



**Bairnsdale Regional
Health Service**
...focusing on you

Quality of Care Report 2011-2012



QUALITY OF CARE REPORT 2012

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Message from the Chair of the Board and the Chief Executive Officer

We are pleased to present the Bairnsdale Regional Health Service Quality of Care Report for 2011-12. This report is one of the ways we use to communicate with our community on the services we provide. It enables us to be open, transparent and accountable to our community for the standard of care we provide and talk about our focus on the continuous improvement of those services in the future.

The highlights of the past year has been the ability for BRHS to meet many of the performance targets and the excellent results in a number of the Victorian Patient Satisfaction Monitor Surveys culminating in being short listed in the Victorian Health Awards for the Premiers Award for the Regional Hospital of the Year. Whilst we did not win the award, we were Highly Commended, which is a credit to the efforts of the staff.

Angele Hutson
Chair – BRHS Board
of Management

Therese Tierney
Chief Executive Officer

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The services we provide

Bairnsdale Regional Health Service (BRHS) provides a comprehensive range of acute, community health and population health care to its community of approximately 41,000.

The catchment extends eastward from Bairnsdale to Mallacoota, with Bairnsdale being the geographical centre point between Mallacoota and Melbourne. The Emergency Department receives and treats approximately 14,000 patients per annum, who present with acute and sub-acute illnesses, from not only the local Bairnsdale area, but across the East Gippsland Shire.

Services include 84 inpatient beds, an emergency department with 6 cubicles (including Resuscitation Bay) provide a 24 hour service to this regional community.

A nine chair dialysis unit services local needs six days per week, and a nine chair day oncology unit open two days per week. A pre admission clinic and day procedure unit are supported by an operating suite with 2 theatres which provide services during business hours and on call services after hours. The radiology department is also open during business hours with on call services available after hours.

Maddocks Gardens is our Aged Care facility that provides residential care for Residents in high, low, secure and Respite care.

The Allied and Community Health Services Directorate comprises 16 distinct departments, and is responsible for providing direct clinical care through outpatients, community based and home based services. Primary, secondary and tertiary interventions are provided, with integrated health promotion and prevention – particularly in the context of chronic disease self-management and support – a strong focus of the team. A number of our Community Health services operate on a regional basis, with outreach Planned Activity Groups (PAG) in Paynesville, Lindenow, Bruthen, Buchan and Metung and women's health and continence services provided in Orbost, Omeo and Mallacoota.

Gippsland Pathology Services are privately managed, located on site and provides services during business hours and arrangements are in place for urgent laboratory testing out of hours.

BRHS acute services are largely General Practitioner (GP) based. There is a Senior Medical Officer who works full time in the Emergency Department and



provides educational support to BRHS junior medical staff. Two local GP Groups provide a range of medical cover to the hospital 24 hours a day, 7 days per week. Each practice has a GP on call and provides cover to the hospital for patients who are not associated with either Medical Clinic.

Our Staff

The BRHS Board of Management is appointed by the Victorian Department of Health. The Chief Executive Officer (CEO) of BRHS is directly accountable to the BRHS Board of Management.

The BRHS CEO is supported by a senior executive team including directors of allied and community health, clinical (nursing) and corporate services, medical services; associate directors of corporate services and business development, clinical (nursing) services and senior managers of information & communication technology and quality/risk, finance, and workforce capability and culture.

We have approximately 700 staff members, some work full time, some part time.

The majority of staff are involved in direct patient care, including, nurses, doctors, physiotherapists, occupational therapists, dietitians, speech pathologists, pharmacists, podiatrist and radiographers.

Many staff have extremely important roles supporting clinical care, including: cleaners, porters, food services staff, supply staff, engineering/facility staff, medical records staff, medical librarian, human resources, finance/payroll, reception/clerical, information technology and administration.

Although each employee's role is different, we are all interlinked and contribute to the care received at BRHS.



BRHS PERFORMANCE AT A GLANCE

ACTIVITY	2009/10	2010/11	2011/12
Separations (Inpatients Treated)	12,744	12,919	14,306
Inpatient Average length of Stay	2.58 days	2.62 days	2.37 days
Inpatient Bed Days	32,883	33,864	34,821
Emergency Department Attendances	16,339	16,434	17,160
Number of Births	351	333	340

Over the past 3 years our Patients Treated, Inpatient bed days and Emergency Department attendances have increased markedly, while average length of stay has declined. Birthing numbers have remained constant.

Standard of Care Accreditation

Accreditation is the way that we check and measure our systems to make sure that we are providing the best possible services to our community.

Accreditation is the process that hospitals and health services participate in to demonstrate that they are providing high quality and safe services that meet recognised health industry standards.

There are a number of accreditation processes which health facilities need to undergo and the recent ones BRHS has been part of are:

BRHS Hospital : Australian Council on Healthcare Standards

In May 2010 BRHS participated in an organisation wide survey in partnership with the Australian Council on Healthcare Standards (ACHS). The ACHS is an independent body responsible for reviewing health services against nationally recognised criteria. A team of surveyors visited BRHS, interviewed staff, examined documents and spoke to consumers during a three period see how we measure up against the standards.

The surveyors were impressed with much of what they saw at BRHS and the organisation was awarded four-year accreditation status, the highest level of accreditation.

This is an achievement we are proud of and BRHS is now officially accredited until 2014.

Maddocks Gardens: Aged Care Standards and Accreditation Agency

The Aged Care Standards and Accreditation Agency accredit Maddocks Gardens, our Aged Care Facility. This national body ensures our Residents in Maddocks

Gardens receive the best possible care and live in a 'homely' environment.

Maddocks Gardens is currently accredited for three years with the next full survey planned for September 2012. During this financial year we have had support contacts from the Agency and we have continued to demonstrate compliance with all 44 expected outcomes.

Junior Doctor Training: Postgraduate Medical Council of Victoria.

Throughout 2010 and 2011, Bairnsdale Regional Health Service recognised that the junior medical staffing structure no longer fully meets the health service's requirements, and in 2011 adopted a 5-year "Junior Medical Workforce Plan" to increase the number and seniority of junior medical staff. In December 2011, the Postgraduate Medical Council of Victoria conducted an accreditation survey of Bairnsdale Regional Health Service, and essentially requested a faster implementation of the Junior Medical Workforce Plan to ensure that Interns are being supervised according to the Council's accreditation standards.

The Postgraduate Medical Council of Victoria's requests were fulfilled in January and February 2012. The addition of 4 Hospital Medical Officers (Year 3) in Emergency Medicine, 1 Hospital Medical Officer (Year 3) in General Medicine, rostering Interns with more senior doctors onsite at all times and the appointment of senior medical staff to be Term Supervisors (in Emergency Medicine, General Medicine and General Surgery) and Director of Medical Education. The Council conducted a follow-up accreditation survey in June 2012, and granted three years of accreditation to Bairnsdale Regional Health Service.

Bairnsdale Regional Health Service will of course continue to improve its junior medical workforce and progress its Junior Medical Workforce Plan, before the next accreditation visit of the Postgraduate Medical Council of Victoria scheduled for 2015. At the time of writing, the health service is finalising a "Senior Medical Workforce Plan" which will complement its Junior Medical Workforce Plan.

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Ways we work with you when you are at home

Midwifery Outreach Program

The Bairnsdale Regional Health Service's Midwifery Outreach Program supports women and their families during the time in your life when you are having your family. We value different cultures and lifestyles and pride ourselves in being sensitive to your needs.

BRHS Midwifery Outreach service includes domiciliary care and antenatal clinics. The antenatal clinic can supervise your pregnancy from when you first find out you are having a baby till your baby is born. These clinics are held in both Lakes Entrance and Bairnsdale and are run by midwives

We aim to provide and promote equity of access for women by taking midwifery service into their community, which are both free and close to home.

Another part of BRHS Midwifery Outreach service is Domiciliary care. This is a program where midwives visit you in your home a day or two after you and your baby go home from hospital. This helps new parents make a safe move from hospital to caring for their own baby at home. It is a free service by midwives from BRHS and is for all families when they go home with a new baby. The midwives support, educate and give information on caring for your baby. They can help with breastfeeding problems and tips on being parents. The Domiciliary midwife checks that you and your baby are well and can make sure you arrange other health care for you if it is needed.

The benefits to women and families who access BRHS midwifery outreach services are numerous. Women have the opportunity to get to know BRHS midwives before they come in to hospital to give birth. The service is free and offers support, education and information regarding the entire pregnancy continuum



Active Service Model Implementation

Allied and Community Health at BRHS are focussed on helping patients to be more independent while caring for the whole person; mind, body and soul. We work with the patient to find out what they want to get out of the treatment while linking with their carers, family and staff, other health care staff such as nurses, doctors, dieticians, physiotherapists, occupational therapists, podiatrists. Our aim is to provide a flexible, well timed and appropriate to meet your needs. We have set up a team of different health care workers who are able to make sure patients with lots of health problems are treated in a way that the team are able to communicate with each other to make sure the patient has the best of care. Working with patients to make them feel they have a say in their treatment so the patients feel they are happy to be involved in their own care. We have rewritten our brochures in plain English make the goals easier to understand and follow and altered the services so they are easier to use. The patient has information they can easily read to help with what they have been doing in their treatments. Each department gave information to another 2 departments who they felt needed extra education so they can make better appointments for patients. Better partnerships were developed within our service through a process where sharing information about what each department does. Having this better understanding has improved referral patterns internally and externally resulting in improved patient care.

Community Health Nursing

Community Health Nursing (CHN) provides regular programs and services to people with chronic illnesses, well women and community members needing advice to keep healthy.

Education and support to other health workers is important and is a way of ensuring consistent messages are given to clients and the community. It also helps health workers in the community with some skills in our specialist areas of care. E.g. Diabetes talks to Aged Care workers, Continence Nurse presentations to acute and district nursing nurses. CHN has Clinical Consultants working in Continence and Diabetes. There are experienced and specially qualified nurses working in Breast Cancer Care, Cardiac Rehabilitation, Pulmonary Rehabilitation, Smoking cessation, Sexual Health, Women's Health and work place health.

Cardiac Rehabilitation program runs continuously enabling participants to join the group when it suits them rather than wait until the next program starts. Rehab is started when it is needed and less time not doing things such as following poor lifestyle practices like eating fatty foods. Exercise is started early and safely under supervision.

Referrals are received from other services and are made to other services. This allows current information about clients to be transferred from one service to another avoiding needless repetition for the client and ensures the receiving worker has the right information.

Prostate surgery clients are referred by the Urologist and seen prior to surgery and then again for follow up care following surgery. They are given some education prior to surgery reducing the risk of not knowing what to expect and should cope better with the experience. Being familiar with the service makes them feel more comfortable when they come back for follow up appointments at time when they can feel very anxious.

Initial Needs Identification processes are used to identify risk factors and other conditions that might influence care or require referral to another service. If necessary clients are referred to other services - internal and external.

Continence, Cardiac Rehab, Pulmonary Rehab and Diabetes services contact the referring practitioner to inform them of the outcome of the referral. Any results are sent to the practitioners including pap test



results. This keeps the referring worker informed about progress of their client.

District Nursing Services

District Nursing is one of the many services offered by Bairnsdale Regional Health Service. The District Nursing Service operates 7 days a week, employs qualified, experienced nursing staff who provide a high standard of care to support you in the community / home.

District Nursing Provides a range of services including general and technical nursing care, wound care, home assessment of needs and referral on to other services, home based palliative care, hospital in the home (HITH) nursing care and adult day centre health promotion.

You or a family member, your local doctor or other health care providers can make referrals to the service if you have a health care need that can be managed by District Nursing.

District Nursing will involve you in bringing together the care and treatment you need and will work with you to make sure you understand and are satisfied with treatments needed for your condition. Every attempt is made to accommodate requested visit times, but this may be unpredictable, as sometimes a sicker person may need to be seen first.

District Nursing is committed to helping you remain in your home and receive the care you need.

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Hospital Admission Risk Program (HARP)

The purpose of the HARP program is to help the hospital, community health centres, General Practitioners and other community services to work together to improve the care that is offered to people with chronic or complex medical conditions.

The program is offered to people who may attend the Bairnsdale Regional Health Service Emergency Department, are admitted to hospital or are at risk of avoidable hospital admissions because of: chronic pulmonary disease; chronic heart failure; diabetes with complex needs or other health conditions with chronic & complex needs.

If you agree to participate, a health worker called a Care Co-ordinator will contact you and visit you at home. The Care Co-ordinator, who will have a nursing or other health related qualification, will do the following :

- Undertake a thorough assessment of all your health care needs
- Co-ordinate your care with you and other health professionals
- Provide you with education about your condition and your medications. Through these activities, the Care Co-ordinator will work with you to create a 'Care Plan' that clearly describes the services that are available to you and explain why, how and when you need to use each service.

What can you do?

90% of your wellbeing and health is related to what you can do for yourself on a daily basis. This includes what you eat, how active you are, how you relate to the world and the environment that we live in.

To help you remain healthy you may choose to take part in one of the following:

- 1 A community exercise class
- 2 Your own exercise program eg. Walking / a walking group
- 3 A support group
- 4 Education programs specific to your needs

10% of the wellbeing and health of people with chronic conditions is related to the visible care provided by our health care systems.

The HARP staff work closely with the Emergency Department to support you and to keep you in your own home.

Primary Care Partnerships (Service Coordination)

As in previous years, in 2011-12, in association with the East Gippsland Primary Care Partnership (a voluntary group of health and community agencies working together in the East Gippsland catchment), BRHS have been working towards improving the way health and health services are coordinated in East Gippsland.

As part of this commitment, BRHS carries out an annual survey of different areas of service care/coordination, such as: seeing clients in a timely manner, using the appropriate documentation, obtaining consent where personal information needs to be disclosed to other health professionals, involving the client in setting care goals and communication with GPs.

The results of these surveys are compared with other local, Gippsland and State health services. Within the majority of the areas surveyed, BRHS performed better than the state average. Further improvement is needed in the areas of: the review of client care plans, documentation of care plans for clients with multiple or complex needs and where appropriate providing the client's GP with a copy of the care plan.

BRHS Allied Health Department have also introduced new processes for ensuring appropriate, effective and timely communications with health professionals, primarily local GPs, who have referred clients to our outpatient service. Prior to the beginning of this improvement project the feedback to GPs had been conducted in an adhoc manner with only a small number of communications back to GPs following initial consultations. This improvement project resulted in the development of an Allied Health GP Feedback and GP Discharge Summary forms. Data audits have revealed an average compliance of 65% with the use of the forms, our plan is to increase this to 100%.

How we help you to be safe during your hospital stay

Safety and Incident reporting

Bairnsdale Regional Health Service is committed to ensuring that patient/consumer care is delivered with safety as the first priority.

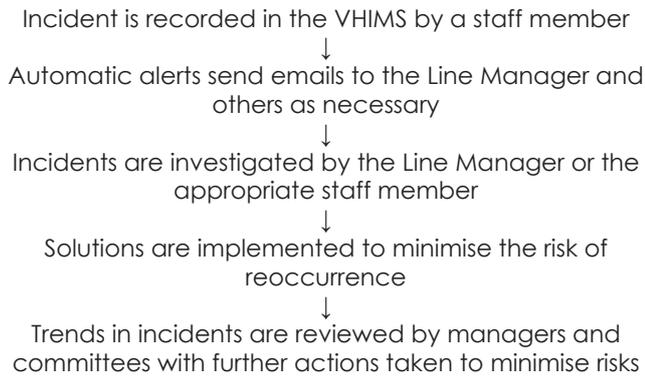
The basic tenet of quality health care is to "do no harm", however sometimes human error does occur

and it is only by acknowledging and learning from these errors that we can improve safety and care. Incident notification is one of the ways we find out when things go wrong and is vital to helping us to learn how to do things better and improve our systems and processes.

When an incident or near miss occurs, staff are required to complete an incident or hazard form. The Department of Health has introduced an electronic incident reporting system known as the Victorian Health Incident Management System (VHIMS).

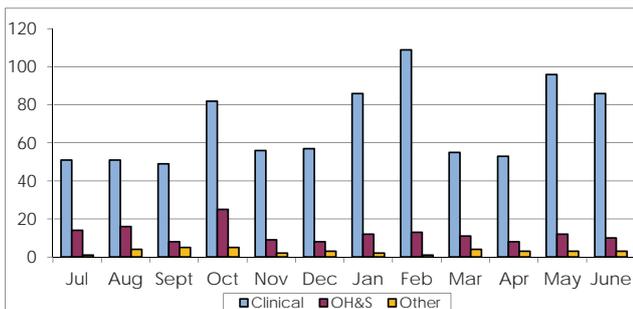
The system is used to report incidents and risks involving patients, visitors and staff. The reporting system is managed in such a way that each incident is reviewed by a manager.

The electronic system works in the following way:



Incidents, near misses, feedback, (complaints, comments and compliments) and emergency calls are all part of the VHIMS and are regularly reviewed by wards, hospital committees and the Board of Management.

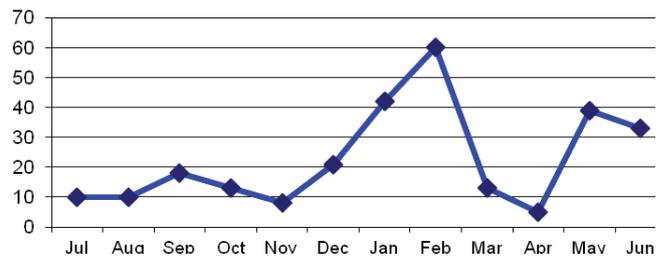
Incident Notification Type by Month 2011-2012



Medications

Prescribing (what the doctor does), dispensing (what the pharmacist does) and administering of medication to the patient (what the nurse does) is the most common activity undertaken in hospitals. Managing medications is a very complex task and requires hospital staff, patients and carers to work closely to make it safe. Medication safety is a team effort with the patient at the centre of the activity.

BRHS Total Medication Incidents 2011-12



During the last year we have regularly reviewed how we prescribe, dispense and administer medications and the number of medication incidents has decreased since last year. Errors of administration are the most common type of medication incident. There were two peaks in medication errors during the year, one in January/February and again in May. Each peak related to staff not signing medication charts after giving the medication. Education and counselling was provided and there has been an improvement in signing. There have been no serious patient complications arising from medication incidents.

Nursing, medical, and pharmacy staff work with you to so that you understand your medication, and how

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to use them safely and welcome questions you may have about your medications.

Medication safety is very important to the staff at BRHS and there are many actions in place to reduce the risk of medication incidents occurring, including:

- All nurses have an annual test for medication safety
- All staff are required to check who you are by asking you "what is your name", and check your armband, name and the tablet prescribed before giving it to you to take.
- BRHS now uses the same prescription document as the rest of Australia. This standardisation means that doctors, nurses and pharmacists Australia wide use the same form, which reduces the risk of errors occurring.
- An expectation about medication safety and policy is given to all new staff when they begin employment.
- Medication incidents are discussed with staff involved and action to stop the same thing happening again.
- Education about medication safety is ongoing and includes a newsletter from pharmacy with topics from the Department of Health or details from incidents that have occurred.

Cleaning Standards

Bairnsdale Regional Health Service has a committed and dedicated team of Environmental Services staff who take pride in ensuring that all BRHS sites and facilities meet or exceed required standards. In order to achieve this, our Environmental Services Manager ensures that all staff are appropriately trained and have the necessary equipment to undertake their various tasks.

Monthly cleaning audits, which are completed in accordance with the Department of Health Cleaning Standards for Victorian Health Facilities, are one mechanism to ensure that standards are maintained. Each month a number of areas are selected in the categories of Very High Risk (such as operating theatres), High Risk (such as the Emergency Department), Moderate Risk (such as wards) and Low Risk (such as administrative areas) and an internal audit is conducted with the scores achieved compared against the stipulated Accepted Quality Level (AQL). Every audit examines specific elements within each area so that BRHS not only ensures that



each area meets or exceeds required standards overall, but that any specific issues noted within an area, such as dust on the top of doors, can be immediately rectified. During the past year, average scores have exceeded the AQL every month and any specific areas failing to meet standards or any specific elements within areas failing to do so, have received priority attention.

The monthly audit is also an opportunity for any maintenance items not previously reported to be notified to our Facilities team to receive priority action.

On an annual basis, an external cleaning audit is undertaken, with the most recent for BRHS being conducted in June 2012. This external audit confirmed that BRHS meets or exceeds appropriate cleaning standards and that correct processes are in place to ensure compliance.

During the past months, BRHS has sought to integrate Maddocks Gardens, our 90 bed aged care facility, into the life of the hospital and to treat our various sites as one facility. This provides an opportunity, from an Environmental Services perspective, to share staff and other facilities and to standardise our equipment, training and the rostering of staff. Significant progress has been made in this regard, with full integration anticipated in the coming months.

Monthly cleaning audits have recently been introduced at Maddocks Gardens, on the same basis as the acute campus. While some areas of non-compliance have been highlighted, these have been addressed and the integration of Maddocks Gardens with the acute campus has ensured, and will continue to ensure, that high standards are maintained.

Infection prevention

One of the most important advances in health care in the last century has been the integration of infection prevention in each episode of patient care. Bairnsdale Regional Health Service adopts these principles in all aspects of our care. This assists to improve patient and staff safety by reducing your risk of infection during your care and recovery.

Throughout the year the Health Service has engaged the community with the focus on hand hygiene reminders throughout the hospital. These reminders take the form of hand rubs in prominent locations across BRHS. During National Hand Hygiene Week, the hospital involved the community in hygiene awareness in local supermarkets.

Hand Hygiene Australia, through BRHS hygiene auditing has identified our high levels of compliance. Results have improved to 78.6% for hand hygiene, are above the benchmark level of 70% and well above national results of 73.8% for acute care facilities.

Our surgical site surveillance has provided proof that BRHS has an exemplary record in providing safe and effective care. There have been no wound infections registered for any reportable surgical procedures during 2012.

Continuing education of all staff and patients within the facility is a focus of the infection prevention program at all times. The low blood stream infection rate indicates that BRHS has effective prevention programs in place. The vast majority of these infection types are found to be present on admission to the health service.

Controlling infection transmission has ensured that there has been containment of potentially damaging infections to other patients. This occasionally requires segregation of some patients for short periods, for the greater good of all patients. This strategy has contributed to the prevention of spread of certain infections.

Continuation of the infection prevention program will be a primary focus of the health service throughout the coming year and we welcome any suggestions that would enhance this service.

Preventing Falls and Harm from Falls

A team of health workers is dedicated to ensure patient, client and resident safety at all times. The Falls Prevention and Management Program include falls champions in each ward, nurses, pharmacists, physiotherapists, occupational therapists and doctors.

The reasons or causes of falls are called risk factors. Some people are more likely to fall than others because they have more risk factors.

Risk factors for falls include poor eyesight, reduced balance, weak muscles, stiff joints, and slower reaction times, unsuitable footwear. Some health problems such as stroke, Parkinson's disease, arthritis, postural hypertension (low blood pressure when you stand up), dizziness, diabetes, dementia, problems with your "waterworks" or bowels (incontinence), poor nutrition (not eating enough, not eating a balanced diet or drinking enough water) also increase your risk of falling.

Even short-term sicknesses (the "flu" and other infections) or surgery may mean you are more likely to fall.

Some types of medicines can increase your risk of falling, including those you may take for sleeping, anxiety or depression.

When you come into hospital, the nurse will ask you some questions about your falls risk and this helps us to know if you are at risk of having a fall and plan your care with you.

The good news is that falls are preventable, injury from falls can be minimised and ageing, illness and frailty does not have to mean loss of independence.

When risks are found we work with you and put in place actions to reduce your chances of falling. They may include, checking walking aids, increases supervision and asking you to call for help when you need it e.g. going to the bathroom, checking your medications, footwear, and vision .

There has been an overall reduction in falls for the last two years.

Staff and community awareness for Falls Prevention is promoted during 'April Falls Week' annually. Staff also receive falls prevention education during the

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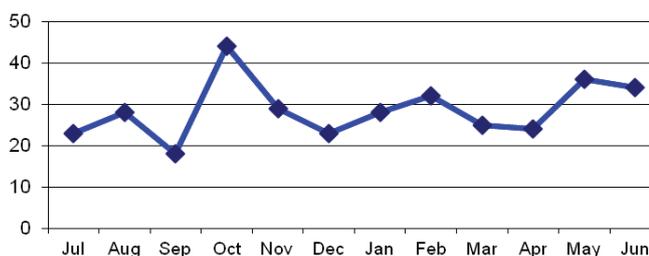


orientation program, mandatory e-learning courses and regular monthly meetings ensure that staff keep up to date on falls prevention. New strategies implemented to prevent and reduce the risk of falls include:

- The Stick to Stand Measuring System which helps us know the correct height for your bed to make you safe
- Introduction of a Vitamin D and calcium supplement policy – calcium and Vitamin D are known to be helpful in strengthening bones and reduce injury from falls.

All falls are reported through the Victorian Health Incident Management System (VHIMS) reporting system, where trends are quickly identified and managed.

BRHS Total Falls 2011-12



Pressure injuries

Pressure injuries, also known as pressure ulcers or bed sores are recognised as a patient safety problem worldwide. Pressure injuries are associated with significant financial and social costs to the patient and health care service. Pressure injuries cause pain, discomfort, decreased mobility, loss of independence and social isolation.

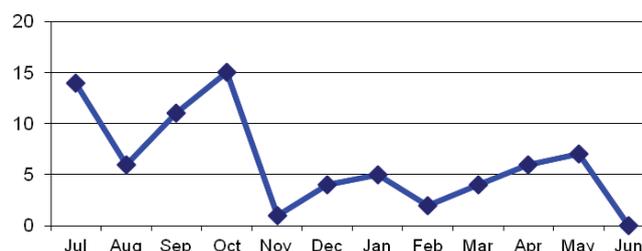
Prevention of the development of pressure injuries is a priority.

A pressure injury point prevalence survey was conducted to identify the number of residents in Maddocks Gardens and patients in the hospital and wards who had a pressure injury on that particular day.

The survey highlighted information such as how many patients were admitted to hospital with an existing pressure injury compared to the number who had developed their pressure injury during their admission, common body sites for pressure injuries, use of pressure

relieving devices such as mattresses and cushions, and compliance with pressure injury risk assessment. There has been decline in pressure injuries since the last year and the trend continues this year.

BRHS Total Pressure Injuries 2011-12



Throughout the year fifty percent of pressure injuries are present when the patient/resident comes to hospital and fifty percent happen while in hospital

Education to reinforce / inform staff about the importance of prevention and management of pressure injuries has commenced.

A brochure is being developed for patients to help learn about how pressure injuries happen and what can be done while in hospital or at home to help prevent the development of a pressure injury. Prevention is better than cure and all medical, nursing and allied health staff will work with at risk patients to minimise the potential of developing a pressure injury.

Safe use of blood Products

Australia has one of the safest blood suppliers in the world. We invested heavily in ensuring that blood and blood products are safe for everyone who needs them. The issue of transfusion safety is a key priority.

Barinsdale Regional Health Service (BRHS) has developed transfusion policies that are consistent with national evidence based guidelines for transfusion practice, prescription and appropriate use of blood and blood products.

These high standards require everyone who has blood transfusions to provide written informed consent. The doctor must explain the risks, benefits and alternatives to transfusion, in such a way that you and your family understand why a transfusion is needed. The doctor will answer any questions that you may have and give you written information.



A review of how we safely we manage transfusions told us that we give a safe transfusion service and improvements have been made over the last 3 reviews. Some of the ways we record transfusions can be improved. An education program for all staff is in progress and it will improve how we document transfusions.

Maintaining safety with transfusion practices is important and nurses and doctors are required to complete a national education program 'Blood Safe eLearning'. Hospital staff who transport blood are required to complete a course about safe transport and storage of blood. Education is provided to all new doctors when they commence work. As part of our quality improvements, BRHS have developed a patient blood transfusion satisfaction survey. The survey is for those who have had transfusions to tell us about their experience while having their transfusion. The survey is about to be implemented.

Food Services Safety

The Food Services Department provides all meals for in-patient and out-patient care at the acute campus and all meals for the residents of our aged care facility, Maddocks Gardens. Meals are also prepared for a Meals on Wheels service to the extended local community and caters for staff and visitors to our Dining Room as well as for special functions. It is consequently a very busy, commercial kitchen!

Food safety, as well as quality, is a key priority of the Food Services Department and all staff receive appropriate training in food handling as well as hand hygiene. The Food Safety Plan is the document that guides all activity related to food services and is strictly adhered to. This comprehensive document is updated on a regular basis with an external consultant.

The Food Services Department undergoes a regular external audit, with the most recent audit being conducted in April 2012. Regular audits ensure that the kitchen environment is appropriate for the services provided and that BRHS is fully compliant with all legislative and other requirements. The April audit highlighted a limited number of issues for improvement. These have all been addressed and a re-inspection by the external consultant has confirmed all recommendations are complete.

The BRHS kitchen is also subject to routine inspections by the East Gippsland Shire Council, the most recent

occurring in May of 2012. Again, some issues were highlighted for improving and these have all been addressed to the Shire's satisfaction. BRHS welcomes all audits and inspections as they are an opportunity to view our facilities and services through a different lens and to ensure that we are servicing our many and varied clients in a safe, healthy, efficient and compliant manner.

Dental Services at BRHS

Bairnsdale Regional Health Services (BRHS) operates a dental health clinic, providing public dental health services to eligible adults and children from the Bairnsdale region and surrounding districts. Four dental chairs operate Monday to Friday, and are located at the Community Dental Clinic based at the BRHS Ross street Community campus.

In the 2011/12 BRHS Dental Health Services treated approximately 1,579 patients including public dental health services to our aged care Residents in Maddocks Gardens. This number is significantly below the target of 2,314 patients treated per year as set by the Dental Health Services Victoria (DHSV).

The inability for the dental service to treat the targeted number of patients related to the ongoing challenges of the recruitment and retention of Dentists and other Dental Health Professional to public dental health services at BRHS. This is a problem faced across regional Victorian. This has resulted in an increase in the public dental services waiting times for treatment of community members. Average waiting time of 28 months compared to a DHSV statewide target of 22 months.

In order to ensure improved quality of dental health services to the East Gippsland community and to establish sustainable recruitment and retention of dentists for the next 12 months BRHS has worked closely with the East Gippsland consortium aiming to work in partnership with all the public East Gippsland Dental Health Services to support dental practitioners practicing within the region.

To ensure effective quality of dental health care all dental health staff have been supported to complete ongoing education.

In the past 12 months BRHS dental health services, working with the BRHS community-nursing services has continued to deliver dental health promotion and prevention programs such as 'Smiles for Miles' in the local schools. This important program improves the

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long-term dental health of school-aged children by preventing poor dental health outcomes for future generations within the Bairnsdale region. In June, BRHS dental services were fortunate to receive \$20,000 grant from the Victorian State Government to enable the replacement of 20-year-old dental equipment and suction units. The replacement of this equipment has improved efficiency for staff treating dental patients and improvement in the quality of infection prevention practices.

Support for Indigenous Patients

Here at BRHS we have a genuine and sensitive commitment to Aboriginal health and over the past years have changed things to make the journey through the hospital system friendlier and more culturally sensitive for indigenous Australians. To support that commitment the hospital employs a Koori Liaison Officer.

Our Koori Hospital Liaison officer is a local, was born at Lake Tyers and has lived in the Gippsland area all her life. She is an active member of the Aboriginal community and is accepted as such. As part of a very close-knit family, where culture, values, respect for elders, kinship and extended families are a very important, these values are part of her every day work at the hospital.

The main role of the Koori Liaison Officer at BRHS is to provide emotional, social and cultural support to Aboriginal and Torres Strait islander people and their families who use the hospital system and to ensure that a culturally sensitive service is being provided. A very important part is to also ensure that Koori people understand medical procedures and routines.

To signify our ongoing commitment to the Aboriginal community BRHS have the Aboriginal flag flying proudly outside the hospital. Aboriginal art is displayed within the hospital also gives exposure to fantastic artists from this area while supporting East Gippsland Aboriginal Arts Corporation.

The Koori Liaison Officer has good support through Gippsland Lakes Community Health, Lake Tyers Children Services and Gippsland and East Gippsland Aboriginal Cooperative who have recognised the importance of health workers visiting the hospital regularly this can only add to better health outcome for our people.

Healthcare providers, including the Koori Liaison Officer use the Warrawee room, which is located



behind the Emergency Department, for small groups or individuals to help them work out how to stop sickness before it occurs. Warrawee is an Aboriginal word meaning "come here and rest a while" and the room is frequently used. It also provides a culturally appropriate and welcoming environment for family members who may be concerned or grieving.

The ongoing mammogram program for our ladies has been very successful. A lot of work is done Australian Hearing and school visits to test the hearing of children is an important to make sure early treatment is provided when needed. On occasions when communities are running health days our Koori Liaison Officer will participate and promote health and the hospital.

The Koori Liaison Officer's role at BRHS is to provide emotional, social and cultural support to Aboriginal and Torres Strait islander people and their families who use the hospital system and to ensure that a culturally sensitive service is being provided. The Koori Liaison Officer also ensures that our people understand medical procedures, routines, and can advocate and liaise on their behalf.

Waiting Rooms

Waiting Rooms are an integral part of the patient, carer and visitor experience at the hospital. They are an important first impression and provide an area which is comfortable, safe and clean for patients and carers to wait.

The 2011 Victorian Patient Satisfaction Survey highlighted that the condition of the BRHS waiting rooms was a concern for some patients, their families and their carers.

As a result, a review of the waiting rooms was completed. The report was written using the advice of the BRHS Community Advisory Committee. The report released thirteen recommendations, which have formed the basis of the response into improving the waiting areas at BRHS.

Recommendations which have been implemented include:

- Redevelopment of the Rotamah Multipurpose room into a quiet contemplation space for families and carers as part of the Hospice renovation project.
- A waiting room television system is currently being considered and negotiated. This will provide BRHS with an opportunity to give information regarding BRHS services to patients, families and carers.
- The vending machine in the Children's Waiting area of emergency department has been removed.
- Magazines which are dated or inappropriate are removed.

Additional improvements will be implemented as further opportunities arise to address the report recommendations. This is expected to occur during the second half of 2012 and the early part of 2013.

What you have let us know about the care and service we give

Feedback – Consumer surveys, compliments and complaints

We are committed to providing a consumer focused health service and recognise the value of feedback from patients, clients, carers or visitors as a source of information to support service improvements.

If you have been a patient or client here you may have been asked to take part in a patient satisfaction survey. The survey is done to help us to know from your view, what we do well and how we can improve.

	Average of Overall Care	Access and Admission	General Patient Information	Treatment and Related Information	Complaints Management	Physical Environment	Discharge and Follow-up	Consumer Participation
All Hospitals	79	78	83	80	81	76	78	81
Hosp Category B	78	77	83	79	81	75	76	80
BRHS	79	78	85	80	81	74	76	80

Key : All Hospitals = All Public Hospitals in Victoria
: Group B Hospitals = Rural Hospitals similar in size and patient mix to BRHS

The results have been positive, patients were very satisfied with most aspects of their stay at BRHS. We are performing in line with the hospitals similar to BRHS (Category B hospitals) average. The majority of patients reported that they were helped a great deal by their stay at BRHS and felt that the length of time spent in hospital was about right.

High performing areas were the courtesy of the nurses and doctors, being treated with respect and the general helpfulness of all hospital staff

Areas where we could most improve include: facilities for storing belongings - availability, security and ease of use, privacy in the room where patients spent most of their time and waiting room comfort.

We are working out ways to improve in each of the areas and will check how we have met your needs when the next survey is completed in 2012.

The residents at Maddocks Gardens participate in food satisfaction surveys regularly and this has resulted

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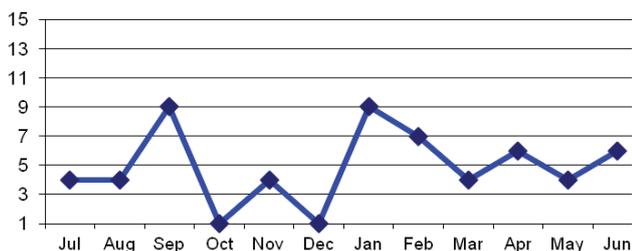
in changes to the menu. The Manager of Food Services attends the Residents Meeting to discuss any issues or changes with the residents. The open lines of communication around the menu provided has improved levels of satisfaction with the residents experience with their meals.

Compliments and Complaints

We encourage you to give us feedback about our customer service whenever you feel the need. Compliments are valued and we always let staff know about the occasions when you acknowledge their good work.

Complaints are valued as an opportunity to improve. Every complaint is fully investigated and actions are taken to prevent the same circumstances occurring again for each complaint.

BRHS Total Complaints 2011-12



The number of complaints received has been stable with the main areas of concern being communication e.g. inadequate information and attitudes while access to care and treatment were also issues raised.

Customer service training continues and improvements to the flow of patients through the Emergency Department are expected to improve your experience with BRHS.

Rights and responsibilities

Understanding your rights and responsibilities improves your experiences when using health services. Knowing what you have a right to expect, and what is expected of you can enhance your treatment and recovery. BRHS has a range of resources designed to raise consumer awareness of rights and responsibilities, including:

- A Rights and Responsibilities brochure that aims to support a partnership between consumers and our health service by providing a clear statement of expectation that is understood by all. We like

to provide all consumers with a brochure on their first contact with BRHS. Brochures are readily available at the main entrance as you enter the hospital and in all wards

- posters about your rights and responsibilities are displayed in wards and units.
- Brochures are sent to all patients who are treated through the Day Procedure Unit.

Our patient perception survey results indicated that our community is not fully aware of Rights and Responsibilities. Wards have reviewed the location of brochures making sure they are displayed prominently.

A review of Rights and Responsibilities is planned and we expect to simplify the documents that are available, and new ones will be simpler and easier to understand.

Community Participation

The Community Advisory Committee (CAC) has had a key role in contributing to the community perspective on the issues facing BRHS over the previous year. The Committee participated in the review of the health service commissioned by the Board of Management and undertaken by Dr Heather Wellington from DLA Piper.

Two of the recommendations directly related to enhancing the role of the CAC. The Board of Management accepted this and since that time the Terms of Reference have been reviewed, a role description developed, consumer training conducted and in the 2012-13 year recruitment of new members will also be a focus.

How our staff are trained to look after you

Staff Training in Communication

Over 40 management staff undertook training in Interpersonal Skills for leaders in June 2012. Conducted by the Australian Institute of Management the course was part of a series of in house management courses designed to assist BRHS staff develop their skills in managing their teams and communicating effectively in a leadership role.

Topics covered included: Defining great leaders; identifying the difference between leaders and managers; adapting to different behavioural styles of team members; assertiveness; and conflict management.

A comprehensive evaluation was undertaken and feedback was very positive with an overall satisfaction rate of 93%.

Checking clinical staff qualifications

Bairnsdale Regional Health Service follows the Victorian Department of Health policy on credentialing and defining the scope of clinical practice for medical and dental practitioners. This requires the practitioners to provide documentation of their qualifications, training and experience – and the health service to verify this information and to make further enquiries about the practitioner's professional standing and attributes.

It further requires staff and the hospital to jointly define what can, and what cannot, be appropriately done by various individuals and disciplines at Bairnsdale Regional Health Service. For example, simple fractures (e.g. uncomplicated forearm fractures) may be managed at Bairnsdale, by senior medical staff or junior medical staff seeking advice from senior medical staff, while major orthopaedic work (e.g. hip replacements) are referred to Latrobe Regional Hospital or further afield where there is a specialist orthopaedic service.

The processes of credentialing and defining the scope of clinical practice is considered to be a major aspect of promoting patient safety, and therefore the process is governed by a subcommittee of the Bairnsdale



Regional Health Service Board of Management (the Credentialing Committee) which reports directly to the Board of Management.

Allied Health Training

The Allied Health Department along with the Planned Activity Group, Community Nursing and Home Based Nursing staff participated in "Better questions are the answer to training". It was run in groups with a workshop a month after the initial training. The groups were run between October 2011 and March 2012

The aim of the training was to enable staff to actively listen to their clients and their needs to develop client focused goals. The aim of the training was also to use an empowering, solution-focused approach and better involve their clients in treatment.

The training was chosen as Allied and Community Health Staff at BRHS move towards using an Active Service Model Approach in all of their interventions. The model has a focus on 'doing with, not for', working towards meaningful client centred goals and tailoring services around client needs and goals.

Training was completed and then reinforced at a workshop 1 month later where staff reflected on using the Better questions are the answer approach with clients. The use of this approach was also reinforced in team meetings.

Staff report since completing the training they have found it easier to develop meaningful goals with clients and that client have been better involved in their treatment.

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Nursing/Medical and Allied Health Training

BRHS works with Universities and Colleges to provide education and training for students to become registered or enrolled nurses, doctors or allied health professionals.

Monash Medical and Nursing School is located on the BRHS site and provides a very convenient opportunity for training.

Being able to train and gain practical experience in Bairnsdale provides opportunities for members of the local community, and reduces the need to travel or move away.

Nursing, Medical and Allied health students are here at BRHS all year.

A registered professional BRHS staff member supervises students at all times.

When you are a patient at BRHS you may be asked if a student can listen, ask you questions or examine you or, in the final stages of their course, carry out some procedures e.g., take blood. You will always be asked to consent to being seen by a student and we respect your right to decline.

The students would be grateful if you would support them in their learning experience to become the next generation of doctors, nurses pharmacists or physiotherapists.

BRHS work experience placements

BRHS provided work experience placements to 30 local secondary school students over the past 12 months. Students generally undertake a one week placement and are placed in areas of the hospital which reflect their interests and that will provide them with an opportunity to observe a range of health industry career options and experiences.

BRHS is conscious that as the largest employer in the region it has an obligation to provide student placements and work experience opportunities to local young people. A number of very successful student "taster" days were also conducted this year and it is intended will become annual event.

Schools as far away as Mallacoota, Orbost, and Cann River, as well as local schools, participated in tours of



the hospitals and talks from a range of BRHS health professionals on career options and pathways.

A new role has been developed within the Workforce Capability and Culture department at BRHS who will further develop our work experience program and investigate traineeship opportunities over the forthcoming 12 months.

Aboriginal Employment program/Closing the Gap Program

BRHS participates and supports the Department of Health initiative "Closing the Gap". One aspect of this initiative is to increase the rate of Indigenous employment to a minimum of 1% of total employees in local hospitals. For BRHS this very achievable target means that we should be currently employing 8 Aboriginal staff. Currently, our Aboriginal staff count is 6.

The lead agency Project Officer and BRHS work closely with the other 3 Gippsland hospitals to understand the drivers for seeking to increase employment rates of Aboriginal people in health services as well as develop cultural awareness programs and establish culturally appropriate human resource practices across the region.

A very successful tour of the hospital was conducted with Aboriginal students from all the local secondary schools. The students had an opportunity to see "behind the scenes" of the hospital and career advice was provided on the range of health employment opportunities available. As a direct result of the tour 2 students commenced work placements as part of their Victorian Certificate of Applied Learning courses in the Maddocks Gardens Aged Care facility.

Establishing closer links with local employment networks, schools and Aboriginal controlled organizations will assist BRHS promote employment and traineeship opportunities to the Aboriginal community. A BRHS Aboriginal Employment Plan is currently under development which will contain practical and specific strategies for BRHS to increase our Aboriginal employment rate.

Supporting our staff

BRHS Achievement Awards 2011 – ‘My Midwives’ Program & Consulting Suites

The Achievement Awards recognise good work and excellence in the delivery of care to BRHS patients. They recognise aspects of hospital work and are highly sought after awards.

The awards were presented at, and celebrated at the 2011 BRHS Annual General Meeting.

The clinical award went to the My Midwives Program. The ‘My Midwives’ Program allows for all care across the entire pregnancy-birth-postpartum continuum to be provided by a midwife that is known to the woman throughout her pregnancy. It provides pregnant women with more choices during their pregnancy, improved continuity of carer and consistency of care.

The Clinical Midwife Specialist and Project Coordinator, said “The My Midwife Program has enabled us to get to know the women during their pregnancy and this has been shown to improve care outcomes for the women and their babies.”

Improvements from the ‘My Midwife’ Program have been impressive. Rates of normal birth and water birth have been improved, and perineal tears requiring repair have been reduced, despite the increase in neonatal birth weight noted within the model. Rates of breastfeeding initiation and continuation to six weeks post birth have also been improved.

The non-clinical award went to the Consulting Rooms Redevelopment.

The Redevelopment was commenced in early 2010 to ensure the future sustainability of Consulting Services at BRHS. This involved changes to the support provided to Visiting Specialists and a substantial refurbishment of the consulting rooms, including upgraded equipment, which has resulted in improved comfort levels and an enhanced service for the community, visiting specialists and staff. The appointment of a practice manager was a key change, improving communication across all levels of the organisation and driving changes in practice to better meet the needs of all key stakeholders, including referring GPs. Parallel procedural changes have improved services for patients, particularly around payment of accounts



and access to EFTPOS facilities.

The Consulting Rooms Practice Manager said, “We were delighted to be recognised with an Achievement Award as it demonstrates that people within the hospital have noticed the considerable commitment and effort our team have invested in repositioning the Consulting Rooms service. We still receive compliments on the transformation and we’re very grateful to everyone who was involved in the Redevelopment.”

In 2012, both the My Midwife team and Consulting Rooms staff continue to strive to develop their services. The My Midwife team hopes to further expand the My Midwife program and increase its availability to the community. The Consulting Rooms team will be working closely with Visiting Specialists to continue to improve services to benefit the local community.

People Matter Survey

The People Matter Survey is a staff perception, climate and opinion survey that collects information about employee/staff perceptions of the values and principles applied in the workplace. Developed and managed by the State Services Authority (SSA), the survey is available to all Victorian public sector organizations. It provides a comprehensive report on BRHS results as well as providing comparative data against hospitals similar to BRHS.

In May 2012 BRHS once again took part in the Survey. A range of methods to distribute the survey to as many staff as possible were utilized including email, direct links to the SSA website, and by mail to employees’ homes. The response rate from BRHS

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employees was 44% which compared very favorably against comparator organizations for which the average response rate was 25%.

The detailed Benchmark Report was released to BRHS in August 2012. All staff will be provided with feedback and results from the Survey as it is considered an important part of the process.

Areas which require improvement will be identified and a planned approach to implementing necessary changes will be developed.

Volunteers

BRHS is a diverse and responsive organisation providing a wide range of services. An important part of the BRHS service is supported by the contribution provided by our volunteers resulting in mutual benefits for our patients, clients, residents, families and staff members. BRHS is also fortunate to be supported by many local business partners who continually demonstrate a strong commitment to our community by their voluntary efforts.

Approximately 293 hours per week is provided by registered volunteers. Areas which have benefited from our volunteer's time are Aged care, Oncology with our palliative care volunteers, the Community Health centre programs with the Planned activity groups in Bairnsdale and the outreach centres.

The Flower and Kiosk auxiliaries have many dedicated volunteers some of whom have contributed up to 48 years of service.

The volunteer Bower Birds Committee has also recently celebrated 30 years of continued support. Their hard work and dedication has resulted in excess of \$375,000.00 in funding and support over this period.

The generosity of the volunteers has resulted in the purchase of much needed equipment such as, baby monitors, a birthing bed, vital sign monitors, syringe pumps and examination couches.

A recent project introduced includes BRHS volunteers assisting clients attending the consulting rooms to complete essential paperwork.

The commencement of a Volunteer guide at the hospital has also proven to be successful with BRHS volunteers providing directions for visitors who are unsure of where to go for appointments.



Making Sure our Care really works

New Clinical Interventions

Bairnsdale Regional Health Service has formal processes governing the introduction of new drugs, clinical equipment and clinical technologies in the health service. This involves hospital staff from various disciplines, and assists the hospital to appropriately balance innovations with safety.

An example of a recent drug introduction is pre-packaged spinal/epidural anaesthetics. By removing the need to manually mix drugs for an urgent situation, it is believed that pre-packaged spinal/epidural anaesthetics reduce the risk of administering the wrong drug and/or dose. A trial of the pre-packaged spinal/epidural anaesthetics was run, and following positive feedback from clinical staff, have been permanently added to the hospital's drug stocks. However, trial outcomes are not always positive. PICC lines (Peripherally Inserted Central Catheter) are long intravenous catheters, which can remain with patients for extended periods, such as when long-term antibiotics or cancer treatments are required. Our Radiology Department trialled a "Power PICC" line which enables radiological contrast to be injected into the line, required for certain types of radiological examinations. The first two patients in the trial experienced superficial infections (a known complication of PICC lines), and even though the Power PICC in question was not known to be associated with a higher rate of infections, the hospital stopped the trial and lodged a report with the Therapeutic Goods Administration.

In 2011 and 2012 the wider application of laparoscopic techniques (i.e. keyhole surgery) commenced at Bairnsdale Regional Health Service – to include hernia repairs commonly used nationally and internationally. To support this to occur in a safe manner, the health service supported our full-time General Surgeon to attend training in laparoscopic hernia repair surgery, and obtained the services of an external General Surgeon experienced in this type of surgery to run a three-day workshop and operate in Bairnsdale. The external General Surgeon and the hospital's Director of Medical Service then jointly verified that laparoscopic hernia repair surgery is safe to be performed at Bairnsdale Regional Health Service by our full-time General Surgeon.



Emergency Department and Care Redesigning Hospital Care Projects

The Emergency Department has participated in three projects in conjunction with the Emergency Care Improvement and Innovation Clinical Network (ECIICN), and is currently undertaking a fourth. The specific objectives of the evidence-based care implementation projects were to reduce variations in practice, to promote evidence-based practice and to reduce clinical risk. The projects were assessment of chest pain and management of asthma. The project being conducted currently is management of renal colic/pain in the kidneys.

Each project focuses on providing patients with safe, evidence-based care in the Emergency Department and also when they leave the Emergency Department. Through the development and implementation of pathways of care and staff education, marked improvements were seen in the emergency department projects.

There were significant improvements in management of asthma with a 26% increase in measurement of the severity of the asthma and 47% increase in peak flow measurement at presentation as part of assessment. There was also a 33% increase in the number of patients discharged on corticosteroids and 79% referred for GP review within a week.

The Redesigning Hospital Care Program is an initiative of the Department of Health. The purpose of the program is to provide a systematic approach, using the principles of Lean methodology to analyse and improve the processes surrounding patient care. The aim of Lean is to reduce activity that does not add value to care provided or to the recovery of the patient, and to increase efficiency and quality of care. In other words, a method of ensuring that every patient receives the right care, in the right place, at the right time, provided by the right person and done right the first time.

In December 2012 the Redesign Team completed a 12 month project which improved the progress of a patient presenting with chest pain through the emergency department. Initiatives of the project included reviewing the risk stratification of a person presenting to emergency with chest pain and development of a chest pain pathway to ensure best practice care is delivered.

These initiatives resulted in efficient triage of patients with chest pain, lowered waiting time for a chest pain patient to be reviewed by a doctor, reduced time

from presentation until assessment by a nurse and timely admission of patients to the ward.

During the first half of 2012, Redesign has reviewed the processes associated with linen management including ordering, delivery, storage and removal of soiled linen from each department. Recommendations have been presented to our Environmental Services team, who are working with our linen supplier to implement an efficient linen management system.

The vision for Redesigning Hospital Care is to facilitate improvement initiatives and build organisational improvement capacity.

