

quality  
of care  
report  
2012/13

2012 / 13  
Highlights



From the  
CEO



It is with great pleasure that I present the Boort District Health's Quality of Care Report for 2012 – 2013, which details performance against the standards established by the Department of Health.

Our hospital and aged care facilities are full of stories. These are stories of courage, hope and challenges. Every patient and resident comes to BDH with their own history and experience. Every story, every patient, and every resident matters.

At Boort District Health our patients' and aged care residents are the centre of everything we do. We strive to continually improve through partnering with our staff, patients, residents, families carers and the community.

Accreditation is a measure of accountability. All health services are required to maintain accreditation with an approved accreditation body. In October 2012, BDH was assessed as meeting all Standards and achieved 11 Extensive Achievement results during an organisational Wide Survey.

I can also proudly report that in May 2013 the Hostel was assessed to have met all 44 Standards. The success of meeting the Standards recognises the unique relationship between staff, residents and their families.

The community can be assured that quality service provision is a priority at BDH. One way the community can be reassured that patient safety and quality is a priority is through accreditation.

The Transition Care Program continues to be popular with patients and residents. The aim of TCP is to work in partnership with patients/residents to plan their needs on their terms. That is, to give people the opportunity to plan to continue living at home as long as they feel comfortably able to. This has been met with great enthusiasm from people who have been involved with the program.

Our staff are proud of their work, proud of their workplace and passionate about the care they give. It's their skill, dedication and hard work which puts the patients and residents at the centre of everything we do. Our values – patient centred care, respect, accountability and integrity – define how we work and behave. I hope you enjoy reading about your health service and we look forward to our ongoing relationship with you.

*Vicki Poxon*  
Ms Vicki Poxon  
CEO  
Boort District Health

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# Engaging our Community

Throughout the year the group has enjoyed a number of outings. It is an opportunity for people who may not have the opportunity to meet others to socialise in a well-supported setting.

Participants are asked to suggest activities and a program is devised. The activities are varied and are a reflection of the individuals who regularly attend the Planned Activity Group. For example, the Men's Group have had lunch at Barham and visited the Beer Museum at Echuca. During the year BDH hosted the Deb Ball and to celebrate this, the Planned Activity team organised an Old Time Ball. Nursing homes from Charlton, Kerang and Pyramid Hill joined the Boort group where the Debs hosted a lunch. The Debs and their partners demonstrated their routine wearing their Deb finery. The Debs then encouraged people to dance to many old favourite songs.

The Planned Activity Group continues to have lots of fun and below is an example of other activities:

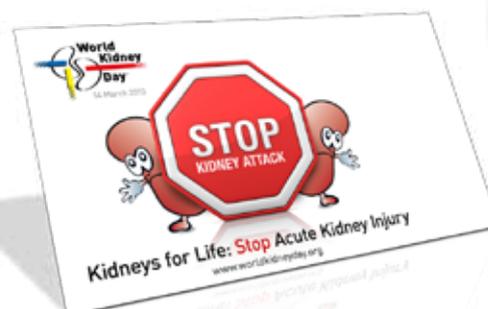
- Art and crafts
- Film afternoons
- Home chat services
- Broadband for Seniors Kiosk
- Monthly lunches

- Visits to other towns and country drives to visit farms in the area
- Shopping expeditions
- Masquerade dinner
- Thai lunch at Korong Vale

The Day Centre is also an important resource centre and provides local people with up to date information to keep people living confidently in their homes. Below is an indication of the range of advice and information that is provided:

- Carer support information
- Victorian Eye Care Service updates
- Transport Assistance forms and information
- Power of Attorney and Making a Will information
- Information about living confidently and independently in the home.
- Centrelink information and services
- Information about local health services and programs
- Information about mental health
- Transport services/Companion program within Melbourne

# How BDH engages the Community



# Transition Care Program - Case Study

'David' is a 68 year old man who has lived in Boort for many years.

Several years ago he was diagnosed with severe lung disease. When he was first diagnosed he was able to continue his employment. But, as David's health deteriorated he was forced to retire.

David was first admitted to BDH in 2012 and in the next five weeks he had three re-admissions. It was clear that 'David' was very anxious and concerned about his future care needs.

He had limited emotional supports, poor nutrition, increasing depression and he was finding it increasingly difficult to care for himself. The only thing 'David' was sure about - he did not want to go into permanent care!

David was an ideal candidate for the Transition Care Program (TCP) provided by BDH. The TCP is a short term program which offers extra support to clients who have high needs, but still wish to return to their home to live.

Before David left hospital we worked in partnership with him to plan his ongoing care needs. David decided he required:

- Meals on Wheels and home help.
- Home oxygen
- Ongoing district nursing services
- Palliative care

David continued to live at home for a long period with the supports in place and in his own words "was as happy as a pig in mud!!"

We cannot claim that we 'fixed' all David's medical problems as he has a terminal condition. However, throughout the TCP process we used partnerships and innovation to ensure that his needs are met and that he has control and the final say in any decision.

## What is The Transition Care Program?

The Transition Care Program (TCP) is delivered by BDH in partnership with Bendigo Health to provide options for clients/patients who are unsure whether they should remain at home or need to consider moving into Residential Aged Care.

TCP gives BDH an opportunity to gain a better understanding of what an older person may want and need. Services can include: meals on wheels, district nursing care and personal care, access to community facilities, allied health support, review of modifications for the home and home maintenance.

The program runs for a maximum period of 12 weeks and is tailored to meet the needs of the client/patient at the time of their discharge.

TCP can be delivered into the patient/client's home or within the hostel or hospital. In 2012-2013, seven clients/patients spent an average of 73.5 days on the TCP program.

## Staying Strong, Fit and Independent

Every Wednesday and Friday mornings between 10 and 15 older members of the community meet together to undertake some physical activity under the supervision of an Allied Health Assistant.

Exercise and physical activity are great ways to have fun, be with friends and family. But regular exercise and physical activity can also have a direct impact on the everyday life of

older people. The benefits exercise can provide help people to stay strong and fit enough to perform daily activities, get around, and maintain independence.

The aim of the exercise program is to encourage and support people to build exercise into their everyday life. The program concentrates on assisting older people who are inactive to build an exercise routine that focuses on four areas that are important for staying healthy and independent: endurance, strength, balance, and flexibility. Research suggests that people can maintain or at least partially restore these four areas through exercise and physical activity and that doing so improves fitness.

We asked the participants why they came to the exercise classes and the results they experienced. Here are some of their comments: • "Company and friendship" • "Enjoy the cuppa and a chat". • "Exercise gives great results" • "Age is not a barrier" (from a 96 year old) • "Helps with the pain" • "(I) feel it when I miss a session" • "Decreases stiffness and increases mobility"



# Supporting Students



Above: Boort student, Will working with BDH gardener Cliff Gleeson. They are getting plenty of helpful tips from regular visitor Kevin Davis, right.

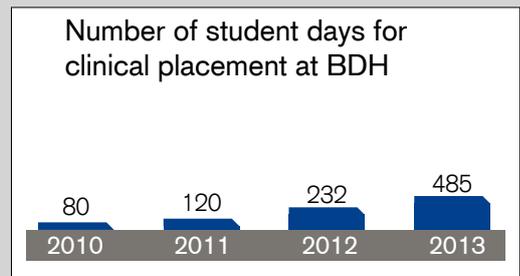


Boort District Health is part of the Loddon Mallee Clinical Placement Network and this means we are fortunate to have had a large group of nursing students on clinical placement. The students come from a wide variety of education providers including universities and TAFEs. We have also welcomed a growing number of overseas trained nurses.

Nursing is an emotionally fulfilling and rewarding career. Throughout their training students have the opportunity to do placements in a variety of settings. BDH actively works with education providers to ensure Boort is a significant part of the students' clinical experience. Additionally, we work in partnership with the community to ensure our students have a wonderful rural experience.

To accommodate our students a cottage built in the 1960's has been refurbished with a grant from Health Works Australia. We also acknowledge the contribution of the Boort Ladies Auxiliary who ensured the cottage was finished with modern and comfortable furnishings for the students. The refurbishment now provides ideal accommodation to ensure students have a quality experience while completing their clinical placement at BDH.

We welcome students from all health disciplines as they bring a breath of fresh air and new perspective to our organisation. It has been a great opportunity for BDH to also host medical students from the general practice and pharmacy students.



# Lew's Garden



After a life spent on the land, moving into residential aged care at the Boort Hostel was always going to be difficult transition for Lew. He missed the physical activity that farming life had offered, including a big vegetable garden. It was clear that we needed to tailor a program to meet Lew's needs.

The staff spent considerable time getting to know Lew and very soon discovered that his favourite activity was giving advice to the gardener! In discussions with Lew, it was very clear that he had collected and retained an excellent knowledge about all aspects of gardening and that he would be a valuable resource.



With encouragement, Lew took responsibility for managing the vegetable garden. It wasn't long before vigorous crops of sweet corn, pumpkin, tomatoes, lettuces and radishes were soon flourishing. Lew has been able to work with the gardener to plan the seasonal crops that need to be planted. After a morning tending the garden, Lew was heard to comment that his muscles were tired and that "Gee it feels good!"

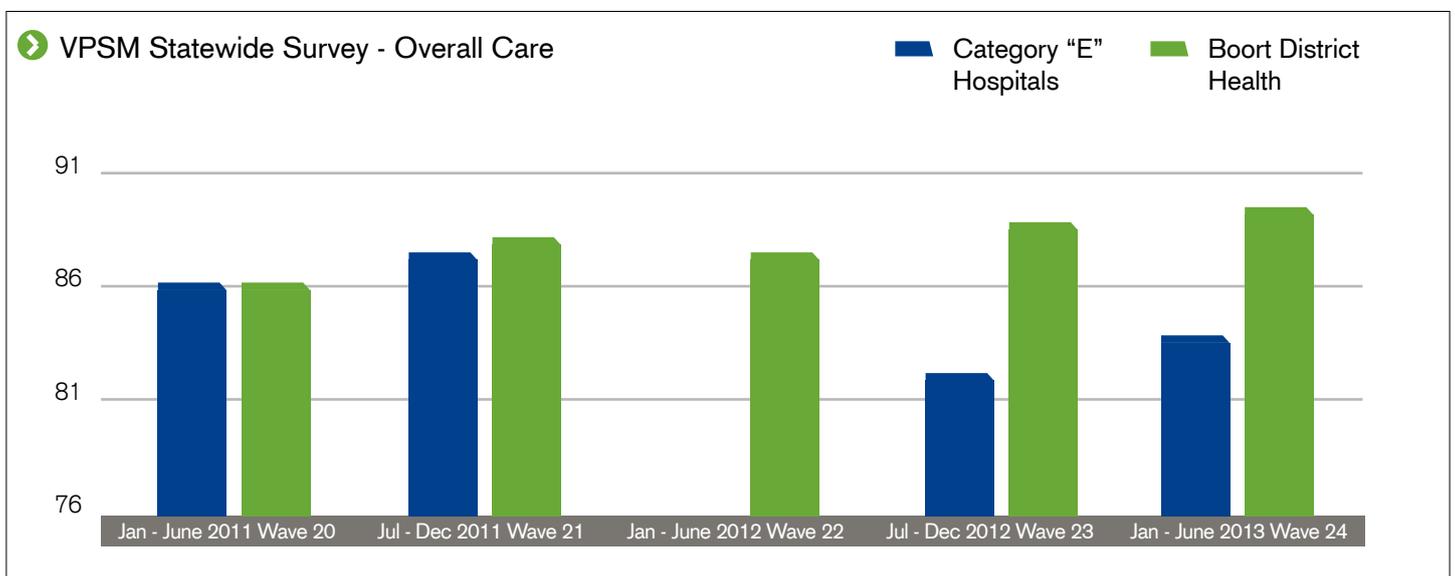
While the garden will never replace a life on the land, it has provided Lew with a meaningful and productive activity to engage him at this time at the hostel.

# Quality Reviews

Boort District Health is involved with the following forms of accreditation:-

<p>The Australian Council on Healthcare Standards (ACHS), organisation wide EQuIP5 Accreditation. (EQuIP is an Evaluation and Quality Improvement Program which provides a framework for establishing and maintaining quality care and services).</p>	<p>In October 2012 BDH underwent a two day Organisation Wide survey followed by a one day gap analysis against the new National Standards. The two day survey was a very successful audit with BDH being awarded full accreditation for four years and also achieving eleven EA ratings.</p>
<p>Home and Community Care (HACC) accreditation</p>	<p>HACC accreditation has undergone a transformation in its processes. BDH is currently working through the process in anticipation of an accreditation visit in 2014.</p>
<p>Residential Aged Care Services – Aged Care Standards and Accreditation Agency (ACSAA)</p>	<p>Both Low Care-Hostel and High Care-Nursing Home have undergone successful unannounced support contact visits in 2013. The Low Care-Hostel has undergone a two day accreditation audit in May 2013 with success and are accredited until August 2016.</p>
<p>Food safety audits</p>	<p>BDH Food Safety Program is audited annually and in July 2013 were successful with obtaining full compliance</p>
<p>Hospital cleaning standards</p>	<p>BDH Environmental services and Infection Control program undergoes annual external cleaning audits against the Victorian Cleaning standards. This process was completed in July 2013 with an overall rate of 96%.</p>
<p>Fire safety audits</p>	<p>BDH underwent a Fire Safety Audit in May 2012.</p>
<p>Diagnostic Imaging Accreditation Scheme 2nd Edition</p>	<p>BDH has been accredited with full compliance with the Diagnostic Imaging Accreditation Scheme Full Suite of standards for the use of General X-Ray and Ultrasound. This accreditation is valid until 28/06/2016.</p>

**THE VOICE OF THE PATIENT: “The best thing about the stay in hospital was the friendly staff, giving confident friendly help and advice. Great care all the time!”**



# Quality & Safety

➤ Infections 2012-2013 TOTAL Linear (TOTAL)



## Infections 2012 – 2013

Boort District Health collects infection rates and analyses the data. The data is used to assist in the prevention of infections and implement corrective treatment and actions. In 2012 – 2013 there was an increase of 12% in the infection rate across the organisation. Strategies used to combat infection included:

- Ongoing monitoring hand hygiene rates and remediating any issues.
- Implementing an excellent nutrition hydration strategy.
- Monitoring the appropriate use of antibiotics.

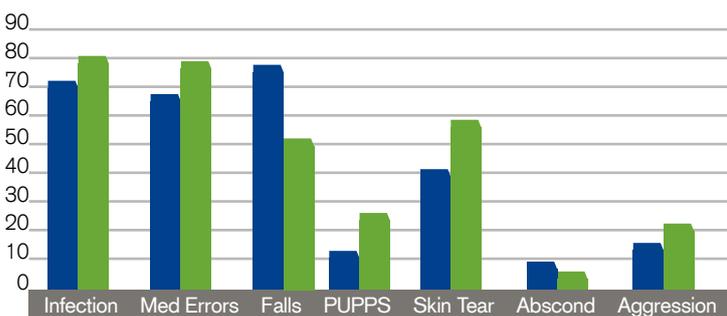
➤ Medication 2012-2013 Medication TOTAL Linear (Medication TOTAL)



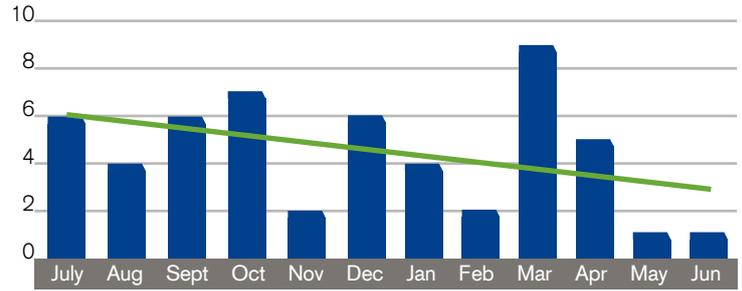
## Medication 2012 – 2013

The safe use and administration of medicines is integral to ensuing quality outcomes for our patients and residents. Medication incidents are monitored and immediate remedial processes are implemented. The monitoring of medication management is reviewed at an individual and organisation system level.

➤ 2011/12 2012/13



➤ Falls 2012-2013 Series 1 Linear (Series 1)

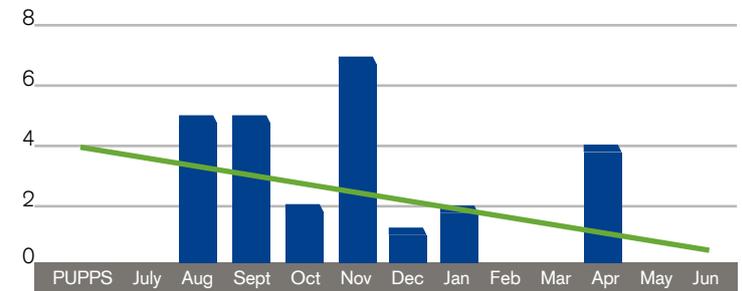


## Falls 2012 – 2013

Various strategies implemented during the year have seen an overall 35% reduction of falls by patients and residents. Falls are actively monitored by:

- Completing a falls risk assessment on all new residents and patients to identify those who may be at risk of a fall.
- Individual care plans are developed in consultation with the physiotherapist and general practitioners to implement strategies to minimise the risk of falls.
- Encouraging participation in strength and exercise programs for patients and residents. The program aims to improve the fitness, balance and muscle tone of participants.
- Encouraging the use of mobility aids e.g. walking frames.

➤ Pressure Ulcers 2012 - 2013 Series 1 Linear (Series 1)

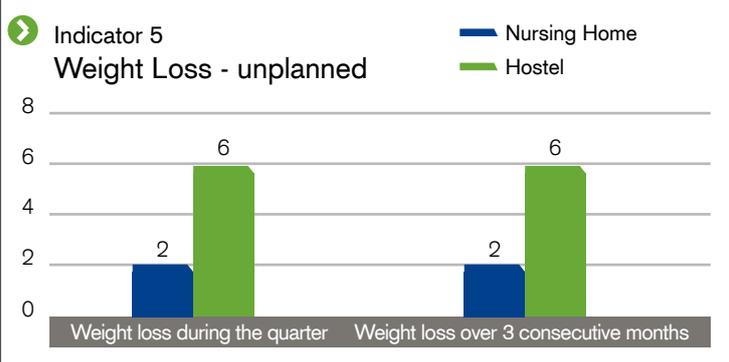
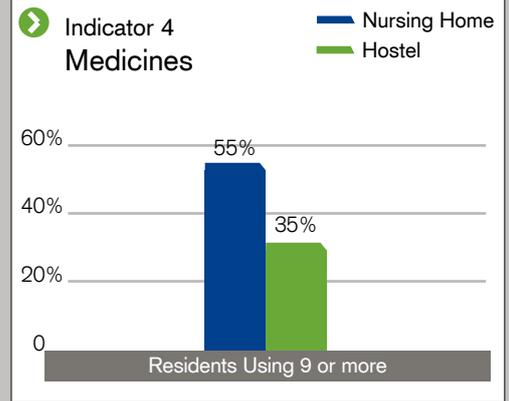
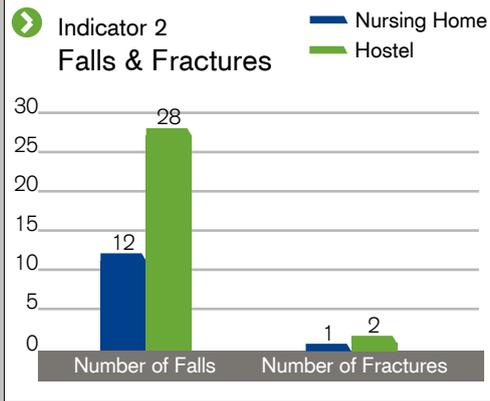
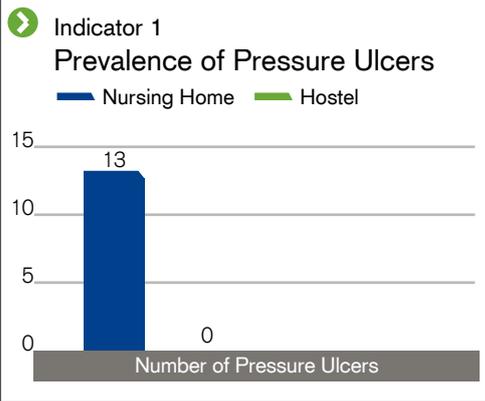


## Pressure Ulcers 2012 - 2013

A pressure wound or ulcer is a lesion caused by continuous pressure that results in damage to the skin and underlying tissue. The risk of a patient or resident developing pressure ulcers is high but can be prevented. People who are bedbound and those who are unable to reposition themselves are at greatest risk. During the year a 24% increase in pressure ulcers was recorded. Measures that have been put in place to prevent pressure ulcers include:

- Identifying at risk patients and residents and putting in remedial actions.
- Using pressure relieving mattresses, heel protectors and air cushions.
- Being vigilant to reposition bedbound people.
- Vigilance in ensuring policies and guidelines for the prevention of pressure ulcers is followed by all staff.

# Quality & Safety



## Cleaning Standards

The Victorian Cleaning Standards uses an audit that measures cleanliness and compliance on a range of building elements (floors, furniture, vents, windows, doors, fixtures, general tidiness and odour control). The audit is conducted within defined functional areas of the hospital and aged care areas and the risk is rated. Overall, BDH rated very highly in the areas of cleanliness and compliance.

# Dental Innovation

Boort District Health's (BDH) vision is to enhance the health and wellbeing of the community. Rural communities are like that - they take care of each other.

BDH introduced the Boort Outreach Model of Care in September 2012 in partnership with Northern Districts Community Health.

Dr Chetan Bhardwaj, the BDH dentist, said the purpose of the Outreach model was to create an awareness of dental health issues, accessibility to dental care and an understanding of the importance of early intervention in treatment and prevention.

"We provide school dental services to clients with healthcare cards as well as people with teen dental vouchers and a private dental service," Dr Bhardwaj said.

As part of its program to increase awareness, it provided free dental check ups, education and follow-up appointments. The program was welcomed by the community so enthusiastically that BDH has now expanded the project to highlight how just a single chair dental practice can be successful within the rural community and the importance of consistency in dental care.

Dr Sajeev Koshy, Director of Dental Services at BDH said their efforts have been fruitful.

"We realised the importance of partnerships with different health agencies and eventually gaining the confidence of the local community who now accept that good, accessible dental care can be at their doorsteps," Dr Koshy said.

The dental service is provided six days a week and the service model includes a dentist and a dental therapist for care.



# Services for our Community

BDH Home and Community Care Services provides a local transport service for shopping/paying bills. This service operates using the hospital car each Friday morning. The car is driven by a volunteer driver. The client specifies pick up times and is transported down the street and home by the volunteer driver.

A second local transport is also provided to transport clients, who have no other means, to the local medical clinic for appointments. The transport can be arranged prior to the day and a volunteer driver collects the client



and provides transport to clinic. Following the appointment the driver will be contacted by staff to pick up the client and provide transport home.

**For Medical Appointments** Boort District Health provides a transport service, including car and driver, for specialist medical appointments in Kerang and Bendigo.

**Who can use this service?** This service is available for existing clients or community residents, who meet the criteria and do not have family/friends able to accompany them.

BDH supports local people to access the Victorian Patient Transport Assistance Scheme. The scheme provides some funding for people requiring transport for medical appointments. This scheme aims to help people in a rural setting overcome some of the financial pressures of having to travel significant distances to access some medical services.

# Around the Table

*Local women solving Local issues*



During the year, women across the region met to discuss health and social needs. The culmination of months of activity led to a report called: Around the Table.

The Around the Table project came about as a result of a partnership between Boort District Health, Northern District Community Health Service, Womens' Health Loddon Mallee, the Pyramid Hill Neighbourhood House and the women of the North Loddon Shire. A grant received from the Helen McPherson Smith Trust fund enabled the partners to employ a project coordinator to work with local women across the north of the Loddon Shire to identify women's health issues. The title was selected to emphasise the consultative nature of the process.



Basically, women of all ages talked about the need to feel connected, explored opportunities for themselves and their families and the importance of access to preventative health programs. There was further discussion about reliable mobile and internet connection across the district. Additionally, women noted the need for quality and affordable childcare and more social activities. There was lots of discussion about how women could work together to ensure local women felt connected to their communities.

It was as a result of these discussions that Boort District Health actively worked to engage a female GP. We all appreciate how difficult it is for our current GP to be a solo practitioner. The new GP will commence work in Boort in September 2013. A total of 78 women of all ages were consulted through a variety of means from Facebook to face to face meetings in small groups. The partners will continue to work together, using the information gathered as a basis for future planning and ensuring outcomes for local women.

# Feedback is important to us

**We would like to hear what you think of the Quality of Care Report for 2012/2013**

- Was the report interesting to read?       Yes     No
- Was the information appropriate?       Yes     No
- Did you enjoy the presentation and layout?       Yes     No
- Was the report readily available for you?       Yes     No
- Where did you obtain this report?       Annual General Meeting     Community     Other



Comments:.....

Name:.....

Address:.....

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Phone:.....

**Quality of Care Report Evaluation Survey**

Quality Manager – Boort District Health

Reply Paid 200200

BOORT Vic 3537

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