

Quality Activity Report 2015/16



CEO report

On behalf of the Board of Management and the dedicated staff and volunteers from Boort District Health I am pleased to present the 2016 Quality Activity Report. We are delighted to present our report... delivering Person Centred Care.



This report is designed to increase the communities' awareness of the range of services and the quality and safety that underpins all of these services that is provided to the residents of Boort and surrounding localities. We are proud of the high standards displayed by our staff and volunteers to our residents, carers and families, and to patients and clients who receive community based services.

This report also provides information about how you can make comments about our service. We welcome hearing from everyone and it is through receiving comments that we improve and reflect on what we are doing. To enhance the opportunity for people to make comments we partnered with Patient Opinion. This is an independent website that encourages patients and their families/carers to make a comment about the care they have received. We are proud of our relationship with Patient Opinion.

During the year, Professor Stephen Duckett was tasked with reviewing the safety and quality of the Victorian health system. We all have a role to ensure that there is a consistent approach to delivering high quality and safe care. Our Clinical Governance team manages the overall aspects of our quality approach but we also need people who use the system to feel confident to use our service and make comment about any aspect of the care they receive.

The following extract was submitted by Boort District Health to the Duckett Review and it was published in the final report: **Targeting Zero – Supporting the Victorian hospital system to eliminate avoidable harm and strengthen quality of care** (p. 218: October 2016)

“Person Centred Care needs to be incorporated into the ethos of every health service as it leads to outstanding outcomes in terms of improved safety and quality of care. It’s about listening to patient’s stories and coming together to not only learn from the personal narrative but also how to use these stories to embed continuous quality improvement...”

Throughout the report you will read patient and families stories. This is what drives our goal to deliver high quality, safe and joined up care.

We hope you enjoy reading the progress of the past 12 months and the calendar format allows you to reflect each month on a topic. If you would like to provide feedback on this report please email comments to admin@bdh.vic.gov.au or write to us at PO Box 2, Boort, Victoria 3537.



January

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During my dad's stay he had excellent care from the nursing staff

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Environmental performance

Boort District Health is committed to improving the environmental sustainability of our operations and minimise the environmental effects associated with our operations to the greatest extent possible. We do this by, minimising waste, being responsible with our purchasing practices and monitoring BDH's environmental impacts.



Our success with managing the environmental performance will see ongoing improvement as our building redevelopment program is finalised. Stage One of a new aged care and acute facility was completed in April 2016. The new building has a number of environmental systems that will increase the overall efficiency of the organisation.

To date Boort District Health has:

- Continued use of electronic Meeting program “Convene” to be “paperless” at all meetings.
- Paperless aged care documentation.
- Participation in environmental friendly processes within Boort District Health; such as printer cartridge and battery recycling, separation of commingled wastes (composting, bricks, pipes, plastics etc.) and regular waste audits.
- Bicycle parking and scooter facilities for staff and visitors to BDH.

In our New Building - Environmental Initiatives

- Installation of Solar Power to reduce dependency on the grid power.
- Installation of Solar Hot Water for all patient/resident showers with gas boost when required.
- All external windows are double glazed.
- Energy efficient individual heating and cooling for all rooms.
- Underground water tank to collect water for use in grey water system and garden areas.
- Installation of water saving devices in all showers and toilets.
- Garden planting – drought friendly selection watered with grey water when possible. Automatic watering installed.
- Installed new efficient generator to power hospital during power outages.
- All lighting is set on timing system to regulate external lighting. Lighting is LED fluorescent tubing.



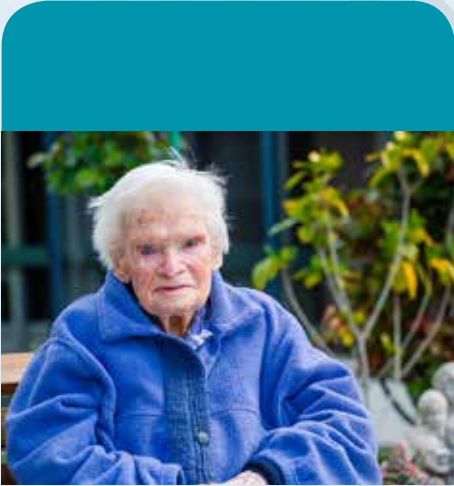
February

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Your staff are always smiling
(from a resident & her son about the nurses)

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Dental services



Boort District Health operates a single dental chair and offers both public and private dental health services. Dr Manoj Mogilisetty (MJ) is the dentist and provides the following:

- Emergency treatment • Preventative oral health treatments • Prosthodontics (e.g. Dentures)
- Orthodontic referrals • Children's dental health care

During the year the dental service provided outreach services to nearby towns. These outreach services are very popular and patients are encouraged to make appointments at the dental clinic in Boort for more extensive treatment.

The dental clinic also provides dental services to the Kerang Aboriginal Medical Service. This has been an important relationship as it has provided aboriginal people with confidence to seek dental advice and treatment from the Boort dental team. The Kerang Aboriginal Medical Service provides transport to the dental clinic in Boort for more specialised services.

Boort District Health partners with Inglewood and Districts Health Service and Northern Districts Community Health to provide the Smile 4 Miles program. Smiles 4 Miles is an initiative of Dental Health Services Victoria (DHSV) which works in partnership with organisations to improve the oral health of children, their families, early childhood staff and the wider community.

The program is based on the World Health Organisation's Health Promoting Schools Framework and is delivered in kindergartens throughout the Loddon Shire.

Waitlist Progress Report 16/17

Month	No. Waiting At Start	No Added	No Removed	Net Movement	Waiting At End
JUL	148	33	3	30	178
AUG	178	23	29	-6	172
SEP	172	28	30	-2	170
OCT	170	28	3	25	195
NOV	0	0	0	0	0
DEC	0	0	0	0	0
JAN	0	0	0	0	0
FEB	0	0	0	0	0
MAR	0	0	0	0	0
APR	0	0	0	0	0
MAY	0	0	0	0	0
JUN	0	0	0	0	0
YTD		112	65	47	

Waitlist Progress Report 15/16

Month	No. Waiting At Start	No Added	No Removed	Net Movement	Waiting At End
JUL	175	17	5	12	187
AUG	185	41	5	36	223
SEP	223	28	45	-17	206
OCT	206	33	43	-10	196
NOV	196	29	31	-2	194
DEC	194	14	4	10	204
JAN	204	22	13	9	213
FEB	213	49	71	-22	191
MAR	191	57	55	2	193
APR	193	15	38	-23	171
MAY	170	22	44	-22	148
JUN	148	19	19	0	148
YTD		346	373	-27	

March 17



Excellent Service - the staff were very caring

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February
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April
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Community services

This report covers the Planned Activity Group and Social Support (PAGASS), Allied Health (AHA), Aged Care Activities, District Nursing Service (DNS) and volunteer activity.

Planned Activity Group and Social Support (PAGASS)

The PAGASS program is supported by staff members Maree Stringer and Carmel Allison and has seen 61 clients participate in their programs in the 2015 – 2016 period. This also involved 2074 points of contact. The group offers a variety of activities, outings, theme days and much more that participants actively enjoy.

Examples of the specific programs offered are;

- “Down the Street” – shopping and catch up with the community
- Creative Living – an opportunity to be involved in a variety of art and craft activities
- Specific support for isolated people
- Talk and Tucker
- Ladies and Laughs
- Staying Strong
- Film Club
- Men on the Move

Allied Health

The Allied Health program is delivered by our allied health assistant, Dee Smith. Dee offers low impact exercise sessions including hydrotherapy, walking and the Staying Strong program. Additional allied health is provided to the transitional care program that is provided to individual clients over three days per week.

Aged Care Activities

The Aged Care Activities program is delivered by co-ordinator Sandra Poyner five days per week. There are additional scheduled activities offered to residents for example, BINGO on Thursday night. Activities are provided in the evening and weekends. The types of activities include but are not limited to: one on one therapies/activities, pet therapy, cooked breakfasts, games, music, craft, cooking, movies and visiting services such as church and entertainers.

District Nursing Services

The District Nursing Service is provided by Registered Nurses. The nurses care for clients in the community over five days each week. The nurses have cared for 209 clients over 3,963 visits in a 12 month period. Our dedicated team attend to multiple health needs which include wound dressings, complex medication therapies as well as assessments and support.

Within the District Nursing Service there are additional hours provided for clients who are involved with the Transitional Care Program.

Volunteers

BDH currently has 29 volunteers registered. The assistance provided by volunteers is invaluable. They provide a range of support services including transporting community members both locally and out of town to appointments. We have ordered and recently received our volunteer shirts for distribution. In the 12 month period to date they have assisted twenty five clients with transport to various appointments.

PAGASS	61 clients	2074 points of contact
AHA	4 programs	22 clients
ACTIVITIES	26 residents	Staffed 5 days/week
DNS	209 clients	3963 points of contact
TCP	910 days occupied	Total occupancy: 124.3%
VOLUNTEERS	29 volunteers/25 clients	530 points of contact

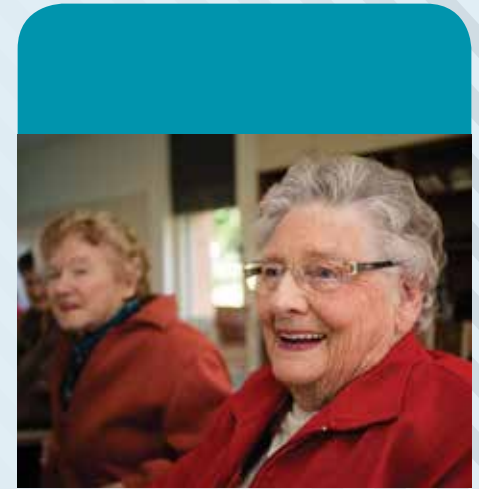


April 17



The new hospital is like a resort, its lovely
(relative of an acute patient)

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March
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May
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Highlights

from Boort District Health



Compliance met for:

- Staff flu immunisation
- Hand hygiene
- Data submission
- Financial Sustainability



61

people regularly participate in Planned Activity Group Social support activities

Allied Health Assistant regularly takes community groups to hydrotherapy sessions

PATIENT OPINION BE HEARD.

MeNtAl HeAltH
First Aid training delivered to staff and Volunteers



Maintained all
ACCREDITATION
requirements
for Aged Care

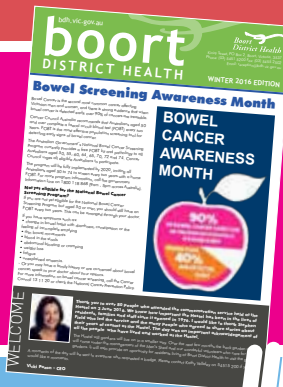
200% uptake
in Transition Care program



In partnership with Northern Rivers Graduate Nurse Program supported employment of six nurses

There were
2074
points of contact with
Planned Activity Group
Social Support program

District Nursing cared for
209 people and
completed
3,963 visits



Stage one Building Program met target.
25 Aged Care beds, 7 Acute beds, new activities area and administration area finished 27th April.



Met

all requirements
for X-ray
Accreditation



39,250

Meals
produced,
delivered and
served by the
KITCHEN TEAM!

Two rural and isolated
Practice Nurses trained
and can do suturing
and provide some
medications



TWENTY-NINE
volunteers provide
an invaluable
support



one nurse

trained to do
limited X-rays

Aged Care Activities
delivered 5 days a week,
plus evenings and
weekends

Work in partnership with Bendigo Loddon Primary Care Partnership to deliver services to the community

Regular

visits from
Boort District School

Dental visits to Aged Care facilities in Kerang, Cohuna, Charlton and Pyramid Hill



Medical and Nursing students from Melbourne and LaTrobe Universities provide valuable insights

Person Centred Care

May 17



Every day is my best day and just can't get enough and just love all my residents, families, patients and co-workers .
And if I can put a smile on their dial makes it more special.



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Quality & safety

Boort District Health has continued to focus on our commitment to providing excellence of service as a key priority of the health service. We have achieved accreditation of our Low Care Ageing in Place facility against all 44 standards as well as successfully passing impromptu quality audit visits throughout the year for both our Low Care and High Care Ageing in Place areas.

We also maintained our accreditation status for the National Safety and Quality Health Service Standards (NSQHS) for the hospital facility with the successful submission of the progress report. Full accreditation for the hospital will be undertaken again in October 2017

We take our quality obligations seriously and we have dedicated champions looking at opportunities for improvement and ensuring that we deliver best practice. Each champion is responsible for a National Standard and we focus on a different Standard each month ensuring staff are well educated and engaged.

As part of our strive for improvement we are focusing on implementing Riskman Q for all Quality activities and recording. This will provide a collaborative and centralised hub for all quality information and allow us to strengthen our records and produce accurate reporting. Moving from a paper based system to an electronic easily accessible system will enable us to maximise our efforts and strengthen our areas of compliance.

All staff employed at BDH are required to attend a mandatory training day once each year. This provides us with an opportunity of not only delivering mandatory competencies but also exploring culture and undertaking activities to enhance it, involving staff at all levels.

Complaints and Feedback

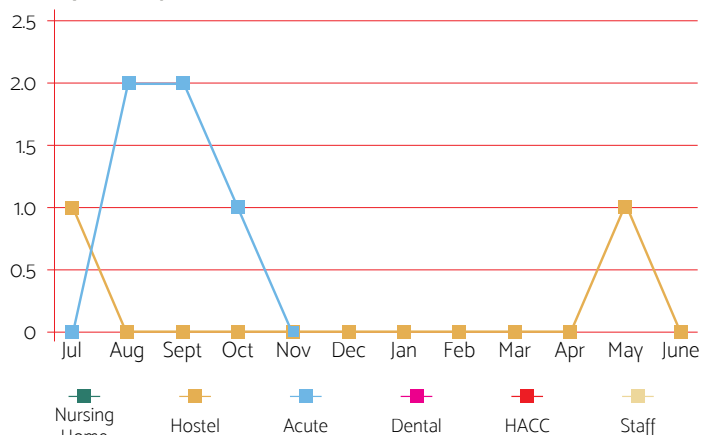
During 2016 Boort District Health adopted Patient Opinion to capture feedback in addition to the Victorian Patient Satisfaction Survey and BDH's Feedback Forms. Patient Opinion provides an independent site which allows the patient to record their experience. BDH is committed to ensuring that consumers have access to internal and external customer feedback mechanisms and are encouraged to provide feedback. Customer feedback is viewed as an integral part of the quality management system, creating opportunities for continual quality improvement and are received and dealt with supportively and receptively.

During the 2015 – 2016 year Boort District Health received 7 complaints and 2 compliments relating to clinical care, staff behaviour and service costs. All issues raised through complaints have been addressed and improvements made. All Complaints and Compliments can be viewed on the Patient Opinion website as we promote a transparent culture.

X Ray

BDH has been awarded full accreditation against the Diagnostic Imaging Accreditation Scheme (DIAS) Standards for the period 28 June 2016 – 28 June 2020 for General X Ray.

Complaints by Area 2015/16



**PATIENT
OPINION**
BE HEARD. AUST

June 17



Very happy - the meals were excellent

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July
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Quality & safety

Hand Hygiene

At BDH we continually strive to improve hand hygiene compliance. We audit, measure and report the results of hand hygiene practices in all clinical areas to ensure we provide the highest quality patient care. Audits conducted three times a year verify BDH hand hygiene compliance continues to exceed the Department of Health target of 70% with BDH results being over 90% every time. BDH is committed to the 5 moments of hand hygiene. Whether you're a staff member, visitor or family member, washing your hands or using the readily available alcohol based hand rub solution whenever you touch a patient or their belongings significantly reduces the risk of spreading harmful germs and infections.

Cleaning Standards

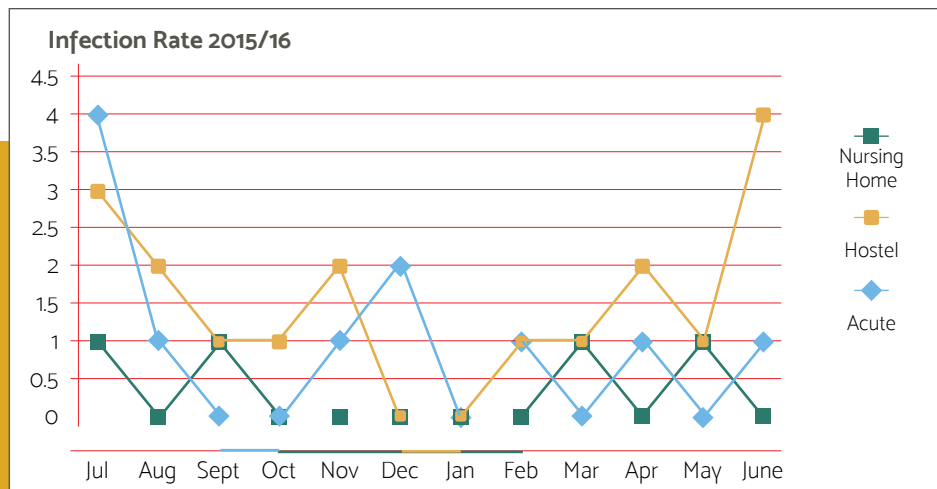
Monthly Cleaning audits are conducted throughout the facility with the results being consistently over the target of 85%. An annual external cleaning audit with the overall score achieved being 97%.

Preventing and Controlling Healthcare Associated Infections

As well as causing unnecessary pain and suffering for patients and their families, adverse events such as healthcare associated infections, can prolong a patients hospital stay. Most healthcare associated infections are preventable. Through effective infection control measures the rate of these events can be significantly reduced. Successful infection prevention and control depends on effective work practices being undertaken at every stage of patient care and involves everyone in the facility. BDH has ongoing Infection Control Education and monthly audits with the audit results continuing to be above the targeted benchmark. There were 21 infections recorded for the 2015-2016 year.

Immunisation

All staff at BDH are encouraged to participate in the annual vaccination against influenza program to reduce the risk of spreading to patients and colleagues. The free of charge vaccine is offered to all BDH staff, volunteers and residents. In 2016 90% of staff and volunteers were immunised for influenza.



July 17



Boort is so lucky to have such a new & fabulous urgent care department



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**May
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Quality & safety

Clinical Indicators

At Boort District Health we take our obligation of service provision seriously. We have mechanisms in place to monitor and improve our service and the safety of our patients and residents. Data is submitted to the Department of Health with our figures being well below the benchmark for most areas.

Clinical Indicators 15/16 - Hostel

Boort District Hospital Hostel (3297) Form: PSRACS Year Code: 1516	Qtr1	Qtr2	Qtr 3	Qtr 4	YTD Tot
1 Pressure injuries stage 1	0	0	0	1	1
2 Pressure injuries stage 2	0	0	0	0	0
3 Pressure injuries stage 3	0	0	0	0	0
4 Pressure injuries stage 4	0	0	0	0	0
5 Unstageable pressure injuries	0	0	0	1	1
6 Suspected deep tissue injuries	0	0	0	0	0
7 Number of residents surveyed for pressure injuries	15	17	17	17	66
8 Number of falls	2	3	1	4	10
9 Fractures resulting from falls	0	0	0	0	0
10 Intentional physical restraints as per definition A	0	0	0	0	0
11 Physical restraints as per definition B	0	0	0	0	0
12 Residents whose charts were audited for medicines	15	17	17	17	66
13 Residents using 9 or more different medicines	6	11	6	5	28
14 Residents whose weight was monitored	15	17	17	17	66
15 Residents with unplanned weight loss 3 kgms or greater	0	1	0	0	1
16 Residents monitored for weight over 3 consecutive mths	0	17	17	17	51
17 Residents with unplanned weight loss over 3 consecutive months	0	0	0	0	0

Clinical Indicators 15/16 - Nursing Home

Boort District Hospital Nursing Home (4400) Form: PSRACS Year Code: 1516	Qtr1	Qtr2	Qtr 3	Qtr 4	YTD Tot
1 Pressure injuries stage 1	1	0	2	2	5
2 Pressure injuries stage 2	2	1	0	0	3
3 Pressure injuries stage 3	0	0	0	0	0
4 Pressure injuries stage 4	0	0	0	0	0
5 Unstageable pressure injuries	0	0	0	0	0
6 Suspected deep tissue injuries	0	0	0	0	0
7 Number of residents surveyed for pressure injuries	10	9	9	9	37
8 Number of falls	4	4	1	3	12
9 Fractures resulting from falls	0	0	0	0	0
10 Intentional physical restraints as per definition A	0	0	0	0	0
11 Physical restraints as per definition B	0	0	0	0	0
12 Residents whose charts were audited for medicines	10	9	9	9	37
13 Residents using 9 or more different medicines	2	7	5	8	22
14 Residents whose weight was monitored	10	9	9	9	37
15 Residents with unplanned weight loss 3 kgms or greater	0	1	1	0	2
16 Residents monitored for weight over 3 consecutive mths	0	9	9	9	27
17 Residents with unplanned weight loss over 3 consecutive months	0	0	0	0	0

August 17



The nurses and staff are very kind and caring all the time

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July
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Advanced care planning



Advanced Care Planning

The BDH Advanced Care Planning Program assists patients and residents to choose and communicate their wishes regarding their current and future health care. BDH works closely with the patients, residents, their family and their GP to provide the best possible care and respect individual wishes and choices.

Advanced care planning is a series of steps you can take to help you plan for your future health care.

About 85% of people will die after chronic illness, not a sudden event. This means that most people will benefit from considering the type of care they want during that illness, particularly near the end of their lives.

It is never too early to start the conversation.

People Matters Survey

The annual People Matters Survey was completed by staff in June 2016 with 46% of staff taking the opportunity to participate. We continue to be above the state benchmark in the all the categories with the highest scoring results being:

- | | |
|--|-----|
| • My workgroup strives to achieve customer satisfaction | 93% |
| • Gender identity is not a barrier to success in my organisation | 93% |
| • In my workgroup, work is undertaken using best practice approaches | 91% |
| • My organisation provides high quality services to the Victorian community | 89% |
| • Cultural background is not a barrier to success in my organisation | 89% |
| • In my organisation, earning and sustaining a high level of public trust is seen as important | 85% |
| • Age is not a barrier to success in my organisation | 85% |
| • I understand how the Charter of Human Rights and Responsibilities affects me as an employee | 83% |
| • I understand how the Charter of Human Rights and Responsibilities applies to my work | 80% |
| • My organisation encourages employees to act in ways that are consistent with human rights. | 80% |

Bullying and Harassment

Bullying and Harassment is not tolerated at BDH and we offer support and assistance to anyone effected. Following on from the People Matters Survey all staff were asked to complete a survey which was developed to enable us to identify areas of concern and where support and further training may be required. The results were very pleasing and showed a great improvement in the working environment. Bullying and Harassment now forms part of our mandatory training requirements as we strive for zero tolerance.

Victoria Health Care Experience

The Victorian Healthcare Experience Survey (VHES) collects data from a range of healthcare users of the Victorian public health service. The questionnaires are distributed in the month following a hospital admission or an emergency department attendance. Unfortunately due to our very small numbers we have not been able to collect enough data to generate a score. However we encourage all patients, residents and their families to provide feedback by completing our satisfaction survey or via Patient Opinion.

September

17



I enjoyed working at Boort and found the staff to be highly welcoming and overall great to work with.



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August
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October
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GOODBYE!

to the old hostel



Farmers Health

In 2016, Boort District Health participated in the Run 4 Farmers Health. The event not only was an opportunity to promote the importance of Farmer Health but to raise awareness of issues facing farming communities. Two people ran the 42 km marathon, others the 10km run and a couple more people completed the 3 km walk. During the lead up to the run BDH was supported by the team from the National Centre for Farmers Health and the centre is supported by Deakin University and Western Districts Health Service.

BDH has been involved with other partners in a number of local events promoting Farmer Health. This has ranged from supporting farmers facing enormous difficulties in the diary crisis, joining with other groups to promote and support the financial and mental health counselling for farmers affected by the recent drought. The National Farmer Health website has been widely promoted to ensure that people know where to access support and advice.



October 17



Wonderful service by professional and caring staff

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September
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November
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Community engagement & development

Boort District Health has an active Community Advisory Committee that has developed a fully integrated strategy for the community which consists of examining and finding solutions for a “whole of community” response.

EVALUATION of services, systems and demand

An analysis matched with high levels of community experience gives Boort District Health the ability to understand the needs of the community and where they are not being met.

Services and programs are developed to meet the needs. An example of evaluation is analysis that showed high numbers of children with Asthma presenting to the Urgent Care Centre. The project included working in partnership with St Anthony's Family Medical Clinic where a review was undertaken. A prevention strategy for childhood asthma was put into place ensuring every child has an Asthma Action Management Plan.

IDENTIFICATION of community needs

The process commenced with the development of a Community Engagement Plan

BDH through its partnership with Loddon Shire and the Bendigo Loddon Primary Care Partnership used data collected by these organisations to gain a greater understanding of community need. It has provided information that has allowed BDH to successfully apply for grants e.g. Cancer Survivorship. The Community Advisory Committee provided input into the application as it was identified that survivors of cancer and their family and carers needed ongoing support.

CONNECTING whole of community to services that meet their needs

The delivery of services and programs as well as improving existing services and programs

Ensuring that supports and services are connected achieves a more efficient community engagement strategy with a planned and considered approach to community needs creating long term community connectedness. Two examples of this approach include:

- The BDH Dental Clinic now provides outreach aged dental services to a number of aged care facilities in the region.
- The Diabetes in Loddon Action Group ensures that referral and treatment pathways supports any person using a diabetes service in the Loddon area.



November 17



Going above and beyond.

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December
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Katherine 'Mary' Wilson

Mary has been a local lady all her life, she was born here in the 'old-old' hospital (her words) up on the lookout. She and her husband married in 1954 and have run an irrigation farm all these years and now Mary's boys manage the property. Mary recalls having to learn how to milk a cow in her late teens – 'the old fashioned way' (her words again!) and she says it wasn't such a hard or bad task morning and night because the 'old girl' was a nice and quiet cow. Mary has enjoyed 84 years of music, tennis, raising a family and living on the land before coming to Boort District Health.

Mary loves music, she taught piano at the school here in Boort for 22 years and has been heavily involved in the Uniting Church. As well as these interests Mary has also been the Secretary of the Fellowship group, on the Church Council, and both Secretary and Treasurer of the Show over a period spanning more than 10 years.

After a fall at home earlier this year, Mary was transferred to Bendigo Health before eventually coming to Boort District Health as an acute patient. During her recovery it became evident that Mary would find it difficult to return home to her house on the farm alone. Despite an amazing and supportive family, Mary realised she would be at too great a risk to safely return home.

After her acute episode ended, she was admitted to our TCP – Transitional Care Program. This program provides funding to access a range of allied health and other services. Under this program Mary was assessed by our Physiotherapist, Occupational Therapist, our Allied Health Assistant, our District Nurses, a Dietitian and Podiatry. All these providers worked collaboratively with nursing staff and the GP to determine Mary's exact health needs and a plan of care was put into place and coordinated by our TCP coordinators to aid Mary in her recovery to achieve the best possible health outcomes.

When the TCP ended, Mary and her family made the difficult decision to stay on as a permanent Aged Care resident. This was not an easy decision and Mary would dearly love to be able to return home and to her prior level of independence however bouncing back from her fall was not as easy as she had hoped. Mary is now settled and enjoying the company and support of being a resident of BDH. She has reconnected with old friends and made new ones. Mary can often be found sitting at the piano in Loddon Place playing beautiful music for us all to enjoy. She regularly exchanges piano music with Angela Doyle our Physiotherapist and the 2 of them delight us with their abilities and sounds together. We often see Mary setting our dinner tables or tidying up the dining room area, always smiling and happy – old habits clearly die hard. Mary loves being outdoors and despite the recent problem with Mosquitoes, she can often be found roaming around our gardens and courtyards and generally soaking up the sun. Family pick up Mary at times and she goes out for the day with them visiting and enjoying the countryside.

So whilst Mary's journey from an acute BDH patient to TCP did not enable Mary to rehabilitate to a level safe enough for her to return home, she is now reaping the rewards of life here as a permanent resident and feels well cared for and supported by the BDH team.

December

17



I felt that I mattered

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November

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January

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