VICTORIAN QUALITY ACCOUNT
2016 - 2017 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:

G GENUINE
R RESPECT
E EXCELLENCE
A ACCOUNTABILITY
T TOGETHERNESS

MDHS
Inspiring Health

MDHS
Inspiring Health

HIGHLIGHTS FROM 2016 & 2017

Secret Men's Business Evening
Maurice Moore Urgent Care Centre
Rural Capital Support Fund announcement
Dialysis 20th Anniversary
Inspiring Health Week
Dunolly Dining Room upgrade
Sons of the West launch
Launch of High Fives of Clinical Handover
Montessori Project

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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 2015-16 Report. As a result, this year we will provide more information about the actions taken to pursue continuous development.

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 4000 copies of this report so our community understands the progress and programs of the Health Service. The feedback from this process last year was overwhelming. This report is a snapshot summary of your health service and what we have achieved in the last twelve months.

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 the health service. These are examples of how we as an organisation govern and monitor our performance. You will note some of these show areas for improvement still 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.

This past year has seen a number of enormous community events. The opening of the Maurice Moore Urgent Care Centre and our Inspiring Health Week were incredible events. We certainly hope the community has enjoyed and taken great pride in these events and subsequent programs.

We continue to support the Rotary program for #saynotofamilyviolence. Our Family Violence subcommittee is working with key agencies including Police to ensure our response and services is improved across all aspects of Family Violence. Our ultimate goal of course would be for no violence. While we hope one day this will occur we will leave no stone unturned to achieve improved response and support for families. The #saynotofamilyviolence program is a credit to Rotary and all its members.

We thank and acknowledge our volunteers and auxiliaries who advocate and support our services so incredibly.

Our health service 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 the organisation 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 mdhs.vic.gov.au

Peter McAllister
President of the Board of Management

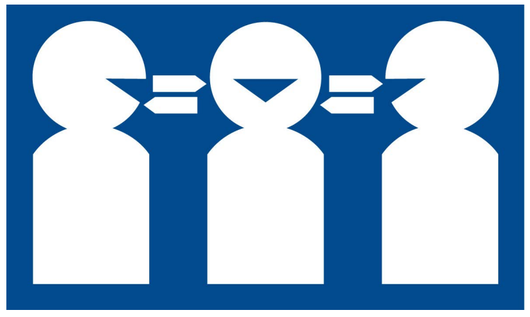
Terry Welch
Chief Executive of MDHS

HEALTH AND COMMUNITY COLLABORATIVE

The Health and Community Collaborative is to advise the Board, advocate on behalf of the community, consumers and carers and to provide direction and leadership in relation to the integration of Consumer, Carer and Community Member views in to MDHS service operations, planning and policy development.

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

- Able to represent the views of the communities served by MDHS
- Not health practitioners or people currently employed or engaged in the provision of health services at MDHS
- Members are not appointed as representatives of specific organisations



INTERPRETERS

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

Intake areas have up to date telephone contact numbers for interpreting services.

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

A policy has been developed to support staff in the process of accessing interpreter services. PIN number 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.

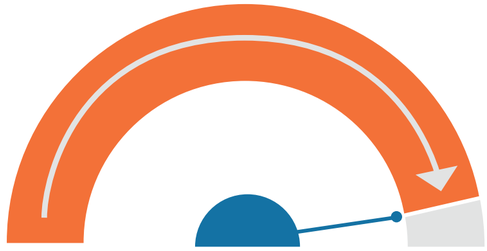
The need for and use of interpreters is documented in the patient, client and resident files.

ICAP PROGRAM

Less than 1% of the population has identified as Aboriginal or Torres Strait Islander. MDHS respects the traditional owners of the Dja Dja Wurrung land. The nearest ACCHO is located in Ballarat and Bendigo. This does not stop us from having a strong commitment to supporting the ATSI community through their health journey.

Throughout the organisation we display the Statement of Intent; Apology Statement. Indigenous art work is displayed in a designated space within the Maryborough Campus. As an organisation, we celebrate 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 the health service.



95%
Positive VHES Result

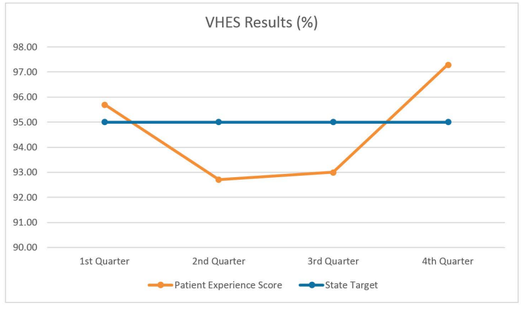
VHES RESULTS

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 16/17 year we reached the target in the 1st and 4th quarter. This is a direct reflection of the time and effort dedicated to improving clinical handover. Clinical handover is the transfer of professional responsibility and accountability for some or all aspects of care of a patient from one clinician or group of clinicians to another. Clinical handover permeates every aspect of patient care. Every handover is unique, as it has to be relevant to that patient at that point in time. Clinical handovers for the same patient will vary at different times, on different days and at different points throughout their journey in the health care system.

Although we get concise feedback from the Victorian Healthcare Experience Survey, it does not include all patients and clients. To improve our consumer feedback reporting, we acquired an additional feedback system known as the Patient Experience Tracker (PET(>). The PET surveys include inpatients, outpatient clinics, and home-based services.



BUILDING CAPACITY

MDHS values the positive contributions consumers, carers and community members make to improve the health services quality and delivery of care. MDHS strives to ensure consumers, carers and community member contribution is at an individual and service delivery level. The main objective is to provide a platform that ensures consumers carers and community members are informed, consulted, involved and empowered in the consultee process.

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

These 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 has been a very positive program and has been rolled out across MDHS services. This program builds the capacity of the consumer to direct care that 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.*

MDHS has a high level of disability across the catchment with 63% more of the population having a core need for assistance compared to the Victorian state average. The number of people receiving support through the disability support pensions is three times higher than the Victorian State average.

The MDHS diversity plan and practice include a focus 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 are LGBTI

Key Results

- Improved collaboration and coordination of emergency and crisis housing across the catchment
- Greater service delivery through early intervention and support to the housing program
- Rollout of Montessori program across aged care
- Acknowledge the indigenous community through NAIDOC week
- Access to family violence support worker Family Violence working group
- Collaboration with Bendigo Psych service

COMPLAINTS AND FEEDBACK

Feedback is a way for consumers to be part of the improvement process. We welcome compliments and complaints as it is an opportunity to improve the service.

Feedback can be provided in a number of ways.

- Talking to our staff
- Ringing and providing feedback over the telephone
- Written letter or email
- MDHS Feedback brochure, available at all sites or via our website
- Patient Experience Trackers
- Victorian Healthcare Experience Survey

In 2016/2017 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 a complaint from a recent inpatient expressing concern in regard to the Discharge process.

"I was upset to be told I had to go home when my Doctor had not talked to me about it. They said I had asked to go home and I had not."

What happened next:
We registered the complaint and reviewed the discharge planning process. We worked with our team and improved our systems to great effect as evidenced in the VHES discharge results. This improvement only happened because someone let us know there was an improvement to be made.

Highlights from our compliments

"... I really appreciate everything you have done in the last week, it has been a big step in my life and my journey to happiness..."

"... Thanks so much for your great care. You made the unbearable, bearable..."

"...From the time I made it to emergency and onto the ward, it was all very positive and I am so grateful for all your help..."

"...Thank you for your outstanding care - was so appreciated. You all have done a fantastic job and made me feel very comfortable..."

"...You always treated and cared for our parents like they were your own which was beautiful for us as a family..."

"...My stay here has been the most pleasant stay at any hospital...from admission to discharge, made me feel so at ease & very comfortable..."

"...Thank you to everyone, including the awesome domestics...you were all so kind and made his stay so much better..."

PEOPLE MATTER SURVEY – SAFETY CULTURE QUESTIONS

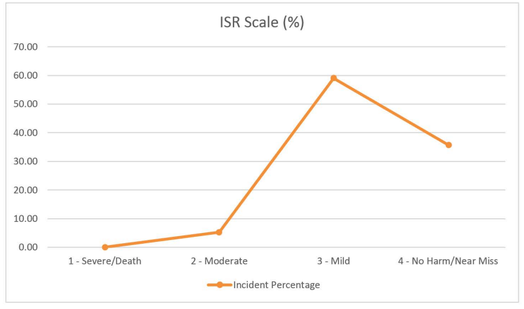
Every year MDHS staff are invited to participate in the People Matters Survey conducted by Orima Research on behalf of the Victorian Public Sector Commission.

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 2017 there are modules for diversity and inclusion, employee wellbeing, change management, career intentions, learning and development and sexual harassment.

In 2017 MDHS had a 68% 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:

- We have proactively shared survey results with staff in staff forums and also reported this information to our Board of Directors.
- The development of a Workforce Capability & Wellbeing Manager. The role of this new manager will be to develop a program that works closely with other managers and staff to combat workplace bullying.
- We plan to deliver a series of interactive training workshops for managers in creating and maintaining a healthy work environment and managing poor workplace behaviour.



Each incident (clinical, non-clinical, OH&S) is reported and rated on impact.

ADVERSE EVENTS

An adverse event is 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 and reported to our Clinical Performance Committee and up to the Board's Clinical Governance subcommittee.

Our Quality Unit has reviewed and 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.

ACCREDITATION

This year saw us undertake a periodic review for Acute Services under the EquipNational Australian Council on Healthcare Standards Framework. ACHS is an independent, not-for-profit organisation, dedicated to improving the quality of health care in Australia through the continual review of performance, assessment and accreditation.

The surveyors visited in August 2016 to review achievements made from the previous survey and to ensure that all recommendations made previously have been implemented. Feedback from the surveyors recognised the continuing journey of quality and safety improvement, and evidence of an integrated team approach, to service delivery at all levels of the organisation. In the opinion of the survey team, MDHS had achieved 'Satisfactorily Met' ratings for all core and mandatory actions. The only 'Not Met' ratings applied to the developmental actions in Standard 2, however the surveyors did note that all of the developmental actions have made progress since the last survey event. We will undertake the next organisation wide survey in late 2018.

In July 2017, our Community Services team was surveyed for accreditation for the Commonwealth Home Support Program and Home and Community Care program. This accreditation covered District Nursing, Social Support Group and Allied Health Services.

Late 2017 will also see our three aged care sites undergo full three year reaccreditation. This requires an assessment against the 44 standards required by Australian Aged Care Standards and Accreditation Agency. This will provide MDHS an opportunity to promote the improvements within the aged care facilities.

NSQHS STANDARDS

A better way to care

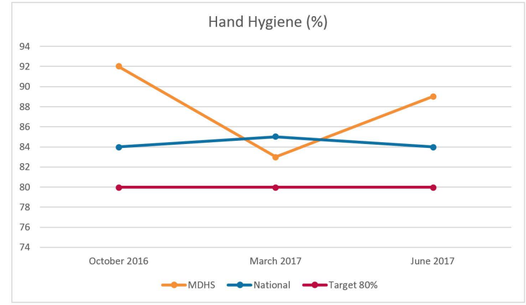
KEEPING STAFF SAFE FROM AGGRESSION AND VIOLENCE

Occupational Violence against healthcare workers is never OK.

An analysis of occupational violence incidents resulted in the development of a strategy to reduce these occurrences and seek out the causal factors of violence and aggression in the workplace. The Occupational Health and Safety Committee will lead the implementation of the Occupational Violence and Aggression Prevention and Management Action Plan.

In mid-2017, the Victorian Government in conjunction with WorkSafe Victoria also released a campaign to reduce violence in Victorian hospitals. To further raise this issue in our own organisation, we have placed material across all sites to let patients and visitors know that we have a 'zero tolerance' approach to acts of violence in hospitals.

INFECTION CONTROL



Hand Hygiene

Hand hygiene is considered one of the most important infection prevention and control strategies which assists with reducing the risk of infection spreading.

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. MDHS surpassed the Victorian public hospital benchmark of 75% by achieving 87.8%

Healthcare Worker Immunisation

Influenza is a threat that MDHS takes very seriously. Each year we undertake a campaign to ensure all staff and volunteers of the health service are immunised.

Through an ongoing education campaign advising staff on the benefits of immunisation and staff incentives, MDHS surpassed the Victorian public hospital benchmark of 75%. An amendment to the current vaccination policy now requires all staff that are not immunised to wear a mask to reduce the risk of influenza contamination.

Quality & Safety

Avoca Mini Field Day was held in the Avoca main street with participants able to get free health, mole and skin checks.

The MDHS Exercise Expo in Maryborough was a chance for local residents to try 20 different activities, get active and learn about the services MDHS provides. This event saw the inaugural corporate challenge with participants from a range of local organisations compete.

Dunolly Farming Families' Morning Tea saw locals participate in free health checks and listen to guest speaker Dr Alison Kennedy from the National Centre for Farmer Health.

Dialysis 20th Anniversary
Pictured is Elaine Holland and Mrs Jean Stewart celebrating 20 years of Dialysis service at MDHS. Elaine was one of the first nurses to staff the Dialysis unit after returning from training in Melbourne and Jean's husband Neil was one of the first clients. Dialysis now operates six days a week and services the greater Maryborough community.

Premier Rural Capital Support Fund announcement of $1.1 million dollars
Funding is for the installation of a digital radiology system and two new ultrasound machines to enable MDHS to meet the growing demand. In addition, the installation of a new fire pump system and storage upgrade to Dunolly.

Urgent Care Centre
Maryborough District Health Services in conjunction with the Blue Ribbon Foundation Maryborough branch, launched the Maurice Moore Urgent Care Centre, in honour of the fallen policeman.

Dunolly Dining Room upgrade
The make-over of the Dunolly dining room is nothing short of spectacular. Changes to the area now allow residents more room and comfort during meal times. This has assisted in the roll out of the Montessori program at the Dunolly campus.

Secret Men's Business
MDHS hosted an informative evening for local men to discuss men's health with guest speaker Wayne Schwass who founded the Sunrise foundation after being one of the first footballers to speak openly about his battle with depression.

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

AGED CARE

MDHS has three Residential Aged Care facilities across 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 residents assessments to be completed in their own home, this now ensures that 100% of our residents have access to expert geriatrician from their bedside with their loved ones.

MDHS in partnership with Alzheimer's Australia introduced the Montessori Model of Care, based on the philosophy of Dr Maria Montessori. The model of care supports residents to achieve maximum independence and participate in the life of the community and the staff to ensure they provide a comfortable environment consistent with residents care needs.

Montessori principles focus on maximising independence and empowering residents to provide their life story to assist in developing a person centre care plan which is focused on resident's lifestyle history and values. This enables residents to participate in activities of interest and make an active contribution to their home environment; this has also enhanced engagement and participation from resident family members and staff to improve resident centre outcomes.

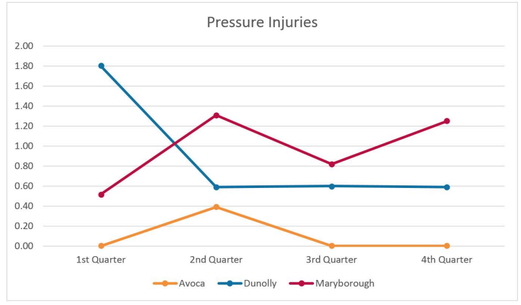
Residents have revived old skills and actively contribute to the day-to-day running of their home. Residents across the facilities deliver the newspapers to other residents every morning. A Maryborough resident has taken up guitar after nearly 4 years, which has now grown and expanded to involving other residents and the formation of a small band within their home.

The most marked improvement has been a resident in Avoca who came to the facility in late 2012 with low level vascular dementia and as a result her family were unable to manage her behaviours. Her lack of stimulation created daily episodes of behaviour where she tried to abscond from the facility. Her past occupation was in health administration and she had strong values around domestic tasks. When the Montessori project commenced in early 2017, the resident engaged in domestic chores around the facility and saw a marked improvement in her behaviours. As a result the resident and her family made the decision to return to their home environment, braced with the Montessori skills and community support services provided by MDHS.

Changes both big and small are continuing to make considerable differences to the residents and can be seen by their improved outcomes. The redesign of the Dunolly Dining Room increased the number of residents participating in group dining experiences through happy hour and other food related activities.

Residents now have the opportunity to choose their meals at the time of service rather than having predetermined menu plan, which has resulted in less food wastage and increased appetite and improved temperature of meals.

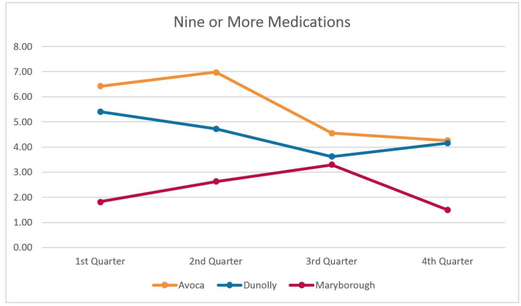
Staff worked with residents and their families to create garden and outdoor areas at each site. Residents along with family members maintain the spaces together.



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 screen risked on admission to identify their level of risk of pressure injuries.



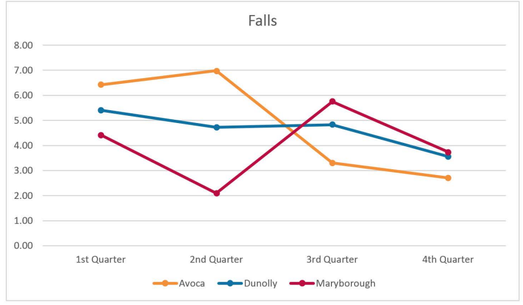
Nine or more medications

(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.

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, which were used during transport.

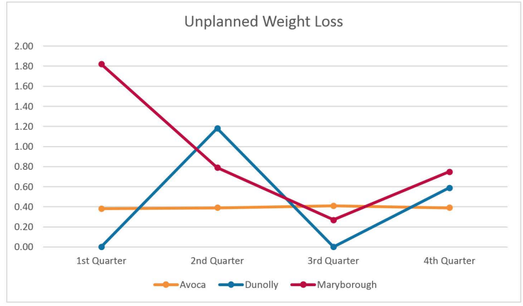


Falls

(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.

MATERNITY SERVICES

In 2016-17 MDHS was blessed to welcome 79 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. 83% of all babies birthed at MDHS were able to receive breastfeeding either exclusively or supplemented with formula. 17% of babies were exclusively formula fed, these parents were provided with support and counselling to achieve this decision.

MDHS strives 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 only 2 babies of the 79 born had a rating less than 7 at 5 minutes.

ESCALATION OF CARE

All patients, clients and residents of MDHS are entitled to safe, 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.

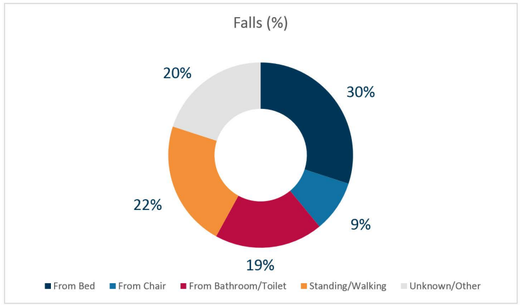
Our current escalation of care policy facilitates this process. In reviewing recent case studies, we have recognised that we can do better. We want to improve early recognition of patients at risk of deterioration and therefore reduce patient harm. We will continue to improve safety practices including the timely recognition, escalation and management of deteriorating patients. In addition, we will make sure that vital signs are being reliably recorded, that staff are aware of which patients are at risk of deteriorating, and that escalation to medical and senior nursing staff is prompt and effective so that urgent action can be taken when needed.

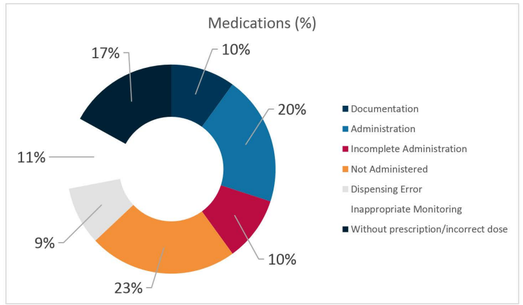
Case study:

68 year old female, presented to UCC with radiating back pain and was seen by usual general practitioner. Initial treatment for pain included medication, and a series of tests were ordered. After liaising with the patient and their family, it was decided that an admission to the health service was in the best interest of the patient for ongoing assessments and pain management.

Throughout this time, nursing staff completed a number of baseline observations. Treatment included the use of further medication and the input from our multi-disciplinary allied health care team. Together with liaising with senior staff members who as per our organisational policy, escalated the state of her clinical condition to our Visiting Medical Officer for a concerning blood pressure.

Through team work and dedication, the patient was reviewed and subsequently treated within a concise timeframe. Suddenly and rapidly, the patients' clinical condition deteriorated with the decision promptly made to contact an external regional health provider, and the patient was transferred externally.





MANDATORY REPORTING

Infections

When a blood sample is taken from a patient by a nurse or doctor it is sent for examination and diagnosis. Monthly summaries of blood culture results are received from our pathology provider. These are assessed and those samples indicating an organism is present are investigated further. If the organism causing the blood stream infection is Staphylococcus aureus it is reported to Victorian Healthcare Associated Infection Surveillance (VICNISS) to be included in the State-wide figures.

Staphylococcus Aureus Bacteraemia (SAB) is a blood stream infection most frequently associated with intravenous lines and urinary catheters. SAB infection rates are a good indicator of infection prevention practices. MDHS had one SAB infection in 2016/17, equal to 0.8 per 10,000 and well below the state target of 2.

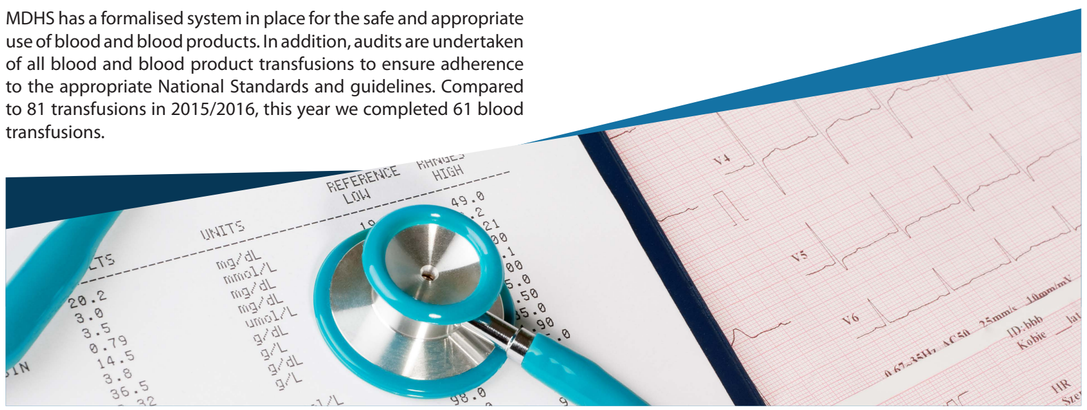
Preventing falls and harm from falls

MDHS continues to develop and implement evidence-based strategies that support safe and effective care in the prevention and management of falls and fall related injuries. The launch of a falls hero was introduced to give ownership to staff to implement ward based initiatives to reduce the number of falls. In addition, a risk walk has been implemented to ensure all patients have a risk assessment completed following admission to the ward.

MDHS measures performance against tolerance levels to determine the success or failure of our current falls prevention strategies. Trending data and any variance to tolerance is reported to the Clinical Performance and Operations Committee.

Blood and blood products

MDHS has a formalised system in place for the safe and appropriate use of blood and blood products. In addition, audits are undertaken of all blood and blood product transfusions to ensure adherence to the appropriate National Standards and guidelines. Compared to 81 transfusions in 2015/2016, this year we completed 61 blood transfusions.



Medication safety

Medications are the most common treatments in healthcare and errors can and do occur.

MDHS is committed to safe and effective medication usage. Stringent processes and policies are in place to monitor and prevent medication errors. These include systems to ensure our staff safely prescribe, dispense and administer appropriate medications to informed patients.

All noticed medication incidents are entered onto our Health Service incident reporting system to capture details of reported medication incidents and to implement appropriate follow up for the incident. These incidents are reviewed at the local level by the Nurse Unit Manager and are then referred to the Clinical Performance and Operations Committee to ensure that appropriate action has been taken. This may include education for staff members, review of policies and procedures and awareness campaigns for staff and patients.

Pressure injuries

MDHS recognise that pressure injuries cause significant harm to patients and can cause pain and an extended length of stay in hospital. Those who have poor nutrition, impaired mobility and reduced sensation are more likely to sustain a pressure injury. To ensure these pressure injuries are prevented, a pressure screen is included in the risk assessment upon admission.

ENDING FAMILY VIOLENCE: VICTORIA'S PLAN FOR CHANGE

The Central Goldfields Shire is ranked 8th in the State for reported family violence incidents with 19.8 per 1,000 population.

Responding to the recommendations from the Royal Commission into Family Violence, MDHS has implemented initiatives and actions to raise awareness of the issue internally and across the community.

MDHS implemented the Strengthening Hospital Response to Family Violence project and simultaneously the Board of Management led the establishment of the Family Violence Governance subcommittee inviting key service providers to explore, address and improve service delivery in the area of Family Violence.

MDHS has taken a lead role in implementing community based activities responding to and addressing the issue of family violence across all aspects of our communities. These activities include domestic violence response training for our health, allied and frontline workers to confidently recognise signs of family violence and respond with appropriate care. As a result of strong advocacy, MDHS is also the auspicing agency for two additional family support workers employed to support victims of family violence locally in this community.

CANCER

The Government has released the Victorian Cancer Plan 2016 -2020, providing a framework to improve cancer outcomes for all Victorians

The cancer plan establishes long-term goals to prevent cancer, increase survival, improve the experience of the cancer treatment and care system and achieve equitable outcomes for all Victorians.

In response to the Cancer Plan, 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 Cancer Resource Nurse (CRN) at MDHS is aligned with Action area 4 of the Cancer Action Plan – 2016-2020. The CRN accepts referrals from anyone in the MDHS catchment diagnosed with cancer irrespective of where they are in the cancer trajectory.

The CRN provides support at:

- The point of diagnosis – 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
- End of life – provide care that relieves pain and suffering and provide empowering support to family, friends and carers. Its response is connected to page 49 of the Cancer Action Plan.

CHILD SAFE STANDARDS

Victoria has introduced compulsory minimum standards for organisations that provide services for children to help protect children from abuse.

The Child Safe Standards form part of the Victorian Government's response to the Betrayal of Trust Inquiry (the 2013 Parliamentary Inquiry into the Handling of Child Abuse by Religious and Other Non-Government Organisations).

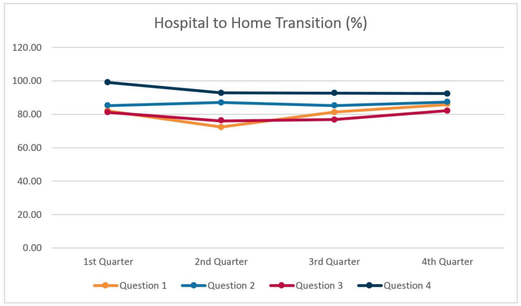
MDHS has taken a number of steps to meet the statutory requirements for Child Safe Standards:

- Introduction of Child Safe policy across organisation
- Rollout of Child Safe code of conduct which all staff and volunteers must sign
- Child Safe education provided to all managers
- Audit of Child Safe practices

Our Child Safe Education, awareness raising and helping organisations to create and maintain child safe environments will be the initial focus of the Child Safe Standards.

DISCHARGE FROM HOSPITAL

It is a priority for MDHS to ensure the health and safety of every patient leaving hospital. The following data highlights that MDHS performance in supporting a smooth transition from hospital to home is improving.



- **Questions 1:** Before you left hospital, did the doctors and nurses give you sufficient information about managing your health and care at home?
- **Question 2:** Did hospital staff take your family or home situation into account when planning your discharge?
- **Question 3:** Thinking about when you left hospital, were adequate arrangements made by the hospital for any services you needed? (E.g. transport, meals, mobility aids).
- **Question 4:** If follow up with your General Practitioner (GP) was required, was he or she given all the necessary information?

We commenced a review and gap analysis of the process and by working with local doctors, developed ways to improve the transition home following admission to hospital.

- The medical and nursing staff ensure that all scripts required for discharge are complete and liaise with both our pharmacy and the community pharmacist to ensure patient medications are optimal. There is a medication list complied and a copy of this is provided to patients.
- In the event of a patient requiring follow up with their GP, the ward clerk will phone and make that appointment on behalf of the patient before they are discharged home.
- Screening tools and ongoing nursing assessments trigger allied health referrals. If the patient is not seen by the allied health team whilst they are an inpatient, they are contacted for an outpatient review.

We have seen immediate improvement in our quarter 4 results and continue to review the process.

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 patients record, ensuring the information is available should it be required in the event of hospitalisation.

To continue to embed ACP across MDHS, resources have been 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.

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
- Clinicians who provide end of life care are supported through our Peer 2 Peer program
- Education is provided to staff to ensure they have the skills and knowledge to provide 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 1: Person centred services.

MDHS recognises that staff provide the backbone of care at the end of life and experience stress due to the patient's condition. This places staff at increased risk of anxiety, burnout and other issues with their own health. Our Peer 2 Peer program gives staff access to a coping resource to help deal with instances of end of life care and helps them better manage their caring role. Peer to peer team members are volunteers from different disciplines who are trained to assist fellow employees by providing immediate and ongoing support, information and referral to other specialist support services if required. Support provided focuses on and reinforces resilience and coping behaviours.

ACP Case Study

A resident within one of our residential aged care facilities had experienced a declining state due to renal and liver failure. While a potential treatment option for a blood transfusion was discussed, it was determined that while it would prolong her life, it would not return her to her prior level of function.

The residents advance care plan stated that she did not want any life prolonging treatment, no machines, no CPR, no tubes, no artificial life sustaining equipment. If treatment unable to return me to previous function, do not continue. In her words "I don't want to live longer if I can't live better". Our staff spoke to the son who was her substitute decision maker. He advised that he supported his mothers wishes 100%. The GP also respected the residents right to decide as she had the advance care plan in place.

YOUR OPINION IS IMPORTANT TO US

We encourage you to take every opportunity to pass on your comments and feedback, both positive and negative, as this will give us the opportunity to include your ideas and comments in next year's report.

1. What is your age?

□ 15–18 □ 19–25 □ 26–35 □ 36–45 □ 46–55 □ 56–65 □ 66–75 □ Over 75

2. How much of the report did you read?

□ All □ Most □ A little □ None

3. Was the report easy to understand?

□ Very Easy □ Easy □ Difficult □ Very Difficult

4. Did you find the report informative?

□ Yes □ No

5. Did you enjoy reading the report?

□ Yes □ No

6. Do you have any comments or suggestions about how we could improve the report?

_____

_____

_____

_____

_____

Please drop your response into any one of our 3 sites:

Maryborough: 75 - 87 Clarendon Street, Maryborough, VIC 3465
Avoca: 10 Templeton Street, Avoca VIC 3467
Dunolly: 20 Havelock Street, Dunolly VIC 3472

Thank You!

MDHS
Inspiring Health

VICTORIAN QUALITY ACCOUNT

2016 - 2017 A YEAR IN REVIEW

WEBSITE: www.mdhs.vic.gov.au
FACEBOOK: www.facebook.com/Maryboroughdistricthealthservice
INSTAGRAM: www.instagram.com/mdhs_victoria

MARYBOROUGH DISTRICT HEALTH SERVICE
PO Box 155
75-87 Clarendon Street
Maryborough 3465
Phone: + 61 3 5461 0333
Fax: + 61 3 5461 4489
mdhs@mdhs.vic.gov.au

COMMUNITY SERVICES
75-87 Clarendon Street
Maryborough 3465
Phone: +61 3 5461 0333
Fax: +61 3 5461 4828

AVOCA CAMPUS
10 Templeton Street
PO Box 75
Avoca 3467
Phone: + 61 3 5465 1202
Fax: + 61 3 5465 3533

DUNOLLY CAMPUS
20 Havelock Street
Dunolly 3462
Phone: +61 3 5468 2900
Fax: + 61 3 5468 1188