GOULBURN VALLEY HEALTH

WORKING TOGETHER TO ACHIEVE HEALTHIER COMMUNITIES

Quality of Care Report 2010/11

Collaboration
Integrity
Excellence
Respect
Compassion
Distribution
Copies of this report are distributed through local newspapers and at all GV Health campuses. An electronic copy is also available to download from the GV Health website, www.gvhealth.org.au.

Interpreter
If you require an interpreter to read this report, please ask a GV Health staff member.

Disclaimer
This publication is intended as a general guide to the services provided by GV Health. It does not substitute for health advice from an individual, medical specialist, general practitioner or other health adviser.

Contents

Introduction 1
Your local health service 2
Respect 4
Excellence 6
Collaboration 8
Compassion 10
Integrity 12
Volunteers 14
Consumer, Carer and Community Participation 16
Quality and Safety 32
Continuity of Care 44
Maternity Services 48
Health Promotion Events 50
Glossary 50
Reader's Survey 51
Introduction

The 2010/11 Quality of Care Report highlights improvements throughout Goulburn Valley Health (GV Health). The publication of this report is part of our commitment to the State Government to increase community awareness of activities and achievements within GV Health.

The articles in this annual report showcase how GV Health is living the values outlined in the 2010/2013 strategic plan, including collaboration, respect, integrity, compassion and excellence.

The report profiles various projects that evolved from the identification of areas in need of improvement and which demonstrate how the GV Health values have been integrated into quality improvement activity.

Feedback is an important part of the reporting process. We received positive feedback about the 2009/10 GV Health Quality of Care Report from consumers and constructive feedback from the Department of Health to improve the report. As a result, we have incorporated that feedback into the 2010/11 Quality of Care report by addressing some of the areas for improvement, such as including a glossary of terms.

We thank the GV Health staff and Consumer Consultative Committee members who have provided input into the development of this report.

If you have feedback on this report or on how we might improve the quality of care and services we provide, we would like to hear from you. There is a feedback form at the back of this report that you can tear out and mail in or drop to any GV Health location.

We hope you enjoy reading this report and that you find it useful and informative.

Regards,

Kerryn Healy
Chief Executive Officer

Noel Maughan
Chair – Board Of Directors

Left: Tanya Kuiper, GV Health
Paediatric Liaison Nurse
GV Health is the major health service provider for the Goulburn Valley region, providing high quality care to more than 150,000 people. With more than 2,000 staff members, GV Health is one of the largest employers in the Goulburn Valley. GV Health is a multi-campus facility, which provides a broad range of hospital and community services throughout the Department of Health Hume Region.

GV Health serves a geographically dispersed population through three major sites: Shepparton, Tatura and Waranga, as well as other sites throughout the Goulburn Valley. In 2010/11 there were 26,640 acute inpatients admitted to GV Health; 16,952 from the Greater Shepparton area and 9,688 from other areas.

Emergency Department

The GV Health Emergency Department has seen significant growth in usage over the past year.

- 34,432 people attended the GV Health emergency department in 2010/11, compared with 32,532 in 2009/10; an increase of 1,900 people.
- 16 people stayed longer than 24 hours in the GV Health Emergency Department in 2010/11, which is exactly the same number as in 2009/10.
- There were 26,657 admissions from the Emergency Department to wards in 2010/11, compared with 24,772 admissions to wards in 2009/10; an increase of 1,885 admissions to wards.

GV Health is fast outgrowing its current emergency facilities and will need to expand emergency facilities to keep up with the growing demand.

Acute Inpatients by Local Government Area of Residence
(Excludes residents of Greater Shepparton)

The graph, left, shows the residential areas of the 35% of people who reside in local government areas outside of Greater Shepparton and are treated at GV Health.
Approximately 65% of GV Health patients are residents of Shepparton. The remaining 35% live in surrounding areas, predominantly in neighbouring Local Government Areas, including Moira, Campaspe and Strathbogie, and the remainder is from NSW or other towns in the Hume region, such as Benalla or Wangaratta. The “Other” LGA represents smaller towns and possibly tourists.
When Geoff wanted to have a discreet chat with his son about his mental health care needs, he wanted to be able to meet with his son in a private, friendly, non-clinical environment. There was no such room available within the GV Health inpatient mental health unit in which to have this kind of meeting.

In February 2011, a purpose-built family room was opened at the Wanyarra adult acute inpatient mental health service unit to provide privacy for families and carers to visit with loved ones.

Decked out with comfy couches and cushions, the room provides a safe and relaxed environment for families.

Bill Brown, Executive Director of GV Health Mental Health Services, said it can be quite daunting for families to enter mental health facilities and sometimes there are difficult conversations that need to take place within families.

“This facility is a positive step forward for mental health care in the Goulburn Valley and a great benefit for consumers and their families,” said Mr Brown.

The initiative and drive for this major project came from the Consumer & Carer Advisory Council of Goulburn Valley Area Mental Health Services. Carers and families were actively consulted and their needs were considered in the development and implementation of this facility.
For nearly three years, GV Health had been trying to recruit a geriatrician, following the resignation of the previous incumbent, to assess and treat Geriatric Evaluation and Management (GEM) patients.

To bridge the gap in services, GV Health decided to implement a virtual geriatrician program, incorporating video conferencing technology, based on the model of geriatric telemedicine established by Professor Len Gray in 2007 at the Toowoomba Hospital, Queensland. This model was evaluated and proven to be sustainable, accepted by patients and staff and cost effective.

Video conferencing provides GV Health GEM patients with access to geriatricians from Caulfield Medical Centre who interact directly with patients and multidisciplinary teams. They are able to provide clinical leadership and direction for the management of GEM patients.

The virtual geriatrician ward round consists of a wireless, mobile video conferencing unit being wheeled to the patient’s bedside. The geriatrician interacts with and assesses the patient, including a mobility and balance examination.

An evidence-based web clinical support assessment tool (InterRAI) is completed prior to the ward round, which enables the geriatrician to have accurate clinical information, together with any identified functional and psychosocial problems.

The geriatrician is able to review this information, along with the scanned medical, pathology and radiology records, on monitors at the desktop, alongside the video conference monitor. Following the virtual ward round, a case conference is held with the multidisciplinary team via video link.

The telemedicine ward rounds, which started in February 2011, comprise two separate rounds and case conferences held each week via video conference with two senior geriatricians from the Alfred Health Caulfield Medical Centre; Associate Professor of Aged Care, Peter Hunter and Dr Louise Dillon.

As a result of all the changes, more GEM patients have received care from geriatricians and have comprehensive care plans in place to ensure that when they go home, they can cope with daily life activities and have access to the services they need to help them.

As a result of the new geriatrician programs, the number of GEM patients treated in the Mary Coram Unit increased by 38, from 265 people in 2009/10 to 303 people in 2010/11. As more geriatricians are now available, on staff at GV Health and via telemedicine, more patients are able to be seen and provided with more comprehensive care.

**Increased GEM bed days**

With more geriatricians available to assess needs, patient care plans have been enhanced, which has led to an increase in the number of GEM bed days from 4,475 in 2009/10 to 5,498 in 2010/11; that is an increase of more than 1,000 bed days in a year.
The virtual geriatrician program has significantly improved access to geriatric services in the Goulburn Valley. There are a number of ways that GV Health has increased the resources available in geriatric health, beyond the virtual geriatrician program. Dr Chris Wijesingha started as Clinical Director of the Inpatient Subacute Unit at GV Health in February 2011 and Dr Arup Bhattacharya, a Specialist Geriatrician, started at GV Health in April 2011. Innovative use of technology, as well as a commitment to securing specialist gerontology staff, has increased GV Health’s capacity to provide improved geriatric health services to the Hume Region.
Collaboration
Collaboration

Taking care to residential facilities

Improving access to services

Three years ago, there was a significant number of elderly people from residential aged care facilities presenting at the GV Health Emergency Department unnecessarily, especially in winter.

In many cases, they were presenting to the Emergency Department with non-urgent health issues, for which most would normally see a general practitioner (category 4 or 5) but due to a variety of circumstances, could not. Non-urgent health issues may include coughs, colds, chest infections and urinary infections.

To assist residents of aged care facilities, In Reach Nurses from the GV Health Emergency Department now assess residents of aged care facilities, on behalf of local doctors, at residential facilities so residents don’t have to attend the Emergency Department.

As a result, fewer elderly people from aged care facilities are presenting at the GV Health Emergency Department with non-urgent health issues (category 4 or 5) has decreased from 36 in July 2010 to 21 in June 2011.

This change has also resulted in a number of other benefits:

Aged care residents are experiencing less distress and discomfort as they don’t necessarily have to travel to an unfamiliar environment for treatment.

Communication between the GV Health Emergency Department and residential aged care facilities has improved. The improvement in communication has also resulted in fast tracking for those patients who do need to come to GV Health for further assessment or treatment.

GV Health has also been providing education opportunities for residential aged care staff, to help them recognise the early signs of common medical conditions.
The GV Health medical ward provides palliative care for patients who may be in the last few days of their life. Palliative care involves caring for people who are dying and makes sure people do not suffer from symptoms such as pain, noisy breathing and agitation.

In 2009, the medical ward completed an audit that investigated current practice in palliative care. Following the audit, a number of changes were made, including increased training and education, implementing a new care plan and the development of flow charts and consumer information. Some of these changes were in response to consumer feedback relating to care on the medical ward.

The audit was repeated in 2010 and showed a significant improvement in a number of areas. After the changes were made:

- 91% of patients had pain relief prescribed for nurses to give, as required, compared with 61% of patients in the previous audit.
- 75% of patients had their pain assessed appropriately, compared with 0% in the 2009 audit.
- Patients also experienced fewer symptoms, such as shortness of breath and nausea, following the introduction of these changes.

The ward has since received a number of written compliments about the care provided when loved ones were dying.

“...Thank you for your kindness to me in my sadness, knowing I was losing her. Thank you for making her death peaceful and pain free and not forcing her to endure beyond what she wanted. Her wishes and best interests were fulfilled and I thank you on behalf and for myself.”

Lorraine, June 2011

Right: David Gullick, Nurse Unit Manager, Medical Ward
Compassion
Yvonne brought her then six-year-old son Oscar, who has Autism, to GV Health for a familiarisation visit before having dental work done so that he would feel comfortable in this new environment.

Something as simple as going to the dentist is a very stressful experience for Oscar.

Lots of support was given to Oscar and his mum by GV Health, SCOPE and the Verney Road Special School to prepare him for his visit to the hospital.

The expectation was established with Yvonne that Oscar wouldn’t have to wait in the theatre reception area prior to the dental procedure, so as to minimise Oscar’s anxiety.

The familiarisation visit also included a visit to the children’s ward, with Oscar’s class mates, where they took photos of him in the hospital environment and of items in the ward to continue to familiarise him with the ward between the school visit and when he needed to come to hospital for his procedure.

When Oscar later returned to GV Health to have his actual dental treatment done in June 2010, the process did not flow in the way Oscar and his mum had expected and Oscar’s anxiety became apparent.

As a result of a complaint made about Oscar’s challenging experience, GV Health made changes to improve the way we manage the requirements of children with special needs.

- Communication has been improved between departments to alert staff when there are specific requirements for children with special needs.
- A flow chart was developed for children with special needs, to ensure that the health care needs of the child are communicated comprehensively among all the treating staff, including admission staff, children’s ward staff, anaesthetists, the surgical team and theatre staff.

When Yvonne and Oscar returned to GV Health months later for another dental procedure, their experience was completely different and much better. Oscar was taken directly into the operating theatre without having to wait, which helped make it a much easier experience for Oscar and his mum.
Andrea McNab came to GV Health regularly with her very close friend, who was having chemotherapy treatment at GV Health’s Oncology Unit. She would make cups of tea for her friend and for other people having Oncology treatments.

In honour of her friend, who sadly lost her long battle with cancer, Andrea has continued to volunteer one day per week in the GV Health Oncology unit for the past 2.5 years; making cups of tea, bringing magazines and chatting with patients and helping them move around.

Fellow volunteers, John Patterson and Frank Mathot have been volunteering at GV Health for many years. They deliver newspapers in the wards, take people in wheelchairs to appointments and help people navigate their way around the hospital complex.

Georgie Fenn, right, is a much appreciated volunteer at the Tatura campus, who helps out with activities to improve the lifestyle for residents of Parkvilla Nursing Home.

There are also many volunteers who work with the six GV Health auxiliaries, which undertake fundraising efforts to enhance patient care.

These are just a few of the many volunteers at GV Health committed to providing valuable services to the community.

To join our team of volunteers, call (03) 5832 2768 or email volunteering@gvhealth.org.au
Volunteers
The GV Health Consumer Consultative Committee (CCC) provides consumer, carer and community perspectives to the Board and staff of GV Health.

The CCC members contributed to and participated in a variety of events during the past year, including:

- Ethics Committee
- Nutrition Working Party
- Primary Health Advisory Committee
- Quality & Risk Committee
- Signage committee
- The development of the new Oncology Unit

CCC members reviewed the draft GV Health Quality of Care Report 2010/11, which provided valuable perspective to the report.

The CCC has listened to presentations from a variety of GV Health services during the year, ensuring the CCC members can confidently promote GV Health services within the community.

These presentations included:

- GV Health Community Interlink
- Organ and Tissue Service
- Human Resource Department
- Drug and Alcohol Withdrawal Service
- Paediatric Department
- Speaking up for safety
- Director Quality & Risk on a workshop titled Patient Centred Care; Master workshop with Bill Shannon

The CCC has embarked on a plan to visit other health services, in exchange visits; the first was with Southern Health. A reciprocal visit is planned for later in 2011.

The CCC has also begun inserting important health literacy messages into the monthly GV Health newsletter that is published in the Shepparton News and SN Weekly newspapers.

Community Engagement

Susan McCready, Administration Assistant
Consumer compliments, suggestions and complaints help us to help you and to improve the services we provide.

Compliments are passed on to relevant areas and people. Complaints are fully investigated and a response provided to the person who raised the concern.

We strongly encourage you to raise concerns or complaints directly with staff at the time. However, if you do not feel comfortable with this approach, you can raise your concerns by contacting the Consumer Satisfaction Coordinator on (03) 5832 2258 or sending your complaint in writing via the feedback forms available on the GV Health website, at the main reception desk and throughout the facilities.

From July 2010 to June 2011, GV Health received 203 complaints; ‘poor communication’ was the main reason for complaint. This represents an increase of 162 complaints from last year.

Patient satisfaction survey results for complaints management

January 2008 to December 2010

Although consistently below the mean results for Statewide and Category B (similar sized) hospitals, the GV Health results indicate an improvement in patient satisfaction with the complaints management processes.
One in 500 people in Australia have Parkinson’s Disease, a disease of the brain that affects body movements. Common symptoms include tremors, stiffness in the muscles and slowness of movements.

There is no known cause or cure for Parkinson’s so people who live with it must manage their condition carefully. Treatment of this disease aims to reduce symptoms.

Early in 2011, GV Health received feedback from people with Parkinson’s Disease, who expressed their concerns at the way their health care was being managed. Medications were often given late, making patient symptoms worse. There were communication issues as staff did not listen to family and patients on occasion in regards to management of the condition.

To address these valid concerns, GV Health staff implemented a number of changes to make improvements. These improvements included the provision of education packs to staff, posters, and education sessions were presented by experts from Parkinson’s Victoria. New guidelines were also developed to assist staff caring for people with Parkinson’s Disease.

A Parkinson’s Passport was developed that enables consumers to keep a record of all their medications and details of their specialist to bring with them to hospital. The passport also has information for staff to reinforce the importance of giving medications on time and to ensure appropriate communication and care.

Since the introduction of some of these changes, GV Health has received positive feedback from the chair of the local Parkinson’s support group.

“Wanted to make contact to pass on some encouraging experiences of members of the Parkinson’s support group....the positives far outweigh the negatives....The feedback has been very positive.”

Robin Squires, Chair, Shepparton Parkinson’s Support Group, June 2011
Tell us what you think…

Improving our Complaints Service

In 2010, GV Health conducted a survey which asked 152 complainants to tell us about their experience with our complaints service. The majority of the questions were based on those used by the Office of The Health Services Commissioner.

Of the 152 complainants, 34% responded with many positive comments. Results of the survey indicated opportunities for improvement in the timeliness of acknowledgement and response to the complaint, that the consumers would prefer the managers of the areas take more responsibility in responding to their complaints, being informed of any improvements arising from the complaint and that staff are encouraged to improve their communication and complaints management skills.

GV Health has responded by reviewing its Complaints Framework, aiming to acknowledge complaints within five working days of receipt and responding to complaints within 30 days. We also intend to allocate more responsibility to managers to respond to complaints and have provided communication workshops for staff. The complaints service will be further enhanced by the development of an online complaints form and a revised feedback form.

Further surveys will be conducted in the future to ensure our complaints service continually improves and meets the needs of the community.

GV Health thanks all the consumers who participated in this valuable survey.

Surveying Patient Satisfaction

The Victorian Patient Satisfaction Monitor is a survey which is circulated to our consumers throughout the year. The results are evaluated, fed back at governance and consumer meetings and key themes are identified.

This year, 77.5% of people surveyed were satisfied with GV Health’s delivery of care, compared to 74.4% in 2009/2010. While this result exceeds the Department of Health’s target of 73%, it is a lower result when compared to the average of other similar sized hospitals (Category B mean of 78.9%) in Victoria. However, the GV Health results show an improving trend regarding patient satisfaction.

Our consumers have identified issues related to communication from staff to patients, particularly when conveying information about the side effects of medicines and hospital routines and procedures. An increased emphasis on patient-centred care, as advocated in the current communication workshops, should contribute to improvement in this area.
Making communication a priority

Poor communication has been identified as a specific issue through consumer feedback via our complaints system, our Victorian Patient Satisfaction Monitor Survey and our incident reporting system.

As a result, GV Health has identified this issue as a strategic priority and is committed to improving the quality of patient-staff interaction by providing health focused communication training, developed and facilitated by the Cognitive Institute.

Four workshop topics were offered this year:

• ‘Mastering Open Disclosure’, this program involves open and honest communication with patients and families when things might not happen according to plan

• ‘Speaking up for Safety’, which involves raising patient safety concerns with colleagues through improved communication skills

• ‘Mastering Healthcare Communication’, and ‘Treating patients with C.A.R.E’, involve practical, time saving communication skills for health professionals and frontline staff to improve patient satisfaction and efficiencies

The potential benefits of the Cognitive Institute communication workshops include improved patient satisfaction and health outcomes, improved quality of interaction between health professionals, reduction in number of complaints and incidents and improved time management.

The 18 Cognitive Institute Communication workshops facilitated to date have received very positive feedback from the 372 staff participants from across all services and disciplines. The participants’ new communication skills and the application to their practice is currently being evaluated.

Compliments

• I was recently an inpatient on the medical ward. I wish to advise you of the most wonderful care and respectfulness given to me. It is impossible for me to name every person but all staff from doctors, nurses, allied health, environmental services and even your finance and administration services were wonderful. The staff made an overwhelming experience for me bearable. I hope you are proud of your staff and their achievements. Julie, June 2011

• I am delighted to inform you that (staff member) was both compassionate and practical in her dealings with my client. A potentially humiliating situation was avoided and resolved without my client feeling fearful or traumatized. (Staff member) fixed the situation efficiently and decisively. Amanda, Patient advocate, May 2011

• On each and every occasion I have found the staff at the clinic in the Specialist Consulting Suite to be courteous and efficient. Even at the busiest moments, they have had a smile on their face and added that personal touch, leaving me with no doubt that my health was in good hands. They are a credit to your organization. Alison, August 2010

• This was my first visit to a hospital and having heard horror stories about Public Hospitals was pleasantly surprised by the professionalism, quick response, friendly calls and service. This was generally a great experience I had at GV Health. At every level, people were amazing and it has been a delight to be a patient of your fine establishment. I look forward to being sick again!!! Benj, November 2011

• (Patient) very rarely gives compliments but felt very strongly that all the staff at GV Health needed one. The staff were terrific and very professional, so thoughtful that they rang the next day to see how (patient) was getting on. Joan, November 2010

• 100% care given after being admitted to surgical ward via emergency. Staff were professional, caring and obliging at every level. I am very grateful, congratulations to GV Health. Nancy, June 2011
Improving care for Aboriginal and Torres Strait Islander Patients

Closing the Gap in Aboriginal and Torres Strait Islander health is a national priority supported by GV Health at the local level through:

- the Improving Care for Aboriginal and Torres Strait Islander Patients (ICAP) program
- provision of the Koori Mental Health Liaison and Home and Community Care (HACC) Aboriginal Liaison programs
- participation in a range of regional Closing the Health Gap initiatives

Working in Partnership with Aboriginal Communities

In September 2010, the Aboriginal Health Taskforce held a workshop to conduct a progress report against the third partnership agreement with the Rumbalara Aboriginal Co-operative and identify priorities for the fourth agreement.

The workshop identified the following priorities to improve Aboriginal and Torres Strait Islander health in the Goulburn Valley:

1. To reduce the number of Aboriginal people leaving the emergency department without being seen
2. To reduce the number of Aboriginal babies born with a birth weight less than 2,500 grams

GV Health currently has higher rates than peer hospitals for the number of Aboriginal and Torres Strait Islander people leaving the emergency department without treatment, compared to non-Aboriginal patients.

A range of improvement strategies have been proposed to address this as part of a project to improve the client journey, which will be piloted in 2011/12 as part of the Hume regional plan for Closing the Health Gap.

Data from 2009-2010 indicates that Aboriginal and Torres Strait Islander babies born at GV Health are slightly more likely than non-Aboriginal babies born at GV Health to be underweight at birth. However, Aboriginal and Torres Strait Islander babies born elsewhere in the state are far more likely to be underweight. There may be a range of factors contributing to this result: such as smoking rates, maternal age or participation in ante-natal care.
Culturally Aware Staff

All new staff at GV Health participate in a cross-cultural awareness information session, an introduction to the role of the Aboriginal Liaison Officers (ALOs), and a visit to the Minya Barmah room as part of their orientation program. Minya Barmah means spiritual meeting place in local Yorta Yorta language.

Liaison Officers co-ordinated cultural tours during the year for interested staff, pharmacy students and other students. The tours included visits to key Aboriginal organisations, such as Rumbalara Aboriginal Co-operative, the Academy of Sports Health Education (ASHE), Rumbalara Football Netball Club, and Ganbina. The tours were conducted in small groups of up to four people. This year, 30 staff members and students participated in tours.

Aboriginal Liaison Officers provided two-hour education sessions to 12 students participating in the Vocational Education and Training in Schools program at GV Health, and to the graduate nurse program in conjunction with the University of Melbourne Koori Unit.

A new gallery area was established in the main corridor of the Graham street campus to highlight GV Health’s commitment to improving Aboriginal health and promote the partnership between GV Health and Rumbalara Aboriginal Co-operative. The gallery includes honour boards recognising Aboriginal Liaison Officers (ALOs) who have assisted GV Health and supported their communities since the ALO program commenced in 1982.
Discharge Planning
Aboriginal Liaison Officers (ALOs) in mental health, home and community care and the hospital setting provide support to Aboriginal patients and families, and assist staff to provide culturally appropriate care. ALOs provide advice to clinical teams and participate in discharge planning meetings to assist in ensuring patients are linked to appropriate follow-up support services after discharge.

Aboriginal and Torres Strait Islander patients made up 3.99% of all patients admitted to hospital in 2010/11, and 4.93% of people presenting to the Emergency Department.

Primary Care Referrals
A range of GV Health programs provide visiting services to Rumbalara Aboriginal Health Service. The visiting services are designed to improve access to these services for Aboriginal patients and to enable coordinated care with Rumbalara health and medical services. The visiting programs include diabetes nurse education, podiatry, continence nurse advisors, mental health clinicians, obstetricians and midwives.

Improving Care for Aboriginal Patients
GV Health participated in a statewide review of the Improving Care for Aboriginal Patients (ICAP) and Koori mental health liaison programs and is currently developing an improvement plan based on the review findings in relation to mental health, emergency department, cardiac rehabilitation and maternity services.

Closing the Health Gap
GV Health is participating in a range of strategies aimed at Closing the Gap in Aboriginal and Torres Strait Islander health outcomes in the Hume region. Along with other hospitals, primary health services and Aboriginal Controlled Community Health Services in the Hume region, GV Health is participating in the development and trial of a model to improve the client journey and reduce the number of Aboriginal patients leaving the emergency department without being seen or leaving hospital against medical advice.

GV Health staff are also involved in the development of an Aboriginal Health Cultural Competence Framework and Audit Tool that health services can use to identify priorities for improving the way they deliver services to Aboriginal patients.

Responding to Cultural and Linguistic Diversity
The Goulburn Valley has a long history as a region of choice for migration and refugee settlement. The region’s 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 recently, families from Afghanistan, the Democratic Republic of the Congo and Sudan have settled in the region.

GV Health is guided in its response to the needs of this diverse community by standards outlined in the Cultural Responsiveness Framework, introduced by the Department of Health in 2010. The framework includes six core standards that health services are expected to meet and report on to the community, including organisational commitment, leadership, language services, inclusive practice, working in partnership and professional development.
1. Organisational Commitment

A three-year Cultural Responsiveness Plan was adopted by GV Health in November 2010, reflecting the organisation’s commitment to responding to the needs of our diverse community.

The plan is coordinated by the GV Health Cultural Diversity Committee and progress reports are provided to the Primary Care and Population Health Advisory Committee of the GV Health Board of Directors.

An organisation-wide cultural diversity policy has been in place since November 2009 and is available to all staff on the GV Health intranet. The policy is supported by detailed procedures on use of interpreting and translating services.

2. Leadership

GV Health is represented on the Victorian Refugee Health Network and on the Goulburn Valley Regional Settlement Committee. At the local level, GV Health co-ordinates a Refugee Health Network with participation from a range of health service providers. These networks aim to improve local access to refugee health services and coordination between health and settlement service providers.

3. Language Services

Information on country of birth, language spoken at home and whether an interpreter is needed is collected on admission to GV Health. During the last year, data identified that:

- interpreters were required in 42 language groups
- interpreter services were provided to 742 patients across all GV Health services on 2,499 occasions in 39 of these languages (including Auslan)
- interpreters were provided to 434 of 834 patients who requested an interpreter on admission to hospital or out-patient services (52%). However, a further 204 patients who had not indicated the need for an interpreter on admission, were identified by staff as requiring one after their care had commenced.

The need for interpreting services in community programs has also grown with a further 104 patients provided with interpreters in home and community based programs.

Access to interpreter services is promoted through the monthly GV Health Matters newsletter in the Shepparton News, which features the interpreter symbol and “Tell us if you need an interpreter” translated in a different language each month. Languages featured this year so far have included Arabic, Dari and Turkish.

Consultation with members of the Ethnic Council community group reinforced that the interpreter symbol and translated message in the newsletter was useful. However, they also suggested that more community members are likely to read the GV Health Matters newsletter if copies were sent to the Ethnic Council for distribution with their newsletters. GV Health has since arranged for copies of SN Weekly to be delivered free each month to the Ethnic Council for distribution.
Did You Know?

At GV Health in 2010/11, language services were provided in 39 different languages, compared to 2000/01 where language services were provided in only 11 languages. This indicates a significant increase in the diversity of the Goulburn Valley community.

Arabic was the language in greatest demand in 2010/11, with 1,007 interpreter requests provided, representing 40% of all requests.

Demand for Dari interpreting has continued to grow and now makes up 19% of all interpreter requests. This has more than tripled over the last four years from 145 (7.9%) in 2007/08 to 476 (19%) this year. This increase is largely due to the number of new arrivals to the community from Afghanistan.

The proportion of telephone interpreter bookings has reduced from 36.4% (780) of all interpreter bookings last year to 25% (709) this year. Telephone interpreting is mainly used for more rare languages, where interpreters are not readily available for face-to-face appointments.

The remaining languages in steady demand included Turkish at 318 (12.7%) and Albanian 197 (7.9%) (increased from last year’s 113 (5.3%)), followed by Punjabi at 99 (4%), Mandarin at 73 (3%) and Italian at 51 (2%). The remaining 31 languages accounted for 260 interpreting occasions during the year.

The highest use of interpreter services occurred in maternity services, outpatient clinics and dental services.

Top 8 languages for interpreter requests

- Arabic - 1,007
- Dari - 476
- Turkish - 318
- Albanian - 197
- Punjabi - 99
- Mandarin - 73
- Italian - 51

Other (31) - 279

Interpreter occasions >2,499

2010/11
4. Inclusive Practice

A range of translated publications and resources are available to help staff communicate effectively with patients who are not proficient in English. This enables patients to more easily participate in planning their care and make informed choices about treatment options.

GV Health also maintains a central register of approved publications. The register includes translated publications and materials in 23 of the 42 community language groups identified on admission to GV Health.

Translated information is also provided through the Health Translations Directory website, www.healthtranslations.vic.gov.au. Health professionals are increasingly using translated information, specific to the needs of patients, which they download as needed to discuss with patients. For example, the Aged Care Assessment Service uses a range of materials available from the Commonwealth Department of Health and Ageing website, which provides 55 publications in 18 languages.

5. Working in Partnership

Tours

A pilot program was developed and implemented in November 2010, in partnership with the GoTAFE Multicultural Education Centre, to provide hospital tours for English language students.

The program aimed to help those unfamiliar with the Australian health care system to understand the services provided by GV Health and how to use them. The pilot program involved three visits to the GV Health Graham Street campus, with between 10 and 25 students from a range of cultural backgrounds attending each week for approximately one hour.

- Week one provided general orientation via the campus map on how to find your way around the in-patient areas, with an information stop at the pharmacy department where information was provided on safe use of medication.

- Week two included visits to the imaging and pathology departments, where brief explanations were provided about the key functions of these departments, the equipment used and tests performed.

- Week three included a tour of the emergency department, with an explanation of the reasons why you might use the service and why you might need to wait.

Feedback from the students, GoTAFE Multi-cultural Education Centre and participating GV Health departments recommended that the program be conducted again in 2011 and identified improvements that could be made for the next program, such as preparation of supporting information and resources.

Participation of women from non-English speaking backgrounds in Pap Test Clinics has improved following the introduction of outreach education sessions to African, Arabic, Congolese and Afghani women’s groups.
Eighteen women attended the information session for Arabic women. Feedback from this session identified that 100% of the women attending felt that the information was relevant to their needs, and the women are now less fearful of attending clinics.

The information sessions were followed up with three Pap Test Clinics held for Arabic women participants, and one clinic held for Congolese and African women’s groups. Attendance at the clinics improved from a 60% attendance rate to 100% for Arabic women’s clinics, and achieved 87% attendance for the Congolese and African women’s clinic.

6. Professional Development

A range of information and training is provided to assist GV Health staff to work effectively with patients with diverse language and cultural needs. This includes information provided for new staff as part of the monthly orientation program, attendance at workshops and conferences, and a dedicated Cultural Diversity page on the GV Health intranet.

The Multicultural Health and Support Service was invited to present a Cultures of Care workshop to GV Health senior managers in November 2010. The workshop aimed to help managers and decision makers to develop their thinking about strategies for engaging communities, building health literacy and working with communities to tackle chronic conditions. The workshop was attended by staff from a range of disciplines and departments. Sixty per cent of participants indicated that they would recommend the workshop to a colleague.
Consumer, Carer and Community Participation

Doing it with us not for us

GV Health is committed to the five standards outlined in the DH’s *Doing it with us not for us* strategic direction policy, which includes:

Standard 1

The organisation demonstrates a commitment to consumer, carer and community participation appropriate to its diverse communities.

75% > 88%

Target

Result

GV Health has exceeded the target for this standard by:

- maintaining the GV Health policy, *Listening and Responding to Our Consumers*.
- maintaining a community engagement strategy and developing a consumer participation plan for 2011-13, in alignment with the DH Community Participation Plan guideline.
- encouraging consumers to provide feedback through consumer groups, patient satisfaction surveys, complaints and compliments systems and various committees.
- GV Health’s membership of the GV Primary Care Partnership (GVPCP) and as the lead agency for the integrated chronic disease management component of the GVPCP strategic plan.
- reporting participation through our Quality of Care report, our Annual Report, the media and our newsletters.
- the development and submission of a cultural responsiveness plan to the DH in November 2010 and commencement of reporting on its indicators in this report.
- the development of a partnership agreement with Rumbalara Aboriginal Co-operative and an outcomes action plan, which addresses four key result areas of the Improving Care for Aboriginal Patients (ICAP) program, which are included in this report.
- supporting staff to attend consumer participation workshops and information sessions, e.g. Australian Council on Healthcare Standards, the *Doing It With Us Not For Us* Forum, Planetree Patient Centred Care and Family Sensitive Training.

Of the eight indicators for Standard 1, one significantly exceeded the target for having systems, processes and structures in place to consult and involve consumers, carers and community members.

This has been achieved by GV Health:

- appointing consumer representatives to committees and workgroups.
- ensuring recruitment and orientation processes for consumers are in place and consumers are provided with an orientation kit.
- inviting a consumer representative to present the Consumer Participation Plan at a GV Health Senior Staff forum.

75% > 95%

Target

Result
Standard 2

Consumers, and, where appropriate, carers are involved in informed decision-making about their treatment, care and wellbeing at all stages and with appropriate support.

Of the five indicators for Standard 2, GV Health exceeded three of the indicators as follows:

- Acute/subacute Patient Satisfaction Indicator
  
  75% > 79%
  
  Target > Result

- Mental Health indicators; completion of the consumer self-rated measure, consumers’ co-signatory on individual service plans, treatment and care plans or recovery plans, evidence of consumer held records.
  
  75% > 100%
  
  Target > Result

- Residential Aged Care; residents/families/carers are satisfied with their involvement in decision-making about their care or treatment.
  
  75% > 94%
  
  Target > Result

GV Health fell short of the target in the following indicators:

- Maternity Services – women who said they thought they were given an active say in making decisions about what happened during their labour and birth.
  
  90% > 80%
  
  Target > Result

GV Health supports all women making informed choices about their maternity care and will further progress the partnerships in place with local health services to progress the new Primary Maternity Care Model. This model will provide further opportunities for women to make decisions about their care.

- Five of GV Health’s community programs completed client satisfaction surveys during the year with results ranging from 75% to 100% for consumer satisfaction with involvement in their care. A project to improve consumer engagement in care planning has commenced and is expected to improve these results.
  
  90% > 84%
  
  Target > Result
Standard 3

Consumers, and, where appropriate, carers are provided with evidence-based, accessible information to support key decision-making along the continuum of care.

GV Health exceeded the three indicators by:

- Ensuring new information resources produced, revised or adopted over the last year met the requirements of the Checklist for Assessing Written Consumer Health Information
  
  85% > 95%

  Target > Result

- Acute/sub acute consumers rating GV Health written information on how to manage their condition and recovery at home as being ‘good’ to ‘excellent’
  
  75% > 88%

  Target > Result

- Aged Care residents being satisfied with their involvement in decision making about their care or treatment
  
  85% > 90.5%

  Target > Result
Standard 4

Consumers, carers and community members are active in the planning, improvement and evaluation of services and programs on an ongoing basis.

75% > 88%

Target Result

GV Health exceeded this standard; active consumer participation was demonstrated in the following ways:

- Consumer membership on Ethics, Primary Care and Population Health and Nutrition Workshop Committees
- Consumer participation in the strategic planning process and the Diabetes Centre’s annual plan
- Provision of dental services to aged care facilities and at risk adolescents when the need was identified by the community
- Aged care facilities surveying carers upon discharge from the service of their relative as to how the service may be improved
- Consumers being directly involved in sixteen quality improvement activities
- Consumer and carer involvement in the review of the complaints process and information for the Mental Health Service
- Consumer education programs and development of new services through consumer surveys and consultation, including review of continence management in rehabilitation unit
- Consultation in the development of consumer publications and information pertinent to the relevant target client group

Standard 5

The organisation actively contributes to building the capacity of consumers, carers and community members to participate fully and effectively.

The following are just some examples of how GV Health is supporting consumers, carers and the community to participate in decision making about their health care:

- Partnership between the GV Health Area Mental Health Service and the Mental Illness Fellowship which led to the engagement of a consumer educator to run a program to build self esteem, increase empowerment and provide peer support for clients with mental illness
- Carer support fund providing carers with assistance, including vouchers for fuel and other goods. Also provides information on where to seek free financial advice and counselling and has a contact list for support groups to discuss issues relating to their role as carer

- Establishment of the Stroke Support Group through the Community Rehabilitation Centre
- Better Health Self Management Course, which encourages participants to meet and support each other
- Continence Services and provide assistance to the Prostate Support group
- An intranet register and contact list for local support groups and peak bodies as a resource for staff to provide information for consumers
Infection Control

The Infection Prevention & Control Program aims to prevent healthcare associated infections. A healthcare associated infection is an infection that occurs 48 hours after a patient’s admission to hospital.

Infections cause pain and suffering and use up valuable healthcare resources. Not all infections are preventable but GV Health staff work proactively to minimise infection risk during hospitalisation.

To decrease the risk of infection, ongoing monitoring of practices occur, including:

- Hand hygiene
- Monitoring and investigation of infections
- Cleaning sterilisation of equipment
- Environmental cleaning
- Food handling practices
- Vaccination

Hand Hygiene

Hand hygiene is a general term used for washing hands with soap and water or rubbing an alcohol solution/gel over the surfaces of hands. Hands can carry harmful bacteria (germs). Hand hygiene during and after patient care will decrease the number of bacteria on hands and therefore decrease the risk of spreading bacteria from one patient to another. Improving hand hygiene is the single most effective strategy to reduce the risk of healthcare associated infection.

To measure the staff hand hygiene compliance rate, trained staff observe practices in the clinical units. Hand hygiene is expected:

- Moment 1: Before touching a patient
- Moment 2: Before a procedure
- Moment 3: After a procedure or body fluid exposure risk
- Moment 4: After touching a patient
- Moment 5: After touching a patient’s surroundings
Monitoring and investigation of infections

The Infection Prevention & Control team performs ongoing monitoring of specific infections in the acute clinical areas and aged care facilities. This information is used to evaluate the effectiveness of care.

For example, the effectiveness of the GV Health hand hygiene program is measured by the number of patients with *Staphylococcus aureus* blood stream infection. The number is represented as a rate per 10,000 occupied bed days.

GV Health has consistently achieved less blood stream infections than the acceptable target set by the Department of Health (DH); a positive outcome for the hand hygiene program and the community.
Quality and Safety

Cleaning and sterilisation of equipment

All instruments used in operations are sterilised to prevent possible surgical site infections.

Sterilisation is a process that kills microorganisms. Prior to sterilisation, instruments must be cleaned otherwise debris may form a protective barrier, shielding the microorganisms from the lethal process. Care must be taken after sterilisation to ensure sterile instruments do not become contaminated prior to use.

Sterilisation Audits

The audit results provide evidence that GV Health maintains a high standard for sterilisation processes. Patients can be confident in the GV Health sterilisation services, especially those patients being admitted for operations.

Audits are conducted annually against the Australian and New Zealand standard for sterilisation of re-usable clinical instruments (AS/ NZS 4187:2003 – CSD) to ensure that re-usable equipment is sterile and safe for use during patient care and surgery.

GV Health audit results are benchmarked against other Hume Region Hospitals and Regional Victorian Hospitals. GV Health has maintained an excellent level of compliance with the sterilisation standards; a rate that is better than that for the Hume region and regional Victoria.

99.59% compliance with mandatory criteria, consistent with previous audit results.

99.25% compliance with best practice criteria, consistent with previous audit results.
Environmental Cleaning

Germs that cause infection can survive weeks, months or even years in the environment. Patients are at risk of infection when germs from the environment are able to enter the body through a wound. To decrease the risk of infection, the GV Health environment is regularly cleaned. All rooms throughout the hospital campuses are mapped and placed on a regular cleaning schedule. To ensure all campuses meet an acceptable cleaning standard, two internal and one external cleaning audit are conducted each year. The results are submitted to the DH. The work environmental staff perform is an integral part of infection prevention and control.

Food handling practices

Patients and residents could be at risk of food borne illness if the highest possible food hygiene standards are not met.

Preparation and handling of food requires attention to hygiene, prompt delivery and the need to maintain relevant food temperatures to prevent multiplication of contaminating germs.

GV Health has six kitchens throughout the organisation and all sites have a food safety supervisor to ensure safe food handling and hygiene practices are followed.

The kitchens are audited annually by an external food auditor, who provides a rating of either pass or fail. We are pleased to report that in 2011, GV Health food handling practices received a pass and were in full compliance with the 24 components of the food safety program.

Vaccination

In the past two years, the incidence of whooping cough (pertussis) in Victoria has increased dramatically.

Whooping cough is a highly contagious respiratory infection. Babies under six months of age are most susceptible to the severe complications of whooping cough. Adults are the main source of infection due to waning immunity after vaccination in childhood. This means that transmission from adults to unvaccinated babies can occur.

To decrease the risk of whooping cough transmission, GV Health offers whooping cough vaccination to all new mothers after child birth and clinical staff working in emergency, paediatrics and maternity departments.

Influenza viruses change frequently therefore the influenza vaccine is updated every year. Having an influenza vaccine every year in Autumn is recommended. Protection develops about two weeks after being given the injection and lasts up to a year.

GV Health actively promotes influenza vaccination to all staff. All residents in our aged care facilities are offered influenza vaccination. GV Health influenza vaccination uptake in 2010 did not increase but health benefits of vaccination were again promoted this influenza season. The data below indicates our influenza uptake percentage mirrors the uptake percentage across Victoria.

<table>
<thead>
<tr>
<th>Campus (Acute only)</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shepparton</td>
<td>94.3%</td>
<td>97%</td>
</tr>
<tr>
<td></td>
<td>95.4%</td>
<td>97.4%</td>
</tr>
<tr>
<td>Tatura</td>
<td>99.5%</td>
<td>n/a</td>
</tr>
<tr>
<td></td>
<td>99.6%</td>
<td>n/a</td>
</tr>
<tr>
<td>Waranga</td>
<td>90.4%</td>
<td>n/a</td>
</tr>
<tr>
<td></td>
<td>96.4%</td>
<td>n/a</td>
</tr>
<tr>
<td>DH Acceptable Quality Level</td>
<td>85%</td>
<td>90%</td>
</tr>
<tr>
<td></td>
<td>85%</td>
<td>90%</td>
</tr>
</tbody>
</table>

High Risk Areas = Cleanliness is of high importance e.g. general wards, emergency department

Very High Risk Areas = Cleanliness is of critical importance e.g. operating theatres, special care nursery

Influenza, commonly known as the flu, is caused by a highly contagious virus that is spread by coughs and sneezes or by direct contact with respiratory secretions. Every year it causes illness in the community.
As a result of the new system for medication, the medication costs have decreased by 10% to 30%, medication selection is more accurate and there is less chance of selecting the wrong medication.
GV Health always looks for ways to keep improving safety regarding the administration of patient medications.

If and when medication errors occur, they are reported on an incident management system and analysed for trends. This helps to identify where, how and why errors are occurring and assists us to allocate resources to reduce errors.

During 2010/11, 217 medication errors were reported, including one adverse event, which is a decrease from the previous year.

In 2009/10, a review was conducted of GV Health medication prescribing, dispensing and administration procedures and storage facilities.

In October 2010, GV Health introduced equipment which automates the dispensing of medication in the surgical, midwifery and emergency departments.

As a result of the new system for medication, the medication costs have decreased by 10%-30%, medication selection is more accurate and there is less chance of selecting the wrong medication.

Other safety measures in place:

- Ward pharmacists check medication charts daily to ensure the strength, dosages and time of administration are correct, that the correct drugs are being administered and that the charts are being filled in correctly.

- Previously, there were more than three protocols for administration of the drug heparin within GV Health; these have been amalgamated into one with a single treatment sheet, which is much safer.

- Insulin guidelines have been written for inpatient prescribing and the administration of insulin to improve safety.

- GV Health is developing a policy/guideline for use of opioid patches within GV Health.

- Consumer medication information leaflets are prepared by the GV Health pharmacy and given to patients with their discharge medications to ensure they understand why they are on medication, how to take the medication and how to store the medication correctly.

- The Pharmacy Advisory Committee oversees the safe use of medication within GV Health. The committee comprises doctors, pharmacists, nurses, finance, hospice staff and representatives from the quality and risk unit.

- GV Health pharmacy staff conduct orientation sessions with all new overseas doctors regarding medications, writing prescriptions and the PBS system to familiarise them and ensure patient safety.

- GV Health pharmacists provide education to community patient support groups and staff about medications to improve awareness of how various medications work and the affect they may have.

The implementation of a new national initiative began at GV Health regarding labeling of injectible medicines, fluids and lines. The new standardised, colour-coded labels, introduced by the Australian Commission on Safety and Quality in Health Care, assists in preventing medicine administration errors, e.g. wrong route, wrong medicine, wrong dose and improve safe medicine use.

One pharmacist from the Pharmacy Department [see photo left] is dedicated full time to the GV Health Oncology Service, liaising with nursing and medical staff to improve the efficiency of services. The oncology pharmacist provides information on medication regimes for people undergoing chemotherapy and other treatments, so patients are more aware of what they are taking, why they are taking it and what side effects could be expected from their treatment and medication.
Quality and Safety

Preventing falls in hospital
GV Health has prevention strategies in place to reduce the number of falls and minimise harm to patients should a fall occur.

Of the 539 falls for 2010/11:
- 62% were reported with no injury
- 12% with slight injury
- 17% were reported as having a skin tear, laceration or bruising
- 2% resulted in an adverse outcome
- 7% of falls had no outcome reported

Of the activities related to falls:
- 24% involved walking
- 20% involved the patient’s bed
- 10% involved the patient’s chair
- 15% involved the toilet
- 6% involved use of the bathroom/shower
- 11% involved moving patients and near miss falls
- 14% involved an unknown activity

Pressure Wound Monitoring
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 commonly occur.

Pressure ulcers continue to have a presence at GV Health, and at all other hospitals, despite increased education over the past 12 months, policies and procedures.

The risk factors of patients living longer with greater morbidities and obesity are affecting the number of patients developing pressure ulcers.
GV Health has put plans in place for a clinical specialist to assess all pressure ulcers that entered or developed at GV Health and to coordinate the plan of care, using a multidisciplinary approach, to achieve a suitable outcome for patients with a pressure ulcer. GV Health continues to seek ways to reduce the incidence of pressure ulcers.

The number of pressure ulcers has been assessed throughout all GV Health campuses via an annual Pressure Ulcer Point Prevalence Survey (PUPPS), by surveyors who have been trained to recognise pressure ulcers and assess their stages.

While the numbers fluctuate significantly, the overarching trend is decreasing.

Jennifer Mears, Enrolled Nurse and Betty Williams
Access to Dental Care

GV Health, a leading provider of public dental services in regional Victoria, monitors a range of quality and safety indicators.

<table>
<thead>
<tr>
<th></th>
<th>2009/10</th>
<th>2010/11</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of patients</td>
<td>9,214</td>
<td>9,939</td>
</tr>
<tr>
<td>attending GV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental Service</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of new patients</td>
<td>3,172</td>
<td>3,437</td>
</tr>
<tr>
<td>No. of individual visits</td>
<td>18,245</td>
<td>18,451</td>
</tr>
<tr>
<td>No. of overall treatments</td>
<td>63,563</td>
<td>64,790</td>
</tr>
</tbody>
</table>

Restorative retreatment within six months

In 2010, 25 more individual teeth were treated than in 2009; an increase from 9,819 to 9,844. The following table highlights that the GV Dental Service has improved and now matches the state average regarding restorative treatment within six months.

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>GV Dental Service</td>
<td>5.2%</td>
<td>5.1%</td>
</tr>
<tr>
<td>Region</td>
<td>4.8%</td>
<td>4.8%</td>
</tr>
<tr>
<td>State</td>
<td>5.1%</td>
<td>5.1%</td>
</tr>
</tbody>
</table>

Repeat emergency care within 28 days under the same course of care

In 2010/11, GV Dental Services provided 3,854 emergency services, compared to 4,170 in 2009/10. GV Dental Service takes a conservative approach and attempts to save a tooth, rather than extract, which may then require further treatment.

Repeat emergency care was required as follows:

<table>
<thead>
<tr>
<th></th>
<th>2009/10</th>
<th>2010/11</th>
</tr>
</thead>
<tbody>
<tr>
<td>GV Dental Service</td>
<td>6.5%</td>
<td>5.8%</td>
</tr>
<tr>
<td>Region</td>
<td>5.9%</td>
<td>5.2%</td>
</tr>
<tr>
<td>State</td>
<td>5.3%</td>
<td>5.4%</td>
</tr>
</tbody>
</table>

Unplanned return within seven days subsequent to extraction

In 2010/11, GV Dental Service performed 44 more extractions than the year before; 2,920 in 2010/11 compared to 2,876 in 2009/10.

The data shows that GV Dental Service is on par with the region regarding unplanned returns within seven days subsequent to extraction. A significant proportion of unplanned returns subsequent to extraction were due to patient-related factors, such as smoking, diabetes and other.

<table>
<thead>
<tr>
<th></th>
<th>2009/10</th>
<th>2010/11</th>
</tr>
</thead>
<tbody>
<tr>
<td>GV Dental Service</td>
<td>2.5%</td>
<td>1.4%</td>
</tr>
<tr>
<td>Region</td>
<td>2.4%</td>
<td>1.3%</td>
</tr>
<tr>
<td>State</td>
<td>1%</td>
<td>1%</td>
</tr>
</tbody>
</table>

Endodontic retreatment within six months (root filled)

For teeth retreated Endodontically within six months of initial Endodontic care, the agency and state score was 0%, compared to a state score of 0.5%.

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Endodontically root filled</td>
<td>63</td>
<td>78</td>
</tr>
<tr>
<td>Retreatment within six months</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Endodontic retreatment within 12 months (by extraction)

In 2009/10, 71 teeth were treated, compared to 64 in 2008/09; an increase of 7. Only one tooth was retreated by extraction this year. Some patients make the choice to extract a tooth rather than continue with treatment.

<table>
<thead>
<tr>
<th></th>
<th>2009/10</th>
<th>2010/11</th>
</tr>
</thead>
<tbody>
<tr>
<td>GV Dental Service</td>
<td>6.3%</td>
<td>1.4%</td>
</tr>
<tr>
<td>Region</td>
<td>4.5%</td>
<td>1.4%</td>
</tr>
<tr>
<td>State</td>
<td>2.1%</td>
<td>1.5%</td>
</tr>
</tbody>
</table>

Denture remakes within 12 months*

In 2009/10, 475 dentures were inserted, compared to 576 in 2008/09; a decrease of 101. Of those dentures, some had to be remade. However, fewer dentures had to be remade than the state average.

<table>
<thead>
<tr>
<th></th>
<th>2008/09</th>
<th>2009/10</th>
</tr>
</thead>
<tbody>
<tr>
<td>GV Dental Services</td>
<td>2.1%</td>
<td>1.3%</td>
</tr>
<tr>
<td>Region</td>
<td>3.1%</td>
<td>1.5%</td>
</tr>
<tr>
<td>State</td>
<td>1.5%</td>
<td>1.5%</td>
</tr>
</tbody>
</table>

*This report includes the most recent data available.
Clinical governance

Managers and clinicians are accountable for providing safe care to patients and continually monitoring and improving the quality of clinical care as part of the clinical governance structure of GV Health.

A review of clinical governance systems against the Victorian Clinical Governance Policy Framework has been a primary focus for GV Health during the past year. Reviewing GV Health clinical governance activities against the framework and activity checklist highlighted that GV Health currently meets 79% of the required clinical governance activities.

During the past year, GV Health has revised its organisational structure, senior clinical roles and responsibilities, quality and safety committee structure, systems and the quality improvement framework, to align with the requirements of the Victorian Clinical Governance Policy Framework and its four key areas; Consumer Participation, Clinical Effectiveness, Effective Workforce and Risk Management.

Implementation of the revised Clinical Governance systems will commence early in 2012.

Accreditation: our hospital’s health check

When you see the certificate of accreditation displayed at GV Health, it is a reassuring sign that GV Health is achieving the requirements of best practice standards. The process of accreditation is designed to assist organisations in their quest to continually improve the health service they provide.

GV Health achieved organisation-wide accreditation by the Australian Council of Health Care Standards (ACHS) in 2010. This year, GV Health provided the Australian Council on Healthcare Standards a self-assessment of progress against the recommendations from the 2010 survey. Feedback from the surveyors confirmed the recommendations had been thoroughly followed up, with good progress made on all areas and some tasks had been completed.

In addition to ACHS accreditation, the three GV Health residential care facilities, Grutzner, Waranga and Tatura, are accredited by the Aged Care Standards Accreditation Agency. The GV Health Pathology and Radiology Services are accredited by the National Association of Testing Authorities.

GV Health is currently preparing for the process of accreditation against the new National Safety and Quality Health Service Standards.

Qualified staff

It is important that the services GV Health provides are being delivered by staff qualified to provide that care.

The appointment of medical, nursing/midwifery and allied health staff is undertaken through a comprehensive process known as ‘credentialing’ in which new and current staff are required to demonstrate evidence of their qualifications and competence to perform specific procedures or work in all clinical areas, including specialist areas, such as surgery, intensive care, midwifery and paediatrics.

In Mental Health Services, clinical staff are encouraged to have regular clinical and professional supervision. This is monitored through the annual review process where staff are able to identify and negotiate their ongoing professional development for the coming year.

GV Health undertakes a credentialing process to ensure that staff who deliver care have the skills, experience and qualifications required to do so.

This year, the Australian Health Practitioner Regulation Agency (AHPRA), was established to support the 10 National Health Practitioner Boards and the National Registration and Accreditation Scheme. Central registration provides GV Health the ability to check the currency of staff registrations more easily. GV Health has systems in place to check registrations for medical, nursing/midwifery staff on an annual basis.

By ensuring GV Health employs qualified, competent and skillful staff to deliver care, we can maintain a safe health service for the community.
Risk Management

Risk management is an essential component of good governance and management practice. GV Health uses a systems approach to risk management that is supported by quality frameworks that ensure corporate and clinical risks are identified, minimised and managed. This enables GV Health to demonstrate improvements in practices and processes that support the delivery of health care to patients and the safety of staff working to deliver this care.

Risks identified through the risk management process are analysed, evaluated and rated in terms of the potential or likelihood of the risk happening, and what the consequence or impact would be if the risk did happen. These risks are entered into the GV Health risk register and are reviewed monthly for high risks and quarterly for low risks. As part of the ongoing risk review process risks are also retired from the risk register if the threat of the risk has been controlled or eliminated.

Emergency Preparedness

GV Health has a network of safety systems and monitoring activities to ensure the building and surrounds, clinical and non-clinical equipment, and patient care areas are well maintained and meet all of the required safety standards.

Unexpected disruptive events have the potential to place GV Health at risk of being unable to continue service delivery to our community. These may be in the form of a fire, damage from storms, failure of essential services such as power or water, or an external disaster or event.

Business continuity plans provide contingencies for the GV Health Management team and designated staff to implement during a disruptive event. These plans ensure that service delivery to our patients, residents, clients and the community can continue while recovery and restoration activities are underway for resumption of normal service delivery.

Emergency preparedness procedures are regularly reviewed with reference to Australian Standards and Legislative requirements. The procedures are available to all staff and regular drills and training sessions are scheduled to keep staff informed in readiness to respond to situations that may cause harm or disrupt service delivery.

Clinical Risk

Clinical risk management describes the actions taken by GV Health to make the delivery of health care and health care environment safer for patients. Working closely with quality management, GV Health monitors, reviews and evaluates clinical risks and their potential impact on patient safety. A focus on patient safety culture, supported by a staff safety culture, is fundamental in implementing and practicing excellence in clinical risk management.

GV Health continually looks towards improvements in the delivery of care and over the past year has implemented new clinical guidelines to reduce risks in midwifery, anaesthetics and theatre. Some initiatives implemented include:

- medication labeling, which is outlined in medication safety
- revisions to the clinical emergency codes. Code responses are now integrated into one reporting and audit tool. The training program has been updated to reflect the document changes and align with the national standard

GV Health gathers information from a variety of different sources to stay informed about clinical risks. One of these sources is the review of clinical incidents, including adverse events and near misses. In November 2010, GV Health went online with the Victorian Health Incident Management System (VHIMS), which was a new Department of Health (DH) initiative. This initiative involves the reporting of all incidents including clinical incidents by health organisations to...
the DH. This enables incidents to be collated and trended at a state level for benchmarking. GV Health closely monitors the number of clinical incidents collectively to identify trends and investigate serious events to identify any issues or gaps with processes and systems.

An adverse event is when there is harm to a patient related to health care management which is not a complication of the patient’s illness, which may increase the patient’s level of treatment, length of stay or may result in unexpected death. This management may include diagnosis and treatment and the systems and equipment used to deliver care. A sentinel event is the most serious type of adverse event.

There are nine sentinel event categories which require mandatory reporting by Victorian health care facilities to the DH. All sentinel events are internally investigated using root cause analysis methodology. All adverse events which are not sentinel events are not required to be reported to the DH and undergo an internal in-depth review.

In 2010/11, there were a total of 2,890 incidents reported within GV Health compared with 2,477 in 2009/10.
Continuity of Care

Access, discharge and transfer practices

The GV Health community programs participate in the annual statewide Service Coordination and Integrated Chronic Disease Management Surveys. The surveys included in the range of measures to determine whether the right services are provided at the right time, and in keeping with expected standards. In 2010, 10 GV Health programs participated in the Service Coordination Survey and 11 programs participated in the Integrated Chronic Disease Management Survey; a significant increase from last year when four GV Health programs participated.

The surveys involved a review of 10 client records from each participating program. GV Health programs performed well on 10 of the measures. For example, completion of initial needs identification within 7 days of initial contact was demonstrated in 64% of records reviewed, with a compliance rate of 71% or better.

A priority area for improvement identified by all participating programs is to increase documentation of Intra-agency Care Plans. Forty per cent of records reviewed demonstrated a compliance rate for this measure of 71% or better, while 60% demonstrated a compliance rate of 30% or less. GV Health aims to improve on this result and ensure that Intra-agency Care Plans contain the following elements:

a. Consumer stated or agreed issues/problems, objectives/goals and strategies/actions
b. Review date of care plan
c. Timeframe for attainment of objectives/goals
d. Responsibilities for implementing strategies/actions
e. Participants involved in the development of the care plan
f. Consumer acknowledgement recorded (signed or verbal)
g. Date care plan was developed
h. Goal/objective attainment

GPs notified of emergency presentation within 24 hours

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>2009/10</td>
<td>44.7%</td>
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<tr>
<td>2010/11</td>
<td>47.6%</td>
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GPs notified of emergency admission within 24 hours

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
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<tr>
<td>2010/11</td>
<td>47.6%</td>
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Right: Danielle Hall and Natalie Reid
This year, GV Health started a care planning working group to create one dynamic care plan for each person, which encompasses elements across various health professions. The care plan encompasses all Allied Health providers so that all are working toward unique goals for each consumer.
Empowering young people

GV Health actively promotes respectful relationships, empowerment and choice to encourage young people to take responsibility for their sexual health:

1. GV Health, in partnership with the Centre for Excellence in Rural Sexual Health at the University of Melbourne, held a local adolescent sexual health seminar in September 2010 to educate more than 80 local primary and secondary school teachers about sexual health promotion strategies targeting young people.

At the end of the event, 92% of teachers agreed “the seminar improved my capacity to deliver sexual health promotion and education.”

2. Three months after the event, GV Health conducted a survey of the participants, which highlighted that 44% of the teachers who participated were already applying the resources or learnings from the conference in their teaching practices. A further 33% of participants were in the process of planning to apply resources or learnings from the conference.

3. The Health Promotion unit at GV Health, in partnership with the Centre Against Sexual Assault (CASA), presented a comedy show for more than 460 students in Year 9 and 10 students and 30 teachers and school nurses in the Goulburn Valley. Comedian Nelly Thomas presented the show, No means no, in November 2010. The program, which also engaged a local policeman, a local GP and a representative from the Centre Against Sexual Assault, explored sex, consent and respectful relationships.

The No means No show is an effective resource to support school sexuality education programs and help prevent sexual assault in secondary schools.

4. To strengthen local partnerships in sexual health promotion, GV Health started an informal network of local organisations that has evolved to become a regional taskforce on sexual health promotion.

This network provides an opportunity for information and expertise sharing, collaborative decision making and planning for joint initiatives as we all work toward a common goal.

GV Health will continue to support sexual health education programs in 2011/12 by promoting acceptance of sexual diversity in young people. For more information on sexual health programs in the Goulburn Valley, call (03) 5832 3100.
Better Health Self Management

The GV Health Better Health Self Management Course assists people who have an ongoing health condition (such as diabetes, arthritis or other condition) to develop skills to better manage their health. Sessions are held for 2.5 hours per week for six weeks.

The course covers:

- Physical activity and exercise
- Healthy eating
- Pain and fatigue management
- Using your mind to manage symptoms and distractions
- Positive thinking
- Medication usage
- Action planning
- Dealing with difficult emotions
- Better breathing and muscle relaxation

Four courses were delivered in 2010/11 to 29 people who have an ongoing health condition. Below is a list of behaviour changes people have made as a result of attending one of these courses, according to a survey conducted in 2010:

1. Health directed behaviour (37% had a substantial improvement)
   - Choosing healthier food options
   - Increasing physical activity

2. Positive and active engagement in life (30% had a substantial improvement)
   - Using tools for planning and goal setting

3. Self monitoring and insight (37% had a substantial improvement)
   - Using tools and skills to better manage their health
   - Using better breathing technique to help with sleep
   - Pain management

4. Constructive attitudes and approaches (19% had a substantial improvement)
   - Increased confidence and motivation

5. Skill and technique acquisition (24% had a substantial improvement)
   - Symptom relief skills to manage own health and cope with disease-related symptoms and health problems

6. Social integration and support (12% had a substantial improvement)
   - Keeping in touch with family members/friends; staying socially active
   - Seeking social support from others

7. Health service navigation (24% had a substantial improvement)
   - Increased confidence to communicate with health professionals or seek professional help
Maternity Services

GV Health is the major birthing hospital in the Goulburn Valley and is the major referral centre for maternity services in the West Hume region. Women who need a high level of care are often referred to GV Health from outlying regional hospitals, some of which include Cobram, Kyabram, Echuca, Numurkah and Deniliquin.

GV Health also has an eight bed special care nursery, which can care for premature babies, low birth weight infants and other complex issues.

Maternal age

- 20 years and under = 8.15%
- 21-34 years = 75.02%
- 35 years and over = 16.82%

In January 2011, Kyabram and District Health Services began sending high risk women to GV Health for care; only low risk midwifery cases are now managed in Kyabram.

A new model of midwifery of care

In May 2011, a new midwifery model of care was announced where women have a one-on-one relationship with a midwife who provides total care throughout pregnancy, birth and during early parenthood. These midwives work on call to ensure a known midwife is available when needed.

Women are supported by a midwife they know and trust, with who they can discuss options and possible scenarios to help them meet changing circumstances with confidence.

Feedback from women about this model of care option has been positive.

Babies born, including 10 sets of twins

<table>
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<th>Year</th>
<th>Number of Babies Born</th>
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<tr>
<td>2010/11</td>
<td>1179</td>
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</table>

Caesarian Section

- 20.87%

Normal Vaginal Birth

- 67.85%

Photo courtesy of Bellies & Babes Photography
## Health Promotion Events Supported by GV Health

<table>
<thead>
<tr>
<th>Month</th>
<th>Events</th>
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<tbody>
<tr>
<td>July 2010</td>
<td>NAIDOC Week, National Diabetes Awareness Week</td>
</tr>
<tr>
<td>August 2010</td>
<td>Jeans for Genes Day, Daffodil Day</td>
</tr>
<tr>
<td>September 2010</td>
<td>White Balloon Day, Blue Ribbon Day</td>
</tr>
<tr>
<td>October 2010</td>
<td>Loud Shirt Day, Mental Health Week, Pink Ribbon Day, Work Safe Week</td>
</tr>
<tr>
<td>November 2010</td>
<td>Zaidee’s Hair Net Day, Shepparton Half Ironman, World Diabetes Day</td>
</tr>
<tr>
<td>February 2011</td>
<td>Teal Ribbon Day, Donate Life Week</td>
</tr>
<tr>
<td>March 2011</td>
<td>Cultural Diversity Week, World’s Greatest Shave, Wound Awareness Week</td>
</tr>
<tr>
<td>April 2011</td>
<td>Murray to Moyne Cycle Relay</td>
</tr>
<tr>
<td>June 2011</td>
<td>Give Me 5 for Kids</td>
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</tbody>
</table>

## Glossary

- **Acute**: Demands urgent attention
- **ALO**: Aboriginal Liaison Officer
- **CALD**: Culturally and Linguistically Diverse
- **CSD**: Central Sterilising Department
- **DH**: Victorian Department of Health
- **Endodontic**: Deals with tissues surrounding the root of a tooth
- **FTA**: Failed to attend
- **GEM**: Geriatric Evaluation and Management
- **GP**: General Practitioner
- **GV Health**: Goulburn Valley Health
- **ICAP**: Improving care for Aboriginal and Torres Strait Islander People
- **LGA**: Local Government Area
- **Minya Barmah**: Spiritual meeting place
- **NAIDOC**: National Aborigines and Islanders Day Observance Committee
- **PBS**: Pharmaceutical Benefits Scheme
- **Sub Acute**: Of less severity or duration than ‘acute’
Readers’ Survey

What do you think of this report?
We invite you to comment on GV Health’s Quality of Care Report so that we can continue to improve and meet your needs.

What did you think of the information in this report?

<table>
<thead>
<tr>
<th>Poor</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>Excellent</th>
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Comments

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What did you think of the presentation of the report?

<table>
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<tr>
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<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>Excellent</th>
</tr>
</thead>
</table>

Comments

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Did you like the report format?

☐ Yes  ☐ No  ☐ Indifferent

Comments

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Did you find the articles to be...?

Too technical | 1 | 2 | 3 | 4 | 5 | Very interesting |

Comments

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The report gave me a better understanding about the healthcare services GV Health provides:

Strongly Disagree | 1 | 2 | 3 | 4 | 5 | Strongly Agree |

Comments

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Did you like the report being distributed inside the local newspaper?

☐ Yes  ☐ No

Can you please tell us about yourself, I am a:

☐ Patient of GV Health  
☐ Relative/Carer of a GV Health patient  
☐ Health professional  
☐ GV Health staff member  
☐ Other

Please tick the age range that applies to you:

☐ <20  ☐ 21-30  ☐ 31-40  ☐ 41-50  ☐ 51-60  ☐ 60+

Can you please tell us which suburb/town you live in?

........................................................................................................................................................................

Do you have any suggestions for improving this report?

Comments

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........................................................................................................................................................................

Are you interested in being a part of a consumer committee that is committed to improving GV Health’s services?

☐ Yes  ☐ No

Are you interested in being a volunteer at GV Health?

☐ Yes  ☐ No

Name: ...........................................................................................................................................................

Address: ........................................................................................................................................................

........................................................................................................................................................................ Postcode: ......................................................

Phone: ..........................................................................................................................................................

Email: ...........................................................................................................................................................

Please send your completed survey to:

Quality and Risk Unit
Goulburn Valley Health
Graham Street
Shepparton VIC 3630
GOULBURN VALLEY HEALTH

Goulburn Valley Health Shepparton Campus
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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
Waranga Memorial Hospital
14 Coyle Street, Rushworth, Victoria, 3612
Tel:  (03) 5851 8000
Fax:  (03) 5856 1916

UNA House Campus
102 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
91-99 Knight Street, Shepparton, Victoria, 3630
Tel:  (03) 5823 6000
Fax:  (03) 5831 8500

GV Health Foundation
Tel:  (03) 5832 2192

GV Health Volunteer Services
Tel:  (03) 5832 2768

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