

2015/16 Gippsland Southern Health Service
Quality Account



Our Mission

Building a healthier community together

Our Vision

Excellence in healthcare

Our Values

Excellence, means **iCare**:

Individuality

Collaboration

Accountability

Respect

Empowerment

Why

Because the people who come to us for care are:

Our community;

Our friends; and

Our family.

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President & CEO's welcome & introduction

On behalf of the Board and dedicated staff of Gippsland Southern Health service we are pleased to present the 2015-16 Quality Account (previously known as the Quality of Care Report). The Quality Account is designed to increase community awareness about GSHS and the things we do to ensure the provision of high quality care for our patients, clients, carers, residents and their families. Throughout the report we provide stories, data and information that demonstrates our commitment to the provision of safe, high quality care and showcases the quality improvement projects we have undertaken throughout the year.

In 2014 GSHS participated for the first time in a survey against the EQulP National accreditation standards and were found compliant with all of the core quality and safety standards. March 2016 marked the midpoint of the accreditation cycle and we undertook a Periodic Review of the National Standards for Quality and Safety in Healthcare encompassing Governance, Partnering with Consumers and Infection Control and the five EQulP standards. Once again we were found to be compliant with all of the mandatory criteria and expected actions. It is a testament to our staff that we had maintained and improved upon the standards assessed in 2014.

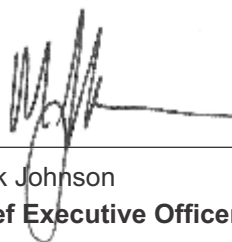
Feedback from our patients, clients, residents and carers plays a big part in our quality improvement initiatives by informing us of ways in which you think there are opportunities for improvement. I encourage you to complete the Quality Account survey and return it to us with your suggestions on how we can improve the way we present our report to you. All returned surveys will be placed in a draw and have an opportunity to win a Christmas Hamper to the value of \$150.

We would like extend our sincere appreciation to the community for their support throughout the year. We are indebted to our many volunteers, the Lyrebird Auxiliary, The Friends of Hillside Lodge, individuals, community groups and businesses for continued dedicated support of GSHS.

Special thanks to the staff of GSHS who through their efforts have demonstrated their commitment to our vision of delivering Excellence in Healthcare and thank you to everyone who has shared their stories and helped prepare our Quality Account. We hope you enjoy reading it.



Mark Holmes
President, Board of Management



Mark Johnson
Chief Executive Officer



Board of management



Mark Holmes
President



Jan Martin
Snr Vice President



Susan Hanson
Jnr Vice President



Peter Siggins
Treasurer



Alex Aeschlimann



Garry Austin



Nigel Broughton



Rajiv Dhar



Ian Drysdale

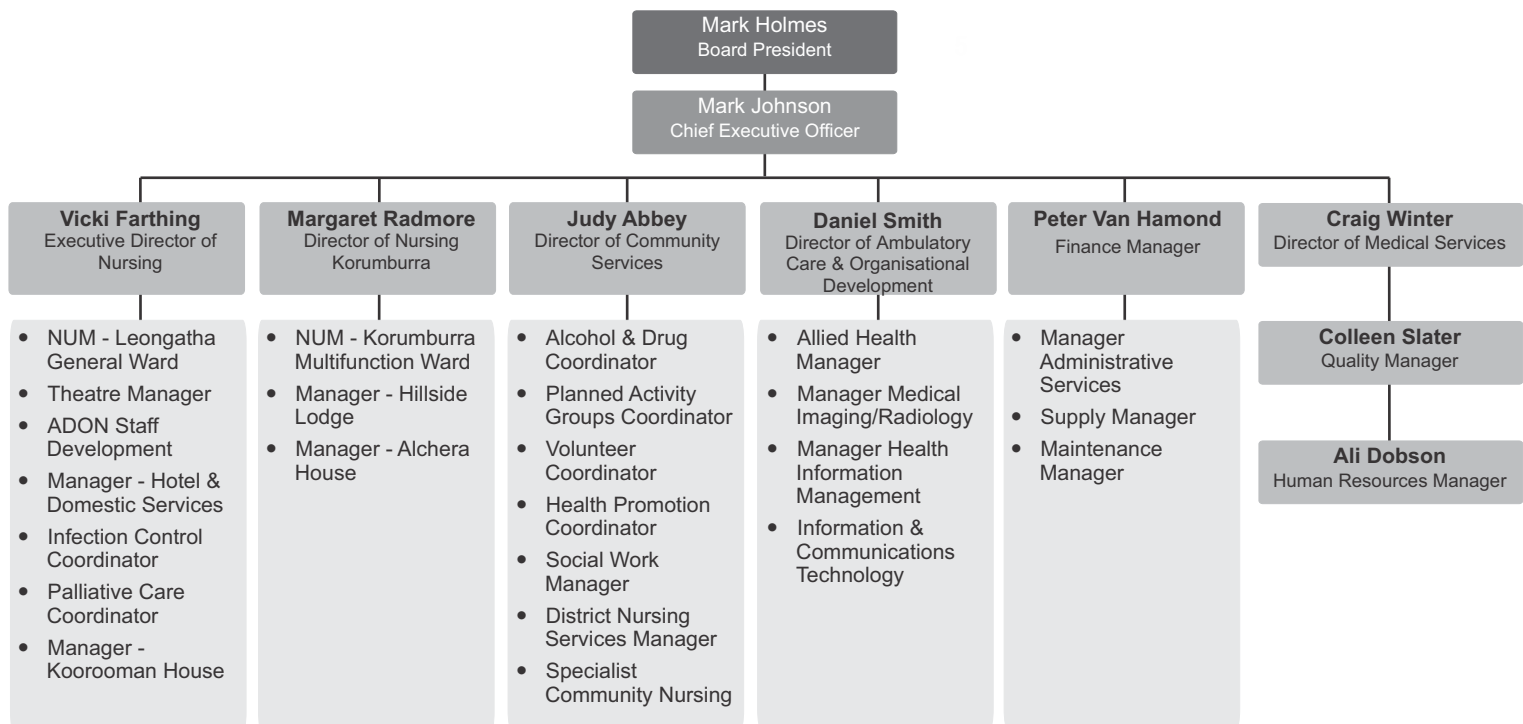


Lindsay Powney



Chris Trotman

Leadership chart



Evaluation & distribution



From L to R: Ali Dobson - Human Resources Manager, Daniel Smith - Director of Ambulatory Care & Organisational Development and Colleen Slater - Quality Manager.

The GSHS Quality Account (previously known as the Quality of Care Report) aims to improve our community's understanding of the quality of care provided by our services and programs. In sharing our performance against quality and safety indicators and the action taken to improve our performance, the report demonstrates the ongoing commitment of the organisation to the provision of safety and quality of care.

In addition to information on key safety and quality indicators, this report also outlines a number of activities and systems that assist GSHS to engage with the community and consumers to improve the services we provide.

The Quality Account is distributed to the community in a range of ways including:

- the Annual General Meeting
- a direct mailing list
- in all GSHS waiting areas
- on the GSHS website
- in various community agencies and locations.

Each year we seek feedback from the community on our Quality Account. We received both informal feedback and formal feedback through the feedback form included within the 2014/15 Quality of Care Report. In 2015 we received 24 completed feedback forms, an improvement on the 3 received the previous year. All the feedback was positive (good/excellent) particularly around the "layout" and being "easy and clear to understand". Additional positive comments were made regarding the professional presentation and great patient stories. As a result we have used a similar layout this year. Some useful suggestions were also provided regarding the content and graph presentation. We have incorporated the feedback into this year's report and also sought input from our Consumer Information Group on content as this year's report has been developed. Thank you to everyone who has provided feedback.

Would you like to win a Christmas hamper?

We greatly appreciate all feedback and as an encouragement, we will be placing all returned Quality Account feedback forms into a draw for an opportunity to win a Christmas Hamper valued at \$150.

The form has been inserted inside the back cover of this report and can be returned via the reply-paid postage address provided on the reverse side.

Services provided & area covered

Gippsland Southern Health Service delivers a broad range of services across the South Gippsland Shire.

Acute inpatient care, residential aged care, primary health services including community nursing and allied health and a range of support programs are provided from the Korumburra (1) and Leongatha (2) sites.

GSHS also provides a number of services into local communities through partnership arrangements with:

- **Mirboo North Outreach Centre (3)** - Podiatry services, alcohol and drug counselling and social work by appointment only.
- **Tarwin Lower Community Health Centre (4)** - Planned activity groups and district nursing clinic. Appointments can also be arranged for other programs such as allied health, social work and alcohol & drug services.



A multi-disciplinary and coordinated care model is used across the organisation to ensure that consistent and quality services are delivered to those accessing and utilising GSHS programs and facilities.

Acute services

Chemotherapy
Ear, Nose and Throat
General Medicine
General Surgery
Gynaecology
Infection Prevention & Control
Maintenance Care
Maternity Services
Operating Theatres
Ophthalmology
Orthopaedic Surgery
Paediatrics
Palliative Care
Pharmacy
Pre-admission Clinic
Specialist Services
Urology

Residential care

Alchera House
Hillside Lodge
Koorooman House

Community services & ambulatory care

Alcohol and Drug Support Service
Allied Health - Centre Based
Diabetes Education
Disability (Respite)
District Nursing Service
Community Allied Health Team
Community Rehabilitation
Continence Nurse Advisor
Healthy Ageing and Preventing Injury (HAPI) Program
Health Promotion Programs
Mates Group
Palliative Care
Planned Activity Groups
Post Acute Care
Social Work
Volunteer Coordination
Specialist Community Nursing including:

- Cardiac Rehabilitation
- Continence

- Chronic Disease/Pain Management
- Diabetes
- Immunisation
- Pulmonary Rehabilitation
- Stomal Therapy.

Outpatient care

Cardiac Rehabilitation
Dietician
Domiciliary Midwifery
Occupational Therapy
Physiotherapy
Podiatry
Social Work
Speech Pathology

Diagnostic services

Audiology
Medical Imaging
Pathology

Consumer, carer and community participation



From L to R: Vicki Kenny - Registered Nurse/Midwife, Holly Bastin - Student Nurse, Chris Busuttil - Nurse Unit Manager, Vince Andronaco - IGA, and lying down is Kelle Simpson, Registered Nurse.



Partnering with consumers, carers & the community



Elise Robinson - District Nurse and Brenda McLean - Nurse Unit Manager in District Nursing.



District Nurses - Shayna Kerry and Sue Wright.

GSHS recognises and values the importance of partnering with consumers, carers and the community to improve the safety and quality of care.

Consumer engagement is encouraged and facilitated through a range of systems and structures including the GSHS Consumer Charter, consultation and feedback processes, and through consumer representation on the GSHS Partnering with Consumers Committee and the Consumer Information Group.

Feedback is received from consumers in a variety of ways, including direct consultation, surveys and the GSHS compliments, comments and complaints system. GSHS also participates in the Victorian Healthcare Experience Survey (VHES).

Person centred care

GSHS promotes the provision of person centred care to improve consumer outcomes. Person centred care is an approach whereby the treatment and care provided is adapted according to the consumer's needs and preferences and ensures that all consumers and their families are treated with dignity and respect. At GSHS, the consumer is involved in the planning for their care, open communication and shared decision making, and discussions about their discharge, including any services they may need to assist them in their recovery process when they go home.

Partnering with consumers committee

The GSHS Partnering with Consumers Committee provides opportunities for consumers to be involved in the development of strategies to increase consumer engagement across the organisation, to consider reports on safety and quality indicators including incidents and feedback reports, and to review a number of organisational documents, including information brochures and policies and procedures.

Connecting conversations

In 2016 as part of our ***Excellence, Every person, Every time*** program we introduced “*connecting with consumers*.” Connecting with consumers helps us to engage with our patients and clients, ensuring their safety and comfort and that we are responsive to their needs.

When engaged in a connecting conversation staff will ask questions such as - Have staff discussed with you how long you will be receiving care? What have we explained to you about how to care for yourself when you go home? Have you had an opportunity to ask questions about your care?

Connecting conversations keep patients, families and carers better informed about the care they are receiving and helps to reduce anxiety. Although it is early days, the feedback we have received indicates that clients appreciate being informed and involved in the planning and delivery of the care they receive whilst in hospital and when they are discharged and go home.

Understanding our community - responding to diversity



Melissa Mortimer - Enrolled Nurse with resident Gaynor Allen.



Resident, Joan Bell with Katrina Evans - Food & Domestic Services Assistant.

Diversity is about recognising, valuing and taking into account people's different backgrounds, skills and experiences. We recognise that the way to provide accessible and appropriate health services and to reduce health inequality is to support and respect all forms of diversity. Staff have been encouraged to consider that “*treating everyone the same, does not equal equality*”. Regular diversity training has been provided to the board of management and all staff and participation by staff in the annual, local diversity forums is encouraged.

The South Gippsland community has an age profile which is consistent with other rural communities:

- One quarter of our population is aged over 65 years.
- Children (0-16 years) make up 20% of our population.
- The median age in our community is 46.5 years.
- South Gippsland has slightly more women (50.7%) than men (49.2%), with 0.01% of our community identifying as transgender.
- Within South Gippsland 15.7% of our population indicate that they were born overseas, however 19.6% of consumers accessing our services identified as being born overseas, which is slightly higher than the general population.

In 2015/16, 97.3% of consumers accessing Primary Health services in South Gippsland stated that their primary language was English. Of those who spoke a primary language other than English, 1.1% indicated Italian and 0.7% Dutch as their preferred or primary language. Additionally, we provided services to clients who indicated German, Mandarin, Filipino, an Australian Indigenous Language and Swedish as their preferred language. 387 hours of service provision was provided with a community translator present in 2015/16. Additionally, 49 hours of service provision was provided with the assistance of a sign language interpreter.

The Aboriginal and Torres Strait Islander (ATSI) population of South Gippsland is 0.9%, with a median age of 25 years. In 2015/16, 0.5% of consumers accessing Primary Health services indicated they were of ATSI descent. Staff have been actively encouraged to ask clients whether they identify as Aboriginal or Torres Strait Islander which in turn will improve our understanding of culture and to consider the implications for our service provision.

Community health - priority population groups

Our community based model of care aims to build the capacity of our community to promote health and wellbeing and encourages consumer involvement in service planning, delivery and evaluation.

In delivering a community based model of care, our community health services aim to provide a broad ranging, universal service, as well as targeted services to specific populations, with the poorest health and greatest economic and social needs and population groups that may have trouble accessing appropriate health care. We use the demand management framework which prioritises health services to specifically respond to those vulnerable consumers.

GSHS further applies a local population analysis to ensure we are prioritising services to groups in the South Gippsland community to ensure we not only address presenting health issues but also take on a preventative health focus. This service planning has led to a number of community health programs being developed to ensure ease of access for local population groups known to experience poorer overall health outcomes. These programs aim to reduce, wherever possible, the barriers to accessing our services especially for groups that may be economically or socially isolated and those who have complex health needs.

South coast paediatric allied health project

A significant regional priority of the community health service is the early intervention programs for children with a learning or developmental delay or disability. Since 2013/14 GSHS has worked in partnership with Bass Coast Regional Health to address issues with the provision of allied health services to children in our region. The provision of public Speech Pathology, Physiotherapy and Occupational Therapy has been extremely limited in the crucial early intervention years (0-6years). This project has enabled opportunities to work collaboratively across the health services and with other services including the early intervention services, government and not-for-profit providers and private providers, to progress key elements of the ideal service model including: intake, case conferencing, methods of service delivery and professional development for staff.

As a result of this project:

- In 2015/16 GSHS have doubled the allied health services provided to clients aged 0-6 years from 2013/14 levels.
- Allied Health staff have undertaken specialist training to improve assessment and intervention techniques.
- There has been a streamlining of assessment and service provision, including further enhancement of the 4 year old kindergarten screening program.
- Improved linkages to the early intervention services – SCOPE, Noah's Ark and Specialist Children's Services, and with other service providers such as the maternal and child health program, the early education sector, preschool field officer, kindergarten programs and other service providers.
- Reduced waiting times for accessing services through the delivery of more targeted interventions.



Sarah Meney - Physiotherapist with client, Don Phillips.

Women's health - new mums program

A local initiative to address a significant gap in service delivery to a potentially vulnerable cohort has been the development of a new Mum's group. This group is aimed at providing support for some of the physical, social and emotional elements of becoming a new mum and is an adjunct to the mums groups supported by maternal and child health services locally. Physiotherapists have developed a group program which can assist women in coping with common post-natal musculoskeletal conditions such as:

- Back and neck pain.
- Carpel tunnel syndrome and wrist pain.
- Pelvic joint pain and pelvic floor muscle exercise education to prevent or improve incontinence.
- Weakness and stretching of the abdominal muscles and any other aches and pains associated with the physical demands of being a new mum.

The program aims to provide exercise advice for new mothers in a friendly and supportive environment which promotes self-management principles. Additionally, allied health staff provide social and emotional support and there is time for informal discussion amongst participants. Referrals to the program have steadily increased with a focus on being a positive engaging program, which aims to prevent social isolation. Assistance and support is given with childcare arrangements to enable ease of access to this program.



Candice Hitchins with her new baby, Thor Kilb.



Quality & safety



Sarah Meney - Physiotherapist with client, Don Phillips.



Welcoming feedback

Gippsland Southern Health Service welcomes feedback from users of our services. During 2015/16, GSHS received 113 compliments and 88 complaints. 30% of complaints received related to the facilities at the Leongatha campus of the health service.

Feedback included, poor carpark lighting and external signage at the new Leongatha campus. The feedback received was discussed at the Partnering with Consumers committee, involving the committee in resolving the ongoing issues. The Partnering with Consumers committee in collaboration with GSHS personnel, reviewed the external lighting and signage at Leongatha. Improvements to lighting and placement of signage was identified to address the complaints received and improvements have been implemented.

"you need exit signs at eye level"

"lack of illuminated signs in Leongatha carpark"

"external lights at night time do not illuminate when leaving late at night"

The kindness and helpfulness of staff and the high level of treatment and care received account for 95% of compliments received. Participants in the Planned Activity Group HAPI program are particularly complimentary of the service they receive, writing numerous compliments about the program. All compliments are fed back to the services involved.

"great HAPI program"

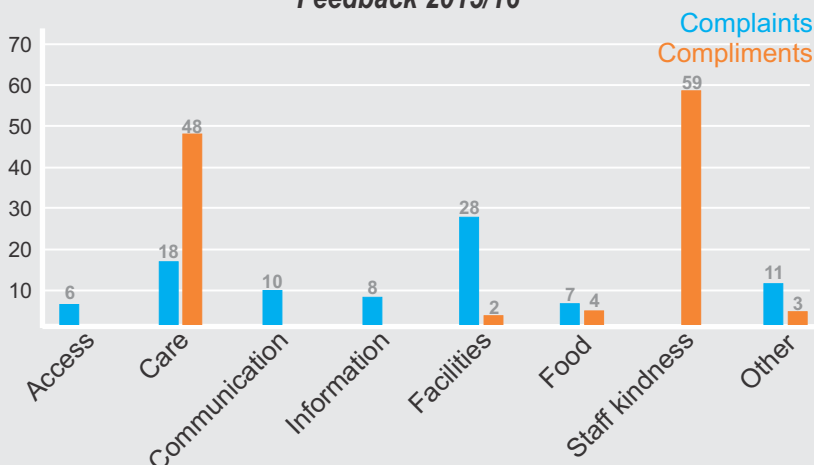
"HAPI is a very enjoyable class"

"HAPI is great"

"the instructor and helpers are very good at HAPI"

GRAPH 1

Feedback 2015/16



Dot Forrester with Lindsay Friebe - Occupational Therapist.

Feedback is sought from consumers on all services provided by GSHS through compliments, complaints and comments forms, post discharge phone calls, consumer connecting conversations and our Facebook pages. Feedback can be verbal or written, but all feedback is viewed as an opportunity to improve our services. All complaints received are investigated and written responses sent to the complainant outlining the actions taken to improve service delivery.

In 2015/16, complaints have resulted in a number of initiatives, including:

- Improved illumination of signage to Urgent Care.
- Improved signage to identify waiting rooms.
- Changes to record keeping for loan equipment.
- Purchase of additional clothing labeller for residential care.
- Targeted skills training for staff.
- Further enhancements to wifi availability.
- Identification of gluten free meal options on patient menus.

People matter survey

GSHS participates in the People Matter Survey each year. The survey provides an insight into what it feels like to work at GSHS. It seeks the beliefs, attitudes and perceptions of staff about a wide range of topics including leadership, change, job satisfaction, and patient safety.

The results demonstrate staff are happy to work at GSHS and feel that we perform well in the services we deliver.

The results of each year's survey contribute to the ongoing improvement at GSHS and, in turn, the care we provide to our patients, residents and clients. People who are satisfied with their work and proud to be part of an organisation, generally perform at a consistently high level.

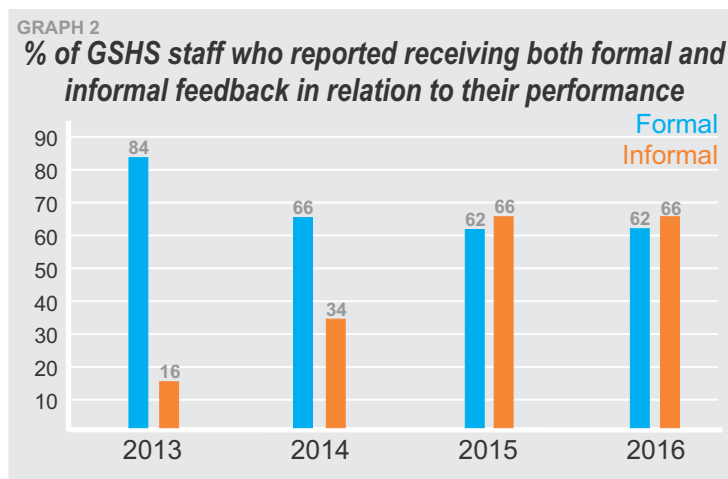
In previous surveys, our staff told us we needed to improve the feedback we provide to them about their performance, both formal and informal. As a result, over the past 18 months we have initiated a number of new communication tools including “Connecting”, “Traffic Light Reports” and “Communication Boards”.

Connecting is a structured conversation that Managers have with staff, either one-to-one or in a group, on a regular basis. The insights gained through “Connecting” are then displayed on “Traffic Light Reports” so that all staff know what has been discussed and what action is being taken in response to any issues raised.

The results around feedback from our 2016 People Matters Survey demonstrate that we are on the right track, but still need to further improve. **Graph 2** depicts the percentage of GSHS staff who reported receiving both formal and informal feedback in relation to their performance.



Theatre staff from L to R: Michelle Hibberson, Diane Townley & Fiona Brown



Patient safety

The majority of surveyed staff agreed that as an organisation, we make patient safety a priority:

- 76% believe patient errors were appropriately dealt with.
- 80% agreed their patient safety suggestions would be acted on if they told a manager.
- 78% would recommend that a friend or relative be treated at GSHS.

Overall results showed we are a strong team, focussed on safety and quality patient outcomes with shared values and a belief in what we do.

Staff cultural diversity

Our staff demographics reflect that of our local community with growing numbers being from overseas. For the first time this year, our staff survey sought their perceptions of how we support diversity.

- 80% believe their manager works effectively with people from diverse backgrounds.
- 85% believe their colleagues have a positive attitude towards people from diverse backgrounds.

Whilst we do not have any staff that identify as indigenous, developing and enhancing career employment options for all staff will ensure appropriate systems, supports and processes are established for the engagement of a diverse workforce and enhanced patient outcomes as a result.

Bullying

Staff at GSHS have worked hard over the past 18 months to develop and implement an Employee Charter based on our Values. It is pleasing to see the results with 100% of staff satisfied with the way formal complaints are handled.

We will continue to work with staff to embed this as part of our culture and teach staff and managers ways to address “below the line” behaviour as a means of eliminating bullying within our workplace. We are seeking a cultural shift rather than a program which would normally only be adhered to for a short period of time.

Accreditation

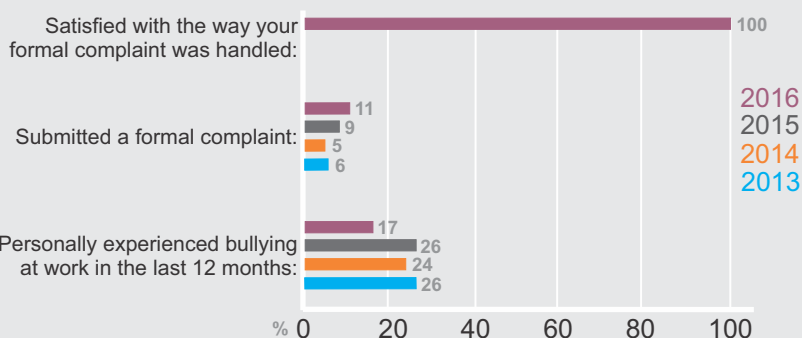
GSHS regularly participates in Accreditation processes which incorporate an evaluation of performance against a range of standards and which provide a quality assurance framework and mechanism to review systems and processes in operation across the organisation.

At an organisational level GSHS is Accredited by the Australian Council on Healthcare Standards (ACHS) through an accreditation review against the 10 National Safety and Quality Health Service Standards and 5 EQulP Standards. GSHS underwent Periodic Review in March 2016, which involved two external surveyors spending two days on site to review our performance. We successfully maintained our Accreditation status until our next survey in March 2018. Particular reference was made to GSHS having a strong culture of safety and quality with staff displaying commitment.



GRAPH 3

Bullying in the workplace



In addition, GSHS undertakes accreditation against a range of other Standards applicable to our service delivery, including the Residential Aged Care Accreditation Standards, the DHS Standards for Disability Services and the Home Care Standards for Primary and Community Health. GSHS achieved full four year accreditation in May 2016 against the new DIAS (Diagnostic Imaging Accreditation Standards).

Additional information is provided in the following pages of this Quality Account specifically relating to the work being done at GSHS across these Standards.

The ten National Standards are:

-  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 Care**
-  Standard 10 - **Preventing Falls and Harm from Falls**

The five EQulP Standards are:

-  Standard 11 - **Service Delivery**
-  Standard 12 - **Provision of Care**
-  Standard 13 - **Workforce Planning and Management**
-  Standard 14 - **Information Management**
-  Standard 15 - **Corporate Systems and Safety**

The Home Care Standards are:

- Standard 1 -** Effective Management
- Standard 2 -** Appropriate Access and Service Delivery
- Standard 3 -** Client Rights and Responsibilities

The Aged Care Standards are:

- Standard 1 -** Management Systems, staff & Organisational Development
- Standard 2 -** Health and Personal Care
- Standard 3 -** Resident Lifestyle
- Standard 4 -** Physical Environment and Safe Systems

Improving quality and monitoring to minimise adverse events

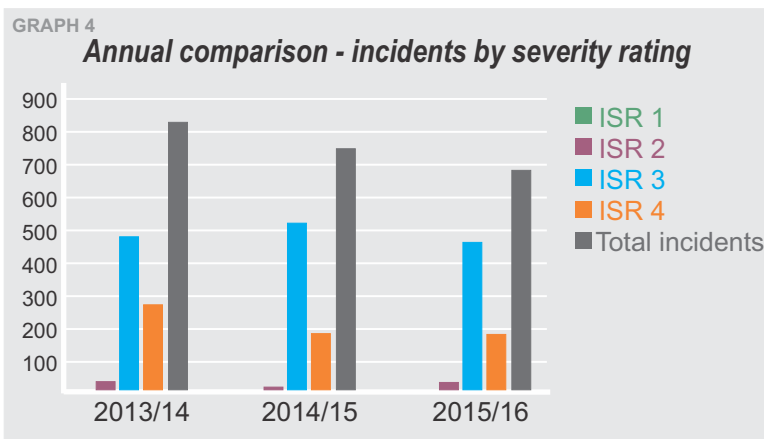
Adverse events or unexpected outcomes are recorded and reported at GSHS through the Victorian Incident Management System, RiskMan. The Australian Institute of Health and Welfare defines an adverse event “as incidents in which harm resulted to a person receiving health care. They include infections, falls resulting in injuries, and problems with medication and medical devices.”

Incidents are rated according to the level of harm resulting from the event with rating being:

- 1 – severe/death
- 2 – moderate
- 3 – mild
- 4 – no harm/near miss.

Incidents are investigated and actions taken for improvement are documented on the incident record. All incidents are submitted to the Department of Health and Human Services monthly.

GSHS places a high value on reporting of incidents and encourages staff to report even very minor incidents as they are seen as an opportunity to identify learnings and make improvements to prevent future occurrences or more significant incidents. **Graph 4** demonstrates that the majority of GSHS incidents are classified **No Harm/Near Miss** or **Mild** with a downward trend in total incidents.



Incident investigations for 2015/16 have resulted in a number of actions to improve the quality and safety including:

- Purchase of additional low low beds (beds that can be lowered to floor level).
- Purchase of king single beds.
- Purchase of additional pressure relieving mattresses.
- Providing training for staff on deteriorating patients.
- Providing training for staff on emergency procedures.
- Providing training for staff on specialised procedures.

In addition GSHS has a monitoring system in place whereby certain conditions and events are routinely included in a Clinical Review Process conducted by senior nursing and medical staff. This process aims to identify and implement changes to minimise factors and conditions that may lead to adverse patient outcomes and is an important process in delivering high quality and safe care.



From L to R: Beena Mathew - Nursing Supervisor, Jack Beeby and Student Nurse, Stephanie Wylie.



Brodie Staley - Registered Nurse and Dayna Leatham - Registered Nurse/Midwife.



Deborah Hooper - Pharmacist.

Quality indicators to maintain patient safety



*Jimsey Palatty Varghese - Registered Nurse and
Dr Chris Perry.*



*Ashbin Cherian - Associate Nurse Unit Manager at
Hillside with resident Joan Burrows.*

Gippsland Southern Health Service places a very high priority on providing high quality and safe health services to our patients. Below are some examples of how we monitor and responds to quality and safety across a number of areas.

Medication safety

GSHS endorses The Quality Use of Medicines (QUM) framework which aims to reduce preventable harm from medication errors and improve patient outcomes by promoting safe, effective and appropriate medication use. We achieve this by ensuring:

- Our nursing and care staff have ongoing education in medication safety and are assessed on an annual basis.
- Our medical staff are involved in medication management best practice.
- We audit our documentation.
- We audit for errors.

All medication errors are monitored and investigated to determine the cause and all contributing factors. Appropriate strategies are then put in to place to prevent further occurrences.

An essential part of medication safety is helping to ensure that consumers have a sound understanding of the medications they are taking. Consumers should expect to be informed regarding the various options, risks versus benefits and their responsibilities with regard to their medication regime. The treating doctor also has an essential role in supporting this. At GSHS we support and encourage consumers and their families to be as informed as possible and recognise that they play a central role in enhancing medication safety.

Preventing falls and harm from falls

Case study:

Betty, a 78 year old woman, was admitted to the hospital as a result of frequent falls at home. Betty was describing symptoms of dizziness and poor balance during the admission assessment. A comprehensive falls risk was completed as part of her admission process and a range of strategies were put in place to minimise her risk of falls while in hospital. These included:

- Review of all her medications – as some medication and certain combinations can increase the risk of a fall.
- Referral to Physiotherapy and Occupational Therapy for assessment of her walking and balance.
- Orientation to her room and surroundings including her night light.
- Education regarding how she could minimise the chance of a fall including calling and waiting for help when needing to use the toilet and leaving her night light on all night.
- Ensuring Betty wore safe and supportive footwear even for short walks.

Betty was placed in a room close to the nurse's station for better observation and the nurses regularly checked on Betty to offer assistance with toileting. Consideration was also given to using alarm mats or alarm beams that send an alarm to the nurse's station should Betty attempt to get out of bed without assistance.

Betty recovered from her illness and returned home. Unfortunately this is not always the case and despite using all possible prevention methods some patients do fall while in hospital.

Preventing falls and harm from falls (cont)

The Australian Commission on Safety and Quality in Healthcare, defines a fall as “an event which results in a person coming to rest inadvertently on the ground or floor or other lower level”. The Commission identifies people aged 65 and over at increased risk of a fall or injury from a fall, with a rate of falls between 4-12 per 1000 bed days. Rates vary depending on the type of ward and patient population within the ward.

All GSHS patients are assessed for falls risk on admission and appropriate referrals made and strategies implemented to reduce the risk of harm as a result of a fall. Strategies utilised to minimise the risk from falls or harm as a result of a fall include use of low low beds (can be lowered to the floor), education, supervision and alarm systems.

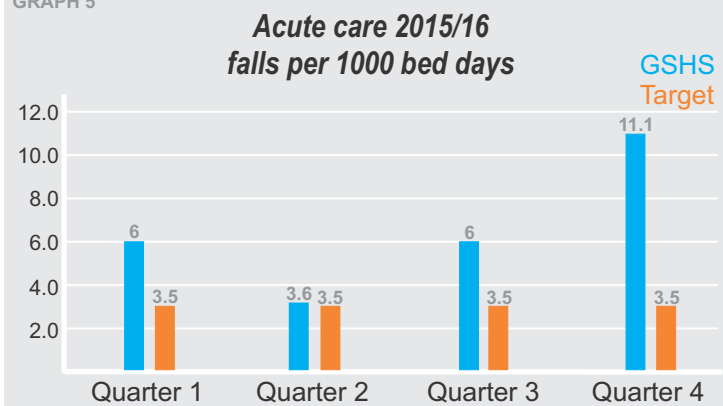
GSHS data for 2015/16 shows patients aged 65 and over constitute 64% of bed days for the year, indicating a high number of patients admitted in the high falls risk category. GSHS data for the same period shows that while our rate of falls has been equal to, or exceeded the industry target, the majority of falls resulted in no injury or minor injury. Of the 64 recorded falls for the year, two falls resulted in a fracture.

Prevention and management of pressure injuries

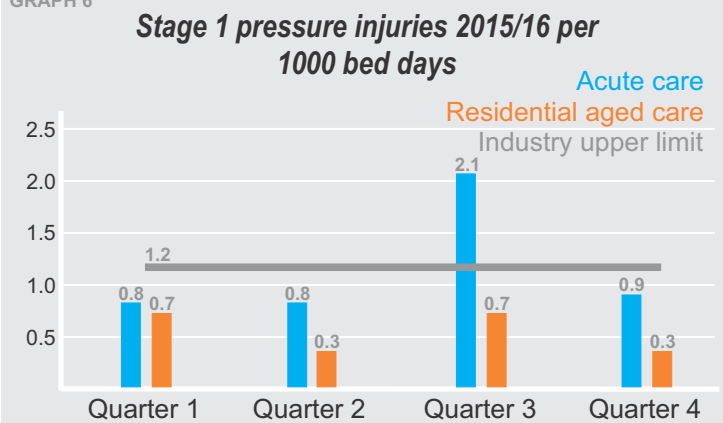
Pressure injuries may be defined as areas of damage to the skin and underlying tissue caused by constant pressure and/or friction. This type of skin damage can develop quickly in anyone with reduced mobility, or those confined to a bed or chair. Pressure injuries lead to significant discomfort and possible infection, in turn leading to increased hospital stay and/or the requirement of follow-up care.

At GSHS we aim to prevent the occurrence of pressure injuries, this is achieved through an initial assessment of patient skin integrity on admission. Regular skin checks are performed during a hospital admission and education and reading material is provided to the patient and family. Throughout the hospital stay skin is protected through the use of protective devices, pressure relieving mattresses, minimisation of friction and adequate nutrition.

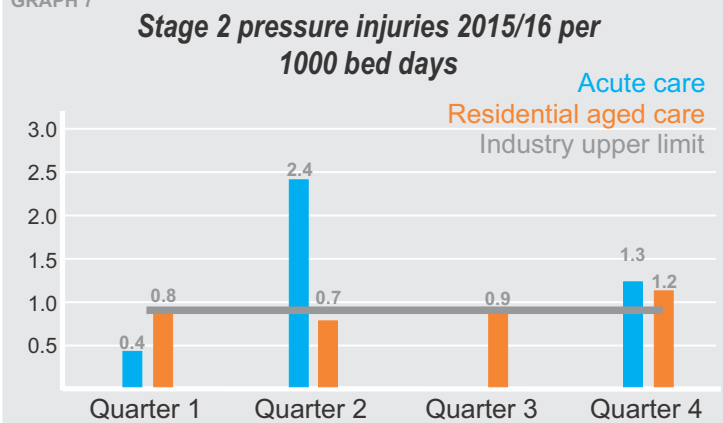
GRAPH 5



GRAPH 6



GRAPH 7



From L to R: Dee Bradley - Diversional Therapist Hillside Lodge, Margo Maher - Resident and Bronwyn Wheeler - Allied Health Assistant.

Prevention and management of pressure injuries (cont)

Should a pressure injury be present upon admission a multidisciplinary approach using evidence based on best practice is adhered to with the aim of reducing discomfort, preventing complications and to provide efficient healing.

“Throughout my mother’s recent admission all staff were diligent in ensuring her comfort was maintained and her skin protected through regular re-positioning and application of cream and protective dressings.”

In the event that a pressure injury does occur a concise reporting system ensures methods for future prevention are adhered to. All incidents are recorded and reviewed within a clinical practice committee to identify opportunities for improvement and to continue minimising occurrence.

Stage 1 pressure injuries are defined as a reddened area or skin, with no break in the skin. This type of pressure injury is generally relieved by repositioning. A stage 2 pressure injury involves some superficial skin damage, but does not extend into deeper tissue. The assessment and preventative strategies in place at GSHS mean the majority of pressure injuries identified at GSHS are stage 1 injuries, relieved by repositioning patients and do not progress to stage 2 injuries. There were no instances in 2015/16 of patients acquiring a stage 3 or 4 pressure injury (more severe) whilst admitted to GSHS.

Safe and appropriate use of blood and blood products

GSHS works with the Blood Matters Program (a Victorian State Government program run in collaboration with the Australian Red Cross Blood Service) to ensure we provide high quality and safe care for patients requiring transfusions. The program supports best practice in patient blood management (PBM) for improved patient outcomes. A total of 325 units of blood products were administered at GSHS in the last year.

The following strategies were implemented to improve the safety of Blood Product Management at GSHS:

- Patient information sheets are provided to increase awareness and knowledge of blood product use.
- Staff participated in online training to support best practice clinical decision making.
- Policies and patient care plans are implemented and audited to ensure safe administration of blood products.

Patient Blood Management (PBM) encompasses a holistic approach to the use of blood for an individual patient. PBM is individualised to the patients’ needs ensuring decisions are patient-centered with the focus on the best treatment outcomes. It works on the premise “*why transfuse?*” rather than “*why not?*” and emphasises the principle that a patient should only be transfused when the potential benefit outweighs the potential harm. This includes the use of alternatives to blood transfusion where these are available and feasible.

Blood and blood products are precious resources and although the patient incurs no cost, the estimated cost of manufacture of a single unit of blood is \$370 and Intragam P 200mls is \$756.28 (2016). Intragam is given to patients who are unable to produce their own immunoglobulins or antibodies which are a vital part of their immune system used to destroy bacteria and viruses. GSHS uses waste reduction strategies to minimise blood wastage. Our blood wastage is currently <1% which is well under the national target of 3%.



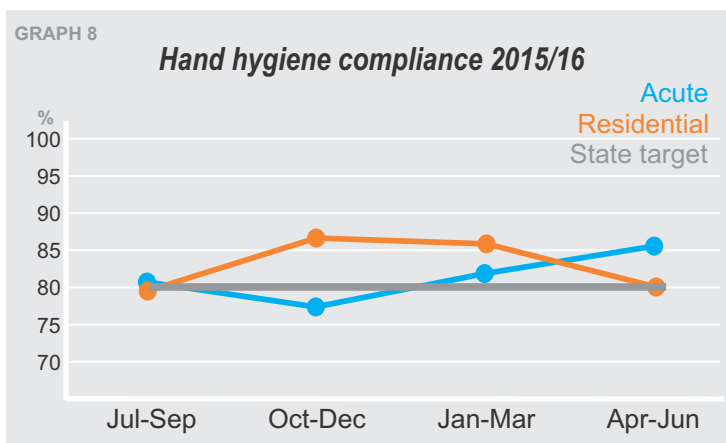
Preventing and controlling healthcare associated infections

Infection Prevention and Control programs are a vital link in preventing healthcare associated infections which may result in inconvenience or injury to patients and which are an undesirable, often unnecessary healthcare expense.

Gippsland Southern Health Service Infection Prevention and Control program strongly endorses a culture of prevention and focuses firmly on promoting good routine standard precautions throughout the organisation.

Hand hygiene

Good hand hygiene is the key to reducing the spread of infection from person to person. GSHS participates in the Hand Hygiene Australia Program. Our Acute services had an overall compliance rate of 94.5% for the 2015/16 year. As part of our ongoing quality improvement process as of April 2015 we commenced auditing hand hygiene compliance in our residential care facilities who achieved a compliance rate of 84.2% for the 2015/16 year. There is no current benchmark for residential care hand hygiene compliance however at GSHS we are striving to meet the current acute benchmark of 80%.



Surveillance and reporting

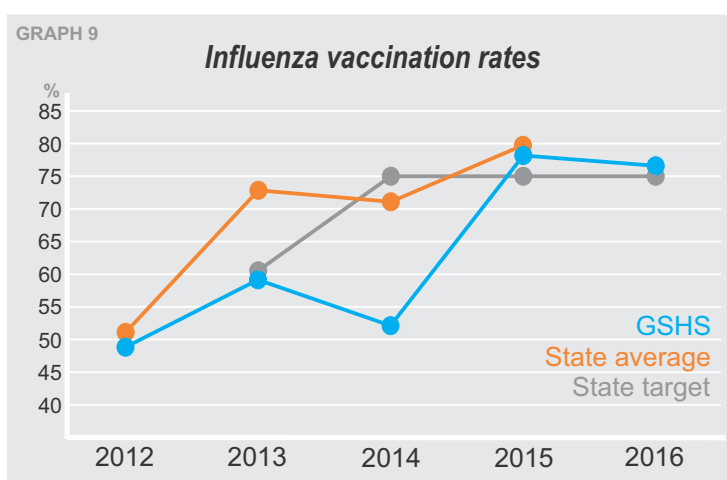
GSHS participates in the Victorian Healthcare Infection Surveillance System (VICNISS). This program collects data, risk adjusts and reports results to all Victorian Public Hospitals. The program aims to reduce the incidence of healthcare associated multi drug resistant organism infections (MDRO or Superbugs), including Staphylococcus Aureus Bacteraemia (SAB), Methicillin Resistant Staphylococcus Aureus (MRSA) and Vancomycin Resistant Enterococcus (VRE), through notification of results compared to similar healthcare facilities. As a result of our very high standard of infection prevention measures, GSHS has had no hospital acquired MDRO (Superbugs) for the 2015/16 year.



Kirsten Amos - Infection Prevention & Control Coordinator
with Vivienne Green - Enrolled Nurse.

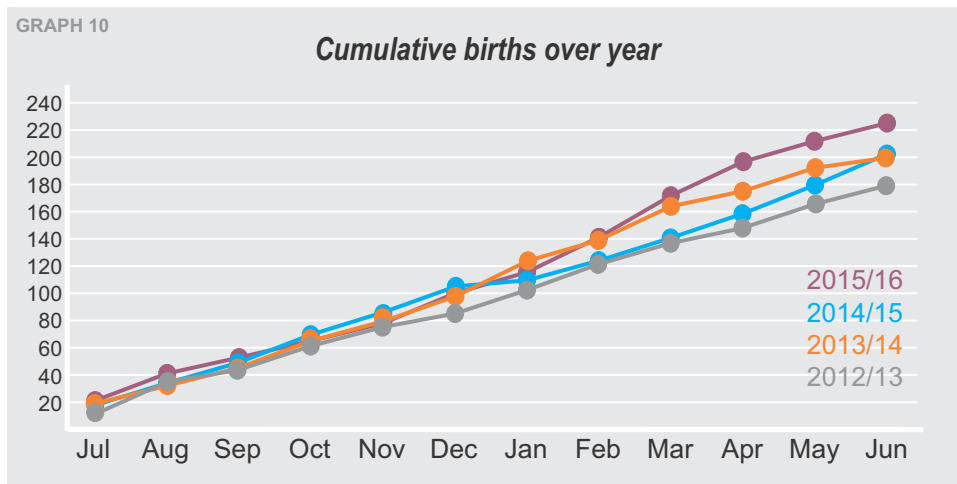
Influenza vaccinations

Influenza vaccination is especially important for healthcare workers to help protect our at-risk patients, clients and residents. The influenza vaccination program runs annually from April to August. All staff, volunteers and students working within GSHS during this period are offered the influenza vaccination for free.



Maternity services

225 women birthed at Gippsland Southern Health Service in 2015/16. Classified as a low risk birthing service, GSHS provides a maternity service to women with normal risk pregnancies, birthing at 37 weeks or more. The maternity services are supported by GP Obstetricians, GP Anaethetists and midwives.



The number of women birthing at GSHS has remained steady over the last 4 years, with a peak in 2015/16. The birthing services includes antenatal care, antenatal classes and domiciliary care for women birthing at GSHS and at other health services.

GSHS submits data for the Victorian perinatal services performance indicators. The most recent data reports for 2013/14 provide GSHS with results against 10 perinatal indicators, benchmarking the birthing outcomes against other maternity services in Victoria. The 2013/14 perinatal indicators show that GSHS has a higher rate of induction for women with their first pregnancy than compared with other Victorian maternity services. This result is predominantly due to the low number of first time pregnancies birthing at GSHS which gives a false high score. Induction rates are collected each month and presented at the quarterly Maternity Services meeting.

The number of women referred for domiciliary care following birth was reported in the 2013/14 perinatal indicator report as 96.3%, a rate below the state average of 98.5%. Investigation identified a recording error when women were discharged from hospital, which has since been corrected. Referral for domiciliary care is monitored monthly to ensure correct documentation on discharge.

Results for the 10 perinatal indicators are reported to the Maternity Services meeting quarterly and case reviews conducted as required.



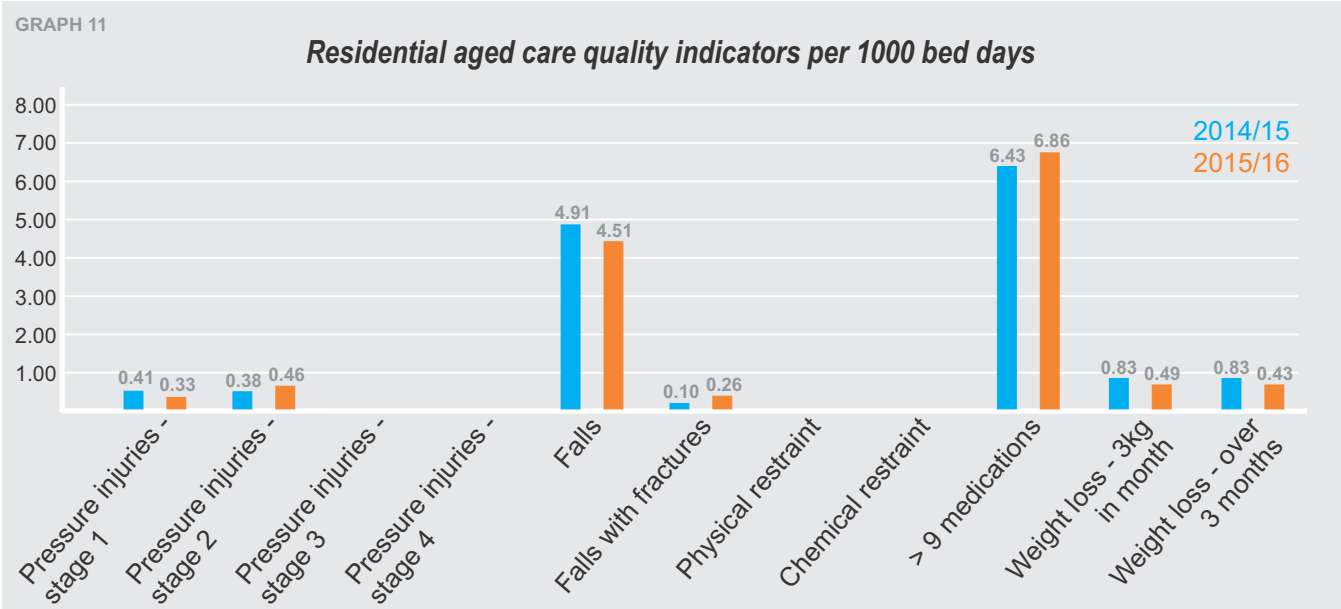
Teresa Pors - Registered Nurse/Midwife with Erwin & Stacey Reesink.



Dayna Leatham - Registered Nurse/Midwife with Erin Pell and baby Remy Hawksworth.

Residential aged care indicators

The *Quality indicators in public sector residential aged care services* provide a range of information to support services to monitor and improve resident care and quality of life. The indicators, collected and submitted to the Department of Health and Human Services quarterly, alert staff to any clinical problems, allowing early identification and implementation of improvement strategies.



Optimising the level of care for residents is the central goal of this program, with specific data being collected about five preset indicators:

1. pressure injuries
2. falls
3. restraint
4. 9 or more medications
5. unplanned weight loss.

Pressure injuries, falls and fractures, use of physical restraint, nine or more medicines and unplanned weight loss can all have serious and potentially catastrophic impacts on the health and quality of life for residents. The Public Sector Residential Aged Care quality indicator program provides an effective approach to monitor the quality of care.

Graph 11 shows a slight decrease in stage 1 pressure injuries, falls and resident unplanned weight loss between the 2014/15 and 2015/16 financial years. An increase in the prescription of 9 or medications is evident in the GSHS results, which is also consistent with all residential aged care in Victoria. An increase in the number of low low beds available and falls alarms has assisted in the reduction in falls.



Resident - Kath Murphy with Dianna Robins - Enrolled Nurse.



Josephine Durrant - Diversional Therapist with residents Norma O'Loughlin and Phyllis Sonsie.

Quality improvement - community services

Gateway intake services

Intake within primary health services has been extensively streamlined at GSHS. A central intake system 'Gateway' provides all new clients and those re-entering any service, a comprehensive and client centred assessment. By centralising the intake model, Primary Health staff are able to focus on service specific assessments, care planning and timely interventions. Centralised intake also promotes early identification of, and intervention in, potential and existing health problems experienced by individuals within the community. If a client has previously been assessed, any changes to their situation are noted, this minimises a clients need to repeat their demographic information, streamlining their access to services.

Work has been undertaken to streamline intake, which has in turn reduced waiting times for consumers. This enables better assessment and care plan development.

Connecting with consumers

A recent initiative has been to 'connect' with some of our Primary Health consumers to understand their perspective on the changes made to both intake and care planning. A random selection of new and existing clients are contacted by telephone in the month following services being provided. Some of the specific client feedback has included that we have an "easy admission process" and that there is "no repetition of information" while "It seems to be a consistent and thorough process." The work undertaken to enhance admission to our services has been overwhelmingly well received and a client stated that we have a "Straight forward admission process and did not need to repeat information."

In terms of care planning, clients have been overwhelmingly positive with the improvements made so far "it is an interactive process, I discussed with my therapist other activities I can do to achieve my aims"; another client said that the "care plan was completed with the first nurse, and she thoroughly described care to be received – I was able to suggest what would suit me" and one client stated the completion of a care plan was "definitely helpful" and they were "involved in all ways".

Care planning

GSHS primary health staff take a person-centred approach to care plan development and delivery. The benefits of a person-centred approach for clients, staff and service providers include:

- Empowering clients to make decisions about their care.
- Building clients' confidence and a sense of ownership over their care.
- Developing effective, appropriate and responsive care plans.
- Facilitating client commitment and buy-in to actively participate in improving their health.
- Increasing client and staff satisfaction.
- Supporting effective service coordination, information sharing and collaboration.
- Reducing duplication and enhancing continuity of care.



Jenny Allaway - Allied Health Assistant.



Home Fraser - Food & Domestic Services Assistant.

Continuity of care



From L to R: Lara Ball - Enrolled Nurse, Lorna Allcorn and Jo Wilson - Enrolled Nurse.



Victorian healthcare experience survey

Leaving hospital

GSHS has a coordinated multidisciplinary approach to planning patient discharges. Planning a patient's discharge begins on admission to allow time to discuss options with patients, identify care needs at home and arrange the appropriate services. In consultation with the patient and/or family, referrals are made for agreed services. Randomly selected patients are offered the opportunity to participate in the public hospitals **Victorian Health Experience Survey**. Results from the survey are reported to GSHS and compare GSHS to other Victorian public hospitals. To gain knowledge on the patient experience of leaving the hospital, questions are asked regarding:

- The amount of information given to manage health and care at home.
- Whether home or family situations were taken into account.
- If adequate arrangements were made for any services required.
- If the GP had adequate information about the hospitalisation.

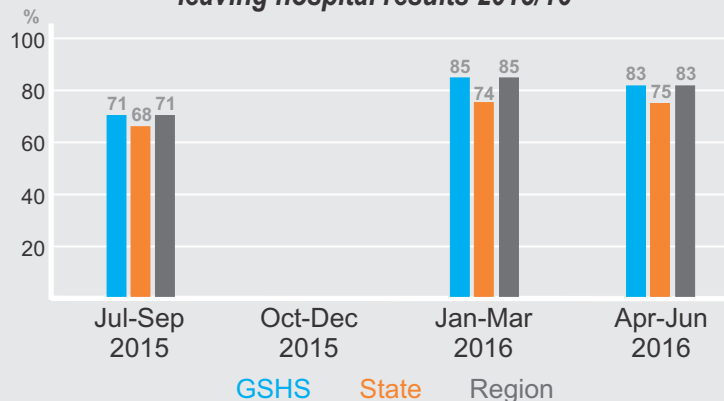
The scores from these questions are measured quarterly with the target to exceed a score of 80%.

Graph 12 identifies the scores for GSHS in 2015/16, with the 80% target reached in the 3rd and 4th quarter for the year. GSHS has also performed well in this area when compared to the state average.

NB - Insufficient surveys were completed in quarter 2 for a result to be determined.

GRAPH 12

Victorian patient experience survey leaving hospital results 2015/16



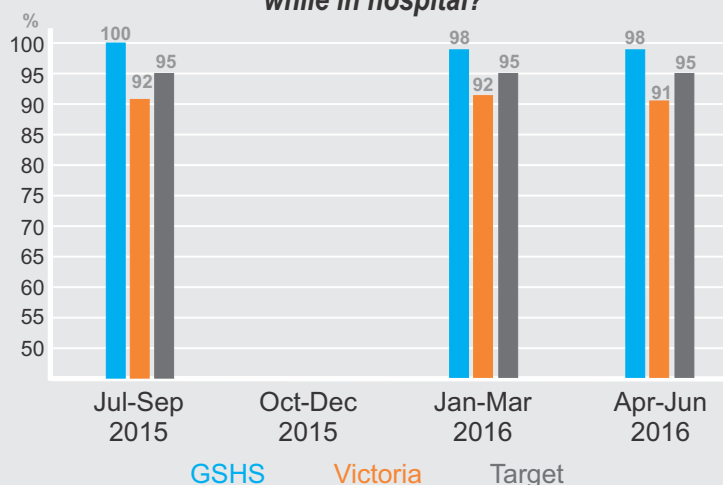
To continue to improve the discharge planning processes at GSHS, a multidisciplinary review of discharge planning is being undertaken. Through the Excellence program conducted at GSHS, plans for discharge are discussed with patients and staff are more informed as to home and family situations.

Patient experience

The patient experience is also scored through the Victorian Health Experience Survey. The question asks patients "overall, how would you rate the care you received while in hospital?" GSHS has consistently scored higher than other Victorian health services and exceeded the target in each quarter where a result was obtained. Education and training of staff through the Excellence program assists GSHS to maintain the positive responses to the patient experience score and identify areas where improvements can be made.

GRAPH 13

Overall, how would you rate the care you received while in hospital?



From L to R: Jo Halliday - Diversional Therapist (sitting), Lyn Carmichael - Nurse Unit Manager at Hillside Lodge, Sharyn Cook - Ward Clerk and Jill Edwards - Enrolled Nurse.

Continuum of Care

IMPACT

(Interdisciplinary Management Program for Assessment, Coordination and Therapy)

GSHS has developed a program called IMPACT. This successful program is designed for participants with chronic health conditions, primarily those with pain symptoms as the result of their chronic health conditions. Clients referred to IMPACT generally have a high rate of hospital admission; tend to be high end users of a range of community based services; have unstable and multiple health concerns and commonly report high rates of drug use including prescription medication, over the counter medication and alcohol use.

Participants of IMPACT report a range of barriers for accessing health services including physical location, the cost and psychological barriers of accepting assistance. Participants report that sleep disturbances, stressful life events and self-medication pose significant challenges to managing their pain and other health conditions. The IMPACT team works to improve processes for complex clients - being informed from multiple perspectives and treated by a variety of health professionals, communicating effectively with one another.

IMPACT aims to:

1. Assess and intervene in the patient experience of their complex or chronic health condition.
2. Improve the experience of having multiple disciplines involved in care planning and provide the tools to enable self-management.
3. Benefit consumers by the provision of a range of multi-disciplinary interventions.
4. Reduce hospital admissions, primary health service usage and medication usage.
5. Provide social support and assist in engaging with positive diversional or occupational pursuits.

Patients with chronic health conditions are generally viewed as patients with complex needs requiring multiple services to address their care needs and this is exactly what the program offers to clients. A substantial reduction in hospital admission, primary health care usage and medication usage has been noted by participants of the IMPACT program. Additionally greater engagement in social, work and volunteering has been a positive outcome of the development of effective self-management plans with participants.

Case study:

'Anne' is a 61 year old woman who lives in a bungalow beside a family member's house. She was admitted to hospital in September 2015 following a fall at a friend's home that resulted in a fractured foot and decreased mobility. Anne's medical history includes rheumatoid arthritis and fibromyalgia. She reports that she has had chronic pain for the last 18 years. She has had an increase in weight following quitting smoking. Following her hospital discharge, Anne was receiving occupational therapy, social work, and physiotherapy.

Anne was referred to the IMPACT program by the social worker who followed her up at home. Anne participated in the IMPACT program to assist with managing her pain, weight loss, relaxation, difficulty completing tasks around the home such as opening food tins, and knowing how to pace herself.

Anne reports she has

"learnt so much from the program. I feel special to have been in the program. It's important to know that people out there really care about me."

The main things that Anne feels that she gained from IMPACT include learning to eat correctly, pacing herself, exercises designed for her own needs, relaxation and the general information and education provided.

Through this program Anne was also linked in with the 'Foodie Friday's' group. This empowered her to start preparing some of her own meals increasing her independence at home. Anne also participates in hydrotherapy over the summer months to assist with increasing her mobility, strength and endurance. She is currently having a second go at the IMPACT program as she wanted to work on further goals including weight loss, increasing mobility, increasing independence with cooking tasks, lowering stress levels and keeping her motivation up.

Other client quotes about IMPACT:

"It was an individualised program – It was made about me"

"The people on the program are so good to me. They make me feel important, they really listen to me"

"The program offers me support and comfort"



Leongatha Community Garden.



Ron Jacobs - Allied Health Assistant with student Alex Penfold.

Case study:

Our 'Foodie Friday' program commenced in 2015, this program builds on several previous 'cooking for one or two' style programs. Foodie Friday has been developed as an 8-week community based cooking and nutrition education program, primarily aimed at increasing cooking skills, nutrition knowledge and confidence in the kitchen with a more local and organic approach. The program also addresses the social and cultural elements of food and cooking and provides a social outlet for participants in a non-threatening environment.

To ease access this program is run at multiple sites and transport has been arranged when needed; the group is kept deliberately small in number to assist participation. Sessions address nutritional variety, cooking on a budget as well as addressing the social and cultural elements of food, cooking and eating. Sessions have been developed to assist with recipe modification for cost, portion size and to address food intolerances. Dishes have been devised to make the most of seasonal produce, to challenge clients to try new foods and styles of cooking, as well as dishes from other cultures.

This program runs in conjunction with the Leongatha Community Garden where participants receive information about potting and planting their own produce – reducing 'food miles' and gaining an appreciation of fresh, locally grown seasonal produce. Participant's knowledge of good nutritional habits has improved as a result of participation in the program as has their cooking skills and knowledge of the social aspects of food.

The program has proven popular and has been further reviewed and enhanced to meet local conditions and is now run regularly to take advantage of seasonal produce. Clients report positive outcomes with most initiating access to another service or program locally. We have engaged with other community programs to ensure that clients have programs to move onto once they have completed the Foodie Friday sessions.

Supporting end of life care



Kirsten Amos, Advance Care Planning Project Officer with Robyn Butler from Leongatha Healthcare

In March 2014, the Victorian Department of Health launched Advance care planning: have the conversation - A strategy for Victorian health services 2014-2018. The strategy aims to ensure that all Victorians accessing health services will have opportunities to express their preferences for future treatment and care. In June 2016, GSHS received a grant from the Gippsland Region Palliative Care Consortium (GRPCC) to implement this strategy.

Advance Care Planning is designed to give people the tools to plan, discuss and document their medical wishes should they be in a situation where they can no longer speak for themselves. End of life discussions can at times be challenging for family members especially if the person's wishes are not widely known within the family. Advance Care planning is designed to help create this communication within the family and alleviate some of the anxiety when having to make life altering or ending decisions. It has been reported that family members have reduced levels on anxiety, depression and post-traumatic stress.

GSHS has been working closely with the local GP clinics to ensure a combined approach to these changes and ensuring continuity between community and hospital. These changes have included an Advance Care Plan template that is being used by the GP clinics and hospital. There is now a standardised approach to how and where Advance Care Plans are filed and the means of accessing vital information in an acceptable timeframe.

We have begun to collect data regarding the number of patients with Advance Care Plans for the 2015/16 period and are expecting to see ongoing increasing numbers.

Supporting patient choices in end of life care

Charlotte*, a joyful woman who embraced life to the full, was a mother to two young adult children. Forever proactive and practical she documented her end-of-life wishes early on in her disease trajectory, electing to die in hospital. Her nominated substitute decision-maker was her close friend. Charlotte received care from her local community-based palliative care service as she underwent treatment for her advancing cancer.

When Charlotte's condition deteriorated and she required full nursing care she was admitted to hospital for end-of-life care, as was her expressed wish. She was invited to bring with her important objects of meaning. Her room was lovingly adorned with photos of her family and beautiful flowers from her garden. Soft, meditative music played, as requested.



A family meeting was convened to assist Charlotte, her family and substitute decision-maker to clarify goals of care and share information. Four days later, Charlotte died peacefully, surrounded by family and close friends. Bereavement follow-up continues with her carers.

GSHS is a member organisation with the Gippsland Region Palliative Care Consortium (GRPCC), Palliative Care Victoria (PCV) and the Australian Centre for Grief and Bereavement (ACGB). These memberships support staff to access best practice guidance and support to provide high quality end of life care.

Evidence-based tools from the Palliative Care Outcomes Collaboration (PCOC) are utilised in acute and community settings at GSHS. Routine use of these trigger tools and questions can prompt clinicians to use their clinical judgment to make a holistic assessment of whether a patient may benefit from end-of-life care.

The Pathway for Improving the Care of the Dying (PICD) consists of a series of prompts, guidelines, revised medical and nursing care plans and a number of medication algorithms that can be followed by generalist staff in providing end-of-life care. The PICD helps guide patients, their family and staff through the

final episode of a person's life and covers a range of factors including patient comfort measures; communication with family/carers and other healthcare workers; support for psychosocial, spiritual and cultural issues; and written information for families/carers.

The GSHS palliative care volunteers undertook a project in re-designing the palliative care rooms and lounge area at the Leongatha campus. This resulted in a more ambient, 'homelike' environment for the patients, their families and the staff and has been very well received by patients and families

**Name has been changed*



Mary Ross-Heazlewood - Palliative Care Nurse Coordinator.

Contributing to statewide plans



Disability responsiveness

The Victorian State Disability Plan 2013-2016 states that its aim is to help remove “*the barriers to social, cultural, civic and economic participation that people with a disability, their families and carers may face. Like everyone else, people with a disability need education and health care, safe, reliable transport and access to buildings, spaces and places, and support from their families, friends and communities to fulfil their aspirations.*”

The State Disability Plan lists 4 goals, with 12 outcomes within these goals that the plan is striving to achieve. GSHS addresses each goal and outcome in a variety of ways within the service:

Goal 1: A strong foundation in life - everyone needs a strong foundation in education, housing and health to lead an independent and fulfilling life.

Outcome 1: Better opportunities in education and early childhood development services

Outcome 2: Improved housing and accommodation choices

Outcome 3: An improved response to lifelong health needs

As an integrated health service, GSHS strives to ensure that all people within the local community are able to maintain their best health possible. GSHS provides early childhood services such as speech pathology. Primary Health services such as OT and social work ensure that a person's current accommodation options are suitable to their needs or support people to access more appropriate accommodation services as needed. As an integrated health service, GSHS is able to respond to a person's health needs throughout their life journey, regardless of age or ability. GSHS's inpatient and community services coordinate services to ensure every person has the service they need, at the time that they need it.

Goal 2: Upholding rights and promoting participation - people with a disability have the same rights to choice, control and to take part in all aspects of society and community as everyone else.

Outcome 4: Better protection of human rights

Outcome 5: Better pathways to employment

Outcome 6: Greater participation in the community

A recent audit of GSHS's disability respite service found GSHS to comply with the DHHS “*Standard 1: Empowerment – People's Rights are Promoted and Upheld*”. All GSHS consumers are provided with information outlining their rights and responsibilities, privacy information, advocacy and how to make a comment or complaint when they enter the service. These brochures and information are discussed with each consumer to ensure their understanding of their rights when accessing services. Staff put consumers at the centre of their approach, ensuring that the rights of each consumer are protected and upheld when they use GSHS services. GSHS also encourages community participation and skill building through the active service model approach, which aims to help people live in the community as independently and autonomously as possible.

Goal 3: Accessing information, transport, buildings and places - better access to information to make decisions and choices and better physical access to take up opportunities in study, work and leisure, to use shops and services and visit family and friends.

Outcome 7: More transport options

Outcome 8: Improved access to buildings and spaces

Outcome 9: More accessible government information

GSHS supports people to access services if possible. Volunteer drivers are able to be arranged for people who don't have access to other transport options, and accessible transport is available for GSHS PAG and respite services. The buildings that GSHS use are all fully accessible for people of all abilities. GSHS is able to provide information in a variety of formats to ensure consumers are able to understand information provided.

Goal 4: A contemporary approach through disability system reform - more flexible, integrated supports and services that complement and connect with mainstream services and give meaningful choice and control to the person.

Outcome 10: More opportunities for independence, choice and control

Outcome 11: Better targeted and integrated services

Outcome 12: The role of families and carers is better supported

All GSHS services are provided within the person centred model of care, which encourages consumers to have more choice and control regarding the care and services they receive. As an integrated health service, GSHS provides a range of services for people with complex needs. Staff have training opportunities regarding providing services for people with specific or complex needs, which ensures services are better targeted as needed. The families and carers of people with disabilities who access GSHS services are consulted throughout the provision of service to ensure that the service is meeting the needs of the person with a disability as well as the needs of the family or carer as appropriate. GSHS provides a flexible respite service, which liaises closely with families and carers to ensure that their need for respite is met in a way and time that suits the family as well as the person with a disability.

Summary

GSHS strives to ensure that our services are welcoming, accessible and beneficial to consumers of all ages and abilities. GSHS addresses the goals and desired outcomes of the Victoria State Disability Plan 2013-2016 in a variety of ways throughout the organisation. All GSHS services are flexible and ensure the needs of people with disabilities are met. GSHS services coordinate closely when needed to improve health and wellbeing outcomes for all consumers.

A recent email from the family of a consumer with a disability shows just how positively the services from GSHS impact on the consumer and his family:

"Thank you so much to all the PAG Saturday All Stars staff, you run an excellent program which David loves attending each fortnight.

On Saturday night we attended Julie's birthday party and it was wonderful to see the group dancing the night away. They have forged friendships because of the group.

A special mention and thanks to Phil for still looking out for the group even though you were there as a guest, and similarly to Ann who volunteers with the HAPI program on Wednesdays for still taking that caring role. David was thrilled to see you there, what a difference you make in his life."



Toni Joyce - Volunteer with resident Muriel Price.



Peter Joyce - Maintenance Worker.

Diversity

Harmony day



Celebrating Harmony Day from L to R: Angela Breeze - Dietitian, Mathew Thomas - Personal Care Attendant, Anita McMillan - Dietitian, Karen Ball - Social Worker, Beena Mathew - Nursing Supervisor, Vivian Carroll - Allied Health Manager, Kim Bolding - Social Work Manager, Carly Kitchingman - Administrative Assistant, Bron Beach - Drug & Alcohol Counsellor

GSHS recognises, respects and values the diversity of its consumers, staff and the broader community in which we operate. Central to this assurance is the provision of inclusive and respectful person centred care. An example of how GSHS embraces the diversity reflected in our community, is the celebration of Harmony Day on the 21st of March, where we recognise Diversity as our Strength. Diversity is all about our inclusiveness, respect and a sense of belonging for everyone. Lunches were held at both Korumburra and Leongatha Campuses. It was an opportunity for everyone at GSHS to celebrate our cultural diversity by coming together and sharing food, recipes and stories and reflect on the positive contribution that diversity has contributed to GSHS and the community.

LGBTI

In line with the LGBTI (Lesbian, Gay, Bisexual, Transgender and Intersex) State-wide Plan, GSHS endeavours to improve access to services for LGBTI communities and individuals.

In August 2016, Speech Pathologists from across the Gippsland Regions gathered at Leongatha to participate in Transgender Voice and Communication training. Presented by the Victorian Voice Interest Group, the video conferenced training was delivered from Latrobe University with specialist guest presenters talking about work with transmasculine people and the production of vocal gender in social interactions. Attendance from the Gippsland Region was excellent with all GSHS Speech Pathologists attending.

Diversity awareness forum

More than 20 GSHS staff members participated in a local Diversity Forum held in Leongatha. Representatives from a range of government and community service providers offered insight into the services available and the issues that impact on consumers from a range of diverse backgrounds. Representatives from Val's Café, Alzheimer's Australia and Travellers Aide attended, along with the local Aboriginal Regional Development Officer and Indigenous Health Project Officer.

Diversity Awareness Forum -

Leongatha, 21 April 2016

Val's Café was pleased to contribute to a fabulous session last week hosted by South Gippsland Shire Council, Gippsland Southern Health Service and South Gippsland Hospital, and supported by the Department of Health. Around 80 participants had the opportunity to hear from a range of diversity representatives in a world café style setting. The picture below is one of the groups we spoke to - Val's Café providing information on LGBTI ageing and access to community aged care, and consumers provided information on their life as a local community member. Thanks to everyone involved in this successful day.

Taken from Val's Café Newsletter - April 2016



Attendees at the Diversity Awareness Forum.

Strengthening GSHS' responses to family violence

The Royal Commission into Family Violence identified that the hospital system is an early contact point for many people who have experienced family violence, presenting an opportunity for early identification, improved responses and referral for victims/survivors.

GSHS participates in the South Coast Preventing Men's Violence against Women Sub Regional Reference Group, as part of the Prevention of Men's Violence against Women Strategy led by Gippsland Women's Health Service. This is a partnership approach across all sectors including health, by challenging the attitudes, beliefs and practices that perpetuate gender stereotypes and inequality, and drive gendered violence.

Staff have attended forums to promote A System Wide Response to Family Violence in the health sector and as a result GSHS has developed an action plan to implement components of the Strengthening Hospital Responses to Family Violence Service Model and Tool Kit developed by the Royal Women's Hospital. This process will commence implementation in 2016/17 and it is anticipated that system wide response and working more collaboratively with Family Violence Services will improve the outcomes for women and children experiencing family violence.



GSHS staff members gave basic health checks at the Korumburra Dairy Expo. Pictured from L to R is District Nurse - Sue Wright, Allied Health Assistant - Belinda Harry, Social Worker - Sasha Boys and Social Work Student - Megan Perks.

Aboriginal Health Care & services

GSHS has a proud history of being able to offer quality services to the indigenous community of South Gippsland and Bass Coast. Although the population in South Gippsland is below 1% of the population we still include culturally sensitive activities whilst caring for members of the indigenous community.

Our overall diversity framework and activities accommodate individual needs and has an overall focus for GSHS clinical staff when providing clinical services to support people's cultural sensitivities. As a health service we have a range of components which have supported health planning for the indigenous community in meeting care needs.

- We have provided smoking ceremonies & other personal spiritual needs upon request.
- We appreciate & understand the importance of family.
- We hear a lot of positive stories from Indigenous community regarding the care we provide.
- We have signed and committed to Closing The Gap and the Koolin Balit health plan.



Sonya Weston undertaking a Smoking Ceremony at the opening of the new Leongatha Campus.

Bequests, donations and fundraising

GSHS relies on the generosity of patients and clients (past and present), individual donors, community groups and corporate supporters to supplement government funding in order to ensure that vital improvements are made to benefit patient care.

Some bequests and donations stipulate certain activities or items they wish to contribute to and others target specific services. An example of a bequest is:

The Royston Stanley Coleman Bequest

The late Royston Stanley (Stan) Coleman bequeathed \$110,000 to Gippsland Southern Health Service to assist staff to obtain further education and training. This past financial year, the funding has been used for staff to attend the following:

- Laughter Boss Workshop - The Humour Foundation
- Integrated Disease Management for Cardiac Patients - Heart Research Centre
- Gippsland Aged Care Conference.

We would like to sincerely thank The Friends of Hillside Lodge and the Lyrebird Auxiliary for their continued support and everyone who donated throughout the year.



From L to R: Korumburra Reception Staff, Linda Forrester, Patricia Alba and Robyn Harris.

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