

CONSUMERS

MARYVALE PRIVATE SAFETY AND QUALITY REPORT 2016



Our Purpose

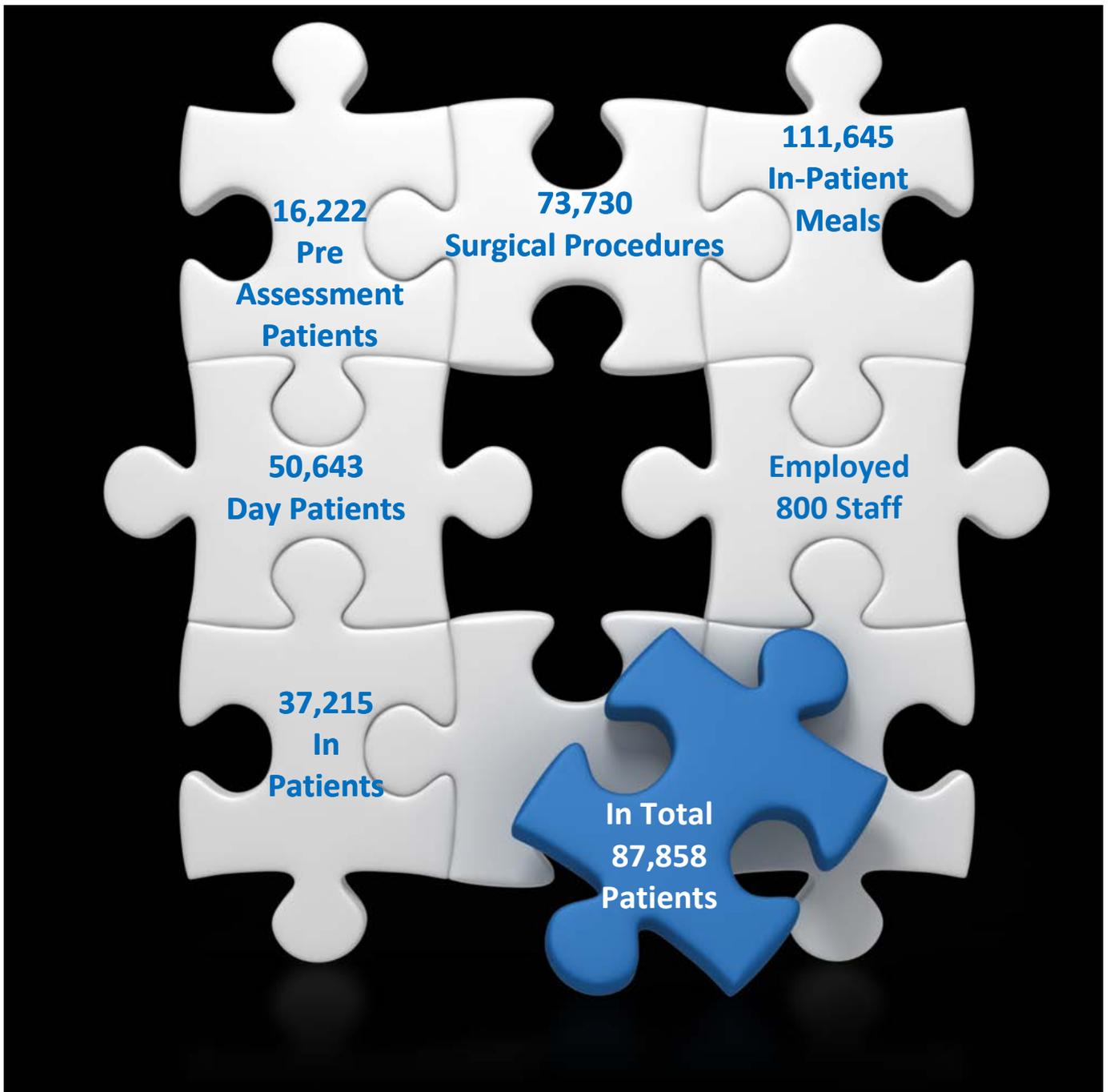
- We deliver the highest quality hospital care in an environment that enables our providers to achieve best possible patient health outcomes.

Our Core Values

- Quality in everything we do
- We value and protect our reputation
- We actually care
- Treat everybody equally
- Financially viable and sustainable
- Good corporate citizen

HAPPY 25TH BIRTHDAY

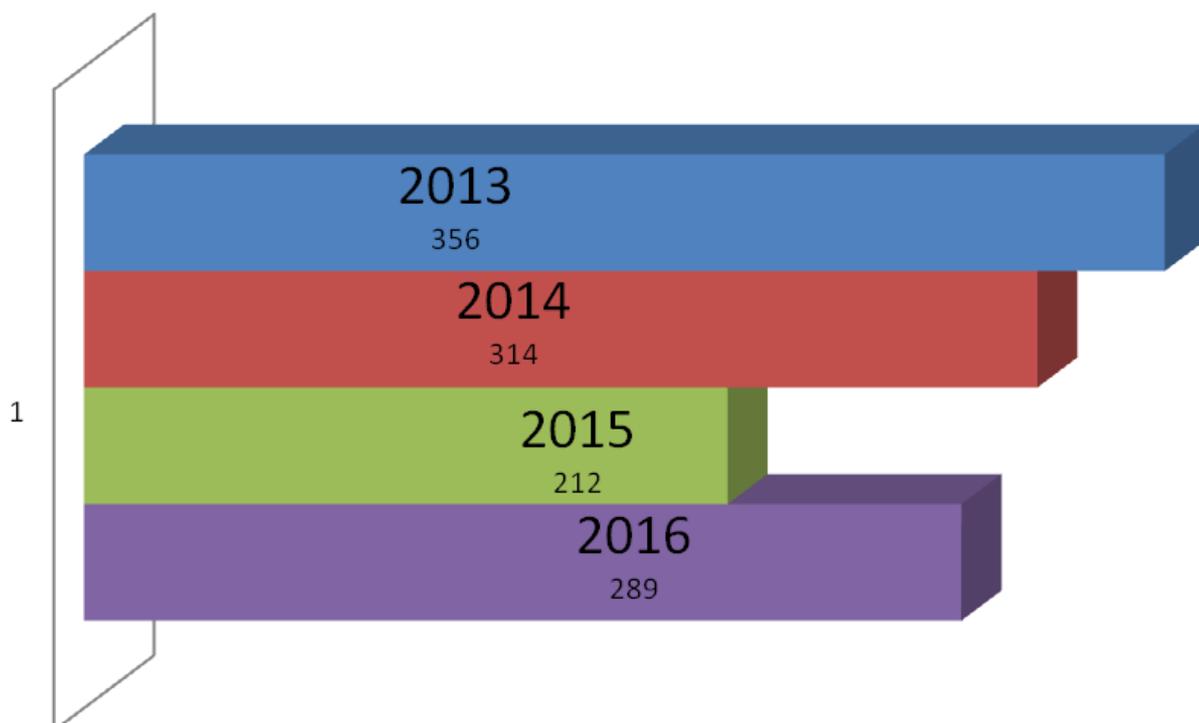
Maryvale Private Hospital has turned 25



Risk Management at Maryvale Private Hospital

Maryvale Private continues to take every opportunity to improve our care and services. In October this year the introduction of an electronic Incident reporting system and the subsequent education of staff on the system and near- miss reporting contributed to an increase in reporting and hence increased opportunities to improve our care and services. The 2016 Reporting Period saw 289 incidents reported into the Maryvale Private Incident Management System, a 16% increase from 2015, reflecting a positive culture of reporting and a commitment to strengthen quality and safety in our hospital.

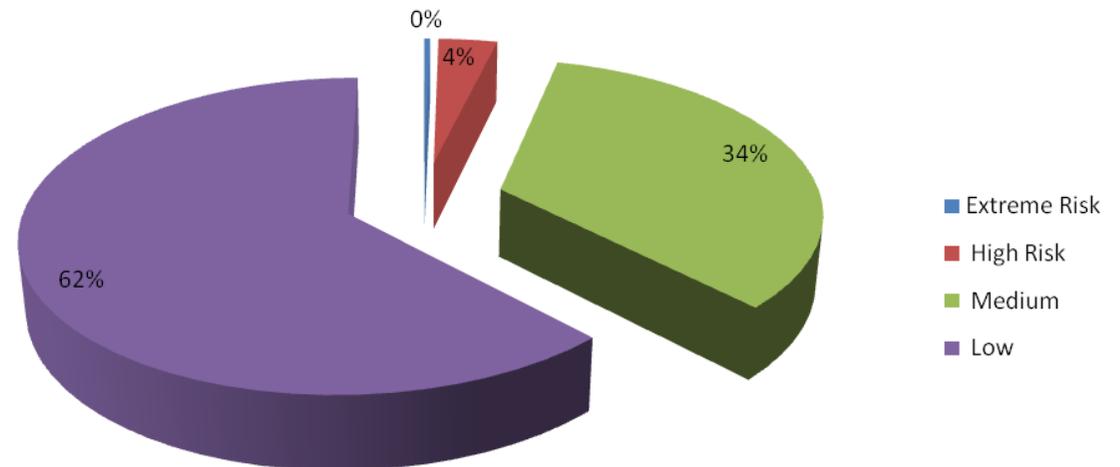
Total Events





- The highest number of Events fell in the low risk rating category.
- The Patient related category, with 'clinical health record incident or request' was the most commonly occurring event.
 - X2 Incorrect patient labels in patient history
 - X3 Incorrect paperwork found in patient history
 - X2 Incomplete documentation
- Each of the events have been discussed at local meetings and with individual staff members.
- Monthly reports and Quarterly trending reports are also completed and reported at our committee meetings including the Board of Directors meeting.

**2016 Incidents
by Risk**



Other ways Maryvale Private combats potential risk

When you are admitted to Maryvale Private Hospital the nursing staff complete assessments to determine potential risks and then with your help put in place a plan to avoid these risks. Some of the assessments include:

- **VTE (Venous thromboembolism) risk assessment** – to determine if you are more at risk to develop a deep vein thrombosis while in hospital.

A plan with your help is put in place and may include:

- special medication,
- wearing elasticated stockings

- **Falls risk assessment** – to determine if you are more at risk of having a fall while in hospital

A plan with you or your carers input will be developed and may include:

- Ensuring you have aids to help you walk, like walking frames or walking sticks
- Staff make sure you wear safe and appropriate footwear
- Staff help you with personal hygiene if you need it
- You may be given a pair of red socks with grips on the bottom to prevent slipping



- **Pressure Injury risk assessment** – to determine if you are more at risk of developing a pressure injury while in hospital

A plan with you or your carers input will be developed and may include:

- You may have a pressure relieving mattress
- You may have special items to relieve pressure on your heels, buttocks etc.
- You will be encouraged to change your position frequently

- **Medication risk assessment** – to determine if you may be  at risk of medicines related problems after you are discharged home.

A plan with you or your carers input will be developed and may include:

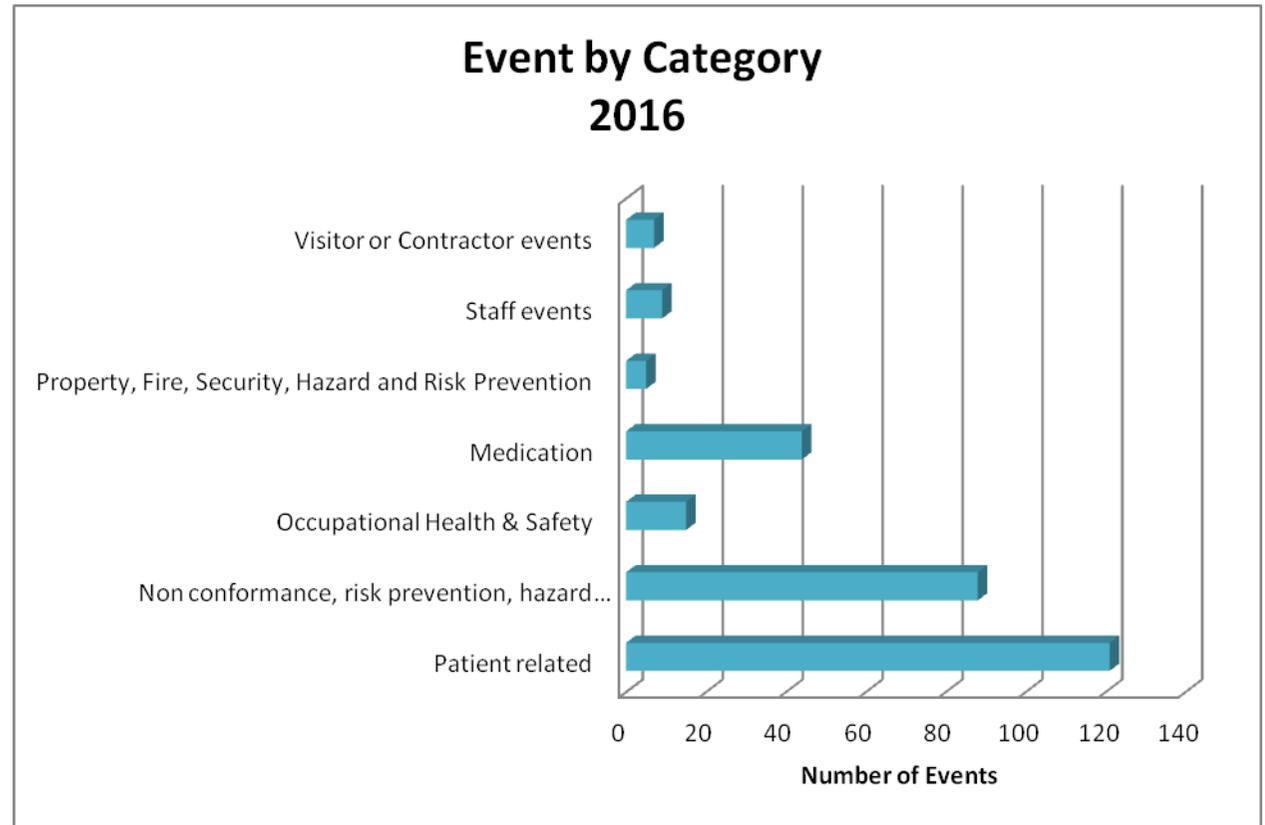
- An appointment to see your GP on discharge to discuss and or review your medications
- A brochure to read on why you might be at risk of medicines related problems

In the year ending 31 October 2016, 289 Event reports were received and were reviewed by Department Managers, CEO/DON, Quality & Risk Manager and reported at Committee meetings, including the Board of Directors & local departmental meetings, this ensures best practice resolutions are sought and put in place to reduce the risk of these incidents reoccurring or to reduce the risk of harm.

The majority of events originated in the patient related category, due to Patient falls Although this has been identified as the most commonly occurring event at 0.21%; we remain well below our external benchmark of 0.28% at

All patients are risk rated for falls on admission and strategies to reduce the likelihood of falls occurring are implemented.

If a patient has a fall whilst in hospital the risk assessment is reviewed including review of the current strategies.



- Average age of those who fell is 80yrs old
- 55% of those who fell were women
- 65% of those who fell were in North ward (Medical)
- Repeat falls - 2 out of the 29

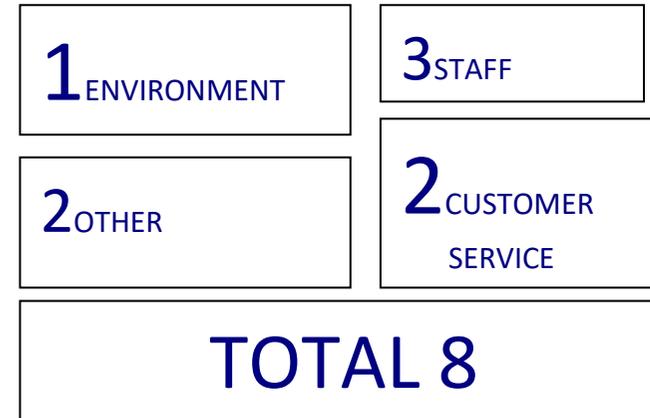
Complaint Management

At MPH we actively seek feedback from consumers, their carers and families.

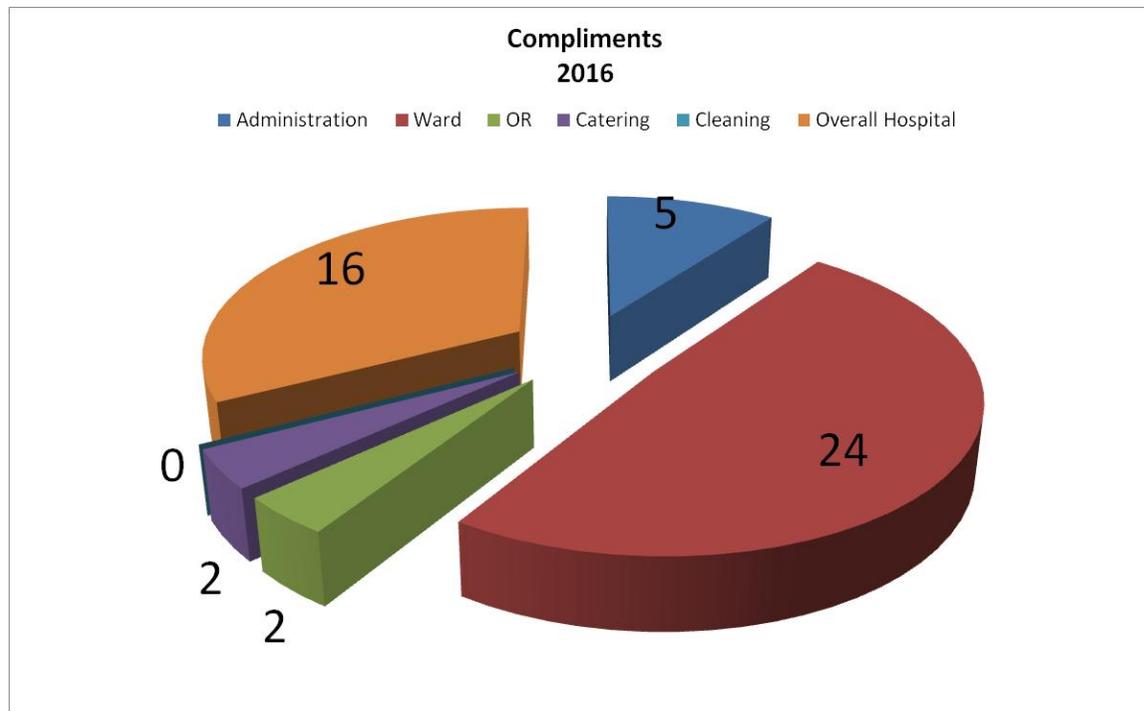
Consumer feedback is a valuable tool that enables service improvement and allows us to provide the best possible care.

Over the last 12 months we have received a total of 8 complaints via our complaint system.

Complaints can be received via our paper based compliments and complaint form, in writing, email or verbal.



Compliments

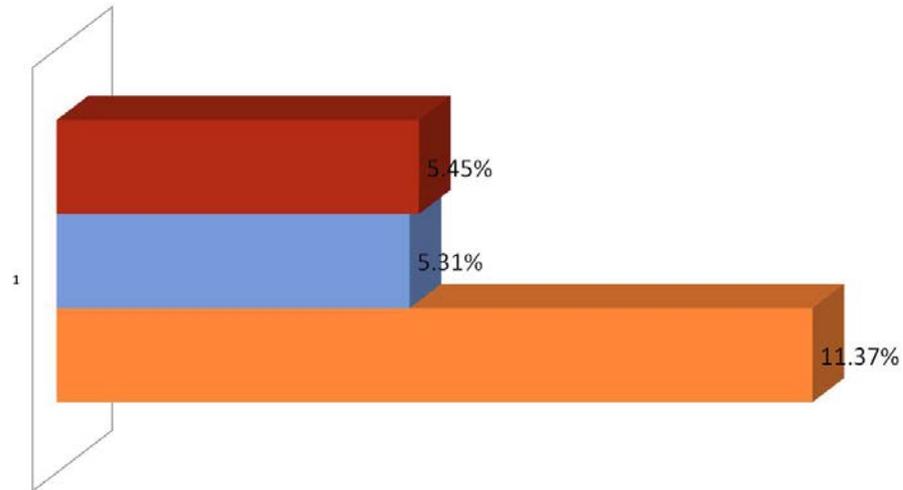


Compliments are very important to us, they can be received via our comments & complaint form, through cards, letters or email.

Patient Satisfaction Survey Return Rate

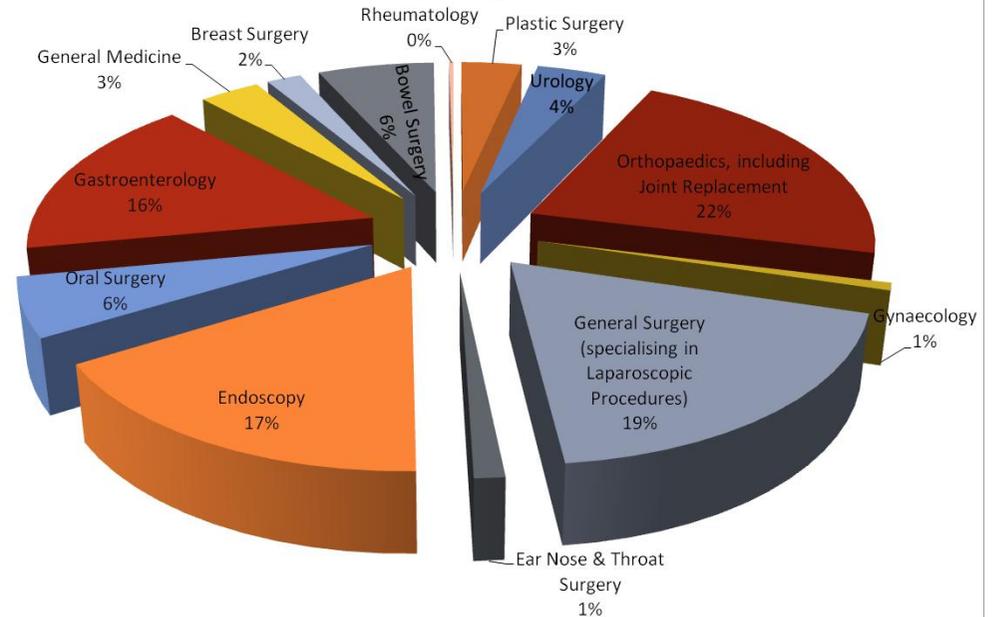
Satisfaction Survey Return Rate
Trending 2014 - 2016

2014 2015 2016

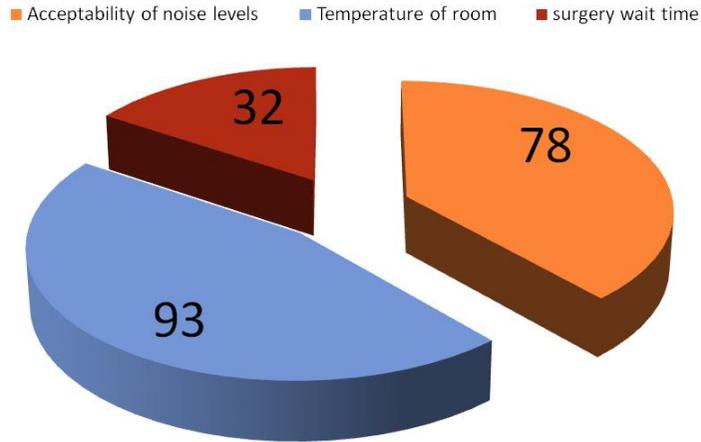


Breakdown of Patient Type

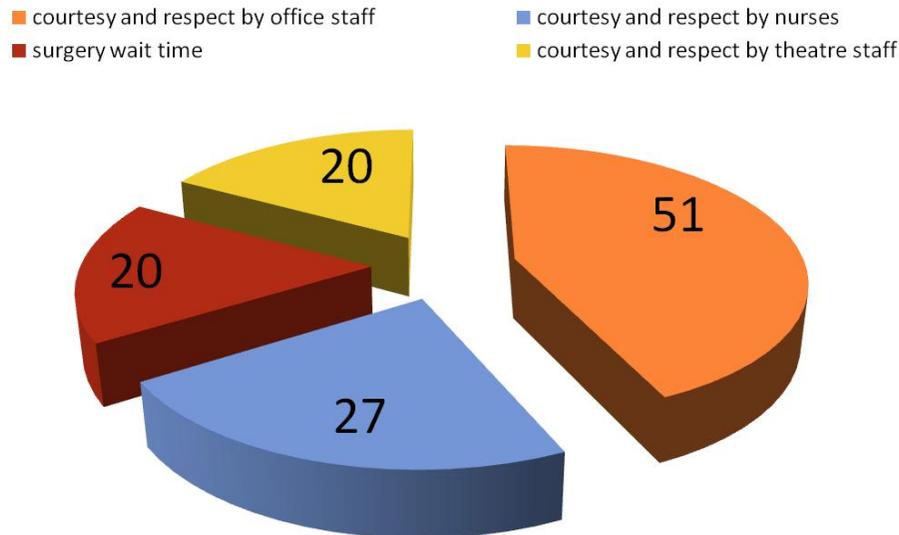
Breakdown of Patient Type
2016 Reporting Period



Most Common Areas of Dissatisfaction related to 'poor' or 'average' score 2016



Most Common Areas of Satisfaction related to 'Excellent' or 'Very Good' score 2016



OUR RESPONSE

Temperature of room

This issue was highlighted last year through the complaints system,

- several of the units have been replaced
- a replacement plan is in place

Acceptability of noise levels

The nursing staff have been asked to reduce noise levels by:

- lowering their voices, especially in the evenings and overnight,
- ensuring if other patients have a loud TV that their door is closed
- offering patients ear plugs to help reduce the noise

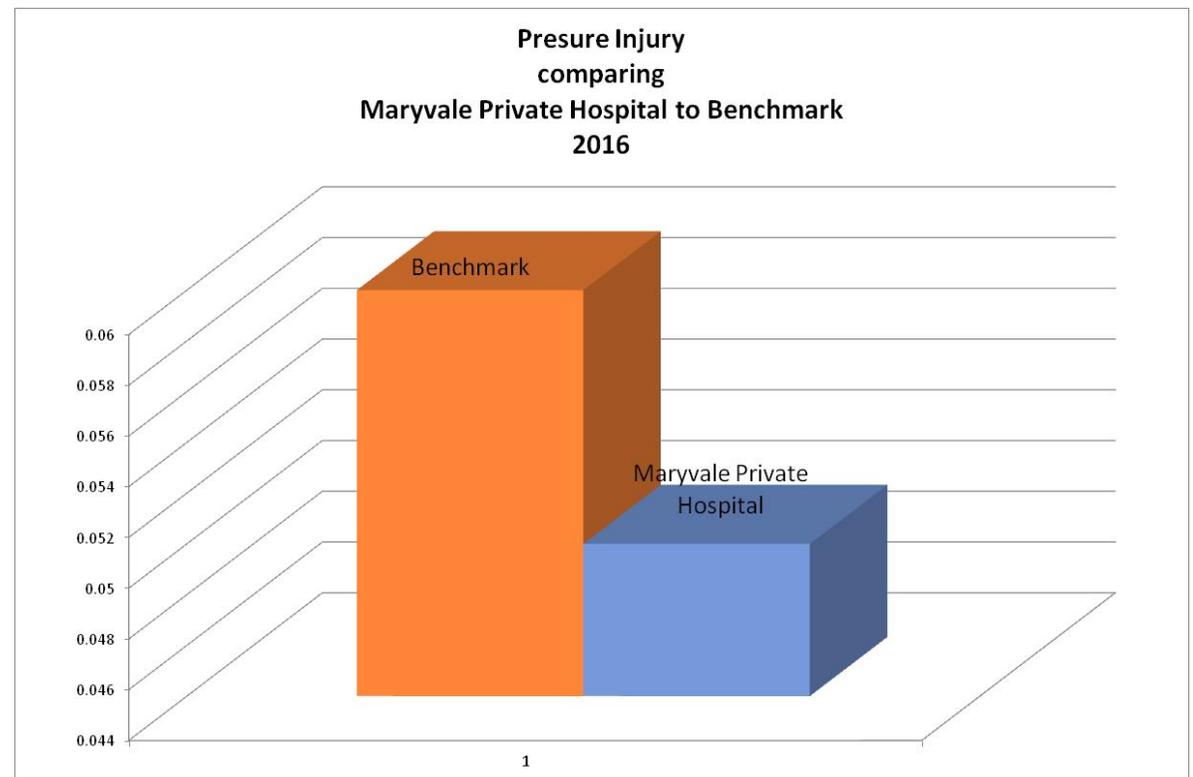
Surgery wait time

- Review of the admission process has been undertaken, along with documentation
- A new 'day case' preadmission form is being developed to reduce the paperwork involved for a day case admission, hopefully ensuring a more streamlined admission process
- The new Patient Experience Tracker (PET) questionnaire is focusing on the admission process and will give us a better idea of where we need to improve

Quality and safety – Preventing Pressure Injuries

Maryvale Private uses an evidence based approach to prevent pressure injuries. It includes conducting a pressure injury risk assessment for all patients being admitted overnight. If you are assessed as high-risk, we implement a set of interventions, which may include one or more of the following:

- inspecting your skin daily, optimising nutrition and hydration and
- minimising any pressure on your skin by changing your position frequently and using special pressure relieving equipment.



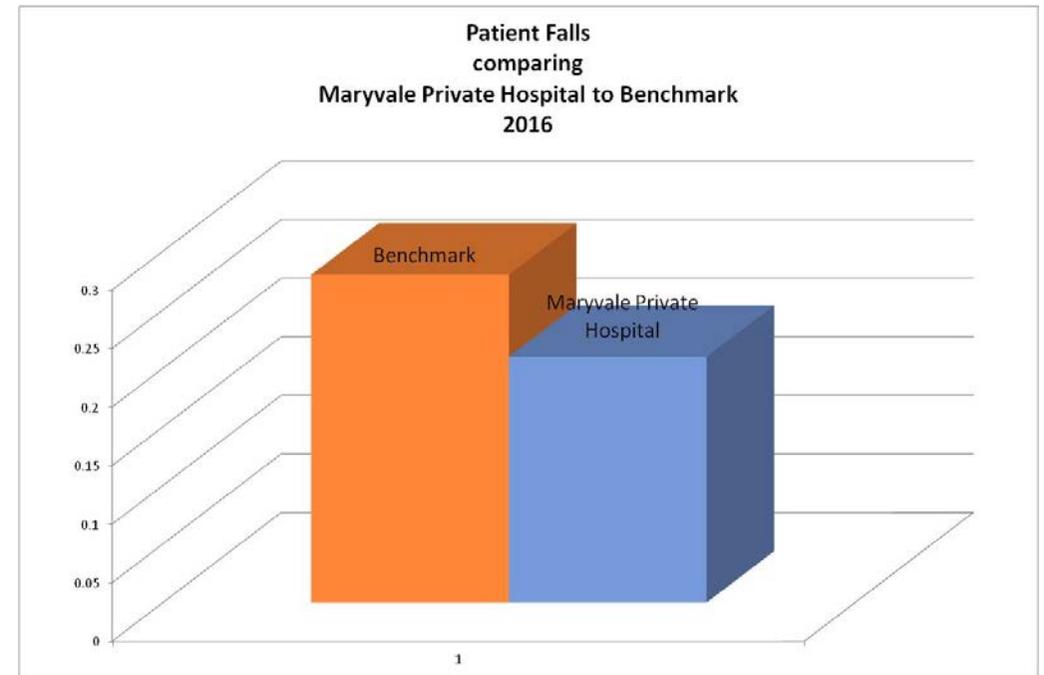
Quality and safety – Preventing Falls

Falls occur in hospitals for a number of reasons. Patients may be unfamiliar with their new environment or unaware of their limitations when ill, while at other times medications or surgery may have an impact on patient's mobility and stability. Maryvale Private uses a number of preventative strategies to minimise the risk of falls. These are implemented once the falls risk assessment has been conducted and if the patient is assessed as at risk.

These may include:

Floor line beds:

Maryvale Private has beds that can be lowered very near to the floor to minimise the extent of an injury, should a patient roll/fall out of the bed. If required patients are nursed with the floor line bed which is lowered to the floor.



Bed/chair alarms:

These alarms alert staff if the patient gets up without assistance.

Mobility aids within reach:

Mobility aids are left within easy reach of patients within their rooms. If a patient decides to get up and go for a walk by themselves, easy access to their own walking aids will decrease the risk of fall.

Quality and safety – Preventing Medication Errors

Maryvale Private ensures medication safety by auditing all aspects of medication management including but not limited to:

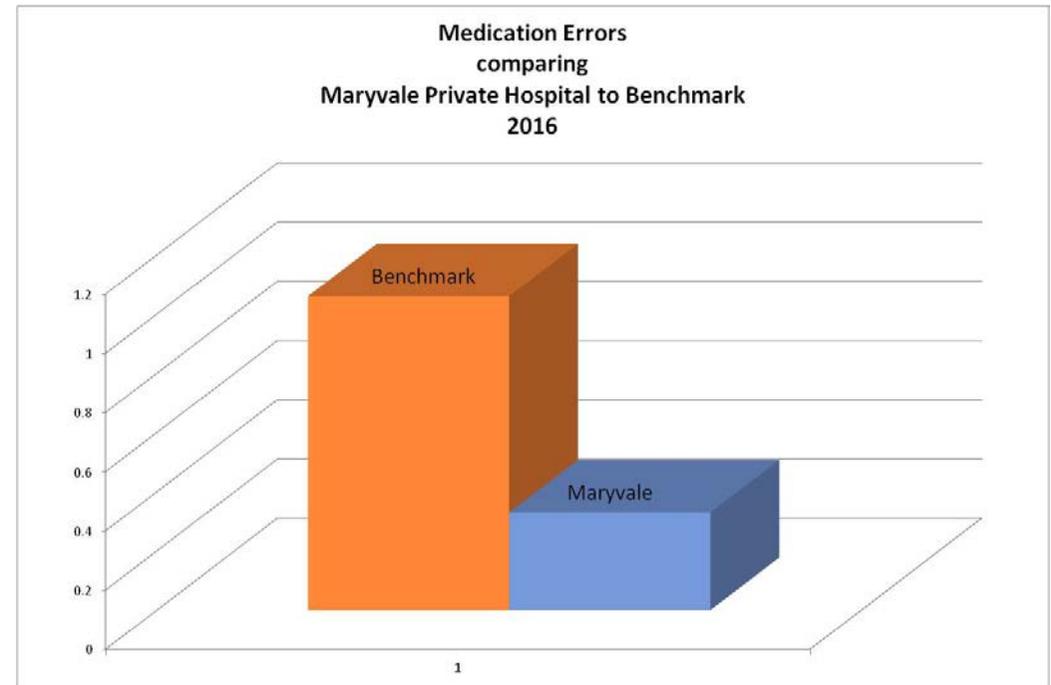
The medication – patient audit is conducted 6 monthly, it looks at how the chart is completed:

- is there a patient label on all of the pages
- does it indicate if the patient has an allergy
- did the patient receive information if they commenced on a new medication

✓ Most recent result 98.36%

The 'User Applied Labelling' audit is done 6 monthly to ensure patient safety by following the universal labelling guidelines for injectable medicines, fluids and lines.

✓ Most recent result 98.89%



Overnight patients are assessed on admission for risk of medication errors once discharged home. Staff use at least two sources to clarify the medications you take, such as a GP/Pharmacist letter, medication labels, the patient and/or carer.

Prior to administration, **every patient** is checked **every time** for the:

- Right drug
- Right dose
- Right patient
- Right route
- Right time & frequency
- Right documentation

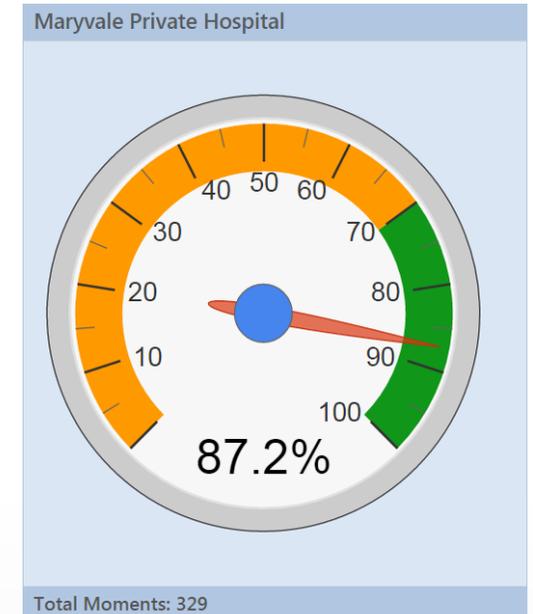
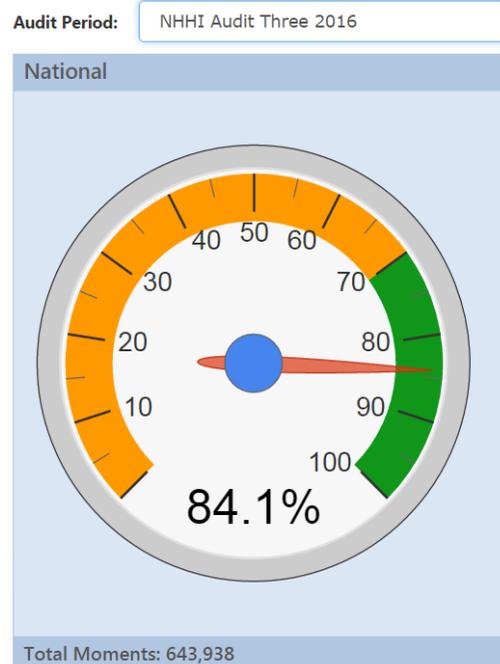
Quality and safety – Preventing Infections

Maryvale Private has a comprehensive Infection Prevention and Control program developed by our Infection Prevention and Control Coordinator. The Program is designed to minimise infections within the hospital and includes but is not limited to the following:

- Auditing of Staff hand hygiene compliance and comparing it to national results
- Monthly auditing/review and reporting of hospital acquired infections

We encourage our patients to be involved by reading the brochures provided and being proactive in their own care such as washing their hands properly and reminding staff to do the same, doing deep breathing and coughing exercises as instructed by the nursing staff.

Hand Hygiene Compliance Compared to National Data



Maryvale Private Community Advisory Committee

MPH is committed to making sure that the voices of our consumers (patients, family members carers and interested community members) are heard and included in the planning and development of our care and services. One way of achieving this is through the Community Advisory Committee. The Committee developed a poster that is in all patient rooms depicting the different staff members by the colour of their uniform.

We are pleased to welcome members of the Morwell RSL, who have kindly offered to supply a representative for each meeting. Graham Bessell Brown has also joined our committee.

Maryvale Private is always looking to recruit new members to the Community Advisory Committee. If you are interested, or would like to find out more, please contact us on 51321201



Left to Right: Graham Bessell–Brown May Sennet (Chairperson), Jim Craven & Tony Dickinson (Chair of Maryvale Private Hospital Board of Directors)

Partnering with Consumers

On the 22nd September Heritage Manor residents came for an afternoon tea to support World Alzheimer's day and Dementia awareness week. They were asked how they felt about coming into hospital as an older person, their responses were quite surprising with most saying they felt very well supported and even relieved because they knew that someone who knows what they are doing were going to look after them. This was held in the staff dining room from 12.30 to 1pm so all staff had an opportunity to speak with the residents.