

Orbost Regional Health

Quality of Care Report
2014-2015



Introduction message from the Board and Chair

We, as Board President and Committee Chair, are proud to present our 2015 Quality of Care report to Orbost and the wider East Gippsland community.

This report demonstrates how Orbost Regional Health has performed throughout the past year, outlining our key strategic objectives and achievements, so you can understand how well our health service operates. It also describes how we measure and monitor the quality and safety of care provided. We are continually improving which is demonstrated throughout this report.

The Quality of Care and Consumer Business panel consist of you the consumer, board members and senior management and meets monthly to review performance and results from the services. It works to ensure that patients, carers, staff, volunteers and the community voices are heard by the management team at Orbost Regional Health. This partnership between you, our community and Orbost Regional Health is highly valuable, and provides us an opportunity to share, learn and improve your health service.

Once you have finished reading this report, I invite you to get in touch and let us know what you would like to see us doing to improve our service and meet your needs. Our "conversations with our community" cards are enclosed. Live Life Well!



Andrew Martin
Board President



Narelle Macalister
Chair of Quality
of Care Committee



We welcome your feedback and input into how we can improve our services and this report.

Please feel free to provide feedback on our report by using the Conversations with our Community cards which are located throughout the health service.

Thank you for your support of Orbost Regional Health.

Contents

Orbst Regional Health Strategic Plan	3
Improving Population Health	4
Promoting Healthy Ageing	6
Improving Clinical Care	8
Improving Community Care	10
Medical Clinic – Improving Primary Care	13
Improving our Dental Service	15
Improving Quality and Safety	17

STRATEGIC PLAN

Strategic Plan overview

In 2014 Orbst Regional Health developed the 2014-17 strategic plan. Consultations were held with our staff and stakeholders to obtain a broad view of issues and challenges. In addition, there was a review of current health issues both within our community and statewide.

Consequently the development of Orbst Regional Health Strategic Plan for 2014-2017 was a collaborative effort with a variety of different perspectives.

Our Vision

A thriving community where people work, learn, play and grow together.

Roles and Behaviours

We support our community to thrive by working together with our staff, community and key partners, creating a community approach to health. This will include partnering with people and providing high quality and safe healthcare. Our key Behaviours are divided into three categories of being welcoming, supportive and progressive in our approach to people and our work.

Strategic objectives

From all of the consultations and reviews there were two strategic objectives developed:

1. Improving population health for the whole community;
2. Promoting healthy ageing.

In the first year of our new Strategic Plan, Orbst Regional Health has commenced a number of initiatives to enable the achievement of these strategic objectives. The information in this report reflects our work so far.



IMPROVING POPULATION HEALTH FOR THE WHOLE COMMUNITY

Living Life Well

During the planning there was a lot of interest in improving the general health of the local community. This was reinforced by local health data, which showed that our area has a higher rate of risk for some lifestyle issues than other parts of the State. As a result strategic objective one, improving population health for the whole community, was developed. The Living Life Well project was created to achieve this objective.

Living Life Well takes a partnership approach to improving health and wellbeing by connecting people and information across the whole community, from health service providers to other Government agencies, local businesses, schools, organisations, clubs and groups. Collectively they are making positive changes by supporting each other, learning from one another and having fun together. The Living Life Well Collaborative was formed to plan and implement community initiatives.

Bringing together people from all areas of our community, the Collaborative undertakes interesting, engaging and simple activities to encourage positive healthy behaviours. These activities are guided by best practice and scientific evidence to gain maximum benefits. Early activities have included inviting people to test their "health age" by completing an online confidential survey. Work continues on this activity and later there will be a combined community report on how healthy our community members have said they are. This is the starting point for the project. Towards the end of the project another survey will show the changes that have taken place over time.

In the coming year, the Collaborative will focus on identifying the positive health behaviours that impact on health and strengthening these. Other less positive behaviours will have wellbeing activities introduced to work towards making positive improvements. It's never too early to start on healthy lifestyle choices nor too late to improve someone's wellbeing through small changes in their lives.



PROMOTING HEALTHY AGEING

Aged Care Project

Promoting healthy ageing is the second strategic objective. Orbst Regional Health is very committed to understanding the direction it needs to take to ensure we meet the needs of our aged community now and into the future. A consultant was employed to provide expert advice and assist with planning for the future. Community forums gave consumers an opportunity to provide feedback and suggestions to help shape the vision of the aged care model. A 'future state' aged care model was developed using this information and will better integrate home and residential aged care services.

Monitoring performance in residential aged care

A number of key areas of residential aged care are reported to the Department of Health and Human Services every three months to benchmark our service delivery against state-wide targets. The majority of the results have been consistently within the target range. For others which have been higher than the state target, individual actions have been put in place to ensure the best care possible.

Use of physical restraint

Orbst Regional Health has a restraints policy in place to ensure the safety of all residents/patients/clients. Restraint is used as a last resort and alternative strategies are always considered and tried first. Consultation with the resident, their family and the health team is part of the decision making regarding whether restraints will be used. Orbst Regional Health is slightly above the state average in using restraints at the moment and this is due to the high level of care required by the residents and their increased risk of harming themselves from falls.

Nine or more medications

Taking nine or more medications can have a detrimental effect on the health and wellbeing of aged care residents. In Waratah Lodge and Lochiel House residents have had medication reviews undertaken by a visiting pharmacist on an annual basis. The pharmacist makes recommendations which are discussed with the resident's doctor and where possible, changes are made to the resident's medications. Unfortunately not all medications can be reduced as the resident may have multiple medical conditions.

At present, due to the high medical needs of our residents, our data is above state wide average for nine or more medications.

Unplanned weight loss

Residents are weighed every month to ensure they are maintaining their health and wellbeing. Our data indicates that we are below the state average for unplanned weight loss.

When staff recognise that a resident is losing weight a dietitian review is arranged. If necessary the speech pathologist will also review the resident to check for swallowing issues and whether their food consistency needs to be altered. The resident and family or carers are involved in the assessment and diet plan, which is based on the types of food the resident would prefer to eat. Kitchen staff are included in the review process so they can help monitor residents' eating habits and report issues to the nursing staff.

Pressure injuries

Orbst Regional Health has an excellent record relating to the prevention of pressure injuries. Our results indicate that on average we have fewer residents developing any type of pressure injury than the targets set for Residential Aged Care facilities. This has been attributed to good assessments to identify people at risk, prompt action with up-to-date pressure injury prevention equipment, along with effective nursing care. As a result, consumers who are at risk of a pressure injury are identified early and actions taken before pressure injuries occur.

Our Occupational Therapist conducted an equipment review and recommended the best equipment to reduce the risk of pressure injury. We purchased new air mattresses and other pressure relieving equipment and staff were trained in when and how to use it for client comfort and wellbeing.



Falls and fall-related fractures

Increases in the number of falls is sometimes linked to encouraging and supporting residents to be independent. As part of the individual care planning for each resident, strategies are put in place to reduce the likelihood of injury if the resident was to fall, e.g. hip protectors, decluttering rooms, mobility aids and shoes that help people balance well.

Individual falls reports were prepared for those residents who had a number of falls and case reviews were undertaken. Referrals are made to other health professionals to be involved in their care, e.g. geriatrician, dietitian, physiotherapist, occupational therapist.

New falls alarm equipment has been trialled and purchased and has had significant impact on reducing the likelihood of people falling. Nursing staff are alerted when a resident stands up or gets out of bed and are then able to respond quickly, thereby avoiding potential falls.

Community aged care

As part of healthy ageing we encourage social inclusion through our Planned Activity Group. Activities are developed to meet the individual person's needs. People have the opportunity to develop skills in arts/crafts, connecting them to things they may have done in the past, stimulating the mind with memory games, providing healthy meals, learning new skills, enhancing people's overall wellbeing.

Consumer story

A person who lives in Orbst without family nearby and friends who all work, found herself to be very lonely and depressed. The person had suffered ill health for two years and was housebound, being unable to drive for several months. By joining the Planned Activity Group she commented that her life has turned around, with structure back in her week as she attends the various activities on offer.

She has found the group to be diverse, but they all get along really well. She enjoys the conversations about their lives, health, feelings and feels listened to with no-one making judgements. She appreciates that everything she says is kept in confidence, which is reassuring and necessary.



IMPROVING CLINICAL CARE

Victorian Healthcare Experience Survey

The Victorian Healthcare Experience Survey is a state-wide survey of people's public hospital healthcare experiences. Approximately a quarter of all patients discharged from Orbst Regional Health completed the survey last year. From those responses:

- 94% of patients rated their overall hospital experience as either 'very good' or 'good'
- 94% of inpatients were satisfied with the overall care they received while in hospital
- 99% of patients were satisfied with the care, treatment, timeliness and explanations provided by the staff.

Actions were taken to improve the following areas where consumers indicated they were not so satisfied:

- Noise reduction in the ward
- Making sure patients have privacy when talking with their doctors about their illness
- Involving patients in their care and development of their treatment plans
- Consent is gained from patients before medical and nursing students are involved in their care
- Giving patients enough notification about when they will be going home.

Case reviews

The Director of Medical Services, in consultation with the doctors, nurses and other facilities, has reviewed patient records on a regular basis to help doctors and nurses to improve their clinical practice.

Criteria for case reviews include:

- Unexpected patient death
- Unplanned readmission within 28 days
- Unexpected transfer to another health facility
- Patient's length of stay greater than 35 days
- Any record recommended by a doctor or other health professional for review

During 2014-2015 Orbst Regional Health performed 19 case reviews which were all formally discussed at the Clinical Standards Committee meetings. As a result there has been improved practice in ordering antibiotics according to the guidelines and policy changes relating to routine heart tracings for older people seen in our service. Pathology testing has also been reviewed and recommendations made for doctors about standards tests for different illnesses.

Maternity case reviews have separate criteria and given the specialised care provided for maternity patients and babies, these reviews are done by a senior Obstetrician from West Gippsland Healthcare Group. There were three reviews last year that have resulted in:

- Bairnsdale and Orbst midwives agreeing to review each other's maternity histories when needed;
- new condition for cases to be sent off for review;
- further recommendations for clinical management to avoid hospital transfers; and
- treatments for hospital staff to start for patients needing to be transferred to other hospitals.

These recommendations improve the high quality of care already provided by the maternity team at Orbst Regional Health.

Care Boards

Care boards were introduced to the acute ward and placed on the wall beside each patient's bed. These are whiteboards with a lot of information about the patient's needs while they are in hospital. There is a section for patients and families to write their questions and the planning for discharge. Care Boards provide immediate updates on changes to care so that everyone is aware of the patient's changing condition and safety is monitored.

The physiotherapist, dietician or occupational therapist may also write on the board, e.g. exercises they need to do, foods they need to eat, or equipment they need to use to keep them safe.

Patients have reported that they refer to the boards to remember staff names, to know when their appointments at other services are and see messages from their family. Staff update the Care Boards every shift and at a glance can identify safety issues like falls risk for individual patients. Care Boards have been a helpful tool for patients to have more understanding about their care and be more involved in its planning.



Meds at Beds Project

The Meds at Beds project was developed because nursing staff wanted to improve the process of giving and managing medications within the aged care nursing home, with its 15 high care residents.

The project goal was to store medications at the bedside, reduce the delivery time of medications to the residents, reduce medication incidents and reduce staff injuries from pushing a heavy medication trolley. Specific timeframes were put in place over a six month period and key objectives were: to have 100% of residents' medications stored at their bedside; have a 75% reduction in medication incidents from the levels before the project started; and reduce the time taken to administer medications by 40 minutes.

Meds at Beds achieved all its goals! Outcomes were identified from surveys, incident reports and audits. The changes are now embedded in our day to day routines and continue to provide better outcomes than before the project was run.

Maternity Care

This year 22 women birthed at Orbst Regional Health and were invited to provide feedback via a phone survey. 13 women responded to the survey that included questions around preparation for birth, healthcare environment, client involvement in care planning and decision making, transition to parenting and follow-up care. The feedback was overwhelmingly positive with 100% of women stating that they were satisfied with most areas of their care. Areas of less satisfaction included knowledge of parenting skills, infant feeding and support after leaving Orbst Regional Health. These areas were all discussed at maternity team meetings and improvements made e.g. improved parenting information during pregnancy and after birth.

Patient feedback

A patient from the Urgent Care Department told her story of excellent communication with the doctor and senior nurse on duty. What impressed the patient most was the staff's ability to diagnose her abdominal pain while taking account of many other things, including her history and symptoms. The patient stated that it was done calmly, clearly and accurately and their professional skills were excellent. The patient also appreciated being saved an air journey to Melbourne, or a very long ride to Bairnsdale.

IMPROVING COMMUNITY CARE

Early Years

The Early Years Team response to the Australian Early Development Index school readiness data involves working with parents to improve children's development. They provide family-focused actions for vulnerable and disadvantaged children. The team helps parents understand and better manage their children's behaviour, while also developing children's speaking and reading skills.

It is important to provide children with the best start in life. This creative program is easy to access. Activities include: Puppets and Play Playgroup, Early Childhood Intervention Service (disability and developmental delay), Toddler Gym, Maternal and Child Health and Koori Mums and Bubs. Many families use one or more of these programs.

Some benefits from the programs have been that immunisation and breastfeeding rates in the Orbst area are higher than the Victorian average. These good results are due to high quality programs that local people enjoy attending and creating family plans that work.



Continuity of Care

Orbst Regional Health has developed systems to make sure patients receive all the right services to help them improve their health and meet their health goals, after they leave hospital. Patients are involved in treatment decisions and planning their own care. This includes referrals and being helped to navigate services and systems once they return home. A key factor in continuity of care is discharge planning when patients leave hospital.

Discharge Planning

Discharge planning ensures patients have a smooth move from one level of care to another e.g. from the hospital to home.

Only the doctor can authorise a patient to be discharged from the hospital, but the actual process of discharge planning is completed by a team. Patient, family members or carers join nurses, physiotherapist, occupational therapist, social worker, case manager and HACC coordinator to make a plan.

The discharge planning team talks about things such as:

- the physical condition of the person and is it likely to improve
- types of care that will be needed when they go home
- what activities they might need help with
- what information do they need e.g. diet, medications
- what equipment might the person need e.g. wheelchair, commode or oxygen
- who will handle meals, shopping or transport
- other referrals that should be made

Planning for a patient's discharge is very important because it can reduce the chances that people are readmitted to hospital. It helps in recovery, ensures medications are prescribed and given correctly and prepares family members or carers to take over the care of the person.

Unplanned readmissions to hospital are monitored to check that poor discharge planning is not the reason for the patient coming back to hospital.

Consumer story

A 100 year old inpatient at Orbst Regional Health was on the mend from a chest infection. He saw the physiotherapist daily, as he had recently had a hip replacement following a fall at home.

After his hospital stay, the patient went to Lochiel House for respite while his son was away in Melbourne.

He was excited about going to Lochiel House for a 'holiday'. He was looking forward to catching up with the residents, getting to know some new people, going on outings around Orbst and going to the pub for a meal.

The patient returned to living in a small community with his son and daughter in-law. He lives in the same house but has his own living section and is able to be independent. This was his goal when he was a patient at Orbst Regional Health.

End of Life Care

At Orbst Regional Health we take pride in delivering the best possible end of life care to people, whether it is in hospital or in the community. Our aim is to always provide the necessary emotional, social, cultural and spiritual support to both the person and the people around them, such as their family and carers.

We support people to be informed and to express their preferences, values and beliefs about health care treatment in the way they want to. Not all people want to express their preferences and we respect that choice also.

An Advanced Care Directive allows people to talk about, and write down, their preferences about future care, including end-of-life treatment. This also helps guide family members and carers in decision making about appropriate clinical care in the person's best interest, as otherwise they might not know what the person wanted and why it was important to them.

We have many trained staff who have helped people discuss and complete Advanced Care Directives. Doctors have also been included in the discussion, because a doctor who is uncertain about a person's treatment choices may choose to treat "aggressively". This may not be in the best interest of the person, nor fit their values.

Advanced care directives are regularly reviewed to ensure they still reflect the wishes of the person.

Palliative Care

Palliative care provides people with a life limiting illness the best possible quality of life, while also supporting their family and carers. Palliative care has been delivered in the hospital setting and residential care by nursing staff and in the community by District Nurses and Home Based Community Care staff. When a person has decided they want to die at home and they have adequate support of family or carers, then after hours support has been arranged. When the person has been nearing the final few days of their life extra support has been provided by the on-call palliative care team. Over the past year eight people have been supported to die at home through this program. There have been others who elected not to die at home who received palliative care in hospital.

We recognise that people may change their mind about their treatment, care plans or where they choose to die, and this is supported by the care team. The main aim of care is that the person's symptoms are managed effectively, their comfort and dignity is maintained and whether it is in hospital or in the home, that the person's wishes are respected at all times.

Financial counselling

Financial hardship is often linked with poor mental wellbeing as it can be a draining situation. Feedback from consumers has consistently identified the relief they feel through getting their finances in order.

For some, it is a step towards resolving other difficult issues in their lives. Most people learn about the service through word of mouth. Financial counselling works with people to resolve credit and debt issues, assist with budget planning and referral to other support services.

The Financial Counselling service commenced in mid-2011. The service now has a partnership with Anglicare financial counselling. This gives people the option for access to the service five days a week via telephone. This partnership also links the Orbst Financial Counsellor to a peer support network, high level training and well-designed resources. The referral pathways and information sharing provides fast and extraordinary outcomes for our clients. This is reflected in the feedback received.



Consumer story

A consumer who met with the Financial Counsellor at Orbst Regional Health a number of times found the service to be of a very high standard. She was impressed by the professionalism and compassion of the staff member which was shown many times when she assisted the consumer, her family and friends with appropriate financial advice. The consumer felt very appreciative that a small town/community like Orbst has a person who is dedicated and approachable in this position.

Diversity Committee

The Victorian Government has set six standards for each service relating to cultural responsiveness. Orbst Regional Health want to ensure we all have the same right to access and receive high-quality and safe health care, regardless of cultural, linguistic, religious, sexual, racial and socio-economic considerations. We need to respect and work within the health beliefs, health practices, culture and linguistic needs of diverse consumer/patient populations and communities.

A whole-of-organisation approach to cultural responsiveness is demonstrated:

Strategies for improved participation for diverse groups were developed. Our Diversity Staff Guide helps staff work with consumers who have diverse values and beliefs.

Leadership for cultural responsiveness is demonstrated by the health service:

The Diversity committee has been focused particularly on the isolated rural mentally ill, working to improve local access to services for people with a mental illness, and establishing the Far East Mental Health Reference Group. This group helps coordinate services and adopt an early intervention approach.

Accredited interpreters are provided to patients who require one:

Interpreters and translators are used for those from different cultures and with poor English speaking, or with communication barriers due to disability. Staff training focused on the need for use of interpreters and translators to get the patient's opinion, not relying solely on carers or relatives who may have a vested interest in a particular outcome. All brochures and signs have been changed to meet standard international symbols.

Care planning includes dietary, spiritual, family, attitudinal, and other cultural practices:

The Diversity Policy review resulted in cultural dietary requests having the same level of importance and response as medical dietary needs.

Culturally and Linguistically Diverse consumer, carer and community members are involved in the planning, improvement and review of programs and services on an ongoing basis:

The Diversity Committee was established 18 months ago, with consumer representatives from diverse target groups. Discussion has ensured that services are easy to access for everyone, especially people who are not regular users of our services, and overcoming difference, isolation or cultural issues.

Staff are provided with professional development to enhance their cultural responsiveness:

The Staff Diversity training package and Aboriginal Cultural Awareness package has been developed. 23 senior staff attended both these sessions. Time was allocated for other staff to attend both training sessions, with 41 staff completing the training.

Improving care for Aboriginal Patients (ICAP) key result areas

There were improvements made in the four target ICAP areas this year.

Governance – formal Aboriginal consumer engagement was strengthened by establishing an Aboriginal consumer's panel for advice about service delivery and design. The significant request from the community has been design of a garden area that all consumers can access and where Aboriginal ceremonies and gatherings can occur. Initial planning is completed and funding will be sought to refine the design and construct the garden.

An executive review of the service agreement between Orbst Regional Health and Moogji Aboriginal Council was done. A revitalisation of the shared Moogji Orbst Regional Health Working Group occurred. Outcomes from this included: placements in the Medical clinic and supervision for trainee Aboriginal Health Workers and shared service delivery, such as Aboriginal immunisation and adult health check days.

Cross Cultural Training – Orbst Regional Health delivered and evaluated staff training in Aboriginal culturally appropriate practices. This initial training was for managers and senior clinicians. Feedback from staff indicated that whilst they liked the cultural awareness they would like more stories and direct experience from Aboriginal consumers. These points will be incorporated into future training, in consultation with the Aboriginal consumers' panel.

Service planning and Evaluation – post-acute needs identification and review of service impact upon Aboriginal people was undertaken by the Moogji Orbst Regional Health Working Group. The review found that Aboriginal people were less likely to ask for post-acute help, staff need to be mindful of cultural issues when planning post acute care. Outreach work to identify needs in this area was undertaken by the Orbst Regional Health Koori Health Liaison Officer.

Referral Arrangements and Follow up for Aboriginal Patients – we worked with Bairnsdale Regional Health Service in the Koolin Balit (Closing The Gap) Aboriginal discharge planning project. Results have been: improved needs identification, as well as using electronic referral and discharge notices. This has applied to people using and leaving services at Bairnsdale Regional Health Service returning to Orbst Regional Health or Aboriginal community primary care settings.

CHAPTER SIX: MEDICAL CLINIC – IMPROVING PRIMARY CARE

2015 Victorian Rural General Practice Award

Orbst Medical Clinic was awarded the 2015 Victorian Rural General Practice Award. The Award is an initiative of the Rural Workforce Agency Victoria which recognises outstanding medical specialists, doctors, nurses, Aboriginal health workers, rural general practices, practice managers, GP locums and medical students working across rural Victoria. This was a proud achievement for Orbst Regional Health.

Annual survey results and action plan

106 patients provided feedback on the services provided by Orbst Medical clinic in the 2015 Improvement Survey. In the latest results:

- 99% of patients said they were satisfied with the manner in which they were treated by reception staff.
- 96% of patients rated their satisfaction with their visit to the doctor as "good", "very good" or "excellent".
- 96% of patients rated their satisfaction with the comfort level of consulting and waiting areas as "good", "very good" or "excellent".
- 95% of patients rated their satisfaction with the doctors concern for me as a person in their last visit as "good", "very good" or "excellent".
- 95% of Orbst Medical Clinic patients rated their overall experience as 'good' or 'very good' or 'excellent'.



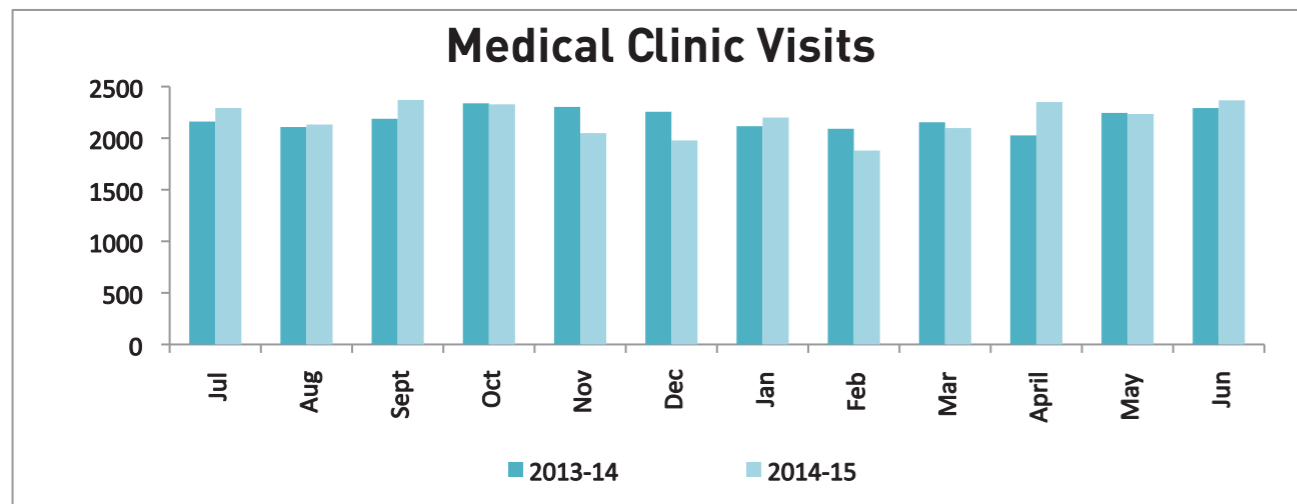
Orbst Medical Clinic continues to improve the primary care services it provides. The co-location of the medical clinic at Orbst Regional Health has always provided excellent opportunities for multidisciplinary case conferences and team care arrangements. During 2014-15 Orbst Medical Clinic added regular visits from a Geriatrician to its team of specialists. A regular telehealth session was also started for patients consulting with a regional Oncologist. Both of these were identified through community feedback and being aware of the number of people needing to travel for appointments. A regular onsite session from an Audiologist was also re-introduced as the number of people needing the service increased.

In 2014-15, Orbst Medical Clinic retained a full contingent of General Practitioners (GPs). General Practice Registrars also returned this year through the Southern GP Training Program. These are qualified doctors who are training to be GPs. Other training positions have been provided to fourth year Medical Students as part of the Monash School of Rural Health program. This not only provides learning opportunities to medical students and registrars but also enables our senior General Practitioners to maintain their skills and expertise through being a supervisor.

Two of our regular General Practitioners, Dr Anthea Tan and Dr Elizabeth Christie, were supported in their endeavours to gain procedural skills in the field of anaesthetics, whilst Dr Alan Reid was supported to maintain his obstetric skills.

Medical Clinic visits

As three General Practitioners have left the clinic, transferring to other medical practices or undertaking off-site education, we continue to be innovative in providing services so that we are able to maintain the level of primary health care services needed by the community. We have implemented student and registrar programs to maintain accessibility for our community, with the same level of visits over the past two years. During 2014-2015 there were a total of 26,278 visits to our Medical Clinic, compared to 26,279 in 2013/2014.



Consumer feedback

Consumer feedback is important to help evaluate and improve our service delivery over time. In 2014-2015 the Medical Clinic received 8 compliments and 14 complaints. Compliments are passed on to the staff members and team, as are complaints, which provide the opportunity to make improvements. Some examples of follow up or improvements are:

- reinforcing the need to use three patient identifiers when making patient appointments
- doctors discussed correct medication prescribing
- updates for all staff to ensure patient privacy and confidentiality



Consumer story

A Medical Clinic patient commented they were grateful for the high standard of care they routinely receive. In particular, when the person had a fall and ankle sprain she appreciated being transferred by wheelchair from the clinic to hospital and an x-ray performed personally by the treating doctor. The patient also commented that all staff were very understanding about the pain she was experiencing.

IMPROVING OUR DENTAL SERVICE

Orbest Regional Health dental department aims to provide the best possible service for the community in line with the 'Improving Victoria's Oral Health' four year strategic plan.

We have a two chair Dental Clinic that provides public and private, school dental services and denture services. Services are available by a Public Dentist, Visiting Private Dentist, Visiting Dental Therapist, and qualified Dental Assistants, all supported by our reception/administration staff.

Dental Clinical Indicators

Dental Health Services Victoria provides Orbest Dental Clinic with quarterly clinical indicator data. These reports are used to compare our performance to regional and state averages. The reports help us monitor the quality of clinical services provided. They also identify areas for change or improvement in clinical practice.

Our 2014-15 clinical indicator results were overall very positive and are summarised in the following table:

Clinical Indicators	Orbest Regional Health	State Average	Comment
1. % of adults returning within six months for further work on an initial filling	8.0%	7.7%	Although still above state average a significant improvement from 2013-14 result of 9.6%
2. % of children returning within six months for further work on an initial filling	3.1%	3.3%	Better result than state average
3. Unplanned return within 7 days of routine extraction	0.4%	1.2%	Better result than state average
4. Unplanned return within 7 days following surgical extraction	Sample too small	3.4%	Sample size too small, raw data shows this occurred only once
5. Extraction within 12 months of commencement of root canal treatment	0.0%	6.9%	Better result than state average
6. Dentures remade within 12 months of initial placement.	6.5%	2.5%	Extremely small sample, only 2 patients' required dentures remade. One was justifiable due to the uniqueness of treatment
7. Fissure seals retreated within 2 years of initial sealant placement. (Child)	3.8%	2.8%	Trend to be monitored and focus area for 2015-16 plan
8. Teeth retreated by extraction within 6 months of initial pulpotomy/ pulpectomy treatment	Sample too small	4.7%	Sample size too small, raw data shows this never occurring

These results illustrate many indicators better than state average. The focus of the 2015-2016 improvement plan is to review fissure seals requiring retreatment

Sub regional dental model

Orbst Regional Health is in partnership with Bairnsdale Regional Health and Omeo District Health. This is supported by Dental Health Services Victoria to ensure continuity of services and clinical supervision/leadership at remote agencies such as Orbst and Omeo. Recruiting and retaining dental workers is an ongoing challenge for these remote agencies. The Sub Regional Dental Model enables Orbst to cover gaps in service delivery by engaging contract dental staff from Bairnsdale Regional Health. Good communication between the three organisations is essential to ensure all are aware of each other's worker requirements. This has worked well over the last year with no long breaks in dental services at Orbst. Another advantage is the clinical supervision and support for dental staff at the more remote locations where dentists often work in professional isolation.

Waiting list

The dental service has provided more services again this year. Orbst Regional Health successfully hosted a graduate dentist under the Victorian Dental Graduate Year Program. Having a second dentist meant more patients seen and increased total dental visits compared to the previous year.

The waiting time for appointments has dropped from 9.9 months last year to 3.3 months this year. The dentures wait list has also reduced from 2.3 months to 1.4 months.

The service employs dentists, graduates and dental therapists, as well as contracting visiting private dentists and a dental therapist. The range of dental workers means that fewer local people need to travel outside of Orbst to receive their dental care.

The service has shown its commitment to the community and skilled local workers by training two dental assistants over the past year.

Outreach services are provided to Cann River monthly. This service averages seven patients per session, with emergencies fitted in as required. The session is always fully booked indicating that it is valued by residents of the remote parts of Far East Gippsland.



IMPROVING QUALITY AND SAFETY

It has been a busy year of activity and improvements

- There were 70 compliments and 47 complaints received this year. Overall 130 consumers provided us with feedback.
- The dental waiting list reduced dramatically from 9.9 months in June 2014 to 1.4 months in June 2015.
- There were 26,278 visits to the Medical Clinic.
- There were 1,518 patients discharged from our acute ward.
- 2,199 patients presented to the Urgent Care Department for after-hours care.
- There were 234 minor procedures performed and 815 non-urgent appointments in Outpatients.
- Acute (hospital) occupancy in the 15 beds rose from 59% last year to 70% this year.
- There were 22 babies born at Orbst Regional Health.
- HACC programs provided service on 18,399 separate occasions.
- Aged care services remained busy with
 - Waratah Lodge at 98% occupancy
 - Lochiel House at 75% occupancy
- Our overall cleaning standards were extremely high at 97% and the external food safety audit 100%.
- We now have all the medical positions filled with the introduction of GP Registrars and medical students.

- Home and Community Care in conjunction with Orbst Country Fire Authority, checked and replaced 95 smoke alarm batteries for HACC clients and was nominated for a 2014 Smoke Awareness Award.
- We provided a vast number of volunteer transport services with over 75,000 kilometres travelled in getting consumers to medical appointments.

Accreditation achievements

Orbst Regional Health must be accredited to ensure safety and quality. Accreditation provides a process of regular assessment and review and tests that systems are in place and working effectively to promote and support safe patient care.

External people check all health services against a range of standards and in 2014-2015 Orbst Regional Health achieved the following ongoing accreditations:

- The Australian Council on Healthcare Standards for our Disability and Homelessness Support Services
- HACC Community Care Common Standards for Home and Community Care services.
- The Australian Council on Healthcare Standards for acute care, meeting all core and developmental accreditation actions. We also received a Merit rating for the work completed on two of these standards.
- Australian General Practice Accreditation Limited (AGPAL) for the Medical Clinic.



Active Service Model

The Home and Community Care Program (HACC) at Orbst Regional Health is working within an Active Service Model, as prescribed by the HACC guidelines. The goal is to assist clients to remain independent and in charge of their own lives while they are still living at home. The program helps people to self-manage the activities of their daily life, including social and community events. A key part of the model is for people to make their own decisions about their lives.

Every year an Active Service Model Plan is developed and the achievements from the 2014-2015 plan included:

- Review and update of marketing materials, including the introduction of photos with positive ageing messages.
- Documentation of policy/procedure changes which have occurred over recent years as a result of the Active Service Model.
- Client reviews have been completed via telephone, when this is a suitable option based on client needs. Clients with more complex needs still have face to face assessments.
- A scoping exercise was carried out to find out which external organisations were delivering Home Care Packages for aged people in the Orbst region. Through consultation with package providers, local staff are now assisting with prioritising clients on the waiting list. This has resulted in additional packages being available for people in our community. There has also been an increase in Post Acute Care services for people who have recently left hospital and still need some ongoing care at home.
- Further uptake of one-off or "Spring Cleans" as a viable and non-intrusive service delivery option. Some clients prefer this type of once a year service rather than regular weekly visits.



Risk Management

Orbst Regional Health is very aware of the risks facing its organisation and staff. Twelve high level risks were identified that, if left uncontrolled, have the potential to impact on our ability to meet our strategic goals. Actions were taken during the year to lessen the following high level risks:

- Strategic Plan objectives not being achieved
- future funding uncertainties and unknown revenue models
- inability to provide modern, purposeful and safe environments
- inability to effectively work with other key agencies
- potential legal and regulatory breaches
- not understanding and managing community needs and expectations
- failure to monitor quality and safety performance
- not providing high quality and effective mental health services
- ineffective organisational culture
- threats to staff safety and security
- threats of not maintaining a skilled, competent and engaged workforce to meet future needs
- organisation sustainability and productivity

Risks have been monitored and reviewed throughout the year and changes made where there were other actions that could reduce the risk. While 83% of high level risks are still current and will carry over to the next year, there is constant vigilance through our Board and staff committees.

In addition to the high level risks, there are another 112 lower level risks that are managed in different sections of Orbst Regional Health. The low level risks have been reviewed with changes to only four risks needed to strengthen our practice. This shows a high level of effective management and governance within the organisation.

A worker's story

I was trained as an "Enabler" for Orbst Regional Health and it was my aim to work with a client to set goals that were important to her. She decided on getting a taxi card and to join a local painting group. The taxi card would give her more independence and confidence to be able to call a taxi and head out on her own.

The client wanted to join the painting group and this was a huge step. Living on her own without any family locally, she needed a little support and encouragement. The client used to paint but had not picked up a paint brush for a long time. She hoped her love of painting would surface again. She was looking forward to brushing up on her old talents and making some new friends.

To begin with, the client and I went to the doctors to have paper work filled out to start the taxi card application. With the nerves set and painting gear under her arm, we then set out to meet the painting group. With the very warm and welcoming members of the group, it wasn't long before the client was on her way to feeling pleased that she had stepped out of her comfort zone and made the effort.

After going to the group three times, the client felt confident and said she was ready to go it alone to art group.

The client was very pleased when she received confirmation that she is eligible for her taxi card. On a visit to see if she had booked the taxi to go to her painting group, there on the easel was a lovely oil painting. I was blown away at the standard at which she was painting. It was absolutely wonderful. This lady's talents have been hidden for way too many years. It was so satisfying to see the client's pleasure at her achievements.

As an "Enabler" it has been a wonderful experience to watch a client grow in confidence and to find the independence she was looking for. She just needed a little helping hand. Not only was this experience wonderful for my client, it has been a very gratifying experience for both of us.

FOCUSSING ON OUR STAFF

Tai Chi

One of our Allied Health Assistants trained as a Tai Chi for Arthritis Instructor and ran classes for staff over three months. Staff who attended the lunch time sessions on a Friday found it to be a very relaxing and soothing exercise, lowering stress levels and a good activity to end the week. Those who were challenged with balance found it helped build their core strength. Occasional classes are still available to update and encourage staff to continue the exercise.

Tai Chi for Arthritis is a safe and effective form of exercise for everyone. It is very good for those who struggle with other forms of exercise due to joint pain and stiffness. It is a slow and gentle form of exercise. Tai Chi has been shown to improve coordination, flexibility, balance, body alignment, posture, strength and muscle tone, as well as providing mental relaxation and stress relief.

People Matter Survey

Our staff participated in the People Matter Survey again this year. As a response to some of the issues raised by the survey last year, Orbst Regional Health created a People and Culture Committee. The purpose of the committee is to provide support to our people and create a strong and positive culture to ensure high performance of our people and our organisation.

Workforce Strategy

Orbst Regional Health has developed a workforce strategy that looks to align our people and jobs to our needs and priorities in the short, medium and long term. This strategy has assessed our current workforce profile, identified needs for the future workforce profile, conducted a gap analysis and established strategies to close the gaps, based on where the organisation is heading in the future.

The workforce strategy links to the strategic plan and service plans, ensuring that any changes into the future are planned and carefully managed. This ensures there will be ongoing services available for the community, as well as the right number and mix of staff to provide them.





104 Boundary Road
Orbost Victoria 3888
P.O. Box 238
Orbost Victoria 3888

Telephone (03) 5154 6666
Fax (03) 5154 2366

www.orbostregionalhealth.com.au

