

2015-16 VICTORIAN

QUALITY ACCOUNT



Barwon
Health

*Together with our
community we build
healthier lives, inspired
by world class standards*



ABOUT BARWON HEALTH

VISION

Together with our community we build healthier lives, inspired by world class standards.

VALUES

Respect

We respect the people we connect with

Compassion

We show compassion for the people we care for and work with

Commitment

We are committed to quality and excellence in everything we do

Accountability

We take accountability for what we do

Innovation

We drive innovation for better care

BARWON HEALTH AT A GLANCE 2015-16

Barwon Health is Victoria's largest regional health service serving up to

500,000 people

in the Barwon South Western region.

We are a major teaching facility with links to Deakin University, The Gordon and other tertiary education facilities around Australia. Barwon Health's University Hospital Geelong is one of the busiest in Victoria. We provide care at all stages of life and circumstances through a range of services including emergency and mental health, aged care and rehabilitation.

Care is provided to the community through:

- One main public hospital
- An inpatient and community rehabilitation facility at the McKellar Centre
- Aged care through lodges at the McKellar Centre at its sites in North Geelong and Charlemont
- A total of 16 community-based sites at key locations throughout the region
- Outreach clinics and home-based services.



21 sites



52,111
dental contacts



2,407
babies born



21,739
surgeries performed



6,676 staff



67,505
emergency department
presentations



On average, our Emergency
Department treated

190 people per day

WELCOME

On behalf of the Barwon Health Board and Executive, we are proud to introduce our 2015-16 Victorian Quality Account, reporting on quality indicators and standards set by the Victorian Department of Health and Human Services.

The purpose of the account is to provide accessible information about our quality of care and in doing so, demonstrate Barwon Health's accountability and transparency.

We see these qualities as crucial to collaborating well and maximising safe, high-quality healthcare experiences.

Our Consumer Representative Program saw 80 consumers, many of whom have lived-experiences with our health service, involved in providing feedback and input to shape key decision making within the organisation in 2015-16.

Putting consumers at the forefront is a key driver for us in our 2015/20 Strategic Plan. In the coming years, we will move from a position of providing consumer-focused care to consumer-directed care. This is reflected in the ever-increasing role our consumers play throughout the organisation, embedded at so many levels to ensure the service we deliver is world class and meets the needs of our community.

Inclusive practice is also driving the organisation in many ways. Throughout the year we have continued to focus on what we can do to 'Close the Gap' and improve health outcomes for Aboriginal and Torres Strait Islander people who come into contact with our health service. The result has seen us develop our inaugural Reconciliation


Action Plan. In addition to this important step, Barwon Health's Gay, Lesbian, Bisexual, Transgender, Intersex and Queer Inclusive Practice and Workplace Culture Committee continues to work on initiatives to promote a positive and inclusive culture for staff and consumers.

Feedback from last year's account indicated that the style and look of the report was very appealing to readers. Feedback also indicated the report was easy to read and understand. We believe this is due to the involvement of consumers in reviewing the report and their input leads to an easy to read, interesting and informative document.

The Quality Account is available to download on our website, www.barwonhealth.org.au and we encourage you to provide feedback on our Quality Account so we can continue to provide you with a publication that informs you about how we are tracking.



Dr John Stekelenburg
Board Chair




Professor Belinda Moyes
Chief Executive

TELL US WHAT YOU THINK

If you have any comments, suggestions or feedback about the 2015-16 Quality Account, please email comms@barwonhealth.org.au

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Consumers, carers and community members include people living with a disability, people with diverse cultural and religious backgrounds, people from all socioeconomic backgrounds and social circumstances, people with varied sexual orientations and people experiencing a variety of health and illness conditions. The first section of the report focuses on how Barwon Health participates and partners with people, our consumers, carers and the communities we serve.

A woman with blonde hair, wearing a dark sweater, is smiling and looking towards the camera. She is sitting at a table with another person whose hands and part of their face are visible in the foreground. They appear to be in a meeting or workshop setting. In the background, there is a whiteboard with some text on it. The entire image has a dark red overlay.

CONSUMER, CARER AND COMMUNITY PARTICIPATION

1.1 CONSUMER PARTNERSHIPS

Doing it with us not for us: strategic direction 2010-13 - Standard 5

The Barwon Health Strategic Plan 2015/20 highlights our commitment to working in partnership with consumers, carers and the broader community; building meaningful relationships through engagement.

Consumer and community participation is essential to improving health outcomes and maintaining high-quality healthcare.

Barwon Health has a Consumer Representative Program which actively contributes to building the capacity of consumers, carers and community members. A Consumer Representative is a committee member or project participant who voices the consumer perspective and takes part in the decision making process on behalf of consumers.

Participation refers to the opportunities, processes and mechanisms that are available to the Barwon Health community - to be involved in their health service.

Throughout 2015-16 we worked with **80** consumer representatives enabling the consumer voice in projects, committees and in consumer information review for more than **3,600 hours**.

Training for consumer representatives is provided quarterly to support participation at Barwon Health. On average, 20 consumer representatives attended each session. The session evaluations demonstrated an average of 4.5 overall satisfaction with the training (where 5 is excellent).

DEMOGRAPHIC	2016	GEELONG REGION POPULATION
Consumer representatives under 40 years old	21%	48%
Consumer representatives not born in Australia	17%	19%
Speak a language other than English at home	8%	9%

This table provides a summary of the diversity of our consumer representative group.

Throughout 2015-16 we worked with

80 consumer representatives

enabling the consumer voice in projects, committees and in consumer information review for more than

3,600 hours

1.2 INTERPRETER SERVICES

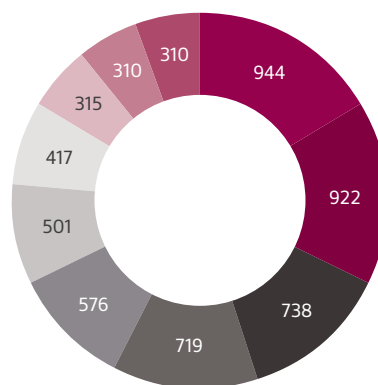


To ensure the best outcome for consumers with communication needs, Barwon Health uses professionally qualified interpreters.

In 2015-16, **8,305** interpreter requests were made across Barwon Health. Of those requests, nearly 7,800 sessions of interpreting services were provided to our consumers. More than 99 per cent of services were delivered and less than one per cent were not, due to no availability of the language speaking interpreters.

The top 10 language graph demonstrates the need to support newly arrived communities as well as communities with a long-established presence in Geelong. Each number represents the number of services provided for that language.

TOP TEN LANGUAGES 2015-16



- Dari
- Karen
- Croatian
- Farsi
- Vietnamese
- Hazaragi
- Arabic
- Italian
- Mandarin
- Serbian

In 2015/16,

8,305 interpreter requests

were made across Barwon Health. Of those requests nearly

7,800 sessions

of interpreting services were provided to our consumers.

1.3 VICTORIAN HEALTHCARE EXPERIENCE SURVEY



The Victorian Healthcare Experience Survey (VHES) is a state-wide survey of public healthcare experiences conducted on behalf of the Department of Health and Human Services (DHHS) to better understand what matters to the community.

The VHES allows people to provide feedback on their experiences and the information is used by Barwon Health to help monitor and improve our services.

With all public health services participating, we can also track how we are performing against other Victorian hospitals.

The Patient Experience Score is a key indicator of how we are performing overall, and the DHHS expect that 95 per cent of people should be indicating a positive experience at our hospital.

Over the last 12 months **90 per cent** of Barwon Health consumers surveyed rated their experience at University Hospital Geelong as positive. The VHES target is 95 per cent and the peer group average is 92 per cent.

Key theme

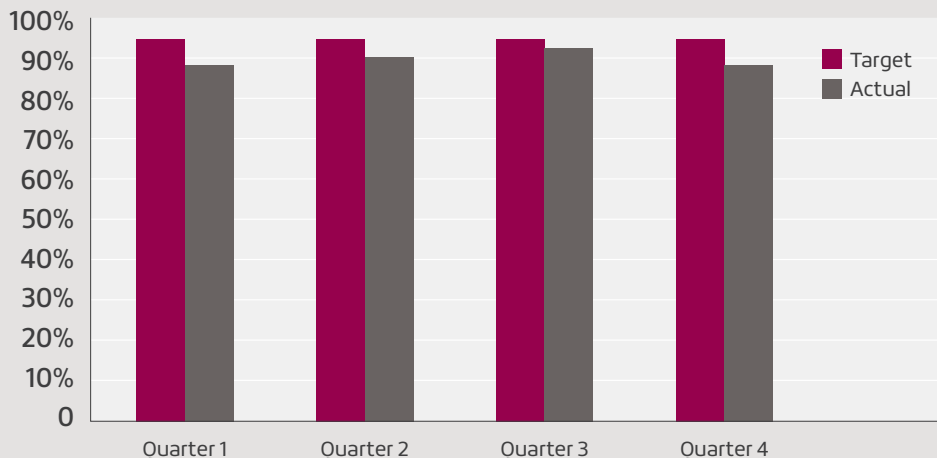
A key theme from the patient feedback obtained through the VHES was about difficulty car parking around University Hospital Geelong. As a result of this feedback:

- Barwon Health is working closely with local government stakeholders to improve access to car parking around the hospital site.
- A car parking action group was established, with representatives from various departments across the organisation as well as members of the community.
- A process also began to review hospital visiting hours, and assess the impact of extending hours to provide more flexibility for visitors and decrease car parking congestion at peak periods.

As a result of these actions, recommendations will be made in 2016-17 to improve car parking at the University Hospital Geelong site.

90%
of Barwon Health consumers surveyed rated their experience at University Hospital Geelong as positive.

OVERALL PATIENT EXPERIENCE SCORE 2015-16



This chart shows how we are performing against the DHHS target for patients rating their experience of care. In each quarter for 2015-16, we are slightly below the desired target and we are committed to improving the overall patient experience at Barwon Health.

1.4 IMPROVING CARE FOR ABORIGINAL PATIENTS PROGRAM



Barwon Health is committed to providing culturally responsive care for Aboriginal communities, and to making an impact on improving the length and quality of the lives of Aboriginal peoples.

The Aboriginal health team at Barwon Health includes:

- Three Aboriginal Hospital Liaison Officers (two female, one male)
- One Aboriginal Health Policy and Projects Officer
- One Koorie Mental Health Liaison Officer
- One Aboriginal Talent Acquisition Officer

The team works closely with the local Wathaurong community to engage Aboriginal people in our health services, and take Barwon Health services and clinics to the Wathaurong Aboriginal Cooperative.

Barwon Health signed a Memorandum of Understanding with the Wathaurong Cooperative in 2015 and currently operates the following clinics from Wathaurong's Health Service:

- Dental
- Paediatric
- Psychiatric
- Obstetrics
- Endocrinology
- Diabetes

To help build solid foundations of awareness and practice across our workforce, cultural awareness training has been provided across the organisation, including face-to-face training and identification training.

To ensure cultural needs of our Aboriginal patients are met, Aboriginal consumer forums and focus groups have been facilitated with:

- Aboriginal cancer patients
- Regional and local Aboriginal Elders
- Aboriginal mental health patients
- University Hospital Geelong Aboriginal patients
- Aboriginal consumers

Additionally, to make effective primary care referrals, there has been increased education to our staff on referral options, while Aboriginal Health Liaison Officers have had an increased role in discharge planning.

1.5 COMMUNITY HEALTH PRIORITY POPULATION GROUP RESPONSE

Barwon Health's Community Health and Rehabilitation Program Home and Community Care (HACC) working party has representation across all HACC funded services; inclusive of senior managers, quality manager, coordinators, team leaders and clinicians. Additionally this group has consumer representation.

Key highlights 2015-16

- 75 per cent of community health staff received diversity training.
- Commenced providing coordinated care for clients of the multi-disciplinary sexual assault program.
- Established links with homelessness services to enable increased access to this population group.

A diversity plan was developed in 2015 with a facilitated workshop that included:

- A review of demographic data
- A review of last year's diversity plan
- Open discussion
- Identifying priority groups

The following priority groups were identified as part of this workshop:

- Strengthen our understanding of Aboriginal and Torres Strait Islander health and culture.
- Support our capacity to deliver services to dementia-affected clients.
- Understand further the issue of homelessness in our region and explore opportunities for increased access to services for this population group.
- Continue to develop established programs which work with refugee, asylum seekers and non-English speaking groups.



Barwon Health continues to receive endorsements for the quality of its care, reflecting the commitment of our staff to support positive health experiences for the community.



QUALITY AND SAFETY

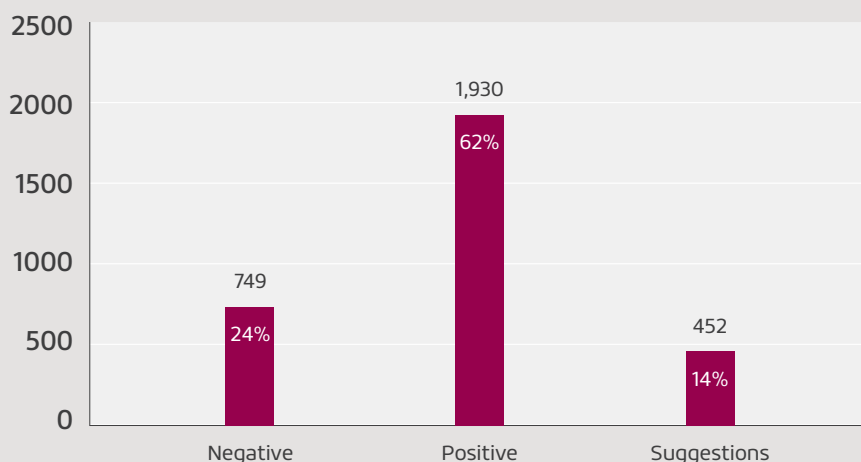
2.1 FEEDBACK AND COMPLAINTS



3,131 occasions
of registered feedback.

Barwon Health receives
registered feedback from an
average of nine people per day.

FEEDBACK DATA



This graph shows the feedback registered throughout 2015-16 across Barwon Health.

Many people tell Barwon Health about their positive and negative experiences and suggest ways in which we can do things differently. Feedback comes to Barwon Health from staff, patients, carers, family and friends in a variety of formats, including email, phone, social media and surveys.

Barwon Health has a dedicated Consumer Liaison Department that coordinates and works with feedback providers. Feedback helps guide our focus, improve the consumer experience and support decision-making.

In 2015-16, Barwon Health developed a comprehensive Consumer Feedback Management System to collect feedback - the good, the bad, and the opportunities for improvement. The system has enhanced Barwon Health's ability to track and monitor trends in feedback.

How to provide feedback

You can register your Barwon Health experience either in person at University Hospital Geelong, by phone or email to our Consumer Liaison Department or online via the Barwon Health website or our social media channels. Feedback about your experience can help improve our service.

- ☎ (03) 4215 1251
- 🖱 www.barwonhealth.org.au
- ✉ P.O. Box 281, Geelong VIC 3220
- ✉ CLO@barwonhealth.org.au
- 📘 facebook.com/barwonhealth
- 🐦 twitter.com/barwonhealth

Case study

Barwon Health recognises that you know yourself or your loved one best.

In 2014, a communication process called Patient and Carer Escalation (PACE) was implemented in the Children's Ward, enabling concerned family members to escalate care; meaning to raise concerns about the condition of their child if they felt they were deteriorating or out-of-character. However, the process had not been implemented across all wards at University Hospital Geelong.

In 2015, the family of a patient on an adult hospital ward raised concerns about their family member's out-of-character behaviour to staff. In response to those concerns, more tests were conducted by staff, and the patient was transferred for higher-level care.

This episode of care, combined with feedback from the family and staff, identified the benefit of a formal PACE process being based in all adult, acute wards at University Hospital Geelong.

PACE is now accessible on all acute wards at University Hospital Geelong, providing consumers with the ability to formally alert staff about their concerns.

To participate in quality and safety improvements at Barwon Health you can provide feedback through the website, community feedback forms at any of our locations across the region, complete patient surveys or consider joining the Consumer Representative Program. For more information, please visit www.barwonhealth.org.au

2.2 PEOPLE MATTER SURVEY SCORE



The People Matter Survey is an employee opinion survey run by the Victorian Public Sector Commission. In 2016, 100 health services in Victoria participated in the survey.

Promoting the values and employment principles of the Victorian Public Sector Commission within Barwon Health is an important part of being a public sector leader.

The survey allows Barwon Health to benchmark results across the public sector, identify strengths and weaknesses in our organisation's culture, and improve the engagement of our staff.

The People Matter Survey contains a set of questions about staff perception of how Barwon Health demonstrates patient safety.

Barwon Health uses this information to ensure staff are supported to provide high quality care for the community, meeting their emotional and physical needs and have the right systems in place to minimise risks.

Case Study

Improving health and wellbeing in the workplace can take time, however by engaging employees and listening to what they have to say, a program can be tailored to meet the needs of employees within the capacity of the organisation and operational requirements.

One department which has used the People Matter survey to measure a positive culture change is Information Services. A total of 152 surveys were distributed in 2015, with a response rate of 71 per cent. The results showed that there was a culture of “ambition” with 57 per cent of staff engaged and 81 per cent of staff agreeing that Barwon Health is a ‘truly great place to work’. The result

represented a significant improvement from 2013 where Information Services were in a culture of “reaction” with only 37 per cent of staff engaged.

Whilst the results were positive there were still areas identified in the results that could be improved. Areas highlighted for action were:

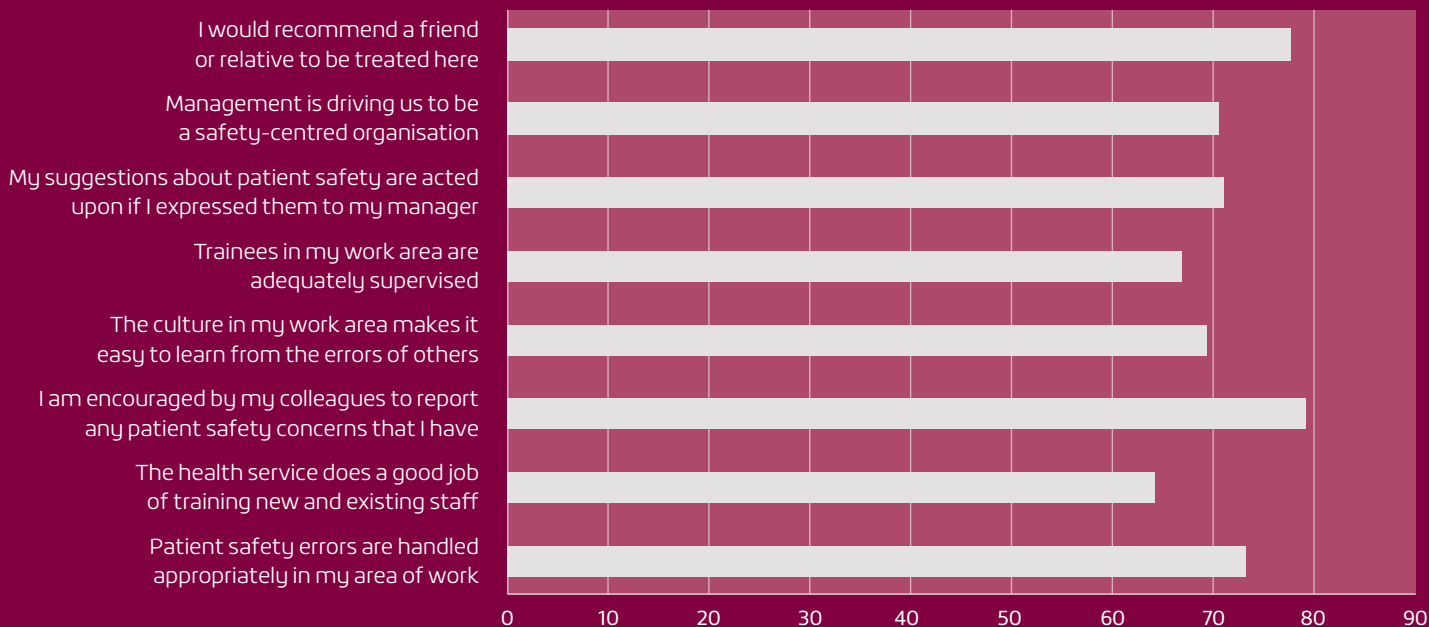
- Management
- Communication
- Living Barwon Health’s values
- Leadership capacity and building
- Work Environment
- Staff career progression and planning

Management, in conjunction with staff, created a Changing Culture Action Plan, outlined a timeline and a process to achieve the desired workplace culture

within Information Services. The desired outcome is an environment where people can be their best and will be highlighted by:

- Transparency in decision making
- Positive working culture which automatically recognises the great work of others
- Positive working relationships between teams within the service
- Open / positive communication styles
- Staff at all levels being supported to be leaders and are equipped with the skills to perform their roles to the highest level
- Individual career plans for all staff that support ongoing skill development.

PATIENT SAFETY - PEOPLE MATTER SURVEY 2016 - % AGREE



This graph shows staff responses to patient safety related questions.

2.3 POSITIVE WORKPLACE CULTURE AND PREVENTION OF BULLYING AND HARASSMENT

At Barwon Health we are committed to maintaining and building on a positive culture free from bullying and harassment.

A positive culture free of bullying and harassment places the organisation in a better place to provide effective and efficient patient care, maintain wellbeing and solve complex issues.

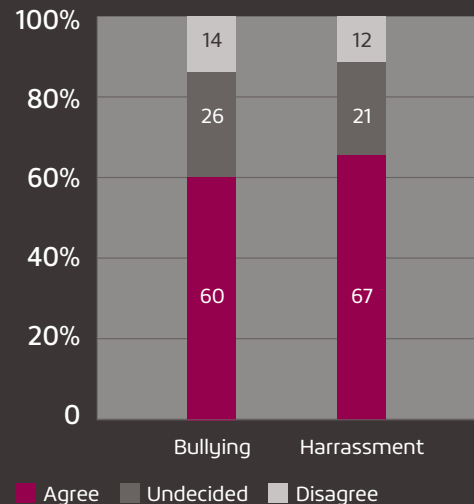
As part of our commitment, we must continue to challenge ourselves and set higher expectations about how we behave and the behavior of those around us.

From the 2016 People Matter Survey, it was found 74 per cent of the workforce had not personally experienced bullying at work in the past 12 months.

From July 2016, a range of initiatives will be put in place to increase awareness and educate staff on how to prevent and respond to bullying and harassment, including:

- Developing a 'risk management framework' for the prevention of and response to inappropriate behaviour.
- Detailing clearer responsibility and accountability for identifying and responding to bullying and harassment within policies and procedures.
- Developing new policies and procedures relating to proactive risk management approach.
- Developing mandatory staff bullying and harassment training.
- Running an awareness campaign across Barwon Health.
- Reviewing and strengthening the capacity and capability of Workforce to deliver a consistent organisational approach.

MY WORKPLACE IS FREE FROM...



This graph shows the breakdown of Barwon Health staff who agree, disagree or are undecided about whether they have experienced bullying or harassment in the workplace.

DATA ON BULLYING & HARASSMENT AT BARWON HEALTH

2015

60%
of the workforce agreed their workplace was free from bullying.

2016

67%
of the workforce agreed their workplace was free from harassment.

74%
of the workforce had not personally experienced bullying at work in the past 12 months.

2.4 COMMUNITY HEALTH STAFF SURVEY RESULTS AND PROGRAM IMPROVEMENT

A variety of survey results are used to improve the safety and quality of programs and services including:

- Best Practice Australia staff cultural survey
- People Matter Survey
- Monthly staff rounding results
- Monthly consumer rounding results
- Riskman incidents
- Clinical indicator reports

As a result of feedback from surveys, the following changes were implemented across our Community Health Services in 2015-16:

1. Belmont Community Health Centre (CHC) reception renovated to accommodate dental reception due to number of 'behaviour of concern' incidents in the open-plan dental reception.
2. Increased security at Newcomb CHC car park due to after-hours safety concerns in the car park.
3. Best Practice Australia results identified that staff had limited connection with senior managers. As a result the Director of Community Health and Rehabilitation Programs rotates shifts across the sites to have a visible presence.
4. A trial to identify and decrease infusion pump errors.
5. Made a change to the Personalised Health Care program which would alert staff if a patient had chosen not to include certain information in their health care record.
6. The Home with Supports program was redesigned to improve referral/handover and decrease errors.

Immunisation

In 2015-16, the Barwon Health Immunisation Service provided more than

36,000 vaccines

The team used over

40,000 needles

with not one needle stick injury.

In 2015-16, the Barwon Health Immunisation Service provided

127 influenza vaccinations

to homeless people through outreach services.

2.5 ACCREDITATION STATUS

Barwon Health is required to meet a number of healthcare standards and accreditation processes. There are regular audits conducted that assess how Barwon Health is performing against the standards. The following standards were assessed in 2015-16.

1. National Safety and Quality Health Service Standards (NSQHSS)

Barwon Health completed a mid-cycle surveillance audit in 2015 against the following standards:

Standard 1: Governance for Safety and Quality in Health Care

Standard 2: Partnering with Consumers result

Standard 3: Infection Prevention

All actions within these three standards were met, with 42 actions achieving Met with Merit.

2. Aged Care Standards

An audit was held at Alan David Lodge in July, 2015.

All 44 expected outcomes were met.

3. Human Services Standards

Barwon Health's continence clinic was audited against the Human Services Standards in April 2016. All requirements within these standards were met.

2.6 ACTIONS TAKEN TO IMPROVE QUALITY AND MONITORING SYSTEMS IN RESPONSE TO ADVERSE EVENTS





All staff at Barwon Health have access to the Barwon Health Incident Reporting system and must document harmful incidents into it. An 'incident' is an event or circumstance that resulted in, or could have resulted in, unintended and/or unnecessary harm to a person, or property loss/damage.

All incidents reported are rated for severity, coded, and distributed to relevant managers and Barwon Health personnel. In 2015-16, there were 14,840 incidents reported. Of these, 11,665 were related to patients and classified as 'clinical incidents'. Approximately 98 per cent of incidents reported were classified as minor to no harm reaching the patient. These incidents are reviewed so that trends are monitored and areas of concern are identified. This number of incidents reflects an excellent reporting culture by Barwon health staff.

Incidents that cause significant harm account for less than two per cent of reported incidents. Each of these incidents is formally reviewed. The review identifies if there were preventable factors that caused the incident to occur, and if so, they were classified as an adverse event. When a significant incident is confirmed as an adverse event, an action plan is developed and a person is delegated the responsibility for this, and a timeframe in which to complete the action.

In 2015-16

0.44 per cent

of all clinical incidents reported were identified as preventable significant adverse events.

This equates to

0.09

preventable significant harm incidents per 1,000 overnight bed days in sub-acute services, and

0.17

preventable significant harm incidents per 1,000 overnight bed days in acute services.

The top five themes associated with these adverse events were:

- Pressure injury
- Falls
- Procedures
- Infection
- Medication

2.7 QUALITY INDICATORS



2.7.1 Preventing and controlling healthcare-associated infections – specifically the Staphylococcus aureus bacteraemia (SAB) rate and on Intensive Care Unit (ICU) central line-associated blood stream infections

Barwon Health's 2015-16 SAB rate was 1.2 per 10,000 occupied bed days (OBDs). The Victorian Department of Health target for health services is to achieve below 2 per 10,000 OBDs.

There were zero ICU central line-associated blood stream infections between April 2015 to March 2016. The Victorian Department of Health target is to achieve below 2.5 per 1,000 OBDs.

To reduce the risk of causing a blood stream infection a quality improvement project was undertaken to standardise practice for peripheral intra-venous catheters (PIVC) insertion and maintenance. This project reinforced aseptic PIVC insertion techniques and maintenance. It introduced a PIVC starter kit which provides all the necessary equipment required

to undertake aseptic insertion of a PIVC. Also, an educational module was developed, including an online video and a multiple-choice knowledge assessment. To date, more than 700 clinical staff have completed this education.

2.7.2 Medication Safety

In line with Barwon Health's quality and safety standards and national standards, medication safety is a priority in ensuring a positive experience for patients within the healthcare system.

Medication safety refers to the correct prescribing, dispensing and administration of medicines, and with thousands of medications dispensed and administered each day, processes and systems must be in place to ensure the right dose of the right medicine is given to the right person, at the right time.

In some circumstances medication errors can and do occur. Most incidents are detected and corrected before they reach the patient. There are very few medication errors which result in serious impacts to patients.

To oversee efforts that prevent and reduce medication incidents, Barwon Health has a Medication Safety Committee. The committee consists of managers from all areas of Barwon Health and provides leadership in the management of medication safety across the organisation and a forum for decision-making in relation to risks.

The committee's function is to establish processes and procedures to minimise and, where possible, prevent medication errors. The committee maintains oversight of policies, procedures and guidelines, reviews organisation-wide medication incidents and advises on implementation of national and jurisdictional policies and responses to medication safety alerts, notices, recalls and shortages.

At the most recent accreditation audit 100 per cent of the required medication safety actions were met.

100%

of the required medication safety actions were met.

Barwon Health's 2015-16 SAB rate was

1.2 per 10,000

occupied bed days (OBDs). The Victorian Department of Health target for health services is to achieve below two per 10,000 OBDs.

There were

zero

Intensive Care Unit (ICU) central line-associated blood stream infections between April 2015 to March 2016. The Victorian Department of Health target is to achieve below 2.5 per 1,000 OBDs.

2.7.3 Preventing falls and harm from falls

Preventing falls and harm from falls is a key priority for Barwon Health.

Despite early identification on admission of patients at risk of falling and multiple strategies put in place to prevent a fall, the number of patients who fall during hospitalisation has remained stable.

This is consistent with other health facilities which find it challenging to achieve a constant reduction in the number of patients who fall.

Barwon Health is currently undertaking a research study to speak with our patients who have recently fallen in hospital, to understand from their perspective why they fell. Patients are interviewed to further understand what they were doing at the time of the fall, and if there was anything they thought they could do, or any of the hospital staff could have done to prevent the fall.

All falls with significant injuries (e.g. fractures) are reviewed by a multidisciplinary team (doctors, a physiotherapist, nurses and a pharmacist) for preventability.

The aim is to reduce the falls rate by five per cent annually. The falls rate with significant injuries is set for zero for reasonably preventable falls with injury.

2.7.4 Pressure Injury Prevention and Management

People in hospital who have poor nutrition, long surgery and/or have difficulty in repositioning themselves in bed, are at risk of pressure injuries - also known as bed sores.

Barwon Health has zero tolerance of pressure injuries. This means we aim to have pressure injury prevention plans for all at risk of pressure injuries - and if a pressure injury does occur we not only manage the wound using best methods, we try to understand more about prevention of these wounds.

When compared with national information, there are less serious (stage 3 and 4) pressure injuries in University Hospital Geelong than the average of other Australian benchmarked hospitals.

When you arrive at hospital the nurses identify your risk of pressure injury. They discuss with you how you can work together to keep you moving, eating, drinking and caring for your skin.

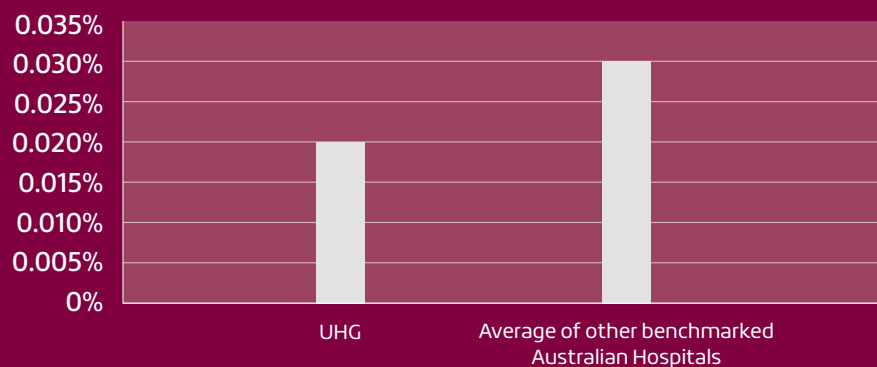
In 2015-16, University Hospital Geelong had 0.02 per cent serious pressure injuries.

The average of other Australian benchmarked hospitals was 0.03 per cent serious pressure injuries.

In 2015-16, the Pressure Injury Prevention and Management Committee engaged a consumer who makes reparation. The following actions were performed:

- Improved information provided to patients
- Reviewed a monthly pressure injury report
- Monitored a quality action plan
- Identified how pressure injuries can be better prevented, and developed a 2017/2020 strategic directions plan for pressure injury prevention.

PERCENTAGE OF SERIOUS (STAGE 3 & 4) PRESSURE INJURIES 2015/16



2.7.5 Safe and appropriate use of blood and blood products

Intravenous (IV) immunoglobulin (Ig) is made from human plasma, which is one of the components of human blood. Plasma contains antibodies which help the immune system to function properly. IVIg is given to patients whose immune system is not functioning properly.

Some of the uses of IVIg are severe neuropathy, prevention of infection in patients with malignancy, in pregnancy for mothers with low platelet count, in children to replace missing immunity or to reduce an overactive immune system.

With use of IVIg averaging an 11 per cent increase annually across Australia, in 2015-16 national governance arrangements were developed and implemented to ensure the use is equitable and sustainable. University Hospital Geelong has implemented these arrangements, including a national electronic authorisation request system- BloodSTAR with Go Live September 2016.

A large proportion of our blood use monthly at University Hospital Geelong is giving IVIg monthly to our patients. (Figure 1).

Plasma donations are considered 'gold' to support the use of IVIg for patients who will often require it throughout their life.

For more information about blood donation, please contact the Australian Red Cross Blood Service www.donateblood.com.au

USE OF BLOOD AND BLOOD PRODUCTS AT UNIVERSITY HOSPITAL GEELONG

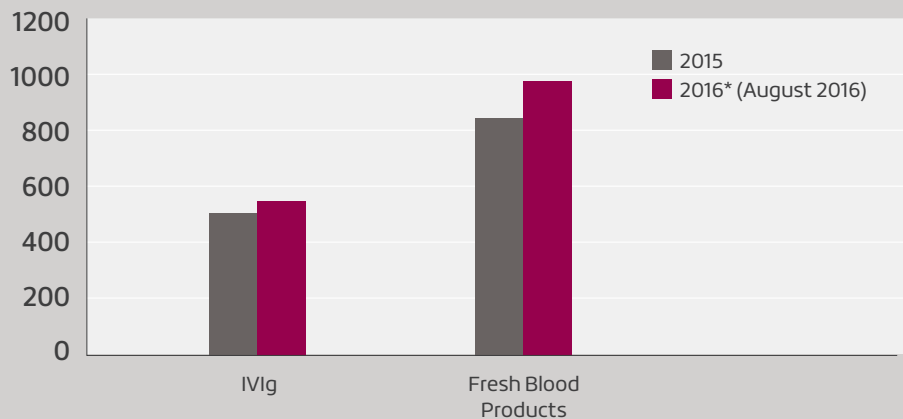
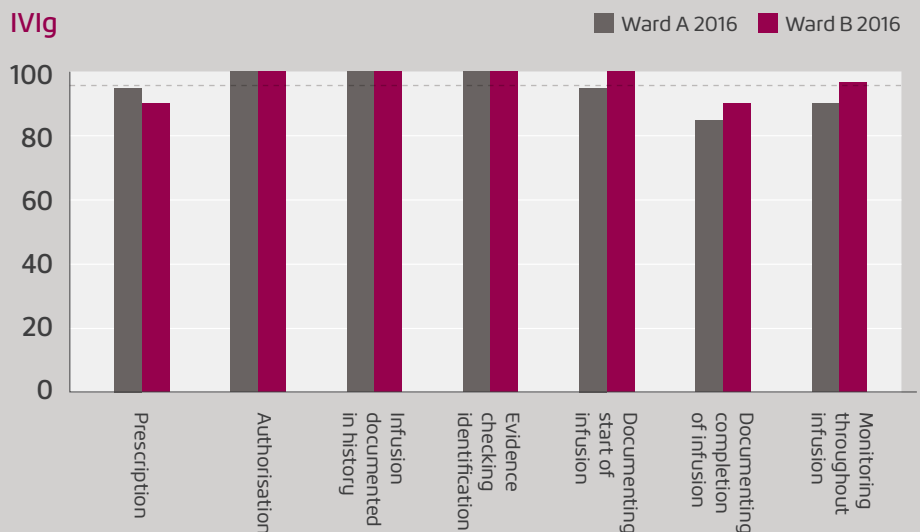


Figure 1

At University Hospital Geelong, Day Ward clinical areas are responsible for administering IVIg to over 90 patients each month. The administration process in these areas is monitored through clinical auditing and overseen by the hospital Blood and Blood Products committee. These areas have demonstrated improvement in 2015-16 and strive to provide excellence in care for patients receiving IVIg.



71% of the areas being monitored have exceeded the 95% benchmark.

2.8 HAND HYGIENE COMPLIANCE AND INFLUENZA IMMUNISATION



STOP

Everyone
entering
ICU must
wash their hands

THIS MEANS:

- ✓ Visiting specialist
- ✓ Visitors and family
- ✓ All staff

2.8.1 Hand Hygiene Compliance

Hand hygiene is one of the most effective ways to prevent the spread of infection in hospital.

Hand hygiene compliance is audited in all clinical areas of Barwon Health and submitted to the National Hand Hygiene (NHH) initiative three times yearly. Compliance is consistently over the NHH benchmark of 80 per cent.

In 2015-16, Barwon Health used a number of effective methods to promote and encourage hand hygiene:

- Hand hygiene product is available at point of care for clinicians attending consumer clinical care
- Audit of hand hygiene compliance (HHC) is carried out in all clinical areas of the health service
- Timely performance feedback (available the day after audit completed)

- Hand hygiene compliance results are available on the Barwon Health intranet and are posted on unit Quality Boards
- Active support from hospital leadership with funding the program, supporting improvement initiatives and providing achievement awards
- Clinical units are responsible for their own results. They inform staff of HHC performance. They initiate the improvement action project to address HHC less than 80 per cent
- Hand Hygiene education is completed three times yearly via online package or face to face session with Infection Prevention Clinical Nurse Consultant
- 'Five Moments for Hand Hygiene' is stipulated in all clinical procedures and assessed in clinical simulation activities
- Rewarding staff for outstanding achievements with certificates and prizes

- Hand hygiene is offered to the consumer on entering all Barwon Health sites and hand hygiene is enabled for the consumer who is less able to attend to their own hand hygiene
- Hand hygiene is promoted using education posters, produced in consultation with consumers.

In three out of four audits in 2015-16 Barwon Health exceeded the compliance rate. One audit was only one per cent under expected compliance.

2.8.2 Influenza immunisation

Barwon Health encourages all healthcare workers to participate in the annual influenza vaccination program, and offers the vaccine to anyone who wishes to prevent getting influenza.

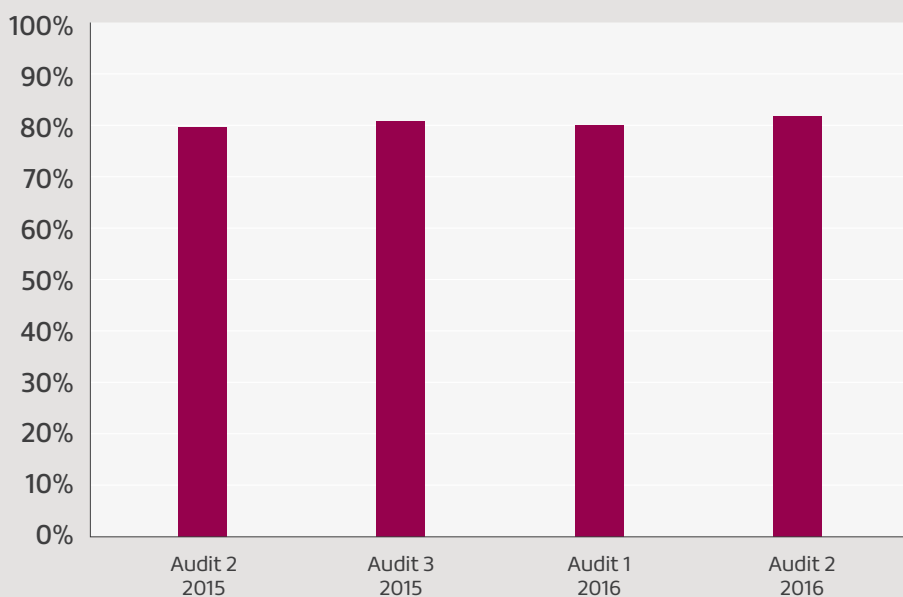
Influenza, also known as the flu, can cause significant illness in vulnerable people, such as those with low-immunities and the elderly.

In 2015-16, 76 per cent of Barwon Health staff had their influenza shot, one per cent above the Victorian benchmark.

Why are flu shots important to healthcare workers?

- They help prevent spread of the disease to those people under their care
- They help prevent personal inconvenience and illness
- They help prevent unnecessary disruption to the healthcare system during influenza outbreaks.

HAND HYGIENE COMPLIANCE RATE 2015-2016



76%
of Barwon Health staff
had their influenza shot.

2.9 VICTORIAN PERINATAL SERVICES PERFORMANCE INDICATORS



There are a range of indicators relating to care before, during and after birth. We compare our performance with all other public health services in the state. These are reported annually by the Department of Health and Human Services and the most recent report relates to the 2013-14 year.

The most important indicator was the perinatal mortality ratio, where mortality ratios for the last five years were compared across the state, with a standardised average of 100 (anything less than 100 is better than average). These ratios were reported for babies born from 32 weeks gestation (the group of babies we care for at Barwon Health) and from 22 weeks gestation (which is a group specifically catered for by the

three hospitals with Neonatal Intensive Care Units). One other important measure is the percentage of babies who are extremely undersized (severe intra-uterine growth retardation [IUGR]) not delivered by 40 weeks.

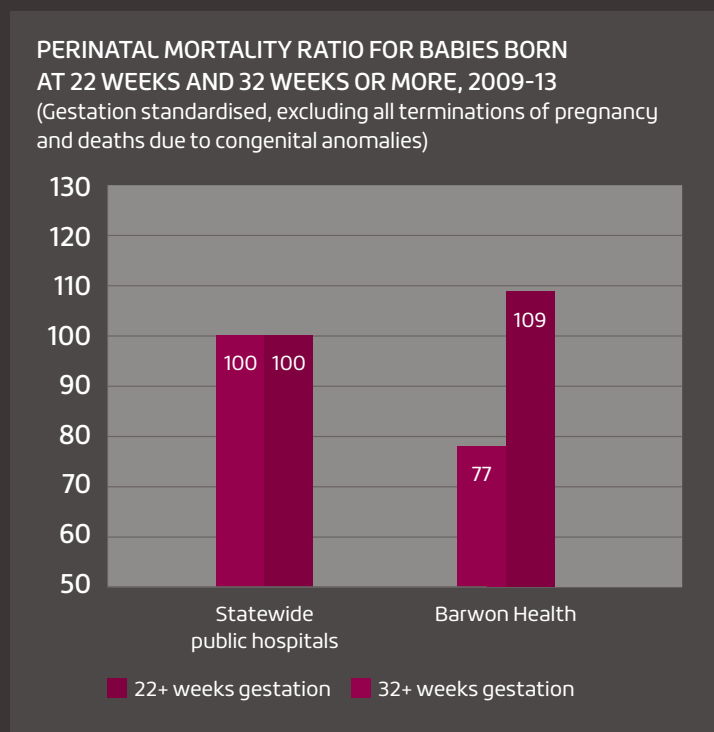
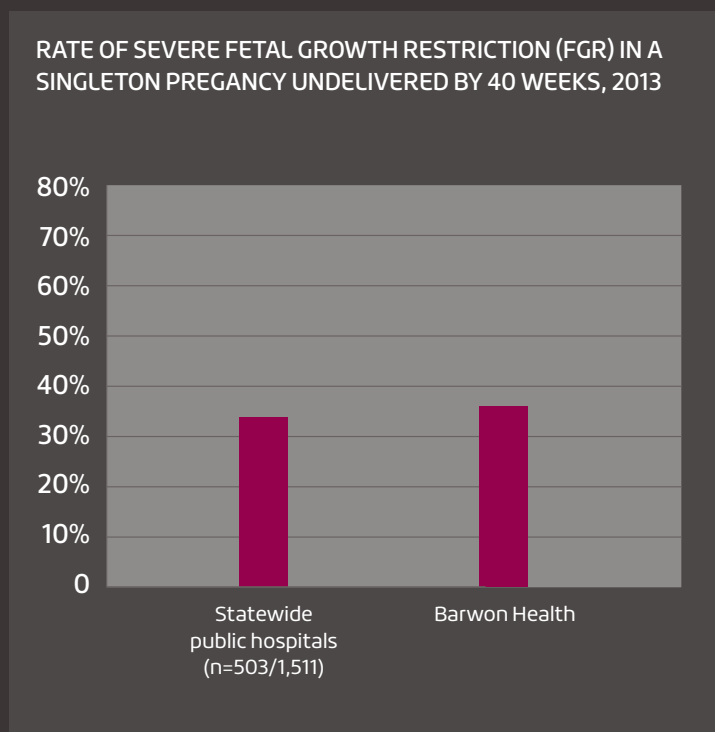
These babies are at much higher risk if they are delivered after 40 weeks. We want to deliver them before this time.

For babies from 32 weeks gestation our standardised mortality ratio (SMR) was 77. This was the second lowest in the state, lower than two of the three tertiary hospitals and the lowest of any non-tertiary hospital. For babies born from 22 weeks our SMR was 109 – this, as would be expected, is not as good as the tertiary centres that specialise in this level of care, but the second lowest of non-tertiary centres and still in the best 25 per cent of health services in the state.

For babies with severe growth restriction, we had 35.6 per cent of babies still not delivered by 40 weeks gestation. This was an improvement from the previous year, but we are not performing as well as we would like compared with other health services (we are in the 25 per cent of hospitals with the highest rate for this indicator).

Regarding the SMR, we are performing well and need to continue to monitor to ensure we may remain one of the best performing hospitals in the state.

As a result of the poorer performance in delivering severely growth restricted babies in time, we have reviewed all cases where this has occurred. We have increased education and training to identify these babies. We are implementing a new guideline for better performance.



2.10 VICTORIAN AUDIT OF SURGICAL MORTALITY



Barwon Health submits all inpatient surgical related deaths to the Victorian Audit of Surgical Mortality (VASM) electronically. Deaths included are when an operation was performed by a surgeon regardless of who admitted the patient, and when a patient was admitted under the care of a surgeon and no operation was performed.

These deaths undergo external peer review.

University Hospital Geelong receives an annual report of findings which benchmark to like organisations. It also receives a de-identified case note review booklet.

These reports and booklets are distributed to the surgical department for information and identification of any issues. The report is also tabled at the mortality review committee.

The 2015 VASM report identified eight areas of recommendation for Victorian hospitals to improve surgical outcomes:

RECOMMENDATIONS	BARWON HEALTH'S ACTIONS
Improved leadership in patient care	Appointed directors of surgical units to increase accountability
Improved perioperative management	Increased numbers of pre-admission anaesthetic clinics, reviewing protocols for pre-operative investigations, introduction of extended recovery stay for patients that might require High Dependency Unit
Improved protocol compliance	Working with surgical units to eliminate unwarranted clinical variation
Action on evidence of clinical deterioration	Have a 'deteriorating patient committee' that reviews this
Improved awareness of surgical emergencies and sharing of care	Introducing electronic emergency surgery booking system
Infection control	Have regular reports through the infectious diseases unit
In hospital fall prevention	This is constantly monitored by 'falls committee' and reported back to units/wards. All patients are assessed for falls risk
Improved communication	Clinical handover committee is constantly reviewing and have introduced new tools for hospital medical officer handover

2.11 RESIDENTIAL AGED CARE INDICATORS

Barwon Health offers a comprehensive residential aged care service to the Barwon South West community. In 2015-16, there were 370 residential aged care beds across Alan David Lodge, the McKellar Centre and Percy Baxter Lodge.

Providing the ageing population with a safe and accessible environment and quality care is a priority for our aged care staff. To ensure accountability, all services that offer residential aged care services must report on their performance against the five public sector residential aged care quality indicators:

- Pressure ulcers
- Use of restraint
- Multiple medication use
- Falls and fractures
- Unplanned weight loss

The tables opposite indicate our performance against the targets set by the Department of Health and Human Services.

All sites performed well in use of physical restraint and physical restraint devices. Pressure ulcers were also managed well for stage 1 and 2.

Falls averaged across the service were in range at 8.59 falls per 1000 bed days, however McKellar Centre had higher outcomes given physical and psychogeriatric nature of clientele. All sites experienced some level of falls related fractures across the service against a target and range of zero. Nine or more medications continued to be difficult to manage with rates higher than range and target, however appearing consistent with state averages for PHRACS. Unplanned weight loss indicators were also above range and target across in 2015-16.

Preventing and detecting pressure ulcers

A Pressure Injury Improvement Strategy was developed to identify and monitor rates and management of pressure injuries through monthly quality reporting activity, following increased rates in Quarter 3 15/16.

The strategy included:

- Harmonising skin assessment screening tool across Barwon Health
- Standardising equipment such as air mattresses and seating
- Improving admission assessment checklists and escalating skin assessment to a compulsory day one admission activity
- Upgrading handover and communication process relating to skin integrity and monitoring.

The desired outcome will be to reduce stage 3 and 4 injuries to a 'never event' status consistently through earlier screening and intervention.

Reducing falls and fractures

To prevent and reduce falls and fractures aged care services has implemented a range of identified improvement activities including ongoing monitoring through monthly significant-falls review committee.

Improvement activates included:

- Implementation of additional physiotherapy assistance and non-pharmaceutical pain management strategies
- Review of continence activities
- Additional physiotherapy input to aid in reducing occurrences of falls and related fractures
- Residents strengthening programs to enhance quality of life and risk reduction for significant injury
- Additional support to sustain greater recovery from falls activity for individual residents.

2.11.1 PRESSURE ULCERS PER 1000 BED DAYS	REFERENCE RANGE RESULT YTD 2015/16	TARGET	RESULT YTD 2015/16
McKellar Centre			
Stage 1	1.2	0	0.66
Stage 2	0.8	0	0.89
Stage 3	0	0	0.12
Stage 4	0	0	0.07
Percy Baxter Lodges			
Stage 1	1.2	0	0.15
Stage 2	0.8	0	0.18
Stage 3	0	0	0
Stage 4	0	0	0
Alan David Lodge			
Stage 1	1.2	0	0.57
Stage 2	0.8	0	0.9
Stage 3	0	0	0.27
Stage 4	0	0	0.17

2.11.2 USE OF PHYSICAL RESTRAINT PER 1000 BED DAYS	REFERENCE RANGE RESULT YTD 2015/16	TARGET	RESULT YTD 2015/16
Intent to restrain			
McKellar Centre	0	0	0.07
Percy Baxter Lodges	0	0	0
Alan David Lodge	0	0	0
Physical Restraint Devices			
McKellar Centre	0	0	0.07
Percy Baxter Lodges	0	0	0
Alan David Lodge	0	0	0

2.11.3 MULTIPLE MEDICATION USE PER 1000 BED DAYS	REFERENCE RANGE RESULT YTD 2015/16	TARGET	RESULT YTD 2015/16
9 or more medicines			
McKellar Centre	1.49	2.1	4.28
Percy Baxter Lodges	1.49	2.1	6.29
Alan David Lodge	1.49	2.1	4.67

2.11.4 FALLS AND FRACTURES PER 1000 BED DAYS	REFERENCE RANGE RESULT YTD 2015/16	TARGET	RESULT YTD 2015/16
Falls per 1000 bed days			
McKellar Centre	8	3.3	11.58
Percy Baxter Lodges	8	3.3	5.67
Alan David Lodge	8	3.3	8.54
Fall related fractures per 1000 bed days			
McKellar Centre	0	0	0.15
Percy Baxter Lodges	0	0	0.22
Alan David Lodge	0	0	0.1

2.11.5 UNPLANNED WEIGHT LOSS PER 1000 BED DAYS	REFERENCE RANGE RESULT YTD 2015/16	TARGET	RESULT YTD 2015/16
Significant weight loss (>3kgs)			
McKellar Centre	0.8	0.2	1.16
Percy Baxter Lodges	0.8	0.2	0.95
Alan David Lodge	0.8	0.2	1.03
Unplanned Weight Loss (Consecutive)			
McKellar Centre	1	0	1.33
Percy Baxter Lodges	1	0	1.43
Alan David Lodge	1	0	1.23

2.12 CONSUMERS AT THE FOREFRONT OF MENTAL HEALTH

Mental Health and Drugs and Alcohol Services (MHDAS) recently recruited the role of Lived Experience Engagement Manager within the executive team. This role has been developed as part of a leadership restructure and for the first time brings the consumer voice to the leadership table in a sustainable way.

MHDAS has set a bold vision for improving the care of clients by working with consumers to design how we will do our business. The role will provide advice and expertise to ensure strategy and operations are contemporary and have our consumers at the forefront of everything we do. In particular this position will be responsible for the development and engagement of a broad community network of people who currently access or potentially access our services, including families and carers. The ultimate aim is to have 100-150 people who can engage with the service in a meaningful way in relation to the redesign work, but also engage with our staff at a local level to provide ongoing advice and feedback.

Barwon Health Seclusion Rates 2015-16

Seclusion = 17.4 episodes per 1000 bed days

Target – 15 episodes per 1000 bed days

Physical restraint = 108 episodes

Mechanical restraint = 14 episodes



Our actions are aimed at reducing restrictive interventions, with a focus on the balance between the number and duration of episodes.

To reduce restrictive interventions, with a focus on the balance between the number and duration of episodes, we have taken the following actions:

- Increased the use of sensory modulation program
- Weekly review of all seclusion events.
- Involvement of community mental health teams in review processes
- Promoted advanced statements for all clients who have been secluded
- Used the low stimulus area to both prevent seclusion and reduce the time in seclusion
- Debriefed clients post restrictive intervention event
- Used specialling
- Expanded the therapy team and increased program options
- Used the rapid sedation guideline
- Used the relapse prevention in community teams
- Introduced the CRF/PARC clinical deterioration guideline
- Improved management of consumers in the emergency department
- Made complex case reviews
- Introduced a clinical specialist
- Used MOVAIT training
- Re-escalation of training with role plays
- Provided recovery-oriented care.

2.13 QUALITY IMPROVEMENT

Prevention and Recovery Care (PARC) is a 28-day residential program located in Belmont, and a collaborative partnership between Clinical Mental Health Services provided by Barwon Health, and Mental Health Community Support Service Neami National.

PARC supports consumers experiencing mental illness by providing an environment which supports recovery. PARC is a voluntary program providing support either after an admission to the Swanston Centre Acute Unit, or to prevent an admission by providing intensive support in a community based environment.

Neami and Barwon Health have partnered for two years to provide consumers with an environment aligned with best practice recovery principles. The program involves a mix of group and individual work, focusing on topics such as early warning signs, collaborative partners, strengths and vulnerabilities, and stressors and strategies.

In 2015-16 a number of consumers voiced the importance of artistic expression as part of their recovery journey. Participatory and socially-engaged visual artist and PARC support worker Adam Douglass facilitated a collaborative artwork involving 13 participants. A creative challenge was to value every contribution whilst somehow managing to tie each part together into a cohesive work. Adam describes his well-honed method: "I've been developing an aesthetic system that is dependent on diversity. The projects that I facilitate provide a space for indirect communication that encourages freedom of expression, autonomy, connection and play; ultimately communicating culture."

Outcomes for clients were clear; individuals felt their visual voice was valued, visible and separate, yet part of the whole. PARC residents made varying sized contributions and participated in the project for varying lengths of time and also felt valued and heard.

The artwork now hangs in a prominent area of PARC where consumers, families and carers sit prior to admission and provides a colour-filled space for contemplation and reflection.

2.14 QUALITY IMPROVEMENT IN COMMUNITY HEALTH

A variety of community health quality improvement processes have been implemented in 2015-16 to improve consumer experience, access and health outcomes:

1. Barwon Health Community Health and Rehabilitation Programs (CHRP) are required to undertake care planning and research demonstrates the benefits of Shared Care Planning for client health outcomes. Shared Care Planning is recognised as gold standard practice and is an accreditation requirement for health services. CHRP is working towards achieving best practice by developing and implementing one Shared Care Plan across CHRP.
2. Ongoing development, education and evaluation of the consumer communication package which include AIDET, About Me and health literacy tools. Our staff information sessions, online training, annual competency days and accountability framework stress the importance of delivering a high level consumer experience.
3. Development of a communicative access e-learning package for staff.

The e-learning is aimed at helping staff learn approaches and techniques to support people with communication support needs, such as people who have a physical disability, brain injury, speech impairments, or have limited English. The e-learning is for all staff, regardless of their role, because great communication is essential to everything we do at Barwon Health.

The e-learning has been developed over the past 12 months through a community collaborative approach, with over 100 Barwon Health staff, volunteers, and consumers contributing to the design, or participating in one of the many workplace scenario videos and interviews that make up the e-learning.

The Shared Care Plan guideline was accessed 428 times by staff in 2015-16.

The AIDET guideline has been accessed 171 times by staff and 177 staff have completed the online training.



An important aspect of continuity of care is how services ensure that discharge or transfer practices meet the needs of consumers.

A man with a prosthetic left arm is shown in profile, smiling. He is wearing a dark, short-sleeved polo shirt. The prosthetic arm is white and appears to be a myoelectric or body-powered arm. The background is blurred, suggesting an outdoor setting. The entire image is overlaid with a semi-transparent red filter. In the top right corner, there is a white triangular shape.

CONTINUITY OF CARE

3.1 LEAVING HOSPITAL

A Victorian Healthcare Experience Survey (VHES) score which was a major focus throughout the year looked at how patients transitioned from the hospital to home.

Survey responders in 2015-16 were asked questions related to their transition from hospital to home, including receiving information on how to manage their healthcare, the home situation, arrangements needed, and the GP receiving information about treatment.

The benchmark for each quarter is derived from the summary of the positive score responses from the questions in the VHES related to transitions of care. Each quarter the benchmark changes. In 2015-16, 63 per cent of the time we reached a score higher than the benchmark.

In 2015-16

63%

of the time we
reached a score higher
than the benchmark

3.2 CONTINUUM OF CARE

Community health services must demonstrate how they respond to the needs of consumers, their families or carers and the community across the continuum of care.

Consumers are engaged at many levels, through model of care working groups, committees and local area consumer groups.

The Paediatric Complex Care model of care has been developed through consultation and engagement with a consumer with a lived experience, health professionals across acute and community services and partnering organisations such as Bellarine Community Health and the National Disability Insurance Agency.

The introduction of the Information and Access Service ensured that consumer needs are addressed across the continuum of care. The service provides information to the public about Community Health and Rehabilitation Programs and triages, undertakes Initial Needs Identification and assigns referrals to the appropriate service.

Access and Referral Pathway Procedures outline the referral management practice, continuum of care and coordination of care for clients transitioning between services.

Our Key Contact Person and Hospital Admission and Risk Program roles provide a pivotal role in providing care coordination to our more complex clients and priority groups.

The implementation of community health nursing roles into multidisciplinary centres has resulted in supporting consumers to access services across the continuum with the nurse supporting integration and linkages with the health care system for victims and survivors of sexual assault and family violence.



3.3 CONTINUUM OF CARE CASE STUDY



The Personalised Health Care pilot was set up in late 2014 to provide a home monitoring service to help patients manage their chronic health condition.

Patients are provided with an Android tablet and equipment such as a blood pressure cuff and pulse oximeter to measure the oxygen in their blood. Every day patients are asked to enter their information into the tablet. If any issues are identified, a team of nurses can respond to support the patient immediately either by phone or by video conferencing.

The expert team at Personalised Health Care also offer patients the opportunity to have a health coaching catch up fortnightly to explore strategies to better manage their health condition.

Case Study

Gary has a complex heart condition that has seen him undergo major surgery and struggle with his health over recent years.

When Gary first came onto the Personalised Health Care Program he had had many admissions to University Hospital Geelong that required strong medical intervention to manage his heart failure condition. The main issue for Gary was being able to identify that his health was declining and that he needed medical support prior to his condition becoming urgent.

The Personalised Health Care team worked with both Gary and his partner to support the use of his prescribed medication using video conferencing. Staff also supported Gary to ensure he was able to identify his declining health and take the right steps to manage the situation immediately rather than wait until he was very unwell.

During the course of care with Personalised Health Care, Gary was linked with Hospital Admission Risk Program (HARP) and now receives support from a community case manager. He has received nursing services for a leg ulcer and has been provided with funding to buy equipment such as an electric bed and sleep apnoea machine.

Gary is feeling very confident in managing his health and recognising when he does not feel well and actively manages his own health condition. Although Gary has presented to the Emergency Department he has not been admitted with his heart failure condition since starting his relationship with Personalised Health Care.

Gary is feeling very confident in managing his health and recognising when he does not feel well.

3.4 ADVANCE CARE PLANNING

Advance Care Planning (ACP) is a process whereby a person, in consultation with healthcare providers, family members and important others, makes decisions about future healthcare, should they later become incapable of participating in medical treatment decisions.

The program is offered across all sectors of the health service.

The program works collaboratively with the wider Barwon community including Western Victoria Primary Health Network and general practices to provide greater access and uptake of ACP.

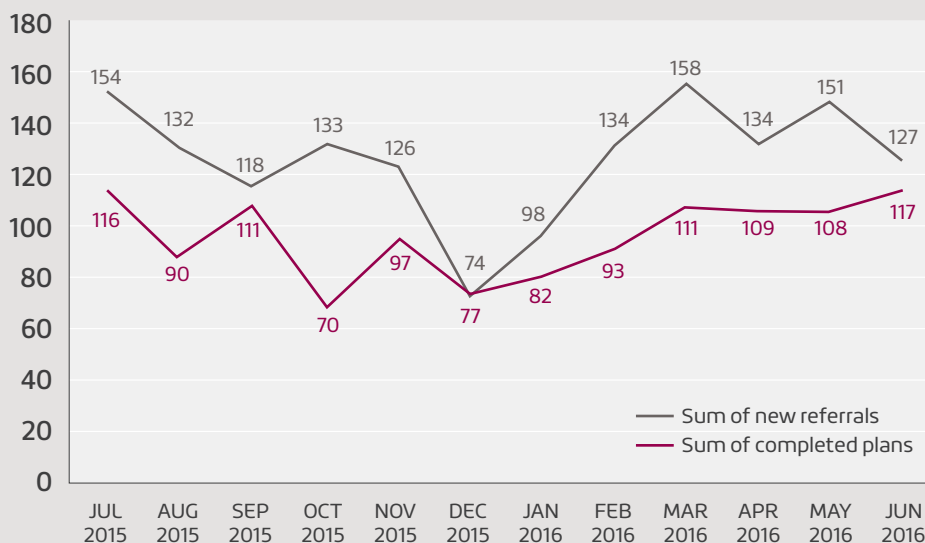
The establishment of processes and systems throughout and beyond the health service includes education, training, mentoring, public awareness and expert consultation.

A key aim of the program is to identify the values, goals and preferences regarding a person's healthcare, particularly around end-of-life issues and assist documenting these in an ACP. The process includes the appointment of a substitute decision maker, usually a Power of Attorney – Medical Treatment.

ACP documents are scanned into the Digital Medical Records, ensuring the information is available should it be required in the event of hospitalisation.

Collaboration with both internal and external stakeholders has aided the general awareness and uptake of ACP throughout the region. As a result, Barwon Health is experiencing a significant increase in the number of people presenting to our service with an Advance Care Plan.

ACP 2015-16 REFERRALS AND COMPLETED PLANS



2015-2016 data

1,539 new referrals

culminating in 1,181 completed ACP documents.

378 deaths

with ACP in place.

3,684 episodes of care

with ACP in place.

Feedback from consumers highlighted the satisfaction of having Barwon Health Outreach ACP facilitators in general practices was received.

20 community presentations

were provided throughout 2015-16.

Benchmarking across Victoria

Barwon Health has

26% of patients

over 75 years of age with an Advance Care Plan or substitute decision maker. That is a minimum of

18% more

than other Victorian health services.

Case study

John was 83-years-old and living independently with his wife in his own home. He was healthy and kept active playing bowls.

The Barwon Health Advance Care Planning outreach facilitator met with John at his local general practice to discuss his preferences and goals for his future care.

In the discussions, John expressed that he only wanted medical treatment if it would help him to live independently at home with all his physical and mental faculties intact. If his goals could not be met or there was an expectation that he would not recover, then John requested any life prolonging treatment would stop and palliative care initiated 'to let nature take its course'.

When John became seriously unwell and needed emergency medical treatment, his Advanced Care Plan was accessed by medical staff and discussed with his wife. John's stated wishes were able to be respected.



3.5 ORGANISATIONAL POLICY FOR END OF LIFE CARE

End of life care is an important life stage, and consideration needs to be given to understanding our patients and their families with regard to their preferences and wishes at the time. It requires a partnership approach, between the patient, their families and healthcare workers in developing plans for treatment and care.

Too often we find that the consumer experience is variable, with end of life care practices differing, depending on where the patient is in the organisation. Our staff may not always be provided with information, best practice and guidance regarding end of life care.

Just as importantly, all staff in our organisation are responsible for providing quality end of life care, rather than individual units such as the Palliative Care Unit or Intensive Care Unit.

An End of Life Care Strategy, setting out a vision for end of life care within Barwon Health and within our community, has been developed and endorsed by the Barwon Health Board. Subsequently an End of Life Care Policy has been developed, and a procedure for multiday inpatients is in its final stages of sign-off. Once the procedure is finalised, each clinical area will be supported to develop localised processes to ensure adherence to provide best evidenced care.



Barwon Health contributes to a number of state-wide plans to ultimately improve the patient experience. This section of the report focusses on key activities for healthier Victorians.



STATEWIDE PLANS

ABORIGINAL HEALTH



Koolin Balit is the Victorian Government's strategic directions for Aboriginal health 2012–2022. Koolin Balit means 'healthy people' in the Boonwurrung language. The strategy demonstrates a commitment to working with Victoria's Aboriginal community to achieve healthy people.

One of the key priorities in *Koolin Balit* is having a healthy start to life, which means:

- Reduce the rate of Aboriginal perinatal mortality
- Decrease the percentage of Aboriginal babies with a low birth weight
- Reduce smoking in pregnancy by mothers of Aboriginal babies
- Increase breastfeeding rates for mothers of Aboriginal babies

Barwon Health, Wathaurong Aboriginal Health Service and the Koorie Maternity Service (KMS) have developed an Aboriginal and Torres Strait Islander Maternity Pathways of Care which outlines:

- Key stages in pregnancy journey
- Key referral points
- Referral options
- Roles and responsibilities

The KMS team consists of a midwife and an Aboriginal health worker and is funded by the Victorian Health Department. Having culturally appropriate maternity services is viewed as being a way of improving Koorie access to pregnancy care and therefore impacting positively on the birth outcomes and experiences of Koorie women and their babies.

The service is available 24 hours a day seven days a week.

There were 50 Aboriginal babies born at University Hospital Geelong during 2015-16.

Reconciliation Action Plan

Barwon Health launched its first Reconciliation Action Plan (RAP) in 2016. Barwon Health's Reflect Reconciliation Action Plan gives us the best chance of delivering broader outcomes and ensuring the continued wellbeing for the local Aboriginal community.

The RAP is the framework to deliver sustainable employment opportunities for the local Wathaurong Aboriginal community.

The RAP framework is based on three key areas: Relationships, Respect and Opportunities and it outlines a series of practical measures that Barwon Health

will bring about to advance the broader goal of reconciliation.

Key deliverables identified in the RAP include:

- Developing and implementing an engagement campaign to increase identification of Aboriginal people accessing Barwon Health services
- Developing an organisation-wide culturally appropriate care policy to guide Barwon Health employees to provide cultural support for Aboriginal consumers
- Developing a resource pack for staff and Aboriginal consumers
- Extending the Aboriginal Health Liaison service to provide support at the McKellar Centre
- Reviewing and updating targets for Aboriginal employment in each directorate.

Our RAP contains 16 specific practical actions that we will adopt across 21 Barwon Health sites and 23 different programs within the organisation.

Opposite page: Nathan Patterson, a Wagiman man from the Northern Territory who lives on Wadawurrung Country (Torquay, Victoria), developed the artwork for our RAP.

There were

50 Aboriginal babies

born at University Hospital Geelong during 2015-16.

Our RAP contains

16 specific practical actions

that we will adopt across 21 Barwon Health sites and 23 different programs within the organisation.



ABORIGINAL PUBLIC SECTOR EMPLOYMENT

Barwon Health Aboriginal Employment Plan

Barwon Health is committed to improving employment outcomes for Aboriginal and Torres Strait Islander people within the Barwon South Western region. This is demonstrated in our revised Aboriginal Employment Plan (AEP) 2016-2020.

Employing Aboriginal people across our health service will assist in developing a culturally responsive organisation that is committed to increasing the Aboriginal workforce across the organisation.

Barwon Health has an AEP in place to increase the employment of Aboriginal and Torres Strait Islander people, who represent 0.08 per cent of the population in our region.

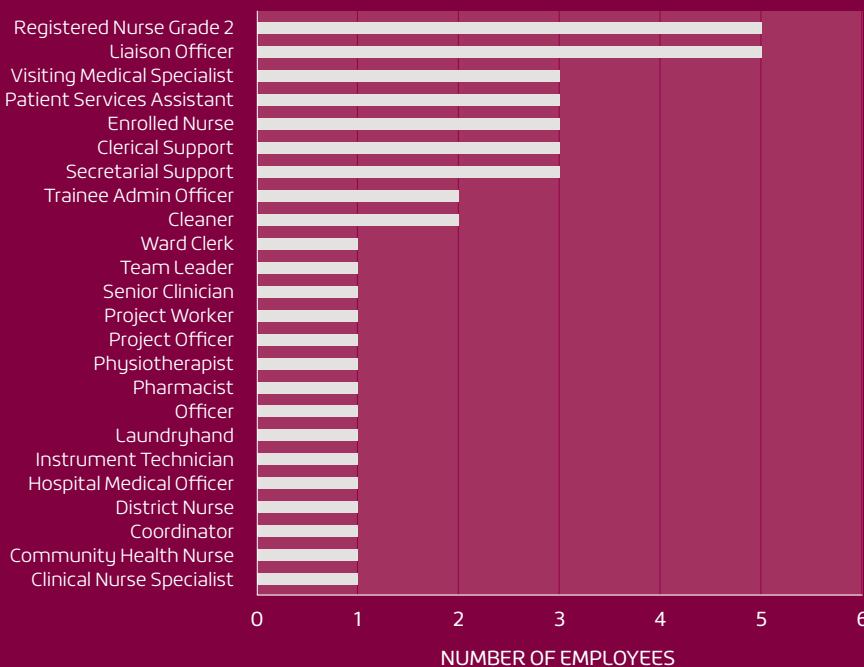
The AEP will progress the work completed to date with the view to reaching our modest employment target across all areas of the organisation. We aim to utilise new and innovative ways of attracting and retaining Aboriginal staff and establishing our position as an employer of choice for Aboriginal people in the Barwon South Western region.

Barwon Health currently employs 34 Aboriginal and Torres Strait Islander staff, which is approximately 0.004 per cent of the total workforce of 7,000 employees. The AEP 2016-2020 target is to increase Aboriginal and Torres Strait Islander employment to one per cent of the total workforce by the year 2020, which equates to 44 full time workers.

Some of the actions for improvement to meet our target included:

- Conduct progress monitoring of actions within the Aboriginal Employment Plan in all department quality initiatives, including as a regular agenda item at departmental meetings.
- Establish an identified senior leadership position to oversee, develop and implement strategic initiatives of Aboriginal Health.
- Conduct bi-annual reviews of the ongoing effectiveness, and progress toward achieving the planned actions of the Aboriginal Employment Plan.
- Develop employment opportunities within the establishment of Barwon Health North.
- Strategically target marketing events in consultation with the Wathaurong Aboriginal Cooperative to enhance awareness within the local Aboriginal community about employment opportunities within Barwon Health.

ATSI EMPLOYEES 2015



Barwon Health Aboriginal and Torres Strait Islander Employees by position description and number per position from 2015.

DISABILITY RESPONSIVENESS

Barwon Health's organisational values govern how we connect with our community; they underpin everything we do, and are visible behaviours that produce better outcomes for the people we serve.

The leading value seeks our staff to have RESPECT for the unique qualities of each individual, family and community, for our partners, the organisation we represent and for each other.

To provide consistency and fairness to all people, Barwon Health has put in place a number of training, governance and employment activities.

We are working in conjunction with Norlane-based training education and training provider Northern Futures providing pathways into employment and the opportunity to obtain on-the-job work skills and employment, not only supporting the reduction of long term unemployment, poverty and disadvantage among people in the area but most importantly empowering individuals to build capacity to affect long-term change towards a better quality of life.

Barwon Health sees acts of bullying, harassment and discrimination as unacceptable and as such commits to creating an environment free from misconduct through the Acceptable Behaviours Policy. The Code of Conduct Policy requires compliance with the principles, work values and behaviour of all Barwon Health personnel.

Reducing and removing barriers is important and Barwon Health's recently developed Communication Access



training strengthens this resolve. For staff, the training aims to provide the skills required to communicate effectively with people who have communication disability, low health literacy or come from a linguistically diverse background.

The module encourages staff to explore their responses to people who cannot communicate in the usual way and looks at what are enablers and barriers to true inclusion and participation. It includes personal stories from our people with communication disability and provides staff with opportunities to practice various skills and responses.

The Communication Access module was evaluated by an advisory group made up of staff and consumers, including people with communication disability. Results of evaluation were incorporated into the design.

Collaboration occurred via an advisory group, focus groups and user testing over a 12-month period with over 100 staff, volunteers and consumers. Consumer input was embedded into the design, implementation and evaluation of the module with changes made according to consumer feedback prior to launch.

The Consumer Representative Program enables its members with a disability to participate in the review of written information from home. Our Telehealth program also allows consumer representatives to participate in activities through the use of technology and tailored orientation of consumer representatives who have difficulty leaving home due to disability are also provided.

GAY, LESBIAN, BISEXUAL, TRANSGENDER, INTERSEX AND QUEER COMMUNITIES

We are creating a positive, respectful, supportive and fair work environment where all employees' differences are respected, valued and utilised to create a productive workplace. We are committed to improving the health and wellbeing health experience and outcomes for GLBTIQ patients and the quality of care they receive.

Consumers

We know that a person's sexuality has an impact on their health. However, the problem does not necessarily lie with GLBTIQ individuals, but with the attitudes and behaviour of the society around them. Our research suggests that the GLBTIQ community has reduced access to medical care due to fear of discrimination, as well as constant pressure of dealing with homophobia and transphobia. This makes mental health problems relatively common among this community. As a health service we recognised the need to take the initiative to make GLBTIQ people feel welcome and safe when they present at our organisation.

Workforce

As an employer we recognised the need for a positive, respectful, supportive and fair work environment where all differences are respected, valued and utilised to create a productive workplace.

GLBTIQ Inclusive Practice Project Committee initiatives provide a workplace where GLBTIQ staff and patients feel safe to truly be themselves. Our committee is continually working on ways to promote a positive and inclusive culture, and therefore outcomes are ongoing. While targets are a measure of success, additional factors such as strengthening partnerships, working collaboratively with key stakeholders and learning and development opportunities also need to be taken into consideration.

Future measurements

We now have a benchmark from the 2015 Staff Engagement Survey which included a question asking staff if they identified as part of the Gay, Lesbian, Bisexual, Transgender, Intersex and Queer community (GLBTIQ). At the next engagement survey we will be able to measure an increase.



FAMILY VIOLENCE

Barwon Health has, for a number of years, undertaken a range of activities aimed at increasing awareness of and supporting a reduction in family violence.

This activity is spread across the continuum of health, with work in the prevention space playing a lead role in a number of community networks in Geelong and the broader community.

In March 2016, a taskforce was formed with the aim of bringing together the work across Barwon Health relative to family violence, to ensure Barwon Health developed an integrated model to support a response to family violence.

Barwon Health comes into contact with people impacted by family violence through a range of services including Maternity Services, Emergency Department, Volunteer Services, Mental Health, Drugs and Alcohol Services or via services offered at its community health centres so appropriate support and referral are critical.

DIRECTORY

Hospital Services

UNIVERSITY HOSPITAL GEELONG

Bellerine Street, Geelong

General enquiries	4215 0000
Emergency Department	4215 0100
Aboriginal Health	4215 0769
Admissions	4215 1298
Advance Care Planning	1300 715 673
Andrew Love Cancer Centre	4215 2700
Barwon Medical Imaging	4215 0300
Barwon Paediatric Bereavement	4215 3352
Consumer Liaison	4215 1250
Cardiology (Geelong)	4215 0000
Diabetes Referral Centre	4215 1383
Dialysis Unit	4215 3600
Gretta Volum Centre	4215 2841
Home Referral Service	4215 1530
Hospital in the Home	4215 1530
Maternity Services	4215 2060
Outpatients	4215 1390
Palliative Care	4215 5700
Perioperative Service	4215 1627
Pharmacy	4215 1582
Social Work	4215 0777
Waiting List Service	4215 1624
Veterans Liaison	4215 1282

Barwon Health Foundation 4215 8900

Barwon Health Volunteer Services 4215 8919

Community Health Centres

General enquiries

Anglesea 11 McMillan Street	4215 6700
Belmont 1-17 Reynolds Road	4215 6800
Corio 2 Gellibrand Street	4215 7100
Newcomb 104 -108 Bellarine Hwy	4215 7520
Torquay 100 Surfcoast Hwy	4215 7800

Community Health Services

Carer Respite Services	1800 052 222
Hospital Admission Risk Program	4215 7401
Immunisation Service	4215 6962
Paediatric & Adolescent Support	4215 8600
Referral Management	1300 715 673

Day programs

Anglesea	4215 6720
Belmont	4215 7049
Norlane	4215 7300
Torquay	4215 7935

Dental services

Belmont	4215 6972
Corio	4215 7240
Newcomb	4215 7620

Community Nursing 1300 715 673

Aged Care

General enquiries	4215 5200
Alan David Lodge	4215 6500
Blakiston Lodge	4215 5241
Percy Baxter Lodges	4215 5892
Wallace Lodge	4215 6190
Barwon Regional Aged Care Assessment Services	4215 5610

Rehabilitation Services

MCKELLAR CENTRE 45-95 Ballarat Road, North Geelong

General enquiries	4215 5200
McKellar Inpatient Rehabilitation Centre	4215 5200
McKellar Community Rehabilitation Centre	4215 5301
McKellar Hydrotherapy Centre	4215 5851
Belmont Community Rehabilitation Centre	4215 7000
Continence Service	4215 5292

Mental Health, Drugs & Alcohol Services

For crisis support, information and referral enquiries (all ages) 1300 094 187

Needle & Syringe program (freecall)	1800 196 187
Families where a parent has a mental illness	5222 6690



**Barwon
Health**



barwonhealth.org.au