Our Vision
HEALTHY COMMUNITY. LOCAL CARE

Our Values

EMPATHY
We actively listen to understand your feelings
We acknowledge others emotions
You are included in decisions about your care
We acknowledge your needs
We provide choices and support your wishes
Our actions demonstrate our compassion for you

WELLBEING
Safety is at the forefront of everything we do
People feel safe in our care
We foster a person centred approach
We support the physical, emotional, social and psychological health of all

COMMUNITY
People experience a welcoming, friendly approach
We embody the spirit of our communities
Everyone feels connected and has a sense of belonging
Our teamwork is built on cooperation, collaboration and communication

2014-2015 HIGHLIGHTS

- Successful National Standards Accreditation
- Successful HACC Accreditation
- Opening of Health & Wellbeing Centre
- Successful funding for Oncology unit
- Development of Consumer Engagement systems
- Aboriginal Health Plan
- Introduction of electronic Health Legal regulatory compliance systems

- Advance Care Planning
- Tongala and Stanhope community partnerships
- High standards in internal and external cleaning results
- Review of Complaints & Compliments systems
- Centralised Referral Systems
- Introduction of contracted linen provision
- Implementation of Aged Care reforms
Welcome

Welcome to the Kyabram District Health Service Quality of Care Report for 2014-2015. This report is published each year in conjunction with our Annual Report. The Annual Report focuses on the financial and corporate compliance aspects of our organisation and the Quality of Care Report shares with the community how we provide accessible, safe, high quality care.

This report is developed in line with Department of Health and Human Services guidelines and minimum reporting requirements. It has been widely distributed throughout our catchment community and is also available on our website at www.kyhealth.org.au.

We would like to thank the contributors to this year’s report, and in particular the clients who have agreed to tell their stories and share their experiences with the community.

Message from the Chief Executive

On behalf of Kyabram District Health Service, we are pleased to present to you the Quality of Care Report 2014-2015.

We are also pleased to report that we successfully achieved full three year accreditation under the National Safety and Quality Healthcare Standards in 2014 and have also continuously held Aged Care accreditation against the required 44 standards.

In keeping with our Purpose to achieve a healthy community through the provision of local care, we have reviewed a number of our models of care to ensure our services remain consumer focused and are integrated and better coordinated both internally and with our external partners. Reviews we have undertaken include our sub-acute inpatient programs resulting in an increase in our maintenance care capacity to better support independence of residents in our district.

Primary, Allied and Community Health services are provided from Kyabram, Stanhope and Tongala. We are very appreciative of the hard work and dedication of our health advisory groups, including Stanhope Health Governance Group and the Tongala Health Governance Group for their commitment to the provision of community health services in their communities.

In the last twelve months the Board has created and implemented a number of key strategies and plans to guide the organisation for the future. These include emergency management planning, capital planning, quality and safety planning and the establishment a Strategic eHealth plan.

We look forward to reporting on the progress of these initiatives in the coming years.

Staff, residents and patients have been involved in ensuring this Report meets requirements, is a valuable resource and provides current information.

We look forward to receiving your feedback about this year’s report. A form for this purpose is available within the report. Your opinions are valuable and ensure we continue to provide information that is interesting and meaningful.

We hope you enjoy reading about what has happened at your local health service in the past 12 months.

Yours sincerely

Peter Abraham, CEO
Clinical Governance is a shared responsibility and is at the highest level of importance at Kyabram District Health Service. It provides a framework to ensure we provide safe, quality care and is fundamental in ensuring improvements in patient safety. The Clinical Governance Framework outlines the organization’s structures, processes, staff responsibilities and reporting. Measurement and performance indicators in relation to clinical governance are reported to various committees and process and outcome measures are monitored internally or benchmarked with external organisations. The Clinical Governance Committee meets quarterly and members include consumers, Board members and staff.

**CLINICAL GOVERNANCE COMMITTEE**

- Mrs. Nicole Ryan  
  Board Member, Chair
- Mrs. Maureen Atkins  
  Board Member
- Mrs. Jean Courtney  
  Board Member
- Ms Judy Greer  
  Board Member
- Mr Mike Sweeney  
  Board Member
- Mr Peter Abraham  
  Chief Executive
- Ms Bernadette Wardle  
  Director of Clinical Services
- Mrs Bev McLaine  
  Manager Safety and Quality
- Ms Susan Ryan  
  Manager of Acute Services
- Ms Jenny Hill  
  Acting Manager of Aged Care
- Ms Courtney Baxter  
  Primary Health Care Manager
- Ms Anthea Howard  
  Community Representative

The role of the Clinical Governance Committee is to monitor clinical care and safety. With the main focus on clinical care and safety is accountability of care. Responsibility for this sits with everyone from the Board and CEO to clinicians to ensure that high quality care is provided safely in an effective, appropriate and acceptable manner.

**GOVERNANCE and COMMITTEE STRUCTURE**

As at 30th June 2015
**SERVICES**

<table>
<thead>
<tr>
<th>Acute Hospital</th>
<th>Primary and Allied Health</th>
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<tbody>
<tr>
<td>30 Acute Beds</td>
<td>Asthma Education</td>
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<tr>
<td>Medical</td>
<td>Cardiac Rehabilitation Program</td>
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<tr>
<td>Surgical</td>
<td>Chronic &amp; Complex Disease Management</td>
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<tr>
<td>• Dental</td>
<td>Community Health Nursing</td>
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<tr>
<td>• Endoscopy</td>
<td>Community Transitional Care—2 places</td>
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<tr>
<td>• General</td>
<td>Counselling Services</td>
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<tr>
<td>• Gynaecology</td>
<td>Diabetes Education</td>
</tr>
<tr>
<td>• Ophthalmology</td>
<td>Dietetics</td>
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<tr>
<td>• Orthopaedics</td>
<td>Early Childhood Intervention Service</td>
</tr>
<tr>
<td>• Urology</td>
<td>Health Promotion</td>
</tr>
<tr>
<td>Palliative Care</td>
<td>Occupational Therapy</td>
</tr>
<tr>
<td>3 Renal Dialysis chairs</td>
<td>Physiotherapy</td>
</tr>
<tr>
<td>2 Transition Care beds</td>
<td>Speech Pathology</td>
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<tr>
<td>2 Maintenance Care beds</td>
<td>Well Women’s Clinic</td>
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<tr>
<td>Urgent Care Centre</td>
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<tr>
<th>Aged Care</th>
<th>Other Services</th>
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<tr>
<td>Planned Activity Group/HACC</td>
<td>District Nursing Service</td>
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<tr>
<th>Residential</th>
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<tbody>
<tr>
<td>28 high care beds</td>
<td></td>
</tr>
<tr>
<td>12 dementia specific beds</td>
<td></td>
</tr>
<tr>
<td>2 respite care beds</td>
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<table>
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<tr>
<th>ACCREDITATION</th>
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<tbody>
<tr>
<td>Accreditation is a process to measure performance against standards and is conducted by independent, external surveyors.</td>
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<tr>
<th>Accreditation Framework</th>
<th>Applies to</th>
<th>Outcomes</th>
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<tbody>
<tr>
<td>National Safety and Quality Healthcare Standards</td>
<td>Organisation-wide</td>
<td>KDHS was successfully accredited in July 2014 for a 3 year period</td>
</tr>
<tr>
<td>Commonwealth Aged Care Accreditation</td>
<td>Sheridan Aged Care</td>
<td>Due in August 2015</td>
</tr>
<tr>
<td>Community Care Standards</td>
<td>HACC funded services. District Nursing Service Planned Activity Group</td>
<td>Successfully accredited August 2014</td>
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</tbody>
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CREDENTIALING

Credentialing of Visiting Medical Officers (VMOs) is undertaken within the Department of Health and Human Services framework and KDHS policies.

Appropriate processes are in place and a review of all procedures and systems was completed during 2014.

Appointment and reappointment processes are overseen by the Director of Medical Services, Dr Craig Winter, and a database has been developed to maintain records of qualifications, registrations and credentialed scope of practice with full compliance.

Information and orientation is provided to all new Visiting Medical Officers.

Processes for defining the scope of practice of all nursing and allied health staff are also in place with registrations maintained and reviewed annually.

OUR DOCTORS

Director of Medical Services
Dr. Craig Winter
MB, BS, GMQ, FACE M, MBA

Visiting Medical Officers
Dr. Robert Brun
MB, Ch B, FRCS Ed, FACRR M
Dr. Peter Hool
MB, BS, Anaesthesiology
Dr. Michael McQueen Thomson
MB, BS, FACRR M
Dr. John Young
MB, BS, Anaesthesiology
Dr. Lawrence Tay
MB BS, FRACGP
Dr Muhamed Shakir
MBBS
Dr Malo Gupta
MB, BS
Dr Sameer Badgoti
MB, BS
Dr Muniswaran Letchumanan
MB, BS

During the year we also welcomed two Registrars Dr Erica Hu and Dr Fitri Ahmad-Baki at the Kyabram Regional Clinic and Dr Bernie Moore continues to provide locum services when required.

Dr John Young retired in April 2015 after serving the local community for 22 years.

Visiting Specialists
General Surgery
Dr. Stewart Gough
MB, BS, MBA, DRANZCOG, FACRR M, FAC GP
Mr. Tony Heinz
MB, BS, FRACS
Dr. Matthew Oliver
MB, BS, FRCSEd, FRACS
Dr. Muhammad Abdullah
MB, BS, FRACS

Ophthalmology
Dr Joseph San Laureano
MB BS BSc, MMed, FRANZCO
Mr. Peter Burt
MB, BS, MGO, FRCOG, FCOG. (SA), FRANZCO

Orthopedics
Mr. Milan Pavlovic, MD, FRACS

Urology
Mr Stephen Lindsay
MB, BS

Obstetrics and Gynaecology
Dr Margaretha Stegeman
MB, BS

Ear, Nose & Throat Specialist
Mr Anthony Guiney
MBBS, FRACS

Visiting Anaesthetists
Dr. James Teh
MB, BS, DROG, DA. (UK), FACRR M
Dr Gregory Hay
MB, BS
Dr Sam Kennedy
MB, BS

Central Victorian Anaesthetic Services
Bendigo

Visiting Dentists
Dr Russell Ivill
BSc., LDS
Dr Dorota Kudelska-Mazur
BSDc, LDS
Dr Rylie Ivill
BSc., LDS
CONSUMER, CARER and COMMUNITY PARTICIPATION

KDHS is continuing to build strong partnerships with our community and the people who may use, or at some stage, need to use our Health Service. We involve people in their own health care wherever possible and continue to actively support and encourage consumers to be involved in many areas. Some of these include committees, forums, workshops to improve policy and care, treatment and wellbeing or assisting with the development or review of our brochures and information for patients.

We also have a commitment to continue to participate in the “Doing it with Us not for us” Department of Health Framework.

The Community Participation Plan was reviewed by the Community Governance Committee and improvements during the year include:

- Embedding the organisational commitment to consumer, carer and community participation with a comprehensive framework including policy and procedures,
- Increased consumer membership on Governance Committees,
- The commencement of the Tongala Health Governance Committee to advocate on behalf of the community and work with the Board of Directors on priority areas and identified health issues within the Tongala community,
- The commencement of the Consumer Literacy Group for consultation and involvement in the development of consumer health information.

The Committee is also committed to supporting improvements in communicating with culturally and linguistically diverse groups, ensuring access to all, advocating on the behalf of clients, ensuring staff knowledge and skills, and provision of culturally appropriate meal choices.

We endeavour to deliver services that are relevant and accessible for all.

Staff take time to ensure decision making processes and resources are available so that diverse and cultural needs are not a barrier to service provision.

KDHS has continued to deliver improvement objectives in the Cultural Responsiveness and Disability Plan with significant outcomes including:

- Access and promotion of cultural competency training for staff
- Review of Interpreter Services
- Access to information in languages appropriate to current patients, residents and clients as well as for the vision impaired.

Information received from patients in their own language improved from 50% in September 2014 to 81% in June 2015
Mr B's Story—I need a life change

Sustainable Life Changes provided by Outreach Stanhope & Tongala

Men's Health Awareness has been at the forefront of Stanhope Health and Tongala Health for 2014-2015. The goal of both outreach centres has been to provide support to men to improve their health through involvement and access to health resources. The comprehensive program has brought many men in both towns together and helped them make life changes.

I needed a LIFE CHANGE: These were the words of Mr B after he attended a Men's Health Night at Stanhope. He had come along, listened to the speaker and took up the offer of a health check.

His first shock was the Life! Check. His high score was worrying to say the least with his waist measurement and smoking status pushing it up to dangerous levels. The blood pressure check was another jolt. By the time he reached the last check, warning bells were ringing loud and clear. Mr B had been a smoker for many years and was a social drinker. In the last few years he had enjoyed the relaxation of not being in a stressful job and was now a grandfather.

The revelation that his lifestyle choices could cut short his life frightened him. He could have brushed these fears away and talked himself into ignoring the warning signs.

Thankfully he didn't. He took the advice given to him on the night and made an appointment with his GP. He had more tests and started his life change.

It's now over 12 months since that Men's Health Night. Mr B has not smoked since then. "I'm still quitting" he says as it's a hard road after being a smoker for so long.

His weight has dropped due to decreasing the portions he was eating and he "chooses wisely" what he eats.

Mr B is only one of the many men whose life's circumstances often prevent them making healthy choices and accessing health care. His experience shows that there are a range of areas where men can be given better support to address healthier lifestyles, and avenues to increase their engagement with health services.

The men's health project has been developed by our outreach centres to provide support to men to act to improve their health through involvement and access to health resources.

At Men's Health Nights our topics are many and varied, carrying the message that men's health is for every man, and includes:

- Building the knowledge about men's health.
- Increasing men’s independence by providing information which can be used by men for men.
- Improving men’s health literacy
- Supporting and promoting awareness of Men’s Health

At Stanhope, a Beyond Blue volunteer speaker was arranged through the Men’s Shed initiative to raise awareness of depression and anxiety in men from any walk of life. The speaker took everyone through his personal experience and question time highlighted the interest his story had generated. His experience was one that many attendees were able to relate to and he raised the important issue of the need to be aware and seek help. It also highlighted the importance of the Beyond Blue initiative and Men’s Sheds to bring people together.

In Tongala, a social evening was held for men by a PCP Project Worker who spoke on the Ageing Well project and promoted all services and support available. Discussions focused on increasing physical activity, positive mental health, community contribution and the benefits of good health and wellness as we age.

As a result of our comprehensive programs, men in these areas of the community are involved and interested in changing their lifestyles. They are joining the Heart Foundation walking groups in Stanhope and Tongala and the Stanhope Men's Shed has a men's Strength and Balance exercise group. All are initiatives which will bring sustainable life changes to our rural men's lives.
CLOSING THE GAP
Improving Care for Aboriginal Patients (ICAP)

At KDHS we are committed to ensuring appropriate health services are delivered in accordance with the Aboriginal community’s cultural needs.

To assist and support this goal, a newly formed Aboriginal Health Community Engagement Committee (AHC) has recently commenced and will be partnering with KDHS and the community to appropriately integrate consumer and community engagement and meet the needs of the Aboriginal community.

There is a focus on an environment that is understanding, supportive and friendly that supports the Aboriginal and Torres Strait Islander community to communicate their needs to staff.

KDHS is committed to providing culturally responsive healthcare to Aboriginal Victorians, and during 2014-2015 we have also:

- Provided opportunities to ensure culturally competent care is provided through access to education and training for staff;
- Ensured cultural resources and information is available to help staff better understand aboriginal culture and respond appropriately;
- Ensured there is a commitment to accurately identifying all Aboriginal and Torres Strait Islander patients;
- Developed positive relationships between KDHS and the local Aboriginal community;
- Continued to investigate and source additional resources and support.
Complaints and compliments are a very effective way of identifying areas for improvement. They also assist us to recognise what we do well and to continually review care and services.

All formal complaints are received by the Quality & Safety Manager on behalf of KDHS and directed to the appropriate Department for investigation. They are acknowledged and the complainant provided with a response and outcome within policy guidelines except when lodged anonymously.

The number of complaints has decreased from 43 in 2013-2014 to 32 (26%) for the 2014-2015 period.

For the first time, recording of formal compliments commenced early in 2015 and during this 6 month period, 32 compliments were also received primarily for clinical care and the Advanced Care Planning program.

KDHS continuously explores ways to encourage consumers, families, carers and staff to provide feedback on care and services whether that is a compliment, complaint or suggestion.

**COMPLIMENT**

All nursing staff are professional, warm and caring in their manner.

**COMPLIMENT**

The facilities and care given are second to none—keep up the good work.
Your Comments Help Improve our Performance

Surveys are a valuable source of information to assist in improving our performance. In July 2014, a revised survey system was introduced by the Department of Health and Human Services. This survey, the Victorian Hospital Experience Survey, is sent quarterly to randomly selected patients and participation is voluntary and anonymous.

The survey looks at many areas including our nurses, medical practitioners, care, treatment, discharge, communication and non-clinical services.

In the April - June 2015 survey, 97% of patients who responded to the survey rated their overall hospital experience as either ‘very good’ or ‘good’. This was an excellent response and above the overall State rate of 91%.

The Victorian Hospital Experience Survey will be extended to both Residential Aged Care and Community Health Services in the coming year.

Feedback is also obtained through other surveys across the organisation and specifically from the Acute and Theatre Units from patients following discharge.

Follow up phone calls are conducted within 48 hours of discharge to talk to the patient and check if they have any issues or concerns, if they were happy with their stay and were provided with all appropriate referrals and support to manage at home. This information is evaluated to provide information on further improvement opportunities.

A current focus for discharge is the information on medication and the information being provided to the patient’s medical practitioner once they have been discharged from hospital.
INFECTION PREVENTION and CONTROL

Infection Prevention and Control is everybody’s business.
An effective Infection Prevention & Control program is central to ensure a high quality health service for our patients/residents/clients and a safe working environment for our staff.

A key infection prevention strategy for KDHS is our Hand Hygiene program. Contaminated hands can spread germs leading to patient/resident infection. Hand hygiene which is either washing hands with soap or using an alcohol hand gel is promoted among all levels staff. Signage promoting hand hygiene also invites visitors to participate in the program.

To ensure Health Care Workers are performing hand hygiene, regular audits are conducted. Our audit results identify that we are consistently achieving greater results than our performance target of 80%.

Staff Health – Influenza

Staff health is another essential component of infection control and prevention. It incorporates immunisation and the management of occupational exposure.

Influenza is a highly contagious virus. Our patients/residents and staff are at risk of influenza illness and spreading the virus to others. To decrease the risks all KHS staff were offered a free influenza vaccination. The Influenza program had a positive outcome with 75% of staff of staff taking up the offer in 2015. This was an increase of 8% from the previous 2013-2014 period following an extensive promotion program.

Accredited nurse immunisers currently offer immunisations including influenza, hepatitis B, and Pertussis to staff who are directly or indirectly involved in patient care.

KDHS staff are continually monitoring for infections that develop during a patients stay. These infections are referred to as hospital acquired infections.

Hospital acquired infections can cause unnecessary pain and suffering for patients and families, prolong hospital stays and are costly for the service. During the last 12 months no hospital acquired meticillin resistant staphylococcus aureus (also known “golden staph”) infections have been identified.
FOOD SAFETY PROGRAM

External third party audits are conducted each year and determine compliance with both the Victorian Food Act 1984 and FSANZ (Food Standards Code) 2009. Following a comprehensive review of the Food Safety Plan, KDHS has again been compliant against all standards.

CLEANING AND ENVIRONMENT

Department of Health Cleaning Standards for Victorian Public Hospitals guide our systematic and comprehensive cleaning and maintenance program supported by regular auditing and monitoring.

External audits are completed annually and this year again demonstrates that high standards are continuing with an average result of 94% across all areas of risk. Internal audits are also regularly conducted and are reported to the Infection Prevention and Control Committee for discussion. Strategies and processes are developed and implemented to address any opportunities for improvement. During 2014-2015, cleaning audits continued to meet very high standards exceeding mandatory compliance rates on all occasions for all Moderate to Very High Risk areas.

Survey results from the Victorian Hospital Experience survey also support audit results with 86% of patients finding the hospital “very clean” – this is 14% the State average.

FEEDBACK

I am always so impressed with the cleanliness of the hospital and with the obvious pride taken by the staff responsible.

Day Procedure Unit
PRESSURE INJURY MANAGEMENT and PREVENTION

There has been a focus during the year to encourage staff in the Acute ward to report all pressure injuries on our incident management system. Aged Care also report externally each quarter for benchmarking purposes against other residential aged care services.

Strategies for management and prevention include consultations with wound specialists, pressure relieving mattresses and heel protectors. Information on management of pressure injuries is also provided to patients, carers and families.

Of the 20 patients reported in the Acute area, 15 were admitted with existing pressure injuries either from another health care facility or from their home and six of these patients had multiple pressure injuries present. Of total admissions, this is 0.002% of occupied bed days for admitted inpatients.

In Aged Care, pressure injuries have decreased by 41% from 31 to 13 for the period. Pressure injuries are classified using a four-point scale on the depth of the injury. Stage 1 is a reddened area with no broken skin while Stage 4 is deep damage.

BLOOD MATTERS

With a dedicated and qualified Transfusion Trainer on site, there continues to be significant improvements in the management of blood and blood products.

The Transfusion Trainer works with staff, reviewing all aspects of blood product transfusion and any associated issues or concerns. This is important in ensuring we meet national guidelines and patients are informed about transfusions and treatment.

In 2013 an Orthopaedic working party commenced with the aim of reducing unnecessary transfusions. In 2012-2013 the transfusion rate for hip replacements was 80% and knees was 7%. Transfusion rates continue to decrease following implementation of improvements 23% for hips and 4% for knees. The length of stay for the patient has also reduced over the same period from 10 days to 5 days.

One of the major focuses for blood and blood product management has been on clear and complete documentation to ensure clinicians are able to document the best possible transfusion history and make informed decisions. Audits are also scheduled regularly. All results are evaluated and where identified, changes made to ensure all necessary information is captured. Overall compliance in 2015 has increased to 82% from January 2015 (78%)

The areas of improvement include:

- Improved completion of documentation – an increase of 18% to 100%,
- Patient information – an increase of 33% with 100% of patients receiving information regarding their transfusion
- Consent – an increase of 18% from 68% to 84%

All clinical staff participate in the Blood Safe e-learning program with ongoing support and resourcing by the Transfusion Trainer who also conducts short education sessions for staff.
**MEDICATION SAFETY**

Delivering medication safely depends on providing the right medication to the right patient in the right dose and at the right time.

There have been 62 medication incidents reported during 2014-2015 - a decrease of 29% however it is important to note that many of these incidents (44%) directly relate to documentation, security, storage, and prescribing related to medication and have not impacted on patient care.

Significant incidents are reviewed by the Medication Advisory Committee and also reported to the Clinical Governance Committee. Data is analysed and monitored to ensure patient safety is maintained and improvements implemented.

All Registered Nurses and medication-endorsed Enrolled Nurses complete an annual medication administration competency program as part of their ongoing professional development. KDHS also participates in the National Medication Chart audit program and bi-annually complete a National Medication Safety review.

When a patient is admitted, staff need to know all medications they are taking so the best decisions can be made about their health care.

Patients are also provided with information at discharge about changes to their medications including those to continue, which medicines may have stopped being used and any new medication that has been started.

![Medication Incidents Graph](image-url)
AGED CARE SPECIFIC INDICATORS

Pressure Injuries
Sheridan statistics for Stage 1 & 2 pressure injuries have decreased substantially by 33% over the 12 month period when compared to the previous year. There have been no pressure injuries acquired in care and the rates are consistent with those of similar sized facilities.

Falls and Fractures
There has been a 32% increase in falls over the 2014-2015 period and this increase has also resulted in an increase in fractures from 1 to 5. This resulted in a comprehensive review to identify areas where further improvement could be made. We strive to minimise these events and injuries while respecting the individuality of the residents and risks that may present. Interventions have been implemented for improved management of falls including increased use of sensor mats to alert staff.

Use of Physical Restraint
The use of physical restraint and type of restraint is similar and at times lower when compared to other high care facilities across the state. We continue to minimise use as much as possible while respecting the choices made by residents and family who may request that restraints are used for resident safety.

Multiple Medication Use
For three of the four reporting quarters, Sheridan residents who have more than nine medications prescribed is below the state average. Medication is reviewed by the doctor and only prescribed as required dependent on each individual resident. The number of residents who are prescribed more than 9 medications has not changed for the past 3 reporting quarters.

Unplanned Weight Loss
Sheridan continues perform well against state averages for planned weight loss and has systems in place to ensure any concern for resident weight loss is investigated, referred to the dietitian and that adequate and appropriate nutrition and hydration is provided. Residents all enjoy high quality food options however the way the meals are prepared may alter dependent on speech therapist and dietitian recommendations.
Val and Gavin's Journey

My wife Val, was diagnosed with Multiple Sclerosis in 1975. At the time, we were living in Doncaster in a house that had many stairs and a very hilly surrounding. On advice from Val’s specialist, we were told that it would be far easier for Val, if she was confined to a wheel chair, to live somewhere that the terrain was a little flatter. I decided that if we had to move, it would be north for a little more sun than Melbourne. Kyabram was suggested by a local agent as being reasonably flat to build with a local hospital which was an excellent facility with an equally excellent track record. We therefore decided to build in Lancaster in 1979 – no stairs – no ramps.

Both Val and I and the kids have all spent time at one stage or another in the Kyabram hospital for various operations and tests etc. In our experience, the hospital offers the best nursing practices and treatments and these have never waned in the 30 plus years that we have lived in the area.

In the latter part of 2013, Val was admitted to the Kyabram hospital after having suffered a mini stroke. It was during this period in October 2013 that she was assessed by ACAT. A diagnosis of dementia meant that she would require high level care. It was recommended that Val be transferred into Sheridan’s residential care for respite. I had not heard of the hospital’s Aged Care facility – “Sheridan” prior to this, even though I had lived in the area for 30 years. Over the next 18 months, Val was regularly admitted into respite care at Sheridan for short breaks until finally becoming a permanent resident in July of this year.

During this time, Val has loved the many activities and excursions that are regularly on offer for residents in Sheridan lifestyle program. Val, being a people person through and through and always smiling, has enjoyed meeting many new people at Sheridan. The nurses have given Val excellent care and attention and we have enjoyed getting to know the many residents, visitors and staff at Sheridan.

Val and I feel like a part of the Sheridan family

It was during this transitional period that I was also invited to join the Kyabram Aged Carer support group that Sheridan partners with. This has been a major plus for me, in the sense that being a part of a support group means you’re not alone as a carer. The group is a place where I am able to seek advice and be made aware of services available to carers and I am also able to enjoy the many organised outings and luncheons with other carers. During times when Val was still in my care, Sheridan arranged for Val to be cared for by the staff at Sheridan during the carers meeting. I was therefore able to attend and had confidence knowing that she could not be in better hands for the day.

In July 2015, Val became a permanent resident of Sheridan. This has lifted a massive load from my shoulders, knowing that she is in the very best of care and is being given the best possible attention from the management and staff at Sheridan. During the last few years of our journey we have established many relationships with the staff of the Kyabram Health service.

The transition of handing the responsibility of care of my wife over to others when I was no longer able to provide the level of care that Val needed, was made so much easier by the support that both Val and I received from Sheridan. We couldn’t have asked for any better help from the staff who have been open, honest and caring whilst delivering exceptional care – wonderful!

Val & I now feel like a part of the Sheridan family and enjoy regularly interacting with staff, residents, volunteers and families.

As the old adage says," there’s no place like home" but…..Sheridan would have to run a very close second.
Kyabram District Health Service held their first Breastfeeding Café on the 5th of May 2015, which, due to some excellent planning, happened to fall on International Midwives Day.

New mums, their infants, hospital midwives and a Maternal and Child Health Nurse gather on a monthly basis in the newly constructed Kyabram Health Courtyard Café. Whilst enjoying freshly brewed coffee and morning tea, the group discuss general health and well-being, community support and feeding and parenting tips.

This new initiative is advertised via the Kyabram District Health Service-KDHS Facebook site as well as in the local newspaper.

District Nursing Services are provided to Kyabram, Girgarre, Merrigum and Tongala and include palliative care, hygiene care, medication management, wound management, and breast cancer care. Care is individualized for each client and aims to improve the health status and maximize the independence of clients and their carers.

The District Nurses work closely with a client’s general practitioner and other health providers to ensure a combined approach to achieving good care and outcomes for a client. Self-referrals are accepted as well as referrals from hospitals, and general practitioners.

Under the HACC program the District Nursing service are working towards providing care based on the Active Service Model. This model of care supports the clients taking a more active role in planning their care and deciding themselves on the outcomes they want to achieve from care provision. The Service achieved accreditation in July 2014 and continually monitors and evaluates care for opportunities to improve.
Jane’s Story

“I couldn’t ask for a better service” – these were Jane’s first words when describing her experiences with the District Nursing Service.

At 87 years of age, Jane (not her real name) has lived in Kyabram for 53 years and has been a client for 14 years. Nurses visit every day and Jane feels they are part of her family. She looks forward to their visits as they are very helpful, “great listeners”, while also being capable and friendly.

While Jane’s daughter also helps out, Jane says: “I wouldn’t have been able to stay in my own home all this time if it wasn’t for the nurses”.

In Jane’s case, the District Nurses liaise with her doctor, pick up and deliver her medications while also providing the care required within her home. They sometimes enjoy a cuppa and assist Jane where possible during their visits.

ADVANCE CARE PLANNING

Kyabram District Health Service has had an Advance Care Planning (ACP) and End of Life Care program in place since 2012 and the program has been well received by the community, staff and medical practitioners.

ACP is the process of planning for your future health and personal care and ensuring your values, beliefs and preferences are known. These can then guide decisions about your clinical care when you are unable to make these decisions or communicate your wishes.

Although talking about and discussing ageing and dying can be difficult, KDHS offers all members of the community the opportunity to meet individually with a the ACP Co-ordinator who is responsible for coordinating the program, continuing staff education, developing resources and ensuring advance care planning continues to meet the needs of the community.

Reviews and evaluation have been conducted throughout the project and a review in June 2015 highlighted that the use of Advanced Care directives had continued to increase with over 250 now in place since the program commenced.

A Personal Experience

I found myself in the position of being asked “Is your Mother for resuscitation?” Thankfully I was able to answer with confidence as Mum had an ACP in place and I knew her wishes had been documented.

When other family members were concerned, I was confidently able to explain that this was Mum’s choice, not mine. It was also beneficial to be able to show the written document that allowed us all to respect her wishes and assure the agreed pathways would maintain her dignity and leave us confident that we were doing as she wished when she died.

From my heart, Thank you

CLIENT FEEDBACK

- Thanks for the caring, professional service provided by the Advance Care Plan Coordinator
- My thanks for a very special service
- A great service with wonderful, caring staff
- My family and I felt very comforted to know that Mum’s wishes had been carried out—thank you.
TRANSITION CARE PROGRAM

The Transitional Care Program (TCP) provides care and restorative services to older people who no longer need hospital care but who do need additional time and support to recover.

A review was conducted of TCP clients and outcomes over the Nov 2012 - Nov 2014 period. During the audit period occupancy was 103.1%

Of the 50 clients seen to date, 37 (74%) have been able to remain at home while 9 (18%) have been admitted to residential care and 4 (8%) have deceased.

The program continues to assist clients achieve their lifestyle choices and provides time to make decisions.

CLIENT FEEDBACK
- TCP is a wonderful program bettered only by the dedicated staff who are involved in the day to day management.
- Staff are all to be commended on their professionalism, efficiency, warm and friendly manner.
- I was very well looked after by all the staff at Kyabram hospital.
- Very happy with my treatment and care. Thank you to all.
- Excellent care.

A Transition Care Journey

The journey from acute care (in the hospital), through Transition Care, and to the final outcome is an individual one. Just as any two people are not the same, neither are any two episodes on the program.

While a client is with us, they set their own goals based on their lifestyle and hobbies / interests.

Mrs K commenced her hospital admissions on 27th April. She spent time as an inpatient in Kyabram hospital and Goulburn Valley Hospital (GVH), then had a short stay at home. Following an orthopaedic (bone) review, she was to continue non-weight bearing and had developed a pressure ulcer. This again required admission to hospital in late May.

Reviews continued at GVH consulting suites as Mrs K had plaster applied in June and then progressed to partial weight bearing with a CAM boot in mid-July. During this period staff discussed the Transition Care Program with Mrs K, as her desire was to return home.

Eligibility for TCP requires an Aged Care Assessment and Mrs K was assessed and approved for the program by Aged Care Assessment Agency (ACAS). They stated in their summary that:

“Mrs K’s goal is to return home when independent with her mobility, however recognises that further support will be required following her discharge from hospital. Her treating team state that low intensity physiotherapy, a home assessment with occupational therapy, and a review for future services with a social worker would increase her likelihood of independence while she recovers from her deconditioned state.”

As a result, Mrs K commenced bed based (in hospital) TCP in late July and was happy to be able to return home under the home based TCP by the end of August.

Throughout Mrs K’s journey, she was able to access most of her services at KDHS including inpatient services and allied health, as well as the Transition Care Program.
KDHS has approximately 340 fulltime, part-time and casual staff and every second year they are asked to participate in an external survey - “People Matter Survey” - distributed by the State Services Authority. Information is gathered across a broad range of people management issues such as employee commitment and job satisfaction.

The survey provides staff with the opportunity to give feedback on the organisation, their role and how they believe we can improve.

In 2014, 96% of staff responding to the survey stated they believe that KDHS is “providing the best standards of service and advice” and 98% believe they are “making a contribution to achieve the organization’s objectives”.

Employee engagement was introduced to the Survey in 2013 and is considered to be a useful measure of a combination of concepts relating to advocacy, willingness to contribute to the goals of the organisation, commitment and job satisfaction—otherwise known as “say, stay and strive”.

There has been a 2% improvement in this indicator over the 12 months and KDHS staff engagement results are 6% above the average.
EDUCATION AND TRAINING

As a consequence of staff diligence and CORE Training Days, there continues to be an increase in staff competency attainment with an improvement of 23% from the previous year.

![KDHS Competency Improvement Chart]

Education topics delivered included Foetal Surveillance and Maternal Emergency Workshops, Clinical Supervision Support, Advanced Life Support, Wound Management and Care of the Deteriorating Patient. Education is targeted against the NSQHS and Aged Care Standards.

STUDENTS

KDHS continues to support a number of students from a range of disciplines, including nursing, physiotherapy, occupational therapy and speech pathology. KDHS supported approximately 110 students for the last financial year. Strong relationships continue with a number of Universities and Registered Training Organisations, including La Trobe University, Deakin, Victoria University and GOTAFE.

KDHS also supports Work Experience placements, in conjunction with local schools, for Year 10 – 12 students. Areas of placement include Nursing, Catering and Allied Health. Affiliated schools include St Augustine’s College and Kyabram P12 College.

A survey in July 2015 targeted the complete student experience from orientation to completion of placement with satisfaction improving by 2.5% from 93% in 2014 to 96% for 2015 (to date). Of the students surveyed, 55% were RNs and 45% EN's. This is an increase of 23% in RN students 2015.

Thank you KDHS for making my first day of student placement a welcoming experience.

All staff were friendly and helpful and very welcoming, follow up contact reassuring. Gave me a great impression of the entire hospital.
Graduate Nurse Program
The KDHS Graduate Nurse Program has been able to increase the number of Graduates from 2 to 3 fulltime General and I fulltime Midwifery Graduate positions, shared with GV Health, for the 2014 – 2015 period.

In 2015 KDHS welcomed Hannah Hatton, Julia Hewitt and Victoria Swain for the General Graduate Program and Lauren Pullen as our Midwifery Graduate.

VOLUNTEERS
Volunteers at KDHS provide a diverse range of care and services to assist and support our residents, patients and clients and all play an important part in assisting us to continue to provide quality care and services to the community.

Opportunities for volunteers include but are not limited to:

- Helping with activities and meals in the Pat Hayes Centre for the Planned Activity Group
- Helping in Sheridan with activities, outings, reading
- Administration duties
- Assisting Environmental staff

We are also extremely fortunate to have a dedicated group from the Kyabram Hospital Ladies Auxiliary who assist in the Courtyard Café and have been a supportive team operating the Hospital Kiosk over many years.

An Afternoon Tea was held in May in appreciation of the great work and support provided by our Volunteers with 35 attending. Each volunteer was provided with a Certificate of Appreciation and a voucher to the Courtyard Café.
Your opinion is important to us

This report is designed to inform our community of quality, safety, risk and improved performance as well as provide information on the range of services we offer through the health service.

Do you feel we have achieved this throughout the Report? Let us know what you think—your feedback is important and valuable to us.

You can submit your feedback in various ways:

**By Post:**
- Quality Feedback
- Manager Safety and Quality
- P O Box 564
- Kyabram Vic 3619

**In Person:**
- KDHS Reception
- Fenaughty Street
- Kyabram 3620

**Email:**
- info@kyhealth.org.au

**Online:**
- www.surveymonkey.com.au

What did you like about the Quality of Care Report?
_________________________________________________________________________________
_________________________________________________________________________________

What could be improved?
_________________________________________________________________________________
_________________________________________________________________________________

What would you like to see in next year’s Quality of Care Report?
_________________________________________________________________________________

Are you interested in partnering with us to improve care?

This may include:
- Being a member of a Committee or working group
- Participating in workshops, forums or focus groups that will help identify areas or improvement within the health service
- Reviewing patient brochures or information sheets

If you would like to discuss any aspects of this report or if you are interested in being a consumer representative, please provide contact details:

Name: ___________________________ Phone: ________________________