



Contents

Welcome	1
Feedback	2
Working with our community	4
Our volunteers	6
Embracing diversity	7
People matter	8
Working together to reduce family violence	9
Safe, reliable and effective care	10
Maternity	12
Using medications safely	13
Adverse events	14
Reducing falls	15
Keeping bugs at bay	16
Residential care	17
End of life care	19
Fundraising	20

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

We engage with others in the highest degree of dignity, equity, honesty and trust.

Care

We treat people with respect, are compassionate, thoughtful and responsive to their needs.

Unity

We work as a team and in partnership with our communities.

Excellence

We are committed to achieve our Vision.

About this report

Castlemaine Health Quality Account Report 2017/18 was developed by staff with input from consumers, the Clinical Governance and Quality Committee, 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.

The *Castlemaine Health Quality Account Report 2017/18* 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.

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Welcome

I am proud to present Castlemaine Health's Quality Account Report for 2017/18. Over the past year, we've once again achieved excellent clinical and consumer satisfaction scores and attained a suite of accreditation standards to ensure we're set to continue delivering our vision of exceptional care of every person, every time.

But exceptional care is not just health care delivered in the 'now'; it's also about planning for the future. That means creating a health service that is fit for future generations, so that our children and grandchildren have access to local, high quality care and an appropriate diversity of services that meets their needs.

Although Castlemaine Health has always worked closely with other health partners, 2017/18 has been the year that we took definitive steps towards securing the strategically important alliances that are needed to deliver for the future. In partnership with Castlemaine District Community Health (CDCH) and Mount Alexander Shire Council, we formed the Mount Alexander Strategic Health and Wellbeing Partnership, with Maldon Hospital and Bendigo Health as members. We also signed a formal Memorandum of Understanding with Castlemaine District Community Health and another with Castlemaine Secondary College.

This is a continuation of the highly successful community engagement work we undertook in 2016/17. Other more targeted work that has come about through our formal partnerships and agreements include running a podiatry clinic at CDCH to give easier access for clients without transport and hosting a Close the Gap lunch with the principal of Castlemaine Secondary College a guest speaker. We see these as being just the beginning.

The role of individual community members in helping to develop and enhance Castlemaine Health cannot be understated. Our Community Consultation Committee continues to provide insightful and valuable feedback and our comprehensive consumer feedback processes are netting insights from our clients that are directing improvements right across Castlemaine

Health. In the past year, our consumers asked us to focus on car parking, food temperatures and signage as three key areas for improvement. As a result, we've successfully applied for a significant financial grant to upgrade car parking areas, introduced new technology to improve the dining experience for patients and residents, and hosted consumer walk arounds to identify improvements to signage and wayfinding.

Our new *Access and Inclusion Plan 2018-21* outlines our commitment to accommodating the diverse needs of clients and delivering equitable access to safe, high quality health services to all people including but not limited to: Aboriginal and Torres Strait Islander people; people living with disability; lesbian, gay, bisexual, transsexual and intersex people; and culturally and linguistically diverse people. We'll continue engaging and involving the local community and its experts to help guide and advise us in this work, recognising the deep breadth of knowledge and skill available in our local community. We will retain our focus on challenging and changing the attitudes and behaviours that support family violence, and have introduced training and support for our staff to help achieve this.

I am extremely proud of what has been achieved this past year and would like to take this opportunity to acknowledge and thank our incredible team of staff and volunteers. Together, they have steered us successfully through a series of rigorous accreditation assessments, developed and delivered innovative projects and services like the Cancer Rehabilitation and Survival Service, taken part in professional development to ensure their knowledge and skills are continuously improving, and delivered high quality services to improve the health and wellbeing of everyone in our community.

Castlemaine Health is truly fortunate. With the considered and informed leadership of its board, the dedication and commitment of its staff and volunteers, and the trust and respect of our community I am confident that we will continue delivering the standard of service this community deserves and that our efforts to create a health service for the future will be realised.



Ian Fisher
CEO

Feedback

Many people let us know about their positive and negative experiences, and suggest ways that we can do things differently. Feedback comes from staff, patients, carers, residents, families, friends and visitors in a variety of formats including feedback forms, surveys, email and discussions with staff. All comments

and suggestions are followed up and receive a response. Compliments are forwarded to staff in the relevant area so they are aware of the positive feedback.

Consumer Feedback Forms are available throughout Castlemaine Health and on our website. The forms include options to

provide feedback to external bodies including the Health Complaints Commissioner, the Aged Care Complaints Commissioner and the Disability Commissioner. Bright Idea forms are available in our cafeteria for those with ideas for improving our service.

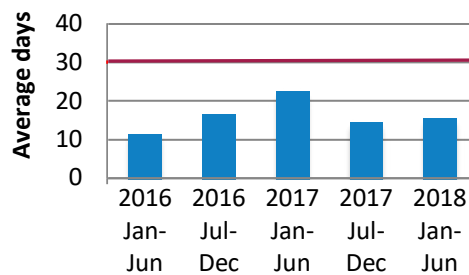
Compliments, complaints and suggestions

	2017/18	2016/17	2015/16
Compliments	90% (415)	81% (344)	83% (538)
Complaints	5% (22)	9% (40)	10% (67)
Comments and suggestions	5% (24)	10% (41)	6% (41)

In 2017/18 we put the following improvements in place in response to customer feedback:

- virtual medical consultations for residents via new GeriConnect monitors
- a podiatry clinic at Castlemaine District Health Service (CDCH)
- Aboriginal and Torres Strait Islander cultural awareness training for staff
- an improved Security of Tenure process for residents
- creation of a new thickened ice cream for residents with swallowing difficulties
- an exit interview for volunteers
- a consumer review of our on-site signage and navigation
- involving local dance students in our residential leisure and wellbeing program.

Average days to close complaints



Kim Leckie, Quality and Risk Assistant, regularly checks the Customer Feedback boxes for completed forms.



Victorian Healthcare Experience Survey

One way of measuring satisfaction is through satisfaction surveys that are provided for most of our service areas. The Victorian Healthcare Experience Survey (VHES) is provided to adult inpatients accessing Acute, Subacute and Operating Suite services and is distributed and processed by an independent research company. In consultation with our Community Consultative Committee we used the VHES feedback to identify three areas for improvement in 2017/18. They were:

- **Car parking**

We designated specific spaces for Community Rehabilitation Centre (CRC) clients and successfully applied for funding to upgrade parking to include extra visitor and disabled parking spaces on Odgers Road.

- **Meal temperatures**

We introduced a Burlodge food heating system to allow food to be heated in the unit and served at its optimum temperature. Feedback from residents has confirmed the meals are now hotter.

- **Hospital signage and navigation**

We conducted a review of signage with two consumers and developed a list of improvements, which included changing the colours of signs, rewording existing signs, adding new signs and including legends where appropriate to clarify meaning.

Other general actions taken in response to our VHES results in 2017/18 include:

- new direct phone line for Clinical Labs to call for ECG traces to improve the Operating Suite's efficiency in obtaining results
- communication issues discussed at multiple staff meetings
- reminders to surgeons on a range of issues including patient weight requirements
- training additional Operating Suite staff in the discharge role to improve discharge processes for patients
- updating Operating Suite furniture and adding a second patient waiting area.

Victorian Health Experience Survey results

	Overall satisfaction with hospital stay (adult inpatients) (target 95%)				
	2018 Mar	2017 Dec	2017 Sep	2017 Jun	2017 Mar
Castlemaine Health	100%	99%	97%	99%	100%
Peer hospital	98%	98%	98%	98%	98%
	Patient recorded discharge care (target 75%)				
	2018 Mar	2017 Dec	2017 Sep	2017 Jun	2017 Mar
Castlemaine Health	89%	92%	88%	95%	92%
Peer hospital	88%	91%	87%	89%	88%

Client satisfaction survey results

Survey	Question/Measure	Dec 2017	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 Centre	Satisfied with involvement in decisions about their care and treatment?	100%	90%
Residential care	Satisfied with involvement in decisions about their care and treatment?	86%	75%



Hospital signage walk around with Castlemaine Health staff and consumers Bob Forde and Michael Haley.

Working with our community

Community Consultative Committee

Members of our Community Consultative Committee come together every second month to help plan and target service improvements.

Participation and engagement approaches

Castlemaine Health staff use a range of community participation and engagement approaches throughout the organisation, from community consultations involving our Board of Management members, to consumers attending committee meetings such as our Community Consultation Committee, or volunteering their time to work with us.

We also recognise the value of engaging local community groups through

volunteering and health promotion, and acknowledge the health and wellbeing benefits that these group provide to their members.

New Castlemaine Men's Shed

In 2017/18 Castlemaine Health supported the opening of a new Men's Shed in Castlemaine. The health benefits of Shed membership are significant, with studies showing members have higher physical functioning, general health, vitality, and mental health than non-shed members.

The new Men's Shed opened in June. Castlemaine Health was very grateful to benefit from the men's expertise and skills as they kindly donated their time to reupholster over 20 well-worn chairs from our Acute ward.



Castlemaine Men's Shed member Wally Dunstan working on chairs in Acute.

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 reviewed its Terms of Reference and met six times in 2017/18.</p> <p>Community representatives attended the Clinical Governance and Quality Committee and the Cognitive Impairment Committee.</p>	Members to evaluate the Committee's membership and Terms of Reference 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	Initiatives in 2017/18 included annual consumer surveys to check the level of consumer involvement in their care.	Consumer focus group planned for 2018/19.
3. Consumers, and, where appropriate, carers are provided with evidence-based, accessible information to support key decision-making along the continuum of care	<i>New Cognitive Impairment Client Information Sheet</i> reviewed with consumer input.	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>Regular feedback sought from consumers and the community through:</p> <ul style="list-style-type: none"> customer satisfaction surveys experience surveys an online feedback link onsite hard copy feedback forms a consumer walk around to review site navigation and signage (May 2018). 	<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> <p>Introduce an annual program of consumer walk-arounds to review the facility from a consumer perspective.</p>
5. The organisation actively contributes to building the capacity of consumers, carers and community members to participate fully and effectively.	<p>Consumers have helped to educate staff by visiting units and taking part in the annual falls education days to tell their stories.</p> <p>A Health Issues Centre education package for consumers was awarded in April 2018. Community Consultation Committee members were invited to participate.</p>	Increase public awareness of opportunities for consumer participation through more active media and communication activity.



Community Consultation Committee member Bev Orgill

How long have you lived in the district?

My husband and I moved to Barkers Creek at the end of February 2011.

If you moved here, what brought you here?

It was a complete fluke! We had been working in the Middle East for 17 years and were planning to retire in Victoria. Our family home had been damaged in the 2009 bushfires and we knew we had to look at settling elsewhere. We had no friends or family in this area and it was a chance comment from our son about how beautiful the region was that brought us here. We flew out and bought in Barkers Creek. We are very happy here.

Are you a member of other community groups or associations?

I had been teaching English in universities and TAFEs in the United Arab Emirates and had been very busy with my job. Coming to Barkers Creek to semi-retire, I had a lot more free time to do other community-based things and I sought to get involved as much as I could. I still work a couple of days a week as a Language Examiner at RMIT Uni and other places, but I was able to fit in some time to volunteer. I wanted to meet new people and to give back to the community now that I had the time to do so.

I'm currently a member at Harcourt CWA and U3A, and I'm a tutor for the U3A's 'Armchair Travel' and 'Fabulous Friday Flicks Film Class'. I'm a member of the Harcourt Valley Progress Association and a member/supporter of the local radio station, Mainfm 94.9.

This year my biggest commitment has been as the 2018 President of Castlemaine VIEW Club, a women's group which is a valued part of The Smith Family charity. We meet for a dinner each month and we have a lot of fun, making friends and fundraising.

How did you first hear about the Community Consultation Committee?

Whilst attending a Probus function in 2011, I heard that the Castlemaine Hospital Auxiliary had folded and they were looking for people to join a new Committee. The aim was to involve as many representatives from local community groups and organisations as possible to guarantee a wide range of opinion and support. As I was working at the Information Centre at the Faulder Watson hall at that time, I offered to represent it on the Committee.

What prompted you to join?

More like, who prompted me! It was Maureen Heaghney, a lifelong supporter of the hospital and its Auxiliary.

What interests you about the Committee's role and its work?

I am interested to see the wide range of ideas, expertise and interests that all members bring to each meeting and the way we are nevertheless still united in our aim to seek better ways to meet community needs. I enjoy finding out more about our local health service; something that I am very grateful for.

How do you think your background helps inform your role on the Committee?

I am a consumer of the Castlemaine Health and its services. The hospital's prompt actions helped save a family member's life. My family and I have had various tests and procedures done at Castlemaine Health, so I have seen things from both sides of the bed, as patient, as visitor and as Committee member. My previous experience in editing and publishing has been helpful in coping with the material we read each month. The opportunity to suggest user-friendly ways of communicating important information to patients, carers and family members is most appreciated.

Has the Committee changed since you joined, and if so, in what ways?

Yes, quite a lot. It is bigger and contains more Castlemaine Health employees who

offer us the background information we need to make informed decisions about agenda items that impact on the wider community. In its initial stages we had a lot more community representatives. Ordinary people like me who were able to offer insights into areas that were important to them. Volunteer drivers were represented, carers, hospital volunteers, patients, community group members (e.g. CWA, the Information Centre, etc) and we even had two VCE students providing comments from the younger person's point of view. But as we have grown and government demands have changed and become more prescriptive, our committee has had to adapt and evolve to meet the needs.

What do you think are the main challenges for Castlemaine Health in the next few years?

Not to be daunted by the larger hospitals nearby but to keep developing those niche areas of expertise that it's renowned for (e.g. maternity, rehab, acute care etc) and to continue listening to and engaging with the local community as we seek to add extra services. Also, we need to keep advocating for our new hospital and site in the future. The district is growing and demographics are changing, so we need to make sure that we're offering services that local people need and want.

Do you have any ideas or suggestions for how the Committee can move into the future?

Keep doing what we are doing. Keep listening. Keep advocating and lobbying local councils, local and federal members. Keep building links with businesses and sponsors. Keep networking, keep sharing resources and information with other neighbouring health services and facilities and keep promoting the excellent range of services we currently have on offer. I'd like to encourage members of all community groups and organisations to think about becoming more involved. We need to widen our sponsor base and to extend our fundraising activities, and we need to be continually promoting the work of the Committee in particular and Castlemaine Health in general. We can all do that. We don't need to be representatives on the Committee to do it.

Our volunteers

We are very grateful for the time, effort and skills provided by our many volunteers.

Last financial year, 96 volunteers gave 200 hours of their time each week in many areas of care and service including:

- social and respite activities
- Connolly Unit patient support
- walking and exercise programs
- residential visiting and welcoming
- music program
- pet therapy
- gardening
- art and craft groups
- pastoral care
- lolly trolley
- medical assistance transport
- administration and customer surveys
- committees
- fundraising.

Volunteers bring comfort

Pet ownership is known to have great health benefits. Our Pet Therapy program has been running for many years bringing comfort, entertainment, distraction and solace to patients and residents. This program couldn't run without our team of dedicated, trained volunteers. Their visits brighten the lives of ill patients and aged care residents.

Get Involved

We offer many opportunities for community members to become involved in volunteer activities. If you are interested please contact the Volunteer Program Manager on 5471 1566.



Volunteer Darcy Steer gardening with a resident of Thompson House.



Volunteer Kym Bird with a resident of Thompson House.



Volunteer Deb Ferguson entertaining the residents of Ellery House.



Volunteer Marie McCallum selling raffle tickets for the annual Murray to Moyne fundraiser.



Volunteer Sarah Cody playing cards with a group of residents.



Embracing diversity

Castlemaine Health has an updated *Access and Inclusion Plan 2018-21* which acknowledges that all members of our community have a right to good health. It states our commitment to accommodating the diverse needs of our clients and community to deliver equitable access to safe, high quality health services to all people including, but not limited to: Aboriginal and Torres Strait Islander people; people with a disability; lesbian, gay, bisexual, transsexual and intersex people (LGBTI); people experiencing health inequalities; and culturally and linguistically diverse people.

The *Access and Inclusion Plan 2018-21* also sets out our intention to create an atmosphere that is welcoming and empowering for people with disabilities. It states our commitment to ensuring that people with disability, their families and carers have the same opportunities and choices as the rest of the community. We have developed a website to deliver information to the public about our National Disability Insurance Scheme (NDIS) services. The site provides descriptions of our services and the disciplines we offer, and profiles our experienced staff who deliver our NDIS services.

Our Human Resources team are proactive in recruitment and retention of people with a disability. We continue to reduce physical and other barriers to participation in all areas of the organisation.

An LGBTI plan has been developed that will ensure that LGBTI inclusive practice standards are reflected in our mission statement, vision, values, position descriptions, service contracts, performance management system and service model documentation. The plan will facilitate LGBTI inclusion across all facets of the organisation as we work towards Rainbow Tick Accreditation by 2020.

In the past year, a number of new initiatives, training and events have strengthened our relationships with the Aboriginal community and enhanced the cultural awareness levels in our staff. These include:

- Welcome to Country procedure written in consultation with Uncle Rick Nelson and published on the intranet
- Close the Gap lunch event with guest speakers from Castlemaine Secondary College, a local Aboriginal artist and the Executive Director of Nursing

- two cultural awareness training sessions provide by Bendigo and District Aboriginal Co-operative attended by around 40 staff
- new partnership with CDCH has resulted in podiatry being conducted one day a month at CDCH, with the Aboriginal Project Officer able to make appointments for Aboriginal clients at high risk of contracting diabetes who currently find it difficult to access podiatry at Castlemaine Health
- Ask the Question training conducted by local Aboriginal educators
- purchase of an Aboriginal artwork as part of our ongoing commitment to celebrating and supporting Aboriginal culture
- Our Aboriginal Project Officer has attended an Aboriginal Liaison Officer conference, which focused on *Korin Korin Balit-Djak – Aboriginal health, wellbeing and safety strategic plan 2017-2027*
- ongoing work towards a Reconciliation Plan.

Cultural and linguistically diverse patients admitted to Acute and Subacute units

	2017/18	2016/17	2015/16
Aboriginal and Torres Strait Islanders	72	20	14
Clients requiring an interpreter	0	0	0

People matter

Each year we ask staff to complete the *People Matter Survey*. As part of the survey a set of eight questions measure staff perception of client safety. Castlemaine Health received an overall patient safety score of 76%, which was a 16% increase from last year.

The survey, run by the Victorian Public Sector Commission, 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.

The staff engagement score has increased and the overall participation rate has increased to 79%.

Improvements undertaken during the year in response to the results include:

- continued implementation of the Studer Program branded as 'Lead to Achieve', which has set goals and plans through an online database
- managers setting a Lead to Achieve goal to increase staff participation in the People Matter Survey resulting in the highest participation rate to date (participation sat at 32% in 2014).

Our work during the year to continue improving the environment for our staff and clients has focused on reducing the risk of occupational violence and aggression. Initiatives include:

- extensive education in the Management of Clinical Aggression provided to all relevant staff by an accredited trainer
- development of structured follow up for victims of occupational violence including debrief and counselling
- implementation of a Code Grey procedure
- development of an Occupational Violence and Aggression plan based on the Australian Midwifery Nursing Federation ten point action plan.



Clients are offered the opportunity to nominate staff for Customer Service Awards to strengthen staff morale. Operating Theatre's Jillian Kent has received seven awards from satisfied clients. Her most recent nominee wrote that Jillian "made me feel very comfortable after my surgery - lovely person".



Working together to reduce family violence

Castlemaine Health recognises that family violence is not a normal part of domestic or family life and is committed to challenging and changing the attitudes and behaviours that contribute to family violence.

We are a proud supporter of the Portraits for Respect primary prevention initiative. The initiative aims to promote discussion around the underlying drivers of family violence by:

- challenging the condoning of violence against women
- challenging gender stereotypes and role
- promoting and normalising gender equality.

Staff and volunteers were asked to write a brief statement about their views on family violence. The statement was included with their photograph in a series of 13 posters.

Through Castlemaine Health's Aboriginal Project Officer we included the local Aboriginal community in the project. We visited the Aboriginal Homework centre and were delighted to receive a very positive response, with the young people and adults present all enthusiastic about being involved.

One of the 13 Portraits of Respect posters that were produced as part of the project.



PORTRAITS FOR RESPECT

At Castlemaine Health, we recognise that family violence across the life span is a complex and serious community issue. It is most commonly experienced by women and their children. It causes immediate and long-term impacts on the physical, psychological and social health and wellbeing of those affected.

As a health service we are in a unique position to identify people at risk, sensitively enquire if we can help, and make referrals to specialist family violence services if required. By doing so we will help to reduce the incidence of family violence and its impact on individuals, families, the community and the health system.

We will support our staff both professionally and personally in relation to family violence to ensure their wellbeing and safety.

Our vision is a future where our community is free from family violence. It is one where healthy, respectful relationships between women and men are the norm. As a hospital we can help achieve this vision by changing behaviours and community attitudes through our clinical practices, education and advocacy programs.

Safe, reliable and effective care

Accreditation

Australian Council on Health Care Standards (ACHS) - National Standards	Accredited until 2 October 2019
Australian Aged Care Quality Agency (AACQA) Aged Care Standards	Accredited until 13 June 2021 In March we received a recommendation on managing room moves for residents. As a result we developed a procedure, educated staff and developed a new consent form that is now signed by the resident or their decision-maker and staff prior to any room change.
Australian Aged Care Quality Agency (AACQA) Home Care Standards	Accredited until 15 May 2021

Listening to patients, residents and carers

Castlemaine Health recognises that you know yourself or your loved one best. The R.E.A.C.H Program (Recognise, Engage, Act and Call, Help) is a communication process that allows patients, residents and carers to share any concerns with a skilled nurse via a telephone call. A brochure is available which explains who to ring to communicate those concerns.

R (Recognise)

E (Engage)

A (Act)

C (Call)

H (Help)

Support grows for Cancer and Rehabilitation Survivorship Service



Dr Emma McLaughlin, a Speech Pathologist on the Cancer Rehabilitation and Survivorship Service.

Around 495 people are diagnosed with cancer each year in the Mount Alexander, Central Goldfields and Macedon Ranges shires. Thanks to improved detection and treatment more people are surviving cancer, however when treatment ends many people report feeling lost and overwhelmed by the effects the cancer and its treatment has had on them and

their family/friends. For some, these effects can be felt for a long time after treatment has finished.

The Cancer Rehabilitation and Survivorship Service at Castlemaine Health, established in 2017, has brought help for post-treatment cancer issues closer to home. The new service is helping people affected by cancer and its treatment to achieve a better quality of life through services like physiotherapy, social work and speech pathology, and all right at their doorstep.

One recent participant said “It’s so wonderful to have it close to home. Not to have to worry about travel.” Travelling as far as Melbourne for services is not only impractical, it’s expensive and exhausting. In the past this meant local residents often opted to forgo valuable treatment. One client described the service as being “for people going through cancer; it offers them extra service and support to help their journey to wellness”.

“In the past, when treatment for cancer was over people often felt like they were on their own,” said Dr Emma McLaughlin, a Speech Pathologist on the Cancer Rehabilitation and Survivorship team. It’s just not like that anymore. “We’re able to cater to people who’ve just walked out of hospital right through to someone who has been cancer free for many years. The care and support we offer is completely tailored to the individual.”

From the very first meeting staff work to understand each person’s needs and goals, asking about everything, from how they’re sleeping, how they’re managing financially and emotionally, right through to any physical symptoms. “You get to choose what parts you want, what you want to achieve (and you’re) given options of people you could see to help you” said one client.

“We know from experience that even though a person’s referral might be for shoulder pain related to breast cancer, more often than not, there’s other stuff going on,” said Dr McLaughlin. “We develop a plan to support them in their efforts to achieve their goals. We can adapt as needs and circumstances change and we put them in charge, which is often the opposite of how they’ve felt during treatment.”

“One of the exceptionally positive things about the service is the kindness. Everyone said if you need to come back just ring. It made me feel secure.” a client said.

As a Speech Pathologist, Dr McLaughlin sees people with a wide variety of symptoms and goals. “The perception is often that speech pathology is about changing the way people speak, but we’re specialists in communication and swallowing,” she said. “I might see someone who’s had surgery for head and neck cancer, which is much more common in men, and needs help with speaking or eating. I might also see someone who’s had radiotherapy on their chest for lung cancer that has affected the nerve that controls the voice box meaning they’re having trouble speaking loudly and that is impacting on their ability to work.”

“I meet people who just want to be able to use the phone, call out to the dog or have a beer at the footy with mates. Whatever they want. That’s the goal we work towards and I feel really privileged to be in a position to help.” Dr McLaughlin says the team has been surprised by just how many people there are living with cancer, or its consequences, in the local community.

“We work closely with each other to offer a really thorough and integrated service.



We have great contacts in the community so if we can't help we can recommend someone who can. We also run regular Wellness and Life After Cancer programs, which are developed by Cancer Council Victoria, so people can learn about options and meet others going through a similar experience."

Our cancer survivorship project aligned with priorities from the Victorian Cancer Action Plan (2016-2020) whose broad aim is around equitable access to services and equitable health and wellbeing outcomes for all Victorians. Specifically, the survivorship project supported key goals in the area of wellbeing and support, to: strengthen supportive care and self-management; support cancer survivors to recover and thrive; and maintain quality of life through palliative care and end of life care.

The Cancer Rehabilitation and Survivorship Service is supported by the Victorian Government.

Evaluation

- 76% of clients who completed their care achieved their goals
- All nine clients who participated in a discharge consultation rated their satisfaction with the service as 'excellent' or 'very good' and all said they would recommend the service to others
- The top five problems reported by clients were: fatigue (73%), pain (49%), nervousness (46%), memory/concentration (46%), and worry (42%)
- Eight out of nine people who participated in a discharge consultation said they felt involved in managing their health
- A lymphoedema management service was established in response to feedback received from GPs and consumers



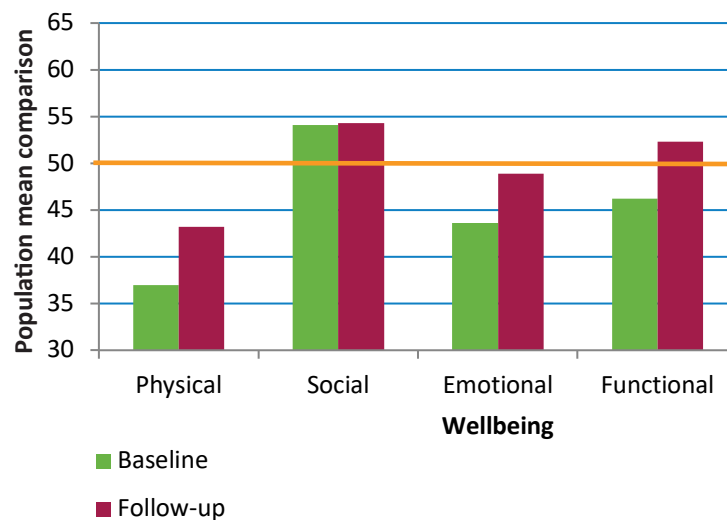
Life changing years on

Leanne Crisp, a client of the Cancer Rehabilitation and Survivorship Service.

Leanne Crisp was diagnosed with meta-static breast cancer 14 years ago. Told she had just three years to live she underwent radiotherapy, had a bilateral mastectomy, then chemotherapy. Leanne stopped seeing specialists 10 years ago, but last year her GP suggested she contact the Cancer Rehabilitation and Survivorship Service. She admits she

hesitated. "I thought to myself. Oh I don't know, I've survived this long, but even after 14 years the service has helped me enormously," she said. "The specialists are really warm and friendly and I never feel rushed. They've been able to suggest some great strategies to help with issues that have been bugging me for years." "I have one person who is my main contact but all the specialists talk to each other, which makes things so easy. And the fact that it's all centralised is wonderful. If I had to travel, I don't think I'd do it, it would be just too difficult." Leanne says feeling safe and supported has been really important to her. "I'm not someone who feels comfortable talking about my illness in a group. It can make me feel pretty flat. But this has had the opposite effect. You walk away feeling positive about yourself." "I wish I'd found the service 14 years ago, but that's okay, I've got it now.

Cancer Rehabilitation and Survivorship Service evaluation results



Maternity

The Department of Health and Human Services (DHHS) collects data on a number of processes and outcomes relating to maternity service across the state (Victorian Perinatal Services Performance Indicators). We review this information along with information we obtain from our internal client satisfaction survey to plan improvements.

Areas identified for improvement this year were to review antenatal classes to ensure discussions fully covered the risks of smoking in pregnancy and beyond, and improve the rate of foetal growth restriction (FGR) in a singleton pregnancy undelivered (Indicator 3).

Although Castlemaine Health does not rate in Indicator 3 due to the low numbers presenting, it has been picked up as a state-wide issue for improvement. FGR refers to poor growth of a baby during pregnancy. Severe FGR is associated with increased risk of death and disability. These babies once identified should be monitored and delivered before 40 weeks gestation.

The aim of the GP, Obstetrician and midwifery team is to ensure that women attend their first antenatal visit prior to 12 weeks gestation to assist with regular professional monitoring of growth and wellbeing indicators, and identify early any deviation from the normal that can then be diagnosed.

The unit is evaluating a shared care model of maternity services that will provide improved access to information about the antenatal program for individuals and enhance midwife relationships with the women. An action plan has been developed which includes smoking education, additional focus on the partner of the mother throughout the maternity experience and consideration of the need for earlier education and monitoring of the mother and foetus.





Using medications safely

Medication safety incorporates all aspects of medicines use, including prescribing, dispensing, administering and monitoring the effects of medication. Procedures are developed to guide practice to reduce the risk of errors occurring. If an error does occur it is reported, analysed and steps are taken to reduce the risk of reoccurrence where possible.

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

- regular ongoing staff education, including annual online medication modules for those staff administering medications
- 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
- 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
- the Drug and Therapeutics Committee regularly discussing and reviewing medication management, and reporting to 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
- qualified pharmacy technicians
- audits of use and storage of medication.

Improvements undertaken during the year included:

- further work towards verification and compliance with the Medication Safety Standard

- Drug and Therapeutics Committee reviewing medication related issues
- work to implement drug libraries onto infusion pumps to implement safety features of the pumps.
- ongoing use of the standardised 'Webster Medx' Medication charts to reduce the medication error rate in Aged Care
- access to the Australian Immunisation Register for recording of immunisations.

Many of the errors listed below are omissions and medications given at the wrong time. No errors have resulted in harm in the table below.

Year	Medication errors
2017/18	284
2016/17	260
2015/16	212



Castlemaine Health's onsite Pharmacy, where ongoing review and audits of medication are part of the every day work.

Adverse events



Residents Margaret Levecke, Diane Fealy, Mary Pound and Liz Allen during a weekly walking group. Walking groups are one of the strategies put in place to help reduce falls risk and maintain independence. The walks are also great fun.

Castlemaine Health strives to maintain high quality client care and uses a variety of methods to monitor and improve the care provided. A safety culture is promoted and staff are encouraged and supported to document adverse events in an online register for analysis, learning and improvements. An adverse event is defined as “an incident in which unintended harm resulted to a person receiving health care” (Australian Commission on Safety and Quality in Health Care).

Adverse events are classified according to the harm and or care required as a result of the adverse event.

- Category 1: Severe harm or death – harm reached the client with permanent loss of function resulting in advanced treatment/higher level specialised care (transfer to intensive care or theatre and transfer to higher level/specialised care) or death.
- Category 2: Moderate – harm reached the subject with a temporary loss of function requiring advanced treatment/higher level/specialised care.

During the year there were three clinical adverse events classified as Category 1 and 53 events classified as Category 2. The majority were minor incidents, near misses or transfers to a larger hospital. The most significant type of adverse event

is a sentinel event and there was one such incident reviewed during the year which was followed up with a detailed multidisciplinary and multi-organisation review.

The following improvements have been implemented during the year as a direct result of analysing our adverse events.

Operating Suite

The Operating Suite has:

- purchased four additional Sequential Compression Device machines to enable more patients to undergo operations that require their use
- reviewed the rostering system to ensure contingency plans allow services to continue as normal in the event of staff sick leave
- altered equipment use procedures for microdebrider blade equipment
- updated specimen box check to daily (previously weekly)
- educated staff on when to use hover mats for transfers.

Acute Unit

In the Acute Unit, improvements include:

- purchasing a new blood fridge
- introducing new intravenous infusion

pumps with the facility to add a medication library to further enhance medication safety, with education ongoing to support staff while waiting for the medication library

- introducing PROMPT training for maternity emergencies, with PROMPT trainers accredited through a program funded by Victorian Managed Insurance Authority and staff education on maternity emergencies delivered to Midwives and Urgent Care Centre staff every quarter
- introducing trolleys into the Urgent Care Centre to improve patient safety – the new trolleys are better designed with a fifth wheel that greatly improves trolley mobility.

Across multiple areas

Across multiple units, improvements include:

- reviewing relevant procedures and guidelines
- reviewing client risk management eg. falls, pressure injury, behaviour management and individual care plans
- medication competency training for identified staff
- general staff education.



Reducing falls

Falls-related injuries are one of the leading causes of hospital admissions for Australians over the age of 65 years. Falls also represents the largest category of incidents recorded at Castlemaine Health. Significant work to reduce the risk of falls has occurred over the last 12 months including:

- monthly meetings of a falls special interest group
- scheduling a consumer led walk around audit for July 2018 to review how easily the site can be navigated by clients and visitors with limited mobility
- a new online falls education format for staff based on a Coroner's report and the facilities falls procedures
- a new falls prevention and management desk organiser in Acute that centralises all materials and publications relating to falls
- an orange sticker on Acute and Subacute units to highlight the medical record when a fall has occurred
- introducing structured conversations (called 'rounding') on the residential aged care units to ensure that high falls risk activities are promptly identified and responded to, along with more regular falls focused checking by staff
- an annual falls study day, which includes a consumer talking about their experience of falls
- an annual April Falls Day to increase awareness of falls organisation-wide, with an orange theme across staff costumes, food and unit decorations
- minimum of six monthly audits within the inpatient and residential areas to assess compliance with the completion of a falls risk analysis and the development of an appropriate falls prevention plan
- investigation of better beds to reduce risk of falls, with an aim to purchase in 2019.



Falls risk checklist

Wendy Cumming, Physiotherapist and Coordinator of the Falls and Balance Program

Are you at risk of falling?

Complete this checklist and if you answer yes to one or more questions speak to your GP so they can help you reduce your risk.

- **Do you do less than 30 minutes of physical activity per day?**
- **Do you sometimes feel lightheaded, dizzy or unsteady?**
- **Are your shoes slippery, ill fitting or unsupportive?**
- **Have you recently lost weight or do you have poor appetite?**
- **If you've lost weight are your clothes getting looser so your trousers are too long?**
- **Does your home have loose floor mats, slippery floors or furniture which makes it hard to move around easily?**
- **Has it been more than 12 months since you had your eyes tested?**
- **Has it been more than 12 months since your doctor reviewed your medications?**

Q&A Falls

Q: What is a fall?

A: Most of us would describe a fall as a major incident. One where we've come down rapidly on the ground, without control, and hurt ourselves. However, according to the World Health Organisation, the definition of a fall is "inadvertently coming to rest on the ground, floor or lower level" so it's much broader. Falls can result from a slip or trip, may occur from low heights such as steps, stairs and curbs and may not necessarily involve the whole body resting on the ground or even any obvious injuries.

Q: Should I tell my GP if I've had a fall?

A: Older people in particular should discuss all falls, even the ones that do not result in injury with their GP. Often people don't identify what's happened to them as a fall, or if they do they don't see it as particularly serious, but a fall can be a sign that something else is going on. Your GP can only help if they know about it.

Q: Where do most falls happen?

A: Surprisingly, most falls happen at home. It's where we spend the most time and our homes can be full of obstacles. When the team at Castlemaine Health conduct a home assessment they look at:

- seating
- access including steps and paths
- hazards including floor coverings, mats, clutter and cords
- bathrooms and bedrooms to see if rails or other aids are needed
- kitchens including access to frequently used items.

Keeping bugs at bay

Our vigilant infection control system improved this year in a range of ways.

- Improved management of outbreaks through reviews, external assessments and fine-tuning of processes and procedures. We experienced fewer outbreaks this year and all outbreaks that occurred were small, quickly identified and managed very well.
- Updating the traffic light system for antibiotic prescribing to improve antimicrobial stewardship and education of this system to prescribers.
- Auditing and review of antibiotic prescribing and management in particular with ophthalmic and ear, nose and throat surgery (ENT) and aged care areas. Improvement was particularly noted in prescribing in relation to ENT surgery.
- Safely managing the installation of a new call bell system, air conditioning system, updated flooring and overhead tracking in clinical areas by

implementing strategies to reduce dust and exposure to pathogens for patients and residents.

Castlemaine Health offers a comprehensive staff vaccination program. This is particularly important during the winter months, when we run an annual influenza vaccination program. Measles immunity has been a focus for this past year with 681 out of the 765 staff employed having evidence of Measles immunity.

Staff immunisations

	2018	2017	2016
Influenza	73% staff vaccinated as of 28/07/2018	79.5% of total staff	75.8% of total staff
Hepatitis A and B	15	9	24
Hepatitis A	1	7	13
Hepatitis B	70	58	55
Boostrix	4		1
Priorix (Measles, Mumps, Rubella)	13	10	6

Hand hygiene compliance

Castlemaine Health participates in the Hand Hygiene Australia program, whereby hand hygiene audits are conducted three times per year in Acute, Subacute and the Operating Suite and reported to DHHS. We aim for a minimum of 80% compliance for each audit.

	2018	2017	2016
Key Performance Indicator	80%	80%	80%
Acute	94%	95%	94%
Subacute	91%	92%	92%
Operating Suite	86%	N/A	N/A
Aged care	85%	80%	84%

External cleaning audit

Year	Required pass rate	2017/18	2016/17	2015/16
Percentage compliance	86%	89.5% (additional areas checked decreased the overall %)	96.9%	96.4%

Monitoring staphylococcus aureus bacteraemia

Three staphylococcus aureus bacteraemia were identified through our surveillance this year. All were acquired before admission and none were acquired within the facility.



Residential care

Castlemaine Health provides residential aged care for older people who can no longer live at home. These services are provided in four separate residences: Ellery House, Thompson House, Spencely and Penhall. Our facilities provide capacity to care for 153 residents. Both permanent and respite care is provided.

Residential care quality indicators

The DHHS has a program to help facilities collect information about five areas of care that have been identified as high clinical risk areas. This enables us to compare our achievements with other residential facilities.

Use of physical restraint

Restraint is the intentional use of a device or action that restricts the free movement of a resident. All uses of restraint occur only after thorough assessment and consent from the resident or their decision-maker. We have continued to reduce the use of restraint following an extensive project during 2017 which included full revision of the current procedure and vigilant monitoring and auditing of restraint usage. Currently within the service, episodes that are classified as restraint have been at resident request as a means to assist with mobility. Castlemaine Health remains committed to supporting a restraint free environment for residents living in residential aged care.

Unplanned weight loss

Residents are weighed monthly and all residents who lose excessive weight are assessed by a Dietitian with appropriate strategies put in place to reduce unhealthy weight loss. During 2017/18 all residents with a weight loss of less than 3kg in a three month period were referred to the Dietitian and assessed. If required, oral nutrition support and a high energy high protein diet was prescribed and implemented. In 2017/18 Castlemaine Health introduced a variety of new nutrition supplements including puddings, fruit-based purees, and new flavoured milk and fruit-based drinks to cater for the different taste preferences of individual residents and maximise the chance that the supplements are enjoyed and consumed.



Residents and family members enjoy a visiting primary school's Marimba band performance.

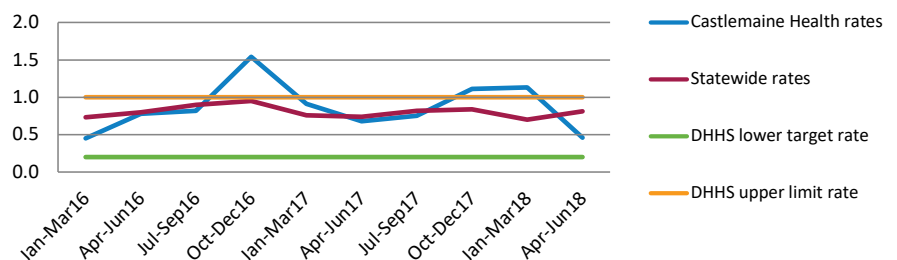


Staff member Marianne Hoyne takes Spencely Hostel resident Liz Allen to the Castlemaine Botanical Gardens to feed the ducks.

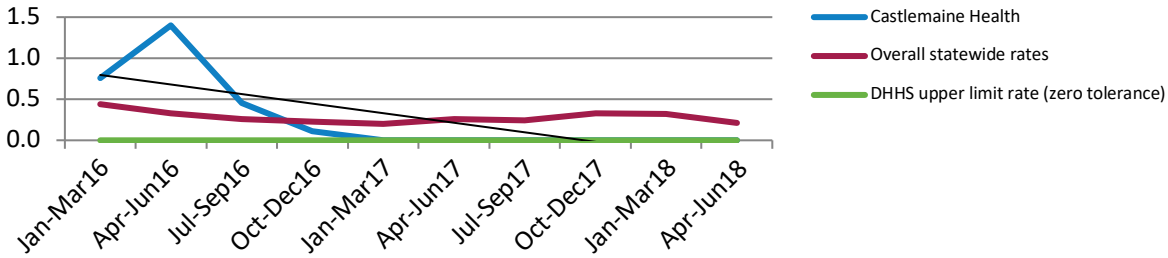


Students from St Mary's Primary School visiting residents in Thompson House. Visit facilitated by staff member Michael Khule.

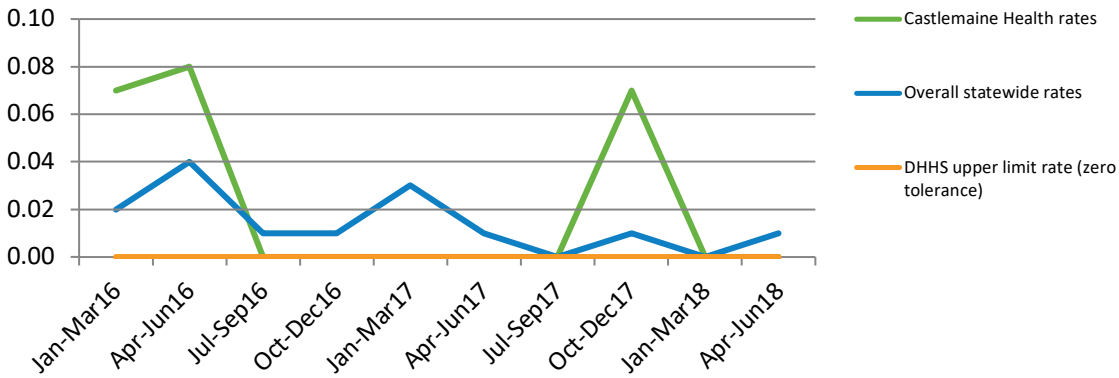
Residents with weight loss greater than 3kgs in three months (per 1000 bed days)



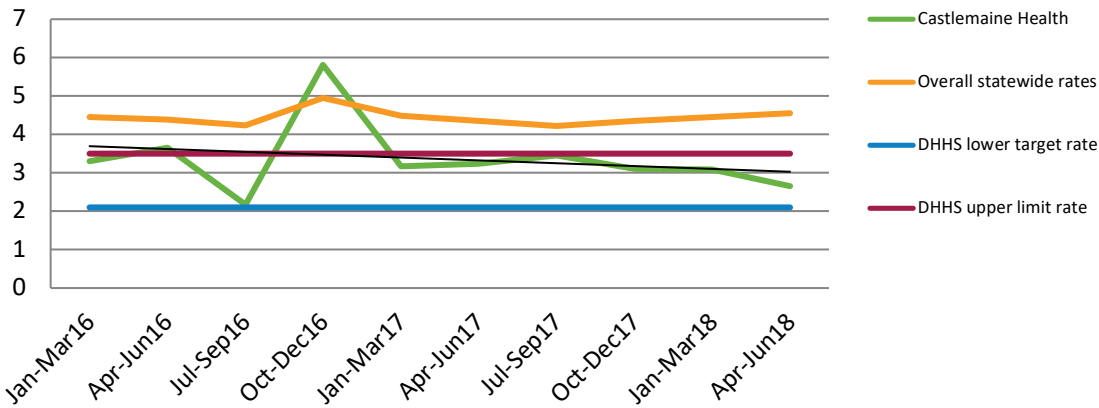
Episodes of physical restraint use (per 1000 bed days)



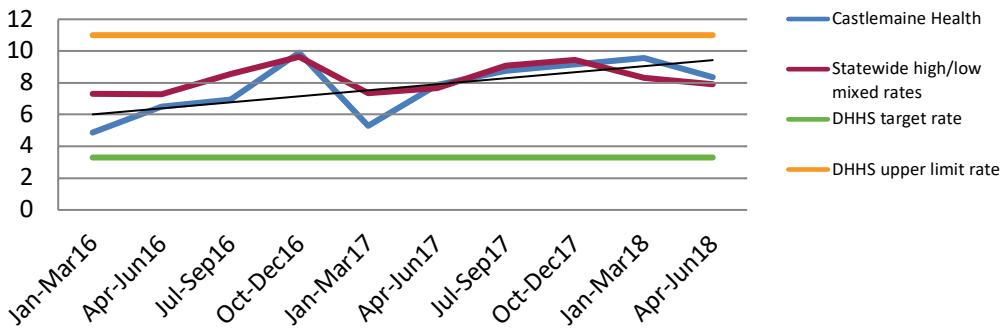
Prevalence of Stage 4 pressure injuries (per 1000 bed days)



Residents prescribed nine or more medications (per 1000 bed days)



Residential falls rates (per 1000 bed days)





End of life care

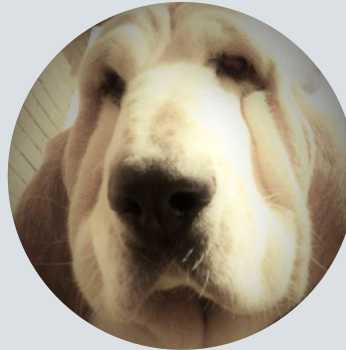
Advance Care Planning - choosing your end of life story

On 11 March 2018 new legislation called the *Medical Treatment Planning and Decisions Act 2016* came into effect. The Act repeals the *Medical Treatment Act 1988* and allows for an individual to document legally binding decisions. This is done through an advance care directive that documents medical treatment that would or wouldn't be wanted if the individual were to lose decision-making capacity in the future. It also allows an individual to appoint a medical treatment decision-maker who can make medical treatment decisions on the individual's behalf should they lose decision-making capacity. To assist with implementation of these significant changes:

- a Steering Committee was established to prepare the organisation for the impact of the changes to the legislation, and to ensure that staff had the appropriate skills, resources and knowledge to respond to the changes in the legislation and support patients/clients, residents and families
- a number of representatives from Castlemaine Health attended an all-day workshop at the MCG to become familiar with the legislative changes and equip them to become 'Advance Care Plan Champions'
- Castlemaine Health was represented on a DHHS working party to support the development of a VHES specific to palliative care
- two staff commenced the Banksia Palliative Care Resource Nurse course, supporting the upskilling of our palliative care staff in Acute and in the community
- staff attended a Palliative Care Clinical Network Strategic Planning Day run by Safer Care Victoria.

Patients over 75 years with an advance care plan or substitute decision-maker

Jul-Sep 17	Oct-Dec 17	Jan-Mar 18	Apr-Jun 18
23%	24%	24%	22%



Mr Fielder's beloved Basset Hounds Betty and Rush.

End of life care

In 2016 Mr Lee Fielder was referred to our Community Palliative Care service for end-of-life care after a life-limiting cancer diagnosis. Mr Fielder lived with his beloved Basset Hounds Betty and Rush. It soon became apparent that Mr Fielder's key concern during his end-of-life care was not for himself, but for Betty and Rush, and what might happen to them after his passing. Mr Fielder voiced his concerns to the Palliative Care team and, as an aside to his clinical needs, the team set about supporting Mr Fielder to re-home Betty and Rush.

A new home was found with Susan who lives in Chewton. Susan visited Mr Fielder and met Betty and Rush. Mr Fielder was comfortable with Susan re-homing them prior to his passing as he found it increasingly difficult to care for them. It was evident to Mr Fielder that Betty and Rush were moving to a loving home and that they had bonded with Susan.

Shortly after Betty and Rush were re-homed, Mr Fielder was admitted to Castlemaine Health. Susan visited him with Betty and Rush prior to his passing in January 2018. Mr Fielder's

family made a request for Betty and Rush to attend his funeral, and Susan very kindly took them along to the service. Betty and Rush found their 'forever home' and are living happy and healthy lives, walking twice daily, eating cooked meals and 'tailoring' the house rules around their needs.

Mr Fielder's story exemplifies the need for end-of-life planning and the importance of expressing how we as individuals would map our own end of life. Advance care planning offers every individual, no matter what age, the opportunity to document their decisions prior to it becoming onerous when one's health is declining.

Advance care planning is a process whereby a person, usually in consultation with their GP and healthcare providers, makes decisions about their future healthcare should they become incapable of participating in medical treatment decisions. While advance care planning is particular to one's clinical care, participating in the development of an advance care plan provides an opportunity to communicate one's choices as well as being a prompt to think about what matters most. In Mr Fielder's case, this was the care and wellbeing of his dogs.

Fundraising

We are extremely thankful for the continued commitment and support of the community that has enabled us to upgrade equipment and maintain our facilities. Castlemaine Health is generously supported through donations, sponsorships, grants, volunteering and gifts in wills.

Murray to Moyne

The Murray to Moyne 2018 cycle relay was once again a big success thanks to the Castlemaine Rouleurs and Castlemaniacs, both riding for Castlemaine Health. A total of 26 riders hit the road and covered 530km in one weekend on their journey from Echuca to Port Fairy. Together these two teams raised the impressive amount of \$18,181. Since our Murray to Moyne riders began cycling for us in 1992, they've raised in excess of \$598,000 for Castlemaine Health.

This year the riders' fundraising efforts were boosted by a significant Gift In Will of \$50,000 from the Estate of Alexander Mactier and the Mactier family. It was the Mactier family's express wish that the funds be used for the Murray to Moyne fundraising initiative. Alexander was involved with the project in his lifetime and it was his wish to contribute financially from his Estate.

The funds were used to purchase two high resolution theatre cameras for use in general, urology, orthopaedic ENT and gynaecological surgery.

The staff and volunteers at Castlemaine Health extend their sincere thanks to the community for their support. We'd also like to thank our sponsors:

- Major Jersey Sponsors – Hip Pocket Workwear (Castlemaine) and Evolution Copy Print Solutions
- Team Sponsors – AFS & Associates Chartered Accountants, C&G Marshall Electrician and Flowserve Pump Division
- Raffle Sponsors – Target Australia (Castlemaine), Betta Electrical Castlemaine, Marion & Me (Castlemaine) and Naam Pla Thai Kitchen
- Bronze Sponsors – Castlemaine Mail, Castlemaine Lions Club, Lifecycle Gymnasium, Pyrenees Quarries, BIG4 Castlemaine Gardens Holiday Park.



Murray to Moyne riders

Run the Maine

Run the Maine raised the impressive total of \$13,500 in 2017, which was used to purchase and upgrade equipment in the Community Rehabilitation Centre. Three new pieces of equipment are now in place. The Pilates-style Trapeze Table helps with strengthening and assistance of movement. The new Leg Press strengthens legs after injury, surgery, or weakness. The Continence Service, a confidential, self-referral service available to anyone in the Mount Alexander Shire, also welcomed a new piece of equipment. The Uroflow delivers important information about bladder function that can then be sent on to GPs and specialists.



Run the Maine's Libby Mayes with Fundraising Officer Barbara Lukaszewski and Physiotherapist Melissa Wade testing out the new equipment.

Tax Appeal

Our 2018 Tax Appeal raised \$5,495, which enabled us to replace the very well-worn curtains in four rooms of our Acute Ward. The new blinds are dual function, which means they allow natural light in when needed and have a room-darkening fabric to help with insulation.



Acute staff say 'thank you' to our wonderful donors in front of the new blinds.

Ellery House Garden project

Juliet Alexandra is a midwife at Castlemaine Health who took on the life-changing challenge of walking over 700 km on the El Camino Trail in Spain. As part of her journey, Juliet wanted to give meaning to every step for others back home by raising funds for Ellery House garden improvements. Ellery House's gardens bring great joy to the residents, but they are large and need constant care. Juliet's efforts were rewarded with over \$1200 raised. Juliet's efforts and the community's generosity will see a soothing water feature, native plants and seating for residents, family and staff become a reality. ASQ Skydancers sponsored the garden with their expertise by drawing up the plans, providing beautiful plants and garden products at a discounted rate. We are extremely grateful for their support.



ASQ's Lis Templeton and Sue Nicholson talk over the garden plans for the Ellery House garden beautification project.

Gifts in Wills

We were deeply and sincerely grateful to receive very generous Gifts in Wills from the Estate of the Late Noel Frye for \$100,000, the Estate of Alexander Mactier and the Mactier Family for \$50,000 and the Estate of the Late Williamina McBeath Todd for \$71,448.52.

Trusts

From the Colliers Charitable Foundation we received \$30,000. The funds were used to purchase orthopaedic instruments, which have enabled an increase in orthopaedic surgery and helped facilitate more complex surgeries (i.e. ACL and shoulder surgery) to be conducted on a more frequent basis.



Our services are delivered on the traditional
lands of the Dja Dja Wurrung people.

Artist: Kerri Douglas



Cornish Street, Castlemaine Vic 3450, PO Box 50
www.castlemainehealth.org.au