



**MOYNE HEALTH SERVICES
QUALITY OF CARE REPORT 2010 - 2011**

“Where people matter”



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MOYNE HEALTH SERVICES

MESSAGE FROM THE CHIEF EXECUTIVE OFFICER

I am pleased to present the 2010/11 Moyne Health Services Quality of Care Report to our community. I am sure that you will find the testimonials and illustrative material both informative and interesting.

Our Quality Report demonstrates how our organisation is assiduously working to cultivate a culture of continuous improvement. Thus, we strive to provide the highest standard of care and a safe environment for our clientele. We have illustrated both our qualitative and quantitative improvements in patient care and safety through graphs, charts, commentary, testimonials and pictures. We have also included our highlights and disappointments throughout the year. Unfortunately, sometimes we have not got things completely right and we have set about implementing an improvement plan to remedy any deficiencies.

We encourage you to read this report in conjunction with our 2011 Annual Report which is publically available on our website at www.moynehealth.vic.gov.au.

We value your feedback and I encourage you to contact Moyne Health Services should you have any suggestions on how we can improve our services.

We acknowledge that we can always improve our health services and we look forward to working with our community as we strive to provide high quality and sustainable healthcare services.



David Lee
Chief Executive Officer

INTRODUCING MOYNE HEALTH SERVICES

WELCOME TO THE QUALITY OF CARE REPORT

Welcome to Moyne Health Service's 2011 Quality of Care Report. Our Quality of Care Report shares with you how we work to provide safe, high quality care that can be easily accessed. It has been prepared in accordance with Department of Health guidelines to inform our community - the consumer, carer, patient and resident of Moyne Health Services.

Providing high quality, safe care is a high priority at Moyne Health Services. "Quality Service Improvement and Risk Management" holds a position of importance as a key result area within the Organisation's Strategic Plan. There are robust quality and safety systems and processes at Moyne Health Services and these are explained throughout the Quality of Care Report. We hope that the report provides a "look inside" for our community so they can see what we do, how we do it and what we do to ensure that we are continuously improving the quality and safety of our care and services.

The report includes several sections. The first sections describe Moyne Health Services, our staff and the types of services we provide. Later sections detail performance information and statistics including key areas such as incidents, falls, medication errors, how we manage these areas and strive to provide the best possible quality and safe care. We have also included some stories about personal experiences of some of our services.

Copies of our Quality of Care Report will be distributed with the Organisation's Annual Report. Copies will also be available at local health clinics and public locations such as the Visitor Information Centre. A copy will also be available on the Moyne Health Services website www.moynehealth.vic.gov.au



Belinda Westlake
Information, Quality
& Risk Manager.

We would like to hear what you think of our report. You can do this by filling in the feedback card included in the report and posting it to us or by contacting me directly on: (03) 5568 0100.

OUR VISION, MISSION AND VALUES

Vision

Our community will have access to on-going, highest quality care.

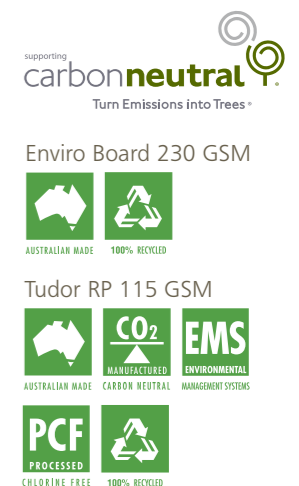
Mission

To provide an excellent, sustainable, holistic healthcare service.

Values

We value:

- Competence, professionalism and integrity
- Respect for the individual
- Active community involvement and consultation
- Accountability
- Equity in access to care, impartiality
- Innovation and constant learning
- Kindness



MHS has offset the carbon footprint of this report by donating two biodiverse native trees and one accredited carbon offset, the paper is 100% recycled.



introducing moyne HEALTH SERVICES

OUR QUALITY OF CARE REPORT TO YOU

The Quality of Care Report is produced by Moyne Health Services as a means of telling our Community about the health care that we provide. We endeavour to present an interesting report that is easy to read and provides the information that is important and of interest to members of our Community.

A diverse group of staff, with input from volunteers from the Community and members of our Board of Management have worked together to gather the information and write this year's Quality of Care Report. The production of the report has been overseen by our new Governance, Quality and Risk Committee.

Our previous report included a request for feedback. We received feedback from one person. It was very positive but we had hoped to receive more

completed feedback forms. We are hoping to receive feedback through an electronic format now that the Moyne Health Service's website is functioning and the report is available on the site.

The planning of this report involved a number of informal meetings to discuss what to include and how to present the information. To assist us with the final decision we:

- Reviewed the guidelines from the Victorian Department of Health, to ensure we addressed all the mandatory areas.
- Examined the feedback from the Health Department about previous reports.
- Considered the comments received on the 2009-2010 Quality of Care Report.
- Looked at our previous Quality of Care Reports.

- Reviewed award winning Quality of Care Reports from other health services.
- Discussed with members of the Community 'what should be included' And 'How'?

We take this opportunity to thank everyone involved with the production of the report. There have been many people engaged in gathering the information together and we welcome any ideas and comments that you may have. We hope that you enjoy reading our report and find it interesting and useful.



Quality of Care working group take a break to celebrate a birthday.

introducing moyne HEALTH SERVICES

OUR HIGHLIGHTS AND DISAPPOINTMENTS

- ✓ Achieved outstanding results in our Australian Council on Healthcare Standards (ACHS) Accreditation Audit p29.
- ✓ Completed the renovations of the Central Sterilising Services Department (CSSD) and improved work flow management and infection control practices p36.
- ✓ Successfully recruited a part-time Director of Medical Services to assist us in credentialing and privileges and medical appointments processes p16.
- ✓ Obtained a \$50,000 Victorian State Government Grant to install solar hot water services into the Belfast House Nursing Home.
- ✓ Completed the Fire Risk Management Upgrade Works at a total cost of \$458,176.21.

DISAPPOINTMENTS

- ✗ We experienced a decline in our residential aged care services occupancy rates.
- ✗ We were unable to complete the Water Quality Risk Management Plan for our rainwater supply because of infrastructure challenges and the complexity of the water supply system.
- ✗ We were unable to complete the MHS Master Plan due to an ongoing delay with finalising the Service Plan.

about moyne HEALTH SERVICES

VICTORIA'S OLDEST COUNTRY HOSPITAL

WITH OVER 160 YEARS OF SERVICE TO OUR COMMUNITY

Moyne Health Service (MHS) has developed from an 1849 four-room cottage at 40 James Street, Belfast (Port Fairy) to a multi-million dollar health service.

Port Fairy Hospital, Victoria's oldest country hospital, has an impressive history of service to the community.

The Port Fairy Hospital has enjoyed an almost unique level of community support. Traditionally, many local families have generously supported our hospital.

HISTORY OF OUR GROWTH

1855

The central portion of the present structure was built with a special grant of £1000 that was matched by the community.

1875

Additions were made to the building at a cost of £1145/6/6 and supported by a public appeal. These additions included the two large multi-purpose rooms at the front of the Hospital.

1887

Father Maurice Stack bequeathed £1000 that was used to build the Stack Fever Ward. The Fever Ward was closed in 1939, however, as late as 1991 it was still being utilised to accommodate male residents.

The Fever Ward was then a Board Room during the 1950s. The Stack Fever Ward was in a state of disrepair and was demolished during 1992. The site was then used to build a new dementia centre in 1998.

1891

The upstairs portion of the 1855 building was converted to nurses quarters. Today this part of the building is used as a boardroom.

1934

Lord and Lady Huntingfield, accompanied by Mr. C. L. McVilly, Secretary to the Charities Board, opened new additions to the Hospital. The additions included a sun-room and a one-bed and a two-bed room on the North side, and an operating theatre, birth room, nursery, a two-bed room and two one-bed rooms on the South side. The total cost was £7,500.

1959

The Governor of Victoria, Sir Dallas Brookes, officially opened a new maternity wing of the Hospital on the 4th February. Today this wing forms part of the new Belfast House Nursing Home, established in May 1996.

1965

Sir Rohan Delacombe, Governor of Victoria, opened the Nurses Home adjacent to the Hospital buildings on the 7th April. This building is now the Primary Care Building.

1976

The Prime Minister of Australia, The Right Honourable Malcolm Fraser, M.P, opened, on the 22nd April, a new outpatient and casualty department, together with the new hospital ward block now housing the Acute Services.

1988

A twenty-five-bed residential hostel called Moyneyana House was opened by the Governor General of Australia, Sir Ninian Stephen, in June.

1996

The Minister for Health and Aged Care, The Honorable Rob Knowles M.L.C., opened Belfast House, a 30-bed residential aged care facility, on the 19th May. This building was constructed at a cost \$2 million.

1998

Moyne Health Services established Port Fairy Medical Clinic next to the Day Care Centre, in partnership with Sackville Clinic medical practitioners, at a cost of \$325,000.

A \$1.9 million redevelopment of Moyneyana Hostel included the following:

- 10 - place dementia unit,
- dining/activities area (The Woodrup Room).

2000

The Port Fairy Hospital, Belfast House and Moyneyana House and associated services became Moyne Health Services.

2001

The following capital projects were completed:

- front of the hospital was returned to a heritage facade,
- a covered link was put in place to integrate the services and the acute wing, and
- administration areas were renovated.

about moyne HEALTH SERVICES

2004

Moyne Health Services undertook minor capital works to repair damage to the Day Centre building and increase office and consulting space. The building was re-launched as the Primary Care Building.

2005

Construction of a 17-bed extension to Moyneyana House. The new wing provided an additional five respite beds and 12 permanent residential places.

2006

Sir Ninian Stephen opened the Moyneyana House Extension on 28th April.

2010

Moyne Health Services conducted its last operating theatre list on the 24th September 2009.

The Port Fairy Medical Clinic was extended to accommodate additional General Practitioners.

Moyne Health Services purchased 101 Regent Street to facilitate the future expansion of the site.

PRESENT

Today Moyne Health Services incorporates the Port Fairy Hospital, Moyneyana House (Aged Care Hostel), Belfast House (Aged Care Nursing Home), primary care services, community health services and home based services. It continues to be an essential and integral part of the community.



Circa 1855



Circa 1875



Our Contemporary Health Service still has its' original heritage listed facade.

OUR COMMUNITY

ABOUT US AND WHO WE CARED FOR THIS YEAR

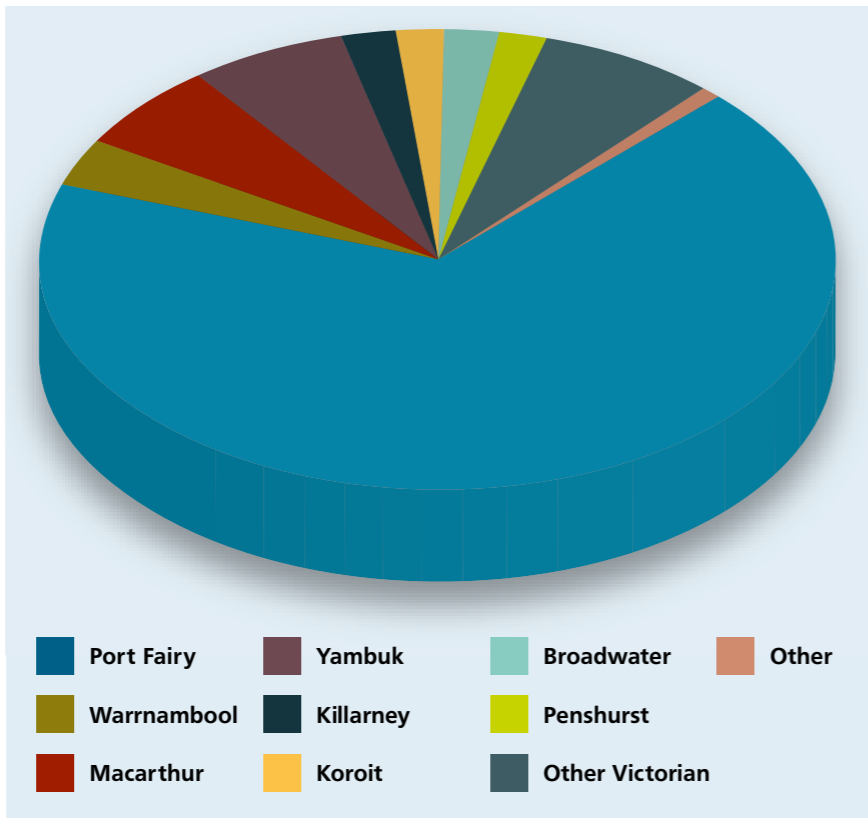
Moyne Health Services is located in the coastal town of Port Fairy within Moyne Shire in the South West of Victoria. Port Fairy is named after a cutter called "Fairy". It was previously known as Belfast. Settlement of the area dates from the 1830s, aided by the earlier construction of a whaling station.

Port Fairy Hospital, Victoria's oldest country hospital, has an impressive history of service to the community. Moyne Health Service (MHS) has developed from an 1849 four-room cottage at 40 James Street, Belfast (Port Fairy) to a multi-million dollar health service.

The Moyne Shire was created in 1994 and covers an area of approximately 5,500 square kilometres with a population of around 16,500.

The area served by Moyne Health Services consists of the towns of Port Fairy, Yambuk, Koroit and the surrounding districts. This area has a population of approximately 5000.

The Moyne area is home to a wide range of services and industry, including health and community services, dairy, fresh fish industry, pharmaceuticals, manufactured foods, seafood processing, quarrying (road materials and cut bluestone), transport and education centres. Port Fairy also has a busy tourist industry that includes weekenders, summer holidays and special events such as the Port Fairy Folk Festival. At times this sees us treating visitors from a wide range of locations. In the past we have also had a number of patients come across from Warrnambool but have noted a reduction in these admissions as a result of the closing of our theatre in September 2009.



The graph above shows the postcodes of patients admitted to our acute services during the financial year 2010-2011 and the map below shows where these towns are across the Moyne Shire..



OUR COMMUNITY

MOYNE SHIRE COMMUNITY PROFILE

The 2006 census showed 15,205 people living in the Moyne Shire. Of these 226 (1.5%) were from Non English speaking backgrounds and 173 (1.1%) speak a language other than English at home.

The Indigenous population of the Shire is 158 (1%).

People over the age of 60 make up 19.8% of the population and 27.4% of the population aged between 0-17 years.

Source: Australian Bureau of Statistics, Census of Population and Housing, 2006.

PROMOTING PARTICIPATION

Moyne Health Services encourages the participation of Community members and Consumers in decision making about health policy and planning, care and treatment, and the wellbeing of our community. We follow the guidelines established by the Department of Health in their "Doing it with us not for us", Strategic Direction 2010-13. This is the Victorian government's policy and has the following aim:

For consumers, carers and community members to participate with their health services and the Department of Health in improving health policy and planning, care and treatment, and the wellbeing of all Victorians.

Advantages to increased participation include:

- An aid to improve health outcomes and the quality of health care
- An important democratic right
- A mechanism to ensure accountability.
- How Moyne Health Services meets the standards:

The following paragraphs explain how we meet the standards within the Government Policy.

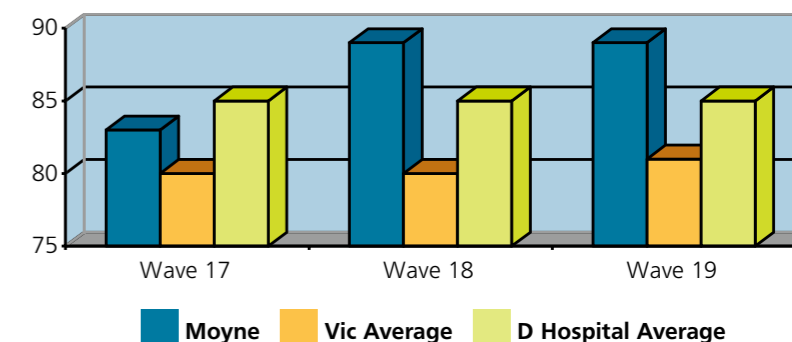
Standard 1:

The organisation demonstrates a commitment to consumer, carer and community participation appropriate to its diverse communities.

- Consumer Consultation and Participation Policy is in use across Moyne Health Services. It has been adopted by the Board of Management and is available to all staff.
- Community Health and Well-being Group has evolved from the Community Consultation Committee and includes representation from key areas of the Community and Community Groups.

- Victorian Patient Satisfaction Monitor (VPSM) results specifically relating to the Consumer Participation Index provides us with useful data about our performance in the Hospital area. The satisfaction in this area has improved in the last year and remained consistently high. The graph below shows our results for the last three surveys (18 months).

Consumer Participation Rating



RN Shelley Coffey with Hospital Inpatient Bernard Baxter.

OUR COMMUNITY

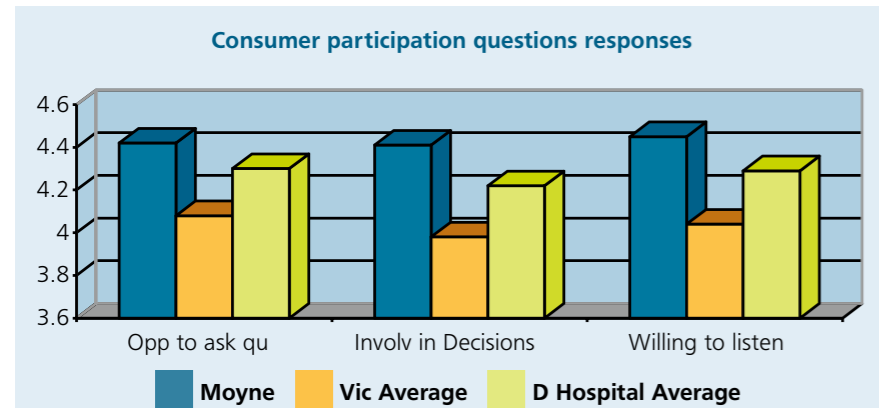
Standard 2

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

- We performed very well in the VPSM Consumer Participation Index as

indicated by the graph on the previous page "Consumer Participation Rating". That indicator was made up of three questions relating to:

- The opportunity to ask questions,
- The way staff involved patients in decisions,
- The willingness of staff to listen.



We performed above the average for our peers in all questions. See the graph above

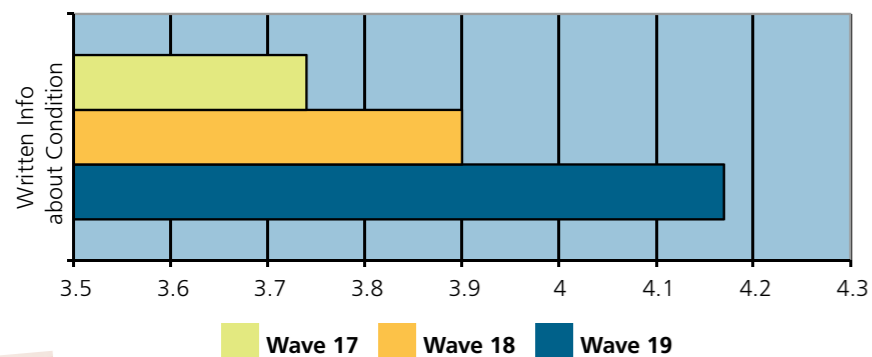
- We assess the involvement of aged care Residents in their annual satisfaction survey through Quality Performance Systems (QPS). There are two questions that specifically address Resident involvement in the care provided. We achieved very high scores for both:

Opportunities to have a say in things that may affect you	90% Satisfied
Being kept informed about things that may affect you	88% Satisfied

Standard 3

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

The VPSM provides us with useful information in the "Written information rating". This is an area that we have consistently reviewed in recent years. The graph below demonstrates our progressive improvement over the last VPSM survey periods.



Standard 4

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

- We are progressively expanding the involvement of Community members in the development of the Quality of Care Report by increasing the number of Community members and the demographic they represent.
- A Community Consultation project to gather information for service planning has been completed.
- There is a Service Planning Committee with representation from staff, doctors and community representatives.
- Suggestions, complaints and feedback processes are well established and a plain language flier has been developed to assist the community, staff, patients, residents and their families to understand the process.
- Our recently established Audit and Risk Committee has several Community Representatives who are active, productive committee members.

OUR COMMUNITY

Standard 5

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

We are progressively working on developing this area. We have in place:

- Community membership on the Quality of Care Report Group.
- Community membership on some Operational and Strategic Committees.
- Processes in place to ensure Participation in Care across the Organisation.
- Processes to encourage Suggestions and Feedback.



MURRAY TO MOYNE CYCLE RELAY 2011

In the months and weeks preceding the Woody's Murray to Moyne Cycle Relay this year, the wet weather and flooding throughout the State had caused a lot of damage to Victorian Roads. Ride Directors on the three routes were able to communicate to the teams and 1200 riders before they departed Mildura, Echuca and Swan Hill, where to take precautions of flood damaged roads.

25th Anniversary

2011 was the 25th Anniversary of the event. An anniversary dinner was held, in February at St. Pat's Hall to mark the occasion. Some of the original cyclists were present along with many others who had participated in the years since then. A very large decorated cake was cut to commemorate the 25 years of successful fund raising for Moyne Health Services.

The Graham Woodrup Memorial Award

The following cyclists were nominated for the Graham Woodrup Memorial Award and received a Certificate:

- Winston Silbereisen representing Hepburn Health Service
- Les Solly representing Hopetoun Hospital
- James Baker representing Royal Children's Hospital
- James Haig representing Royal Children's Hospital
- Ron Sommerville representing Western District Health Service

The Graham Woodrup Memorial Award was presented to Mr Frank Carlus representing the Department of Health Team - who donated their funds to Western Chances. We congratulate Mr. Carlus on his achievements.



Mr Frank Carlus after receiving the 2011 Graham Woodrup Memorial Award.

STATISTICAL INFORMATION

Statistical Information - 2011	
Number of organisations supported this year	87
Number of riders	1200
Total estimated funds raised by all participating agencies in 2011	\$1.3 million
Total funds raised by Moyne Health Services in 2011	\$72,961

OUR COMMUNITY

CULTURAL DIVERSITY

As a rural provider of health care Moyne Health Services meets the challenge of responding to a diverse range of consumers such as their geographic isolation, access to support services, and a low number of Culturally and Linguistically Diverse (CALD) consumers. Cultural responsiveness is not just related to numbers of consumers, it is also about having a skilled workforce able to respond effectively to the needs of a variety of consumers in Australian society. It is recognised that culturally diverse consumers in smaller communities may have higher needs due to isolation.

Cultural Responsiveness Framework

The cultural responsiveness framework replaces the MHS cultural diversity plan. This new framework aims to consolidate the achievements of cultural diversity action plans and to improve and extend cultural responsiveness performance. It is closely aligned with MHS strategic planning processes. It is based on four key domains of quality and safety: organisational effectiveness; risk management; consumer participation; and effective workforce.

There are six standards for culturally responsive practice.

Domain: Organisational Effectiveness

Standard 1: A whole-of-organisation approach to cultural responsiveness is demonstrated

- Organisational Cultural Responsiveness Plan (CRP) addresses the six minimum standards to assist organisational policy to respond equally and consistently to the needs of non-English speaking background consumers/patients.

- MHS and ABS data is reviewed to ensure services are planned to meet the needs of CALD consumers.
- Partnerships with multicultural and ethno-specific community organisations are developed and co-opted members provide active participation in CRP review and service development at MHS.
- The Language Services policy enables people with a low level of English proficiency, or who use Auslan as their first language, access to professional interpreting and translating services when making significant life decisions or where essential information is being communicated.
- Interpreter symbols are distributed to service areas throughout MHS for display in entrances and waiting areas.

Standard 2: Leadership for cultural responsiveness is demonstrated by the health service

- Training opportunities are provided to staff.

Domain: Risk management

Standard 3: Accredited interpreters are provided to patients who require one

- Over the past 12 months interpreter services were accessed for a 17 year old Arabic speaking Sudanese male needing access to emergency care.
- Local languages include 98.4% English, 3% German, 0.1% Polish and 0.1% French. Three Languages are used in translated materials and resources (German, Polish, French).

Domain: Consumer Participation

Standard 4: Inclusive practice in care planning is demonstrated, including but not limited to: dietary; spiritual; family; attitudinal and other cultural practices

- Organisational policy and procedure support consumer choice for the provision of appropriate meals
- VPSM reports indicated excellent results in this area pg 31.

Standard 5: CALD consumer, carer and community members are involved in the planning, improvement and review of programs and services on an ongoing basis

- Cultural Diversity Committee (CDC) performance was reviewed to monitor relevance and effectiveness.
- A gap to be resolved at the moment is to increase membership and attendance at CDC meetings.

Domain: Effective Workforce

Standard 6: Staff at all levels are provided with professional development opportunities to enhance their cultural responsiveness

- Staff have attended Cultural awareness training over the last 12 months
- Organisational practices and policies support cultural responsiveness.

OUR COMMUNITY

Cultural Responsiveness In Action

Emergency Department

Over the past 12 months MHS Emergency Department provided treatment to 1201 individuals. The pie-chart to the right shows the breakdown of countries these people came from and shows the clear dominance of Australian origins.

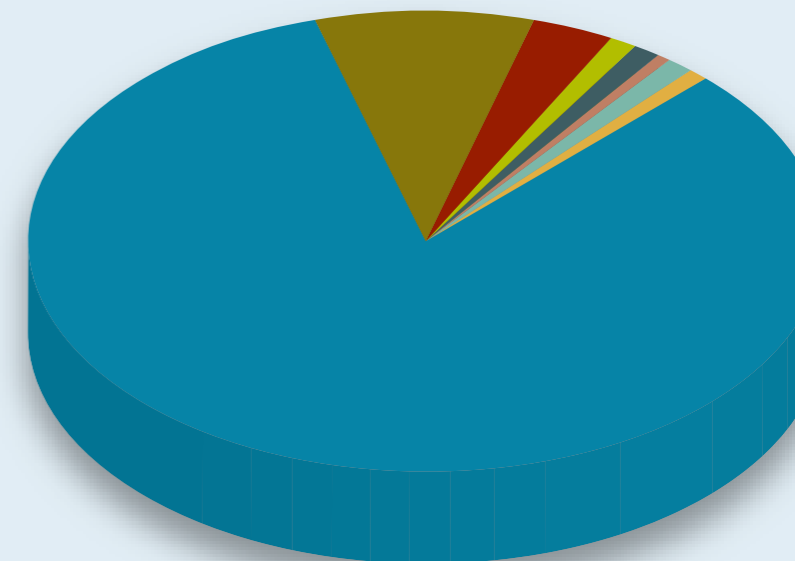
Primary and Community Care Services

Primary and Community Care Services include Allied Health and Ambulatory Services. Over the past 12 months (1 July 2010 - 30 June 2011) the above services were accessed by recipients from Australia, England, New Zealand, Scotland, Wales, Germany, Netherlands, India, Northern Ireland, Philippines and Singapore. Interpreter services were not accessed to deliver these services.

Individuals accessing Planned Activity Groups (Day Care) were either Australian or English born. Cultural Celebrations held by Planned Activity Groups over the past 12 months included:

- Chinese Lunch
- High Tea for the Royal Wedding
- St Patrick's Day
- Shrove Tuesday
- Easter Celebrations
- Aussie Lunch
- Footy Tipping

What we know about our community



Country of Birth

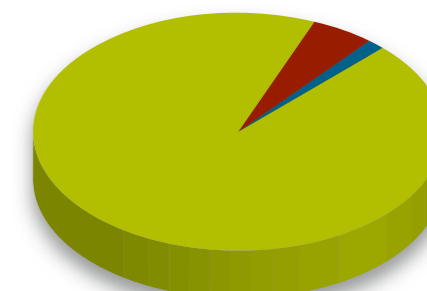
- Australia
- England
- New Zealand
- Netherlands
- Germany
- Ireland
- USA
- Other

Improving care for Aboriginal and Torres Strait Islander Patients

2006 ABS Data indicates that total population and housing information confirmed that 2,599 people permanently resided within Port Fairy.

Of these, 9 residents identified themselves as being indigenous and 88 residents did not identify indigenous status. 2,478 residents spoke English only.

To support Aboriginal health outcomes MHS is working toward collaboration with regional Aboriginal Liaison Officers and Close the Gap Project Coordinators to identify and address gaps and barriers in referral pathways for Aboriginal people in our region and to develop the capacity to deliver culturally appropriate, timely and coordinated services to Aboriginal families.



- Non-Indigenous (2502)
- No Response (88)
- Indigenous (9)

OUR GOVERNANCE - MHS BOARD OF MANAGEMENT



Geoff Youl
President

Geoff is President of the Yambuk Recreational Reserve Committee, Trustee Port Fairy Public Cemetery Trust and Vice President South West District Rifle Association. Geoff is a primary producer based in Yambuk.

Terms of appointment
01.01.00 - 30.06.13

- Board Committees**
- Executive (Chair)
 - Audit and Risk
 - Executive Remuneration and Governance
 - Murray to Moyne (A major fundraising event)



Ralph Leutton
MSc (UQ)



Charlie Blackwood
Senior Vice President

Charlie is a Partner in the Warrnambool Veterinary Clinic located in Port Fairy. President of Port Fairy Consolidated School Council.

Terms of appointment
25.11.04 - 30.06.11

- Board Committees**
- Executive



Susan Kewley
Junior Vice President

Susan is employed by Moyne Shire as the Human Resources Coordinator and has experience in public sector Governance, Strategic Planning and Policy Development.

Member of the Moyne Shire Arts & Culture Committee and member of the Port Fairy Book Club.

Terms of appointment
01.11.05 - 30.06.11

- Board Committees**
- Executive
 - Executive Remuneration & Governance Committee (Chair)
 - Marketing and Communications



Kerrie Robertson

Dip Applied Social Sciences-Welfare Studies, Assoc Dip Family Therapy

Kerrie is a Social Worker and Family Counsellor in private practice.

Terms of appointment
24.10.02 - 30.06.11

- Board Committees**
- Occupational Health and Safety
 - Governance, Quality and Risk (Chair)

OUR GOVERNANCE - MHS BOARD OF MANAGEMENT



Eda Ritchie AM

A Mus A, Grad Dip Business

Board member of Port Fairy Spring Music Festival, Melbourne University Publishing, Ian Potter Museum of Art, Hillview Quarries Pty Ltd. Trustee of the RE Ross Trust and Council Member University of Melbourne.

Terms of appointment
27.11.03 - 30.06.12

- Board Committees**
- Marketing and Communications (Chair)



David Ryan

BA, LLB

David is a Solicitor. In addition to his own legal practice, he works as a solicitor for South West Community Legal Centre and the Department of Human Services as a Disability Worker. David is a committee member with the Multicultural Development Unit of Community Connections.

Terms of appointment
01.11.95 - 30.06.13

- Board Committees**
- Governance, Quality and Risk
 - Murray to Moyne



Richard Walter AM

B Comm, M TRP (Melb), MRP (Penn)

Richard is Independent Chair of the Moyne Shire Audit Committee.

Terms of appointment
1.07.08 -30.06.11

- Board Committees**
- Audit and Risk
 - Executive Remuneration and Governance



Peter O'Keefe

Peter is the Director of Global Power Design. He was formerly Facilities Manager at South West College of TAFE. Peter's interests include Folk Festival-Construction Crew (30 years), Red Cross-Disaster Relief Plan (Water purification) and golf.

Terms of appointment
01.11.95 - 30.06.12

- Board Committees**
- Executive
 - Audit and Risk (Chair)
 - Occupational Health and Safety (Chair)

OUR GOVERNANCE

PROVIDING QUALTY, SAFE CARE - CLINICAL GOVERNANCE

“Consumers have a right to safe, high quality, evidence based healthcare, openness and honesty of communication and to be cared for in an environment that fosters shared decision making and trust between providers and consumers”

(Review of clinical governance in Victoria - Final Report May 2008, KPMG pg 23)

At Moyne Health Services we strive to provide safe, high quality health care to our consumers. We have established robust Quality and Risk systems to assist Moyne Health Services and the staff to achieve this. Our Mission Statement supports our quest to provide first-rate care:

“To provide an excellent, sustainable, holistic health care service”

The Board of Management accepts and embraces the concept of Quality Improvement and acknowledges their responsibility for ensuring an appropriate infrastructure is established to support the organisation in providing quality and safe care and service.

CLINICAL GOVERNANCE:

The system by which the governing body, managers, clinicians and staff share responsibility and accountability for the quality of care, continuously improving, minimising risks, and fostering an environment of excellence in care for consumers/patients/residents.

Australian Council on Healthcare Standards (2004)

The delivery of high quality and safe care is paramount. A variety of measures are in place to assist in achieving this.

Moyne Health Services has established a robust framework that provides a system for ensuring that we deliver safe, high quality health care. This is achieved under the following Domains of Quality and Safety:

- Consumer Participation
- Clinical Effectiveness
- An Effective Workforce
- Risk Management.

Quality and Safety issues are considered and reported on at the quality committee. Representatives from across all areas of the organisation, and the Board of Management, are involved at quality committee meetings providing a comprehensive picture of care and services. We work as a team across Moyne Health Services to monitor the quality and safety of care and services and to highlight areas where we perform well and where there are opportunities for improvement.

This year has seen a change in our quality committee structure. We sought advice through an independent review which looked at our structure and reporting systems.

As a result of the review we merged our two Quality committees (Clinical and Non-clinical) to a single, organisation wide committee. This structure has been operating for about one year and has streamlined our processes and proven more efficient through all staff being represented on the committee.

We also revised the reporting template and processes for the new committee. Reports from across the organisation are now required prior to the meeting to allow committee members to read and prepare for the meeting. This has allowed

us to use the meeting time in a more meaningful way for discussion about current issues rather than merely hearing reports from Departments.

We have recently undertaken a review of our Clinical Governance processes using the Victorian Clinical Governance Policy Framework - Organisational readiness checklist. This involved a thorough review of our policy. The systems and processes in place at MHS demonstrated compliance under all of the sections in the checklist including:

- Senior Management Commitment
- Clinical Governance Policy
- Clinical Governance - operational management
- Safety and Quality Committee
- Clinical Governance Monitoring
- Legal Considerations



Registered Nurses Maureen McCarthy and Shelley Coffey, Practising CPR skills.

CREDENTIALING

WHAT IS CREDENTIALING?

It is the formal process used to verify the qualifications, experience, and professional standing and other relevant professional attributes of clinicians for the purpose of forming a view about their competence, performance and professional suitability to provide safe, high quality healthcare services within specific organisational environments.

(Australian Council for Safety and Quality in Health Care 2004)

Credentialing of Clinical Staff at Moyne Health Services

It is important that all medical, nursing and allied health staff have the right qualifications to practise. Moyne Health Services ensures that the academic qualifications, skills and professional registration of all clinical staff is appropriate. This allows us to be confident of the employment of qualified and competent medical, nursing and allied health staff.

- Clinical staff, including medical, nursing and allied health staff must provide evidence of registration, qualifications and skills
- Doctors and Allied Health staff are appointed as contract workers
- Doctors are appointed for a period of 3 years and subsequent re-appointments are for 3 years
- The Board of Management are responsible for the appointment and credentialing of doctors.

MHS has a Consultant Medical Director who reviewed credentialing processes early in 2011 and provides ongoing support to ensure robust systems remain in place.



RN Trudi Baxter with Tammy Langdon in the Emergency Department area.

During the 2010-2011 year we had 1 new Medical Staff member go through the credentialing process.

What is Defining the Scope of Clinical Practice?

It follows on from credentialing and involves delineating the extent of an individual medical practitioner's clinical practice within a particular organisation based on the individual's credentials, competence, performance and professional suitability, and the needs and capability of the organisation to support the practitioner's scope of clinical practice.

(Royal Australian College of Surgeons 2009)

OUR PEOPLE - EXECUTIVE management



David Lee

B Nurs (QUT), M Comm (UQ)
PG Dip CSP, MAICD

Chief Executive Officer

- Appointed July, 2007.
- Responsible for the overall operation of Moyne Health Services.
- Extensive experience in the armed forces, nursing and health management.
- Member of SWARH Executive Committee, Department of Health Quality Reference Committee and Chartered Secretaries National Public Sector Governance Committee.



Dr Bruce Warton RFD

MB, BS, Hons (Monash), BHA (UNSW), FRCSEd, FRCOG, FRANZCOG, FRACMA, AFACHSM, CHE, DTM&H (JCU), Grad Dip Health and Medical Law (Melb).

Director of Medical Services

- Appointed January, 2011.
- Responsible for assisting with the development of robust credentialing and privileges and medical appointments processes.
- Bruce has extensive experience as a Director of Medical Services and in the armed forces.
- Formerly Director of Medical Services at Western District Health Service and Goulburn Valley Health.



Leigh Parker

B Bus (Acc), AFCHSE

Finance and Human Resources Manager

- Appointed May, 2008.
- Responsible for the management of finance, information technology, human resources and occupational health and safety.
- Formerly Deputy CEO of Terang and Mortlake Health Service.
- Member of the SWARH Finance Committee and the FMIS Oracle Working Group.



Fran Kinnersly

R.N. MRCNA

Director of Nursing

- Appointed February, 2005.
- Responsible for the management of nursing and clinical services.
- Member of the Royal College of Nursing and an active member of the small rural Director of Nursing Committee.
- Fran has extensive experience in acute and surgical nursing and management.
- Member Barwon South West Nursing Executive Group and Department of Health Public Sector Residential Aged Care Leadership Group.



Belinda Westlake

B App SC (HIM), MAE (Melb), FAAQHC

Health Information, Quality and Risk Manager

- Appointed October, 2002.
- Responsible for the management of health information, quality and risk programs.
- Belinda holds the position of Chair of the Barwon South West Quality Advisory Committee.
- President of the Victorian Healthcare Quality Association.
- Member VQC Patient Transfer Working-party.



Glynis Dean

RN Certificate of Peri-operative Services

Aged Care Services Manager

- Appointed May, 2011.
- Responsible for the management of residential and community aged care services.
- Extensive experience in critical care nursing and project management.



Pauline McGee

RN RM

Primary and Community Care Manager

- Appointed March, 2008.
- Responsible for the coordination of the primary and community care services.
- Pauline has a background in primary and community health sector including youth, women's health and community health education.
- Member of the South West Primary Care Partnership Executive Committee and member of Regional Alliance of mental Health Promotion.

OUR PEOPLE

KEEPING OUR STAFF KNOWLEDGE AND SKILLS UP TO DATE

It is important to us at Moyne Health Services that staff have access to current opportunities to update their skills and knowledge. This is something that can be challenging in rural areas as travel and resource limitations can sometimes limit opportunities. This year we have made excellent progress toward alleviating these issues and expanding the range of easily accessed educational opportunities.

SOLLE - SWARH Online Learning and Education

We have spent several months setting up a new Learning Management System (LMS) for our staff to complete their required competencies. This system provides us with access to valuable reporting tools to assist in managing staff training. We have set up personalised accounts for all MHS staff in the SOLLE system. There are currently 14 courses available on the system, which have been classed as mandatory or optional for staff relevant to their roles. The system has great potential to expand its content and a regional SOLLE group is being established to allow sharing of ideas and resources.

Aged Care Channel:

This year we have re-subscribed to the Aged Care broadcasting channel and purchased the library of DVDs. These programs cover a range of topics related to the care of older people, and are presented by experts in the subject. Staff can either watch the 'live' broadcasts or borrow the DVDs to further their education in a wide range of topics including; medication management, pain management, wound management, assisting residents with activities of daily living amongst many other topics. There are over 80 programs available for loan. This resource is a fantastic way for staff to achieve self-directed learning.



Nursing workshops/in-services:

We have hosted several workshops and in-service training sessions for our care staff this year including; Advanced Life Support, Basic Life Support, Frontline Management, Medication Management, Wound Management, Manual Handling, and various other subjects. These sessions aim to keep our staff up-to-date with the latest practices in both clinical and non-clinical areas so that they can provide the best care possible to both patients and residents.



STAFF SERVICE AWARDS:

The annual presentation of the Staff Service Awards was held on Friday 14th October.

Service medallions will be presented to the following staff in recognition of their dedication and commitment to Moyne Health Services. The years of service that had been achieved at 30th June 2011.

5 YEARS

- Rebecca Keane
- Trudi Baxter
- Lucy Taylor
- Melinda Pulham
- Christine Patterson
- Paula Lee
- Sandra Sproal
- Lillian Serong
- Robbie Lee
- Lyn Leddin
- Judith Chaplin
- John Kinnersly
- Rosemary Rees
- Fiona Hellier

10 YEARS

- Ann Vickery
- Michelle Arnold
- Donna Kelly
- Janet Drake
- Giro Pevitt
- Donna Todd
- Cheryl Neate
- Rachel Coffey

15 YEARS

- Shelley Coffey (Food Services)
- Robyn Harrison
- Laureen Beks
- Angela Brian

20 YEARS

- Jenny Ryan
- Susan Lane

25 YEARS

- Fran Kinnersly
- Debbie Gunn

CONTINUITY OF CARE

The Australian Council on Healthcare Standards (ACHS) defines Continuity of Care as:

“the ability to provide uninterrupted, coordinated care of services across programs, practitioners, organisations and levels over time” (2010)

Continuity of care is about:

- Providing patients, residents, clients and families with the knowledge, skills and support to have a smooth entry into, through and between different stages and settings of care.
- Providing support to patients, residents, clients to be as independent and confident as possible.

PUTTING THE PERSON AT THE CENTRE

At Moyne Health Services we are working towards enhancing the person centred approach to providing care.

Person-centred care has its focus on the person with an illness and not on the disease in the person. To achieve truly person-centred care we need to understand how the patient experiences his or her situation if we are to understand the patient's behaviours and symptoms. This requires in-depth understanding of the patient's life circumstances and preferences, combined with up-to-date evidence-based knowledge about individualised medical treatment. (*University of Gothenburg, Centre for Person-centred Care*)

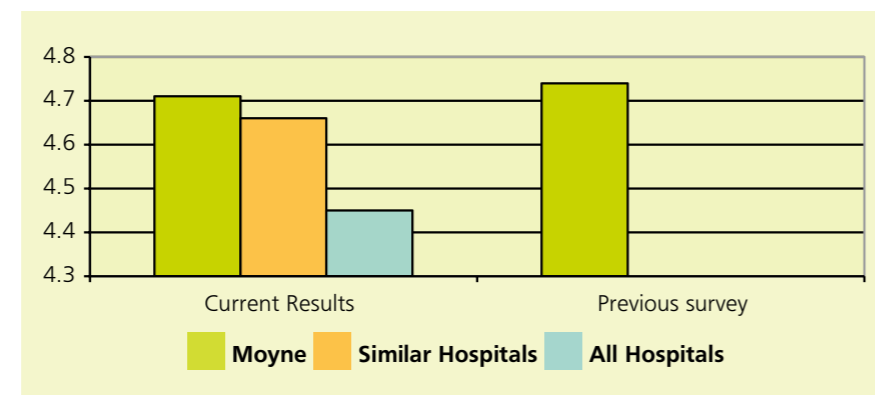
There is increasing evidence supporting this approach to achieve improvements in the care experience for care recipients. Some of the improvements identified include: decreases in mortality, reduction in rates of hospital acquired infection, reduced numbers of surgical complications, improvements in patient functional status and higher quality clinical care.

Dr Karen Luxford explains:

Internationally, studies consistently indicate the following areas are the aspects that patients value most: being treated with dignity and respect; having confidence and trust in providers; courtesy and availability of staff; continuity and transitions; coordination of care; pain management and physical comfort; respect for preferences; and emotional support.

Luxford, K. (2010) Building Quality in Health Care Vol. 4 No. 2 2010

We are focusing on many of these areas throughout the Health Service and monitor our performance through the Quality Program. The Victorian Patient Satisfaction Monitor (VPSM) assesses satisfaction with these aspects for our Hospital inpatients. Our most recent results indicate that we are performing quite well in this area. The graph below illustrates our achievements when compared with our previous results and the average for similar sized hospitals and the average for all hospitals.



EN Carol Duncan with Hospital Inpatient Joan Farley.

CONTINUITY OF CARE

MORE THAN 160 YEARS OF SERVICE TO THE PORT FAIRY COMMUNITY -

SPECTRUM OF SERVICES PROVIDED

Aged Care

Home based services

- Community Aged Care Packages (CACPs)

Our Community Aged Care Packages provide care and support services to older people residing in our community to allow them to remain living in their home in a supported environment. Moyne Health Services has 20 packages.

- Extended Aged Care in the Home (EACH)

We are also able to provide 5 EACH packages.

Residential Care

Belfast House Nursing Home

Belfast House is a purpose built 30 bed nursing home. It is considered to be an outstanding example of residential aged care and its entrance is located off Regent Street.

Moyneyana House Hostel

Moyneyana House offers 39 hostel beds, 5 respite beds and, a purpose built 8 bed dementia area. It is located facing College Street.

Primary Care

Restoration of the individual's Health and Prevention of Ill health

The Primary Care department provides allied health and medical support services in the following areas.

- Audiology Services
- Continence Consulting
- Counselling & Support services
- Diabetes Education

DURING A TYPICAL WEEK, Moyne Health Services...

- ✓ Provides over \$200,000 of health and well-being services to our Community
- ✓ Treats 46 Emergency Patients
- ✓ Discharges 9 Patients back to their home
- ✓ Provides approximately 46 patient treatment days in hospital beds (6 - 7 patients each day)
- ✓ Provides Residential Aged Care to 529 residents (76 residents per day)
- ✓ Provides 76 District Nursing Services visits
- ✓ Provides 238 Community based Aged Care client visits

- Dietetics and Nutrition
- District Nursing Service
- Occupational Therapy
- Pathology
- Physiotherapy
- Podiatry
- Radiology
- Speech Pathology
- Women's Health Clinic

Services are also provided to Community members to assist them with maintaining and improving their health, preventing ill health and the onset of chronic disease

- School Health Education programs in Port Fairy & Koroit
- WorkHealth Health Checks in workplaces throughout the south west region
- Physical Activity programs and classes: Gym, Fit Ball, Bounce Back with Babies and Strength Training in Port Fairy & Koroit

The Primary Care department works in partnership with Schools, Moyne Shire Council, South West Primary Care Partnerships and other key stakeholders to implement integrated health

promotion programs and activities. The priorities are:

- Physical Activity & Nutrition
- Mental Health & Wellbeing

Moyne Health Services offers Coordinated Care to assist Community members to achieve maximum independence compatible with abilities.

- Assessment of Needs and referral to appropriate services upon discharge from hospital
- Community Bus
- Planned Activity Groups for the elderly in the Community Day Care Centre.

Hospital Care

Restoration of the Individual's Health

- Accident and emergency
- General medicine
- Palliative care

The acute hospital services are provided in our 15 bed Acute Wing and our Outpatients / Emergency areas. These areas are accessed through the Main Entrance situated in the original Hospital building facing Villiers Street.

CONTINUITY OF CARE

PORT FAIRY PARENTING FESTIVAL

Evening session with Michael Grosse - Australia's foremost parenting 'expert'

This evening was a joint effort between Port Fairy schools, Uniting Church, Moyne Shire Council and Moyne Health Services. The aim of the festival was to provide information and tips about practical parenting in this busy age.

A supper was provided for families before parents were provided with a well-earned break for the evening with the provision of childcare on-site for the 0-5 year olds and a disco for school age children run by the Moyne Shire Youth Council at St Patrick's Hall. This allowed parents to concentrate on the key messages in Michael's presentation; build resilience, promote independence, make time for play and parenting is not black and white! It was an engaging, informative and interactive presentation.

Just under half the families attending receive the Education Maintenance allowance, the majority came from Orford and Port Fairy with others from Dennington, Warrnambool and Tasmania. Feedback from the evaluation forms showed that parents found the evening effective or very effective.

A 'Rookys Workshop' was also provided by the REACH foundation for Grade 6 students during the day. The aim of the day was to build resilience, self-esteem, leadership and assist in the transition to high school. Comments ranged from 'awesome' and 'very effective x 100' Evaluation from this showed that over 2/3 of participants rated it as 'very effective' and teachers found it to be of great benefit. This program will be repeated next year due to popular demand.



SCHOOL PROGRAM

Each year Port Fairy Consolidated School, St. Patrick's Primary School of Port Fairy and Koroit Primary School all receive ongoing health and well being program delivery within the classroom, which is delivered by Paediatric Nurse Alison McLindin.

Some of the commonly requested programs include the following:

- Personal development focussing on puberty
- Team building before school camp
- Drug and alcohol education

- Anger management and control of emotions
- Protective behaviours to improve child safety in collaboration with the Centre Against Sexual Assault (CASA) from Warrnambool.

The whole class activities utilise Australian and Victorian Government endorsed drug programs such as "Talking Tactics" and "The Big Move" and Family Planning Victoria endorsed sexual health activities.

In addition small focus groups of 5 students may be worked with to improve peers "getting along" and self confidence.

CONTINUITY OF CARE

The students really enjoy the interactive programs which promote learning.

The strength of the programs lies in introducing health and well being education, addressing common lifestyle issues with an early intervention focus, that is preparing young people in decision making and harm minimisation before they become involved in risk taking behaviours in their teenage years.

The health programs are well supported by teaching staff and align with the curriculum standards framework of the Department of Education and Early Childhood Development.

Following consultation with key teaching staff, the service has been extended within the local area. Both Hawkesdale and Woolsthorpe Primary Schools now receive personal development programs biennially.

WORK HEALTH CHECKS

The WorkHealth Health Checks program gives every Victorian employee the opportunity to receive a free and confidential health check in their workplace. The aim of the program is to increase awareness and the early identification of risk factors associated with preventable diseases such as cardiovascular disease and type 2 diabetes.

The program has continued to have a positive response over the past twelve months. Moyne Health Services Primary and Community Care Department have provided worker health checks within the surrounding four Local Government Areas of Warrnambool City, Moyne Shire, Glenelg Shire and Southern Grampians Shire covering a wide area stretching from Timboon to Casterton. A wide range of Employers have participated in the program including large companies, small businesses, large and small farms, schools and sporting clubs.

To highlight the role of health promotion in the local community and to increase

people's awareness of their health status, Moyne Health Services Primary and Community Care staff provided health checks at the local Port Fairy Farmers Market. Staff received a very welcoming and positive response at this event. Twenty seven (27) health checks were delivered to holiday makers, people on other stalls and people within the Port Fairy township and surrounding districts.

Another large event where health checks were delivered was the Sun Gold Field Days in Allansford. At this event Primary and Community Care staff completed 365 health checks over three days. The majority of health checks were delivered to our target group which was the farming population.

State-wide evidence collected thus far has demonstrated that the Health Checks Program has been a very worthwhile initiative. At a local level, Primary and Community Care staff conducting the health checks are convinced of the value of the program in raising community awareness and identifying people 'at risk'.

BETTER ACCESS TO COMMUNITY SERVICES

MHS has introduced a new role in its Primary Care Department - Intake Officer. This position provides "service access" to community clients ensuring each client is individually assessed for their needs.

What is Service Access?

Service access is a term given to a single dedicated access point to support services, regardless of the way in which contact is made with the agency. It is underpinned by a "no wrong door" philosophy. The "no wrong door philosophy" is based on a desire for better outcomes for clients by offering client-centred and integrated service practice, and processes and systems that support integrated working and client centred service delivery.

Service Access in Action - a case study

A middle aged consumer was referred to MHS community services department for help with access to a motorised scooter. No other information was provided on referral.

The Intake Officer made contact with the consumer to discuss the referral and to explore the need for a scooter. It became clear that the scooter was needed to assist mobility because both feet were very sore, it was difficult to walk and "the ankles give out". Associated concerns included putting on weight, feeling depressed and helpless to change their current situation.

Through the initial needs identification process, it was obvious that being able to walk again was a priority. MHS needed to provide support to the consumer to achieve this goal. The issue of sore feet needed to be investigated so an "urgent" referral was sent to Podiatry for assessment. The Podiatrist undertook a comprehensive foot health assessment and identified the reason for pain and restricted mobility. Orthotics and appropriate supportive footwear were recommended to reduce foot pain and assist mobility. Both recommendations were taken up by the consumer.

Six months on and the consumer is walking again, has lost weight, is walking more than 3km's to attend appointments. The Podiatrist has also noted an increase in self confidence over time. The client has also accessed additional Moyne Health Services including Social Work, Dietitian and Physiotherapy. The scooter was not needed.

CONTINUITY OF CARE

PALLIATIVE CARE - LIVING AND DYING WITH DIGNITY

Palliative and end of life care is a fundamental function of Moyne Health Services person centred care. Assisting people to not only live well, but to die well too - free from pain, in the place of their choice, with the people they wish to be present and above all, with dignity, is our goal.

Palliative care is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification, assessment and treatment of pain and other problems: physical, psychological and spiritual.

It is recognised that the needs of the palliative care or dying patient differ vastly from the general acute admissions to MHS.

Palliative Care provided at MHS aims to ensure:

- Relief from pain and suffering
- Affirms life and regards dying as a normal process
- Ensures Care is holistic, multidisciplinary and person-centred
- Care includes medical, nursing, allied health and volunteer services
- Support is provided for families and friends, including grief and bereavement support
- Individuals can make informed choices about their care including the type of care and where the care is delivered

Donations by the Heather Holcombe Foundation have provided MHS with the opportunity to provide a dedicated palliative care room and equipment to support the service to the Moyne Shire community. The donations have funded the refurbishment of a single room, with ensuite and outdoor balcony access

providing a less clinical atmosphere. MHS has purchased three Niki T34 Syringe drivers, due to generous community donations, including the Heather Holcombe Foundation and the Sheriffs family. The syringe driver provides continuous medication delivery over a 24 hour period, to assist in symptom control and pain relief to the patient. Syringe drivers are a small unit that can be carried in a pouch pocket and promote patient independence. Families and patients are provided with information about the living and dying process, and available support resources.

Advance Care Planning supports patients in communicating their wishes about their end of life. All individuals admitted to the facility have the option to participate in advanced care planning with the support of specifically trained nursing staff in managing and assisting with completing advanced care plans. Advanced Care Planning information sessions have been provided to the community with very good feedback and follow up participation by community members completing advanced care plans, ensuring they have participated in making the choices they want, whilst they are still able to make the decision.

Verbal and written feedback, thank you cards and notations of thanks in the newspapers, provide evidence of satisfaction with our Palliative Care service. MHS ensures nursing staff are provided with numerous options to attend palliative care educational opportunities such as participating in the Program of Experience in the Palliative Approach (PEPA).

THERE IS A LIGHT' - A DEMENTIA AWARENESS PROJECT

In December 2009, a submission was lodged with the Department of Health and Ageing for funding under the Dementia Community Support Grants Round 3. In May 2010, we were informed that our submission was successful and that we had been granted \$53,464.40. Outlined below is an executive summary of the submission as well as a brief project outline.

'There IS a Light' focused on helping people with dementia to maintain a sense of self; respect; dignity and continuance of life whilst encouraging an ethos of 'living in the moment'.

"There IS a Light"....aimed at raising awareness within our community about dementia. The stigma which surrounds dementia is one that alienates sufferers and their family within their communities. Our approach was to 'shift' the attitudes of 'us and them', to bring about changes toward a more inclusive environment. The development of a community survey was used to gauge peoples' thoughts, views and knowledge regarding dementia. The findings informed us of the knowledge deficits and information gathered was used towards the development of an educational resource, 'A helping hand with Dementia'. This booklet is now available to our community and is used to assist with educating youth about dementia, as well as recruitment of specific volunteers, to work with those affected by dementia.

The Hawkesdale P12 College participated in the final stage of the 'There is a light' project with residents in the Conservatory. Students in years 9 and 10, came to visit and 'chat' individually with residents developing an insight into dementia. From these visits the children created artworks that expressed conversations had with the Elders.

The involvement between Hawkesdale P12 and Moyne Health Services proved

CONTINUITY OF CARE

to be a very successful endeavour, and the school now plans to incorporate this project annually into their curriculum. The Art works will be hung and exhibited in the new space in the 'Glass Room' at the end of September, 2011.

'There is a light' project has highlighted the need to create a more inclusive to all, Leisure and Lifestyle program, helping to break down barriers which exist between people with dementia and those without, socialisation being the key to emotional and physical wellbeing. A monthly 'newspaper' called the 'Conservatory Capers' has been developed and this is now in use alongside the current Lifestyle program in Moyneyana House. This paper informs residents and family of 'house' news as well as highlighting the current season/month and all that is associated with the present time of year. It is anticipated that this newspaper will become a useful guide for staff and family, offering opportunities for conversation and reminiscence.

There has been a renovation/refurbishment of the existing 'Glass Room' in the conservatory. A 'home' of comforting colours and surrounds helps to create a sense of balance and security.

The 'Glass Room' is now a very inviting space encompassing a much more 'homely' environment. It is a place where two or three people can sit and share a cup of tea and conversation. This area now incorporates areas of 'familiar' stimulation i.e. clothes basket with washing, newspapers, magazines and books on a book shelf; activities which involve music and celebrations of Calender events. It is also anticipated that once the outdoor area is complete, people will be able to explore the garden, (picking of scented plants, weeding and growing) as well as enjoying sunshine and an outdoor environment. All of these experiences create opportunities for casual conversation around everyday life experiences.

TWEET - A SOUTH WEST COMMUNITY PROJECT

"TWEET" was a textile project, run throughout 2010, that saw hundreds of handmade birds flock to six towns in the south west, 900 hundred birds to be exact. This project was hosted by five south west organisations, Moyne Health Services being one of them. "TWEET" was inspired by a project called 'Twitter' designed and initiated by Gippsland artist Andrea Lane.

"TWEET" was a partnership involving five key hosts in the south west and facilitated by Southern Grampians/Glenelg PCP and the Moyne/Glenelg Regional Cultural Partnership through the Regional Arts Development Officer, Jo Grant.

The aim of the project was to increase awareness of the use of arts as a tool for increased social and environmental

health and wellbeing. It was hoped that involvement in the 'making' process would help to increase mental health, social inclusion and social connectedness.

There was a basic "TWEET" bird pattern with simple instructions and people were encouraged to use material off cuts or new material to sew or hand stitch the birds. Completed birds were then sent back to Moyne Health Services where Oriel Glennen, the host representative gathered and forwarded on the 'flock' to exhibit in various locations over 2011.

"TWEET" has been exhibited throughout the region and is due to 'land' here at Moyne Health Services in October 2011.

You can view the various stages of the project as well as the exhibitions, by logging on to the Regional Arts Victoria (RAV) website. www.rav.net.au



CONTINUITY OF CARE



Moyneyana House residents heading into town for an outing.

individual distances each week. The 3 month evaluation of the project showed positive results as far as the impact this project has had on social engagement for the residents, providing talking points about towns, distances, walking and for many residents reminiscing about places they had been to or lived in their life. For some residents it has improved their confidence with walking and they have increased their distances on their daily walks and are walking outside around the block for the first time. From the same period last year falls in the residence have reduced by 62.5% attributable also to other measures in place such as an exercise group and falls reference group recommendations.

Adult Activity Centre

A comprehensive review of the day centre and its services was undertaken last year. The recommendations are being implemented under the guidance of a steering committee chaired by the ASM project worker and this includes a community representative. An occupational health and safety audit was undertaken, a comprehensive Occupational Therapy audit has been done and a name change to the 'Lighthouse Lounge' has been approved.

A more comprehensive client centred assessment is being undertaken for new and existing clients using an electronic tool called the Service Coordination Tool which is widely used across community services in Victoria and this can also be used for referrals to other services such as Moyne Shire home care services and occupational therapy. It includes client consent to services and a client centred care plan. Training is currently being undertaken with day centre staff to familiarise them with the tool.

A popular swimming group is to recommence and a worker is trained in chair based exercises ensuring

working 'with' the client not 'doing for'. This involves increased collaboration and referrals between services.

Each HACC service was asked to review their current service provision and prepare an implementation plan for 12 months.

Moyne Health Services

The following is a selection of activities undertaken at Moyne Health relating to the Active Service Model.

Moyneyana Movers 'Walk around Victoria'

This idea and project was a team effort between the ASM project worker, the activity officers Robbie Lee and Oriel Glennon and physiotherapist, Robbie Webb. It was put to the residents of our low-care facility Moyneyana House that over a period of about 6 months, their weekly walking distances are measured and collated and this would be plotted on a map from town to town to 'walk' around Victoria. Approximately 25 residents volunteered and were issued with walking passports to measure their

THE ACTIVE SERVICE MODEL (ASM) AT MHS

The ASM Project commenced in October, 2010 for 12 months between the Moyne Shire (MS) and Moyne Health Services (MHS).

The Active Service Model is a quality improvement initiative of the Victorian Home and Community Care (HACC) program, a program which delivers services such as home and personal care to over 250,000 frail aged Victorians in order to assist them to remain in their home. The model is based on successful models in Western Australia and the UK where there is a shift in focus of the delivery of services to clients to a more enabling and restorative approach. All clients have the potential to make gains in their wellbeing and HACC services can assist with this. Services aim to promote independence, improve social engagement and maximise well being; an 'active ageing' philosophy. As Victoria's aged population grows in numbers services have to adapt and change in order to meet service demand. The model also focuses on clients being actively involved in making decisions and services

CONTINUITY OF CARE

participants remain active. More physical activities are planned for the group such as an adaptation of the walking group project in residential aged care.

Community Services Directory

As part of the ASM implementation plan, a community services directory was compiled for MHS staff but the demand was greater! Staff from the shire have utilised the directory, with good feedback. Services in and around the Moyne Shire are listed with contact details and website addresses, including everything from mobile hairdressers, to school contact lists and community groups. The Moyne Shire has a huge number of community groups and supports available to promote social engagement for older people.

Acute Care

The visiting physiotherapy services and the ASM project worker thought that a better way to remind and convey the exercises recommended to patients during their stay on the acute ward might be to draw and write on an erasable white board in their room. This has been successful; at last count all of the patients who had the boards up were utilising them and verbal feedback from both patients and families was very positive regarding this initiative. One of the aims is to promote activity during their stay to minimise loss of function upon their return to their home environment where they will be more active.

A Case-Study - District Nursing

A district nursing client with diabetes and short term memory loss had lost her confidence with walking outside, but used to be a very regular walker. With encouragement from the district nurse, a walk reminder was put on her calendar



Moyneyana House resident Jack Dyson shows off his woodworking skills.

and now she walks several times a week, weather permitting, increasing her distances and states she is much more confident in her walking now she has started a routine again with her blood sugars benefiting from the exercise.

Moyne Shire Council Aged and Community Services

A new broad assessment tool provides a more comprehensive assessment of a client's physical, social and emotional needs by the Community Care Assessment Officers.

Workers are having ongoing training in the delivery of services with an active service model focus. Client handbooks have been revised to incorporate the 'working with' approach. There has been a focus on the two services working more closely together with referral pathways being mapped out to improve and individualise the service delivery to clients.

'A case-study - a collaborative approach between services'

'Mary' in her 80s lives alone as her husband is in full-time care. Her assessment revealed her hobbies are gardening, knitting and jigsaw puzzles. She has a supportive family but they don't live nearby. She had major bowel surgery and required support upon returning home. Her goals were to be able to return to independently visiting her husband, to walk her dog every day, to shower independently and to finish her jigsaw. Post Acute care (through South West Healthcare) funded extra services on discharge from Moyne Health Services and the Community Care Coordinator was the contact. An OT from SWHC was organised to modify the bathroom, a Community Care Worker from the council assisted Mary to increase her confidence in her walking. Time frames were set for the goals to be achieved and they were. The jigsaw puzzle was completed and Mary returned to full independence.

CONTINUITY OF CARE

STORIES - CYRIL, TOM AND BOB

Cyril Sales and Tom Ross

Cyril Sales and Tom Ross share a dining table and general discussion over meal times. They are just a couple of ordinary gentlemen; both mild in manner and quietly spoken. But.....there is also another story they share; both men were prisoners of war, each in a different situation, both during World War Two.

Cyril Sales, a Yorkshire man, was 16 years of age when he joined the army..."I joined the army to get out of the mines, and what happened? Bloody war broke out!" Cyril laughed.

At just 13 years of age, Cyril followed his father into the Yorkshire coal mines before signing up to the army at 16. Joining the army was supposed to be a form of escape!!

It was whilst in France that he was captured by the German forces, after having only been there fighting for a few months. For the next five years Cyril was held as a prisoner of war. Although Cyril feels he was treated 'reasonably' well, he recalls being marched across three countries in sub-zero temperatures amid the bodies of dead Germans, Russians and Jews, knowing that if he fell behind or held up the convoy, he'd be quickly executed himself.

After the war was over, with two years left to serve in the army, Cyril returned to Germany to work as a driver and interpreter for an Army Major.

Eventually he moved to Australia where he worked for a removalist company and as a personnel manager for an oil company.

Cyril now lives at Moyneyana House where he maintains a busy and active life. Over Cyril's lifetime he has performed in various choirs and is now a member of the Moyneyana Choir, the 'Golden Notes'. He is a member of the Port Fairy Men's Shed, and actively participates in projects on a Wednesday morning, along with



Cyril (seated) & Tom.

other gentleman from Moyneyana House. But Cyril's biggest passion has been the re-discovery of his artistic abilities. Cyril now holds the 'unofficial title' of the Moyneyana House, 'Artist in Residence'! Cyril's paintings adorn many walls around the facility and feature in the new renovation of the 'Glass room' in the Conservatory. He has just been selected as the 'Artist of the Moment' and his work will be exhibited in the Moyne Shire offices during the month of October, 2011.

"Dear mother, I'm fit and well, spirits high", wrote Private Tom Ross during

World War Two. This is an excerpt from a copy of a letter Tom sent to his mother from one of the prisoner of war working camps around Burma, Thailand and Singapore. But plagued with dysentery and malaria, covered in ulcers and severely malnourished, Tom was far from fit and well. Tom admits there was a time when he had given up hope of seeing his mother again.

Tom Ross was born in Horsham. After turning 18, Tom's job working in a Melbourne munitions factory would have given him an exemption from the draft but he voluntarily joined the army and was

CONTINUITY OF CARE

sent to Singapore after just a few weeks of training. He says it was only a month before "the whole thing capitulated" and he was captured by the Japanese and sent to the Changi POW camp.

Sick of eating half a plate of rice a day, and with the promise of better food, Tom volunteered to join a working party where he was sent to other camps to work on the docks unloading ships and to construct the Burma Railway. Conditions for prisoners working the railway are regarded among the harshest ever endured by Allied forces. "All we wore was a loin cloth and some rubber clogs we had made ourselves" Tom said. "We slept in big rows of huts on bamboo benches. At night lice would fall down from the bamboo roof and you'd wake up and you'd be bitten all

over. We worked all day, every day for three and a half, four years. Everyone had dysentery and malaria and there were no tablets or medicine".

Tom talks of the day they heard reports from some Asian labourers of loud "boom boom" noises which he later discovered were the sounds of Atomic bombs landing on Japan. Then one morning the prisoners woke to find their camp had been deserted.

After being eventually liberated from the camp, Tom had to spend a further three months in Asia being "fattened up" to have the strength to return home. Even so, when it was time to come home Tom said he weighed less than 40 kilograms and was jaundiced from malnutrition.

On arrival home, Tom rejoined the Defence forces but this time as a cook in the Air Force where he rose to the rank of Sergeant before discharging and travelling through central Australia and taking chef positions at outback hotels.

At Moyneyana House, a humble and quiet man, is Tom, who maintains strong community relations and involvements. A member of the Port Fairy Men's Shed, Tom spends Wednesdays there with other like minded 'handy men' and enjoys the "Fry Boys" Bus outings on Fridays from the Day Centre. Tom has become quite good friends with Moyneyana House's visiting dog "Phoenix" and the pair can often be found enjoying company in Tom's room, newspaper in hand, music on and the odd 'biscuit or two' tucked away.

Bob's story

Bob is an enthusiastic participant in the Moyneyana Movers. Here is his side of the story.

'I thought I might be able to improve my walking, but I never thought I'd get to the stage I did, with the help of Robbie. She wouldn't let me give up. If she thought I was going too fast she'd get in front of me, wouldn't let me through.

I don't know how many times I kept her waiting. I couldn't get my legs started, she never took any notice of that and she kept at me. I used to walk from home to church, a long walk, but not nearly as much when I came in here. Now here I do a long walk, I think a kilometre. I enjoy it, it's not that I'm pushing myself. I'll go four times here, round the block, inside.'

'The map is really good. I was very amused the first day we did it (the walking project) and we went to Hamilton and we were finishing up and one of the ladies said 'How are we getting back?''(Much laughter).



Bob displays his walking passport standing in front on the walking map.

'You meet someone more than you would, going through the ordinary things. I meet people walking around here (Moyneyana) that, well, we go to lunch or meals and they sit on the opposite side of the dining room and you say hello to them as you go past, but you don't know them and now I meet people I normally wouldn't. One

took me to see the Welsh concert where normally I would just see her going past.'

'I don't think the destination is a worry or matters that much. I won't give it up (when the project finishes). I realise what it has done for my legs (reducing the swelling). I've walked it (the swelling) out of them.'

ENSURING QUALITY AND SAFETY

ACCREDITATION - EXTERNAL REVIEW OF QUALITY, SAFE CARE

Involvement in external accreditation programs provides the opportunity for us to have an independent review of how well we provide quality, safe care. It is an opportunity to measure safety and quality of care and services through the eyes of external experts.

At MHS we participate in a number of accreditation programs to cover the wide range of services that we offer. There are several external bodies delivering accreditation processes designed to assess the care we provide and ensure that it is safe and effective when measured against nationally set standards.

The accreditation programs involve trained, external assessors visiting our Health Service to measure the standards of care and service provided. The standards assessed span across Clinical areas including acute, aged care and primary care and non-clinical areas such as maintenance, food services, cleaning and finance.

The Australian Council on Healthcare Standards (ACHS) is the accrediting body responsible for assessing MHS as a whole. ACHS surveyors look at services across the whole organisation including: Acute Care, Residential Aged Care and Primary Care. They use the Evaluation



and Quality Improvement Program (EQuIP) standards and criteria. We also participate in the Aged Care Accreditation Program. This is provided by the Aged Care Standards and Accreditation Agency, Home and Community Care (HACC) and Department of Veterans' Affairs accreditation.

In the past year we have participated in a number of accreditation visits, the most significant being our ACHS, Organisation Wide Survey, in April 2011. We worked very hard preparing for this survey and gained an excellent result. We also had several unannounced visits from the Aged Care Standards and Accreditation Agency throughout 2010 and 2011. The detailed results are outlined in the table below:

TYPE OF ACCREDITATION	OUTCOME
Australian Council on Healthcare Standards	<p>Organisation Wide Survey April 2011</p> <p>Excellent Results with ongoing accreditation achieved</p> <p>Rating of Extensive Achievement (excellence rating) achieved in 11 of the standards (4 at the previous visit).</p> <p>Moderate achievement (a pass mark) achieved in the remaining mandatory criteria.</p>
Home and Community Care (HACC)	<p>No further contact since our</p> <ul style="list-style-type: none"> Successful review of the District Nursing Services was conducted in conjunction with the Periodic review in April 2009.
CACPs and EACH Review	<ul style="list-style-type: none"> Review scheduled for 30th November 2011 Successful review looking at CACPs and EACH standards was achieved in May 2009
Aged Care Accreditation - Belfast House Moyneyana House	<p>Accreditation successfully maintained at unannounced visits</p> <p>Aged Care Site Audit scheduled for September 2012</p>

ENSURING QUALITY AND SAFETY

YOUR SAY - COMMENTS, SUGGESTIONS, FEEDBACK, COMPLAINTS, COMPLIMENTS

Comments and complaints from consumers provide unique information about their needs and the quality of care and services that they receive. Open discussion of consumers' concerns helps us to understand potential problems and how to improve our service to our customers.

There are a number of ways to make a suggestion, share an idea or make a complaint regarding the care and services that have been received at Moyne Health Services. "Comments, Suggestions, Feedback Forms" and "Complaints Forms", are available throughout the facility. They can be found in the Acute Hospital at the Nurse's Station, at the Front Reception and in the Staff Dining Room within the Primary Care Department, in Belfast House and in Moyneyana House. Staff are happy to discuss any concerns or listen to ideas for improvement. In most cases they will record details on one of the above forms and ensure it is passed

to the appropriate manager. Consumers and their carers are encouraged to discuss any concerns about clinical care with their treating doctor.

In April 2011 our processes for dealing with feedback and complaints was assessed as part of the Australian Council of Healthcare Standards (ACHS) Organisation wide Accreditation survey. We achieved excellent results in this criterion with an "EA" (Extensive Achievement) rating. The surveyor made the following comment:

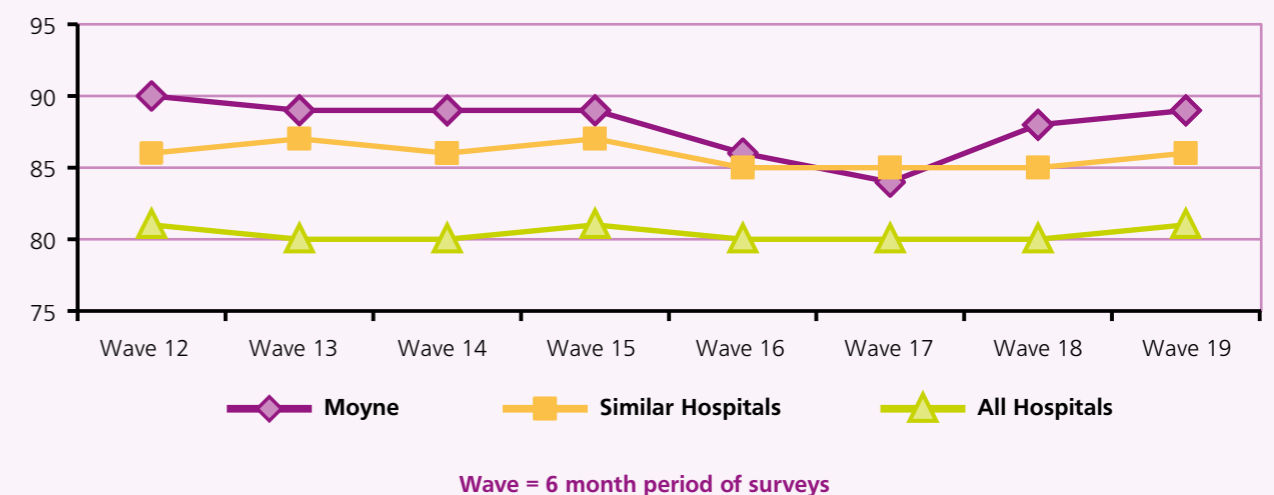
"As is the culture of the organisation, staff involved in this process have developed systems by comparing internal systems with external systems and made improvements to ensure that the organisation remains in a leading position in the management of incidents, complaints and feedback."

The 2011 annual review of our complaints management processes showed excellent compliance with expected standards of practice. Our final percentage score was 92%.

This was made up almost entirely of 5/5 and 4/5 scores. We had two staff complete the ratings this year to ensure there was no bias. Results demonstrated an improvement from last year's score of 82%

Our results in the Victorian Patient Satisfaction Monitor, a survey of Acute patients show ongoing steady improvement. The graph below shows our performance over the last 4 years in the "Complaints Management Index". It shows a clear improvement following Wave 17 (July to December 2009) with progressive improvement indicated through to the latest Wave 19 (July to Dec 2010) performance.

Complaints Management Index



ENSURING QUALITY AND SAFETY

MEASURING QUALITY AND SAFETY - VICTORIAN PATIENT SATISFACTION MONITOR

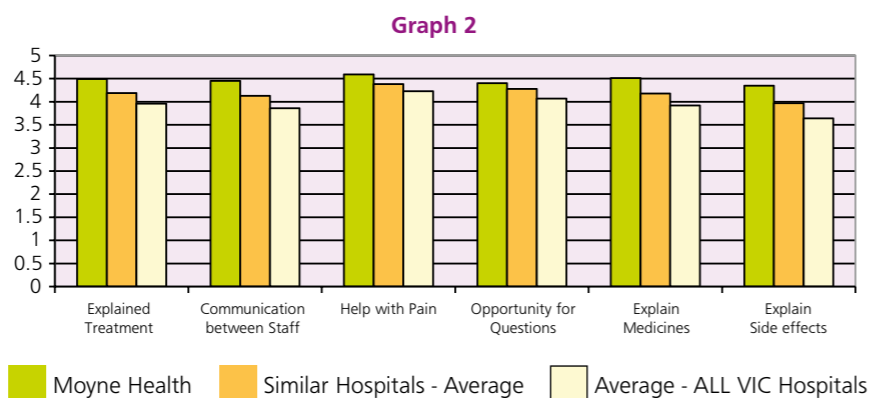
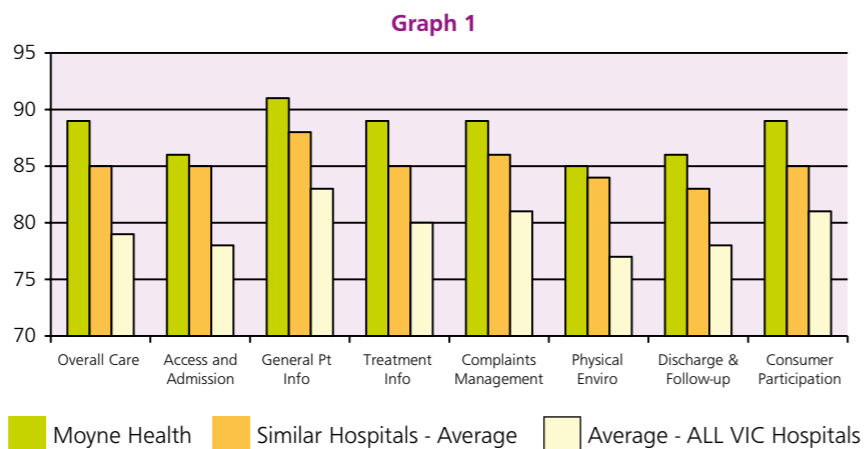
The Victorian Patient Satisfaction Monitor (VPSM) has been developed by the Department of Health to assist hospitals to improve services and patient satisfaction. A standardised questionnaire is sent to all Moyn Health Services patients if they have agreed to participate. The information is then compiled by Ultrafeedback, the company contracted by the Department of Health to collect, analyse and report the data.

At Moyn Health Services (MHS) we use this information to assist with monitoring the quality of the care and services that we provide. The information received allows us to prioritise areas for further work and also to acknowledge the areas that we are doing well and ensure the staff are aware of our successes. Graph 1, above right shows the overall feedback we receive about how we are going. These are the most recent results that we have received from Ultrafeedback and the Department of Health. The summary report states:

"Patients were very satisfied with most aspects of their stay at Moyn Health Services. The Hospital is typically performing above D Category average..."

"...the majority of patients reported that they were helped a great deal by their stay in hospital and felt that the length of time spent in hospital was about right."

MHS is doing very well in the areas relating to patient care. This is assessed through a group of questions. Graph 2, above right illustrates our performance in each question in this section. The questions have a score range between 1 and 5. MHS has scored very well with results above both the average for similar hospitals and the average for all Victorian hospitals.



Results were very good and were supported by the following comments:

"I was in a small hospital where care is very important and I feel blessed that we have such a wonderful facility."

"Everything was excellent and I couldn't have had better treatment or a better hospital."

"Nurses were attentive and caring. They were outstanding! I felt completely comfortable and confident with all nursing staff. I cannot begin to explain how fantastic they were."

The VPSM has provided us with very useful information and a great deal of detail. We will continue to use these results to identify our weaker areas and to progressively improve across all areas.

QUALITY AND SAFETY - RISK MANAGEMENT

Moyn Health Services (MHS) recognises that there are risks inherent in everything it does and it is our organisation's policy to achieve "best practice" in identifying and controlling all the risks to which it may be exposed.

MHS has adopted a Risk Management Framework based on AS/NZ ISO 31000:2009 Risk Management Standard to ensure that there is a systematic process to identify, analyse, assess, manage and monitor risk.

The Board of Management is responsible for approving and reviewing on an annual basis the overall risk management strategy. To assist the Board in this responsibility, it delegates oversight of risk to the Board's Audit and Risk Committee.

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'Risk Management is coordinated activities to direct and control an organisation with regard to risk.'

(AS/NZ ISO 31000:2009)



EN Vicki Lovell processes equipment in the newly refurbished CSSD - Central Sterilising Supply Department.

MHS accepts that risk management is a function designed to assist the organisation to achieve its strategic and operational objectives and provide for:

- Appropriate risk taking;
- An effective framework for the management of risk across MHS;
- Protection against incidents causing personal injury and property damage;
- Development of risk management and treatment control plans to reduce or control foreseen or unexpected costs;
- An ability to respond to risk in a timely manner;
- Sound insurance management; and
- Protection of assets from planned or unplanned events.

The last year has seen some significant achievements in Risk Management. These include:

- Achieving an "EA" (Extensive Achievement) rating for Risk Management from our Organisation wide Australian Council on Healthcare Standards Accreditation Survey.

- Enhancing reporting and accountability processes through the Audit and Risk Committee to the Board of Management
- Improved documentation for the ongoing monitoring and review of Risks on the Risk Register.

SAFE MEDICATION MANAGEMENT ACROSS MHS

Medicines are the most common treatment used in health care. Because they are so commonly used, medicines are associated with a higher incidence of errors and adverse events than other healthcare interventions (34%)

Up to 70% of all patient admissions to acute care at MHS are taking more than 6 medications per day which the evidence suggests can result in a higher risk for errors to occur. The more medications the patient is prescribed, in a given 24 hour period, the increased risk of a medication error occurring.

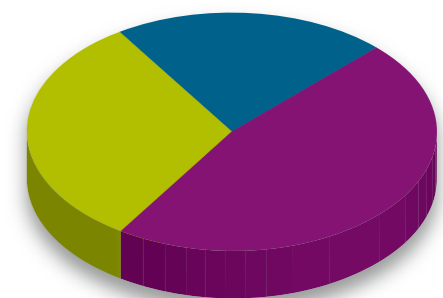
Medication administration is a multidisciplinary process, beginning when the medical practitioner decides to prescribe medication, continuing with the writing of the medication chart and the dispensing of the medication from the pharmacy, and ending with the preparation and administration of the medication to the patient. Errors may occur if a breakdown occurs at any stage in the process.

Most medication administration related errors at MHS are:

- Signature omissions - the medication was given but not signed for.
- Omitted dose - medication missed or not administered at the due time. Omitted doses often occur when the medication is due for administration at staff handover time (1400hrs).
- Documentation calculation error - incorrect totalling (miscount) of the dangerous drug register (remaining stock) and transcribing errors from one page to the next.

Most signature omissions are due to distractions while on medication or drug rounds. Interruption and potential distraction which may remove staff attention from the job at hand, such as answering the telephone for general enquiries after hours, attending outpatient/emergency presentations, is often a sighted reason as to why medications are omitted. Repetitive task, which can create a false sense of security, is also a contributing factor resulting in medication errors.

Checking of all charts at the end of each shift ensures that all medications are given and signed for.



- **Signature Omissions (22)**
(Medication given but not signed for)
- **Medication Omission (15)**
(Medication not given at due time. Most common time omission 1400hrs)
- **Other (10)**
(Documentation discrepancies; equipment malfunction)

Reducing Errors at MHS

MHS utilises a system approach to managing medications errors and reducing the risk of errors occurring. MHS considers error in terms of building defensive barriers around the known fact that humans are fallible and mistakes will happen. MHS encourages error reporting and continually seeks to improve our defence barrier response to identified problems. When adverse events occur, the response is to determine what part of the barrier failed and why, rather than seeking someone to blame.

ENSURING QUALITY and SAFETY

MHS promotes safe, effective and appropriate medication use and promotes organisational accountability and responsibility in the safe administration of medications. MHS utilises the standardised National Inpatient Medication Chart and audit systems which ensure consistency for safe prescribing, administration and supply of medicines throughout the medication management cycle and assists to improve the critical process of communication of the prescriber's intentions.

MHS has employed the national recommendations for user-applied labelling of injectable medicines, fluids and lines. This ensures that the correct medication is administered via the correct route. Premixed solutions containing potassium (high risk medication) are utilised to reduce the risk of dosage error.

All Registered and Enrolled Nursing staff qualified to administer medications must successfully complete an annual medication competency assessment in order to be able to administer medications at MHS, and participate in mandatory online medication assessments and face to face contact theory sessions annually.

All oral dispensing syringes are a different colour orange to the syringes that administer medications via injection. All oral syringes are clearly labelled 'oral' and these syringes cannot be connected to needles, catheters or ports. This process prevents oral medicines being drawn up into syringes by mistake and thus eliminates the risk for oral medications being given via the incorrect route.

In the Residential Aged Care areas we have introduced a Registered Nurse portfolio providing a resource person for the staff. This person also monitors our performance through audits on Medication Charts and provides education to staff about specific issues such as medication expiry dates.

Our local Pharmacy (McLeans), assist by conducting audits on randomly selected Medication Charts assessing quality and safety issues. We also provide Education sessions on specific areas of Medication Management such as Pain management and Diabetes.

Policies, procedures and/or protocols are in place and are consistent with legislative requirements, state and national regulations and professional guidelines. There is a system in place to verify that the clinical workforce have medication credentials appropriate to their scope of practice.

As a result of these measures, our reported medication incident numbers have had a gradual decline over the last 12 months.

INTRODUCING ELECTRONIC MEDICATION MANAGEMENT: A GREATER, SAFER SYSTEM!

At Moyne Health Services we commenced an ambitious project to develop an Electronic Medication Management System integrated with our Electronic Clinical Record (Trakcare). This system would enhance patient safety with safer prescribing, enhanced administration processes and documentation and be fully integrated within our patient unit record.

The project was a joint undertaking with SWARH (South West Alliance of Rural Health), our IT Provider InterSystems and Moyne Health Services (MHS).

A detailed project plan was developed. Multiple staff including nursing staff, doctors, pharmacists, health information and SWARH IT staff were involved in the project. The needs of different sized facilities with different casemix were considered through input from other Health Services in the SWARH alliance. Many mornings were spent glued to the online meeting screen or in video-conferences discussing changes and new inclusions to the system.

Eventually we had a system to consider and testing began. It didn't go well; back to the drawing board and more hard work. A new, improved version emerged with most issues resolved and some enhancements. We were now significantly outside the timelines that were initially established, however everyone agreed that patient safety was paramount and we were not going to proceed with a system unless we were confident that our patients' safety would not be compromised.

The System pilot went "live" in the acute ward, a 15 bed acute ward treating medical patients, on the 1st March 2011. Our typical patient demographic is of older patients with complex medical conditions requiring a number of medications - an ideal sample for testing the system.

The pilot was completed at MHS but has not progressed any further. There are concerns about the time taken for the medication process and the safety concerns that this raises. MHS agreed that further enhancement is needed before the system is fully introduced.

FALLS MANAGEMENT AT MOYNE HEALTH SERVICES

Falls are a common problem for older people and people at home as well as in hospitals and residential care settings. Moyne Health Services (MHS) remains committed to the prevention, harm minimisation and management of falls. Research evidence indicates that interventions to minimise falls risk can reduce the risk of falling and fall-related injuries in people assessed as having a high risk of falling. Initiatives at MHS include all patients and residents undergoing a comprehensive Falls Risk Assessment upon admission and timely follow up assessments are conducted for longer term patients and residents.

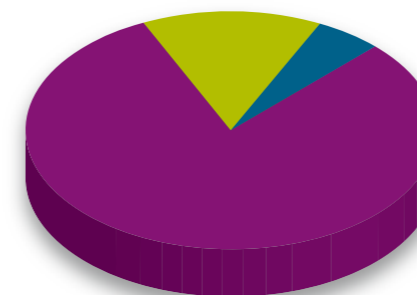
ENSURING QUALITY and SAFETY

Falls are reported and facts about the fall are documented in our "Riskman" incident reporting program. To ensure consistency we use one falls definition across the Organisation. It is a definition developed by the World Health Organisation and is a recommendation by the Department of Health:

'An event, which results in a person coming to rest inadvertently on the ground or other lower level' - World Health Organisation

The disadvantage of using such a general definition is that occasions when a resident or patient is on the floor but cannot explain how or why they are there. This is counted as an incident. As a result we often find that the statistics relating to incidents that resulted in an injury are often more valuable and better reflect the "true" falls numbers. The injuries that may be reported cover a very broad range from a small skin tear to a fracture. As the graph below demonstrates in the last three months of the financial year there were 41 falls reported but of these only eight resulted in any form of injury and only 2 injuries were serious, resulting in a fracture.

Falls at MHS April to June 2011



- No Injuries (33)
- Skin Tear/Bruise (6)
- Fracture (2)

While we would always like to see less falls reported in total it is always our objective to minimise the severity of the fall and any subsequent injuries.

The relatively low number of injuries is reassuring and we will endeavour to continue to work to reduce this further.

Falls risk factors are characteristics or behaviours that make it more likely that a patient/resident will fall. Falls risk factors can broadly be considered as:

Personal (intrinsic) risk factors relate to health problems that increase the patient/resident's risk of falling.

Environmental (extrinsic) risk factors relate to hazards in the environment that increase the patient/resident's risk of falling (eg bed brakes not locked). These risk factors have been subdivided into:

- Individual environmental** risk factors - related to hazards in the patient/resident's immediate area
- General environmental** risk factors - related to hazards that are outside the patient/resident's immediate area, but in places where the patient/resident goes at times (eg corridors, therapy areas).

The interaction between the individual and their environment can be considered a third type of risk factor - also called **behavioural** risk factors. The nature of the activities performed (how difficult or tiring they are) and the way patient/residents perform them (safely or not) will influence their risk of falling. *Victorian Quality Council.*

Physiotherapist's Role in Falls Prevention

As we all grow older, changes occur to the human body that can increase the risk and consequences of a fall. Deterioration in vision, muscle strength, vestibular (inner ear) function and cognition can increase the risk of a fall, while decreased bone density can increase the severity of injuries sustained by a fall.

Physiotherapists have an important role in minimising the occurrence of falls by identifying factors that may contribute to a fall and implementing strategies to prevent falls. Strategies may include prescribing exercises to improve muscle strength and balance reactions, prescribing a gait aid (walking stick or wheelie walker) to compensate for any balance deficit, or altering the home environment to remove any hazards. Many falls are also behaviour related, so it is important for individuals to be aware of their capabilities and limitations.

Falls are a particular challenge in residential aged care facilities where age related risk factors are inevitable. Our physiotherapist visits all residents in Moyneyana House and Belfast House shortly after their admission to assess their balance and mobility. A care plan is then put in place outlining how much assistance these new residents require with their mobility tasks. Residents are encouraged to do as much as they can for themselves in order to maximise their physical abilities, but staff are available to assist in cases where safety would otherwise be compromised. Equipment such as lifting machines are utilised when required. Each resident is reviewed at least every six months where this assessment process is repeated so that the plan can be updated if any change is detected. This care plan also includes an exercise program that the resident may perform to improve their balance capability.

While we strive for zero falls, it is not realistic for any health service to expect to achieve this perfect record over a long period of time. However, it is more realistic to attempt to eliminate the potential of recurrent falls occurring via a consistent mechanism. A new process was put in place earlier this year to assist in achieving this goal. The physiotherapist is now notified of every fall that occurs in Residential Aged Care Services so that the cause of the fall can be identified and

ENSURING QUALITY and SAFETY

changes made to remove the causative factors where possible. At this stage, the main issue that is limiting our success in achieving this goal relates to residents who lack an understanding of their physical limitations and attempt tasks outside their capability.

In Moyneyana House, a lower limb strength and balance exercise class is conducted on a weekly basis. This targets each muscle group in the lower limbs and also aims to challenge the residents' balance. Residents are also encouraged to walk for exercise, and have recently been motivated by a "Walk around Victoria" program where their cumulative distance was plotted on a map. This theme was then tied into their weekly "Friendship Group" where residents discussed the towns and other destinations that they had theoretically reached along the way.

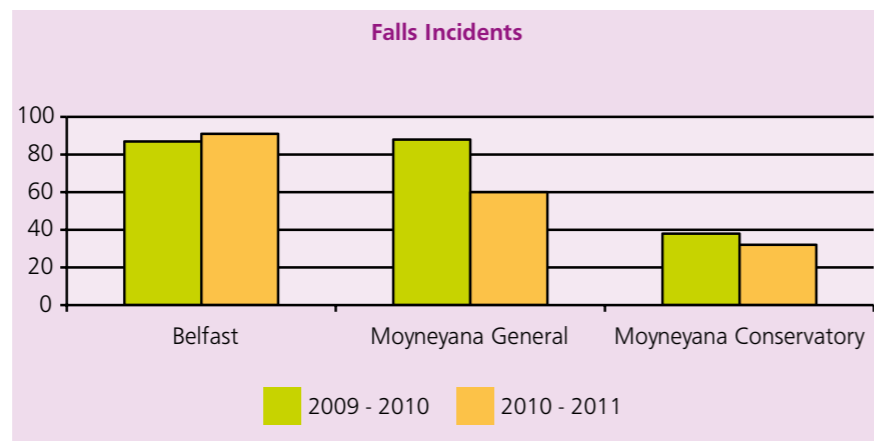
For residents in the community, an outpatient physiotherapy service is available to those eligible for HACC (home and community care) funding. This includes people who are elderly, frail, have a disability or care for somebody with a disability. This service also involves an assessment to identify factors that may increase the risk of a fall and strategies to address these factors. If appropriate, a referral may be made for individuals to attend the community gym where they can have access to equipment to help improve their limb strength and balance, in a group environment.

Progress with Falls Management in Residential Aged Care

Our falls management program is focussed on minimising the number of falls and also the injuries that result from falls. There are many strategies in place to assist us to achieve this and we have been able to maintain a low level of injuries resulting from falls the most common being skin tears, or small cuts that may

require a bandaid. We compare our performance in this area with other aged care facilities across Australia. Our results have consistently shown that we have less falls than average and less injuries than average. We have maintained these results for a number of years.

The graph below shows our falls incidents for the past two years. It is important to note that a number of things are classified as a fall. This may include when someone is found sitting on the floor or unintentionally moves to a lower position. This sometimes means that there are "extra" incidents counted and some occurrences were not actually a fall.



To assist in reducing the severity of these incidents floor line beds are provided for high falls risk residents. The recent acquisition of three new floor line beds in Belfast House has allowed us to accommodate 80% of residents at risk of falling, in these beds.

We continue to review our care plans and falls risk assessments to ensure all appropriate preventative measures are in place. We also work with our Physio to educate Staff and Residents regarding falls management. Residents' mobility is promoted through various programs such as the "Moyneyana Movers", walking group and the Walk around Victoria ref pg 25.

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MANAGING INFECTIONS

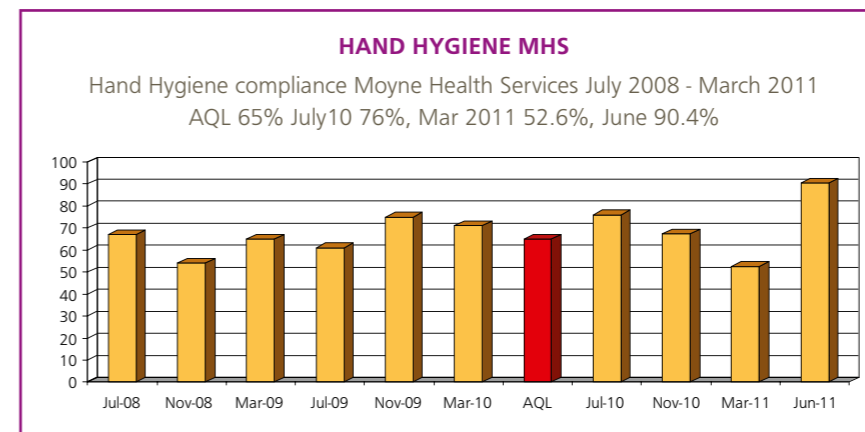
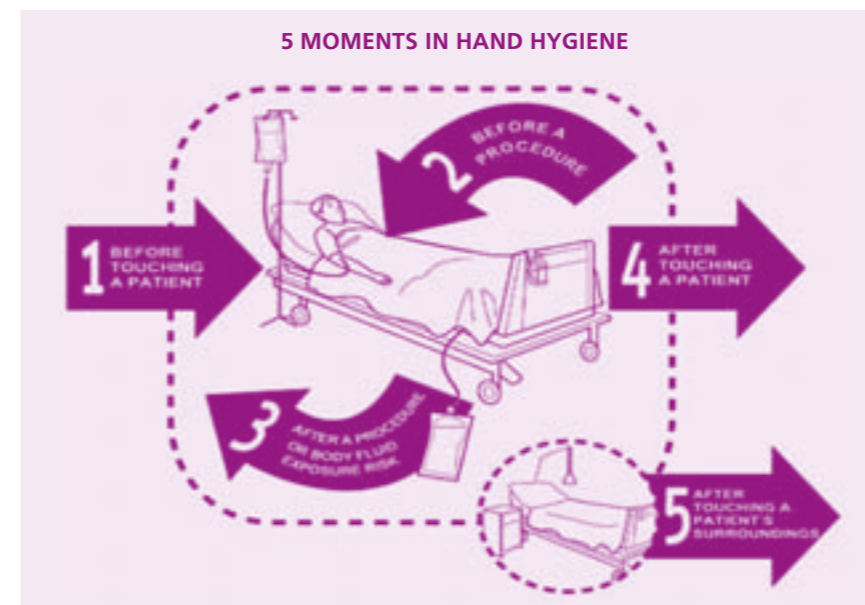
Hand Hygiene

Hand Hygiene compliance continues to be confirmed as the single most important practice in reducing infection transmission in health care facilities. Compliance with the 5 moments in hand hygiene is now an expected practice by all health care professionals in all departments at Moyne Health Services.

MHS continually monitors current staff practices and raises hand hygiene awareness amongst staff to improve compliance. This year education has been provided to volunteers as well as all staff members and clients.

Online Hand Hygiene education has been provided to all staff members, an annual requirement. A friendly competition amongst departments has been introduced this year to continue to encourage participation and reduce non-compliance. The first department to all complete the online training will win the 'Gold Hand Award'.

Hand hygiene audits conducted by external assessors from Infection Prevention Services (Barwon South West Infection Control consultants), are completed quarterly and reported to the Department of Health. Unfortunately this year MHS demonstrated an initial decline in compliance outcomes. As



the year advanced, constant education and promotion of the "5 moments" has resulted in a significant improvement. The most recent audit outcome, during June 2011, achieved 90.4% compliance. This is the highest outcome achieved to date at MHS. This is displayed in the graph below. *NOTE: AQL = Acceptable Quality Level.*

Central Sterilising Service Department (CSSD)

The Sterilisation Department has undergone a major overhaul this year. Whilst infection control principles were maintained previously, major renovations have seen enhancements with this area, expanding from a very compact environment to an area with 3 segregated rooms. The expansion has provided staff with easily identifiable working areas for cleaning, wrapping and sterile equipment. This new environment certainly assists in reducing the risk of infection transmission and promotes safer practices for MHS.

Renovations, updated practices and policy reviews have combined to assist in ensuring Infection Control and Sterilisation Standards are maintained for safe service delivery to all clientele of MHS.

Rainwater

Moyne Health Services endeavours to provide clients, staff, residents and patients with safe clean rain water. Extensive research, monitoring and upgrades have been implemented this year to ensure water consumed is free of illnesses such as Legionella. The process has involved an in-depth review, with interaction and discussions between numerous different departments, both within and external to MHS, including water specialists groups and the Department of Health. The outcome ensures the safest measures and monitoring processes are implemented and maintained, as well as to provide more efficient water usage across the

ENSURING QUALITY and SAFETY

facility and to protect against the risk of infection transmission or illness from rainwater outlets.

Infection Control

MHS Infection control practices are focussed on effective infection prevention and control measures. These are achieved by monitoring infection rates and types across all departments, and reviewing current practices to ensure effective and consistent procedures are in place to reduce the risk of infection transmission.

Influenza continues to be a significant concern, with the Pandemic phase continuing to be in the ALERT phase. The key element of the ALERT phase is heightened vigilance for a new influenza virus, or a change in a current circulating influenza virus. The World Health Organisation's recommendation is to continue ongoing vigilance in the early post-pandemic period. At MHS, we continue to assess and review practices and policies to ensure all clientele and staff are at reduced risk of acquiring influenza. Initiatives such as promotion and provision of the influenza vaccination to all staff, residents and patients are in place. The uptake of the Influenza vaccination amongst health care professionals is reportable to VICNISS Healthcare Associated Infection Surveillance and passed on to the Department of Health. This year 46% of staff had the vaccination.

Pertussis (whooping cough) has been prevalent in our community with increased numbers confirmed by the Department of Health. In response increased awareness and education sessions have been provided. This year MHS has included the vaccine as a part of the staff vaccination program.

Our vulnerable aged care residents are at high risk of developing infections as a result of living in large communal environments. For this reason, monitoring types and rates of infection is vital in the prevention of unnecessary illnesses. Continual monitoring of our infections in Belfast House and Moyneyana House ensures our practices are effective in providing the necessary barriers to infections. The graph indicates our pleasing results as compared with the average in other Aged Care facilities.

Over the year the Health Service has treated some cases of infectious diseases that are reportable to the Department of Health. They include Measles, Pertussis, MRSA (Methicillin Resistant Staphylococcus Aureus) and Clostridium Difficile (a bacteria that causes diarrhoea and gastroenteritis).

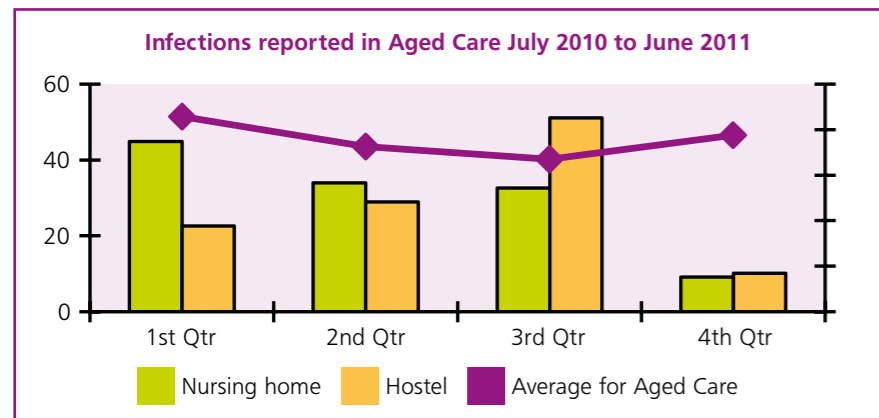
Education, reviews and raising the awareness with staff, have been effective in significantly reducing the number of occupational exposures.



FOOD SAFETY

Fresh, healthy, nourishing and appetising food is an essential part of caring for hospital patients, aged care residents and community. In addition to quality, budget is also an important consideration for the food services department at Moyne Health Services. Over the past 12 months food services has developed a new version of the Food Safety Program which ensures a systematic approach is taken to the identification and management of the risk associated with preparing and handling of food. The implementation of our food safety program identifies, evaluates and controls hazards which are significant to food safety and food quality across all food operations from purchase and receipt of incoming goods to serving of food to our residents, patients, and community.

Moyne Health Services' Auxiliaries are committed to fund raising which enables them to provide new equipment. Food



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services received funds from "Friends of Moyneyana Committee" to purchase a Rational Combi oven which is a valuable piece of equipment to our services. The self cooking centre liberates the chef from the routine daily cooking chores, all that is required is to select the food to be cooked and define the result. The self cooking centre automatically detects the food specific requirements, the size of the food to be cooked and the loaded quantity. Cooking time, temperature and the ideal cooking climate is all taken care of.

During the past 12 months the kitchen infrastructure has had a major works involving all walls and ceiling repainted, new stainless steel working benches installed and an innovative adjustable working bench that moves up or down with a press of a button. This bench is situated next to the stoves making it easier for cooks to move the cooking pots across from stove to bench, eliminating manual lifting. Cooks can adjust the bench to their height level to make it comfortable to work on.

The store room where all our dry goods are stored has been refitted with new MetroMax Q storage systems which are quick to assemble. Polymer shelf mats lift off the shelf frame for easier cleaning and fit easily into a dishwasher, also inhibit stains and odour causing bacterial growth.

A chill blaster also was purchased to improve the process of the cooling down of cooked foods. This enables us to be compliant with the food safety program. The chill blaster cools cooked foods from a temperature of 85 Celsius to 4 Celsius

in time frame of 2 hours giving extended shelf life to cooked foods and slowing down the growth of bacteria during cooling time period. These processes ensure safe food and ensure quality to our residents, patients and our community.

ENVIRONMENTAL SERVICES CLEANING OUTCOMES AND AUDITS

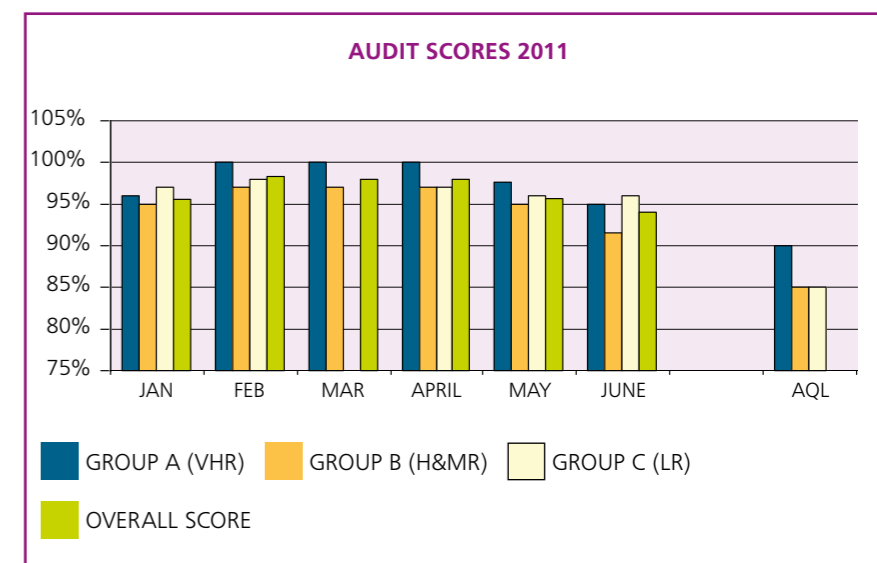
The Environmental Service Department has been involved with numerous reviews and changes in practices during this financial year. Practices have been re-designed for the implementation of new cleaning equipment and procedures that are more user friendly and environmentally safe, whilst ensuring that high cleaning standards and infection control requirements are maintained.

Changes include: purchase of a new steam cleaner (for tiles, carpets, curtains etc), trial of Microfibre cleaning products and system within the acute ward and the introduction of cleaning matrix's across all departments. The Microfibre cleaning system has proven to be an effective cleaning process that has continued to deliver high cleaning audit outcomes.

Cleaning matrix's were constructed with consideration to the infection control guidelines and Victorian cleaning standards. The aim of the matrix is to ensure cleaning practices are consistently delivered and maintained in all departments. These alterations have been supported and well maintained by all staff and are proving to be effective improvements for the staff, patients and residents. This is evident by the monthly internal Cogent Cleaning Audit and the external 4 monthly Infection Prevention Australia Audit Outcomes.

NOTE: Cogent Cleaning Audits are supplied by Cogent Audit Systems and used widely to report on cleaning within Victorian Public Hospitals.

Monthly cogent audits are performed and there are expected Acceptable Quality Levels that we must achieve. VHR (Very High Risk areas), H & MR (High to Moderate Risk Areas), LR (Low Risk) are all assessed through these audits. Our results are illustrated in the graph below.



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ENHANCING PRESSURE AREA PREVENTION

Pressure ulcers are a largely preventable adverse outcome of a healthcare admission. Victoria's state-wide prevalence of pressure ulcers was found to be 17.6% acquired for all hospital admissions (VQC 2009).

Both staff and patients have a role to play in the prevention of pressure ulcers. Patients are increasingly encouraged to be more involved in their own care. Making informed choices and taking responsibility for their health, with the support of specific, customer focussed information.

A pressure ulcer is an area of skin that has been damaged due to unrelieved and prolonged pressure. Pressure ulcers are usually found on bony parts of the body, but can occur almost anywhere that pressure has been applied for a period of time.

The Victorian Quality Council developed 'Move, Move, Move' and 'Preventing Pressure Ulcers - an information booklet for patients' to improve consumer understanding of pressure ulcer prevention and management. This information is provided in the admission pack given to every patient and resident admitted to Moyne Health Services.



Moyneyana House residents on their morning walk.

Preventing Pressure Ulcers

What can you do?

✓ MOVE, MOVE, MOVE

The best thing you can do is relieve the pressure by keeping active, and changing your position frequently, whether you are lying in bed or sitting in a chair. If you are unable to move yourself, the staff will help to change your position regularly. Special equipment such as air mattresses, cushions and booties may be used to reduce the pressure in particular places.

✓ LOOK AFTER YOUR SKIN

Keep your skin and bedding dry. Let staff know if your clothes or bedding are damp. Tell staff if you have any tenderness or soreness over a bony area or if you notice any reddened, blistered or broken skin. Avoid massaging your skin over bony parts of the body. Use a mild soap and moisturize dry skin.

✓ EAT A BALANCED DIET

Want to know more?

Ask your nurse or healthcare professional.

*Department of Human Services, Victoria
Victorian Quality Council*

MHS participates in the 'Pressure Ulcer Basics' online training conducted by the Victorian Quality Council. Staff complete the online pressure ulcer training packages through our SOLLE online education program.

On admission to MHS, all patients and residents are thoroughly assessed to determine their risk of developing a pressure ulcer during their stay. Where there is a higher risk, more preventative measures can be taken by the nursing staff to improve outcomes and reduce pressure ulcers.

Nursing staff use a range of special equipment to help reduce the pressure ulcer risk such as: air or dynamic high density mattresses, pressure relieving cushions and heel wedges. Patients and residents are encouraged to keep as active as their condition allows, and are encouraged to have regular position changes whilst in bed.

MHS Acute services had one confirmed pressure ulcer (August 2010) in the last 12 months. This pressure ulcer was stage 1 (a reddened area), it was found during the admission assessment and had been acquired whilst the patient was at home. Nursing initiatives to treat this included use of air mattress and heel wedges; physio and regular position changes in bed. This resulted in the reddened area resolving and prevention of a more severe pressure ulcer from having developed.

MHS have established a wound management team in Belfast House. This Team provides support and information on wound care and pressure area prevention care to staff. The team are also continually looking at equipment and innovations to alleviate pressure areas to our Residents.

As a member of the Quality Performance Systems benchmarking program, we compare our performance in Pressure Ulcer management with other similar

ENSURING QUALITY and SAFETY

facilities across Australia. We are proud to have achieved the best result (equal first) across all facilities and have maintained this result for several years.

BLOOD MANAGEMENT - THE GIFT OF LIFE

Patient blood management encompasses safe practice for the use of blood for a patient. It is individualised care, which has the patient safety at the centre, with careful attention to correct detail and procedures, the aim being better treatment outcomes.

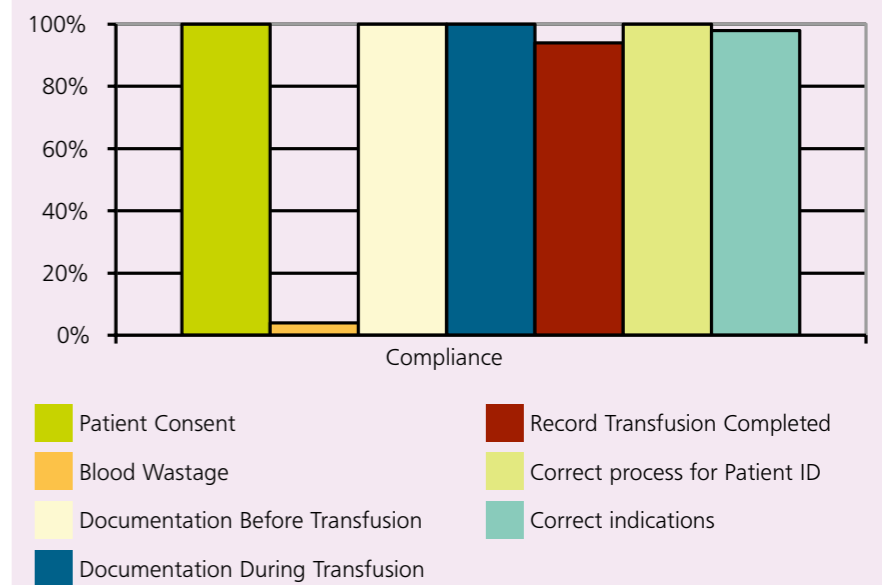
Moyne Health Services (MHS) monitors compliance with processes when managing blood products and has systems in place to ensure errors do not occur. Quality in the clinical use of blood components involves administering the right quantity of the right component in the right way at the right time to the right patients, with adequate documentation of both process and outcomes. MHS monitors these aspects of blood transfusion management and reports results through the ACHS clinical indicator program.

All Registered Nurses, prior to participating in any part of the blood transfusion process must successfully complete the national education program 'Blood Safe e-learning' developed by clinical experts in the area of transfusion.

MHS provided 43 blood transfusions in a 12 month period (July 2010 June 2011), with Nil (0) transfusion incidents occurring.

Data collection and monitoring of the transfusion process at MHS uses consistent clinical indicators for accreditation purposes at state and national levels. Some of the clinical indicators monitored include:

- Clinical and laboratory indications for transfusion
- Appropriate patient identification prior and during transfusion



- Reporting of adverse events
 - Pre-transfusion testing; observation and identity checks and post transfusion observation
 - Blood wastage (units unable to be transfused)
- Audit results when measured against the "Better, Safer, Transfusions" criteria are illustrated in the graph above.

LIMITED ADVERSE OCCURRENCE SCREENING (LAOS) PROGRAM

What is LAOS?

LAOS promotes the detection, monitoring, prevention and early management of adverse events in Victoria's small rural hospitals. In small rural hospitals GPs working as Visiting Medical Officers (VMOs) admit patients, provide acute services, and participate in after-hours care. LAOS provides small rural hospitals and VMOs with the resources to participate in confidential peer review, which promotes discussion of adverse events and offers recommendations for improved clinical care.

Moyne Health Services (MHS) has participated in the Otway Division of General Practice LAOS program for the past eight years. The LAOS program provides an important aspect of our clinical and more specifically, medical quality program. Recommendations received through the LAOS are discussed at our Visiting Medical Officers (VMOs) meeting where doctors, nursing staff and management can consider each recommendation and make decisions about the relevance to Moyne Health Services. They are also considered at our Governance, Quality and Risk meetings.

Effective from July 1, 2009 the LAOS selection criteria changed to;

1. Patient death
2. Unplanned return to theatre within seven days
3. Unplanned readmission within 35 days of discharge
4. Transfer to another health service
5. Patient lengths of stay greater than 35 days, and

De-identified records of patient meeting these criteria are photocopied and sent to the Division of GP's for review.

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During the 10/11 financial year across rural Victoria 71 small rural hospitals sent a total of 1401 records to be reviewed through the LAOS program. 68 adverse events and 77 learning opportunities were highlighted by the GP reviewers and a total of 63 recommendations were finalised, distributed and posted on the LAOS website.

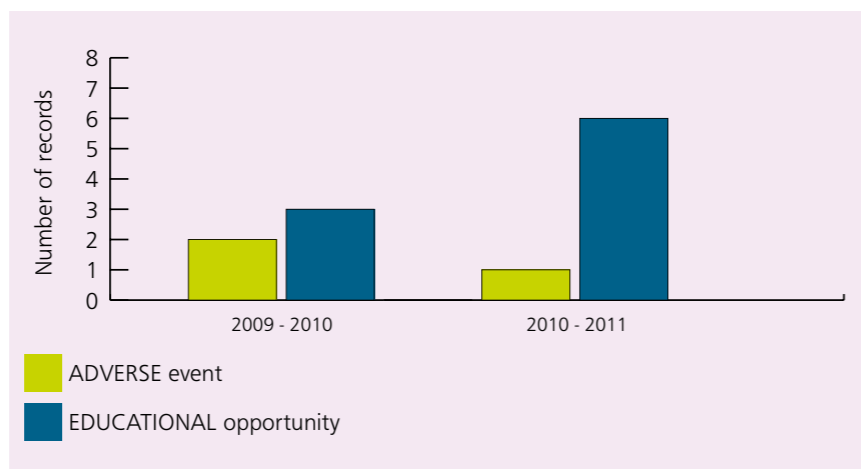
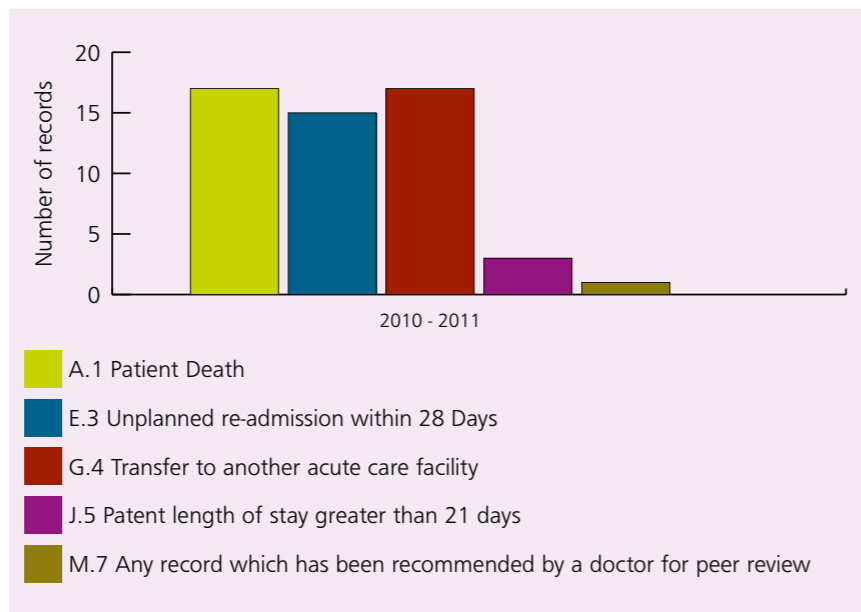
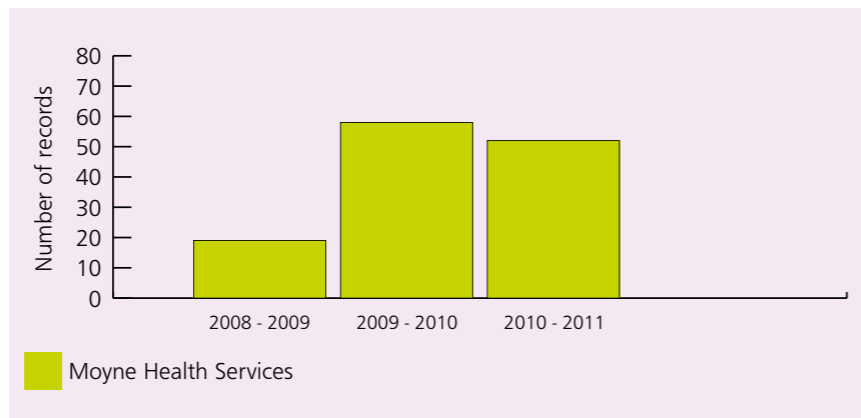
Of the six selection criteria "transfer to another health service" selects the most records across the state followed by "unplanned re-admission within 28 days" and then "patient death".

Reports based on common themes emerging from pooled reference panel recommendations are presented to the Department of Health's Sentinel Events Review subcommittee of the Clinical Risk Management Reference Group.

The graph illustrates the records from Moyne Health Services, included in the LAOS Program for the past 3 financial years.

During the 10/11 financial year 53 records were received from Moyne Health Services

- 17 records of these records were from the screening criteria "patient death"
- 17 from the criteria "transfer to another acute care facility"
- 15 from the criteria "unplanned re-admission within 28 days"
- 1 record was flagged as containing adverse events and
- 6 records were flagged as containing learning opportunities



ENSURING QUALITY and SAFETY

ADVANCES IN CLINICAL PRACTICE - KEEPING US UP TO DATE

During the year, our acute ward was provided with the ability to enhance the patient experience by the introduction of new practices. Following an incident, we reviewed our management of people presenting with chest pain. A Chest Pain protocol specifically suited to our facility and capabilities was established with the assistance of Dr Tim Baker, Director of Centre of Rural Emergency Medicine, at South West Healthcare. This protocol provided current, evidence based procedural guidance for those individuals presenting with unresolved chest pain.

To improve the process of diagnosis and treatment, a bed-side Troponin measuring machine was sourced. This machine, from a finger prick of blood, provides

almost instant test results for Troponin levels. (Troponin blood level is one of the indicators of heart involvement). This access to quicker results enhanced the treatment, as previously blood was taken and then sent to pathology services in Warrnambool - taking 20 minutes travel time plus time to complete the test in the laboratory.

The purchase of three Niki T24 syringe drivers for the continuous delivery of analgesia for our palliative care patients has also been a new initiative. This is to replace the Graseby pumps that are no longer available.

The purchase of a "Coaguchek" XS machine provides instant blood level of INRs (International normalized ratio a system established for reporting the results of blood clotting tests) for accurate Warfarin dosage prescribing.

This small machine relies on finger prick testing to obtain faster blood test results.

In line with National recommendations from the Australian Commission on Safety and Quality in Health Care labelling practices of injectable medicines I/V fluids I/V lines commenced. These recommended labelling changes aim to promote safer use of injectable medicines, and standardise labelling process with regard to syringes and intravenous fluid bags.



RN Donna Parsons [L] and Student Nurse Paula Harkins [R] monitor patient Patricia Van Elsen during her blood transfusion.

ENSURING QUALITY AND SAFETY

NEW INNOVATIONS FOR QUALITY, SAFE CARE AND SERVICES.

Moyne Health Services continues to play a part in the development and rollout of new technologies in conjunction with the South West Alliance of Rural Health (SWARH). In recent years Moyne Health Services has been viewed by the SWARH Executive and member agencies as a progressive organisation willing to embrace change and in this regard our organisation has often been called upon to assist SWARH in the piloting of new software and technological developments. Moyne Health Services provides a unique environment whereby Acute, Aged and Primary Care Services including Medical Services is all provided essentially under the one roof allowing for an excellent pilot environment.

Credit for the success of new ICT lies with our staff that often have to bear the burden of technology hiccups as "bugs" are ironed out and the software customised around them.

During the course of the year Moyne Health Services partnered with SWARH in the development and subsequent deployment of two unique technologies namely biometric authentication and digital Closed Circuit Television (CCTV).

BIOMETRIC authentication

In preparation for the rollout of the Trakcare Medication management module MHS commenced trialling the use of Biometric authentication technologies. In essence the need to remember a password that can sometimes be easily forgotten (or shared) is replaced with a scan of an authorised user's fingerprint. The use of Biometric authentication by staff means that they no longer need to remember the various passwords and password conventions for each piece of software they use, and MHS can be assured that the correct user is authenticated.



EN Tatiana Crothers uses the Biometrics scanner to log in to the Electronic Clinical Record.

This is particularly important where an employee's login and password form the basis of an entry in our clinical systems such as Trakcare. At the present time Biometric authentication is available for use with all web based applications such as our email system, Riskman and Prompt. MHS continues to assist SWARH in developing the technology for use with other applications.

Closed Circuit Television (CCTV)

During the year the Health Service installed and commissioned five digital Closed Circuit Television cameras which have deployed across the organisation. The cameras sit on our ICT network and provide a continuous stream of live footage that can be accessed by any workstation within SWARH. Furthermore a dedicated monitor has been installed in the Acute Hospital nurses station and provides a video feed of all major exit and entry points to the building. In addition, seven days of continuous footage is

stored on digital media and can be recalled at an instant should the need arise. The technology has proven to be so successful that further units are currently being considered to give greater coverage of critical areas such as waiting rooms and additional entry/exit points.

Radio Frequency Identification (RFID)

MHS together with SWARH and the following companies: Dimension Data, Aeroscout and Olinqua continue to pilot an integrated RFID tracking and messaging solution. Whilst there is immense potential for an RFID solution particularly for an organisation that is spread over a large geographic area such as ours, the deployment and testing of the solution has taken considerable time and warrants further resources to be dedicated to ensure the full potential of the solution is realised. MHS will continue to partner with the above agencies over the coming year and hopes to be able to have a robust solution by June 2012.

FEEDBACK QUESTIONS FOR THE ANNUAL QUALITY OF CARE REPORT 2010/11



Please help us to provide the information that you are interested to read in our Quality of Care Report. The comments and information you provide will be used to produce our next Report.

About you

Please tick the category which best describe your current relationship with Moyne Health?

Past/current user of service Community Member Staff/ Volunteer Other

Content

Easy to read Interesting Difficult to read Not of interest

What features did you like the most?

Report layout

Easy to follow Too busy Just right Too long Too short

Report Format

Please rank (1= Best, 4 = Worst) the following format options according to your preference:

Formal report (like this) Magazine style Brochure style Newspaper style

This report has made me more aware of Moyne Health's:

Values Community Performance Improvements Range of services

I would like to see more of:

I would like to see less of:

Please fold and send this page to

Quality Manager
Reply Paid 93
Moyne Health Services
P O Box 93
PORT FAIRY, 3284

Thank you.

GLOSSARY OF TERMS

ACHS AUSTRALIAN COUNCIL ON HEALTHCARE STANDARDS.

ACSAA AGED CARE STANDARDS AND ACCREDITATION AGENCY.

ADASS ADULT DAY ACTIVITY AND SUPPORT SERVICE.

ASM ACTIVE SERVICE MODEL.

BACES BOARD ASSURANCE ON COMPLIANCE E-SYSTEM.

BEST PRACTICE A COMPREHENSIVE, INTEGRATED AND COOPERATIVE APPROACH TO THE CONTINUOUS IMPROVEMENT OF ALL AREAS OF HEALTHCARE DELIVERY.

BOM BOARD OF MANAGEMENT.

CACPS COMMUNITY AGED CARE PACKAGES.

CALD CULTURALLY AND LINGUISTICALLY DIVERSE.

CATEGORY D SMALL RURAL HOSPITALS.

CDC CULTURAL DIVERSITY COMMITTEE.

CEO CHIEF EXECUTIVE OFFICER.

CFA COUNTRY FIRE AUTHORITY.

CLINICAL GOVERNANCE

A SYSTEMATIC APPROACH FOR IMPROVING AND MAINTAINING THE QUALITY OF RESIDENT AND PATIENT CARE.

CRP CULTURAL RESPONSIVENESS PLAN

DHS DEPARTMENT OF HUMAN SERVICES.

DON DIRECTOR OF NURSING.

DVA DEPARTMENT OF VETERANS AFFAIRS.

EACH EXTENDED AGED CARE IN THE HOME.

ED EMERGENCY DEPARTMENT.

EEO EQUAL EMPLOYMENT OPPORTUNITY.

EFT EQUIVALENT FULL TIME.

EN ENROLLED NURSE.

ESSENTIAL SERVICES LIFE AND FIRE SAFETY EQUIPMENT TO BE MAINTAINED IN ACCORDANCE WITH THE *BUILDING REGULATIONS 2006*.

FIRE RISK MANAGEMENT TRI-ENNIAL AUDIT A FIRE SAFETY RE-AUDIT CONDUCTED IN ACCORDANCE WITH DHS CAPITAL MANAGEMENT GUIDELINES SERIES 7.

FOI FREEDOM OF INFORMATION.

FSD FOOD SAFETY PROGRAM.

GP GENERAL PRACTITIONER.

HACC HOME AND COMMUNITY CARE.

HR HUMAN RESOURCES.

ICT INFORMATION, COMMUNICATION AND TECHNOLOGY.

KPI KEY PERFORMANCE INDICATOR.

KRA KEY RESULT AREA.

LAOS LIMITED ADVERSE OCCURRENCE SCREENING.

MACERATOR A WASTE DISPOSAL SYSTEM WHICH IS AN ALTERNATIVE TO A THERMAL PAN SANTISER.

MHS MOYNE HEALTH SERVICES.

OH&S OCCUPATIONAL HEALTH AND SAFETY.

QOC REPORT QUALITY OF CARE REPORT.

QPI QUALITY PERFORMANCE INDICATOR.

QPS QUALITY PERFORMANCE SYSTEM.

OPD OUTPATIENTS DEPARTMENT.

RISK FRAMEWORK QUALITY REVIEW PRODUCED BY VMIA IN 2006 TO IMPROVE CLIENT INSIGHT INTO RISK MANAGEMENT.

RN REGISTERED NURSE.

SITE RISK SURVEY A VMIA SURVEY OF PROPERTY RISKS INCLUDING FIRE SAFETY, HAZARDOUS SUBSTANCES AND SECURITY.

SOLLE SWARH ONLINE LEARNING AND EDUCATION.

SWARH SOUTH WEST ALLIANCE OF RURAL HOSPITALS IS AN IT ALLIANCE OF HOSPITALS AND MULTIPURPOSE AGENCIES.

VHA VICTORIAN HEALTHCARE ASSOCIATION.

VICNISS HEALTHCARE ASSOCIATED INFECTION SURVEILLANCE SYSTEM.

VMIA VICTORIAN MANAGED INSURANCE AUTHORITY.

VMO VISITING MEDICAL OFFICER.

VPSM VICTORIAN PATIENT SATISFACTION MONITOR.

WAVE 6 MONTH PERIOD OF SURVEYS.

MOYNE HEALTH SERVICES

QUALITY OF CARE REPORT 2010 - 2011



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