

QUALITY ACCOUNT REPORT

2016



castlemaine
HEALTH

Our Vision

Exceptional care
of every person,
every time



CARE, QUALITY AND CHOICE

Welcome



Ian Fisher,
Chief Executive Officer

Castlemaine Health is extremely proud of the care it delivers across a broad range of services. It is very important that our community also share that pride and trust. Pride and trust must be earned, so we will continue to keep you informed about our services and show you the results of the various indicators used to measure their safety and quality.

We are very fortunate to have a Board of Management, staff and visiting medical practitioners committed to person-centred care. Together, we work hard to achieve positive health outcomes for our clients by delivering high-quality care in line with well-embedded safety and quality systems.

Our case study Charlie Ellery's experience is a wonderful story illustrating this in practice. It shows how the introduction of new technology, along with caring, skilled and experienced staff and medical practitioners, achieved a great outcome for a client undergoing cataract treatment.

As an organisation, we're also extremely grateful for the feedback we receive from those who have been in our care. Feedback is enormously beneficial and is always encouraged. It is communicated back to front-line staff and used to continuously improve our services.

We have a very active Community Consultative Committee and in recent years, members of the community have joined board sub-committees and operational committees to add a consumer's perspective to discussions

and decisions. Along with our volunteers, our community's contribution is greatly valued and appreciated.

This *Castlemaine Health Quality Account 2016* (formerly the *Quality of Care Report*) provides an excellent overview of these and many other activities at Castlemaine Health. It illustrates through evidence and case study how we continually strive to assure that our services are compliant, safe and effective.



Ian Fisher
Chief Executive Officer

Vision

Exceptional care of every person, every time

Mission

A well run and trusted organisation that engages with the community to provide high quality health services

Values

Integrity, Care, Unity and Excellence

If you require an interpreter to read this report please ask a Castlemaine Health staff member. For those with vision impairment the electronic copy of this report can be zoomed to assist.

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Consumer Feedback

Castlemaine Health is committed to providing the best possible person-centred service. We welcome feedback on all aspects of our service, be it critical or complimentary.

We invite feedback via:

- satisfaction and experience surveys
- customer feedback forms - available in

all areas of Castlemaine Health and at www.castlemainehealth.org.au/contact-us/

- webmail at www.castlemainehealth.org.au/contact-us/contactpublicrelations/
- letters to Quality and Risk Department, Castlemaine Health, PO Box 50, Victoria, 3450

If a client or visitor has an idea for improving our service, Bright Idea forms are available in the cafeteria. We encourage anyone with concerns about any aspect of our services to discuss the issue in the first instance with a relevant staff member. Any formal complaint is treated seriously, investigated and a response is provided by the relevant Operations Manager or Executive Director.

Measuring progress

We are constantly measuring how well we are doing through satisfaction surveys. One of our main sources of feedback is the state-wide Victorian Healthcare Experience Survey (VHES). These surveys are distributed randomly to people who have experienced care from health services in the month after their hospital discharge. Completed questionnaires are sent to an independent research company, who collate the results and send them to Castlemaine Health on a quarterly basis. In 2015-16 we used the feedback to review dining options for patients and residents.



VHES results: Overall satisfaction with hospital stay

	2016 Jan-June	2015 July-Dec	2015 Jan-June	2014 July-Dec	2014 Jan-June
Castlemaine Health	100%	94.7%	100%	97%	100%
Peer hospital	97.8%	96.5%	98%	98%	98%

We also undertake a range of internal client surveys to evaluate services not covered by the VHES. These cover areas such as:

- maternity
- community rehabilitation
- residential care.

Castlemaine Health internal survey results

Survey	Question / Measure	Results	DHHS Target
Maternity	The midwives respected their wishes and choices.	100%	90%
	The doctors respected their wishes and choices.	100%	90%
	Did your partner/support team feel supported?	100%	90%
Community rehabilitation	Satisfied with involvement in decisions about their care and treatment?	97%	90%
Residential care	Satisfied with involvement in decisions about their care and treatment?	93%	75%

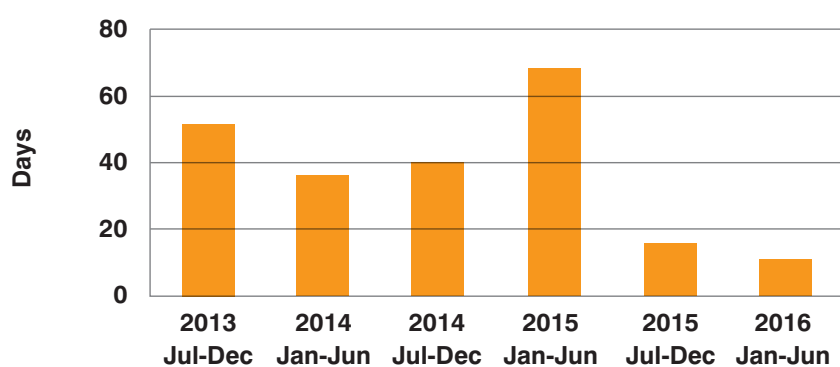


Always improving

Just some of the improvements we made in 2015-16 as a result of customer feedback:

- new menus and better dining options for residential units
- themed menus on cultural days such as the Grand Final, Melbourne Cup, Oaks Day and Christmas in July
- improved family liaison through care plan reviews and planned family meetings
- cleaning checklists updated with a new prompt to check the state of the curtains
- more dignity for deceased residents who are moved from residential units
- client discharge practices reviewed
- new Anzac Day service for patients from 2017 onwards
- new guest Wi-Fi installed
- better information on parking for clients, families and visitors

Average days to close complaints within reporting period



- intake appointment letter updated
- automatic phone message updated to more quickly direct callers to the right person
- alternative route for food trolley deliveries identified in the event of a lift outage
- new cultural brochures made available in operating suite admission area
- increased podiatry time for aged care residents in Thompson House at times that better suit them
- new treatment chairs for infusion patients
- part-time admissions staff employed to help receive pre-operative patients.

Our Community Partners

Castlemaine Health has a strong commitment to involving community members (consumers, carers, volunteers, the broader community and agencies) in the planning, design, delivery and evaluation of our services and programs.

We are very keen for community members to have more control over the decisions being made around their health and wellbeing, and we use a range of community participation and engagement approaches to maximise the opportunities for genuine engagement and consultation with our community.

Our achievements and plans for improvement		
Standard	Achievements	Planned improvements
1. The organisation demonstrates a commitment to consumer, carer and community participation appropriate to its diverse communities.	<p>The Community Consultation Committee was extensively reviewed in 2015-16, with:</p> <ul style="list-style-type: none"> • new members added • committee functions refined • working parties created to focus on special projects. <p>Community representation was added to the Clinical Governance Committee, Cognitive Impairment Group and Quality and Risk Committee.</p>	Members to evaluate the committees to identify future improvements.
2. Consumers and, where appropriate, carers are involved in informed decision-making about their treatment, care and wellbeing at all stages and with appropriate support.	A client focus group was held to gather feedback on the Connolly Rehabilitation Unit's services.	Implementation of an action plan developed from the focus group's feedback, along with a client-directed care plan.
3. Consumers, and, where appropriate, carers are provided with evidence-based, accessible information to support key decision-making along the continuum of care.	New 'fact sheets' on specific health conditions were created in consultation with consumers, and a new procedure for developing consumer information put in place.	Ongoing review of the appropriateness of information provided.
4. Consumers, carers and community members are active participants in the planning, improvement, and evaluation of services and programs on an ongoing basis.	<p>New systems put in place to ensure that feedback is sought from clients and the community through:</p> <ul style="list-style-type: none"> • customer satisfaction surveys • experience surveys • feedback forms. <p>Results were analysed and improvements implemented where appropriate.</p> <p>A new Community Participation Framework was developed.</p>	<p>Promote customer experience surveys more widely and monitor response rates.</p> <p>Ensure all feedback provided in satisfaction surveys is addressed in a systematic way.</p>
5. The organisation actively contributes to building the capacity of consumers, carers and community members to participate fully and effectively.	<p>Systems were established to regularly seek client and community feedback:</p> <ul style="list-style-type: none"> • customer experience surveys • customer feedback forms • online feedback link • consumer involvement in organisational committees. <p>Consumers have helped to educate staff by telling their stories on the units and at the annual falls education days.</p>	<p>Increase public awareness of opportunities for consumer participation through more active media and communication activity.</p> <p>Include consumer perspectives in the staff orientation program.</p> <p>Identify opportunities to record client stories and use them in staff education.</p>

Our Volunteers

Our volunteers contribute an enormous amount of time, effort and skills to Castlemaine Health, benefiting our patients, residents and community clients. We are very grateful for their time and effort. Our volunteers are involved in many projects and service areas including:

- social and respite activities
- cafe and lolly trolley
- residential visiting and welcoming
- music program
- pet therapy
- art and craft groups
- library trolley and readers
- pastoral care
- administration and customer surveys
- Community Consultative Committee
- walking and exercise programs.

Community Consultative Committee

The Community Consultative Committee meets every second month. Members of the committee bring the views of consumers and carers to service provision, policy and practice improvements. If you are interested in becoming a member please contact the Marketing and Communications Manager on (03) 5471 1505.



Community Consultative Committee member, Lisa Minchin

I wanted to join the Community Consultative Committee (CCC) when I saw an article advertising the opportunity. I realised that one reason for moving to Castlemaine eight years ago was the range and quality of services, including Castlemaine Health, which is an incredible asset to our community.

Through my former role at the Department of Health and Human Services I was involved in undertaking consultations and was keen to contribute my knowledge of community engagement practices as well as to have the experience of being a consumer representative.

The CCC has wide-ranging responsibilities. We review draft brochures and information sheets about services and procedures and make suggestions for improvement. We also contribute ideas about how to engage with the community when making changes to the strategic direction of the hospital and have developed policies and procedures on community consultation and engagement.

It has been fascinating to learn about the range of ways consumers are involved in shaping the quality of the work at Castlemaine Health, including through focus groups, surveys, compliments and complaints and committees such as ours. The CCC is accountable to the board and we report annually on the work we have done.

It is great to know that what we do is valued and has helped to shape improved communication and service quality. I would welcome ideas and suggestions about how to improve the voice of community members to ensure that everyone is heard.

Get involved

We offer many opportunities for community members to become involved in volunteer activities that complement our care and contribute to decisions about our future strategic direction. Please visit www.castlemainehealth.org.au/contact-us or call (03) 5471 1505 for more information.



Volunteer Deb Cazalet with the Chair Exercise Group run by Ellery House staff



Volunteer Wendy Wright organises and runs the weekly Bingo game at Ellery House



Volunteer Linda Verlin provides companionship by talking and knitting with one of our residents



Volunteer Jennie Grundy leads a chair-based yoga exercise class for residents at Penhall



Volunteer Keith Neaves prepares the Lolly Trolley he takes around to patients and residents



Embracing Diversity

Disability access and inclusion

People living with disability have the same ambitions, range of skills and talents as any diverse group of people. They have the same rights to participate in the same range of opportunities, and they're entitled to equality of freedom, control and self-determination.

Castlemaine Health's *Access and Inclusion Plan* describes how we'll support all clients living with disability to reach their full potential. This means:

- reducing barriers to people with a disability accessing goods, services and facilities
- reducing barriers to people with a disability obtaining and maintaining employment
- promoting inclusion and participation in the community of people with a disability
- achieving tangible changes in attitudes and practices that discriminate against people with a disability.



Our progress is monitored by our Business and Operations Committee to ensure that we continue to meet the goals articulated and continue to deliver improved services to people living with disability.

Cultural awareness

Castlemaine Health has a strong commitment to delivering equality of access, participation and inclusion when in our care. We recognise that people's unique characteristics and cultural diversity is a fundamental part of a diverse, positive work environment and person-centred care.

Our *Aboriginal Employment Plan* is awaiting sign-off. The plan will help us increase the number of Aboriginal staff in the health sector, and through this, help deliver a more culturally-sensitive service to Aboriginal clients. The plan was developed in consultation with our local Aboriginal community, with Castlemaine Health joining the Nalderun Upper Loddon events group meetings. In May 2016, a Nalderun Award was provided by elder Uncle Rick Nelson to acknowledge the efforts undertaken in support of reconciliation.

The *Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) Action Plan for Victoria 2014-18* has provided a framework for Castlemaine Health to plan future work in this area. In 2015-16, staff took part in education workshops and plans are in place to extend this, along with more inclusive practices, throughout the organisation.

Achievements for 2015-16:

- a series of cultural appreciation workshops, with a second series planned for 2016-17
- new Aboriginal Employment Plan and Indigenous Liaison Officer position created
- LGBTI education for staff

Cultural and linguistically diverse patients admitted to Acute and Subacute units

	2015/16	2014/15	2013/14	2012/13	2011/12
Aboriginal and Torres Strait Islanders	14	12	8	17	7
Clients requiring an interpreter	0	0	0	0	1



Listening To Our Staff

The People Matter Survey is a staff opinion survey run by the Victorian Public Sector Commission. Previously biennial, the survey is set to become annual from 2017. It gathers valuable staff perspectives on how well public sector values and employment principles are being applied. The survey also measures other aspects of the workplace, such as how engaged and satisfied employees are, workplace wellbeing, employee commitment and perceptions of how well change is managed.

In May 2016 the People Matter survey was completed by 60% of Castlemaine

Health, up from 40% in 2014. Detailed findings from the survey are being examined and actions plans developed to address priority areas. In response to the 2014 survey, new staff working parties were established to tackle priority areas of change management, health and wellbeing, and reward and recognition.

To supplement findings from the 2014 staff survey, Human Resources ran a separate health and wellbeing survey. The resulting strategy is being implemented across the organisation, with new initiatives already in place to improve staff health and wellbeing:

- new healthy lunches for Healthy Weight Week
- the Dietetics team offering education for staff in the café

- on-site health club renovated and new equipment installed
- compulsory modules around bullying and harassment introduced to promote acceptable workplace behaviours and positive work culture.

Celebrating and rewarding

Castlemaine Health annually celebrates staff who have provided service for extended periods of time. We have also recently introduced a new Customer Service Award, which acknowledges the high level of care and support provided by its staff to clients and visitors. Facility users and visitors have the ability to nominate individual staff members for a Customer Service Award as a recognition of excellent customer service.

Celebrating Staff

In November 2015, we acknowledged Colin Bertuch and Peter Merlo who each celebrated 40 years of service, along with Colin Hall, who just ticked over an incredible 45 years at Castlemaine Health!

Pictured above is Colin receiving his award from Ian Fisher, Chief Executive Officer, and Carolyn Wallace, President of the Board of Management. Starting at the Alexander Home and Hospital (as it was then known) in 1970 for 'security of employment', Colin says the best thing about his job is the companionship of residents and staff. He describes one memory he has of the early days: "The hospital used to breed their own pigs and feed them leftovers from the kitchen. Residents used to sit there for hours watching the piglet.



Pictured above are our staff at Ellery House.



Working together to reduce violence against women and children

Violence against women and children is unacceptable in any form, under any circumstances, and in any community in Victoria. DHHS has established an action plan to reduce violence against women and children through education, community engagement and early intervention.

Castlemaine Health is committed to implementing this plan and has developed a working party to oversee development of:

- procedures, practices and education to help staff to identify instances of family violence and sexual assault
- early intervention, where possible, to help identify and target individuals who exhibit early signs of violent behaviour or of being subjected to violence
- new support networks to enable prompt assistance to victims in a coordinated and integrated approach with relevant support agencies.

Safe, Reliable and Effective Care

Our number one goal when looking after clients is making sure that care provided is safe, reliable and effective. This is achieved through clinical governance systems and quality improvement systems that have been established to ensure best practice care is provided and monitored.

We have used the Victorian Clinical Governance Policy Framework, developed by the DHHS, to assist us to establish systems to ensure services are monitored by consumers and senior levels of staff, and the Board of Management where appropriate. The way we audit, report and monitor our services has seen significant improvement during the year with review of all committees, audits and reporting mechanisms. Accreditation is another process we use to validate that we provide a level of care that meets industry set standards; external auditors assess the organisation against strict quality and safety standards.

A new era in accreditation

Castlemaine Health underwent accreditation against ten National Safety and Quality Health Service (NSQHS) standards for the first time in August 2016. The ten new standards were developed by the Australian Commission on Safety and Quality in Health Care. These standards are considered vital to protect our clients from harm and include a requirement for consumer involvement in system reviews and improvements. Our staff have been committed to improvements related to these standards during the year, resulting in numerous improvement activities.

We also are regularly assessed by the Australian Aged Care Quality Agency (AACQA). Our residential care units are fully accredited until 13 June 2018. AACQA also assessed the Adult Day Services, National Respite for Carers Program against Home Care Standards and verified compliance with all standards in November 2015.

Making blood transfusions safe

Blood and blood products provided to Australian hospitals are collected, analysed and checked to ensure that they are safe for clients. Castlemaine Health has systems in place to ensure that all aspects of blood management and transfusion are undertaken safely and with the consent and understanding of the client. Some aspects of the system include:

- the Administration of Blood and Blood Products procedure clearly details staff responsibilities
- newly implemented three-monthly auditing, which includes the consent process
- only staff who have completed the Blood Safe e-learning competency may oversee administration of blood and blood products.



All blood products ordered by doctors meet the National Health and Medical Research Council/Australian Society of Blood Transfusion's most recent *Clinical Practice Guidelines*.

Victorian Audit of Surgical Mortality

The Victorian Audit of Surgical Mortality is an audit of deaths associated with surgical care that is coordinated by the Victorian Office of the Royal Australasian College of Surgeons. The objective is to audit all deaths that occur in hospital following a surgical procedure or deaths that occur in hospital while under the care of a surgeon (even if no operation was performed) to be reviewed to highlight any system or process errors.

Castlemaine Health has not had any deaths that fall in to the above category during 2015/16. However, we do audit our care and send six monthly reports to the DHHS to enable our services to be reviewed externally and compared with others. The staff review audit results and there have been no system errors identified.

Recognising deterioration

Sometimes our clients take a turn for the worse. It is important that staff recognise or are alerted to the signs so that action can be taken promptly and appropriately to reduce the risk of further illness.

Castlemaine Health has introduced the REACH program to further improve the clients' and families' ability to notify staff of any deterioration. REACH stands for 'Recognise, Engage, Act, Call, Help is on its way'. There are brochures available to explain how to let staff know if there is a deterioration that needs medical attention. This information includes a phone number to call to reach a specialist nurse. We believe that no-one knows the client better than themselves or their loved ones and best care is provided when care is planned together.

Health Independence Programs

The Health Independence Programs (HIP) are a suite of services that offer time-limited coordinated intervention for people to support their transition from hospital to home, recovery from significant illness, and management of complex or chronic conditions. The HIP services available to eligible clients across our region include: Post Acute Care (PAC), Outpatient Subacute/Rehabilitation services (SACS) and HARP – Complex Care (Hospital Admission Risk Program – HARP). HIP services involve specialist staff from Physiotherapy, Occupational Therapy, Speech Pathology, Podiatry, Dietetics, Continence Nurse Advisors, Social Work and Registered Nurses. HIP services are

available to residents of the Mount Alexander, Macedon Ranges and Central Goldfields Shires.

Multidisciplinary programs currently offered include:

- Cardiac Rehabilitation
- Pulmonary Rehabilitation
- Healthy Lifestyle Exercise Program
- Pain Management
- Falls and Balance Program
- Neurological Disorders and ABI Program
- Hand and Forearm Clinic
- Musculoskeletal Disorders and Orthopaedic Rehabilitation
- Cognitive Disorders Program
- Continence Clinic.



Maternity Services

Castlemaine Health provides maternity services for low-risk births for families in our community. Birth numbers vary slightly but are generally around 70 births per annum. DHHS collects data on a number of processes and outcomes relating to maternity service across the state. We use this information to report on our progress, benchmark with other state facilities that are similar to us, and manage a safety and quality program that guides us to improve our service delivery.

In 2013-14 we had two indicators signifying a less than expected ranking. Our results for the referral to domiciliary care indicator was 84% (State average 98.5%) and the results for the rate of final feed being taken exclusively and directly from the breast at discharge indicator was 72% (State average 79.7%). The results caused us to undertake a review of processes, antenatal information provided at booking-in interviews and antenatal classes, and general planning and support for mothers and families.



Our internal audits provide us with information to enable us to confirm that we have produced significant improvements in these indicators and the next release of results will allow us to evaluate our quality improvement program and assist us to manage our service well.

Our clients also provide us with very useful information through an ongoing satisfaction survey, passing on comments and suggestions about our quality system, and by talking to the staff. We take all communication seriously and this valuable information is gathered and analysed to help us to improve.

Our Operating Suite

Castlemaine Health has two operating theatres which operate five days a week and provide low-risk surgery including:

- **General surgery** – hernia repairs, laparoscopic surgery, endoscopy, breast lumps and varicose veins
- **Ear, nose and throat surgery** – tonsils, sinus surgery and grommets
- **Orthopaedic (bones) surgery** – knee arthroscopy, shoulder arthroscopy and bunion surgery
- **Gynaecological surgery** – laparoscopic pelvic surgery, vaginal hysterectomy and repairs and minor gynaecological procedures
- **Plastics and reconstructive surgery** – split skin grafts, excision of lesions and cysts, and dupytrens contracture surgery
- **Urological (bladder) surgery** – TURP, bladder tumours, vasectomy and flexible cystoscopy
- **Ophthalmological (eye) surgery** – cataract surgery, ectropian and dacryostorhinostomy (DCR).

Cataract surgery

Since the expansion of our operating theatres from one to two in March 2014, the number of cataract operations conducted has increased from 275 in 2013-14 to 364 for the year 2015-16. We have also acquired a second microscope and phacoemulsification machine to assist us with this surgery.

Castlemaine Health was one of the first healthcare providers in Australia to offer cataract patients an exciting new intraocular lens made available for the first time in late 2014. While cataract patients generally need glasses or contact lenses after a conventional lens implant, the TECNIS® Symphony lens gives people with cataracts the ability to see better across all distances post-surgery.

Mr Peter Burt performed Castlemaine Health's first TECNIS® Symphony lens implant on Wednesday 14 October, 2015 on a private patient from Castlemaine. Designed to be placed in the lens capsule of the eye to replace the natural crystalline lens that has been removed because of a cataract, the Symphony lens

is a significant technological advance. The maker Abbott says: "Standard intraocular lenses (IOLs) can be used in cataract treatment to improve distance vision, but the TECNIS Symphony IOL is a first-of-its kind lens that is intended to provide patients a continuous range of vision including far, intermediate and near distances with reduced incidence of halo and glare."

Amanda Edwards, the then Director of Nursing at Castlemaine Health, said having the lens available at Castlemaine is a significant coup for the health service. "We are thrilled to be able to offer this state-of-the-art technology to our private patients," she said.

"Not only does it offer a more flexible solution for local cataract patients, but it enables us to treat private patients from other catchment areas such as Bendigo."



The first TECNIS® Symphony lens implant at Castlemaine Health by surgeon, Mr Peter Burt assisted by Leanne Norris, Nurse Unit Manager Operating Suite



Never too old

Local farmer Charlie Ellery was the oldest cataract patient treated during the year. Charlie, 95, was keen to have both of his cataracts operated on after a regular eye check-up identified his eyesight was no longer good enough for him to maintain his driver's licence.

Prior to surgery he received a reoperative telephone call and package of information that clearly explained the requirements of the surgery, the time to come to the theatre, a detailed explanation of the operation and what to expect post-operatively. Charlie arrived at the operating suite at 7.30am and was discharged home by midday after having sandwiches and a cup of tea.

Six months after surgery, Charlie visited the surgeon Mr Burt to have his eyesight checked and Charlie was delighted to receive confirmation that his eyesight was adequate for maintaining his licence. This allows Charlie to continue his daily drive off the farm to get the mail and to visit his daughter who lives nearby.



What did Charlie think of the service provided? "I cannot fault the service provided. The staff could not do enough for me, everything was clearly explained and I felt very well cared for. The follow-up phone call was very reassuring. The nurse told me not to drive the tractor for a few days. It was nice that she remembered me and that I was a farmer. I felt very supported."

Post-operatively Charlie was provided with written information which was also clearly explained by Registered Nurse Sarah Hardy. This included the need to have eye drops six-hourly and who to ring if he was concerned about anything at all. The day following surgery the theatre staff telephoned to ask how he was feeling.

Medication Management

The provision of appropriate medications is essential to improve health – however medications can be dangerous if not taken correctly. Medication errors are reported and analysed and steps are taken to reduce the risk of reoccurrence where possible. Although the number of medication errors increased over the last few years, in part due to the increased vigilance in recording, it is pleasing to note that there is currently a downward trend in errors.

Strategies in place to reduce the risk of medication errors include:

- regular ongoing staff education
- written information about discharge medications provided to patients, as well as an explanation provided by the pharmacist
- use of the *National Medication Management Plan* as a central point of information for medication throughout the patient journey
- completion and review of the Medication Safety Self-Assessment to determine areas for improvement
- ongoing review of Standard 4 of the *National Standards (Medication Management)* to ensure compliance
- medication management is regularly discussed and reviewed by the Clinical Practice Committee
- regular review of all residents who are taking nine or more prescription medications to ensure that the medications are all still required
- ongoing review of medication procedures to ensure currency and safety.

Improvements undertaken in the pharmacy department during the year included:

- a new computer work area in the pharmacy to streamline dispensing processes
- all pharmacy technicians must be qualified
- further work undertaken towards verification and compliance with the Medication Safety Standard

- the process for dispensing of eye drops for patients following cataract surgery has been streamlined – computer generated prescriptions were introduced for cataract surgery patients, all patients have their eye drops dispensed at the hospital pharmacy, and the pharmacist sees each patient prior to discharge to ensure they are able to ask any questions.

Year	Medication errors by year (no errors have resulted in harm)
2015/16	212
2014/15	241
2013/14	271
2012/13	217
2011/12	140
2010/11	169



Prior to cataract surgery ¼ hourly eye drops are given for one hour. Pictured is Charlie Ellery receiving eye drops from Registered Nurse Denise Clark. On discharge, eye drops are required for one month. Patients or their carers are encouraged to administer their own eye drops when at home. Education and an applicator are supplied on discharge if patients are unable to do this safely.



Customer Feedback Forms and feedback boxes are on display throughout the hospital. Post-operative patients are asked to complete a form on discharge. Pictured above is Charlie Ellery one month after surgery posting his completed feedback form.

Preventing Harm

While the vast majority of incidents or adverse events do not result in damage or harm, a small percentage can lead to unnecessary harm to a person. This is referred to as a significant adverse event. In the event of an adverse event an experienced team, headed by our Executive Director of Nursing or After Hours Manager, investigates to determine the cause and to establish whether it is was preventable.

The most commonly reported incidents at Castlemaine Health include falls, medication errors and pressure injuries. There were 1052 adverse events registered on our incident database for the year. All were risk rated for degree of impact and reviewed to identify any system errors or ways to reduce the risk of the incident occurring again in the future.

The following actions have taken place as a result of analysis of adverse events during 2015/16:

- review of the relevant procedures
- staff education including one-to-one education and group sessions using specific case studies
- additional equipment put in use to further reduce the risk of, for example, pressure injuries or falls.

Preventing falls

Castlemaine Health continues to strive to reduce the number of clients who experience a fall in one of our facilities. The Falls Working Party meets monthly to look at ways to reduce falls and injuries from falls.

Significant work has happened during the last 12 months including:

- the annual April Falls Day to increase awareness of falls organisation-wide, with an orange theme which was shown in staff costumes, food and unit decorations
- an annual falls study day, which includes a consumer talking about their experience of falls
- implementation of many strategies following an environmental audit including the installation of night lights, replacement of floor coverings, alterations in storage to reduce clutter, and alterations in residents' bathrooms to reduce the need to stretch to reach required items such as soap
- introduction of three-monthly audits to assess compliance with the completion of a falls risk analysis and the development of an appropriate falls prevention plan
- plans are in place to install a new nurse call system that will enable quicker access to staff
- regular education sessions for staff.

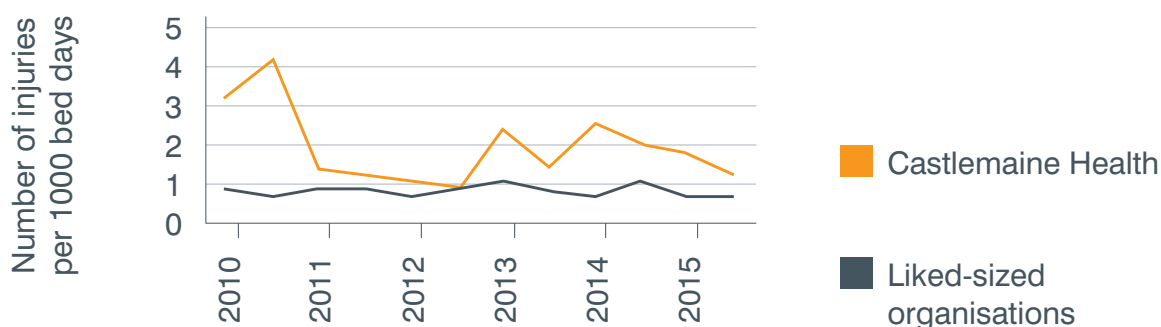
Managing and preventing pressure injuries

Castlemaine Health recognises that pressure injuries (also known as pressure ulcers or bedsores) cause significant harm to clients and cause pain and an increased length of stay. Those who are poorly nourished, have impaired mobility and/or reduced sensation are particularly at risk. To promptly identify those at risk a risk assessment is conducted on admission.

Significant work has happened during the last 12 months including:

- monthly meetings of a Skin Integrity Working Party to establish and improve systems
- review of the relevant procedure, risk assessment and audit tools
- implementation of three-monthly audits and staff education
- individual analysis of all pressure injuries to identify if they could have been avoided, and how to heal them as promptly as possible
- engagement of an external wound expert
- planning of an extended staff education program to be conducted over the next year.

Pressure injuries acquired whilst an inpatient Acute and Rehabilitation Units



Controlling and Preventing Infection

Castlemaine Health has an active infection control program that works hard to prevent the spread of germs that may cause disease. Preventing infection is fundamental to delivering high quality health care and creating a safe working environment.

Staff immunisation

To protect our staff, clients and the community, we offer a comprehensive staff vaccination program. This is particularly important during the winter months, when we run an annual influenza vaccination program.

Hand hygiene

Hand hygiene is crucial to preventing and controlling the spread of infection. Staff, clients and community members are encouraged to reduce the spread of infection by washing their hands correctly. Alcohol hand rub dispensers are available for staff and visitors in all clinical areas and at the entrances and exits to all Castlemaine Health buildings.

Castlemaine Health participates in the Hand Hygiene Australia program, whereby hand hygiene audits are conducted three times per year and reported to the DHHS. Audit results are evaluated and discussed at relevant meetings to ensure the ongoing education and improvement in hand hygiene practices of staff. We aim for a minimum of 80% compliance for each audit. Aged care areas have been audited twice per year since 2014 with results maintained above 80%.

Staff Immunisations					
Number of staff immunised	2016	2015	2014	2013	2012
Influenza	491 (74.3% of total staff as of 19/07/16) Influenza vaccination continuing	482 (76% of total staff)	392 (61% of total staff)	325 (55% of total staff)	303 (43% of total staff)
Hepatitis A and B	24	31	50	12	0
Hepatitis A	13	14	10	15	0
Hepatitis B	55	10	5	12	2
Boostrix	1	2	1	0	26
Priorix (Measles, Mumps, Rubella)	6				

Hand hygiene compliance audit						
	2016	2015	2014	2013	2012	2011
Key Performance Indicator	80%	80%	75%	N/A	N/A	N/A
Geroe Acute Unit	94%	80%	83.3%	85.0%	77.8	78.2%
Connolly Rehabilitation Unit	92.3%	96.1%	95.1%	77.9%	80.6	88.45%
Aged care (hostels and nursing homes)	84.2%	82.9%	100%	-	-	-

Sparkling clean

Thorough cleaning and careful maintenance of facilities directly contributes to a safer environment. DHHS's Cleaning Standards for Victorian Public Hospitals sets out minimum cleaning requirements and we're proud of our audit results, which verify the quality of our systems. We adhere to a monthly schedule and report back to external auditors who complete annual audits.

Year	Percentage compliance (86% is the required pass rate)
2015/16	96.4
2014/15	95.1
2013/14	95.2
2012/13	95.9

Monitoring staphylococcus aureus bacteraemia

The rate of staphylococcus aureus bacteraemia at Castlemaine Health is zero, with nil cases having occurred since 2012. Actions taken during 2015-16 to prevent staphylococcus aureus bacteraemia have focused on making sure staff are competent in aseptic technique and intravenous cannulation procedures.

Always improving

We've made many improvements in the past year:

- improvements in hand hygiene, cleaning and waste management
- new retractable insulin pen safety needles to help reduce the risk of needle stick injuries
- single use tourniquets, in-situ testing of new alcohol-based hand rub in aged care areas, safer enclosed suction systems, and disposable blood pressure cuffs for infectious patients and outbreaks
- better management of outbreaks through fine-tuning of processes and procedures
- a new traffic light system for antibiotic prescribing to improve antimicrobial stewardship



Living With Us

Castlemaine Health provides residential care for people who can no longer care for themselves independently at home. We have four separate homes designed to provide a home-like environment while care is provided by specially trained staff who focus on providing best practice care while optimising quality of life.

During the year we implemented the twelve Montessori Principles. These assist staff ability to adapt to the environment in a manner that provides opportunities for meaningful activities, and create roles that support the dignity of older people and that allow them to be as independent as possible.

Another significant achievement is the extension of the physiotherapist-led pain management program that has extended to all units with a significant increase in the number of residents benefiting from the program. We believe the program is contributing to reduced pain, fewer falls and increased mobility and flexibility of the residents.



“Our residents enjoy a summer barbecue in the gardens at Penhall.”

Residential care quality indicators

The quality of care provided is measured by five indicators developed by DHHS. Castlemaine Health conducts three-monthly audits and sends the results to DHHS, who then compiles them into a report comparing performance to our previous results over time, and also to other residential care facilities. These indicators are as follows:

- **Number of residents who are prescribed nine or more medications**

Staff work in partnership with general practitioners and the pharmacist to monitor the appropriateness of medications regularly to reduce the risk of too many medications. Our rates have decreased in this area during the year.

- **Number of falls**

All residents are assessed for their risk of falls every three months and where identified as high risk, a specific falls risk reduction plan is developed. A review of the environment during the year has seen many strategies introduced to reduce the risk of falls due to environmental factors, for example clutter, and poor lighting. It is pleasing that our falls rate has been below the state average for the year.

- **Number of times physical restraint is used**

The use of restraint is considered a last resort when caring for those where there is a risk of harm identified. During the year it was identified that we had an increased use of restraint. In response to this we introduced a new procedure whereby all use of restraint is now reviewed by a restraint specialist independent of the home to ensure that the use is appropriate and the best solution to the problem identified.

- **Number of pressure injuries identified**

A pressure injury is skin damage as a result of pressure. All residents are assessed three-monthly for the risk of pressure injury and have preventative plans developed as required. Our rate of pressure injuries has remained stable and staff have had additional training during the year to assist to further reduce pressure injury development.

- **Number of residents who have unplanned weight loss**

We are very pleased to have seen fewer residents lose weight during this year. This is due to a combination of improvements including additional dietician input into residents' nutrition, a review of menus, along with the addition of traditional old world-styled dishes at the request of the residents, and additional staff training.



End of life care

Advance care planning is a process whereby a person, usually in consultation with health care providers, family members and important others, makes decisions about his or her future healthcare, should he or she become incapable of participating in medical treatment decisions. Advance care planning offers a formal structure for discussions around a person's personal wishes regarding current and future health care. Advance care planning 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.

Castlemaine Health has developed a process to support our patients and residents to document and formalise

their Advanced Care instructions (Directives). Information can be provided by staff who have received training or the patient's doctor. Patients and residents who enter our facilities with existing documents will have those documents copied and placed in their medical file. An Advanced Care Plan can be changed or revoked at any time.

The percentage of acute/subacute patients over 75 who have a completed advanced care plan stored with their Medical Record is audited and while our results remain low (5% December 2016 increasing to 7% June 2016), strategies have been implemented to improve knowledge on Advanced Care Planning with our staff. These include:

- education sessions have been provided to medical practitioners

- introduction of Medical Education on Standards commenced in Victoria for medical staff
- face-to face in-services with nursing staff (>90 so far)
- inclusion of an Advanced Care Directives prompt on the new Observation Response Chart
- Health Information staff have been educated on how to record the existence of Advanced Care Plans in the alerts on the patient information software
- the Inclusion of an *Advanced Care Planning* brochure in the admission packs
- Advanced Care Planning is mentioned in the *Castlemaine Health Patient Information Guide*.



Resident Elsa Bleek with staff member Collette Nathan.

Fundraising

We rely on community support to help fund improvements to our facilities and equipment. Donations, sponsorships, grants and bequests are gratefully received from many individuals, businesses, community groups, legacies and philanthropic trusts.

Murray to Moyne

In April 2016 a group of superbly tuned athletes and others rode for the “Rouleurs” Team led by Captain Gary Bunn in the Murray to Moyne bike ride. The ride commenced in Echuca and finished via Hamilton in Port Fairy some 520 kilometres in distance. With the support of local business, their friends and family, the ‘Castlemaine Rouleurs’ raised over \$7,000 for Castlemaine Health in 2016. This money contributed to the purchase of furniture in our aged residential care units. We appreciate the

great effort of all the riders and support crews to help raise much need funding to support our health service.

Run The Maine

Run The Maine is an annual fun run/walk held in October, with proceeds going to Castlemaine Health and Cystic Fibrosis Victoria.

Local parents-to-be now welcome their baby into a more comfortable, home-like environment thanks to funds raised through 2015’s Run The Maine event. Coupled with location fees from the filming of ABC TV’s drama series ‘Glitch’, Run The Maine’s \$10,000 donation has benefited parents of new babies as they settle into their roles and routines.

Castlemaine Health’s three room maternity ward – two with double beds – has been transformed with modern

window furnishings, lamps, quilts and artwork. The organisation has also purchased a ‘Lullaby Warmer Prime’ – a unique high-tech bassinet with a built-in heater and LED light providing a warm and safe environment for sick babies who require medical treatment or observation.

Run The Maine Committee President Libby Mayes says the committee is proud to support the refurbishment of the birthing suites. “Having a baby is a time of significant changes for parents and siblings – anything that helps ease that transition is a wonderful thing,” she said. Coordinator of the project, midwife Andrea Coyle, says her and the team are delighted with the result. “We have always offered a unique, personalised approach to birthing,” she said.



Run The Maine coordinator Libby Mayes in a Maternity Room with midwife and new mother and baby.

Collier Charitable Fund

The Collier Charitable Fund generously supported us this year, with a grant of \$30,032 towards the purchase of critical equipment that has enabled Castlemaine Health to manage the increased volume of surgical patients.

In particular, the grant enabled the purchase of a pneumatic tourniquet which has been used in orthopaedic, general and plastic/reconstructive surgery when limbs have been operated on. It is placed on the relevant limb to enable surgery to be completed with a bloodless field. This assists the surgeon to have good vision of the operating site when operating on small spaces.

The grant also enabled purchase of a vital signs monitor, power lift stirrups to assist with positioning patients for surgery and some additional laparoscopic instruments to assist with keyhole surgery.

Bequests and donations

People can contribute to the sustainability of Castlemaine Health by including a bequest in their will or by making a donation. Donations and bequests to the local health service is a very practical and long-lasting way to support the community – including, possibly, future generations of family and friends. You can decide how you would like your gift to benefit Castlemaine Health and how you would like to be acknowledged.

In the year to 30 June 2016, Castlemaine Health received donations to the total of \$211,436. We were very grateful to receive significant bequests from the Estate of Hjalmar Sigurd Nilsen for \$80,000, and from the Estate of Mary Evelyn Gray for \$50,000.

We also received major donations (more than \$500) from those listed in the table below.

Bequests & Legacies	\$
Collier Charitable Fund	\$30,032
Winters Flat Jnr Football Club	\$10,000
Run The Maine 2015	\$10,000
William Samuel Godfree Charitable Trust	\$7,781
Castlemaine Hot Rod Club	\$2,000

In memoriam

We appreciate the donations made in lieu of flowers at funerals. This is a very direct and practical way of expressing gratitude and benefits those receiving care in the future.

Golden Bundle

Waller Realty continues to support and promote our maternity service through the Golden Bundle. We present a 'baby bundle' gift basket to a baby born at Castlemaine Health each month. We sincerely thank Waller Realty for their generous ongoing sponsorship.

About This Report

A dedicated team has put this year's *Castlemaine Health Quality Account Report 2016* together with input from consumers, staff and the Community Consultation Committee. Feedback and suggestions for improvement are invited as part of our evaluation process so that we can continue to provide a report that is informative and relevant.

We've listened to feedback on last year's report and made many improvements in response:

- more images
- inclusion of a client story
- removal of 'busy' graphs
- reducing the number of tables.

The *Castlemaine Health Quality Account Report 2016* is posted to key community organisations and major donors. It is available from Castlemaine Health's website at www.castlemainehealth.org.au. Additional hard copies, comments and

feedback are welcome. Please contact our Marketing and Communications Manager on (03) 5471 1505 or look for the link on our website.

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Residents Francis Fealy and Mary Thompson enjoying time in the garden at Penhall.



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