



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

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About this report

Castlemaine Health Quality Account Report 2017 was developed by staff and 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.

We've listened to feedback on last year's report and attempted to reduce words as requested.

The *Castlemaine Health Quality Account Report 2017* 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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Photograph by Natalie McCarthy.

Welcome

I am once again proud to present the Castlemaine Health Quality Account.

Our clinical performance indicators and consumer satisfaction scores continue to be excellent and we are making great progress on delivering our vision of 'Exceptional care of every person, every time'.

We are fortunate to have a Community Consultation Committee that provides rich, informed and considered feedback on a range of matters, and oversees our activities to engage the community and those in our care about our health service. We continue to encourage consumer representation on committees and as decision-makers in all parts of our organisation.

In the past year, we have continued to increase engagement with the community and seek feedback on our services. From

April to July, we consulted extensively across Mount Alexander Shire. We held 11 roundtable discussions, presented to forums, clubs and meetings, and held pop-up stands in Castlemaine at the market and supermarket. We also sought feedback through an online survey at www.engage.vic.gov.au/castlemaine-health. We took comments, ideas and opinions from almost 1000 people. We were delighted to hear that Castlemaine Health provides an outstanding service and residents feel very fortunate to have it so close by. The feedback has been thoroughly reviewed by the Board and executive, and will be used to shape our future services and improve our current services.

All our services are fully accredited and we remain committed to improving our care. Following the release of the 'Targeting Zero' report in October 2016

there have been many significant changes at the Department of Health and Human Services, including the establishment of Safer Care Victoria, the Victorian Agency for Health Information and the Board Ministerial Advisory Committee. For Castlemaine Health, this has led to a strengthening of our governance, with greater clinical expertise on our Clinical Governance and Quality Committees, and on our Board. Our committees now receive more developed and consistent clinical performance information.

This report offers a detailed review of the measures we use for feedback and the value we place on it. It also illustrates the commitment of our Board, executives, staff, volunteers and visiting medical officers. We are delighted that the community holds our health service in such high regard and we look forward to continuing to deliver safe, high quality care.



A handwritten signature in dark ink, appearing to read 'I. Fisher'.

Ian Fisher
CEO

Learning from our community

Compliments, complaints and suggestions help us improve our care and services. Every complaint is investigated and we send a response to the author within 30 days. We conduct many satisfaction and experience surveys throughout the year. Printed copies of our customer feedback forms are available on site and can be downloaded from our website. Completed forms can be mailed to the Quality and Risk Department or dropped in one of the many feedback boxes across Castlemaine Health. For those with ideas for improving our services, Bright Idea forms are available from our café.

We encourage anyone with concerns about any aspect of our services to discuss it first with a staff member. Formal complaints are treated seriously and investigated, with the relevant Executive Director preparing the response. We also provide information about the Health Complaints Commissioner and the Aged Care Complaints Commissioner in brochures, our Patient Information Guide and on our website.

	2016–17	2015–16	2014–15	2013–14
Compliments	83% (715)	82% (538)	76% (591)	71% (183)
Complaints	8% (70)	10% (67)	17% (128)	21% (55)
Comments and Suggestions	9% (80)	8% (53)	7% (56)	8% (20)

VHES Results	Adult inpatient overall satisfaction with hospital stay (target 95%)				
	2017 March	2016 Dec	2016 Sep	2016 June	2016 Mar
Castlemaine Health	100%	99%	99%	96%	100%
Peer hospital	97.5%	97.7%	97.8%	96.5%	98%
	Patient recorded discharge care (target 75%)				
	2017 March	2016 Dec	2016 Sep	2016 June	2016 March
Castlemaine Health	92%	90*	85	87	86
Peer hospital	88%	88%	87	88	87

“

Comments, complaints and suggestions help us improve our care and services.

Measuring progress

We use surveys to measure customer satisfaction with our services. The state-wide Victorian Healthcare Experience Survey (VHES) is a main source of feedback. This survey is distributed and processed by an independent research company, which collates the results and sends quarterly survey reports to all Victorian health services.

Actions taken in response to our VHES results in 2016–17 include:

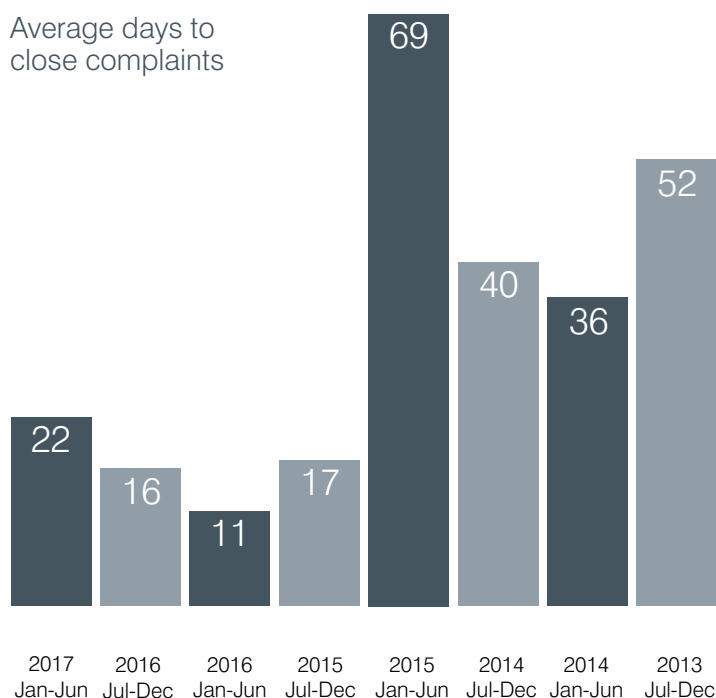
- review parking and lodge a bid to improve our parking facilities
- review menu and food delivery system
- review preoperative provision of dressing gowns and theatre gowns
- review discharge processes and convene a working party to improve the discharge processes; audit and analyse discharge documentation; and put in place a nurse-led discharge planning meeting.

Client satisfaction survey results		
Question / Measure	Results	DHHS Target
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%
Satisfied with involvement in decisions about their care and treatment?	97%	90%
Satisfied with involvement in decisions about their care and treatment?	88%	75%



Liz Allen and Nita Phillips.

Average days to close complaints



You said – we did!

In 2016–17 we put these improvements in place as a result of customer feedback:

- implemented a new alarm and nurse call system
- introduced a consumer orientation process for the Rehabilitation ward
- improved discharge communication and planning between inpatient rehabilitation and the Community Rehabilitation Centre (CRC)
- developed a consumer flow chart for the Operating Suite
- introduced care plans with clear goals for Rehabilitation ward patients
- worked with our aged care residents to find a dignified way to farewell deceased residents
- developed a resident journey board for High Care and Low Care aged care residents
- conducted a satisfaction survey for our volunteers
- introduced a new Paediatric ‘show bag’ including knitted toys, colouring books and stickers
- provided healthy cafeteria lunches during Australian Healthy Weight Week
- expanded guest Wi-Fi access to the entire campus
- introduced a keyworker model in the Rehabilitation ward
- started an Ellery House newsletter for residents
- ran a tailored nutrition presentation for the cardiac rehabilitation group
- trialed new texture-modified foods to improve patient enjoyment at meal times
- introduced a streamlined allied health referral form for patients on the Acute ward.

Listening to consumers

We are committed to shared decision-making and achieve our vision by involving consumers and the community in decisions about hospital processes, clinical practice and strategic planning.

Our staff use a range of participation and engagement approaches with consumers in forums such as community consultations with Board members, consumer-led committee meetings and focus groups.

Our highly valued volunteers are on site each day in a variety of practical roles, and offer an invaluable source of advice and ideas on our services, operations and communications.

From April to July 2017, Castlemaine Health ran an extensive community consultation. The consultation sought to ensure the community's concerns about the future of the health service and their aspirations for the future were understood and considered. The consultation used participative principles to engage the community in the exchange of information, ideas and concerns. We held a series of open community roundtables, gave public presentations and met with service groups and individuals. We engaged online at www.engage.vic.gov.au/castlemaine-health with a survey, frequently asked questions, discussion paper and social comments map.

We received almost 300 written responses to our survey and 10 submissions to the online social map on our online consultation page. We held 11 roundtable discussions across the shire and took comments, ideas and opinions from almost 1000 people.

We heard that the community overwhelmingly supports the creation of a sustainable health and community health service in the shire. They are very keen to hear about future developments and have strong ideas for change. Several common themes emerged around: access, site and facilities; aged care; health and wellness; services; and transport and parking.

All of the feedback has been reviewed by the Board and executive and will be used to inform our future strategic direction, and improve our current services.

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	The Community Consultation Committee reviewed its Terms of Reference and met six times in 2016–17.	Members to evaluate the committees to identify future improvements.
	Community representatives attended the Quality and Risk Committee, Clinical Governance and Quality Committee, and the Cognitive Impairment Committee.	
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	Introduced keyworker and orientation process in the Rehabilitation ward; coordinated care plans for CRC; used data and insight from annual consumer surveys to check the level of consumer involvement in their care.	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	Regular feedback was sought from consumers and the community through:	Promote customer experience surveys more widely and monitor response rates.
	<ul style="list-style-type: none"> – customer satisfaction surveys – experience surveys – an online feedback link – feedback forms. 	
	Results were analysed and improvements implemented where appropriate.	Ensure all feedback provided in satisfaction surveys is addressed in a systematic way.
	Consultations on Castlemaine Health's future services and structure were held in multiple local towns and online.	Use consultation feedback to inform improvements to current services.
5. The organisation actively contributes to building the capacity of consumers, carers and community members to participate fully and effectively	Consumers are now educating staff by visiting units and attending the annual falls education days to tell their stories.	Increase public awareness of opportunities for consumer participation through more active media and communication activity.
	A new Consumers' intranet page has been set up to help staff research, plan and undertake consumer participation activities.	Include consumer perspectives in the staff orientation program.
	Funding application submitted to create a consumer experience video for staff induction.	Identify opportunities to record client stories and use them in staff education.

Our volunteers

We are very grateful for the time, effort and skills provided by our many volunteers. Volunteers assist with many areas of care and service including:

- social and respite activities
- patient support on the Rehabilitation ward
- cafe and lolly trolley
- residential visiting and welcoming
- music program
- pet therapy
- art and craft groups
- library trolley and readers
- pastoral care
- patient transport drivers
- administration and customer surveys
- community consultative committee
- walking and exercise programs.

During the year Castlemaine Health took over the Medical Assistance Transport Service (MATS), which was previously coordinated by the Red Cross. Twelve volunteer drivers provide transport for residents of the local community who have difficulty attending necessary appointments. This has proved to be an invaluable service. We have also introduced volunteers into Rehabilitation ward to help patients to settle in and gain the most from their time on the ward. This initiative has been a great success.

Community Consultation Committee

Members of our Community Consultation Committee come together every second month to bring the views of consumers and carers to assist improvements in service provision. This year, our Community Consultation Committee was instrumental in supporting, guiding and implementing the community consultation. Members provided invaluable support with planning and events, and encouraging the local community to get involved.



Volunteer Sarah Cody playing cards with a group of residents.

Below: One of our new volunteer Medical Assistance Transport Service drivers, John Maxfield.



Volunteer Ann Roman provides companionship by visiting and chatting with residents.

“
 Twelve volunteer drivers provide transport for residents of the local community.”



Bob Forde, member of the Community Consultative Committee and Cognitive Impairment Working Group

“

Being on the committee takes time and commitment but I would recommend it to anyone interested in being involved.

After three years on the Community Consultation Committee I'm more involved as I know the system a lot better. Each year new people join – they add new skills and approaches. It can be a bit of an experience, but that's what makes it a better committee, lots of views and people coming from different angles.

I moved to Castlemaine in 1964 and my wife Judy and I live in Guildford now. After studying at Castlemaine Tech I graduated in Civil Engineering from the Caulfield Institute of Technology. Judy and I met at the Castlemaine Technical/High School dance and our 50th wedding anniversary is coming up in January next year. I've been retired for 10 years and have time to be involved in community activities but I'm still learning about all the local events. *(Bob is also Secretary of the Guildford Progress Association and a member of the Cognitive Impairment Working Group at Castlemaine Health, and has recently joined the Guildford Banjo Jamboree Committee.)*

With a civil engineering background what I really enjoy being involved in as a committee member are the practical issues – signage, access to the hospital and parking issues. I remember walking around the site with the then Director of Nursing Amanda Edwards while we worked out the new signage. These things help people access the services. I also enjoy checking the procedures we review as a committee to make sure they are balanced and consider all the people involved.

When you use a service, that's when you find out what it's like. I have been involved with rehabilitation and dietician services at Castlemaine Health, and our three granddaughters were born in the maternity ward here. All went well and we have only positive things to say about our experiences. Judy and I still access podiatry and dietician services.

One of the challenges in the current service redesign project is thinking and planning for our local population in 20 years' time. People don't usually think about the hospital until they have to use it. I went to two of the community consultations, in Guildford and in Castlemaine, and there was a lot of good discussion. As an older person on the committee, I think about the services that I would like if I ever need it, and how I would like to be treated.

Being on the committee takes time and commitment but I would recommend it to anyone interested in being involved. I've just signed up for another three years and I'm happy to keep contributing.

Get involved

We offer many opportunities for community members to become involved in volunteer activities. Contact the Volunteer Program on 5471 1555.

Embracing diversity

Castlemaine Health is committed to identifying and addressing the barriers that impact on the ability of our clients, carers and staff to be fully included and participate in our community. To this end, we recently established a Cultural Diversity Working Party to oversee review of our Access and Inclusion Plan, which incorporates our Disability Action Plan.

Work has been undertaken to prepare for the roll out of the National Disability Insurance Scheme (NDIS). Staff have attended training to prepare for the new scheme and we have been working with and supporting people to make this transition. A focus has been to provide holistic care and building the capacity to ensure people have choice and control of their supports.

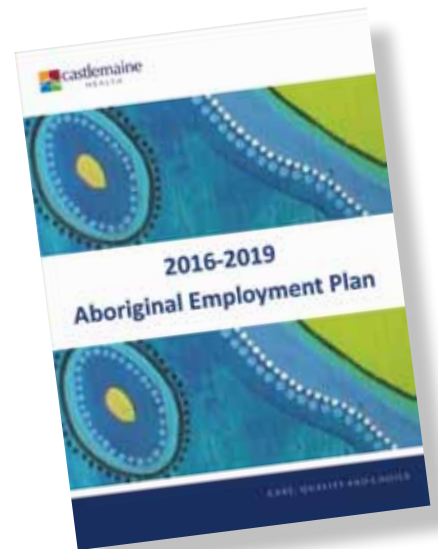
We have focused our activities to promote inclusion for Lesbian, Gay, Bisexual, Transgender, Intersex and Queer (LGBTIQ) clients on:

- training key members of staff to guide organisational change
- conducting a survey of staff and implementing the resultant action plan
- improving systems, processes and education, and monitoring our progress
- working towards 'Rainbow Tick' accreditation.

Cultural and linguistically diverse patients admitted to Acute and Subacute units					
	2016-17	2015-16	2014-15	2013-14	2012-13
Aboriginal and Torres Strait Islanders	20	14	12	8	17
Clients requiring an interpreter	0	0	0	0	0

We continue to work on improving care for Aboriginal clients, staff and community. In the past year we have:

- employed an Aboriginal Liaison Officer to implement the strategies identified in our Aboriginal Employment Plan
- placed Acknowledgement of Country signs throughout the facility
- purchased and displayed ATSI flags at reception desks
- held a staff education session hosted by Aboriginal elders
- employed two Aboriginal aged care trainees to work with our residents in aged care
- held a Closing the Gap lunchtime discussion with local elders and members of the Aboriginal community.



Melinda Harper, Aboriginal Liaison Officer, hosted a Closing the Gap lunch in the café. Guests included Shania Charvat, Maya Coff, Tashara Roberts, Auntie Kath, Auntie Steph, Charlie Corcoran, Alice Coff and Auntie Julie.

“
 Every single day we should be thinking about closing the gap, reconciliation and including ATSI people, not just on the token days. This is not just a box to tick. The gap will only be closed with true reconciliation, and that reconciliation can only come from understanding us, respecting us, involving us and standing beside us as equals.
 Tashara Roberts
 Indigenous Engagement and Capacity Building Officer,
 Bendigo Tafe

Listening to our staff

Each year our staff take part in the Victorian Public Sector Commission's People Matter Survey. Castlemaine Health received an overall patient safety score of 60 per cent, exceeding the Department of Health and Human Service (DHHS) target of 40 per cent.

The survey uses eight questions to measure staff perception of client safety. It 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 2016 the People Matter survey was completed by 201 staff. The results were provided to managers to evaluate, together with their staff to plan and implement relevant improvements.

Improvements in response to the results include:

- implementing the Studer Program through 'Lead to Achieve' to promote accountability and acknowledgement, help foster innovation and improve patient experience and quality outcomes
- increasing staff participation in the People Matter Survey 2017, with signage on display early in the campaign, additional access to computers for non-deskbound staff and competition incentives
- introducing lunchtime weekly Pilates and Yoga classes for staff.



As a Quality Assistant, Kim Leckie (pictured front right hand side) spends long periods of time sitting at a desk completing data entry. This year, Kim has taken up the opportunity to participate in on-site Pilates and Yoga classes and finds them very rewarding. She is pictured here with a group of other staff members and Pilates instructor Helen Gilfillan. The program will be evaluated after a three-month trial.

During the year to further improve the environment for our staff and clients, we have worked to reduce the risk of occupational violence and aggression through:

- extensive education in Management of Clinical Aggression (MOCA) training provided to all relevant staff by an accredited trainer
- reviewing relevant signage
- developing structured follow-up for victims, including debriefing and counselling
- implementing Code Grey Procedures
- submitting a funding application for trained security staff
- developing an occupational violence and aggression plan based on the AMNF (Australian Midwifery Nursing Federation) ten point action plan.

Working together to reduce family violence

The Victorian Government created 'Ending Family Violence - Victoria's Plan for Change' in 2016. The plan acknowledges that action is needed to build a future where Victorians can live free from family violence and where women and men are treated equally and respectfully.

In support, Castlemaine Health has established itself as an active member of the Mount Alexander Family Violence Prevention Network and in the past year has:

- implemented procedures, practices and education to help staff to identify instances of family violence and sexual assault
- used early intervention, where possible, to help identify and target individuals who exhibit early signs of violent behaviour or of being subjected to violence
- introduced new support networks to enable prompt assistance to victims in a coordinated and integrated approach with relevant support agencies
- displayed Maldon Hospital and Neighbourhood Centre's 'Portraits for Respect' to promote and normalise gender equality
- planned our own 'Portraits for Respect' photography shoot, using grant funding to cover the costs of printing and framing, with the images to be displayed in our main Reception area and launched to coincide with White Ribbon Day in November.

Safe, reliable and effective care

Accreditation

The accreditation process provides a framework for health services to be assessed by external surveyors. It validates the provision of safe, high quality care by assessing compliance with established standards.

Our accreditation status is as follows:

- 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 2018 and unannounced spot check visit November 2016 confirmed compliance with standards
- Australian Aged Care Quality Agency (AACQA) Home Care Standards – Assessment contact visit occurred in February 2017 which identified compliance with the standards reviewed.

Making blood transfusions safe

The National Blood Authority provides guidelines to assist with the provision of blood transfusion in a safe and appropriate manner. Castlemaine Health has reviewed all guidelines and established procedures to ensure that blood is provided by appropriately trained staff after consent is obtained. Regular auditing occurs against the *Administration of blood and blood products* procedure which includes audit of consent, documentation and observation. Regular audits are conducted by pathology in relation to any wastage of blood products and infusion reactions. Only staff who have completed the Blood Safe e-learning competency may oversee administration of blood and blood products.

REACH program

R.E.A.C.H stands for Recognise, Engage, Act, Call, Help.

The R.E.A.C.H Program empowers patients and families to escalate care if they are concerned about the condition of the patient by encouraging discussions with a multidisciplinary team.

Each clinical area within Castlemaine Health has a brochure outlining the steps to follow if there is any concern in relation to a patient's condition. This includes a phone number to directly contact an advanced skilled nurse.



Liz Allen, Val Lumsden and Mary Pound.

Maternity services

During the year 47 babies were born at Castlemaine Health and 25 mums and babies were transferred back for post-delivery care from higher level services. We offer maternity services for low-risk births and also provide post-delivery care after babies are born at larger hospitals.

We are a member of the Bendigo Regional Maternity Morbidity and Mortality Committee, which convened in 2016 to oversee the implementation of best practice care and guidelines across the region. It also provides a forum for peer review, discussion and improvement in practice.

DHHS collects data on a number of processes and outcomes relating to maternity services (Victorian Perinatal Services Performance Indicators). We plan improvements using this information, along with information gathered from our internal client satisfaction survey.

This year, we identified two areas for improvement:

- maternal smoking cessation rate – our score was 29% while the state average was 39% (Indicator 7)
- rate of women attending their first antenatal visit prior to 12 weeks gestation – our score, while still well above the state average, deteriorated from 91% to 79% while the state average was 20% (Indicator 9).

To improve these indicators and respond to some comments within our maternity satisfaction survey, we have undertaken the following actions.

- Commenced a review of our antenatal clinics and education provided to new mothers and health care providers. An action plan has been developed which includes smoking education, extra focus on the mother's partner throughout the maternity experience, and consideration of the mother's need for earlier education and monitoring.
- Trialled the use of a hand held record to improve the efficiency with which we receive information about the 'mother to be' from her doctor.
- Explored the production of a community information pack for persons considering pregnancy to provide valuable information about, among other things, the importance of antenatal care early in pregnancy.
- Introduced mentoring experiences in tertiary centres so that our midwives can enhance their skills and knowledge.

We've also introduced a new training system which involves staff in common maternity scenarios. Practical Obstetric Multi-Professional Training (PROMPT) provides a forum to collaboratively practice clinical skills in a multi-disciplinary team to achieve a high level of competency. Two sessions have been completed to date, with two more sessions on the schedule for 2017.

The first session was a maternity haemorrhage situation. The 12 midwives, three general practitioners, three urgent care nurses and an after-hours manager positively evaluated the session. Improvements recommended by the participants have been implemented. They include:

- education and an urgent memo to improve awareness of how to use the emergency alarm equipment, and labelling the 'old' button as non-active and covering it with a sign in the short-term until it can be removed entirely
- adding IV fluid bags to the maternity trolley with extra IV tubing
- adding additional ampoules of medication to help manage bleeding to the maternity trolley
- a new dedicated maternity observation machine and intravenous pump
- extra orientation to the maternity wing for Urgent Care staff
- introducing a discussion about the possibility of emergency blood transfusions in maternity education sessions to prompt patients to disclose religious beliefs and preferences
- a new specific post-partum haemorrhage emergency chart to prompt documentation requirements and aid compliance with the procedure.



Katherine Ryles-Sinniah, pictured with Timothy Turner and Ravi Turner

Baby Ravi Turner

Ravi was born on 1 May 2017 at Castlemaine Health. Before I gave birth, I'd come in for a tour of the maternity suite and loved it. It was beautiful. It felt like an actual home. I was able to bring in things from my own home too, which was just lovely.

Ravi's birth was a really intense, positive and beautiful experience. I hadn't had much experience of hospitals before I gave birth, so I was very anxious about even being there. I was worried that fear would kick in during the birth. But the midwives and doctor were incredible. They were so tuned in and connected. They talked with me, guided me and were so gentle and patient. Even after Ravi's birth, their support meant that I was able to get a sense of Ravi and really connect with him.

Nothing can prepare you for giving birth. It's pretty amazing and I'm still surprised that I did it! Everyone was just so lovely. I would definitely recommend Castlemaine Health as a wonderful place to give birth.

Using medications safely

Medicines are the most commonly used treatments in health care. 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, this is in part due to the increased vigilance in recording.

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 from 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
- a Drug and Therapeutics Committee, which reports to the Clinical Practice Committee, regularly discussing and reviewing medication management
- regularly reviewing 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
- requirement for all pharmacy technicians to be appropriately qualified.



Castlemaine Health staff member David Wallace with Joy Toy.

Improvements in our Pharmacy during the year included:

- further work undertaken towards verification and compliance with the Medication Safety Standard
- a Drug and Therapeutics Committee formed to directly review medication related issues
- a Pharmacy honours student investigating information needs of patients on discharge
- replacing medication infusion pumps with improved contemporary models
- implementing the standardised 'Webster Medx' medication charts to reduce medication error rate in aged care.

No errors have resulted in harm	
Year	Medication errors by year
2016/17	260
2015/16	212
2014/15	241
2013/14	271
2012/13	217

Preventing harm

Adverse events

An adverse event is an unexpected event that could result in harm. Castlemaine Health uses a central online register to record and classify according to severity, and analyse adverse events.

During the year there were 1,341 clinical adverse events. The majority were minor incidents or 'near misses'. The worst type of adverse event is a sentinel event and there were none this year.

Many controls have been put in place as a result of analysing clinical adverse events in the past year. These include:

- reviewing relevant procedures
- reviewing client risk management, for example falls, pressure injuries, behaviour management and individual care plans
- removing hazards that may cause a trip or fall
- equipping repairs and alterations to reduce risk of injury
- reviewing menus
- medication competency training for identified staff
- allergy investigation and identification
- staff education
- conducting case reviews with multidisciplinary input to ensure lessons learnt are implemented.

Reducing falls

Falls account for most of the adverse events that occur at Castlemaine Health. A working party regularly meets to focus on ways to reduce the number of falls.

Significant work has been progressed in this area over the last 12 months:

- a new nurse call system that enables quicker access to staff was installed in Acute, Subacute, Theatre, CRC, Thompson, Spencely and Penhall
- introduction of a geriatrician three days per fortnight on the Subacute unit to assist with assessment and implementation of functional improvement strategies
- development of a multidisciplinary case review meeting for residents who have more than one fall
- 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
 - the day has an orange colour theme which is shown in staff costumes, food and unit decorations
- three-monthly audits to assess compliance with the completion of a falls risk analysis and the development of an appropriate falls prevention plan.



Ray Sharpe and Castlemaine Health's Michael Kuhle.

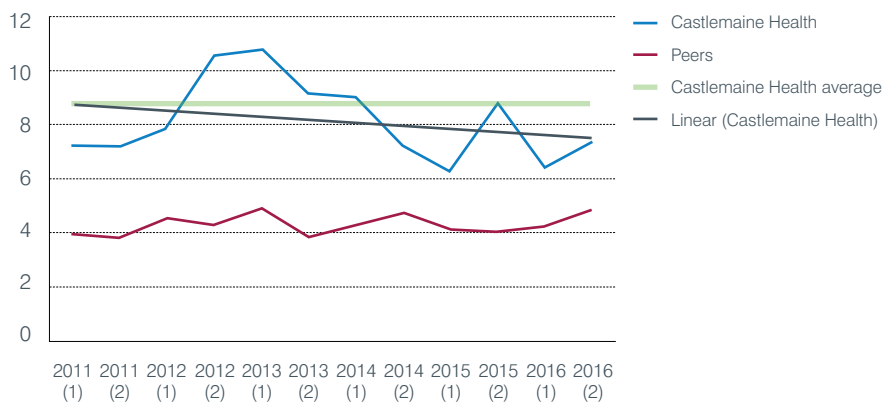
Managing and preventing pressure injuries

All Castlemaine Health patients and residents are assessed on admission and regularly throughout their stay, to determine if they are at risk of developing a pressure injury (damage to the skin resulting from pressure). Contributing factors to the risk of pressure injury include decreased mobility, decreased ability to feel discomfort or recognise painful areas and poor nutritional status.

During the last 12 months we have:

- conducted three monthly audits of the presence of pressure injuries and compliance with risk assessments
- developed a brightly coloured sticker to be used in the medical record to alert staff that there is a pressure injury that requires attention
- reviewed relevant procedures and staff education
- reviewed access to pressure reduction devices (including ROHO cushions and special pressure relieving mattresses)
- included dietitians with nutrition screening and assessment to reduce risk of development of a pressure injury and improve healing ability if one is present
- provided at-risk clients and their families with education about the risk of and prevention of pressure injuries through resources such as the “move, move, move” brochure and referrals to Allied Health team members.

Falls in Acute and Subacute Units (per 1000 bed days)



Controlling and preventing infection

Preventing infection is fundamental to delivering high quality health care and creating a safe working environment. Our Infection Control program involves all clinical and non-clinical areas in the prevention and management of infection.

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. Further work this year has focussed on working towards completion of the staff immunisation database and providing vaccinations for staff relative to their risk of exposure. A shortage of hepatitis B vaccines nationwide has compromised the program in the past year, with 35 staff awaiting vaccination.

Hand hygiene

Hand hygiene is the number one strategy to prevent and control the spread of infection. Staff, clients and visitors are encouraged to wash their hands or use alcohol hand rub correctly. Dispensers are available in all clinical areas, entrances and exits.

Castlemaine Health participates in the Hand Hygiene Australia program, whereby hand hygiene audits are conducted three times per year in Acute, Rehabilitation and Theatre 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. Acute and Rehabilitation areas are achieving above the 80% mark. Theatre has been audited twice since last year with results >80% in the two audits this year. Aged care areas have been audited twice per year since 2014 with results generally maintained above 80%. The last audit in aged care in June 2017 was just under the mark at 79.55% with follow up occurring to improve staff practices.

Sparkling clean

The *Cleaning Standards for Victorian Public Hospitals* sets out minimum cleaning requirements and we adhere to a monthly schedule of audits including an annual audit completed by independent surveyors. The introduction of UV marker cleaning audits has enhanced our ability to assess the cleaning of high touch points in the clinical environment and provide important feedback to cleaning staff on the importance of cleaning high touch areas.

Staff immunisations					
	2017	2016	2015	2014	2013
Influenza	521 (77.8% of staff vaccinated as of 28/07/17)	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)
Hepatitis A and B	9	24	31	50	12
Hepatitis A	7	13	14	10	15
Hepatitis B	58	55	10	5	12
Boostrix		1	2	1	0
Priorix (Measles, Mumps, Rubella)	10	6			

Hand hygiene compliance audit						
	2017	2016	2015	2014	2013	2012
Key Performance Indicator	80%	80%	80%	75%	N/A	N/A
Geroe Acute Unit	95%	94%	80%	83%	85%	77.8
Connolly Subacute Unit	92%	92%	96%	95%	78%	80.6
Aged care (hostels and nursing homes)	80%	84%	83%	100%	-	-

External cleaning audit	
Year	Percentage compliance (86% is the required pass rate)
2016/17	96.9
2015/16	96.4
2014/15	95.1
2013/14	95.2
2012/13	95.9

Monitoring staphylococcus aureus bacteraemia

One staphylococcus aureus bacteraemia infection was identified this year. Following this the focus has been on improving hand hygiene, aseptic technique, intravenous cannula management and intravenous fluid and medication management. A new cannula pack was introduced in 2016 which is aimed at improving the insertion, tracking and management of intravenous cannulas. A visual inflammation and phlebitis scoring system has also been introduced for the assessment of intravenous cannula sites. Further audits of practice are planned for the coming year.

Always improving

We've made many improvements in the past year:

- improved management of outbreaks through reviews, external assessments and fine-tuning of processes and procedures
- updating the traffic light system for antibiotic prescribing to improve antimicrobial stewardship
- auditing and reviewing antibiotic prescribing and management, in particular with ophthalmic and ear, nose and throat surgery and aged care areas
- focusing on aseptic technique compliance and improving the management of intravenous cannulas, intravenous lines and intravenous medication administration.
- 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.

Living with us

Castlemaine Health offers residential high and low care. Ellery House, Thompson House, Spencely and Penhall are four separate residences designed to provide a homelike environment while care is provided by specially trained staff.

During the year we continued to implement the twelve Montessori Principles, a project commenced in 2016. These principles assist the staff's ability to adapt the environment so residents can participate in meaningful activities that allow them to be as independent as possible, while increasing their feelings of self-worth.



Nita Phillips, Patricia Gilligan and Liz Allen.

Residential care quality indicators

Five indicators have been developed by DHHS to evaluate the quality of care and enable comparisons between organisations. Three-monthly audits are completed and sent to DHHS for compilation into a report comparing performance to other residential care facilities and our previous results. These indicators are as follows:

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

A team effort ensures our residents receive appropriate medications. Audits are conducted every three months to assess residents' medication status. All residents on nine or more medications are assessed by a GP and pharmacist to evaluate the appropriateness of medications. We compare our rate with other organisations and during the year we remained below the state average.

- **Number of falls**

To reduce the risk of falls, an individual assessment and care plan is developed for every resident. This is audited, together with the number of falls. In 2016-17, we had fewer falls than the previous year.

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

A project to reduce restraint usage during 2016 has shown excellent results, with the use of restraint decreased to zero for the last two three monthly audits. Restraint is considered a last resort when caring for those where there is a risk of harm identified and requires consent from the resident or next of kin. The procedure was reviewed and now provides more clear guidance.

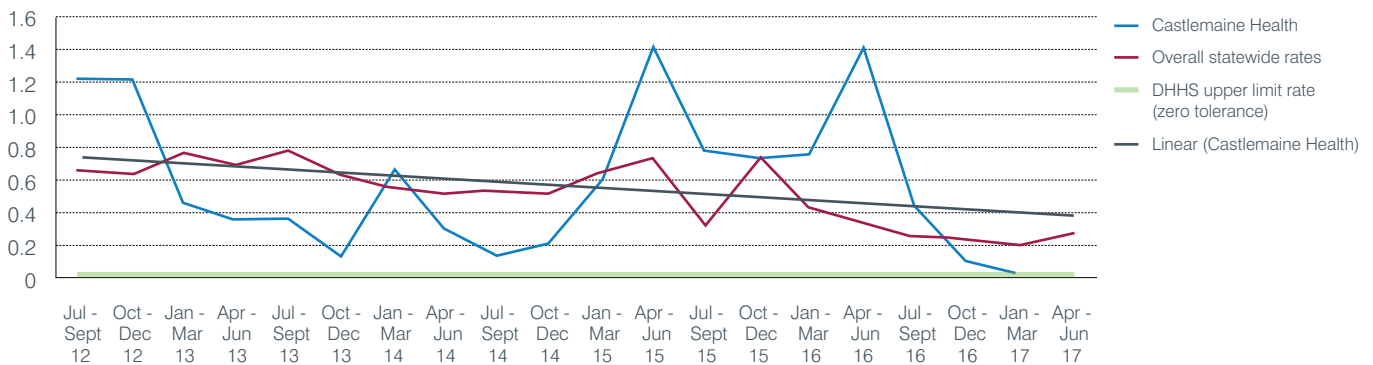
- **Number of pressure injuries identified**

All residents are assessed every three months for risk of pressure injury and preventative plans are developed as required. Our rate of pressure injuries has reduced during the year.

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

Our dietitians and nursing staff work together to reduce the risk of unexpected weight loss. Audits are conducted every three months to identify residents who are losing excessive weight. These residents are assessed by a dietitian and strategies put in place to optimise weight. During the year there was a decrease in the number of residents that lost weight.

Episodes of physical restraint use (per 1000 bed days)



Choosing your end of life story

Advance care planning is when a person makes decisions and provides instructions in relation to his or her future health care should he or she become incapable of participating in treatment decisions.

An advance care plan can be changed or revoked at any time. Patients and residents who enter our facilities with existing documents will have those documents copied and placed in their medical file. Those who do not have an advanced care plan will be offered the opportunity to prepare one.

Specially trained staff and the patient/resident’s doctor can provide information to help patients and residents formalise their advance care plans. Information booklets are also available to help.

Strategies to increase the number of people with an advance care plan include:

- education sessions for medical practitioners
- introduction of Medical Education on Standards commenced in Victoria for medical staff
- adding an Advance Care Directives prompt to the Observation Response Chart
- educating Health Information staff on how to record the existence of advance care plans in the alerts on the patient information software
- including an advance care planning brochure in admission packs
- including information on advance care planning in our Patient Information Guide.

Patients over 75 years of age with an advance care plan or substitute decision maker 2016/17			
July-Sep	Oct-Dec	Jan-March	Apr-June
12%	13%	13%	12%

Advance Care Planning in action

Charlie Ellery had a heart attack in November 2016. At the age of 96 he decided he did not want cardiac surgery or a pacemaker, and agreed with staff that his goal was to go home and live on his farm for as long as possible. With this goal in mind a team from the Transition Care Unit helped Charlie to review his home and activities to ensure he could stay on the farm safely. They even helped him to develop strategies to safely ride his quad motorbike around his cattle, which he continued to do daily until his death at home on the farm in March 2017.



Charlie Ellery on his quad bike at home on his Faraday farm.

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 2017, our Castlemaine Rouleurs once again hit the road to raise money for Castlemaine Health. Captain Gary Bunn led the team across 520 challenging kilometres from Echuca to Port Fairy. If that wasn't enough, the team held sausage sizzles, pizza nights and raffles to reach their fundraising target. This year, their efforts raised \$12,288.25 – all of which went towards the purchase of a new electrocardiogram (ECG) machine and CO2 monitor. Both are vital parts of our theatre equipment. We appreciate the great effort of all the riders and support crews and congratulate them all on a first-rate effort.

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. In the last eight years, the event has raised over \$90,000 for the community and donated much of it to Castlemaine Health. The money has enabled us to purchase a high-tech warmer to help monitor and care for sick babies, purchase new defibrillators and train staff in their use, and refurbish our birthing suite.

Run The Maine Committee President Libby Mayes and her volunteers do an absolutely extraordinary job each year in pulling this event together. In 2016–17, their efforts raised \$13,500, which enabled us to purchase new palliative care mattresses.



The Castlemaine Rouleurs



Run The Maine organising committee

Bequests and donations

Castlemaine Health gratefully receives bequests made in wills and donations. They're both practical and long-lasting ways to support the community, and future generations of family and friends.

In the year to 30 June 2017, Castlemaine Health received general donations to the total of \$17,884. We were very grateful to receive significant bequests from the Estate of Hjalmar Sigurd Nilsen for \$44,998, from the Estate of Willamina McBeth Todd for \$1,676, from the Estate of Leslie John Moore for \$5,000, a Bequest from GL Godfree for \$2,544 and a donation from the William Samuel Godfrey Charitable Trust for \$1,404.

Collier Charitable Fund

The Collier Charitable Fund generously supported us this year, with a grant of \$30,000 towards the purchase of equipment to improve services in our operating suite.

In particular, the grant enabled us to purchase a smartline endoscopic storage unit, which is used to store gastoscopes, colonoscopies and cystoscopies. The grant also enabled us to purchase urology instruments which were added our existing urology instruments to enable us to perform additional prostate surgery.

The equipment has helped meet the increased number of surgical patients since the expansion of our theatres in 2014.

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.



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