



QUALITY OF CARE REPORT

SINCE 1994

THURSDAY, OCTOBER 30, 2014

Welcome to TMHS

The 2014 Quality of Care report is a report to our community, our consumers and our partners in health care delivery of the measures we have taken over the past year to ensure that we maintain and enhance the high standards of safe, quality care and services that we provide.

The report has been developed with significant assistance from the members of our Community Advisory Committee who have chosen the format in which the report has been published, have written the stories throughout the report and provided the accompanying photographs.

The report provides you with information about the services we provide, the important events that have taken place at Terang & Mortlake Health Service throughout the year and the ways in which we have worked to improve the safety and quality of care and services that we take pride in providing to our community.

I would like to thank the members of the Consumer Advisory Committee, the members of staff and members of the community who have participated in the development of the report and hope that you enjoy reading about your health service and the people involved with it.

We are committed to providing the best possible health care to our community with the resources we have at our disposal. Your feedback to us is important and helps us to continue to improve on the services we provide.

Please take time to complete the

“ We are committed to providing the best possible health care to our community

short questionnaire accompanying the report and return it to the Health Service, The Mortlake Community Health Centre or Josie Black Community Health Centre in Terang. All returned surveys will be placed in a draw with an opportunity to win a Christmas hamper.



Our Towns

Above: Terang & Mortlake Health Service – Terang.

By **MARK JOHNSON**
CHIEF EXECUTIVE OFFICER

Terang is a small rural town of 3,734 residents (includes surrounding district) with an estimated median age of 42 years. A total of 90.1% of the population were born in Australia and 95.5% of residents speak English as their first language.

The town is located 216 km west of Melbourne and 50 kilometres north east of Warrnambool on the Princes Highway and rail line between Warrnambool and Melbourne. Terang serves farming, dairying and pastoral industries and the surrounding towns of Noorat, Glenormiston and Panmure.

Educational needs in Terang are served by three schools – the Terang College (P-12) for years prep to 12, Hampden Special School and St Thomas’, a catholic school for primary students. Other smaller primary schools are situated in Noorat and Panmure. The junior secondary campus of a regional catholic school is also situated at Noorat.

Other services include May Noonan Hostel providing residential care for the aged and Coinda Terang Inc., a disability service providing residential and day care for intellectually disabled adults.

Mortlake is 24 km north of Terang on the Hamilton Highway. The population including the

surrounding area is 3,575. Mortlake sits at the base of Mount Shadwell, one of numerous scoria volcanoes found in the western district. Mortlake has two schools, Mortlake College (P-12) and St Colman’s catholic primary school.

The Terang and Mortlake Health Service was established on the 1st November 1994, following the amalgamation of the Terang and District (Norah Cosgrave) Hospital and the Mortlake District Hospital.





QUALITY OF CARE REPORT



LETTER TO THE EDITOR - ANGELS AMONGST US

We as a community should embrace these wonderful, but often overlooked "Angels" and be very thankful that they are in our midst.

PAGE 2



SOUTH WEST HEALTHY KIDS

South West Healthy Kids (SWHK) is a collaborative partnership of local government, health and community agencies working with communities to improve the nutrition and physical activity landscape and habits of families in south west Victoria.

PAGE 7



PATIENT CENTERED CARE "WHITEBOARDS" IMPLEMENTED AS A COMMUNICATION TOOL

Patient centred communication "White boards" were introduced into patient rooms on the Acute ward in October 2013 to promote improved communication and active consumer engagement.

PAGE 9

OTHER NEWS

OUR HEALTH SERVICE.....	2	ANTIBIOTIC USEAGES.....	10
LETTER TO THE EDITOR.....	2	INCIDENTS OF RESIDENTS USING 9 MEDS OR MORE.....	10
CULTURAL RESPONSIVENESS.....	2	INCIDENT REPORTING.....	10
CONSUMER ADVISORY COMMITTEE.....	3	FALLS.....	10
PARTNERING FOR PERFORMANCE.....	3	ACUTE CARE.....	11
MORTLAKE COMMUNITY HEALTH CENTRE.....	3	MIDWIFERY REPORT.....	11
PATIENT SATISFACTION MONITORING.....	3	REDEVELOPMENT OF DAY STAY WAITING ROOM.....	11
QUALITY IMPROVEMENT COMMITTEE.....	4	TWEDDLE EARLY PARENTING.....	11
COMPLAINTS/COMPLIMENTS MANAGEMENT.....	4	URGENT CARE DEPARTMENT.....	11
OUR VISION AND VALUES.....	4	OPERATING SUITE.....	12
OCCUPATIONAL HEALTH AND SAFETY.....	4	RISK MANAGEMENT & PATIENT SAFETY.....	12
ACCREDITATION.....	5	THE LIVE LIFE WELL PROGRAM.....	12
CATERING DEPARTMENT.....	6	"DAY STAY" FEEDBACK.....	12
ENHANCING CARE PROJECT.....	6	INFECTION CONTROL.....	13
MAINTENANCE.....	6	INFLUENZA UP DATE.....	13
ENVIRONMENTAL SERVICES.....	7	PLANNED ACTIVITY GROUP.....	13
SOUTH WEST HEALTHY KIDS.....	7	SAFE USE OF BLOOD PRODUCTS.....	13
HEART OF CORANGAMITE.....	7	PRIMARY HEALTH CARE.....	13
DISTRICT NURSING SERVICE.....	8	THE MAN WITH THE DOG - GERARD OVEREATER.....	14
MT VIEW - AGED CARE FACILITY.....	8	HEALTH PROMOTIONS OFFICER - EMILY GRANT.....	14
CLINICAL GOVERNANCE FRAMEWORK.....	9	QUALITY OF CARE FEEDBACK.....	14
CREDENTIALING & DEFINING THE SCOPE OF PRACTICE.....	9	TMHS HOSPITAL AUXILIARY COMMITTEE.....	15
PATIENT CENTERED CARE "WHITEBOARDS" IMPLEMENTED AS A COMMUNICATION TOOL.....	9	MEET OUR NEW BOARD MEMBER - MURRAY WHITING.....	15
AGED CARE QUALITY INDICATORS.....	10	AGED CARE MANAGER - TRACEY HARRIS.....	15
MEDICATION MANAGEMENT.....	10	ENVIRONMENTAL MANAGEMENT PLAN.....	15
PERSON CENTERED CARE RESTRAINT FREE.....	10	MEGHAN TOOHEY - PORTFOLIO CHAMPION.....	16
PRESSURE INJURIES.....	10	FALLS.....	16
UNPLANNED WEIGHT LOSS.....	10	MURRAY TO MOYNE CYCLE RELAY.....	16
		HAND HYGIENE.....	16

Our Health Service

The Terang and Mortlake Health Service (TMHS) is a multi-campus health service. The Terang Hospital campus comprises of 24 acute beds and 15 high care residential beds in Mt View Nursing Home. TMHS also offers community and primary care services at our Terang and Mortlake Community Health Centres.

The Terang and Tweddle Early Parenting Centre provides assistance to families with babies and children up to 36 months old providing education and help to



Consumers are encouraged to be involved in decision making regarding their care

manage parenting issues including feeding difficulties, unsettled/irritable infants, infant/toddler sleeping problems, uncertainty with parenting issues, challenging toddler behaviour, maternal exhaustion, and postnatal anxiety and depression.

Consumers are encouraged to be involved in decision making regarding their care, treatment, and the health and wellbeing of

themselves and the community. Participation means having your say about how we can improve your care and how we can improve our service delivery to the community.

Research tells us that your involvement in decisions regarding your treatment will decrease the number of days you spend in hospital especially with clients who have a chronic illness (*Reference: Bauman, Farley & Harris 2003*).

Letter to the Editor Angels Amongst Us

Dear Sir,
I write to you in this festive season to tell you of real live angels who are at work in our community. My mother Jan Brennan lost her battle with pancreatic cancer at the end of October.

Her wish to die at home was made possible by an awe-inspiring group of women- the

Terang and Mortlake District Nursing service. These women are caring, humorous, gentle, honest, adaptable, professional and incredible problem solvers.

They were extraordinarily generous in sharing their knowledge with me and gave me encouragement at every turn.

We as a community should embrace these wonderful, but often

overlooked "Angels" and be very thankful that they are in our midst.

Merry Christmas to all.

Fiona Stewart-Murray, Mortlake
(Terang Express December 2013)



Cultural Responsiveness

Terang and Mortlake Health Service has a strong commitment to meeting the needs of all consumers, including diverse cultural, linguistic and religious needs.

We demonstrate this commitment through our Cultural Diversity Plan which is based on the six standards set by the Department of Health.

Current census data indicates that the vast majority of the people residing in the Terang and Mortlake Health Service catchment areas were born in Australia and that of those members of our community who were born overseas most come from English speaking countries. Approximately 1.5% of respondents indicated that they speak a language other than English at home.

In recognition that people with varying levels of proficiency in the English language may require care at our facilities, Terang and Mortlake Health Service staff can

provide access to an interpreter service via the National Translation and Interpreting Service and also download up to date health information that can be printed in other languages using the Health Translation Directory.

Our Diversity Plan acknowledges the issues that culture and diversity play in creating barriers to service access. The plan has been developed in line with Home and Community Care (HACC) principles of equity and person centred care. It has been recognised that culture and diversity are not solely due to a person's country of birth or religion but may stem from identification with or belonging to a community or group who have different needs and expectations.

The Terang and Mortlake Health Service diversity plan also recognises that culture is self-ascribed and defines who we are, how we think and what we value. The continued use of "Life Stories" within the Planned Activity Group and the redevelopment of intake



Leadership for cultural responsiveness is demonstrated by the development of the three year training program for all staff and volunteers.

and assessment forms within HACC funded services focussed on client identified needs has improved awareness by staff of our clients' values and expectations and allowed tailoring of care and programs to acknowledge culture and diversity.

The Terang and Mortlake Health Service diversity plan aims to improve access to services by our diverse population by broadening the knowledge of staff and volunteers regarding diversity issues through a three year education plan, for all staff and volunteers, which involves collaboration with outside agencies including local cultural resources. Diversity and the resultant issues around access are being added as standing agenda items to all relevant meetings, including the

Community Advisory Committee, and will be considered in all policy development and review.

An audit of the Health Service built environment and service practices and a Sexual Diversity Health Services audit have been undertaken to determine progress toward identifying gaps in and the associated barriers to service provision

Leadership for cultural responsiveness is demonstrated by the development of the three year training program for all staff and volunteers.

Policies ensure that accredited interpreters are provided to all patients / consumers who require one. In the year in review, interpreter services were not required to be accessed. Appropriate signage is

displayed facility wide and we have easy access to online translator services if required.

Inclusive practice and care planning is recognised and responds to dietary; spiritual; family; attitudinal and other cultural practices. Our organisation policies and procedures support consumer choice regarding appropriate nutritional needs. Results from the Victorian Patient Satisfaction Monitor indicate that our consumers / patients at Terang and Mortlake Health Service are very satisfied with the manner in which their cultural and religious needs were met.

All staff throughout the health service are provided with professional development opportunities to enhance their understanding of response to diversity. In the past 12 months staff members have attended cultural awareness training and implemented policy and practices that support cultural responsiveness.

Being a member of the Community Advisory Committee.

By **SUSAN KEANE**

I wonder if readers are generally aware of the existence of Terang and Mortlake Health Service's Community Advisory Committee. We are a group with members drawn from the hospital staff and from both Terang and Mortlake communities. We meet about four times a year, alternating between the two towns, to discuss and give a community perspective on matters relating to the running of the hospital

and related services. We are kept abreast of new developments and improvements within the hospital, and information that goes out to clients dealing with various medical and related issues. We can have some input and also sometimes have the opportunity to attend seminars on relevant issues. We can make suggestions on such things as the information which goes out to clients, and some of our members also contribute human interest stories

to this paper.

We would welcome new members to our group and I can say from personal experience that you don't need any medical knowledge; all you need is an interest in our local health services. If anyone is interested you could contact the CEO or Gaye Sanderson Quality Risk Safety Manager at the hospital. I'm sure you would find it an interesting and rewarding experience.



Terang and Mortlake Health Service - Mortlake

Mortlake Community Health Centre

The Nordic Walking program was launched in February following the successful training at Arthritis Victoria of two staff members together with the purchase of Nordic walking poles. Our special thanks go to the "Blood Sweat & Gears" Murray to Moyne cycle relay team who raised the funds to enable purchase of the walking poles. The program has been well patronised well by members of the local wishing to maintain and improve their general fitness & wellbeing.

The Mortlake Community Health Centre has recently had new carpet installed in all the passage areas of the centre; this has enhanced the appearance of the health centre

and received many favourable comments from attending clients.

The installation of new electric doors at the front of the Health Centre has also been a great improvement to access for those on walking aids and with any disability. There have been many positive responses to this recent improvement to access.

The refurbishment and painting of the laundry area with the installation of storage cupboards has allowed for the orderly storage of all laundry supplies for the environmental service personnel.

The public toilets have been upgraded with double flush cisterns, new flooring and re painting of the area has been a great improvement

with brighter lighting allowing easier cleaning and servicing of the area.

The gardens of the Mortlake Community Health Centre have responded well to the regular attention now provided by the maintenance staff with all lawns and garden areas well maintained. We are especially grateful to the Mortlake Garden Club who took responsibility for maintaining the garden area at the Tea Tree Day Centre. A new planting program is scheduled for September to under plant the roses.

Mortlake Community Health Centre, Ph: 5558 7000.

Monday - Friday 8am - 4.30pm.

Partnering for Performance The Consumer Advisory Committee

Participation occurs when consumers, carers and community members are meaningfully involved in decision making about health policy, planning, care and treatment, and the wellbeing of themselves and the community. It is about having your say, thinking about why you believe in your view, and listening to the views and ideas of others.

The establishment of the Consumer Advisory Committee in 2010 has enabled Terang and Mortlake Health Service to increase consumer, carer and community participation and provides a central focus for all strategies relating to consumer involvement. The responsibilities of the committee are to provide direction and leadership in relation to the integration of consumer, carer and community views into all levels of health services.

Consumers; be they patients,

carers, clients or other health care providers, offer a unique insight into their experiences, expectations and needs of the Health Service.

As was the case last year, this year's Quality of Care Report has been developed with the assistance of our Community Advisory Committee. Members of the Committee, Eve Black and Susan Keane have taken a lead role in this publication by conducting the interviews with consumers.

Mrs Eve Black, Chairperson of the Consumer Advisory Committee is also a member of the Quality Improvement Committee and has joined our presenters at mandatory training to host a session that includes a Consumer participation / person centred care module. Eve brings a consumer perspective to safety and quality matters in collaboration with the Director of Primary Healthcare, Melissa Mitchell.

Patient Satisfaction Monitoring

In February 2014, the Department of Health announced that the Victorian Patient Satisfaction Monitor (VPSM) survey is to be replaced by a new expanded program to be known as the Victorian Healthcare Experience Survey (VHES).

Terang and Mortlake Health Service were selected for the pilot of the new patient experience survey which commenced in February 2014 for patients discharged in January. The Statewide survey

then commenced in May 2014 and we expect to obtain our first survey result in September of this year.

The survey includes patients in the following groupings:

- adult (16 and over) inpatients
- maternity patients
- paediatric inpatients

Quality Improvement Committee

All staff play an important role in contributing to the delivery of safe, quality care and services whether or not they are directly involved in the provision of care to our consumers.

The Quality Improvement Committee is responsible for monitoring and evaluating standards of care and service delivery and membership of the committee includes broad representation of staff groups, members of the Board of Management and the Chair of the Consumer Advisory Committee.

For the purposes of our plan, Quality is described as 'striving for and reaching excellent standards of care' whilst Safety is described as 'the degree to which potential risk and unintended results are avoided or minimised'.

What does our Quality Improvement Committee do?

- Oversees the development and monitors implementation of the Quality Improvement Plan.
- Provides a formal channel to discuss and plan issues that relate to quality & risk management.
- Provides advice on quality improvement issues on a local, regional and national basis.
- Promotes the importance of quality and safety, and risk management as integral components of the healthcare system.
- Provides advice regarding the planning and implementation of continuous improvement activities aimed toward maintaining accreditation by the Australian Council of Healthcare Standards

under the EQUIP National program

- Provides advice regarding the planning and implementation of continuous improvement activities aimed toward maintaining compliance with the Aged Care Standards and Accreditation Agency standards.
- Provides advice regarding the planning and implementation of continuous improvement activities aimed toward maintaining compliance with the Home & Community Care standards.

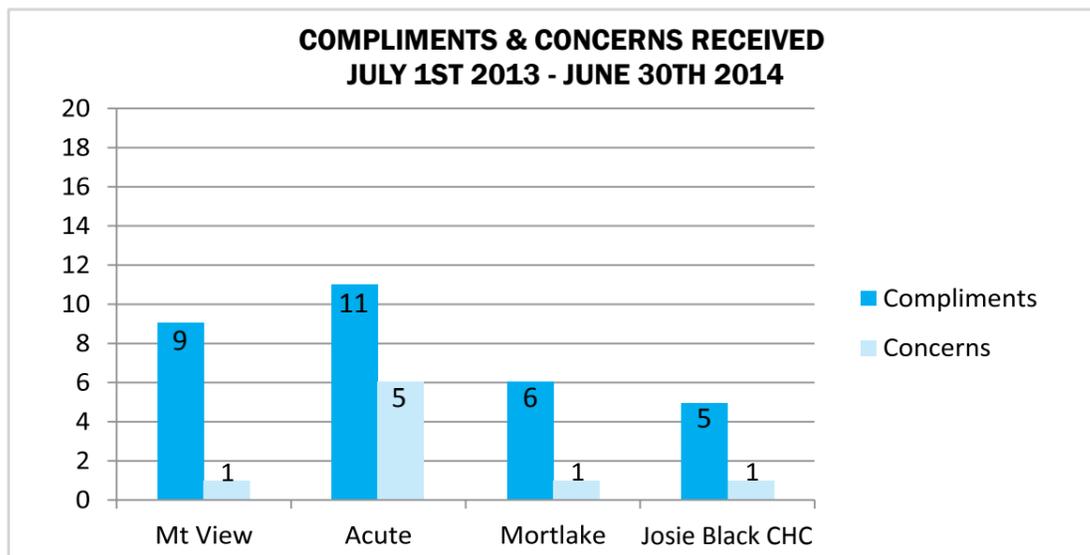
“All staff play an important role in contributing to the delivery of safe, quality care and services

- Reports on the overall quality, safety, effectiveness, appropriateness of services rendered to patients, residents and clients.
- Oversees and monitors any investigation and resolution of any complaints related to patient, resident, client care or medical services.
- Receives and reviews minutes of the Clinical Services & Drug Advisory, Infection Control, Primary Health Care and Community Advisory Committees and of the Mount View Residents and Relatives meetings.

Complaints/Compliments Management

We view all complaints as an opportunity to do things better. We encourage you to tell us if you think there is something we could have done differently so we can improve the way that we provide care and services.

All complaints are addressed without prejudice and dealt with promptly by senior management.



Our Vision

TO BE A LEADER IN THE DEVELOPMENT OF A VIBRANT, HEALTHIER COMMUNITY.

Our Values

COMPASSION & RESPONSIVENESS

We care for the needs of our consumers and each other.

EQUITY AND FAIRNESS

We make decisions objectively, without favoritism or bias.

ETHICAL BEHAVIOUR

We act in a transparent & confidential way.

ACCOUNTABILITY

We use resources efficiently and act responsibly.

EXCELLENCE

We strive for excellence in the delivery of healthcare.

RESPECT

We respect the rights of the individual.

Occupational Health and Safety

The Occupational Health and Safety Committee takes a collaborative approach to the management of occupational health and safety for to ensure a safe, hazard free environment for staff, patients, residents, consumers, contractors and visitors.

The on-going monitoring and review of systems and implementation safety initiatives

ensure that TMHS maintains and builds on its strong and robust safety culture. Consistent communication of OH&S matters takes place through the minutes of OH&S Committee meetings and the regular "Safety Snippets" newsletter published after each quarterly meeting.

During 2013, the committee implemented several new safety policies to enhance the

safety program. These included, Code Grey – (Dealing with a disturbed person), Workplace Stress and Fatigue Management, Legionella, Maintenance and New Works, Health and Safety

Plant Under Pressure, Health and Safety Plant, Functions of the OH&S Representative, Noise, Identification Badges for staff, Plant Protocols –Lifts, and Maintenance of Landscaping to

name a few.

We continue to utilise the services of the Crime Prevention Office – Warrnambool Police for security review and guidance. We have also recently introduced security cameras and monitors throughout the Terang hospital to improve the safety of our staff, patients, clients and residents.

“The on-going monitoring and review of systems and implementation safety initiatives ensure that TMHS maintains and builds on its strong and robust safety culture.

Accreditation

TMHS staff had a very busy year working hard to maintain high standards of care and services provided to patients, clients, consumers and residents

AGED CARE ACCREDITATION

The aged care accreditation system commenced on 1 January 2001 and is designed to ensure frail older Australians receive quality care and accommodation. The accreditation system is a process of continuous improvement and is supported by monitoring and support visits by representatives from the Australian Aged Care Quality Agency to ensure that homes continue to meet care standards.

What are the Accreditation Standards? Homes are assessed against the four Accreditation Standards:

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

Within each standard are a number of expected outcomes. Services must demonstrate compliance with every outcome in order to be awarded accreditation.

On May 20th & 21st, two representatives from the Australian Aged Care Quality Agency conducted an accreditation survey of the 15 bed Mt View nursing home and confirmed that Mt View was able to demonstrate compliance for the 44 expected outcomes across the four Accreditation Standards.

ACCREDITATION STATUS HAS BEEN AWARDED FOR THE NEXT 3 YEARS EXPIRING IN 2017.

EQUIPNATIONAL ACCREDITATION

On May 27th & 28th three representatives from the Australian Council on Healthcare Standards (ACHS) undertook an accreditation survey against the EQUIPNational standards, a combination of standards developed by the ACHS and the 10 National Safety and Quality Health Service Standards developed by the Australian Commission on Safety and Quality in Healthcare.

EQUIPNational is assessed over a four-year accreditation cycle that ensures a continuing focus on quality improvement across the whole organisation.

In the lead up to the accreditation survey members of staff were appointed a Standard portfolio to assess compliance with the standard, identify and rectify any gaps in compliance and gather evidence to present to the surveyors that demonstrates on-going compliance. During the accreditation process the Portfolio staff presented their evidence and achievements to the surveyors.



EQUIPNational encompasses the following 15 standards:



1. Governance for Safety and Quality in Health Service Organisations; describes the quality framework required for health service organisations to implement safe systems. Portfolio Champion – Mark Johnson



2. Partnering with Consumers; describes the systems and strategies to create a consumer-centred health system including consumers in the development and design of quality health care. Portfolio

Champion – Mark Johnson



3. Preventing and Controlling Healthcare Associated Infections; describes the systems and strategies to prevent infections of patients within the healthcare systems and to manage infections effectively when they occur to minimise the consequences. Portfolio Champion – Jill O'Brien



4. Medication Safety; describes the systems and strategies to ensure clinicians safely prescribe, dispense and administer appropriate medicines to informed patients. Portfolio Champions – Jenny Meade & Julie Plummer



5. Patient Identification and Procedure matching; describes the systems and strategies to identify patients and correctly match their identity with the correct treatment. Portfolio Champions – Elizabeth Mioduchowski and Margaret O'Sullivan



6. Clinical Handover; describes the systems and strategies for effective clinical communication whenever accountability and responsibility for a patient's care is transferred. Portfolio Champion – Bridjit D'Coonja



7. Blood and Blood Products; describes the systems and strategies for the safe, effective and appropriate management of blood and blood products so the patient's receiving blood are safe from harm. Portfolio Champion – Lisa Urek



8. Preventing and Managing Pressure Injuries; describes

the systems and strategies to prevent patients developing pressure injuries and best practice management when pressure injuries occur. Portfolio Champions – Hellen Hammond and Karen Lourey



9. Recognising and Responding to Clinical Deterioration in Acute HealthCare; describes the systems and processes to be implemented by health service organisations to respond effectively to patients when their clinical condition deteriorates. Portfolio Champion – Sarah Williams



10. Preventing Falls and Harm from Falls; describes the systems and strategies to reduce the incidence of patient falls in health service organisations and best practice management when falls occur. Portfolio Champions – Meaghan Toohey and Jen Kinna



11. Service Delivery; addresses the progression of engagement with the health service, through to how services are delivered to consumers/patients. Portfolio Champions – Jane Fitzgibbon and Sarah Williams



12 Provision of Care; addresses the processes that comprise the provision of care for consumers / patients once they enter the health service. Portfolio Champions – Erica Sargeant, Donna Baxter and Judy McSween



13. Workforce Planning Management; ensures that the organisation recruits and manages its workforce in a manner that supports the delivery of safe, high quality health care. Portfolio

Champions- Mark Johnson, Jane Fitzgibbon and Gaye Sanderson



14. Information Management; ensures that information and data are collected and used to meet the organisations needs and support the delivery of safe high quality healthcare and services. Portfolio Champions Brendan Williams and Gaye Sanderson



15. Corporate Systems and Safety; ensures that systems to support the delivery of quality health care in a safe environment are implemented and governed appropriately. Portfolio Champions- Gaye Sanderson , Ian Barrand , Mark Johnson and Brendan Williams

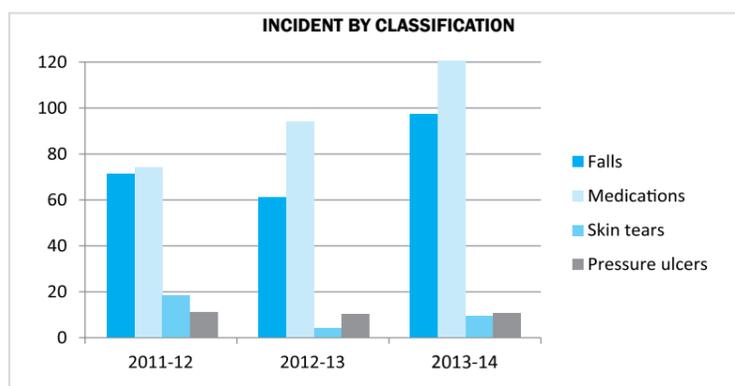
The National Standards aim to ensure that systems are in place to protect the public from harm and improve the quality of care provided by the healthcare organisation. They provide an assurance mechanism that tests whether systems are in place to ensure minimum standards of safety and quality are met and that quality improvement mechanisms exist that allow health services to reach developmental goals.

Terang & Mortlake Health Service received 8 ratings assessed as Met with Merit's – meaning in addition to achieving the actions required, measures of good quality and a higher level of achievement were evident.

TMHS COMMITMENT TOWARDS DELIVERING THE SERVICES OF THE HIGHEST STANDARDS TO THE COMMUNITY HAS BEEN RECOGNISED WITH THE AWARDING OF FULL ACCREDITATION STATUS FOR THE NEXT 4 YEARS UNTIL 2ND JULY 2018.

Incident Reporting

The following graph reports all incidents and near misses to our results for the four major incident categories recorded & reported throughout the past three years. We encourage staff to report



COMMUNITY CARE COMMON STANDARDS ACCREDITATION

On May 27th & 28th a representatives from the Australian Council on Healthcare Standards (ACHS) undertook an accreditation survey against the Community Care Common Standards (CCCS). The CCCS are applicable to the services provided under the Home and

Community Care (HACC) program and relevant to the District Nursing and Planned Activity Group (Day Centre) services provided by TMHS

There are three standards:

- Effective Management
- Appropriate Access and Service Delivery and
- Service User Rights and Responsibilities.

There are 18 expected outcomes: 8 management outcomes, 5 service delivery outcomes and 5 service user rights outcomes.

AT THE CONCLUSION OF THE CCCS SURVEY TMHS WAS ASSESSED AS HAVING MET ALL EXPECTED OUTCOMES AND AWARDED ON-GOING ACCREDITATION.

TYPE OF ACCREDITATION	OUTCOME
EQUIPNational	Accredited to 2nd July 2018
Community Common Care Standards (CCCS)	Accredited to 2nd July 2018
Aged Care Accreditation Mount View	Accredited to 2nd August 2017

Catering Department



Kerryn Dwyer, Sue Bramich, Michelle Johnstone, Michael Rudezky

During the year the catering department provided over 46,000 meals to patients, residents, clients and staff.

New equipment purchased for use within the department included a combi oven and a trolley for delivery of meals and refreshments to acute patients has been ordered.

Meals provided to our consumers come from a 28 day rotating menu ensuring a wide variety of tastes are catered for and special dietary requirements are catered for at all times. Regular meetings have been held with staff and the dietician, to review nutrition and hydration standards.

Recipes are currently being analysed to ensure that the Health Service is providing the recommended nutrition to our clients.

Food service staff continue to enhance their skills to provide improved nutritional options

to all clients, this year having undertaken training related to clients with conditions such as dementia, diabetes, malnutrition and swallowing difficulties.

The Meals-on-wheels service continues to be supply clients in both the Corangamite and Moyne shires, and is supported by a dedicated group of volunteers who deliver meals 7 days per week. Sof-pac insulated meal containers have been trialed to replace eskies currently used for meals on wheels, the volunteers finding these easier to manage when loading and unloading from their vehicles.

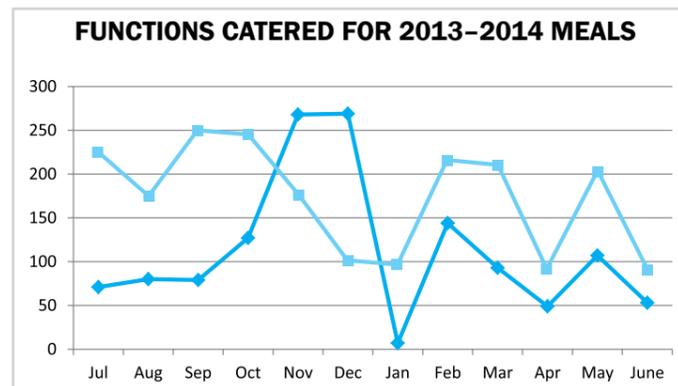
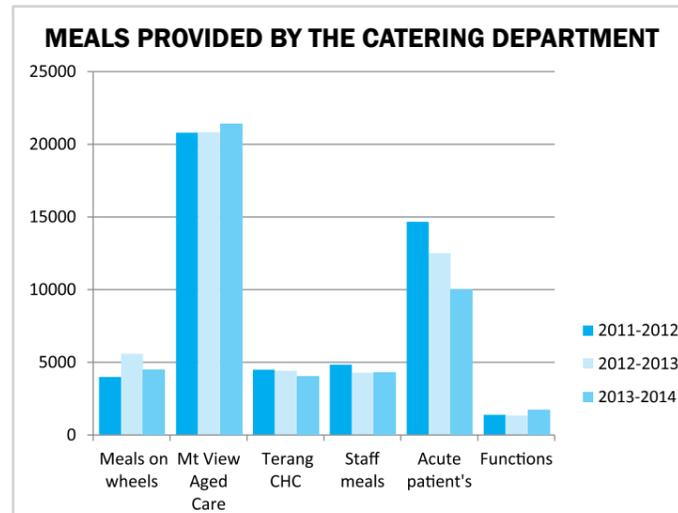
Further quality improvement initiatives implemented throughout the year included:

- Review of the patient diet sheet to better capture patient dietary requirements, allergies and assistance required with

feeding

- Introduction of Ableware plates patients and residents who require assistance with meals,
- Introduction of coloured water jugs in Mt View to enhance the dining experience,
- Introduction of the day stay menu for post-operative clients,
- Introduction of wider choice of meals for clients at the Day Centre, which has also assisted with menu planning, ordering of supplies and resulted in a reduction in wastage.

In May of this year the food safety plan was audited by a representative from Food Hygiene Australia and found fully compliant. This audit is conducted annually.



Paul Dunn and Ian Barrand

Maintenance

2013-2014 has been extremely busy with the major development of the Procedure Recovery Unit and Urgent Care waiting area. Maintenance of essential services and fire safety equipment are a high priority and completion of these works is regularly audited by Stokes Perna, external contractors who supply an annual compliance certificate. This certification acknowledges that the health service maintains compliance with fire safety regulations.

Over the past year the department received a total of 1,067 maintenance requisitions. Of these, 1,045 have been completed (repaired), with 399 being repaired in one day or less, and 780 being completed with a week of being raised.

Maintenance staff also spends two to three days a week maintaining grounds and gardens as well as cleaning health service vehicle fleet across all four campuses.

Enhancing Care Project "Hard wiring for excellence"

In 2013 TMHS agreed to participate in a project auspiced by the Southern Grampians / Glenelg and South West Primary Care Partnerships titled the Barwon South West Enhancing Care Coordination Project.

The project utilises the Studer Group Evidence Based Leadership program aimed at hardwiring excellence in organisations.

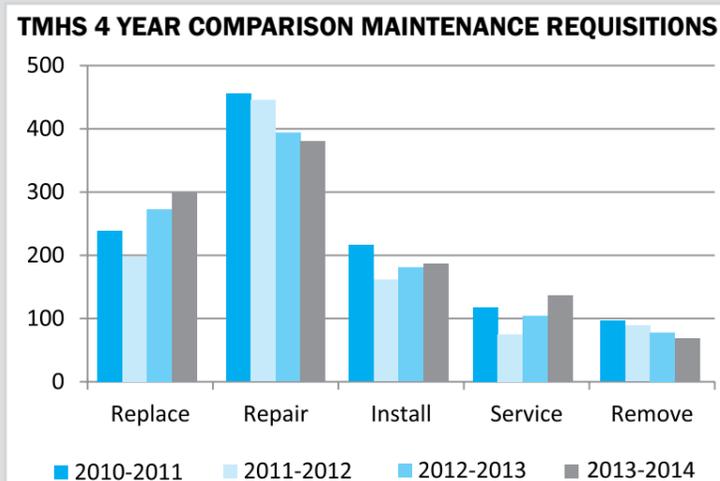
The Studer program uses a range of tools to build highly

reliable organisations and a culture of accountability, consistency and reliability. An ALWAYS culture.

Rounding for outcomes is a process in which managers meet with each member of their staff at least monthly to have a brief conversation regarding things that are working well within the workgroup, things that might be done to improve the working environment, what tools and or resources may be needed to improve work processes and service delivery and whether

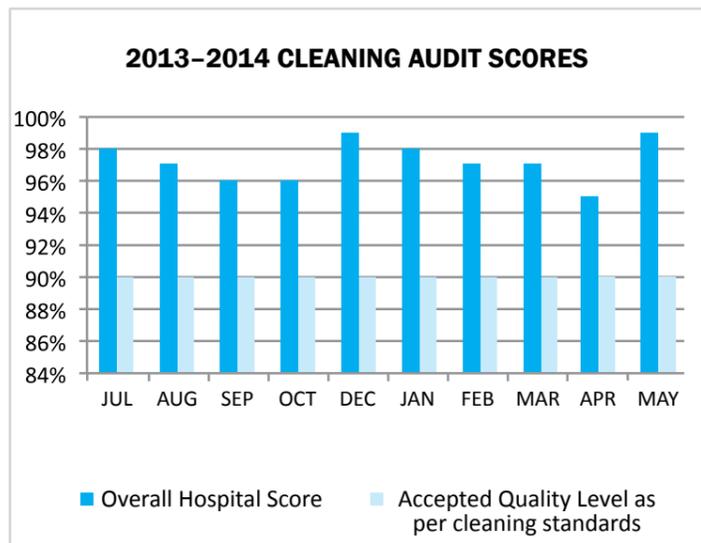
there are any individuals within the workgroup deserving of special recognition for a job well done.

Although it is still early days in our implementation of the tools of Evidence Based Leadership, we have found that the process has improved communication throughout the organisation, has assisted to improve the ways in which we work and has enabled us to recognise and reward those who have done great work that should be acknowledged.



Environmental Services

Cleaning standards for Victorian health facilities have been in existence now for over a decade. Since July 2012 public hospitals have been required to report to the Department of Health the results of three audits each financial year and at least one of these audits must be completed by an independent third party. Cleaning Audit results at all campuses have remained at a very high standard during 2013 – 2014 and well above the Acceptable Quality Level set by the Department for high priority areas at 90%.



To ensure our systems are in keeping with modern practice, and the need to ensure cleaning of our facilities is as effective as possible, economical and environmentally responsible, TMHS has introduced a new method of steam cleaning with positive results.

“ All hospital cleaning will soon be replaced by steam

Steam cleaning was first introduced in Mt View Nursing home in February 2014, and has done away with the need for the traditional mop and bucket and is chemical free.

All hospital cleaning will soon be replaced by steam, which means minimal chemical use, decreased water usage, a reduction in the

risk of repetitive strains injuries, and a reduction in the risk of slips and falls on wet floors. and is an added Infection Prevention method.

Steam cleaning is a proven infection prevention mechanism, utilising hot (140C) dry steam under pressure to remove any microorganisms on a wide variety of surfaces to help minimize the spread of infection.

OUR ANNUAL EXTERNAL AUDIT RESULT WAS 99%.



Lyn Baker - Environmental Services

South West Healthy Kids



SWHK Masterchef event held at Mortlake College: (L to R) Principal Graeme Good, Primary Wellbeing Officer Kath Tanner and Health Promotion Officer Emily Grant.

South West Healthy Kids (SWHK) is a collaborative partnership of local government, health and community agencies working with communities to improve the nutrition and physical activity landscape and habits of families in south west Victoria to improve health and wellbeing and prevent obesity.

At a regional level the South West Primary Care Partnership (SWPCP) facilitates SWHK partnership activities assisted by community health agencies including Moyne Health Service, Terang and Mortlake Health Services and South West Healthcare.

In 2013 SWHK received grant funding through the Medibank Community Fund and Great South Coast Medicare Local to support

the delivery of a ‘Lunchbox Blitz- Attack on Packaged Snacks’ program across nine schools in the Moyne and Warrnambool region.

At the Mortlake P-12 College this included a five week healthy lunchbox competition in Term 1 of 2014 which involved healthy lunchbox tips and messages and awards for healthy lunchboxes. In Term 2 SWHK ran a ‘Masterchef’ event in which five teams of parents prepared three lunchbox foods and cooked against each other with the Primary School students voting on the best lunchbox and team.

Through the funding received for the program SWHK have employed a Dietician to develop information on five key messages (Increase fruit; Increase

vegetables; Healthy canteen choices; Swap sweetened drinks for water; and reduce packaged snacks) which will then be used by an Artist in Residence who will work with children in the pilot schools to produce promotional material on these five key messages. This information and art work will then be collated and will be available as a resource for any school to utilise for healthy eating and healthy lunchbox promotion in schools in 2015.

The nine pilot schools will also be implementing other smaller practices such as canteen audits and reviews, formation of health and wellbeing groups together with activities suggested by the schools themselves.

Heart of Corangamite

The Heart of Corangamite Network was established in 2005 in response to the Greater Green Triangle University Department of Rural Health, Flinders and Deakin University research project, which identified a high occurrence of risk factors for cardiovascular disease (CVD) in the Corangamite Shire.

The Network decided to focus on the key risk factors of physical activity and nutrition. The Network aims to be recognised as a leader for sustained and integrated health promotion and be known as a best practice model for its coordinated effective partnership approach to reducing CVD at a population level.

In 2013 the network completed

(physical activity, nutrition and leadership working groups).

This year we have been finalising the action plan, and creating a 12 month action plan to work from. With a settings based approach, schools were chosen as the primary focus for 2014, the early years, and workplaces will take primary focus in following years.

For the remainder of 2014 network members will be working in their chosen setting (school, early years or workplaces) to help implement policies and practices surrounding healthy eating and physical activity benchmarks from the Healthy Together Achievement Program. Physical activity members will also be working on developing

“ This year we have been finalising the action plan, and creating a 12 month action plan to work from. With a settings based approach, schools were chosen as the primary focus for 2014, the early years, and workplaces will take primary focus in following years.

a needs analysis across seven schools in the shire. A workshop was then held to determine which areas to prioritise and in line with the Corangamite Shire Health and Wellbeing Plan a 4 year action plan was developed for each of the three working groups in the network

a directory of physical activity opportunities across the shire and some form of social media page. We will also be implementing Vic Health’s Walk to School initiative in October with partnering schools.

District Nursing Service

It has been a busy year for the district nursing team. During the 2013/2014 financial year we visited 212 individual clients, a slight increase on the previous year in which we provided care to 208 clients. At present we are visiting 29 clients in the Mortlake area & 75 clients in the Terang area. The frequency with which we visit clients depends very much on their individual needs. For some of our clients visits may be daily or twice daily, others may be seen weekly or fortnightly.

“Advanced Care Planning appointments have been made available through the district nurses.

Accreditation was successfully achieved against the Community Care Common Standards in May. All staff worked hard to ensure that we had sufficient documentation to demonstrate that we fulfil the criteria specified in the standards & we were pleased to find that there were no recommendations following the review on matters that required improvement.

Once again we have welcomed students from both South West Tafe & Deakin University on placement to gain insight into Community Nursing. We thank our clients for participating in this program as it allows the next generation of

nurses to gain practical experience and prepare for their future careers. Our district nurses have also updated their own knowledge and skills by attending study sessions on: dementia and palliative care, pressure injury management, advanced wound debridement, enteral feeding, no lift, central venous catheter care & health change methodology.

Advanced Care Planning appointments have been made available through the district nurses. These have been regularly scheduled at both Mortlake & Terang. This is a free service and anyone can make an appointment should they wish to complete or update an Advanced Care Plan to ensure their personal wishes for future health care are achieved. To date we have had 14 clients complete their Advanced Care Plans.

In the past year we have participated in a regional project to develop new assessment & care plan documents. These new documents are designed to reflect the individual client's needs & develop a client focused care plan. We have also commenced sending clients a brief survey when they are discharged from the district nursing service to allow them to provide feedback on our service delivery. Survey responses have been very positive. We are extremely privileged to be invited into our clients homes in such a welcoming manner.



District Nurse Carolynne Leddy and Stephen Grenfell



DISTRICT NURSING

The District Nursing Service offers a wide range of care, treatment and education including:

- * Assessment and referral to other services
- * Hygiene assistance and skin care
- * Dietary advice
- * Falls prevention
- * Palliative care
- * Support and counselling
- * Technical nursing care e.g.: * Injections
- * Medication management
- * Wound care
- * Blood pressure monitoring




For more information, please call 5592 0224



Bernard Noonan

There were many highlights in Mount View during the past year including changes in staff members, and the commencement of working parties to address quality improvement.

In May 2014, we successfully passed accreditation on each of the 44 required outcomes and as a result we were re accredited for another 3 years. Thanks go to all

staff members who put in countless hours towards the portfolios and working parties which continue to review areas of improvement relating to how our facility is presented, how our systems operate and how we use documentation. This was a great effort!!!

We have had several staff who have been able to attend training in relation to the enhancing

Mount View Aged Care Facility

care project which focuses on improving communication amongst the different levels of staff at TMHS and increasing job satisfaction. This has been taken on openly by staff and has resulted in a number of small changes and reviews of different systems within Mount View nursing home.

During the year, we purchased 5 new high low beds and now accommodate every resident on a high low bed. This should result in a decreased number of falls. We have also purchased two crash mats to prevent injuries if residents should roll out of bed. A sling hoist and new slings for all hoists have been acquired. Dining room tables have been purchased for the dining room, and three new air mattresses have been purchased to prevent residents developing pressure sores as they become less mobile and active.

The Social Inclusion Project continues with Grade 4, 5 & 6

students from St Thomas' Primary School, forming wonderful relationships with the residents and their families. The benefits for all participants in this project, both young and old, are immeasurable. The intergenerational program promotes an ongoing buddy relationship with the residents and opportunities to share special days, including farm, sporting and concerts.

Mount View residents continue to celebrate culturally important days, including ANZAC Day, AFL Grand Final Day, Christmas and Easter. Other ongoing planned activities included cooking, barbecues, music therapy, crafts and bus trips, which the residents thoroughly enjoy. We were very fortunate to have the Melbourne Cup come and visit Mt View this year. All the residents and staff were able to hold the Melbourne Cup and have a photo taken. Staff also organised a cruise week where our residents and staff

decorated Mt View each day to suit a different destination. We visited England, Ireland, Scotland, Mexico and Holland. We experienced foods from each destination and participated in games related to the country. We were also very lucky to have visitors in for the day from each destination. We had a bag pipe player, Irish dancers, and people from the associated countries that reminisced with residents or played some games relating to each country. This activity required a great deal of work by all the staff. Residents were very grateful and had a fantastic time.

The volunteer program has been extended in Mount View to see newspaper reading to our residents on a regular basis, music afternoons, and regular visits from animals. This opportunity is also greatly appreciated by all.

Clinical Governance Framework

Clinical governance is the term used to describe the approach taken by the Board of Management, clinicians and staff toward ensuring that the services we provide are both safe and of the highest quality.

A Clinical Governance Framework published by the Department of Health in 2009 has been adopted and provides guidelines and principles for health services to ensure accountability for providing

safe care and is fundamental to continuing to improve patient safety within the Victorian health care system. The four domains of quality and safety identified within the framework are described below.

QUALITY DOMAIN	WHAT THE FRAMEWORK SAYS WE SHOULD DO	WHAT WE DO
CONSUMER PARTICIPATION	Consumers participate in health service governance, priority setting, and strategic and business and quality planning. Consumers participate in safety and quality initiatives.	The Chair of the Community Advisory Committee is a member of the Quality Improvement Committee and is involved in the review of quality improvement activities. Members of the Community Advisory Committee and consumers participated in the development of our Strategic Quality Improvement Plan.
CLINICAL EFFECTIVENESS	Safety & quality indicators are defined, monitored, reported and managed. Clinicians are involved and provide leadership in safety and quality governance and management.	We benchmark our services and care with other providers to identify and implement opportunities for improvement. Our clinicians, Medical Officers and Nursing staff meet quarterly to review our policies and processes.
EFFECTIVE WORKFORCE	Provide comprehensive education and training for all staff in safety and quality skills and methods. The organisation culture values staff and consumer input.	Our computer based training systems and annual in-service training program for all staff focus on safety and quality. Over 100 people including members of staff, the Consumer Advisory Committee and consumers contributed toward the development of our Quality Improvement Plan.
RISK MANAGEMENT	Clinical and corporate risks are seen as equally important. A complaints and compliments management system is in place.	Our comprehensive risk register reflects and responds to both clinical and corporate risk. Complaints management and compliments are reviewed by the Quality Improvement Committee.



Credentialing and defining the scope of practice

Credentialing and defining the scope of practice is the method utilised to ensure all of our staff are appropriately

qualified to undertake their roles and this sets parameters for the level of complexity of care that individuals are able to engage in.

ALL OF OUR DOCTORS ARE QUALIFIED ACCORDING TO BEST PRACTICE GUIDELINES

ALL OF OUR DOCTORS ARE REGISTERED WITH THE MEDICAL BOARD OF AUSTRALIA

ALL OF OUR NURSES ARE REGISTERED WITH THE AUSTRALIAN HEALTH PRACTICE REGULATION AGENCY

ALL STAFF AND VOLUNTEERS HAVE POLICE CHECKS

Patient Centered Care: “Whiteboards” implemented as a communication tool

Patient – centred communication is a growing priority throughout healthcare and hospitals have been encouraged to adopt practices that promote improved communication and active patient engagement.

Patient centred communication “White boards” were introduced into patient rooms on the Acute ward in October 2013 to promote improved communication and active consumer engagement.

In conjunction with the implementation of whiteboards we introduced AIDET a process designed to improve communication with patients aimed at helping them to identify their care team, increase awareness of daily goals and care plans, and

improve the hospital experience for the patient

The 5 Fundamentals of Patient Communication are:

- A - ACKNOWLEDGE**
- I - INTRODUCE**
- D - DURATION**
- E - EXPLANATION**
- T - THANKYOU**

AIDET is reported to decrease patient anxiety, increase patient compliance, improve clinical outcomes and increase patient satisfaction. The feedback from our patients has been very positive to date.



Acute ward nursing staff - Bridjit D'Coonja & Naomi Kenna

Aged Care Quality Indicators

The Victorian Public Sector Residential Aged Care Service (PSRACS), evidence based quality indicators were introduced in 2006; and are aimed at assisting facilities to monitor and improve the quality of care provided to residents.

Terang & Mortlake Health Service, Aged Care Facility, Mount View continues to collect data, for five quality indicators which are

submitted to the Department of Health (DoH) on a quarterly basis.

These include:

- Prevalence of pressure ulcers
- Prevalence of falls and fall related fractures
- Incidence of use of physical restraints
- Incidence of residents using nine or more different medications

- Prevalence of unplanned weight loss

The data is submitted to the Department of Health (DoH) and then benchmarked against other Victorian public sector aged care facilities. Each facility uses its own data as a focus for improvement, in particular where results vary significantly from the State average.

Medication Management

Terang and Mortlake Health Service promotes safe, effective and appropriate medication use and promotes organizational accountability and responsibility in the safe administration of medications.

Whilst medication errors continue to occur the majority of medication administration related errors at TMHS are:

- Signature omissions – the medication was given but not signed for.
- Omitted dose - medication missed or not administered at the due time.

It is of comfort to know that there have been no errors that have resulted in resident harm.

Most signature omissions are due to distractions while completing

medication rounds. Interruptions and potential distraction may remove staff attention from the job at hand, such as answering the telephone or general enquiries, or when being call to assist with patient/resident needs during the round.

We have introduced several new measures to assist in reducing the number of medication errors. These include wearing a red apron to avoid disruptions - this signals to other staff that the nurses are busy administering medications and not to be disturbed. The nurses now take the medication trolley with them to patient's bedside and once commenced, the medication round must be fully completed before any other tasks are undertaken. Further education is being provided to staff at shift hand-overs.

Pressure Injuries

A pressure injury is caused by unrelieved pressure which results in damage to the skin and underlying tissues. Pressure injuries can occur in any patient regardless of age or previous Health condition.

All patients and residents are risk screened to determine the risk of developing a pressure injury during

their stay utilising the Braden Scale. Nursing staff use a range of special of equipment and strategies to help reduce the pressure ulcer risk. These include the use of pressure relieving mattresses, heel wedges, and encouraging patients and residents to be as active as possible.

The introduction of the Patient Communication "Whiteboard" lends itself to pressure injury management, enabling preventative strategies to be displayed. A brochure has been developed to provide pressure injury prevention management for patient and clients.

Unplanned Weight Loss

Nutrition plays an important role in maintaining health and an even more important role in the presence of illness or injury. Nutritional requirements increase dramatically in the presence of infection or injury and hence weight loss is a common negative outcome. Maintaining good nutritional intake during times of illness can be difficult.

Other factors that also affect the nutritional state of patients residents and clients include, food

accessibility, ability to cook and shop, poor dental care, lack of access and/or storage, increased calorie needs and some diseases.

Risk screening occurs in all areas of our services, identifying risk factors that may contribute to weight loss/gain or nutritional deficiency.

Once identified there are pathways to allow staff to implement an individualised care plan to encourage and support a healthy and nutritious diet

which may or may not include supplementation.

Mt View participates in The Public Residential Aged Care Performance Indicators on Weight Loss Management. Data from these indicators demonstrates that Terang and Mortlake Health Service is successful in enhancing resident's nutritional status.

A nutritional working party has been created to ensure we meet the "Best Practice" guidelines with nutritional management.

Antibiotic Usage

Antibiotics are an integral part of health care, however on occasion antibiotics are not always appropriately managed. Sometimes antibiotics are given as a prophylaxis in particular in nursing homes as an intervention to prevent urinary tract infections; however this practice is no longer encouraged.

Hence medical and nursing staff members are now encouraged to ensure that infections are confirmed via appropriate pathology prior to the administration of antibiotics. This in turn will recommend the most suitable antibiotic. In order to reduce unnecessary pathology interventions,

clinicians are required to use the Quality Performance Systems (QPS) reporting tool as a first line management tool. The tool provides a clear understanding of the criteria for a variety of infections including wounds, conjunctivitis, urinary tract infections and gastroenteritis. If the tool criteria is obtained then pathology should be requested from the medical officer.

Since becoming more aware and with ongoing discussion with medical staff, residents in Mount View are no longer administered antibiotics as a prophylaxis. This has reduced the amount of antibiotics being used for

unconfirmed infections, in particular urinary tract infections. In addition the use of cranberry tablets has been implemented for some residents with positive results.

Furthermore nursing, catering and environmental staff should all be commended on the very high level of care shown to all residents. In a health care environment, it can often be very difficult to avoid cross infections when caring for residents with complex care needs. The fundamentals of hand hygiene practice would have contributed significantly to this positive outcome.

Person Centred Care: a restraint free approach

Terang and Mortlake Health Service Aged Care Facility Mount View has embraced the person-centred care approach, using a restraint free approach where practicable.

This way of thinking aims to preserve the human rights of any person. All our residents are entitled to respect and protection of their basic

rights and freedom of choice.

By adopting a restraint free approach where practicable, the use of any restraint is always the last resort after exhausting all reasonable alternative management options to ensure the safety and wellbeing of our residents.

Falls

The World Health Organisation definition of a fall is "An event, which results in a person coming to rest inadvertently on the ground or other lower level"

Terang & Mortlake Health Service remains committed to the prevention, harm minimization and management of falls. Research evidence indicates that interventions to minimize falls risk can reduce the risk of falling and falling related injuries in people assessed as having a high risk of falling. A comprehensive falls risk assessment is completed on admission and followed up

as required for all patients and residents.

A brochure on fall prevention has been developed to provide the valuable education to patients and clients on falls prevention.

It is important to note that a number of things are classified as a fall; for instance a patient/resident rolling on to the floor, even when the bed is in the floor line position is classified as a fall. We have been able to maintain a low level of injuries resulting from falls, the most common being skin tears. There were two falls resulting in fractures during the 2013/2014 financial year - one occurred on the acute ward and one in Mount View nursing home.

Acute Care

The Terang Campus of the Health Service continues to deliver a range of acute services including:

- General Medical
- General Surgery
- Endoscopy procedures
- Gynaecology procedures
- Obstetrics
- Haemodialysis

Terang & Mortlake Health Service encourages staff to pursue on-going training, education and professional development. During the year Tracey Harris, one of our Acute Nurses took on the role of Unit Manager of our Aged Care Facility undertaking participating in a number of aged care forums to assist the transition has been a positive one for all staff and residents concerned. Two of our Registered Nurses completed training to deliver the Advanced Life Support Program. This training can now be facilitated internally rather than sourcing an external education provider. There

are currently two Enrolled Nurses at varying stages of the Bachelor of Nursing at Deakin University and both expect to graduate in 2015. These nurses are granted leave by the Health Service to complete their clinical placements and exams

Key Initiatives for ongoing professional development include:

- We conduct 5 Mandatory study days each year and staff are required to attend one session bi-annually. Topics included The ABC of Respect Code of Conduct/Social Media, Chronic Disease/Advanced Care Planning, Active Service Model/Person Centred Care, Diversity Types, Minimising the Risk of Harm, Occupational Health & Safety, Infection Control, Quality Improvement, and Resource Management,
- The SOLLE (SWARH On

Line Learning & Education) program provides learnings related to Open Disclosure, Medication Management, Manual Handling, Basic life Support, Blood Safe, Infection Control, Fire Training, Falls, Wounds, Deteriorating Patients, and are mandatory for staff to complete yearly.

Other Training opportunities include:

- Advanced Life Support Training
- Triage Education
- Obstetric Education
- Deteriorating Patient Education
- Wound Care
- Dementia training
- Preceptor training
- Simulation Training at Deakin University



Sarah Williams Nurse Unit Manager, Samarra Payne and baby Addison

Midwifery Report

The Terang Campus has continued to sustain the Shared Care Program, involving the GP Obstetrician and midwives, allowing greater continuity of care of mothers and babies. The health service has recorded 189 shared care visits during 2013/ 2014. The health service had 33 women booked to birth at Terang with 23 delivering at Terang and our midwives provided 47 domiciliary visits in the post natal period.



Lisa Urek, Sarah Williams & Julie Kenna

Redevelopment of Day Stay Recovery & Waiting Room Department

Funding in excess of \$116,000 was received from the Department of Health to redevelop a Day Stay Recovery area and a new Urgent Care waiting area. The

Waiting area also encompasses a new disabled access toilet. Funding from the Murray to Moynes Team allowed for the purchase of three adjustable trolleys. Positive feedback has been received from patients that have been utilised these areas of the hospital.



Terang & Tweddle Early Parenting Centre

The Terang and Tweddle Early Parenting day stay program began catering for the parenting needs of the South West in April 2001.

The Terang Early Parenting Centre, based at 46 Thomson Street Terang is operated in partnership with Tweddle

Child and Family Health Services. The early parenting centre provides a Day Program for families with babies and children up to 36 months old. The facilitators provide education and practical techniques to help manage parenting issues including feeding difficulties; unsettled/irritable infants; infant/toddler sleeping problems; uncertainty with parenting;

challenging toddler behaviour; maternal exhaustion and postnatal anxiety and depression. During 2013 we welcomed Cindy Moloney to the team as coordinator of early parenting program.. Cindy brings a host of skills to the position including a paediatric nursing background.

Urgent Care Department

The Urgent Care department capabilities were reduced for from the French word "trier" meaning to sort or choose.

“ After assessment, patients are allocated a triage category based on the Australian triage Scale.

Triage is a process of rapidly classifying patients on the basis of the urgency of treatment that is required. The level of urgency is based on the nature and severity of the illness or complaint; the patient's medical history; vital signs and symptoms; general appearance and a brief physical assessment.

four months between September and December 2013 whilst redevelopment works took place.

After assessment, patients are allocated a triage category based on the Australian triage Scale The following table of information sets out the triage time, patients classified in that category and the number of patients in the category seen within the classified time frame.

All people presenting to the Urgent Care Department are met by a nurse and triaged according to the Australian Triage Scale Target Time to Medical Review. Triage comes

CATEGORY	TYPE	TIME FRAME	NUMBER PRESENTED	NUMBER SEEN BY A DOCTOR
1	Resuscitation	Immediate	0	0
2	Emergency	Within 10 minutes	7	4
3	Urgent	Within 30 minutes	47	45
4	Semi Urgent	1 hour	423	401
5	Non Urgent	2 hours	2367	2356
TOTAL			2844	2806

Operating Suite

Theatre case throughput was down on previous year's totals due to the theatre being closed for six weeks whilst the redevelopment of the new procedure recovery area took place. The number of procedures completed in the operating suite during 2013-14 were as follows:

PROCEDURE	2011-12	2012-13	2013-14
GASTROSCOPIES/COLONOSCOPIES	221	189	144
GENERAL SURGICAL	42	25	46
GYNAECOLOGY/OBSTETRICS	20	27	11



Theatre Nurse Winnie Conheady, Dr Barry Morphett, Dr Tim Fitzpatrick & Theatre Nurse Elizabeth Mioduchowski

The Live Life Well Program

A CHRONIC CONDITION SELF-MANAGEMENT PROGRAM

Some people who have chronic health conditions are at higher risk of having unplanned readmissions to hospital and Urgent Care presentations. The Live Life Well Program (LLWP) aims to prevent avoidable hospital presentations and admissions for people who have the target chronic health conditions; diabetes, asthma, chronic obstructive pulmonary disease (COPD) and stable angina.

Patients who have unplanned readmissions within 28 days to Terang & Mortlake Health Service (TMHS) and have one of the target chronic health conditions are contacted by the LLWP coordinator and are encouraged to join the LLWP. Patients who have unplanned readmissions within 28 days to TMHS and do not have one of the target chronic health conditions are interviewed by the LLWP coordinator to try and determine the reasons for the unplanned readmission. TMHS then offers these patients increased community

based support and further assistance in the area identified.

Patients who join the LLWP are assessed using the Flinders Program™. This assessment helps the LLWP coordinator and the client develop goals and identify learning needs around the chronic health condition. Each client is encouraged to learn and practice the 7 principles of self-management;

1. Have knowledge of the condition
2. Follow a treatment plan (care plan) agreed with their health professionals.
3. Actively share in decision making with health professionals.
4. Monitor and manage signs and symptoms of the condition.
5. Manage the impact of the condition on their physical, emotional and social life.
6. Adopt lifestyles that promote health.
7. Have confidence, access and the ability to use support services.

Each client of the LLWP has a hand held management plan. This consists of; a current list of medications, an action plan of what to do when becoming unwell, and a care plan that lists all services and health professionals the client is seeing. Clients are asked to take these hand held management plans to each health professional visit. The hand held management plan can be used as a communication tool between health professionals to promote team care with the client being the central focus.

Since LLWP was developed in 2007 there have been 75 individuals with

“ Since LLWP was developed in 2007 there have been 75 individuals with chronic health conditions participate in the program.

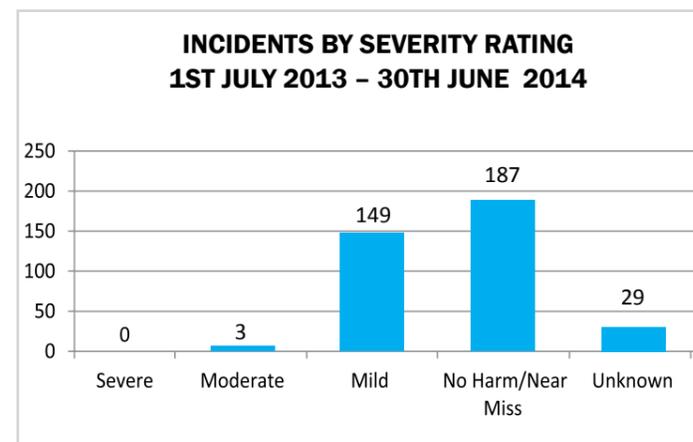
chronic health conditions participate in the program. There have been some great success stories: One person lost 20kgs in weight and has kept it off for the last 3 years; another client with very low literacy and numeracy skills has been able to master self-adjustment of their insulin injections; Two clients who had very poor diabetes control (determined by a HbA1c blood test >9.0%) have been able to reduce

Risk Management and Patient Safety

Terang & Mortlake Health Service (TMHS) takes safety very seriously. As part of ensuring high quality care for our community, we have a strong risk management system in place. We aim to identify and fix problems before an incident occurs.

The Department of health

(DoH) is committed to improving the quality and safety of Victorian Health Services. We use a standardised framework for the collection and management of clinical incidents known as Victorian Health Incident Management System (VHIMS) using Riskman data base system.



“Day stay Feedback”

(Patient's attending the day stay unit are asked to complete an evaluation sheet to provide us with feedback to enable improvements if required)

- Thanks for excellent care
- I felt comfortable while I was here, & the staff are all great.
- Pleasure to attend hospital with competent & friendly staff making you so comfortable and welcome.
- Lovely people and was treated with kindness and thought.
- The hospital is lovely and kept clean. The sunroom views are beautiful
- Well looked after by caring & happy staff makes for a stress free procedure
- Could not fault any treatment, staff very friendly and helpful.
- The standard of care at the hospital was very high- always ensuring you

were comfortable & needs satisfied, very caring staff

- Very caring service by friendly & caring staff and doctors
- Very happy with the service here and would recommend Terang to anyone, staff were friendly and helpful, thankyou for looking after me.
- Delicious sandwiches, wonderful staff, very friendly & very helpful. I wasn't so keen on having to wait on chairs in the waiting room prior; however the wonderful staff did make me feel very comfortable.
- Thank you for looking after me, the service was very good, no complaints.
- My day stay at Terang hospital as always and without question, a very pleasant experience. I could not speak highly enough of all the staff involved with my day stay admission.

their HbA1c blood tests to <7.0% by having strategies in place to remember to take medications and implement physical activity as a part of everyday life. Another two clients were able to use their action plans (specific to their health condition) to avoid a hospital admission by seeking assistance early.

Over the next 12 months the LLWP plans to continue teaching clients

about self-management. Self-management is also about enabling “participants to make informed choices, to adapt new perspectives and generic skills that can be applied to new problems as they arise, to practise new health behaviours, and to maintain or regain emotional stability” (Lorig, K 1993).

Infection Control

HOSPITAL ACCREDITATION

Hospital accreditation reviews were conducted during May 2014. This is an important process for TMHS. Accreditation provides the opportunity for an independent body to review the process of care, to ensure that improvements are ongoing and that TMHS is pro active with current trends. From the accreditation process the infection control department obtained five "met with merits" for the following areas: Standard 3.4.1 -Quality improvement activities are implemented to reduce and prevent healthcare associated infections. Standard 3.6.1 -A workforce immunisation program that complies with current national guidelines is in uses. Standard 3.12.1 -A antimicrobial stewardship program is in place. Standard 3.14.3- Monitoring of antimicrobial usage and resistance is undertaken. Standard 3.14.4. Action is taken to improve the effectiveness of the antimicrobial stewardship. This was an excellent

achievement for the organisation.

ANTIMICROBIAL / ANTIBIOTIC STEWARDSHIP (AMS)

AMS programs that are most effective should include, improving patient care, using antimicrobials correctly, reduce adverse consequences in relation to resistance. This means taking a complete course of antibiotics that have been prescribed by the doctor, per the Therapeutic Guidelines: Antibiotics. This means that there must be an infection to treat or if deemed necessary taking antibiotics prophylactically. However, antibiotics are only effective when used against bacterial infections; antibiotics are currently ineffective against viruses. As the common cold and influenza is caused by viruses antibiotics are of little benefit. In fact taking smarties would be a more enjoyable process. With the continuous overuse of antibiotics there comes resistance

and this creates additional health problems.

With over 22 million prescriptions written every year, Australia is one of the largest consumers of antibiotics. Pharmaceutical companies have reduced the amount of time and money spent on developing new antimicrobials hence, when a person becomes resistant to certain antimicrobials there is a limitation as to what can be prescribed. There is definitely a place for antimicrobials but their use must be managed appropriately by all persons involved.

INFLUENZA VACCINATION CAMPAIGN 2014

The infection control department has recorded the influenza uptake for 2014, to be 84% of all staff. This is certainly something to be proud of considering that the Victorian Health Care Associated Infection Surveillance Program, aims for 65% of all health care workers to be immunised annually against influenza. This is slightly up from 2013 when 81% of staff members were vaccinated.

INFLUENZA UPTAKE 2014

	2014	TOTAL	VACCINATED	PERCENTAGE
MEDICAL STAFF		5	4	80%
NURSING STAFF		72	61	84%
OTHER		46	43	93%
TOTAL		123	108	85%

Planned Activity Group

The Terang Planned Activity Group (also known as PAG) is run from the Josie Black Community Health Centre in High St Terang (5592 0300).

Over the past financial year we provided services to 82 clients. Currently we have 68 active clients ranging in age from their 30's to late 90's. Activities facilitated by the PAG staff are varied and are planned according to the individual needs and preferences of our clients.

Programs and activities are designed to improve and maintain physical and cognitive function in a fun and social environment. Activities range from gentle exercise and walking groups, tabled based games, arts and craft, croquet, pub games, cooking, gardening, memory games, movies to bingo and escorted bus outings.

The bus outings are particularly popular with regular outings held specifically for men on Mondays and every first and third Friday of

the month. Each Tuesday, a group from the PAG head out on the bus to a different location for lunch and sightseeing or shopping.

The PAG clients, along with volunteer Jean Lemke, Sharon Woodham and family members produced many items of art, craft, baked goods and plants for the twice yearly two day street stalls and raffles. These are held before Mother's Day and Christmas and are very successful for raising funds for outings and other activities. This year funds were also used, at the clients' request, to purchase a coffee machine so that they are able to have café style coffee at the PAG.

Wendy Errey commenced in the role of PAG Coordinator in March and has introduced new ideas and activities for our clients. Particularly popular was a silk scarf painting day which had nearly 100% client involvement. Our clients thoroughly enjoyed being able to take home a beautiful scarf that they designed and painted themselves.

Safe Use of Blood Products

The transfusion of blood and blood products is not without risk and can lead to complications and adverse outcomes for patients. It is vital the Terang & Mortlake Health Service provides safe and appropriate, effective and efficient

management of blood products. Terang and Mortlake Health Service has a governance system in place for the safe and appropriate prescribing of clinical use of blood and blood products All Registered Nurses must complete the Blood

Safe e-learning program annually, developed by clinical experts in the area of transfusion. Data collection and monitoring ensures our policy is adhered to. There have been no adverse events relating to blood transfusions.

Primary Health Care

It is often a concern to Health Professionals that we are not always aware of all material issues affecting a person when they present to us and sometimes, we are so focussed on the task at hand that we don't take the time to find out. In addition to this, clients may not have an awareness of the range of services that are available to them which they can utilise to help them stay healthy and independent at home. We recognised that this situation had to change and we needed to listen to our clients' stories in order to provide a higher degree of care.

We developed a pathway for clients presenting at our Community Health Centres to streamline their access to services and to gather relevant personal information for appropriate care and government reporting requirements. The client pathway begins when they first present at the reception desk for an appointment.

In May 2013, a project commenced to ensure we were

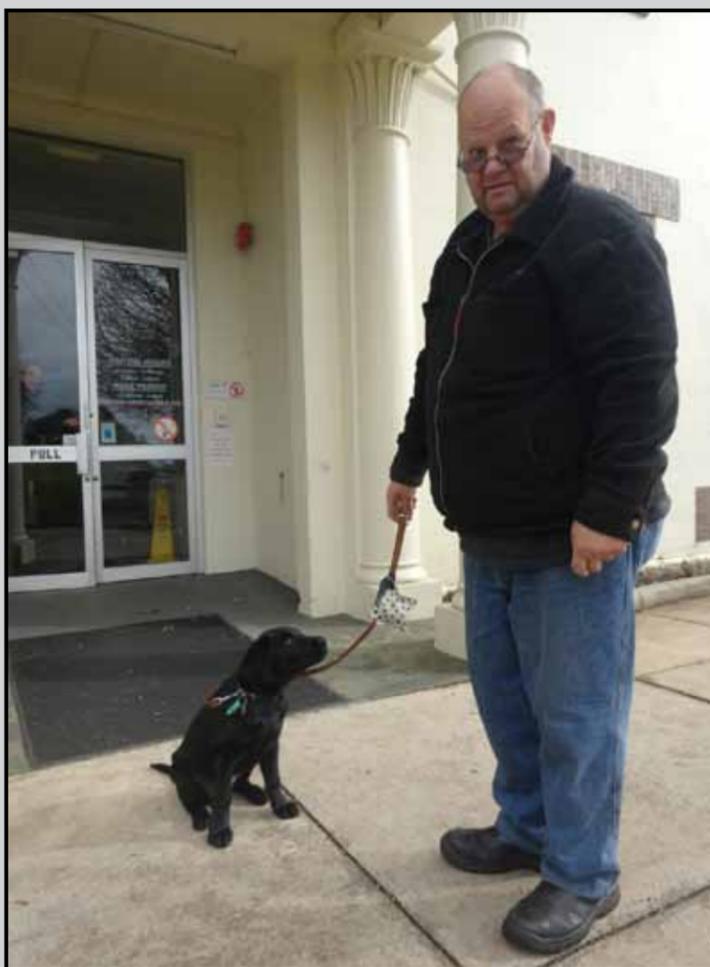
adequately screening all clients who presented for Allied Health Services (eg: podiatry, speech therapy and occupational therapy). The screening process involves determining the client's capacity to undertake their usual daily activities and asks them to consider any concerns they may have about their health and wellbeing. To date, 443 clients have been through this process which involves receiving a telephone call from a nurse in the weeks after their visit to ensure they are receiving the services they require and to provide information regarding services that are available to address any identified needs.

A review of the project has identified that many clients already have multiple services in place that are adequately addressing their needs. In total there were only 17 clients documented as being referred to other services, some within our own organisation, but several to other service providers. The project has however improved the recording of client information

for service eligibility and producing Minimum Data Sets. This has reduced the amount of time staff spent adjusting reports prior to submission to the Department of Health. We are currently evaluating the project to identify opportunities to improve our practice and service delivery.

The Great South Coast Medicare Local temporarily funded additional monthly Podiatry services for both The Josie Black and Mortlake Community Health Centres (CHC) throughout the past financial year. This enabled us to reduce our waiting list times for clients requiring foot care. In February 2014 we were able to employ a Podiatrist to provide a weekly clinic at the Mortlake CHC as occurs at the Josie Black CHC. This has provided timely access to care for clients in the Mortlake area. The Medicare Local funding has now ceased and following the commencement of the weekly Podiatry service we have been able to maintain a consistent service.





“The man with the dog” Gerard Overweter

Gerard is one of the hospitals valued volunteers, but a volunteer with a difference. He brings his guide dog pups to cheer up the hospital patients and the Mount View Aged Care Residents.

Gerard was originally from Warrnambool, where his parents owned the Wool Bale Shop. Later Gerard ran the shop with his wife until 1990. He then worked for Kraft Foods, later Warrnambool Cheese and Butter till 2009 and is now semi-retired, living in Terang with Sandra, his second wife, his first wife having passed away in 1998. He has a large

extended family. Between them, he and Sandra have 7 children, 20 grandchildren and a great granddaughter.

Gerard is now training his 7th Guide Dog, 12 week old Ely, the dog he brings to the hospital at present. He works with each dog for 12 months, teaching it to be a family pet and giving it some basic manners. If it shows potential it goes into fulltime training for 6 months. The dogs come from the Guide Dog Centre in Kew, which has its own breeding program.

Gerard wanted to give something

back to the community. Sometime ago he was visiting a hospital patient and was asked to do so on a regular basis. He has been coming to the hospital since 1993 and tries to come at least once a week. His day starts at Mt View, followed by a visit to the nurse’s station to see which hospital patients would appreciate a visit from Ely. The Mount View residents generally enjoy watching the dog play, but often the hospital patients like to cuddle the dog. Gerard says some of the nurses even like to have a cuddle.

Gerard Overweter with Ely



Emily Grant - Health Promotions Office

Health Promotions Officer Emily Grant

Emily grew up in Mortlake and after completing Year 12 at Mortlake College went on to study at Deakin University. She graduated Bachelor of Health Science. Her focus has been on health promotion and nutrition. Emily still lives at home in Mortlake and clearly loves her job.

One of the things which makes Emily’s work so interesting for her is that “every day is different” and her role brings her in contact with a lot of young people.

Emily worries about the level of obesity in our communities and is adamant that education is the key to changing eating and activity habits

and thereby tackling this First World problem.

Sadly, Emily knows that there are children who come to school each day without having eaten breakfast and with no lunch packed. She believes in being proactive and knows that something as simple as basic cooking skills can make a huge difference in the lives of these young people; not only for their health and well-being but also their ability to concentrate and learn at school. Emily told me about “lunch box audits”, finding out exactly what students bring for lunch and what makes a healthy lunch. She believes that there is a definite link between children eating better and behaving better.

The marvellous work being done by the Stephanie Alexander Kitchen Garden Foundation in schools (and here at Terang College too) is doing so much, and especially in a hands-on way, to educate school children and shows them not only how to grow their food, but what to do with that produce.

Apart from her work in nutrition there are many other issues which come under Emily’s umbrella. Some of these include preventing violence against women; women’s sexual health and working with the nurse at Terang College regarding sex education.

Away from work, Emily likes cooking and plays netball. She visited the Philippines as an alternative to schoolies week when she finished Year 12 and will be returning there with this year’s students.

Emily told me “I am very happy doing what I do”



Quality Manager Gaye Sanderson, June Blake & CEO Mark Johnson

Quality Care Report Feedback

Terang and Mortlake Health Service recognise the value of feedback, both positive and negative and treat all comments as opportunities to reflect on our performance and identify potential improvements. We encourage all consumers to raise any concerns they may have about care and or services they receive. The feedback we receive is treated with the strictest confidentiality, entered into our electronic data recording systems and reviewed by our Quality Improvement Committee

There were some full tummies in the Blake household last Christmas after Terang’s June Blake won a hamper full of goodies from the Terang & Mortlake Health Service (TMHS). June was one of 27 people in the Terang and Mortlake district to return a feedback form from the TMHS Quality of Care

report. The Health service mailed out 1,950 reports to households across the district during November, outlining the organisation’s safety systems, processes and outcomes for the 2012/13 year. TMHS Quality, Risk & Safety Manager Gaye Sanderson said the feedback was a valuable way to help the Health service improve on its annual report distributed to the community. “As an organisation we value the feedback received and endeavour to incorporate suggested improvements into next year’s Quality of Care report format” she said. “The responses and comments also assist us to achieve our goal of providing consistently great care and services to our clients”.

All who responded enjoyed reading the report; it was easy to read and most informative.

Terang and Mortlake Health Service Hospital Auxillary Committee

By **EVE BLACK**

Terang and Mortlake Health Service Hospital Auxillary Committee.

Stepping into Marg Connellan's shoes as President has been both a pleasure and a challenge. Marg was such a good leader for many years and I still find myself seeking her advice and counsel. Thank you Marg.

Over the past twelve months we have continued our fundraising with enthusiasm. Our first "In-House Music" held in August, 2013 was a resounding success and the second, similar event held in May this year, was even more popular. It is obvious that this will now become an annual fundraiser. People are already asking about the next one!

We have continued the tradition of our Golf/Bowls/Croquet Night. This is another popular evening with the sporting community, and although estimating numbers can be difficult, we once again ran a successful, well-supported event.

The Terang Country Music Festival saw us providing a BBQ; the weather, large number of food vendors and perhaps even our position on the ground, along with lack of public support should all make us think hard about taking this on again.

Fortunately, the large amount of food we had left over was still put to good use for the hospital

by the Murray to Moyners at their Golf Day fundraiser the following weekend. So nothing wasted and perhaps a lot of wisdom gained!

We are all getting older and it is inevitable that members will leave the Auxiliary due to the ravages of age. Over the past year or two, several familiar faces are absent from our meetings. I thank them for their enormous contribution to the Auxiliary over many years.

I also say "thank you" to all our present members. We are so very fortunate to have a hospital here in Terang and I believe that the hospital too, is lucky to have an active and caring Ladies' Auxiliary, today and over the past 81 years. The hospital is after all, the place where so many of us began our lives, and will in many cases, be the place where our lives come to an end. It's that time in-between where we can make a difference to our hospital and community.

My role as President has been made so easy thanks to our Secretary, Jeanette Eller and Treasurer, Nola Davey (who is both Treasurer and a treasure!). I thank you both for all you do for the Auxiliary and the Hospital.

Let's now look ahead to another year of fund (and fun) raising and perhaps even some new members to help us.

Marg's were big shoes to fill; I have brought my own shoes to this position.

Meet our New Board Member Murray Whiting

Our Hospital Board has recently been fortunate to gain the services of Murray Whiting. Murray is a lifelong Terang resident along with his wife Vicki and their three daughters, Chloe, Anna and Eliza. Murray has spent all his working life of 31 years with Sinnott Accounting firm, having gone there straight from high school and studied Accounting by correspondence through the Deakin University. Murray's working week is divided between

Camperdown and Warrnambool. Murray's main interests revolve around his family, but he also has the misfortune to be a follower of the Melbourne Football Club. In recent years Murray has taken up running, and plans to test himself in the Melbourne half-marathon.

Living in Terang, Murray has always been interested in the local community. He has previously been a member of St Thomas's and Mercy Regional Schools Boards,



Murray Whiting

and decided he would like to further his community involvement. He is interested in public health and well-being, and believes it is important that Terang retain our hospital and the other health services offered, so with his expertise in finance and accounting our hospital board presented the perfect opportunity for him.



Tracey Harris - Aged Care Manager

Tracey's career preference when she was at school was to study law; however, after leaving school she did one year of accounting and then a Personal Care Assistant (PCA) traineeship.

What a change it was for Tracey to undertake nursing at RMIT, Hamilton. This was mostly by correspondence. Her graduate year in 2004 was spent nursing in Warrnambool. Tracey joined our health service in 2011.

When the position of Aged Care Manager at TMHS came up in 2012, Tracey jumped at the chance, and even though she is a very young

Aged Care Manager Tracey Harris

unit manager, she has embraced the position with dedication and enthusiasm in her own quiet way.

There are many challenges in caring for elderly residents, and Tracey's focus is on being able to provide the best care possible. She considers managing residents' sometimes challenging behaviours as an important part of her work.

Tracey perceives aged care in the future as being predominately home-based with clients coming to facilities like Mount View when they are no longer able to live in their own homes.

The aspect of her work which Tracey enjoys most is the satisfaction she derives from making a difference to residents' lives. Tracey's youth is in itself a challenge in her role. In the time that I have known her, I have found that Tracey has knowledge and wisdom beyond her years; she also has a true passion for her work.

Tracey told me what hard work aged care is, but also how very satisfying it can be.

Tracey lives in Mortlake; her husband Peter who is a butcher in Warrnambool. They have a 20 month old toddler and another baby on the way. When she has time, Tracey likes to relax by reading and gardening and she also loves music. Tracey strongly believes in being involved with her community.

Tracey grew up in Lake Bolac; she has always lived in the country and has no desire to leave; she also plans to spend her nursing life working in aged care.

We are indeed fortunate to have Tracey Harris on our staff.

Tracey grew up in Lake Bolac; she has always lived in the country and has no desire to leave; she also plans to spend her nursing life working in aged care.

We are indeed fortunate to have Tracey Harris on our staff.

Environmental Management Plan

Terang and Mortlake Health Service (TMHS) is genuinely committed to maintaining and improving the health and wellbeing of the people and communities we serve.

To that end, we recognise the need to use our resources wisely and effectively without compromising our standards of care.

We also acknowledge our

responsibility to provide a leadership role for environmental sustainability. In this regard, TMHS has developed and implemented an organisation-wide Environmental Management Plan to reduce energy use, conserve water and reduce the volume of waste sent to landfill. It is an expectation that all members of the TMHS team play their part to minimize unnecessary energy waste and actively participate in

recycling initiatives.

Since 2010, Terang & Mortlake Health Service has implemented a number of initiatives to reduce its carbon footprint and reduce energy costs. These include:

- Replacement of Diesel fired boilers with split system heating/cooling units at both the Terang & Mortlake campuses in early 2011;

- Installation of a solar hot water pre-heating system at Terang Hospital designed to reduce LPG and electricity usage;
- Installation of automatic time clocks for more efficient controls of our heating systems;
- We have a general waste recycling program in place;
- Replacement of Pan-sanitizers with Macerators has reduced water consumption;
- Centralization of internal laundry services in December 2011 with new energy efficient washers and a gas fired commercial dryer will reduce both electricity and water consumption;
- All fixed and hand held shower heads were replaced

with variable flow models in May 2013 which reduce water usage from 12.5 litres per minute to less than 9 litres per minute (28% reduction in water use);

- Replacement of six cylinder vehicles with fuel efficient four cylinder models (District Nursing and Fleet vehicles);
- Implementation of Battery recycling in 2010;
- Replacement of disposable Sharps containers with re-usable containers;

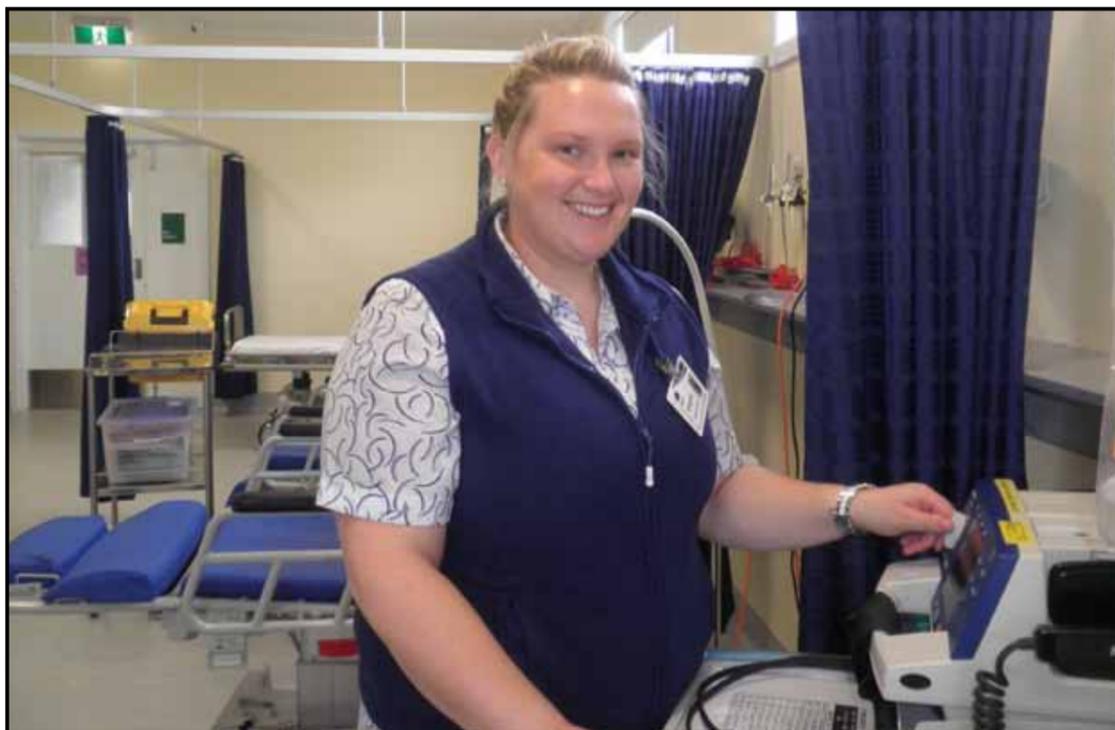
Moving forward, our primary focus will be on a continued awareness program for staff, to educate all team members on the small actions they can take, both at work and in their own home that collectively make a positive impact.

A comparison of the Health Services' environmental performance over a five year period is as follows:

UTILITY	2013/14	2012/13	+/- % CHANGE	2011/12	2010/11	2009/10
ELECTRICITY (KWH)	423,256	524,301	-19%	533,048	414,417	413,301
LP GAS (LITRES)	53,270	54,338	-2%	61,745	110,436	107,886
DIESEL (LITRES)	0	0	-	0	24,240	24,745
WATER (KILOLITRES)	6,089	6,005	+1%	5,944	5,966	5,701

Meaghan Toohey

Portfolio Champion Standard 10 Preventing Falls and Harm From Falls



Meaghan Toohey – Portfolio Champion: Standard 10 - Preventing Falls and Harm from Falls

Meaghan’s aim is to prevent in-patient falls at TMHS. She also does some out-patient assessments.

When patient’s come to our health service it is Megan’s job to screen them and to put measures in place if they are at risk of falling. High risk patients are referred to a physiotherapist and occupational therapist.

Working mainly with frail and usually, elderly patients, Meaghan puts “fall preventing” measures in place. These may include walking frames and sticks, sensor mats and call-bells. However, Meaghan is mindful of not taking away patients’ independence. Patients are encouraged to ask for help if they are unsteady or unsure. Something as simple as a dressing gown which does not drag along the floor may prevent a possible fall.

There are many measures which

we already employ as part of our health service and which are often taken for granted; these can, and do, prevent falls. Some of these proactive measures include bed brakes, adjustable chair heights, uncluttered rooms, high-low beds, safety rails in bathrooms and higher toilet seats. Many of these measures would be recommended by Meaghan and her team for patients at risk of falling in their own homes.

The Safety Link (alarm worn by patient) is another important and useful tool, especially for outpatients, living alone.

Meaghan commenced her nursing training on leaving school. She studied at Deakin University, Warrnambool and completed her graduate year at Western District Health Services in Hamilton. She works at TMHS three days a week and at St John of God Hospital in

Warrnambool and additional two days each week.

Meaghan and her husband Michael (who also works as a chef at our health service) live in Purnim where they are renovating a house which they have had moved on to their block of land. Meaghan told me that her husband is not at all a handyman, however he is learning!

Away from work Meaghan likes playing netball and catching up with her many friends; she and Michael have travelled within Australia and also to Vanuatu and Fiji.

Meaghan loves general nursing and thinks that the best things about working in a smaller hospital would be the wide variety of work, the community feeling in a small facility and contact with patients’ families.

In a perfect world Meaghan would make TMHS a “fall-free zone”!

Hand Hygiene

Hand hygiene compliance rates have continued to be consistently recorded in the high eighties percentile; in this regard, all Terang & Mortlake Health Service staff members are to be commended. The “My Hospital” website provides information to all health care consumers and reflects current hand hygiene data. The minimum standard compliance rate is 75%. Hand hygiene is considered to be the number one link in not only

reducing, but containing many types of infections. Terang & Mortlake Health is also committed

to hand hygiene education and monitoring of not only staff but all visitors to our facilities.

OVERALL COMPLIANCE RATE

AUDIT ONE 2014

CORRECT HAND HYGIENE ACTIONS	TOTAL MOMENTS	COMPLIANCE RATE	LOWER 95% CONFIDENCE INTERVAL	UPPER 95% CONFIDENCE INTERVAL
96	106	90.6%	83.5%	94.8%

AUDIT TWO 2014

CORRECT HAND HYGIENE ACTIONS	TOTAL MOMENTS	COMPLIANCE RATE	LOWER 95% CONFIDENCE INTERVAL	UPPER 95% CONFIDENCE INTERVAL
93	104	89.4%	82%	94%



Murray to Moyne Cycle Relay

The 2014 event marked the 27th consecutive year a Terang & Mortlake Health Service team has participated in the Murray to Moyne Cycle Relay. Almost \$250,000 has been raised for the Health Service during that time.

The ‘Terang Flyers’ and ‘Mortlake Blood Sweat & Gears’ cycle relay teams have again made light work of the challenging 520 kilometre Murray to Moyne cycling event and in the process raised more than \$23,000 for a new anaesthetic monitor and automatic door at the Terang Hospital campus.

Despite south easterly winds creating a mild head wind, the team of 15 riders and four support crew took just under 14 hours to ride the 425km Saturday leg from Swan Hill to Hamilton.

The riders arrived in Hamilton just 1 ½ hours later than last year’s record breaking run from Mildura when assisted by a tailwind and perfect conditions. Setting out from Swan Hill at 9.03am, the team split into three groups of five riders to tackle the trek in 25 to 35 kilometre stints.

They travelled south easterly through Sea Lake, Birchip, Donald, Minyip and Horsham before they arrived in Hamilton at 11.10pm for the compulsory stopover. They averaged just over 32kmh for the first day which included a dinner stop at Horsham.

The entire team then tackled the final 95 kilometres to Port Fairy on Sunday morning where Victorian Premier Dr Denis Naphthine and a large crowd of well-wishers greeted them and the other 95 teams, consisting of almost 1100 riders, at the finishing line.

Team Captain Ken Densley, who was back on deck after missing last year’s event after an unbroken 25 year run, said the group had been working extra hard on and off the road to train and fundraise

for this year’s 520km event. The team held its annual charity golf day thanks to the great support of the Terang Golf Club and donated prizes over \$1,900 was raised to kick start fundraising. Wayne Reicha also kindly donated a weekend at his house in Lorne for the major raffle prize which raised a further \$2,800.

The Terang Community Op Shop continued their tremendous support by contributing \$5,000 in sponsorship for the third consecutive year, while the Terang Rotary Club and Terang & District Lions Club each chipped in \$1,000 to the cause. Christians Bus Lines again donated the use of two mini buses and many local businesses assisted with catering supplies.

Terang & Mortlake Health Service CEO Mark Johnson complimented the participants on the efforts. “The riders have shown great commitment to their training programs to ensure they were strong enough to complete this challenging ride”.

“I would like to thank all riders and support crew that took part this year and also the local community for support our team by sponsoring a rider, purchasing raffle tickets and attending fundraising events” Mr Johnson said.

He made special mention of the outstanding \$5,000 contribution to the Murray to Moyne relay, by the Terang Community Op-Shop. “I cannot speak highly enough of the fantastic band of volunteers that contribute at the Terang Op-Shop. This wonderful community initiative has benefited so many worthy organisations throughout our local district and all at Terang & Mortlake Health Service are very grateful for their continued support”.

The amount raised in 2014 was almost \$23,000 and funds were utilised to purchase a new Anaesthetic monitor and towards installation of an automatic door for the hospital main entrance.