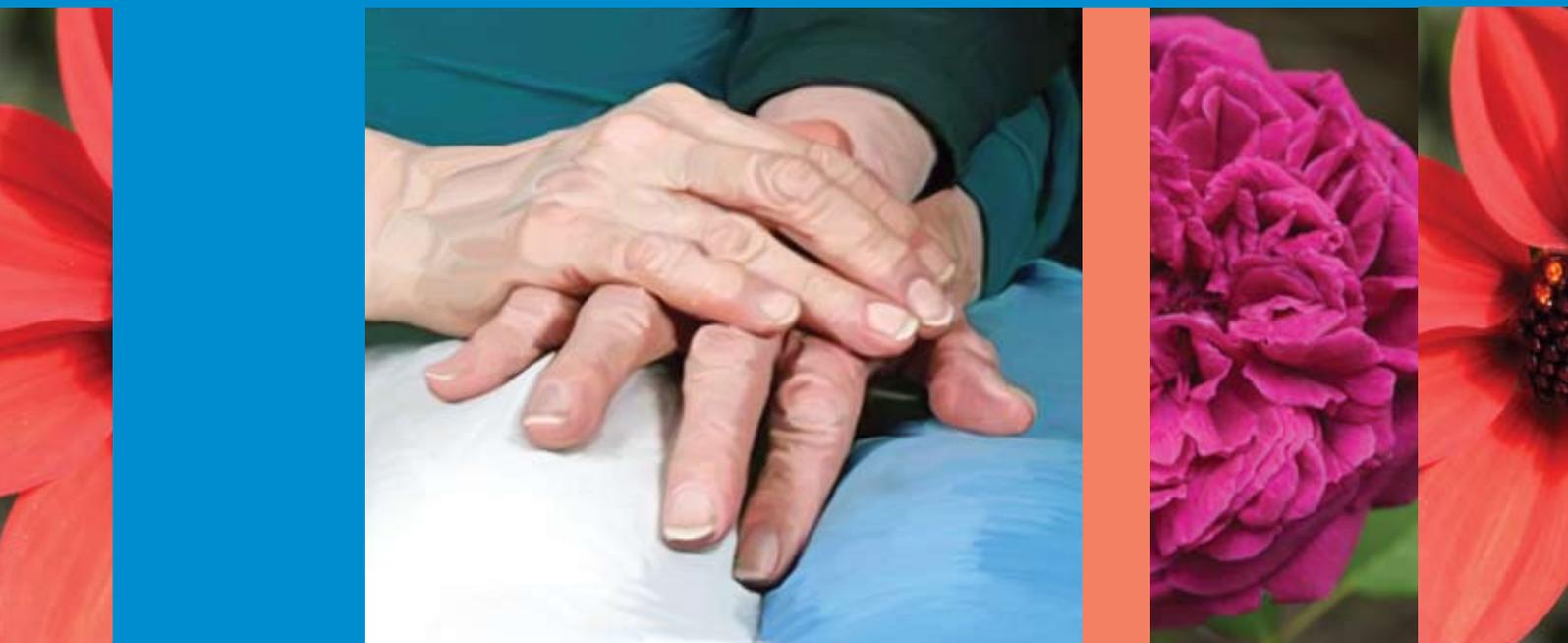


MALDON HOSPITAL Quality of Care Report

2014



MALDON HOSPITAL
Committed to care since 1859

Mission

Building community health and wellbeing.

Vision

Our vision is to be a thriving health service contributing to a happy and healthy community.

Values and principles

Responsiveness - We listen to each other, to our residents and community and respond to their needs.

Compassion - We empathise with and care for the people with whom we come into contact.

Strength and reliability - We are trustworthy and give confidence to our community and people in the quality and viability of the service.

Respect - We embrace every individual as valuable, and invite their different views and experiences, and protect their dignity.

Integrity - We are open, honest and fair with our dealings, doing what is ethical and right for the people who rely on Maldon Hospital for services and employment.

Team and people - We support those around us to be the best they can be, and help each other out.

Excellence - We continually strive to improve ourselves, our practices and processes to excel and be the best at everything we do.

Courage - We lead, take action and calculated risks to achieve our vision.

Stewardship - We govern transparently, building a better, more vibrant and viable Maldon Hospital.

Human Rights - We actively implement, promote and support the human rights set out in the Charter of Human Rights and Responsibilities Act 2006.

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Director Of Nursing Report – Katrina Sparrow

I would like to present the Quality of Care Report 2013-2014 for Maldon Hospital. This report highlights all the hard work and achievements for the past financial year and provides an opportunity to share these milestones with the community.

The Maldon Hospital has been a part of the regional community for many years and services the community well by providing residential care, inpatient acute care, outpatient urgent care, district nursing and adult day activity. We are very lucky to have Dr Christian Fowler, our local GP's Maldon Medical Clinic, co-located on site. We are also fortunate to have room for visiting health service providers to have sessions including podiatry, pathology, physiotherapy, audiology and ophthalmology.

The Jessie Bowe residential aged care facility consists of 12 rooms where residents are supervised with some assistance with care by qualified staff. Jessie Bowe residents have the use of a kitchen, dining room, lounge room, balcony and laundry. The facility has lovely decks or courtyards with views of the distant mountains or bush.

Mountview Home residents live in one of 16 rooms and have full or moderate amount of assistance for all their care requirements. They have the use of a kitchen, dining room, lounge room, second lounge room or quiet space where spiritual reflection can occur, together with a large enclosed courtyard and barbecue area and a smaller courtyard.

The Acute section of our health service consists of 4 beds where admitted patients can have acute health treatments. This area is supported by Dr Fowler and staffed by qualified Division 1 and 2 nurses. Nursing staff also support the urgent care patients that present to the hospital where they are assessed by a nurse and triaged for low risk treatment at the hospital or, if required, transferred to a larger facility.

Together with the dedicated staff we are fortunate to have a large volunteer service that participate on many fronts such as driving, gardening, activities, craft, music and mobile kiosk. The programmes that are run as part of the Health and Wellbeing role, which supports the residents interests with a wide range of activities, could not continue if not for the support of these generous volunteers. I would like to take this opportunity to thank all these volunteers in supporting the hospital and its work.

Another volunteer group that put in many dedicated hours in steering the hospital is our Board of Management. The Board of Management meet monthly with many members participating on sub-committees, where they ensure sound governance of the hospital is achieved.

This year saw the commencement of the Community Consultative Committee. This has been ably led by Mrs Pam Millwood and meets quarterly. So far this group has been active in the Accreditation surveyor visits and reflecting the views of the community in our governance and management decisions.

Castlemaine Health has continued with providing contracted support services including the provision of catering, maintenance, supplies, risk management/ occupational health and safety, human resource management, financial and environmental services. The collaboration between these two local hospitals has ensured Maldon Hospital has access to expert services within a local context. Both Castlemaine Health and Maldon Hospital are led by CEO Ian Fisher, who represents the health services both locally and at state forums. Maldon Hospital has benefited from the expertise and support from many divisions at Castlemaine Health and are very appreciative of the ongoing relationship.



I would also like to acknowledge the Director of Nursing for the 2013-2014 period Mrs Jan Hutchinson who contributed for many years to the ongoing success of the hospital. Jan was well known and liked by residents, families and the Maldon Community and I am sure this report reflects her dedication to her role.

I look forward to the next year and hope the success and high standards that Maldon Hospital is known for continues under my guidance.

Warm regards

Katrina Sparrow
Director of Nursing

Accreditation

Accreditation is recognised as an important driver for safety and quality improvement and Australia's health accreditation processes are highly regarded internationally. The Standards are integral to the accreditation process as they determine how and against what an organisation's performance will be assessed.

National Standards

This year saw the first time that Maldon Hospital was surveyed against the new National Safety and Quality Health Service Standards (NSQHS) for Acute Care. The Standards are designed to assist health service organisations to deliver safe and high quality care; accreditation is recognised as an important driver.

There are 10 standards with 266 actions that need to be passed. Some of the actions are 'Core' and we are mandated to meet them, and some are developmental and we need to show progress towards meeting them.

CORE – considered fundamental to safe practice

DEVELOPMENTAL – areas where health service organisations can focus activities or investments that improve patient safety and quality

There are a total of ten Standards; the first three will be reviewed in September 2014:

1. Governance for Safety & Quality in Health Service Organisations
2. Partnering with Consumers
3. Preventing and Controlling Healthcare Associated Infections

In 2016 the Hospital will undergo a full survey of all 10 standards, including:

4. Medication Safety
5. Patient Identification and Procedure Matching
6. Clinical Handover
7. Blood and Blood Products
8. Preventing and Managing Pressure Injuries
9. Recognising and Responding to Clinical Deterioration in Acute Health Care
10. Preventing Falls and Harm from Falls

Assessment is rated using the following scale:

Not Met – the actions required have not been achieved.

Satisfactorily Met – the actions required have been achieved.

Met with Merit – in addition to achieving the actions required, measures of good quality and a higher level of achievement are evident.

Community Care Common Standards (HACC)

HACC services include:

- District Nursing
- Planned Activity Group
- Social Support

A review of the Community Care Common Standards will be conducted on the same day as the review of National Standards. Separate accreditation agencies are contracted to review our services on this day. The Community Care Common Standards comprise of three Standards and 18 expected outcomes relating to those Standards.

Aged Care Standards

Standard one: Management systems, staffing and organisational development

Standard two: Health and personal care

Standard three: Care recipient lifestyle

Standard four: Physical environment and safe systems

There are a total of forty-four expected outcomes across the four Aged Care Standards. Residential Aged Care facilities must comply with all expected outcomes at all times.

Maldon Hospital is currently preparing for the March 2015 survey against the Aged Care Standards for Jessie Bowe House. A self-assessment will be undertaken in November 2014.

Quality Improvement plans and gap analyses are currently being developed to determine our current status of compliance.

For the past year we have been fully accredited.

Quality Improvements

As a result of preparing for the National and Community Care Common Standards, many improvement activities have been completed, including:

- The employment of a Quality Coordinator to oversee the accreditation processes
- Appointment of a Health Promotion Officer
- The development of a Community Consultative Committee
- Various documentation reviews and improvements utilising best practice tools

Strategic Planning

In April 2014 the Maldon Hospital Strategic Planning Day was held, which included community representation. Still in draft form, this Strategic Plan has had a focus on involving community input and potentially expanding our services to meet the needs of the community. In August 2014 a feedback table will be set up in the main street of Maldon to give the community an opportunity to discuss and relay some important information back to our governing Committees to guide decision making. The main objective is to determine what the community knows about the services, what services they may be interested in developing and if they are able to access these services. This information will help drive our Strategic Plan for the next five years.

Risk Management Programs

Maldon Hospital has a risk management framework in place which is appropriate to the size and scope of the facility services. The framework includes a Risk Management Policy, risk register and established controls for all identified risks.

Incident reporting

All staff members are required to report incidents and near misses using a computerised reporting system to enable analysis and trending to ensure steps are taken to prevent similar events in the future. All non-clinical incidents and near misses are reported monthly to the Occupational Health & Safety meeting and all clinical incidents are discussed at the Clinical Care Committee; these are rated by severity and reported to the board if required.

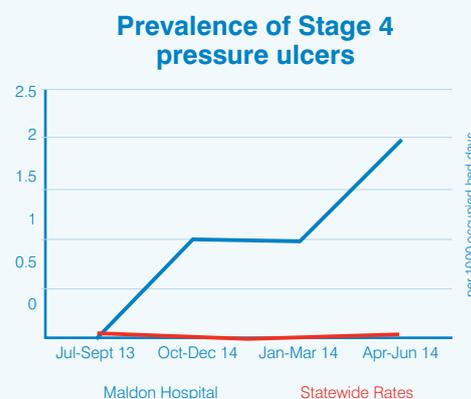
Clinical Governance

The Clinical Governance Committee, a subcommittee of the Board of Management, was established in 2009. This committee oversees systems in place, including clinical procedures and audits to ensure safe clinical practice. The committee monitors the numbers of falls, pressure ulcers, medication errors and any relevant clinical risk issues and reports directly to the Board of Management.

Staff Credentialing

All contracts for new employees of Maldon Hospital are managed through the Human Resource Department of Castlemaine Health, which uses a process called "credentialing" to ensure our health care professionals have the necessary skills and qualifications to provide high standards of care. Medical Practitioners, Nurses, Pharmacists, Physiotherapists, Podiatrists, Psychologists and several other specialists are registered with The Australian Health Practitioner Regulation Agency (AHPRA) to ensure that a professional who has been banned from practicing in one place is unable to practise elsewhere in Australia.

Police checks are compulsory for all staff prior to employment and are reviewed every three years.



Medication Safety

Ensuring the safe use of medications is a high priority. A system of safety checks occurs prior to each person being administered medication to ensure the correct medication and dose is provided. Medication errors (variances) are recorded on an incident report and reported to the Clinical Care Committee which results in an analysis occurring to reduce the risk of reoccurrence.

During this year there have been no errors that have resulted in effects on client health.

Improvements

- Improved acute care medication charts
- Staff completing National Inpatient Medication Chart Training

Residential Care Quality Indicator Program

During 2006 the Department of Health introduced the "Quality Indicator System" whereby three monthly audits are conducted and sent to the Department for benchmarking. The areas audited are falls, pressure areas, poly-pharmacy (residents on more than 9 medications), restraint use and weight loss.

These results are monitored at the Continuous Improvement Committee and the Clinical Governance Committee

Falls Monitoring and Prevention

All clients are assessed for their risk of falls when they are admitted and an individualised falls prevention plan is developed. Falls are individually registered and assessed to reduce the future risk.

Pressure Ulcers

Damage to the skin caused by unrelieved pressure is called a pressure ulcer. This damage can range from skin discolouration through to deep ulcerations and is preventable. An assessment is completed on admission to determine the degree of risk and an appropriate care plan is developed as required to reduce the likelihood of occurrence.

Sometimes patients or residents are admitted with pressure injuries already developed or they can develop when someone's immunity is low, such as receiving palliative care. We work at trying to prevent pressure areas developing.

Unplanned Weight loss

All residents are weighed at least once a month and any incidents of unexplained weight loss are examined to ensure that we reduce risk of any client being malnourished. An individualised care plan is developed for all clients including assistance required, special diets, preferred foods and aids required to assist with nutrition. Referrals are made to dietitians when appropriate.

Blood

There are no blood products stored at Maldon Hospital and there is an established agreement with Red Cross that blood product will be delivered when required. All blood products are administered by a Qualified Registered Nurse or doctor according to a detailed procedure and following the provision of informed consent by the client.

Infection Prevention and Control

Infection control uses a risk management approach to minimise or prevent the transmission of infection. Standard precautions are required, including washing and drying hands before and after client contact, the use of protective barriers which may include gloves, gowns, plastic aprons, masks, eye shields or goggles, appropriate handling and disposal of sharps and other contaminated or clinical (infectious) waste, and use of aseptic techniques.

Infection Control Coordinator, Kathy Harding, provides ongoing infection control education and monitoring of practices and incidences of infections. It was pleasing that once again we had no multi-resistant organisms, blood stream infections, surgical site infections or occupational exposures reported.

Staff Immunisation

Health workers are at risk of some vaccine preventable diseases and are also at risk of spreading diseases to susceptible clients. Free vaccinations are provided to staff to reduce those risks.

% Staff Immunised	2014	2013	2012	2011	2010
Influenza (including swine flu 2011)	71	67	61	66	58
Boostrix	0	0	54.5	0	0

Hand hygiene

Hand hygiene is our biggest strategy to reduce infections. All staff and visitors are requested to use the alcohol hand rub that is located at the entry to each facility and in each room in acute and high care residential. Regular audits are attended to ensure staff is compliant with this hand hygiene best practice and results are reported to our Board of Management.

Maldon Hospital Audited Hand Hygiene Compliance (%)				
2014	2013	2012	2011	2010
88.3	84.5	88	89	91

Cleaning

Cleaning audits are completed by a qualified auditor three times a year and reported to the Department of Health. One of these audits must be conducted by an external auditor, with results shown below. The environmental staff can be congratulated on the level of care taken to ensure the environment is maintained at such a high level of cleanliness.

Maldon Hospital is compliant with the guidelines "Cleaning Standards for Victorian Health Facilities".

External cleaning audit Compliance (%)			
2013/14	2012 / 13	2011 / 12	2010 / 11
89.7	95.76	92.25	94.3

Consumer Participation

The Department of Health supports a range of initiatives which promote and support consumer involvement in:

- decision-making about their own treatment and care
- service development and quality improvement
- health policy developments.

Consumer participation occurs in many ways at Maldon Hospital, including through:

- volunteers
- Community Consultative Committee
- Consumer register
- Programs with Maldon Primary School
- Development of the Strategic Plan
- Reviewing all complaints and feedback

Community Consultative Committee

In early 2014, Maldon Hospital successfully developed a Community Consultative Committee which meets every three months. The purpose of the Community Consultation Committee is to:

- act as an advisory committee to the Maldon Board of Management.
- comment on the quality of health services throughout the organisation.
- provide a forum for effective consumer consultation on new and existing programs and services.
- provide an advocacy role on behalf of the community on matters relating to Maldon Hospital facility, its services and programs.
- provide input into the strategic plan and policy development of Maldon Hospital with consideration of consumer needs, including access to satisfaction survey results.
- provide input into the Annual and Quality of Care Reports to assist with consumer information management ensuring appropriateness of content of information provided to consumers.



A few words about me - Pam Millwood

I grew up in Liverpool, England where I had lived a happy and secure (though certainly not well-to-do) childhood. After finishing school I trained as a radiographer and on graduation worked at the major teaching hospital, Liverpool Royal Infirmary. A couple of years later, I decided to migrate to Australia as a 'ten pound POM'. I immediately fell in love with Australia and quickly began work as a radiographer in Canberra Hospital and later in Adelaide.

By this stage I had met my husband Jim and we decided to return to Canberra where his large family was based. I began work at the Australian National University in the School of Earth Sciences reading seismographs. I later had the opportunity to learn cartographic skills, which enabled me to work part-time as a cartographer at the University for over ten years. The University lifestyle suited us well, particularly while our two young children were in childcare and primary school. I became very involved with the ANU crèche and in establishing a School Holiday Program on campus.

Our two children completed their education at a small private school of about 200 children from Prep to Year 10. During that time I was very active as a committee member and was on the school board. These experiences proved to be of enormous value during my later working life.

In 1984 I began work as a house design consultant initially with AV Jennings Canberra and subsequently with a local builder. During that time, I also began work with the Statistics Bureau as a survey interviewer and subsequently worked as a field supervisor for Reark Research, a major private research company.

In 1989 we moved from Canberra to Melbourne where I continued to work for Reark Research, becoming more involved in all aspects of survey research. I completed a Graduate Diploma in Applied Market and Social Research and for the last fifteen years of my working life I focused on the design, management and analysis of social research. My most recent position was as an Account Director at Wallis Consulting Group where I had primary responsibility for major national and state projects. These included studies on people with disabilities, income support recipients, a study of consumer experiences of the hospital system, consumer and carer experiences of mental health services and many other projects, all of which offered great insights into the impact of critical services on peoples lives. I also established and managed a quality assurance program for the company and successfully steered it through seven annual external audits.

In retirement, and following a recent move to Maldon, it seemed natural that I could use these interests and experiences for the benefit of our small hospital. I'm so pleased to have the opportunity to do that as a member of the Community Consultation Committee.

Monitoring of Satisfaction

Inpatient surveys and annual resident satisfaction surveys provide us with valuable feedback that we use to measure our ongoing performance and plan improvements. We also invite acute patients to participate in the Victorian Healthcare Experience Survey (VHES), however because of our small size the results are not considered reliable.

Survey Used		Results %	DoH Target %
VHES	New system; no data collection to date		
Acute In-patient Questionnaire	Involvement in decisions about their care and treatment rated as "satisfied" or "highly satisfied"	100	90
Residential Care Survey	Involvement in decisions about their care and treatment rated as "satisfied" or "highly satisfied"	95	75

Feedback Management

We continue to receive feedback from our Residents and Patients via surveys, audits and feedback forms and will continue to improve our service based on these results. We welcome all forms of feedback.

In this past year we have received eight complaints, with no common theme. We have monthly meetings with residents where families are welcome and any issues or thoughts can be raised.

Maldon Hospital welcomes and encourages feedback from our clients, carers and community. During the year we incorporated the Castlemaine Health Quality Department as advisory when necessary to ensure that all complaints are analysed by an external person, if and when required, adding to the robustness of the evaluation system. Any issue identified through the feedback system provides as with an opportunity to review our services and develop quality improvement projects.

Feedback forms are available in the front foyer and within the units.

As a result of feedback this year the following has occurred:

- new menu
- food cooked on site at Castlemaine

Health promotion in Maldon: what has happened over 2014

Maldon Hospital has contracted the services of a Health Promotion Officer who has successfully promoted our hospital in the community by organizing various events and by attending collaborative meetings that will form a very important foundation between the community and Maldon Hospital.

Aim: to prioritise the health issues to be targeted for health promotion activities based on relevant evidence.

A needs assessment was developed using a combination of statistics and stakeholder consultations.

The following sources of evidence were consulted in reference to Maldon:

- Summary of the CVHA Health & Wellbeing Community Profile for the Mount Alexander Shire
- Mt Alexander Shire Council Healthy Communities initiative Needs Assessment (2012)
- Australian Bureau of Statistics
- Town & Community Profiles 2011, Victorian Government Department of Health (2010)

Consultations were held with Maldon residents and with organisations in Maldon delivering health and social services in the community.

The objectives of these key interviews were:

- To identify all community groups/ organisations already working in the area
- To form partnerships with relevant groups/individuals/ organisations with similar goals involved in Maldon
- To identify the physical and social activity needs and interests of Maldon residents
- To recruit members of a Maldon Community Health Promotion and Prevention Plan steering group

Maldon Hospital representatives as well as key representatives from services in Maldon and organisations delivering services to Maldon were consulted, including:

- Director of Nursing
- Hospital Doctor
- HACC meeting attendees
- Hospital social support
- Fitness Instructor
- Maldon Care Group
- Maldon Neighbourhood Centre
- Men's shed
- Maldon Police
- Local library
- Maldon Primary School
- Pharmacist
- Newsagent
- Tarrangower retirement village
- Dr Karen Thompson
- Church groups
 - o Anglican minister
 - o Baptist
 - o Catholic
- St Lukes
- Castlemaine District Community Health



These results were presented to the Maldon Health Promotion Plan Steering Committee. The Steering Committee decided that the strategic direction of the Maldon Health Promotion Plan will be to link the Maldon Hospital to the community in the following areas:

1. Healthy eating and oral health
2. Mental health promotion
3. Tobacco, alcohol and other drugs

A summary of the Needs Analysis and the Steering Committees decision was presented to the Maldon Hospital Board on 19 December 2013.

Aim: to develop a three year Maldon Hospital Health Promotion and Prevention Plan (MHPPPP) consistent with the "Victorian Public Health and Wellbeing Plan 2011-2015"

- Steering Committee recommended that the name 'Maldon Hospital Health Promotion and Prevention Plan' be changed to the 'Maldon Health Promotion Plan (MHPP)'.
- The steering community for the development of the plan was recruited to ensure the development of a plan that is sustainable and consultative throughout its development. The group met quarterly and Terms of Reference were developed.
- A plan was developed and reviewed by both the steering committee and Board of Management.

Aim: to implement the MHPP using an integrated approach through effective and sustainable partnerships with other service providers and major stakeholders.

The following has been grouped according to areas of the Maldon Health Promotion Plan:

Health education and skill development:

Maldon Hospital, in partnership with Castlemaine District Community Health and Healthy Active Living in Mount Alexander, ran a cooking class in Maldon targeting men from lower socioeconomic backgrounds. This was attended by eleven men from

Maldon, primarily from the Maldon Men's Shed. Castlemaine District Community Health Dietitian Lorna Reynolds led the cooking demonstration and provided advice on ensuring the meal is nutritious yet affordable to those on a budget. The men provided excellent feedback, and were interested in further classes.

A monthly Community Cuppa (Maldon Neighbourhood Centre and Maldon Hospital partnership) was held with the following themes:

- Oct 2013: walking groups in Maldon
- Nov 2013: Diabetes Nurse Educators and the LIFE program
- December 2013: volunteering
- Feb 2014: Heartmoves in Maldon
- March 2014: Tai chi in Maldon
- April 2014: Laughter yoga in Maldon
- May 2014: information on parenting support services at Centacare
- June 2014: men's mental health with speakers from HALT and CDCH

A fibromyalgia self-management webinar at Maldon Hospital was organised for consumers. This occurred on 8 May 2014, and was organised at the request of clients. The seminar was attended by eleven people.

Social marketing:

A plan of Newspaper articles in 2014 for the Tarrangower Times was developed, and newspaper articles published include the following:

- Article on Maldon Hospital services recommencing
- Media release promoting Heart Moves in Maldon as well Maldon community cuppa in February
- Media release for Healthy Weight Week
- Media release promoting Tai Chi group in Maldon as well as the community cuppa in March
- Media release promoting the cooking class for men in Maldon
- Advertisement and Media release for the Health insert outlining Maldon Hospital Social Support Services

- Advertisement and Media release for the health insert outlining Castlemaine District Community Health Allied Health Promotion Services in Maldon and Castlemaine
- Media release to promote the Community Cuppa as well as laughter yoga in Maldon
- Media release regarding walking group excursion to Castlemaine Diggings National Park
- Article about Nordic walking series
- Article about cooking class for young mums
- Article about fibromyalgia seminar
- Article about Centacare presentation at Community Cuppa
- Volunteer supplement edition article on John Fitton as volunteer
- Advertisement thanking Maldon Hospital volunteers
- Article about what is available in Maldon and surrounds to support people wanting to quit tobacco
- Article about the men's mental wellbeing community cuppa

A Healthy Weight week display was held at Maldon Pharmacy featuring information about Healthy Eating and exercise groups in Maldon. Only a small number of people stopped to look at the display, which may need to be reviewed for next year.

A permanent display board has been set up in Dr Fowler's waiting room to allow information about local health and fitness programs to be more available. This was done in response to the Mount Alexander Shire Council needs assessment which identified Maldon doctors surgery as a potential source of local health information and is updated regularly.

Organisational development:

Support for Maldon Men's shed:

- Availability of health information brochures in the shed.
- An education session promoting exercise programs in Maldon to men at the shed.
- Members of Maldon mens shed attended the Maldon Hospital / CDCH / MASC cooking class for men.
- Information about funding opportunities.
- Provided flyers about upcoming programs relating to health and wellbeing that may be of interest to the men.

Maldon Primary School:

- Attended Maldon Primary School Healthy Eating Committee meeting (twice monthly).
- The school has joined the Achievement Program for schools, a health promoting framework.
- Provided sample evidence based Oral Health Policy and advice on evidence based oral health promotion.
- Suggested several potential sources of funding for a kitchen-garden program for the school.
- Reviewed their draft Oral Health Policy.
- Advised on source of evidence based healthy eating information to include regularly in school newsletter.
- Provided a contact for a nutritional review of their Friday fundraiser (sausage roll and drink).

Tarrangower Prison:

- Agricultural Industry supervisor has proposed to her superiors that the prison joins the Workplaces Achievement Program.

Met with Dr Karen Thompson and provided her with information and brochures about programs in Maldon and surrounds as potential places for referral (filled her brochure rack).

Community development

Although the Maldon Community Lunch has primarily been driven by Mount Alexander Shire Council, support for the Maldon community lunch was provided through distribution of leaflets to Maldon men's shed, hospital, neighbourhood centre, information centre and noticeboards.

Mount Alexander Shire Council did a needs assessment as part of the Healthy Communities Initiative, which found that people in Maldon were interested in a walking group. A partnership developed between Maldon Hospital, Castlemaine District Community Health, Maldon Neighbourhood Centre, and Mount Alexander Shire Council, resulted in a four week trial of a Maldon Walking group. It has since become a regular Friday walking group led by volunteers.

An outing requested by the Maldon Walking group was organised, including a mini-bus partly subsidised by Maldon Neighbourhood centre to take the group to Castlemaine Diggings National Park to walk the Kalimna Track. The aim of this event was to bring back members of the group who had attended previously but stopped walking. This was achieved: several people who had dropped off started walking again.

Ongoing support has been provided for the Maldon walking group, including: walking with the group when volunteers are not available, providing information about health and fitness programs in Maldon, providing attendance sheets.

Two meetings have been attended quarterly on behalf of Maldon Hospital: the Central Victorian Health Alliance meeting and the Mount Alexander Healthy Communities Network meetings. Both of these meetings have a role in networking, but also in collaboratively working on community projects. One of these is the plan to run cooking demonstrations in the community, and Maldon Market is being considered as a potential site for this program.

We have sought and identify relevant external funding sources for priority issues.

Funding was secured from Mount Alexander Shire Council for the following healthy eating, physical activity and education initiatives:

- In partnership with Castlemaine District Community Health and Maldon Neighbourhood Centre, a four-week Come and Try Maldon Walking Group series from September to October 2013.
- In partnership with Maldon Neighbourhood Centre, a Community Cuppa education series at Maldon Neighbourhood Centre.
- In partnership with Castlemaine District Community Health and Mount Alexander Shire Council, a Mens cooking class occurred in Maldon. The men who attended then requested another cooking class to learn how to make a winter soup.
- In partnership with Castlemaine District Community Health and Mount Alexander Shire Council, a Supermarket Tour with a Dietitian is scheduled to occur in Maldon.

Maldon Neighbourhood Centre supported Maldon Hospital in their application for a grant to fund the YOUNG WEST program. This aims to engage young people in the age range 14 – 24 years and foster connections between these young people and with the wider community. The intended outcome is to reduce social isolation which can impact upon young people who are not located in large regional centres.

How have we ensured projects meet Funding and Service Agreement outcomes?

The plan represented above and activities achieved are in alignment with the Memorandum of Understanding between Maldon Hospital and Castlemaine District Community Health which allows for:

- Employment and oncost for HP Officer role, one day per week (funded by Maldon Hospital).
- Use of vehicle, laptop and other resources as funded by Castlemaine District Community Health.

All other promotional activities achieved have been self-funded or free of charge.

Health and Wellbeing Program

The aim of the Health and Wellbeing Program at Maldon Hospital is to contribute to the emotional and physical health of residents through creating an environment in which they can continue to experience a sense of purpose and meaning in their lives. It is provided four days a week to the residents of Mountview Home and Jessie Bowe House and is coordinated by Jacinta Onans and supported by volunteers. Each month a calendar displays the activities that have been planned in accordance with the program description and through consultation with residents' profiles. Each year an annual Activities Survey is completed by residents to ensure the program continues to meet the changing needs.

Program Description

The program uses tools to enable it to design and deliver relevant and meaningful activities that will contribute to the emotional and physical health of its residents.

1. The identification of general human needs. To achieve this ideal in practice the following categories of human needs have been described.
 - Therapeutic (both physical & emotional)
 - Social (including fostering relationship, companionship and inclusion)
 - Cultural (including spiritual, religious and pastoral)
 - Recreational
 - Connection to Nature
 - Creative
 - Recognition and acknowledgement of roles and contributions, validation
 - Forward planning – opportunities to plan goals for the future
 - Links to and from the community
 - Sensory and Relaxation

These categories are then used when planning the various activities to ensure that over time and where possible, the program has catered for the "whole person".

2. Knowing the individual. The program regularly consults resident biographies as well as using input gained from both formal surveys of residents and informal (on-going) consultation with residents and staff. We take into account their interests and life histories, strengths and routines when designing daily individual activities and stimulation and group sessions over the week.

In a practical sense this means that the Health and Wellbeing Program is committed to meeting the needs of both individuals (one-on-one care) and groups (social). This involves consulting with and involving the residents, their families and the staff in the planning and implementation of the program.

The 2014 year

This year the group activities provided included:

- One on one support
- Outings and assistance with drives
- "Reading Circle"
- Musical events and performances
- Seasonal luncheons and barbecues
- Hand massages and manicures
- Special events including Remembrance Day and Anzac Day and Resident Memorial service
- Gentle exercises and "Brain Gym"
- "Armchair Travel"
- Craft
- Games
- Monthly Church services and Pastoral Care
- Reminiscence and discussion groups
- Supported gardening

Anzac Day and Remembrance Day were also celebrated with ceremonies and members of the community and, where possible, the residents are encouraged and supported to contribute to the service.

Community and Corporate support

On behalf of the Board of Management, residents, patients and staff of the Maldon Hospital, it is a pleasure to acknowledge the kind and generous support of:

\$31,106.25	Estate of Margaret Hannah Maud O'Donnell
\$10,000.00	Carol & Ken Nicholson
\$1,088.50	M Minehan
\$908.00	Staff Chocolate & Milk Bottle Top Donations
\$631.45	Donations in Memory of Elwyn Palmer
\$500.00	W & CA Ruffner
\$500.00	Lions Club
\$370.00	Maldon Gallery
\$300.00	Maldon & District Australia Day Committee
\$293.50	The Uniting Church
\$272.45	Donation for Residents Use
\$200.00	Maldon Golf Club
\$150.00	Castlemaine & Maldon Railway
\$93.60	The Maldon Caravan Park
\$86.95	Donation towards Shade Sail
Total Donations in 2013-14: \$46,500.70	



Home and Community Care Activities

Social support activities (often assisted by volunteers) and Planned Activity Groups are available for frail aged clients and younger people with a disability. The programs are generally of a short duration, emphasising physical activity, social connection and wellness. This year we have incorporated the Department of Health's Active Service Model (ASM) whereby our programs focus on promoting functional independence through encouraging, optimizing and, where possible, extending capabilities.

Feedback quotes taken from recent surveys of Social Support Activities:

"The staff have a great attitude, fun loving and full of confidence."

"The staff are very helpful and interested in what you have to say and I am very confident in what advice they give me."

"Day outings I find very enjoyable."

"I am very happy because it is a day out for me."

"I always look forward to my weekly exercise sessions, keep up the good work."

"If I have to miss any sessions I feel quite sad as they are fun and make me feel good as well as helping my aches and pains."

"Not too many places where you can get a 'work-out' for a gold coin!"

Acute Inpatient

The Maldon Hospital continues to provide access to local low acuity medical care in a well maintained, friendly and professional environment. Admissions range from investigations after a fall to abdominal pain, chest conditions or palliative care. The local community is served well by the four bed acute unit, ensuring access for people to heal and/or convalesce close to home, family and friends.

The acute inpatient department is a four bed department staffed by qualified registered nurses and is attended by Dr Christian Fowler, Visiting Medical Officer and local General Practitioner.

District Nursing

Maldon Hospital Nurses travel seven days a week, providing home based services including nursing care, health education and promotion.

In the 2013-2014 financial year there has been a total of 1,441.7 in home hours with a total of 3,551 visits.

- 14 veterans were visited with a total of 637 visits taking 243.8 hours
- 2 Transport Accident Commission clients (TAC) - 25 visits taking 12.3 hours
- 5 Hospital In The Home clients (HITH) - 91 visits taking 50.8hrs
- 86 clients for Health and Community Care clients (HACC) – 2577 visits
- 7 palliative clients - 189 visits
- 5 Post Acute Care - 27 visits taking 15.9 hours
- 1 Private client - 4 visits

Clients of the District Nursing Service are asked to complete an annual satisfaction survey; these are some of the comments received:

"We feel very fortunate to have such a great local service. The District Nurses are a lifeline for us."

"Excellent care by all the nurses, actually the highest quality of care 'devotion' I have seen."

"Great team of nurses; extremely caring and attentive."

"Service is fantastic."



Yvette Newton

- staff member

Length of Service - 27 years

Currently works as Division Two Nurse in Jessie Bowe and HACC Assistant in the Social Support Program

Career highlights

- Pioneered the Health and Wellbeing program at Maldon Hospital in 2000
- First at Maldon Hospital to complete medication endorsement through a pilot project
- Certificate 4 in training and assessment and worked at a TAFE training personal care workers - 2009
- Certificate 4 in frontline management - 2013
- Diploma in Community Services Coordination - 2014

Professional Interest

- Education portfolio at Maldon Hospital
- Continued interest in Social Support

"I love the family like atmosphere and am proud of the excellent care the residents receive. I enjoy always having fun at work with staff, residents and family. I love getting to know the residents and empowering them to continue to do the things they have always loved."

Distribution and evaluation

The aim of this report is to provide information to our consumer that is relevant, easily understood and interesting. In planning for next year's report we invite you to provide feedback by contacting our Director of Nursing on telephone (03) 5475 2000.

The Quality of Care Report is distributed at our Annual General Meeting and is also available from our website at www.maldhosp.vic.gov.au. Additional hard copies, comments and feedback are available by phoning (03)5475 2000.

Hospital Presidents 1859 – 2014

2011 to 2014	G.Carter	1921	W.B. Apperly
2010 to 2011	C. Axell	1920	A.G. Williams
2009 to 2010	S. Wright	1919	Alfred C. Meyer
2005 to 2009	C.McCann	1918	Fredrick West
2003 to 2005	M.Taylor	1917	John T. Couchman
2002 to 2003	D. Bowman	1916	Samual J. Walker
2000 to 2002	M. Taylor	1915	Henry Bryson
1994 to 2000	V. Batson	1914	Wm. Wood
1993 to 1994	Rev. J. Minotti	1913	Pierce W. Bowe
1988 to 1993	L.K. Leckie	1912	Thomas F. Rollason
1977 to 1988	W.E. Davies	1910 to 1911	Robert Chisholm
1976 to 1977	C.D. Punton	1910	John Bowen
1973 to 1976	N.G. Addlem	1909	John T. Couchman
1970 to 1973	R.G. Allan	1907 to 1908	William J. Faulkner
1967 to 1970	H.C. Loftus	1906	Alfred C Meyer
1959 to 1967	J.P. Edwards	1905	Robert D. Oswald
1957 to 1959	A.R. Dabb	1904	John B. Hibbert
1953 to 1957	R.A. Grigg	1903	Thomas Hayes
1952	T.F. McKeogh	1902	John Somer
1951	A.H.J. Boreham	1901	Roger L. Nankivell
1949 to 1951	Chas. Collard	1900	George E. Ralph
1947 to 1949	Chas. Stewart	1899	Samuel Rodda
1946 to 1947	A.G. Williams	1898	John Tobin
1944 to 1945	N.H. Neilson	1897	John R. Campbell
1942 to 1944	G.R. Williams	1896	Walter T. Rollason
1942	H.E. Parsons	1895	William B. Gray
1941	R.A. Grigg	1893 to 1894	Arthur S. Robinson
1940	A. Brownbill	1892	Rev. R.W. Cooke
1939	T.H. Grigg	1891	James H. Rule
1938	J.J. Huish	1890	James Fairley
1937	C. Stewart	1889	Edwin F. Peirce
1936	T. Wearne	1888	James Elliott
1934 to 1935	F. West	1887	Francis Cavenagh
1932 to 1934	A.H. Robertson	1886	John Paull
1930 to 1931	W.L. Rewell	1885	Frederick W. Bristow
1930	W.B. Apperly	1883 to 1884	William B. Gray
1929	Pastor H. Long	1882	John Tobin
1928	J. Laider	1881	James Wearne
1927	T. Wearne	1879 to 1880	Rev. J.C.T. Stretch
1926	Wm. Wood	1875 to 1878	James Warnock
1925	R.P. Jones	1873 to 1874	Rev. J.C.T. Stretch
1924	Rev. W.T. Abbott	1872 to 1873	Thomas Hannay
1923	J. Bryson	1867 to 1871	Fredrick E. Courtin
1922	Wm. Wood	1859 to 1866	Robert C. MacKenzie