

# Quality of Care 2009/10

## Accreditation and Quality Management

Accreditation is a formal process of independent assessment to ensure an organisation meets recognised standards of care, service and safety. It involves regular surveys by external assessors and is supported by a program of continuous quality improvement.

All Units of Kyabram & District Health Services (KDHS) are involved in the process and staff are to be congratulated on their hard work and dedication in ensuring we continue to maintain and improve our standards.

Numerous activities and monitoring is undertaken to identify areas for improvement and include satisfaction surveys, incident reporting and analysis and the development and implementation of annual Quality Plans.

While all services are accredited with ACHS, both Aged care and HACC services have additional independent surveys.

Accreditation Body	Status
Australian Council of Healthcare Standards (ACHS)	2009-2010 was the 3rd year of a 4 year accreditation period with a self-assessment completed in 2009. The self-assessment is the final step in the process for a full organisation-wide survey in October 2010.
Aged Care Standards and Accreditation agency (ACSSA)	Currently in the 1st year of a full 3 year accreditation period. The survey in 2009 was a positive experience highlighting the ongoing quality focus on resident care, lifestyle and safety.
Home & Community Care (HACC)	2nd year of a 3 year accreditation period.
Baby Friendly Hospital Initiative	Accredited for a full 3 year period until October 2012.

## Quality Initiatives

Some of our improvements over the 2009-2010 period include:

### Software upgrades:

- Introduction of HealthSmart, a program bringing information technology and communications to the Victorian Public Health sector creating state-wide coordinated and integrated information systems. This program benefits healthcare facilities, their patients and clients
- Purchase of the Adobe Program – a system that improves document integrity and security

### Incident Management Systems:

- Introduction of VHIMS (Victorian Hospital Incident Management System) Incident Reporting system, a collaborative project between the department, Victorian health services and other key stakeholder groups. By ensuring each health service uses the same data set at a local level, statewide incident data is collected and used to gain a more comprehensive understanding of the type, frequency and severity of incidents. Importantly, data is able to be analysed to provide improvement initiatives.

### Transitional Care Program

- The program was implemented with 2 bed-based and 2 community based places and aims to help clients improve their independence and confidence after a hospital stay. It provides a package of services including low intensity therapy and personal and/or nursing care as part of an ongoing but slower recovery process. This means that patients, their families and carers have time to consider long-term care arrangements, which may include returning home with community support or accessing the level of care provided by an aged care home.

### Improved Warfarin management

- Comprehensive review of warfarin management for patients.

### Community Health Client Information Kit

- The information provided to clients was reviewed and revised to ensure all prospective clients have comprehensive information of the care and services available and provided through Community Health.

### Falls Management

- A multidisciplinary Falls Committee was established to monitor and evaluate the Falls Program at KDHS. As a result, the rate of reported falls has decreased by 23% with risk assessments completed on admission and interventions implemented where the need is identified. The Committee is ongoing and continues to address appropriate Falls Management.

### Emergency Management Review

- A review of the Emergency Management systems was conducted and supported by staff education and training. A Code Brown (External Emergency) procedure was developed in consultation with all staff and emergency services and was successfully implemented.

### Aged Care Quality Program

- Following an accreditation survey, the Quality Program for Sheridan was reviewed and improved systems implemented including staff education, policies and procedures and documentation.

## Quality Indicators

### Aged Care Key Performance Indicators

Sheridan, along with other Public Sector Residential Aged care Services, participates in the Department of Health (DoH) statewide initiative that involves collecting, reporting and benchmarking data on a set of quality indicators relating to clinical areas including pressure injuries, falls and fractures, use of physical restraint, multiple medication use and unplanned weight loss.

The information is submitted to DoH and then compared with statewide average rates. Sheridan's results are closely monitored to identify opportunities for improvement. In all reported areas KDHS is below the statewide average for all indicators.

Area	2008	2009
Pressure Ulcers	17	19
Falls & Related Fractures	128	73
Physical Restraint	0	0
Unplanned Weight Loss	13	14

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## Pressure Ulcer Prevention

Pressure ulcers impact on the quality of life of patients and residents, significantly limiting mobility and increasing pain. They also contribute to increased length of stay in hospital and costs associated with care.

All patients and residents are assessed on admission and regularly throughout their care to reduce the incidence of a pressure ulcer developing. Information regarding admissions with a pressure injury to acute services and those who develop pressure injuries while in hospital are collected and reported to the Department of Health. In Sheridan the progress of the healing of any wound is monitored and documented closely.

As part of the aged care key performance indicators, the number of residents with pressure ulcers is monitored and also reported quarterly. This information is then compared with other Public Sector Residential Aged Care Facilities

### ACHS Clinical Indicators

Data is submitted bi-annually to ACHS (Australian Council of Healthcare Standards) to review our performance and identify areas for improvement.

### ACHS Indicators snapshot for June-December 2009

	KDHS	Peer Average
<b>Top Result</b> Acute asthma – Documented objective assessment of severity on initial presentation	100%	85.36%
<b>Top Result</b> Cancellation of a procedure after arrival due to administrative/organisation reasons	0%	1.42%
Unplanned transfer or overnight admission	1.75%	3.22%

## Medication Safety

The Medication Advisory Committee monitors the management and administration of medications at KDHS and is responsible for reviewing all medication-related incidents. Interventions are reported to both the Quality & Safety Committee and the Clinical Risk Management Committee.

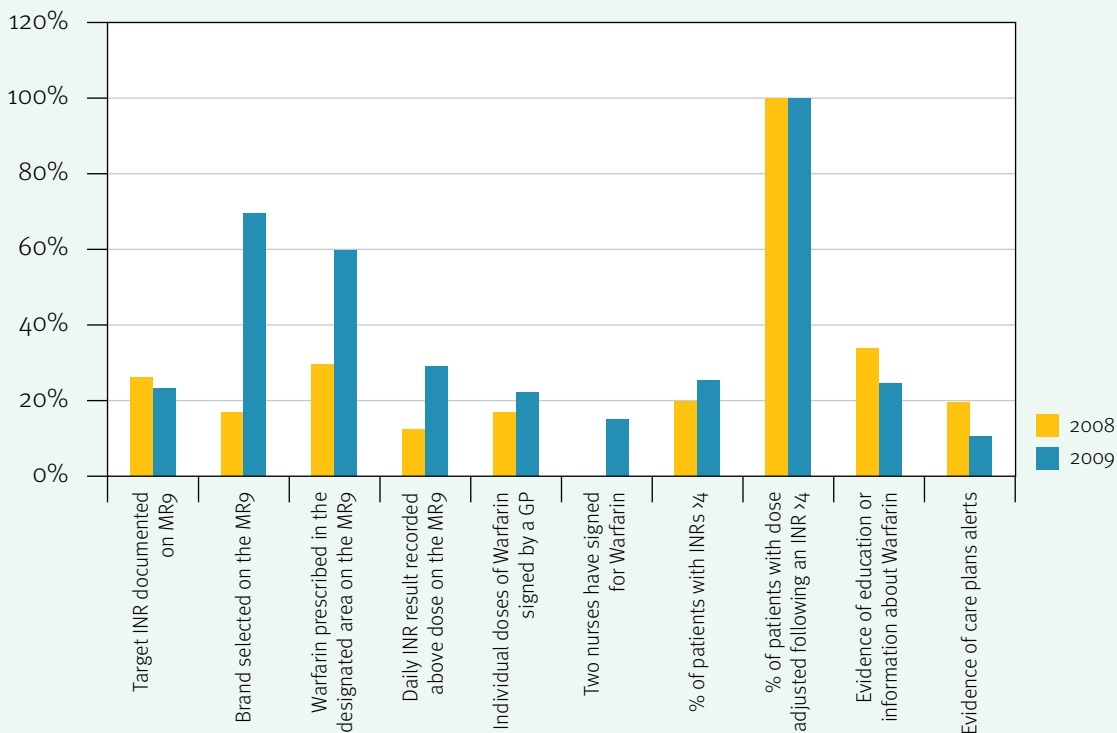
Following a focus on improving reporting mechanisms for reporting documentation-related incidents, the total number of medication related incidents have decreased by 19%.

### Warfarin

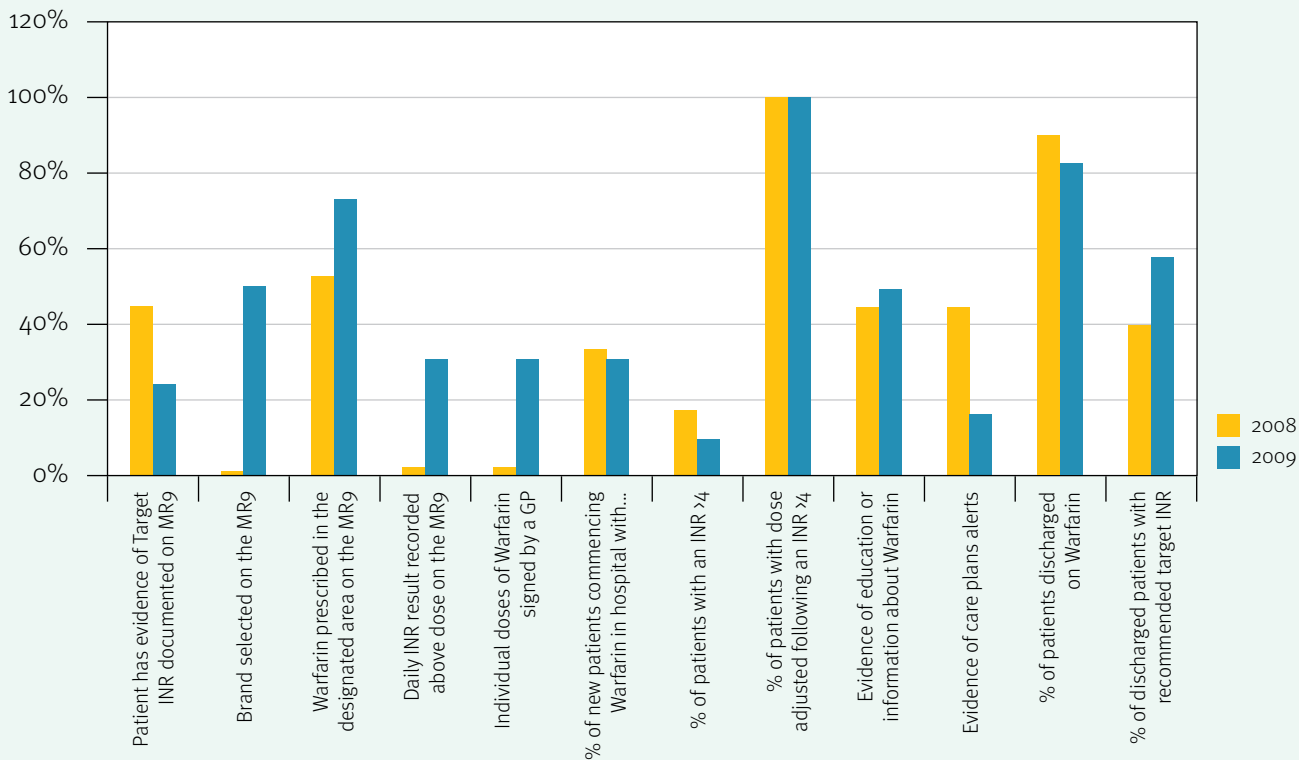
The National Inpatient Medication Chart was introduced in 2007, and initial post evaluation audits noted some inconsistencies in the management, administration and prescribing of warfarin. Following education and a Safety Self-Assessment, a quality audit on warfarin practices was implemented. This was supported by staff education, mentoring and ongoing formal and informal communication with GPs and pharmacy.

## Overall improvement rate:

### All patients on Warfarin:



### Commenced on Warfarin as Inpatients:



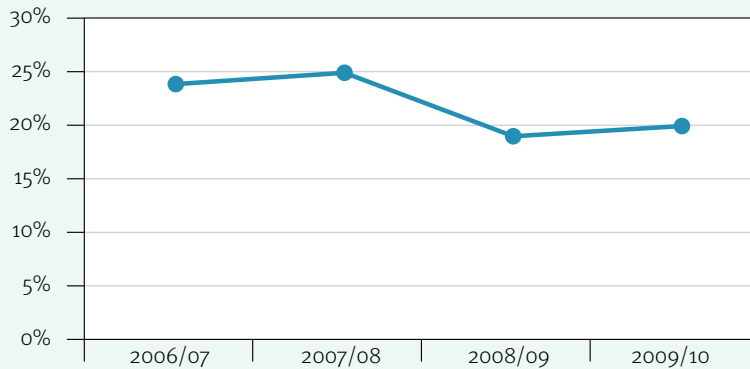
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## Falls Data – Patients and Residents

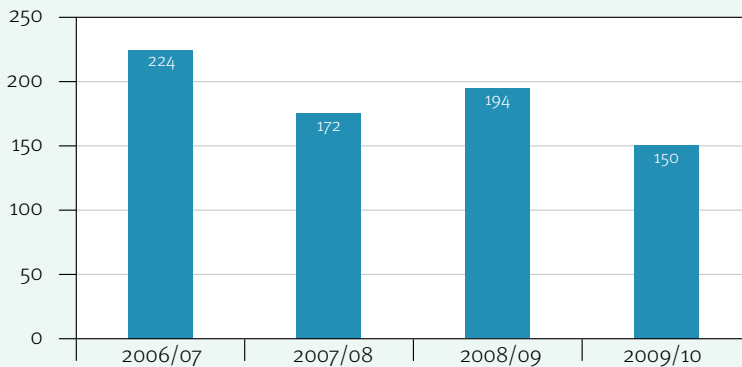
Falls continue to be one of the highest reported incident types however during 2009-2010 the number decreased by 23%. Over this period, Falls Management was a focus with the a multi-disciplinary Falls Committee reviewing incidents and falls management systems.

To ensure appropriate management, falls risk assessments are conducted on admission and monitored throughout continuum of care. The assessment focuses on identification, risk factors and appropriate strategies and interventions.

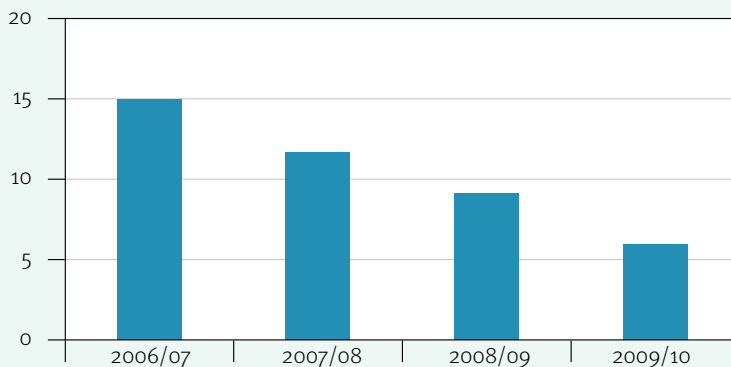
Falls % vs. Total Incidents



Patient and resident falls totals



Patient and resident falls resulting in injury



## Other Services

### Food Services

A successful Food Safety Audit in May 2010 endorsed the continuing high standards of food service management and staff with 100% compliance with the Food Safety Act 1984. In 2009/2010, 86,821 were prepared and delivered under the guidelines of the Food Safety Plan.

The food services department were also successful in tendering for provision of meals for Kyabram and Stanhope meals on wheels and lunches for the Adult Day Activity Service for the Campaspe Shire. Food services also ensure that they work closely with our dieticians in planning our menus and taking care of any special dietary requirements of patients or residents.

### Maintenance

Comprehensive preventative maintenance and essential service programs continue to ensure all equipment at KDHS is regularly inspected, monitored and calibrated to ensure minimum disruption to services and care. Prompt response to maintenance onsite requests also ensures the everyday needs are met for repair with 3,819 requests lodged during 2009/2010. This a decrease from the last period highlighting the improvements to the preventative maintenance system

### Occupational Health & Safety

KDHS recognises its obligations to take all reasonable precautions to protect the health and safety of its staff, clients, visitors and other persons on the premises.

KDHS complies with the legislative requirements of the Occupational Health & Safety (OH&S) Act (2004) and all other related Acts, regulations and codes in relation to Occupational Health & Safety including:

- Accident Prevention
- Hazardous Substances
- Infection Control
- Waste Management
- Manual Handling

KDHKS has an active OH&S Committee that implements systematic safety audits and inspections to ensure a safe environment is maintained. Policies and procedures are regularly reviewed and staff are kept aware of results, actions and outcomes through newsletters, meetings, OH&S noticeboards and contact with their OH&S representatives. All Departments are represented on the OH&S Committees and activities for 2009/2010 include:

- Provision of anti-fatigue matting in laundry areas
- Emergency training drills
- Manual Handling education
- Duress alarm in kitchen
- "Heat at Work" policy
- Review of speed limits and access to Hospital Entrance
- Provision of First Aid kits in vehicles

## Other Services

### Infection Control & Cleaning

Our infection control program (which includes cleaning) is essential in supporting health services to provide a safe environment for patients, residents, clients, staff and visitors. The following information details important areas overseen and measured by Kyabram and District health Services infection control program

- **Cleaning, disinfecting and sterilising of reusable medical and surgical instruments to ensure they are clean for re-use**

Annual audits are preformed to ensure compliance with the current Australian Standard (AS4187) for the cleaning, disinfecting and sterilising of reusable medical and surgical instruments to ensure safe standards are maintained. In 2009 we achieved 100% in our reprocessing reusable instrument and equipment audit.

- **Minimising the chance of patients and residents developing an infection while in hospital /aged care and containing outbreaks of infection if they occur**

#### Acute Care (McMaster Smith Wing)

Kyabram and District Health Services implements strategies to reduce the chance of infections developing in patients while in hospital, including hand hygiene education. We also educate the public on seasonal outbreaks of influenza and gastroenteritis including a media campaign.

KDHS participates in the Victorian Acquired Infection Surveillance (VICNISS) for hospital-acquired infections. Our infection rates are consistently below the state average.

#### Aged Care (Sheridan)

Monitoring of resident infection is on-going. In 2008-2009 a number of measures were introduced to improve the recording of resident infections including the use of a computerised reporting system for nursing staff.

Sheridan participates in a Rural Infection Control Practice Group (RICPRAC) which sends de-identified data and is compared to other facilities in the Loddon Mallee Region. In 2009, our aggregate compliance rate was 92% compared to the lowest aggregate rate of 85%.

### Community Health successes for 2009-2010

There has been much activity within the Community Health division over the past 12 months including:

- A restructure of the teams within Community Health. There are now 8 smaller multidisciplinary teams. These include:
  - CECIS – Campaspe Early Childhood Intervention Services
  - PAG – Planned Activity Group
  - C&WH – Community and Women’s Health Team
  - Allied Health Acute and Sheridan Team
  - Chronic Disease management Team
  - Reception Team
  - Work Health team and
  - Project teams
- All services within the Community Health division met their expected hours of service to the community over 2009-2010. Specifically:
  - C&WH exceeding the expected target of 6276 hours of service in the past year. They provided 6386 hours of service achieving 102%
  - The CECIS team number of clients rose from 36 to 48 targets – A fantastic effort. This was a result of a successful submission they received increasing the number of clients they can see by 12.
  - PAG exceeded their target of 28,811 hours of service for the year and reached 105% or 28,966.03 hours of service in 2009-2010.
  - CDM provided 1064 hours of service and 610 clients were seen during the past year.
  - Our acute and Sheridan allied health team provided 1229 hours of service to hospital patients and nursing home residents
- The Primary Health team have undergone some building developments over the past year.

## Cultural Diversity

Kyabram & District Health Service values and supports consumer and staff diversity and acknowledges the importance of providing access to services and individualised care to ensure quality healthcare.

### Cultural diversity plan report

Health services funded by Home and Community Services have been required to develop cultural diversity plans and to report annually on progress towards achieving the aims set out in their plans.

The KDHS cultural diversity plan covers the following areas:

Report Requirement	Implementation to Date	Future Objectives
Understanding Clients and their needs	Staff education and training	Workshops to improve staff knowledge
Partnerships with multicultural and ethno-specific agencies	Limited opportunities in our area	Regularly review ethnic population of area and work to establish partnerships where possible.
A culturally diverse workforce	KDHS is an equal opportunity employer K.E.E.P Project (Kyabram Employment Entrance Program) assist in the recruitment, retention and orientation of students and staff from diverse cultural backgrounds. The program also assists in orientation to the community	Review progress and outcomes of K.E.E.P
Using language services to best effect	Provide information on language support services through interpreter service program	Audit use of interpreters to ensure response and support is timely with positive outcomes  Develop an education and training program for administration staff as the first-line response for interpreter services  Investigate cultural diversity integration with the Disability Access Plan
Encouraging participation in decision-making	Involvement and participation of community members on a variety of Committees and in Strategic Planning forums	Develop Champions in each Department to promote and educate other staff on cultural issues and outcomes improvements
Promoting the benefits of a multi-cultural Victoria	Developed Resource file for access and information	Develop a resource base on intranet linked to websites for information and support

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## Doing it with us, not for us

To better engage with the community and hear feedback directly, displays of services were held as follows:

- October 2009 – at the Kyabram Bush Market
- November 2009 – at the KDHS Community Event
- February – at the Girgarre Farmers Market
- April 2010 – at the Merrigum Heritage Day

Board members were present at these displays, as well as staff to talk to interested community members about services and being involved.

At these events there was a free competition where community members were asked to complete a questionnaire to go into a draw to win a prize. Twenty to thirty questionnaires were completed at each display with one quarter of the respondents indicating their interest to participate as volunteers or on forums.

Letters were written to the interested community members and they have been / will be invited to participate on upcoming forums.

In 2010/2011 KDHS is developing a Clinical Services Plan and a Strategic Plan. Community and staff participation and input will be strongly sought and assisted by the use of professional facilitators.

During the year community members were appointed to three Board subcommittees.

These are:

- Finance Audit Committee
  - two community representatives
- Quality & Safety Committee
  - one community representative
- LIFT Community Committee
  - one community representative

Consumers from all sections of the organization are given the opportunity to complete satisfaction surveys. The results are collated and reported to the Quality & Safety Committee (Board subcommittee).

Sheridan (Aged Care) holds a Residents & Relatives Committee meeting every two months. Residents and their family members are invited to attend these meetings.

Planning is occurring for two capital projects – Renal Dialysis and Sheridan (Aged Care) Stage 4. Community members have been involved in the Working Party meetings, and will continue to be involved to ensure the users of the services provide input.

Participation is about having your say, thinking about why you believe in your view, and listening to the views and ideas of others. In working together, decisions may include a range of perspectives.

### If you would like to:

- be meaningfully involved in decision making about health policy and planning, care and treatment, and the wellbeing of yourselves and the community; or
- participate on forums

Please contact **Gwen Campbell**, Community Liaison Officer on 5857 0250, or email [info@kyhealth.org.au](mailto:info@kyhealth.org.au).