



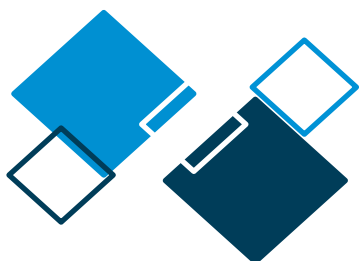
**Swan Hill**  
District Health

# 2018 - 2019 QUALITY ACCOUNT REPORT



## Acknowledgement of Traditional Owners

Swan Hill District Health would like to acknowledge all the Traditional Aboriginal tribes along the rivers in the Mallee and District area and on whose land, we work and live. We pay respect to all elders past and present and to honour their culture.



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# CEO Introduction

On behalf of Swan Hill District Health, I am pleased to present to you the Quality Account for 2018-2019.

The Quality Account is an important way for our health service to report on the quality of the care and services provided and to demonstrate to you the improvements in the services we deliver to our local community. The quality of the services are measured through indicators of clinical safety, care effectiveness and the community's experience of the care provided.

The vision of SHDH is to provide appropriate services in the right setting by dedicated people with and for our community.

SHDH continues to evaluate and improve the care and services we provide to ensure our services remain consumer focused, are integrated, and better coordinated, so we can provide the best available care.

The Board led Clinical Governance framework guides care at SHDH. The strategic objectives of the Clinical Governance Framework are aligned with the five domains of quality and safety as outlined in the "Victorian Clinical Governance Framework: Delivering High Quality Healthcare (Victorian Department of Health and Human Services, June 2017) namely; Leadership and Culture, Consumer Partnerships, Workforce, Risk Management, and Clinical Practice. SHDH has maintained quality accreditation under the National Standards Program. This program applies predominately to our Acute Care health service. The Aged Care Standards Agency provides accreditation assurance to both Jacaranda Lodge and Logan lodge Residential Aged Care Services.



Providing effective oversight in medication management and ensuring appropriate levels of medical and clinical workforce are maintained through the development of new models of care and the continued focus on maintaining a high level of workplace culture and safety for our staff, contractors and volunteers.

Throughout the reporting period, SHDH consistently reported a patient satisfaction rating of 90% and above. Our staff rating for patient safety is 77% (State average is 70%) and 68% of SHDH staff recommend a friend or relative to be treated as a patient at SHDH (State average is 72%). SHDH has a strong commitment to improving our result in this important measure.

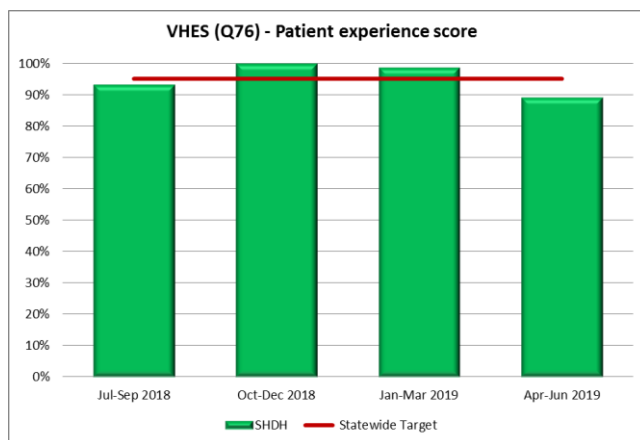
We hope you enjoy reading about what has happened at your local health service in the past 12 months with the assurance that the SHDH Board, Managers, Staff and contracted providers continue to strive towards improving quality and safety outcomes for our community.

It is my pleasure to be part of an excellent team of staff who continue to strive toward improving our service for our community.

# Enhancing Consumer Experience

The Victorian Health Experience Survey (VHES) for inpatients, asks the following question: Overall, how would you rate the care you received while in hospital?

Over the last 12 months SHDH has averaged the following results:



We are currently striving to provide a positive care experience for all consumers that utilise our services through:

- Strengthening our medical workforce by recruiting a geriatrician and senior medical officers to work in the Emergency department and the Acute ward.
- Exploring the opportunity for nurse practitioners to work across community health areas and within the hospital.
- Providing ongoing education and support to staff in specialised areas to maintain and enhance their skill levels and the care that they provide.
- Promoting and encouraging consumers to become involved with our health service.



# Patient Discharge Experience

The Acute ward (medical/surgical ward) has daily multidisciplinary meetings Monday - Friday. At these meeting we discuss information regarding the requirements of patients to ensure that we are providing the appropriate care and engaging the relevant professionals to assist with providing best care for the consumer. At this meeting we also discuss discharge planning and ensure that the appropriate services have been engaged prior to the consumer being discharged into the community.

We also hold a Hospital Medical Officer (HMO) huddle Monday - Friday. At this meeting we discuss complex patients, allied health referrals and ongoing care and management. This assists with providing a clear plan of care for after hours.

Our Post-Acute Care program allows for services to be implemented in the home for four weeks post hospital discharge to assist with the recovery of our consumers. Types of assistance that are available include hygiene assistance and home help. The Post-Acute Care Coordinator contacts the consumers weekly to ensure that their recovery is progressing or if they are having any problems.

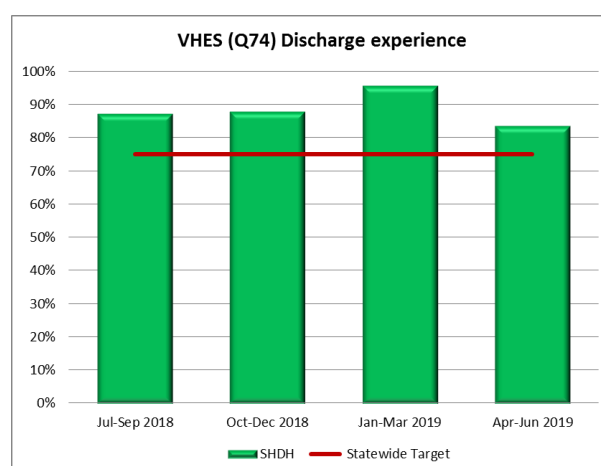
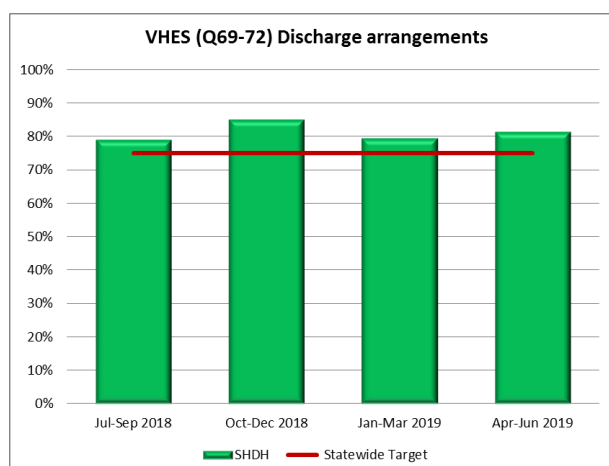
Meals on Wheels are offered through the 'My Aged Care' website.

During 2018 Swan Hill District Health has employed a social worker. The Social Worker has allowed for greater assistance for consumers with complex social issues and needs. The social worker has been able to support and refer the consumers to appropriate agencies for ongoing assistance.

To ensure that our consumers are being discharged on the correct medications, a medication reconciliation is completed by our pharmacy team on discharge. Part of the process is to provide a medication profile for the consumers. Discharge information is also provided to the consumer's doctor.

To ensure that we are sharing information, across the care continuum, discharge summaries are monitored for completion by our Health Information Management team and provided to the consumer's doctor within 48 hours. This allows the doctor to be informed of the care provided at the follow up appointment.

## How we compare to other services



# Community Health

The Victorian Healthcare Experience Survey (VHES) for Community Health was completed from October – December 2018 with 317 questionnaires distributed with a 26% return response rate. The survey covered a range of Swan Hill District Health community programs including Physiotherapy, Podiatry, Occupational Therapy, Speech Pathology, Dietetics, Adult Day Service, Dental, Counselling, Community Nursing and District Nursing.

The survey provided the opportunity to gauge the client's perspective on the services we deliver with 49 questions relating to ability to access the health service, environment and facilities, experience with health workers, team work, care planning, and information provided. The Overall Experience received a positive rating of 99%, which was an increase of 4% on the 2017 survey. From the survey there were 32 questions where results rated above the State and Peers, five questions rated above State or Peers, and fourteen questions below State and Peers.

The survey has told us our staff are compassionate, consider all your needs, are polite and helpful, respectful and treat you with dignity, your concerns are taken seriously, you have confidence and trust in our staff, and comfortable to raise issues and ask questions.

You have also told us the services we provide have been beneficial to your health and well-being, assisted you to do the things important to you, provided appropriate time in appointments, and involved you in decision-making and achieving goals. Responses have also told us that you would recommend our services to family and friends.

Although we received an overall experience rating of 99%, the survey has also provided the opportunity to review your comments on areas we can improve on.

We recognise car parking is at a premium around the health service and continue to request staff to park in the allocated car park or not directly around the health service to improve access for clients.

Consumer privacy at reception and during the appointment was higher than the state and peers. We are always looking at how we can further address this. During 2019-2020, the proposed Allied Health reception area upgrade will improve on client privacy when providing personal details.

It is important for staff to communicate clearly with clients in planning their care and development of goals. We are reinforcing the need for staff to utilise programs such as 'Ask Me 3' and 'Teach Back' to ensure information and instructions provided by health professionals are clear for the client. This is important in improving client outcomes but also for the client to be included in the care decision-making and fully informed on the care provided and development of their care plan.

Costs associated with care will be well displayed as well as staff and reception to advise of expected costs prior to service delivery.

In 2019-2020, we are introducing client rounding which will provide the opportunity for staff to ask clients about our services and what we can address or improve on.



Some comments from clients:



My daughter has been attending Speech Pathology at Swan Hill hospital for the past 6 months. It is fantastic to have access to a great speech pathologist. My daughter has benefited greatly and has developed speech improvements that will see her transition into pre-school so much easier.



The staff are very friendly and compassionate. The three reception staff all know me by name and treat me wonderfully.



The health service has enabled me to be able to stay in my own home. Without them I would definitely be in care which is not my wish. I love them.



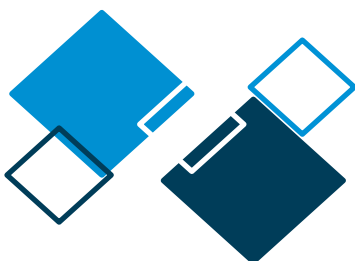
Fixing the problem with my teeth. The polite and helpful reception staff. And the very professional care I was personally given by the dentists and dental nurses. Very pleased with the services.



Caring & compassionate person to talk to. Help to manage & overcome some anxiety.



Getting expert treatment for my daughter. Always provided with relevant info and having the condition and treatment explained in detail, while being supported throughout. Such a positive, happy, professional and in particular a fun place to visit for my daughter, always varied, engaging and age appropriate.



# Volunteers and Consumers

Consumers of our health service are encouraged to become active members of our facility. We have many different forms of Volunteering, from assisting in Aged Care, Adult Day Services, Volunteer Desk, Men's Shed, Palliative Care (training required), Acute Ward visiting, Brochure Review, Meetings/Working Groups, Volunteer Visitors and the Ladies Auxiliary Opportunity shop.

Our Community Advisory Committee provides insights into patient experiences in our organisation and assists with the review of information from our Victorian Health Experience survey. This committee also provides an independent insights in assisting us to facilitate best care for all.

During our strategic planning sessions, the community is invited to participate and assist us with developing a health service to meet community needs.

We consider our volunteers a valuable and complementary part of the health care team, and while our volunteers do not replace anyone in a paid capacity, the presence of volunteers in various areas throughout the organisation makes a difference by enhancing the patient and visitor experience.

We have released several videos on our website and social media sites showcasing our volunteers in the various areas.

*For more information or a copy of the volunteer's application pack contact the Consumer Engagement Officer by phone 03 5033 9406 or email [volunteering@shdh.org.au](mailto:volunteering@shdh.org.au).*



# Interpreter Services

Swan Hill District Health has shown a commitment to provision of interpreter services to clients who need them. This is reflected in our level of use which has reached a high of 224 events in the past financial year.

We aim to improve our data collection and education of staff around assessment of interpreter need and facilitating use of the interpreter service.

The Health Promotion team also provides education and outreach to the CALD (Culturally and Linguistically Diverse) community to inform them of their right to ask for an interpreter when interacting with Swan Hill District Health services.

New interpreter cards were printed and provided at community gatherings to facilitate and encourage the CALD community to request an interpreter when they need it.

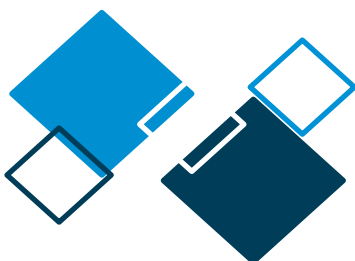
Being a rural health service, the vast majority of our interpreter use is the telephone interpreter service. Our statistics have shown a consistent increase in use. This is evidence of our commitment to the provision of quality care to the CALD community. During the past financial year we increased in-house education to medical staff, for new HMOs, and in the Emergency Department. We maintained education to the acute and midwifery departments.

During the 2018-2019 financial year the telephone interpreter service was utilised 224 times, the highest use recorded by Swan Hill District Health. This reflects a fourfold increase in the past ten years.

The data system recorded 56 individual clients, who registered with the health service, were assessed as 'needing an interpreter'.



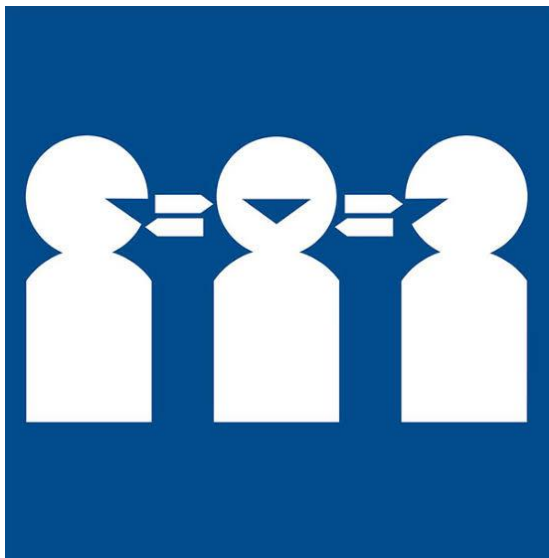
**Pictured:** Health Promotion doing a Malay Well Women's talk in 2018 as part of their CALD outreach program.



# Interpreter Services

## What does the data say?

For the 2018-19 financial year Swan Hill District Health documented that 47 inpatients and 142 outpatients spoke a language other than English as their first language. Of these the vast majority are recorded as not being born in Australia, with the most common from Afghanistan and Malaysia.



The national interpreter symbol

To maintain and improve quality of care to CALD community we plan to:

1. Provide continuous and ongoing education to new and existing staff around how and when to access telephone interpreter service.
2. Provide assistance to administrative staff in assessing and documenting the language spoken & need for an interpreter.
3. Improve access to interpreter data from Emergency Department and Dental Service.
4. Accurately capture the data when a clinician utilises a shared language in providing clinical care to a NESB patient.
5. Maintain outreach and consultation with the CALD communities to promote good relationships, better understand their experiences of accessing SHDH and to encourage equitable access to effective health care.



# Disability Action Plan

For development of the 2019-2020 Disability Action Plan, we asked staff for their thoughts on “What is working well and what could we do better for people accessing our services with short to long term disabilities.” Staff provided feedback around a variety of issues mainly focussed on the Disability Action Plan outcome area. “Reducing barriers to people with a disability accessing goods, service and facilities”.

The Swan Hill District Health 2019-2020 Disability Action Plan aims to deliver a number of key activities to both improve services for people with disabilities during 2019-2020, but also to establish a sustainable process.

Reporting on progress of the Disability Action Plan will be through the Community Advisory Committee with Executive Sponsor role allocated to the Primary Care Services Executive Officer. There will be at least two

community forums to identify service improvement with the aim to task specific working party's to address improvement areas with reporting back to the Community Advisory Committee.

It is expected some areas for improvement, highlighted by the community and staff, will be implemented over a period of time. Therefore an ongoing reporting process will be established back to the Community Advisory Committee.

There will also be a process of reporting to the community on the 2019-20 Disability Action Plan and from community consultations based on an initiative called ‘You Said. We Did’.



# Consumer Experience

## Help us to help you!

Swan Hill District Health encourage consumers to share their stories regarding the time that they have accessed services and care. Some of our strategies for improvement come from our consumers which we encourage as this allows us to deliver a service that meets community needs.



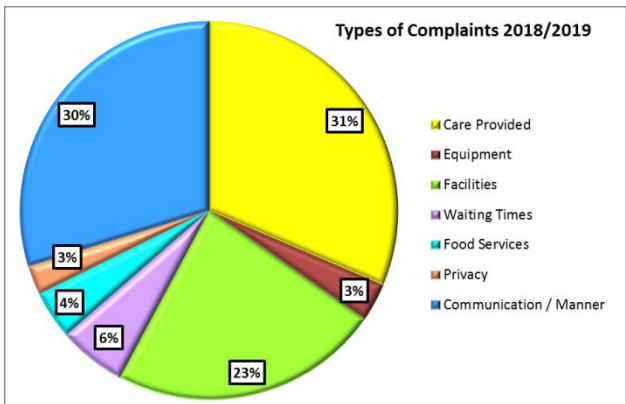
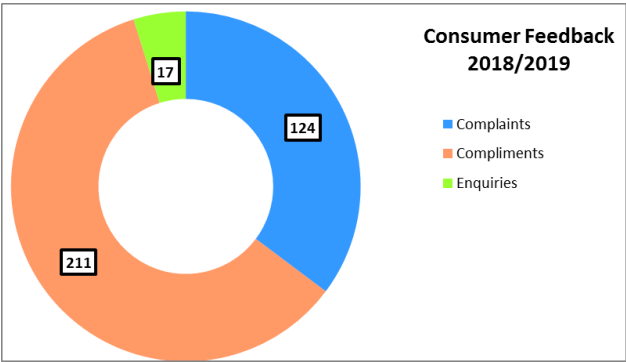
## Consumer Feedback

Feedback can be provided in so many ways, including:

- Feedback forms: which are available throughout the health service or ask at reception.
- In person: This can be done by speaking with the Quality & Risk department or any manager across the organisation. Call anytime and if we are in meeting leave a message. We will call back.
- Email to [feedback@shdh.org.au](mailto:feedback@shdh.org.au). This is checked throughout the day and responded to.
- Webform at [www.tinyurl.com/SHDHFeedback](http://www.tinyurl.com/SHDHFeedback) from your mobile or desktop.
- We have also included the QR codes option located near the feedback submission boxes throughout the organisation. These can simply be scanned on your mobile phone for completion online and instant submission.



During 2018-19 there have been 124 Complaints, 205 Compliments and 17 Enquiries received.



# Consumer Experience

## Actions following Consumer Feedback include:

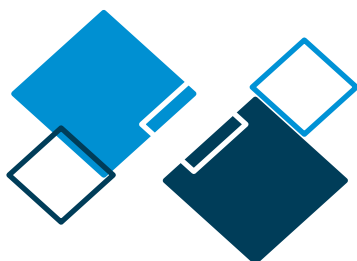
- Communication Boards to keep patient/family updated.
- Repositioning of vomit bag holders in Acute Ward to avoid injury hazard.
- Revision of process for escalating decision making for requests for overnight stays.
- Promotion of Interpreter Service to Medical staff.
- Adjustment to Accounts Receivable process.
- New Lounge chairs at Jacaranda Lodge.
- Reflective practice with Medical staff around communication with a consumer approach.
- Customer service training to front line staff.
- Continence management review in Logan Lodge.
- Refurbishment of Logan Lodge private dining room.
- Provision of hand sanitiser stations in Primary Health Medical Centre.
- Installation of shade blinds to main dining room in Logan Lodge.

## Patient/Client Satisfaction Surveys

Every year we distribute hundreds of patient satisfaction surveys. The information you provide helps us to improve our service. We make sure every survey sent from the health service is limited to one double sided page at the most.

During the 2018/2019 financial year we distributed approximately 20 different surveys to approximately 800 consumers. Results from these surveys are reported to the highest level of management and form a basis for much of the redesign throughout the health service.

You may have also received a survey from the Health Department. This survey is independent of the health service and distributed to randomly selected patients who have attended the Acute Ward, Inpatient services, Emergency Department or Midwifery. This survey is referred to as the Victorian Health Experience Survey (VHES) and is distributed every three months. There is now also an annual VHES survey distributed to Community Health clients. These surveys comprise approximately 90 targeted questions for you to complete. Results of these state-wide surveys are returned to a central autonomous location for review and distribution to each health service for review of further improvement strategies. This process has seen growth over the last 12 months and continues to expand into other health areas. It is very likely you will receive one following a visit to any health service.



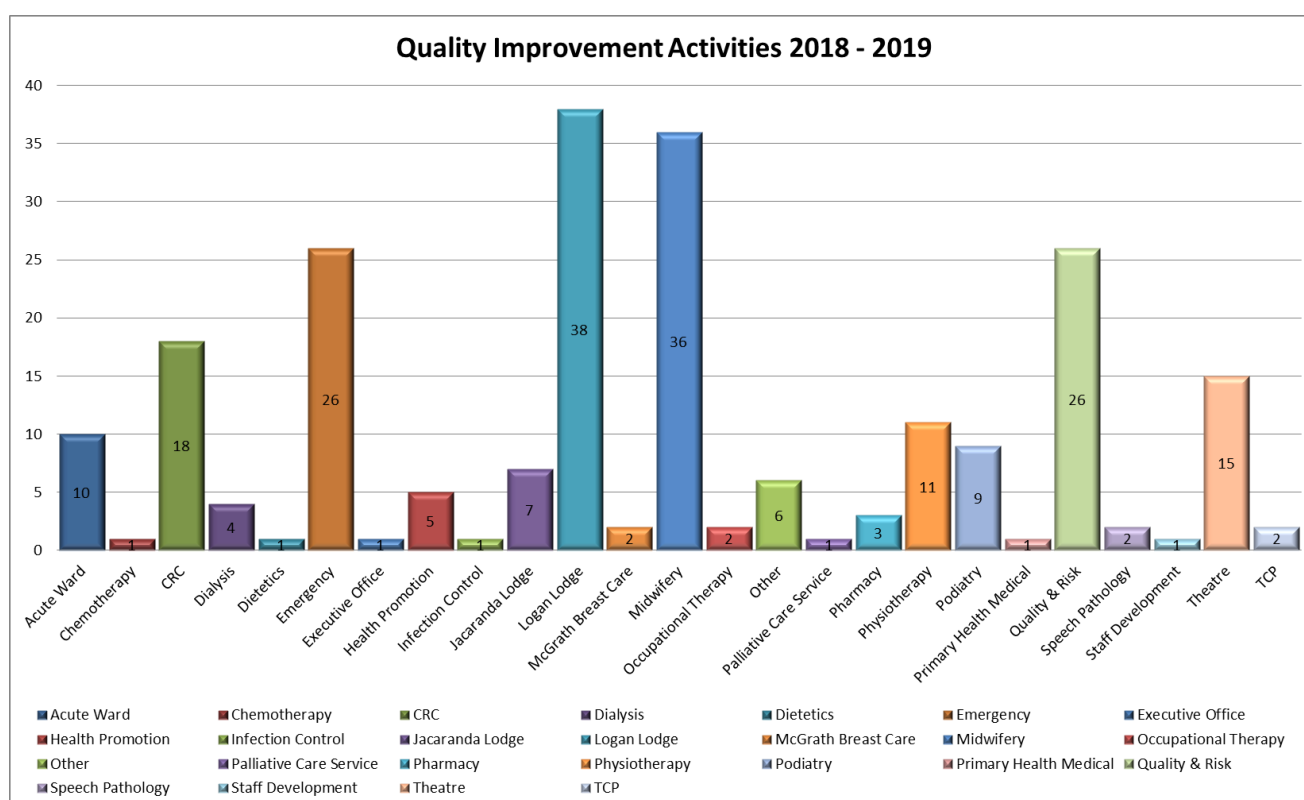
# Consumer Experience

## Quality Improvement Activities

Staff at Swan Hill District Health are all expected to proactively identify and action Quality Improvement (QI) Activities. These QI activities are recorded electronically and monitored through the completion stages. Sometimes these activities result in significant changes to processes, and sometimes they are a minor improvement often not noticed by patients. A Quality Activity, once implemented, will then need review. Whilst the system can track the results of these reviews, we still rely on the Feedback and Survey Systems to ensure they have been the best improvement possible. Often a QI Activity will be as a result of consumer feedback, or an internal or external audit or survey. Small QI activities include items like upgrading patient information brochures. Larger QI activities may extend to building redesign such as that currently planned for the emergency department, or even the complete redesign of the health service.

There were 219 Quality Activities during the 2018/2019 financial year. This is a significant increase from the 139 items commenced during the previous period.

Swan Hill District Health appreciate local community involvement and need your feedback in one way or another to ensure we meet the growing needs of our community. Community support through feedback helps support ongoing improvement. Local community members have previously become part of support groups, including the Community Advisory Committee and these needs to continue. Every feedback item received is treated with appreciation, recorded in our electronic system, then tracked and investigated to determine the correct plan of action.



# People Matter Survey

The People Matter Survey is a staff survey for the Victorian Public Health Sector. Swan Hill District Health's score remains at 77% for Patient Safety Index which is a suite of eight questions on the health service safety climate.

Key staff within the organisation have been convened and have developed an Action Plan for People Matter Survey results. The following areas will be focused on during the next 12 months to assist with improving our results and to ensure that we are providing a safe service to our consumers:

- Roll out of the Occupational Violence action plan.
- Providing education to staff on discrimination.
- Change management by investing in skills and education.
- Performance management for staff.
- Further recruiting and training of contact officers across the organisation to support staff when seeking help.
- Ongoing development of the patient experience/story.



# Monitoring Adverse Events

All incidents are rated according to an Incident Severity Rating (ISR) from 1 to 4. This year Swan Hill District Health has had two Incident Severity Rating (ISR) 1 incidents. These incidents have undergone a Root Cause Analysis review, and have been reported to Safe Care Victoria in line with mandatory reporting requirements. Recommendations from the reviews has included the introduction of a new program "Speaking Up For Safety". We have also undertaken revision and implementation of new documentation to recognise clinical deterioration of patients sooner. This enables care to be provided prior to the patient becoming critically unwell.

Across the organisation, Swan Hill District Health has reported forty Incident Severity Rating (ISR) 2 incidents. Whilst, this seems to be a large amount, it enables us to do case review on our processes and the care we provide. These cases are looked at in detail and to identify opportunities for improvement. All case reviews in regards to the ISR 2 incidents are reported to the Mortality and Morbidity Committee and the Safe Care Committee for further discussion and for the endorsement of recommendations from the findings to be implemented.

Our ISR 2 incidents have been categorised into the following areas:

ISR 2 Incident	Amount
Medical Emergency Team (MET) Calls	8
Code Blue Calls (patient's condition is life threatening),	6
Injuries to patients/residents/staff	4
Concerns with care	15
Behaviour	2
Falls that have resulted in fracture	3
Falls where bruising, skin abrasion or other harm has occurred	2

These incidents have occurred in the Acute Ward, Emergency Department, Midwifery, Radiology, Operating theatre, Aged Care and Allied Health.

The following additional education sessions have been provided to up-skill staff and refresh knowledge:

- Falls management
- Escalation of care
- Trauma education and assessment
- Clinical governance

# Quality & Safety Accreditation

## National Safety and Quality Health Service (NSQHS) Standards

Swan Hill District Health underwent organisational wide accreditation on 12-14th September 2017. Full accreditation was granted to the health service, with 5 developmental recommendations. All 12 recommendations from the previous survey have been closed.

Our current recommendations are listed below:

Recommendation	Action Taken
2.2.2 Consumers and/or carer's are actively involved in decision making about safety and quality.	Development of a consumer engagement framework for community engagement that is relevant to a regional/rural community which has been endorsed by the Board. We are currently reviewing our community advisory committee structure with the view of strengthening members to allow for greater diversity.
2.8.2 Identify and implement a mechanism to actively engage consumers and/or carers in the planning and implementation of quality improvements.	Consumer input has been a key driver in the building of the new subacute care facility that has been completed. Consumers have reviewed the floor plans, and assisted with choosing the furnishings and decorating of the new subacute facility.
3.16.1 Ensure that the cleaning, disinfecting and sterilisation of reusable instruments and devices is in compliance with the manufactures instruction and national and international standard.	Though the Infection Prevention & Control committee ongoing monitoring and implementation against the AS4187 (Australian & New Zealand Standard) on Reprocessing of reusable medical devices in health service organisations is seeing the purchasing of additional equipment to meet the requirements of the standard. SHDH is operating within the required standard.
3.19.2 Develop a mechanism for ensuring that infection prevention and control information provided to the patients and carers meets their needs.	SHDH annually undertakes an infection transmission based audit. This year additional questions were included to gather more focused responses on the information that is provided to inpatients, families/carers to ensure that the information is meeting their needs when transmission based precautions are required to be implemented.
8.10.1 Provide evidence to demonstrate that pressure injury management plans are developed in partnership with patients and carers.	Spot audits of clinical areas are ongoing with inpatients, to identify if the pressure injury management plan has been formulated in conjunction with the patient/families/carers are continuing. When there are instances identified that this has not occurred, additional support and training is provided to staff.

Recommendation	Action Taken
10.10.1 Provide evidence to demonstrate that falls prevention plans are developed in partnership with patients and carers.	Spot audits are also used to assist with the further management and development with fall prevention with patient and staff.
2.2.2 Consumers and/or carer's are actively involved in decision making about safety and quality.	Development of a consumer engagement framework for community engagement that is relevant to a regional/rural community which has been endorsed by the board. We are currently reviewing our community advisory committee structure with the view of strengthening members to allow for greater diversity.

### Australian Aged Care Quality Agency

**Jacaranda Lodge** underwent a full assessment against the Aged Care Quality Standards on the 27<sup>th</sup> -28<sup>th</sup> February and have gained successful reaccreditation until the 15<sup>th</sup> May 2022.

**Logan Lodge** underwent a full assessment against the Aged Care Quality Standards on the 4<sup>th</sup> – 5<sup>th</sup> June 2019 and have gained successful reaccreditation until the 15<sup>th</sup> September 2022.



### Postgraduate Medical Council of Victoria (PMCV) Accreditation Standards

In June 2018 a mid-cycle review was submitted to PMCV. An outcome report was received on 3<sup>rd</sup> September 2018 that noted that intern and junior doctor feedback was generally positive particularly for medicine and emergency terms. Swan Hill District Health was granted an extension of accreditation of the intern and junior doctor training program and posts until the end of the 2020 training year.

It was also agreed that the Accreditation Conditions are now 'satisfied and closed'. One area for progress was mentioned due to feedback from the general surgery intern and junior doctor's regarding insufficient clinical exposure and 'hands-on' participation in theatre. This has been actioned and steps have been put into place to ensure that interns and junior doctors are given adequate theatre time and exposure to theatre cases.

Swan Hill District Health will undergo a full survey visit in 2020.

# Infection Control

## Bloodstream Infections

SHDH again experienced a zero rate of healthcare acquired blood stream infections for the year. The implementation of the Think Sepsis project has resulted in heightened awareness of both doctors and nurses to the potential seriousness of such infections for our patients.

## Hand Hygiene

The implementation of the individual hand wipes on each meal tray for patient use has allowed for the opportunity for patients to clean their hands before eating.

## Influenza

The healthcare worker fluvax rate at SHDH for the 2018/2019 was 91.9% against a state average of 85.6%. Again the program encouraged domestic contacts immunisation and in excess of 237 immunisations were administered to family members. No immunisation adverse events occurred.

**ANTIBACTERIAL  
HAND WIPES**  
Disinfect and refresh instantly



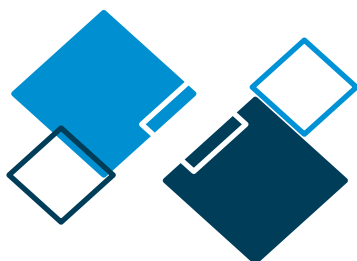
Kills 99.999%  
of germs without  
the need for  
soap & water

The average person has over  
150 different species of bacteria  
living on their hands.<sup>1</sup>  
These can contaminate surfaces and  
cause disease. Clinell Antibacterial  
Hand Wipes kill 99.999% of all  
bacteria. Our wipes are individually  
wrapped – perfect for cleaning and  
disinfecting your hands.



Clinell Antibacterial Hand Wipes  
(Box of 100 - Product Code: CAVH10000US)

Please offer Clinell Antibacterial Wipes to patients before they  
eat their meals and after they have used the toilet facilities.



# Maternity Services

Swan Hill Maternity services supported 167 families in bringing a new family member into the world in the 2018-2019 financial year.

During the 2017-2018 year only one baby of single full-term babies (without congenital abnormalities) was considered in poor condition shortly after birth. To ensure our team continues to maintain a high level of care we support all staff to have extensive education and training, to enable the detection of deterioration of a baby, whilst the mum is in labour or soon after birth. This also ensures we continue to pick up any deterioration early and if it is acted upon appropriately and promptly.

One baby was born with severe fetal growth restriction (smaller than expected) was delivered after it's due date.

To improve this statistic with the aim of no babies with severe growth restriction being born past their due date we are implementing a regular patient review process of all women whom plan to have their babies with us. We have implemented a policy on the detection and management of smaller than expected babies. We are also aiming to ensure all women have a minimum number of three visits with our service before their baby arrives to ensure we pick up on the signs that babies may be smaller than expected. In addition to this several of our midwives attended targeted training from Safer Care Victoria on detecting babies who may be smaller than expected. Since completing these actions we have not had any babies born small past their due date.



# Residential Aged Care Services – Jacaranda Lodge

## Falls

Falls are a constant concern to both residents and staff in an Aged Care Facility. There are many reasons why people fall. Not all residents fall, some residents fall more often than others, and sometimes all staff can do is implement prevention strategies as falls are impossible to staff.

Reasons for falling may be poor eyesight, clutter, cords, or wet floors. As people age it is more common for them to fall if they are taking blood pressure medication. When they change position their blood pressure can drop (postural hypotension) causing them to fall.

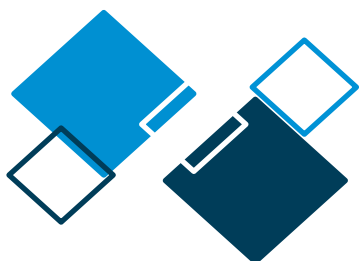
Dehydration is another common reason as this can also cause a low blood pressure. Incontinence can create an urge to get to the toilet quickly. This then increases the risk of falling.

Dementia may create a situation where a resident forgets they cannot walk – they then attempt to stand and fall.

Jacaranda Lodge has many strategies to prevent falls. These are clearly documented in assessments, care plans and on the handover sheets. Strategies include the following.

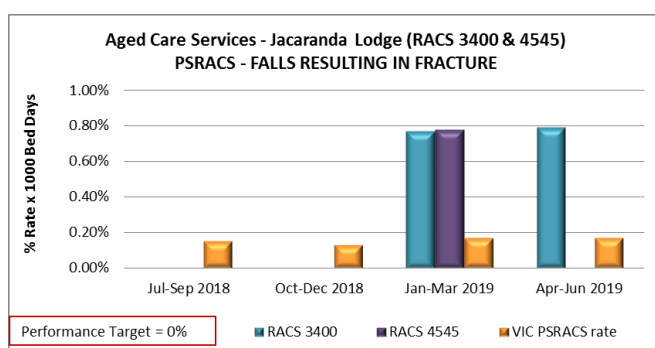
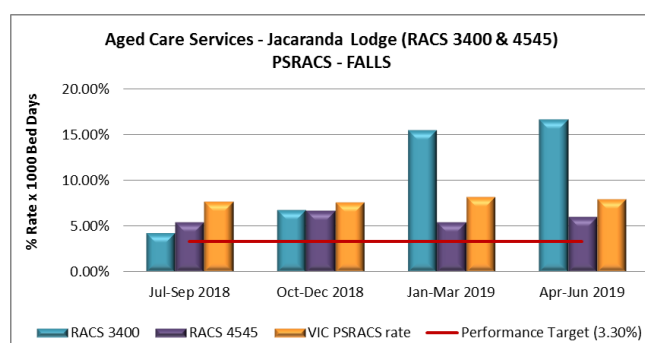
### On admission:

- Information from family is gathered.
- A FRAT (Falls Risk Assessment Tool) is used on their first day and recorded in the initial care plan.
- Referral to physio, dietician, continence record, and a toileting program is instigated
- Observations are monitored on admission and monthly as required, to recognise out of range blood pressures and other complications that could increase the risk of falls.



### If a resident is at high risk of falls:

- An alarm mat is placed beside the bed or chair; this alerts staff to the resident movements.
- Room is checked for clutter.
- Environmental staff place cones out to alert wet floors/spills.
- A medication review is attended, if medications need to be altered.
- Non slip socks are provided by Jacaranda, Hip protectors introduced if suitable.
- Walking aides are used and beside the resident at all times.
- Staff are required to report falls.
- Feedback from incidents is provided to staff.
- Education centre from Swan Hill District Health provide updates and training sessions for staff.



### Polypharmacy

#### (Use of 9 or more medications)

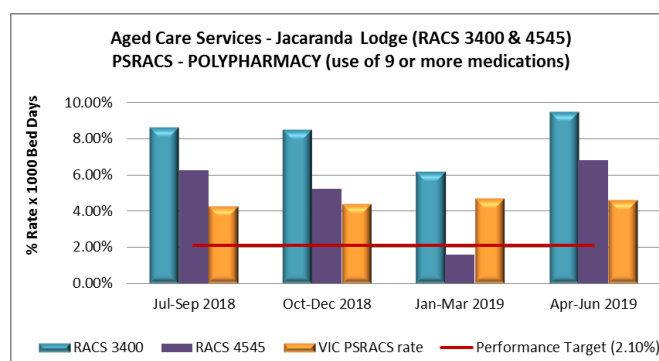
Jacaranda has access to an independent outside auditor who reviews resident medications at various times throughout the calendar year. A report is then presented to a GP to review any polypharmacy.

Our attending GP reviews all residents' medications 4<sup>th</sup> monthly and is aware of the use of 9 or more medications is part of safe medication management. Our residents are seen by a geriatrician, who also advises on this.

Discussion with family representatives and residents is part of the process, keeping in mind family and residents are sometimes reluctant to stop some medicines that have been taken for so long. Some request these continue despite advice from doctors.

Nursing staff are required to complete mandatory medication training annually. We have a staff mix of a registered nurse on each shift, enrolled medication endorsed nurses, who are skilled in safe medication management and professional responsibility with clinical judgment on administration of medicines.

Aware of the adverse effect of many medications given at the same time in the elderly, recognising as we age there is reduced renal and liver function to accommodate the utilisation and excretion of all these medications.



# Residential Aged Care Services – Logan Lodge

## Pressure Injuries

Pressure injuries are areas of damage to the skin and the tissues underneath. They are caused by constant pressure or friction and often occur over bony areas such as the coccyx (tailbone), elbows, heels or hips. You may have heard of pressure injuries as bed sores, ulcers or pressure sores.

If a pressure injury develops, particularly one which becomes severe, it can affect your daily quality of life. Pressure injuries can be difficult to heal and can make it difficult to move (My Aged Care).

Staff at Logan Lodge have implemented different strategies, which are documented in assessments and care plans, to prevent pressure injuries occurring.

### Strategies include:

- Regular position changes.
- Referrals to occupational therapist.
- Monitoring weight loss, referring to dietetics if required.
- Keeping residents moving.
- Residents doing Tai Chi classes.

**A pressure injury resource folder was developed for staff to refer to and includes information on:**

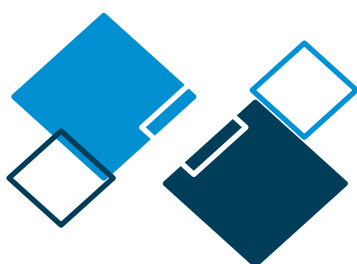
- Skin and wound anatomy and physiology.
- Causes of wounds and the role of dressings.
- Staging pressure injuries.
- Pressure assessment and prevention plan.
- T.I.M.E (Tissue, Infection, Moisture, Edge of wound) acronym

**Staff have access to the standardised care process for pressure injuries which supports staff in:**

- Recognition and assessment – completing a comprehensive pressure risk assessment on admission or when their condition changes.
- Interventions.
- Referrals.
- Evaluation and reassessment.
- Resident involvement.
- Staff knowledge and education.

Staff also have access to Regional Wounds Victoria for support.

Pressure injuries information for residents, families and carers is readily accessible at the front door or for staff to give out as required.



## Use of Physical Restraint

SHDH in line with best practice has policies around the use of physical restraint. This means deliberately restricting a person's movement or behaviour. It can be by the use of equipment designed to limit or stop someone from moving, taking away mobility aids, or by using physical force.

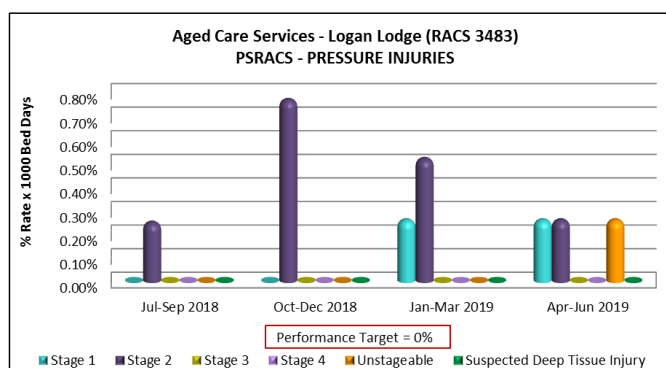
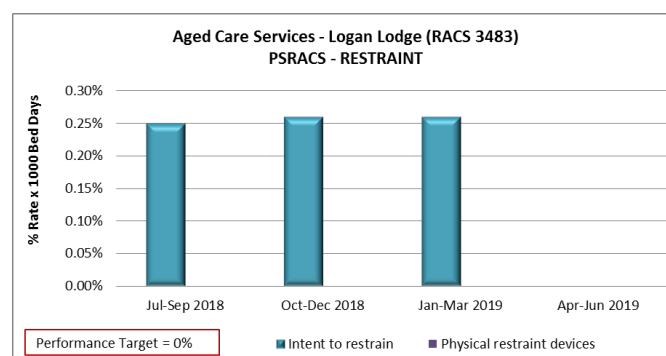
Some examples of equipment that could be used as physical restraint include bed rails, lap belts, restraining chairs, table overlays, hand mittens and vests.

### Strategies implemented by staff are:

- Quality focus bulletin for public sector August 2019 has gone out to staff.
- A restraint minimisation folder has been developed which includes information on "Decision-making tool: supporting a restraint free environment Residential aged care 2012".
- Laminated poster "Making a decision about how to respond to a behaviour of concern in a residential aged care facility" has gone out to staff with restraint free options. This is also included in the resource folder along with Clinical Services – Restraint Protocol and Quality of care Amendment (minimising the use of restraint) Principles 2019.
- Staff are able to access the Geri-connect program for advice and support.

### Staff have access to the standardised care process for Physical restraint which supports staff in:

- Recognition and assessment – on admission and when behaviour changes occur a comprehensive assessment is completed.
- Interventions.
- Referral.
- Evaluation and reassessment.
- Resident involvement.
- Staff knowledge and education.



# Escalation of Care

During 2018-2019 Swan Hill District Health (SHDH) has implemented many different ways to escalate care and to make the process easier for staff to do so.

Through the auditing and case review processes that occur, it has been recognised by the review committees that the observation charts are not allowing for early detection of patients becoming compromised until they are quiet unwell.

Due to this we are implementing a four tiered observation chart, this will allow for early recognition of patients becoming unwell.

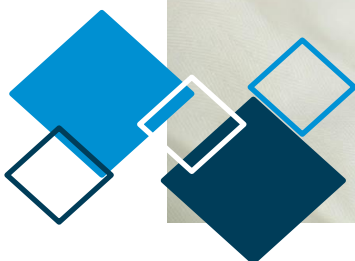
**First tier** - will initiate a review from the Nurse In charge, who will review the patient and alter the frequency of observations being taken.

**Second tier** - staff are required to inform the Nurse In Charge, and a medical review is initiated.

**Third tier** – staff are required to place a MET Call (Medical Emergency Call) over the public address system and a senior doctor must review the patient within 15 minutes, and provide a treatment plan.

**Fourth tier** - is when the patient becomes extremely unwell and requires medical assistance immediately. Staff are to place a code blue call over the public address system and the response is immediate from Senior Doctors and Nursing staff.

Going forward, in late 2019-2020 we will be implementing the “Speaking Up For Safety” program that is facilitated by the Cognitive Institute. This program empowers all staff to speak up for safety regardless of the role they have within the health care team.







Swan Hill  
District Health

## 2018-2019 QUALITY ACCOUNT REPORT



### Consumer Feedback Form

1. Where did you find the copy of this report that you read?

2. How much of this report did you read?

☐ All

☐ Most

☐ Some

☐ A little

3. Was the report easy to read?

☐ Very Easy

☐ Easy

☐ Difficult

☐ Very Difficult

4. Was the report interesting?

☐ Very Interesting

☐ Interesting

☐ Slightly Interesting

☐ Not Interesting

5. Is there any other information you would like to see included or altered in future issues?







A: Splatt Street, Swan Hill, Vic 3585

P: (03) 5033 9300

W: [www.shdh.org.au](http://www.shdh.org.au)

ABN: 24 314 338 210

