



2014
QUALITY OF
CARE REPORT







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Introduction

2014 has been an exciting year and one heralding change for the Cohuna District Hospital. This report highlights the service and clinical achievements of the health service over the past year and is produced in conjunction with our annual financial report.

There have been many achievements and changes this year including;

- The successful accreditation of our health service to the new national accreditation standards.
- The strengthening of our partnership with the Community Retirement Village.
- The awarding of the golden key to Wendy Lunghusen for excellence in her theatre nursing studies.
- Two nursing staff have commenced the Nurse Practitioner Qualification and one has commenced RIPERN to enhance the quality of care

- provided by the health service.
- The appointment of ASPEX as the pre-eminent consulting firm in health to conduct our service planning for the future.
- People Matters survey results that exceed our peers for engagement, workplace and patient safety across all hospitals in Victoria.
- Outstanding results in patient safety and patient satisfaction on our overall care index (OCI).
- The development of closer ties with our fellow health services to improve clinical pathways and outcomes for our community.

Cohuna District Hospital and Community Nursing Home has served the community since its beginnings in the 1950's. We service a catchment of around 5,000 people that doubles in size at the peak of the tourism period between Christmas and Easter.

Our staff and volunteers are central to the quality of care provided to those we serve.

The Board of Management & CEO recognises and thanks each and every staff member and volunteer for their passion, skill and care provided each and every day to our community.



WILLIAM HALL
Chief Executive Officer



CAMERON HODGE
Board Chair

Board of Directors



CAMERON HODGE
BOARD CHAIR



LORRAINE LEARMONTH
VICE PRESIDENT



GEORGE PAYNE
BOARD MEMBER



BERNICE MACKENZIE
BOARD MEMBER



GRAEME SMITH
BOARD MEMBER



LOIS DRUMMOND
BOARD MEMBER



MANDY HUTCHINSON
BOARD MEMBER



RON NICHOLLS
BOARD MEMBER



RON STANTON
BOARD MEMBER



GEOFF HALL
BOARD MEMBER



DELLA MCGRAW
BOARD MEMBER

Communities we faithfully serve

3564
Patho

3566
Gunbower

3567
Leitchville
Horfield

3568
Cohuna
Cullen

3573
Mitiamo

Mead
McMillans
Macorna North
Keely

3575
Mincha
Pyramid Hill
Jungaburra
Sylvaterre
Terrick-Terrick
Mologa

Daltons Bridge
Burkes Bridge
Wee Wee Rup
Gannawarra
Mincha West

3579
Milnes Bridge
Macorna

FACT

The Gannawarra Shire population is 49.9% male and 50.1% female.

Our services

We provide a diverse range of services to the community that includes:

- 3 Bed Urgent Care Centre
- 16 Bed Acute Ward
- 3 Chair Dialysis Unit
- General Obstetrics (Birthing)
- Orthopaedic Surgery
- Gynaecological Surgery
- Planned Activity Groups
- Immunisation Clinics
- Post-Acute Care
- Domiciliary Care
- Diagnostic Scopes
- Major & Minor General Surgery
- Minor Dental Surgery
- Respite
- 16 Residential Aged Care Places
- District Nursing
- Radiology and Sonography
- Mental Health First Aid
- Transition Care
- Palliative Care

Community member, citizen or traveller, all are welcome and safe at Cohuna District Hospital.

A patient centred approach

Quality Improvement

Safe, quality care is paramount to the services we provide to health consumers. At Cohuna District Hospital and Community Nursing Home, we place emphasis on rigorous quality improvement and risk management programs to achieve the best possible outcomes for our patients, residents, carers and clients and other consumers.

Quality Improvement is a continuous practice of monitoring and evaluating performance, practice and process – organisation wide. It includes workforce education and training and managing performance. All staff have safety and quality roles and responsibilities detailed in their position descriptions.

Risk management reviews, audit analysis, incident and complaint investigations, occupational health & safety events all feed into the improvement program.

Accreditation is an important component of our improvement strategy as it enables us to measure our performance against a set of industry standards which assists development of improvement activities that are consistent with other health services.

Improvement activities include auditing systems and processes, data analysis and reporting. Improvement activities are reported throughout the organisation with the Board of Management overseeing programs as part of their governance role.

Feedback from patients, residents, carers, family members, our community and staff is important in determining where we can improve across many areas including direct care, the environment, food services, administration practices etc. The surveys and questionnaires we ask you to complete help us do this.

Risk

We have a comprehensive risk management program supported by policy and our risk management framework which is built on the principles of the AS/NZS ISO 31000 risk management standard.

Our system identifies risk through incident reports, complaints, NSQHS Standards requirements, direct observation and through shared information within the health sector. When risks are identified our quality improvement teams are used to review and treat the risks to improve the level of quality and safety of our services. The risk management program aligns with the Hospital's strategic goals and service profile.



Survey Response

88% of Consumers actively participate in Hand Hygiene.



A patient centred approach

Three nursing staff are undertaking advanced nursing education.

One is doing the RIPERN (Rural and Isolated Practice Endorsed Registered Nurse) course and two are studying for qualifications as Nurse Practitioners.

Clinical governance and risk

The Board oversees the safety and quality of clinical care of our consumers through various clinical governance committee structures that manage clinical risk. Clinical governance covers activities such as credentialing, incidents, adverse events and infection control. We use the statewide web based incident reporting system known as VHIMS.

The clinical governance process monitors a range of systems including medication, pharmacy, operating theatre, infection prevention and control, medical records and other documentation. Incidents and near misses are reported and reviewed as are care notes and clinical audits. Coroners' reports, complaints and clinical indicators are reviewed and where appropriate action is taken to improve our processes.

Credentialing, competencies, nursing registration and scopes of practice

Visiting Medical Officers (VMO's) working at Cohuna District Hospital are required to be credentialed to practice within their defined qualification (scope of practice). We belong to the Bendigo based Loddon Mallee Credentialing Consortium, who provide a joint credentialing service for the region. Within the hospital we have processes that ensure our nursing registration and credentialing service are constantly monitored and up to date.

Our workforce is required to undertake regular mandatory education and training to maintain their skills and remain abreast of key competencies. It is a requirement to maintain these skills to hold a contract of employment at Cohuna District Hospital. Examples of mandatory training subjects include; Infection Control, Basic Life Support, Fire & Evacuation, No Lift, Medication Management and Triage.

Survey Response

95% of Consumers are aware of the major infection prevention strategies.

A patient centred approach

Falls

Falls can have a debilitating effect on quality of life and are taken very seriously at Cohuna District Hospital and Community Nursing Home.

Falls are reported and data entered into the incident management system where a severity rating is allocated to each fall and data is trended and reported within the organisation. When falls occur they are referred to the falls management team where we investigate the cause and implement actions to reduce the likelihood of recurrence.

For the year ended June 2014, falls per 1000 bed days were 4.24 which is well below the overall statewide rate of 6.72, there were no aged care related falls resulting in fractures.

Pressure injuries

At your Hospital, we assess patients for the presence of pressure injury and their risk of developing a pressure injury. Advancing age and frailty, poor health and reduced mobility can contribute to development of a pressure injury.

No consumer developed a pressure injury during their admitted stay during the year in the Hospital or as a resident in the Aged Care Facility. This is as a result of excellent nursing care utilising ongoing monitoring and techniques to prevent development of pressure injury and eliminate this type of injury from our health service.

Medication

At Cohuna District Hospital and Community Nursing Home we take the use of medication seriously. Staff have undergone specific training and all types of medication errors, regardless of the impact, are reported and reviewed by a team who take action to improve the safety and quality of care.

Reporting rates are high and the corrective actions taken are of excellent quality.

Our record for medication safety is outstanding, demonstrating our commitment to care. In 2013, we recorded only one significant medication error that resulted in an adverse outcome to the consumer which resulted in temporary inflammation at an IV cannula site.

Our Pharmacy service is contracted through Echuca Regional Health. Our Pharmacist recently completed the Medication Safety Self-Assessment for Australian Hospitals where 9 of the 10 criteria showed improvement from the previous assessment conducted in 2012. Our focus for this year is to improve the provision of medication information to patients who have newly prescribed medication during their admission, as part of this project over 75 information sheets of the most commonly prescribed medications have been developed for distribution to patients.

Pressure injuries over the last 5 years

2013/14

0

2012/13

9

2011/12

10

2010/11

16

2009/10

26

Survey Response

95% believe they, their carers, family and community have adequate input into services we provide.

Data and performance

Residential aged care

Cohuna Community Nursing Home provides quality care for 16 elderly residents. We are monitored by the Department of Health with our results benchmarked (compared) and reported back to enable us to compare our results against the overall statewide rate giving us a guide for improvement.

Five key indicators are reported and actively managed.

- ▶ Pressure injuries
- ▶ Falls
- ▶ Multiple medication use
- ▶ Unplanned weight loss
- ▶ Use of physical restraint

In all of the above indicators, we remain below the overall statewide rate demonstrating an outstanding commitment to care. The Nursing Home Nurse Unit Manager investigates and implements actions on any episodes of unplanned weight and conducts a quarterly nutrition review in collaboration with the visiting dietician.

To assist with reducing the number of residents on nine or more medications, our contracted Pharmacy provider from Echuca Regional Health conducts reviews of medications prescribed to our residents and provides a report with recommendations to the treating GP who then considers the recommendations and makes necessary alterations to medications prescribed.

No episodes of unnecessary physical restraint have occurred, as a falls protection measure we are using special concave mattresses where the benefits have been discussed with the resident, carers and family and consent provided.

FACT

24% of our population is aged 65 and over.

FACT

6.6% of our population require assistance with core activities of daily living.

Data and performance

Blood & blood products

Blood is a precious and essential part of providing a quality health service. Our standards require that consumers receiving transfusion of blood and blood products do so appropriately and safely. We have a comprehensive incident reporting and improvement system that monitors all blood related incidents and takes appropriate corrective action. No transfusion incidents were reported over the past year, there were two incidents reported that required clinical administrative improvements.

Our safe management procedures cover ensuring appropriate prescribing and use of blood and blood products, documentation indicating reasons for use, patient transfusion history, provision of information to patients prior to transfusion and evidence of systems to receive, store, transport and monitor blood and blood products wastage. We also conduct blood product audits to reconcile use, return or wastage.

Infection prevention and control

An essential part of our commitment to care is to do no harm to our consumers or staff as we deliver quality care to our community. Our comprehensive Infection Prevention

and Control program is responsible for prevention of hospital acquired or healthcare-associated infection.

Infection Prevention and Control is an essential, part of the infrastructure of health care and addresses factors related to the spread of infections within the healthcare setting (whether patient-to-patient, from patients to staff and from staff to patients, or among-staff), including prevention.

Our system includes a range of strategies and components that come together to provide a comprehensive system designed to keep our consumers and staff safe whilst delivering and receiving care.

Some of these strategies and components are:

- ▶ Strong prevention and control programs such as hand hygiene, staff health and invasive device management.
- ▶ Careful patient placement and accurate recording of consumer histories on admission.
- ▶ We engage in robust antimicrobial stewardship to control inappropriate use of antibiotics and deliver ongoing education and training.
- ▶ Our cleaning and sterilisation procedures includes consideration of building maintenance and waste management. Cleaning audits consistently surpass the accepted quality level.
- ▶ We engage in open communication with patients/

carers/consumers on all facets of infection control and provide information and health education as required.

We are a member of the Loddon Mallee Rural Infection Control Practice Group (RICPRAC) based in Bendigo. RICPRAC supports our organisation to achieve and maintain an effective program. We participate in a comprehensive annual audit based on Australian Standard AS/NZS 4187. The audit is conducted by operating theatre staff with results reported and benchmarked.

2013 RICPRAC AS4187 audit results were:

- ▶ 99% compliance against mandatory criteria
- ▶ 95% compliance against best practice

Compliance and effectiveness of our infection prevention and control is monitored in part by surveillance activities and our performance is entered into the Victorian Nosocomial Infection Surveillance System (VICNISS) enabling comparison and benchmarking against statewide results.

Cohuna District Hospital consistently meets our targets. Staff Health is assisted through our immunisation program which includes influenza vaccination at no cost to staff, the vast majority of our staff take advantage of the annual free vaccination program.

Data and performance

Chronic illness

129 clients received visits from the District Nurse July 1st 2013 – June 30th 2014.

Of the 129, 61 had a chronic illness. Services offered by the District Nurse are funded through the HACC (Home and Community Care) program and aim to assist people to remain living independently at home for as long as possible.

Visiting medical officers - urgent care

We have a Nurse based Urgent Care Centre (UCC) available 365 days per year, 24 hours a day. Last year we had 3,265 presentations to UCC. 25.1% (818) received treatment from nursing staff only and were not needed to be seen by the Doctor on call.

All presentations to UCC are prioritised (triaged) by nursing staff to ascertain the severity and urgency of a complaint. The nurse in charge will determine if a Medical Doctor is required and will advise the consumer of their options as a fee is usually charged by the on call Doctor.

If admitted our contracted General Practitioners (VMO's) see patients at least daily and provide direction and guidance for nursing staff for ongoing care, in the event recovery is not progressing as planned the patients GP is promptly advised. Private Patients have a choice of Doctor.

Care as individual as you are

All hospital patients, aged care residents and HACC clients attending Planned Activity Group (PAG) or using services provided by District Nursing have individualised care plans. Plans are developed in consultation with clinical staff (nursing, VMO, allied health), patients/residents/clients/consumers and/or their families or carers.

Visiting specialists include a general , dental, orthopaedic and gynaecological surgeons.

Survey Response

97% Satisfied with their participation in their care.



ANNE GRAHAM
DIRECTOR OF NURSING

Survey Response

88% of Consumers fully understood their treatment options.

People

People matter – have your say

Each year staff are invited to participate in the People Matter Survey conducted by the Victorian Public Sector Commission. The survey measures a range of aspects of workforce culture and climate in the Victorian public sector, focusing on employees' perspectives on the application of the public sector values and employment principles in their workplace. It also measures other workplace aspects such as job satisfaction and workplace wellbeing.

Results are used by participating organisations to identify their strengths and weaknesses and measure progress in embedding the public sector values and employment principles in their organisation's culture.

In 2014 we had our highest ever response rate of staff completing the People Matter Survey. This is a great response rate and was double the response rate of similar organisations across the state indicating our staff are genuinely engaged in shaping the culture of their workplace.

Areas showing improvement from last year include:

- ▶ Values including integrity, impartiality, accountability, respect and leadership.
- ▶ Employment principles including merit, fair and reasonable treatment, avenues of redress.
- ▶ Work environment – workplace wellbeing.
- ▶ Job satisfaction and engagement – level of satisfaction.

Areas showing opportunity for improvement from last years results:

- ▶ Work environment - employee commitment, change management.
- ▶ Staff experience relating to feedback on performance.

100% of staff believe:

- ▶ Our organisation strives to achieve customer satisfaction.
- ▶ We provide high quality services to our community.
- ▶ Best practice forms the basis for our work.
- ▶ Human rights are valued and supported through organisation policy.
- ▶ There are no employment barriers such as age, gender, cultural background.

Success through staff

The CEO and Board of Cohuna District Hospital are committed to ensuring it's staff skill sets are fully utilised, not only to ensure efficiency and excellence within the health service but to provide a rewarding career path and increased job satisfaction for its staff.

There are two qualified accountants on staff within the administration team who have had their positions & duties aligned to their degree qualifications. Cara

Van Der Zande will be focusing on ways to increase the hospitals revenue, whilst Sarah McKinley will be looking at expense control and reduction. With the focus on these two areas by training and developing two management accountants, it is expected the increase to revenue and the reduction in expenses will have a positive impact on the facility and will lead to a bright future for Cohuna Hospital.

Survey Response

82% felt adequately involved in the discharge process.

Environmental care

Environmental care - our performance

The health of our planet is important. As a public health services we are mandated to reduce health service environmental impacts on the environment. This is driven by our Environmental Management Plan. A component of our plan is the public reporting of our environmental performance in relation to energy, water, waste and carbon.

We are pleased to announce decreased usage across all four

areas equating to lower costs to the organisation and a reduced environmental impact. The data for 2012/13 represents the baseline data from which performance of this plan will be measured.

Staff engagement - environmental care

We conduct annual environmental waste & care training and a Staff Survey is completed every two years to reinforce and measure our engagement and commitment to environmental care.

In 2013

- ▶ 98% [50] staff members indicated that they participate in waste reduction/recycling
- ▶ 88% [45] are satisfied with our waste/environmental strategies

In 2011

- ▶ 98% [50] staff members indicated that they participate in waste reduction/recycling
- ▶ 88% [45] are satisfied with our waste/environmental strategies

Environmental care

Baseline environmental data

Energy Consumption

| Total energy consumption by energy type (GJ) | 12/13 | 13/14 |
|--|-------|-------|
| Electricity | 1516 | 1402 |
| Natural gas and LPG | 1378 | 1114 |
| Other energy types | 0 | 0 |
| Total (gigajoules) | 2894 | 2516 |

| Normalised energy consumption | 12/13 | 13/14 |
|---|-------|-------|
| Energy per unit of floor space (GJ/m ²) | 1.40 | 1.21 |
| Energy per patient treated (GJ/activity) | 0.23 | 0.18 |

Water Consumption

| Total water consumption by type (kL) | 12/13 | 13/14 |
|--------------------------------------|-------|-------|
| Potable water | 4.69 | 4.23 |
| Re-used/recycled water | 0 | 0 |
| Total | 4.69 | 4.23 |

| Normalised water consumption | 12/13 | 13/14 |
|---|-------|-------|
| Water per unit of floor space (L/m ²) | 2.0 | 2.0 |
| Water per patient treated (L/activity) | 0.4 | 0.3 |

Greenhouse Gas Emissions

| Total greenhouse gas emissions (tonnes CO ₂ e) | 12/13 | 13/14 |
|---|-------|-------|
| Gas | 82 | 66 |
| Electrical | 492 | 455 |
| Total | 574 | 522 |

| Normalised greenhouse gas emissions | 12/13 | 13/14 |
|---|--------|--------|
| Emissions per unit of floor space (kgCO ₂ e/m ²) | 277.23 | 251.78 |
| Emissions per patient treated (kg/CO ₂ e/activity) | 45.65 | 38.29 |

Waste Generation

| Total waste generation by type (Tonnes) | 12/13 | 13/14 |
|---|-------|-------|
| Clinical waste | 26.95 | 20.00 |
| General waste | 23.25 | 24.03 |
| Recycled waste | 3.96 | 3.82 |
| Total | 54.16 | 47.85 |

| Normalised waste generation | 12/13 | 13/14 |
|---|-------|-------|
| Waste per patient treated (kg/activity) | 4.3 | 3.5 |

| Waste recycling | 12/13 | 13/14 |
|--------------------------|-------|-------|
| Waste recycling rate (%) | 7 | 8 |

Governance and accountability

Corporate governance

Clinical Governance is defined as ‘the system by which the Board of Management, Department heads, clinicians and staff share responsibility and accountability for quality care, continuous improvement, minimisation of risks and fostering environments of excellence in caring for patients and residents’.

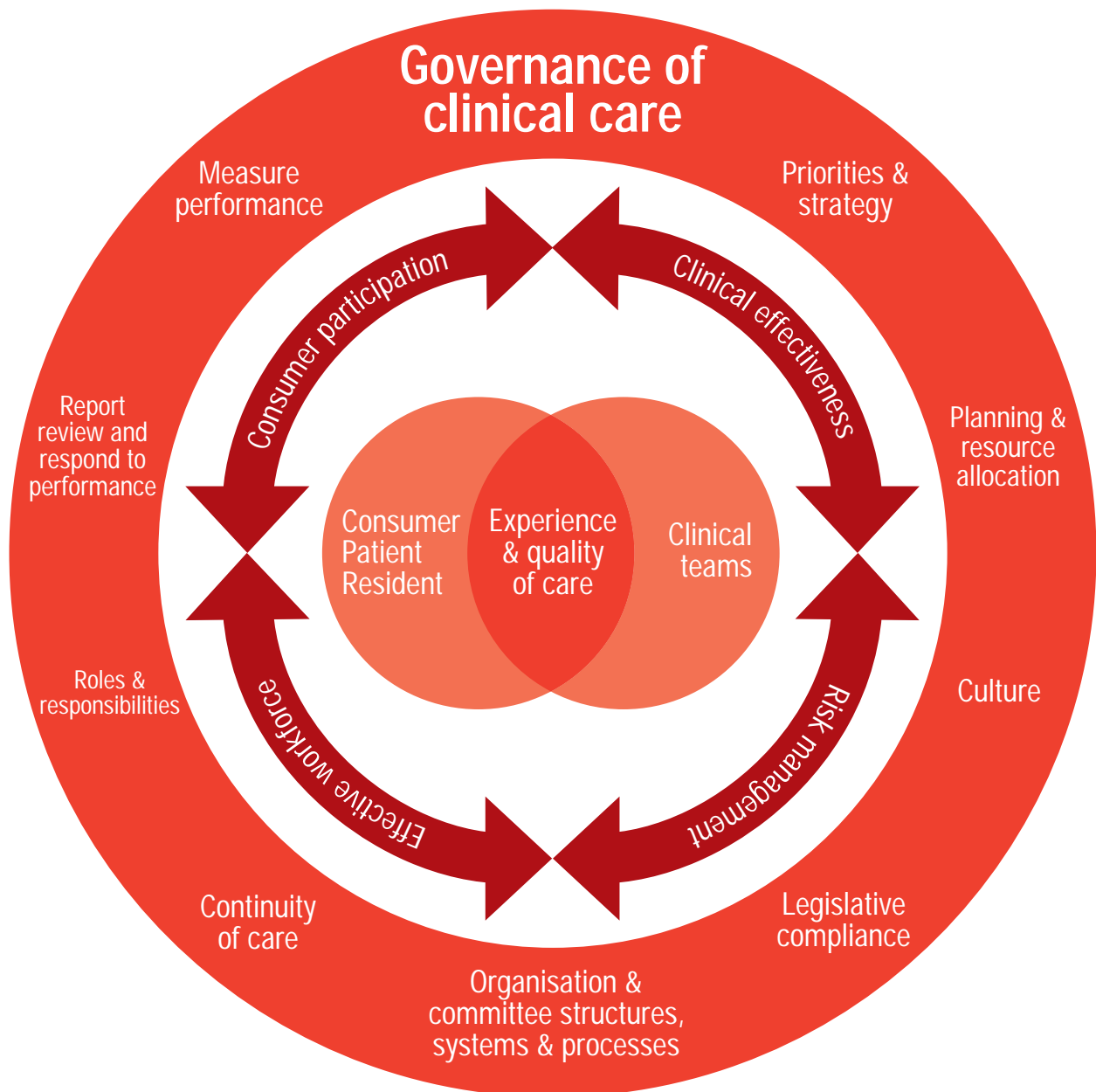
Ultimately, the Board of Management and executive are responsible for the quality and safety of clinical services and are accountable to the Minister for Health.

Clinicians and clinical teams have a fundamental role in the delivery of safe, high quality healthcare.

The Clinical Governance Policy was developed in 2012 and is supported by our Clinical Governance Framework.

Both the framework and policy are based on the 4 domains of the Victorian Clinical Governance Policy Framework:

1. Consumer participation
2. Clinical effectiveness
3. Effective workforce
4. Risk Management



Governance and accountability

Accreditation

All health services are required to meet set standards to be accredited to operate. Cohuna District Hospital and Cohuna Community Nursing Home are both fully accredited against their respective standards.

Accreditation - aged care

Our Nursing Home is assessed against 44 expected outcomes across 4 Standards. To remain accredited each of the 44 outcomes must be met.

The Aged Care Standards are:

- ▶ Standard One: Management systems, staffing and organisational development

- ▶ Standard Two: Health and personal care
- ▶ Standard Three: Care recipient lifestyle
- ▶ Standard Four: Physical environment and safe systems

We are regularly audited by external and enjoy the company of surveyors on regular unannounced visits. Our facility is fully accredited until August 2015.

Hospital & health services - accreditation

The Hospital's accrediting body is the Australian Council of Healthcare Standards (ACHS). In 2012 we

underwent a full assessment against set criteria and standards and achieved excellent results. We remain fully accredited until 2016.

In January 2013 a new accreditation process was introduced and for the first time all Australian health care facilities, including day surgery and mental health providers are now measured against the same set of common standards.

We have completed the majority of work required to remain compliant with the new national standards and have completed our partial review, we are committed to care and confident of retaining our fully accredited status.



Standard 1

Governance for Safety and Quality in Health Service Organisations



Standard 2

Partnering with Consumers



Standard 3

Preventing and Controlling Healthcare Associated Infections



Standard 4

Medication Safety



Standard 5

Patient Identification and Procedure Matching



Standard 6

Clinical Handover



Standard 7

Blood and Blood Products



Standard 8

Preventing and Managing Pressure Injuries



Standard 9

Recognising and Responding to Clinical Deterioration in Acute Health Care



Standard 10

Preventing Falls and Harm from Falls

ARE YOU INTERESTED? BOARD OF MANAGEMENT

The volunteer members of the Board of Management oversee the strategic direction of Cohuna District Hospital. Members are appointed for one, two or three year terms by the Governor in Council and are responsible for the provision of agreed services within the resources available.

The Board of Management is the governance body of Cohuna District Hospital, a role which includes monitoring the financial management, risk management, care standards and compliance with regulations and legislation.

How to become a member of the board of management?

Information on how to become a member and the duties of the board can be found on the Department of Health website: health.vic.gov.au/governance/faq or please contact the hospital on 03 5456 5300.

FACT

1.6% of our population is Indigenous.

Diversity

Our 2013/14 diversity action plan was developed using demographical information derived from the shire of Gannawarra. The plan targeted HACC service provision, providing insight for future organisational service planning and provision.

A partnership approach between the Shire, Cohuna District Hospital and other service providers has resulted in development of the 'Gannawarra service providers diversity action plan 2014-2015'. This collaboration enables provision of initiatives to improve health and wellbeing for all residents as local

health services work together, share resources and support each other.

Another local initiative to gain feedback from hard to reach consumers has been implemented. Our Director of Nursing commenced meeting with community groups to provide information, identify issues and gain feedback to ensure everyone in our community receives appropriate health care. A survey was developed for this purpose and initial results have been collated to inform our 2015 engagement plan.

Our indigenous population

Our Board and Senior Management have committed to Koolin Balit, the Victorian Governments 10 year strategic direction for Aboriginal health. The organisation has a health plan targeted to the indigenous population and remain a closely linked member of the Local Indigenous Network.

We maintain a strong partnership with the local Aboriginal community, our liaison officers are the CEO (William Hall) and the DON (Anne Graham).

Local initiatives

Community support - supporting your hospital

Your local Hospital depends on the support of the local community to fund its operations, retain services, purchase equipment and maintain employment. We extend our thanks to everyone in the community that has made a contribution directly or via the major fundraising events.

Bridge to bridge

The Annual Cohuna Bridge to Bridge event to raise funds for the Cohuna District Hospital and Royal Children's Hospital has been a featured event in the town for 21 years. The event began as a bet between two Cohuna residents on who could swim between two bridges and has become a featured event on the national amateur triathlon circuit.

The family event is held on the first weekend in March incorporates a range of events for all ages including long & short course triathlons, 8km swim, 25-50km bike rides, 6.5km walk/run & 15km canoeing. This event attracts around 700 competitors over two days who come from all over Australia.

This year's activity is to provide funds for safety improvements to the Hospital helicopter landing area.

Murray to Moyne bike ride

The local team for the Annual Murray to Moyne bike ride event held in April raises funds for the Cohuna District Hospital and has involved 18 District cycling enthusiasts. The ride involves up to 1100 riders in teams from across Victoria. The event starts from either Mildura, Kerang or Echuca to the Moyne River at Port Fairy which covers approximately 520 kilometres.

Funds this year will be spent on WiFi access throughout the hospital. Follow up fundraising by the Murray to Moyne bike team in the way of a trivia night held later in the year is always an excellent fundraising event and supported widely by both participants and donors of goods.

How can I donate?

Donations in the form of cash, cheque, postal notes or direct credit into the Cohuna District Hospital bank account are all acceptable ways of making a donation.

Cash can be donated at Cohuna District Hospital reception during working hours.

Cheques should be made out to Cohuna District Hospital.

Direct Credits can be made to our bank account:

BSB: 013-580

Account: 288110013

Ref: Your Name



Survey Response

97% satisfied with the admission process.

Patient stories

Jimmy Ross Acute patient

Jimmy has been a member of the Cohuna Community since arriving in the District in 1956 as a 13 year old farm hand.

Over the years Jimmy has seen a number of changes to the community and to the Hospital. Jimmy recalls the days when the railway ran to the South of the township and the mill and butter factory were the centre of industry for the area. "You could set your watch by the mid-day steam whistle" he said.

Jimmy has experienced his fair share of health episodes over the years that has seen him in an out of the Repat, Austin, Bendigo and Ballarat health services. "I don't measure the quality of a health service by the flash equipment or the building, I measure the quality by the service and commitment of the staff. The quality of care at Cohuna is as good as any of the larger hospitals, sure for our size we cannot do it all here and you need specialist referrals but I always look forward to getting out of the big hospitals and coming back here" said Jimmy.

Jimmy has raised hundreds of thousands of dollars for various charitable causes in the region, is still a regular fundraiser and can be found most Sundays at the local football club, still trying to convince the locals he is 4 years younger than his twin sister.

Joanne Lesueur Nursing home resident

Joanne has recently moved into the residential aged care in Cohuna.

"After living here I have realized just how wonderful aged care can be. I was in a facility in Melbourne and the two homes just cannot be compared" she said.

Joanne is thrilled her family suggested she relocate from Melbourne to Cohuna to be closer to her family. "The staff take time to stop and talk and they really have got to know me well, the meals are great and just a little too generous for a lady" said Joanne.

Joanne lived in Cohuna until the age of 12 when she went to boarding school in Bendigo and became a head statistician with the Commonwealth Bureau of Statistics.

Joanne looks forward to the customized activity plan and appreciates the special effort put in to ensure her love of card games and social activities with her church group are taken into account.

Joanne stays in regular contact with her friends in Melbourne by telephone and is an avid reader.



Have your say

Why not apply to become a member of our Community Consultation Forum? The Forum is a group that operate to provide views and input from a community perspective to the Board of Management. This input is used by the Board in areas of health service operations, planning and review.

For more information please contact the hospital on 03 5456 5300.



Consumer feedback

Consumer participation, influence & feedback

We wholeheartedly support the new National Standards requirement for extensive involvement and participation of the population we serve, irrespective of beliefs, culture, race, gender or background.

Our Board is made of up passionate member of the community, all of which have been consumers of the health service and provide strong advocacy on behalf of the community when evaluating performance and taking decisions.

Our enthusiastic Community Consultation Forum meets twice yearly and engages in lively discussion on a range of topics, providing feedback and influence to the Board and Hospital Management. With election of members due this year there will be opportunity for anyone wishing to be involved to do so.

Our Director of Nursing, Anne Graham and Chief Executive William Hall liaise extensively with the community as invited guest speakers and as members of local social and service clubs and groups. Your feedback is important to us.

Feedback enables us to plan for the future and make improvements to our services. Compliments and suggestions we receive are all read and acted upon. There are new suggestion boxes located in the nursing home and in the reception area in the hospital, the CEO and DON pride themselves on being available to the community and often available on short notice to discuss you experience.

Surveys and questionnaires are an important way to gather specific improvement information. Examples include the Patient Survey and HACC Client surveys or the new Victorian Health Experience Survey (VHES), we thank everyone in our community that has participated in these surveys.

An open meeting with the community is planned for late October 2014 as part of the Community Consultation Forum process and we hold an annual General Meeting, the purpose of these meetings is for us to provide information on our performance and to openly discuss our directions in the short and long term, we invite you to attend and voice your view on what we do well, where we could improve and future direction of Cohuna District Hospital and Community Nursing Home.

Consumer feedback - how we are performing

A new patient survey developed for 2014. The results of survey responses for the first 6 months have been collated. Thank you to those who answered the lengthy survey and the results are presented throughout this report.

Many positive and helpful comments were received; including the feedback related to the length of the questionnaire, as a result of your feedback the size of the survey has more than halved and is a much more user friendly document AND over 75 information sheets on our most commonly used medications have been developed and are given to patients commencing new medications during their admission.

Overall hospital stay experience

Patient rated satisfaction level for the first 6 months of 2014 = 95.8 Satisfied

Thank you for your comments.

Quality of Care – Access & Inclusion Report

We are pleased to report on a range of standards and indicators developed and measured in our Access and Inclusion Plan. This plan incorporates the Victorian Department of Health Cultural Responsiveness Framework and Disability Action Plan, and the 'Doing it with us not for us' strategic direction. This plan is overseen by a sub-committee of the Community Consultation Forum.

We use various data from the Victorian Patient Satisfaction Monitor (VPSM) and the newly announced Victorian Health Experience Survey (VHES) and our internal Patient Survey.

Standard 1: Demonstrate commitment to consumer, carer and community participation appropriate to the serviced community.

There are 8 strategies.

We are required to demonstrate compliance with 6 [75%].

The 8 strategies required are:

| Strategy | | Compliance |
|----------|---|---|
| i. | Participation policy | Reviewed in 2011 and 2013 to encourage and include a wider consumer base and greater engagement with the local community. |
| ii. | Community participation plan (CPP) | Initiated in 2010 and reviewed in 2012/13 with the formation of the Community Consultation Forum formed. |
| iii. | Community Reporting | Consumer, carer and community information is reported through local media items, Resident/ Relative meetings, website, surveys, VHES, newsletters, and Annual and Quality of Care Reports. All reports distributed at Annual General Meeting and available at any time via our website. |
| iv. | Cultural Responsiveness Plan | Developed / implemented December 2010. Reviewed 2013 – our plan was revised to include Diversity and is tied into our Access and Inclusion Plan. |
| v. | Improving Care for Aboriginal & Torres Strait Islanders (ASTI) | As there are few ASTI patient admissions, assessment occurs on an individual basis. 4 of 1391 of our patients were of ASTI descent in the reporting period. |
| vi. | Disability Action Plan | Full compliance with state policy and documented within the Access and Inclusion Plan. |
| vii. | Consult and involve consumers, carers and community members | Community Consultation Forum meetings. CCF sub committee reviewed Access and Inclusion Plan this year. |
| viii. | Staff capacity building/education to support consumer, carer, community participation | Participation with Southern Mallee Primary Care Partnership and Medicare Locals. Significant contribution to the development of local Chronic Disease Management, Diabetes and Mental Health programs. |

Target: 6 of 8 or 75% of a possible 100%

Outcome: 100% Achieved

Standard 2: Promote an inclusive organisational culture where management, staff and volunteers are responsive to diverse needs of consumers and community members.

Demographical data shows a population comprising small number of residents are from non-English speaking backgrounds. No admissions in 2013-2014 required access an interpreter service. Interpreter services are available to consumers as required. Special programs are available for Aged and Disabled person, the health service provides planned activities and outings for residents,

patients, carers and HACC clients. In June 2014 our organisation adopted Koolin Balit, the Victorian Governments strategic direction for Aboriginal health over the next 10 years. We maintain a strong partnership with the Local Indigenous Network. Cohuna District Hospital has an Aboriginal Health Plan that is regularly reviewed. Cultural Awareness education programs have been attended and education provided to all staff.

Standard 5: Consumers, and where appropriate, carers are involved in informed decision making about their treatment, care and

wellbeing at all stages along the continuum of care and with appropriate support.

CRF 4.1: Number of culturally and linguistically diverse consumers/patients indicating their cultural/religious needs were respected.
Target required 75%,
Achieved 100%.

CRF4.2: Culturally appropriate meals [Kosher, Halal, Vegetarian etc] are available if required.
Target required – 100%,
Achieved 100%.

CCCP2.1 VPSM Consumer Participation Indicator [CPI]
CCCP2.2 Maternity Services – % of women stating they were given an active say in making decisions about their labour/birth.

CCCP2.3 District Nurse clients satisfied with care/treatment decisions.
CCCP3.1 Information resources compliant for written Consumer Health Information Guidelines

CCCP3.2 Acute services – Number of respondents rating written information on how to manage their condition & recovery at home as good or excellent.

| AREA | TARGET | RESULT | DATA SOURCE |
|--|--------|----------------------------|---|
| Consumer Participation Indicator [CPI] | 75% | 95% | 2014 Patient Survey |
| Maternity – Involved in decision making | 90% | 95% | 2014 Patient Survey |
| Community Health - Care/Treatment | 90% | 93% | ACHS HACC Survey |
| Residential Care - Involved in decision making | 75% | 100% 100% | Resident Choice Survey Relative Survey |
| Information resources | 85% | 91% | 2014 Patient Survey |
| Acute Services - Discharge management info | 75% | 97% | 2014 Patient Survey |

Standard 6: Consumers, carers and community members are active participants in the planning, improvement and evaluation of services and programs on an ongoing basis.

We are pleased to report on our progress against this important standard. There are six dimensions, of which 5 are required to be compliant to satisfy this standard. We have achieved 100% compliance.

The 6 dimensions are:

- 4.1 Strategic planning.
- 4.2 Service, program & community Development.
- 4.3 Quality improvement activities.
- 4.4 Developing & monitoring feedback, complaints & appeals systems & in the review of complaints.
- 4.5 Ethics, quality, clinical & corporate governance committees.
- 4.6 Consumers, carers & community members are involved in the development of consumer health Information.

| Dimension | Actions taken to achieve compliance |
|-----------|--|
| 4.1 | The Strategic Plan was developed in consultation with community representatives and the Boards. As part of the service plan review the Strategic Plan will be revised. Your health service works under a funding arrangement that is subject to a Statement of Priorities that inform and support the strategic plan. |
| 4.2 | Considerable consumer, carer and community feedback on services and programs has been received that is vital in assisting areas for improvement. The Community Consultation Forum assists in the planning of future services and programs. |
| 4.3 | Quality feedback mechanisms include complaints, comments and suggestions. Data from forums, internal/external surveys, post operative interviews, general comments, incidents and Quality of Care feedback. The Quality Improvement program receives strong support from CDH management and the community. |
| 4.4 | All complaints, formal or informal, are reviewed and our senior management resolve all complaints in line with state & organisational policy. Where appropriate, consumers/carers/ community are involved throughout the process to achieve acceptable outcomes. |
| 4.5 | Clinical and corporate governance committees include some community membership and have Board members drawn from the local community. Our Community Consultation Forum primarily comprises local community members. We have an agreement with Bendigo Health Care Group to provide ethics committee advice as required to support the Clinical Governance Committee. |
| 4.6. | The Community Consultation Forum and Committee work with the Quality and Clinical leaders to develop all consumer health information. |

Target: 75% of a possible 100%

Outcome: 100% Compliance





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