



TERANG & MORTLAKE HEALTH SERVICE



QUALITY ACCOUNTS REPORT



2015-16

OUR VISION

To be a leader in the development of a vibrant, healthier community.

WE VALUE

Compassion

and responsiveness – We care for the needs of our patients, clients and each other

Equity and fairness – We make decisions objectively, without favouritism or bias

Ethical behaviour – We act in an honest, open and confidential way

Accountability – We use resources efficiently and acting responsibly

Excellence – We strive for excellence in the delivery of healthcare

Respect – We respect the rights of the individual

OUR STRATEGIC GOALS

Growth – Services that meet demand and support our community

Governance – Provide strong leadership to enact change

Culture & leadership – Build culture to deal with sector changes

Financial – Build models of sustainability

Innovation in service delivery – New ways to respond to a new environment

Marketing – Build awareness in the community



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FROM THE CHIEF EXECUTIVE



Terang & Mortlake Health Service produces a Quality of Care Report annually in order to provide an opportunity to highlight how we continuously work to improve the health of our region. The report showcases the work done at

Terang Hospital, Mortlake Community Health Centre, Mt View Residential Aged Care Facility, Josie Black Community Health Centre as well as in the community.

Employees and volunteers continually strive to ensure that safe, coordinated care is provided to all consumers, as well as productive and safe working environments for staff across all campuses. The 2015/2016 report's theme is 'Striving to provide excellence in rural healthcare.'

In order to demonstrate the ways in which the health service has been able to achieve these goals, measures have been included in the report to demonstrate how we have been able to successfully meet the standards set down by the Department of Health & Human Services.

I hope that this provides our community with reassurance regarding the high quality care that our staff work hard to deliver on a daily basis.

Consumer feedback continues to be an imperative way of measuring the satisfaction of our communities.

In the last 12 month period, consumer forums were undertaken with consumers who had accessed day surgery, and Mortlake community members who had accessed services at the Mortlake Community Health Centre.

Feedback allows us to reflect on what is working well for our consumers and what we can improve to provide the best possible patient experience.

During the past 12 months, the health service has achieved things including the commencement of our building project for Mt View Residential Aged Care Facility and the Acute ward, as well as the relocation of our Early Parenting Centre, the acquisition of a new mini bus, the commissioning of a new x-ray machine, as well as the expansion of primary care programs. We look forward to elaborating on these achievements throughout this report.

Finally, a successful health service cannot exist without a high functioning governance structure through the Board of Management. The Board ensure that quality and safety considerations are always paramount in decision making.

Collaboration between the Board and the Executive team is carried out at the highest level in order to achieve our organisational vision, 'To be a leader in the development of a vibrant, healthier community.'

We look forward to receiving your feedback regarding this report and thank you for your continued support of our health service.

Julia Ogdin
Chief Executive

CREDENTIALING & CLINICAL GOVERNANCE



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

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*.

Quality Domain	What the framework says we should do	What we do
Consumer Participation	<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>
Clinical Effectiveness	<p>Safety & 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>
Effective workforce	<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>
Risk Management	<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>

STRATEGIC ACTION PLAN 2014-2017

	OBJECTIVE (What we want)	ACTION (How we will do it)
1. Growth Services that meet demand and support our community	Create innovative service models responsive to changing community needs	Expand the provision of care in the community to best meet people's needs Improve the health of the population through health promotion, illness prevention and service coordination Support development and implementation of the Corangamite Area Based Service Plan
2. Governance Provide strong leadership to enact the change	Develop a leadership environment that drives achievement of the vision	Maintain excellence in governance & risk management through Board member engagement in the ACHG development program Work strategically and cooperatively with all levels of government Advocate for improved community facilities & services
3. Culture & leadership Build culture to deal with sector changes	Further strengthen a culture of accountability that attracts and retains high calibre staff Foster a continuous learning environment and adoption of best practice standards of care & service delivery	Embed Studer Group Evidenced Based Leadership principles throughout the organisation Ensure training & development processes support the implementation of innovative service models implemented by the Futures Planning teams (see below).
4. Financial Build models of sustainability	Manage our finances and resources prudently so as to strengthen control of our own destiny	Ensure funding streams and service levels are aligned to protect revenue from recall, services and programs are viable, and accountability for the use of public funds is justifiable Continue to develop shared service solutions with South West providers Develop three year rolling operating and capital expenditure budgets outlining asset retention strategy



	OBJECTIC (What we want)	ACTION (How we will do it)
<p>5. Innovation in services delivery</p> <p>New ways to respond to a new environment</p>	<p>Develop an environment in which innovation is encouraged and supported</p>	<p>Implement a Community Futures Planning team to analyse community need, and investigate, develop and implement alternative models of service and care in the community</p> <p>Implement a Person Centred Care Planning team to develop and implement Person Centred Care models for bed based services</p>
<p>6. Marketing</p> <p>Build awareness and engagement in the community</p>	<p>Enhance community engagement to ensure that TMHS supports and is supported by the community</p> <p>Further enhance relationships with local government and other agencies to improve service access and responsiveness</p>	<p>Implement a communication strategy that encompasses all activities and services.</p> <p>Support and strengthen sub-regional and district healthcare partnerships and forums</p>

QUALITY ACCOUNT REPORT 2015/16

The 2014/15 Quality of Care Report was published with 1950 copies distributed to our catchment area. The report describes the organizations quality and safety systems, process, outcomes and evaluations of the services provided in 2014/2015. The Quality of care report can also be located on the TMHS Website page For those interested in accessing the site, the address is www.tmhs.vic.gov.au

Each year a brief questionnaire is included in with the report, asking for feedback from readers in regards to the layout, content and what they would like to read about in next year's report and any other comments

The names of the 14 people who took time to complete and return the survey were entered into a draw to win a Christmas Hamper and Terang Co-Op gift voucher. The 2014-2015 winner was Mrs. Jean Fidge from Terang

Did you enjoy the report? 13/14 responded Yes and 1 No

Was the report easy to read ?15/15 responded Yes

Did it contain all the information that you wanted? 13/14 responded Yes and 1 No

What information would you like to see in next year's report?

- "Any new treatment facilities that are available locally, Helpful hints in case of emergencies;"
- "More of the same and details funding"
- "I think everything has been covered in this year's report;"
- "Just all new updates from 2016;"
- "The same with updates and progress reports in various services;"
- I would like to see information relating to the wonderful work the health service is providing in assisting with education through the schools in the region;
- "Just information on future staff & the hospital in general;"
- "I would like to see a bit more news about Mortlake Health Service, as we no longer have a hospital, but do have a wide variety of health services;"
- "More about Mt View – the carers do a wonderful job caring for the elderly ones, always cheery, they meet their requests & sometimes, their demands with a smile;"
- "It was well covered;"
- "Being on Dialysis I am interested to know how the construction of the new room is progressing."



Other comments:

- “The care given to patients in the region is wonderful and I would like more emphasis to now be placed on the importance of education and prevention to ease the burden on the health’s services;”
- “Waste of money, just put it on the Josie Black window or on-line;”
- “Great news to see upgrade of x ray equipment;”
- “I was in Terang Hospital for 2 weeks last year and the care was one hundred percent, the nurses very caring and helped me through a major problem;”
- “I cannot complain , I am very very lucky treated well by the nurses and all staff;”
- “I am very blessed to be so well but on the occasion I have needed minor procedures the care has been excellent. Also I have occasions to visit people in hospital & Mt View and I have great admiration for the attentive caring staff – all which gives one a feeling of security and ease the fear & reparation should I need help in future days.”
- “Good to see articles in the report regarding services that we didn’t know existed;”
- “I have been a patient in the hospital and I couldn’t fault anything. The staff were very friendly & professional, treatment was excellent;”
- “Well presented. Good to see where we are, the progress in health services being done and recognises the tireless help by all participants.”

HOTEL REDESIGN



The redesign of our Hotel Services which began in November 2015 has proved to be very challenging but also very rewarding.

All elements of the Hospitality and Cleaning departments in Hotel Services in Acute and Mt View were reviewed in areas of staff rostering, ordering stores, work schedules as well as Food Management & Nutrition.

All were designed to identify the best workflow and to improve the management of duties and work load.

It was an opportunity to deliver systems of “smarter” ways of working to ensure best practice in OH&S and workflows, while taking

into account the other services needs and patient needs.

The Environmental Department will continue to monitor and evaluate the scheduled cleaning on a daily basis in Acute and Mt View until all the renovations are completed.

A more nutritionally balanced menu of soups, sweets and afternoon tea has been introduced with the new menu roll out delayed until the re development of the Hospital is completed.

A new combi oven, gas hot plates and dishwasher has been purchased for the Acute Kitchen and will be installed prior to the new menu being rolled out.

MONTESSORI PROJECT



Alzheimer's Australia Model of Care for People living with Dementia Team leaders Tracey Harris, Angela Gee and Catherine Hayden.

The Montessori approach provides a framework for shaping a purposeful, meaningful community in which people with dementia can live.

The goal is to create the kind of place we would want to live.

Montessori for Dementia enables individuals to be as independent as possible, to have a meaningful place in their community, to have high self-esteem, and to have the chance to make choices and meaningful contributions to their community Montessori is a model of care developed and promoted by Alzheimer's Australia.

The following principles underpin the Montessori framework, and are designed to focus on a

person's capabilities, capturing their interests and showing respect. It is also very important that the focus builds on a person's strengths.

1. The activity should have a sense of purpose and capture interest
2. Invite the person to participate
3. Offer choices whenever possible
4. Talk less. Demonstrate more
5. Physical Skills.
Focus on what the person can do
6. Match your speed. Slow down!
7. Use visual hints, cues and templates
8. Give the person something to hold
9. Go from simple to complex

- 10. Break the task down into steps
- 11. To end, ask: "Did you enjoy doing this?" and "Would you like to do this again?"
- 12. There is no right and wrong.

By implementing the Montessori Model of Care we aim to reduce challenging behaviors, falls, and the number of medications being taken. Promote independence and a more fulfilled life.

We have introduced three key activities during the course of the project. We have a resident who attends to our daily information board. This includes changing the day, date, weather, and activity of the day. The resident has taken ownership of this role and enjoys doing this when he comes down to the dining room after breakfast.

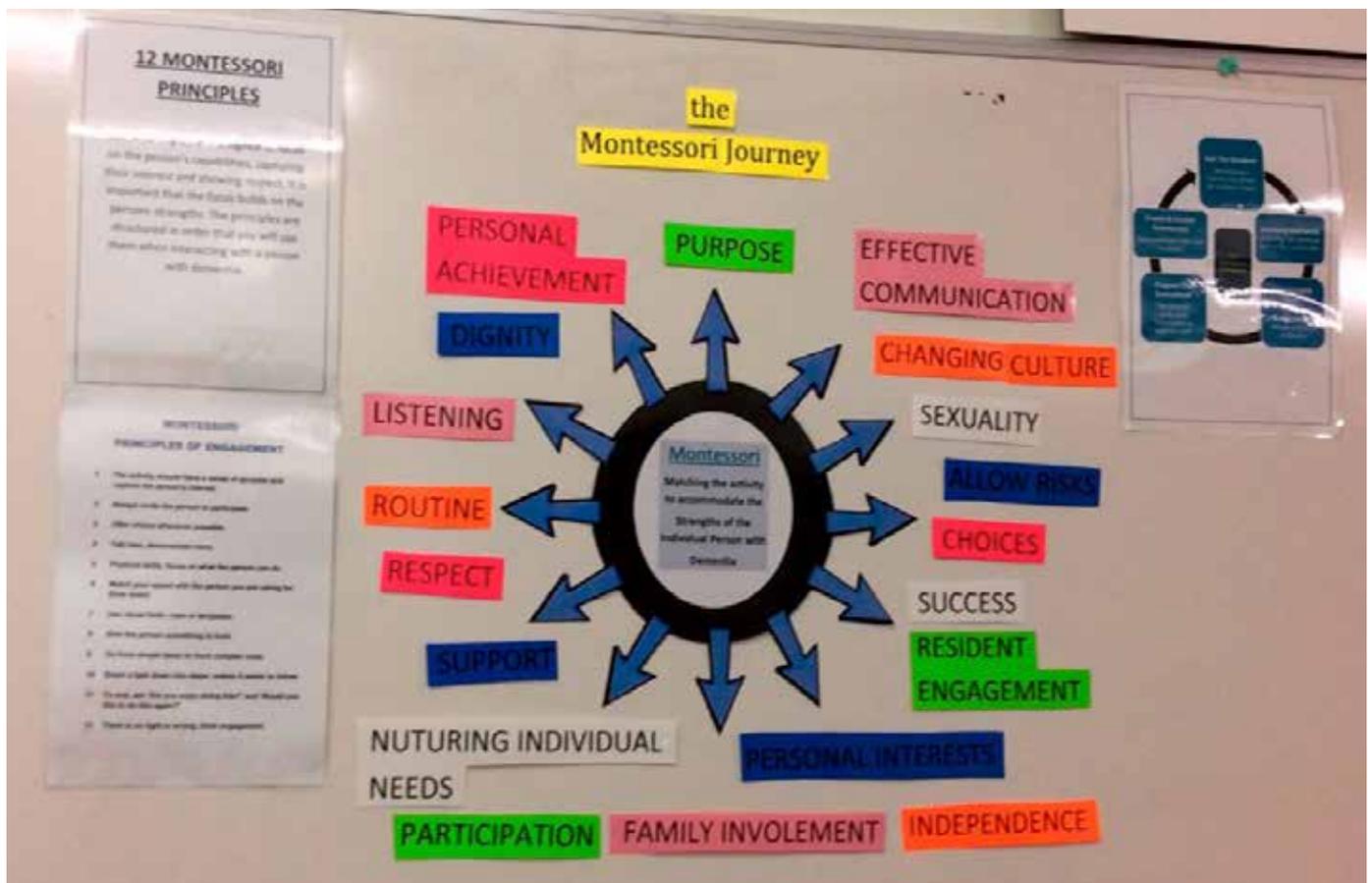
We have developed a make temporary letter box (whilst we are having one built by our residents at the men's shed). We have a resident who checks, sorts and delivers the mail to other residents. This satisfies the residents need to go outside each day. The resident takes great pride in being able

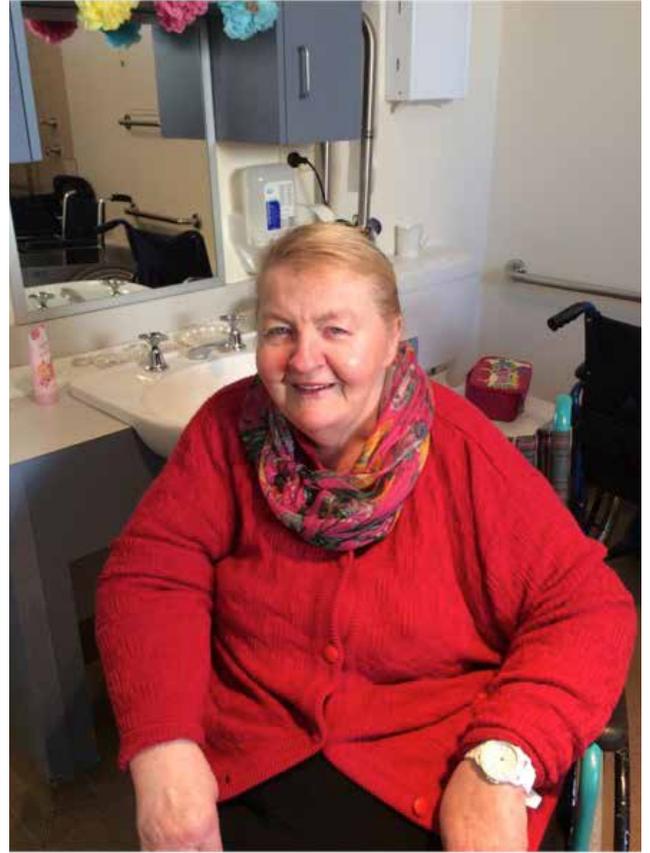
to deliver the mail and feels extremely important and valued by his fellow residents.

We have set up a "beauty room". The beauty is designed for the ladies and they all have an appointment and can have any beauty treatment they wish. Most of the ladies enjoy being able to have their hair blow dried, styled nicely, pedicure or a manicure. This is thoroughly enjoyed by all that attend the beauty room.

To wrap up our regional project, Catherine Hayden, Angela Gee and Tracey Harris were required to present project outcomes to other organisations within the region.

The feedback was excellent, and the project workers were asked to provide the presentation to Alzheimers Australia for use in developing education when introducing the project to other facilities.





Heather McGlynn



Anthony Kenna & Bernard Noonan



Heather McGlynn and Brigid Kenna (Life style assistant)

BRENDAN WILLIAMS AND “THE MURRAY TO MOYNE”



L - R: Julie Sinclair; Tim Carroll; Moyne Shire Mayor - Cr. Colin Ryan; Peter Skidmore; Margaret O'Sullivan (obscured); Ken Densley; Jeremy O'Donnell; Wes Primrose; Kevin O'Keeffe (obscured) & Michael Heffernan



Brendan is a longtime resident of Noorat, having moved there from Ballarat in 1977 when his parents took over the Noorat Hotel. His wife Sarah also works at Terang hospital and they have four children; Michael 20, Caitlin 18, Adam 14 and Annabel 13.

Brendan has worked at Terang & Mortlake Health Service for 5 years and for all of that time he has been involved with the Murray to Moyne cycle relay, taking on the job of coordinating the hospital's team, the Terang Flyers.

The Murray to Moyne was first held in 1987, when the Port Fairy Rotary and Lions Clubs were challenged to have a race to raise funds for their local hospital. The next year other groups joined in to support their nominated hospitals, so that this year a grand total of 76 teams took part.

The race is usually held on the first weekend in April. The teams can start at Mildura, Swan Hill or Echuca, alternating each year. This year Terang's team consisted of 12 riders and a support team of 5, with the 2 buses being driven by stalwarts Doc Elliott and Mick Lee.

The total distance travelled was 520 km, with riders doing 435 km in relays on the Saturday, at an average speed of 29 km per hour, while everyone rode the last 86 km from Hamilton to Port Fairy together on the Sunday. Each rider rides about 240 km in total.

Terang's riders were divided into 3 teams of 4. The first group rode 25 – 30 km, while the first bus went on ahead with the next group so that they were in position to take over. As the riders finished their leg they were picked up by the recovery bus where they were given food and drinks before preparing for their next leg.

The team had 2 weekly training sessions leading up to the race; a ride of 60 – 80 km on Saturday mornings and 40 – 45 km on Wednesday evenings.

This year the team raised the wonderful sum of \$25,000. This consisted of a Golf Day, a raffle

for accommodation at Lorne, and sponsorship, including \$5,000 from the Op Shop, \$2,000 from both the Lions and Rotary clubs and \$4,250 from an auction of shares in a racehorse, donated by Australian Thoroughbred Bloodstock. Christians Bus Lines donated the use of 2 mini buses and local businesses assisted with catering supplies. Over the 29 times the Terang Flyers have participated TMHS has, benefitted to the tune of an amazing \$325,000.

Brendan said the event is a rewarding experience. It is tremendous to be able to raise such significant funds, with the race being the largest single community fund raiser. Brendan enjoys working as part of a team to complete the physically challenging event. He made a special mention of another stalwart of the race, team captain Ken Densley, who has ridden in all but 2 of the 30 events.

DISTRICT NURSING SERVICES



Our district nursing team are currently visiting 44 clients in Mortlake area and 64 clients in the Terang area. To meet our client needs and deliver best practice care over the past year the district nurses have updated education on:

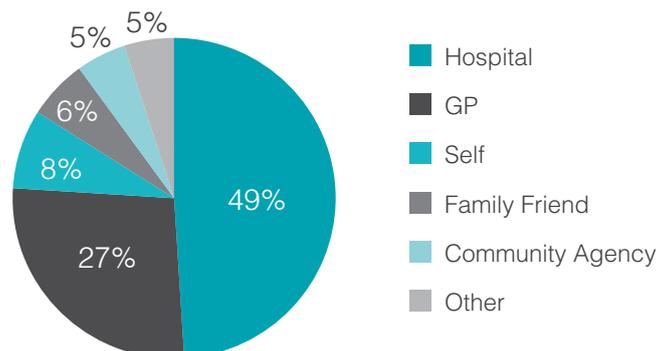
Wound management, palliative care, advanced

care planning, pharmacology clinical skills and mental health.

Clients are referred to district nursing from a number of sources

(see graph DNS Referral Source)

DNS Rerral Service



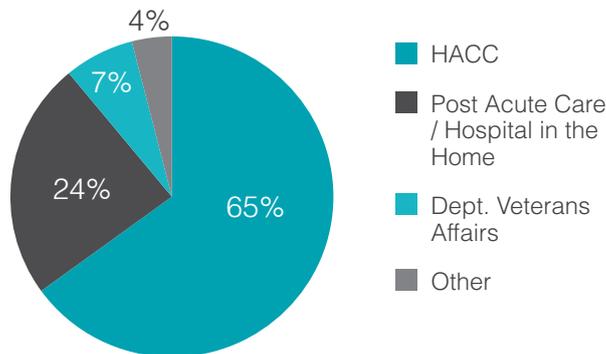
The district nursing service receives funding for care from a number of sources. (see graph

DNS Client Classifications). Home & Community Care (HACC) funding is currently provided from the State Government however in the 2015-2016 financial year those clients over 65 years will become funded by the Commonwealth

Government under the Commonwealth Home support Program (CHSP). Care provided to our district nurse clients will not change.

Following discharge from the district nursing service our clients are sent a satisfaction survey. We thank those that return the survey for their valuable feedback.

DNS Client Classifications



EILEEN TURNS 100

Eileen was known most for her crafts and spending time with her family, it was fitting that friends and relatives filled Terang's Mount View Aged Care facility to celebrate Eileen Alsop's 100th birthday recently.

Eileen Daisy Fitzpatrick was born in Leeton, New South Wales on May 25, 1916, the first child of Michael Joseph Fitzpatrick and Esther Daisy Fitzpatrick.

She had three brothers Donald, Leslie and Henry, growing up at Narrandera in Southern New South Wales.

Eileen's family moved to Eastern Creek between Timboon and Port Campbell, where she lived until she was nine years old.

She then moved north to live with her grandmother, Ellen Naismith in Narrandera until her grandmother's death in 1937.

Eileen attended Morven Public School while she was in New South Wales then moved back onto her family's farm at Eastern Creek and at 21 years of age, attended the Timboon debutante ball.

She enjoyed going to events and one night, whilst playing cards at the Newfield school hall, met a man by the name of Wilfred Alsop.

The Alsops had been one of the early settlers in the area, and Eileen immediately took a liking to Wilfred and the two began courting.

Eileen described her chance meeting as 'love at first sight' and the couple married at St Andrew's Presbyterian Church, Camperdown on January 11, 1941.

Eileen and Wilfred moved into their first home together at Newfield, where she gave birth to her first child, Lorraine in 1943, the first of three daughters for the couple.

Despite developing a thyroid condition that prevented Eileen from having children temporarily, she gave birth to Gail in 1954 and Janine in 1956, when Eileen was aged 40.

The couple worked until the early 1970s, when they retired to Cobden, a place where Eileen would spend almost another four decades.

Tragedy struck in 1975, when Wilfred passed away and Eileen remarked she would never remarry because she could 'never find another husband as good as him'.

Eileen remained in Cobden until she was 94, when she moved into Mount View Aged Care in Terang and has been a popular resident ever since.

Her three daughters, Lorraine Buckingham, Gail Taylor and Janine Cameron said their mother has lived a quiet, but enjoyable life, enjoying the arts, including music, sewing and baking.

An album featuring some of the ribbons picked up at the Heytesbury and Camperdown Agricultural shows attest to her fine skills in the kitchen.

Lorraine said Eileen has always loved the arts and spending time with her family.

"She loved her grandchildren," she said.

"She was a family person who taught us all how to sew.

"The reason she has lived to her age is she never drank or smoked."

Lorraine recalls one time her mother pulled her up while enjoying a drink.

"I was having a stubby and she stared at me and said 'I thought I'd never see the day when you drink out of a stubby'," she said.

"She was a quiet person, but often played bowls and she absolutely loves music."

Along with her three daughters, Eileen has six grandchildren and 12 great grandchildren.

Eileen celebrated her 100th birthday with the cutting of her centenary cake in front of family, friends and Mount View staff and residents.



Janine Cameron, Eileen Alsop, Gail Taylor and Lorraine Buckingham

MORTLAKE COMMUNITY HEALTH CENTRE CONSUMER FORUM



On Wednesday 13th April 2016 TMHS held a forum for community members who had attended the Mortlake Community Health Centre Outpatients Department in recent months. Our intent was to gain some knowledge of the clients' experiences, gather feedback and ideas for improvements to services.

Invitations were sent to 20 people; three people sent apologies (two of whom provided verbal feedback prior to the forum) and four community members were able to be present on the day for the forum and morning tea. We were fortunate that Board member Colin Long, CEO Julia Ogdin and Outpatients Nurse Jill O'Brien were also present.

When everyone was settled comfortably with a cuppa and a scone we asked the people present for their thoughts on four main areas which were; what did you like about the service when you visited, what can we do to improve our service, are you aware of other services we offer at the Mortlake CHC and do you have any concerns about the confidentiality of your information when you come here.

People stated that what they liked about the service was that we had friendly, caring staff who are light-hearted, they received excellent and efficient care, the atmosphere is excellent and the place is spotless. One lady stated that when she couldn't get to the Health Centre the District Nurses visited her and treated her like a queen. They were no recommendations for change.

When we asked the question what can we do to improve, it was remarked that for some people the limited opening hours can be a problem, others felt that they had everything they needed and no change was required.

The opening hours issue was raised in verbal feedback provided prior to the forum by someone who was unable to attend and an explanation given as to the limitations of staffing and funding that restricts the hours the centre is open.

In regard to people's awareness of other services available at the centre it quickly became apparent that those present were unaware of many of the services offered. This gave us the opportunity to ask how we could improve the way we communicate with the Mortlake community.

We were given many valuable ideas including; a monthly calendar of events and services that could be displayed in the Caravan Park, the Information Centre, the Senior Citizens club and on community noticeboards. We were also able to explain that digital signage will soon be installed in the window of the library which would give a rolling display of events and services.

People felt that their confidentiality and privacy were well respected and that the staff are very professional. We then asked for final comments which people used as an opportunity to make further suggestions for improving the community's knowledge of our presence and services including; improved signage to the centre, improved marketing of services and fridge magnets or information sheets with dot points on accessing emergency services.

We learned some valuable insights about our service through connecting with our community and will make this an annual event to continue to learn from the people who know what their community needs and we thank everyone who attended for their feedback.

INTERPRETER SERVICES



Terang & Mortlake Health Service Interpreter Service Policy gives Clients on non- English speaking background the opportunity to be able to access an appropriate interpreting service to meet their health needs. Either by an immediate telephone conference or a pre booked Interpreting call.

There have been no clients or patients requiring an interpreter service during the reporting time frame July 1st 2015 – June 30th 2016.

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).

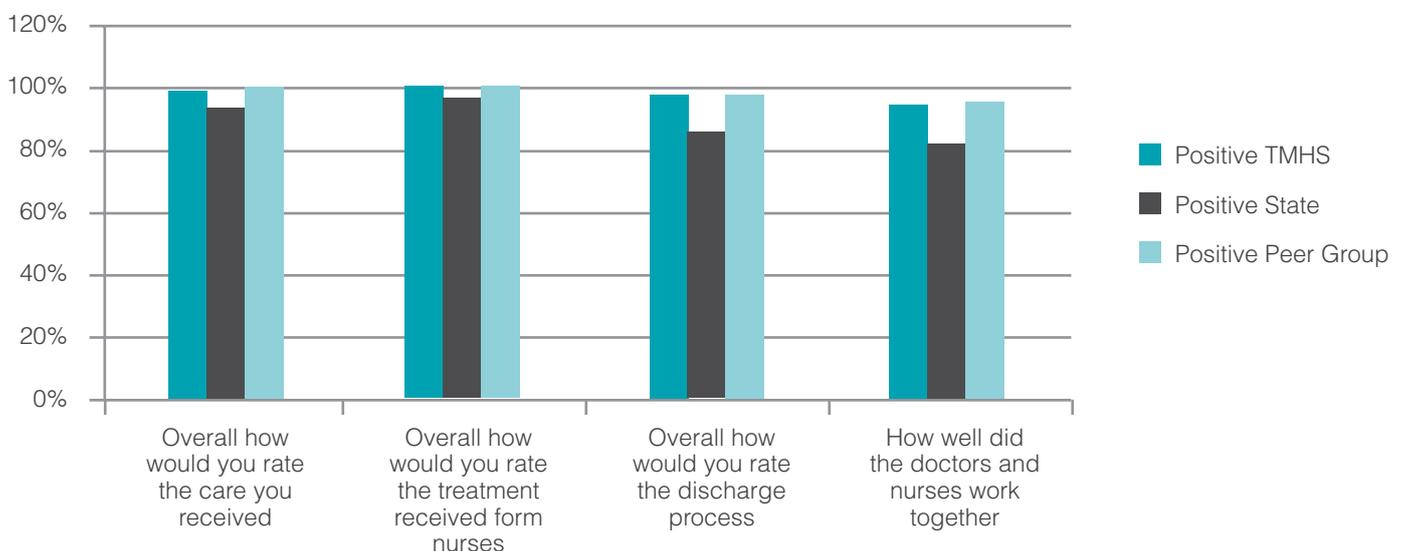
There is a concern for small rural health services like Terang & Mortlake Health Service in that if we

don't receive 42 responses per survey quarter, we will not receive a report, consequently no report was available for January – March 2016 period due to lack of responses. 100 questionnaires sent out, 29 received, Response rate – 29%

July – December 2015 = 118 questionnaires sent out, 50 received back Response rate – 42%

“Makes you proud to say you work at TMHS”

June - December 2015



We also gather important feedback through specific forums, discharge surveys and 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 Aged Care Consumer surveys, after a lot of fund raising we have purchased a bus for the residents, to enable them to participate in community activities and social interactions.

WORKING WITH ABORIGINAL PEOPLE AND COMMUNITIES



HEALTH AND COMMUNITY SERVICES AUDIT

Creating a welcoming environment -There are some simple ways of communicating to Aboriginal people that they are coming to a welcoming and safe environment.

Does your service display Aboriginal symbols of welcome, posters and Aboriginal art work developed locally? Y

Do the reception staffs acknowledge people's presence on arrival? Y

Is the waiting room child friendly (eg. are there toys or activities provided) and safe? N

Do you provide reading material that is relevant to your Aboriginal clients eg. The weekly 'Koori Mail' newspaper, local newsletters & children's books with Aboriginal characters or content? N

Score = 2

Engaging with Aboriginal clients and communities – A respectful and inclusive engagement process is essential to establishing and maintaining relationships.

When an Aboriginal client contacts you it is usually to address a crisis. Can you do your best to make a time that day, even for a brief initial contact? Y

You can't always identify an Aboriginal person by looks. Does your service always ask clients 'are you of Aboriginal and/or Torres Strait Islander decent'? Does your service ask people how they would like to be addressed? Y

Does your intake process take into consideration a range of literacy levels? Y

Do you encourage and support your client to attend with a family member or support worker? Y

Are you prepared for kids to be present in the office or agency during an appointment? Y

Has your service a procedure in place to assist with transport if needed? N

Does your service adopt each client's definition of 'family' which may include, but not limited to, significant others, relatives by blood, same-sex partners, or spouses? Y

Score = 6

**Communication and relationships –
Communication skills remain central to
creating a trusting and open environment.**

Concerns about confidentiality can inhibit communication and openness. Do you make it clear to the client that confidentiality is protected and privacy respected? **Y**

Do staffs have positive and affirming communication skills and attitudes that build on a client's strengths, resilience, and existing resources? **Y**

Do you provide information and seek feedback from your clients/participants in ways which consider varying literacy levels and communication methods? **Y**

Do staffs know the local Aboriginal workers that can provide assistance with communication and relationship building? **N**

Score = 3

Developing Cultural Competence – A person who is culturally competent can communicate sensitively and effectively with people from a range of cultures, religions, ethnicities, ages, abilities and sexualities.

Are processes for self-reflection in place to support your workers and to ensure no assumptions are made based on values, stereotypes, prejudices, or family history? **N**

Are staffs encouraged to attend important Indigenous events (eg. National Reconciliation, NAIDOC week) and get involved? **N**

Do staff take into account that many Aboriginal people feel great shame about their health issue, about having to use the service, and that it can take a great deal of courage to walk through the front door? **N**

Does your agency have a policy to acknowledge and pay respect to the Traditional owners of the land, and Aboriginal Elders both past and present? **N**

Does your agency have a policy to invite a local Aboriginal Elder to give a 'welcome to the country' at the commencement of any major public event? **N**

Score = 0

Staff training – All staff have an important role in creating safe and welcoming environments.

Have staffs participated in cultural training with input from the local Aboriginal community? **N**

Are staffs supported to understand how the accumulated impact of colonisation, dispossession, racism and disempowerment affects the current health status of Aboriginal people and patterns of use of health and community services today? **N**

Do staffs know the relevant Federal and State legislation and policy documents and guides related to racial discrimination, social justice and health, working with Aboriginal communities? **N**

Score = 0

Working collaboratively and respectfully with Aboriginal organisations and services.

Do you follow Aboriginal health promotion principals when working with Aboriginal communities? **N**

Do you support staff to visit Aboriginal organisations and services, build relationships, and maintain regular contact with the Aboriginal community through network meetings, reference groups, and collaborative projects? **Y**

Are staffs aware of the importance of building relationships and trust prior to discussing project proposals and funding opportunities with Aboriginal organisations and services? **Y**

If you deliver a service at an Aboriginal organisation or service, do you do this regularly to build trust and visibility in the community? **N**

Does your agency regularly meet with staff at Aboriginal organisations and services to review and evaluate your working relationship to ensure it remains effective and appropriate? **Y**

Does your agency regularly discuss with staff at Aboriginal organisations and services issues related to power, autonomy and decision-making? **N**

Does your agency act upon issues raised in a prompt, culturally sensitive and respectful way? Does your agency report back on any issues on which action has been taken? **Y**

Have you considered formalising your partnership structures and processes with Aboriginal organisations and services? Eg. A partnership agreement, a Memorandum of Understanding? **Y**

Score = 5

Total score of 17

0-10: Your service is still a challenging one for Aboriginal people. Don't despair; small steps can make a big difference.

10-19 points: Your intentions are good. Your agency/practise has made a start and shows potential to providing more inclusive care.

20-30: The work on these issues is happening on several fronts now and starting to make a real difference – coordination and consolidation are the next steps to go further forward.

31: Your service is exemplary in its sensitivity and quality of care for Aboriginal people. Aboriginal people feel well-treated, respected and supported. Congratulations.

AREAS TO IMPROVE IN:

1. Creating a welcoming environment

In waiting rooms there are no toys/activities provided for children, so those from a culturally diverse background may not see this health service as child friendly.

ACTION: Purchase Indigenous themed story books to display in waiting room at each campus.

There is also no reading material for Aboriginal clients in waiting rooms.

ACTION: Display Kirrae Health Service newsletter in the waiting room at each campus.

2. Communication and relationships

Not all staff are aware of local Aboriginal workers that could help them with communication with clients and assist in building relationships.

ACTION: Develop article for Terang Goss re: information on where to go for assistance.

3. Developing cultural competence

Staff aren't encouraged to celebrate important Indigenous events (National Reconciliation week and NAIDOC week).

ACTION: Send out staff email promoting these events.

TMHS' policy does not include acknowledging and paying respect to the Traditional owners of the land, and Aboriginal Elders both past and present. It also does not state TMHS should invite a local Aboriginal Elder to give a 'welcome to country' at the commencement of the AGM.

ACTION: Review current policy and make necessary changes. Educate staff around policy.

4. Staff training Provide staff with cultural training with input from the Aboriginal community.

ACTION: Seek cultural training for staff members.

5. Working collaboratively and respectfully with Aboriginal organisations and services

Health Promotion Officer was not fully aware of Aboriginal health promotion principles.

ACTION: Health Promotion Officer to read 'using a health promotion framework with and Aboriginal lens' document.

PROGRESS:

ACTION: Purchase Indigenous themed story books to display in waiting room at each campus – in progress.

ACTION: Display Kirrae Health Service newsletter in the waiting room at each campus – ongoing.

ACTION: Develop article for Terang Goss re: information on where to go for assistance – completed.

ACTION: Send out staff email promoting National Reconciliation week and NAIDOC week – ongoing (May & June 2016).

ACTION: Review current policy and make necessary changes. Educate staff around policy – in progress.

ACTION: Seek cultural training for staff members – completed

ACTION: Health Promotion Officer to read 'using a health promotion framework with and Aboriginal lens' document – in progress.

IMPROVING CARE FOR ABORIGINAL PATIENTS PROGRAM



Building cultural competence at TMHS

In 2015, as part of her role, Laura Stevenson (Health Promotion Officer) undertook a cultural audit of Terang and Mortlake Health Service.

This involved Ms. Stevenson observing all three campuses and surveying relevant staff. “This information can help us to identify areas of improvement to ensure people from all cultures feel safe in accessing our services” said Ms. Stevenson.

Since this audit Terang and Mortlake Health Service have made some important changes. At the entrance of each building, at all three campuses, you will now notice a sign that displays both Aboriginal and Torres Strait Islander flags and states that we welcome these cultures in our health service.

Also, for the first time we had a welcome to country at our Annual General Meeting.

“We will continue to make these little changes along the way, but the most significant thing we can do, is to educate our staff” stated Ms. Stevenson.

Through the Chisolm Institution of TAFE, Ms. Stevenson was able to secure training for TMHS staff. The program was designed to build awareness of Aboriginal culture and issues affecting Aboriginal staff and service users.

It also provided staff with the opportunity to develop foundation skills and knowledge needed to become more culturally aware and responsive. Feedback from this training was overwhelmingly positive. Terang and Mortlake Health Service will continue to seek support to ensure our service is culturally appropriate.



INCREASED ALLIED HEALTH SERVICES DIETITIAN

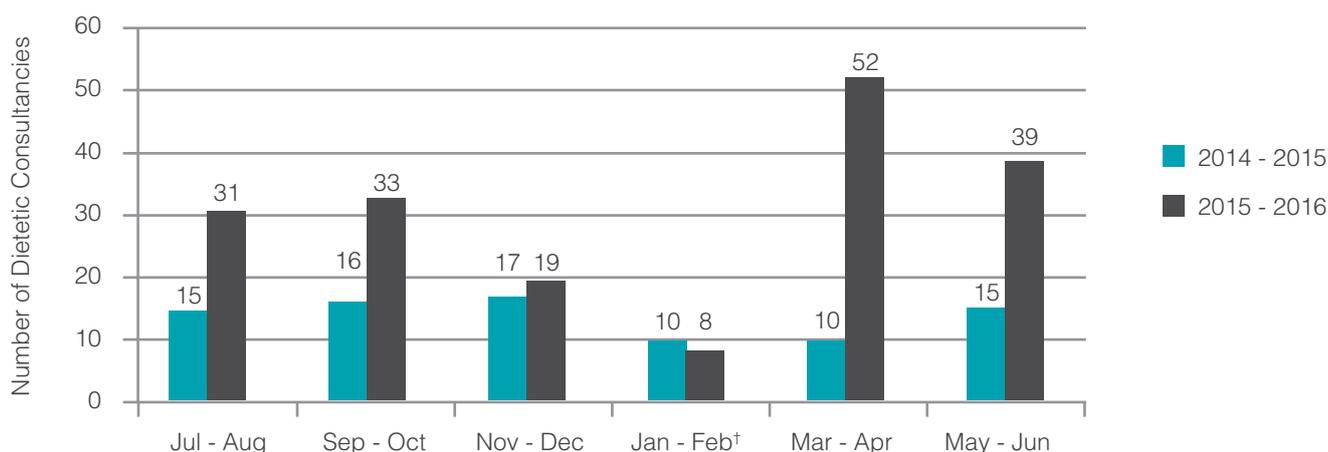
Terang and Mortlake Health Service (TMHS) employed their very own dietitian in July 2015. From July to December last year we appointed a dietitian Bernadette Thomas, and this year Himadi Gambrell has taken up the dietitian role. Previously, dietitians were contracted from externally and were available fortnightly in Terang. Those living in Mortlake were expected to travel to Terang for dietitian appointments. Our TMHS dietitian consults with patients in Terang hospital, residents at Mt View and outpatients at the Josie Black Community Health Centre and Mortlake Community Health Centre.

Having our own dietitian meant that we were able to start a new dietetic service at the Mortlake Community Health Centre. Since commencing the weekly service in July 2015, 32 patients were seen and a total of 54 appointments were made at Mortlake Community Health Centre.

The greater number of appointments compared to patients suggest that many were happy to see the dietitian again for review appointments. Thus, the new dietetic service has been valued by many.

In Terang there has also been an increase in dietetic consultations from the last financial year. The increase is clearly evident in the following graph. In 2014-2015 a total of 83 dietetic consultations were completed and in 2015-2016 there was a total of 182 consultations. That is an increase of 219% over 12 months! This clearly shows that the dietetic service is very beneficial to TMHS and our community.

Number of Dietetic Consultations in Terang* in the previous financial year 2014-2015 and current financial year 2015-2016.



* Includes those seen at Terang hospital, Mt View and Josie Black Community Health Centre

[†] Consultation numbers were low between Jan-Feb 2016 as this was during dietitian changeover and there was a gap in service

A NEW NAIL CARE CLINIC



For a long time our Podiatrist Erin O'Brien has struggled to keep up with the demand for Podiatry services in Terang and has had to focus her care primarily on people who have moderate or severe foot problems. This has meant that people who just need some assistance to cut their toenails have faced long waiting times. We were concerned that we weren't able to meet our community's needs and that people may have an increased risk of developing more foot or toenail problems.

We looked at different models of care to deal with the issue and after consultation with Erin and practitioner agencies we opted for a "Basic Nail Care" clinic. This involves clients being screened by Erin to ensure that they are "low risk" clients which means that all they need is simple toenail cutting and don't have any other problems with their feet. If the client fills those criteria they are referred to the new clinic where they are treated by Enid O'Connor who is an Enrolled Nurse who has completed a Basic Nail Care course at the Mayfield Education Centre. Enid has worked for many years providing nail care in Mt View Aged Care Facility under the supervision of Erin and other Podiatrists.

In February 2016 we opened the "Basic Nail Care" Clinic once per month at the Josie Black Community Health Centre.

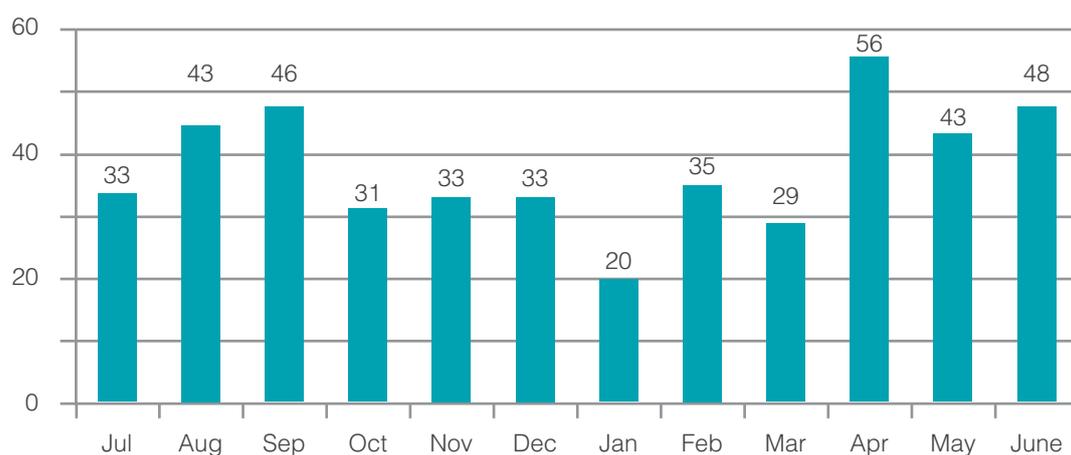
The clinic is held at the same time as Erin's Podiatry clinic to ensure that there is assistance for Enid if she has any concerns about a client's feet. By the end of May Enid had been able to see 29 clients and reduced the waiting list to within the recommended time frame. Erin has been tremendously supportive of this initiative and now has more time to spend on people with more serious health and foot problems.

We have received great feedback from clients who have attended the "Basic Nail Care" clinic who have rated the care they received and the professionalism of staff as good to excellent.

Samples of comments made about the service were

- "As I am unable to do my own nails anymore I consider this great, thank you."
- "I find it hard to get down to cut my own nails so really appreciate the service."
- "Very good to have a two level Podiatry service available, it is useful for people with no ongoing foot problems."
- "Very good, on time service, very friendly service."
- "I would appreciate it if I could have a regular appointment."

Podiatry - Clients seen 2015/2016





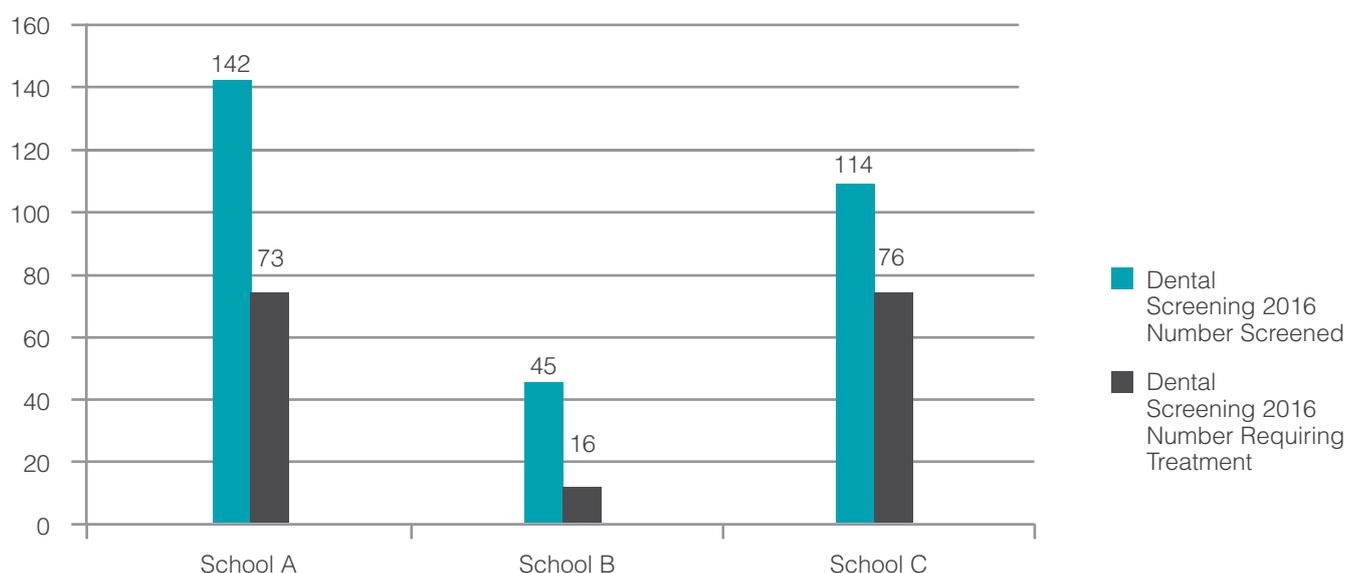
DENTAL SCREENINGS A REASON TO SMILE

Dental vans coming to the school for screening of teeth and treatment of problems was a regular occurrence for many of us in years past. Unfortunately of recent times this hasn't been available in our region. Tooth decay is now Australia's most prevalent health problem. In country Victoria there are large numbers of young children who have poor oral health; meaning that these children have cavities in their teeth that are untreated. While decayed teeth may be unsightly the long term problem is that tooth decay has been linked to development of chronic diseases later in life resulting in poor general health, loss of income and increased admissions to hospital.

In August 2015 TMHS began negotiations with Barwon Health to provide free dental screening and treatment for school children in the Terang, Mortlake and Noorat communities. We were successful in these discussions and in February this year screening of children began at the Mortlake P12 College. St Colman's Primary School and Terang P12 College students have also been screened with Noorat Primary School and the Hampden Specialist School to follow.

Screening of children was undertaken with parental consent and obviously some children were already able to access dental care and so did not require screening. On the data we have currently available almost 55% of the children screened required treatment for tooth problems. Fortunately we are now on the calendar for regular visits by the Barwon Health Dental screening team so that our children will have continued access to free screening and treatment. As time goes on it is expected that this service will be available to other eligible people in the community, improving health outcomes for more people.

Dental - Screenings 2016



DIABETES AWARENESS GROUP



20 surveys were sent out to clients who had attended at least one group session in 2015. 9 were returned (45%).

The clients were asked which sessions they found the most useful. Blood glucose meter checks was voted as the most useful, followed by the supermarket tour and Berni's sessions on mindful eating and hunger awareness.

The clients were asked which day and time they preferred the group to be on; Friday 1-2pm (56%), Tuesday (33%), Thursday (11%).

The clients were asked what they enjoyed most about the group;

- "Talking together."
- "Sharing ideas."

- "Great speakers."
- "Mindful eating."
- "Keeping up with new products."
- "Talking about how people manage their diabetes."
- "Interaction with others."
- "Nice to have a cuppa and a chat."

All the clients who returned the survey said they would recommend the group to others.

There are 2 more sessions for 2015, one of these sessions is when the clients decide what topics and speakers they would like for 2016. They will also be given the results of the survey.

TERANG EARLY PARENTING



The Terang Early parenting Centre has been operating from its new premises at 49 Bolivar Street for just over 12 months now. Feedback from families has been positive regarding both the new building and the current day stay program. We have had 60 families attend the Early Parenting Centre from July 2015 – June 2016.

The Terang Early Parenting Day Stay is a parenting service for families with children up to three years of age. Our program aims to increase parenting confidence and manage common issues or difficulties including:

- Infant /toddler sleep problems
- Unsettled /irritable infants
- Feeding difficulties

- Uncertainty with parenting issues
- Challenging toddler behaviour
- Parent fatigue
- Postnatal anxiety and depression
- Provide resources for parents.

The Early Parenting Centre operates on Tuesdays from 9am- 4pm by appointment only.

Parents can telephone the Early Parenting Centre directly or by referral through the Maternal Child Health Nurses, General Practitioners, Community Health Nurses or other Health Welfare Services.

For enquires phone 55920284



Belinda Connolly Volunteer Coordinator

LTP PROGRAM



L2P LEARNER DRIVER MENTOR PROGRAM

TMHS first became involved with the Corangamite L2P Mentor Driver program in 2014. At the time the Corangamite region was one of the only regions in the state that did not have

this program available to help young people and we saw this as a great chance to be supportive of youth in our communities.

The program is designed to assist Learner Drivers reach the 120 hours of supervised driving that is required before they can get their Probationary Licence. The program is available to people aged between 16 and 20 years of age who either don't have access to a vehicle, a supervising driver or both. As a health promoting service we know that providing young people with opportunities to access higher education, jobs, recreational activities and other services improves long term health outcomes. There are few options for public transport in rural areas and so assisting young people to gain their

probationary license goes a long way toward giving them the mobility and independence to achieve these things.

VicRoads provided funding to the Corangamite Shire to support the program, with TMHS being the agency to actually coordinate and deliver it within the shire using these funds. Due to the very generous donations made by the Camperdown Rotary Club, The Terang Op shop, Terang College, Mercy College, Timboon P12 College, South West TAFE, Camperdown College, Cobden Technical School and the Hampden Specialist School we have been able to purchase a five star safety rated vehicle for the program. The L2P program has a steering committee made of members from communities across the Corangamite Shire and we have some wonderful volunteers who have put their hands up to be Mentor Supervising Drivers for our Learners. These volunteers have undergone a two training course to further equip them with supervisory skills and they are looking forward to their mentoring roles.

The L2P program run by TMHS has funding to provide up to 20 young people in the Corangamite Shire with access to supervised driving time. Learner Drivers or their parents or guardians are able to get information about eligibility for the program from local schools, council offices and Terang and Mortlake Health Service.

TMHS recently welcomed Belinda Connolly to our team as our new Volunteer Coordinator. This expanded role involves the coordination of our Meals on Wheels service activities; Mortlake Community Transport; community visitors and the new Corangamite Learner Driver Mentor Program (L2P).

As an experienced health professional and registered nurse for more than 30 years, Belinda was most recently employed as a Nurse Unit

Manager for Outpatients and Pre-admission Services at another health service based in Melbourne.

Earlier this year, Belinda decided to realise a long standing desire to relocate to the country. After careful research, Belinda was attracted to Terang due to its close proximity to Warrnambool and access to a broad range of essential services including health care.

Belinda is conscious of the vitally important role that volunteers play in looking after the needs of the elderly and socially disadvantaged members of our community.

Belinda believes her extensive experience in service coordination and project management will be a valuable asset to the role and the part-time nature fits in well with her lifestyle goals.

A NEW BUS

A new bus was purchased for Mt View in February.

This was the result of a lot of hard work from campaigner Julie Kenna, Angela Gee and Anne Maree Maloney. Julie approached nursing staff and the board with the idea to purchase a bus for Mount View to enhance the resident's lives and so they can keep in contact with the community.

Vera Hubbard (resident) states that the bus "is marvelous, it runs well and holds enough people." Since the purchase of the bus our residents have been able to attend the local men's shed, visit other aged care facilities, attend social inclusion at the local primary school and enjoying many local bus outings including giving the residents the satisfaction of being able to see their homes again.

Shirley Blain (resident) states that "it's very good to be able to get out to see different people and places in the community."



Maureen O'Keeffe



Julia Ogdin CEO, Julie Kenna, Angela Gee, Ann - Maree Maloney & Michele Finnigan

Shirley Noonan states that “it is definitely good to have the bus and be able to go out for a drive.”

We are gaining more and more confidence in using the bus and have a number of volunteers from the community who are happy to volunteer their time to drive the bus.

Every volunteer or staff member who uses the bus is required to undertake a training competency in the use of the mechanics of the bus. We now have the confidence to provide the resident with safe adventures more frequently.

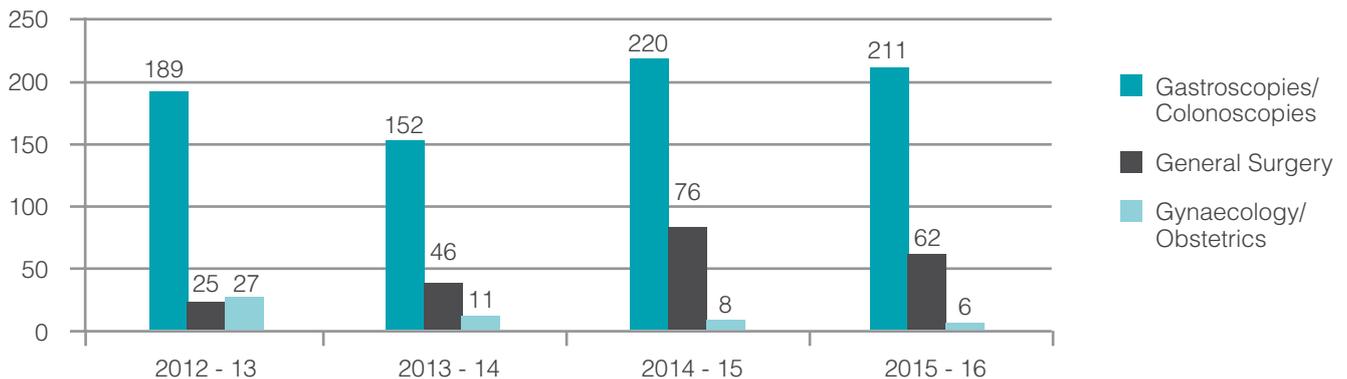
Tony Kenna states “there is nothing wrong with it, everyone gets taken out on the bus and compliments how good it is to get out.”

OPERATING SUITE



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

Operating Suite



PHYSIOTHERAPY SERVICES GETTING MORE PEOPLE MOVING



At the start of October 2015 a new fortnightly Physiotherapy service commenced at the Josie Black Community Health Centre in Terang. We were able to do this within our current funding by utilising a day that had previously been assigned to Mortlake. The Mortlake Community Health Centre has for many years had a Physiotherapy service three times per fortnight, but with declining demand the service wasn't fully utilised and we decided to move the service to Terang one day per fortnight. Demand for the service has grown significantly with an increase of 37% in appointments for the first 3 months of 2016. "Word of Mouth" has certainly promoted the service to the community.

A welcome addition to the services for Terang residents and particularly for those on a low income.

We were fortunate that we had received a grant from the state government through the Home and Community Care program which enabled us to purchase the necessary equipment to start the service in Terang, from the Josie Black Community Health Centre.

What has been pleasing is that we have recorded an increase in the number of clients being seen in Mortlake as well.

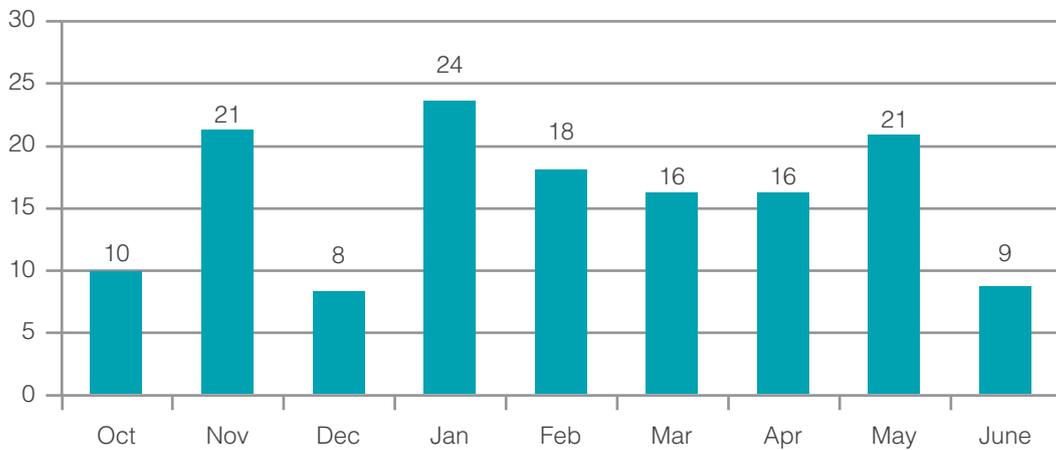
You might be surprised to know that you can see our physios without the need for a referral from your doctor.

The physios see people for injury recovery, improving balance and strength to reduce the risk of falls, stroke rehabilitation, reduction of pain and stiffness, breathing exercises and assist with the correct use of aids such as walking sticks,

splints, crutches and wheelchairs. Our clients are providing us with some wonderful feedback

about how the physios have been able to help them.

Physiotherapy - Clients seen 2015/2016



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:

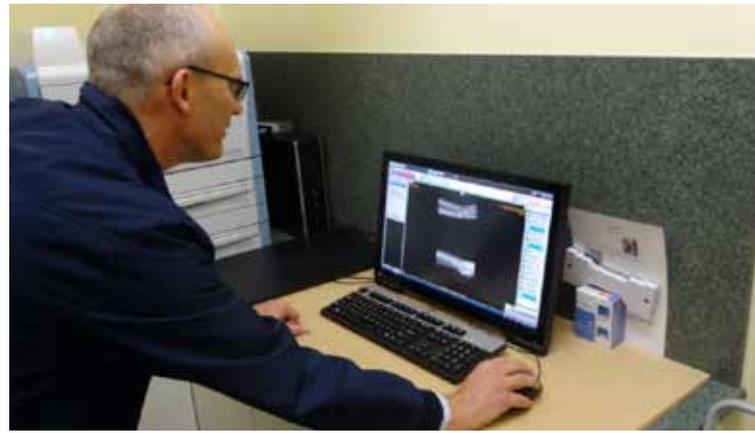
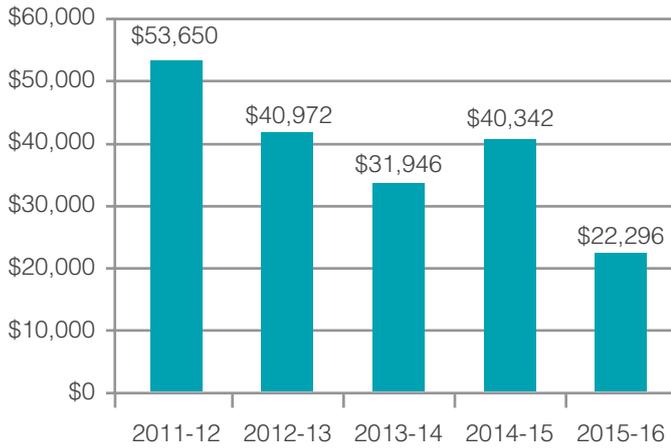
- Improved image quality
- Removal of chemical image processing
- Limited space needed to conduct the service – no darkroom required
- Reduction in occupational health and safety issues through reduced handling of chemicals
- Ease of storage of medical images

- Timely access to radiologist services by digitally transferring images rather than using courier services

Five of our nursing staff and one general practitioner have completed the Rural & Remote X-ray course at the University of South Australia. This training has increased the capacity of trained staff to complete limited X-Ray of limbs. This service is 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.

During the 2015 -2016 data collection period there 89 X-rays performed at Terang & Mortlake Health Service and 15.13% or (17) of these were for inpatients at the hospital.

Patient Transport Expenses



It is not possible to quantify exactly how much the new X-Ray machine has saved TMHS over the past year on transport costs for taking

patients to have X-rays completed at another facility, however as you can see from the graph patient transport expenses is down by 53.43%.

THE INTEGRATED DIABETES CLINIC (IDC)



In 2015 TMHS trialed a new way of providing service to adult clients who have Type 2 Diabetes.

The Integrated Diabetes Clinic (IDC) was developed, to enable the clients to see 3 clinicians a Diabetes Educator, Dietitian, and the Podiatrist all on the one day, 3 separate consultations, all within 4 hours.

The goals of the IDC is to ensure the clients are keeping up to date with their diabetes health checks

- Seeing a Diabetes Educator and Dietitian once every 6 months.
- Having an annual diabetes foot assessment with the podiatrist.
- Having a shared support plan to make, record, and track progress toward their goals.

The results of the IDC at the end of 2015:

- 75% of clients have seen the diabetes educator within 6 months, compared to 37% (2014)
- 81% of clients have had their diabetes blood test (HbA1c) completed within the last 12 months, compared to 26% (2014)
- 85% of clients have seen the Dietitian within the last 6 months, compared to 37% (2014).

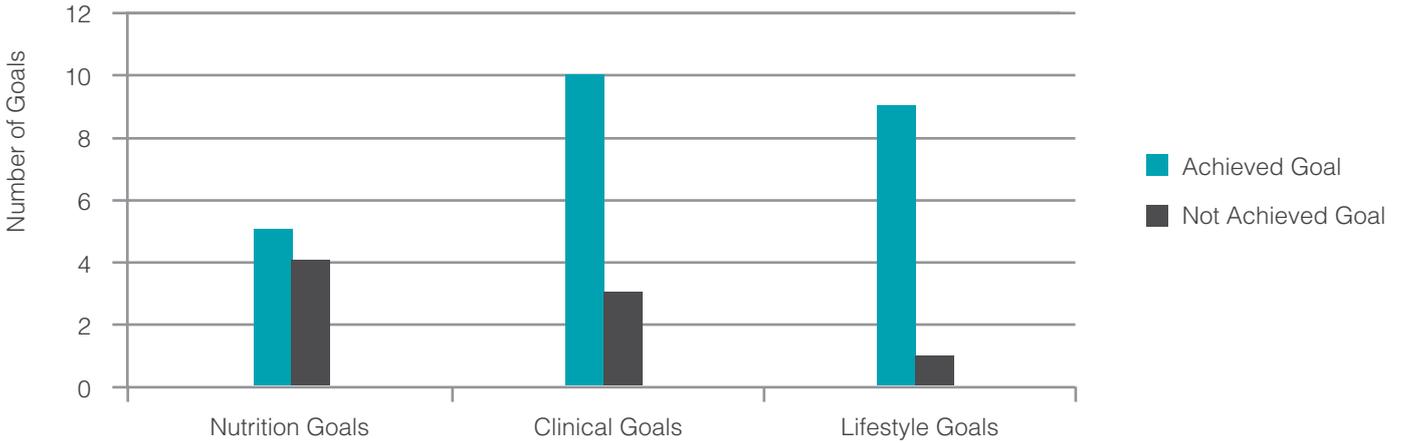
- 100% of clients have had their annual diabetes foot assessment completed by the podiatrist within the last 12 months, compared to 26% (2014).

Towards the end of 2015 all of the clients who participated in the IDC were asked to give feedback.

100% of clients found the IDC beneficial and wanted the clinic to continue. The IDC has continued throughout 2016. An audit of the progress clients are making towards their goals was taken.

Results below.

Number of goals achieved and not achieved at Integrated Diabetes Clinic between Feb 2015 and May 2016



TERANG SOCIAL CENTRE



The Social Centre is located at the Josie Black Community Health Centre and was previously called “The Day Centre”. This all changed when our clients decided that the old name wasn’t reflective of the nature of the place and how they felt about it. A competition was held; with clients and staff all suggesting alternative names for the centre. The stand out favourite was “The Social Centre” which was suggested by Lillian Crimmin. As Lillian said “We come here to be social so it should be the Social Centre”. The name change was formally announced at our “Life Changes Expo” by CEO Julia Ogdin.

The “Life Changes expo” showcased a range of services available in the community to support people to stay in their own home as they age and featured an inspirational talk by Barbara Hall from Camperdown about her experiences of caring for a loved one with Alzheimer’s disease.

People attending the Social Centre have the opportunity to participate in a variety of activities including cooking, gardening, happy hour, movies, trivia contests, bus trips, team games, exercise groups, music and ten pin bowling just to name a few.



Phyllis McSween - celebrating her birthday



Margaret Linford, Cath Duynhoven and Estelle Payne- with certificate for attending Basic Life Support and Cardiopulmonary Resuscitation (they chose to complete the course)



Linda Nicolaisen, Roy Bartlett, Gordon Selleck, Elsie Wilson & Bev Hoare practicing for the aged care games



Lee Gee, Frank Riches, Robyn Bryce, and Ian Rees on a Men’s Bus Trip

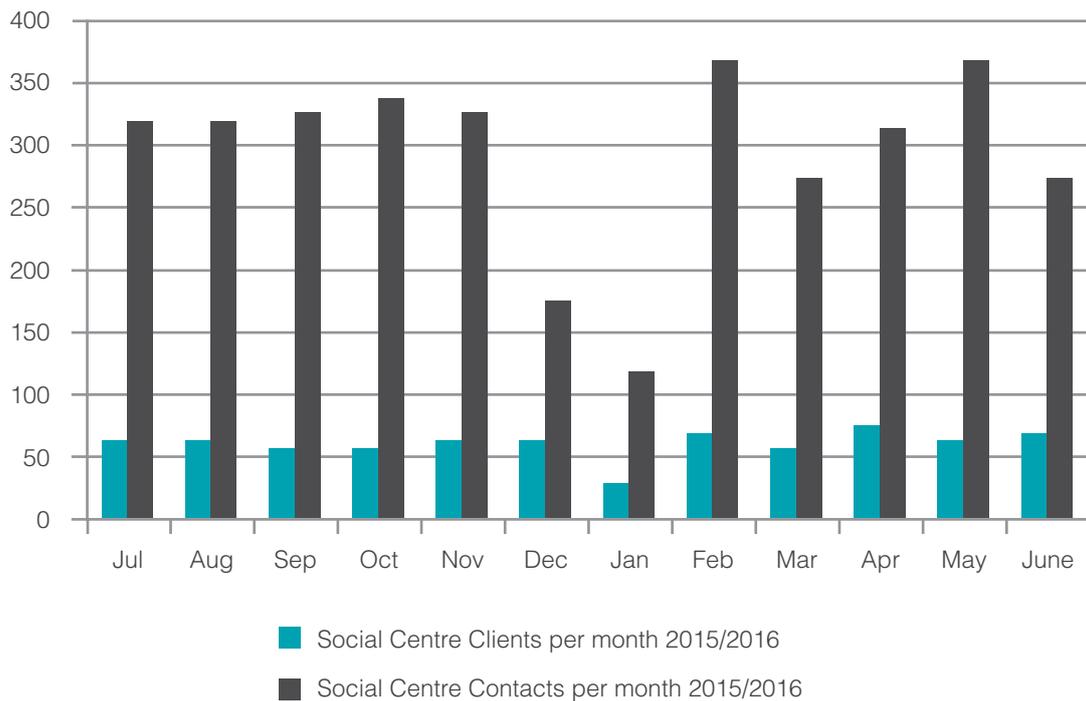
Our dedicated and passionate staff plan activities with our clients to enhance their health and wellbeing while making sure that people have fun at the same time. You know it's a good day when you can hear laughter as you walk into the building.

Bus trips are becoming increasingly popular and we have added a Ladies' trip to our calendar in 2016 and continued the Men's Mobility trip and "Just for Blokes" carer respite trips.

These trips are a great way for older people or those who require some assistance to get out and see the sights of the region in a small friendly group that is supported by trained staff.

The feedback we have received from some of the ladies who have attended has been very encouraging; "very well organised, lovely company, we had a lovely time in Hall's Gap".

Terang Social Centre



We have increased our client numbers slightly from an average per month in 2014/15 of 55 to an average of 59 people attending per month in

2015/16. The dip in January and February is due to holidays over the Christmas/New Year period and fewer programs being offered over this time.

ALL IN A DAY'S WORK SARAH WILLIAMS

All in a day's work as a Registered Nurse/ Midwife in a rural setting

End of shift on New Year's Eve 2015. I said "bye" and wished my fellow colleagues a Happy New Year.

I was looking forward to a long weekend with my family. The hospital at 3.30pm was staffed with 2 midwives and an Enrolled Nurse on Duty.

I was pottering around at home tidying up when I missed a call from no caller ID. The phone then

rang again. It was just prior to 7 pm. It was with disbelief I listened to one of my colleagues inform me that a pregnant lady at 26 weeks with abdominal pain had appeared at the Urgent care Department. They proceeded to tell me that the woman was fully dilated wanting to have the baby.

There were 2 GP's in town and both had been called. Dr Kishantha and I had only just 3 weeks earlier attended our Advanced NeoResus update at the RCH. We had practiced a scenario of a 26 week delivery in a small rural hospital.

I spoke to Dr Kishantha on the phone and suggested he contact the on call pediatrician at SWHC for assistance. The neonatal retrieval team in Melbourne (PIPER) had already been summoned.

Within 10 minutes I was at the hospital. I greeted the expectant parents who I had previously been involved with 12 months earlier for the delivery of their 2nd child (full term). Soon after my arrival, Jasmine gave birth to Jack who was just over 870 gms.



Sarah Williams, Jasmine Etherington, Jack Etherington, Judy McSween & Dr Kishantha

The remainder of my evening was spent at TMHS assisting my colleagues and doing the job I love best and Jack was being prepared for his trip to Melbourne. Shortly after midnight, I returned home to my family.

Jack is now thriving and has visited us, on his return home.

POST DISCHARGE DISTRICT NURSING SERVICE SURVEY



Legend for the following graph:

Q1 I received clear information about what care the district nursing service could provide at their visits.

Q2 The district nurses involved me in making decisions about my care and/or treatment.

Q3 The district nurses were friendly and sensitive to my needs.

Q4 I was informed about treatment risks, benefits and choices.

Q5 If I had a concern or complaint I would know how to address it.

Q6 I felt my privacy and confidentiality was respected at all times.

Q7 I was referred to other services for assistance.

Q8 I was very satisfied with the care given by the District Nursing Service.

Comments:

“Could not be better”

“Lovely professional ladies who were lovely, kind and very professional.”

“Already an excellent service to all clients.”

“Thank God for the district nurses – what would we do without you - you are worth your weight in gold – thank you.”

“I get home help – didn't need other services”

“I was very satisfied for the care I received.”

“There was no improvement as I had nothing but wonderful help through my time with nurses at all time.”

“My father received the utmost care and attention from Terang District Nurses and we are very grateful for this service and their care.”

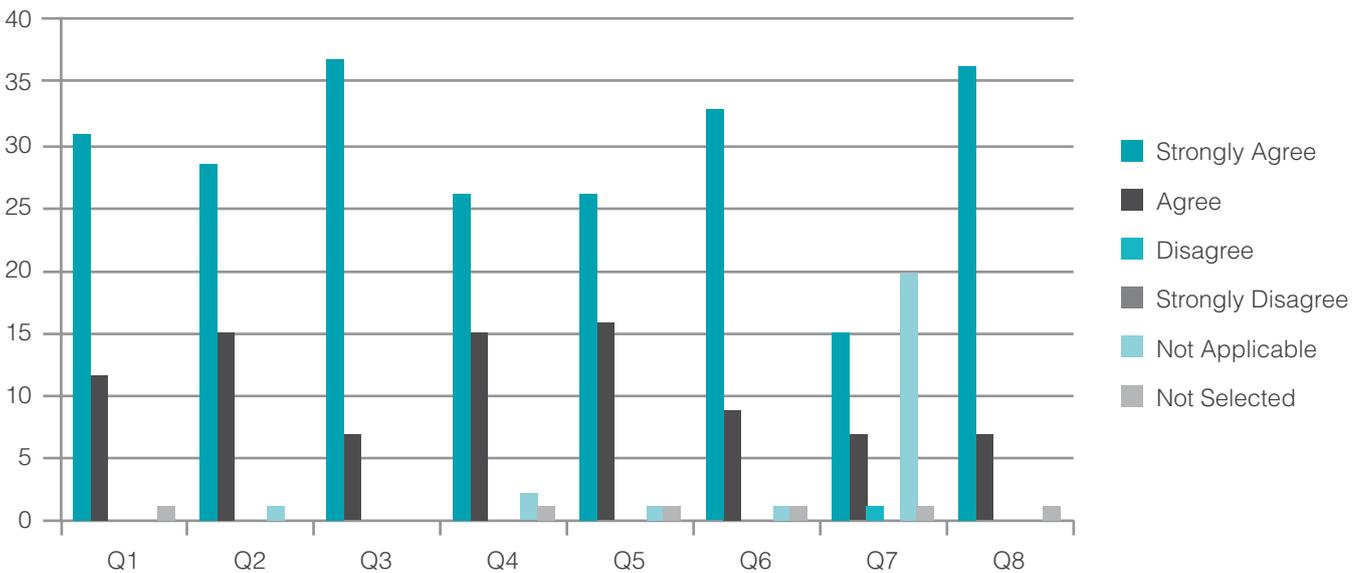
“Keep on – it is a great service – one all nurses should be very proud of.”

“The nurses always secured the door to the shower, I was grateful for this privacy and the care taken in dressing my wound and their help showering.”

“Very professional standard by each and every one of the personnel and look forward to receiving more care just prior to Easter.”

“Will keep informed.”

Post Discharge Survey 2015 - 44 Returned



FEEDBACK FROM MATERNITY PATIENT SATISFACTION SURVEY



“All staff (kitchen and cleaning included) were wonderful, polite, friendly and very accommodating. The meals were fantastic. Enjoyed staying until we were ready to come home.”

“Myself, as well as family could not recommend Terang & Mortlake Health Services enough, especially its maternal health service. It’s truly is an incredible privilege to have such an amazing resource.”

“We could not have been happier with the care and facilities at the Terang Hospital. We felt supported and respected and we were comfortable approaching staff with questions.

The facilities were fantastic, with lots of space and the fold out bed to accommodate partners. We would recommend the TMHS to any expecting parent”.

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. We ensure that everything we do is improving the care that we provide.

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

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.

The CAC members assist in the collection of stories for the Quality of care Report.

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

Two new members of the committee have provided us with a brief comment on what being a member of the Community Advisory Committee means to them:

“Being on the Community Advisory Committee gives me an opportunity to be able to have firsthand information of what is happening within the TMHS.

It also gives me the opportunity to voice my opinion on matters that are tabled.

Having lived in the district all my life I feel I have close contact with the local community and at times may be able to pass on their concerns or opinions to the committee.

I look forward to being able to contribute to the CAC.”

Judy Blackburn.

“My name is Jill and I have been a member of the CAC for 18 months. I became a member because I want to be able to participate positively in the community I live in. Being a member of CAC allows me to hear about the wonderful health initiatives that Terang Mortlake Health Service offer and become involved on varying levels. The diversity of CAC members is great because it allows for broadened views.

I would certainly recommend people in the community to consider becoming a CAC member as having community viewpoints in developing health services and their initiatives is extremely important.”

Jillian Reid

PATIENT FEEDBACK



I honestly can't express how grateful I am for the care I received at Terang & Mortlake Health Services after my recent abdominal hysterectomy. I was absolutely ecstatic when

Dr Chris Beaton offered to come to Terang to perform my surgery knowing the high level of post care I would receive here. As a mum to 3 young children, being offered this service was

extremely helpful as this allowed my children and my husband to visit more regularly throughout my hospital stay.

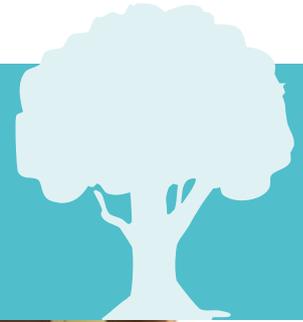
I have no doubt, me being able to recover in a familiar environment surrounded by friendly faces helped. All nursing staff were extremely helpful with the care and advice they gave me post op,

throughout my hospital stay and even still now as I continue to recover at home.

We as a community are extremely lucky to have this great facility for us to utilise and once again thank you for everything you have done for me and my family/

Jane Vaughan

SOCIAL INCLUSION



Social Inclusion is a program that sees our Mt View residents buddied up with students from St Thomas's primary school. This year we have students from across grades 4, 5 and 6 and all up there are 50 students. This is a wonderful program that enhances the lives of everyone, Shirley Blain states "that's it's quite good and she enjoys seeing them. Heather McGlynn states "they make you feel old and it's nice to see them doing things."

It gives the students and residents the ability to tell stories and reminisce about their lives and how things have changed over time. Over the year we do lots of things together, we celebrate Easter, we have a sports day, the students bring in their ipads and school work to show the resident. The residents also love telling their buddies about their lives and what things they did for entertainment. At the end of the year we have a concert and afternoon tea to celebrate the year. The students come to visit the residents at least twice each school term and we also go down and visit them at the school, when we head to the school if there are residents that are unable to go down, those buddies come up to Mt View to visit them. Resident Jack Kline states that "it is a great idea", also new resident Marie Milroy states "that she is really enjoying the program"

Every time the students leave after visiting their buddies, they say that they have enjoyed spending time with their buddies again and look forward to their next visit.

Lifestyle Angela & Brigid



Marie Milroy with great granddaughters Sophie and Ashlee Pearson

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.

Reporting Period 1/07/2015 to 30/6/2016

Category	Type	Time Frame	Number presented	Average waiting time	No admitted to Hospital	% admitted
Category 1	Resuscitation	Immediate	1	7 Minutes	0	0 %
Category 2	Emergency	Within 10 minutes	7	6 Minutes	1	14 %
Category 3	Urgent	Within 30 minutes	86	5 Minutes	20	23 %
Category 4	Semi Urgent	1 hour	782	8 Minutes	123	16 %
Category 5	Non Urgent	2 hours	2063	9 minutes	65	3 %
Total			2940		209	7%

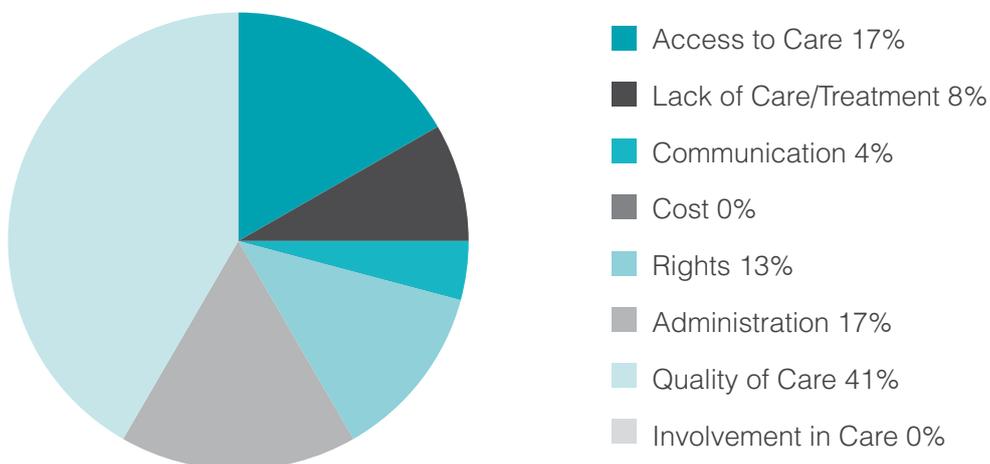
Victorian Healthcare Experience Survey - 50 questionnaires returned out of 118 mailed invitations (July – December 2015)

Question	TMHS response rate	State response rate	Peer Group Response rate
Q2 - how would you rate the politeness and courtesy of staff in ED ?	98 % positive rating good to very good	96 .1 % positive	99.5 % Positive
Q3 - Do you think the amount of time you spent in ED was?	97% positive rating about right	73.5% positive	96.1 % Positive
Q4 - Overall, how would you rate the care and treatment you received from your doctors in the ED?	98 % positive very good to good	94.2% positive	98.8% Positive
Question 5 - Overall, how would you rate the care and treatment you received from your nurses in the ED?	98 % positive very good to good	96.1% positive	99.1% Positive

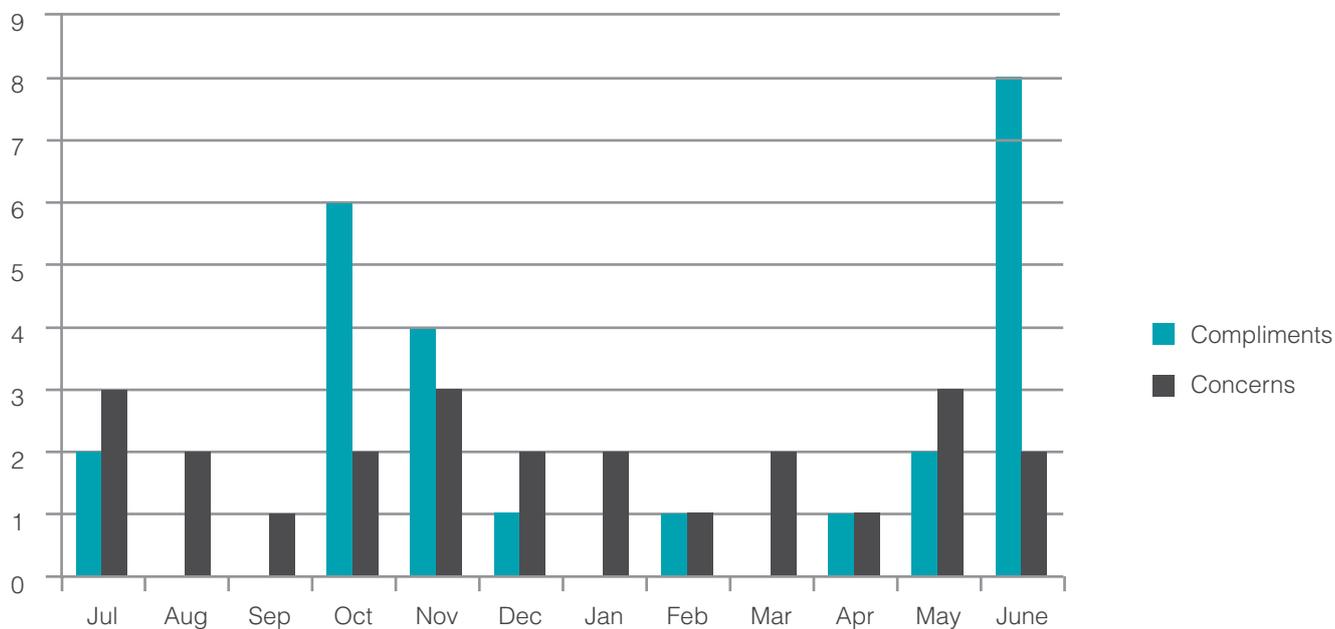
CONCERNS RECEIVED 1ST JULY 2015 - 30TH JUNE 2016



Health Service Commission Complaint Categories



25 Compliments were received during the 2015-16 financial year and 24 Concerns



PEOPLE MATTERS SURVEY



People Matter...
Have your say



The Victorian Public Sector Commission (VPSC) conducted the People Matter Survey for TMHS staff in 2015. The survey is a means by which the VPSC fulfils its statutory obligation

to monitor and report to the heads of public sector bodies on compliance with the public sector values, codes of conduct, and public sector employment principles.

Every public sector body head has a responsibility to promote the public sector values to public officials employed within the organisation and to establish employment processes consistent with the public sector employment principles.

TMHS received its results in July 2015 and noted the following trends amongst its workforce when compared to the State average:

Question	TMHS response	State average response	↑ ↓	Theme Values
My workgroup always tries to improve its performance	100%	94%	6% ↑	Accountability
People in my workgroup treat each other with respect	95%	86%	9% ↑	Respect
Bullying is not tolerated in my organisation	98%	86%	12% ↑	Respect
Senior managers model the values	100%	76%	24% ↑	Leadership
I understand how the Charter of Human Rights and Responsibilities applies to my work	100%	91%	9% ↑	Human Rights
My performance is assessed against clear criteria	97%	82%	15% ↑	Merit
My manager treats employees with dignity and respect	97%	89%	8% ↑	Fair and reasonable treatment
Gender is no barrier to success in my organisation	100%	92%	8% ↑	Equal employment opportunity
In my organisation there are clear procedures and processes for resolving grievances	98%	87%	11% ↑	Avenues of redress
I receive help and support from other people in my work group	100%	95%	5% ↑	Workplace wellbeing
I view my organisation as an employer of choice	98%	85%	13% ↑	Employee commitment
Communications about change from senior managers are timely and relevant	94%	63%	31% ↑	Change management
I am encouraged by my colleagues to report any patient safety concerns I may have	100%	96%	4% ↑	Patient safety
Overall job satisfaction	91%	74%	17% ↑	Level of staff satisfaction
I am proud to tell others I work for my organisation	87%	73%	14% ↑	Staff engagement

There was a 49% response rate from TMHS staff compared to a state average of 35%.

Overall, the organisational results have indicated that TMHS is in a strong cultural position with staff feeling valued and proud to work for the organisation.

Of course, culture and morale is a fluid thing so TMHS continues to endeavour to meet the

needs of its workforce over time so as to ensure a satisfied and engaged workforce going forward.

Julia Ogdin
Chief Executive

POSITIVE WORKPLACE CULTURE



Positive workplace culture and preventative bullying and harassment.

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.

We have included a section in our mandatory education program for all staff on Bullying Prevention and Occupational Violence prevention. 28% of staff have completed the training as to date.

This is a program that we run over 2 years with 5 sessions each year to enable all staff the opportunity to attend, 2 14/2015 program attendance rates was 98% 2015-2016 we have had three training sessions Presented by: Worksafe: Amanda Tonks Technical Inspector (FSME) Operations & Emergency Management and Kevin Ford Technical Inspector (FSME) Operations & Emergency Management, with a total 33 staff in attendance over the three training sessions.

Staff is also required to complete an annual online competency training on Work place Bullying Prevention.

During 2016 we have had 7 staff trained as Contact Officers within our organisation as part of our ongoing commitment to create a safe, harmonious workplace which is free of discrimination, harassment or bullying. This has been implemented in addition to our existing complaints mechanism processes. This allows staff to go to a Contact Officer for guidance on bullying, harassment and equal opportunities policies.



ANNE COOK GRADUATE NURSE

This year's Graduate Nurse would be no stranger to many Terang people. Anne Cook is a longtime resident and has raised her 4 children, Georgina 18, Harry 17, Lochie 16 and Elizabeth 15 here in Terang.

When Anne was 18 she did a course in child care, but had wanted to do nursing for some time. In 2005 she embarked on the one year State Enrolled nursing course, as a possible stepping stone to general nursing. Doing this course enabled her to decide if she could cope with the studying involved in the longer course.

After working for two years at TMHS, both in the general wards and Mount View, Anne was ready to take on the four years part-time study needed to complete the graduate course, which she did from 2012 – 2015.

This year she has been able to do her graduate year, also at TMHS, and from next year will have a permanent part-time position here. She would also like to broaden her experience by working some casual shifts at the Warrnambool Base, though she believes that working in a smaller hospital means that she has the opportunity to be involved in a wide range of procedures.



Sharon Roberts & Anne Cook

Anne finds nursing very rewarding. She loves chatting to patients and hearing their stories, which she believes is an important part of nursing. She says she likes to watch the patients return to health and to know that she has played a part in their recovery. Anne thinks that we are blessed with our local hospital and its very friendly staff.



DANIEL MCCONNELL

In February 2016, Terang & Mortlake Health Service welcomed Daniel McConnell to the Maintenance team. The health service has a philosophy of encouraging youth to access education and training in the local community so Daniel's addition to the organisation has been timely.

Daniel has joined the health service as a Maintenance Trainee and is currently completing a Certificate III in Health Support Services. His practical work in the Maintenance Department is



complimented with theoretical training including subjects relating to horticulture, occupational health and safety as well as health support subjects.

So far, Daniel has enjoyed his transition to working in the health sector. He has noted that the environment is quite different to the retail sector where he has had some experience. The main areas of difference include the levels of patient safety and compliance that overarches all work done at the health service.

Daniel has noted the warm welcome that he has received since commencing at Terang & Mortlake

Health Service stating that 'staff have been easy to get along with and good at introducing themselves. I've always felt supported since commencing at the health service.'

The traineeship itself has to date, been a positive experience for Daniel. He has especially enjoyed being exposed to a broad spectrum of jobs, especially with myriad of tradespeople on site in recent months with the building project commencing. He recommends exploring traineeship opportunities for young people in the community wishing to access education and on the job training in their local community.

JULIE PLUMMER & LISA UREK EDUCATION FACILITATORS



Julie Plummer shares this role with Lisa Urek, and since February 2015, they have each been working one day a fortnight in this capacity.

With thirty student intakes per year, and usually one or two students per intake, the role is a very full one. The student nurses are from all training levels and there are often mature-age students.

Julie's responsibilities include making sure that students are given the best possible clinical environment. Julie's work forms part of the students' orientation; she is the students'

introduction to Terang Hospital. Written reports on students' progress are usually written by Lisa.

At TMHS student nurses work with a "buddy", a Registered Nurse; this system provides support for the students who may be with us from one to five weeks.

The nursing students come from either Deakin University or TAFE and both Julie and Lisa work with these facilities to make up the students' rosters; not an easy task. Julie told me that her role requires "much paper work!"

Sometimes students return to TMHS for more training, but they are also encouraged to choose other hospitals to ensure a wider scope of training.



Julie Plummer and Lisa Urek

Sourcing new equipment for training is another of Julie's jobs and she told me that at present TMHS was hoping to purchase a resuscitation mannequin for student use.

Julie writes reports for monthly staff meetings, staff briefings, and as requested by other departments. Julie and Lisa also compile a newsletter every three to four months.

When she is not working as an education facilitator, Julie finds herself back out on the floor, nursing, a career which she herself came to as a mature age student.

I asked Julie how patients respond to being looked after by student nurses; she told me that most patients seem to be happy to co-operate.

Away from TMHS, Julie lives in Terang and has a husband and two adult daughters. She likes watching action films and on the day of our interview in mid-winter, Julie was looking forward to an upcoming holiday in Darwin; "I like hot places" she told me.

Clinical Nurse Specialist - Lisa Urek

Lisa commenced in the Education Role 1 year ago, job sharing with Julie Plummer.

Lisa gained a qualification in a Certificate IV in training and assessment.

Along with Liz Mioduchowski and Lisa conducts Advanced Life Support and Basic Life support assessments for Registered Nurses which is an annual requirement for nursing staff.

Lisa also co-ordinate students placements from both Deakin and Tafe in Warrnambool. This requires liaising with Education Facilitators at each facility.

On their first day of placement students attend orientation ensuring all the appropriate requirements are met before the students commence their placement.

Another role of the Clinical Nurse Specialist is coordinating speakers from outside the facility to come and talk to nursing staff on topics that nurses have expressed an interest in. This enable nurses to keep up with current procedures and skills and develop contemporary practice.

RN GRADUATE NURSE JOSH GUINEY



Josh commenced his position at Mt View in February this year; after taking some holiday leave, he has returned to complete his placement with TMHS.

Josh came to nursing after working in several other jobs; on leaving school he completed a sign-writing apprenticeship. He has travelled overseas, visited America, and worked for four and a half months on a bob-sled track in Whistler, Canada. Josh has also lived in Noosa.

After completing his nursing training at Deakin University in Warrnambool, Josh has absolutely no regrets about his career change. Out of his class of fifty-five nursing students, there were only three males. Josh was asked "what his mates thought of his nursing career?"; he said: "they are OK with it". Coming from a family of nurses, Josh probably had some idea of what he was letting himself in for; one of his two sisters teaches midwifery and the other is in her final midwifery year.

Having two grandparents at Gillin Park, Warrnambool, gave Josh some insight into aged-care.

Josh said that he is very happy working at



Mt View and in his short time with TMHS has developed some good friendships.

When Josh was asked "what he considered the best thing about working at Mt View?", he replied without hesitation: "the residents".

Away from nursing, Josh has a partner, Sarah; she is a naturopath. Josh and Sarah have a thirteen month old son, Knox. Josh plays football for Merrivale and enjoys golf .

When I came to interview Josh at Mt View, it was obvious that he is a very popular member of the team, and I know that he will be missed when he leaves us.

With dedicated graduate nurses like Josh Guiney, patient care, and aged care in particular, will be in good hands.

STAFF HEALTH & WELLNESS

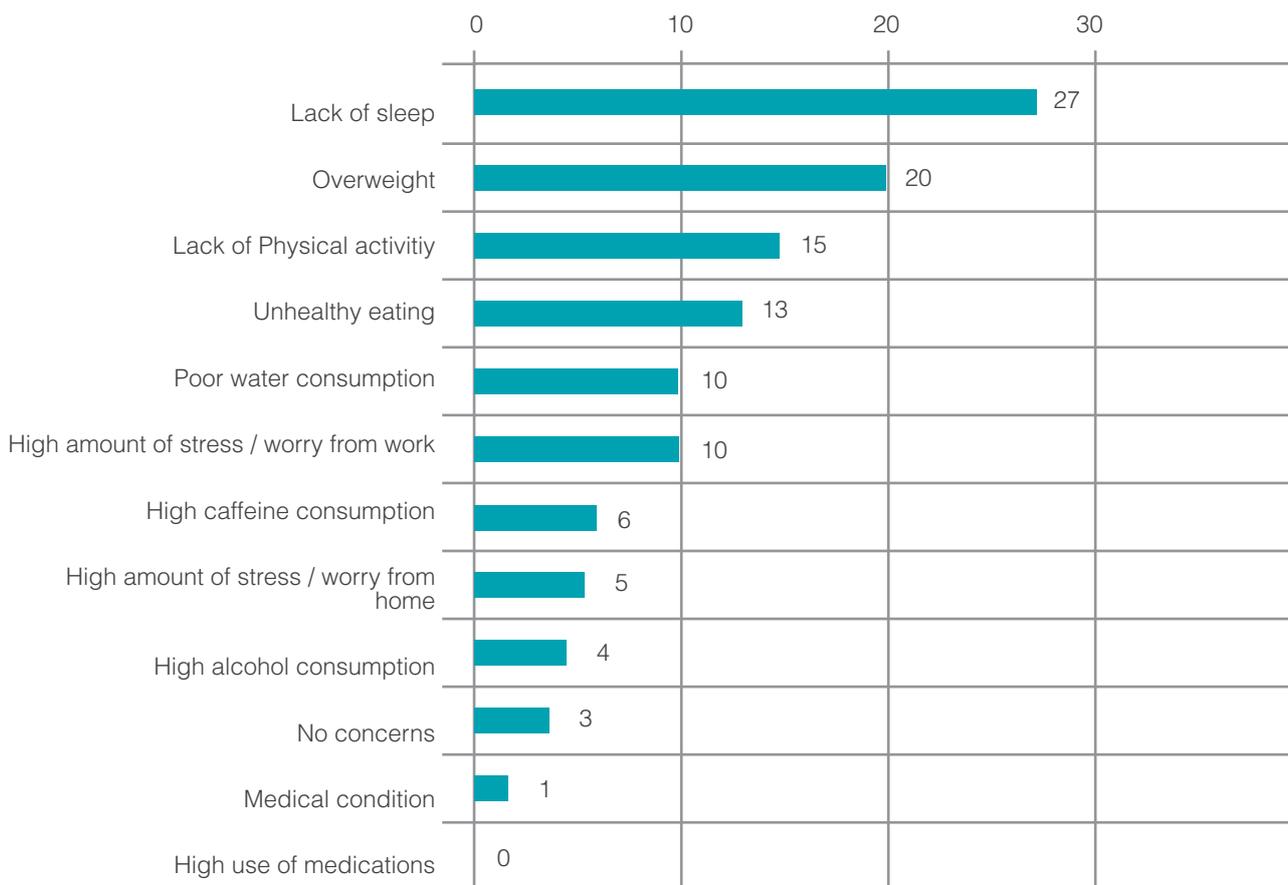
Terang & Mortlake Health Service is committed to promoting good health to the community, our consumers and most importantly, our staff. The first TMHS Staff Health and Wellbeing Survey was conducted in an effort to learn more about the health of our staff and to determine what we can do as an employer to improve health outcomes.

We received 60 responses in total. Of these participants, 30 staff members stated that they would participate in a staff wellness program. Key health and wellbeing issues of concern for those who completed the survey were: lack of

sleep, being overweight, lack of physical activity and unhealthy eating. Some popular suggestions about what should be included in the program were mainly focused on physical activity and healthy eating to include simple, achievable strategies over a number of weeks to allow tracking of progress.

The results of this survey will inform the activities of the Primary Care team in establishing appropriate Health Promotion programs specifically targeting the needs of TMHS staff.

Key Health and Wellbeing issues of concern for TMHS staff*



* Participants were able to select more than one answer.

ACCREDITATION STATUS



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 April 2016 we renewed our contract with The ACHS – Australian Council on Healthcare Standards choosing to go for the 3 year program National Safety and Quality Health Service (NSQHS) Standards.

TYPE OF ACCREDITATION	OUTCOME
NSQHS National Standards 3 year process with 1 onsite visit	Progress report 1 1st June 2016. Pre- Survey Assessment (PSA) 2nd May 2017 NSQHS Standards Survey 13th and 14th June 2017 Progress Report 2 4th June 2018 Contract Renewal date 18th April 2019
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 and 7th October 2015, 20th July 2016

ADVERSE EVENTS



Incident Management & Patient Safety

A culture of ensuring any incidents (including potential for harm) are recorded in the incident management system has continued 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

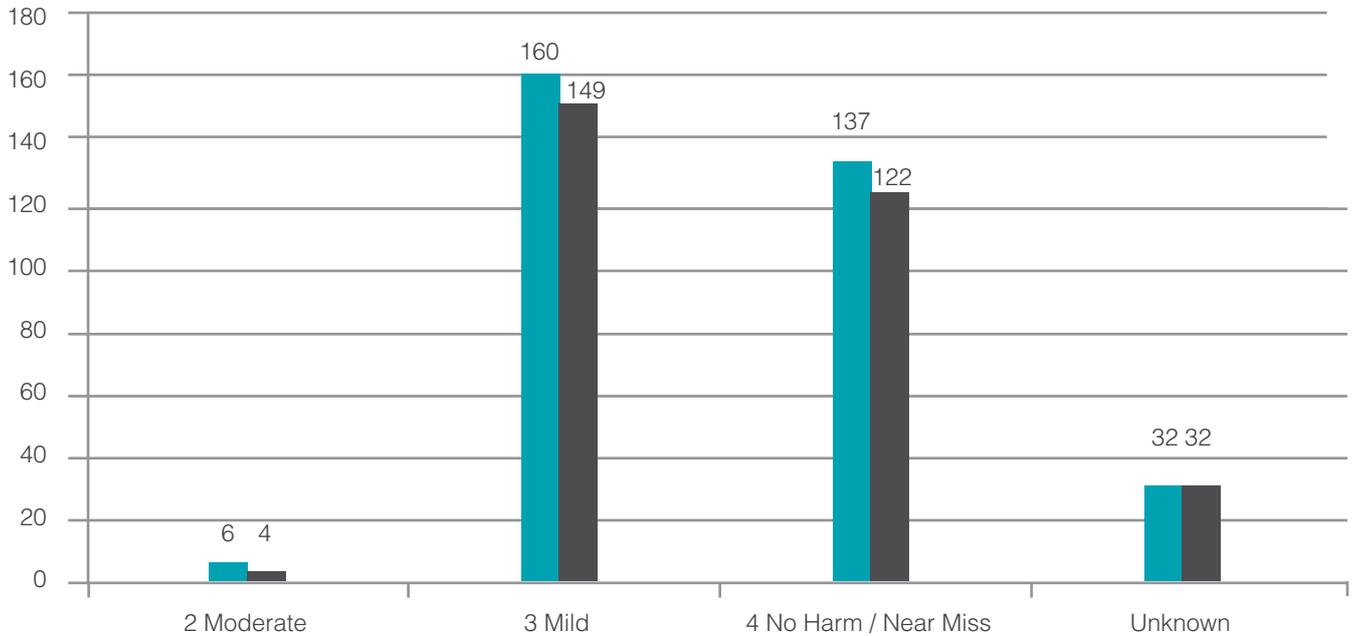
and undertaking action to prevent or control those risks. At TMHS our risk management framework helps us identify and manage risks which include local systems to monitor and manage the risks and incidents that can affect patient safety. Staff are encouraged to report their concerns if they identify a 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 and improve our service.

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.

No serious injuries or harm resulted from the incidents in this reporting time frame.

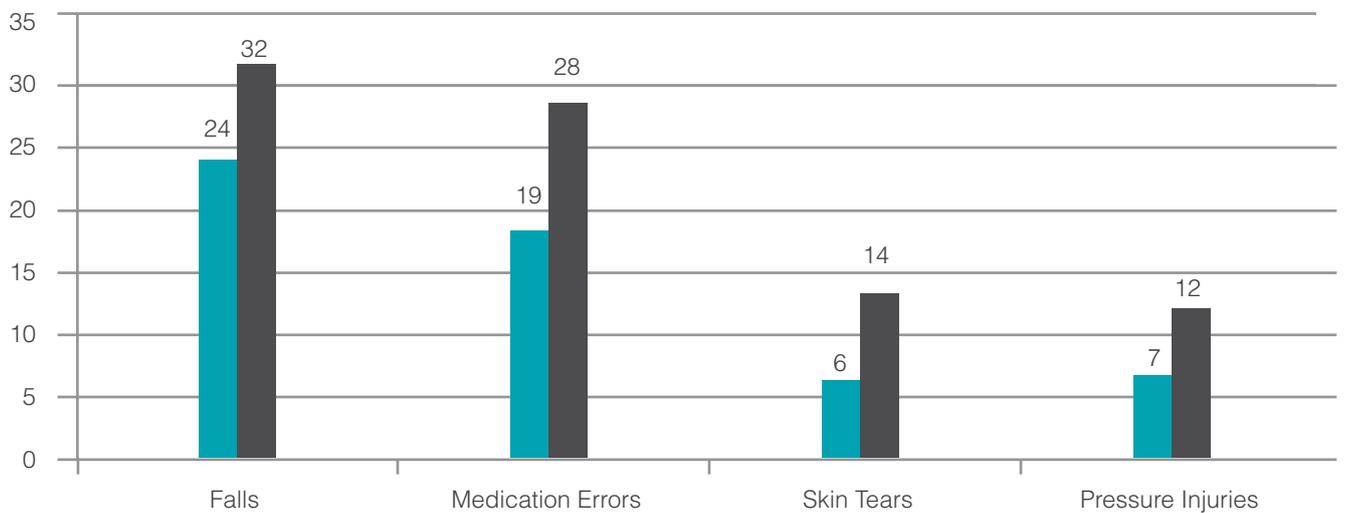
Report Incidents by Severity Rating

■ 2014/2015
■ 2015/2016



Adverse Events reported from 30/6/2015- 30/6/2016

■ Acute
■ Mt View



QUALITY INDICATORS INFECTION CONTROL



Quality Indicators

Area	Indicator	Number of bed days	Number of incidents	Per 1000 bed days	Per one day
Acute	Falls	2962	24	8.10	123.41
	Medication Errors		19	6.41	155.89
	Pressure Injuries		7	2.36	423.14
	Blood transfusion		13	4.38	227.84
VICNISS reports 2015/2016	Staphylococcus aureus Bacteraemia (SAB)		0		
VICNISS reports 2015/2016	Methicillin Resistant Staphylococcus aureus (MRSA)		0		
Mt View	Falls	5226	32	6.12	163.31
	Medication Errors		28	9.45	186.64
	Pressure Injuries		12	2.29	435.5

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 13 blood transfusions since July 1st 2015, and no significant adverse events.

HAND HYGIENE COMPLIANCE AND INFLUENZA IMMUNISATION

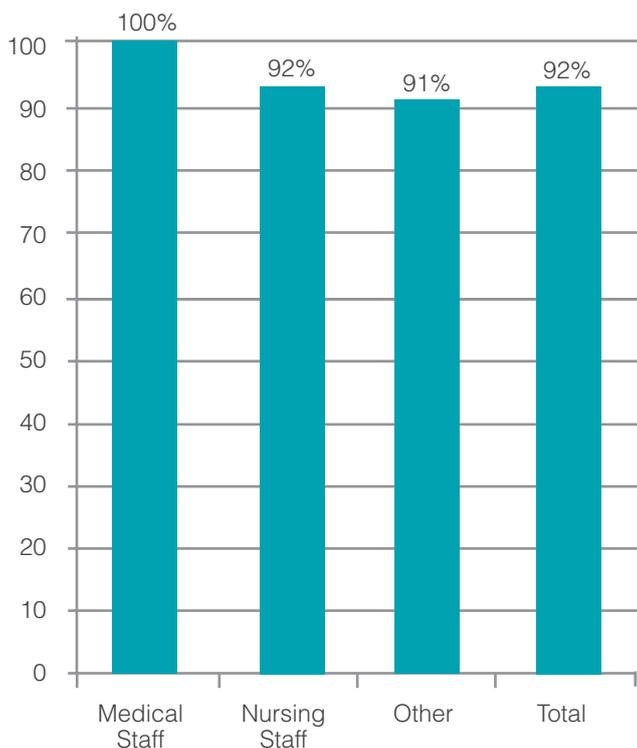


Annual Influenza Vaccination Campaign 2016

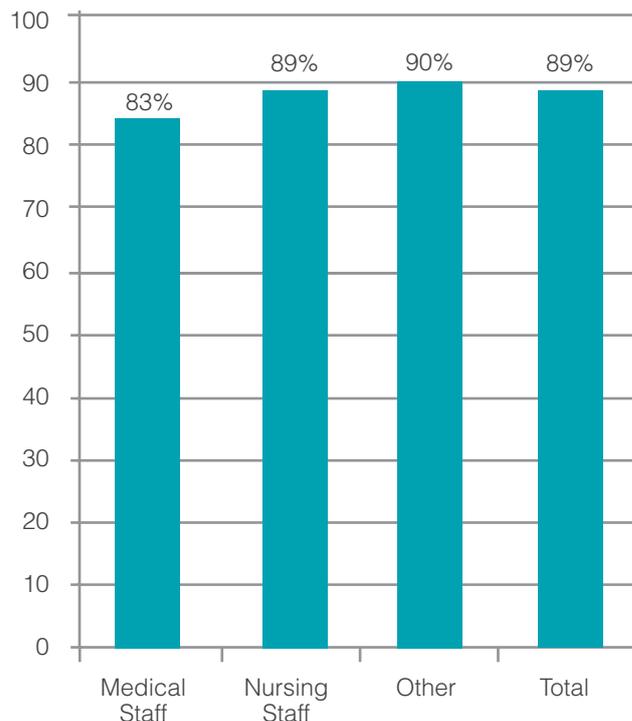
TMHS influenza campaign for 2016 has seen a compliance rate of 92% of staff being vaccinated compared to 2015 when 89% of staff members were vaccinated. The required compliance is 75% so this is an excellent result for the health service. Staff members that decline the annual flu vaccination are required to complete a

declaration. For 2016 only 8% of staff declined, primarily for medical reasons. Immunisation of staff is an important element of not only protecting patients and their families but also contributes to protecting the wider community. Immunisation reduces the risk of infections and of death from influenza.

2016 TMHS Influenza Campaign



2015 TMHS Influenza Campaign



Hand Hygiene

Hand hygiene compliance rates have continued to be consistently recorded above the required 80% please refer to the graphs. Hand hygiene compliance is fundamental when providing patient care either clinically or non-clinically.

Hand hygiene compliance has the ability to

reduce hospital acquired infections (HAI) this includes, superbugs staph aureus (golden staph), and methicillin resistant staph aureus commonly known as MRSA. The hospital has a requirement to report all HAI in relation to staph aureus bacterium which is a blood stream infection and MRSA there have been no cases during 2015 and up to June, 2016.

Overall Compliance Rate - Audit Three 2015

Correct Hand Hygiene Actions	Total Moments	Compliance Rate	Lower 95% Confidence Interval	Upper 95% Confidence Interval
52	53	98.1%	90.1%	99.7%

Overall Compliance Rate - Audit One 2016

Correct Hand Hygiene Actions	Total Moments	Compliance Rate	Lower 95% Confidence Interval	Upper 95% Confidence Interval
38	46	82.6%	69.3%	90.9%

Antibiotics

Resistance to antibiotics is a global concern as it has the ability to affect everyone in every country. It occurs not only naturally but also when antibiotics are overused or misused, this behaviour is contributing significantly to antibiotic resistance. Resistance to more than one antibiotic is known as multi resistance.

Multi resistance has the possibility to affect common surgeries such as, hip replacements and caesarean section. Disease such as, tuberculosis, gonorrhoea and pneumonia are also now more difficult to treat as the commonly used antibiotics just aren't working.

So what can we do? Maintain excellent hand hygiene for not only health care workers but, also

visitors to all health care facilities. Take antibiotics as prescribed, don't keep unused antibiotics and certainly don't share them. Furthermore, antibiotics will not cure viruses such as, the common cold hence; your G. P. will not prescribe them.

Terang hospital continues to participate in the National Antimicrobial Prescribing Survey this survey provides an opportunity to review and improve practice. During 2015 a survey of 28 patients who were prescribed antibiotics

was conducted. The results indicated, 71% of patients received appropriate antibiotics almost 10% were not assessable and 19% were not appropriate. This compares to 2014 when 22 patients were prescribed antibiotics with 72% being appropriate and 28% being inappropriate.

Antibiotics were not always prescribed in adherence to the therapeutic guidelines during 2015 51% of the antibiotics prescribed were not compliant with the recommend guidelines. In 2014 non-compliant was 44.8%.



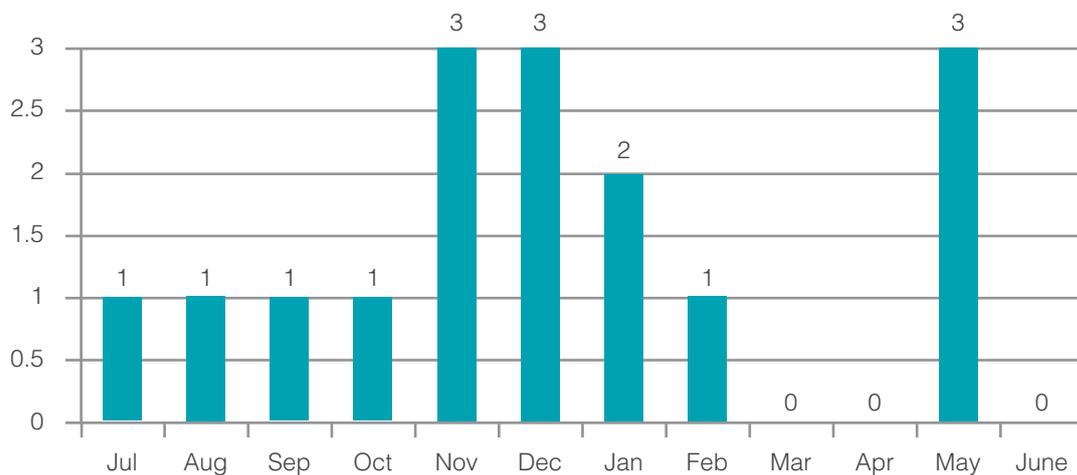
VICTORIAN PERINATAL SERVICES PERFORMANCE INDICATORS

1/7/2015 - 30/6/2016

General statistics	Number	%
Mothers Birthed	16	
Babies	16	
Boy Babies birthed	3	18.75%
Girl babies birthed	13	81.25%
Primigravida	10	62.50%
Multigravida	6	37.50%
Grandmulti	0	0.00%
Singleton	16	100%
Twins	0	0.00%
Triplets	0	0.00%
Quads	0	0.00%
>4	0	0.00%
Maternal Deaths	0	0.00%
Maternal Transfers	0	0.00%
Still birth before labour	0	0.00%
Still birth during labour	0	0.00%
Neonatal Deaths	0	0.00%
Infant deaths	0	0.00%

Perinatal Death rate	0	0.00%
Neonatal Transfers		
Premature baby	1	6.25%

Babies birthed per month July 1st 2015 – June 30th 2016



VICTORIAN AUDIT OF SURGICAL MORTALITY



Background - The Victorian Audit of Surgical Mortality (VASM) seeks to review all deaths associated with surgical care.

VASM is collaboration between the Victorian Government's Department of Health, the Victorian Surgical Consultative Council and the Royal Australasian College of Surgeons. The VASM project is funded by the Victorian Department

of Health. The VASM Management Committee meets bimonthly and oversees the project which constitutes an invaluable foundation to the running and success of the audit program. The College manages VASM through the Melbourne head office.

All surgery carries some risk and it is an

unfortunate reality that sometimes patients do not survive surgery, or die after having a surgical procedure. The majority of these deaths are not preventable and occur despite surgery to overcome a life threatening condition. In some instances however death is an unexpected outcome of surgery for a condition that is not life threatening. It is especially important that the issues surrounding death in the latter group are studied to see if similar adverse outcomes can be prevented.

Terang and Mortlake Health Service provide a monthly audit to the VASM, There have been no reportable deaths resulting from surgery during 2015 -2016 data reporting period.



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.

Falls

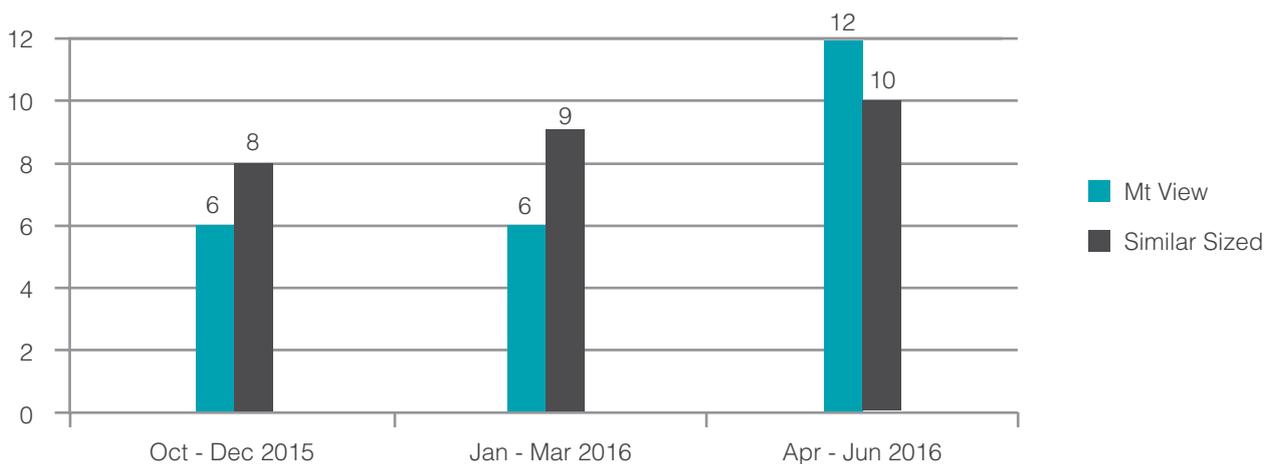
The World Health Organisation definition of a fall is “An event, which results in a person coming to rest inadvertently on the ground or other lower level”.

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.

There were no fractures sustained.

Falls



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.

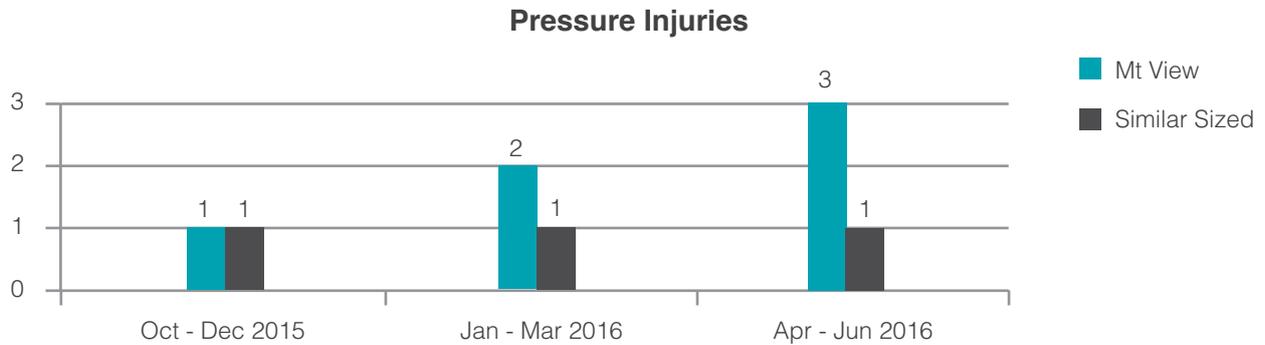
We utilise High/low floor line beds, sensor bed and chair mats, regular rounding/ checking of our residents, well managed individualised care plans and education for our staff.

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.

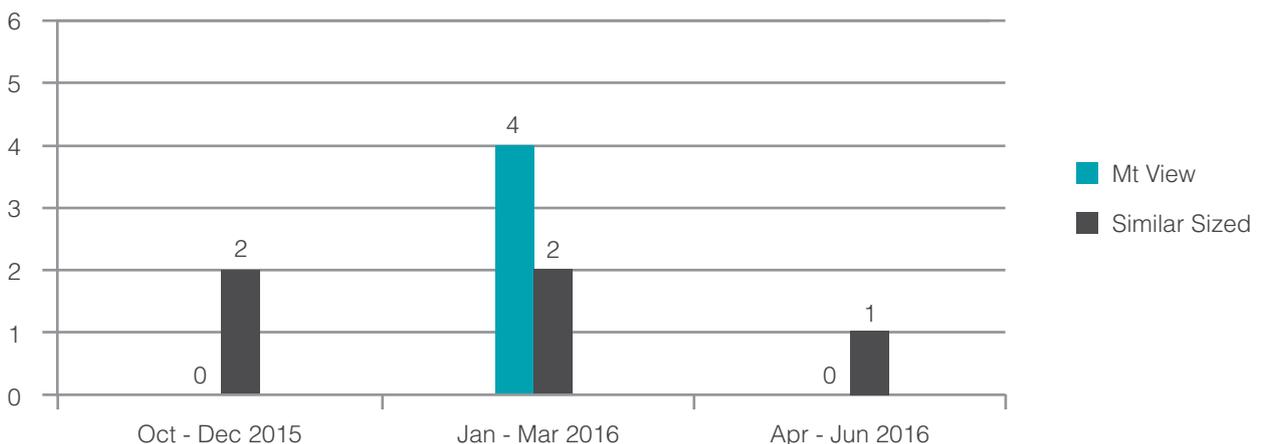
Risk screening occurs in all areas of our services, identifying risk factors that may contribute to

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. Terang and Mortlake Health

Service (TMHS) employed their very own dietitian in July 2015. From July to December last year we had dietitian Bernadette Thomas with us, and this year Himadi Gambrell has taken up the dietitian role. Previously, dietitians services were contracted from external health networks and were available fortnightly in Terang. Those living in Mortlake were expected to travel to Terang for dietitian appointments. Our TMHS dietitian consults with patients in Terang hospital, residents at Mt View.

Weight loss of 3 kgs or more



Person Centred: 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. No restraints used chemical or physical.

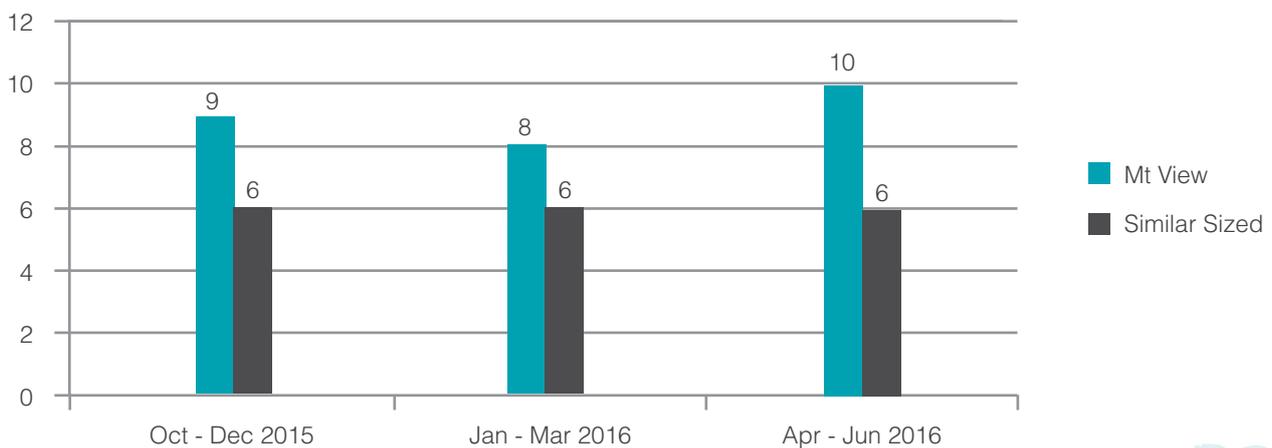
Incidence of residents using nine medications or more

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.

9 or More Medications



MENTAL HEALTH SECLUSION RATES

This issue is not applicable to Terang & Mortlake health Service

CLINICAL MENTAL HEALTHCARE QUALITY IMPROVEMENTS

This issue is not applicable to Terang & Mortlake health Service

ELECTRONIC HEALTH RECORD PROJECT

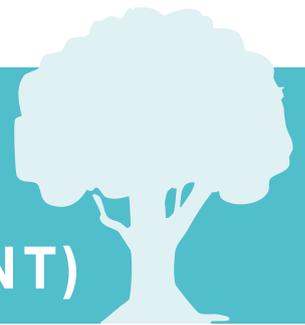


Late in 2015 the organisation formed a Local Adoption & Change Committee (LACC) which will work towards the adoption of the “electronic health record” at Terang & Mortlake Health Service. This committee consists of Sharon Roberts, Julia Ogdin, Jane Fitzgibbon, Sarah Williams & Brendan Williams. The committee is under the guidance of Martina Whelan, who is our Regional Electronic Health Record Project Officer. We are moving forward with this project even quicker than we had anticipated largely due to the great acceptance of these changes by both our nursing staff and Doctor’s. The benefits behind the adoption of an “electronic health Record” that we are aiming for include: Improved eligibility of records, increased reliability of

Handover for transferred patients, more up to date patient records, Electronic access to Radiology and Pathology, ease of access to past medical history, Reduced costs for record storage and less environmental impact with less use of paper.

To date we have commenced reporting Patient Observations, Blood Glucose Levels, Patient Clinical Notes and Discharge Summaries electronically and in the coming months we begin to roll out the Medical Care Plan followed by electronic Medication Management early in the new year. This project will run conclusively until October 2017.

BPCLE (BEST PRACTICE CLINICAL LEARNING ENVIRONMENT)



The BPCLE initiative commenced in 2008, as part of a comprehensive strategy by the Victorian Department of Health & Human Services (DHHS) to enhance the capacity and quality of the student nurses who visit health care services for their clinical placement.

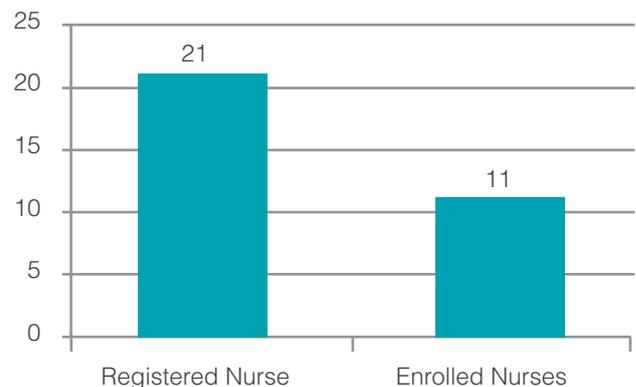
TMHS was part of the 88 Victorian public health services to implement the system in 2013-2014

The BPCLE framework consists of 6 elements:

1. An organisational culture that values learning
2. Best practice clinical practice
3. A Positive learning environment
4. An effective health service- education provider relationship
5. Effective communication process
6. Appropriate resources and facilities

From July 1st 2015 – June 30th 2016 we had 32 students come to our facilities to complete their clinical placement = 2304 clinical hours.

BPCLE



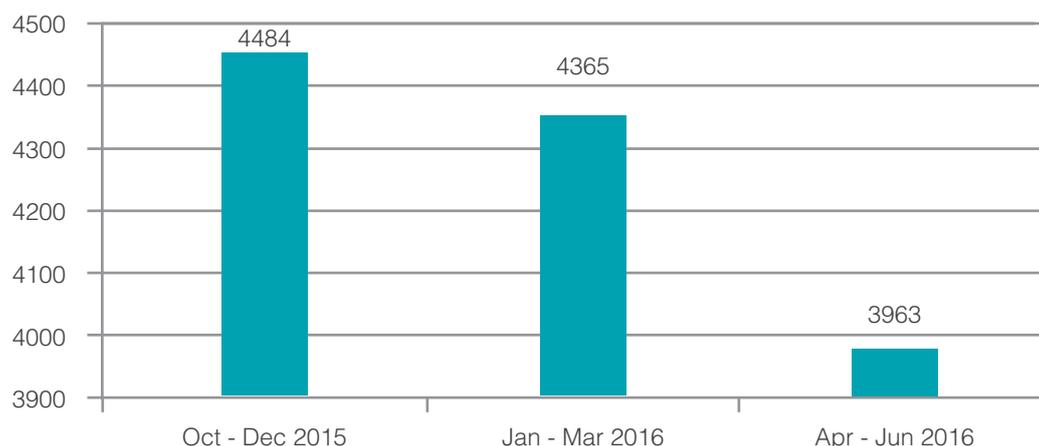


FOOD SERVICES & MEALS ON WHEELS

This financial year we had 3963 MOW'S (Meals on Wheels).

Meals on Wheels has seen a slight decline over the past few months, due to some clients being in care or hospital.

Meals on Wheels



Audits:

The 3rd party Audit (to check compliance with the Food safety Plan and the Food Safety Act) was conducted on May 30th by Carolyn Humphries, with fantastic results.

The Infection control Audit was conducted on May 31 by Carol Rosevear with a score of 100%

New Equipment and renovations:

Over the past few months we have finished long term projects such as, completion of the bulk storage area and all shelving is now clearly labeled to assist with stock management.

New Menu

We have come a long way in our redevelopment of the new menu, implementing new standard order forms along with meeting a wide range of dietary requirement', reflected in the new recipies

Exciting times are ahead with both the purchase of some new equipment (Combi oven, Gas hot plates and dishwasher) to help insure that the quality of food is always at a high standard, along with employing an apprentice chef in the coming weeks.

With the new equipment going in and the redevelopment of Mt View and the acute setting, we are a little way off starting the full menu, but we have started adding some aspects of the menu/recipes through our afternoon, teas ,sweets and soups.

In all we have achieved lots in regard to starting the new menu, and when the works an redevelopment are finished we will commence the new menu.

Victorian Healthcare Experience Survey 50 questionnaires returned out of 118 - Response Rate 42%. July – December 2015

Question	TMHS response rate	State response rate	Peer Group Response rate
Question 16 - how would you rate the hospital food	92% positive rating good to very good	67.2% positive	88.5% Positive
Question 17 - was the hospital food suitable for your dietary needs	93% positive rating Yes always	74.7% positive	93.3% Positive

TELE HEALTH



In 2015 TMHS became part of the Barwon Southwest Telehealth project along with other health services in the region. This project aimed to bring Telehealth facilities into the region to provide more options for accessing health care to consumers and providing real time support for staff in regional health services.

What is Telehealth? Put simply, Telehealth is healthcare at a distance facilitated by technology. Many people have heard of 'Skype' and use it to stay in touch with family and friends as part of their daily lives. Telehealth uses similar video technologies to enable health consumers to speak to their doctor or allied health professional and for health professionals to use in emergency situations.

TMHS was fortunate to be funded to have Telehealth equipment; cameras, monitors and internet connections installed in the Urgent Care Department at the Terang Hospital and the Outpatients Department at the Mortlake Community Health Centre during 2015. These devices allow Medical Practitioners and nurses to

connect to specialist or emergency support when the need arises. As an example telehealth can be used if a patient in the Urgent Department is extremely ill and our staff require advice on what steps to take to assist the person they are able to connect with agencies such as Ambulance Victoria's Adult Retrieval service. In doing so the clinician at ARV is able to view the patient on a screen and have real time access to all the information about their condition in order to advise on stabilising the patient prior to an ambulance retrieving them for emergency care at a more specialised facility. In Terang we have successfully used telehealth to stabilise a critically ill patient prior to them being transferred by helicopter within an hour.

One of the other great benefits of Telehealth is that clients can use the technology to have face to face consultations with medical specialists without having to travel to places like Geelong or Melbourne. It can also be used by staff to access learning opportunities in other regions as it is basically a teleconferencing device as well.

QUALITY IMPROVEMENT MAINTENANCE DEPARTMENT



Over the 2015-2016 year the maintenance department has been very busy doing the usual essential safety measures e.g. emergency lights, fire- smoke doors, fire pump & storage tanks, fire hose reels and extinguishers etc.

Maintenance requisitions for the past 12 months has totaled 983 jobs which have taken a total 484.66 man hours to complete, which averages out 50 minutes per job.

The grounds and gardens at all four campuses are ongoing and take at least 2 days to complete. As well as these tasks we have completely renovated and repainted the following rooms:

- CEO's Office
- DON's Office
- Relocated Quality Risk Safety manager to the IT office after renovation was completed.
- Acute wards Room 4 & 5 which included paint work , new cupboards, vinyl and blinds, fitting oxygen.
- Board room and staff dining room.

We have been very involved with the hospital redevelopment with moving of furniture and finding of services such as water & electronics.

Sadly we said good bye to Tony Hadfield who had been with us for about 3 years. But we are happy to welcome Daniel McConnell to the

maintenance team as a trainee in Certificate 111 in Health Services (HLT322812).



Daniel McConnell and Paul Dunn



Ian Barrand and Tony Hadfield

REDEVELOPMENT PROJECT



Terang & Mortlake Health Service has been busy in the previous 12 months commencing the planning and building stages of the Mt View Redevelopment project. A thorough consultation process took place with residents, staff and visitors in order to meet the needs of all facility users.

The tender process occurred in October 2015 with Nicholson Construction being announced as the successful tenderer. Building works commenced on the redevelopment in late January 2016 with progress to date being on time and on budget.

The Mt View works is part of a larger \$1.8 million project at the Terang and Mortlake Health Service, designed to provide better amenities for patients, residents, staff and visitors.

The Mt View project includes three new bedrooms, the addition of an extended dining room and sitting area and a new deck. The dining area and deck have been designed to take full advantage of the north facing countryside views.

The 15 beds at the facility will all be single rooms



with an increase in overall floor space of 40%. Designs have been planned with the privacy, comfort and the safety for Mt View residents in mind.

Work on the project has meant that residents and staff have had to temporarily change their work and living practices so as to minimise disruptions to daily routines. One positive has been the number of outings that residents have been able to access utilising the new mini bus during this period.

Behind the scenes, detailed planning has been taking place for the next stage of the project which will see the redevelopment of the hospital's acute ward north wing with works scheduled for the new financial year.

The redevelopment project is a collaboration between the Department of Health and Human

Services who has contributed \$1.1 million in the form of a Victorian Government grant and Terang and Mortlake Health Service who has contributed further capital reserves.

The entire project aims to be completed in late December, 2016.

VICTORIAN HEALTHCARE EXPERIENCE SURVEY "LEAVING HOSPITAL"



Victorian Healthcare Experience Survey 50 questionnaires returned out of 118 - Response Rate 42%.
July – December 2015

Question	TMHS response rate	State response rate	Peer Group Response rate	↑ against peer group ↓
Question 74 - Overall, how would you rate the discharge process?	97 % positive rating Very good – to good	84.3% positive	96.3% Positive	↑ 0.7%
Question 69 - Before you left hospital, did the doctors and nurses give you sufficient information about managing your health care at home?	89% positive rating Yes	70.2 % positive	86.6% Positive	↑ 2.4%
Question 71 - Thinking about when you left hospital, were adequate arrangements made by the hospital for any services you needed? E.g. transport, meals, mobility aids	82% Positive Yes Completely	68.1 % Positive	84.4% Positive	↓ 2.4%

CONTINUUM OF CARE SERVICE CO-ORDINATION PROJECT



Terang and Mortlake Health Service is one of six agencies that make up the Corangamite Health Collaborative along with Timboon District Health Service, South West Healthcare, Cobden District Health Services and the Corangamite Shire. The collaborative has the aim of working

together to improve health outcomes and service delivery for people in the Corangamite Shire. In April the collaborative employed Helen O'Regan as a health systems project officer to lead a "Consumer Pathway to Access Healthcare" project

This is a 2 year project to create consumer directed service coordination access to healthcare in the Corangamite region. In particular improve the referral process between services. This project hopes through an improved collaborative process, that agencies will decrease poor prognosis, readmission to acute healthcare and enhance the consumer's quality of life.

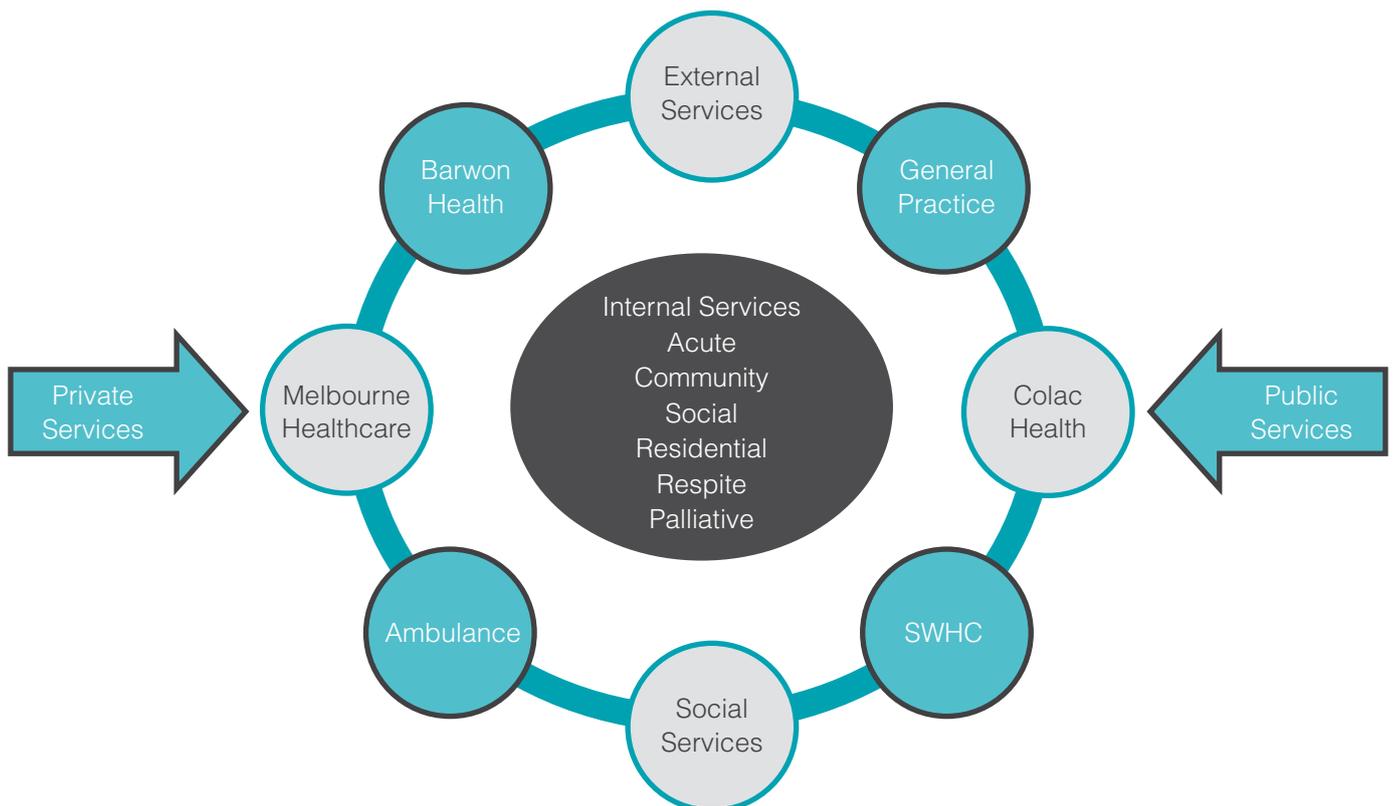
Helen is based at the Josie Black Community Health Centre in Terang but is meeting with staff at the agencies involved in the Collaborative to gain knowledge from them on what the strengths and weaknesses of the current system is. She will collect client experiences and information to inform staff what they need to know when they receive a referral to see someone or want to refer a client to another service. Helen and members of the project steering committee, which is made of representatives from each agency, will also be engaging with community members in order to hear their stories and understand what they want from health services.

It is hoped that this project will lead to agencies being able to identify best practice tools and processes for coordinating services within the Corangamite Shire and them implementing then in order that people are able to access the service they need in a timely manner.

This relies not only on having processes in place but also making sure that staff have access to up to date service information and give information to people in a way that is easily understood. It also gives a voice to our community members to shape the way we deliver services.

Goals:

- To achieve a Co-ordinated Service Co-ordination process within and between healthcare agencies for people that live in the Corangamite region, which reflects a consumer participation and health literacy approach to care. Diagram 2 outlines that communication is a two way process between & within services. This ensures the care is appropriate to the persons perceived and actual healthcare needs. At any point the consumer may be linked within or to another organisation to ensure they access the right care, at the right place, and right time. Additionally consumers often receive care from multiple services and stakeholders at the same time and needs good coordination.



SHARED CARE USING THE ACTIVE SERVICE MODEL PRINCIPLES



In 2015 the District Nursing Service and Corangamite Shire Aged and Disability Services staff commenced using shared care plans for clients that both services were visiting who had complex health issues. The focus of this was to improve the coordination of care for people who have more than one chronic disease and requires a lot of assistance with hygiene or domestic tasks but is not able to access a home care package. The care plan is person focussed with the client identifying what they wish to achieve with the support of the District Nurses and Shire Home Care staff.

Five clients were initially approached to participate and all consented to have a shared care plan. The tools used for these clients were the Service Coordination Templates “Consent to Share Information” and “Shared Support Plan”. All clients kept a copy of their care plan and it was able to be accessed by staff from both services.

A review of this project was undertaken in October 2015

One client was unable to proceed with the plan due to increased ill health and multiple hospital admissions.

Two clients had shared plans until they no longer required care in the home.

One client transitioned out of the program as their health improved and no longer required nursing care.

The remaining client’s health improved and they continued on with District Nursing with a reduced number of visits required but were able to cease Shire Home Care visits.

Since the first clients were placed on shared care plans this has extended to other complex clients which has allowed them to remain in their own home for longer and for those who have then had to go into permanent residential care this has been a smoother transition, Staff felt that they were better able to have an understanding of the needs of the clients and these needs were communicated more effectively by using the plans.



ADVANCED CARE PLANNING

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? Consider a heart attack, major vehicle accident or severe stroke. 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 treating health provider/or are unsure how to start the conversation about these important issues.

Making an advanced care plan allows you to write down your wishes and preferences for

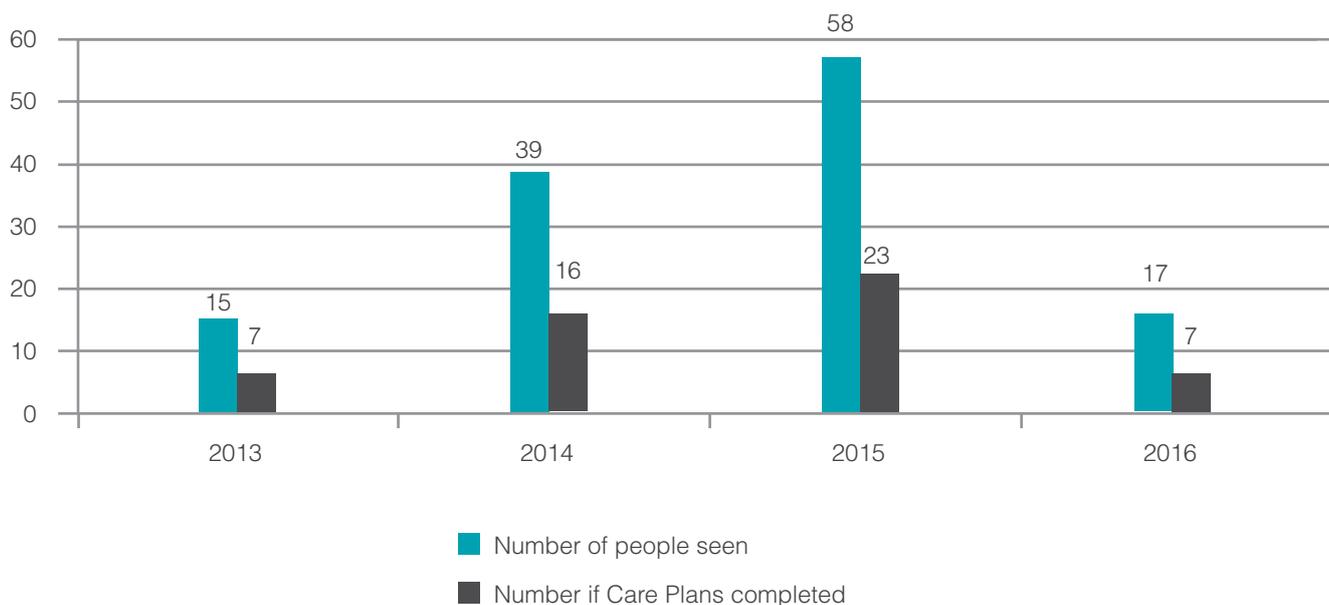
treatment before any medical crisis. It also includes appointing a substitute decision maker to speak on your behalf if you are unable to communicate (Enduring medical power of attorney).

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

Terang & Mortlake Health Service have Advanced Care Planning consultants who can assist you to start the conversation and

put a plan in place. This service commenced in November 2013 and since that time more

and more people are seeking information and completing Advanced Care Plan's.



This is a FREE service and appointments can be held at either the Terang Josie Black Community Centre or Mortlake Community Centre.

Consultants are available to speak to Community Groups, contact the above phone number for enquires.

To make an appointment or to get an Advanced Care Plan Information Pack sent to you, Please contact Reception Josie Black Community Health Centre on Ph. 5592 0300.

ORGANISATIONAL POLICY FOR END OF LIFE CARE



The “End of Life Care” policy is designed to inform and guide to provide the highest level of care, dignity and support to palliative care patients and their families in the environment

of their choice by all health professionals within Terang & Mortlake Health Service. The policy is referenced to Palliative Care policy 2007, Lorne Community Hospital, Palliative Care policy 2015 Timboon District Health Service, End of Life Pathway 2012 Cobram District Health Service, End of life Decision Making 2007 Central Gippsland Health Service, Palliative care policy 2008 Moyne Health Services, Palliative

Care policy and procedure 2009 Hess Rural Health Service , and World Health Organisation Definition of Palliative Care August 29th 2013 available at www.who.int/cancer/palliative/definition/en

To accompany the End of Life care policy, we have developed a policy entitled “Pain Management in Palliative Care”. The purpose of the policy is to guide and assist with the management of pain for people who have a progress life – limiting illness where death is the anticipated outcome. Terang & Mortlake health Service also has an “Organ and Tissue Donation

Policy” The policy gives guidance to manage the requests of clients to participate in organ and tissue donation. We are not able to undertake the organ donation processing on site, due to the lack of appropriate facilities and infrastructure, however we are able to provide support and information about tissue and eye donation

We wish to identify and respect the client’s wishes and choices, and encourage all our patients/clients to complete an Advanced Care Plan.

Terang & Mortlake Health Service has published a small booklet “As Death Approaches” Information for Family and Friends. The booklet has been prepared to help the client and family understand more about Palliative Care.

To ensure that we are following the Best Practice guidelines for care we have developed an audit tool to check compliance with The TMHS End of Life Care policy as it contains the statement “Summary of Best Practice in the last days and Hours of Life”. Since commencing this practice we have completed 19 “End of Life Care “audits.

	Had a completed advanced care Plan	No Advanced care Plan	Not for resuscitation Sticker (NFR)
2015 (12 Audits)	8 (66.66%)	4 (33.33%)	4 (33.33%)
2016 (3 Audits)	1 (33.33%)	2 (66.66%)	2 (66.66%)

Incorporated in the phone follow up we ask the Question were you informed about Advanced Care Planning Yes or No ?, if yes we ask have you considered making an appointment at the Josie Black Community Health Centre , to have an Advanced Care Plan completed Yes or No

During the time frame of 1st July 2015 - June 30th 2016 we have had 9 clients indicated that they would like further follow up information.

30th 2016 we have had 9 clients indicated that they would like further follow up information.

FAMILY VIOLENCE



In 2016 Terang and Mortlake Health Service introduced the subject of Family Violence as a mandatory training topic for all staff.

This followed in the wake of the Victorian State Government’s Royal Commission into Family Violence; from which came recommendations regarding recognising and responding appropriately to people experiencing harm and the perpetrators of that harm.

In addition to educating staff on what family violence is and the impacts it has on individuals and the community we developed policies and pathways to better inform staff on how to assist people experiencing it. These processes identified the types of family violence extending beyond physical abuse and how these may be

recognised, the best ways for staff to respond and identifying other specialised agencies that are able to provide assistance. Included in this policy and process development was a response to Vulnerable Babies and Children.

While child abuse reporting has long been mandated for medical and nursing staff it is now the case for all people.

TMHS recognises the need to safeguard and protect the wellbeing of children and the policy developed identifies for staff potential signs of abuse or neglect, strategies for dealing with presentations of this kind and external agencies that are able to assist in ensuring the safety and wellbeing of children in these circumstances.

DISABILITY RESPONSIVENESS



In relation to disabilities responsiveness we have reviewed our Equal Opportunities policy to include employees with a disability and how we would be able to make reasonable adjustments to adapt our work place to accommodate their needs.

The organisation has also taken into consideration when redeveloping the hospital, Mortlake Campus and the Josie Black Community Health Centres disability access, by installing electronic door's that enable a wheel chair to pass through.

We also have disabled toilets, disabled carparks and an internal lift to get from the Acute wing to Mt View Aged Care wing.

The new redevelopment at the hospital is accommodating a disabled patient's room and ensuite.

Signage is checked to ensure that it is appropriate and where applicable we have also included a picture graph e.g. Running Man Sign on Fire exits, wheel chairs on disabled car park and toilets.



General Enquiries

(03) 5592 0222 **Terang Hospital**

(03) 5558 7000 **Mortlake Community Health Centre**

(03) 5592 0300 **Josie Black Community Health Centre (Terang)**

(03) 5592 0284 **Early Parenting Centre**

info@tmhs.vic.gov.au
www.tmhs.vic.gov.au