QUALITY OF CARE REPORT
2008-2009
Vision
To be the best provider of rural healthcare and education

Mission
To provide coordinated services that enhance the health and well being of the community

Statement of Values
Goulburn Valley Health is committed to:
• Serving rural needs
• Integrated planning
• Continual improvement
• Quality and safety
• Staff development
• Responding to cultural diversity
• Financial responsibility
• Equity of access
• Consumer participation

Goulburn Valley Health welcomes your feedback on this report. Please email quality@gvhealth.org.au

Goulburn Valley Health would like to thank Shepparton News for many of the photos used in this report.
Goulburn Valley Health (GV Health) reports on its annual performance in two separate documents. The Annual Financial and Performance Report fulfils the statutory reporting requirements to Government by way of an Annual Report and the Annual Quality of Care Report reports on quality, risk management and performance improvement matters. Both documents are presented to the Annual General Meeting and then distributed to the community. The 2008-2009 Quality of Care Report will also be distributed in the local newspaper. This follows the success of our extensive distribution last year and the excellent consumer feedback GV Health received.

2008-2009 was another busy and rewarding year. GV Health was honoured to receive the Premier’s Award for Regional Health Service of the Year for 2008 and was named as a finalist in 2009. This represents the fourth consecutive year that GV Health has been a finalist in this category, which is testament to the continued excellent performance of the Health Service in providing quality care to the community. GV Health staff and the community can be justly proud of this ongoing recognition of outstanding achievement.

During the year, a review of the Clinical Services Plan has been completed and accepted by the Department of Health and the associated Facilities Master Plan is currently being finalised. A number of capital projects were completed during the past year. The Clinical Teaching and Research extension to the Specialist Consulting Suite was completed in June and provides much improved consulting rooms designed to accommodate teaching of medical students. The Biomedical Engineering/Engineering building redevelopment provides an expanded facility for Biomedical engineering services and improved toilet facilities for visitors and staff using the Elsie Jones Education Centre.

The car parking, landscaping and drainage project commenced in January 2009 and is expected to be completed by the end of September 2009. The result of this project will see more than 200 additional car parking spaces for the public and staff and improved capacity for the site to deal with storm water utilising water sensitive design principles. The construction of the GP Medical Clinic at Rushworth is scheduled for completion in October, providing a valuable asset to attract additional GP services to Rushworth. Works continue on the Ambermere site with the renovation of the two houses on-site to provide consulting facilities expected to be completed in September. Electronic medical record scanning was introduced at GV Health in November 2008.

Planning is well underway for the construction of a Cancer Care and Research Centre and improvements to the elective surgical admissions area and electrodiagnostic unit. The commencement of these projects is subject to obtaining funding. Improving self-sufficiency and expanding our clinical capacity remain priorities for GV Health. More information and detail about GV Health’s strategic directions are contained in the Strategic Plan 2007-2010 document at www.gvhealth.org.au. The 2010-2013 strategic plan is scheduled for delivery in June 2010.

In June 2009 we farewelled Dr Bridget Hsu-Hage after three years as Board Director. Dr Hsu-Hage also served on the Ethics & Research, Patient Care Review and Primary Care & Population Health Advisory committees during her appointment. In her place we welcome Mr Ian McKinnon to the Board of Directors from 1 July 2009. Mr Jim Andreadis who was appointed to the Board of Directors in July 2008 resigned due to business commitments. We were sorry to lose him.

GV Health is fortunate to enjoy the collaborative work and support of all directors, staff, contractors and volunteers throughout the year, the assistance of the Department of Health (formerly Department of Human Services) both centrally and regionally, the local media, our local political representatives both state and federal and the many community organisations and individuals who assist in so many different ways.

We trust you find this report both interesting and informative and commend it to you.

Clem Furphy
Chair, Board of Directors

Kerryn Healy
Chief Executive Officer
PERFORMANCE HIGHLIGHTS

The information and statistics provided in this report highlight the continuing growth, complexity and diversity of the services that GV Health delivered during 2008-2009. With regard to acute care, 23,244 patients were treated, slightly fewer than last year but with higher complexity. Acute services finished the year utilising 15,610 WIES, which represents 3.8% more than last year. During the year the average acute length of stay increased marginally from 2.40 days to 2.44 days.

Also, during the year 693 rehabilitation, geriatric evaluation and management, palliative care and nursing home type patients were treated, as were 333 mental health patients. In total, 24,270 patients were treated during 2008-2009 compared to the 24,729 treated last year. Birthing numbers decreased marginally from 1,174 last year to 1,110 this year.

All Category 1 elective surgery patients were treated within the required 30 days and 84% of Category 2 patients were treated within 90 days. The waiting list at the end of June 2009 was only 501, well below the target of 600. The number of surgical patients treated increased from 6,427 to 6,886.

In the emergency department (ED), all Category 1 patients requiring immediate care were so treated, 82% of all Category 2 patients were attended to within the required ten minutes and 82% of Category 3 patients within 30 minutes. There were 32,205 ED attendances during the year, with the more urgent cases (categories 1, 2 and 3) decreasing by 1% and the less urgent Category 4 and 5 cases (commonly referred to as GP type attendances) reducing by 14%. The number of patients with an ED length of stay greater than 24 hours increased from 61 during 2007-2008 to 81 this year, because of increased acuity. Of those patients requiring a bed, 77% were found one within eight hours.

With regard to non-admitted patients, outpatient occasions of service reduced from 130,520 to 124,146, whilst other occasions of service, which includes community health, mental health, drug and alcohol, sexual assault, dental, post-acute care, district nursing and rural allied health team visits, increased from 127,716 to 163,856. The Transition Care Program provided 2,395 bed days and 4,903 home based days of service for the year.

Improved facilities

GV Health has now completed a self-funded internal and external way-finding signage project, incorporating the organisation’s corporate image. This project has involved significant consumer input and has received excellent feedback via the Consumer Consultative Committee (CCC). The newly refurbished and extended Ambermere mental health campus was officially opened during the year. This redevelopment allows for a consolidated range of community based mental health services. The redevelopment of the GP medical clinic at Rushworth is underway and this facility should be operational by late 2009. In addition, renovations to the Grutzner House psycho-geriatric facility were finalised during the year. Capacity at Grutzner House has increased to 25 beds with the additions to the facility and important accommodation is now provided for older consumers who require a short term acute admission.

In addition, the Clinical Teaching and Research

![Graphs and images](image-url)
extension to the Specialist Consulting Suite was completed during the year and provides much improved consulting rooms designed to accommodate teaching of medical students. The Biomedical Engineering/Engineering building redevelopment provides an expanded facility for engineering services and improved toilet facilities for visitors and staff using the Elsie Jones Education Centre.

External Reviews

GV Health has regular external reviews undertaken by a variety of agencies who are able to critically examine our performance and provide feedback and recommendations. GV Health is fully accredited with the Australian Council on Healthcare Standards (ACHS). At the most recent review (March 2008) the surveyors congratulated GV Health on “the effort that they have put into all of their services, to ensure that they are safe and suitable for the requirements of the communities which they serve. The changes and improvements since the last EQuIP event are witness to an organisation that has a collegial approach to ensuring that its service meets the standards required.”

All four GV Health aged care facilities comply with the 44 Commonwealth Standards and have had extensive audits undertaken during the year which has confirmed their ongoing compliance and high level of care. All agencies have had unannounced support visits during the year; which is part of the process. All sites have excelled in meeting the required standards.

GV Health’s pathology and medical imaging services continue to be NATA accredited. GV Health continues to be fully accredited in all areas and receive congratulatory reports by external reviewers.

Outstanding achievements

Wonderful scores were achieved in the latest Cogent benchmarking cleaning audit: 96.0% for Shepparton, 97.2% for Rushworth and 99.1% for Tatura (when 85% is the pass). In the case of Shepparton, the Very High Importance Areas (such as theatres and ICU) scored 100.0%. High Importance Areas (such as wards and dining areas) scored 94.7% and Moderate Importance Areas (such as corridors) scored 92.5%.

During the year the health service also achieved 100% compliance with the 24 food service standards following an external food safety audit, a result rarely achieved by a health service of our size and complexity. Infection control initiatives continue to demonstrate improvements with overall compliance for Hand Hygiene currently well above the DHS target. GV Health’s influenza vaccination program has achieved results above the VicNiss Aggregate with a 66.7% overall vaccination rate (VicNiss aggregate 48.3%) and 56.5% for GV Health Emergency Staff (VicNiss Aggregate 52.5%).

GV Health is committed to reducing the impact of services on the environment and is actively involved in the pilot of the ResourceSMART program. Significant initiatives are already in place including:

- Fifty percent of the GV Health vehicle fleet is now four cylinder;
- Approximately 1,300 litres of Liquid Oil is recycled annually;
- 1,862kgs of paper waste is recycled monthly; and
- 1,950kgs of cardboard is recycled monthly.

GV Health has implemented a process of providing division two nurses with additional training in areas traditionally only performed by division one nurses. This has allowed for previously short staffed acute wards to provide more efficient care for patients.

Applications from division two nurses have increased due to challenging opportunities provided at GV Health.

An example of the strong focus on workforce development was reflected in the GV Health Dental service, who were awarded the Silverman Daikin Award for Workforce Development in October 2008. GV Health has also funded a scanned medical record project which, when fully implemented, will see fully scanned medical records across the majority of clinical program areas within the health service.

GV Health places a high focus on the quality and safety of services provided. Recent achievements include an integrated EMERGO disaster training practice, the second to be held at GV Health. A review has also been undertaken of quality reporting requirements for the Board of Directors and this process has been substantially strengthened. GV Health staff have been actively involved in key statewide program initiatives including Open Disclosure and the Victorian Health Incident Management System project.

Did you know?

GV Health is supported by approximately 2,000 volunteers involved in nine auxiliaries and groups.
CONSUMER CARER AND COMMUNITY PARTICIPATION

RESPONDING TO CULTURAL AND LINGUISTIC DIVERSITY

The Goulburn Valley has a long history and tradition as a region of choice for migration and refugee settlement. The regions cultural and linguistic diversity includes communities established as a result of migration following the Second World War; primarily from Southern European countries such as Italy and Greece. Many Arabic speaking people from Iran, Iraq and Kuwait have settled in the region since the late 1990s. More recent settlement includes families from Afghanistan, the Democratic Republic of the Congo and Sudan.

A new Cultural Diversity Plan for GV Health was adopted in August 2008 and reflects GV Health’s commitment to responding to the needs of our diverse community. The plan is coordinated by GV Health’s Cultural Diversity Committee and fulfills Department of Human Services policy requirements by ensuring that:

- Service planning is informed by policy requirements by ensuring that:
- Language services are used effectively to communicate with patients and their families;
- Participation in decision making is encouraged and supported;
- Partnerships with multi-cultural services are established and maintained;
- We support our culturally diverse workforce; and
- The benefits of a multi-cultural community are promoted.

GV Health is represented on the Victorian Refugee Health Network and locally on the Goulburn Valley Regional Settlement Committee and its health sub-committee. Involvement in these networks aims to improve local access to refugee health services and coordination between health and settlement service providers. As part of its participation on the Refugee Health Network, GV Health has participated in studies investigating ways to improve refugee access to specialist services in rural regions. GV Health’s preferred approach is to integrate services for refugees within existing local services to avoid the need to send patients to refugee health or other specialist clinics in Melbourne. For example, a migrant and refugee child health clinic has been established as part of GV Health’s paediatric outpatients services.

GV Health reflects the regions diversity. The Goulburn Valley Area Mental Health Service is one of three participating mental health services in the Victorian Transcultural Psychiatry Unit (VTPU) Pilot Program. The outcomes from the program will be used as a guide for future improvements in working with culturally diverse people presenting to Victorian mental health services.

The use of interpreter services at GV Health reflects the regions diversity. Interpreter services in 2008-2009 were provided on 2,228 occasions in 32 languages. Arabic was the language in greatest demand with 1,123 interpreter requests provided, representing just over 50% of all requests in 2008-2009. Requests for Dari interpreting have increased from 8% last year to just over 12% of bookings this year; as a result of growth in the number of new arrivals to the community from Afghanistan. Other languages in steady demand included Turkish (9%) and Albanian (9%), followed by Italian (3%) and Punjabi (3.3%). The remaining 26 languages accounted for 283 interpreting occasions during the year.

The proportion of telephone interpreter bookings has been increasing and this year made up 29.6% (659) of all interpreter bookings. Telephone interpreting is mainly used for rarer languages such as Dinka, Farsi and Hazaraghi where interpreters are not readily available for face to face appointments. A trial in using video interpreting is currently being undertaken to see if this can improve access to interpreters in these rarer languages, as well as reduce travel time and costs.

Cross cultural communication and awareness training programs are provided each year to ensure staff are skilled in communicating effectively using interpreters. This year, training was provided for 22 customer service officers and 36 Home and Community Care (HACC) staff members.

Cue Cards developed by Eastern Health have been trialed in Paediatric and Rehabilitation units. The Cue Cards assist patients to communicate simple needs and for professionals to communicate simple instructions. The Cue Cards are currently being used in Arabic, Turkish and Albanian and will be expanded to include Punjabi and Dari languages, as use of the cards is extended to other clinical units.

A survey on ways to improve access to health services for newly arrived Iraqi, Afghani, Congolese and Sudanese community members was conducted through the Ethnic Council of Shepparton and District’s Four Futures program. Community workers from these...
communities are now working with GV Health’s Cultural Diversity Committee to implement a range of improvements. For example, the Migrant and Refugee Paediatric Outpatients Clinic is currently trialing the use of time clock and calendar symbols on appointment letters to make it easier for families to identify the right date and time for their appointments and reduce the number of missed appointments.

**RESPONDING TO ABORIGINAL AUSTRALIANS**

The Goulburn Valley region is home to approximately 6,000 Aboriginal people, one of the largest populations of indigenous people in rural Victoria. GV Health is committed to working in partnership with Rumbalara Aboriginal Co-operative to improve health outcomes for the indigenous people of our community. This commitment is documented in a Partnership Agreement between the two organisations.

**Working in Partnership**

GV Health and Rumbalara Aboriginal Co-operative formed the Aboriginal Health Taskforce in 1998. The Taskforce includes board members, Chief Executive Officers, senior staff from both GV Health and Rumbalara Aboriginal Co-operative and elders from the local community.

The Taskforce provides an important forum for discussion between the two organisations and for working on agreed priorities to improve health outcomes for local Aboriginal people. These priorities are identified in an annual Health Outcomes Action Plan and include key result areas identified in the *Improving Care for Aboriginal and Torres Strait Islander Patients* (ICAP) program.

**Developing and maintaining relationships with relevant Aboriginal organisations and communities**

This is achieved through the Aboriginal Health Taskforce and Partnership Agreement between GV Health and Rumbalara Aboriginal Co-operative. Reports from bi-monthly meetings of the Taskforce are a standing item on GV Health’s Board of Directors Patient Care Review Committee meetings. Rumbalara’s Chief Executive Officer hosted a cultural tour of the Rumbalara grounds and facilities for GV Health board members as part of their orientation to local Aboriginal history and culture.

**Ensuring all staff are aware and respectful of Aboriginal culture**

Correct identification of Aboriginal and Torres Strait Islander patients is a first step in helping GV Health staff to better

---

**Did you know?**

- GV Health supports events of significance to the local Aboriginal community which raises cultural awareness of staff. For the last eight years, GV Health has hosted events as part of National Aboriginal and Islander Day of Celebration (NAIDOC) week held in July each year. The theme of this year’s NAIDOC week was “Honouring our elders, nurturing our youth.” To mark this year’s event, recognition plaques were presented to Aboriginal Liaison Officers who have served their community since the ALO program was introduced.
**CONSUMER CARER AND COMMUNITY PARTICIPATION**

understand and respond to patient needs. Therefore, staff members responsible for receiving and admitting patients are trained and encouraged to ask the question “Are you of Aboriginal or Torres Strait Islander origin?” Posters and a brochure were designed and distributed during the year to support staff and inform patients of the importance of asking this question.

GV Health staff from a range of clinical areas took the opportunity to attend cultural safety or cultural awareness programs available during the year. However, one of the best ways of raising staff awareness of Aboriginal culture has been through talking with the Hospital Aboriginal Liaison Officers (HALO’s). The broad role of all Aboriginal Liaison Officers (ALO’s) is to provide support to Aboriginal patients as well as education and advice to GV Health staff to promote understanding of cultural issues.

Cultural Tours to locations of significance to the local Aboriginal community were provided by the ALO’s for several GV Health staff and student groups. The tours included visits to Cummeragunga (site of a former Aboriginal mission), Rumbalara Aboriginal Co-operative, Rumbalara Football & Netball Club and various Aboriginal services in the Shepparton area. All new staff at GV Health receive a cross-cultural awareness information session, an introduction to the role of the Aboriginal Liaison Officers and a visit to the Minya Barmah room as part of their orientation program.

**Developing effective discharge planning policies for Aboriginal patients**

GV Health’s Hospital Aboriginal Liaison Officers play a key role in assisting staff to provide culturally appropriate care and ensuring that patients are linked to appropriate community services on discharge. The HALO visits Aboriginal patients who are admitted to hospital to identify their cultural support needs. This might include contacting family members, liaising with medical and nursing staff to address questions the patient may have been too shy to ask, or liaising with hospital staff to advise on the services needed after discharge from hospital. ALO’s participate in discharge planning meetings with the clinical care team, or in case planning meetings with other services and assist in linking patients to indigenous and non-indigenous health services for discharge support and follow up care. The Hospital Aboriginal Liaison Officer also provides liaison and support services where requested to Aboriginal patients attending the Emergency Department or outpatient appointments.

**Developing effective primary care referral policies that cater for the diverse needs of Aboriginal patients**

In addition to the Hospital Aboriginal Liaison Officer (ALO), liaison officers also work in Mental Health and Home and Community Care Services. The Mental Health Aboriginal Liaison Officer works within GV Area Mental Health Service to provide support to Aboriginal patients requiring mental health services and works closely with the Woongi Emotional and Spiritual Healing Team at Rumbalara.

Based with GV Health’s Community Interlink program, the Home and Community Care (HACC) Aboriginal Liaison Officer, aims to improve access to Home and Community Care Services.

**Did you know?**

- The Minya Barmah room at GV Health was opened in 1999 (Minya Barmah means spiritual meeting place in local Yorta Yorta language). Local elders advised on artwork and furnishing of the room to provide a comfortable and culturally sensitive place for Aboriginal patients and their family members to meet. Generally open between 8am and 8pm each day, the room is also used after hours to provide a meeting place for family members of critically ill Aboriginal patients.
Care services for Aboriginal people. To improve access to primary care and specialist services, GV Health provides a range of visiting services to Rumbalara Aboriginal Health Service, working closely with Rumbalara’s team of Aboriginal health workers, nurses and doctors. Visiting services include a weekly midwives clinic, diabetes nurse educator and continence nurse advisor. Mental health services also provide a regular visiting consultant psychiatry and liaison service.

DOING IT WITH US NOT FOR US

GV Health’s Consumer Consultative Committee (CCC) was established in 2005 following an extensive consultation process. The CCC has a key role in ensuring that GV Health meets the requirements of the ‘Doing It With Us Not For Us’ Policy.

Consumer participation is monitored as one of the indicators in the Victorian patient satisfaction Monitor. Pleasingly for the Wave 15 results, GV Health’s result was well above the category and state average for that period. This indicator attempts to evaluate “how can a public health service assess and report on its performance in involving consumers, carers, and the community in [the areas of] health care delivery, planning, development, and improving quality and safety?”

The measurement consists of responses to three key questions:

- The opportunity to ask questions about your condition or treatment;
- The way staff involved you in decisions about your care; and
- The willingness of hospital staff to listen to your health concerns.

The CCC has responsibility for the detail in the GV Health Consumer Participation Plan and ensures that this is regularly reviewed and evaluated. An extensive planning session was held to review the document during the year. The committee has also developed a set of performance indicators to monitor how effectively it functions. Members of the committee have been actively sought out to be involved in key projects at GV Health, including wayfinding signage and the car parking redevelopment.

The CCC Chair is a member of the GV Health Quality and Risk Management Committee, a key committee in the GV Health governance structure. This regular opportunity for reporting and ensuring consumer views are included in decisions that may impact on clinical care, is highly valued. CCC consumer members are active in state committees and regularly attend forums and conferences.
QUALITY AND SAFETY

CLINICAL GOVERNANCE
Clinical Governance refers to the formal structure put in place to monitor the various measures of quality and safety. At GV Health, the Patient Care Review Committee (PCRC) has responsibility for the maintenance of quality and reduction of risk. This group comprises all Board members, the Executive staff, the Risk Manager and the Quality Manager. The PCRC receives reports and recommendations from the Quality and Risk Management Committee, which in turn monitors the four core function committees. These committees address quality improvement in the provision of safe environments for care, quality clinical care, effective human resources and information management.

The Continuum of Care committee monitors quality improvement activities across nine clinical streams of care. These streams of care include emergency medicine, general medical, surgical, women’s health, child and adolescent health, extended care, community care, mental health and aged care. Each of these streams of care is supported by a quality committee, which monitors quality indicators and standards.

The involvement of nursing, medical and allied health staff in quality committees fosters a cooperative learning environment where staff are encouraged to continually improve clinical practice. Regular reporting through the quality committee structure ensures that Board responsibility for making clinical governance decisions is fully informed.

As part of this ongoing process, GV Health monitors an extensive range of key indicators. There is also a focus in key organisation wide areas including infection control, risk management, pressure wound monitoring and prevention, dental services and complaints.

PRESSURE WOUND MONITORING AND PREVENTION
A pressure ulcer, also known as a pressure sore or bed sore, is an area of skin that has been damaged due to unrelieved pressure. The skin is at greatest risk of breaking down in areas where weight is borne for long periods at a time, the most common being the heels and buttocks/sacrum. Immobility is still the most prominent risk factor for developing a pressure ulcer.

Pressure ulcers are graded in stages depending on the damage to the underlying tissue from pressure.

Stage 1 – reddened, no break.
Stage 2 – small break or blister.
Stage 3 – a break to the second layer of skin.
Stage 4 – damage to the tissue that extends to the bone or tendon or is necrotic.

Stage 1 and 2 are the most common stages of pressure ulcers that occur. Despite increased education and updated policies and procedures, patients continue to be at risk of the development of pressure ulcers. Older patients with increasingly complex medical conditions and obesity are affecting the number of patients developing pressure ulcers.

GV Health clinicians make the prevention of pressure ulcers a priority and are constantly working to improve the incidence of pressure ulcers.

INFECTION CONTROL
Infection control is a broad term covering procedures necessary to prevent the spread of germs (bacteria and viruses). Hospital acquired infections cause patients pain and suffering and use up valuable healthcare resources. GV Health has a comprehensive infection control program across the three campuses (Shepparton, Waranga and Tatura).

Human Swine Flu (HINI Influenza 2009)
In April 2009, the world was alerted to a new influenza virus, HINI. As a result, the GV Health infection control team, along with other professionals and governments, reviewed respiratory precautions for healthcare settings.

HINI spreads like seasonal flu, mainly from person to person through coughing or sneezing. People may become infected by touching an object or surface with flu viruses on it and then touching their mouth or nose.

The key precautions promoted at GV Health are:
• Vaccination against the normal influenza viruses;
• Promotion of respiratory etiquette;
  – Cover your mouth and nose when coughing and sneezing.

Did you know?
Immunisation has been repeatedly demonstrated to be one of the most effective medical interventions to prevent disease. It has been estimated that immunisation currently saves three million lives per year throughout the world and is one of the most cost effective health interventions that exist.
What do patients say about GV Health?

What could the hospital do to improve the care and services it provides to better meet the needs of patients?

• I think the hospital does its best for the amount of patients they have to cope with. More doctors and staff may help, but I was satisfied with the treatment I received. Waiting now and then for 30 mins or so was no problem for me.

• Preventing patients from wandering aimlessly at night.

• Overall, XXX Hospital is a great little hospital, especially for the elderly who can’t stay home but don’t really need to be in a big busy hospital. My age is under thirty five so I felt really out of place, especially as I didn’t get my own room this time around.

• I have been very satisfied with the service I have had when in Goulburn Valley Hospital. Filled out a survey whilst in there. The care they gave me was excellent in every way.

Monitoring Infections
GV Health targets specific infections for regular monitoring. The targeted program has been running since November 2003. The Infection Control team collects data on key infections and submits this to the Victorian Hospital-Acquired Infection Surveillance System (VICNISS) coordinating centre in Melbourne. Hospitals from around the state also participate in the program and this allows GV Health to compare infection rates with other participating hospitals. VICNISS coordinating centre reports high rates of infections to the Department of Health (DoH). To date, GV Health has not had a rate considered high enough to have been reported to DoH.

GV Health’s aged care facilities also have an ongoing monitoring system for infections. This system enables quick identification of infection outbreaks. Infection control surveillance activities were recently reviewed during the Aged Care audit process. All four GV Health Aged care facilities achieved the standard requiring an effective infection control program to be in place.

Hand Hygiene

Hands of Health Care Workers (H CWs) are the single most important source of preventable hospital acquired infections. HCWs inadvertently transfer germs as they move from patient to patient.

The GV Health hand hygiene program has been running since 2006. The program promotes the use of alcoholic hand rub or hand washing to prevent the spread of germs. Signage and bottles of hand rub at the entrance to the hospital/wards encourage visitors to participate in the program – SQUIRT, RUB and ROLL.
QUALITY AND SAFETY

Compliance is regularly monitored with observers watching to see if HCWs are performing hand hygiene. The organisational hand hygiene compliance rate is reported to DoH. GV Health has been able to consistently exceed the 60% hand hygiene performance target set by DoH.

Immunisation
A weekly immunisation service is provided for staff and volunteers to ensure they are protected against vaccine preventable diseases. For the 2008 influenza season, GV Health received acknowledgement from DHS for achieving a high rate of influenza vaccinations. “Your hospital health service achieved one of the highest proportions of vaccinated staff in the State.”

DENTAL SERVICES
Community Dental, Early Childhood Oral Health, Youth Dental and the School Dental Programs are all undertaken by Goulburn Valley Dental Service at the Graham St campus.

Goulburn Valley Dental services are fully integrating all programs ensuring a smooth transition from one program to another.

A range of specific dental indicators are monitored including:

Restorative Retreatment within six months
Goulburn Valley Dental Service treated 5,396 individual teeth and in the following six months 302 teeth were required to be retreated. This represents a 5.6% retreatment rate, slightly higher than the regional and state figures (5.1% and 4.6% respectively).

Repeat emergency care within 28 days under the same Course of Care
During 2008-2009, 4,020 emergency dental services were performed, 284 patients required retreatment within 28 days which is 7.1% of the total. While this is higher than regional and state figures of 6.1% and 5.1%, it is likely that this indicates a conservative approach in attempting to ensure the tooth remains viable for the patient.

Unplanned return within seven days subsequent to extraction
There were 2,823 extractions episodes during 2008-2009, of which there were 64 unplanned returns. This was 2.3% of the total, higher than the regional and state figures of 1.9% and 1.3%.

Endodontic retreatment within six months – repeat endodontic treatment
Over the year 2008-2009, 74 teeth were endodontically treated (root filled) and in the six months post treatment only two teeth required repeat treatment. This compares well to the regional and state averages of 2.6% and 0.6%.

Endodontic retreatment within 12 months by extraction
In the year 2008-2009, of the 74 teeth...
that were endodontically treated in the previous 12 months, only two teeth required extraction. This is 2.7% of the total, similar to the regional and state figures of 2.6% and 0.6%. It must be noted that the patient may make the choice to extract the tooth rather than continue with treatment.

**Denture remakes within 12 months**

During 2008-2009, of the 542 dentures inserted in the previous year, 11 were required to be remade. This represents a rate of 2.0% and compares favourably to the regional and state averages of 2.2% and 2.0%.

The total number of treatments continues to rise each year along with patient visits. These figures are provided to GV Health from Dental Health Services Victoria (DHSV) based on our reporting. The figures measure the quality of treatment services provided to patients by reporting on a quarterly basis unplanned returns and retreatment rates. DHSV use as a basis the Australian Council of Health Care Standards (ACHS) Oral Health indicators. With this data, it allows for GV Dental services to identify and investigate any unusual variances to further improve the quality of dental services provided to the Goulburn Valley community.

**COMPLAINTS**

Complaints are a vital form of consumer feedback that provide unique and valuable information to GV Health. The process is open, uncomplicated and allows the complainant to feel safe and confident that their issues will be dealt with sensitively and confidentially. All complaints are acted upon and in most cases resolved or improved.

Consumers (including patients and carers) have a unique expertise in relation to their own health and their perspective on how care is actually provided. Consumer complaints are therefore a rich source of information for health care services. The challenge for GV Health is how to capture this information productively, so as to improve the quality, safety and accessibility of the health care system for consumers. Complaints and other comments from consumers act as a valuable learning tool.

During 2008-2009, 139 complaints were registered, which represents a slight decrease from the 174 reported the previous year. During the year, 136 complaints were closed.

All new complaints are given a rating which depends largely upon the severity of the outcomes for the consumer and the health service. This rating is allocated initially on the basis of the complaint information and may be revised or changed during the course of complaint management as new information emerges. There are four categories. During the year, GV Health recorded 63 minor complaints, 70 moderate complaints and six major complaints. There were no complaints that fell in the catastrophic category.

**Did you know?**

During the year kitchen staff at GV Health used:

- 38,266 slices of bread;
- 95,220 eggs;
- 13,492 kgs of potatoes;
- 7,900 kgs of chicken.
QUALITY AND SAFETY

RISK MANAGEMENT

There were 2,657 incidents reported in 2008-2009, a slight increase from the 2,533 reported last year. These incidents are inclusive of patients, residents, staff, equipment, property and also hazards. Hazards are when an incident has not occurred but has the potential to occur. Information gathered from these incidents is aggregated and reported upon to identify patient and staff risks and assist with implementation of preventative measures and risk reduction strategies, hence staff at GV Health are encouraged to report incidents and hazards in a supportive and ‘just’ environment.

Of the total 2,657 incidents reported, 1,364 were patient type incidents. Of these, 83% were described as having no harm or only very minor harm. Less than 0.3% were of a very serious nature or described as a sentinel event, and less that 3% were of a serious nature or described as an adverse event. Combined, this is well below the reported Victorian rate of 6.9% published in 2006 for all adverse events. As part of a statewide reporting system, GV Health reports sentinel events to DHS.

There are nine sentinel event categories. These are:

- Procedures involving the wrong patient or body part;
- Suicide in an acute, mental health or aged care unit;
- Retained instruments or other material after surgery requiring re-operation or a further surgical procedure;
- Intra-Vascular gas embolism resulting in death or neurological damage;
- A haemolytic blood transfusion reaction resulting from ABO incompatibility;
- Medication error leading to the death of a patient reasonably believed to be due to the incorrect administration of drugs;
- Maternal death or serious morbidity associated with labour or delivery;
- An infant discharged to the wrong family; and
- Any other catastrophic event or near miss of any of the above catastrophic events.

GV Health reported four sentinel events during the year, noting that none resulted in death as per the above list. All events were thoroughly investigated using root cause analysis to determine ways in which GV Health could minimise the chances of these or similar incidents reoccurring.

Last year saw the implementation of incidents and hazards being reported on a web-based system. Following on from this, the consumer complaints register and the risk register have been linked to the same system this year which allows more efficient management and better integration of the information.

Did you know?

During the year GV Health’s patient transport service travelled 50,193 kms.
All services at GV Health are continually working towards improving the care for patients and in particular ensuring that care is appropriate, delivered in a timely manner and in the best possible setting. These are a few examples of how we improve the continuity of care for GV Health patients:

ONCOLOGY
As part of best practice, patients undergoing treatment for cancer should have a multidisciplinary/supportive care approach to help with their journey. During the year, increased staffing in GV Health’s oncology unit allowed for allocation of a social worker and dietician to provide services to patients in oncology. This dedicated time has meant that all new patients are referred to social work and dietetics. This process has been supported by expanded team meetings which are now held fortnightly and includes regular communication with the patient’s medical officer. This encompasses the supportive care model and ensures all those involved with patient care will be kept informed of progress and can actively contribute excellent continuous care.

TRANSITION CARE PROGRAM
The Transition Care Program (TCP) offers low-level therapy and support allowing older people to continue their recovery out of hospital, usually while appropriate long-term care is arranged. The program is a joint Victorian – Commonwealth Government program established under the Aged Care Act 1997.

Following assessment by the Aged Care Assessment Service (ACAS), patients can receive allied health services such as physiotherapy and occupational therapy, as well as care coordination services. This allows patients who would previously remain in hospital, to receive continuing therapy in an aged care setting or their home. Most patients remain on the program for six to eight weeks, but this can be extended to 12 weeks.

GV Health commenced the TCP with three residential places and four community places in July 2007. This service has rapidly expanded and there were 125 admissions in the past year. This was complemented by 74 admissions into the Geriatrics In The Home (GITH) program.

GV Health has successfully obtained further funding for 2009-2010 to expand the Transition Care Program to cover Seymour, Nagambie, Wodonga and Wangaratta. This expansion of the program will establish GV Health as a lead agency in the region and enhance our regional relationships with the contracted health services.

PAEDIATRIC INTEGRATED CANCER SERVICE
The Paediatric Integrated Cancer Service (PICS) initiative is part of the DHS statewide cancer reform. GV Health and the Royal Children’s Hospital Children’s Cancer Centre have been working in collaboration to develop systems that allow children and adolescents with cancer to access cancer care closer to home.

GV Health was targeted as the first regional service in Victoria to develop a

Successful Transition Care
79 year old Nancy is, by her own admission, ‘well known’ at GV Health. Her longstanding medical condition has meant frequent visits to the Emergency Department, followed by time in the Intensive Care Unit, Medical and Rehabilitation wards. During her last visit Nancy was asked whether she would like to consider Transition Care. “At first I wasn’t too sure about it”, says Nancy, “but now I think it is wonderful”.

This time when Nancy left hospital she was able to access 12 weeks of additional treatment in her own home through the Transition Care Program.

This has meant that regular visits by the physiotherapist, the diabetes educator and nursing staff have provided services that have become part of Nancy’s own routine. Nancy has found that walking to the letterbox and past other houses in the street is much more meaningful that in a ward. The services have been tailored to her needs and aims and she proudly tells you that she is now washing the dishes, doing her hair and has been back to bingo.

“The next step is to get out in the back yard,” says Nancy. She is quite sure with the help of the Transition Care Program, this achievement is not far away.
IMPROVING THE CONTINUITY OF CARE

collaborative shared care service model with PICS, with the aim to then replicate the initiative in other health services across Victoria. The program provides:

• Better coordinated care and management of children and adolescents with cancer in a regional setting;
• Consistent clinical practices across services;
• Access to a range of learning opportunities for professional health staff;
• Greater access to paediatric oncology related resources for both health professionals and families; and
• Improved support systems for families and GV Health staff.

These all have the benefit of improving coordination and streamlining care for the patient and their families. Significantly, less travel to Melbourne for treatment reduces both costs and disruption to family life.

GV HEALTH'S MENTAL HEALTH TEAM RESPONDS TO BUSHFIRE EMERGENCY

Following the devastating bushfires in February 2009, the Goulburn Valley Area Mental Health Service (GVAMHS) was one of the first to respond to the most devastated areas. The response took a proactive primary mental health perspective, which sought out survivors and successfully engaged the community and developed a strong and highly visible presence.

The GVAMHS bushfire response has seen the development of strong working relationships with Mitchell Community Health and the provision of funding for a Lower Hume psychosocial recovery coordinator.

At the 2009 Victorian Public Healthcare Award’s ceremony, Goulburn Valley Health’s dedicated health professionals were honoured for their outstanding health response by the Hon John Brumby, Premier of Victoria and the Hon Daniel Andrews, Minister for Health. The service was amongst many who were galvanised into action and delivered outstanding care to individuals, families and communities affected by this disaster.

HOSPITAL IN THE HOME

The GV Health Hospital In The Home (HITH) program plays an integral role in improving patient flow with 697 patients admitted in 2008-2009 (an increase of 23% compared to the previous year). During the year an evaluation was conducted to determine the need for HITH services outside the regular Monday to Friday admissions. Expansion of the HITH service to include three additional weekend shifts was implemented and this now allows for admission to HITH and home nursing care to be commenced over the weekend.

Additional staff were trained in the coordinator role and relevant contracts were re-negotiated with the peripheral hospitals to include the new admission service.

The HITH service provides the equivalent of a 13 bed ward and gives patients greater access to the right service in the right place at the right time.

What do patients say about GV Health?

What were the best things about your stay in hospital?

• The overall care of the nurses and doctors.
• Good care, lovely meals, relief given for pain when needed. Doctors always there to explain what was happening and what the next procedure was to be. They were all very helpful and informative. Fantastic nurses, midwives and obstetrician.
• Staff, doctors, nurses and auxiliary and pharmacy, nothing too much trouble. Took time to ensure everything was clear to me. Manner – smiling, polite, respectful, personal attention.
• Could not complain about anything.
• Doctors were diligent and thorough. Majority of nurses were helpful and shared empathy.
• The promptness of nurses in detecting a problem with my baby and contacting doctors and then doctors treating it with urgency.
IMPROVING CARE FOR THE OLDER PERSON

GV Health has participated in the Council of Australian Governments – Long Stay Older Patients Initiative (COAG – LSOP). The focus of the project has been to review the functional status of admitted patients aged over 65 years in the acute medical unit across the domains of care and assessment. Key achievements include audits of clinical records, a review of patient screening and comprehensive assessment tools, the trial of a new patient survey tool and education for staff regarding person centred care.

There have also been several practical improvements to the patient environment, including:

• Improved orientation to the facilities, with the replacement of internal signage in the inpatient areas at the Graham Street campus (medical, surgical and rehabilitation units, community rehabilitation centre and community health service) and the Waranga and Tatura campuses;
• Improvements in the environment and reduction in falls risk with the purchase of 25 height adjustable chairs with arm rests for the Graham Street campus waiting areas;
• Uneven external pathways were replaced at the Waranga campus aged care facility, reducing the risk of falls for residents and visitors;
• Improvements in external lighting for clients, families and staff at the Tatura campus facility’s main entry point; and
• The Emergency Department at GV Health’s Graham Street campus has purchased height adjustable chairs for the patient waiting area.

PHARMACY INITIATIVES

GV Health’s pharmacy staff are now providing dedicated services to Surgical, Medical and Rehabilitation Wards which have greatly enhanced the access for patients to specialised information about their medications. This has been supported by new medication information brochures, which have been developed to provide information on common medications.

Monthly audits on antibiotic usage are conducted, improving overall compliance with antibiotic guidelines and reducing chances of incorrect use of antibiotics. Pre-prepared syringes of morphine have been introduced to the theatre recovery room – negating the need for nurses to open ampoules and prepare syringes on demand – saving time and improving accuracy for treatment with a high risk medication.

The satellite pharmacy has been moved to the newly renovated medical ward medication room. This means there is improved access for nursing staff to drugs ‘after-hours’ and reduced delays for patients.

What do patients say about GV Health?

What were the best things about your stay in hospital?
• Rest. The doctors let you know what’s going on and give you confidence.
• Quick diagnosis of my problem in Emergency and operated on one week later. Staff excellent.
• Just impressed with the positive attitude of all staff and doctors.
• The friendly atmosphere provided by the nursing staff and fellow patients, and that I was transferred to another hospital which allowed me the time to recover to a satisfactory level before discharge.
• Overall care and time needed to adjust to decisions regarding health problems.
IMPROVING THE CONTINUITY OF CARE

DENTAL TEAM WINS VHA AWARD

In 2008, the Goulburn Valley Health Dental Team was awarded with the prestigious Silverman Daikin Award for Workforce Development, one of only two awards presented each year by the Victorian Healthcare Association.

Through the development of a mentoring program and an enthusiastic and supportive team, the GV Health Dental Team has managed to remain fully staffed with a low turnover, despite a national shortage of dentists and technicians. The team is well worthy of such recognition because of this and their success in creating a fun and engaging environment to work in.

RESIDENTIAL AGED CARE IN REACH SERVICE

GV Health is currently involved in a new pilot service developed with funding from Department of Human Services (DHS) to reduce the number of Residential Care Facility residents presenting to the Emergency Department (ED). This means residents can receive care in their home for a range of minor ailments. The pilot service is currently being conducted with three facilities and has been established with the support of the Division of GP’s. Service information folders have been developed containing relevant information and action plans for common chronic conditions including:

• Chronic Heart Failure;
• Chronic Obstructive Pulmonary Disease;
• Chest infections;
• Urinary tract infections; and
• Cellulitis.

Information sessions and staff support are key features of this initiative, which will be evaluated in 2009-2010.

What do patients say about GV Health?

What were the worst things about your stay in hospital?

• Because of an emergency my first operation was put back two days, then I went home after the operation to wait three days for the next operation, but I understand that couldn’t be helped.
• Trouble sleeping one night due to patient in adjoining room yelling out constantly. Note: staff dealt with her very well – as best they could without sedating her!
• When sharing a room the other patient had TV going all night. Although sound down low could still hear a bit and light flashing was annoying.

GV Health Annual Quality of Care Report 2008-2009
Outstanding contribution to Dentistry

Dr David Whelan was honoured by the Australian Dental Association during the year and presented with a Dentistry Achievement Award. This acknowledged his special service to dentistry. Working at Goulburn Valley Health since 1988, Dr Whelan has continued to advocate growth in the public dental sector. He has contributed enormously to the expansion of the public dental clinic here at GV Health, the development of the dental laboratory, providing dental care in nursing homes and oral health education to kindergartens. In 1999, Dr Whelan and his team provided dental care to displaced people from Kosovo and East Timor who were housed at Puckapunyal Army base.

During his time at GV Health, Dr Whelan has initiated a new intern program and has been extensively involved in the planning and design of the integrated team model in 2006. He also actively supports integrated dental care with Rumbalara Co-Operative Aboriginal Services.

Dr Whelan’s work was recognised Statewide in 2008 when the Goulburn Valley Dental Service won the Victorian Healthcare Association’s prestigious Silverman Daikin Award for Workforce Development.

Recently Dr Whelan – during his annual leave – travelled to indigenous communities around Alice Springs to provide dental care and participated in the Rotary Australia-Vietnam Dental Health Project.

It is fitting with such extraordinary service that Dr David Whelan is a recipient of the Branch’s Dentistry Achievement Award.

Congratulations Dr David Whelan.

The GV Health Consumer Consultative Committee advises the following as great ways to improve the quality and continuity of your health care:

- Always asking questions if you are unsure of anything that has been explained to you by your health care professional, or if you require more information. This allows you to make good decisions about your health care;
- Always make sure you understand the medicines you are taking and keep an up to date list of your medications, including over the counter and complementary medicines such as vitamins or herbs;
- Ask about the results of any tests you have had and their impact on your health care; and
- If surgery or a procedure is required then make sure you understand the risks of the procedure, the possible alternatives and the likely recovery time.
GOULBURN VALLEY HEALTH CAMPUS CONTACTS

Goulburn Valley Health Shepparton Campus
Graham Street, Shepparton, Victoria. 3630  Tel (03) 5832 2322  Fax (03) 5821 1648

Mental Health Campus
Monash Street, Shepparton, Victoria. 3630  Tel (03) 5832 2111  Fax (03) 5832 2100

Tatura Campus
64-68 Park Street, Tatura, Victoria. 3616  Tel (03) 5824 8400  Fax (03) 5824 8444

Waranga Campus
Coyle Street, Rushworth, Victoria. 3612  Tel (03) 5851 8000  Fax (03) 5856 1916

UNA House Campus
Corio Street, Shepparton, Victoria. 3630  Tel (03) 5823 6555  Fax (03) 5822 2584

Centre Against Sexual Assault Campus
Nixon Street, Shepparton, Victoria. 3630  Tel (03) 5831 2343  Fax (03) 5831 1996

Centre For Older Person’s Health Campus
80 Orr Street, Shepparton, Victoria. 3630  Tel (03) 5823 6000  Fax (03) 5831 8500

ASSOCIATED HOSPITALS

Nathalia District Hospital
Elizabeth Street, Nathalia, Victoria. 3638  Tel (03) 5866 9444  Fax (03) 5866 2042

Yea & District Memorial Hospital
Station Street, Yea, Victoria. 3717  Tel (03) 5736 0400  Fax (03) 5797 2391

Web Site: www.gvhealth.org.au

Caring for your community