

Castlemaine Health Quality Account 2018-19

Contents

ACKNOWLEDGEMENT	3
CONSUMER, CARER AND COMMUNITY PARTICIPATION	4
Patient experience	5
Discharge arrangements	6
Community participation	7
Embracing diversity	8
Building community capacity	10
QUALITY AND SAFETY	11
Consumer experience	12
Staff experience	13
Accreditation	15
Adverse events	16
Infection control	17
Maternity services	18
Residential aged care services	19
Escalation of care	24
ABOUT THIS REPORT	25

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.*

ACKNOWLEDGEMENT

Welcome to Castlemaine Health's 2018-19 Quality Account Report. This year we have updated the report's format as part of our ongoing efforts to ensure the information we produce is clear and easy to understand. As a result, we've selected some highlights from the past twelve months rather than reproduce the report here in full. The complete version of the 2018-19 Quality Account Report is available on our website.

In 2018-19, all our services remained fully accredited and new standards were established for both residential aged care and acute. In aged care the standards attained emphasise the level of care and quality of life, with staff working hard to help residents maintain vital connections with the community. Our patient and resident feedback indicators show ongoing excellence, with patient services routinely exceeding set performance targets. Feedback is extremely valuable and we use it to continually refine our services.

We have maintained our valued partnerships with consumers and the case studies show how these relationships are enriching our organisation and capabilities. Consumers help us to build strong community relationships, particularly through membership on our Community Consultative Committee, Clinical Governance Quality Committee and Board-Sub Committees. Their perceptive and insightful questions enable them to lead discussions about services, access, quality and health literacy. As volunteers, our consumers have helped us advance matters that are important to the community. We are extremely grateful to them all.

We were delighted to launch a new web presence at www.castlemainehealth.org.au/ndis. The pages profile the wide range of services Castlemaine Health offers to people of all ages living with disability. While the NDIS is still relatively new, Castlemaine Health has long been delivering excellence in Early Childhood Intervention, through the Community Rehabilitation Centre and our Adult Day Service. It is this demonstrated excellence, experience and professionalism which sets us apart from many other providers.

We rely absolutely on the commitment and outstanding efforts of our staff and volunteers, and the experienced and dedicated GPs who bring their specialisms to Castlemaine Health. Without them, none of this work would be possible. I'd also like to thank the donors, community groups and businesses who have supported our fundraising over the past year.

Their generosity is in turn a gift to this community.

I hope you enjoy the report.



Ian Fisher
Chief Executive Officer

CONSUMER, CARER AND COMMUNITY PARTICIPATION

Patient experience

The Victorian Healthcare Experience Survey (VHES) includes questions about patient experience and discharge care. They are also a focus in our Statement of Priorities agreed with the Department of Health and Human Services (DHHS). Our Community Consultative Committee reviews our VHES results to monitor our performance and identify areas for improvement.

The VHES results for 2018-19 show that Castlemaine Health consistently exceeded its 95% target for patient experience in every quarter.

Overall satisfaction with hospital stay 2018-19

Quarter 1	Quarter 2	Quarter 3	Quarter 4
98%	97%	98%	99%

In the past 12 months we have improved patient experience by actively responding to feedback. Improvements include:

- reviewing parking facilities and embarking on a significant redevelopment project to create additional car parking spaces, including four new accessible car parks
- inviting an Executive Director to join an Out and Out Club activity to evaluate resources and effectiveness
- reviewing the Volunteer Patient Transport Service
- lowering the volume of call bells to reduce noise impact to residents
- introducing a range of improvements to food services such as a new menu, extending the menu monitor's role to seek feedback when daily rounds are completed, changing workflow to reduce burnt toast; reviewing menus for individual residents; introducing standard cooking times for vegetables; and reviewing food disposal procedures to ensure consistency with food safety legislation
- making our services more accessible and findable by updating our website information so that people can more quickly locate our hospital services in an emergency; redesigning and re-recording the telephone tree to improve the language, usability, tone and structure; creating an easy-read visual diagram of the Consumer Participation Framework; and launching a set of webpages specifically designed to promote services for people of all ages living with disability
- in residential care ensuring that care plan reviews are attended by clients and altered in consultation with them; introducing steam cleaning of walls; replacing air-conditioning units in Spencely Hostel; providing medication education to staff, including compulsory reading and signing of relevant procedures
- in the operating suite reminding staff to ensure patients have a call bell in close proximity and blankets if required; introducing individual case discussion with clients to further explain surgery; holding discussion with surgeon regarding pre and post-operative information; changing storage of client notes to improve confidentiality; reviewing signage to the Operating Suite; reviewing patient waiting times in Operating Suite and explanations about the indefinite timeframes of operating procedures; and improving readability and content of operating suite preoperative information sheets.

Discharge arrangements

The Victorian Healthcare Experience Survey results for 2018-19 show that Castlemaine Health consistently exceeded its 75% target for positive response to discharge arrangements. We improved discharge arrangements specifically in the operating suite by reviewing discharge information provided to day surgery clients to identify improvements. We also reviewed discharge arrangements for mental health clients through consultation with the Bendigo Mental Health team.

Positive response to discharge arrangements 2018-19

Quarter 1	Quarter 2	Quarter 3	Quarter 4
89%	88%	81%	88%

Community participation

Our Community Consultative Committee meet every two months to enable committee members to communicate consumer and community views to Castlemaine Health. Their valuable input enables Castlemaine Health to improve communications, services and facilities.

Case study

Community Consultative Committee member Paul Kent is a passionate local volunteer who recently joined the Committee. He said: “I wanted to contribute in a meaningful way to how the health service develops and responds to the increasing and changing needs of our community.”

Paul believes the involvement of key staff and Board members in the committee’s work provides a significant opportunity for sharing ideas and insights across different stakeholders with an interest in effective and responsive services for the local community. He says the committee plays a critical role in providing feedback about existing services, plans and proposed service developments, both human and physical. Paul said: “I think all committee members and other stakeholders who attend meetings learn from each other’s perspectives on the issues that are raised at the meetings. I have certainly benefited from the hearing those different perspectives based on people’s own personal, family or work experience.”

Paul’s experience as a carer for his elderly parents has given him valuable insight into the challenges for our elders of accessing and navigating health and aged care services. He said: “My experience of supporting my parents as they have aged has added another dimension to my understanding and has highlighted the qualities that contribute to what can be viewed as a “good” health or aged care service. We are indeed fortunate to have such high-quality services provided by a local health organisation so, with an already significant aged population in our district, we need to be ensuring that high standard health and aged services continue to be able to provided locally into the future, especially as our population ages.”

Paul believes Castlemaine Health shares challenges common to other small regional health services. He said that “while larger hospitals will continue to be important for specialist services, it will be critical for Castlemaine Health to maintain locally-based maternity, acute, sub-acute, aged and transition care as well as rehabilitation services.” While he commends the work of the board and senior staff he believes there are “some considerable threats around our viability as a strong and independent organisation which I think require us to continue to develop effective ways of engaging with the wider Castlemaine and district community around what the health service needs to prioritise.”

Paul hopes that the forthcoming Community Connectors forum will offer directions for formal and informal mechanisms that enable the voices and ideas of all people to be heard. “Many community members are not sure how to contribute their feedback and suggestions, so committee members need to be out amongst their own networks talking about Castlemaine Health services and getting feedback about people’s experience that can help improve services.”



Photo: Community Consultative Committee member Paul Kent.

Embracing diversity

In the past year, a number of new initiatives, training and events have strengthened our relationships with the Aboriginal and Torres Strait Islander and LGBTIQ+ communities, and enhanced the cultural awareness levels in our staff. We have also created a corporate standard series of inclusive symbols for all email signatures, which includes the Aboriginal flag, Torres Strait Islander flag, International symbol of access and the National Interpreter Symbol, along with a traditional Acknowledgement.

During the year, Castlemaine Health had no patients that required provision of an accredited interpreter.

Disability Action Plan

In our Disability Plan for 2018-21 we outlined our strategy to create an atmosphere that is welcoming and empowering for people with disabilities, and committed to working with people with a disability so that they can achieve their optimal mental and physical health. In the past year, we have educated our Community Rehabilitation Centre Central Intake staff in how to direct new referrals from people with a disability towards facilitated pathways through the care they need. We commenced work on new documentation that includes easily identifiable information and symbols, and developed plans to create new resources using Picture Exchange Communication Resources (PECS) that support care plan development and for use in reception and intake areas. Our HR team remain 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.

Case study

A dedicated website focusing on Castlemaine Health's disability services launched in January 2019 on www.castlemainehealth.org.au/ndis. The site promotes a range of services that meet the needs of people of all ages with different levels of disability. The site content was designed around strong use of imagery. The easy-to-read text was assessed as having a Flesh Kincaid reading score of 70.0 to 60.0 which indicates Plain English that is easily understood by 13- to 15-year-old students.

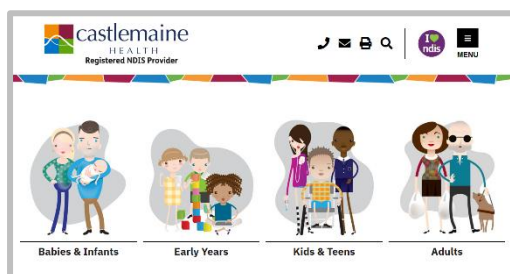


Photo: Screenshot of the landing page for Castlemaine Health's new online webpages profiling our services for people living with disabilities.

Aboriginal and Torres Strait Islander communities

We have added a traditional Acknowledgement in the Residential Aged Care Information Directory, Patient Information Guide and Education and Staff packages. We've also purchased Aboriginal books purchased for waiting areas. On the passing of a Uncle Brien, an enormously respected local elder we lowered the flag and board and staff members attended his funeral as a mark of respect. His passing was acknowledged by the CEO in E-News. A series of four cultural awareness training sessions for staff were held. The 'Asking the Question' training session was conducted by a local Aboriginal Educator and two Cultural Awareness Training sessions were hosted by BDAC. Local elder Auntie Julie visiting Ellery House to discuss the issues around the Australian National Anthem from

an Aboriginal perspective with residents at resident's request and our work towards a Reconciliation Plan remains ongoing.

LGBTIQ+ communities

In the past year a workgroup has investigated how internal systems such as iPM record personal pronouns and how processes or systems may be changed to better reflect inclusive practice. A number of staff attended Inclusivity Training held in Castlemaine, which helped staff understand and competently respond to LGBTIQ issues. Castlemaine Health took part in the Castlemaine Pride Day event held in the Botanical Gardens.

Case study

We hosted an afternoon tea to acknowledge IDAHOBIT Day with guest speaker Martyn Shaddick from Castlemaine Community House to and educate staff about the shire-wide LGBTIQ+ Strategic Plan 2019. Our Education and Training department held an LGBTIQ Aged Care Sector education session for staff to learn more about aspects of good practice and inclusive service for LGBTIQ clients.



Photo: IDAHOBIT Day Afternoon tea special guests Mayor Bronwen Machin, Martyn Shaddick from Castlemaine Community House and Castlemaine Health's Di Senior.

Building community capacity

We are very grateful for the time, effort and skills provided by our many volunteers. Last financial year, 90 volunteers gave 185 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

Case study

In May 2019, a series of volunteer catch-ups were held at Castlemaine Health. The Patient Transport catch-up proved to be a great opportunity for the drivers to meet each other and learn some new skills from our in-house experts. Sue Ibbs, one of our Physiotherapists, demonstrated different techniques for patients to safely get in and out of vehicles and how to properly load walking aids into a vehicle. For our Leisure and Wellbeing volunteers, our Speech Pathologist Emma McLaughlin shared some great tips on communicating with older people. Lee Mason, our Nutrition and Dietetics Manager, treated our Administration to some wonderful insights into some of the myths of diets and about Health at Any Size.



Photo: Patient Transport Volunteer catch-up: (Standing) Rick, Ben, Andrew, Phil, Deb and David. (Sitting); James, John, Gayle and Sue.

QUALITY AND SAFETY

Consumer experience

We receive extensive feedback during the year both positive and negative through Consumer Feedback Forms, email, telephone calls, social media, surveys and VHES results. In 2018-19, we received 970 pieces of feedback. Of these, 836 were compliments, 64 were complaints and 70 were comments and suggestions.

Consumer Feedback Forms are available at www.castlemainehealth.org.au/feedback and they are displayed in prominent locations throughout Castlemaine Health.

We actively seek feedback from clients in a variety of ways, including:

- giving Consumer Feedback Forms to all day surgery clients and post-acute care clients at the conclusion of their services
- posting Consumer Feedback Forms out to parents who've had a baby in Maternity, and conducting an annual Client Satisfaction Survey of all maternity clients
- conducting annual Client Satisfaction Survey of CRC clients, aged care residents, Adult Day Service clients and Early Childhood Intervention clients
- holding monthly Resident Meetings for aged care residents and their families to provide feedback and discuss issues with staff.

All complaints are dealt with by the relevant Executive Director who oversees investigation and drafts a formal response to the author. The complainant's suggestions are used to direct improvements. In Quarter 1 and 2, it took on average 13 days to respond to complaints, rising to 14 days in Quarter 3 and 4.

Case study

In January 2019, Castlemaine Health's new telephone number series went live as part of the Unified Communications project. The project moved Castlemaine Health onto the standard VOIP communication platform for the Loddon Mallee region. Castlemaine Health took the opportunity to act on a body of negative feedback about the phone 'tree' at the same time. The phone recordings had been the subject of negative consumer feedback over time. Consumers found the recordings difficult to understand due to use of jargon, the options were hard to navigate, the voice was unnecessarily 'aggressive' and the pronunciation of 'Castlemaine' was incorrect. To update the recordings, we reviewed the feedback, consulted extensively with the Consumer Consultative Committee, with volunteers and consumers, and public-facing staff to determine a clear structure and language. We called all regional hospitals in Victoria to make comparisons, and asked a consumer whose first language was not English to assess our work. The phone tree was revised many times throughout the process and the final version was re-recorded with a voice specifically chosen to sound more caring, with correct pronunciation of 'Castlemaine'. We communicated the changes to the community through social media, website, email, print advertising and editorial in the local papers, and through our Community Consultative Committee. By responding to consumer feedback, we have reduced formal complaints about our phone tree to zero since implementation.



Photo: An image of Castlemaine Health's new phone 5471 3555 number with corporate branding.

Staff experience

Each year our staff are asked to complete The *People Matter Survey*. As part of the survey a set of eight questions measures the staff's perception of client safety. 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. Results are provided to managers to plan improvements in consultation with staff.

People Matter Survey – Patient Safety and Culture questions

% staff with an overall positive response to safety and culture questions	93%
% staff with an overall positive response to the question "I am encouraged by my colleagues to report any patient safety concerns I may have"	97%
% staff with an overall positive response to the question "Patient care errors are handled appropriately in my work area"	96%
% staff with a positive response to the question "My suggestions about patient safety would be acted upon if I expressed them to my manager"	96%
% staff with a positive response to the question "The culture in my work area makes it easy to learn from the mistakes of others"	93%
% staff with a positive response to the question "Management is driving us to be a safety-centred organisation"	95%
% staff with a positive response to the question "This health service does a good job of training new and existing staff"	81%
% staff with a positive response to the question "Trainees in my discipline are adequately supervised"	85%
% staff with a positive response to the question "I would recommend a friend or relative to be treated here"	95%

Case study

Castlemaine Health has focused on building the physical and psychological safety of its staff. In 2018-19, the Employee Assistance Program counselling service was made available onsite after a trial showing that staff valued the service being easily accessible. Various wellbeing activities such as morning teas, free healthy snacks, guided meditations and free neck and shoulder massages were made available to staff to support RUOK? Day and Health and Safety Month. We created a safer, more secure physical environment for staff and care recipients by making security improvements across the site with funding from a successful Regional Infrastructure grant. These included training a select group of staff to take on security responsibilities and installing physical card readers to enable quick and easy lockdown in an emergency, and better information about who's on site for emergency management purposes.



Photo: Ian Fisher, Executive Director Di Senior, OHS Officer Ingrid Luider and Board Chair Sharon Fraser with the RUOK? cake.

Accreditation

Castlemaine Health maintained its accreditation against all relevant industry standards in 2017-18.

Accreditation 2018-19

Accreditation against National Safety and Quality Health Service Standards	Accredited – Full compliance achieved across all standards
Compliance with the Commonwealth's Aged Care Accreditation Standards	Accredited – Full compliance not achieved across all standards

There were two areas in which we took specific action to comply with a standard assessed as 'unmet'. In March 2018 a scheduled audit was conducted in aged care that resulted in a 'not met' for outcome 3.10 Care recipient security of tenure and responsibilities. This was reclassified as 'met' following implementation of an education package developed for staff in relation to security of tenure legislation and a new procedure and consent form. Staff signed to acknowledge they had read and understood the procedure. Compliance is being monitored by the relevant Executive Director.

In November 2018 for standard 3.2 Regulatory compliance a 'not met' was received associated with mandatory reporting for Aged Care Accreditation Standards. This was reclassified as 'met' in January 2019 following review of procedures, changes to compulsory reporting register processes, introduction of an incident checklist, staff education and compliance auditing.

Adverse events

When things go wrong at Castlemaine Health, staff record the issue using a centralised online recording system. Each issue is analysed to enable the staff to take steps to reduce the risk of the event happening again. This includes clinical incidents such as falls and also non-clinical incidents such as staff manual handling injuries. An incident in which unintended harm results to a person receiving health care is called an 'adverse event' according to the 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 2018-19 we recorded 1,623 clinical adverse events, with two classified as Category 1 and 74 classified as Category 2. The remaining incidents were minor incidents, 'near misses' or transfers to a larger hospital. The worst type of adverse event is a sentinel event and there were two during the year.

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

- Urgent Care Centre reviewed admission process and allocation of staff for presentation of care for all women over 20 weeks' pregnant
- Connolly Rehabilitation Unit reviewed handover and escalation of care processes with staff
- Ellery House purchased new improved lifting equipment for transferring residents
- All areas reviewed relevant procedures and guidelines
- Penhall improved access to garden and installed an improved call system.

Infection control

Our robust infection control system improved again this year in a number of ways across all areas of service.

The sepsis project has helped identify people at risk of Staphylococcus aureus blood (SAB) infection. This has led to quick identification and treatment. Four SABs have been identified in the past year, three of those were acquired in the community (not healthcare associated).

Environmental cleaning has been improved with the introduction of steam cleaning and microfibre cloths, which has resulted in less outbreaks this year. The small outbreaks that occurred in aged care this year were quickly identified and managed very well to reduce the impact and spread to residents and staff.

The traffic light system for antibiotic prescribing was updated to include antimicrobials used in sepsis and thus improve patient treatment and antimicrobial stewardship.

Installation of a new pipework loop in the sterilising department has been undertaken in preparation for a reverse osmosis water filtration system to be installed for our instrument washers and sterilizers.

Surveys on consumer engagement with infection prevention activities has led to a renewed focus on educating patients and visitors to help keep the bugs at bay by using the alcohol hand rub available, before and after visiting. Visitors are also encouraged to assist by not visiting when they themselves are unwell.

Important procedural development in Legionella management, sterilisation and disinfection has been undertaken this past year in preparation for accreditation and meeting new standards.

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 Department of Health and Human Services. In Aged Care, two audits per year are conducted.

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.

Infection prevention and control 2018-19

Activity	Target	Result
Percentage of healthcare workers immunised for influenza	80%	87.9%
Compliance with the Hand Hygiene Australia Program	80%	91%
External cleaning audit	86%	97.4%

Maternity services

We had 50 babies born and a further 21 mums and babies transferred back to us from higher level services. A new maternity bed (and accompanying sofa for partners) was purchased to replace an ageing bed.

DHHS has improved the access to real time data for maternity services through the Better Safer Care maternity dashboard known as Birthing Outcomes System (BOS). BOS uses local data and clinical outcomes to set performance outcomes for Castlemaine Health. It can present local and statewide data for benchmarking.

In 2018-19, one baby was born with severe growth retardation. This was a planned delivery of a known growth retarded baby in consultation with Bendigo Health. Separately, one baby was born with a poor condition shortly after birth. Both of these births were reviewed through internal quality review systems and the later birth is being reviewed by Safer Care Victoria through the Root Cause Analysis Process.

Castlemaine Health has spent much of the year mapping clinical capability against the Capability frameworks for Victorian maternity and newborn services. An action plan has been agreed with Safer Care Victoria to ensure we continue to provide maternity services at a Level 2 Capability.

Castlemaine Health has adopted the Victorian Managed Insurance Agency (VMIA) Incentivising Better Patient Safety program. Initiated by VMIA, this program requires all birth suite staff to attain three key education components that contribute to improved patient safety and health outcomes. The program offers the health service a financial incentive if the program aims are met.

Residential aged care services

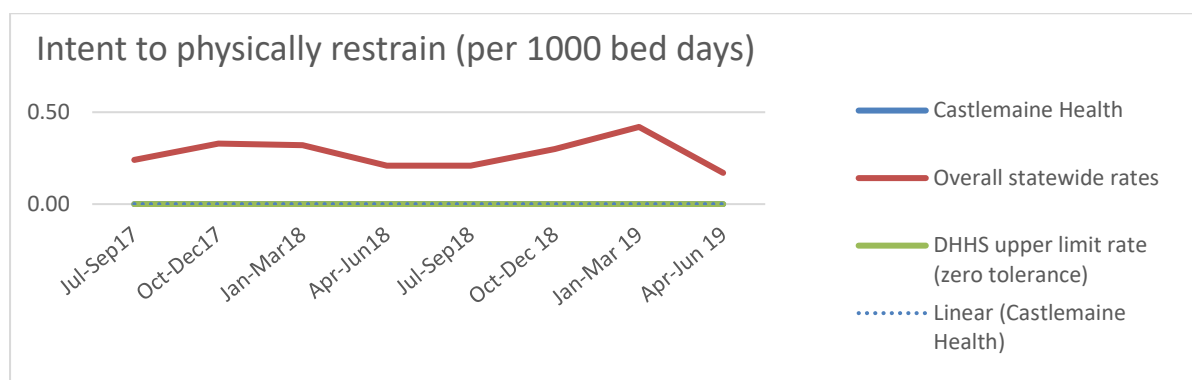
Castlemaine Health provides residential aged care for older people who can no longer live at home. These services are provided in four separate residences; Ellery House, Thompson House, Spencely and Penhall. We have capacity to care for 154 residents. Both permanent and respite care is available.

Use of 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.

On 1 July 2019 the Government amended the Quality of Care Principles to reflect that providers are required to ensure assessment by an approved health practitioner before physical restraints are used. Alternative options must also be documented. Consent can be obtained from the GP/medical officer, and consumer or carer/medical treatment decision-maker, and must include a staff explanation of restraint and its possible complications.

For accessibility purposes, the Intent to physically restrain figures are as follows:

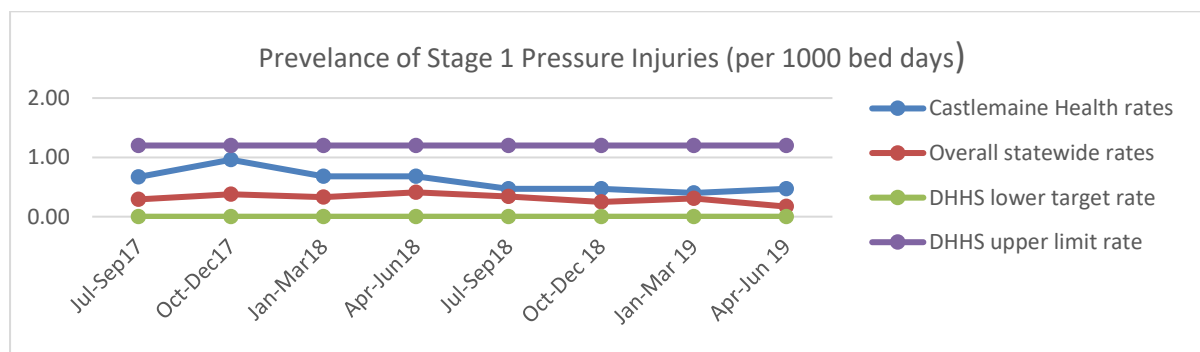


Intent to physically restrain (per 1000 bed days)

	Jul-Sep17	Oct-Dec17	Jan-Mar18	Apr-Jun18	Jul-Sep18	Oct-Dec18	Jan-Mar19	Apr-Jun19
Castlemaine Health	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Overall statewide rates	0.24	0.33	0.32	0.21	0.21	0.30	0.42	0.17
DHHS upper limit rate (zero tolerance)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Pressure injuries

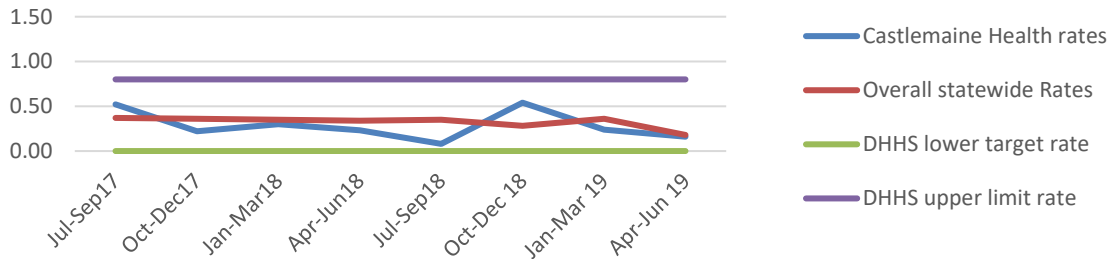
For accessibility purposes, the data used to create the following graph appears in a table immediately after the graph.



Prevalence of Stage 1 pressure ulcers

	Jul-Sep17	Oct-Dec17	Jan-Mar18	Apr-Jun18	Jul-Sep18	Oct-Dec18	Jan-Mar19	Apr-Jun19
Castlemaine Health rates	0.67	0.96	0.68	0.68	0.47	0.47	0.40	0.47
Overall statewide rates	0.29	0.38	0.33	0.41	0.34	0.25	0.31	0.17
DHHS lower target rate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DHHS upper limit rate	1.20	1.20	1.20	1.20	1.20	1.20	1.20	1.20

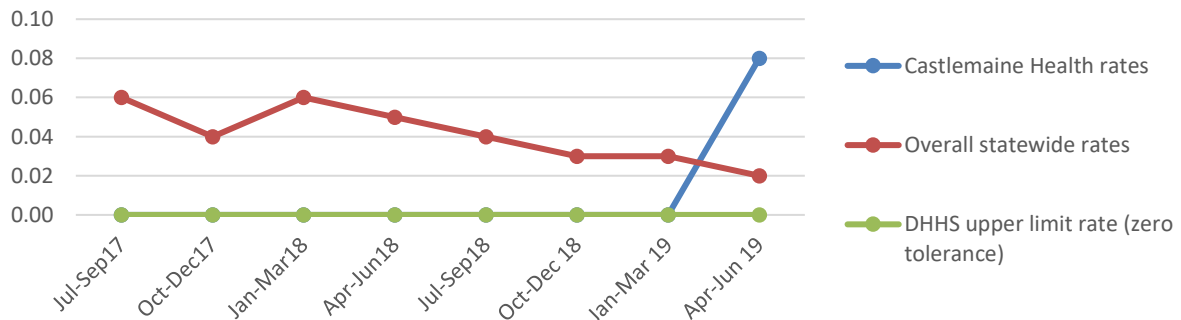
Prevalence of Stage 2 pressure injuries (per 1000 bed days)



Prevalence of Stage 2 pressure ulcers

	Jul-Sep17	Oct-Dec17	Jan-Mar18	Apr-Jun18	Jul-Sep18	Oct-Dec18	Jan-Mar19	Apr-Jun19
Castlemaine Health rates	0.52	0.22	0.30	0.23	0.08	0.54	0.24	0.16
Overall statewide rates	0.37	0.36	0.35	0.34	0.35	0.28	0.36	0.18
DHHS lower target rate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DHHS upper limit rate	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80

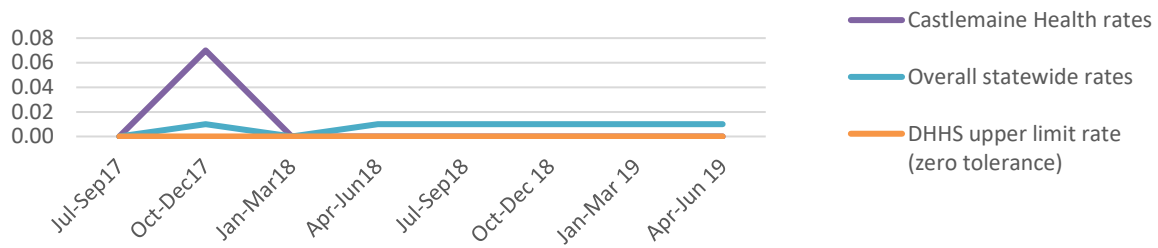
Prevalence of Stage 3 Pressure Injuries (per 1000 bed days)



Prevalence of Stage 3 pressure ulcers

	Jul-Sep17	Oct-Dec17	Jan-Mar18	Apr-Jun18	Jul-Sep18	Oct-Dec18	Jan-Mar19	Apr-Jun19
Castlemaine Health rates	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.08
Overall statewide rates	0.06	0.04	0.06	0.05	0.04	0.03	0.03	0.02
DHHS upper limit rate (zero tolerance)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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



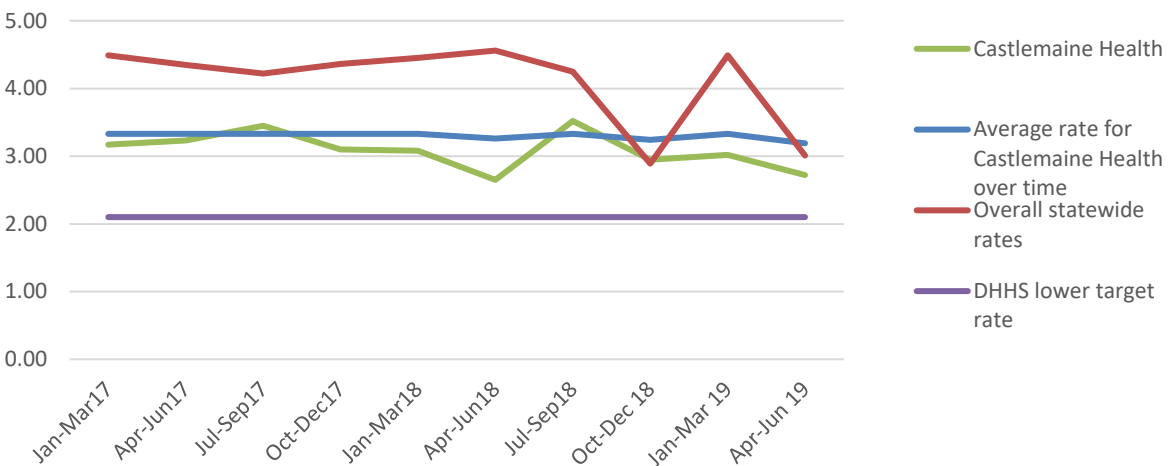
Prevalence of Stage 4 pressure ulcers

	Jul-Sep17	Oct-Dec17	Jan-Mar18	Apr-Jun18	Jul-Sep18	Oct-Dec18	Jan-Mar19	Apr-Jun19
Castlemaine Health rates	0.00	0.07	0.00	0.00	0.00	0.00	0.00	0.00
Overall statewide rates	0.00	0.01	0.00	0.01	0.01	0.01	0.01	0.01
DHHS upper limit rate (zero tolerance)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Nine or more medications

For accessibility purposes, the data used to create the following graph appears in a table immediately after the graph.

Residents prescribed nine or more medications



Residents prescribed nine or more medications

	Jul-Sep17	Oct-Dec17	Jan-Mar18	Apr-Jun18	Jul-Sep18	Oct-Dec18	Jan-Mar19	Apr-Jun19
Castlemaine Health	3.45	3.10	3.08	2.65	3.52	2.95	3.02	2.72
Average rate for Castlemaine Health over time	3.33	3.33	3.33	3.26	3.33	3.24	3.33	3.19
Overall statewide rates	4.22	4.36	4.45	4.56	4.25	2.89	4.49	3.01
DHHS lower target rate	2.10	2.10	2.10	2.10	2.10	2.10	2.10	2.10
DHHS upper limit rate	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50

Falls and fractures

The causes of falls in older people are multifaceted and complex. The increase in falls as a result of an ageing population is attributed to physiological age-associated changes that place older people at

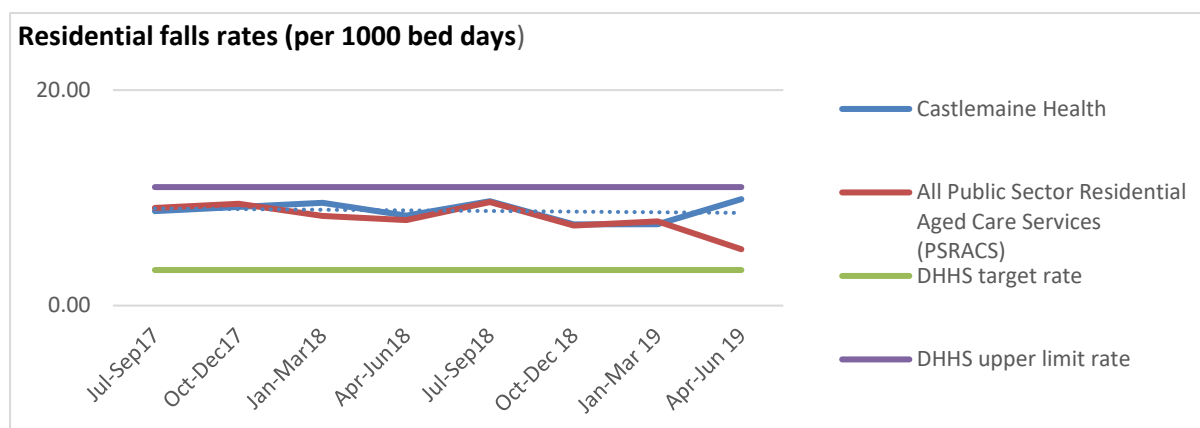
greater risk of falling. These include an increase in chronic diseases, dementia, reduced physical function and polypharmacy.

Falls risk screening which estimates a person’s risk of falling assesses people at low risk or high risk. The Falls Risk Assessment Tool (FRAT) is used to assess falls risk status, review of risk factors and checklist and an action plan.

At Castlemaine Health we audit the number of falls quarterly assessing compliance with aspects of the Falls Management Procedure. Some units are developing a dedicated ‘Care Focus’ whiteboard to assist in coordination of post-falls management, Staff education and discussion to include harm minimisation, strategies and reviewing FRAT (Risk Assessment tool) and Care Plan in documentation.

Residential falls rates

For accessibility purposes, the data used to create the following graph appears in a table immediately after the graph.

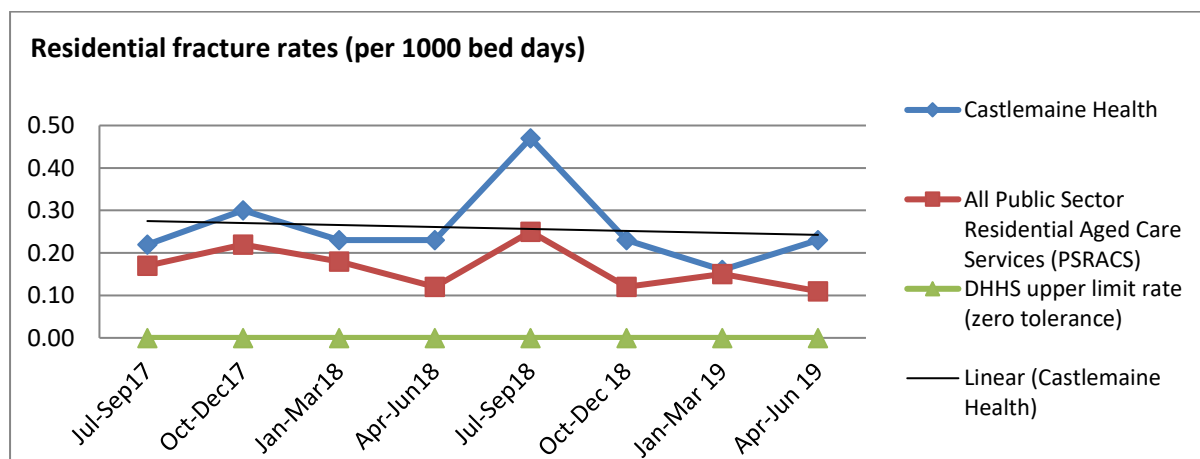


Residential falls rates (per 1000 bed days)

	Jul-Sep17	Oct-Dec17	Jan-Mar18	Apr-Jun18	Jul-Sep18	Oct-Dec18	Jan-Mar19	Apr-Jun19
Castlemaine Health	8.76	9.16	9.55	8.34	9.69	7.54	7.55	9.88
All Public Sector Residential Aged Care Services (PSRACS)	9.06	9.44	8.33	7.93	9.61	7.44	7.83	5.23
DHHS target rate	3.30	3.30	3.30	3.30	3.30	3.30	3.30	3.30
DHHS upper limit rate	11.00	11.00	11.00	11.00	11.00	11.00	11.00	11.00

Residential fracture rates

For accessibility purposes, the data used to create the following graph appears in a table immediately after the graph.

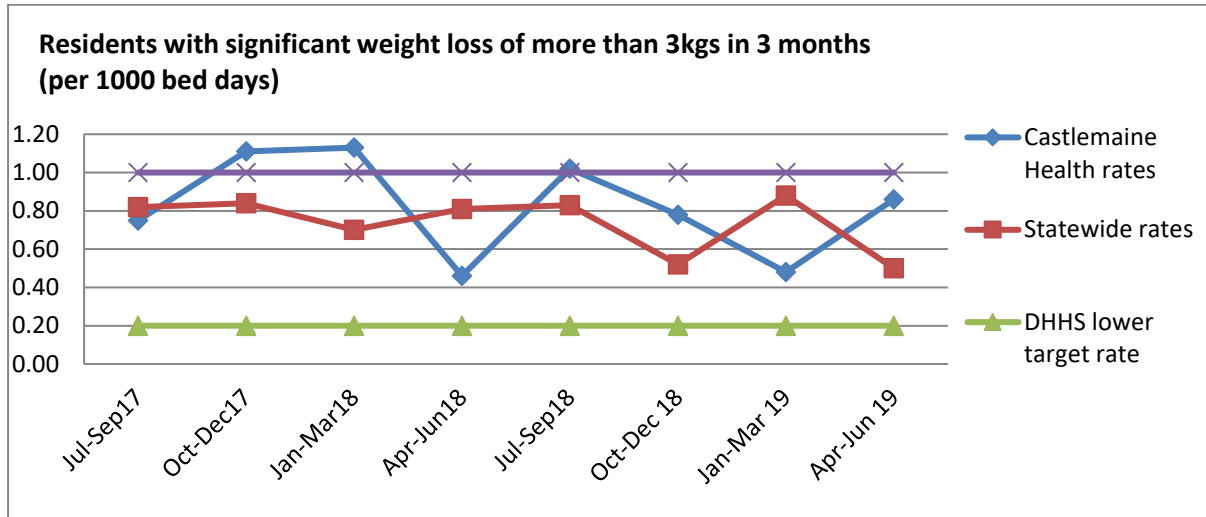


Residential fracture rates (per 1000 bed days)

	Jul-Sep17	Oct-Dec17	Jan-Mar18	Apr-Jun18	Jul-Sep18	Oct-Dec 18	Jan-Mar19	Apr-Jun19
Castlemaine Health	0.22	0.30	0.23	0.23	0.47	0.23	0.16	0.23
All Public Sector Residential Aged Care Services (PSRACS)	0.17	0.22	0.18	0.12	0.25	0.12	0.15	0.11
DHHS upper limit rate (zero tolerance)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Unplanned weight loss

For accessibility purposes, the data used to create the following graph appears in a table immediately after the graph.



Residents with significant weight loss of more than 3kgs in 3 months (per 1000 bed days)

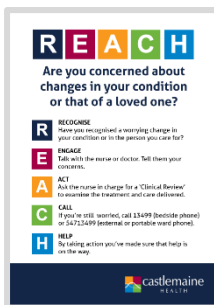
	Jul-Sep17	Oct-Dec17	Jan-Mar18	Apr-Jun18	Jul-Sep18	Oct-Dec 18	Jan-Mar 19	Apr-Jun 19
Castlemaine Health rates	0.75	1.11	1.13	0.46	1.02	0.78	0.48	0.86
Statewide rates	0.82	0.84	0.70	0.81	0.83	0.52	0.88	0.50
DHHS lower target rate	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20
DHHS upper limit rate	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00

Escalation of care

Castlemaine Health uses the R.E.A.C.H escalation of care process across all clinical and aged care areas. Reach stands for Recognise, Engage, Act, Call, Help. The R.E.A.C.H process encourages residents, patients and their loved ones to follow a series of simple steps if they're concerned about the condition of themselves or a loved one. First, recognise a worrying change; then, engage with nurses and/or doctors; ask the nurse in charge for a 'Clinical Review'; call for help on a telephone.

Case study

To increase the visibility and improve knowledge of the R.E.A.C.H process, new R.E.A.C.H posters and brochures have been designed and are on display in prominent locations in all clinical and aged care areas. The R.E.A.C.H poster information has also been included in our Patient Information Guide, which is made available to all inpatients in their bedside locker.



Photograph: R.E.A.C.H poster on display throughout Castlemaine Health

ABOUT THIS REPORT

The Castlemaine Health Quality Account Report 2018-19 developed by staff, consumers, the Clinical Governance and Quality Committee, Quality and Risk Committee and the Community Consultation Committee.

Feedback and suggestions on the report are always welcome and can be submitted via our website at www.castlemainehealth.org.au/feedback.

This report is available online at www.castlemainehealth.org.au/publications. To obtain a hard copy, call 5471 3505.

Castlemaine Health acknowledges the support of the Victorian Government.

