



Ballarat **Health** Services



**QUALITY
ACCOUNT
2017-2018**



Spreading the Word: How the Quality Account is Distributed

Setting the course for a new future in connection via social media.

This Quality Account is available to download on our website, www.bhs.org.au and is being promoted to patients, carers, consumers and stakeholders via social media and email.

Postcards have also been distributed across our sites to provide directions to an electronic copy.

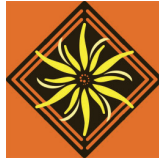
BHS is your health service!

We welcome your feedback on our 2017/2018 Quality Account.

We encourage you to provide feedback on our Quality Account so we can continue to provide you with a useful publication that informs you about our performance.

We invite your suggestions on how we can improve future editions on the Quality Account. Our aim is to provide useful information about our performance, safety and quality work. Your opinion will assist us in ensuring the relevance and usefulness of this publication.

Contact the Consumer Liaison Office at feedback@bhs.org.au or on 5320 4014.



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 their continuing culture, acknowledging the memory of their honourable ancestors.



@BallaratHealthServices



@BallaratHealth



@ballarathealthservices

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ABOUT BALLARAT HEALTH SERVICES

OUR VISION:

Excellence in Care
Our Patients / Our Staff / Our Community

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.

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

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

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



BALLARAT HEALTH SERVICES

AT A GLANCE

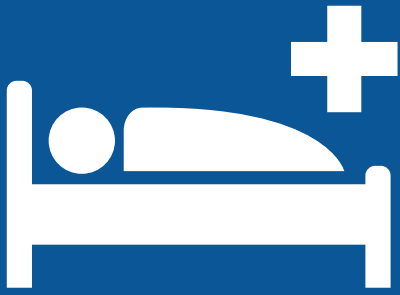
2017/18

BHS is the main public referral health service to a catchment population of around 250,000 people across the Grampians region, and has been providing quality care for more than 160 years.

- BHS delivers care across all settings: in hospital and, increasingly, in the community and people's homes.
- BHS is the largest public provider of residential care in Australia.
- BHS is the main teaching, training and research provider in the region, and does this through affiliations with several universities and teaching institutions.
- BHS is the largest employer in Ballarat, which has a population of more than 100,000 people. Our workforce is a key strength of our organisation and the broader community.

WHAT WE KNOW ABOUT THE GRAMPIANS REGION

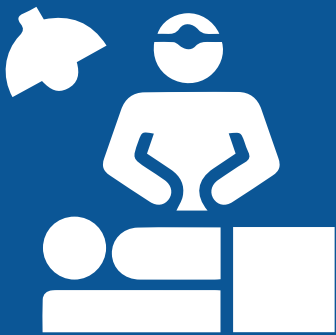
- The population is growing quickly. It is ageing and people are moving out of rural towns into regional centres.
- The catchment to the East is characterised by a younger, faster growing population.
- The Grampians region is made up of people from all walks of life, with different social, cultural and economic backgrounds.
- There is a strong sense of 'Community' within our Region.
- The region is responding to increasing challenges relating to respiratory disease, cancers, cardiovascular disease, diabetes and mental illness.



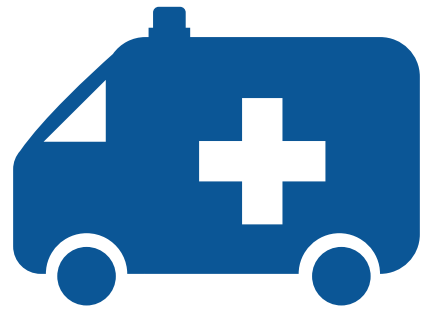
43,024
inpatients treated



1,447
babies born



10,089
surgeries performed



59,001
emergency department
presentations



14,762
dental treatments



4,405
staff



280
volunteers



597
people choosing to
live in our residential
aged care homes



2,265
people treated by our
mental health services

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 2017/18.

BHS is focused on keeping our staff and our patients safe, working diligently to continuously improve quality and safety processes. This report outlines our progress against a set of performance measures determined by the State Government's Healthcare Quality and Safety agency called 'Safer Care Victoria'. The indicators described in this report showcase some of our successes and some of the areas we continue to develop.

BHS has a proud history of caring for the Ballarat and Grampians communities, and this year is no exception. We work with our healthcare partners, consumer representatives, patients, clients, residents and carers throughout our region to help us respond to the evolving needs of our diverse community. The past year has seen us at BHS focus on compassion and developing our greatest asset, our dedicated staff and volunteers. We celebrate and congratulate them.

Inviting and listening to the voice of patients and the wider community has been a high priority for BHS this year as we embark on a 20 year master plan for our Health Service. Our commitment to openness and honesty is vital to building strong, collaborative partnerships with the community we serve. Community and staff consultations will continue to inform our crucial redevelopment enabling us to deliver more health services safely. We recognise the local area for BHS is not confined to Government boundaries but extends throughout the region – more and more we are working with hospitals across the Grampians region.

The changing nature of healthcare delivery in the Grampians region means the demand for care is increasing daily. To manage the increasing demand, we continuously strive to ensure our services are efficient, effective and safe. Our mission is to deliver quality care to the community by providing safe, accessible and integrated health services. We know that patient-centred care is central to this mission.

Over the past 12 months we have continued to embed our BHS Together strategy to enhance positive cultural change and staff engagement. The BHS Together approach encourages all staff to stop and think about what's working well along with what we can improve. The strategy recognises the impact of individual staff members who go above and beyond in their work, as well as celebrating the great things we achieve at BHS each day. This Quality Account shares some of our achievements in this vital area.

BHS has strengthened our connection with communities with diverse cultural influences, social and health needs over the past year, celebrating important days and joining together for partnership building events.

The year has also seen extensive training and roll out of the '#Hello, my name is....' campaign. This simple reminder to take the time to introduce yourself is a worldwide movement towards more compassionate care. This is a foundational step in improving patient, client and resident centred care and connection throughout BHS.

'Hello, my name is...' is a key staff training component and is a campaign to remind all of our staff to stop and introduce themselves to our patients and their families.

Our team is closely aligning with the vibrant and expanding Compassionate Ballarat movement which is seeing a coalition of partners work together to bring grassroots compassion and kindness to our community, caring for everyone, especially to those who are vulnerable. Our staff are encouraged to be a force within this community-wide social network.

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**



BHS contributes to vital statewide plans aimed at improving patient and consumer experiences. This section of our Quality Account focuses on the action we've taken for a healthier community.

1. STATEWIDE PLANS AND STATUTORY REQUIREMENTS

BALLARAT HEALTH SERVICES PRESIDENTS



1900 - 1901	Mr. J. King	1902 - 1903	Mr. J. King	1904 - 1905	Mr. J. King	1906 - 1907	Mr. J. King	1908 - 1909	Mr. J. King	1910 - 1911	Mr. J. King	1912 - 1913	Mr. J. King	1914 - 1915	Mr. J. King	1916 - 1917	Mr. J. King	1918 - 1919	Mr. J. King	1920 - 1921	Mr. J. King	1922 - 1923	Mr. J. King	1924 - 1925	Mr. J. King	1926 - 1927	Mr. J. King	1928 - 1929	Mr. J. King	1930 - 1931	Mr. J. King	1932 - 1933	Mr. J. King	1934 - 1935	Mr. J. King	1936 - 1937	Mr. J. King	1938 - 1939	Mr. J. King	1940 - 1941	Mr. J. King	1942 - 1943	Mr. J. King	1944 - 1945	Mr. J. King	1946 - 1947	Mr. J. King	1948 - 1949	Mr. J. King	1950 - 1951	Mr. J. King	1952 - 1953	Mr. J. King	1954 - 1955	Mr. J. King	1956 - 1957	Mr. J. King	1958 - 1959	Mr. J. King	1960 - 1961	Mr. J. King	1962 - 1963	Mr. J. King	1964 - 1965	Mr. J. King	1966 - 1967	Mr. J. King	1968 - 1969	Mr. J. King	1970 - 1971	Mr. J. King	1972 - 1973	Mr. J. King	1974 - 1975	Mr. J. King	1976 - 1977	Mr. J. King	1978 - 1979	Mr. J. King	1980 - 1981	Mr. J. King	1982 - 1983	Mr. J. King	1984 - 1985	Mr. J. King	1986 - 1987	Mr. J. King	1988 - 1989	Mr. J. King	1990 - 1991	Mr. J. King	1992 - 1993	Mr. J. King	1994 - 1995	Mr. J. King	1996 - 1997	Mr. J. King	1998 - 1999	Mr. J. King	2000 - 2001	Mr. J. King	2002 - 2003	Mr. J. King	2004 - 2005	Mr. J. King	2006 - 2007	Mr. J. King	2008 - 2009	Mr. J. King	2010 - 2011	Mr. J. King
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1.1 Equity and Diversity

To focus attention and effort on diversity and equity issues, BHS established five working groups whose representatives together form an Equity and Diversity Committee.

1. LGBTI - Lesbian, Gay, Bisexual, Transgender and Intersex communities
2. ICAP - Improving Care for Aboriginal Patients
3. CORE - Communities of Respect and Equality
4. CALD - Culturally and Linguistically Diverse (CALD)
5. Improving Disability Access

Following its launch year in 2017, the Equity and Diversity working groups and committee continued to focus on promoting awareness and starting conversations around diversity matters as well as learning more about the diversity profile of our own staff, patients, residents, clients and consumers of our services.

During the year, the team developed and adopted its core message:

BHS respects the human rights of all members of the community and is committed to providing an inclusive and affirming workplace and health service.

The work of the five groups supports us in planning improvement activities related to:

- Healthcare access
- Providing a safe environment
- Employment at BHS
- Engagement and celebration activities and opportunities

The efforts around engagement and celebration were supported by relationships with key community and social groups and agencies throughout Ballarat including:

- Ballarat Regional Multicultural Resource Centre
- Gay Pride Hub
- Victoria Police Community
- Zaque, Headspace
- City of Ballarat

In conjunction with our partners, we have:

- Provided our staff with education and information around the needs of the community, to improve access to, and delivery of, BHS services. If we know more, we can do better!
- Celebrated occasions highlighting the needs and values of those from diverse, at-risk or disadvantaged communities including Cultural Diversity Week, NAIDOC Week, International Day Against Homophobia Biphobia, Intersex and Transphobia (IDAHOBIT), R U OK? and White Ribbon Day.
- Further developed BHS strategic and service delivery plans based on understanding our diverse community.
- Promoted equality and diversity initiatives more broadly, increased community and staff participation within BHS.
- Improved the access and disability friendliness of our hospital room features. Based on a 'Towards 20 years' approach, the goal is to redevelop the acute hospital site, as well as our Queen Elizabeth site, to include the appropriate design features to ensure our new health precinct and our residential care homes better meet the special needs of people with a disability.



Staff and community members gather for celebrations in the BHS foyer

All staff 'Welcome' events include an introduction from members of the Equity and Diversity working groups ensuring all new staff are aware of our commitment and are encouraged to join one of the groups.

How We Celebrated Diversity this Year

International Day for People with Disabilities

December 2017

In partnership with Pinarc, one of Ballarat's key disability agencies, and the Division of General Practice, BHS held its inaugural International Day for People with Disabilities. An 'Artists in Progress' experience was held in the BHS Gardiner-Pittard foyer. Colour, talent and understanding was shared as BHS staff joined in the experience with great enthusiasm. The purpose of International Day for People with Disabilities is to share experiences and recognise we are all contributors to a vibrant community.

For many, a visit to hospital can be frightening. Knowing more about our hospital can be a very helpful tool for people with a disability. Making connections, having contact names and knowing where to find specific locations such as emergency, wards and procedure areas can make future visits easier. BHS is focused on continuing to strengthen partnerships with the National Disability Insurance Agency and service providers. A communication focused awareness-raising education program is currently in planning stages.

Harmony Day

March 2018

BHS held a Harmony Day launch to celebrate the diversity of our staff, our patients, and our community. We encouraged everyone to wear their national dress or to wear a touch of orange to show support for cultural diversity and an inclusive Australia. The launch included activities such as a multicultural morning tea, guest speakers from Ballarat Regional Multicultural Council, and a parade of colourful national or orange tinged costuming.

Why Orange?

Orange is the colour chosen to represent Harmony Day. Traditionally, orange signifies social communication and meaningful conversations. It also relates to the freedom of ideas and encouragement of mutual respect. Respect is a key value by which BHS continues to work with community to deliver better, safer and more inclusive care.



Deruka Dekuek

BHS Equity and Diversity Committee member and mother of five, Deruka Dekuek, shared some of the issues that refugees, migrants and new residents to our region face after coming from a country without healthcare. Recognising why refugees and migrants are less likely to come forward for healthcare will help raise awareness and promote understanding and compassion. BHS is working with the Ballarat Multicultural Resource Centre and Ballarat Community Health to continue to develop how we welcome and respond to the health needs of everyone in the community.

In the words of a community member...

'What Deruka said about being able to actually feel the pain really drove the point home for those who attended. If we all can learn to do that, we can surely become a much more inclusive society. Ugo complemented that beautifully with his words of wisdom around not judging others. He mentioned that even though he is considered a migrant from Europe, he feels that he took refuge in Australia and hadn't really migrated, because of what he and his family had to endure. That relays such a strong message about the perils of common perceptions, and how a person's needs can be so easily overlooked due to societal judgement emanating from these perceptions.'

BHS is proactive in welcoming everyone in our community. The event signified our desire to partner with consumers and the community. This served as an invitation to participants to engage with BHS as a community member, volunteer, or consumer representative. These partnerships will be vital to the establishment of more welcoming and inclusive ways to access our services, in the development of patient information materials, and finding better ways to deliver culturally appropriate care.

IDAHOBIT Day

May 2017

International Day Against Homophobia, Biphobia, Intersex and Transphobia.

In partnership with Headspace, Zaque youth group, City of Ballarat and Victoria Police, BHS hosted a day of recognition and welcome which attracted more than 90 people. It was an event which was widely promoted and generated much joy for staff, families and community members who responded to our Facebook invitations.

On 17 May, 2018 people all over Australia stood against discrimination in support of lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ) mates, colleagues and families.

BHS and Headspace went 'rainbow' on IDAHOBIT day and used the day to publicly stand with the LGBTIQ community. We held a pop-up party in the BHS Gardiner-Pittard foyer with soup, rainbow cake and popcorn to celebrate our diverse staff and community groups.

Raising awareness about some of the health challenges and outcomes was an important message of IDAHOBIT Day. 24.4% of lesbian, gay and bisexual people and 36.2% of trans people suffer from depression. This is a much higher rate than the general population which is 6.8%. The connections made during the preparations for IDAHOBIT Day led to BHS becoming part of the health and social network invited to attend the Gender Equity Commissioner Statewide Action visit to Ballarat in October 2018.





NAIDOC Week

8-15 July, 2018

'Because of her, we can' was a powerful message for NAIDOC Week celebrations this year and set the tone for our celebrations.

This year's theme celebrated the active and significant roles that Aboriginal and Torres Strait Islander women have played and continue to play at the community, local, state and national levels. As leaders, trailblazers, politicians and social change advocates, Aboriginal and Torres Strait Islander women fought and still continue to fight for justice, equal rights, Indigenous rights to country, for law and justice, access to education and employment.

Indigenous women celebrate culture, language, music and art. These are our mothers, our elders, our grandmothers, our aunts, our sisters and our daughters.

BHS hosted the travelling photography exhibition 'Because of her, we can', a celebration of courage and strength of women who lead. The exhibition highlighted our local women who lead with unwavering passion. The images celebrate how previous and current generations of Aboriginal and Torres Strait Islander women have empowered and paved the way for current leaders and for those leaders to come.

1.2 Aboriginal Health

1.2.1 Improving care for Aboriginal Patients (ICAP) Program

The Aboriginal Health team at BHS continues to welcome and support Aboriginal and Torres Strait Islander people to the hospital and our services. We have made our health service more welcoming and supportive by pinpointing areas for improvement and enhancing our communication methods. This is shown by the increasing number of Aboriginal and Torres Strait Islander people who are accessing BHS. The number of people who identify as Aboriginal and Torres Strait Islander has doubled in the last 10 years.

The Aboriginal Health Team at BHS are:

Aboriginal Hospital Liaison Officer - Andrew Green

Andrew plays a vital role in improving the accessibility of BHS to Aboriginal and Torres Strait Islander patients and their families.

Aboriginal Hospital Liaison Officer - Emma Leehane

Emma provides support between patients and the healthcare

Koori Mental Health Officer - Greg Clarke

Greg works with our Mental Health Service to improve accessibility for Aboriginal and Torres Strait Islanders and their families.

Highlights

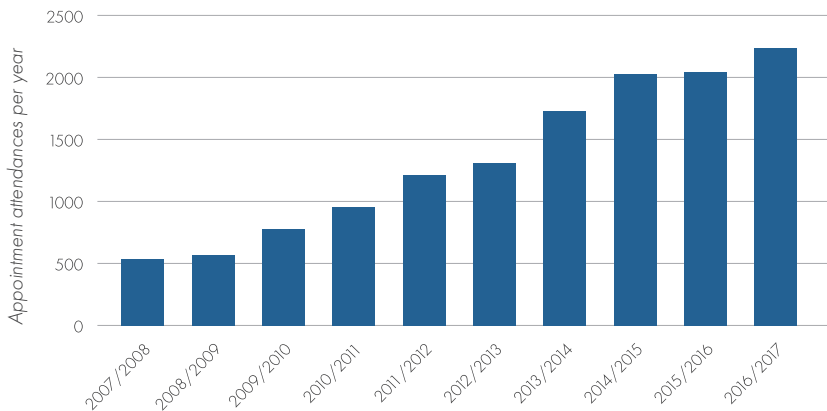
The Aboriginal Health Team now have a culturally safe space for clients to access them. The area is also dedicated for the family and friends of Aboriginal and Torres Strait Islander patients to gather and is a meeting space for families who are visiting loved ones in hospital.

- Our Aboriginal and Torres Strait Islander Employment plan involves engaging with the Aboriginal and Torres Strait Islander community to promote employment opportunities. BHS staff are also provided with cultural insight training. At the end of 2017, 45% of BHS staff had attended.
- We are increasing the opportunities for indigenous community members to deliver our 'Welcome to Country' introduction at all key events.
- Each year the Dental Unit treats between 180-240 Aboriginal and Torres Strait Islander people. Dental appointments are managed between BHS and the Ballarat and District Aboriginal Cooperative (BADAC), with transport and appointment support provided as necessary.

The BreastScreen service has set up a private group booking system for Aboriginal and Torres Strait Islander women, enabling a relaxed atmosphere where the women can chat, enjoy afternoon tea and participate in women's health education sessions with the BADAC nurse. Through concerted efforts between BHS and BADAC, screening rates have since doubled with a 63% participation rate noted during 2015-16. This is higher than the State average of 43%.

Aboriginal people are reporting that they feel more supported when attending Outpatient appointments and have an increased understanding about their health needs. Attendance at appointments in the graph below indicates the steady growth.

Outpatient Aboriginal and Torres Strait Islander Attendances - 10 year span



The establishment of the 'Smoking Ceremony' is an annual welcome to new families and babies. The ceremony is used to cleanse places and to promote the well-being of indigenous people as well as guests on country. The smoking ceremony makes for a brighter future.

The green space next to the Gardiner-Pittard building, including the sculpture, Bunjil, the creator God, is a place of growing community significance and is often the location for discussions between members of community and the BHS Aboriginal Health Team.

1.3 Family Violence

BHS is committed to building a future free from family violence.

As a workplace we are implementing strategies to support our employees and volunteers impacted by family violence. At the same time we are equipping clinicians with the knowledge and skills to respectfully identify and respond to anyone experiencing family violence.

BHS is a participant in the Victorian Government's Strengthening Hospital Responses to Family Violence (SHRFV) initiative, developed following the 2016 Royal Commission into Family Violence.

The Victorian Government has funded BHS as a lead site to support regional health services to implement the SHRFV initiative. BHS works with Beaufort and Skipton Health Service, East Grampians Health Service, Hepburn Health Service, Maryborough District Health Service, Stawell Regional Health Service and Ballan District Health and Care. Our work is supported by the Royal Women's Hospital and Bendigo Health.

'The support we receive from the Ballarat Health Services Regional Engagement Coordinator is one of the key enablers to the implementation of the SHRFV initiative at our health service.' (Regional Partner)

'SHRFV is supporting the development of a shared understanding of family violence across sectors and raising awareness of family violence as a health issue.' (Regional Partner)

'As a result of SHRFV a strong partnership has been formed between the health and community sectors in the Central Highlands, and this sector connection is recognised as a crucial element for the success of the project.' (Central Highlands Integrated Family Violence Committee)





We understand family violence.
Our staff can help, or you can
call 1800 RESPECT.



BHS commenced Strengthening Hospital Responses to Family Violence (SHRFV) implementation in January 2017

Highlights/key achievements during 2017/18 include:

- Implementation of family violence policies and procedures to guide our response to family violence.
- Providing and promoting family violence professional development opportunities to over 500 staff across the sub region.
- Hosting two regional 'Community of Practice' sessions to build the knowledge and skill of health services across the sub region to implement the initiative.
- Promoting work at the Western Region Department of Health and Human Services Allied Health Conference.
- Continuing to partner with the Central Highlands Integrated Family Violence Committee.
- Becoming a member of the Communities of Respect and Equality (CoRE) Alliance to demonstrate the commitment to the prevention of violence against women.



Please take one

Family violence
is a health issue



Consumers, carers and community members are all part of our diverse local population. This section of the report looks at how well BHS empowers all people to participate fully and effectively in their healthcare.

2. CONSUMER, CARER AND COMMUNITY PARTICIPATION



ALL VISITORS

Help protect against the spread of infection by using the hand sanitizer provided when arriving and leaving this healthcare facility.

Remember to wear your safety glasses to protect the hospital and staff from splashes and spills.

Thank you

ANNE
VOLUNTEER

Bullard Health Services
Serving the community

Bullard Health Services
Putting your health first
VOLUNTEER

BHS Volunteer welcomes a visitor to the Hospital

2.1 Consumer Care and Community Partnerships

BHS strives to support consumers, carers and community members to participate fully and effectively in their healthcare. The BHS 2022 Strategic Plan has a specific pillar dedicated to this goal, and we use a range of methods to promote consumer partnerships. They include:

The Consumer Representative Program (Registry)

Is a great starting point for new consumers. Consumers in this group can offer their skills through feedback on educational materials and participation in improvement projects, committees or working groups.

The Community Advisory Committee (CAC)

Provides insights to many groups, departments and staff across BHS. This group reports to the BHS Board and provides high level insight to the consumer experience.

The Consumer Advisory Resource and Evaluation (CARE) Group

Provides hospital visits to review BHS services and provide feedback from the consumer perspective. This group is also involved in reviewing information for staff and patients and will often be involved with specific focus groups.

BHS Consumer Liaison and Experience Team

Consists of BHS staff dedicated to working with consumer evaluation, feedback and data to create a better patient or consumer experience.

The Consumer Representative Program fully supports our consumers. Consumer representatives may contribute as members of a committee, or participate in other ways such as reviewing the consumer information that BHS develops. Regardless of how our consumer representatives choose to participate, we ensure they are supported to give the consumer perspective and contribute actively on committees and working groups.

The CARE group and CAC have conducted service visits to the Pharmacy, Dialysis Service, Operating Theatre Suite, Hailey House Residential home and the Mortuary to experience how these services work with patients and families.

By following the journey of patients and families through BHS service areas, the CARE group provide valuable feedback for improvement which is shared with Clinical Managers and with the CAC as well as other consumers on our Registry.

The CARE group is proactive whenever they visit the Hospital and also provide feedback via email between meetings. As a result of this feedback, for example, the Patient Information DVD that had been available for patients considering Electroconvulsive Therapy was immediately withdrawn and replaced with a more relevant consumer inspired and contemporary version.

Throughout the year, the CARE Group reviewed and gave feedback that assisted with the rollout of the 'BHS Values' to staff and community. They also participated in a review of the BHS Feedback (Compliments, Complaints and Suggestions) handling procedure. De-identified feedback and the specific BHS response was examined by the group. This resulted in improvements in the plain language description of the Open Disclosure response that BHS offers.

They also participated in a review of Patient Information materials this year which has enhanced the reach and effectiveness of materials that have been developed, particularly in the area of Mental Health service provision, and Residential Care information.

Our current volunteers who speak with patients and ask about their experience using the 'Patient Experience Trackers' contribute an enormous amount to day to day consumer connection. This year, one of our CARE team, James Perrie, received special recognition for his personal contribution to the patient experience at BHS.

The CAC has actively promoted and supported BHS consumers for many years. Some of the activities they have undertaken in 2017/18 include:

- Strengthening and promoting our consumer participation processes and governance.
- Collaboration with Deakin University medical students in a community forum where service providers were invited to attend and share their challenges and insights.
- Alignment with the newly created BHS Community Engagement team and ongoing connection with workplace, health, safety and wellness initiatives.
- Representing the consumer voice in the future of BHS Masterplan.
- Developing partnerships with other regional community advisory committees.
- Representing consumers in other committees and forums across BHS through the exchange of ideas, feedback on quality and safety issues, and the promotion of the consumer and community perspective.
- Reviewing individual services across BHS to provide staff with targeted feedback on how to promote consumer partnerships and engage with patients and consumers.

The consumer representatives and committees have delivered a significant amount of improvements and initiatives to guide BHS in delivering care that meets the needs of the community.

About Community Engagement

The Community Engagement directorate was launched in October 2017, bringing together for the first time the communications, fundraising, volunteering and spiritual care teams.

Together, these teams build the profile of BHS internally with staff and externally with the local community and beyond.

Their aim is to create a positive public profile and heightened public awareness of Ballarat Health Services through programs that enhance community engagement.

The BHS Community Engagement Plan was approved by the BHS Board of Directors in May 2018. Each team has an annual Action Plan that seeks to achieve the objectives outlined in the Community Engagement Plan.

Whilst the teams do provide a service and support to staff across BHS, they are also charged with transformation projects that will assist in developing our capabilities as an organisation to undertake engagement activities in a professional and contemporary way.

The Community Engagement teams provide both direct service delivery and consultancy.

We co-ordinate, facilitate, enable and support the use of best practice community engagement and communications strategies and techniques.

We find ways to tell the stories of BHS and enhance the efforts undertaken by our staff within our community.



The Community runs for BHS



2.2 Interpreter Services

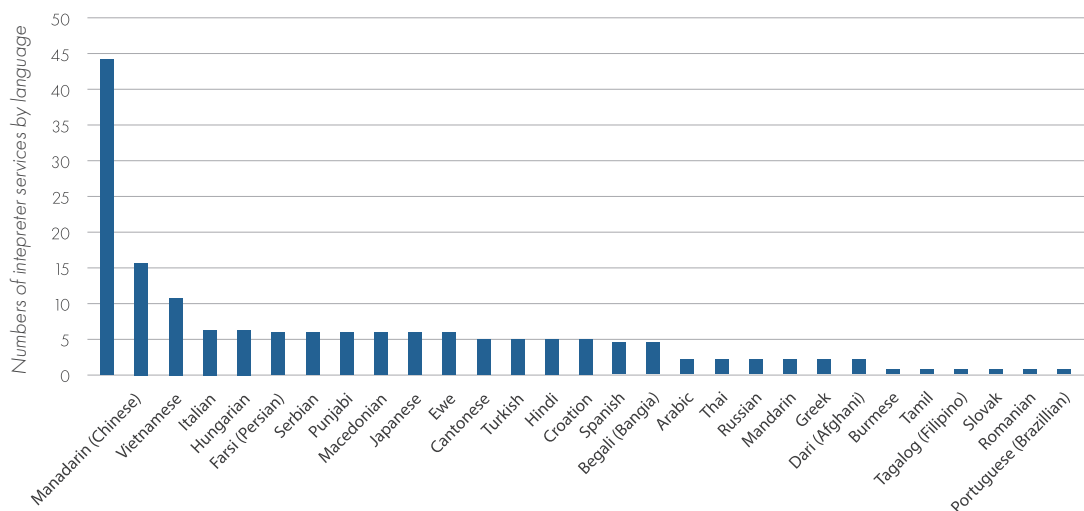
We understand that good communication between clinicians and their patients is vital to the delivery of safe, high-quality care. For patients whose preferred spoken language is not English and for patients whose first language is Auslan, interpreters are essential for them to understand as much as possible about their healthcare and treatment, in order to make informed decisions.

In 2016, Census data for the Ballarat Local Government Area indicated that almost 84% of residents were born in Australia. Of the 7% of households that reported speaking a language other than English at home, the most commonly spoken languages included Mandarin (854 people or 0.8%), Punjabi (246 people), Malayalam (234 people), Hindi (222 people) and Italian (218 people).

BHS provided interpreter services on 172 occasions in 2017/2018. A total of 31 different languages, including Auslan, were requested, compared to 34 in 2016/17.

Interpreter use was low compared with last year and lower than we would expect, even taking into account the small proportion of our region's residents who speak a language other than English at home. We will talk to family members about whether the communication needs of their relative are being met by our current service.

Languages spoken by our patients who did not have English as their first language 2017/18



This table shows the languages for whom BHS patients used an interpreter

2.3 Disability Action Plan

The BHS Disability Action Plan is in place to ensure access and equity to all members of the community needing healthcare. There are more people with a disability in Ballarat than the rest of Victoria with more than 203 people with a disability per 1000 members of the local government area population, compared to 188.9 for Victoria as a whole. It is important that BHS is able to respond to the needs of People with a Disability and develop innovative ways to provide care and support. The plan, reviewed annually, has three key objectives:

1. Improving Accessibility to Goods, Services and Facilities

Facilitating pathways through care for people with a disability. As part of this, BHS has:

- Updated our 'Tell Us What You Think' brochure to include information on the Disability Services Commissioner. The brochure has been made available to all consumers and staff.
- Commenced the pilot 'Accessibility' indicators which promote patient information brochures for people who have a vision impairment. We are looking at using font sizes and colour of text that are easier for people with a visual impairment.
- Reviewed client satisfaction surveys from disability service providers to ensure they reflect Department of Health and Human Services standards and criteria.
- Updated signage to clearly identify the first point of contact for consumers.
- Redeveloped the front foyer of the Base Hospital to include a new customer service / information area, and disability access (with ramp) to the new building. Integration of feedback from people with a disability about ward based initiatives eg. unisex toilet sizing and location; and room allocation for people with disability.
- Sited two easily accessible recharging locations on the hospital site for people who use disability scooters. These locations are at the Ground floor main ward block lift and in the Ballarat Regional Integrated Cancer Centre (BRICC).
- Provided training for front-line staff to identify and assist people with complex communication and physical needs.

2. Holistic Care

Providing services that are person centred and respectful of privacy and dignity, maximises choice and independence and acknowledges the importance of families. As part of this, BHS has:

- Actively promoted disability service programs via newsletters and website.

- Introduced closed captions on TV screens across BHS to ensure equal access to information and services.
- Ensured all capital developments and refurbishments have consumer involvement in the planning of disability access.
- Given special consideration to wheelchair access and porter availability at entrances, quiet spaces for conversations, well-lit spaces for lighting, and signage that is at an appropriate height, is clearly visible and is easily understandable.
- Incorporated the regular patient feedback obtained from strategies, such as Patient Experience Trackers (PETs) and the Victorian Healthcare Experience Survey into whole of service and individual service area responses and actions.

3. Promoting Employment and Preventing Discrimination and Abuse of Persons with a Disability

In order to prevent discrimination and abuse of persons with a disability, BHS has:

- Reduced employment barriers to people with a disability, preventing discrimination and abuse of people with a disability.
- Ensured that recruitment policies, templates, procedures, content and formats are inclusive and reflect the needs of people with a disability.
- Created an HR disability portfolio to ensure the needs of employees with a disability are being met, and that BHS is actively employing and retaining people with a disability.
- Provided professional development opportunities that enhance workplace understanding of working with or delivering care with people with a disability.
- Delivered training to improve staff awareness and understanding of the needs of people with a disability via training.
- Commenced detailed planning to make sure the new BHS website is easy for everyone to access.
- Promoted our Disability Action Plan online and through various internal and external publications.
- In the future we plan to introduce an intranet page for staff with links to key disability service providers, and key disability information across BHS.

2.4 Victorian Health Experience Survey

The Victorian Health Experience Survey (VHES) collects, analyses and reports on patient and consumer experiences to drive improvement in the safety and quality of care in all public health services.

The statewide survey is conducted on behalf of the Department of Health and Human Services (DHHS), and enables BHS to compare results with other hospitals, tracking performance. It features specialised questionnaires for:

- Adult and child inpatients, including parents and guardians, maternity clients, and adult and child emergency department attendees including parents and guardians.
- This year saw a new insight into satisfaction at Specialist Clinics and people who attend Community Programs.
- Eligible patients are randomly selected each month, and the results are used to produce a Patient Experience Score, a measure of how each health service is performing overall. Factors influencing this score include hospital cleanliness, confidence in the doctor or nurse caring for you and having clinicians explain things to you in a way you can understand. The DHHS expects that 95% of people should be indicating a positive experience of the healthcare they receive.

At BHS, the VHES reports an overall experience score on a quarterly basis for the Base Hospital, and every six months for the Queen Elizabeth Centre (QEC). Consumer developed 'postcard' promotion has commenced this year at the QEC aimed at increasing the response rate so that more individual feedback can be obtained. QEC teams have also commenced small focus group discussions of issues raised in the VHES report and from Patient Experience Tracking (PET) findings, relating to care co-ordination.

In 2017/18, an average of 93.8% of Base Hospital patients rated their experience as positive. At the QEC, an average of 88% of patients and consumers rated their experience as positive.

BHS has performed above state average for communicating with the patient's GP following hospital stay. An average of 91% of patients reported that BHS notified their GP of their hospital stay and the future care required, which is above the state average of 89.5%

An average of 93.8% of Base Hospital patients rated their discharge care experience as positive. At the QEC, an average of 88% of patients and consumers rated their experience as positive.

Improvements Based on Feedback

One of the main areas identified for improvement in the survey was the cleanliness of some ward and public toilet facilities. Consequently, BHS has introduced a 'cleaning help desk.' Signage in public toilets encourages people to contact the 'help desk' via a designated telephone number if they think the toilet needs further cleaning. This has been extended to include ward and clinical areas.

Survey feedback also indicated patients had a less positive experience at the QEC than the Base Hospital site. The Community Advisory Committee has reviewed the QEC site and provided valuable feedback for the Rehabilitation and Geriatric Evaluation and Management (GEM) wards. This feedback is targeted at enhancing communication and improving patient information. Ward-specific booklets written in 'easy English' have since been developed and produced by staff and consumers, and are given to patients on admission.



BHS actively encourages the community to participate in the improvement of the quality and safety of services. This section of the report reflects the commitment to positive experiences for consumers and staff.

3. QUALITY AND SAFETY



3.1 Feedback and Complaints

BHS encourages patients, families, carers and residents to provide feedback. The online feedback portal has been improved and streamlined for easier use for both consumers and staff. An improved, centralised Consumer Liaison mailbox helps us to respond more efficiently.

In 2017/18, 500 formal complaints and 397 formal compliments were received. Feedback received from patients who are currently in hospital or receiving care in the community often leads to a visit by one of our Consumer Liaison team to the patient and family.

All feedback receives an individual response, and feedback is reviewed as a whole monthly and annually to identify themes in patient feedback. Identifying themes helps identify and prioritise efforts to improve care. Past themes have been around communication, the coordination of care and how involved patients feel in decisions about their care. Other important factors include how easy it is for patients to navigate their way around our services. The current Patient Flow Partnership Project in collaboration with Safer Care Victoria is one of many important mechanism by which BHS aims to improve in these important aspects of care.

What we have done to improve.....

- BHS has been rolling out the 'Hello, my name is' campaign in response to consumer feedback about the importance of knowing who is caring for them. Making an immediate personal introduction is enhanced by staff wearing a highly visible name badge.
- Online training to directly impact patient centred care including 'Hello, my name is....' as part of orientation and recruitment of all BHS Staff.

Patient Flow Partnership Newsletter September 2018

BETTER CARE VICTORIA

Welcome to the September edition of the Patient Flow Partnership Project newsletter.

Solution/Implementation Phase
Having completed the "Diagnostic Phase" of the project we now transition into the "Solution/Implementation" phase

'Solutions Brainstorming'
Based on the diagnostic findings the Reference Group assisted in brainstorming & developing 'solutions' around improving Patient Discharge. Our 'diagnostics' indicated *communication & lack of planning* were the main contributing factors with discharge delays, which patients & staff continually report.

AGREED SOLUTIONS... Improve & utilise Estimated Date of Discharge (EDD) for ALL patients for transparency and communication.

PLAN:

1. Update EDD in IBA every day
2. Implement EDD column to Patient Journey Board & update every day
3. Update EDD on Patient Communication Board every day following conversation with patient

PILOT- 2N & 4N
Evaluate, refine & roll out!

TRANSIT LOUNGE
Let's keep our Transit Lounge open!
The new 6 chair Transit Lounge has been a fantastic initiative supporting Patient Flow. A large number of patients have used this service. **JUNE= 118 JULY= 150 AUGUST= 177**
This is a trial, so we need to continue to use this at all opportunities. Well done to all wards for supporting this & keep up the great work!

MONTHLY TOTAL BY WARD

We encourage ALL disciplines- Medical, Allied Health, Nursing to communicate & document EDD on Patient Communication Board. This is a team approach!

'Real people interacting together fulfilling the intended purpose that no matter what the situation is.. I am still me.'

- Community Advisory Committee member

'There are obvious safety benefits – in a medical emergency, the name badges enhance safety and connection between the team.'

- The Medical Liaison Team



Finding your way around

Based on feedback from patients about difficulties finding their way around, we are working on improved signage and navigation assistance. As part of this we will seek consumer suggestions which will form part of the Master Plan.

Building on the success of the volunteer Welcome Team, more volunteers have been assigned to hospital entry points and to lift entry areas enabling patients and visitors to ask directions. The Welcome Team have been enormously successful and positive feedback is regularly received about the difference they make.

How to give feedback

BHS seeks feedback from consumers across the health service in a variety of ways. One formal feedback system, Tell Us What You Think, is promoted via posters and brochures around BHS, encouraging consumers to communicate their compliments or complaints to enable improvements in the care and service we provide. Feedback can be submitted via a paper form, letter, email, website, social media, telephone, in person and via surveys.

All feedback received via 'Tell Us What You Think' is managed by Consumer Liaison staff. The feedback system has been improved in 2017/18 to offer patients and families an 'open disclosure' discussion.

Open disclosure is the open discussion of incidents that result in harm to a patient while receiving healthcare and also includes their family, carers and other support people.

BHS uses the Australian Open Disclosure Framework, developed by the Australian Commission on Quality and Safety in Healthcare.

Open disclosure describes the way clinicians communicate with patients who have experienced harm during healthcare. Open disclosure is intended to:

- Assist patients that have experienced harm.
- Guide clinicians, the clinical workforce and health service.
- Assist organisations in supporting patients that have experienced harm.
- Ensure that health service organisations learn from adverse events.

The open disclosure process focuses on working through the aspects of care that have been raised in a complaint. BHS has conducted 14 open disclosure discussions this year. Some of these have involved more than one meeting.

The open disclosure process helps restore trust in clinicians and the healthcare system. It provides the clinical facts and the opportunity for patients and families to clarify, ask questions and better understand what has occurred. BHS aims to offer open disclosures more frequently in response to feedback.

One to two weeks after the open disclosure meeting, a member of our Consumer Liaison team makes follow up contact with the patient or family. While the open disclosure process takes more time, it often gives patients and families better acknowledgement and greater understanding.

BHS has not always met the 30 day target for resolution of complaints but on average 90% of people who provide feedback receive a response within 30 days to resolve their concerns. Complaints that take longer to resolve are usually more complex cases requiring additional time to investigate the issue thoroughly.

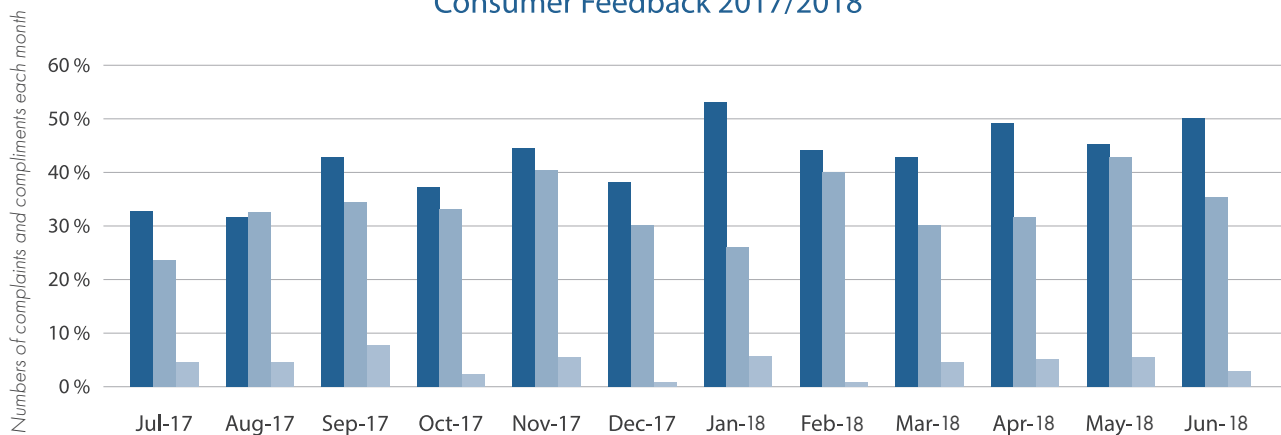
YOU SAID,

WE DID....

Patients and visitors to BHS wards continue to see the direct results of consumer feedback via patient information boards in the hospital wards. In the Adult Acute Mental Health Unit, staff are creating a consumer nook on the ward to promote greater information exchange and a quiet area for patients and families to access information easily.

Ward managers review feedback and detail what has been done in response by writing it on these boards.

Consumer Feedback 2017/2018



	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
Complaints	33	31	42	37	45	38	53	44	42	39	46	50
Compliments	23	32	34	33	40	30	27	40	30	31	42	35
Suggestions	5	5	8	2	6	1	7	1	8	5	6	3

This graph shows the number of compliments, complaints and patient suggestions made for each month during the 2017/2018 year

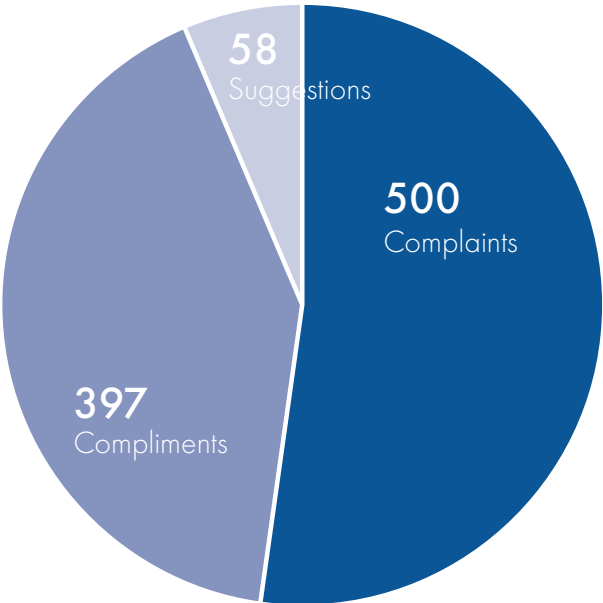


Lived Experience

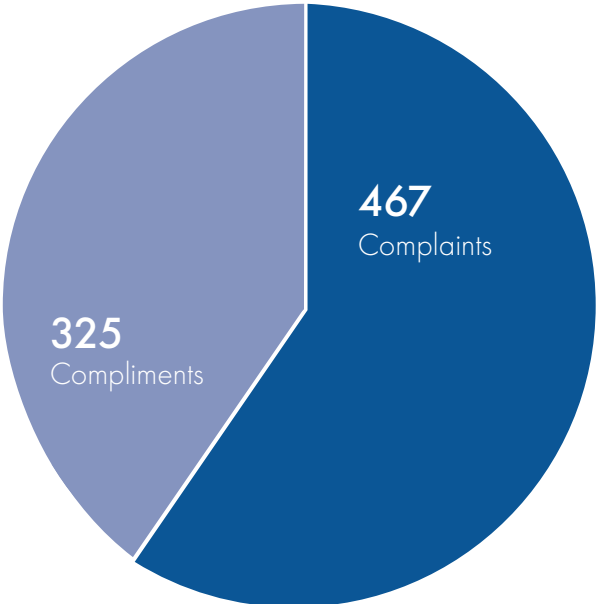
The Mental Health team have a quality project in progress called 'Your Voice - Lived Experience Stories' encouraging families and carers living with someone with a mental illness to share their story in hard copy or electronic format.

BHS total compliments, complaints and suggestions made by patients and families

2017/18



2016/17



*Suggestion data not recorded for the year 2016/17



3.2 People Matter Survey - What Staff Said

In March 2018 BHS undertook the Best Practice Australia Staff Engagement Survey. The response rate to this survey (which was held two months prior to the People Matter Survey) was 54%.

This survey enables BHS to receive valuable data in relation to staff engagement that is not available through the current format of the People Matter Survey. It provides data on Engagement, Organisational identity, Organisational values, Risk@Work (safety), Leadership, Work Practices and Client Engagement. Results are analysed and can be broken down to directorate and team level.

All results are benchmarked and the overall results present a story on the culture of not just the organisation but of each team, according to engagement scores. This survey provides an opportunity to use the rich data to create action plans and make improvements based on the information provided.

The results show that there is slight decrease in staff engagement compared to 2015 results (44% in 2015 and 41% in 2018). 59% of staff who responded to the survey believe that BHS is truly a great organisation to work for, again slightly down from the 2015 result of 66%. Staff report that the people they work with, effective team work and support are what makes BHS a truly great place to work. The slight decline in these overall results are typical of an organisation that has undergone significant change in the last 24+ months.

BHS now has the opportunity to review the changes and use the results to continue to action plan and implement change from the feedback received.

Pleasingly, the responses related to BHS leadership suggest that direct line managers are rated well above the norm in leadership when compared with other Public Health Services (BHS scored 22 questions above the norm in the leadership category, 11 at the norm and only one question scored below the norm in the leadership category).

Much of the feedback received from both the People Matter and BPA surveys will continue to be addressed via current plans as part of the BHS 2022 Strategic Plan or via the development of action plans directly from the survey feedback.





3.3 Workplace and Culture

3.3.1 Our Staff

A significant amount of work has been undertaken or commenced in line with the BHS 2022 Strategic Plan. Particularly related to the Our Staff pillar, work is guided by the strategic plan and will deliver on the key deliverables underneath this pillar. Some of the work completed or commenced includes:

- Current development of a BHS Together Manager Support Program to ensure managers are provided with fundamental skills to better equip and support them in their day to day roles.
- Development of the BHS Together Skills Matrix to support understanding of roles, career conversations and manager development.
- The Rewards and Recognition framework which was launched in 2017. The framework provides different Awards to recognise the great work our staff undertake. This will include the inaugural BHS Together Awards Week to be held in November 2018.
- Refreshed New Employee 'Welcome' event features significant information covering the formation of the current values, BHS Together and how BHS is striving to become a values based organisation. This defines the desired culture for all new employees early on in their careers with BHS.
- Development of the Our Staff Committee which has representatives to provide a voice from all directorates. The Our Staff Committee is consulted and has input on all topics and deliverables of the Our Staff strategic pillar.

- Development of an updated Recruitment Strategy.
- Development of an update Workforce Development Plan to ensure the workforce can deliver on its strategic goals.

3.3.2 Introduction of a Values Award Framework

Rewarding and recognising excellence throughout our organisation is a fundamental part of building and sustaining a positive workplace culture and achieving our strategic priorities. The BHS Together Values Awards provide for rewards and recognition in both excellence in work and excellence in behaviour linked to the BHS values. The program was introduced in October 2017, and to date over the three quarters the program has received 102 nominations, with all these nominations linked to our BHS values. Of the 102 nominations there have been 30 Awards issued in relation to outstanding displays of the BHS values.

The Staff Service Awards have always been an important date on the BHS calendar. In 2018, as part of the new Reward and Recognition framework, we also relaunched the look and feel of the Service Awards Program. Based on feedback, we have made the milestone celebration ceremonies more intimate and held many of the ceremonies directly in the department of people achieving milestones so they can celebrate with their teams and executives. In 2018 we had over 330 staff celebrate milestones which included 10, 15, 20, 25, 30, 35, 40 and 45 years of service.

3.3.3 Resilience and Capability Building

BHS has worked in conjunction with the Resilience Project to deliver sessions to our staff to provide them with the opportunity to build personal resilience skills. There were two sessions run in May 2018, which had over 800 participants attend, and further sessions are planned for early 2019. The Resilience Project teaches positive mental health strategies to 'help people become more happy'. BHS was lucky enough to offer a session to staff on site as well as an evening session off-site which was also open to family members. All participants benefited from the stories and learnings shared by Hugh van Cuylenburg from the Resilience Project.

The BHS Employee Assistance Program (EAP) data shows there is a shift in the issues raised with EAP counsellors; the shift is towards personal issues being raised rather than work related issues. In the April – June 2018 quarter, 60% of issues raised with EAP were personal issues. This is the third consecutive quarter where personal issues have been a larger percentage than work related issues. When EAP was first introduced to BHS in October 2015, 54% of issues presented were work-related and 46% were personal.

There is currently work being undertaken to provide managers with a comprehensive support and training program, to ensure they are provided with the fundamental management skills to better equip and support them in their day to day roles. This program is called the BHS Together Manager Support Program and encompasses four separate programs (Manager Expectations, Manager Buddy System, Manager Tool Kit and Manager Essential Skills). It is due to be rolled out in late 2018.

In April 2018, BHS held a Compassion Forum to seek feedback in relation to designing Ballarat as a compassionate city. This draws on the new science of compassion that underpins the social settings conducive to human wellbeing. As compassion is one of the BHS values, there is strong alignment between a Compassionate City and the work undertaken at BHS.

Each week staff have the opportunity to participate in Mindfulness sessions run in the Spiritual Centre at the Base Hospital site.



BHS is actively improving safety for staff, addressing issues including bullying and harassment, occupational violence and aggression.

Initiatives to achieve this include:

- The introduction of contact officers to assist staff who may have a grievance in the workplace by providing confidential information and impartial support. The role of the contact officers may include:
 - Giving the staff member an opportunity to talk informally and confidentially about a problem
 - Providing information about the options available to resolve the issue
 - Helping the staff member decide what course of action to take.
- The launch of the BHS Together Management Support Program, which aims to equip leaders throughout the organisation with specific skills and tools necessary to effectively complete their roles as leaders.
- The embedding of above and below-the-line behaviours. The above-the-line behaviours we strive for among our staff are characterised by the values of teamwork, respect, accountability and compassion.
- The empowering of a staff-led committee to develop and define our organisational values.
- The introduction of the protected disclosure email address for all staff, which is confidential and constantly monitored by the Chief Executive Officer.
- BHS' representation on the statewide reference group for managing occupational violence risks in healthcare.
- The introduction of mandatory workplace conduct training for all staff.
- A complete review of workplace policies.

These actions have produced the following outcomes in the improvement of safety and informed continuous improvement:

- Managers modelling the values has improved 7% from last year's People Matter Survey.
- Reporting of occupational violence incidents has doubled this past year, which is indicative of a good reporting culture. Only 1% of reported incidents have actually resulted in injury to staff.
- The number of protected disclosures to the staff feedback email has reduced to one in the last quarter of the year, and was a suggestion rather than a complaint.
- Face-to-face workplace conduct training has been attended by 79% of employees.

3.4 Accreditation

All public health services are required to meet various healthcare standards and accreditation processes relevant to the services they provide. BHS participates in regular accreditation surveys to ensure the required criteria are met.

BHS is fully accredited against:

National Safety and Quality Health Service standards – Version 1

Review undertaken October 2017 – full three year accreditation achieved. The next survey against version 2 of these standards will occur in August 2020.

National Mental Health Standards

Review undertaken October 2017 – full three year accreditation achieved.

Aged Care Accreditation Standard

Full accreditation at all 10 facilities.

Human Service Standards

Full accreditation until 18 May 2019.

Home Care Common Standards

Survey undertaken August 2018 – full three year accreditation achieved.

National BreastScreen Standards

Fully accredited for three years.

World Health Organisation (WHO) Baby Friendly Hospital Accreditation

New accreditation undertaken September 2017 – full three year accreditation achieved.

Child Safe Standards

Currently working towards full implementation. Progress assessed during National Safety and Quality Health Service Standards survey in October 2017.

The Australian Commission on Quality and Safety in Healthcare has released the second version of the National Safety and Quality Health Service Standards (NSQHS) which come into effect in January 2019. The aim of the NSQHS Standards is to protect the public from harm and improve the quality of healthcare. The standards describe the level of care to be provided by health services and the systems required to deliver that care. The second edition of the NSQHS Standards strengthen the roles of consumers, carers and families as partners in their own care, recognising patient involvement leads to a more positive experience, and enables high-quality healthcare and improved safety.

BHS is currently transitioning to Version 2 of the National Safety and Quality Health Service Standards (NSQHS).

BHS will continue to develop systems and ways of working that reduces harm and improves care.





Members of the Quality and Innovation Team reviewing safety and improvement projects

3.5 Actions Taken to Improve Quality and Monitoring Systems in Response to Adverse Events

Adverse events are incidents which resulted in harm to a person receiving healthcare. BHS is committed to preventing adverse events, and when an adverse event does occur, apologising for the incident, understanding how the incident occurred and learning from it to prevent it from happening again in the future.

When an adverse event is reported it is reviewed by our clinical risk team. The clinical risk team ensure that the appropriate staff members receive a notification about the incident so that they can investigate further and if needed, take action.

We also discuss incidents with the person affected and/or their family. The Consumer Liaison team play their part in working with the family and the clinicians. Together, we work out what went wrong, what we think caused the adverse event and what we can do to stop this type of event happening again.

BHS has an excellent adverse event reporting culture for clinical incidents, worker incidents and other incidents of concern. Falls, medication errors, pressure injuries and infections feature in the major adverse event categories that are reported at BHS, and this pattern of adverse events is similar across the world.

BHS provides timely and effective management of adverse events which includes thorough investigation, analysis and reporting of lessons learned. Once an investigation relating to a serious incident is complete, we make recommendations to help prevent the incident from occurring again, and we follow up to ensure that the recommended actions are taken.

Our monitoring of adverse events ensures we can reduce harm for consumers in our health service. Health is a complex and challenging environment and we are continually seeking ways to improve our care. Analysis of adverse events that produce recommendations and action plans is one of the ways we inform improvement.

Some examples of improvements to care made over the past year include:

- Physical environment enhancements to provide for safer patient care.
- Ensuring that staff who are administering medications to residents wear a coloured tabard to indicate that they are on a medication 'round'. This helps to reduce distraction and to indicate that they have a dedicated role with medications.
- Increased security measures including more planned security presence:
 - Strengthening reporting relating to equipment faults.
 - More timely and efficient reviews in specialist clinics.
 - Improved programs in maternity and obstetric care.
 - Quality Improvement projects aimed at identified issues.
 - Dual diagnosis – family and carers education sessions.

Reporting for Safety Every Day: Governance for Safety

A Day in the Life – Patient Safety and Quality at BHS

The day begins with a review of the previous day's incidents logged in the incident response system, the Victorian Health Incident Management System (VHIMS).

The team review the information already added to VHIMS about the incidents and identify where further information is required, who should know about the incident and be involved in the follow up. They then contact staff by phone or an electronic message to make sure the investigation gets underway quickly, and to put in place any urgent requirements to prevent any further harm. The team assess the severity of the incident and the risk of it occurring again, and then categorise the incidents in the system to help with understanding the number and type of incidents overall, and to identify any trends.

Management Of A Serious Adverse Event

Jim fell while he was in hospital and was found to have a broken arm.

What happened next?.....

Clinical staff assess patient for any injuries and make sure that they are safe. This will include a review by the Doctor.

Clinical staff will notify the family of the fall – this is part of the Open Disclosure process.

Clinical staff report this on the organisation's incident management system.

Automatic alerts are sent to relevant managers, executive team members and members of the Clinical Risk Review team.

These people review the adverse event soon after the report and make sure that the patient care and environment is appropriate and safe, and opportunities to improve care are actioned.

Trends of all incidents, including falls with injury, are reported and reviewed each month at relevant clinical committees where further strategies may be recommended.



Managing daily demands at BHS

At 10.30am every day, the incident response team and the Executive team meet to conduct the 'Daily Operating System' or 'DOS' meeting. There are different levels of these meetings held across BHS each day. They are brief meetings to highlight and address any particular issues and challenges for the day ahead. Meetings result in a high level overview of how the day is looking hospital wide. Communication is at the heart of these meetings - BHS as a team responding to the challenges of the day.

The aims of the daily meetings are to:

- Support the work of front-line staff to deliver consistent, reliable performance.
- Use a structured approach to problem solving and decision-making.
- Provide staff with a team who evaluate progress towards meeting identified service standards.
- Provide the foundation for effective front-line problem solving.
- Identify the approach to escalate and resolve issues identified at ward/department level.



DOS - 10.30am response to meeting each day at BHS

Who is the Incident Outcomes Governance Group?

The incident response process is managed by clinical areas with support from the Quality and Innovation Unit.

The outcomes of incident responses are subsequently reviewed by the Incident Outcomes Governance Group (IOGG), a new initiative to improve safety and quality of care at BHS.

The IOGG has been operating since May 2018 (relating to data from March 2018).

The IOGG provides an additional, independent review of incidents with the focus on BHS' response to incidents, and monitors trends in adverse events, sentinel events, and medico legal actions.

The intention of the new governance and reporting strategy is to:

- Improve organisational response to serious incidents, systematically implement learnings from incidents, reduce risk of patient harm and legal liability, and improve visibility of incident outcomes governance for the executive and Board.
- Monitor the implementation of Open Disclosure across BHS.
- Ensure appropriate governance of Adverse events, Sentinel events, Clinical investigations and medico legal actions.
- Provide an 'Incident Outcomes Governance Report' for the Executive and Board to provide assurance about the progress of investigations and outcomes of previous adverse events.

The IOGG membership comprises the Chief Nursing and Midwifery Officer, Chief and Deputy Chief Medical Officer, Medical Administration Registrar, Senior Psychiatric Nurse, Director Quality and Innovation, Director Aged Care, Ops Director Allied Health, Risk Manager, Clinical Risk Coordinator, and Regional Clinical Governance Coordinator and other clinical representatives.

Since it began, the IOGG has commissioned over 12 in-depth case reviews and recommended a further eight local case reviews, and supported changes to falls incident reviews in aged care.

One significant benefit of the independent, whole of organisation review process is the ability to identify incident trends and be able to implement stronger and more targeted responses.

Increased reporting of violence and aggression

Significant work has been done to improve the reporting of adverse events relating to violence and aggression directed towards staff by patients and residents.

25% of BHS staff reported combative or abusive behaviours directed at them in the last year. Statewide the trend towards increasing violence is evident in all hospitals.

The improved reporting resulted in the allocation of greater resourcing to manage this serious challenge to our workforce, including:

- All staff being trained to de-escalate threatening behaviour.
- All staff have access to prevention and support strategies.
- Greater reporting of incidents of aggression.
- Stronger alignment with the Worksafe 'It's Never OK' campaign.

3.6 Quality Indicators

3.6.1 Preventing and controlling healthcare-associated infections - specifically the *Staphylococcus Aureus* Bacteraemia (SAB) rate in The intensive care unit (ICU)- central-line associated blood stream 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* (SAB) 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 SAB should be no higher than 1.0/10,000 bed days. In 2017/2018, BHS rate was 1.1/10,000 bed days. We recognise that this is above the benchmark and following clinical investigations in to each case a twelve point action plan was developed, and endorsed by a multidisciplinary team, to ensure that these events are prevented. Any SAB infections which develop at BHS are logged as an incident and investigated by Infection Prevention and Control staff.

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 for CLABSI. In 2017/18, BHS had a rate of 2.7/1000 central line days. Clinical investigations were completed on all CLABSIs by a team that includes infectious disease specialists, infection prevention and control consultants and intensive care consultants. We are trialling a clinical investigation project within the ICU which includes a number of improvement initiatives. We continue to strive for zero CLABSI by monitoring, reviewing and benchmarking against other hospitals of similar size. We have evidence based protocols for inserting central lines as well as staff education programs. Staff can only insert central lines if they have completed a competency under supervision before they can insert one unsupervised.



3.6.2 Medication Safety

Optimising the safe and effective use of medications is an important part of patient care. Medication safety includes all aspects of medication, such as prescribing, dispensing, administering, storing and monitoring medications.

One of BHS' key focuses for preventing and reducing medication incidents in 2016/2017 was the use of safe abbreviations when medications were prescribed.

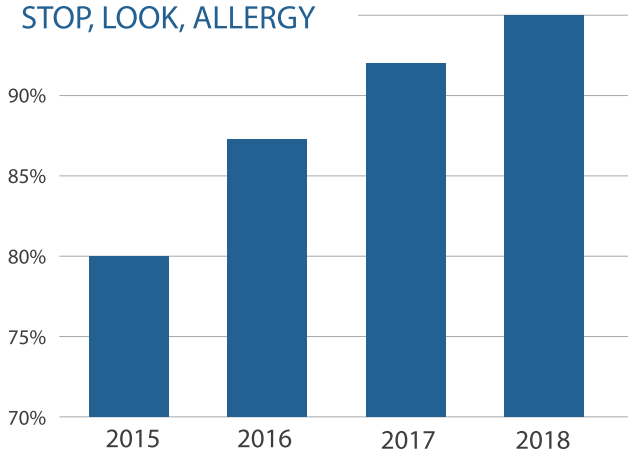
It is not unusual for healthcare practitioners to use abbreviations, acronyms and symbols when documenting patients' medical and medication histories. While the use of abbreviations (e.g. tds = three times daily) in prescribing medications can be helpful, it also carries some risk if the abbreviations are not legible or may be misinterpreted.

At BHS, policies have been developed and implemented to guide the use of abbreviations. This resulted in a reduction in the number of medication orders containing error-prone abbreviations on the national inpatient medication charts. Almost all national inpatient medication charts audited over the last nine months did not have error-prone abbreviations.

Another priority for this year related to Consumer Medicine Information (CMI) and consumer feedback regarding the provision of medication information.

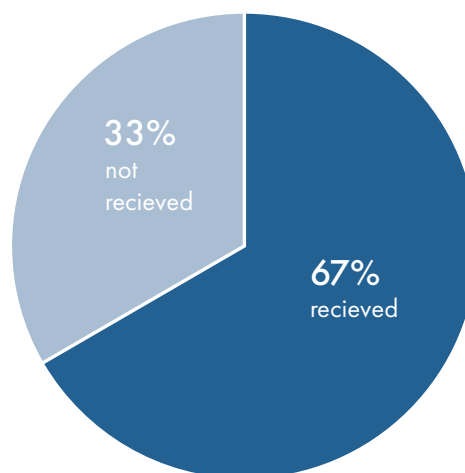
Consumers should be informed about their medication options, and what to expect when beginning a new medication. CMI is a leaflet written in language that is appropriate for patients regarding their medications, and is an essential part of medicine safety.

STOP, LOOK, ALLERGY



■ % of patients who have the adverse drug reaction box completed correctly

Patients receive sufficient information about any medication given while in hospital (Base Hospital)



3.6.3 Preventing Falls and Harm from Falls

How does BHS Prevent Falls?

Preventing falls and harm from falls is a key priority for BHS.

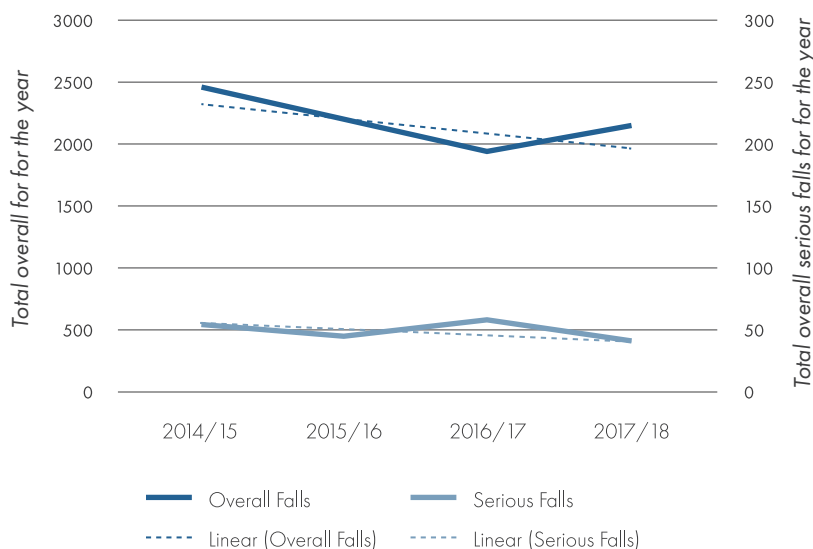
A dedicated Falls Committee reviews all serious falls across the organisation. Part of the review is to identify any area where improvements can be made. One area closely reviewed is that appropriate falls prevention strategies are in place for patients or residents in Aged Care, with a target of 100%.

At BHS, risk of falling is assessed for each patient or resident at admission, after a fall in hospital and if they are transferred to another setting. Patients deemed at high risk of falling are given additional fall prevention strategies to help them stop falling, or to help prevent them from becoming injured if they do fall. Examples include bed and chair alarms, low beds and signage on the patient’s boards advising staff they are at risk of falls.

What Happens if a Patient does Fall?

Every patient that has a serious fall resulting in an injury is reviewed by a multidisciplinary team including the nurse, doctor, physiotherapist, and even the pharmacist, to determine if any other strategies could have prevented the fall.

Overall Falls 2014 - 2018



Whilst the total number of falls at BHS has increased in the last year, levels of serious harm to patients has reduced.

3.6.4 Preventing and Managing Pressure Injuries

This indicator monitors the strategies BHS has in place to reduce the risk of pressure injuries occurring among patients.

Pressure injuries, also known as pressure sores or pressure ulcers, are areas of damage to the skin and/or underlying tissue caused by constant pressure or friction.

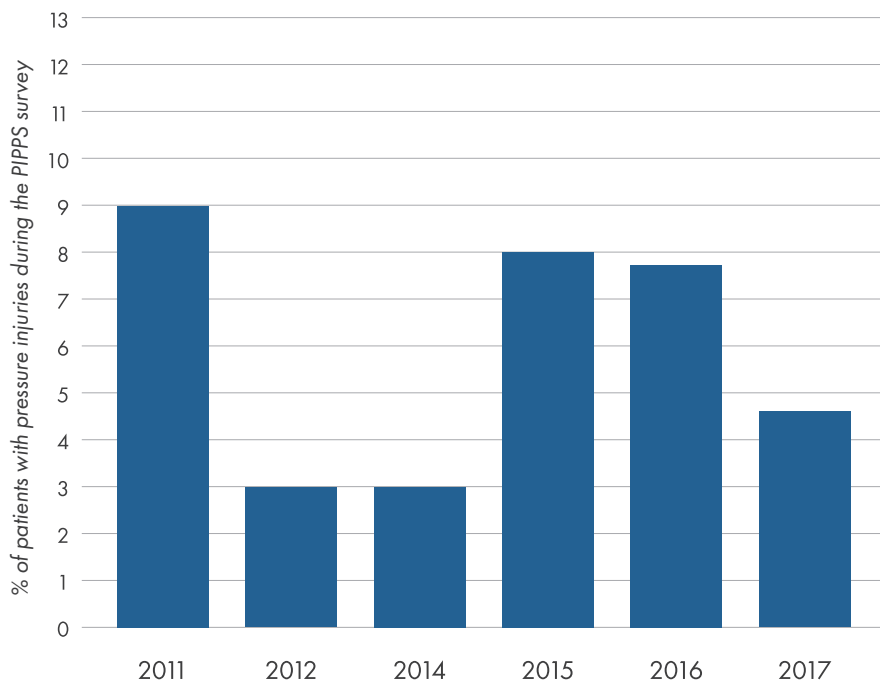
A serious pressure injury can develop in as little as one to two hours, and those most at risk include patients and residents in poor physical condition, those restricted to sitting or lying down, and those with poor nutrition.

Most pressure injuries are avoidable, and BHS has a preventative and proactive mindset aimed at avoiding the development of patient and resident pressure injuries across all healthcare sites.

A Pressure Injury Point Prevalence Survey is conducted annually over a period of two weeks, examining every inpatient and resident for wounds and pressure injuries. Injuries that may have been present when they first entered care, and those that have developed while in hospital or aged care residence, are both monitored.

BHS Pressure Injury Rates

PIPPS: Acute & Sub-acute services 2011 - 2017 prevalence of pressure injuries



3.6.5 Safe and Appropriate Use of Blood and Blood Product

Blood Management – improving quality of life for patients

BHS provides many different blood treatments for patients, not only red blood cells but also a product known as 'immunoglobulin therapy'.

Immunoglobulin therapy is used to change or improve how the immune system works, or to replace antibodies where the patient is no longer able to produce enough. This is important because people with low antibody levels are prone to frequent infections.

In the past, immunoglobulins were given to patients through a vein or 'intravenously'. Immunoglobulin therapy is given for antibody replacement every three to four weeks requiring the patient to come to hospital for treatment. This can be physically draining and time-consuming for patients and may require them to take time off work. It is now possible to give immunoglobulin therapy subcutaneously or 'under the skin'.

Subcutaneous treatment at home is not suitable for all patients, but for some patients a weekly subcutaneous treatment helps them stay well.

Earlier this year the Subcutaneous Immunoglobulin (SCIG) program was introduced whereby patients who meet certain criteria, and who are willing to participate, are trained to administer their immunoglobulin treatment via the subcutaneous route in their own home at a time that is suitable for them.

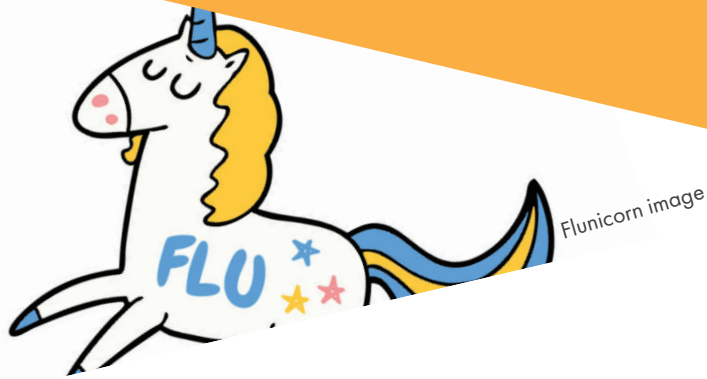
Because the treatment is given more frequently (usually weekly) there is a more steady state of circulating antibodies to protect against infections. There is also less likelihood of post-treatment reactions such as headaches and fatigue which can impact on the patient's quality of life.

Suitable patients to enrol in the SCIG Program must meet criteria as stipulated by the National Blood Authority. They must attend training sessions to learn how to manage their treatment independently.

Rudi Toth (pictured below) recently completed his training and is now able to give his immunoglobulin at home. He is now planning a holiday as he no longer has to schedule his life around his treatments. Rudi is the first BHS patient to be able to give himself this treatment at home. The at home training package that team developed was specifically designed for his needs.



SCIG patient Rudi



3.7 Staff Hand Hygiene Compliance and Influenza Immunisation

Hand Hygiene

BHS' hand hygiene program aims to make sure staff, visitors and patients wash their hands at key moments as hand washing is known to prevent the spread of infection. Hand washing or 'hand hygiene' performance is measured regularly and an 81% hand hygiene rate was achieved this year, 1% higher than the statewide target.

To make hand hygiene fast and easy for staff, alcohol-based hand wash is placed at the end of all beds, in prominent areas around the hospital and wards and at hospital entrances.

More than 100 nurses have been trained as hand hygiene auditors across all clinical settings. The results of the audits they conduct are used to continually strive for improvement and enhance patient safety.

Influenza Immunisation

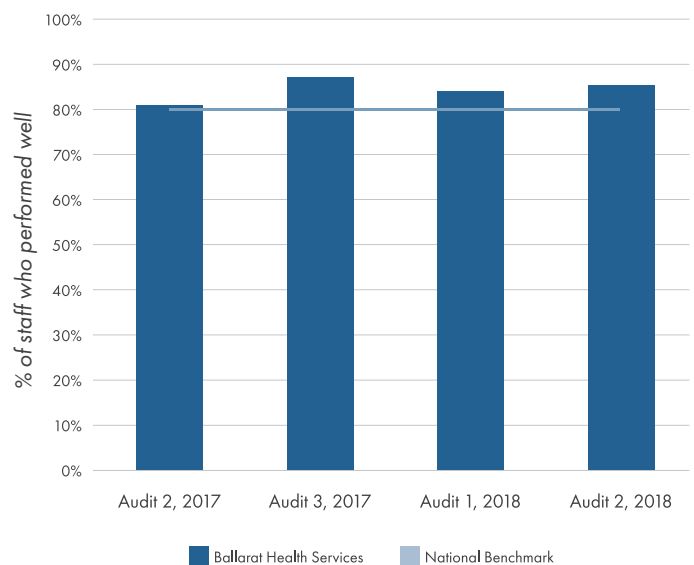
High immunisation rates among healthcare workers are essential to reducing the risk of influenza transmission in healthcare settings. This indicator measures the percentage of BHS staff vaccinated against flu in 2016/17 (75.1%) and 2017/18 (78%). In both instances, the statewide target of 75% was exceeded.

Influenza, also known as the flu, can cause significant illness in vulnerable people, such as those with low immunities and the elderly.

BHS encourages all healthcare workers to participate in the annual vaccination program to prevent the spread of the illness to people they care for, limit any personal illness and inconvenience, and prevent unnecessary disruption to the healthcare system during influenza outbreaks.

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

BHS Staff Hand Hygiene Accumulative Results 2017/2018



Antimicrobial Stewardship

Antimicrobial stewardship involves making sure antibiotics are used wisely. Bacteria can develop resistance to specific antibiotics, meaning that the antibiotic is no longer effective against the same bacteria.

To help prevent the development of current and future bacterial resistance, it is important to prescribe antibiotics according to the principles of antimicrobial stewardship, such as prescribing antibiotics only when needed (and not for mild infections such as colds, earache or sore throats).

BHS is committed to ensuring that the right type and dose of antibiotic is used for each patient. Efforts to improve antibiotic use are coordinated by teams of doctors, nurses, pharmacists and hospital managers. You may meet people from this team during your hospital stay.

3.8 Perinatal Services Performance Indicators

BHS monitors and reports on the outcomes and experiences of women and their babies during pregnancy and childbirth to evaluate the quality and safety of our healthcare.

Performance is compared with all other public health services in the state, and results are reported annually by the Department of Health and Human Services (DHHS).

The most recent report, the Victorian Perinatal Services Performance Indicators 2016 -17, looked at a range of performance indicators relating to care before, during and after birth.

One of the indicators relates to the numbers of women who are able to have a planned vaginal birth following a previous Caesarian birth or (VBAC). BHS reported that more women were able to give birth vaginally after a Caesarian birth than in the previous year

This is a great area of improvement and reflects that strategies put in place over the last year have been successful, including:

- New decision making documentation regarding planned vaginal birth after a caesarean.
- Streaming of care improvements for women.

Another indicator concerns the rate of breastfeeding initiation for babies born at 37+ weeks gestation. Breastfeeding is important for a baby's growth and development, and is also important for the long-term health of mothers.

Women are streamed into a 'red schedule' of care, where a consultant obstetrician plans their management and oversees their progress through pregnancy, and tries to see these women on the same clinic day for continuity of care.

BHS is a Baby Friendly Hospital, and has a breastfeeding service consisting of inpatient, outpatient and off-site lactation support provided by Lactation Consultants.

Overall for Victoria, foetal growth restriction (when a baby is too small) at 40 weeks has improved as has the rate of women attending their first antenatal visit at 12 weeks. BHS performance is exemplary in both foetal growth indicator performance and the rate of women attending their first antenatal visit by 12 weeks.

Statewide the rate of induction of labour for women having their first baby is increasing however BHS' rate has remained unchanged.

BHS' commitment to breastfeeding mothers has been acknowledged with a further three year accreditation as a Baby Friendly Health Service.

BHS first gained Baby Friendly Health Initiative (BFHI) accreditation in May 2001 and is re-assessed against 10 criteria every three years. The latest assessment took place in September 2017.

BFHI was launched by the World Health Organisation in 1991 and is administered in Australia by the Australian College of Midwives.

The aim is to give all babies the best start in life by providing healthcare environments where breastfeeding is the norm and where healthcare practices which support, protect and promote breastfeeding are followed.

BHS Chief Executive Officer, Dale Fraser has highlighted that a Baby Friendly Health Service is one where mothers are informed, supported, respected and encouraged whenever and wherever they receive healthcare.



Caring for patients in the Recovery Suite

Audit of Surgical Mortality

BHS surgeons performed 10,633 operations in 2017/18.

All surgery carries some risk, and it is an unfortunate reality that sometimes patients do not survive surgery, or die shortly after having a surgical procedure.

The majority of these deaths are not preventable, and occur despite surgery to overcome a threatening condition. In some instances, however, death is an unexpected outcome of surgery for a condition that is not life threatening.

BHS, along with all public hospitals, reports all of the adverse events that occur to patients to the Victorian Audit of Surgical Mortality (VASM), which seeks to peer-review all deaths associated with surgical care. The audit process allows the detection of emerging trends in the outcomes of surgical care, aims to identify any system/process errors and develop strategies to address them.

The 2017/2018 report contains a comparative analysis of 25 cases reported by BHS between July 2017 - June 2018. BHS falls well within the safe and acceptable range identified through VASM, however the available quality data sets for Surgery in Victoria are limited.

VASM only considers a very small proportion of the surgical work load. This has led the Division of Surgery at BHS to subscribe to the American College of Surgeons National Surgical Quality Improvement Programme (ACS NSQIP).

BHS will soon recruit a Surgical Clinical Reviewer (SCR) who will be supported and trained by ACS NSQIP and will then provide comprehensive data collection for BHS. In the interim, BHS, in line with the VASM, will continue to consider the three important areas of clinical priority as highlighted to ensure the best possible outcomes.

1. Deep Vein Thrombosis (DVT) prevention

The report highlighted that BHS has comprehensive DVT prevention protocols in place, which staff follow. These continue to be monitored to ensure the best possible patient outcomes.

2. Recognition of the deteriorating patient/ use of critical care facilities

BHS has a well-defined clinical escalation protocol to identify when a patient is deteriorating, and would benefit from the use of critical care facilities. Assessors identified BHS current processes will inevitably be enhanced due to work of the critical care unit in redefining the Medical Emergency Team (MET) system, and the link between the MET and treating team.

3. Fluid balance

Maintenance of an adequate fluid balance is vital to health and can be affected by illness and is a key focus of the education process for junior medical staff.

3.9 Residential Aged Care Indicators

BHS has been providing professional, quality aged care services to the Ballarat and Grampians regions for over 150 years. BHS has 10 aged care homes and is the largest provider of residential aged care in this country.

As the largest provider of public aged care services, BHS takes quality, safety and the resident experience extremely seriously. Established nurse to resident ratio include 24 hour registered nurses on-site at all nursing homes as well as enrolled nurses, allied health professionals and personal care workers providing care.

BHS participates in the Public Sector Residential Aged Care Quality Indicator benchmarking quarterly including assessments of:

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

In 2017/18, BHS performed well against four of the five indicators above, excluding falls and fractures.

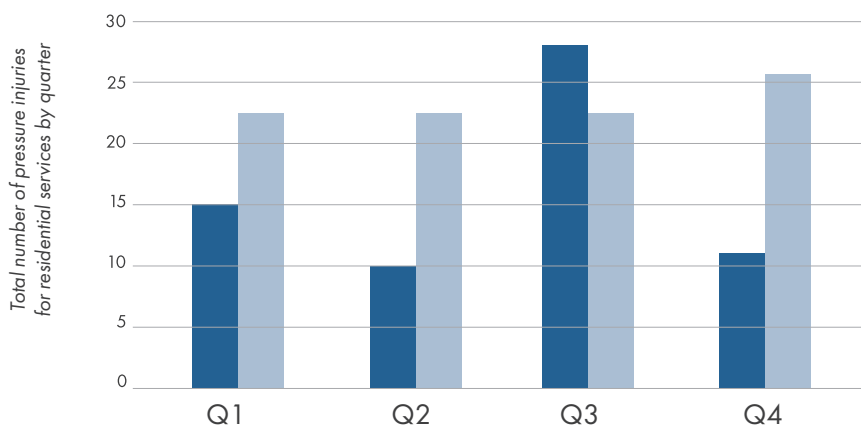
The number of falls continue to be high and some residents are being harmed as a result of their fall. BHS does not restrain any residents, allowing them to be able to move around freely however this does provide a challenge for staff in allowing residents their independence while attempting to prevent them from falling.

There is considerable work underway to reduce the number and severity of falls. A continuous improvement plan has been developed and includes:

- Every serious fall is investigated to identify areas where improvements can be made. Investigations are reviewed at the Falls Committees and recommendations are communicated to staff.
- The review of patient medications, as discussed below, forms part of the falls reduction action plan as research shows that many medications contribute to increased risk of falling.
- BHS has introduced a continuous improvement plan across all nursing homes to ensure residents are only taking the medications they require.
- Medications are regularly checked and those known to contribute to a resident falling are aimed to be reduced. This is a team approach which includes Directors of Nursing, Nurse Unit Managers and Pharmacy staff. Extended data is currently being collected as part of the process.

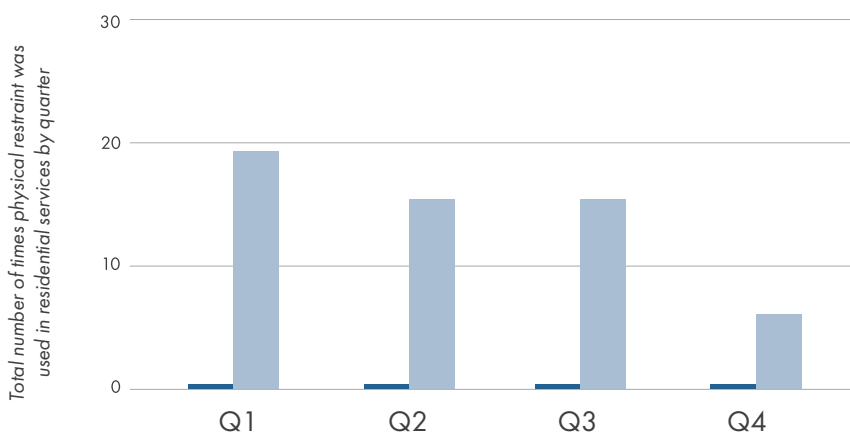
3.9.1 BHS Pressure Injury Rates

Residents with pressure injuries in 2017/18



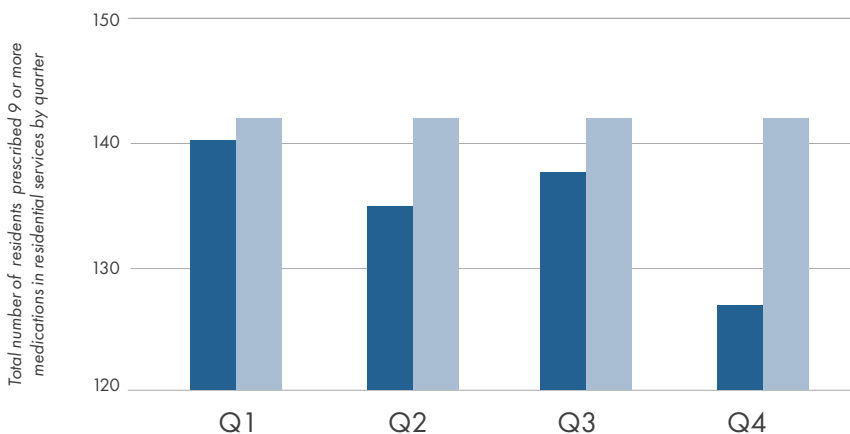
3.9.2 BHS Use of Physical Restraint

Residents that were restrained in 2017/18



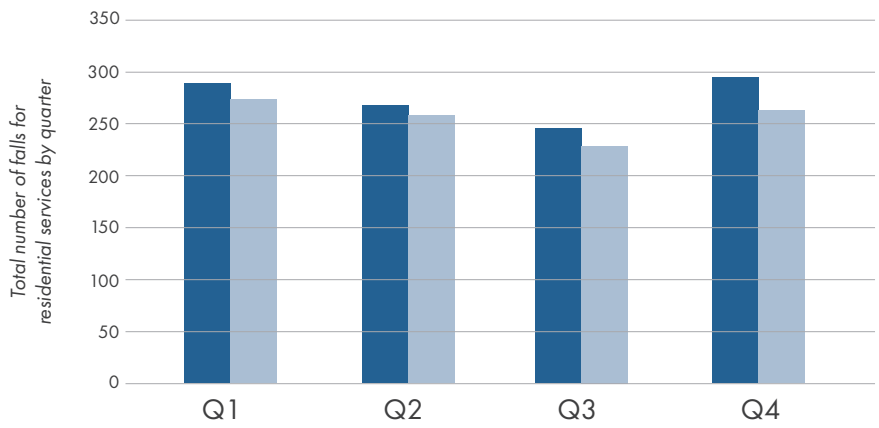
3.9.3 Use of Nine or More Medications

Residents taking 9 or more medications in 2017/18

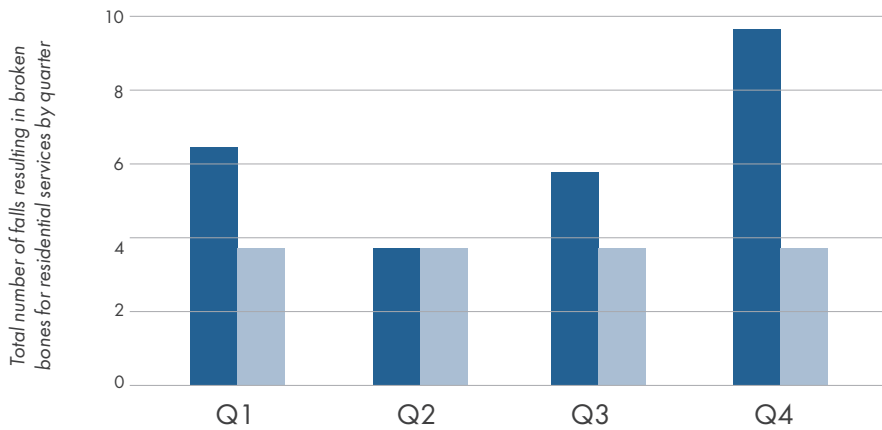


3.9.4 BHS Falls and Fractures

Residential falls in 2017/18

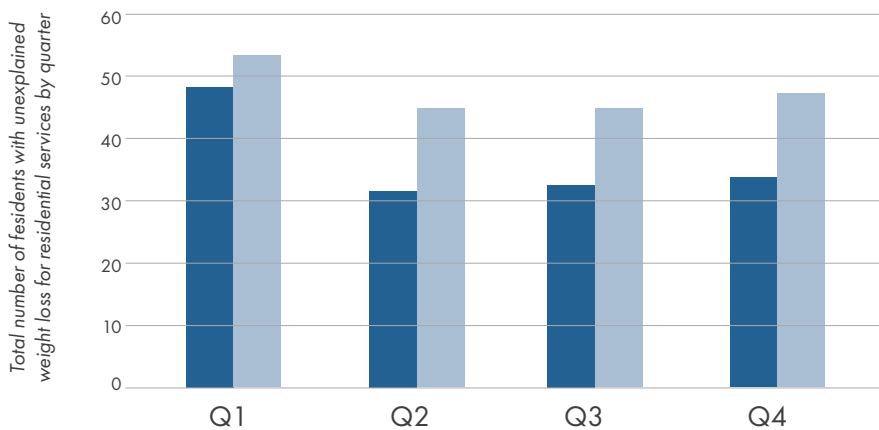


Residential falls resulting in broken bones in 2017/18



3.9.5 Unplanned Weight Loss

Residents with unexplained weight loss in 2017/18



Legend

■ Ballarat Health Services ■ Similar Aged Care Service



A patient being assisted at meal time

Managing Malnutrition Risk

For some time an average of 40% of patients admitted to hospitals in first world countries have been malnourished. BHS is no exception. There are many contributing factors to this level of malnutrition but for most people, it is associated with chronic disease.

Unless all patients are screened using the 'Malnutrition Screening Tool' these patients can't be identified routinely and their malnutrition risk managed both while they are in hospital, and beyond. Data also shows that after one week of hospitalisation the average patient loses weight whether they have a nutritional risk or not.

BHS has put in place an audit process to identify and manage patients with malnutrition when they are in hospital.

Did you know?

For a person over the age of 80, 10 days in bed can lead to 10 years of muscle ageing, 1.5kg of muscle loss, and potential demotivation and dependency.

Getting patients up and moving has been shown to reduce falls, improve patient experience (reduce complaints) and reduce length of stay by up to 1.5 days.

Some of the information measured includes:

- Analysing how complete and accurate the current screening method was.
- Determining how many malnourished patients presented in each category at single time points.
- Determining how many people who were referred to the Dietetics team were able to be seen.
- Calculating how many patients who were referred and not seen within the four month period after hospital discharge.

The results of these investigations indicated that BHS:

- Screen 67% of inpatients but only 26% of the screens were accurate.
- On average 40% of inpatients are malnourished with 10% of these being severely malnourished.
- Only 50% of referrals could be seen with existing resources.

Of the referrals that were unable to be seen, 33% had one to two admissions in the four months prior to the referral admission and 30% had one to two admissions up to four months after their initial admission to hospital. Three patients had five to six admissions pre and post.



3.10 Escalation of Care Processes

What do you do if you're worried about your loved one

If you're worried about your own or your loved one's condition in hospital, if it appears to be getting worse, let us know. In other words, 'If you're worried, we're worried'.

Sometimes sick and injured patients take a turn for the worse while in care so it's extremely important that staff recognise the signs, known as deterioration, and act appropriately.

People are encouraged to communicate their concerns if they believe their condition is getting worse. Patients or their families can ask for an urgent clinical review if they think that the doctors or nurses have not understood their concerns.

The REACH program encourages patients and families to talk to staff if they notice a worrying change in their condition. It stands for:

- Recognise**
- Engage**
- Act**
- Call for help**
- Help is on the way**

'I felt empowered by REACH to have a voice in her care, sorting out the pain problem that just wasn't getting better.'

'Despite ward staff doing what they could, it was the middle of the night, I knew I could call the liaison nurses.'

Keeping track of signs you or your loved one's condition may be worsening

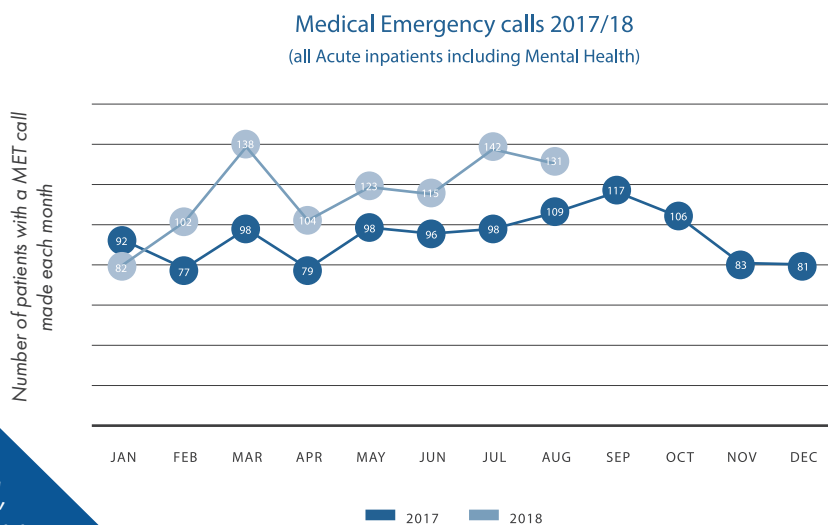
BHS has many safety measures in place to detect deterioration in a patient's health, including specialised observation charts for recording vital signs such as blood pressure and pulse rate.

These charts make it easier for staff to see when a patient is moving out of the 'normal' zone, highlighting early signs of deterioration enabling medical teams to quickly review and respond to the situation.

This medical review can become urgent from the Medical Emergency Team (MET) if staff are particularly concerned about a patient and certain criteria are met.

If your condition does get worse - what happens?

MET respond to these calls when a patient's condition worsens. Below is a graph highlighting increases in MET calls.



3.11 Mental Healthcare Indicators

How we support you to get you back to better mental health...

BHS Mental Health Services aims to help people to stay safe at times when they need help. Mental health wellbeing is an important step and our services are delivered with compassion and respect:

- Our clinicians work with clients towards recovering, independence and improved mental health and wellbeing.
- Our quality improvement programs are concerned with improving quality of life.

We support people at their most vulnerable, at moments of extreme crisis, our staff are experts and our environments are as safe and as supportive as they can be.

BHS Restrictive Interventions Scorecard 2017/18

Seclusion rate per 1000 days

	Target	Result
All Acute	15	14.3
Adult Acute Unit	15	18.5
Aged Acute Unit	15	2.7
Secure Extended Care Unit	15	7.1

Episodes of Bodily Restraint

	Physical	Mechanical
Adult Acute Unit	79	1
Aged Acute Unit	32	5
Secure Extended Care Unit	14	0
TOTAL	125	6

Triages received during 2017/2018 totalled over

5,267

The major referral sources were:

Emergency Dept
20.5%

Family/Carers
15.1%

GP's
13.5%

Client/Self
13.7%

Acute Health
10.1%

Triage and Access Service

Following community consultation, a review of the Mental Health Service was undertaken to ensure easier access. This resulted in the development of a triage and access team with one point of entry across the entire Grampians Region.

The access point to the service is via the Triage and Access team with one phone number to dial (1300 BHS MHS).



Artwork from Mental Health Art Exhibition

3.12 Mental Health Quality Improvement Processes

Development of a Prevention and Recovery Unit

BHS is in the process of planning the building of a Prevention and Recovery Unit in Ballarat.

Prevention and Recovery Care (PARC) services in Victoria are short-term recovery oriented community and bed-based treatment services for people with a mental illness. PARC services provide early intervention for those who are becoming unwell (step up) and a community based treatment option for those at the early stages of recovery from an acute psychiatric episode to strengthen and consolidate gains from acute inpatient care (step down).

Specifically the objectives of the BHS PARC will be:

- To improve the treatment outcomes of people in an acute phase of mental illness through a seamless mix of clinical and psychosocial interventions delivered in a purpose built environment. Both clinical and Mental Health Community Support Services (MHCSS) will complement each other in assisting people with a mental illness in recovery focused care that is carer and family inclusive.
- To provide the opportunity for the individuals and their families and carers to become engaged or further engage in a recovery orientated process and develop and enhance their recovery focused treatment plan.
- To support and strengthen families' and carer's ongoing commitment to and involvement with people recovering from a mental illness.
- To provide families and carers with appropriate supports and linkages to resources to address issues or stressors arising in family and household situations.
- To identify and encourage appropriate links with cultural communities.
- To provide an environment that offers opportunity for people to identify and work on specific short and long term recovery goals including opportunities to develop with active support connections to community.
- To provide a treatment environment where medication changes can be safely managed and effects monitored.
- To provide opportunities for people to maintain, strengthen and develop links to their community as part of their treatment plan.

The Queen Elizabeth Building - Community Mental Health Services



Safewards

BHS has introduced Safewards to the inpatient Adult Acute Unit, Secure Extended Care Unit and Steele Haughton Aged Acute Unit.

Safewards is a model for reducing aggression and violence in psychiatric inpatient settings via 10 evidenced-based interventions. Provision of ongoing training and support for staff in early identification and interventions for people who may be at risk of becoming aggressive whilst in hospital is occurring and is endorsed by the Office of the Chief Psychiatrist and the Department of Health and Human Services.

BHS continues to monitor the use of seclusion via six monthly Seclusion Audits. These audits provide an opportunity to reflect and identify potential strategies to reduce the use of seclusion and provide a safe environment for all who access and work within BHS.

All restrictive intervention episodes are thoroughly investigated by the Nurse Unit Manager (NUM) through the Victorian Health Incident Management System (VHIMS) system. The NUM also provides reports to the Office of the Chief Psychiatrist for all restrictive interventions that exceed the statewide benchmarks they set.

The Creating Safety Committee meets every two weeks to review all restrictive interventions. This committee provides recommendations regarding best practice to reduce and eliminate the use of seclusion and physical restraint in psychiatric inpatient settings.

BHS has commenced the transition from Predict, Assess and Respond to Aggressive/Challenging Behaviour Training to Management of Clinical Aggression training for all staff. Mental Health Inpatient clinicians are also being trained in Management of Violence and Aggression International Training.

Sensory Modulation is a technique which involves helping individuals identify strategies to help manage difficult emotions and challenging behaviours within themselves. There are many techniques available to people to use and assistance is offered to help individuals to identify the best strategies for them in specific circumstances.

The Secure Extended Care Unit continues to use the Dynamic Appraisal for Situational Aggression tool with great results. This tool was designed to identify early changes in an individual's behaviour, alerting staff much sooner to the possibility of increased aggression and allowing staff to intervene early with therapeutic techniques such as sensory modulation and distraction to prevent aggression escalating further.

BHS has policies and guidelines for all staff regarding the use of seclusion and physical restraint informed by the Victorian Mental Health Act (2014). Staff are regularly educated to these policies and the Act, ensuring that the rights of individuals who access BHS are always maintained.



A patient is monitored very carefully in recovery suite

Ensuring the needs of consumers are met when they are discharged or transferred is an important aspect of continuity of care at BHS.

4. CONTINUITY OF CARE



4.1 Leaving Hospital

Making sure patients have the right care, services and home environment are important factors for assisting patient recovery after they leave hospital. Responses from the Victorian Healthcare Experience Survey (VHES) showed that BHS adult inpatient services provided a positive discharge experience but improvements could be made.

Average scores across the Base Hospital and Queen Elizabeth campuses for the 2017/2018 financial year are as follows:

Question 1: (VHES question 69)

65% of patients felt that the doctors and nurses gave them enough information about managing their health and care at home before they left the hospital.

Question 2: (VHES question 70)

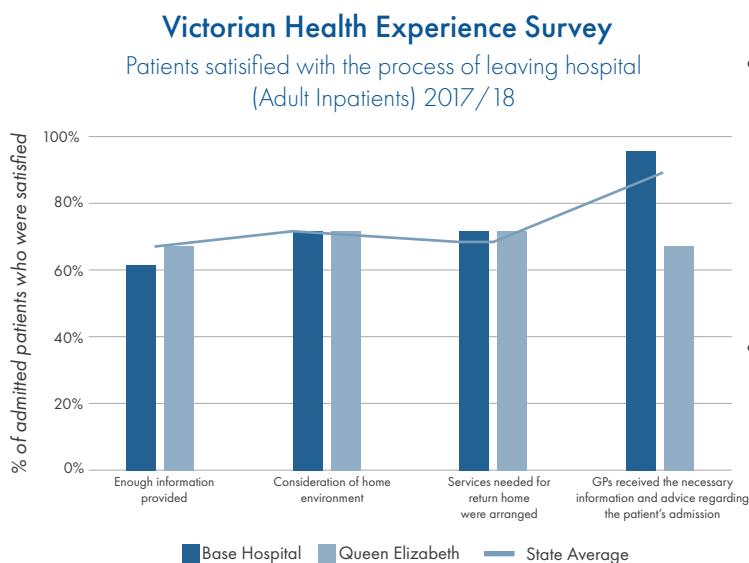
72% of patients felt hospital staff took their family or home situation into account when planning their discharge.

Question 3: (VHES question 71)

71.6% of patients felt that, when they left hospital, adequate arrangements were made by the hospital for any services they needed (ie. transport, meals, mobility aids).

Question 4: (VHES question 72)

82.4% of patients felt that, when follow-up with their GP was required, the GP was given the necessary information about the treatment or advice they received while in hospital.



Patient Flow Partnership

We introduced the Patient Flow Partnership project to look at different ways to improve the patient journey through the hospital stay. Patient Flow means providing our patients with 'the right care, in the right place, at the right time'.

Part of the 'Patient Flow' project has resulted in:

- Introduction of the Transit Lounge on Monday 4 June 2018. The transit lounge is a place for well patients to go while awaiting final discharge paperwork, medications or waiting for someone to take them home. By using the seats in transit lounge, it creates available beds on the wards for the people who need them.
- Introduction of a Journey Board on each ward which uses traffic light colours to demonstrate different areas of each patient's care. If everything is green, it's time to go.
- Tracking and reporting both expected and actual patient discharge from the wards on a daily basis. These reports provide a timely overview of where demand is strongest for beds so areas potentially experiencing delays in discharge, or extra demand for beds, can be prioritised.
- Improvements to the way patient discharge summaries are provided to their GPs. All patient discharge summaries are now sent electronically via BHS' electronic medical record system dramatically improving the timeliness and quality of the discharge summary being sent to the GP.
- Improvements to consumer information. Patients are given a suite of brochures to help them manage better when they go home from hospital. The information includes advice on at-home care and pain management post-procedure. Any brochure developed by BHS is reviewed by the consumer group to ensure that it is easily understood and contains relevant information.
- Helpful suggestions gained from patient comments while in hospital are often incorporated into the information so that good tips and ideas are shared.



4.2 Advanced Care Planning and End-of-Life Care

The healthcare people receive in the last years, months and weeks of their lives can help to minimise the distress and grief associated with death and dying for the individual, and for their family, friends and carers.

BHS developed an End of Life (EoL) Framework in 2015, which is supported by tools and processes to guide and assist staff to deliver integrated and best possible EoL care.

The framework integrates:

- Advanced care planning.
- Identifying those at risk of deteriorating or dying using the Supportive and Palliative Care Indicators tool.
- Goals-of-care planning.
- A specific Care of the Dying Management Plan (CDMP).

The framework also addresses staff support and supervision, and guides the bereavement process. BHS EoL Framework has been informed by the state and national consensus statements and frameworks around EoL care.

Changes to the Medical Treatment Act 1988, to the Medical Treatment Planning and Decisions Act 2016 means patients can make an instructional directive and/or a values directive. The enduring medical power of attorney has been replaced with a medical treatment decision-maker even more importantly; patients can now refuse treatment for any future medical conditions that eventuate. Due to these changes in the law the Grampians Regional Palliative Care Team (GRPCT) have delivered education to multidisciplinary teams across BHS and the wider Grampians region.

Tools such as the Supportive and Palliative Care Indicators tool, Goals of Care and CDMP use are still reported on to the Standard Nine committee and the End of Life committee.

As part of the End of Life framework, 5% of BHS patients who are over the age of 75 have documented their healthcare wishes in an advanced care plan. BHS continues to encourage and support patients to complete their advanced care plan regardless of their age and health.

Gandarra Palliative Care

'Gandarra' is the Aboriginal name for 'passing through'.

Gandarra Palliative Care Unit is in its 10th year of benchmarking its patient and family outcomes. The most recent report relating to July - December 2017 has seen it benchmarked with 119 palliative care services across Australia.

Gandarra continues to meet the following benchmarks:

- Timely admission: 94.4% (benchmark 90%).
- Responsiveness to urgent needs: patients unstable for three days or less: 93.1% (benchmark 90%). From a symptom aspect the benchmark looks at pain, fatigue, breathing problems and family/carer problems.
- Managing moderate to severe distress from pain becoming mild: 74.4% (benchmark 60%).
- Absent or mild distress from breathing problems, remaining absent or mild: 94.5% (benchmark 90%).
- Absent or mild family/carer problems remaining absent or mild: 91.4% (benchmark 90%).

The Carer Package for Subcutaneous Medications

The anticipatory prescribing of injectable medications such as opiates and benzodiazepines for use in patient's homes is a unique aspect of the practice of community palliative care. The literature identifies that timely access to medication (including injectable medications) to manage symptoms is vital to providing high quality end of life care in the community and decreases the likelihood of re-admission to hospital.

The project aimed to evaluate an interventional media package that had been developed to enhance carer confidence in the drawing up and administration of injectable medications in the home environment.

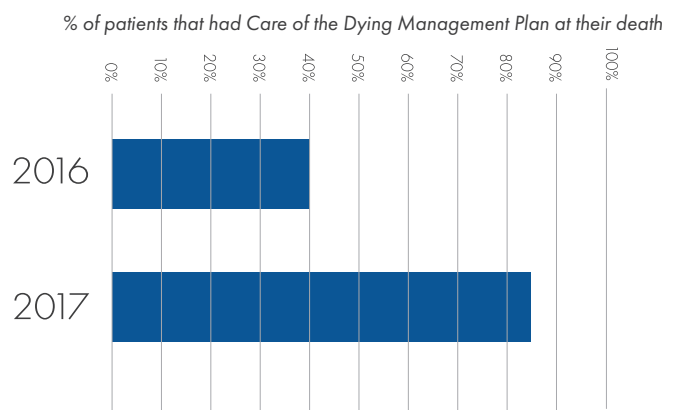
The original project was extended so that further resources could be purchased to support patients and their families. The GRPCT requested funding from the Grampians Region Palliative Care Consortium (GRPCC) to purchase an additional 150 packs including DVD, USB's, laminated carer cards, medication log and clear plastic sleeves at a cost of \$3500. A request was submitted to translate the video into another language which was funded by that organisation. Thank you to Regina Kendall (Nurse Practitioner) who was project lead.

Advance Practice Nurses

The GRCPT was excited to have Lawrence Habegger appointed as a Nurse Practitioner (NP). Through their training and expertise, NPs are able to autonomously perform advanced physical assessment, order diagnostic tests, interpret the results of these tests, initiate referrals to relevant healthcare providers, and prescribe appropriate medications and other therapies as needed.

Within the team of NPs, Regina Kendall and Lawrence, work in collaborative practice with other members of the healthcare teams across BHS and the Grampians region. These positions are an integral part of the service, ensuring people die in their place of choice.

Use of the Care of the Dying Management Plan at BHS



Carers in the Grampians

The GRPCT was responsible for the Carers in the Grampians project. The resulting resource was incredibly powerful, and will be a great resource for both carers and the community in general to broaden their understanding of the carer role.

The project reveals the experiences of 10 people caring for family members who were receiving palliative care. Talking openly about their parents, partners, siblings and children, the participants discuss what it's like to hear that there is nothing more the medical community can do, and the impact on their family member in palliative care, and on themselves. They share some of the joys as well as some of the challenges of caring for their family members, and what it was like for them dealing with grief. They share the benefits and difficulties of looking after their family members at home, and acknowledge how the experience has changed them.

Thank you to the Palliative Care Services which supported the participants in this project which include Central Grampians Palliative Care, Ballarat Hospice Care Inc., Wimmera Hospice Care and Djerriwarrh Health Services.

4.3 Regional and Rural Partnerships

BHS is funded by the DHHS to support strong and effective partnerships with the 11 health services across the Grampians region. The emphasis is on a more connected and integrated approach in delivering, planning and coordinating services to ensure provision of high quality and accessible care to residents in or near the communities in which they live.

BHS, in partnership with the small rural health services, focuses on key areas such as Quality and Safety, Workforce Planning, Recruitment and Development and Accessible Care.

BHS has established two key positions that has supported the rural and regional partnership strategy in the last 12 months. They are the Regional Clinical Governance Coordinator and the Regional Medical Administration Registrar, and provide guidance, advice and assistance with quality and safety activities to the 11 health services with a total of 30 campuses, across the Grampians region (including BHS).

Services include acute, subacute, residential aged care and community programs. The types of activities have been around risk management, independent case reviews of patients with poor outcomes, assisting hospitals to prepare for accreditation against the National Safety and Quality Healthcare Standards.

Rural and regional health services have unique challenges relating to their size, location and workforce. Safer Care Victoria released the latest updated Victorian Clinical Governance Framework, Delivering High Quality Healthcare in 2017. This framework is a guide to the delivery of good clinical governance. Clinical Governance: the integrated systems, processes, leadership and culture that are at the core of providing safe, effective, accountable and person-centred healthcare underpinned by continuous improvement.

BHS, in partnership with all 11 health services in the region, has commenced an important piece of work in undertaking the first gap analysis against the Victorian Clinical Governance Framework the health services are engaging with a peer review team to undertake their assessments against the framework. The project will have benefits that are local, regional and potentially statewide:

- Increase local health service clinical governance capacity and capability.
- Improve opportunities for partnership and peer support across the region.
- Identify regional projects to improve quality and safety in the rural and regional healthcare setting that may also assist with a statewide improvement opportunity.

This project has already made gains in strengthening collaborative working relationships between rural and regional health services. BHS in partnership with the rural health services across the Grampians region will continue to partner and support service planning, delivery and coordination to improve the safety and quality of care to patients and their communities.



COTTON ON G



Children's



Rosemary Clarke

5. IN THE NEWS

ROUP™
s Ward



Official opening of the Cotton On Group Children's Ward

5.1 2017/18 Ballarat Regional Integrated Cancer Centre (BRICC) Update

We continued to expand oncology services during our fifth year of clinical operations, establishing new service partnerships, new oncology treatment options for patients and greater choice in clinical oncology trials. We deployed new, rapid-access-to-treatment clinics, and established additional supportive care and wellness programs. This was an 18.7% increase in admitted and day cancer treatment services, up from 5,994 admissions in 2016/17 to 7,117 in 2017/18.

The following improvements to our Day Oncology service were put into place throughout 2017/18 based on patient and clinician feedback. This means that time waiting for education is reduced and better appointment coordination results for patients and families.

In 2017/2018 The Day Oncology team have:

- Revamped the treatment scheduling system.
- Introduced what is called a 'fast-track' treatment chair.
- Changed the timing of our pre-treatment education to reduce waiting times for patients.
- Introduced scalp cooling to reduce chemotherapy related hair loss for some patient groups.

More broadly, developments in our cancer work include:

- As part of BHS' lead role within the Regional Cancer Centre network, service outreach will commence shortly in Maryborough.
- The oncology service to Maryborough will mean that BHS regional oncology services patients in Stawell, Horsham, Hamilton and Maryborough.
- BHS and Bendigo Health Services are collaborating on an audit to ensure the safe and appropriate prescribing, dispensing and administration of systemic cancer therapy across all regional sites.
- Similarly, roll out plans are in place to commence the 'Symptom and Urgent Review Clinic' in Day Oncology.
- More allied health and palliative care Clinics to give patients more flexibility and access to care.
- The Rapid Access Lung Clinic has been established and means quicker access.
- BHS now has an Memorandum of Understanding in place so that patients have greater access to Haematology for malignant and non-malignant conditions across all visiting sites.

- A dedicated Prostate Cancer Care Nurse service is now available.
- Specialist Nurses providing regional care, support and outreach services.

Service planning has begun to map out what BHS 'BRICC in the Home' Services will look like for patients, for example some of the simpler treatments and infusion related disconnections will be able to take place in the patient's home.

Considered one of the state's best, the oncology outreach network is a clear example of services being delivered for the benefit of all patients in our region.

The Wellness Centre

Wellness Centre 2107-18 update:

- Woolworths continued to be a big supporter of the Wellness Centre, helping with raffles, the Winter Wellness Wonderland Ball, comedy night and BBQs.
- The Masters Football Club was also a major contributor this year with their cancer round fundraiser.
- We have been able to expand our art therapy sessions to be done in the clinics waiting room so that patients and carers can have a go at art therapy while waiting for their appointments and to see if it is of interest to them.
- A new monthly support group has commenced for brain cancer patients.
- We have expanded our oncology massage service over the year due to high demand. Our new therapist spends half a day in the Wellness Centre and half a day in Gandarra with our palliative patients.
- We have continued to expand our wig library service by increasing the number of wigs we have on offer.
- We continue to fundraise to support the 15 programs that we have in the Wellness Centre.





Discussions together at BHS

New Treatment Technologies

Stereotactic treatment is a focused radiotherapy treatment used to treat small cancers, now available at BHS for patients from the Grampians region. Currently treatment is offered for early stage primary lung cancers and a selection of patients with secondary lung metastases. In future, we hope to introduce this technology for other body sites.

We have also introduced volumetric arc radiotherapy for patients with prostate cancer which reduces treatment time on a daily basis. In addition, our treatment course for prostate cancer can now be reduced to 20, rather than 39 treatments for some patients (hypofractionation).

We are passionate about quality and safety, and thus constantly enhancing the way we ensure accuracy of radiotherapy. We have introduced new ways of checking treatment plans using Mobius software.

Clinical Trials

Over the last 10 years, the oncology Clinical Trials department has steadily grown and has been involved in commercial, collaborative group and investigator initiated trials.

We have strengthened relationships with the Cancer Council, Cancer Trials Australia and have recently joined the Regional Trials Network.

Due to a passionate dedicated research team, we have developed a good reputation for quality data and robust accrual. As a result, we receive opportunities to participate in sponsored and investigator-initiated trials of increasingly fascinating agents and treatment strategies.

We are currently involved in 20 oncology clinical trials and are constantly on the lookout for research that will provide opportunities for our clients.

In addition, we recently appointed a Radiotherapy Clinical Trials Co-ordinator. We look forward to many opportunities to work together, and are pleased to announce that the KEYNOTE 799 clinical trial will soon be opened as our first collaborative venture.

Rapid Access Lung Service Update

The Lung Cancer Redesign Project was a collaboration between the Department of Health and Human Services (DHHS) and Grampians Integrated Cancer Services (GICS) running February 2016 - June 2018. The project aimed at reducing the time from referral to first treatment for patients presenting to BHS with suspected or confirmed lung cancer.

The project examined the patient journey through Specialist Clinics, and the risks associated with variation in service delivery and delays to first treatment. It also worked through the improvement journey, ensuring all the necessary requirements of each phase were completed.

The project has produced some remarkable results, with a significant reduction in variation in time from referral to first treatment, including referral to first appointment and referral to diagnosis.

Patient Feedback

'Friendly, courteous staff were very supportive and reassuring.'

'All aspects of treatment carried out in an efficient, friendly and courteous way.'

'Everything in BAROC is done well! All the staff are helpful and professional. The premises are lovely, modern and comfortable.'

'Our experience at BRICC has been so positive during the treatment and the follow-up care. I am able to enjoy life so much due to the amazing care I have received.'

The Rapid Access Lung Service resulted from bringing the multidisciplinary clinic and lung coordinator roles together to deliver a truly patient focused initiative. Patients now presenting to BHS with suspected or confirmed lung cancer are able to access care which is rapid in its accessibility and delivery, as well as collaborative and supportive.

Some 68 patients were referred and received treatment and care in the Rapid Access Lung Service from July 2017 - February 2018. These patients were referred from as far as Casterton in the west and Rainbow in the north west of Victoria.

The project has shown an improvement in the percentage of patients who met the recommended target timeframe, following the implementation of the Rapid Access Lung Clinic. The most significant change was seen in the referral to first treatment measure, which saw a 17% increase in compliance.

In terms of patient outcomes, there has been:

- 27.5% reduction in the mean number of days a patient has to wait from referral to first appointment.
- 47% reduction in the mean number of days a patient has to wait from referral to diagnosis.
- 25% reduction in the mean number of days a patient has to wait from referral to receiving their first treatment.

This ultimately means patients are receiving specialist care earlier, receiving a diagnosis sooner and are undergoing their first treatment in a timeframe which optimises their outcomes.

Since the commencement of the clinic, in terms of treatment modality, the largest group of patients has shifted from those receiving palliative treatment (chemotherapy) to those receiving a treatment with more curative intent (surgery or chemoradiotherapy).

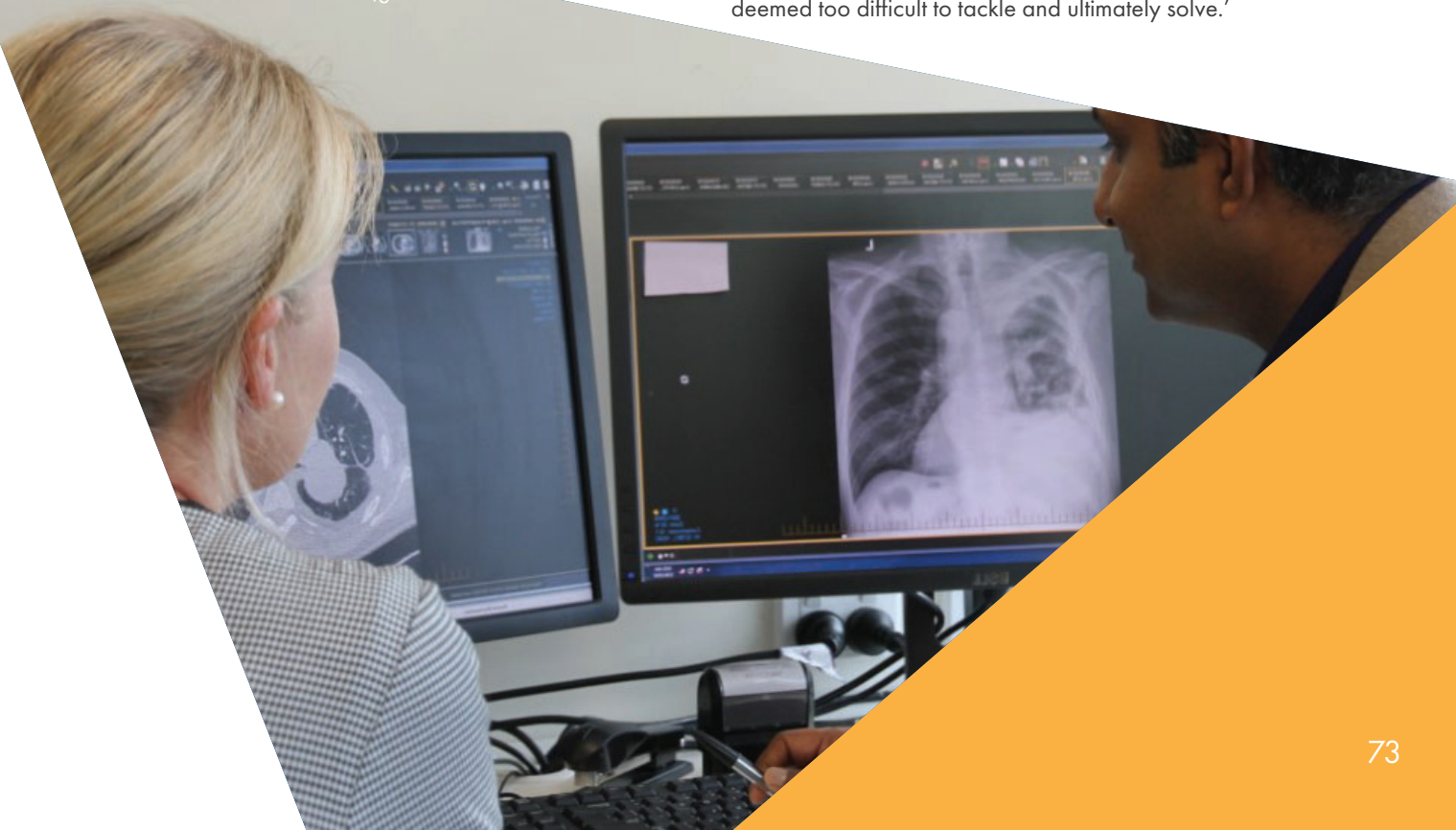
The implementation of the lung coordinator role has meant that patients are guided through the service at every step, and the risk of them being 'lost' within the system has almost been eliminated. Data also shows that over 80% of patients referred, received their first contact with the lung coordinator within five days of referral. This is a feature of the service that was not previously available to patients and their families.

The Rapid Access Lung Service provides flexibility for patients to be seen outside of the scheduled clinic time should a patient's condition or needs require this. Patients and their families are informed about the process and rationale for what is happening, and leave their first specialist appointment with a management plan.

The Rapid Access Lung Service is an innovative design of service delivery and a new model of care within oncology specialist clinic practices at BHS. The project has been successful in bringing the service to the patient, rather than the patient and their family having to navigate their way through a fragmented system. Enhanced communication amongst the clinical team provides a more succinct approach to treatment planning.

As one patient stated, 'Throughout my experience, I felt like my welfare was the driving force of the team. No situation was deemed too difficult to tackle and ultimately solve.'

Clinical review of patient imagery at BHS



5.2 Children's Healthcare taken to a Whole New Level with the Opening of the New Ward

The new Cotton On Group Children's Ward was launched in June 2018.



A patient and his mum visit the new Children's Ward

Design developments for the Base Hospital's new Adolescent and Children's Ward are all about keeping pace with modern paediatrics in Australia. A high-observation area for the sickest young patients will allow them to remain on the ward rather than be transferred to the intensive care unit among adult patients, and reduce the need to travel further away from home for care in Melbourne.

Children who would have previously been monitored in the emergency department for conditions like asthma, gastro and head injuries will be treated in the ward's short-stay facility, allowing for greater access to paediatricians.

According to Women and Children's Health Clinical Director, Dr David Tickell, by increasing the size of the ward, BHS now has the flexibility to extend children's services, such as food challenges for allergy testing.

'We treat a lot of kids from across the Grampians, and it's about providing the best spaces for those families who travel here, some from up to four hours away,' said Dr Tickell.

The annual community event, Run Ballarat, provided half the funding for the \$3.5 million redevelopment of the Children's Ward. We thank the Cotton On Group, Adroit Risk and Insurance, other sponsors and the community for this outstanding effort.



Discussing patient results at BHS Emergency Department

5.3 Emergency Department Staff Access New Technology, Giving Time Back to Care

Staff in the BHS Emergency Department (ED) trialled an innovation in single desktop sign-in so that five emergency care applications can be 'signed on' automatically.

Working in the ED is busy and constantly changing to respond to the greatest clinical need.

Picture this: A staff member logs into a computer using the keyboard, launches the relevant application and enters clinical information into the computer. Half way through completing a referral for the patient with back pain, there is a 'trauma call'. The clinician must abandon this work and assist in the care of the trauma patient.

When the clinician is next available to complete the referral they must log back in to a computer and re-launch the application for the back pain referral and continue their work.

With the new 'swipe' system, staff can tap-on and tap-off with their ID card and their work will be automatically saved. This means that if they move to another computer and tap-on, all of their work is ready to go in the state they last left it. Equally by tapping-off, the information is stored securely and the computer is available for someone else to use.

Using the swipe system makes it much quicker for staff to access the clinical screen with an estimated six minutes saving in each clinical interaction. This time is no longer spent on administration but it is spent caring for our patients.





I've lived in Ballarat all my long life! I'm a volunteer with the Welcome Team at Ballarat Health Services. It's an absolutely world class facility. Hundreds come here every day. In the consulting suites and the outpatient clinics they have a big range of specialists.



Ballarat had a pretty spectacular start with the goldrush and it has just gone on from there. It is close enough to Melbourne and other places to travel to, but to live here is much better! You know lots of people and you can just stop and have a yarn. You can't go down the middle of the street and not see someone you know.

Maureen Woodford, volunteer (front cover)

Courtesy: 'More than Gold – Ballarat and Region: Our Story'

www.morethangold.com.au