



2012/2013 Timboon and District Healthcare Service

quality of care

Preparing our Quality of Care Report

Timboon and District Healthcare Service's Quality of Care Report has been compiled from contributions by a diverse group of staff dispersed throughout the organisation with input from volunteers and community members. We are confident that this report gives a comprehensive overview of our services provided to consumers throughout 2012/2013.

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Vision

To be a leader in rural health care providing a consumer centred, multi-disciplinary service, responding to the needs of our community.

Mission

To provide a consumer-centred, multi-disciplinary, quality healthcare service working collaboratively within the regional health system to promote and provide for a comprehensive range of services supporting health and wellbeing throughout the continuum of life via centre and community-based models of care.

Values

Accountable

We show pride, enthusiasm and dedication in everything that we do. We ensure quality patient care and use resources appropriately. We accept professional responsibility for all our decisions and actions.

Excellence

We create opportunities for education and are committed to continuous development. We enable everyone to make knowledge-based decisions for service excellence.

Respectful

We consult and collaborate with others and respect the diverse knowledge and skills of our partners; working as a team we ensure the best inter-professional patient care. We are courteous and respectful to patients, families and each other.

Integrity

We engage others in a respectful, fair and ethical manner, fulfilling our commitments as professionals and employees. We ensure the highest degree of dignity, equity, honesty and trust.

Compassion

We will accept people as they are and display kindness and sensitivity to them.



Accredited with The Australian Council on Healthcare Standards

Message from the Board of Management and Chief Executive Officer

It is with great pleasure that we present the 2012/2013 annual Quality of Care Report to the community and consumers of Timboon and District Healthcare Service.

The following report is provided so that the consumers of the health service in our catchment are given an insight into our systems and processes that show we are able to provide a quality service that is safe and governed by the best management and clinical practices.

During the year, the Board has undertaken considerable work in three significant areas:

Firstly, the growth of our community-based activity. This has included the purchase of land from the Baptist Church and the building of the Timboon Men's Shed, at a total cost of \$375,765.83. Funding is currently being sought to establish a community garden in partnership with the Timboon P-12 School and with the help of Men's Shed members.

We were also successful in obtaining funding from the Commonwealth Government and Deakin University to extend the Timboon Medical Clinic. This has provided for a further four consulting rooms and a student study area.

Secondly, Quality of Care and Accreditation. With our National Accreditation Survey due in August of 2013 and the prospect of being assessed against 15 new standards, significant numbers of staff and many thousands of hours of work were committed to ensure that TDHS was able to adequately respond to these new Quality in Healthcare Standards. It was with great delight that we not only passed the national accreditation, but also achieved numerous mentions for the work being undertaken at all levels of our organisation.

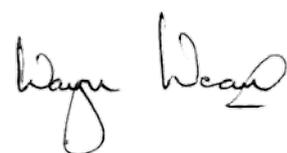
To enhance our consumer participation in service planning and quality of care, a number of consumers have joined the Board's Quality and Risk Management sub-committee and participated in our review of services and activity on a bi-monthly basis.

Our service has continued to participate in planning and partnership activities through the Corangamite Health Planning Project, the Primary Care Partnership and Great South Coast Medicare Local – all of which have helped to ensure better access to services for members of our community.

We wish to thank the community for its continued support of the health service and trust that you enjoy reading the information enclosed in this report. It is our hope that the report of our activity will give confidence and greater knowledge to all, and so ensure that Timboon and District Healthcare Service continues to thrive as a provider of quality health services to our district.



John Renyard
President Board of Management



Wayne Weaire
Chief Executive Officer

Board of Management President John Renyard (left) with CEO Wayne Weaire.



Our rural health service

Timboon and District Healthcare Service provide services within the southern half of the Corangamite Shire and the south eastern section of Moyne Shire. Key towns within the catchment area include Timboon, Cobden, Simpson, Nullawarre, Port Campbell, Princetown and Peterborough.

This area comprises a catchment population of approximately 8000 with 50.1% male and 49.9% female.

The age demographics of the catchment largely mirror that of Victoria as a whole but unlike many small rural communities, we do not have a larger than average aged population. Our catchment has a high percentage of 10-14-year-olds, as well 45-49-year-old residents, with lower numbers of 20-24-year-olds. Our future projections are for a rapidly ageing population.

Within the population 0.1%, or seven individuals, are of Aboriginal or Torres Strait Islander descent, 7.5% of our population were born overseas, with 0.2% stating that they do not speak English well.

The top three birthplaces outside Australia were the United Kingdom, New Zealand and the Netherlands.

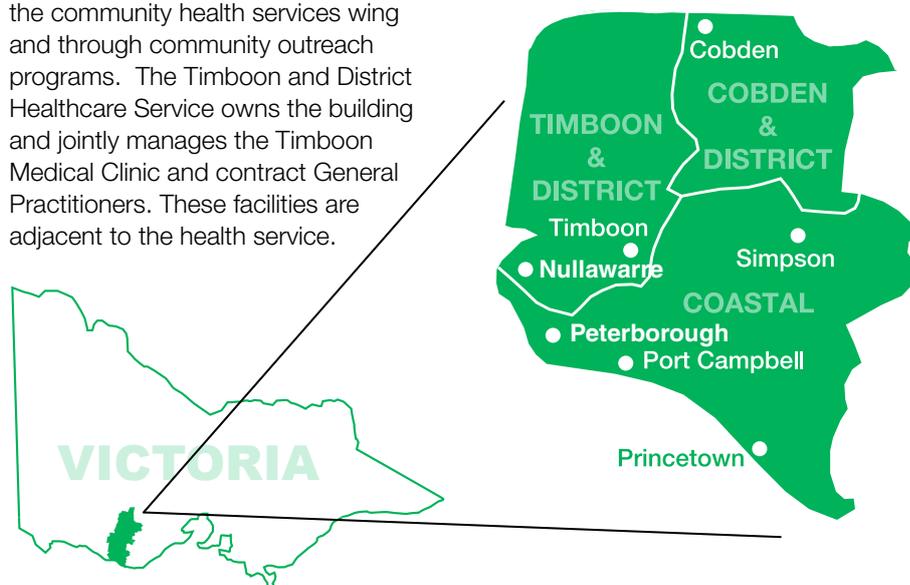
A total of 42% of residents currently own their homes outright, 30% are in the process of purchasing their homes and 22% are renting their homes either publicly or privately.

Our social demographic SEIFA index of disadvantage is 986, which is higher than other areas in regional Victoria but lower than average for both Victoria and Australia. The Timboon and district area has 3% unemployment.

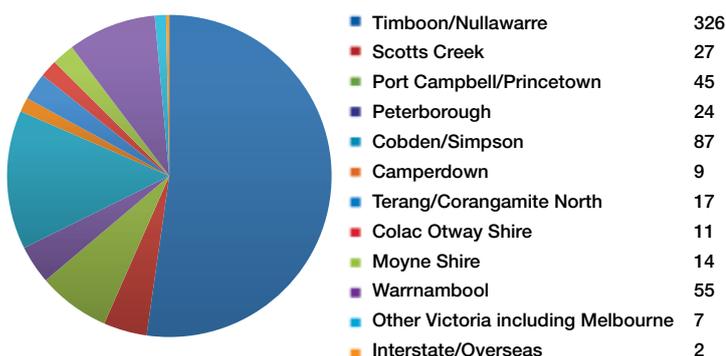
Timboon and District Healthcare Service is an integrated health service administered under the multi-purpose service model of care for rural health services. We provide acute, residential and community aged-care and primary care services.

Acute and residential aged-care services are provided within a 14 flexible bed and six day-stay bed complex with an operating theatre suite and urgent care centre. Primary care services are provided both within the community health services wing and through community outreach programs. The Timboon and District Healthcare Service owns the building and jointly manages the Timboon Medical Clinic and contract General Practitioners. These facilities are adjacent to the health service.

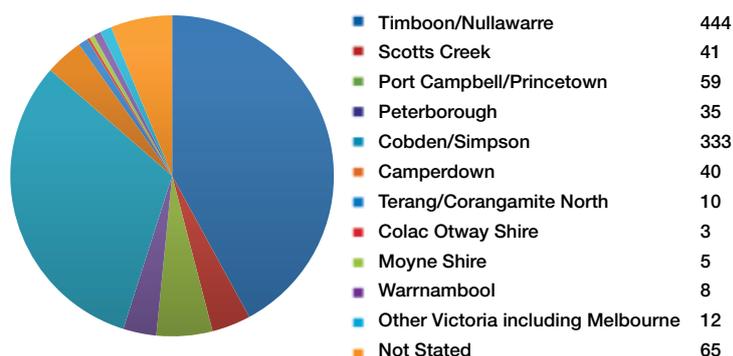
Our catchment area of the southern half of the Corangamite Shire extends from Cobden in the north to the Great Ocean Road coastline, which encompasses the tourist icon of The Twelve Apostles. The area provides diverse employment through a range of primary industries, with dairying being most predominant, natural gas developments along with tourism along the coast, commercial and community services. Timboon, although a small town of some 1000 people, provides a service hub for the southern part of the catchment and Cobden serves the northern section of the catchment area.



Number of Inpatients by Township



Number of Community Health Clients by Township



Overview of our services to the community

URGENT CARE CENTRE

Timboon and District Healthcare Service operate a 24-hour, seven-day-a-week urgent care centre. Acute clinical staff have seen 2279 patients presenting to the urgent care centre in the past 12 months. This equates to 6.3 patients per day. Acute ward nursing staff work collaboratively with our general practitioners and ambulance officers to meet patient care needs in the areas of assessment, consultation, treatment and referral. To maintain skills, 78% of registered nurses completed their Advanced Life Support training during August 2012. This skill is updated annually.

ACUTE CARE

Acute care services at Timboon and District Healthcare Services have remained active over the past 12 months with nursing/medical staff caring for 634 admissions. The average length of stay per admission is currently 3.64 days. Of the 634 admissions, the three permanent general practitioners and nursing staff cared for 95% of patient presentations at the healthcare service, with 5% of patient presentations requiring transfer to a higher level of care (intensive, coronary or specialist referral) at a regional or metropolitan hospital.

MATERNITY SERVICES

Maternity services are based upon a low-risk midwifery model of care. Midwives operate as a team with the obstetricians and gynaecologists. Timboon and District Healthcare Service has six midwives. The Midwifery unit provides a range of services including pregnancy confirmation, care with a known midwife throughout pregnancy, breastfeeding advice and support in the postnatal period. A visiting obstetrician is available through the Monthly Outreach Obstetric Clinic – On Site for those women referred by

the midwife or general practitioner and collaborates with the midwifery team in planning client management. A total of 133 women received antenatal care, five women birthed, 37 women transferred back post-delivery and 38 women were provided domiciliary visits.

GENERAL SURGERY AND DIAGNOSTIC PROCEDURES

Visiting medical and surgical specialists provide quality care for our community catchment and surrounding areas. Our communities receive significant physical, mental, social and financial benefits by having access to expert specialist services close to home. The efficient management of waiting lists has led to reduced waiting times for surgery of less than 90 days. In comparison, Timboon and District Healthcare Service boasts lower than state benchmark for category two semi-urgent cases of 90 days.

Current visiting medical specialists include Mr Brendan Mooney, Dr Chris Charnley, Dr Bridget Clancy and Dr Elizabeth Uren. Consultant specialists provide general surgical, ENT tonsillectomies, obstetrics and gynaecology and diagnostic procedures. Specialists are supported by our GP anaesthetist Dr Warwick Rouse.

PALLIATIVE CARE

Palliative care is provided both within the healthcare service facilities and in the community by our district nurses. End-of-life care is provided and aligned with individual patient needs. A holistic model of care ensures the care of the patient and family is underpinned by respect, compassion and clinical expertise. The nurses providing palliative care are supported in their role by the regional palliative care consultants and medical specialists based at South West Healthcare Warrnambool.

A large variety of resources, nursing aids and lifting equipment are available on loan to assist in providing a comfortable environment for client and carers. Providing care to patients during palliative stages in life includes supporting patient preference for place of care and completion of an advanced care plan which encompasses cultural, religious and life-choice options.

RESIDENTIAL AGED AND RESPITE CARE

Timboon and District Healthcare Service has six beds dedicated to high-care residents and low-care respite. Respite plays an important role in providing carers with a rest break or the opportunity to take an annual holiday. A number of clients return on a regular annual basis, and one client has demonstrated her satisfaction with our service, regularly booking a place at Timboon for the past six years when her family takes holidays.

Prior to admission, all residential and respite clients are seen by the Aged Care Assessment Service, which identifies a client's level of care needs and then develops a care plan to be followed while in care. This is followed up by a visit to one of the Timboon general practitioners who reviews a client's medications while in care. There were a total of four residents and 41 respite clients who were accommodated during the past 12 months. This equated to 998 bed days of permanent aged-care and 563 bed days of respite care (both high and low care). Respite client placement is coordinated through the Barwon Health Carer Respite and Care Link Service, and we work in association with the South West Aged Care Assessment Service to ensure clients are appropriately assessed prior to accessing aged-care services.

HOME AND COMMUNITY CARE SERVICES

Timboon and District Healthcare Service administers the joint Commonwealth and Victorian governments' Home and Community Care program for the southern part of the Corangamite Shire and, in addition, provides home care services through our Multi-Purpose Service funding. Timboon and District Healthcare Service directly employs a Home and Community Care (HACC) Assessment Officer, HACC Service Co-ordinator, HACC personal care and home care workers and HACC Maintenance Workers. A focus on improving staff communication during the past 12 months has included weekly 15-minute one-on-one peer support meetings with each worker where challenges, OHS issues, client wellbeing and worker wellbeing were discussed and addressed.

The "HACC Happenings" newsletter continues to be published on a quarterly basis for all home-care consumers, keeping them up to date with news and information. Topics covered have included management in a heatwave and the new Home and Community Care guidelines.

ASSESSMENT AND CASE MANAGEMENT

An increased emphasis on assessment, case management and care planning via the implementation of a goal-directed care plan enables the assessment officer to fully incorporate the Active Service Model. This improvement is in line with the Common Care Standards that Timboon and District Healthcare Service must follow in their provision of HACC services. All 193 Home and Community Care Assessment clients have an assessment plan that meets this model. Clients are reviewed on a three, six or 12-monthly basis, depending on their level of need.

PLANNED ACTIVITY GROUPS AND NATIONAL RESPITE CARERS PROGRAM

The Planned Activity Groups operate twice-weekly at Timboon and Cobden to provide an opportunity for older members of the community to socialise and participate in a range of activities and outings which encourage participants to remain active and involved. This year there has been an emphasis on the implementation of the Active Service Model, creation of goal-directed care plans and programs that promote independence. The five-hour programs also offer carer respite, funded by the National Respite Carers Program, during the Friday session in Timboon.

DISTRICT NURSING

The District Nursing service provided an invaluable service to 183 clients this year. This accounted for a total of 2250 hours of nursing care. Some clients receive visits on a regular basis and are encouraged and motivated to be independent, thus assisting them to remain in their own home as long as possible. Referring agents are typically South West Healthcare Warrnambool, Timboon Medical Clinic or internally from within Timboon and District Healthcare Service. The district nurses communicate regularly with general practitioners to consolidate care.

FITNESS AND REHABILITATION PROGRAMS

"Physical Activity and Active Communities" has been identified as a priority issue to improve overall health and reduce health inequalities in Victoria. A total of 15 weekly classes are offered to the community through the Exercise and Rehabilitation Program. With a particular emphasis on supporting older adults, the aims of the program include maintaining and improving participants' strength, mobility, falls risk and balance while encouraging social connectedness.

Programs include Tai Chi, Strength Training, Balance Plus, Gentle Exercise, Stepping Stone, Heartmoves and Rehabilitation. Classes for pre and postnatal women are also offered with numbers varied by needs-basis.

COMMUNITY HEALTH SERVICES

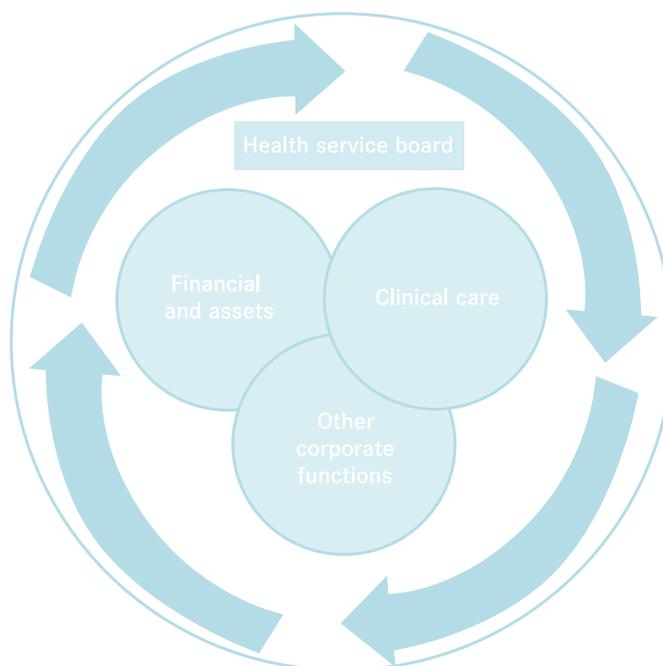
In addition to Timboon and District Healthcare Service staff, a range of Allied Health services are provided to the Timboon and district community by contracted staff. These staff work within the healthcare service on a weekly/fortnightly basis and are an integral part of the multi-disciplinary team approach, which provides services to both inpatients and community clients. Their role includes clinical treatment, education and health promotion. Changes in the Timboon and District Healthcare Service organisational structure has seen the appointment of an Allied Health Manager who reports to the Director of Clinical and Community Services. Timboon and District Healthcare Service directly employ physiotherapy, social work and youth work services. The positions of social worker and youth worker have been vacant for a number of months during 2013 due to staff resignations and difficulties with the recruitment of replacement staff. Allied Health Services contracted by Timboon and District Healthcare Service include dietetics, counselling, occupational therapy, physiotherapy, podiatry, public dental and speech pathology.

Timboon and District Healthcare Service provides a range of services via community clinical nurse educators. These include diabetes education, chronic disease independence program, continence nurse, Well Women's Clinic and Community Health Nurse Education which includes immunisations and community programs.

Compliance with Victorian Clinical Governance Policy Framework

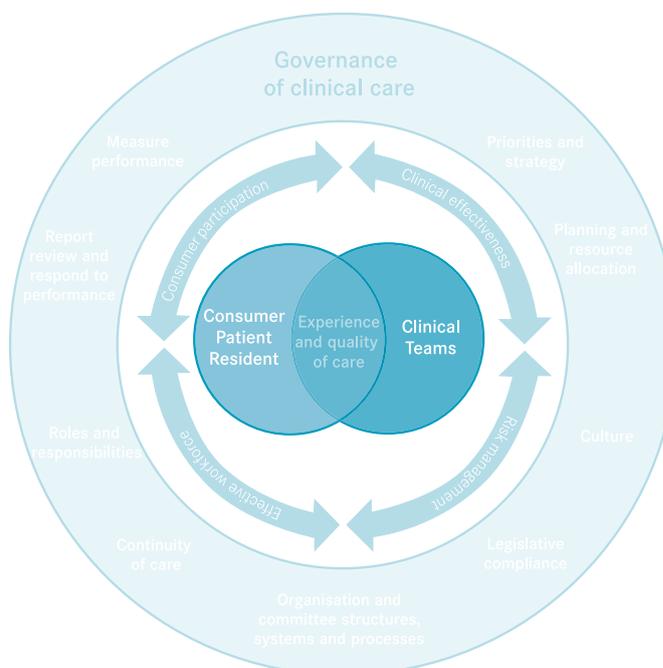
The governance of clinical care occurs within the context of the broader governance of the health service board of management and includes the areas of financial and corporate functions, setting strategic direction, managing risk, improving performance and ensuring compliance with statutory requirements.

Governance of an organisation occurs at all levels and requires a program of review and improvement of internal processes and outcomes at every level from the board, the executive staff, the management team, clinicians and non-clinical staff.



The clinical governance framework focuses on the domains of quality and safety and includes:

- Consumer participation;
- Clinical effectiveness;
- An effective workforce, and;
- Risk management.



Consumer, carer and community participation

Doing it with us not for us: Strategic Direction 2012/2013

Timboon and District Healthcare Service demonstrates a commitment to consumer, carer and community participation appropriate to its diverse communities.

Target	Score
75%	75%
Numerator – The number of strategies implemented	6
Denominator – The eight specified strategies required	8

- Timboon and District Healthcare Service works closely with the South West Primary Care Partnership and during the 2012-2013 year, Timboon and District Healthcare Service's Chief Executive Officer has been the Chair of this Partnership.
- Timboon and District Healthcare Service uses a variety of approaches to record and report on consumer, carer and community participation to the wider community including the annual Quality of Care Report, Victorian Patient Satisfaction Monitor Survey Results, newspaper articles, Monthly What's On, Quarterly Newsletter, Timboon and District Healthcare Service website, Timboon and District Healthcare Service brochures and posters and via the Quality and Risk Management Meetings.
- Timboon and District Healthcare Service has a cultural responsiveness plan that meets the six minimum reporting requirements.
- Timboon and District Healthcare Service has systems processes and structures in place to consult and involve consumers, carers and community members – these include consumer Board representatives, strategic plan, consumer, carer and community participation policy, executive reporting on consumer participation to the Chief Executive Officer, participation in the Victorian Patient Satisfaction Monitor, consumer involvement in Quality and Risk Management Meetings and consumer involvement in the development of all consumer resources developed by Timboon and District Healthcare Service.
- Timboon and District Healthcare Service is developing capacity of staff to support consumers, carers and community participation, this has included the Board Chairman and Quality Co-ordinator attending conferences in consumer participation.

Our cultural diversity plan

Our catchment is located in an area in which less than 2% of our population is of Aboriginal and Torres Strait Islander descent.

Regardless of this we make sure all community members have access to appropriate services. Our Cultural Diversity Plan ensures we are creating a welcoming environment and providing cross-cultural training for healthcare service staff. During planning and evaluation of services criteria we ensure cultural needs of the organisation are assessed and met.

We embrace cultural diversity which ensures we tailor our services to meet the needs of all the community irrespective of cultural background.

Although only 5.2% of our communities were born overseas compared with 22% nationally, we view it as important to have actions in place to ensure we are able to accommodate particular health needs if they present to our healthcare service. A Diversity Plan has been developed to identify and understand the makeup of our communities, to establish partnerships with specialist agencies and practitioners, to develop staff competencies, and to generate a responsive and alert organisation. This plan responds to the needs of:

- Indigenous clients;
- Clients from Culturally and Linguistically Diverse (CALD) backgrounds;

- Patients of our hospitals;
- Residents utilising our aged care accommodation;
- Community clients;
- Augmentative and alternative communication styles for clients and patients of a non-English speaking background;
- Customs and traditions of culturally and linguistically diverse clients, and;
- Employees.

Consumer Representative: Kate Healey, 55, Peterborough



When Kate Healey suffered a brain aneurism and stroke in March 2012 her life changed forever.

The active, working woman was suddenly thrown into a world of medical care, hospital isolation and rehabilitation. But it was this experience, combined with many years working in mental health care and advocacy, that made her an ideal candidate for the role of 'consumer representative' with Timboon and District Healthcare Service.

The new role was introduced in late 2012 through changes to hospital policy which require public consumers to have official input into hospital policy and procedures.

This sees Kate as an integral

member of the quality and risk management committee, which meets monthly.

The Peterborough resident says being able to bring a perspective and voice from the community to the decision-making table of the healthcare service is very satisfying and fits well with her passion for people and their rights.

"I've always had a lot of interest in accountability and service provision, and generally in people's rights and in policy development," she explained.

"People don't like to whinge in the country but it's not really about that – it's about having the opportunity to create awareness of issues that affect people, or consumers, in relation to the healthcare service."

Kate Healey has brought a breadth of life experience to her role as a consumer representative.



Consumers and, where appropriate, carers are involved in informed decision-making about their treatment, care and wellbeing at all stages and with appropriate support.

Target – Acute	Score
75%	93%
A consumer participation indicator score on the Victorian Patient Satisfaction Monitor of at least 75	93

Victorian Patient Satisfaction Monitor

Timboon and District Healthcare Service continues to score above state benchmarks for all hospitals in all areas according to the Wave 23 report of the Victorian Patient Satisfactory Monitor.

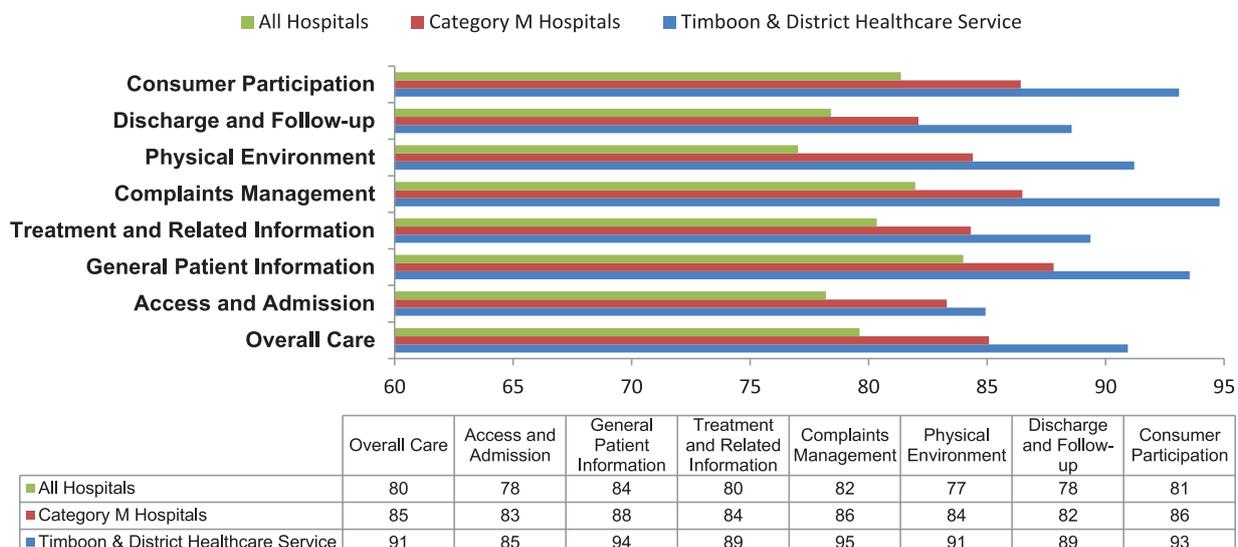
The Victorian Patient Satisfaction Monitor Wave Reports help to identify strategies that can improve services and patient satisfaction. The report enables health services to track their performance over time and compare themselves with others. The Wave 23 report is from the period of July 2012 until December 2012. When compared

with other Category M Health services and all Hospitals, Timboon and District Healthcare Service scored higher than the Category M average in Wave 23 for all areas which included Overall Care, Access and Admission, General Patient Information, Treatment and Related Information, Complaints Management, Physical Environment, Discharge and Follow-up and Consumer Participation Indices. Especially high performance scores were obtained for Wait time, Courtesy of Nurses, Responsiveness of nurses, Helpfulness of hospital staff in general,

Respect for privacy, Opportunity to ask questions, Cleanliness of toilets and showers and Cleanliness of rooms most frequented.

Consistent with previous ‘waves’, the majority of patients reported that they were helped a great deal by their stay in hospital and felt that the length of time spent in hospital was about right.

Benchmark data comparing Timboon & District Healthcare Service with Category M and Statewide hospital benchmarks





Chronic Disease Independence Program – A Client Journey: Keith Green, 58, Glenfyne

Client Keith Green chats with Chronic Disease Independence Program Co-ordinator Christie Berry.

When Keith Green, 58, of Glenfyne, was hospitalised with chronic lung disease in 2009 it started a chain of events that linked him to several programs at Timboon and District Healthcare Service. He shares his story.

“I was very sick and ended up with pneumonia and septicaemia, TB and blood clots on the lungs – it all happened all at once. When I was over the worst I got filtered through to an exercise group in Warrnambool... when that ended I’d achieved great gains – from hardly being able to walk, to being able to move without huffing and puffing. So I looked for options closer to home.

“I knew I had to continue to help myself – I’d been diagnosed with COPD (chronic obstructive pulmonary disease) and emphysema through smoking for some 30-odd years plus being in the building and construction trade... there’s also some asbestos scarring there. I met (TDHS) exercise co-ordinator Tracey Heeps and (physiotherapist) Bridie (Ontronen) and began the Stepping Stone rehab program for an hour a week, which I still do to this day.

“I was also linked to chronic disease educator Christie Berry who has been an amazing support. It’s so wonderful to know so much help is available to me. I had a comprehensive assessment with Christie in July of 2011 and now we see each other on a somewhat casual basis, but often it’s weekly. Through Timboon and District Healthcare Service’s ‘Better Health Self-Management’ course I’ve learnt



about diet, medication and just more knowledge on my condition so I can go about caring for myself in the best way possible.

“I’ve also been able to set exercise goals with Bridie and Tracey and it’s great to always be working towards something, experiencing variety in your program and knowing you’re being guided by health professionals who understand your challenges and limitations but give you that time and personal attention to get the best out of yourself. In addition, I’ve learnt about exercise that I can do at home that is sustainable and realistic – like something as basic as walking to the chook pen, but doing it several times a day.

“I do tire very easy and I have constant shortness of breath; it affects every part of every day really. It affects the family too; I can’t play cricket or kick the footy with the (five) boys (aged 24 down

to 16)... it’s not just a one-person thing.

“But I’ve used all of the services and programs available at Timboon and District Healthcare Service to turn my life around. I’ve had amazing support and because of this, I’ve been able to replace the negatives with positives.

“Knowing that I have someone there (like Christie) means so much to me, because a problem shared is a problem halved. I had a big fear that I’d end up on oxygen and until I talked to a professional I couldn’t get over that fear.

“I know my limitations, but those limitations are far, far less than they used to be.

“I think we’re very lucky here. We came from Melbourne nine years ago and I can honestly say we are blessed at Timboon. It’s a really personal and caring service.”



Acute Client Journey: Lisa Kensit, 49, Timboon

Lisa Kensit in her art studio.

There are few hospitals where you could set up an art studio in your room to help you while away several weeks flat on your back.

There are also few hospitals where your colleagues from the neighbouring school could just pop across for a quick visit, or where the nurses know you as a person, and not just as a patient, and call by with a smile and a friendly chat.

But this was the experience of local teacher Lisa Kensit who found herself at Timboon and District Healthcare for six weeks from early August this year.

“If you are going to be stuck in a hospital then Timboon is the place to do it,” Lisa said with a grin.

“The room, the food, the extra care and the fact that they know the local people really is nice.

“The nurses were only too happy for me to have my easel and paints set up, so I was able to paint in bed – for my head space, it kept me sane really.

“Everyone really looked after me....I got so much encouragement when I started to walk again, it was fantastic. And to have your family so close by...”

Lisa’s unexpected admission came about when a pre-existing spinal condition “flared up”, causing intense pain and gastro/flu-like symptoms.

Today she is still to gain full sensation in her right leg and has taken some time away from her role as the Timboon P12 School year



7 co-ordinator. She is focusing on her health. Part of her rehabilitation will see her spending time at her home-based animal rescue shelter, painting and chilling out with her ‘therapy’ animals.

Some of her artwork is currently on display at the Fat Cow and she is also working on the occasional commissioned piece.



Client Story: Neil Trotter – Carer, Timboon.

Carer Neil Trotter shares a moment with his mum Kath, 95, and her beloved pooch Misty.

Neil Trotter once classified himself solely as a ‘carer’. These days he is also a very well-known Corangamite Shire councillor – a role he is passionate about and has been able to dedicate himself to since accessing further Timboon and District Health Services’ Home and Community Care programs for his mother Kath, aged 95.

On Mondays, Wednesdays and Fridays Kath is visited by ‘Karla’, a HACC Community Care Worker that she has become very fond of. Karla helps Kath with personal care and undertakes home duties, while also helping Kath to prepare a lunch meal two days a week in the kitchen she has cooked in for the past 40-odd years – allowing her love for cooking to continue.

Kath also enjoys the social side of her Thursdays at TDHS’ Planned Activity Group, attends a weekly two-hour gentle exercise class where she is able to maintain her muscle coordination allowing her daily walk with her dog ‘Misty’ to continue. Kath also accesses residential respite at least four times a year, often for a few weeks at a time.

These programs and services allow Kath to stay living in her own home and provide much-needed social interaction and involvement in the varied programmed activities while also providing Neil with respite.

Neil said that without the range of support services provided by the HACC services, Kath’s wish to remain in her home may not have been possible.



“You only have to look to other areas to see that the services available to us here are just amazing,” he said.

“There’s no comparison and we’re very lucky.

“Knowing that mum is happy and safe and well cared for is very reassuring. It’s been wonderful that

I’ve been able to take on the role of a councillor while also maintaining my role as her carer.

“Being a carer has been a wonderful opportunity to get to know my Mum – but you do need a break – and what HACC services do for mum and I is just great.”

Consumers and, where appropriate, carers are provided with evidence-based, accessible information to support key decision-making along the continuum of care.

Target Score	Score
85%	100%
Numerator – The number of new information resources produced, revised or adopted over last year which met at least 30 of the 40 items on the Checklist for Assessing Written Consumer Health Information, including at least five items from section D	25
Denominator – The total number of new consumer, carer or community information resources produced, revised or adopted in last year	25

Target Score	Score
85%	100%
Numerator – The number of respondents who rate the written information on how to manage your condition and recovery at home, Question 16b) on the Victorian Patient Satisfaction Monitor, as being 'good' to 'excellent'	26
Denominator – The total number of respondents to Question 16b) on the Victorian Patient Satisfaction Monitor	28

Keeping you informed

The continued implementation of the communication strategy reflected on the importance of multiple types of mediums to provide information to the community.

Outcomes from the strategy have resulted in the printing of a Timboon and District Healthcare Service 'Quarterly' publication which showcases services, activities and special events. This newsletter is

printed and distributed within 'The Cobden Timboon Coast Times' each quarter, available at local establishments and electronically sent to an extensive email distribution list. A monthly 'What's On' newsletter is also distributed via the 'The Cobden Timboon Coast Times', provided to local establishments and electronically sent to those who have subscribed to receive health service information. Regular 'good news' media articles

have also been maintained, with at least four articles per month printed in local newspapers during the 2012/2013 financial year. The Annual Report is provided to residents who attend the Annual General Meeting or request a copy. The 'Quality of Care Report' is distributed to residents in a community mail-out. The Timboon and District Healthcare Service website has been redesigned to focus on news, publications and service provision.



Maternity Journey: Rebecca Couch

Rebecca and Brad Couch relax at home with their children Charlotte, 6 months, and Jack, 2.

When Rebecca Couch fell pregnant with her second child she was able to take a relaxed approach to the birth.

The Brucknell dairy farmer's wife had experienced the comfort and convenience of being able to deliver her first child, Jack, in Warrnambool and then return soon after to her local healthcare service, and she planned to again do the same.

Her plans fell into place on March 24, 2013, when Charlotte was delivered without complications at South West Healthcare. Some six hours later she was back in Timboon in her own private hospital room, just minutes from home, and her husband Brad and son Jack, then 18 months.

"It's an absolutely wonderful service with a very positive environment, friendly staff, the convenience of being close to home and because you're a local you know everyone's faces at the hospital," she said.

"And because Brad's a dairy farmer there was a great ease knowing that he could come and go and continue to run the farm.

"On top of that, I had a wonderful big room and lovely meals – I think we're really very lucky here."

Rebecca was at Timboon and District Healthcare Service with Charlotte for three nights, and previously stayed for four nights when Jack was born on September 6, 2011.

The community health nurse said she had also accessed pre-natal



care at TDHS and was very satisfied with the continuity of care provided by registered nurse/registered midwife Toni-Ann McLennan and visiting obstetrician Dr Elizabeth Uren.

In addition, Rebecca has seen the maternal and child health nurse and enjoyed taking part in the "Bounce Back With Babes" exercise classes for mums with new babies.

"I started going after Jack was born and now I take both children," she said.

"It's great to meet other mums... it's great from a social side and does great things for your fitness and your mental health.

"Everything (at Timboon and District Healthcare Service) is so close to home – it's just so easy."

Consumers, carers and community members are active participants in the planning, improvement and evaluation of services and programs on an ongoing basis.

Target Score	Score
75%	100%
Numerator – The number of dimensions or specified activities where consumers, carers and community members are active participants	5
Denominator – The six dimensions or specified activities	5

- Timboon and District Healthcare Service involved four consumers in its open Board meeting.
- Timboon and District Healthcare Service has involved consumers in the development of community programs such as the Timboon Men’s Shed, Timboon clinic extension, Timboon Community Garden development.
- Timboon and District Healthcare Service has consumers on the quality and risk management committee which reviews feedback, complaints and clinical and corporate governance.
- Consumers are involved in the review of the annual Quality of Care Report, review of services as part of community development forums and in patient satisfaction surveys.
- Consumers and community members are involved in the review of consumer information.

Feedback on 2011-2012 Quality of Care Report

It is our strong belief that the community should have access locally to a high quality healthcare service which includes hospital, aged and community services. Feedback received from our community allows us to reflect on and strengthen our services and practice to ensure this goal is met.

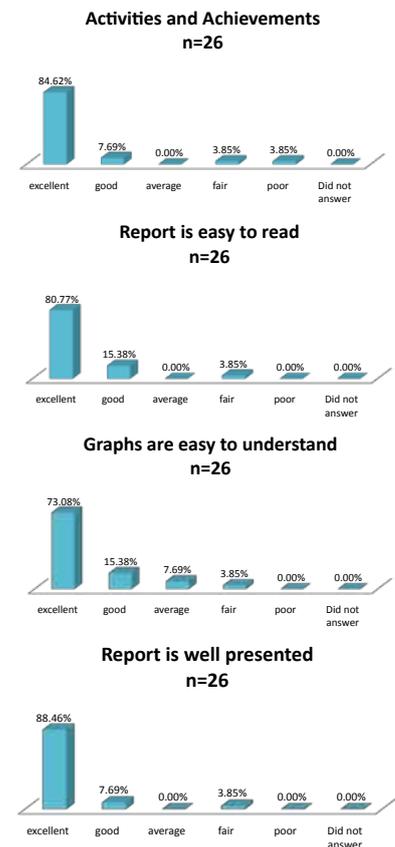
The 2011-2012 Quality of Care Report was designed to provide our community, consumers, carers, patients and residents an insight into the systems and processes in place to deliver safe and quality services. It is important to us that this report is valuable and informative for our intended audience; therefore the community are asked to provide feedback on the quality and appropriateness of the report.

In summary, approximately 90% of consumers felt that the 2011-2012 quality of care report was an accurate reflection of Timboon and District

Healthcare Services activities and achievements, was well presented, easy to read and provided useful information. Consumers indicated that they found the report interesting and were happy with the range of services provided. Community members liked the human interest stories from staff and clients and reported that they would like them to again appear in the next report.

Some consumers felt that the graphs in the report could have been presented more clearly.

Several consumers felt that a greater range of support groups for new mothers, new community members and youth would be useful at Timboon and District Healthcare Service. The other areas for development were more aged care, expansion of respite services, more off-street parking, a home handyman service for small home jobs and a community bus.





My Time on the Board of Management: Catherine Marr – Long-Serving Board Member

Catherine Marr at home in her garden.

Serving on Timboon and District Healthcare Service's Board of Management was always on the agenda for Catherine Marr.

The former business owner and former Corangamite Shire councillor had "a deep sense of gratitude" to the health service she said had served her well through many stages: the birth of her three children, the care of her eldest child through chronic illness and, later, with support services for her frail, elderly mother, who lived with her during the last few years of her life.

She believed becoming a Board member would provide the opportunity to "give back" to her community and share the knowledge and perspective she had gained as a community member and service user.

It's 12 years since she was approached to take on the role and now – some 100+ Board meetings later – she said she still felt as passionately about her involvement as when she attended her first meeting, enjoying the breadth of opinions and ideas brought to the discussion table.

"We have an excellent rapport with our fellow Board members and all respect robust discussion – and we do our very best to act with honesty and integrity," she explained.

"Because we were in business and because I've been a (shire) councillor I'm aware of the importance of managing risk, budgets and strategic direction. It's a fine balance but ultimately we have to maintain our services, expand our services and improve upon our services...that's really why I'm there."



Catherine said the important role was one she embraced.

"I enjoy the challenge – I have certainly learnt a lot.

"I've met some wonderful people (and) it's also very fulfilling. I felt enormous satisfaction when the new community health building was opened; it has been a work in progress for the Board over many years."

Catherine said she had also gained immense satisfaction from the fantastic team effort that achieved recent successful accreditation outcomes; the current work being done to form close working

relationships with community groups; the continued involvement of so many volunteers in varied roles, and the opening of the new men's shed facility.

In addition to her role on the Board, Catherine has also served on several sub-committees over the years and is currently on the finance/audit committee, the quality and risk management committee and the Men's Shed sub-committee.

Her current three-year term on the Board runs until June 2014.

"Importantly, I'm just as excited about going to a meeting as when I started," she said.



Timboon Men's Shed: Co-ordinator, David Pringuer

Timboon Men's Shed Co-ordinator David Pringuer embraces his time with the men at the shed.

When David Pringuer took on the role of Timboon Men's Shed co-ordinator in May 2013 he was very excited about the possibilities that lay before him.

As a former welfare worker and having had experience with the Warrnambool Men's Shed, he knew the difference the shed could make in men's lives.

"It's a very special place," he explained.

"It's a place where guys come together to tackle a project on their own or with other people. They can chat and socialise and support each other in the project, share some common interests and life experience.

"It allows men to talk about problems and issues that might have come up in their lives; they can share experiences, get support from other guys and learn new skills.

"I mean, put a group of women in a room and they'll talk for hours... blokes don't generally talk face-to-face – but put a project in front of them and that all changes."

David sees 20 "regulars" at the newly established shed headquarters on Bailey Street, who meet on Tuesdays and Thursdays, enjoying morning tea together on both days and lunch as well on Tuesdays, thanks to volunteer "cooks".

The men are aged from their late 30s to late 80s and have worked on a diverse range of woodworking-based projects, including Christmas reindeers, letter boxes, duck-



shaped seats for children and gumboot removers, as well as restoring a beautiful old table.

David said he loves the inclusiveness, atmosphere and spirit of the men's shed and his role within it. He said it was a job

he desired because he "wanted to make a difference".

"(From the outset) I could see the potential to make an impact to change lives and bring benefit to the shed and its members, and I'm excited to be part of it."

The organisation actively contributes to building the capacity of consumers, carers and community members to participate fully and effectively.

Descriptive Reporting

Consumer representatives and volunteers within the organisation are provided with an information manual when they commence with Timboon and District Healthcare Service.

This includes information on confidentiality and orientation of the program they are working in. They are also provided with information regarding their rights, responsibilities and role within Timboon and District Healthcare Service. A volunteer co-ordinator role was introduced in April, 2013, to co-ordinate this process.

A total of 176 volunteers support the Timboon and District Healthcare

Service programs. We express our sincere appreciation to the valuable group of volunteers who give their time to assist the frailer members of the community via the following programs:

- 101 Meals On Wheels volunteers;
- 6 Planned Activity Group volunteers;
- 23 Community Transport Volunteers;
- 2 Friendlies volunteers;
- 41 TOPS Opportunity Shop volunteers;
- 3 Consumer Representatives.

These programs rely heavily upon volunteer support and play an

important role in assisting older members to remain within the community. This year Timboon and District Healthcare Service recognised and thanked its volunteers during a morning tea held in Volunteers' Week. Volunteers were provided with a certificate of sincere appreciation in recognition of their efforts. Without the help of our volunteers, many of the services and programs offered at Timboon and District Healthcare Service could not be run. Our annual volunteers' Christmas lunch was also held for Timboon and Cobden Meals on Wheels drivers.

Volunteer: Sue Wilson, Timboon.

Sue Wilson knows very well that 'to give is to receive'.

The retired school teacher and long-time Timboon and District Healthcare Service volunteer spends each Tuesday at the TOPS Op Shop, Thursdays in the Planned Activity Group ("PAGS") and one day a month on the Meals on Wheels distribution circuit with her husband, John.

The commitment is one she celebrates and appreciates, feeling a deep sense of fulfilment and connection to her community through the giving of her time and of herself.

"I've been coming to PAGS for about five years," she said.

"It's really lovely to have known

a lot of the people within the community before they became clients.

"After my own father passed away I felt a calling to help older people get out of their homes and not feel socially isolated.

"It's lovely to have a real sense of community within our town and there's a feeling of inclusiveness that I feel right throughout the hospital.

"(After retiring) I wanted to feel I was giving something back to the community that had always been so good to me, particularly given all the services given to my husband.

"I always feel very welcome here (at Timboon and District Healthcare Service)."



Volunteer Sue Wilson makes 'cuppas' for Planned Activity Group members during a Thursday session.





Exercise Program: George Hautot, 82, Timboon – Planned Activity Group member; exercise class participant.

George Hautot loves living an active life.

Keeping on your toes is the secret to living a long life of lustre, according to young-at-heart 82-year-old George Hautot.

And the retired dairy farmer means that literally.

Up to four nights a week he can be found taking to the floor of dance halls in Colac, Warrnambool, Cobden and Kolora. Indeed, he recently travelled “over 700 kilometres” in just a few weeks in pursuit of his hobby.

“I just love it,” he said, “I love being on the floor, with the music and the company you meet there.”

But all this spinning and foxtrotting wouldn’t be possible, George admits, without the amazing programs run by Timboon and District Healthcare Service that ensure his health is the best it can be.

Three times a week George can be found participating in exercise classes with exercise co-ordinator Tracey Heeps, including gentle exercise, strength training and men’s strength. He has been taking part for the past three years since returning to the district and can’t speak highly enough of the gains he has experienced.

“When I get on the dance floor I’m fitter now than I was when I was 35 – and I put that down to exercise co-ordinator Tracey Heeps and (physiotherapist) Bridie (Ontronen),” he said.



“Doing the classes means I stay fit and strong which helps me to do other things that I love, like my dancing.”

George also attends the Planned Activity Group twice a week, enjoying the activities, outings and general socialisation – as well as the meals.

Despite having been diagnosed with prostate cancer 13 years ago, CLL leukaemia six years ago and facing emphysema and asthma, George

considers that he keeps “very well” and says he just “forgets about these things”, goes to the doctor when he needs to and focuses on “living healthy and keeping active”.

“I mostly eat a vegetable-based diet, with just a little bit of meat, I’ve never smoked and I’ve never tasted beer,” he said.

“I like to keep my mind active and be out doing things. There’s no point just sitting there talking at the television, is there?”

Effective Workforce

STAFF CREDENTIALLING

Timboon and District Healthcare Service verifies the credentials of all registered practitioners annually through public access websites and via staff presentation of their registrations.

As of 30 June, 2013:

- All registered and enrolled nurses had registration through AHPRA;
- All allied health staff were appropriately registered through AHPRA;
- All medical staff were appropriately credentialed and registered through AHPRA;
- All staff had a police check.

GENERAL STAFF MEETING

During 2012-2013 the 'whole-of-staff' meeting (which was initiated during 2011 and is held bi-monthly) continued. This meeting enables the Chief Executive Officer, Directors and staff to communicate and discuss relevant Timboon and District Healthcare Service business.

Timboon and District Healthcare Service had five 'whole-of-staff meeting's during 2012-2013 with an average attendance of 29%. Minutes of these meetings are displayed in the staff tea room and emailed to staff, for those unable to attend.

PEOPLE MATTER SURVEY

Timboon and District Healthcare Service participates in The People Matter Survey which is an employee opinion survey. The survey gathers information on a broad range of people-management issues such as employee commitment and job satisfaction.

Timboon and District Healthcare Service staff consider human rights when making decisions and providing advice. They also understand how the Charter of Human Rights and Responsibilities applies to work at Timboon and District Healthcare Service. They responded that the organisation provides high quality services to the Victorian community and feel encouraged by colleagues to report any patient safety concerns they may have. Staff indicated that they don't see gender as a barrier to success in their workgroup; that they receive help and support from other members of their workgroup and that working in the Victorian public sector is a good career choice.

Continuous Improvement opportunities have been identified around issues which include:

- Feedback
- Bullying
- Commitment and Retention.

SERVICE AWARDS

Timboon and District Healthcare Service has many staff who have served the organisation for extended periods of time.

Staff recognised for reaching milestones in the last financial year include:

35 years:

- Corry Kerr

15 years:

- Lyn Russell

10 years:

- Lesley Henriksen
- Vickie Stevens.

Long-serving Timboon and District Healthcare Service staff (from left): Corry Kerr (35 years – District Nursing), Vickie Stevens (10 years – Enrolled Nurse) and Lesley Henriksen (10 years – Environmental Assistant).





Jan Burkhalter: Hotel Services, 31 Years of Service

Jan Burkhalter began cleaning work with the Timboon doctors clinic of the day after a local doctor invited her to take on the role – at the age of 34.

Times were a “little different back then”, Jan said, and she fondly recalls undertaking all kinds of ‘non-official’ work, from helping podiatrists to make casts and assisting exercise clients, to filling in on the front desk when other staff were away.

Jan said the friendships she had made would form her most enduring memories. Jan said it was “time” she retired, at age 65, and would continue to live the Timboon country life that she so loves, would enjoy getting into her garden and would continue to care for her 90-year-old mother. She certainly won’t miss her 6am wake-up call though, she guaranteed!

Jan Burkhalter was committed to her role at TDHS for more than three decades.



Graduate Nurse Program: Darren Edgell – Division 1 Graduate Nurse

Darren Edgell knows that nursing is not a typical male vocation. But after driving taxis, milking cows and running his own hobby shop, his future career came to him like a “lightning bolt” moment.

“I’ve always been the sort of person who looks out for other people and who wants to care for people,” he explained.

“I realised I was at an age where I wanted to forge out a career for life and I spent considerable time analysing my strengths and interests...and then it hit me. I’m not religious, but I definitely feel like I’ve found my calling.”

Darren studied the Bachelor of Nursing for three years through Deakin University in Warrnambool before being accepted by Timboon

and District Healthcare Service to undertake his graduate year, which began in February 2013.

The year has been spent consolidating all he learnt in his studies, plus completing further education and supervised training.

Darren said he felt he was at an “absolute advantage” to have secured a graduate position within a smaller hospital as it allowed him to gain much more “real-life hands-on” experience than in larger centres, and across a broader range of areas.

“I really enjoy working with different personalities and nursing at Timboon certainly gives me a lot of personal satisfaction. I really see this as a career for life,” he said.

Darren Edgell has embraced his graduate nursing position.



Risk Management

CLINICAL RISK MANAGEMENT

Timboon and District Healthcare Service decided to adopt the RiskManQ Management system during the 2011-2012 year. The RiskManQ Management system will enable the reporting and capturing of reactive risk management practices of incident management and complaints reporting along with the proactive risk and quality planning activities. The organisation underwent training at the beginning of May 2012, with a 'go live' and full implementation of the RiskManQ system occurring the next week. All staff are able to access the RiskManQ system via a logon and password enabling easier reporting. Staff are no longer able to access the paper-based reporting system since the online system went live.

The benefits to the organisation of the RiskManQ system have included: decreased time from incident to report, easier reporting and analysis and a single system for risk management, incident management, feedback and quality reporting.

CLINICAL PRACTICE COMMITTEE

The Clinical Practice Committee has been established to monitor and review clinical services in order to identify opportunities for improvement within the service. The main functions of the committee include:

- To assess and evaluate the quality of health services, including the review of clinical practices;
- Monitor policy, guideline, protocols housed on the PROMPT system to ensure compliance and currency. This includes development of new documents as identified, review and update of existing documents, and archive of documents as required;
- To delegate responsibility for the review of policies, procedures and clinical guidelines;

- To accept the tabling of finalised clinical and community documents as signed off by the Director of Clinical Services and Community Health Services;
- Review progress towards compliance with the National Safety and Quality Health Service Standards.

During 2012-13, 11 of 12 scheduled meetings were held.

QUALITY AND RISK MANAGEMENT COMMITTEE

This committee operates to assist Timboon and District Healthcare Service in fulfilling its responsibility to ensure the continuous provision of high quality and safe patient care. The committee operates in accordance with Timboon and District Healthcare Service's strategic directions and the safety, quality and risk management system which forms our quality and risk management framework. The committee meets bi-monthly as a subcommittee of the Board of Management. During the year seven quality and risk management meetings occurred.

OCCUPATIONAL HEALTH AND SAFETY

Timboon and District Healthcare Service is committed to exemplary practices in Occupational Health and Safety towards all employees, visitors, patients, clients and contractors and considers meeting its obligations an important part of delivering high standards of healthcare services to its community. Timboon and District Healthcare Service has not had a WorkCover claim since 2005 and continues to be vigilant in staff and contractors' occupational health and safety while at work.

Management is accountable for the implementation of Timboon and District Healthcare Service

Occupational Health and Safety Policy and this ensures we meet and exceed the Occupational Health and Safety Act 2004 (Vic) legislative requirements. Our Occupational Health and Safety policies and procedures form the foundation of our organisation and are reviewed regularly in consultation with employees and signed off by our Chief Executive Officer, formalising our commitment to our legal and moral obligations. These documents include improvement targets, measures and induction training and consultation standards.

Occupational Health and Safety is a standing item on all management and staff meeting agendas. Occupational Health and Safety Meetings are convened on a monthly basis for the Occupational Health and Safety committee. All staff members who make up the Occupational Health and Safety Committee have completed a five-day course in Occupational Health and Safety.

Mandatory training in the use of fire extinguishers was conducted in May 2013 with 72% of staff attending.

Manual Handling assessment and training continues to occur on an annual basis for all staff, with 70% attending manual handling training during the past 12 months.

The organisation 'Do No Harm' workshop was also run for all staff either as an update or a full session for new employees, with 76% of staff attending.

A regular orientation program is offered to staff bi-monthly and this is attended by all new staff.

A mock evacuation occurred in February 2013 for all rostered staff. This allowed staff to practice emergency procedures.

Quality And Safety

ACCREDITATION

The Australian Commission on Safety & Quality in Health Care

The Commonwealth and all State and Territory Governments have agreed to national reform of Australia's health system over the next five years. The reforms aim to improve health outcomes and ensure the sustainability of the health system. One of the changes involves health service accreditation.

The Australian Commission on Safety and Quality in Health Care developed the National Safety and Quality Health Service Standards (NSQHS) against which all areas of care will eventually be measured.

Compliance with the 10 new national standards becomes mandatory for this Service from 1 January 2013 and has been integral to our Quality Improvement efforts. Accreditation status which will be mandatory and to fail the process will have grievous financial penalties. We intend to meld our Accreditation systems to encompass the National Safety and Quality Health Service Standards with the assistance of our partner organisation, the Australian Council on Health Care Standards (ACHS).

ACHS has launched EQUiP National which is designed to meet the 10 National Standards as well as adding five extra standards which will bring an organisation-wide approach to our Accreditation process.

NATIONAL STANDARDS:

Standard 1 - Governance for Safety and Quality in Health Service Organisations

- Increased awareness of consumer rights and responsibilities
- Support to document clear advance care directives
- Additional avenues for patient feedback.

Standard 2 - Partnering with Consumers

- Consumers will be encouraged to provide feedback on patient information available
- Participation in the design and redesign of health service
- Participation in planning and implementing quality improvements.

Standard 3 - Preventing and Controlling Healthcare Associated Infections

- On admission staff will be asking the consumers if they have any infectious or potentially infectious condition
- Continued hand hygiene awareness
- Decrease in the use of antibiotics
- Increase in information available.

Standard 4 - Medication Safety

- Consumers will be required to provide a full medication history on admission. It comprises a list of all current medicines including all current prescription and non-prescription medicines, complementary healthcare products and medicines used intermittently; recent changes to medicines; past history of adverse drug reactions including allergies; and recreational drug use.

Standard 5 - Patient Identification and Procedure Matching

- Staff will be required to ask the consumer their name, date of birth, address (three identifiers) when they access the service or have any procedures performed.

Standard 6 - Clinical Handover

- Increase involvement in clinical handover between staff, where relevant to the situation.

Standard 7 - Blood and Blood Products

- A signed (both patient and Doctor) Consent Form for each transfusion needs to be presented to the hospital on admission.

Standard 8 - Preventing and Managing Pressure Injuries

- Increased assessment and information on admission.

Standard 9 - Recognising and Responding to Clinical Deterioration in Acute Health Care

- Education on admission importance of communicating concerns and signs of deterioration
- Increased use of Advance Care Plans.

Standard 10 - Preventing Falls and Harm from Falls

- Increase in falls risk assessment & prevention plans made in consultation with patients

ACHS Additional Standards will address:

- Standard 11 - Service Delivery
- Standard 12 - Provision of Care
- Standard 13 - Workforce Planning and Management
- Standard 14 - Information Management
- Standard 15 - Corporate Systems and Safety

Combining the Commonwealth Standards and the Australian Council on Healthcare Standards (ACHS) will ensure risk to our organisation is minimised.

Clinical Effectiveness

Type of Accreditation	Outcome
Australian Council of Healthcare Standards (EQulP National)	<p>Full accreditation status received – four (4) years provided in 2009;</p> <ul style="list-style-type: none"> • Periodic Review in 2011; • Supported Self-Assessment in 2012 endorsed ongoing accreditation; • A self-assessment, across all Functions, Standards and Criterion to be • submitted in October 2013; • Organisational Wide Survey conducted against EQulP National in August 2013. TDHS obtained full accreditation and met all mandatory and developmental standards in this accreditation process.
Community Care Common Standards (Home and Community Care)	<ul style="list-style-type: none"> • In August 2013 the Service's HACC programs will be surveyed against the National Community Care Common Standards; a self-assessment was being completed in preparation for the survey; • The last assessment undertaken against National Community Care Common Standards occurred in 2009 with a rating of 19.20 out of 20; • Results from August 2013 assessment demonstrated that TDHS met all 3 Common Care Standards. and Community Care
National Respite for Carers Program (NCRP)	<ul style="list-style-type: none"> • The Commonwealth Department of Health and Ageing reviewed the NRCRP program last in 2009; • The programs successfully met the standards at the time of the review; • An Accreditation survey is to be undertaken by the Commonwealth Department of Health & Ageing in October 2013 against the National Community Care Common Standards; • Full accreditation status is expected.



Timboon and District Healthcare Service Quality and Risk Co-ordinator Melanie Green (left) and chairman of the Board John Renyard (right) celebrate the organisation's accreditation survey success with The Australian Council on Healthcare Standards' surveyors Maria Stickland and Arthur Wooster, flanked by TDHS staff, board members and volunteers, after survey feedback was delivered in early August, 2013.

Preventing and Controlling Healthcare-Associated Infections

The introduction of the National Safety and Quality Health Standards has increased the focus of infection control during the past 12 months with areas such as ‘aseptic non-touch technique’, and antimicrobial stewardship’ being added to the infection control program which previously focused on hand hygiene, cleaning, storage, food services and notification of infections. Managing the hospital environment to support the prevention and control of health care associated infections involves all staff from all disciplines. Continuous auditing of the environment and staff practices is supported by staff education to improve staff actions whilst providing patient.

ASEPTIC NON-TOUCH TECHNIQUE

The assessment and introduction of the Aseptic Non-Touch Technique (ANTT) has been developed during the year. The use of ANTT prevents nosocomial infection from transferring from person to person. Staff have completed a self-directed learning package followed by a practical competency assessment. This will ensure that staff skills are kept up to date in the provision of this technique. As of the 30th June 2013, 69% of clinical staff had completed the self-directed learning package and 54% had completed the practical competency assessment.

ANTIMICROBIAL STEWARDSHIP

The key component of antimicrobial

stewardship is in the prevention to the emergence of antimicrobial resistance. Antibiotic prescribing should be supported by clinical evidence and, where possible and practicable, laboratory tests. Treatment should be limited to bacterial infections using antibiotics directed against the causative agent given in optimal dosage, interval and length of treatment with steps taken to ensure maximum patient compliance with the treatment plan and only when the benefit of treatment outweighs the individual and global risks. Timboon and District Healthcare Service has been involved in a regional working party which has focused on appropriate use of antibiotics. Involvement has included area hospital pharmacists and infectious disease physicians with a focus on improving medical practitioner prescribing habits.

INFECTION PREVENTION AND CONTROL

Timboon and District Healthcare Service participates in the Victorian Study, VICNISS monitoring hospital-acquired infection rates in public hospitals. Results from the past five years indicate that Timboon and District Healthcare Service does not have any infections in the categories that are included in this audit.

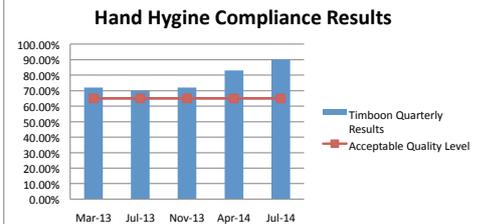
STAFF IMMUNISATION

Staff are offered immunisation against influenza annually; 80% of staff participated. This is well above the Victorian Government’s goal of 65%.

Immunisation of staff prevents cross infection of staff to patients and vice versa.

HAND HYGIENE

Healthcare-associated infections (HCAI) are an increasing issue in the quality and safety of health care, in both the hospital and community settings. The hands of all staff remain



the most common case of cross-infection. Improved healthcare worker hand hygiene is the highest priority area to reduce the risk of healthcare-associated infections.

Auditing Hand Hygiene compliance by Health Care Workers is essential to assess the effectiveness of the Hand Hygiene program and education. Timboon and District Healthcare Service has adopted the ‘five moments of hand hygiene’ as a reminder to staff as to the most appropriate times to use hand hygiene. We have continued to score well above the accepted standard with a score of 85.3%. The accepted standard is 65%. While these scores are good, ongoing vigilance needs to occur in regard to the importance of hand hygiene in healthcare facilities.

Compliance Rate by Moment - Timboon & District Hospital

Audit Period: NHHI Audit One 2013

Organisation: Timboon & District Hospital

Name	Correct Moments	Total Moments	Compliance Rate	Lower Confidence Interval	Upper Confidence Interval
Timboon & District Hospital	58	68	85.3%	75%	91.8%
Name	Correct Moments	Total Moments	Compliance Rate	Lower Confidence Interval	Upper Confidence Interval
1 Before Touching A Patient	9	16	56.2%	33.2%	76.9%
2 Before Procedure	4	4	100.0%	51.0%	99.9%
3 After a Procedure or Body Fluid Exposure Risk	5	5	100.0%	56.6%	100.0%
4 After Touching a Patient	23	24	95.8%	79.8%	99.3%
5 After Touching A Patient's Surroundings	17	19	89.5%	68.6%	97.1%

ENVIRONMENTAL AND FOOD SERVICES

Regular internal audits are performed throughout the year by the environmental staff. External audits are also conducted by the regional Infection Control Consultant on an annual basis.

CLEANING SERVICES

The importance of maintaining a clean and hygienic environment is monitored through external cleaning audits which conform to the Department of Health standards, comprising of one external audit and two non-external audits per year. An internal audit is conducted monthly by a Timboon and District Healthcare Service accredited auditor.

All patient care areas including theatre, central sterilising areas, urgent care centre, day surgery, individual patient rooms and lounge rooms are audited.

The standard of cleaning at Timboon and District Healthcare Service is well above the acceptable quality level. Standards have been maintained at a very high standard, receiving an overall hospital score of 98% - well above the AQL of 85%, which is an excellent outcome.



FOOD SERVICES

The Food Services department continue to excel with their food preparation ensuring that patients and clients in the community receive the best in regards to meal content and meeting nutritional needs. An important part of this service involves cleanliness of the environment and staff members.

The Food Hygiene Australia External Audit for all food service areas of Timboon and District Healthcare Service Kitchen, Timboon Planned Activity Group Kitchen and Cobden Planned Activity Group Kitchen complied with requirements of the Food Act 1984.

Nurse Unit manager Michelle Selten practises effective hand hygiene.



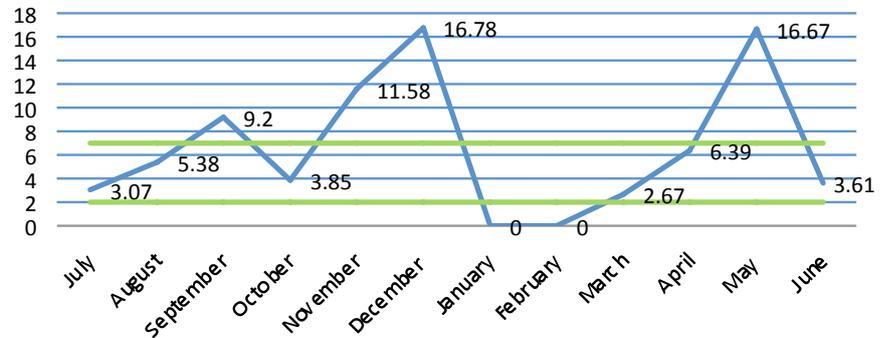
Preventing falls and harm from falls

Falls prevention strategies within our Health Service are extensive. Prevention of falls starts with a screen via the Nursing Clinical Risk Assessment. If a risk is identified then a thorough assessment of the potential for a patient or a resident to fall occurs.

It is our philosophy, particularly in aged care, that our patients and residents are free to move about but this freedom must come as safely as possible. For this reason we make every attempt to provide an environment free of obstacles, ensure footwear of residents is well fitting and appropriate to the surface they are walking on and, most importantly, that patients and residents can call staff easily when they need help.

During the past 12 months Timboon and District Healthcare Service has had 24 falls. Falls are converted to the benchmark of falls per 1000 bed days with an aim of falling within the benchmark of 2- 7 falls per 1000 bed days. Timboon and District Healthcare Service managed the benchmark on 8 out of 12 months. The months where Timboon and District Healthcare Service was unable to meet this benchmark were due to single inpatients or residents with health-related conditions causing them to fall. All of these patients or residents had completed a falls assessment and

TDHS Falls 2012-2013
% 1000 bed days



multifactorial prevention plan.

attained.

WHAT HAVE WE DONE TO IMPROVE?

We have intensified our efforts in preventing falls through rigorous multifactorial prevention plan between Nurses, General Practitioners, Physiotherapist, Occupational Therapists and Exercise Co-ordinator.

Planning the care of each person is centred on each individual. The methods we use for each patient or resident focus on reducing falls and the severity of the consequences of the fall if/when they do occur. While maintaining safety and encouraging maximum independence is difficult, a balance between the two must be

WHAT WE PLAN TO CHANGE?

We plan to introduce technology to assist nurses in being alerted when a patient moves from a position of safety without the supervision or assistance they need to remain safe.

Preventing and managing pressure injuries

In 2012/2013 TDHS has focused on pressure injury detection and prevention.

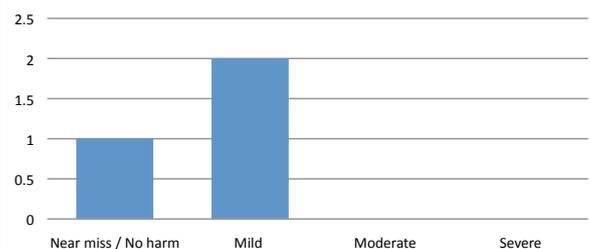
The implementation of the Clinical Risk Assessment which includes the Waterlow Pressure Injury Risk Assessment Tool and Daily Patient Skin inspection has prevented further pressure injuries from developing. Work has also occurred in the education and informing of the clinical workforce about pressure injury prevention, accurately assessing patients and residents for their

potential to develop pressure injuries and how to develop a prevention plan.

Additional education for staff in relation to pressure injuries and wound management was delivered by our area Wound Care Specialist Nurse based at Western District Health Service.

Timboon and District Healthcare Service had three detected pressure

TDHS 2012-2013
Number and Severity of Pressure Injuries



injuries reported on our RiskmanQ Incident system. With no occurrence of a Stage 3 or Stage 4 injury – the most severe. An excellent outcome!

Safe use of blood and blood products

Clear policies and procedures ensure that blood and blood products are safely administered to the designated patient when clinical need indicates. These policies were reviewed this year to ensure compliance with NSQHS Standard 7, Blood and Blood Products and the Department Of Health Victoria, Blood Matters Program.

Our Medical Practitioners meticulously determine the clinical need for the patient to receive blood or blood product as it is in such short supply and correct and timely use is paramount. Time is taken to discuss with our patients the need for blood or blood products and this year there has been 100% consent from patients to such care.

Blood is stored in a designated fridge and monitored. All monitoring for the blood fridge will be recorded by the RFID Tag located in the fridge. It is monitored 24/7 by a computer program which sends alerts to the nurses pagers and the maintenance officer via a text message when temperature alerts are outside range. When blood is stored in the blood fridge, the fridge is monitored manually,



twice a day at 0800 and 2000 hours and temperatures are recorded.

Staff participate in annual mandatory education online. This year 72% of Registered Nurses and Medication Endorsed Nurses completed the Bloodsafe education package.

During 2012-2013, there were not

any incidents where the wrong type of blood was administered to a patient or any adverse reactions to blood and blood products.

We are unwavering in our commitment to ensuring the safety and quality of our care with regard to use of blood and blood products.

Management of nutrition

During the year Timboon and District Healthcare Service has reviewed its nutritional management of clients. The intent is to ensure that all acute inpatient, residential and respite clients receive nutrition screening and assessment.

This is due to the importance of good nutrition in overall wellbeing. All patients, residents and clients admitted to the health service undergo the malnutrition screening tool as part of their clinical risk assessment. This process ensures that all clients at risk of malnutrition are referred to our dietician. The outcome of this process maximises nutritional care of acute patients/residents and respite

clients through the engagement of multi-disciplinary healthcare teams, as well as retaining a positive mealtime experience for acute patients/residents and respite clients of Timboon and District Healthcare Service.

Auditing of our implementation of this process concluded that:

- 75% of patients had their weight documented on admission;
- 75% of patients underwent the malnutrition screening tool.



- Our recommendations presented to nursing staff concluded that:
- Ensure weight is recorded on admission for all patients, and :
- Ensure risk screen occurs for all patients.

Medication safety

Accurately dispensing and administering medications to patients and residents in our care is critical for their safety.

Over the last 12 months the number of medication incidents has increased each month, with six incidents reported in May and five in June, compared to lows of 0 and 1 in September and October 2012. The increase in reported incidents is due to improvements in staff knowledge on correct medication management procedures in adherence to NSQHS Standard 4, Medication Safety. Overall Timboon and District Healthcare Service had 33 reported medication incidents with 23 being no harm/near miss and 10 being mild. The reported incidents have occurred during staff auditing and checking procedures. This indicates that these procedures are occurring and need to continue to ensure medication policy compliance.

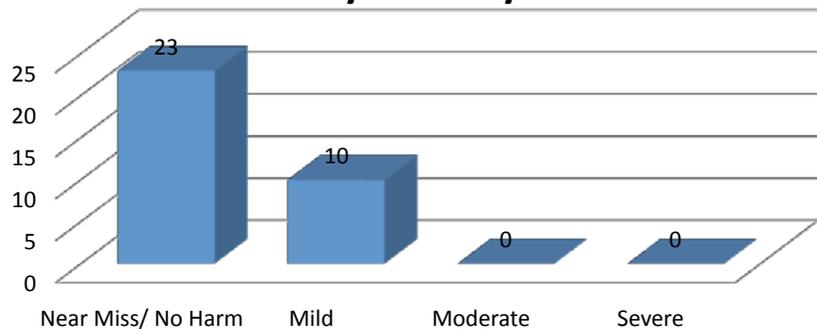
On each occasion a medication incident occurs, the Nurse Unit Manager and clinical team discuss the error and detailed actions are put in place to ensure the safety of the patient, either by additional patient observation or providing the drug when the omission has been recognised if appropriate.

Other improvements around medication safety have included the introduction of:

MEDICATION HISTORY AND MANAGEMENT PLAN

The introduction of the medication history and management plan (MHMP) has ensured all acute patients have a documented medication history and on admission. At the end of each episode of care the verified information is transferred to the next care provider

**TDHS Medication Incidents
2012-2013
By Severity**



and provided to the patient or carer. This information includes changes made to the medicines during the episode of care.

REVIEW OF MEDICATION MANAGEMENT POLICIES

This has ensured that the appropriate legal and safe practice with respect to medication administration practices within Timboon and District Healthcare Service and outlines the procedure for storage, supply, disposal and security of medications. Policies are now in line with NSQHS standard 4, Medication Safety.

ROTATION OF STOCK

Rotation of Stock via the introduction of a coloured coding per year to ensure out of date medication is not used and disposed of appropriately and that the drugs closest to expiry are used first to minimise medication waste. This process allows for timely ordering of common medications and reduces the likelihood of overstocking or expired stock on shelves.

APPROPRIATE DISPOSAL OF MEDICINES

To ensure accountability for all medications and to reduce medication wastage, Timboon and District Healthcare Service developed an appropriate disposal of medications system. This involves a Pharmaceutical Waste Log whereby a record is kept of drugs and reasons for their disposal. This enables a three-monthly analysis of medication disposal and will improve pharmacy maintenance.

Our Services

Meeting the needs of the Timboon and Cobden communities

ACUTE HOSPITAL CARE

- 24-hour Urgent Care Centre
- Day Surgical Procedures
- Diagnostic Procedures
- General Medicine
- Midwifery Services
- Obstetrics/Gynaecology
- Palliative Care

DIAGNOSTIC SERVICES

- Pathology
- Radiology

AGED CARE – RESIDENTIAL AND HOME-BASED SERVICES

- Aged Residential and Respite Care
- Community Aged Care
- Services to older persons in their own home

COMMUNITY NURSING

- Continence Resource
- Chronic Disease Management
- District Nursing
- Diabetes Education
- Maternity Outreach/Domiciliary Visits
- Palliative Care Nursing
- Post Acute Care
- Women's Health

HOME AND COMMUNITY CARE - AGED & DISABILITY SUPPORT

- Assessment and Case Management
- Delivered Meals
- Domestic Assistance
- Home Maintenance
- Personal Care
- Respite Care
- Community Transport
- Planned Activity Groups
- Visually impaired group

EXERCISE AND REHABILITATION PROGRAMS

- Body Balance
- Bounce Back with Babes
- Strength Training & Circuit
- Men Only Strength Training
- Tai Chi
- Strong Women
- Heartmoves
- Balance +

HEALTH EDUCATION

- Childbirth Classes

HEALTH PROMOTION

- Asthma Education
- Community and school-based education programs
- Health Screenings

PRIMARY CARE SERVICES

- Audiology (private)
- Counselling
- Chiropractic (private)
- Nutrition
- Dental (public & private)
- Occupational Therapy
- Osteopathy (private)
- Physiotherapy
- Podiatry (public & private)
- Social Work
- Speech Pathology

SUPPORT GROUPS

- Arthritis
- Diabetes Support
- Visually Impaired
- Chronic Illness Peer Support

YOUTH SERVICES

- Counselling
- Youth Activities
- Youth Access Centre

We work closely with regional and specialised health services to extend and coordinate the scope of services available to our local community

Concerns or compliments

Timboon and District Healthcare Service invite any comment you may have about the care or service provided by our health service; this provides an opportunity for service improvement.

Concerns or compliments may be directed to the Chief Executive Officer on 03 5558 6000

If the matter is not resolved to your satisfaction, the Health Services Commissioner who assists with complaint resolution, can be contacted on 03 9655 5200.



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