

OUR VISION: To Excel as a Rural Community Health Provider



OUR MISSION: To Provide High Quality and Effective Health Services



# TALLANGATTA HEALTH SERVICE QUALITY ACCOUNT 2016 - 2017



## Highlights during the year



Board Directors dined with Aged Care Residents
Review of Strategic Plan undertaken
Environmentally Sustainable Lighting replacement and upgrade throughout facility
Aboriginal Health Cultural Competency Audit
LGBTI audit undertaken
Activity Centre refurbishment and new consulting room
VMIA* risk management education for Board, Executive, and Team Managers
Child Safe Standards project
PROMPT* Operational Document IT system
Graduate Nurse program
System of food presentation and training for modified textures implemented
Telehealth MOU with Albury Wodonga Health
Permanent GPs appointed
Improved clinical equipment - Pegasus mattress system
Clinical Education unit established
Gerontology Nurse Practitioner appointed
Fire system upgrade – Stage 1
Community Health promotion - Breast Screen bus onsite / School program / Farm Expo
Clinical communication enhancement – Patient Communication Boards
Improved Finance system tools implemented
DHHS* literacy brochures project
“Living Our Values” - Shining Star awards commenced
Medical Centre Accreditation - achieved
OH&S - Hazard of the Month introduced through OH&S committee
OH&S – Boundary fencing continued to enhance safety system
Enhanced garden areas for resident experience
Victorian Workplace Achievement Program Register
People Matter Survey 64% increase in survey participants from last year



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## OUR MISSION: To Provide High Quality and Effective Health Services

### OUR VALUES:

Willingly being Accountable

Valuing People

Achieving Results through Teamwork

Integrity in all we do

Respect for others at all Times

### Who we care for

Situated next to the picturesque Lake Hume foreshore in Tallangatta, our organisation has been providing local health services to the community of western Towong Shire and surrounding communities for over 100 years.





**Board Chair Robert Lees**



**CEO Denise Parry**

## Welcome from the Board Chair and Chief Executive Officer

It is always with pleasure each year that we present on behalf of the Board, Tallangatta Health Service's (THS) Quality Account.

The Quality Account gives us opportunity to highlight the great care we give to our patients, residents and clients delivered in a safe, high quality environment.

In order to deliver great care the culture of the organisation must support it. "Together We Care" was launched this year to promote a positive culture throughout the organisation with staff and those we are caring for. THS has embraced living our values and shining star awards have been given out to over 50 staff, nominated by their peers, for living our values. By living our values the culture is strengthened and supports "person centred care" where respect, integrity, teamwork and valuing people is a priority in an environment of accountability.

Clinical governance has been a high focus area within the health sector in regard to the "Targeting Zero" report in late 2016. This report has made a number of recommendations to improve clinical care and THS is keeping up with the pace in implementing change to meet the new environment.

Person centred care is a focus of our culture and engaging with our residents, patients and clients is important for all staff and our board directors. Collaboration is essential to providing the best possible care; ensuring it is in partnership with those we care for.

Board directors enjoyed a BBQ evening with our residential residents and families in November following an open day of the facility, and again in March shared an "Indoor" BBQ. These events create a wonderful opportunity for residents and their families to meet each other to provide feedback directly to our board directors on our service.

The majority of people we care for are over 65 years of age. Caring often has to have regard to complex needs and varying cognitive ability and this in itself can be challenging. THS has had results that we are proud of and results that we continue to work hard at to improve.

What is very clear in our care is that our staff and volunteers give 100% in providing the best care possible and are always looking at how they can improve care delivered. It is important to thank them for their dedication, and recognise that our great care is a direct result of their commitment to every person they care for. Recognition and acknowledgement of our achievements during this year needs to be shared across all of our staff and volunteers.

Please enjoy reading about our care delivery and we welcome your feedback on this report.

Robert Lees  
Board Chair

Denise Parry  
Chief Executive Officer



**2016 – 2017 Board directors (L to R): Ann Eagle, Robert Lees, Peter Colliccoat, Narelle Klein, Andrew Brown, Bob Currie. Absent: Kim Stewart, Angela Morrison**

## STATE-WIDE PLANNING

### Recognition of our Aboriginal and Torres Strait Islander (ATSI) People

Aboriginal Health is a healthcare focus area for Tallangatta Health Service (THS). In March 2017 THS undertook an Aboriginal Health Cultural Competence (AHCC) audit with key staff and an external facilitator. From this audit an action plan was developed to enable THS to contribute to improving health outcomes for ATSI peoples which forms part of our commitment to Koolin Balit (the Victorian Government’s strategic directions for Aboriginal Health over the next ten years).

THS will progressively work through the AHCC action plan over the next three years. All employees were provided with the plan and given an opportunity to provide feedback.

THS respectfully acknowledges the traditional land owners at ceremonies and openings and this has been included in the agenda template for all meetings since July 2016.

This year we developed an organisation wide email signature that features the ATSI flags and includes a statement acknowledging the traditional owners of the land and recognises their contributions made to our country. THS displays the Acknowledgement of Traditional Owners poster in strategic positions within the organisation.

Tallangatta Health Service key staff members engaged in the development of the AHCC Action Plan with Judy, an external facilitator, in March 2017.



There were two patient admissions to the hospital during 2016 – 2017 who identified as ATSI. This was an increase on the previous year.

## Cultural Diversity

Tallangatta Health Service has had a very small number of individuals who have indicated that English is not their first language. During 2016 – 2017 there were six patients admitted who stated they were not born in Australia, but they did not indicate that they spoke a language other than English, nor did they request an interpreter. As of 30 June 2017, ten percent of our total Residents were born outside of Australia, but all have indicated that they speak and understand English.

The Australian Bureau of Statistics estimates that 2.8% of people living in our catchment area speaks a language other than English. Even though this number is small, THS understands the importance of meeting the needs of citizens who speak a language other than English. An Interpreter and Translations Services process is in place for staff to access which incorporates a Tip Sheet for Working with Interpreters. The Victorian Interpreting and Translation Services is a telephone service which our staff members can also access at any time.

## Diversity in our Community

Tallangatta Health Services recognises that it serves a diverse community made up of individuals from a wide and varied social and cultural background with individual healthcare needs.

The Cultural Diversity Policy has recently been reviewed by a multidisciplinary group with representation from THS staff, community individuals and community groups. The concept of diversity encompasses acceptance and respect which means understanding that each and every individual is unique, with individual differences to be recognised. These differences may be due to race, ethnicity, gender, sexual orientation, socio-economic status, age, physical abilities, religious beliefs, political beliefs, intellect, or other ideologies.

Our policy details strategies to ensure that our services are accessible and responsive to the needs of those who access the health service.

The Leadership team has worked to ensure these needs are met through our Cultural Diversity plan which includes:

- Staff education and training regarding Lesbian, Gay, Bi - sexual, Transgender, and Intersex (LGBTI)
- Hosting an Access and Support worker for the Upper Hume region
- Memorandum of Understanding in place with Mungabareena Aboriginal Corporation
- Becoming a registered provider of services in the National Disability Insurance Scheme (NDIS)
- Person-centred care training

## Child Safe Standards

Victorian organisations that provide services or facilities for children are required by law to implement Child Safe Standards to protect children from harm. We have an obligation to keep children safe from harm and abuse. The standards are a result of recommendations of the Betrayal of Trust inquiry and evidence of what works to prevent child abuse.

The Child Safe Standards aim to:

- promote the safety of children
- prevent child abuse
- ensure organisations and businesses have effective processes in place to respond to and report all allegations of child abuse

Although all children are vulnerable, some children face additional vulnerabilities. The standards provide three overarching principles for organisations to cover:

- the cultural safety of Aboriginal Children
- the cultural safety of children from culturally and/or linguistically diverse backgrounds
- the safety of children with a disability

THS has reviewed the organisational responsibility in relation to these standards and developed strategies. A Child Safe Policy and Procedure are in place and staff who require Working With Children Checks have been identified.

<b>STANDARD 1</b> Governance and Leadership
<b>STANDARD 2</b> Clear Commitment to Child Safety
<b>STANDARD 3</b> Code of Conduct
<b>STANDARD 4</b> Human Resource Practices
<b>STANDARD 5</b> Responding and Reporting
<b>STANDARD 6</b> Risk Management and Mitigation
<b>STANDARD 7</b> Empowering Children

## CONSUMER, CARER AND COMMUNITY PARTICIPATION

### What is the Quality Account?

The purpose of the Quality Account is to provide information about the quality of care; safety systems; and outcomes that are provided by Tallangatta Health Service to our patients, residents and clients. The Victorian Department of Health and Human Services requires all public health services to provide an annual publication for the communities they serve that includes the previous year's safety and quality initiatives. The Department's guidelines also provide details regarding the content of the report.

The aim of the Quality Account is to improve the understanding of and engagement with our community regarding the quality systems, processes and outcomes provided by the service. This report is a key public accountability mechanism by which our health service can:

- Communicate its performance against quality indicators and standards for the community;
- Demonstrate actions and achievements associated with meeting the relevant quality and safety standards.

We value your opinion on this year's Quality Account, so request that you complete the attached feedback form or contact us directly at [THS@ths.vic.gov.au](mailto:THS@ths.vic.gov.au) . Your feedback supports us in ensuring that the Quality Account is valuable to you and the community we serve.

#### Evaluation

What did you our reader tell us about the 2015 – 2016 Quality Account?



- Information – *Easy to read and understand*
- Easy to read – *Magazine format assisted with ease of reading content, length of articles*
- Presentation – *Clear, great pictures, cheerful many happy smiling faces*
- Length of report – *About right*
- Suggested Improvements – *Improved clarity of photos & labelled, to include all departments*

Distribution of the Account is initially to all attendees at the Health Service Annual General Meeting and then is available to all:

- Employees
- Volunteers
- Public areas in the health service such as administration and waiting rooms
- Tallangatta Health partners, such as Towong Shire, library & schools

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

#### Acknowledgements

*Our thanks to patients, residents, volunteers, staff, families and friends for their contributions to the content of this report & allowing us to tell a small part of their journey.*



## Open Board Meetings

The commitment of the Tallangatta Health Service Board to continually engage within the community has seen the Board travel annually to an outer area within the catchment, over the past few years. The Board recognises that distance and the absence of public transport in many of these areas makes it difficult for community members to attend meetings in Tallangatta.

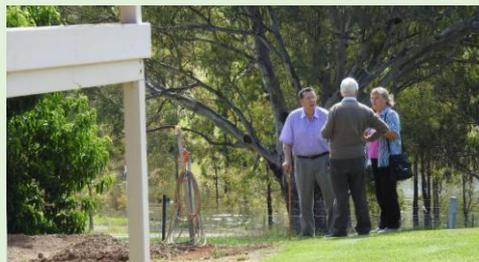
The Board members actively engage with our residents and their families at functions throughout the year such as our Open Days, Christmas in July celebrations and BBQ's. These are also wonderful opportunities for our staff to meet with the Board and provide feedback.

## Inaugural Open Day

Tallangatta Health Service opened its doors to greet the public in November 2016. The Open Day provided a great opportunity for community members to see what THS has to offer, and in particular residential aged care options.

The tour included both Residential Aged Care Facilities Lakeview & Bolga Court providing an opportunity to see some of the planned activities in action such as cooking, bowling, and nail care under the sails. A visit to the Men's shed gave an insight into some of the additional support services that are available on site.

Community members, staff, residents, and their families enjoyed a BBQ in near perfect weather in the courtyard area of Bolga Court. The jovial atmosphere was felt by many, as much chatter and laughter permeated the air. Positive feedback was received from the participants who were able to come and see firsthand what the service had to offer. For many it was the first time they had visited THS.



Below: Cooking for the Open Day BBQ



Above and above left: Visitors taking in the grounds of Bolga Court at the Open Day. Left (centre) and below: Residents and visitors enjoying an evening BBQ on Open Day.



## Consumer Feedback Connecting with our Community



Denise Parry CEO (middle) in discussion with a community member at the Open Board meeting whilst Board member Andrew Brown (right) looks on.

To assist us to evaluate our services; our patients, residents and clients are requested to provide feedback through their various points of contact with the health service. Other opportunities for the community to provide feedback have arisen through events such as our Open Board Meetings and Open Days. Feedback can be submitted electronically via emails, website or Facebook. It can also be through contact with the health service employees or on specific forms located at the various entrances and waiting areas.

The feedback received is distributed to our staff through various mechanisms such as staff meetings, newsletters and noticeboards. A copy of the feedback is also tabled at the monthly Board meeting to ensure they are kept up to date on resulting actions taken. We also provide feedback to our Residents at individual meetings or other avenues such as the "Room with a View" newsletter, and family and friends meetings.

In 2017 – 2018 our Lifestyle Officer will be contacting individuals who have been admitted to one of our Aged Care Facilities through Respite care. This will give us an opportunity to gain insight into their experience and how we can improve our service. All respite clients are provided with feedback forms when they are discharged. As a result of feedback, the following actions were taken:

Issues	Actions
Meals temperature	Dietitian and Catering Team leader attending Family & Friends meeting providing opportunity for direct feedback  Photographs of Catering Team leader and Dietitian published in Resident "Room with a View" newsletter  Increased temperature monitoring did not identify any issues
Room Temperature	Monitoring of air conditioning and heating found inconsistencies that were rectified  Feedback given to resident who was happy with outcome
Bolga Court Bathroom heating	Residents stated bathrooms are cold in winter – individual heaters are being sourced
Medication management – delay in receiving medication	No issue found, although sometimes wait times are experienced due to delays with pathology results by external contractor. THS has followed up this issue with the contractor to alleviate delays

## Patient Feedback

Patients admitted to the Acute ward are invited to participate in a voluntary state-wide, benchmarked Victorian Healthcare Experience Survey (VHES) which gathers data on individual healthcare experiences.

Due to THS having a small number of admitted patients, there is an insufficient sample size for the VHES data to be used by the health service. THS plans to utilise some of the VHES questions in a questionnaire form and undertake patient interviews during 2017 – 2018 as an additional measure to gather feedback on the services provided.

Currently we aim to contact all patients discharged from the Acute ward within 3–5 day post discharge. Telephone calls are made by a Registered Nurse to check on the patients wellbeing and to ensure that they were satisfied with their care whilst in hospital and with any discharge care arrangements that were made. It is also an opportunity for the patients to suggest improvements.

Actions taken to improve the patients experience have included:

Issues	Actions
Menu and meal times	Daily menu and meal times is now displayed Meal times are listed in Patient Bedside Information book
IT access	Computer provided in patient lounge to support patients and families especially with use of My Aged Care Website
Communication with family	Patient communication Boards implemented with documented patient goals Invitation for Family/next of kin to attend Bedside handover with patient consent documented

### Patient feedback was given during post discharge follow-up:

*Happy with all services*

*Very helpful*

*Amazing, everything wonderful*

*Happy with discharge information and brochures provided*



Above: Leanne Gale, Registered Nurse



Above: Maree Peters, Administration Support



Victorian Healthcare Experience Survey

## Volunteers

The volunteers of Tallangatta Health are an integral part of the provision of a continued quality service. We are most appreciative of those who give up their time to assist us and enrich the lives of our Residents.



**Above: Volunteer, Graeme Rayner providing entertainment for our residents.**



**Above and below: Volunteers enjoying the annual volunteer luncheon**



Our Residential Aged Care services has a core group of volunteers who constantly support our residents in a variety of ways. Some have been with us for many years. Because of this they get to know our residents very well and are like an extended family.

These volunteers assist residents in a variety of ways, either in group sessions or individually, such as organising music sessions, reading groups, nail care, gardening or just having a chat. The smile on the faces of many a resident upon their arrival is special for all. As a small token of our appreciation Tallangatta Health Service holds an annual volunteer luncheon during May where the Executive team can be seen serving a wonderful hot meal to our volunteers. This is followed by a presentation of certificates of appreciation, and some light entertainment.

During 2016 – 2017 Volunteers contributed 2,696 hours which is an average of almost 52 hours per week.

That is a great effort!

***“Thank You” to our Volunteers for their kindness and commitment throughout 2016 – 2017***

**Our volunteers were recently surveyed and were asked about their best volunteer experience. Their responses included:**

“The smiles on the faces of the residents when I show up and give a gentle massage around the shoulders”

“Having people enjoy themselves”

“The pleasure of being able to chat with and assist residents on a weekly basis”

Volunteers also support our Meals on Wheels program. During the year they delivered 1,425 meals, which is an average of 27 hot meals being delivered each week.

**Right: Meals On Wheels Volunteer, Lyn Heather, loading the car prior to delivering meals.**

*thank you!*



## QUALITY & SAFETY – CONSUMER & STAFF EXPERIENCE

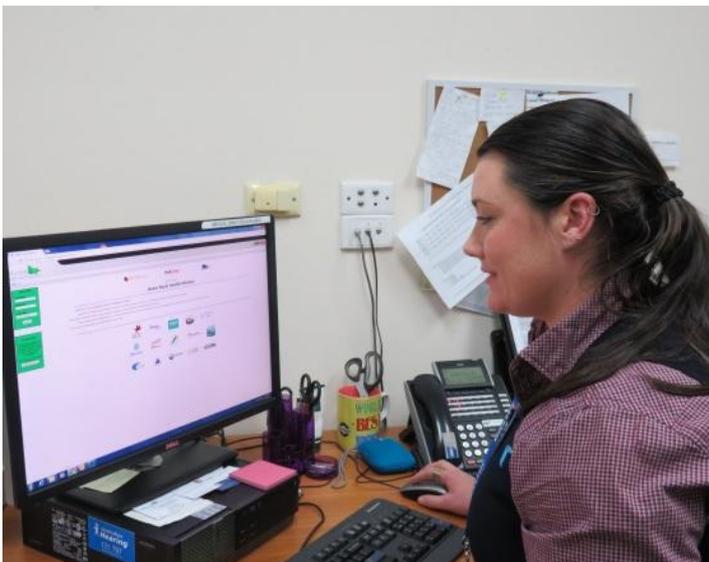
### Incident Reporting

Adverse Events are defined as incidents in which harm resulted to an individual receiving health care. An example of an adverse event may be a fall resulting in injuries, medication errors, skin tears and pressure injuries.

Prevention through timely screening and early identification of the factors that may place individuals at risk is recommended. Effective communication with patients, their families and the multidisciplinary healthcare team is important in preventing an Adverse Event for individuals in care. Tallangatta Health Service is committed to reducing the risk of Adverse Events occurring to their patients, residents and clients.

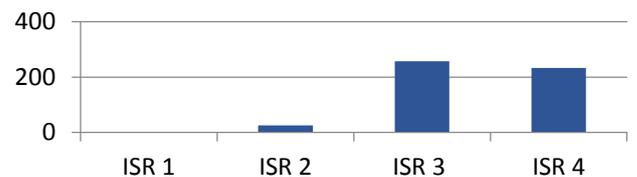
The highest number of incidents reported at THS is slips, trips and falls, followed by medication errors. The team at THS continuously strives to ensure that incidents do not cause harm, with 39% of reported incidents in 2016 – 2017 being non-harm causing.

Most Frequent Incident Events	2016 - 2017	2015 – 2016	2014 – 2015
Falls	153	131	154
Medication	86	56	80
Skin Tears	61	58	57
Pressure Injuries	19	18	13
Aggression and Violence	12	14	26
Wandering Persons	11	8	9
Non Clinical Non Occupational Health & Safety (hazard, equipment and security events)	82	74	62
Occupational Health & Safety	38	43	39



Above: Enrolled Nurse Rosemary Swift working on the VHIMS reporting and reviewing incidents

### Incident Severity Rating 2016 - 2017



Every incident reported is assigned an Incident Severity Rating (ISR), where an ISR of one (1) is the most serious incident type and an ISR four (4) is an incident where no harm occurred or was a 'near miss' event.

Incidents are recorded using the Victorian Health Information Management System (VHIMS) – Riskman. Upon commencement at THS, employees are provided training and resources in the use of this electronic program.

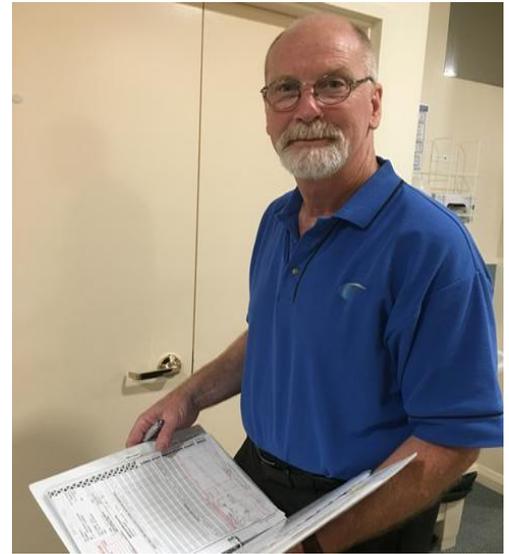
## Acute Care Specific Indicators

### Medication Safety

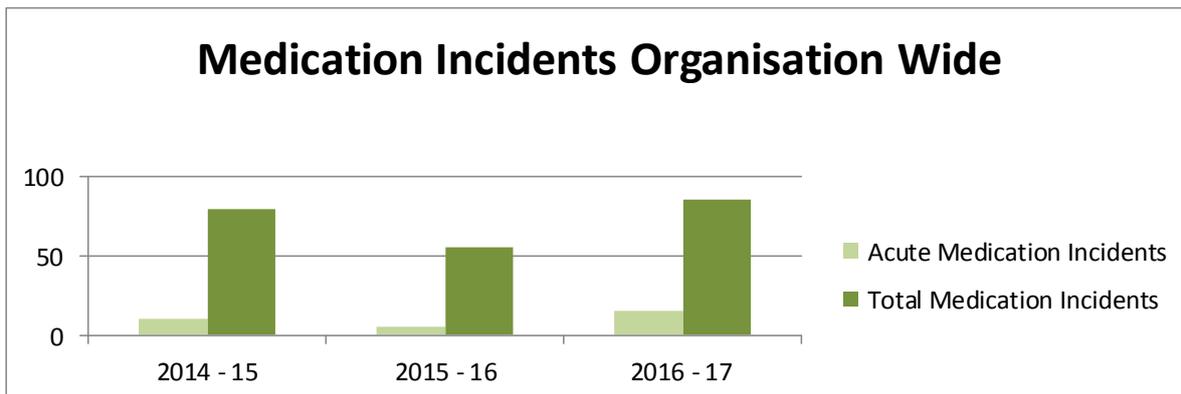
During the past year Tallangatta Health Service has undertaken several new initiatives to improve medication safety for patients which include:

- Training and education for staff
- Provision of new resources
- Implementation of the Medication Management Plan
- Community Pharmacist education to staff
- Monitoring of Resident Medication Management Reviews
- Annual Medication Safety Self-Assessment to provide benchmarked data

The safe and appropriate use of medications to minimise errors is important for the safety of our patients, residents, and clients. Incidents are investigated and actions reported at the multidisciplinary Clinical Review meeting. The increased trend of medication events may be attributed to the increase in patient / resident occupancy and complexity of medical conditions. In addition, increased reporting of medication events has occurred following targeted education for staff of the importance of reporting medication related incidents.



Registered Nurse Grant Hill undertakes a medication chart review



### Preventing and Managing Pressure Injuries

Every patient admitted to Tallangatta Health Service undergoes a skin assessment. This assessment is an evaluation of skin integrity, whether there are any pre-existing injuries and how susceptible they are to pressure areas or skin tears etc. Pressure injuries occur due to unrelieved or constant pressure usually over a bony area; this generally occurs when patients are confined to bed or are elderly. Patients who are deemed high risk will have strategies implemented to decrease their risk of developing pressure injuries or other skin conditions.

The Skin Integrity Working Party provides a forum for multidisciplinary team members to review skin integrity issues. Pressure Injury data from Acute patients is submitted to the Australian Council on Health Care Standards who compare data to other like sized organisations. Patients who are admitted with or acquire a pressure injury are reviewed by the multidisciplinary team which includes our Occupational Therapist and Dietitian. Due to the rate of pressure injuries reported being above our benchmarked group, a review of beds and mattresses was undertaken. New mattresses were purchased, a scheduled mattress replacement program developed, and implementation of a mattress consignment system for those admitted with pressure injuries or deemed to be high risk.

Time Frame	Patients who develop a Pressure Injury - Our Rate	Aggregate Data for Peer Groups
Jul – Dec 2016	0.12%	0.08%
Jan – Jun 2017	0.00%	0.06%

**Preventing Falls and Harm from Falls**

All Acute patients have a falls risk assessment completed upon admission and are rated according to their risk factors. The rate may be low, medium or high depending on factors identified. Depending on the rating, strategies are implemented to assist the patients to maintain independence using mobility aids where indicated, and to reduce the risk of falls. Strategies which may be implemented for patients include:

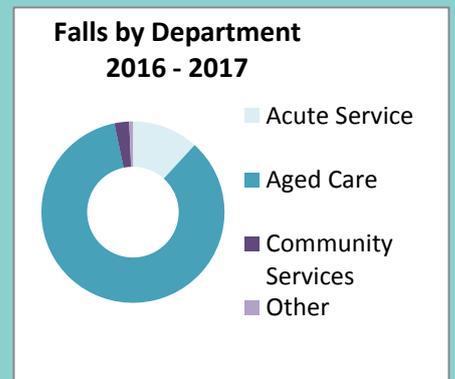
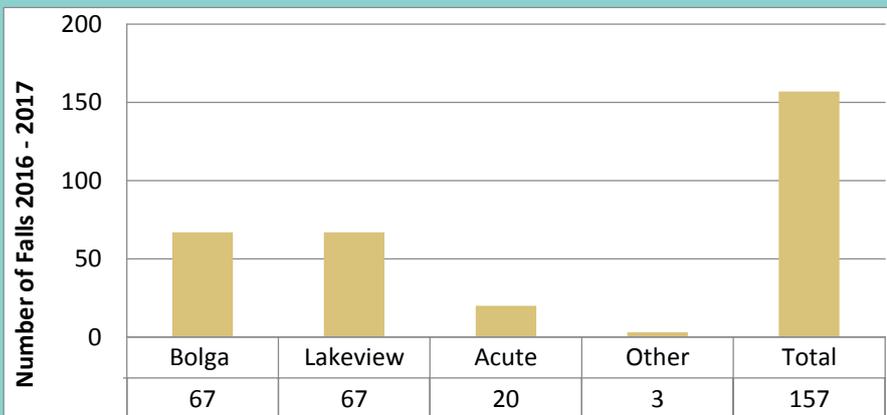
- Use of mobility sensor equipment
- Application of non-slip socks
- Safety checks of mobility equipment
- Assessment for use of hip protectors
- Beds that can be lowered to floor level
- Patient / family consultation, education & consumer information
- Multidisciplinary assessment and reviews by physiotherapist and / or occupational therapist



Catherine Robichaud, Dietitian, and Katie Beal, Occupational Therapist, members of the multidisciplinary team

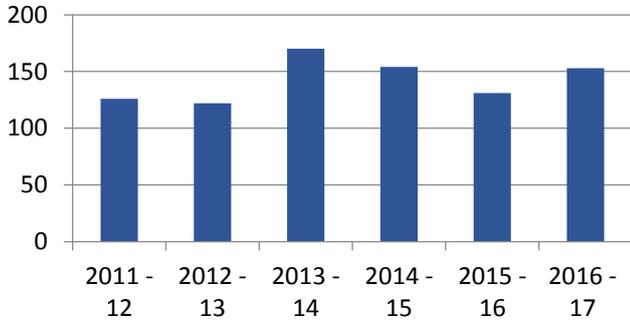
Time Frame	Inpatient Falls Our Rate	Aggregate Data for Peer Groups
Jul 2016 – Dec 2016	0.98%	0.56%
Jan 2017 – Jun 2017	1.04%	0.55%

Time Frame	Inpatient Falls resulting in fracture or closed head injury Our Rate	Aggregate Data for Peer Groups
Jul 2016 – Dec 2016	0.00%	0.01%
Jan 2017 – Jun 2017	0.00%	0.00%



Tallangatta Health Service in partnership with Albury Wodonga Health, Beechworth Health, Upper Murray Health and Community Services, and Alpine Health will be working together on a Clinical Governance project to develop and implement a suite of standardised clinical governance tools and processes during 2017 – 2018 which will support the small rural health services with benchmarking their data.

### Clinical Falls Organisation Wide



Above right: Allied Health Assistant Brodie Barnett performing a safety check on a patient 4 wheel walker

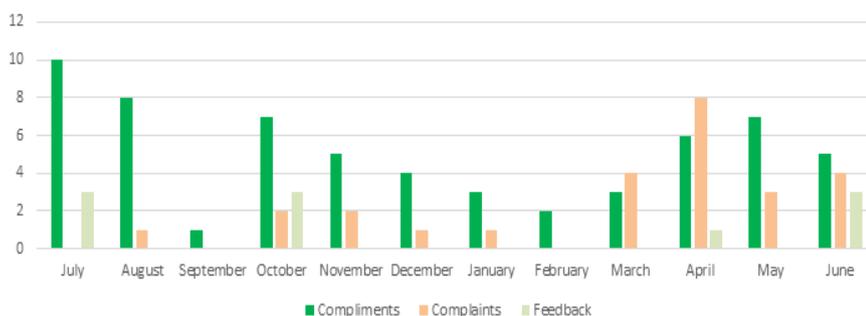
### Feedback and Complaints

Tallangatta Health is pleased to receive any feedback from our patients, residents, consumers or their families. We welcome this feedback as it provides us with an opportunity to review our services. This year we received 61 registered compliments and 26 complaints; with all complaints being closed in a timely manner.

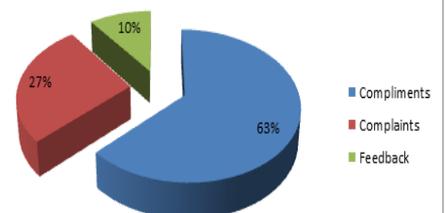
From the complaints we were able to initiate service improvements across the organisation which included:

Complaint	Action
Parking	Improved parking options with designated visitor parking areas and signage
Hospital Vehicles	Larger cars purchased when replacement pool vehicles sourced for the improved comfort of community members and room for walking aids
Medication issues	Implementation of the Medication Management Plan with multidisciplinary consultation including pathology services
Food Services	Review of seasonal menu by dietitian including additional choices offered to clients. Dietitian and Catering Manager attending Residential Aged Care Family & Friends meetings to discuss menu options
Account issues	Implementation of new software package for invoices and accounts that have improved readability for THS clients
Staff manner / behaviour	Provision of staff education on complaint and feedback management and also patient centred care
Privacy concerns	Review of window furnishings and implementation of additional blinds to improve privacy
Access to Women's Health Nurse	Additional days added to this service to cater for demand

Compliments Complaints & Feedback 2016 - 2017



Total Feedback 2016 - 2017



## Residential Aged Care Satisfaction Survey

An internal residential satisfaction survey is undertaken annually. This provides additional opportunities to our residents and their representatives to provide feedback. Comments or suggestions from this survey provide us the opportunity to improve or assess the services that we provide. Some of the comments that were provided include the following:

“Overall the quality of care & services is excellent. Extremely lucky to have the staff and care”

“Family are very happy with the level of care and the attention and compassion shown by staff”

“Lovely place to be with very kind staff. Thank you”

“Mum is very happy and has nothing but praise for the staff”

“The staff are caring in lots of ways”

**TALLANGATTA HEALTH SERVICE (THS)**  
Residential Satisfaction Questionnaire 2016

The Health Service is continually seeking to improve the care and services we provide. This annual survey is one way that we can check that our care and services meets the needs of our Residents and their families. Thank you for taking the time to participate.

**Gender (please circle):** Male Female

**Length of time in Residential Care (please circle):**  
Less than 1yr 1 - 3yrs 4 - 6yrs greater than 7 years

**Who has completed survey (please circle):** Resident Family Carer Other

*Please rate your satisfaction of the following areas by circling the appropriate number:*  
1 - Very dissatisfied  
3 - Moderately satisfied  
5 - Completely satisfied

**1. The staff at THS communicates well with Residents / Families?**

1 very dissatisfied 2 3 4 5 completely satisfied

**2. The staff treat Residents with kindness and respect?**

1 very dissatisfied 2 3 4 5 completely satisfied

**3. We observe that staff work well together?**

1 very dissatisfied 2 3 4 5 completely satisfied

**4. Staff respond to problems in an open manner?**

1 very dissatisfied 2 3 4 5 completely satisfied

**5. Are you satisfied with the cleanliness of your room?**

1 very dissatisfied 2 3 4 5 completely satisfied

**6. Is the Residential Care facility odour free?**

1 very dissatisfied 2 3 4 5 completely satisfied

1



Residents of Bolga Court Above (L-R): Kerry Phillips, Shirley Fisher, Bill Bouker, Bill Austin

## Workforce Feedback

The People Matter Survey is an independent survey undertaken annually which is commissioned by the Victorian Public Sector to measure the satisfaction of staff working within the public sector.

Tallangatta Health Services recognises that the workforce is an important asset and most importantly our employees are advocates for the high safe quality of care provided to our patients, residents and clients.

People Matter Survey Question	2017	2016	2015	2017 Organisation State Wide Comparison
<b>Patient Safety</b>				
Patient care errors are handled appropriately in my work area	93%	90%	91%	76%
This health service does a good job of training new and existing staff	66%	60%	71%	66%
I am encouraged by my colleagues to report any patient safety concerns I may have	95%	87%	100%	84%
The culture in my work area makes it easy to learn from the errors of others	70%	53%	88%	70%
Trainees in my discipline are adequately supervised	80%	60%	71%	65%
My suggestions about patient safety would be acted upon if I expressed them to my manager	82%	73%	78%	78%
Management is driving us to be a safety centred organisation	82%	83%	91%	78%
I would recommend a friend or relative to be treated as a patient here	82%	80%	81%	79%
<b>Supports Diversity</b>				
My organisation fosters an environment where all staff are treated fairly and with respect	80%	53%	N/A	68%
My organisation fosters an environment of inclusiveness	80%	50%	N/A	66%
There is a positive culture within my organisation in relation to employees from varied cultural backgrounds	95%	83%	N/A	83%
Senior managers actively support diversity in the workplace	75%	60%	N/A	70%
<b>Engagement Index</b>				
I would recommend my organisation as a good place to work	81%	68%	65%	72%
I am proud to tell others I work for my organisation	80%	72%	69%	75%
I feel a strong personal attachment to my organisation	76%	70%	67%	71%
My organisation motivates me to help achieve its objectives	73%	63%	62%	68%
My organisation inspires me to do the best in my job	76%	64%	65%	68%
I rarely think about leaving this organisation	68%	50%	N/A	58%



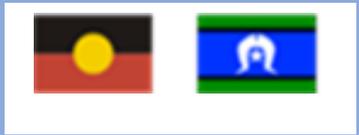
In 2017 there was an increase of 11% in the response rate to the survey compared to the previous year



Staff L to R: Elizabeth Lane, Amy (La Trobe student), Charles Hansen, Karla Lambeth

Focus Area for Improvements	Actions	Status
<u>Public Sector Values</u> <i>Accountability</i>	Senior managers provide a clear strategy and direction	In progress
<u>Employment principles</u> <i>Merit</i>	New employees are recruited on the basis of merit and having the right skills for the position  Position Description reviews to ensure currency  External Human Resource facilitator	In progress
<u>Supporting Measures</u> <i>Job Satisfaction</i> <i>Intention to leave</i> <i>Leading Change</i> <i>Intrinsic Rewards</i>	Shining Stars nominations and certificate presentations  Establish staff Working Party to collaboratively respond to areas of focus and formulate an action plan  Creating feedback loops for key stakeholders	In progress
<u>Diversity and Inclusion</u>	Human Resource policy and procedure reviews to include flexible working arrangements where applicable	In progress
<u>Learning and Development</u>	Ongoing analysis of training and education programs including orientation programs	In progress

## Workforce Profile

	<b>GENDER</b>	86% female 9% male 5% prefer not to say
	<b>WORK HOURS</b>	Full time = 16% Part time = 84%
	<b>TENURE</b>	0 – 5 years = 43% 6 – 10 years = 24% 11 – 20 years = 30% 21 years or more = 3%
	<b>ABORIGINAL / TORRES STRAIT ISLANDER</b>	No staff identified
	<b>AGE</b>	15 – 34 years = 9% 35 – 54 years = 48% 55 + years = 43%
	<b>COUNTRY OF BIRTH</b>	Australia = 95% Overseas = 5%

## Future Workforce

Tallangatta Health partners with many regional education providers such as Universities, and Technical and Further Education Institutes (TAFEs) to provide opportunities for clinical placements for health students. Placements are organised through a clinical placement software program developed by the Department of Health and Human Services in consultation with all clinical and education stakeholders. The students have placements in a variety of areas at THS including residential aged care, acute and subacute care, district nursing services, community services and the Medical Centre.

During the last financial year THS provided placement experience for 40 students across a variety of entry to practice qualifications. Recognising the importance and value that coordinated clinical experience has for the student and staff, coupled with enhancing THS as a preferred placement provider, the health service committed to implementing an education department; a Clinical Support Nurse who provides support to students and staff. In addition, a simulated clinic environment was established where, with support from the Education Coordinator and Simulation Coordinator Department of Rural Health Faculty of Medicine, Dentistry and Health Sciences, The University of Melbourne; and through donations from Albury Wodonga Health and Latrobe University, simulation mannequins were revitalised for use with staff and students in learning events.

Three THS employees have been funded through the Job Victoria Employment Network program to undertake the Certificate IV in Training and Assessment. These employees are now actively engaged with students undertaking placement in both Lakeview and Bolga Court.

Students provided the following feedback results:

90% of the students agreed that the health service provided an adequate orientation program
95% of the students indicated that THS staff welcomed them as a member of the work team
85% indicated that the placement met their learning needs
90% indicated that THS employees were good role models
90% indicated that the placements provided sufficient interactions with patients and clients

**Below: Clinical Educators Lyn Lang and Leanne Gale**



## Gerontology Nurse Practitioner for Residential Aged Care

Gerontology Nurse Practitioner (GNP) Services to our Residential Aged Care Services commenced in January 2017. The purpose of this service is to provide an additional innovative model of care for our residents who require additional assessment and support for their health needs. The service also supports the Resident's Doctor and the other multidisciplinary health care workers within THS. This consultancy service provides an additional resource to assess residents to ensure they are receiving the best of care whilst also providing further onsite education, training and support for staff.

The GNP has linkages to other external support services that can be utilised if identified as being required to support the resident. As a small rural health service, THS is fortunate to have two Nurse Practitioners employed, a Primary Care Nurse Practitioner practicing from the onsite Medical Centre.



**Above: Gerontology Nurse Practitioner Steven Voogt**

## Preventing and Controlling Healthcare Associated Infections

### Hand Hygiene

The most effective and simplest way to prevent passing on infections to others in hospital is to wash your hands. This applies to everyone in the hospital setting; even our visitors are encouraged to wash their hands on entering and leaving. To facilitate this THS has strategically placed hand sanitisers throughout the organisation.

THS monitors the hand washing of staff. An Infection Prevention and Control Coordinator (IPCC) conducts hand hygiene audits to ensure compliance. This result is benchmarked against other organisations and the results are reported to staff, consumers and the Board. The Hand Hygiene benchmark rate is 80% which THS achieves.

### Healthcare Worker Influenza Immunisation

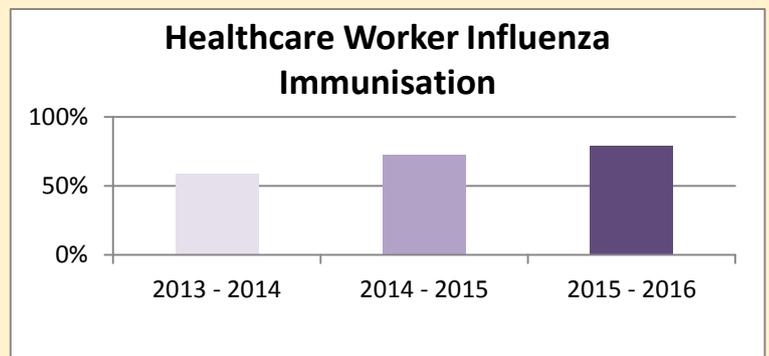
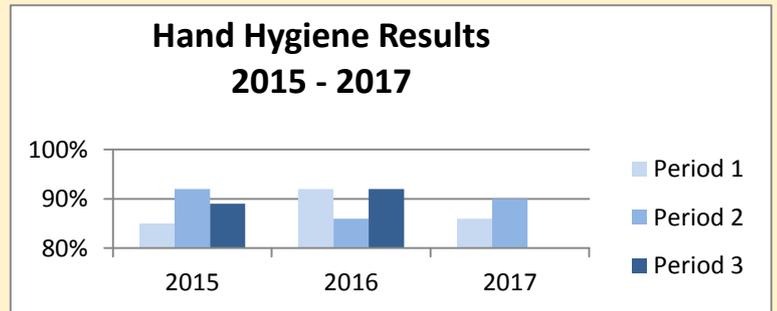
Influenza is very common and very contagious. For most people it results in a few days bed rest, but for others, especially those with medical conditions and/or the elderly, it can cause serious health issues and may even result in death. At THS we not only wish to protect the staff from influenza but ensure the staff do not pass on the virus to the patients or residents who they care for. In 2016 – 2017 79% of health service staff were immunised; this is above the Department of Health and Human Services immunisation guidelines for healthcare workers of 75%. The program was promoted in a variety of ways this year including social media.

### Our Hospital Cleanliness

Every year an external auditor inspects the health service and reviews how clean our facilities are. For 2016 – 2017 our results were equal to or better than previous years. We are happy to report we achieved 93.5%, an excellent result that is only achieved by the great teamwork at THS. Internal audits are also regularly undertaken which ensure this high standard of cleanliness is always maintained. This is a wonderful outcome for our patients.



**Celebrating Antibiotic Awareness week November 2016 (L-R): Cassandra Dowell (Graduate Nurse), David Langmead (Registered Nurse), Judith Penman IPCC**



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### Antimicrobial Stewardship

Tallangatta Health monitors antibiotic use to ensure that the prescription and use is in line with the Australian Therapeutic Guidelines. It is important to monitor the use of antibiotics to ensure that they continue to be effective in the treatment of infections. The inappropriate use of antibiotics may lead to the resistance of antibiotics and cause issues with their use and treatment of infections.

At Tallangatta Health we review antibiotic use in the following ways to limit the possibility of inappropriate use of antibiotics:

- Reporting to the Clinical Review committee
- Education to staff and patients
- Reporting of patients / residents prescribed
- Availability of Therapeutic Guidelines for Staff

Tallangatta Health Service has had zero healthcare associated infections for the 2016 – 2017 period. The specific healthcare associated infections that are reported on are Staphylococcus Aureus Bacteraemia (SAB), Methicillin Resistant Staphylococcus Aureus (MRSA), Clostridium Difficile (CDI), and Vancomycin Resistant Enterococcus (VRE).

## Accreditation

### How Tallangatta Health Service measures up against Australian Standards in Healthcare

Accreditation Frameworks	Applies to Tallangatta Health	Outcomes
<p>The National Safety &amp; Quality Health Service Standards consists of:</p> <ol style="list-style-type: none"> <li>1. Governance for Safety &amp; Quality in Health Service Organisations</li> <li>2. Partnering with Consumers</li> <li>3. Preventing &amp; Controlling Healthcare Associated Infections</li> <li>4. Medication Safety</li> <li>5. Patient Identification &amp; Procedure Matching</li> <li>6. Clinical Handover</li> <li>7. Blood &amp; Blood Products*</li> <li>8. Preventing &amp; Managing Pressure Injuries</li> <li>9. Recognising &amp; Responding to Clinical Deterioration in Acute Health Care</li> <li>10. Preventing Falls &amp; Harm from Falls</li> </ol> <p><i>*Not applicable to THS</i></p>	Organisation wide	<p>Tallangatta Health Service achieved full accreditation in all nine (9) applicable standards in December 2014</p> <p>Self-assessment report submitted November 2016</p> <p>Survey onsite visit due December 2017</p>
Australian Aged Care Quality Agency Accreditation	Residential Aged Care Facilities: Lakeview & Bolga Court	<p>Both Residential Aged Care Facilities were assessed as compliant to the 44 Outcomes and achieved full three year accreditation in August 2015</p> <p>Support visits made in March 2017 to both facilities which were found to be compliant with the standards with no recommendations made</p>
Royal Australian College of General Practitioners	Tallangatta Medical Centre	Three year accreditation achieved in August 2016
Community Care Common Standards Home and Community Care	Home and Community Care Services including community nursing and Planned Activities Groups	Accreditation achieved in December 2014



## Occupational Violence and Aggression

Tallangatta Health Service (THS) is committed to ensuring our workplace is as safe as possible. THS does not tolerate any violence or aggression towards staff in the performance of their duties and will undertake reasonable and practicable steps to eliminate risk where possible and minimise risk that we cannot eliminate. THS is supportive of the initiatives of the Department of Health and Human Services and the Australian Nursing and Midwifery Federation ten point plan to end violence and aggression, and to Worksafe Victoria Preventing and Responding to Work Related Violence.

Occupational violence statistics	2016 - 2017
1. Number of occupational violence incidents reported	10
2. Number of occupational violence incidents reported per 100 FTE	11
3. Percentage of occupational violence incidents resulting in a staff injury, illness or condition	20%



Actions taken to improve staff safety include:

- Governance and leadership from Board and Executive which demonstrates commitment
- Operational documentation review including Emergency Manuals
- Workplace design and security measures assessment and review
- Embed robust incident management systems including fostering a reporting culture
- In June 2017 employees of THS were provided with materials in relation to the campaign to prevent occupational violence and aggression against healthcare workers called: 'It's never OK'. Posters are displayed throughout the THS facility as a reminder to all

**For the purposes of the above statistics the following definitions apply:**

**Occupational violence** - any incident where an employee is abused, threatened or assaulted in circumstances arising out of, or in, the course of their employment.

**Incident** – an event or circumstance that could have resulted in, or did result in, harm to an employee. Incidents of all severity rating must be included. Code Grey reporting is not included, however, if an incident occurs during the course of a planned or unplanned Code Grey, the incident must be included.

**Injury, illness or condition** – This includes all reported harm as a result of the incident, regardless of whether the employee required time off work or submitted a claim.

## Family Violence

In March 2017 THS developed the Family Violence Sensitive Inquiry and Response Policy which is connected to the Department of Health and Human Services – Ending Family Violence; Victoria's Plan for Change. This document outlines how the recommendations will be delivered and how to build a future where all Victorians live free from family violence, and where women and men are treated equally and respectfully.

The policy provides guidance to staff members to provide inclusive high quality care and support services to individuals who have experienced, or who are at risk of experiencing family violence. Staff education and training has also been provided and will be continuing in the new year.



## Residential Aged Care Quality Indicators

The provision of safe high quality care to our Residents of both Lakeview and Bolga Court Residential Aged Care facilities is a privilege. The compassion and commitment of the staff to provide a high level of individualised care to all Residents accommodating their various needs is evident in the various roles they undertake.

Public Service Residential Aged Care Services (PSRACS) report on a suite of clinical indicators which monitor the care we provide and compare us to other like residential aged care facilities. Our results continue to demonstrate that there are areas in which we are doing very well, whilst other indicators provide a challenge given the dependence and care needs of the residents. Through constant monitoring of these indicators, THS is able to take action where needed to improve our resident outcomes.

	Lakeview Nursing Home	Bolga Court
Pressure Injuries	Five pressure injuries reported during the year This rate is comparable to the State-wide High Care Rates.	Eight pressure injuries reported during the year. This rate is comparable to the State-wide High / Low Mixed Rates.
	<u>Improvement Actions include:</u> New equipment, beds and mattresses Mattress consignment system Operational documentation review	Staff education & training New wound charts Multidisciplinary reviews
Falls	There were between 2 – 10 reported falls per quarter; comparable or slightly above the State-wide High Care Rates. There were no fractures related to falls	There were between 0 – 9 reported falls per quarter; which placed us below the State-wide High / Low mixed rates. There were six fractures related to falls.
	<u>Improvement Actions include:</u> Workplace safety audits Falls prevention sensor equipment Use of devices to prevent harm – hip protectors	Equipment checks and audits Operational documentation review Staff education and training
Physical Restraint	No restraints were used for the year. Therefore we are below the state wide rates in all reporting quarters.	No restraints were used for the year. Therefore we are below the state wide rates in all reporting quarters.
Medications	For each quarter we had between 4 – 8 residents prescribed nine or more medications. For three quarters we were below the State-wide High Care Rate	For each quarter we had between 5 – 11 residents prescribed nine or more medications. For each quarter we were below the State-wide High / Low Mixed rates
	<u>Improvement Actions include:</u> Individual Resident Medication reviews Education and training for staff	Medication chart audits Consultation with community pharmacy
Weight Loss	There were seven residents reported over the year with weight loss >3kg, which meant our rates were comparable or below the State-wide High Care Rates.	There were ten residents reported over the year with weight loss > 3kg, which placed us below the State-wide High / Low Care Mixed Rates.
	<u>Improvement Actions include:</u> Resident reviews by Dietitian Resident Satisfaction survey	Monthly weighs Seasonal menu reviews

## Aged Care Quality Indicators Pilot Project

Both Residential Aged Care facilities of Tallangatta Health Service (THS) participated in the pilot program from the Department of Health - National Aged Care Quality Indicator Program Consumer Experience and Quality of Life Pilot survey.

The response rate was very positive and indicated high satisfaction:

Lakeview's average score = 85%

Bolga Court's average score = 93%



Above: Lakeview Resident Keith Delderfield



Above: Lakeview Resident Jacqui Pond



Above: Bolga Court Resident Dorothy Wood with daughter Jenny

## Urgent Care Room

The Urgent Care Room at THS has Telehealth capabilities which are linked to the Albury Wodonga Health – Wodonga Campus Emergency Department.

The staff who work within the Urgent Care Room are provided with ongoing education to assist them to deal with the variety of conditions and injuries that may present. This education is to ensure that the necessary skills and expertise is maintained to provide care requirements to the community who access this service. During 2016 – 2017 there were a total of 56 presentations.



A Memorandum of Understanding was signed at the AGM in November 2016 for Telehealth services between THS and Albury Wodonga Health (AWH).

Above (L-R): Leigh McJames AWH CEO, Angela Morrison THS Board Chair (resigned January 2017), Denise Parry THS CEO.



Above: Elaine Mason, Registered Nurse, with the Telehealth equipment which is used for video links between THS and AWH.

## CONTINUITY OF CARE

### A Resident Journey through our Services



Henry, a 79 year old widow who had been living alone in a regional city since the death of his second wife, was feeling lonely. His two daughters, both busy with their own lives working and living away from Henry, were worried about him. The increasing isolation and his decrease in social activities and accompanying weight loss, was concerning to them all.

Henry himself identified that he was having little interaction with his neighbours and was experiencing difficulty (due to the loss of his driving license) with travelling to the activities that he had taken an interest in since becoming a widow.

Having spent some of his working life living in Tallangatta, Henry had fond memories of the area. With those thoughts in mind, his daughters suggested some respite care; so in March 2017 he was admitted for two weeks to determine if he would enjoy living in a shared and communal setting. He knew about Bolga Court and the wonderful views to Lake Hume, so when a room became available which afforded him those views; "it seemed like too good an opportunity to miss".

Following the period of respite care Henry and his daughters opted for him to become a permanent resident. He feels he has been made to feel welcome with the modules providing a homelike environment for him.



Henry is a keen participant in many of the social activities offered by the Lifestyle and Leisure program such as: cooking classes, Men's Shed, bus drives, Coffee Club, bowling, card games, Garden Club, gym sessions, Travel Club, library visits, and shopping trips.



**Above: Henry participating in the weekly cooking classes with Charles from the Lifestyle & Leisure Team**

Since admission to Bolga Court and over the next few weeks Henry was assessed and reviewed by the THS multidisciplinary team. This was specifically due to his rapid and high weight loss prior to admission and upon assessment of being at a high falls risk.

These assessments included:

- Occupational Therapist
- Optometrist
- Physiotherapist
- Gerontology Nurse Practitioner
- Dentist
- Dietitian
- Diabetes Educator
- General Practitioner
- Podiatrist

From these assessments and with Henry's goals of care in mind, care plans were developed to enable the team to provide high quality safe care for him.

Just as Henry was settling into his new home at Bolga Court and getting some of his "own things around him and feeling life was back on track" he tripped and sustained a fall (during a shopping outing in May) and fractured his hip. He required hospitalisation and surgery at a regional hospital and rehabilitation before he could return to Bolga Court and his regular activities.

With Henry keen to return to Tallangatta as soon as possible he was assessed to see if he was suitable for the Albury Wodonga Health (AWH) Transition Care Program. With this program, care, treatment and rehabilitation could be provided in the Acute ward at THS supported by the allied health team from AWH. Henry was accepted to the program and came along in "leaps and bounds". Soon he was able to return to Bolga Court reuniting with his friends, activities and lifestyle.

Henry has put on weight and is now almost seven kilograms heavier than when he was admitted. He has met his target weight within the last four months. His diabetes has stabilised with his daily blood sugar readings within acceptable levels, and he feels he has much more energy now.

Henry is looking forward to the warmer weather and hopefully an opportunity to sail on the weir, this being one of his passions. He has enthusiastically returned to the Lifestyle and Leisure program and the many options that are provided. "There is something for everybody", he was reported to say.

**Transition Care Program**

A partnership between Tallangatta Health Service and Albury Wodonga Health – Wodonga Campus has led to a very successful program. The program allows 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 between six to ten weeks. For 2016 – 2017 there were 543 bed days utilised for the Transition Care Program.



Above: Henry making a cup of tea



Bottom left & middle: Carpet bowling. Bottom right: Henry in his module. Right: Henry with Susan from the Lifestyle & Leisure Team.



## Advanced Care Planning

Advanced Care planning promotes care planning that is consistent with an individual's goals, values, beliefs and preferences. It prepares the person and others to plan for future health care, for a time when the person may no longer be able to communicate those decisions themselves. There are components of an advance care plan which includes:

- An Advance Care Plan
- Enduring Power of Attorney (Medical Treatment)
- Refusal of Treatment Certificate

Having an advanced care plan can assist families and health professionals know that they are making medical decisions according to your wishes when you can no longer communicate these through becoming seriously ill or having an accident. We assume that we will be able to make decisions when the time comes, but this is not always the case. Having a documented plan in place takes the pressure off everyone and provides a clear direction for all staff members who provide care and management.

On admission to Tallangatta Health we encourage that current Advance Care Plan and Medical Power of Attorney documentation is provided. An Advance Care Planning Information package developed by THS supports those individuals and their families in making informed decisions and choices if they have not yet completed this documentation. The onsite Social Worker can assist if required. In June 2017 all permanent residents of both the Residential Aged Care facilities at THS had a documented advanced care plan.

"Jack", an 82 year old widowed gentleman was diagnosed with an oral cancer in 2016. He had undergone various treatments and surgery prior to his admission to the THS Acute ward. On stabilisation and after trialling Respite care in Residential Aged Care he became a permanent Resident. He really enjoyed the company, activities, socialisation and meals that the Aged Care environment provided. Unfortunately the cancer reappeared and whilst having further treatments, became seriously unwell and was unable to verbalise his wishes. Fortunately he had discussed these plans and wishes with his daughter who was also his Power of Attorney, so his Advanced Care Plan was able to be implemented. He passed away peacefully in his sleep surrounded by family. This story highlights the importance of the communication of your wishes and sharing your Advanced Care Plan.

## Palliative Care

Actions put in place by THS which are essential elements for safe and high quality end of life care:

Clinical care staff reading report & access via staff newsletter

Review of Deterioration and Escalation of Care Policy and Procedure

Amendments to the Observation and Response chart

Tallangatta Health Service provides palliative care in the Acute setting, residential aged care facilities and in the community through our District Nursing Service. Palliative clients are able to move seamlessly between these departments in response to their care needs.

The Palliative approach at THS is focused on:

- improving the quality of life for those with life limiting illnesses
- spiritual and psychosocial support
- providing relief from pain and other distressing symptoms
- offering support systems to help people live actively as possible until death
- offering bereavement support

A multidisciplinary team approach, which includes the client, family, medical officer, nursing staff, allied health, specialist palliative care services and volunteers all support the delivery of care for the palliative patient.

THS ongoing actions in this area include:

- End of Life care pathways to be implemented
- Review of Palliative Care policy
- Ongoing Education and Training for staff



## Food Services

The menus for Tallangatta Health Service (THS) are developed using National Guidelines with input from the multidisciplinary Health Service Team including our Dietitian Catherine Robichaud, Environmental Services and Catering Coordinator Emma Nankervis, and in conjunction with our Residents and their families. Currently the team is busy reviewing the new spring / summer menu which incorporates seasonal produce.

In 2016 our Residents gave feedback about our food services:

November 2016 Residential Food Survey	
I receive enough food	100%
The staff who provide meal service friendly	100%
The meals are served at times that are suitable	100%
The hot foods are just the right temperature	100%
I am able to choose the size of my meal	80%
I can season the food to my taste	80%
The meals taste nice	80%
I like the amount of food choice that I have	60%
Overall how would you rate your satisfaction with the food service	100%

### Actions implemented from the survey have included:

Residents can select the menu choice or an alternative that is offered at each meal

Menu cycle is every five weeks which reduces meal repetition

Seasonal variation of vegetables

Increased variation to dinner desserts

THS undergoes an annual external food safety audit to ensure that we comply with the food safety program and have an adequate food safety program. THS met all required criteria of this annual audit with no recommendations.

The Nutrition and Hydration Policy was reviewed in September 2016. This document provides a guide to staff on when to refer to a Dietitian and aims to prevent any further decline of the Residents' nutritional status. This is to prevent adverse outcomes associated with poor nutritional status such as the risk of infections, pressure injuries, muscle loss and subsequent functional decline.



Above: Dietitian Catherine Robichaud



Above: A texture modified meal using pureed food moulded into food shapes to resemble individual meat and vegetable serves

**DAA**  
Dietitians Association of Australia

### Australian Standards for Texture Modified Foods and Fluids

Speech Pathology Australia  
giving people a say in life

The provision of thickened fluids and texture modified foods is a routine part of the assessment and management of feeding and swallowing difficulties (dysphagia).  
If you need assistance with the level of fluid and food texture modification required, contact your Speech Pathologist.  
To find a Speech Pathologist, go to [www.speechpathologyaustralia.org.au](http://www.speechpathologyaustralia.org.au)  
If you require support to determine whether a textured modified diet is meeting nutrition and hydration needs, contact your dietitian.  
To find an Accredited Practising Dietitian (APD), go to [www.diaa.asn.au](http://www.diaa.asn.au)  
Please contact Novartis on 1800 671 628 or visit [www.novartisnutrition.com.au](http://www.novartisnutrition.com.au) for further information or for copies of this poster.

	Mildly Thick Level 150	Moderately Thick Level 400	Extremely Thick Level 900
<b>Fluid</b>	<p>Fluid runs freely off the spoon but leaves a mild coating on the spoon.</p>	<p>Fluid slowly drips in drips off the end of the spoon.</p>	<p>Fluid sits on the spoon and does not flow off it.</p>
<b>Food</b>	<p><b>Texture A Soft</b> Food may be naturally soft or may be cooked or cut to alter its texture.</p>	<p><b>Texture B Minced and Moist</b> Food is soft, moist and easily crushed with a fork; lumps are smooth and rounded.</p>	<p><b>Texture C Smooth Pureed</b> Food is smooth, moist and lump free; may have a grainy quality.</p>

The nutritional and hydration needs of residents and patients are assessed upon admission and a documented diet sheet completed. Patients and residents are offered a varied, well-balanced diet that takes into consideration their individual choices, texture requirements and special dietary requirements. Earlier in the year, special food moulds were purchased so texture modified and pureed foods could be presented in a more appetising way to increase visual appeal and stimulate appetite.

## Planned Activity Groups



Above and Below: Christmas in July enjoyed at Eskdale



Another busy year of programs has been enjoyed by participants of the Planned Activity Groups (PAG). Each Thursday, the Mixed Community Group (MCG) meet at the Activity Centre to enjoy craft or activities. Another three Tallangatta Health PAG's operate in various outreach locations located at Eskdale, Bethanga/Bellbridge and a roving group for Granya and Tallangatta Valley.

The PAG members plan their own activities and outings. During the year the groups enjoy a variety of activities from crafts, quizzes, games and music. Presentations and education sessions on topics that are of interest to the group's members are also scheduled.

Group members plan the monthly day excursions. The variety of destinations is enjoyed by all.

The Eskdale PAG, who meet each Tuesday, enjoyed an information session on Nepal which led to many members now knitting beanies to be distributed to disadvantaged babies and children of that country.

Bottom Left: Beanies for Nepal; Bottom Right: Results of a card making day



Above and Below: Local Spring Garden Tour







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)