

Timboon and District Healthcare Service



Quality of Care

REPORT

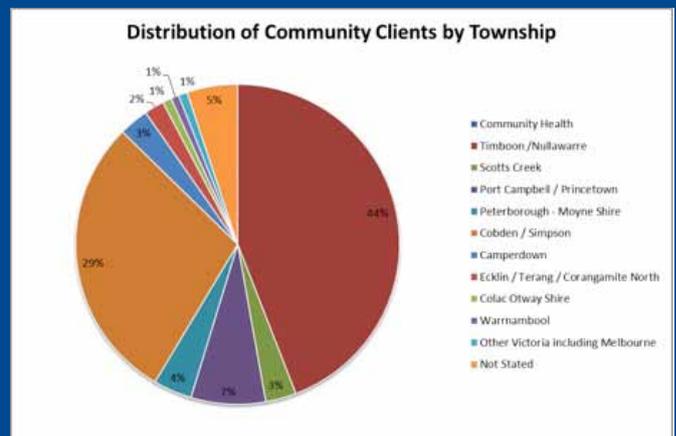
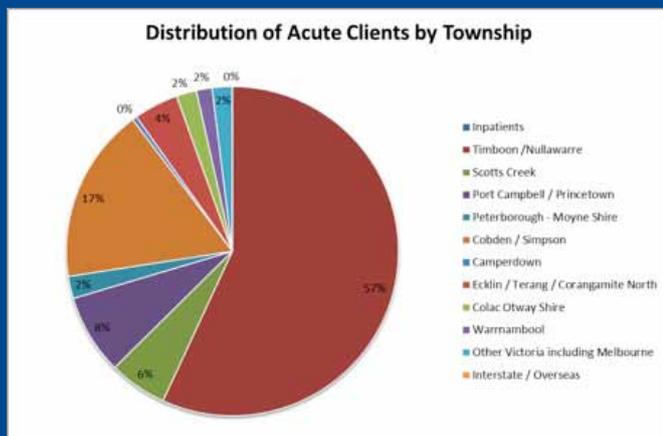
2014/2015

contents

Preparing this 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 2014/2015.

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Vision

Enabling Optimum Health and Wellness for our Communities.

Mission

To provide leading innovative health and wellness services, of the highest quality.

Values

Respect

We consult and collaborate with others and respect the diverse views of patients, families and each other.

Excellence

We create opportunities for education and are committed to continuous development.

Accountability

We show pride, enthusiasm and dedication in everything that we do.

Integrity

We engage others in a respectful, fair and ethical manner.

Compassion

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

welcome

On behalf of TDHS Board of Governance we are delighted to present our Quality of Care report. This report is designed to increase community awareness about TDHS and reiterate our commitment to providing safe, high quality care to our patients, residents, clients, their families and carers. This report provides an outlook into the range of services offered in our communities by TDHS.

Once again, it has been a very busy year for our staff, volunteers and consumer representatives. We again were able to achieve excellent results during our Australian Council on Healthcare Standards (ACHS) periodic review. This review tracks our progress and achievements when assessed against the Australian Commission on Safety and Quality in Healthcare, National Safety and Quality Health Service (NSQHS) Standards.

As you will read in the following pages, our staff are continually looking at ways to involve consumers in their care and, ultimately, to improve their satisfaction in the quality of care we provide.

Our Consumer Representatives play an invaluable role as a two-way communication channel between TDHS and our broader local community. We thank them for their tireless efforts in advocating on behalf of those they represent, and helping us get the word out on important health issues and initiatives.

We hope you enjoy the read, and look forward to sharing more good news stories with you next year.



John Renyard
Chair Board of Governance



Gerry Sheehan
Chief Executive Officer



TDHS Board Chair John Renyard
and CEO Gerry Sheehan

Our Rural Health Service

Timboon and District Healthcare Service (TDHS) is an integral part of our rural community. It provides jobs to many community members as well as necessary health care services. These services enable our community the opportunity for optimal health and optimal overall wellness for individuals so that they can then participate fully and contribute to their community. Located at the picturesque and well visited western end of the Great Ocean Road, TDHS optimises the Multipurpose Health Service model of care by delivering health services that encompass the identified needs of the community.

TDHS is a Multipurpose Health Service established under an agreement between the Commonwealth and Victorian Governments and incorporated under the Health Services Act 1988. The Healthcare Service is governed by a Board of Directors who have been appointed by the Governor-in-Council upon the recommendation of the Victorian Minister for Health.

TDHS provides acute, residential and community aged care and a comprehensive suite of primary care services. Acute and residential aged care services are provided within 14 flexible beds and a 6 day-stay bed complex with an operating theatre suite and urgent care centre. Community Health Services are provided both in-house

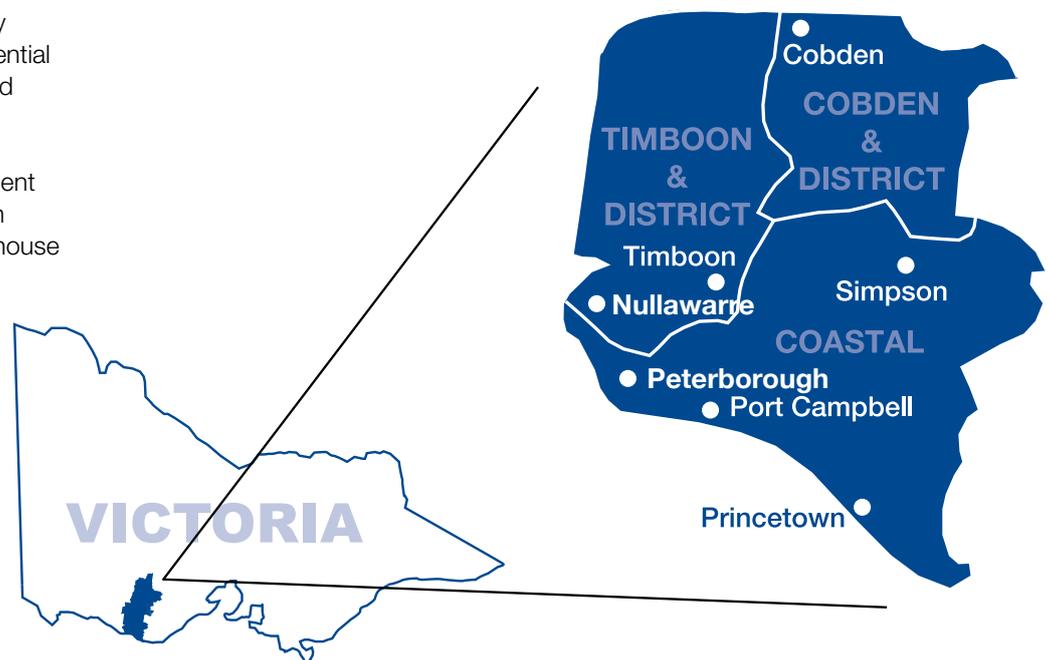
and externally through community outreach programs. TDHS jointly manages the Timboon Medical Clinic which is located adjacent to the Healthcare Service; and contracts General Practitioners as Visiting Medical Officers to the Healthcare Service.

TDHS provides 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, Nullawarre, Port Campbell, Princetown, Peterborough and Simpson. This area comprises a catchment population of about 7,700 with 50.1% male and 49.9% female.

TDHS is a partner in the Corangamite Health Collaborative with Terang, Cobden and South West Healthcare Camperdown Campus and the Corangamite Shire. The model aims to coordinate service provision across the Corangamite Shire by improving workforce and service opportunities and utilising collaborative methodology.

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 along with tourism. Tourism numbers to the Great Ocean Road exceed 7.2 million with approximately 2.5 million reaching the 12 Apostles and Port Campbell by either bus or private vehicle. These high tourist numbers have a substantial impact on our Urgent Care Service.

Timboon, although a small town of some 1,000, provides a service hub for the southern part of the catchment and Cobden serves the northern most section of the catchment area.



Overview of our services to the community

URGENT CARE CENTRE

TDHS operates a 24-hour, seven-day-a-week Urgent Care Centre. Acute clinical staff have seen 2139 patients presenting to the urgent care centre in the past 12 months. This equates to approximately 6 patients per day. Acute ward nursing staff work collaboratively with our general practitioners, nurse practitioners and ambulance officers to meet patient care needs in the areas of assessment, consultation, treatment and referral.

ACUTE CARE

Acute care services at TDHS have remained active over the past 12 months with nursing/medical staff caring for 466 admissions. Of the 466 admissions, the four permanent general practitioners and nursing staff cared for 98% of patient presentations at the healthcare service, with 2% of patient presentations requiring transfer to a higher level of care (intensive, coronary or specialist referral) at a regional or metropolitan hospital.

MATERNITY SERVICES

TDHS formally ceased birthing services in 2015 after an 18 month moratorium to investigate and determine appropriate and safe maternity services for our community. It was decided to maintain the focus on ante-natal and post-natal care continuing with our trial model of care in Community Midwifery. The community midwife provides a comprehensive service for ante and post-natal clients under a shared care arrangement with Dr Liz Uren and the Medical Support Outreach Program (MSOP) maternity services for pre-natal clients. This support is also enhanced by ante-natal classes provided by our community health nurse who works closely with the community midwife. Post-natal care is well supported by our domiciliary service and the Corangamite Shire Maternal and Child

Health Nurse who work together to provide the best care to these clients. A total of 396 visits were provided in antenatal and domiciliary care.

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. An investigative procedure or non-urgent surgery was provided to 150 patients during 2014-2015.

PALLIATIVE CARE

Palliative care has been effectively provided for inpatients and on a number of occasions district nursing has provided palliative care support for clients who wish to die in their own homes. Nurses actively identify and assist any clients to develop an Advanced Care Plan, a key document that clients may use this to express their own healthcare and quality of life decisions as they approach death.

RESIDENTIAL AGED AND RESPITE CARE

TDHS dedicates 4 beds to high care residents and 3 beds towards respite. There were totals of 4 residents and 63 respite clients who were accommodated during the past 12 months. This equated to 100% occupancy of available bed days of permanent high-level aged care and 104% occupancy of respite care bed days, both high and low care. Respite client placement is coordinated through the Respite Barwon South West and Carelink Service and we work in association with the Regional Aged Care Assessment Team to make sure clients are appropriately assessed prior to accessing aged care services.

HOME AND COMMUNITY CARE SERVICES

The Home and Community Care program provides care and support services to frail older people, younger people with disabilities and their carers residing in the community, allowing them to remain in their home in a supported environment rather than a premature or inappropriate admission to long term residential care. The program continues to ensure community care workers have the most up to date information and knowledge to pass on to their consumers. This occurs via fortnightly one on one support meetings and quarterly whole of staff meetings where new information, challenges, OHS, client and worker wellbeing is discussed.

ASSESSMENT AND CASE MANAGEMENT

An increased emphasis on assessment, case management and goal centred care planning utilising the Active Service Model has occurred during the past twelve months. TDHS provided 671 hours of Home and Community Care Assessment to our clients. Clients are reviewed on a 3, 6 or 12 monthly basis depending on their level of need. All new clients have also had a more vigorous home visit safety screening to ensure worker safety.

DISTRICT NURSING

TDHS District Nursing Service experienced a busy year with 1881 hours of service, to 179 clients, providing professional assistance for a wide range of needs. These services include assessment, pathology collection, disease education, health promotion and hygiene assistance. Some people need help for a short time after an injury or hospital stay, with 20% of our visits in 2014-2015 for postoperative wound care.

PLANNED ACTIVITY GROUPS AND NATIONAL RESPITE CARERS PROGRAM

The Planned Activity Groups operate twice weekly at Timboon and Cobden and provide an opportunity for older members of the community to socialise and participate in a range of activities and outings that encourages participants to remain active and involved. After a significant recruitment program the Planned Activity Groups now cater for twice the number of participants compared with this time last year. The groups remain very active and have been involved in Croquet, 10 pin bowling, Bocce and the South West Active Games. Members also enjoy the Arts, with visits from local musicians and trips to the theatre. They have had guest presenters from CFA, Ambulance, consumer affairs, financial planning as well as local historians. The five hour program also offers carer respite, funded by the National Respite for Carers Program on Fridays in Timboon.

FITNESS AND REHABILITATION PROGRAMS

A total of 15 weekly classes are offered to the community of Timboon 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, balance and encouraging social connectedness. Programs include Tai Chi, Strength Training, Balance Plus, Gentle Exercise, Stepping Stone, Heartmoves and Rehabilitation. Classes for pre and post natal women are also offered. These services provided 3978 occasions of care.

COMMUNITY HEALTH SERVICES

TDHS has maintained a large team of allied health clinicians who provide a wide range of services for inpatient, outpatient and community clients. They work very proactively within our community and have successfully run individual patient care and group care as well as assisted in community events including the Timboon Fun Run / Health Expo, and our successful Men's and Women's Health Nights. All the allied health team have actively participated in accreditation to ensure best practice evidence based healthcare.

HEALTH PROMOTION PROGRAM

Health Promotion is the process of enabling people to increase control over and improve their health. At TDHS, Health Promotion continues to be a key component of health prevention. To provide evidence based integrated health promotion programs it is essential to use evidence to determine which health promotion programs to deliver and then ensure consistent evaluation of programs that are being delivered.

The TDHS integrated health promotion programs focus on achieving equity in health and providing opportunities and resources that enable the community to increase control over and improve their health and wellbeing. This includes helping people to improve their health knowledge and skills through programs and presentations. Working in partnerships with other organisations such as the Heart of Corangamite Network continued to be an important part of TDHS health promotion plan in 2015.

ORAL HEALTH PROGRAM

TDHS continues to offer a holistic Oral Health program, this includes public dental which is offered on a weekly basis to all health care card holders and provides a preventative and general dental treatment as well as a referral service. This service is provided by South West Healthcare Dental Program. A private dental service is provided by Dr. Donna Mercado on a fortnightly basis. This service continues to be very valuable to our community's oral health needs. To meet oral health prevention needs the 'Smiles 4 Miles' program continues to be provided to all Kindergartens and Childcare Services within the Timboon district. This program includes parent and child education on oral health and direction to available dental programs.



Standard 1:

Governance for Safety and Quality in Health Service Organisations

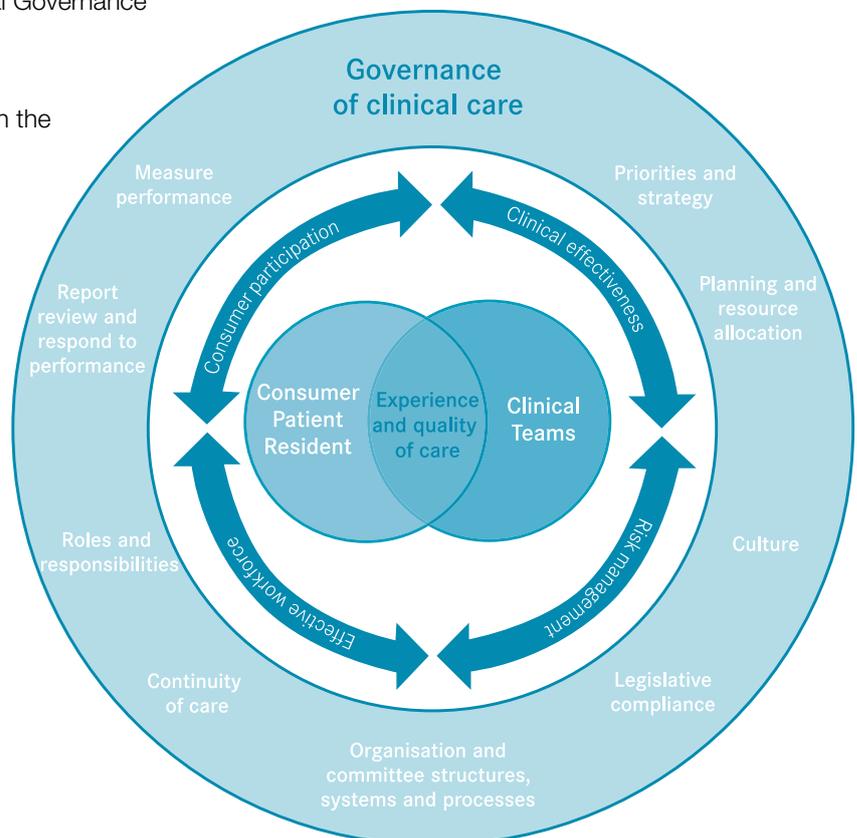
Compliance with Victorian Clinical Governance Policy Framework

The governance of clinical care occurs within the context of the broader governance of the healthcare service board of governance 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. TDHS reviewed its clinical governance structures during 2015 creating a framework encompassing clinical governance, quality and credentialing. This framework encompasses the Victorian Clinical Governance framework which is documented below.

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

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



Health Service Accreditation

Type of Accreditation	Outcome
Australian Council on Healthcare Standards (EQulP National)	<p>Full accreditation status received – four (4) years provided in 2013 until 24 October 2017</p> <ul style="list-style-type: none"> • August 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. We met all criteria and received 27 met with merits • June 2015 – Periodic review against National Safety and Quality Health Service Standards 1, 2 and 3 and Mandatory Criteria for Standards 11 -15. We met all criteria.
Community Care Common Standards (HACC)	<ul style="list-style-type: none"> • 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"> • Results from October 2013 assessment demonstrated that TDHS met all 3 Common Care Standards.

TDHS Board of Governance

TDHS Board of Governance achieved a number of our key projects for 2014-2015. The work involved has been enhancing our internal systems and ensuring that we are compliant with our regulatory and financial obligations. We now have agreements in place with all our Visiting Medical Officers, a signed Joint Venture Agreement between the medical clinic and TDHS, a structure for formal collaboration with the seven Victorian Multipurpose Health Services and State and Commonwealth Governments, a fully revised and rewritten business continuity plan (to provide protocols to continue our business in case of systems breakdown) and revised health service by-laws, a strategic plan for 2015-2018 (subject to endorsement by the Minister for Health) an operational plan to achieve the strategic directions, external Board evaluation and action plan, revised Quality, Risk and Audit frameworks and plans, a relevant and functional risk register, collaborative approaches to



TDHS CEO Gerry Sheehan in discussion with Board of Governance member Catherine Marr

our business, first stage development of a people and culture plan, website development and a finance systems review. All of these projects have been essential for TDHS to develop and implement in order for us to achieve our future goals and comply with our regulatory obligations set out by the governing authorities.

Committee Structure

The Board of Governance reviewed its committee structure and established a more functional committee structure to assist in meeting its obligations.

AUDIT COMMITTEE

Audit Committee monitors and oversees the financial performance and reporting processes; compliance with the Financial Management Act; the internal and external audit programs; and oversees the risk management program. This committee meets on a quarterly basis.

CLINICAL GOVERNANCE, QUALITY AND CREDENTIALING COMMITTEE

In meeting its obligations the Board of Governance has ensured that there is a clinical governance, quality and credentialing framework in place as well as external and internal audit processes to monitor compliance. This committee receives advice from a Credentialing and Advisory Committee (Colac Area Health) on the medical / dental practitioner qualifications and the delineation of clinical privileges to meet the role and function of the Healthcare Service. All medical / dental appointments are initially credentialed for 12 months and then reapplications can be approved for up to 3 years. This committee meets on a bi-monthly basis.

For effective and comprehensive monitoring of clinical governance, quality and credentialing at TDHS, the Board of Governance receives regular reports from the following committees:

- Patient Safety and Quality Committee
- Medical Consultative Group
- Occupational Health and Safety
- Credentialing and Advisory Committee (Colac Area Health)

RISKMANQ SYSTEM

TDHS continues to use the RiskManQ Management system for the management of the organisation's risk register, incident management system, feedback register, quality management system and legislative compliance program. The RiskManQ Management system enables 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 thoroughly reviewed its risk management program by an initial review of the risk management framework to embed the principles

of the risk management standard AS/NZS ISO 31000:2009, followed by an upgrade of the risk register with rigorous ongoing monitoring of this register by both the Strategy Implementation Group and Audit Committee.

The organisation recently adopted the RiskManQ legislative compliance module to enable more thorough documentation, monitoring and review of our legislative compliance practices.

The benefits to the organisation of the RiskManQ system have enabled improved incident management, easier reporting and analysis and a single system for risk management, incident management, feedback, legislative compliance and quality reporting.

TDHS staff meeting to ensure best practice client care





My Experience as a TDHS Board Member

Kim Clough

TDHS Board of Governance member Kim Clough

My family and I have been in the local area for the past 11 years. I am a Physiotherapist by profession and run my own practice in Timboon, 2 days a week. The rest of the time I help my husband on our dairy farm in Coorimungle milking 250 cows. I have two children, aged 12 and 14 years.

Having volunteered for the Community Emergency Response Team (CERT) for a couple of years I was happy to consider volunteering some time to a different organisation. I was asked to consider joining the Board of Governance at TDHS with the hope of bringing some clinical experience to the Board and I have been a member for the last couple of years. It was such a steep learning curve at the beginning but I have enjoyed all the challenges. The Board of Governance is made up of a group of very diverse individuals which brings with it a lot of healthy debate and discussion. Being on the Board of Governance has involved an education into the running of a public hospital, with my previous experience having been as an employee. It showcases the decisions that are made and the reason these are made, to which sometimes the public is not privy. I am very proud to be part of a team that contributes to the running of TDHS. For a small community we are very lucky to have not only the infrastructure but the people that make it such a great organisation.

Joining the Board has definitely been a lot more time consuming than I initially thought but the people I have met and the growth as a person have definitely been worthwhile. It is an organisation that I am proud to be associated with and hope I can continue to contribute in my small way. TDHS has got more volunteers than any other of its size and larger. It is a testament to the community that we live in that there are more volunteers than employees supporting the organisation!



Part of my role also includes being on the Clinical Governance Quality and Credentialing Committee, a subcommittee of the Board of Governance. I think my clinical experience helps in my contribution to this area. Being a Physiotherapist for the past 25 years has given me an interest in the care patients are offered, receive and the quality in which they are given. I guess I have a more personal perspective than some and hear feedback through my own work, both good and bad, on a fairly regular basis. This is invaluable in helping to understand the needs of some community members. One wish of mine is for more community members to come forward with things that they

would like to see happening at the Healthcare Service and attending things like the open board meeting that is held every year.

It is an exciting time at TDHS and I have been lucky to be involved with innovative programs such as LifeMAP. I also enjoy watching, and having the feedback in my practice, at the work done with the gym classes and other programs offered at TDHS. We are very lucky to have so much on offer in our rural community. I hope to continue to enjoy my time on the Board and encourage anyone interested in volunteering their time to think about getting involved with TDHS.

People Matter Survey

The People Matter Survey measures a range of aspects of workforce culture and climate in the Victorian public sector. The survey focuses on employees' perspectives on the application of the public sector values and employment principles. The survey also measures other aspects of the workplace such as job satisfaction and workplace wellbeing. TDHS completes this survey every second year with our last survey conducted in April 2014.

Results of our last survey evidenced that our staff:

- consider human rights when making decisions and providing advice;
- understand how the Charter of Human Rights and Responsibilities applies to their work;
- felt the organisation provides high quality services to the Victorian community;
- felt comfortable in reporting any patient safety concerns;
- indicated that they don't see gender as a barrier to success; and,
- received help and support from other members of their workgroup.

Future improvement opportunities have been identified around issues which include:

- Feedback;
- Bullying; and,
- Commitment and Retention.

Service Awards

TDHS have several staff who have served the Healthcare Service for many years.

Staff recognised for reaching milestones in the 2014/2015 financial year include:

Kath Brown – 30 years
Lyn Marr - 25 years
Paula Till – 25 years
Kristie Coverdale – 15 years
Vickie Stevens – 10 years
Sherryl Mueller – 10 years
Tracey Heeps – 10 years

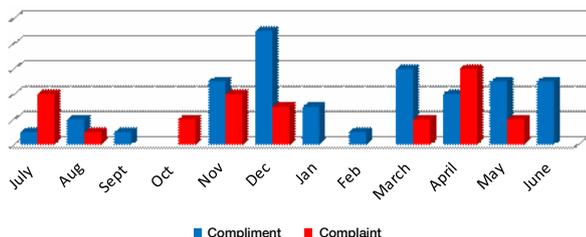
TDHS Staff receiving their services awards at the 2014 AGM



Compliment / Complaint Data

Comparison of Organisational Compliment / Complaint Data

2014-2015



"Enthusiastic and reliable front desk communication"

"The staff have been wonderful"

"I was impressed by the compassion the nurses showed to a patient"

"Felt understood and respected; fantastic service"

Compliment and Complaint data presented by months for 2014 -2015 financial year.

Have Your Say

At TDHS we are committed to providing a high quality of care to our consumers. To help us to evaluate our progress clients are asked to give feedback via our concerns and compliments process. There are a number of ways to make a suggestion,

share an idea or make a complaint regarding our level of care and services.

Feedback, good and bad, from consumers provides unique information about their needs and the

quality of care and services that they receive. "Concern or Compliments Forms" are available throughout the facility. They can be found in the Acute Hospital at the Nurse's Station, at the Front Reception and regularly provided to our community clients.



Community Midwifery Client Maree Williams, baby Rochelle and Community Midwife Toni-Anne McLennan



Standard 2: Partnering With Consumers

Consumer, Carer and Community Participation – Doing it with us not for us: Strategic Direction 2012/2013

Timboon and District Healthcare Service works closely with the South West Primary Care Partnership and during the 2014-2015 year, TDHS CEO participated in this Partnership.

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

- TDHS 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, newspaper articles, Monthly What's On, Quarterly, TDHS website, TDHS brochures and posters and via the Clinical Governance, Quality and Credentialing Meetings.
- TDHS has a cultural responsiveness plan that meets the six minimum reporting requirements.
- TDHS has systems processes and structures in place to consult and involve consumers, carers and community members - these include consumer Board representatives, strategic planning involving consumers and key stakeholders, consumer, carer and community participation policy and strategy, executive reporting on consumer participation to the CEO, participation in the Victorian Health Experience Survey, consumer involvement at the Clinical Governance, Quality and Credentialing Meetings and consumer involvement in the development and review of all consumer resources.
- TDHS is developing capacity of staff to support consumers, carers and community participation, this has included the Board President, staff, consumer representatives attending education 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 our services 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.

During 2014-2015 our Diversity Plan has focused on:

- Reviewing our interpreter policy and process.
- Development of a Cultural Diversity Policy.
- Goal directed care planning for client accessing our services.
- Ensuring regular publications continue to be published and communicated to all consumers.
- Single entry point for all community clients via the Primary Care Access Advisor who assists each client entering the organisation and ensures that their needs are met.

2. 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	Score
75%	97%
A consumer participation indicator score on the Victorian Health Experience Survey	97

A Client Journey through the Rural Health Care System Striving For Person Centred Care

Ethel Rundell calls herself the biggest success story to come out of TDHS. In January 2014 Ethel was hospitalised where she was admitted to both South West Healthcare Warrnambool and TDHS. The severity of Ethel's health issues looked like she would require long term care, via a nursing home placement. This was not Ethel's goal as she wanted to return home and continue to live with her husband Leo.

It was during the lengthy hospitalisation that Ethel's health was first stabilised and then her health further improved. When Ethel's health was at its worst she stopped breathing twice. Ethel's care involved a complete review of medications and

fluid restriction intervention. Ethel was totally involved in her care and she participated in the monitoring of both medications and her fluid and food intake.

"I was so fluid overloaded that I lost 25kg whilst I was at TDHS."

All staff focused on a person centred care approach. Person centred care is treatment and care provided by health services that places the person at the centre of their own care and considers their needs and goals. This approach encouraged Ethel to attend to as much of her care as she could, promoted her independence and ultimately gave her the confidence she needed to return home.

When Ethel was discharged from TDHS, she was visited at home by our District Nursing Service, 3 times per week where her fluid was monitored. Ethel now is able to manage her fluid levels without external support.

Ethel is now back living at home and driving on her own. She is still supported by TDHS, attending the Planned Activity Group (PAGS) and receiving Meals on Wheels, 3 times per week.

Ethel is currently planning her first holiday in 2½ years and feels fantastic thanks to TDHS.

Tuesday morning Gentle Exercise classes at TDHS have become an institution!

For the past 12 years participants have been arriving in their own cars, taxis and with the ever-supportive Community Drivers to the tunes of Old-Time-Dance Songs to attend our Gentle Exercise Program! All manner of physical skills are challenged including strength, mobility, balance, coordination and reaction time. Functional activities are core to the program, and so are fun and friendship. Participants cite reasons such as "maintaining independence", "want to keep my lifestyle as long as possible" as motivators in attending

the Gentle Exercise Program.

Following the principles of keeping good brain health the group stretches mind and body. Our repertoire of dance moves is testament to this as we include the Macarena and a Samoan Slap dance!

Alongside traditional activities including stair climbing and squats, we play quoits with giant hoops, kick frisbees and fitballs, we box, we build train sets and keep a watchful eye out for TDHS long term resident Geoff Drayton's well-seasoned baseball pitch!

After a solid hour of self-paced activity, a cuppa is earned. Up to 20 participants squeeze around the table often sharing in a topic for discussion centred on keeping good health. The group is often asked for feedback regarding TDHS services and offers plenty of suggestions for us to improve care.

The instructor is kidding herself if she thinks that the participants attend just for the exercise!

3. 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 <i>Assessing Written Consumer Health Information</i> , including at least five items from section D	
Denominator – The total number of new consumer, carer or community information resources produced, revised or adopted in last year	

Consumer Satisfaction Results

The Victorian Health Experience Survey Reports help to identify strategies that can improve services and patient satisfaction.

The Victorian Healthcare Experience Survey (VHES) is a state wide survey of people's public healthcare experiences. The Ipsos Social Research Institute - an independent contractor - conducts the survey on behalf of the Victorian Department of Health using questionnaires based on the internationally recognised work of the Picker Institute.

The VHES allows a wide range of people to provide feedback on their experiences and provides specialised questionnaires for:

- adult and child inpatients, including parents/guardians
- adult and child emergency department attendees, including parents/guardians.
- maternity consumers

These questionnaires are distributed to a randomly selected group of eligible people from each health

service in the month following their hospital discharge or the emergency department attendance. TDHS currently receives data from this survey for our adult and child inpatients.

Results from this survey indicated in Oct - Dec 2014, 97% of patients from TDHS rated their overall hospital experience as either 'very good' or 'good'.

Keeping You Informed

At TDHS we use a variety of methods to keep our communities informed, these include:

- TDHS Quarterly 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' 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 3 articles per month printed in the 2014/2015 financial year.
- TDHS Noticeboards are located in Timboon main shopping precinct, TDHS foyer and Timboon Medical Clinic entrance

- The Annual Report is provided to residents who attend the Annual General Meeting, upon request, and is available on the TDHS website.
- The 'Quality of Care Report' is distributed to residents in a community mail-out and is also available on the TDHS website.
- The TDHS website focuses on news, publications and service provision.

Speech Pathology Parent Satisfaction Survey

The survey was completed by 22 parents and 2 clients across 2014, after they/their child had attended a number of sessions with the Speech Pathologist at TDHS.

Aim: to evaluate the satisfaction levels of clients and families attending Timboon's speech pathology outpatient clinic.

The survey results showed that -

- 33% of clients were accessing speech pathology services for the first time.
- 14 clients found out about the service through their Maternal Child Health Nurse, 9 through the Kindergarten, 4 through a kindergarten screen, and 1 through their General Practitioner.
- 99% of respondents felt that the service met their expectations.
- 14 clients were required to wait less than 2 weeks for their initial appointment/assessment, 10 clients waited longer than 2 weeks.

- All respondents agreed that they were given adequate information and explanations during the assessment.
- Approximately 90% of respondents agreed that they understood the assessment reports and results their child achieved.
- All 24 respondents found the length of the therapy sessions to be adequate.
- 90% of respondents agreed that they had seen improvements since commencing therapy.
- 70% of respondents reported that the Speech Pathologist contacted/liased with relevant people regarding their/their child's assessment/therapy, and 25% were unsure.
- All respondents agreed with the frequency of therapy.
- 75% of respondents felt that they understood home practice activities and what was required

of them "very well," 25% felt they understood them "pretty well."

- 75% of respondents felt that the information handouts and resources for home practice were "very helpful," 20% felt they were "somewhat helpful."
- All 24 respondents felt that the amount of resources/information provided was adequate.

Recommendations

As a result of the survey, all new clients are to be seen within 7 days of referral to TDHS. Clients are to be provided clear detailed information during assessments, following this up with further discussion when the assessment report is completed. Clients will work with the Speech Pathologist in determining their goals for care. Home practice is then to be provided in a simple written format. Clients will be asked about the appropriateness and their understanding of handouts when given.



Speech Pathologist, Holly Rentsch and client Tristan O'Connor

Supporting Our Clients' Wellbeing

George Wiggins lives alone in one of the newly built Abbeyfield Units. George, aged 84 was widowed in 2013 after spending many years as the primary carer for his wife.

Over the years George also developed significant back pain resulting in hospitalisations and the need to attend numerous appointments in Warrnambool. The death of George's wife meant that George was at a high risk of social isolation. Periods of loneliness or social isolation can have a negative impact on an individual's physical, mental and social health.

George attends numerous TDHS programs which enables him to socialise and assist him in maintaining

his independence, remain living in his own home and reduces the impacts of being rurally isolated.

He currently attends the Planned Activity Group on Thursdays and Fridays where he gets to participate in the program which involves a home cooked lunch with activities such as cultural performances to games of billiards. George says "It is a great social outlet which would be even better if more men attended".

George also attends the weekly Men's Strength Class which helps to keep his back strengthened. "I have been coming to this program since it started, we have a great time with lots of laughs and good company, I

think our program is the highlight of Tracey's (Timboon Exercise Program Coordinator) week", he said.

This year George also participated in the Cooking for One program which was run by TDHS Dietitian, Diana. The program aims to provide cooking skills for those who either live alone or want a new lease into the food / cooking world. George said "I was clueless apart from chops and vegies, so the program gave me a whole new outlook on what I could cook for myself which was both healthy and easy".



Dietitian, Diana D'Auria and client, George Wiggins during the 'Cooking for One' program

Coping After a Serious Illness

Mr John Longmore arrived at TDHS after a failed cataract operation.

John is 79 and has cerebral palsy which affects his physical coordination and control. John had been cared for by his brother, however at a similar time to the operation his brother passed away due to ill health. This meant that John was unable provide the necessary care for himself at home.

John remained at TDHS from March 2014 until October 2014 where his eyes were cared for and until he was able to have a subsequent surgery

at the Royal Eye and Ear hospital in Melbourne.

“I was not in good shape when I arrived at TDHS, but the lavish food and care meant that I went from 66kg to 82kg.”

Whilst recuperating at TDHS, John attended Physiotherapy, the Friendlies Program and also attended the Timboon Planned Activity Group for social stimulation. John said “the nurses dedication to task was phenomenal, they provided professional care but also provided me with good laughs and were always happy.”

Planning for John’s discharge home saw him undertake a driving assessment which he passed with flying colours enabling him to continue driving. Once discharged John received daily District Nursing or Home Care as well as receiving Meals on Wheels. These services supported his ability to return home and maintain his independence.

“Without the care from TDHS, I would not be here today, they are my lifesaver, the atmosphere is like my home away from home.”

4. 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

- TDHS consumers were involved in the strategic planning process.
- TDHS have involved consumers in the development of community programs such as the Timboon Community Garden and LifeMAP.
- TDHS have consumers on the Clinical Governance, Quality and Credentialing committee which reviews feedback, complaints and governance.
- Consumers are involved in the review of the annual Quality of Care Report, review of services as part of community development forums and client experience surveys.
- Consumers and community members are involved in the review of consumer information.

LifeMAP

– TDHS's Successful Health and Wellbeing Program

LifeMAP (Mental and Physical Health) is a long term program developed by TDHS to reduce the rate of chronic disease and improve the overall health and wellness of the workplace and the community.

LifeMAP is integrated and team based, focussing on encouraging daily physical activity, good dietary choices fostering mental wellness and promoting productive and fun participation in life. LifeMAP encourages friends, families and workmates to support each other to achieve an improved state of health and wellbeing.

The program objectives include team and personal goals. The team goals consist of:

- Mapping teams' steps on a "walk" around Australia;
- Average weekly team distance;
- Average weekly team steps; and
- Total active minutes.

The personal goals include:

- Achieving 10,000 steps per day;
- Achieving 30 active minutes per day; and
- A set of personal goals (both short and long term) including participants creating their own personal vision.

LifeMAP was initially trialed with TDHS staff in August 2014. The workplace is identified as a key area for taking a proactive approach to the prevention of chronic disease (Monash University, 2013). Prior to the implementation of LifeMAP, TDHS staff completed a health and wellbeing needs assessment which demonstrated parallels with local obesity statistics.

The initial health and wellbeing needs assessment completed by TDHS staff demonstrated:

- 80.5% of females had a waist circumference >80cm;
- 39.13% of respondents only sometimes meet the Australian Guidelines for physical activity;
- 30.43% of respondents never meet the Australian Guidelines for physical activity;
- 46.8% of females and 20.5% of men are obese or overweight;
- 52.6% don't meet fruit guidelines;

and

- 85.9% don't meet vegetable guidelines.

These figures indicated to TDHS executive the need for a health and wellbeing program that would support and empower staff to improve their lifestyle choices and overall health and wellbeing.

Although this data was alarming the needs assessment also provided some positive results when considering the implementation of LifeMAP:

- 59% indicated they would utilise a personal trainer
- 80% indicated they would commit to 2-3 days per week;
- 52% indicated they would take part in a fat loss based program; and
- 61.54% of respondents reported eating well and exercising regularly as very important.

The person centredness of LifeMAP ensures participants are involved in decisions throughout the program via regular surveys and in the development of their personal vision and behavioural goals.

These figures indicate that people are aware of their health issues but more significantly, given an opportunity, they are willing to take positive steps to better health and are looking for a program that would support them in improving their health and wellness.

An integral part of the program involves participants always wearing an activity tracker that continuously records activity including number of steps, active minutes, nutritional and sleep information. Data is compiled and fed back to participants via a leadership board and weekly challenges. Education and improvements in participants' health literacy are also an integral part of LifeMAP; achieved by mentoring and one-on-one wellness coaching where participants identify personal challenges and set personally meaningful, realistic goals via wellness coaching and the use of positive psychology.

Impact from the LifeMAP program has been extremely positive. TDHS used

both quantitative and qualitative data to evaluate the LifeMAP program. Fifty one TDHS staff opted into the LifeMAP program which accounts for more than 50% of the staff, 4 staff have left the program (due to employment and illness) and 3 new participants have joined the program in the past 6 weeks. This equates to >92% retention rate, a significant achievement, as keeping participants engaged is paramount.

Results concluded that:

- >70% averaging >10,000 per day
- 100% of teams are achieving team average of 30 active minutes per day
- 86% of individual participants achieving >30 active minutes per day
- >90% report a conscious effort to include more activity in their daily life
- 100% report being more mindful of healthy eating
- Total body measurement reduction 488.5 cm
- Total reduction in waist circumference 128cm
- Decreased \$21,517.18 sick leave costs

Our qualitative data also focused on staff wellbeing and included asking the staff questions about how they felt about the program. This led to LifeMAP participants reporting:

- Positive morale
- Feel valued
- Improved mental wellness
- Decreased stress
- Increased productivity
- Improved health literacy
- Improved self-efficacy

In addition to the improvements in individual participants' health and wellbeing, the benefits to the organisation in reduced absenteeism and presenteeism, improved productivity and staff engagement and morale have been incredible. LifeMAP has also significantly improved TDHS bottom line with a reduction in sick leave cost by \$21,517.18 helping to demonstrate the improvements in our staff health and wellness due to the implementation of LifeMAP.

**“Since starting the program and becoming more physically active I think more clearly, and am less stressed”
Monica TDHS employee**

‘LifeMAP means to me ‘Freedom’ I am more carefree, I am energised, relieved of stress and when I am exercising I feel like I haven’t a care in the world, it’s my time out’ Julie TDHS Employee

‘I am simply ‘in control’ and that’s the best feeling in the world’ Sharon TDHS Employee

“The realisation that I have to do this for me and to be there for my family, I have to take care of myself and by taking care of myself I am taking care of my family and setting a good example for my children” Jodie TDHS Employee



Gaye McVilly, Planned Activity Group Assistant with group participants



Julie Giblett and Jodie Couch participating in some of the LifeMAP program activities

LifeMAP

– from a participant perspective

12 months ago I weighed 95kg, which for my height is approximately, 27 kilos above my healthy weight range and the heaviest I had ever been – even while pregnant.

In August 2014, I joined the LifeMAP program with great enthusiasm and excitement because I could see that it was achievable. I put my Activity Tracker on and haven't looked back. Previous to joining the Program I had all the excuses not to exercise and eat healthily: I'm too busy, I'm a working Mum, I'm too tired, its expensive to go to the gym, I'd have to change the way I cook and healthy food costs too much.

And do you know what – I was right. Not about my reasons to not exercise and eat healthy. I was right about the fact that they were excuses. And now I'd like to share with you how I have made minor changes for major results.

Excuses No: 1 & 2 – I'm too busy, I'm a working Mum

I've actually gained over an hour!

My alarm is set for 5.35 am 5 days a week. I potter around for a while organising our lunches etc and then I head off for a walk for 1 – 1 ¼ hours. This can either be by myself or with others.

Previous to the Program I would never have walked by myself because I was too self-conscious, I knew that if people saw me they would comment on the fact that I was "on a diet" or "trying to get fit" and if I failed then that would cause further comment. Now I'm doing it for me and my family. There goes that excuse, I just needed to re-juggle and think outside the norm.

Excuse No: 3 – I'm too tired

Because my stamina has increased I don't feel tired during the day, its probably also because I'm not carrying that extra 20kg around. I am getting less sleep because I'm up early but the

average 8 hrs I get every night is good quality sleep because I'm physically tired. There goes that excuse.

Excuse No: 4 – Its expensive to go to the gym

Walking is free and also we have a fantastic gym at our Healthcare Service which we are constantly encouraged to use. There are scheduled Gym classes 3 times a week or we can go in on our own.

If the mornings are too wet to walk I have a mini trampoline. I put it in front of the TV and watch Sunrise waiting for the Cash Cow to ring me – which hasn't happened yet, but it will, on a Jackpot day. So there goes that excuse.

Excuse No: 5 - Healthy food costs too much and I'd have to change the way I cook and

Yes, Healthy Food can be expensive if you head straight for the Health Food section but I have found fruit and vegies, lean meats and dairy are not as expensive.

And after speaking to our Dietitian I realised it wasn't so much the way I cooked, it was the portion sizes I was eating. There goes that excuse.

Like most people I have tried Weight Watchers and Jenny Craig and while the short term results were great, neither of these programs promote physical activity as a long term activity.

So how have I personally changed?

Apart from the obvious physical changes my stamina, mental health and confidence have increased and my lower back pain has gone completely.

What changes have I had to make to my life to achieve this?

I have made very few changes, but these small changes have totally changed my attitude to my health and wellbeing.

One change I have made is taking Vitamin D. Initial blood tests showed my level was low but when I started taking the doctor's recommended 2 tablets a day within three days I noticed the difference.

I started Competitive Boxing 4 months ago and I love it. I won't ever be getting in the ring but the training is such a great workout and so much fun at the same time.

From what I have learnt from the LifeMAP program, I believe that had I not embarked on this adventure 12 months ago I would now or in the near future be a prime candidate for Type 2 Diabetes and Heart Disease. The impact my new found fitness has had, not only to myself but to the organisation I work for, is immeasurable. I am a more productive and valuable person, employee and colleague. The constant support given by Tania and other healthcare professionals involved is invaluable and is what I believe has made this program such a success.

Where to from today?

I want to concentrate on toning, find my 6 pack and hopefully get my boobs up a couple of inches.

On the 18th October – exactly 14 months to the day that I strapped this little piece of silicone on my wrist I am going to be running the 10km Melbourne Marathon with TDHS work colleagues. I can't wait to run into the MCG, feel the buzz and the sense of achievement.

Feedback on 2013-2014 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 care 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 2014 Quality of Care Report is designed to provide our community, consumers, carers, patients and

residents with an insight into the systems and processes in place to deliver safe and quality services. It is important to us that this report is informative for our intended audience and valued by them; therefore the community are asked to provide feedback on the quality and appropriateness of the report. Unfortunately feedback from the last report was low with only 11 evaluations completed.

Those who made comment felt the report was easy to read and understand and that it provided useful information.

“I really liked the practical information and factual evidence of what is happening then broken up by real experiences of members of staff and community. It made it so much easier to read and keep my attention.”

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

Descriptive Reporting

Once again the number of volunteers continues to grow with a staggering 207 volunteers now part of providing services to the TDHS community.

Volunteers provide assistance in a number of areas and in order to better meet the needs of one group of volunteers we have formed the TOPS Working Party, made up of

TOPS volunteers and TDHS staff. The group aims to ensure the working environment at TOPS is optimum for the volunteers as well as continuing to meet the needs of our community. The Working Party is also entrusted with deciding on where the money raised from TOPS is spent.

We express our sincere appreciation to the valuable group of dedicated

volunteers who give their time to assist our communities via the following programs:

- Meals On Wheels volunteers
- Planned Activity Group volunteers
- Community Transport volunteers
- Friendlies volunteers
- TOPS Opportunity Shop volunteers
- Consumer Representatives



TDHS Volunteer – Del Taylor

Volunteering allows people of all ages and background to contribute to making a positive difference.

Del Taylor is one of Timboon and District Healthcare Services' very valuable volunteers. Del resides with her husband Colin on the family farm, however their son now runs the farm with Colin and Del providing support when required.

Del began volunteering on the Meals On Wheels Distribution Circuit over 20 years ago. She began the run by herself but now completes the monthly task with her husband Colin where he does the driving and Del delivers the meals to the Timboon residents.

Del's volunteering saw her become a Life Governor of TDHS.

In 1998 Del saw an advertisement to do further volunteer work with the Timboon Planned Activity Group (PAGS), Del was quick to take up the opportunity to work with the PAGS participants.

When asked about why she volunteers Del said "you get more out of volunteering and helping others than anything else."

"I chose volunteering at the PAGS because it is something I can do to give back to the community that has always been good to me."

"When I began volunteering my mother in law attended the group, so when

the request was made for volunteers I was aware of the valuable contribution the program provided to our older community members."

"I hope when it's my turn people will be volunteering and supporting me."

Timboon currently has volunteers, delivering Meals on Wheels, supporting the Planned Activity Group, TOPS (Timboon Op Shop), Community Driving, and Friendlies program and as Consumer Representatives.

Del is passionate about her role as a volunteer for TDHS



Hydrotherapy

Due to an increase in sub-acute orthopaedic referrals it was decided that a weekly Hydrotherapy class would match the increased demand for post-surgery rehabilitation. The introduction of Hydrotherapy at the 'Rodney Grove Community Centre' in Cobden gave our community clients an opportunity to participate in another form of Physiotherapy treatment. 'Hydro' works on 4 main principles: hydrostatic pressure, resistance, buoyancy and turbulence, all combining to give a long list of benefits. These benefits include:

- Reduced stress on joints - buoyancy reduces the stressful effects of gravity on the body.
- Improved muscle strength and tone - resistance of the water aids in gentle muscle strengthening.
- Increased range of motion and flexibility - the support of the water allows effective stretching.
- Increased balance and coordination - balance can be challenged in a safe environment.
- Pain modulation - turbulence and the support of the water decrease pain.
- Decreased oedema - the hydrostatic pressure of water decreases swelling.
- Increased circulation - hydrostatic pressure increases venous blood return to the heart.

Hydrotherapy when compared with land based rehabilitation has the added benefit of enabling patients to increase strength and range of movement in painful joints in a weightless environment which in turn fast tracks their rehabilitation process.



“Movement in the warm water and the assistance from the physiotherapist were absolutely essential for curing my drop foot and improving the range of movement in my knee.” Erika Elliott

“I look forward to hydro every week, it enables me to strengthen my knee pain free post total knee replacement in a weightless warm environment.” Marg O’toole

Cooking For One

Community cooking classes were conducted in 2015 and facilitated by Diana D’Auria the Dietitian at TDHS. The program set out to attract community members who were perhaps living alone or people who simply wanted to extend on their current cooking skills. Some participants were also desiring more social interaction as well as learning new healthy cuisine ideas.

Diana is not just a Dietitian but a food enthusiast and strongly believes that food is there to be enjoyed. Diana’s Italian upbringing blended with her nutrition knowledge set the theme for this 8-week community program. The participants also put forward their food

preferences and ideas for recipes they were interested in preparing.

Given that many Australians are not meeting their recommended daily intake of vegetable serves each day the main aim was to incorporate more colour, therefore more vegetables in dishes. Chicken, asparagus and spinach risotto and spinach and ricotta cannelloni were amongst some of the recipes that were prepared.

The participants were also introduced to the concept of ‘Mindful and Intuitive’ eating. This philosophy is about learning to love all foods in moderation and listening to one’s own body cues such as hunger and fullness.

Upon evaluation of the cooking class program these were some of the comments made by the participants when asked what aspects they found most valuable:-



“throwing ideas at the lecturer and getting feedback”

“lots of fun and laughs”

“learning different techniques and having fun”

“having more awareness and ideas”



Standard 3: Preventing and Controlling Healthcare Associated Infections

Each year, infections associated with healthcare occur in a large number of patients, making healthcare associated infections the most common complication affecting patients in hospitals. In Australia it equates to 1 patient in every 20 develops a healthcare associated infection which will complicate their recovery. At least half of the healthcare associated infections are preventable and involve simple measures which our staff, patients and their families or carers can do to reduce the risk of infections. These include infections control, hand hygiene surveillance and improving the safe and appropriate use of antimicrobials.

How We Work Towards Preventing and Controlling Healthcare Associated Infections

TDHS Infection Control Nurse, Heather Power and our regional infection control consultants at Infection Prevention Australia have supported TDHS in doing all it can to prevent healthcare associated infections. Over the past 12 months TDHS staff has undertaken internal and external audits receiving excellent results. We are compliant in the areas of hand hygiene, immunisation, cleaning and food safety.

TDHS has provided continuing education on precautions required to protect patients, their families and staff from infections that may come into hospital. As a result of the education, an isolation caddy was purchased which can be taken to a room occupied by an infectious patient and hung on the door reminding all staff that extra precautions are needed when providing care to that particular patient. The isolation caddy includes pockets to hold gloves, gowns and masks for staff to wear. This not only protects staff but also other patients in the facility.

Cleaning standards at TDHS continue to be high as demonstrated in the external cleaning audit that is done annually. Audits on the cleanliness of TDHS are done regularly by staff but an external auditor checks the

hospital annually and this external audit is reported to the Department of Health and Human Services. The Healthcare Service is divided into Very High Risk and High Risk Areas. Very High Risk areas include Theatre and the sterile stock storage area and High Risk areas include normal patient rooms and the Urgent Care Centre. A compliance rate of 99% for Very High Risk and 100% for High Risk areas was achieved at our external audit.

The area of appropriate antibiotic prescribing is important in the healthcare setting as well as in the community. The increasing incidence of resistance of bacteria to common antibiotics is a worldwide problem. One of the standards that the hospital needs to meet to pass accreditation is Antimicrobial Stewardship which involves ensuring that the hospital is doing all it can to ensure appropriate use of antibiotics. We have carried out education of medical and nursing staff to assist with this and also audit our use of antibiotics for inpatients to ensure that they are getting an antibiotic that is appropriate for the complaint that the patient is suffering from. When the auditing commenced in 2012 our results were 25%. In 2014 the appropriate prescribing of antibiotics increased to 50%. We are continuing to work with our medical staff to improve this figure.

TDHS also attempts to keep the community well informed on health matters and therefore a number of brochures are available at the hospital including information on infections and their prevention. All these brochures are consumer reviewed to ensure they are easy to understand and provide useful and necessary information.



Infection Control Compliance

HAND HYGIENE

Compliance Rate by Moment and Healthcare Worker - Timboon & District Healthcare Service					
Audit Period: NHHI Audit Two 2015		Organisation: Timboon & District Healthcare Service			
Name	Correct Moments	Total Moments	Compliance Rate	Lower Confidence Interval	Upper Confidence Interval
Timboon & District Healthcare Service	49	51	96.1%	86.8%	98.9%

Compliance Rate by Moment					
Name	Correct Moments	Total Moments	Compliance Rate	Lower Confidence Interval	Upper Confidence Interval
1 - Before Touching A Patient	13	13	100.0%	77.2%	100.0%
3 - After a Procedure or Body Fluid Exposure Risk	4	4	100.0%	51.0%	100.0%
4 - After Touching a Patient	16	17	94.1%	73.0%	99.0%
5 - After Touching A Patient's Surroundings	16	17	94.1%	73.0%	99.0%

Achieved a score of 96.1% in the South West Region Hand Hygiene Audit against a target of 85%.

INFECTION PREVENTION AND CONTROL

VICNISS Hospital Acquired infection rates – TDHS complies with this data collection however has not had any infections that are included in these categories.

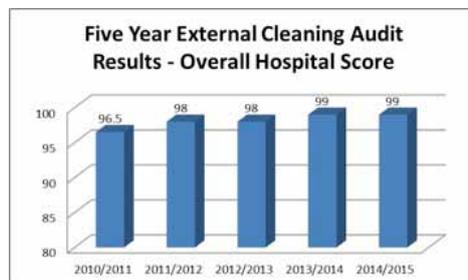
STAFF IMMUNISATION

Influenza vaccination rate of staff 86% for this current influenza season. This rate increased slightly from last year before and is well above the state indicator target of 60%.

Our staff are continuously trying to protect patients from infections.

CLEANING SERVICES

Achieved score of 99% in June 2015 against an acceptable quality score of 85%.



FOOD SERVICES

Achieved certificate of compliance with Food Hygiene Australia's food safety Audit.

TDHS Environmental Services Worker, Jodi Couch





Standard 4: Medication Safety

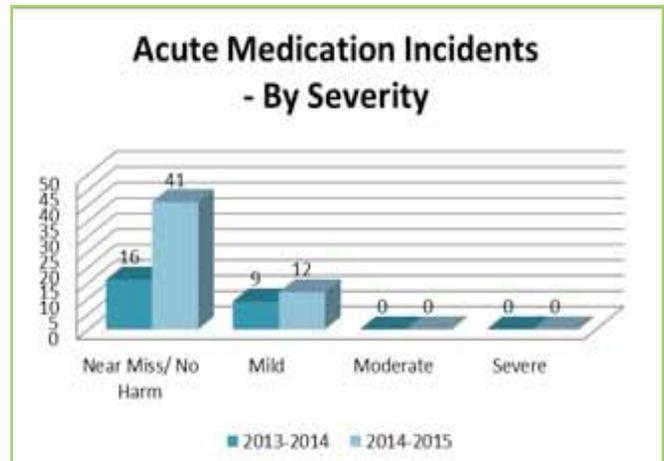
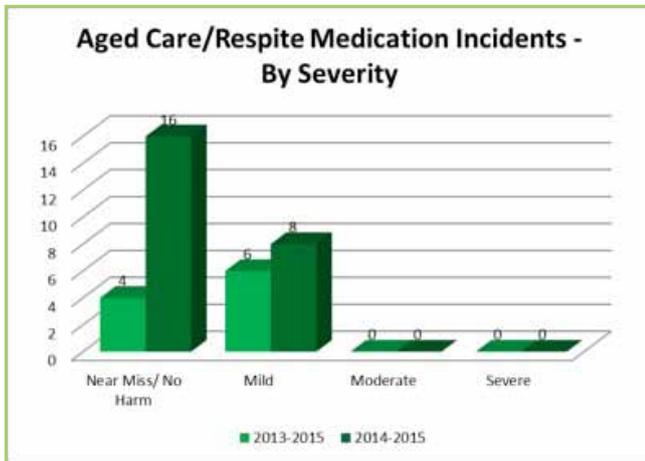
Medicines are the most common treatment used in healthcare and because of this they are associated with higher incidence of errors and adverse events.

Solutions to prevent medication errors are found in standardisation and systemisation of processes as well as improving communication between clinicians and patients, improvements in recording of information and ensuring better access to patient information.

Medication Related Incidents

When a medication incident occurs at TDHS it is recorded in the RiskManQ incident system. Each month these incidents are reported to the Patient Safety and Quality meeting as well as the bi monthly Clinical Governance, Quality and Credentialing meeting, which is a Board subcommittee that reports directly to TDHS Board of Governance.

TDHS Health Medication Incidents with Harm	Average
Target per 1,000 occupied bed days	0.52
2013/2014	0
2014/2015	0



During 2014/2015 TDHS had 77 reported medication incidents with 57 being no harm/near miss and 20 being mild. TDHS nursing and medical staff undertook education regarding correct medication documentation and administration. The increase in medication incidents during this past 12 months can be attributed to increased knowledge of the correct procedures by staff and most of the reported incidents occurred during staff auditing and checking procedures. This indicates that these

procedures need to continue to ensure correct 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.

WHY FOCUS ON MEDICATION SAFETY

Medicines are the most common treatment that is used in healthcare and so there is a greater chance of error or incidents related to the prescribing, handling and administration. Medicines are frequently implicated as reasons for admission to healthcare facilities due to misunderstanding of instructions or being taken incorrectly and therefore not having desired result /effect or

contributing to adverse outcomes such as falls. Effective treatment/management of any condition is dependent on a partnership between healthcare professionals and the client/patient with the client following through with the recommended treatment the way it was intended.

TDHS has a planned focus on preventing and improving medication safety. This is achieved by developing and improving existing policies covering medication management, ongoing education of clinical staff and recognising and reporting errors. The National Safety and Quality Health Service Standard for Medication Safety provides an outline for what a healthcare service needs to do to make sure we are delivering the safest care. The TDHS Patient Safety and Quality Committee oversees medication safety and the clinical staff work together to achieve this aim.

By encouraging staff to report errors on the RiskmanQ incident reporting system, the medication errors are investigated to see why errors have occurred, look for any trends and make improvements to make medication management safer at TDHS. The most common reasons for medication related incidents are:-

- General documentation not completed such as medication chart not completed correctly;
- Failure to document administration; and Omission.

An important way to help prevent medication errors is to match up medications that are taken at home and the way they have been taken, and what is prescribed in hospital as well as any history of adverse drug reactions and/or allergies. This is called medication reconciliation. TDHS has been focusing on medication reconciliation over the last 12 months.

When a patient is discharged, they are provided with a list of their medications including when the medication should be taken and what each medication is for. Medication reconciliation also occurs when a patient is being transferred to another healthcare facility. A list of all current medication, known Allergies and ADR's, as well as medications that have been ceased are sent with the patient to prevent omissions of medicines as well as confusion about medicine doses and times taken.

At TDHS, clinical staff work with the doctors to obtain a complete and accurate list of current medicines and allergies. It is important that patients bring in their own medicines and 'list' so that each medication can be documented - including the time taken in order to prevent a medicine dose from being inadvertently omitted or stopped. An accurate list may also alert the doctor to any potential drug interactions if a new medication is commenced.

On admission to TDHS, a Clinical Risk Assessment is completed by the nursing staff. Part of this Clinical Risk Assessment is asking about medications which include if the patient is taking any 'over-the-counter' herbal treatments, vitamins, home remedies or other complementary therapies which may alter the effect of a prescribed medication. It also gives clinical staff a chance to ask you questions about your medications including if you need further information about medicines, alerting staff if you are taking any high risk medications such as blood thinners and also how you are managing your medications at home and if there is some way we can make it easier.

By gaining all of this information we are also able to start preparing for each patient's discharge. This may be as simple as providing a list of medicines confirming that no medications or regimes have been changed. Sometimes it is necessary to change some medications or add new ones, the new list will allow patients to understand what each medication is for and how often it should be taken as well as medicines that may be need to be taken a specific length of time such as antibiotics or cortisone, or at a specific time ie: before, with or after food.

Registered Nurse Linda McDonald and patient Dorothy (Joan) Hortin



TDHS rules for Medication Safety

1. Right Patient – correct patient will be confirmed by completing at least one of the following measures before administration:

a. Verbally asking the patient's name and date of birth and checking it off against the documented name on the medication chart

b. and/or checking the UR and DOB on the identification band against the documentation on the medication chart

c. and/or checking the resident's appearance against the colour photograph on the medication management chart

2. Right Medication –The right medication is checked against the order written on the medication chart. The selected medication check should include: the medication name on the label; the dose; dose form description and the packing integrity against the medication chart.

3. Right Dose - The preparation dose is consistent with the prescribed dose and within the recommended range. The recommended range should be checked with a calculation against the patient's current weight. Calculations may be required when the preparation dose is not equal to the prescribed dose.

a. Where the order provides for an optional dose the amount given should be recorded in the box next to the nurses signature.

b. Nurses must only administer doses as documented on the medication chart, if a dose is outside the therapeutic range for the patient, the prescribing physician should be notified.

4. Right Time – The medication should be administered as close as possible to the documented prescribed time, checking the last documented administration time.

a. If a medication has been delayed the code should be used to record reason for the delay.

b. Check that the times written on the chart are consistent with the frequency that has been prescribed.

5. Right Route – Medication should be administered via the ordered route and within the administering nurse's scope of practice.

6. Right Documentation – The dose administered must be signed for in the appropriate place on the medication management chart so it is clear to other staff that the dose has been given.

a. Where required for high risk medications the signatures of 2 nurses will be included one above and one below the line in the box in the following manner.

b. All medication must be actually administered to the patient prior to signing of the medication chart.

c. When it is not possible to administer the prescribed medication the reason for not

administering must be recorded by entering the appropriate code and circling. Circling the code prevents the code being misread as someone's initials.

d. If medication is withheld the reason should be documented in the patient's medical notes.

e. When medication is not available for administration it is the responsibility of the nurse to make every effort to obtain the medication from a pharmacy supplier – local or SWH-Warrnambool. The prescribing physician should be advised if the medication is unable to be obtained.

f. The patient has a right to refuse medication. If this occurs the prescribing practitioner should be notified and the refused code documented on the medication management chart. A refusal to take medication must be reported by the EN to the RN in charge of the shift.

7. Right Reason – Confirm the rationale for the ordering of the medication. What is the patient's history? Why are they taking this medication?

8. Right Response – Ensure the medication has the desired effect. Be sure to document your monitoring of the patient and any other nursing interventions that are applicable.





Standard 5: Patient Identification and Procedure Matching

Patient identification and the matching of a patient to their intended treatment is performed routinely in all care settings. A risk to patient safety occurs if there is a mismatch between a given patient and components of their care, whether those components are supportive, diagnostic or therapeutic.

TDHS has an overarching policy to guide staff through the processes to ensure that correct patient identification and procedure matching is carried out in line with this standard. We use the World Health Organisation Surgical Safety Checklist and ensure that correct patient, correct site and correct procedure protocols are adhered to. Auditing of safety checks occurs twice per year.

Patient Identification and Procedure Matching Incident Reporting

When a patient identification and/or procedure matching incident occurs at TDHS, it is recorded in the RiskManQ incident system. Each month these incidents are reported to the Patient Safety and Quality Committee as well as the bi-monthly Clinical Governance, Quality and Credentialing meeting.

During 2014-2015 Timboon and District Healthcare Service had 4 reported incidents, these incidents were all identified as near miss/no harm.

This year we have conducted two audits involving the facility, ward, patient and at the bedside. These audits measure compliance with policies and procedures. Information is used to improve practice.

The facility audit involves:

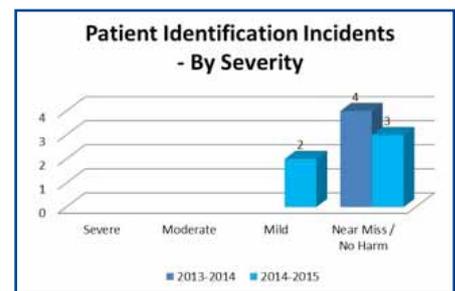
- Quality improvement plan for Patient ID and Procedure Matching
- Patient ID reported at the Clinical Governance, Quality and Credentialing meeting
- Incidents involving patient identification are reported in organisation clinical incident system RiskmanQ

The ward / patient audit involves:

- Maternity admissions with newborn babies

- Surgical patients using the Surgical Safety Checklist
 - Correct labelling on all patient paperwork
- The bedside audit involves checking that:
- Patient ID labels are either red or white
 - All details are able to be read clearly

The recommendations from our audits have led to a review of policies, procedures and protocols for the three patient identifiers, including protocols for patient ID bands. The next audit involving all the above areas is due in December 2015.



GP Anaesthetist, Dr Warwick Rouse completing his theatre documentation



Quality Improvements related to Patient Identification and Procedure Matching

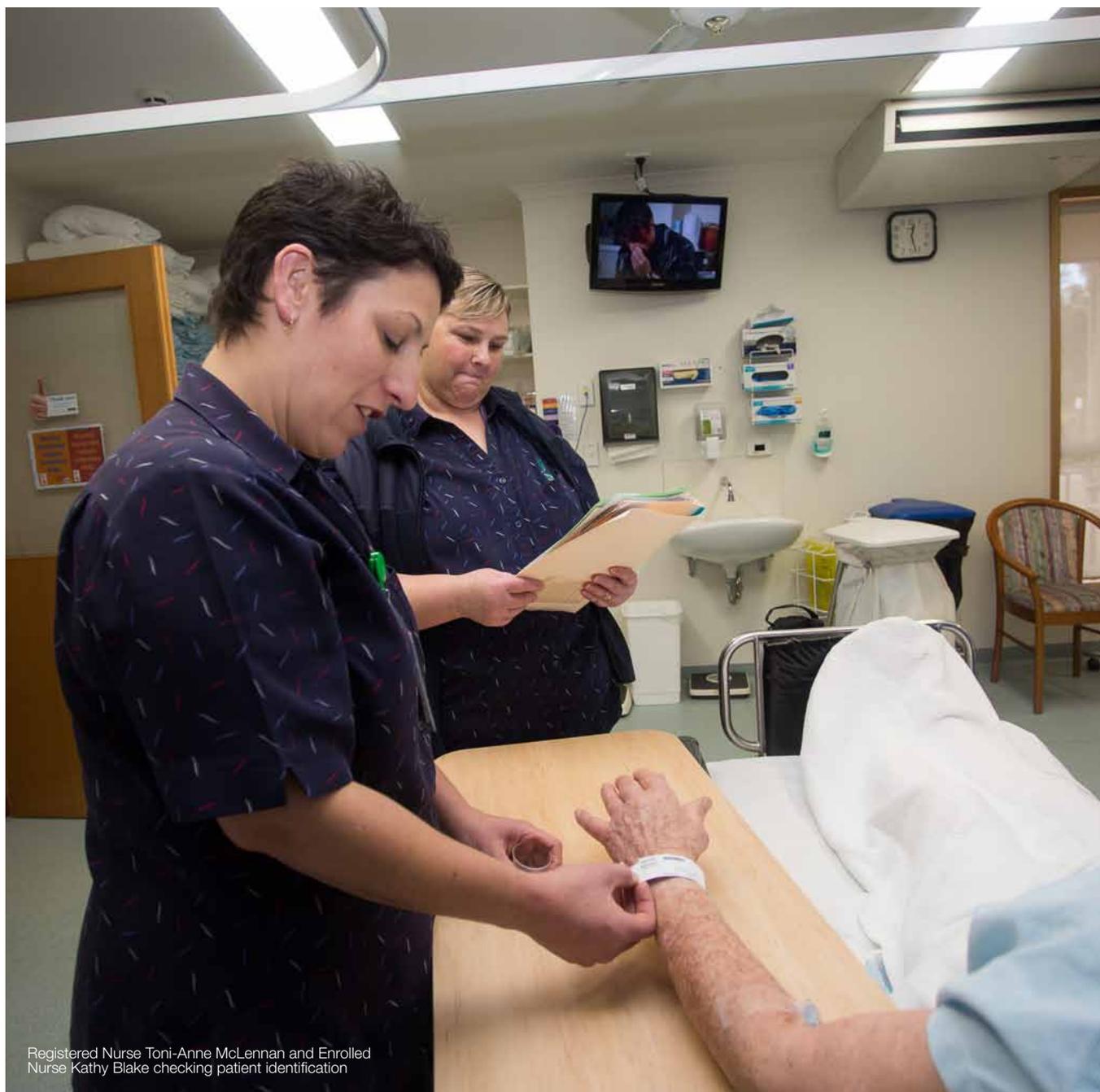
Patient identification policies for the ward, theatre and radiology have been reviewed this year and are due to be reviewed again in 2018.

Education has commenced on the TDHS SOLLE online system. This is self-directed learning developed in conjunction with Cabrini Health and the Victorian Department of Health and Human Services. The learning package is directed at all clinical staff

but is available for all TDHS staff to complete. The package focuses on the importance of patient ID and procedure matching, and the nursing and clinical staff role in the correct identification of a patient. It stipulates the requirements of the patient ID bands and how to engage the patient and carers in patient ID and procedure matching. Even if staff can identify the patient, it is necessary that their ID has been clarified with two nursing staff

and the patient before a procedure or certain medications are given. Staff will be expected to complete this education annually.

Door stop education has also been developed for each standard, this is a series of quick questions that each staff member is asked about patient identification and procedure matching to ensure staff understand TDHS policy and procedure.



Registered Nurse Toni-Anne McLennan and Enrolled Nurse Kathy Blake checking patient identification



Standard 6: Clinical Handover

Clinical handover refers to the transfer of professional responsibility and accountability for some or all aspects of care for a patient or patients to another person or professional group. The breakdown in the transfer of information has been identified as one of the most important contributing factors in serious adverse events and is a major preventable cause of patient harm. The implementation of standardised processes for clinical handover improves the flow of critical information between healthcare professionals. This ensures patient safety and the continuity of care.



TDHS clinical handover at the bedside

It has been a good year for clinical handover. We have made even more progress in ensuring we provide best practice care. We are continuing to do bedside handover @ 1400 hrs at the change of shift but are currently embarking to move this in to the next phase and complete bedside handover across all shift changes at TDHS.

To improve how we handover we have developed a daily inpatient handover sheet that follows the rules of ISBAR. All oncoming staff are given a copy of the updated sheet at each handover to ensure all staff are up to date about all of our patients' care needs.

Clinical staff have been actively involved with education relating to

clinical handover and ISBAR. They attended a study day about clinical handover and new online education modules (on SOLLE) enable staff to complete their annual education requirements easily.

We are also developing a notepad for nurses to record information down about an individual patient when completing handover either face-to-face or by phone. This will ensure all vital information is provided at handover.

At TDHS clinical handover and ISBAR are used when conversing with any healthcare professional about a particular patient.

ISBAR - A standard mnemonic to improve clinical communication

- *Identify: Who you are and what is your role? Patient identifiers (at least 3)*
- *Situation: What is going on with the patient?*
- *Background: What is the clinical background/context?*
- *Assessment: What do I think the problem is?*
- *Recommendation: What would you recommend (taking into account risks- patient/ occupational health and safety)?*



TDHS Nurses at bedside clinical handover for patient Mavis Couch



Standard 7: Safe Use of Blood and Blood Products

Blood and blood products are a vital resource, sourced from the Australian and International donor community, and from commercial manufacture. While the use of blood and blood products can be lifesaving, there are also risks associated with their administration. Standard 7 aims to ensure that safe, appropriate, effective and efficient blood management systems are in place.

These include:

- Health service organisations have systems in place for the safe and appropriate prescribing and clinical use of blood and blood products

TDHS has clear policies and procedures to ensure that blood and blood products are safely administered to the designated patient when clinically indicated. 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. The TDHS Blood and Blood Product Administration form (MR66) was reformatted during 2015 as a result of our auditing program recommendations. The new format when audited showed that 100% of details were completed correctly by clinical staff.

- The clinical workforce accurately records a patient's blood and blood product transfusion history and indications for use of blood and blood products.

Our Medical Practitioners meticulously determine the clinical need for the patient to receive blood or bloods 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 in the past two years there has been 100% consent from patients to receive such care. Staff participate in annual mandatory education online; this education was enhanced this year with the inclusion of the Department of Health and Human Services and Cabrini Health education module on blood and blood products.

- Health service organisations have systems in place to receive, store, transport and monitor wastage of blood and blood products safely and efficiently.

Blood is stored in a designated fridge and monitored. All monitoring for the blood fridge is 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. TDHS has also adopted a new blood register for Red Cells. This register records the date and time that blood was received, red cell unit number and has an area for the person who received the blood to acknowledge that the blood was dealt with correctly and sign and print their name. The register will ensure that any blood products are received, stored and managed appropriately.

- Patients and carers are informed about the risks and benefits of using blood and blood products, and the available alternatives when a plan for treatment is developed.

Patients are provided with blood safe information verbally by their medical officer, this information is documented in the blood and blood product administration form (MR66).

During 2014/2015, there were no incidents where the wrong type of blood was administered to a patient or any adverse reactions to blood and blood products. We had 3 incidents pertaining to blood and blood products however these incidents were related to documentation.





Standard 8: Preventing and Managing Pressure Injuries

Pressure injuries are localised areas of damage to the skin or underlying tissue, caused by unrelieved pressure or friction. They occur most commonly over bony prominences such as the sacral area (the area at the base or bottom of the spine) and heel, but they can develop anywhere on the body.

While pressure injuries are generally considered to be preventable, research shows that pressure injuries are a major contributor to the care needs of patients within healthcare facilities. Pressure injuries may impact significantly on the length of stay in health services, the cost of care, health outcomes and the comfort and quality of life of the individuals affected. In the majority of cases pressure injuries are preventable.

Standard 8 requires that:

- Health service organisations have governance structures and systems in place for the prevention and management of pressure injuries.
- Patients are screened on presentation and pressure injury prevention strategies are

implemented when clinically indicated.

- Patients who have pressure injuries are managed according to best practice guidelines.
- Patients and carers are informed of the risks, prevention strategies and management of pressure injuries.

Over the past 12 months auditing at patient bedside and within patient medical records has shown improvement with the completion of the clinical risk assessment and use of pressure reduction devices. These audits are displayed for staff to raise awareness and get feedback on any areas requiring improvements.

The Department of Health and Human Services and Cabrini online learning module for preventing and managing pressure injuries was adopted by TDHS. This was undertaken by staff and will be required to be completed annually by clinical services. This package has been developed around the National Safety and Quality Health Service Standards which all health care facilities must comply. Staff must achieve 100% in order to receive a

pass. We are currently developing a process for education around wounds, what dressing to use (as the range of dressing options has increased dramatically) and assessment of pressure injuries. This is being developed with our regional wound care consultant and is almost finalised.

We have conducted a stock take of every type of dressing used within the acute ward and with the help of the regional wound care consultant we hope to make our clinical staff more aware of what, when and how to use particular dressings, reduce wastage and ensure the best outcome for our patients.

A further enhancement in the area of prevention and management of pressure injuries was the development of a register of TDHS pressure reducing aides. This is filled in when a piece of equipment is loaned to either an inpatient or a consumer within the community to keep track of what is being used. This also helps staff to decide if more equipment is required or when well used devices require replacement.

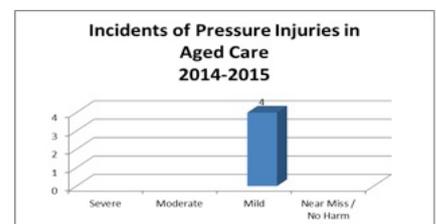
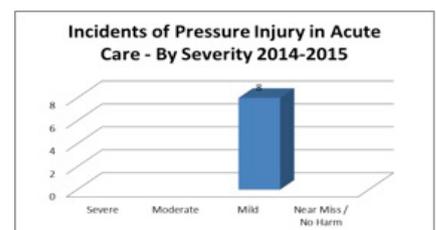
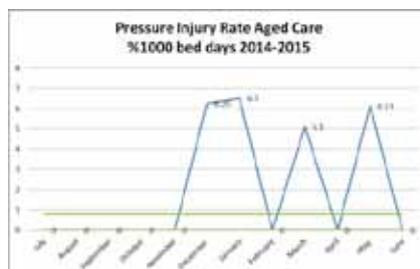
Preventing and Managing Pressure Injuries Incident Reporting

Pressure injury incidents are recorded in the RiskManQ incident system. Each month these incidents are reported to the Patient Safety and Quality Committee as well as the bi-monthly Clinical Governance, Quality and Credentialing meeting.

During 2014-2015 TDHS had 12 reported incidents relating to skin integrity and pressure injuries..

TDHS met the aged care benchmark of between 0 and 0.8% Reported pressure injuries per 1000 bed days

for 8 out of the past 12 months. The 4 months where the benchmark was not met was due to 4 respite patients being admitted for care with pressure injuries at the time of admission.





Standard 9:

Recognising and Responding to Clinical Deterioration in Acute Health Care

Recognising that a patient's condition is deteriorating and responding to their needs in an appropriate and timely way is an essential component of safe and high quality care.

Serious adverse events such as unexpected death and cardiac arrest often follow observable deterioration in the patient's condition. Early identification of deterioration, followed by prompt and effective action, can minimise the occurrence of these events, and may improve outcomes and lessen the level of intervention required to stabilise patients whose condition deteriorates. There is evidence that the warning signs of clinical deterioration are not always identified or acted on appropriately. The organisation and workforce factors that contribute to a failure to recognise and respond to a deteriorating patient are complex and overlapping. Systems to recognise deterioration early and respond to it appropriately need to deal with all of these factors, and need to apply across a healthcare facility.

The implementation of Standard 9 requires a health service to use organisation wide systems consistent with the National Consensus statement to support and promote recognition of the deteriorating patient and activate a timely and effective response to increase the result of a good health outcome.

TDHS uses the MEWS (Modified Early Warning Scores) as a simple bedside track and trigger system. The observations are taken including: respiratory rate, oxygen saturation, temperature, blood pressure, heart rate, sedation score and urine output. The result of the observations determines the MEWS score and, in turn, the action taken. This is beneficial as it provides a point in time for communicating changes in a patient's condition and assists the Nurse / Doctor / Nurse Practitioner to prioritise the management of their patients and in turn provide better health outcomes by intervening early.

In the last 12 months TDHS staff have done the following to align our systems and practice with best practice care in relation to Standard 9 – Recognising and Responding to Clinical Deterioration in Acute Health Care:

- Audited patients' observation records to determine if our system is effective in recognising and responding to the deteriorating patient. The results of this audit lead to the following changes to our system:
 - Adopting a paper based chart for paediatric patients
 - Worked closely with the Regional TRAK user group to improve the current observation track and trigger system to ensure that it aligns with the requirements

of Standard 9 and best practice.

- Educated staff in recognising and responding to deteriorating patient using door stop education and audits.
- Educated staff in recognising and responding to a deteriorating patient using an online education tool. This was developed by the Department of Health and Human Services and Cabrini Health and is to be completed annually by our clinical staff.
- All Nursing staff were educated in Basic Life Support.
- All Division 1 Nurses completed education and competencies in Advanced Life Support.
- New policies were developed in relation to the retrieval of deteriorating patients and what to do with a deteriorating patient if there is no Doctor or Nurse Practitioner on call.
- Staff participated in a review of case studies of deteriorating patients. This reflective practice allowed space for mistakes to be recognised and solutions found.
- Developed a detailed emergency response system which included allocating nursing staff tasks to perform if there was a Code Blue. This allocation now occurs at the beginning of each nursing shift.

Recognising and Responding to Clinical Deterioration Incident Reporting

When an incident occurs at TDHS it is recorded in the RiskManQ incident system. Each month these incidents are reported to the Patient Safety and Quality Committee as well as the bi-

monthly Clinical Governance, Quality and Credentialing meeting.

During 2014-2015 Timboon and District Healthcare Service had 0

reported incident related to this Standard.



Standard 10: Preventing Falls and Harm From Falls

Falls and fall-related injury are a significant problem in Australian hospitals and residential aged care facilities due to the ageing population, the incidence of falls, and the negative impacts of falls at both individual and organisational levels. Fall injuries within hospitals have steadily increased. The impact of falls on individuals is far reaching.

The social impact of reduced independence through fear, the potential for loss of independence and the increased burden on families can be significant. While the risk of falls is well documented for the elderly, falls can occur in all age groups. Therefore, strategies such as screening to reduce falls and harm from falls should not be limited to older Australians.

In the acute hospital setting, fall rates have been reported as ranging from 2–5%. In the sub-acute or rehabilitation hospital setting, over 40% of patients with specific clinical problems, such as stroke, experience one or more falls during their admission. Thus, incident rates vary between wards and departments in hospitals. Injuries result from approximately 30% of such falls. In residential aged care settings up to 50% of residents experience one or more falls in a 12 month period.

This Standard requires that:

Health service organisations have governance structures and systems in place to reduce falls and minimise harm from falls.

- Our health service has a comprehensive Falls Prevention Policy and a Falls Prevention Focus Group to ensure that best practice systems are in place to reduce falls

Patients on presentation, during admission and when clinically indicated, are screened for risk of a fall and the potential to be harmed 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 using the Falls Risk Assessment Tool (FRAT) is used to determine the appropriate prevention strategies for them.

Prevention strategies are in place for patients at risk of falling.

- 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. Clients or patients who are assessed as high falls risk are then monitored closely by staff, they are easily identified by an illuminated light outside their room, orange band on their equipment and red patient identification bracelet.



Patients and carers are informed of the identified risks from falls and are engaged in the development of a falls prevention plan.

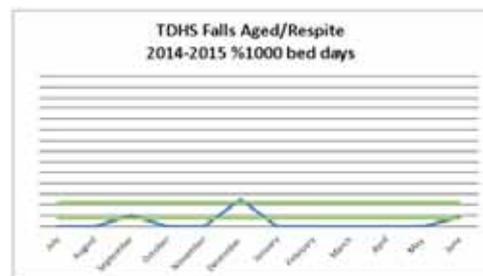
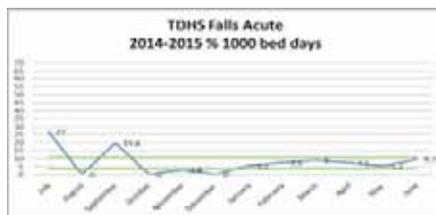
- Patients and their carers are informed by nursing staff of the results of the assessment and preventative strategies are discussed with them. We have also been working with the Western Australian Department of Health to enable the use of their updated information booklet for our consumers.

Falls Incident Reporting

During the past 12 months TDHS has had 18 falls across both the acute and aged care respite settings.

Falls are converted to the benchmark of falls per 1000 bed days with an aim of falling within the benchmark of 3 - 11% falls per 1000 bed days. TDHS met the benchmark on 10 out of 12 months in the acute care sector and 11 out of 12 months in the aged care/respite sector. The months where we were 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 had a multifactorial prevention plan.



Rita Rundle has positive outcomes as a result of our better balance program

Rita Rundle is well recognised in the Timboon community as she is a willing participant in many activities in our town. Many people are grateful for Rita's role as a community driver, assisting participants to access medical and hospital appointments such as weekly exercise classes.

It was hearing from others' experiences of the Better Balance Falls Prevention Course that Rita thought she may like to improve her own balance. After a couple of "near-misses", Rita saw the relevance of this 10 week course that targets falls prevention. Rita signed up for the April Falls Day screening with Elliot Watts our Physiotherapist, and he identified areas that Rita could improve upon to decrease her Falls risk.

Tracey Heeps, Exercise Program Coordinator, and Elliot, Physiotherapist conducted the 10 classes, which included 60 minutes of specific

physical activity to improve leg strength and challenge balance. Rita's specific tasks included standing for 30 seconds on a foam block with her eyes closed, standing up from a chair without effort and getting up from the floor without assistance. Almost all challenges met were successfully Rita reports she not only improved her balance but she enjoyed the course and particularly the company of the others balancing alongside her!

An education component of the Better Balance course provided participants with detailed information regarding hazards around the home, footcare, nutrition and vision.

Nowadays, Rita joins her community driving clients at the weekly Gentle Exercise classes. She is a role model for others in our community to show that now is a good time to take advantage of the services in our Exercise Program.



Rita Rundle participating in the TDHS 'Exercise program'

Our Services

Meeting the needs in our 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

HEALTH EDUCATION

- Childbirth Classes
- Early Childhood Reading Group
-

HEALTH PROMOTION

- Community and School based education programs
- Health Screenings

PRIMARY CARE SERVICES

- Audiology (private)
- Counselling
- Chiropractic (private)
- Nutrition
- Occupational Therapy
- Osteopathy (private)
- Physiotherapy
- Podiatry (public & private)
- Primary Health Access
- Clinical Counselling
- Speech Pathology

SUPPORT GROUPS

- Arthritis
- Diabetes Support
- Visually Impaired

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



Concerns or compliments

Timboon and District Healthcare Service invites 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.



TIMBOON
AND DISTRICT
HEALTHCARE
SERVICE



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