



Ballarat **Health**Services

QUALITY ACCOUNT

2018-2019



Ballarat Health Services would like to thank the Community Advisory Committee (CAC), consumers, families, carers and staff for their valuable input towards the development of the Quality Account 2018-2019.

Would you like a copy of the Quality Account?

You can access the Quality Account in hard copy or in accessible Word format via;

- www.bhs.org.au
- In waiting areas across the health service
- BHS Facebook page
- Ballarat and District Aboriginal Cooperative Health Clinic

You can also refer to the Quality Account postcards distributed across the health service to access an electronic copy.

We always welcome your feedback

We encourage you to provide feedback to help inform future editions of the Quality Account so our community is well informed about how we are performing as a health service.

You can provide feedback in the following ways:

By Post

Ballarat Health Services
PO Box 577, Ballarat Vic 3353

By Social Media

- Facebook: [BallaratHealthServices](https://www.facebook.com/BallaratHealthServices)
- Twitter: [BallaratHealth](https://twitter.com/BallaratHealth)
- Instagram: [@ballarathealthservices](https://www.instagram.com/ballarathealthservices)

By Email

Consumer liaison Office
feedback@bhs.org.au

Acknowledgement of the Traditional Custodians of our region

We, Ballarat Health Services, acknowledge the Traditional Custodians of the Land, the Wadawurrung people of the Kulin Nation.

We pay our respects to the Elders both past, present and emerging.

We thank the Wadawurrung people and celebrate the continuing culture of their people, acknowledging the memory of their honourable ancestors.



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ABOUT BALLARAT HEALTH SERVICES

Our Vision

Excellence in Care

Our Patients / Our Staff / Our Community

Our Mission

To deliver quality care to the communities we serve by providing safe, accessible and integrated health services resulting in positive experiences and outcomes.

Our Values

Teamwork

We commit to common goals based on open and honest communication while showing concern and support for all. We are dedicated to working together for common interests and responsibilities.

Respect

We acknowledge everyone's unique strengths and value diversity. We operate in a spirit of cooperation and honour human dignity.

Accountability

We personally commit to delivering our best, taking responsibility for all our decisions and actions.

Compassion

We treat people with kindness and empathy. We care about our patients, our people and our community.



AT A GLANCE 2018/19

Ballarat Health Services (BHS) is the main public referral hospital for Ballarat and the Grampians Region, providing quality care for over 160 years for a catchment of approximately **250,000** people.

Victoria's second largest regional health service

Ballarat Health Services is Victoria's second largest regional health service, and is accredited as a Baby Friendly Health Service. We provide a large range of general and specialist care, including;

- Acute care
- Sub-acute care
- Residential aged care services
- Community care
- Mental health care
- Dental care
- Rehabilitation services

Residential Aged Care

Ballarat Health Services is the largest public provider of residential aged care in Australia.

Teaching, Training and research

Ballarat Health Services is the main teaching, training and research provider in the region and partners with several local universities and training organisations, as well as external education providers.

A major employer in the Grampians

Ballarat Health Services is one of the major employers in the region and the largest employer in Ballarat. Our workforce is central to the delivery of **World Class Healthcare** to the community we serve.

Ballarat Health Services has over fifty (50) countries represented in our staffing profile.



47,078

inpatients treated

1,151

Aboriginal &
Torres Strait Islander
inpatients treated



60,920

emergency department
presentations

2,298

Aboriginal & Torres
Strait Islander emergency
department presentations



4,459

staff

266

volunteers



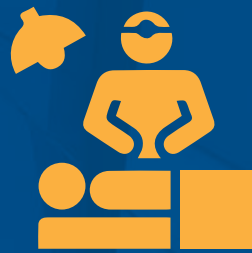
1,469

babies born



14,762

dental treatments



10,338

surgeries performed



597

people choosing to live in
our aged care homes



2,265

people treated by our
mental health services

CEO WELCOME

On behalf of the Board of Directors and our dedicated staff at Ballarat Health Services (BHS), it is my pleasure to present our Quality Account for 2018/19.

BHS strives to provide excellent healthcare that is of the highest quality and as safe as possible. We have a number of initiatives and innovation projects that work to improve how we provide care to our community. To achieve world-class excellence, we aim to put people at the centre of care through consultation, governance and design.

This year's Quality Account showcases the extensive work we have done alongside our patients, clients, residents, carers and their families to improve the care we deliver.

This report outlines our progress to deliver high quality, safe healthcare and importantly showcases some of our successes and areas for further development.

We are grateful to the staff, patients, consumer representatives and committee members who have been involved in compiling this report, especially our Community Advisory Committee. We hope you enjoy reading it and look forward to any feedback you may have.



Dale Fraser, Chief Executive Officer
Ballarat Health Services





1. CONSUMER, CARER AND COMMUNITY PARTICIPATION



Members of the BHS Community Advisory Committee 2019.

Back (L-R): Luke Gahan, Leanne Shea, Faye Clarke, Michael Boatman, Lorraine Yeomans

Front (L-R): Sheryl Johnson, Claire McKenna (Chair), Mona Hatwal

Patient Experience

The Victorian Health Experience Survey (VHES)

The Victorian Health Experience Survey (VHES) collects data from a range of healthcare users of Victorian public health services. Each month, eligible participants are randomly selected to receive a confidential survey, following a hospital admission or emergency department attendance.

Results of the survey are provided to health services and the Department of Health and Human Services (DHHS) each quarter and used to identify areas for improvement.

Each year, targets for a number of key performance indicators (KPIs) including patient experience are determined in a Statement of Priorities agreement between the Minister for Health and Ballarat Health Services (BHS), to provide the opportunity to continuously improve our performance and service to our consumers.

The survey is available in a number of languages and includes specialised questionnaires (either online or via post) for:

- Adults and children who attend the emergency department, specialist clinics, or who are admitted to the health service
- Parents and guardians
- Maternity clients

Adult inpatients

- 95% of patients said they had a positive experience at BHS (Target 95%)
- 78% of patients said their discharge care was very positive (Target 75%)

BHS **met** their target for positive patient experience and **exceeded** their targets for discharge care for 2018-2019 across the organisation for adult inpatients.

** results drawn from the 2018/19 VHES data for BHS*

What did we do to improve consumer experiences?

Specialist Clinic Access

BHS Specialist Clinics have been working on validating waiting lists to improve waiting times for patients for initial appointments for Gastroenterology, Neurology, Ear, Nose and Throat, Pain, General Surgery, General Medicine, Cardiology, Ophthalmology, Orthopaedics, Gynaecology, Urology and Vascular Medicine.

Following an audit of the current waiting list, a two way SMS system was implemented to contact patients, and provide BHS with timely responses from patients to assist in reducing the waiting list waiting times, as well as updating address details. Patients who did not respond to the SMS were followed up via mail which resulted in further refinement of the waiting list.

2018/19 - To date our Specialist Clinic waiting lists have reduced by 2733 patients

Maternity Services - Electronic Discharge Summaries

BHS have implemented a 'day of discharge' electronic discharge summary in maternity services, with the long term goal of doing this across the health service. This service improvement activity has been modelled from other health services offering obstetric care.

This service improvement activity was explored and put in place to improve timely communication of care to General Practitioners (GPs) following discharge.

This approach was requested by local GPs. Timely discharge summaries including Apgar, birth weight of baby, gestation and type of birth enables GPs to provide immediate support to women once they return home.

It has been met by very positive feedback from General Practitioners, the health service and our consumers.

In June 2019, 78.5% of electronic discharge summaries were completed within 48 hours for multi-day stays

The RUSON (Registered Undergraduate Student of Nursing) pilot project

BHS led a region-wide project which employed 13 Bachelor of Nursing students from local universities in acute wards at BHS, East Grampians Health Service, Stawell Regional Health, Rural Northwest Health and Great Ocean Road Health. RUSONs work under the supervision of registered nurses to provide some aspects of nursing care, improving patient experience through the provision of timely access to care.

Evaluation of patients, staff and the RUSONs across the 10 month pilot was extremely positive. RUSONs were provided with the opportunity to consolidate their nursing skills and knowledge within the health workforce whilst studying, and many are returning to BHS and other health services in the Grampians region as newly registered nurses in 2020.

'Data indicated that the RUSON role was a 'value add' position that improved client experience of healthcare. Staff and clients reported that quality of care was improved with the addition of an above ratio RUSON' (Evaluation Report: RUSON pilot Program, 2019)



(L-R): RUSONs Stella, Sarah and Ashlee

Primary & Community Care and Subacute Services

Our Integrated Community Health Services

The Victorian Health Experience Survey (VHES) also takes place in our Integrated Community Health Services, however this survey is provided within the health service, where staff and volunteers are encouraged to assist consumers to complete the survey on site.



An example of the flyer promoting the VHES Integrated & Community Health Services feedback options here at BHS.

VHES Results

BHS rated above the state average related to;

- 92% of community health patients provided positive responses about the information provided to them by BHS about their issues or care
- 92% of patients felt comfortable raising issues and asking questions
- 77% of patients were informed about the cost of health services used
- 100% of patients were informed about who to contact if they had questions about care received
- 100% of patients who responded did not need help understanding English, therefore did not require an interpreter or patient information in another language
- 93% of respondents said they felt they were treated with respect and dignity
- 100% of respondents have rated BHS positively

BHS can improve in the following areas;

- 55% of patients knew how to make a complaint at BHS, compared to the Victorian State Average of 58%
- 79% of respondents thought using BHS was beneficial to their health and wellbeing, compared to the Victorian state average of 85%
- 73% of respondents thought BHS assisted them in being able to do things that were important to them, compared to the Victorian state average of 76%
- 18% of patients said they were treated unfairly, compared to the Victorian state average of 9%
- 77% of respondents were likely to recommend BHS to friends/family, compared to the Victorian state average of 83%

What did we do to improve consumer experiences?

Information resources are being distributed at Peter Heinz reception desk to consumers who attend paid community health clinics (i.e. Podiatry, Exercise Physiology, Independent groups, Speech Pathology, Paediatrics). This is being provided to improve consumer knowledge of our services and the resources available to support their health and wellbeing.

Plans are in place to improve person centred care, including Motivational Interviewing (MI) training for staff, to make sure that patient and staff have a shared understanding of the right care for the patient.

Person centred care;

- Empowers and supports patients/clients, families and carers to participate in their own care and treatment
- Respects individual choices, values, beliefs and cultural backgrounds
- Builds on individual and family strengths

The BHS Disability Action Plan has been developed and is being implemented across the health service. The purpose of the 'Action Plan for People with Disabilities' is to provide access and equity to all members of the community needing health care and in particular those with a disability. The People at the Centre of Care Committee has oversight of this work.

Building capacity of consumers, carers, and community members to participate fully and effectively in their healthcare

The BHS Strategic Plan 2017–2022 identifies our commitment to partnering with consumers. We want to understand what matters to our consumers and work with them to co-design our services. We also seek to engage with our community and to influence health outcomes and improve the health literacy of our community.

The Consumer Representative Program (Registry)

The Consumer Representative Program provides opportunities for our community to contribute to the development, delivery, planning and evaluation of our health services. Consumers bring invaluable experience and unique insight to our services, and provide an important balance to the views of healthcare professionals.

Our Consumer Representatives:

- Participate in forums and focus groups
- Participate in a range of committees
- Review and provide advice on information designed for consumers
- Have input into policy and strategic plans
- Help collect and review consumer feedback
- Participate in our quality improvement and redesign projects
- Participate in training our staff
- Participate in recruiting our staff

The Community Advisory Committee (CAC)

The Community Advisory Committee (CAC) includes members of the community we serve, advocating and representing the views of our consumers, and advise the Board and Executive at BHS.

Community Advisory Committee (CAC) achievements in 2018/19

- The expansion of the CAC membership to represent a broader range of community members has enabled more multi-faceted perspectives and input into the issues and activities around BHS

- A Consumer Chair was appointed in March 2019 - in place of a BHS board member
- Regular review of consumer experience feedback reports resulted in several recommendations to BHS Governance Committees
- Attendance at the Aboriginal Smoking Ceremony in April to celebrate the birth of Indigenous babies at BHS
- Met with VicRoads regarding the Drummond Street Pedestrian Project
- Participated in the BHS Website branding workshop
- Revised processes for reviewing services across the organisation
- Health service reviews - On site visits to Emergency Department and Mental Health Services to understand more about the challenges associated with these environments, and to identify where the CAC can provide support as consumers
- Endorsed new approach to patient information (cREAD)
- Review of patient information brochures
- Made recommendations to BHS regarding smoking signage and support for patients to Quit
- Provided input into the annual BHS Quality Account

Our Consumer Advisory Resources

There are a number of consumer groups operating and in development across the health service, with the goal of improving consumers experience. These groups include;

The Consumer Advisory Resource & Evaluation (CARE) Group

This group provides feedback to the health service through visits to different parts of BHS, reviewing written information for staff and patients and participating in focus groups.

Mental Health Services

Family Advisory Council - Represents family members of people impacted by mental illness.

Youth Advisory Council - The Council is for young people aged 14-25 who have a lived experience of mental health and/or are passionate about mental health, or have a family member with mental health difficulties.



Example of the 'Youth Advisory Council' promotional flyer.

Lived Experience Consumer Representative Program - Consumers with lived experience of Mental Health, and who investigate ways to improve support services.

2019/20 Consumer Representative Focus Groups - Foundational work has taken place. All Mental Health Consumer Representatives will have the opportunity to be involved in specific focus groups depending on their area of interest.

State-wide Equipment Program (SWEP)

The coordination and promotion of the SWEP Consumer Advisory Committee has been underway in 2019. The aim of this committee is to assist the SWEP program to be more responsive to consumer needs and to provide input into the future of the service.

Volunteer Simulated Patients (VSPs)

The Volunteer Simulated Patient Program enables simulated learning activities to utilise volunteers to act in 'real life' patient roles to increase the fidelity of the learning experience. Currently over 30 active volunteers can be drawn upon to assist with nursing, midwifery, and medical simulated clinical scenarios. VSPs are used regularly in the emergency department for triage simulations, and in obstetric and gynaecology study days.

VSP's have added value to the experience of the clinician and have shown to be a powerful reminder of the person centred care element of patient care delivery. Volunteers undertake a workshop and modules to be able to fulfil the role and are a beneficial resource to the education and training of staff at BHS. VSP's have also been used in the inter-professional orientation for nurses and medical interns.

Residential Aged Care Services

Consumer engagement through the 'Communities of Kindness' is a philosophy where staff engage in kind interactions with each other and the residents living in BHS facilities. This approach includes close and frequent consultation between staff and residents to encourage them to direct their individual care needs.

BHS Consumer Liaison and Experience team

The Consumer Liaison and Experience team consists of BHS staff dedicated to improving consumer experience through evaluation and feedback, with the goal of improving services and creating a better consumer experience. The team works in close collaboration with the BHS Volunteer Program.

The Volunteer Program

BHS has a strong and vibrant volunteer workforce, providing support and assistance to patients, clients, residents and their families, across all sites of the organisation.

This year, the commitment and dedication of our volunteers was recognised at a Service Award Ceremony. The Volunteer of the Year Award was introduced in 2018 and celebrated during the BHS Together Week with the Board of Directors, executive staff, and senior leaders in attendance.

During Volunteer Week in March 2019, 34 volunteers were recognised for their service to BHS ranging from 10 to 35 years.

This year, volunteer roles were expanded into key service areas including 12 new volunteers within the Emergency Department and Short Stay Unit.



A valued volunteer providing support to a patient in Day Oncology. BHS volunteers continue to provide compassionate support across the health service.

Community Engagement at BHS

In October 2017, BHS appointed a Director of Community Engagement. This new role was created to bring together the communications, fundraising, volunteer and spiritual care teams. Together, these teams build the profile of BHS internally with staff, externally with the local community, and beyond.

The team works to create a positive public profile with heightened public awareness of BHS through programs that support community engagement

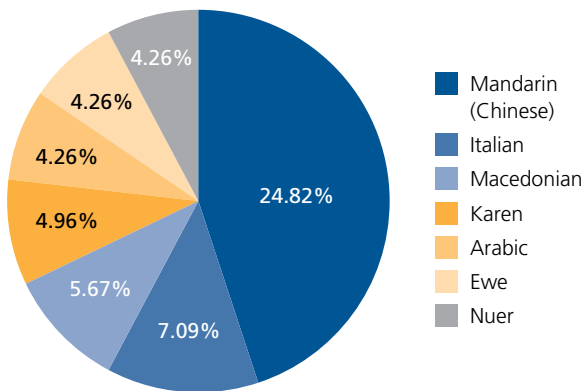
Across 2018/19 the Community Engagement team has continued to provide both direct service delivery and consultancy. They co-ordinate, facilitate, enable and support the use of best practice community engagement and communications strategies to highlight the achievements of staff and community.

Interpreter Services

Our patients come from a range of cultural and linguistic backgrounds. In 2018/19, BHS provided 141 telephone-based interpreter services to patients and their families. The top language services requested were; Mandarin (Chinese), Italian, Macedonian, Karen, Arabic, Ewe and Nuer. Patients had access to 34 different languages in total. The health service does not employ interpreters; however use a telephone service.

BHS provided 141 telephone-based interpreter services to patients and their families

Interpreter Services 2018/2019
Top Languages



We are committed to continually improving the knowledge of our staff about cultural diversity and the importance of providing culturally sensitive care, including interpreter services. This has led to the commissioning of a Community Advisory Committee sponsored redesign project titled, 'BHS Provision and Utilisation of Interpreter Services (IS)' in June 2019.

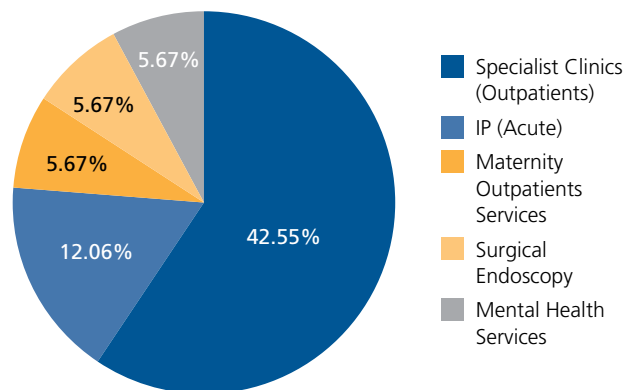
Information gathered in 2018/2019 demonstrated that utilisation of the interpreter services can be improved by;

- Improving clarity of process to engage an interpreter service in governance documentation
- Increasing usage of the 'Clinical Alert Module' that alerts clinical staff when to engage an interpreter
- Increasing information and staff training about interpreter services within staff induction programs and orientation resources
- Increasing access to consumer information (in many languages) for persons whose primary language is not English. This includes paper based and online plain language resources
- Medical record evidence that indicates communication barriers related to language

High level data demonstrates 50% of family and friends are currently used as interpreters in clinical settings

Work is underway to improve processes to ensure that our interpreter services and the education and training that supports it is in place and easily accessible.

Interpreter Services 2018/2019
Top 5 Departments



Disability Action Plan 2018/19

In the Ballarat Local Government Area there are 203 people per 1,000 people living with disabilities. This is above the state average of 189 people per 1,000 people.

The BHS 'Action Plan for People with Disabilities' was developed in consultation with PINARC Ballarat (Disability Services).

The purpose of this 'Action Plan for People with Disabilities' is to provide access and equity to all members of the community needing health care and in particular those with a disability.

The goals of the plan are to:

- Better meet the needs of people with a disability who access BHS services;
- Meet legislative requirements under the *Disability Discrimination Act 1992*, the *Victorian Disability Act 2006*, *The Victorian Charter of Human Rights and Responsibilities Act 2006* and the *Victorian Equal Opportunity Act 1995* in all areas of BHS service delivery and in its role as a responsible employer;
- Foster and create a health care service where people with a disability are afforded the same opportunities as the rest of the community;
- Promote and increase awareness regarding the rights and needs of people with disabilities to BHS employees and the broader community;
- Focus on practical, achievable and deliverable initiatives to enhance the BHS physical and visual environment ensuring it is more accessible;
- Enhance communication and reduce attitudinal barriers that may discourage people with a disability from using our health service.
- Promote and foster inclusiveness to ensure people with a disability from an Aboriginal or Torres Strait Islander background or from a Culturally and Linguistically Diverse (CALD) background have their needs addressed in a manner that is culturally appropriate and meets their care needs.

The Disability Action Plan will be integrated into the Consumer Participation Framework in 2019-20.

What did we do to improve consumer experiences?

- Policies and procedures have been reviewed and updated to meet legislative requirements and act to protect the rights and responsibilities of people with a disability.
- The 'Australian Charter of Healthcare Rights' is now available and accessible for all consumers across BHS and accessible in a number of ways, including on our website.
- We have undertaken surveys and analysed this information to improve our services in line with the Department of Human Services standards
- We have updated our 'Your Feedback Counts' brochure to include information on the Disability Services Commissioner which is available to all consumers and staff across the health service
- Accreditation against Human Services Standards achieved in April 2019
- We have strengthened our patient feedback strategies
- We are working with disability service providers to improve signage and physical accessibility for persons with a disability
- We continue to provide interpreting services to ensure people with a disability have equal access to information and services
- Closed captions are now available on all TV screens across the health service and audio files are accessible on our website
- Feedback on ways of improving our services is provided to relevant departments and changes have been made based on this feedback
- Working groups are now in place to look at barriers and areas for improvement
- Education is now provided to all staff on communication, patient rights, cultural competency (at induction and through mandatory training modules).



PAAL KARATH HEALTH

2. QUALITY AND SAFETY



*Graduate Multidisciplinary Education Collaborative 2018/19.
Supporting an integrated health service for our consumers.*

Consumer & Staff Experience

Feedback and Complaints

BHS welcomes feedback from our consumers, patients, families, carers and our community. Our consumers are the focus of the work that we do. Feedback helps us know what we are doing well and where we need to improve.

How do we seek feedback and respond to complaints?

If there are any comments, compliments, suggestions, or concerns about any aspect of care, we encourage our consumers to tell a staff member, or discuss concerns with the manager of the ward, unit, or department.

If our consumers are not satisfied with our service, consumers can call the consumer liaison on 03 5320 4014 or use forms provided online and throughout our health service. We take complaints seriously and aim to resolve them quickly and fairly.

If our consumer remains dissatisfied with our response, they may contact the Health Complaints Commissioner (HCC). The HCC responds to complaints about health services and the handling of health information in Victoria. Their service is free, confidential, and impartial. To lodge a complaint with the HCC: Forms are available online at www.hcc.vic.gov.au or phone 1300 582 113 between 9am and 5pm, Monday to Friday.

Consumer Feedback 2018/19

"Based on our past 18 years of spending many hours, days, weeks even months at a time in hospitals with our daughter, we found the management of the ward and the services provided far beyond the 'call of duty'. The professional care, personal care and respect they showed to our daughter was simply fantastic."

"Every staff member I came into contact with, the volunteer in the foyer, admission clerical staff, DPU nurses, doctors, porters, cleaning and kitchen staff were all pleasant, helpful and efficient."

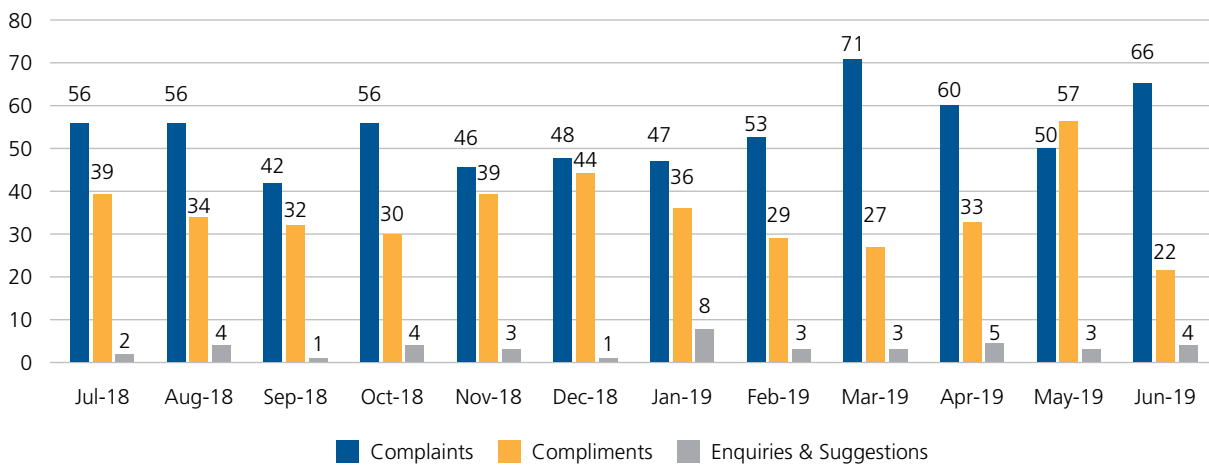
"My darling partner fell ill and was rushed to BHS. From the start words can't express the level of care and professionalism we have both received."

How do we respond to our community through either feedback or complaints?

The Consumer Liaison and Experience Officer works to address and resolve the concerns provided in written feedback. We aim to acknowledge complaints within 3 business days and resolve them within 30 days. All feedback receives an individual response & is reviewed collectively as a whole both monthly and annually to identify key themes for improvement. The feedback and complaints process is aligned with a rating system that guides our response.

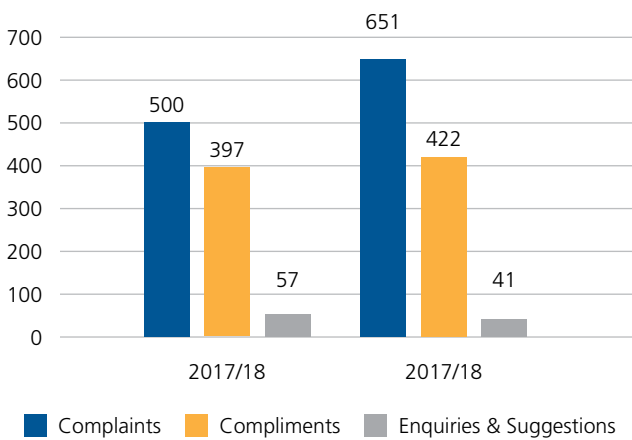
The graph below shows the number of complaints, compliments, enquiries and suggestions made each month during 2018/19 financial year.

Consumer Feedback 2018/19



Consumer feedback for 2017/18 is compared to 2018/19 in the graph below. This graph demonstrates a clear increase across both complaints and compliments.

Consumer Feedback 2017/18 vs 2018/19



Patient Safety & Culture



At BHS we are committed to providing a safe and healthy environment for our staff, patients, residents, visitors, volunteers, and contractors at all sites. Our staff continue to be a key focus, we use the results of this survey to find ways to enhance the working environment for our employees and including their physical and psychological safety.

The People Matter Survey takes place every year and is for all employees in eligible Victorian public sector organisations to participate in. The results tell us how employees view their workplaces. At BHS;

- We use it as a “temperature check” on our culture
- It lets us know what areas need to be improved and what we are doing well

Key performance indicators 2018/19	Target	Actual
% of staff with an overall positive response to safety and culture questions	80%	86%
% of staff with a positive response to the question, “I am encouraged by my colleagues to report any patient safety concerns I may have”	80%	93%
% of staff with a positive response to the question, “Patient care errors are handled appropriately in my work area”	80%	93%
% of staff with a positive response to the question, “My suggestions about patient safety would be acted upon if I expressed them to my manager”	80%	90%
% of staff with a positive response to the question, “The culture in my work area makes it easy to learn from the errors of others”	80%	84%
% of staff with a positive response to the question, “Management is driving us to be a safety-centred organisation”	80%	89%
% of staff with a positive response to the question, “This health service does a good job of training new and existing staff”	80%	72%
% of staff with a positive response to the question, “Trainees in my discipline are adequately supervised”	80%	80%
% of staff with a positive response to the question, “I would recommend a friend or relative to be treated as a patient here”	80%	88%

BHS completed an organisation wide review of Education & Training in 2019, which included induction and training of staff. Recommendations have been made to the Executive for further consideration.



The inaugural BHS Together Week was held in November 2018 and recognised staff for outstanding achievements in the areas of Education, Medical, Nursing, Research, Quality, and Allied Health.

Promotion of positive values across our staff is a part of our statement of priorities. During the 2018-19 year over 100 BHS staff were recognised through the BHS Together Values Award program for outstanding work and demonstration of behaviors in line with the BHS values of Teamwork, Respect, Accountability and Compassion.

What did we do to improve staff and consumer experiences?

At BHS, we are utilising the Keep-Stop-Start Method with the goal of improving the services provided to our community. Working with staff and patients individually to;

- Identify needs and resolve them
- Communicate key issues
- Involve staff in identifying and engaging in the solution
- Increase efficiencies and effectiveness of our work



"This is good ... but we can be better"



Spot areas of weakness and turn them into areas of Opportunity



Get some quick wins!

Resource Efficiency Training using Redesign Program (RE-TRed) – 2018/19

The Resource Efficiency Training using Redesign Program (RE-TRed) is a key element of the Health Resource Stewardship (HRS) approach at BHS. HRS refers to avoiding or eliminating wasteful expenditure and use of resources in health care. The RE-TRed Program uses the knowledge and experience of staff involved in service delivery to implement positive changes in their workplace.

Staff undertaking the program nominate an issue in their area and are supported through a 4 month change management process to identify what needs to change and the best way to approach and improve it. Using a combination of theory and practice participants attend four workshops to step them through the redesign process using lean, six sigma and other improvement tools. Each participant is assigned their own RE-TRed Coach who assists them to progress their projects in between the workshops.



The Sepsis Scaling Collaboration Project 2018/19 was part of the RE-TRed program.

The first RE-TRed program (November 2018 to March 2019) had 13 participants and a second group who commenced February 2019 has 10 participants. Feedback from both groups has been very positive with workshop evaluations averaging 4.5/5. Additionally 15 staff have received training as RE-TRed coaches to support the RE-TRed participants in their journeys.

The groups have undertaken a range of projects including;

- Streamlined Resuscitation Teams in the Emergency Department
- Enhanced discharge for patients with home oxygen
- Inpatient Rehabilitation 'Buddy Up' Mentoring Program
- Improved process for gaining provider numbers for commencing Medical staff
- Discharge Mother and Baby checks performed by Continuity of Care (COCO) team
- Reduced waitlist in the Community Rehabilitation Centre
- Review of 'Clinical Billing' in Midwifery outpatient clinic

- Implementing supportive care screening for patients receiving ongoing treatment in day oncology
- Improvements in waste segregation in the Cardiovascular suite



Supporting our staff

Project Pilot- Emergency Department Support Sessions- Wellbeing & Compassion

The BHS Emergency Department sees thousands of patients every year. It can be a fast paced and challenging environment to work in. Our staff work tirelessly to care for our community in times of stress, and it is important that we invest in the wellbeing of our staff who support them.

One hour wellbeing sessions were delivered weekly across a variety of shifts to explore compassion for ourselves, each other and our patients.

Research Project – Night time nudge (Allied Health Research). Improving the food environment on the night time shift



This research is looking at the impact of a behavioural intervention on the dietary choices of night shift nurses at a large regional health service: a mixed methods study.

Previous research shows that the food and drink options for nurses who work night shifts are often limited with few healthy options available. We are talking with nursing and medical staff who work on night shift to understand the food and drink environment. We are partnering with Eureka Corporate, Wilson's Fresh Fruit and Vegetables and BHS staff to improve the availability of healthy food and drink during night shift.

Research Project- Building the research capacity in rural and regional allied health professionals

This work is evaluating the effect of a research training program on allied health clinicians' knowledge, attitudes, and practices related to evidence-based practice.

Research is an essential component of allied health practice and it is part of the core business of allied health departments in Victoria. The Department of Health and Human Services (DHHS) has invested heavily in engaging allied health professionals in research at all levels to ensure they are providing evidence-based, high-quality care that delivers long-term benefits to patients, clients and the broader community.

With the support of DHHS, we developed a point-of-care research training program targeting allied health clinicians working in rural and regional areas. This training program developed research skills and provided mentoring and networks to enable teams of novice researchers to develop small-scale study protocols in their practice settings.



Rural Regional Allied Health Professionals working on the project.

Primary & Community Care and Subacute Services

Our Integrated Community Health Services

BHS Community Programs actively support people in our community to live with dignity, independence, and choice. Our purpose is to provide a range of integrated services that maximise the capability of individuals to live independently within their personal and social contexts. Community programs are an integral part of the care services we provide.

Community Programs provided through BHS include;

- Aged Care Assessment Services (ACAS)
- Carer Respite and Support Services
- Central Intake
- Cognitive, Dementia & Memory Services Clinic (CDAMS)
- Community Rehabilitation and Ambulatory Care – Falls and balance clinic, Persistent Pain Service, Victorian Paediatric Rehabilitation Service, Cardiac Rehabilitation Program, Pulmonary Rehabilitation Program
- Grampians Regional Continence Service
- Grampians Regional Palliative Care Team
- Hospital Admissions Risk Program (HARP)
- Linkages: Central Highlands Coordinated Community Care offering Home Care Packages (HCP)
- Planned Activity Groups (PAGs)
- Transition Care Program (TCP)
- Restorative Care Program (RCP)
- Post-Acute Care (PAC)
- Geriatric Evaluation and Management (GEM) in the Home (GITH)

For more information visit our website at www.bhs.org.au/community-programs or contact the health service.

What are we doing to improve staff and consumer experiences?

- We identify patient concerns through the Victorian Healthcare Experience Survey (VHES)
- The People at the Centre of Care Committee works to identify themes in written compliments and complaints
- We are working hard to improve equity in access to health care i.e. 'BHS Disability Action Plan'
- We use the skills of our consumers to participate in committees and working groups throughout the Primary and Community Care directorate with the goal of improving the consumer experience
- Build a clear understanding of the BHS Service and Strategic Plan objectives to support service improvement
- Consistently relate everyday work undertaken by our teams back to both the Strategic and Services plan
- Continue to share and promote ideas and innovation across the directorate - facilitated by Re-Tred and our education partners
- Communicate progress, updates and organisational change through appropriate channels (meetings, e-mail, newsletters) in a consistent way, ensuring communication strategies are in place and readily accessible to our staff and consumers
- Empower team members to contribute positively to our daily operations
- Executive and management staff continue to promote team activities that support wellness, positive culture and engagement
- Education and Training continues to be accessible ensuring staff have the skills to succeed at their job

State-wide Equipment Program (SWEP)



The State-wide Equipment Program (SWEP) is a sub-division of BHS which oversees a number of different assistive technology programs. SWEP provides Victorian people who either have a permanent or long-term disability or the frail aged with subsidised assistive technology (AT) items, home and vehicle modifications to enhance their independence and facilitate community participation.

BHS and SWEP are registered with the National Disability Insurance Agency (NDIA) as a provider of a broad range of Assistive Technology and Equipment Repairs. For further information about our services please refer to website <https://swep.bhs.org.au/for-individuals.php>

The voice of consumers (including service users and representatives from 'like-minded' organisations and advocacy groups) helps SWEP to be more responsive and shape their service delivery model.

To support the work being undertaken in SWEP, a newly developed consumer engagement group is currently seeking members to support the development of SWEP. Feedback will be sought via;

- short focus groups
- being a member of a working group related to projects and service expansions
- learning how we respond to consumer feedback and sharing ideas for improvement
- sharing your ideas and experiences as a consumer and/or carer

- helping us to develop consumer information and tools in language that is easily understood by our target audience

Diabetes Care Services



In November 2018 The Diabetes Centre achieved recognition as an Accredited Tertiary Diabetes Care Service and has been recognised by the National Association Diabetes Centres (NADC) as providing high quality diabetes care aligning with the 'National Diabetes Strategy'.

The assessment process to achieve accreditation was extensive and focused on four key areas;

- healthcare improvement
- governance process
- management quality
- safety and service management

The BHS Diabetes Centre provides comprehensive specialist diabetes care for all diabetes types. Clinical care includes inpatient services, outpatient clinics, and community care for adults and paediatrics. The diabetes team attend numerous outpatient specialist clinics and nurse led clinics each week, plus provide phone consultation to support people at home to self-manage diabetes.

Diabetes is a rapidly growing condition and the National Diabetes Strategy 2016 – 2020 has identified seven goals of care to reduce the impact of diabetes across the community. The goals of care target high risk priority groups, strengthen preventative strategies and raise awareness. Provision of hospital based diabetes care, specialist diabetes ambulatory services and coordination of care are among the recommendations within the National Diabetes Strategy.

The strengths identified within the existing service include a comprehensive multidisciplinary service, providing care for those who live with diabetes across the lifespan.

The notable features identified during the assessment process included a strong commitment to professional development, community engagement, and integrated care partnerships.

The strengths for healthcare improvement include support for professional development of nursing staff across the organisation. In 2018 – 19, 326 people received professional development for diabetes.

With improved governance processes now in place there is a comprehensive range of clinical practice guidelines supporting clinical diabetes care across the organisation.

Management of quality and safety processes include participation in the national benchmarking clinical audit Australian National Diabetes Audit (ANDA) for quality improvement.

Service improvement activities include administration reform and use of an electronic recall system for clinical appointments, plus provision of an urgent rapid access time slot each day for those who may present to hospital for diabetes care.

In February this year, 19 representatives from regional schools and early childhood centres attended the BHS Diabetes in Schools program. This program is for people working in schools and early childhood settings who have a young person with Type 1 diabetes in their care. The diabetes team hosted this community event in partnership with Diabetes Victoria.

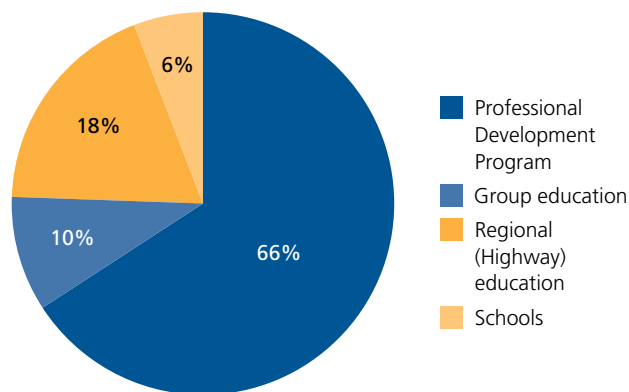
This professional development program is a full day accredited program consisting of online learning modules, sessions lead by a diabetes educator, and a practical skills workshop.

The Clinical Nurse Consultants attend an average of 45 outpatient nurse led appointments each month. All diabetes types are accepted and a triage system is utilised to prioritise appointments. An urgent appointment time each day at 10.00 am has been utilised as a strategy to meet consumer expectations and avoid presentation to emergency department.

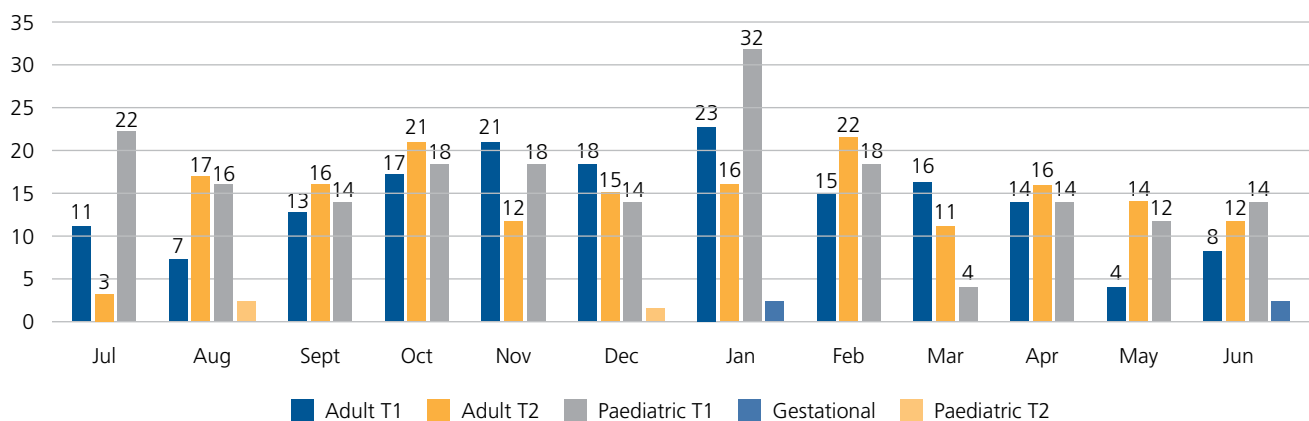
Consumer Feedback - Diabetes Care

'I wanted to thank you so very much for the workshop you had for the teachers and staff at the beginning of the year. I hope you can take on board the weight of my gratitude. My children moved schools at the start of the year and I was very anxious about how the staff would handle my son's diabetes. I was very grateful the school sent two of its staff members. On return from the workshop my son's teacher told me she was glad she attended as she learnt so much from this, and was more confident to care for my son at school. I would love to see these workshops in Ballarat more often to allow our Ballarat and surrounding teachers the opportunity to learn and become equipped with knowledge to care for our Type 1 children.'

Education Sessions 2018–2019



The chart below shows appointments by diabetes educator for different diabetes types.
 Note: T1 = Type 1 diabetes, T2 - Type 2.



Artist in Residence BHS Arts and Health Strategy

Following a generous donation from Ballarat Connected Communities, BHS has recently developed an Arts and Health Strategy.

Bringing more art into BHS is designed to improve health outcomes for our patients and better working environments for our staff. The strategy acknowledges and references the National Arts and Health Framework and the Victorian Arts for Health program.

The large paintings, measuring 3 metres x 1.2 metres, will be installed at various locations across the health service in an effort to improve the ward environment. The initial painting will depict an old farming cottage in country Victoria, whilst the second painting will include a calming waterway and parkland.



Shane Van Den Akker has been commissioned to complete the works, with the first of the murals currently being painted in Lederman Hall, Queen Elizabeth Centre. Patients and families are encouraged to visit the hall to see the painting in progress.

Accreditation

Achieving Annual Accreditation Status

National Safety & Quality Health Service Standards



The National Safety and Quality Health Service (NSQHS) Standards were developed by the Australian Commission on Safety and Quality in Health Care with the Australian Government, state and territory partners, consumers and the private sector. The primary aim of the NSQHS Standards is to protect the public from harm and improve the quality of health care. They describe the level of care that should be provided by health service organisations and the systems that are needed to deliver such care.

BHS underwent accreditation in October 2017 with a successful outcome against Version 1 of the standards. The next survey is scheduled for August 2020 against Version 2.

Commonwealth Aged Care Accreditation Standards

Organisations providing Commonwealth subsidised aged care services are required to comply with the Aged Care Quality Standards (Quality Standards) from 1 July 2019. Organisations will now be assessed and must be able to provide evidence of their compliance with, and performance against the updated Quality Standards.

One facility at Ballarat Health Services received a 'not met' finding following an accreditation assessment visit in January 2019. BHS were able to rectify the identified issues to the accreditation agency's satisfaction and has maintained continuous accreditation of all ten residential aged care homes.

Human Services Standards (HSS)

BHS underwent the Human Services Standards (HSS) Accreditation Assessment in April 2019 with three external assessors. The services assessed included;

- Disability Services
- Child & Family Services

4 Standards were reviewed by the accreditation team

- Empowerment
- Access and Engagement
- Wellbeing
- Participation

Client, Staff, and Volunteer Care file audits were conducted, and all standards were met successfully.

The recommendation of the Staff/Volunteer/Care file audits included;

- the organisation develop a supervision template and instructions that can be consistently applied across all services to assist with staff competency and development
- all teams in HSS scope monitor staff compliance with all training relevant to the services that they are providing.

The recommendations from the client file audits were;

- BHS consider implementing processes that confirm clients receiving services are provided with the Charter of Health Care Rights and Responsibilities and these are recorded in the client file.

Adverse Events

Sentinel Events

In health care the reality is that errors happen every day and sometimes they lead to patient harm. At BHS we recognise that although serious errors are reviewed in more detail, every error is an opportunity for learning and improvement.

Sentinel events are a subset of adverse patient safety event that are wholly preventable and result in serious harm to, or death of, a patient.

In the period 2018/2019 Ballarat Health Services reported two Sentinel Events. We are responsible to implement systems that reduce the chance of this type of incident occurring in the future.

In response to these events we will:

- Develop systems to address supervision and support for junior medical staff with diagnosis and responding to clinical deterioration
- Review the way our teams work together to improve quality outcomes i.e. reviewing resources, workload, and culture
- Update policies in line with evidence-based practice
- Focus on improving communication and clinical documentation

The table below shows BHS Statement of Priorities 2018/19 targets & actual outcomes.

Key performance indicator	Target	2018/19 Actual
Adverse events		
Sentinel events – root cause analysis (RCA) reporting	All RCA reports submitted within 30 business days	Achieved
Unplanned readmission hip replacement	Annual rate less than 2.5%	4%

In the past managing errors had been the priority of managers and staff within the quality unit. Front line staff had a good knowledge of how to report errors, but lacked the understanding of how this contributes to better care.

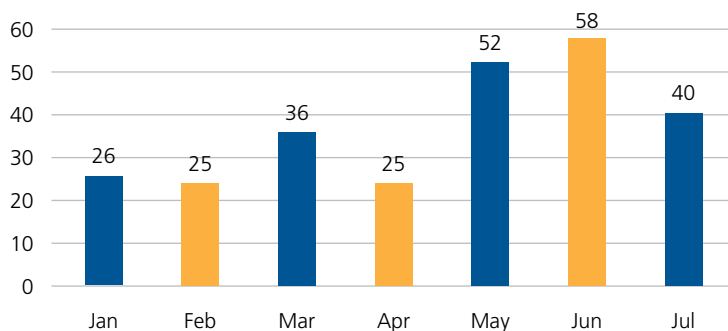
In 2019 the clinical risk team began focus on educating clinical staff working at the bedside, to assist staff to better understand the importance of reporting errors in health care.

An area of the health service that has shown significant improvement in reporting and staff engagement is our Intensive Care Unit (ICU) team. Senior staff were provided with education and support to

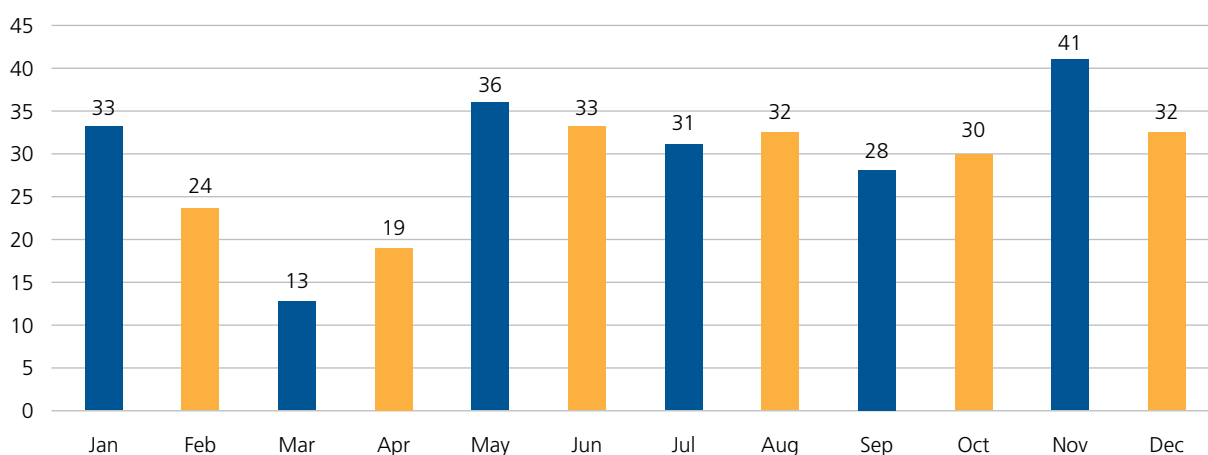
begin examining errors occurring in their area. This had previously been the sole responsibility of the manager. Feedback provided from the ICU team is that this has seen an improvement in sharing of information, and an enhanced reporting culture resulting in system and process improvement.

This has contributed to front line ICU staff thinking differently about how reporting and reviewing errors contributes to BHS providing the right care, for every patient, every time.

The graph shows 2019 ICU reported adverse events



The graph shows the number of events with an Incident Severity Rating (ISR) 1 & 2 for the 2018/2019 period



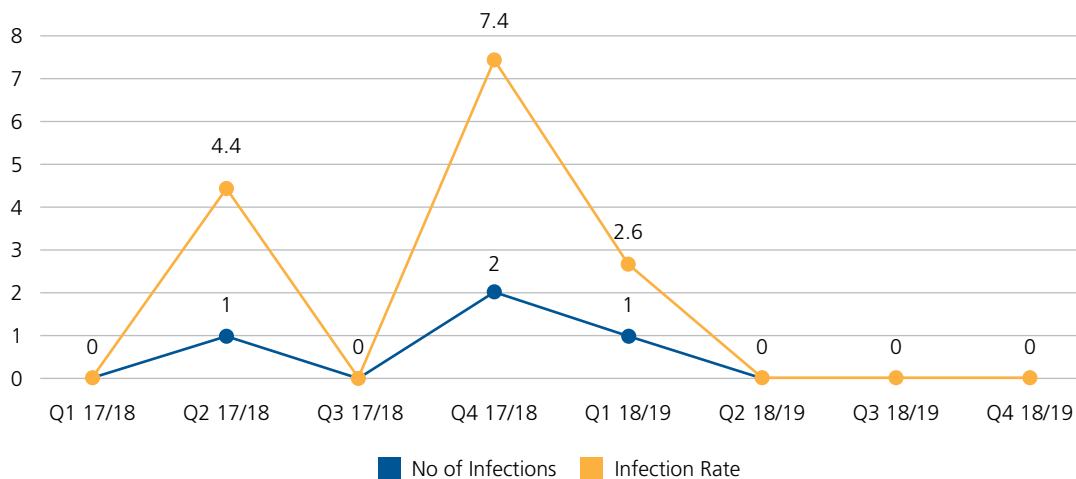
Prevention and Control of Healthcare-Associated Infections

Some patients are more vulnerable to infections due to their health condition or the treatment that they need. However, preventing infections remains one of our highest priorities. Staphylococcus aureus is a type of bacteria which is a leading cause of blood stream infections. The Victorian Government has set a target that the rate of healthcare associated staphylococcus aureus bacteremia (SAB) should be no higher than 1.0/10,000 bed days. In 2018/2019, BHS performed better at 0.6/10,000 bed days.

Any SAB infections which develop at BHS are investigated by specialist staff in Infection Prevention and Control and the medical and nursing staff working in the area. In March 2018 a twelve point SAB action plan was developed to address an increase in SAB infections particularly related to intravenous catheters. This included reinforcement of 'scrubbing the hub' prior to accessing any invasive intravenous lines and discouraging the disconnection of intravenous lines.

The chart shows central line associated blood stream infection rates 2017/18 compared to 2018/19

CLABSI Rates in ICU-Q1 2017/2018 - Q4 2018/2019



Central Line Associated Blood Stream Infection

Some patients may need a catheter inserted which sits close to the heart. This is called a central line. If an infection related to a central line develops in hospital, this is called a Central Line Associated Blood Stream Infection (CLABSI). The Victorian Government sets a target of zero CLABSI. In 2018/19, BHS had a rate of 1.0/1000 device days.

All CLABSIs are reviewed and investigated by intensive care and infectious diseases specialists, microbiologists, intensive care staff and infection prevention specialists. In the one case identified during 2018/19, the review reinforced hand hygiene compliance and adherence to evidence based protocols. Staff inserting central lines are tested and complete multiple insertions under supervision before they can do this unsupervised. We continue to strive for zero CLABSI by monitoring, reviewing, and benchmarking against other hospitals of similar size.

Healthcare Worker Immunisations

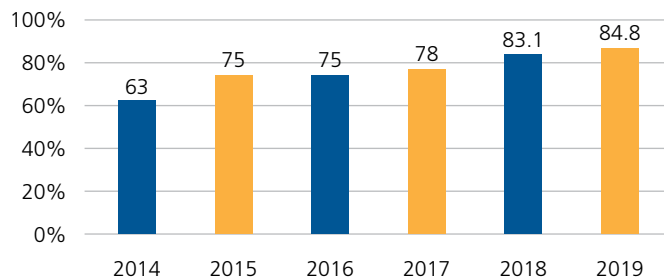
The Flu (influenza) is a highly contagious virus that can cause a respiratory tract infection and occasionally pneumonia. To reduce the spread of flu, the Victorian Government expect health services to ensure a minimum 84 per cent of their staff are vaccinated.

In 2019 BHS met this target, with 84.8 per cent of staff receiving the flu shot at work. This was 6.8% more than 2018. In our Residential Aged Care Facilities 90% of staff received their flu shot at work. We achieved this great result by:

- Allocating dedicated resources to administer the influenza program
- Targeting workers in high-risk areas with low rates of vaccination in the past.
- Better tracking of our data.
- Improved process to follow up those not yet vaccinated
- Providing >555 hours of influenza clinic hours
- Providing >30 after hours and weekend influenza clinics

The chart demonstrates the ongoing improvement in immunisation rates at BHS.

Healthcare Worker Influenza Vaccination Compliance Rate



Flu vaccination promotion 2019.



Our Biggest Uptake of Flu Vaccinations Ever!

With influenza cases tracking over 12 times higher than the same time last year, BHS has seen the biggest uptake of the seasonal influenza vaccine to date with 84.77% (of Acute staff) immunised in 2019.

This year, Workforce Immunisation staff have administered:

- Over 3,740 vaccines to BHS staff, students and volunteers
- At over 76 static and mobile clinics across all campuses and offsite locations at BHS
- 430 more vaccines than in 2018, and the biggest uptake being in residential care, where 90.1% of staff (an increase from 84%).

This year the Flu Vaccine message was communicated to the community with an online campaign featuring Facebook reminders for people to be vaccinated.

Maternity Services

Planned Maternity Services

At BHS Planned Maternity Services, we are consistently focused on improving outcomes for our patients. Reviewing cases monthly at the BHS Obstetrics Mortality and Morbidity meetings with leaders from obstetrics, midwifery, quality and safety and theatre staff, and every three months at the Grampians Regional Maternity and Perinatal Mortality and Morbidity Meeting.



A staff member providing specialised care in our Special Care Nursery at BHS.

The Victorian Perinatal Services Performance Indicators report demonstrated the following;

Indicator: Term Babies without Congenital anomalies who required additional care

This showed we have a least favourable number of babies born who require additional support.

To help improve our outcomes at BHS we now have:

- Monthly Apgar meetings where all cases are reviewed. This enables trends to be identified and actions developed
- Developed an Apgar sticker to ensure the Apgar scores are standardized
- All staff participate in Neonatal resuscitation training annually.

SIGN	0	1	2	1 min	5 min	10 min	15 min	20 min	
Respiration	Absent	Weak, irregular, gasping	Regular breathe, strong cry						
Heart rate	Absent	< 100/min	> 100/min						
Colour	Pale or blue all over	Body pink, extremities blue	Completely pink						
Reflex Irritability (in response)	No response	Grimace or feeble cry	Cry or active withdrawal						
Muscle Tone	Limp, no activity	Some flexion	Active, flexed arms & legs resist extension						
TOTAL									
				MINUTES	1 min	5 min	10 min	15 min	20 min
				Oxygen					
				PPV/NCPAP					
				STT					
				Chest Compressions					
				Adrenaline					

The Apgar Sticker is used to ensure scoring is standardised. Apgar is a quick assessment performed on a baby at 1, 5 and 10 minutes (or more if needed) after birth. This test determines the baby's wellbeing following delivery.

Indicator: Severe Growth Restriction

This shows BHS had a higher than expected number of babies born who showed growth restriction.

Service improvement activities

BHS has joined the Safer Care Victoria (SCV) Safer Baby Collaborative. With mentoring from SCV and the Institute for Healthcare Improvement (IHI) we will be educating all staff and women who birth at BHS about:

- Fetal Growth Restriction
- Smoking during pregnancy
- Sleeping positions when pregnant
- Baby Movements
- Timing of Induction of Labour

At BHS we have hosted Fetal Growth Restriction Workshops (2018-2019) in collaboration with SCV and the Stillbirth Centre of Research Excellence (CRE);

BHS have promoted the Baby Movements Campaign 'Your Baby Movement Matters', (created by Safer Care Victoria in collaboration with the Stillbirth Centre of Research Excellence in Stillbirth). The campaign looks at current best practice in identifying and managing decreased fetal movements with the aim of reducing stillbirth rates, and what it means for maternity services. Providing information and resources for women about their pregnancy and for clinicians, assisting us to provide the best care for our patients.

#movementsmatter

Your baby's movements matter.

Why are my baby's movements important?

! If your baby's movement pattern changes, it may be a sign that they are unwell.

Around half of all women who had a stillbirth noticed their baby's movements had slowed down or stopped.

What should I do?

In any instance, if you are concerned about a change in your baby's movements, contact your midwife or doctor immediately.

You are not wasting their time.

How often should my baby move?

! There is no set number of normal movements.

You should get to know your baby's own unique pattern of movements.

Babies movements can be described as anything from a kick or a flutter, to a stretch or a roll.

You will start to feel your baby move between weeks 16 and 24 of pregnancy, regardless of where your placenta lies.

What may happen next?

Your midwife or doctor should ask you to come into your maternity unit (staff are available 24 hours, 7 days a week).

Investigations may include:

- Checking your baby's heartbeat
- Measuring your baby's growth
- Ultrasound scan
- Blood test

Common myths about baby movements

1 It is not true that babies move less towards the end of pregnancy. You should continue to feel your baby move right up to the time you go into labour and whilst you are in labour too.

2 If you are concerned about your baby's movements, having something to eat or drink to stimulate your baby DOES NOT WORK.

FIND OUT MORE: movementsmatter.org.au

Endorsed by: Royal Australian and New Zealand College of Obstetric and Gynaecology (RANZOG); Board of Health and Safety and organisations below. We thank Tommy's Ltd for allowing us to adapt their campaign for our purpose. Contact us at stillbirth@westernsydney.edu.au

Stillbirth Centre of Research Excellence | Mater | SCY | Tommy's | STEEL AWARE | cm | National Stillbirth Research Centre

Information brochure for expecting parents. Campaign: You're Baby's Movements Matter- Translated Flyers available at <http://www.movementsmatter.org.au/information-for-women/>

Residential Aged Care Services

Residential Aged Care at BHS

BHS continues to provide professional, quality aged care services to the Ballarat and Grampians region and has done for over 150 years. BHS is the largest provider of residential aged care, with 10 aged care homes.

As the largest provider of public aged care services in the country, we take quality, safety and the resident experience extremely seriously. We are proud to have established nurse to resident ratios, which include 24 hour Registered Nurses on site at all of our residential aged care homes. In addition, Enrolled Nurses, Allied Health professionals, and personal care workers support residents living at BHS sites.

BHS participates in the quarterly Public Sector Residential Aged Care Quality Indicator program. The quality indicator program assists us to monitor and improve care for our residents. The quality indicators monitored are:

- Pressure injuries
- Use of physical restraint
- Use of nine or more medications
- Falls and fractures
- Unplanned weight loss

In 2018/19, data from our 10 individual aged care homes varied, however the overall results indicate that our performance was consistent with other similar aged care homes. We performed very well in relation to avoiding use of physical restraint.

Our performance

The incidence of falls continue to be high and some residents sustain harm as a result of a fall. A factor impacting on the number of falls may be zero use of physical restraint.

The use of physical restraint is not endorsed in our residential aged care service, with zero incidents of restraint used in our homes over the last 12-month period. This provides a challenge for staff in supporting resident's independence and mobility, while attempting to prevent them from falling.

Aged Care Consumer Feedback (Feb 2019)

The best things about the service...

"Nurses' attention, dedicated & caring staff"

"Beautiful gardens"

"Adaptation of service to suit personality, preferences, physical and mental capacities"

"There is always staff willing to meet problems or enquires"

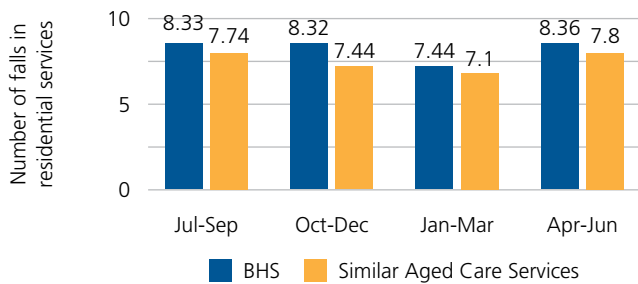
"Mindful staff in keeping family in loop."

Compliments about the service...

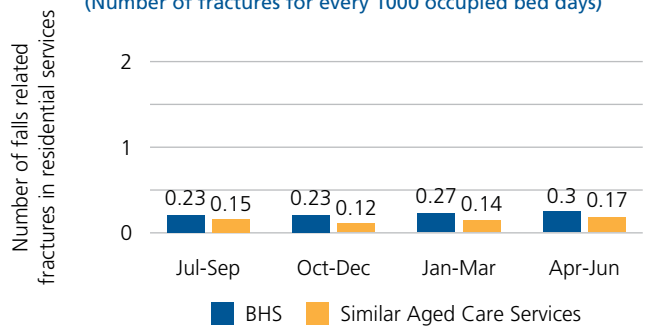
Family member thanked staff for their care of her mother over the 10 years, 'staff always looked after my mother beautifully'.

The graphs on the following page demonstrate how Residential Aged care at BHS performed against other Aged care homes over 2018/19 (by quarter).

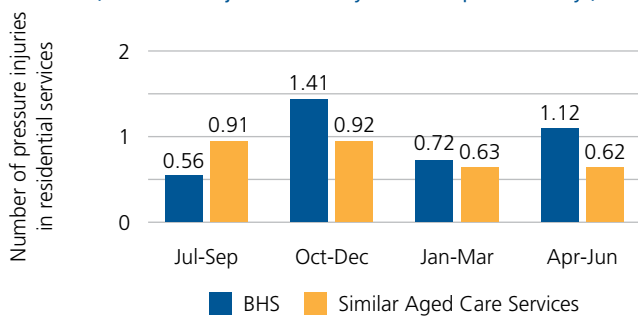
Number of Falls for each 3 months
(Number of falls for every 1000 occupied bed days)



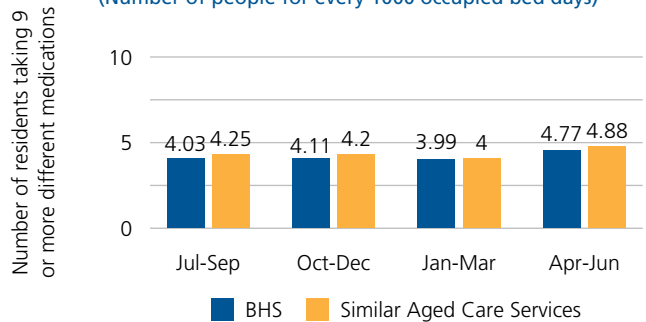
Resident Falls resulting in a Fracture (broken bone)
(Number of fractures for every 1000 occupied bed days)



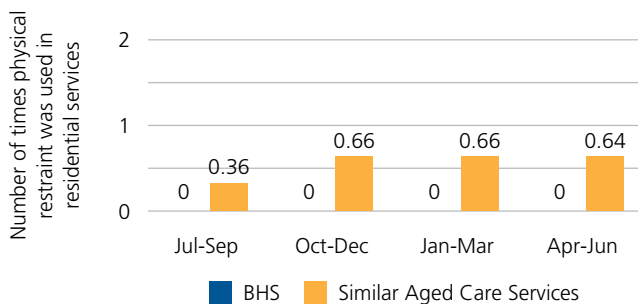
Residents who developed a pressure injury
(Number of injuries for every 1000 occupied bed days)



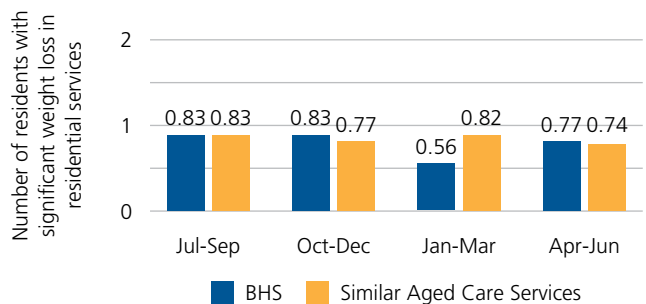
Residents taking 9 or more medications
(Number of people for every 1000 occupied bed days)



Residents that are restrained
(Number of times for every 1000 occupied bed days)



Residents with unplanned - significant weight loss
(Number of people for every 1000 occupied bed days)



What did we do to improve consumer experiences?

Considerable work continues to reduce the number and severity of falls for our residents. A continuous improvement plan has been developed and includes:

- Residents that have frequent falls over a short period of time and those that have very serious falls, resulting in a an injury are investigated to identify areas where improvements can be made
- These investigations are now being reviewed by the newly formed Critical Incident Review Committee, which includes a consultant geriatrician, neuropsychologist, palliative care physician, and nurse practitioner
- Findings and recommendations from this committee are communicated to staff at the residential facility with local action plans implemented, with consideration given to their wider implementation across the 10 BHS residential aged care homes when appropriate
- The review of resident's medications forms part of the falls reduction action plan. Research shows that many different medications contribute to increased risk of falls
- In consultation with residents, families, GPs and pharmacists a review of the type of medications, their benefit and risk to residents, which include falls takes place

Service improvement project: Aged Care - Communities of Kindness

The Communities of Kindness project was launched in July 2018.



Staff and residence at a launch event for the 'Communities of Kindness'.

Ballarat Health provides residential care to 400 plus community members across our region. A continued point of difference is our commitment to providing a high proportion of direct care workforce as registered nurses and enrolled nurses.

Our underpinning philosophy is to develop communities of kindness where people connect through care; living and working in environments that are supportive of a contemporary approach to care of the older person.

Communities of kindness is a philosophy where staff are engaged in kind interactions with each other and the residents of the service.

We involve our consumers by ensuring they are the drivers of their own care experience.

We hold facility based meetings at least every three months, with less formal care plan meetings happening every day, from admission to departure.

These meetings are attended by residents, family members, and key staff. They help staff understand residents' choices and preferences so we can tailor care to the individual person's needs.

Service improvement project: Improving texture-modified Residential Aged Care Services dining experience for residents and staff

It is widely accepted that food appealing to the eyes plays a large part in stimulating appetite and creating a pleasurable social dining experience. This can be a challenge for our food services team as they prepare meals for more than 50% of our 300 residents living in residential aged care homes with a swallowing disorder called dysphagia, and for our acute/sub-acute patients with conditions that require food to be texture-modified (TM). The common method of serving these foods using an ice cream scoop is unappealing to residents as they dine together at the table with others having normal meals. With a generous philanthropy grant through the Perpetual - Impact Grant program and the Harry Secomb Foundation, BHS formed the Improving Dining Experience research team from Aged Care, Catering, Nursing, Allied Health, and Research staff to explore improving the appearance of texture-modified meals using food moulds.

Over six months, success was achieved by pre-testing, consultation, training and targeted trials, ensuring that all elements in providing moulded TM food were feasible and sustainable from production through to consumption with limited impact on residents' home-life and staff workplace.

Residents feedback following the trial was *'finally getting normal food'*, *'makes me happy looks nice'* and *'I am having fish, beans, pumpkin - just like mum's'*. RACS staff feedback was also positive about the improved dining environment for residents *'Happy to attend dining room now, eating more, less agitated behaviour'*, *'refused scooped but ate moulded food'* and *'gagging during scooped food and nil behaviours with same food moulded'*.

Escalation of Care

'Clinical deterioration', or worsening of a patient's medical condition, can happen quickly. Clinical staff are trained to recognise and escalate care to achieve the best possible outcome for patients.

Recognition and response systems are in place to respond to patient deterioration including policies and procedures, to ensure that all patients receive timely and appropriate treatment. Evaluation takes place and feedback about care received is provided to the health service. The primary responsibility for the management and care of the patient lies with the primary clinical team and they are the first point of contact for clinical escalation.

What can you do if you are worried about your own, or your loved ones condition?

R.E.A.C.H. – Is a program in place at BHS. It actively promotes partnership between patients, their family and carer/s, and the treating team, in recognising and escalating deterioration.

REACH encourages patients, their family and carer/s to initially engage with their nurse or medical team, if they are concerned that **'something is not right'**.

If still worried, they can then escalate their concerns by requesting a clinical review to occur within **30 minutes**.

Finally, if you are still concerned, an **independent review or MET (Medical Emergency Team)** response can be activated by the patient, family or carer by calling **94001**.

REACH casts the safety net wider by empowering consumers to 'speak up for safety' and provides assurance that help is on its way.

R - Recognise a deterioration

E - Engage - talk with your nurse / doctor

A - Act if you are still concerned

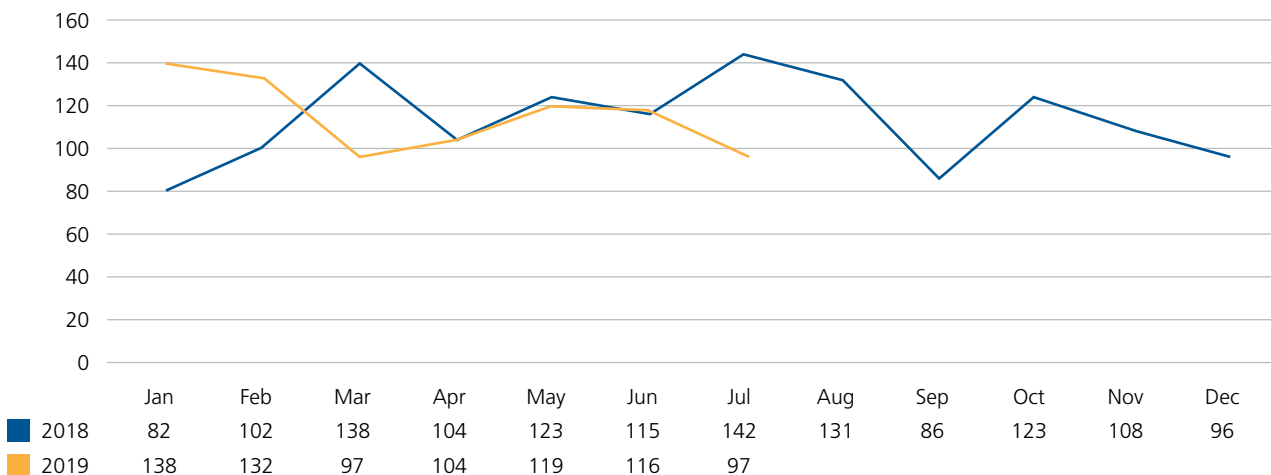
C - Call for help

H - Help is on the way

The REACH program is described in the Consumer information brochure available within the hospital or by contacting the health service.

The chart below shows Medical Emergency calls 2018/19 (Number of patients with a MET call made each month)

Acute Clinical Responses 2018–2019



What did we do to improve consumer experiences?

Service improvement project - Sepsis Scaling Collaboration

Sepsis is a life threatening condition and can lead to shock, organ failure, and death. This project looked at implementing a standardised sepsis pathway at BHS with the goal of saving lives.

BHS was one of 11 health services involved in this evidence based project delivered and funded by Better Care Victoria. The Sepsis project used clinical guidelines for sepsis identification and treatment, implementing processes at BHS to improve outcomes for patients.



- Sepsis is one of the leading causes of death in hospitalised patients worldwide
- 18,000 diagnosed each year and 5,000 deaths / per year in Australia
- Left untreated sepsis can progress to severe sepsis and septic shock
- 25% mortality associated with septic shock
- More than 20% of MET calls are related to sepsis
- Delayed recognition and initial appropriate treatment increases morbidity and mortality

Adult Sepsis Pathway BHS

- Implemented a health service wide medical record based clinical pathway
- Standardised elements of evidence-based care
- Promoted nurse initiation of sepsis care
- Promoted and enforced time critical components of care
- Guides first 6 hours of sepsis management

- Includes Empiric Antibiotic Guideline
- Education of more than 600 employees took place in 2018/19

At BHS, an evaluation of 609 patients took place with the goal of building a clear picture of the benefits of this implementation and how it can be sustainably built into everyday practice at BHS.

Service improvement project - Delirium Collaborative

Delirium (Acute Confusion) is a common hospital acquired complication. With the new Accreditation Standards focusing on cognitive deterioration and escalating care, 21 health services across Victoria have commenced a Collaborative with Safer Care Victoria and the Institute for Healthcare Improvement (IHI) to increase care standards for patients with Delirium.

The Delirium Clinical Care Standard (2019) aims to ensure that patients with delirium at the time of presentation to hospital receive optimal treatment to reduce the duration and severity of the condition. About 10% to 18% of Australians aged 65 years or older have delirium at the time of admission to hospital, and a further 2% to 8% develop delirium during their hospital stay. Local point prevalence data from BHS acute wards in 2015 showed a prevalence of 9.5% of all patients aged 65 and above met the 'Confusion Assessment Method' criteria for delirium. More recently BHS participated in the Safer Care Victoria delirium point prevalence audit. This 2018 audit showed much higher prevalence rates of delirium using a different tool called the 4AT. The BHS prevalence rate of possible delirium +/- cognitive impairment was measured at 61.0% overall with the acute site 55.1% and sub-acute 74.5%*

- **Initial screening of patients conducted for those who met the 'at risk' criteria of being 65 years old and above within 24 hours of admission.**
- **Bedside tool used to personalise care based on family and patient feedback.**
- **Delirium guidelines for clinicians developed.**
- **Delirium screening within 24 hours of presentation in pilot ward increased from 21% to 82%.**

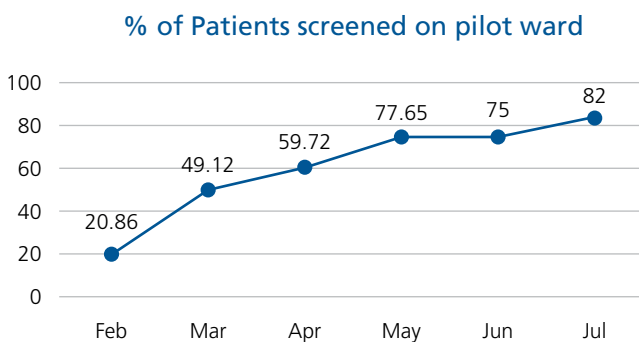
Improved outcomes for patients - A case study

A 93 year old lady was admitted to the pilot ward after a fall at home which resulted in fractures to her C2 (second vertebrae). She was from a non-English speaking background and spoke limited English. During her first three days she had multiple falls and confusion. It was important that she allowed her fractures to heal by wearing a neck brace, so the falls were putting her at risk of further damage. By engaging with her family to interpret the screening tool into her language, we were able to identify that she had an active delirium effecting her behaviour and mood. We were able to put in place strategies to reduce stimulation in her environment, personalise the room with family photos and engage her extended family, treat the underlying cause of confusion, provide support at the bedside including walks to alleviate boredom, encourage knitting to distract and engage her, and promote normal sleep cycles to assist in her recovery.

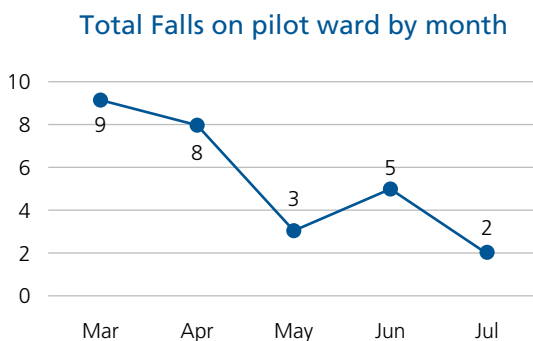
Result

The patient returned to her normal cognitive state. She and her family felt engaged and supported. Her fractures healed and she was able to be discharged safely from the hospital.

The chart below shows the number of patients screened on the ward for Delirium.



The chart below shows the number of falls that took place on the pilot ward during the project.



Service improvement project - The Choosing Wisely Project

The Choosing Wisely Collaborative is a Better Care Victoria & Safer Care Victoria funded project involving 11 hospitals across the State.

The project aims to encourage consumer and clinician engagement in order to

1. Improve informed & shared decision making
2. Reduce low-value care practices
3. Improve resource sustainability

Consumer & Clinician engagement - "5 questions" has been the primary tool used to encourage these conversations. These questions have been rolled out at locations across the base hospital.



Other areas included in Choosing Wisely Project;

Reduce 'Low-Value Care' - Low value care is care that provides little or no benefit and may cause harm to a patient.

The Emergency Department has been the pilot area reducing 'low value care' practices, including;

- Staff discussion
- Staff education
- BHS guideline review and implementation
- Goal of changing behaviours
- Data collection

Reducing the environmental impact

BHS is looking at ways of minimising wastage and reducing the impact on the environment.

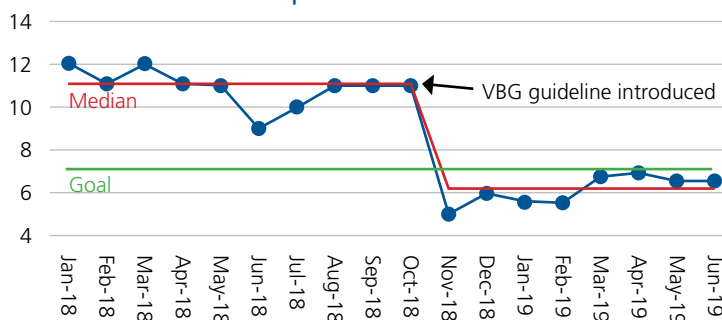
Venous Blood Gases (VBG) - Reducing blood tests done in the ED

- Before the project, data showed that almost 60% of the blood tests being run in the trial area were not needed,
- Costing a little over \$8000/ month to run.
- The project looked at ways of reducing unnecessary blood tests.
- New process was created
- Specific VBG stations were created for ease of access to information & equipment



'Gas Station' with Guidelines and equipment to take a blood gas.

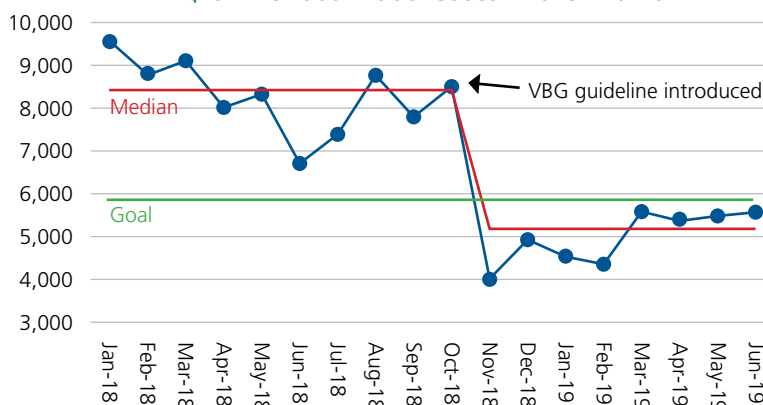
% ED Pt Population who had VBG/mth



The first chart shows VBG sustained close to 50% reduction in VBG's for 8 months.

The second chart shows significant financial saving over the VBG Project.

\$ on Venous Blood Gases in the ED/mth



Mental Health Services

Restrictive Interventions

At BHS Mental Health Services, we strive to support people when they are at their most vulnerable, in moments of extreme crisis using best practice approaches in the care provided. There are times when patients are placed in seclusion, physically restrained or mechanically restrained depending on the risk they pose to themselves or others, known as 'Restrictive Interventions'.

The table shows Mental Health Targets-Seclusion Rates 2018-19. The targets are outlined in the BHS 2018/19 Statement of Priorities for seclusions. Seclusion rates are per 1000 bed days.

Key performance indicator (KPI)	BHS Target	BHS Actual
Rate of seclusion events relating to an adult mental health admission	Less than 15/1,000	15.2
Rate of seclusion events relating to an aged acute mental health admission	Less than 15/1,000	1.3

What are we doing to reduce Restrictive Interventions?

Service improvement initiatives focused on Reducing Restrictive Interventions (RRI) include;

1. A Mental Health RRI committee has become part of the Comprehensive Care Standard – Behavioural Safety Working Group in line with the National Safety & Quality Standards to review any restrictive intervention that exceeds agreed benchmarks.
2. A post seclusion briefing process is in place to reduce a re-occurrence of seclusion.

These forms used to capture the views of our consumer and gives strategies to reduce re-occurrence of seclusion.

Mental Health- Lived Experience Workforce

The mental health service has a dedicated Lived Experience Workforce (LEW) team that is involved at all levels of the organisation from Senior Executive meetings to local team meetings. A LEW volunteer data base is under development to ensure users of mental health services can have representation on all projects and service improvement initiatives.

AAU Safewards implementation

Implementation of the Safewards model is well underway at BHS Adult Acute Unit and Steele Haughton Mental Health Services, with the goal of empowering patients and staff to create a culture of safety where rates of conflict and containment are reduced.

Safewards is an evidence-based model that was developed in the United Kingdom by Professor Len Bowers and colleagues. The model looks at the relationship between conflict and containment, identifying opportunities where staff can change the therapeutic approaches to prevent or reduce conflict and containment.

Providing staff training on the Safewards model

Staff training includes the introduction of the 10 Safewards interventions;

- Clear mutual expectations
- Soft words
- Talk Down
- Positive words
- Bad news mitigation
- Know each other
- Mutual help meeting
- Calm down methods
- Reassurance
- Discharge messages

Clear mutual expectations – Patients & staff work together to create mutually agreed goals that apply to both equally.

Soft words – statements are given to staff on the best ways to speak to patients: saying no, asking to stop behaviour and asking patients to do something they don't want to do.

Talk down (de-escalation) – a drawing together of a range of de-escalation techniques on a poster that is displayed in staff areas. Staff are given training on these techniques on a regular basis so that they feel confident to use them.

Positive words – during each handover, staff make an effort to say something positive about each patient and/or identify what is contributing to any difficult behaviours.

Bad news mitigation – we are raising staff awareness during handovers and ward rounds of potential 'bad news' events that patients may experience. Staff then follow up by talking through the 'bad news' sympathetically to the patient and offering support.

Know each other – each staff member provides information about themselves that they are happy to be communicated to the patients. Patients are also encouraged to share similar information about themselves.

Mutual help meetings – starting the day together and on the same page. The meeting is about how everyone can help each other during the day. Facilitated by staff, patients are encouraged to identify ways of helping and supporting each other during the day.

Calm down methods – Calm down methods is a box of equipment that can be used by patients to help lower their levels of stress and agitation.

Reassurance – following an anxiety-provoking incident on the unit, patients are followed up either in small groups or alone to give reassurance and insight of what happened.

Discharge messages – Before discharge, patients are encouraged to leave messages of hope for other patients that is then placed on a message board. These messages can be viewed by visitors and increase feelings of hope.

Sensory modulation

Sensory modulation is **'changing how we feel through using our senses'**. Our senses include touch, movement taste, smell, sight and sound. These things change how our body responds to things and can shift how we feel. Sensory boxes are a useful tool to assist with sensory modulation as it can assist patients to regulate physiological and emotional arousal, which can support recovery.

At BHS sensory kits are provided to patients with self-directed tools for illness prevention and during times of crisis. The goal is to facilitate safety, security and foster the recovery process

Information sheets have been developed regarding benefits of sensory modulation and sensory boxes and are located on the wards. These fact sheets are displayed in communal areas for patients to read as well as a list of common items in each box. Displayed in the nurse's station is a sheet identifying the contents of each box to assist nursing staff to assess the suitability of boxes after performing a mental state and risk assessment of their patient.

The boxes target particular symptoms and will be used in the AAU and for discharge as part of BHS Safewards Intervention "Calm Down methods".



Information sheet displayed on the ward about the sensory kit.

Our Integrated Community Health Services

Accessing the health Service

(Data drawn from the VHES Ballarat Health Services – QEC Community Health March 2019 Report Q 1-14)

In 2018-19 BHS Integrated Community Health Services on average met or exceeded the targets for consumer experience in the accessibility of our service, the environment and facilities.

BHS rated above the state average related to;

- 100% of patients believed the amount of time spent in the waiting time was reasonable
- 100% of consumers felt the health service was welcoming
- 89% believed it was easy to find out that BHS Integrated Community Health Services existed
- Our consumers mainly travel to the health service by private car
- 91% of patients said the transportation facilities that they used at the health service were positive (e.g. car parking, access to public transport, foot paths, taxi drop off areas)
- 71% believed it was easy to make an appointment
- 83% said they received all the information that they needed before appointments (e.g. how to prepare for the appointment)
- 93% of consumers felt physically safe at the health service
- 86% believed they were given enough privacy at reception
- 93% believed they were given enough privacy during their appointment

BHS can improve in the following areas;

- 79% of consumers said that it was easy to find the location of the health service which was below the state average of 84%
- 92% of consumers told us the politeness and helpfulness of the reception staff at the health service was good (State average of 97%)
- 79% of consumers believed that the cleanliness of the health service was of a good standard (state average of 81%)

What did we do to improve consumer experiences?

In response to consumer feedback there are a range of service improvement activities that are taking place in our Integrated Community Health Services, with an action plan in place to guide these improvements. Improvement activities include;

- We are reviewing and auditing our signage with the goal of replacing this across the QEC campus. We want to make it more accessible to consumers of all abilities.
- We are reviewing our Integrated Community Health Services model of care – this work is taking place in partnership with Ballarat Community Health to align service provision to reduce wait times in accessing services.
- We are looking at ways of improving our customer service, including providing timely feedback to team leaders regarding customer service.
- Cleanliness of our service is important to us. We are monitoring highly used areas of the health service at regular intervals, to ensure they remain of a high standard.

3. COMPREHENSIVE CARE



A staff member providing care to a patient

Comprehensive Care - Continuity

The VHES Survey included questions with a specific focus on consumer experience when engaging with BHS staff.

BHS rated above the state average in the following areas;

- 86% believed that they were listened to and understood by the health workers
- 93% believed that staff took the time to explain things appropriately to them
- 93% believed that staff showed compassion
- 93% had confidence and trust in health workers
- 100% of consumers said that they were referred to appropriate services
- 73% of consumers said health workers helped set goals for their health and wellbeing
- 100% of consumers said that the health service provided them with a written copy of a plan for their health and wellbeing
- 78% said that the plan was useful

BHS can improve in the following areas;

- 83% of consumers said that health workers they saw introduced themselves and their role, against 86% as the state average
- 79% said that health workers spent enough time with them, which was below the state average of 87%
- 86% said that health workers took their concerns seriously (State average 88%)
- 64% said people at the health service worked together to help them with their health and wellbeing, well below the state average of 77%

- 77% said sometimes, one health worker will say one thing about your issue or care and another will say something quite different (State average of 78%)
- 75% said the health service gave all necessary information about the treatment or advice that you received to other relevant services (e.g. GP, hospital staff), below the state average of 77%
- 75% said that health workers involved them in decisions made about their care or treatment, below the state average of 80%
- 60% said health workers considered all of their needs (such as health, culture, living, and family situation, age), below the state average of 74%
- 50% said all the relevant people were involved in setting these goals (e.g. family members, health workers), below the state average of 69%
- 70% said using this health service helped them feel as though they could achieve these goals (State average 72%)
- 71% said health workers at BHS reviewed and discussed this plan with them, below the state average of 78%

What did we do to improve consumer experiences?

An action plan that has been developed to address the following;

- The “My name is” program provides focus on verbal introduction of name and role to consumers and staff
- Introduce ‘rounding’ with consumers to ensure that they feel heard and involved in their care
- Undertake an audit to gain GP feedback about methodologies and compliance
- Provide motivational Interviewing training relating to person centered care

Service improvement project: TOP Care Cardiology

This Victorian DHHS funded project called TOP Care Cardiology is about using telehealth (i.e. phone or a video-link) to provide pharmacy services to patients attending the BHS cardiology specialist outpatient clinic.

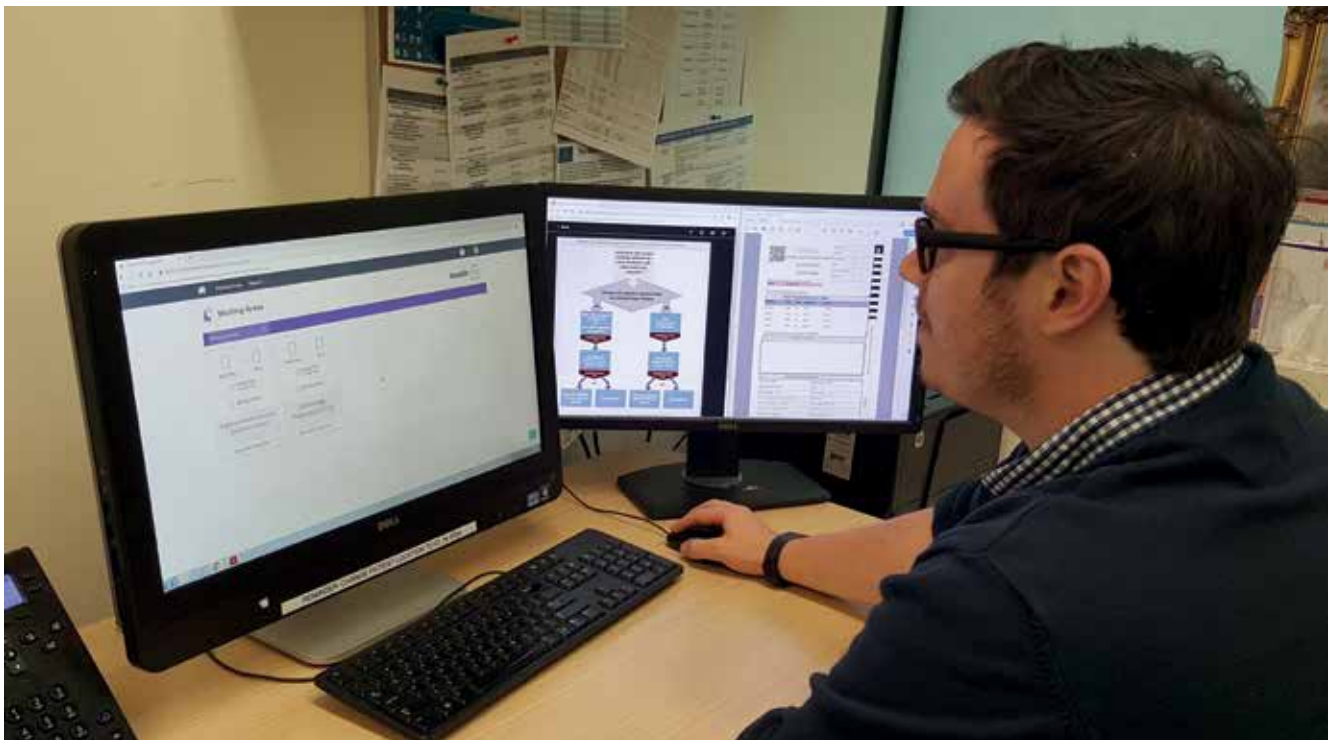
This new service, which commenced in March 2019, known as the cardiology pharmacist clinic, is the first formal pharmacy outpatient clinic at BHS.

In this clinic, the pharmacist meets with a patient prior to their heart specialist outpatient appointment to discuss their medicines. Patients can ask questions about their medicines and heart conditions so that they can better understand how to improve their health.

Because the pharmacist meets with each patient using telehealth, patients do not need to travel to the hospital to speak with the pharmacist. Care is being delivered directly into the patient's home.

A summary of the discussion between the patient and the pharmacist is provided to the patient's heart specialist before the patient's next appointment. This means that the heart specialist has an up-to-date list of the patient's medicines and is aware of any patient concerns about their medicines. A copy of the report is also provided to the patient's local doctor and pharmacy, who form part of the care team.

*Adam, Cardiology Clinic Pharmacist,
using telehealth platform.*



One hundred patients who attended the cardiology pharmacist clinic completed a follow-up survey, and all were very satisfied with the service. 84% of patients were more confident to discuss their medicines with their heart specialist, and 83% were confident to manage their medicines.

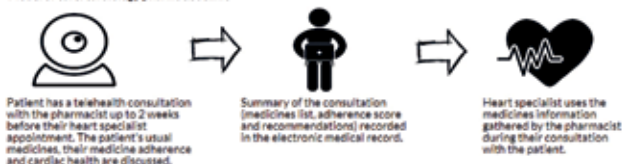
Overall 99% of patients were very satisfied with using telehealth for their appointment. Compared to coming to a face-to-face appointment at the hospital, using telehealth saved the patients surveyed a total of 12,435km in travel. This is equal to \$8,456 in travel costs and 7.3 days of patient time saved.

Patients said:

"It gave the doctor more time to explain other things to me"

"Great service. I run a farm and getting away from it can be difficult"

Model of care: cardiology pharmacist clinic



'It isn't just the accuracy of the medicines which are important, which has obviously gone up since this clinic has come into place. But also the time savings during the appointment...more patients know what they are on so it's quite easy to have a conversation about changing medications etc. Time saving- it really increases the efficiency of the clinic' (Cardiologist)

Results showed that patients who attended the cardiology pharmacist clinic were more likely to attend their heart specialist outpatient clinic appointment.

We plan to share the results of this project with other health services, particularly other regional and rural hospitals, so that they can learn from our success.



Example of the benefit to our patients:

Mrs K was booked into the hospital for a procedure that required her blood thinning medication to be stopped before the procedure. But there was no plan in place to do this, and the procedure had to be cancelled.

Mrs K then met with the pharmacist from the cardiology pharmacist clinic. The pharmacist developed a plan for stopping her blood thinning medication at the right time, and arranged for all her medicines to be packed into daily sachets. This meant that she didn't need to remember when to stop and re-start the medication.

Mrs K attended her procedure the next week, and didn't need an extended hospital stay to manage her blood thinning medication.

The pharmacist also explained each of Mrs K's medicines, which helped her to understand how her medicines help to improve her heart condition.

Community Health Priority Population

Aboriginal and/or Torres Strait Islander health and wellbeing

“The total number of Aboriginal patients accessing our services increased by more the 17%, around twice the rate of growth for the State.” - Quality and Activity Report DHS, 2019

Health and wellbeing are important from pre-conception through to old age. The Aboriginal and Torres Strait Islander definition of health is much more than physical – it’s **social, emotional, cultural and spiritual wellbeing of the individual and the community**. The connection to country and family lies at the heart of Indigenous wellbeing.

BHS and the Ballarat and District Aboriginal Co-operative have a strong thirteen year partnership that is recognised as influencing positive health outcomes for Aboriginal and Torres Strait Islander people within Victoria. Together they aim to improve access and health outcomes for Aboriginal & Torres Strait Islander people living in the Ballarat region.

The priority areas of this partnership include:

- Aboriginal and Torres Strait Islander Data Analysis
- Health Improvement Initiatives;
- Community Relations;
- Cultural Awareness;
- Employment and Recruitment.

The Taskforce utilise the Continuous Quality Improvement reporting tool (CQI tool) to direct the Annual Action Plan.

The CQI tool provides health services with a process to:

- reflect on progress and achievements in providing culturally responsive healthcare to Aboriginal and/or Torres Strait Islander patients
- identify gaps in organisational and clinical practice

- identify priorities for actions to improve the delivery and outcomes of healthcare, through organisation wide initiatives and programs to Aboriginal and/or Torres Strait Islander people across the organisation
- ensure greater systemic effort and accountability for a whole-of-health-service CQI approach to healthcare and health outcomes for Aboriginal and/or Torres Strait Islander people.

In 2018, BHS appointed a Team Leader to the Aboriginal Health Team. A key component of the role is to oversee Aboriginal health strategies and ensure a coordinated whole of hospital approach is taken to improving access, communication and health outcomes for Aboriginal people. This position will continue to build on the foundations that have already been laid through the BHS and BADAC partnership.

NAIDOC WEEK

NAIDOC Week celebrations are held each year at BHS to celebrate the current year theme and to provide an opportunity to educate the wider community about the history, culture and achievements of Aboriginal and Torres Strait Islander peoples. NAIDOC is a celebration for Australians from all walks of life.

BHS Staff: Cultural Insight Training

A lack of cultural awareness amongst BHS staff had been identified as a significant issue by the local Aboriginal community. In 2015, regular cultural education programs were made available across the organisation to increase staff understanding of the impact of colonisation, transgenerational trauma, and Aboriginal cultural considerations when delivering care to Aboriginal people at BHS.

In 2019 over 85% of BHS staff have attended cultural competency training

Regional Partnership: Cultural Insight Training

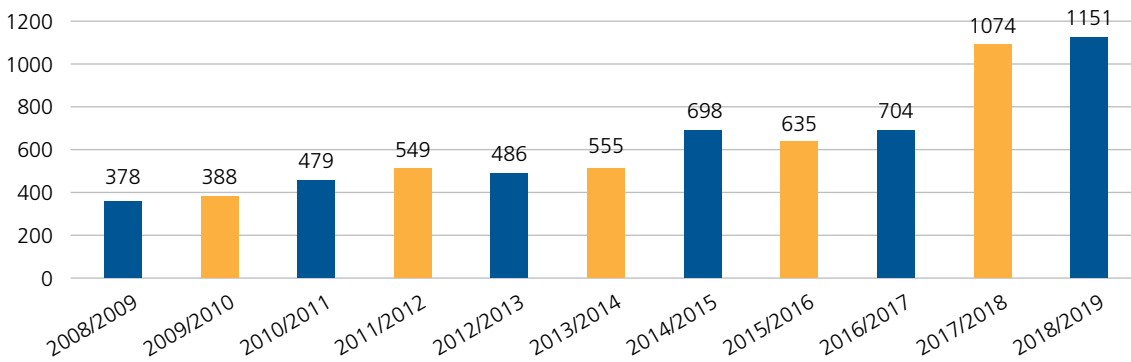
In 2019 The Aboriginal Health team have supported the staff of East Grampians Health service by providing Cultural Insight Training. This monthly training session is incorporated into the organisations existing mandatory training schedule. East Grampians Health services does not have an Aboriginal Health Liaison Officer, so requested BHS assistance to improve the knowledge and awareness of their staff about Aboriginal and Torres Strait Islander people and their culture. The Aboriginal Health team worked with the East Grampians Health service Executive team to develop an action plan in regards to Aboriginal and Torres Strait Islander Health.

Aboriginal Health Team leader

The Aboriginal Health Team at BHS continues to welcome and support Aboriginal and/or Torres Strait Islander people to the hospital and our services. We have worked tirelessly to make our health service more welcoming and supportive. This is shown by the increasing number of Aboriginal and/or Torres Strait Islander people who are accessing our services annually. The employment of an internal team leader to the Aboriginal Health team has empowered the team and encouraged their self-determination to ensure that culturally responsive healthcare is being delivered across BHS.

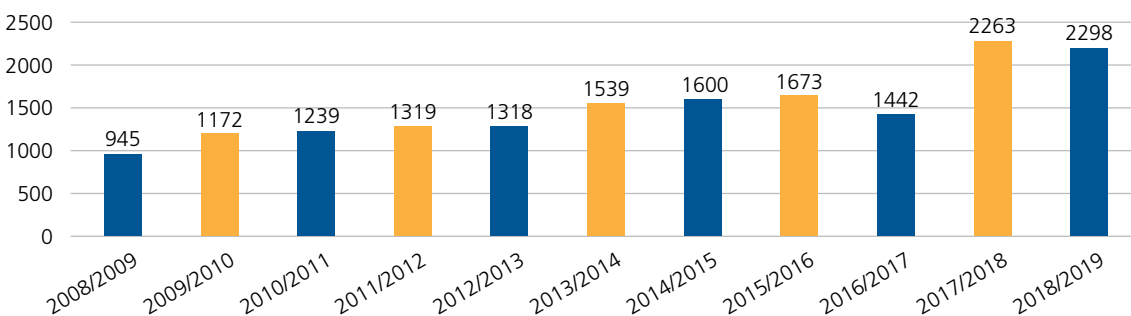
The chart below shows the number of Aboriginal and/or Torres Strait Islander patients treated in 2018/19.

Aboriginal & Torres Strait Islander Inpatients Treated



The chart below shows the number of Aboriginal and/or Torres Strait Islander Emergency Department (ED) attendances in 2018/19.

Aboriginal & Torres Strait Islander ED Attendance





Koorie Mental Health Liaison Officer (KMHLO)

Acknowledging cultural safety and respect for Aboriginal and/or Torres Strait Islander employees within the organisation, a restructure of Aboriginal Health occurred in April 2019. This restructure allowed the Koorie Mental Health Liaison Officer to join the organisation wide Aboriginal Health team. The Aboriginal Health team now cover Acute, Sub-acute, Residential and Mental Health areas, allowing for peer support and delivery of culturally appropriate care to BHS clients.

How do we gather feedback to make sure that Aboriginal voices are heard and improvements are made?

In recognising that Aboriginal and/or Torres Strait Islander people tend to provide verbal feedback rather than through written surveys, the insight and feedback from the Aboriginal health roles at BHS and BADAC continue to be valued and heard, in order to gain greater understanding of the experience and needs of the Aboriginal community and individuals accessing care at BHS.

Plans & Priorities moving forward

- Improve access, clinical care and pathways for Aboriginal people accessing services at BHS, in particular Outpatient Clinics
- Ensure that Aboriginal employment is recognised as an important initiative to improve health and social outcomes for Aboriginal people
- Continue to strengthen our working relationships and communication pathways between BHS and BADAC. The Aboriginal and/or Torres Strait Islander taskforce have the ability to influence change, identify gaps in services, and provide a strategic approach to Aboriginal health improvement
- Continued strong executive and clinical leadership support to assist in future developments for the Aboriginal Health Team service.
- The Aboriginal Team Leader has ongoing involvement in committees across the organisation. This allows a strong Aboriginal and/or Torres Strait Islander peoples voice to be present in planning for the health service.

Aboriginal Wellbeing Space

For many Aboriginal people, hospitals are symbols of the very institutions that had a role in their marginalisation in Australian society. Reluctance to access health services early means that, for Aboriginal people, their chronic disease state and cancers are often well advanced before they are diagnosed. This leads to higher rates of hospitalisation, increased readmission rates, poorer health outcomes and a shorter life expectancy.

The Aboriginal Taskforce Committee have strongly advocated for BHS to consider an Aboriginal and/or Torres Strait Islander wellbeing space in future redevelopment plans. The objective of this space would be for BHS to provide a culturally safe space for Aboriginal and Torres Strait Islander patients and families to access when visiting the hospital. It would be a dedicated space for family meetings and community events and would also house a separate office for the Aboriginal Health Team.

Increase in service delivery

Data has shown an increase in attendance to the hospital by the Aboriginal and Torres Strait Islander community. This has therefore increased the workload of the Aboriginal Health Team. To improve service delivery increase in staff is needed. Currently the service is provided Monday-Friday 8:30am-5pm. However the Aboriginal Health team needs to provide a 7 day a week service. This is evident in ED where data shows a high presentation from the Aboriginal and/or Torres Strait Islander community after hours and on weekends. The Aboriginal Health team are currently developing a service model to be implemented as a matter of priority.

What did we do to improve consumer experiences?

Service improvement Project: Grampians Breast Screen

Grampians Breast Screen have worked closely with BADAC (Ballarat & District Aboriginal Cooperative) since 2011 to increase Aboriginal and/or Torres Strait Islander participation by providing a safe and accessible service for women.

We set out to increase the number of Aboriginal and/or Torres Strait Islander women attending breast screening to enable earlier diagnosis of breast cancer, earlier treatment, and improved outcomes.

Working closely with BADAC a monthly bus service has been coordinated. A well Women's Nurse accompanies every trip, supporting groups of local Aboriginal and/or Torres Strait Islander women to access the service.

The Breast screen service has set up a private group booking system for Aboriginal and/or Torres Strait Islander women, enabling a relaxed atmosphere. To ensure the women feel comfortable and safe, we screen them during the lunch break when the clinic is quiet and we can provide the care appropriate for each woman.

All staff involved have either participated in Cultural Awareness Training in person, or alternatively watched the series of DVD's produced by Breast Screen Victoria.

We have been discussing gowns being made for our Aboriginal and/or Torres Strait Islander patients for quite some time. In 2018/19 we found a manufacturer that specialises in fabrics designed by Aboriginal and/or Torres Strait Islander men and women. After ordering four different designs, Sandy from BADAC made 11 beautiful gowns for Aboriginal and/or Torres Strait Islander patients to wear when attending mammogram screening. At the launch of the gowns this year we had a wonderful response from the Aboriginal and/or Torres Strait Islander women who modelled the gowns for the media.



The new gowns are proudly worn by Aboriginal and/or Torres Strait Islander women.

Our participation statistics reflect the impact of this culturally sensitive service, with a notable improvement in attendance well in excess of the state average.

The following table demonstrates the increased participation in screening by Aboriginal and Torres Strait Islander women aged 50-69 years.

	Grampians Aboriginal and Torres Strait Islander participation 50-69	State Aboriginal and Torres Strait Islander participation 50-69
2008/10	31% 40/131	33% 546/1660
2016/18	41% 98/239	34% 1341/3903



4. IN THE NEWS PEOPLE AT THE CENTRE OF CARE



Harmony Day celebrations at BHS

Supporting a healthy community

BHS aspires to provide a safe, effective, and responsive workplace and service, beyond the expectations of mandatory standards and frameworks. BHS is committed to the delivery of consumer-centred services that are respectful of, and responsive to, the preferences, needs, and values of its staff and consumers.

BHS recognises the importance of a consumer's sense of self and the importance of being involved in their own care, being able to act independently, make their own choices, and take part in their community, to the extent that they choose.

At BHS we work hard to support a healthier community. In 2018/19 we have done that in many ways, as highlighted below.

Celebrating Our Cultural Diversity

BHS Celebrates Harmony Day 2019

BHS is committed to providing care and services that are respectful of, and responsive to, the needs of people from Culturally and Linguistically Diverse (CALD) backgrounds, including staff, patients and community members.

The BHS People at the Centre of Care Committee, CALD working groups and executives invited all staff, patients and community members to the Harmony Day event at BHS in March 2019, to celebrate our diversity.

We encouraged all attendees to wear their national dress or to wear a touch of orange to show support for cultural diversity and an inclusive Australia. Traditionally, orange signifies social communication and meaningful conversations. It also relates to the freedom of ideas and encouragement of mutual respect.

Huy, a staff member of BHS Radiography & Diagnostic Services shared his emotional journey of his family fleeing Vietnam as refugees when he was a child, and the many years it took for them to become reunited.

The event included a multicultural morning tea, guest speakers from BHS, and a Bollywood dance workshop that brought the foyer to life with many audience members joining in.

Our diversity makes Australia a great place to live. Harmony Day is a celebration of our cultural diversity – a day of cultural respect for everyone who calls Australia home.

International Day of People with Disability at BHS

By celebrating the International Day of People with Disability at BHS and talking about disability, we aimed to break down barriers for the 4.3 million Australians living with disability and who contribute to positive change in our community.

On 6th December 2018 we celebrated the International Day of People with Disability at the Queen Elizabeth Centre, in collaboration with Pinarc Disability Support.

As part of the celebrations, the Turtle Art Program participants enjoyed being involved in an art class, with some impressive pieces on display.



Handmade Christmas decorations made in the art class

A range of speakers presented on our 'People at the Centre of Care' philosophy and our continuing effort to improve access to our sites and services.

Hospital series - Disability Accessible Content

The 'Coming into Hospital' series was launched as part of the International Day of People with Disabilities 2018. We can now direct potential patients, carers and visitors to this site <https://bhs.org.au/node/699> to view information that will support their admission. It has been written with consumer friendly language and recorded in playlists for those who prefer to listen to information rather than read online. Listen here <https://soundcloud.com/user-700994618/sets/coming-into-hospital-full>

Integrated Health Promotion

BHS is part of the Central Highlands Eat Well Move More priorities. We are working together to provide opportunities and environments which enable all people to Eat Well and Move More. Overall we are aiming for a 5% increase in the amount of people meeting healthy eating and physical activity guidelines in Central Highlands.

Additional priorities within our Integrated Health Promotion include a focus on mental health and wellbeing and family violence. Throughout 2018-19 the health promotion team have focused on achieving the priorities in the Integrated Health Promotion Plan including increasing networks and relationships with both internal and external experts and increasing the external focus of our health promotion work.

Key outcomes for 2018-19 have included:

1. Healthy Living Branding and Elements

The Healthy Living brand and elements were developed by BHS and launched in March with the launch of the Healthy Living newsletter. Key objectives of the branding and elements are to acknowledge that health and wellbeing differ from person to person in their needs and focus. The aims of the Healthy Living brand and supporting monthly newsletter is to communicate with staff and the community using plain language and delivered in a socially accepted way. The monthly newsletter has approximately 2,500 readers connecting with the content and at times providing feedback about enjoying the material, sharing of real health stories and suggestions for future editions. Much of the work being delivered by the Health Promotion team has an ability to link back to the core elements and the brand in line with a communication plan.



2. Healthy Eating

Introduction of the Healthy Eating Advisory Service Healthy Choices guidelines has included place based approaches and systems based change to the food environment at BHS to make the healthy choice the easy choice. Highlights to date include the new cafeteria vendor signing on for Healthy Choices compliance, with BRICC café achieving compliance. The cafeteria spaces are currently undergoing upgrades with implementation of healthy choices a key requirement.

2. Active Living

BHS participated in the Premier's Active April resulting in being the most active workplace in the Central Highlands region and rated highly across the state. Sport and Recreation Victoria have invited BHS to form part of a working group to make the Central Highlands, Grampians & Pyrenees regions the most active in the state during 2020. Regular promotion to staff is taking place highlighting free and low cost sport and recreation activities available in the Ballarat area.

3. Mental Health and Wellbeing

BHS led a collaboration to hold an event during Men's Health Week in June with a key focus on mental health and starting conversations about health prevention. The event saw more than 300 community members attend, with evaluations indicating a positive experience and a desire for more similar events focussed on men's health.

Community of Respect & Equality Working Group - CoRE



BHS is a member of the Communities of Respect and Equality Alliance through Women's Health Grampians. The Communities of Respect and Equality Alliance (CoRE) is a partnership of organisations, businesses, clubs, groups and networks from across the Grampians Region that share a vision for safe, equal and respectful communities.

All member organisations have committed to the vision and goals outlined in the Communities of Respect and Equality: A plan to prevent violence against women and their children.

A component of the CoRE program is to undertake a Gender Audit, completed by the Internal Working Group, to help inform the development of the action plan. The Gender Audit examines different areas of the organisation i.e Leadership/Management, Human Resources, and facilities and asks a series of questions in order to make an assessment of the current status of gender equality in the organisation.

The Gender Audit with Summary and recommendations was developed, completed and submitted to the People at the Centre of Care Committee for review, with clear recommendations and actions of what we can do as a health service in the coming year to support respect and equality in our health service.





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Sturt Street
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www.bhs.org.au

Smoking Ceremony - Ballarat Health Services

Ballarat Health Services is located on the traditional land of the Wadawurrung people. Our annual "Welcome Baby to Country Smoking ceremony" was conducted by Tammy Gilson, a Wadawurrung Elder and traditional custodian of the land.

This ceremony is held to welcome Aboriginal and/or Torres Strait Islander families and their babies born at Ballarat Health Services. This year Aboriginal and Torres Strait Islander students from St Patrick's College were invited to be a part of the community ceremony.

The students designed and created a message stick to be presented to babies and their families, as a way of passing on their community dreaming stories to the next generation.

The smoking ceremony involves families waving smoke over themselves and their babies to cleanse their spirits. This year, each baby was presented with a message stick as a memorial gift, by Kayne, a student from St Patrick's College on behalf of the Aboriginal and Torres Strait Islander students.

We thank all Aboriginal and Torres Strait Islander people and celebrate their culture as one of the oldest living cultures in the world.

Through these cultural events Ballarat Health Services honours the First Australians and assists multiple generations of their community across the Ballarat region in connecting with their culture and with our service.

Emma Leehane, Team Leader of Aboriginal Health
Ballarat Health Services

Front Cover

Left: Tammy, a Wadawurrung woman. Right: Kayne, St Patrick's College Aboriginal and Torres Strait Islander student representative.