



Echuca Regional Health

Supporting everyone to be healthy and live well

2020 Calendar

**Quality
Account 2019**





*Have a
great year!*

A MESSAGE FROM THE CEO

On behalf of the Board and the 819 staff at Echuca Regional Health (ERH), we are proud to present to you - our consumers, partner agencies and the broader community we serve - the 2018/19 Victorian Quality Account.

This calendar will highlight our services, performances and the different improvements in quality and safety we have made over the last 12 months.

Much of the content is a mandated requirement by the Victorian Government as we show data comparing ERH to other health services and actions we have taken to improve the care we provide.

Please hang this calendar in your home or workplace and read through the content provided as you organise and navigate your year ahead.

We would appreciate your feedback on our new look Quality Account and the information we have provided. Please complete the comments section on the back page and drop it in to us; all comments are very welcome.



Nick Bush
Chief Executive

Our Values

Echuca Regional Health has adopted a common set of values across the organisation and developed associated behaviours around these values.





Did you know

| | | |
|--|---|--------|
| | Population Echuca catchment area | 36,814 |
| | ERH staff | 819 |
| | Volunteers | 120 |
| | Births | 374 |
| | Emergency Department Presentations | 22,829 |
| | Aged Care beds | 60 |
| | Surgeries | 3,923 |
| | Chemotherapy treatments | 1,092 |
| | Dental Consults | 5,653 |
| | Social Work consults | 4,969 |

Accreditation

All ERH services are fully accredited against national standards relevant to the service.



Hospital and Community Health



Family Services



Medical Consulting Suites



Glanville Village Aged Care



Home and Community Care

Interpreter Services

According to the 2016 Australian Bureau of Statistics census data, 5 in 100 people in the Campaspe Shire were born overseas and 3 in every 1000 are not fluent in English.

We use accredited interpreters so that information can be shared that is culturally and linguistically appropriate.

ERH face to face and telephone interpreter services usage:



2018/19

| | |
|------------|---|
| Vietnamese | 1 |
| Mandarin | 1 |
| Serbian | 3 |

Our people matter

Each year, the People Matters Survey invites all staff working in Victorian public health services to provide feedback about their workplace including how safe and supported they feel at work. This year we saw a decline in our results with only 67% of staff responding positively to the safety culture questions compared with our target of 80%. As a result, we have adopted a 'Know Better, Be Better' campaign which was launched by our Board Chair and CEO in October 2019.

This campaign aims to raise everyone's awareness and understanding of unhelpful behaviours in the workplace including bullying and harassment and the impact this can have on their colleagues.

This complements our CARE Matters program which focuses on making sure that our behaviour at work at all times reflects our values of Collaboration, Accountability, Respect and Excellence.



The importance of saying 'Hello, my name is...' every time we greet a new patient or resident sounds simple but sometimes our busy team can forget that our patients may see many health service staff each day which can be confusing.

Staff introducing themselves every time they greet a new patient, explaining their role and how they are helping is an



important part of making our patients feel safe and supported.

Another simple tool to assist is ensuring that every staff member wears a name badge, so that patients and residents can more easily connect with people who are providing their care. We have seen clear benefits of name badges in aged care, where elderly, frail residents are comforted when they are able to read a staff member's name and connect with them on a first name basis.





January

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NOTES TO REMEMBER



HOSPITAL IN THE HOME

Hospital in the Home (HITH) provides acute clinical management of patients in their own home under the care of our ERH nursing and medical team. Previously, many of these patients would have been admitted to an inpatient bed. We are fortunate to have Dr Freya Hildebrand, General and Respiratory Physician providing medical oversight of HITH patients at the HITH review clinic centrally located in the surgical ward.

For further information contact our HITH Coordinator 5485 5904.

Consumer Experiences



The Victorian Healthcare Experience Survey (VHES) is a quarterly Statewide survey that invites people to provide feedback on their experiences across a range of healthcare settings. Our consumers consistently rate ERH services as good or very good, however there is always room for improvement. We have put a lot of focus this year on ensuring our consumers are actively involved in discussions and decisions about their care and making further improvements to our discharge processes.

Positive patient experience responses

Statewide Target
95%

ERH Result
96.6%

Positive responses to discharge care

Statewide Target
75%

ERH Result
93%

Patients in High Dependency Unit (HDU) are reviewed daily by Intensive Care specialists in Bendigo. This 'virtual' ward round using a tele-link, enables specialists to see and talk to patients and family members; review their clinical results and discuss treatment options with the patient and ERH doctors and nurses. Patients and family are encouraged to ask questions and be actively involved in decisions about their care.



Overall consumer experience of community health services

Statewide Target
96%

ERH Result
98%

Comfortable raising issues and asking questions of community health workers

Statewide Target
96%

ERH Result
98%

Good experience with community health workers

Statewide Target
90%

ERH Result
95%

In September 2018, the 'Discharge Readiness' initiative commenced with the aim of improving the day of discharge experience for medical patients. Each day, doctors, nurses and pharmacy hold a quick five minute 'huddle' to review patients likely to be discharged the following day. The team run through a checklist of items to ensure all necessary arrangements are in place prior to discharge. This can include making sure the family are notified, transport home is available, community services are organised (where necessary), medications are ordered and a summary of care provided in hospital is sent to the patients GP.

Improvements after four months of this initiative:

- ↑ Communication between the team
- ↓ Time taken to arrange scripts and medications.
- ↑ Discharge times before 12 noon



February

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NOTES TO REMEMBER



TELEHEALTH FRACTURE REVIEW CLINIC

Our community now has access to Bendigo based Orthopaedic Surgeon Mr Huw Williams via video link (telehealth) for review of complex fractures. Our highly trained physiotherapists work under Mr Williams' instruction to provide comprehensive fracture management locally. The service saves long hours of travel (back and forth to Bendigo) and tiresome sitting around in busy waiting rooms. Importantly, the clinic provides a seamless transition between the Emergency Department or local doctor and a specialist review, as well as access to rehabilitation and support.

If you're Worried, we're Worried

If you are worried that you or your loved one's medical condition is worsening, let us know.

STEP
01

Speak to your nurse



If your concern is not resolved:

STEP
02

Ask to..
Speak to nurse in-charge



If your concern is not resolved:

STEP
03

Phone extension 55366

Say "I am worried about the condition of.."
A senior manager will attend.

Patient And Carer Escalation

In our most recent results from the Victorian Health Experience Survey, patients were asked 'if you had any worries or fears about your condition or treatment, did a health professional discuss them with you?'

98% of patients agreed that we did this well

CASE STUDY

A little boy with a chronic illness was admitted to ERH after feeling unwell overnight. His mum became increasingly concerned that he was not getting better and looked worse than when he first arrived.

His Mum then followed the steps of PACE and a medical review was arranged with a senior doctor.

The little boy was moved to the High Dependency Unit (HDU) and later transferred to Bendigo for review by a paediatrician.

The family were very happy that their concerns were listened to and that their son received the care he required. Staff also received great feedback on their care of the little boy.

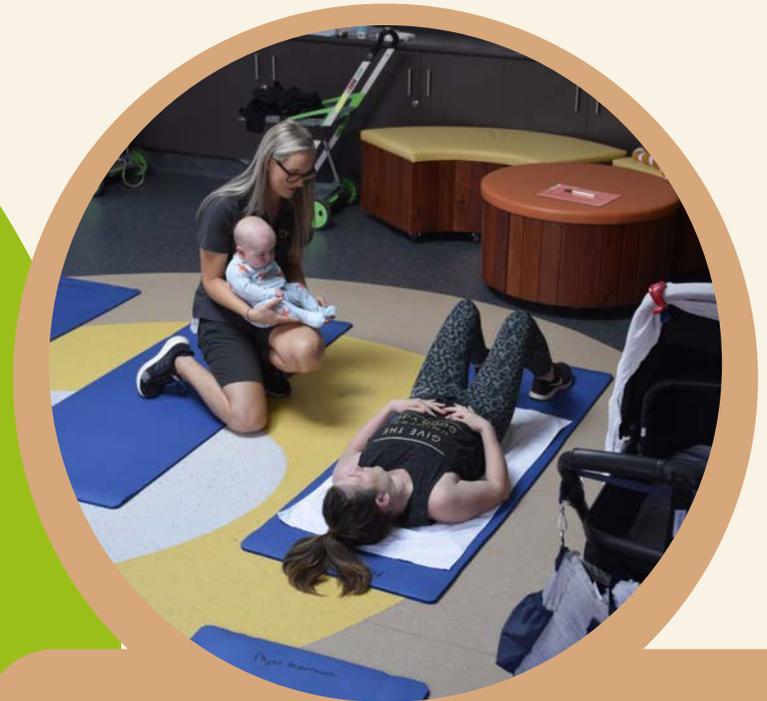




March

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NOTES TO REMEMBER



MUMS AND BUBS

Our physiotherapy department offers a mums and bubs service for mothers to help them take time out to look after themselves and their new bubs. This program provides information and awareness about gentle exercise and all things that contribute to wellness following childbirth. Sessions can be tailored to the individual based on their post birth experience and recovery. It's a fantastic opportunity to meet other local mums and get moving.

The sessions are free and run every Wednesday 10am - 11am in the Malka Room, ERH.

Maternity Services

ERH provides person centered maternity care for women and their babies throughout pregnancy, birth and immediately post birth.

The Victorian Perinatal Service Performance Indicators are a standard set of measures for safe maternity care that apply to all Victorian hospitals. A report is produced annually which allows each service to see how it is performing compared to other services. We have made significant improvements since the previous report. Ongoing education for our doctors and midwives, together with active participation in Safer Care Victoria initiatives; ensures our service provides the highest standard of safe and effective care for mums and babies.

The most recent results are for 2017 -18 and are publically available.

The APGAR Score

Is a score out of 10 used to measure how well a baby is soon after birth. It is usually measured twice – at one minute of age, and five minutes of age. If the score at five minutes is less than 7, babies may need extra attention. The rate of babies born with a five-minute Apgar score of less than 7 should be very low.

How are we performing?

Indicator 10: Term babies without birth anomalies with APGAR score <7 at 5 mins

Statewide Target
1.5%

ERH Result
below 1.4%

Indicator 7: Rate of mothers that stop smoking after 20 wks of pregnancy

(Acceptable range 16.2% - 34.4%)

Statewide Target
25.5%

ERH Result
26.5%

What have we done to improve?

- Introduction of the smokerlyzer at booking in and 28 weeks which has led to an increase in the number of referrals to Quit
- All GP obstetricians and midwives undertake foetal surveillance education and testing related to measuring babies wellbeing during labour and birth
- Performance indicators and difficult cases routinely reviewed at the Obstetric Clinical Review meetings. Improvement strategies are developed, implemented and monitored



SAFER BABY COLLABORATIVE

This exciting Safer Care Victoria initiative aims to reduce Victoria's stillbirth rate by focusing on 5 key areas in the antenatal period:

- Raising awareness of the importance of fetal movements during pregnancy and letting women know what to do if they notice a change.
- Earlier diagnosis and management of foetal growth restriction
- Improving rates of smoking cessation in pregnancy
- Raising awareness of safe sleep positions during pregnancy
- Promoting appropriate timing of birth



April

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| 26 | 27 | 28 | 29 | 30 | | |

NOTES TO REMEMBER



SAFER BABIES

The new smokerlyzer device is used to monitor breath carbon monoxide levels in expectant mums, with referral and support of women and their families for smoking cessation where appropriate. Smoking is one of the known risk factors for stillbirth and reducing the stillbirth rate in Australia is a Government priority.

- Victoria's current stillbirth rate is 6.2 per 1000 births after 20 weeks and 2.2 per 1000 births at 28 weeks or more.
- Awareness of the risk factors for stillbirth is low.

ERH Volunteers - making a world of difference



Volunteers are the lifeblood of our community and for ERH, our 120 passionate volunteers provide such wonderful care and support to our staff, patients and families. Over the past 12 months, our volunteers have contributed almost 10,000 hours of their valuable time to our health service, which equates to an economic value of \$430,000 to our health service. Our volunteers support all areas of our health service, from our emergency department, acute wards and rehabilitation, concierge desk, day surgery, gift shop, fleet cars, administration and Glanville Village. We also have consumer volunteers who are members of our Seniors Advisory Group and consumer representatives, as well as fundraising volunteers including the Friends of Glanville committee. We cannot thank our volunteers enough for making a world of difference to our staff, patients and families each and every day.

THE MANY FACES OF VOLUNTEERS AT ERH



Are you interested in becoming a volunteer at ERH or joining our Seniors Advisory Group?
For more information, visit:
www.erh.org.au/volunteers
or email:
volunteers@erh.org.au

May

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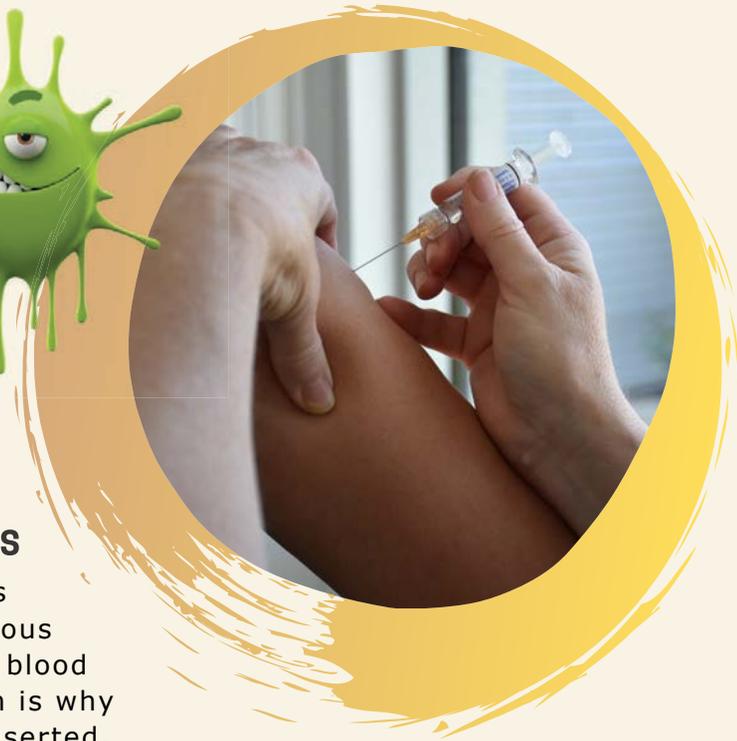
Echuca Regional Health



AN UNLIKELY PAIR

When it comes to volunteering at ERH, these two have been inseparable. "We've been volunteering together for four years, Mike and I," Julie smiles. "We do everything in the hospital together. I'm like his daughter, you might say." Mike said their role was much more than selling items from a trolley. Instead, the pair provide much-needed human connection and conversation to patients. "We don't push the sales. The trolley is more of an intro into each ward so we can talk to people," he said. Sadly, Julie and Mike are often the only visitors patients received. Julie said of volunteering at ERH, "I like the feeling that maybe I've brightened their day," As for Mike: "I turned 94 this year and I'll go for as long as I can".

Infection Prevention



Making sure our staff remain healthy is an essential component of infection prevention and control. To support our hardworking team, we run an influenza immunisation program each year to help prevent staff from getting the flu and passing it on to their patients. Our trained immunisers are very active, visiting each workplace as well as running clinics throughout the 'flu vac' season.

Healthcare Worker Influenza Vaccination Rates

Statewide Target
80%

ERH Result
91.4%

(The statewide target will increase to 90% by 2022)



Antimicrobial Resistance (AMR)

Bacteria that become resistant to antibiotics poses a significant risk to our health today as these bacteria are much harder to treat.

ERH is committed to using antibiotics wisely

Antibiotics should only be prescribed when needed and not used to treat viral infections such as the flu, common cold, runny nose or sore throat. Blood tests or wound swabs may be used to work out the best way to treat an infection; this may mean antibiotics are changed or even stopped once test results are reviewed. You can help by making sure you always take the full course of antibiotics prescribed.

HEALTHCARE-ASSOCIATED INFECTIONS

Staphylococcus aureus bacteraemia (SAB) is a blood stream infection that can cause serious illness and even death. SAB's can enter the blood stream through an intravenous device which is why we closely monitor how these devices are inserted, kept clean and regularly changed. Our infection control program monitors all SAB's and each case is thoroughly investigated. ERH reported one SAB case in quarters 1 and 2. No SAB's were reported in quarters 3 and 4.

SAB INFECTIONS

| | No. of SAB infections | State target (<1 in 10,000 bed days) | ERH SAB rate | State SAB rate |
|------------------------|-----------------------|--------------------------------------|--------------|----------------|
| Jul - Sep 18 | 1.0 | 1.0 | 1.9 | 0.9 |
| Oct - Dec 18 | 1.0 | 1.0 | 1.4 | 0.7 |
| Jan - Mar 19 | 1.0 | 1.0 | 0.0 | 0.7 |
| April - June 19 | 1.0 | 1.0 | 0.0 | 0.7 |

(SAB infection rates are measured per 10,000 patient bed days.)



June

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NOTES TO REMEMBER

**It's OK to ask staff..
Have you washed
your hands??**



**Remember your
Hand Hygiene**

Compassionate, supportive care to the end - Bill's Story

BILL was diagnosed with motor neurone disease (MND) in April 2017 after experiencing vague symptoms for 2 years; he was only 64 years old. Bill had been a security guard and "roadie" for major events and was a fiercely independent bloke.

Bill was terrified of having to depend on anyone for anything, he lived in Echuca with his wife and sadly they had lost their only son many years ago in an accident. Their only daughter's husband died during the two years we cared for Bill.

In August 2017 Bill was referred to ERH's community nursing services after insertion of a feeding tube into his stomach. Our community nursing team identified very quickly that he was suitable for a referral to the palliative care team and discussed this with Bill, his wife and their GP.

The community palliative care team admitted Bill to their service the following month.

Working with the Loddon Mallee MND Adviser, ERH obtained a National Disability Insurance Scheme (NDIS) plan for Bill.

The funding enabled Bill to stay at home with support of funded allied health home visits, funded in-home support workers from Community Living & Respite and additional equipment.

“ERH community nurses and palliative care nurses attended over 670 home visits to provide supportive and necessary care for Bill.”

Bill and his family had discussed his end of life wishes; what he valued most was his independence and his family. The ERH team updated his advance care directives three times as his health deteriorated and care needs increased. His final wish was to remain at home as long as possible and to die in the Echuca hospital.

Early in June 2019, Bill's wife called requesting an assessment of Bill as he had deteriorated over the long weekend and was very drowsy. After a long discussion, it was decided to bring him to hospital. A non-emergency ambulance was organised and Bill was admitted directly to the medical ward at 2.30pm.

The ward staff were outstanding, adapting a room from a single to a double (for his family), worked with the community palliative care team to ensure admission processes were done quickly and efficiently and that his family were given respect and support.

Bill passed away peacefully at 8pm that evening with his family by his side. During Bill's final 12 months of life he had no other hospital admissions. The ERH community palliative care team continues to provide bereavement care to his wife and daughter.





July

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NOTES TO REMEMBER



POST STROKE TELE-REHABILITATION PILOT

An exciting pilot program for stroke patients has commenced. Prof Chris Bladin from the Vic Stroke Telemedicine program and Sydney based neurologist Prof Faux are collaborating with ERH to deliver innovative neuro-rehabilitation consultation for stroke patients using a tele-link. Believed to be an Australian first, Echuca patients are now assessed by an expert neurologist during the first 24-72 hours post stroke and a plan of care developed in partnership with the patient, family and the ERH clinical team. Having expert, evidence based advice early in the patients stay, aims to minimise complications and improve outcomes.

Learning lessons from Adverse Events

Adverse events are incidents that result in harm or could have resulted in harm. The incident severity rating (ISR) scale is a universal measure used in healthcare to assess the impact from most serious (ISR1- death or permanent loss of function) to least (ISR4 -near miss or no harm caused).

All incidents are reported, investigated and where needed, improvements made to reduce the risk of a similar incident happening again.

The Board of Management receives a regular report on all incidents, trended over time. They also receive detailed reports on all serious incidents (ISR1 and ISR2).

Serious adverse events that occurred during the year were related to the following issues:

- Falls in both aged care and the hospital leading to fractures or other injury
- Communication issues leading to delay in diagnosis or treatment
- Medication errors requiring additional or unplanned treatment
- Acute deterioration requiring escalation of care
- Severe post partum (post birth) haemorrhage (PPH) requiring treatment

All serious incidents (ISR 1 and ISR 2) undergo a case review, often with external expert input and are discussed with relevant staff groups.

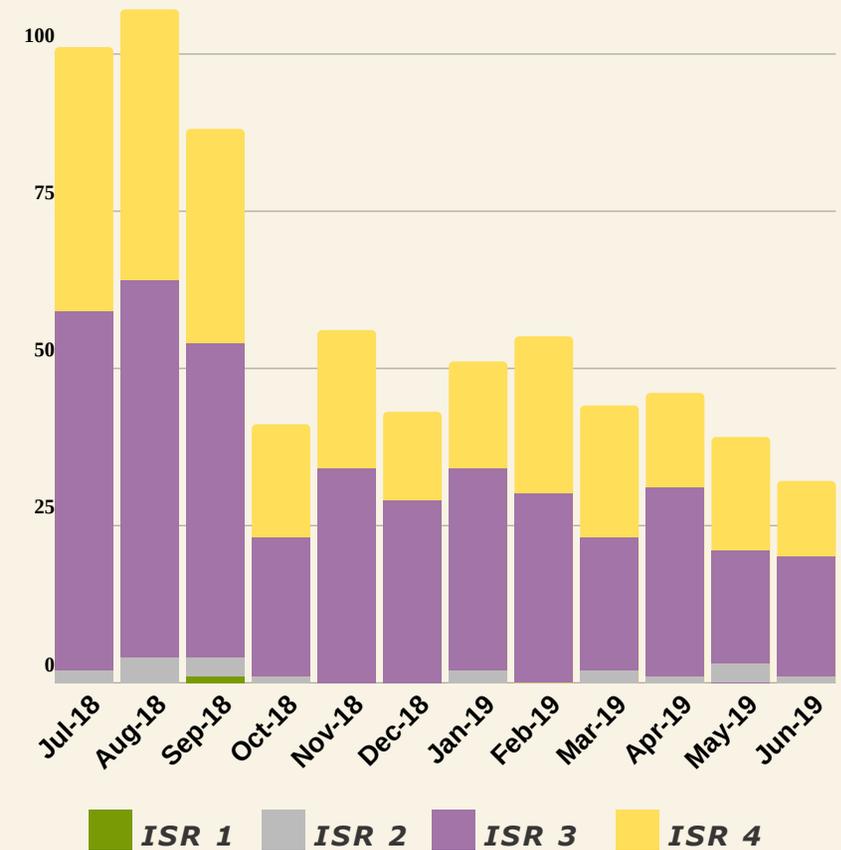
RESPONSE TO SERIOUS ADVERSE EVENTS

Falls

- ✓ Patients with delirium or cognitive deficit are at a higher risk of falling. As a result, there has been a greater focus this year on better managing these conditions
- ✓ A high percentage of falls occur when patients walk unsupervised. Increased monitoring, reminding patients to ask for help and greater use of sensor mats have helped in reducing the risk this year

Medication incidents

- ✓ All medication incidents are investigated and reviewed by the Medication Safety Committee. This year improvements to the process of labelling medication syringes in theatre were made as a result of a medication incident



Communication and acute deterioration incidents

- ✓ Improvements continue to be made to the processes for escalating care concerns to senior staff when patients deteriorate
- ✓ Improvements to the notification process for critical radiology and pathology results were made this year in line with peak body and industry standards
- ✓ Guidelines for the management of abdominal pain in elderly patients have been updated, reinforcing the need for early referral for a surgical team review
- ✓ Update to the policy and management of Post-Partum Haemorrhage in line with the most recent Safer Care Victoria guidance



August

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| 30 | 31 | NOTES TO REMEMBER | | | | | |



DENTAL SCREENING

Smiles 4 Miles is part of the dental outreach program throughout the Campaspe Shire provided by our dental and health promotion teams. We have been involved with the Smiles 4 Miles program for approximately 10 years and it extended in 2019 to provide outreach screening and fluoride varnish application services to preschools in the Campaspe Shire.

Tooth decay is Australia's most common health problem. Smiles 4 Miles assists early childhood services to encourage and promote good oral health habits and healthy eating among children in their care.

Partnering with Consumers

SENIORS ADVISORY GROUP (SAG)

Now in their 10th year, our SAG continues to provide valuable input into the way ERH services are delivered to older community members. This active and vibrant group meet every second month, receive reports from staff and the Executive team about service initiatives and provide sage advice about improvements we can make based on their consumer experience.

Here are some tips from the SAG on great ways to improve the quality of your own health:



"Always ask questions if you are unsure of anything that has been explained to you by your health care professional, or if you require more information. This allows you to make good decisions about your health care"



"Always make sure you understand the medicines you are taking and keep an up to date list of your medications, including over the counter and complementary medicines such as vitamins or herbs"



"Ask about the results of any tests you have had and their impact on your health care."

PARTNERING WITH CONSUMERS

Our Partnering with Consumers Committee is fortunate to have four committed community members who help us explore new and innovative ways in which consumers can be actively involved in all aspects of their care.

Activities undertaken by the Committee this year:

- ✓ A new process for collecting and acting on consumer feedback at the point of care
- ✓ The development of a Consumer Engagement Plan that ensures all users of our services have a voice
- ✓ Better use of social media to provide a more "humanising" effect
- ✓ Expansion of our Volunteer program
- ✓ 'Co-design' (consumers and clinicians working together) of our Bereavement support program
- ✓ Community representative on our End of Life and Advance Care Planning Working Group

 Find us on
Facebook

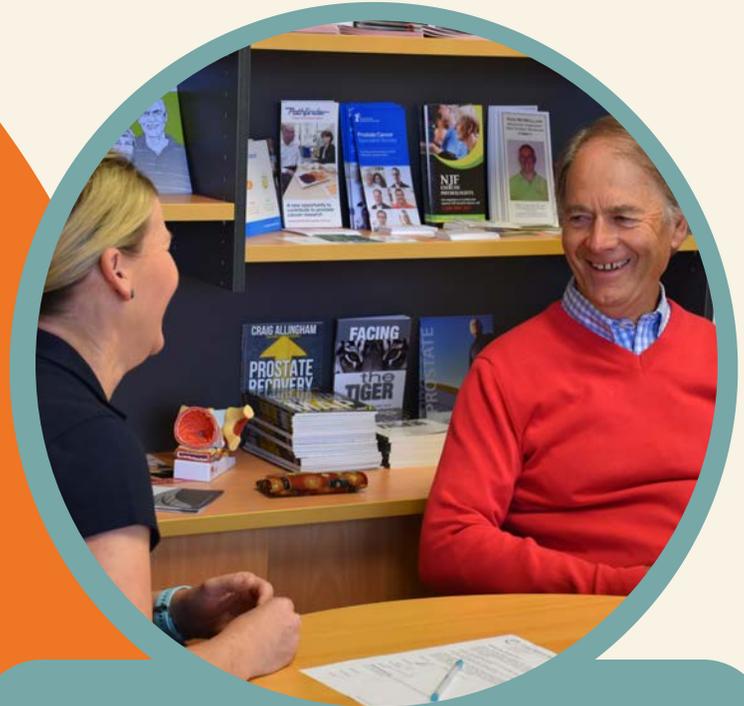




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NOTES TO REMEMBER



PROSTATE CANCER

Serena Morley is the Prostate Cancer Support Nurse at ERH. Prostate cancer is a major health concern in Australia, causing the second highest number of cancer deaths in men after lung cancer. The risk of developing or dying from prostate cancer increases strongly with age - 90% of new prostate cancer cases occur in men aged 55 years and over, with 99% of prostate cancer deaths occurring in this age group.

Men who are concerned about prostate cancer are encouraged to discuss it with their doctor.

Cancer Services

Our day oncology service continues to expand, operating 5-days a week and supported by three visiting Medical Oncologists from Bendigo and two visiting Haematologists from Melbourne. We offer a range of treatments including chemotherapy, immunotherapy infusions, blood and other transfusions. Specialist outpatient clinics are held regularly in our consulting rooms providing improved access to specialist appointments locally.

CANCER SUPPORT

Every cancer is different and people's experience of cancer is very individual. We are fortunate to have a team of highly skilled and experienced cancer support nurses who work with patients and families to tailor support specific to their needs. We offer care coordination and supportive care screening for all patients and encourage them to become partners in identifying their health and wellbeing needs.

Our specialist Prostate Cancer Support nurse is funded by Echuca Moama's Horizon Committee Biggest Blokes Lunch, and the Prostate Cancer Foundation of Australia. Demand for this service has grown enormously since its inception with men now routinely being referred following a cancer diagnosis.



What
does
a McGrath
breast care nurse
do?

The McGrath Breast Care Nurse, funded by the McGrath Foundation helps individuals and families affected by breast cancer by providing physical, practical, psychosocial and emotional support from diagnosis, through treatment and into survivorship.



COMMUNITY SUPPORT

In partnership with the Murray Primary Health Network and Cancer Council Victoria we are undertaking a project aimed at developing cancer support resources locally that are accessible and sustainable.

We are also partnering with people who have experienced cancer to assist in developing sustainable cancer support groups.



October

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NOTES TO REMEMBER



MINI FIELD OF WOMEN

Every year in October which is Breast Cancer Awareness month, ERH pays tribute to all those affected by breast cancer in our community.

In Australia, 1 in 7 women will be diagnosed by age 85.

See our website or facebook page for details on this years event.

www.erh.org.au

Working with our diverse community



HEALTHY MOTHERS HEALTHY BABIES

This program operates under an early intervention, stepped care approach to support vulnerable mothers and babies to improve health and wellbeing. Since 2011 ERH has provided an Enhanced Maternity Care Program (EMCP) which supports mothers with enhanced antenatal care through regular monitoring and reviews with a local obstetric trained GP, specialist midwife and social worker.

This year we have increased staffing to have two part time social workers, and two part time midwives work in a care coordination role. ERH is aiming to increase our outreach and accessibility of the EMCP service.



79 clients
came through EMCP in
2018/19.
This equates to 20.8%
of total births - one
fifth of all bookings

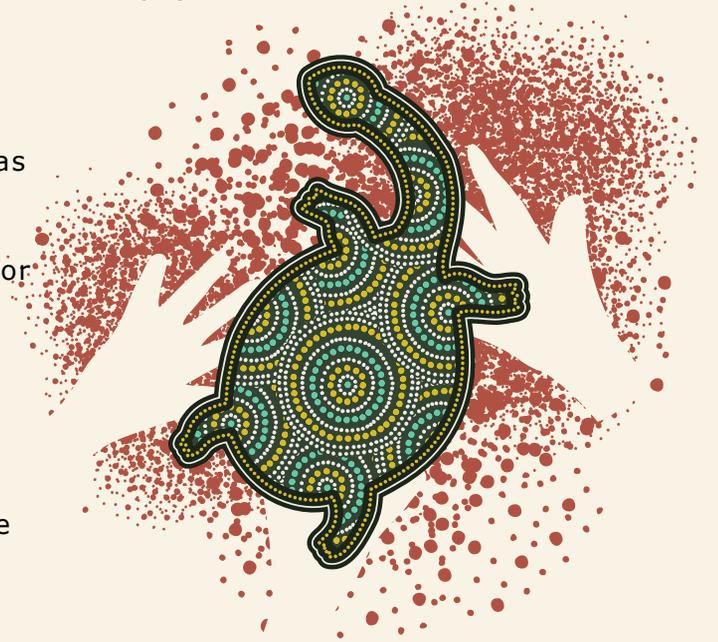
DISABILITY ACTION PLAN

Our disability action plan (2019-2022) has been drafted in consultation with staff, our Seniors Advisory Group and key community stakeholders service agents for people with disability and culturally diverse champions. The next phase of development of the plan will seek formal consumer feedback through a series of planned focus groups with people with a disability and their carers/support workers/guardians for the duration of the plan.

ABORIGINAL LIAISON OFFICER (ALO)

Currently engaged in a number of projects within the community, our ALO is aiming to improve health literacy and engagement through:

- working with Ambulance Victoria to ease anxieties around their services by including Aboriginal paintings and symbols for comfort and familiarity
- creating clear street directories for areas like Cummeragunja, NSW where emergency services currently have difficulty locating streets
- including Emergency services in celebration and ceremonial days within the community to increase engagement





November

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NOTES TO REMEMBER



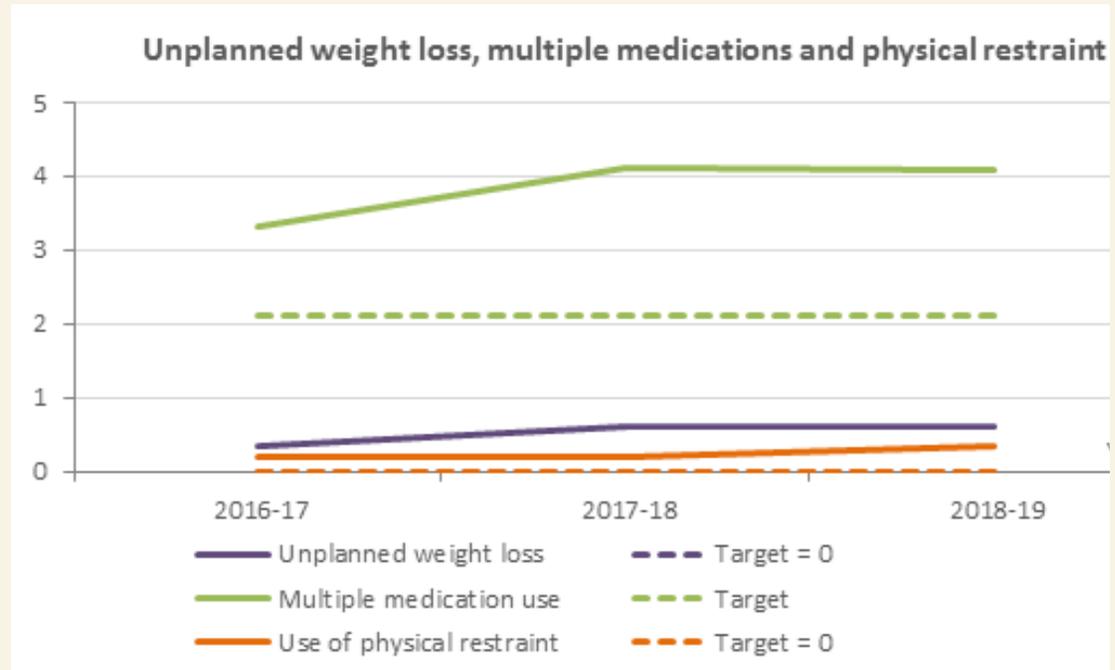
SUPPORTING OUR MOB

Sonya, our ALO has adopted an advance care planning tool and information pack for community members. Written in plain English to help start conversations around end of life and treatment wishes, these booklets are great for both Aboriginal and non-Aboriginal people as the language used is easy to read and understand. Developed by Bendigo Health, these resources are available to guide and help answer questions.

Caring for our Aged



Glanville Village has a Quality of Care Committee which meets monthly and reviews resident outcomes against a set of public sector quality indicators. Although Glanville consistently performs well, there is always room for improvement and our dedicated team are continually working with residents to help improve their safety and quality of life.



PRESSURE INJURIES (per 1,000 resident bed days)

| | Target | Our Results 2017 - 18 | Our Results 2018 - 19 | All PSRACS |
|---------|--------|-----------------------|-----------------------|------------|
| Stage 1 | 0.0 | 0.5 | 0.6 | 0.3 |
| Stage 2 | 0.0 | 0.2 | 0.2 | 0.3 |
| Stage 3 | 0.0 | 0.0 | 0.0 | 0.04 |
| Stage 4 | 0.0 | 0.0 | 0.0 | 0.01 |

Multiple Medications Used

We have performed consistently well in this area, remaining well below state averages. Registered nurses regularly review medication use and confer with GPs and Pharmacists to reduce the number of medications residents are taking.

Outcomes

↓ The use of nine or more medications has decreased by 1.45% this year



December

| S | M | T | W | T | F | S |
|----|----|----|----|----|----|----|
| | | 1 | 2 | 3 | 4 | 5 |
| 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| 20 | 21 | 22 | 23 | 24 | 25 | 26 |
| 27 | 28 | 29 | 30 | 31 | | |

NOTES TO REMEMBER



INTERGENERATIONAL CARE

Once a month Glanville Village residents enjoy a visit from the children of Intereach Family Day Care. This brings joy to both the children and residents who engage together in games, songs, craft and play.

This provides children the benefit of learning about the ageing process, acceptance of others and to receive and give unbounded attention. The residents thrive on the opportunity to transfer knowledge, to serve as role models and renew their self-worth.

Caring for our Aged



Falls

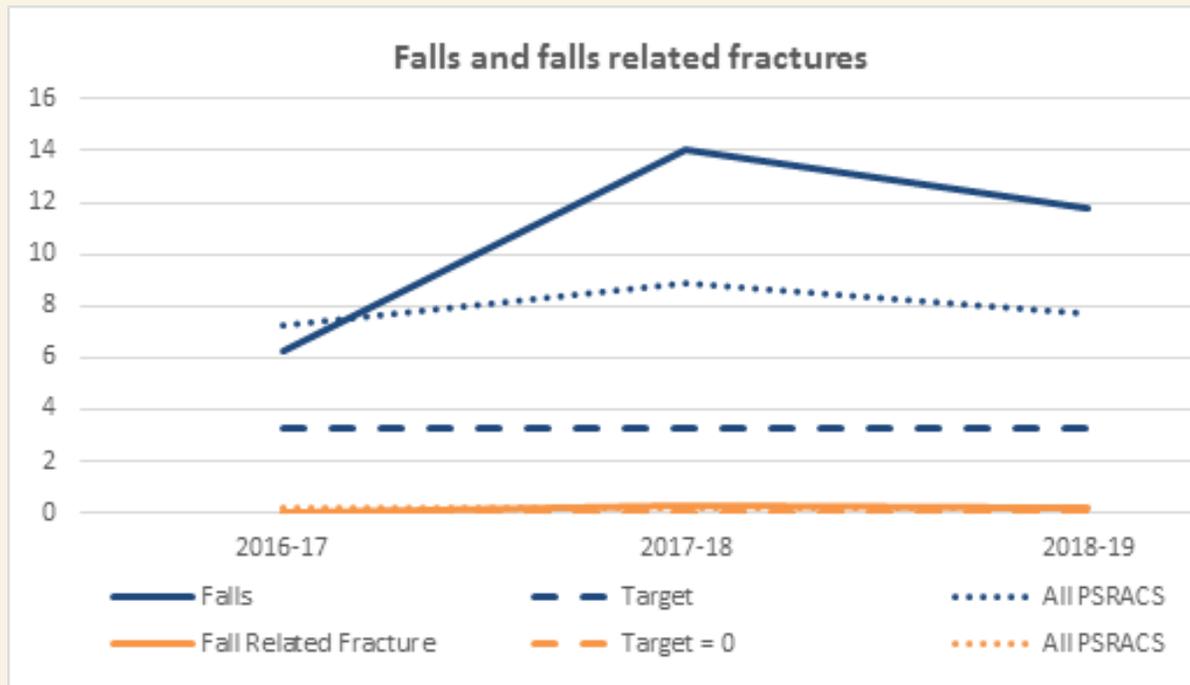
Falls can be very serious for older people resulting in significant disability and even death. Our residents are coming into Glanville later in life with more complex conditions and stay on average 1.7 years.

Outcomes

- ↓ Falls rate has decreased by 20.2% this year
- ↓ Fractures as a result of falls has decreased by 59.1% this year

How do we keep residents safe?

- ✓ All residents are assessed for their risk of falling on admission, then every 6 months or more often if there is a change in their condition
- ✓ All residents have a physiotherapist assess their mobility and a management plan is developed as needed
- ✓ Sensor mats are used for residents at risk of falling to alert staff
- ✓ A falls flowchart is used to guide management if a resident hits their head following a fall



Future Plans

CANCER AND WELLNESS CENTRE

We are delighted to report that we have received a grant of \$6 million from the Victorian Department of Health and Human Services to build a new Cancer and Wellness Centre in Echuca. The new centre will provide state of the art treatment spaces together with expanded scope for wellness programs. The centre will be designed to provide a calm welcoming environment for patients and families with a greater focus on physical, spiritual and emotional wellbeing. We expect work will commence on the new building in mid-2020 with completion mid-2021.



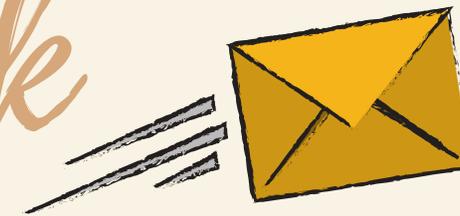
(Picture for illustrative purposes only, not indicative of actual design.)



NEW APPROACHES TO ONCOLOGY CARE

Our new Tele-health Oncology Clinic, piloted this year is part of our ongoing commitment to improving local access to cancer care. Patients who previously may have had to travel to Bendigo to be reviewed by their Oncologist can now have an appointment scheduled with their specialist via a video-link. This type of appointment is ideal for patients and their family between chemotherapy treatments to be supported locally by the oncology nurses they know and who are familiar with their treatment.

We value your Feedback



Feedback from our consumers is crucial; it helps us to improve the services we provide. We receive feedback in many ways and encourage patients, carers, family members and clients to provide feedback to help us improve the care we provide.

In 2018/19, ERH received 122 formal complaints and 329 compliments. All complaints are investigated and unless the complaint is anonymous or there are privacy issues, feedback is provided to the complainant. For serious or complex complaints consumers are often invited to meet with senior clinicians or management to discuss the case.

All complaints and compliments are reported to staff, the Executive and the Board. Departments and committees review complaints when developing their improvement activity priorities.

YOU CAN PROVIDE FEEDBACK ON THIS CALENDAR OR YOUR EXPERIENCE AT ERH BY:



Talk to our staff



Fill in an ERH Feedback Brochure, available from ERH or via the ERH website: www.erh.org.au



Ring main reception on 5485 5000 and tell them you'd like to provide feedback



Complete the Victorian Health Experience Survey if you received one after discharge or are given one at an appointment

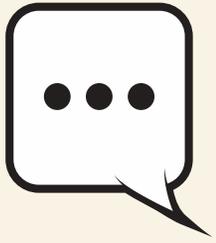


Write a letter or send an email to: quality@erh.org.au or post addressed to:
Quality Unit,
Echuca Regional Health
226 Service St, Echuca VIC 3564



Echuca Regional Health

Supporting everyone to be healthy and live well



You said

YOU SAID: The meals that were available for people following a gluten free option were very limited.

YOU SAID: The ERH Cafe gets hot in the summer months.

YOU SAID: The discharge time was delayed waiting for medications

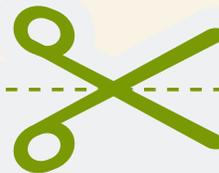


We did

WE DID: Looked at improving the options for people who requested gluten free and found that pepper (which is used in many dishes) was not gluten free. We sourced a gluten free variety of pepper which meant that our gluten free meal options increased.

WE DID: Installed block-out blinds which will help regulate the temperature in both summer and winter.

WE DID: Started a medical ward discharge meeting every afternoon. Patients who are planned to go home in the next 24 hours are prioritised to ensure scripts, appointments and medications are completed well ahead of their discharge time.



**WHAT DO YOU THINK ABOUT OUR NEW LOOK REPORT?
CIRCLE, CUT OUT AND DROP IT IN TO US:**

What do you think of the information in this Calender?

| | | | | | | |
|------|---|---|---|---|---|-----------|
| Poor | 1 | 2 | 3 | 4 | 5 | Excellent |
|------|---|---|---|---|---|-----------|

What do you think of presentation of the information?

| | | | | | | |
|------|---|---|---|---|---|-----------|
| Poor | 1 | 2 | 3 | 4 | 5 | Excellent |
|------|---|---|---|---|---|-----------|

Any suggested improvements?



ERH would like to acknowledge the Riverine Herald for providing some of the images used in this publication.

