Calvary

Health Care Bethlehem

QUALITY & SAFETY ACCOUNT

2018-2019

Continuing the Mission of the Sisters of the Little Company of Mary

Contents

Calvary

Workplace Gender Equality Agency

Who we are

Calvary Health Care Bethlehem is a publically funded sub-acute health service. Founded by the Sisters of the Little Company of Mary, Calvary is a charitable Catholic not-for-profit organisation providing aged and retirement services, community care, acute and sub-acute care with a focus on comprehensive care for people in the final year of life. Calvary operates across six states and territories within Australia. As a Catholic health service, it is recognised that Calvary Health Care Bethlehem operates to an ethical framework with its own governance arrangements. Relocated from Caulfield to Parkdale, Calvary Health Care Bethlehem (CHCB) has been providing health services to the community for 75 years and continues to develop and innovate in response to the needs of the local community.

CHCB is recognised as a Specialist Palliative Care Service and a state wide provider for those with Progressive Neurological Disease. The work we do at Calvary Health Care Bethlehem reflects our mission of providing health care to the most vulnerable through “being for others.” Our values-based care is person centred and focused on the whole individual their physical, emotional, spiritual and social needs.

CHCB works in partnership with other health providers to help people to ‘live well’, knowing they have a progressive incurable illness. Care can be provided early in the illness for people with complex needs in conjunction with a range of different therapies provided by other specialists which can be life prolonging.

CHCB supports individuals and their families through the dying process in their preferred setting. Support provided to family and friends during the course of the patient’s illness and in their bereavement phase is an integral part of our model of care.

Our interdisciplinary teams include specialist medical, nursing, allied health, pastoral care and bereavement with the support of trained volunteers whose roles and functions are underpinned by a strong culture of learning, innovation and research. Our interdisciplinary teams work in collaboration with the patients GP, community health, aged, disability, peak bodies and other health services, to achieve our goal of a fully integrated model of care.

CHCB provides direct patient care that is easily accessible and coordinated across the following settings depending on the needs of the patient and their family:

- One point of access, through our access and intake team.
- Centre based clinics; usually for initial assessment followed by ongoing monitoring, care planning and coordination.
- Day centre; provides a social model of care that promotes well-being, social interaction and independence, in addition to providing respite for carers.
- Home based care including residential care settings; Includes monitoring support for those living within the South Eastern Metropolitan catchment area who cannot travel, in addition to home based care and direct support for end stage illness.
- 32 Inpatient sub acute beds.

The model of care is supported by:

- Secondary consultation support to other health providers.
- Telehealth.
- 24 hour telephone support to all patients, families and other health providers and after hour's in-home support to patients receiving home based services.
- Provision of education, training and research which helps to build capacity in other services across Victoria to better support clients with specialist needs closer to home.
- Developing partnerships with peak bodies, health professionals and community services to achieve our goal of a fully integrated model of care.
- Innovative assistive technology to maximize the independence of our patients.
- Aligned with Government directions and Department of Health and Human Services strategy, Calvary is proposing to redevelop the current CHCB Public Hospital as part of an integrated health precinct on its Caulfield site to address its aging infrastructure and ensure a sustainable Model of Care. This will mean that the current public hospital will be re-built to provide modern contemporary health care accommodation alongside complementary Calvary services including residential aged care and community care.

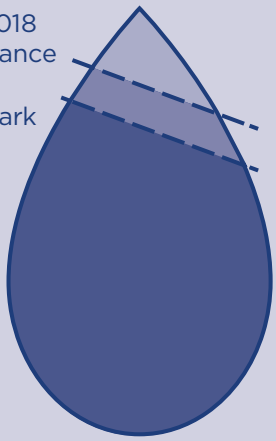
This development will improve the care and service given to our patients and residents through an integrated service model that provides flexibility in care provision whilst improving the amenity of the site by providing new buildings, clinical hubs, residential space and designated green and social spaces.

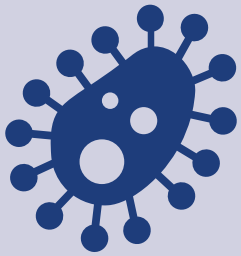
Hand hygiene

How clean are our hands?

91.3% CHCB 2018 Performance

80% Industry benchmark





Staph Aureus Bacteraemia

How robust are our infection controls?

0.0/ 10,000 OBD CHCB 2018/19 performance

0.87/ 10,000 OBD Industry benchmark

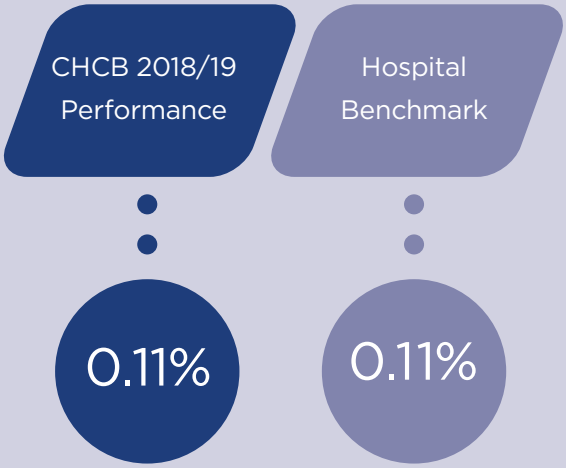
Medication

Medication errors requiring interventions

2.70/ 1000 OBD CHCB 2018/19 performance

<0.5/ 1000 OBD Industry benchmark

Pressure injuries



Patient falls

CHCB 2018/19 performance

9.68/ 1000 OBD

Industry Benchmark

5.0/ 1000 OBD

Staff

Flu Immunisation

85% CHCB 2018/19 performance

84% Industry benchmark

Complaints

26 4.0 days average to resolution

* OBD = Overnight Bed Stay

High reliability care

Reliability, quality and safety

At Calvary Health Care Bethlehem, we believe in the importance of providing consistently high-quality and safe care for every patient. We are committed to seeking out and optimising every opportunity to improve the experience and clinical outcomes of our patients.

Over the past year, we have initiated or delivered a range of projects that have reinforced and strengthened our solid foundation in clinical safety and quality.

Our leadership has intensified our shared commitment to zero-harm goals, establishing a positive safety culture, and instituting a robust process improvement culture.

Over the past year, we have:

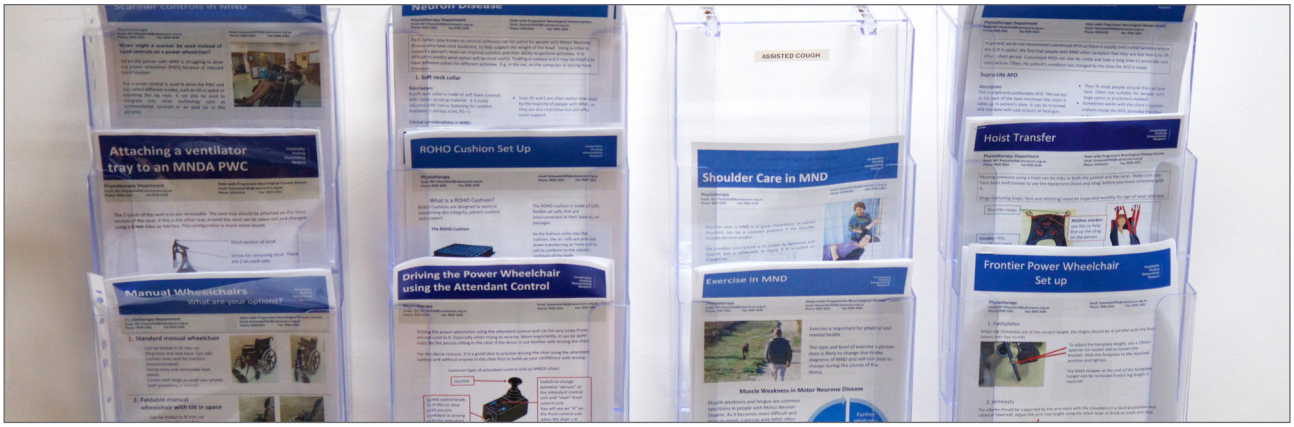
- developed a project to increase the comfort of our patients with continence issues
- sent staff to quality and safety training with the Institute of Healthcare Improvement to learn the science of quality improvement
- undertaken a study to investigate the end of life wishes and concerns of people with Huntington's disease and their caregivers;
- investigated the processes, reasons and quality improvement opportunities in relation to falls prevention and reducing the harm from falls.

Integrated care planning

Over the past 12 months, CHCB has undertaken a number of service improvement activities dedicated to improving how patients (and their information) flow throughout the hospital and their experience of all of our services.

The following have been implemented:

- A suite of mental health assessment and screening procedures to identify and manage patients who maybe experiencing psychological distress as inpatients. The implementation involved hospital wide education of staff and the introduction of the 4AT, a delirium screening tool which each patient is screened against when admitted to the inpatient ward. This sets the benchmark for further assessment if the patient's cognitive health declines.
- The introduction of a validated tool to screen all our inpatients for signs of malnutrition and dehydration. The assessment of each patient's nutritional state on admission and at clinic appointments is now formalised with the use of this internationally recognised tool. Staff have been taught to use this tool and the score that is derived helps to facilitate onward referral to the dietician, who will individually assess the patient's dietary requirements. Initial evaluation of the tool has indicated that the dietician time is being used more efficiently.
- Mandating that all clinical staff undertake open disclosure training, and
- the installation of communication boards in all patient rooms to improve the multi-disciplinary team member communication between patient, their families and staff. Following evaluation, this in conjunction with the patient journey board, has improved the shared decision making and communication between patients and their care teams. Further work with the Neuropsychology department is looking to add an individual clock alongside the communication board to help with our patient's orientation to time and place.



Partnering with consumers

During 2018, CHCB published its Consumer Engagement Framework 2018 - 2021, which is aligned with the CHCB strategic quality action plan and sets out eight core messages for our engagement with consumers:

- All voices matter
- Human encounters matter
- Listening matters
- Wellbeing matters
- Information matters
- Being involved matters
- Systems matter, and
- Environment matters

The Consumer Engagement working party, chaired by a consumer is responsible for overseeing the implementation of the framework to ensure that we are partnering with our consumers on all aspects of patient safety and quality of care. CHCB has consumer representatives on key governance committees which includes Executive Quality, Safety Risk Committee and Clinical Practice Governance Committee, in addition to key working parties.

Over the last 12 months, consumer involvement has been vital. Consumers have:

- identified risk elements to patient safety in the prevention of infection working party, which in turn has been added to that working party's risk register
- analysed the results of our anti-microbial stewardship program and suggested improvements in the processes of prescribing our high risk antibiotics
- undertaken a project to improve our handling of drugs of dependency. This resulted in a report being drafted and presented to the National quality and safety committee. This has changed practice, with the outcome of less discrepancies in the dispensing of drugs of dependency,
- contributed to the audit of the hospital signage, which has resulted in changes to some of the signage to make it easier for visitors to navigate their way to the inpatient ward.
- introduced a "you said we did" system of putting into action consumer feedback. A good example of this was the Valet service that was put in place in response to visitor comments.
- contributed to the Advance care plan brochure to make it more health literate.
- Been involved in writing our business continuity plan.

Patient experience

Monitoring the experience of our patients is very important to us and is something that we do in a variety of ways as we use the collected information to continually improve our patients' journey and their experience at CHCB.

One of the first patient experience surveys undertaken since moving to Parkdale was to collect feedback from patients and their families about the new environment. A paper-based survey of patients, carers and families was conducted two, three and four months after the move to Parkdale to understand from a consumer perspective what issues were important to them and to respond to them. One hundred and forty-one surveys were completed over that period in the three main areas of the hospital—the inpatient unit, the clinics and the day centre. Families and carers in all three areas were also invited to give their views. The results were as follows:

- Overall satisfaction:
  - November 2018 85%
  - December 2018 89%
  - January 2019 93%

- Satisfaction rates with car parking provisions, in particular disabled spaces
  - November 2018 24%
  - December 2018 34%
  - January 2019 67%

- Day Centre patients on average rated the Parkdale site in the 90 to 95% range of satisfaction for all questions that they were asked.
- A total of 33% of respondents to the survey rated the environment as noisy in comparison to the Caulfield site.
- The survey indicated that between 85 and 92% thought that the hospital was quite clean and extremely or very hygienic.

This is the fourth year of data collection using the Patient Experience Tracker (PET) tablet device, which uses a simple five question set, covering a number of inpatient related activities. We continue to receive high patient satisfaction ratings in a number of patient interest areas, in particular relating to the food and the communication of information.

This year in line with the new National Safety and Quality Commission standards, Calvary services, have been sending out a short questionnaire via email, for those inpatients who are discharged, providing us with close to real-time feedback once patients are discharged from the ward.

The Victorian Health Experience Survey (VHES) is also sent to all our discharged patients and bereaved carers. Despite a low response rate of 40% (20 questionnaires sent, eight received) the responses showed that our services are greatly appreciated and highly regarded. In particular Q 33, 99% of respondents felt that all staff explained things in a way that could be understood.

Adverse events

During the reporting period there was no event that resulted in significant patient harm - no sentinel or reportable adverse event had a severity rating of one or two.

Complaints

There has been an increase in the amount of feedback we have received this year as we refine our patient centred care processes since our move to Parkdale. Staff have reported ongoing challenges working on a site that was not specifically designed for our patient group, including issues faced working with a reduced storage capacity for patient equipment as well as those posed by the age of the buildings.

2018	2019	Progress
20	25	**25 Complaints received for 2018/19 a 20% increase from 2018**
5% (1)	36% (9)	**Access:** Availability of services in terms of location, waiting times and other constraints that limit use of the service, in particular the car parking
45% (9)	16% (4)	**Communication:** Manner such as rudeness, disinterest, quality and quantity of information provided about treatment, risks, outcomes and prognosis
18% (3)	18% (3)	**Treatment:** Diagnosis, testing, medication and other therapies provided
15% (4)	20% (5)	**Atmosphere:** Physical aspect of the location
10% (3)	16% (4)	**Rights:** Dignity, consent to treatment
0% (0)	4% (1)	**Administration:** too many forms and repeating of information

Supporting patients from non-English speaking backgrounds

Victoria has a rich and diverse population and our patients and families reflect this. In 2018/19, just over one third of patients were born overseas. We care for patients from a wide variety of cultures and backgrounds and our policies, programs and services reflect and support this diversity.

Calvary Bethlehem provides interpreter services via the Victorian Interpreter & Translation services (VITS) and provided 23 different language interpreter services, including Australian Sign Language (AUSLAN), with some of the most frequently spoken languages in our community; such as Russian, Greek, Italian, Cantonese and Vietnamese. Of the 374 patients and relatives who required an interpreter all received assistance from a fully accredited interpreter with National Accreditation Authority for Translators and Interpreters (NAATI) accreditation.

CHCB Organisational wide WHS and Patient Safety Culture Survey

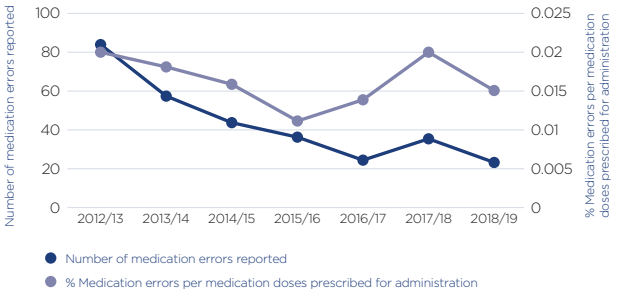
CHCB does not use the "People Matters" survey, however, the Quality and Safe Systems Manager undertook an organisational wide Work Health and Safety (WHS) and Patient Safety Culture survey in May 2019. This included all staff in relation to safety considerations that are required when caring for our patients in aspects of their care irrespective of the service stream they are engaged with. This survey was undertaken on the background of the best practice Australia staff survey 2017 and transitioning to the second edition of the national standards.

Overall, of the 8 questions asked, satisfaction of staff was in the 80% percentile. One quality improvement outcome of the survey was the introduction of the "you said we did" system of reporting systems improvement to both our staff and consumers. An example above.

Medication safety

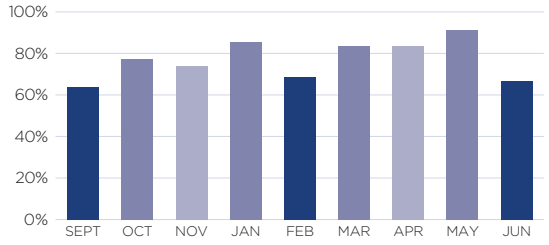
The Medication Safety and Blood Management Working Party has continued to encourage the reporting of all medication errors, including 'near-miss' incidents so that any shifts in practices which might result in potential error can be evaluated and systems put in place to deter or minimise the likelihood of the error recurring. The number of medication errors reported have remained consistent in comparison to previous years (shown below). This year the figure was 2.70 errors per 1000 overnight bed stays down from 2,78 last financial year. There was no significant patient harm caused by these errors.

Medication errors reported & % medication errors per doses prescribed for administration



Timely prescribing and administration of medications are essential in ensuring quality care. This year, the Medication Safety and Blood Management Working Party endorsed the ongoing auditing of time taken for medications to be prescribed at admission. Analysis of the audit (see chart below) shows that the time to prescribe at admission is prolonged during periods of the year when medical staff commence their new rotation. Work will be undertaken over the next 12 months to minimise the delay in prescribing medications at admission.

% Patients prescribed medications within 3 hours of admission



Hand hygiene

Hand hygiene results from the three audits conducted this year have given the hospital an overall compliance rate of 91%, which ranks CHCB in the top three Victorian public hospitals. With the move to Parkdale, work was needed to bring the facility up to standard in relation to hand hygiene product positioning and appropriate signage. Other audits within this area, such as the bare below the elbow requirement, have identified areas for improvement. This year also saw the formation of the Preventing and Controlling Healthcare Associated Infection Working Party with consumer input from a retired microbiologist. This consumer's contribution brought a different perspective to the working party which will benefit both patient and staff safety.

LGQBTIQ+ audit

In March 2019 we undertook an organisation-wide audit of our inclusive practice standards for lesbian, gay, bisexual, transsexual and intersex (LGBTIQ+) people. The audit covered the six Rainbow Tick Standards for LGBTIQ+-inclusive practice:

- organisational capability;
- workforce development;
- consumer participation;
- a welcoming and accessible organisation;
- disclosure and documentation; and
- culturally safe and acceptable services.

Overall, the audit was encouraging and indicated that the organisation is inclusive of the LGBTIQ+ community. However, it did highlight a small number of areas for improvement.

The audit found that CHCB needs to develop a system for monitoring our compliance with the standards. The development and implementation of this system has been included in the scope of work of the consumer engagement working party to action. The working party will also consult with LGBTIQ+ groups to identify gaps in current documentation and processes.

Advance care planning

CHCB continues to actively support patients and their families to discuss their future care wishes and to nominate someone to speak on their behalf if they become too unwell to do so for themselves. Our efforts have been directed towards updating our policies, procedures and documents that support advance care planning and ensuring that patients and families are informed of the legislative changes affecting medical treatment decision making. Changes to the Medical Treatment Decision Maker Act that took effect in early 2018 have led to an even greater focus on advance care planning.

Falls prevention

Staff and patients work together to prevent falls. Despite the high incidence of falls mainly due to the client group, we have a low rate of harm from falls.

The move to the new facility in Parkdale has provided extra challenges, with an increase in the number of single rooms making it challenging to maintain close visual observations of patients. A patients' desire to get up on their own to go to the toilet is one of our biggest falls risk, so we have worked hard to pre-empt patients trying to go to the toilet on their own by doing regular 'rounding' and proactive toileting regimes.

Our new individual patient communication boards keep patients informed about who are their primary carers and also improve communication between patients, families and staff about each patient's individualised care plan for mobility and transfers. Very few of our patients on the ward are able to walk independently, so it is vitally important for everyone to know which gait aids, wheelchairs and hoists are needed to ensure safe mobility.

Pressure injuries

Age, malnourishment, drug therapies and reduced movement due to medical conditions increase the risk of pressure injuries, so protecting the skin integrity of our patients is of paramount importance. When patients are admitted to the in-patient ward they are all assessed from a multidisciplinary perspective for risk of developing a pressure injury, led by the ward occupational therapist with the nursing staff. It should be noted that CHCB also treats a large number of patients who are admitted with pre-existing pressure injuries from the community or other hospitals.

When assessed, the occupational therapist will prescribe appropriate pressure injury prevention equipment. Despite the best care sometimes the fragility of a patient's skin and their lack of mobility can make pressure injury care difficult.

This year on the inpatient ward, the Occupational Therapist has played a significant role in pressure injury management. During the year she conducted a number of education session for the nursing staff, assessed all patients from admission to the ward instead of on referral and trialled a number of

different pressure relieving mattresses. Screening and assessment is also undertaken in the home on each visit from the Community Palliative Care nursing staff. If needed the community Occupational Therapist will undertake a specialist assessment and prescribe equipment appropriately for that person.

This year the Wound Management Working Party also commenced work on a quality improvement project to reduce the instances of pressure injury at CHCB. This project will be looking to trial a new type of pressure relieving mattress, along with 'rounding' to increase the nurses' patient interactions and the frequency of repositioning patients.

Clinical handover—communicating for safety

Communicating for safety is the new standard and term for clinical handover. This standard encompasses all forms of communication between clinicians and support staff involved in a patient's care and the transference of that care.

The standard applies from admission to discharge and includes all points along the patient journey at which critical information needs to be exchanged and where quality and safety implications exist for the patients care.

CHCB has identified numerous points in which these communication points arise and their risk is assessed. During the year, we have introduced a standardised system of communicating across all points of high-risk communication within CHCB, namely shift-to-shift handover between nursing, allied health, medical staff and outside agencies. This information will be conveyed using an internationally recognised acronym ISOBAR, which stands for

- identify;
- situation;
- observations;
- background;
- agreed plan; and
- read back.

Next year will see the standard rolled out across all points of high-risk transference of information.

Improvement Works for 2018 – 19

1. A suite of updated policy and procedures have been developed to define delirium, cognitive impairment and altered mental health functioning of our patients to assist staff in managing these situations.
2. Education developed with our Psychology and Neuropsychology departments and delivered through the Bethlehem Wide Education Program (BWEP)
3. Introduction of the international validated 4AT delirium screening tool to the inpatient ward
4. Planning to have a clock in each patient room to help with patient orientation to time and place

Cognitive Impairment - Dementia, Delirium, Possible Self Harm

Both cognitive impairment and delirium are associated with poorer health outcomes, particularly in older hospitalised adults. Cognitive impairment is common in hospitalised patients, and is highly prevalent in the palliative and progressive neurological patient groups supported by Calvary Health Care Bethlehem. Delirium causes significant distress to patients, families and staff, and impacts upon other symptom assessments. Delirium is a common and serious syndrome in hospitalised populations, yet is often under-diagnosed.

Early diagnosis of these conditions is important for management and prognostication, but also for creating a safe and caring culture that is sensitive to needs of patients with altered cognitive functioning.

Behaviours of concern, occupational violence and family violence

Over the year, there has been a 20% increase in reported incidents of occupational violence and aggression toward our staff. The majority of the 39 incidents were directed toward the nursing staff caring for some of our most vulnerable patients. Two relatives from different families accounted for 10 of the 39 incidents.

In the last 12 months, key staff have undergone extensive de-escalation training in addition to the many staff who have already received this training.

A whole-of-organisation risk assessment has recently been carried out to further examine different design alterations that can be undertaken in consultation with our consumers to protect our staff and keep our patients safe from these incidents.

CHCB has also strengthened its collaboration with Monash Health in the last 12 months, training our staff to identify and respond to any manifestation of family violence they may encounter. Heads of department and key managers received specific training over this time to respond appropriately when a staff member approaches them with a family violence issue.

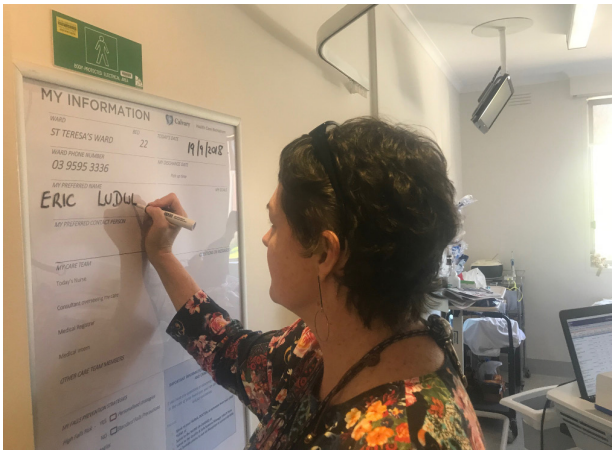
Occupational violence statistics	2018 - 19
Workcover-accepted claims with an occupational violence cause (per 100 FTE staff)	0
Number of accepted Workcover claims with lost time injury with an occupational violence cause (per 1,000,000 hours worked)	0
Number of occupational violence incidents reported	39
Number of occupational violence incidents reported (per 100 FT)	25.32
Percentage of occupational violence incidents resulting in a staff, illness or condition	0%

Recognising and Responding to Acute Deterioration

Early recognition of clinical deterioration is essential for timely escalation of care, clinical response and appropriate management of the patient's condition. The CHCB routinely uses track and trigger charts with mandated escalations if patients' observations fall into danger zones. These are used to avoid the slippery slope. CHCB has introduced a similar approach for mental health deterioration and does not practice seclusion for any patients

Improvement work continues including:

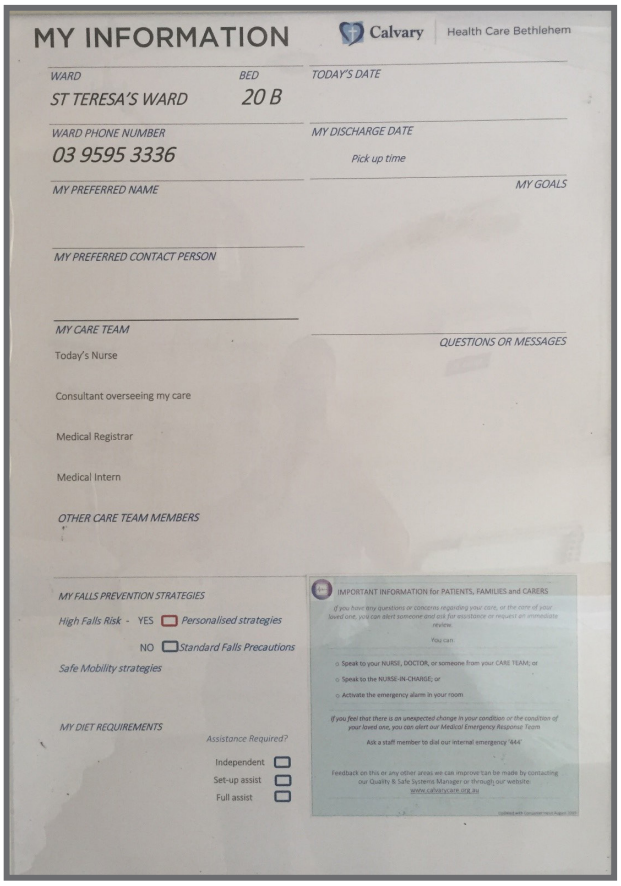
- Audit/measurement and documentation of observations on track and trigger charts to ensure mandated escalation of care
- Mandatory training of clinical deterioration
- Provision of basic life support
- The development of a standardised debrief forms to capture feedback from staff regarding emergency codes and potential areas for improvement
- Reinforcement of effective communication using ISOBAR with other clinicians for patients with potential or actual clinical deterioration
- Educating/assisting patients and families to escalate care if they have concerns
- Audit of rosters for after hours, public holidays to ensure adequate staff coverage/ skillset to manage emergencies i.e. BLS and ALS certification
- Updated anaphylaxis procedures



Patient and Carer Concern System

St Teresa's ward has a Patient and Carer Concern System which means a patient or carer has the right to escalate care and summons assistance if at any time they believe they or their loved ones' condition is unexpectedly declining or differing from agreed goals.

The White boards next to each bed contain the following message.



Accreditation

The Australian Council on Healthcare Standards (ACHS) accredited the health service in September 2016, with eight recommendations made. Those recommendations have since been completed, and will be signed off by the surveyors when they return in September 2019. During the year SAI global has audited the organisation in relation to the National Standards for Disability Service, the Department of Health and Human Service Standards and the National Disability Insurance Scheme (NDIS). The organisation has been accredited for all three standards with no recommendations. A further periodic audit will be undertaken in 12 months' time. Further to these standards, the Aged Care Quality Standards Agency also visited the health service and conducted a thorough inspection of the work that we undertake in relation to the aged care services we provide, both as a case management service and as an onward provider to Calvary Community Care of respite services to our clients who use the clinic social worker services.

Disability action plan

The CHCB Disability Action Plan 2019-2021 supports and reinforces the State Plan, providing a framework and the key actions CHCB will undertake over the next three years to advance our commitment to supporting people with disability and achieving our vision of WORKING TOGETHER TO LIVE WELL as a trusted provider of values based, specialist care. We provide support tailored to the individual needs of patients with complex progressive and chronic diseases, through collaboration, commitment, innovation and coordination and the unique spirit of 'being for others'.

Underpinning the DAP is the CHCB Disability Framework which has been developed through mapping both statutory and guidance document requirements to the context in which CHCB operates and delivers services.

The DAP aligns our local actions to fulfill Calvary Health Care, Victorian Government and the Department of Health and Human Services (DHHS) priorities aligned to the Disability Act 2006 (Vic) and the Absolutely everyone: State disability plan 2017-2020. Actions are divided under each of the CHCB Disability Framework priority areas with each action notated as to its alignment to requirements of the Disability Act, as well as Victorian government specific outcomes as articulated in the State Plan, and CHCB deliverables as documented in the Statement of Priorities.

Achieving the actions outlined in the DAP will enable CHCB to achieve changes in attitudes and practices advancing our commitment to the support of people with disability and achieving our vision of WORKING TOGETHER TO LIVE WELL.

At present CHCB is finalizing our disability action plan, in the meantime we are consulting people with disability, which includes staff, health consumers and community members.

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Health Care Bethlehem