



Edenhope & District Memorial Hospital

Caring For The Community

2007-08 **QUALITY OF CARE REPORT**

EDENHOPE & DISTRICT MEMORIAL HOSPITAL 2007-08 QUALITY OF CARE REPORT

PUBLISHED WEDNESDAY, 17 DECEMBER 2008

QUALITY AND SAFETY

Your safety is our concern

Edenhope & District Memorial Hospital have continued to focus on and monitor safety issues so that we can be sure that all consumers and visitors have a safe experience whilst in our Health Service.

All incidences and safety issues are reported through our incident reporting system. They are all logged onto a central electronic database. They are then disseminated to responsible staff.

Non-clinical incidences are reviewed and followed up by the Chief Executive Officer, while the Director of Nursing undertakes this function for clinical incidences. A summary of all incident

reports are placed on the agenda of our Occupational Health and Safety Committee for review and recommendations.

Recommendations may include, but are not limited to:

- Changes to policy and/or procedure ;
- Purchasing of new equipment;
- Maintenance and upgrade of areas of the hospital; and
- Staff education and training.

This committee meets monthly and reviews individual incident reports and trends to ensure any recommendations for improvement are analysed and the appropriate action taken.



Kathy Huett
Chief Executive Officer

Our commitment is to you

Edenhope & District Memorial Hospital's Quality of Care Report is produced to inform our consumers, key stakeholders and the Department of Human Services about how effective and safe our health facility is. The report outlines the systems, processes and outcomes that demonstrate how we are able to identify ways which help us to continually improve our service.

This year we have chosen to present our report as an insert in our local *West Wimmera Advocate* newspaper. Extra copies of the report have been printed for distribution beyond our local area.

Our commitment is to deliver the best possible health care to the community with the resources at our disposal. Your feedback is import in helping us determine where to direct those resources to best meet community expectations, and we encourage same. Our contact details are listed on page 2 of this report.



From the original hospital, pictured in 1939, our facility has developed to provide a comprehensive and high quality health service to the community. Planning is underway for further improvements to our facility and we look with confidence to the future and our ability to continue to provide high quality health services to the community.



Quality of Care Report 2007-08



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QOC Report evaluation and distribution

We value and encourage feedback from all stakeholders including patients, residents, clients, relatives, carers, service providers, staff and the community. There are mechanisms to identify, process and act upon suggestions, comments and complaints. Patient and Consumer satisfaction surveys are conducted regularly.

The 2006/2007 Annual and Quality of Care (QOC) Report was distributed to the following businesses and community agencies within our township:

- Edenhope College
- Edenhope Kindergarten and Childcare Centre
- Hair Naturally – Hairdresser
- Senior Citizens' Club
- RSL
- Edenhope Pharmacy
- Murray Nankivell Accountants
- Jenkins Accounting
- West Currie Consultants
- Power & Bennett Solicitors
- Edenhope Newsagency
- Edenhope Medical Clinic

Reports were also available throughout our hospital, in the acute ward, Lakes Hostel, Bade Wing Nursing Home and Elsie Bennett Community Centre.

Contained in the back of the Quality of Care Report was a questionnaire which included prompts for suggestions for improvement to the report. No questionnaires were completed and returned.

QUALITY AND SAFETY

Infection control

Edenhope & District Memorial Hospital recognises the importance of infection control measures within the facility. Infection control is the responsibility of all staff in the health service.

We have many mechanisms through which we ensure that our infection rates are maintained at a low level, including:

- Participation in the VICNISS (Victorian Hospital Acquired Infection Surveillance System) which aims to identify and benchmark hospital acquired infections occurring in Victoria. The areas which we collect data and the results within the last 12 months include:

- o Multi-resistant organisms – no events reported.
- o Bloodstream infections – no events reported.
- o Occupational exposure – no events reported.
- o Surgical infection rates – no events reported.
- o Outpatient haemodialysis events – no events reported.
- Educational sessions conducted to ensure staff have knowledge on infection control.
- An orientation program which contains an infection control component for all new staff.
- Participation in a Regional Infection Control Program, which includes meetings, auditing and benchmarking infection control practices amongst Hospitals.
- Participation in the Grampians Regional Infection Control Group

and the South West Infection Control Association, which keeps us up-to-date on infection control issues and management.

- Member of the Grampians Regional Pandemic Influenza Planning Group. As an individual hospital we are working on our pandemic plan which will then form part of the overall Grampians Regional Plan.
- A successful Food Safety Audit was conducted by Food Hygiene Australia on in July 2008 which recognises adherence to infection control guidelines during food preparation.

The Hospital uses the RICPRAC (Rural Infection Control Practice Group) Compliance audits to help identify areas where we met standards and areas where we need to improve. Each audit is referenced to Australian Standards.

Some examples of the audit topics include:

- Clinical and related waste.
- Environmental cleaning and spills management.
- Hand hygiene.
- Sharps management.

HAND HYGIENE

The hospital participates in the Victorian Hand Hygiene Program in which we report our hand hygiene compliance in regard to usage of hand rub and washing of hands and MRSA (Methicillin Resistant Staphylococcus Aureus) rates.

The expected compliance rate for 2007-08 is 55%. Our compliance rate for hand hygiene was 56% in November 2007 and 56% in March 2008 survey.

We have had no Methicillin Resistant Staphylococcus Aureus incidents to report in either reporting period.

STAFF VACCINATIONS

All staff both clinical and



Division-1 nurse Ruth Enright administers a flu vaccine to staff member Liz Carter.

non-clinical are offered flu vaccinations annually to reduce the risk of contracting influenza.

Our staff influenza vaccination rates are benchmarked with other Victorian hospitals through the VICNISS program.

Our 2007 compliance rates were lower than the VICNISS aggregate rates.

- 2007 Clinical staff VICNISS Aggregate rate 40.4% - Edenhope Hospital rate 38.3%.
- 2007 Non Clinical staff VICNISS

Aggregate rate 43.5% - Edenhope Hospital rate 33.3%.

An intensive campaign of educating and encouraging staff was undertaken but still our rates fell below the VICNISS Aggregate.

POINT PREVALENCE SURVEILLANCE IN RESIDENTIAL AGED CARE

Increasing attention has focused on the practice of Infection Control in long term care facilities. Prevention and surveillance of infections in residents is important to ensure that they are provided with quality care.

Edenhope participates in a Point Prevalence Survey of infections and incidences to help us evaluate our current practices.

Ninety-eight facilities in the 5 health regions of Victoria participate. Our results showed that our:

- Use of devices which included catheters, feeding tubes, intravenous lines was 3.13% compared with 8.83% in the Grampians Region and 5.72% in all 5 regions.
- Our infections, which included 2 wound infections, was 6.25% for our facility compared with the Grampians Region of 3.71% and 5.07% for all of the other regions.

Whilst our infection rate was higher than other areas our number of infections was 2 for 32 surveyed residents so our numbers were small which can influence the percentage rate.

Minimum reporting requirements

CONSUMER, CARER AND COMMUNITY PARTICIPATION

We value and encourage feedback from all stakeholders including patients, residents, clients, relatives, carers, service providers, staff and the community. There are mechanisms to identify, process and act upon suggestions, comments and complaints. Patient satisfaction surveys are conducted regularly and there is feedback provided by our Community Consultation Committee.

POPULATION OF EDENHOPE

During Census 2006, 914 people were surveyed in Edenhope. There were 444 Males (48.58%) and 470 Females (51.42%) in the following age groups:

0-4 Years	24	50-64 Years	198
5-14	133	65-74	131
15-24	83	75-89	121
25-34	49	Over 90	15
35-49	160	Total	914

INDIGENOUS POPULATION

There is 0% Indigenous population in Edenhope. According to 2006 Census data there is only 1-2% Indigenous population in the whole of the Grampians Region.

CULTURAL & LINGUISTICALLY DIVERSE POPULATION (CALD)

Out of the 914 population surveyed, 0.87% spoke a language other than English at home (German) and 0.43% (Various). Figures taken from ABS 2006 - Website

Edenhope & District Memorial Hospital has developed a Home & Community Services Cultural Diversity Plan. This plan provides guidelines on how to improve access and services for CALD clients should they use them.

This plan was assessed by the Department of Human Services and achieved the highest rating possible.

Edenhope & District Memorial Hospital reports any occasion of CALD activity through our Continuous Improvement meetings where it is a standing agenda item.

In the Victorian Patient Satisfaction Monitor survey patients were asked the question about whether they wanted the hospital to provide an interpreter for them. The response was 0%.

Quality of Care Report 2007–08

QUALITY AND SAFETY

Hotel Services

The Hotel Services staff comprises of all staff who work in the areas of catering, cleaning and laundry.

A number of improvements were made to Hotel Services during 2007/2008.

Successful Seeding Grant obtained from Management Innovation Council to develop picture postcard menus.

This project aims to replace the present paper-based system patients use when selecting their meals whilst in hospital (or similar facility). Instead of ticking boxes on a paper-based form, the patient (or user) will instead select their chosen meals via a touch screen laptop. Picture display of the individual meal items will be a major feature of the system.

This project includes the development of a Content Management System (CMS) linked to a Microsoft SQL database. The front-end of the system allows the user to choose meal items in a step-by-step fashion over a number of screens.

When the chosen meals are confirmed, the selection is saved to the database. At a chosen time of day, a chosen administrator will access the system and print off the patient's meal selections (individual patient per page).

All user selections and all administration actions including additions, edits and deletions will be archived as server logs thereby providing an audit trail of all activities.

Developed mandatory training program for new and existing staff on safe use of equipment.

This is a competency-based

training initiative developed to enable us to train staff in the correct use of potentially dangerous equipment such as a meat slicer, and check this training against an assessment tool.

The training records are then placed in the staff members personnel file and referenced on the staff training database. Nine hotel services staff who are rostered on in the kitchen have been trained via this system.

OUTCOME: Staff are able to use equipment in the correct manner and reduce the risk of injury.

Developed a monitoring system to ascertain the bacterial knockdown of the Ozone Laundry System.

Throughout the world there are thousands of ozone laundry systems operating in industrial, health and hospitality laundries. Many of these systems have been in operation for more than a decade.

When using ozone for laundering, ozone gas is injected into the wash water via a vacuum operated venturi valve, and is produced only when the cold water supply solenoid valve on the washer opens to fill the washer extractor. The ozone is then dissolved into the water. This dosage is regulated at a maximum of 2.0 mg of dissolved ozone per litre of water.

Ozone laundering is very different to ozone air purification devices which pump ozone gas directly into the workplace. Ozone technology is used widely throughout the world in many industries, including drinking water purification, waste water



Hotel Services staff successfully completed Certificate III in Hospitality (Operations) course through the University of Ballarat.

treatment and food preservation just to name a few.

When used correctly, ozone has many benefits and presents no health risks to laundry staff, unlike the use of alkaline chemicals with all the OH&S risks that poses.

14 Hotel Services staff graduated from the Certificate III Hospitality (Operations) course through the University of Ballarat.

The course tested knowledge as well as "on the job" skills. The course covered the promotion of diet and nutrition, customer service, food hygiene and safety.

Edenhope & District Memorial Hospital is categorised as a Class "A" Food Premises and meets, and in some areas, exceeds, all standards of food services under the Food Act 1984.

To ensure our continual compliance with these standards the kitchen is audited by Food Hygiene Victoria. Food Hygiene Victoria is a sector of the Department of Human Services and participation in the audit is compulsory.

The audit covers all aspects of our Food Safety Plan which governs the way we prepare, cook

and store food in the kitchen. It includes cleaning regimes, audits and reviews the measures we have in place to ensure we receive the freshest products for our patients/residents/clients and staff.

Cleaning staff conduct audits on the cleaning practices within our Health Service. The accepted parameters under the Victorian Cleaning Standards are 85% and above. This means that the result of an audit must achieve 85 out of 100 to be an acceptable score under this process. Edenhope & District Memorial Hospital scored 97.85% on average for 2007/2008.

Consumer Participation Indicator

The "Consumer Participation Indicator" provides Edenhope & District Memorial Hospital with a measure of how consumers experienced being involved with their healthcare.

This information is captured via the Victorian Patient Satisfaction Monitor (VPSM) questionnaire. The indicator is derived from a combination of the result of three Victoria Patient Satisfaction Monitor survey questions:

- The opportunity to ask questions about

your condition or treatment

- The way staff involved you in decisions about your care
- The willingness of hospital staff to listen to your health concerns

The Tables are excerpts from the VPSM Wave 12 and Wave 13 Reports.

The first table shows the Wave 12 result for this indicator as 88, which is 3 points above the average score for a Category D Hospital. Wave 13 shows the result for this indicator as 85, which is 1 point above the average.

Period	Hospital Result	Category D Average Result	Category D Lower Score Range	Category D Upper Score Range
Wave 12: September 2006 – February 2007	88	85	77	91

Period	Hospital Result	Category D Average Result	Category D Lower Score Range	Category D Upper Score Range
Wave 13: March 2007 – August 2007	85	86	81	95

Quality of Care Report 2007-08

QUALITY AND SAFETY

Medication errors

All medications used in hospital for our patients or aged care residents are required by legislation to be ordered by a doctor. Whilst medications are dispensed by trained staff who are assessed as competent, sometimes errors can occur.

These can range from issues such as a medication being given earlier or later than prescribed, to the wrong drug being given or not being given at all.

Edenhope & District Memorial Hospital closely monitors the number of medication incidents through a regular auditing program and analysis of incident reports.

Following reviews of medication incidents a number of strategies have been introduced to assist in reducing incidents and adverse events:

- Medication reviews are conducted by a registered pharmacist to ensure that all residents are on appropriate medications and that there are no potential adverse reactions from a combination of these medications.

- Medication charts are audited monthly by Division 1 Nurses and improvements and recommendations are made to ensure that best practice is adhered to.

- Medication error incidents are reported via our incident reporting system, then given to the Director of Nursing for follow up and trend analysis. They are then presented to our Continuum of Care Committee and Occupational Health & Safety Committee. Any resultant issues are addressed through our nursing staff meetings and Visiting Medical Officer meetings.

IMPROVEMENTS IN MEDICATION MANAGEMENT 2007/2008

Following a review of the pharmacy area, medications are now stored alphabetically using the generic, not trade, name. Coloured dots placed on all medications indicate the expiry year and month.

OUTCOME: Medications are now easier to locate and there is a reduction in the amount of out

of date medications disposed of.

MEDICATION ADVISORY COMMITTEE

A Medication Advisory Committee was implemented with representation from nurses, doctors and pharmacists. The aim of this committee is to look at new medications, review hospital medication guidelines and policies, review case studies and discuss any other relevant issues in regard to medication management such as adverse events.

OUTCOME: There is now a multidisciplinary forum to look specifically at medications and related adverse events.

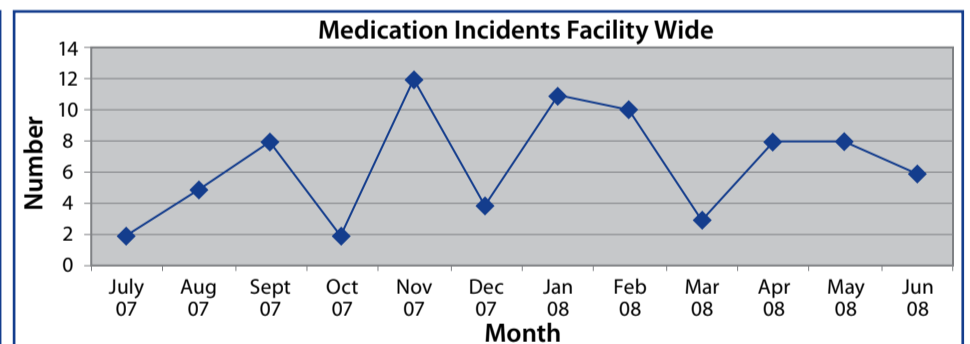
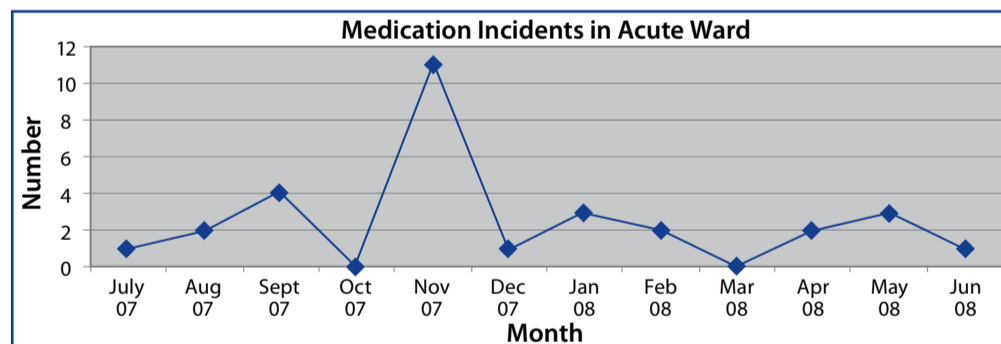
INTERNAL REPORTING

All medication incidents and adverse events are report via the incident reporting system. They are all analysed and measures implemented to reduce re-occurrence.

Medication incidents are then trended monthly and results fed back to department heads.



Division-1 Nurse Janis Vanzini prepares for a medication round.



Feedback mechanisms

Comments and Complaints

Edenhope & District Memorial Hospital received 9 complaints for 2007/2008. All nine complaints have been resolved to the satisfaction of both parties.

Feedback can be given in any form. It can be by way of a letter, a telephone call to the Chief Executive Officer, a comment to staff or by completing a Comments and Complaints form. Forms can be placed in the locked suggestion boxes provided around the facility. Feedback is always treated in the strictest confidence, the author is only known to the Chief Executive Officer and the Quality Manager.

Clinical governance

The Victorian Government, through the Department of Human Services (DHS), delegates responsibility for ensuring that there is an acceptable standard of patient care to its Board of Management.

Appointed by the Minister for Health, Board members are required to ensure systems are in place to monitor that services are of a high quality, safe and reflect the needs/views of the community.

The Board must ensure these systems also identify problems and weaknesses, this is called clinical governance.

EDMH has seven sub committees that monitor areas of clinical governance, and patient/resident care,

these include:

- Occupational Health and Safety – which discusses Health and Safety for all stakeholders and infection control issues.
- Residential Care Services – looks at the low care (Hostel) and high care (Nursing Home) aged residential care areas.
- Continuum of Care – looks at clinical issues which mainly impact on the acute ward. This committee is predominantly made up of nursing staff.
- Continuous Improvement – looks at the organisations total quality management system and includes consumer feedback and complaints.
- Audit and Compliance – This committee looks at financial and overall com-

pliance matters.

- Visiting Medical Officers Meeting – medico legal and medical issues requiring doctors input and discussion are tabled at this meeting.
- Medication Advisory Committee – Items relating to medication management are discussed at this meeting.
- Risk Management – identifying, managing and monitoring risks is the role of this committee.

The frequency of meetings depends on the Committee. Some are monthly, while others are quarterly. They all include community consumer representatives who are involved in reviewing policies and information pamphlets via these meetings.

Quality of Care Report 2007-08

QUALITY AND SAFETY

Falls prevention

Falls are recognised as a major public health problem causing injury, hospitalisation and even death in the elderly population of Australia.

It is very important to ensure a balance between reducing the incidence of falls and allowing patients and residents to maintain some level of independence.

Our aim is to encourage independence by implementing safety strategies to reduce the number of falls.

Falls are investigated first to identify any factors which can be addressed immediately.

All falls are reported on incident forms which are then forwarded to the Director of Nursing to identify if there are any trends, then falls data is forwarded to the Occupational Health and Safety Committee to ensure appropriate preventative action is taken.

The following strategies have

been implemented to address and reduce the risk of this problem:

- Falls Prevention policies.
- A Falls Risk Assessment Tool is conducted on admission for all patients and forms an integral part of patient assessment. From this assessment falls prevention strategies are added to individual care plans.
- Individual assessment of each aged care resident on admission and then monthly is undertaken to assess for risk of falling. Individual care plans are developed which include strategies for falls prevention.
- Preventative measures implemented include:
 - o Electric beds which go down to floor level.
 - o High/low electric beds.
 - o Bed and floor alarm mats.
 - o Individual call bells.
 - o Identification of patients and

residents at high risk of falling.

- o Restraint free environment.
- o Exercise and walking programs for residents in low and high aged care to increase their strength and balance.

IMPROVEMENTS IN FALLS PREVENTION 2007/2008

- Falls prevention information from the Safety and Quality Council was added to all patient admission information packs.
- Two additional bed alarm mats were purchased to be used as an additional falls risk minimisation strategy for frequent fallers.
- Developed a process where reports are compiled by the Director of Nursing and sent out to Department Managers which identify the number of incidents for their area so they are aware of any trends occurring.

The graph below left shows the number of falls per ward per



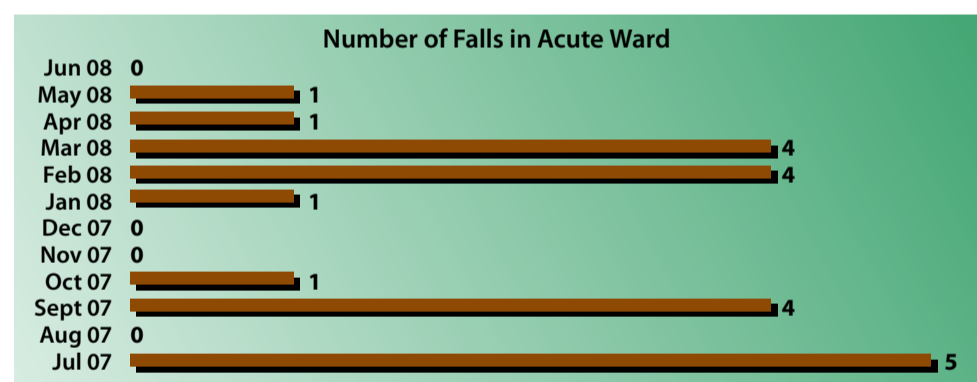
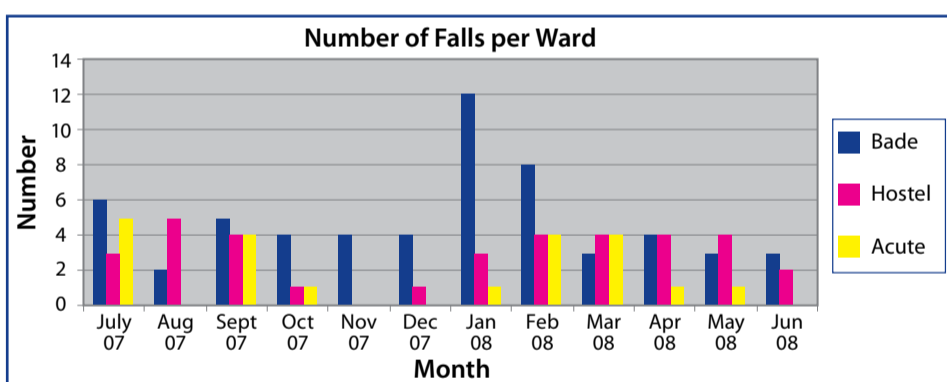
Division-2 Nurse Jan Obst walks with Mr. Bob Blucher in the Kowree Nursing Home.

month.

There was a peak in the Bade Wing in January and February 2008. All incidents were investigated and some measures, such as alarm mats, were placed by

residents beds which helped in reducing the incidents in the following months.

The graph below indicates the number of falls which occurred in the Acute Ward per month.



Risk management

Risk is the chance of something happening that will impact upon objectives

Australian New Zealand Standard 4360:2004

The systematic use of management policies, procedures and practices allow the organisation to identify, analyse, evaluate, treat, monitor and review risk.

The risk management process is conducted in a blame free environment. It is a vital component for good management practices and at Edenhope we encourage that risk management becomes ingrained in our culture.

Risks are identified internally through meetings, our incident reporting system, improvement forms and comments and

complaints systems. Risks are also identified through external sources such as Sentinel Events and Coronial enquiries, LAOS (Limited Adverse Outcome Screening), and local and world-wide trends.

Identified risks are analysed and assessed at our Risk Management meeting which meets bi-monthly. Treatment plans are developed for all risks and these are reviewed according to a schedule.

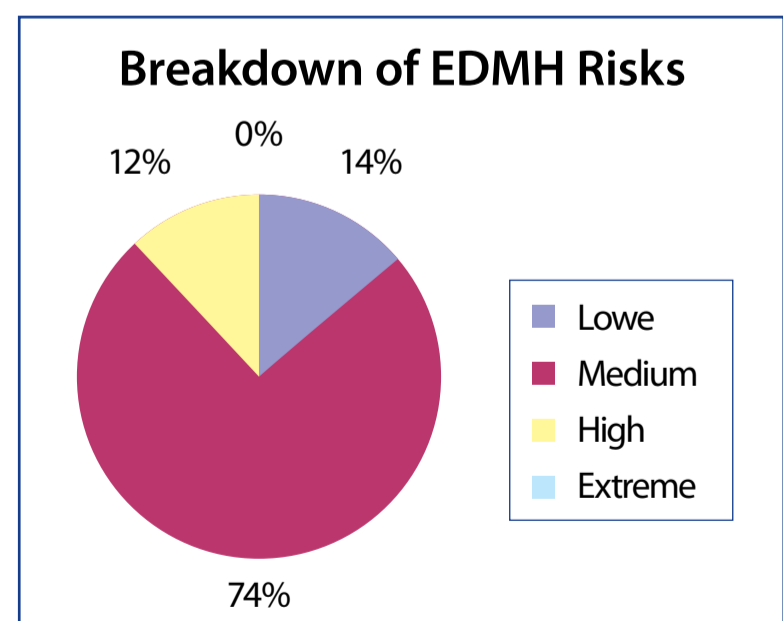
Edenhope & District Memorial Hospital records all risks on a Risk

Register, which is divided into six identifiable areas:

1. Operational Management.
2. Human Resource Management.
3. Financial.
4. Clinical.
5. Occupational Health & Safety.
6. Infection Control.

Risks are then given a review date according to their level of risk:

- **EXTREME RISK**
Reviewed monthly by the Board of Management.
- **HIGH RISK**



Reviewed four monthly.

- **MEDIUM RISK**

Reviewed six monthly.

- **LOW RISK**

Reviewed annually.

Risks are then placed on a review schedule to ensure they are reviewed in a timely manner.

The hospital has no extreme risks.

The Board of Management receive copies of Risk Management meeting minutes monthly plus a report from the Chief Executive Officer on a four monthly basis.

Quality of Care Report 2007-08

QUALITY AND SAFETY

Skin tears and pressure ulcers

People working in health care are very aware that some of their patients, aged care residents and community clients cannot take pressure on parts of their body and are at risk of developing pressure ulcers.

People who are ill or elderly often have skin which is likely to tear and create a sore.

All skin tears and pressure ulcers are reported via our incident reporting system.

Following reviews of skin tears and pressure ulcers the following strategies have been introduced to assist in reducing the incidents of these adverse events:

- Aged Care residents and hospital patients have a full assessment on admission, which highlights risk areas for pressure ulcers. These are regularly reviewed, evaluated and new actions implemented as required.
- Sheepskins and foam pressure mattresses are provided to residents/patients considered to be at risk
- All residents/patients are repositioned regularly whether they are in bed or in a chair to ensure that pressure is taken off areas of risk.
- A Pressure Ulcer Prevention policy was written for the acute ward manual.
- The Pressure Ulcer Prevention policy for the aged care facilities was reviewed and updated.
- Special Ripple air mattresses are provided to help residents and patients at high risk.
- Staff were provided with individual pocket size leaflets outlining pressure ulcer prevention strategies.
- Victorian Quality Council information pamphlets for patients

regarding risk minimisation strategies added to all admission packs.

- Residents/patients are regularly assessed to ensure they have a well balanced diet and fluid intake to help prevent skin tears and pressure ulcers.

- 100% of all hospital beds have a static pressure reduction foam mattress which helps us to maintain patients skin integrity.

- 100% of all high care aged beds have a pressure reduction mattress and hostel residents assessed as high risk for the development of pressure ulcers have access to pressure reduction mattresses.
- Skin Tears and Pressure Ulcer incidences are collected and benchmarked within our health service.

The graph top right shows the number of skin tears per ward per month. There was an increase in the number of skin tears in the Nursing Home in November and December 2007.

Some actions taken to reduce the occurrence included placing arm protectors on a resident and covering a sharp area on another residents walking frame.

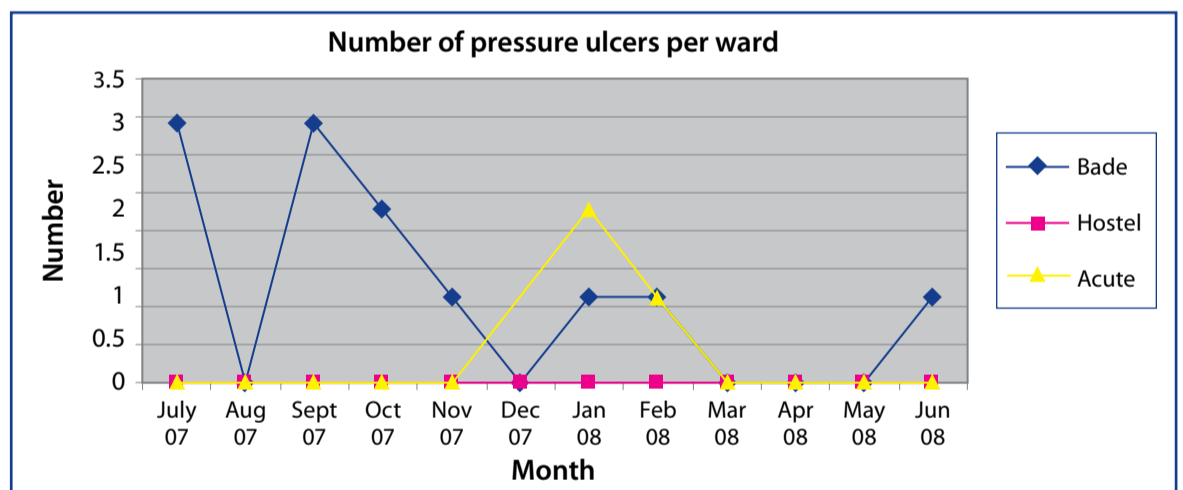
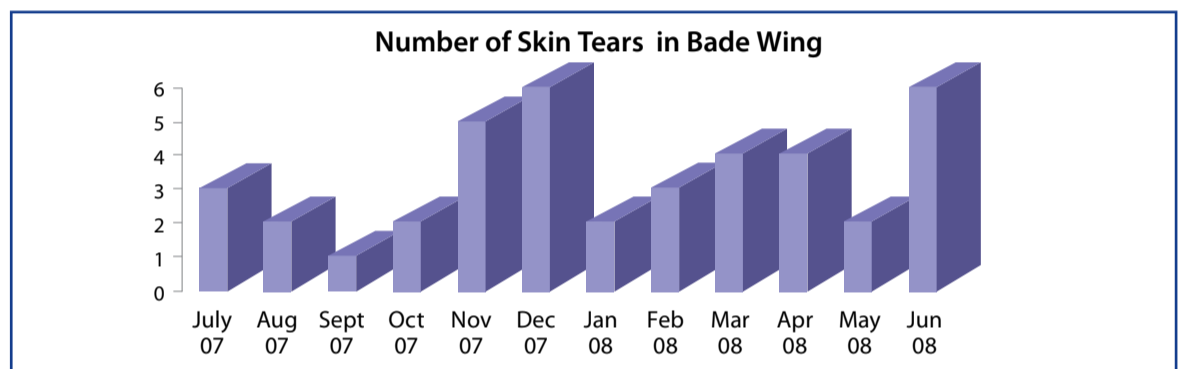
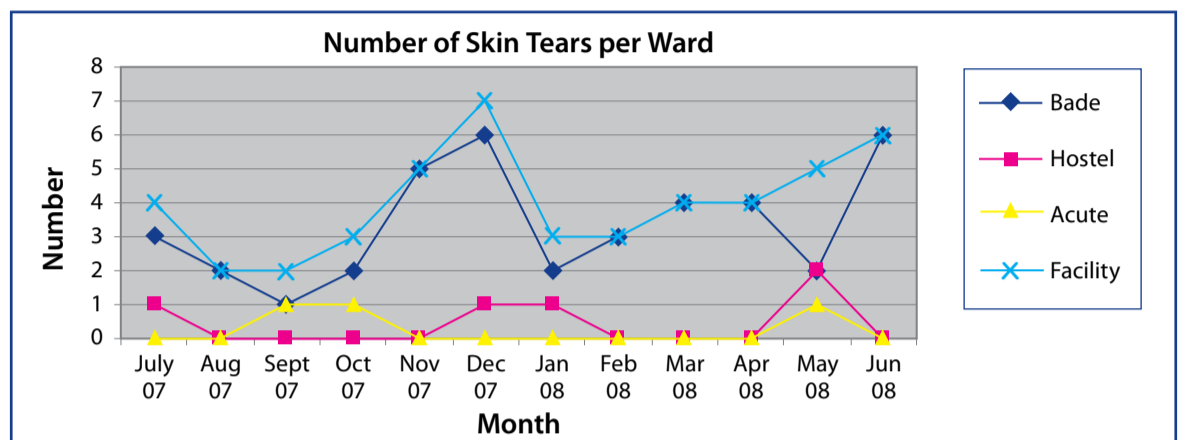
OUTCOME: Residents did not receive any similar skin tears.

This middle graph at right shows the number of incidents of skin tears in the Bade Wing Nursing Home per month.

This bottom graph shows the number of pressure ulcers per ward per month.

There have been no reported incidences of pressure ulcers in the Lakes Hostel.

In the Nursing Home there were 3 pressure ulcers recorded



in July and September 2007. One of the ulcers was reported twice. None of the reported ulcers worsened in their severity. Most of the reported ulcers have now healed.

The hospital participates in the Victorian Quality Council Statewide

Pressure Ulcer Prevalence Survey (PUPPS). Results of PUPPS-3 showed an improvement from our PUPPS-2 result.

The prevalence of Pressure Ulcers is now reported to the Department of Human Services through Pressure Ulcer Clinical Indicator Program.

This data is submitted quarterly and we receive reports on Hospital Acquired Pressure Ulcers.

- o March 2008 quarter – 928 beddays: no ulcers to report.
- o June 2008 quarter – 757 beddays: no ulcers to report.
- Division 1 Nurse trained as Wound Care Specialist.

Patients' rights and responsibilities

WHAT ARE YOUR RIGHTS?

As a patient you have the right to receive appropriate care:

- As promptly as possible.
- In a courteous and sympathetic manner.
- With dignity and privacy.
- With respect to your beliefs.
- With understanding of different ethnic, cultural and religious practices.

WHAT INFORMATION ARE YOU ENTITLED TO?

- The names of those treating you and

The Patients' Rights and Responsibilities are written in a pamphlet format and can be found in the front foyer and contained in all patient admission packs. They are provided to assist patients understand what they can reasonably expect from the hospital and its staff.

- their positions.
- Your diagnosis and explanation of your condition.
- Results and meaning of tests and examinations as soon as possible.
- The types of treatment that are available.

- The drugs you are being given, their uses and possible side effects. How can you help in your care?
- Tell the medical staff of your medical history and include details such as previous problems and complications.

- Whether you have any allergies.
- Names and doses of any medications you are taking.
- To advise if you are or have recently been receiving treatment elsewhere.
- By asking your doctor for a full, clear explanation of the treatment, drugs and tests which they recommend for you.
- Make sure you understand what your doctor has told you.
- Follow the medical and nursing directions given to you for treatment.

QUALITY AND SAFETY

Continuity of care

BEST PRACTICE AND EVIDENCE BASED CARE

Most procedures used in the acute ward of the hospital are sourced from the Joanna Briggs Institute in Adelaide. These procedures are all based on clinical Best Practice.

The Joanna Briggs Institute is part of the Flinders Medical Centre. The clinical procedures have been expanded this year to include some midwifery guidelines and chemotherapy guidelines.

Procedures and policies in the aged care facilities are all referenced to ensure residents' care is delivered using the most up to date information.

ENSURING PATIENTS RECEIVE THE BEST CARE POSSIBLE

Guidelines for clinical care are all referenced to ensure best practice.

The Hospital is a member of iCARnet which is an Integrated Cardiac Assessment Regional Network based at Flinders Medical Centre Adelaide.

Clinical Paediatric Protocols and Guidelines from the Royal Childrens Hospital are used to ensure all nursing and medical staff have up to date information regarding the care of children and infants.

Patient information pamphlets are available in the foyer for any body to access.

IMPROVEMENTS AND CHANGES

Some improvements and changes which occurred in 2007/08 included:

- Introducing the new aged care funding instrument (ACFI) into both the high and low care aged

facilities which included:

- o Nursing staff and administration attending training.
- o Policies required updating.
- o A new ACFI policy was written to replace the old RCS policy.
- o Copies made of all required documents and document folders for each department developed.
- o Systems introduced to ensure a streamlined process.
- o Some assessment forms had to be modified to ensure that we could capture the required information.

• Introduction of Aged Care Managers meetings – these meetings were a new initiative with the aim to have a forum specific for discussion of aged care issues, which facilitated interaction between managers so that like problems could be solved together. Communication between the aged care managers and the Director of Nursing was improved in problem solving and there was a central point to raise issues.

• Implemented the "Respecting Patient Choices Program" throughout the facility – This program is an Advanced Care Planning program which promotes the persons right to make decisions in regard to their health-care now and for the future. An advance care plan is a document which gives people the opportunity to record ahead of time their choices which ensures that doctors, nurses and family members are aware of the persons choices for treatment. Implementation included:

- o Training of Consultants – 5 staff are trained as Consultants.
- o Leaflets, posters and flyers placed on noticeboards and in

patients/residents admission information.

- o Policies and procedures written.

o Register developed to record progress of the Program.

OUTCOME: Patients and residents now have a choice and the ability to record their treatment choice whilst they are still able to do so.

• Implemented Vulnerable Babies and Young People at Risk Best Practice Framework – Implementing this framework into hospital policy and process ensures that children at risk are identified and appropriate referrals for follow up assessments are made.

SENTINEL EVENT REPORTING

Sentinel events are relatively infrequent, clear-cut events that occur independently of a patient's condition and usually are caused by deficiencies in hospital systems and processes.

Reportable Sentinel Events must be reported to the Department of Human Services. Reportable events include:

- Procedure involving the wrong patient or body part.
- Suicide in an inpatient unit.
- Retained instruments or other material after surgery.
- Intravascular gas embolism resulting in death or neurological damage.
- Haemolytic blood transfusion reaction resulting from ABO incompatibility.
- Medication error leading to the death of a patient believed to be due to incorrect administration of drugs.
- Maternal death or serious injury associated with labour or delivery.

- Infant discharged to wrong family.

- Other catastrophic event.

Should a Sentinel Event occur a thorough investigation called a Root Cause Analysis is conducted which looks at what happened, why it happened and what can be done to prevent it from happening again.

One staff member completed Root Cause Analysis Training Module 3 and 4. This ensures that there is a staff member on site trained to undertake a Clinical Incident Review. The training also enables the staff member to train other staff in the process of undertaking a system analysis review, and to conduct standardized thorough incident reviews.

All hospitals are required to report a Sentinel Event to the Department within 3 days of it occurring.

Edenhope & District Memorial Hospital had no reportable events in 2007/2008.

OPEN DISCLOSURE POLICY

Edenhope & District Memorial Hospital has an Open Disclosure policy which outlines the principles, legal considerations, process, notification and documentation in the event of an adverse outcome for a patient or resident.

The aim is to promote a clear and consistent approach by all hospitals regarding open communication especially when

things go wrong.

LIMITED ADVERSE EVENT SCREENING PROGRAM

Edenhope & District Memorial Hospital participates in this program through the West Vic Division of General Practice. This Clinical Risk Management Program is part of the Department of Human Services strategy for improving patient safety in Victoria.

Histories are extracted based on the presence of one or more defined screening criteria and reviewed by a panel of doctors for the presence of an adverse event. An adverse event is defined as "an untoward patient event". Adverse events are analysed. Recommendations aimed at preventing these events from recurring are made then fed back to all participating hospitals, General Practitioners and Chief Executive Officers.

Once the recommendations from the reviews are received by our hospital they are reviewed by our Clinical Review Committee comprising of Visiting Medical Officers, Director of Nursing, Chief Executive Officer, and a Board of Management representative. Areas identified as ways to improve care are implemented and this feedback is then referred back to the program.

They are also reviewed at the Continuum of Care committee and fed back to staff via the memo system.

Care after discharge

Patients need to be assured that there will be continuity of their care when they leave hospital and return to the local community.

Edenhope & District Memorial Hospital has processes in place to assist with this often difficult time. This is called Discharge Planning.

Discharge planning begins on admission. Most patient discharges are simple but some patients may have high risks and complex home care needs.

For these patients multi-disciplinary discharge planning meetings are organised. They

involve nursing staff, Visiting Medical Officers, community health nurses, district nurses and allied health professional staff who review the requirements of the individual patients and their discharge needs.

Post Acute Care is a program offered by the Hospital, which screens all acute inpatients and identifies their discharge needs. Some of these home needs may include home help services, meals on wheels and District Nursing Services.

The Post Acute Care program is free to clients for the first 4 weeks following discharge.

Quality measurement

Edenhope & District Memorial Hospital is very committed to the process for improving the quality of services. We constantly strive to improve our performance by evaluating what we do.

Quality Plans

Each year a Quality Plan is prepared by each department identifying areas in which they can make improvements in the forthcoming year. These plans are presented for approval to the Executive Staff, which comprises the Chief Executive Officer, Deputy Chief Executive Officer/Director of Corporate Services, Director of Nursing, and also to the Quality Manager.

Our Continuous Improvement Committee is responsible for monitoring progress and outcomes against these plans throughout the year. Each department head presents a report on their plan to this committee 6 monthly.

The Quality Plan brings together and records all of our quality activities for the year.

Quality of Care Report 2007-08

QUALITY AND SAFETY

Staff training and competence

All staff are selected on merit and prior to their employment, qualifications are verified and referee interviews conducted. Our goal is to attract and employ people that are able to provide the highest standards of care for you.

All Board members, staff and volunteers are required to undergo a Police Check prior to commencement. Evidence of qualifications, experience and current registration is required before the appointment of any direct care staff and Doctors.

CREDENTIALING

We use a credentialing procedure which involves a committee of suitably qualified practitioners to verify the qualifications, additional training, certification and experience of all Medical Practitioners, prior to their appointment. This process is carried out 3 yearly. The credentialing process is undertaken using the services of a range of qualified Medical Practitioners including a Director of Medical Services from a Regional or Sub Regional Health Service. Visiting VMO's are required to be credentialed by Edenhope and District Memorial Hospital prior to admitting and treating Privileges being granted.

Our aim is to ensure our staff are trained, competent and maintain the skills required to deliver your care.

PRIVILEGING

Defining the scope of clinical practice involves balancing an individual medical practitioners clinical practice within an organisation based on the doctors credentials, competence, performance and the need and capability of the organisation.

Re credentialing and privileging is undertaken every three years or if there is a change to the VMO's qualifications or scope of practice.

NURSING REGISTRATION

All nurses are required to be registered with the Nurses Board of Victoria and must provide a current hard copy of their practising certificate annually. An additional verification is conducted via the Nurses Board Victoria website, which has a public register of all nurses currently registered in the state.

VISITING ALLIED PROFESSIONALS

Verification of qualifications and current practicing certifica-

tion/registration is required prior to commencement and verified on a yearly basis.

CONTINUING EDUCATION

Ongoing education of registered nursing staff is very important when staff are required to have a vast knowledge in a number of areas.

Competency testing is undertaken for staff to ensure an acceptable skill level is achieved and this includes:

- Basic Life Support for all staff, including hotel services staff
- Advanced Life Support training and assessment for Division 1 Nurses
- Drug Calculations for Division 1 Nurses
- No-Lift Program
- Medication Competency for personal care attendants working in the Lakes Hostel.

Nursing staff have attended education in a number of areas during 2007/08. These include:

- ACFI (Aged Care funding Instrument) training
- iCare training – an aged care electronic care planning program
- Chemotherapy Module I
- MS26 Syringe Driver competency



Mandy King (left) and Meredith Finnigan are both accredited 'Respecting Patient Choices' training consultants.

- Palliative Care
- Paediatrics
- Advanced Care Planning
- 2 staff were trained as trainers to deliver the Respecting Patient

Choices education program. They were 2 of only 8 participants in Victoria outside the metropolitan area who have been trained to deliver this education.



Division-2 Nurse Trish Sagasser undergoes CPR assessment with Lecturer Debbie McLeish.

Accreditation

Health organisations strive to provide the best possible care for their patients, residents and clients. Accreditation is a mandatory process for all Victorian public acute health services and all providers of aged care residential care services.

Accreditation is an audit process focusing on continuous improvement. It includes an internal assessment process which identifies areas of improvement against expected outcomes. If gaps are identified changes are introduced to address these gaps. An independent body then assess the organisation's ability to demonstrate their compliance with required quality standards.

Receiving accreditation status is recognition from an independent assessor that an organisation is able to demonstrate the quality and safety of the services they provide and their commitment to continuous improvement.

The Australian Council on Healthcare Standards (ACHS) are due to conduct a two day Organisational Wide Survey in September 2008 and make recommendations in relation to ways we can further improve our services. We are accredited through the ACHS until December 2008.

Our Hostel and Nursing Home are currently fully accredited by the Aged Care Standards Agency (ACSA). Both facilities received unannounced visits from the Agency during the year.

Edenhope & District Memorial Hospital view accreditation as an opportunity to showcase the quality of the services we provide and more importantly a learning experience that provides opportunities for future improvements. It provides us, and our community with confidence and assurance that we are able to provide a quality service.



Edenhope & District Memorial Hospital remains committed to improving our performance to ensure that all patients, residents and clients receive the highest quality of care we are able to provide with the resources we have available.