

2012

MALDON HOSPITAL Quality of Care Report

Keeping Active



MALDON HOSPITAL  
*Committed to care since 1859*



## DIRECTOR OF NURSING REPORT – Jan Hutchinson

It is my pleasure to introduce the Maldon Hospital Quality of Care Report 2011 – 2012. This report is part of our communication with the community to assure you that we are providing safe services and to inform you of what we are doing to improve the quality of care we provide. In November 2011 we welcomed Dallas Coghill to Maldon Hospital as the Clinical Care Co-ordinator, and already he has demonstrated a commitment to continuous quality improvement and person centred care. Under his direction the nurses and personal care workers have reviewed documentation processes, audit schedules and reporting systems.

The staff has at all times during the year demonstrated an ongoing dedication to providing the best outcomes for our residents, patients and the organisation. The collaboration between medical, nursing, personal care, hotel services and management has been very effective in providing best practice person-centred care during a very busy year.

Dr Chris Fowler and employees of the Maldon Medical Clinic, located within the hospital grounds, provide an invaluable readily accessible service for our clients including medical assessment, ongoing reviews and medication management. Castlemaine Health, located a thirty minute drive away, provides contracted support services including the provision of meals, maintenance, human resource management, financial and cleaning services. It is becoming more difficult for rural health services to operate given the strict regulatory compliance obligations that are now required and we are lucky to be able to collaborate with such wonderful organisations to ensure the ongoing sustainability of the Maldon Hospital.

I would like to thank the Board of Management and all staff and volunteers who have contributed, once again, to providing the best possible service to our community at Maldon.



**Jan Hutchinson**  
*Director of Nursing*



Dr Chris Fowler and employees of the Maldon Medical Clinic, located within the hospital grounds, provide an invaluable readily accessible service for our clients



New Nurse Unit Manager, Dallas Coghill, and Health and Wellbeing Coordinator, Jacinta Onans, sing some Christmas Carols with residents



## ACCREDITATION

Accreditation is a process whereby external assessors assess our compliance with meeting stringent healthcare accreditation standards established by approved accreditation organisations. These standards are developed to be an effective measure of safe and effective care and continuous improvement.

### Improvements we have made in the last 12 months

As an outcome of regular system reviews there have been many quality improvement activities completed. These have been reported to our Board Of Management and include:

- An increase in the Health and Wellbeing hours in the two residential facilities ensuring all residents are able to benefit from the program
- A review of the Urgent Care Services provided at Maldon Hospital and the introduction of appropriate signage
- The purchase of a portable PA system for use at resident meetings, functions and activities
- The introduction of Credit Card Payment facilities to all clients enabling the ability to pay over the phone

## ABORIGINAL AND TORRES STRAIT ISLANDER PATIENTS (ICAP) PROGRAM

The Improving Care for Aboriginal and Torres Strait Islander Patients (ICAP) program was established in Victoria in late 2004 in response to research that identified that Aboriginal and Torres Strait Islanders have more health problems than the general community. Staff have procedures to follow to improve health for members of this community if they are admitted, however there have been no Aboriginal or Torres Strait Islander clients this year.

Department of Health Cultural Diversity Standards	
1. A whole of organisation approach to cultural responsiveness is demonstrated.	Planned Improvement: Our education program was reviewed to ensure that all relevant staff have access to cultural education.
2. Leadership for cultural responsiveness is demonstrated by the health service.	Achieved: Annually an Access and Inclusion Plan which incorporates cultural diversity is submitted to the Department of Health.
3. Accredited interpreters are provided to clients who require them.	Achieved: No clients required the use of an interpreter during this year. Access to interpreter is available for any client who requires one. Translated materials and resources can be provided in any required language.
4. Inclusive practice in care planning is demonstrated including, but not limited to, dietary, spiritual, family attitudinal, and other cultural practices.	Achieved: Cultural considerations are incorporated into Care planning for all clients if required.
5. Cultural and Linguistically Diverse (CALD) consumer, carer and community members are involved in the planning, improvement and review of programs and services on an ongoing basis.	Regardless of nationality all community clients are invited to provide input into the planning and development of services at Maldon Hospital.
6. Staff at all levels are provided with professional development opportunities to enhance their cultural responsiveness.	Achieved: During 2010-12 Education in cultural responsiveness was provided to 100% staff. Out of two senior staff two attended training in cultural responsiveness during this two year period. Planned Improvement: Ensure cultural responsiveness training continues as a regular topic in Mandatory Training.

Type of Accreditation	Current Accreditation Status
Australian Council on Healthcare Standards (ACHS)	Acute Services accredited until 2012. A successful alignment survey (aligned with Castlemaine Health) conducted Sept 2010.
Aged Care Standards Accreditation Agency (ACAA)	Jessie Bowe Hostel was re-accredited until 2015 following a very successful audit in March 2012. Mountview Home is accredited and due for a reaccreditation audit June 2013.
Home and Community Care (HACC) Standards	New Community Common Care standards introduced March 2011. (Awaiting assessment).

	CALD Patients Admitted to Our Acute Units 2010/11			
	2011/12	2010/11	2009/10	2008/9
Aboriginal and Torres strait Islanders	0	0	0	0
Clients requiring an interpreter	0	0	0	0



## RISK MANAGEMENT PROGRAMS

Maldon Hospital has a risk management framework in place which is appropriate to the size and scope of the facility services. The framework includes a Risk Management Policy, risk register and established controls for all identified risks.

### Incident Reporting

All staff members are required to report incidents and near misses using a computerised reporting system to enable analysis and trending to ensure steps are taken to prevent similar events in the future. All incidents and near misses are reported monthly to the Occupational Health & Safety Meeting and discussed at the Continuous Improvement and Risk Management Committee if appropriate.

### Clinical Governance

The Clinical Governance Committee, a subcommittee of the Board of Management, was established in 2009. This committee oversees that systems are in place, including clinical procedures and audits, to ensure safe clinical practice. The committee monitors the numbers of falls, pressure ulcers, medication errors and any relevant clinical risk issues. There were no severe clinical incidents this year.

### Staff Credentialing

All contracts for new employees of Maldon Hospital are managed through the Human Resource Department of Castlemaine Health which uses a process called "credentialing" to ensure our health care professionals have the necessary skills and qualifications to provide high standards of care. Medical Practitioners; Nurses; Pharmacists; Physiotherapists; Podiatrists; Psychologists, and several other specialists, are registered with The Australian Health Practitioner Regulation Agency (AHPRA) to ensure that a

professional who has been banned from practising in one place is unable to practise elsewhere in Australia.

Police Checks are compulsory for staff prior to employment and then three yearly.

### Medication Safety

Ensuring the safe use of medications is a high priority. A system of safety checks occurs prior to each person being administered medication to ensure the correct medication and dose is provided. Medication errors (variances) are recorded on an incident report and reported to the Continuous Improvement and Risk Management Committee and the Medication Advisory Committee at Castlemaine Health which results in an analysis occurring to reduce the risk of reoccurrence. During this year there have been no errors that have resulted in effects on client health.

### Improvements

- Reintroduction of annual medication competencies for all Registered Nurses and Endorsed Enrolled Nurses
- Review of medication charts

### Residential Care Quality Indicator Program

During 2006 the Department of Health introduced the "Quality Indicator System" whereby three monthly audits are conducted and sent to the Department for benchmarking. The areas audited are falls, pressure areas, polypharmacy (residents on more than nine medications), restraint use and weight loss. We are delighted to say that we have achieved very well when compared to other residential facilities across the state for all indicators. The results of the audits and benchmarking comparisons are reported to our Clinical Governance Committee.

“

Police Checks are compulsory for staff prior to employment and then three yearly.

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*We are delighted to say that we have achieved very well when compared to other residential facilities across the state for all indicators*

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### Falls Monitoring & Prevention

Over many years Maldon Hospital has been working to reduce the risk of client falls. On admission all clients are assessed for their risk of falls and an individualised falls prevention plan is developed. Any fall that occurs is registered on the incident data base and individually analysed to see if there can be steps taken to reduce the risk of that client falling again.

#### Improvements

- Introduction of Sensor mats that notify staff if a confused client is walking without assistance
- All falls individually analysed and many individual strategies implemented to reduce falls risk

### Pressure Area

Damage to the skin caused by unrelieved pressure is called a pressure area. This damage can range from skin discolouration through to deep ulcerations and is a preventable injury. An assessment is completed on admission of all clients to determine the degree of risk. For example someone who cannot move independently will be at high risk of developing a pressure ulcer and an appropriate care plan will be developed to reduce the likelihood of occurrence. This may include the use of pressure relieving mattress and/or cushion, frequent position changes and a review of nutritional status. During the year there have been no Stage 3 or Stage 4 pressure injuries (which are the most severe categories).

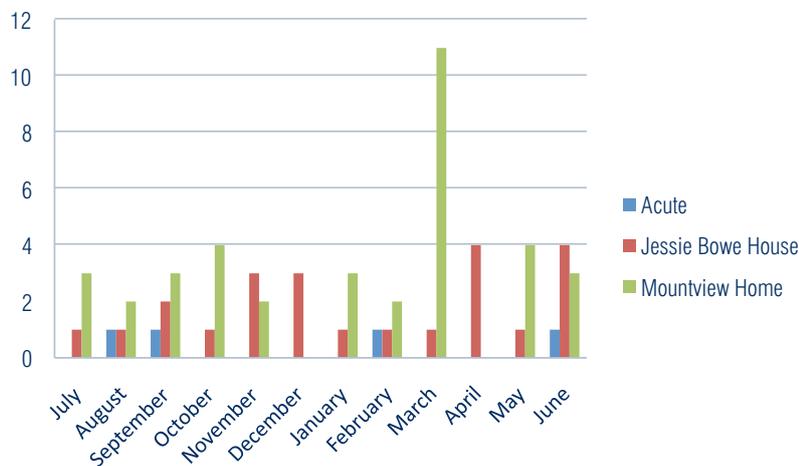
#### Improvements

- Annual audit of client care plans to ensure appropriate strategies implemented

#### Planned improvements

- Implementation of a new assessment system which will introduce additional degrees/stages of pressure areas

NUMBER OF FALLS PER MONTH FOR 2011- 2012



### Unplanned Weightloss

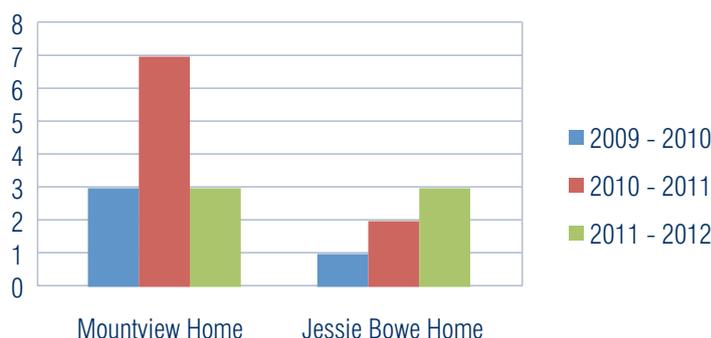
Weight loss in the elderly client can be difficult to evaluate. When a client has multiple medical problems and is taking several medications it can be very difficult to understand why our clients are losing weight. All residents are weighed at least monthly and any incidents of unexplained weight loss are examined to ensure that we reduce risk of any client being malnourished. An individualized care plan is developed for all clients including assistance required, special diets, preferred foods and aids required to assist with nutrition. Referrals are made to dietitians when appropriate.

### Blood

Use of blood transfusion and blood products is infrequent at Maldon Hospital. There are no blood products stored on the premises and there is an established agreement with Red Cross that any blood product required will be delivered when required. All blood products are administered by a Registered Nurse Division 1 or Doctor according to a detailed procedure and following the provision of informed consent by the client.

During the year there have been two blood transfusions provided at Maldon Hospital

The number of residents who lost >3 kgs in weight over a 3 month period





## INFECTION PREVENTION AND CONTROL

Infection control and prevention uses a risk management approach to minimise or prevent the transmission of infection. Standard precautions are work practices required for the basic level of infection control. They include good hygiene practices, particularly washing and drying hands before and after client contact, the use of protective barriers which may include gloves, gowns, plastic aprons, masks, eye shields or goggles, appropriate handling and disposal of sharps and other contaminated or clinical (infectious) waste, and use of aseptic techniques. Additional precautions are implemented for clients known, or suspected, to be infected or colonised with infectious agents that may not be contained using standard precautions alone.

Infection Control Coordinator, Kathy Harding, provides ongoing infection control education and monitoring of practices and incidences of infections. It was pleasing that once again we had no multi-resistant organisms, blood stream infections, surgical site infections or occupational exposures reported.

### Improvements

- The Boostrix Vaccine, which includes whooping cough and tetanus boosters, was offered to staff for the first time as an extension of the staff health program



Hand hygiene is our biggest strategy to reduce infections. All staff and visitors are requested to use the alcohol hand rub that is located at the entry to each facility.



### Staff Immunisation

Staff immunisation is important because health workers are at risk of some vaccine preventable diseases and are also at risk of spreading diseases to susceptible clients. Free vaccinations are provided to staff to reduce these risks.

% Staff Immunised	2012	2011	2010	2009
Influenza (including swine flu 2011)	61	66	58	70
Boostrix	54	0	0	0

### Hand Hygiene

Hand hygiene is our biggest strategy to reduce infections. All staff and visitors are requested to use the alcohol hand rub that is located at the entry to each facility. To ensure staff are compliant with this hand hygiene best practice, regular audits are attended and results reported to our Board of Management.

Maldon Hospital Audited Hand Hygiene Compliance %				
2012	2011	2010	2009	2008
88	89	91	93	85

### Cleaning

The facility is compliant with the guidelines "Cleaning Standards for Victorian Health Facilities". Cleaning audits are completed by a qualified auditor three times a year and reported to the Department of Health. One of these audits must be conducted by an external auditor.

Year	External Cleaning Audit % Compliance (85% is the required pass rate)
2011/12	Overall facility score 92.25%
2010/11	Overall facility score 94.3%
2009/10	Overall facility score 89%



## CONSUMER PARTICIPATION

The Department of Health “Doing It With Us Not For Us: Strategic Direction 2012-13” provides guidance for all health care services to ensure consumer participation is optimised and feedback and input into the facility decision making is promoted.

Maldon Hospital’s Action Plan in Relation To “Doing It With Us Not For Us-Strategic Direction 2010-13” Policy		
Action	Achievements	Planned Improvements
Participation policy in place.	In progress.	
Community Participation Plan.	In progress.	Strengthen the contact with community to encourage ongoing community input.
Community reporting in place through a range of approaches.	Reporting in place including Quality of Care Report, Annual Report, staff representation at community meetings and articles in the local paper.	
Cultural Responsiveness Plan.	Implemented and included within the facility “Access and Inclusion Plan”.	
Improving care for ATSI patients program.	Procedures established.	Additional work to be undertaken to extend our services in relation to ATSI.
Disability Action Plan.	Incorporated within the “Access and Inclusion Plan”.	Ongoing review occurs through key committees.
Process in place to consult and involve consumers.	Community forums, advisory committees, feedback forms and satisfaction survey.	
Staff capacity building to support participation.	Procedures incorporate capacity building where appropriate.	
Consumer information provided in appropriate format.	All client care information resources produced, revised or adopted are assessed against “checklist for assessing Written Consumer Health Information (Currie et al (2000)).	
Inclusion of community into –strategic planning, program development, quality improvement, feedback systems, development of health information.	A survey was conducted in 2011 that established that the community did not want a Community Forum/meeting.	Open door policy to community members to encourage feedback.



**Comment from the Victorian Patient Satisfaction Monitor Survey:**

*“We are so lucky in this little town of Maldon to have such a wonderful little hospital like the Maldon Hospital.*

*I was there for three days and enjoyed every moment of it. The staff were so helpful and it was a happy place to be.”*



Doing it with us not for us: Strategic Direction 2012-13” provides guidance for all health care services.





## MONITORING OF SATISFACTION

Inpatient surveys and annual resident satisfaction surveys provide us with valuable feedback that we use to measure our ongoing performance and plan improvements. We also offer acute patients the opportunity to participate in the Victorian Patient Satisfaction Monitor (VPSM), however because of our small size the results are not considered reliable.

Survey Used		Results %	DoH Target %
VPSM	Insufficient separations to receive results.		
Acute In-patient Questionnaire	Involvement in decisions about their care and treatment rated as "satisfied" or "highly satisfied"	100	90
Residential Care Survey	Involvement in decisions about their care and treatment rated as "satisfied" or "highly satisfied"	98	75

### Feedback Management

Maldon Hospital welcomes and encourages feedback from our clients, carers and community. During the year we incorporated the Castlemaine Health Quality Department as advisory, when necessary, to ensure that all complaints are analysed by an external person, if required, adding to the robustness of the evaluation system. Any issue identified through the feedback system provides us with an opportunity to review our services.

Feedback forms are available in the front foyer and within the units.

As a result of feedback this year the following has occurred:

- Review of medication procedures
- Staff education in relation to medication procedures

### HEALTH PROMOTION

Health promotion creates opportunities for individuals and communities to understand what influences their health and wellbeing and what they can do to improve them. To promote healthy living the facility participated in activities including Tai Chi, Pole-Walking Groups and Volunteering Programs.

Opportunities for health promotion are also provided through the facilities partnerships with the Men's Shed, the Maldon Bridge Club, and the Diabetes Prevention Program.



During the year we incorporated the Castlemaine Health Quality Department as advisory, when necessary, to ensure that all complaints are analysed by an external person



#### Quotes from Resident and Next of Kin Satisfaction Survey 2012:

*"I have no complaints-everything is there, everyone's happy to help you - I'd rather be here than home".*





## HEALTH AND WELLBEING PROGRAM

The resident's Lifestyle Program was reviewed and renamed the Health and Wellbeing Program. Additional staffing hours were added to the program to ensure that there is adequate time for individual resident activities, documentation and planning.

The program in the words of coordinator Jacinta Onans: "Strives to contribute to the emotional and physical health of its residents through creating an environment in which they can continue to experience a sense of purpose and meaning in their life". To achieve this goal the activities program aims to represent at the highest level, the ideals embodied in "person-centered care".



Resident Sumiko Yoshitake showing off her beautiful kimono during fashion week



**Quotes from Resident and Next of Kin Satisfaction Survey 2012:**

*"I think all the staff is very kind and I feel very confident to leave my mother in their care. Thank you all!"*



Pictured enjoying Oaks Day activities is resident Rita Taylor with her niece, ex staff member, Wilma Allan



The program in the words of coordinator Jacinta Onans: "Strives to contribute to the emotional and physical health of its residents through creating an environment in which they can continue to experience a sense of purpose and meaning in their life



## COMMUNITY AND CORPORATE SUPPORT

On behalf of the Board of Management, residents, patients and staff of the Maldon Hospital, it is a pleasure to acknowledge the kind and generous support of:

W Barnes & L Craig	\$120
Michelle Paul	\$480
John & Julia Fitton	\$300
TL Oostenbrink & SL Veal	\$200
Maldon Gallery	\$60
Muriel Batchelor	\$100
Mr Batchelor	\$140
Maldon Golf Club	\$1,800



Residents enjoying the Queens Jubilee morning tea



Social support activities, often assisted by volunteers, and Planned Activity Groups are available for frail aged clients and also younger people with a disability



### Home and Community Care Activities

Social support activities, often assisted by volunteers, and Planned Activity Groups are available for frail aged clients and also younger people with a disability. The programs are generally of a short duration, emphasising physical activity, social connection and wellness. This year we have incorporated the Department of Health's Active Service Model (ASM) whereby our programs focus on promoting functional independence through encouraging, optimising, and where possible extending a person's capabilities.

### District Nursing

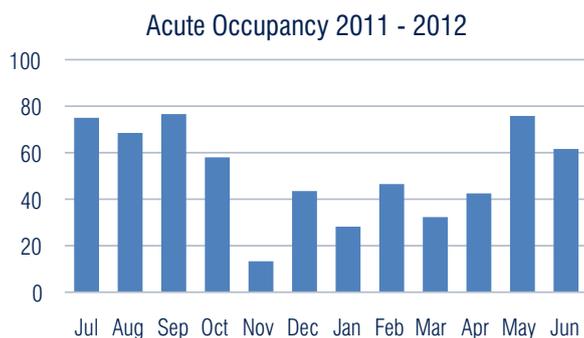
Maldon Hospital Nurses travel seven days a week from Welshman's Reef to Laanecoorie, Baringhup to Walmer providing home based services including nursing care, health education and promotion.

In The 2011-2012 financial year there has been a total of 1,558.3 in home hours. A total of 3,694 visits were attended.

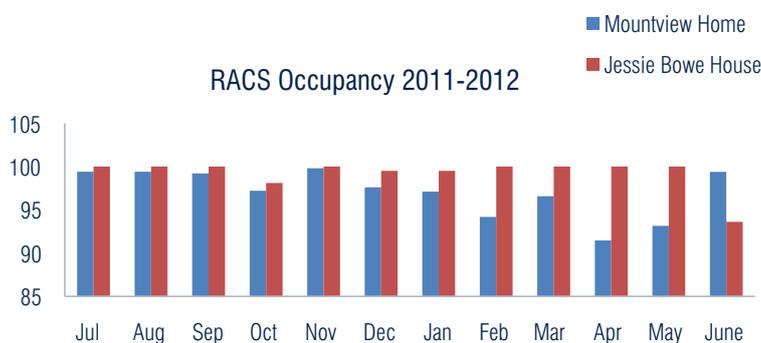
Funding streams:

- 12 veterans were visited with a total of 991 visits taking 374.6 hours
- 1 Extended Aged Care in the Home (EACH) package clients
- 1 Transport Accident Commission client (TAC) - 1 last year
- 1 Hospital In The Home clients (HITH) - 2 last year
- 89 Health and Community Care clients (HACC) - 112 last year. 14 of these palliative - 11 last year

### Acute Inpatient Occupancy



### Residential Care Occupancy (including Jessie Bowe House and Mountview Home)



## DISTRIBUTION AND EVALUATION

The aim of this report is to provide information to our consumers that is relevant, easily understood and interesting. In planning for next year's report we invite you to provide feedback by contacting our Director of Nursing on telephone (03) 5475 2000.



## LIFE GOVERNORS

### Hospital Presidents 1859 – 2010

1859-1866	Robert C. MacKenzie	1907-1908	William J. Faulkner	1940	A. Brownbill
1867-1871	Fredrick E. Courtin	1909	John T. Couchman	1941	R.A. Grigg
1872-1873	Thomas Hannay	1910	John Bowen	1942	H.E. Parsons
1873-1874	Rev. J.C.T. Stretch	1910-1911	Robert Chisholm	1942-1944	G.R. Williams
1875-1878	James Warnock	1912	Thomas F. Rollason	1944-1945	N.H. Neilson
1879-1800	Rev. J.C.T. Stretch	1913	Pierce W. Bowe	1946-1947	A.G. Williams
1881	James Wearne	1914	Wm. Wood	1947-1949	Chas. Stewart
1882	John Tobin	1915	Henry Bryson	1949-1951	Chas. Collard
1883-1884	William B. Gray	1916	Samual J. Walker	1951	A.H.J. Boreham
1885	Frederick W. Bristow	1917	John T. Couchman	1952	T.F. McKeogh
1886	John Paull	1918	Fredrick West	1953-1957	R.A. Grigg
1887	Francis Cavenagh	1919	Alfred C. Meyer	1957-1959	A.R. Dabb
1888	James Elliott	1920	A.G. Williams	1959-1967	J.P. Edwards
1889	Edwin F. Peirce	1921	W.B. Apperly	1967-1970	H.C. Loftus
1890	James Fairley	1922	Wm. Wood	1970-1973	R.G. Allan
1891	James H. Rule	1923	J. Bryson	1973-1976	N.G. Addlem
1892	Rev. R.W. Cooke	1924	Rev. W.T. Abbott	1976-1977	C.D. Punton
1893-1894	Arthur S. Robinson	1925	R.P. Jones	1977-1988	W.E. Davies
1895	William B. Gray	1926	Wm. Wood	1988-1993	L.K. Leckie
1896	Walter T. Rollason	1927	T. Wearne	1993-1994	Rev. J. Minotti
1897	John R. Campbell	1928	J. Laider	1994-2000	V. Batson
1898	John Tobin	1929	Pastor H. Long	2000-2002	M. Taylor
1899	Samuel Rodda	1930	W.B. Apperly	2002-2003	D. Bowman
1900	George E. Ralph	1930-1931	W.L. Rewell	2003-2005	M. Taylor
1901	Roger L. Nankivell	1932-1934	A.H. Robertson	2005-2009	C. McCann
1902	John Somer	1934-1935	F. West	2009-2010	S. Wright
1903	Thomas Hayes	1936	T. Wearne	2010-2011	C. Axell
1904	John B. Hibbert	1937	C. Stewart	2011-2012	G. Carter
1905	Robert D. Oswald	1938	J.J. Huish		
1906	Alfred C Meyer	1939	T.H. Grigg		



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