

VISION

To enrich the health and wellbeing of the community

ROLE

To deliver quality, flexible and responsive health and care services to the community

VALUES

- Services that are client focused
- Through impartiality, the rights and choices of people are respected
- Accountability is demonstrated through our actions
- Care and services are delivered in a manner which demonstrates integrity



08
QUALITY
OF CARE
REPORT
09

Welcome to our Annual Quality of Care Report. This is our opportunity to report to the community, our patients and those interested in Boort District Health (BDH) on how we are striving to improve quality in our organisation.

In June 2008, the Board of Management resolved to change the name of Boort District Hospital to Boort District Health. While the name change from hospital to health is small, it reflects the significant changes we have made in the delivery of health care to our community. To many, a hospital is a place to go when you are unwell or require urgent medical attention. Whilst providing such care is one of our key responsibilities, it does not reflect the other aspects of our care and services, particularly those services that have a significant health prevention or “wellness” approach. The focus of our school dental program is not to cure or treat children with teeth in need of care, rather to help to prevent future illness or disease and to ultimately maintain a healthy set of adult teeth; this is just one way BDH can have a significant role in health prevention in our community.

Boort District Health is looking to build a healthy future for our community and in doing this, sees the word “health” as fundamental to its future. As part of the name change BDH also underwent an image change with the designing of a new logo to reflect the change in services. The logo depicts where water and land meet, the agriculture, environment and spirit of Boort and community.



Winner of BDH Logo completion Jeannie Wagner with Board of Management Vice President Jim Nolan

MAJOR IMPROVEMENTS

Name and Logo change

School Dental Program

Private Dental Service

Introduction of Counselling and Social Work Service

Increased computer network

Installation of new telephone system

Increased security – by installation of front door and duress Alarms

New LCD televisions in Hostel & Nursing Home dining rooms and family room

Internal painting of acute ward

Purchase new industrial washing machine

Installation of new handrails in acute wards

BDH provides a range of health services to approximately 3660 clients in the North Loddon catchment. 96 staff are employed over all areas of BDH. In addition we have thirty three volunteers who provide a variety of services to BDH.

Inpatient Services (Admitted Patients)

We have nine general medical beds available for admitted patient care. There are four medical practitioners whom admit patients from Boort and the surrounding districts for general medical care.

Non-Inpatient Services (Non Admitted Patients)

Non-admitted patient services and 24-hour Accident and Emergency treatment is provided by BDH staff with the support of the local general practitioners.

Residential Aged Care Services

The Nursing home has ten high level residential aged care places available. Boort Hostel provides 30 low-level care places. Resident's daily living and clinical care needs are monitored by trained staff in a supportive, caring and friendly environment.

OUR SERVICES

- Acute, Emergency and Residential Aged Care
- Meals on Wheels
- Foot Care
- District Nursing – including Domiciliary
- Physiotherapy
- Dental – Public & Private Service
- Counselling & Social Work Services
- Planned Activity Groups and Social Support Services
- Health Promotion - including
 - Walking Group
 - Sustainable Farm Families

WHO LIVES IN OUR COMMUNITY?

- Our catchment area covers Boort and the surrounding district
- The majority of income is derived from agriculture
- The median age is 50 years of age
- 32% of the population are over 65 years
- Our public dental services catchment is the Loddon Shire, Buloke Shire and sections of Gannawarra Shire, lower areas of New South Wales and Swan Hill

WHAT ARE THE MAIN HEALTH ISSUES AFFECTING OUR COMMUNITY?

- Chronic disease particularly diabetes
- Mental health and depression
- Drought
- Economic downturn with major business closures
- An ageing community

Accreditation

Accreditation is an evidence based audit process that health services use to help them deliver high quality service to their clients.

The Australian Council on Health Care Standards (ACHS) is the external organisation that conducts the accreditation process and developed the evaluation and Quality Improvement Program (EQulP) that Boort District Health utilizes to assist in our Quality Program in the areas of Acute Services.

The Aged Care Standards and Accreditation Agency is an independent body responsible for managing the accreditation and ongoing supervision of Commonwealth funded aged care facilities. It promotes high quality care and helps health services improve service quality by identifying best practice by providing information, education and training.

AREA	TYPE OF ACCREDITATION	ACCREDITATION PERIOD	NEXT SURVEY DUE
ACUTE HOSPITAL AREAS & SERVICES	Australian Council of Health Care Standards (ACHS)	4 years	Self Assessment October 2009 Full Survey due in 2012
AGED CARE	Aged Care Standards and Accreditation Agency (ACSSA)	3 Years	Nursing Home 2011 Hostel 2010
DEPARTMENT OF HUMAN SERVICES	Food Safety Audit	Annually	August 2010
DEPARTMENT OF HUMAN SERVICES	Radiology	Annually	June 2010

Our involvement in the community in 2008-2009

Offered support to the Boort walking group.

Conducted Sustainable Farming Families in a partnership with Northern District Community Health Services to improve the health of rural farming families.

Chair of the Loddon Chronic Disease Working group. This group has representatives from all health agencies in the Loddon Shire and was formed to present a united approach to the battle against chronic disease management and Type 2 Diabetes.

An active member of the Health minds network-Loddon Shire initiative and Loddon Mallee Rural Hospital Mental Health Network.

An active member of the B-Line Transport Committee, addressing transport issues across the Loddon Shire and City of Greater Bendigo.

In 2008/2009

We treated 274 patients

Our Nursing Home had an occupancy rate of 99.12%

1625 people were treated in Accident & Emergency

The District Nurse made 1947 visits into the community

3419 meals were delivered to the community via Meals on Wheels

500 people were seen by the physiotherapist

There were 2,826 visits to the dentist

OUR COMMITMENT TO SAFETY & QUALITY

Pressure Ulcers

A pressure wound or ulcer is any lesion caused by continuous pressure that results in damage to the skin and underlying tissue. The risk of a patient developing a pressure ulcer in hospital is high, but can be prevented. Patients who are bed-bound and those who are unable to reposition themselves are at greatest risk. In 2008/2009 the BDH Hostel had no ulcers reported, Nursing Home five & Hospital had seven identified pressure areas in patients.

Measures implemented by BDH to monitor and manage pressure ulcers include:

- The use of pressure-relieving equipment such as pressure-relieving mattresses, heel protectors and air cushions.
- Repositioning patients who are unable to reposition themselves.
- Implementation of policies and guidelines for preventing pressure ulcers.
- Implementation of preventative measures, including using preventative equipment.
- Report all pressure ulcers to Department of Human Services (DHS) three monthly.

Medication Incidents

Medication safety is a priority at Boort District Health.

Errors that can occur when administering medication include duplicating a dosage, providing the wrong medication or the wrong dosage level or not administering the medication at all. Medication errors are recorded if relevant documentation regarding medication is not completed correctly.

A number of initiatives have been carried out during 2008/09 to facilitate improvement:

- Medication incidents are reported to the clinical management team and the Board of Management on a regular basis.
- All staff responsible for the administration of medication undergo annual competency testing.
- An external pharmacist is engaged to conduct residential aged care medication reviews. The pharmacist is a member of our Clinical Issues committee and provides regular reports to the staff and GPs on medication issues.
- Boort Community Pharmacist is also a member of our Clinical Issues Committee.
- Medication packed externally is checked by staff on arrival.

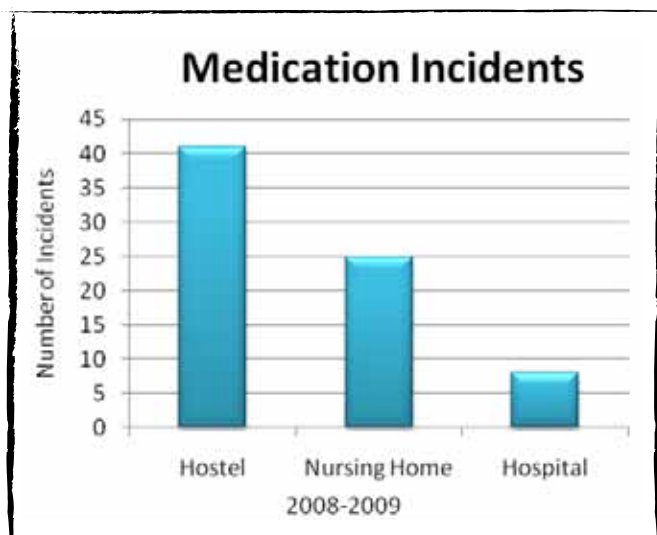
No patient or resident suffered any harm or increased length of stay because of medication incidents.

Occupational Health & Safety

The OH&S committee meets four times a year and consists of representatives from all areas of the organisation. The group reviews all incidents, hazards and potential hazards. The OH&S committee reports to the Safety and Quality Committee.

The Safety and Quality committee comprises of BDH Board of Management and Executive Staff. The Corporate Programs Coordinator and Chief Executive Officer are members of the Safety & Quality and OH&S committees and actively inform both staff members and the Board of Management of all Safety & Quality issues.

Mandatory training is conducted four times per year; this helps keep staff up to date with knowledge on fire safety, evacuation, and infection control procedures. Staff also participate in manual handling training "No-Lift" for nursing staff and manual handling training for non nursing staff.



Medication Incidents that occurred in each area at BDH in 2008-2009



Medication Rounds at BDH

Falls

Falls are a major cause of injury for the elderly, due to sickness and mobility. BDH has implemented various strategies in 2008/2009 that have seen an overall reduction of falls by patients and residents.

BDH actively monitor falls by:

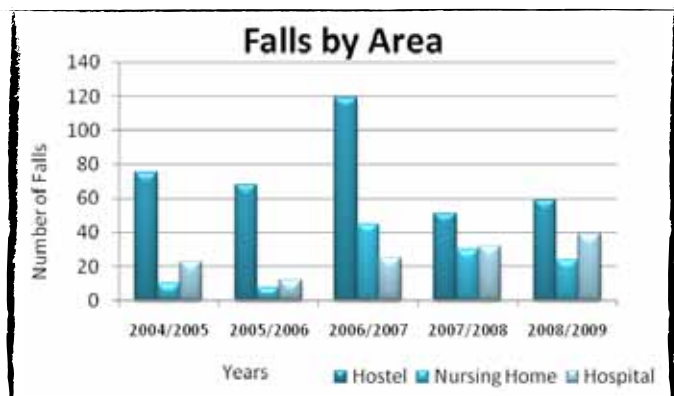
- Completing a falls risk assessment on all new patients and residents. This helps identify patients and residents who may be at risk of falling.
- Individual care plans are developed in consultation with the physiotherapist and medical practitioners to implement strategies to minimise the risk of falls for the client.
- Participation in a strength training program for patients and residents. This program aims to improve fitness, balance and muscle tone of participants.
- Encouraging the use of mobility aids. e.g. use of walking aids.

Infection Control

Infection control is a high priority for all staff at BDH.

We do this by:

- Staff participate in our immunisation program annually, with 61% of staff being immunised for influenza.
- Internal & external audits are conducted to assess the cleanliness of BDH.
- Monitoring of infection rates; results are reported to Department of Human Services.
- Conduct food safety audit annually.
- Monitoring of food handling procedures. This includes storage, handling and temperatures of food.



Fall's by Area at BDH in 2008-2009

Strength Training



Cleaning Standards Results for BDH. BDH are well above the standard of 85%

Hand hygiene is important

Research has found that poor hand hygiene assists in the spread of infection. BDH has implemented the following strategies to minimise the spread of infection.

- Regular monitoring of staff compliance with hand hygiene procedures.
- Installation of "hand rub" solution, located at front door of BDH and in numerous of other areas within BDH.
- Annual training in hygiene.
- "Five moments of hand hygiene" program.

Clinical Governance

All Nurses must be registered with the Victoria Nursing board to practice in Victoria. Nurses' registrations are checked to ascertain qualifications before commencing work at BDH. Nurses are also required to produce evidence annually of current registration. Personal care workers are employed to work at the Hostel (Aged Care Facility) and have qualifications in Certificate III or IV in Aged Care. Qualified Lifestyle Coordinators are also employed to work to improve social & intellectual wellbeing of our aged care clients.

Medical Credentialing

Every medical practitioner that works at BDH has undergone a "Credentialing" process to ensure that they have the appropriate education, training, experience and qualifications to practice medicine. This process ensures that they only "practice" in the field that they are competent in. Doctors must also provide proof of current registration with the Medical Board of Victoria and evidence of Comprehensive Medical Indemnity Insurance every three years.

Risk Management

As part of good governance the Board of Management has to ensure there is a risk management system in place. Risk management is about making sure the Hospital identifies, treats, monitors and reviews risks. Risks are any events or circumstances which would affect services or our ability to deliver those services.

BDH can't eliminate all risks to the organisation but it can take action to minimize the potential impact for any risk identified or for any risk that eventuates.

BDH's top four risks

- Failed Building Infrastructure at Hostel
- Medication Errors
- Manual Handling – Injury to staff
- Staff Security

BDH has current risk action plans to deal with all identified risks.

Cultural Diversity

BDH has several measures in place to meet the needs of clients and carers from culturally and linguistically diverse backgrounds residing in the Boort District.

These include:

Access to interpreters and translators using VITS Language Link is available 24 hours per day via a referral to those services.

BDH annually submits a Cultural Plan outlining our response to the needs of culturally and linguistically diverse clients to the Department of Human Services.

Boort District Health Currently employs

- 20 Division 1 Registered Nurses
- 1 Division 1 Registered Nurse –Midwife
- 13 Division 2 Registered Nurses
- 4 Division 2 Registered Nurses with Medication Endorsement
- 14 Personal Care Workers with Certificate III in Aged Care
- 1 Personal Care Worker with Certificate IV in Aged Care
- 3 Activities Assistants with or working towards a Certificate IV in Lifestyle and Leisure

Education

This year our staff completed training in a variety of courses

- 28 nurses attending 21 different programs
- 14 support staff attended 13 programs
- 4 hostel staff attended 3 programs
- 3 dental staff attended 6 programs
- 1 physiotherapist attended 1 program

In 2008/2009 five staff have begun or completed training at a certificate level with support from BDH.

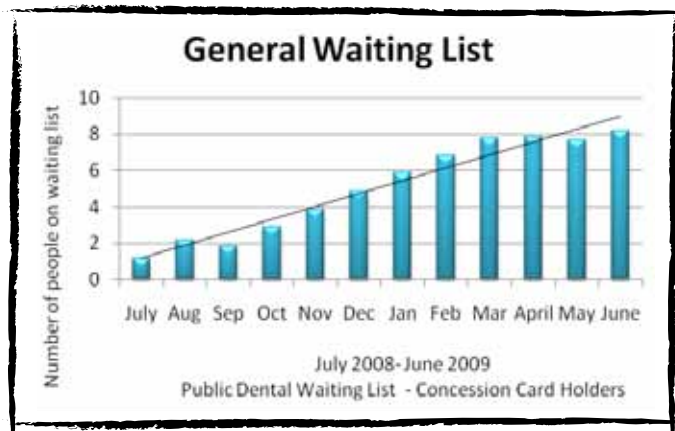
- 3 staff completing Certificate IV in Lifestyle and Leisure
- 1 staff completing Certificate III in Aged Care
- 1 staff completed Certificate III in Finance
- 1 staff is completing a Masters of Health Management



Organising Care Plans for Patients

Dental waiting list

Boort Dental Clinic resumed services in September 2007, with the appointment of a qualified Dentist and Dental Nurse. In July 2008 school dental services commenced offering dental services to Boort and surrounding communities, with the employment of an additional Dental Nurse and Dental Hygienist. This year has seen a rise in the public waiting list due to the decline in client income, and inheriting a waiting list from neighbouring areas such as Swan Hill who do not currently have a public dental service.



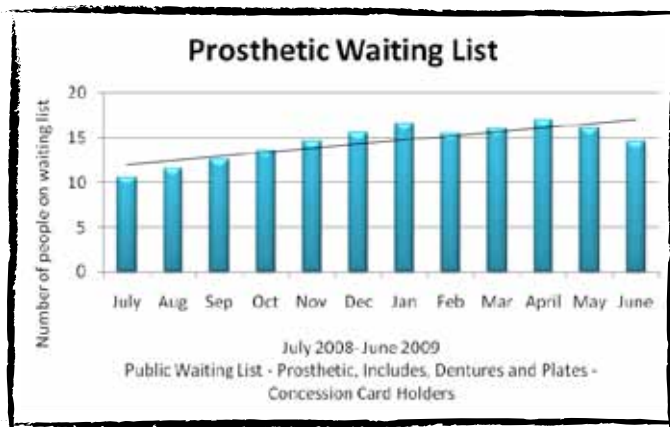
General waiting list for Concession Card Holders in 2008-2009

Sustainable Farming Families

In 2008 BDH in conjunction with Northern District Community Health Service have received a grant to deliver the Sustainable Farm Families program for 2 years. A major issue facing agricultural industries is the health of the industry's human resource (farmers). Farmers are ageing, working harder, longer and increasingly relying on family members to provide the extra labour needed to cope. Farmers also experience higher injury and earlier illness and death. The Sustainable Farming Families program aims to address the health, well being and safety issues facing the farming industries.

In 2008/09 the Dental Clinic:

- Provided 1535 clients with a general course of dental care
- Treated 327 clients through the emergency triage system
- Provided 130 clients with either partial or full dentures
- Saw 356 private dental patients
- Provided 478 children with visits to the dentist via the school dental program



Prosthetic waiting list for Concession Card Holders in 2008-2009

Report from Sustainable Farming Families participant Laurie Maxsted

After completing the second year workshop of Boort Sustainable Farming Families program, I felt that a large degree of thanks should be passed onto the Boort District Health Services. It is programs like this that help weld district people together.

Farming communities in general are a resilient bunch of people with a lay back attitude of 'I'll be right mate'. It is because of the foresight of the staff of Boort that identified that there is a need to help families that are under enormous pressure, whether it is from drought, depression, financial or all three that this program was put in place.

There is definitely a motivated move towards being more health conscious as we grow older.

I was pleased to hear the response from different people that attended the workshop that it was great to be able to compare this year's records with those of the previous year. It was also great to catch up with those that participated the previous year. There was an air of competitiveness of 'how much weight you have lost etc'.

The workshop was delivered in a manner that we felt we owed it to our families to follow up on what we were taught (regular checkups etc) and to read the manual provided to reminding ourselves how to strive for our best possible health that we can expect as we age gracefully.



BDH Fun Day

This year the Fun Day was moved to Nolan's Park to a twilight event on the long weekend in March. The event was a wonderful success. The evening commenced



with the annual Fun Run. On completion of the run around the lake competitors were able to fill their empty stomachs with an assortment of goodies sure to satisfy their hunger.

Highlights for the night were the inaugural Yabby Race, Gourmet BBQ, singing by local muso and glorious weather.

Patient Satisfaction Survey

BDH participates in the Victorian Patient Satisfaction Survey Annually. When patients are discharged from BDH they receive a questionnaire asking for comment on their experience. Survey results show that our patients are more than happy with their care while at BDH.

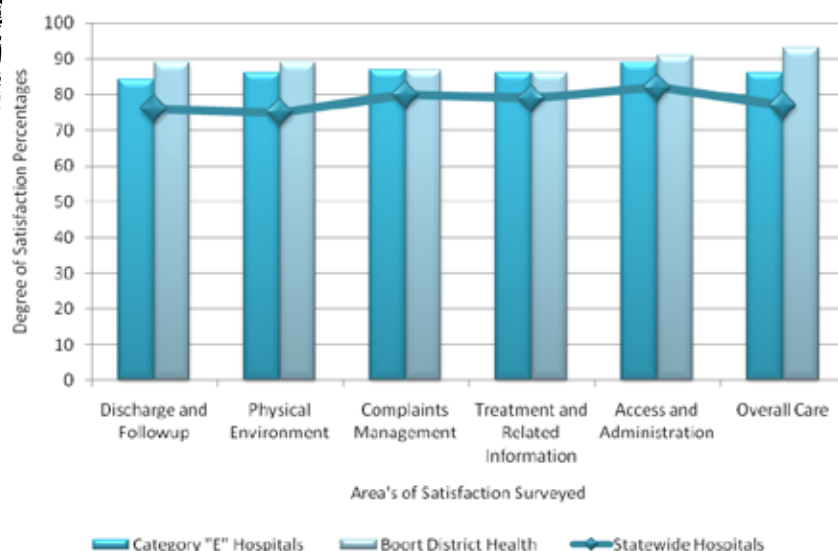
Client Feedback

BDH welcomes and encourages feedback from our clients, carers and families. Our commitment is to offer an accessible and non-biased feedback process.

We aim to respond quickly to any feedback received and endeavour to include the complainant in the outcome process.

In 2008/2009 we received eight complaints. All feedback is recorded in the comments & complaints register and is dealt with as soon as possible after receiving it.

Benchmark Data Comparing Boort District Health with other Category E Hospitals and Statewide Hospitals



Benchmark data comparing Boort District Health with Category "E" and State wide hospital benchmarks' in 2009. (Category "E" hospitals are other hospitals the same size as BDH)

Our clients also provided us with some of the following compliments;

"The staff and nurses were really interested in your well being and recovery".

"Boort District Health is excellent. Country hospitals are better than the city hospital. They treat you as a person not a number".

"Being cared for in my local hospital by doctors, nurses and other staff, who were caring, friendly and helpful at all times."

"The way staff always greeted you in the morning".