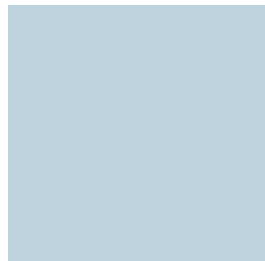




MACEDON RANGES HEALTH PROVIDERS Quality of Care Report 2009



The provision of quality services is enhanced when organisations work together. The Health Services in the Macedon Ranges work hard to deliver the best possible services to their communities.





We are proud to present the Macedon Ranges Health Providers Quality of Care Report 2009 – a joint report from Cobaw Community Health, Kyneton District Health Service, Macedon Ranges Health Services and Macedon Ranges Shire Council to our local community.

This is our opportunity to report back to the community about the safety and quality of our services and our ongoing commitment to improving our services in response to community feedback and emerging needs.

All our Health Services highly value and encourage the participation of clients, residents and carers in reviewing and developing our programs and services. There is a range of opportunities for stakeholders at all levels to contribute to improving the quality of our services.

We acknowledge the traditional owners of the land on which we live and work, the Dja Dja Wrung and Wurundjeri people of the Kulin Nation, and pay our respects to their elders.



Health providers in the Macedon Ranges work together to help people get easy access to our services and, when needed, make a smooth transition from one service type to another. This “continuity of care” planning places the client at the centre of the planning process, and involvement by the client and their carers in setting up services is essential.

Why is good continuity of care planning important? It:

- *Contributes to service quality*
- *Increases client, carer and service provider satisfaction*
- *Ensures that service duplications are avoided and resources are effectively used*

CASE STUDY

Sarah’s story illustrates how a family can access a range of services during the challenging time of new parenthood.

Sarah recently moved to the Macedon Ranges, leaving her family and extended support networks overseas. Sarah and her partner were expecting their second child and adjusting to life in a new country. Sarah attended the Kyneton District Health Service for antenatal support, and her daughter was born at the Kyneton Hospital. With post partum complications Sarah needed to return to hospital for some medical treatment, and during this time was identified as showing the signs of post natal depression. In the first instance Sarah was supported by her local GP.

A range of support services were also put in place, including regular home visits by the Maternal and Child Health and the Enhanced Outreach programs offered by Macedon Ranges Shire Council. Sarah was also linked with a counsellor at Macedon Ranges Health Services for one on one support and to join in a weekly support group for women with post natal depression.

Practical support was offered though Council’s Home and Community Care, and Sarah also joined the Parent Buddy Program run by Cobaw Community Health, being matched with a volunteer home visitor for support and friendship.

Sarah continued to experience post natal depression, so a referral was made by her GP to Oliver House Community Mental Health Service in Kyneton. She spent some time in a Mother and Baby Unit in Melbourne where she received more intensive support and maintained contact with some of her supports from the Macedon Ranges Shire. Sarah found her stay very beneficial and returned home continuing to access her established support networks.

Sarah describes her experience of the service system in very positive terms, supporting her through a range of challenging transitions in her life. “Thanks to all of you (support staff) and the services provided around the area. I found support, care, friendship, comfort and a lot more.”

MACEDON RANGES HEALTH REPRESENTATIVES



L to R: Jennifer Gale, CEO Kyneton District Health Service; Lisa Delaney, EO Central Victorian Health Alliance; Andrew Beattie, CEO Macedon Ranges Health Service; Tracey Hynes, Director of Nursing Kyneton District Health Service; Alan Taylor, CEO Cobaw Community Health; Susan Glasgow, Senior Manager Cobaw Community Health; Lorraine Beyer, Social Planner Macedon Ranges Shire Council.

COBAW COMMUNITY HEALTH

CONSUMER, CARER, COMMUNITY PARTICIPATION

Telling us what you think

In the last 12 months Cobaw Community Health (CCH) has undertaken a comprehensive review of our consumer feedback and participation policy and practice guidelines to make it easier for community members to let us know about their experiences. Practical changes have included the development of a simple feedback form given to all clients and an increase in staff actively seeking and recording client feedback.

Family Day Care responds to consumer feedback

Consistent feedback was received from families using CCH's Family Day Care service regarding the fee structure and payment options available. Families told us that they felt the administration levy charged for childcare could be structured in proportion to the number of hours of care being accessed rather than a weekly flat rate. Families also said they would like the option of being able to pay their fees using internet banking. As a result of this feedback, both of these changes were made and now 75% of all families use internet banking and direct deposit for payment.

FEEDBACK...

"My old friends can't believe how much I've changed since being involved in the Parent Buddy Home Visiting Program. They say I'm so much more active and confident and caring. I now have a dog which I walk every day and have joined the gym. My mental health has never been so good. I am stable and out in the community, which I never thought would happen. I am really enjoying my new friends. My Cobaw volunteer caring for me taught me to open up and care for others."

Parent involved in the Parent Buddies, Volunteer Home Visiting Program

Focus Groups

Focus groups are another way CCH listens to consumer feedback and adapts our services in response. The Planned Activity Group Program (PAG) offers activities and social support to anyone who is frail aged or has a disability. Each group within the PAG Program participates in a feedback and planning session twice a year. These discussions give us ideas for improvements and also involve program participants in the planning of their own group activities.

Volunteers

CCH Volunteers contribute to the services we provide in a broad range of ways and provide valuable skills, time and community links to the agency. In 2008/09 CCH had 63 registered volunteers participating in the Planned Activity Group Program, Men's Shed, Community Garden, Parent Buddies, Administration, Walking Group coordination and the Community Based VCAL (Victorian Certificate of Applied Learning) Program.



Right: The Cobaw Thursday Walkers enjoy a weekly walk together fostering physical health and social connections.

Below: The Men's Shed is open to men of all ages and provides a friendly environment for men to do woodworking and socialise.



QUALITY AND SAFETY

Working to continuously improve our services

This year CCH developed a Quality Improvement Workplan based on suggested areas for continuous improvement which were identified in the last accreditation process. Achievements against this workplan are highlighted in this report.

Accreditation

CCH is accredited with Quality Improvement and Community Services Accreditation (QICSA) and is accredited for a three year period from 2007–2010.

Improving service access

In response to the need to provide a more positive experience for clients contacting CCH for information and services, a new service access system has been implemented over the last 12 months. What does this mean for our clients? A single point of contact offering information and support to ensure people are accessing the services that will meet their needs – whether they be within CCH or through other community services.

Enhancing practice

In 2009 CCH revised our organisational processes to ensure all staff (new and current) are suitably qualified, skilled and experienced to carry out their designated role. We make annual checks on professional registrations and undertake professional development activities.



PAG participants show off their activities calendar – an initiative that helps clients keep track of upcoming activities and is delightfully illustrated by volunteer Daisy Williams.

Maximising client safety and minimising risks

Over the past 12 months CCH has been developing a more comprehensive system to identify and manage risks to our clients. We have adapted practices to minimise the likelihood of adverse events and have implemented a risk management framework and software package to help ensure we are addressing clinical risks and meeting legislative requirements. The implementation of the “Best Interest of the Child” Framework is an example of work undertaken by CCH in our service provision to families. Through the revision of the initial engagement process with families, issues impacting on the safety, stability and development of children are identified and supportive strategies are developed in collaboration with the family.

Infection control

CCH introduced the use of alcohol based hand wash across all service sites in 2008/09.

In response to the H1N1 (Swine Flu) outbreak in Victoria, CCH responded in a timely manner to ensure service users were well informed and the spread of the virus minimised through actions including:

- Regularly updating Family Day Care families and carers
- Adhering to the Department of Human Services recommended practices and procedures in our work with clients
- Reminding our staff about recommended protective measures.

Since commencing the Cobaw Community Health Children’s Clinic has provided a service to 68 children.



Responding to emerging service needs

This year CCH responded to a recognised gap in services for children in the Macedon Ranges by launching a new initiative called the Children’s Clinic. CCH employed new allied health staff with paediatric expertise. As a result we are now able to offer a multidisciplinary allied health service for children with developmental needs in the Macedon Ranges. Families appreciate the accessibility and convenience of a streamlined public funded health service close to home. Since its commencement the Children’s Clinic served 68 children.

CONSUMER, CARER, COMMUNITY PARTICIPATION

Community Focus Group

As the result of an initiative driven by the Community Focus Group at Kyneton District Health Service (KDHS), “emergency packs” for patients have been introduced. These packs contain items such as tooth brush, toothpaste and soap, and are provided free of charge by the RSL. The Community Focus Group also provides us with valuable feedback about proposed new information sheets and brochures, such as this Quality of Care Report. Throughout the year they also reviewed four patient information brochures.

QI

Health Promotion

For the first time, we launched a formalised health promotion program. Health issues targeted this year included:

- Coeliac Awareness Week
- Go Red for Women
- National Families Week
- Men’s Health Week
- Drug Action Week
- Are You Feeding Your Bones?
- Continence Awareness Week
- National Glaucoma Week
- National Reconciliation Week
- JuEYE

Volunteers

The five pastoral volunteers have been very busy this year and visited over 10 new clients. The volunteers provide assistance if required or just to have a chat over a game of cards. The volunteers have also participated in two education sessions during the year.

QI

Managing Complaints

At KDHS we welcome complaints as they give us a valuable opportunity to improve our service. Of the 24 complaints received this year, 17 related to communication. All the complaints have been investigated, acted upon as required, and closed. One example of a major improvement arising from a complaint was the introduction of a Gastroscopy Patient Information Brochure.

QUALITY AND SAFETY

QI

Sentinel Event

Sentinel Events are relatively infrequent, clear-cut events that occur independently of a patient’s condition and commonly reflect hospital systems and process deficiencies; and result in unnecessary outcomes for patients (DHS 2009).

In 2008 KDHS had one sentinel event. This event provided us with the opportunity to fully review how we manage palliative care patients who may regularly come into hospital and then return home with nursing support. As a result we have significantly altered how we manage our palliative care clients.

Three community representatives along with Palliative Care Specialists, General Practitioners, other community partners and KDHS staff reviewed the current model of palliative care to identify areas of improvement.

In April 2009 we introduced the new model of palliative care, much like our maternity services. The client is cared for by a nominated nurse from the Palliative Care team who is responsible for managing the direction of care if the client needs admission to hospital.

This new model of palliative care has improved communication between the client, doctors, family and all members of the care team. So far 13 clients and their families have received care within the new model.

Clinical Governance

Clinical Governance is a term used to describe a systematic approach to maintaining and improving the quality and safety of client care. KDHS Quality and Clinical Risk Committee is focused on improving client and patient care. This is a sub-committee of the Board and receives reports from a number of hospital groups such as the Clinical Practice Forum (CPF).

The CPF provides a consultative forum for clinicians that effectively reviews the provision of clinical practice with particular reference to risk management and evidence based practice. During the year 32 policies, guidelines and standing orders were ratified.

Credentialling

Our Credentialling and Scope of Practice Committee oversees the range of clinical services and procedures that can be provided safely within the hospital. They also ensure all staff at KDHS are fully qualified and hold the appropriate qualifications for their position. Medical and Nursing Board memberships are updated annually.

Infection control

Victorian Public Hospitals have been involved in a statewide hand hygiene project since 2004. KDHS continues to audit the hand hygiene compliance amongst staff and there has been an improvement on each audit occasion.

We compare and submit data to DHS on a number of Infection Control events. One of these is the occurrence of ‘occupational exposure’ blood or body fluids. Recent benchmark reports reveal that KDHS has a very high cumulative incidence of exposures (calculated using “occupied bed days”) when compared to other hospitals in the state. As a result there have been changes to processes, education and counselling of staff. Statistics for July to September show there is already a lower incidence of exposures as a result.

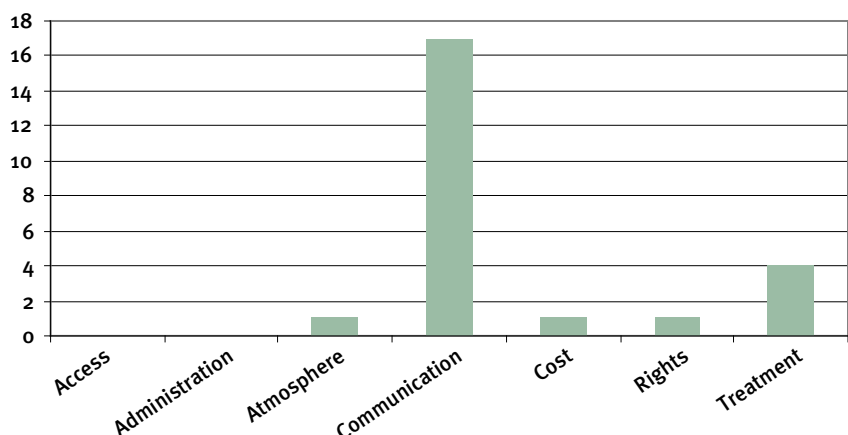
Accreditation

KDHS is fully accredited with the following agencies:

- Australian Council on Healthcare Standards (ACHS)
- Aged Care Standards Accreditation Agency (ACSAA)
- Baby Friendly Hospital Initiative (BFHI)
- Home and Community Care (HACC)

Complaints July 2008–June 2009

n = 24





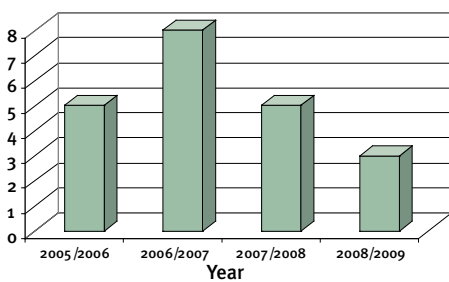
Nurse tending to dialysis patient

Pressure Wound Monitoring and Prevention

The number of stage one pressure ulcers for patients at the hospital has reduced from five last year to three this year. This has been assisted by the introduction of a pressure ulcer risk assessment, called the Waterlow Scale, for each patient.

Our staff use an online self-directed learning package to expand and update their knowledge of pressure wounds and the impact they have on patients, carers and the health system. The significance of assessing pressure ulcer risk and the importance of using an assessment tool is reinforced.

Pressure Ulcers



QI

Drug of the Month

In order to improve patient safety by educating nursing staff about different medications, the pharmacist has introduced a 'drug of the month' program. Different drugs are targeted each month, with information being placed on notice boards and in the Quality newsletter. In addition, the pharmacist provides information sessions for the nursing staff, for example at shift handover time.

Drugs chosen to be drug of the month are either new drugs or those that have been shown to be causing significant issues for nursing staff. Recent drugs targeted include Tramadol, Tamiflu, and Buprenorphine

Risk Management

During 2008/09 KDHS introduced a new Risk Framework to better reflect the way risk is managed through the organisation. Staff take a leadership role in ensuring risk management is embedded in every facet of our service.

KDHS is moving to a computer based incident reporting system "Riskman". This new system will provide better reporting and analysis of data. This system is used widely in Victorian hospitals and will allow us to benchmark against other hospitals

Hospital staff using slide sheets to transfer a patient from bed to trolley.

Falls

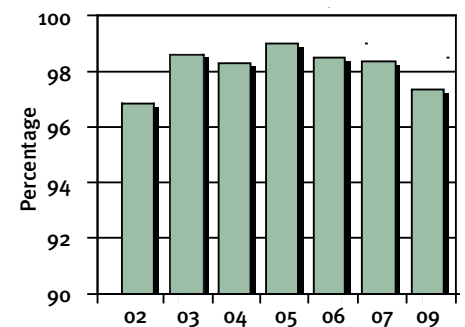
We now have 17 Low-Low beds in Aged Care which has helped reduce the number of falls occurring. With the increasing age of people admitted to our acute area, beds are gradually being replaced with Low-Low beds as they become due for replacement.

Year	Occurrences of Service	Total Falls	Serious Injury
05/06	3450	147	Nil
06/07	4332	155	1
07/08	4668	112	Nil
08/09	4574	103	Nil

Cleaning Audits

Cleaning standards remain very high at KDHS with an external audit score of 97% in 2008/09. The required standard is a score greater than 85%.

Results of Cleaning Audits 2002-2009



Environmental Social Governance (ESG)

Our understanding of environmental governance is continually improving at KDHS. This year we introduced a range of energy management initiatives including solar power and rainwater harvesting.

The environmental impact of operational decisions and processes is evaluated at the planning stage. By maintaining systems at optimum levels and regularly monitoring our environmental performance, we have been able to reduce energy consumption.

Rainwater harvesting and water recycling has also reduced our demand on the town water supply by 50%. Our laundry washes via an Ozone system using 100% recycled cold water, which has proved to be a great success and a benchmark for other facilities.

QI

Chronic and Complex Care Planning

A weekly multidisciplinary Chronic and Complex Care meeting began in January 2009. The meeting focuses on people with complex needs, to ensure all aspects of their care is addressed and to enable a smooth transition when they are discharged from hospital. Feedback is also provided to the responsible GP.

We will review this initiative in August and hope to find it has reduced the number of people who needed readmission to hospital.

QI

Surgery

During the past 12 months, KDHS has increased the number of patients who have a preadmission check, either by telephone or in person at one of our clinics from 10% to 80%. The clinics are held in Kyneton, Gisborne and Bendigo.

Assessing people before they come for surgery decreases the likelihood of anything untoward happening. The improvements from the clinic include a reduction in the number of patients cancelled on day of surgery due to a pre-existing medical condition. A major benefit to the patients is the improvement in their understanding of their surgery and their recovery.

Approximately 85% of patients undergoing surgery at KDHS are day surgery patients, so minimizing the after effects of an anaesthetic is extremely important. This year we purchased an anaesthetic monitor which is equipped with Entropy monitoring. This constantly monitors brain waves to measure the level of the anaesthetic required and allows the anaesthetist to finely adjust drug doses. This technology allows for drug doses to be tailored for each patient and means less side effects and less time required to recover in hospital.

MATERNITY SERVICES

2009 has seen the expansion of the Team Midwifery model of care to include all women birthing at KDHS.

We have aligned our maternity service within the DHS Statewide Framework for Maternity Services across Victoria. Within this framework we are a low risk birthing service. While 134 women birthed here a further 60 women required a higher level of care birthing. These women still received their antenatal and post natal care at KDHS. Working within the framework has seen a reduction in newborns being transferred to special care or intensive care nurseries.

QI = Quality Improvement

CASE STUDY

Medication Incidents

For the financial year there were 39 incidents involving medications at KDHS. Of these, ten incidents occurred on the Acute Ward, one in Midwifery, two in Theatre, one in Accident and Emergency, 22 in Thomas Hogan and three were reported by Outreach staff. All medication incidents are reported to the Medication Advisory Committee and then to Quality and Clinical Risk Committee.

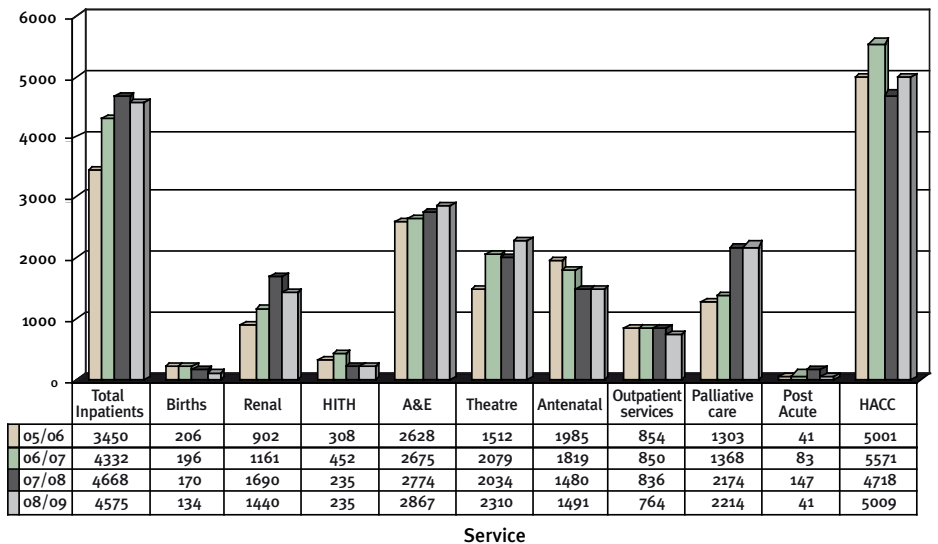
A trend analysis of medication incidents in Thomas Hogan Aged Care showed seven out of 22 incidents (32%) involved analgesic patches. Most of these were due to staff being unable to locate the patch on the resident at the time it was due to be changed. In one case two patches were found on the resident, the current patch plus the previous one that had not been removed.

To correct this issue we started by looking at how other facilities were addressing the problem, and realised everyone had the same issues and were looking for a solution! The improvement process we implemented included the following actions:

- The Medication Advisory Committee introduced Patch Administration Record Forms hospital-wide, and developed Clinical Practice Guidelines to support their use.
- The Hospital Pharmacist delivered education on appropriate application of analgesic patches and the use of the Administration Record Forms to staff in Thomas Hogan, the Acute ward, and Outreach.
- Analgesic patches were the focus of our first 'Drug of the Month' promotion to staff, which was also published in the Quality Newsletter.
- Ancillary staff were asked to tell nursing staff if they found any patches amongst bedding or on the floor, so they could be accounted for and disposed of properly, as per legal requirements.

Unfortunately patches still fall off, but we have narrowed down the time interval for which the patient may not be receiving the transdermal dose of medication. Patches are now accounted for and recorded daily, instead of every three days or every seven days, depending on the type of patch. Accountability for removal and disposal of the used patches is also now documented. Ancillary staff are aware of the issue and have been most helpful in tracking down the missing patches.

KDHS Activity Statistics



Maternity Performance Indicators 2007–2008

MATERNITY PERFORMANCE INDICATOR	STATEWIDE RATE/AVERAGE	KYNETON DISTRICT HEALTH SERVICE
Rate of women referred to postnatal domiciliary care or Hospital-in-the-Home	89.9%	97.00%
Rate of women offered appropriate interventions in relation to smoking (Ask/Assess/Advice/Assist)	89.8%	100.0%
Rate of women offered appropriate interventions in relation to smoking (Ask again)	98.8%	100.0%
Number of WHO ten Steps to Successful Breastfeeding achieved	9/10	10/10
Rate of women who wait more than 30 minutes for hospital antenatal clinic services	10.9%	5.3%

CONSUMER, CARER, COMMUNITY PARTICIPATION

Surveys

Macedon Ranges Health Services (MRHS) conducts a range of surveys to determine the level of client satisfaction with our services. Community Health clients are offered the opportunity to complete a satisfaction survey after each episode of care. In addition, residents of The Oaks Nursing Home and The Elms Hostel or their representatives can contribute to surveys about a variety of issues that can impact on them.

Opportunity for Improvement

Opportunity for Improvement (OFI) forms are available throughout MRHS facilities to provide everyone with an opportunity to make a comment, complaint or suggestion – or to compliment the services received. The OFI system has proved to be a wonderful mechanism for driving quality improvements across the service. During the 2008/09 financial year, a total of 728 OFIs were received and acted upon.

Managing complaints

MRHS has a commitment to open and transparent action in relation to client or resident complaints and we view all feedback as an opportunity to review and improve our service delivery.

- Complaints are documented and recorded for investigation by a senior manager.
- The results of complaint investigations are reviewed to see whether improvements can be made.
- Feedback is provided to all complainants.

In 2008/09 MRHS received and responded to 44 complaints.

Client assessment

MRHS provides regular opportunities for clients and carers to be involved in ongoing client assessment processes. During the year a new client service planning tool was introduced for all Community Health services.

“I have enjoyed my stay at The Elms very much and would like to come back again either permanent or otherwise when available. All the staff were wonderful”

Respite client, The Elms Hostel, MRHS

A further opportunity for involvement is provided to clients of the Lifestyle Enhancement Program and their carers to participate in an annual client assessment. This ensures that feedback is received and acted upon.

Program evaluation

Programs offered by MRHS are evaluated and reviewed to ensure that they continue to meet client needs. For example:

- All clients of the Heartsmart Cardiac Rehabilitation Program are asked to complete a thorough evaluation at the end of the six week program.
- Community Club clients of the Lifestyle Enhancement Program participate in monthly program evaluation and planning to ensure the programs continue to meet their needs and cater for specific interests.

Collaboration

MRHS works collaboratively with other agencies in joint planning and delivery of programs to meet the needs of our population. During 2008/09 this collaboration has included:

- Provision of the Youthinc Youth Alcohol Diversion Program for young people in both Gisborne and Kyneton, in collaboration with CCH.
- The development of the Live Well, Be Well, Stay Well, chronic disease management program in conjunction with Cobaw CCH and KDHS

Joint service planning

There is a significant amount of strategic service planning undertaken through various forums to ensure that the population of Macedon Ranges and surrounding areas is well served with health and allied services. MRHS is an active participant in the following:

- *Central Victorian Health Alliance* – a formal partnership of health and human services agencies from across Central Goldfields, Mt Alexander and Macedon Ranges shires dedicated to improving the planning and delivery of effective services for this population.
- *Macedon Ranges Health Providers* – a group of agencies delivering services in Macedon Ranges. Through participation in this group, MRHS is able to contribute to a more locally targeted approach to joint service planning.
- *Macedon Ranges Multi-Agency Positive Ageing Strategy* – MRHS is one of five local agencies collaborating in the development of a joint strategy aimed at enhancing the experience of an ageing population in this region. The first stage of this strategy involved community consultations at ten separate events across the shire, engaging many hundreds of people in the planning process.

Warm water exercise classes, held regularly at Gisborne Aquatic Centre, provide an excellent opportunity for people of all abilities to become and stay fit.





MRHS CEO, Andrew Beattie, shows kids a fun approach to good nutrition.

QUALITY AND SAFETY

Quality indicators

MRHS collects data on quality indicators as a way of measuring our compliance with expected standards across a range of areas. Regular audits are conducted across our programs and include infection control, cleaning, occupational health and safety and clinical areas. Any staff or client related incidents are reviewed and assessed, with investigation results contributing to the development of improved policies and practices.

Accreditation

MRHS is accredited by The Aged Care Standards and Accreditation Agency (ACSAA) and Quality Improvement Community Services Accreditation (QICSA) – two independent bodies overseeing the quality of services provided. We have recently undergone major reviews under each of these programs.

- ACSAA is responsible for reviewing and ensuring the maintenance of standards in residential aged care facilities. In May 2009, ACSAA spent two days reviewing systems and standards in The Oaks Nursing Home and The Elms Hostel. These facilities were each found to be compliant with all 44 aged care standards. As a result of this achievement, ACSAA has awarded a further three years accreditation for each facility.
- QICSA is the organisation which reviews quality across the range of MRHS community services. In June 2009, QICSA reviewers spent three days at MRHS reviewing the services provided through the Gisborne Community Health Centre and the Lifestyle Enhancement Program. Overall the reviewers reported high standards in relation to the services provided and the outcomes for our clients. There were two QICSA Standards (Knowledge Management and Risk Management) where it was recommended that MRHS further develop more comprehensive and consistent systems. These recommendations are priorities for the quality improvement program in the coming year.



Top: Resident, Alan Thompson, enjoying time in one of the many gardens at The Elms Hostel.

Above: Yoga has been shown to be a wonderful way to achieve a sense of total wellbeing. Yoga classes are held in Gisborne throughout the week.

Above Left: Harry Waters with his prize winning tomatoes. Staying active in the garden helps maintain good health.



CONSUMER, CARER, COMMUNITY PARTICIPATION

MCH management of infant sleep problems

An infant's poor sleeping routine, unsettled and fussy behaviour can affect the well-being of families. In response to client's requests, the Maternal and Child Health Service has introduced a series of monthly workshops called "Sleep Matters". The workshop provides parents with the opportunity to enhance their understanding of their infant's sleep and developmental patterns and creates opportunities where concerns are shared and discussed within a group setting. Thus far, attendance numbers (40 parents) and positive feedback from parents suggests this program is enabling and empowering parents.

MCH centralised client database

In June 2009 the Maternal & Child Health Service implemented a centralised database of all client records enrolled in the service. This initiative strengthens the continuity of care and enhances the flexibility of the service to clients.

HACC Home Maintenance survey

Home Maintenance clients were surveyed earlier this year to assess if the introduction of the voucher system has met the needs of clients. The outcomes of this review have formed the basis of a new program called "Safe@Home" which will refocus the programs efforts to ensure that safety in clients' homes is the priority.

HACC operational review

Council has implemented new systems and processes to monitor client referrals and reassessments against the existing priority of access tools. This aims to ensure services are set up in a timely and responsive manner. Targets have also been set for the review of client care in line with the Active Service model of care.

Below: Monitoring the health and wellbeing of children



Resident Advisory Groups

Following a review of all of Council's advisory groups, the Positive Ageing and Disability advisory groups have been recommended to continue including a recruitment process, a review of strategic goals and operations and the creation of new Terms of Reference for the committees.

QUALITY AND SAFETY

MCH cluster/team service approach

During the year the Maternal & Child Health Service introduced a cluster style service delivery model. This exciting new initiative will allow:

- Major centres to provide an outreach service to smaller centres with the aim of increasing accessibility for clients.
- Enhanced service capacity whereby clients can access more than one nurse over the course of their service contact.
- Home visiting is now shared across the staff in each cluster.
- Improved shared delivery of group work amongst nurses including;
 - the first time parent groups,
 - sleep and settling workshops, and
 - additional parenting groups.
- Improved Occupational Health and Safety and Risk Management practices.
- Additional opportunities for staff to support each other.

The team has reported the new style of flexible service delivery has been well received by clients as they can now choose to attend a centre of their choice within a cluster.

MCH Risk Management

To ensure a high standard of occupational health and safety practice at all the Maternal & Child Health Centres, a range of activities have been implemented. These include:

- Risk audits on all centres.
- Regular recording of issues and corrective pathways developed as they arise.
- Monthly risk and remedy reporting at team meetings.

This year the team's Occupational Health & Safety representative was nominated for a Worksafe Award by Council's Risk Management team. Although not listed in amongst the finalists, the application received an appreciation from Worksafe Victoria.

Towards further MCH credentials

In partnership with Child and Adolescent Mental Health Services (CAMHS) the Maternal and Child Health staff attends regular clinical supervision sessions. This strategy provides team members time to reflect on and develop strategies to enhance their professional practice.

Designated HACC Agency

Council has been working on an assessment quality improvement plan which will see the formalisation of many of the Council policy and procedures in line with other HACC funded agencies in the region. This work is part of the new Active HACC model which encourages clients to actively participate in their care and promotes independence. Staff are currently implementing the new "Living at Home" assessment which is an integral part of the Active HACC model and provides a more holistic goal focused assessment of clients' needs.

HACC Home Care Team Leader role

In recognition of the wealth of staff skills and experience possessed by more senior home care staff, a new home care team leader position was created. This position provides peer support and is part of a quality initiative to improve the annual review process by providing a more practical based performance review.

Focus on HACC Occupational Health and Safety

Utilising minor capital funding from the Department of Human Services, Council has been able to supply staff with personal vehicle fire safety kits. Additionally, new work carry bags have been supplied to home care staff to reduce manual handling incidence and spillage of cleaning products. Finally, uniforms have been introduced for all home care workers to make it clearer for clients to identify staff which has also provided a more professional image for the service.

Complex Case Management

The case managed program successfully participated in accreditation this year with the program being commended on its high standard of care and best practice standards.

The Implementation of Case Management Society of Australia (CMSA) standards into work key performance indicators (KPI) for case managers has enabled case managers to provide evidence that they work within CMSA Standards. In the future this will be linked with other components of staff studies and will assist them in becoming an Accredited Case Manager with CMSA. The program will have additional clear audit pathways to ensure delivery of best practice 'case management'.



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