



**TIMBOON
AND DISTRICT
HEALTHCARE
SERVICE**

Timboon and District Healthcare Service

quality of care *report* 2010 2011



Contents

1	Message from the President and Chief Executive Officer
2	Our Rural Health Service
3-4	Overview of our services to the community
5	Clinical Governance
6-10	Quality and Safety
11-17	Continuity of Care
18-19	Consumer Carer & Consumer Participation
20	Keeping you Informed
21	Our Services

Preparing our Quality of Care Report

Timboon and District Healthcare Service 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. This report gives a comprehensive overview of experiences.

Cover Images:

CEO Wayne Weaire, Kristie Coverdale and Lesley Henrickson
Theatre Nurse Lyn Marr, Vicki Stevens
Mens Strength Group
Hayley Plozza with baby Aysha



Accredited with The Australian Council on Healthcare Standards

Our Vision

To be a leader in rural health care providing a responsive and integrated service catering for the needs of all within our community.

Our Mission

To provide a comprehensive, responsive and integrated range of quality health care services working collaboratively within the regional health system to promote and provide for the health, aged care and well being needs of our local community through centre based and community outreach services.

Our Values

- Delivering services in a friendly and enthusiastic manner
- Being responsive to patient and client needs
- Ensuring that services are of a high quality through continuous quality improvement and striving for best practice
- Encouraging professional development of staff
- Being accountable to the community

Highlights for the Year

- Patient Satisfaction Survey Overall Care Index remained highest overall for multipurpose services in the state at 91%.
- Community Support Donations \$66,105.77.
- The Board of Management is striving to create a learning organisation. This will ensure that all Board members, staff and volunteers are supported and encouraged to gain knowledge through education and learning, ensuring best practise in governance, healthcare and support.
- Appointment of a new Chief Executive Officer.
- ACHS Accreditation Completed ACHS Phase 4 - Periodic Review.
- New Community Services Facility Building commenced January 2011. Federal Government grant of \$1 million for new facility announced in May 2011.
- Enhanced Community Service Programs Creation of permanent Youth & Social Work positions.
- General Practitioners; Two general practitioners have continued to regularly support Timboon and District residents.
- Bronze Award at Annual Australasian Reporting Awards for the second year.
- Staff Presentation at Australian Health Promotion Association Conference.
- Memorandum of Understanding developed and signed by Timboon and District Healthcare Service and Timboon P-12 School.
- Infection Control; All staff offered annual influenza vaccine - 87% of staff immunised with influenza vaccine.

Challenges Faced

- To foster greater community participation in health service policy making.
- To continue to attract and retain Medical Practitioners.
- Documenting near miss and delayed dose medication reporting to determine areas for improvement.

Message

from the President and Chief Executive Officer

Welcome to our 2011 Quality of Care Report



It is with great pleasure that we present this 2010-2011 Quality of Care report to the community and consumers of Timboon and District Healthcare Service.

The following pages are printed so that the consumers of health services in our catchment are given an insight into the systems and processes by which we are able to offer a safe, consumer focussed service, that continually plans, acts and reviews our services and systems and that ensures we are able to offer a quality service to all.

This year the Quality of Care report reflects steady growth in the Healthcare Service through the provision of more healthcare services, more doctors and more physical resources. These together with better systems of planning, acting and reviewing clinical services continue to ensure a responsive and accountable service.

The establishment of the new community service building demonstrates our commitment to providing more resources to the community through modern facilities and expanded services.

These new facilities and the expansion of services are a clinical response to the needs of our community and the development of new models of care. Our commitment to strengthen the viability and security of the service to the community has led to the appointment of a third general practitioner within the Timboon Medical Clinic.

The quality of our Healthcare Service, and its continued growth, is due to the support of the community and their trust in services. It also reflects the professional and committed service of our staff in all areas and the good governance and guidance of the Board of Management.

To you the community, our staff and the Board of Management we would like to express our thanks for your support, which enables us to grow and develop as a provider of quality healthcare in rural and remote Victoria.

We trust you enjoy reading this report and that the information contained within gives confidence and greater knowledge

and so ensures that the Timboon and District community can be duly proud and confident.

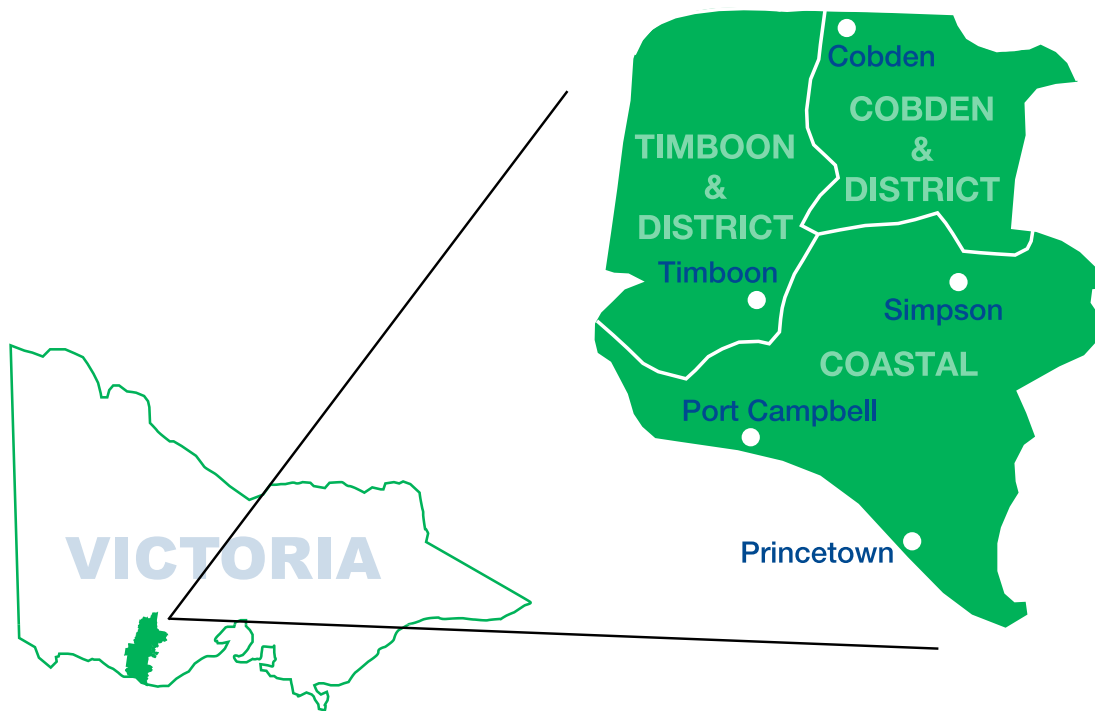
A handwritten signature in black ink, appearing to read 'John Renyard'.

John Renyard
President Board of Management

A handwritten signature in black ink, appearing to read 'Wayne Weaire'.

Wayne Weaire
Chief Executive Officer

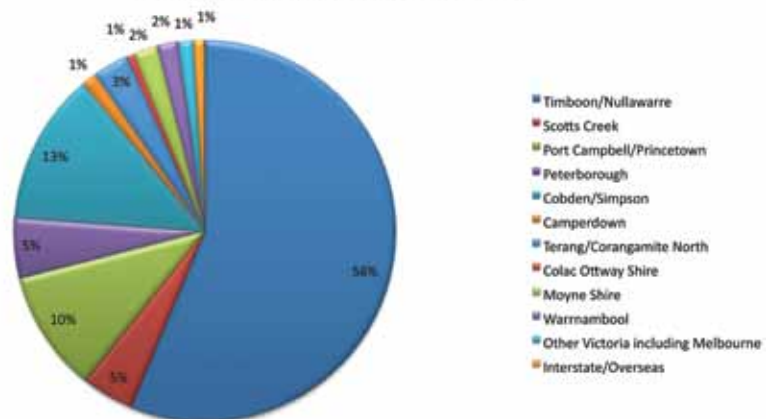
Our Rural Health Service



Overview

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

Source of Patients by Municipality



The age demographics of the catchment largely mirror that of Victoria as a whole and unlike many small rural communities does not have a larger than average aged population. Our catchment has a lower percentage of 18-49 year old residents, slightly higher 5-17 year old population and a dependency ratio of 58% (as compared to 48% for Victoria).

Within the population 0.2% or 18 individuals are of Aboriginal or Torres Strait Islander descent, 6.4% were born overseas, with 2% born in non-English speaking countries. The top three birthplaces outside Australia were United Kingdom, New Zealand and The Netherlands. Approximately 16% of residents in our catchment speak another language as well as English.

Currently 44.5% of residents own their homes fully, 29% are in the process of purchasing their homes and 19.5% are renting their homes publicly or privately.

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

Acute and residential aged care services are provided within a 14 flexible bed and 6 day-stay complex with an operating theatre suite and emergency department. Primary care services are provided both within the community services wing and through community outreach programs. The Timboon and District Healthcare Service owns and jointly manages the Timboon Medical Clinic and contract General Practitioners. These facilities are adjacent to the Healthcare Service.



Overview of our services to the community

Emergency Department

Timboon and District Healthcare Service maintains a twenty-four hour, seven day a week emergency department. Our acute staff have treated 2400 patients via the emergency department in the past twelve months. This averages 6.5 patients per day. Acute nursing staff work collaboratively with our general practitioners and ambulance officers to meet patient care needs in the areas of assessment, treatment and referral.

Acute Care

Acute care services at Timboon and District Healthcare Service have remained active over the past twelve months with nursing staff caring for 623 admissions. The average stay for each admission is currently 4 days. Of the 623 admissions the two permanent general practitioners and nursing staff cared for 96% whilst 4% required a transfer to a higher level of care (intensive, coronary or specialist referral) at a regional or metropolitan hospital. Our medical and nursing staff use clinical indicator data to compare themselves with like sized healthcare services across Australia via the Australian Council on Healthcare Standards and the Victorian Department of Health Clinical Indicator evaluation protocols. Indicators provide information on areas requiring development.

Maternity Services

Maternity services are based upon a low risk midwifery model of care. Midwives operate as a team with the obstetricians and gynaecologists.

Timboon and District Healthcare Service has six midwives, including three primary midwives. The Midwifery unit provides a range of services including pregnancy confirmation, care with a known midwife throughout pregnancy, labour, birthing for low risk women in a safe environment, planned caesarean sections, breastfeeding advice and support in the post natal period. An obstetrician visits fortnightly for those women referred by the midwife or general practitioner and collaborates with the midwifery team in planning client management.

General Surgery and Diagnostic Procedures

Visiting Medical and Surgical Specialists provide specialist care for our entire catchment and beyond. Our communities derive significant physical, mental, social and financial benefits by being able to access these specialist services close to home. An efficient management of waiting lists means that waiting times for surgery are under 90 days and lower than the state benchmark for category 2 semi urgent cases of 90 days.

Sub Acute Care

Sub acute services are available to people of all ages and may follow a hospital stay, hospital day attendance, or may be accessed directly from the community. Sub acute services extend and complement acute services. Sub acute services are delivered within the Healthcare Service, or in a client's home. Types of sub acute care offered by Timboon and District Healthcare Service

include rehabilitation, geriatric evaluation and management, palliative care and restorative care involving complex discharge planning in the older patient.

Residential Aged and Respite Care

Timboon and District Healthcare Service dedicates four beds to high care residents and low care respite. Respite plays an important role in providing carers with a rest break or the opportunity to take an annual holiday. A number of clients return on a regular basis and one client has demonstrated her satisfaction with our service, regularly booking a place at Timboon for over five years while her family takes holidays. Prior to admission all residential and respite clients are assessed by the Aged Care Assessment Service, who identify the client's level of care needs and then determine a care plan to be followed whilst in care. All aged and respite care clients participate in the Diversional Therapy program to assist nursing staff in providing recreational activities and promoting interaction.

Home and Community Care Services

Timboon and District Healthcare Service administers the joint Commonwealth & Victorian governments' Home and Community Care program for the southern part of the Corangamite Shire and in addition provides home care services through our multi purpose service funding. The service acknowledges the assistance of the Corangamite Shire and Simply Helping through contract

Overview of our services to the community

services of home care workers, home maintenance and personal care workers. Future plans include Timboon and District Healthcare Service employing its own home care, personal care and home maintenance workers.

Since February 2011 negotiations commenced to transfer service delivery from Corangamite Shire to Timboon and District Healthcare Service. The planning and processes involved in the transfer of service delivery have been underway for an effective transition on 1 July 2011. The transfer of service delivery will provide increased efficiencies between the Home and Community Care Assessment worker and Home Care worker staff. The direct service delivery has also allowed employment opportunities within the Healthcare Service with 14 staff transferred from Corangamite Shire and 3 additional staff appointed.

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, encouraging participants to remain active and involved. This year there has been an emphasis on implementation of the Active Service Model and ensuring all clients have a care plan and programming which promotes their independence. The five hour program also offers carer respite supported from funding by the National Respite Carers Program.

District Nursing

District nurses who deliver home nursing throughout the district provided service to 188 clients this year. This accounted for 4,525 visits; 2,264 hours of nursing care. Some clients receive nursing and personal care on a regular basis in association with other home based services, assisting the client to remain in their own home. Many receive care on a short term basis following an episode of illness or following discharge from hospital. The nursing staff provide a valuable link between the client and their general practitioner.

Fitness and Rehabilitation Programs

People often slow down their exercise and activity levels because they grow older, however we view our exercise programs as an investment in our community to keep our aging community active. A fitness and rehabilitation program operates on a weekly basis with programs offered to adults of all ages. The aims of the programs are to keep participants strong and active, prevent falls, improve balance and encourage social connectedness. Programs include Tai Chi, Strength Training, Rehabilitation Exercises, Body Balance and exercise programs designed specifically for pre and post natal women. Programs are evaluated utilising the Health Education Impact Questionnaire – an Australian developed tool to profile outcomes of health education and self management programs and via annual client satisfaction surveys. Results indicate that clients enrolled in the Rehabilitation and Exercise program are generally happy

with their current level of health, with 81.5% experiencing improvements in physical health and 78% experiencing mental health benefits. When compared to national programs, physical activity programs were considered higher for the areas of positive and active engagement in life, constructive attitude shift and improved skill technique and acquisition.

Health Education and Promotion

A variety of programs, education and promotion are provided to encourage the health and wellbeing of members of the community.

Primary Care

A range of staff and contracted Allied Health and community nursing services are provided to the Timboon and district community. They are an integral part of the multi disciplinary team approach providing services to both inpatients and community clients. Their role includes clinical treatment, education and health promotion.

When demand is not sufficient to employ our own staff, agreements are in place for the contracting of skilled staff on a weekly/fortnightly basis from regional centres. This arrangement ensures that these staff are well supported for ongoing professional development. A reorganisation of services and agreements has resulted in the direct employment of a full time Social Worker and Youth Worker by the Healthcare Service during 2010-2011.



Timboon and District Healthcare Service apply a clinical governance framework to ensure accountability for quality and safe care to patients.

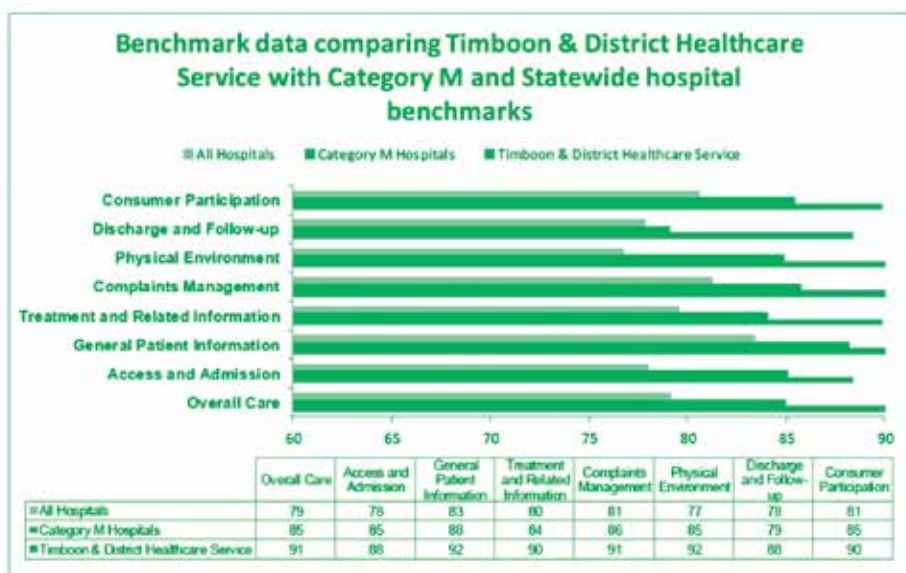
Clinical Governance

We address key components of clinical governance through:

Focusing on the consumer experience throughout the continuum of care.

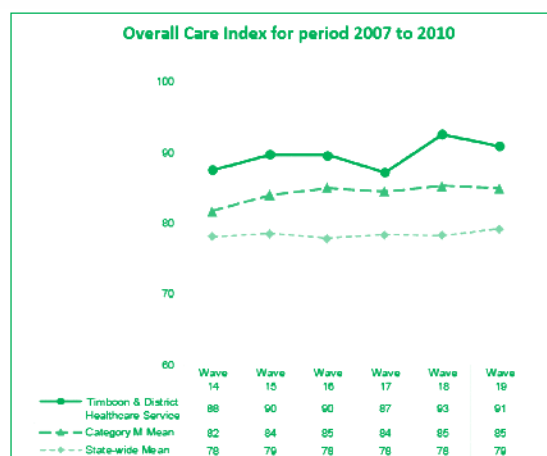
Studies show that patient involvement in their care improves health outcomes and patient satisfaction. Patient and Client feedback on all aspects of care provided is encouraged in order to make changes and continually improve. Timboon and District Healthcare Service implements the following methods to seek consumer participation:

- External and internal satisfaction surveys gain vital insight into service provision and offer areas for improvement. The Victorian Patient Satisfaction Monitor wave report helps in identifying strategies that can improve services and patient satisfaction. The report enables health services to track their performance over time and compare themselves with others. The Wave 19 report is from the period of July 2010 until December 2010. **When compared with other Health services and all Hospitals, Timboon and District Healthcare Service's scores are above in all areas.**
- On the most recent Victorian Patient Satisfaction Monitor, Consumer participation indicators demonstrated that patients rated the following questions as good or excellent:
- Implementation of the Active Service Model of Care ensures that clients and their carers are involved in each care cycle. This includes providing opportunities for clients to ask questions about the services available, involvement in the development of



care plans which include client directed health and well being goals.

- Health education and promotion programs include a client evaluation to determine future areas for improvement.
- Results reported that patients were quite satisfied with most aspects of their stay at Timboon and District Healthcare Service; demonstrated in overall care index table 2007 -2010.
- All patients and clients are encouraged to express their compliments, concerns and complaints. This information is provided to clients on intake into the health service as well as in publications such as The Quarterly, Annual Report and Quality of Care Report.



Opportunity to ask questions about treatment 93%

Willingness of staff to listen 92%

Way staff involved you in decisions 89%

Quality and Safety

Priorities and strategic direction are communicated clearly to support quality and safety systems.

Organisational culture supports patient safety and quality improvement initiatives and is supported through committee structures, systems and processes.

INFECTION PREVENTION AND CONTROL

Timboon and District Healthcare Services infection control nurse coordinates a comprehensive infection control program including clinical risk management, hand hygiene, mandatory reporting and infection control and cleaning.

Clinical Risk Management

Clinical risk management is an important aspect of clinical governance and involves identifying potential risks and undertaking activities to minimise this risk. Clinical risk management refers specifically to patient care and involves identifying, analysing and managing risk to optimise patient safety.

We recognise that we need to further improve our documentation processes.

Improving identification, documentation

and analyses of clinical incidents will facilitate improved surveillance and analysis of incident rates. The introduction of the Victorian Health Incident Management System, which is the incident data reporting system, will enable risks to be rated and ensure that appropriate controls are developed.

Mandatory Reporting

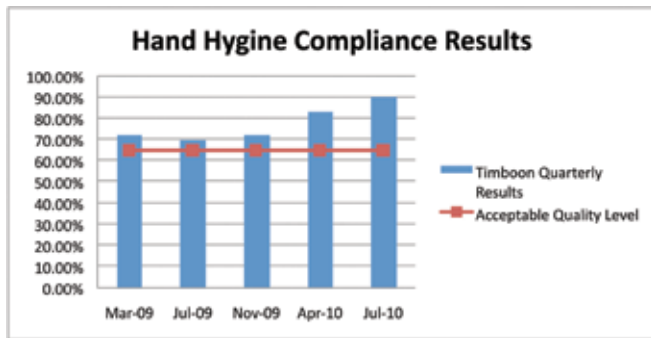
Timboon and District Healthcare Service participates in the Victorian Study, monitoring hospital acquired infection rates in public hospitals. Hospital acquired infections cause patients pain and suffering and use up valuable health care resources. Infection control does not only involve following policy and procedures, but includes improving awareness, changing practices and monitoring to ensure the spread of infection is limited.

As part of the comprehensive infection control program which is designed to protect patients and staff from cross infection, the Healthcare Service is required to monitor and report such infections to the Victorian Nosocomial Infections Surveillance System (VICNISS). This reporting enables healthcare services of a similar size to be compared across the state. Infections can include surgical

acquired infections, blood stream infections caused by insertion of intravenous devices and the incidence of multi resistant organisms such as "golden staph." Results from the past 5 years indicate that Timboon and District Healthcare Service does not have any infections in the categories that are included in this audit.



*Hotel Services Supervisor
Monica Easterbrook*



Hand Hygiene

Hand hygiene prevents and controls the spread of infection. Staff, patients and community members can all assist by correct hand hygiene practices. The Healthcare Service continues to be monitored for compliance with hand hygiene standards by the Victorian Hand Hygiene Coordinating Centre. The Healthcare Service has adopted the 'five moments of hand hygiene' as a reminder to staff to the most appropriate times to use hand hygiene.

Timboon and District Healthcare Service continued to score well above the accepted standard with a score of 83% when monitored by regional infection control nurses. The accepted standard is 65%. Whilst these scores are good, ongoing vigilance needs to occur in regard to the importance of hand hygiene in healthcare facilities.

Environmental And Food Services

Regular internal audits are performed throughout the year by the environmental staff. External audits are also conducted by the regional infection control consultant on an annual basis.

Food Services

Freshly cooked and nutritious meals are prepared by hotel services staff in our kitchen for patients, residents and meals on wheels clients. Hotel services staff take into account the dietary requirements and personal preferences of patients, residents and meals on wheels clients when preparing and determining menus.

Legislation requires that an annual external audit of the Food Safety Program be conducted. Timboon and District Healthcare Service is audited by Corangamite Shire and Food Hygiene Australia.

A result of 96% compliance with the Food Act, safety and food handling standards was achieved, which is above the acceptable level of 90%.

Cleaning Services

The importance of maintaining a clean and hygienic environment is monitored through external cleaning audits which conform to the Department of Health standards, comprising of one external audit and two non- external audits per year. An internal audit is conducted monthly by a Timboon and District Healthcare Service accredited auditor. All patient care areas including theatre, central sterilising areas, emergency department, day surgery, individual patient rooms and lounge rooms are audited.

The annual external cleaning of very high risk and high risk areas resulted in a 96% compliance with the Department of Human Services' cleaning standards against a benchmark of 85%.

The Wave 19 patient satisfaction monitor rated the Healthcare Service at 100% of clients satisfied or very satisfied with the cleanliness of patient rooms and ensuite.

MEDICATION MANAGEMENT

Medication administration is an important aspect of care in the hospital and in our role in the community.

With an awareness that medication errors do occur Timboon and District Healthcare Service regularly conducts internal audits to determine ways to prevent mistakes. Staff use the National Medication Audit Tool to compile results. Results indicate that all necessary patient information and adverse drug reactions are documented on audited charts. Results of the medication chart audits demonstrated that medication citations included legibly written name of medication occurred in 97.7% of cases and of the 417 doses required, 404 were documented as given, resulting in a 3.1% omission.

Recommendations from the audit have resulted in medication charts being checked during staff handover.

Medication Monitoring

2010-2011 – 13 medication errors
During this period all 13 were considered no harm or near miss. Increase in numbers are due to the encouragement of 'no blame' reporting which ensures that incidents are viewed as system breakdown rather than identifying individuals responsible.
2009-2010 – 7 medication errors
2008-2009 – 3 medication errors

Actions taken to reduce medication errors

- Use of National Inpatient Medication Chart.
- Auditing of use of medication chart in accordance with guidelines.
- The Clinical Services Committee reviews all medication errors and makes recommendations.
- It has been recognised the importance of reporting and documenting near miss and delayed doses to determine areas for improvement. The implementation of the Victorian Health Incident Management System should improve documentation.
- Enrolled Nurses have been encouraged to become medication endorsed to allow for more timely medication delivery to aged care and stable patients. Currently 58% of Enrolled Nurses in acute care nursing have medication endorsement.
- The partnerships with the South West Alliance of Rural Hospitals (SWARH) will enable comprehensive medication tracking via computerised client medical file audits.

FALLS PREVENTION

Timboon and District Healthcare Service continues to focus on the area of falls prevention, considering it is one of the most widespread and potentially serious injury problems of the elderly.

Actions are taken to prevent falls for inpatients and community clients. The Healthcare Service is concerned that no harm arises whilst patients, residents and clients are receiving care.

Monitoring Falls

When one of our patients or residents falls staff must fill in an incident report and the circumstance of the fall is examined to see if we can prevent it from happening again.

Number of Falls

2010-2011 – 17 Falls

Rate at 0.53% per total bed days - acute and aged care
All falls for the period resulted in nil or minor injury (bruising).

2009-2010 – 10 falls

Rate at 0.29% per total bed days - acute and aged care

Actions taken by staff to reduce falls:

- Staff education to heighten awareness of the risk of patient falls and the falls prevention strategies available.
- Falls risk assessment on each patient or client to identify those at risk from falling.
- Review of environment such as ensuring adequate lighting and an uncluttered room.
- Encourage patients to request staff assistance.
- Encouragement of a healthy diet.
- Referral to occupational therapy for the use of aids to prevent falls / slips.
- Correct assessment and use of walking aids.
- Use of equipment such as adjustable beds that can be lowered to floor level and bedside alarms.
- Reporting and investigating, via the Victorian Health Incident

Management, of all falls together with a review of strategies in place to see if the fall could be prevented.

- Referral to physiotherapy or 'No falls' exercise programs.

Referral to podiatry to assist with optimal foot health.

PRESSURE ULCER PREVENTION

A pressure ulcer commonly known as a "pressure sore" or "bed sore" is an area of skin that has been damaged due to pressure and rubbing.

They are a serious client safety problem that can affect client recovery and cause great pain. Most pressure ulcers are preventable and Timboon and District Healthcare Service has a pressure ulcer program for the prevention and management of these ulcers.

A skin assessment tool is used to assess all clients. The assessment involves examination of the skin, nutritional and general medical information to identify risk factors. Pressure ulcers are then classified into stages:

Stage 1: Observable pressure area as a reddened area on skin with no break in the skin integrity

Stage 2: Small break or blistered area of skin

Stage 3: Full thickness of skin loss involving structures below skin surface

Stage 4: Damage to structures below the skin that extend down to the bone or tendon

Pressure Ulcer Monitoring

2010-2011 – 1 patient with a Stage 2 pressure ulcer in hospital

2010-2011 – 1 patient admitted with a pre-existing Stage 3 pressure ulcer

2010-2011 – 1 patient admitted with a pre-existing Stage 4 pressure ulcer

Actions taken by staff to prevent pressure ulcers:

- Staff education on risks, prevention and management including documentation.
- 100% of nursing staff participated in e-learning with regards to pressure care.
- Updating of policies based on best practice guidelines.
- All patients and community clients assessed for risk factors associated with the development of pressure areas.
- Monitoring for any signs of pressure development.
- Reporting and investigating all pressure ulcers on the Victorian Health Incident Management System together with a review of strategies in place to see if the pressure ulcer could have been prevented.
- Monitoring skin hygiene and using appropriate skin repair products.
- Ensuring patients have a healthy diet to assist in skin repair.
- Use of pressure relieving mattresses and special airflow mattresses and other pressure relieving equipment such as chairs and heel protectors.
- Handover of staff between shifts incorporates pressure care and pressure ulcer management.
- Provision of loan equipment to clients in their homes to assist in pressure ulcer prevention.



SAFE USE OF BLOOD AND BLOOD PRODUCTS

Timboon and District Healthcare Service is aware of the importance to patients and staff of the safe practices in the use of blood and blood products.

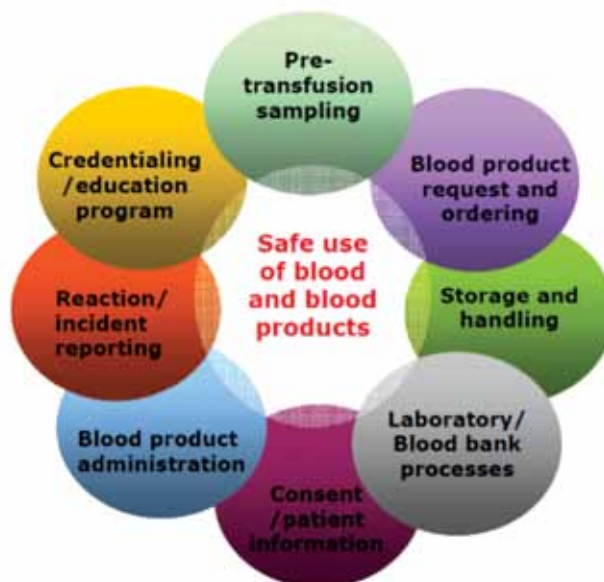
We are aware that the evidence suggests that major threats to patient safety from transfusion relate to errors in decision making and in the way blood products are administered, rather than to inherent problems in the actual blood products.

Blood Monitoring

2010-2011 – 20 Units of blood were transferred

Actions taken by staff to ensure safe use of blood and blood products

- The adoption of National Guidelines for the use of blood components.
- The development of a Transfusion Administration Checklist.
- 100% of nursing staff completed nationally endorsed training in e-learning on blood safety.
- 100% of nursing staff completed Timboon and District Healthcare Service's competency assessment for safe blood transfusions.
- The continued documentation and auditing of the use of blood products.



Adapted flow chart for safe use of blood and blood products

LIMITED ADVERSE OCCURRENCE SCREENING – MONITORING CLINICAL PRACTICE

Limited Adverse Occurrence Screening (LAOS) is a system used to identify critical incidents that may occur in hospital.

Medical records are reviewed by general practitioners from across the state to find out if anything could have been done better. Twelve small rural hospitals throughout the Otway Division of General Practice participate in the program. There is a carefully managed process to ensure medical records are handled in a secure way to maintain privacy and confidentiality. The main purpose of the reviews is to provide feedback, supervision and educational opportunities for general practitioners and to raise best practice awareness. The LAOS reference panel is scheduled to meet four times per year and reviews files that contain adverse events or learning opportunities. An 'Adverse Event' is something that has "resulted in temporary or permanent disability, hospitalisation, including increased length of stay and or financial loss to the patient, and the event was

caused by healthcare management (either at an individual or systems level) rather than the underlying disease process". A 'Learning Opportunity or Educational Opportunity' is an incident or issue that all General Practitioners can learn from.

Initially the file is sent to the treating General Practitioner for their comments then the reference panel makes a recommendation after a prolonged discussion and then all General Practitioners within the Otway Division of General Practice receive the recommendation report as part of a local quality forum which is held twice yearly. This is the forum where the Timboon and District Healthcare Service invites their admitting General Practitioners to a meeting to discuss the latest distributed LAOS recommendations, how these recommendations have any effect on patient care at that particular hospital and how the General Practitioners can work together to ensure quality care.

Compliance with legislative and departmental policy requirements, including hospital accreditation

Accreditation

Timboon and District Healthcare Service participates in an accreditation process with the Australian Council of Healthcare Standards' EQUIP program and is fully accredited to 2013.

The accreditation operates within a four year cycle involving a comprehensive organisation wide survey by external surveyors in the first year of the cycle, followed in the second year by a self assessment report, then a periodic review by an external surveyor and a further self assessment in the fourth year, leading again to an organisation wide survey. Recommendations by surveyors for improvement are followed up during the four year cycle.

Within the last financial year the Healthcare Service underwent a periodic review which is the midway check within the four year cycle.

The survey team found a strong commitment across the management group, staff and medical officers to the provision of quality care and services to the local community. They stated that Timboon and District Healthcare Service provides a wide range of acute, aged and community services to its local community. They found that clients are comprehensively assessed to ensure their needs are identified and management is appropriately planned in both the Inpatient and Community settings. A multidisciplinary approach to care planning and patient management is utilised and well documented in the Electronic Medical Records and Paper-based Records. Planning and delivery of care in the Community setting was considered well coordinated and communicated across a range of settings.

The survey team recommended that Timboon and District Healthcare Service continues to complete clinical rotations to larger maternity service sites, ensure all medical staff are engaged in the discussion and analysis of the LAOS data and annually review aged care clinical documentation.

Reporting and Review

- Timboon and District Healthcare Service completes annual and six monthly reports to the State and Federal Governments via Multipurpose Service Reporting.
- Annual and Quality of Care Reports are sent to the Victorian Government.

- Victorian Department of Health Clinical Indicator Data is reported to the Victorian Department of Health.

STAFF

Appointment of Chief Executive Officer

After the retirement of Ms Elaine Collins, Mr Wayne Weaire was appointed as the new Chief Executive Officer at Timboon and District Healthcare Service. Wayne comes to the organisation with a history in youth, family, aged care, community services and healthcare management and a commitment to continue to provide quality healthcare to the Timboon and District Community.

General Practitioners

Dr Warwick Rouse and Dr Andrea Hedgland

Warwick and Andrea have continued to work at Timboon and are valuable General Practitioners to Timboon and District Healthcare Service

Dr. Raja Maddikunta

Dr Raja, who is originally from India and graduated from the Rangaraya Medical College India in 1996, commenced employment at the Timboon Medical Clinic in June 2011.

Staff Credentialling

Timboon and District Healthcare Service's Board of Management is

responsible for the range of clinical services, procedures and interventions that can be provided within the Timboon and District Healthcare Service. All medical practitioners and dentists are therefore appropriately credentialed to ensure their scope of practice is clearly defined in accordance with their skill level and the capability of the Health Service. A Credentials Committee makes recommendations to the Board of Management regarding appointment and responsibilities within the Healthcare Service.

The Australian Health Professions Registration Agency oversees the registration of ten health based professions who require statutory registrations. This includes Medical Practitioners, Nurses, Physiotherapists, Podiatrists, Psychologists, Pharmacists, Optometrists, Osteopaths, Dentists and Chiropractors. Registration status of these staff is checked annually on this site.

Other health professions who do not have mandatory registration must have completed the appropriate tertiary degree which is provided at employment and may also be requested to show eligibility for membership to the relevant association, society or body representing the particular discipline.

All staff have a compulsory police check and 100% of nursing and medical support staff have obtained a working with children check.

Staff Education

With an emphasis on learning during 2010-2011 staff have accessed a number of varied educational opportunities to broaden their skills and ensure that Timboon and District Healthcare Service continues to provide quality care.

Courses and workshops attended by staff this year include:

Administration - Training occurred in Microsoft Excel, conducting effective performance appraisals, managing poor performance and exceptional customer service.

Client Care - Training occurred in areas such as Burns education, Dementia, Palliative Care, Emergency Presentations, Emergency Enhancement, Emergency Nursing, Advanced Cardiac Life Support, Wound Management, Midwifery care, Triage, Timboon Midwives Professional Rotation, Blood Safe, Pressure Care, Multiple Sclerosis, Flinders Chronic Disease Management Tool, Cultural Diversity Training, Plan Do Study Act, Pap test Recredentialling, Active Service Model, Advanced Care Planning, Chronic Illness Peer Support Leaders, First Aid, First Aid for Immunisers, Asthma Education, Participation for Health, Talking Sexual Health, Rural Health Summit, Adolescent health rural linkage program, effective teaching strategies and respectful relationships.

Client Safety, Prevention and Occupational Health and Safety

Training for staff included Handle with care - Managing violent or potentially violent situations for frontline staff, Victorian Health Incident Management System, Hand hygiene and Occupational Health and Safety Update.

Environmental Management and Maintenance

Training for staff focused on the areas of Infection control and risk management.



New GP recruit Dr Raja Maddikunta



Continuity of care

PLAN, DO, STUDY, ACT

Timboon and District Healthcare Service was fortunate to be successful in obtaining sponsorship to increase capacity to care for clients with complex needs.

The Plan, Do, Study, Act (PDSA) Model for Improvement project is a 12 month project aims to improve care for clients with chronic and complex conditions through improved systems of practice.

It involves participants undertaking small rapid cycles of quality improvement using the PDSA Model for Improvement.

Timboon and District Healthcare Service undertook the quality improvement focus of:

Improving communication (including feedback) with general practice

This translated into a goal of ensuring 100% of clients have feedback provided to General Practice which is consistent, timely and appropriate throughout the course of care.

The PDSA team consisted of three Timboon and District Healthcare Service Staff and the Practice Nurse at Timboon Medical Clinic. Staff initially completed a client file audit which determined the necessary client changes required. Regular meetings of key personnel followed to help in understanding and changing client business. The results from the PDSA project have resulted in the implementation of policy and procedure and client pathway for chronic disease

clients, which has included a standard referral form and process, development of a referral acknowledgement form and process, feedback report and discharge report.

Results of the implementation of the new pathway will be reviewed at the end of 2011 to ensure that client file audits demonstrate that 100% of clients have feedback provided to General Practice which is consistent, timely and appropriate throughout the course of care.



Brad and Rebecca Couch with baby Jack

Safe Birth, Close to Home

Australian women and their babies should be able to access high quality safe maternity services, as close to home as possible, in line with their assessed level of risk.

These services should be available for the continuum – from early pregnancy, at the time of birth and during the postnatal care period (Improving Maternity Services: Federal Government discussion paper 2009)

Maternity services at Timboon and District Healthcare Service

The team midwifery model at Timboon and District Healthcare Service operates in collaboration with local GPs and Obstetricians Dr. Liz Uren and Dr. Chris Beaton located at Southwest Healthcare in Warrnambool.

Collaboration in maternity care means “the exercising of effort by midwives and doctors towards each other for the purpose of providing safe rewarding and effective care to women and their families”.

Keeping birth safe

In 2010 The Victorian Government developed and published a Capability Framework for Victorian Maternity & Newborn Services. This framework is underpinned by the following principles:

- Ensuring safety and quality.
- Providing women with informed choice and greater control of their birthing experience.
- Achieving the right balance between care in local community and access to appropriate levels of medical expertise when it is needed.
- Making the best use of complementary skills of Midwives, General Practitioners and Obstetricians.

- Enhancing a team approach.

Commencing in late 2009, the South West Area Maternity Initiative project (SWAMI) was funded by the Department of Health to assist services to identify their appropriate level of care aligned to the capability framework. Under the medical leadership of Dr Chris Beaton, Consultant Obstetrician, guidelines and policies have been developed for Timboon and all maternity services in the South West region of Victoria.

Timboon and District Healthcare Service is an active partner in the SWAMI project consulting with representatives on the Steering Committee and working collaboratively with other maternity service representatives in the South West region.

Aligned to the framework, the level 2 service at Timboon and District Healthcare Service supports management of normal risk pregnancies, including labour and postnatal care at 37 weeks gestation or greater.

Boasting well equipped labour and birthing suites, Timboon provides the ideal setting for birth and recovery supported by highly skilled midwives.

Maternity services provided by Timboon and District Healthcare Services:

- Pregnancy care (known midwife).
- Shared care with medical practitioner.
- Pregnancy education classes.
- Birthing services (term pregnancy > 37 weeks).
- Postnatal care.
- Breastfeeding support.
- Domiciliary home visit service.
- Community & Allied Health referral services.

Maternity Workforce Skill & Competence

Maintaining midwifery skill and competence is paramount to providing safe birthing services. The midwifery team at Timboon have established ‘professional links’ with the Royal Women’s Hospital in Melbourne and have recently rotated on shifts at the Royal Women’s Hospital to up their skills and refresh knowledge.

To ensure ‘skill maintenance’ through ongoing education, Timboon midwives are supported by the regional Clinical Midwife Consultant, who is employed by the Rural Midwifery Support Program. The Clinical Midwife Consultant provides regular education sessions, mentoring and facilitates clinical ‘hands on scenario’ practice sessions utilising manikins and teaching tools. The Rural Midwifery

Support Program is a Department of Health funded project, employing consultant midwives for each region in Victoria to support smaller services with onsite visits and education on a regular basis.

Timboon and District Healthcare Service links with state initiatives by maintaining currency of practice aligned with best available evidence via four methods:

1. Maternity Newborn Clinical Network - participation in state workshops / forums.
Continuity of clinical evidence based guidelines - state wide level
2. Maternity Support Education Program (Royal Women’s Hospital) - utilising program toolkit resources through the Rural Midwifery Support Program.
Emergency care education.
Pregnancy care education.
3. RANZCOG Foetal Surveillance Program - Shared education program attended at Southwest Healthcare Warrnambool
4. Newborn Emergency Transport Service (NETS)
Neonatal resuscitation.

NETS education team are scheduled to conduct a workshop at Timboon in October 2011.

Evaluating maternity care

Pregnancy care, birthing and post natal care data reports are submitted to the Victorian Perinatal data collection unit and the Department of Health at named intervals throughout the year.

Timboon and District Healthcare Service presents data aligned to the state maternity indicators set by the Department of Health.

SW Regional Maternity Service Networking (Sharing and learning together) Reflective Practice

Timboon and District Healthcare Service participates in the annual regional Maternity PEER review audit to share experiences related to clinical practice and outcomes, critically analyse the circumstances that surround an outcome, recommend process improvement and initiate the appropriate action for process improvement.

A Collaborative regional forum chaired by Dr Chris Beaton focuses on statistical analysis, case presentations and invite expert clinicians.

CARDIAC AND VITAL SIGNS MONITORING

The new cardiac and vital signs monitoring system has allowed patients to be monitored continuously whilst in the healthcare facility.

A patient can be connected pre theatre and remain monitored until discharged from the ward. There are also portable monitors which allow the patient to be connected yet walk around as desired. The system enables monitoring at the bedside as well as from the central nurses station.

During 2010-2011 all nursing staff have been educated in the use and benefits of the cardiac and vitals monitoring system. Once a patient is registered on the system a complete print out can be provided of all observations and any cardiac event, will be registered. The information is easily accessed, is linked to the patient's electronic medical record and be transferred with the patient to another facility.

The new system has meant that higher quality monitoring has created a more thorough picture of the patient's overall health whilst in hospital, creating better quality of care.

ENDOSCOPY A CASE STUDY

Endoscopy is a large part of the General Surgery and Diagnostic Procedures work load. The importance of 100% bowel preparation is essential to provide perfect vision for the proceduralist to aid in assessment and diagnosis of the bowel. A study was carried out utilising current diet sheets. Out of twenty clients, three were considered to have poor bowel preparation. A thorough search of both research and other facilities bowel preparation procedures resulted in instituting a change to Timboon and District Healthcare Service's diet sheet.

Since the commencement in June 2010 there has been a 100% success in good bowel preparation. A subsequent audit of the new diet sheets is to occur in January 2012.

PALLIATIVE CARE INITIATIVE

As part of the palliative care program, two Healthcare Service nurses have been involved in instigating a holistic care program across health care facilities between Colac and Portland, known as 'Link Nurses'.

The idea of the program is to provide palliative care to residents in health services which may not always have a doctor on site. The 'Link Nurses' meet monthly with palliative care doctors to discuss issues and new strategies which are entered on to a standardised care plan. This care plan enables palliative care clients to have the care needed without having to be transferred to another healthcare facility.

Chronic Disease Independence Program - A Client Journey

My name is Neville English and I am 75 years of age. Apart from a three month stay in hospital with glandular tuberculosis when I was 16, I have been fortunate to have had a life of good health until seven years ago.

I entered Epworth private hospital for a hip replacement in 2004 and a preliminary medical check up revealed I had suffered a descending dissection of the aorta two weeks before. Careful monitoring of this by Epworth doctors has since kept it in check.

During one of the scheduled checkups in 2008, I was diagnosed with Hodgkins Lymphoma and subsequently underwent a course of chemotherapy. Unfortunately, one of the four drugs (Bleomycin) reacted with my lungs causing them to be badly affected and resulted in me now suffering with Pulmonary Fibrosis. A condition which is not reversible. The Hodgkins Lymphoma (cancer) is currently in remission.

After arriving home from another stay in Epworth hospital followed by 16 days rehabilitation at Epworth Camberwell, I was visited by Christie Berry from the Chronic Diseases Independence Program at Timboon and District Healthcare Service.

Christie chatted with me about my health and wellbeing and suggested an exercise program may help me. I consulted with my respiratory physician who then contacted Tracey Heeps at Timboon and District Healthcare Service who organised a program of exercises to do at Timboon and District Healthcare Service and at home. After eighteen months this program has improved my health and general wellbeing. I still require

oxygen, however my overall dependency has been reduced.

I am still dependant on small doses of Prednisolone and daily injections of insulin.

Christie, the Chronic Disease Independence Program Coordinator, was the instigator in determining my equipment requirements and this enabled Timboon and District Healthcare Service to provide me with a portable rechargeable concentrator. This allows me to have oxygen wherever I go.

This access to this machine has greatly improved my quality of life.

I look forward to continuing my weekly visits to Timboon and District Healthcare Service and taking advantage of the new 'Physiogym' with increased equipment.



Christie Berry, Neville English and Tracey Heeps

CULTURE DIVERSITY

We embrace cultural diversity which ensures we tailor our services to meet the needs of all the community irrespective of cultural background. 5.2% of our community was born overseas compared with 22% Nationally. We view it as important to have actions in place to ensure we are able to accommodate specific cultural and particular health needs if they present to our Healthcare Service.

To identify and understand the make up of our community, to establish partnerships with specialist agencies and practitioners, to develop staff competencies, to generate a responsive and alert organisation we have produced a Diversity Plan which acknowledges and addresses:

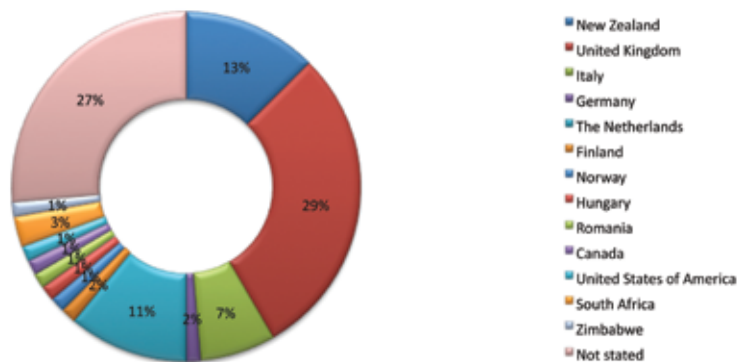
- Indigenous clients.
- Clients from culturally and linguistically diverse backgrounds.
- Patients of our hospitals.
- Residents utilising our aged care accommodation.
- Community clients.
- Augmentative and alternative communication styles for clients and patients of a non-English speaking background.
- Customs and traditions of culturally and linguistically diverse clients and employees.
- Improving Care for Aboriginal Torres Strait Islander.

Our catchment is located in an area where 2% of our population is of Aboriginal and Torres Strait Islander descent. We ensure 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 hospital staff.
- Planning and evaluating services to ensure cultural needs are met particularly for discharge planning.
- Work with a Liaison Officer to promote effective referrals.

Source of Patients by Country of Birth Other Than Australia



* No patients requested or required an interpreter during their stay

NEW MEN'S STRENGTH PROGRAM

A new initiative during 2011 has been the introduction of a men only strength program funded by a successful Active Ageing grant.

Eleven men enrolled in the Men's Strength Program which included a circuit of strength, balance and aerobic activities and finished with further stretching and strength work.

The Men's Strength program was to be trialled as a short course of 12 weeks with pre and post tests hoping to demonstrate improvements in strength and functional balance. Results of each of the pre and post tests saw improvements in both these health components of strength or balance. Within the 'Sit to Stand' test three participants made a 10%

improvement. The 'Functional Reach' test saw all participants equal or improve their outcome with one man improving by 41%. The 'Step' test found all but one participant improved by a minimum of 32% and in the 'Timed up and Go' assessment four of the participants made progress. Overall pre and post data demonstrated an improvement in all assessed areas of functional balance and strength.

The men have proven to be committed with consistent attendance and a desire to continue the course. The classes are held on-site at the hospital in a newly renovated and extended 'Physiogym' Comments from the men attending the strength class have included:

"The Men's Strength Program is a part of my week that I look forward to."

"I'm already active, but this compliments my health and makes me feel good."

"I like the group because you can extend yourself physically."

"Working in the group makes it easy for everyone to work and keep coming back."

"I'm enjoying the equipment very much and in fact I'd love to have the group twice per week; can we please?"



Mens Strength Group

IMPLEMENTATION OF THE ACTIVE SERVICE MODEL

The introduction of the Active Service Model to all Healthcare Service staff has been a significant achievement over the last twelve months.

The Active Service Model focuses on person centred care to promote the best outcomes for clients whilst maintaining their independence at home.

Results from a staff evaluation showed that 100% of Community Services staff understood and felt confident in the benefits of the Active Service Model and 75% of staff felt confident in their ability to encourage the Active Service Model philosophy with their clients.

A Client's Journey using the Active Service Model

Background

A HACC client was diagnosed 25 years ago with Parkinson's disease. The client's husband has been her primary carer, with limited support for most of these years as her condition has continued to deteriorate. The couple manage a dairy farm and with the employment of a sharefarmer the husband has been able to maintain his caring role.

This couple, prior to the assessment, did not receive any services other than a Planned Activity Group National Respite for Carers Program on a Friday which provided carer respite. When the sharefarmer sustained a serious health condition, circumstances changed and the client's husband was taken from his carer's role to return to farm duties.

Changed Practice

The Home and Community Care Assessment identified that he was providing significant support to his wife who had very high needs. This included all personal hygiene, home care, shopping, cooking and gardening. With the changes in circumstances he would be unable to continue his caring role as well as return to being a full time farmer. A case discussion involving the client and carer enabled us to commence services to allow the husband to work on the farm whilst continuing his primary care role. The client liked to shower each morning so a community care worker

was engaged to attend six mornings a week to assist with personal care and a district nurse attended one day per week. The community care worker initiated the Active Service Model with the client. This enabled the client to choose her clothing by allowing her to make decisions on clothing appropriate for different weather conditions and also to colour coordinate her outfits. They provided assistance for her to put on makeup and style her hair. This enabled the client to take responsibility for her personal appearance and emotional wellbeing. The assistance of the community care worker made it possible for the client to attend gentle exercises weekly. This ensured the client was in a safe and supported environment to help improve muscle strength and balance. After exercise the community care worker would take the client for lunch and then attend to the household shopping. The client was encouraged to push the trolley and select the items that they required and this stimulated a lot of discussion about the meals that they

would prepare. The client and community care worker would then work together to prepare evening meals. The meal preparation actively involved the client in meal choice and preparation

Outcome

The Active Service Model philosophy in this situation allowed the client to maintain more of her independence. This happened by allowing the client to make decisions about her care. By including the client in the day to day home duties the client's wellbeing improved as she felt she was providing assistance to her carer in a time of crisis. This also gave the primary carer the time he needed to attend to farm duties with the knowledge that the client, his wife, was being cared for and she was safe. The client enjoyed taking control of her own personal care which has resulted in a positive approach to their quality of life, health and wellbeing.



Sharon Bissett and Coralie Oldfield

Chronic Illness Peer Support (ChIPS)

The Chronic Illness Peer Support (ChIPS) program is a vibrant adolescent peer support program for young people who have a chronic illness or condition, developed by the Royal Children's Hospital in Melbourne.

The Diabetes Educator and Health Promotion Officer undertook training to facilitate this program after it was identified that support for young people with a chronic illness in rural areas such as ours is limited. This, teamed with the travel required for specialist appointments and the impact a chronic illness or condition has on a young person's life, made us somewhat unique to our Melbourne counterparts, and therefore a rural version of ChIPS was born.

The group began in October 2010 with 4 young people who suffered a chronic illness. The group gave the young people an opportunity to share and compare their stories and experiences with others as well as a chance to socialise.

The activities were moulded around the group and included rail trail walks, cooking lessons, air hockey and pool competitions, movies and the occasional milkshake. In amongst the fun and games the activities covered topics such as Missing out and limitations, Judgements, Relationships and Hospital visits and medications.

After starting slow, with a few awkward moments of long silences, the facilitators finally cracked open the shells of each participant and they blossomed. After completing the initial 8 weeks three young people wanted to continue their involvement and it was decided to open the group up to adolescents, who had an immediate family member who suffered from a chronic illness or condition. They felt that this would allow other young people, indirectly affected by chronic illness or condition, to see that it is not all doom and gloom; it would also give the young people a chance to vent their frustrations or take time off from their carers' role. The inclusion of our Social Worker has allowed for an increased focus on the mental wellbeing of our participants as well as offering support outside the group itself.

The ChIPS group has proven to be a successful venture and a real eye opener for all involved.

Integrated Health Promotion

Health is a resource for everyday life. At Timboon and District Healthcare Service we recognise this and actively work towards promoting health and wellbeing & preventing illness and injury, rather than solely providing quality care to the ill and wounded.

At Timboon and District Healthcare Service this is done through an Integrated Health Promotion approach. The Integrated Health Promotion approach includes three key features:

- Effective partnerships
- A mix of interventions and common planning framework.
- A broad range of sectors (Health, Community, Government, Education, Business).

Case Study

When first attending the ChIPS program one young man was not quite sure what to expect "I thought it might have been somewhere I had to stand up and announce my illness to a bunch of people I didn't know". After a few sessions he had opened up and began sharing and comparing his stories with the other participants. When asked to explain what annoys him about his illness he replied "It sucks because checking your blood sugars is something you can never escape. It's not like cleaning your teeth, where you can get away with not doing it every now and then."

Throughout the course the young man not only became the life of the group, entertaining the facilitators and other participants with his humour and self proclaimed good looks, but also started providing support to other participants in managing and coping with their conditions or welcoming new participants into the group. He claims he has taught the facilitators more than they have taught him! "They love me, they won't admit it but they do".



When asked what he got out of participating in the ChIPS program he stated "I didn't know one of the other participants before ChIPS even though we went to the same school. Now I love hanging out with him, we're great friends. I guess that's the great thing about ChIPS. It's not just a bunch of people talking about their diseases, it's a chance to catch up and have a laugh with friends".

Whole-school approach

In 2007 the Timboon School approached the Youth Worker and Community Health Nurse to assist in the development and implementation of appropriate strategies to improve the health and wellbeing of students. The partnership between the Healthcare Service and the School has blossomed into a positive and supportive working relationship which ensures that this important work for young people is not done in isolation and is in fact a key role of community stakeholders.

Underpinning this is the benefit students have received, which include working with community organisations to gain a consistent understanding about factors pertaining to safety and wellbeing whilst having access to specialist support for young people and their families.

An evaluation and strategic review of the programs was undertaken in 2010. This included a content audit, review of individual program evaluations and Healthcare Service data, and feedback from both School and Healthcare Service staff.

The evaluation found that 54% of programs had met the initial objectives and an increase in young people accessing youth and preventative health services due to strengthened relationships between students and Healthcare Service staff.

Staff who have been involved in the programs have reported significant knowledge improvement and understanding by students, which is evidenced in pre and post program evaluations; as well as increased communication between students and parents on program information and learning's. The programs have been mentioned by students in their highlights of the year on school reports.

The annual School Organisational Health Questionnaire results for 2010 show a 5.1% increase in student decision-making from 2008 (69.9% to 75%) which is well above the state median of 62.3%. A 7.8% fall in classroom misbehaviour during this timeframe was noted again below the state median (11.5% compared to 16.7%). Supportive leadership was also highlighted as a positive increase. Parents surveyed have rated student motivation, social skills, school connectedness, extra curricula and parent involvement higher than state medians.

In 2010 the Healthcare Service and the School decided that, to ensure long term commitment and sustainability of the partnership, a Memorandum of Understanding (MOU) was to be formally drafted and signed by the two

organisations. This MOU has been effective since term 1 2011 and ensures that, in the event of staff change over in either organisation, the programs will still continue.

Regular meetings between the School's Executive Team and Healthcare Service staff have also been committed to ensure programs are planned well in advance and that appropriate communication is in place to allow for issues, suggestions, evaluation and review of programs to be discussed and addressed as they arise.

By the very nature of the partnership constant evolution and change is essential. The programs run through the partnership have proven to be an opportunity for students to become familiar with local community representatives. Therefore the partnership has grown to include new Healthcare Service staff such as Health Promotion Officers and Social Workers. The local Youth Welfare Focus Group, which includes police, ambulance officers, key school personnel and welfare professionals, have also become involved in appropriate programs such as drug and alcohol education and will continue to be integrated into future programs.

Heart of Corangamite Network
"The Corangamite Community will work together to enjoy the best possible health and wellbeing"

In 2005 the Greater Green Triangle University's Department of Rural Health, Flinders University and Deakin University published results of a research project that showed Corangamite Shire to have significantly high occurrences of the risk factors for Cardiovascular (heart) disease, such as high blood pressure, low physical activity rates, smoking and poor diet.

This evidence, along with reports that cardiovascular disease is the largest cause of premature death in Australia, prompted organisations and businesses within the Corangamite Shire to band together to help raise awareness of these overwhelming statistics and work towards reducing the incidence of lifestyle diseases. From this the Heart of Corangamite Network was formed.

The Heart of Corangamite Network involves members from:

- Local government Departments – Corangamite Shire.
- South West Primary Care Partnership.
- Healthcare Services in Camperdown,

Cobden, Lismore, Terang & Timboon.

- Local Businesses.
- Community Houses in Camperdown.
- Community Groups and members.
- South West Sports.
- Rural Access.
- Disability Organisations including Aspire, Cooinda Terang.
- Service Groups – Rotary.
- Transport Connections Project.
- Sustaining Volunteers Initiative.
- Local Schools and Universities.

The Network identified the group who were most likely of developing these risk factors - Young families with more than one child (0-8 years) who have low income. Action plans have then been created to address these issues within four specific areas, for which a working group has been assigned:

1. Leadership and Governance.
2. Nutrition and Breastfeeding.
3. Physical Activity.
4. Respectful Relationships.

All working groups have a representative from Timboon and District Healthcare Service to ensure work can be transferred to the Timboon and District community.

The Groups have made headway with addressing barriers to breastfeeding through the streamlining of procedures between Birthing Centres and Maternal and Child Health Nurses, ensuring breastfeeding friendly venues across the Corangamite Shire and the development of breastfeeding information aimed at grandparents.

They have also ensured that all Early Years Centres (day care and kindergarten) have implemented the Smiles 4 Miles program, which targets healthy eating, physical activity and dental hygiene.

The support of Kindergarten Walk and Talk Sessions and the promotion and support in running the Cobden Spring Festival Fun Run/Walk and the Timboon Fun Run/Walk.

The group is also focusing on raising awareness of family violence through the promotion of white ribbon day to local businesses.

Our commitment, influence and role within the Network have been strengthened with representation on the Leadership and Governance Working Group which oversees the Network's strategic directions of improving the health and wellbeing of the residents of Corangamite Shire.

Consumer Carer and Community Participation



Volunteer Training Day

PLANNING FOR EMERGENCIES

Bushfire Evacuation

Following the development of a comprehensive Bushfire Plan in 2009-2010 education sessions and evacuation exercises were held during 2010-2011.

44% of staff attended the initial evacuation exercise and 63% of staff attended the bushfire planning session.

Only 14% staff did not attend either of the sessions with all staff, who did not attend the formal sessions, being provided with a one to one overview of the bushfire plan and evacuation process.

All residents were encouraged via staff and Healthcare Service publications to ensure that they have a fire plan. This included leaving early if deciding to travel to a safer more built up area, organising preventative strategies, such as clearing debris early, and planning with and for elderly and those without transport.

Heatwave Safety

The importance of staying cool, having plenty to drink, together with a follow-up phone call are all part of the care necessary for the elderly on days of extreme heat. Guidelines from the Department of Health and Ageing on dealing with a heatwave were issued to all Home and Community Care clients. This was reinforced by staff and also published in newsletters.

Carers Workshops

Carers are a valuable component of the Aged Care Services and as well as respite are offered bi monthly carers workshops. During the year six Carers Workshops were offered focusing on areas such as carers support services, socialization, dealing with professionals and solving medication mysteries. The sessions had an average of 9 participants with evaluations indicating that the Carers wanted to be kept up to date with services available, regular socialization and particularly appreciated the privacy

and confidentiality associated with the regular workshops.

Meals On Wheels

This service is dependent upon the many volunteers in Timboon and Cobden who regularly deliver meals to our older members of the community, providing valuable daily contact. This year 82 clients were provided with a total of 8,297 meals from the Timboon and Cobden healthcare services' kitchens. An annual questionnaire on meal satisfaction is sent to clients with results from the 2009 survey indicating that 66% of clients rated their meal as either good or excellent, issues were then addressed and a follow-up survey in 2010 indicated that 100% of clients rated their meal as good or excellent.

Community Transport

Volunteer drivers make our community transport program possible, which continues to grow in the number of hours of transport provided. This service is an

integral part of our community aged care service, assisting clients without access to transport to remain in their own homes. Transport is provided, for example, to medical and allied health appointments, exercise classes, planned activity groups (day centres), local shopping and related trips. During the year 127 clients received 1,588 community transport services. Community transport hours have reduced in the last 12 months with the introduction and referral for clients to the Public Transport Assistance Scheme delivered by the taxi service and increased utilization of the Red Cross Car.

Volunteers

Approximately 129 volunteers support the Timboon and District Healthcare Service programs and community members. We express our sincere appreciation to the valuable group of volunteers who give their time to assist the frailer members of the community through the following programs:

- 98 MOW's volunteers.
- 7 Planned Activity Group volunteers.
- 23 Community Transport Volunteers.
- 1 Friendlies volunteer.

These programs rely heavily upon volunteer support and play an important role in assisting older members to remain within the community. Our Annual Volunteers Christmas lunch for our meals on wheels drivers was attended by many of our volunteers in both Timboon and Cobden.

Two of our outstanding volunteers were recognised during 2011 National Volunteer Week.

Nancy Guy

Nancy Guy has been a key volunteer at the Timboon Friendlies Group over the past 28 years and was recognised during Volunteers week 2011 for her considerable assistance to this program.

Timboon Friendlies meets twice a month and provides recreational and social activities for vision impaired people led by Enid O'Connor, Timboon and District Healthcare Service's Diversional Therapist.

Peter Murphy

Peter Murphy was one of the 105 nominees for the Inaugural Minister for Health Volunteer Awards 2011, held on Wednesday 11th May in the Olympic Room at the MCG. The awards were hosted by the Victorian Minister for Health The Hon. David Davis, MLC.

Peter was recognised for his significant community role as convenor of Timboon Red Cross Patient Transport Service. Peter has been a Red Cross volunteer since December 2003 and has held the coordinating position since July 2004.

At the end of 2011 Peter will be retiring from the Red Cross Patient Transport Service. During his time he has demonstrated his commitment to the Red Cross by giving up his time to help others to attend their medical appointments in such places as Melbourne, Ballarat and Geelong.

Timboon and District Healthcare Service and the local community wish Peter all the best and thank him for his volunteer efforts.

Timboon and District Healthcare Service thanks all its very valuable volunteers.



Nancy Guy - Volunteer

Keeping you informed



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

The continued implementation of the communication strategy reflected on the importance of multiple types of mediums to provide information to the community. Outcomes from the strategy have resulted in the printing of a Timboon and District Healthcare Service Quarterly publication which showcases services, activities and special events. This newsletter is printed and distributed with the Cobden Timboon Coast Times each quarter, left at local establishments and electronically sent to an extensive e-mail list. A monthly 'What's On' is also distributed via the Cobden Timboon Coast Times, provided to local establishments and electronically sent to those who have subscribed to receive Healthcare Service information.

Regular good news media articles have also been maintained with 58 articles printed in 2008-2009 financial year and 60 articles printed in the 2010-2011 financial year. The Annual Report is provided to residents who attend the Annual General Meeting or request a copy. The 'Quality of Care Report' is distributed to residents in a community mail out. The Timboon and District Healthcare Service website has been redesigned to focus on news, publications and service provision.

The 2009-2010 Quality of Care Report was designed to provide our community, consumers, carers, patients and residents with an insight into the systems and processes that are in place to deliver safe and quality services. The Quality of Care Report was distributed to all households within the Timboon and District Healthcare Service Catchment and the report is also available online on the

Timboon and District Healthcare Service's website. It is important to us that this report is valuable and informative for our intended audience, therefore the community are asked to provide feedback on the quality and appropriateness of the report.

The community asked for more information on services provided by acute, sub acute, residential, the chronic disease program and the labelling of photos which will be addressed in the 2010-2011 Quality of Care Report.

Evaluation and Distribution Of 2009-2010 Quality Of Care Report

	Excellent	Good	Average	Fair	Poor	N/A
The Report was well presented	78.79%	6.06%	9.09%	6.06%	0.00%	0.00%
The Report was easy to read	75.76%	12.12%	6.06%	6.06%	0.00%	0.00%
The Report gives confidence in choosing my care at TDHS	69.70%	15.15%	12.12%	3.03%	0.00%	0.00%
The graphs were easy to understand	66.67%	9.09%	9.09%	12.12%	0.00%	3.03%

Our services

Meeting your needs in the Timboon & Cobden Districts

Acute Hospital Care

- 24 hour Accident and Emergency
- Day Surgical Procedures
- Diagnostic Procedures
- General Medicine
- Midwifery Services
- Obstetrics / Gynaecology
- Palliative Care

Diagnostic Services

- Pathology

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

- Asthma Education
- Community and School based education programs
- Health Screenings
- Mens Shed

Primary Care Services

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

Support Groups

- Arthritis
- Diabetes Support
- Grief, Loss and Suicide
- Visually Impaired
- Chronic Illness Peer Support

Youth Services

- Counselling
- Youth Activities

Concerns *or compliments*

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

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

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



Timboon and District Healthcare Service

21 Hospital Road, Timboon, VIC 3268

p: (03) 5558 6000 / f: (03) 5598 3565 / e: timboon@swarh.vic.gov.au / www.timboonhealthcare.com.au