

QUALITY OF CARE REPORT 2009



Group Support



Physiotherapy



Speech Pathology



Wallan



Alexandra



Planned Activity Group



Community Village Marysville

OUR VISION CREATING HEALTHIER COMMUNITIES

STATEMENT OF PURPOSE

Mitchell Community Health Service is committed to excellence in the delivery of holistic, accessible, community based health services.

We value community participation and working in partnership with other agencies to address community needs.

We strive to develop innovative programs and services and actively encourage community members to be responsible for their own wellbeing.

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QUALITY & SAFETY

Accreditation

MCHS is an accredited community health organisation. The accreditation is reviewed and updated every three years through the Quality Improvement Council (QIC) using the Quality Improvement in Community Services Accreditation (QICSA) framework. The next external review for MCHS will be undertaken in February 2010.

As part of the accreditation process a quality workplan is formulated which details the activities that have been identified as requiring further improvement to ensure the best possible service is being provided to MCHS clients and the community. In the current workplan, MCHS is reviewing the orientation program for all volunteers. Volunteers have supported the organisation throughout the year in meals delivery, planned activity group, administration and allied health.

The Quality Workplan for 2008–2009 identified a number of areas to be addressed, which have been achieved. These included:

- ❖ Improved governance training for Board members
- ❖ Development of governance policies in line with the Company Limited by Guarantee requirements
- ❖ Review of staff orientation processes
- ❖ Development of a detailed IT and financial plan to meet ongoing needs of MCHS
- ❖ Implementation of a risk management policy and processes
- ❖ Improved community awareness of services and programs provided by MCHS
- ❖ Improved processes to ensure compliance with service and partnership agreements with other organisations and government departments.

Quality Improvement Projects

MCHS is currently undertaking an extensive client record archiving process to improve security of client record storage capacity. To achieve this, all clients of MCHS who have not been seen since 2001 will have their record securely destroyed and anyone who was last seen prior to 2006 will have their record stored off site in an approved storage facility. These timelines are in line with the Public Records of Victoria guidelines. This archiving process will also support the implementation of an electronic records system in the next 12 – 24 months. Another significant project to improve information about MCHS for clients was the development of the Client Information Booklet in early 2009. This forty-four page booklet provides clients with information about the services and programs available through MCHS, our feedback procedures, privacy, client rights and responsibilities, advocacy and community and consumer participation, in addition to the location of all MCHS centres and contact details. This booklet is provided to all clients as part of their initial contact with us and to all existing clients. Please contact MCHS if you would like to receive a copy.

Consumer Surveys

On a regular basis MCHS organises consumer surveys to enable people receiving our services to provide feedback that can assist with service improvements.

In 2008 surveys were conducted with clients receiving Home Care and Meals on Wheels. Of the clients receiving services at the time, 62% responded to the survey.

With the Home Care survey, in relation to the level of satisfaction, the majority of respondents were generally very satisfied with the services provided and the reliability of the service. Several respondents identified that they would like the home carers to be able to undertake more tasks such as shifting furniture but due to occupational health and safety restrictions, this is not possible.

There were also several requests for more hours or an increase in the frequency of the service but due to funding limitations and availability of trained staff, this can often not be provided. The availability of office staff to respond to requests was also identified by a number of clients. Where possible, the phones are staffed by at least one home care staff member at all times.

With the Meals on Wheels survey, again the majority of clients were very satisfied with the meals received including the flavour, the variety provided, the temperature of the meal at the time of delivery, the timeliness of the delivery of the meal and the presentation of the meal.

Clients also enjoyed the cheeriness and smiling faces of the volunteers who deliver the meals. Information collected from these surveys is provided to the relevant meal contractors (Seymour Hospital and Kilmore Hospital).

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Risk Management

A risk management framework has been developed and enhanced to capture all aspects of risk within the organisation including operational, financial and clinical risks. This framework identifies the risks at all levels of the organisation and the actions to be undertaken to reduce the likelihood of the risk occurring, and the impact these risks may have on the organisation and clients. This ensures that all staff and clients are managed in a low-risk, safe environment.

In mid 2009, Advent Manager software was introduced to track and report on risk management, incident reporting and compliance across the organisation. This software, once fully developed, will be a valuable tool which will provide regular reporting on a broad range of risk and compliance aspects of the organisation.

Clinical Governance

Clinical Governance is defined as 'a system by which the governing body, managers and clinicians share responsibility and are held accountable for patient or client care, minimising risks to consumers, and for continuously monitoring and improving the quality of clinical care'. Australian Council on Healthcare Standards.

Clinical Governance is the responsibility of everyone within MCHS including the Board and staff who are collectively responsible for ensuring the best possible care is being provided to clients.

Over the past 12 months, MCHS has participated in state-wide steering groups and working parties to develop clinical risk management frameworks for Community Health in Victoria.

A framework is being developed for implementation of Clinical Governance within MCHS. This will include the dimensions of quality, clinical standards, compliance, risk management and reporting.

The policy and framework will be the basis for the implementation of a robust and comprehensive Clinical Governance system within MCHS and will become a standing item in all team meetings.

Credentialing and certification of staff

To provide both effective and safe care for all clients, professional development policies and processes are in place to ensure all staff are qualified to perform their duties. On an annual basis, staff are required to produce evidence of registration with relevant professional bodies eg: nursing, physiotherapy, etc. All new appointments are also required to provide evidence of qualifications in its original state.

Through regular supervision and annual performance appraisals, management review all staff to ensure that standards of service provision are being met. Appraisals also plan for the following year and ensure that ongoing education is identified and undertaken.

Pre-employment safety screening of new staff and ongoing screening

To meet departmental requirements to ensure the safety of our clients, all staff and volunteers who commence with MCHS undergo a Victorian Police Check which is updated every three years. New staff and volunteers do not have unsupervised contact with clients until a clear police check has been received.

In 2008 we changed to an online police check system through CrimCheck. This has resulted in 88% of applications being confirmed within forty-eight hours. All staff on appointment are required to undergo a police check and in 2008-2009 we have had 100% compliance with this. For the nine months from October 2008 to June 2009, MCHS has conducted forty-nine police checks.

In addition to police checks, some staff are mandated by the Victoria Working With Children Act 2005 to also have a 'Working with Children's' (WWC) Check. This check is designed to protect people under sixteen who are being seen by our staff. Where this is a requirement, 100% of staff have a current WWC.

Students who join MCHS as part of study placement from an educational institution are also required to have a police check. Students who work with young people unsupervised (often final year Speech Pathology or Social Work students) are also required to have a WWC check.

In 2008 a new software program was implemented to manage all personnel records for staff and volunteers. Known as WinHR, this software ensures that compliance is maintained for all staff including qualifications, registration, currency in drivers licence, police checks, etc, in addition to a range of reports which assists with internal human resource management.

Infection Control

Continually improving the quality of care and providing a safe working environment are fundamental activities for MCHS. An effective infection control strategy for preventing the transmission of infections from person to person within health care services is central to these activities. The Infection Control manual has recently been updated and distributed for use by all staff.

H1N1 (Swine) Flu Response

In relation to the 2009 flu pandemic, MCHS instigated several actions to reduce the likelihood of cross infection between staff and clients.

The prominent display of hand hygiene posters in all public and staff toilets at our three Centres aims to increase awareness of good hygiene practice. In addition:

- ❖ The provision of Avagard alcohol rub for use by all staff when hand washing is not available.
- ❖ Increased education and knowledge through the distribution to all staff via email of DHS bulletins.

Staff Immunisation

All staff are offered the annual Fluvax through MCHS. In 2009, 34 staff utilised this opportunity.

Cleaning of Facilities

MCHS facilities at Broadford and Wallan are cleaned by contract cleaners and the Seymour centre is cleaned by Seymour Hospital staff. Regular audits are undertaken of all facilities to ensure that they are being cleaned and maintained to an acceptable standard.

Clinical Waste Management

Clinical waste is stored for short periods of time in appropriately identified sealed bags and is removed from the agency every 3 months by external contractors.

Linen Services

Linen is supplied through Seymour Hospital. Soiled linen is removed from MCHS and clean linen is delivered on a weekly basis.

Food Handling

All staff who are required to handle food for clients' consumption have completed training in safe food handling methods. Meals on Wheels volunteers receive general training from the Meals on Wheels Administration Officer as part of their orientation but are not required to undergo the specific food handling training as they are not coming into direct contact with the food.

Handling and disposal of sharps

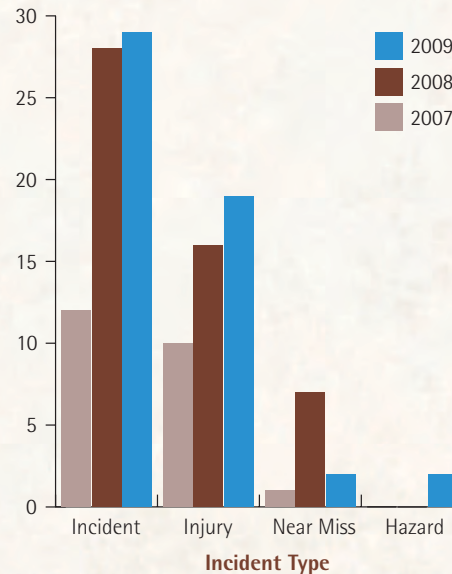
Within the needle and syringe program, used syringes are securely stored in the designated syringe disposal container. At no time are used syringes handled by staff and it is the responsibility of the community member attending the program to place used syringes in the container. Sharps are also used within a number of other programs which have their own disposal containers. Filled sharps disposal containers are removed from MCHS on a regular basis by contractors.

Incident Reports

During 2008-2009, fifty-five incident reports were reported by staff and actioned by management. Of these reports, 50% related directly to staff, 33% to incidents involving clients, 15% related to vehicles and 2% to

contractors. Of the incidents reported, 35% occurred within the client's home. In 2007-2008, there were fifty-one reported incidents.

For all incidents reported by staff, the line manager is informed and the relevant documentation completed. The actions identified from the incident are then put into place and feedback provided to the reporting staff member. Where clients are involved, it includes contact with family members and/or case managers to inform them of the reported incident and any recommendations of actions to be implemented to reduce further risk of the same incident occurring.



Complaints Management

During 2008-2009 MCHS received one recorded complaint which was addressed with the complainant and staff involved in the program to which the complaint related.

CONSUMER, CARER AND COMMUNITY PARTICIPATION

MCHS are providers of health and social support services within the shires of Mitchell and Murrindindi. We work actively with communities and individuals to improve health and wellbeing outcomes and to prevent illness.

To achieve this, MCHS actively supports and connects with individuals, families and communities to enhance health and wellbeing through a range of programs, services, education and health promotion.

Consumer, carer and community participation is a strong focus for MCHS and surveys are conducted throughout the year to give clients the opportunity to provide feedback. The following programs or activities, which are detailed throughout this report, are highlights for the 2008/2009 year:

- ❖ Bushfire Relief Fund on page 13
- ❖ Volunteers on page 27
- ❖ Health Promotion Activities including: Smiles 4 Miles and Snake Bite Kits on page 33
- ❖ Gambling Alternatives for Ladies in Seymour (GALS) on page 32
- ❖ Seymour Resident's Action Group on page 20
- ❖ Mitchell Community Bus on page 20

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Seymour Resident's Action Group

The Seymour Resident Action Group (Inc), or RAG as the residents know it, is a group of volunteers originally attracted to and created from the Seymour Neighbourhood Renewal (SNR) Program.

The RAG began to expand their community activities and reach out not only to more residents within the SNR area, but the Seymour Community at large, as well as engage with the various community agencies operating in and around Seymour.

Most of the committee members originally came to the RAG group lacking organisational skills and untrained in partnership development and collaborative work practices.

To address the identified skill shortage the group commenced a planned program of skills development including such areas as Meeting Management, Journalism, Newsletter Production, Newsletter Editing, Web Page Design, Food Handling Licensing, Forum Planning and Physical Fitness Trainer Training. Two members are now doing their Diploma of Community Welfare at TAFE.

Since gaining Incorporation the group have grown in confidence. The committee has joined with a number of agencies to help present a variety of community activities within the Seymour area.

The RAG secured funding from the Department of Justice to help address the issue of problem gambling related to isolated women in Seymour, known as the Gambling Alternative for Ladies in Seymour (GALS) project.

The Seymour Resident Action Group have evolved from an initial start up of two or three individuals, to a group of over twenty vibrant, confident, enthusiastic and committed residents who are not only active within the Seymour Neighbourhood Renewal boundaries but have reached out to the whole of the Seymour community.

MCHS Community Bus

A lack of transport options impacts on the capacity of residents to access activities and services locally or in other areas. Lack of access has been shown to affect people's health and wellbeing through feelings of isolation and the lack of connection to family, friends and the community.

Affordable community transport for groups and individuals in the Mitchell Shire is available via the MCHS community bus. Available for hire is one nine seat community bus with a hoist for passengers with disabilities and one twelve seat community bus.

The buses are available for non-profit Mitchell Shire Community Groups only. Applicants must be geographically, physically, socially or economically disadvantaged.

Priority for bus hire is given to special needs and disadvantaged groups such as older persons, people with disabilities, youth groups, isolated groups and people with special needs. Both buses can be used for the one outing if required.

Working with our Culturally and Linguistically Diverse (CALD) Community

Every year MCHS develops a Cultural Plan to address how we meet the needs of the culturally diverse community in which we provide services.



From the ABS 2006 census data, it was identified that within Mitchell Shire 10.1% of the population were born overseas. The top three countries where people's birthplace was a non-English speaking country are Italy (0.7% of the population being a total of 231 residents), China (0.6% or 196 residents) and Germany (0.5% or 158 residents).

The high number of Chinese born residents is most likely a reflection of the number of overseas students who attend the local Kilmore International School. It was also identified that 1.1% (344 residents) have an indigenous background. The largest group to speak a language other than English at home is the Italian community (1%).

In 2008/2009 a number of activities were undertaken to support our staff to gain a better understanding of the needs of our community. Training in cross-cultural awareness, including the use of interpreters and translators, is available to staff on an annual basis, either on-site at MCHS or through training provided with other agencies.

Posters identifying the use of On-Call services are in place at our three sites in Seymour, Broadford and Wallan.

Another initiative of the Victorian Office of Multicultural Affairs is the Interpreter Card that people requiring interpreter services can carry with them when needing to access services. Interpreter Cards and information kits are available from MCHS.

Please let our staff know if you require an Interpreter Card or interpreter services so these can be arranged. This symbol in our waiting areas identify that we are able to provide independent interpreter services for clients who require them.

Discussion is ongoing within MCHS to determine how to engage with our local cultural groups to identify how we can best meet the needs of these clients. If you are interested in participating in a consultation process, either one-on-one or in a group, please contact Bronwyn through reception on 5784-5555.

CONTINUITY OF CARE

The Service Access and Care Coordination (SACC) team organises access to all our services and supports client care by providing a comprehensive intake, assessment and care planning service.

Clients are welcome to involve a carer, other family member, or friend in discussions or appointments with SACC.

The SACC team ensures continuity of care by being the central intake point for clients, by thoroughly exploring individual needs and identifying which services might be best for the individual client. More details about the SACC team can be found on page 23.

EVALUATION AND DISTRIBUTION

The 2008/2009 annual report and quality of care report will be distributed as follows:

- ❖ Via client information kits
- ❖ In the MCHS waiting areas in Wallan, Broadford, Seymour, Alexandra, Yea, Kinglake and Marysville
- ❖ To all current members
- ❖ All new staff
- ❖ Highlighted in the monthly Community Health page which appears monthly in one locally circulating newspaper
- ❖ Via the MCHS website

A feedback form for the annual report and quality of care report is included at the end of the document.

HEALTH PROMOTION

MCHS completed the final year of its three year health promotion plan. We are now working closely with other agencies including the Mitchell Shire Council and the Lower Hume Primary Care Partnership (PCP) to integrate future planning to improve the health and wellbeing of local communities.

Health promotion activities, including the Smiles 4 Miles program, Gambling Alternatives for Ladies in Seymour (GALS) and Snake Bite Kits are featured in the Counselling and Community Care section of this annual report.