



CENTRAL
GIPPSLAND
HEALTH

Quality of Care Report 2019

Central Gippsland Health Service

Introduction

On behalf of the Central Gippsland Health Service (CGHS) Board and staff, we are proud to present our 2019 Quality of Care report.

This report is designed to detail our quality and safety systems, processes and achievements for our community.

CGHS places quality care and safety at the forefront of everything we do. We rely on feedback from our community and consumer groups to help inform our policies and procedures. We have also introduced a number of initiatives to ensure we receive this feedback and importantly, respond to it.

We continue our subscription to Patient Opinion Australia which is a website where consumers can provide feedback of their experience with the health service in an anonymous and transparent manner. Responses to 'stories told' are published on the Patient Opinion website so that consumers, funding bodies and government can view how CGHS responds and where possible, implements positive change.

Patient Opinion represents a significant commitment to transparency for our patients, staff and community. Many improvements have resulted from our patients' stories and compliments have outweighed complaints.

This report showcases areas in which we are improving the high number of safe and positive experiences already occurring within our health system as we strive towards our vision of a "safe and healthy community where everyone feels they are valued, supported and have the opportunity to participate".

We welcome your feedback on this report.



Board Chair
Tony Anderson



Chief Executive Officer
Frank Evans

Contents

Consumer, Carer and Community Participation	3	CGHS Access and Inclusion Action Plan	5	Healthcare Workers Immunised Against Influenza	10
<i>The Victorian Health Experience Survey for Adult Inpatients</i>	3	Quality and Safety	7	<i>Maternity Services</i>	11
<i>The Victorian Healthcare Experience Survey for Community Health</i>	3	<i>Seeking Feedback and Responding to Complaints</i>	7	<i>Residential Aged Care Services at CGHS</i>	20
<i>CGHS helps build the capacity of consumers and carers to participate in their healthcare</i>	4	<i>People Matter at CGHS</i>	8	<i>Feeling worse? Call the nurse</i>	20
<i>CGHS provides accredited interpreters for patients</i>	4	<i>Accreditation for Quality and Safety</i>	9	<i>Quality Improvement</i>	22
		<i>Adverse Events</i>	9	<i>Environment and Facilities</i>	22
		<i>Prevention and Control of Healthcare-Associated Infections</i>	10	Comprehensive Care	24
				<i>Improving Services for a Particular Community Health Priority Population</i>	26

Consumer, Carer and Community Participation

The Victorian Health Experience Survey for Adult Inpatients

The Victorian Health Experience Survey (VHES) measures consumer perception of their healthcare experiences during their stay at Victorian public health services. The adult inpatient survey draws from a random sample of admitted patients. CGHS participates in this survey and receives the results on a quarterly basis. The VHES results, with other forms of feedback, are used to identify areas that require improvement.

The results below demonstrate that adult inpatients have an overall positive patient experience at CGHS. We have also seen further improvement in our patients' discharge care experience since last year. Although this improvement is encouraging, we will continue to focus improvement efforts in this important area.

QUESTION	TARGET	QTR 1	QTR 2	QTR 3	QTR 4
Positive patient experience responses	95%	98%	96%	98%	98%
Percentage of very positive responses to questions on discharge care	75%	85%	75%	85%	85%

The VHES survey results and other forms of feedback we have received prompted the development of an online Person-Centred Care education program for our staff which forms part of a broader Person-Centred Care Improvement Strategy to be launched in November 2019.

The concept of our Person-Centred Care program is built around the four principles of:

- **Respect:** Respect the person's values and preferences
- **Transparency:** Empower the person to make informed decisions about their care
- **Compassion:** Be compassionate and caring
- **Listening:** Listen, really listen and empathise

It places an emphasis on the partnership between patient and healthcare team. It recognises the value and importance of the person as a person – not just a patient or someone with a specific illness but someone with their own thoughts, beliefs and values who needs support in making the right decisions for them.

The Victorian Healthcare Experience Survey for Community Health

QUESTION	2016/17	2017/18	2018/19
Q.43 If you needed to, do you know how to make a complaint at CGHS?	63%	61%	61%
Q.44 Did you feel you were treated with respect and dignity at CGHS?	88%	89%	94%
Q.45 Do you think using CGHS has been beneficial to your health and wellbeing?	88%	75%	83%
Q.46 Do you think using CGHS has assisted you in being able to do the things that are important to you?	81%	59%	69%
Q.47 Were you treated fairly by CGHS in relation to your age, gender identification, ethnic background, religion, sexual orientation, disability and marital status?	96%	89%	88%
Q.48 Overall, how would you rate the care you received at CGHS?	94%	93%	94%
Q.49 How likely are you to recommend CGHS to your friends or family?	88%	78%	79%

The above results demonstrate our continued improvement in treating patients with dignity and respect. Over recent years, the implementation of improvements such as the "Hello, my name is..." program, our Communication Charter and celebrating Gathering of Kindness week highlight the importance of how we treat our patients and each other.

Gathering of Kindness is a concept that aims to build, nurture and instil a culture of kindness throughout the healthcare system. At CGHS, we understand the correlation between staff health, wellbeing and patient outcomes. We want to build a culture of kindness within our organisation and Gathering of Kindness is a great way to focus on this aim.

One of the features at CGHS Gathering of Kindness week is the presentation of a HUSH Play. The HUSH Foundation's health plays address the main issues in the culture of health care today – bullying, communication and patient safety. Written by award-winning playwright, Alan Hopgood, the plays use “real stories” to highlight the challenges faced by patients, families and staff.

Last year saw the performance of ‘Hear Me,’ a powerful play that examined the challenging issues that arise when things go wrong in healthcare. Based on the story of a medication error from the perspective of the mother of a patient and the hospital staff, the play addressed issues such as bullying, poor communication, patient safety and patient-centred care.

CGHS helps build the capacity of consumers and carers to participate in their healthcare

CGHS has developed a system that places the patient at the centre of their care.

With assistance from a care coordinator, patients and their carers are encouraged to identify their health goals and how they can be partners in their own healthcare. This includes patients and their families actively participating in meetings with the medical team.

Two-way communication is necessary for patients to participate effectively in their healthcare. Patients are encouraged to communicate with staff in different ways, including the use of whiteboards and exercise books, placed beside their beds. These tools can be used by the patient and their family members to write questions or make comments, and the care team can read and respond. When there is a change of shift, staff undertake a handover at the patient's bedside so patients can be part of the discussion.

To support people with disabilities to actively participate in their healthcare, CGHS (with input from community members) developed an Access and Inclusion Action Plan. The Action Plan shows how we will address barriers that could hinder patients' full participation in their healthcare.

The Community Rehabilitation Centre and Dental Clinic at CGHS have achieved accreditation against the SCOPE National Communication Accessible Organisation Standards. Staff can access interpreter services for patients from culturally or linguistically diverse backgrounds, enabling them to communicate effectively with their care team.

When patients are admitted to hospital, they are given a copy of the Australian Charter of Health Care Rights.

When patients leave the health service, they are given a folder which holds relevant information about their stay in hospital and their medical appointments after they return home. The Pharmacy Department also explains new or different medications and any risks or side effects.

CGHS provides accredited interpreters for patients

Interpreting services have been provided at CGHS on 12 occasions during 2018/19 for a total of 11.5 hours. This has occurred in a range of settings, including the Emergency Department, Women's & Children's Unit, Women's Health and Integrated Maternity Service (WHIMS) and Surgical Ward.

Interpreter services are free of charge to clients and patients. CGHS accesses interpreters through Language Loop (formerly known as the Victorian Interpreting and Translation Service).

CGHS Access and Inclusion Action Plan

The CGHS Access and Inclusion Action Plan has been developed with guidance and support from a group of interested staff, consumers and experts. At their discretion and in line with our peers, the plan is titled the CGHS Access and Inclusion Action Plan.

The plan demonstrates the commitment of CGHS in supporting a safe and healthy community where everyone feels they are valued, supported and have the opportunity to participate.

CGHS is committed to supporting people with disabilities and is proud to have had its Community Rehabilitation Centre and Dental Service accredited with the Communication Access Symbol. The implementation of this plan will allow further changes to be made to support people with disabilities to access services and feel included.

CGHS understands that people with a disability have unique needs and it is our objective to provide an inclusive employment environment and accessible services and supports for our community members.

The plan demonstrates how we will achieve this by addressing the four outcome areas documented in the Victorian Disability Act 2006:

1. Reducing barriers to persons with a disability accessing goods, services and facilities.
2. Reducing barriers to persons with a disability obtaining and maintaining employment.
3. Promoting inclusion and participation in the community of persons with a disability.
4. Achieving tangible changes in attitudes and practices which discriminate against persons with a disability.





Quality and Safety

Seeking Feedback and Responding to Complaints

CGHS is committed to listening and learning from consumers, carers and community members. Your feedback is of great value as it assists us to identify areas for safety and quality improvements.

Medical Ward patients are contacted after discharge to gain feedback of their inpatient experience. This follow-up contact also provides patients with an opportunity to seek clarification about their return home.

There are a number of ways for community members to provide feedback to CGHS. These include:

- Talking to a staff member
- Writing a letter to the Chief Executive Officer (155 Guthridge Parade, Sale 3850)
- Making a phone call to the Executive Office (phone 5143 8319)
- Completing a consumer feedback form (available on request)
- Contacting our Consumer Advocate (phone 0408 581 711)
- Lodging feedback on the Community Feedback Portal on our website (www.cghs.com.au)
- Telling your story on the Patient Opinion website (www.patientopinion.org.au)

Patient Opinion Australia is a website where people can share their experience of a health service in an anonymous and transparent way. Senior staff respond to 'stories told' which are published on the Patient Opinion Australia website. This way, the storytellers, community members, funding bodies and government can read how CGHS responds and where possible, implements positive change.

Since CGHS subscribed to Patient Opinion in September 2016, 108 stories have been posted about our service. During the period 1 July 2018 to 30 June 2019, 44 stories were posted about CGHS. Over half the stories told were given a criticality rating of 0, meaning the person's experience was positive or of a non-serious nature.

CRITICALITY LEVEL	DESCRIPTION OF CRITICALITY LEVEL	NUMBER OF STORIES PER CRITICALITY
0	<i>No Critical Content:</i> Entirely positive or neutral postings	27
1	<i>Minimally Critical:</i> Dissatisfaction about non-clinical, non personal aspects of care, usually facility based comments ie. Parking, waiting times, etc.	4
2	<i>Mildly Critical:</i> More specific but still mild criticism. May include interpersonal issues such as staff attitude	4
3	<i>Moderately Critical:</i> May include alleged shortcomings in clinical aspects of care and serious comments about facilities such as rooms never cleaned, patients never fed	6
4	<i>Strongly Critical:</i> Serious criticism of specific unnamed staff or groups of staff, or of clinical care or facilities	2
5	<i>Severely Critical:</i> Posting alleges or describes actions or events which may be illegal, grossly negligent, or allege serious misconduct by named members of staff	0

People Matter at CGHS

The People Matter Survey is for all employees in eligible Victorian public sector organisations. The survey asks employees how well their organisation, leaders and colleagues practise public sector values and employment principles.

The survey results tell us how our employees see their workplace, including their views on equal employment opportunity, discrimination, fair and reasonable treatment, diversity and inclusion. The results help us understand employee engagement and job satisfaction and we use them to identify how we can improve the working environment for our employees.

In 2018/19, through our participation in the People Matter Survey, we achieved a Patient Safety result of 88 per cent against a target of 80 per cent.

The survey covers a number of elements to determine our overall patient safety result. Some of these include:

- Handling of patient care errors
- Training of staff
- Reporting of patient safety concerns
- Culture within the work area
- Quality of trainee supervision
- Acting on ideas and suggestions for improvements
- Recommendations made by staff to others concerning treatment

We use a number of tools to gauge our patient safety throughout the year, including (but not limited to):

- Complaints and compliments
- Staff capability and development
- Incident reporting
- Patient Opinion
- People Matter Survey of staff

Case Study

A grandmother provided us with feedback on her daughter's experience in our Emergency Department when she presented with a child exhibiting flu-like symptoms. The grandmother was concerned that her grandchild was not receiving appropriate care or attention, in particular that they were left without information for some period of time. It took an outburst from the grandmother before she felt things changed and her grandchild was admitted to the Children's Ward.

This feedback prompted us to look much more closely at our communication with patients and the need for active listening. The feedback was incorporated into an Emergency Department project. This was aimed at highlighting the importance of consistent messaging to patients during triage and beyond, checking in regularly with patients in the waiting room and cubicles, and the content/style of written information, such as posters and signs within the department.

This family's feedback was a timely reminder to us about the importance of patient safety and the need to place patients and their loved ones at the centre of our care.

Feedback from the People Matter Survey is used to improve the safety and quality of our services. For example, feedback from staff previously showed that staff development was a concern. In 2019, a staff Capability and Development Plan was introduced and is being implemented across our health service.

The plan identifies the development needs of each staff member and how these needs will be met through a structured learning program. The process also encourages open discussion between staff and managers about other topics, such as safety and quality, and gives our staff an opportunity to suggest innovative ideas that can be actioned across the health service.

Accreditation for Quality and Safety

Hospital Accreditation

CGHS (including our Dental Service) is accredited against the 10 National Safety and Quality Health Service (NSQHS) Standards. An organisation-wide review was conducted by the Australian Council on Healthcare Standards in September 2016. CGHS met all items across the 10 standards and was awarded a three-year accreditation.

In August 2019, we will undertake this process against version two of the standards which consist of eight revised NSQHS standards.

Home Care and Community Accreditation

In July 2018, a quality review was conducted of Community Services at CGHS and included assessments against the Home Care Standards. The service met all 18 expected outcomes.

A plan of continuous improvement was submitted to improve care plans and reassessments across all service types, with development of internal processes to monitor staff practice over time.

Aged Care Accreditation

Central Gippsland Health is a network of health services that includes aged care facilities Laurina Lodge, Wilson Lodge, Stretton Park and J.H.F. McDonald Wing. All these facilities hold current Aged Care Accreditation.

Laurina Lodge and Stretton Park received full accreditation against all 44 outcomes of the Aged Care Accreditation Standards 2018. J.H.F. McDonald Wing achieved full accreditation in August 2016 and Wilson Lodge in September 2017.

From the 1 July 2018, the Aged Care Accreditation Standards have been reduced from 44 to eight and are now called the Aged Care Quality Standards. These new standards include the accreditation standards for Home Care, National Aboriginal and Torres Strait Islander Flexible Aged Care Program Quality Framework Standards and Transitional Care Standards. They officially came into effect on 1 July 2019.

Adverse Events

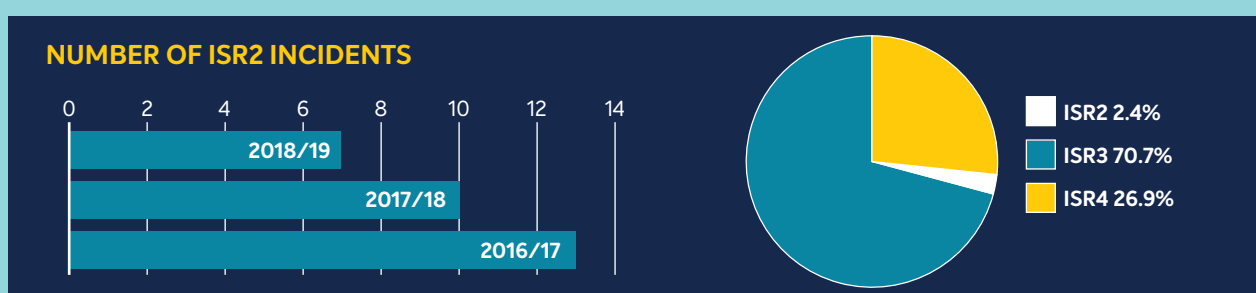
An adverse event is an incident that results in harm to a patient.

Adverse events commonly experienced by patients in hospital include falls, medication errors, hospital-acquired pressure injuries and infections. These incidents are divided into categories.

A score of 1, 2, 3 or 4 measures the seriousness (or severity) of the impact caused to the person or organisation following an incident, Incident Severity Rating (ISR) 1 being the most severe and ISR 4 a near miss.

In 2018/19, CGHS experienced 7 ISR2 incidents and no ISR1 incidents. The majority of incidents fell into category 3 or 4.

We continually work on improving our systems to support patient safety. An in-depth case review is conducted on all ISR1 and ISR2 incidents. Actions are identified and monitored by our Clinical Governance Group and Quality Committee until they are complete.



Improvements from incidents

No themes were identified on review of our ISR2 incidents for the 2018/19 year. However, CGHS did implement a number of improvements in relation to the prescribing of anticoagulant medicines on patient medication charts.

After consulting other health services and attending the Safer Care Victoria 'Medicines Round Table', CGHS redesigned its medication charts to group all anticoagulant medicines together in one place. The purpose of this is to prevent administration of the same medication twice or ordering more than one type of anticoagulant in error.

Prevention and Control of Healthcare-Associated Infections

CGHS reports healthcare-associated infections to VICNISS, the Victorian Hospital Acquired Infection Surveillance System. All infections are entered into our incident reporting system and reported to our Drugs, Therapeutics and Infection Control Committee.

Each infection is reviewed by Infection Control Clinical Nurse Consultants and appropriate action taken.

CGHS had two healthcare associated Staphylococcus Aureus Bacteraemia (SAB) infections during 2018/19. The two cases equate to a rate of 0.7 per 10,000 occupied bed days, the same as the VICNISS five-year aggregate.

YEAR	NUMBER OF SAB	OBDs	RATE PER 10,000 OBDs
2018/19	2	26,878	0.7
TOTAL	2	26,878	0.7
VICNISS 5 YEAR AGGREGATE (n=85)	1,965	27,802,470	0.7

During 2018/19, CGHS had no Central Line Associated Blood Stream Infections (CLABSI) against a target of 0.

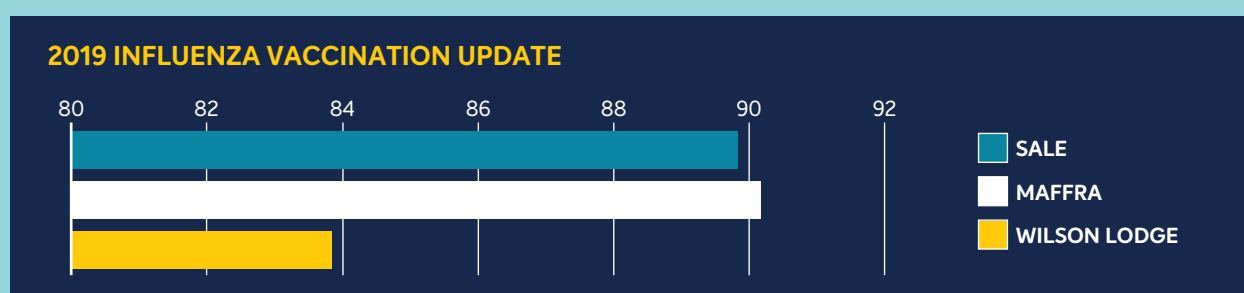
Throughout the year, the Infection Control department conducted regular audits on hand hygiene, aseptic technique and bedside protocols.

Healthcare Workers Immunised Against Influenza

CGHS works hard during the influenza season to increase awareness of the impact of influenza and the importance for healthcare workers to protect themselves, their patients and their families.

In 2018/19, the target for the 2019 vaccination rate from the Department of Health was 84 per cent and all CGHS campuses exceeded this target.

Immunisation clinics were conducted at all campuses to ensure ease of access for all staff.



Maternity Services

CGHS is required to report against two indicators published in the Victorian Perinatal Services Performance Indicators 2018/19 report. These indicators are:

1. The percentage of singleton full-term babies (without congenital anomalies) who are considered in poor condition shortly after birth; and
2. The percentage of singleton babies with severe fetal growth restriction delivered at 40 or more weeks' gestation.

The percentage of singleton babies with severe fetal growth restriction delivered at CGHS at or before 40 weeks during 2018/19 was 10 per cent. This is a favourable outcome where the lower quartile is -19.7 per cent and the upper quartile is 32.5 per cent.

Considering the serious risk factors associated with undetected fetal growth restriction, CGHS monitors all births for undetected fetal growth restriction. All cases are presented at our monthly Perinatal Audit meetings to identify possible reasons for lack of detection.

Midwifery staff and educators attended a workshop during the year on the detection of fetal growth to increase their skills, share their knowledge and improve staff competency and confidence in assessing fetal size during pregnancy.

Anaesthetist, Virginia Apgar, developed the Apgar score in 1952 for the very first assessment of a newborn's health at one minute and five minutes after birth. The maximum score attainable is 10 (very few babies reach this score). A score of less than seven at five minutes after birth indicates the baby requires resuscitation.

At CGHS, the percentage of singleton full-term babies born without congenital abnormalities, considered to be in poor condition shortly after birth (babies with an Apgar score of less than seven at five minutes after birth) was 1.3 per cent. This is within the lower and upper quartiles of -7 and 1.7 respectively. It remains lower than the state average for singleton term babies in public hospitals and equivalent to the 1.3 per cent across combined public and private hospitals.

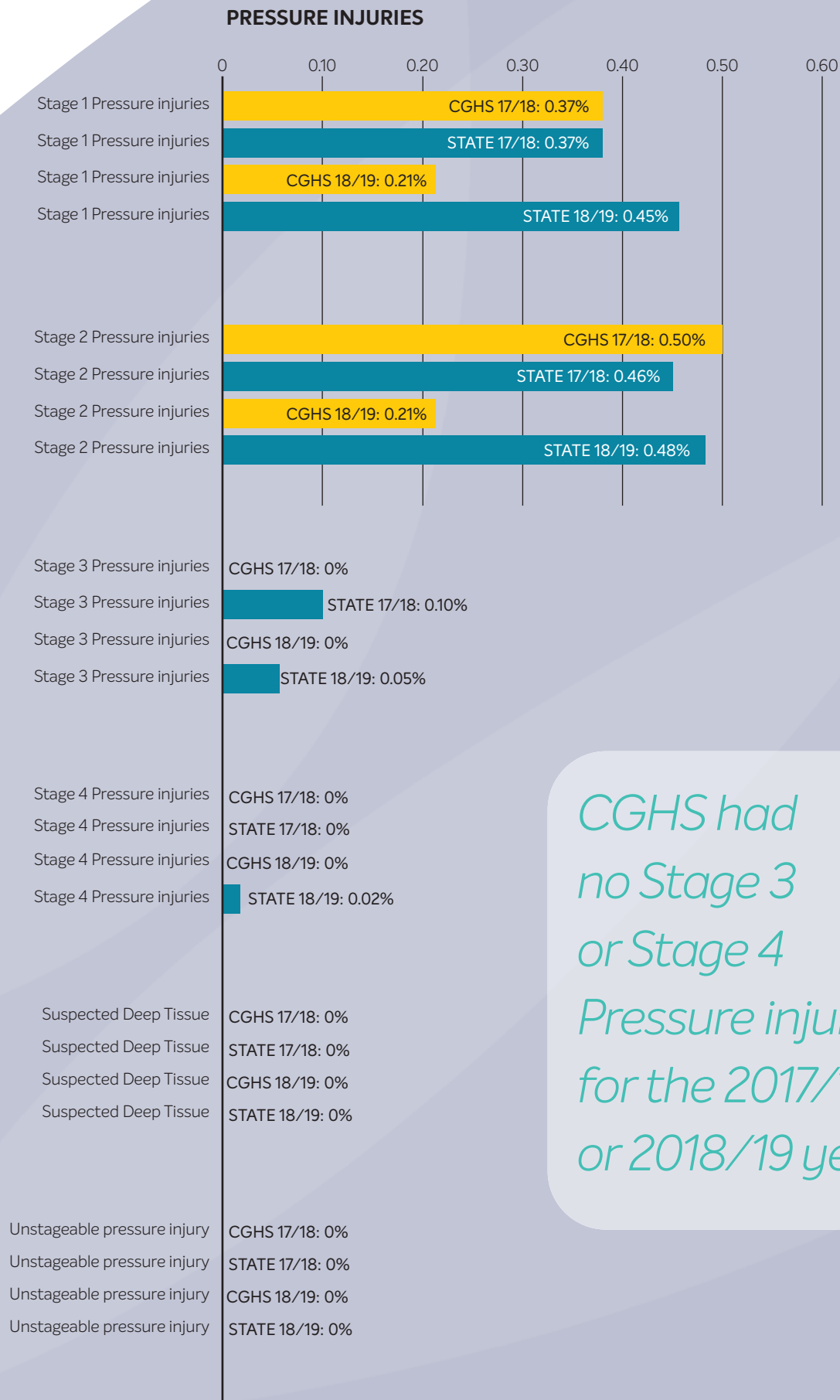
In order to improve birthing outcomes, CGHS monitors all births and completes a monthly review of all cases where babies were born with an Apgar of less than seven at five minutes after birth. Such cases are also included in the dataset reported to the Regional Perinatal Mortality and Morbidity Committee.

To further improve outcomes, CGHS performs dual venous and arterial cord lactates on all births. Births where babies have high arterial cord lactates, an Apgar score of less than seven at five minutes and low one minute Apgars are included in quality activity reporting.

Using the Royal Australian and New Zealand College of Obstetricians and Gynaecologists practice review and clinical risk activity worksheet, these cases are reviewed at our fortnightly multidisciplinary meetings, providing an opportunity for staff education and improvement.

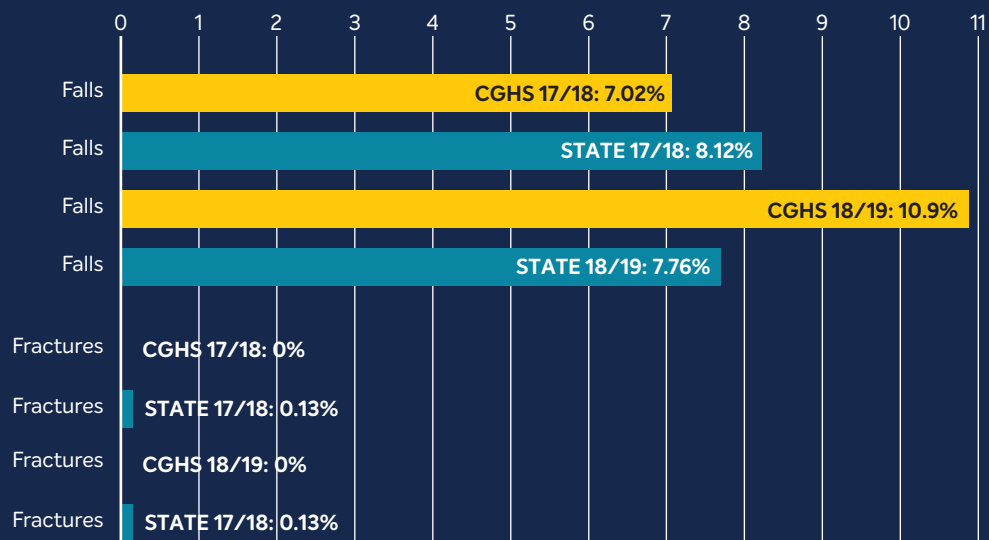
Our annual Fetal Surveillance Education Program is mandatory for all maternity and obstetric staff employed at CGHS.

Q1: July - September 2018

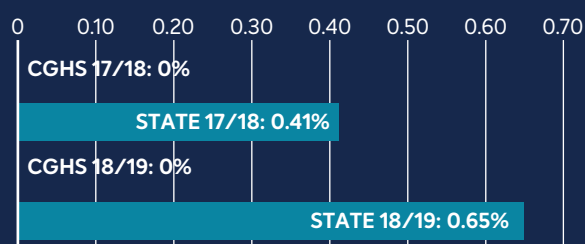


*CGHS had
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or Stage 4
Pressure injuries
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or 2018/19 years.*

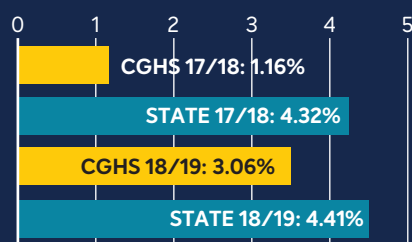
FALLS AND FRACTURES



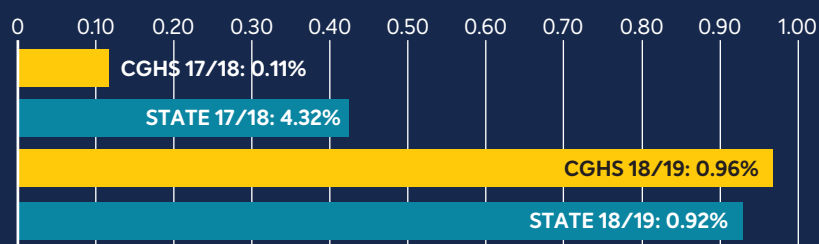
USE OF PHYSICAL RESTRAINT



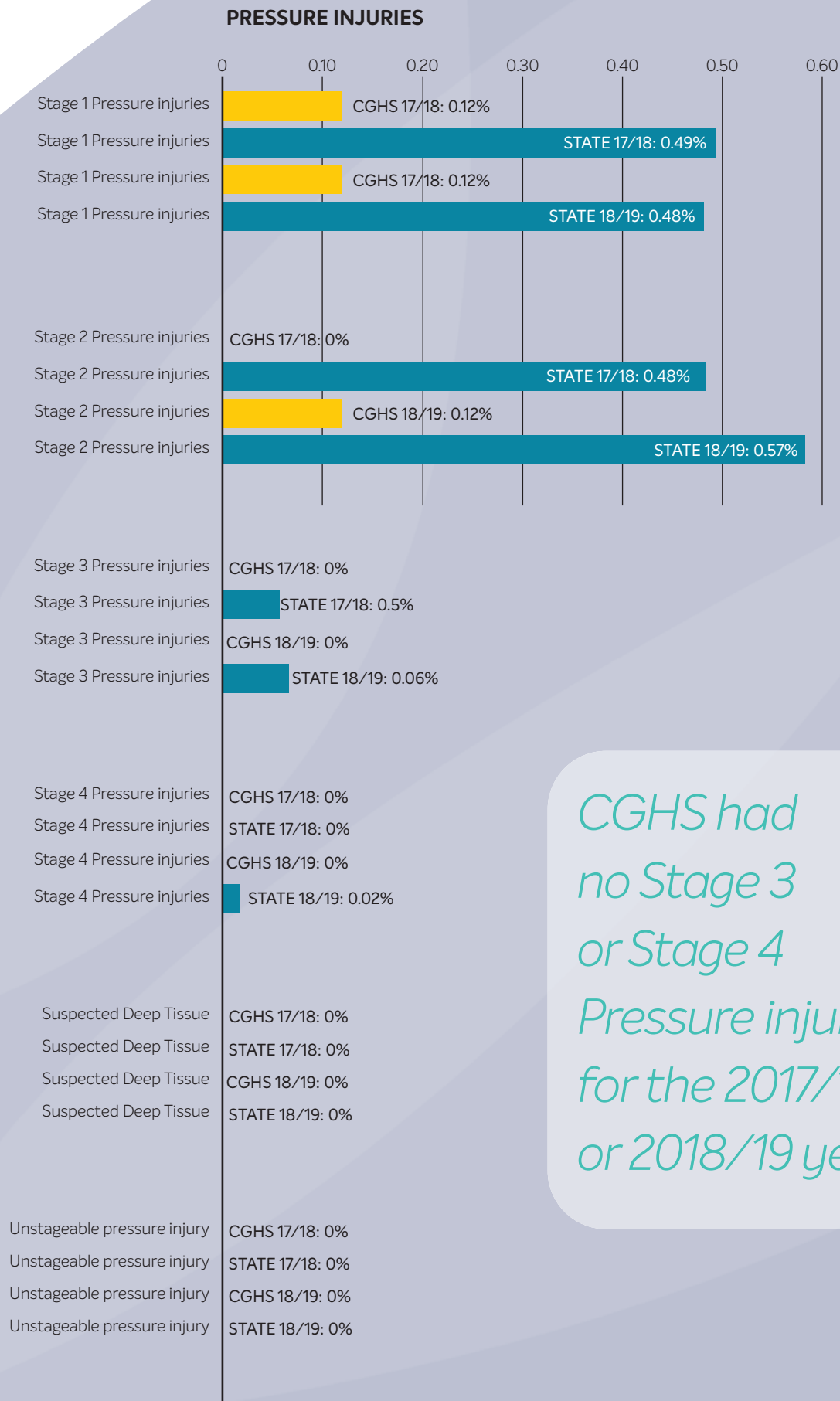
9 OR MORE MEDICATIONS



UNPLANNED WEIGHT LOSS

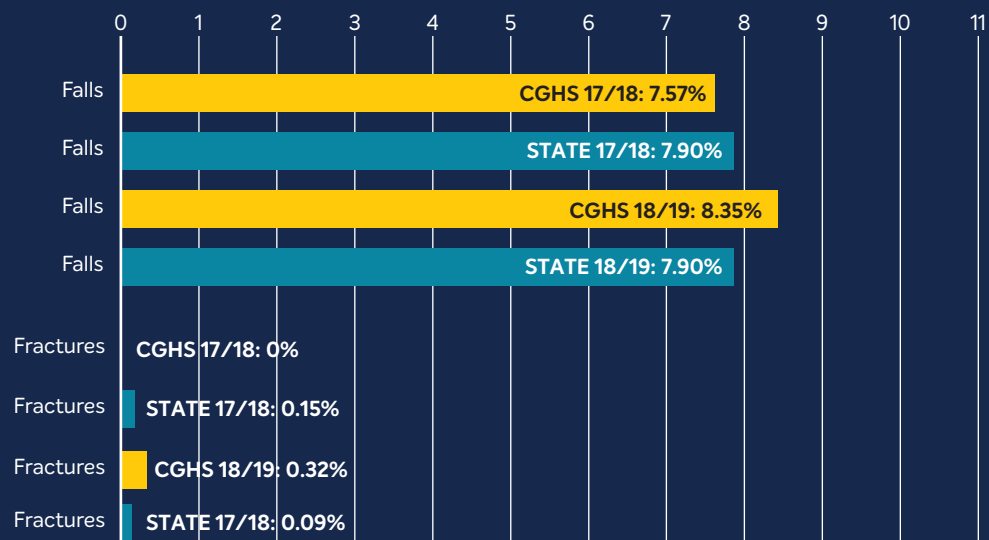


Q2: October - December 2018

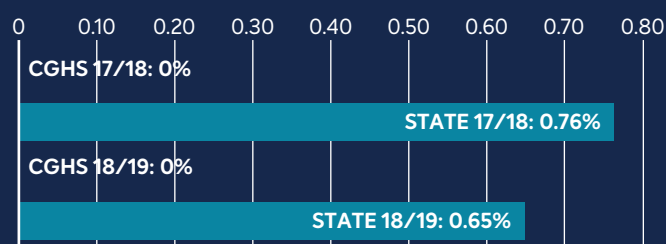


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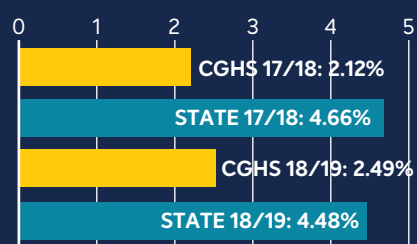
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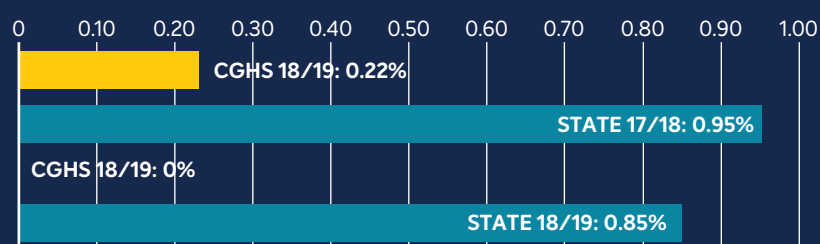
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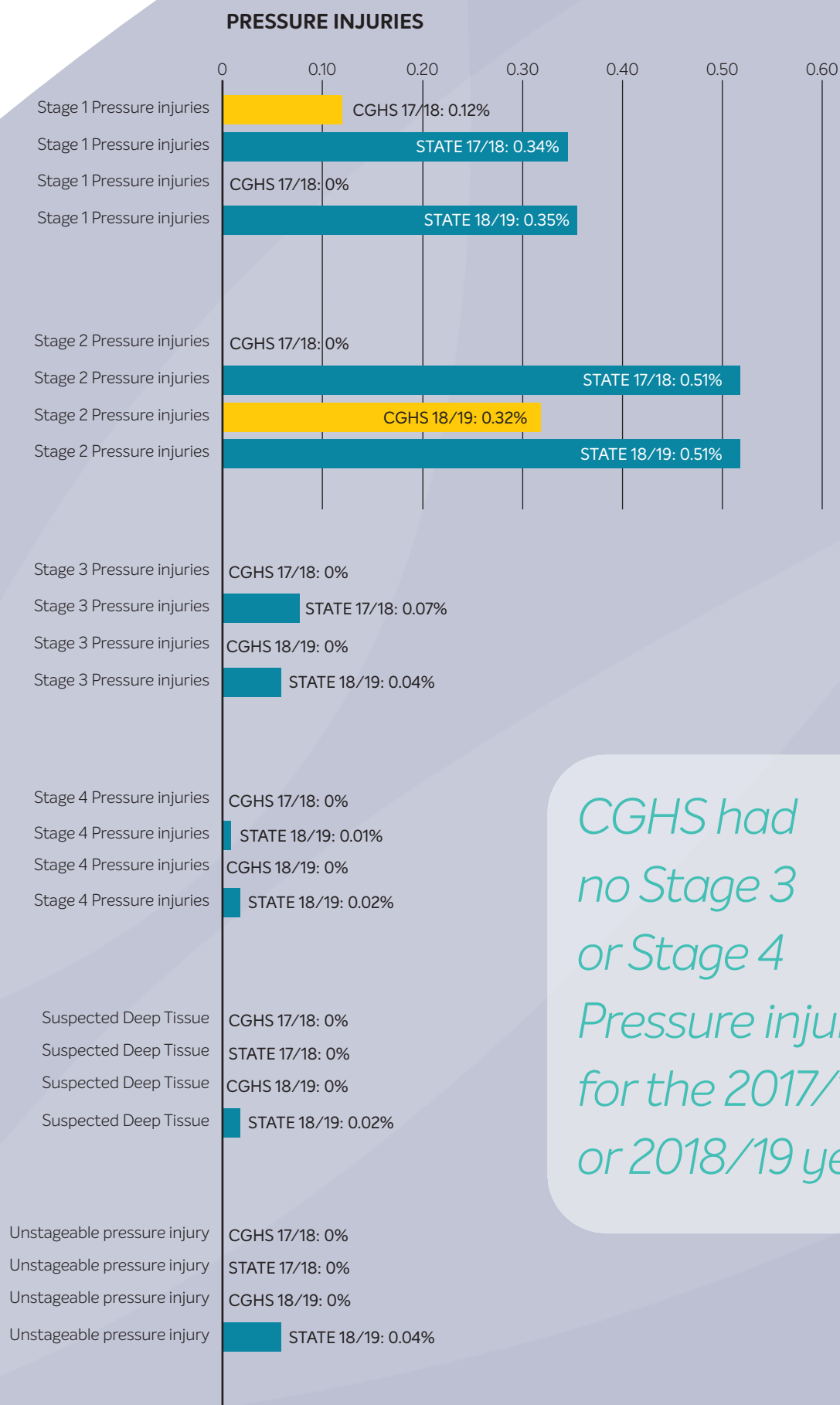
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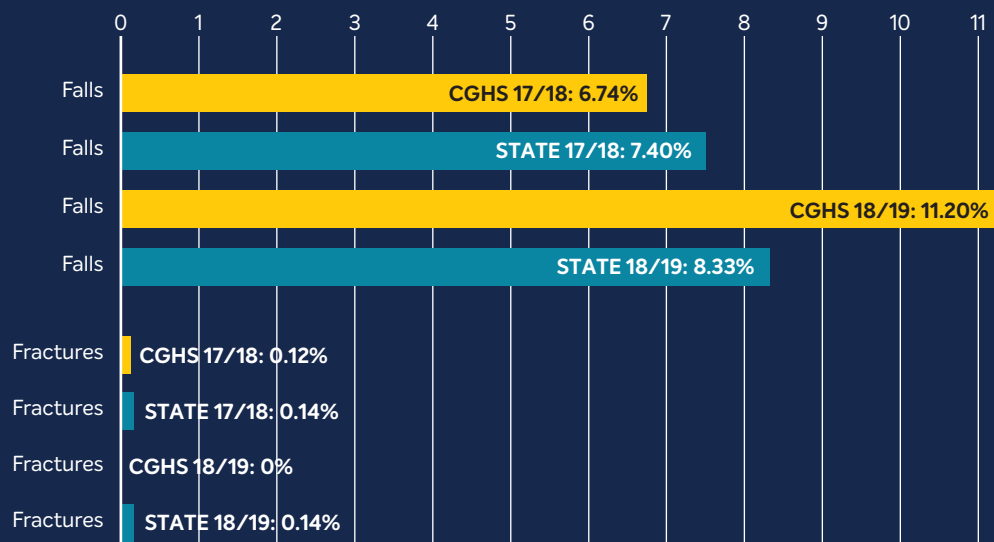


Q3: January - March 2019

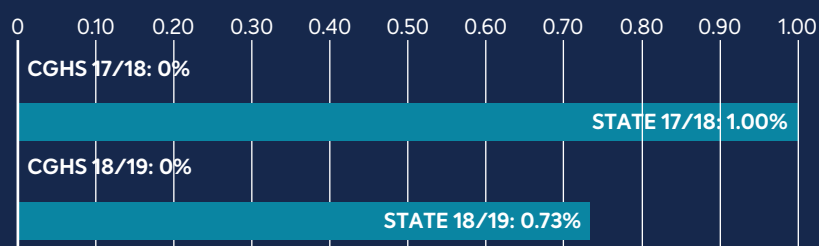


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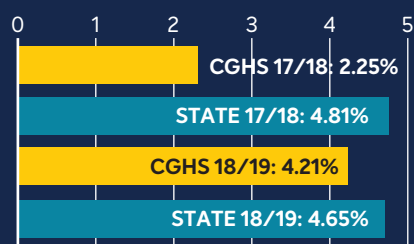
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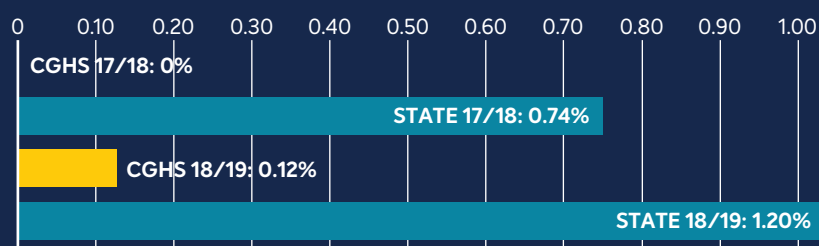
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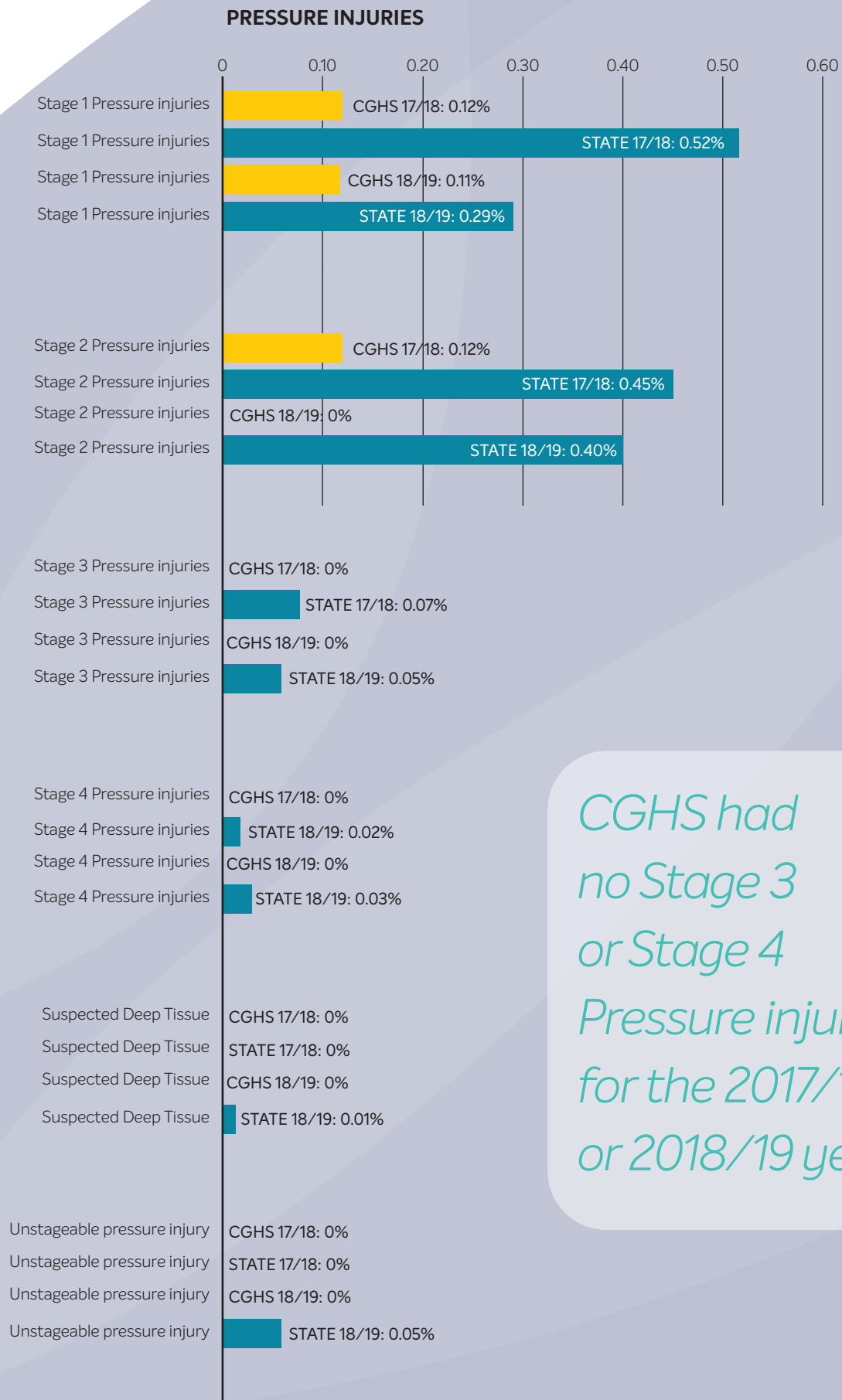
9 OR MORE MEDICATIONS



UNPLANNED WEIGHT LOSS

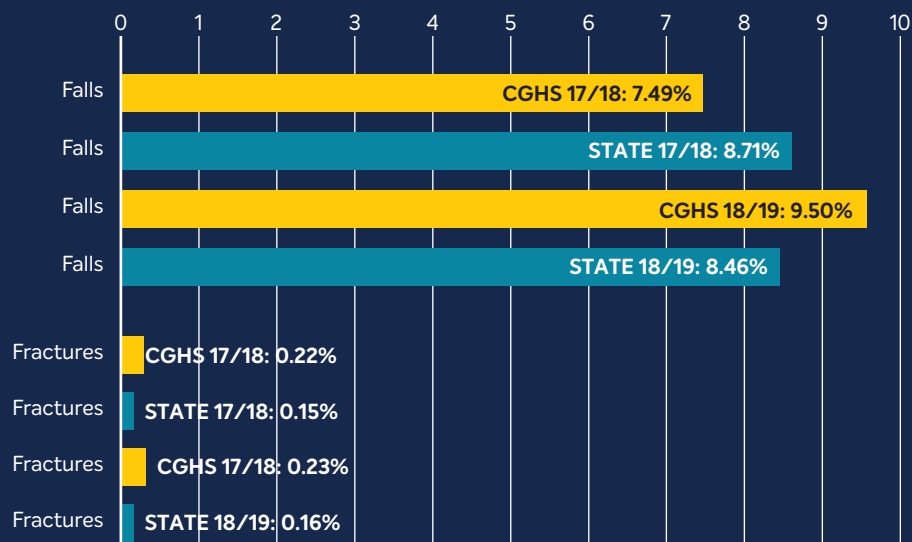


Q4: April - June 2019

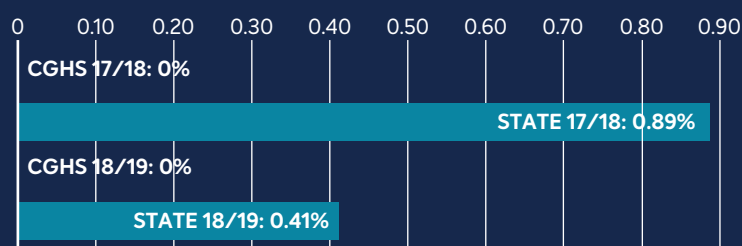


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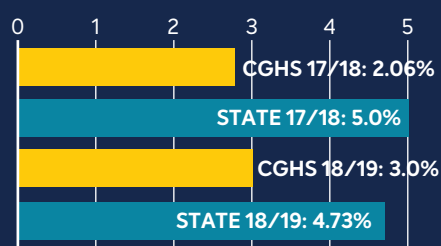
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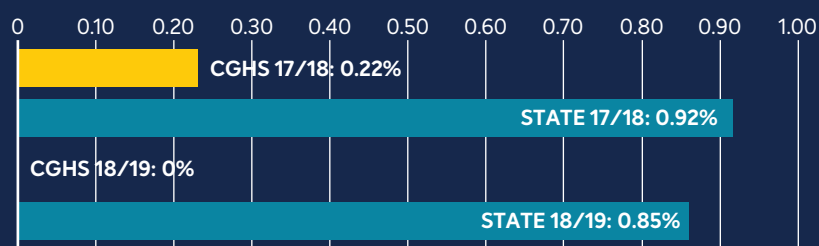
USE OF PHYSICAL RESTRAINT



9 OR MORE MEDICATIONS



UNPLANNED WEIGHT LOSS



Residential Aged Care Services at CGHS

Nine or More Medications

Residents with nine or more medications are reviewed on admission to our aged care services and on a monthly basis thereafter. These residents also undergo a multidisciplinary review in conjunction with the pharmacist to ascertain if any improvements can be made to reduce unnecessary medication administration.

Falls and Fractures

While the data on previous pages shows that falls at our facilities have been above the state average, our Falls Management policy does not take precedence over our resident-centred and freedom of choice model of care.

We make every effort to prevent residents from falling however we believe strongly in resident independence and the resident's right to take risks. This also aligns with the new Aged Care Standards which are consumer-focused rather than compliance driven, with a strong focus on consumer choice, engagement and participation in their own journey.

Feeling Worse? Call the Nurse!

It is important that patients and families know we take their concerns seriously. The REACH program at CGHS has been implemented so that patients and families can contribute to improving safety and quality in healthcare.

REACH means Recognise, Engage, Act, Call, Help is on its way.

There are three steps in the REACH process:

Step 1: Talk to your nurse

Patients and families are asked to contact their nurse as a first port-of-call if they notice a worrying change in the patient's condition. The nurse will discuss and assess the concerns with the patient and/or family. If the patient and/or family are still concerned, they can ask the nurse to help with contacting the nurse in charge.

Step 2: Ask to speak to the Nurse in Charge

Ask the Nurse in Charge for a "Clinical Review". The Nurse in Charge will then review the patient to resolve the patient and family concerns.

Step 3: Call the Hospital Coordinator

If patients and families are still worried, they can phone the Hospital Coordinator. The Hospital Coordinator will speak with the concerned person, visit the patient in a timely fashion and engage the nursing/medical team in addressing the concerns of patients and families.

Case Study

A patient was transferred to the ward following an operation on his foot with a vacuum dressing in place. He was in pain after arriving on the ward and was given pain relief. Twenty minutes later, he was still in pain. The patient activated a REACH call as he felt he could not cope with the ongoing pain.

The Hospital Coordinator attended the ward and consulted the staff. The vacuum dressing was turned off and further pain relief was given. The patient experienced immediate relief from pain once the vacuum dressing was switched off.

The REACH program is about everyone working together and supporting each other to achieve the best outcome for the patient.



Quality Improvement

ACCESSING THE HEALTH SERVICE: QUESTION	2016/17	2017/18	2018/19
Q.1 Was it easy to find out that CGHS exists?	74%	78%	71%
Q.2 Was it easy for you to find the location of CGHS?	81%	77%	83%
Q.3 How would you rate the transportation facilities that you use at CGHS?	81%	61%	73%
Q.4 Was it easy to make an appointment?	84%	75%	82%
Q.5 Did your condition ever get worse while you were waiting for an appointment?	73%	75%	84%
Q.6 Before your appointments, did you receive all the information that you needed?	68%	85%	85%
Q.7 How would you rate the politeness and helpfulness of the reception staff at CGHS?	97%	99%	100%
Q.8 Do you think the amount of time you usually spend in the waiting area before your appointment is about right?	80%	83%	92%

At CGHS, we have engaged with our consumers across community health and aged care to improve our information sharing. Some of these improvements include:

- Installation of TV screens at each CGHS site to display information about CGHS such as the Australian Charter of Healthcare Rights, results from our quality programs and how to make a complaint.
- The Residential Aged Care and Community Network Handbook has been revised and integrated. It includes information about CGHS – our services, client rights, complaint processes, accreditation standards and how to access services.

Environment and Facilities

ENVIRONMENT AND FACILITIES: QUESTION	2016/17	2017/18	2018/19
Q.10 How clean was CGHS?	80%	77%	82%
Q.11 Did you feel physically safe at CGHS?	100%	97%	100%
Q.12 Did CGHS feel welcoming?	90%	92%	92%
Q.13 Were you given enough privacy at reception?	82%	87%	90%
Q.14 Were you given privacy during your appointment?	100%	95%	95%

We aspire to provide our patients with a clean and inviting environment but it can be challenging to maintain an acceptable level of cleanliness in our toilets and bathrooms at all times. To help improve this, we have displayed signage in the toilets and bathrooms asking patients and visitors to inform staff if the facilities require extra attention.



Comprehensive Care

PLANNING YOUR CARE: QUESTION

	2016/17	2017/18	2018/19
Q.27 Were you asked about other concerns impacting on your health and wellbeing?	61%	50%	61%
Q.28 Did health workers involve you in decisions they made about your care or treatment?	81%	72%	83%
Q.29 Did health workers consider all of your needs (such as health, culture, living and family situation, age)?	72%	64%	84%
Q.30 Did health workers help you to set goals for your health and wellbeing?	71%	58%	75%
Q.31 Were all the relevant people involved in setting these goals (e.g. family members, health workers)?	80%	73%	78%
Q.32 Did using CGHS help you to feel as though you could achieve your goals?	73%	55%	73%
Q.33 Did CGHS provide you with a written copy of a plan for your health and wellbeing? This might be called a care plan, a treatment plan, a mental health plan or a recovery plan.	79%	73%	89%
Q.34 Did health workers at CGHS review and discuss this plan with you?	80%	88%	78%
Q.35 Was this plan useful?	80%	76%	72%

In 2018 CGHS introduced a Community Care Coordinator position to support the coordination of clients referred to our health service.

The Community Care Coordinator supports comprehensive interdisciplinary assessments that involve relevant members of the multidisciplinary team. The coordinator assesses the client to ensure we are providing the right service, by the right person, at the right time, in the right setting, to achieve the best outcome for the patient.

The coordinator works closely with other staff to support this model of care, keeping the patient at the centre of care and using a holistic wellness approach.

This year, CGHS was successful in securing funding to start a program called Values Based Health Care (VBHC). VBHC is about organising health care to maximise outcomes that matter to patients by changing how we provide care and addressing a patient's needs in an integrated way.

This is done by employing a long-term view; considering value not based on a single healthcare encounter but the outcomes of a full journey of care and the resources involved along the way.

VBHC takes a system view. Instead of asking a clinician to work harder or do better to improve care, VBHC looks at how all aspects of a health system can enable better value in care delivery.

The model has been developed based on international experience and designed with our specific circumstances and capabilities in mind. It is designed to succeed and build on successes and will involve the engagement of all major stakeholders and providers of health services in the Wellington Shire.



Improving Services for a Particular Community Health Priority Population

CGHS is working towards achieving accreditation with the Rainbow Tick Program.

The Rainbow Tick Program promotes Lesbian, Gay, Bisexual, Transgender, Intersex and Queer (LGBTIQ) inclusive service provision and consists of six LGBTIQ inclusive practice standards that CGHS will be accredited against, including:

- Organisational capability
- LGBTIQ cultural safety
- Professional development
- Consumer consultation and participation
- Disclosure and documentation, and
- Access and intake processes

To support this accreditation, some CGHS staff attended HOW2 training this year. HOW2 helps organisations embed LGBTIQ inclusive practices within the workplace and services, creating lasting cultural change. The training is designed around the six national standards above.

To support Rainbow Tick accreditation, an LGBTIQ Working Group was established, including staff and community members. The group has supported CGHS to undertake a self-assessment against the Rainbow Tick standards and is playing an important part in moving our health service towards accreditation.

Members of the Working Group have shared their personal stories at CGHS staff forums, including Department Heads, Community Carers and at Maffra Hospital. They have also supported the formal recognition, since 2018, of IDAHOBIT Day.

IDAHOBIT Day is the International Day Against Homophobia, Biphobia, Intersexism and Transphobia. It is a worldwide celebration of sexual and gender diversities, and is a stance against discrimination in support of lesbian, gay, bisexual, transgender, intersex and queer mates, colleagues and family members. CGHS recognised IDAHOBIT Day on 17 May 2019 and hosted a number of activities across the organisation in acknowledgement of the occasion.







CENTRAL GIPPSLAND HEALTH

HOSPITALS

COMMUNITY SERVICES

AGED CARE

Telephone:
03 5143 8800
Facsimile:
03 5143 8889



SALE HOSPITAL

Central Gippsland Health

155 Guthridge Parade
Sale VIC 3850
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03 5143 8600
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03 5143 8633



MAFFRA HOSPITAL

Central Gippsland Health

48 Kent Street
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Telephone:
03 5147 0100
Facsimile:
03 5147 0152



HEYFIELD HOSPITAL

Central Gippsland Health

14 Licola Road
Heyfield VIC
3858
Telephone:
03 5139 7979
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STRETTON PARK

Central Gippsland Health



LAURINA LODGE

Central Gippsland Health



WILSON LODGE

Central Gippsland Health



McDONALD WING

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