resident assessments to be completed in their own home. This now ensures that 100% of our residents have access to an expert geriatrician from their bedside with their loved ones.

MDHS continues to embed the Montessori model of care focussing on maximising independence and empowering residents to provide their life story to assist in developing a person centre of care plan which is focused on the resident's lifestyle, history and values.

Pressure injuries

(Graph unit: Number of incidents per 1000 bed days for Aged Care.)

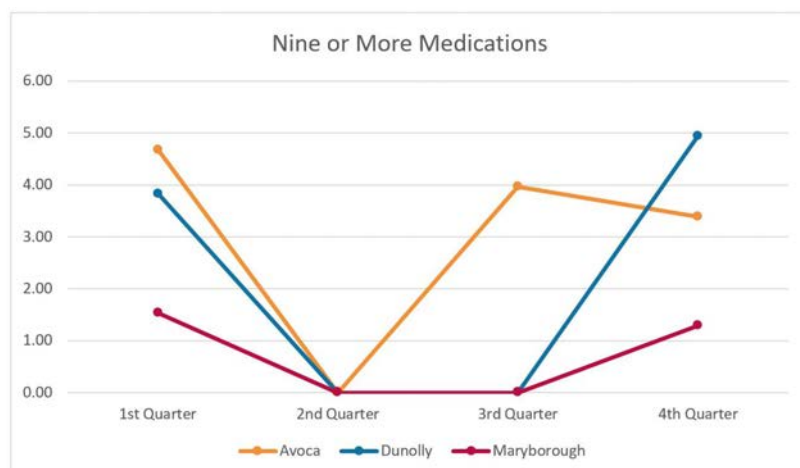
Pressure injuries occur in people who are frail and in those who have reduced mobility due to bed rest or physical disability. The risk of developing a pressure injury increases as a result of age related changes such as changes to skin integrity, malnutrition, immobility, incontinence, impaired cognitive status and frailty. MDHS continues to ensure all patients and residents aged over 65 are risk screened on admission to identify their level of risk of pressure injuries.



Nine or more medications

(Graph unit: Number of incidents per 1000 bed days for Aged Care.)

People aged 65 years and over are the highest consumers of multiple medicines in Australia. In our Aged Care facilities we closely monitor the number of medications prescribed in partnership with the resident's doctor.

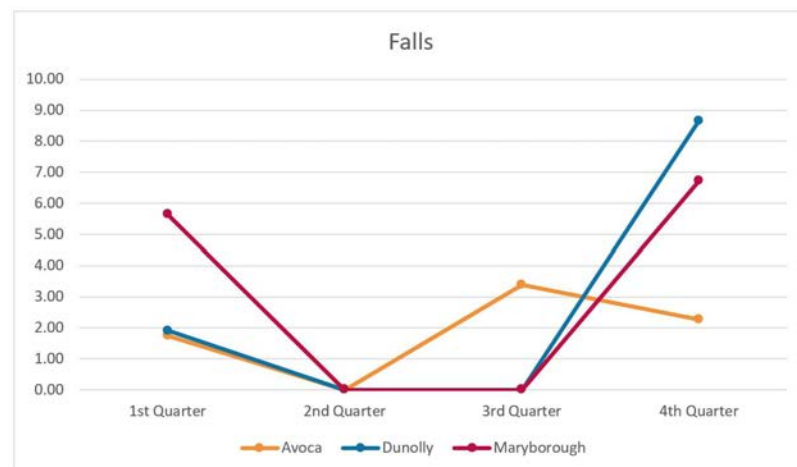


Falls

(Graph unit: Number of incidents per 1000 bed days for Aged Care.)

A patient may be at risk of sustaining a fall for a variety of reasons including their current medical condition, the type of medication they are taking, physical layout of their environment and access to toilets, or the equipment being used to care for them.

MDHS investigates all falls and implements strategies that will aid in the prevention and management of falls and fall-related injuries. This includes the use of preventative equipment and optimal nutrition and physiotherapy.



Unplanned weight loss

(Graph unit: Number of incidents per 1000 bed days for Aged Care.)

Weight loss may be the result of an underlying condition or disease, which may include acute infections and oral problems. All gradual weight loss and sudden weight loss greater than 3kg per month are automatically referred to dietician and or speech pathologist with supplements instigated immediately while awaiting specialist review. Residents at risk are identified and continue to be monitored by our care team.



Physical restraint

Research indicates that physical restraint can cause negative physical and psychological outcomes. In the last 12 months our facilities only had to use restraint as required, mainly during resident transport to activities outside of our homes.



MATERNITY SERVICES



In 2017-18 MDHS was blessed to welcome 60 Babies into our care.

MDHS closely monitors the Victorian Perinatal Service performance indicators. It supports the health service to benchmark results, compare practices and aim for targets.

MDHS strives to ensure that you and your baby receive the right care and support during your pregnancy and on the arrival of your new baby. For your safety and that of your baby your antenatal nurse will discuss the care that is needed. This process ensures that at the time of birth you and your baby are in the right place to receive the best care. As a result MDHS has a very safe record of delivering healthy babies.

Indicator 10: Rate of term infants without congenital anomalies with an Agpar score less than 7 at five minutes. MDHS is delighted to report that there were no babies of the 60 born which had a rating less than 7 at 5 minutes.

Indicator 7: Smoking cessation rates for women birthing at MDHS are below the unfavourable limit as defined by the Victorian Perinatal Services performance indicators. MDHS actively engages with women throughout their antenatal period to highlight the importance of smoking cessation after 20 weeks gestation. MDHS has QUIT nursing staff onsite to provide support to mothers and is continuing to focus on opportunities to work with mothers to improve this outcome for 2018-2019.

ESCALATION OF CARE

At MDHS, Patients, Clients and Residents are entitled to safe and appropriate care. A culture which supports effective and timely communication, patient review and team work is critical. A key aspect of this, is support and a clear course of action for individuals faced with a situation in which they have genuine concern for a patient's safety. This may include situations where there is a concern about the plan of care, diagnosis or clinical deterioration, or an urgent clinical review has been requested.

Our current Escalation of Care policy facilitates this process. In reviewing recent case studies, we have recognised that we can do better. At MDHS we want to continuously be improving early recognition of patients at risk of deterioration and therefore reduce patient harm. We continue to improve safety practices including the timely recognition, escalation and management of deteriorating patients.

MDHS has a well embedded escalation of care process which extends beyond the acute clinical setting. Recently a community member was attending a group exercise activity and became unwell during this session. Our Allied Health team were able to escalate care via our internal communication system, which enacted the response team who transferred the community member to our Urgent Care Centre for review and ongoing management. This type of response ensures that all consumers receive the right care, in the right place, at the right time.

Further work has been implemented to develop PACE (Patient and Carer Escalation) process which enables patients and their families to escalate care to a senior nurse directly via phone if they are feeling unwell.



ENDING FAMILY VIOLENCE: VICTORIA'S PLAN FOR CHANGE

The Central Goldfields Shire is ranked 5th in the State for reported family violence incidents with 330 reported family incidents per 100,000 population

MDHS continues to embed the Strengthening Hospital Response to Family Violence project, rolling out training and resources for managers and providing education, support and resources for staff. The Board of Management Family Violence Governance Sub-Committee has continued to meet, enabling key stakeholders to collaboratively explore and improve the delivery of Family Violence services and support for the community.

MDHS continues to be an auspicing agency for two additional family support workers employed to support victims of family violence locally in this community.



CHILD SAFE STANDARDS

MDHS continues to implement and embed child safe standards throughout the organisation. This year we have reviewed and updated the Child Safe policy. MDHS has focussed on updating our position descriptions to state that all employees must conform to our Child Safe Code of Conduct and policies and also updated all new employee contracts to include compliance with Child Safe Code of Conduct. Via these and other works MDHS has worked in its role Best Start program to support the Central Goldfields Shire "Loved and Safe program" to enable and enhance wellbeing of children by ensuring their safety by providing services in a safe environment, free from physical, sexual and emotional abuse, neglect, violence and preventable injury.

Aligning with the Child safe standards ensures that all staff and volunteers take reasonable steps to protect children from abuse. Building on works from Family Violence Sub Committee to align and support children exposed to family violence and create a space that is safe and welcoming to children, and ensure that staff have accessed training to identify those patients/Children who require support and referrals to specialist clinicians to address issues faced by these families.

Empower and actively involve children in decision making.

CANCER

Annually, across the MDHS catchment, there approximately 120 new cancer diagnoses. They are predominantly prostate, bowel, breast and lung cancers. People in the Central Goldfields region reported:

- feeling isolated during their cancer experience
- desire for local support and partnership between cancer service providers.

In response, MDHS has implemented a Cancer Resource Nurse to provide a central referral point for all new, recurrent and palliative patients affected by a cancer diagnosis. The role of a CRN along with acute service providers enhances care delivery and outcomes by ensuring patients understand where they are in their clinical journey. Care coordination enables patients to focus one day at a time, without becoming overwhelmed and confused.

The CRN provides support:

- At the point of diagnosis – to support people and provide information to avoid the feeling of not knowing what to do
- Through treatment – provide information and support for physical, practical, emotional and spiritual issues.
- After treatment – provide information and support about medium-to-long term effects of cancer treatment to prevent feeling abandoned from the health service
- At end of life – provide care that relieves pain and suffering and provide empowering support to family, friends and carers.

Since the beginning of this role the CRN has made contact with 112 new patients and has delivered over 500 episodes of care to members of our local community. This initiative was directly as a result of consumer feedback for opportunities for improved service delivery.

There have been great outcomes and initiatives due to the success of the role with collaboration between CRN and MDHS allied health team. The CRN and allied health team established an oncology rehabilitation program called Fighting Fit, to assist and support oncology patients in remaining active during their treatment. The CRN has also:

- re-established the cancer support groups
- commenced the national Looking Good Feeling Better program
- Implemented a Wig Library in partnership with community groups
- Engaged with communities at all MDHS sites holding the Biggest Morning Tea events
- Presented as key note speaker at the local Relay for Life event
- referred patients approximately 118 times to other allied health and cancer services



Respecting[®] Patient Choices

Advance Care Planning

END OF LIFE

The health care that people receive in the last moments of their lives can help to minimise the distress and grief associated with death and dying for the individual, their family, friends and carers. The National Consensus Statement: essential elements for safe and high-quality end-of-life care details the elements that are essential for delivering safe and high-quality end-of-life care. This Consensus Statement contains 10 essential elements, describing the way in which end-of-life care should be approached and delivered and also structural and organisational prerequisites for the effective delivery of safe and high-quality end-of-life care.

MDHS has taken steps to incorporate the statement guidelines into its palliative care process by ensuring:

- Care is patient centred with the patient part of the decision making process.
- Clinicians get help to respond to deteriorating patients through our MET call process.
- Clinicians work together as a multi-disciplinary team to provide End of Life Care.
- Policies and systems are reviewed to include end of life care.
- Utilisation of the Care of the Dying Management plan for end of life care.

Victoria's End of Life and palliative care framework requires MDHS to connect with social and community sectors to work together to develop innovative new strategies to deliver care. The framework emphasises a person-centred approach for delivering care according to people's preferences and goals. It focuses on understanding what matters to people who are dying and their families. MDHS has implemented actions across all priorities, including those related to priority 2: Engaging communities, embracing diversity:

MDHS has developed a goal of care form to ensure that patient's wishes are documented and incorporated into the end of life planning. This allows for the continuation of active medical treatments to provide symptom relief where appropriate but also a considered and person centred incorporating people's diversity choices and individual approach to end of life care.

ADVANCE CARE PLANNING (ACP)

Advance Care Planning is the process of planning for future health and personal care whereby a person's values, beliefs and preferences are made known to guide clinical decision making at a future time when the person cannot make or communicate preferences due to lack of capacity. The process includes the appointment of a substitute decision maker, usually a Power of Attorney – Medical Treatment. Notification of Advance Care Plan documents are highlighted in the patient's record, ensuring the information is available should it be required in the event of hospitalisation.

Approximately only 2% of patients over the age of 75 have a formal Advanced Care Directive in place. MDHS is committed to working with both consumers and our VMO group to facilitate the formalisation of these processes. MDHS has implemented Advance Care Directive documentation and within Aged Care 100% of residents have an Advance Care Directive in place, as well as for our clients receiving dialysis treatment.

MDHS is committed to embedding ACP across MDHS. Resources are provided including documents, instructions, and training. Staff are supported by ACP 'heroes', who support conversations with patients and families, and completing documents that provide a clear description of the patient's wishes for future medical treatment. A community forum was held and championed by a member of the Health and Community Collaborative to stimulate the conversation on a broader scale.





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Maryborough District Health Service

Your community Your wellbeing Your health

At MDHS, your health is important to us. We take our role as part of the community seriously and we strive to bring you the very best care possible no matter what stage you're at in your life.

MDHS operates across three different locations and offers a wide range of services to support you and your family:

Acute Care | **Dialysis** | Surgery | **Maternity Services** |
Medical Imaging | **Urgent Care** | Community Services
| **Allied Health** | Dental | **District Nursing** | Nurse-
Led Clinic | **Social Support Groups** | Palliative Care |
Residential Aged Care | Respite Care

Contact the caring team at MDHS today.

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MDHS
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VICTORIAN QUALITY ACCOUNT

2017 - 2018 A YEAR IN REVIEW

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