



MALLEE TRACK HEALTH
AND COMMUNITY SERVICE

QUALITY ACCOUNT 2017-2018

On track for
a vibrant future



STATEWIDE PLANS AND STATUTORY REQUIREMENTS

The purpose of the quality account is to provide accessible information to each health service's community about its quality of care and safety.

CEO REPORT

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This report provides easily accessible information about the quality of care we delivered at Mallee Track Health and Community Service from July 2017 to June 2018.

Some definitions

At MTHCS, we use the words 'consumer' and 'patient' interchangeably. Sometimes we refer to patients as 'clients' or 'residents'. The term 'consumer' can sometimes refer to a volunteer who gives their time to the organisation to help improve our services.

Welcome to the Quality Account Report for 2017/18 which Mallee Track Health and Community Service (MTHCS) is pleased to present to the community.

MTHCS' commitment to improving the quality of our services to you, the community, is embedded in every part of what we do. The Quality Account Report is our presentation to you to increase community awareness of how we have heard your feedback through many formal and informal methods. The report tells you what we have heard you tell us and what we have done in response to this feedback.

Our achievements are many and only a snapshot is presented here. We welcome ongoing feedback as we continue to foster a culture of organisational learning. Mistakes, near misses and times when we receive positive feedback provide rich learning opportunities.

MTHCS is committed to our consumer participation framework which was developed three years ago and is reviewed annually. This framework documents how we engage consumers and what we do with the information that we receive.

In addition, we have worked to seek active feedback on the quality account to improve the way that we present this information to our community.

In 2016/17 we distributed the quality account in the form of a broadsheet insert in the local print media in the catchment. Additionally, we made copies of the account available at key reception points of every campus where we operate services. We have actively engaged consumer feedback through targeted surveys on the presentation of the quality account and the preferred distribution method for 2017/18.

MTHCS welcomes all formal and informal feedback – complaints, compliments and comments. I hope that you enjoy this year's report and find it interesting and informative.



Lois O'Callaghan
Chief Executive Officer



Delivering for diversity – cultural diversity plan 2016-2019

The MTHCS catchment does not have a large Aboriginal population group and, similarly, there are no significant concentrations of people from any specific population groups or from any country of origin other than Australia.

MTHCS has reviewed and updated our diversity plan to ensure client needs are identified and met.

The terms 'diverse' and 'diversity' refer to the diversity of our community, recognising groups that have historically been under-represented – women, Aboriginal people, young Victorians, Victoria's culturally and linguistically diverse communities, lesbian, gay, bisexual, transgender and intersex people and Victorians with a disability.

Actions to date include:

Training of all staff in the Mallee Track Medical Clinic on cultural diversity.

Recruitment and retention processes that take into consideration diversity requirements.

Maintaining flexible working policies to ensure readiness of potential employees from Culturally and Linguistically Diverse (CALD) backgrounds and Aboriginal populations who may be considering MTHCS as an employer of choice.

Maintaining flexible service delivery policies to ensure readiness of potential consumers from CALD and Aboriginal populations seeking services.

Family violence

MTHCS is implementing the Strengthening Hospital Responses to Family Violence (SHRFV) initiative to develop a "whole-of-hospital" model for responding to family violence in public hospitals. This initiative is part of the government response to the Royal Commission into Family Violence.

The organisation recognises that family violence across the life span is a complex and serious community issue, most commonly experienced by women and their children. As a health service, we are in a unique position to identify people at risk, sensitively inquire if we can help, and make referrals to specialist family violence services if required.

MTHCS has received funding to partner with our neighbouring health services – Robinvale District Health Service (RDHS) and the Mildura Base Hospital (MBH) – in the roll out. This initiative aligns with broader regional and statewide policies in response to Family Violence.

Actions in implementing the SHRFV have included:

Engaging with the project lead – Mildura Base Hospital.

Participating in and contributing to the governance group.

Identifying a local lead for implementation of the initiative.

Attendance at statewide training and information forums.

Development and implementation of policies and procedures to support staff members experiencing family violence.

Development and implementation of policy, procedure and guidelines for identifying and responding to patients experiencing family violence.

Implementation of workplace support training to managers.

Internal communication to raise awareness amongst staff of SHRFV.

Raising awareness among patients and families about the hospital position on family violence and the SHRFV project.

Child safe standards

MTHCS has implemented the Child Safe Standards across the organisation and continues to deliver initiatives that improve the safety and wellbeing of children.

During the reporting period, we reviewed the effectiveness of the implementation of the standards using the action plan recommended by the Commission for Children and Young People. Preliminary findings of the review have identified ways we can continue to strengthen our approach across the organisation, as well as where the requirements are already well embedded into our systems, processes and practices.

Leading our communities to excellence in integrated health and community services

CONSUMER, CARER AND COMMUNITY PARTICIPATION

We encourage patients and their loved ones to take an active role in their own healthcare and to work with us to continually improve services.

Improving the way we communicate with the community

Consumers gave consistent feedback that they wanted more transparency about key issues and programs.

This was largely driven by the instability in medical services, mainly the shortage of permanent GPs, and a keen community interest in understanding how the health service was responding to challenges.

To meet the need for more information, our organisation:

Identified a communications and media strategy.

Distributed regular press releases through the local print media to engage consumers.

Published regular schedules of service in the local print media for GPs engaged across the catchment.

Commenced a quarterly community newsletter.

Commenced a monthly staff newsletter.

Increased use of social media to expedite relaying of information to the community.

Improving literacy in Aged Care

Informal community feedback advised us there was a gap in public knowledge about the complexities associated with Residential Aged Care. In response, our health service worked with other local partners to deliver community forums on a range of topics associated with healthy ageing in Ouyen and Murrayville. Another community information session is planned for Sea Lake.

Redevelopment of Sea Lake Campus

An exciting part of our health service history was improving the quality of aged care provided to the Sea Lake community. In December 2017, the redevelopment of the Sea Lake campus was completed and residents of the facility were able to move in.

In the initial stages, we had extensive feedback from staff, residents and the community about the use of the facility. We ensured we captured the consumers' views by implementing the following strategies:

Weekly campus meetings with staff to discuss the best use of the new facility to ensure high quality care to residents. These meetings also allowed us to register defects in the construction to feed back to the builder during the defects period.

A review of staff responses and practices in the urgent care centre to ensure presentations to urgent care continued to be handled in a confidential and appropriate manner.

An internal review by a staff member from another campus to capture residents' feedback on their preferred use of the space in the redevelopment.

Volunteers

Mallee Track has approximately 160 people registered as volunteers who assist with many programs.

55 drivers

24 friendly visitors

14 assistants for Planned Activity Groups.

7 supporters for Meet and Eat Groups.

Registered volunteers: 13 at Sea Lake, 13 at Murrayville, 16 at Walpeup/Underbool.

Some volunteers have been with MTHCS for over 40 years.

Over 20 clients are transported each week through the community transport program coordinated through Neighbourhood Houses.

Strengthening community participation in local healthcare

Our Consumer Participation Framework identifies how and where we engage with consumers and who our 'critical friends' are. This Framework was developed three years ago and is reviewed annually.

Consumer and community inclusive systems we currently embed as part of our community consultative strategic and service planning processes are:

Program evaluations.

Satisfaction surveys.

Internal focus groups when we require specific feedback on a quality or safety issue.

Externally driven focus groups.

Kinder meetings and childcare parent information sessions.

Resident and family meetings.

Volunteer appreciation events.

Community targeted meetings and information sessions.

Consumer review of documentation and patient information publications – testing our health literacy.

Feedback system – compliments, concerns and suggestions.

MTHCS is also involved in a number of community driven committees:

Community development groups and progress associations.

Respective Auxiliaries across the catchment.

Health Support and Reference Group.

Committees such as Deb Ball and Farm Safety.

Our consumer and community involvement includes:

Media and communications in all forms to the community (local print media, community newsletters, staff newsletters and social media).

MTHCS website.

Relevant brochures and fact sheets.

Information displays and education pin boards.

Interpreter service

ONCALL telephone service is the organisation that MTHCS uses for interpreter needs. A relationship is established between MTHCS and ONCALL using a regionally funded Department of Health and Human Services (DHHS) program. This ensures that only accredited personnel are utilised such as Nationally Accredited Authority for Translators and Interpreters Ltd (NAATI).

MTHCS has access to accredited interpreters in many languages. Interpreters can be used via telephone or in person. Consumers with speech or hearing impairments can use an Auslan interpreter which is arranged by staff.

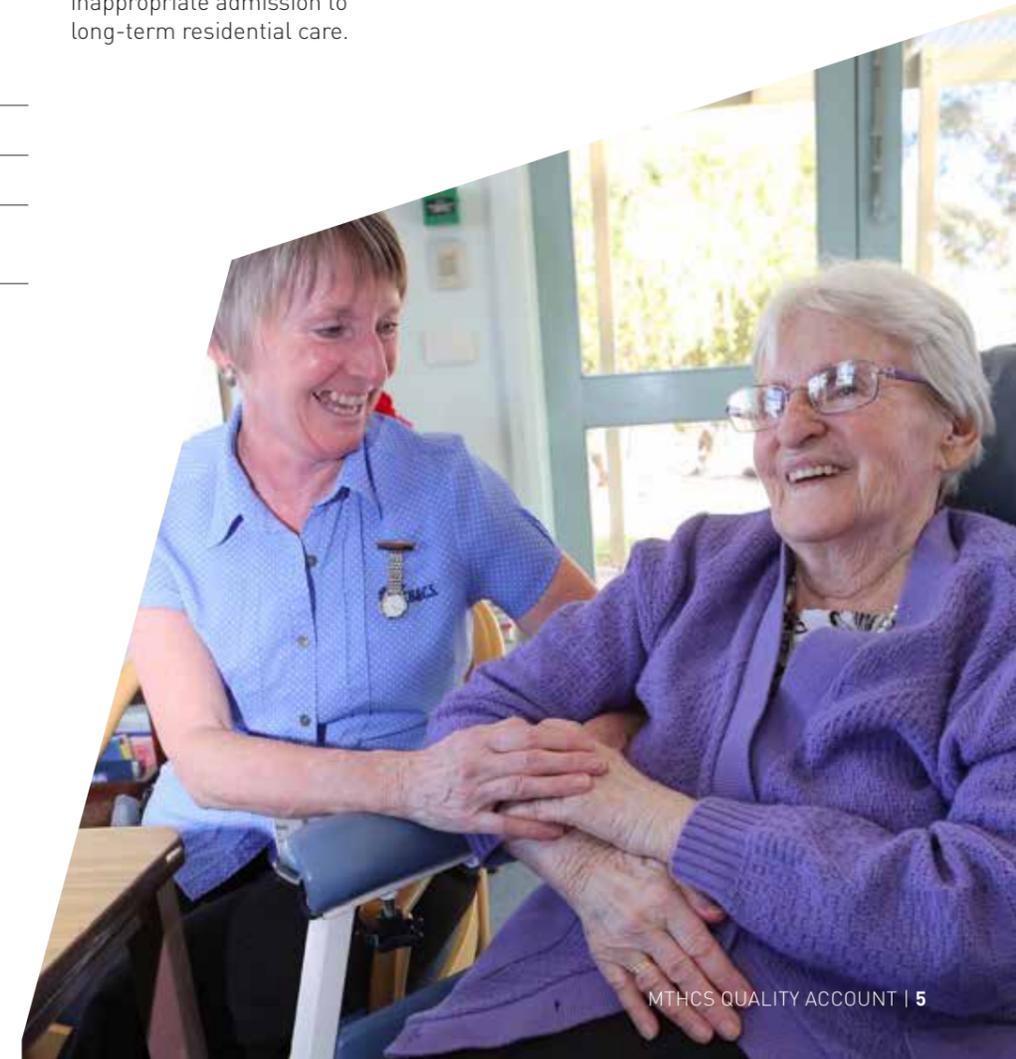
There were no appointments where an interpreter was used in the past year.

Disability services

Support services for frail older people and younger people with disabilities and their carers is provided by the Community Services team. The focus is on helping clients remain in their home in a supported environment, rather than a premature or inappropriate admission to long-term residential care.

The program ensures community care workers have the most up to date information and knowledge to pass on to their consumers. This occurs through regular staff meetings and in-services for community services staff where new information, challenges, Occupational Health and Safety issues, and client and worker wellbeing are reviewed.

Healthy & happy communities thrive



MEDICAL SERVICES AND PRIMARY HEALTH CARE COVERAGE

MTHCS has significantly strengthened the provision of Primary Health Care and Medical Services.

This included engagement of Dr Ashraf Takla at Ouyen, retaining Sea Lake GP Dr Ros McCallum and securing regular locum GPs. The hosting of Nurse Practitioner services and clinics for Murrayville and Underbool communities resulted in additional GPs for Murrayville.

Mallee Track Medical Clinic, Ouyen

Dr Ashraf Takla

Dr Ashraf Takla consults full time. Other planned and locum GPs consult as workforce allows. As well as wide knowledge in General Practice, Dr Takla is a Surgeon trained in trauma and orthopaedics.

He has worked in country medical practices for 12 years and has a keen interest in sports medicine. Dr Takla also teaches medical students and registrars as his way of promoting the importance of country medicine, and the benefits of rural life.

A Practice Nurse is also available at the Ouyen Clinic five days a week.

Other planned and locum GPs consult at Ouyen as workforce allows.

Doctors in schools at Ouyen (Thursdays)

Dr Takla consults at Ouyen P12 College, as part of the GPs in Schools program, and also at the medical clinic. On Thursdays when he is at the College, the clinic in Ouyen is supplemented by a locum from Sea Lake.

Ouyen P12 College is one of 100 Victorian schools to offer a General Practitioner and Practice Nurse onsite every week. MTHCS manages the contract funded by the Victorian Department of Education and Training (DET), in partnership with Murray Primary Health Network.

Royal Flying Doctors Service (RFDS) Rural Women's GP Program, Ouyen

www.flyingdoctor.org.au

Dr Jane Russell

The Rural Women's GP program, provided through the RFDS, visits every six weeks. Dr Jane Russell has previously practiced in Ouyen. She has been a registered Medical Practitioner since 1983. Dr Russell has a particular interest in women's health and especially ante-natal and post-natal care. She has extensive experience in Obstetrics in Australia, Scotland and Kenya.

Dr Russell is an accredited share-care doctor with the Royal Women's Hospital and various others, as well as working for the RFDS for the last 16 years.

Mallee Track Medical Clinic, Sea Lake

Dr Ros McCallum

Dr Ros McCallum consults three days a week, supplemented by locum services to ensure five days a week access to GPs. Up-to-date locum calendars are published monthly in the local newspaper.

Locum GPs consult in Sea Lake four days a week.

Underbool and Murrayville

Nurse Practitioner Di Thornton

Di Thornton offers a range of Primary Health Care services. Clients can check Mallee Border Health website and Facebook to stay up to date.

Visiting GP Dr Peter Hamilton

Dr Peter Hamilton is available for appointments every two weeks.

Dr Gerry Considine

Dr Gerry Considine is available for Skin Cancer Clinic consultations. Appointments are by arrangement with NP Di Thornton.

Our Vision: To provide people of all ages with access to quality, person-centred care in the Mallee



Local Drug Action Team (LDAT)

The Australian Government and Alcohol and Drug Foundation (ADF) announced a Local Drug Action Team for the Southern Mallee region to help prevent alcohol and other drug harms at a grass-roots level. MTHCS is the lead organisation in the region. The LDAT will focus on youth.

Strategic direction

Our planning included a commitment to design a strategic plan for 2018-23 as well as reviewing our Vision, Mission and Philosophy. A new five-year strategic plan will inform operations from the 2018/19 financial year.

Development of the plan involved extensive consultation. The response rate from community and staff seeking input far exceeded the reference group's expectations. Our communities and workforce are passionate about local health care.

We adopted a set of interim strategic directions as part of determining the broader capital requirements of the health service in line with community needs now and in the future.

Director of Medical Services appointed

Dr Mau Wee joined MTHCS early in 2018, appointed to lead development of effective clinical governance systems, give strategic guidance on service planning issues and contribute to accreditation efforts.

The role of Director of Medical Services is a requirement of the Victorian Public Healthcare System.

Public dental service

We received additional funding to deliver a Public Dental Service in partnership with Tankard Dental.

Patients 2016/2017: 835
Patients 2017/2018: 888

QUALITY & SAFETY

Our organisation responds to community and staff feedback as part of continuous improvement to the quality of services delivered.

Consumer feedback

A total of 17 complaints were received in 2017/2018 compared to 21 in 2016/2017. Complaints are addressed promptly and complainants providing contact details are provided with a formal response.

Patients, clients and residents are encouraged to give feedback via our Compliments, Concerns and Suggestions process.

A monthly, de-identified report on all feedback received goes to the Chief Executive Officer and Directors and the Quality, Safety and Risk Committee.

Improvements made as a result of Comments and Complaints include:

- Permanent GP employed at Ouyen.
- Increase in MTHCS representation at community and volunteer meetings.
- Voucher system for volunteers.
- More information posted in outreach communities from MTHCS.
- Operational Toolbox meetings held at Sea Lake weekly.
- Transport available to all staff for MTHCS events.

Consumer feedback on last year's Quality Account

Consumers, carers and community feedback was captured from a survey in last year's Quality Report.

Our response to consumer suggestions is included in this year's report:

Further information about medical and primary health care services.

Information about the Rural Women's GP Program resuming.

Language has been simplified and technical jargon limited where possible.

Customer feedback form reviewed.

Analysis of the numbers of falls and medications included.

A4 format explored.

Staff are confident in the safety of patients

The results of the 2017 People Matters Survey told us staff were confident about the safety of patients in our care.

The highest scoring measure (82% agreement) was "Patient care errors

are handled appropriately in my work area". The lowest scoring measure (61% agreement) was "Trainees in my discipline are adequately supervised".

There were eight other measures where agreement was between the lowest and highest. These measures were:

The health service does a good job of training new and existing staff.

I am encouraged by my colleagues to report any patient safety concerns that I may have.

The culture in my work area makes it easy to learn from the mistakes of others.

My suggestions about patient safety would be acted upon if I expressed them to my manager.

Management is driving us to be a safety-centred organisation.

I would recommend a friend or relative be treated as a patient here.

Patient safety priorities

Actions taken to improve and foster a culture of patient safety were in direct response to lower scoring measures in the People Matters Survey. In response to staff experiences and suggestions for improving patient safety, our organisation:

Reviewed, updated and implemented a simplified performance appraisal system to enable better supervision and career development for staff.

Engaged specialist training with a focus on strengths-based practice. This training was provided locally to all staff at no cost.

Commenced a review of the process for orientating new staff.

Commenced a clinical governance review which, in the future, will identify ways to improve staff confidence, competence and capability.

Invested in board and staff members to attend clinical governance training over the reporting period.

Through the HR consultant, trained and improved staff capability of recording 'critical conversations' where feedback on conduct and behaviour is required.

Identified an appropriate provider of Code Grey training. Code Grey is the health service response for managing aggressive behaviours. This will be rolled out in the next reporting period.

Celebrates work well done where good client outcomes have been achieved.

Sentinel and adverse events

There were 770 incidents across MTHCS during the 2017/2018 year. During this time MTHCS had 18,545 bed days.

An incident severity rating (ISR) is applied to all incidents recorded in VHIMS. The ISR is calculated based on the degree of impact, level of care and treatment required.

This means that there were 0.33 ISR2 events per 1000 bed days and represents a small percentage of overall incidents - most incidents are ISR3 or ISR4. MTHCS recorded no ISR1 events and six ISR2 events. No sentinel events were reported.

MTHCS uses the Victorian Health Incident Management System (VHIMS) electronic database to record and monitor incidents that occur in both the acute and residential services. All ISR1 and ISR2 incidents are reviewed to ensure where possible measures are taken to prevent recurrence.

What are sentinel events?

Sentinel events are unexpected events that result in death or serious harm to a patient while in the care of a health service.

What are Incident Severity Ratings (ISR)?

- ISR1 Severe impact
- ISR2 Moderate impact
- ISR3 Mild impact
- ISR4 No harm/Near miss



Safety Culture

People Matter Survey

Percentage of staff with a positive response to safety culture questions.

Positive results

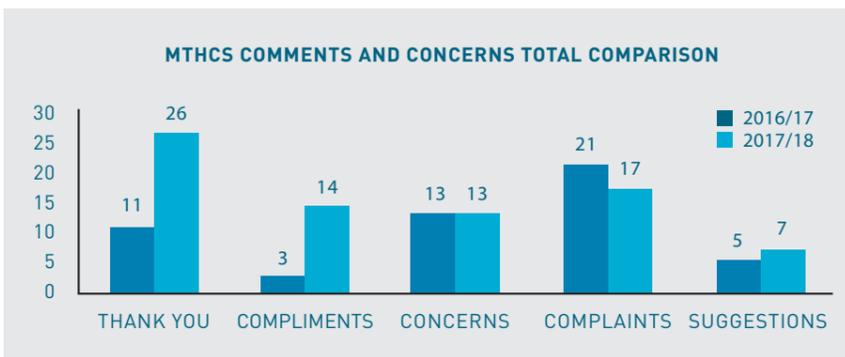


Victorian Healthcare Experience Survey**

INDICATOR	QUARTER 1		QUARTER 2		QUARTER 3	
	Target	Result	Target	Result	Target	Result
Positive patient experience	95%	*FC	95%	FC	95%	FC
Discharge care	75%	FC	75%	FC	75%	FC

*Full Compliance

** Less than 42 responses were received for the period due to the relative size of the Health Service



INFECTION CONTROL

MTHCS has met requirements of NSQHS Standard 3: Preventing and Controlling Healthcare Associated Infections as reported in external audit review.

Accreditation

MTHCS underwent multiple external accreditation processes in the past year. In March 2018, MTHCS moved to a new certification body, which allows us to be accredited against multiple standards during one survey visit. This reduces costs, as well as the impact on staff and clients. MTHCS achieved ongoing accreditation ensuring we provide safe and quality care to you, our consumers.

	HDAA Australia Pty Ltd surveyed our entire organisation against the ISO 9001 (Health), National Safety and Quality Health Service Standards and Human Service Standards. MTHCS has ongoing full accreditation until 20 July 2020.
 	Acute Care and Dental Services are fully accredited under the National Safety and Quality in Healthcare Standards (NSQHS). MTHCS has ongoing full accreditation until 20 July 2020.
	Community Services are fully accredited under the: Home Care Standards through the Aged Care Quality Agency. MTHCS has met 18 out of 18 expected outcomes of the Home Care Standards.
	Mallee Track's Family and Disability Services were reviewed against the Department of Health and Human Service Standards. MTHCS was found to comply with the requirements of the Standards and has certification until 7 August 2020.
	MTHCS's Preschools were assessed under the National Quality Framework. MTHCS Ouyen Preschool achieved an 'exceed' rating; while Manangatang and Sea Lake Preschools achieved a 'met' rating.
	MTHCS Australian Breastfeeding Association accreditation as a Breastfeeding Friendly Workplace. MTHCS has ongoing full accreditation until June 2019.
	Mallee Track Medical Clinics are accredited under AGPAL. Ouyen Medical Clinic has full ongoing accreditation until 24 January 2020. Sea Lake Medical Clinic has full accreditation until 2 February 2019.

Hand hygiene compliance

MTHCS has implemented the World Health Organisation Hand Hygiene Initiative, "5 Moments for Hand Hygiene".

Trained auditors regularly monitor all staff for compliance and this is reported to DHHS quarterly.

This improved hand hygiene significantly reduces the risk of infection to our patients, clients, volunteers, staff, visitors and contractors.

Patients are also encouraged to ask staff "Have you cleaned your hands?" before staff touch them.

MTHCS compliance achieved 90%, exceeding the target of 80%.



Staff influenza immunisation

MTHCS received a certificate of recognition for achieving above the State average immunisation rates for staff flu injections.

This puts MTHCS well on track for the 80% Healthcare Worker influenza immunisation target for all health services statewide for 2018/19.

91% of staff were immunised in 2018 (Ouyen-86% Sea Lake- 96%) which exceeded the required state average of 80%. Residents were also offered Influenza vaccination. The take-up rates were 81% in Ouyen, 95.5% in Sea Lake and 87% at Pattinson House.

Vaccination provides improved protection for patients, volunteers, staff, visitors and contractors. Staff immunisation status is reviewed at orientation and ongoing through employment.



Environmental Cleaning

The required benchmark has been met in Very High Risk 90 and Other risk areas 85 - audits have averaged 97.2 in the past year.

Cleaning Standards for Victorian Health Facilities 2011 guides auditing of environmental cleaning.

MTHCS is now monitored through the Victorian Health Experience Survey, which has shown no concerns with cleaning.

Staphylococcus Aureus Bacteraemia rate

No staphylococcus aureus Bacteraemia infections were recorded at MTHCS this year.



RESIDENTIAL AGED CARE SERVICES

Our organisation provides high and low level residential aged care at Sea Lake and Ouyen. MTHCS continues to participate in the Public Sector Residential Aged Care Services (PSRACS) Quality Indicator process.

Incidents

The number of falls decreased during the year, but falls remain the most significant incident reported. In fact, all types of incidents decreased - falls, medication errors, pressure sores, skin tears, fractures and bruising.

All incidents are reported through the Victorian Health Incident Management System (VHIMS) and monitored through our Quality, Safety and Risk Committee (QSRC). All incidents are investigated with the aim of implementing actions to prevent further occurrence of similar types of incidents.

Trend analysis is conducted where a significant change from the previous period has occurred to identify opportunities to improve patient and resident safety.

Ouyen Nursing Home, Kaleesa Nursing Home and Carinya Hostel reported

a decrease in the number of falls occurring compared to last year. Ouyen Nursing Home had 50 less, Kaleesa Nursing Home had eight less and Carinya Hostel had one less. Pattinson House Hostel recorded two more falls this year.

This is a pleasing result overall, but management remains committed to further reducing the number of falls and the severity of injuries sustained. MTHCS will continue to use strategies implemented including sensor mats, training and education for staff, strength building exercises and increased nutrition for the elderly.

Graph 1 shows analysis of incidents by type reported per month for the past year in all bed based services.

Graph 2 shows analysis of incidents by the type of incident reported for the past two years in all bed based services at MTHCS.

The number of fractures that resulted from falls decreased.

Reports of medication errors in all bed based services decreased by 45%.

MTHCS continues to use strategies to decrease the number of medication errors within the service. Some of these strategies have been a direct result of reviews of incident forms, while others have been implemented to encourage best practice standards.

Strategies include: increased education sessions on medication administration policy and procedure; annual medication competency assessments; and increased reporting of medication errors.

Quality Indicator Program

Indicators include prevalence of pressure ulcers; prevalence of falls and fall-related fractures; suspected deep-tissue injuries; unstageable pressure injuries; incidence of use of physical restraint; incidence of using nine or more medications; and prevalence of un-planned weight loss.

Data is collected quarterly and reported to the Department for all Residential Aged Care Services.

Pressure ulcers

The incidence of pressure ulcers at MTHCS is low and decreased for 2017-2018 compared to 2016-2017 - two (2) compared to eight (8). MTHCS continues to use appropriate equipment such as pressure relieving mattresses, podiatry assessments, staff education and appropriate risk assessment of all residents.

Falls and fall-related fractures

Across MTHCS, the number of falls occurring is generally below the average rate for Victorian Public Sector Residential Aged Care Services in all services. Unfortunately, the number of fractures resulting from falls is above the average rate.

Suspected deep-tissue injuries

There were no incidences of suspected deep-tissue injuries recorded during the year.

Unstageable pressure injuries

Canon TD Martin Nursing Home and Pattinson House both recorded one incident.

Physical restraint

MTHCS did not use physical restraint during this reporting period.

Multiple medication use

The incidence of the use of nine or more medications by residents at MTHCS is above the average rate for Victorian Public Sector Residential Aged Care Services. Medication reviews are conducted on all residents using nine or more medications.

Unplanned weight loss

The incidence of unplanned weight loss is very low at MTHCS and well below the average rate for Victorian Public Sector Residential Aged Care Services.

Escalation of care

It is known that signs of clinical deterioration often precede a cardiac arrest and, in many cases, these events may be prevented if deterioration is identified early and acted upon. MTHCS continues to use the Adult Observation and Response Chart (ORC) across the organisation as a tool to monitor patients. The observation and response chart allows staff to identify early signs of patient deterioration and initiate early response.

MTHCS has reviewed and updated clinical deterioration procedures. Staff continue to complete education and training in relation to the deteriorating patient and appropriate response. Clinical audits are undertaken to ensure procedures are being followed and are achieving the desired outcomes.

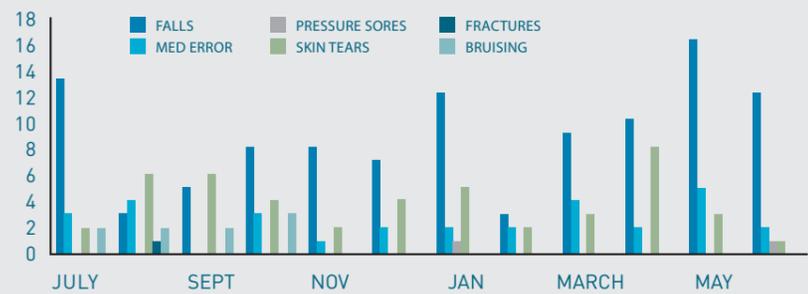


The fractures occurred following falls at the Ouyen Hostel (1), Sea Lake Nursing Home (1) and Ouyen Nursing Home (2).

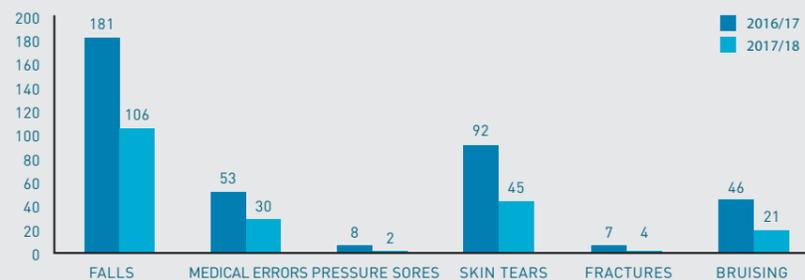


Most of the errors related to 'storage of medications' and there were no resulting adverse outcomes for patients or residents.

GRAPH 1 - INCIDENT REPORTS 2017/2018 FOR BED BASED SERVICES



GRAPH 2 - ANALYSIS OF INCIDENTS



COMPREHENSIVE CARE

Advance Care Planning is a process to help people formulate and communicate their preferences for care during future illness or incapacity.

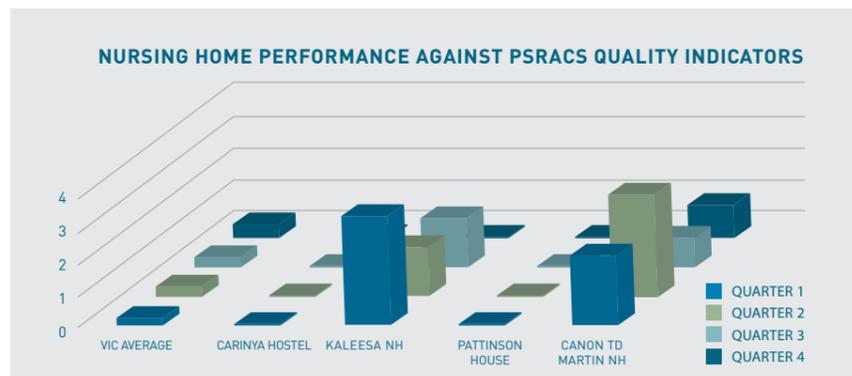
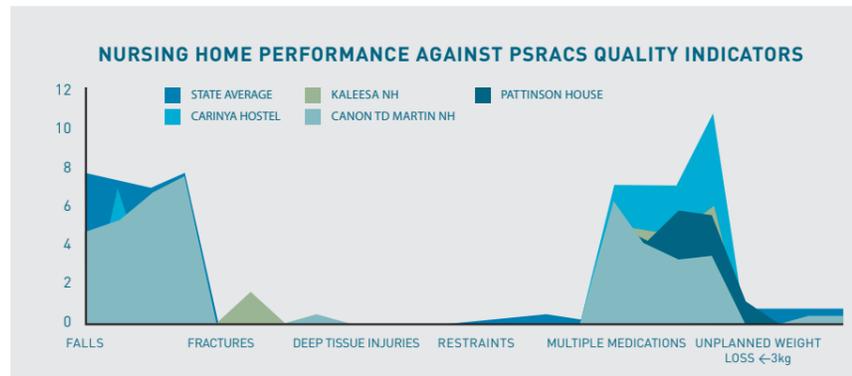
Facilities' performance against Quality Indicators

Carinya Hostel Multiple medication use is the worst performing indicator.

Kaleesa Nursing Home Kaleesa has performed worse than the average rate for the number of pressure ulcers - Stage 1, the number of fractures from falls and multiple medication use.

Pattinson House Hostel Pattinson House has performed better than the state average across most of the indicators, particularly the number of falls. Multiple medication use is the one indicator of concern at Pattinson House Hostel.

Canon TD Martin Nursing Home Pressure Ulcers - Stage 1, the number of falls and Multiple medication use are the worst performing Indicators. The number of pressure ulcers has, however, more than halved.



Advance Care Planning (ACP) and end of life care

100% of patients at MTHCS over the age of 75 years have an advance care directive.

New legislation was enacted in March 2018 which changed terminology. ('Advance Care Plans' to 'Advanced Care Directives') and with the ability to appoint a 'medical treatment decision maker'.

Staff have been educated on these changes, and policies and procedures have been reviewed and updated to ensure compliance with the new Medical Treatment Planning and Decisions Act.

Regardless of name change it is still a process to help people formulate and communicate their preferences regarding care during future illness or incapacity.

MTHCS has continued to use Advance Care Planning Champions and is committed to ensuring patients and residents over the age of 75 have plans in place. The green folder system continues to be used ensuring plans are easier to locate in the patient's history.

Our organisation developed essential elements for safe and high-quality end-of-life care including:

Palliative Care Resource Nurse. This training focussed on assessment and management of cancer and non-cancer related pain, assessment and management of other symptoms including nausea, delirium, terminal restlessness and dyspnoea, how to convert common opioids such as Oxycodone to Morphine, important information about using syringe drivers in palliative care, palliative chemotherapy and radiotherapy, communicating with patients and their families, anticipatory grief, psychosocial support for patients and families, spirituality and the role of complimentary therapies such as massage and music therapy in palliative care.

Purchase of specific items for the palliative care unit in Ouyen. Funds were raised and donated by the Underbool Primary School.

Planning future refurbishment of the palliative care unit in Sea Lake. The organisation is consulting with the Sea

Lake community on refurbishment in line with the completion of the flexibed part redevelopment.

Primary health care skin cancer screening clinics at Murrayville. MTHCS is providing a host environment for visiting doctors to provide skin cancer clinics.

Skin cancer screening and lesion removal clinics at Ouyen clinic. To be included in the clinic's other services based on community feedback.

Clinical governance review to improve the quality of bed based services. This will occur across the health service, including palliative care.

Case study

When Rose had a fall fracturing her humerus her family were comfortable in the fact that she had an advanced care directive clearly stating that she did not want to undergo any invasive surgery. Rose remained in our residential facility and was kept comfortable with pain relief and the support of her family. She made a satisfactory recovery and went on to celebrate her 90th birthday.

Case study

MTHCS Garden Makeover Robyn is a valued volunteer of our health service and aged care facility. She has made a significant tangible contribution to improving the built environment of the aged care facility during the course of her husband's residence – and subsequently, after his death. She saw that our garden needed 'a bit of love and attention' and made it her project to bring it to 'life'.

Robyn made the garden in the nursing home her 'place'. She devoted herself to the garden sharing precious moments with her husband while giving her an outlet that she got immense satisfaction and joy from in return. Gardening is a passion for Robyn and this is evident in the planning and execution of this important project which provides a beautiful space for residents, patients and staff. She established a

beautiful garden at the Nursing Home for her husband – and all residents – to enjoy.

The use of natural environments to improve the health and well-being of residents in aged care facilities is well quantified. In this case, Robyn has been the key driver of the idea and its implementation. Along the way, she engaged other volunteers, staff and residents of the facility – continually seeking their input as the project developed.

In addition, Robyn secured funding for the project. This included a personal donation following the death of her husband – seeking that family and friends donate specifically for this project and securing funding from the local community op shop, Good as New. She also sourced donated items including plants that are suitable for the area and other items of interest to the residents.

This project and its outcomes have created much delight and enjoyment.

The residents and staff frequent the garden area more regularly now, enjoying what the space now has to offer. The design and aesthetics of the space appeal to individual and group interests – including a water feature, statues of wildlife, bursts of color from flora and fauna specific to the local area and community, and plants and seedlings that will endure the Mallee climate. The way Robyn has designed the layout of the plants and pieces of memorabilia provides stimulation to all those who visit.

Robyn has been quiet and humble in her approach to this work – not seeking any particular acknowledgment or attention. Her desire has been to create a sustainable sensory garden for her husband – and subsequently many others – to enjoy.



CONTACT INFORMATION & FEEDBACK



Customer feedback form

What is your location?	
What did you think about our Quality Account for 2017/18?	
What did you like?	
What didn't it tell you?	
Was the report easy to understand?	Y / N
Did you like the new format?	Y / N
Did you learn more about MTHCS's quality of care and services from the report?	Y / N
How can we improve the report for next year? Please comment.	
<hr/> <hr/> <hr/>	
Name and address (optional)	
<hr/>	

Place completed form in our suggestion box at all campuses or mail to: Reply Paid, Quality Manager, Mallee Track Health and Community Service, PO Box 130, Ouyen, VIC, 3490.

Contact us

Ouyen

Ouyen Health Service

28 Britt Street, Ouyen.

T 03 5092 1111 F 03 5092 1177

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Pattinson House

63 Hughes Street, Ouyen

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Mallee Minors Child Care Centre

Hughes Street, Ouyen

T 03 5092 1077

Sea lake

Sea Lake Health Service

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T 03 5070 2155

Sea Lake Neighbourhood House

200 Best St, Sea Lake

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Mallee Minors Child Care Centre

55 Mudge St, Sea Lake

T 03 5091 0292

Murrayville

Service Centre & Neighbourhood House

Gray Street, Murrayville

T 03 5095 2070 Service Centre

or T 03 5095 2205

Mallee Minors Child Care Centre

Corner of Francis St and Gray St,

Murrayville T 03 5095 2137

Underbool

Service Centre

Monash Avenue, Underbool

T 03 5094 6272

Mallee Minors Child Care Centre

Cotter Street, Underbool

T 03 5094 6273

Patchewollock

Service Centre

Algerian Street, Patchewollock

T 03 5092 1111 (Mon & Thurs)

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