

Gippsland Southern Health Service

Quality Account

2016/17



Our Mission

Building a healthier community together

Our Vision

Excellence in healthcare

Our Values

Excellence, means **iCare**:

Individuality

Collaboration

Accountability

Respect

Empowerment

Why

Because the people who come to us for care are:

Our community,

Our friends, and

Our family.

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President & CEO's welcome & introduction

On behalf of the Board of Management and dedicated staff of Gippsland Southern Health Service (GSHS) we are pleased to present this year's Quality Account to the South Gippsland Community. Produced in partnership with the Partnering with Consumers Committee, Board of Management, GSHS Executive team, Staff and consumers this report is provided annually as a way of informing the community of the quality, performance, improvements and care undertaken by the health service over the past year.

As we look to the future of continued growth and positive change at GSHS, we reaffirm our commitment to our core organisational principles of excellence, individuality, collaboration, accountability, respect and empowerment and delivery of person-centred care. Supporting a diverse community with a wide range of needs, it is our role to support the health and wellbeing of our community by providing accessible, high quality and sustainable health care.

We are excited by the achievements of the organisation in the past 12 months. These included the implementation of a telehealth project which has enabled patients who present at the Urgent Care centres located at Leongatha and Korumburra to be consulted via telehealth with Doctors located at the Latrobe Regional Hospital Emergency Department. We commenced construction of the Leongatha Integrated Primary Care Centre which will be completed in October 2017 and completed development of the Gippsland South Coast Clinical Services Plan in collaboration with Bass Coast Health and South Gippsland Hospital. The plan provides a roadmap to significantly transform and enhance the health access and outcomes of communities within the South Gippsland and Bass Coast Shires.

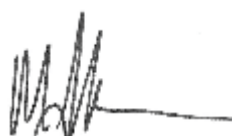
Feedback from our patients, clients, residents and carers plays a big part in our quality improvement initiatives informing us of ways in which you think there are opportunities to improve the delivery of care. We encourage you to complete the Quality Account survey and return it to us with your suggestions on how we can improve the way we present the report to you. All returned surveys will be placed in a draw and have an opportunity to win a Christmas Hamper to the value of \$150.

We extend our sincere appreciation to the community for their support throughout the year. We are indebted to our many volunteers, The Lyrebird Auxiliary, The Friends of Hillside, the individuals, community groups and business groups for their dedicated support of the health service.

Special thanks to the staff of GSHS who through their continued efforts have demonstrated their commitment to our vision of Excellence in healthcare and to all who have contributed toward the Quality Account production.



Alex Aeschlimann
President, Board of Management



Mark Johnson
Chief Executive Officer



Board of management



Alex Aeschlimann
President



Susan Hanson
Snr Vice President



Nigel Broughton
Jnr Vice President



Peter Siggins
Treasurer



Rajiv Dhar



Sue Fleming



Ian Drysdale



Mark Holmes

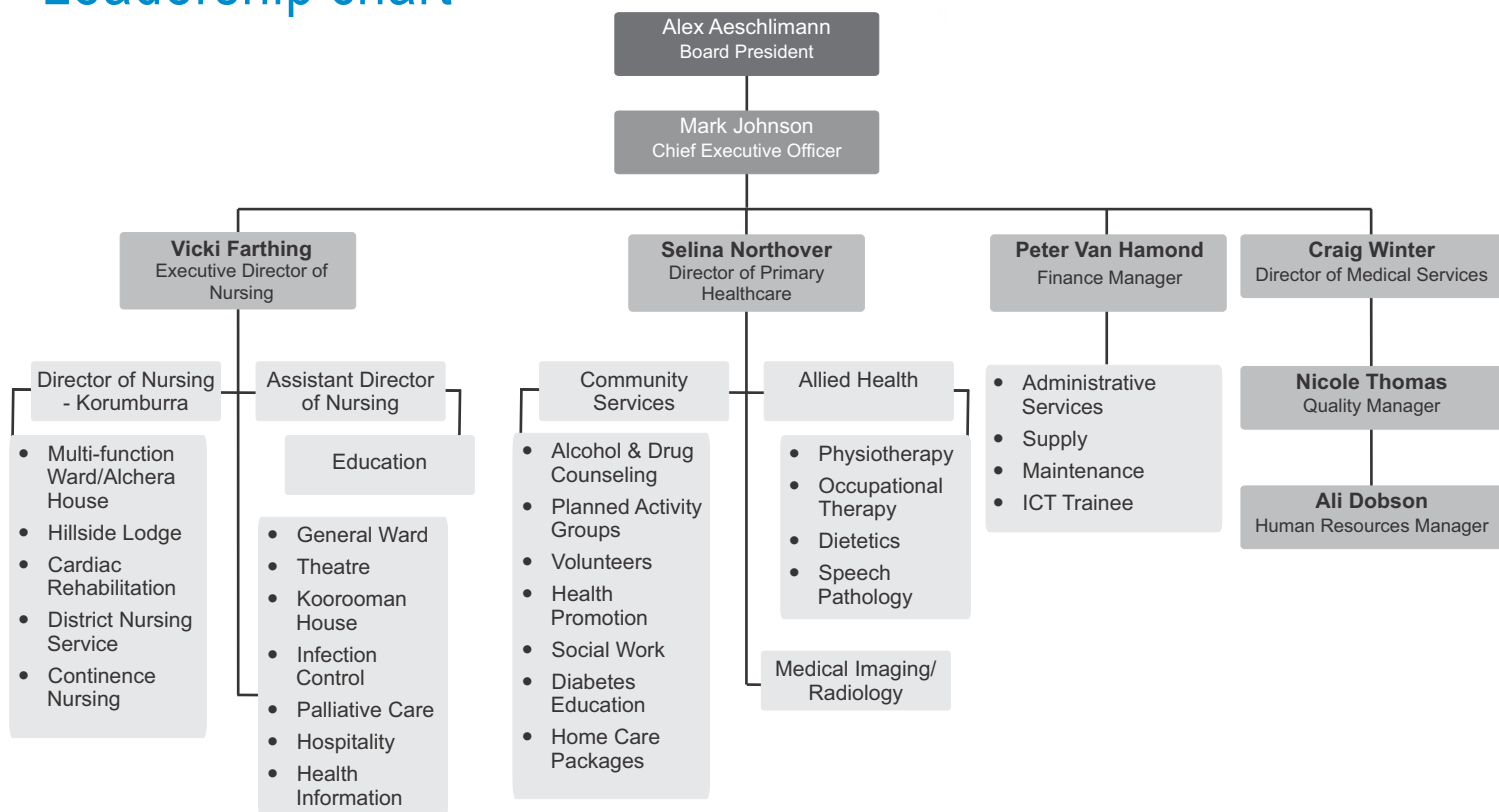


Jan Martin



Catherine Pickett

Leadership chart



Assessment & delivery



From L to R: Vicki Farthing - Executive Director of Nursing, Mark Johnson - Chief Executive Office, Ali Dobson - Human Resources Manager, Peter Van Hamond - Finance Manager and Dianna Mollica - Executive Assistant.

The GSHS Quality Account aims to improve our communities understanding of the quality of care provided by our services and programs. In sharing our performance against quality and safety markers and the action taken to improve our performance, the report shows the ongoing commitment of the organisation to the delivery of safety and quality of care.

In addition to information on key safety and quality measures, this report also outlines a number of activities and systems that assist GSHS to engage with the community and consumers to improve the services we provide.

The Quality Account is distributed to the community in a range of ways including:

- The Annual General Meeting,
- A direct mailing list,
- In all GSHS waiting areas,
- On the GSHS website, and
- In various community agencies and locations.

Each year we seek feedback from the community on our Quality Account. We received both informal and formal feedback through the feedback form included within the 2015/16 Quality Account. In 2016 we received 20 completed feedback forms.

All the feedback was positive (good/excellent) particularly around the information provided and presentation. As a result we have used a similar layout this year. Some useful suggestions to include more on Primary Health Services and patient stories were received and thus included in this year's account.

Thank you to everyone who contributed and we look forward to your feedback on this year's Quality Account.

Would you like to win a Christmas hamper?

We greatly appreciate all feedback and as an encouragement, we will be placing all returned Quality Account feedback forms into a draw for an opportunity to win a Christmas Hamper valued at \$150.

The form has been inserted inside the back cover of this report and can be returned via the reply-paid postage address provided on the reverse side.

Services provided & area covered

Gippsland Southern Health Service delivers a broad range of services across the South Gippsland Shire.

Acute inpatient care, residential aged care, primary health services including community nursing and allied health and a range of support programs are provided from the Korumburra (1) and Leongatha (2) sites.

GSHS also provides services through partnership arrangements with the Tarwin Lower Community Health Centre (3). Appointments can also be arranged for programs such as allied health, social work and alcohol & drug services.

A multi-disciplinary and coordinated care model is used across the organisation to ensure that consistent and quality services are delivered to those accessing and using GSHS programs and facilities.



Acute services

Chemotherapy
Ear, Nose and Throat
General Medicine
General Surgery
Gynaecology
Infection Prevention & Control
Maintenance Care
Maternity Services
Operating Theatres
Ophthalmology
Orthopaedic Surgery
Paediatrics
Palliative Care
Pharmacy
Pre-admission Clinic
Specialist Services
Urology

Residential care

Alchera House
Hillside Lodge
Koorooman House

Primary healthcare

Alcohol and Drug Support Service
Allied Health - Centre Based
Diabetes Education
Disability (Respite)
District Nursing Service
Community Allied Health Team
Community Rehabilitation
Healthy Ageing and Preventing Injury (HAPI) Program
Health Promotion Programs
Home Care Packages
Mates Group
Palliative Care
Planned Activity Groups
Post Acute Care
Social Work
Volunteer Coordination
Specialist Community Nursing including:

- Cardiac Rehabilitation
- Continence

- Chronic Disease/Pain Management
- Diabetes
- Immunisation
- Pulmonary Rehabilitation
- Stomal Therapy

Outpatient care

Dietician
Domiciliary Midwifery
Occupational Therapy
Physiotherapy
Podiatry
Social Work
Speech Pathology

Diagnostic services

Audiology
Medical Imaging
Pathology

Consumer, carer and community participation



Pictured from L to R: Jim White, Michelle Towers, Chris McRae, Bruce Plant, Geertruida McRae and Mari Zirngast.



Partnering with consumers, carers & the community

GSHS recognises and values the importance of partnering with consumers, carers and the community to improve the safety and quality of care.

Consumer involvement is encouraged and adopted through a range of systems including the GSHS Consumer Charter and consultation and feedback processes.

Feedback is received from consumers in a variety of ways including face-to-face conversations, surveys and the GSHS compliments, comments and complaints system. GSHS also participates in the Victorian Healthcare Experience Survey (VHES) - a quarterly survey sent to users of our health services.

Person centred care

GSHS promotes the provision of person centred care to improve consumer outcomes. Person centred care is an approach whereby the treatment and care provided is adapted according to the consumer's needs and preferences and ensures that all consumers and their families are treated with dignity and respect. At GSHS, the consumer is involved in the planning for their care, open communication and shared decision making, and discussions about their discharge, including any services they may need to assist them in their recovery process when they go home.

Partnering with consumers committee

Following the retirement of a number of community representatives from our Partnering with Consumers Committee we decided to undertake a review of the committee's role and function. The Committee was established to provide opportunities for members of the community to be involved in the development of strategies to increase consumer involvement across the organisation, to consider reports on safety and quality measures including incident and feedback reports and provide input into the information published in brochures, and other documents for consumers. The review found that the committee structure and reporting format met the aim of engaging with consumers but failed to utilise their skills in the development, planning and implementation of opportunities to improve the safety and quality of service delivery. This led to a full review of the GSHS committee structure which is on-going and will lead to the recruitment of consumers to committees where they will be actively involved in the development of policies and procedures that guide the delivery of patient and client care and the monitoring of safety and quality outcomes.



Lindsay Friebe - Occupational Therapist with Dorothy Lees.

AIDET

During the year we implemented the AIDET communication tool inviting all staff members to participate in AIDET training and skills labs. AIDET is a particularly effective way of communicating with patients and clients who may be feeling anxious or uncertain about their condition and the care they are to receive. AIDET is an acronym that stands for A = Acknowledge (the patient/client), I = Introduce (yourself and your role), D = Duration (give a timeframe), E = Explanation (what is going to happen next) T = Thankyou.

As an example when entering a patient's room a cleaner at GSHS might engage with the patient saying:

'Hello Mrs Jones, my name is Melanie and I am the cleaner on your ward today. If you don't mind I'll just take a couple of minutes to empty your waste bin and check that your bathroom has all of the things you will need. If there is anything you need please don't hesitate to ask and thank you for your patience'.

Interpreter services



From L to R: Norma Lawry, Michelle Tonello - Allied Health Assistant and Val Goller.



From L to R: Dianne Jones - Continence Nurse, Sharyn Cook - Ward Clerk and Shelvy Varghese - Associate Nurse Unit Manager.

Understanding our community

Diversity is about recognising, valuing and taking into account people's different backgrounds, skills and experiences. Equity in healthcare requires that all consumers have equal access to high quality and safe healthcare, regardless of their cultural, linguistic, religious, sexual orientation and socio-economic background and considerations.

We aim to provide health care services that meet the needs of our diverse community in a sensitive manner. We recognise that the way to provide accessible and appropriate health services and to reduce health inequality is to understand, support and respect the diversity of our community.

South Gippsland has an age profile which is similar to other rural communities – one quarter of our population is aged over 65 years; children, aged 0-16 years, make up 20% of our population; the average age is 46.5 years. South Gippsland has slightly more women 50.7% than men 49.2%, with 0.01% identifying as transgender. Within South Gippsland, 84.3% of our population were born in Australia.

In 2016-2017, 94.7% of consumers using Primary Health services in South Gippsland stated that their first language was English. Of those who spoke a first language other than English, 1% indicated Italian and 0.8% Dutch, as their preferred or first language. Additionally, we provided services to clients who

indicated German, Mandarin, Swedish, Dutch and Filipino as a preferred language. Thirty-six hours of service provision was provided with a formal interpreter service and an additional twenty-seven with the assistance of a sign language interpreter.

The Aboriginal and Torres Strait Islander (ATSI) population of South Gippsland is 0.9%, with an average age of 25 years. In 2016-2017 1.6% of consumers accessing Primary Health services indicated they were of ATSI descent. Staff have been actively encouraged to ask clients whether they identify as Aboriginal or Torres Strait Islander and staff have access to information and resources to support the delivery of culturally sensitive care.

Victorian health experience survey

GSHS continues to participate in the Victorian Health Experience Survey each year. Surveys are sent to patients who have been admitted to the health service and discharged in the prior month.

Reports are provided quarterly by the Ipsos Social Research Institute to assist the health service to better understand the level of consumer satisfaction with services provided. The Department of Health and Human Services has identified key measures within the report and set targets for health services to meet as part of the standard monitoring process.

In the 2016-17 financial year the Department of Health and Human Services set the following benchmark for health services:

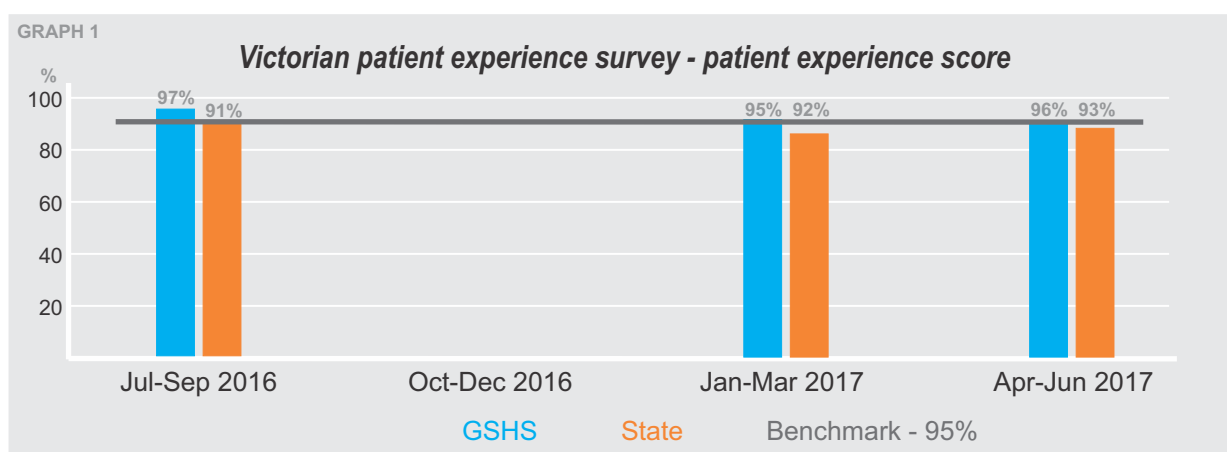
- Victorian Healthcare Experience Survey –
Patient experience → 95% positive experience

A number of questions are asked in the survey to provide a picture of the patient experience from all aspects of their interaction with the health service from how staff communicated with the patient, to the care provided, the cleanliness of the organisation and the planning for discharge.



Standing is Coral Haw - Enrolled Nurse and Ella Hickey - Registered Nurse with Judy Middleton.

Results are only provided quarterly if a sufficient sample size has been attained, that is 42 surveys completed. Reports received in 2016-17 indicate that there were insufficient survey numbers in the October-December quarter for results to be generated. **Graph 1** below shows the satisfaction of patients admitted to GSHS with their overall experience.



GSHS has met or exceeded the Department of Health and Human Services benchmark of 95% in each quarter where sufficient results have been received and have performed better than the state average.

Strategies used by GSHS to understand the patient journey and satisfaction with their experience include the implementation of connecting conversations with patients during their stay. This allows us to identify issues along the way that can be rectified.

Community health priority population group response



Kathryn Croatto - Cardiac & Pulmonary Rehabilitation Coordinator.



Participants in the "HAPI" (Healthy Ageing & Prevention of Injury) program lead by Kay Rodda.

Community health – responding to the needs of our local population

In delivering a community based model of care, our services aim to provide a broad ranging, universal service; as well as targeted programs to specific populations, such as people with the poorest health and greatest economic and social needs and population groups that may have trouble accessing appropriate health care.

GSHS further applies a local population analysis to ensure we are prioritising services to groups in the South Gippsland community to ensure we not only address presenting health issues but also take on a preventative health focus. Our service planning has led to a number of community health programs being developed to ensure ease of access for local population groups known to experience poorer overall health outcomes. These programs aim to reduce, wherever possible, the barriers to accessing our services especially for groups that may be economically or socially isolated and those who have complex health needs.

In 2016-17 we have provided several targeted information programs to support clients and potential clients of our Primary Health programs to meet individual needs by raising awareness of the supports available to them and the ways services can be accessed. In partnership with other local agencies we have provided specific programs and information sessions for many of the 'at risk' target groups including:

- Informal information sessions for those at risk of homelessness.

- Services targeting local farmers during economic hardship caused by the dairy crisis.
- Community events for the older population aiming to raise awareness of elder abuse, dementia awareness and carer support programs.
- The provision of services to enhance early intervention for young people with developmental delays and disability to improve long term outcomes.
- The implementation of a positive pregnancy program to complement other services targeted at future and new parents and children.

Our community based model of care aims to build the capacity of our community to promote health and wellbeing and encourages consumer involvement in service planning, delivery and evaluation. We use the demand management framework which prioritises health services to specifically respond to those most vulnerable consumers.

Quality & safety



Val Bickel - Enrolled Nurse and Angela Richmond - Nurse Unit Manager, with Koorooman House resident, Tony McKenzie-McHarg.



Feedback and complaints



Reception staff - Liz Gamble and Linda Forrester.



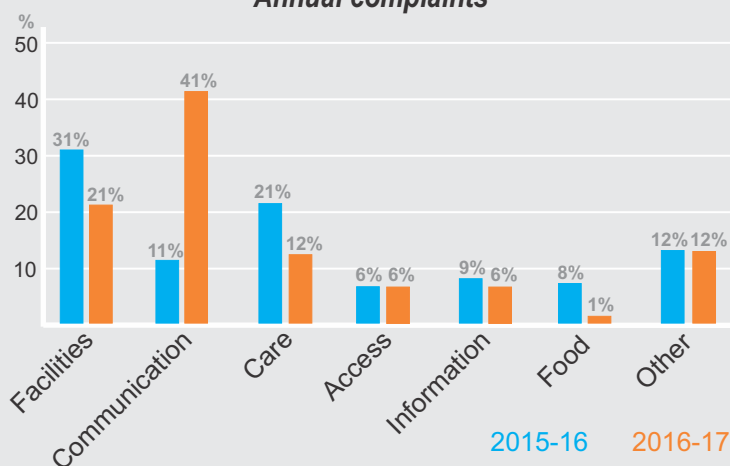
Justine Kleeman - Planned Activity Groups Coordinator.

GSHS views feedback as an opportunity to improve the service we provide to the community and welcomes any feedback given. Feedback is sought through the completion of written feedback forms, verbally from service users, Facebook and consumer connecting conversations.

Complaints are managed either verbally or in writing and may be at the time of receiving the complaint or after an investigation has been conducted. In 2016-17 GSHS received 164 compliments and 66 complaints. The graphs below illustrate the complaints and compliments received over the 2015-16 and 2016-17 financial years.

GRAPH 2

Annual complaints

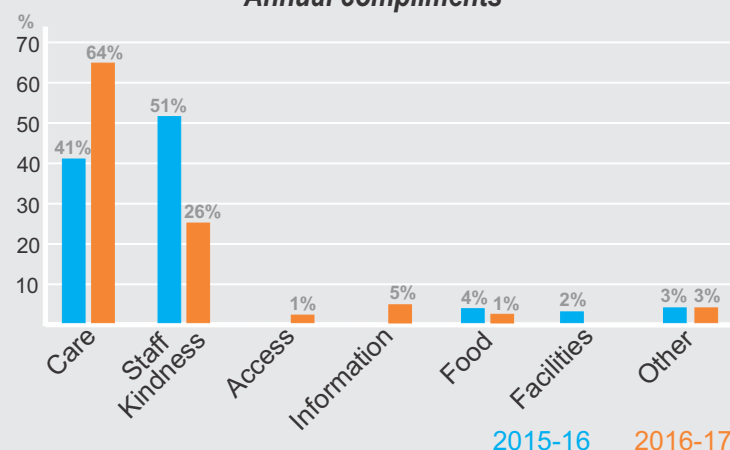


As a result of complaints received, examples of improvements that have been made are:

- Improved directional signage,
- Communication training for all staff,
- Improvements to invoicing processes for allied health equipment,
- Staff members now wear name tags with their first name clearly written,
- Review of distribution of newsletters in residential aged care.

GRAPH 3

Annual compliments



Examples of compliments received include:

- Thank you for the wonderful care,
- Good customer service,
- Fantastic gluten free information session,
- Breathe program is great,
- Very friendly and helpful staff,
- Great care given in day surgery.

People matter survey

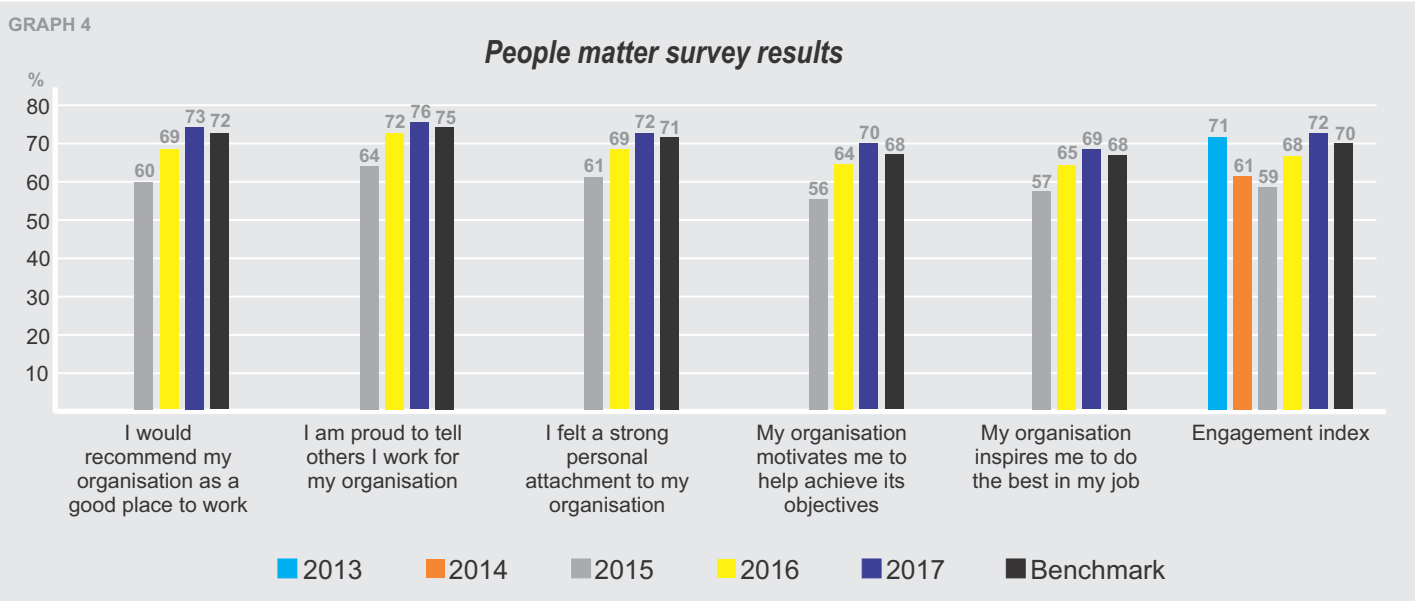


GSHS participates in the People Matter Survey each year. The survey provides an insight into what it feels like to work at GSHS. It seeks the beliefs, attitudes and perceptions of staff about a wide range of topics including leadership, change, job satisfaction, and patient safety.

The results show staff are happy to work at GSHS and feel that we perform well in the services we deliver.

The results of each year's survey contribute to the ongoing improvement at GSHS and, in turn, the care we provide to our patients, residents and clients. People who are satisfied with their work and proud to be part of an organisation, generally perform at a consistently high level.

Our Staff Engagement Score has been steadily increasing from a low of 59% in 2015 to 72% in 2017. Our staff are proud to work here and report GSHS inspires them to do the best in their role and they would recommend a friend or relative be treated here.



Patient safety

The majority of surveyed staff agreed that as an organisation, we make patient safety a priority:

- 80% believe patient errors were appropriately dealt with,
- 78% agreed their patient safety suggestions would be acted on if they told a manager,
- 84% would recommend that a friend or relative be treated at GSHS.

Overall results showed we are a strong team, focused on safety and quality patient outcomes with shared values and a belief in what we do.

Cultural diversity at GSHS

Our staff mix reflects that of our local community. For the first time this year, our staff survey sought their thoughts on how we support diversity:

- 79% believe their manager works effectively with people from diverse backgrounds,
- 81% believe their colleagues have a positive attitude towards people from diverse backgrounds.

Whilst we do not have any staff that identify as indigenous, developing and enhancing career employment options for all staff will ensure appropriate systems, supports and processes are established for the engagement of a diverse workforce and enhanced patient outcomes as a result.

Bullying



Emma Grabham - Registered Nurse and
Mark Axford - Enrolled Nurse.

The results of our People Matter Survey in 2017 demonstrate that a small number of staff are still experiencing bullying behaviour in the workplace, although this is down from 2016. The People Matter Survey results for 2017 do demonstrate that there are more staff prepared to submit a complaint when they experience such behaviour.

In 2015, GSHS staff developed an Employee Charter based on our Values. This year we are focussed on providing staff with the skills to have a conversation when they witness any “*below the line behaviour*” as well as training our managers to work towards prevention but also deal with any issues as they arise, “*nipping them in the bud*” so to speak.

We will continue to work with staff to embed this as part of our culture and teach staff and managers ways to address “*below the line*” behaviour as a means of eliminating bullying within our workplace. We are seeking a cultural shift rather than a program which would normally only be adhered to for a short period of time.



Nancy Summerfield - Cook and Pam Brooker -
Food & Domestic Services Assistant.

Primary health directorate

The Primary Healthcare Directorate consists of Allied Health, Community Services, Radiology. There is a lot of change occurring in these areas with the introduction of My Aged Care and the National Disability Insurance Scheme (NDIS). The employees in these areas have had to adapt to new ways of working as the funding of services and the reporting requirements have changed greatly.

Highlights

- GSHS Home Care Packages were commenced, we currently have 6 clients receiving specialised individual support to remain living in their own homes.
- GSHS Social workers now provide a fortnightly clinic at South Gippsland Hospital in Foster to improve access to social work services to clients in the local area.
- Working together with the South Gippsland Shire and South Gippsland Hospital to improve access to services for consumers from diverse backgrounds.
- Working together with South Gippsland Hospital and Bass Coast Health to develop training and resources for staff in regards to family violence.
- Development of the Gateway team to streamline admissions into the department.
- New and more computers for staff to improve efficiencies when seeing clients.
- Running NDIS and Aged Care information sessions for the public across the South Gippsland Shire to assist consumers prepare for the changes.



Bron Beach - Drug & Alcohol Counselor.



Diane Dyke with Tracey Edmonds - Nurse Unit Manager.

Accreditation

GSHS regularly undergoes Accreditation processes which measure our performance against a range of standards.

At an organisational level GSHS is Accredited by the Australian Council on Healthcare Standards (ACHS) against the 10 National Safety and Quality Health Service Standards and 5 EQulP Standards. GSHS will undergo an Organisation Wide Survey in March 2018, which will involve up to 4 external surveyors spending 4 days on site to review our performance.

In previous surveys GSHS consistently demonstrated a strong culture of safety and quality with staff displaying commitment to patient centred care.

In addition, GSHS undertakes accreditation against a range of other Standards applicable to our service delivery, including the Residential Aged Care (RAC) Accreditation Standards, the DHHS Standards for Disability Services and the Home Care Common Standards for Primary and Community Health.

Disability Respite was accredited in March, meeting all the Standards.

Primary Health was accredited against the Home Care Common Standards in May with great feedback.

Koorooman House was accredited against the Residential Aged Care (RAC) Standards in August this year and received fantastic feedback and results.

Alchera House and Hillside Lodge are due for RAC accreditation in October 2018.

Additional information is provided in the following pages of this Quality Account relating to the work being done at GSHS across these Standards.

The ten National Safety & Quality, Health Service Standards are:

-  Standard 1 - **Governance for Safety and Quality in Health Service Organisations**
-  Standard 2 - **Partnering with Consumers**
-  Standard 3 - **Preventing and Controlling Healthcare Associated Infections**
-  Standard 4 - **Medication Safety**
-  Standard 5 - **Patient Identification and Procedure Matching**
-  Standard 6 - **Clinical Handover**
-  Standard 7 - **Blood and Blood Products**
-  Standard 8 - **Preventing and Managing Pressure Injuries**
-  Standard 9 - **Recognising and Responding to Clinical Deterioration in Acute Care**
-  Standard 10 - **Preventing Falls and Harm from Falls**

The five EQuIP Standards are:

-  Standard 11 - **Service Delivery**
-  Standard 12 - **Provision of Care**
-  Standard 13 - **Workforce Planning and Management**
-  Standard 14 - **Information Management**
-  Standard 15 - **Corporate Systems and Safety**

The Home Care Common Standards are:

- Standard 1 -** Effective Management
- Standard 2 -** Appropriate Access and Service Delivery
- Standard 3 -** Client Rights and Responsibilities

The Aged Care Standards are:

- Standard 1 -** Management Systems, Staff & Organisational Development
- Standard 2 -** Health and Personal Care
- Standard 3 -** Resident Lifestyle
- Standard 4 -** Physical Environment and Safe Systems

Adverse events

GSHS makes significant effort to provide safe health care experiences for the community who use our services. We know that being hospitalised is not without risk and we implement systems to aid in maintaining safe care and to reduce the incidence of human error.

Adverse events or unexpected outcomes are recorded and reported at GSHS through the Victorian Incident Management System, RiskMan. The Australian Institute of Health and Welfare defines an adverse event as “incidents in which harm resulted to a person receiving health care. They include infections, falls resulting in injuries, and problems with medication and medical devices.”

Incidents are rated according to the level of harm resulting from the event with rating being:

1 – severe/death	3 – mild
2 – moderate	4 – no harm/near miss

Incidents are investigated and actions taken for improvement are documented on the incident record. All incidents are submitted to the Department of Health and Human Services monthly.

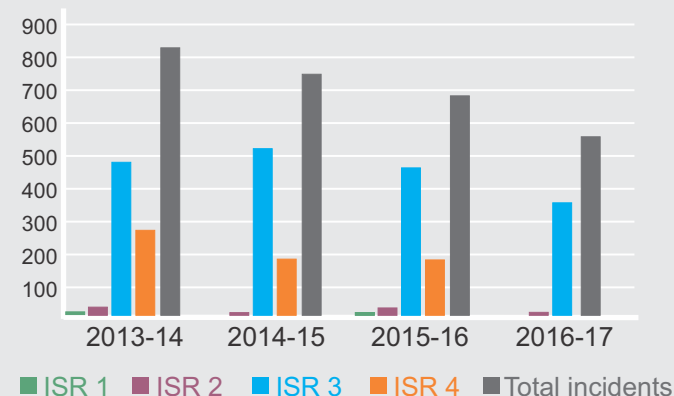
Any adverse event which is an ISR 1 (Incident Severity Rating) requires a team of key people to be gathered together to undertake a Root Cause Analysis review. This team is led by an executive member trained to carry out such reviews and must consist of staff members who were not involved in the event. The team will perform a systematic review of the course of events leading up to the incident, carry out interviews with staff and others and work to determine any factors which may have contributed. Following this process a report is written which clearly identifies anything which may have contributed to bringing about the incident and importantly any changes to our systems and/or practice which have been implemented as a result to prevent a reoccurrence of such an event.

Safer Care Victoria, the peak state authority for leading quality and safety improvement in healthcare, are informed immediately when an event of this nature occurs and they receive and provide feedback to the subsequent report. Safer Care Victoria oversees and supports health services to provide safe, high-quality care to patients every time, everywhere. Discussion with the patient and family to determine whether they have identified anything which the health service could have done differently can also form a very important part of the process.

GSHS places a high value on reporting of incidents and encourages staff to report even very minor incidents as they are seen as an opportunity to identify learnings and make improvements to prevent future occurrences or more significant incidents. **Graph 5** demonstrates that the majority of GSHS incidents are classified “No Harm/Near Miss” or “Mild” with a downward trend in total incidents.

GRAPH 5

Total incidents per year by severity rating



Incident investigations for 2016-17 have resulted in a number of actions to improve quality and safety including:

- Providing further training for staff on deteriorating patients.
- Arranging a specialist external party review of the organisational emergency procedures, with drills and training to be provided on completion of the review.
- After hours training sessions in the operating theatre where scenarios are conducted to practice the management of difficult situations.
- Review of mandatory competency requirements for staff, with the addition of several competencies related to recognising and responding to clinical deterioration. This helps to ensure staff have the required skills to identify and manage situations where a patient's condition may be deteriorating.
- Establishment of a Falls Working Group to identify and implement initiatives to reduce the number of patient falls across GSHS.

To further support the health service to deliver safe care of the highest standard, GSHS has a Clinical Review Process in place, which is an ongoing monitoring system requiring certain conditions and events to be reviewed. This review is conducted by senior nursing and medical staff. The process aims to identify any irregularities or areas for improvement within the health care service, and allows us to develop and implement improvement strategies to continuously enhance the care provided. This in turn minimises the likelihood of circumstances occurring which may lead to adverse patient outcomes and is an important step in the process of delivering high quality and safe care.

Quality indicators

GSHS places a very high priority on providing high quality and safe health services to our patients. Below are some examples of how we monitor and respond to quality and safety across a number of areas.

Medication safety

GSHS takes medication safety very seriously. We audit our documentation and all errors are recorded so that we are able to investigate the cause and provide education to staff.

Initiatives for ensuring medication safety:

- Hard copy and web-based education resources to inform staff on all aspects of medication safety.
- Education is provided regularly for staff by Debbie Hooper, our pharmacist contracted from Latrobe Regional Hospital.
- A medication safety study day presented by Anne Laversha (senior lecturer at Monash Uni/Pharmacist) was held at GSHS and was attended by staff from GSHS, Bass Coast Health & Koo Wee Rup Health Service.
- Electronic pumps that ensure medications given intravenously are provided at the correct rate.
- Recently purchased two new “Sapphire” infusion pumps which will further increase safety in delivering certain medications.

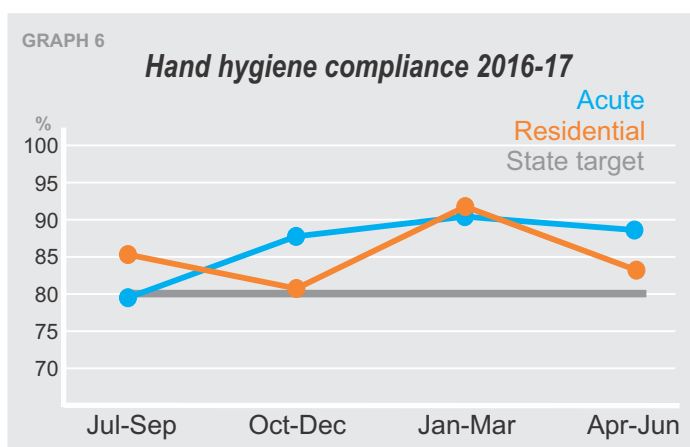
National standard 3: preventing and controlling healthcare associated infections

Infection Prevention and Control programs are a vital link in preventing healthcare associated infections which may result in inconvenience or injury to patients and which are an undesirable, often unnecessary healthcare expense.

GSHS Infection Prevention and Control program strongly endorses a culture of prevention and focuses firmly on promoting routine standard precautions throughout the organisation.

Hand hygiene

Good hand hygiene is the key to reducing the spread of infection from person to person. GSHS participates in the Hand Hygiene Australia Program. Our Acute services had an overall compliance rate of 86.5% for the 2016-2017 year. As part of our ongoing quality improvement process as of April 2015 GSHS commenced auditing hand hygiene compliance in our residential care facilities. We have seen an ongoing improvement in compliance since this time with a compliance rate of 85.6% for the 2016-17 year. There is no current benchmark for residential care hand hygiene compliance however at GSHS we are striving to exceed the current acute benchmark of 80%.



Kathy Price - Domestic Services Assistant.

Surveillance and reporting

GSHS participates in the Victorian Healthcare Infection Surveillance System (VICNISS). This program collects data, risk adjusts and reports results to all Victorian Public Hospitals. The programs aim is to reduce the incidence of healthcare associated multi drug resistant infections (MDRO or Superbugs) such as Methicillin resistant staphylococcus aureus (MRSA), Staphylococcus aureus Bacteraemi (SAB), Vancomycin Resistant Enterococcus (VRE) and Carbapenemase-producing Enterobacteriaceae (CPE), through notification of results compared to similar healthcare facilities.

Influenza vaccinations

Influenza vaccinations are especially important for healthcare workers to help protect our at-risk patients, clients and residents. The influenza vaccination program runs annually from April to August. All staff, volunteers and students working within GSHS during this period are offered the influenza vaccination for free.

Safe and appropriate use of blood products

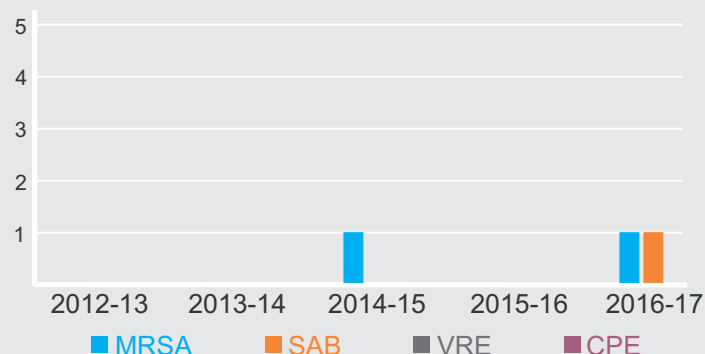
Blood and blood products are commonly administered in healthcare settings across Australia, it is well known that they are used in emergencies and trauma when individuals need a blood transfusion to replace blood loss. Blood and blood products are also used in the management of many chronic health conditions where people need regular transfusions to assist them in living a 'normal' life.

Elizabeth, a 69 year old lady with Neuropathy attends our Day Chemotherapy unit every 4 weeks for a transfusion of intravenous immunoglobulin (IVIG). IVIG is made from human plasma and contains high levels of antibodies to help improve the recipient's immunity. Receiving IVIG every four weeks makes Elizabeth feel "normal" and gives her a "feeling of wellness" after her treatment. IVIG infusions over many years has prevented Elizabeth's condition from deteriorating and has allowed her to continue to live independently at home.

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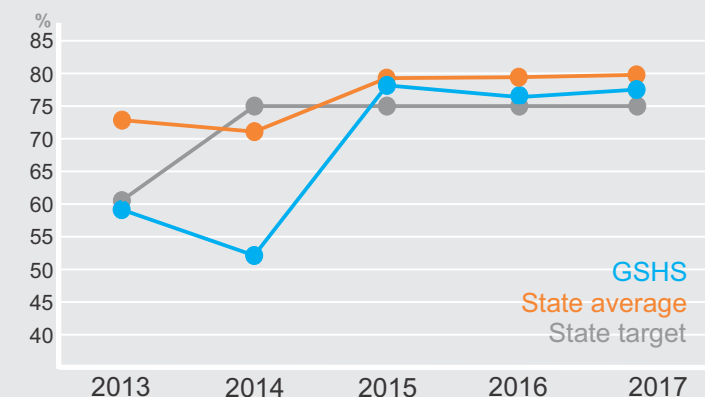
GRAPH 7

Healthcare acquired multi resistant organism total numbers



GRAPH 8

Influenza vaccination rates



Elizabeth Summers receiving a transfusion of intravenous immunoglobulin (IVIG).

Blood and blood product safety has increased significantly in recent years with the Australian Red Cross Blood Service (ARCBS) implementing many new safety measures ranging from a set process for preparing a donors skin prior to the blood being donated, to new blood collection systems that separate the first part of the collection off to prevent possible contamination from skin cells. The ARCBS also check all blood products for bacterial contamination prior to releasing them for transfusion.

Despite these safety improvements approximately 1 in every 2000 transfusions of blood or blood product have a reported reaction, most of these are minor and do not have an ongoing impact on the recipient. Many of these are caused by human error.

GSHS Maternity Services

GSHS provides birthing services for women who have been assessed as having a low risk of complications during the pregnancy and birth. Midwives, GP Obstetricians and GP Anaesthetists support the service, birthing 219 women in 2016/17.

GSHS sends monthly data to the Department of Health and Human Services clinical indicator program for maternity services for analysis and review. A report showing how GSHS is performing compared to other health services and against state wide results is released annually. Due to the amount of data collected, reports are received 2 years after the data is submitted, with the most recent report being for the 2014/15 year. The 2014/15 data does not reflect 2016/17 data for GSHS, which shows improvements in some indicators. The 2014/15 maternity services indicator report, identified 2 indicators where GSHS performed in the least favourable range, namely:

1. Rate of caesarean section in standard primiparae (giving birth for the first time)

GSHS results showed the caesarean section rate for women birthing for the first time was 25%, higher than the state wide rate of 16.1%. Small birth numbers and a low number of women giving birth for the first time, inflate the percentage results for GSHS. GSHS has a thorough assessment process to ensure that only low risk women are booked for maternity care. Women assessed as higher than low risk are referred to appropriate maternity services.

To improve blood and blood product transfusion safety at GSHS we have introduced many protocols for staff to follow to ensure human errors do not occur, this starts at the identification of the patient and correct labelling of blood samples when blood tests are undertaken, providing clients with information and gaining consent prior to transfusion of any blood or blood product, thorough checking procedures of the blood product and the client prior to administration of blood and close monitoring of clients whilst they are receiving a blood transfusion. Staff involved in the blood transfusion process are also required to undertake regular training on the safety of blood and correct transfusion processes.

2. Rate of women who planned for vaginal birth following a caesarean section

Women have had a caesarean section for the birth of their first child are given the option for a vaginal birth with their second baby if appropriate. The rate of women planning for a vaginal birth following a previous caesarean section in 2014 was 17.4%, a lower rate than the state average of 27.4%. The number of women included in this indicator is very low, resulting in a high percentage rate.



Catherine Wilson with baby Harley White and Sharyn Rayson - Midwife.

Residential aged care indicators

GSHS submits quality indicator data to the Department of Health and Human Services quarterly along with all Public Sector Residential Aged Care Services (PSRACS). The data collection was designed to support care excellence in PSRACS and aims to:

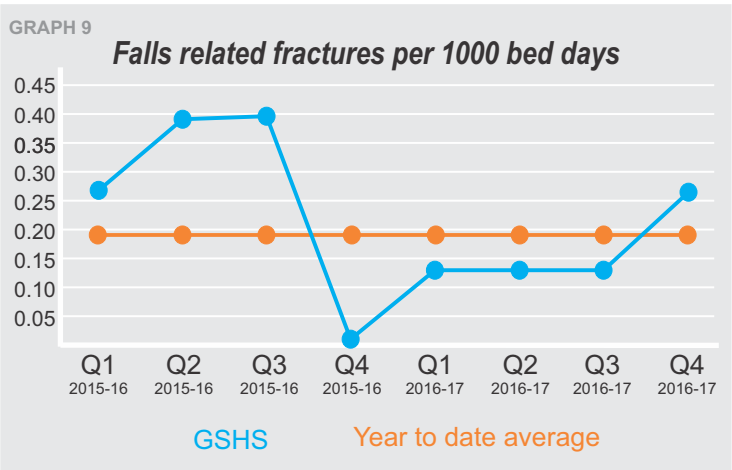
- Provide a set of meaningful and measurable goals to assist services to monitor and improve major aspects of quality of resident care.
- Enable services to trend their performance over time, and benchmark against other services to identify both improvements in quality of care and target specific areas for improvement.
- Assist services to report publicly on quality of care and enhance community understanding of the service quality and other performance issues.
- Provide an evidence base to implement local and statewide quality improvement initiatives.

The indicators target five high risk care areas that are important to health and wellbeing, namely:

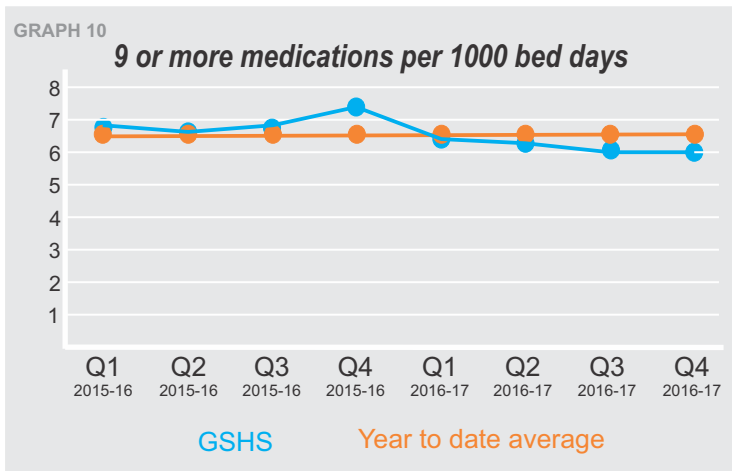
- Pressure injuries acquired in care,
- Falls and fall-related fractures,
- Use of physical restraint,
- Use of nine or more medicines,
- Unplanned weight loss.

GSHS has been participating in the indicator program since it was first developed in 2006 and uses data reports to assist in the identification of areas for improvement. Results are presented as a rate per 1000 bed days for each of the 5 indicators. The two indicators with the lowest scores for GSHS are the residents with falls related fractures and the number of residents on 9 or more medications.

Data over the last two financial years shows that the number of residents having a falls related fracture has decreased since 2015-16. A range of falls prevention strategies have been implemented across the 3 residential aged care facilities, including the introduction of sensor beams to alert staff to high falls risk residents getting out of bed. Earlier notification enables staff to respond more quickly and prevent the resident from falling.



The issue of residents being on 9 or more medications is common across the aged care industry. GSHS is no different, currently having a high number of residents on multiple medications. While consultation with treating medical practitioners occurs regarding this issue, the Department of Health and Human Services will be conducting broader research into this issue that GSHS will aim to participate in.



Koorooman House resident, Kath Murphy with “Coco Chanel” the pet therapy alpaca.

Connecting in practice: continuous quality improvement



Sarah Meney - Physiotherapist with Heather Olsen - Allied Health Assistant.



Hannah Deenik - Clinical Nurse Specialist - Palliative Care.

At GSHS Department Heads regularly contact consumers to discuss the care experience and seek advice on ways to improve. During one of these phone calls a consumer discussed the great service she was receiving from an experienced clinician who she often recommended to others... but... they don't always return my calls.

A conversation with the staff member provided further information and allowed space for potential solutions to be discussed. In this case the staff member works part time and returns after days off to a large number of phone messages from clients with questions about their condition and management. Attempts to manage these phone calls was leading to a large amount of unplanned work which was causing high levels of stress and unpaid overtime for the staff member. Whilst the staff member believed that all calls were being returned it can be assumed that some calls were being missed due to excessive work demands. It was identified that this was an issue for the team as a whole.

Following consultation a new process for client phone calls was created for the team where all telephone calls would be diverted through the 'Gateway' service where clients contacting the service would be offered a pre-booked telephone or face to face appointment. Following a month's trial the following has been found:

- The majority of clients have their call answered when calling the service reducing the risk of messages not being returned.
- Clinicians are reporting a significant reduction in unplanned workload and are working less unpaid overtime.
- Clients have an appointment in less than a week to have their issue resolved.
- The Gateway team report that the additional workload is being managed successfully.

These process changes will continue to be monitored in conversations with consumers over the coming months to ensure that they are improving the care experience.

Continuity of care



Teresa Pors - Midwife with mum Amy Tagliaferro, Ashton and Aaylah.



Leaving hospital

A critical component of all patient's care is the coordination of discharge from hospital. To help ensure we provide for the most seamless and safe transition of care from the hospital to home, we involve the patient in planning for discharge from hospital at the time they are admitted, and sometimes even before if admission is planned.

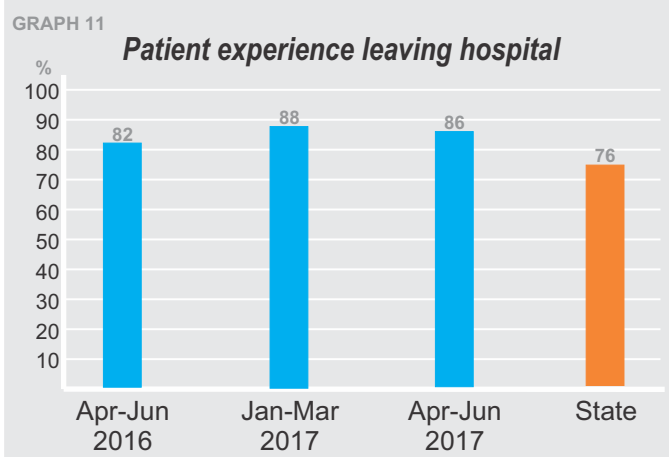
"Discharge planning" is carried out in partnership with the patient and their family or carers and focuses on the needs of the patient. Adequate time is allowed to discuss options with patients, identify care needs at home and arrange the appropriate services. The expected discharge date will be identified and discussed as soon as possible with either the patient and/or their family/carer. Prior to discharge, GSHS staff will ensure that patients have an understanding of their ongoing needs. Some of the factors we assist patients in planning for include:

- What time they will be expected to leave hospital on the day of discharge?
- Who will be able to transport them home? Do they require assistance with making arrangements?
- What help they may require when they return home, for example showering, wound care, home cleaning, meals on wheels.
- Will they benefit from having any equipment at home?
- What follow up care appointments will they have and with whom?
- Have they got any relevant papers signed, medical certificates?
- Will they need to take any prescribed medicine at home, will prescriptions be required, education on new medications?
- Who should they make contact with when they have questions or issues?

Patients are offered the opportunity to participate in the public hospitals' **Victorian Health Care Experience Survey** which is conducted independently of the hospital. Results from the survey are reported to GSHS and compare GSHS to other Victorian public hospitals. To gain knowledge on the patient experience of leaving the hospital, questions are asked regarding:

- Whether they have been involved as much as they would like to be about decisions involving their care and treatment?
- Whether home or family situations were taken into account
- If adequate arrangements were made for any services required.
- If the GP had adequate information about the hospitalisation.

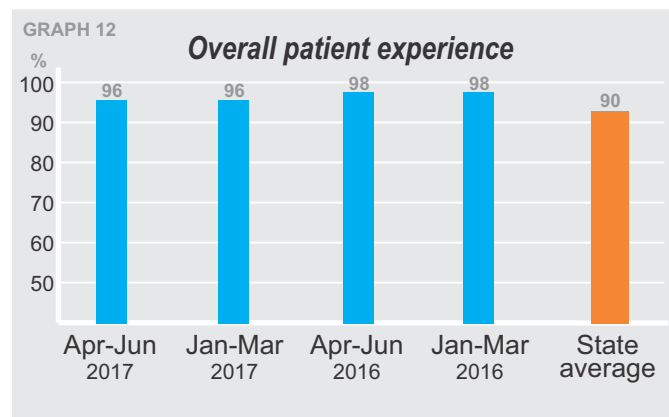
The scores from these questions are measured quarterly with the target to exceed a score of 80%. **Graph 11** below identifies the scores for GSHS in 2016-17. GSHS performed well in this area when compared to the state average.



To continue to improve the discharge processes at GSHS, an ongoing review of discharge planning is being undertaken. Through the Excellence program conducted at GSHS, plans for discharge are discussed with patients and staff are more informed as to home and family situations.

Patient experience

The patient experience is also scored through the Victorian Health Experience Survey. The question asks patients "overall, how would you rate the care you received while in hospital?" GSHS has consistently scored higher than other Victorian health services and exceeded the target in each quarter where a result was obtained. Education and training of staff through the Excellence program assists GSHS to maintain the positive responses to the patient experience score and identify areas where improvements can be made.



Continuum of care

Participants of Community Health Services on occasion report a range of barriers to accessing health services - physical location, the costs associated with healthcare and psychological barriers of accepting assistance. The team works with clients to streamline intake and assessment and to complete a shared goal directed care plan which reduces the need to tell their story multiple times.

We have reduced barriers to access services with the aim of:

- Assessing and intervening in the patient experience of their complex or chronic health condition.
- Improving the experience of having multiple disciplines involved in care planning; and provide the tools to enable self-management.
- Benefiting consumers through timely provision of a range of multi-disciplinary interventions where this is required and best practice.
- Reducing hospital admissions.
- Reducing the reliance on primary health services.
- Reducing waiting times, travel times and providing equitable health services.
- Providing social support and assisting consumers to engage with positive diversional or occupational pursuits.

Clients with chronic health conditions are generally viewed as patients with complex needs requiring multiple services to address their care needs. We strive to meet this in the timeliest and most appropriate manner.

A case study...

'Michael*' is a 64 year old man with multiple health concerns including chronic heart failure, high blood pressure and reports being very concerned by his weight and becoming increasingly isolated. Michael was well known as a frequent inpatient to GSHS. On one of these inpatient stays he told the team that he was lonely and felt self-conscious about being so unfit that he didn't go out much, even doing the shopping was hard work.

Michael was referred to the dietitian and the cardiac rehabilitation team. He attended cardiac rehabilitation but was unable to complete the full program due to being so short of breath. Kathryn, the cardiac rehabilitation nurse suggested he attend BREATHE (Breathing Rehabilitation Exercise Activity Training & Health Education program) instead – a program where he thrived. Michael enjoyed this program and was sad to see it end. It was suggested he attend HAPI – the healthy aging, prevention of injury program, to continue getting some gentle exercise – he now attends this program each week and really enjoys the exercises – although he admits *'I never keep up with the pace of the presenter Kaye.'* He enjoys the social element of HAPI and one of the other participants told him about MATES – the men's activity program. So now every Wednesday he *'looks forward to having a few laughs, seeing the countryside and playing games'*. Michael looks forward to each session he talks about his *'unofficial goal is to beat Macca, (one of the staff) in*

any game' – apparently MATES gets very competitive!

Michael attended the dietitian and set some goals – *'simply to lose some weight and improve my fitness'*. As Michael tells it *'they don't judge, they work with me and they celebrate my success... pick me up when I fail'*. Michael was referred to the 'Friday Foodies' group – a program designed as a community based cooking and nutrition education program, primarily aimed at increasing cooking skills, nutrition knowledge and confidence in the kitchen. The program also addresses the social and cultural elements of food and cooking and provides a social outlet for participants. Michael just loves that he has *'learnt a range of new recipes, met new people and tried all sorts of new foods!'*

Michael enthusiastically tells us that *'each program has seemed to lead onto another service, I have more confidence and I get out of the house, most days... I feel fitter – not nearly so out of breath... and I have lost 16 kilograms!'*

Michael recently had a stay in hospital – he caught the 'flu, but he recalled that was the first admission for so long – he had forgotten some of the staff and there had been some changes in personnel... *'you won't call me a frequent flyer anymore!'*

*Name changed.

Advance care planning

GSHS encourages and supports all patients to develop an Advance Care Plan in consultation with their GP. Advance care planning is a routine part of a person's health care. When a person's values are discussed openly, their healthcare preferences can be respected at a time when they cannot voice their decisions.

This is an ongoing process that works best with teamwork between individuals, their families and carers, health professionals and health services such as hospitals. It is important to discuss your wishes and values with your family and/or significant others so that they become familiar with your ideals and what types of treatment you may wish to have in the event that you are unable to communicate this information for yourself.

Advance Care Plans guide the care that will be provided when patients are no longer able to speak for themselves, or not able to make decisions, and this is the only time the ACP would take effect. The plan makes clear the type of medical treatment you would like to receive and also those treatments you may not want to receive. It can be helpful to ensure your wishes are followed when end of life care is being delivered.

GSHS works with the local medical clinics to standardise documentation and help to meet patients' needs and wishes effectively. This also helps us ensure we have the most recent version of the patient's document on file if it has been completed at a medical centre.

Not all patients will have an ACP in place and we encourage anyone over the age of 18 years to consider this.

GSHS collects monthly data to identify the number of patients aged 75 years and over who have an ACP, to monitor the uptake of this important process. Promotional posters and other information are readily available to patients as required to assist them to work through the process. Currently 57 patients have presented with Advance Care Plans in place during the 2016-17 financial year.

In June 2017, five out of 108 hospitalised patients over the age of 75 years were known to have completed an Advance Care Plan, representing a rate of 5%. Ambulatory care and community health figures are yet to be established.



Alchera House resident, Gillian Jolly with Kerrie Osman - Enrolled Nurse.



Jo Halliday - Diversional Therapist with Alchera House resident, Betty Barry.



Wilbert Sumalinog - Hospitality Services and Lyn Carmichael -

Escalation of care process

It is widely evidenced that patients who have their care escalated quickly when their medical condition deteriorates benefit from significantly improved outcomes, not only in terms of their clinical condition but also with regard to the patient and families' experience of care.

At GSHS we have systems in place to encourage and empower both staff and family members to escalate care and trigger a clinical review whenever they have concerns about a patient, or when a patient meets set criteria which are known to be potential warning signs of early clinical deterioration.

Patients' needs and wishes are respected when responding to clinical deterioration and planning subsequent care. To this end it is very helpful when a patient has an Advance Care Plan in place to guide treatment decisions when escalating care. The treating team will have conversations with patients and families regarding what their wishes are in the event of a clinical deterioration to allow for planning of what care should be delivered under certain circumstances.

The Escalation of Care process is aligned with the Australian Commission for Safety and Quality in Health Care (ACSQHC) and National Safety and Quality Health Service Standards.

Having in place a process for staff, patients and families formalises this avenue of escalation and particularly empowers patients/family to act. It helps to 'cast the safety net further' and sends a key message that patients, family and carers are viewed as partners in improving safety and quality outcomes.



From L to R: Chris Busuttil - Nurse Unit Manager (General Ward), Julie Marriott - Nurse Unit Manager (Theatre), Jill Davies - Ward Clerk and Sharyn Rayson - Midwife.

A case study...

A 56 year old female was admitted to hospital for a gynaecological surgical procedure in the operating theatre. Uneventful surgery occurred as planned and the patient had a restful night on the ward with routine monitoring of her blood pressure, heart rate, breathing and other signs as established by the plan of care and risk assessment.

Day 1 following the operation:

On the routine observation and monitoring round in the morning at 06:05 am her blood pressure was noted to be 80/40, (this meets one of the established criteria to escalate care) and a Medical Emergency Team or MET call was made. This process as part of the escalation of care pathway involves pressing the emergency buzzer and notifying the on call doctor to attend within 10 minutes.

The response to the emergency buzzer was the immediate attendance of two senior theatre nurses who were familiar with the patient from the previous day's surgery, ward nursing staff and a GP anaesthetist who was reviewing patients on the ward. The patient was rapidly assessed following established processes, symptoms were treated and blood pressure was stabilised.

Within less than 10 minutes the patient had been stabilised, a prompt review of her clinical condition had occurred and a new monitoring plan was put in place. A diagnosis of likely dehydration was made and managed accordingly with fluid given through a drip. The patient felt significantly improved and went on to have an otherwise uneventful recovery, thus avoiding any further deterioration or complications in her condition.

Contributing to statewide plans



*From L to R: Jacqui Gilliatte - Cook, Deb Staples and Debbie Howard -
Food & Domestic Services Assistants.*



Disability responsiveness

“Absolutely Everyone”, the Victorian State Disability Plan 2017- 2020 states that its aim is “to tackle the barriers and exclusion that people with a disability deal with daily.”

The State Disability Plan includes 10 main priorities set out under the following 4 pillars:

1. Inclusive communities,
2. Health, housing and wellbeing,
3. Fairness and safety,
4. Contributing lives.

As well as a new State Disability Plan, the NDIS (National Disability Insurance Scheme) is being rolled out across Inner Gippsland from October 2017. The NDIS changes the way services are funded and provided to people with a disability. This is the biggest change in disability services since the implementation of medicare last century.

GSHS services meet the requirements of the new State Disability Plan. GSHS is also working towards developing robust services that can grow under the new NDIS framework for disability services.

In order to ensure that our staff and the services provided help to create an inclusive community, GSHS has stringent employment guidelines to ensure no one with a disability is discriminated against during the employment process. GSHS offers flexible work arrangements for those that need their job responsibilities to be adjusted to accommodate for any disability a staff member may experience. Our services are also regularly adapted to the needs of an individual consumer to ensure that no one misses out on a service due to their disability. For instance home visits are often offered when a person is unable to come in to one of our facilities to receive a service. The GSHS Diversity Plan 2016-2017 and the Active Service Model (ASM) implementation plan 2016-17, both strengthen our services to ensure no one experiences discrimination and that our services are of the highest quality to ensure the safety of our consumers.

GSHS continues to provide a range of integrated health services to all members of the community. GSHS is also currently transitioning its current disability services to the NDIS framework. GSHS is partnering with members of the community to develop services under the NDIS that are needed within our local community. This partnership will ensure that new services are developed that meet the local community's needs and ensures the wellbeing of everyone in the community.

To ensure fairness and safety for everyone in our community, GSHS has a number of policies aimed at ensuring the safety of our staff and consumers. Our staff also regularly advocate on behalf of patients to ensure everyone is able to access the services and supports they need to maintain their health and wellbeing regardless of their disability. For example our disability respite service often offers individuals extra hours of support when they are experiencing times of crisis. This flexible support ensures that the individual's needs are met, as are the needs of the individual's family.

As an integrated health service GSHS ensures that our consumers are supported and empowered as best as possible to contribute to their own care pathways. Each consumer is supported to develop a Care Plan within the service they are using to identify their individual goals and how that service will enable them to meet their goals. This ensures that all our services are person centred and are delivered in a way that suits the needs of each individual.

Overall GSHS continues to ensure that our services meet the needs of people within our local community who have a disability. Our services are often flexible and provided in a way that can be tailored to individual need. This ensures the wellbeing and safety of everyone in the community, as well as our staff team.



*Maureen Dougherty - Registered Nurse (District Nursing)
and Sheree Duran - Nurse Unit Manager
(District Nursing).*

NDIS – A new world for people with disabilities

People with disabilities in South Gippsland will be transitioning to the National Disability Insurance Scheme (NDIS) between October 2017 and March 2018. This is a complete transformation in disability services and places the person with a disability in control of their funding and services.

GSHS has been working with people with disabilities and their carers to prepare them for this change. In July and August 2017 80 community members attended community forums to familiarise themselves with the NDIS and learn about the planning process. Staff have been supporting individuals who need a little extra help to prepare them for their first NDIS plan and supporting them when attending their first planning meeting. GSHS are looking forward to being able to provide more flexible and responsive Community Health Services for people with disabilities in South Gippsland.



*Pictured from L to R:
Justine Kleeman - Planned
Activity Groups Coordinator,
Michelle Dobe - Studer
Group and Vivian Carroll -
Allied Health Manager.*

Strengthening GSHS' responses to family violence

GSHS participates in the South Coast Preventing Men's Violence against Women Sub regional reference group, as part of the Prevention of Men's Violence against Women Strategy led by Gippsland Women's Health Service.

This is a partnership approach across all sectors including health, by challenging the attitudes, beliefs and practices that perpetuate gender stereotypes and inequality, and drive gendered violence.

GSHS in collaboration with Bass Coast Health and South Gippsland Hospital have been implementing the Strengthening Hospital Responses to Family Violence Service Model. The collaborative has been developing policies to support both staff and clients that are affected by family violence. Whole of organization education around recognizing and responding to family violence will be conducted over the next 6 months.



*Jimsey Varghese - Registered Nurse and Dr Jiaqi Liang
- Leongatha Healthcare.*

Bequests, donations and fundraising

GSHS relies on the generosity of patients and clients (past and present), individual donors, community groups and corporate supporters to supplement government funding in order to ensure that vital improvements are made to benefit patient care.

Some bequests and donations stipulate certain activities or items they wish to contribute to and others target specific services. An example of a bequest is:

The Royston Stanley Coleman Bequest

The late Royston Stanley (Stan) Coleman bequeathed \$110,000 to Gippsland Southern Health Service to assist staff to obtain further education and training. This past financial year, the funding has been used for staff to attend the:

- Academy of Clinical Leadership

We would like to sincerely thank The Friends of Hillside Lodge and the Lyrebird Auxiliary for their continued support and everyone who donated throughout the year.



1. Tania Bishop - Enrolled Nurse. 2. Peter Joyce - Maintenance Worker. 3. Deb Jacobs - Personal Care Attendant. 4. L to R: Michael Hopkins - Orderly/Cleaner, Lyn Bromby and Cameron Clapton - Food & Domestic Services Assistants. 5. Sharon Shaw - Health Information Services Manager. 6. Leanne Keating - Food & Domestic Services Assistant. 7. Shelve Varghese - Associate Nurse Unit Manager and Dr Mominur Chowdhury - Korumburra Medical Centre. 8. From L to R: Kathryn Knabe - Front Office Supervisor, Julie Mineely - Receptionist, Anita Fitzpatrick - Receptionist and Kathy Matera - Accounts. 9. Antoinette McHarg - Occupational Therapist.

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*Jenny Christopher (standing) and
Charlotte Mortimer - Medical
Imaging Technologists.*



*Wayne Elliott - Maintenance
Worker.*



*Brian Patching and Katie Clarke -
Enrolled Nurse.*