



2018 QUALITY ACCOUNT

BRHS Bairnsdale Regional Health Service





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My team is

BRHS



Robyn Hayles
Chief Executive Officer

CEO WELCOME

FROM ROBYN HAYLES

WE HOPE YOU ENJOY THIS EDITION OF THE BRHS QUALITY ACCOUNT.

The Quality Account provides a summary and reflection of how BRHS has performed in the area of quality of service provision and care throughout the 2017/2018 financial year.

Quality in health is measured in many different ways. It is measured by data which demonstrates the outcomes of our care of service, it is measured by feedback provided to us and it is measured by your experience.

BRHS staff constantly work to improve the quality of our care. Our staff ensure they have the right skills, they constantly review their work and they explore new and improved ways of doing things.

Over the past 12 months, we have:

- Reduced the unplanned readmission rate for Aboriginal and Torres Strait Islander patients by nearly 50% with the help of our Koori Hospital Liaison Officer, Aboriginal Access and Support worker and Care Coordinator for Aboriginal Health;
- Implemented the Strengthening Hospital Responses to Family Violence initiative which is a 'whole-of-hospital' model for responding to family violence in public hospitals;
- Introduced the "EPIC Nurse" project to the health service which will ensure a successful, standardised and consistent clinical approach throughout the hospital to patient centred and engaged care; and
- Doubled our security staff to ensure our patients and staff are safe.

Thank you to our Board of Management, Community Advisory Committee, consumers and staff for their contribution to this report.

Congratulations and thank you to all our staff and volunteers who continue to provide a high quality service to our community.

BRHS is committed to being a respected leader of outstanding health care. Your health, our priority.

Bairnsdale Regional Health Service (BRHS) recognises the Gunaikurnai people as the traditional owners and custodians of the land on which our health service is located. We recognise and respect their cultural heritage, beliefs, knowledge, stories, resilience and relationship with the lands. Elders have for many years helped shape our health service and we pay respect to them and thank them for their significant and ongoing contributions.



FOCUS ON ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH OUTCOMES

BRHS continues its commitment to improving health outcomes for Aboriginal and Torres Strait Islander peoples. We work alongside the 2017-2027 plan from the Victorian Government named Korin Korin Balit-Djak which means 'Growing very strong' in the Woi Wurrung language. It provides an overarching framework for action to improve the health, wellbeing and safety of Aboriginal Victorians now and over the next 10 years.

The Aboriginal Health Unit (AHU) has had a busy year and the Koori Hospital Liaison Officer, Aboriginal Access and Support worker and Care Coordinator for Aboriginal Health have been able to reduce the unplanned readmission rate by nearly 50 per cent.

This means people are going home well and with the help they need to stay at home. Improving Aboriginal Health outcomes is everybody's business and the team is able to provide targeted assistance and advice where needed.

"When we look at how we deliver care we are continuously mindful of the historical and current issues impacting upon Aboriginal and Torres Strait Islander people. We are very proud of the dedication of all BRHS staff to improving health outcomes for community," according to BRHS Koori Liaison Officer, Bonnie O'Shannassy.

THANK YOU FOR THE ONGOING COMMUNITY SUPPORT

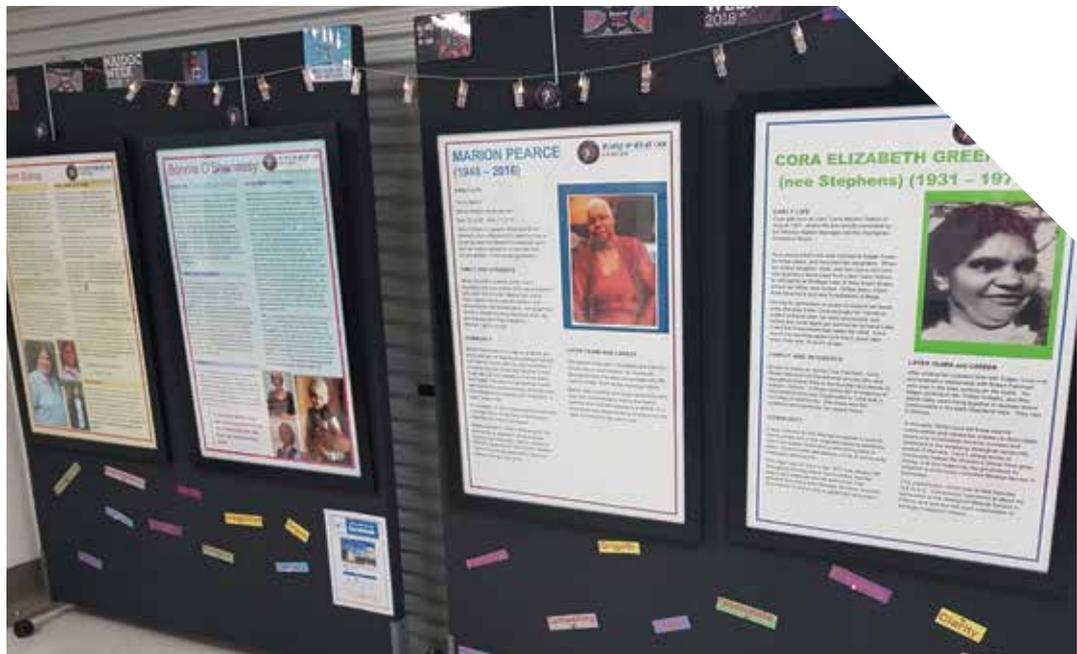
BRHS would like to thank all of its local community members as well as Moogji Aboriginal Council in Orbost, LEHA (Lakes Entrance Aboriginal Health Association), GEGAC (Gippsland and East Gippsland Aboriginal Co-operative) and LTAT (Lake Tyres Health and Children's Service) for the unbelievable support and attendance at days of significance at BRHS. Closing The Gap week and NAIDOC week were both well attended. Closing the Gap week saw dozens of people gather on the landing pad for a people power sign reaffirming the commitment here.

NAIDOC 2018 had the theme "Because of Her We Can" in which a number of local Aboriginal women who have done great things for their community had their stories told and displayed in the main corridor of the hospital. These portraits will be located in the hallway outside Pharmacy for the next 12 months, we invite you to enjoy the stories..

THE LIGHTHOUSE PROJECT

BRHS remains one of 18 hospitals across Australia participating in Phase 3 of the Lighthouse Project. This national research project aims to drive change in the hospital setting through implementation of activities that improve care and outcomes for Aboriginal people experiencing heart attack.

"We continue to work with community to look at how we can improve access, assessment, care planning, support, discharge planning and referral processes within BRHS," said Bonnie.



YOU MAY REMEMBER IF YOU HAVE ATTENDED OUR HOSPITAL YOU WILL HAVE BEEN ASKED “ARE YOU OF ABORIGINAL OR TORRES STRAIT ISLANDER ORIGIN”?

Why am I asked this question?

BRHS staff ask every person who uses the service. Whether you are a non-Indigenous person, an Aboriginal person, a Torres Strait Islander person, or both Aboriginal and Torres Strait Islander, your response is equally important.

Information is Important...

BRHS has a responsibility to collect data from all of its patients, so staff can better understand the health of all Australians. This helps us to deliver the best health services, by helping governments use data to plan services that meet the needs of different groups of Australians. Good decision making depends on good quality information. To make good decisions for the health of Indigenous Australians, it is important to properly collect data on non-Indigenous patients as well as on Aboriginal and Torres Strait Islander patients. This allows us to better understand how health issues for Indigenous Australians might be the same as, or different to, other Australians.

Because it's the right thing to do...

The best way to get this information right is for us to ask you the standard Indigenous status question and let you answer for yourself. It isn't right for us to guess or make assumptions about who you are, or how you should be counted – we need you to tell us.

Because we care about our patients...

From the evidence we have, we know that many Aboriginal and Torres Strait Islander people are at greater risk of some health problems. We want to make sure Aboriginal and Torres Strait Islander patients have the option to access some of the specific services that can help to reduce these risks - such as health checks, immunisations or contact with an Aboriginal health worker. To make sure that no Indigenous Australian misses out on these opportunities to reduce their risks and improve their health, we ask every patient whether they are Aboriginal or Torres Strait Islander.

Different choices for different needs...

Every patient in this service receives the same high standard of care, delivered in a way to best meet their needs. Some patients with more complex needs or at higher risk of certain health conditions such as older patients, pregnant women, or Aboriginal and Torres Strait Islander patients might be offered some different choices or be provided with specific information.

Support for any that need it...

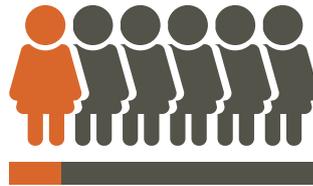
To allow us to provide the best possible care for all our patients, we encourage you to ask questions, request information, and to talk with staff about any issues or concerns you may have. Some patients may require additional support to do this, such as Aboriginal and Torres Strait Islander patients, or patients from different cultural backgrounds and language groups. Support services are available for all patients to use if they need to - please do not hesitate to tell us if you are in need of some additional support.

IS FAMILY VIOLENCE REALLY A PROBLEM?



1 in 3

Australian women have experienced emotional abuse by a current or former partner.



1 in 6

Australian women have experienced physical or sexual violence from a current or former partner.



1 in 19

Australian men have experienced physical or sexual violence from a current or former partner.

FAMILY VIOLENCE AT THE FOREFRONT GOING FORWARD

BRHS is one of a number of Victorian health services to implement the Strengthening Hospital Responses to Family Violence (SHRFV) initiative. This program is part of the government response to the Royal Commission into Family Violence, and relates to Recommendation 95 which requires a 'whole-of-hospital' model for responding to family violence in public hospitals within three to five years.

In 2017-18 and beyond, BRHS will implement the whole-of-hospital model at BRHS and support the following health services:

- Omeo District Health
- Orbost Regional Health

WHAT IS FAMILY VIOLENCE?

Family violence is behaviour by a person towards a family member that:

- Is physically or sexually abusive
- Is emotionally or psychologically abusive
- Is economically abusive
- Is threatening or coercive or dominating
- Causes fear

This definition also includes behaviours that cause a child to witness or hear or otherwise be exposed to the effects of family violence.



THE FACTS

- On average, at least one woman dies at the hands of a current or former partner every week in Australia
- 1:3 women experience physical violence, since the age of 15
- More than half of the women who experienced violence had children in their care when the violence occurred
- Elder abuse is underreported but thought to affect at least 5 percent of the elderly
- 1:3 LGBTIQ Australians report having been in an abusive relationship
- Bairnsdale - 2,304 family incidents / 100,000. The fifth highest LGA in Australia

AS A HOSPITAL - WHAT CAN WE DO?

Evidence tells us for many people, a health professional is often the first person someone affected by family violence will talk to.

We can:

- Reduce the barriers to disclosure for people across the lifespan
- Sensitively respond and refer to appropriate support services
- Contribute to societal change – we are a big workforce with a deep reach into community
- Support our own staff affected by family violence
- Dispel the myths surrounding family violence

We will teach our staff in general to know our position on family violence – it is not OK in any form!

We will teach and expect our clinicians to recognise the risks and signs, know how to respond sensitively and confidently use our referral pathways.

For more information on Family Violence please call our Social Work Department on 03 5150 3388

ANIMALS USED TO BREAK DOWN BARRIERS IN HEALTH CARE

Animal assisted interventions (AAI) describes activities with a health improvement focus in which an animal is the key feature. It is a broad term which covers interventions such as Pet Therapy and Animal Visitation.

Animal Assisted Interventions (AAI) can enhance nursing home residents' quality of life. Studies have shown that dogs can lower blood pressure and heart rate, and even increase survival rates in people who have had heart attacks.

Dogs are considered to be unconditionally loving and non-judgmental, and can often broach social barriers that people can't. BRHS, therefore, has been exploring ways in which dogs and their handlers in the community can provide this support to our consumers at BRHS.

Prior to January 2017, various BRHS services had animal visitations in a non-formal, non-structured model, which the organisation was keen to evolve and improve.

A member of the community approached BRHS with an idea to see how the hospital could commence a well-structured, safe, animal assisted intervention service which would meet the needs of the community and support all areas of the hospital.

Following this, a meeting was scheduled with consumer advocates/representatives and a proposal was formulated. This proposal was moved forward by the hard work of the dedicated Animal Assisted Intervention Service Model working group.

The AAI program at BRHS was approved by both the New Interventions Sub Committee and Patient Safety and Clinical Standards Committee for trial in late 2017.

This program has seen collaboration between Allied Health, Maddocks Gardens, Planned Activity Group (PAG) and Volunteer and Consumer Engagement to create a holistic and multidisciplinary intervention which is person centred.

The qualifying of the therapy dog teams has required the support and input from partners such as the Bairnsdale and District Dog Obedience Club, Dogs Victoria and the generous involvement of Veterinary practitioners in the region.

The community was invited to learn more about this program through a Community Information session held at BRHS in early 2018. This provided an opportunity to gather feedback from the community and to answer questions from the public. Through this well attended community information session, interested persons were able to become volunteers and partners in the delivery of the service after passing the prescribed checks.

At BRHS, approved therapy dogs will be attending Maddocks Gardens, Planned Activity Group and also inpatient sub-acute rehabilitation to enhance participation, motivation, engagement and enjoyment of our consumers.

Currently, there are three therapy dog-handler teams who have successfully passed the required health, obedience and temperament assessments. Further therapy dog assessments are planned for September 2018 with interested members of the community.

BRHS is now at the final stages of having this program go live and staff are looking forward to providing this new model of service to the community.



A big focus for maternity services over the past 12 months has been 'baby movements and what they mean'. The aim is to improve clinical management of those presenting with concerns regarding baby movements, but also to re-educate the community 'dispelling old myths' so people understand that it is a myth that babies move less towards the end of pregnancy and if mothers are concerned they are encouraged to report any concerns to their doctor or midwife.

ABUNDANCE OF ACTIVITY IN MATERNITY SERVICES

Maternity services at Bairnsdale Regional Health Service (BRHS) create a constant cycle of improvement, celebrating things that go well, examining care provided and learning and improving from things that don't go so well.

Key projects over the past 12 months have included revision of the Pregnancy Information Handbook which is distributed to all pregnant women accessing our service.

Some key programs available to support our pregnant mothers include:

- Baby movements and what they mean
- The pregnancy and birth education program, and
- The Primary Prevent Program 'Baby makes 3' (BM3).

These modules have been incorporated into our Childbirth Education program aiming to better prepare expectant parents for the changes that occur when you bring a new baby home. In addition staff have almost completed revision and upgrade of the BRHS maternity website.

After lots of hard work from the BRHS team of midwives the revised pregnancy booklet has been created with essential information to help expectant parents during early, mid and late pregnancy.

The contents covered include:

- An overview of BRHS maternity services
- Signs and symptoms to report immediately
- Early pregnancy topics like travel, work, normal weight gain, healthy eating, physical changes
- Strategies to cope with common discomforts of pregnancy like morning sickness
- Childbirth education
- Birth planning and pain relief options
- What to bring into hospital
- How you will know you're in labour

The above topics are covered in the mid pregnancy section, which then follows on to what happens after birth, care of mother and baby, some breastfeeding tips, safe sleeping, follow up services and some helpful websites are also included.

A 'Baby Movements' poster has been created by one of our midwives and displayed at our antenatal clinic, maternity ward and local GP clinics.

In addition midwives discuss baby movements at every antenatal appointment and provide the Australian and New Zealand Stillbirth Alliance 'Pregnancy – Your Baby's movements and what they mean' brochure to parents. This brochure talks about what baby movements say about your baby's health, how much should a baby move, is it true that babies move less before labour and what do you do if you are concerned about your baby's movements.

Women presenting to the Maternity Ward at BRHS have doubled from 500 to 1000 presentations in the past 12 months, in part due to the increased awareness of what is or isn't normal baby movements by expectant families.

Revised policies and guidelines have been developed to guide staff so they are able to provide thorough advice to the pregnant women and families in the community.

Additionally childbirth classes are very well attended and contribute to well-educated fully informed expectant parents with high breastfeeding rates on discharge of 98 percent.

As explained above the BM3 Program was added to the current childbirth classes schedule in January 2018 and complements the current class content with:

- Class 1 covering normal birth and natural pain relief options
- Class 2 labour ward tour, medical pain-relief, Caesarean sections, Induction of labour and adverse events
- Class 3 Mother and baby care post birth, sleep settle information, follow up care and resources once you go home
- Class 4 (BM3) Aims to prepare couples for the realities of taking a new baby home.

The next project, which is almost complete, is to launch the new and improved Maternity website page on the BRHS website, which will allow the families of East Gippsland easy access to consumer brochures and booklets related to pregnancy, birth and resources/care once baby arrives.

IMPROVING THE CONSUMER EXPERIENCE IN SURGICAL SERVICES

BRHS Surgical Services has seen a significant review of several aspects of the way the team delivers information and care to consumers. The department is in the process of substantial change, which will bring with it many worthwhile improvement opportunities.

One of our first initiatives “We set out to improve the information given to consumers about the Elective Surgery Journey at BRHS and to minimise the number of brochures and condense the content of printed material received in this process. We wanted to ensure the information was relevant and meaningful to our patients,” said BRHS Surgical Services Access and Business Manager, Jennifer Bugbird.

“The Surgical Services review committee included a consumer representative with current experience as a surgical patient in our health service. It was essential to have the participation and perspective of a consumer representative.”

The result of this collaboration has been the production of a Surgical Services Information Booklet that encompasses every aspect of the BRHS Elective Surgery Journey, providing consumers with a reference, pre-empting their questions and ‘need to know’ information.

“We are all health care recipients at times and different things are important to us at different stages throughout our journey. We hope the Surgical Services Information booklet will meet

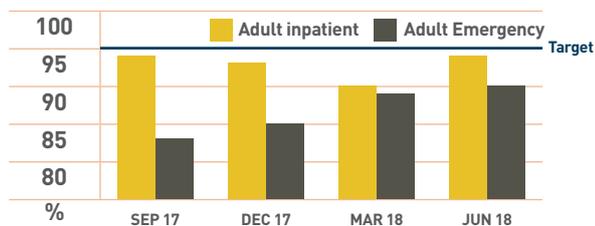
our consumer’s needs and we will be seeking feedback from our consumers. We expect with further feedback we will continue to improve the effectiveness of the information going out to our community,” she said.

“Accurate and effectual information communicated at the right time is key to enabling our healthcare consumers to make informed decisions about their care and when to seek further advice. Therefore we also have a focus on the information given to patients at the time of their discharge, in particular when being discharged from the Surgical Services Day Procedure Unit after surgery.

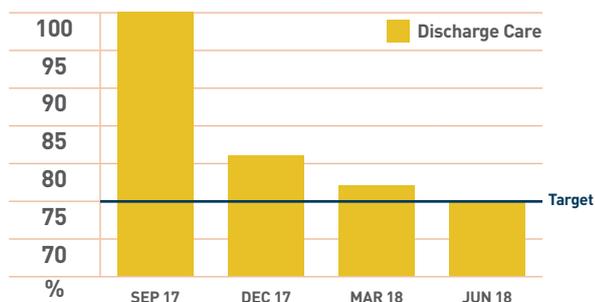
“We know that concise information about managing post-operative pain, dressings, medications and appointments is important to patients and allows patients to go home feeling confident and well supported. Our Day Procedure Unit discharge information is in the review phase at present. It will be satisfying to know we have ‘completed the information loop’ for our consumers.

In addition to this there are also “a number of other improvements in progress in the Surgical Services realm, including the implementation of a contemporary approach to emergency surgery planning which minimises the impact of emergency cases on the scheduled elective surgery, resulting in fewer postponements, less inconvenience, overall a better outcome and greater satisfaction for our consumers.”

PATIENT OVERALL EXPERIENCE



PATIENT EXPERIENCE ON DISCHARGE CARE



Victorian Health Experience Survey: BRHS receive survey results outlining patient experience from across our admitted, emergency and community patients. Our patients had an overall positive response as 94% in June 2018, just below our target of 95%.

Our patients have also rated their experience of discharge care as 75% in June 2018 which was at our target of 75%.

NEW HAND SANITISERS STRENGTHEN HAND HYGIENE MESSAGE

BRHS has recently implemented a new hand washing product and dispensers to improve hand hygiene. These dispensers can be found throughout the organisation for use by all staff, patients and visitors.

The benefits of this new product and the dispensers include:

- Automation of the amount of soap dispensed to optimise hand hygiene
- Compatibility of the product with the alcohol based hand hygiene product found at the end of each patient’s bed
- The compatibility of products is aimed at reducing the number of allergens and sensitising chemicals in use
- The signage on the dispensers is clearer, improving the awareness of the need to wash your hands
- There are now more dispensers available, including greater availability in all food preparation areas
- If you are in hospital, or visit a loved one in hospital, please remember to clean your hands before you see them and after you leave by using the alcohol based hand rub solution at the end of each bed

COMMUNITY HEALTH IMPROVING THE PLANNING OF CARE WITH YOU

BRHS Community Health Service delivers care for the community in the areas of continence management, diabetes management, breast and prostate cancer care, cardiac and pulmonary rehabilitation programs, family planning, women's health and health promotion.

To understand the experience of our clients, we participate in the annual Victorian Health Experience Survey. Many of you will have received this survey if you visited one of our community health services late last year.

On reviewing the results of this survey and to ensure the overall safety and quality of our programs, BRHS Community Health Service has identified some areas for improvement. These include:

- Ensuring all new clients are provided with all the information they need to prepare for their appointment
- Working closer with clients to ensure all their needs are considered

INTERPRETER SERVICE

Bairnsdale Regional Health Service has access to a Translating and Interpreting Service. If you or a family member require the assistance of an interpreter during your admission or appointment please let us know and we can arrange this.

We also have access to many patient information brochures in other languages to assist with patient education and communication during your time with us.

PREPARING OUR CLIENTS FOR THEIR APPOINTMENT

All first time clients referred to our Community Health Service are initially contacted by the community health intake staff. This phone call is to allow for the completion of an initial needs assessment, which ensures all the client's needs are identified and their referral is made to the best possible clinician. These initial assessments will also help identify the urgency of clients' needs to ensure their appointment is made in a timely manner.

At the completion of this call, all clients are then sent information on the service they have been referred to, which includes a map of where to find the service and any associated cost with the service they are attending.

Self-referrals also speak with an intake worker and appointments with appropriate services are made and instructions given how to access the service and cost involved.

SMS reminders are also sent the day before the appointment.

PARTNERING CARE WITH OUR CLIENTS

During the last financial year, the service commenced a review into care planning processes, with the aim to improve partnering with consumers. Assessment tools are used to appropriately identify a client's needs and to assist achieving client's goals with a clear documented plan of care.

All care planning with the Community Health Services includes an assessment tool specifically designed for each service to identify all health related issues and concerns within each specialist clinic. This ensures a standardised approach to assessment for all our clients.

The initial step in the care plan improvement project involved the measuring of clients care plans. This process allowed staff to identify areas where they could improve on their care planning skills. Support was provided to staff through a daily review of the use of care plans and discussion on what makes a successful care plan and the benefits of good care plans. This support, through daily meetings allowed for the development of joint learning opportunities and peer support within the team.

The discussion of regular care planning processes with the community health team has increased knowledge of referral pathways and resources available. Information can then be given to the client to ensure that appropriate goals are made and assist with appropriate referrals when gaps in care are identified.

*Every Patient
Every Interaction
Every Day*



OPPORTUNITY TO PRODUCE EPIC RESULTS IN PATIENT CARE

What is patient centered care? It is health care that is respectful of, and responsive to, the preferences, needs and values of patients and their families.

The widely accepted elements of patient centred care include respect, emotional support, physical comfort, information and communication, care coordination, involvement of family and carers, and access to excellence in clinical care.

When healthcare providers, patients and families work in partnership the quality and safety of health care rises, costs decrease, provider satisfaction increases and patient care experience improves. Patient-centred care can also positively impact on health organisations finances, quality, safety and satisfaction.

Based on evidence and research, Bairnsdale Regional Health is 'renovating' the organisational commitment to patient centered care and has embarked on a project called the EPIC Nurse project where EPIC stands for Engaging Patients In Care.

The EPIC program will ensure a successful, standardised and consistent clinical approach throughout the hospital to patient centered and engaged care.

Evidence shows that outcomes are improved significantly, risks and harm are reduced and staff experience improves when the following elements already outlined are central to every day operation.

BRHS identified leads will mentor and feedback on the staff / patient experience, while implementing new patient information boards, a scheduled rounding process and using EPIC the rounds will focus on:

- E Environment (Warm, Cold, Call Bell, Table)**
- P Pain/Pills**
- I Instigate (What can I do for you right now?)**
- C Comfort (Position, Ambulation, Toilet)**

Accountability at all levels for improving patient-centred care will be essential for the success of EPIC.

BRHS executive and senior leadership staff have committed to this initiative by providing a supportive and positive environment for staff.

This process will ultimately build staff confidence and capacity and in turn embed a patient centred approach improving patient experience while being in hospital.

Regular monitoring and reporting of patient feedback will be done by ANUMs, the ward NUM and executive leads.

Staff will also be provided with opportunities to feedback the success and improvements of engaging patients in their care.

YOU PROVIDE FEEDBACK AND WE LISTEN

Bairnsdale Regional Health Service welcomes your feedback. As consumers and visitors to the organisation, BRHS relies on information about your experiences to help improve as a healthcare service. We appreciate hearing what has gone well and where things could improve.

Feedback can be provided to the service in a number of ways. If you are visiting any one of the BRHS facilities you will be able to see Feedback Forms located in many places. If you cannot find a form, please ask for one from any staff member.

Online feedback is another option that many people prefer. The BRHS website has a section where you can submit your feedback to the organisation. This is located at <http://www.brhs.com.au/feedback/>

Alternatively, our staff are always happy to listen. If you prefer to sit with someone and talk about your experience this can be arranged.

You can provide your feedback to any of our staff members, or if you prefer you can ask to speak to the Quality Manager who manages feedback received within the organisation.

All feedback received at BRHS is forwarded to the Quality Manager. This includes compliments, complaints, and suggestions for improvements. For the management of complaints, the first step in the process is acknowledgement of your feedback, and the BRHS Quality Manager will contact you within five working days. Generally this contact is via a phone call where your concerns will be clarified and the process of complaint investigation is explained.

Within the last financial year, 95 per cent of all complaints were acknowledged within five working days, which is an improvement from 92 per cent of complaints acknowledged within 5 days in the previous financial year.

All complaints are then thoroughly investigated, which can include reviews of medical records, reviews by managers of their processes, or interviews with staff involved. The process of investigation includes reviewing what occurred, preparing strategies as to how BRHS can prevent an issue from occurring again, and then implementing those strategies and improvement processes.

When the investigation is complete, the complainant is contacted and informed of the outcome. In the last financial year, 87 per cent of all complaints were able to be resolved within 35 working days, which is an improvement from 78 per cent in the previous financial year.

As a result of your feedback the following improvements have been made:

- **Improved appointment allocation for clinics through the Medical Imaging Department to reduce waiting times for consumers**

- **Improvement in availability and labelling of gluten free meal options in the cafeteria**
- **Improved assessment for, and referral to, post-acute care services following hospital presentation. This ensures appropriate support is provided to patients in the community**
- **Expansion of treatments offered within the oncology department to allow for treatment of some Multiple Sclerosis patients. This means that these patients can access treatment in their own local community, and relieves the need for them to travel to Melbourne for care**

Each complainant who was contacted via phone was also asked a few short questions in order to monitor satisfaction with the complaints management process.

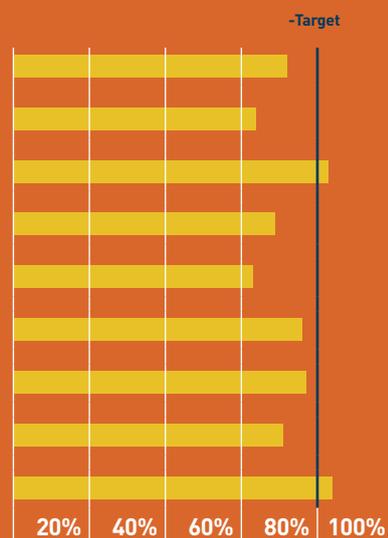
For each question BRHS asks complainants to rate their satisfaction out of five, one being not happy and five being very happy. The responses rate on the satisfaction of feedback resolution is very pleasing with an average of:

- **4.9 out of 5 satisfaction with the process of how their complaint was managed**
- **4.8 out of 5 satisfaction with the outcome reached in their resolution, and**
- **4.9 out of 5 satisfaction with the time the complaint management took to resolve.**

STAFF VIEWS ON PATIENT SAFETY

People Matter Survey: BRHS participate in the People Matter staff survey annually. This survey gives us the best understanding of our organisational culture. One section of this survey is the Patient Safety section which outlines the staff perspective of how safe our organisation is.

- **Patient care errors are handled appropriately**
- **Staff are trained well**
- **Staff are encouraged to report patient safety concerns**
- **The culture allows for learning from errors**
- **Trainees are adequately supervised**
- **Suggestions for patient safety are acted on**
- **Management drives safety**
- **We would recommend friends to be treated here**
- **Overall patient safety culture**



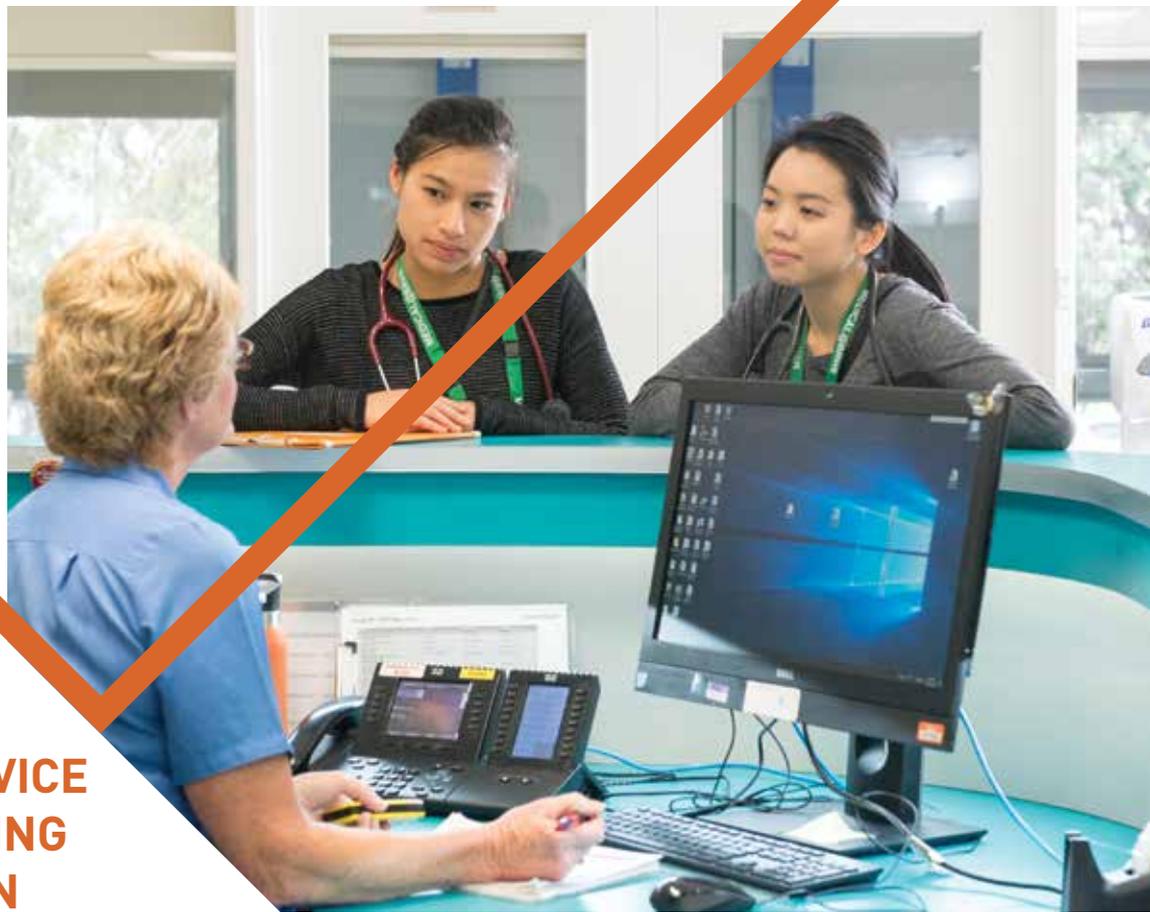


Security of patients and staff within hospitals is a widely published issue across Australia. To ensure our patients and staff are safe, BRHS doubled its security staff in April 2018. This increase in staff has allowed an improvement from overnight security only, to now having a presence in the hospital from noon to 6:30am. These times have in the past been when security support has been needed the most.

The security staff are now able to provide full patrols of all buildings across our hospital campuses, car parks and garden areas. Since this increase in security, staff have reported feeling safer. They are able to be escorted to their cars after hours in the dark, as well as knowing trained help is on hand in difficult situations.

During the morning hours when security is not present in the hospital, our code grey response team is available to assist in the protection of staff and patients. These staff have been provided with training on de-escalation techniques to assist them in their role. BRHS is also supported by the local police in any situation requiring their expertise.

IMPROVEMENTS IN PATIENT AND STAFF SECURITY



FOCUS ON SERVICE DELIVERY DURING ACCREDITATION

BRHS underwent an organisational wide EQulP National accreditation survey by the Australian Council on Healthcare Standards (ACHS) in June 2018. This survey was conducted by three surveyors over three days, where they reviewed the organisational governance, patient safety and quality of care, along with the process of partnering with consumers.

The ACHS EQulP National accreditation covered 15 individual standards which outline expected levels of service delivery in the areas of:

1. Governance – this included the BRHS policy and procedure system, committee structures, staff training, risk management, quality systems and consumer feedback processes
2. Partnering with Consumers – this included our involvement of consumers in BRHS governance at all levels
3. Infection Prevention – the processes of preventing and managing infections within the hospital
4. Medication Safety – the processes of prescribing, dispensing, storage and administration of medications
5. Patient identification – the processes of correctly identifying patients and matching them to the correct procedure
6. Clinical handover – the processes of communicating and sharing information from shift to shift and between disciplines
7. Blood transfusions – the processes of correctly prescribing and administering all blood products
8. Pressure injury prevention – the risk assessment of all patients, and associated strategies to prevent pressure injuries
9. Deterioration – the processes of identifying and responding appropriately to any patient deterioration
10. Falls Prevention – the processes of risk assessment, prevention of falls and measures to reduce harm from falls

11. Service provision – which included ensuring BRHS has appropriate processes in place, offers timely access to services and gains appropriate consent obtained for treatment
12. Provision of Care – involved appropriate patient assessment, planning of care and discharge planning
13. Workforce planning – processes of recruitment, training and employee support
14. Information Management – covered the management of health records, corporate records and technology
15. Corporate systems and safety – covered strategic planning, environmental management, emergency management, occupational health and safety and our facilities management.

At the completion of the survey, BRHS received many positive compliments from the surveyors regarding organisational processes.

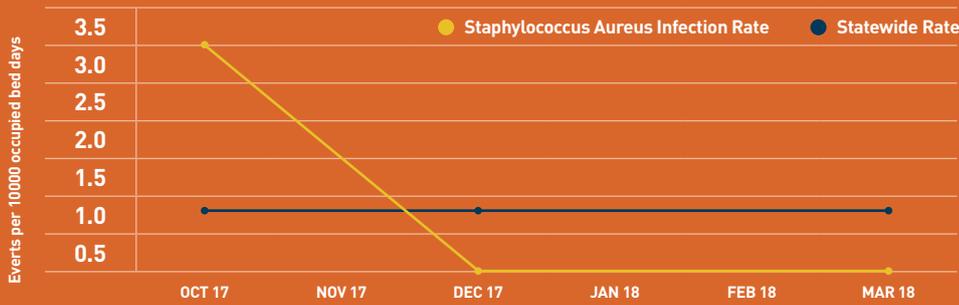
There were only three areas where improvements were required. They included:

- Ensuring all fire safety requirements are up-to-date
- Ensuring BRHS implements more evacuation drills outside of business hours, and
- To improve the use of patient identification when talking to patients during handover.

BRHS has completed all of the above recommendations and these improvements have been checked and approved by the accreditation team.

Preparation for the transition to Version 2 of the Australian Commission on Safety and Quality in Healthcare Standards have already commenced, and will continue to be a focus over the next financial year.

STAPHYLOCOCCUS AUREUS INFECTION RATE



Staphylococcus aureus infection rate: BRHS has a very low SAB infection rate. The graph is represented as per 10,000 occupied bed days. Due to the size of our organisation the increase noted in October has occurred from only 1 or 2 cases in that 3 month period.

STAFF IMMUNISATION RATE



TARGET SET AT ZERO FOR SAB INFECTIONS

When germs infect the body and get into the blood, the condition or infection is known as bacteraemia. When the germ causing the bacteraemia is Staphylococcus aureus, the condition is called Staphylococcus aureus bacteraemia or SAB for short. This infection can be acquired in the community but sick patients admitted to hospital are more susceptible and therefore can be acquired when in hospital also.

SAB is extremely serious and can be life threatening if not recognised and treated immediately. If contracted it requires immediate medical intervention before the infection causes damage to organs such as the liver and kidneys. Due to this life threatening nature of SAB, BRHS has embraced a target rate for SABs arising amongst our patients of zero. The State-wide target is to be less than 1 per 10,000 bed days.

As an Australia-wide initiative, all episodes of SAB that happen as a consequence of health care are required to be reported by all Hospitals. In Victoria these reports are directed to the State-wide hospital acquired infection coordinating Centre (VICNISS) for collating, analysis and reporting.

At BRHS we take very seriously the possibility of a SAB arising and so we continuously monitor our patients for signs that it might be occurring and take action immediately when it occurs.

Part of that response is to ensure the Emergency Department and other staff are well trained and properly staffed so that at the earliest possible sign of SAB arising appropriate action is taken. This action includes proper clinical investigation including early blood testing and implementation of antibiotics.

Skill training extends to the junior medical work force so that they are well supported in recognising and responding to SAB and have immediate access to resources to support and direct their practices.

During the year 2017/18 the rate of SAB arising during care in our health service was seen to decrease to 0.6 per 10,000 occupied bed days. This rate is a great improvement in comparison to the preceding two years when rates were 1.4 and 1.2 respectively.

This improvement demonstrates that the hospital's current strategies for protecting its patients from SAB and maintaining their health are effective.

IMPORTANCE OF HEALTH CARE WORKER INFLUENZA IMMUNISATION

Bairnsdale Regional Health Service believes that by encouraging immunisation against influenza we are better protecting not only our staff, but also the families of our staff, our patients and their families too.

As part of a public health initiative of the Victorian Department of Health and Human Services (DHHS), influenza vaccine is provided by the DHHS each influenza season so that Victorian Hospitals may immunise their staff.

In 2017 DHHS also set an increased staff influenza vaccination target for hospitals of 80 per cent, which was an increase from the previous year's 75 per cent target. The staff vaccination rate is calculated using the total number of staff who worked one shift or more during the vaccination period.

The 2017 influenza season was particularly severe at BRHS and extended from April 2017 to October 2017. During this period there were large numbers of admissions to the BRHS Emergency Department and into the hospital wards. This created an increased workload for staff, which was exacerbated by the spread of influenza amongst staff and their families.

In 2017 BRHS aged care home, Maddocks Gardens, was also hit with a large outbreak amongst residents and this too was passed on to staff. Fortunately the very high rate of immunisation coverage amongst the residents diminished the intensity of the disease.

Throughout the immunisation period, which ends in August, BRHS ran a 'Simon Says' promotion. This promotion offered employees, as an incentive to get vaccinated, a cafe style coffee or hot chocolate from resident local barista, Simon.

This supported the success of the program, which achieved a rate of 79% against the state target of 80% and we can confirm continued improvement in the 2018/2019 year. during similar periods.

MATERNITY CARE: A BETTER PROCESS FOR MOTHER AND BABY

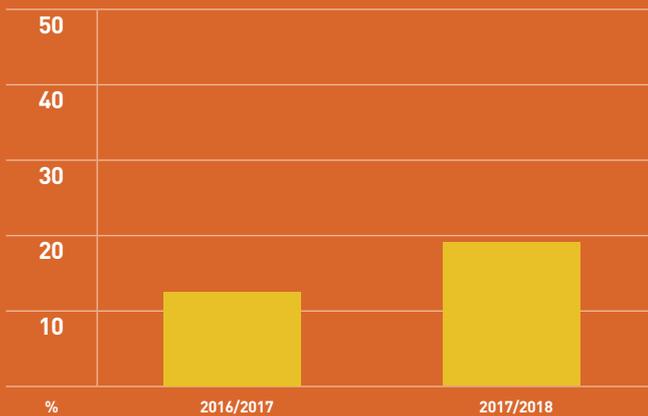
BRHS believes the care of a family pregnancy, new born babies and their new parents is a process of continual improvement to ensure the best outcome for all.

To measure improvements there are multiple key performance indicators (KPI) that are continually reviewed and reported within the organisation and to the Department of Health and Human Services (DHHS).

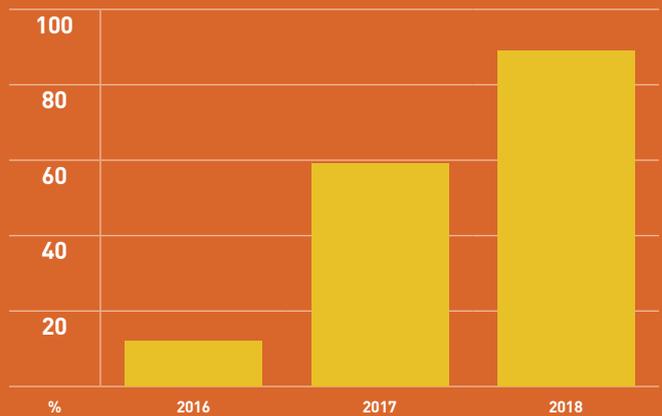
BRHS uses these performance KPI's to assess how its care is going, and to look for opportunities to improve. The following is an outline of two such KPI's that BRHS staff have been working on improving over the 2017/2018 financial year.



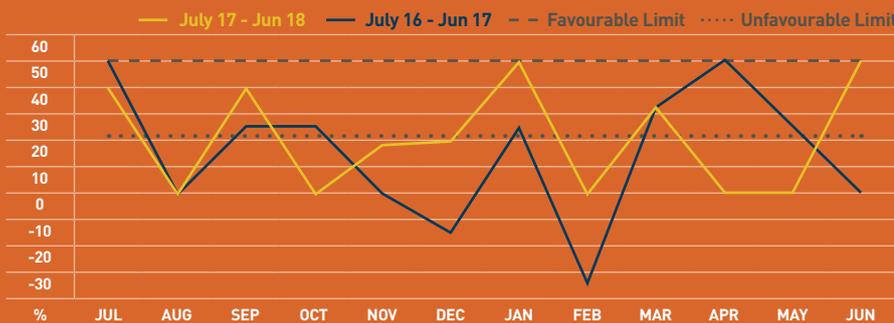
SMOKING CESSATION RATE



FIRST PERINATAL VISIT BEFORE 12 WEEKS



SMOKING CESSATION



Definition for Smoking cessation Indicator
Indicator 7: The rate of women who smoked after 20 weeks' gestation as compared with before 20 weeks' gestation at each hospital. Data is presented as the relative reduction between these two rates – the 'smoking cessation rate' for Victorian public and private hospitals.
Denominator: Rate of women who smoked before 20 weeks' gestation.
Numerator: Difference between the rate of women who smoked before 20 weeks' gestation and the rate of who smoked after 20 weeks' gestation.
Limits are based on the Perinatal Services Performance Indicators' lower and upper quartiles. Note that negative rates are possible, since the Numerator is not necessarily a subset of the Denominator.

SMOKING CESSATION

This indicator indirectly assesses the performance of the health service in providing smoking cessation advice, assistance and follow up during the antenatal period to reduce the rate of smoking amongst pregnant women and therefore the risk of poorer health outcomes for their babies.

Sustained interventions through education and support programs offered by the health service, general practitioners, midwives and other healthcare providers can help pregnant women stop smoking.

BRHS model of maternity care allows GP obstetricians and midwives to work collaboratively and in partnership with the women to provide care that is centred around their needs.

Since the commencement of Team Midwifery in June 2015, most women now share their antenatal care between their GP Obstetrician and a team of midwives. This has facilitated more opportunities for education and support for pregnant women in many areas, including smoking cessation.

BRHS has put into place numerous strategies to reduce smoking in pregnancy and utilizes the collaborative strengths of the Team

Midwifery Model to deliver these interventions which include:

- Identifying further educational requirements of midwives to provide smoking cessation advice and interventions
- Reviewing written information and support available through the QUIT program for both women and clinicians and displaying written information in appropriate areas
- Working closely with the Aboriginal Health Unit and GEGAC Midwife and Boorai (well-baby) health worker, to use and display some locally developed posters and written information around smoking
- Identifying gaps in service around smoking cessation interventions
- Ensuring that clinicians know how and whom to refer women to for extra assistance if required
- Ensuring data entry into the Birthing Outcomes system is correct to truly reflect the hospital's results

In 2015/2016, BRHS was in the least favorable range in the state with a smoking cessation rate of only 3.70 per cent.

According to available data, BRHS Smoking cessation rate in 2016-7/2018 IS 19 per cent and the plan is to continue to focus on this area.

FIRST ANTENATAL VISIT BEFORE 12 WEEKS GESTATION

The first antenatal visit is the first opportunity to provide care and advice related to the pregnancy. This visit can be provided by either your local doctor or community midwife.

Antenatal care refers to the period between conception and birth. It is recommended that women attend their first antenatal appointment within the first 10 weeks of pregnancy.

Early engagement with antenatal care enables caregivers to provide information, support and screening for any potential issues that might arise during pregnancy.

Provision of care that commences only after 12 weeks of pregnancy misses opportunities for preventative healthcare and is considered not ideal.

Bairnsdale Regional Health service's model of midwifery care allows GP Obstetricians and midwives to work collaboratively and in partnership with the women to provide care that is centered around their needs.

Since the commencement of Team Midwifery in June 2015, most women now share their antenatal care between their GP Obstetrician and a team midwife. This has facilitated more opportunities for education and support for

pregnant women in many areas, including early engagement of antenatal care.

BRHS antenatal clinics are located in the CBD, where women can see both GP Obstetrician and a team midwife and have any necessary tests, such as an obstetric ultrasound. Working collaboratively together under one roof has facilitated improved teamwork and communication between all service providers.

Before the commencement of the Midwifery Model of Care, midwives only saw women once in the antenatal period at the booking in stage. Much opportunity was missed for midwifery information sharing on topics such as breastfeeding and the opportunity to develop a birth plan together with the GP Obstetrician, the midwife and the woman. This change has allowed women to meet a midwife at an early stage in pregnancy and has helped with the building of a trusting partnership between all parties

In 2015/2016 BRHS was in the least favorable range in the State, with the rate of women attending their first antenatal appointment before 12 weeks gestation being only 12 per cent.

On further review, it was identified that some of this was due to incorrect data entry which affected statistics. In 2017, according to available data, the rate has improved to 59 per cent. In 2018, the data is promising, with the rate of first antenatal visits before 12 weeks now at 89 per cent.

RESIDENTS BENEFITING FROM CONTINUED IMPROVEMENT AT MADDOCKS GARDENS

PRESSURE INJURIES

During the 2017 – 2018 period Maddocks Gardens had a total of 21 pressure injuries reported. A pressure injury is damage to the skin caused by friction or pressure. This can happen for a number of reasons and there are periods in people's lives when they are more susceptible to this type of injury as they are when they are frail and older. There are 4 levels of injury ranging from redness (stage 1) of the skin to deep wounds (stage 4), stage 1 being the lowest and stage 4 being the highest. Of these pressure injuries 14 (67%) were present on admission to the facility, while the remaining seven (23%) were acquired while in care and none higher than a stage 2.

Of those residents who sustained a pressure injury while in care several had a sudden deterioration in their condition resulting in a reduction in their ability to mobilise. A pressure care regime along with pressure relieving devices were put in place and care plans commenced to improve the pressure injury and ensure necessary care was provided.

All residents are assessed for their risk of pressure injuries on admission to the facility and this is reviewed when there is a change in their condition and at their monthly review.

FALLS AND FALLS WITH FRACTURES

There was an overall increase in the number of falls during this reporting period compared to the previous year, however there was a decrease in the number falls causing harm in particular bone fractures.

The contributing factors for this increase in the number of falls has been:

- A general decline in some residents health caused by the natural progression of their condition/s
- New residents entering the facility now have greater needs than those previously admitted
- Allowing residents to choose to move freely in their home if this is what they want to do despite the risk of falling
- The number of fractures from falls decreased from 10 the previous year to four this year.
- Strategies and improvements that are in place to minimise the number of falls and harm from falls are:
 - Residents are encouraged to attend daily exercises with the Leisure and Lifestyle Team with residents enjoying the balance exercises
 - The residents across all three areas now join in together for regular activities. This requires them to mobilise from one area to another on a regular basis
 - Regular activities have been introduced that require residents to increase their mobilisation including shopping trips to town and bus outings to scenic areas around Bairnsdale
 - Residents attend regular sessions with the Pain Management Team to minimise the impact pain has on their mobilisation
 - Crash mats are used beside the beds of residents who are at a risk of falling to minimise harm if they did fall from their bed

- Residents at high risk of falling are given a bed that is able to be lowered to the floor to help minimise harm if they roll out of bed
- Sensor alarms are in place for at residents at risk. These alert staff when a resident is on the move so that staff can quickly assist if needed
- Additional nursing hours were implemented in Sutherland Lodge to ensure assessments and implementation of prevention strategies are in place
- Leisure and Lifestyle staff, along with volunteers, are on duty at the times of the day of greatest need to support residents in Sutherland Lodge
- Additional care staff hours are available in Banksia Unit when residents needs require this also

Obvious from the above, one of the biggest improvements to this area has been the change in the Leisure and Lifestyle program. The residents across all areas now join in together for activities, which has over time seen an increase in resident participation and a growth in wellbeing.

PHYSICAL RESTRAINT

Maddocks Gardens ensures that any devices that restrain people in anyway are only used at the residents request or with their permission. Maddocks Gardens reported the use of one physical restraint device that was used in the first two months of this reporting period. This was a bed rail that was specifically requested by the resident and his family to maximise his ability to move around his bed.

NINE OR MORE MEDICATIONS

Staff at Maddocks Gardens continue to endeavour to decrease the number of residents who currently take 9 or more medications by having the topic as an agenda item at the Medication Advisory Meeting, having regular doctor reviews and having independent pharmacy reviews annually also.

The visiting pharmacist reviews this when they are on site completing medication chart audits and the team leaders discuss it with the resident's doctor when they visit.

This key performance indicator has remained consistent with State-wide rates of residents taking 9 or more medications.

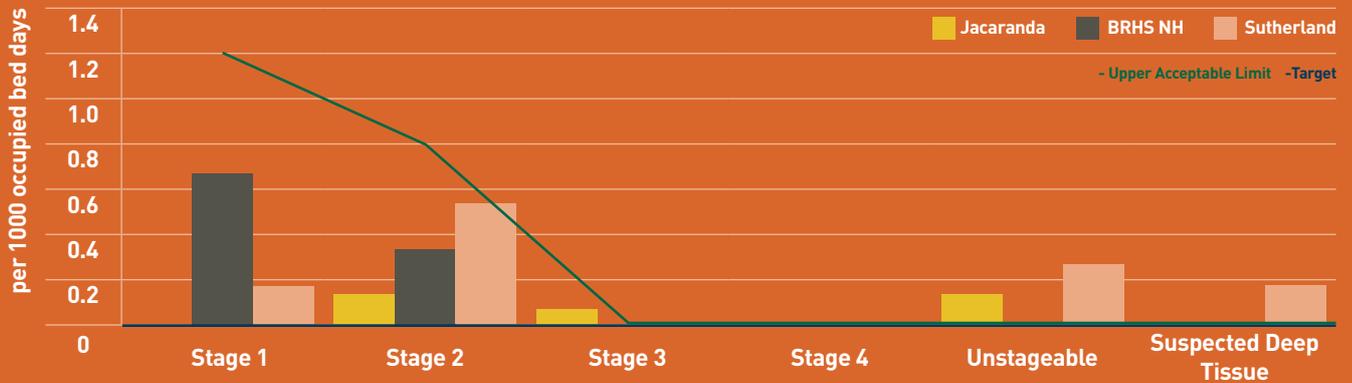
UNPLANNED WEIGHT LOSS

Over the past year we saw a reduction in the number of residents with significant weight loss (> 3kg over 3 months) of just below 50 per cent as well as a reduction in consecutive weight loss (weight loss of any amount in consecutive months for three months) of close to 25 per cent.

Team leaders review the residents weight each month and if concerned they will make a referral to the dietitian to follow up and assess dietary requirements or eating and swallowing difficulties.

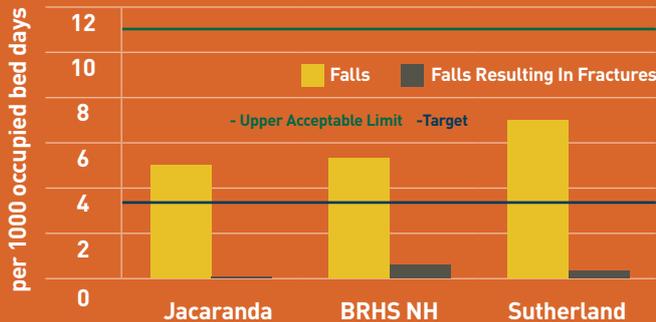
Following on from the introduction of a new meal delivery service in the previous year the facility continues to make improvements and residents are now enjoying more meal choices also.

PRESSURE INJURIES IN AGED CARE



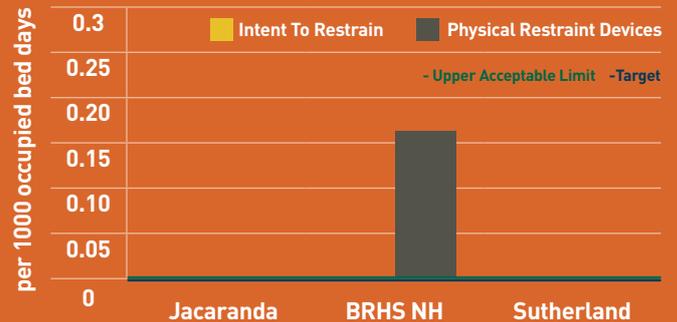
Pressure injuries in Aged Care: BRHS Maddocks Gardens reported last financial year only a small number of pressure injuries that were mostly under the upper acceptable limit, many of these were present on the resident when they arrived in our service.

FALLS AND FALLS RESULTING IN FRACTURE



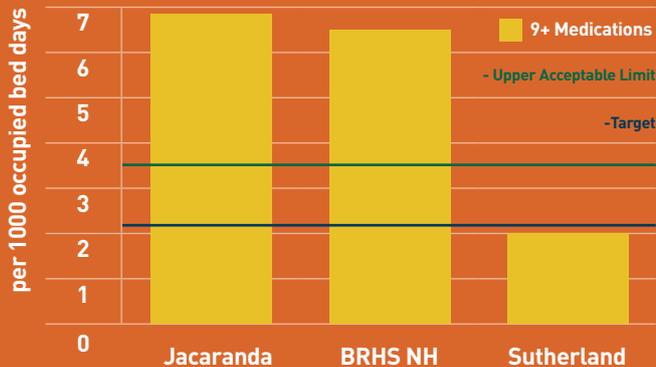
Falls and Falls resulting in Fractures: BRHS Maddocks Gardens reported last financial year only a very small number of falls that were well below the upper acceptable limit for these services. Falls resulting in fracture were also very low.

USE OF PHYSICAL RESTRICT



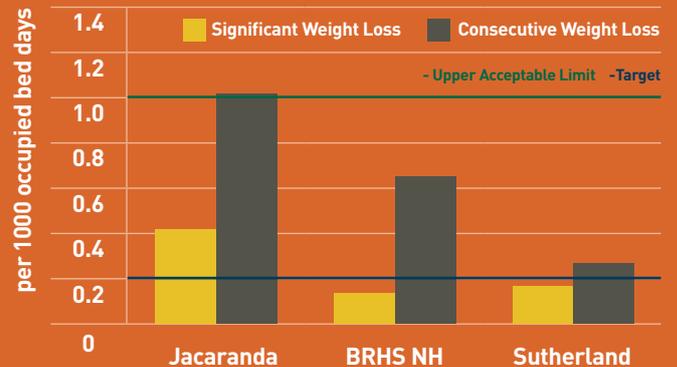
Use of Physical Restrict: BRHS Maddocks Gardens reported last financial year only a very small number of time that the use of physical restraint was required.

USE OF 9 OF MORE MEDICATIONS



Use of 9 of more medications: BRHS Maddocks Gardens reported last financial year a small number of patients on 9 or more medications, all of these patients have their medications review by their GP.

UNPLANNED WEIGHT LOSS



Unplanned weight loss: BRHS Maddocks Gardens reported last financial year a small number of patients with unplanned weight loss, though the patients with significant weight loss were well below the upper acceptable limit.

FAMILIES HAVE THE POWER TO ACTIVATE PATIENT ESCALATION PROCESS



In Australia and internationally, investigations into adverse events have shown that appropriate treatment has sometimes been delayed even when families have identified and reported concerns about clinical deterioration to the healthcare team. Families and carers are ideally placed to identify signs of clinical deterioration because:

- The patient is well known to them, allowing subtle changes or signs of clinical deterioration to be identified by the family before being identified by the healthcare team
- They spend time with the patient, providing additional surveillance to that already provided by the healthcare team especially during busy times.

As a result of this National Standard 9: *Recognising and Responding to Clinical Deterioration in Acute Health Care* requires that systems are in place to enable patients, families and/or carers to independently escalate their concerns to more senior clinical staff and be reviewed by them. This initiative has also contributed to consumers capacity to be an active participant within their care.

Bairnsdale Regional Health Service has a stepped approached system for patients, families and/or carers to escalate care. The initial step is to discuss your concern with the nurse looking after you. If you are still concerned then you or your family should

speak to the nurse in charge and request a clinical review. If your concerns have still not been addressed then we provide an emergency number for you or your family to ring to request a Medical Emergency Response Team to review.

The process of patients, families and carers activating the Medical Emergency Team via the dedicated emergency phone number is a recent improvement. The use of this number is explained and promoted to patients, family and carers at admission in both verbal and written format and is displayed at all times on the patient's bedside whiteboard and in key areas such as patient/family rooms.

BRHS recorded minimal cases of families or patients needing to initiate this in the previous year. However when initiated it has resulted in positive outcomes for the patient including one case where the patient became drowsy after being transferred from the bed to sit out in a chair. A Medical Emergency Team call was escalated by the family. The patient was assessed and alterations to their blood pressure medication made.

BRHS is continuing to develop and improve the system in place for patients, families and/or carers to escalate care and actively seeks feedback from those who activate their own Medical Emergency Team assessment.

PROMOTION OF ADVANCE CARE PLANNING ACROSS THE HOSPITAL

Advance Care Planning is the process by which people clearly document and discuss their values and preference of healthcare delivery so their choices can be respected in times when they are unable to voice their own needs. It also enable them to active contribute to their ongoing future healthcare.

Advance Care Planning has been widely promoted and people of all ages and health status are encouraged to participate.

In 2017, BRHS was a partner in the community promotion and education launch focusing on Advance Care Planning. The launch included a play entitled the “Unspoken Word: What will become of me” and was followed up by a question and answer session centering on end of life choices and Advance Care Planning. The presentation and play were conducted by COTA – the peak body for the older Australian.

There was a total of 204 community members from across East Gippsland that attended this launch over two sessions. Feedback from the sessions found that:

- 99% of participants would recommend the session to others
- 82% of participants indicated they would talk to someone about their end of life wishes.

At BRHS, the Complex Care team is the lead service providing support for Advance Care Planning. Many referrals are received for support to patients in this process, particularly within the oncology service.

The BRHS dialysis service is also a leader in this aspect of patient care planning with all of its patients supported to complete an Advance Care Directive.

All wards and units are encouraged to have a conversation with patients regarding Advance Care Planning with the process being explained to all patients and support is provided to any patient wishing to complete their own Advance Care Directive which can be supported by the Social Work and Complex Care Program teams.

When a patient completes an Advance Care Directive, or presents to the hospital for admission with an Advance Care Directive already in place, a clear section within their medical record is created to ensure the entire team know of the patient’s wishes and plan for their healthcare needs.

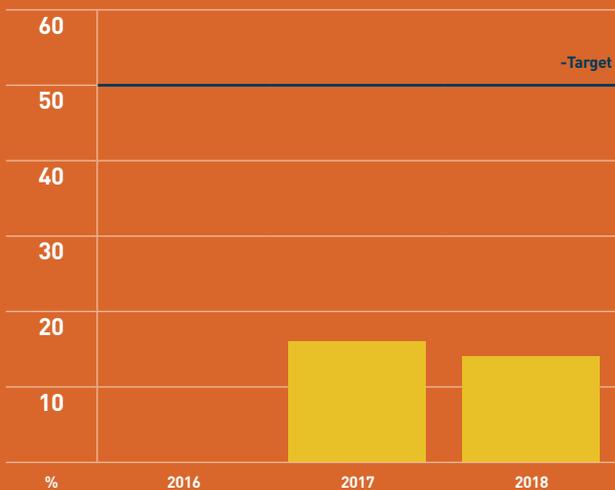
BRHS has also created an alert within the computer patient record that shows the presence of an Advance Care Directive.

BRHS is committed to working with the community to increase the awareness of the benefits of Advance Care Planning.

If you do have an Advance Care Directive, please ensure you bring a copy with you to the hospital any time you are admitted so we can ensure we are respecting your plans and wishes if you become unable to communicate these yourself. If you do not have an Advance Care Plan please speak to your local doctor.

You can find more information on Advance Care Planning and directives on the following website www.advancecareplanning.org.au

ADVANCE CARE PLANNING



Advance Care Planning: Number of recorded Advance Care Plans for patients over the age of 75 years. BRHS has continued its rate from last financial year.

AN INCLUSIVE APPROACH TO END OF LIFE CARE

BRHS provides a coordinated and team approach to end of life care both in hospital and within the community, utilising the National Consensus Statement on “Essential elements of safety and high quality end-of-life care” from the Australian Commission on Safety and Quality in Health Care and Victoria’s End of Life and Palliative Care Framework as a guide.

These frameworks outline essential elements of End-of-life care including:

1. Patient centred care: All BRHS patients and their family are included in the planning and decision making regarding how and where they would like their end-of-life care provided
2. Team work and coordinated care: both the hospital wards and home based services in the community have strong links with the Regional Palliative Care Service at Latrobe Regional Health (LRH). This link provides BRHS with access to specialist consultation from both a palliative care physician and nurse practitioner. BRHS also has links with the palliative care nurse practitioner through Gippsland Lakes Community Health (GLCH). BRHS also has close links to the local Aboriginal Community Controlled Health Organisations to collaborate within service provision to the local Aboriginal community
3. Goals of care: all patients are regularly reviewed to ensure care is directed towards their goals. Weekly meetings with GLCH provide opportunities to discuss all new and current clients to identify any issues they may be having and provide expert consultation on meeting their needs. Weekly meetings also include a palliative care social worker that provides consultation on social issues like grieving, family support and wills
4. Using triggers and responding to concerns: BRHS Home Based Services have introduced an afternoon shift from 1130 to 2000hrs to allow for more timely assessment and management of any concerns that occur for their clients. Staff in the hospital and in the community also have access to timely consultation on symptom management or care issues after hours through the support of the Regional Palliative Care Service at LRH
5. Education, training and support – all our staff have access to training and consultative support through the Regional Palliative Care Service

All patients within the palliative care service have Advance Care Plans in place that include their end-of-life wishes to ensure they are able to direct their own care. Discussions are held with patients and their family on end-of-life wishes and any concerns they have to ensure the most appropriate care is planned.

When patients are receiving end-of-life care in the community they are visited daily to ensure support is always at hand.

For further information on the BRHS palliative care services please see the website: www.brhs.com.au/health-services/brhs-at-home/palliative-care/







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Our Priority

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