



# Quality Account

2018-2019



# Ceo report

**Welcome to the Quality Account Report for 2018/19 which Mallee Track Health and Community Service (MTHCS) is pleased to present to the community that we serve.**

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**This report provides easily accessible information about the quality of care we delivered at Mallee Track Health and Community Service from July 2018 to June 2019.**

## Some definitions

At MTHCS, we use the words 'consumer' and 'patient' interchangeably. Sometimes we refer to patients as 'clients' or 'residents'. The term 'consumer' can sometimes refer to a volunteer who gives their time to the organisation to help improve our services.

It's been another challenging but rewarding year at Mallee Track in the provision of responsive, quality, person-centred care to our community. We would like to thank all staff whose dedication, hard work and compassion make this possible.

A robust clinical governance review has been completed at the health service by an independent expert, Dr Liz Mullins. We commissioned this review to guide us in what a clinical governance framework should look like for our integrated model of health and community service – together with where potential opportunities are for improvement. We were pleased to receive the report and its recommendations and have made good progress on key actions.

We continue to expand our consumer partnership framework and were invited to highlight our work in consumer engagement at a regional consumer conference. It was a pleasure to be able to share our innovations – and to be recognised by our peers as a leader in this area.

Our health service is committed to safe, high quality person-centred care in all that we do. Our service profile is unique when compared to other public health services, which means the 'one size fits all' approach needs to be shaped to fit our localised circumstances.

With this in mind, plans are underway to develop a tailored clinical governance framework that will pull together a range of individual reviews (and their recommendations) for the primary purpose of defining what clinical governance at Mallee Track means. I believe this is an exciting piece of work that will continue to reassure our community that the organisation is committed, through our actions to provide safe and high-quality care.

MTHCS continues to welcome consumer, carer and community participation in all aspects of our work in both formal and informal ways.

I hope that you enjoy this year's Quality Account.



**Lois O'Callaghan**  
Chief Executive Officer



# Quality Account 2018/19

**All Victorian health services and registered community health services must publish a quality account covering 1 July 2018 to 30 June 2019. The MTHCS Quality Account also provides the community with accessible information about our quality of care and safety.**

## Delivering for diversity – cultural diversity plan 2016-2019

The MTHCS catchment does not have a large Aboriginal population group and, similarly, there are no significant concentrations of people from any specific population groups or from any country of origin other than Australia.

MTHCS has reviewed and updated our diversity plan to ensure client needs are identified and met.

The terms 'diverse' and 'diversity' refer to the diversity of our community, recognising groups that have historically been under-represented – women, Aboriginal people, young Victorians, Victoria's culturally and linguistically diverse communities, lesbian, gay, bisexual, transgender and intersex people and Victorians with a disability.

### Actions to date include:

Recruitment and retention processes that take into consideration diversity requirements.

Maintaining flexible working policies to ensure readiness of potential employees from Culturally and Linguistically Diverse (CALD) backgrounds and Aboriginal populations who may be considering MTHCS as an employer of choice.

Maintaining flexible service delivery policies to ensure readiness of potential consumers from CALD and Aboriginal populations seeking services.

Staff education on LGBTQI.

Process underway to develop whole of organisation framework on diversity.

## Child safe standards

MTHCS has implemented the Child Safe Standards across the organisation and continues to deliver initiatives that improve the safety and wellbeing of children.

The health service also undertook extensive preparations for the rolling out of the three-year-old kinder program in the Buloke Shire in 2020, with other local government areas to follow.

## On track for a vibrant future



# Consumer, carer and community participation

**We encourage patients and their loved ones to take an active role in their own healthcare and to work with us to continually improve services.**

## Victorian Healthcare Experience Survey (VHES)

**results:** Results and actions taken to improve patient experience. MTHCS can also include improvements made to improve discharge experience.

### Patient experience

MTHCS participates in the Victorian Healthcare Experience Survey. The VHES gathers information from people about their experience while being a patient of our acute service both at Ouyen and Sea Lake. MTHCS had no acute admissions however the health service is fully compliant against the VHES Patient experience.

MTHCS has taken action to improve discharge arrangements for patients to improve the patient experience.

Meetings have been held with Mildura Base Hospital (MBH) to identify opportunities for improvement in patient experience both for patients that are sent to Mildura Base Hospital by MTHCS and those patients that have been in MBH and are being discharged home. Staff at Mildura Base hospital visited the Ouyen campus and have a

better understanding of our capacity and processes.

Staff from Ouyen campus have been invited to visit MBH and gain an understanding of their processes. There is now better communication between the two facilities which we hope will have better outcomes for patients.

### Consumer, carer and community

We encourage consumers and their families and carers to take an active role in their own healthcare and to work with us to continually improve services.

To meet our communities' needs for more information, our organisation:

Finalised the health service's Strategic Plan for the next five years and produced a suite of three documents – a full version of the plan as well as four-page and single-page explainers. This was in response to community requests for concise summary documents that were easy to understand.

Continued implementation of a targeted communications and media strategy.

Published a fortnightly Advertorial column in the two major local newspapers.

Distributed regular press releases through the local media.

Appointed a community representative to the Board Quality and Safety Advisory Group.

Held a Community Meeting to discuss priority service areas, including residential and palliative aged care, at Sea Lake.

Established a Consumer Advisory Group at Sea Lake.

Participated in an Australian Government review of Multipurpose Services which included consultation with community, residents and staff from across the catchment.

Developed Services flyer for Patchewollock to assist residents to access their local services.

Developed flyers to provide information on Flexible Aged Care in Sea Lake.

Promoted the Community Health Nurse service which provides education about health prevention as well as support for people with chronic illnesses such as diabetes and incontinence.

Hosted Hush Health Plays in Sea Lake and Ouyen for communities to promote person-centred aged care and the importance of kindness.

Facilitated the planting of a community garden as part of Dementia Awareness promotions.

Hosted a wide range of community information sessions on topics such as women's health, carer support, dementia, Parkinson's Disease, continence and diabetes

VHES SURVEY	Quarter 1		Quarter 2		Quarter 3	
	2018	2019	2018	2019	2018	2019
Positive patient experience	FC	FC	FC	FC	FC	FC
Discharge care	FC	FC	FC	FC	FC	FC

\* Less than 42 responses were received for the period due to the relative size of the Health Service.

\*\* FC - Full Compliance.

## Interpreters

ONCALL telephone service is the organisation that MTHCS uses for interpreter needs. A relationship is established between MTHCS and ONCALL using a regionally funded Department of Health and Human Services program. This ensures that only accredited personnel are utilised such as Nationally Accredited Authority for Translators and Interpreters Ltd (NAATI).

As a Commonwealth Home Support Program (CHSP) provider, MTHCS is also able to access Commonwealth Government-funded interpreting services from the Translating and Interpreting Service (TIS National). The CHSP model of service delivery focuses on a client's goals and encourages clients to be actively involved in decisions about the care and services they receive.

In the reporting year, the health service policy and procedure was reviewed and updated to ensure compliance with CHSP policy requirements.

## Strengthening community participation in local healthcare.

Our Consumer Partnership Framework identifies how and where we engage with consumers and who our stakeholders are. This Framework is reviewed annually.

During the year, we accepted an invitation to present our current framework, which is recognised as best-practice, to a regional conference.

Consumer and community inclusive systems we currently embed as part of our community consultative strategic and service planning processes are:

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Event program evaluations.

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Satisfaction surveys.

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Internal focus groups that provide specific feedback on a quality or safety issue.

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Community member appointed to the Board Quality and Safety Committee.

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External focus and advisory groups, including Sea Lake Community Advisory Group, MTHCS Ouyen Focus Groups and informal "kitchen table" consultations.

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Kinder meetings and childcare parent information sessions.

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Resident and family meetings.

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Volunteer appreciation events.

## Disability services

Support services for frail older people and younger people with disabilities and their carers is provided by the Community Services team. The focus is on helping clients remain in their home in a supported environment, rather than a premature or inappropriate admission to long-term residential care.

The program ensures community care workers have the most up to date information and knowledge to pass on to their consumers. This occurs through regular staff meetings and in-services for community services staff where new information, challenges, Occupational Health and Safety issues, and client and worker wellbeing are reviewed.

We have explored the business case for participating in the National Disability Insurance Scheme (NDIS) and the organisation is not a registered provider. Low levels of community need and workforce challenges led to this decision.

## Healthy & happy communities thrive



# Quality & safety

Our organisation responds to community and staff feedback as part of continuous improvement to the quality of services delivered.

## Quality and Safety community participation

### Health literacy

Health literacy is one of the National Safety and Quality Health Service (NSQHS) Standards and refers to how people understand information about health and health care, and how they apply that information to their lives, use it to make decisions and act on it.

Health literacy is a priority area of the Strategic Plan and MTHCS staff are proactive in discussions and suggestions for topics for community publications and information sessions, such as the fortnightly newspaper column and the health service’s social media.

## Complaints and feedback

A total of 36 complaints were received in 2018-2019 compared to 5 in 2017-2018.

We received 35 compliments compared to 6 the previous year, and 26 formal thanks compared to 7 in 2017/18.

Patients, customers and residents are encouraged to give their feedback via our Consumer Complaints /

Feedback form. Feedback provides opportunities to improve the quality of care and services provided by MTHCS. Customers can contact the Consumer Advocate directly if they would prefer. The Consumer Advocate registers all feedback received. A monthly, de-identified report on all feedback received goes to Chief Executive Officer and Directors and the Quality, Safety and Risk Committee.

MTHCS has a range of mechanisms to facilitate community participation in quality and safety.

Community member appointed to the Board Quality and Safety Committee.

Formalised complaints and feedback process.

Consumer Advocate appointed.

Complaints and feedback policy reviewed and updated.

## How we responded to feedback

Review of meals by dietician to be completed.

More information posted in outreach communities from MTHCS including tailored services flyers.

Policy and procedure reminders to staff via memo, newsletter and staff meetings.

Review of disabled parking at Ouyen Nursing Home entrance.

## Clinical governance review

We commissioned an independent governance review. Dr Liz Mullins attended on-site and spoke to key staff about a range of clinical governance issues. The resulting report is guiding current and future planning.

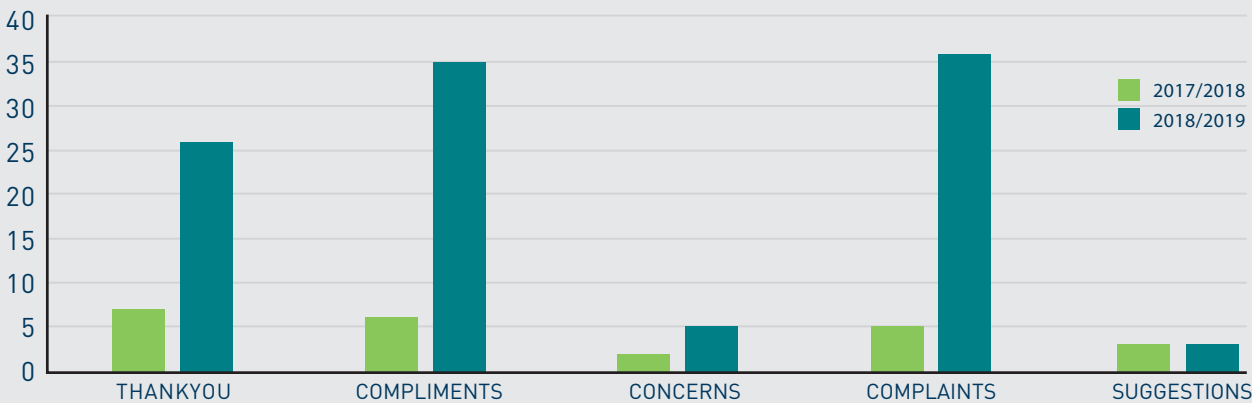
In September 2018, we received a final copy of the review. The clinical governance review will set the framework for our work across the whole organisation – together with the strategic plan.

## Complaints themes

The increase in complaints this year is due to a change in the complaints and feedback policy, appointment of the Consumer Advocate and steady promotion by MTHCS inviting the community to provide feedback, including complaints, as part of continuous improvement.

These complaints and suggestions are compiled into reports noting the

MTHCS COMMENTS AND COMPLAINTS TOTAL COMPARISON



location, nature of the complaint or feedback, and the actions taken. MTHCS policy is that formal complaints are not closed until the client indicates a satisfactory resolution has been achieved.

There were a range of themes with most (12) relating to access to services, as well as staff conduct and behaviour (6) and communication (5).

Outcomes as a result of the feedback included liaising with the complainant to provide information and an apology, as well as staff education and policy changes to improve service quality. In many cases, providing information about access to services was adequate.

Service provision across such a large geographical area means communities are often unclear about both the range of services available to them, as well as the logistics of access.

MTHCS provides outreach services and transport for eligible community members, as well as staff and volunteers, to minimise disadvantage to our remote communities.

**Our Vision: To provide people of all ages with access to quality, person-centred care in the Mallee.**

## Case study

We received a letter expressing concern that the Patchewollock Bush Nursing Centre, used by MTHCS as a service centre, was no longer being used. There was concern about the potential impact on service delivery in the small rural township.

The facility was previously utilised mainly for one to two clients accessing the Registered Nurse who was employed to be at the Centre two days a week (six hour shifts).

Use of the centre by MTHCS had decreased in the preceding months due to limited demand and a preference by existing clients to have services, mainly district nursing, come to their homes.

MTHCS held talks with community groups and Ambulance Victoria about potential uses for the building and ways to ensure the facility did not fall into disrepair.

A communications plan was developed to address residents' concerns and a brochure was distributed explaining the services available to Patchewollock and reassuring that there was no reduction in services.

The flyer provides information on how to access the home nursing program, delivered meals, community transport and social support programs such as Planned Activity Groups.

MTHCS consulted with locals and surrounding shire councils to explain the rationale for the service centre ceasing and how service delivery would continue. All inquiries now come through Ouyen where intake occurs to ensure residents from Patchewollock are efficiently linked to the services they need.

Ambulance Victoria will continue to use the facility, as well as occasional use by MTHCS as required. Further meetings and communications are planned to inform residents and seek community feedback and guidance.



# Quality & safety continued...

## Patient safety culture

The results of the People Matters Survey told us staff were confident about the safety of patients in our care. Staff confidence was recorded as 93% for both 2018 and 2019, exceeding the target of 80%.

## Workplace culture

The People Matter Survey is a public sector employee opinion survey run by the Victorian Public Sector Commission.

The survey is conducted annually and invites participation from all eligible Victorian public sector organisations. In 2018, it captured the opinions and experiences of approximately 93,700 employees from 184 organisations across Victoria. Unfortunately, less than a quarter of MTHCS staff participated in the survey making it difficult to accurately interpret results. MTHCS Board will consider ways to improve staff engagement in future surveys.

Measures in the survey that showed significant improvement on last year's survey were:

There is a positive culture within my organisation in relation to employees who identify as LGBTIQ (lesbian, gay, bisexual, trans and gender diverse, intersex, queer or questioning).

There is a positive culture within my organisation in relation to employees who are Aboriginal and / or Torres Strait Islander.

There is a positive culture within my organisation in relation to employees with disability.

In my workplace, there is good communication about psychological safety issues that affect me.

Gender identity is not a barrier to success in my organisation.

## Occupational violence

Code Grey is the health service response for managing aggressive behaviours. We also participated in a Code Grey research project examining best practice in the rural context.

## Sentinel and adverse events

MTHCS utilises the Victorian Health Incident Management System (VHIMS) to record incidents that occur within the organisation both from the acute, residential and community care services. VHIMS provides an electronic database for recording, reporting and monitoring of incidents.

An incident severity rating (ISR) is applied to all incidents recorded in VHIMS.

The ISR is calculated based on the degree of impact, level of care and treatment required.

MTHCS has recorded no ISR1 events and seven ISR2 events during the past year. This represents a very small percentage of MTHCS's overall incidents; most incidents are ISR3 or ISR4.

There were 712 incidents across MTHCS during the 2018 -2019 year. During this time, MTHCS had 19,413 bed days. This means that there was 0.37 ISR2 events per 1,000 bed days.

All ISR1 and ISR2 incidents are reviewed to ensure where possible measures are taken to prevent them occurring again. Reports on adverse events are provided to staff, Directorate and Board of Management.

No sentinel events have been reported at MTHCS during this reporting period.

### What are sentinel events?

Sentinel events are unexpected events that result in death or serious harm to a patient while in the care of a health service.

#### What are Incident Severity Ratings (ISR)?

- ISR1 Severe impact
- ISR2 Moderate impact
- ISR3 Mild impact
- ISR4 No harm/Near miss











## Accreditation

MTHCS underwent a maintenance assessment against Human Service Standards and ISO 9001:2015 in May 2019. MTHCS achieved ongoing accreditation ensuring we provide safe and quality care to you, our consumers.

We adhere to the National Safety and Quality Health Service Standards (NSQHS) and have maintained accreditation in all ten National Standards, and the six NSQHS standards for Dental Services.

Three observations were made during the assessment and all of the recommended improvements have been implemented.

	<p>HDA Australia Pty Ltd surveyed our entire organisation against the ISO 9001 (Health), National Safety and Quality Health Service Standards and Human Service Standards.</p> <p><b>MTHCS has ongoing full accreditation until 20 July 2020</b></p>
	<p>Acute Care and Dental Services are fully accredited under the National Safety and Quality in Healthcare Standards (NSQHS).</p> <p><b>MTHCS has ongoing full accreditation until 20 July 2020</b></p>
	<p>Community Services are fully accredited under the: Home Care Standards through the Aged Care Quality Agency.</p> <p><b>MTHCS has met 18 out of 18 expected outcomes of the Home Care Standards.</b></p>
	<p>MTHCS's Preschools were assessed under the National Quality Framework.</p> <p><b>MTHCS Ouyen Preschool achieved an 'exceed' rating; while Manangatang and Sea Lake Preschools achieved a 'met' rating.</b></p>
	<p>MTHCS achieved Australian Breastfeeding Association accreditation as a Breastfeeding Friendly Workplace for the sixth consecutive year.</p> <p><b>MTHCS has ongoing full accreditation until June 2020.</b></p>
	<p>Mallee Tracks Medical Clinics are accredited under AGPAL.</p> <p><b>Ouyen Medical Clinic has full ongoing accreditation until 24 January 2020.</b></p> <p><b>Sea Lake Medical Clinic has full accreditation until 2 February 2022.</b></p>



## Volunteers

Volunteers are the backbone of many of our programs and service operations. We thank the 156 volunteers who have given their time to support others in the community. The health service has a Volunteers' Handbook that details volunteer responsibilities and support.

## Dental services

### Public dental services

A public dental service provided by Tankard Dental is available from the MTHCS campus in Ouyen, while other communities are provided with a mobile dental service by the Royal Flying Doctor Service in partnership with MTHCS. The clinics have filled a prominent gap in services for our rural communities.

### Tankard Dental services\*:

INDIVIDUAL TREATED	2017/18	2018/19
Child	188	231
Adult	700	660
<b>Total</b>	<b>888</b>	<b>826</b>

\* 426 Dental Weighted Activity Units

# Infection control

**MTHCS has met requirements of NSQHS Standard 3: Preventing and Controlling Healthcare Associated Infections as reported in external audit review.**

## Hand Hygiene Compliance

MTHCS has implemented the World Health Organisation Hand Hygiene Initiative, "5 Moments for Hand Hygiene". Trained Auditors monitor all staff by direct observation for compliance to the Five Moments and this is reported to the Department of Health quarterly.

Alcohol rub is strategically placed around MTHCS Facilities and all visitors are asked to use the rub on entry and exit. Patients are also encouraged to ask staff "Have you cleaned your hands?" before staff touch them.

This improved hand hygiene significantly reduces the risk of infection to our patients, clients, volunteers, staff, visitors and contractors. MTHCS easily exceeded the required benchmark of 80% and the national average of 85%.

## Environmental Cleaning

Cleaning Standards for Victorian Health Facilities 2011 guides the auditing of environmental cleaning.

The required benchmark was met in Very High Risk (90%) and Other risk areas (85%). Audits averaged 99% in the past year, an increase from 97.2% in 2018.

The aggregated averages recorded in other areas were: High Risk 98.4% (97.2% 2018) and Moderate Risk 99.6% (96.2% 2018).

## Staphylococcus Aureus Bacteraemia Rate

No staphylococcus aureus Bacteraemia infections have been recorded.

## Fluvax Immunisation Program

Vaccination provides protection for patients, volunteers, staff, visitors and contractors. Staff immunisation status is reviewed at orientation and ongoing through employment. In the reporting period, 143 of 170 Ouyen and surrounds staff had Fluvax, and 52 of the 58 Sea Lake staff were vaccinated. This was reported to VICNISS in August.

### Staff Immunisation

There was a slight decrease in staff uptake of the vaccination overall. Improvements are expected in the coming year, following an upgrade of staff communication in 2019. All staff now have individual email accounts which will enable more regular and coordinated staff communications across all campuses.

### ENVIRONMENTAL CLEANING

PERFORMANCE INDICATOR	TARGET		RESULT	
	2018	2019	2018	2019
Cleaning standards compliance	FC	FC	FC	FC

### STAPHYLOCOCCUS RATES



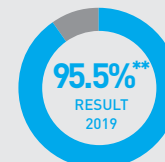
**ZERO**  
RECORDED

### INFLUENZA IMMUNISATION OF STAFF



**80% 88%**  
TARGET ACHIEVED

### HAND HYGIENE COMPLIANCE



\* FC Full Compliance

\*\* Percentage average for 2019 audits



# Residential aged care services

**Mallee Track Health and Community Service remains committed to providing safe quality care to all patients and residents who use our service.**

## Incidents

Ouyen Flexibed may at times be referred to interchangeably as Canon TD Martin Nursing Home when referring specifically to residential aged care facilities. Pattinson House Hostel, in Ouyen, is a separately located residential aged care facility that falls under the MTHCS umbrella. Similarly, Sea Lake Flexibed may be referred to as Kaleesa Nursing Home or Carinya Hostel when reporting on that facility's residential aged care services.

All incidents that occur in MTHCS are reported through the Victorian Health Incident Management System (VHIMS) and monitored through our Quality, Safety and Risk Committee (QSRC).

Trend analysis is conducted where a significant change from the previous period has occurred with the view of identifying opportunities to improve patient and resident safety.

Incidents monitored are: falls; fractures; pressure ulcers; medication errors; skin tears; and bruises.

All incidents are investigated with

the overall aim of implementing preventative actions to prevent further occurrence of similar types of incidents.

Across MTHCS there was an increase in the number of falls reported this year compared to last; in 2017-2018, there were 106 falls and for this year there has been 134 falls reported.

Canon TD Martin and Pattinson House Hostel both saw an increase in falls this year, compared to last year - ten and 18 respectively. Kaleesa Nursing Home at Sea Lake had the same number as last year (12), while Carinya Hostel had 1 which was 2 less than the previous year.

Management remains committed to doing everything possible to reduce the number of falls. MTHCS will continue to use the strategies implemented inclusive of sensors mats, training and education for staff, strength building exercise and increased nutrition for the elderly.

The number of fractures that resulted from falls has remained the same. This year there were four fractures sustained compared to four last year.

The fractures occurred following one fall at Kaleesa and three at Canon TD Martin.

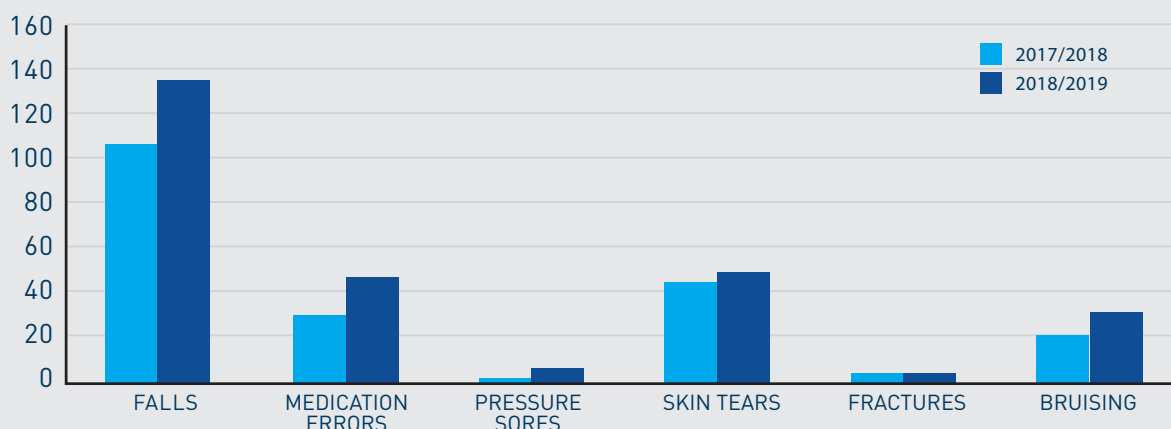
Last year there were 30 medication errors compared to 47 this year. Pattinson House had 26 compared to 12 last year. Ouyen and Sea Lake Nursing Homes each had an increase of one. The majority of errors pertained to administration errors. These included early detection of incorrect pharmaceutical dispatching of medications, or storage or labeling errors that occurred at administration levels.

There were no adverse outcomes for patients.

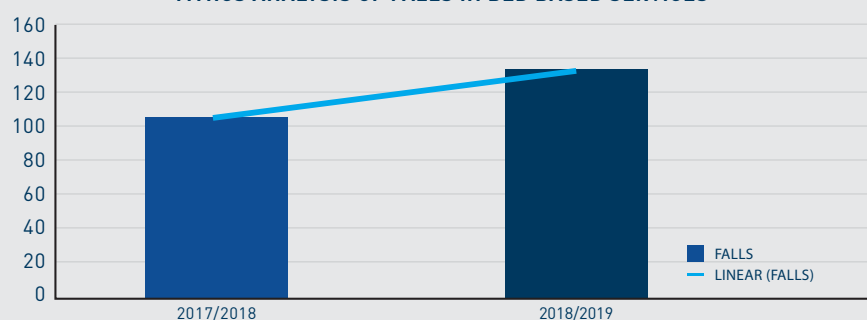
Strategies include increased education sessions on medication administration policy and procedure; annual medication competency assessments; increased reporting of medication errors.

All other incidents are within acceptable levels but we continue to monitor these; particularly pressure ulcers, skin tears and bruises.

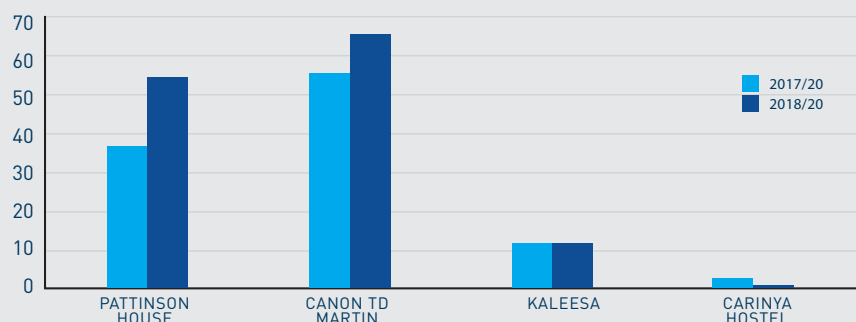
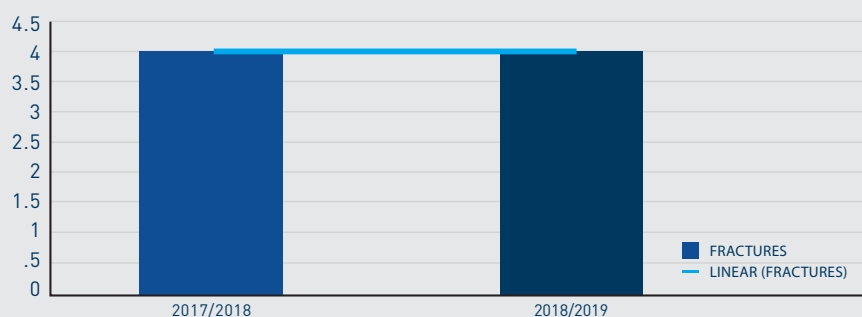
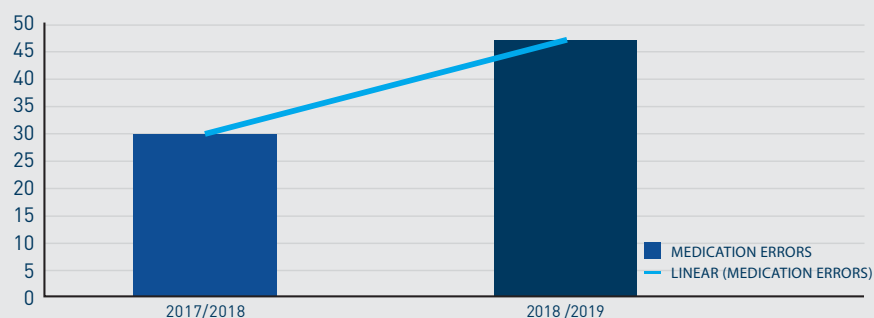
**MTHCS ANALYSIS OF INCIDENTS**



The graph above shows analysis of incidents by the type of incident reported for the past two years in all bed based services at MTHCS. Falls remain the most significant incident reported. Most incidents have increased during this period - falls, medication errors, pressure sores, skin tears and bruising. Incidence of fractures has remained the same.

**MTHCS ANALYSIS OF FALLS IN BED BASED SERVICES**

This graph shows a comparison of all falls reported at MTHCS for the past two years. The numbers of falls occurring has increased during this reporting period.

**MTHCS INCIDENT REPORTS COMPARISON OF FALLS BY PRACS****MTHCS ANALYSIS OF FRACTURES IN BED BASED SERVICES****Fractures****MTHCS ANALYSIS OF MEDICATION ERRORS**

The graph shows analysis of Medication Errors for the past two years in MTHCS.



# Residential aged care services continued...

## Public Sector Residential Aged Care Service Quality Indicator Program

MTHCS continues to participate in the Victorian Department of Health and Human Services' Public Sector Residential Aged Care Services (PSRAC) Quality Indicator collection. The set of indicators includes: prevalence of pressure ulcers; prevalence of falls and fall-related fractures; suspected deep-tissue injuries; unstageable pressure injuries; incidence of use of physical restraint; incidence of using nine or more medications; and prevalence of un-planned weight loss.

Data is collected quarterly and reported to the Department for all MTHCS Residential Aged Care Services.

## Pressure Ulcer Prevalence

The incidence of pressure ulcers at MTHCS increased for 2018-2019 compared to 2017-2018 - six compared to two. The incidence of stage 3 pressure injury is above the target rate for Victorian Public Sector Residential Aged Care Services. MTHCS continues to use appropriate equipment such as pressure relieving mattresses, podiatry assessments, staff education and appropriate risk assessment of all residents.

## Prevalence of Falls and Fall-related Fractures

Across MTHCS, the number of falls occurring is above the target rate for Victorian PSRAC. The number of fractures resulting from falls is also above the target rate for Victorian PSRAC. Canon TD Martin Nursing Home recorded three fractures and Sea Lake recorded one fracture.

## Suspected Deep-Tissue Injuries

There were no incidences of suspected deep-tissue injuries recorded during this reporting period in MTHCS.

## Unstageable Pressure Injuries

Across MTHCS there was a very small number of incidences of unstageable pressure injuries during this reporting period. Kaleesa recorded one.

## Physical Restraint

MTHCS has not used physical restraint across the organisation during this reporting period.

## Multiple Medication Use

The incidence of the use of nine or more medications (polypharmacy) by residents at MTHCS is above the target rate for Victorian PSRACS. Medication reviews are conducted on all residents using nine or more medications.

## Unplanned Weight Loss

The incidence of unplanned weight loss is very low at MTHCS and well below the target rate for Victorian PSRAC.

## Case study

Falls resulting in hospitalisation for injuries such as wrist and hip fractures have been traditionally viewed in the region as an inevitable part of ageing.

MTHCS is proactive in community education to minimise unnecessary hospitalisation due to falls that incur injuries such as wrist and hip fractures. Exercise groups that focus on strength-building are part of the Falls Prevention Program.

Tai Chi has been increasingly used worldwide over the past decade as a safe and effective balance exercise that older adults can do to reduce falls. Benefits of tai chi include improvements in balance, flexibility, muscle strength and postural alignment.

International studies have shown significantly reduced falls (33%) in a trial of people 70 years and older. Tai chi – and other forms of fitness-appropriate gentle exercise – have demonstrated benefits as an alternative, additional treatment for conditions such as arthritis, osteoarthritis and diabetes.

Tai chi trials have proven generally ineffective in falls reduction among frail older persons, including some aged care residents who have chronic health and mobility issues. However, MTHCS continues to develop exercise programs as part of Strategic Plan priorities to increase health literacy and promote preventative health initiatives.

We provide further allied health supports such as Occupational Therapy, podiatry and physiotherapy services that include hydrotherapy. Community transport is available for eligible residents to attend exercise groups in some locations. This achieves a further aim of reducing social and geographical isolation for residents in remote rural towns.

All participants undertake fitness assessment before starting exercise programs.

### UNPLANNED WEIGHT LOSS



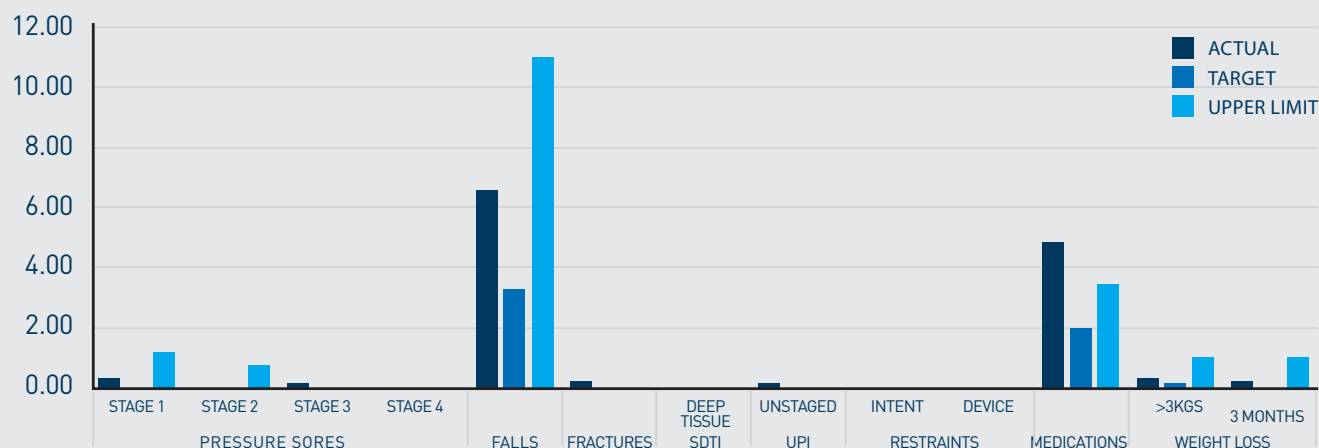
**VERY LOW**

### DEEP TISSUE INJURIES



**ZERO**  
INCIDENTS

MTHCS PSRAC QUALITY INDICATORS 2018-2019



The graph above shows analysis of incidents by the type of incident reported for the past two years at MTHCS. Falls remain the most significant incident reported. Most incidents have increased during this period - falls, medication errors, pressure sores, skin tears and bruising. Incidence of fractures has remained the same.

## Aged Care Quality Standards

MTHCS is working towards implementation of the Australian Government Aged Care Quality Standards. The standards apply to funded aged care services, including Multipurpose Services, who deliver residential aged care Commonwealth Home Support Programs.

The Quality Standards consist of eight Standards. These Standards are:

Standard 1	Consumer dignity and choice
Standard 2	Ongoing assessment and planning with consumers
Standard 3	Personal care and clinical care
Standard 4	Services and supports for daily living
Standard 5	Organisation's service environment
Standard 6	Feedback and complaints
Standard 7	Human resources
Standard 8	Organisational governance

Each of the eight Standards includes:

- A statement of outcome for the consumer
- A statement of expectation for the organisation
- Organisational requirements to demonstrate that the standard has been met





Leading our  
communities  
to excellence in  
integrated health  
and community  
services



# Comprehensive care

**Advance Care Planning is a process to help people formulate and communicate their preferences for care during future illness or incapacity.**

## Advance Care Planning

Advance Care Planning is a process to help people formulate and communicate their preferences for care during future illness or incapacity.

100% of residents at MTHCS over the age of 75 years have an advance care directive. Staff are educated on these changes and policies and procedures are continually reviewed and updated to ensure compliance with the Medical Treatment Planning and Decisions Act.

The process helps patients communicate their preferences for care during future illness or incapacity which, in turn, supports families and carers to be engaged in a positive way in their loved ones' planning. During the year, MTHCS held information days at the Ouyen campus, including displays, to share information to the community on Advance Care Planning.

## Person-centred care

MTHCS provides person-centred care (also known as patient-centred care) which gives patients, residents and their families say in the decision-making process when planning care and treatment.

Person-centred care involves recognising individual preferences and diversity and respecting your rights to comment, ask questions and make complaints about your healthcare. MTHCS does this by helping you set goals, understand and learn about your health and facilitating the supports you need to achieve those goals.

Dignity, compassion, kindness and respect are key to putting patients and residents at the "centre" of their healthcare, as well as understanding ways to help people get better, look after themselves and be as independent as possible.

Patient-centred care is more than just how your healthcare professional treats you. It is also about how healthcare

services and governments create and support policies to put healthcare users, not healthcare organisations, at the centre of care.

## Engaging communities, embracing diversity.

MTHCS recognises that rural residents are one of the groups identified by the Victorian Government as less likely to receive end of life care that meets their needs due to limited services and supports in small country towns. Other groups identified in the government framework are Aboriginal and Torres Strait Islander, LGBTI (lesbian, gay, bisexual, transgender and intersex), people from culturally and linguistically diverse communities and "forgotten" people such as the homeless, and mentally or physically disabled Victorians.

The health service supports the government finding that end of life care should be shared by palliative care services, families, friends, carers and health and community sectors who using a person-centred approach. The focus is on patients directing their own care as much as possible to ensure relief from pain, distress and suffering while also providing support for family, friends and carers.

MTHCS has shared information extensively to the community through local media on government policy changes to end of life care and what this can mean for catchment residents. While there has not been any direct community feedback, the organisation will continue to distribute information in a sensitive way as part of our health literacy strategic plan priority area.

Staff are also provided with regular information on the responsibilities of health services to ensure a culture that recognises and supports diversity with staff equipped to deliver high quality end of life and palliative care. This includes recognition that staff involved in providing palliative care also need support for their own wellbeing.

## Case study

### Person-centred care Arnold Franklin

Getting to know residents and clients in the community and understanding their life stories is a focus of Commonwealth Home Support Program services at MTHCS.

Daily activities should be meaningful or purposeful and not just a diversion. Activities are grouped according to the different spheres of everyday life: Domestic, outdoor, social, personal, artistic, individual, work and exercise.

Social outings are an important part of activities. Outings are more than a chance to connect with others and stay in touch with their communities – they are an opportunity to visit familiar places that evoke memories of other times.

Activities that recreate domestic life, work life, personal life, outdoor life and artistic life make daily life more meaningful and purposeful and give residents a chance to share their knowledge and positive past life experience and skills.

One of the excursions during the year was a visit to the family farm for Arnold Franklin. The outing was a chance for Mr Franklin to remember happy times of family life on the land. Others who joined the excursion enjoyed sharing stories of their younger life and the challenges and successes of farming life in the Mallee during earlier times.



# MTHCS Service directory

**Mallee Track Health and Community Service remains committed to providing safe quality care to all patients and residents who use our service.**

## In an emergency always call 000

You can find out about all our services or contact anyone at MTHCS on (03) 5092 1111

More detailed information is on our website [www.mthcs.com.au](http://www.mthcs.com.au)

Like our Facebook page for up-to-date information on services and programs.

## MTHCS Service Centres

Ouyen	5092 1111
Sea Lake	5070 2155
Murrayville	5095 2070
Underbool	5094 6272

## Urgent Care Centres

**In an emergency, call 000**

Ouyen	5092 1111
Sea Lake	5070 2155

## Medical Clinics & Primary Health Care

Mallee Track Medical Clinic Ouyen	5092 1168
Mallee Track Medical Clinic Sea Lake	5070 2118
Mallee Border Health Murrayville	0448 522 703
Mallee Border Health Underbool	0448 522 703
Well Women's Clinics Dr Jane Russell	5092 1168

## Allied Health

Inquiries or bookings for all Allied Health services 5092 1111

- Speech Therapy (RFDS)
- Occupational Therapy
- Podiatry
- Physiotherapy
- Continence Service
- Hydrotherapy
- Exercise and Tai Chi

## District Nursing

Underbool	5092 1111
Murrayville	5092 1111
Sea Lake	5070 2155
Ouyen	5092 1111

## Dental

Public dental service (Tankard Dental) at MTHCS Ouyen Campus.

Bookings	5092 1121
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## Neighborhood House

Ouyen	5092 2557
Sea Lake	5070 1448
Murrayville	5095 2205

## Early years

Ouyen Mallee Minors Child Care	5092 1077
Ouyen Vacation Care Program	5091 0292
Ouyen Pre School	5092 1347
Underbool Early Learning Centre	5094 6273
Murrayville Early Learning Centre	5095 2137
Sea Lake Mallee Minors and Pre School	5070 1387
Manangatang Pre School	5035 1368



## Aged and Disability Support Services

Commonwealth Government  
My Aged Care 1800 200 422

Further information  
from MTHCS  
Community Services 5092 1111

- Commonwealth Home Support Programs (CHSP)
- Home and Community Care (HACC)

## Residential and Respite Care

### Ouyen

Pattinson House 5092 2559

Canon TD Martin 5092 1111

**Sea Lake** 5070 2155

## Community-based services

Ouyen 5092 1111

Sea Lake 5070 2155

- Planned Activities Groups
- Social Support Program
- Friendly Visiting Service
- Carer Support Groups

## Delivered Meals

Ouyen 5092 1111

Sea Lake (Buloke Shire) 1300 520 520

## Community Transport Service

Ouyen 0419 371 445

Sea Lake  
Neighbourhood House 5070 1448

## Community Health

Community Health Nurse 5092 1111

- QUIT Smoking
- Advanced Care Planning
- Diabetes self-management and point of care testing
- Healthy Eating and Active Lifestyle
- Cervical Screening
- Continence Assessment

## Feedback, complaints and compliments

Feedback and complaints forms are available at all sites and online

## Advocacy

The Regional Information and Advocacy Council (RIAC) 1800 221 944

The National Aged Care Advocacy Program (NACAP) 1800 700 600

MTHCS consumer advocate  
Grant Doxey 0438 950 202

## Volunteering

Our valued auxiliaries (Ouyen Farmers' Festival; MTHCS Ladies Auxiliary; and Sea Lake Ladies' Auxiliary) always welcome new faces.

MTHCS also welcomes volunteers – please contact the Volunteer Coordinator for information



# Contact information & feedback

## Customer feedback form

What is your location?	
What did you think about our Quality Account for 2018/19?	
What did you like?	
What didn't it tell you?	
Was the report easy to understand?	Y / N
Did you like the new format?	Y / N
Did you learn more about MTHCS's quality of care and services from the report?	Y / N
How can we improve the report for next year? Please comment.	
Name and address (optional)	
Place completed form in our suggestion box at all campuses or mail to: Reply Paid, Quality Manager, Mallee Track Health and Community Service, PO Box 130, Ouyen, VIC, 3490.	

## Providing information the way communities want

Last year's Quality Report allowed for consumer feedback, but none was received. The style and content of that report was guided by previous feedback from communities who said they wanted detailed information that was presented concisely and with minimal use of "jargon". The same format has been used this year.

Key staff were tasked during the year with seeking specific community feedback and preferences regarding the format for future reports.

In addition, provision has again been made this year for consumers to provide feedback on the report layout and content.

## Contact us

### Ouyen

**Ouyen Health Service**  
28 Britt Street, Ouyen.  
T 03 5092 1111 F 03 5092 1177

**Ouyen Neighbourhood House**  
41 Oke Street, Ouyen.  
T 03 5092 2557

**Pattinson House**  
63 Hughes Street, Ouyen  
T 03 5092 2559

**Mallee Minors Child Care Centre**  
Hughes Street, Ouyen  
T 03 5092 1077

### Sea lake

**Sea Lake Health Service**  
33-43 McClelland Avenue, Sea Lake  
T 03 5070 2155

**Sea Lake Neighbourhood House**  
200 Best St, Sea Lake  
T 03 5070 1448

**Mallee Minors Child Care Centre**  
55 Mudge St, Sea Lake  
T 03 5091 0292

### Murrayville

**Service Centre & Neighbourhood House**  
Gray Street, Murrayville  
T 03 5095 2070 Service Centre  
or T 03 5095 2205

**Mallee Minors Child Care Centre**  
Corner of Francis St and Gray St,  
Murrayville T 03 5095 2137

### Underbool

**Service Centre**  
Monash Avenue, Underbool  
T 03 5094 6272

**Mallee Minors Child Care Centre**  
Cotter Street, Underbool  
T 03 5094 6273

**In an emergency  
always call 000**



**visit: [www.mthcs.com.au](http://www.mthcs.com.au)**