



# QUALITY OF CARE REPORT

SINCE 1994

FRIDAY, OCTOBER 30, 2015

## Website Redevelopment

Terang and Mortlake Health Service launched its new website in May 2015. The new website has provided an opportunity to promote health services in a way that showcases the facilities and services available for our community to access. The building of the website has been a significant undertaking with each page being designed individually to ensure that information is relevant and reflects the philosophy of the health service, its vision and values. This body of work sits underneath the 'Marketing' Theme of Terang and Mortlake Health Service's Strategic Plan.

Terang and Mortlake Health Service has specifically selected a bright colour scheme in order to

make the site vibrant and inviting. The website has utilised principals of health literacy in order to promote ease of reading for all consumers. The font size can be increased for those community members who find small font challenging to read. Clear tabs highlighting service areas and icons have also made the site easy to navigate.

Thanks must go to our Community Advisory Group who were able to provide the health service with feedback on the user friendliness of the site from a consumer's perspective.

For those interested in accessing the site, the address is [www.tmhs.vic.gov.au](http://www.tmhs.vic.gov.au)



## A message from the Chief Executive

By **JULIA OGDIN**  
CHIEF EXECUTIVE OFFICER

I am delighted to be able to share some of the excellent work that has occurred at your health service in the last 12 months. The ability to offer quality health care is by no means an accident. It takes great deal of commitment to ensure that we offer a standard of care that we are proud of, and one that also meets best practice. The community should feel confident in the care that Terang and Mortlake Health Service provides daily and feel assured regarding the processes and

procedures that are implemented to achieve consistently safe, quality care. It is true that without the confidence and support of our community, Terang and Mortlake Health Service would fail to exist.

All staff at Terang and Mortlake Health Service continue to strive to achieve our organisational vision:

**T**o be a leader in the development of a vibrant, healthier community; and to live up to our values;

**C**ompassion & Responsiveness - We care for the needs of our consumers and each other

**E**quity and fairness - We make decisions objectively, without favoritism or bias.

**E**thical behaviour- We act in a transparent & confidential way.

**A**ccountability - We use resources efficiently and act responsibly

**E**xcellence - We strive for excellence in the delivery of healthcare.

**R**espect - We respect the rights of the individual.

The design of the 2015 Quality of Care report has once again been developed with significant assistance of our Community Advisory Committee. The 2014 tabloid newspaper format received significant community support, hence the decision to utilise this format again this year.

Terang and Mortlake Health Service have endeavoured to utilise the feedback received from the 2014 report to once again produce a quality publication. Please consider taking time to complete the 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.

Finally, I would like to acknowledge the tireless work of the Terang and Mortlake Health Service staff and volunteers who do their best to ensure that our patients, clients and consumers receive a highly positive health service experience.





# 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.

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## 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.

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## 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.

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# Our Towns



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 Cooinda 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.



## 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 our Mount View Aged Care Facility. 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 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).

# Concerns / Compliments Management

We view all complaints as an opportunity to do things better. At Terang and Mortlake Health Service, we have implemented the term 'concern' rather than 'complaint.' This term ensures that we see the issue raised as an opportunity to improve. 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.

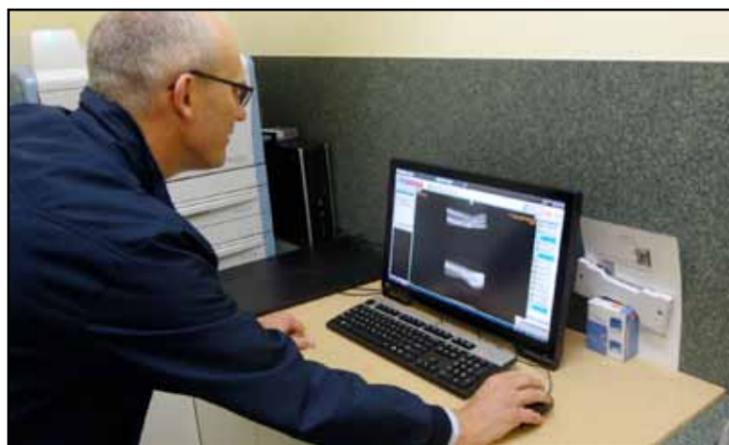
All concerns are addressed without prejudice and are dealt with promptly by senior management.

This system also encourages the recognition of the positive actions throughout the health service. Compliments are gladly received by staff and boost morale by knowing that they have made a difference to a consumer's health care experience.

# Introducing Julia Ogdin



L - R Julia Ogdin & Mr Graham Blain Chairman of the Board



T - B. Annabel Williams & Dr. Tim Fitzpatrick

# X-Ray Service

Thanks to the generosity of community bequests and the fund raising efforts of the 2014 and 2015 Murray to Moyne Cycle Relay teams, we have been able to upgrade our ageing X-Ray equipment including the acquisition of a new digital processor and mobile X-Ray machine.

The choice of digital imaging equipment has a number of benefits including:

- Improved image quality
- Removal of chemical image processing
- Limited space needed to conduct the service – no darkroom required
- Reduction in occupational health and safety issues through reduced handling of chemicals

- Ease of storage of medical images
- Timely access to radiologist services by digitally transferring images rather than using courier services

Two of our nursing staff are planning to complete the Rural & Remote X-ray course at the University of South Australia. This training will increase the capacity of trained staff to complete limited X-Ray of limbs. This service will be available when trained nursing staff or Visiting Medical Officer's (VMO's) are rostered on duty. Regional Health Services in general do not have access to X-Ray imaging 24/7, only in life threatening circumstances.

The beginning of 2015 brought us not only a new year, but also a new CEO for TMHS. Although Julia Ogdin has been with us for only a few months, she is already making her mark on the hospital and its services and her face is now familiar to staff, patients and visitors.

Julia's vision for our health service is to both reflect and live TMHS's vision of being leaders in the development of a vibrant, healthier community. Her wish is for the community and TMHS staff to feel proud of the standard of care delivered in our towns. Julia wants people to feel assured that they are receiving care of the highest standard.

Our CEO places a strong emphasis on preventative health care. The Service's vision is for our community to be as healthy as possible for as long as possible. This means that investment in primary health services such as allied health disciplines, needs to be enacted.

Julia brings to her role a passion for education and would like to encourage staff to engage in learning wherever possible; as Julia says: "I know that this (education) promotes a sense of motivation for staff to keep improving both themselves and the services we provide to our community".

The promotion and marketing of TMHS services is also of great importance to the CEO. "We need to promote the breadth

of our services and our points of difference from the larger providers in the region. We have the ability to offer services that adhere to true person-centred care principles and to take the time to work in a holistic way with our patients and consumers".

The new TMHS website is an example of the marketing work that has been completed in recent months.

The provision of maternity services at TMHS is something that Julia is committed to working hard to keep in the forefront of the community's mind. Julia is a relatively new mother herself; baby Alexander is just sixteen months old.

The concept of birthing in one's home community is special, and "in my opinion, contributes to the lifeblood of a healthy community. I encourage all prospective parents to come and meet our midwifery team and view our birthing facilities".

Julia feels strongly that at TMHS mothers and their babies can be discharged home when "they are ready to leave"; this is certainly a point of difference compared to larger providers where maternity bed spaces are often at a premium. An extra day or two with midwifery support can often mean the difference between successfully embarking on the breast feeding journey or not. Giving birth is surely the hardest job a woman can do - they

do not call it "labour" for nothing! A little extra rest for both mother and baby can only be a good thing.

And what about our CEO's life away from the health service?

Julia is married to Tim Gubbins. They live on their small sheep property in Moyston at the foot of the Grampians (not exactly around the corner from Terang!) With her work and family, there is not much time for leisure.

However, Julia told me that she likes gardening, has been a keen netballer and loves travel. She has worked in the UK and has visited both North and South America as well as other countries in Europe. Julia's next travel destination is likely to be Africa and she is looking forward to travelling with husband Tim and Alex.

Although originally a city girl, Julia told me how much she likes country living. She loves to help around the farm when she has time.

Speaking to Julia and observing her about the hospital and beyond, it is obvious that Julia really loves her work here at TMHS and has successfully achieved balance between her working and family life. She told me how much she enjoys the sense of community which comes with living and working in a rural environment.

I am sure that those of you who have met Julia will agree that we are indeed fortunate to have her as CEO of our Terang and Mortlake Health Service.

# Accreditation

Accreditation provides an opportunity to reflect on the great work that we do.

We continue to be independently reviewed by a number of accrediting bodies and,

following the introduction of the National Standards we have been busy reviewing our practices to meet these best practice benchmarks. In May 2015 we were required to submit our

SASS Self – Assessment Support Service to the ACHS – Australian Council on Healthcare Standards, the report we received back was supportive and complimentary to the organisation

TYPE OF ACCREDITATION	OUTCOME
EQuIP National 4 year process with 2 onsite visits	Accredited to 2nd July 2018. SASS Review May 29th 2015 Periodic Review due 12th April 2016
Community Common Care Standards (CCCS) 3 year cycle	Accredited to 2nd July 2018
Aged Care Accreditation MT View 3 year cycle with an unannounced support visit	Accredited to 2nd August 2017 Unannounced support visit 24th April 2015

# Quality of Care Hamper

The winner of the Christmas Hamper, Karen Jeffs was chosen from one of 35 entries received in connection to the Quality of Care Report Feedback questionnaire. Karen was presented with a \$50.00 hamper and a \$50.00 voucher to the Terang Co-op. Karen stated that she would like to donate the hamper to a needy cause, especially being around Christmas and she wanted to give to those less fortunate.

Each year when presenting our report, we include a brief questionnaire asking for feedback from the readers regarding the layout, content, what they would like to read about in next year's report and any other comments that they would like to make.

As an organisation, we value highly the feedback we receive and endeavour to incorporate it into the next year's Quality of care Report.



L-R TMHS Director of Nursing, Jane Fitzgibbon, Christmas Hamper winner Karen Jeffs and Quality Risk & Safety Manager Gaye Sanderson.

# Cultural Responsiveness



Terang and Mortlake Health Service is strongly committed 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.

The goals of our diversity plan are:

- To broaden the knowledge of staff and volunteers, throughout the agency, in regard to diversity issues. Enabling people to better respect the personal history of clients and carers from diverse backgrounds.
- Promotion of positive ageing and social connection for

clients with dementia and their carers by increasing dementia friendly environments and practices.

- Identify special needs groups, within the Health Service catchment, which are encountering barriers to accessing services and developing a plan to address identified gaps in service provision.

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.

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. 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.

Policies ensure that accredited interpreters are provided to all patients / consumers who require one.

Inclusive practice, assessment 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.

## Walking up a storm at 92 years young

At 92 years of age, Marj Almond refuses to sit back and relax in her retirement, as she knows the dangers of sitting still and not exercising. Marj was determined to exercise regularly to maintain her fitness, so she joined the local Nordic walking group at the Mortlake Health Service.

Marj says "there are many benefits, including getting you into the sun and fresh air, exercise, posture and social interaction. Older people tend to stay still which we shouldn't do. I'm basically 100 percent fit and I don't like being held up"

Nordic walking is a physical activity that involves walking with specifically designed poles and a learned technique to create a low stress, total body workout. You're moving every muscle with Nordic walking and everything is moving in sequence, but gets your heart rate



L-R Nordic walking instructor Wendy Newell, Marj Almond and Jenny Grice Nordic walking instructors

up and blood moving around your body. Nordic walking activates 90 percent of the body's muscles and is suggested to have 25 percent greater effectiveness compared to normal walking.

Nordic walking is specifically designed to help those with arthritis

complete physical activities because it puts less strain on joints and makes it easier for the participants.

If you are interested in finding out more about the Nordic walking program please contact the Mortlake Health Service on 55587000.

## South West Healthy Kids



By LAURA STEVENSON

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.

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. This program has now been piloted and evaluated. It is set to 'launch' in 2015, which will see all resources made available for any school wanting to address healthy eating and promote healthy lunchboxes.

In 2015, SWHK also began supporting the 'Smiles 4 Miles' program. Smiles 4 Miles was developed in response to the alarming rates of tooth decay experienced by young children in Victoria. Smiles 4 Miles is an award program that works to improve children's oral health by encouraging early childhood services to promote a healthy environment using the three key messages; drink well, eat well and clean well.

In collaboration with South West Dental Service, SWHK currently support 19 services across Warrnambool and Moyne, including the Mortlake Kindergarten.

# Mortlake Community Health Centre

On the 14th November 2014, 125 years of Health Services in Mortlake were celebrated at the Mortlake Community Health Centre. This event was arranged by the Mortlake and District Historical Society and supported by the Health Service. A large number of community members attended including many staff who previously worked at the Mortlake Hospital. A large garden urn and plaque were unveiled by ex-Matron Barbara Bethune and Ann Gee the Vice-President of the historical society to "recognise the efforts of staff and community members on the 125th anniversary of public health services in Mortlake". Members of the historical society performed small vignettes on the lives of several of the first doctors, nurses and administrators. A commemorative tree was also planted to recognise the efforts of Mrs E. J. Claridge who worked on the committee to raise funds to convert the Mortlake Fever Ward into a District Hospital.

The Physiotherapy Department have the use of new equipment to treat soft tissue related injuries following the generous donation of a new ultrasound machine by the Mortlake Lions Club. This has enhanced the care able to be provided by staff and improved recovery rates for clients.

The Mortlake Community Health Centre has recently had security cameras installed at all entrances to improve staff and client safety. In addition to this



L - R Jane Fitzgibbon current Director of Nursing, former Matrons at the Mortlake Hospital Olga King Barbara Bethune and Noelyn Wales former Director of Nursing, and now a member of our District Nursing staff.



L - R Ann Dodds, Kristy Wilson, John Grattan-Wilson & Lukie Weatherly

sliding glass windows have been installed at the reception desk to create an unobtrusive physical barrier.

The Outpatients Department has had telehealth equipment installed with staff to receive training in the near future on the use of this

technology. It is expected that this will enable staff and clients to have direct visual and audio links with GP's and medical specialists thus reducing the need to travel and improving outcomes for client care.

## Quality Improvement Committee

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

All TMHS staff plays an important role in contributing to the delivery of safe, high 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, 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?

Coordinating the planned and systematic monitoring and assessment of care provided and services delivered within the health service. Implementing actions to rectify problems or improved care/service and to evaluate outcomes.

- Ensure that the most effective process of quality improvement and evaluation is carried out across the Health Service with reference to the annual strategic objectives set by the Board of Management.
- Provides a formal channel

to discuss and plan issues that relate to quality & risk management.

- 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.

## Enhancing Care Project. "Hard wiring for excellence"

Since the introduction of the Studer principles of "hard wiring for excellence" across all departments of the Health Service we have achieved greater levels of communication and accountability for all staff.

All staff had the opportunity over the period of one month to identify behaviours and attitudes at work that are "above or below the line". These identified behaviours formed the basis for the development of an "Employee Charter". The charter is displayed in all departments and has been signed by all staff at their annual appraisal to indicate that we acknowledge the strength of the document developed by staff and agree to hold ourselves accountable for our behaviour. In effect it also gives staff the permission to hold others accountable for their actions regardless of their role in the

organisation.

Senior staff are meeting briefly with each of their staff on a monthly basis for a "chat" that addresses the areas of "what is working well?", "what can we do to improve?" what tools are needed to work efficiently?" and "who do we need to recognise?" The results of these meetings are collated on to "Traffic Light" reports which identify equipment needs, progress on actioning requests and people who have been recognised for doing a great job. These reports are displayed in staff rooms and offices. Further to these meetings executive staff have Monthly Accountability Meetings (MAMs) with their direct reports and then ultimately with the CEO. These meetings establish progress on goals and provide communication channels across the organisation.

## Primary Health Care

TMHS and Corangamite Shire staff identified an increased need in the community for timely access to Occupational Therapy services. By funding an increase in service hours with our contracted provider it has been possible to, within two months, increase the number of clients seen by 180% and decrease our waiting list by 27%. Data indicates referrals are being acted upon in a timelier manner and that requested assessments are being completed and measures implemented to improve clients' independence and safety at home.

The introduction of an Integrated Diabetes Clinic where clients with Type 2 Diabetes are seen by the Diabetes Educator, Dietitian and Podiatrist in consecutive appointments was aimed at ensuring that these clients were all being provided their annual cycle of Diabetes care as recommended by the National Guidelines. With clients being encouraged to identify goals they wished to achieve the clinicians involved have developed shared care plans with these clients. The intent of this is to have the client and all clinicians focus on and work toward specific, client centred

goals. The Diabetes Educator and Director of Primary Healthcare presented this example of service coordination at a regional forum of the South West Primary Care Partnership in May 2015.

Following recognition of the increasing rates of obesity and resultant chronic disease in our region TMHS have moved from contracting an external Dietitian one day per week to employing a Grade 2 Dietitian for 20 hours per week. The Dietitian will service the communities of both Terang and Mortlake in the Community Health Centres and the increased hours will also enable more work within the Acute and Aged Care settings and with the Catering Department.

Allied Health, District Nursing and Planned Activity Group services have recently moved to a new software system to capture and manage client data. The patient administration system "Trakcare" allows for better coordination of client care and for clinicians to have access to more detailed client information. The system generates internal and external reports, allowing for organisational data collection and for appropriate data to be sent to reporting bodies.

## Influenza Vaccination Campaign 2015

TMHS influenza campaign for 2015 has now concluded with 89% of staff being vaccinated compared to 2014 when 84% of staff members were vaccinated. The required compliance is 75% so this

is an excellent result for the health service. Immunisation of staff is an important element of not only protecting patients and their families but also contributes to protecting the wider community.

# 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.

This year the action plan was reviewed to further develop their objectives and strategies.

It was identified that there was potential to strengthen their efforts towards addressing oral health and breastfeeding in 2015.

In addition, network members will persist with 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. Network members will also continue to maintain their newly developed Facebook page which is used to promote key messages and achievements.

Physical activity network members have received funding and will run Vic Health's Walk to School initiative in term 4 with partnering schools. This will also involve a whole of Shire community walk, where all primary schools will be encouraged to attend.

# District Nursing Service

It has been a busy year for the district nursing team. During the 2014/2015 financial year we visited 168 individual clients, a slight decrease on the previous year in which we provided care to 212 clients. At present we are visiting 34 clients in the Mortlake area & 62 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.

This year has seen the introduction of i-pads for the District Nursing Team. This has enabled Nursing staff to access vital information in the client homes, taking of photos of wounds to send to consultants, and education of clients via the internet in their homes.

Once again we have welcomed students from both South West Tafe and Deakin University on placement to gain an 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 with Corangamite Shire in completing Shared Care Plans using SCTT Shared Support Plan and Consent to Share Information Tools. 4 clients currently have a shared care plan – these are long term clients of both DNS and Home Care with complex needs. The focus of this collaboration is to reduce duplication of information for clients and therefore improve our client experience. Plans will be evaluated October 2015.

# We continue to promote the Active Service Model

By playing Team games, cognitive function quizzes, reminiscing, Community walking group Tuesday morning and outings every Tuesday to nearby towns for a Counter lunch. Clients play various games on the W11 to promote physical activity as well as exercise class on Mondays.

Croquet is held on the last Friday of the month in conjunction with Timboon and Camperdown PAG groups.

Men's mobility group outings occur every Monday. Some of the places the men's group have

been to this year include Basalt Winery at Killarney, Red Rock Gallery near Colac, Yambuk giant slide that is the longest in the southern hemisphere; Purrumbete homestead; Codrington Wind farm and the Robert Ullman Gallery at Hopkins Point Warrnambool.

A Respite Carers trip also takes place on the first and third Friday of each month.

We have joined with Cobden PAG to play Ten Pin Bowling every third Tuesday in Warrnambool.

Friendship and socialising is also an important part of the Day Centre

on a daily basis. We also visit/have visitors from May Noonan Aged Care Hostel once a month.

Special events include Morning Melodies. Music concerts are quite popular with most clients and in early April we attended a combined PAG group concert in Timboon. The Community Day Centre garden has been re-planted with herbs, succulents and selected vegetables. Produce grown is used in Community kitchen baking. Clients involved in Community kitchen have cooked their own lunch a few times. Menu included a BBQ, meatloaf, Chinese food, Irish

bread and Anzac biscuits.

Cooking helps further develop life skills, self-confidence and promotes greater independence especially for clients with a disability.

We have conducted an annual 'Client Experience Survey' with positive outcomes again in 2015. The recent client survey results indicate the Day Centre is ranked very high in the majority of aspects relating to PAG.

Students from nearby schools have attended on Wednesday as part of an Outreach Christian

program. Students have assisted in the garden, helped with art/craft activities, entertained the clients by played the guitar and chatted to individual clients.

As staff we have identified the need to increase clientele throughout 2015 and beyond.

We plan to look at different ways to increase the use of the day centre. We have also been running a 'new name for the day centre competition' as a beginning to an improved identity and what we stand for.

# Integrated diabetes services



By MICHELLE SYMONS

It is a shared process with clients, their families and carers to ensure people with diabetes are supported to self-manage and achieve their goals.

**How does it work?** The client who has diabetes is given 3 appointments all on the one day (with no more than a 30 minutes wait between services). These appointments are with the diabetes educator, dietician and the podiatrist.

**How did this come about?**

In 2014 the diabetes educator conducted an audit investigating how many current clients, who have diabetes are having their checks completed according to the annual diabetes cycle of care (national guidelines). The results showed a very low number of clients had all their diabetes checks completed. From the information gathered and from speaking to the clinicians involved time, cost and access to services were the common barriers identified. Clients were contacted and asked what was preventing them from having their checks completed. Time, cost and access to services were identified by the clients as barriers.

**What did we do about it? Time**

– we coordinated the appointments with the diabetes educator, dietician and podiatrist. This enables the clients to see all three health professionals on the one day and within about 3 hours. We also introduced a shared support plan. The client takes this plan to all 3 appointments and makes one goal about their care they would like assistance with, instead of making many goals with each different health professional. The doctor is sent a copy of the plan so they too can offer support to the client. **Cost** – we reduced the cost of the service to \$15 (a 50% saving for most clients). We recognised that almost \$30 was a lot of money for clients to

find for one day. **Access to service** – clients participating in this program have their care coordinated. This means their follow up appointments are given within the timeframes recommended by each clinician, so no sitting on a waiting list. Our friendly reception staff ensures the clients are able to navigate their way around the Community Health Centre, if needed - walking with the clients to the different waiting areas. We also ensure that appointments are not scheduled over lunchtime, which would make it difficult for clients on insulin injections. We schedule appointments around school drop off and pick-ups, so parents with school aged children can access the service easily.

**Looking towards the future** –

the same audits will be conducted again at the end of 2015. Special note will be taken to see if there is an improvement in the number of clients who have had their diabetes checks completed within the recommended timeframes. Waiting times will be assessed to ensure clients are not spending more than 3 hours seeing health professionals. Many of the clients have made goals around weight-loss; these will be reviewed to see if clients have achieved their goals. Most importantly clients who participated throughout the year will be asked; what they thought of the program, how it can be improved, and if they would want to continue.

# Murray to Moyne



The Terang Flyers cycle relay team have again made light work of the challenging 520 kilometre Murray to Moyne cycling event and in the process have raised more than \$23,000 towards the

purchase of a new mobile X-Ray machine for the Terang Hospital.

Blessed with perfect weather conditions and very light winds, the team of 14 riders and five support crew took less than 14 hours to ride the 435 km Saturday leg from Echuca to Hamilton.

Setting out from Echuca at 9.27am, the team split into three groups of riders to tackle the trek in 25 to 30 kilometre stints.

On route, the riders travelled south easterly through Pyramid Hill, Boort, Charlton, St Arnaud, Stawell, Moyston, Willaura and Dunkeld before they arrived in

Hamilton at 11.25pm for the compulsory overnight stopover. They averaged just over 33 kmh for the first day which included a dinner stop at Stawell.

The entire team then tackled the final 86 kilometres to Port Fairy on Sunday morning where the federal member for Wannon, Dan Tehan and a large crowd of well-wishers greeted them and the other 70 teams, consisting of 942 riders, at the finishing line.

Team Captain Ken Densley - who has now completed an incredible 27 editions of the event, 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 a fortnight ago and thanks to the great support of the Terang Golf Club over \$1,150 was raised to kick start fundraising.

The Terang Community Op Shop continued their tremendous support by contributing \$5,000 in sponsorship for the fourth consecutive year, while the Terang Rotary Club and Terang & District Lions Club each chipped in \$2,000 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 Julia Ogdin said the 2015 event marked the 28th year a Terang team had participated in the Murray to Moyne event and almost \$300,000 had been raised for the Health Service during that time.

"I would like to thank the 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" Ms Ogdin said.

Fundraising efforts were wrapped up on Friday 10th April with the winner of the raffle for a weekend accommodation package in Lorne was Ned Lee from Noorat.

## Graduate Nurse Program

The Graduate Registered Nurse year at TMHS is a 52 week program. Graduates are employed to work full time or part time. Our Graduate Nurse is able to participate in South West Health Care's theoretical component of their Graduate Program. This opportunity allows for the development of support networks with other Nursing Graduates.

Clinical support for our Graduate Nurse is a high priority of the program. The Graduate receives clinical support via, the Nurse Educators, Unit Managers

and Ward staff.

The Graduate Nurse primarily works on the acute ward, with opportunities to work in the Urgent Care/Theatre Department and a rotation with our District Nursing Service.

### Objectives

To provide an opportunity to consolidate and develop further experience in the delivery of safe & quality care to patients.

To assist the Graduate with identifying their own learning needs

To facilitate the Graduate to become an effective member of the Terang & Mortlake Healthcare team.

To provide effective feedback and encouragement

To achieve competency of care clinical skills

To promote professional accountability and responsibility reflective of a Registered Nurse.

To promote accountability for ongoing Professional Development.

## Our Graduate Nurse - Emma Ponting

Emma has spent most of her life in Warrnambool and attended Emmanuel College. She then spent a year doing Exercise Science at Australian Catholic University in Melbourne, but realised she liked interacting with people. With the encouragement of her family, Emma decided to try Nursing. She enjoyed studying Nursing and decided to make it her career.

Emma moved back to Warrnambool last December after completing her degree and was fortunate to gain a position at Terang Hospital as a Graduate Nurse. She took up a 12-month position in February. Graduate Nursing positions are designed for nurses in their first year out of University, to help their transition into General Nursing. Emma undertakes the same duties as other nurses and is given help and advice when needed. The nursing staff also try to involve her in any new procedures.

As part of the structured program, Emma also takes part in study days at South West Healthcare in Warrnambool and has the opportunity to do short courses



from time to time.

After her year is up Emma has several options. She would like to continue to work here, whilst undertaking some casual shifts in Warrnambool as well to broaden her experience in a larger hospital setting.

She is also considering further study and hopes to work overseas at some stage.

Emma loves working at the Terang Hospital and enjoys being part of the Terang Community. She says the staff are very patient and supportive.

## Credentialing & 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 Australian Health Practice Regulation Agency
✓	All staff and volunteers have Police checks

## Planned Activity Program [PAG]

Following the Christmas break, the Josie Black Community Health Day Centre recommenced on January 13th 2015.

Staff planned activities around the theme of Australia for the month of January.

This included Australian themed puzzles and white board reminiscing activities, Australian music, Australia Day celebration activities where clients created a traditional Australian Indigenous Dot painting and a Multi-cultural

event to celebrate our cultural diversity. February theme included romance and Saint Valentine's Day. Themes continue throughout 2015. So far we have celebrated themes such as "Sea week" where we played 'fishy games'

and two staff members dressed up as creatures of the sea. Sea week was featured in The Terang Express Newspaper during March. Other themes include life in the 1950's, friendship, Harmony Day, Japanese Culture, everything

Irish and Easter. A guest speaker included a talk about books and Library facilities to encourage reading and listening to books. We had a Japanese, Mexican and Greek theme day.

# Advanced Care Planning - Have you had the Conversation?

Have you ever thought about what medical treatment and care you would want if you were so unwell that you couldn't speak for yourself? Who would you want to speak for you in this situation, and would they know what your wishes would be? Many people have never spoken to their family or their treating health providers about these important issues.

Making an Advanced Care Plan (ACP) allows you to write down your wishes and preferences for treatment well before any medical crisis. It also includes appointing a substitute decision maker who can speak for you if you are unable to

communicate.

While this is a very difficult subject, having the conversation in a calm setting with plenty of time to consider your personal values, can give you and your family peace of mind later.

Terang and Mortlake Health Service have Advanced Care Planning consultants who can assist you to start the conversation, and put your plan in place. This is a free

service and appointments are held at both the Josie Black (Terang) and Mortlake Community Health Centres. To make an appointment please phone us on 55920300.



L - R Maureen and Frank Giblin, Carolynne Leddy Advanced Care Planning Consultant & Roma Stewart.

# Putting safety and quality first, by providing a safe environment.

At Terang & Mortlake Health Services, we pride ourselves on our commitment to achieving excellence in everything we do. It's

this commitment that drives us to look for better ways of doing things and to ensure we provide safe, high quality care for our patients, clients

and aged care recipients.

At Terang & Mortlake Health Service, our Clinical Governance Framework has four domains of

quality and safety as outlined in the Victorian Department of Health's *Clinical Governance Framework 2009 Consumer Participation, Clinical Effectiveness, Risk Management & Effective Workforce*

residential aged care nurses deliver improved care for residents. These funds have been used to purchase a new lifting machine and 2 x pressure mattresses for our Mount View Aged Care facility.

Some of the initiatives undertaken by TMHS to achieve safe, high quality care are:

We have also received a DHHS grant of \$3,500 to fund the purchase therapeutic aids and resources to improve quality of life and experience for our Mount View residents with cognitive impairment.

- Development of a new secondary medical records department to ensure that medical records are kept within a secure environment.

- Installation of Telehealth video consulting equipment

- 3 x Jetstream steam cleaner units purchased for Mount view Nursing Home; Josie Black Community Health Centre & Mortlake Community Health Centre.

- We have received a DHHS grant of \$10,000 to fund the purchase of specialist care equipment to assist

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



The beginning of the electronic door installation to improve access to our facility

# Maintenance Department

As in previous years 2014-2015 we have been busy with the usual and mandatory tasks, such as grounds upkeep at all four sites of the health service and attending to general maintenance and repairs.

Our team of three is also busy with the ongoing management of the Essential Services (Fire Safety Management) e.g. emergency lighting, fire doors, smoke doors and the fire pump. These are tested and checked on a regular basis.

As well as these tasks we have also been busy at the hospital residence across the road where we have removed the front fence, trees and shrubs and levelled the area, and reseeded with lawn.

The backyard was cleaned up and an entry path has been concreted down the Southside of the house.

The house itself was repainted internally, the roof repaired and cleaned, the sewage and storm water were both upgraded due to the house being turned into the Early Parenting Centre as of July 1st 2015.

The hospital has had a new electronic door installed. Our three sites now all have security cameras and monitors installed. The Terang and Mortlake campus administration areas now have security windows installed.

Terang's main carpark has been

re surfaced. The shed has been insulated and lined for the storage of secondary medical records instead of moving them off site.

The doorway to the CEO's office has been altered to allow the use of the adjoining room as a meeting room. The x-ray darkroom has been altered to take the new x-ray processor and x-ray machine.

During 2014-2015 The health service purchased, and is the process of installing a new maintenance requisition and planned maintenance program called BEIMS - Buildings and Engineering Integrated Management System.

# Quality Indicators in Residential Aged Care

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 & Human Services (DHHS) 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.

# Patient Satisfaction Monitoring Victorian Healthcare Experience Survey - VHES.

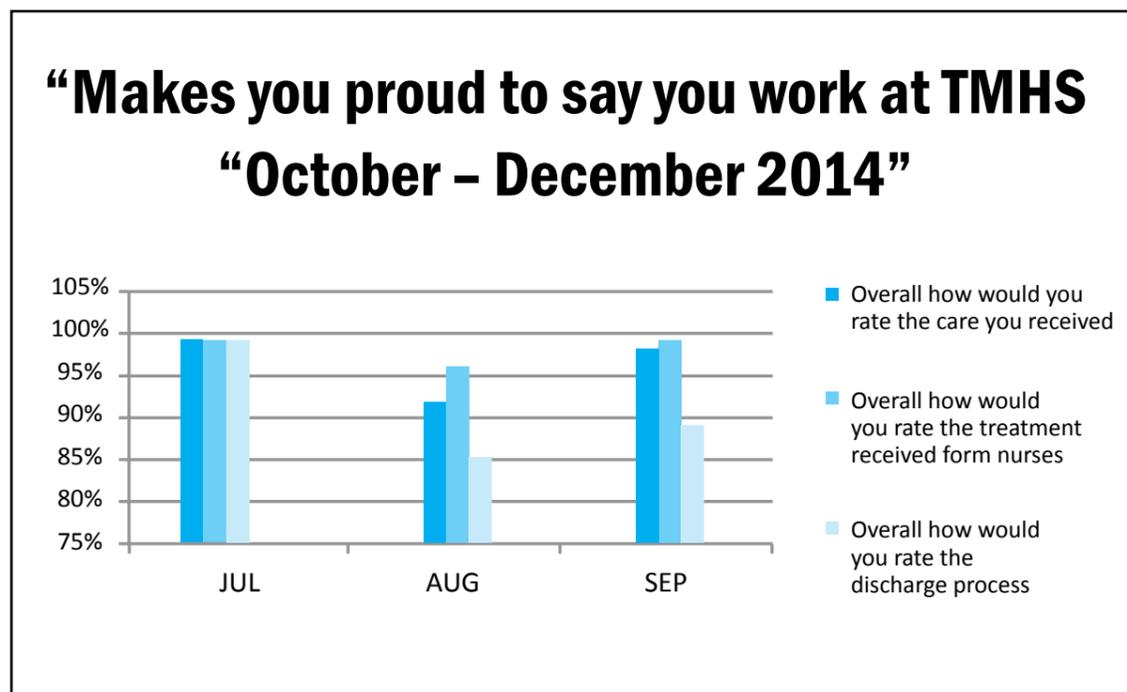
In February 2014, the Department of Health announced that the Victorian Patient Satisfaction Monitor (VPSM) survey is to be replaced by a new expanded program to be known as the Victorian Healthcare Experience Survey (VHES).

There is a concern for small rural health services like Terang & Mortlake Health Service in that if we don't receive 42 responses per survey quarter, we will not receive a report. We have been involved in 4 data collection periods and only received 2 reports due to the limited number of responses. No report was available for January - March 2015 period.

We also gather important

feedback through the patient follow-up phone calls post discharge from the health service. The follow up phone calls enables us to ensure that the appropriate services are in place to assist the discharged patient, and identify any areas for improvement.

Annually we circulate a formal survey to our aged care recipients that enables the aged care recipients to give feedback with regards to the quality of care they receive. In these surveys we look at the quality of services including food and nutrition, activities programs, safety, environment and the transition into aged care. The request for a bus came from the surveys.



# 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”.

Older people are at a higher risk of falling and this can have serious health consequences.

Falls risk screening is conducted at the time of admission. This allows the appropriate strategies to be put in place to help prevent falls and injuries from falls occurring.

The Number of reported falls has decreased from 64↓14 in the

past 12 months and one fracture.

Falls management continues to be a constant challenge for our nursing staff as their aim is to protect the resident from injury and harm whilst at the same time also allowing the resident to maintain their independence and lifestyle choices.

We utilise High/low floor line beds, sensor bed and chair mats, regular rounding/ checking of our residents, well managed individualised care plans and education for our staff.

# 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 care recipients 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.

# 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, care recipients 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.

# Mount View Mini Bus Fund Raising Project

A Business case submission was developed and submitted to the Board of Management by the Mount View Aged Care Facility staff, including Tracey Harris (Nurse Unit Manager), Julie Kenna (Enrolled Nurse) and Annmaree Moloney (Allied Health Assistant) requesting consideration to purchase a 10 seater Toyota Hi-Ace mini bus with 2 x wheelchair capacity and hydraulic ramp for use in transporting residents to medical appointments and family functions. Total cost will be around \$68,000 for vehicle and fit-out. The TMHS Board of Management are committed to seeing this venture become a reality and have endorsed a community fundraising appeal.

The proposed mini-bus is requested for the use by Mount View Aged Care Facility residents. This acquisition

would enhance our ability to engage our aged care residents in social inclusion activities within the local community and to attend family events. Given the elevation of the Mount View Aged Care Facility site, it can be challenging to provide residents with opportunities to get outdoors, especially in wheelchairs.

Following the introduction of the Commonwealth Aged Care Reforms in July 2014 under the Living Longer, Living Better program, the acquisition of this vehicle would satisfy the program requirements to provide aged care resident access to community activities.

A specific purpose donation account has been established to receive contributions from community organisations, private individuals and philanthropic grants as we seek

to raise \$68,000 to fund the purchase and fit-out of a wheelchair accessible mini-bus.

To date we have received the following donations:

- Terang Community Op-Shop \$5,000
- Camperdown Retired Persons Assoc. \$1,787
- St Thomas' Card Players Group \$300
- WB & EA Clarke \$100
- GC & MM Blain \$200
- Macqueen's Funerals \$365
- Ladies Auxiliary Jazz night \$9,500

- Keilambete Music Festival \$1,500
- Gardiner Foundation \$5,000

**Total \$47,793.55**

All donations will be gratefully received. If you are interested in donating please contact our administration staff on, 55920 222.



L - R Julia Ogdin, Julie Kenna, Tony Kenna, Bernard Noonan and Maureen O'Keefe

## Mortlake campus secures an ultrasound machine



Thanks to the kind donation of \$1300 made by the Mortlake Lions club we now have an ultrasound machine at our Mortlake campus.

Patients needing physiotherapy treatment will notice an improvement as the machine replaces an outdated manual model.

Physiotherapist Sam Bushaway said the ultrasound machine helps with tissue related injuries, and clients with an acute injury will benefit as it speeds up the recovery program.



L-R Sam Bushaway physiotherapist and members of the Mortlake Lions club

## Medication Management

Terang and Mortlake Health Service promote safe, effective and appropriate medication use and promote 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.

## Antibiotic Resistance

During the late 1930s antibiotics were first introduced and over time they become freely available. The demand from the general public for antibiotics for common illnesses such as the common cold has significantly contributed to antibiotic resistance and inappropriate prescribing. Up to 50% of antibiotics that are prescribed are incorrect.

There is also an increase in resistance to ciprofloxacin and norfloxacin the treatment for urinary tract infections caused by Escherichia coli- there is an increased resistance to 'Superbugs' that are often found in hospitals. These include, Mycobacterium tuberculosis and Methicillin resistant Staphylococcus aureus also known as MRSA. There are countries in the world that are experiencing treatment failure to the drug of last resort for gonorrhoea – third-generation

cephalosporin. Hence, TMHS has an antimicrobial stewardship program that monitors antibiotic usage. A program that contributes to the Nation Prescribing Survey in an attempt to alert the prescribers and the public to inappropriate prescribing. In order to reduce antimicrobial resistance the person taking the antibiotic should, know why they are taking it, know how long to take it for and most importantly that they must is to complete the full course. It is also very important not to keep old scripts.

Australia is one of the biggest users of antibiotics with over 22 million prescriptions written every year. Antibiotics are something we all should be concerned about and become more diligent. Finally don't be afraid to ask your health care professional do I really need antibiotics?

## 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.

## 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 8 blood transfusions since 1/7/2014-30/6/2015, and no significant adverse events relating to blood transfusions.

# Urgent Care Department

The Urgent Care department has continued to provide high quality safe care. 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 from the French word "trier" meaning to sort or choose.

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.

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 from the French word "trier" meaning to sort or choose.

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.

Reporting Period 1/07/2014 to 30/6/2015

CATEGORY	TYPE	TIME FRAME	NUMBER PRESENTED	NUMBER SEEN BY A DOCTOR
1	Resuscitation	Immediate	0	0
2	Emergency	Within 10 minutes	5	4
3	Urgent	Within 30 minutes	105	104
4	Semi Urgent	1 hour	592	573
5	Non Urgent	2 hours	2372	2364
TOTAL			3074	3045

Victorian Healthcare Experience Survey - 53 questionnaires returned out of 131 mailed invitations (October - December 2014)

Question 2- how would you rate the politeness and courtesy of staff in ED 100 % positive rating good to very good compared to the state 96.1 % positive and our peer group 98.9 % Positive

Question 3 - Do you think the amount of time you spent in ED was 94% positive rating about right

compared to the state 74.5% positive and our peer group 95.2% Positive

Question 4 - Overall, how would you rate the care and treatment you received from your doctors in the ED 100 % positive very good to good compared to the state 94.2% positive and our peer group 99.1% Positive

Question 5 - Overall, how would you rate the care and treatment you received from your nurses in the ED 100 % positive very good to good compared to the state 94.9% positive and our peer group 98.2% Positive

## Person Centred Care: a restraint free approach

Terang and Mortlake Health Service's Mount View Aged Care Facility has embraced the person-centred care doctrine, 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

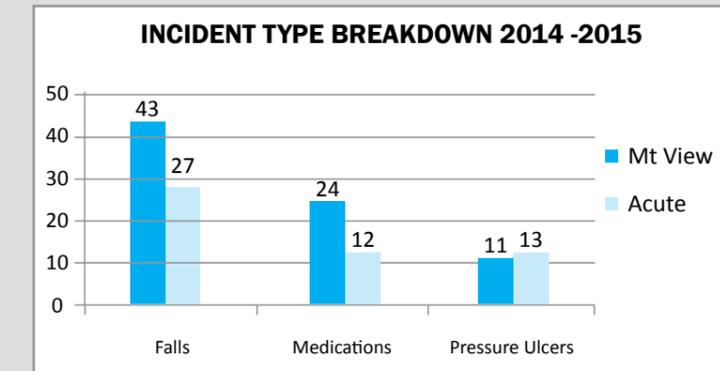
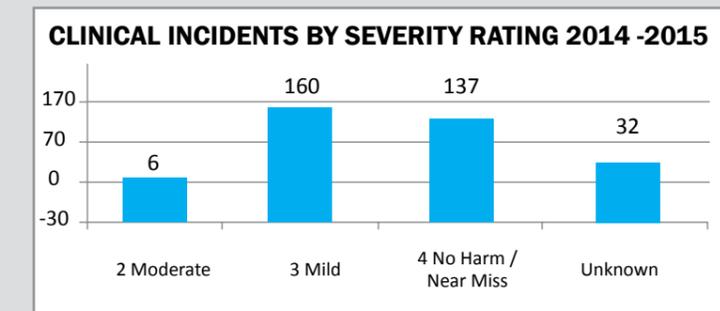
of their basic rights and freedom of choice.

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.

## Incident Management & Patient Safety

A culture of ensuring any incidents (including potential for harm) are recorded in the incident management system has continued to be actively encouraged over the past 12 month period.

At Terang & Mortlake Health Service management of risk is an integral part of providing quality and safe care for our patients, clients and residents. Our definition of risk is "anything that may prevent us from achieving our organisational and strategic goals". Clinical risk management is an approach to improving the quality and delivery of safe health care by placing special emphasis on identifying circumstances that put patients at risk of harm and undertaking action to prevent or control those risks. At TMHS our risk management framework helps us identify and manage risks which include local systems to monitor and manage the risks and incidents that can affect patient safety. Staff are encouraged to report their concerns if they identify a risk in the workplace and report those identified risks



using our electronic system known as Victorian Health Incident Management System (VHIMS). Risks and adverse events are then communicated through the levels of management and to various committees and working groups. Actions are taken by management to reduce or stop serious incidents or

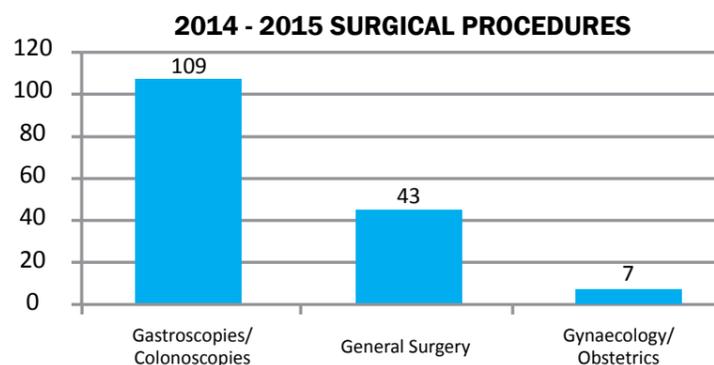
risks. We investigate and learn from incident or adverse events to prevent them reoccurring.

For any incident classified as a 2 Moderate we perform an ISR 2 investigation report, to drill down into the incident, for cause and to identify areas for improvement to prevent incidents recurring.

## Operating Suite

Theatre numbers were down on previous years totals due to the theatre being closed for six weeks whilst the redevelopment of the new recovery area took place.

The numbers of procedures completed in the operating suite were as follows



## Promoting Participation in Partnership with the community

IMPROVING US FOR YOU "THE CONSUMER ADVISORY COMMITTEE"

We do all we can to make sure your visit to our health services is as positive as it can be. Consumers help us improve our services through feedback and advice.

Our Consumer Advisory Committee (CAC) is a group of volunteer consumers and patients just like you. They help ensure that everything we do is improving the care that we provide.

They give us a patient and visitor perspective of our services and we use their expertise and opinions to shape written materials produced by Terang and Mortlake Health Service in the form of brochures and consumer information

Our "Quality of Care Report" has been developed with the assistance of our Community

## Workers push for fitness

Terang & Mortlake Health Service staff walked off the job on 26th March 2015, to participate in the Victorian Walks initiative, the walk the Block, a workplace health initiative aimed to combat

the dangers of a sedentary lifestyle. There were three walks organised for the day to enable staff working at the Josie Black Community Health Centre, Mortlake Health Service and the Terang hospital to participate.



L - R Rhonda McGauchie, Wendy Errey, Laura Stevenson, Paul Dunn and Ian Barrand

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.

Terang and Mortlake Health Service is constantly building and strengthening relationships with the

community - both with consumers and with local service providers and values consumer participation.

We would welcome new members to our group. If anyone is interested you could contact CEO Julia Ogden or Gaye Sanderson Quality Risk Safety Manager at the hospital

## A Boost to the maternity services at Terang & Mortlake Health Service.

With the arrival of two new obstetricians to the town, the maternity services have been boosted. Expectant mothers in the catchment area of Terang have been reassured their prenatal, post-natal care and delivery is in safe hands.

Mr. Amsa Kishantha and Ms. Katie Gault along with Terang Medical Clinic obstetrician Mr Tim Fitzpatrick were concerned that people were not aware of the great service available here in the Terang community.

Terang & Mortlake Health Service recently conducted a forum for mothers who had given birth here at Terang and it was highlighted that it was great to get one-on- one midwife and to have the same doctor. It was also important to have a single room and no pressure to leave once they'd given birth, which couldn't be guaranteed at Warrnambool. Concerns about any emergency Caesarean sections were allayed, as



L- R Dr. Amsa Kishantha, Dr. Tim Fitzpatrick and Dr. Katie Gault

there was a General Practitioner on call and other medical professionals in the nearby area.

Expectant mothers who wish to receive more information about the maternity services in Terang should phone the Terang Medical Clinic on 55921033 or the Terang Hospital on 55920222

At Terang & Mortlake Health Service we have 11 clinical staff trained in Midwifery.



8 Boys



18 Girls

## A rare and exciting event Terang Hospital delivers the first set of twins since 1989



L- R Jess holding Fletcher, Adam holding Taliah and Jaxson.

Adam and Jess Church along with their son Jaxson aged 3 welcomed new arrivals Fletcher

Eric and Taliah Ellen on May 13th 2015.

Fletcher was the first to arrive at

3.16 am weighing in at 6lbs 15ozs and Taliah was born 3 minutes later at 3.19 am weighing 6lbs 9 ozs.

## Midwifery forum

To improve consumer participation and experience we conducted a Midwifery forum on 9/4/2015. We invited 12 mothers and their children, 6 mothers attended the forum along with Julia Ogdin CEO, Katie Gault Registrar and Midwife Allison Goldsworthy.

The forum covered all aspects of the birth spectrum, from ante natal care right through to postnatal and domiciliary care. The women were asked to provide feedback about certain issues, and were given the opportunity to volunteer any information about their birth experiences at the Terang Hospital.

Concerns were raised that that expectant mothers were informed that if they were not a clinic client then they would not be able to give birth at Terang Hospital. This issue has been discussed with the clinic staff and rectified; a poster has also been developed to address this.- Overall the consensus was that was that the booking in procedures are good and that the shared care is working well. It was also mentioned

that the booking in pack is thick and bulky; we are currently looking into other ways of providing the information to the midwifery patients. It was suggested there be 2 domiciliary visits for first time mums instead of one, and give a copy of the birth summary on

discharge

There was a unanimous decision that they would all birth at Terang again.

The information provided at the forum was then relayed at a meeting with midwifery staff and staff from the local General Practice clinic.



L- R Sarah Davis and baby Summer, Julia Ogdin, & Sarah Williams Nurse Unit Manager

## “Maternity patient satisfaction survey”

On departure from the health service we forward a “Maternity patient satisfaction survey” to our new mothers We use the information gathered to improve our services and provide patient satisfaction.

Other comments recorded.

- Pre- ordered frozen meals to take home as an after service, would be nice.
- The nurses were very kind and helpful
- Very happy with the service, we would definitely return if we have more children.
- This was my second baby at the hospital, and once again it was an amazing experience.

The staff and doctors were supportive and respectful at all times. I cannot speak highly enough about the Terang Hospital

- Thank you for all the great support and care once again while having my baby, no other place I would go.
- All staff were, friendly obliging and professional. Catering staff were helpful and very kind in offering snacks for other visiting children / partner. Midwifery staff were very helpful and offered extra information and brochures when requested, overall a very positive experience.

## Mt. Noorat Freighters



Laura Stevenson

By LAURA STEVENSON

As part of her role, Laura Stevenson (Health Promotion Officer) has been working closely with Scott Guthrie, (Systems Manager at Mt. Noorat Freighters), to improve the health of his truck drivers. Mr. Guthrie explained that it is mandatory for all drivers to undergo regular health checks to ensure safety on the road.

The most recent health checks showed that some drivers were at risk of developing Type 2 Diabetes. If this was to progress further, the drivers would not pass their health checks, ultimately sacrificing their employment. By improving healthy eating and physical activity levels you can potentially reduce the likeliness of these lifestyle diseases occurring, which is why Mr. Guthrie requested Laura's expertise in addressing this issue.

“This is a really challenging task because of the sedentary nature of their job; it's pretty hard for a truck driver to be physically active when their job requires them to sit down

all day” Laura said. “In health promotion there is no one-size fits all approach, every program needs to be tailored to suit the specific needs of the target group, so it is essential to consult with the drivers before continuing”.

Laura is in the process of developing a health and wellbeing questionnaire to be completed by staff at Mt. Noorat Freighters. “The responses obtained from this questionnaire will provide a more specific insight and will form the basis of the program” Laura explained. Examples of some suitable questions will look similar to the following; what are the barriers you face in regards to eating healthy at work? And what do you think Mt. Noorat Freighters could be doing to encourage you to improve your eating habits and physical activity levels?

This information will help Laura to develop and implement an appropriate program that best suits the needs of Mr. Guthrie's truck driving staff.

# People matter survey – have your say



All Staff are invited to participate in the People Matter Survey conducted by the Victorian Public Sector Commission biannually. The survey measures a range of aspects of workforce culture and climate in the Victorian public sector, focussing on employees' perspectives on the application of the public sector values and employment principles in their workplace. It also measures other workplace aspects such as job satisfaction and workplace wellbeing. Results are used to identify strengths and weaknesses of the organisation, and measure progress in embedding the public sector values and employment principles in our organisation's culture.

- 100% of staff believes: Age, disability or culture is not a barrier to success in this organisation. I would recommend a friend or relative to be treated as a patient here.
- I am proud to be part of a strong and connective organisation with an important role in the Terang, Mortlake and district community. We need to keep this a vibrant and welcoming service where patients and clients are happy to receive care here.
- I enjoy my work in district nursing at Terang and Mortlake Health Services. Our district nursing team is like a family, and we all get on well, catch up occasionally out of work, it's a pleasure to come to work.
- I feel the new CEO has been a good thing, communication seems to have improved. I am very happy in my job. I feel our team of district nurses provide a very high standard of professional care.
- I feel much supported at my workplace in all areas of work and life, I feel valued and cared for.
- I really enjoy working here as I feel a good deal of work satisfaction when I am here.
- It's a great work environment. Every staff member works as a team, where we are all striving for the same quality level of service.
- TMHS is a fantastic facility to work at and I am very grateful for the opportunities I have been provided with.
- TMHS is a great place to work, opportunities are provided for self-improvement and there is a positive focus on improving care & service provision at all times
- TMHS is a great organisation to work at. There is a real sense of "team", an excellent place to work. I love my job.
- This is an excellent place to work. My colleagues are very experienced, friendly and caring. Most days I look forward to coming to work. Our new CEO is a "breath of fresh air" and has quickly won the respect and admiration of staff.

## Social Inclusion

By LIFESTYLE CO-ORDINATOR ANGELA GEE

Mount View Nursing home together with St Thomas's primary school grades 5 & 6 students has a buddy program that has been going for about 7 years. The program has many benefits for both the students and our residents.

The program enables the resident to be "buddied up" with a student and to form a close relationship as they meet regularly.

The eagerness and excitement shown by the residents when their buddies visit is evident on their faces. The students look forward to it as well. The smiles and laughter on their faces during these visits is great to see and hear. Together they play games and they love having general chats to find out more about each other. This year we have also included the buddies in our Mount View footy tipping competition. The residents particularly enjoyed seeing what Technology could do when the students visited with their iPad and the students in return enjoy hearing about "the olden days".

Over the years of the social inclusion program we have had farm and Sports days and we also celebrate special occasions like Easter and Christmas. As students finish year 6, it is lovely to see that the friendships our residents have formed with their buddy continue to endure.

## Dialysis Patient John "Snow" Holmes

"Snow" is a long-time local resident, having spent almost 70 years on a dairy farm at Kolora, and lived for the past 6 years in Terang. Snow has wife Margaret, 3 children, 10 grandchildren and 2 great grandchildren. He barracks for AFL team Geelong and local team the Kolora-Noorat Power. Eleven years ago Snow first saw a specialist in Geelong, Dr Christine Somerville, whom he describes as a "treasure". (He thinks he's pretty lucky with the nurses at Terang too.) Dr Somerville was able to keep his illness under control for 5 years, with medication, but for the past 6 years his only option has been dialysis. Snow feels fortunate that Barwon Health was able to arrange for his dialysis to take place in Terang; otherwise he would have to travel to Geelong.

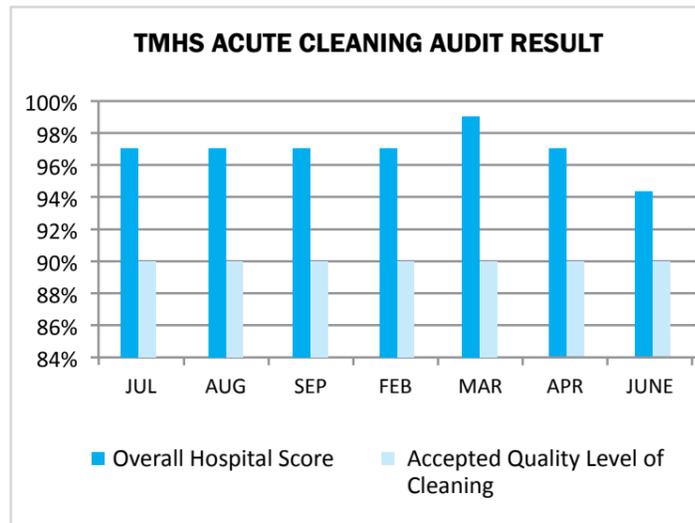
At first he had to travel to Colac 3 times a week, but once some of the Terang staff were trained in dialysis treatment he has been able to have the treatment at Terang Hospital. He attends 3 days a week, from 8 a.m. till 1 p.m. so the treatment takes a big chunk out of his week. His family bought him a TV set for use in the hospital, and he says he reads a lot of newspapers while undergoing the treatment. Snow loves the Murray River area, and says that Yarrowonga has a house where dialysis patients can stay while they receive treatment at the local hospital. He says we are lucky to have a hospital in Terang and that he could only survive for 9 days without the dialysis, just one of the many services offered by our local Health Service.



John "Snow" Holmes

# Environmental Services

Cleaning Audit results at all very high standard during 2014 - campuses have remained at a 2015



Cleaning audit scores are well above the Acceptable Quality Level, set by the Victorian Cleaning Standards. This is an indication that TMHS is committed to ensuring all areas are maintained to a very high standard.

TMHS have implemented a new auditing tool called Check-up. The audits are done electronically using an iPad and the online auditing program.

It is a more efficient process of auditing, as well as generating various kinds of reports, either as an Overall TMHS Score, Individual Campus scores or Functional area scores within each campus. Check-up is supported by Infection Prevention Australia with ongoing support.

Two staff members have also completed an internal auditor's

course, conducted by Infection Prevention.

Since steam cleaning was first implemented at TMHS in February 2014, all campuses are now using steam machines for cleaning.

Victorian Healthcare Experience Survey 53 questionnaires returned out of 131. October – December 2014

Question 13- how clean were the toilets and bathrooms that you used in hospital, 91% positive rating very clean to fairly clean compared to the state 64.1 % positive and our peer group 94.1 % Positive

Question 12 – in your opinion, how clean was the room or ward you were in 94% positive rating very clean to fairly clean compared to the state 72.6% positive and our peer group 83.2% Positive



L –R Environmental service staff: Nola Davey and Angela Gee with Eve Black

## Incidence of residents using nine medications or more

Many residents in our facilities have diverse medical issues that require complex medication management and as a result some of our residents are prescribed nine or more medications.

Management of this indicator has been centred on ensuring timely

medication review, which involves input from the resident's doctor, an external pharmacist review, nursing staff and resident and relative input.

The general practitioners have been provided with the opportunity to attend training on medication management.

# The Year That Was

By **EVE BLACK - PRESIDENT OF THE HOSPITAL AUXILIARY**

We have had another year of fun and fund raising, and all in a good cause, that of our hospital.

From taking a turn at the Saturday morning community BBQ; catering for the Dalvui Open Garden Days; the annual Gala Night before Christmas; our annual Golf, Bowls and Croquet night to our major fundraiser for the year, "Jazz at the Civic".

The first four functions were general fundraisers, while our Jazz Night's profits (in excess of \$9500) went directly to the appeal for a mini bus for our Mt View residents.

The Auxiliary has purchased another steam-cleaner for the

hospital, and although the focus is now on the bus, I am sure that a wish list is being compiled for future fundraising monies.

Whenever we hold any kind of fundraising event, it is always so pleasing to have the co-operation of all Auxiliary members and the enthusiastic support of our community.

Over the past year we have welcomed some new members. They are young, enthusiastic and great fun to work with. I have informally dubbed them "The Younger Set"; "The Older Set" members are enormously grateful to have them join us!

Our members were delighted

when at our February Golf, Bowls and Croquet event, CEO Julia Ogdin rolled up her sleeves and helped out.

The Ladies' Auxiliary has a long and proud tradition and has, over the years, contributed in more than simply monetary ways to our hospital. Although our members all come from different backgrounds and have diverse interests, we are bound together by a common feeling of respect for and appreciation of our hospital.

At a time when many rural communities no longer have a hospital, how fortunate are we to have ours. Long may this continue.

In closing, I would like to say "thank you" to all members of the



Jazz at the Civic



Staff football BBQ 2014



L - R Jeanette Eller Secretary of the Ladies Axillary & Julia Ogdin



L-R Robert Carlin, Bob Francis, Aaron Carlin, Brendan Williams, Betty Kenna and Laurens Roos- 2015 Bowls Team

Auxiliary and again, in particular to our wonderful secretary, Jeanette Eller whose support and tireless effort are invaluable.

And lastly, to you, our TMHS community, thank you for always generously backing our efforts and our collective passion for this hospital which belongs to all of us.

## Not driving Miss Daisy!



With volunteers like Greg Quinn, clients like Brian Murray, are in good hands.

Our Health Service provides a car and volunteer drivers for clients needing to travel as far afield as Melbourne for medical appointments. Recently, I spoke to two people involved with the scheme, volunteer driver Greg Quinn and client Brian Murray. Here is their story.

Brian, who lives in Mortlake has used the service for several years, sometimes as frequently as weekly, but he usually averages two trips per month. He described the service as "the best thing since sliced bread!" Brian makes use of the service whenever possible.

As one can imagine, a service like this is very popular in towns like ours where public transport is limited. For people needing transport away from their home centres the service is a real boon.

Brian told me that he usually books in ahead whenever he knows that he has an upcoming appointment. There is only one car and the service is popular and not always available without prior booking.

All the drivers are very pleasant, prompt and attentive and Brian said that he is always advised as to who will be driving him and also the time he will be picked up. Being collected from home and dropped there at the end of the trip is another advantage which helps take some of the stress from the trip.

The fact that our drivers are local

people and often friends of the clients, makes for a happy journey and as Brian says "we always chat along the way".

The car is comfortable and clean and Brian considers the cost of the service to be very reasonable. Sometimes the journey will be shared with another client; another opportunity to talk!

Geelong is as far as Brian has needed to travel and he certainly recommends the service.

Brian keeps himself busy and still drives; he told me that he had recently renewed his licence for another three years (not ten!)

When Brian is at home in Mortlake and not being driven about, he enjoys gardening and takes an interest in most sports. He is also a keen follower of the real estate market in which he was employed for over fifty years. Brian also likes watching "an odd movie or two; especially, the old ones".

A decline in health is usually inevitable as we age and Brian is accepting of this, but at the same time he concedes that the TMHS transport service makes the stresses of ill-health and medical appointments a lot easier to bear.

Having spoken to a client, I then turned my attention to Greg Quinn who has been a volunteer driver since 2012.

Greg told me that he averages three or four trips a month and has driven as far as Melbourne. The service provides a co-driver on the Melbourne trips and Greg said that this is really necessary when trying to negotiate in and out of the city and always being mindful of getting clients to their appointments on time.

Greg's trips have been mostly to Warrnambool, but he has driven to

Hamilton and Colac too.

If necessary the driver will accompany the client to the waiting room. Greg's longest wait was an hour in Warrnambool. And the shortest waiting time? Five minutes in Melbourne!

Whilst waiting for the clients, the drivers leave their 'phone number with the rooms/hospital and often go off for a cup of coffee or even some lunch.

Greg really likes having a co-driver on the longer trips; "it's good to be able to change drivers and to have a navigator when I'm driving". The co-driver can be particularly handy when parking places at the destination are hard to find; one driver can look after the client whilst the other stays with the car.

Greg sees this volunteering role as a great responsibility and has only once had a client become seriously unwell along the way.

TMHS provides a mobile 'phone for drivers to use if necessary, and as Brian commented, Greg also said that the car is always clean and ready to go.

When Greg joined the service he said that he was given just a little pre-drive instruction and he would like to see more done in this regard; perhaps first-aid and CPR training.

Greg told me that he finds his work as a volunteer driver very rewarding. He also volunteers once a month as a driver for the Mortlake Community Shopping Bus, taking an average of six or seven senior citizens to Warrnambool and back.

Greg's wife, Karen, also has the "volunteer gene" and spends a lot of time in this capacity at Abbeyfield in Mortlake.

The Quinns are farmers and when not working or volunteering,



Buddies- Ella Pekin and Mary Maguire

## Mary and Ella - "GOOD BUDDIES"

Year 6 student at St Thomas's, Ella Pekin, enjoys visiting her Mount View buddy, Mary Maguire. With her classmates Ella visits about once a month. She and Mary enjoy playing board games such as Snakes and Ladders, and also simple memory games with cards. Ella thinks it is a good idea for the

generations to mix and she says the Mount View residents always seem pleased to see their young buddies. Mary likes to hold Ella's hand and enjoys showing her the many photos on the wall of her room, especially an old photo of her mother and photos of her grandchildren.

they like to go to country music concerts. Greg also follows football and plays indoor bowls and table tennis.

As a footnote, Greg told me that there is really no time of year when

this transport service is not busy, and although there is only one car used at present, Greg can see the time coming when we may need another vehicle.



L - R Julia Ogdin CEO and volunteer drivers Sue Potter and Doug Henry

# 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 now 80%.

All TMHS staff members are required to adhere to the 'Five Moments of Hand Hygiene'. This system ensures that all persons under the care of TMHS staff members have the opportunity to be protected against hospital acquired infection (HAI). This simple and non-invasive process of performing hand hygiene

can contribute significantly to a positive and speedy recovery for all patients.

In addition hand hygiene has the ability to reduce cross infections, reducing prolonged hospital stays, reduce outbreaks such as gastroenteritis and antibiotic resistance. Patients, residents, clients and visitors are also encouraged to perform hand hygiene on entering and departing all TMHS buildings. Furthermore, please feel free to ask all TMHS staff members and visiting doctors 'have you performed hand hygiene'?

Victorian Healthcare Experience Survey 53 questionnaires returned out of 131. October – December 2014

Question 14 Were hand-wash gels available for patients and visitors to use, 100 % positive rating Yes compared to the state 94.6% positive and our peer group 98.7% Positive

Question 35 Did you see hospital staff wash their hands, use hand gel to clean their hands, or put on clean gloves before examining you 86% positive rating Yes compared to the state 79.6 % positive and our peer group 85.5% Positive



## OVERALL COMPLIANCE RATE OF HAND HYGIENE

### AUDIT THREE 2014

CORRECT HAND HYGIENE ACTIONS	TOTAL MOMENTS	COMPLIANCE RATE	LOWER 95% CONFIDENCE INTERVAL	UPPER 95% CONFIDENCE INTERVAL
93	100	93%	86.3%	96.6%

### AUDIT ONE 2015

CORRECT HAND HYGIENE ACTIONS	TOTAL MOMENTS	COMPLIANCE RATE	LOWER 95% CONFIDENCE INTERVAL	UPPER 95% CONFIDENCE INTERVAL
53	64	82.8%	71.8%	90.1%

# Susan Keane - Volunteer Catering Department

In May, Susan was nominated by Terang and Mortlake Health Service for the Health Minister's Volunteer Awards. 2015 was the first occasion that Terang and Mortlake Health Service has nominated a volunteer for these prestigious awards.

How long have you been an active volunteer in the community for?

I started volunteering approximately 45 years ago with Meals on Wheels. My husband John was on the roster and I used to fill in when he forgot! In the end I just ended up joining too! I also joined the Ladies' Auxiliary around the same time when I was newly married. My mother-in-law was also on the committee at the time and encouraged me to join

### What volunteering do you currently do with TMHS?

I still participate in the Meals on Wheels program and the Ladies' Auxiliary. I am also a member of the Community Advisory Committee, providing feedback to the health service from a community members' perspective. Once a month, I also play the piano to the residents of Mt View Aged Care facility and the Day Centre. I am sometimes assisted by Margaret Wadleton and Joyce Paton who lead the singing for the residents whilst I play. I hope that I give the residents some enjoyment!

### What motivates you to volunteer and what do you get out of it?

I love music and have been playing piano since I was a child so volunteering isn't a chore! Music is a great social outlet and can be enjoyed at any age. It also provides me with a personal challenge because I also need to keep practising! It feels good to be an active member of the community



Morning tea thankyou to the volunteers

and to do my 'bit.' It gives you a good feeling.

My husband John also volunteers regularly in the community, particularly through the Lions Club and the local church so, it has really become a family lifestyle to volunteer.

How did you feel when you were nominated to be the TMHS representative at the Health Minister's Volunteer Awards?

I felt very surprised and honoured when I was asked to accept the nomination for the Minister's Volunteer Awards. As I love music so much, it seemed strange to think I could be nominated for something that I get so much enjoyment from.

What would you say to members of the community who may like to try volunteering?

Volunteering is an extremely worthwhile thing to do, especially for those who may not be working fulltime anymore. There are plenty of opportunities to get involved with volunteering at TMHS and it is actually probably easier in small communities like Terang and Mortlake because you may know other volunteers who can assist you to get started. Volunteering could



Susan Keane and her granddaughter Meg Pekin

be as little as an hour month so it is something that anybody can do.

Terang and Mortlake Health Service are always welcoming of new volunteers. To find out more about volunteering at either our Terang or Mortlake campuses, please contact the Volunteer Coordinator Kate Justin on 5592 0222.

During the year the catering department provided over 44,000 meals to patients, residents, clients and staff.

The catering department remains very busy catering for the individual needs of many of our customers.

Food Services staff members have continued to further their knowledge of modified diets and thickened fluids, through support of the visiting dietitian and speech therapist, with training offered to all staff. This has ensured that safe work practices and compliance with standards are met.

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.

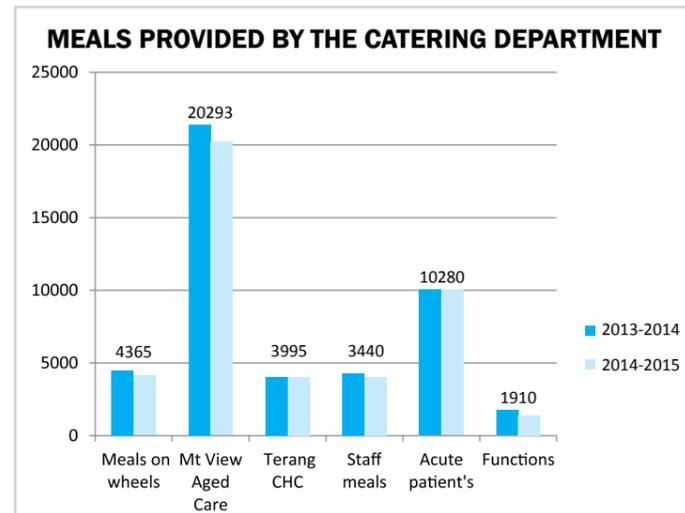
Special occasions and events are also catered for within the department ensuring that birthday

cakes are available to many of our residents and clients.

New equipment purchased for use within the department included a stainless steel trolley for delivery of meals and refreshments to acute patients. This has provided a safer work place as visibility and manoeuvrability of the trolley around the wards has improved, and it has also assisted with infection control and good hygiene.

On the 17th of February 2015 the Corangamite Shire conducted sample testing of ready to eat foods, these were microbial tested and found to be satisfactory on all testing, and the evidence confirms our compliance in this area.

On May 18th 2015 the food safety plan was audited by a representative from Food Hygiene Australia and found fully compliant. This audit is conducted annually.



Feedback obtained from meals on wheels clients survey 2015 – very tasty meals and all the volunteers are very pleasant

Victorian Healthcare Experience Survey 53 questionnaires returned out of 131. October – December 2014

Question 16- how would you rate

the hospital food, 96% positive rating good to very good compared to the state 65.9% positive and our peer group 91.4% Positive

Question 17- was the hospital food suitable for your dietary needs 94% positive rating Yes always compared to the state 73.3% positive and our peer group 90.8% Positive

# Health Literacy

In recognition to the importance of health literacy within the health system Terang & Mortlake Health Service have appointed Kate Justin to the role of Health Literacy Co-Ordinator.

Health Literacy is the process by which an organisation focuses on

client centred care by

- planning,
- monitoring and
- Evaluating

Its service towards being accessible to clients. It is essential for maintaining good health and improving the quality of life for

our patients/clients.

Health professionals can influence a patients/clients

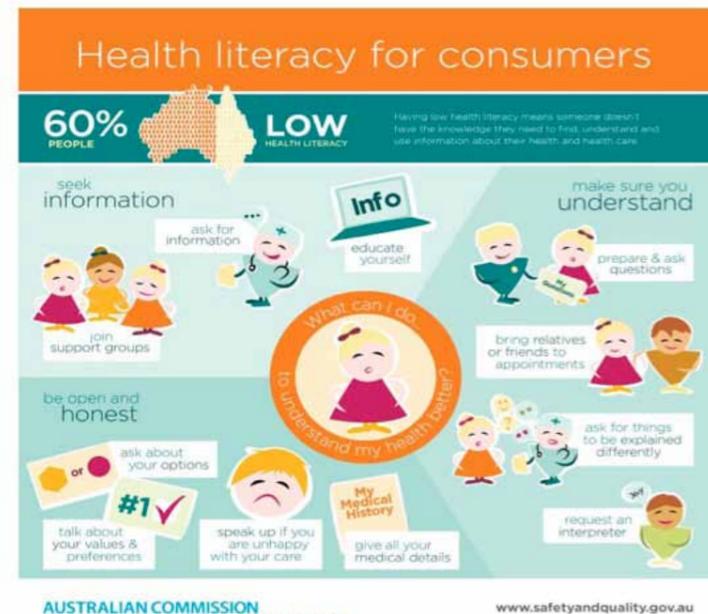
- knowledge,
- interaction and
- decision making capabilities

By how they communicate and provide information to their patients/clients.

Terang & Mortlake Health Service acknowledge that health information is a major part of health literacy and that patients/clients need to be able to access, understand and act on the health information that they receive.

We are now in the early stages of reviewing our documentation and hope to provide our patients/clients with simplified and more attractive written materials which will help increase client and community engagement.

The outcome that we are aiming for from this review is to improve our patients/clients role in the



## THERE AND BACK AGAIN...

Wednesday, 14th January, 2015, is a day etched in the mind of Terang's David Lourey for all time; it was the day he died - for four minutes!

David had mentioned to his wife, Helen, that he was "not feeling well", and, as many of us do in this situation, he went for a walk. David probably hoped that the exercise might take away his feeling ill. That was not to be.

When he returned home, all David wanted to do was to go to bed. Helen saw that something was seriously wrong and rang the Terang Clinic and then took her husband to the Urgent Care department at our hospital. David walked into the Urgent Care Department, but remembers nothing else until he was resuscitated.

Imagine poor Helen, watching David die and then being brought back to life!

The next instalment in David's story was a drive in an ambulance, and then being transferred to the helicopter which flew him safely to Geelong.

The Lourey's spoke highly of the care David received over five days in Geelong Hospital and were told that David's treatment whilst in Terang Hospital was "spot on". Fortunately, David did not need surgery, just medication. He recovered.

Helen stayed in Geelong, their family rallied 'round them, and David found himself the centre of attention.

Eventually, after that relatively short stay in hospital, David and

Helen returned to their home in Terang.

Helen told me that she is now David's "official carer" (I don't know what she's been doing through all the years of their marriage!) She said that she was a little tentative when David first came home from hospital; but they have both adjusted.

In his younger years, David played football and has always liked walking. He worked at Glenormiston College, fencing and bus-driving, for forty years. David also worked behind the bar at the Noorat Hotel and clearly remembers those very busy years when the College was in full swing and so many students were thirsty!

Today, David is still a member of the Noorat Fire Brigade, and he still likes to garden, "just vegetables".

The Lourey's have six children, five sons and a daughter; and eleven grandchildren.

If you happen to call on Helen and David at their Grey Street home, chances are David will be out in his shed. The pot-belly stove will be roaring on a cold day and the kettle will be on the boil. Watching DVD's and listening to country music are favourite shed pastimes; and as the song goes "... all Australian boys need a shed!"

As to still being with us after all he's been through? David and Helen give full credit to our wonderful staff at TMHS. They could not have been more attentive and caring, and most importantly, saved David Lourey's life.



L - R Helen and David Lourey with Registered Nurse Lisa Urek

management of their illness as well as their decision making abilities throughout their journey.

As an organisation we aim to make the health service more effective by contributing to better client/patient outcomes through the health literacy process.



Kate Justin

## 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;



Maintenance Paul Dunn with new Mulcher that has reduced the amount of green waste produced by the health service.

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

UTILITY	2014/15	2013/14	+/- % CHANGE	2012/13	2011/12	2010/11
ELECTRICITY (KWH)	431,951	423,256	+2%	524,301	533,048	414,417
LP GAS (LITRES)	51,405	53,270	-3%	54,338	61,745	110,436
DIESEL (LITRES)	0	0	-	0	0	24,240
WATER (KILOLITRES)	5,555	6,089	-9%	6,005	5,944	5,966

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

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.