



QUALITY OF CARE  
REPORT  
2014 - 2015



*Celebrating 100 Years*





**Tallangatta Hospital – Old Tallangatta**

# WELCOME

## Our Mission

To Promote High Quality & Effective Health Services

## Our Vision

To Excel as a Rural Community Health Care Provider

## Our Values

- Willingly being Accountable
- Valuing People
- Achieving Results through Teamwork
- Integrity in all we do
- Respect for Others at all Times

Tallangatta Health Service has a Strategic Plan for 2012 – 2017. Developed in consultation with the Board of Management (BoM), Executive, staff and the wider community it supports THS in meeting and excelling our goals.

The Strategic Plan provides clear direction for all staff in achieving their objectives.

The Strategic Plan is reviewed annually by the BoM, with Executive and Senior Staff to ensure that the organisation remains on track.

Further details on the Strategic Plan is available from our website.

[www.tallangattahealthservice.com.au](http://www.tallangattahealthservice.com.au)

Welcome to the 2014 - 2015 Quality of Care report for Tallangatta Health Service (THS). At THS we are committed to improving the health outcomes of our Patients, Residents and the community. As a small rural health service we are continually adapting to the changing needs of our community, listening to their ideas and suggestions, to ensure we are always delivering positive outcomes.

We hope you enjoy reading about our achievements and progress in our journey to improve the quality and safety of the care we deliver. This report was prepared by a team of THS professionals, each of them contributing a significant component to those achievements.

In 2015, we celebrate the 100 year anniversary of the official opening of the Tallangatta hospital, and we trust that our service will remain relevant and viable for many years ahead.

On behalf of the Board of Management, Executive and staff members, we thank all who have assisted us throughout the year, and we trust that you will find the report to be an interesting read.



CEO Robyn Gillis and Board Chair Angela Morrison

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# GOVERNANCE FOR SAFETY AND QUALITY



**Board Members L-R: Robert Lees, Kim Stewart, Andrew Brown, Angela Morrison, Narelle Klein.**

**Absent: Craig Heiner**

## Major Achievements 2014 – 2015

- Organisation Wide Accreditation
- Centenary Celebrations
- Successful Completion of Capital Works programs including:
  - Air conditioning upgrades
  - Bolga Court Module 2 renovations
  - Improved Car parking
  - Security Fencing
- Increased student placements
- Increased Occupancy
- Budgetary improvements
- Electronic staff RosterOn system

Tallangatta Health Service has:

15 funded acute care beds which are utilised for:

- Sub-Acute Care
- Medical Care
- Post-Surgical Care
- Palliative Care
- Transition Care Program

51 Residential Aged Care Beds across two

accredited onsite aged care facilities which include:

- Lakeview = 15 beds
- Bolga Court = 36 beds

## Why We Produce a Quality of Care Report

Each year Tallangatta Health Service produces a Quality of Care Report to inform the community about measures, services and improvements undertaken in striving to maintain and achieve our high standards.

When producing the report whilst we are guided by the Department of Health & Human Services Quality of care reporting 2014 – 2015 guidelines, we also utilise feedback from our staff & volunteers. This feedback from previous reports ensures that we provide the readers with articles, stories and photographs that they have indicated they prefer.

Thank you to the team who have generously provided their time to develop this report and to the Patients / Residents / clients & staff whose journeys & stories we have included.

## Board Governance

During 2014 – 2015 THS had six Board Members responsible for various facets of the operations of the organisation. The role of a health service Board and its Board members is to steer the entity on behalf of the Minister for Health in accordance with government policy. This governance role involves strategic leadership of the organisation, monitoring performance against agreed objectives and ensuring accountability and compliance.



Lisa Allen



Julie Polmear



Lyn Lang Deb Cullen

## Towong Shire



### ORGANISATIONAL STRUCTURE

**Board of Management**

**Chief Executive Officer**

**Director of Medical Services**

**Medical Officers**

**DIRECTOR OF NURSING**

- \* Acute ward
- \* Allied Health
- \* Community Health
- \* Health promotion
- \* Home and Community Care
- \* Medical Centre
- \* Planned Activity Groups
- \* Residential Aged Care Facilities (Lakeview & Bolga Court)
- \* Visiting Clinical Services

**DIRECTOR OF CORPORATE SERVICES**

- \* External Contracts
- \* Finance
- \* Hotel Services
- \* Human Resources
- \* Information Technology
- \* Maintenance
- \* Medical Records
- \* Men's Shed
- \* Organisation Support
- \* Payroll

**Quality and Risk Manager**

**Executive Support**

THS provides onsite Allied Health Services to Patients, Residents and Community clients which includes:

- Audiologist
- Diabetes Education
- Dietician
- Occupational Therapist
- Optometrist
- Physiotherapist
- Podiatrist
- Social Worker
- Speech Pathologist

## Our Community

THS provides services to the people and communities of Bellbridge, Bethanga, Dartmouth, Eskdale, Granya, Mitta Mitta, Tallangatta and all areas in between. We make up part of the Western Region of the Towong Shire in the North East of Victoria.

Known as being one of Victoria's best kept secrets, and nestled in a valley surrounded by beautifully sculptured hills; the township is situated on the banks of Lake Hume. Tallangatta, colloquially known as the "new town" was planned and built in the 1950s when the "Old " was flooded when the height of the Hume Dam wall was raised increasing storage for irrigators downstream.

As one of the larger employers within the local community, THS has a Full Time Equivalent of 90.28 employees as at 30 June 2015 and 55 registered Volunteers.



# PARTICIPATION



## Volunteering in our Community

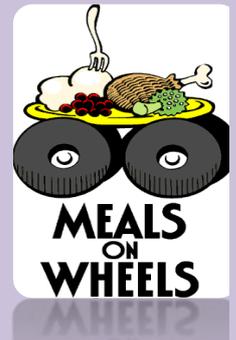
The last 12 months has seen some exciting shifts in Volunteering at Tallangatta Health Service (THS). Some Volunteers have worked intensively with those who are socially isolated in the community. This has included reading books, catching up for a cuppa and teaming up with clients to go on bike rides. Many people living in the community are lonely and enjoy the company of others, and many of our volunteers have been available to meet the needs of these community members.

## Meals on Wheels

During 2014 - 2015 Meals on Wheels delivery has been fully staffed by our dedicated Volunteers who delivered 3393 meals during this period.

Our clients and the staff at THS would like to say a HUGE THANK YOU! Even on those very hot summer days or blustery winter days, our Volunteers always have a smile!

*Sewing is a new activity that has commenced this year whereby one of our Auxiliary members dedicates her time to repair clothing for our Residents.*



# VOLUNTEERS



Resident John Graham from Bolga Court with Mia our visiting Pet Therapy dog

## Pet Therapy

Pet therapy provided to participating Residents provides an opportunity to have close and continuing contact with animals. The animals used in the program must be:

- well socialised
- have basic obedience skills

There are many benefits of Pet Therapy including:

- Decreased blood pressure & stress
- Improved communication and reminiscing opportunities
- Motivation and encouragement for the Resident to stay healthy
- Improved motor skills

## Volunteer Drivers

Tallangatta Health Service (THS) has many Volunteers who drive Home and Community Care (HACC) eligible clients, Acute Patients and Residents to medical appointments, and community and social events within the local area. Having the chance to get out and about to do some shopping or attend a concert in Wodonga encourages a person to be active and maintain their independence.



**We've done the figures! Did you know our Volunteer Drivers are extremely dedicated and on average, they contribute seven volunteer hours a month?**

## Volunteer Training

In 2015 THS Volunteers undertook Training in:

- Hand Hygiene
- Emergency Procedures
- Elder Abuse

These sessions created lots of discussion and were enjoyed by all Volunteers who attended!

### Feedback Feedback Feedback

Did you know that at THS we love feedback on absolutely everything! Many Volunteers take home documents from THS to review and provide us with feedback. Any suggestions about our services and improvements we can make are always welcome.



**Staff member Andrew Kirk supervising fire extinguisher training with a THS volunteer**

***Tallangatta Health Service would like to say "Thank You" to our Volunteers for their kindness and commitment throughout 2014 - 2015. They provided 2767 hours of time during this period.***



If you would like to VOLUNTEER at Tallangatta Health Service please contact our Volunteer Coordinator on 6071 5200. Various positions are available including the: Men's Program, Craft Activities, Meals on Wheels delivery, Volunteering Friends, Drivers, Nail Care, Sewing, and assisting Staff on day outings, with our community groups, reviewing publications, consumer information and much more!

# WORK HEALTH AND SAFETY

Tallangatta Health Service (THS) has a dynamic Occupational Health and Safety program in place that ensures the safety and wellbeing of our staff and the promotion of a healthy workplace.

Over the past 12 months the safety of our staff has been improved by:

- Annual Workplace Safety inspections in all areas
- Larger computer screens
- Improved signage
- Staff Immunisation register
- Air conditioning upgrade
- Residual Current Devices
- Assessment of car parks and improved line marking
- Improved storage for flammable products in Men’s Shed
- Emergency Management plans including Bushfire Management & HACC Emergency plans
- New Sharp Disposal units for Medical Centre
- Material Safety Data Sheet management review
- Annual Bus Inspections & documentation review
- Contractors Handbook review
- Improved Clinical waste systems (foot controlled / bagless)
- Meals on Wheels volunteer sign in and return register
- Upgraded entry and fencing to Lakeview courtyard to improve security

Staff Training has included but not limited to:

- Working at heights training
- Occupational Health & Safety training and refresher courses
- Code Grey training – aggressive or potentially Dangerous Persons / Threats
- Contractors education
- Sterihealth – waste management systems for clinical waste, sharps and medications
- Manual Handling and Patient No Lift training

## Staff Safety

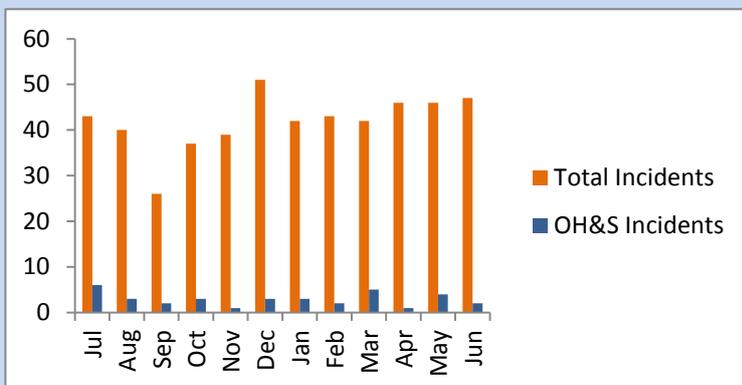
New Residual Current Devices (electrical safety switches) were purchased for use by the Home and Community Care (HACC) staff whilst using moveable electrical devices in the home. We now have an adequate number of devices to supply all HACC Staff members.



**Right: Staff member Kirsty Chalmers with a new linen trolley, which has been found to be more effective and easier to manoeuvre for Hotel Services staff.**



## OH&S INCIDENTS 2014 – 2015



**2014 - 2015**  
**TOTAL INCIDENTS = 502**  
**TOTAL OH&S INCIDENTS = 37**  
**THIS EQUATES TO 7.4%**

# LIFESTYLE & LEISURE

The Lifestyle & Leisure programs offered at both Lakeview and Bolga Court are provided to all Residents. The group and individual programs encourage Residents to maintain not only current interests, but also provides opportunities to participate and learn new skills.

Residents are assisted to participate in a wide variety of activities of their choice by a team of qualified Leisure and Lifestyle assistants and suitably trained volunteers.

Residents are supported to:

- participate in group and individual activities
- go on outings in the community
- participate in interactive activities
- attend visits from community groups; including school groups and a variety of entertainers

LIFESTYLE & LEISURE TEAM MEMBERS



Charles Hanson



L-R: Karla Lambeth, Sarah Lord, Lanelle Bailey, Heather Schleibs



Eugene Goncharov

Program improvements during 2014 – 2015 have included:

- Review and change to the working hours of the lifestyle team to meet Residents’ identified needs
- Provision of resources (quiz books) for Residents’ use on weekends and with families and friends
- Weekly activities calendar and individual consultation with Residents on preferred activities
- Installation of individual white boards for Residents’ personal use as a communication tool
- Supply of tactile and other resources for vision impaired Residents
- Provision of Resident name badges for group activities
- Promotion of outdoor activities and access

The Lifestyle & Leisure program was assessed by surveyors at the August 2015 accreditation and was congratulated on the diversity of choices within the program.



Residential Satisfaction Survey results for 2014: 71% of respondents were satisfied or completely satisfied with the Leisure & Lifestyle activities that were on offer at this time. On the right is an example of our weekly program.

11-15 May Lakeview 2015				
Monday 11	Tuesday 12	Wednesday 13	Thursday 14	Friday 15
10.30 Discuss new programs	11.15 Uniting Church 	10.30 Personal projects & walks	10.00 Residents & Friends meeting	10.30 Crosswords
9.30 Nail care		Walk and talk	Walk and talk	Walk & Talk
LUNCH	LUNCH	LUNCH	LUNCH	LUNCH
1.30 Hand Massage	1.30 Reading group 	1.30 Paper craft With Charles	1.30 Gym & Exercises 	1.30 Board Games 2.00 Balls & Balloons 
3-5 DVD OLD Movies	3-5 DVD Western	3-5 DVD Drama	3-5 DVD Musical	3-5 DVD Romance

# ACCREDITATION

The accreditation process means that the service is checked by independent, external professionals against “Best Practice” and “National Standards”.

Tallangatta Health Service is regularly assessed to ensure that the wide range of high standard, quality care and services is provided across the whole organisation. The accreditation process assures our community and users of the service that the care provided meets the appropriate standards. It is also important for staff to know that their practices are assessed and are of an expected standard.

	ACUTE	HOME & COMMUNITY CARE	RESIDENTIAL AGED CARE FACILITIES	GENERAL MEDICAL PRACTICE
	<i>Australian Council on Healthcare Standards (ACHS)</i>	<i>Community Care Common Standards</i>	<i>Australian Aged Care Quality Agency</i>	<i>Royal Australian College of General Practitioners (RACGP) Standards</i>
Last Audit	December 2014	December 2014	August 2012 Support visit January 2015	November 2013
Accreditation Achieved	Yes	Yes	Yes	Yes
Next Audit	Self-Assessment Report November 2015	December 2017	August 2015	September 2016



## Community Care Common Standards

The above standards are outlined by the Australian Government Department of Health and Ageing. Under each of these standards are expected outcomes that our organisation is required to meet for the Home and Community Care (HACC) program. In December 2014 we welcomed two auditors who spent the day in the HACC department, who reviewed our documentation, processes and procedures. We were found to be competent in all areas. This was a great achievement for the team and recognition of their work performance.



**Robyn Gillis CEO being presented with certificate by ACHS Chief Executive Dr Christine Dennis**

## STOP PRESS

Lakeview and Bolga Court Residential Aged Care Facilities both achieved reaccreditation status in August 2015 when two assessors assessed both facilities against the 44 outcomes of the Australian Aged Care Quality Agency Accreditation Standards. Well done team!



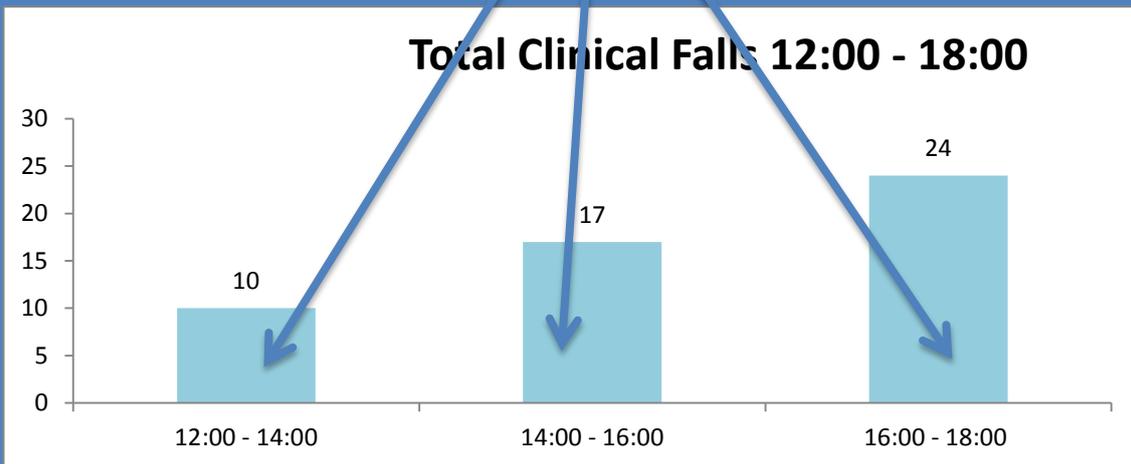
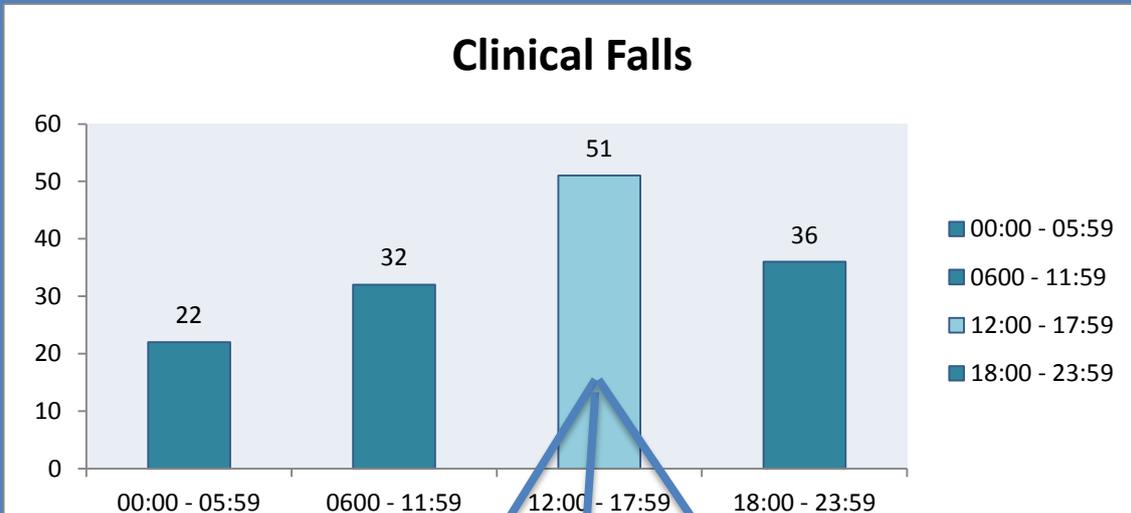
A survey was conducted of Tallangatta Health Service in December 2014 by the Australian Council on Health Care Standards. The Health Service is a fully accredited organisation under the National Safety and Quality Health Services Standards, which is a mandatory requirement for all healthcare facilities to achieve.

Standard		From Our Report – Surveyors Comments
	<b>Standard 1</b> Governance for Safety and Quality in Health Service Organisations	THS has an enthusiastic and committed Board of Management, reflected by the Strategic Plan, the sophisticated management of risk and the organisational wide approach to quality & safety, monitoring & improvements. There is evidence of departmental ownership of quality initiatives. Committee structures enables items to be appropriately managed & escalated as required.
	<b>Standard 2</b> Partnering with Consumers	THS has a Consumer partnership Policy and actively embraces the role of the community and consumer involvement in service planning.  There is evidence that consumers are involved in reviewing and providing feedback on a range of documents designed for patients and carers.
	<b>Standard 3</b> Preventing and Controlling Healthcare Associated Infections	THS has an active infection control Plan that sets the direction and expected outcomes of the infection prevention and control program for the health service.
	<b>Standard 4</b> Medication Safety	THS has a sound governance system for medication safety with strong reporting lines from the Clinical Review Committee to the Board of Management. Patients are engaged in a variety of ways in relation to their medications.
	<b>Standard 5</b> Patient Identification and Procedure Matching	THS meets the requirements of this standard; there are regular audits and improvements evident. The implementation of bedside handover supports this standard, with daily checks.
	<b>Standard 6</b> Clinical Handover	THS implemented bedside handover in September 2014.  Information is provided to patients and included in the patient bedside handbook to inform them about their participation in their care.
	<b>Standard 7</b> Blood and Blood Products	Assessed as not applicable to THS.
	<b>Standard 8</b> Preventing and Managing Pressure Injuries	THS has undertaken a number of quality initiatives to improve the prevention and management of pressure injuries, including bedside handover, risk identification, variety of equipment and educational activities.
	<b>Standard 9</b> Recognising and Responding to Clinical Deterioration in Acute Health Care	THS has a policy framework for the recognition and management of the deteriorating patient, consistent with the National Consensus Statement.  THS is committed to mandatory training staff in basic life support & competency is undertaken annually, with 100% of staff proficient with basic life support.
	<b>Standard 10</b> Preventing Falls and Harm from Falls	THS has systems for the prevention of falls which are well managed in the hospital. Falls Risk Assessments are attended on admission and continue throughout the episode of care. There is a wide range of equipment to assist with falls prevention.

# FALLS PREVENTION

All staff members are responsible for falls prevention which is a significant priority across the organisation.

Patients and Residents are assessed for their falls risks on admission and on a regular basis thereafter. The rating for each demonstrates the extent of supervision and / or assistance they may require with transfers and mobility; also what prevention strategies are to be implemented to prevent a fall.



Interestingly more people fall between 16:00 – 18:00 hours.

THS has endeavored to address this through a review of the Lifestyle and Leisure activities, their allocated hours of work and staffing levels.

In-patient bed services have had a steady decrease in the number of falls over the past three years as indicated by the table below. This may be attributed to many factors which may include but are not limited to: staff education and training, falls prevention equipment, risk assessment and screening, consumer education and multidisciplinary team consultations.

	<b>Total Falls Acute &amp; Residential Aged Care</b>	<b>Total Bed Days</b>	<b>Falls Per Thousand Bed Days</b>
2012 - 2013	124	13 666	9.07%
2013 - 2014	167	19 139	8.72%
2014 - 2015	150	19 115	7.84%

De-identified falls data from the Acute ward is submitted to The Australian Council on Health Care Standards to compare the incidence of falls with other like sized organisations.

Time Frame	Inpatient Falls - Our Rate	Aggregate Rate for Peer Group
Jul 2014 – Dec 2014	0.39%	0.58%
Jan 2015 – Jun 2015	1.12%	0.60%
Time Frame	Fractures or Closed Head Injuries - Our Rate	Aggregate Rate for Peer Group
Jul 2014 – Dec 2014	0.00%	0.02%
Jan 2015 – Jun 2015	0.00%	0.02%

Data of the prevalence of falls and falls related fractures is submitted quarterly to the Department of Health from the two Residential Aged Care Facilities.

	Lakeview Nursing Home	Bolga Court
<b>Falls</b>	<p>There was a total of 52 reported falls for the year with between 11 – 15 falls per quarter. This placed us above the State-wide High Care rates.</p> <p>There was one fracture related to a fall.</p>	<p>There was a total of 83 reported falls for the year with between 15 – 26 falls per quarter. This placed us above for two quarters and below for two quarters of the State-wide High / Low Mixed rates.</p> <p>There was one fracture related to a fall.</p>

### Preventing falls and harm from falls presentation - Kathie Maloney, Physiotherapist

As the portfolio lead for Preventing Falls and Harm from Falls, Physiotherapist Kathie Maloney presented to the Board in July 2014 a report on the status of falls, the prevention strategies utilised, and the equipment available at THS. Kathie outlined several of the quality activities that have been undertaken to help reduce the number and harm from falls across the organisation for our patients and Residents. Following the presentation, a tour by Board Members was conducted where they observed the different types of falls prevention equipment available and their safe storage; all factors which support staff in their management and prevention of falls.

The Board was appreciative of the presentation and tour of the service. It provided them with an improved understanding of the complex nature of falls prevention in both the Acute facility and Residential Aged Care.



## MEDICATION SAFETY

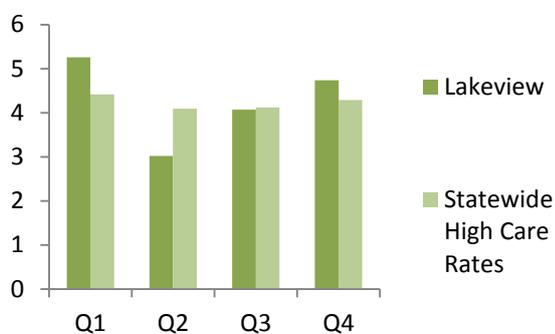
The Medication Safety systems at Tallangatta Health Service (THS) are constantly reviewed to determine that we meet the highest standards and that ultimately patient and Resident safety is optimised.

Our Residential Aged Care Facilities of Lakeview and Bolga Court monitor Residents' Medications and specifically polypharmacy (which is the incidence of Residents being prescribed nine or more medications).

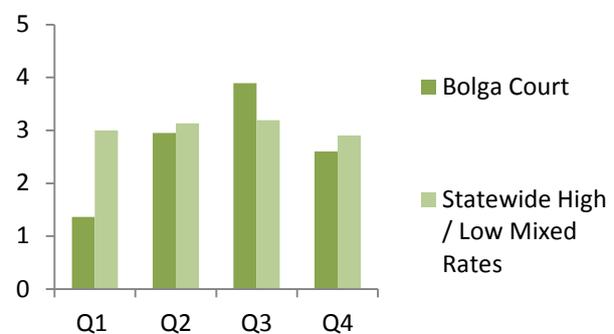
There is evidence that above statewide rates were reached in Lakeview in two quarters, and Bolga Court in one quarter. In 2014 – 2015 a review of records indicates that this occurs when there has been an increase in admissions. These results are similar to the previous year.

The planned implementation of the National Residential Medication Chart (NRMC) will occur in 2015 – 2016. This chart has been designed to improve medication safety, and to minimise administration burdens for prescribers, pharmacists, and staff.

### Lakeview 2014 - 2015



### Bolga Court 2014 - 2015



### Medication Safety Self – Assessment

A multidisciplinary team from THS undertook the Clinical Excellence Commission Medication Safety Self-Assessment for Australian Hospitals in 2014.

The Medication Safety Self-Assessment is designed to: ***“Heighten awareness of the distinguishing characteristics of a safe hospital medication system and create a baseline of Australian hospital efforts to enhance medication safety.”***

The Assessment is divided into ten key elements that have been shown to significantly influence safe medication use. The subsequent report and results which is benchmarked against other health services has allowed for quality improvement initiatives to be implemented. Some of these initiatives have included:

- Operational documentation reviews and development to reflect best practice and standards
- Implementation of the Alert form into the Medical Record
- Reconciliation of medications on admission by the Registered Nurse using the National Inpatient Medication Chart
- Development of high risk medications list for THS
- Review of the Pharmacy Imprest list, with consultation from Albury Wodonga Health – Wodonga Chief Pharmacist to ensure that it reflects patient needs.

The self-assessment survey will be repeated in 2015 to identify if the initiatives have maintained improvements and to identify further areas for improvements.

## Antimicrobial Use

In 2014 Tallangatta Health Service (THS) reviewed the use of Antimicrobials and the appropriateness of their use throughout the Health Service. A Working Party was convened to oversee this work which reports to the Clinical Review committee.

Actions to date have included:

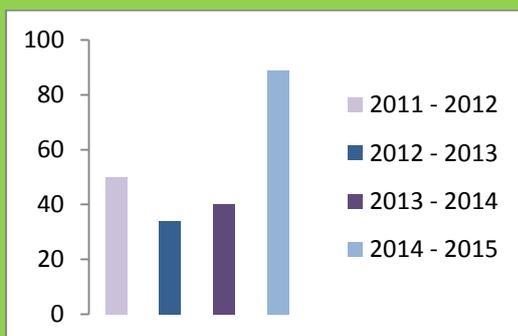
- Operational document review to include Antimicrobial prescribing and administration
- Development of an Antimicrobial Formulary
- Education program
- Medication cupboard imprest review
- Medical Record reviews

Education on the use of antibiotics raises the awareness of inappropriate use and decreases the use of antibiotics.

Antibiotic awareness week was celebrated in November 2014 with a display at the front entrance of the health service for staff and visitor / patient convenience. Information brochures were made available.



Front foyer display



Total Medication Incidents

# ANTIBIOTIC RESISTANCE

**“One of the greatest threats to human health,”**  
— World Health Organization

**AUSTRALIA HAS ONE OF THE HIGHEST RATES OF ANTIBIOTIC USE IN THE WORLD**

**1 in 5 people** expect antibiotics for viruses like a cold or flu

Nearly **60%** of surveyed GPs would prescribe antibiotics to meet patient demands or expectations

The **overuse and misuse** of antibiotics is making bacterial infections harder to treat

**FIGHT ANTIBIOTIC RESISTANCE PLEDGE**

- ▶ I will not expect antibiotics for colds and the flu as they have no effect on viruses
- ▶ I will take antibiotics as directed if I am prescribed them
- ▶ I will practise good hygiene to help stop the spread of infection

[nps.org.au/join-the-fight](http://nps.org.au/join-the-fight)

THS continues to monitor the number of medication incidents. Whilst there has been a reported increase in 2014 – 15 each event is reviewed to see where improvements can be made to prevent recurrence and to track trends.

Strategies to prevent reoccurrence have been implemented, which have included:

- Staff education and training for safe medication management
- Operational documentation development and review
- Resources and equipment to support staff

Staff Education rate for Safe Medication Management Mandatory Training in 2014 – 2015 = 98%

# HISTORY



In 1910, Dr Patterson, President of the Friendly Societies Association, convened a public meeting for the purpose of establishing a hospital at Tallangatta. Prior to this, hospitals which existed in Tallangatta were private houses usually run by nurses or midwives.

Fundraising began in May 1910 with a goal set to raise £1050 to purchase land, furniture, and to build the hospital. The Department recommendation had been for a two ward hospital to accommodate four patients, a nurse's room, and a kitchen. It was considered that an infectious ward was not necessary.

A committee of 28 selected an elevated site at "Toorak" and work commenced on the first building in 1913. In late 1914 the building was complete and operating, although the official opening was not until 5<sup>th</sup> March 1915. The total cost of the then "Tallangatta Cottage Hospital" was £1800.

In 1916 the second stage of the building was completed, and this served our community until 1937, when an additional wing was added to bring the capacity of the Hospital to 26 beds.

In 1950 a State Parliamentary Works Committee recommended that the entire township of Tallangatta be shifted 4½ miles (8kms) to the west to allow the Hume Reservoir to be expanded. Work on relocating the whole town commenced in 1954 and had an enormous and significant impact on the entire community. Most houses were moved intact to the new site, but it was decided that a new hospital would be erected. There was much community concern as progress seemed slow, and fears that the hospital would be the only remaining service for the next year, when most of the population had moved.

Work on the new hospital commenced in July 1956, and on 30<sup>th</sup> June 1957 Matron Clark and Dr HFC Hallowes laid the foundation stone of the new hospital which was opened on 26<sup>th</sup> March the following year.

A public meeting was held in 1986 to establish a "Nursing Home Society". Bolga Court opened on 17<sup>th</sup> March 1991 costing \$1,000,000. It was amalgamated with the hospital in 1997. The hospital officially changed its name to "Tallangatta Health Service" in December 1999 by which it is now known.



**Dr HFC Hallowes M.B B.S.  
Honorary Medical Officer  
from 1928 – 1962**



**Sister Violet M Clark,  
Devoted Matron 1935 -  
1966**



**First and Last Babies: Mrs B Thomas (left) with baby Greta Kathryn, first born at the new hospital. Mr W Hoysted (President of the Hospital Committee), Mrs J Murray with baby Andrew Alexander, last -born at old hospital, and Mrs H Morgan (secretary, Hospital Ladies' Auxiliary)**



**Above: Jean Nellie Miles Walker, who served as Matron at the private hospital in Tallangatta in 1913, and then went on to sail with the AIF in 1914, serving in Cairo, Egypt, France, then London, prior to her death on 30 October 1918. She is believed to have been Tallangatta's first Matron.**



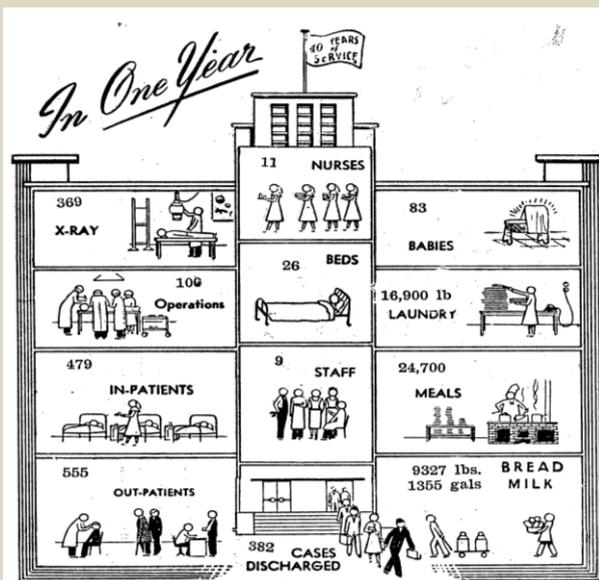
**Overlooking Toorak (Old Tallangatta) – Hospital in the background**



## Centenary



During the year, we joined with members of the public to celebrate 100 years of providing health services to the community. A Centenary Ball was held in March, and in April a commemoration was made on ANZAC day to remember our nurses who served during the war years. Acknowledgement of the 100 year milestone was extended throughout the organisation by way of birthday cake for our Residents, staff members, Meals on Wheels clients, and community participants in our various Planned Activity Groups throughout the catchment.



### CAPITAL ACCOUNT.

To Plant, Machinery, Furniture and Equipment Account . . . . .	£7
" Building Fund Account . . . . .	22
" To Balance 31st March, 1954 . . . . .	26619
	<hr/>
By Balance 1st April, 1953 . . . . .	£26648
" Transfer from Land and Building Account and Building Fund Account . . . . .	46
Gifts in kind . . . . .	153
	<hr/>
	£26648

From Annual report 1954



New hospital – circa 1970

## YEARS IN COMPARISON:

In 1971 there were 490 patients with total bed days of 6,519. Maternity patients totaled 32 with 31 babies born.

In 2014 – 2015 there were no maternity patients or babies born. There were 63 Acute patients with a total of 1,029 bed days.

REPORT OF THE COMMITTEE.

The number of patients admitted was 136, as against 86 last year. Of these, 71 were females and 65 males. This does not indicate an increase of sickness in the district, but your committee take it that an increasing number of the public are recognizing the value and benefit of the local hospital and are proceeding there for treatment.

About 12 free beds were provided, and merely nominal charges were made in respect of a number of cases.

Extracted from the Annual Committee of Management report for year ended 30th September 1918



Old Hospital – Old Tallangatta

# PREVENTING AND CONTROLLING INFECTIONS

## Surveillance

Instances of diagnosed infections are documented and reported to the Infection Control Coordinator. The data is monitored in regard to episodes of trends or clusters, and then reported to the Clinical Review Meeting. All staff members take an active role in the infection and prevention strategies for Tallangatta Health Service (THS).

THS is actively involved in monitoring and comparing infection rates with other facilities and in 2014 – 2015 has submitted de-identifiable data to the Department of Health and Human Services projects such as the Surveillance to Reduce Urinary Tract Infections Point Prevalence Study for Acute and Residential Aged Care (RAC) and the National Antimicrobial Prescribing Survey for RAC facilities. Final reports on the outcomes of these projects are pending.

## Cleaning

THS has a scheduled cleaning regime which is monitored regularly to ensure that we meet the required standards. For 2014 our result of 91% for our external audit was indicative of this and supports the ongoing internal audit results. It was noted in our National Standard Accreditation survey report that the assessors stated *“Hotel Services including cleaning, laundry and catering are well managed. Evident in a number of these areas the pride staff take in their work and their understanding of how their work affects the quality & safety of patient care.”*

Our annual Residential Aged Care survey also requests respondents to indicate their level of satisfaction regarding the cleanliness of their environment with a result of 86% in 2014, an improvement from 82% satisfaction as reported in 2013.



**Robyn Gillis CEO practising hand hygiene at front reception**



## Hand Hygiene

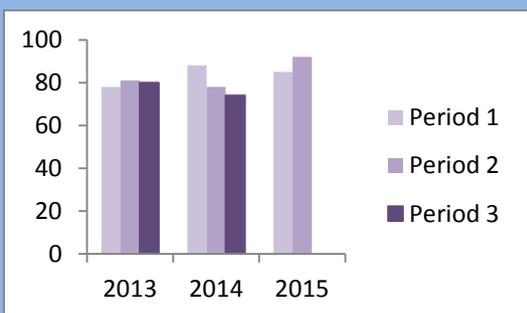
All staff members annually complete an on-line education program for Hand Hygiene.

Hand Hygiene compliance auditing is undertaken and reported. Current results for Period 2 indicate 92% compliance, an increase from Period 1 result of 85% with correct Hand Hygiene technique.

The Hand Hygiene target for 2014 – 2015 = 80%

A strong commitment to Education and Training throughout THS is evident with the ongoing monitoring and reporting of education components especially in relation to Infection Control.

Staff Education for Hand Hygiene Mandatory Training for 2014 – 2015 = 100%.



**Hand Hygiene rates 2013 - 2015**

## THS HAND HYGIENE RESULTS

**2015 - P1 85%, P2 92%**

**2014 - P1 88%, P2 78%, P3 74%**

**2013 - P1 78%, P2 81%, P3 80%**

**OUR TARGET is 80%**



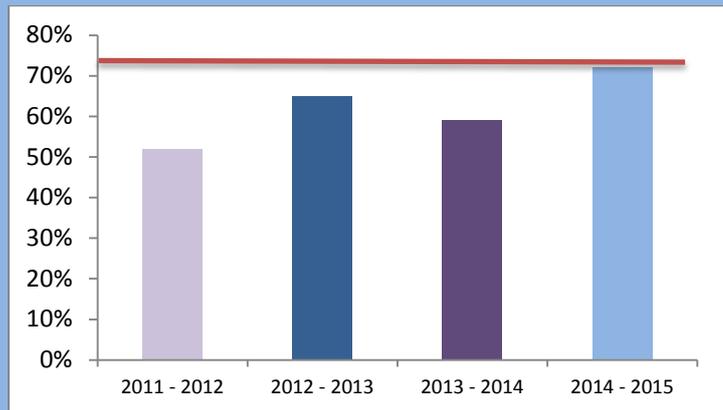
### Staff Immunisation

Staff members are provided with free Influenza Immunisation administered by a qualified Immunisation Nurse.

Tallangatta Health Service (THS) reached a compliance of 72% just shy of the Department of Health and Human Services rate of 75%.

**Left: Sue Reid THS Immunisation Nurse providing Jennie Miller Allied Health Assistant with her Influenza immunisation.**

The improved rate for Influenza Immunisation for the year may be attributed to many factors including an increase in information provided to staff members in the form of posters, emails and newsletters. There was also an increase in the number of staff Flu Vaccination Clinics provided by the Immunisation Nurse at alternative and flexible times. The staff members who were not immunised all signed refusal forms.



### Staff Influenza Immunisation

#### District Nursing

During the year the District Nursing Team identified the management of sterile stock in the District Nursing office and within the vehicles as an area for improvement. They reviewed the volume of sterile stock stored, how this stock is safely moved between venues and the storage within the cars. This involved the whole team reviewing their ordering and restocking systems, storage systems, and also the storage receptacles within the vehicles.

The team has developed a more concise storage list, which not only has reduced the volume of stock they carry but has also made restocking and stock control more manageable. There is now less chance of sterile stock being compromised from poor storage or damage to packaging. This has also allowed the team to have the correct equipment on hand for visits, or for when the unexpected may occur.

Feedback from the staff has been positive especially from the casual staff who may not always be working in this area. They can now visualise with ease the stock on hand and it is all stored safely the same way within clearly labelled receptacles.



**District Nurse Melody MacDonald on her return to the office from home visits. The new labelled storage containers fit neatly into the station wagon boot.**

# PARTNERING WITH CONSUMERS

Partnerships with our consumers is important to all of us at Tallangatta Health Service (THS), and we do this in many ways endeavouring to hear from as many of our consumers and associates as possible.

We thank all users of the health services, their families and significant others who have provided feedback throughout the past twelve months.

Listening to our community helps us to design and deliver our services to best meet the needs of our consumers and their families. Consumer feedback is highly valued and sought, and is reviewed at the highest level of governance by the Board, Executive, and Senior Managers on a monthly basis. Our Chief Executive Officer reviews complaints and ensures responses are actioned within our target timeframe of 30 days. There have been no complaints closures that have exceeded this timeframe.

Many strategies are sought to engage our community and to provide feedback. Examples of these include:

- Annual Open Board Meeting
- Victorian Health Experience Survey
- District Nursing Patient Surveys
- Acute Patients Discharge Follow up phone calls
- Annual Residential Aged Care Survey
- Medical Centre Survey
- Home and Community Care Users surveys
- Staff Surveys

THS Feedback Summary	2012 - 2013	2013 - 2014	2014 - 2015
Total Feedback received	85	75	78
Complaints	25%	32%	39%
Compliments	75%	68%	51%
Feedback			10%

“You could never fault the care given to my husband at Lakeview. It was exceptional” – February 2015

“Thank you for looking after our mother – she was very comfortable there and very appreciative of the staff” – March 2015

“I came in today to visit my mother and she was sitting up freshly washed looking beautiful, lippy on and perfume, just like she was at home” – April 2015

“Thanks for being a great help to our Dad. We appreciate all that you do to make his home fit for a King” – April 2015

## Residential Satisfaction Survey

Residents or their representative provide feedback annually via an internal survey. In 2014 there was a return rate of 47%, an increase from 39% in 2013. Overall satisfaction indicated that 95% of respondents were satisfied or completely satisfied with THS; and 100% indicated that they felt safe.

Areas that were highlighted as requiring review were for questions where there was a recorded satisfaction level of less than 80%. These questions were:

- Laundry service protects personal clothing = 56%
- The quality of food is attractive = 62%
- Bed linen is changed as required = 76%
- Staff encourage participation in social and lifestyle activities = 71%
- We observe the staff work well together = 67%
- Food texture is appropriate to your needs = 70%
- Resident’s clothes are changed as required = 76%

THS has worked on implementing improvement actions for these areas which has included:

- Weekly lifestyle calendar and staff interviews with each Resident regarding participation
- Multidisciplinary team review of menus, including presentation and texture options
- Implementation of Resident interview six weeks post admission to identify areas of improvement
- Correspondence to Residents and Families re clothing labelling and choices offered for labelling
- Monitoring of Resident’s clothes and laundry items collected.

## Reaching Out to the Mitta Valley

The Tallangatta Health Service (THS) Board of Management travelled to the outer reaches of its southern boundary in October 2014 to the picturesque township of Mitta Mitta.

The visit was part of the Board's commitment to engaging the communities of the whole catchment area it services and to equity of access for rural community members – a key priority of the Victorian Government.

The catchment comprises roughly an 80 kilometres radius from the township of Tallangatta, which is located on the foreshore of Lake Hume about 40 kilometres from Wodonga. The population of about 3,500 people is located within the township of Tallangatta as well as in the small farming communities such as Eskdale, Mitta Mitta, Granya, Bethanga, Bellbridge and Dartmouth.

The Tallangatta Board began holding open Board meetings three years ago with the first being held in the local bakery. This provided a great opportunity to hear the community's views. Upon reflection, during its strategic planning session, the Board decided to hear the voices of the youth of the community.

The next open Board meeting was held at the local secondary college with student representatives of each year group speaking their thoughts about the health service and youth health issues.

The Mitta Mitta open Board meeting was held in the friendly and relaxed setting of the Mitta Pub, where several community members shared their thoughts and ideas. The Board members and executive team were extremely appreciative of the community members taking the time to offer their feedback about the health service.

'This information will inform the Board in future strategic and service planning,' stated the Board Chair Andrew Brown. 'We also gained some very practical tips on effective local communication channels that we can use immediately.'

Since the open Board meeting, there has been an effort to increase the THS profile and an awareness of the services that are provided through local media and distribution of brochures to key places in the Mitta Valley community.



## STAFF PROFILES

Introducing Bethany Cardwell, who commenced work at Tallangatta Health Services (THS) whilst still at the local secondary school studying year 10. Bethany learnt about the opportunity of being employed locally through her hospitality teacher who had attended an information session for teachers. The THS Hotel Services Supervisor provided the teachers information about opportunities for young people to join the workforce part-time and gain experience at the local Health Service.

Upon application and following an interview at THS Bethany was offered a position on a three month trial. She is the first student to be employed through this program.

Bethany worked twelve hours per week divided into three shifts from 4pm – 8pm. This helped her to accommodate school hours. Bethany could finish school and then walk safely to the health service for work, an added bonus.

The role for Bethany focused on dining room service; setting up and table clearing in Bolga Court which caters for 36 Residents. She assists with other tasks such as special requests like cooking toast for a Resident. After meal service and all the Residents leave the dining room there is the final cleanup of the dining area, kitchen, floor cleaning and the initial set up for the next day. Whilst Bethany says “ There are set tasks to be completed and a routine to follow there are often other little variables that can add or change the shift workload, which makes it enjoyable and you also know you are making a difference in the Residents’ day”.

Bethany finds the role fulfilling working with the staff and Residents, and enjoys the variety of tasks she performs and the things she has learnt. She feels a valued team member and has a good relationship with other Hotel Services staff, the care staff and most “importantly” the Residents.

Now that she has experienced work at THS, Bethany would like to work more closely with Residents and is currently looking for opportunities to remain employed in the health care sector. She is researching nurse training and wishes to become a volunteer. Bethany has also recommended the opportunity to her friends, one of whom hopes to be a successful applicant in late 2015.



Factors that she feels that have contributed to her ongoing employment at THS have been: “to enjoy what you are doing especially when you have a great set of people around you that makes it easier. I know I’m not alone and that there is a great team to help out. I’m always busy, not standing around doing nothing, and I get opportunities to learn”.



Leanne Dobinson commenced a three month training program in domestic services in 1979. On successful completion of the program, she commenced full time work in February 1980. Leanne now works part-time in Hotel Services as a Cook and has done so for many of the 35 years she has been employed at THS.

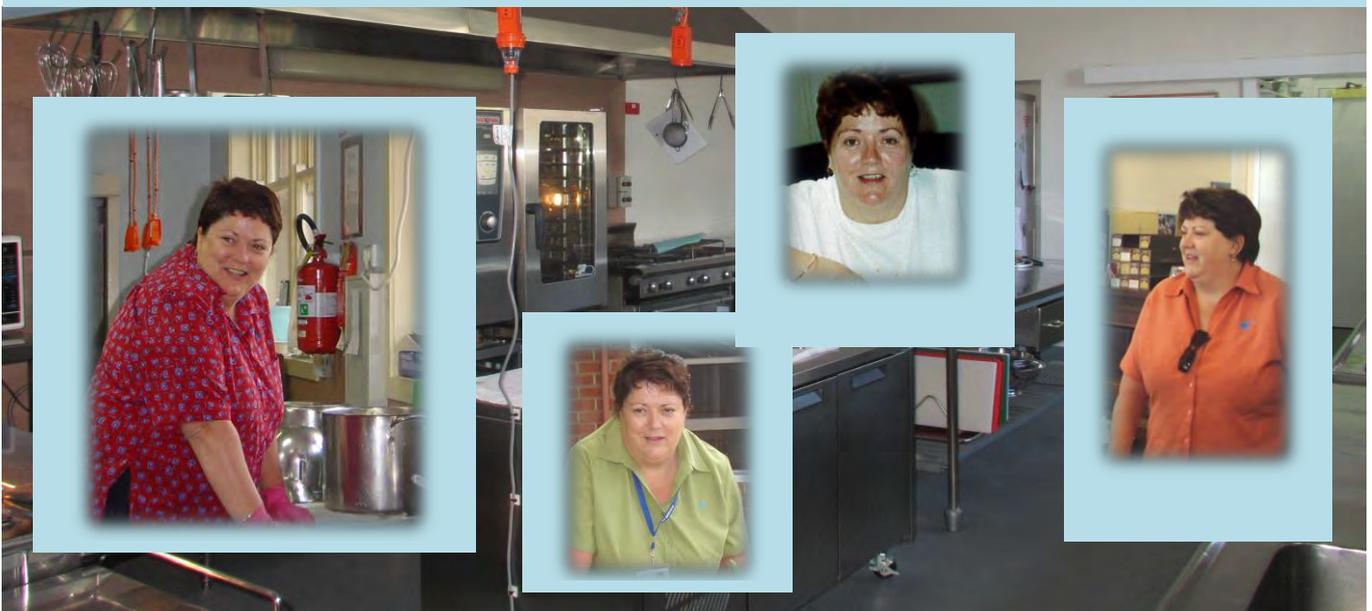
Over the years there have been many changes; such as the way food was prepared and cooked, the equipment used and the recipes followed. But she has always seen one constant which has been "The people I have worked with have been great and I just love the place".

Leanne believes the new updated kitchen in 2013 has been wonderful, although it did take a while to get used to all the new technology and "I did burn the custard a few times". She also found that the equipment has been great and reduces the workload, making some things so much quicker and efficient. Cooking is now undertaken in one kitchen, this has been more cost effective for the organisation, even though occupancy has been steadily increasing. Meals on Wheels are also prepared and cooked in the same kitchen.

When Leanne first commenced at THS she remembers there were lots of potato peeling and wrestling with huge pumpkins that needed to be cut up and peeled. However, these days the vegetables come already prepared and ready to cook.

In the early days, Leanne as a new staff member had one weekend off every six weeks. Fortunately now rosters and workloads are much more flexible and evenly distributed amongst the team. Leanne can now enjoy more weekends with her family.

Leanne has never wanted or looked to work anywhere else, she has loved what THS has provided her, and enjoys cooking and providing great food to the patients and Residents. For some, meal time is the best part of the day, and she is happy to have contributed.



## FOOD SERVICES

### Residents' Annual Satisfaction Survey Results

Residents' satisfaction around food choices over the past three years has been stable with responses between 83% - 85% satisfaction.

The response on satisfaction for Residents finding the meals appetizing has been more varied with results being recorded between 62% - 90%.

THS takes this information seriously and has conducted further individual meal surveys with Residents and families using a team approach to identify where improvements may be achieved, which have included:

- |                           |                                    |
|---------------------------|------------------------------------|
| Menu reviews              | Recipe reviews                     |
| Textured diet information | Additional meal supportive devices |

Ongoing monitoring of this important area is continually undertaken by the Food Services Team.

### Compliment from Accredited Practicing Dietitian– May 2015

Once again, I would like to extend compliments to all the care and food services staff in Bolga Court, who are exceptional at what they do to facilitate the Residents' nutrition and hydration. From my observations the following is very evident:

- Care staff greet Residents warmly and show great courtesy through the meal
- Residents are not rushed and they are assisted wherever needed
- The food service staff shows great capacity to serve meals with individual considerations including timing of meals for people who are slow to eat.
- The general atmosphere of the dining room remains very pleasant bordering on restaurant style.

Because of the team approach, the respect shown, the pleasant environment; the supportive nature of all of this makes a difference to people's interest to eat and enjoyment of meals.

	Lakeview Nursing Home	Bolga Court
Weight Loss	There was one Resident reported with weight loss >3kg, which meant our rates were below the State-wide High Care Rates.	There were four Residents reported with weight loss > 3kg which was below other organisations in the State-wide High / Low Care Mixed Rates.
	This was a reduction on the previous year's number of six Residents.	This was a reduction on the previous year's number of six Residents.
	There were four Residents with unexplained weight loss, a reduction on the previous year of 16; meaning we were below the State-wide High Care rates	There were nine Residents with unexplained weight loss, a reduction on the previous year of 18, meaning results were equal or lower than other organisations in State-wide High / Low Care Mixed Rates.

The Food Safety Program is monitored in a variety of ways which includes the annual External Food Safety Audit. This audit is undertaken by an experienced external auditor who not only inspects the physical area of food storage and cooking areas, but also reviews various documents and reports related to Food Services. THS was found compliant in 2015.

# HOME AND COMMUNITY CARE (HACC)



## HACC Approved Chemicals

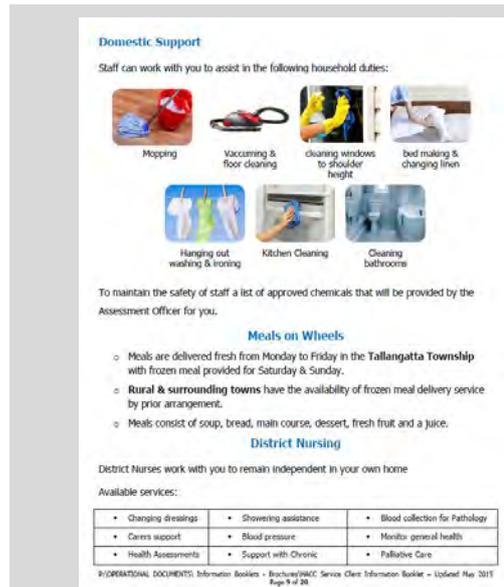
In 2014 the HACC department reviewed the HACC approved Chemicals list. This new form was distributed to various clients and Planned Activity Groups in different locations within our Shire to gain feedback and suggestions.

### Why did we make these changes?

- Feedback was received from staff that some chemicals on the list were never used or hard to find for clients.
- Clients wanted to purchase chemicals from Aldi and have other chemicals added to the list.
- THS wanted to provide a variety of products that were cost effective & easily available.
- We wanted to create a visual chemical list to assist clients when purchasing products.

## Review of HACC Services Client Information Booklet

A review of the HACC services Client Information Booklet was undertaken by clients and volunteers. A number of suggestions were raised with regard to the presentation of the booklet. As a consequence we introduced more graphic information, reduced the “wordiness” of the document, increased font size and changed some of the language to reduce the amount of “bureaucratic” speak. We have had positive feedback from new clients who have commented on the ease of reading, better understanding of the contents in the booklet and the information provided.



## Cultural and Diversity

The Tallangatta Health Service (THS) Cultural and Diversity Policy was reviewed by a multidisciplinary team in October 2014. The purpose of this document is to provide a framework for staff ensuring that THS provides and values services and a workplace that is safe, equitable, sensitive and respectful of the needs and preferences of all people who engage with the service.

There have been no admissions to the health service or Residential Aged Care Facilities during 2014 – 2015 that have been identified or indicated that they required the services of an interpreter. During 2014 – 2015 there have not been any patients or Residents admitted who have identified themselves as Aboriginal or Torres Strait Islander (ATSI), whilst during the same time period the Medical Centre has had fourteen clients who have identified themselves as ATSI.

## CONTINUITY OF CARE

Ken Parker is an 88 year old gentleman who became a Resident of Bolga Court in March 2014. Complications from chronic and complex medical conditions resulted in Ken undergoing a left leg amputation at another health service in March 2013.

Following the surgery and hospitalisation, Ken spent time on the Transitional Care Program (TCP) at Tallangatta Health Service overseen by the multidisciplinary team from Albury Wodonga Health. The TCP aims to assist older people in their recovery by providing a multidisciplinary coordinated care team approach to meet their individual identified care needs. The program also provides patients and their significant others the opportunity to consider long term care arrangements and options.

The program assisted Ken with rehabilitation, and then with his decision and with his family's support, to transfer into Residential Aged Care. This provided services and friendships with other residents, compared to returning home to live alone.

In April 2015 Ken's Doctor from the Tallangatta Medical Clinic identified a lesion on Ken's scalp which required removal. This was attended to at a metropolitan Health Service and was found to be far more extensive than first thought, requiring a skin graft.

On return to Bolga Court following the procedure, Ken experienced complications to the healing process resulting in increased care needs. A decision was made to transfer to the THS Acute ward. He had previously been an inpatient on the TCP; this was a great option for both Ken and his family. He continued to be cared for by not only clinical care staff who he knew from his previous stay, but staff who also cared for him in Bolga Court.

Ken spent nine weeks in the hospital requiring special dressings where the nursing staff utilised the expertise of the Hume Region Wound Consultant (HRWC) in conjunction with Ken's general surgeon. The wound consultant provided management and treatment options for Ken's surgical head wound, and also education and training to staff, in person and electronically. This Service for a small regional health service is very beneficial not just for the staff, but also for the patients where they can remain in a familiar environment and amongst family and friends. Other Residents from Bolga Court also had the opportunity to visit Ken whilst he was an inpatient. This would not be possible if Ken had been admitted to a Regional hospital.



**Resident - Ken Parker**

Additional health care professionals were engaged in Ken's recovery to provide not only wound healing expertise, but also education and support to Ken and the multidisciplinary team involved in his care. This included Ken's local Doctor and his surgeon, the Dietitian, Physiotherapist, Podiatrist, and the Credentialed Diabetes Educator.



**Resident Ken Parker with Registered Nurse David Langmead during his stay in the Acute ward**

Ken and his family were all very satisfied with the care provided to Ken during his stay in the Acute ward. "It was great to be amongst the people I know so well and who have been caring for me. I was glad not to have to move to another hospital and more than happy with all that occurred. The staff concentrated a lot more than I ever thought they would to get me better".



**Resident Ken Parker is pictured settled back into his room in Bolga Court after his hospital admissions. He stated "It has given me a new life when I came here to live at Bolga Court. Everyone is very professional".**

#### Transitional Care Program

THS has continued a partnership with Albury Wodonga Health – Wodonga Campus for the past five years, offering this program.

With the program being offered at Tallangatta, it allows for our local community members to have the opportunity to continue their rehabilitation close to home and amongst their families and friends.

The average length of stay on the program is eight to ten weeks.

For the year 2014 – 2015 there were 634 bed days utilised for TCP patients which was an increase from the previous year.

## SKIN INTEGRITY

Pressure Injuries (PI) were previously known as bed sores or pressure ulcers. They can occur due to unrelieved pressure usually over a bony area, especially when an individual has restricted movement. Pressure can be caused from other devices such as equipment or oxygen tubing pressing on noses and ears. Once these injuries occur they can be difficult to heal, especially if individuals have clinical conditions such as poor circulation.

Pressure injuries reported at THS are reviewed by the Board, Executive and Senior Clinical staff. A review of where, how and the severity and degree of injury are investigated. Of the events reported the majority are classified as Stage 1 and 2.

Time Frame	In-patients who develop a Pressure Injury - Our Rate	Aggregate Rate for Peer Group
Jul 2014 – Dec 2014	0.00%	0.11%
Jan 2015 – Jun 2015	0.56%	0.10%
Time Frame	In-patients who are admitted with one or more Pressure Injuries - Our Rate	Aggregate Rate for Peer Group
Jul 2014 – Dec 2014	0.00%	0.71%
Jan 2015 – Jun 2015	Not reported for second half	Not reported for second half

Data is submitted quarterly to the Department of Health and Human Services from our two Residential Aged Care Facilities, Bolga Court and Lakeview.

	Lakeview	Bolga Court
Pressure Injuries (PI)	There were six PI reported. There were no reported Stage 3 or 4 PI The rates were slightly higher or comparable to the State-wide High Care Rates.	There were thirteen PI reported There were no reported Stage 3 or 4 PI These rates were slightly higher or comparable to the State-wide High / Low Mixed Rates.

The seriousness of Pressure Injuries has decreased as Pressure Injuries are being recognised earlier, and people identified at risk of a pressure injury are having preventable treatments earlier

### Improvement Actions to Support the Prevention and Management of Pressure Injuries

Actions	Outcomes
Review of documents	Documents reflective of best practice are available for staff at point of care
Education and Training	Access to Webinars. Resources to support Staff education
Equipment	Audits attended. Purchase of Air mattress replacements
Consumer Information	Review of patient bedside information books to include current version of DOH information. Pilot site for DOH Consumer Literacy project for RACF

No. of Incidents	Stages	Definitions
12	Stage 1	Intact skin with non-blanchable redness
9	Stage 2	Partial skin loss and or blister
0	Stage 3	Full thickness tissue loss
0	Stage 4	Full thickness tissue loss, with exposed bone, tendon, or muscle
0	Suspected Deep Tissue Injury	Purple or maroon local area of discoloured intact skin or blood filled blister
0	Unstageable	Full thickness tissue loss, ulcer base covered, therefore extent of wound cannot be determined

### Stage of Pressure Injuries Reported 2014 - 2015



## STAFF FEEDBACK – PEOPLE MATTER SURVEY

Annually Tallangatta Health Service (THS) requests that all staff participate in The People Matter Survey. This survey is managed externally and provides the health service with benchmarked data regarding the employee's perceptions of how the organisation is performing.

This year our response rate of completed questionnaires was 36%, slightly greater than the 35% response rate of all 2015 participating organisations, and an increase on the 20% return rate for THS in 2014.

In 2015 staff members were provided with the opportunity to complete the survey in either hard copy or electronically which may have contributed to the improved return rate as well as an increase in advertising of the survey and the information provided to staff to complete.

Survey results and comparable data from previous years and actions implemented include the following examples:

In 2015 staff indicated they received feedback (formal and informal) on their individual performance = 82%, the state average for this question was 71%.

Overall job satisfaction: Staff indicated a 69% satisfaction rate, a slight increase from the 67% recorded in 2013.

Other areas where THS recorded an increase in satisfaction compared to 2014 included:

	THS Results 2014	THS Results 2015	State Average 2015
<b>Work – Life Balance</b>	<b>56%</b>	<b>67%</b>	<b>70%</b>
<b>Relationship with Manager</b>	<b>69%</b>	<b>73%</b>	<b>76%</b>
<b>Job Security</b>	<b>53%</b>	<b>58%</b>	<b>68%</b>
<b>Employee Benefits</b>	<b>71%</b>	<b>75%</b>	<b>80%</b>
<b>Pay / Remuneration</b>	<b>50%</b>	<b>64%</b>	<b>56%</b>
<b>Opportunities for Development</b>	<b>42%</b>	<b>55%</b>	<b>57%</b>

In 2014 this result was 68%, since that time managers have worked closely with staff to improve compliance. The register for the recording of performance appraisals has been reviewed, with a central location for the recording and monitoring of data. The process now alerts and identifies staff whose appraisals will be due within three months so they can schedule mutually agreeable meeting times with their managers to complete. Monitoring and reporting of compliance is also managed through the monthly Heads of Department meetings, where departments can be benchmarked against others.

Management is driving to be a safety-centered organisation = 91%, this was an improvement on the 2014 response of 88%.

THS promotes to both staff and users of the service a safe environment through various mechanisms such as: the reporting and investigation of adverse and near miss events, trials and purchases of equipment, work practice evaluations, education and training.



Tallangatta Health Service Acute patients are invited to participate in the Victorian Healthcare Experience Survey (VHES). This statewide voluntary survey on people's public healthcare experience provides comparison data against other similar health services and assists in the monitoring of patient satisfaction. This survey is conducted on behalf of the Department of Health. At time of publication THS is awaiting their annual report on this survey. Data submitted from THS has remained below the sufficient sample size and the Department is working with the service to provide further information.

## Distribution

The Quality of Care Report is promoted and distributed in the following ways and locations:

- The Board of Management
- THS Executive and staff
- Ladies Auxiliary & Men's Shed
- All THS public waiting areas and departments
- Provided to all attendees of the Health Service Annual General Meeting
- Public Offices and schools of Tallangatta
- On-line via our Website and Facebook
- Promotion through local newspaper

## Evaluation 2013-2014

An invitation for readers to provide feedback on last year's report was supplied with both hard and electronic copies of the distributed report.

Formal responses were received and included responses such as:

- The report was easy to read
- The length of the report was adequate
- There were no suggestions regarding content or layout for the next report

## Acknowledgements and Feedback

THS would like to take this opportunity to thank staff, consumers, patients, residents, volunteers, families and friends for featuring in and compiling the Quality of Care Report for 2014 – 2015. In particular, consumers who have reviewed the draft report prior to publication and provided feedback.

We value our readers' opinions. Please provide any feedback about this report to Deb Cullen, Quality & Risk Manager by using the evaluation form available within this report or email [debbie.cullen@ths.vic.gov.au](mailto:debbie.cullen@ths.vic.gov.au).

THS is seeking an expression of interest for participants for the Consumer Focus Group. If you are interested please provide your name and address for registration.

*We take this opportunity to thank the members of the Tallangatta Health Service Auxiliary for their valuable input into the care of our community. Their efforts are greatly appreciated!*

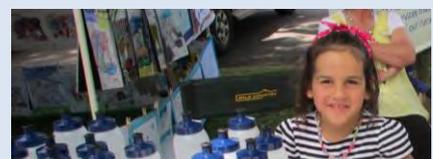


**Right: Physiotherapist Kathie Maloney with THS Auxiliary members Jean Schubert, Judy Cochrane, Louise Coulston, Elaine Ledingham, and Carol Ludbrook with some of the items they have donated throughout the year, including falls prevention equipment and a bariatric chair.**

## Fifties Festival - Health Promotion



**Top: Angela Morrison and Craig Heiner; Above Left: Kristy and Chloe McLeod; Above Right: Katelyn Lord; Below: Katie Gillis – 50's Festival October 2014**







TALLANGATTA HEALTH SERVICE

ABN 3004 387 5294 PO Box 77, Tallangatta, Vic 3700 Ph: 02 6071 5200 Fax: 02 6071 2795 [www.tallangattahealthservice.com.au](http://www.tallangattahealthservice.com.au)