



TERANG & MORTLAKE
HEALTH SERVICE

Quality Account **2017/18**

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
COMMUNITY
AND
EACH
OTHER
& **EQUITY**
FAIRNESS.

OUR / **STRATEGIC**
GOALS MEET
DEMAND &
SUPPORT

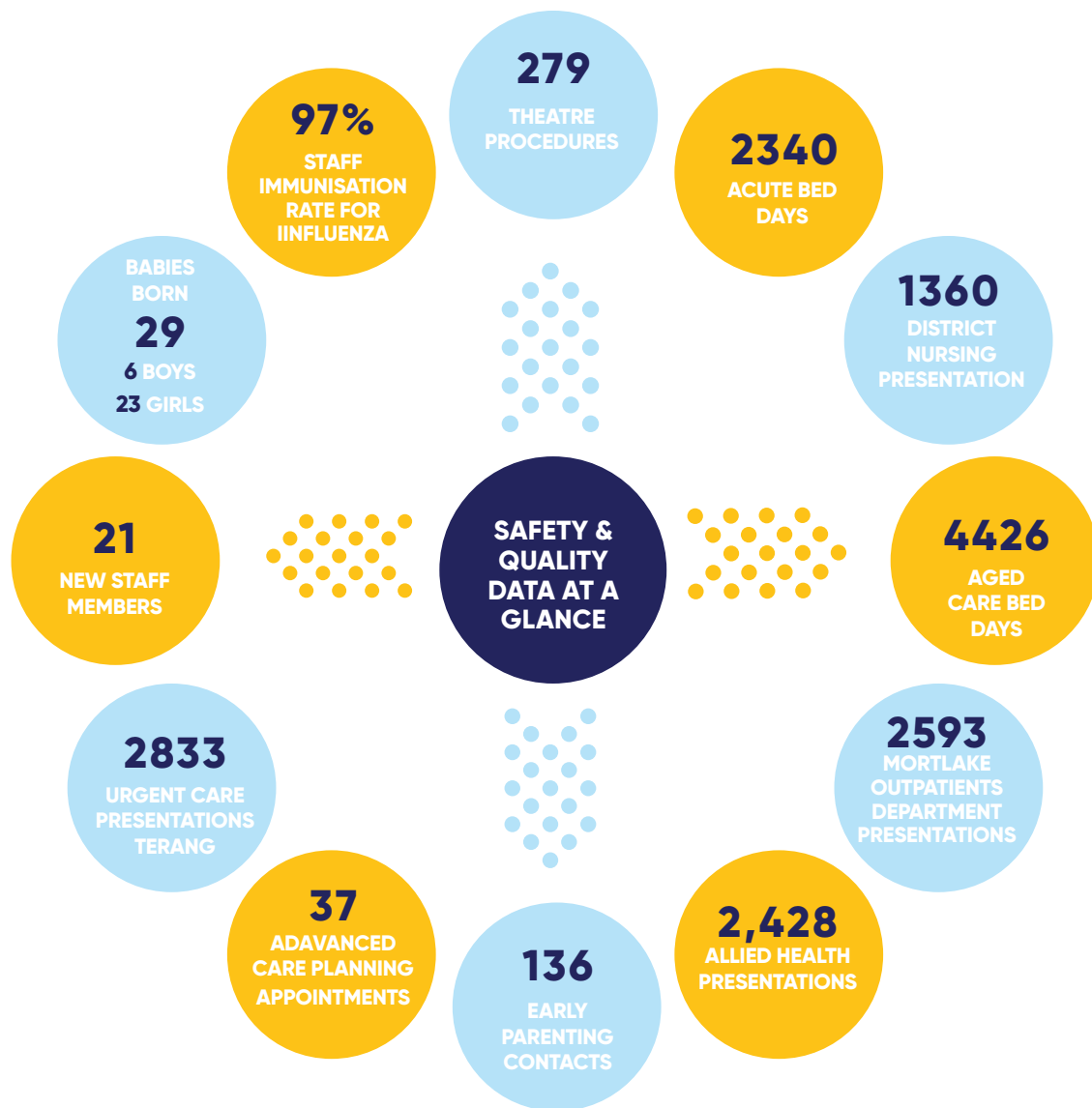


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1 STRENGTHENING HOSPITALS RESPONSES TO FAMILY VIOLENCE (SHRFV)

All Victorian health services are receiving support to implement the Strengthening Hospitals Responses to Family Violence (SHRFV) initiative.

This initiative is part of the government response to the Royal Commission into Family Violence, and relates to Recommendation 95 which requires a 'whole-of-hospital' model for responding to family violence in public hospitals within three to five years. In 2017-18 South West Healthcare (SWH) received funding as a lead health service to support implementation of the SHRFV initiative. TMHS has joined with SWH and other health services regionally to roll out this initiative with the support of a project worker.

Health care workers are often the first point of contact for people experiencing family violence and

need to have a thorough understanding of indicators and risk factors as well as appropriate pathways for referrals for those experiencing this form of violence.

We have done a substantial amount of work in relation to policy development around recognizing and responding to family violence, mandatory reporting and care of vulnerable babies and children at risk of harm, responding to staff disclosure of family violence and leave entitlements for staff experiencing family violence. This work is being underpinned with training for all TMHS staff; with modules appropriate to work areas having been identified, including support for managers and others who deal with disclosures of family violence. Information for staff in regard to family violence and accessing support will be available on the TMHS intranet.

1&2.7 PUBLIC HEALTH IMPROVING CARE FOR ABORIGINALS

Throughout the last 12 months TMHS has worked towards creating a welcoming and safe environment for Indigenous clients.

We proudly display the Aboriginal and Torres Strait Islander flags in our reception areas. Fiona Clarke an Aboriginal artist of the Kirrae Whurrong Tribe, provided the health service with *paintings for each of our reception areas. TMHS has had a local Indigenous person review the health education handouts given out in our Diabetes Clinic to ensure they are culturally appropriate for our local Indigenous community.* Our Speech pathologist has spent some time getting to know the children at Kirrae Health Services Inc.

We are also training our staff in cultural safety. Following some initial training, it was identified that we needed to learn more about our local Indigenous community.

Len Clarke an elder from Framlingham attended our Mortlake Community Health Centre in April 2018 and talked to a group of staff and our Mortlake doctors. Len gave insights into the significant traumas experienced by Indigenous people as a result of colonisation such as; the loss of culture and land, creation of welfare dependency, forced assimilation and the removal of children (stolen generation). In coming months staff plan to spend some time with Len at Framlingham, learning more about our local Indigenous history. This is an important part of our staff education because the lives of Indigenous people today are strongly affected by what has happened in history. TMHS is committed to making our health service a welcoming and safe place for Indigenous people.



Mr Len Clarke meeting with TMHS Hospital staff



1 CHILD SAFETY

WHY DO THE CHILD SAFE STANDARDS EXIST?

In April 2012 the Victorian Government began an inquiry into the handling of child abuse allegations. The report from this inquiry was titled "Betrayal of Trust". Within the report there was a number of recommendations for organisations to apply to enable them to create a safe place for children. The creation of the Child Safe Standards (The Standards) was one of the key recommendations. Within 'The Standards' a child is viewed to be a person under the age of 18 years.

How do The Standards fit with Terang & Mortlake Health Service?

The Child Safe Standards apply to the safety of all children and for everyone to make children our priority.

As of 1st August 2016, the Child Safe Standards were introduced to Victorian organisations who are covered by regulation and provide services and facilities to children in Victoria. 'The Standards' apply and are compulsory to everyone at Terang & Mortlake Health Service. This includes our;

- Board Members
- Employees
- Volunteers
- Contractors
- Students over 18.

Keeping children safe and free from harm is vital, and it follows the values of Terang & Mortlake Health Service. It is up to us as adults, to give children the right to feel valued and safe.

The following points are only some of the areas that we have to apply and keep practising for us to be regarded as a Child Safe Organisation.

- Protecting the interests of the child, not the organisation
- Making child safety a top priority in the organisation
- Taking a zero tolerance approach to child abuse and to racial, religious or cultural discrimination
- Making a commitment to child safety clear to people in our organisation, children and families and the community
- Develop an employee Code of Conduct for guidance on appropriate conduct and behaviour towards children.
- Engaging the most suitable people to work with children
- Providing high quality professional development to employees.
- People within Terang & Mortlake Health Service are aware of their duty of care and legal responsibilities, and know what to do to respond appropriately.
- Having a clear understanding of the vulnerabilities of Terang & Mortlake Health Service and the potential risks this may pose to children.
- Encouraging children's participation in decision making
- Valuing and respecting children's opinions.

By following and implementing The Standards we want this to give Terang & Mortlake Health Service a better understanding of the warning signs of abuse and that it will help us identify inappropriate behaviours.

We hope that children, staff and the community will be encouraged to speak up at times when there may be a cause for concern.

At present and into the future our aim at Terang & Mortlake Health Service is that we create a culture that incorporates child safety practices into everyday thinking of all people.



TERANG & MORTLAKE HEALTH SERVICE IS COMMITTED TO ENSURING THAT ALL CHILDREN ARE SAFE AND PROTECTED.



2.1 VHES (VICTORIAN HEALTH CARE EXPERIENCE SURVEY) PATIENT EXPERIENCE

SCORE TERANG & MORTLAKE HEALTH SERVICES.

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

Nil report since April, May & June 2017.

In order to provide data to address our Statement of Priorities (Statements of Priorities are annual accountability agreements between Government and publicly funded health, mental health and ambulance services ('health services')). Agreements facilitate delivery of, or progress towards, the Government's commitments for the financial year.)

We collect data from internal audits:

Question 32: Did staff treating and examining you introduce themselves and their role?

40 audits completed in relation to the "Clinical Bedside handover" 100% of patients surveyed indicated that staff did introduce themselves and their role in the organisation.

Question 37: Were you involved as much as you wanted to be in decisions about your care and treatment?

80 audits completed across 6 of the National Standards 100% of patients audited indicated that they felt involved in decisions about their care and treatment.

Question 64: Did you feel you were involved in decisions about your discharge from hospital?

40 audits across National Standards along with discharge follow up phone calls, 100% of patients audited indicated that they were involved in their discharge planning.

2.2 VHES (VICTORIAN HEALTHCARE EXPERIENCE SURVEY) PATIENT EXPERIENCE SCORE

SCORE TERANG & MORTLAKE HEALTH SERVICES.

Q 76) Overall, how would you rate the care you received whilst in TMHS.

"% POSTIVE OVER TIME"

	J 16	S 16	D 16	M 17	J 17	S 17	D 17	M 18
TMHS	97.2	No Score	100	97.1	100	No Score	No Score	No Score
VIC	91.6	92.9	92.9	97.1	92.9	92.6	91.1	92.1

Key to abbreviations:

J April , May & June, **S** July , August & September, **D** October, November & December **M** January, February & March

As you can see by the table we have not received a report since the April, May & June 2017 reporting period. Since the implementation of VHES (Victorian Healthcare Experience Survey) we have found it difficult to receive a report due to insufficient numbers of returned surveys, with the requirement being a 42% response rate.

We have received the hand written comments on feedback from patients:

Question 90 & 91) What could the hospital do better to improve the care and services it provides to better meet the needs of the patients? & what were the best things about your stay?

- As a patient I feel we are fortunate that we have a great facility and caring people who make it so anyone who has a problem with this hospital should lighten up and they find this facility is a wonderful place, I have to thank you all.
- I was very happy with my treatment thank you.
- All the doctors and staff were courteous and friendly.
- I hadn't been in hospital for a very long time and in being asked questions about my stay, I was full of praise for my care , the meals were beautiful
- It is comfortable, clean and well run, friendly and competent staff.
- The friendly efficient staff were exceptional; the facility is a credit to all involved in its running.
- Very good doctors and the hospital staff and nurses, very caring and pleasant surround.
- Wonderful care from all staff, the meals were terrific, excellent facilities

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

"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. 81 follow up phone calls made between July 1st 2017 and June 30th 2018

- Everyone was brilliant, couldn't have been looked after any better.
- Everything was excellent
- The hospital is lovely
- Brilliant care
- A1 care all staff were lovely
- I was looked after very well
- I was very happy with the service and staff
- Thank you to all staff – they were wonderful
- I was very happy with the service offered and would be happy to return if I have any more babies
- One of the best hospitals I have ever been in

2.3 VHES (VICTORIAN HEALTHCARE EXPERIENCE SURVEY) PATIENT EXPERIENCE SCORE

TERANG & MORTLAKE COMMUNITY HEALTH SERVICES

October – December 2017; 156 questionnaires sent out, 34 returned = 22% response rate.

Clients attending the community health centres indicated that their "Overall Experience" score was 100% positive State score 95.4% and Peer Group score 97.71%

	D16 (OCT, NOV & DEC)	D17 (OCT, NOV & DEC)
Terang & Mortlake Community Health Centre	100% Positive	100% Positive
Victoria	96.4%	95.5%

Q 64. What was most useful for you when attending this health service?

- The recent General Practitioners practice which has opened in the same facility has enhanced this community health centre's contribution to health in our district.
- A comfortable chair to sit on, and its closeness to home.
- A very useful service that we need to keep going at all costs.
- The ability to have blood tests before seeing my General Practitioner 3 monthly before podiatry.
- The availability of services I need which are carried out in an efficient and friendly manner.
- The convenience of having two doctors and the ease of making appointments & reasonable waiting times.
- Friendly staff and not far to travel.
- The nursing staff always had time to explain and help, nothing is too much trouble.
- Respect, honesty, I was given all the details that was needed. Follow up care, Very polite all people encountered. Excellent service.
- The staff were all fully informed about the services available and more than happy to help me. This made me feel very comfortable going back. The receptionist was friendly and helpful every time I attended. My overall experiences with these professionals have been positive. They have all helped me regain my health. What more can I ask for? Also it was all done with no Travelling. Hooray!!!

2.4 NEW LOGO

In 2017, the Terang & Mortlake Health Service Board voted to explore the redesign of the health service logo. The incumbent logo was established in 1994 when the merger of the Mortlake Hospital and the Norah Cosgrove Community Hospital merged to form Terang & Mortlake Health Service.

Although there was acknowledgement that the logo had served the health service well, it was agreed that a new logo that represented both communities was warranted.

The public and staff were invited to comment on the new logo design and the information was presented to the Board.



TERANG & MORTLAKE HEALTH SERVICE

The new logo was officially voted upon by the Board in November 2017 and was introduced on the 1st January 2018 when a phased rollout was implemented.

The new logo is symbolic, representing the townships of Terang and Mortlake working together to provide holistic healthcare to the community.

Overall, the logo has been accepted positively and is representative of the care that Terang & Mortlake Health Service prides itself in.



2.4 WORKFORCE CAPABILITY & CULTURE COMMITTEE

In 2018 TMHS established a Workforce Capability & Culture Committee in order to address workforce sustainability into the future.

TMHS is not in a unique position regarding workforce sustainability into the future. Many rural health services are finding themselves vulnerable moving forward with sustained workforce uncertainty. In the next 5 years, approximately a third of the TMHS workforce will be eligible to look into Transitioning to Retirement options resulting in the possibility of a depleted workforce. CEO, Julia Ogdin emphasises the need to be proactive regarding workforce planning and to identify areas where alternative workforce pathways may be created.

The committee is also an opportunity to look at areas of risk for the organisation, particularly where there is limited or no back up for specified roles. Opportunities for training back up staff need to be identified so that existing staff can also enjoy extended leave. Finally, the committee will work on aspects of the People Matters Survey data that relate to organisational culture. The group aim to take ownership over the survey findings and find innovative solutions to concerns that may have been raised by staff.

The committee will communicate their work to the Board through the Physical Resources, Planning and Human Resources subcommittee.



2.4 ST PATRICK'S DAY FIRE EVENT & STORMS

On the evening of the 17th March, 2018 Terang and District were hit by a devastating fire event that impacted on many from the community and the Terang & Mortlake Health Service workforce.

Terang & Mortlake Health Service was also subject to damage on the evening with a mini tornado ripping through the acute campus grounds, destroying maintenance shedding, car ports and vehicles. It was especially disappointing that the Mt View mini bus was severely damaged, impacting on our ability to take Residents on outings in the short term.

The following days and weeks were subject to various meetings and works by insurers and tradespeople in order to clean up the site and plan for a rebuild of the lost infrastructure.

The health service Executive have taken the opportunity to plan for the rebuild of this area in a way that ensures the area will be utilised to its full potential and will be a user friendly work area moving forward.

Medical and nursing staff were also impacted upon during the night of and in the following weeks after the event, with some increased presentations through the Urgent Care Department and the request of the Department of Health & Human Services for Terang & Mortlake Health Service to operate a site for Carbon Monoxide testing.

2.4 AMBULANCE RELOCATION

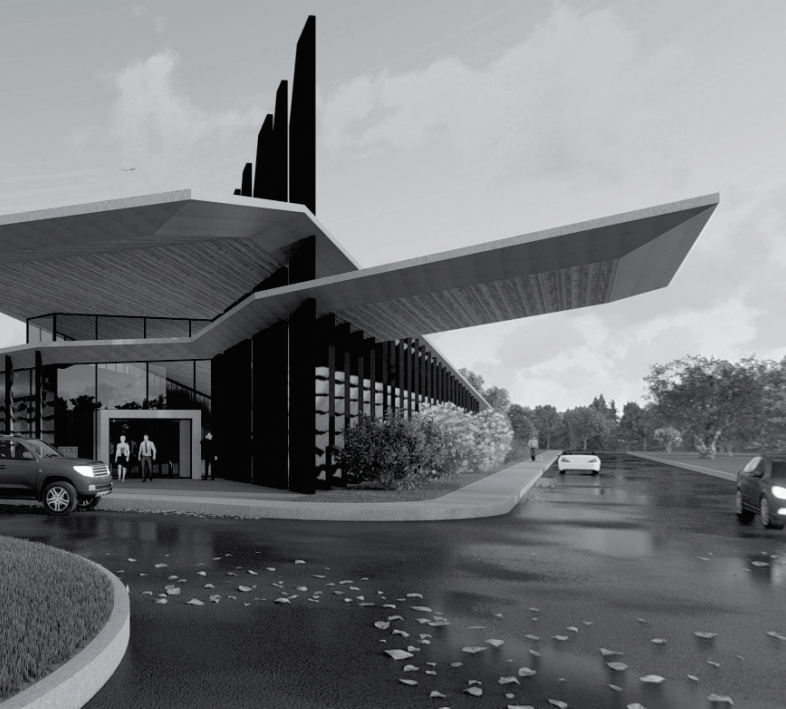
Terang & Mortlake Health Service has worked closely with Ambulance Victoria throughout the 2017-18 year to finalise plans for a co-located ambulance station in Terang. The proposed site will be vacant land at the rear of the health service with Cameron Street frontage.

In March 2018, a community consultation session was conducted with a number of neighbours attending along with the Ambulance Victoria Project Manager Jo Priestly, the contracted architects and Ambulance Victoria Regional Manager Simon Thompson in order to answer questions or concerns regarding the proposed project.

The building will be low in design so as to not impede views of the Terang Racecourse or Mt Noorat, particularly for Mt View Residents. The overall design will be quite residential in nature and sympathetic to neighbouring structures.

The opportunities to be gained from a co-location project are numerous for the community and particularly for Terang & Mortlake Health Service, with the possibility of joint clinical staff education sessions and reduced patient transport times from the Urgent Care Department.

It is hoped that the first sod is turned in the new financial year.



Board Chair Person Mr Barry Philp, Mrs Susan Keane and Ms. Julia Ogdin CEO.

2.4 COMMUNITY CONSULTATION SESSION – MORTLAKE

Terang and Mortlake Health Service conducted a community consultation in Mortlake on Monday 25th June to gauge community support and feedback on the proposed redevelopment of the Mortlake Community Health Centre. CEO Julia Ogdin, TMHS Board Chair Barry Philp, Architect Chris Georgiou and community representative Kelvin Goodall presented on the work done to date in developing a plan for the Community Health Centre into the future.

The community were reassured that the proposal seeks to retain the ‘history of Mortlake’, whilst ensuring the continued provision of current and improved services for Mortlake and the surrounding areas with infrastructure that allows TMHS to encourage and retain clinicians for years to come. The session attracted 29 community members. Those present took advantage of the opportunity to ask questions regarding the proposal and were very positive in their feedback. TMHS intends to hold further consultations with the Mortlake community to keep them informed of the progress of the proposal.

2.4 OPEN ACCESS BOARD MEETING

In October 2017, the Terang & Mortlake Health Service Board of Management conducted its annual Open Access Board meeting at the Mortlake Campus.

The meeting attracted a number of community members who were given access to the inner workings of the health service Board governance process and the opportunity to ask questions of the Directors and Executive. The meeting was also an opportunity for the community to hear about the plans of the Board to commence a formal master planning process for the Mortlake Campus in order to update infrastructure. Two presentations were received, one from engaged contractor HSPC’s Director Marion Place who provided an overview of the stages of planning for a new facility and one from the CEO, Julia Ogdin who explained the Board and Executive’s vision for health services in Mortlake. Overall comments from the public were positive and there was recognition that the community appreciated having such unique access to the Board in Mortlake.

Mrs Susan Keane was inducted in 2017 in recognition of more than 48 years of outstanding service as a volunteer and member of the TMHS Ladies Auxiliary at the AGM.

2.4 DHHS REGIONAL HEALTH INFRASTRUCTURE GRANT

Terang & Mortlake Health Service has been fortunate to receive funding from DHHS in the form of a Regional Health Infrastructure Grant. \$271,000 has been allocated to implement and install new cleaning and sterilising equipment for our operating theatre. The new equipment will include a specialised water treatment system to ensure all surgical instruments are cleaned and sterilised to meet an updated and more stringent standard, to be achieved by 2021.

The updated standard is AS 4187:2014: *Cleaning, disinfecting and sterilising reusable medical and surgical instruments and equipment, and maintenance of associated environments in health care facilities*; ACSQHC Advisory A16/03: *Reprocessing of reusable medical devices in health service organisations*; and NSQHS Standard 3.16.1: *Preventing and Controlling Healthcare Associated Infections*.

Achievement of the new standard will require selection, purchase and installation of specialised equipment including devices to clean and sterilise endoscopes with fibre optic technology, along with conventional surgical instruments. A reverse osmosis water system will be required in addition to the plumbing, electrical and building fitout to accommodate the new equipment.

A working party comprising TMHS Infection Prevention Consultant, Director of Nursing, Acute Nurse Unit Manager, TMHS Infection Control Nurse and representatives from Theatre and Maintenance staff have been actively researching and comparing potential equipment prior to purchase.

At the end of June 2018, selection, purchase and installation of a Soluscope for endoscopy equipment has been made. Extensive research and decision-making for the remaining equipment is well underway, with an anticipated completion date for November-December 2018.



2.4 ESSENDON PLAYERS VISIT MT VIEW

TMHS were delighted to receive a special visit from Essendon Footballers; Pat Ambrose, Mark Baguley and Anthony McDonald-Tipungwuti on Tuesday March 13th. The footballers were in the region following a training camp in Port Campbell over the long weekend. Mt View care recipients and other visitors were thrilled with the visit of the very accommodating footballers.

Dean Saunders, Essendon Footballers; Mark Baguley, Pat Ambrose and Anthony McDonald-Tipungwuti

2.4 QUALITY & SAFETY ACCOUNT REQUIREMENTS

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.

Feedback from the 2016-2017 Quality & Safety Account

Feedback indicated that our readers are happy with content and layout of our 2016 -2017 Quality & Safety Account.

Comments included:

- Thank you for your services
- I was in the hospital several months ago, and I could not have one complaint. The nursing staff were wonderful, the meals perfect and the domestic staff were always so pleasant.
- What an incredible amount of information was in the report.
- When I moved to the area having a hospital close by was an important factor in our choice, keep up the good work!
- A wonderful service, as I experienced with the District Nurses calling on me every day for 10 days.
- Wonderful to have doctors back in Mortlake, very friendly and easy to talk to.
- The nursing staff did a great job with the severe influenza episodes, I appreciate the stress put on the whole health service. It was handled extremely well, thanks to all concerned.
- Terang is very fortunate to have such a great hospital and aged care.
- I thought the report was very thorough! The graphics with detail on bar charts certainly makes it easier reading.
- I would like to congratulate you on the quality of the District Nurses who serve both Terang & Mortlake, they are all amazing.

WINNER – Quality Account Report Feedback Competition

Joyce & Doug Gore were the lucky winners of a hamper and a \$50 voucher at the terang co-op, for submitting their feedback about the Terang & Mortlake Health service quality account report for 2016/2017. Sincere thanks to the Terang Co-op for supporting the health service with their donation of the prizes.

Thank you to everyone who submitted feedback; the health service is most appreciative of all who took the time to respond.



Gaye Sanderson (Quality Risk & Safety Manager), Joyce Gore (Hamper Winner) & Julia Ogdin (Chief Executive Officer)



Volunteer Coordinator Sally Buckland, L2P driver Mr Geoff Barby and L2P student Kaitlyn O'Neil.

2.4 POLWARTH PARTNERSHIP

The Polwarth Partnership was established by member health services of the Polwarth electorate in 2015 to work towards achieving quality and safety outcomes for our communities collaboratively.

A major area of focus for the Partnership was the recognition that overarching Medical oversight in the form of regular input from a Director of Medical Services was lacking in the region, particularly in light of the increased and justified scrutiny since the Targeting Zero report was released in 2016.

In order to address this, the Polwarth Partnership members recruited as a collaborative to secure the services of Dr. Didir Imran to the role of Regional Director of Medical Services.

Dr. Imran joins the region after significant clinical experience working at Western Health in Melbourne. The position, established in 2016 has ensured that smaller health services have secured a level of clinical support and oversight that has been difficult to establish until now.

Dr. Imran visits Terang & Mortlake Health Service regularly and attends the Clinical Governance and Quality Committee and the Clinical Services & Drug Advisory Committee meetings.

By working together, the Polwarth Partnership has achieved a safer and more robust clinical governance environment for both Terang & Mortlake Health Service and its partners.

Photo above: Peter Birkett: CEO Hesse Health, Dr. Didir Imran: Regional Director of Medical Services, Julia Ogdin: CEO, Terang & Mortlake Health Service, Geoff Illes: CEO Colac Area Health

2.4 L2P DRIVER KAITLYN O'NEIL

Hi, for those who don't know me my name is Kaitlyn and I live in Camperdown. I have had a brain tumour since I was 3 years old and I was fortunate enough to get my licence in April this year.

I was lucky to get accepted to be part of the L 2 P Program, which I cannot speak more highly about. With mum and dad being busy, but also mum being a nervous wreck whilst sitting alongside of me, to have a mentor who helped me gain confidence, showed me the wrongs and rights of road rules and was relaxed, certainly made it easier to clock up my 120 hours.

I was lucky to have Geoff Barby as my mentor; we had many laughs, hot chocolates and ice-creams on our stops to break a long trip.

It is a voluntary job being a mentor, so these people dedicate their time to ensure we are learning correctly under their guidance.

I am truly grateful to you Geoff for everything you did for me; I couldn't have had a better mentor, you were always happy to work around the time that suited me to go driving. Thank you.

Also as part of the program Robynne Dumsney (A professional Driver who is contracted by TMHS) would meet me to take me for a lesson to check that I was on track. We did some lessons just before I went for my licence and then Robyn came with me on the day that I got my licence. Robyn is such a lovely lady and I thank her for all her help. Everyone involved in the program has been so helpful and nice. It is an amazing organisation; whoever introduced this program has done a wonderful job to ensure people like me are able to drive with confidence.



2.4 VOLUNTEER

Terang & Mortlake health service are very fortunate to have many dedicated volunteers throughout the organisation.

Our volunteers dedicate their time in many ways including; service on our Board of Management, involvement at our Mt View Aged Care facility, to sing or play music, read and participate in activities with the residents. Meals on Wheels volunteers support the Health Service on a daily basis to assist with the delivery of Meals to community members, other volunteers are engaged in activities at the Josie Black Community Social centre, L2P driving program, Community Transport, Mt View Bus and the Consumer Partnership Committee (previously known as the Community Advisory Committee).

We have also welcomed a volunteer with a difference this year; her name is "PIP" the border collie. Pip belongs to the Williams Family and we are very fortunate for Pip to visit the Mt View nursing home on a weekly basis. Pip began visiting at the age of 8 weeks, our care recipients thoroughly enjoy her visits and watching her grow and develop, she brings much joy to all at Mt View.

Terang & Mortlake Health Service are always welcoming of new volunteers. If you are interested in becoming a volunteer please contact the volunteer coordinator Sally Buckland on 5592 0222.

2.4 BRUCE SAINSBURY

Bruce has had a long and at times challenging life. Growing up as one of thirteen children and starting work at the age of twelve was always going to be testing. Bruce came to Terang for a two week holiday and has stayed for 67 years. During this time he said he became aware that he had *Agoraphobia*.

Agoraphobia is a type of anxiety disorder. A person with *agoraphobia* is afraid to leave environments they know and consider to be safe for fear of having anxiety or a panic attack.

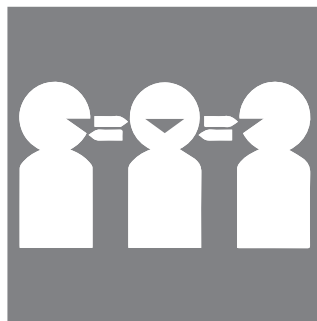
He managed to keep it under control when he was still working and active in the CFA (Country Fire Authority) but in later life he got to the stage where he was unable to leave his own home. He said he was in a terrible way and ended up in the Terang Hospital where he found some of the support he needed.

On his discharge from hospital he was visited at home by his General Practitioner and the District Nurses on a regular basis and it was these interactions that eventually enabled him to start getting out again. He started visiting the General Practitioner instead of the other way around and the District Nurses gently but persistently encouraged him to go on a men's bus trip run by the Josie Black Community Health Centre. Bruce said this first trip really changed his life around. "The staff were so helpful and kind" he said. This first trip became one of many and now Bruce is a regular on the bus. "My life has never been so good. I can now go down the street and talk to anyone and I was able to stand in a queue to pay for a meal, things I wouldn't have been able to do as I was too scared to be around people. There are so many people to thank including my family and all the staff who have gone out of their way to help me."

2.5 PROVISION FOR ACCREDITED INTERPRETERS TO PATIENTS WHO REQUIRE ONE AS SPECIFIED IN THE LANGUAGE SERVICES POLICY 2018

Terang & Mortlake Health Service Interpreter Service Policy gives Clients of 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 July1st 2017 –June 30th 2018.



2.6 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

3.1 COMPLIMENTS / CONCERNS

Concerns are categorised according to the criteria used by the Victorian Health Complaints Commission in their annual report to the Minister for Health.

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;

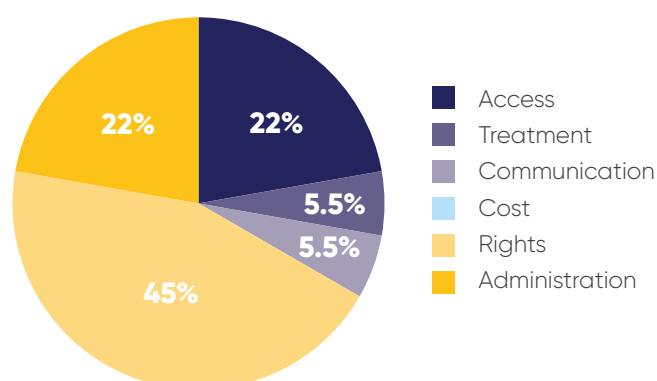
Communication - refers to manner of communication such as rudeness, disinterest, quality and quantity of information provided about treatment, risks, outcomes and prognosis;

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

Rights - refers 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.

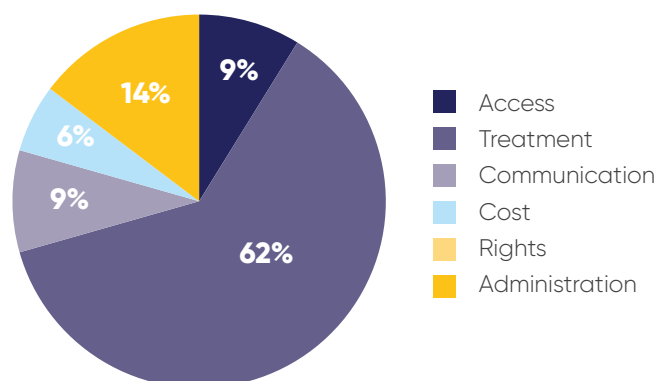
CONCERNS 2017/2018



Access	4	22
Treatment	1	5.5
Communication	1	5.5
Cost		
Rights	8	45
Administration	4	22
Total Concerns		100

Of the 18 concerns received, many were related to issues experienced with ward fixtures & fittings; problems with the tap in the bathroom, a door that did not lock, all concerns were responded too in a timely manner following the issue being raised.

COMPLIMENTS 2017/2018



Access	3	9
Treatment	21	62
Communication	3	9
Cost		
Rights	2	6
Administration	5	14
Total Concerns	34	100

The compliments were almost all in appreciation of the level of care and support given whilst accessing the Health Service.

3.2 PEOPLE MATTER SURVEY

QUESTION	OUR RESULTS AVERAGE POSITIVE AGREEMENT	POSITIVE VARIANCE FROM COMPARATOR GROUP DIFFERENCE	POSITIVE VARIANCE FROM 2017 SURVEY
My organisation encourages employees to act in ways that are consistent with human rights	99%	7%	2%
In my organisation, earning and sustaining a high level of public trust is seen as important	97%	7%	2%
My organisation provides a safe work environment	97%	9%	3%
Management is driving us to be safety – centred organisation	95%	3%	4%
Senior managers act decisively when a concern around an employee's psychological status is raised	87%	9%	11%
Senior managers provide clear strategy and direction	81%	5%	3%
In my organisation, senior managers clearly consider the psychological health of employees to be important	86%	6%	11%

3.3 JOSIE BLACK COMMUNITY FORUM

On Thursday the 19th April 2018 a forum was held at the Josie Black Community Health Centre (JBCHC) for the purpose of gaining feedback from community members who use the service.

There were 15 attendees at the forum who utilised services such as the Social Centre, Bus outings, Allied Health and the Integrated Diabetes Clinic. The forum was structured around capturing feedback in the following areas; what people liked about the service, what could be improved, how services help, confidentiality, the complaints mechanism and knowledge of services offered. Over 80 individual responses were given covering these topics with the vast majority being very positive; notably in the areas of social inclusion and improved health and

wellbeing. Potential improvement opportunities were identified in the areas of information provision and increasing the frequency of services offered such as Bus Outings, social activities and Allied Health. Participants had a good knowledge of the services offered at JBCHC and did not express any concerns regarding their confidentiality.

Following the forum an Action Plan was developed to assess the potential for changes as suggested by the participants. Some areas have been able to be addressed particularly in regard to information provision and increased opportunities for social activities but others such as increasing Allied Health services have not been able to be actioned due to budgetary and staffing considerations



3.4 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
NSQHS National Standards 3 year process	<p>National Standards survey June 14th & 15th 2017. – All 10 standards met Met with Merit Standard 2.1.1 "Partnering with Consumers"</p> <p>Progress Report submitted June 4th 2018 Contract Renewal due 18th April 2019</p> <p>Progress report NSQHSS Version 2 Of National Standards June 2019</p> <p>NSQHSS Survey Version 2 of National Standards March 2020</p>
Commonwealth Home Support Program (CHSP) 3 year cycle	<p>Accreditation Survey July 19th 2017 All standards Met</p>
Aged Care Accreditation MT View 3 year cycle	<p>Accreditation Survey May 23rd and 24th 2017 44 standards met Support visit from Australian Aged Care Quality Agency March 27th 2018</p>

3.5 SENTINEL & 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 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.

During the reporting time frame we have had 4 Incident reports categorised as an (Incident Severity Report) ISR 2 to drill down into the incident, for cause and to identify areas for improvement to prevent incidents recurring.

Two emergency caesareans due to unforeseen circumstances such as cord prolapse (unexpected incidence rate of less than 1 /1000) and malpresentation.

A staff member was attending a work conference in Colac, when crossing the street at the traffic lights and the "Walk" signal was green a motor vehicle turning into the street, which failed to give her legal right of way. The staff member was knocked to the roadway; her left foot was run over by the vehicle, transferred to the hospital via ambulance for treatment of a fracture. This is a TAC claim and being investigated by the Colac Police.

Elderly patient admitted to Aged Care with severe rheumatoid arthritis, and high care requirements. During a routine transfer using a "lifting machine" a spontaneous fracture occurred to the right arm. The General Practitioner Orthopaedic Specialist and Physiotherapists treatment plans were put in progress. The Director of Nursing arranged for a case review following the incident.

CLINICAL REVIEW

As ongoing work following the 2016 release of 'Targeting Zero: supporting the Victorian hospital system to eliminate avoidable harm and strengthen quality of care. Terang & Mortlake Health Service has been actively working to implement recommendations in order to maximise patient quality and safety.

Clinical Governance best practice requirements are found in National Safety and Quality Health Service Standards; Standard 1: *Clinical Governance*; and Australian Aged Care Quality Agency Standards; Standard 3: *Personal Care and Clinical Care*. These are integral to all six of TMHS Value Statements and have application across all services. TMHS follows the *Victoria Health Incident Management* process and guidelines as recommended through the Department of Health and Human Services.

TMHS has been fortunate to secure the services of Director of Medical Services, Dr. Didir Imran as part of the Polwarth Partnership with other regional health services in the South West. Dr. Imran will provide oversight and consultancy for Clinical Governance at TMHS which ensures a robust process for clinical review of incidents, audit results and client satisfaction measures.

While these processes have been in place for some time and provide confidence that TMHS ensures safe and effective care, occasionally despite our best efforts incidents and near-miss events may occur. A new Clinical Review process has been commenced that requires clinicians and staff from all areas to consider and examine closely any event or incident that did not meet TMHS or our clients' expectations. This process uses the principles of open disclosure and just culture to ensure participants work to improve our systems and processes with the aim for future prevention of harm and improvements to quality of care.

The new Clinical Review format and templates encourage clinical staff and colleagues to suggest and recommend events for consideration, in a collaborative environment to achieve constructive outcomes. Actions, outcomes and plans using recommended templates are documented and keep track to ensure evaluation and follow-ups are completed. To date the Clinical Review Process has been used internally in Mt View, and will be reported to quarterly multidisciplinary meetings chaired by Dr. Imran.

3.6 STAPHYLOCOCCUS AUREUS BACTERAEMIA (SAB) SAFETY

There has been no cases of SAB during 2015, 2016, 2017-2018 thus far. TMHS staff are diligent with hand hygiene, this in turn prevents hospital acquired infections including SAB. Hand hygiene compliance requirement is now 85% with TMHS compliance for audit two 2018 96%; with a nurses and midwives compliance rate of 95%. In addition TMHS nursing staff members continue to be assessed for aseptic non touch technique on a biennial basis.

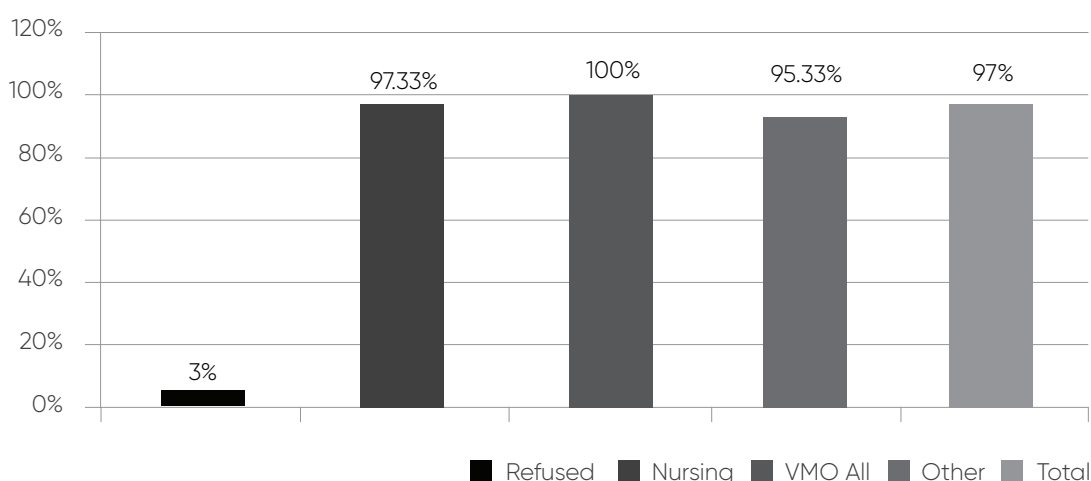


3.7 ANNUAL INFLUENZA VACCINATION CAMPAIGN 2018

The 2017 influenza season saw the highest levels of activity since the 2009 pandemic year, in many areas across Australia. In response, Barwon South West Region Health Services have set an influenza vaccination target of 95%, to reduce the risk of harm to patients and staff.

The TMHS influenza campaign for 2018 has seen a compliance rate of 97% of staff being vaccinated, in comparison to 95% in 2017. The department of Health requirement is 80%. This is an important element of not only protecting patients and their families but, also contributes to protecting the wider community. Immunisation has the ability to reduce the risk of infections and of death from influenza.

TMHS STAFF INFLUENZA UPTAKE 2018 THE PERCENTAGE OF STAFF THAT HAD THE VACCINATION AND THE PERCENTAGE THAT REFUSED



HAND HYGIENE

The hand hygiene compliance requirement is now 85%. Hand hygiene 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. However, there have been no HAI cases during 2015, 2016, and 2017 up to June, 2018.

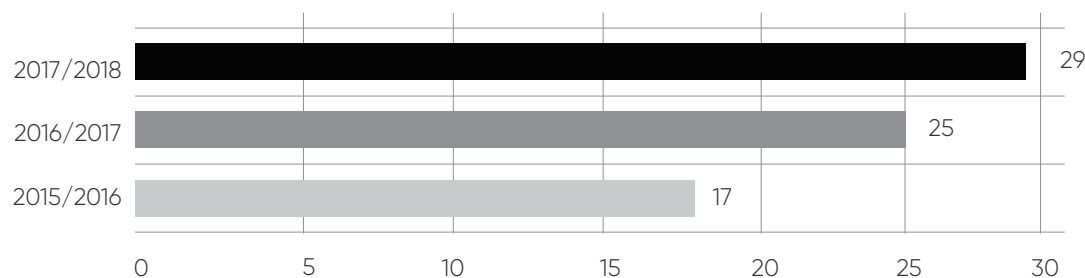
3.7 ANTIBIOTIC STEWARDSHIP

The Terang and Mortlake Health Service (TMHS) Infection Control Department has been monitoring antibiotic usage for the acute ward since 2013. Monitoring commenced in 2016 in Mt View. 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. Resistance has the ability to affect common surgeries such as, hip replacements, cardiac surgery and caesarean section. Disease such as, tuberculosis, gonorrhoea and pneumonia are also now more difficult to treat as the commonly used antibiotics are unable to work effectively. Hence, compliance with Antibiotic Therapeutic Guidelines (ATG) is paramount.

TMHS enters de-identified data into the National Antibiotic Prescribing Survey (NAPS) data base. Which is reviewed by a multi-disciplinary team of clinicians. This in-turn generates a report, providing information that relates to appropriateness of the antibiotic prescribed.

Of the 13 residents from Mt View that were prescribed antibiotics during 2017, the following has been compiled. 'Compliance' 28.6 % and 'noncompliant' is 64.8 %. In relation to 'Appropriateness of Antibiotics' prescribing are listed as 'Optimal', 28.6% 'Adequate', 28.6%, 'Suboptimal' 35.70 and 7.1% were 'Inadequate' with 0% were not 'Assessable'.

NO OF BABIES BIRTHED AT TMHS COMPARISON



3.8 MATERNITY SERVICES

Terang and Mortlake Health Services provide a planned maternity service level 2, this means that we provide a service to normal and low – complexity pregnancies and babies. Management of labour, birth and puerperium at 37 weeks gestation or more.

We are required to report against indicators published in the Victorian Perinatal Services Performance Indicators. We collect and submit data for 20 criteria.

Our indicators have all fallen within the required indicators levels. You will notice from the graph that we have increased the number of babies birthed here at Terang & Mortlake Health Service. This can be attributed to the extensive marketing campaign that we have been working on to promote our services. Interview sessions with the local radio station "face book" home page and face to face forums with our midwifery patients.



Julia Ogdin with Tara Beasley and Riley



3.9 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

Similar size service comparison

- (Grouped by bed size)

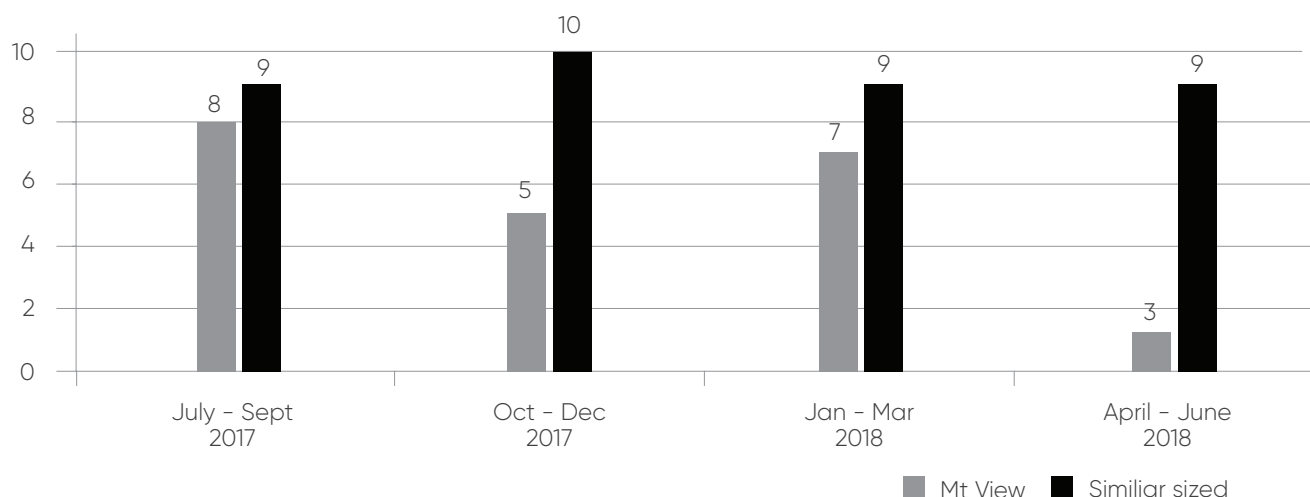
The data is submitted to the Department of Health (DoH) and then benchmarked against other Victorian public sector aged care facilities. Each facility uses its own data as a focus for improvement, in particular where results vary significantly from the State average.

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.

AGED CARE INDICATORS 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.

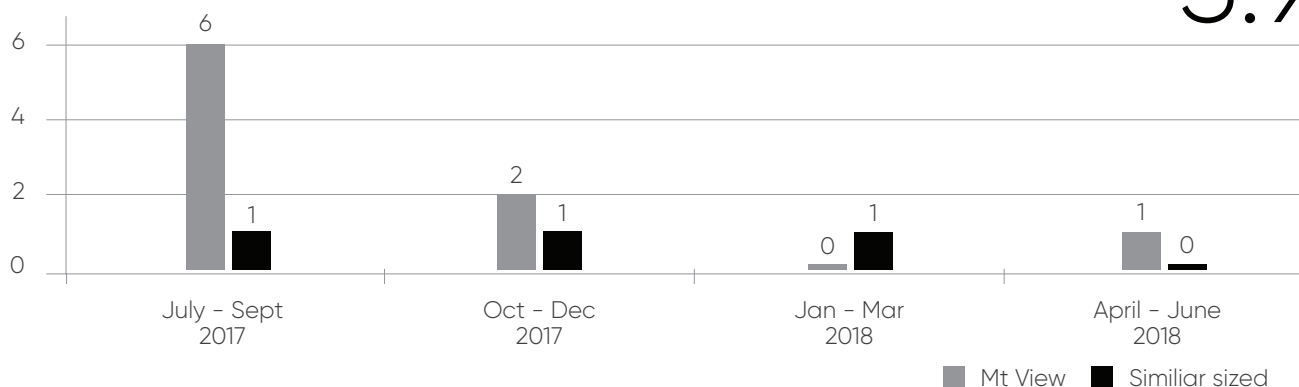
PRESSURE INJURIES

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 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.

AGED CARE INDICATORS PRESSURE INJURIES

3.9



UNPLANNED WEIGHT LOSS

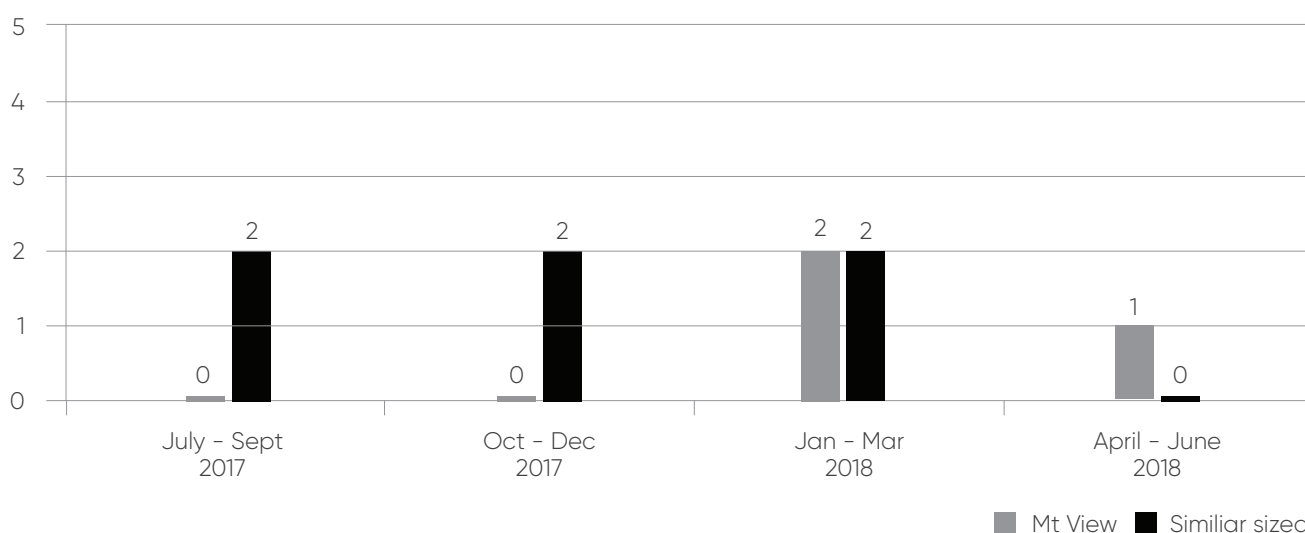
Nutrition plays an important role in maintaining health and an even more important role in the presence of illness or injury. Nutritional requirements increase dramatically in the presence of infection or injury and hence weight loss is a common negative outcome. Maintaining good nutritional intake during 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 also consults with patients in Terang hospital and residents at Mt View

AGED CARE INDICATORS WEIGHT LOSS OF >3KG



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

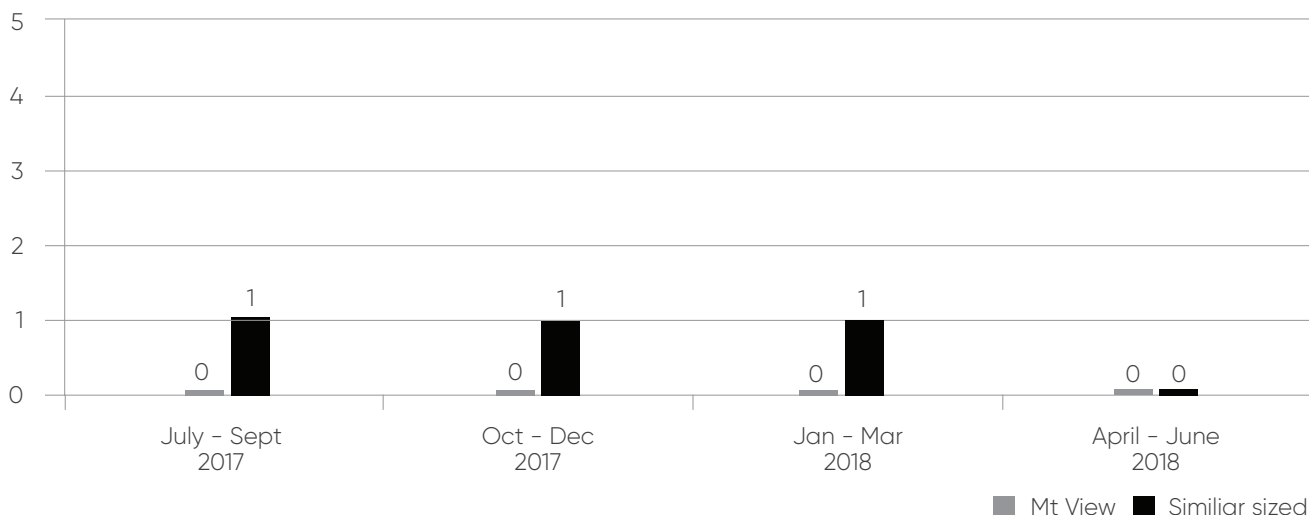
rails, lap belts, restraining chairs, table overlays, hand mitts and vests.) This way of thinking aims to preserve the human rights of any person. All our residents are entitled to respect and protection of their basic rights and freedom of choice.

Put the definition of restraint?

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.

3.9



INCIDENCE OF RESIDENTS USING NINE MEDICATIONS OR MORE

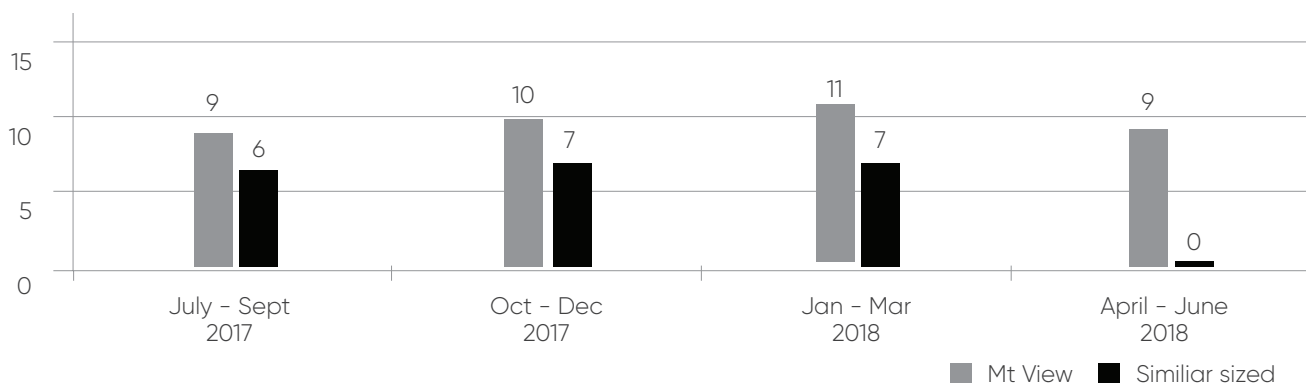
Many residents in our facilities have diverse medical issues that require complex medication management and as a result some of our residents are prescribed nine or more medications.

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.



AGED CARE INDICATORS 9 OR MORE MEDICATIONS



3.10 ESCALATION OF CARE & CLINICAL REVIEW

Kylie Sheaves was admitted to Terang & Mortlake Health Service in August 2017 to be induced with her 3rd baby due to being an estimated 10 days beyond her expected date of confinement.

Clinical measures were taken to assist with the establishment of labour.

Kylie was closely monitored; at 2am Kylie rang the call bell to notify staff that her waters had ruptured. Upon examination, the midwife noted that waters were

brown in appearance which in clinical terms is known as meconium stained liquor; at this time it was noted that the baby's heart rate was difficult to obtain.

The attending midwife called for immediate assistance using the emergency call bell, and the GP Obstetrician was summoned immediately. Following the examination the midwife positioned Kylie in a downwards position due to her strong suspicion of a cord prolapse.

This suspicion was confirmed by the doctor on his arrival. Theatre staff were promptly contacted and requested to attend for an emergency caesarean section which resulted in the caesarean delivery of baby Ezra at 2.58am.

A cord prolapse occurs when the baby's umbilical cord presents with or before the presenting part of the baby causing a block in the oxygen supply and subsequently causing the baby to become distressed. It is a relatively rare, unforeseen condition which occurs in less than 1% of all pregnancies.

Ezra suffered breathing difficulties at birth due to inhalation of the meconium water; this liquid is thick and sticky. Due to the breathing difficulties suffered by Ezra the Neonatal emergency transport team (PIPER) were notified at 3am, the team from PIPER arrived at 6am Ezra was prepared for transfer and at 8 am he was airlifted to Melbourne for further care.

The study of this case highlights the escalation of care process which occurred in a timely and prompt manner; this was due to an astute midwife and prompt GP assistance.

Ezra is now a healthy, thriving one year old and his parents could not be happier with the excellent treatment they received at the Terang & Mortlake Health Service and at the Melbourne Hospitals that subsequently treated their baby. A wonderful outcome following unforeseen difficulties in labour and delivery.

Kylie reported that staff at both Melbourne Hospitals were extremely complimentary regarding the level of professionalism and treatment at Terang and at the timeliness in which Ezra was delivered following awareness of the cord prolapse.

A full Clinical review was held both internally and externally with a presentation at the Regional Maternity Mortality and Morbidity forum.



4.1 COMPREHENSIVE CARE COMMUNITY HEALTH SERVICES

Community Health Care Experience Survey. October – December 2017

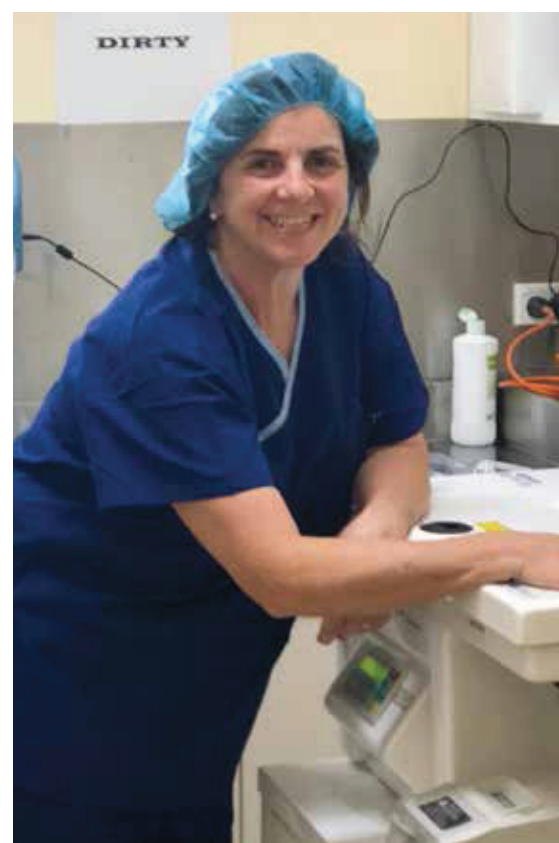
156 questionnaires sent out, 34 questionnaires received back = 22% response rate.

"YOUR EXPERIENCE WITH HEALTH WORKERS "

QUESTION	RESPONSE	PEER RESPONSE	STATE RESPONSE
Q8 How would you relate the pointless and helpfulness of the reception staff at the health service?	100% positive very good	98.73%	95.80%
Q16 Did you feel you were listened to and understood by the health workers?	91% positive yes	90.62%	84.71%
Q17 How often did the health workers take time to explain things to you?	91% positive yes all the time	88.82%	83.76%
Q18 Were your workers compassionate?	94% positive Yes always	93.36%	85.92%
Q19 Did you have confidence and trust in the health workers?	94% positive Yes	92.79%	87.23%
Q20 Did the health workers spend enough time with you?	100% Positive Yes	91.26%	84.17%
Q21 Did health workers take your concerns seriously?	94% positive Yes	94.14%	86.62%
Q37 Did you feel comfortable raising any issues and asking any questions that were important to you?	94% positive Yes	83.90%	86.62%

"TEAM WORK"

QUESTION	RESPONSE	PEER RESPONSE	STATE RESPONSE
Q22 Did the health service refer you to any other services to help improve your health and wellbeing?	100% positive very good	94.71%	87.69%
Q23 Did people at the health service work together to help you with your health and well-being?	89% positive yes definitely	82.49%	75.85%
Q24 Sometimes, one health worker will say one thing about your issue or care and another will say something quite different. Did this ever happen to you at these services?	94% No	83.79%	75.62%
Q5 Were there times when you had to repeat information that should be in your record at this health service?	88% No	78.01%	66.05%
Q26 Did the health service give all necessary information about the treatment or advice that you received to other relevant services (e.g. GP, hospital staff)?	92% positive yes	86.20%	76%





"PLANNING YOUR CARE"

QUESTION	RESPONSE	PEER RESPONSE	STATE RESPONSE
Q27 Were you asked about other concerns impacting on your health & wellbeing?	59% positive yes	65.75%	60.14%
Q28 Did health workers involve you in decisions they made about your care or treatment?	88% positive yes	84.38%	77.48%
Q29 Did health workers consider all your needs (such as health, culture, living & family situation, age)	93% positive yes	82.23%	73.13%
Q30 Did health workers help you set goals for your health & wellbeing?	78% positive yes	74.72%	67.42%
Q31 Were all the relevant people involved in setting goals (e.g. family members, health workers)	69% positive yes	68.66%	63.81%
Q32 Did using this health service help you to feel as though you could achieve these goals?	78% positive yes	73.95%	70.50%
Q33 Did health service provide you with a written copy of a plan for your health and wellbeing? This might be called a care plan, a treatment plan, a mental plan or a recovery plan.	90% not needed	88.18%	80.18%
Q34 Did health workers at this service review and discuss this plan with you?	80% positive yes	78.91%	77.18%
Q35 Was this plan useful?	50% positive yes	75.70%	73.23%

4.1 THE INTEGRATED DIABETES CLINIC (IDC)

The Integrated Diabetes Clinic (IDC) proves to be a popular service for our Terang & Mortlake Communities, we have had 48 clients consistently attending the clinics. We have tracked our clients' progress through the annual cycle of diabetes care.

We have been able to measure positive outcomes in; HbA1c (a diabetes blood test), weight, Body Mass Index, and annual diabetes foot risk assessment. We have actively supported our clients in achieving goals they have set. In the last 12 months we have specifically focused on improving our clients' experience while participating in the IDC. This has seen us working closely with other services the client may be using, for example District Nursing. Our aims were to have more shared care planning and goal setting amongst services, to prevent clients having to repeat information to each service. It also ensured our clients were not overwhelmed with the amount of goals set. The results from the Victorian Healthcare Experience Survey demonstrate that clients are embracing our improved ways of care planning;

- 100% of respondents reported they were referred to other services to help improve their health and wellbeing.
- 89% reported people that the health service work together to help you with your health and wellbeing.
- 88% reported health workers involved them in decisions made about care or treatment.
- 93% reported health workers considered all needs (such as health, culture, living and family situation, and age).
- 78% reported health workers helped them set goals for their health and wellbeing (the state average for this question was 67.38%).
- 90% reported health workers provided them with a written copy of their plan for health and wellbeing.
- 80% reported health workers at this service reviewed and discussed this plan with

4.1 TEAM & FAMILY MEETINGS

As part of the TMHS Statement of Priorities "to connect people to the full range of care & support they need", planned family meetings were commenced in October 2017 coordinated through district nursing.

Meetings involve district nursing staff, clients, family members and/or carers & other health care providers as applicable. These meetings are scheduled with clients who have been identified as having complex needs. Complex needs include chronic health conditions, increasing frailty of clients and/or their carers, and a need for support over an extended period of time with input from multiple service providers.

Meetings may be: at the request of the client and/or their carer; seeking access to more services; due to a decline in health, which may involve a hospital admission; due to safety concerns from district nursing staff or other service providers, or a combination of these.

13 meetings have been documented October 2017 - June 2018

Following these meetings there have been:

- 8 referrals for ACAS (Aged Care Assessment Services)
- 3 clients have accessed short term respite care
- 2 clients have moved to permanent residential care
- 2 clients have been allocated home care packages
- 2 clients have completed Advanced Care Directives
- 3 clients have increased DNS (District Nursing Service) visits
- 2 clients have accessed home care assistance.

4.2 HEALTH PROMOTION PLAN 2017-2020

Health promotion works to address issues that cause ill-health by supporting strong social networks, advocating for respectful relationships, encouraging attitude change, working to reduce health inequalities, developing safe and supportive communities and ensuring research informs efforts and supports good public policy.

Terang and Mortlake Health Service (TMHS) have developed a health promotion plan to align our effort with the overarching Health Service Strategic Plan and to articulate our vision and activity. Our health promotion vision is that those living in South West Victoria are healthy and thriving.

In-line with the Victorian Department of Health and Human Services: "Public Health and Wellbeing Plan 2015-2019", the Corangamite Shire "Health and Wellbeing Plan 2017-2021" and the Moyne Shire Council "Municipal Health and Wellbeing Plan 2017-2021", Terang and Mortlake Health Service decided on the following priority areas: social and emotional health, physical health and a health promoting health service.

You can find a copy of the full health promotion plan on the TMHS website.





4.3 ADVANCED CARE PLANNING

	2016	2017	
Clients seen	50	74	48%
Completed Advanced Care Plans/ Care Directives	27	34	26%
Advanced Care Plan reviewed	12	13	8.3%

The ages of clients completing Advanced care plan documents in **2017**

	<40	41-50	51-60	61-70	71-80	81-90	91-100
CLIENT NO	1	0	5	3	7	11	7

Changes were made to the Medical Treatment act on 29th November 2016. The changes came into operation on March 12th 2018.

"Advanced Care Plans" are now referred to as "Advanced Care Directives"

The main purpose of this act was to provide for a person to execute an advanced care directive that gives binding instructions or expresses the person's preferences and values in relation to the person's future medical treatment, when the person does not have the decision making capacity to do so.

Terminology has also changed. What we called an "Enduring Medical Power of Attorney" is now called a "Medical Treatment Decision Maker". Other than getting that alternative decision maker/s to sign their acceptance of the position the document basically remains the same and still needs a General Practitioner to witness the person's signature of the appointment of a person to deal with medical issues on their behalf if they lose capacity or are unable to communicate.

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.

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 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. 5592 0300.

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

4.4&4.5

COMPREHENSIVE END-OF –LIFE–CARE

At Terang and Mortlake Health Service we are working towards the required actions indicated in the Australian Commission on Safety and Quality in Health Care's National Consensus statement: Essential elements for safe and high-quality end of life care.

The Terang & Mortlake Health Service End of Life Care policy's purpose is to provide the highest level of care, dignity and support for palliative care patients and their families in the environment of their choice.

We follow an approach that improves the quality of life of individuals and their families facing the problems associating with life threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychological and spiritual. There are three forms of palliative care, Palliative approach, Specialised Palliative Care and End of Life (terminal care). We need to distinguish between these forms in order to plan care and clarify the goals of treatment for the patient.

- **Palliative Approach** - when the condition is not amenable to cure and the symptoms of the disease require effective symptom management.
- **Specialised Palliative Care** – Provision –use palliative care approach plus focuses on intermittent specific input from the palliative care team and other health care professionals .
- **End of Life (Terminal)** – involves the final days of a patient's life, the need for families to be informed and to be involved in proactive decision making in regard to terminal care issues for their relative.

We encourage all people including LGBTI (Lesbian, Gay, Bisexual, Transgender, Intersex) People to complete an Advanced Care Plan Directive and be open about their sexuality, to ensure that their relationships and long term friendships are recognised for what they are.

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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 COMMUNITY AND EACH OTHER

EQUITY AND FAIRNESS

WE MAKE DECISIONS OBJECTIVELY, WITHOUT FAVOURITISM OR BIAS

ETHICAL BEHAVIOUR

WE ACT IN A TRANSPARENT YET CONFIDENTIAL WAY

ACCOUNTABILITY

WE USE RESOURCES EFFICIENTLY AND FULFIL OUR ROLES RESPONSIBLY

EXCELLENCE

WE STRIVE FOR EXCELLENCE IN THE DELIVERY OF HEALTHCARE

RESPECT

WE RESPECT THE RIGHTS OF ALL INDIVIDUALS

OUR STRATEGIC GOALS

GROWTH

PROVIDE SERVICES THAT MEET DEMAND AND SUPPORT OUR COMMUNITY

GOVERNANCE

PROVIDE STRONG LEADERSHIP TO ENSURE BEST PRACTICE

CULTURE

PROMOTE A CULTURE THAT SUPPORTS THE ORGANISATIONAL VISION AND VALUES

FINANCIAL

BUILD MODELS OF SUSTAINABILITY

INNOVATION IN SERVICE DELIVERY

BEING RESPONSIVE TO CHANGING LANDSCAPES

MARKETING

STRENGTHEN COMMUNITY AWARENESS AND ENGAGEMENT



Working For Our Future



TERANG & MORTLAKE
HEALTH SERVICE

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