

# Mansfield District Hospital

## QUALITY OF CARE REPORT 2008/09

### Welcome...

Welcome to Mansfield District Hospital's Quality of Care Report for 2008/09. The year has been both interesting and challenging. Recruitment and retention of staff has been our biggest challenge, but our dedicated team have continued to provide all services which the Mansfield community require.

The Quality of Care report aims to inform the community about the performance of the hospital and to bring to light areas of achievement. As always the support from the community (fundraising, feedback etc) is vital to enable us to continually work towards providing the quality of service that you, the community, deserve.

Enjoy reading about our hospital, and any feedback you may have is greatly appreciated. Feedback can be made in writing to: Anne Jewitt Quality Manager Mansfield District Hospital 53 Highett St Mansfield VIC 3722.

**Anne Jewitt**  
Acting Director of Nursing

**Margaretanne Hood**  
Aged Care Manager

### Who's who ...

**Chief Executive Officer:** Janene Ridley

**Director of Nursing:** (Acting) Anne Jewitt

**Finance Manager/ Manager Corporate services:** Karla Goodberry

**Director of Medical Services:** Dr. Rick Lowen

**Human Resources Manager:** Colleen Raid

**Aged Care Manager:** Margaretanne Hood

**Executive Assistant:** Tracy Rekers

### Our hospital....

Mansfield District Hospital continues to strive to offer a comprehensive and high quality health care service to both resident and non resident community members.

The hospital is comprised of four key areas, Acute Care, Aged Care, Primary Care and Community Health. Within each of these areas a number of essential services are provided and they include:

Acute care: Emergency Department, Medical, Surgical, Operating Theatre, Dialysis, Midwifery

Aged care: Buckland House, a 30-bed high care residential nursing home, and Bindaree, a 42 bed low care/ ageing in place hostel

Primary Health: Visiting Nursing, Cardiac Rehabilitation and Diabetes Exercise Group

Community Health Services: Jamieson and Woods Point, Mt. Buller

Supporting the provision of clinical care across the organisation is a dedicated group of staff without whom the hospital would not be able to operate. These staff assist in the service delivery of catering, cleaning, laundry, maintenance and administration.

**NUM (Acute/ Midwifery):** Kay Gerrans, Anne Jewitt

**NUM (Operating Theatre):** Pat Wilding

**NUM Buckland House:** Sue Shinns

**Team Leader Bindaree:** Sue Davis

**Clinical Care Coordinator VNS:** Kerryn Brakels

**Community Health Nurses:** Jane Dwyer, Megan Hooper

**Nurse Educator:** Leonie McLaughlin

**Quality Manager:** Anne Jewitt

**Physiotherapist:** Cheryl Apps

**Infection Control Nurse:** Michelle Condie





## Access to CARE

Access to health care in the rural setting varies widely. In most recent years the problem has been the availability of medical practitioners, but in more recent times we are now experiencing a shortage of nursing staff, especially midwives. Managing these issues requires us to look at innovative ways to provide the services.

Mansfield District Hospital remains committed to providing equal access to services for the community, whilst maintaining high standards of care; we must now review how best to provide these services in the current economic climate.

The following are examples of how this can be managed:



### Maternity Shared Care Service:

In June 2007 Mansfield District Hospital launched its now highly successful Shared Care model of Maternity Care. This new model was an exciting development for midwifery services at Mansfield District Hospital. It incorporates an increased role for midwives, better continuity of care for women, and supports the ongoing viability of maternity services at Mansfield District Hospital.

All women booked in to have their baby at Mansfield District Hospital participate in the Shared Care model, thus all women have increased access to the team of midwives during their pregnancy, birth and postnatal periods.

Currently women have approximately half of their antenatal visits with a midwife and half with their GP. Additionally, most couples expecting their first child choose to attend our Childbirth Education classes. This enables women to "get to know" their midwives, and communication is enhanced greatly with not only the women but also our wonderful team of GP's.



We currently have an application in for additional funding to implement a Team Midwifery Model. The model enables a team of midwives to care for a group of women (with Shared Antenatal Care with their GP's) and be on call to care for the women as required, rather than being rostered on a daily basis. This will have the benefits of some midwives working only as midwives, increased continuity of care, midwives being available for midwifery patients at all times, and again further supporting ongoing viability of our midwifery service.

### Emergency Department:

Following the completion of the statewide Emergency Department project Mansfield District Hospital saw the introduction of Standing Orders. Standing Orders are protocols which enable registered nurses to administer certain medication in the absence of a Medical Officer.

Training was given to nursing staff working in the department to widen their scope of practice enabling them to provide more comprehensive care to the less urgent presentations. Our total number of presentations has been slightly down on last year (3139 presentations) but the total number of presentations assessed and treated by nursing staff continues to be over 30%.

Year/ATS	CAT 1 Urgent	CAT 2	CAT 3	CAT 4	CAT 5 Non-urgent	Assessed & treated by nursing staff	TOTAL
2006/07	0.3%	2.7%	21.7%	47.6%	27.7%	no data	2604
2007/08	0.3%	4.7%	23.8%	44.7%	26.5%	31.3% (1)	3186
2008/09	0.4%	2.9%	23.9%	53.1%	19.4%	31.3% (1)	3139

(1)Data includes all presentations that were assessed and treated by nursing staff including treatments advised by phone contact with Medical Officer.

### Culturally and Linguistically Diverse (CALD) communities:

Mansfield District Hospitals Cultural Diversity Plan is reviewed each financial year to reflect the organisations progress in addressing the needs of culturally and linguistically diverse individuals, families and communities in Mansfield. The plan is updated and represents a commitment to improve the responsiveness of the services we provide to people of culturally and linguistically diverse backgrounds. The organisation recognizes that our communities are becoming more culturally diverse and we work toward achieving improvements in the quality of life of all community members regardless of their cultural, linguistic, ethnic or religious background.

### Marginalised communities and groups:

Mansfield District Hospital is committed to ensuring that those residents who live in geographically isolated communities continue to receive high quality care. The community health outreach program provides care to residents and visitors within the geographical boundaries of Mac's Cove and Wood's Point. Social isolation, low socio economic status, and the constraints of a part time service have presented challenges to the service but these continue to be overcome by committed and resourceful staff. The Community Health Service provided 819 episodes of care, which consisted of home visit, health promotion activities, and the provision of a healthy lifestyles program.

In addition to the Jamieson / Woods Point Community Health service, the hospital launched the Mt. Buller community health service in November 2008. The 2 year pilot program which will operate between November and May each year will be offering an off-season health service for the residents of Mt Buller. The primary focus of the service is the early detection and prevention of disease through health promotion. During its first season of operation the service provided care to 296 patients. Six health promotion activities were conducted which included, snakebite management, Flu vaccination, CRP, Police health awareness training and blood pressure monitoring.

## Consumer Participation in CARE

Providing excellent, high quality care to our consumers is the core business of the hospital. It is vital then to ensure that the care we give not only meets the needs of the consumers, but that the consumers play a significant role in decision making, providing feedback and receiving regular reports about progress within the hospital.

### Compliments, Complaints and Suggestions

The hospital received 116 compliments and 26 complaints in 2008-09. Feedback is encouraged from all users of services. The majority of compliments received were from patients or their families thanking staff for the quality of care. It is always gratifying to know that the care provided by the Mansfield District Hospital is appreciated. All complaints are investigated thoroughly, whilst maintaining confidentiality. There was no common issue found with the complaints received, but they resulted in the following improvements:

- Improving the availability of reception staff in the Aged Care Facility at Bindaree
- Implementation of a regular cleaning/maintenance program for outside facilities on hospital grounds
- Improvement in the menu offered to patients/residents through review and collaboration between staff

### Bindaree Residents Satisfaction Survey

Once again resident surveys were conducted to determine the level of satisfaction with the care that is delivered at Bindaree. This year there were high levels of satisfaction reported in relation to care, cleaning laundry and catering. Residents reported that they felt that Bindaree was their home and that they were treated with dignity and respect. Suggestions for improvements in care included more targeted activities for the sight impaired, the need to improve support for families with a relative with high care needs such as dementia and improved response time to calls from residents requesting assistance.

### Visiting Nursing Service Review and Consumer Satisfaction Survey

The Visiting Nursing service continues to provide a high level of service to consumers as evidenced by the positive results achieved in the consumer satisfaction survey.

Overwhelmingly participants in the survey were pleased with the service they received stating that nursing staff had made a significant impact on their quality of life. In particular was the feeling that without the Visiting Nursing Service they would not be able to stay at home and live independently.

### Consumer participation into care:

The hospital maintains its commitment to involving consumers in decisions and planning in regard to their care. There are a number of committees which exist primarily to obtain consumer input into care:

- Bindaree Residents and Relative meeting
- Buckland House Resident and Relative meeting
- Aged Care Medication Advisory Committee.

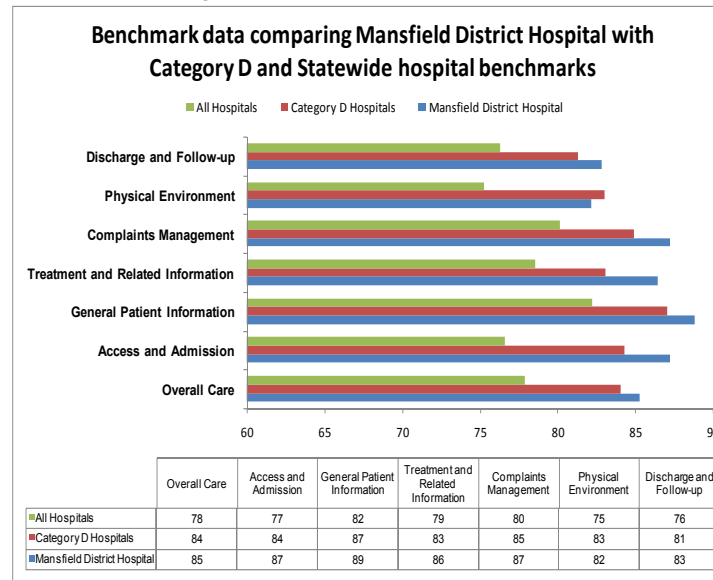
In addition to these meetings consumer forums are held for Visiting Nursing, Bindaree and Buckland House.

### WAVE results in summary:

This year the Victorian Patient Satisfaction Monitor (VPSM), saw 46 respondents from the community participate in a satisfaction survey about the care they received whilst inpatients at Mansfield Hospital. Across the state in the same sized facilities as Mansfield (category D size hospitals) only 7% of inpatients are maternity patients. Unfortunately this does not allow comparison between categories. Mothers birthing in public hospitals have only been included in the survey since 2005/06, but there is already some interesting data being collected. One of the areas highlighted by the VPSM for improvement was increasing the 'proportion of mothers who have previously met their midwives'. Mansfield District Hospital is moving to further develop continuity of care for birthing women with the current review of the Shared Model of Maternity Care.



### Section A: Summary Results



VPSM indices' results provide an overall summary of responses to a specific set of individual VPSM questions. The chart to the left shows your hospital's result for each index and compares these results to the average of same category hospitals and the statewide sample.



Note that the minimum possible score for any index is 20, and the maximum possible score 100.





## Indicators of CARE

We are required to monitor many indicators of the care we give. The monitoring process requires the collection of data, reporting of the data and then we identify trends so as to change practice should any major problems be identified. We currently monitor the numbers of infections, hospital acquired pressure ulcers, resident/ patient falls and medication errors.

### Falls:

Mansfield District Hospital views falls prevention as a high priority. The highest group at risk of falls are our frail elderly residents and patients. Everyone over the age of 65 is assessed on admission for their 'falls risk'. With this knowledge the nursing staff make an assessment of what aids may be required to reduce the risk of falls occurring. This includes the provision of low beds which descend to floor level, the installation of floor alarms etc. Those at a high risk are often referred to the physiotherapist to assist with mobility issues.

### In 2008/09 the falls indicators for MDH include:

Unit/ year	05/06	06/07	07/08	08/09
Acute ward	28	24	22	34 (3a)
Bindaree	122	103(1a)	101(2a)	43 (3b)
Buckland	84	64 (1b)	89 (2b)	46 (3c)
<b>TOTAL</b>	<b>234</b>	<b>191</b>	<b>212</b>	<b>123</b>

(1a) Includes 10 fall related fractures (1b) Includes 3 fall related fractures  
 (2a) Includes 4 fall related fractures (2b) Includes 3 fall related fractures  
 (3a) Includes 1 fall related fracture (3b) Includes 3 fall related fractures  
 (3c) Includes 1 fall related fracture

### Medication incidents:

Medication errors continue to be monitored and analysed each month for all the clinical areas across the organisation.

The classification system used to analyse the data is as follows:

- Cat. 1. Adverse incidents (reportable)
- Cat. 2. Incidents that had the potential to cause injury/ illness (ie missed medications, incorrect administration)
- Cat. 3. Process errors (ie. Communication, medication transport, prescribing)

### In 2008/09 the numbers of medication incidents are as follows:

08/09	Acute	Bindaree	Buckland	VNS	TOTAL
Cat 1	1	1	0	0	2
Cat 2	18	7	2	1	28
Cat 3	3	30	5	4	42
<b>TOTAL</b>	<b>22</b>	<b>38</b>	<b>7</b>	<b>5</b>	<b>72</b>

Of the total number of incidents for 08/09 (compared to 07/08) Buckland House and the Acute ward saw a significant reduction in incidents, while Bindaree saw an increase in the number of Cat 3 incidents. This is thought to be a result of more personal care workers undergoing their competency training, which has resulted in many more errors being identified and reported prior to administration. Thus reducing significant problems.

### Pressure ulcers:

The hospital continues to participate in the data collection on the incidence of pressure ulcers in both Aged Care and Acute. We have continued to improve our recognition of the patient/resident at risk. In addition assessment, management and preventative care has continued to be improved since the implementation of the Braden Scale risk assessment-scoring tool.

### For the 08/09-year the figures are:

Unit/ Pressure ulcer (1)	Stage 1	Stage 2	Stage 3	Stage 4
Bindaree	14	8	3	0
Buckland House	5	6	7	2
Acute ward	9	1	1	0

(1) In all occasions the results lie well below the state average for similar facilities  
 (2) This table represents the total number of pressure ulcers for 08/09

### Infection control:

Monitoring of our systems to prevent infections remains a high priority. The Infection Control Practitioner oversees the collection of data in all 3 facilities by using nominated staff in each area. With nosocomial (hospital acquired) infection rates now benchmarked across the state, our rates remain low. The last part of the financial year saw all staff monitoring the flu season. We set a target for staff flu vaccinations this year with the results at 71% for Acute ward nursing staff and 100% for the local Medical staff.

### The data for 08/09 is as follows:

Acute hospital	Bindaree	Buckland
0.08%	0.22%	0.33%

### The Infection Control Practitioner also monitors:

- Nursing staff compliance with hand hygiene (June 2009 audit result 93% compliance)
- Overall staff compliance (June 2009 audit result 87% compliance)
- Surgical wound surveillance
- Antibiotic usage in Aged Care

## Ensuring CARE is safe

The safety of staff, patients, residents and visitors is a major area of continued improvement for Mansfield District Hospital. The Occupational Health and Safety Committee meet monthly to review the processes in place to identify any areas of concern. The deeply established hazard identification process identifies and improves problems as soon as they arise. 14 hazards were reported for the 2008/09 period.

Monthly safety audits by OH&S representatives check the workplace to ensure that our service provision is occurring in an environment free from hazards.

**In 2008/09 the number of incidents reported was.:**

Patient/ Resident Incidents (inc. falls)	243
Staff incidents	32
Other OH&S incidents (inc. security, communication)	22
Medication incidents	72
<b>TOTAL</b>	<b>369</b>

### Major points of the program are:

- All incidents are entered into an electronic database to be allocated a risk rating (extreme, high, moderate or low risk).
- This year we had one event which was rated extreme, investigation led to the transfer of the resident and a higher level of care being provided.
- Staff incidents were slightly down on last year; this can be attributed to the higher profile of the Occupational Health and Safety systems.

### Food Safety Audit

The Catering Department external audit was conducted on May 7th 2009. This audit is conducted for all three facilities (main kitchen, Buckland House, Bindaree) every year by an external auditor from Food Hygiene Australia. The results were once again excellent with no corrective actions needing to be implemented. The quality of documentation/records was of a high standard and staff demonstrated a high awareness of all food safety procedures.

### Cleaning Audits

The external cleaning audit has once again shown the hospital's Domestic Services team as a dedicated and hard working group. In an environment of cost containment strategies and increased use of services the cleanliness of the facilities for the residents and patients remains high, as seen by the following results:

Facility/Year	05/06	06/07	07/08	08/09
Hospital	95.3%	97.0%	96%	95.3%
Bindaree	93.3%	97.0%	97%	96.8%
Buckland	95.3%	97.0%	97%	93.5%

The audit figures are a standard scoring tool that can give a qualitative indicator of cleanliness. Minimum standards are set at 85%



## Continuity of CARE



Mansfield District Hospital is committed to clinical excellence and the provision of high quality health services. It continually reviews the services it provides to ensure that it is meeting the health needs of the community in an ongoing capacity.

### Examples of this include:

- Completion of the discharge planning project which saw the streamlining of discharge planning processes. Discharge planning commences on admission to the hospital and involves a multidisciplinary approach to the management of each individual's care needs which ultimately culminates in discharge.
- Following the success of the 2008 annual appeal 'Welcome to the World' refurbishment of the midwifery wing has now been completed. This refurbishment has seen the department transformed with new carpets, paint, window and bedroom furnishings, seating and new televisions.
- Participation of midwives in a 'midwifery road trip' to examine new models of midwifery care that may best meet the needs of our obstetric service.
- Ongoing funding of the highly successful Pastoral Care Volunteer program. This program offers immense support to our aged care residents and acute care patients by providing friendship, emotional support and encouragement.

### Palliative Care:

The Visiting Nursing Service continues to support the community with the provision of home based palliative care service.

The Visiting Nursing Service is supported to provide palliative care by Hume Region Palliative Care (HRCP). HRCP provide a clinical consultancy program and also assist with the provision of equipment and resources without which the service would not be able to manage to meet the specific care needs of those patients who wish to remain at home during the terminal phase of their illness.

The Visiting Nursing Service assisted in the provision of palliative care to 13 patients within community.

## Monitoring Quality of CARE

### Quality program:

To provide a high quality service Mansfield District Hospital must have in place a comprehensive quality improvement program. This program plays a part in achieving accreditation. Some examples of quality activities attended during 08/09 include:

**Maternity:** A review was completed by medical and midwifery staff of all emergency caesarean sections performed in the financial year. The outcome of this process found all were clinically indicated and performed safely. It was also noted that since the implementation of the new model of care C/S rate has fallen.

**Engineering:** With the focus on safety the maintenance department purchased a JLG Liftpod (Australian designed personal cherry picker) this piece of equipment is essential for complying with legislation designed around working at heights. It has already been used widely, from changing light globes to trimming the hedge outside the Emergency Department.

**Aged care:** Both facilities collect Aged Care Quality Indicators data (falls, 9 or more medications, unplanned weight loss, restraint and pressure ulcers). Processes are embedded to complete and analyse this data as collected quarterly.

**Executive Team:** a priority for the executive was to develop a set of Mental Health Protocols for use by staff in the Emergency Department. This project was worked in collaboration with General Practitioners, Wangaratta Community Psychiatry, Victoria Police and Ambulance Victoria.

### Governance:

Our Board of Management continues to monitor clinical quality through representation on all of the hospitals Quality Assurance and Management Review committees. The Board of Management takes its clinical governance role seriously and participates in a range of quality activities that include:

- Quarterly monitoring of the Hospital's Strategic and Business Plans
- Bi-annual monitoring of the Board's effectiveness through self assessment surveys
- Involvement in the Credentialing process for the facility

### Credentialing and Scope of Clinical Practice:

Credentialing and scope of clinical practice is a formal process undertaken by Mansfield District Hospital to ensure the safety and quality of care that patients receive from medical practitioners working from within our organisation. This process requires Medical Practitioners to submit copies of their current Medical Practitioners Certificate of Registration, Indemnity Insurance and Radiography licence. We further verify qualification, experience and professional standing of medical practitioners in their respective fields. Due to the strict credentialing process, patients can be

confident that Mansfield Doctors can deliver a high quality clinical service. Over the past 12 months Mansfield District Hospital has credentialed seven new doctors to our organization:

- |                          |                          |
|--------------------------|--------------------------|
| • Dr Stephen Flew        | Central General Practice |
| • Dr Licenia Ihuraqui    | Central General Practice |
| • Dr Rowena Christiansen | Central General Practice |
| • Dr Kate Savage         | Mansfield Medical Clinic |
| • Dr Marina McPherson    | Mansfield Medical Clinic |
| • Dr Daniel Dwyer        | Mansfield Medical Clinic |
| • Dr Catherine Samuel    | Mansfield Medical Clinic |

### Accreditation:

In October 2008, the hospital underwent its annual accreditation under the ISO 9001:2000 quality management system. A successful outcome was achieved with discrepancies identified with documentation and aspects of medication administration. Many have been addressed and others are currently being addressed via the hospitals quality management system.

### Aged Care Accreditation:

In April 2009 both Bindaree Retirement Centre and Buckland House Nursing Home obtained Aged Care Accreditation for a further three-year period from 2009 until 2011.

Accreditation ensures services improve the standard of care they provide to residents and their families as well as improve the facilities the residents live in.

The auditors were very impressed with the quality of care that staff provide to residents and passed both facilities on all 44 outcomes. This is a great result for Buckland House and Bindaree Hostel and a credit to the care and commitment that all staff has to achieving quality care for our residents.





## Ensuring CARE continues...

### Our Mission

A dynamic health service that meets the needs of our community

### Values:

**Quality:** We believe in providing a high quality, effective and accessible health service.

**Integrity:** We believe it imperative to be open, honest, transparent and ethical in our decision-making and business transactions.

**Support:** We believe in providing a safe, fair and equitable environment for our staff.

**Sustainability:** We believe that the future of our organisation and of our community will only be enhanced by the development of genuine environmental sustainability initiatives.

### Facing the challenges of the future:

A dynamic and growing community such as Mansfield requires an adaptive and responsive health service and Mansfield District Hospital will continue to maintain its commitment to meeting the health care needs of the community it serves.

The challenging economic times that we currently face present their own unique challenges for a small rural hospital such as ours. Despite this, the organisation and its dedicated staff remain committed to the challenge.

The hospital's strategic plan identifies future directions for the organisation. Some key points of which are:

- As the communities major health care provider, Mansfield District Hospital will seek to take a lead role in community services planning and advocacy
- Mansfield District Hospital will focus on developing its residential aged care services to meet expansion in demand.
- Mansfield District Hospital will focus on maintaining our current level of acute service.

Information regarding the organisation's strategic plan is available on request

### Facts From Your Hospital:

**Number of patients treated in the acute ward:** 1621

**Average length of stay:** 5.20 (exc. day treatments)

**Number of babies born:** 80

**Number of patients treated in the emergency department:** 3139

**Number of operations performed:** 424 operations (including caesarean sections)

**Number of visits from the Visiting Nursing Service:** 8965 visits to 241 clients

**Number of meals served by the kitchen:** 98,294 meals (including 8407 "Meals on Wheels")

**Annual appeal 2008:** Welcome to the World midwifery department upgrade



### Contact us:

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