

Quality Account 2015-2016



Our Vision:

Supporting a healthy community.

Our Mission:

The purpose of Benalla Health is to facilitate a healthy and resilient community through the provision of integrated, lifelong healthcare services.

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Message from the Chief Executive Officer and Board Chairman

We are pleased to share our 2015/16 Quality Account with our staff and community. This report gives us the opportunity to provide information about the quality of care that Benalla Health delivers to its community.

At the same time, we have highlighted the various quality improvement activities that staff have implemented over the last 12 months. The report also emphasises the many different ways our staff have worked with our community to ensure that we continuously refine our services so that we can be responsive to their individual needs.

The past year has again been a challenging but very rewarding one for Benalla Health. We remain committed to achieving excellence with the services we provide and therefore our services are aligned with the Victorian Government's Domains of Quality and Safety, those being Consumer Participation, Clinical Effectiveness, Effective Workforce and Risk Management.

We are extremely proud of our staff and the exemplary care that they diligently provide to the community we are privileged to serve. Through their skill, dedication and passion they consistently place patients and their families at the centre of everything we do.

Our attention to detail has enabled us to present our Quality Account report in a format that is accessible and easy to understand. Your feedback is vital so that we can continue to improve our presentation and content. While we hope you enjoy reading this report, we encourage you to take every opportunity to pass on your comments and feedback, both positive and negative; this will give us the opportunity to consider your feedback so that we can improve next year's report.

We hope that you enjoy reading our stories as much as we enjoy sharing them with you.



Janine Holland

Janine Holland
Chief Executive Officer
Benalla Health



Brendan Smith

Brendan Smith
Board Chairman
Benalla Health

Consumer Feedback

Your opinion is important to us

This year, the Quality of Care report has been renamed the Quality Account. It provides our community with quality and safety data, as well as actions taken to improve our service. We encourage you to take every opportunity to pass on your comments and feedback, both positive and negative, as this will give us the opportunity to include your ideas and comments in next year's report.

How to provide your feedback:

In person or telephone	In the post (no stamp required)	Online
Benalla Health Main Reception 45-63 Coster Street Benalla 03 57612222	C/ - Quality & Risk Manager Benalla Health Reply Paid 406 Benalla Vic 3671	https://www.surveymonkey.com/r/BenallaHealthQualityAccount

Feedback on last year's Quality of Care Report

Each year we seek feedback on the previous year's Quality of Care (Quality Account) report from members of our community. Your feedback is important as it gives us the opportunity to improve the report's presentation and content.

This year we are making our report available on Benalla Health's website. This format will not only provide financial savings, but will also ensure information is more accessible to our community.



Statewide Plans

As part of the reporting requirements for our Quality Account, we are required to include information on what actions we have taken in respect to statewide plans in the following five areas:

- Aboriginal health;
- Aboriginal public sector employment;
- Disability responsiveness;
- Lesbian, gay, bisexual, trans-gender and intersex communities and,
- Family violence.

Aboriginal Health

The Director of Community Health is a member of the Aboriginal Health Culturally Responsive Services Working Group and he works in partnership with the Central Hume Primary Care Partnership Aboriginal Community Support Worker (Koolin Balit: Closing the Health Gap).

This work focuses on how Benalla Health can engage effectively with the local Aboriginal community.

Aboriginal Public Sector Employment

As part of our ongoing commitment to Aboriginal employment, Benalla Health provided cultural awareness training, Healing the Spirit, in 2014, 2015 and 2016. This training is available to all staff on an ongoing basis.

We have also improved the way in which we capture data and an annual validation of our information is conducted so that those who identify as being Aboriginal have the opportunity to state that.

We seek the advice and support of the Central Hume Primary Care Partnership Aboriginal Community Support Worker, Chris Thorne, about providing employment opportunities for Aboriginal and Torres Strait Islanders.

Disability Responsiveness

Benalla Health has updated its Cultural Responsiveness Plan and Disability Access Plan to ensure that clients and carers with disabilities are appropriately managed within the health services.

Lesbian, Gay, Bisexual, Trans-gender and Intersex Communities

Community Health staff have been provided with education regarding the LGBTI community and the availability of local support groups during a strategic planning meeting in December, 2015.

Family Violence

Benalla Health is completing the White Ribbon Workplace Accreditation process.

This process has seen the organisation provide education to staff regarding family violence.

We have utilised staff notice boards and computer screensavers to reinforce the message and we have completed significant work on developing organisation-wide policies and procedures.

Benalla Health has a strong focus on family violence in its health promotion plan.

Our work focuses on:

- Promoting respectful relationships between parents and children through implementing Real Men Make Great Dads and Parents' Early Education Partnership parenting sessions;
- Educating community groups and schools regarding the mental health impacts of family violence;

- Offering assertiveness and basic self-defence training for females at risk of or exposed to family violence. This program is offered to the community and at Benalla P-12 College.
- Coordinating the annual March Against Violence on White Ribbon Day; and,
- Offering a Benalla White Ribbon Supporters' program to community groups who wish to make a difference to gender equity and keeping women and children safe.

Benalla Health has been working with our partners to sign up local businesses and community groups as "Benalla White Ribbon Day Supporters". Copies of their signed declarations are displayed in our Ray Sweeney Centre.

On May 26th the CEO of White Ribbon Australia, Libby Davies officially opened the "Wall of Honour".



White Ribbon Day supporters at the Wall of Honour opening from left: *Neil Stott (Director Community Health and White Ribbon Ambassador), Libby Davies (CEO White Ribbon), Maree Woodhouse (Director of Clinical Services) and Sally Matheson (Speech Pathology).*

Consumer, Carer and Community Participation

Doing it with Us Not for Us

Benalla Health has a Cultural Diversity and Consumer Committee. This committee provides an opportunity for consumers and community members in Benalla to provide their views on how Benalla Health operates. We seek feedback through this committee on how Benalla Health provides its various services and the committee also has input into planning and policy development.

Community Health clinicians utilise health coaching principles with clients. This allows clients to identify, establish and monitor their own health goals rather than this being driven by the clinician. The clinicians' role is to support clients to achieve their goals.

All aged clients are encouraged to establish an Advance Care Plan so that their end of life needs are documented.

Benalla Health is the lead agency in organising a regional "Consumer Advisory Committee" forum to be held in November, 2016.

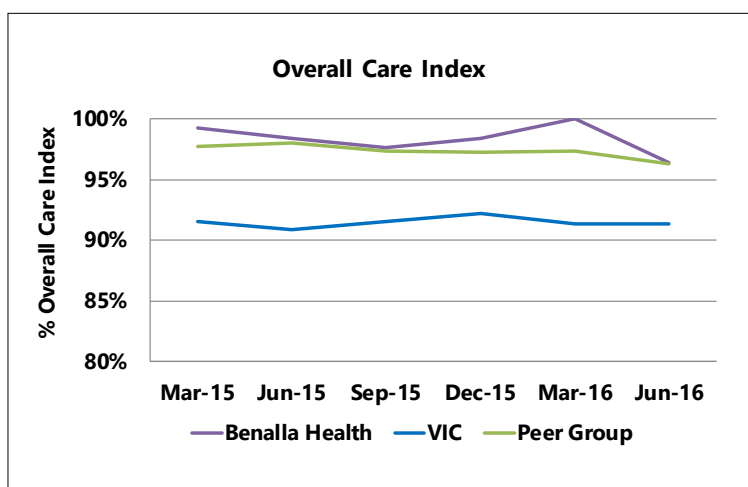
Interpreter Services

Benalla Health utilises the Department of Health and Human Services (DHHS) interpreter guidelines when a client who is in need of an interpreting service attends Benalla Health. Due to the demographics of our local community, we do not have a large non-English speaking population which needs to utilise the service.

Victorian Healthcare Experience Survey

The Victorian Healthcare Experience Survey (VHES) is a statewide survey of people's health care experiences while they are inpatients at Victorian public health services. Ipsos Australia conducts the survey on behalf of the DHHS and provides results to health services every three months. Of the 281 questionnaires which were sent to Benalla Health inpatients, 111 were completed, which is a response rate of 40%.

The following results show patient experiences while they have been an inpatient at Benalla Health during the past year. These results are benchmarked against the whole state and with our peer group of like-sized organisations.



From April to June, 2016, 96% of patients rated their overall hospital experience as either very good or good. This is similar to April to June last year when 98% of patients rated their experience as either very good or good. Benalla Health has been rated similarly to its peer group hospitals, and above the state result of 91% of patients, who rated their hospital experience as being either very good or good.

Improving care for Aboriginal patients program

Benalla Health believes in providing a culturally sensitive person-centred service that supports our commitment to closing the health care gap experienced by Aboriginal and Torres Strait Islander people.

Some of the initiatives that have been implemented to ensure a respectful environment include establishing welcome plaques at all entry points throughout the health service to greet Aboriginal and Torres Strait Islander people.

As part of the admission process, staff respectfully inquire if clients are from an Aboriginal or Torres Strait Islander community.

During 2015-2016, there have been 15 Aboriginal or Torres Strait Islander clients who received a service from Benalla Health.

We also provide a variety of cultural awareness training for all staff.

Community Health Priority Population Group response

Benalla Community Health Service has been recognised as a diabetes care centre. This enables our clients to access diabetes education, dietetics, podiatry and counselling on our site.

Vulnerable clients are linked into our key worker program.

The role of the key worker is to identify the health needs of the client, work with the client to establish their health goals and link the client into the services they need.

There is no charge to clients identified as needing a key worker.



Diabetes care team – from left to right: *Iftu Umar (Dietitian), Kathryn McQualter (Dietitian), Narelle Harvey (Credentialled Diabetes Educator), Bree Bloomfield (Dietitian), Lauren Whinray (Podiatrist), Leanne Cleeland, Anette Meagher (Credentialled Diabetes Educator).*

Patient Story: Post Op Orthopaedic Rehabilitation Group

In late March, 2016, I underwent a total knee replacement as there was next to no cartilage left in my knee joint and walking was becoming more difficult. Following an uneventful six days in hospital, I was discharged and referred to Benalla Health's physiotherapy department for continuing supervision of my rehabilitation and exercise program.

After an initial visit, I joined a weekly group for an hour of continuous exercises. We were a 'mixed bunch' both in age and operation type and at varying stages along the 'rehab' trail. We were warmly greeted each week, new folk were always introduced and just in case there was a memory lapse (easy after an operation) we wore name labels to encourage speaking to one another by name – a great idea. The convivial atmosphere, along with the 'group dynamics' was of great benefit. Comparing notes, so to speak, checking on how each other was progressing and just having a chat was of enormous value.

Kavitha and Lisa were our primary motivators, encouraging us to work through the exercises. At times the going seemed a little tough, but we needed the 'urging on' to obtain improvement. I can verify that it actually works.

There was no limitation on weeks to attend, more emphasis on achieving set goals – these were established at the outset.

I really benefitted from this program and was able to return to my work after three months.

- A grateful patient



Chief Physiotherapist Geoff Draper in our gym.

Quality and Safety

Feedback

Benalla Health is committed to facilitating the rights of all consumers to give feedback regarding any aspect of their experience while receiving care.

Benalla Health does this through the provision of a consumer-centered feedback system. This involves the receipt (either written or verbal) of suggestions and compliments and complaints about Benalla Health and its staff. Suggestions can be given in one of three suggestion boxes located throughout the hospital.

Benalla Health has a formal complaints process which aims to ensure that all complaints are dealt with efficiently, effectively and fairly. Any complaint must be acknowledged quickly so as to reassure the consumer that their complaint is receiving attention. Some complaints are straightforward and can be resolved easily while others require investigation. Any particulars of an investigation are communicated to the complainant and if the complaint remains unresolved, the complainant is given a brochure to the Health Services Commissioner or other external advocacy agencies as appropriate.

In order to monitor and evaluate our complaint management process, we surveyed the 24 complainants who had made a complaint to Benalla Health between July, 2014 and December, 2015. Of these 24 questionnaires, eight surveys were returned, giving a 33% response rate.

When asked to rate their overall satisfaction with how their complaint was managed, 29% were not satisfied at all, 14% were only partially satisfied, 29% were mostly satisfied and 29% were very satisfied.

One respondent commented that they felt relieved they had the opportunity to voice their concerns regarding the complaint management process.

In response to a complainant's experience, this person has agreed to be a member of Benalla Health's Cultural Diversity and Consumer Committee (CDCC).

This person will assist with an educational program for staff which will provide a patient perspective of how they might feel when not treated correctly.



Members of the CDCC Committee: from back left: *David Elford, Neil Stott, Ian Graeves* and front *Lisa McCoy, Shirlie Gilmour and Mandy Johnson*.

Compliment: Physiotherapy Department

We also receive feedback in the form of compliments.

"I would like to acknowledge the wonderful treatment that I have had with Leanne Lefebvre at the Physiotherapy department at Benalla Health. I sought treatment approximately a year and a half ago, after four years of chronic nerve pain caused by a bulging disc in my neck, which in turn caused weakness in my muscles and an inability to exercise.

I had sought treatment in Melbourne with a number of specialists for pain management who had not referred me for physiotherapy treatment. Though the medication helped with the pain management, I had no improvement with my movement and with inactivity I was deteriorating physically.

I sought treatment from Leanne at Benalla Health's physiotherapy department.

To begin with, she treated me with dry needling which gradually released the muscles that were constantly spasming, then gradually introduced exercises specific to my injury. I was able to start exercising and improved week by week. The treatment went on for many months and I eventually was able to move on to hydrotherapy at the pool.

I am now able to attend the gym twice a week and I have no pain. I have been able to get off all pain medication.

I am very, very, grateful for the treatment by Leanne; she was extremely professional and listened to my needs and gave me treatment that my body responded to. I do not believe that I would be able to function and exercise as I can today, had I not received treatment from Leanne.

Andrea Sebire (client)



Leanne applying dry needling technique to physiotherapy client Andrea Sebire.

People Matter Survey

The People Matter Survey is an employee opinion survey undertaken yearly by the Victorian Public Sector Commission and it is open to all staff. The survey offers staff an opportunity to reflect on workplace cultural issues, and provide their individual feedback. The results are then measured against like-sized organisations.

Benalla Health's response rate this year was 63% which was the best response rate in its comparative group. It was an increase on last year's response rate of 35%.

Staff indicated that they believe Benalla Health is an Equal Opportunity Employer where merit is valued; that the organisation is prepared to hold individuals to account for their performance; and that the organisation has a clear sense of vision.

Where they feel Benalla Health can most improve are in areas such as mutual respect between peers; in the communication between managers and staff – most specifically regarding change; and, in the commitment to customer service and satisfaction.

As a health care provider, Benalla Health is strongly committed to providing safe, quality care. Overall 71% of those staff who participated in this year's survey believe patient safety is managed well. This is down from 90% from the last survey and less than the set target of 80% in the annual Statement of Priorities for 2015. Our result is slightly lower than the average of 74% in the comparative health services group.

Staff identified that the organisation is doing well with:

- Handling errors and supporting a culture of reporting concerns
- When errors occur, committing to being a safety-centred organisation; and importantly
- Recommending our service to a family or friend.

The areas our staff identified where we could most improve are:

- Training new and existing staff
- Supervision of novices.

Benalla Health's workforce plan and action plan, endorsed by the Board, describes in detail the organisation's recruitment and retention strategy.

The organisation works in partnership with tertiary institutions, registered training organisations and our local schools to facilitate student placements and work experience across all areas and disciplines.

In the past few years, Benalla Health has implemented the innovative Vocational Education and Training in Schools (VETiS) Program and the Central Hume Graduate Nurse Program.

Some of the graduates from our VETiS program have now graduated from TAFE or University and have applied to come back to Benalla Health as Graduate Nurses.



Students on placement at Benalla Health: Left, Anita Allen, La Trobe University Student, on placement in the Urgent Care Centre and Rahwa Gebremarian, Victoria University Student, on placement in the Day Procedure Unit.

The organisation recognises the importance of experienced clinicians being able to pass on their knowledge. We have support staff to assist other staff develop their teaching and mentoring skills to help them feel more confident in supervising novices and sharing their wisdom and experience with students and graduates.



Benalla Health nursing staff successfully complete their Advanced Life Support training with clinical educators Tamarine Tuesley and Amanda Vasey.

As a public health service, Benalla Health is strongly committed to ensuring a healthy workplace culture where staff feel safe and valued. As an organisation, we compare favourably to our comparative group, meeting the average score of 70% of staff believing Benalla Health has an overall positive workplace culture.

Staff believe strengths lie in the fact that:

- Employees have a strong personal attachment to our organisation;
- Employees are proud to tell others they work for Benalla Health;
- Individuals would recommend Benalla Health as a good place to work; and,
- Working at Benalla Health is both a motivating factor and an inspiration to staff to do their best.

Areas where staff believe the organisation can most improve are:

- Supporting diversity;
- Fostering fairness and respect; and,
- Flexibility for employees who are carers.

Benalla Health is committed to further improving its workplace culture by:

- Implementing a Hardwiring for Excellence program to support a culture of respect, safety and integrity;
- Implementing strategies to align staff behaviours to our Values and Code of Conduct;
- Building a Leadership Capability Framework;
- Working towards White Ribbon Accreditation;
- Implementing the Staff Health and Wellbeing program with strategies including mindfulness, Quit smoking resources and participation in Active April 2016;
- Redeveloping our peer support program; and,
- Ongoing support for staff recognition and reward initiatives such as staff forums and BBQs, and an annual celebration of staff achievements through the Staff Excellence Awards.

Historical Tribute



Dr Alexander with Dr Sue Wilson, Manager Education and Research, Janine Holland, Chief Executive Officer, and Dr Rick Lowen, Director of Medical Services.

During the year, a dedicated historical display cabinet was generously donated by a local benefactor. The cabinet, located in the Michael Long Education Centre, displays items from the medical library and archives of Dr William Alexander. Dr Alexander graduated from medical school in the 1930s. After serving in Papua New Guinea in World War II, Dr Alexander moved to Benalla with his family and served the local community as a General Practitioner until the early 1990s. Dr Alexander, his daughter Prue, and Mrs Shirley Robertson of the Hospital Auxiliary joined Ms Holland and Dr Lowen for the official commissioning of the display cabinet.

Focus on Staff Excellence



Pictured left to right: Sheila Green, Sue Ellen Downie, Tania Stickland, Chief Executive Officer Janine Holland, Board Chairman Brendan Smith, Peter Hurley and Sally Matheson.

Benalla Health has introduced the Studer concept of Hardwiring for Excellence. One of the principles underpinning a commitment to excellence is to recognise and reward success.

To ensure that the organisation follows through with this commitment, the annual staff awards ceremony was held on June 2, 2016. This was an opportunity to congratulate the worthy recipients of Benalla Health's Excellence Awards for 2015.

The recipients were:

Award for Excellence in Consumer Care & Engagement:	Sue Ellen Downie
Award for Excellence in Consumer Care & Engagement:	Sheila Green
Award for Excellence in Innovation and Sustainability:	Peter Hurley
Award for Excellence in Leadership:	Sally Matheson
Award for Excellence in Quality Service:	Tania Stickland

These staff consistently demonstrate through their actions and words, their outstanding commitment to the community, their peers and Benalla Health.

All of them are exceptional people and worthy recipients of their respective Excellence Awards.

Positive Workplace Culture

Benalla Health has taken steps to promote a positive workplace culture.

This has included the clear communication of the organisation's principles and staff being engaged in the following ways:

- The launch of Benalla Health's first staffing group to be involved in a pilot program called Hardwiring for Excellence champions.
- Leading change and avenues of redress.
- Engaging external resources as required to benchmark and undertake consultative reviews where identified. A current example is the engagement of the Interim Support Services Manager.
- A focus on the AIDET tool to be rolled out through the Hardwiring for Excellence champions to implement a consistent approach to providing excellence in customer service.

The AIDET tool is a patient communication tool which may help patients feel less anxious whilst in hospital.

- A – Acknowledge**
- I – Introduce**
- D – Duration**
- E – Explanation**
- T – Thank you**

Prevention of Bullying and Harassment

Benalla Health continues to promote a positive workplace culture and has put strategies in place to prevent bullying and harassment in the workplace.

Some strategies include:

- An e-learning competency module that is completed by all staff as mandatory training.
- The organisation has Equal Opportunity (EO) contact officers available and a robust peer support team who offer one-on-one support. Opportunities to increase the number of trained EO contact officers is ongoing.
- In November, 2015, we promoted the Equal Opportunity and Human Rights communication strategy.
- Annual Performance Review documentation incorporates a discussion on workplace culture and bullying and harassment.
- Exit interviews incorporate an interview question on safety and bullying and harassment.

Community Health Staff Survey Results and programs improvement

Community Health completes a consumer satisfaction survey biannually.

The last survey, completed in September, 2015, did not have any recommendations for improvement.

Accreditation

Benalla Health underwent organisation-wide accreditation against the National Safety and Quality Health Service Standards in July, 2014.

The 10 National Standards are:

- Standard 1 - Governance for Safety and Quality in Health Service Organisations
- Standard 2 - Partnering with Consumers
- Standard 3 - Preventing and Controlling Healthcare Associated Infections
- Standard 4 - Medication Safety
- Standard 5 - Patient Identification and Procedure Matching
- Standard 6 - Clinical Handover
- Standard 7 - Blood and Blood Products
- Standard 8 - Preventing and Managing Pressure Injuries
- Standard 9 - Recognising and Responding to Clinical Deteriorating
- Standard 10 - Preventing Falls and Harm from Falls

We achieved the following results from our organisation wide accreditation survey in 2014 without any recommendations: *All core (223) and developmental (33) actions were met, with 63 out of the 256 actions achieving 'Met with Merit'.*

Our next organisation-wide accreditation survey against the National Standards is scheduled for July, 2017. In order to assist with achieving accreditation, we are continually monitoring and assessing our work. We undertake reviews of our documents such as charts, forms and procedures and patient surveys and then make improvements as required.

In May, 2015, our residential aged care home, Morrie Evans Wing, underwent Aged Care Accreditation against the four Aged Care Standards. We achieved full accreditation against all 44 standard outcomes with no recommendations. We will be undergoing aged care accreditation again in 2018.

Adverse Events

An adverse event is when harm results to a person receiving health care.

Any adverse event that occurs at Benalla Health is identified, notified and reviewed through our incident management and investigative processes in order to decrease the risk of these events reoccurring.

All adverse events are reviewed, internally investigated and reported to our Clinical Governance Committee up to the Board's Quality and Safety subcommittee.

Our Quality and Risk Manager has developed, reviewed and refined our Risk Framework, Complaints Management Framework and our Incident Management Framework in order to ensure a high level of effectiveness with the management of adverse events. These documents are available for all staff to access on our intranet and have been ratified by the Board through our clinical governance system. We also have a live dashboard that self-populates with the details of outliers across all clinical and non-clinical areas. Action Plans are developed and monitored to ensure that all outliers are addressed.



Benalla Health's Director of Clinical Services Maree Woodhouse and nurse Mel Parker.

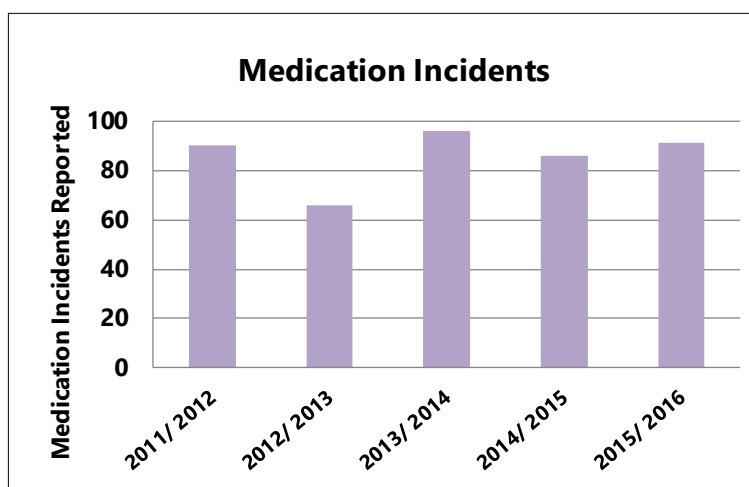
Quality Indicators

Preventing and Controlling Healthcare-Associated Infections

Staphylococcus Aureus Bacteraemia (SAB) rates 2015-2016:

The rate of Staphylococcus Aureus Bacteraemia (SAB) is an outcome indicator which reflects how well our infection, prevention and control strategies and hand hygiene compliance are contributing to the prevention of blood stream infections. SAB is a serious bloodstream infection associated with hospital care, particularly surgical and other invasive procedures. Benalla Health did not have any hospital acquired Staphylococcus Aureus Bacteraemia to report for 2015-2016.

Medication Safety

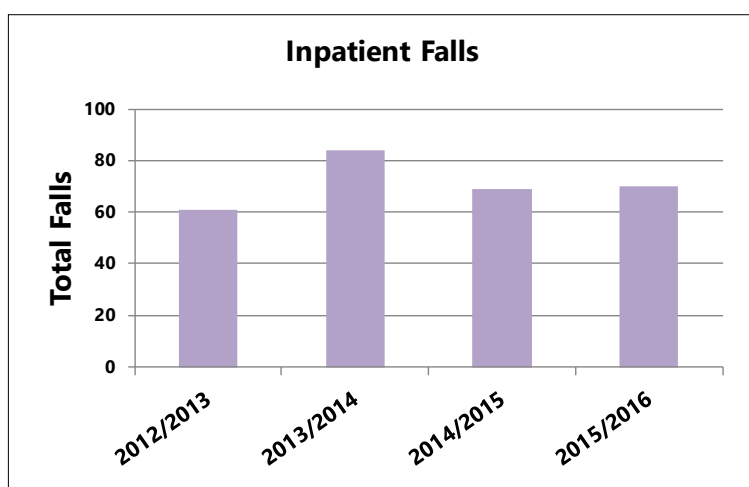


Reporting medication incidents forms part of our benchmarked data which we submit to the Australian Council on Healthcare Standards (ACHS) every six months and this data is benchmarked against our peer organisations and Australia-wide.

Over the past year we have had a total of 91 medication incidents reported which is a slight increase on the 86 incidents from last year. There have been no adverse outcomes for patients from these incidents.

Preventing Falls and Harm from Falls

When patients are admitted to hospital, they are screened for their risk of falls. Patients over 65 years of age who are on medications are at a greater risk of falling. A fall can cause serious injury, pain and reduce a person's confidence.



We have seen the number of inpatient falls over several years declining with this past year seeing 70 falls compared with 69 in 2014-15. The number of inpatient falls is reported to the ACHS every six months and benchmarked against our peers and Australia-wide. We monitor our falls prevention strategies such as screening and assessment. We have introduced measures including staff education to assist in reducing falls in hospital and in the community.

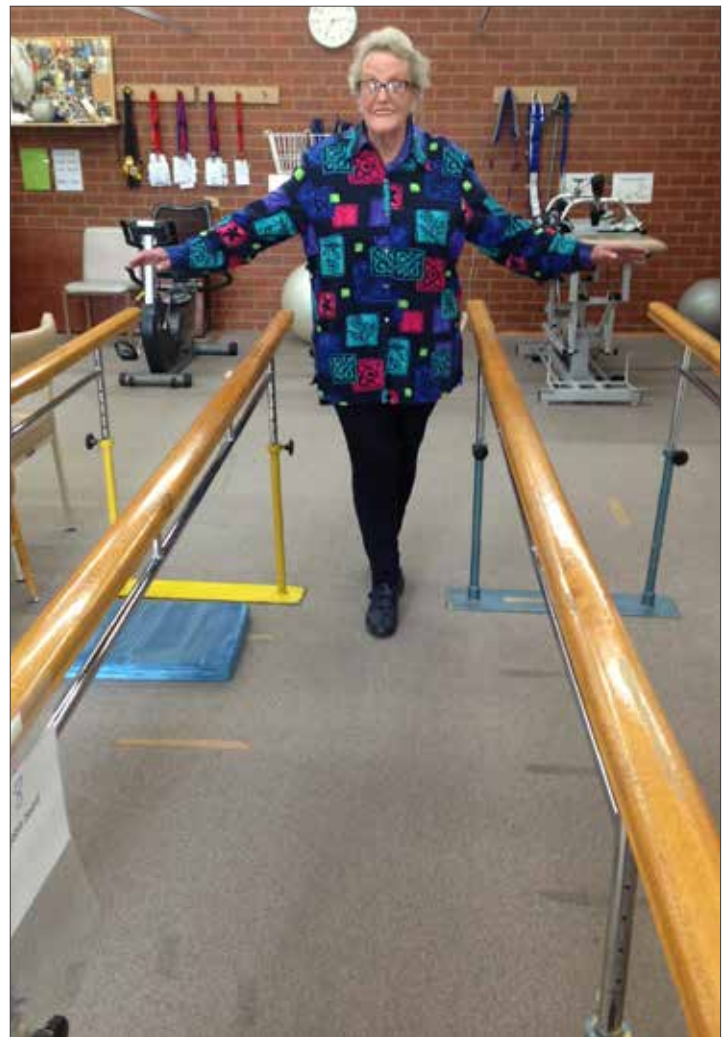
The Balance Group

Once patients return to the community they may be referred to the Balance Group. This program is specifically designed for people who have experienced a fall or who are at risk of falling and do not feel confident with their own balance. Here people receive their own personal exercise program and are supported by a physiotherapist and Allied Health Assistant to achieve their personal goals. The goals of the balance group are to improve balance and reaction times, decrease falls risk and increase confidence in walking and other every day activities.

Balance Class Client Story

When I first came to Day Care to inquire about some exercises to aid my recovery, it was suggested that I try The Balance Class. So I duly came and said I would give it a try not knowing much about it to see if it helped. Firstly, I was greeted by two very nice girls, Leanne and Lisa, who have been so supportive and patient with me over the six weeks, also providing much encouragement. I have gained more confidence in my balance and I find I can walk in a straight line (not meandering). My well-being has improved and it is thanks again to Leanne and Lisa. My grateful thanks again for the support and fun we have had. I'm sure the class will all agree.

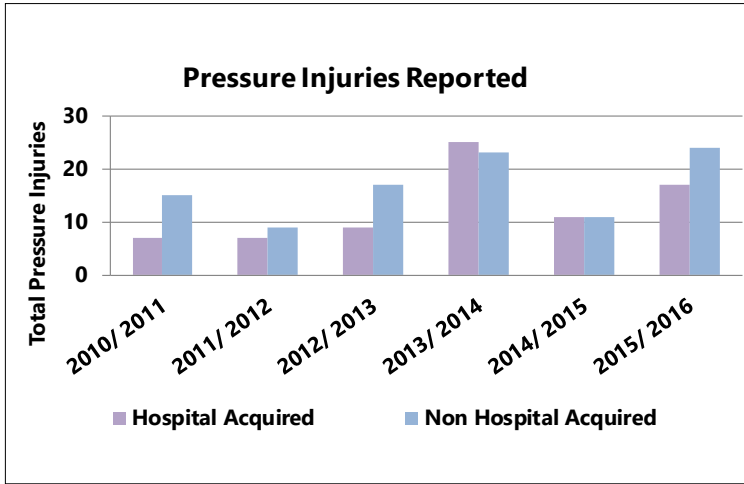
- Marie Saunders



Balance Group participants Joan Shallue and Patricia Bollard.

Preventing and Managing Pressure Injuries

Benalla Health utilises a pressure injury prevention and management program by screening patients when they are admitted for any pressure injuries and identifying their risks of developing a pressure injury. A pressure injury is a localized injury to the skin or its underlying tissue as a result of pressure.



During 2015-16 we have seen hospital acquired pressure injuries increase from 11 in 2014-15 to 17 this year; however, this has decreased from the 25 seen in the 2013-14 year.

We also take part in an external audit of Improved Wound Prevention and Care. Nursing Practice Solutions assesses prevalence, assessment and management of wounds. Benalla Health has sustained a reduction in pressure injuries over the past four years in this external audit from a prevalence of 12% in 2012 to 2% in 2016. Ongoing staff education continues in this area to ensure it remains an area of focus.

Safe and Appropriate Use of Blood and Blood Products

We have a Blood and Blood Products Policy which ensures the safe, appropriate, efficient and effective use of blood and blood products. Our transfusion trainer co-ordinates all aspects of blood and blood products to ensure our practice aligns with Standard 7 of the National Standards. All Registered Nurses, Registered Midwives and Enrolled Nurses in acute and sub-acute inpatient settings complete the online learning package, Blood Safe.

Blood and blood products are maintained in a designated blood fridge where the temperature remains within a safe range and it is monitored daily, with recent audits showing no areas for concern. Any incidents involving blood are reported to the Patient Identification, Procedure Matching and Blood Committee and promptly investigated.

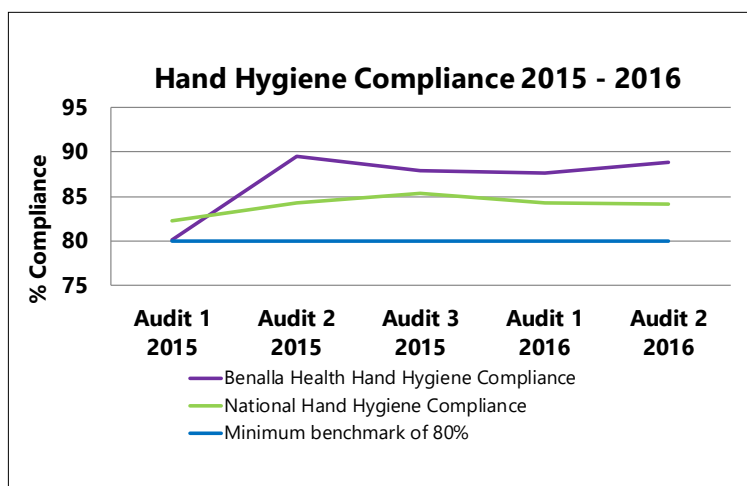
Hand Hygiene

Hand hygiene is considered one of the most important infection prevention and control strategies which assists with reducing the risk of infection spreading.

Our hand hygiene program is based upon the consistent application of the 'five moments' for hand hygiene and involves either hand washing with soap and water or using the pink alcohol-based hand rub at the following times:

- Before touching a patient;
- Before a procedure;
- After a procedure or body fluid exposure;
- After touching a patient;
- After touching a patient's surroundings.

Benalla Health has a trained auditing team of three nurses who provide ongoing education and undertake observational audits of hand hygiene compliance data in the Morrie Evans Wing and in all acute care areas.



Throughout all areas of Benalla Health, hand hygiene compliance is consistently above the required benchmark of 80% and the national average. As part of our ongoing commitment to improve compliance and raise awareness of hand hygiene, Benalla Health participates in World Hand Hygiene Day activities in May each year. We conduct an annual hand hygiene survey to ensure clients' expectations and needs are being met.

Health care worker immunisation - Influenza

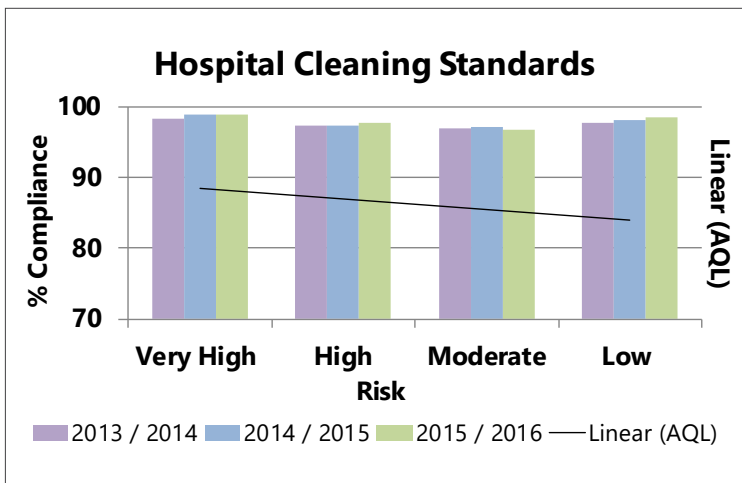
Annual influenza vaccination is highly recommended for all health care workers. Vaccination against the flu helps protect staff, family, vulnerable patients and residents from the flu and serious complications.

In 2016, 90.2% of Benalla Health staff received their flu vaccination. This is slightly more than 87.6% in 2015 and 84.2% in 2014. With each passing year, more staff are choosing to be vaccinated against the flu. Our uptake of influenza vaccination is well above the Department of Health and Human Services benchmark of 75% and the VICNISS aggregate of 79.9%. VICNISS is the Victorian Healthcare Associated Infection Surveillance System. All Victorian Public Hospitals are required to participate in VICNISS and submit data on infections and related activities.

Benalla Health has two trained nurse immunisers who run mobile fluvax clinics to ensure all staff have the opportunity to consider and receive their annual fluvax.

Environmental cleaning standards

Consistent, high quality environmental cleaning is essential in the prevention of transmission of infection within the health care setting.



Benalla Health has a dedicated team of housekeeping staff who ensure all areas of Benalla Health are cleaned to the highest standard to ensure the safe and effective delivery of health care services.

The results of monthly cleaning audits over the past three years are consistently above the acceptable quality level (AQL) set by the Department of Health and Human Services.

Right:

*Patient Services
Assistant Anne-Marie
Quinn.*

Bottom:

*Food Services
Assistant Catherine
Ings.*



Maternity Services

Victorian perinatal services performance indicators monitor and report on the outcomes and experiences of women and their babies in Victorian health services. The report provides a level of benchmarking for health services to compare their results and monitor variation against peer group hospitals. Currently 10 indicators are reported against with the results for two shown below:

Indicator Six: Referral to postnatal domiciliary care or Hospital in the Home.

All women who give birth in a Victorian public hospital must be offered a home visit by a qualified health professional. This indicator measures the percentage of women referred for home-based care. The target for all Victorian public hospitals is 100%. The data from 2013-2014 indicates Benalla Health provided domiciliary referral/care for 92% of mothers birthing at the service.

This result led to an education program to improve the rate of midwives referring women to domiciliary care and to the recording of this referral more accurately in the client histories.

The result has been an improvement in the rate of referral and documentation to 95% in the 2014-15 year and 100% in the year to June 30, 2016. Benalla Health is currently meeting the target for Indicator Six.

Indicator Nine: Rate of women attending their first antenatal visit prior to 12 weeks' gestation in Victorian public hospitals, 2013.

It is recommended that women attend their first antenatal appointment within the first 10 weeks of pregnancy. Early access to antenatal care is important to identify and manage risks to the health of a woman and the development of her baby.

For Benalla Health clients, the local GP is usually the first contact for pregnant women. Accurate data collection occurring outside the hospital and in the community is the factor which required our attention and this has involved education of staff involved with antenatal care. Data from 2013 indicates the Benalla Health's rate was approximately 63%, putting us in the favourable range.

Data from 2014 indicates Benalla Health's rate remained at approximately 63%, while 2015 data indicates a rate of approximately 70%, which should improve once the data has been checked and verified. Ongoing education regarding data collection and the importance of accurate data continues for staff. The maternity unit encourages all women to book into the hospital following confirmation of their pregnancy, so that midwives can provide education and support lifestyle changes for parents.



Teagan Kohn with baby Tayte.

Victorian audit of surgical mortality

There have been no incidents of surgical mortality at Benalla Health reported during 2015-16.

Residential aged care services

Benalla Health provides residential aged care services in our Morrie Evans Wing (MEW). We must report on our performance against five public sector residential aged care quality indicators which are:

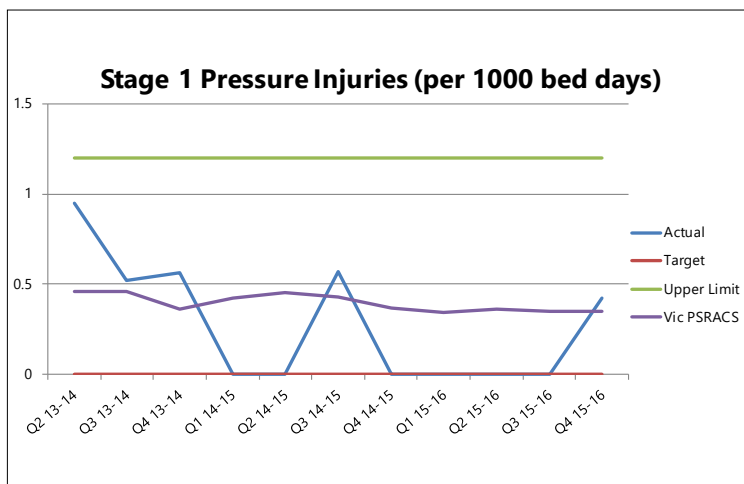
- Pressure injuries
- Falls and fractures
- Use of physical restraint
- Multiple medication use
- Unplanned weight loss

Pressure injuries

Pressure injuries are more common in older people and are a major health concern for people who live in residential aged care homes. Pressure injuries can develop due to age or medication related changes to skin.

Stage 1 Pressure injuries

Stage 1 pressure injuries are the less severe type and may indicate that a person is at risk. Pressure prevention strategies are in place such as the use of air mattresses and regular pressure area care.

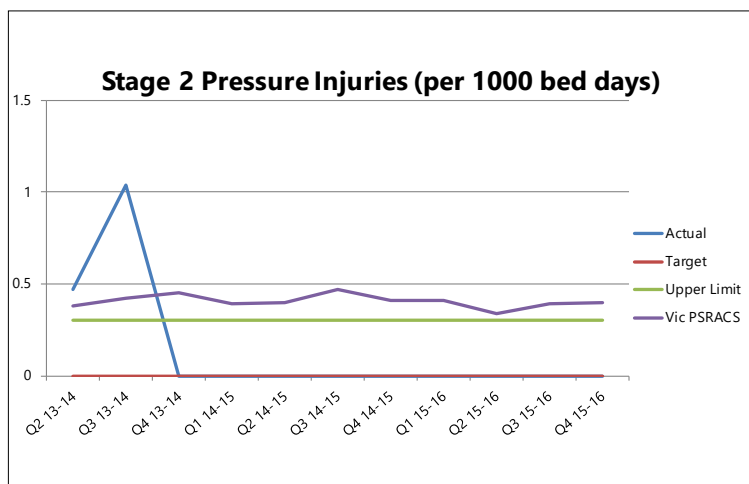


For the period of 2013-2016, there were some fluctuations with stage 1 pressure injuries in MEW. In the fourth quarter for 2015-2016 we had one stage one pressure injury. This pressure injury was picked up early with prevention strategies put in place.

The target is zero (shown in red) and the purple line indicates the statewide rate. The green line indicates the upper limit and we are within this target (shown in blue) for stage 1 pressure injuries.

Stage 2 pressure injuries

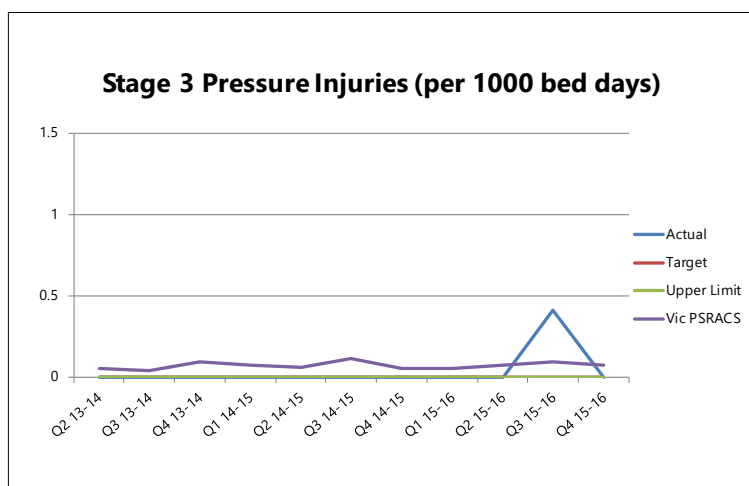
Stage 2 pressure injuries show partial thickness skin loss.



Our rate of stage 2 pressure injuries per 1000 bed days in MEW has decreased and we met our target of zero from 2014 to 2016. The purple line indicates the statewide rate and the green line the upper limit which we are now below. Pressure prevention strategies are in place such as air mattresses and regular pressure area care.

Stage 3 pressure injuries

Stage 3 pressure injuries show full thickness skin loss.



This graph shows that there were no stage three pressure injuries in MEW until one pressure injury in the third quarter of 2015-2016. This injury was managed with pressure-relieving strategies and it healed by the fourth quarter.

Stage 4 pressure injuries, suspected deep tissue injuries or unstageable pressure injuries

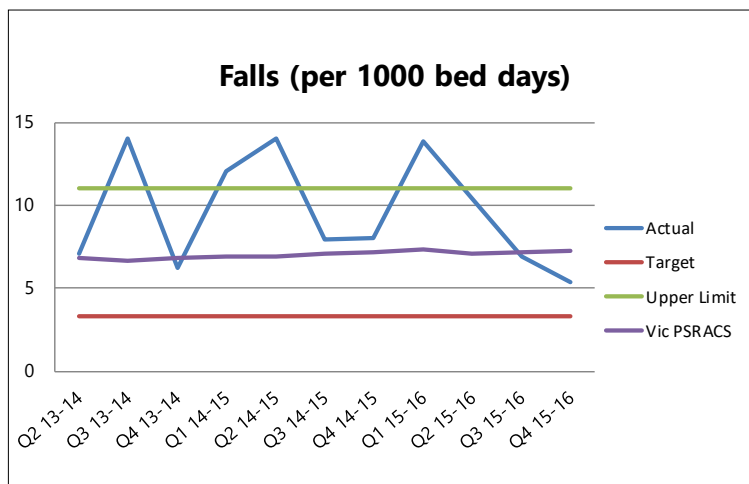
There were no Stage 4 pressure injuries, suspected deep tissue injuries or unstageable pressure injuries from 2013 to 2016. We have met the target of zero for these categories.

The actions that have been put in place to prevent pressure injuries over the past 12 months include the introduction of:

- A surveillance form for alternating air mattresses developed. This form is used by nursing staff to record if the air mattress pump is on and functioning properly. It is used on each shift. This form has helped prevent pressure injuries occurring from flat mattresses.
- High quality air mattresses for high risk residents.
- Nursing staff assisting residents with regular position changes.

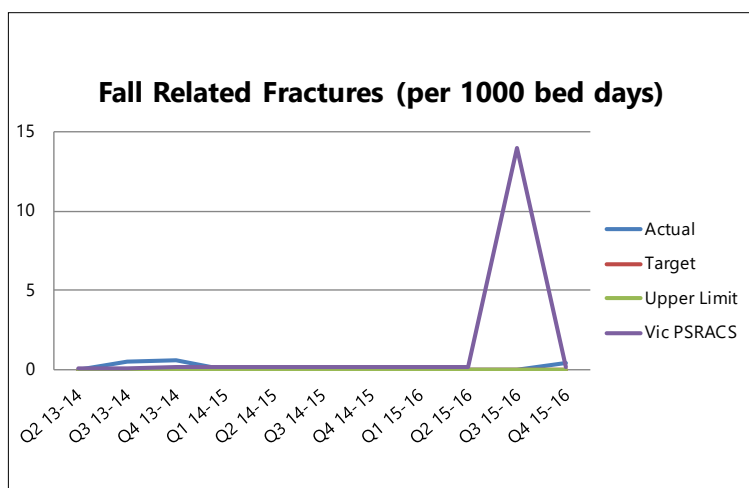
Falls and fractures from falls

Older people living in residential aged care facilities are at a high risk of falls and we monitor this to prevent falls and any fall-related injuries or other adverse events such as fractures.



This graph shows that our falls rate has been fluctuating over the past three years and it is dependent on the population within MEW.

Our falls rate has improved over the last two quarters for 2015-2016 and we are now below the upper limit (in green), are closer to the lower target (in red) and are under state-wide falls rate, shown in purple.

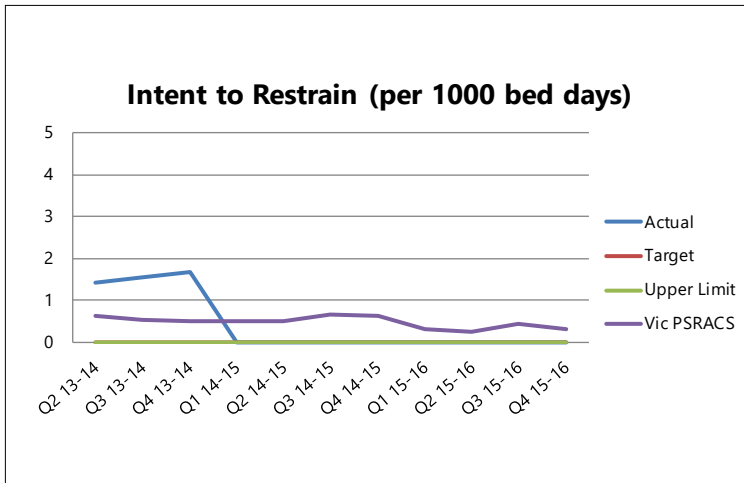


This graph shows that we have had one fracture in MEW in the third quarter of 2015-2016. This is over the target of zero but it is the only fracture that has occurred since 2014.

The following information explains the actions we are taking for falls prevention:

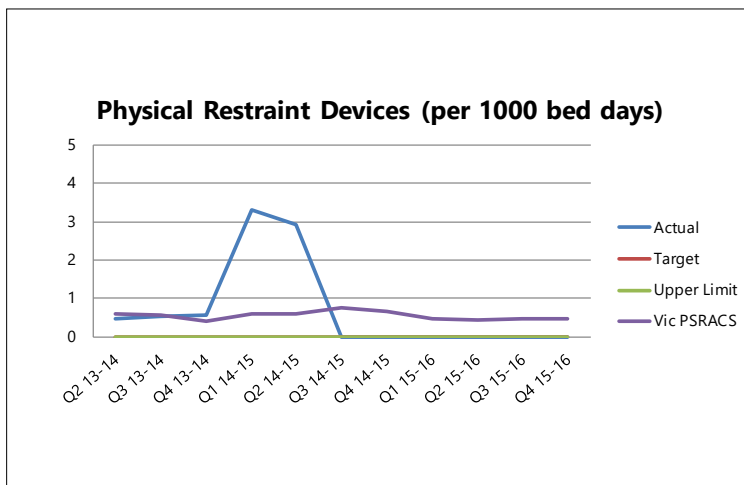
- Continue to frequently monitor and intervene when required residents who are at the highest falls risk such as those with wandering dementia.
- Be aware of those other residents not able to be monitored as closely.
- Continue falls prevention strategies including hi-lo beds, hip protectors and non-slip mats.
- Continue to have residents assessed by a physiotherapist for any suggested changes to the way we plan their care.

Residents with restraint



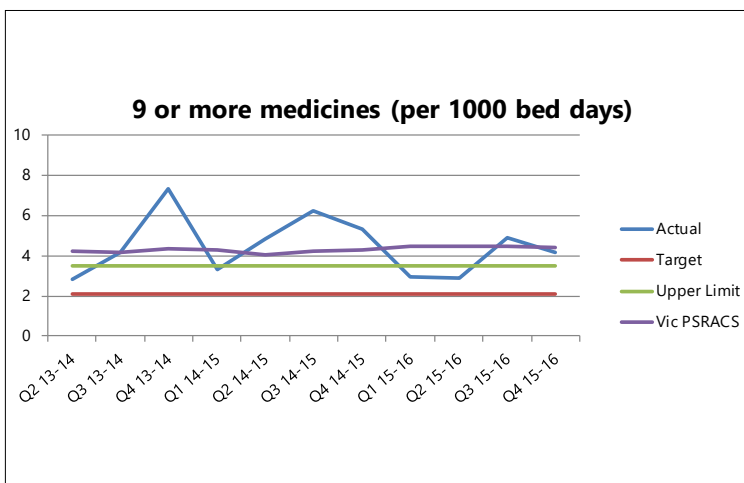
This graph shows there is no intent to restrain in MEW from quarter one 2014-15 which is on target of zero.

From 2013 to the first quarter of 2014 intent to restrain has been recorded. This result was prior to the definition. The audit tool was reviewed which changed the way we reported this indicator.



This graph shows that there are no physical restraint devices used in MEW from the third quarter of 2014-15 which meets the target of zero. From Quarter Four 2014 to Quarter Three 2015, there was a spike in devices recorded as a mattress with soft edges was recorded as a restraint device. The definitions and audit tools guideline were reviewed.

Multiple medication use

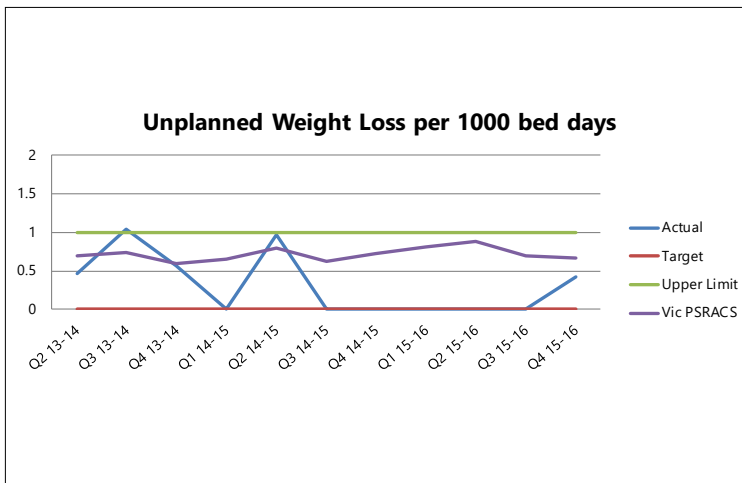


This graph shows that some residents are taking nine or more medicines.

This rate has fluctuated since 2013. The rate is above the upper limit of target in the last three quarters but it is marginally under the state-wide rates.

This indicator is monitored monthly and general practitioners are involved in reviewing resident's medicine usage.

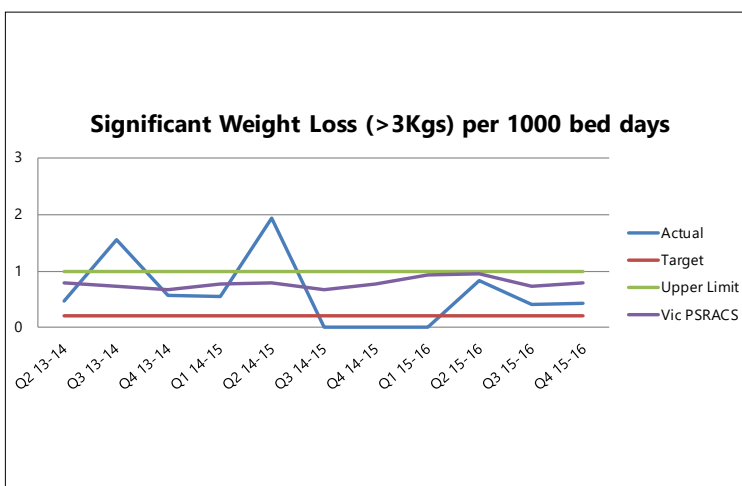
Unplanned weight loss



This graph shows unplanned weight loss consecutive over a three-month period has been quite stable since the third quarter of 2014-15.

This is closely monitored each month by nursing staff and dietitians.

The MEW rates are below state-wide rates.



This graph shows that significant weight loss of 3kgs within a month has been close to target from 2014 and below the upper limit in green and the statewide rate in purple.

This outlier is closely monitored each month by nursing staff and dietitians.

The MEW rates are below state-wide rates.

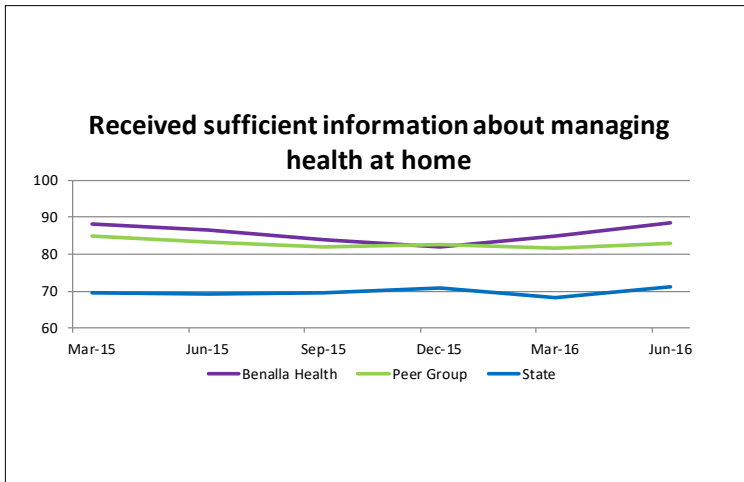


Morrie Evans Wing Nurse Unit Manager Nathan Willoughby with residents Eufrozyna (Zenna) Bem and Ethel Stephenson.

Continuity of care

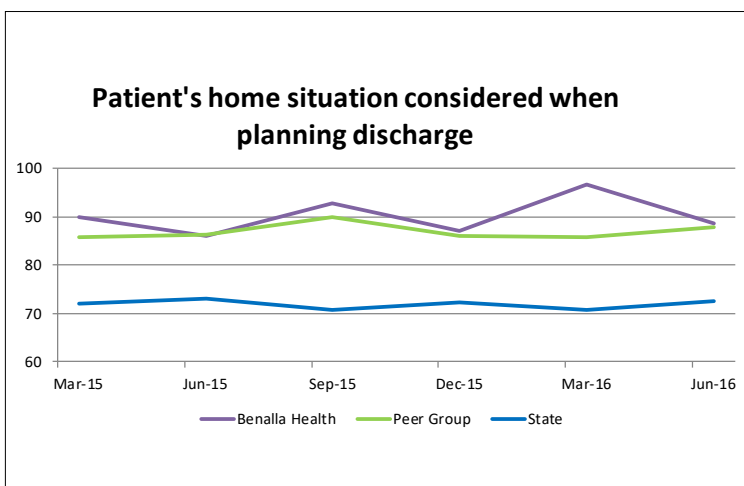
Victorian Healthcare Experience Survey – leaving hospital

Patients were also asked to provide feedback on their experiences with 'leaving hospital' in the Victorian Health Care Experience Survey.

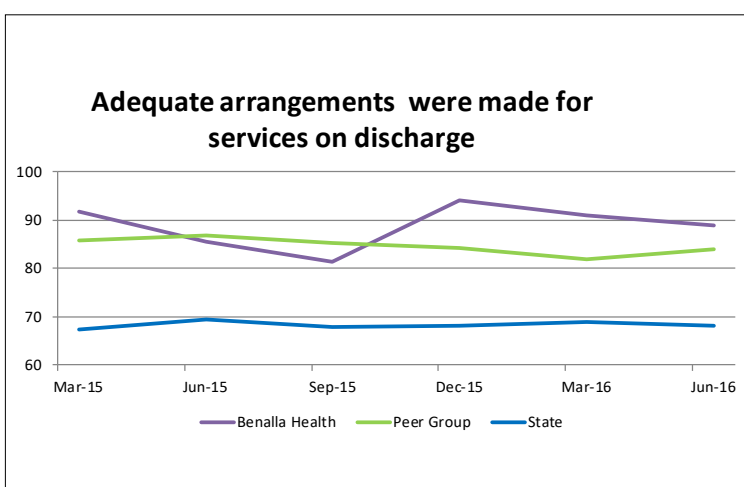


From April to June 2016, 88% of people agreed that the doctors and nurses gave them sufficient information about managing their health and care at home before they left hospital.

This was a similar result to the same period last year and it was significantly higher than the state-wide result of 71%.



From April to June 2016, 89% of people agreed that hospital staff took their family or home situation into account when planning their discharge. This was slightly higher than for the same period last year (86%) and a lot higher than the State result where only 73% of people agreed that their home situation was considered when planning their discharge from hospital.



When thinking about when they left hospital, 89% of patients agreed that adequate arrangements had been made by the hospital which was slightly higher than for the same period last year and significantly higher than the State result of 68%.

Continuum of care

The Community Health division of Benalla Health values consumer feedback. Staff complete a comprehensive review of services every two years and welcome written feedback at all times. All consumers seen during the month of September, 2015 were provided with a survey by their treating clinician. There were 231 surveys handed out. Consumers were provided with a reply paid envelope to return their response. Participation in this survey was optional.

Results were:

- 113 responses received (49% response rate).
- 89% of surveys were completed by the resident. 11% of surveys were completed by a carer or relative.
- 94% of clients agreed that staff assessed their needs before offering services. 90% stated they receive enough service. A total of 89% stated they were listened to if they had concerns about the service they were receiving. 98% said staff do a good job with 84% rating staff skills as very good and 14% as good.
- 58% of clients were female with the 75-84 year age bracket being the largest cohort of people accessing services.
- Most clients resided in the 3672 postcode.
- A total of 3% of clients stated they were of Aboriginal or Torres Strait Islander background.
- 42% of clients identified that they had a physical disability and 72% were pension recipients or on a low income.

One recommendation was made when a client identified a gap in continence nurse services for Benalla.

Quality Improvement

Community Health

All clients referred to the Health Independence Program are allocated a key worker. The key worker completes a comprehensive needs assessment with clients and refers them to appropriate services. The key worker acts as the liaison between the client and their family, and service providers.



The engineering team: Matt Charleston, Carpenter/Joiner; Steve Grubissa, Maintenance Trades Co-ordinator; Dave Berthun, Painter; Rick Grubissa, Chief Engineer; Dean Pallpratt, Mechanical tradesperson/Plumber; Colin Milligan, Gardener; Matt Pulham, Electrician/Maintenance Tradesperson; Suzy Mailer, Engineering Administration.



ANUM Lorene Currie, patient Colin Sumner and Director of Clinical Services Maree Woodhouse.

Community Health Continuum of Care Case Study

DK's success story

DK is one in 10,000 people who are diagnosed with Myasthenia Gravis (MG). This is an autoimmune condition that is caused by the immune system interfering with the transmission of messages from the nervous system to the muscles. DK received his diagnosis in May, 2013. By November DK had felt unwell for three or four days and suddenly he had serious symptoms.

"Drinks were pouring out of my nose. I went to see the GP and he sent me straight to Benalla Health They put a naso-gastric tube in and the next day I was taken to Royal Melbourne Hospital. DK experienced a MG "crisis" which is characterised by worsening of muscle weakness, resulting in respiratory failure that requires intubation.

DK ended up in ICU at the Royal Melbourne Hospital with a tracheostomy and a long-term feeding tube. He was placed on a respirator, a machine designed to help him breath. DK spent three months being stabilised and receiving multi-disciplinary rehabilitation with physiotherapists, occupational therapy, dietetics and speech pathology.

DK was then discharged home in February 2014 with referrals to dietetics and speech pathology. On an initial visit with the speech pathologist it was determined that he required a multi-disciplinary approach via Benalla Health's Health Independence Program. During this time, DK received physiotherapy, counselling, key worker contact, dietetics and speech pathology at home and also with centre-based interventions.

"In the HIP program I could have home visits with allied health staff. It gave me a really good morale boost. The staff were very positive and really cared about me because, sometimes I felt so alone. I wasn't able to go out with the PEG (feeding tube) and have meals with friends; I had to have a bag to spit into because I couldn't swallow my saliva properly," he said.

DK was provided with education around MG through regular visits with the allied health staff.

"It scared me when they started explaining about MG. I thought I would have to have a PEG for a long time. I thought to myself 'I'm going to get better and beat this'".

"The whole system really helped in getting me better. I'm so thankful; I've had the best care in the world between all the services. The Benalla hospital has been brilliant." DK was a fantastic advocate for himself and with support from the allied health professionals and his GP he had enough confidence to seek second opinions regarding managing the symptoms of MG and his swallowing difficulties.

"It's great to have confidence in the people looking after me," he said. "A more specialised neurologist was then suggested which has improved my symptoms because they have lots of expertise in dealing with people with my problem."

Through continued and ongoing home based rehabilitation, there was commencement of trialing food and fluids, which was the main goal for DK. "My taste buds were on overdrive," he said. "People would offer me tea and biscuits and I would have to pass. I just wanted to be able to have some pizza and beer."

Through regular therapy over an eight-month period, DK slowly regained his swallowing function and now has the ability to tolerate a varied diet and fluids. He no longer requires a "spit bag" as he can manage his saliva and his feeding tube has now been removed. "I definitely have enough education now; I know all the symptoms and the indicators'. I've got a plan if I think I'm having another crisis. The great thing about seeing Iftu and Hollie is that they can see any little changes that might be happening."

DK now travels regularly to see his family members and he is now able to enjoy the social aspect of going out for meals. He is planning a trip to New Zealand.

Testimonial: HIP Key Worker HIP Key Worker Approach

A story about Faith

Her father was caught behind enemy lines in Burma and returned to England after the end of the war. He kept faith that he would return home and this helped him to survive. Her mother was unwell during her pregnancy and anxious for her own and her baby's safety; her father said we need to keep faith that things will turn out well. When a beautiful daughter arrived, she was named Faith.

Meeting Faith, who is full of life and zest, is an amazing experience. It was hard to believe this vibrant, warm and eloquent woman only a few short months ago lay in a bed with a heart that had stopped beating. Faith's is an amazing story and journey, from independence to total dependence, to reclaiming independence again on her terms.

This is her story.

Faith is full of praise for St Vincent's Private Hospital where she 'was brought back to life' by a team of people who took turns doing cardio-pulmonary resuscitation for an hour, including eight defibrillation shocks. Previously fit, well and independent, Faith - in a short period of time - went from a check-up with her GP to being admitted to Goulburn Valley Health then being transferred to Melbourne to a cardiologist at St Vincent's. It was while waiting to have her pacemaker put in the next day that Faith's electrical heart block proceeded to heart stop. Faith knows she was incredibly fortunate to have been in hospital at that time and is forever thankful about her good fortune and calls it 'my organised miracle'.

Faith grew up as a 'child carer' from a young age, supporting her mother who had Multiple Sclerosis. She saw how fragile and cruel life could be seeing her mother unable to do things for herself, and how helpless and frustrated her mother felt at being dependent.

It was not until Faith herself was lying in a hospital bed hooked up to countless beeping machines with lines going in and out of her body like plastic spaghetti that she understood more clearly what it was like to be dependent on others to live. Faith had to be intubated to breathe so medications were given to relax her muscles, rendering Faith unable to move.

Faith can recall hearing and seeing people around her but she was totally unable to respond verbally or physically, not even a blink of the eyelid for yes or no. Faith said it was strange to hear yourself being spoken about but unable to say, 'Yes, that's right' or 'No, that is not how it is'. Although totally dependent and disempowered, it was also a humbling experience that people who did not know you worked so hard and cared so genuinely for you to be well again, in body, mind and spirit.

Faith was referred to Benalla Health's Health Independence Program (HIP) where she commenced her one session a week for eight weeks in the Cardiac Rehabilitation Program. However, Faith's journey back from the brink was not only about physical restoration. The HIP program enabled Faith to 'take charge' of her recovery with guidance from the team that included nurses, physiotherapists, occupational therapists, social workers, and dietitians.

Faith also commented on the guest speakers who broached sensitive but important topics such as Advance Care Plans and appointing a decision maker or medical enduring power of attorney on your behalf when you are unable to speak for yourself.

The rehabilitation program as Faith described it was a rejuvenation program for the brain, as well as the body. The program enabled Faith to think about what she was doing, how hard she was trying and for how long.

The outcome of a session is not about measuring, comparing or bettering what you did yesterday or last week, it is about listening to your body and knowing what it can do for you today. It is not where you think your milestone should be in your recovery, it is where you recognise it to be at that point in time and accept that.

This mindset allowed Faith to have control over her recovery, gradually restoring physical strength

and more importantly the confidence to do more and more as her body felt ready. Now getting to the end of the eight weeks Faith is glad to be improving her health and knowledge about health to take her long into the future.

However, it will also be with sadness that Faith will finish the program and leave a group of friends and trusted health professionals who have restored not only her health and well-being, but also hope in her independence again.

Thank you to Maree and the HIP team.

- Faith Irving



Maree Jenkins, Health Independent Key Worker, and Faith.

Advance Care Planning

Advance Care Planning (ACP) is a process whereby a person, in consultation with health care providers, family members and important others, make decisions about his or her future health care, should he or she become incapable of participating in medical treatment decisions.

It offers a formal structure for discussions around patient/client/resident's personal wishes, regarding current and future health care. It also assists with documenting these wishes in a meaningful format that is easily identifiable and available to clinicians at a time when decisions need to be made.

Benalla Health identifies patients with an ACP when they are admitted to the Acute Ward or to Morrie Evans Wing (MEW) and staff provide information to assist patients who present without one on how to do their ACP.

There are two palliative link nurses in MEW who speak to residents and their families about ACPs. They ensure that the advanced care plans are completed with a copy stored in the resident's file. ACP assessment is also completed in the Management Advantage computer program.

In January 2015, there were 70% of residents over the age of 75 with ACP. In September 2016, 95% of residents in MEW over the age of 75 have an ACP, or have identified a substitute decision maker. This improvement is a result of the introduction of the link nurses and their hard work in MEW.

Information technology and patient management systems currently do not have the capability of reporting the numbers and percentages of patients who have ACPs in place within our public health service and we are therefore unable to trend data for 2015-16.

The following story demonstrates how a patient's end of life wishes were met because staff had access to a contemporary ACP: *Mrs T was admitted to Benalla Health and on admission staff inquired if she had an ACP. The patient's response was in the affirmative and the staff obtained a copy of the patient's plan. Staff are aware of the importance of having an up-to-date advanced care plan and they cared for the patient, whilst frequently referring to her plan, to ensure that her end of life wishes were met. The ACP was retained in Mrs T's history as is required by law.*

End of life care

Benalla Health has an ACP Policy which contains the following principles with regards to end of life care. The policy states that the patient/client/resident's wishes regarding their end of life care are known to clinicians and substitute decision makers.

Patients/clients/residents receive treatment in alignment with their end of life plans. There is adequate communication and preparation of patients/clients/residents, and their significant others about end-of-life decisions and care.



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