

# Quality Account



# Welcome



## Executive Team

### Quality of Care

A positive workplace culture is a big factor in providing the highest standards of safety, quality and service to our community. This year saw the continuation of our REACH program which aims to transform the organisational culture to improve staff wellbeing and deliver excellent patient, client and resident care.

Last year we told you how we had revamped our organisational values and came up with REACH. This year we have continued to build on this work and our REACH awards were introduced to engage staff and promote observed positive workplace behaviours that reflected the values. Since the inception of the awards program we have received over 170 nominations that recognise how our dedicated staff live the values in their day to day work.

We will build on this work in 2020 through the review and revitalisation of our Vision and Purpose of our organisation in meeting the care needs of the community we serve. We will be actively engaging with our community to inform, consult, involve and partner with you to set the direction of our health service for the future.



**RESPECT:** We recognise the rights, beliefs and choice of every individual

**EXCELLENCE:** We demonstrate a commitment to the highest standards of safety, quality and service

**ACCOUNTABILITY:** We take responsibility for our decisions, actions, attitudes and health

**COMPASSION:** We consistently act with empathy and compassion

**HONESTY:** We are open, ethical, and fair

### Accreditation

| Program   | Status                               | Details   |
|---|--------------------------------------|---|
| National Safety and Quality Health Care Standards | Fully accredited until July 2022     | Assessed under version 2 of these standards and re-accredited April 2019, no recommendations                  |
| Aged Care Quality Standards                       | Fully accredited until October 2021  | Assessed under these standards and re-accredited July 2018 with recommendations that have been fully actioned |
| Home Care Standards                               | Fully accredited until December 2020 | District Nursing Service assessed under these standards and re-accredited in December 2017                    |



## 2018-19 Snapshot

 **8,938**  
Urgent Care Presentations

 **2,535**  
Patients requiring admission

 **8,868**  
Meals on Wheels produced

 **240**  
Babies born

 **5,531**  
Outpatient Clinic Visits

 **41**  
Nursing Home residents accommodated

 **1,537**  
Procedures performed

 **325**  
Staff employed

 **37**  
Hostel Residents accommodated

 **4,723**  
Community Nurse home visits

 **100**  
Volunteers

### Improving our report

Feedback received from the 2017-18 Quality Account showed the community would like:

- stay with calendar format
- PDF accessible on the website
- share information in report on Facebook page

### How to access the report

The Quality Account Calendar is available on The Kilmore & District Hospital (TKDH) website, articles may appear on our Facebook page and printed copies will be available at the front reception of the Hospital.

You can download a copy of the Quality Account Calendar at [www.kilmoredistricthospital.org.au](http://www.kilmoredistricthospital.org.au) or request a hard copy from reception.

# CONSUMER, CARER AND COMMUNITY PARTICIPATION



## Disability Action Plan

June this year saw the completion of our draft Disability Action Plan.

### How did we develop our Action Plan:

- Meeting with community members and staff to complete an organisation wide 'Disability Access Audit'
- Highlighted areas for review and change
- Consulted with the Regional Rural Access Worker for feedback
- Consumers and community members ratified the plan at our Community Advisory Subcommittee.

## Interpreters in Healthcare

### What we provide

All patients and visitors attending TKDH have the right to have information explained to them in their primary spoken language.

### Service Provision

TKDH provides phone interpreter services to patients who have requested an interpreter or have been deemed to require an interpreter. The Translating and Interpreting Service (TIS National) is an Australian Government interpreting service for people who do not speak English, and for organisations (including medical and health practitioners and emergency services) that need to communicate with their non-English speaking clients or service users. TKDH employ the use of this service as we do not have an interpreting service available on-site.

Patients, families and visitors will complete the interpreter booking form (with the help of staff) to nominate which language service they require. Bookings must be made one week prior for on-site interpreters; however a telephone interpreter can be organised immediately when required. This interpreter service provides access to more than 160 languages and dialects.

## How many patients are using the service?

In the 2018-19 financial year, TKDH admitted 2,535 patients. From this, 25 patients advised that they required access to interpreter services. The following table shows the breakdown of primary languages requiring access to interpreter services:

| Primary Language     | Total Patients |
|----------------------|----------------|
| Arabic               | 13             |
| Assyrian Neo-Aramaic | 3              |
| Italian              | 1              |
| Mandarin             | 3              |

| Primary Language | Total Patients |
|------------------|----------------|
| Serbian          | 1              |
| Tagalog          | 1              |
| Turkish          | 3              |

This data is derived from TKDH patient administration system. Administration staff input all required data into this system, which is then used to report to required Department extracts.

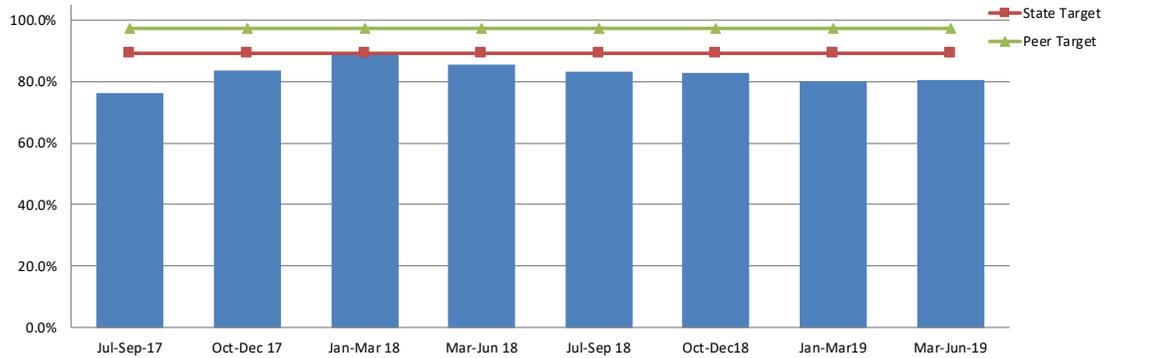
# JANUARY

| Monday                      | Tuesday                    | Wednesday           | Thursday | Friday | Saturday   | Sunday              |
|-----------------------------|----------------------------|---------------------|----------|--------|--|---------------------|
|                             |                            | New Year's Day<br>1 | 2        | 3      | 4  | 5                   |
| 6                           | 7                          | 8                   | 9        | 10     | 11   | 12                  |
| 13                          | 14                         | 15                  | 16       | 17     | 18   | 19                  |
| 20                          | 21                         | 22                  | 23       | 24     | 25   | Australia Day<br>26 |
| Australia Day Holiday<br>27 | School term 1 begins<br>28 | 29                  | 30       | 31     | <i>“I found Staff and the Doctor to be very thorough and kind, and very efficient. Thank you”</i><br><b>Acute ward patient</b> |                     |

# CONSUMER, CARER AND COMMUNITY PARTICIPATION

## Victorian Health Experience Survey

**Before you left hospital, did the doctors and nurses give you sufficient information about managing your health and care at home?**



**Thinking about when you left hospital, were adequate arrangements made by the hospital for any services you needed? (e.g. transport, meals, mobility aids)**



## What are we doing about discharge planning?

### In Theatre

- Establishment of Pre-Admission Clinic
- Introduction of a Safety Huddle for Surgical Team Members
- Four Stage Checking Process confirming patient and procedure details;
  - on admission with the patient
  - by Anaesthetist prior to going into operating room with the patient
  - with all team members and patient prior to procedure
  - after procedure while patient is asleep
- Patients are given post-operative instructions and seen by the Surgeon and offered time to ask questions prior to discharge.

### VHES results October-December 2018

93% of patients responded positively to being informed about how their procedure had gone, in a way they could understand.

### In Urgent Care

Feedback from discharge phone calls showed that there was at least half of those phoned who did not receive a discharge information sheet.

In consultation with Medical Staff patients now receive a hard copy of their discharge plan for their reference which they can also provide to their GP.

### In Inpatients

We have improved our discharge planning process. We have changed the time when the meeting is held, making it more accessible to all members of the care team. A recent audit of the discharge process has shown a 23% increase of care team members participating in the weekly meetings. We are partnering with our consumers to further improve the discharge process.

The discharge information sheet given to patients has been improved and now has clearer information and clearer identification of any follow up appointments post discharge.

# FEBRUARY

| Monday  | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|---|---------|-----------|----------|--------|----------|--------|
| <p>“ Staff are empathetic and professional and have the right attitude to all stakeholders at the facility. ”<br/><b>Family Member of Patient</b></p> |         |           |          |        |          |        |
|   |         |           |          |        | 1        | 2      |
| 3   | 4       | 5         | 6        | 7      | 8        | 9      |
| 10  | 11      | 12        | 13       | 14     | 15       | 16     |
| 17  | 18      | 19        | 20       | 21     | 22       | 23     |
| 24  | 25      | 26        | 27       | 28     | 29       |        |

# CONSUMER, CARER AND COMMUNITY PARTICIPATION

## District Nursing Service (DNS)

### We have improved access to healthcare and outcomes

- DNS received local funding to purchase a Hadeco Smartdop Total Toe Pressure machine. This allows clients in the community to receive comprehensive lower limb assessments to determine more specific management plans and ultimately improve outcomes for lower leg wounds.

Previously, clients would have had to travel to specialised clinics for these assessments.

- Caladenia Nursing Home and DNS now share a common work area. This has resulted in staff from both areas collaborating with each other for shared learning. The DNS nursing staff have extensive knowledge of wound care, continence and palliative care and Caladenia of the ageing process and navigating the residential aged care admission process.

This collaborative approach allows residents and clients to receive enhanced care.

### We have improved patient experience for palliative care clients

- We identified that the service didn't provide 24/7 support during the end stages of life when clients chose to die at home.

DNS commenced providing on call 24/7 support during the end stages of life to ensure clients and their families were supported and able to continue providing end of life care in the home setting.

In response to feedback, DNS now provides more information to patients and their families about the dying processes and allows joint documentation with carer and DNS staff.



### Case Study: Keeping clients safe at home

The DNS service visited a client in their home and identified that this client was not coping with managing their day to day life.

DNS were able to liaise with the clients GP to directly admit into TKDH acute ward. While on the ward, the client was able to access the multidisciplinary team for assessment and management to identify goals of care and a support plan to ensure the client was able to return home with access to home based services and links within the community such as meals on wheel, home help and district nursing.

# MARCH

| Monday          | Tuesday | Wednesday  | Thursday | Friday                   | Saturday | Sunday |
|-----------------|---------|--|----------|--------------------------|----------|--------|
| 30              | 31      | <i>“I want to thank the hospital for having me,<br/>I was quite happy here ”</i><br><b>GEM Patient</b> |          |                          |          | 1      |
| 2               | 3       | 4  | 5        | 6                        | 7        | 8      |
| Labour Day<br>9 | 10      | 11   | 12       | 13                       | 14       | 15     |
| 16              | 17      | 18   | 19       | 20                       | 21       | 22     |
| 23              | 24      | 25   | 26       | School term 1 ends<br>27 | 28       | 29     |

# CONSUMER, CARER AND COMMUNITY PARTICIPATION

## Victorian Healthcare Experience Survey (VHES)

One way we track patient experiences is through the Victorian Healthcare Experience Survey (VHES). Its 92 questions cover a range of aspects about being in hospital. The survey is undertaken by 116 Victorian Public Hospitals. Potential respondents are randomly selected from people who were discharged from our hospital. Overtime we can see trends, and drill down into the data to focus on what improvements can make a difference to our patients.

Last year we had over 300 consumers participate in the survey with 98% of respondents on average reporting that their overall experience was either 'very good' or 'good'. Our Patient Experience results tell us we are hitting the mark. The average result for overall experience is well above the Victorian Public Hospitals state average of 93%.

## Consumer Experience Group

In February 2019 our VHES Working Group was renamed the Consumer Experience Group. This group now has more engagement with patients and residents regarding feedback from their experiences.

We have found that consumers responded well to volunteers conducting the surveys and felt they were able to be more open and honest with their responses. One of our Consumer Experience Group volunteers said "The patients and residents appreciated the volunteer role in enabling a satisfactory avenue for their compliments and concerns to be addressed."

We pride ourselves on the work our Consumer Experience Group does with our patients and residents.

## Consumers on Committees

In 2018 we recruited a consumer to our Clinical Governance Board Subcommittee, which is our peak Quality and Safety Committee. To ensure the success of this consumer on this committee a number of key tasks were undertaken in conjunction with the consumer:

- an orientation program with key documents and information provided
- assigned a key contact for the consumer
  - Regular opportunities for questions and discussion
- developed a position description.

***"I am heartened by the dedication shown by the members, and have felt welcomed and supported to provide a voice for community at the table."***

Clinical Governance Committee Consumer



***"Having been a patient at TKDH for 9 months, I think it's nice to have a voice for patients. Real life examples or personal experiences can be helpful to staff to understand a patients perspective"***  
**Community Advisory Subcommittee Member, Julie**

# APRIL

| Monday        | Tuesday              | Wednesday | Thursday | Friday   | Saturday        | Sunday        |
|---------------|----------------------|-----------|----------|--|-----------------|---------------|
|               |                      | 1         | 2        | 3  | 4               | 5             |
| 6             | 7                    | 8         | 9        | Good Friday  | Easter Saturday | Easter Sunday |
| Easter Monday | School term 2 begins |           |          |  |                 |               |
| 13            | 14                   | 15        | 16       | 17   | 18              | 19            |
| 20            | 21                   | 22        | 23       | 24   | ANZAC Day       | 26            |
| 27            | 28                   | 29        | 30       | <p><i>“I have really appreciated your humour, kindness, compassion and sense of fun. How lucky we are in our community to have you guys.”</i></p> <p><b>Consumer</b></p> |                 |               |

# CONSUMER, CARER AND COMMUNITY PARTICIPATION



## Open Day 2018

On Saturday 28 October 2018 TKDH held our Community Open Access Day.

A large part of this day is the KidsClinic, where the hospital plays host to children participating in a number of activities around the hospital. This is such a great way for kids to learn important health and wellbeing messages in a fun and interactive environment.

This year we also incorporated an Open Day Display, which was similar to a mini expo. We had stalls from local Emergency and Health Services along with giveaways and activities for kids of all ages to participate in.

The day was a great success, with one participant stating, "I just want to congratulate everyone that was involved in the open access day for kids. Not only did my grandson have a great time but I did also. He enjoyed all the education about the hospital especially going into the theatre and pretending to be a patient. Staff have provided a fabulous opportunity for children to learn about hospitals. Thank you so much for all your hard word, dedication and support to the community."



# MAY

| Monday  | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|---|---------|-----------|----------|--------|----------|--------|
| <i>“ What a wonderful set up here. The staff, cleaners and food staff have been something you must be very proud of. Nothing is too much trouble. ”</i><br><b>Patient</b> |         |           |          | 1      | 2        | 3      |
| 4   | 5       | 6         | 7        | 8      | 9        | 10     |
| 11  | 12      | 13        | 14       | 15     | 16       | 17     |
| 18  | 19      | 20        | 21       | 22     | 23       | 24     |
| 25  | 26      | 27        | 28       | 29     | 30       | 31     |

# QUALITY AND SAFETY

## Feedback from our patients

### Our approach to feedback

#### What was the issue?

A consumer provided electronic feedback regarding inadequate communication and timely notification of cancelled elective surgery.

The consumer had made arrangements for the day of surgery and was very inconvenienced by the lack of communication.

#### What we did - We listened, we heard and we actioned

We made a phone call to the consumer

- We acknowledged the complaint
- We heard what was important to the consumer and what was needed to resolve the complaint
- We provided a genuine apology
- Next we outlined the intent to investigate what happened and how we would prevent a reoccurrence
- Finally we provided a time frame for feedback

#### Converting feedback into action

- Surgical Team improved the process for when a patients procedure is cancelled
- Managers discussed with staff involved
- Internal procedures were reviewed and updated

#### Feedback to the consumer

- Written response provided to the consumer
- Acknowledged and thanked them for their feedback and for allowing us the opportunity to improve.

## TKDH Feedback process



Feedback can be lodged in a number of ways (see back cover)



Complaints will be acknowledged promptly



The complainant will be informed how their complaint will be handled



A response will be provided to the complainant



If the complainant is not satisfied we can provide information about review options



If the complaint highlights any systemic issues, these will be considered and actioned

# JUNE

| Monday                | Tuesday | Wednesday  | Thursday | Friday                   | Saturday | Sunday |
|-----------------------|---------|--|----------|--------------------------|----------|--------|
| 1                     | 2       | 3  | 4        | 5                        | 6        | 7      |
| Queen's Birthday<br>8 | 9       | 10   | 11       | 12                       | 13       | 14     |
| 15                    | 16      | 17   | 18       | 19                       | 20       | 21     |
| 22                    | 23      | 24   | 25       | School term 2 ends<br>26 | 27       | 28     |
| 29                    | 30      | <i>“Nurses were very caring &amp; professional. Nothing was a problem for them they were absolutely beautiful. Cleaning staff &amp; the lovely food ladies were so friendly &amp; warm.”</i><br><b>Patient</b> |          |                          |          |        |

# QUALITY AND SAFETY

## People Matter Survey

On an annual basis all staff at TKDH have the opportunity to participate in the People Matter Survey. This is an independent survey run by the Victorian Public Sector Commission and gives employees an opportunity to anonymously let us know how we are going in a multitude of areas, including patient safety.

### How our staff feel about Patient Safety

Through this survey, staff are asked a series of questions regarding Patient Safety which are highlighted in the table below.

This is what our people had to say in regards to patient safety compared to staff at other hospitals:



| PEOPLE MATTER SURVEY - Patient Safety 2019  | TKDH Staff Agree | All Org Average |
|---|------------------|-----------------|
| I am encouraged by my colleagues to report any patient safety concerns I may have         | 91%              | 87%             |
| I would recommend a friend or relative to be treated as a patient here                    | 84%              | 81%             |
| Patient care errors are handled appropriately in my work area                             | 78%              | 78%             |
| My suggestions about patient safety would be acted upon if I expressed them to my manager | 73%              | 79%             |
| Management is driving us to be a safety-centred organisation                              | 72%              | 80%             |
| The culture in my work area makes it easy to learn from the errors of others              | 70%              | 73%             |
| This health service does a good job of training new and existing staff                    | 65%              | 69%             |
| Trainees in my discipline are adequately supervised                                       | 62%              | 67%             |

### Patient Safety

Programs such as Patient Safety Starts with me have been run throughout the organisation to encourage staff to report and be open when things don't go to plan with patient safety. This allows for reviews to be undertaken so we can learn and grow as an organisation and professionals. On review of these results we will continue to build on this platform over the upcoming year to support staff with this process and understanding the barriers they may face as part of our leadership work over the next 12 months.

### Workplace Safety

To provide safe patient care we also need to ensure our workplace is safe for staff. As our organisation grows along with the healthcare needs of our community we have realised the needs for a dedicated Work Health and Safety Advisor to support and oversee this critical work across our organisation. Sarah comes to us with a strong safety and support background and has a passion for embedding safety as a responsibility for all.

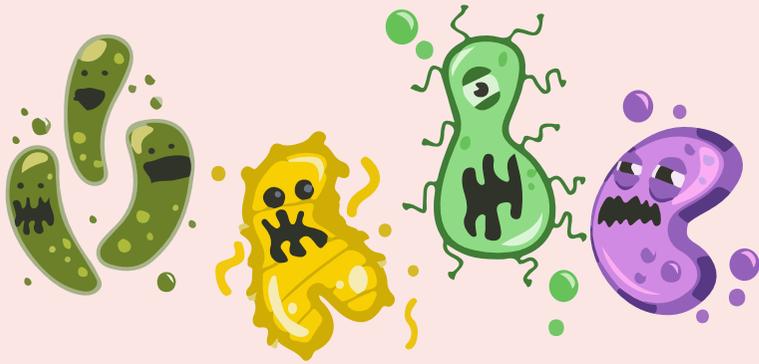
Some physical safety measures we have put in place to support our staff and all who come into our facilities have been swipe card access for our Outpatients building and bollards being placed at the front of the building.

# JULY

| Monday                     | Tuesday | Wednesday | Thursday | Friday | Saturday  | Sunday |
|----------------------------|---------|-----------|----------|--------|---|--------|
|                            |         | 1         | 2        | 3      | 4   | 5      |
| 6                          | 7       | 8         | 9        | 10     | 11  | 12     |
| School term 3 begins<br>13 | 14      | 15        | 16       | 17     | 18  | 19     |
| 20                         | 21      | 22        | 23       | 24     | 25  | 26     |
| 27                         | 28      | 29        | 30       | 31     | <p><i>“ Thank you to all the staff at Kilmore Hospital for the safe delivery of both of our children. ”</i></p> <p><b>Maternity Patient</b></p> |        |

# QUALITY AND SAFETY

## Preventing the spread of Infections



### Flu Vaccination

As part of our commitment to patient and resident safety all of our staff and volunteers are actively encouraged to receive their annual flu vaccination.

In 2018, 83.7% of our staff received their annual influenza vaccination, which was above the target of 80% set by the Department of Health and Human Services and was also an increase from our 2017 rate of 77.6%.

### Staphylococcus aureus

Staphylococcus aureus is a bacteria which can cause serious illness particularly if it gets into the bloodstream. Blood stream infections can often occur when certain procedures are performed in hospitals.

In 2018, TKDH had 1 case of this type of blood stream infection. Whilst this is unusual for our organisation, we understand that this had a big impact for our patient and we strive to prevent these from occurring. We have processes in place to review any bloodstream infections which may occur, we perform audits related to care which may contribute to bloodstream infection risks and ensure these are reported to our key committees, including our patients.

## Adverse Events

### What are adverse events?

The public hospital incident management system automatically assigns the Incident Severity Rating (ISR) when the incident is entered into the system. This is an indicator of the level of care and treatment required.

In 2018-19 there were no ISR 1 events and 98 ISR 2 events.

### What do ISR ratings mean?

- ISR 1** – severe/death
- ISR 2** – moderate
- ISR 3** – mild
- ISR 4** – no harm/near miss

86% of the clinical ISR 2 incidents fall into the category of unplanned transfers. All unplanned transfers have an ISR 2 rating. Consumers are referred to a higher level of care due to the following reasons:

- a decline in the consumer's condition and the care needed is outside the level of care we can provide, or
- the consumer has presented with health requirements outside our level of care.

### What are the themes?

|                                   |    |
|-----------------------------------|----|
| Maternity transfers               | 21 |
| GEM Program (Geriatric) transfers | 19 |
| Newborn transfers                 | 17 |
| Post birth bleeding above 1500ml  | 6  |

All incidents are taken seriously and a clinical case review or root cause analysis is conducted for all ISR 1 and 2 incidents.

### Improvements in response to recommendations from case reviews

Maternity and Newborn transfers:

- Introduction of the Victorian Children's Tool for Observation and Response (ViCTOR) chart for early recognition, management and transfer of an unwell baby
- TKDH worked with the Neonatal and Perinatal Transfer Team to develop and implement a phone handover form. This form assists communication about the patient's condition, management and possible transfer

Post birth bleeding above 1500ml:

- Practical education including scenarios where the healthcare team responded to the emergency. The response included calling a CODE Pink for maternity emergency and assessment and management as a team.

# AUGUST

| Monday | Tuesday  | Wednesday | Thursday | Friday | Saturday | Sunday |
|--------|--|-----------|----------|--------|----------|--------|
| 31     | <i>“ The moment you deliver any baby and hand it to the parents! It never gets old or less wonderful! ”</i><br><b>TKDH Midwife</b> |           |          |        | 1        | 2      |
| 3      | 4  | 5         | 6        | 7      | 8        | 9      |
| 10     | 11   | 12        | 13       | 14     | 15       | 16     |
| 17     | 18   | 19        | 20       | 21     | 22       | 23     |
| 24     | 25   | 26        | 27       | 28     | 29       | 30     |

# QUALITY AND SAFETY

## Escalation of Care

Escalation of Care processes at TKDH have evolved significantly over the previous 12 months. More emphasis has been placed upon patient and/or relative involvement in the escalation of care procedure.

In conjunction with TKDH Community Advisory Subcommittee and Emergency Planning Committee, a new escalation of care poster was developed and implemented in early 2019. Feedback was received from current inpatients around the hospital prior to being placed in all clinical areas.

The poster explains the Escalation of Care process for the patient/relative where care needs to be escalated or the patient/relative believes that they are not being heard by their nurse. The poster has been formed to help ensure that this information is easily accessible for consumers.

The Escalation of Care process is also included in the patient information booklet provided to patients on admission to the hospital.

Extensive education was attended in all acute clinical areas of TKDH before implementation. This was completed in early March 2019.



**PATIENT, FAMILY AND CARER ESCALATION**  
Are you concerned that your or your loved one's health condition is getting worse and you feel you are not being heard?

We acknowledge that you know your loved one better than anyone. You may feel your health concern is not being acted upon. If you have these concerns about your or your loved one's health condition, you are encouraged to seek assistance by following these steps.

**First Step**  
If you have concerns that your health condition is getting worse or not improving as expected  
**Speak with your Nurse or Doctor**

**Second Step**  
If you are not satisfied that your concerns have been addressed  
**Ask to speak with the Nurse in charge of the shift or the Doctor**

**Third Step**  
If you have followed step 1 and 2 and you are still not satisfied your concerns have been addressed request a  
**Medical Emergency Response Team (MERT) by phoning 42177 / 57342177**  
(From hospital phone located at bedside)

The nurse answering will require the following information

- Name of the patient
- Reason for the call
- Location and bed number

This is not a General Complaint Process. Please advise ward staff if you have a general complaint and they will assist you with the correct process.

# SEPTEMBER

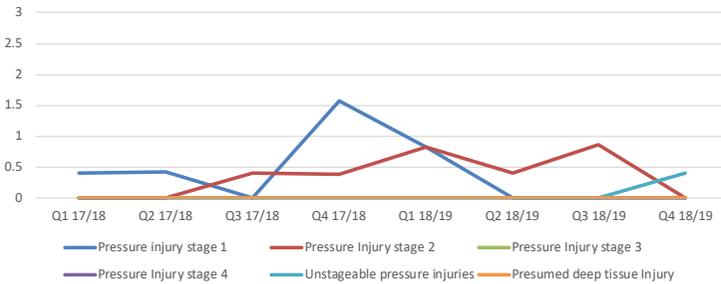
| Monday | Tuesday | Wednesday | Thursday   | Friday             | Saturday | Sunday |
|--------|---------|-----------|--|--------------------|----------|--------|
|        | 1       | 2         | 3  | 4                  | 5        | 6      |
| 7      | 8       | 9         | 10   | 11                 | 12       | 13     |
| 14     | 15      | 16        | 17   | School term 3 ends | 19       | 20     |
| 21     | 22      | 23        | 24   | 25                 | 26       | 27     |
| 28     | 29      | 30        | <p><i>“ I love working here because it allows me to care for residents while trying to make them comfortable and happy. ”</i></p> <p><b>TKDH Aged Care Nurse</b></p> |                    |          |        |

# QUALITY AND SAFETY

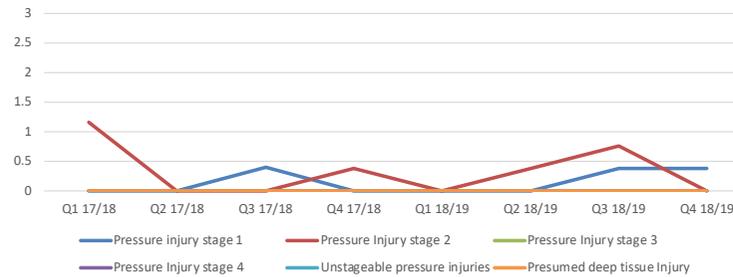
## Residential Aged Care

### Pressure Injuries

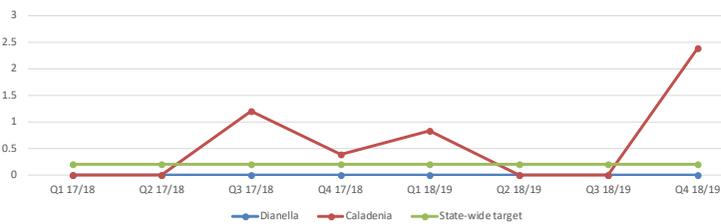
Caladenia by type and bed days



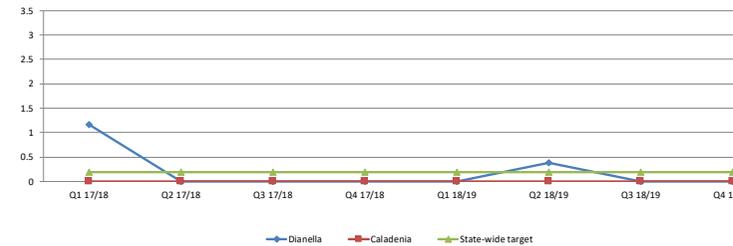
Dianella by type and bed days



### Intent to Restraint



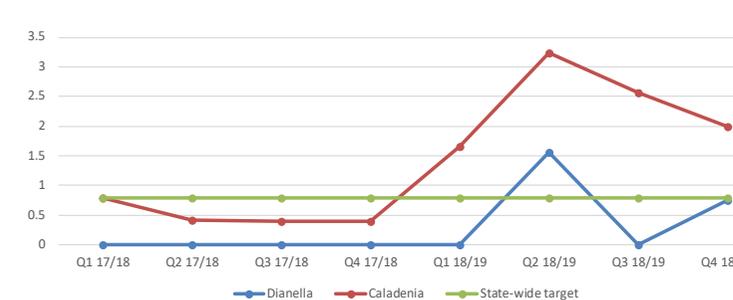
### Falls and Fractures



### Use of 9 or More Medicines



### Unplanned Weight Loss



### Quality Improvement in Falls

Since December 2018, the following changes have been implemented:

- Purchase of floor alarm mats, bed and chair exit alarms
- All residents assessed as a high falls risk who are at risk of rolling out of bed have crash mats placed on the floor next to their bed. This reduces the harm from falls which is evident in Caladenia not sustaining any fractures from falls
- Residents who fall frequently due to dementia are referred to a Geriatrician and Dementia Behaviour Management Advisory Service. They receive assessment and review of medications and strategies to decrease agitation levels to reduce falls
- Implementation of the use of walkie talkies across all shifts to increase communication among the nursing team
- Vitamin D and calcium supplements for all high falls risk residents
- Introduction staff huddle to highlight residents who have had recent falls
- Leisure and Lifestyle staff now have later shift times to enable activities for residents with dementia from 4.00pm until 5.30pm. This allows nursing staff to provide individualised care to other residents

### Quality Improvement in Medications

The upgrade of the medication room at Caladenia has resulted in improved storage and security for medications. Nursing staff now have dedicated storage space in one location.

The new storage space has resulted in increased medication safety due to having a more organised and accessible space for nursing staff.

# OCTOBER

| Monday  | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|---|---------|-----------|----------|--------|----------|--------|
| <i>“My daughter and husband enjoyed doing the KidsClinic together. They both got so much out of the day!”</i><br><b>KidsClinic Parent</b> |         |           | 1        | 2      | 3        | 4      |
| School term 4 begins  |         |           |          |        |          |        |
| 5   | 6       | 7         | 8        | 9      | 10       | 11     |
| 12  | 13      | 14        | 15       | 16     | 17       | 18     |
| 19  | 20      | 21        | 22       | 23     | 24       | 25     |
| 26  | 27      | 28        | 29       | 30     | 31       |        |

# QUALITY AND SAFETY

## Maternity

The Victorian Perinatal Services Performance Indicators (PSPI) report is provided to us each year and we compare our results with similar organisations in the state.

The report is designed to assist health services implement change, with the aim of improving health outcomes for Victorian mothers and babies.

There are 24 indicators in the report. The following are results and actions relating to 2 of the indicators.

### **Percentage of singleton full-term babies (without congenital anomalies) who are considered in poor condition shortly after birth**

TKDH experienced higher than expected rates (2.2%) compared to the State expectation of 1.5%

Our current actions to address this result are as listed:

- Clinical Case reviews are conducted for all babies who meet the “poor condition” criteria and reported to the Maternity Morbidity and Mortality committee. Progress of actions for improvement are monitored by the committee.
- Maternity and Newborn Emergency (MANE) education is attended biannually by all maternity staff
- Practical Obstetric Multi-Professional Training (PROMPT) education attended yearly
- Fetal Surveillance Education Program (FSEP) It is TKDH policy that all maternity staff attend annual competency training and achieve a minimum of a level 3 competency which is the highest level.

### **Percentage of singleton babies with severe fetal growth restriction delivered at 40 or more weeks gestation.**

TKDH had no babies undelivered by 40 weeks with severe fetal growth restriction. The State target is 28.1%.

Our current actions to maintain this result include:

- TKDH has a process on how to manage severe fetal growth restriction
- Staff undertook the Safer Care Victoria “Fetal Growth Restriction Education Program” in February 2019
- We monitor early identification risk factors for all women booking into our antenatal clinic.



## Zoe's birth

On January 30 2019 we met our second daughter, Zoe. It's true that love knows no limits and once again we were overwhelmed with love and gratitude on the safe arrival of our baby girl.

However, different to the birth of my first daughter, things didn't go to plan. Additional precautions were required to monitor foetal distress in the days leading up to her arrival and an emergency caesarean was determined to be the safest option for us both. We have a huge amount of trust and respect for our obstetrician and were happy to follow her advice.

The wonderful team at Kilmore Hospital kept us informed of my progress, risks and options, and supported us both throughout the delivery and afterwards. After a caesarean you need help to do almost everything and the midwives were so professional and compassionate – nothing was too much trouble. I wasn't discharged before I was ready (physically and emotionally) and the at home visits helped to establish breastfeeding in the early days.

I have nothing but my sincerest gratitude for the maternity team at the Kilmore Hospital.

Adele

# NOVEMBER

| Monday | Tuesday  | Wednesday | Thursday | Friday | Saturday | Sunday |   |
|--------|--|-----------|----------|--------|----------|--------|---|
| 30     | <i>“ Thankyou so much for the wonderful care that you gave us during the C section, birth and aftercare. We couldn't have had a better experience.”</i><br><b>Family Member of Patient</b> |           |          |        |          | 1      |   |
| 2      | Melbourne Cup Day  | 3         | 4        | 5      | 6        | 7      | 8 |
| 9      | 10   | 11        | 12       | 13     | 14       | 15     |   |
| 16     | 17   | 18        | 19       | 20     | 21       | 22     |   |
| 23     | 24   | 25        | 26       | 27     | 28       | 29     |   |

# STAFF AND COMMUNITY ENGAGEMENT

## Recognising Excellence Staff Awards

Staff are encouraged to submit nominations if they have made improvements to any aspect of work. These awards are classified according to the domains of Governance. An overarching award is presented to the recipient whose achievement addressed all five Governance domains.



### Overarching Award

Education and Graduate Nurse Program Team for Increasing the capacity and capability of our Graduate Nurse Program



### Leadership and Culture Award

Deb Stavrinou for training new staff members to meet demand



### Clinical and Corporate Effectiveness Award

Finance & Supply Team for their work implementing Unleashed software and Magiq dashboard



### Consumer Partnerships Award

Jade Sheather & the Community Open Access Day Working Group for their excellence in Community Engagement



### Workforce Award

Urgent Care, Medical Services & Finance for their work on the Medical Workforce Model



### Risk Management Award

Development & Improvement Team & Nurse Unit Managers for Patient Safety Starts With Me

### Highly Commended

Anne Johnson (volunteer) for building volunteer capacity and fundraising

### Highly Commended

Rachel Featherstone for being a positive leader in the inpatient unit supporting and driving audits through guidance and excellent communication with peers

### Highly Commended

Victorian Healthcare Experience Survey (VHES) Working Group Consumer Consultants Helen Clancy & Debbie Davis for improving patient experience through the analysis of VHES data and;  
District Nursing Service for responding to consumer feedback

### Highly Commended

Gabrielle Hanson for Root Cause Analysis that is robust and best practice against an Incident Severity Rating 1.

### Highly Commended

Environmental Services, Food Services & Infection Control for excellence in gastroenteritis outbreak management

# DECEMBER

| Monday | Tuesday | Wednesday | Thursday | Friday  | Saturday         | Sunday |
|--------|---------|-----------|----------|---|------------------|--------|
|        | 1       | 2         | 3        | 4   | 5                | 6      |
| 7      | 8       | 9         | 10       | 11  | 12               | 13     |
| 14     | 15      | 16        | 17       | School term 4 ends<br>18  | 19               | 20     |
| 21     | 22      | 23        | 24       | Christmas Day<br>25   | Boxing Day<br>26 | 27     |
| 28     | 29      | 30        | 31       | <i>“ What a fantastic country hospital.<br/>All the staff were wonderful. ”</i><br><b>Patient</b> |                  |        |



# THE KILMORE & DISTRICT HOSPITAL

Rutledge Street, Kilmore, Victoria

## How do you provide us with feedback?



Face to face:  
interviews and surveys



Send an email:  
[Kilmoreweb@kilmorehealth.org.au](mailto:Kilmoreweb@kilmorehealth.org.au)



Feedback form:  
available in ward areas  
and reception



Complete our online feedback form:  
[www.kilmoredistricthospital.org.au](http://www.kilmoredistricthospital.org.au)



Phone:  
+61 (3) 5734 2000



via social media:  
[https://www.facebook.com/  
The-Kilmore-and-District-  
Hospital-540274112690158/](https://www.facebook.com/The-Kilmore-and-District-Hospital-540274112690158/)



Write to us:  
PO Box 185,  
Kilmore VIC 3764

## How we manage complaints:

### Complaint resolution at first point of contact

- Consumers are encouraged to raise complaints or concerns with the staff involved at the time the issue arises. This provides the best chance for concerns to be addressed quickly, and prevent any ongoing problems.

### *If unresolved:*

#### Investigation of complaint by Manager

- The Manager of the area investigates the problem, makes contact with the consumer and works with consumer and staff to resolve the issue in a timely manner.

### *If unresolved*

#### Investigation by Senior Manager in Division

- When an issue cannot be resolved by the Manager, or when the issue is particularly complex for some other reason, we begin an investigation and collect and review all the information. We ensure that the right people are involved with the consumer in addressing a complaint with the aim of resolving and preventing future problems.