



Our Vision:

To enrich the health and wellbeing of the community

Our Role:

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

Our 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



Quality of Care Report
2009 / 10

introduction

Welcome to our annual Quality of Care Report.

This is our opportunity to report to the community of Boort and district about the services we have provided in 2009-2010 and how we are working to improve the quality of these services.

Highlights for 2009/2010

- Visit from the minister of health Mr Daniel Andrews, with subsequent agreement to redevelop all Boort District Health (BDH) service delivery infrastructure
- Sky lighting has been placed throughout the hospital and nursing home to increase the level of natural lighting
- Improvement of services through:
 - ✦ Purchase of pathology equipment I-STAT. I-STAT enables the medical officers to get immediate results from blood tests.
 - ✦ Purchase of a C-Pap oxygen dispensing system
 - ✦ Ultra Sound Diagnostic imaging equipment
- Boort District Health Hostel achieve full accreditation in all 44 standards
- Successful recruitment of a replacement public dentist.
- Increased dental service capacity with the introduction of school dental and private dental services.
- Supported the “Boort Men’s Shed” project in developing a permanent home at BDH.
- Appointment of a radiography service to support radiology services.
- Implementation of VOIP (Voice Over Internet Protocol) phone system, wireless and duress alarm system, including new BDH phone numbering system enabling improved functionality and service quality.
- Expansion of the BDH computer network to increase accessibility to staff, residents and patients for education and increased IT based day to day tasks, such as referral, ordering and reporting.

our community

BDH provides a range of health services to approximately 4500 clients in the North Loddon catchment. 97 staff are employed across all areas of BDH. They are well supported by 35 excellent volunteers across a variety of services at 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

- Inpatient Services (Admitted Patients)
- Residential Aged Care Services
- Non-Inpatient Services (Non Admitted Patients):
 - ✦ Physiotherapy
 - ✦ 24-hour Accident and Emergency care
 - ✦ Foot care to eligible clients
 - ✦ Meals on wheels
 - ✦ District Nursing – including domiciliary midwifery
 - ✦ Public and private dental care
 - ✦ Planned activity groups and social support services
 - ✦ Health promotion activities eg Sustainable Farm Families Programs at Boort and Calivil
 - ✦ Coordination of volunteers

our community

Auxiliary, volunteers and support groups

BDH continues to recognize the valuable contribution provided to the organization by the Boort District Health auxiliary and our many valuable volunteers and supporters.

BDH Auxiliary have contributed valuable funds for the purchase of equipment and furnishings.

In 2009/2010

We treated 263 patients.

Our Nursing Home had an occupancy rate of 99.12%.

1731 people were treated in Accident and Emergency.

The District Nurse made 2257 visits into the Community.

2977 meals were delivered to the community via Meals on Wheels.

387 people were seen by the physiotherapist.

There were 3367 visits to the dentist.

Volunteers have continued to provide valuable support to all areas of the organization. Their work makes a difference in the lives of our patients and residents.

Murray to Moyne team again made a magnificent effort in raising funds for the health services, enabling us to purchase an ultrasound machine for emergency care.



Above: Murray to Moyne riders leaving Boort.

Our involvement in the community in 2009-2010

We conducted the Sustainable Farm Families program in a partnership with Northern District Community Health Services at both Boort and Calivil. This program assists to improve the health of rural farming families. This year saw the second workshop for the Boort program and the commencement of a new program at Calivil.

Chair of the Diabetes in Loddon Action 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 specifically Type 2 Diabetes.

An active member of the Healthy 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.

our commitment to safety & quality

Risk Management

Risks are identified as any events or circumstances which would affect services or our ability to deliver services.

Every year BDH reviews the risk and identifies any new risks. These are then rated according to severity and likelihood. All risk rated as 'High' will have an action plan developed specifically to reduce the risk.

Occupational Health & Safety

The BDH Health & Safety Committee is established from representatives of each department area and committee conducts hazard reports and assessments. BDH recognises its obligation to take all reasonable precautions to protect the health and safety of its staff, clients, visitors and other persons lawfully entering the premises.

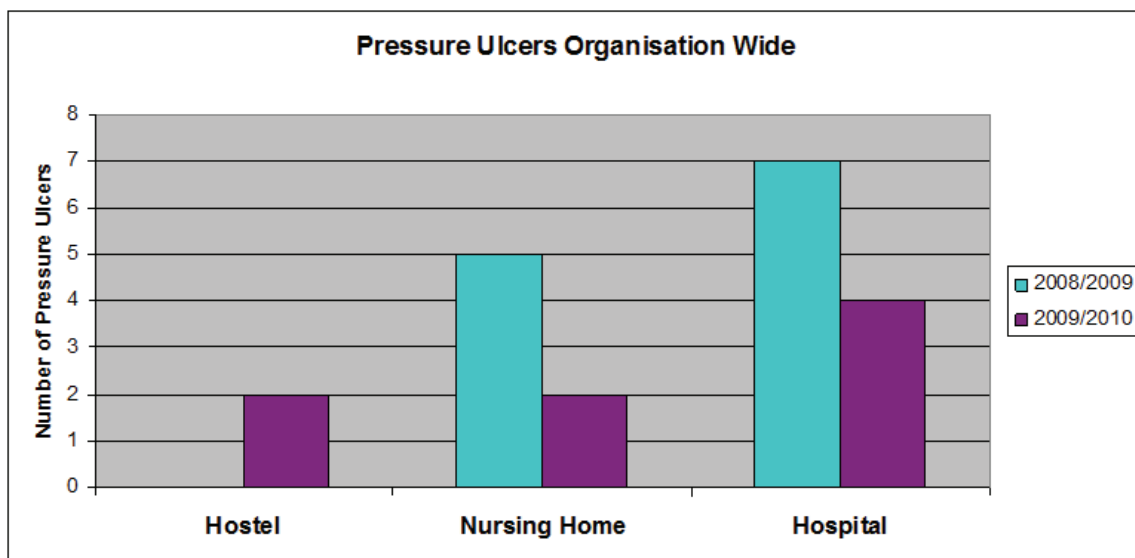
Pressure Ulcers

Pressure wound or ulcer is any lesion caused by unrelieved pressure that results in damage to the skin and underlying tissue. The risk of a patient developing a pressure ulcer is increased by

- Extremely poor health at the end stage of disease
- Ageing and some medication.

On admission patients and residents are assessed using an assessment tool called the "Waterlow" score to determine their risk of developing a pressure ulcer. According to the risk identified, different mechanisms are used to minimize the possibility of developing an ulcer.

External auditing tracks BDH pressure area incidents against State wide incidents in both acute and aged care services.



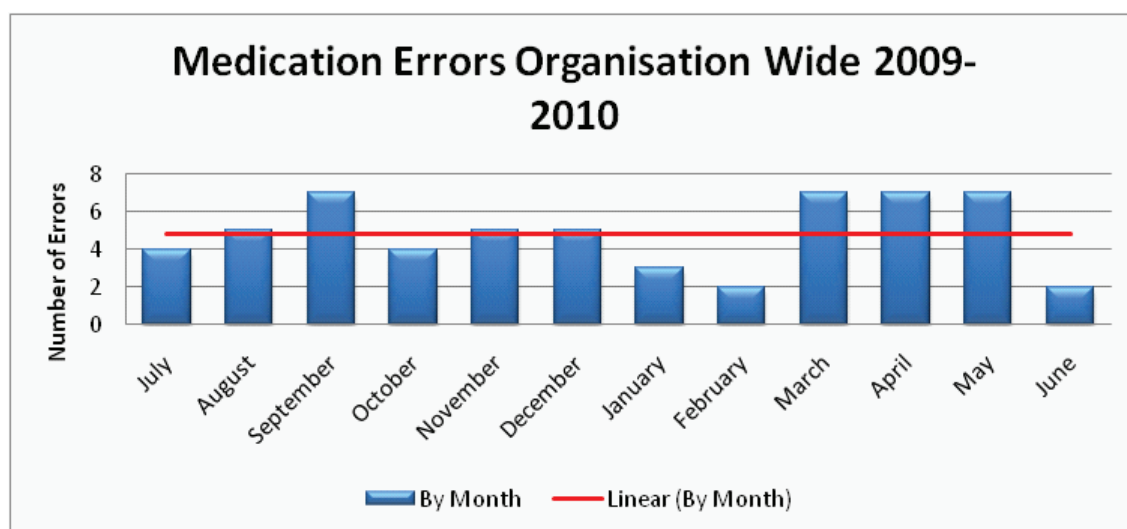
Left: Graph showing that pressure ulcers across the organization have dropped from the 2008/2009 data.

Reducing Medication Errors

- In 2009-2010 there was no harm to patients or residents as a result of a medication error.
- BDH has a number of mechanisms to improve medication safety. These include:
 - ✧ Monitoring all errors through a computerised reporting system
 - ✧ Staff education. In 2009-2010 100% of registered nurses undertook medication training as part

of the compulsory training program

- ✧ Reporting all errors back to the staff through meetings, thus enabling solutions to medication problems to be solved by the staff who administer medication.
- ✧ Provision of a computerised drug chart for use by the visiting medical officers thus eliminating the potential problem of legibility.



Left: Graph confirming that our medication errors have stayed at the same level for 2009/2010 with some months showing some significant decreases.

Falls Monitoring and Prevention

Falls prevention is very important at BDH, and a number of factors put people at higher risk of falls including:

- ✧ Increased physical frailty because of age or illness.
- ✧ Vision changes
- ✧ Cognitive impairment (confusion, forgetfulness etc)
- ✧ Medication
- ✧ Alcohol and drugs

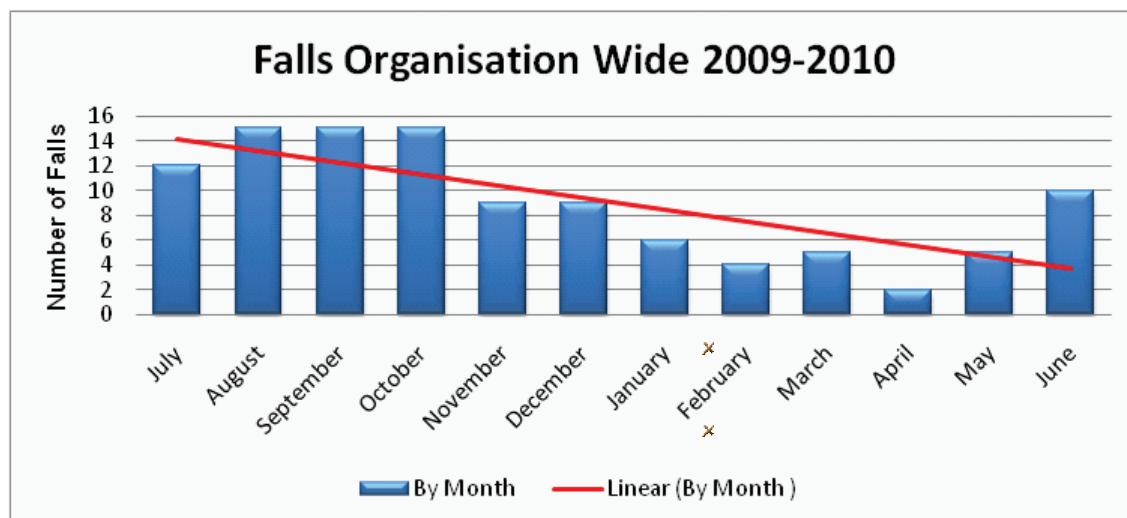
To reduce the risk of falls to patients and residents at BDH:

- ✧ A falls risk assessment is conducted on all new patients and residents. A falls risk assessment identifies patients and residents who may be at risk of falling. Individual care plans are implemented to develop strategies to minimise the risk of falls.
- ✧ Patients may be seen by the physiotherapist to aid in mobility

- ✗ Review of the environment, footwear, the use of hip protectors and the use of special chairs, beds and mattresses
- ✗ Reporting and investigation of all falls together with a review of strategies in place and analysis of

falls reports to review and improve systems

- ✗ A strength training program is available for all residents and patients of BDH. The program aims to improve fitness; balance and muscle tone of participants.



Left: Graph showing an overall decrease in the number of falls occurring over the 2009/2010 period.

Infection Control and cleaning

Creating good habits by promoting hand washing and hand disinfection among Health Care Workers and visitors is known to be the most important method in reducing the spread of disease. Visitors are encouraged to use the hand rub when entering and leaving visitations with patients and residents.

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.

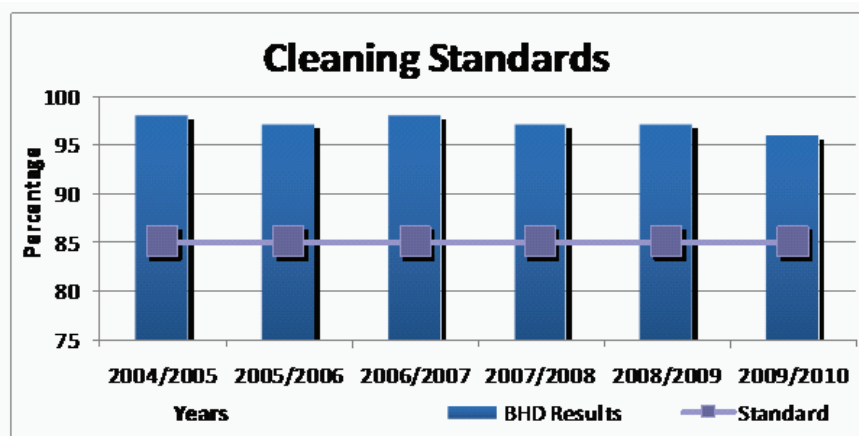
- ✗ Regular monitoring of staff compliance with hand hygiene procedures
- ✗ Installation of “hand rub” solution, located at front door of BDH and in numerous of other areas within BDH
- ✗ Annual training in hygiene
- ✗ “Five moments of hand hygiene” program



Left: During the 2009/2010 year the graph at left represents a fall in the number of infections occurring across the organisation.

BDH carries out internal and external cleaning audits. These results are sent to the state government for

monitoring In 2009-2010 BDH achieved results of 95% and 96% in overall cleanliness in external audits.



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



Above: Cleaning staff hard at work.

accreditation & compliance

Clinical Governance

The community of Boort and district want to have confidence that the services provided are safe and of a high quality.

It is the role of the Board, CEO and Executive team to make sure the systems that are in place are effective. Managers and clinicians are accountable for implementing and adhering to these systems.

To monitor these systems BDH undertakes rigorous quality accreditation programs for all of its services and is fully accredited with the Australian Council on Health Care Standards (ACHS) and the Aged Care Standards and Accreditation Agency (ACSAA).

Accreditation is an evidence based audit process that guides the performance of an organisation to deliver safe, high quality health care.

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

Australian Council on Healthcare Standards (ACHS), organisation wide EQuIP Accreditation (EQuIP is an Evaluation and Quality Improvement Program which provides a framework for establishing and maintaining quality care and services)	In 2008 BDH was awarded accreditation until September 2012. BDH will provide evidence of continuous evaluation and ongoing improvement in September 2010 (self assessment), prior to undergoing an assessment in October 2010.
Home and Community Care (HACC) accreditation	An accreditation site visit occurred in line with the Australian Council on Healthcare Standards EQuIP review in 2008 and is due again in 2010. The service received a 'high' quality rating.
Residential aged care services – Aged Care Standards Accreditation Agency (ACSAA)	Three yearly accreditation. Each residential service submits a comprehensive self assessment before a two-day aged care assessor site visit. In addition, both areas have undergone successful unannounced support contact visits in 2009 and 2010.
Food safety audits	Annual accreditation
Hospital cleaning standards	Annual accreditation
Fire safety audits	Four yearly accreditation

Clinical credentialing and certification

Clinical credentialing is how we ensure that our clinical team are appropriately registered, qualified and trained to undertake the work required. All

clinical staff at BDH has a defined area of expertise or 'scope of practice'. This scope of practice is set by their qualifications and education they have received and is clearly defined in each area.

accreditation & compliance

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. All Nurses must be registered with the Victoria Nursing board to practice in Victoria.

All nurses and allied health qualifications are required

listening to you

BDH is continually evaluating the effectiveness of its services. Through satisfaction surveys and comments and complaints feedback. In 2009-2010 BDH received 14 complaints about its services in both clinical and nonclinical areas. All complaints were resolved with the people involved in a satisfactory manner.

In the same time we have received many compliments. These include:

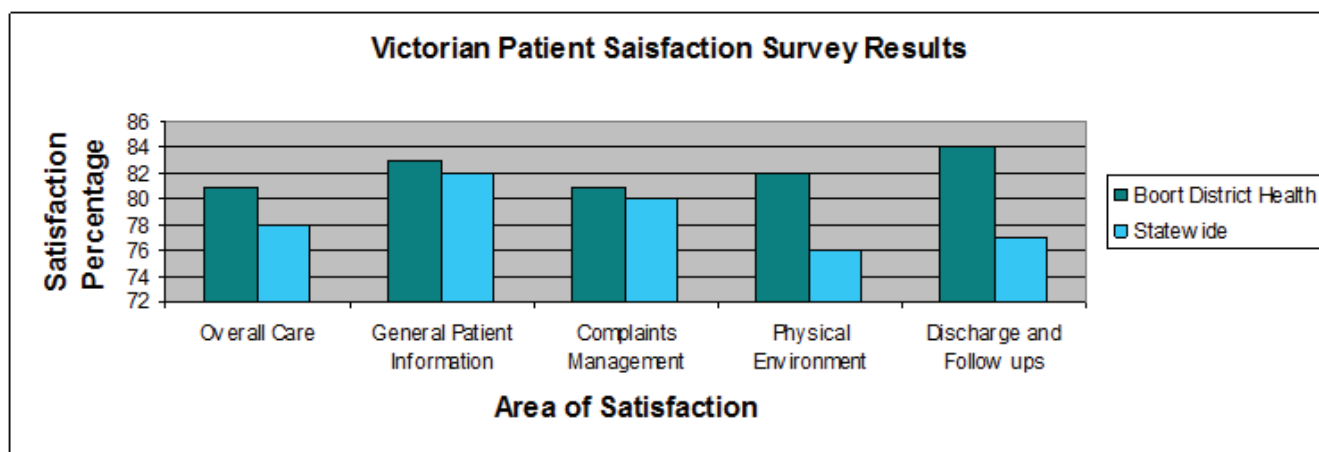
- “... fantastic, caring and very professional staff...”.
- “We are lucky to have our “little hospital”; it provides a very special service to our town”
- “You showed dedication, compassion, caring and treated him with dignity, We will be eternally grateful”

to produce yearly evidence of current registration to continue practicing in the health profession.

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 in Aged Care areas at BDH.

BDH participates in the Victorian Patient Satisfaction Survey. When patients leave BDH they are sent a questionnaire asking patients to comment on their experience during their stay at BDH. Survey results show that they are more than happy with their care while at BDH.

In July 2009 through to December 2009 the patient satisfaction survey for Boort District Health consistently rated above the state average according to the Department of Human Services Victorian Patient Satisfaction Monitor (VPSM). Below are some of the results obtained showing Boort above average compared to the statewide average.



Type 2 Diabetes

Not only are we an ageing population but in the Loddon Shire, the number of residents with diabetes increased from 400 in 2001 to 833 in 2008, representing a 108% increase. As a proportion of population, the prevalence of diabetes in Loddon Shire residents increased from 4.6% in 2001 to 10.3% in 2008.

In 2008 the Loddon Shire had the highest proportion of population with diabetes of any of the 79 Victorian Local Governments.

In response to this high rate of diabetes in the Loddon Shire, BDH has worked with all other health providers in the Shire to form the Diabetes in Loddon Action Group

(DiLAG). Boort District Health has acted as the chair organization for this group throughout 2009-2010.

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.

Diabetes prevalence 2001-2008

		2001	2006	2008
Loddon	Number of people with diabetes	400	708	833
	Proportion of population with diabetes	4.6%	8.53%	10.3%
	Victorian ranking (out of 79)	2	1	1
Greater Bendigo	Number of people with diabetes	1822	3137	3620
	Proportion of population with diabetes	2.0%	3.2%	3.6%
	Victorian ranking (out of 79)	43	49	51

Diabetes Australia-Victoria

*includes type1, type2, gestational diabetes, and other forms of diabetes

The graph above shows the prevalence of diabetes in Loddon and Greater Bendigo from 2001 to 2008 as a comparison.

Boort District Health Currently employs

17 Division 1 Registered Nurses

1 Division 1 Registered Nurse –Midwife

18 Division 2 Registered Nurses

5 Division 2 Registered Nurses with Medication Endorsement

14 Personal Care Workers with Certificate III in Aged Care

2 Personal Care Worker with Certificate IV in Aged Care

Education

This year our staff completed training in a variety of courses

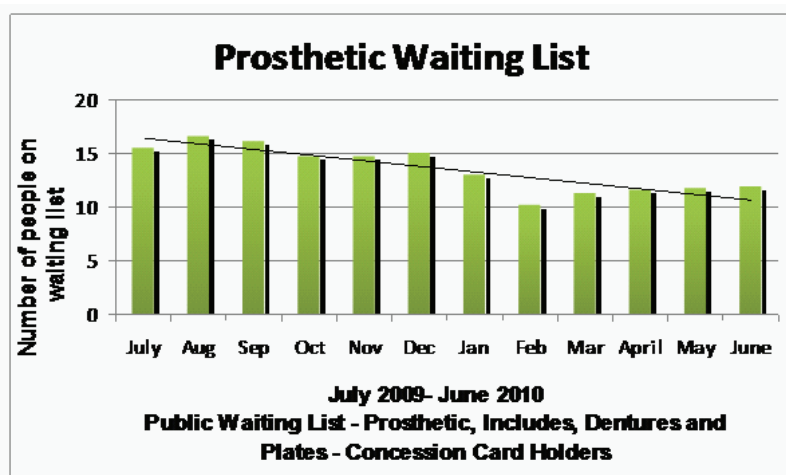
- ✗ 36 nurses attending 17 different programs
- ✗ 18 support staff attended 9 programs
- ✗ 18 hostel staff attended 10 programs
- ✗ 3 dental staff attended 6 programs
- ✗ 1 physiotherapist attended 3 programs

In 2009/2010 we have a number of staff who have begun or completed training at a certificate level or higher with support from BDH. 3 staff completing Certificate IV in Lifestyle and Leisure

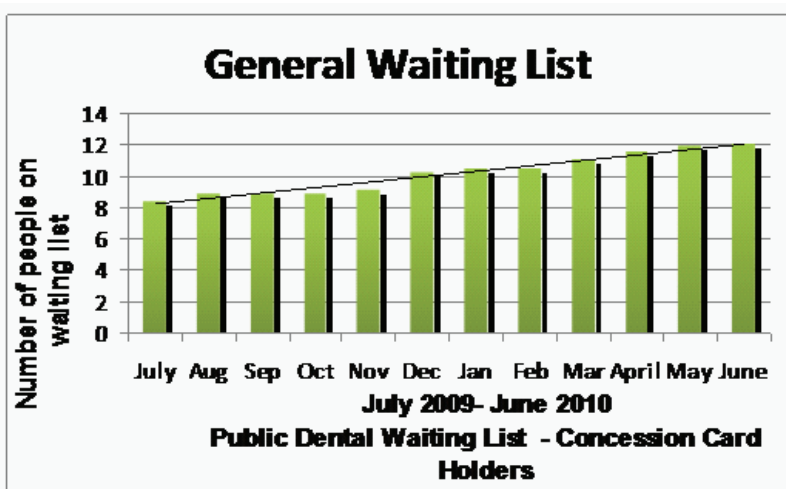
- ✗ 3 staff completing a Certificate IV in Aged Care
- ✗ 1 staff completed Certificate III in Aged Care
- ✗ 5 Staff completed Management Training
- ✗ 2 Staff are completing an Advanced Diploma in Management
- ✗ 1 staff is completing a Masters of Health Management

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. In 2009/2010 we recruited a new dentist and commenced school dental services. Our general waiting list has seen a rise but overall we have seen more clients and provided more dental treatments.



Prosthetic waiting list for Concession Card Holders in 2009/10



General Waiting list for concession card holders in 2009/10

In 2009/2010 the Dental Clinic:

- Provided 2239 clients with a general course of dental care
- Treated 588 clients through the emergency triage system
- Saw 386 private dental patients
- Provided 605 children with visits to dentist via the school dental program