



CENTRAL
GIPPSLAND
HEALTH

Quality of Care Report 2018



Introduction

On behalf of the Central Gippsland Health Service (CGHS) Board and staff, we are proud to present our 2018 Quality of Care report.

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

It is important at CGHS that quality care and safety are at the forefront of everything we do. This is why we rely so much on feedback from our community and consumer groups. We have also introduced a number of initiatives to ensure that we get this feedback and importantly, respond to it.

This year we have put an even stronger focus on transparency and feedback as we have worked with our departments and clinical heads to respond to Patient Opinion feedback. This is playing a very important role in helping us to understand that patient feedback is a gift. It is important to hear people's stories and what their experience meant for them, rather than looking to defend our role and convince people we have done the right thing.

Our patients have acknowledged us for being transparent and responsive as demonstrated in the Australian Patients' Association annual awards. We were named Australia's most outstanding regional hospital in 2017 and came runner-up in 2018.

This year we have also been developing a person-centred care training program that will soon be made available to all staff with modules designed to suit all the roles we perform in the health service. We all have a very important role in person-centred care.

We also participated in the Gathering of Kindness both locally and in Melbourne, bringing kindness events to the Wellington Shire. We believe that kindness in health is important for both staff health and wellbeing, and patient outcomes.

Consistent with this we have revamped our leadership capability framework to reflect international best practice and support people-centred care. Our new framework is called Leading with Care.

This report showcases areas in which we are improving the high number of safe and positive experiences already occurring within our health system, striving toward 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

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Consumer, carer and community participation

Patient experience.

The community's contribution to Central Gippsland Health Service (CGHS) is significant and cannot be underestimated. We sincerely thank the many volunteers, consumers, carers and community members who give their time in so many ways.

This occurs formally through the Community Liaison Group, Consumer and Carer Chronic Disease and Disability Network, Aboriginal and Torres Strait Islander Advisory Committee, Rosedale Community Health Centre Advisory Committee and Consumer Advocate.

CGHS values feedback and encourages people to share their experiences – both positive and negative. CGHS has a range of ways this can be done including face-to-face with any one of our friendly staff, online via the Community Portal on the CGHS or Patient Opinion Australia websites, or by written correspondence. While CGHS strives to make all experiences positive, we understand that at times, we may not get it right. Feedback is an important improvement tool.

CGHS also participates in the Victorian Healthcare Experience Survey (VHES). This measures consumer perception of their healthcare experiences during their stay at a Victorian public health service. The survey draws from a random sample of admitted patients. Results from the survey are provided to health services on a quarterly basis. CGHS uses the results, along with the other forms of feedback mentioned above, to identify areas that require improvement.

Community members and the results of the VHES have assisted CGHS in identifying three patient experience priority improvement areas for 2017/18:

- How staff communicate with each other, patients and visitors
- Processes relating to transition of care
- Health service cleanliness

How staff communicate with each other, patients and visitors.

To measure and monitor how staff communicate with each other, patients and visitors, some key questions from the VHES were identified and are provided in the table below. The 'Hello My Name Is' concept, developed in the United Kingdom, was implemented at CGHS from October to December 2017. This concept has key values that have proven to improve communication, including:

- **Communication:** Timely and effective communication that is specific to the patient
- **The little things:** Really do matter, they are not little at all
- **Patient at the heart of all decisions:** "No decision about me without me"
- **See me:** See the person first before disease or bed number

The 'Hello My Name Is' education program included five simple steps:

- Introduce yourself
- Explain your role
- Explain what you are going to do
- Ask/Answer any questions
- Seek feedback

The results, below, demonstrate improved results related to communication after the education was delivered:

VHES Question	Results	
	Oct-Dec 2017	Jan-Mar 2018
How often did the doctors, nurses and other healthcare professional caring for you explain things in a way you could understand?	94%	95%
Did the staff treating and examining you introduce themselves/their role?	80%	90%
Sometimes in a hospital, a member of staff will say one thing about your care and another will say something quite different. Did this happen to you?	80%	85%
How would you rate the politeness and courtesy of admissions staff?	97%	99%

Processes relating to transition of care.

One of the highlights within the VHES is the Transition Index that incorporates the average positive scores of four adult inpatient questions relating to discharge. The index provides an overview of how the health service is performing in relation to discharge processes. The questions that are incorporated in the Transition Index are:

- Before you left hospital, did the doctors and nurses give you sufficient information about managing your health and care at home?
- Did hospital staff take your family or home situation into account when planning your discharge?
- Thinking about when you left hospital, were adequate arrangements made by the hospital for any services you needed?
- If follow up by your General Practitioner (GP) was required, was he or she given all the necessary information about the treatment or advice that you received while in hospital?

In 2017/18, CGHS focused on improving its processes regarding the above four questions. Staff on the medical/surgical wards were encouraged to specifically address the first three questions with patients during their stay and prior to discharge. This is to ensure the discharge is well planned for a smooth and safe transition. Also, the nurse in-charge visits each patient daily and discusses these questions in more detail.

There have been targeted improvements directed at the timeliness of discharge summaries to ensure information is provided to GPs promptly.

There has been some improvement in the Transition Index but further work is still required.

VHES Question	Results	
	Oct-Dec 2017	Jan-Mar 2018
Transition of Care and Process		
Transition Index	76%	79%



Health Service cleanliness.

CGHS was concerned that only 73 per cent of patients surveyed felt that toilet and bathroom cleanliness was good to very good. Toilets and bathrooms were reviewed and signage updated. Patients and visitors are encouraged to inform staff if the toilet or bathroom is in an unsatisfactory condition. Frequent inspections of toilets and bathrooms are logged to ensure their cleanliness is consistent. There was a small improvement in the results however CGHS is continuing to look at more ways of improving these results.

VHES Question	Results	
	Oct-Dec 2017	Jan-Mar 2018
Health Service Cleanliness		
How clean were the toilets and bathrooms that you used in hospital?	73%	77%
In your opinion, how clean was the hospital room or ward that you were in?	83%	84%

The table below shows results from the VHES where CGHS achieved very positive feedback. It is pleasing to see that overall, patients report they receive good/very good care at CGHS. The results show that, in general, staff explain things to patients in a way they understand and when they need assistance, they receive it in a reasonable amount of time.

VHES Question	Results	
	Oct-Dec 2017	Jan-Mar 2018
Positive Responses		
Overall, how would you rate the care you received while in hospital?	96%	96%
How often did the doctors, nurses and other healthcare professionals caring for you explain things in a way you could understand?	94%	95%
Overall, how would you rate the care and treatment you received from your doctors?	95%	94%
Overall, how would you rate the care and treatment you received from your nurses?	95%	99%
Overall, how would you rate the care and treatment you received from these other healthcare professionals?	100%	98%
How often did the doctors, nurses and other healthcare professionals caring for you explain things in a way you could understand?	94%	96%
If you needed assistance, were you able to get a member of staff to help you within a reasonable time?	97%	98%

Participation.

Central Gippsland Health Service (CGHS) received a report in March 2018 for the previous year's Community Health VHES distributed in November/December 2017. The report was presented at Consumer Network meetings and results discussed. It was noted that the return rate of 9 per cent was low (with 34 questionnaires returned from 359 distributed to clients). The overall experience for the client at CGHS was rated as 94 per cent. The results of this survey were considered in conjunction with the overall Inpatient Health Experience Survey results (received quarterly). A key action was the implementation of an education program across CGHS, titled 'Hello My Name Is'.

All staff have been receiving training in the 'Hello My Name Is' initiative with the aim that patients, visitors and clients receive comprehensive information about their care and feel comfortable to ask questions.

The Consumer networks.

Central Gippsland Health Service (CGHS) Consumer, Carer and Community Networks continue to improve and provide services that best meet the needs of the community.

CGHS has four Consumer, Carer and Community Networks. *The Community Liaison Group* and *Consumer and Carer Chronic Disease and Disability Network* meet on a monthly basis. *The Aboriginal and Torres Strait Islander Advisory Committee* and *Rosedale Community Health Centre Advisory Committee* meet bi-monthly. CGHS Consumer, Carer and Community Networks are chaired and vice-chaired by community members while receiving secretarial support from the CGHS Consumer Network and Volunteer Support Officer. Consumer, Carer and Community Network meetings are attended by executive team members.

The Community Liaison Group (CLG) is the key community and consumer advisory association for CGHS. CLG is responsible to the CGHS Board of Management, supporting the board and other consumer groups such as the CGHS Chronic Disease and Disability Network and Sale and District Cancer Support Group at CGHS. CLG members assist in the development and implementation of appropriate community and consumer participation strategies such as identifying and understanding community health needs, development and review of CGHS policies, procedures and programming, continuous quality improvement and quality accreditation activities.

The Consumer and Carer Chronic Disease and Disability Network provides advice to CGHS as it reviews and improves care coordination practices and systems. With the introduction of My Aged Care and the National Disability Insurance Scheme, this network is providing assistance and guidance as CGHS transitions to these systems. This is achieved through members sharing their knowledge and experience of navigating the health care system. In addition, members are a conduit for sharing information between CGHS and the community.

The CGHS Aboriginal and Torres Strait Islander Advisory Committee has continued its work in making CGHS a safe and welcoming health environment for Aboriginal and Torres Strait Islander community members. This year, five totem poles have been erected in the garden quadrant of the hospital grounds depicting the five clans of the Gunai Kurnai peoples. The committee is overseeing the development of CGHS's inaugural Reconciliation Action Plan. This year, CGHS celebrated NAIDOC Week by conducting its ninth flag raising ceremony with two members of the committee raising the flags.

The Rosedale Community Health Centre Advisory Committee advocates on behalf of the Rosedale community on the appropriateness of community health activities. In addition, the committee oversees budgetary measures to ensure the Rosedale Community Health Centre remains viable, providing the support and services needed within the local community.

The CGHS Consumer Opinion Register (COR) continues to provide its input into the development and review of Consumer Information brochures. This additional consumer engagement strategy enables community members to contribute their opinions and perspectives on a number of health related topics, targeting their specific area of interest without the expectation to attend structured meetings. A member from the COR identified that Wellington Shire did not have a general Cancer Support Group and suggested one could be formed and supported by CGHS. Members of the CLG endorsed this suggestion and have overseen the implementation of the Sale and District Cancer Support Group at CGHS.



The CGHS Lesbian, Gay, Bi-Sexual, Transgender and Intersex Focus Group has been established in the last 12 months and is represented by people who identify as being lesbian, gay, bi-sexual, transgender and/or intersex. The focus group is overseeing an Action Plan which was developed after CGHS underwent a self-assessment against the Gay and Lesbian Health Victoria's Rainbow Tick Accreditation Standard, funded by the Department of Health and Human Services.

The CGHS Consumer Advocate, Alan Murray, continues to play an active and important role in advocating for CGHS patients and clients. Alan is also a community representative on the CGHS Quality Committee, which is a subcommittee of the Board of Management.

Interpreter services.

Interpreting services have been provided at Central Gippsland Health Service (CGHS) on six occasions for a total of 2.5 hours during 2017/18. This has occurred in a range of settings including the Emergency Department, Women's and Children's Unit, Women's Health and Integrated Maternity Service (WHIMS) clinic 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).

Care coordination.

Central Gippsland Health Service (CGHS) has implemented a comprehensive care coordination process with Care Coordinators working in all settings of the organisation, both hospital and community based, for some years. People with disabilities and other chronic and complex needs are supported through this model of which the underpinning principle is that the person will receive the right services at the right time, see the right people in the right place, to maximise their potential to achieve their goals and aspirations. The model is strengthened by the CGHS Chronic Disease and Disability Network comprising consumers and carers of people with a disability or chronic disease. This group of volunteers oversees and supports CGHS' continuous work towards enhancing this model of care.

Improving Care for Aboriginal People Framework.

Central Gippsland Health Service (CGHS) has submitted the required report on activities through the Improving Care for Aboriginal People initiative. Following is a list of some of the activities under the Key Result Areas:

Key Result Area 1: Engagement and Partnerships

- CGHS maintains a strong relationship with Ramahyuck Aboriginal District Corporation (RADC) through regular networking meetings and relationships between senior management personnel.
- The CGHS Aboriginal and Torres Strait Islander Advisory Committee continues to meet regularly.
- NAIDOC celebrations are an embedded event on the CGHS calendar and are well attended by community, staff and CGHS board members.
- CGHS is represented on the Gippsland Aboriginal Health Advisory Committee.
- The Aboriginal Secondary Schools Education Officer is represented on the CGHS Education Committee. An invitation has been extended to the Ramahyuck District Aboriginal Corporation Chief Executive Officer.
- Cultural competence training is a mandatory requirement for all staff on commencement of employment and then every three years.
- Aboriginal people are supported by the Koori Hospital Liaison Officer.
- The CGHS feedback procedure offers a variety of methods for patients and clients to provide comment, such as the consumer portal on the CGHS website, the online Patient Opinion website, or by simply speaking directly with a staff member – who will follow their issue through to resolution.

Key Result Area 2: Organisational Development

- CGHS has an Aboriginal Health Plan which is overseen by the Aboriginal and Torres Strait Islander Advisory Committee.
- All staff undertake mandatory Cultural Competency training on commencement of employment and then every three years thereafter. This was revised by the Aboriginal Torres Strait Islanders (ATSI) Advisory Committee in 2016.
- CGHS has a policy and procedure in place relating to the acknowledgment of traditional owners.
- The National Apology is framed and displayed at CGHS, along with framed local Aboriginal ceramic art and a plaque detailing the local Aboriginal groups.

- The garden within the Sale hospital courtyard has now been revamped to reflect the Aboriginal flag. This occurred following the advice of local Aboriginal people. More recently, five totem poles have been designed and erected in this area depicting the five clans of the Gunai Kurnai peoples.
- CGHS's first Reconciliation Action Plan has been submitted to Reconciliation Australia for review.

Key Result Area 3: Workforce Development

- The CGHS Aboriginal Employment Plan details our strategies to support Aboriginal people in our workforce.
- The Aboriginal Traineeship program continues across a number of service settings, such as diversional therapy, administration, library and allied health assistance.
- The Koori Hospital Liaison Officer participates in local, regional and state forums.
- All Position Descriptions include a capability requirement around valuing culture and diversity.

Key Result Area 4: Systems of Care

- The Koori Hospital Liaison Officer (KHLO) follows up with Aboriginal people who have left the Emergency Department without being seen.
- The percentage of people leaving the Emergency Department without being seen is monitored at CGHS Governance Committee meetings.
- CGHS's Care Coordination model supports chronic/complex patients holistically to achieve their health and wellbeing goals. The KHLO supports Aboriginal patients through this process.
- CGHS and RDAC regularly network so that relationships are in place and issues can be addressed/pre-empted easily.
- The KHLO participates in family meetings with the hospital and supports patients as they transition back to the community.
- KHLO's involvement in patient pathways is documented in client notes, as well as discussed with care coordinators and other relevant people.
- CGHS has worked closely with the Wulgunggo Ngalu Learning Place to support Aboriginal men in their rehabilitation process following inpatient detoxification.



Quality and Safety

Consumer and staff experience.

All services

Central Gippsland Health Service (CGHS) has a number of feedback mechanisms in place for community members to report their experience of the health service including:

- Discussion with staff at a Unit/Program/Department level
- Contact with the Consumer Advocate
- Written correspondence
- Telephone conversation with Executive staff
- Completing a consumer feedback form
- Lodging feedback via the CGHS website Community Feedback portal

An additional layer of gaining feedback was introduced in September 2016 when CGHS joined in partnership with Patient Opinion Australia. Community members can provide feedback of their experience of CGHS on the Patient Opinion Australia website in an anonymous and transparent manner. Responses to 'stories told' are published on the Patient Opinion website so the author, community members, funding bodies and government can view how CGHS responds and where possible, implements positive change. CGHS has given a commitment to respond to 'stories told' within a 48 hour timeframe.

To date, 73 stories have been told generating 37,301 views. Forty seven of these stories have been compliments or suggestions for slight improvement of a non critical nature. From the remaining stories, 22 changes have been implemented.

After receiving the title of '**Most Outstanding Regional Hospital in Australia**' at the Australian Patient Association Awards in 2017, CGHS was again acknowledged for its strong commitment to listening, responding and implementing positive change at this years awards ceremony in May 2018, this time being announced runner up for the same award.

www.patientopinion.org.au

Public Health Services.

People Matter Survey – Patient Safety

The target for Patient Safety in 2017/18 was 80%. Central Gippsland Health Service achieved a result of 88%.

The People Matter survey covers a number of different elements in determining an overall patient safety response rate. Some of these elements include:

- Handling of patient care errors
- Training of staff
- Reporting of patient safety concerns
- Culture within the work area
- Acting on ideas and suggestions for improvements

Various tools within the hospital are used that inform and impact on patient safety results. These include but are not limited to:

- Complaints and Compliments process
- Staff capability and development
- Incident reporting
- Patient Opinion survey
- Annual staff survey



Patient Story:

Recently a patient provided CGHS with feedback on their experience following an ultrasound procedure. After a period of time the patient discovered that the results of the scan had not been sent through to their doctor resulting in them suffering with increased pain from a knee injury which could have been treated earlier.

This feedback initiated a review of procedures and a change whereby radiology reports are now matched to the referrers' provider number, instead of matching to the referrers' name. It was apparent (based on this patient's experience) that some referrers have multiple clinics or addresses and so the change will ensure that future reports are sent to the appropriate address.

Accreditation Status.

Acute facilities: CGHS (including Dental Services) is currently accredited against the 10 National Safety and Quality Health Service Standards(NSQHS). 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 be undertaking this accreditation process against version 2 of the standards consisting of eight revised NSQHS standards.

Home care/community: In July 2018, a quality review was conducted at CGHS Community Services. This included assessments against the Home Care Standards. The service met all 18 expected outcomes of the Home Care Standards. A plan of continuous improvement was submitted to improve care plans and reassessments across all service types along with development of internal processes to monitor staff practice over time.



Aged care: Central Gippsland Health facilities, consisting of Laurina Lodge, Wilson Lodge, Stretton Park and J.H.F. McDonald Wing, all hold current Aged Care Accreditation. Laurina Lodge and Stretton Park, received full accreditation against all 44 outcomes for the Aged Care Accreditation Standards in June 2018, J.H.F. McDonald Wing–Maffra achieved full accreditation in June 2017 and Wilson Lodge in September 2017.

As of 1 July 2018 the standards have been reduced to 8 and are now called The Aged Care Quality Standards. They officially come into effect on 1 July 2019 and replace the current four sets of aged care standards which include Accreditation standards, Home Care, National Aboriginal and Torres Strait Islander Flexible Aged Care Program Quality Framework Standards and Transitional Care Standards.

Adverse events.

Public Health Services

An adverse event is an incident that results in harm to our patients. Adverse events commonly experienced in hospitals by patients over 70 include falls, medication errors, malnutrition, incontinence, and hospital-acquired pressure injuries and infections.

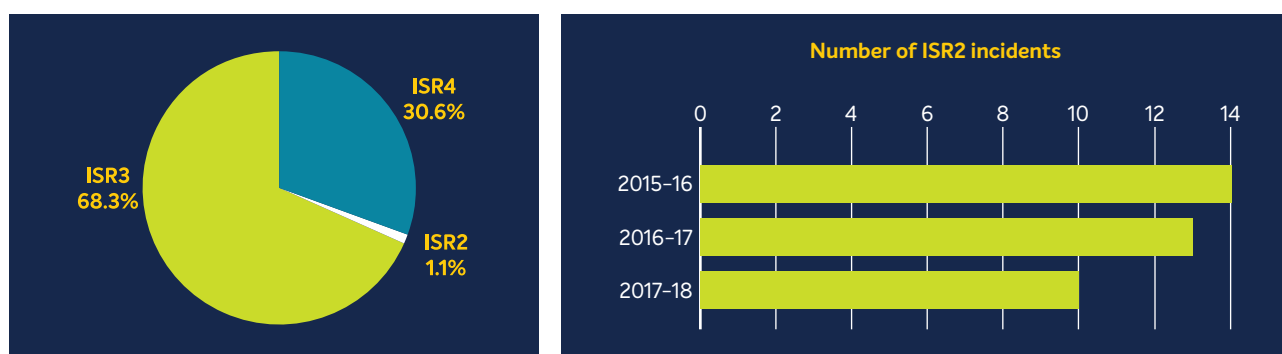
These incidents are divided into categories. A score of 1, 2, 3 or 4 measures the severity of the impact caused to the person or organisation following an incident, Incident Severity Rating (ISR) 1 being the highest or most severe and ISR 4 a near miss

In 2018, Central Gippsland Health Service experienced ten Severity 2 (ISR2) incidents, and zero Severity 1 (ISR1) incidents. The majority of our incidents fall into category 3 or 4.

We continually work on improving our systems to improve patient safety.

An in-depth case review is conducted on all ISR1 and ISR2 incidents. From this review improvements are identified. These are reported through our Clinical Governance Group and Quality Committee for monitoring of improvements.

Severity of Incidents

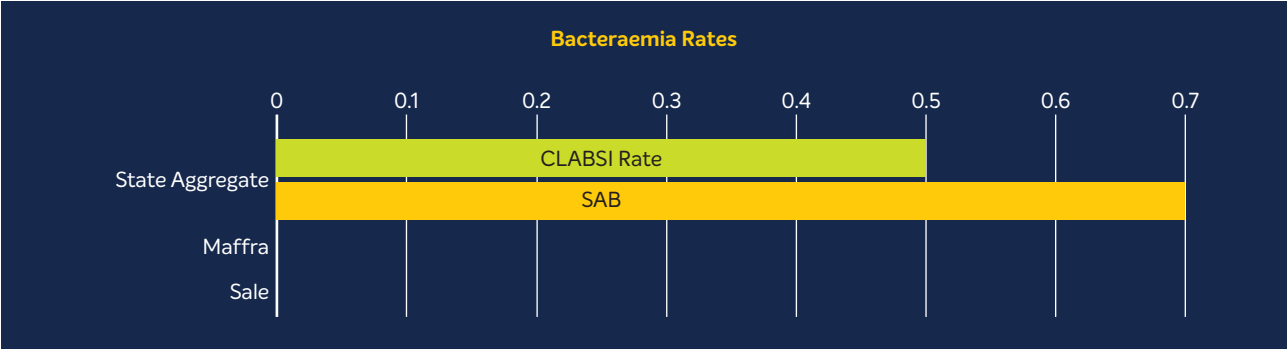


Staphylococcus Aureus and Central Line associated Bacteraemia rates.

Sale and Maffra hospitals report all Staphylococcus Aureus Bacteraemia cases to the Victorian Healthcare Associated Infection Surveillance Co-ordinating Centre (VICNISS). In the 2017/18 period no healthcare associated bacteraemia events were reported from either the Sale or Maffra hospitals. The five year VICNISS aggregate was 0.7 per 10,000 occupied bed days.

Central Gippsland Health Service (CGHS) monitors ICU patients using the method of collecting denominator data at the same time every day of the month. CGHS has two designated ICU beds within its Critical Care Unit at the Sale Campus. ICU patients with a Central Venous Line are continuously monitored for bacteraemia. This data is submitted monthly to VICNISS. CGHS has not recorded a central line associated bacteraemia (CLABSI) in the past 12 months from 83 device days. The VICNISS medical/surgical ICU central line associated bacteraemia rate was 0.5 per 1000 central line days.

CGHS will continue to monitor both Staphylococcus Aureus Bacteraemia (SAB) and Central Line Associated Bacteraemias (CLABSI) in ICU patients as per the VICNISS requirement. Aseptic technique is monitored via spot audits of procedures in all clinical areas and hand hygiene auditing continues routinely as per the Hand Hygiene Australia schedule.



2018 staff influenza immunisation rate.

Following a season of high influenza activity in 2017, Central Gippsland Health Service (CGHS) embarked on a media campaign for the 2018 season, both within and outside the healthcare facility, with the aim of increasing awareness of the impact of influenza and the importance for healthcare workers to protect themselves, their patients and their families at home.

In 2018 there was a 10 per cent increase of the influenza vaccination campaign target to 80 per cent compliance for healthcare workers in acute care public hospitals throughout Victoria. For the first time, staff vaccination data was submitted to the VICNISS from CGHS’s aged care facilities, although no compliance target was set. All facilities across CGHS achieved an average staff vaccination rate above 80 per cent and surpassed the state aggregate of 83.2 per cent compliance.



Rate of term babies without congenital anomalies with Apgar score of less than seven at five minutes.

The Apgar score was developed in 1952 by an anaesthetist named Virginia Apgar.

The Apgar score is 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 7 at five minutes after birth indicates that the baby requires resuscitation. The assessment is based on five physiological attributes taken at standard time markers i.e. one and five minutes (and longer if required).

The one minute score indicates how well the baby has tolerated the birthing process and the five minute score indicates how well the baby is managing on its own outside the womb.

State Victoria Public Hospital	1.6%
Favourable	1.9%
Target ≤	0.9%
CGHS 2017-18	2.5%

Central Gippsland Health Service (CGHS) recognises the importance of capturing and reporting adverse intrapartum and neonatal events and outcomes.

CGHS identified the importance of ensuring quality reporting and minimising the subjective nature of Apgar assessments. To ensure a more consistent and reliable measure of Apgar scoring, CGHS developed an Apgar/Neonatal progress sheet which was introduced into routine practice for midwives and paediatricians attending a baby's birth for documentation of its birth status, Apgar score and resuscitation requirements.

The document displays the Apgar score scale to use as a reference when assessing baby at birth and as a requirement, two clinicians clarify and record the Apgar score. A prompt is included for the escalation requirement to include Paediatrician review if the Apgar is less than 7 at five minutes.

The birthing outcome system is one of the methods used to capture the recorded Apgar score on all babies born at CGHS. Where an Apgar score of less than 7 at five minutes is identified, the individual case is presented for multidisciplinary review at CGHS' monthly Perinatal Audit Meetings. The case is also reported to the Regional Perinatal Mortality and Morbidity Committee, whose members then decide if the case is to be presented at a regional level. CGHS reviews recommendations from the committee, which are actioned accordingly.

Competency and confidence in fetal surveillance monitoring and reporting is also acknowledged by CGHS as essential to improved birth outcomes. Annual attendance and completion of assessment at a Royal Australian College of Obstetrics and Gynaecology Fetal Surveillance workshop is a mandatory requirement for all CGHS midwives. CGHS also provides educational support through the provision of one-on-one or small group sessions and fortnightly multidisciplinary forums that focus on the analysis of cardiotocography recordings to improve intrapartum management to support optimal neonatal outcomes.

Rate of Inductions in Standard Primiparae:

State Public	3.9%
State Private	15.9%
Least Favourable ≤	13.2%
Most Favourable ≤	0%
CGHS recorded	13.6%

For performance improvement and supporting a process where only women who have a clear medical and/or psychosocial indication undergo induction of labour, CGHS reviews performance indicators at monthly perinatal audit meetings.

Outcomes for Standard Primiparae - Inductions													
	July 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	June 2018	YTD
The number of standard primiparae who give birth	6	0	1	3	0	1	1	3	0	1	0	4	20
The number of standard primiparae undergoing induction of labour	0	0	0	0	0	0	0	0	0	0	0	0	0
Rate	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Unfavourable limit	4.1%												
Favourable limit	0%												

CGHS is using the Birthing Outcome System Maternity Performance Report to track outcomes. The current rate of induction for standard primiparae as shown above are at a most favourable level. Data entry is checked to ensure reporting is accurate.

A Consent for Induction of Labour form that requires a signed declaration by patient and doctor must be completed when the woman is booking for induction of labour at CGHS. The form provides written information on indication, proposed treatment and risks associated with induction of labour for mothers and babies, and all of the information is verbally explained.

CGHS has developed an Induction of Labour Process Flow Chart for the purpose of reviewing bookings, prioritisation and authorisation.



Residential Aged Care - Clinical Indicators

Clinical Indicators: Pressure Ulcers July to September 2017

Stage 1 CGHS	0.42%
Stage 1 State	0.49%
Stage 2 CGHS	0.50%
Stage 2 State	0.46%
Stage 3 CGHS	0%
Stage 3 State	0.10%
Stage 4 CGHS	0%
Stage 4 State	0%
Suspected Deep Tissue but no data given	CGHS 0
Unstageable but no comparative data given	CGHS 0

Clinical Indicators: Pressure Ulcers October to December 2017

Stage 1 CGHS	0.12%
Stage 1 State	0.49%
Stage 2 CGHS	0%
Stage 2 State	0.48%
Stage 3 CGHS	0%
Stage 3 State	0.05%
Stage 4 CGHS	0%
Stage 4 State	0.02%
Suspected Deep Tissue but no data given	CGHS 0
Unstageable but no comparative data given	CGHS 0

Clinical Indicators: Pressure Ulcers January to March 2018

Stage 1 CGHS	0.12%
Stage 1 State	0.34%
Stage 2 CGHS	0%
Stage 2 State	0.51%
Stage 3 CGHS	0%
Stage 3 State	0.07%
Stage 4 CGHS	0%
Stage 4 State	0.01%
Suspected Deep Tissue but no data given	CGHS 0
Unstageable but no comparative data given	CGHS 0

Clinical Indicators: Pressure Ulcers April to June 2018

Stage 1 CGHS	0.12%
Stage 1 State	0.52%
Stage 2 CGHS	0.12%
Stage 2 State	0.45%
Stage 3 CGHS	0%
Stage 3 State	0.07%
Stage 4 CGHS	0%
Stage 4 State	0.02%
Suspected Deep Tissue but no data given	CGHS 0
Unstageable but no comparative data given	CGHS 0

Clinical Indicators: Falls July to September 2017

CGHS	7.02%
State	8.12%

Clinical Indicators: Falls October to December 2017

CGHS	7.57%
State	7.90%

Clinical Indicators: Falls January to March 2018

CGHS	6.74%
State	7.40%

Clinical Indicators: Falls April to June 2018

CGHS	7.49 %
State	8.71%

Clinical Indicators: Fractures July to September 2017

CGHS	0%
State	0.13%

Clinical Indicators: Fractures October to December 2017

CGHS	0%
State	0.15%

Clinical Indicators: Fractures January to March 2018

CGHS	0.38%
State	0.15%

Clinical Indicators: Fractures April to June 2018

CGHS	0.22%
State	0.15%

Residential Aged Care - Clinical Indicators

Clinical Indicators: Restraint Devices July to September 2017

Intent to Restrain:
CGHS 0% State 0.41%

Physical Restraint Devices:
CGHS 0% State 0.99%

Clinical Indicators: Restraint Devices October to December 2017

Intent to Restrain:
CGHS 0% State 0.56%

Physical Restraint Devices:
CGHS 0% State 0.76%

Clinical Indicators: Restraint Devices January to March 2018

Intent to Restrain:
CGHS 0% State 0.87%

Physical Restraint Devices:
CGHS 0% State 1.00%

Clinical Indicators: Restraint Devices April to June 2018

Intent to Restrain:
CGHS 0% State 0.34%

Physical Restraint Devices:
CGHS 0% State 0.89%

Clinical Indicators: 9 or more Medications July to September 2017

CGHS 1.61%
State 4.32%

Clinical Indicators: 9 or more Medications October to December 2017

CGHS 2.12%
State 4.66%

Clinical Indicators: 9 or more Medications January to March 2018

CGHS 3.71%
State 4.81%

Clinical Indicators: 9 or more Medications April to June 2018

CGHS 2.09%
State 5.00%

Clinical Indicators: Loss of 3 kilos July to September 2017

CGHS 0.12%
State 0.96%

Clinical Indicators: Loss of 3 kilos October to December 2017

CGHS 0.22%
State 0.95%

Clinical Indicators: Loss of 3 kilos January to March 2018

CGHS 0%
State 0.74%

Clinical Indicators: Loss of 3 kilos April to June 2018

CGHS 0.22%
State 0.92%

Clinical Indicators: Consecutive Loss of Weight July to September 2017

CGHS 0.12%
State 0.85%

Clinical Indicators: Consecutive Loss of Weight October to December 2017

CGHS 0.22%
State 0.82%

Clinical Indicators: Consecutive Loss of Weight January to March 2018

CGHS 0%
State 0.85%

Clinical Indicators: Consecutive Loss of Weight April to June 2018

CGHS 0.34%
State 0.92%

Residential Aged Care - Clinical Indicators

Below are the two examples of how CGHS achieves results below the state benchmarks.

We identified that we needed to review the use of restraints to ensure that we remained a restraint free environment.

CGHS Aged Care Network is totally restraint free. In addition, we conduct regular anti-psychotic medication reviews to ensure these medications are only prescribed where medically indicated and not used for restraining purposes.

Falls have been reviewed to ensure the safety of our residents and to minimise falls. This was achieved by the introduction of individualised Falls Minimisation plans for every resident in consultation with Resident, Family, Physiotherapy, Occupational Therapy and CGHS Back Injury Prevention Coordinator.

It included vital information on falls risks, number of staff for transfers, equipment to be used, interventions put in place to assist staff, assistive devices and precautions.



Feeling worse? Call the nurse.

It is important that patients and families know that Central Gippsland Health Service (CGHS) takes patient concerns seriously. CGHS has implemented the Recognise, Engage, Act, Call, Help is on its way (REACH) program where patients and their families can contribute to improving safety and quality in healthcare.

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 will 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 review the patient to resolve the concerns of the patient and their family.

Step 3: Call the Hospital Coordinator

If the patient and/or the patient's family are still worried, they are encouraged to speak to 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.

Patient Story:

A patient was in the medical ward waiting to be transferred to a Melbourne hospital for further treatment. The patient's sister activated a REACH call as she was concerned about the delay in the transfer and how the delay was impacting on the patient's wellbeing. The CGHS Hospital Coordinator spoke to the Melbourne hospital about expediting the transfer and different options were considered. The Melbourne hospital placed the patient at the top of its transfer list and the patient was subsequently transferred the next day.

The REACH program is about everyone working together for better outcomes.



Public Health Services

Advance Care Planning.

The percentage of Advance Care Planning is reported through the Regional Perinatal Mortality and Morbidity Committee, which is comparable to previous years.

Patient story:

A 72 year old female with a diagnosis of Mesothelioma had completed an Advanced Care Plan (ACP) as part of her admission to CGHS's Community Palliative Care Service. Her wishes were for conservative management with no resuscitation or intubation. Her ACP was completed by her General Practitioner and a copy given to the Palliative Care Nurse, who forwarded this to Medical Records to be included in her patient history. An alert was also put on Medtrak, meaning that on presentation to the Emergency Department it was flagged that an ACP was in place. The patient had several emergency presentations during the ensuing six months. Her ACP was a guide for all treating teams to formulate her treatment care plan in consultation with the patient herself and her substitute decision-maker.

End-of-Life-Care.

Over the last 12 months, Central Gippsland Health Service (CGHS) has updated its Advance Care Planning procedure and formulated a Clinical Guideline for implementing the Advance Care Plan (ACP) for the dying person. These documents, in conjunction with the Treatment Limitation Order/Resuscitation Plan Guidelines, have been developed to ensure that a dying person and those identified as important to the experience, have a coordinated person-centred approach to care regardless of their diagnosis or health care setting. These support a model of care that combines frequent assessment, critical thinking, individualised care planning, shared decision making and continuous review to ensure the focus of care is on the dying person and those close to them.

Victoria's End of Life and Palliative Care Framework:
Central Gippsland Palliative Care.
Priority 2: Engaging communities embracing diversity.

Background

Central Gippsland Health Service Palliative Care is a community based service that provides consultancy support to wards and aged care facilities. Organisational requirements include staff completing patient centred care training – the focus of which is to empower patients to 'take charge' of their care.

When admitted to the palliative service, the nursing staff work with patients on their goals of care, which enables care to be tailored to the individual and therefore take in to consideration cultural requirements. In addition, Advance Care Plans (ACP) prompt staff to identify patient's wishes for end of life care that will include any spiritual or cultural considerations that are required.

Current Care Provision

There has been improvement in engagement with community leaders to enable them to connect their communities to end of life care.

The community palliative care team has strong working relationships with local General Practitioners (GP) and health clinics that are aware of referral processes to access the service. Central Gippsland Health Service Palliative Care accepts referrals for patients from a range of sources, including self-referral. All persons who meet the criteria for admission to palliative care are able to access the service.

All communities and groups have access to end of life care and planning. On admission to the palliative care service, patients and carers are given the opportunity to complete Advance Care Planning documentation to plan their end of life care. However, this can also be completed with their local GP.

Communities understand the services available for end of life care and bereavement support.

The information brochure on service delivery is in the process of being updated. The language used is clear, simple and concise, and will be reviewed by our consumer group.

Future Planning

- CGHS continues to engage with local GPs and health clinics by way of promoting access to palliative care and ensures accurate contact details are maintained.
- CGHS engages other community groups to promote access to palliative care services and the completion of Advance Care Planning.
- CGHS makes diversity training for palliative care by way of Program of Experience in the Palliative Approach (PEPA) placements/courses available to staff.





**CENTRAL
GIPPSLAND
HEALTH**

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Community Services:

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Wilson Lodge:

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MAFFRA:

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HEYFIELD:

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