Calvary

Health Care Bethlehem

QUALITY REPORT
2017-2018

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 provided 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.

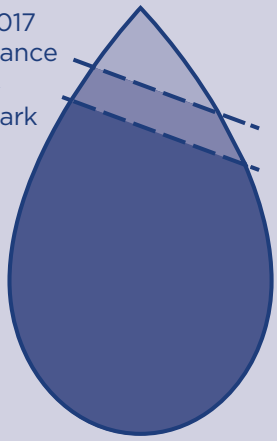
This development will improve the care and service given to our patients and residents through an integrated service model that provides flexibility in care provision whilst improving the amenity of the site by providing new buildings, clinical hubs, residential space and designated green and social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

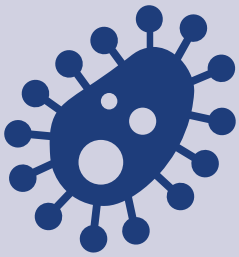
Hand hygiene

How clean are our hands?

90.6% CHCB 2017 Performance

80% Industry benchmark





Staph Aureus Bactermia

How robust are our infection controls?

0.0/ 10,000 OBD CHCB 2017/18 performance

0.87/ 10,000 OBD Industry benchmark

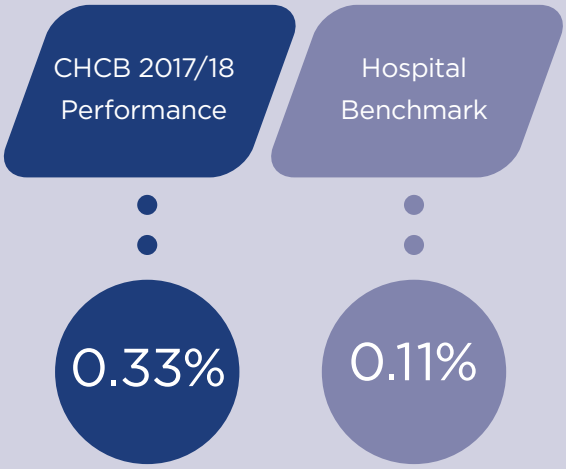
Medication

Medication errors requiring interventions

2.78/ 1000 OBD CHCB 2017/18 performance

<0.5/ 1000 OBD Industry benchmark

Pressure injuries



Patient falls

CHCB 2017/18 performance

8.67/ 1000 OBD

Industry Benchmark

5.0/ 1000 OBD

Staff

Flu Immunisation

86% CHCB 2017/18 performance

75% Industry benchmark

Complaints

18 3.5 days average to resolution

* OBD = Overnight Bed Stay

Aboriginal Health

During 2015 CHCB undertook an Aboriginal and Torres Strait Islander Community Cultural Safety Audit, which identified a number of areas for improvement to ensure our service is culturally sensitive. We intend to repeat this audit once we have transitioned to the Parkdale site during the latter part of 2019, which will feed into and inform the Community development action plan. We also intend to undertake audits for our top 4 culturally and linguistically diverse (CALD) communities later in 2018.

Though the Aboriginal and Torres Strait Islander population in our catchment area is small, there is a need to ensure a culturally safe and secure environment for the Aboriginal and Torres Strait Islander people that access our service. This requires us to collaborate with Aboriginal community groups 'health care workers and providers to address the social and cultural determinants of health, including but not limited to:

- Connection to family, community, country, language and culture,
- Racism,
- Housing, environment and infrastructure,
- Health choice,
- Food security and
- Cultural beliefs and practices

It is essential the voices of vulnerable groups be heard if we are to realise improved health outcomes through culturally appropriate care. With this in mind a Reconciliation Action Plan (Plan) will be developed and implemented as part of our consumer engagement framework.

Family Violence

Calvary Bethlehem in partnership with Monash health will be undertaking a campaign of family violence awareness training initially for all heads of department and then rolled out for all staff. The health service has also developed a policy and procedure using the Strengthening hospital responses to family violence resources, which have been made available through the Royal Women's hospital.

Are you scared of someone you know?

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

Child Safe Standards

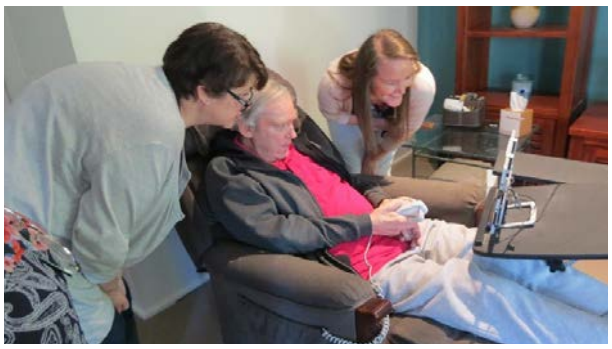
As a specialist palliative care provider, Calvary Bethlehem does manage the palliative care needs of approximately 10 to 15 children a year. These children are seen in a community setting and involves a limited amount of highly trained specialist community palliative care medical and nursing staff. The hospital complies with the child safe standards and has an ongoing action plan which is reviewed quarterly to ensure that we are compliant with the standards.

Consumer, carer and community participation – patient experience

The Victorian HealthCare Experience Survey (VHES) gathers feedback from patients who have recently attended Victorians public health services. The survey is conducted on behalf of the Department of Health and Human Services (DHHS) by Ipsos, an independent company. In the case of Calvary Bethlehem patients, it is distributed our Neurological Rehabilitation cohort of patients only. Unfortunately, Calvary Bethlehem did not receive a report due to not achieving the required response rate of 42 responses. Next year will see this reduced to 11 and therefore it will generate a report.

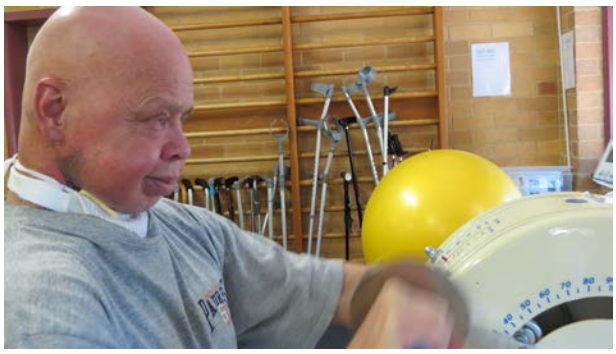
This financial year there has been a major focus on analysing the different forms and types of feedback that we get as a health service from patients and carers. A small time-limited working party led by the Director of Clinical Services developed a feedback strategy for patients and families which included a mapping exercise of all types of feedback that staff at Bethlehem receive, both positive, negative, formal and informal. Further work is required during the next year to implement this strategy, which will see much more responsive mechanisms to report feedback to appropriate staff, and improving the patient experience.

In tandem with the work being done by the feedback working party has been the continual collection of patient experience data using the Patient Experience Tracker (PET) tablet devices.



Throughout the year the Quality and Safety department with the aid of the volunteers have been collecting 'in the moment' information from patients and carers on a range of topics. This is the third year of data collection that the average patient experience ranked in the high eightieth percentile range. Results from the PET information, similar to the previous years have seen further improvements in patient meals, especially in relation to patients who need textile modified meals. The question sets will be reviewed once we move to the Parkdale site, as a different built environment will require other areas of the patient experience to be explored.

Supporting Palliative Patients with Exercise



This innovative exercise program began in late 2017, to enable people with life-limiting illnesses to come together for some gentle exercise. It's part of the CHCB Palliative Living Well program, which supports people to live as well as possible, despite increasing disease burden.

The pilot program was the focus of the CHCB 2017 Christmas Appeal, which has allowed the program to increase from once weekly sessions in 2017 to twice weekly during 2018.Participants have enjoyed the opportunity to socialise with others who are undergoing similar challenges, as well as maintaining their fitness as much as possible. For people who have a progressive disease, loss of function and independence is a common experience and a significant contributor to a diminished quality of life. Having an exercise program specifically tailored to their needs, even in the advanced phases of an illness, can help a patient to maintain or restore function, and assist in the retention of mobility, independence and quality of life for the patient and their families.

Future plans include evaluation of the program and also working collaboratively with other organisation's to encourage more of these ground-breaking programs.

Integrated ward model of care

Over the last 12 months, a number of activities have been trialled and implemented to improve the integrated ward model of care on St Teresa's Ward. A senior multidisciplinary team met on a regular basis to discuss potential improvements to the current model resulting in the improvement of several activities.

The team oversaw the development of a document that defines and guides roles of medical staff on the ward. The clarification of the responsibilities of interns, registrar, residents, and consultants, and how they interact with one another is ensuring the best possible care for patients.

The team also reconvened multidisciplinary ward team meetings on Monday afternoons, freeing clinical staff up in the morning to better prepare. Being more fully prepared to discuss their patients has led to better health outcomes for the patient and a better learning experience for those involved in the meetings.

In an effort to improve the sharing of ideas and to improve inter-disciplinary teamwork on the ward, two multidisciplinary ward rounds were reintroduced. Ward rounds are well-attended and have resulted in a better learning environment.

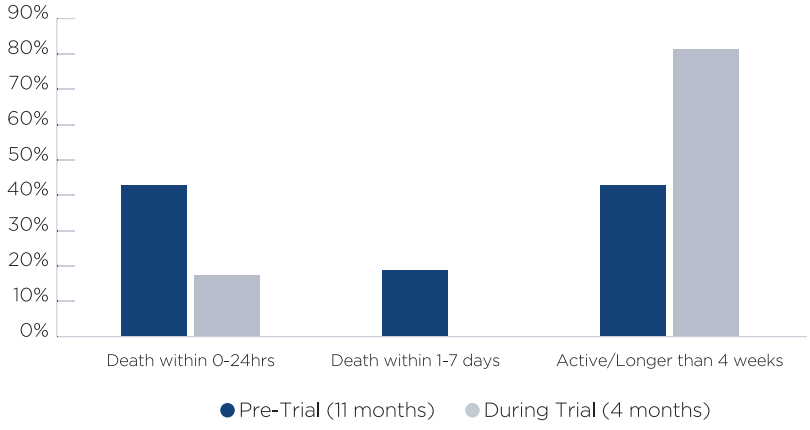
Building palliative nursing capacity through collaborations with residential care facilities

A review of referrals into Calvary Health Care Bethlehem (CHCB) from residential care homes showed that 50% of those referred to our service died either before the Community Palliative Care Service (CPCS) assessment process had commenced or within 48 hours after admission. In order to build the capacity of referring facilities to identify palliative care residents earlier and in keeping with our role as a specialist palliative care service, we approached two residential aged care facilities at the end of 2017 to discuss the possibility of becoming trial sites for an in-reach program. In January 2018, our staff began by gathering information about methodology, staffing ratios, and palliative care process, which informed the beginning of the trial.

As a result of the research, the in-reach program was developed to provide the aged care facilities with the skills and knowledge to better identify residents who are on the palliative pathway so that they can engage with palliative services earlier.

The Palliative In-Reach Program has proactively identified palliative patients. Based on work already published by Calvary in Canberra and the Australian Catholic University, guidelines/ triggers have been identified and given to the trial sites to help them identify residents that could be considered for palliative care at newly-formed needs identification meetings, held monthly at each aged care facility.

Comparing Effect of Trial on Stage of Referral into CPCS



Supporting patients from non-English speaking backgrounds

Victoria has a rich and diverse population and our patients and families reflect this. In 2017/18, just over one a third of patients were born overseas. We care for patients from a wide variety of cultures and backgrounds and out policies, programs and services reflect and support this diversity.

Calvary Bethlehem provides interpreter services via the Victorian Interpreter & Translation services (VITS) and provided 34 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 254 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.

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.

Falls prevention

The prevention of falls has remained a high priority at CHCB, due to the high falls-risk population in our inpatient ward. We have continued our regular activities such as falls prevention audits, examination of falls data for modifiable risks, ongoing staff education, multidisciplinary falls-prevention meetings and implementation of environmental measures (such as falls alarm mats and floor line beds).

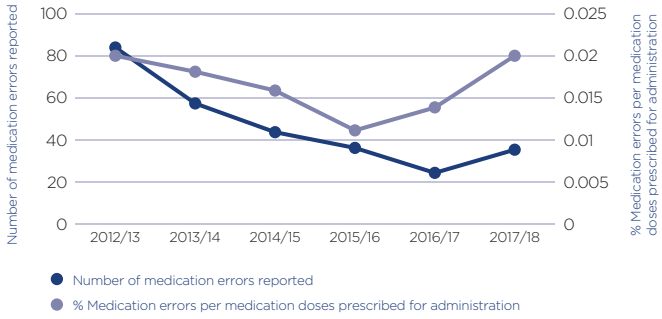
An additional activity we focussed on this year was April NO Falls month. To highlight falls prevention during April we produced a banner which greeted patients and families on arrival. We also carried out several 'short and sharp' education sessions for nursing staff on topics such as completing the Falls Risk Action Plan, appropriate use of falls alarms and procedures to follow after a fall. A service-wide education session included a talk by a pharmacist on medications that increase falls risk, a physio talking about falls prevention measures, another physio talking about falls risk and management for people with Huntington's Disease and a doctor using a case study to illustrate management of falls risks.

Despite the challenges of preventing falls in a patient population who commonly have impaired mobility, as well as cognitive impairments and high medication use, we remain committed to ensuring our patients are as safe as possible during their inpatient stay.

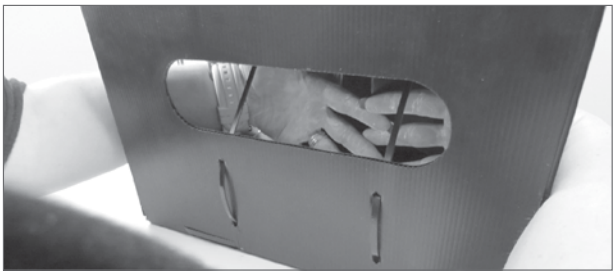
Medication safety/ Adverse events

The number of medication errors reported in the last financial year have remained consistent in comparison to previous years (fig 1) and the Medication Advisory Committee has continued to encourage the reporting of all medication errors, including 'near-miss' incidents so that any shifts in practices which might result in error or potential error can be evaluated and systems put in place to deter or minimise the likelihood of the error from recurring. The reporting of the administration of an immediate release analgesic medication instead of a slow release medication resulted in an in-depth enquiry into why this error happened, any causative or contributing factors which may have been involved and what systems could be introduced to prevent this error from recurring. Strategies introduced following the investigation included separating the storage of immediate release and slow release analgesic medication, use of separate administration record registers, alert labelling of high risk medication and staff education.

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



With the use of an electronic medication management system there is an endless availability of data which previously could not be captured with paper based medication charts. An example of how data has been used to improve patient care has been the analysis of patient admission times compared to the time at which medications are charted for the patient. A retrospective audit done in December 2017 showed that too many patients did not have their medications charted within 3 hours of admission. With improved communication between nursing, medical and pharmacy staff and the recognition that timely prescription of medications at admission is important for good patient care, the percentages of medication charts prescribed within 3 hours of admission has risen from 43% (November 2017) to over 80% (May 2018). During the year there were no adverse events involving medication reporting..



Hand hygiene

Our compliance rates have remained consistently high throughout the year, so much so that, according to Safer Care Victoria, we have been the best performing Victorian public hospital this year. Rates have averaged 90.6%, with our nursing and medical staff the most compliant. The importance of correct and timely hand hygiene cannot be over stated, 'it only takes 30 seconds to save a life' has been the hand hygiene campaign slogan.

This year also saw the expansion of the clinical areas that we monitor to include the state-wide PND clinics. Monitoring has also been more thorough with auditors dropping in unannounced and acting as 'secret shoppers' to check compliance. Indeed, this approach has shown consistently that our staff are using the World Health Organisations (WHO) '5 moments of hand hygiene' to a high level of compliance.

Staff Influenza Immunisation

The influenza immunisation protects staff, volunteers and patients. As the hospital cares for some of the most vulnerable in our community, we strongly encourage our staff to participate in our free influenza program. The DHHS sets a target of 80 per cent compliance for influenza vaccination. Our annual staff influenza campaign ran from 2 April to 31 July in 2018 with 86% of our staff, volunteers and a number of visitors and contractors being vaccinated.

Patient escalation of care

Even though are patients are of a palliative nature, we need to escalate their care on occasion due to an acute episode. Each room has a poster alerting any member of the patient's family to call for help. The staff in turn then use a modified system of reporting called ISOBAR, which relates to a simplified and standard way of talking to medical staff over the telephone. ISOBAR stands for:

I = Identification of the patient

S = Situation & Status

O = Observations

B = Background

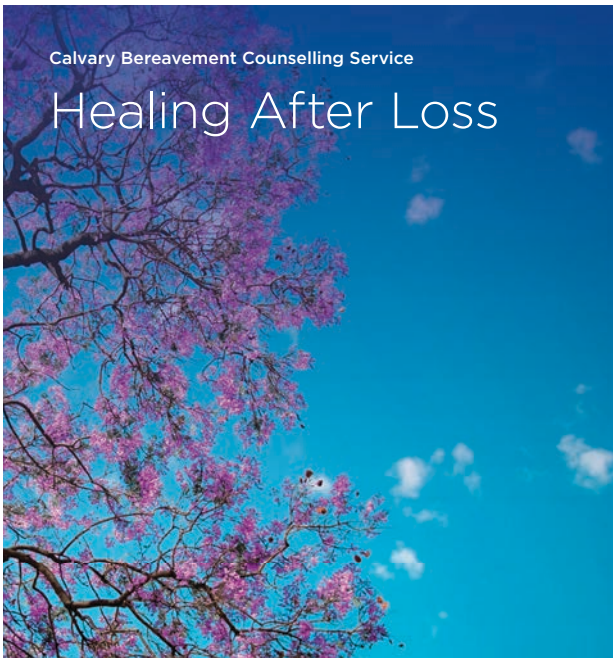
A = Assessment and Actions

R = Response and Request

This process is used outside of normal business hours of 0830 to 5pm as the hospital has only on-call medical staff outside of these hours. Calvary Bethlehem is looking to develop in the next 12 months a system of patient escalation, which will activate a modified Medical Emergency Team (MET) led by a senior member of the nursing staff.

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 on 12 March 2018 have led to an even greater focus on advance care planning.



telephone surveys and a focus group. Key findings included overwhelming positive regard for the services provided by CHCB including bereavement care, high satisfaction with the current bereavement follow-up process, and the positive response to proposed changes including routine provision of the Calvary "Healing after Loss" booklet, a new consenting process and creation of bereavement support groups.

Outcomes from this review included a new bereavement care policy and procedure, revision of bereavement letters to reflect resilience models and the development of an auditing system.

End of Life Care

As a specialist provider of palliative care, of which end of life care is a component Calvary Bethlehem has a focus on person centered services, which is Priority 1 of Victoria's end of life and palliative care framework, A guide for high-quality end of life care for all Victorian's. This incorporates that:

- A person's care is individualized
- Families and carers are supported and valued
- People have information that supports decision making
- People have opportunities to develop their advance care plan

Bereavement care is an essential component of the care offered to family and friends of our patients. This year we undertook a review of our bereavement services that was designed to bring the consumer voice to the forefront in the design and implementation of bereavement care within CHCB. A random sample of 25 bereaved family members and friends provided feedback through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