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Hospital

- 15 Acute Beds (closed March 4 due to the flood event)
- Temporary Urgent Care Centre (opened 19th March and still operating on 30 June 2012 as an emergency response to temporary closure of the hospital)
- Operating Theatre and Day Procedure Unit (closed March 4 due to flood event and surgical services moved to Cobram District Health until reinstatement of this service)
- Palliative Care
- Urgent Care
- Radiology (closed March 4 due to flood event and expected to reopen when Interim Urgent Care Centre opens in November 2012)

Karinya Nursing Home

- 30 High Care Beds
- Geriatrician assessments

Numurkah Pioneers Memorial Lodge

- 34 Low Care Beds
- 2 Transition Care Beds

Community Health

- Allied Health Services
- District Nursing
- Hospital In The Home
- Palliative Care
- Chronic Disease Management
- Health Promotion
- Midwife Care (ante/post natal, breast feeding support)
- The Hut (youth health and wellbeing)
- Cardiac Rehabilitation
- Social Support and Counselling

Gwandalan Court Retirement Village

- 11 Independent Living Units
It is with pleasure that the Board and the team of Numurkah District Health Service present the Quality of Care Report to our community for the 2011–12 financial year. We hope you will enjoy reading through the Quality of Care Report and at the end will know more about our health service, its programs and services that have been developed specifically to meet the needs of this important rural community.

In previous years this report has been combined with the Annual Report. However with community feedback and events of 2012 we have changed our approach to a booklet format and we would like your response to this change, which you can do either on our website www.ndhs.org.au, select Contact Us and Quality of Care Report Feedback or send an email to numhosp@humehealth.org.au. We will always welcome a letter outlining your observations and suggestions.

The Quality of Care Report is important to keep you informed on your health service’s performance. The report aims to give reassurance that professional level of care and our vision ‘to be recognised as a leader in rural health and community services’ is met. Information about our services and our performance against required standards is provided in this year’s annual report.

Over the 2011-12 financial year the Board’s vision was enhanced with the announcement of funding to build a new Community Health Centre. This new facility has been funded by Health Hospital Fund Commonwealth Government in recognition of the increased demand for services that require contemporary facilities and an adaptable, innovative workforce that can respond to changing community expectations.

Over the 2012-13 year our capacity to deliver the same level of acute health care has been limited due to the flood event in March 2012 resulting in the closure of the hospital. The organisation with the support of Department of Health and Victorian Managed Insurance Authority has constructed an Interim Urgent Care Centre that will reinstate urgent care, radiology and short stay beds. This interim facility will be in place whilst we plan and rebuild a hospital that will return bed based services to the Numurkah and District community.

The emergency management of the Health Service throughout the initial emergency period and in to the recovery stages has required efforts from the whole Health Service. We are always aware of the terrible impact the loss of the hospital has on our patients. We greatly appreciate your understanding and we look forward to returning some health care in the Interim Urgent Care Centre.

A special mention for all staff who, despite having experienced stress, anxiety and disruption to their work place, have continued to focus on providing excellent health care in a complex and busy emergency and recovery environment. Your resilience and contribution has been outstanding under difficult circumstances.

The Board of Management is deeply aware of the challenges and the implications arising from the flood event and the impact upon the community
and Numurkah District Health Service. The Board has put in place strategies ensuring it meets its governance requirements and delivers services identified in the Service Plan. Numurkah District Health Service is seeking to deliver to its local community care of the highest quality and it is with pleasure that we provide our Quality of Care Report to our community.

Copies of this year’s Quality of Care Report have been distributed across the Moira Shire and are located throughout our Health Service. You can also download an electronic version from our website at www.ndhs.org.au or contact us on 5862 0555 to request a copy. Your feedback is valued. Additional information on our services is set out in the 2011-12 Annual Report that is also available on our website.

What we Value

VISION
To be recognised as a leader in rural health and community services.

MISSION
To deliver through innovation, collaborative partnerships and resource effectiveness, services that provide for the health and wellbeing of the individual and the community.

VALUES
- Quality
- Respect
- Caring
- Learning
The hospital campus of Numurkah District Health Service was inundated with flood waters in the early hours of Sunday 4 March 2012 reaching a depth ranging from 100 to 600mm across the site. The most severely affected was the original hospital buildings affecting the acute ward, operating theatre, urgent care, radiology and reception, administration and executive office areas. Other buildings on the site were not inundated but sewerage backed up in a number of locations creating a major contamination problem.

Code Brown is an organisational response code to deal with any external incident that threatens to overwhelm or disrupt health service capabilities. NDHS enacted Code Brown in response to the increasing risk of flood waters in Moira Shire and anticipated impact on our organisation.

The flood waters rose rapidly entering the hospital building causing an immediate risk to patients and staff. NDHS enacted Code Orange (Evacuation). This necessitated the immediate evacuation of all acute patients, Karinya Nursing Home and Gwandalan Court Retirement Village.

The safe evacuation of 11 acute inpatients into the adjacent Karinya Nursing Home was achieved and arrangements with local SES were made to evacuate 8 residents from Gwandalan Court Retirement Village. Staff were contacted to assist in the emergency evacuation response and were assisted by emergency services to transport safely through flood waters ensuring the continuity of care for patients and residents. The Community Health Service was also isolated by flood waters necessitating temporary cessation of allied health.

Some services such as District Nursing and palliative care continued in shared facilities with the Moira Shire relief centre in Numurkah and at staff’s own homes.

In consultation with the Incident Control Centre and Ambulance Victoria Health Commander the decision was made to evacuate patients and residents from Karinya Nursing Home to ensure the safety of our patients, residents and staff. Ambulance Victoria coordinated and resourced the evacuation with the NDHS team who maintained high quality and safe care throughout the entire period. The team included nursing, catering, environmental, maintenance, administration, reception and managers who worked tirelessly throughout the day maintaining excellence in professional standards in an emergency.

Many neighbouring health services played a major role in assisting NDHS during the flood and have provided ongoing support in our recovery. Patients and residents were relocated to Cobram District Health, Yarrawonga Health, Euroa Health and Shepparton Villages. To these organisations and their wonderful staff we are extremely grateful. We also acknowledge the invaluable assistance from Hume Region Department of Health Regional Director and Central Office.

We will always appreciate the wonderful assistance of volunteers from local SES, CFA, Parks Victoria and community volunteers who tried valiantly to protect the hospital from inundation of flood waters throughout the initial period and in the coming days. The organisation also recognises with immense gratitude, the donations and support from the community and the partnerships created with service clubs and businesses, in particular Bendigo Bank and Freemasons who along with many individuals have contributed to our building appeal.
The Emergency Operations Centre was established in Numurkah Pioneers Memorial Lodge (NPML) on Monday 5 March when our flood recovery began. The usual functions of a health service including reception, finance, administration, occupational health and safety, quality, human resources, catering, environmental, supply and maintenance were accommodated over the next week in portable office accommodation. This was located at the rear of NPML and included outdoor meeting areas.

Nursing and care staff were invaluable in their willingness and assistance to travel and provide a familiar face and resources to patients, residents and their families. This was greatly appreciated and shows the commitment to providing such high quality care. All residents returned to Karinya just one month after the flood whilst patients were discharged home from Cobram District Health.

The sudden impact of this had overnight, left the Numurkah community without acute bed based or emergency health care services; and the community in a very vulnerable position. This was recognised by the Department of Health and an emergency response by Ambulance Victoria saw the establishment of the Temporary Urgent Care Centre (TUCC) on 19th March just fifteen days after the flood.

The TUCC consisted of 4 tent sections and provided the community with limited acute and emergency care. The nursing staff provided triage, assessment and management of emergency presentations, elective minor surgical procedures, GP clinics and day procedures.

The deployment of the normally short term field primary care centre for the purpose of a long term Temporary Urgent Care Centre is a first for the State of Victoria.

Staff quickly adapted to this new environment and established quality and clinically safe work practices. Supported by the nearby Community Health building and staff. Patient feedback has been “we are cared for here as if we were in the hospital”.

The Victorian Public Hospital Cleaning standards were reviewed to apply to the tent environment as there are no standards written for a tent in the State. Audits are attended as per the health service schedule with the June result being met 100%.

Post Procedure Infection Control follow-up occurs with the GP Clinics to monitor infection rates. There have been no infections reported since the deployment of the tents. Infection Control risk assessments and ongoing audit have indicated that all risks identified have been controlled and or eliminated providing further assurance that safe, quality services continue to be provided.

Occupational health and safety assessments were performed regularly to ensure the environment is free from slip and trip hazards or any other health hazards for both the public and the staff.

NDHS is working hard in flood recovery with staff, community, insurer and Government departments. We continue our focus on providing safe and quality health care following the flood in March. The resilience of the community, willingness, flexibility and innovation of staff and volunteers ensures NDHS will continue to provide care for the community whom they have cared for in some cases over decades.

### Patient Services
19th March – 30th June, 2012

<table>
<thead>
<tr>
<th>SERVICE TYPE</th>
<th>PRESENTATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency</td>
<td>474</td>
</tr>
<tr>
<td>Short Stays</td>
<td>6</td>
</tr>
<tr>
<td>Elective Outpatient</td>
<td>117</td>
</tr>
<tr>
<td>Hospital In the Home contacts</td>
<td>12</td>
</tr>
<tr>
<td>TOTAL</td>
<td>597</td>
</tr>
</tbody>
</table>

NDHS is working hard in flood recovery with staff, community, insurer and Government departments. We continue our focus on providing safe and quality health care following the flood in March. The resilience of the community, willingness, flexibility and innovation of staff and volunteers ensures NDHS will continue to provide care for the community whom they have cared for in some cases over decades.
Volunteers

Building a positive culture

Volunteering is an activity which takes place through not-for-profit organisations or projects and is undertaken to be:
- of benefit to the community and the volunteer
- of the volunteer’s own free will and without coercion
- for no financial payment, and
- in designated volunteer positions only

Volunteering Australia

Volunteers play a critical role in ensuring NDHS delivers true Person Centred Care to all residents and patients.

Over the past 12 months NDHS volunteers have played a vital role in maintaining the positive culture within the organisation, particularly since the March 2012 flood which impacted NDHS significantly.

Karinya Garden Project

An example of our volunteers’ dedication and generosity is the regeneration of the Karinya Courtyard Gardens. Members of the local Numurkah Garden Club, together with students from the local Numurkah Secondary College, established a sensory garden as an inviting retreat for Karinya residents. They can now receive visitors or just rest and enjoy the pleasant atmosphere of a relaxing garden.

The garden was designed by Pam Rudd, a qualified Sensory Garden Designer who trained in America in developing these types of environments. With the assistance of the Numurkah Gardening Club, the project received $3000 from the Victorian Royal Horticultural Society, through a grant sourced by Marj Porter to purchase plants.

The project has been overseen by Board member Ms. Barbara McKeown and the NDHS maintenance team.

Annual Luncheon

Our annual Volunteers Luncheon was held in July and was an excellent opportunity to thank the wonderful volunteers who offer so much time and support to Karinya, Numurkah Pioneers Memorial Lodge and its residents.

CEO Jacque Phillips addressed the group, expressing the organisation’s appreciation for the contribution volunteers make to NDHS.

New Recruitment Processes

NDHS is implementing an improved recruitment and induction system for applicants who join the NDHS Volunteer program. As well as improved access for interested community members to join the Volunteer program, new recruits will be able to consider and discuss a wider range of volunteering options within NDHS. For more information contact NDHS on 03 5862 0555.
Kaarimba Ladies Auxiliary
Working for NDHS

Kaarimba Ladies Auxiliary has had another quite successful year. After expenses, it raised $1,287.76 from a Bunning’s barbecue and $1,275.84 from a Clearing Sale. A $500 donation was received for helping at a cutting horse sale.

This year, the auxiliary donated $1,500 to NDHS for a Bariatric wheel chair.

We were very honored to be nominated for the Moira Shire Community Organisation of the Year award. Although not successful, it was a very enjoyable night.

With only 13 members, I wish to thank them for their help and support whenever they are called on.

Heather Brown
President

Clinical Governance at Work

Managing Risk
Ensuring safety for all

NDHS has a comprehensive approach to clinical and organisational risk management.

Its risk management system manages quality and safety, identifying both clinical and non clinical risks and providing strategies to manage the safety of people, buildings and contents as well as other physical and financial assets.

Real risks and potential risks are identified and monitored via the Victorian Health Incident Management System. The NDHS Management team maintains and regularly reviews the organisation’s Risk Register.

Risk is a permanent item on all NDHS meeting agendas, creating a whole of health service approach to managing risks.

Clinical Risk and Learnings
No sentinel events

Numurkah District Health Service participates in the Sentinel Events and Limited Adverse Occurrence Screening programs, which are reported to the Department of Health.

Sentinel Events
Sentinel events are serious events that may result in adverse patient outcomes. No Sentinel Events occurred at NDHS in 2011/2012.
LAOS Screening
Limited Adverse Occurrence Screening (LAOS) supports effective clinical risk management (CRM) in local regional health services and small rural health services.

LAOS was developed at the Wimmera Base Hospital in Horsham Victoria. Patient histories are extracted, based on the presence of one or more defined screening criteria, and reviewed by clinicians for the presence of an adverse event. An adverse event is defined as “an untoward patient event, which under optimal conditions is not a consequence of the patient’s disease or treatment”.

The adverse event is then classified according to its severity and preventability.

Adverse events are analysed and recommendations aimed at preventing these events from recurring, are made and implemented.

The local Numurkah medical officers participate in the LAOS program through NDHS. This peer review program which is conducted across the region, enables local GPs to have their patient care reviewed by other doctors.

Contributing factors identified in playing a role in patient adverse outcomes are identified with recommendations and findings from the reviews of patient records being categorised under the following headings:

- Organisational/environment
- Patient factors
- Communication
- Medical management
- Task factors

Reports with recommendations are sent to the GPs and NDHS for follow-up.

Public Sector Residential Aged Care Clinical Indicators

Meeting standards

Aged Care Clinical Indicators are a set of quality clinical indicators (QCIs) which assist in monitoring and improving the quality of care provided to residents living in Victoria’s public sector Residential Aged Care Services.

Collecting clinical indicators assists NDHS to monitor certain areas of clinical care to ensure that the residents in our care are receiving the best possible care. Clinical Indicators are reported to the Department of Health on a quarterly basis.

Clinical Indicators collected:
- Prevalence of pressure ulcers for Stages 1, 2, 3, and 4
- Prevalence of Falls and Falls-related fractures
- Incidence of the use of physical restraints
- Incidence of residents using nine or more different medications
- Prevalence of Unplanned Weight Loss
Pressure Injuries
NDHS have very few pressure injuries recorded for its residents. Most reported pressure injuries are Stage 1 injuries which are just a slightly reddened area of skin. These are monitored closely and quickly eliminated before they progress onto the more serious stages. Occasionally residents are admitted with an existing pressure injury. This is also reported in NDHS statistics.

Falls and Falls Related Fractures
Falls are a regular event in residential aged care as there is a very fine balance between maintaining a resident’s independence and maintaining a resident’s safety. NDHS recorded one fracture resulting from a fall in the second quarter results.

Physical Restraint
There is no reported physical restraint used in NDHS residential aged care facilities.
Polypharmacy

The incidence of polypharmacy, or the incidence of residents using nine or more different medications, at NDHS is above the state average for similar type residential aged care facilities across Victoria. NDHS is working closely with the medical officers through the Medication Advisory Committee to address this result.

Unplanned Weight Loss

Weight loss fluctuates in the residential aged care facilities and can be very dependent on the underlying physical health of the elderly resident. Other factors influencing weight loss can be the presentation and type of food served in the home. The NDHS Nutrition and Hydration Reference Group works with clinical staff in managing weight loss among elderly residents.

Snacking boxes have been introduced in NDHS residential facilities to encourage the appetites of our residents.
Accreditation

Regular assessments drive quality

Maintaining accreditation of services across the NDHS is a guarantee to the community that it provides quality and safe clinical care and services to all patients, clients and residents every day.

It also ensures that there are safe practices and processes to support our staff, contractors, volunteers and visitors.

The 2011/2012 accreditation cycles were interrupted due to the March 2012 floods. NDHS has deferred accreditation dates throughout 2012 as the relevant agency assessments became due while working towards meeting relevant standards during recovery processes.

ACHS and NSQHSS Accreditation

The Australian Council on Health Care Standards (ACHS) accreditation program has been the sole accrediting agency for NDHS acute hospital services since the 1980s when accreditation requirements were first introduced to Victorian public health services. NDHS is currently fully accredited through the ACHS.

In 2011 the Victorian government introduced the National Safety and Quality Health Service Standards (NSQHSS) national accreditation process which will require mandatory participation for all surveys from January 2013. NDHS acute service areas are currently working towards compliance with these new standards.

ACSSA Accreditation

Commonwealth-funded residential aged care facilities are accredited with Aged Care Standards and Accreditation Agency (ACSSA). Nursing homes must maintain the 44 care standards at all times and Numurkah Pioneers Memorial Lodge and Karinya are both fully accredited with ACSAA.

HACC and CCCS Accreditation

Seven objectives are assessed during Home and Community Care Standards (HACC) accreditation, as follows:

- Access to services
- Information & Consultation
- Efficient & Effective Management
- Coordinated, Planned and Reliable Service Delivery
- Privacy, Confidentiality and Access to Personal Information
- Complaints and Disputes
- Advocacy

NDHS achieved full HACC accreditation in 2010 with re accreditation due in 2013.

Common Community Care Standards (CCCS)

The Community Common Care standards has replaced the HACC National Service standards with three main criteria as follows:

- Effective Management
- Appropriate Access and Service Delivery
- Service User Rights and Responsibilities

At NDHS, the CCCS will be applied to our HACC funded programs which include DNS, Planned Activity Group and part of Community based Occupational Therapy service.
**Infection Control**

*Reducing infection risk for patients and residents*

The aim of infection control is to reduce the risk of people getting infections while they are in hospital or residential aged care.

NDHS provides Infection Prevention and Control Measures through:

- Prevention of or managing outbreaks of illnesses such as gastroenteritis
- Providing staff education sessions on a variety of infection control related topics, such as the importance of hand hygiene
- Participating in Victorian Nosocomial Infection Surveillance (VICNIS) for type 2 hospitals
- Being part of Hume region infection prevention and control Point Prevalence program
- Participating in anti-microbial point prevalence surveillance audit (High Care only, Karinya)
- Participating in regional annual infection prevention and control compliance audit for all departments and organisational wide
- Being part of a team for the annual NDHS cleaning audit both internally & externally
- Monitoring NDHS food safety standards

**Hand Hygiene**

One of the most important techniques to prevent the spread of infection, in hospitals, community and aged care facilities, is to perform hand hygiene. This can be done by either hand washing or by using an alcohol-based hand rub.

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**Influenza Vaccinations**

NDHS provides annual immunisations to staff to help prevent the transmission of infection to patients and residents who are more vulnerable.

This year the Flu Vaccination program immunised 59% of staff which is below the state target of 90%.

While the flu season was extended this year with a higher number of cases reported for a longer period of time, a majority of staff declined the flu vaccination. A more effective education and awareness program will be implemented next flu session.

Eligible patients and all residents are also offered the vaccination. More than 95% of aged care residents in both Karinya & Numurkah Pioneers Memorial Lodge were vaccinated.

**Preventing Falls**

*A significant safety issue*

Falls can occur at any age, but the frequency and severity of falls related injury increases with age. Many things can increase the risk of falling, including poor balance, low blood pressure, some medications, physical inactivity, unfamiliar environments, poor eyesight and ill health.

NDHS recognised that falls in hospital or residential aged care are a significant safety issue. It therefore focused on falls prevention and minimisation as an important area for improvement.

NDHS’ strategy incorporates four integral steps to minimise the risk of falls and falls related injury:

1. Screening: to identify patients/residents who are at greater risk of falls and require more detailed assessment
2. Assessment: to identify falls risk factors
3. Intervention: to develop and implement an action plan aimed to reduce the risk of a fall
4. Appropriate response if a fall occurs: Care, reporting, ongoing assessment and intervention

NDHS Nursing and Allied Health staff (including Physiotherapist, Occupational Therapist and Dietitian) have worked collaboratively to implement various falls management and prevention intervention strategies for patients/residents, including:

- Physiotherapy assessment and individualised mobility plan/exercises
- Hip protectors encouraged for high risk patients/residents
- Beds that can be lowered to floor position
- Regular foot care assessment and treatment
- Review of medications that may lead to a fall
- Patient education – both personal education and general handouts
- Height adjustable chairs
- Use of lifting machines
- Electronic monitoring that alerts staff when a high risk patient/resident moves from their bed/chair.

The NDHS Falls Prevention Reference Group monitors reported falls by regularly reviewing and evaluating falls rates. This assists NDHS to identify any trends in the causes of falls.

Regular aged care case conferencing also assists nursing and allied health staff to develop a comprehensive, individualised care plan for aged care residents who are at high risk of falls.

Management of falls is a complex issue that tries to strike a balance between respecting a person’s independence and freedom while keeping them safe from falls.

### NDHS Clinical Falls

The above graph shows a reduction in the number of reported clinical falls at NDHS in the period January-June 2012, as compared with the same period in 2011.

#### Blood and Blood Product Management

**Audits confirm quality service**

Blood transfusions are administered to patients by NDHS nursing staff, as required. Nurses undertake annual competency in blood and blood product management to ensure safety and best practice in providing this service.

In 2011 NDHS participated in a comparative audit of blood transfusion policy and practice, by the Blood Matters program. The audit assessed if the blood administration policy was available and consistent with national guidelines, and that everyday transfusion practice adhered to the policy.

The audit found that NDHS demonstrated good transfusion practice in the following areas:

- 100% of patients were wearing a legible identification wristband
- 100% of conscious patients were asked to state their identification details
The audit identified the following areas where transfusion practice could be improved:

- Pre- and/or post-transfusion observations in some cases were incomplete,
- Patients were not provided with an informed consent process.

At the time of data collection, there was no national standard/guidelines however, as of January 2013 it will be mandatory for Victorian hospitals to meet new standards which require informed consent.

To improve the quality of care provided to patients receiving blood transfusions, all acute ward nursing staff have completed education on blood transfusions.

Nursing staff continue to work with the doctors to ensure that an informed consent process is followed in line with the Australian and New Zealand Society of Blood Transfusion (ANZSBT) and the Royal College of Nursing Australia (RCNA) Guidelines for the Administration of Blood Products 2nd edition, 2011.

**Listening to and working with our Community**

**Consumer, Carer and Community Participation**

*Doing It With Us*

NDHS values consumer involvement in identifying areas for improvement in care and service provision.

The following report outlines how NDHS has met evaluation around consumer, carer and community participation for 2011/2012.

**Standard 1**

The organisation demonstrates a commitment to consumer, care and community participation.

**Numerator**: The number of specified strategies implemented or in use

**Denominator**: The eight specified strategies required

NDHS Indicator Score: 83.3% (Department of Health target: 75%) – standard met

NDHS has a consumer participation standard, which was developed from the Department of Health’s guidelines Doing it with us, not for us.

To meet Standard 1, there are eight specified sub-strategies of which six are applicable to NDHS. A minimum of four to six strategies must be implemented:

1.1 NDHS has a consumer, carer, community participation policy
1.2 NDHS is implementing a community participation strategy which addresses the five key areas of the Department’s How to develop a community participation plan guidelines.

NDHS is implementing its new Consumer Advisory Committee and has sought expressions of interest from the community to participate in this important committee. Previously community representatives were members of the NDHS Quality Improvement sub-committee and participated in reviews of quality improvement initiatives across the organisation.

1.3 NDHS monitors the Primary Care Partnership Strategic plan ensuring that the partnership’s work reflects community needs and consumers experience a better human service system.

Representatives from NDHS participate in a range of working groups and planning meetings to implement the strategic plan.

1.4 NDHS has a Cultural Responsiveness Plan which meets the six minimum reporting requirements or their equivalent.

The NDHS 2010 – 2014 Cultural Responsiveness Plan supports the cultural populations identified in the Numurkah community. Guidelines have been reviewed to ensure staff have access to the information so they can better manage the needs of our culturally diverse community.

Culturally significant celebrations are observed in the residential aged care facilities and staff have access to special dietary information of designated cultural groups, to assist in the delivery of culturally appropriate care.

1.5 Not appropriate to NDHS

1.6 Not appropriate to NDHS

1.7 NDHS has systems, processes and structures in place to consult and involve consumers, carers and community members.

The NDHS’ Opportunity for Improvement system allows opportunities for feedback from patients, residents, carers and the community. Feedback is obtained via satisfaction surveys, comments, suggestions, complaints, focus groups and case conferencing.

The 2012 Resident Satisfaction surveys resulted in return rates of 46.4% for Karinya and 75% for the Numurkah Pioneers Memorial Lodge.

Community Health Palliative Care satisfaction survey return rate was 27% for 2011 and the Victorian Patient Satisfaction Monitor return rate from the Acute patient areas was 44.9%, compared to same category hospitals return rate of 42.3%.

NDHS values this feedback and uses it to inform care and ongoing service provision which is responsive to the consumers’ needs.

1.8 The organisation builds the capacity of staff to support consumer, carer and community participation – not fully met

Standard 2

A consumer participation indicator score on the Victorian Patient Satisfaction Monitor

Wave 21 Consumer Participation Index: 86%
Wave 22 Consumer Participation Index: 85%

NDHS Indicator Score 85.5% (Department of Health target: 75%) – standard met

Using the five point Likert scale (where 1 = poor, 2 = fair, 3 = good, 4 = very good and 5 = excellent),

Numurkah District Health Service

2011/2012 QUALITY OF CARE REPORT | 17
the following responses from consumers were received:

- Opportunity to ask questions about your condition or treatment: 4.24
- The way staff involved you in decisions about your care: scored 4.33
- The willingness of staff to listen to your health care problems: scored 4.18

All patients on admission and throughout their episode of care are involved in developing their care plan and treatment options. Goals are set and the entire health care team and the patient are involved in the achievement of these goals.

Case conferencing with the multidisciplinary team involves the patient and/or their carer, monitoring progress and problem solving along the way.

**Standard 3**

Consumers (where appropriate) and carers are provided with evidence based, accessible information to support key decision making along the continuum of care.

Numerator: Number of Victorian Patient Satisfaction Monitor (VPSM) respondents rating Question 20(b) “good” or “excellent”

Denominator: Number of VPSM respondents rating Question 20(b) “good” or “excellent”

NDHS Indicator Score 81.8% (Department of Health target: 75%) – **standard met**

Question 20(b) asks how would you rate the written information you were given about how you manage your condition and recovery at home as “good” or “excellent”

VPSM Wave 21 = 84%
VPSM Wave 22 = 81.4%

**Standard 4**

Consumers, carers and community members are active participants in the planning, improvement and evaluation of services and programs on an ongoing basis.

Numerator: Number of dimensions of specified activities where consumers, carers and community members are actively involved

Denominator: The six dimensions of specified activities

NDHS Indicator Score 66% (Department of Health target: 75%) - **standard not met**

Specified activities are:

- 4.1 Strategic Planning
- 4.2 Service, program and community development
- 4.3 Quality improvement activities
- 4.4 Developing and monitoring feedback, complaints’ and appeals’ systems and the review of complaints
- 4.5 Ethics, quality, clinical and corporate governance committees
- 4.6 Consumers, carers and community members are involved in the development of consumer health information

NDHS meets four out of these six criteria with consumer representation on relevant committees. Residents of the aged care facilities provide feedback through the annual satisfaction survey to enable informed planning and implementation of projects throughout the year.

Consumers provide feedback on occupation health and safety concerns as well as any clinical and service issues.

**Standard 5**

The organisation actively contributes to building the capacity of consumers, carers and community members to participate fully and effectively. (Target not applicable)
NDHS welcomes consumer participation and encourages community members to participate in activities at the health service.

The Numurkah Garden Club has been very active in 2012 in assisting to re-establish the grounds and gardens surrounding the Karinya nursing home following the March 2012 floods.

Bunning’s staff also have provided many valuable manpower hours in assisting in the gardens. A local community member Pam Rudd provided expert assistance in creating the beautiful sensory garden design for the Karinya central courtyard.

Local auxiliaries from the community provide much needed support in providing manpower and financial assistance ensuring patients and residents receive additional care, support and interesting activities throughout the year.

NDHS encourages these groups by providing administrative and executive level support and assistance to enable their participation in health service activities.

**Cultural Responsiveness**

*Including all cultures in our care*

The cultural and linguistic diversity of Australia is well documented. According to the 2006 Census of Population and Housing, 23.8% of Victorians were born overseas.

Governments at both state and federal levels have developed policy and legislative frameworks for healthcare which clearly stipulate the need for health professionals to become more culturally responsive in order to ensure quality health care for the whole community.

NDHS has responded to these challenges and is committed to providing health care services and communication strategies that all members of the community will understand and benefit.

**Numurkah township’s population is 4619. In Numurkah, 3% of people come from countries where English is not their first language and 2% of people speak a language other than English at home.**

Numurkah is predominantly a Christian community (69%) with 8.9% of persons either not having or not stating their religious beliefs.

**Standard 1**

A whole of organisation approach to cultural responsiveness is demonstrated

Result: 3 of 4 policies implemented (75%)

The following four policies, guidelines and processes are implemented:

1.1 The health service has developed and is implementing a Cultural Responsiveness plan that addresses the six standards of the framework – **standard met**

1.2 Reporting on the cultural responsiveness standards in the health services Quality of Care Report – **standard met**

1.3 A functioning Community Advisory Committee (CAC), Cultural Diversity committee or other structure demonstrating Culturally and Linguistically Diverse (CALD) participation and input – **standard not met**

1.4 Implementation of the DH Language Services policy – **standard met**

**Standard 2**

Leadership for cultural responsiveness is demonstrated by the health service

Senior managers have undertaken leadership training for cultural responsiveness.

**Result:** 75% of managers have received training
Standard 3
Languages

3.1 Number of CALD consumers/patients identified as requiring an interpreter and who have received accredited interpreter services – standard met

Result: 100%

3.2 Number of community languages used in translated materials and resources.

Result: This is dependent on the need, given the very small variation in the NDHS catchment population’s ethnic demographic – standard met

Standard 4
Inclusive practice in planning is demonstrated including but not limited to dietary, spiritual, family, attitudinal, and other cultural practices

4.1 Number of CALD consumers and patients who indicate that their cultural or religious needs were respected by the health service – standard met

The 2011 Karinya Resident Satisfaction survey revealed that 90% of residents felt that their spiritual and cultural needs were met.

Victorian Patient Satisfaction Monitor (VPSM) Wave 21 = 4.1/5.0
VPSM Wave 22 = 4.3/5.0

4.2 Policies and procedures for the provision of appropriate meals (vegetarian, Halal, Kosher, etc) are implemented and reviewed on an ongoing basis – standard met

Standard 5
CALD consumer, carer and community members are involved in the planning, improvement and review of programs and services on an ongoing basis – standard not met

Standard 6
Staff at all levels are provided with professional development opportunities to enhance their cultural responsiveness – standard met

Approximately 30% (60 out of 200 staff) have participated in targeted cultural responsiveness professional development over the 2011/2012 year.

Patient Satisfaction
High scores from people in our care

Patients’ perception of their hospital stay is a key indicator of health care quality. The Victorian Patient Satisfaction Monitor (VPSM) monitors the level of patient satisfaction by public hospitals.

Throughout the reporting period, the highest scoring items which were consistently ranked by patients were:

- Courtesy of nurses
- Responsiveness of nurses
- Courtesy of doctors
- Personal safety

NDHS implemented targeted strategies to address a number of low scoring items in the last survey:

- Explanation of side-effects of medicines
- Written information about home management
- Amount of time given to plan going home

These improvements resulted in greater satisfaction in these items in the most recent VPSM survey. However NDHS is now addressing the lowest scoring items identified in the latest VPSM report:

- Quantity of food
- Temperature of food
- Quality of food

These items shall be the focus for a targeted improvement effort over the next 12 months, to increase overall patient satisfaction.
The past 12 months has been challenging for Numurkah Pioneers Memorial Lodge (NPML) which was fortunate not to suffer flooding or damage from the floods in March 2012.

NPML “housed” the NDHS leadership group swinging into action while providing resources and commitment to ensure little interruption to resident’s lives at Pioneers Lodge.

Over the past year, carpet, curtains and chairs in various sections of the Lodge have been replaced and a new outdoor setting has been purchased. We are also fortunate to have a very active auxiliary which provides many extras to enhance residents’ lives.

We are extremely grateful for the assistance provided by the Aged Psychiatric Assessment Team, to many residents and families.

This year staff have participated in a number of educational activities aimed at enhancing their ability to improve care to all residents including advanced care planning, dementia and medications and diabetes.

We now have three residents who have their own computer which enables them to talk to family and friends who live out of town or are away on holidays.

NPML’s gardens are a credit to one of our residents Reg, who spends many hours each day tenderly planting, pruning weeding and generally caring for all areas of the outdoor area.

Staff continue to provide the best possible care to residents. This has been validated by the Aged Care Standards and Accreditation Agency, who has accredited NPML for the past three years. The Lodge has been assessed as compliant during the annual unannounced visits from the ACSAA.

**Diversional Therapy**

*Lifestyle activities to suit everyone*

Diversional therapy is a client centred practice and recognises that leisure and recreational experiences are the right of all individuals.

Diversional therapy practitioners work with people of all ages and abilities to design and facilitate leisure and recreation programs. Activities are designed to support, challenge and enhance the psychological, spiritual, social, emotional and physical wellbeing of individuals.

At the Numurkah Pioneers Memorial Lodge (NPML,) the Diversional Therapist provides opportunities for individuals to participate in leisure and recreation activities which promote self esteem and personal fulfilment.

A Diversional Therapist facilitates individual client choice, decision making and participation when developing and managing recreational programs.

There are 36 residents at NPML, each with varied
interest, hobbies, backgrounds, social networks and family cultures. This presents many challenges. The aim is for residents to stay connected with their families, friends and community - and maintain their interests and hobbies.

It is a resident’s choice as to what and how much activity they want to be involved in, individually or in a group setting.

A range of programs are offered, according to the interests of our residents, daily, weekly, monthly or seasonally. Popular activities such as daily exercises, paper reading, sing-a-longs, bingo, carpets bowls, barbecues and bus outings continue to provide enjoyment.

Programs are continually improved by developing new approaches or making new connections. Feedback is always welcomed.

As with all areas of NDHS, NPML felt the impact of the March flood. Although high and dry, residents were isolated and every opportunity was taken to keep them informed and to see or hear what was happening in town and surrounding districts.

The highlight for the year was definitely the residents holiday at Bright in May. Seven residents and three carers/volunteers enjoyed several days, taking in the sights of Bright and the beautiful autumn colours of the district. Staying at a wonderful family style lodge, with wood heaters and big open living areas, it was a great holiday that the residents really enjoyed. There has been much discussion already as to where next year’s holiday will be.

We are fortunate to have the continued support of fantastic volunteers. Be they Auxiliary members or weekly, monthly or occasional volunteers, these dedicated people support our residents by assisting with activities, organising functions and being that one person who has a friendly smile and time to sit and talk with a resident. We thank them all for their continued support.

Temporary Urgent Care Centre
Part of Victoria’s emergency response

“All my experiences with the Temporary Urgent Care Centre have been nothing but positive. Despite the altered working conditions, all care provided was of the utmost quality. The staff have done an amazing job adapting to the environment, and continuing to provide care to the community of very high standard. It is very reassuring knowing that the Urgent Care Centre is available 24/7 whilst we do not have a permanent hospital in the town”. Rebecca Fothergill, a parent who has visited TUCC with her child.

NDHS’ Temporary Urgent Care Centre, part of the state’s health emergency response plan, was set up after the devastating flood of March 2012, to address the urgent care needs of the local community.

From its opening on 19 March until 30 June 2012, 596 patient presentations were registered.

Nursing staff were able to triage and assess patients - and then implement plans of care - to best meet the health care needs of the patient. Plans of care allowed patients to be discharged home, to Medical Clinics for follow up, or to other hospitals either by ambulance or private car.

Through the Temporary Urgent Care Centre, the local community has had access to facilities for planned blood transfusions and iron infusions, which has allowed locals to stay in the community and minimised the impact of travel and time inconveniences. It has also helped patients maintain contact with familiar staff.

The centre has enabled NDHS nursing staff to maintain their skills and experience in a local environment. This group of staff remains committed to providing nursing care to the people of Numurkah and District.
Central Intake
Responding to the needs of consumers

NDHS responds to the needs of consumers across the continuum of care.

Referrals for specialist services are received from either within the health service or from external sources. All referrals are sent to the Central Intake Coordinator who ensures that a timely response to the request occurs.

Central Intake has received 1,624 referrals for the period of July 2011-June 2012; these referrals are to the following services:
- Cardiac Rehabilitation Program
- Dietitian, Diabetes Educator
- Generalist Counseling
- Psychologist
- Physiotherapist
- Occupational Therapist
- Social Support
- The Hut (youth referral program) and School based referrals

This is a positive growth on referrals received from the previous period.

Of the total number of referrals received, 1,081 (66%) were successful. This means that following the completion of an Initial Needs Identification (INI) screen and assessment by our Intake Coordinator, the client was then linked into a clinician.

The remaining referrals were either redirected to other service providers or did not proceed following initial prioritising and client acknowledgement. This step in the process reveals client needs are not able to be often met by the services provided at NDHS Community Health or that the client declines the service.

Information gathered in this situation informs our future service delivery, marketing, groups, health promotion opportunities and planning.

NDHS’ Central Intake processes continue to be developed. These processes are underpinned by the Service Coordination Framework set by the Department of Health to ensure service is delivered, based on best practice, and quality of care is maintained.

Moira Palliative Care Services
A busy year

Moira Palliative Care Services has had another busy year. It has received 111 referrals resulting in 95 admissions to the service and 83 deaths.

Throughout the year, MPCS has undertaken various community health promotion activities including Cafe to Go, Volunteer Week celebrations and Christmas Tree of Remembrance Project in five sites across the Shire.

It is also participating in the National Standards Assessment Program (NSAP) which is a structured framework for continuous quality improvement built on national standards and the annual Victorian Palliative Care Satisfaction Survey.

At the end of 2011, MPCS farewelled its Clinical Nurse Specialists: Beverly Patrick, after 10 years and Sarah Mackay after four years with the service.

MPCS welcomed Tarnya Hamilton in her new role as Clinical Nurse Specialist and Andrea Scholz as Co-ordinator of Bereavement & Palliative Care Volunteers.

Health Promotion
Smiles 4 Miles

The nutrition and oral health program Smiles 4Miles is being implemented across the Shire, in partnership with Dental Health Services Victoria (DHSV) and local Community Health Services:
Numurkah Community Health, Cobram Community Health, Yarrawonga Community Health and Nathalia Community Health.

DHSV provided seeding funding to implement this program into kindergartens and childcare centres with the key messages of Eat Well, Drink Well and Clean Well.

The centres receive support from local professionals to implement key messages into their curriculum, develop/review nutrition centre policies and practice, and engage parents to increase their knowledge and confidence in the key messages.

One of many activities conducted over the first year of implementation was a teacher education session which was held to support early years staff to learn about the program and increase their knowledge of the key messages.

Eleven staff attended (from seven different centres) with the following improvements to knowledge and confidence:

<table>
<thead>
<tr>
<th>How would you rate your current knowledge of oral health?</th>
<th>very good</th>
<th>good</th>
<th>average</th>
<th>poor</th>
<th>very poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre</td>
<td>1 (9%)</td>
<td>4 (36%)</td>
<td>6 (55%)</td>
<td>0</td>
<td>0</td>
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<td>Post</td>
<td>5 (45%)</td>
<td>6 (55%)</td>
<td>0</td>
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</tbody>
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<table>
<thead>
<tr>
<th>How would you rate your current knowledge of the Smiles 4 Miles award program?</th>
<th>very good</th>
<th>good</th>
<th>average</th>
<th>poor</th>
<th>very poor</th>
</tr>
</thead>
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</tr>
<tr>
<td>Post</td>
<td>6 (55%)</td>
<td>3 (27%)</td>
<td>0</td>
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Diabetes Management

<table>
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<tr>
<th>Prevention and education</th>
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The risk of diabetes can be reduced by maintaining a healthy weight, doing regular exercise, and eating a balanced diet.

Being overweight increases the risk two-fold, while obesity increases risk four-fold. Abdominal obesity is most detrimental (waist measurement classified as high risk: over 110cm for men, over 100cm for women).

NDHS offers diabetes education to the community, patients, residents and staff of NDHS.

Twelve (92%) kindergartens/child care centres are registered with the program and are currently working towards achieving the Smiles 4 Miles award.

Eat Well and Drink Well surveys are required twice per year to gauge impact of key messages on what is brought from home. Results to date have shown an increase in water only being brought, along with a slight reduction in packaged high fat/sugar foods, and an increase in fresh fruit.

NDHS has developed education kits around the key messages that centres can borrow to support their curriculum activities. Kits consist of puzzles, story books, activity sheets, parent information sheets, and relevant products such as giant mouth model and toothbrush, play food and a range of wall displays.
**Diabetes education**

Ongoing staff diabetes management education is essential to ensure that current best practice knowledge informs staff clinical practice.

In 2011/12, new care plans for all residents were developed according to the Australian Diabetes Educators Association’s Guidelines of Care Of Diabetes in the Elderly following an audit which revealed that the residential aged care facilities care plans for nursing elderly people with diabetes were not meeting current guidelines.

An audit was performed to check that all blood glucose meters across the NDHS facilities were checked weekly as per Roche Diagnostics company’s guidelines.

- Two departments achieved 100% in meeting the required standards
- Two departments achieved 50% compliance with procedure

As a result, an in-service education session was arranged to inform staff of the importance of checking the equipment and highlighting the importance of using an accurate blood glucose meter.

In-service training on Diabetes and Diabetes Management was provided over 2011/2012 to the two residential facilities staff.

**Diabetes prevention**

Preventing type diabetes is important. Prevention is about being healthier. It does not need to be a burden or involve taking drastic measures.

- Two programs of LIFE ! Taking Action on Diabetes were hosted by NDHS
- An education session was provided to Riverlands Oilseeds employees on risk factors for developing diabetes

NDHS offers support for people in the community who have diabetes through the provision of individual and group appointments to assist with management. A Diabetes Support Group is also held monthly.

**Occupational Therapy**

*Clients taking a lead role in their care*

Occupational Therapists promote health and well being through occupation, which refers to our daily activities and how we use our time.

At NDHS, the Occupational Therapist’s primary goal is to enable people to participate in their activities of daily living ranging from personal care and domestic tasks, to community, employment, leisure and recreational activities, in a safe and independent manner as appropriate for each individual client.

NDHS’ Occupational Therapist works closely with other health care professionals to help the client create a coordinated plan of care across the client’s journey. This often sees the Occupational Therapist involved from admission through to discharge and beyond, as the client returns home and returns to usual daily living activities.

This means that the Occupational Therapist will visit many clients in their own home, over several weeks or months to assist them return to safe, independent life. Assistance may involve helping the client to modify their environment or obtain equipment that will enable them to participate in daily living activities.

In 2011/2012, NDHS’ Occupational Therapy (OT) Department received 191 referrals spread across all areas of service, including acute ward, residential aged care and community health.

Interestingly, 31 (16%) of these referrals identified two or more chronic health conditions.

An initial OT assessment was undertaken in the vast majority of referrals (only a small number of clients declined the service). From this, clients were assisted to identify goals for OT input and support.
A major focus for the Occupational Therapist this year has been services that embrace self management style of care for all clients. In this approach, clients identify goals so a care plan can be developed in partnership with the client, carers and family, as appropriate.

Clients have been encouraged and supported through their care cycle to take on the “lead role” in decision making.

In 2011 the Occupational Therapist, with support from other NDHS Allied Health professionals and residential aged care management, developed and introduced the Residential Aged Care Case Conference.

This continues to occur each month and has increased communication and understanding between NDHS Allied Health professionals and Residential Aged Care staff. The conference has resulted in more timely and appropriate provision of Allied Health input for residential aged care clients.

In 2011/12 NDHS participated in the National Standards Pilot Study. The Occupational Therapist was significantly involved in the development of the action plan for the Preventing Falls and Harm from Falls national standard.

OT also presented at the NDHS Clinical Review forum, providing staff education in the area of falls prevention. Following this pilot study, the Occupational Therapist has taken a lead role in the NDHS’ Falls Management Reference Group, which is focussed on improving prevention and management of falls facility-wide. Focus will continue in this area for 2012/13.

In 2011 the Occupational Therapy department introduced a new cognitive assessment tool (NUCOG) for acute patients and community clients requiring cognitive assessment and screening. This has enabled NDHS Occupational Therapist to undertake the same assessment as other local occupational therapists, bringing them in line with other local agencies including the Aged Care Assessment Service and Goulburn Valley Rural Health Team. This has improved the understanding and sharing of information upon referral to other agencies.

Finally, the Occupational Therapist has assisted with improved safety for residential aged care clients. In 2011/2012, she assisted in the trial and prescription of new aids and equipment including wheelchairs, shower commodes, air mattresses and other necessary equipment to improve the safety and quality of life for aged care residents.

**Nutrition**

*Dietary improvements across NDHS*

**Nutrition and Hydration Reference Group**

The Nutrition and Hydration Reference Group was formed to bring key NDHS personnel together to identify areas of improvement in nutrition and hydration for clients, residents and patients.

This year the group has:

- Improved and simplified communication tools for dietary changes across NDHS from allied health staff, nursing staff, and food service staff
- Developed nutrition and hydration guidelines for Residential Aged Care (RAC) facilities which highlight monthly nutrition review considerations and referral to the dietitian decision tool
- Implemented the use of the Nestle Mini Nutrition Assessment (MNA), a malnutrition screening tool which identifies resident’s risk of malnutrition. All residents entering RACs or following a change in health/weight have the MNA completed
- Developed the snacking box within RACs whereby residents can choose items such as chocolate, custards, cheese, fruit juice or stewed fruit. Those residents that have been snacking regularly from the snacking box have maintained their body weight rather than losing weight which was occurring
• Improvement of presentation of textured modified diet. NDHS Food Services has introduced piping and terrines to make vitamised meals look more appealing. This has produced many positive comments from staff, residents and family members.

Community

• Dental Health Services Victoria’s Smiles 4 Miles program was implemented across the Moira Shire. Smiles 4 Miles is an oral health program promoting three key messages of Eat Well, Drink Well and Clean Well.

NDHS attended the annual Smiles 4 Miles forum November 2011 and currently has three out of four kindergartens/occasional care facilities signed up across the Numurkah region.

The team has been working closely with kindergarten teachers to establish the three key messages within curriculum and parent engagement strategies in the hope that these facilities will become awarded by the end of 2012.

• Diabetes Support Group, in conjunction with NDHS’ diabetes educator, operates every second Tuesday of each month. Attendance ranges from about 4-6 people per group. The support group is currently unstructured and allows clients with diabetes to discuss current issues around diabetes management including misconceptions around high protein diets for weight loss and glycaemic control.

• Riverland Oilseeds staff in August 2011 received a presentation on Healthy Eating for a Healthy Heart. Topics included cholesterol levels, dietary impact on cholesterol levels such as dietary fats (saturated fat, polyunsaturated and mono unsaturated fats), dietary fibre and alcohol intake. Of the 24 staff who attended this information session, seven were women.

Staff reported they learned the following:
• Good fats versus bad fats
• Shellfish being high in dietary cholesterol

• Better understanding on how to increase HDL cholesterol and lower LDL cholesterol
• Serving sizes

Comments received from participants included:
• ‘Valuable service to prompt people to think about their lifestyle factors for Cerebrovascular Disease’
• ‘Very informative and well presented’

Outpatients

NDHS’ Dietetic service saw 426 referrals from various outside organisations in the current year, including Moira Healthcare Alliance, GVH dietetics, and Cobram Medical Centre (during no dietetic cover in April/May/June 2012). Local GPs remain the main referral source.

Of the 426 referrals:
• 129 (30%) referrals were identified as having two or more chronic conditions
• 139 (32.6%) referrals were on an Enhanced Primary Care plan
• 18 (4.2%) referrals declined the service

Early Intervention in Chronic Disease (ElIcD)

The ElIcD staff support group is held on the 3rd Tuesday of each month. This group was established in February 2012 to assist staff within the Community Health Centre to implement ElIcD strategies in their one-on-one consultations.

Outcomes include:
• Reaching monthly targets of 20.3 hours for May and June
• Developing care co-ordination plan work practices which has clarified the process required for completion of care co-ordination plans

Supporting the Provision of Healthcare
Numurkah District Health Service holds a class 1 food premises classification that enables our catering services to deliver the high standard of meals enjoyed by patients, residents, clients, meals on wheels clients, volunteers, staff and visitors. The facility is required to undergo two external compliance checks each year which were successfully completed in 2011-2012.

State Cleaning Standards: Keeping our facilities clean Since 2010, public hospitals have reported to the Department of Health on the results of three cleaning audits each financial year. All audits are undertaken by a qualified Victorian cleaning standards auditor who has successfully completed the Victorian Cleaning Standards Auditors’ Course. In 2011/2012 NDHS demonstrated its commitment to delivering the highest standard in cleaning throughout its facilities.

Auditors determined that the standard of cleanliness was well above the requirements for cleaning standards for Victorian Public Hospitals.

Departments audited were:
- Community Health (Category D) 92.5%
- Karinya (Category C) 97.0%
- Numurkah Pioneers Lodge (Category C) 95.5%

These results should be compared to the overall score for each category which was:
- Low Risk Category D 96.0%
- Moderate Risk Category C 92.5%

NDHS’ overall cleaning score was 94.2%.
Clinical Waste Management: Keeping Patients and the Community Safe

Clinical waste is made of discarded materials that have the potential to cause sharps injury, infection or public offence.

It includes:
- discarded sharps
- human tissue (excludes teeth, hair, nails, urine and faeces)
- materials which contain free flowing or expressible blood
- related waste which includes
- cytotoxic waste (unused portion of cytotoxic drugs)
- pharmaceutical waste
- chemical waste (eg formalin, alcohol based formulations)
- radioactive waste

NDHS has a rigorous clinical waste management program which is monitored carefully. Measures have been put in place to minimise the impact on the environment through reduction of waste generally across NDHS.

Clinical Waste disposed of in kilograms:

![Chart showing clinical waste disposal in kilograms from 2009 to 2011]
Staff Education

Learning as a key NDHS value

At NDHS, ‘Learning’ is one of the key organisational values: “As an organisation we will support our community to understand and learn more about their health care issues and needs, as positive health outcomes are a priority.”

NDHS provides education and training to both clinical and non-clinical staff. The ‘mandatory education day’ which staff attend annually, provides education on topics such as infection control, fire and emergency procedures and cultural awareness. In 2011/2012, 100% of staff completed this training.

Staff also attended an array of education and training depending on their work roles and responsibilities including preceptor training, working from heights, advanced care planning and computer courses.

The Murray to the Mountain Geriatrician program and Medical Consultative and Education Committee continues to provide excellent education opportunities for staff including topics such as Medications in the elderly, Parkinson’s disease and Dementia and Delirium, to name a few.

Registered Nurses (RN), Enrolled Nurses (EN) and Personal Care Attendants (PCA) are provided with a range of education opportunities. Many RNs have completed their Advanced Life Support Refresher training; Enrolled Nurses have undertaken skill set training for palliative care, rehabilitation, podiatry and dementia care and PCA staff completed education in dementia care.

Many other courses which clinical care staff have participated include:
- Diabetes
- Wound Care
- Managing a deteriorating patient
- Communication skills and
- ECG interpretation

There have been many challenges during the 2012 year and it is fantastic to see the arrival of the new training and conference centre, following the loss of valuable staff education and training rooms in the March floods.

The new building has two training rooms and will provide a space for all staff to access and run workshops, seminars and conferences.
Feedback

If you would like to provide feedback on the Quality of Care Report or any other matters, please contact the health service.