



QUALITY
ACCOUNT
2016
2017

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Welcome



*Deborah Rogers
Chief Executive Officer /
Director of Nursing*



*Carole Staley
Board Chair*

On behalf of Alexandra District Health (ADH), we feel very privileged to present to you the Quality Account for 2016-17.

The Quality Account is an important way for our health service to report on the safety and quality of the care and services we provide to our community.

At ADH we welcome consumer participation and feedback and invite you to complete the comments form at the end of this report or contact us directly if you would like to provide us with feedback or require any further information.

Inside this Quality Account you will find information on the types of services we offer, how we provide them and the work we are doing to continually improve the standards of healthcare we are delivering.

We hope this report demonstrates our commitment to providing safe patient care and provides further information on the initiatives we have undertaken throughout 2016/2017.

Some of our achievements are:

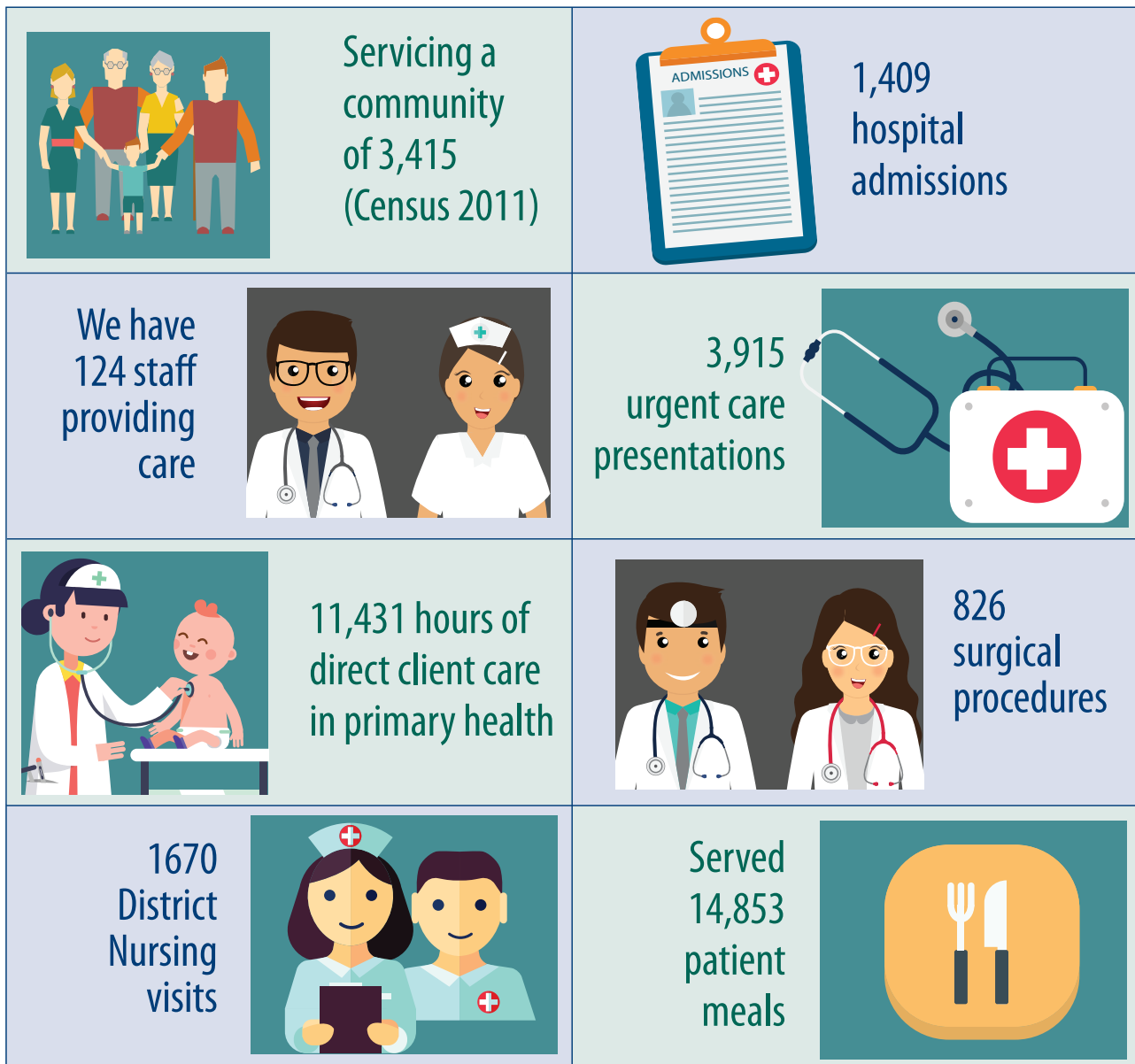
- Successful ACHS accreditation against the 15 National standards with 7 met with merit achievements in October 2016
- Exceeding state-wide targets in hand hygiene compliance and health worker immunisation rates
- Introduction of the 'Pink Lady' volunteers, who do a marvellous job in the acute ward
- The addition of a fourth Registered Nurse credentialed to perform simple x-rays
- A successful NAIDOC celebration

Our staff are proud of their work, proud of their workplace and passionate about the care they give and we hope that you enjoy reading about our service.

Debbie Rogers, CEO/DON

Carole Staley, Board Chair

Our Services at a Glance



Figures provided for 2016/17 financial year.

State Wide Plans and Statutory Requirements



Alexandra District Health – an inclusive health service

Alexandra District Health (ADH) is inclusive and welcoming of all people. Our staff understand and respect the diversity of our community. We ensure that services are accessible for everyone and we endeavour to create a welcoming environment for all.

Child safe standards

Alexandra District Health has actively implemented the recommendation of the Betrayal of Trust Child Safe Organisations report.

ADH has introduced all minimum child safe standards for the delivery of services for children. ADH has used the information, tools and resources provided by the Department of Health & Human Services to understand the criminal and civil law reform and the regulatory framework for

Child Safe Organisations to ensure we met the standard from January 2016.

ADH has placed the Child Safe Statement of Commitment on the ADH website and on our community noticeboards.

We have prescribed mandatory training for key staff and they complete the Vulnerable Children training annually.

All staff have received information on 'Betrayal of Trust' and an educational display was located on the staff notice board. This focused on every staff member's responsibility to report disclosures and concerns about sexual abuse.

Specific paediatric services provided by ADH are limited but our DINDI early intervention service employs staff and volunteers and all have Working with Children and police checks.

Family violence is a health issue

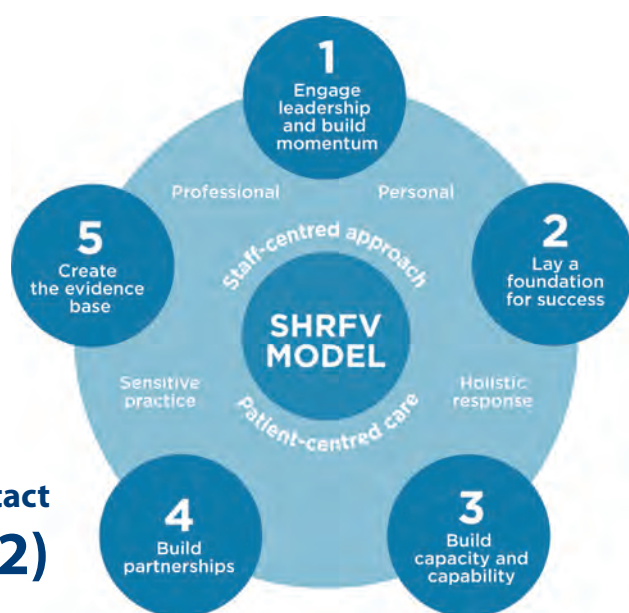
Everyone has the right to feel safe at home

The Strengthening Hospital Responses to Family Violence (SHRFV) model was developed to provide a system-wide approach which is now being applied by hospitals across Victoria.

Family violence is a serious health issue that affects communities across Australia. There are many types of abuse; it often spans a lifetime and mostly affects women and children.

ADH is working in collaboration with other Hume Region Health Services to implement training of our staff for them to be able to identify and respond to family violence.

**If you are experiencing any form of violence contact
1300RESPECT (1300 737 732)**



On average at least one Australian woman dies at the hands of a current or former partner every week.

Closing the gap Improving care for Aboriginal patients



Uncle Roy Patterson's sons, Keith and Steven attended the 2017 NAIDOC week celebration to unveil the plaque dedicated to their Fathers service to Alexandra District Health. Photo courtesy Alexandra Newspapers.

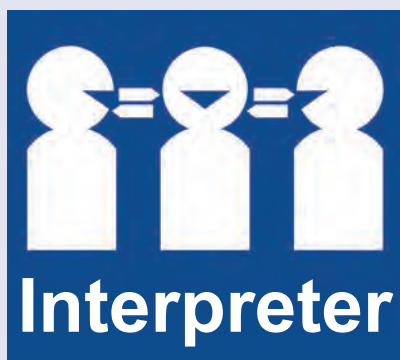
Alexandra District Health has a proud tradition of implementing the Koolin Balit strategic plan and working alongside the Taungurung community within the Murrindindi shire. We were privileged to have a Taungurung elder on the Consumer Advisory Committee from 2014 to 2017.

Uncle Roy Patterson had a pivotal role in improving the cultural responsiveness and safety of aboriginal staff, patients and their families through creating a safe environment for the Aboriginal community to access the

health service. Under the guidance of Uncle, ADH proudly displays the Aboriginal flag and Aboriginal artwork adorns the walls of our reception area. He was also a significant influence in planning our gardens to ensure native Australian plants took pride of place, he was often found in the garden picking leaves and providing staff with stories and advice on the properties of the plants. The Board of Management (BOM), staff and community were saddened by the passing of Uncle in May 2017 and dedicated our NAIDOC week celebrations in his honour.

ADH has completed an audit of our Aboriginal cultural competence and developed an action plan to provide us with the guidance to ensure the care we provide remains culturally appropriate and sensitive. The action plan will continue into 2017-18.

Consumer Care and Community Participation



Interpreter services

Alexandra District Health offers help to those who require assistance with written or spoken English.

We have an interpreter service available, Auslan or language specific if needed.

Our patient information brochures are available in various languages if required.



In 2011 ADH opened its purpose built facility designed to ensure the Health Service meets the needs of the community.

Disability action plan

When the new Hospital was built 5 years ago it was designed to ensure that disability access to the building was compliant with the relevant design standards and building codes. In addition we have brail signage in the public bathrooms.

Following a patient complaint regarding our disabled car park being on a slope which made exiting the car very difficult we relocated parking to a flat area.

This year we have also extended the closing time of our automated doors at all entrances to assist patients using a mobility aid to be able to enter and exit safely.

“Hospital services
are fantastic.”



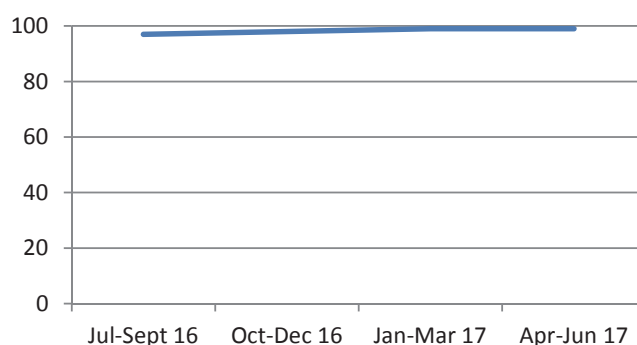
Our patients experience

The Victorian Health Experience survey (VHES) is a state wide survey of people's experience of care they receive in hospital. It is randomly issued to people who have been in hospital. It is sent out one month after discharge. Because the survey is anonymous we receive honest feedback.

ADH celebrates our results. We consistently receive very positive feedback from our patients and they rate their overall satisfaction and experience at ADH very high.

Whilst we are very proud of our positive results we always look closely at the results for further ways to improve our services. An example of this was in regards to permission being sought from patients for students to be involved in their care. This fell to 56%, compared to 88% at the same time the previous year. This prompted immediate action. Our leadership group and clinical support nurse met to analyse the data and form recommendations as to how we would improve this. A statement was added to the admission pack information advising that ADH is a teaching hospital, students do work at ADH and it is always the patient's right to refuse. We reviewed our orientation manual for students, ensured they always wore identification badges, provided staff education and fed back our results to the TAFE and university. The following quarter results showed a marked improvement increasing to 75% and 86%.

Overall Care Received at ADH - %



We value your feedback

Feedback from patients, clients and carers assists us to recognise what we do well, and to review the care and the services we provide, to ensure we continue to provide high quality, safe care.

When something goes wrong, it is very important that our patients and their families know how to report their concerns to us and that they feel comfortable to do so. Information on how patients can provide feedback is included in patient information brochures and displayed on posters in our waiting rooms.

Handling complaints

Each complaint we receive is escalated to the CEO/DON and is communicated to the relevant manager and staff. The Quality Manager investigates what went wrong, identifies those things that we could do better and develops an action plan on how we are going to achieve it. The findings of the investigation are then fed back to the person making the complaint. We also encourage and welcome input into finding solutions to the problem with those that are making the complaint.

ADH received a complaint from the wife of a patient who had presented to our urgent care centre following a car accident. Mrs D raised concerns surrounding the discharge process of her husband after the accident and the subsequent health issues that he experienced. This was investigated and a clinical case review presented to all staff who cared for Mr D. We also reviewed our policies and procedures and changed our discharge process. Education was also provided to staff. Mr and Mrs D, were continually updated on the process. They were provided with the summary of the clinical case review and their input was included in the final action plan.

ADH received 8 complaints during 2016/17
100% of complaints are resolved within 30 days.

Mrs D's Quote:

"We are happy to share our experience. I feel that it has been a positive one and I'm grateful for your response. I would happily provide positive feedback to anyone about our experience with ADH."

Unfortunately things can go wrong when you are in hospital but by working with our patients and families we can prevent something similar happening to someone else.

Patients and their families are also able to lodge complaints with the Health Complaints Commissioner if they are not happy with how we have dealt with their complaint.

ADH had no complaints lodged externally during 2016-2017.



Your feedback

"Thumbs up to the wonderful staff at the Alexandra Hospital. We are lucky to have such a great team"

"Thumbs up to the doctors and staff at the Alexandra Hospital for the wonderful care they provide."

"A very big thankyou to everyone that has made the past 4 weeks an absolute pleasure to have done my final placement. My expectations have been surpassed with the friendly atmosphere as well as the learning opportunities. The patient care has been fantastic to see and contribute to. I hope I return one day in a working capacity"

– Jasen
(nursing student)



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People Matter survey

The Victorian Public Sector Commission provides a survey called 'People Matter'. The survey is designed to give organisations a snapshot of how the staff feel about their workplace and its leaders. All staff are encouraged to participate to help ADH gain understanding of how they feel about the organisation.

THE RESULTS

- 86% of staff felt that patient care errors are handled well compared to the benchmark
- 95% of staff encouraged others to report patient safety concerns compared to the benchmark
- 95% of staff reported management is driving us to be a safety centred organisation
- 95% of staff would recommend family be treated at ADH.

ADH welcomes feedback from our staff.



Staff safety

- ADH is committed to ensuring our staff are safe. We have a zero tolerance for violence towards our staff, patients and visitors.
- During 2016/17 there were 4 reported incidences of violence or aggression towards our staff. All staff involved were provided with support and had access to our Employee Assistance Program if they required it. We expect that as our staff awareness increases and tolerance for violence decreases, we will see a rise in the number of reported incidents.
- 100% of staff agreed that ADH provides a safe work environment compared with the State average of 85% (ADH People Matter survey).
- This year the members of the ADH leadership group completed a security review. This is planned to occur every 6 months. An action plan with outcomes has been developed and actions are underway. The progress of the plan is reported monthly to the OH&S committee. One of the items on the plan is the development of an occupational violence and aggression register. Staff are also provided with online education and training to equip them with the knowledge and skills to protect themselves.

Bullying and harassment

ADH continues to promote a positive workplace culture to prevent bullying and harassment. We have documented processes in place to make it clear to staff how we manage allegations of bullying and harassment.

Strategies completed include:

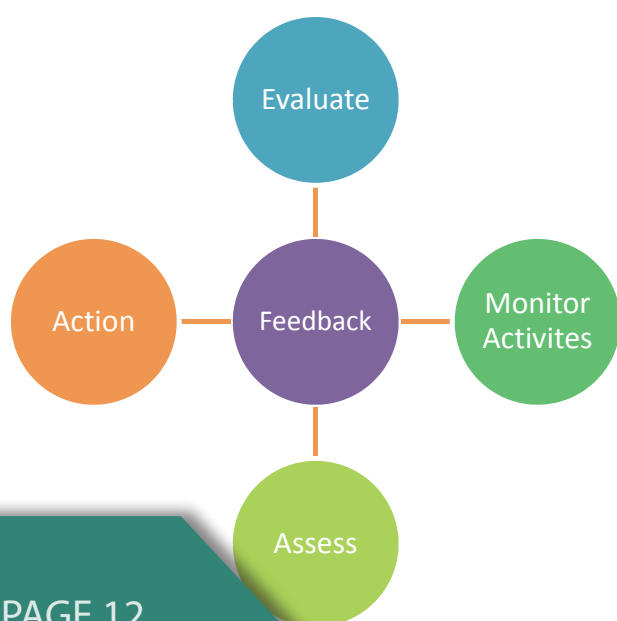
- I. An online learning module that all staff complete as mandatory training.
- II. In September 2016 we showcased the 'policy of the week' which included behaviour management and bullying and harassment.
- III. Promotion of the ADH Employee Assistance Program and information to staff on how they can access this service.
- IV. In the last 12 months all managers and executives have received training in managing allegations of bullying and harassment

In our 2016 People Matter survey 70% of staff reported that bullying is not tolerated in the organisation.

ADH Nursing staff work closely with Ambulance Victoria.



ACCREDITATION FRAMEWORK		
National Safety and Quality Health Service Standards	Out comes	Met With Merit
Governance	ALL Satisfactorily Met	
Partnering with Consumers		Consumer Engagement Program
Infection Control		Immunisation, Antimicrobial Stewardship and Environmental Cleaning Programs
Medication Safety		Medication Safety Program
Patient Identification		
Clinical Handover		
Blood		
Pressure Injuries		
Clinical Deterioration		
Falls		
Service Delivery		
Provision of Care		Assessment and Care Planning - Information provided to Consumers
Workforce Planning		
Information Management		
Corporate Systems and Safety		Staff Emergency Management Program



Accreditation

Accreditation is a formal process to assist in the delivery of safe, high quality health care based on standards and processes devised and developed by health care professionals for health care services. It is public recognition of achievement of accreditation standards by a health care organisation, demonstrated through an independent external peer assessment of that organisation's level of performance in relation to the standards.

In addition to achieving the actions required, measures of high quality and a higher level of achievement are evident. This would mean a culture of safety, evaluation and improvement is evident throughout the hospital in relation to the action or standard under review.

Alexandra District Health underwent Organisational Wide Accreditation in October 2016, and we are very proud of the results we achieved.

Safety and Quality

Adverse events

An adverse event is when harm results to a person receiving health care.

At ADH we have an in-depth process for reviewing adverse events; this is called a clinical case review.

An investigation is conducted by our team. This is led by the Quality Manager and involves our Director of Medical Services, Nurse Unit Manager, nursing leadership group, relevant care staff, the patient and their families.

The results of the clinical case review are presented to our Quality and Clinical Risk committee and then onto our Board of Management (BOM) Quality and Clinical Governance committee.

Any recommendations that come from the review are then implemented and their effectiveness is evaluated.

This year ADH has reviewed our committee structures and rules to ensure the highest level of governance, our BOM, are fully aware of adverse events when they occur.

The BOM now receive a comprehensive quality report which highlights our key performance indicators and flags when performance in some areas needs improving.

A priority for ADH in 2017-18 is a Mortality and Morbidity committee which will have an external expert to provide an impartial opinion of our processes and provide recommendations.

DASHBOARD TABLE

Indicators	Jan 17	Feb 17	Mar 17	Apr 17	May 17
Patient Safety:					
Number of Sentinel Events					
Number of incidents/ complaints requiring clinical review					
Review of Patient completed within 30 days					
Number of inpatients deaths					
Number of unexpected deaths					
Number of Deaths Reviews (100%)					
4.1 Inpatient Falls					
4.2 inpatient Resulting in closed fracture or closed head injury					

Legend:

- Grey:** non reportable period
- Green:** Acceptable
- Amber:** surveillance required at local level
- Red:** Action plan required. To be elevated to executive

Example of the dashboard report used for reporting to the board.

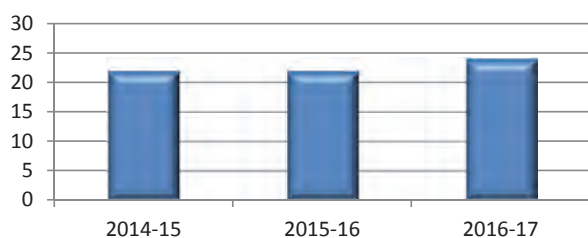
Medication safety

ADH continues to have a strong commitment to reducing medication errors. In 2016/17 there were 24 reported incidents involving medication administration; however these did not impact length of stay or patient recovery.

Some of the things that we are doing to reduce medication incidents are:

- The use of the National Inpatient Medication chart.
- Use of the tallman system enables nurses to easily spot the difference with medications spelt similarly.
- All Registered Nurses and medication-endorsed Enrolled Nurses complete an annual medication administration competency program as part of their ongoing professional development.
- ADH participated in the medication administration awareness month in June 2016. An education drive followed, making available an additional education module specific to the National Inpatient Medication Chart. Our doctors were also invited to participate in education sessions.

Total Number of Medication Incidents



- High visibility vests to be worn by the medication nurse have been purchased and are in use.
- ADH also completed a national medication safety review.

Patients are provided with information at discharge about changes to their medications including those to continue, which medicines may have stopped and any new medication that has been started.

We believe that the culture of reporting medication incidents at ADH is changing and this has resulted in an increase in the number of reported incidents.

Safe and appropriate use of blood and blood products

All episodes of blood transfusion are reviewed and reported to the quality committee at ADH. Criteria which is examined includes, the patients haemoglobin prior to the transfusion, if the transfusion was completed within an acceptable time frame, and informed patient consent was obtained prior to the commencement of the transfusion.

Processes are regularly assessed for risks which could impact patient safety. These include accurate patient identification for every step in the blood transfusion procedure from pre-admission, collection and labelling of specimens to bedside verification. There is an alert guideline for any known reactions or special considerations and this is noted in the patient's clinical record.

There were no reported incidents involving blood or blood products for 2016/17.

Pressure injury prevention

A pressure sore is caused by constant pressure applied to the skin over a period of time. They mostly occur over areas such as the bottom of the spine and heels, but they can develop anywhere on the body. (Ref: Better Health Channel). The skin of older people tends to be thinner and more delicate and therefore is at a high risk of developing a pressure area.

Pressure injury prevention is an area of care that ADH takes very seriously and we try to prevent the development of pressure ulcers as much as possible.

All patients are screened for pressure injuries within 24 hours of admission, and if at risk interventions such as pressure relieving mattresses, heel gel pads and education regarding regular positional changes are provided to the patient. The patient is continually assessed and reassessed throughout their stay and if their condition changes the nursing staff will again assess the risk to the patient for developing a pressure injury. ADH also encourages carers and family members to participate in education and discuss any concerns with staff.

All patients with pressure ulcers are referred to the wound care consultant for specialist management and referrals are made to the dietitian to review the patient's nutritional status.

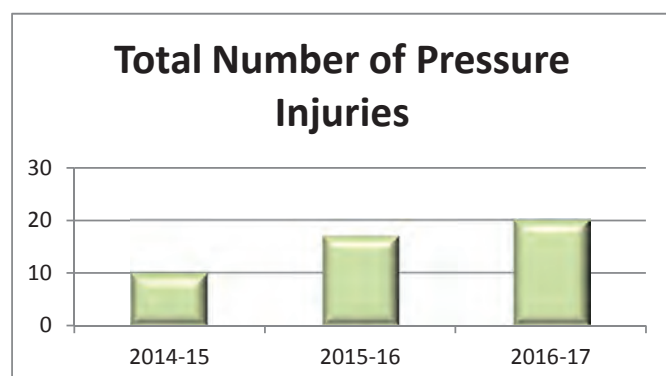
Skin assessment is also completed at time of admission and constantly monitored by nursing staff throughout the admission.

Pressure injury prevention forms part of our nurses mandatory training competencies.

In 2016 an education and awareness campaign was employed and this coincided with the purchase of new pressure injury prevention equipment. A register of pressure injury prevention and management equipment has been developed as well as a maintenance and safety check schedule for this equipment.

Every 6 months ADH submits our rates of pressure injuries which are then compared to other small rural hospitals. ADH rates remain very low.

This year ADH introduced a skin assessment on admission and this has resulted in an increase in reporting all skin issues including pressure injuries. We also report any pressure injuries that the patient may have when they are admitted. The prevalence of pressure sores that develop at ADH remains very low.



ADH is proud that the prevalence of pressure injuries remains low

Preventing and controlling health care associated infections

Your 5 Moments for Hand Hygiene



Hand Hygiene

Good hand hygiene is the single most important thing we can do to prevent health care associated infections.

Hand hygiene involves either washing your hands with soap and water or using an alcohol based hand gel or rub.

The state-wide target is that 80% of the time staff that provide care will attend to their hand hygiene. We regularly monitor our rates and report to the Infection Control committee.

Our results are above the state average (84%), and we are very proud of this.

Infection prevention and control is everyone's responsibility

Staphylococcus aureus bacteraemia (SAB)

The rate of SAB is an indicator which reflects how well our infection prevention and control strategies are contributing to the prevention of blood stream infections. SAB is a serious blood stream infection associated with hospital care, particularly surgical and other invasive procedures.

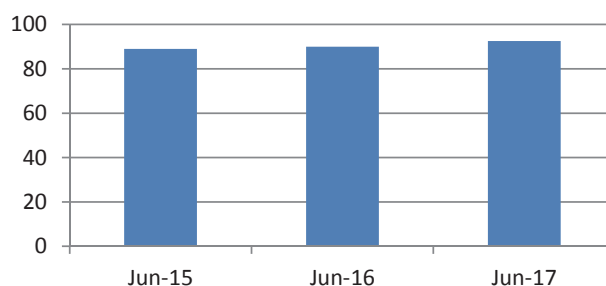
ADH did not have any hospital acquired SAB to report for 2016-2017.

Staff Immunisation

It is important that we make sure that the people who are looking after you are healthy. Therefore we encourage all our staff to be immunised every year against the flu. This not only keeps them safe from viruses, but also helps to prevent them passing on illness to our patients. The flu can be dangerous for the elderly and high risk patients.

ADH continues to have a high percentage of staff who participate in our immunisation program. Compared to the state target of 75%.

Immunisation Rates - %



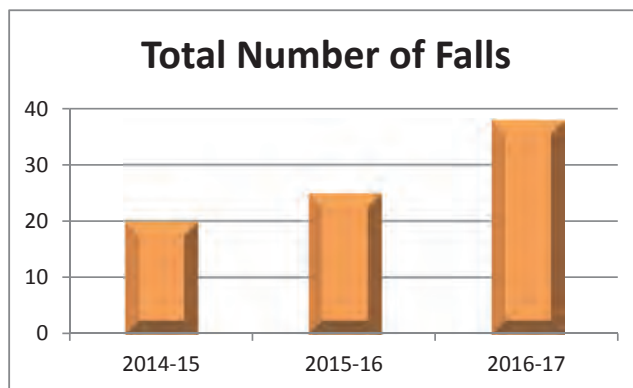
Preventing patient falls

Unfortunately falls happen in hospital. Here are some of the things that we are doing to prevent falls:

- Beds are left at the lowest height.
- Nursing staff remove unnecessary furniture and equipment from the room so the patient doesn't trip on it.
- Make sure the call bell is within reach.
- Hourly checks of the patient and offering to help them to the toilet, offer pain relief, help them to go for a walk.
- Patients are provided with non-slip socks and hip protectors.
- High risk patients are located closest to the nurses station to enable constant visual monitoring.
- Patients are referred to the physiotherapist for assessment and treatment which may include attending the Stall the Fall program once discharged.

Falls continue to be the highest occurring incident at ADH and we are working hard to prevent falls throughout the organisation. 38 falls were reported in 2016-2017. Whilst the number of falls has increased by 13 compared to the same period last year, the total bed days has also increased from 3370 in 2015/16 to 4188 in 2016/17. It was also identified that 3 episodes were the same patient who had experienced recurrent falls.

21 falls resulted in no adverse outcome to the patient, 14 patients received either minor skin tears or bruises and 3 patients reported muscle strain and pain. No falls resulted in a fracture or serious harm to the patient.



Programs such as Stall the Fall aim to help reduce the risk of falls at home.

Escalation of care

“
Feeling worse? Call the nurse
”

The Acute Ward and Urgent Care clinical team works in partnership with each patient in managing their condition. It is acknowledged that serious adverse events in hospital are commonly preceded by subtle changes detectable in vital signs. Early recognition and escalation of care can improve the outcome for the patient.

The clinical team monitor the patient using vital signs. This includes blood pressure, heart rate, respiration rate, temperature, conscious state and oxygen levels in the blood. We also use our clinical judgement to determine if a change has occurred in the patient's condition.

Escalation of care requires assessment by the nurse in charge. The patient's doctor is notified and if required attends the hospital to review their patient. This may require increased observation, additional treatment or sometimes, transfer to a larger health service for further investigation and treatment.

Our Consumer Advisory Committee developed the slogan 'Feeling worse? Call the nurse'. This encourages patients, using simple language, to call the nurse should they feel unwell at any time. Signs are displayed in each patient room.

The adult observation and response chart was introduced to ADH in October 2013 and the paediatric system followed as part of a state-wide project in February 2016. The system includes a colour chart for escalation of care at various levels from increased surveillance every four hours to calling a medical emergency. The paediatric system includes charts suited to various age groups to ensure recognition of what is normal for a particular aged child is recognisable on the chart without having to rely on memory.

Our GP's work collaboratively with our nursing staff to provide effective care to our patients.



Patient story

Case Study of a deteriorating adult:

Mr J was finally convinced by his wife to go see the doctor when complaining of pain. He was prescribed medication for the pain and went home. The following morning his wife noticed he was a little drowsy so made a follow up appointment. Patient J had felt pain in his neck after straining to reach an object up high.

At his afternoon appointment his doctor arranged for admission to hospital with a possible allergy or sensitivity to the first dose of medication.

On arrival Mr J was communicative and a first set of observations were taken. He was aware of time and place. He also had a chest x-ray and blood tests.

At the evening meal the nurse looking after Mr J noted him to be flushed and drowsy, so observations were repeated. The nurse reported her concerns to the Nurse in Charge. Regular hourly observations were commenced.

The management plan was discussed with Mr J and his family and they were advised to inform staff if they were concerned at all. The nurse in charge contacted Mr J's Doctor and advised of increased surveillance of patient.

Mr J's wife pressed the nurse call buzzer and stated that she was concerned as she felt "he was getting worse". The nursing staff again escalated care and further observations indicated a deteriorating trend. The doctor was notified and attended ADH. After consultation with Maroondah Hospital Mr J was transferred. Mr J was admitted to Maroondah Hospital for 19 days, he was treated for septicaemia and had a four day stay in Intensive Care.

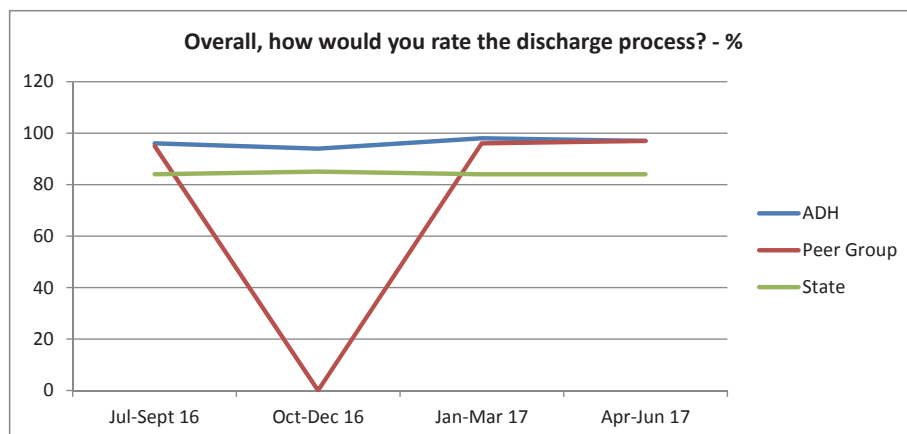
He returned to ADH for a further 6 weeks of antibiotic treatment.

Quote from Mrs J

"The nursing staff were rapid to notice that something was definitely not right. The doctor was notified and my husband was transferred to Maroondah Hospital. We were so happy with the care we received at Alexandra Hospital"

"Without the beyond excellent care of the nursing staff at Alexandra District Hospital during both emergency situations, I can't bear to think of what could have been."

Victorian Healthcare Experience Survey

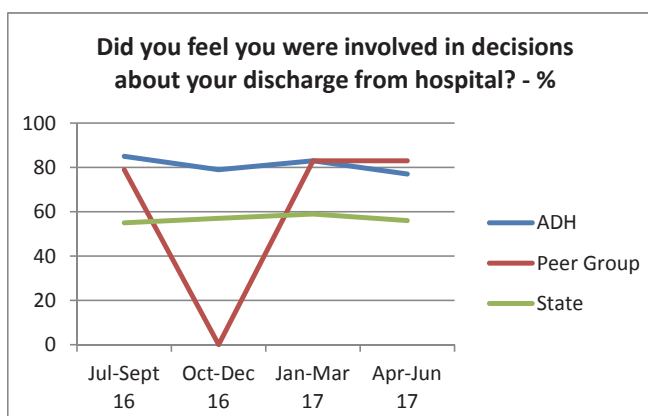
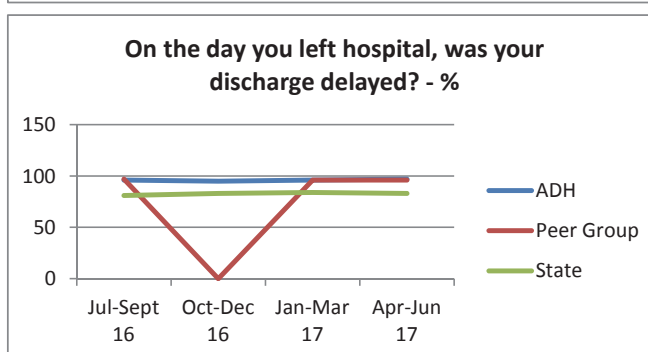
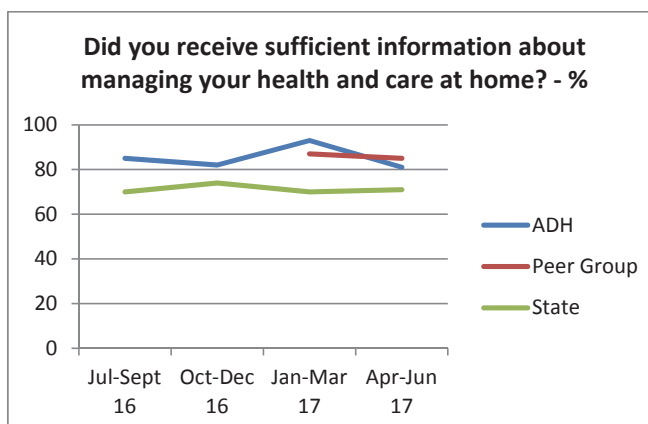


Leaving hospital

The Victorian Healthcare Experience Survey (VHES) gauges our patients' response on the care they received just prior to leaving hospital.

Overall our patients rate our discharge process very high. Some actions that we are focusing on relate to communication with our patients and carers, ensuring that the information we provide is relevant and is shared to all services that provide care to the patient.

In 2016 we also audited the use and effectiveness of our communication white boards in the patients' rooms. We use these as a communication tool between the hospital and the patients and their families, results showed a high percentage of staff updating information but low use by families. Nursing staff were encouraged to promote the use of the white board with families. Our care plan was reviewed to include a 'tick the box' on explaining the white board when they were first admitting patients.



Advance Care Planning

Advanace care planning (ACP) provides a process for people to document preferences about future medical treatment and healthcare. It is a way to let family and healthcare workers know how you want to be cared for, if you become unable to make decisions for yourself.

ADH is very fortunate to have three nursing staff members who are 'Respecting Patient Choices' facilitators and are trained in asking the question in a sensitive manner. Our ACP 'champion', has spoken on local radio and to community service clubs to promote awareness for people to get their affairs in order. We plan on continuing working with our community to raise knowledge and awareness about end of life planning and decision making.

This year ADH has provided education to staff from the Office of Public Advocate and resource information was provided to those staff who could not attend. We received very positive feedback from all who attended.

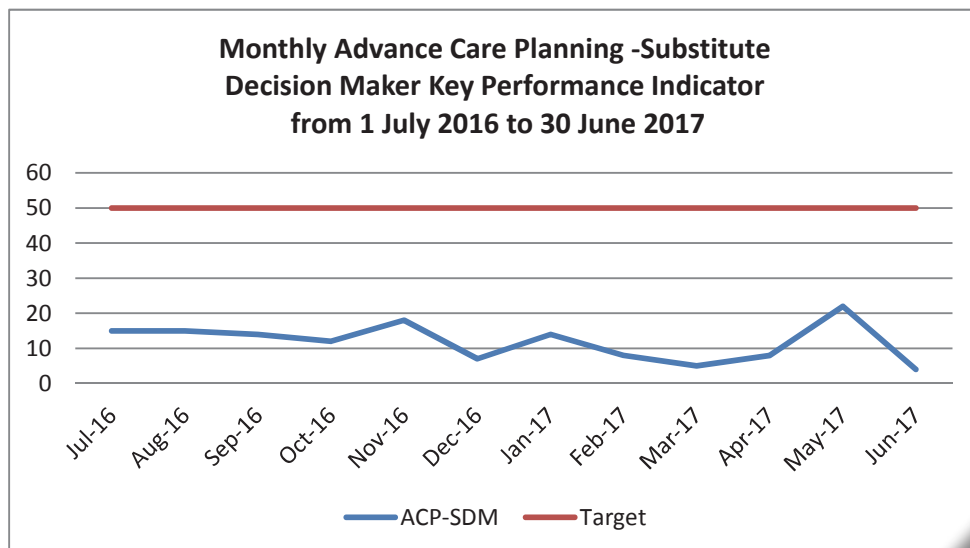
Work continues in 2017-18 with a planned community forum 'Getting your affairs in order'. This will be hosted by ADH.

ACP and Enduring Power of Attorney forms are available for download by members of the public via the ADH website.

CASE STUDY

In 2016 Mr X was admitted to ADH by his local GP as he was feeling increasingly unwell and short of breath. He had been diagnosed with lung cancer approximately 6 months prior. He and his wife were finding it increasingly difficult to manage at home. Fortunately on his previous admission he has spoken with our Respecting Patient Choices Nurse where a plan was made and he had nominated his wife as his decision maker, when the time came that he could not communicate what he wanted.

Over a very short period of time Mr X lapsed into a coma and his wife made the clinical decisions with support and guidance from staff. This was an extremely emotional and difficult time for Mrs X and her family and she later commented that she was so relieved that they had a plan in place and in some ways it gave her comfort that she was not alone in having to make choices for Mr X because he had been clear in what he wanted.



Monthly ACP-SDM KPI from 01-July-2016 to 30-June-2017

End-of-life Care

Small rural hospitals are in a very unique situation as often our staff care for patients who they know outside of the health care setting. Also the treating doctor in hospital is often the patient's GP, and therefore already has a relationship with the patient.

ADH is proud of the end of life care that we provide to our community. We believe holistic care is very important and ensure we include family and carers in all decisions. ADH works in partnership with Lower Hume Palliative Care to deliver high quality care. We do this by ensuring we manage the patient's pain, respect their beliefs and values and support carers. Our dedicated palliative care room has its own direct access to the patient garden and a connected room and kitchenette if families decide to stay. If a patient wishes to die at home a referral to our District Nursing Service is made and patient centred care would continue in the community.

This year ADH staff attended a regional implementation forum associated with the recent state-wide release of the Care Plan for the Dying Person-Victoria (CPDP-Vic). Work has begun to ensure our policies and procedures are in line with the guidelines. Staff who are passionate about end of life care have been identified to continue work in this area. In 2017-18 we plan to develop and implement the care plan for the dying person.

In October 2017, we are very fortunate to host an exhibition called The Dreamers in collaboration with Lower Hume Palliative Care. Artist, Pippa Wischer describes her exhibition as "intimate portraits and honest reflections of those living life fully until they die. It is a great opportunity for us all to start the conversation about our own thoughts".



Tell us what you think

We value your feedback

This report has been designed to inform our community of quality, safety, risk and improved performance as well as provide information on a range of services we offer through the Health Service. It will be distributed to our community in various ways and available online.

You can submit your feedback by:

Post:

Quality Account Feedback
Quality Manager
Reply Paid Box 21,
Alexandra, 3714
(no postage stamp required)

In Person:

ADH Reception
12 Cooper Street
Alexandra, 3714

Email:

alexandra@humehealth.org.au

What did you like about the Quality Account?

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What do you think we could improve?

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Did you find the report easy to follow?

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What would you like to see in next year's Quality Account?

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Any further comments / suggestions?

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If you would like to discuss any aspects of this report or would like further information on our services please provide your contact details below:

Name:.....

Phone:.....

QUALITY
ACCOUNT
2016
2017



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