

Casterton Memorial Hospital

QUALITY OF CARE REPORT

2006/2007

Welcome to the 5th Annual Casterton Memorial Hospital Quality of Care Report for 2006/07.

As a requirement of the Department of Human Services, and from good Governance in the provision of information to our community, the Board of Management are once again pleased to present our Quality of Care Report for 2006/07.

This report provides to you, our consumers and community, details of Quality Improvement and Management activities at CMH for the year, together with details of some of our many Risk Management and safety systems.

The team at CMH have completed another very successful year in support of health services to its rural community, and on behalf of the Board of Management I congratulate all staff for their work in Quality Improvement and Safety.



DID YOU KNOW?

Casterton Memorial Hospital is Accredited, tested and inspected by the following organisations just to name a few:

Australian Council on Healthcare Standards

Aged Care Standards Agency

Home and Community Care

Department Veterans Affairs

Total Essential Services

Country Fire Authority

Infertility & Treatment Authority

Department Human Services Drug & Poisons Unit

Victorian Auditor General

Biomedical Engineer

Financial Compliance Bodies

Mr Owen Stephens
Chief Executive Officer.

Our Vision Statement

- To provide appropriate Health, Aged and Primary Care services to Casterton and District and to seek to improve access for rural consumers to healthcare and related services.
- To ensure that our services will be supported by appropriate resources and subject to on-going standards, risk management and quality improvement assessments.

Evaluation / Distribution of Quality

In providing this report to our community we acknowledge the Department of Human Services policy directives in relation to working with and participating with our community in the development and provision of relevant healthcare services.

In 2006/07 the Quality of Care Report was distributed to the community by way of the Hospital Website at www.castertonmemorialhospital.com.au.

Reports were widely available throughout the hospital service areas as well as the front reception desk and Residential Care. Reports were distributed at our Annual General Meeting and formed part of the Annual Report that was widely distributed throughout Department of Human Services, businesses contacts, and other interested members of the general community. No feedback reports were received from this distribution method.

Comments provided to the Victorian Patient Satisfaction Monitor.

“What was the best thing about your stay in Hospital?”

- “The friendly and professional approach by all staff members during my stay”.
- “Friendly and helpful staff, clean and comfortable surroundings, food (varied menu) and very good, plenty to eat”
- “Caring staff. Comfortable surroundings, good food.”
- “The friendliness of hospital staff.”
- The courtesy shown by all staff, nurses and doctors.”

Consumer Participation

Casterton Hospital uses a varied range of methods to receive feedback from all Service users. Consumer Satisfaction surveys, Complaints mechanisms, Suggestion forms as well as the local Community Capacity Group, Service Provider meetings and Resident Committees. We are also planning to undertake a Community Survey in 2007/08 which will provide us with much needed information from our community in relation to their health needs.

CMH Cultural Diversity Plan 2006/07

- Our Cultural Diversity Plan is reviewed annually. Outcomes achieved in the 2006/07 Hospital Cultural Plan have been; 100% Cultural Awareness training for District Nursing and Home & Community Care staff.
- 70% of Administration Staff educated.
- Overall 50% of the total workforce has completed education in this essential topic.
- Our plan for this year is to train another 15% of our staff, undertake a Cultural Awareness week program in conjunction with the Community Health Service, and survey our staff to determine awareness of how to access interpreters if required.
- We have not provided any services to clients from a Non English Speaking background.

Quality & Safety

Preventing Infections:

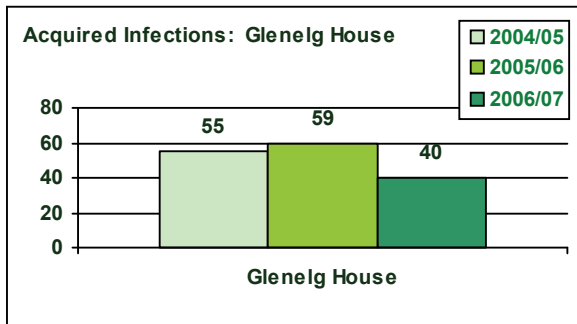
The role of the Infection Control Co-ordinator is to oversee the hospital's Infection Control processes, however it is the responsibility of all staff to ensure proper Infection Control standards are maintained. This ranges from good hand washing techniques to implementing our Outbreak Policy and understanding food safety and hygiene.

This year we have achieved;

- Successful Food Safety Audit
- Potable Water Standards
- Appropriate Sterilizations standards
- Appropriate Antibiotic usage

This year we have also had;

- Zero Bloodstream infections.
- 3 Multi-Resistant Organisms. (Gastro outbreak)
- Zero Occupational Exposure
- Zero surgical infections.

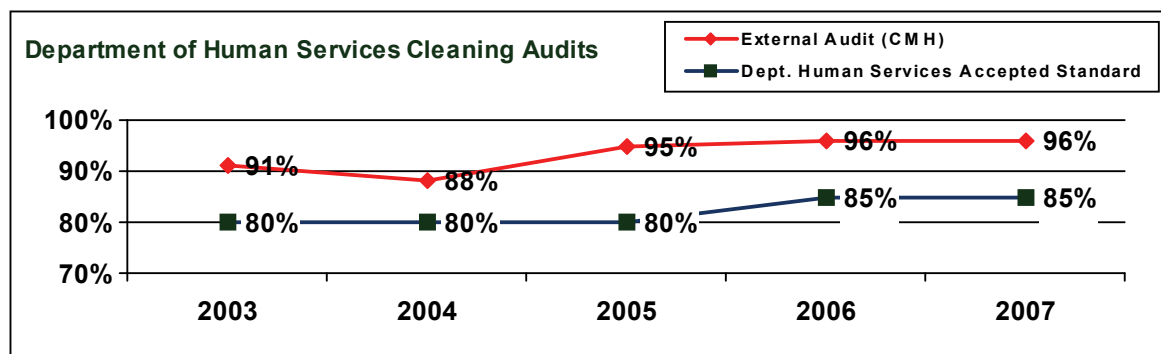


Residential Aged Care Infections are the same as you would contract in your own home. I.e. Urinary Tract Infections and the like.

Excerpts from Client Feedback from DHS satisfaction survey 2007.

- "Hospital very clean and modern."
- "Quiet, clean and stress free."

Cleanliness of the Hospital and Glenelg House is paramount in preventing the possibility of infections taking hold. Regular audits, by independent auditors, are undertaken to ensure that the Victorian Government Cleaning Standards continue to be met. Our Environmental Services continue to provide a lovely clean environment.

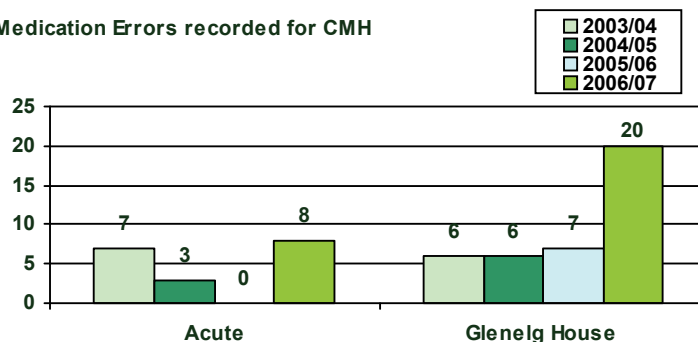


Quality & Safety cont/...

Medication Management:

This year has seen the consolidation of the National Drug Chart which was introduced by the Department of Human Services into all Australian Public Hospitals. Medications at CMH are administered by Nursing staff who are fully trained and undergo regular competency assessment. Regular audits are carried out by staff as well as the local pharmacist to monitor compliance to the hospital's Medication Administration policies and procedures. Medication incidents are reported and analysed to determine causes and monthly reports are compiled and reported to the Board of Management and Quality Committees. Issues are also addressed through Nursing Staff meetings.

Medication Errors recorded for CMH

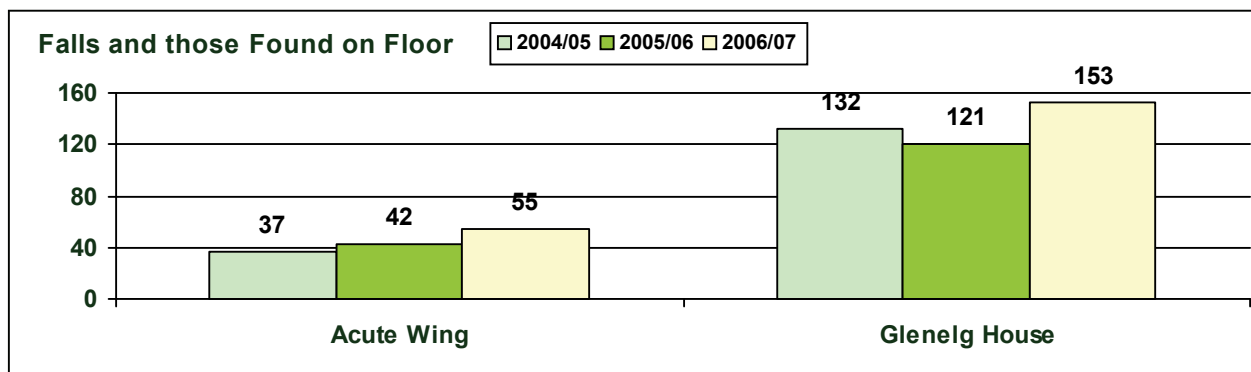


There have been no recorded Adverse Outcome to a patient or Resident as a result of a Medication Incident.

Falls Prevention:

Casterton Hospital recognises the right of patients to maintain independence without restraint and therefore it is important to implement falls risk identification and intervention strategies to minimise injury to patients when they do fall. Patients are assessed at admission and a prevention plan developed. Patients are given written information on how to minimise the risk of falls. We also put into place strategies for high risk patients which may include Flat to Floor beds and Hip Protectors or discharge follow up with the Physio and Strength & Balance Group. Falls are categorised into witnessed falls and those patients who are found on the floor. Being found on the floor includes those instances where a patient may roll from a Flat to Floor bed. All incidents are analysed and monthly reports provided to both Staff, Quality and Board of Management committees for ongoing analysis. This year we have purchased an additional 2 Flat to Floor beds to assist in Falls prevention through generous donations from our community.

Falls and those Found on Floor

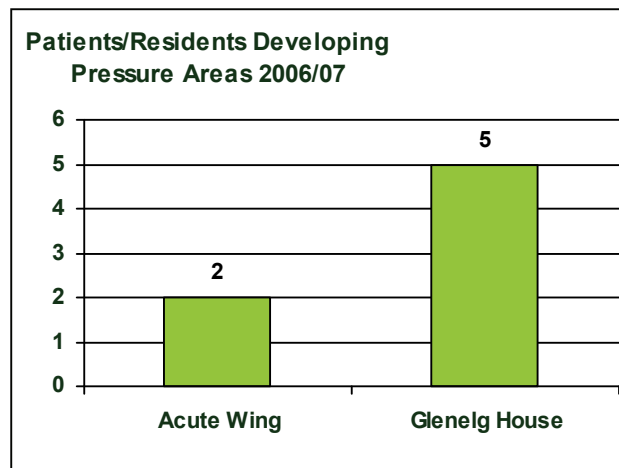


Pressure Ulcers:

Pressure Areas are a major concern for all carers of elderly patients. This year we benefited from Department of Human Services rollout of Pressure Reduction mattresses. Now each bed in Glenelg House has a specialised Pressure reducing mattress to aid in wound management. We also purchased an additional Princess chair for Glenelg House by way of generous donation, which aids in pressure reduction for those temporarily immobile but allows residents to enjoy outdoor activities.

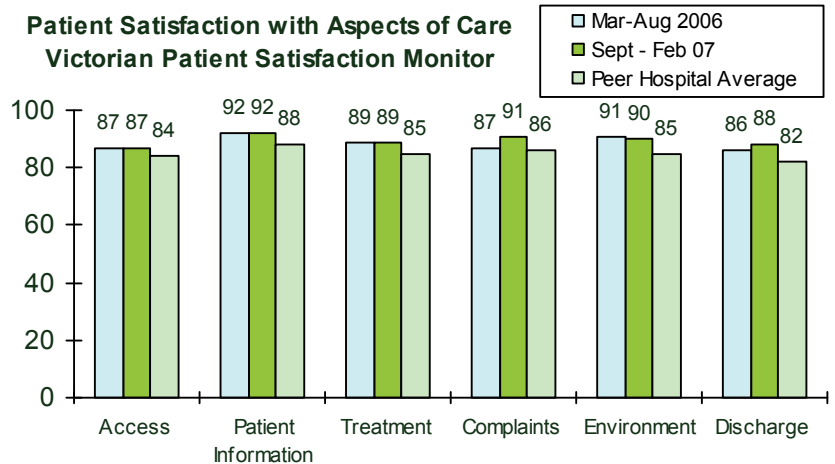
Glenelg House collects data on Pressure areas in the State Wide Performance Indicators for Aged Care. Hospital data is collected through the Australian Council on Health Care Standards Clinical Indicator Data Set.

Patients/Residents Developing Pressure Areas 2006/07



Client Satisfaction

Community members may be aware of the Victorian Patient Satisfaction Survey run by the Department of Human Services. This survey provides the Department insight into how patients perceive the standard of their hospital care. It also gives us an opportunity to benchmark with other like sized hospitals to improve our overall health service we provide to our community. We also undertake regular internal satisfaction surveys across the spectrum of our clients including patients, residents and Primary Care clients. This year CMH increased our overall satisfaction rate, with two out of the six areas increasing their score, whilst maintaining higher than average scores in the other areas.



Clinical Governance

Casterton Memorial Hospital has an Annual Quality Improvement plan that hospital departments contribute to which promotes the continuous Quality Improvement principle. All plans are reviewed at the relevant local level committee as well as the Hospital Quality Committee.

There is also a schedule of regular auditing from across the entire spectrum of hospital and Residential Care work practices to ensure that the Hospital's policies and procedures and relevant legislation are adhered to.

Risk Management principles are woven into the fabric of our procedures. All incidents are assessed according to the Risk Management standard in areas of Clinical, OH&S, and other organisational risks. Incident reports are reviewed by the Quality Committee, locally by CEO and Manager of Nursing Services and ongoing identified risks are added to the Risk Register. The Register is reviewed regularly to ensure that management strategies remain effective.

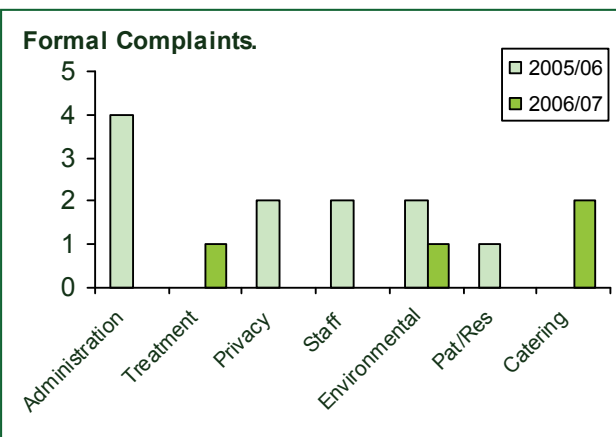
Consumers are involved in safety and quality improvement through various methods, including the Quality of Care Report, hospital surveys, and suggestions and complaint processes.

The hospital participates in the Regional Westvic Division of General Practice Limited Adverse Outcome Project which undertakes reviews of adverse outcomes and recommends possible courses of action. The Quality and Clinical Committees oversee this role

There is a formal process for the credentialing of Medical staff which is overseen by the Director of Medical Services. The process, which includes defining Scope of Practice, ensures that Medical staff have the necessary qualifications, training and experience to enable them to carry out their roles effectively

Nursing and Allied Health staff undergo annual registrations and these are verified annually by the Hospital. All staff and volunteers must also undergo Police checks relevant to their area of employment.

Our staff undergo a range of compulsory training and competency based testing which includes such things as Medication Administration, Minimal handling, CPR training and Fire. Staff also undergo annual performance appraisals where staff and management set personal development goals and objectives for the forthcoming year.



Complaints

We actively support our client's right to complain about any aspect of care / services at Casterton Memorial Hospital and we ensure that complaints are dealt with in a respectful and confidential manner.

There were four complaints registered for 2006/07. These have reduced from 11 the previous year. All complaints were resolved to the satisfaction of all involved. If you wish to make a complaint, forms are available in all areas of the hospital or just ask Reception for a form.

Continuity of Care

Patients of Casterton Memorial Hospital have their discharge needs identified at admission and appropriate services are put into place utilizing a range of available Service Providers. These services provide support for people in the transition from hospital back into the community whilst maintaining independence, so enabling clients to remain at home. Services include Post Acute Care provided by Western District Health Service, Casterton Memorial Hospital District Nursing Service, Casterton Memorial Hospital Planned Activity Group, Community Health Nurse, Physiotherapy and other Allied Health services provided within the Primary Care area. A range of Physician and medical support services, and other external services like ACAT, Safety Link are also provided. High Risk patients are followed up on the phone after discharge to ensure that services have begun as planned. In the Victorian Patient Satisfaction Survey for 2006/07 Discharge Services increased their satisfaction from the previous year. We scored an overall rate of 88 as compared to other like sized hospital's average score of 84. Other results were; 95% satisfaction with "Time given to plan when going home" which was 2% above average and 96% satisfaction with written discharge information, which was 4% above average.

Casterton Memorial Hospital District Nursing Service:

The District Nursing Services is run by a dedicated team of nurses who ensure that discharged patients will have continuity of care when they return home after a hospital admission as well as providing practical assistance to enable clients to remain in their own homes for as long as possible. District Nursing Service regularly review their services in accordance with the Home & Community Care National Standards and have achieved HACC Accreditation. Recent audits undertaken in 2007 show that 100% of clients stated that their service had begun within 7 days of referral. This year the District Nursing Service has improved its referral capability and can now send and receive confidential referrals electronically.

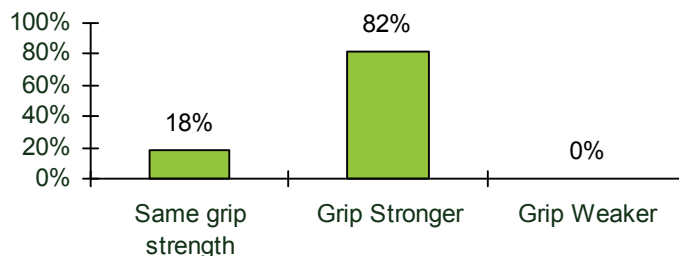
Community Health Service:

The Community Health Service provides a vital role in promoting and enhancing our community's health outcomes.

Strength & Balance Exercise Group:

The Strength & Balance group focuses on supporting participants with Chronic Conditions, such as Cardiac, Respiratory, Arthritis, Stroke or Parkinson's and aims to strengthen muscle and maintain flexibility as well as promote positive wellbeing. Support and referrals are received from CMH /Acute, Medical Practitioners, Physiotherapy, Rehabilitation Services and again 'word of mouth' which has resulted in practical, positive outcomes for the clients. Evaluations taken in Term 4 of 2006 show that 82% of clients reported a stronger grip, 64% of Blood Pressure levels had remained the same however, 32% had improved.

Strength & Balance Evaluations Term 4 2006



Diabetes Support Group:

The Diabetes Support Group receives referrals from the hospital as well as the Medical Clinic, visiting Allied Health Services, Community Service groups and also by 'word of mouth'. A two way feedback of the positive benefits gained ensures this group as a continuing entity.

Planned Activity Group:

The Planned Activity Group provides much need social interaction for clients from within the community as well as Aged Care facilities.

In the last Day Centre satisfaction survey 2006, 100% of clients felt that the programs provided were excellent to good.

In response to an identified need, the Planned Activity Group added an extra session this year with the inclusion of a 'men's' group. This group meets each Tuesday afternoon.



