

#### VICTORIAN QUALITY ACCOUNT 2018 - 2019 A YEAR IN REVIEW



Photo: CEO with Amherst staff, Hospitality Services and Pharmacy

#### **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:











# **HIGHLIGHTS FROM 2018 & 2019**

\$100 MILLION DOLLAR ANNOUNCEMENT

FINALIST PREMIER'S MEDIUM HEALTH SERVICE OF THE YEAR

CELEBRATING 12 MONTHS OF THE DOCTORS IN SECONDARY SCHOOLS

**DAUGHTERS OF THE WEST PROGRAM** 

ESTABLISHMENT OF WELL WOMEN'S CLINIC

**RURAL INFRASTRUCTURE ANNOUNCEMENTS** 

PUBLIC ONCOLOGY SERVICE

PARTNERSHIP WITH LODDON CAMPASPE LEGAL SERVICE – THERAPEUTIC JUSTICE PROGRAM

#### **CONTENTS**

- 01 Message from CEO & Board Chair
- **02 Consumer, Carer & Community Participation**Consumer Participation, VHES Results
- **03 Consumer, Carer & Community Participation**Disability, Victorian Community Health Services
  VHES Results, Interpreters, Building Capacity
- **04 Quality & Safety**Complaints and Feedback
- **05 Quality & Safety**People Matters Survey
- 06 Highlights from 2018-2019
- 07 Highlights from 2018-2019 (cont.)
- **08 Quality & Safety**Residential Aged Care
- **09 Quality & Safety**Residential Aged Care
- 10 Quality & Safety

Adverse Events, Influenza Immunisation

- 11 Quality & Safety
  Accreditation, Staphylococcus Aureus
  Bacteraemia, Escalation of Care
- **12 Quality & Safety**Maternity Services, Quality Improvement
- 13 Comprehensive Care

  Community Health Priority Populations,

  Community Health VHES





#### 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 many highlights along with the ever growing challenges of delivering health care services in Regional Victoria.

It's been a time of rapid growth and development at MDHS. We launched our own Diploma of Nursing which has 17 amazing students currently undertaking this course. MDHS is committed to bringing opportunities for local community members to learn and develop. We will break down the barriers of travel and access wherever and whenever possible.

The past twelve months feel like they have flown as we continue to focus on service improvements and growth. Our Well Women's Clinic work and the commencement of chemotherapy services are just two examples of the amazing service growth over this time.

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 drive our commitment for further improvement.

As a result 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 our community the systems at MDHS are very strong. We are continuing to enhance our already robust quality systems.

MDHS works collaboratively with key local partners and this is achieving enormous results. The Royal Commission into Mental Health came to Maryborough only because of these partnerships. MDHS was privileged to be a witness and advocate at this Commission.

We thank and acknowledge our Volunteers and Auxiliaries who advocate for 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 provide for and represent our community. Their leadership and support for the Executive and staff is invaluable, 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.

**Terry Welch** Chief Executive of MDHS

**Peter McAllister** President of the Board of Management



#### **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.

For the question "Overall, how would you rate the care you received while in hospital? "A positive response is 'Very Good' or 'Good'

During the 2018-2019 year we reached the state-wide target of 95%. These results are a true reflection of the astounding work of our multidisciplinary teams working across the services.

## Actions taken to improve patient experience:

MDHS has implemented discharge phone calls and a discharge passport to enhance our patients overall experience with discharge to home. This allows for improved staff engagement with patients prior to discharge and for real time feedback with our patients and staff.

# Actions taken to improve discharge planning:

Discharge information and processes have been further enhanced by the development of a discharge passport to ensure patients are informed and provided with the required information prior to their journey home.

MDHS is committed to checking in with patients once they are home by way of discharge phone calls. This means our staff ring patients within 48hrs of discharge to touch base, check how they are doing, ask what worked well and provide the opportunity for patients to recognise our staff and identify opportunities to improve.

The VHES provides comprehensive feedback, however it does not encompass all consumers of MDHS. Internally MDHS has robust processes to constantly improve consumer feedback reporting, by obtaining feedback through online survey systems capturing data from inpatients, residents and outpatients.

#### MDHS 2018/2019 Positive response to overall experience. 98% 94% 99% 95% The VHES also asks questions in relation to discharge planning; the transition index is an average of 4 questions. 87% 85% 90% 88% 75% % Very Positive Responses to **Questions on Discharge Care:** Before you left hospital, did the doctors and nurses give you sufficient information about managing your health and care at home? 80% 80% 85% 80% Thinking about when you left hospital, were adequate arrangements made by the hospital for any services

83% : 76% : 92% : 90%

Qrt 4 Statewide Target

you needed? (e.g. transport,

Qrt 1 Qrt 2 Qrt 3

meals, mobility aids)

#### **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.

During 2018 MDHS did not have a formal disability action plan, however there has been work undertaken to develop a disability action plan which focuses on improving the access for our consumers of all abilities.

With MDHS patients and consumers across the catchment having a high level of disability, with more than 9% of the population having a core need for assistance. It is important for MDHS to proactively engage with our consumers; such programs as the Sons and Daughters of the West have worked to include all members of our community.

### **Victorian Community Health Services VHES Results**

The Community Health Service Victorian Healthcare Experience Survey collects analyses and reports on client experiences to drive improvement in the safety and quality of care in our community health services.

For 2018-2019: 97% of respondents rated their overall experience as either 'very good' or 'good'. This was a tremendous response and above the overall State target of 95%.

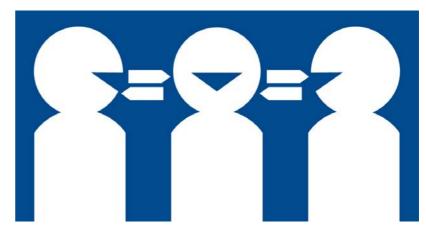
MDHS community services are working with partners as a strategy to improve patient experience in a number of areas. Strong partnership exist when our consumers are treated with respect, and they have all the appropriate information to navigate and own their own health.

Clients indicated that they don't know how to make a complaint if they had one within the health service. MDHS has feedback information and complaint information now located in key waiting rooms across MDHS as well as all new staff have been educated regarding receiving and escalating complaints to support those clients to provide feedback to MDHS on how to improve our service delivery.

#### Additional actions to improve:

MDHS has streamlined and centralised the intake process, which includes capturing real time data and information, which is then entered into the patient's medical record.

The process has reduced appointment waiting times and number of consumer, who do not attend appointments. Ultimately it has reduced the need for a consumer to repeat their health journey to each clinician.

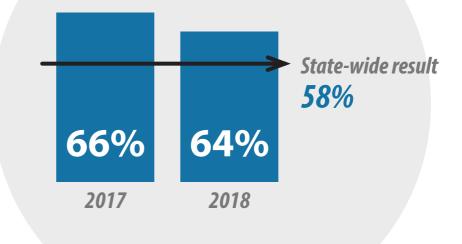


#### **Interpreters**

According to the 2016 census data, 1161 people in the Central Goldfields Shire were born overseas, with 2% not fluent in English. MDHS uses accredited interpreters by telephone, so that information can be shared with consumers that is culturally and linguistically appropriate.

Consumer waiting areas and intake workers have up to date telephone contact numbers for interpreter services, along with cue cards to assist and support communication.

#### "Do you know how to make a complaint?"



### **Building Capacity**

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

Throughout each facility there are consumer brochures, which match the services provided in clinical and community services.

MDHS acknowledges that for consumers and carers to actively participate in their health care, it is critical that they have relevant information provided in a way that can be understood, so that the consumer can actively take part in the decision making.

The community is represented through the Avoca & Dunolly Community Conversation Committees and the Maryborough Auxiliary Committee.



**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 improve our delivery of healthcare.

#### WE ENCOURAGE FEEDBACK IN A **NUMBER OF WAYS:**

Talking to our staff



**Calling and providing our Customer** Excellence Team (5461 0333) with feedback over the telephone



Written letter or email (mdhs@mdhs.vic. gov.au)



MDHS Feedback Brochure, available at all sites or via our website



Victorian Healthcare Experience Survey, if sent one after discharge



**Patient, Resident and Consumer Rounding** 

In 2018-2019 MDHS received 259 compliments and 54 complaints. Each complaint is investigated by staff and feedback provided to the complainant. For serious or complex complaints, consumers are invited to meet with senior management to discuss the case. All complaints are reported to staff, Executive and the Board.



**You Said:** *Increased resident choice in menu development* and ability to provide feedback.



**We Did:** Developed a process where Hospitality Services Manager meets with residents and families to hear feedback and make individual changes that reflect resident choice.



You Said: Women need access to a wellness model of



We Did: Developed and implemented a Well Women's Clinic that is run by women for women in our community.

"MY FIRST VISIT TO THE WELL WOMEN'S CLINIC; THE AREA NEEDED THIS, IT WAS VERY USEFUL, AND THE TWO LADIES HELPED ME A LOT. PLEASE KEEP THIS WORTHWHILE CLINIC OPEN."

"GREAT OPPORTUNITY TO BE ABLE TO ATTEND A CLINIC FOR WOMEN. REGARDING WOMEN ISSUES, AS THERE ARE VERY FEW FEMALES DOCTORS LOCALLY. WAS ABLE TO HAVE A CHAT AND DISCUSS SEVERAL ISSUES. NEED TO KEEP SERVICE."

**Consumer and** 

Staff Experience:

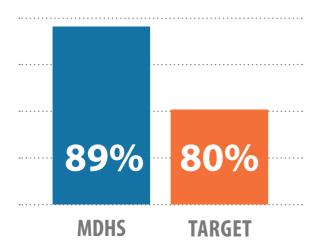
**Complaints and** 

Feedback

# **People Matter Survey: Safety Culture questions**

Each year Victorian public health service staff are surveyed about their health service's safety culture. MDHS staff have the opportunity to participate in the People Matter Survey, which includes eight questions about reporting safety concerns, patient care, supervision of trainees, learning from error, acting on suggestions, safety centred organisation, training and would they recommend family and friends to be treated at MDHS.

One area we identified the need for improvement was that only 72% of MDHS respondents agreed they would recommend a friend of relative to be treated at MDHS.



Percentage of staff with overall response to 8 safety culture questions

# (+) Case study

In response, the CEO wrote to all staff highlighting the results of the 2018 and 2019 People Matters Survey.

This provided an opportunity to reflect on what has worked well but also what we are committed to driving for in the next 12 months. We have reduced our staff reported bullying rates to 17% which is a phenomenal achievement. This has come about through a commitment to staff training, living our values of GREAT and supporting each other to have difficult conversations.

MDHS has used our People Matters Survey to drive system wide improvement for safety and quality across services and programs. All work area's utilise communication boards to display and discuss quality and safety information to improve all staff's understanding initiative across MDHS. This ensures consistency and transparency of data and information sharing across all areas.

#### Let's Celebrate our Successes. **People Matter!**

20th May - 7th June

- Your feedback counts!
- This is an opportunity for you to provide honest and open feedback about your working environment.
- Responses from individual employees are kept confidential and strict rules are in place to safeguard this at every stage of the survey



LOTS OF PRIZES ON



#### MDHS achievements over past 12 months:

























Link to survey will be sent to you via email.











## **Residential Aged Care**

MDHS has three Residential 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 lifestyle.

MDHS continues to embed the Montessori model of care focussing on maximising independence and empowering residents and also to develop a resident centre care plan which, is focused on resident's lifestyle history and values.

All public residential aged care services must report their performance against five aged care quality indicators.

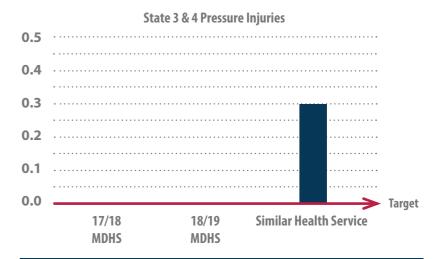
- **1** Pressure injuries
- 2 Falls and fractures
- 3 Use of physical restraint
- Multiple Medication use
- **5** Unplanned weight loss



#### 1 Pressure injuries

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

Pressure injuries occur when an area of skin has been damaged due to unrelieved pressure. If a pressure injury occurs it is assessed and 'staged' from one to four. Stage one is known as minor with reddened areas, with skin intact through to stage four which is the most serious and involve the tissues beneath the skin.

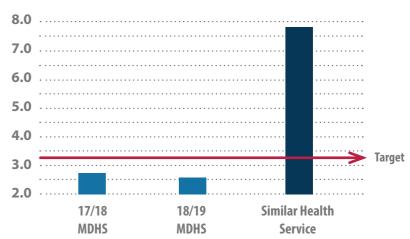


#### Actions taken to reduce pressure injuries:

MDHS committed to an equipment refresh, which involved the purchase of new beds across aged care. In addition to new equipment, the investment in additional allied health staff resulted in improved mobility and activity of residents across aged care services.

#### 2 Falls

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



#### Actions taken to reduce falls rate:

A resident 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 the physical layout of their environment and access to toilets, or the equipment being used to care for them.

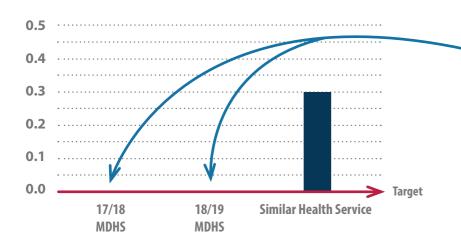
MDHS investigates all falls and implements strategies that will aid in the prevention and management of falls and fall-related injuries. This includes the use of preventative equipment and optimal nutrition and physiotherapy.

For 2018/2019 falls rate decreased across all MDHS Residential Facilities, which is reflective of the resident centred care that is delivered. MDHS has committed to a strong presence of allied health clinicians such as physiotherapists to work with residents to improve strength and supported ambulation.





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 is required during resident transport to activities outside of our homes.



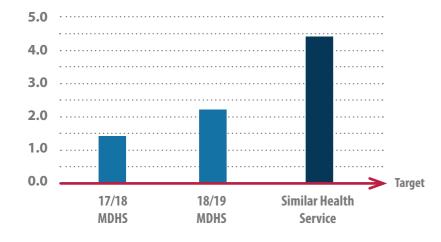
# The number of 'physical restraints' is zero.

MDHS is committed to working with families, staff and GP's to develop and support our lifestyle program to engage with residents.



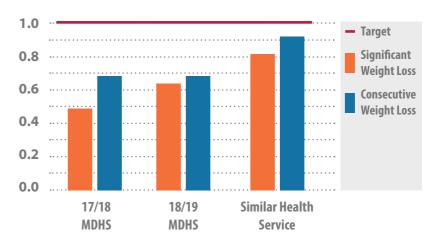
#### 4 Nine or more medications

MDHS residential facilities work hard to reduce the number of medications residents take and this occurs gradually following admission. Medications are reviewed regularly by General Practitioners and Pharmacists.



#### 5 Unplanned weight loss

The rate for significant unplanned weight lost 0.64/1000 bed days. Residents are weighed monthly and residents losing weight are reported and escalated to our allied health team such as Dieticians, General Practitioners and Speech Pathologist who provide specialist review and interventions to support weight management across aged care.





#### **Adverse Events**

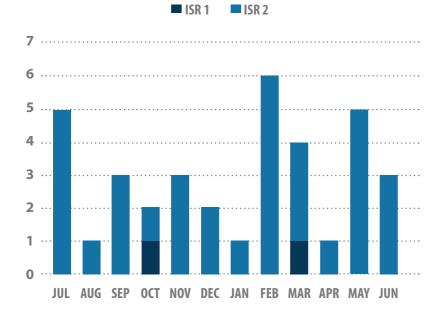
Adverse events are classified as incidents which have resulted in harm or could have resulted in harm. MDHS supports a reporting culture in which staff are encouraged to report incidents including errors, hazards or near misses.

This consistent approach ensures 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 subcommittee.

ISR 1	ISR 2	ISR 3	ISR 4
Incidents are severe (including death)	Incidents resulted in temporary loss of function & treatment	Incidents are minor injuries	Incidents did no cause harm

#### Adverse Event with an incident rating of 1 or 2. MDHS 18/19



## **Influenza Immunisation**

The health of MDHS staff is an essential component of infection prevention and control, including our immunisation program. Our staff are at risk of both getting the flu and passing it on to their patients and residents. Each year the organisation undertakes an internal campaign to ensure all staff and volunteers of the health service are immunised. MDHS offers all health care workers and volunteers free influenza vaccinations.

Strategies have been introduced to increase the immunisation rate including:



Increased immunisation hours



Mobile services to other campuses & increased staff vaccinators

# occurred during the year were related to:

The majority of serious adverse events that



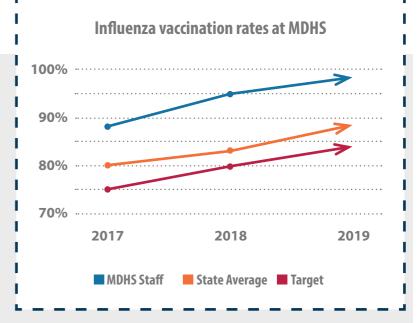
#### Falls:

MDHS has continued focus on adverse events from falls with, staff working closely with patients and their carers to support independence and safety. MDHS has purchased new beds over the previous 12 months for those

#### **Communication:**

MDHS uses
communication boards
in public areas to display
clinical safety information
and use patient care
boards to highlight patient
risks and information to
patients, carers and staff.

patients who are at increased risk of falls. The bed have a built in alarm alerting staff when patients attempt to get out of bed. We also have introduced 'risk walks' and 'safety huddles' between shifts to discuss those patients who are at risk of falling or who have had a fall in the previous 24hours. This requires all to stop and make sure safety strategies are in place.





Competition between departments

incentives



Increased number of staff vaccinators



#### **Accreditation**

Accreditation is a requirement of all public health services, which involves external surveyors visiting MDHS campuses to evaluate the delivery of care against a set of standards.

Hospital and Community Services (National Safety and Quality Healthcare Standards). All standards met, accredited August 2018 until August 2021.

Commonwealth Aged Care Accreditation (November 2017 until November 2020):

Wattle Rise Residential Facility,

**Dunolly Residential Facility** 

Avoca Residential Facility

**Surveyors reported:** 

"It was evident at the time of the survey that consumers and volunteers are very engaged in service planning and quality improvement; their contributions are extremely valued."

"Consumer participation is actively sought. The engagement of patients' families and carers in activities that improve safety and quality was evident with a great deal of suggestions for improvement at all levels."

## **Staphylococcus Aureus Bacteraemia**

Staphylococcus Aureus Bacteraemia (SAB) is a blood stream infection, which can cause serious illness and death. It has been 6 months since the last health care associated (SAB) infection at MDHS, and have had one event over the past 5 years.

MDHS has a comprehensive infection prevention and control program to minimise health care associated infection.

- Giving antibiotics only when necessary
- Formal hospital wide hand hygiene practices
- **Processes for room and equipment cleaning**
- Infection prevention practices such as wearing gloves, aprons and masks
- **Ongoing training and education**

Target: We aim for zero. VICNISS 5 year aggregate is 0.7 per 10,000 bed days.

#### **Escalation of Care**

The Escalation of Care system is working well when:



Relevant staff are notified promptly and effectively



A patient who is deteriorating is quickly identified



The response is provided promptly by



Patient is referred to external experts and retrieval services if appropriate

The following codes and calls notify predetermined groups of staff and on call doctors to attend a deteriorating patient: Code Blue and MET (Medical Emergency Team).

#### (+) Escalation of Care Case Study:

All incidents of care escalation are reviewed by our clinical team and reported via our committee structure. During 2018-2019 due to the embedding of our track and trigger observation chart we were able to identify early deterioration of a patient within our recovery area in theatre, we were able to access our medical team, liaise with the Adult Retrieval Team and the patients family to get their care escalated to our regional partners for external experts for ongoing care and management. By utilising the escalation of care system across all area's has resulted in clarity and consistency for all clinicians.

Report on what action was taken or is taken in these areas:

All SAB events are reviewed and documented on the proforma supplied from VICNISS, and are reported to the Clinical Governance and the Infection Prevention and **Medication Committee** 

The effectiveness of any intervention is monitored continuously, through regular audits and feedback of results.





# Actions that have contributed to improvements:

MDHS strives to ensure both the mother and baby receive the right care and support during your pregnancy and on the arrival of your new baby. MDHS has worked with regional partners to support and enhance our education program for maternity services, MDHS now runs a six monthly training program for midwifes, General Practitioner Obstetricians, General Practitioner Anaesthetists and nursing staff to support staff in response to obstetric emergencies. This has grown our workforce's confidence in responding to the care of maternity patients and supports our midwife workforce.

#### **Maternity Services**

Hospitals providing maternity services participate in the Victorian Perinatal Service Performance Indicators, this allows MDHS to compare outcomes, analyse trends and assess the impact of strategies.



	Target	MDHS	Similar Maternity Service
% of singleton full term- babies who are considered in poor condition shortly after birth	1.4%	0%	4.8%
% of singleton babies with severe fetal growth restrictions delivered at 40 or more weeks gestation	28.6%	100% (Important to note that this was one baby)	0%

#### **Quality Improvement**

The Victorian Community Health Experience Survey is sent to a proportion of patients attending Victorian Community Health Services. The survey asks clients attending MDHS community health services questions about access and facilities.

	MDHS 2018	2018 State Average
Q5. Was it easy to make an appointment?	67%	71%
Q 4. How do you rate the car parking, access to public transport and footpaths	62%	74%
Q12. Did the health service feel welcoming	96%	89%

# Actions arising from Community Health Services VHES in the following two areas:

Accessing the health service (q1-9): MDHS streamlined the intake process, improved internal processes ensure that the first appointment is made on receipt of the referral.

MDHS contacted the Central Goldfields Shire to change the parking at the back of Maryborough Health Service to 2 hours only and requested staff not to park in the area marked to increase the number of car parks available to patients and consumers. This has provided better access for frailer people accessing services in the Health and Movement Centre and other community programs.

**Environmental and Facilities (q10-14)**: To further improve the experience of consumers, MDHS has expanded the 'Welcome Ambassador' hours to ensure that there is a friendly face at the front door, greeting and directing consumers from 7am through to close of business.





# Community Health Priority Populations

Actions taken to improve service experience for a particular community health population Aboriginal and Torres Strait Islander People.

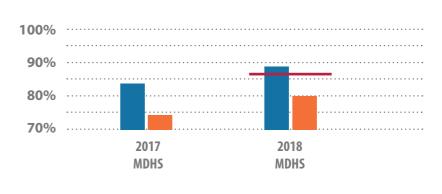
MDHS is committed to making ourselves more culturally sensitive to Aboriginal and Torres Strait Islander People. We want to make our organisation a welcoming space where people can identify they are of Aboriginal and Torres Strait Islander background. MDHS has an acknowledgment to country in our entrance to the organisation and have embarked on a journey to provide cultural awareness training for staff, commenced our Reconciliation Plan and have an active and developing relationship with BDAC.

# MDHS proudly supports NAIDOC Week

## **Community Health VHES**

The Victorian Community Health Experience Survey asked clients questions about attending community health services in relation to their experience.

- Q15 Did the health care workers you saw introduce themselves and their role
- Q16. Did you feel you were listened to and understood by the health workers
- 2018 State Average





# We Can!

# Actions arising from Community Health Services VHES in the following area:

• Experience with health care workers

Following the release of data, MDHS identified areas for improvement, which have included providing extra training in AIDET. This is a communication framework for healthcare professionals to communicate with patients and clients in a way that decreases anxiety, increases compliance and improve clinical outcomes.

Validation of the process occurs by checking in with clients and asking them if the staff are using the AIDET process, by asking the simple question – "did staff introduce themselves to you?"



#### **VICTORIAN QUALITY ACCOUNT** 2018 - 2019 A YEAR IN REVIEW



**WEBSITE:** www.mdhs.vic.gov.au FACEBOOK: www.facebook.com/Maryborough district health service**INSTAGRAM:** www.instagram.com/mdhs\_victoria

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