

quality of care report 2005



This report is viewed as a valuable opportunity to demonstrate to our community that we are committed to consistently providing the best possible quality and safety of care to all our clients.

our vision

To be a leader in the provision of rural health services.

our mission

In meeting community needs and by vigilance of quality systems, RDHS will continue to meet standards of practice required for accreditation and certification.



Fiona Trimble using the newly acquired Reflatron blood analysis machine.

introduction

Robinvale District Health Services is proud to present its Quality of Care Report 2004 - 2005. This report is viewed by the Board of Management, CEO and staff as a valuable opportunity to demonstrate to our community that we are committed to consistently providing the best possible quality and safety of care to all our clients. It is an opportunity to acknowledge the dedication and commitment of all staff and to publicly review some of our accomplishments.

In order to provide quality of care, RDHS has a Quality Management System that:

- describes how activities are to be undertaken
- regularly monitors activities and reports on results
- takes actions and follows up to address issues which occur in the delivery of care and services, and
- is dedicated to continuous improvement.

This year's Quality of Care Report includes information about some of our key activities and achievements in the past year, as well as areas we have identified for improvement in the coming year. The report will be distributed as an insert in the Annual Report and through a limited mail-out. The local newspaper will again feature an article about the Quality of Care Report which will include its availability throughout all RDHS service areas and through other community organisations, medical clinics and selected local retail outlets. In addition, the report will be available on RDHS website at www.rdhs.com.au

Our thanks are extended to all those who have contributed to this report. If you have any questions please contact Fran Pollard, Quality Manager, on 5051 8111.

our services

Robinvale District Health Services is classified as a multipurpose service (MPS) and provides a range of services in an area of over 60,000 square kilometres. Acute medical, outpatient, visiting nurse service, high & low aged residential care and primary healthcare services are provided to Robinvale & surrounding areas. "Outreach" primary health care services are also provided to Ouyen, Manangatang, Dareton, Wentworth, Boundary Bend and Balranald.

Please refer to RDHS Annual Report for detailed information about our full range of services.

our community

Consideration of the diversity of cultures & languages in our community is an important factor in the planning and provision of services. RDHS has two Cultural Liaison Officers to ensure that the needs of the Pacific Islander and Aboriginal communities, two of our significant cultural groups, are understood and catered for. In addition, we have 24 hour access to a telephone interpreter service, funded by the Department of Human Services. This service ensures that staff will be able to understand the client's health issue even if that person does not speak and/or understand English.

RDHS has an annual Cultural Plan, to identify, understand and address the needs of our diverse cultural community. All staff attend Cultural Awareness training on induction, with annual refresher training, to assist in understanding the different cultures and their needs in order to provide the best possible services to all our clients.

auditing quality of care

external audits

ISO 9001:2000 Certification

- A team of auditors conducts a full audit every three years with annual surveillance audits in between. The audits are a rigorous examination of everything we do to ensure that we meet the requirements of the ISO 9001:2000 standards.
- RDHS had its second major three-year audit in December 2004 and was awarded a further 3 years certification. The auditors identified six minor Corrective Actions and subsequently accepted our Action Plan to address the issues. They will confirm that the actions have been taken and the issues successfully addressed when they return for the annual surveillance audit in December 2005.

Aged Care Standards Accreditation

- Riverside Hostel is audited by the Aged Care Standards and Accreditation Agency against 44 outcomes in accordance with the Aged Care Act 1997.
- A team of auditors conducts a full audit every three years with annual support visits to ensure that we continue to meet the standards.
- A successful support visit was conducted in March 2005. Staff are currently preparing the Application for Accreditation in preparation for the full 3 year audit in early 2006.

Food Safety Program

- All Class 1 food premises, which include hospitals, aged care & Meals on Wheels, are required to have an external audit of their Food Safety Program.
- All food services areas are audited annually for compliance with the Food Safety Program.
- In November 2004 our food services areas passed the annual audit with flying colours.
- Two unannounced spot checks by officers from Swan Hill Council in March & May found the kitchens to be complying with all requirements.

Cleaning

- Two external audits are conducted annually in accordance with the Cleaning Standards for Victorian Public Hospitals. Results are reported to the Department of Human Services. In the last two audits we received ratings of 97% and 97.4% which are well above the acceptable score.

internal audits

- An annual audit schedule is prepared with areas of higher risk being audited more frequently, these include Medication Management, Infection Control, Occupational Health & Safety and Food Safety.

- Policies and procedures have been implemented to ensure quality and safety of care and internal audits verify that the policies and procedures are being followed.
- Results are presented to the Quality Systems Committee.
- Audit results assist RDHS to review what we do, how we are performing and identify areas for improvement.

risk management

In 2004/2005 a comprehensive Risk Management Strategy was developed. Some of the key stages of the strategy briefly include:

- development of a Risk Register listing all organizational risks
- identification of controls currently in place to eliminate or minimize each risk
- rating each risk according to Risk Likelihood and Risk Consequence
- ordering /prioritizing the risks from highest to lowest
- reviewing controls in place for high risks and, where applicable, implementing further controls to either eliminate or minimize risk
- reviewing medium & low risks and controls in place, to determine whether they are acceptable
- implementing controls for unacceptable risks
- monitoring incident and hazard reporting and linking to identified risks to assess effectiveness of controls
- on-going review, revision and prioritizing risks and controls

clinical governance

RDHS demonstrates its commitment to continuously improving standards of care through its system of Clinical Governance. The Board of Management, Department Heads, Quality Systems Committee, Clinical Nurse Educator, together with all staff members directly involved with client care, contribute towards good clinical governance.

Some of the key components of clinical governance at RDHS include:

- clinical audits
- certification audits
- review of policies & procedures
- on-going education related to accepted clinical standards
- employment of staff with relevant qualifications/experience
- credentialing of visiting medical staff
- incident & hazard reporting
- complaints handling
- risk management strategies.

Information gained from the above activities is collated, analysed, reported and acted on in order to eliminate or minimize risks and continuously improve RDHS clinical standards.

credentialing, qualifications & staff training

Visiting Medical Officers

Credentialing involves reviewing the qualifications and experience of Visiting Medical Officers and ensuring they are registered with the Medical Practitioners' Board of Victoria and hold relevant insurance. The Clinical Credentials Committee reviews this information and, as deemed necessary, seeks references and reports from previous positions, to determine whether the medical practitioners have the appropriate clinical experience to support the needs of the community and, if appointed, to define their scope of practice or clinical privileges.

Following appointment, medical practitioners are monitored continuously to ensure they maintain appropriate standards of practice and pursue on-going professional development. RDHS is currently negotiating to appoint a Director of Medical Services to review our credentialing processes and assist with monitoring and assessment of medical practice issues. We are also investigating the potential for appointment of a Regional Director of Medical Services in collaboration with Swan Hill Hospital, Mallee Track H&CS and Manangatang; this would have many benefits including the potential for standardization of medical policies and practices.

RDHS Nursing & Allied Health Staff

As a condition of employment, all RDHS Nursing and Allied Health Practitioners are required to provide evidence of their qualifications, registration and other relevant information. Proof of continued Registration with appropriate authorities (eg Victorian Nurses Board) is required annually. In addition, mandatory competency checks and professional development activities are a requirement for continued employment.

RDHS is very fortunate to have a Clinical Nurse Educator who, in addition to providing services to Mallee Track Health & Community Services and Manangatang, provides on-going support & education and facilitates access to internal and external training for all staff.

RDHS has applied to the Department of Human Services for funding for a Clinical Support Nurse to assist the Clinical Nurse Educator in promoting best practice and ensuring relevant competencies are met and we are hopeful that our application will be approved.

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community consultation

RDHS is constantly reviewing the services it provides to ensure they meet the needs of our diverse community. Regular consultation with a number of groups enables us to assess service requirements and identify the varying needs of those different groups.

Two of our significant cultural groups are the Pacific Islander and Aboriginal communities. The Pacific Islander Cultural Liaison Officer works closely with the Pacific Islander community to identify their particular needs

and assist them to access the services they require. Similarly, the Aboriginal Liaison Officer understands and addresses the needs of the Aboriginal community, assisting them to access services.

Other significant activities which reflect community consultation and provide valuable information concerning community needs include the Best Start Program, the Maternity Strategy, Seniors in Schools, regular meetings with other service providers and the Annual General Meeting.

RDHS is constantly looking at meaningful ways to engage community members to ensure that we understand and are meeting our community's needs. We welcome any suggestions you have which will enhance our efforts to improve community consultation.



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1 Lois Smith & Kate Burt work together checking medication charts, a system which has greatly reduced the number of documentation errors. 2 Communication is an essential component of care. Personal Care Attendant, Sandra Puleio is pictured chatting with Mr Dick Fitzgerald.

safety & quality

In order to measure how well we are performing with respect to safety and quality of care, RDHS uses a number of key indicators. In addition to compulsory reporting requirements, we carefully monitor each of these indicators, take actions as required and report on the outcomes of these actions to the Quality Systems Committee

incident reporting

An incident is an unplanned event which may or may not result in injury to a person. RDHS has Incident Reporting processes in place to ensure that every incident is reported, an investigation of the cause is performed, the outcome is recorded (was the person injured, how serious was it), and processes are put in place to try to prevent the incident from occurring again. All incidents are recorded, using a computer system called RiskMan, and reports are generated monthly enabling us to measure how well we are doing in reducing the number and type of incidents. The Incidents by Category Graph shows the type and percentage of incidents during the period July 2004 to June 2005.

Of the 393 reported incidents, two resulted in significant temporary injury and 13 in minor injuries requiring treatment. We are currently in the process of linking our Incident Reporting with our Risk Register to enable us to measure the effectiveness of the risk controls we have implemented. We are also reviewing our incident classifications to differentiate between actual incidents and near misses.

Later this year two key staff members will attend training in Root Cause Analysis, provided by the Department of Human Services. This training will further assist us to fully investigate the causes of incidents and determine what actions are required to prevent them from recurring.

falls management

Falls are a major cause of injury for older people with those over 70 being at greatest risk. This statistic is reflected in our figures which show that 45% of the total falls are attributed to hostel residents, 44% to nursing home residents and 11% to clients in the Acute wards, most of whom are permanent inpatients waiting for a nursing home bed.

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An improved Falls Reporting process this year has seen an apparent increase in falls for two main reasons:

- 1 every incident where a client is found on the floor, either sitting or lying, and no-one saw what happened, is reported as a fall, even if no injury is sustained
- 2 increased vigilance by staff to report every incident

The improved reporting process has enabled us to more closely monitor “at risk” clients and implement proactive rather than reactive strategies to minimize the number of falls &/or risk of injury.

- 1 Increasing frailty of our aged care residents leading to instability when moving from place to place
- 2 Residents attempting to transfer independently when assessments have indicated that they should be assisted at all times with transfers.

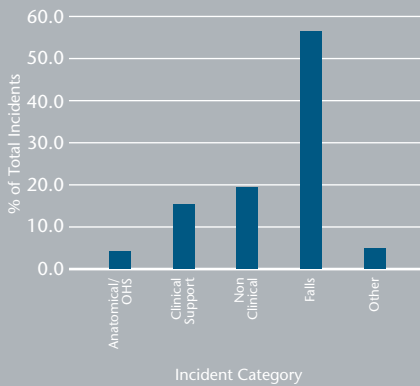
It is continuously reinforced with “at risk” residents/clients to seek assistance from staff when moving from one place to another in order to minimize the risk of falling, at the same time respecting the client’s right to choose independent activity. We are pleased to say that, owing to the many strategies in

charts has resulted in a 20% decrease in documentation errors, with staff aiming for zero incidence.

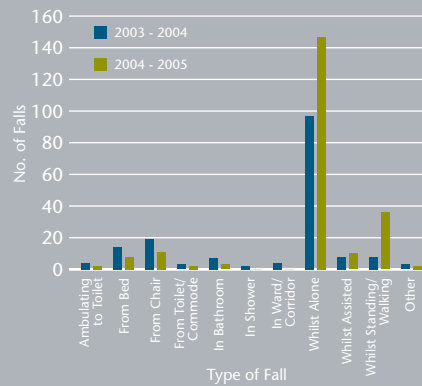
In addition to the improved reporting system, some of the other activities undertaken to ensure safety in medication management include:

- annual drug calculations testing for all relevant nursing staff
- audit of the pharmacy processes for filling Webster Paks (used at the hostel)
- regular audits of medication charts

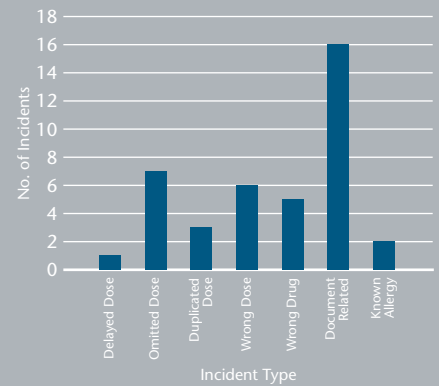
Incidents by Category 2004 - 2005



Falls Comparison



Medication Incidents 2004 - 2005



Some of the strategies implemented include:

- On admission, a Falls Risk Assessment Tool is used to fully assess clients at risk of falling
- Regular consultation and review occurs with family, nursing staff, care staff, physiotherapist, occupational therapist & medical practitioner
- Review of the environment (furniture, lighting etc), footwear, the use of hip protectors, and the use of special chairs, beds & mattresses
- Trials of several aids including bed fall mats and bed wedges
- Reporting and investigation of all falls together with a review of strategies in place
- Analysis of Falls Reports used to review and improve systems

The Falls Comparison Graph compares the number of falls, by category, in the periods 2003/2004 and 2004/2005. Falls “Whilst alone” are the most common and have shown the greatest apparent increase, with falls “Whilst standing / walking” also showing a significant increase, with reductions or elimination in all other categories. Our investigations indicate two key reasons for the increase in falls:

place to protect “at risk” clients, injuries resulting from falls have been minimized with 13 minor injuries and 2 significant temporary injuries (both fully recovered) sustained. The remainder resulted in nil injuries.

medication safety

Issues associated with medication management are discussed at the Pharmacy Review Committee meetings.

Members of this committee include the local pharmacist, two Visiting Medical Officers, the CEO/DON, senior clinical staff and the Quality Manager.

The introduction of a revised system for reporting medication incidents has been well supported by staff and has resulted in more accurate and detailed reporting of incidents. Analysis indicated that 40% of reported errors involved inaccuracies in documentation with the majority being failure to sign the medication chart to indicate successful administration. Investigations of the reasons showed that in most cases it occurred when there was an unavoidable interruption of the medication round. Recently introduced systems for peer checking of medication

- annual review of all aged care residents’ medications by an independent pharmacist, with recommendations provided to the treating doctors.

There were no adverse outcomes resulting from medication incidents. The graph above shows the number and type of medication incidents in 2004/2005.

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safety & quality Cont'd...

infection control

RDHS has a fully trained Infection Control Nurse with overall responsibility for all aspects of Infection Control, including development and review of policies and procedures, staff training, monitoring infection control issues and reporting to the monthly Infection Control Committee meeting.

One of the strategies recently implemented is the introduction of an alcohol-based hand rub which is applied before and after each client contact and is proving very effective in preventing cross infection. Staff have found the rub very easy to use and report considerable time saving since the rub takes only a few seconds to apply, as opposed to the time taken to go to the nearest hand basin and wash and dry hands between each client. This saving translates into more time available for client care.

Free 'flu injections are offered to all staff members, prior to the start of each winter, as an incentive to assist with Infection Control, with a record 58% staff taking up the offer this year.

In addition to the prescribed external audits, monthly internal audits are conducted with results reported to the monthly Infection Control Committee meeting. The graph below shows the results of these audits for the past 12 months.

pressure point ulcer (bed sores) management

This year RDHS again participated in a state-wide survey, conducted by the Victorian Quality Council, to determine the prevalence of pressure ulcers in Victorian Public Hospital patients. The graph below shows the lowest and highest incidence across Victoria, the average rate in multi-purpose services and RDHS rate. While the prevalence score of 28% is higher than we would wish, it represents a total of 2 clients. The assessors noted that both clients had comprehensive assessments on admission and both had pressure relieving devices in place. The prevention of pressure point ulcers remains a challenge for staff, particularly when caring for palliative care clients and nursing home residents with limited mobility.

We are currently investigating the use of adjustable bed cradles.

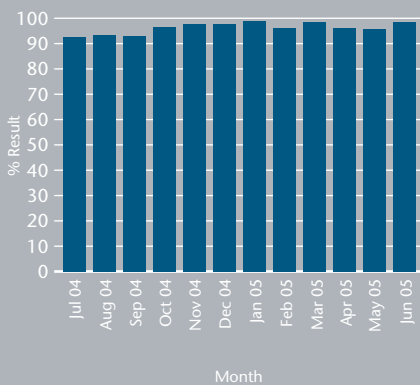
manual handling/no lift policy

RDHS has implemented a Manual Handling training program for all employees, with annual refresher training, to educate staff on assessing risks involved with moving or lifting, how to safely lift or move objects or persons, and minimising risk of injury to self or the client. As a result of this program, there have been no client or staff injuries in the past year as a result of manual handling.

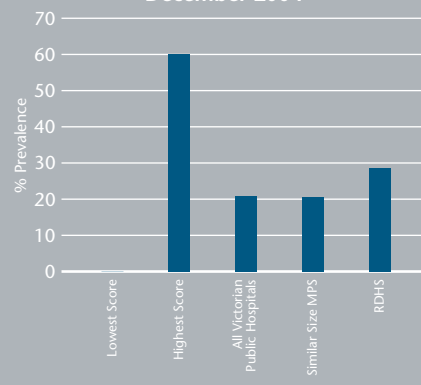
A "No Lift" Coordinator has been appointed for one day per week thanks to funding obtained from the Department of Human Services. Some of the activities undertaken since this appointment include:

- Attendance at specialized training
- Development & implementation of competency assessments for all relevant staff
- Trials and implementation of specialized equipment including improved slide sheets, fixed bed sticks, linen bag minimisers & skin protectors

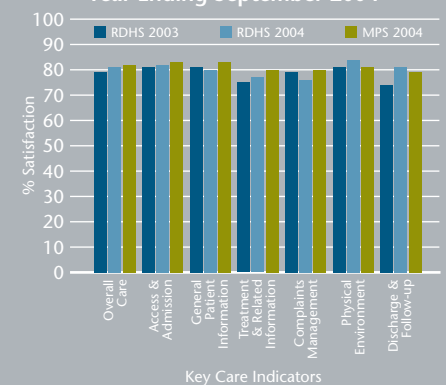
Monthly Cleaning Results



VQC Pressure Ulcer Prevalence Survey December 2004



Victorian Patient Satisfaction Monitor Year Ending September 2004



In 2004 we commenced participation in VICNISS, an on-going program funded by the Department of Human Services, to monitor and report on the number and type of infections acquired in hospitals; this program is a major component of the Victorian Government's Infection Control Strategy.

Results of both internal and external cleaning audits are a key reporting requirement with respect to Infection Control. Results of external audits are forwarded to the Department of Human Services to ensure that RDHS is meeting the Victorian Cleaning Standards for Public Hospitals. In the last two external audits we received ratings of 97% and 97.4% which are well above the acceptable score.

A review of our systems has been undertaken which include the following outcomes:

- a specialist wound nurse has been appointed with responsibility for staff education
- revision of the wound chart to enable closer monitoring of wounds and more effective review of treatment
- implementation of a number of new pressure relieving devices including heel wedges, cradles and booties
- review of admission processes and assessment tool for determining "at risk" clients
- further staff education
- client /family education

- Review of furniture placement in all aged care rooms to maximize available space
- Upgrading shower chairs to raise their height
- Review of preventative maintenance of equipment
- ID charts indicating individual transfer needs
- Development of a brochure for clients explaining the "No Lift" policy and what it means for them with respect to meeting their care needs.

Lifting machines and other devices are available to safely lift clients up as required. This year we received funding from the Department of Human Services to upgrade our lifting machine. A Jumbuck lifter was purchased and, in addition to its lifting capability, the machine can also be used to weigh clients who are unable to use normal scales.

In addition to being safer for staff, the "No Lift" process also protects clients from skin injuries which are frequently sustained when lifting devices are not available. The use of lifting machines has resulted in zero incidence of skin tears or other injuries to clients caused by lifting or assisting with transfers.

client satisfaction

Measuring Client Satisfaction is one of the important ways in which we learn about how we have cared for our clients and ways in which we can improve. In addition to our internal surveys, some hospital clients receive a Victorian Patient Satisfaction survey from the Department of Human Services.

The graph compares our results in 2003 and 2004, and the 2004 results of all other MPS (multi-purpose service) organisations.

Some of the comments received from the 2004 survey include:

"A great little hospital staffed by very caring and efficient people."

"I would like to express my thankfulness for the treatment provided to me."

"Everything was great...thank you."

"The treatment and care was A1."

"I was treated very well by all staff... it is an excellent hospital and very caring to me."

health promotion (preventative & management)

In addition to providing health care services in acute and aged care, health awareness from both a preventative and management perspective is actively promoted by the

- Immunization Programs
- Cardio Pulmonary Rehabilitation Program
- Physical Activity Strategy
- Women's Health Programs
- Men's Health
- Emergency Asthma Training for Teachers

If you are interested in any of these programs, or have suggestions for other health programs, please contact Primary Health Care reception on 5051 8160.

opportunities for improvement in 2005 - 2006

- Implementation of an Integrated Management System, to incorporate combined certification to Quality, Occupational Health & Safety and Environmental Standards.
- Extend community consultation through Consumer Focus Groups & liaisons with the Mallee Division of General Practice and existing consumer groups in other regional areas



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1 Pam Lazarus & Simone Parsons checking a patient's heels for signs of Pressure Ulcers. 2 Simone Burn and Debra Sherry with the newly acquired Jumbuck lifting machine. 3 Fiona Trimble with the defibrillator purchased with money raised in the 2004 Murray to Moyne cycling event. This machine is used for emergency care in the event of cardiac arrest and, because its use can be initiated by a nurse, it can prove vital in saving lives when the nearest major hospital is 90 kms away.

RDHS receives an annual report on the results of these surveys and, as well as comparing our own performance with the previous year, we can compare our performance to similar size public hospitals. Information from this survey is used to review and improve our procedures.

The Victorian Patient Satisfaction Monitor Graph shows that RDHS improved in the Overall Care Index from last year, with improvements in 5 of the 6 individual key indicators, reflecting the processes implemented following last year's results. An action plan has been prepared to address the areas identified as requiring improvement and we aim to equal or exceed the average score for multi-purpose services in 2005.

Primary Health Care team. Clients access services through self-referral, referral from a GP or other health provider, or referral from another of RDHS services (including aged and acute care). Clients who require multiple services are offered Care Coordination to determine their needs and to assist them to manage their appointments.

Some of the activities/programs conducted in 2004/2005 include:

- Asthma Education/Management
- Diabetes Education /Management
- Arthritis Self Help Group
- Look Good, Feel Better (cancer self-esteem)
- Puberty Program in Schools
- Menopause Information Sessions

- Address areas of the Overall Care Index identified in the Victorian Patient Satisfaction survey 2004 as below average for MPS facilities.
- Further development of Clinical Governance and Credentialing systems
- Develop liaisons with similar size/type facilities for benchmarking across key Clinical Indicators
- Continued development of monitoring and reporting on Falls and Pressure Point Ulcers and strategies to reduce/eliminate incidence and participation in DHS funded initiatives in these areas.



feedback

Thank you for taking the time to read this Quality of Care Report. We hope you found it interesting and informative. Please take a few minutes to complete the enclosed Comments/Feedback form which can be returned by post or deposited in the Quality of Care Feedback box on display in a number of local outlets.



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