

# Omeo District Health

## Quality Account 2015-2016



### **OUR MISSION**

To promote and enhance the health and wellbeing of the people of Omeo and district.

### **OUR AIM**

To provide the most effective and efficient physical, emotional and social care possible through the delivery of services that are accountable to individual and communities need.

### **OUR OBJECTIVES**

To ensure the Health Service is accessible to all and continues to develop within a Best Practice model in response to the community's identified need.

To provide a coordinated continuum of health care to the communities of Omeo and district, encompassing aged and residential care, community care and appropriate acute services.

To maximise health and wellness for all community members.

To provide a well maintained, safe and pleasant environment for patients, residents, staff and visitors.

## Message from CEO/DON

On behalf of the Board and staff I am pleased to introduce the Omeo District Health 2015-2016 Quality Account. The report outlines the health services achievements over the past 12 months and how these have improved the level of care in our community.

Omeo District Health is committed to providing the highest level of quality care as it continues to offer a broad suite of services to support the community. The report demonstrates the broad range of services available and the ongoing commitment by staff to attain the highest level of service as expected by the community.

Within this account you will read about:

- The Redesigning the Lifestyle Program at Lewington House
- The Omeo Regions Healthy Food Futures
- What is Advanced Care Planning
- Chronic Condition Clinic
- Education

plus accreditation results and general quality and safety information.

A culture of continuous quality improvement ensures that aged care, acute care, community and allied health service programs and activities, are reviewed on a regular basis. Our services are developed in response to community needs. Resident, patient, client, staff and community feedback are regularly sought to improve service provision.

I would like to take this opportunity to thank our Board, staff, patients, volunteers, consumers and their families for their ongoing commitment to providing an outstanding healthcare service for our community. The contributions made either through voluntary service or through responsibilities of employment are not to be understated. We see regularly the 'above and beyond' efforts of our team as they seek to improve and deliver the highest standard of care.





## Lewington House

### Redesigning the Lifestyle Program

Diversional Therapy at Omeo District Health is now called the “Lifestyle Program”.

Our aim is to make the final years of all of the Residents lives as meaningful and enjoyable as possible. We strive to make sure all Residents feel included and welcome, and that they can have a say in the activities that are running.

With this being said the participation levels are definitely a main focus also. Even if it means a Resident is sitting and watching all of what is going on, that is ok! Knowing that they are surrounded by others and knowing that they can join in at any time is a good thing. It recognises that each person is a “unique” individual, and respecting individual personal needs of dignity, independence, choice, participation, self-esteem and life satisfaction.

We plan a month ahead so that both the residents and we, the coordinators, know what to expect and can be planned and ready for the upcoming activities. We work on a ‘monthly theme’ that relates to the time of the year and that is relevant to the Residents. For Example: the month of June was our “Winter” theme; July was “Rio Olympics”; August was “High Tea”; September was “Spring Season”; October “Race Carnival”; November “Commemorative and Peace” in conjunction with ‘Remembrance Day’; and December will be our “Christmas” theme. We display a calendar of events each month as well as handing out a weekly news sheet so that our Residents are well informed of the sessions offered and any news items that may arise eg. Birthdays. We try to offer a diverse and varied range of activities so that all interests and abilities and cognitive areas are catered for. Examples of this are Art/Craft, Active Exercise, Games, Pet and Sensory Therapy, Pamper and Massage, Literacy/ Poems and Reading, Local Excursions/Outings, Children Visiting, and Men’s Shed.

In conclusion, we are excited with the direction the Lifestyle program is heading and we will continue to make it grow for the benefit of the Residents.

Leanne Appleby & Arielle Dickson



## Health Promotion

When it comes to food access and consumption of healthy food, Omeo District Health, along with partner organisations, community members and food suppliers, share a vision that aims to create a healthy food future for all in the Omeo Region.

In 2015 Omeo District Health was successful in receiving a small grant from the Primary Health Network (formally Gippsland Medicare Local) that would put in place the building blocks to facilitate a shared community plan to improve healthy eating, access to healthy food and create a more supported and connected food system within the Omeo Region.

The objectives of the current project focus on:

- Developing and exchanging knowledge and skills in relation to growing, preparing, cooking and budgeting for food (community focus).
- Promoting resources and opportunities that support access to local fresh foods (this focuses on growers, producers and retailers).
- Developing and implementing health promoting settings (engaging with early childhood services, schools and workplaces) with a particular focus on implementation of the Achievement Program.

In February 2016 on the lawns of the Albion Hotel Swifts Creek the Omeo Region Food Network launched the project. The project was welcomed by an abundance of community spirit and support with a crowd of 70 coming along to celebrate the launch and join in the first community Harvest Exchange.

For the first 12-18 months the project has focused on building successes out of community strengths. Local people have a lot of knowledge and skills to share and are placed well to establish and grow their own garden/produce.

The Harvest Exchange to date has been a huge success, promoting the sharing of fresh produce and food related items as well as providing a platform for informal knowledge exchange and social connection.

Additionally the project has harnessed the opportunity for community to share their excess produce by trialling a community food cart (located in Swifts Creek) which provides food exchange hub for people to drop off excess produce to share with the community outside of the Harvest Exchange events.

The Omeo Region Building Healthy Food Futures Project has also partnered with the East Gippsland Shire Council to further build the base of information about how and where to access local produce through the promotion of the East Gippsland FOODMAP initiative. The Omeo Region Food Network is currently utilising this web based initiative to promote improved access to local food by working towards increasing the number of growers, producers and retailers in the Omeo Region using this platform.

Over the coming years the project will continue to work across all levels of the community, building on local opportunities that improve food access and healthy food consumption in the Omeo Region.

Lou-anne Mooney  
Health Promotion Worker



# Advanced Care Planning

It's your choice

What is advanced care planning?

It's thinking about and planning for your future in the event you may become seriously ill or have a serious accident and you were not going to return to your normal state of self. It's about choosing what medical treatment you would want and if unable, who would make the decisions for you.

There may be some circumstances where you would want all the treatments that can be offered to you, in other cases, you may feel strongly about not being treated. For example, tube feeding, a breathing machine, CPR in the event of death or dialysis. Some people may refuse blood products or antibiotics depending on their culture and beliefs.

How do you plan for advanced care? Think about your beliefs, values and goals for what is important in your life. Talk to your family and friends about your wishes for future health care. Appoint a medical power of attorney - This is a legal document that allows you to choose another person to make medical treatment decisions on your behalf, but only if you are unable to make them yourself. A Medical enduring Power of Attorney form can be downloaded from the internet at [www.publicadvocate.vic.gov.au](http://www.publicadvocate.vic.gov.au) there are printable fact sheets and information on how to correctly fill out the documentation if you require assistance. You do not need a lawyer to complete an Advanced Care Plan or Medical enduring Power of Attorney. Talk to your GP or other health professionals to discuss Advanced Care Planning and your wishes regarding medical treatment. Ensure that whoever you choose understands your viewpoint and wishes.

Write down your choices/wishes, talk to your doctor, they may be able to assist you to make sure your Advanced Care Plan is clear and complete. Your completed Advanced Care Plan can be kept with your medical records for future reference.

When will my Advanced Care Plan be used? It is only used if you are unable to make your own decisions regarding treatment. It would guide the decision making of your doctor, Medical power of attorney or family. The best way to ensure that you receive the type of care you want is to discuss your choices with your family, if there is an emergency and your medical records are not available, life sustaining measures may be started. If family is aware of your wishes they are able to stop treatment if that was your choice.

Can my Advanced care Plan be changed? Yes you can change your plan at any time. It can also be revoked at any time by telling your medical power of attorney that their power of attorney is withdrawn. All copies of your existing Advanced Care Plan must then be destroyed. You can create a new care plan at any time.

If you need further details, information or want to discuss any aspects of Advanced Care Planning ask to speak to a member of your advance care planning team at the hospital or your doctor who can be contacted on 0351590100 or public advocate who can be contacted on 1300309337. Alternatively you may want to look at [www.advancedcareplanning.org.au](http://www.advancedcareplanning.org.au) or [www.publicadvocate.vic.gov.au](http://www.publicadvocate.vic.gov.au)

Remember it's your choice.

# Chronic Condition Clinic

Omeo District Health is now offering a Chronic Disease Clinic through the Omeo Medical Centre. What is a Chronic Disease? According to the dictionary “Chronic” refers to something that continues for a long time. “Disease” means an illness, sickness or ailment. So Chronic Disease is a condition that someone will have for at least 3 months or more. Some examples of this are diabetes, asthma, osteoarthritis, osteoporosis or heart disease. There are many more conditions that come under this banner.

The problem with calling it “Chronic Disease” is that disease infers illness. Chronic conditions don’t mean that you are sick but you have a condition that if managed well will still allow you to live a healthy, fruitful live.

The “Chronic Condition Clinic” is a nurse led clinic that is aimed at education and support to empower people to take control of their health. Education is the most important part of this clinic. Explaining someone’s condition in a way that they can understand, often allows people to identify changes that can be made that will assist them to manage and improve their condition. Bad habits are developed over a long period so good habits will take time and support.

If you have a health condition that has lasted 3 months or more and you feel that you could benefit from this clinic you can self-refer by ringing the Omeo Medical Centre and asking for an appointment to see the Chronic Condition (disease) Nurse. Annie, who is the Chronic Condition (disease) Nurse at the moment is also going through the long list of clients who could be eligible to attend this clinic and contacting them to see if they are interested in attending the clinic. At present the clinic is run every second Tuesday, as well as other times during the week when time permits.



# Education

It is an exciting and positive time for Education at Omeo District Health.

2015/2016 marked the inaugural year of the Educator role, which encompasses many key duties but most importantly, the responsibility of the Educator to foster a learning environment across all components of ODH.

Appropriate education delivery is integral to the provision of high quality health care and to the safety and wellbeing of those involved in providing that care. In order to deliver appropriate education, the initial task was to survey all of the staff in order to assess their educational needs. Staff responded well and this information was used to create an action plan to address both the staff's requirements and the safety and quality requirements of the service as a whole. In addition the region was transitioning to a new online learning platform and an assessment was undertaken to find out what mandatory training needs were needed to meet aged care and national accreditation standards. This was recognised by the accreditors with Education receiving a special commendation. 'ReHSeN e3 Learning' went live at the beginning of 2016 and despite significantly increased workload for all staff they embraced the challenges.

We acknowledge that we need to create a positive learning environment that addresses the needs of those providing and supporting client care across at all stages of their educational continuum. ODH is committed to supporting students and the first task was to establish structure for both staff and students. A challenging Graduate Nursing Program was developed, incorporating feedback from 2013 and 2014 Graduates. This focused on developing registered nurses that have the basic clinical, leadership and critical thinking skills that are required for our unique environment. An undergraduate student orientation handbook was developed to support both students and preceptors. Preceptors were supported with education and feedback was formally sought from students regarding both their individual performance and the service as a whole.

The needs analysis identified that staff wanted education that was more easily accessible. To support this, a space was created with books, hands on training supplies and IT access that could be accessed by all staff at any time. A variety of education delivery formats were trialed and evaluated from 5 min sessions between shifts, outside speakers attending during working hours, evening scenario based learning sessions, self-directed online learning modules and using online learning platforms such as Vic Trauma that included moderated tutorials that could be accessed from home if necessary.

Engaging stakeholders with diverse experience, knowledge and resources is essential to supporting a best practice learning environment. Strengthening relationships with other health professionals in our area has been an important focus of the role. This has resulted in the MICA paramedic facilitating regular scenario-based education sessions. The educators from Bairnsdale Regional Health Service have shown considerable commitment to our staff, of which providing training on site is one example. Omeo has been represented at the Gippsland regional education forums and benchmarking against other regions is well underway.

# Quality and Safety

## Accreditation

Accreditation Standard	Status
National Safety & Quality Health Standards	100%
National Safety & Quality Health Standards – Dental	100%
Community Care Common Standards	100%
Aged Care Accreditation Standards	100%
Royal Australian College of General Practitioners Standards	100%

The Accreditation Standards, (5 in total for Omeo District Health) provide a national statement of the level of care our consumers should be able to expect from the organisation. The status attained recognises evidence of staff committing to providing high standard of quality of care and safety within the organisation and for our consumers.

## Patient Safety and Incident Reporting

At Omeo District Health the staff use the Victorian Health Incident Management System (VHIMS), or as the staff call it 'Riskman, to record and track all incidents from the patient, families, visitors and staff. As well as clinical incidents such as falls, pressure injury, and medication incidents, the system is designed to be used for Occupational Health and Safety (OH&S) issues, non clinical incidents, feedback- compliments and complaints, and quality improvement suggestions. VHIMS is used to collect data and record responses taken to ensure patient safety. This information is then used by staff to determine trending, take action to rectify the situation or to minimise the likelihood of a similar incident happening again.

VHIMS is able to measure the severity of the incident into the 4 following categories:

1. Severe
2. Moderate
3. Mild
4. No harm/near miss

Staff are trained to use the reporting system during the orientation program and ongoing training happens during the four mandatory training sessions run throughout the year. Staff are also encouraged to complete the VHIMS e-learning package to ensure that they are aware of their role in identifying and responding to incidents to maintain a safe environment and to make sure that patients, Residents, staff and all clients are safe.

## Preventing and Controlling Healthcare Associated Infections

Omeo District Health recognises the importance of infection control measures within the facility. We have many mechanisms, through which we ensure that our infection rates are maintained at a low level, including:

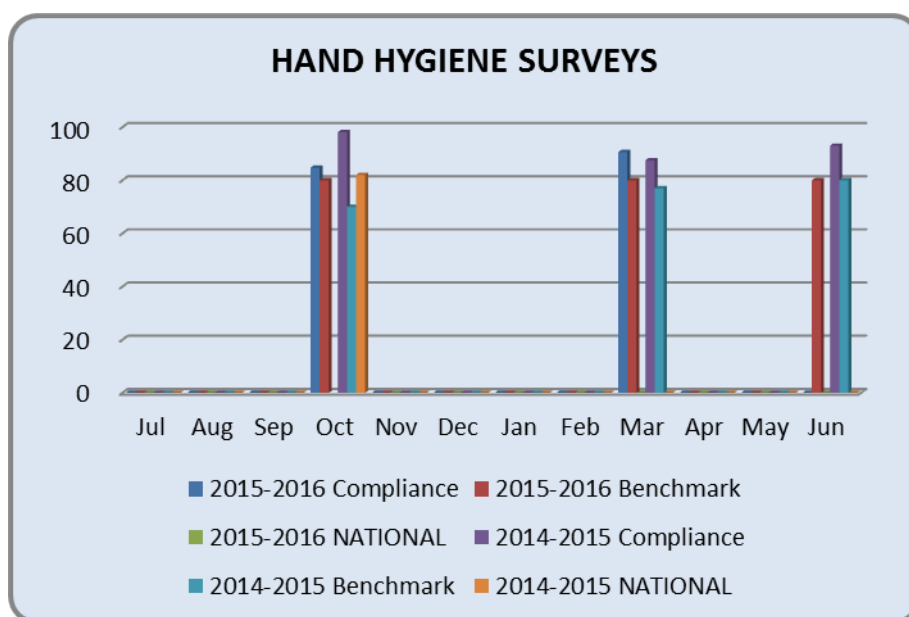
- ✓ Participation in the Victorian Hospital Acquired Infection Surveillance System (VICNISS) which aims to identify and benchmark acquired infections occurring in Victoria. Our results for hospital acquired infections was nil for the last 12 months.

- ✓ Education sessions on infection control have been conducted throughout the year. It is mandatory for all staff to attend at least one session per year to ensure that everyone has a working knowledge of infection control relevant to their position.
- ✓ The staff orientation program also contains an infection control component and is completed on commencement of employment.
- ✓ The Rural Infection Control Practice (RICPRAC) Group compliance audit tool helps us identify areas where we meet standards and areas in which we need improvement. Each audit is referenced to the Australian Standards.
- ✓ We conducted one internal food safety audit resulting in compliance with the Food Act 1984.
- ✓ Two external independent food safety audits were completed resulting in compliance in both audits.

## Hand Hygiene

We participate in the Victorian Hand Hygiene Program in which report our hand hygiene compliance with adhering to the “5 moments of hand hygiene” and the correct usage of the hand rub product and hand washing technique according to the World Health Organisation (WHO) guidelines.

Our Infection Control Coordinator is continually auditing our hand hygiene practices. Over the past 12 months we have not only reached but surpassed the Department of Health benchmark of 80% compliance.

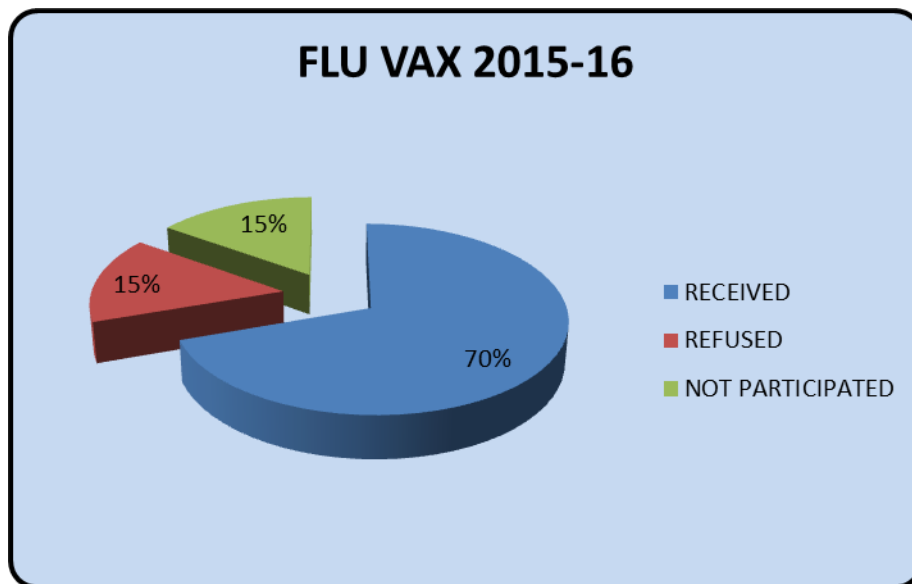


## Immunisations

The seasonal influenza vaccination program reduces the prevalence of the influenza viruses in the healthcare facility and to a lesser extent in the community.

We offer a vaccination program to resident, inpatients and the staff of ODH.

Our staff are educated and encouraged to participate in the seasonal influenza vaccination program. 100% of our staff participated in 2015.

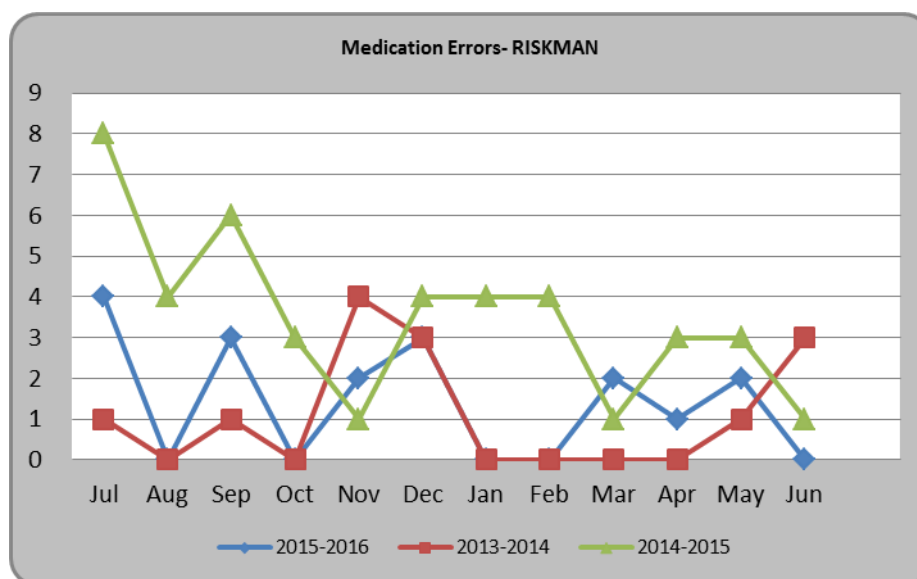


### Antimicrobial Stewardship

At ODH we have developed, implemented and are regularly reviewing the appropriate prescribing and use of antibiotics.

## Medication Safety

Omeo District Health has a comprehensive governance framework providing guidance for medication safety across the organisation. Policies and procedures assist the staff with utilising a safe medication management system. The National Inpatient Medication Chart (NIMC) and the Medication Management Plan provide the staff with tools that ensure consistency in practice and a collaborative approach with the patient.



All errors were investigated and rectified with no adverse event for patients, residents and clients. Staff have received extra education on reporting systems and this may have resulted in increased reporting in the last 12 months.

# Preventing Falls and Harm from Falls

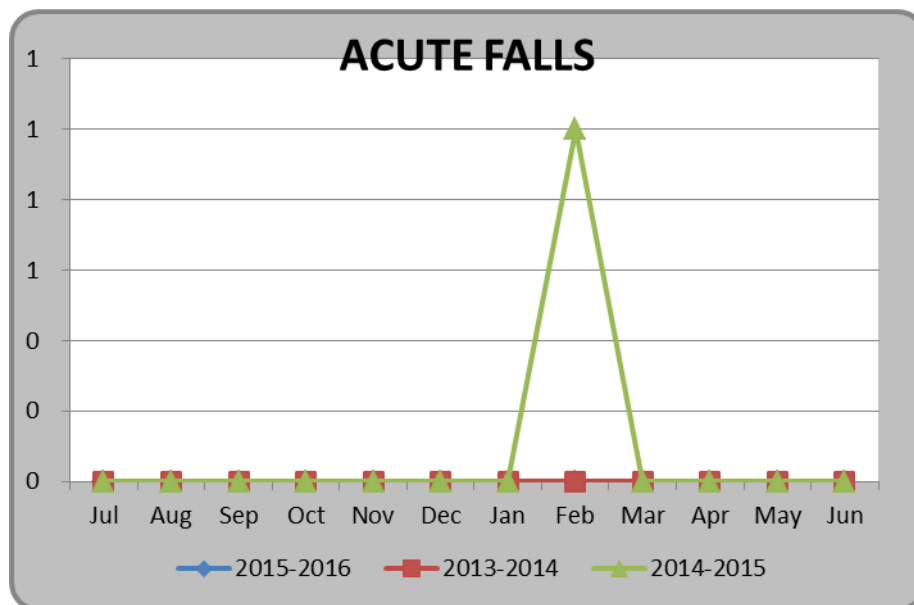
Did you know that many older patients fall while in hospital? While some falls cause no injuries, others can cause serious harm. Falls can also result in you fearing further falls and make it harder for you to stay independent.

There are usually a number of reasons for someone falling. These may include poor balance, incontinence, unfamiliar environments and obstacles, poor eyesight, unsafe footwear and some medicines, to name a few.

There are a number of ways to reduce your chance of falling. Staff will help you to stop falling by:

- helping you to settle in, keeping your surroundings safe, and providing you with falls prevention information
- assessing your risk of falling and discussing the results with you
- developing and implementing a falls prevention care plan suited to your needs
- referring you to other staff who specialise in different areas
- organising visits by occupational therapists or physiotherapists to your home before or after discharge, to help make your home safer, or to suggest changes to it or equipment to help you move safely.

Everyone has a role to play in preventing falls.



## Aged Care Clinical Indicators

Clinical indicators measure aspects of service provision which contribute to the quality of care and services given by ODH and are benchmarked with the state.

These aspects are:

1. Prevalence of Pressure Injuries
2. Prevalence of Falls and Fall-related Fractures
3. Incidence of Physical Restraint
4. Incidence of Residents Prescribed Nine or More Medications
5. Incidents of Unplanned Weight Loss

At Omeo District Health we review and measure our performance against the Public Sector Residential Aged Care Services Indicators.

At Lewington House the clinical indicators are reviewed and reported to the Department of Health on a quarterly basis. They are also reviewed by the Quality Committee.

## Falls

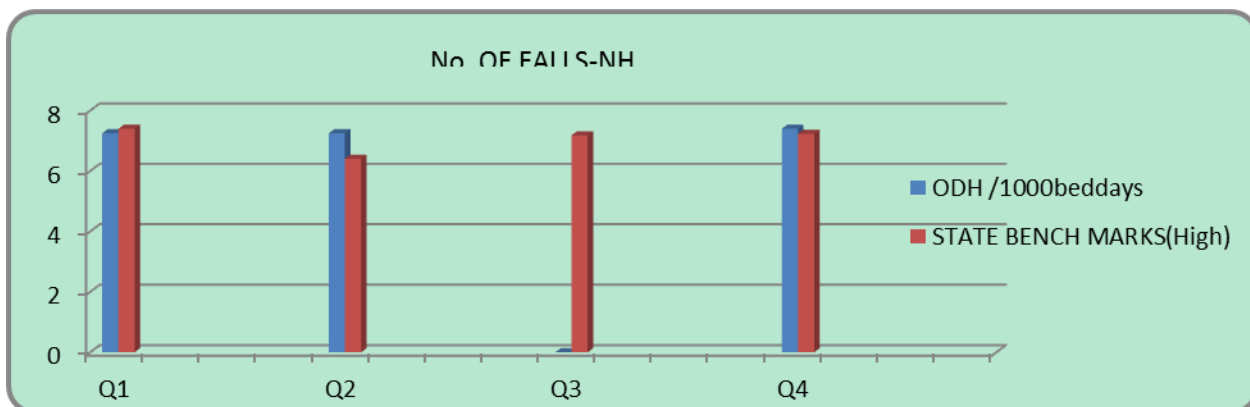
A comprehensive falls assessment is conducted by the nursing staff on admission of a new resident. Subsequent assessments are reviewed monthly or in the unfortunate event of a fall. Strategies are put in place to reduce /prevent the risk of falls.

Strategies such as:

- High/Low beds
- Bed Poles
- Appropriate seating, with adjustable chairs.
- Sensor Matts
- Specialised equipment such as wheelie walkers
- Access to physiotherapist
- Exercise groups and strength building sessions with our allied health assistant.

At Lewington House the staff aim to provide an environment that is safe to the residents. The environment is free from clutter, corridors are free from obstructive equipment, and hand rails are provided throughout the facility.

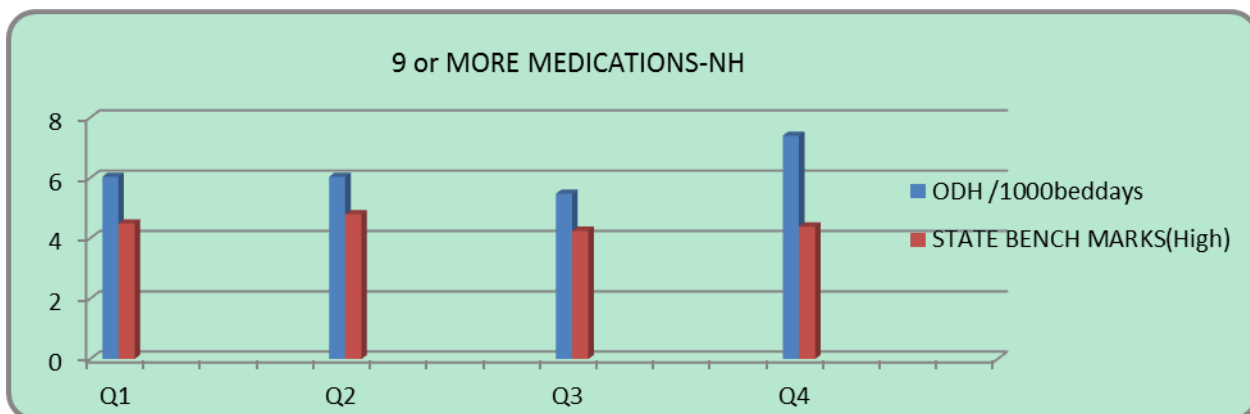
In the event of a fall, staff are trained in assessment and management of the incident to provide the best possible care to the residents.



## Multiple Medication Use

When a new resident comes into Lewington House they will have to bring all of their medications with them . Including herbal and over the counter medications. The General Practitioner will review the medications in consultation with the new resident and or their family. We like to promote independence and at times the resident is able to self-medicate ( if they are safe to do so) and in that case the resident will have a three month review to ensure that they are still up to the task.

Medications are administered by qualified staff, medication charts are audited on a regular basis for compliance, appropriate storage of medicines is adhered to, and a clinical pharmacy review is carried out annually to ensure safe use of the mixture of medicines the residents use.

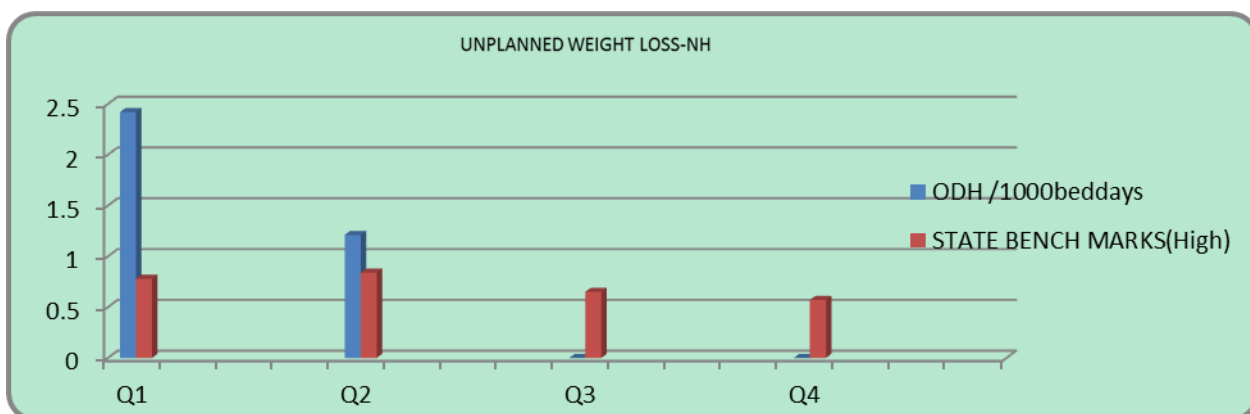


## Unplanned Weight Loss

The weight of a resident is monitored on admission and from then on on a monthly basis. If staff are concerned about the residents weight, the resident may be asked to be weighed more often.

Nursing staff will also ask the resident about their dietary requirements and preferences. A care plan will be developed for the resident in consultation with the resident and or the family. The resident will have a choice of menu items and on special occasions the menu may vary a little eg. Christmas.

If the staff have any concerns regarding unplanned weight loss they will refer the resident to the doctor, dietician, geriatrician or speech pathologist.



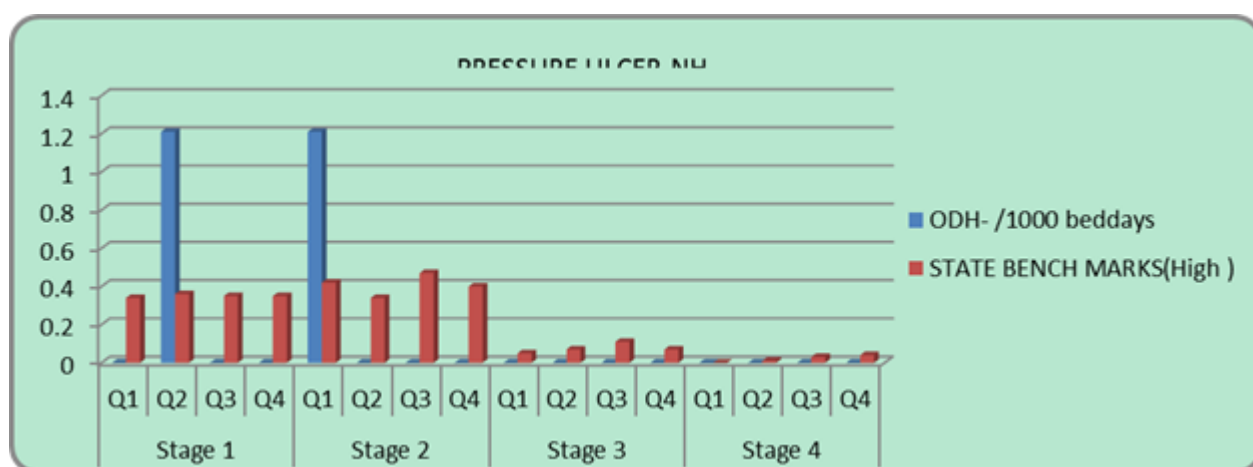
## Preventing and Managing Pressure Injuries

A pressure ulcer is a sore, an area of skin that has been damaged due to unrelieved and prolonged pressure. They are also known as pressure sores or bed sores.

In the community we do not often see pressure injuries, however, in healthcare facilities they are a more common occurrence due to the lack of mobility, nutritional status, changes in skin and underlying tissue structure and the less effective immune system of the residents and inpatients.

Strategies that we have in place to minimise the risk of developing a pressure injury are:

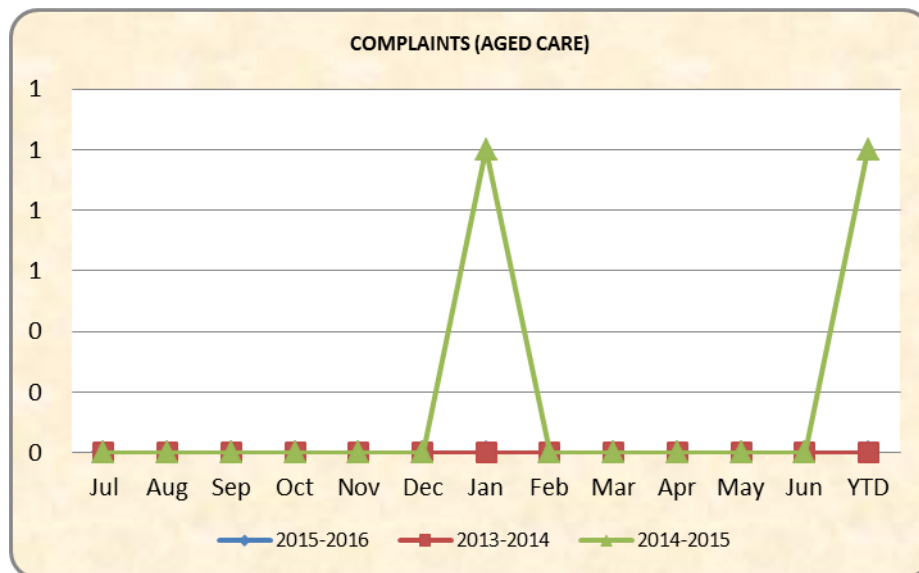
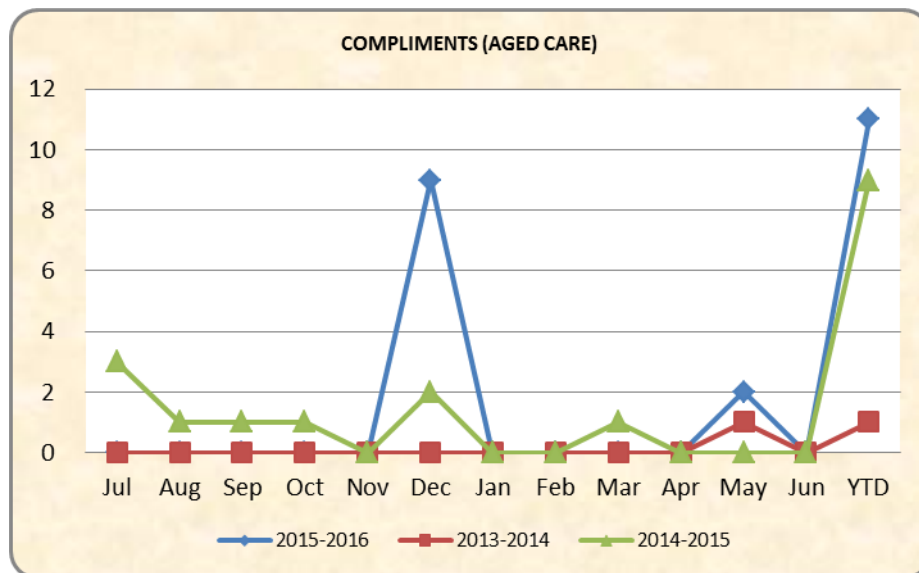
- ✓ **Manage Moisture** – Use moisture barrier on skin, use pads that absorb and hold moisture away from your skin, address why you have excess moisture and offer bedpan/urinal/ or toilet regularly for incontinent patients.
- ✓ **Manage Nutrition** – Increase protein intake & increase calorie intake to spare proteins, supplement with multi-vitamin (A, C & E), act quickly to stop any deficits in nutrition and consult a dietitian.
- ✓ **Manage Friction & Shear** – Elevate foot of bed to reduce slipping down, use monkey bar when indicated, use slide sheet to move patient and protect elbows and heels if exposed to friction.
- ✓ **Other General Care Issues** – No massage or rubbing of reddened bony prominences, no doughnut type devices, maintain good hydration, implement turning schedule, provide pressure reduction support surface if bed ridden or chair bound and encourage maximum mobility.



## Consumer Feedback

At Omeo District Health we welcome feedback from our patients, residents, clients and visitors. We consider feedback important as it helps the organisation to provide the best service possible, essential to improving the quality of the services delivered and to make sure our community's needs are met. We receive feedback via the Quick Survey, Resident Satisfaction Survey, Urgent Care Forum and Acute Care Forum, or via email and informally.

Formal complaints are registered, investigated and responded to by the Chief Executive Officer.



## Our Services: Providing Continuity of Care

Omeo District Health provides broad-based health and support services to Omeo, Benambra, Swifts Creek, Ensley, Dinner Plain and surrounding districts.

### **Acute Care**

4 Acute beds for general medical care  
Emergency Stabilisation in Urgent Care Centre

### **Sub-Acute Care**

Rehabilitation  
Transitional Care Programme

**Residential Aged Care**

10 High Level Care Beds  
4 Low Level Care Beds  
Aged Care Assessment  
Lifestyle Coordinator  
Respite Care

**Allied Health & Community Services**

Chronic Disease Clinic,  
Diabetes Education  
Counselling / Social Work  
Dietetics  
Emergency Housing  
Podiatry  
Foot Care  
Health Promotion and Education  
Information and Referral  
Kindy Gym  
Occupational Therapy  
Physiotherapy  
Speech Pathology  
Youth Program  
Allied Health Assistant  
Community Transport  
Volunteer Program  
Community Gym and Exercise Classes  
Pre-employment physical testing program service  
In-venue day care program

**District Nursing Services**

Equipment Hire  
Home Visiting  
Palliative Care  
Post-Acute Care Program  
Respite Care  
Post Discharge Support  
Transitional Care program in the community

**Home and Community Care**

Domestic Assistance  
Home Maintenance  
Home Respite  
Meals on Wheels  
Personal Care  
Planned Activity Group

**Supporting Portfolios**

Administration  
Environmental & Food Services  
Infection Control  
Maintenance & Gardens  
Occupational Health & Safety  
Pathology

**Visiting Services**

Maternal & Child Health  
Continence Service  
Wound Consultant  
Ophthalmologist  
Psychologist

**Medical Services**

Omeo Medical Centre

**Dental Services**

Public / Private Dental Services

**Ancillary Services**

Radiology

**Use of the Facilities**

Community Group Meetings  
Optometry Services

## Tell us what you think?

Where did you get this report?

☐ At the hospital    ☐ In the Mail    ☐ Other

What did you like most about the report? \_\_\_\_\_

\_\_\_\_\_

What did you like least about the report? \_\_\_\_\_

\_\_\_\_\_

Do you think the report is?

☐ Easy to understand    ☐ Difficult to understand    ☐ About right

Any other comments? \_\_\_\_\_

\_\_\_\_\_

## Thank you

Your feedback helps in the development of future Quality of Care Reports.

Please send completed forms to:

CEO/DON

Omeo District Health

PO Box 42 Omeo 3898

Phone: 03-51590100

Facsimile 03-5159 0194

