



TERANG & MORTLAKE
HEALTH SERVICE

Quality Account **2018/19**

OUR
VISION
TO BE A **LEADER**
IN THE / **DEVELOPMENT**
OF A / **VIBRANT**
HEALTHIER
COMMUNITY.

WE VALUE
COMPASSION AND
RESPONSIVENESS
WE CARE FOR THE
AND
EACH
OTHER
& **NEEDS OF**
COMMUNITY
EQUITY
FAIRNESS.

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



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FROM THE CHIEF EXECUTIVE

On behalf of Terang & Mortlake Health Service, I am proud to present to our Community, the 2018-19 Quality Account Report.

This year's report highlights the high quality work that our dedicated staff have been working on in order to provide holistic care that is consumer focussed.

The last 12 months have seen significant refurbishment projects including the fire compliance upgrades in the maternity unit and kitchen areas as well as the Board room and upstairs bathroom of the acute facility. The façade of the acute hospital was also painted, ensuring that the first impressions of our health service are welcoming and professional. These upgrades have presented their operational challenges but the final results have ensured working environments that complement patient care and demonstrate that the Board of Management and Executive are committed to offering contemporary and compliant health care facilities for the long term.

Terang & Mortlake Health Service continues to instil a patient safety culture with 99% of staff answering positively to the question 'Management is driving us to be a safety-centred organisation' in the 2018 People Matter Survey (the Statewide target is 80%). Our community feedback has also been valued and positive with results from the Victorian Healthcare Experience Surveys (VHES) for both acute and community consumers indicating that the standard of care received has been of a high quality.

The ability to offer surgical services into the future was bolstered in the last 12 months with the recruitment of two new surgeons. Dr Duminda Gunawardane and Dr Sam George have both commenced operating at the Health Service and we look forward to a productive and beneficial relationship. These appointments have also been complemented by significant investment in our theatre's equipment. New scope purchases and a significant upgrade to our organisation's central sterile supply department (CSSD) has ensured that Terang & Mortlake Health Service is in a comfortable position to continue to offer these imperative services close to home for our community into the future.

Finally, a high functioning governance structure is imperative to any successful health service. The last 12 months have seen the Terang & Mortlake Board of Management continue to take high level oversight over clinical and financial governance of the health service. The working relationship between the Board and Executive team continues to be highly effective and has been demonstrated in what has been achieved in the last 12 months.

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

HIGH QUALITY AND SAFE CARE

KEY PERFORMANCE INDICATOR	TARGET	ACTUAL
ACCREDITATION		
Accreditation against the National Safety and Quality Health Service Standards	Accredited	
Compliance with the Commonwealth's Aged Care Accreditation Standards	Accredited	
INFECTION PREVENTION AND CONTROL		
Compliance with the Hand Hygiene Australia program	80%	90%
Percentage of healthcare workers immunised for influenza	80%	98%
PATIENT EXPERIENCE		
Victorian Healthcare Experience Survey – percentage of positive patient experience responses	95%	100%
Victorian Healthcare Experience Survey – percentage of very positive responses to questions on discharge care	75%	96%
Victorian Healthcare Experience Survey – patients perception of cleanliness	70%	97%

KEY PERFORMANCE INDICATOR	TARGET	ACTUAL
ADVERSE EVENTS		
Sentinel events – root cause analysis (RCA) reporting	All RCA reports submitted within 30 business days	
MATERNITY AND NEWBORN		
Rate of singleton term infants without birth anomalies with APGAR score <7 to 5 minutes	≤ 1.4%	
Rate of severe foetal growth restriction (FGR) in singleton pregnancy undelivered by 40 weeks	≤ 28.6%	

STRONG GOVERNANCE, LEADERSHIP AND CULTURE

KEY PERFORMANCE INDICATOR	TARGET	ACTUAL
ORGANISATIONAL CULTURE		
People matter survey – percentage of staff with an overall positive response to safety and culture questions	80%	91%
People matter survey – percentage of staff with a positive response to the question, "I am encouraged by my colleagues to report any patient safety concerns I may have"	80%	95%
People matter survey – percentage of staff with a positive response to the question, "Patient care errors are handled appropriately in my work area"	80%	84%

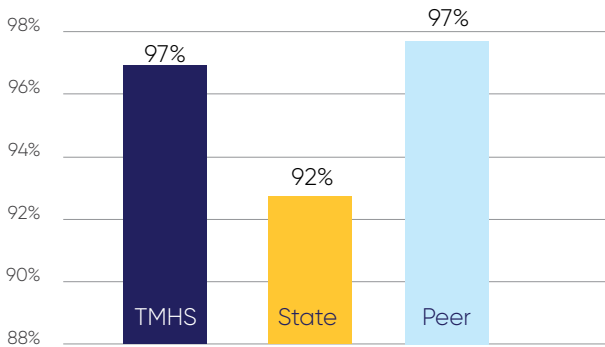
VHES (VICTORIAN HEALTHCARE EXPERIENCE SURVEY) PATIENT EXPERIENCE SCORE

Positive Patient experiences of key aspects of care

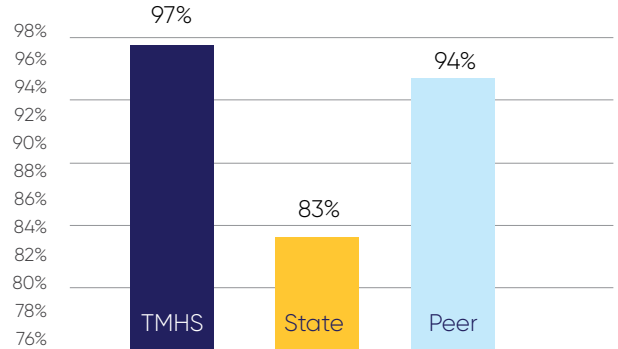
April – June 2019 31% response rate, 95 questionnaires sent, 29 questionnaires received

Overall experience Positive

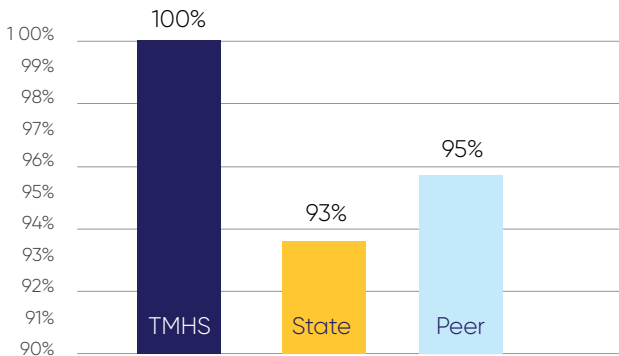
Question 76. Overall, how would you rate the care you received while in hospital? Positive – (Very good, Good)



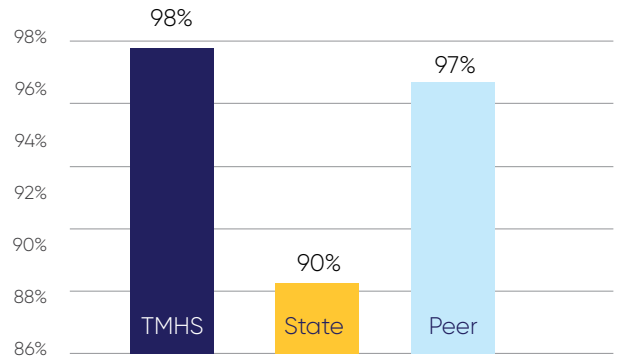
Question 25. Did you have confidence and trust in the nurses treating you? Positive – (Yes always, Yes sometimes)



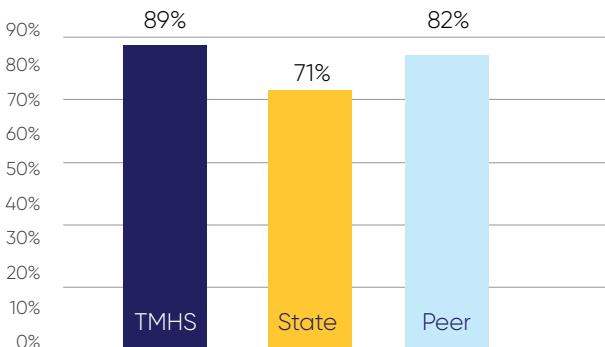
Question 33. How often did the doctors, nurses and other healthcare professionals caring for you explain things in a way you could understand? Positive – (All of the time – Most of the time)



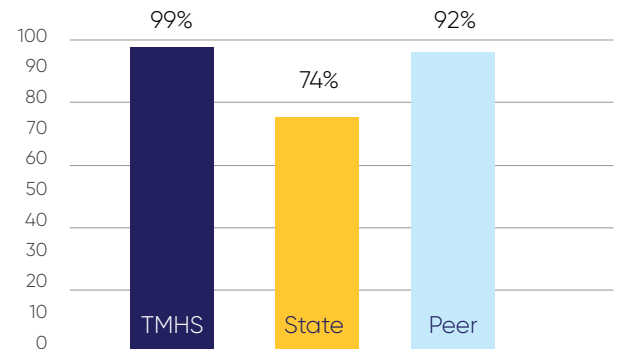
Question 42. If you needed assistance; were you able to get a member of staff to help you within a reasonable time? Positive – (All of the time – most of the time)



Question 69. Before you left hospital, did the doctors and nurses give you sufficient information about managing your healthcare at home? Positive – (Yes completely, Yes somewhat.)



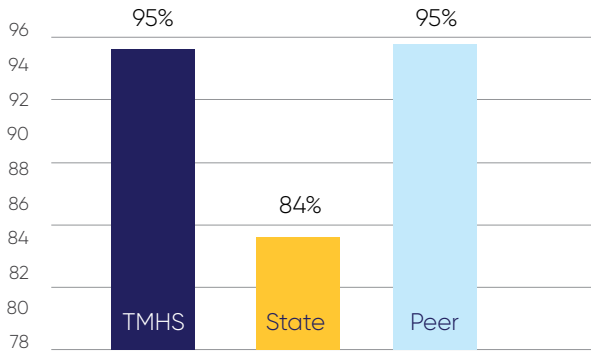
Question 12. In your opinion, how clean was the hospital room or ward you were in? Positive – (Very Clean, Fairly clean.)



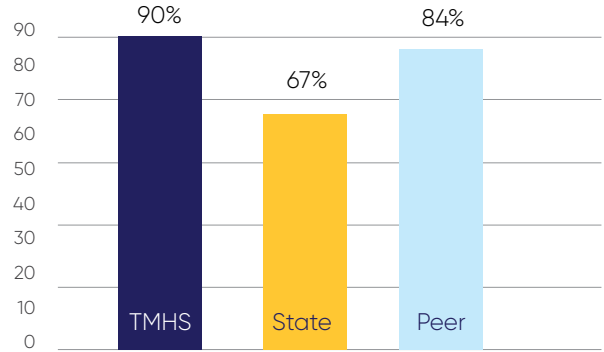
1.1) VHES (VICTORIAN HEALTHCARE EXPERIENCE SURVEY) PATIENT EXPERIENCE SCORE

April – June 2019 31% response rate, 95 questionnaires sent, 29 questionnaires received
Positive Patient experiences of key aspects of discharge care

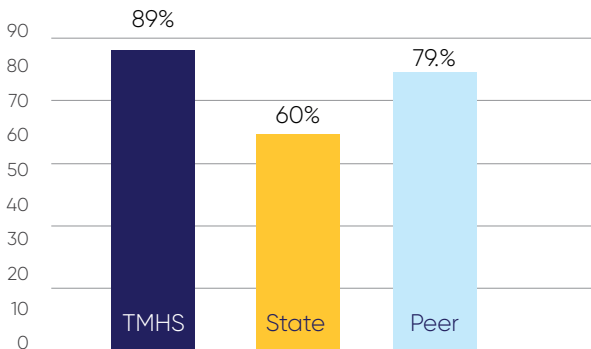
Question 74. Overall, how would you rate the discharge process ? Positive – (Very Good, Good)



Question 63. Were you given enough notice about when you were going to be discharged? Positive – (Yes definitely, Yes to some extent)



Question 64. Did you feel you were involved in decisions about your discharge from hospital? Positive – (Yes definitely, Yes to some extent)



SERVICES THAT PROVIDE INTEGRATED COMMUNITY

INFORMATION (VHES COMMUNITY HEALTH QUESTIONS 36–42)

The 2018 VHES Community health survey was conducted with varying success in our two community health centres. The Josie Black Community Health Centre received only 14 responses from the 36 surveys that were sent. This response rate means the margin of error is +/-15–30% and therefore data interpretation is difficult. The Mortlake Community Health Centre saw pleasing response rates of 54% (n= 52). Strategies such as utilising volunteers and consumer incentives will be developed and implemented for this year's survey period to increase both the distribution and response rate of the VHES to our community consumers.

INFORMATION (VHES COMMUNITY HEALTH QUESTIONS 36–42)

Results showed us that there is some confusion over the cost of services with only 71% of consumers reporting clear understanding of service charges. TMHS will be purchasing new pricing boards that clearly state the cost of all programs and services.

OVERALL (VHES COMMUNITY HEALTH QUESTIONS 43–49)

Results showed 14% of our consumers were unsure how to make a complaint. Whilst this outcome was significantly better than the results of the state (58%) and our peers (71%) THMS will conduct targeted education sessions to staff to reiterate the importance of providing consumers with this vital information.

ABOUT THE CLIENT (VHES COMMUNITY HEALTH QUESTIONS 50–63)

The profiling aspect of this report tells us our average responder is a 71 year old English speaking female, who did not complete high school. She has a chronic illness and uses 2–3 services, visiting 10 times per year. She rates her health as "good".

This information informs our service design, particularly in our social support programs, where we have dedicated women's and men's groups to further meet the expressed wishes of our consumers.

OTHER COMMENTS (VHES COMMUNITY HEALTH QUESTIONS 64–66)

Our consumers reported that they become frustrated with long waiting times for an initial assessment as well as between appointments for our podiatry service. TMHS has subcontracted a locum service for periods of podiatry leave to reduce impact to our consumers. A needs analysis will be undertaken to determine the sustainability and recruitment prospects of increasing our podiatry service provision.

SERVICES MUST REPORT ON HOW THEIR ORGANISATION ACTIVELY CONTRIBUTES TO BUILDING THE CAPACITY OF CONSUMERS, CARERS AND COMMUNITY MEMBERS TO PARTICIPATE FULLY AND EFFECTIVELY IN THEIR HEALTHCARE

TMHS is committed to lead the development of a vibrant, healthier community. Our health promotion officer engages with all sectors of the community to enable people to increase their control over their health and wellbeing. Below are some examples:

- Developed bi-monthly health and wellbeing newsletters to improve health knowledge – aimed at Mt. Noorat Freighters staff.
- Delivered health education sessions at Buckle My Shoe Early Learning Centre to improve children's knowledge around healthy eating and oral health.
- Secured funding to run multiple Youth Mental Health First Aid courses to upskill our local community.
- Supported the Corangamite Shire Early Years department to implement a whole-of-setting approach to health and wellbeing in all of their cluster managed kinder, mobile child care and family day care settings.
- Supported key staff at Buckle My Shoe, St. Thomas' Primary, Panmure Primary, Noorat Primary, Hampden Specialist and Terang and Mortlake Health Service to implement a whole-of-setting approach to health and wellbeing.
- Developed a healthy eating display for St. Thomas' parents to increase knowledge around healthy lunchboxes.

Likewise, our social centre staff, encourage all consumers to have a voice regarding choice, ownership and the quality improvement of daily activities and outings. Examples include:

- A special outing to Ballarat theatre gold class to see "Top End Wedding" an Australian/ Indigenous movie, enabled 25 consumers from various programs and services to explore cultural diversity and knowledge, while prompting social and geographical inclusion
- Our Community kitchen is a very popular weekly cooking activity that promotes healthy choices, planning, preparation and cooking of food. Not only are participants gaining life skills with greater knowledge and awareness of food, they also have the opportunity to work as a team and share tasks in an inclusive and supportive environment.
- A lot of interest was created when we invited a police officer to present to our social support groups on scamming. Outcomes included increased awareness of scams reported in our community and proactive techniques for prevention.
- A special outing to Port Fairy for Christmas in July explored traditions and cultural diversity themes, whilst creating a space for interaction of socially isolated consumers.

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 consumers requiring an interpreter service during the reporting time frame July1st 2018 –June 30th 2019.



DISABILITY ACCESS PLAN 2017 – 2020

PROMOTING INCLUSION AND PARTICIPATION.

INTRODUCTION:

The Terang & Mortlake Health Service has developed this Action Plan in order to comply with the provisions of the Disability Discrimination Act, 1992. Under Section 61 of the Disability Discrimination Act, an Action Plan must include provisions to:

1. The devising of policies and programs to achieve the objects of the Act: and
2. The communication of these policies and programs to persons within the Health Service; and
3. The review of practices within the Health Service with a view to the identification of discriminatory practices.
4. The setting of goals and targets, where these may be reasonably determined, against which the success of the Plan in achieving the objects of the Act may be assessed; and
5. The means, other than those referred to in paragraph (4), of evaluating the policies and programs referred to in paragraph (1); and
6. The appointment of persons within the Health Service to implement the provisions referred to in paragraph (1) to (5) inclusive.

THIS PLAN:

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.

KEY RESULT AREAS.

1. Information and Awareness.
Staff and the wider community will be aware of issues relating to disability.
2. Accessible Facilities.
The Health Service will aim to ensure access for all users of the Health Service to facilities, infrastructure and buildings
3. Assessable Services and Activities.
The health Service will provide a non-discriminatory workplace.
4. Equal Employment Opportunity

The Health Service will provide a non-discriminatory workplace

ACTION PLANS.

The action plans set out in this document are based on the three Key Result Areas:

- Goal – are of concern within a Key Result Area
- Means- action plan for achieving the goal
- Time Frame - the progress of the actions

WHAT IS DONE WITH THE DISABILITY ACTION PLAN?

The adopted plan will be distributed to all managers and work areas within the Health Service. The Disability Access Plan 2017 -2020 is a living document and will be constantly monitored and refined.

REFERENCED:

When creating the TMHS Disability Action plan we have reflected on:

- Austin Health Disability Action Plan 2015-2020
- Beaufort & Skipton Health Services Disability Access Plan 2010 – 2015

TMHS'S 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.

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

1. Information and Awareness.

OUTCOME: Improved care for people with disabilities

STRATEGIC PLAN CONNECTION: Marketing- Strengthen community awareness and engagement.

GOAL	MEANS	TIMEFRAME
To ensure that the health Service will act as a leader and role model for other organisations.	<ul style="list-style-type: none"> Lead by example through all Council activities and functions 	Ongoing
To ensure that staff are aware of the requirements within the Disability Access Plan	<ul style="list-style-type: none"> Provide managers with a copy of the plan and seek feedback. Publish articles relating to disability access in local media outlets, digital signage and newsletters. Training to be provided to staff where considered appropriate 	Ongoing Ongoing Ongoing
To ensure that the views and needs of people with disabilities are heard by appropriate personal within the Health Service	<ul style="list-style-type: none"> Community continued to be encouraged to complete "Complements & Concerns forms All issues /incidents will be reported through the appropriate meeting structure 	Ongoing Ongoing

KEY RESULT AREA 2: PHYSICAL ACCESS & EQUIPMENT

OUTCOME: People with disabilities will have improved access to building, facilities, and the equipment that they need where health services and programs are provided.

STRATEGIC PLAN CONNECTION: Growth – Provides services that meet the demand and support our community

GOAL	MEANS	TIMEFRAME
To determine which Health Service buildings and facilities require works to improve physical access for people with disabilities	<ul style="list-style-type: none"> Continue to conduct inspections of Health Service buildings and facilities through the OHS Committee structure and identify any access problems. 	Ongoing
	<ul style="list-style-type: none"> Monitor any complaints made regarding access problems with buildings, facilities and equipment 	Ongoing
To ensure that people with disabilities can safely travel footpaths in and around the Health Services facilities	<ul style="list-style-type: none"> Undertake an organised and prioritised inspection of footpaths and walk ways 	Ongoing
Any new building comply with legislation and Australian Standards, including the building code of Australia	<ul style="list-style-type: none"> Keep abreast of updates to relevant legislation, regulations and standards 	Ongoing
The accessibility of services for disabled consumers is reviewed annually	<ul style="list-style-type: none"> Disabled consumers and their carers are engaged to assist with auditing various aspects points and services for patients with disabilities across TMHS. This would also include signage 	Annually
Ensure there are adequate amounts of appropriate equipment to maintain as high and independence level as possible for patients with a disability when they are in hospital.	<ul style="list-style-type: none"> Identify key equipment items that should be available for disabled patients whilst in hospital. Create a list of shared equipment and its location which is available for all staff to use. 	Ongoing
Provide a television service with closed captions for patients who hearing impaired	<ul style="list-style-type: none"> Review the feasibility of installing closed caption capability on patient bedside televisions 	

KEY RESULT AREA 3: ACCESSIBLE SERVICES & ACTIVITIES

OUTCOME: People with disabilities will have improved access to accessible services and activities

STRATEGIC PLAN CONNECTION: Financial – Builds models of sustainability

GOAL	MEANS	TIMEFRAME
To ensure that all people have fair and equitable access to services provided by the Health Service	<ul style="list-style-type: none"> Review fees and charges to ensure that services remain within the cost range of all users 	Ongoing

KEY RESULT AREA 4: EQUAL EMPLOYMENT OPPORTUNITY

OUTCOME: Improved equity and equal opportunity for people with disabilities in Terang & Mortlake Health Service

STRATEGIC PLAN CONNECTION: Culture – Promote a culture that supports the organisational Vision and Values

GOAL	MEANS	TIMEFRAME
To ensure that the Health Service will act as a leader and role model for other organisation	<ul style="list-style-type: none"> Lead by example through all activities and functions. 	Ongoing
Workplace strategies are in place to provide Equal Employment for employees with a disability	<ul style="list-style-type: none"> Ensure all TMHS staff are aware of the TMHS Equal Employment Opportunity Policy 	Ongoing
To ensure that staff are aware of the requirements within the Disability Access Plan	<ul style="list-style-type: none"> Provide managers with a copy of the plan and seek feedback. Publish articles relating to disability access in local media outlets, digital signage and newsletters. Training to be provided to staff where considered appropriate 	Ongoing Ongoing Ongoing
To ensure that the views and needs of people with disabilities are heard by appropriate personnel within the Health Service.	<ul style="list-style-type: none"> Community continued to be encouraged to complete "Complements & Concerns forms All issues /incidents will be reported through the appropriate meeting structure 	Ongoing Ongoing.

FEEDBACK & RESPONSE TO COMPLAINTS.

TERANG & MORTLAKE HEALTH SERVICE RECOGNISE THE VALUE OF CUSTOMER FEEDBACK AND ENCOURAGE CONSUMERS TO PROVIDE SUGGESTIONS, COMPLIMENTS AND CONCERNS THROUGH A RESPONSIVE COMPLIMENTS AND CONCERNS SYSTEM

All consumers are actively encouraged to utilise the Compliments and Concerns form that is provided in their information pack or freely available within all campuses of the health service to provide their feedback; however feedback can also be conveyed via phone, email, letter or through face to face verbal communication.

The Health Service has developed;

- A user friendly system for accepting feedback
- Clear delegations & procedures for staff to follow
- A recording system to capture complaint data to improve service delivery in identified areas

TMHS policy is to respond to complaints/concerns with an acknowledgement of receipt of the complaint within 24 hours of becoming aware of the complaint.

Staff are aware of the importance of all feedback, especially complaints being forwarded to the Chief Executive Officer or her EA as soon as practicable to enable a response to be generated.

TMHS procedure following receipt of a concern;

1. Following acknowledgment of receipt of the concern it will be referred to the appropriate divisional head for investigation, resolution and recording on Riskman
2. After investigation; the divisional head will take necessary action to resolve the complaint, record the resolution on Riskman feedback and

deliver a summary of findings and actions to the CEO. The CEO will then report the complaint and outcome to the Quality Improvement Committee.

- Where possible, complaint resolution should be achieved within 21 days
- Written advice will be forwarded to the complainant advising of actions taken to resolve the matter
- If a complaint is unable to be resolved internally it may be escalated to an external agency for resolution
- Complaints can provide insight into problems; which can be used to improve care and / or service provision to consumers
- A swift response, whereby a concern is recognised and addressed can often alleviate "something small becoming something big"
- The consumer deserves to have their concern dealt with in a timely manner

Some examples of improvement to service provision and consumer care in the Health Service that were addressed following the receipt of concerns during the 2018/19 year.

1. A consumer identified that the bathroom cubicle at the Mortlake Campus did not have safety railing in place.
Resolution – The maintenance team installed railing the following day.
2. A staff member identified an issue whereby consumers who had their beds lowered for safety were unable to reach their personal items / drinks on the usual tray table.
Resolution – Low line tray tables that could be placed beside the lower beds were sourced to address the issue and improve the consumer experience.

3. Consumer frustration with lengthy waiting times to access podiatry appointments at the Mortlake Campus.

Resolution – It was identified that the Terang Campus had much shorter wait times for access to podiatry services therefore a review of service allocation was undertaken with additional time being allocated to the Mortlake campus in order to shorten waiting time.

4. Consumers reported that it was difficult to locate the car park at the rear of the Josie Black Community Health Centre.

Resolution – The local council were contacted and promptly installed a sign directing access to the car park.

All concerns were acknowledged to the reporter including details of the Health Service follow up and outcomes.

STRONG GOVERNANCE, LEADERSHIP & CULTURE

ORGANISATIONAL CULTURE

KEY PERFORMANCE INDICATOR	TARGET	2018-19 ACTUALS
People matter survey – percentage of staff with an overall positive response to safety and culture questions	80%	Achieved – 95%
People matter survey – percentage of staff with a positive response to the question, “I am encouraged by my colleagues to report any patient safety concerns I may have”	80%	Achieved – 97%
People matter survey – percentage of staff with a positive response to the question, “Patient care errors are handled appropriately in my work area”	80%	Achieved – 97%
People matter survey – percentage of staff with a positive response to the question, “My suggestions about patient safety would be acted upon if I expressed them to my manager”	80%	Achieved – 93%
People matter survey – percentage of staff with a positive response to the question, “The culture in my work area makes it easy to learn from the errors of others”	80%	Achieved – 94%
People matter survey – percentage of staff with a positive response to the question, “Management is driving us to be a safety-centred organisation”	80%	Achieved – 99%
People matter survey – percentage of staff with a positive response to the question, “This health service does a good job of training new and existing staff”	80%	Achieved – 90%
People matter survey – percentage of staff with a positive response to the question, “Trainees in my discipline are adequately supervised”	80%	Achieved – 97%
People matter survey – percentage of staff with a positive response to the question, “I would recommend a friend or relative to be treated as a patient here”	80%	Achieved – 97%

WORKPLACE CULTURE COACHING

IN MAY 2019, TERANG & MORTLAKE HEALTH SERVICE ENGAGED MS LAUREN NEWMAN TO FACILITATE WORKFORCE CULTURE AND STAFF WELLBEING SESSIONS.

Lauren, a trained Workforce Coach, provides a number of educational, one on one and culture sessions to staff at all levels of the organisation.

Some of the educational topics highlighted to date have included:

- Above and Below the line aligned to organisational values
- Understanding Workplace Behaviour
- Effective respectful Communication
- Trust and disclosure in the workplace
- Challenging conversations

The Board and Executive have been extremely interested in monitoring the progress of Lauren's fortnightly visits and staff feedback has been overwhelmingly positive.

The program has ensured that Terang & Mortlake Health Service provides staff with the opportunity to develop emotional and behavioural skillsets that create a conducive workplace culture able of offering high quality care in environments that are often challenging.



Lauren Newman

VOLUNTEERS

TERANG & MORTLAKE HEALTH SERVICE ARE VERY FORTUNATE TO HAVE MANY DEDICATED VOLUNTEERS THROUGHOUT THE ORGANISATION.

Our volunteers dedicate their time in many ways.

The highlight for 2018-2019 was our Thank you Volunteer Morning Tea held in June at the Noorat Community Centre.

Theme for the morning tea was "Making a World of Difference" the Health Service volunteers certainly make a world of difference.

At the morning tea we had 2 guest speakers Gaye Sanderson covering the topic of 4 Steps to Life and Jill O'Brien covering the importance of Hand Hygiene & Antibiotics.

Each volunteer attendee received a little sample bag of goodies.

The venue was decorated with World Globes, Maps, Country Flags and lovely flower arrangement created by Glenda Hampson.

Lucky door prize was won by Bob Wason a dedicated L2P Mentor driver.

We are looking forward to the Morning Tea next year

I would personally like to thank everyone within the Health Service and Volunteers for the continuous support.

Sally Buckland
Volunteer Coordinator.

STAFF HEALTH AND WELLBEING

In 2018 TMHS MADE A COMMITMENT TO IMPLEMENT THE VICTORIAN ACHIEVEMENT PROGRAM.

The program supports workplaces to embed health and wellbeing into the organisation's culture by meeting benchmarks in five health areas: healthy eating, physical activity, smoking, alcohol & other drugs, and mental health & wellbeing.

Based on the results of the 2018 People Matters Survey, TMHS chose to begin with the mental health & wellbeing priority area. As per the Achievement Program process, the CEO began by completing the Mental Health & Wellbeing Baseline Survey. This survey consisted of questions around culture, the physical environment, community connections and health and wellbeing opportunities. This survey helped to identify areas of excellence, as well as gaps and opportunities to improve. This in turn, formed the basis of the TMHS staff mental health and wellbeing action plan.

The Achievement Program recognises that for workers to be healthy, they also have to be safe, which is why this initiative has been embedded into the Occupational Health and Safety Committee. Committee members will be responsible for delivering and monitoring all aspects of the staff mental health and wellbeing action plan. Some examples of strategies include creating a 'quiet space' that staff can utilise when needed, distributing mental health and wellbeing information as part of employee induction as well as reviewing how TMHS recognise and reward employee achievement.

Once all of the strategies in the action plan are achieved, TMHS are eligible to apply for recognition from the Victorian Government. TMHS are aiming to complete the mental health and wellbeing benchmark by June 2020.

SEXUAL DIVERSITY AT TMHS

IN 2018 TMHS CONDUCTED A WHOLE-OF-SERVICE 'SEXUAL DIVERSITY AUDIT'.

The purpose of this audit was to increase inclusiveness and responsiveness to the health and wellbeing of lesbian, gay, bisexual, transgender and intersex individuals and communities. The audit helped identify areas of excellence, but also aspects that can be improved. From this, an action plan was developed to address the identified gaps.

Key achievements to date include: developing a whole of organisation anti-discrimination statement, proudly displaying rainbow posters in the front window of each campus and providing staff with LGBTIQ+ 101 training. TMHS have also purchased genders, bodies and relationships passports for use at the Josie Black Community Health Centre and Mortlake Community Health Centre. These passports present critical information about a person's gender/s, body, and relationships in a single location. TMHS are looking to make this resource available to community members in the near future.

TMHS are now looking to develop resources for staff use (i.e. terminology, state-wide and local services and referral information), review relevant policies and provide another staff education session. TMHS are fully committed to working towards making each campus a safe and inclusive environment for all members of our community.



Laura Stevenson, Health Promotion Officer conducted the sexual diversity audit.

L2P PROGRAM

HI. THIS IS MY STORY ON WHY I BECAME A VOLUNTEER L2P MENTOR WITH TMHS. IT STARTED WHEN I SUCCESSFULLY OBTAINED MY LEARNERS PERMIT IN NOVEMBER 2010.

I clearly remember running out to my mum – Susan who was waiting in her car outside the Corangamite Shire Office in Camperdown yelling excitedly at her that I had passed the Learners Permit test.

When I got to the car, I asked my mum if I could drive home to Terang. My mum refused because she felt that she would be uncomfortable teaching me how to drive. Over the following 6 months, I continued to ask her to take me for drives and her answer was always no. I did not have anyone else to teach me and I could not afford regular driving lessons. Therefore, I was struggling to get the required 120 hours driving experience necessary.

In April 2011, my mum informed me that she had applied for me to be a learner driver in the Warrnambool & Moyne L2P Program – as there was no program in the Corangamite Shire at that time. A few weeks later, I received a phone call from the Warrnambool City Council to inform me that I had been accepted into the program. I was matched with a wonderful volunteer mentor and over the next 19 months, my mentor built up my driving skills to become a safe driver. My mentor was very patient, calm and understanding throughout my time as a learner driver in the L2P program at Warrnambool.

On Tuesday 6th November 2012, I obtained my manual Probationary Driver's License and I could not contain the excitement of having some independence.

In October 2015, I found out that TMHS was going to commence the Corangamite L2P program. Once I found out about this, I decided that I wanted to be a L2P mentor when I got my full driver's license as I wanted to give back to a program that changed my life for the better.

On Sunday 6th November 2016, I graduated to a full driver license and 6 months later, I signed up to be a mentor in the Corangamite L2P program at TMHS. After I completed my mentor training, I was matched with my first learner driver in July 2017.

In July 2019, the learner driver obtained his Probationary Driver's License. When I received this news, I felt very happy and a sense of accomplishment knowing that I played a huge part in a young person's life.

To this very day, I remain very good friends with my ex mentor and my first learner driver. I would like to thank TMHS for giving me the opportunity to give back to a community program which changed my life forever.



Justin Keane

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	<ul style="list-style-type: none"> • National Standards survey June 14th & 15th 2017. – All 10 standards met • Met with Merit Standard 2.1.1 “Partnering with Consumers” • Progress Report submitted June 4th 2018 • Contract Renewal 18th April 2019 • Progress report NSQHSS Version 2 Of National Standards June 2019 • NSQHSS Survey Version 2 of National Standards March 3rd & 4th 2020
Commonwealth Home Support Program (CHSP) 3 year cycle	<ul style="list-style-type: none"> • Accreditation Survey July 19th 2017 • All standards Met
Aged Care Accreditation MT View 3 year cycle	<ul style="list-style-type: none"> • Accreditation Survey May 23rd and 24th 2017 44 standards met • Support visit from Australian Aged Care Quality Agency February 2019 • MOCK accreditation (LASA) September 17th, 18th & 19th 2019.

SENTINEL EVENTS WITH A SEVERITY RATING OF ONE OR TWO THAT HAVE OCCURRED IN 2018-2019 REPORTING PERIOD

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 6 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.

COMMUNITY SERVICES- ADVERSE OUTCOME/HARM/ALTERED CONSCIOUS/FAINT/DIZZINESS

A client was seated listening to a speaker at a social outing; he fell off the chair, hitting his face on the way to the floor. Staff reacted appropriately by

rolling him onto his back and ensuring he was out of immediate danger. Social Support Group staff acted appropriately in calling for an ambulance and reassuring the client and others in the group. The client was transported to South West Healthcare for further investigation and care. A full recovery has been achieved. The Client was required to have General Practitioner provide a physical clearance form indicating capacity to participate in activities prior to resumption of currently provided activities.

STAFF MEMBER - ADVERSE OUTCOME/HARM/INJURY/DISCOMFORT/UNNECESSARY PAIN.

Staff were assisting an aged care consumer with care needs. As staff bent to get a face washer from a cupboard she felt pain in her back and shoulder. No unusual manual handling task or awkward postures involved in this task. The staff member was offered medical assistance at the time, but declined and was able to continue working for the remainder of the shift. No further care / treatment required.

NURSING SERVICES –BEHAVIOUR/CONDUCT/ ABUSE/TOWARDS OTHERS/VIOLENCE/ AGGRESSION/ABUSE/PHYSICAL

On arrival at Urgent Care department patient was agitated, for this reason staff did not allow him entry to Urgent Care department only the waiting room. The police were notified of the incident. Police attended the facility after quite some time and located the patient and transported him to South West Health Care for further treatment.

The facility had recently reviewed its security and "Code Grey" procedures which ensured that we had all safety measure at our disposal in play, this includes duress alarms and a safe zone to retreat to if required. As a follow up to the incident TMHS provided a debriefing to staff, an offer of counselling and a follow up review with an officer from the Crime Prevention Office Warrnambool Police.

**COMMUNITY SERVICES – HAZARD-EMERGENCY/
EQUIPMENT/DEVICE/CONSUMABLE /DAMAGED**

High Speed two vehicle road accident . A TMHS volunteer driver was transporting a client to a medical specialist appointment in Geelong whilst travelling eastbound on the Hamilton Highway near Stonehaven (10km west of Geelong), the driver of a hire car (travelling westbound has attempted to turn right, across the eastbound lane, and has been struck in the Left Hand Side front quarter panel and passenger door at approx. 100km per hour by our TMHS Vehicle)

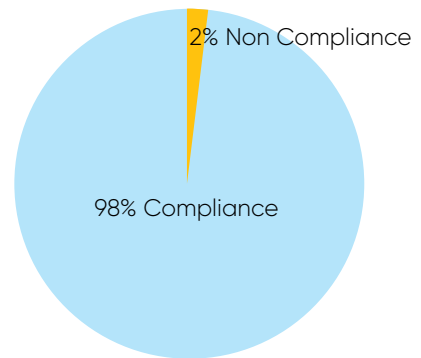
The TMHS driver has immediately checked on the welfare of client and provided reassurance. A witness who pulled over has called an ambulance and checked on two occupants of the other vehicle who have sustained non-life threatening injuries. The Community Transport driver was not at fault in this incident. Adhering to legal driving requirements when other vehicle collided with them. All appropriate actions taken.

INFECTION CONTROL

ANNUAL INFLUENZA VACCINATION CAMPAIGN 2019

TMHS influenza campaign for 2019 has seen a compliance rate of 98% of staff being vaccinated, in comparison to 97% in 2018. 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.

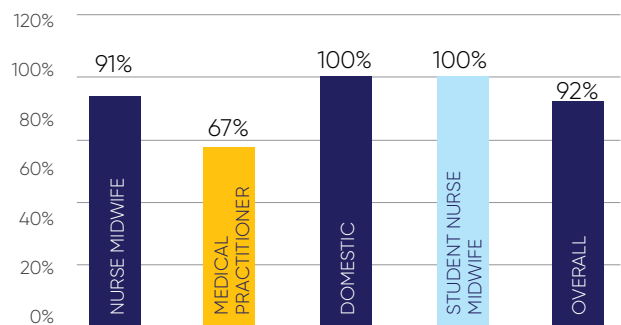
2019 Influenza campaign per percentage of staff vaccinated



HAND HYGIENE

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, 2017, and 2018 and up to June, 2019.

Hand Hygiene Audit Results 2019



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.

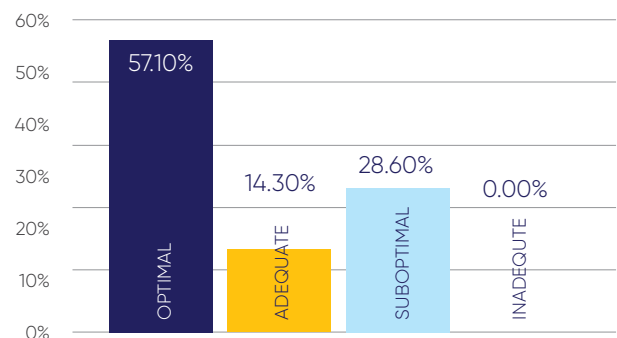
TMHS enters de-identified data into the National Antibiotic Prescribing Survey (NAPS) data base. Which is reviewed by a multi-disciplinary team of clinicians. This in-turn generates a report, providing information that relates to appropriateness of the antibiotic prescribed.

During 2018 random data has been collected, submitted and assessed by NAPS of six consumers from Mt View that were prescribed antibiotics during 2018. The following has been compiled.

In relation to 'Appropriateness of Antimicrobial' prescribing, 57.1% were optimal, 14.3% adequate, 28.6% suboptimal, 0% were inadequate and 0% were not assessable.

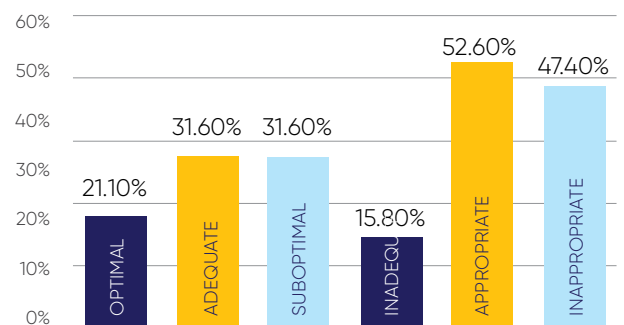
This means that 71.4% of Antibiotics prescribed were appropriate 28.6% were not. This is an improvement from 2017 being 57.20% and 42.80%. Overall there has been some improvements for 2018.

MT View national antibiotic prescribing survey 2018



In relation to NAPS in the acute hospital for 2018 'Appropriateness of Antimicrobial' prescribing, 21.1% were optimal, 31.6% adequate, 31.6% suboptimal, 15.8% were inadequate and 0% were not assessable. Overall appropriateness 52.6% inappropriate 47.4%.

Terang Hospital National antibiotic Prescribing Survey



TMHS infection control department will continue to monitor the above and strive for ongoing improvements.

MT VIEW AGED CARE FACILITY

THE NEW AGED CARE STANDARDS THAT BEGAN ON THE 1ST JULY, 2019 HAVE STATED VERY CLEARLY THAT CONSUMERS WILL BE ABLE TO MOVE FREELY INSIDE AND OUTSIDE.

As Mt View Aged Care is on a hill it has been difficult to enable this due to the gradient of the landscape.

A Garden Committee was formed with the CEO, consumers, consumer representatives and staff were invited to participate.

Plans were drawn up, contractors appointed and works have been undertaken to enable the consumers at Mt View to have an accessible garden.

At the time of this note we are waiting for the sensor for the door from Mt View to the garden and the gate to be completed.

Further work is needed to ensure there is camera coverage of the whole garden for the safety of the consumers.

The garden will be an ongoing development as plants grow, and mature and as ideas advance the design.

Staff with the consumers are already enjoying looking at the garden and are looking forward to the opening on September 25th.

The House Committee is chaired by Dianne Heffernan, Consumer representative.

The Committee is made up of consumers and their representatives.

Staff attend as needed to provide information for the committee to consider.

The Committee provide direction for Mt View with regards to consumer services.

In response to the House Committee requests we have recently purchased a coffee machine.

We have large letter badges for staff identification and some consumers have also requested the badges.

Ideas on decoration e.g. pot plants have been followed up and purchased for the dining and lounge areas.

The House Committee have given direction on the photo representation of Terang. The black and white photos will be hung in the hall ways and will assist consumers with dementia to be oriented to place. The photos will also enhance the aesthetic of the home.

The short videos of the new Aged Care Standards have been shown at the meetings to provide the consumers and their representatives with easy to understand information about the changes in Aged Care.

The House Committee are given current information on staffing and any changes including student placements and change over of Registered Nurse Graduates.

The House Committee will be ongoing and provides invaluable input in the direction of Mt View Aged Care.

Cooking with the consumers has been a great success with biscuits being made, baked in the oven and then consumed for afternoon tea. This has been a lot of fun.

RESIDENTIAL AGED CARE SERVICES

WHAT DOES PSRACS STAND FOR?—PUBLIC SECTOR RESIDENTIAL AGED CARE SERVICE (IN GRAPHS)

The objective is to monitor the proportion of pressure injuries and trends. Why do we monitor this? Older people are more susceptible to pressure injuries that continue to be a major and prevalent health concern. Even though most pressure injuries are preventable, evidence shows that up to 42% of people who live in residential aged care services may have a pressure injury.

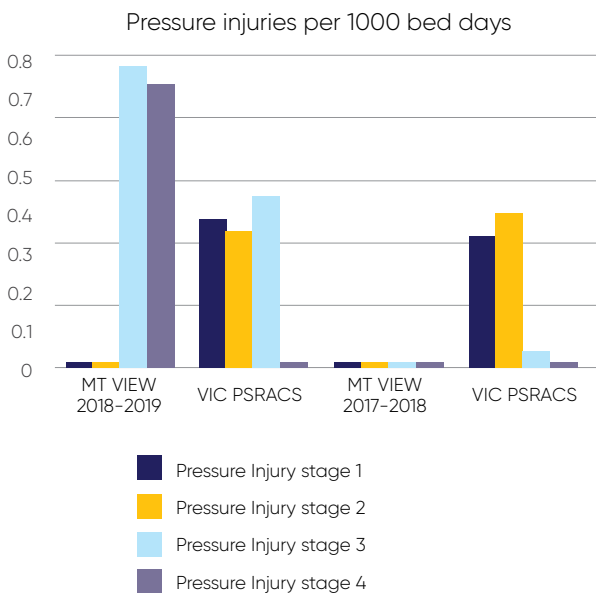
Pressure injuries can develop as a result of:

Friction and shearing forces, older age (70% of pressure injuries occur in people over 70)

Aged –related changes in skin, Medication–related changes to the skin, Poor nutrition, Decreased mobility, Chronic disease, Incontinence and Restraint.

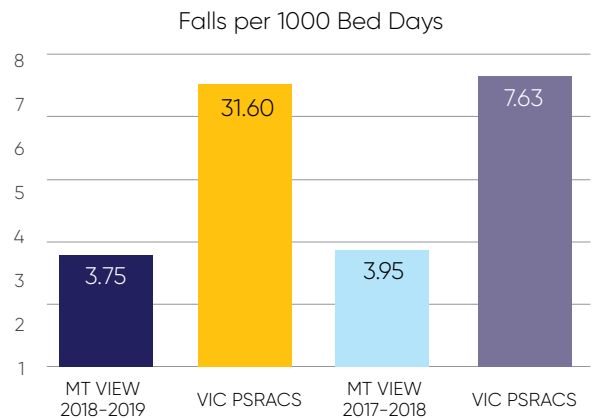
Common adverse events associated with pressure injuries include:

Death, Infection and cellulitis, Reduced Physical Function and Pain.



The objective is to monitor the proportion of falls and falls related fractures and trends. Why do we monitor this?. Falls can be prevented. However up to 50% of older people living in residential aged care services fall every year, with 40% experiencing recurrent falls. Residents are also 5 times more likely to fall than those who live in the community. The proportion of residents with a diagnosis of dementia who fall has been reported as even higher. Approximately 20–32% of older people who fall will experience a fall related fracture. **There were no fractures related to a fall reported in this reporting time frame in Mt View.** Adverse clinical events that can occur as a result of falls include:

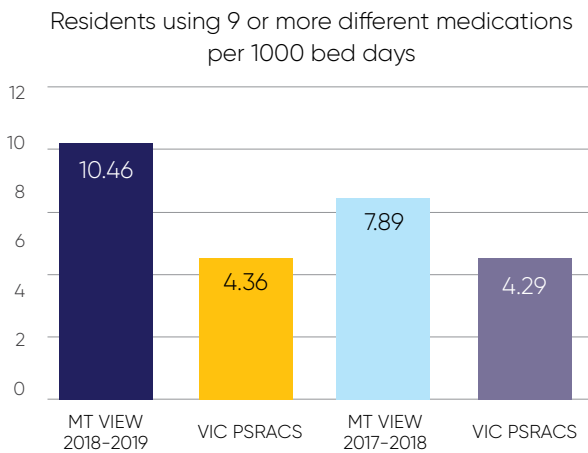
Death, Fracture, Decreased independence, Increased functional decline, Anxiety and fear of falling



The objective is to monitor the proportion of resident’s using nine or more different medicines and trends. Why do we monitor this? Polypharmacy is a considerable health issue among older people. People aged 65 years and over are the highest consumers of multiple medicines in Australia. There are a number of outcomes that may be fully or partially attributable to polypharmacy including:

Increased incidence of and susceptibility to adverse drug reactions and events, Increased risk of falls

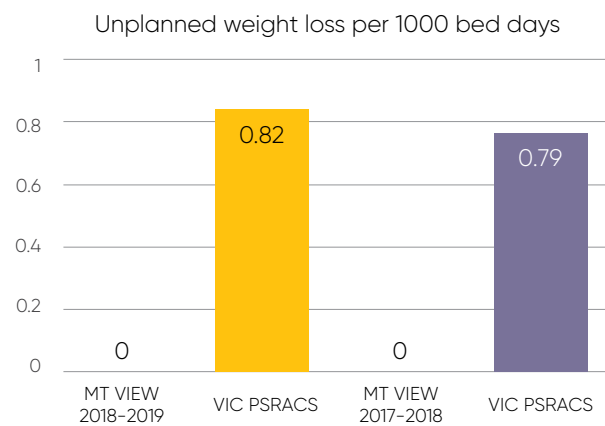
Increased risk of weight loss, Non-adherence and an inability to excrete and metabolise medicine.



The objective is to monitor the proportion of resident's with unplanned weight loss trends. Why do we monitor this?. Between 13 and 31% of residents in aged care experience unplanned weight loss. There are many adverse clinical events that occur as a result of unplanned weight loss including:

- Death,
- Increased risk of hip fractures,
- Pressure injury development,
- Poor wound healing and Malnutrition.
- Unplanned weight loss occurs among older people for a number of reasons including:
- Dementia, Behaviours linked to dementia such as pacing, wandering, inability to recognise food, forgetting to eat, forgetting how to eat, inability to feed self, loss of communication skills and paranoia regarding food.
- Poly pharmacy,
- Protein energy malnutrition,
- Aged related changes , sometimes called the "anorexia of aging" for example loss of taste, smell, sight, changes to the digestive system and swallowing difficulties
- Depression
- Chronic disease

- Poor dentition such as poorly fitting dentures and dental prosthesis, missing and decayed teeth
- Social isolation
- Physical and organisational environment



At Mt View Aged care facility we do not practice the use of restraints .

CARE COORDINATION (FAMILY MEETINGS)

At times the district nurses coordinate meetings involving consumers and other support people (eg family, carers, other care providers) the person would like involved in planning their care. Meetings are usually arranged because the consumer and/or their carer, requires more support for them to remain at home safely, due to declining health.

In the period July 2018 – June 2019, 16 of these meetings were held involving 8 male & 8 female consumers.

Outcomes from these meetings assisted 15 of these consumers to continue living at home with the following services put in place: 3 referrals were made to ACAS so that respite could be accessed, 6 consumers then accessed a period of residential respite to improve their health and allow their carer to rest, 8 consumers had district nursing visits increased, 4 commenced prepared meal delivery either through Meals on Wheels or a private provider, 3 commenced home help, 2 commenced attendance at the social centre, 2 accessed community transport and 1 purchased a mobility scooter, 2 referrals were made to the continence nurse, referrals were also made to palliative care, dietitian & Personal Alert Victoria. One consumer choose to become a permanent resident in an aged care facility.

QUALITY & SAFETY ACCOUNT REQUIREMENTS

FEEDBACK FROM THE 2018-2019 QUALITY & SAFETY ACCOUNT

Feedback indicated that our readers are happy with content and layout of our 2018 – 2019 Quality & Safety Account.

Comments included:

DISTRIBUTION OF THE QUALITY ACCOUNT & FEEDBACK

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.

Comments:

- As a new comer to Terang, it was informative and interesting to know what services are on offer and how well the service is performing.
- The Nurses are very helpful and are a happy go lucky lot, nothing is too much trouble for them to do anything for you.
- The report was pretty bloody good, Really nice to see photos of doctors and hospital staff included in this report, makes things a lot friendlier.
- It was easy to read the various reports and accounts, and all the different services that the Terang & Mortlake Health Service do for this area.
- The care, commitment and professionalism shown by staff at Terang & Mortlake has always been outstanding, please continue your work as always.
- We are so lucky to have this wonderful facility

which we have to access on a regular basis. The condition of the hospital is fantastic as are the staff. Always very welcoming!

- A very informative review of all aspects of the services the hospital provides. We are very fortunate in having very caring staff and doctors
- This report fills me with a confidence I would be in good hands should my medical issues arise

WINNER – QUALITY ACCOUNT REPORT FEEDBACK COMPETITION

Claudia Morris the lucky winner of a hamper 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.

ADVANCED CARE PLANNING 2018/2019 REPORT

EVERYONE HAS THE RIGHT TO MAKE THEIR OWN DECISION. HOWEVER, ANYONE CAN EXPERIENCE AN INJURY OR ILLNESS THAT MEANS THEY ARE UNABLE TO MAKE DECISIONS, EITHER TEMPORARILY OR PERMANENTLY.

In Victoria, there are a number of laws that enable you to plan a head now, should a time come when you are unable to make certain decisions for yourself.

Appointing a medical treatment decision maker, completing an advanced care directive and making an enduring power of attorney are always you can take control to improve the likelihood that decisions are made as you would want them later.

By appointing a medical treatment decision maker, you can specify who has legal authority to make medical treatment decisions for you, including procedures provided by dental and allied health practitioners, if you are unable to do so in the future.

By completing an advance care directive, you can specify your values and preferences which must be considered by your medical treatment decision maker, if you are unable to consent to medical treatment in the future. Alternatively, or in addition, you can provide instructions that your health practitioners in the future are bound to follow specific medical treatments that you consent to or refuse.

Message by Collen Pearce, Public Advocate "Take Control" March 2018

There has been some confusion for consumers regarding the terminology and format of new documentation since the changes in the Medical Treatment Act 2016 commenced on March 12th 2018.

Anyone having previously completed an advanced care plan-Statement of Choices and/or Enduring Medical Power of attorney document prior to March 12th 2018 remains valid unless the person decides to complete the new documentation.

There has also been some confusion with the implementation of the Voluntary Assisted Dying Act on June 19th 2019. Wanting to be able to access Voluntary assisted dying in the future CANNOT be written into an Advanced care directive. The processes and documentation are completely separate. Any person seeking information regarding Voluntary Assisted Dying are directed to talk to their Medical Practitioner, access information from the Department of Health and Human services or contact the State-wide care navigator service. vadcarenavigator@petermac.org or phone 0436848344.

Terang & Mortlake Health Service is a pathway C: Information & Support Service

Terang & Mortlake Health Services have 2 trained staff members skilled in Advanced Care Planning who can assist consumers to navigate and complete and Advanced Care Directive and /or Medical Treatment Decision Maker documents. They work every first and third Wednesday of the month from the Josie Black Community Centre and the Mortlake Community Centre

ALLIED HEALTH CARE STATISTIC AT A GLANCE



1975

ACUTE
BED DAYS

98%

STAFF
IMMUNISATION
RATE FOR
INFLUENZA

5355

AGED CARE
BED DAYS

**SAFETY &
QUALITY
DATA AT A
GLANCE**

26

BABIES BORN
13 BOYS
13 GIRLS

51%

PEOPLE MATTER
SURVEY
RESPONCE

26

NEW STAFF
MEMBERS

ESCALATION OF CARE PROCESSES

Case Study: Mother admitted August 2018 for elective caesarean section, second baby.

Delivery of live born term baby who developed breathing difficulties shortly after birth. The baby had nasal flaring, grunting and retraction. Baby was determined to have transient tachypnoea of the newborn (TTN) commonly known as wet lung and more common with caesarean sections or prematurity. This baby wasn't premature.

Baby required assistance with breathing (ventilation) until PIPER arrived several hours later to transport the infant to a special care nursery. The baby was discharged home 48 hours later.

As a result of this case, TMHS has fund raised and subsequently ordered a transport cot so babies can be transferred to a nearby hospital rather than a tertiary hospital in Melbourne. There has been a delay in its arrival. There has been a delay in manufacture of the transport cot, the anticipated arrival date is now early in 2020.

VICTORIA POLICE WESTERN REGION LEADING SENIOR CONSTABLE MALCOLM AGNEW GAVE DISTRICT RESIDENTS A CRASH COURSE IN SECURITY AT A PRESENTATION HELD AT THE JOSIE BLACK CHC ON THE 25TH APRIL.

Fifty Four consumers from the area including representatives of the Timboon & Cobden Social Centres attended the presentation with very positive feedback received following the session. Information on what to do to ensure personal safety, scam prevention and internet security were some of the topics.

Points given by Constable Agnew included;

- Not to panic if you think you have been scammed, remain calm and contact someone to assist you
- Install a security door in your home
- Have a separate debit card for potentially unsafe purchases
- Trust your instinct, if it doesn't feel right; it probably isn't

Victim Support Officers are available on 1800 819 817 or visit www.justice.vic.gov.au/victims of crime

Constable Agnew also attended the Terang Hospital Campus on Tuesday May 21st where he gave a presentation to staff on keeping safe in the event of a situation involving an aggressive consumer at the Health Service.

Whilst at the Hospital Campus Constable Agnew also spent time in the new Kitchen area passing on ideas for safety controls.

THE HEALTH SERVICE HAS WELCOMED A NEW SURGEON TO THE TEAM.

Dr Duminda Gunawardane completed his first operating session on Thursday Feb 28th. It is planned that Dr Gunawardane will conduct a monthly list at the Terang Hospital.

Originally from Sri Lanka, Dr Gunawardane moved to Australia in 2015 where he successfully completed his surgeons examination.

His previous experience includes Barwon Health and Colac Area Health where he is currently based.

AGED CARE – CONSUMER FORUM

TUESDAY MAY 21ST AT MT VIEW IN LINE WITH STANDARD 1 & 2

Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

EACH CONSUMER IS TREATED WITH DIGNITY AND RESPECT, WITH THEIR IDENTITY, CULTURE AND DIVERSITY VALUED

How would you report disrespectful care or discrimination in how your care or services are delivered?
Would you feel safe to do so?

All who commented indicated that that would feel comfortable telling someone if they had any concerns about the care and services being r provided.

Do you feel that you are treated with dignity and respect at all times?

All who commented indicated that they appreciated the care and attention they received.
A friend on behalf of a consumer indicated that although she had trouble expressing her needs he knew that she was treated with dignity and respect

CARE AND SERVICES ARE CULTURALLY SAFE

Do you feel that staff who deliver your care and services understand your needs and preferences and know what to do to make sure you feel respected, valued and safe?

Absolutely
No complaints, gets all he expects and more when he visits.
I am well aware of the facilities provided.

Do you feel that your visitors are made to feel welcome when they visit you? How?

Two relatives/ friends indicated that they always feel welcome when they come to the facility to visit
Staff are very welcoming

EACH CONSUMER IS SUPPORTED TO EXERCISE CHOICE AND INDEPENDENCE

Does Mt View support you to make and communicate decisions affecting your health and wellbeing and that you can change these decisions at any time?

I am able to make choices
I am unsure who makes the choices for me but I am happy.
I gather the doctor and nurses make the choices for me.
I can do what I want to do

Are you recognised as an expert in your own experiences and personal preferences, lifestyle and care? Are your choices respected?

Question not asked

EACH CONSUMER IS SUPPORTED TO TAKE RISKS TO ENABLE THEM TO LIVE THE BEST LIFE THEY CAN

Do you feel heard when you speak to the staff about what matters to you and what you want? All indicated that they felt that they were listened to

Do you feel supported to understand benefits and possible harm when you make decisions about taking risks in day-to-day life over the long term? Question not asked

INFORMATION PROVIDED TO EACH CONSUMER IS CURRENT, ACCURATE AND TIMELY, AND COMMUNICATED IN A WAY THAT IS CLEAR, EASY TO UNDERSTAND AND ENABLES THEM TO EXERCISE CHOICE

Do you get the right information, at the right time and in a way that you can understand? Yes I receive clear information when I need it , and it is easy to understand
If I am unsure I can discuss it with my family.
I am involved in my care

Are you involved in discussions/meetings and encouraged to ask questions? All indicated yes; they were involved

EACH CONSUMER'S PRIVACY IS RESPECTED AND PERSONAL INFORMATION KEPT CONFIDENTIAL

Are you satisfied that care/services including personal care, are undertaken in a way that respects your privacy? Yes, my privacy is respected.
No

Does Mt View respect your personal space and privacy when your friends/family visit you? No problems if we need space or privacy we will ask for it

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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



This document is printed on Sovereign A2 – Silk an independently certified Carbon Neutral Paper. By choosing this paper Terang & Mortlake Health Service has saved 1479kgs of Greenhouse gas.

Working For Our Future



TERANG & MORTLAKE
HEALTH SERVICE

[www.**tmhs**.vic.gov.au](http://www.tmhs.vic.gov.au)