



TERANG & MORTLAKE HEALTH SERVICE



QUALITY ACCOUNTS REPORT

2016-17

# OUR VISION

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

## WE VALUE

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

**Equity & 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 Account 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.

Our health service has seen much physical change in the last 12 months with our successful building project to extend our Mount View Aged Care Facility and refurbishment of the north wing of the acute ward. Feedback from residents, patients, staff and the community has been extremely positive with an even higher standard of care now being offered.

The last 12 months has seen expansion of primary care services with regular physiotherapy services being offered from the Josie Black Community Health Centre and the employment of a speech pathologist. The Mortlake community have also benefitted from the commencement of the Warrnambool Medical Clinic who are now offering GP services from the Mortlake Community Health Centre. Thanks must go to the Mortlake community for advocating so strongly for this service.

Terang & Mortlake Health Service continues to put safety and quality at the forefront of all of their dealings. 97% of Terang & Mortlake Health Service employees stated that a Patient Safety Culture was important in the 2017 People Matters Survey

(the Statewide target is 80%). 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.

In May, the health service completed a successful Aged Care Accreditation survey with all 44 standards met. In June, there was a National Standards Accreditation Survey conducted with once again, all standards being met with very positive feedback from the visiting surveyors. Standard 2.1 Partnering with Consumers was 'Met with Merit' highlighting the close and productive working relationship that Terang & Mortlake Health Service has with the community and particularly the hard working volunteers of our Consumer Advisory Committee.

Consumer feedback continues to be an imperative way of measuring the satisfaction of our communities. In the last 12 month period Victorian Health Experience Surveys were completed by community members through both Mortlake and Josie Black Community Health Centres with pleasing results.

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. Board members sit on the Quality Committee that meets bi-monthly allowing them to see first-hand how quality and safety issues are managed at the health service.

Collaboration between the Board and the Executive team continues to be 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





### Feedback from the 2015-16 Quality & Safety Account

Feedback indicated that our readers are happy with content and layout of our 2015-16 Quality & Safety Account.

Comments included:

- More of the same , plus any new updates
- We are very fortunate to have such a wonderful Health Service, we love seeing photos of people we have known for 60 years.
- Terang is very lucky to have such a top class hospital & health service, and to know that you will receive the best care from the wonderful staff if needed.
- I thought it was an informative snapshot of the year across all services, well done and thank you.
- The report lets Terang & Mortlake residents know what is happening at the hospital with services, in other words lets the district know what is happening at the hospital.

At the time of the distribution of the report, there were no doctors offering a service out of Mortlake Community Health Centre and therefore there were several comments about the want /need

for a doctor back in Mortlake. In April 2017 the doctors commenced services.

Dr. Belinda Bell  
Mondays & Tuesdays AM

Dr. Jamilla Perera  
Mondays Tuesdays & Thursdays – ALL DAY

### Distribution of the Quality Account

The Health Service mails out 1,950 Quality Accounts to households across the district. The Account is also able to be accessed on the TMHS Web page, TMHS Face book page and the Safer Care Victoria website.

As an organisation we value the feedback received and endeavour to incorporate suggested improvements into the next Quality Account. The feedback also assists us to achieve our goal of providing consistently great care and services to our clients.

### Quality Account Hamper Winner;

The winner of this year's Quality Account Christmas Hamper is Merle Richardson from Mortlake. Merle was chosen from over 30 entries received in connection to our Quality Account Report feedback survey.

Merle was presented with a \$60 hamper and a \$50 voucher to

spend at the Terang Co-Op. Merle was very excited to receive her prize and couldn't believe how lucky she was to have been drawn as the winner.

Each year, when presenting our Quality Account Report, we include a brief questionnaire asking for feedback from readers regarding the content and layout of the report and any other suggestions to improve our service offerings to the community.

As an organisation, we value highly the feedback we receive and will endeavour to incorporate your ideas into next year's Quality Account Report.



*Merle Richardson*

## STATE-WIDE PLANS AND STATUTORY REQUIREMENTS

### Family Violence

At Terang & Mortlake Health Service we have developed and implemented a range of policies to cover people presenting who are victims of family violence, staff who are affected by family violence as a victim or a perpetrator and pathways to assist staff to manage these presentations, for example how to talk about what has happened and how to seek assistance from other agencies that

provide family violence support.

The police aim to ensure that we have a consistent approach by staff members who are working with individuals who have experienced family violence or are suspected of experiencing family violence.

We aim to promote a better understanding of the definitions of family violence and common presentations of people who have experienced family violence. We

aim to ensure that staff members are aware of mandatory reporting obligations that apply in relation to children and need to apply them if abuse is disclosed in the context of receiving family violence support services.

We have included a segment in our mandatory training that endeavours to enlighten our staff on family violence, signs to look for and information on where to go for help or assistance.



**'Healthcare that counts'** is the framework introduced by the Victorian Government Department of Health and Human services to provide guidance to health services to ensure that there are organisational governance systems and structures in place to assist in the early identification and response to vulnerable children at risk of child abuse and neglect.

The child safe standards form part of the Victorian Government's response to the Family and Community Development Committee of the Victorian Parliament's Betrayal of Trust: Inquiry into the Handling of Child Abuse by Religious and Other Non-Government Organisations (Betrayal of Trust Inquiry). From 1 January 2017, the **Commission for Children and Young People** will be the oversight body for the Child Safe Standards.

The **Child Safe Standards** are the minimum compulsory standards for all organisations providing services to children, and aim to drive cultural change in organisations so that protecting children from abuse is embedded in the everyday thinking and practice of leaders, staff and volunteers. The standards aim to provide directions to organisations to:

- prevent child abuse
- encourage reporting of any abuse that does occur
- improve responses to any allegations of child abuse.

### What is Terang & Mortlake Health Service doing to implement the Child Safe Standards?

The Terang & Mortlake Health Service Board of Management has formulated a Statement of Commitment to Child Safety which outlines our goals, working with our community, to implement the standards:

"Terang and Mortlake Health Service is committed to creating a child safe environment by applying the Child Safe Standards across all services and programs of the organisation, with a particular focus on engaging with the community. The health service has a zero tolerance for any kind of abuse of children and vulnerable people and has developed policies and practices to make sure they are protected. In planning, decision making and operations, Terang and Mortlake Health Service will:

- Take a preventative and proactive approach to child safety
- Value and empower children to participate in decision making that affects their life and care
- Implement robust risk management and employment practices
- Foster a culture of openness that supports children, young people, families and staff to safely disclose risks of harm to children
- Ensure children and young people know who to talk to if they are worried or are feeling unsafe

and by providing an environment in which they feel comfortable and encouraged to raise such issues

- Focus on the particular safety and wellbeing needs of children with a disability
- Respect diversity in cultures and child rearing practices while keeping child safety paramount, paying particular to the cultural safety of Australian indigenous children and children from culturally and linguistically diverse backgrounds
- Implement policies and processes to ensure that only appropriately screened personnel work with children
- Provide staff and volunteers with guidance, at induction and through staff training, on appropriate conduct and behaviour towards children and provide ongoing professional development opportunities regarding the Child Safe Standards
- Ensure that volunteers are adequately supervised when working with children
- Report suspected abuse, neglect or mistreatment promptly to the appropriate authorities
- Share information appropriately and lawfully with other organisations where the safety and wellbeing of children is at risk."

## 2.1 CONSUMER, CARER AND COMMUNITY PARTICIPATION CRAIG COATES

Craig Coates has enjoyed a long and varied career in agriculture, agri-business and general business in many parts of Australia. His working life has included share farming, mill-management and many things in-between.

Craig's skills are varied and have been enhanced by the numerous

courses he has undertaken to improve his abilities and acquire new ones. Courses as varied as dairy technical training, welding and even scuba diving. It is obvious that Craig has a thirst for knowledge and a genuine interest in people and the world around him.

The connection with TMHS began

in 2013 when Craig was a member of the Hospital Board until retiring in 2016. Upon retirement Craig accepted an invitation to join the Community Advisory Committee, a position he told me he enjoys and which enables him to continue to make a contribution to our Health Service.

*Continued.*

Craig and his wife Pip, live in Noorat. They have a beautiful garden which keeps them both fit and busy and they share their property with numerous livestock.

Times spent away from home often include holidays in their caravan and as I write this article, they are in South Australia doing just that!

With a qualification in Christian Ministry and Theology, Craig

serves as an Elder of the Niel Black Presbyterian Church in Noorat.

Although he has been a Consumer Advisory Committee member for a relatively short time, I know that Craig is enjoying yet another role in his life and is mindful of his position in connecting our community and Health Service.

**Eve Black**  
Community Advisory Committee



## 2.1 CONSUMER, CARER AND COMMUNITY PARTICIPATION

### Building the capacity of consumers.

At Terang & Mortlake Health Service we actively encourage consumers, carers and community members to become involved to fully participate in their healthcare.

#### Terang & Mortlake Health Service (Terang Campus)

The Victorian Healthcare Experience Survey (VHES) October – December 2016 report

120 questionnaires sent out, 50 questionnaires returned, 42% response rate.

#### Question 76)

Over all, how would you rate the care you received while in hospital?

100% Positive Very Good to Good (Peer group average 96.8%) (State average 93.2%)

#### Question 33)

How often did the doctors and nurses and other healthcare professionals caring for you explain things in a way you could understand?

100% Positive - All of the time to Most of the time. (Peer group average 96.3%) (State average 92.6%)

#### Question 37)

Were you involved as much as you wanted to be in decisions about your care and treatment?

83% Positive - Yes definitely to Yes to some extent. (Peer group average 83.1%) (State average 63.4%)

#### Question 39)

How much information about your condition or treatment was given to your family, carer or someone close to you?

96% positive - Yes (Peer group average 92.9%) (State average 86.3%)

#### Terang & Mortlake Health Service – (Mortlake Community Health Centre)

The Victorian Healthcare Experience Survey (VHES) January – March 2017 report

107 questionnaires sent out, 39 questionnaires returned, 36% response rate.

#### Question 28)

Did Healthcare workers involve you in decisions they made about your care or treatment?

92% Positive - Yes (Peer group average 83.6%) (State average 92.3%)

#### Question 29)

Did health workers consider all your needs (such as health, culture, living and family situation, age)?

81% Positive - Yes (Peer group average 76.6%) (State average 80.8%)

#### Question 30)

Did health workers help you set goals for your health & wellbeing?

61% Positive - Yes (Peer group average 72.6%) (State average 68.7%)

#### Question 31)

Were all the relevant people involved in setting these goals (e.g. family members, health workers)?

67% Positive - Yes (Peer group average 65.1%) (State average 64.2%) Did using this health service help you to feel as though you could achieve these goals?

75% Positive - Yes (Peer group average 83.6%) (State average 92.3%)

#### Question 33)

Did the health service provide you with a written copy of a plan for your health and wellbeing?

73% Positive - Yes (Peer group average 89%) (State average 80.7%)

#### Question 34)

Did health workers at this service review and discuss this plan with you?

80% Positive - Yes (Peer group average 73.1%) (State average 73.9%)

At Terang & Mortlake Health Service we gather feedback from clients, consumers and community members via various follow up surveys, forums and internal auditing.

Examples of this are feedback from patients during the Clinical bedside handover;

a) Did you appreciate being involved in decisions about your care?

b) Did your involvement improve your perspective and understanding of your current condition?

In clinical internal audits we ask the question; were you involved in the development of a care plan to prevent falls and pressure injuries during your hospital stay?

## 2.1 BELINDA BELL – MORTLAKE GP

Dr. Belinda Bell is one of the new faces you may meet at the GP clinic at Mortlake Community Health Centre. Belinda and her husband Matthew Birtles, also a GP, moved to Warrnambool from Tamworth in 2015. Since her move, Belinda has been employed at Warrnambool Medical Clinic. She trained at the University of Newcastle and grew up in Merimbula so is comfortable living and working in rural towns.

In her spare time, Belinda is an active member of the Warrnambool Theatre Company and is on the committee.

Belinda enjoys the challenges of being a country GP, especially being able to develop a long standing rapport with her patients and being able to offer them continuity of care. Being able to offer care to patients throughout the life span from children to the elderly is also appealing to Belinda. The work in a rural clinic is usually more hands on and the variety means

that it's never dull!

Belinda's initial impressions of the Mortlake community have been particularly positive. She has been very welcomed and has felt very appreciated for the care that she has been providing to patients. She has noticed how close knit the community is and is excited that the clinic is growing as word of mouth spreads about the service.

The recent refurbishment of the GP clinic area at Mortlake Community Health Centre has been welcomed by Belinda and her colleague Dr. Jamila Perera. She has been particularly impressed by the access to allied health professionals working from the same building including a dietitian, speech pathologist, diabetes educator, physiotherapist and podiatrist. Belinda has also been able to keep up to date with the progress of patients through the District Nursing service who also operate from the same facility.

Belinda and Jamila currently offer GP services from the Mortlake Community Health Centre on Mondays, Tuesdays and Thursdays. Appointments can be made by calling:

**Warrnambool Medical Clinic:**

55622766

**Mortlake Medical Clinic:**

55992990



**Belinda Bell**  
GP

## 2.1 CONSUMER, CARER AND COMMUNITY PARTICIPATION, GEOFF BARBY

Geoff has lived in several Western District towns, including Hamilton, Geelong and Maryborough, and has spent the last 30 years in Terang, employed by the SEC, later Powercor, continuing to travel around the district in his employment.

He has always been heavily involved in the local community. He is a long-serving member on the board of Thompson Memorial Church. He spent 22 years on Terang College Council, but had always been interested in joining the Hospital Board, so when his children had left school he retired from the school council, to devote time to the Hospital Board, which has benefitted from his experience for the past 5 years. He has found that the corporate aspect of his work with Powercor has easily transferred to his volunteer work.

Geoff's leisure activities have included squash and table tennis, which he still enjoys playing.

Since early last year, Geoff has been happily retired, and has been

able to take on still more volunteer roles in the community. He is heavily involved with the hospital; as well as his position on the Board he has joined the Community Advisory Committee.

He delivers Meals on Wheels, drives the Mount View bus and the Mortlake community car, and also finds time to be a mentor on the L 2 P program, assisting young people to learn to drive.

He has been on the board of Terang Co-op since last year, and carries out some maintenance work at Terang College.

Geoff had never aspired to be involved in the local music scene, but soon after retiring he was asked to join the Terang Country Music Festival Committee, where his organisational skills were again put to good use. Shortly after joining the committee he took on the role of Chairman.

He is keen to get the local community more involved in this festival, and one of his initiatives

was having local shops decorate their windows with a country music theme.

Geoff's contribution to our community is truly amazing, and somehow on top of everything else he is finding the time to renovate his kitchen. He is certainly a man of many talents. (He even makes good Anzac biscuits.)

**Susan Keane**

**Community Advisory Committee**



**Geoff Barby**  
Community Advisory Committee



## 2.2 PROVISION FOR ACCREDITED INTERPRETERS TO PATIENTS WHO REQUIRE ONE AS SPECIFIED IN THE LANGUAGE SERVICES POLICY 2017

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, patients or Aged Care Recipients requiring an interpreter service during the reporting time frame July 1st 2016 – June 30th 2017.



## 2.3 DEVELOPMENT OF TMHS DISABILITY ACTION PLAN

During early 2017 Terang & Mortlake Health Service has developed a “Disability Action Plan” in order to comply with the provisions of the Disability Discrimination Act, 1992. Under Section 61 of the Disability Discrimination Act.

This plan has a life of three years and will be closely integrated with other plans and manuals within the Health Service. The Plan is primarily directed towards services and facilities of the Health Service. The Plan identifies areas, facilities and services for which the Health Service is responsible,

and assesses the Disability Discrimination potential contained within them, and identifies any need for action.

### Terang & Mortlake Health Services Commitment.

The Health Service acknowledges its role in promoting the recognition of the rights, responsibilities and aspirations of people with disabilities among staff, residents, patients, clients, visitor and volunteers of the Health Service. The Health Service is committed to best practice in the delivery of services and acknowledges

that this is dependent upon anti – discriminatory access to services and outcomes for all groups in society.

### Terang & Mortlake Health Service Capabilities.

The Health Service’s ability to meet the needs of all residents/patients/ clients/staff and volunteers is limited by its financial position

Key Result Area	Outcome	Strategic Plan Connections
Information & Awareness	Improved care for people with disabilities	Marketing- Strengthen community awareness and engagement
Physical access and equipment	People with disabilities will have improved access to building, facilities, and the equipment that they need where health services and programs are provided	Growth – Provides services that meet the demand and support our community
Accessible Services and Activities	People with disabilities will have improved access to accessible services and activities	Financial – Builds models of sustainability
Equal Employment Opportunity	Improved equity and equal opportunity for people with disabilities in Terang & Mortlake Health Service	Culture - Promote a culture that supports the organisational Vision and Values



## 2.4 VHES (VICTORIAN HEALTHCARE EXPERIENCE SURVEY) PATIENT EXPERIENCE SCORE



### Terang & Mortlake Community

Health Services March 2017; 107 questionnaires sent out, 39 returned = 36% response rate.

Clients attending the community health centres indicated that their "Overall Experience" score was 100% positive State score 96.4% and Peer Group score 97.1%

### Terang & Mortlake Health Services

October – December 2016; 120 questionnaires sent out, 50 returned = 42% response rate.

Clients attending the health service indicated that their "Overall Experience" score was 100% positive State score 93.2% and Peer Group score 96.8%

Since the implementation of VHES (Victorian Healthcare Experience Survey) we have found it difficult to receive a report due to insufficient numbers of return surveys, with the requirement being a 42% response rate.

To overcome these issues we collect patient / client satisfaction feedback we rely on a number of in house surveys.

"Day stay" clients are asked to

complete a short survey in relation to their experience of "Day stay" and any suggestions for improvement.

Since July 1st 2016 – June 30th 2017 we have received 172 surveys back.

All indicated that care and experience was good to excellent and, all would recommend our services to others.

"RIPEN" (Rural and Isolated Practice Endorsed Nurse) Feedback.

In many Victorian rural communities doctors and pharmacists are not easily assessable. Patients may need to travel long distances to receive treatment and medicines. At the Mortlake Community Health Centre we are fortunate enough to have our very own Ripen Nurse - Jill O'Brien. Jill has undertaken additional training and is able to provide a wider range of primary care and emergency services from the Mortlake Community Health Centre.

Feedback from a client that visited the Mortlake Community Health centre indicated that he was "Very pleased with the services he had

received from the Ripen Nurse Jill.

### "Dialysis Patient Feedback"

In general care given by the nurses is excellent, but the heating in the old dialysis wing is poor on the cold days. With the redevelopment of the Acute wing 2016- 2017 the dialysis room has been relocated to a new room that has good heating and an aesthetically pleasing view from the windows.

### "Discharge Follow up Phone calls"

Following discharge from hospital patients receive a follow up phone call from hospital staff to enquire as to how they are and also to collect information about their experience of the services provided and discharge management.

- 10 /10 for care thank you
- No complaints couldn't have been looked after any better
- Everybody was kind and gentle
- I was treated well, can't fault the hospital service.
- My wife and I couldn't have been happier. Terang is a great little hospital.

## 1.1 & 2.5 & 2.6 IMPROVING CARE FOR ABORIGINAL PATIENTS (ICAP)

In collaboration with Kirrae Health Services Inc. a cultural audit was conducted Sep/October 2015 by Health Promotion Officer Laura Stevenson. An action paper was developed and engagement with local Indigenous Elder made to assist with implementation of findings from the audit.

The action plan for the Cultural audit has been completed, staff have become more aware of the need to recognise and welcome Aboriginal and Torres Strait Islander people and that more has to be done to improve service utilisation and access.

Actions have included:

- Posters have been displayed at all facilities to indicate cultural respect. The posters carry the Aboriginal flag and the flag of Torres Strait Island people, with the words "We acknowledge the traditional land owners of Australia and we welcome all Aboriginal and Torres Strait Islander people to our service."
- Aboriginal art work and flags are displayed at the entrance to our facilities, Terang Hospital, Josie Black Community Health Centre and Mortlake Community Health Centre. The art was commissioned by local Indigenous artist Fiona Clarke.
- The Board of Management has endorsed the use of an "acknowledgement of country" on staff e-mail signatures (I respectfully acknowledge the traditional owners of the land on which I work, the Gunditjmarra people, and their elders past and present.
- We introduced for the first time a Welcome to Country at our 2015 Annual General Meeting officiated by local Indigenous Elder Adeline Macdonald, who did the official opening "Smoking Ceremony" (known for its cleansing properties)
- A workshop – "Aboriginal Identity Asking the Question" was conducted on Wednesday June

*Continued.*

8th 2016. It was an opportunity for administrative and nursing staff to learn why it's important to ask people who come to our Health Service if they are Aboriginal and/or Torres Strait Islanders and how to do it without feeling uncomfortable. The training was provided by Gary Wingrove Program and Service Advisor, Community Organisations, Barwon- South Western Health Department of Health and Human Services. Eleven staff attended. Posters and brochures provided on the day have been placed in all areas of the health service.

- All staff were invited to participate in NAIDOC week between July 3rd – 10th. A time to celebrate Aboriginal and Torres Strait Islander history, culture and achievements and an opportunity to recognise the contributions that Indigenous Australians make to our country and society.
- Through the Chisolm Institute of TAFE, we were able to secure 'Building Cultural Competence' 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 the training was overwhelmingly positive. Terang and Mortlake Health Service will continue to seek support to ensure our service is culturally appropriate.
- In August 2016, Indigenous Children's books were provided in our waiting spaces at each campus TMHS Hospital, Mortlake Community Health Centre and the Josie Black Community Health Centre to help create a welcoming environment for Aboriginal/Torres Strait Islander clients. These books feature entertaining and engaging stories about indigenous people, culture and country.
- In collaboration with Kirrae Health Service Inc. we have commenced an Integrated Diabetes Clinic for members of the Aboriginal Community. The clinic will enable clients to see a Diabetes Educator, Dietitian and Podiatrist

in consecutive appointments to ensure a coordinated approach to their recommended annual cycle of care.

- Paintings by aboriginal artist Fiona Clarke of the Kirrae Whurrong clan of Western Victoria are displayed at the entrance to our Hospital, Josie Black Community Health Centre, and Mortlake Community Health Centre.



*Pictured Fiona Clarke & Melissa Mitchell Director of Primary Health Care with one of Fiona's works that now hangs at the Health Service*

#### Profile of Fiona Clarke

Aboriginal Artist of the Kirrae Whurrong Clan of the Western District of Victoria

For over 25 years Fiona has depicted her Aboriginal culture through the visual arts, including tapestry, painting and public art installations and now Children's books. Fiona has created tapestries and paintings using uncomplicated symbols, juxtaposed against rich earthy colours to produce vibrant contemporary works of art. For her Children's book illustrations, she has created bright, colourful and fun artwork that will be enjoyed by any young people who read them.

Fiona's work is evidence of an inner strength that she has carried throughout her life. At birth she had a condition known as 'concrete arm' and nearly lost her limb. She was also born with Grand Mal Epilepsy, with doctors predicting she wouldn't live past 20 years old. When she was 6 years old she was diagnosed with diabetes. And, in her teen years she contracted tuberculosis. Now 53 years old, Fiona is now free of Epilepsy, the diabetes and tuberculosis have gone, and she has received the all clear from an episode of 'deep vein thrombosis'.

In addition to her visual arts practices Fiona has shared her art,

skills and culture in the academic arena from preschool to University level. In 1998 Fiona was invited to teach other indigenous students at Warrnambool South West Institute of TAFE how to express their culture through art. For many years local Aboriginal cultural practices and art were suppressed due to European invasion and interference. As a result true Aboriginal art and culture was a vague memory of the past for today's Aboriginal people, therefore many knew not of their ancestor's art. Fortunately Fiona Clarke's father and Aboriginal elder Banjo Clarke, (dec) held onto the stories told by his elders and shared it with his children. These tutorial classes continued the next year into Heywood and Portland.

At Emmanuel College 1999 Fiona and her husband Ken McKean were invited to complete an 'Artist in Residence' for two weeks where they worked with secondary students to firstly learn about Aboriginal culture and art and to create a memorable artwork that was ultimately displayed in front of the school. This project also embraced other cultures of students in the school, such as Asian and Celtic to create a celebration of Aboriginal culture and diversity within the community. In year 2001 Fiona shared her Aboriginal culture and stories with a group of Japanese students who had come to Australia as part of a student exchange through Deakin University Warrnambool to learn the culture and ways of Australian people. It was a weeklong artist in residency where the students learnt important cultural aspects of First Nation peoples.

Since then Fiona has worked in child care centres, kindergartens, primary schools and secondary schools sharing her art and culture to the present day and more recently doing workshops with children based on an Aboriginal children's book she has written and illustrated, 'Minkgill Chases the Rainbow'. This includes a project where she did storytelling workshops in child care centres across Melbourne and a project as part of the 2014 Indigenous Arts Festival where she shared her story in four CBD Libraries.

Her visual arts practice has also

lead her into other literary areas such as her intercept into internationally renowned New Zealand artist Chris Booth's book by Edward Eggleton, 'Balanced Stone'.

Another arts practice Fiona has been involved in is film. Her first film was as an actress in a documovie about an Irish, 'Sisters of Mercy' woman Ursula Frayne, who despite abuse and condemnation from her colleagues continued to help Aboriginal people in the early 1800s. Then followed interviews with 'Message Stick's Lou Glover who recorded Fiona's story for the ABC, and then a film she made

with Robbie Bundle, Peter Worland and Open Channel media, 'Family Art Party' which talked about her immediate family namely Ken McKean, (a non-Aboriginal artist) and their daughter and young exceptionally talented budding artist Patricia McKean.

More recently Fiona has been involved in cultural restoration projects such as Culture, Creativity and Place II where the Hopkins Falls Reserve was filled with local and international guests wanting to experience Aboriginal culture and then more recently Tarerer Festival, (as Chairperson) an event

which aims to strengthen Aboriginal culture, act as role model for reconciliation and share a happy time of celebration of all cultures.



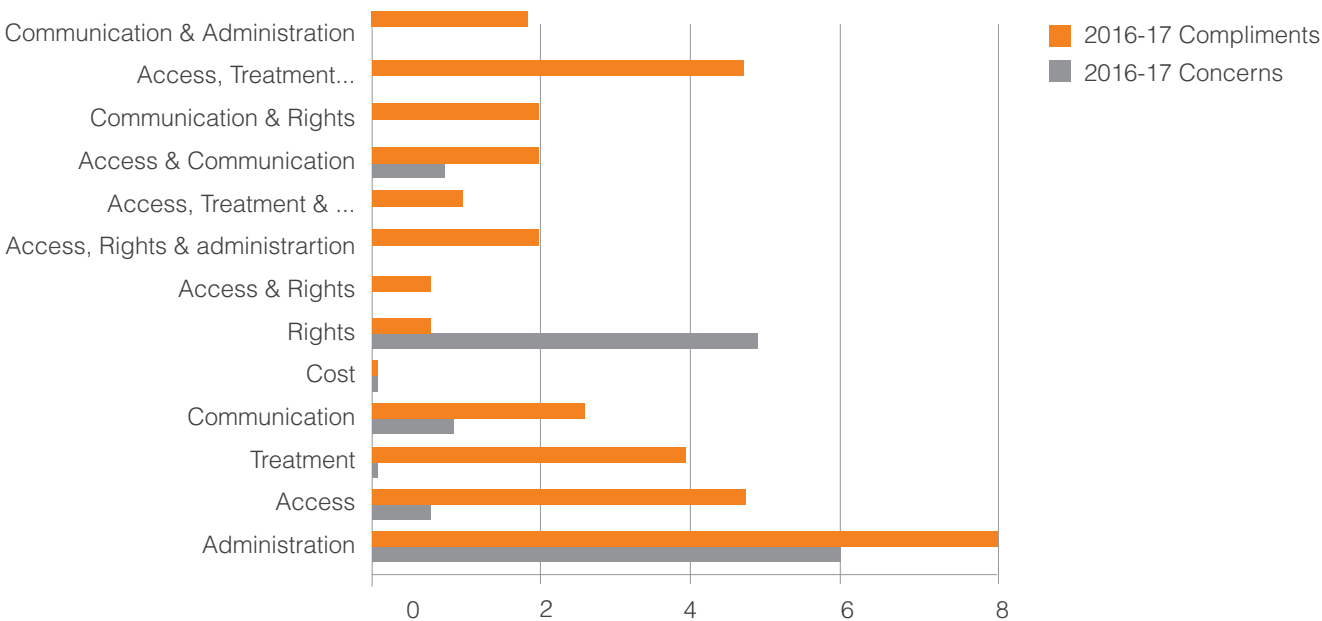
### 2.1 L2P

The L2P Program has celebrated with its first learner driver graduating from the program with his probationary drivers licence!! Congratulations to this young learner driver and a very special thanks to Bob his mentor for the

many hours he has given as a volunteer supervising driver. A great achievement!!! Safe driving.



### 3.1 FEEDBACK, COMPLIMENTS & CONCERNS



Continued.



Complaints & Compliments received by the Commissioner are classified according to their underlying issues. The broad categories are as follows:

#### Issue Categories

**Access** refers to availability of services in terms of location, waiting times and other constraints that limit use of the service;

**Treatment** refers to diagnosis, testing, medication and other therapies provided;

**Communication** refers to manner of communication such as rudeness, disinterest, quality and quantity of information provided about treatment, risks, outcomes and prognosis;

**Cost** refers to information about costs and fees, discrepancies between advertised and actual costs, charges and rebates;

**Rights** refer to rights to privacy and dignity, consent to treatment, reasonable access to records;

**Administration** refers to support services for providers such as reception, waiting lists, cleaning services, etc.

The vast number of Concerns received at TMHS are minor in nature and have been easily rectified. All compliments and concerns are acknowledged by the Health Service with actions as appropriate. In the 2016-17 financial year, 14 concerns were received and 37 compliments.

### 3.1 MY EXPERIENCE AGED CARE

**Number of Aged Care Recipients interviewed:** 4

**Number of representatives interviewed:** 6

**What is your experience at the home?**

**1. Do staff treat you with respect?**

100% of respondents say staff treat them with respect most or all of the time.

**2. Do you feel safe here?**

100% of respondents say they feel safe most or all of the time.

**3. Do staff meet your healthcare needs?**

100 % of respondents say staff meet their healthcare needs most or all of the time.

**4. Do staff follow up when you raise things with them?**

100% of respondents say staff follow up when they raise things with them most or all of the time.

**5. Do staff explain things to you?**

90% of respondents say staff explain things to them most or all of the time.

**6. Do you like the food here?**

90% of respondents say they like the food most or all of the time.

For the following questions, to what extent do you agree with these statements?

**7. If I'm feeling a bit sad or worried, there are staff here who I can talk to.**

90% of

respondents agree or strongly agree that if they are feeling a bit sad or worried, there are staff here they can talk to.

**8. The staff know what they are doing.**

100 % of respondents agree or strongly agree that the staff know what they are doing.

**9. This place is well run.**

100% of respondents agree or strongly agree that this place is well run.

**10. I am encouraged to do as much as possible for myself.**

90 % of respondents agree or strongly agree that they are encouraged to do as much as possible for themselves.

### 3.2 2017 PEOPLE MATTERS SURVEY "PATIENT SAFETY & CULTURE"

The Victorian Public Sector Commission (VPSC) conducted the People Matter Survey for TMHS staff in 2017. 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 **June 2017** and noted the following trends amongst its workforce when compared to the State average in relation to "**patient safety and culture**".

*Continued.*

Question	TMHS response	State average response	Since 2016
Patient care errors are handled appropriately in my work area	90%	76%	1% ↑
The Health Service does a good job of training new and existing staff	94%	66%	11% ↑
I am encourage by my colleagues to report any patient safety concerns I may have	96%	84%	6% ↑
The culture in my work area makes it easy to learn from the errors of others	81%	70%	2% ↑
Trainees in my discipline are adequately supervised	81%	65%	5% ↓
My suggestions about patient safety would be acted upon if I expressed them to my manager	91%	78%	2% ↑
Management is driving us to be a safety – centred organisation	91%	78%	1% ↑
I would recommend a friend or relative to be treated as a patient here	96%	79%	0% ↑

**Julia Ogdin**  
Chief Executive

### 3.3 IMPROVING STAFF SAFETY INCLUDING BULLYING & HARASSMENT & OCCUPATIONAL VIOLENCE AND AGGRESSION INITIATIVES

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.

Staffs are also required to complete annual online competency training on Work place Bullying Prevention.

During 2016 we have had 6 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.

We have completed the ANMF (Australian Nursing & Midwifery Federation) 10 point plan to end and Violence & Aggression. This plan captures the initiatives that we have completed to address the criteria of the plan:

- Security monitors and cameras installed at all campuses
- Security lighting installed
- Personal duress alarms for staff
- Staff have access to safe secure zones
- Security reviews by Crime Prevention Office Warrnambool Police
- Visits from Worksafe Occupational Violence Prevention task Force
- Monitoring of incident reports

- Code of Conduct posters displayed for visitors and clients
- Policies & Procedures
- Safety Glass on administration areas
- Mental health First Aid training for staff

- Movait training for staff
  - Applications for 2017-18 Health Service Violence Prevention Fund round 3
  - Posters displayed
- As to date we have experienced 3 incidents where a disturbed

client has entered our community centres wanting assistance (No harm to staff or clients), we will be focussing funding on these areas for improvement to security for staff and client safety.

### 3.4 COMMUNITY HEALTH SERVICE ACTION PLAN FOR IMPROVEMENT

In February 2017 staff at the Terang Social Centre were surveyed to determine their understanding of person centred care and how it aligned with the programs run at the Centre. The staff were consistent with their responses identifying that maintaining a person's independence by doing things with them rather than for them and client choice in activities that are suited to their needs underpinned the purpose of the Social Centre.

Results of client surveys identifying the activities they enjoyed doing and the reasons they attended the Centre were provided thus allowing

staff to identify activities that they were running that were consistent with person centred care and the needs and wishes of the clients. The survey identified changes staff had already made to their daily practice to ensure that client choices and goals were considered prior to planning activities or events. Staff then identified further activities and processes that would enable them to extend their current practice.

A follow up survey of clients conducted in May 2017 produced the following results:

85% of clients stated that staff

always made them feel welcome, 15% saying this usually occurred.

85% of clients stated staff always listen to them, 15% said this usually occurs.

65% of clients always enjoyed the activities they participated in, 20% usually did and 10% sometimes did.

A review of client identified goals indicated that 85% of goals were able to be achieved by clients. These included a range of activities such as being able to go swimming, accessing shops, teaching others simple crafts to simply getting out of the house for a few hours.

### 3.5 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

Type of Accreditation	Outcome
<b>NSQHS National Standards 3 year process</b>	<p>National Standards survey June 14th &amp; 15th 2017. – All 10 standards met</p> <p>Met with Merit Standard 2.1.1 "Partnering with Consumers"</p> <p>Progress Report due 24th June 2018</p> <p>Contract Renewal due 18th April 2019</p>
<b>Commonwealth Home Support Program (CHSP) 3 year cycle</b>	<p>Accreditation Survey July 19th 2017</p> <p>All standards Met</p>
<b>Aged Care Accreditation MT View 3 year cycle</b>	<p>Accreditation Survey May 23rd and 24th 2017</p> <p>44 standards met</p>





### Incident Management & Patient Safety

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

At Terang & Mortlake Health Service management of risk is an integral part of providing quality and safe care for our patients, clients and residents. Our definition of risk is "anything that may prevent us from achieving our organisational and strategic goals". Clinical risk management is an approach to

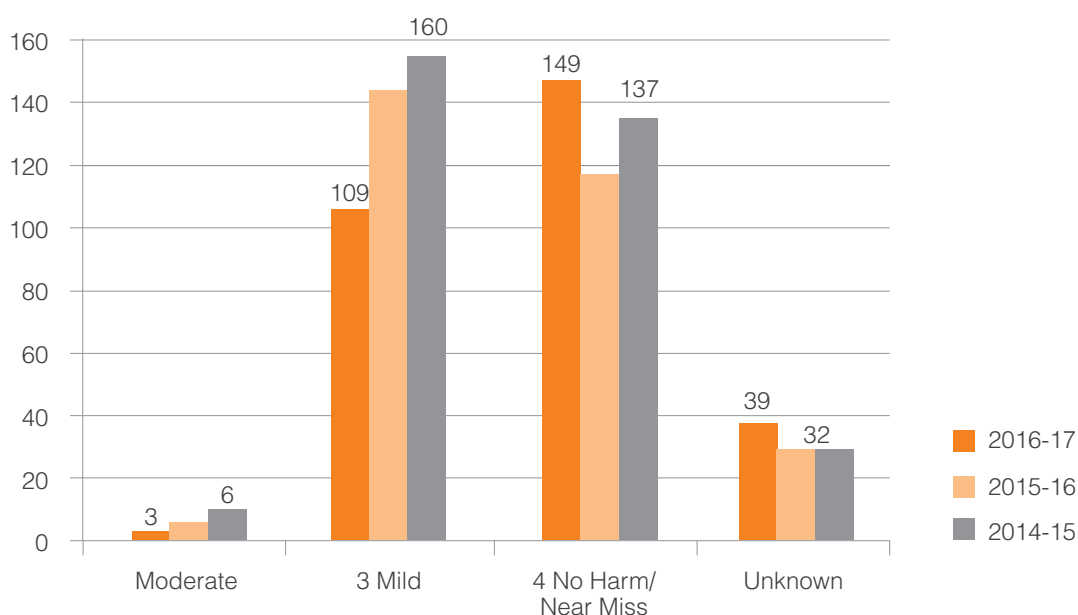
improving the quality and delivery of safe health care by placing special emphasis on identifying circumstances that put patients at risk of harm and undertaking action to prevent or control those risks. At TMHS our risk management framework helps us identify and manage risks which include local systems to monitor and manage the risks and incidents that can affect patient safety. Staff are encouraged to report their concerns if they identify a risk in the workplace and report those identified risks using our electronic system known as Victorian Health Incident Management System (VHIMS). Risks and adverse events are then

communicated through the levels of management and to various committees and working groups. Actions are taken by management to reduce or stop serious incidents or risks. We investigate and learn from incident or adverse events to prevent them reoccurring.

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

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

**Reported incidents by severity rating**



### Breakdown of ISR 2 Incidents

a) Staff member undertaking work in the community applying compression stockings using the applicator she felt a twinge in her shoulder. Staff were seen by the doctor and given 2 days off to rest her shoulder followed by 2 weeks scheduled annual leave. As a follow up to this incident there was a review of work practices and staff were forwarded a link to refresh their knowledge on the appropriate way to apply the

pressure stockings – No further issues

b) The patient is admitted for 3 weekly routine haemodialysis treatments and Terang hospital is a satellite unit for Barwon Health. There have been 2 separate incidents where post haemodialysis treatment the arterial site of the fistula would continue to bleed. On both occasions the treating doctor inserted a suture to stem the bleed. The patient was then

transported to Barwon Health for further treatment. We have reviewed our work practices to ensure that we have appropriate processes in place. The patient's original fistula has been in situ for 7 years; the areas of the wall of the fistula are weakening due to age and usage.

Currently there are no other options for other fistula sites available due to health concern issues of the patient.



Area	Indicator	Number of bed days	Number of incidents	Per 1000 bed days	Per one day
<b>Acute</b>	Falls	2087	22	10.54	94.86
	Medication Errors	1	4	6.71	149.07
	Pressure Injuries		3	1.44	695.67
	Blood transfusion		9	4.31	231.189
<b>VICNISS reports 2016-17</b>	Staphylococcus Aureus Bacteraemia (SAB)		0		
<b>VICNIS reports 2016-17</b>	Methicillin Resistant Staphylococcus Aureus (MRSA)		0		

#### 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 9 blood transfusions since July 1st 2016- June 30th 2017, and no significant adverse events relating to blood transfusions.

#### Medication Safety.- Anti –cancer drug administration

Terang Acute ward does not administer anti-cancer agents; the District Nursing Services do have clients with Baxter Bubbles & disconnect the medications from PICCs (Peripherally Inserted Central Catheter) and Ports (Porta Cath). There have been no reported incidents in the data collection period.

### 3.8 INFECTION CONTROL

#### Antibiotics

The Terang and Mortlake Health Service Infection Control Department has been monitoring antibiotic usage for the acute ward since 2013 and commenced monitoring Mt View residence during 2016.

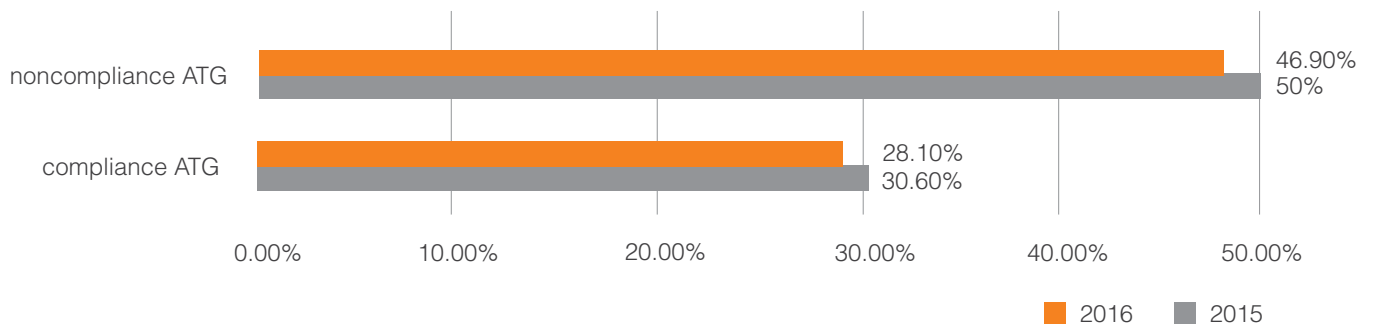
Antibiotics that are prescribed by the doctors are entered into the National Antibiotic Prescribing Survey (NAPS) data base then reviewed by a multi-disciplinary team of clinicians. This in-turn generates a report; this report

provides information that relates to appropriateness of the antibiotic prescribed. Antibiotics that are prescribe should adhere to Antibiotic Therapeutic Guidelines (ATG) those that do are listed as compliant those that do not are listed as non-compliant per the graphs below.

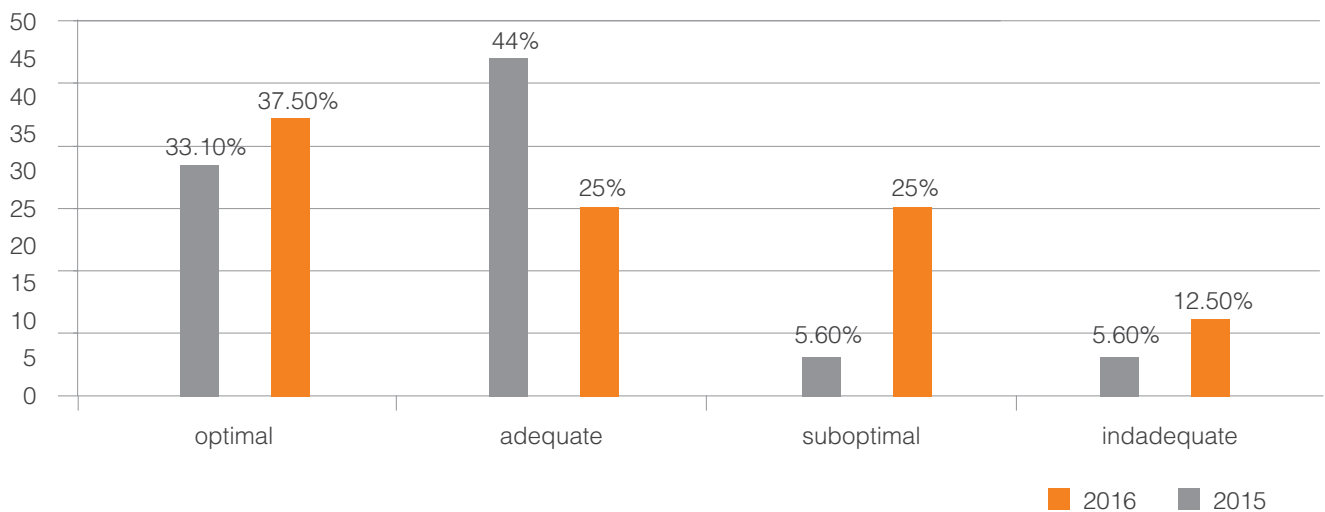
Resistance to antibiotics is a global concern, as it has the ability to affect everyone in every country. It occurs not only naturally but also when antibiotics are overused or misused; this behaviour is contributing

significantly to antibiotic resistance. Resistance 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. Hence, compliance with ATG is paramount.

### Terang Hospital 2015-2016 TG compliance & noncompliance antimicrobials that have been prescribed. Data submitted and assessed by NAPS



### Terang Hospital Antimicrobial Usage 2015-2016 NAPS submitted and assessed



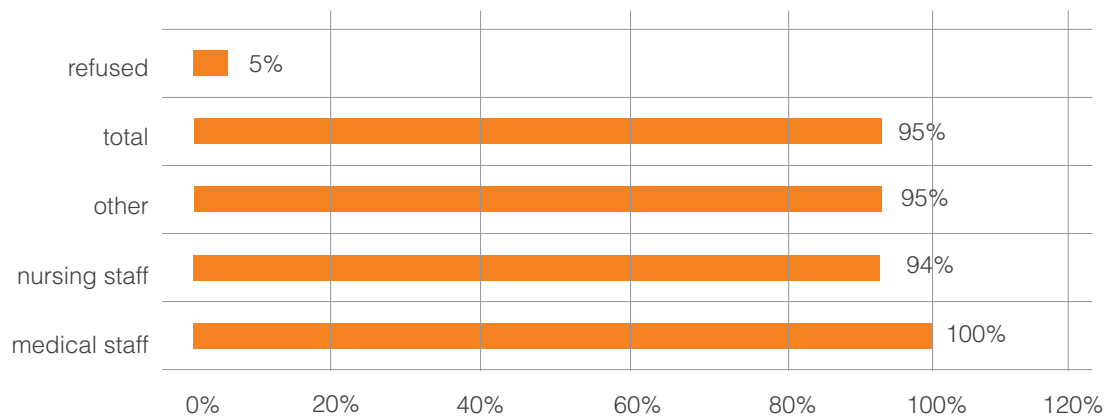
#### Annual Influenza Vaccination Campaign 2017

TMHS influenza campaign for 2017 has seen a compliance rate of 95% of staff being vaccinated. In comparison

to 2016 when 92% of staff members were vaccinated. The required compliance is 75%. 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.

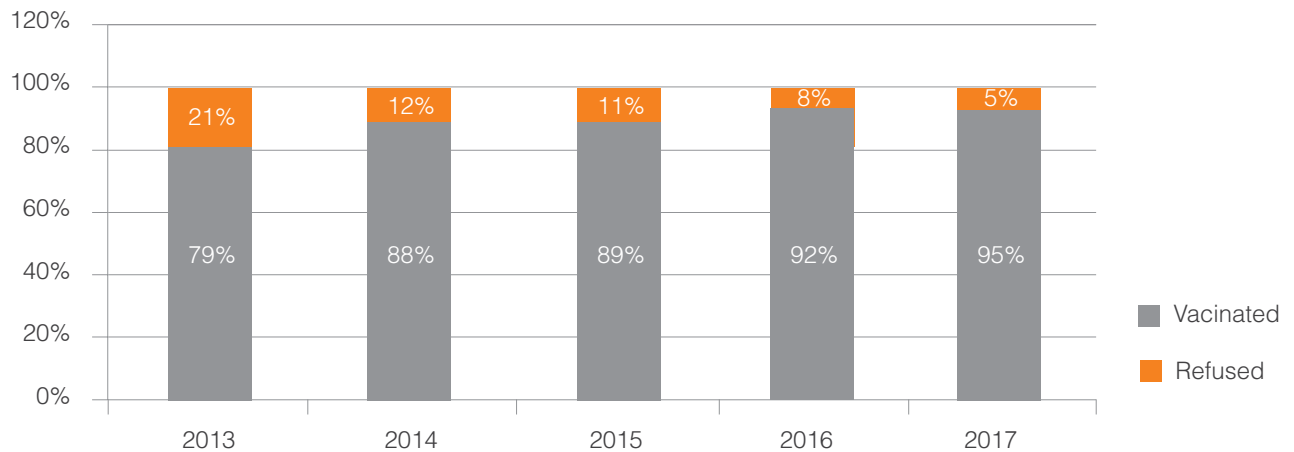
#### TMHS influenza campaign 2017



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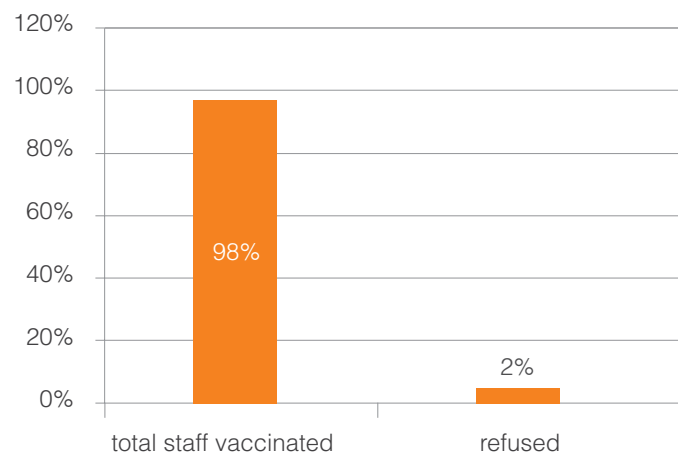


### TMHS influenza campaigns 2013-2017

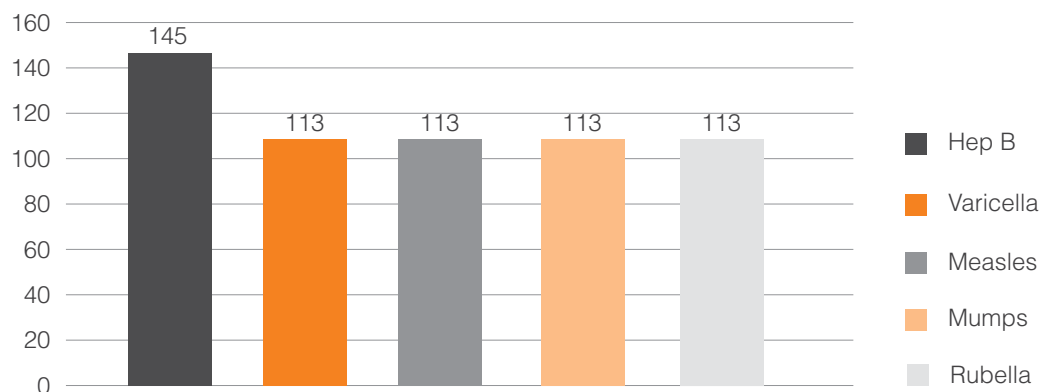


In addition TMHS is also screening all staff members' immunity status and providing the necessary care or information for the following diseases. Hepatitis B, Measles, Mumps, Rubella and Varicella (chicken pox). Please review the graph below

### TMHS staff Hepatitis B immunisation status May 2017



### TMHS staff immunisation May 2017 per number of staff



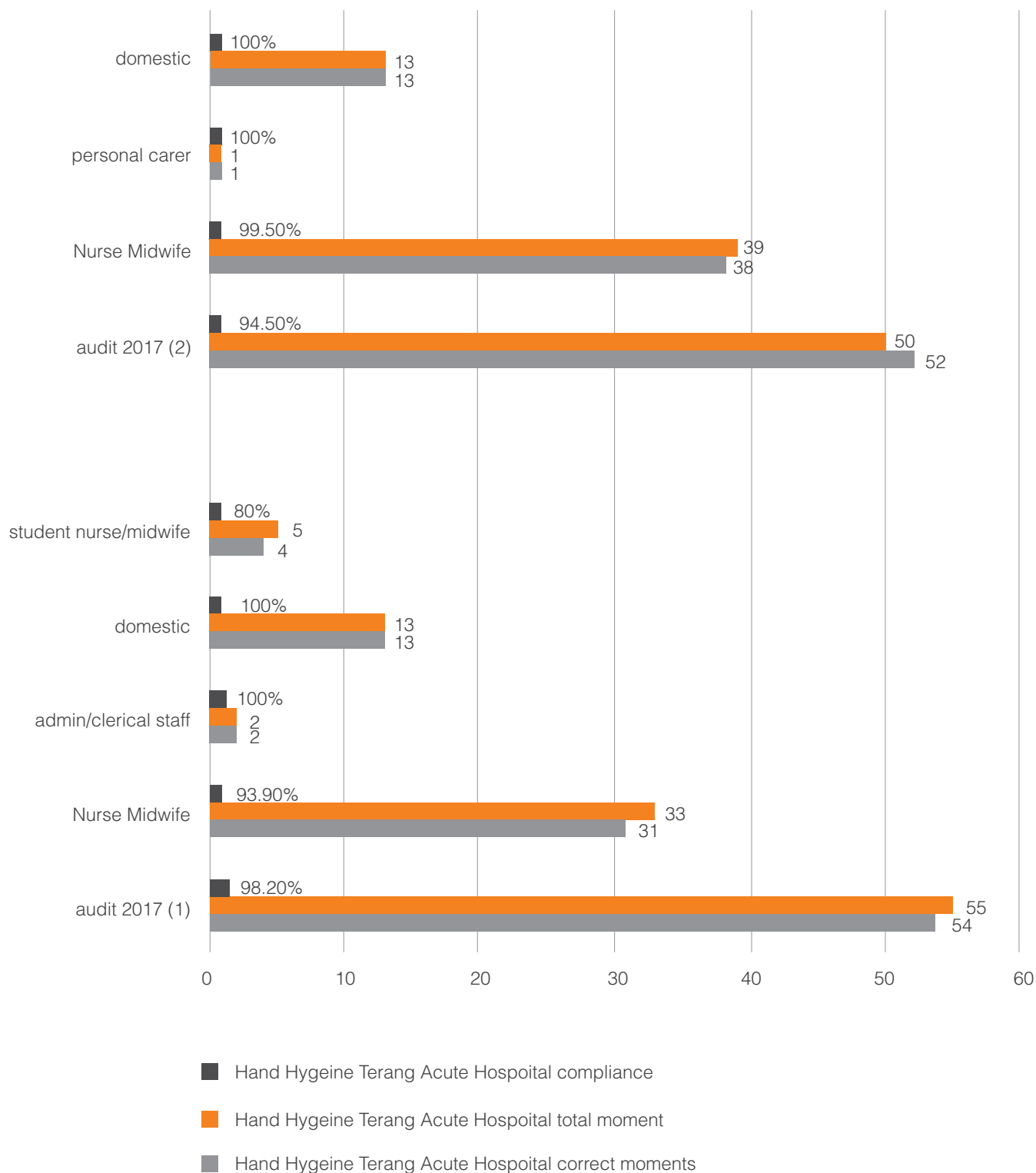
## Hand Hygiene

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. There have been no HAI cases during 2015, 2016 and up to June, 2017.

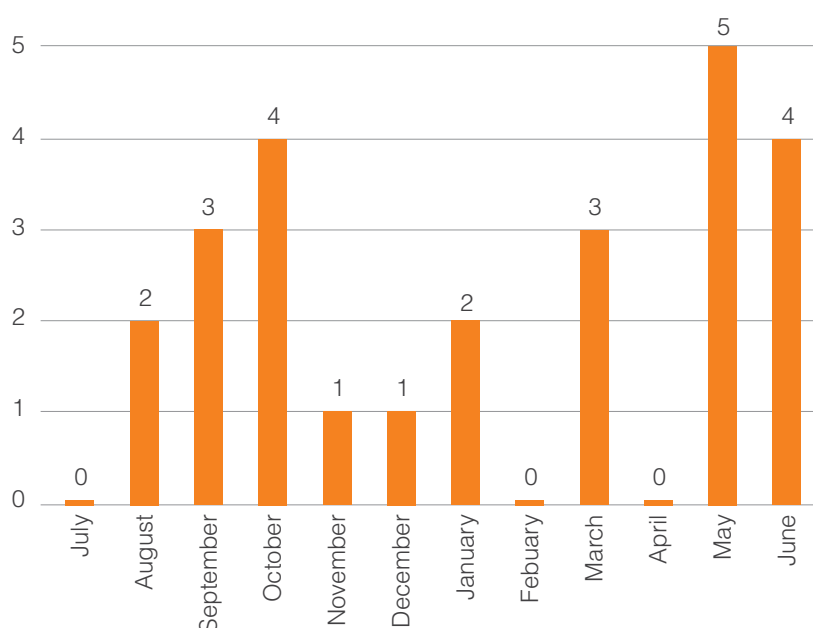
**Hand Hygiene Acute Hospital Terang audit 1&2 2017**





General Statistics	Number	%
Mothers Birthed	25	
Babies	25	
Boy Babies birthed	9	36%
Girl babies birthed	16	64%
Primigravida	8	32%
Multigravida	17	68%
Grandmulti	0	0.00%
Singleton	25	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	0	0.00%
Premature baby		

**Babies birthed per month July 1st 2016 – June 30th 2017**



Confirmation from the DHHS has been received that TMHS is compliant with the Level 2 Maternity & Newborn Capability Services.





### 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 2016 – 2017 data reporting period.

## 3.11 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.

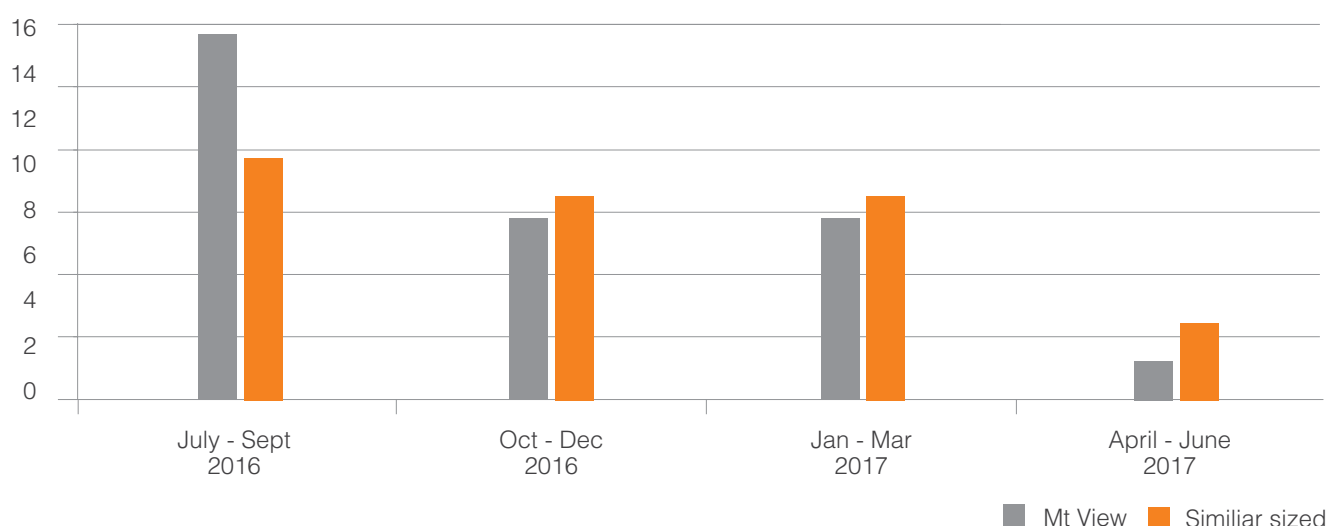
### Falls

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.**



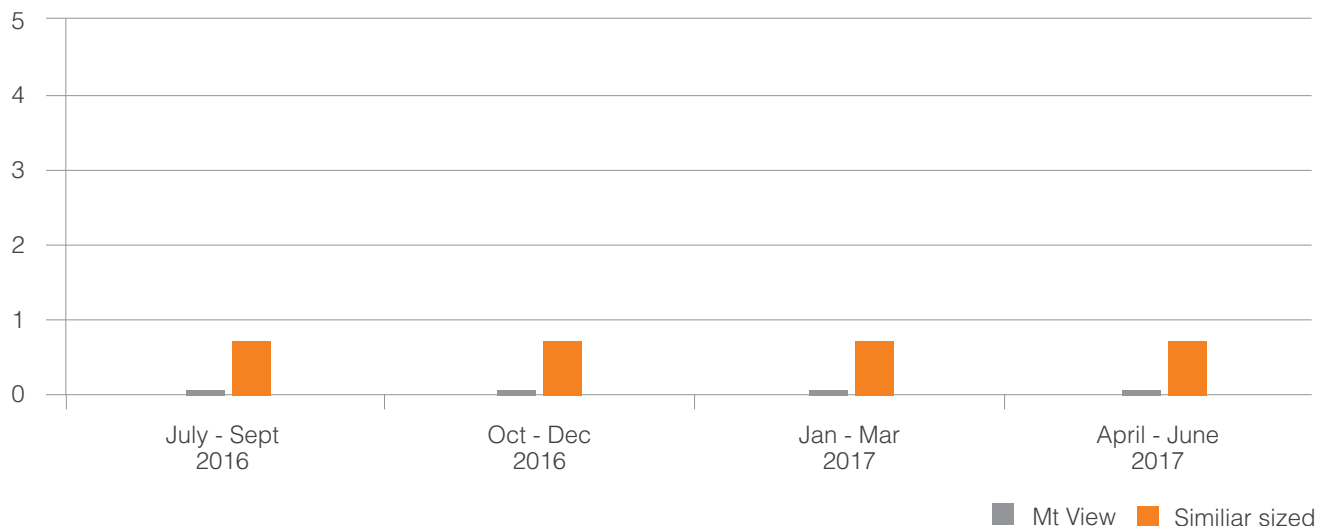
Falls management continues to be a constant challenge for our nursing staff as their aim is to protect the resident from injury and harm whilst at the same time also allowing the resident to maintain their independence and lifestyle choices. We utilise High/low floor line beds, sensor bed and chair mats, 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.

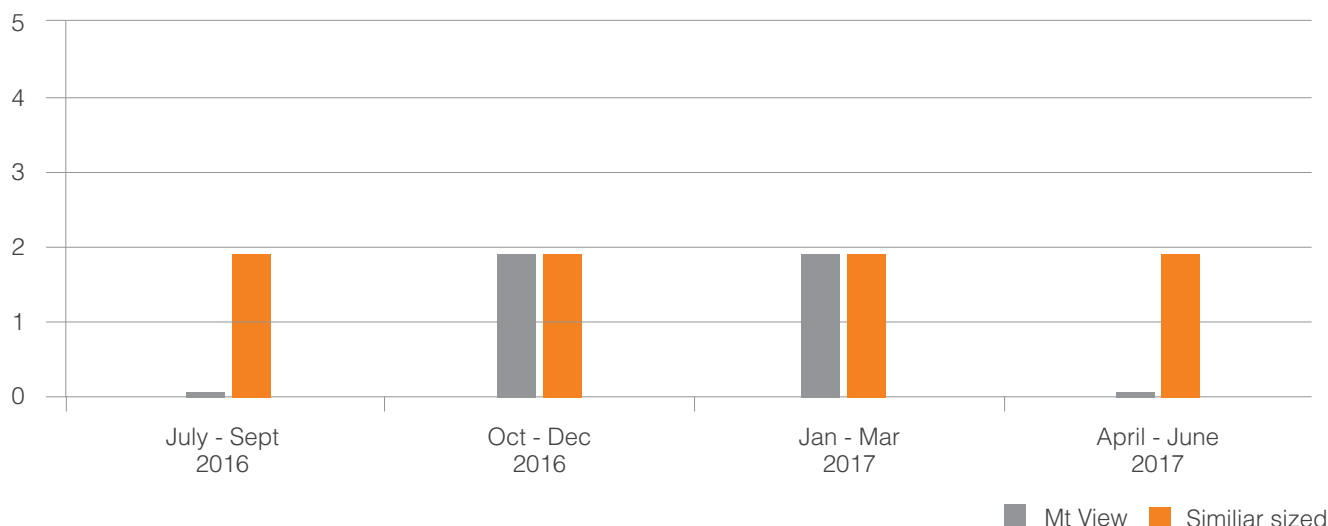


### Unplanned Weight Loss

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 Himadi Gambrell Previously; dietitians 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.



## 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.

(Physical restraint is deliberately restricting a person's movements or behaviour. It can be by the use of equipment designed to limit or stop someone from moving, taking away mobility aids or by using physical force. Some examples of equipment that could be used as a physical restraint include bed rails, lap belts, lap belts, restraining chairs, table

overlays, hand mitts and vests.) 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.**

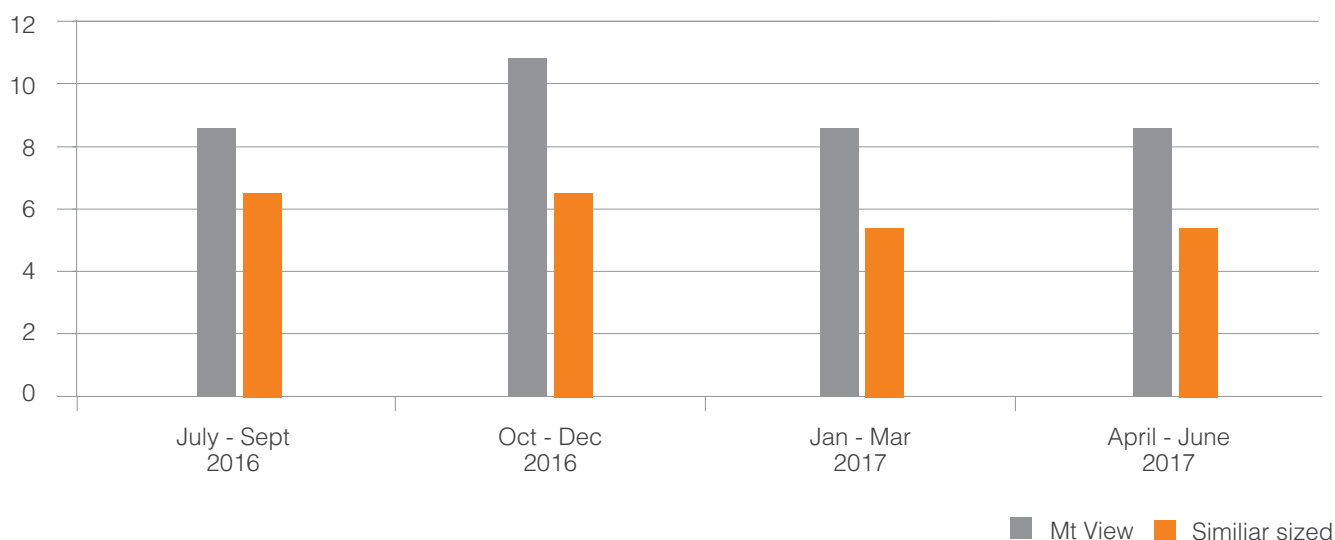
**Incidence of residents using nine**

## 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.



## 3.12 ESCALATION OF CARE PROCESSES

2016 Terang & Mortlake Health Service commenced in the EHR (Electronic Healthcare Record) project, the patients observations and clinical deterioration are now captured electronically. The following "Alerts" will trigger for TMHS:

**PURPLE** - Press emergency call bell, Inform Doctor Immediately, Undertake Frequent Observations.

**ORANGE** - Inform Nurse in Charge, Undertake more frequent Observations.

The "Action Taken" options will be:

- Acceptable range for this patient
- Orange: Escalate Care and inform Nurse in Charge
- Purple: Escalate Care and inform relevant Doctor
- The observation policy has been reviewed to reflect the same in September 2016

### Case study:

A 49 year old patient presented to Urgent Care Department, with migraine symptoms, Largactil infusion commenced as per policy, within 10 minutes recognition of

tachycardia & decreased Oxygen, The Visiting Medical Officer (VMO) . Was immediately notified as per the TMHS policy, the infusion was ceased, symptoms of patient improved, the VMO reviewed the patient. The patient has a complex medical history, with multiple medications. The incident was recorded on Riskman and reported through the Clinical Service and Drug Advisory.



In 2014 we decided to review the way Terang & Mortlake Health Service (TMHS) provides diabetes care to clients. We looked at a number of different areas that related to the ‘Annual Cycle of Care for people who have diabetes’. In line with best practice guidelines we wanted to ensure;

- All clients who have diabetes are to see a diabetes educator and dietitian once every 6 months
- Those clients who are overweight or obese with Type 2 Diabetes to have a therapeutic goal of 5-10% weight reduction documented
- To document HbA1c within 6 months (a blood test which reflects your average blood glucose level over the last 10 to 12 weeks)

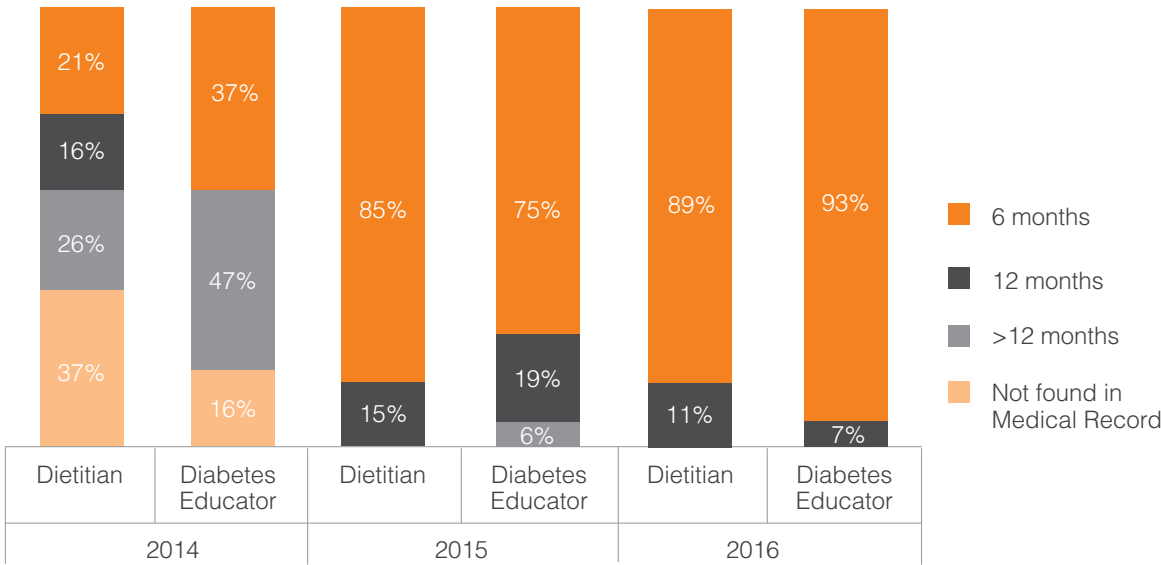
- To ensure clients with diabetes have had their annual diabetes foot risk assessment completed within 12 months
- Each client will have a shared support plan developed ensuring all services are recorded and aware of the client’s goals (provided consent is given)

To help improve client’s access to diabetes care we introduced the Integrated Diabetes Clinic in Terang in 2015. This clinic provides clients with 3 consecutive appointments on the one day (all completed within 3 hours) at the Josie Black Community Health Centre. The client see’s the podiatrist, diabetes educator, and the dietitian who assists the client in making and monitoring individual goals. These goals are

printed on a shared support plan that the client takes home with them. By setting up a clinic in this way we wanted to make it easier for people with diabetes to achieve the everyday self-management tasks that keep them well. The following graphs show improvements in the length of time between contacts with clinicians and diabetes health checks.

In 2016 approximately 90% of clients were seen within the recommended 6 months. This is an increase from baseline where less than 40% of clients were seen within 6 months (Figure 1).

Figure 1: Length of time from last contact with clinician in Terang

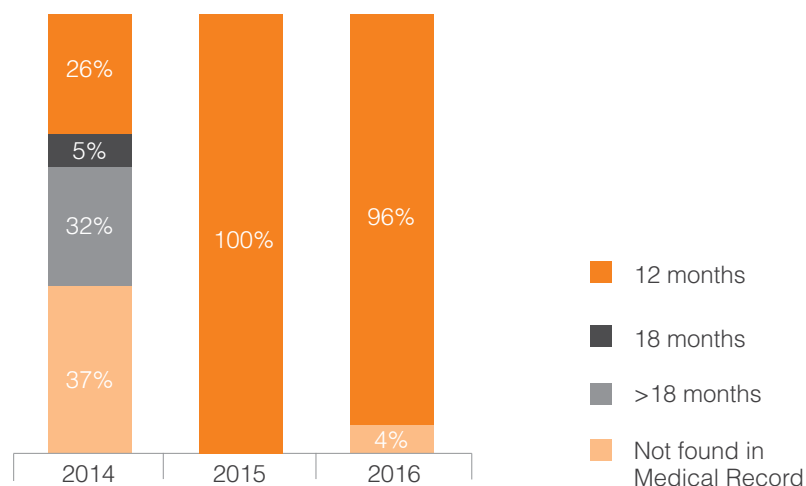


In the past two years 96-100% of clients had their annual foot risk assessment completed within 12 months. This is a significant improvement from baseline where

only 26% of clients had foot risk assessments completed in the recommended time frame (Figure 2).



**Figure 2: Length of time from last Annual Diabetes Foot Risk Assessment in Terang**



In March 2017 we commenced an Integrated Diabetes Clinic at the Mortlake Community Health Centre. We have established baseline data for this clinic and evaluation will occur at the end of 2017. Currently we have 17 clients with Type 2 Diabetes using the Integrated Diabetes Clinic at Mortlake and 28 clients in Terang. TMHS provides individual clinics

for those clients who do not wish to participate in the integrated clinics.

In May 2017 we commenced an Integrated Diabetes Clinic for clients from Kirrae Health Services Inc. Our goal is to provide a service that is culturally sensitive and acceptable to our local Indigenous community. We

look forward to building stronger relationships; to strengthen this relationship we have made our consultation times longer and purchased client information brochures featuring Indigenous people.



Question	TMHS response rate	State response rate	Peer group response rate	Against peer group
<b>Question 74)</b> Overall, how would you rate the discharge process?	97% positive	85.9%	98.3%	1.3% ↓
<b>Question 69)</b> Before you left hospital, did the doctors and nurses give you sufficient information about managing your health and care at home?	90% Positive	71.9%	88.3%	1.70% ↑
<b>Question 71)</b> Thinking about when you left hospital, were adequate arrangements made by the hospital for any services you needed? (E.g. transport, meals, mobility aids)	83% Positive	69.2%	88.0%	5.0% ↓
<b>Question 64)</b> Did you feel you were involved in decisions about your discharge from hospital?	85% Positive	57.7%	80.7%	4.30% ↑
<b>Question 63)</b> Were you given enough notice about when you were going to be discharged?	83% Positive	66.4%	88.8%	5.80% ↓
<b>Question 67)</b> Did a member of staff explain the reason for the delay?	100% Positive	80.5%	89.4%	10.60% ↑
<b>Question 69)</b> Before you left hospital, did the doctors and nurses give you sufficient information about managing your health and care at home?	90% Positive	71.9%	88.3%	1.70% ↑
<b>Question 70)</b> Did the hospital staff take your family or home situation into account when planning your discharge?	91% Positive	74.2%	90.7%	.30% ↑
<b>Question 65)</b> On the day you left hospital, was your discharge delayed for any reason?	99% Positive	83.3%	96.5%	2.50% ↑

## 4.4 RESPONDING TO THE NEEDS OF CONSUMERS, THEIR FAMILIES OR CAREERS AND THE CONTINUUM OF CARE



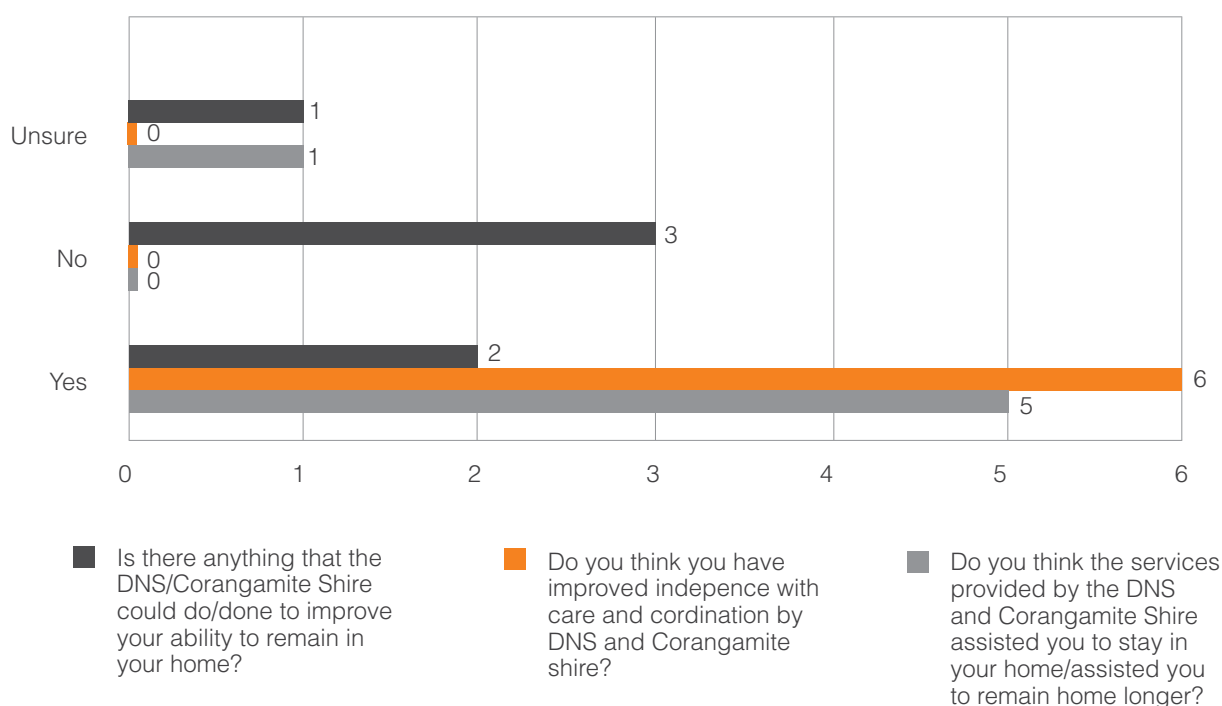
Over the 2016 calendar year the Terang & Mortlake Health Service, District Nursing Service & Corangamite Shire identified 6 shared clients with complex medical & social needs.

Consent was obtained from these

clients to have shared care plans. At the end of the year, 2 of these clients had entered permanent residential care & 4 clients remained supported in their homes.

All clients completed a shared care questionnaire November 2016. 5

clients felt they remained at home longer due to the shared support while 1 was unsure. All 6 clients felt that their independence had improved by having the shared care plan.



**Do you think the services provided by the DNS and Corangamite Shire assisted you to stay in your home/assisted you to remain home longer?**

### Comments:

- Very happy with all the service.
- They were both very good
- The DNS in Terang are absolutely wonderful and family are also 100% behind the Terang DNS
- Definitely
- My poor medical condition meant that care at May Noonan was needed. I wish I was more prepared for that.

**Do you think you have improved independence with care and coordination by DNS and Corangamite shire?**

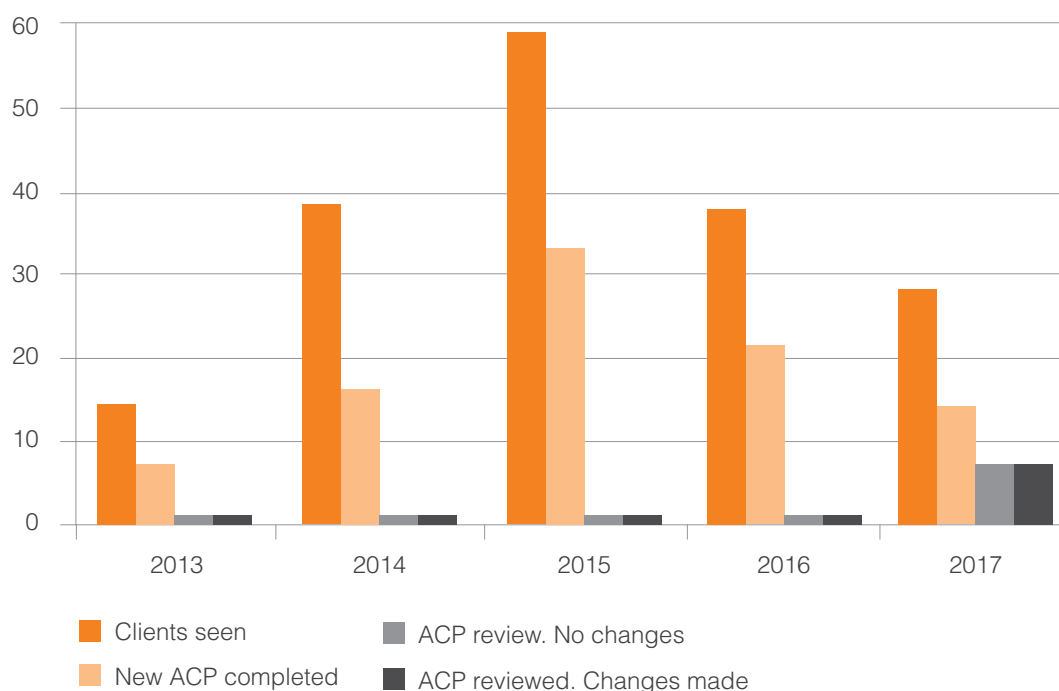
### Comments :

- Also good support from friends
- Feel safe and reassured knowing that DNS call and assist me

**Is there anything that the DNS/Corangamite Shire could do/could have done to improve your ability to remain in your home?**

### Comments:

- All is good
- It was time to move on (client now in residential care)
- Not unless I can win Tattslotto
- Quite good Meals on Wheels
- Bus service morning and afternoon to take down the street for lunch. Taxi service expensive.
- Shopping trips to Warrnambool occasionally
- Garden Maintenance
- Help with grocery shopping
- DNS do all they can
- Family play a big part with transport and food. Friends are also wonderful transporting.



Terang & Mortlake Health Service commenced providing the new service of Advanced Care Planning in October 2013.

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.

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. 55920300.

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

### Case Study

Advanced Care Plan (ACP)  
Agnes's GP first mentioned ACP to

Agnes and her daughter in 2016. Agnes and Vicki were unaware that wishes for care could be formally documented. Agnes was admitted to hospital in 2017 and Vicki asked staff if an ACP could be completed. Family are very happy that Agnes's wishes are well documented. Happy that nurses are all aware of Agnes's wishes and allows continuity of care with all medical and nursing staff. Vicki mentioned that Agnes had an episode of confusion with one admission. She was comforted by knowing that the ACP had been completed.



*Present: Agnes Brickwood- client, Vicki Hoey- Daughter, Megan Hyatt- Granddaughter and Sarah Williams- NUM and ACP practitioner*





In May 2015 we developed the TMHS End of Life Care policy, the scope of the policy is designed to inform and guide all health professionals within Terang & Mortlake Health Services about Palliative Care, in providing the highest level of care, dignity and support to palliative care patients and their families in the environment of choice.

We have incorporated the Australian Commission for Safety and Quality in Health Care's National consensus statement: Essential elements for safe and high quality end of life care within our End of Life Care Policy.

Advanced Care Planning Policy reviewed & adopted through committee structure June 2017

Advanced Care planning is the process of planning for future health and personal care. A person makes their values, beliefs and preferences known so they can guide clinical decision making when and if they are unable to make or communicate

their decisions themselves. Advanced care planning can be verbal or written. Both verbal and written advance care plans can result in the appointment of a substitute decision maker.

**Changed** "Objective" to "Purpose" and "Purpose" to "Policy Statement" which has been rewritten. Updated in reference to key legislation and references.

To assist in delivering person-centred care services, as an organisation we have developed a small information booklet that we can pass onto family and friends of the Palliative patient to guide them through the difficult time.

With No End of Life Pathway we developed an audit tool to check that the care we provide is what is indicated in our policy and reflects best practice. Since July 1st 2016 to June 30th 2017 we have completed 10 End of Life Care audits

The patient had an Advanced Care Plan completed - 4

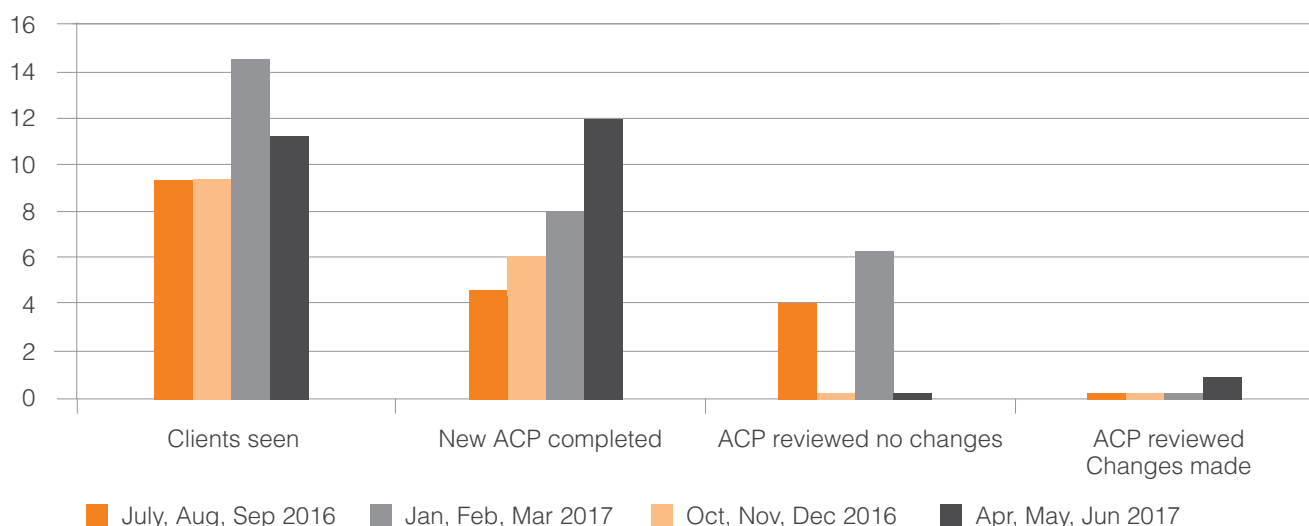
The patient did not have an Advanced care Plan - 6

The number of patients with a NFR sticker (Not for Resuscitation) - 4

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  
Since 1st July 2016 - June 30th 2017 we have had 2 clients indicated that they would like further follow up information.

With the introduction of the Electronic Healthcare Record we have been able provide a report on the number of patients who have an Advanced Care Plan that has been scanned into the Electronic Healthcare Record. 1/6/2016-30/6/2017 = 36.

**Advance Care Plan Quaterly Statistics**



## ACUTE WARD / MOUNT VIEW REDEVELOPMENT PROJECT

Friday 24th March 2017 marked a very special day in 82 year history of our Health Service, with a re-opening event held to celebrate the completion of the \$1.94 million dollar refurbishment of the Terang Hospital

and Mount View Aged Care facility.

The re-opening event, attended by almost 100 community members and invited guests, was conducted by our Board Chair Barry Philp;

acting CEO Margaret White and the Honourable Gayle Tierney - Minister for Training and Skills & Corrections who officiated on behalf of Jill Hennessy the Minister for Health & Ambulance Services.

Local Indigenous Elder Adeline Macdonald did the official opening with the "Smoking Ceremony" (known for its cleansing properties)

The north wing of the hospital acute ward was built in 1957 and had not undergone a significant refurbishment since that time.

The acute ward rooms have been reconfigured to better suit patient needs and enlarged to comply with current building code standards.

In particular, the acute ward redevelopment has significantly improved the physical conditions, comfort and privacy for patients.

There are six new single-bed rooms with dedicated en-suites. This will produce significant benefits for patients in not having to walk 25-30 metres to use shared bathroom facilities. This will also reduce the risk of falls and, the private facilities will reduce the potential risk for transmission of infection.

The renal dialysis room has been relocated from an enclosed balcony to a dedicated and well-appointed room on the ward which will greatly improve patients' wellbeing as they are admitted three times a week for five-hour sessions.

Based on past occupancy rates and in combination with the 2013 addition of a three chair/trolley procedure recovery area, the ward reconfiguration will retain sufficient capacity to more than adequately meet community needs.

The redesign of our Mount View Aged Care facility includes the conversion of two current double rooms and a disused bathroom/laundry into three single rooms each with en-suites.

In addition, an extension of the current building has incorporated three new single rooms; a kitchenette; an enlarged larger dining room / living area space and a wonderful new outdoor balcony area for our residents to enjoy.

As a result, all of our aged care residents now have single rooms, improving comfort and privacy.

With additional space in their own individual room, the 15 residents of our facility are now able to actively personalise their rooms. This is not just limited to photographs and knick-knacks, but could include a favourite arm chair, reading lamp or other treasured pieces of furniture.

An existing shared double room has been converted to a dedicated activities/multipurpose room for residents, visitors and staff access.

In addition to State Government funding of \$1.096 million, Terang & Mortlake Health Service contributed \$847,000 of its own funds to the project.

The Health Service's contribution is also made up of more than \$135,000 in donations and bequests from local residents, service clubs, community groups and the hospital auxiliary. We would particularly like to thank all members of the Terang & Mortlake Health Service Ladies auxiliary; The Terang Community Op-Shop; The Terang Aged Care Trust; Rotary, Lions & Nexus Clubs of Terang and the Terang Flyers Murray to Moyne Cycle Relay team for their amazing support. It is timely and appropriate that the community see a reward for its generosity.

In this development, the health service has committed its resources to ensure that the very best of care will be given in acute and nursing home beds – we now have a beautiful modern facility that we can all be proud of.



*New shared ensuite Acute wing*



*New Aged Care Rooms*



*New Aged Care Rooms*



*New Dialysis Room*



*New deck Mt View*



*Mt View Deck under construction*



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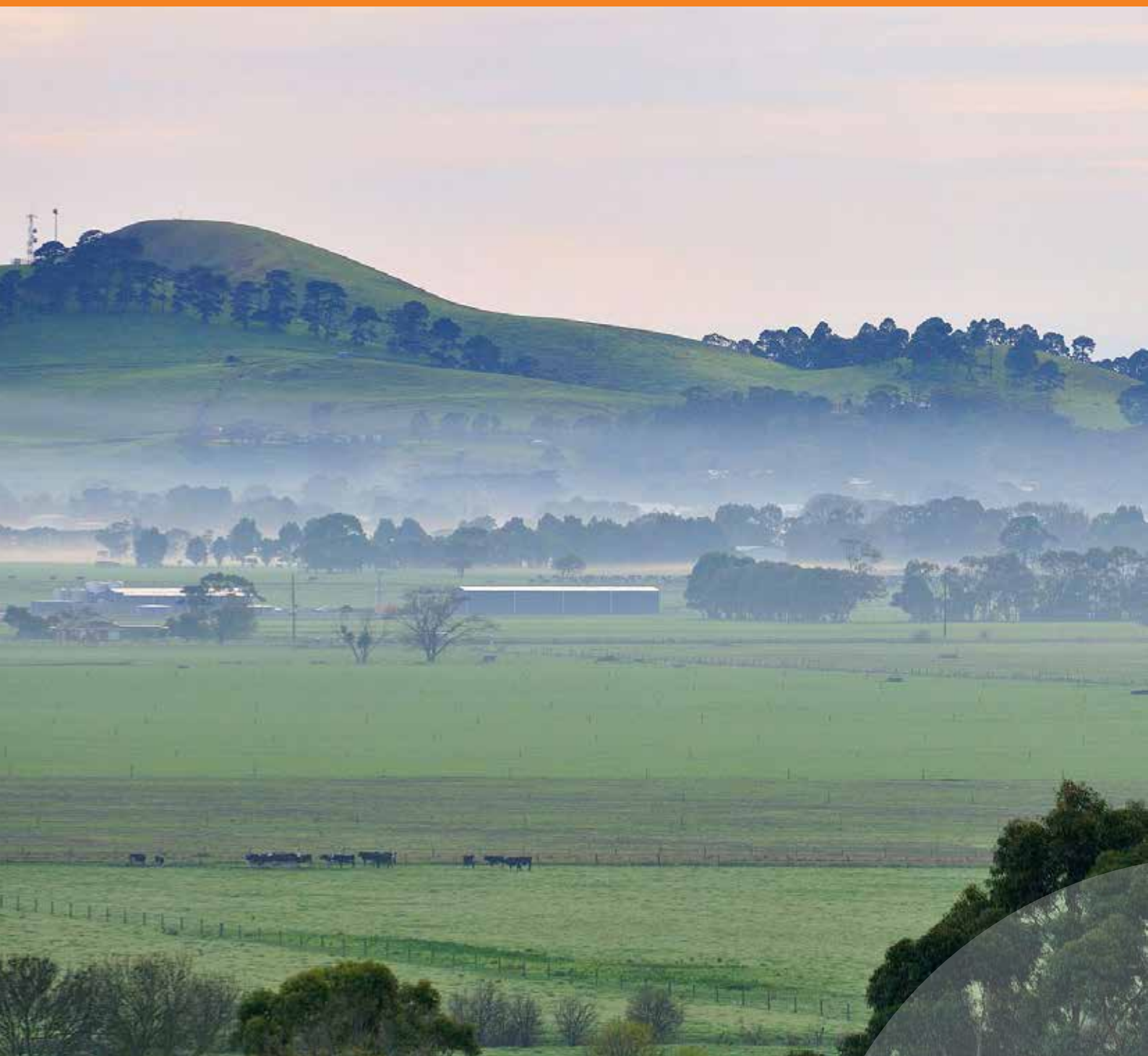
## General Enquiries

(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**



If you wish to view the full Quality Accounts publication,  
please contact Terang & Mortlake Health Service on 5592 0222,  
by email, or you can view a digital copy on our website.

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