



**To be a leader in
integrated rural health care**



Mansfield District Hospital

OUR VALUES

QUALITY

We believe in providing a high quality, effective and accessible health service that reflects best practice.

INTEGRITY

We believe it imperative to be open, honest, transparent and ethical in our decision-making and business transactions.

SUPPORT

We believe in providing a respectful, safe, fair and equitable environment for our staff where scholarship is valued and professional development is advanced.

SUSTAINABILITY

We believe in sustainable business and environmental practice.

Mansfield is located 188 km north east of Melbourne in the dramatic landscapes of Victoria's High Country renowned for its natural beauty and alpine mountains. Mansfield is very close to two large lakes, Lake Eildon and Lake Nillahcootie. The closest regional centres are Wangaratta (103km) and Shepparton (125km). The Mansfield Shire has a current population of approximately 8,200 residents. The population significantly expands during weekends and holiday periods as people visit their holiday homes within the Shire, and /or attend for skiing, walking, cycling, water sports and other outdoor activities.

Mansfield District Hospital is an acute medical, surgical and obstetric hospital with an attached Urgent Care Centre. Buckland House Nursing Home provides 30 beds for high level aged care while Bindaree Retirement Centre provides 42 aged care beds. The Primary Care Centre provides a Visiting Nursing Service, Community Health Nursing, a range of Allied Health Services and Health Promotion and Prevention Services to the community.

2017-18 Snapshot

What happened in 2017-18

There were **1,306** Separations*. Compared to **1,327** in 2016-17. A decrease of **1%**

The Average Length of Stay (ALOS) for multi-day separations was **6** days compared to **7** days in 2016-17.

Excludes Haemodialysis, Chemotherapy and Radiotherapy DRGs

Top 3 Major Diagnostic Categories (MDC) were:

- 1 Diseases & Disorders of the Kidney & Urinary Tract
- 2 Diseases & Disorders of the Digestive System
- 3 Diseases & Disorders of the Nervous System

Top 3 Diagnostic Related Groups (DRGs) were:

- 1 Haemodialysis
- 2 Colonoscopy Minor Complexity
- 3 Other contacts with Health Services with Endoscopy

Top 3 Clinical Specialities were:

- 1 Dialysis
- 2 Non Subspecialty Medicine
- 3 Diagnostic GI Endoscopy

Patient types in 2017-18

67% of patients were Elective

25% of patients were Emergency

95% of days were other care (Acute) including Newborn

77% DRG type was Medical

9% DRG type was Surgical

14% DRG type was Other

79% were Public patients

20% were Private patients

1% were DVA patients

1,510: 90% of Separations were from Mansfield Shire

Where patients from our catchment area went in 2017-18

38% → Mansfield District Hospital

21% → Northeast Health Wangaratta

4% → Wangaratta Private Hospital

Haemodialysis Separations → **100%** Mansfield District Hospital

Chemotherapy Separations → **36%** Northeast Health Wangaratta

Radiotherapy Separations → **50%** Wangaratta Private Hospital

27% Orthopaedic patients went to Northeast Health Wangaratta

50% Obstetric patients went to Mansfield District Hospital

68% of patients went to a Health Service located in the Hume Region

* Separations = Episode of Care.

Welcome

Welcome to the 2017-18 Quality Account; our publication that reports our clinical performance in key areas.

The provision of the best care possible is what drives us. Best, as in the safest and of the highest quality and where people who use our service are treated fairly, with respect and are afforded the opportunity to make a meaningful contribution to their plan of care.

We seek to provide information in the Quality Account in a manner that is meaningful and easy to understand. As part of this, and continuing the format in last year's report, we are excited to provide a narrative account from those who have used our services as well. We call these 'patient stories'. 'Patient stories' was an idea put forward by a family member. The positive feedback we have received since confirms their worth. Whilst graphs and data are an important way to convey information, patient stories reinforce the personal element, which after all is what we are about.

We are continually looking at ways to improve what we do. We are participating in projects to improve support for carers of people with dementia, early identification and management of sepsis, reducing falls and responding to family violence.

Additionally we have launched a project we call Great Care @ MDH which has the sole aim of enhancing the experience of consumers (patients and residents) at the point of care. Whilst in its infancy, it will gather momentum over the next twelve months.

A healthy workplace culture underpins great healthcare. We are proud of staff and they too are proud to say that they work at Mansfield District Hospital.

Please take the time to read this report and we welcome your feedback. An online version is available on our website.



Phillip Officer
Board Chair



Cameron Butler
Chief Executive
Officer

A handwritten signature in black ink, appearing to read 'P. Officer'.

Phillip Officer
Board Chair

A handwritten signature in black ink, appearing to read 'C. Butler'.

Cameron Butler
Chief Executive Officer

Consumer education and capacity building

Consumers – when we talk about consumers we are referring to any person who uses our services. This includes patients in our hospital, residents in aged care and clients of our community services.

At Mansfield District Hospital (MDH) we have a commitment to involving our consumers, carers and the broader community to support us in maintaining the high quality of healthcare we provide.

Our Community Advisory Committee supports us to provide a structured partnership between consumers, the community and MDH and assists us to:

- Be responsive to consumer, carer and community input;
- Address the diverse needs and preferences of consumers and carers by listening to, understanding and responding to their experiences and expectations about healthcare;
- Work with them in the design, development, planning and delivery of care; and
- Enable consumers, carers and community members to participate in organisational processes, including planning, improvement and monitoring of healthcare performance.

We also have consumers and/or community representation on our Safety and Quality, Clinical Risk and Audit and Risk Committees.

Consumer, Carer and Community Participation

Why did I volunteer to join the Mansfield District Hospital Audit and Risk Committee?

Being a resident of the district for nearly 14 years, it's important to embrace everything our local community offers. Whether it's playing local footy, attending bush markets or supporting local businesses. Our community network provides a huge offering to people willing to be involved.

Having worked in the accounting profession for nearly 18 years, joining the Audit and Risk Committee of the Mansfield District Hospital means I can help provide knowledge and experience whilst being part of an asset that services the people of our region.

Participation by our local communities, whether it be through volunteering or donations, makes our community stronger.

The Mansfield District Hospital is an integral part of our local community. The more involvement people have on any level, helps grow our community and support our local residents.



Mark Evans

Improving Care for our Aboriginal patients

At MDH we are committed to providing culturally responsive care to our Aboriginal clients and patients.

During 2017-18 we adopted our cultural competence action plan focusing on engagement and the provision of culturally competent services.

To date we have:

- Installed Aboriginal and Torres Strait Islander Flags at the entrance to all of our sites;
- Provided culturally relevant reading materials in our waiting rooms;
- Displayed culturally relevant posters in our waiting areas;
- We have improved staff awareness of Aboriginal and / or Torres Strait Islander specific health services within the Hume region;
- Develop relationships with these health services;
- Provided Cultural Awareness education for staff ;
- Reviewed our recruitment practices to include diversity statements in advertisements;
- Reviewed our position descriptions to include diversity awareness; and
- Adopted an organisational policy on acknowledgement of country.

In addition we attend the Ghadaba Local Aboriginal Network which allows us to be aware and responsive to relevant Aboriginal and /or Torres Strait Islander issues.



Ensuring MDH supports our culturally diverse population

During the last 12 months we have adopted a diversity framework that has a focus on:

- Delivering equitable and responsive services and programs that provide a culturally safe environment whereby people are not exposed to bias, discrimination or inappropriate behaviour;
- Developing a culturally responsive workforce by promoting a workplace that is respectful of all cultural backgrounds and ensures a sense of cultural safety;
- Partnering with diverse communities which allows us to improve people's experience of services and enhance health and wellbeing outcomes; and
- Implement effective and evidence based practices where we measure the effectiveness of services offered from a diversity perspective and plan for improvements into the future.

Implementation of the Child Safe Standards

Victoria has introduced compulsory minimum standards for organisations that provide services for children to help protect children from abuse.

To ensure our compliance with the new standards MDH has implemented new policies and renewed our practices to ensure all staff employed have a Working with Children Check.

Strengthening MDH's response to family violence

In 2017 there were 1,251 family violence incidents reported in Mansfield Shire. This is a significant increase from the 399 reported in 2009.

At MDH we are responding to this in two ways.

Our first is in the implementation of the Strengthening Hospital Responses to Family Violence (SHRFV) Service Model.

Family violence is a health issue. Our hope is that Mansfield District Hospital will be seen as a safe space in our community, where people who are affected by family violence know our staff will listen to them and support them to obtain the assistance they need. Our staff are committed to providing the very best care and patient experience in a safe environment. The SHRFV Service Model will ensure that all staff are equipped to understand the issues people affected with family violence face and how we can access the best resources available in our community and the region to support them.

This project is part of a state-wide response to the recommendations from the Royal Commission into Family Violence arising from the death of Luke Batty. Change in the way we understand and respond to family violence is long overdue. The most serious and disturbing statistic is that, on average, one woman is killed and three women are hospitalised with a traumatic brain injury caused by a current or former partner every week in Australia.

Victims of family violence are predominantly women and children. Males can also be victims, particularly as children and in their older years. We know some groups are more vulnerable than others; females with a disability are twice as likely to experience violence and Aboriginal women are 35 times more likely to be hospitalised because of family violence than other women.

Our second approach is via prevention and awareness raising with our main campaign focused on the 16 days of activism against violence.

The campaign was developed in partnership with Mansfield Shire Council, Mansfield District Hospital and Mansfield Secondary College and aims to build on our previously successful White Ribbon Day events and the Mansfield RRR (respect yourself, respect others and respect your environment) campaign.

The 16 days of activism was launched at the Mansfield Library on 24th November. Community contribution focused on:

- Contributing to a community display of support at either the Mansfield Library, Mansfield Shire Council Offices or in the foyer of the Hospital;
- The community was also asked to join the movement on social media by posting a photo showing the orange hand print using hashtags #putyourhandup, #RRRMansfield, and to make it their Facebook profile for the 16 days; and
- People were asked to 'Go Orange' (the globally identified colour to end violence) by wearing orange and displaying orange in your home, community or workplace.



A significant proportion of people in our community will be either directly or indirectly impacted by family violence, and this violence is most likely to be committed by someone they know. With so many people affected by family violence, they are likely to be our patients and fellow workers. This is why Mansfield District Hospital has taken on this project and is treating family violence seriously.

*Through this project Mansfield District Hospital will be working closely with local Police and Centre Against Violence (CAV) to work towards a safer outcome for people affected by family violence in our community. **Rachel Meadows, Project Officer, SHRFV***



Victorian Healthcare Experience Survey

The Victorian Healthcare Experience Survey (VHES) is a state-wide survey conducted on behalf of the Department of Health and Human Services (DHHS) to better understand public healthcare experiences and what matters to the community.

The Department has a requirement for health services to achieve specific scores. MDH surpassed the state rating in all areas.

WHO IS GIVING US FEEDBACK?

The average age of patients returning the questionnaire is 66 years

Average response rate 32%

58% Female

42% Male

Mansfield District Hospital's Overall patient experience results for 2017–18 were:

- Quarter 1 result September 100%
- Quarter 2 result December 100%
- Quarter 3 result March 100%
- Quarter 4 result June 100%

Meeting the Department of Health and Human Services target of 95%

SOME ADDITIONAL QUESTIONS ON THE SURVEY WHERE MANSFIELD DISTRICT HOSPITAL MADE SIGNIFICANT IMPROVEMENTS INCLUDE:

Thinking about when you left hospital were adequate arrangements made by the hospital for any services you needed?

Increase in result to 95% June 2018 from 82% June 2017

Meeting the Department of Health and Human Services target of 75%

How often did the doctors, nurses and other healthcare professionals caring for you explain things in a way you could understand?

Increase in result to 97% June 2018 from 94% June 2017 and above state average of 91.64%.

Overall, did you feel you were treated with respect and dignity while you were in hospital?

Increase in result to 100% June 2018 from 97% June 2017 and above state average of 87.9%.

Were you given enough notice about when you were going to be discharged?

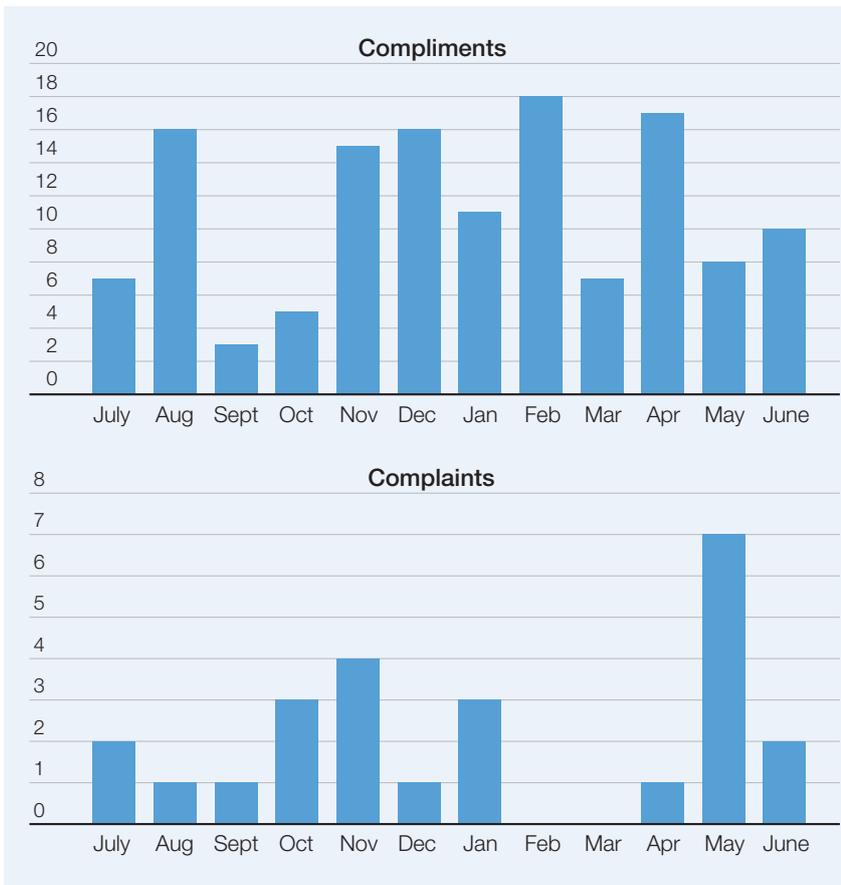
Increase in result to 95% June 2018 from 84% June 2017 and above state average of 66%.

WHAT HAVE WE DONE WITH THIS DATA?

We have implemented:

- Discharge phone calls to discuss care post hospital discharge;
- Collection of patient stories to ensure understanding of their experience during their hospital admission; and
- Discussed with Visiting Medical Officers way to improve their communication with patients especially regarding treatment plans and discharge home.

Complaints/feedback



We received 25 compliments in 2017-18. This was 3 more than the 22 received and acted on the previous year. No compliments remain open. Trends within our compliments relate to communication where we are continually focusing our efforts.

Ensuring compliance with quality and safety standards

Accreditation status – Full Compliance

- Aged Care Standards Bindaree Retirement Centre ✓
- Aged Care Standards Buckland House Nursing Home ✓
- Home Care Standards – Visiting Nursing Service ✓
- ISO 9001:2015 ✓
- National Safety Quality Health Service Standards – Acute Hospital ✓



Students Donna and Hannah with No Lift educator Trish McKenzie

Investment in education and our future

Education and training is a priority area for MDH. The Education Unit processed 192 staff applications for professional development in 2017-18. Access to education and training helps to support the provision of high quality safe patient care. Education at MDH is also supported by the Hume Region Nurse and Midwifery Education Group (HRNMEG). MDH had 21 participants who participated in HRNMEG courses in 2017-18. This demonstrates individual and organisational commitment to maintaining best practice and up to date clinical skills.

Alongside external courses, we have a comprehensive internal training program, with the Education team and invited external presenters providing regular short courses and in-services on a variety of topics.

All MDH staff attend a Mandatory Training Day annually, with 14 training days facilitated in total for the year. This supports all staff to complete practical training competencies and online learning modules relevant to their area of work.

In 2017-18 we supported 51 students from a variety of disciplines to gain valuable clinical experience. Students were supported in many clinical environments including Nursing, Aged Care, and Community Health. This equated to a total of 562 clinical placement days over the year.

We are committed to providing quality clinical placement experiences and we have continued our relationship with 'Going Rural' to provide ongoing support and training for both students and staff. Student feedback over the year has remained positive and students report that they enjoy placements at MDH, feel supported and gain good clinical exposure.

MDH continues to collaborate with and participate in the Central Hume Graduate Nurse Program. We support three Graduate Nurses who rotate between Acute and Aged Care. This allows them to experience and develop a variety of clinical and leadership skills. Our graduates attend study days with other graduates from the region across the graduate year and also enjoy the unique opportunity to work at the Mount Buller Clinic.

In 2017-18 we continued to foster relationships with other education providers who service our local community. This helps us to establish career pathways for our local people and support our workforce into the future. We have continued to support local secondary school students to complete qualifications in Individual Support via the Australian School Based Apprenticeship Program. We also offer work experience placements which allow students to experience the variety of our hospital departments and positions.



Dempsey Parsons

TRAINEESHIP

I am Mansfield District Hospital's first Administration Trainee

In my first year out of school, I was lucky enough to stumble across an advertisement in the local paper about a 12-month Business Administration (Medical) Traineeship being offered at Mansfield District Hospital.

I was in my gap year after completing year 12 and saving money for my University offer of Occupational Therapy. I knew throughout my schooling that the health industry was where I saw my future career, but I just wasn't one hundred percent certain on what health field I wanted to study at the time.

This traineeship was a perfect opportunity for me to get an insight into a hospital workplace environment with the added bonus of it being situated in my local community. In this traineeship I work across six different administrative areas, which has given me a greater awareness of the broad spectrum of the health services offered by the hospital.

This experience has been excellent for me, having learnt so much in such a short period of time. The staff here at the hospital have encouraged and supported me from the beginning and their professionalism, experience and knowledge has helped guide me throughout this journey so far.

I would highly recommend this traineeship to any year 12 student seeking a career in the health profession.

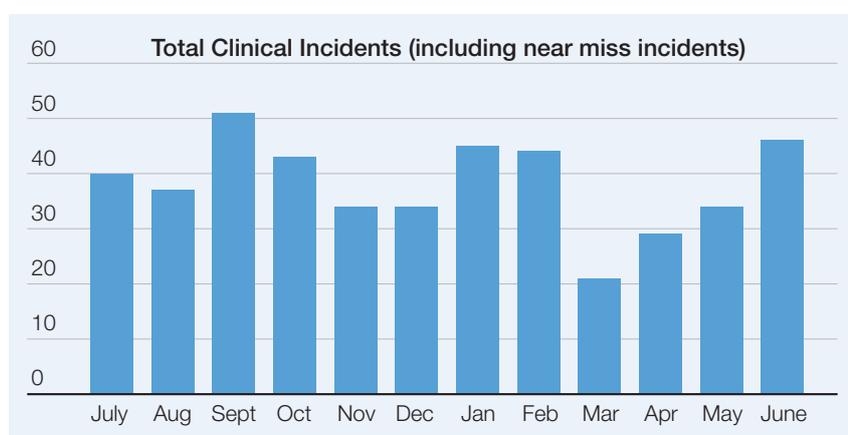
Clinical Incident reporting

Number of sentinel and adverse events and actions

MDH has reported 2 Sentinel Events. A sentinel event is a death or serious injury of a patient/ resident not due to the natural course of their illness. For each of these sentinel events a root cause analysis was conducted to determine areas for improvement.

A clinical incident may be an adverse event that results in harm to a patient or resident or a near miss where an incident is identified prior to any harm occurring. All adverse events and clinical incidents are thoroughly investigated and reported to assist us to improve our service by reducing the likelihood of a similar incident reoccurring as well as the consequences arising.

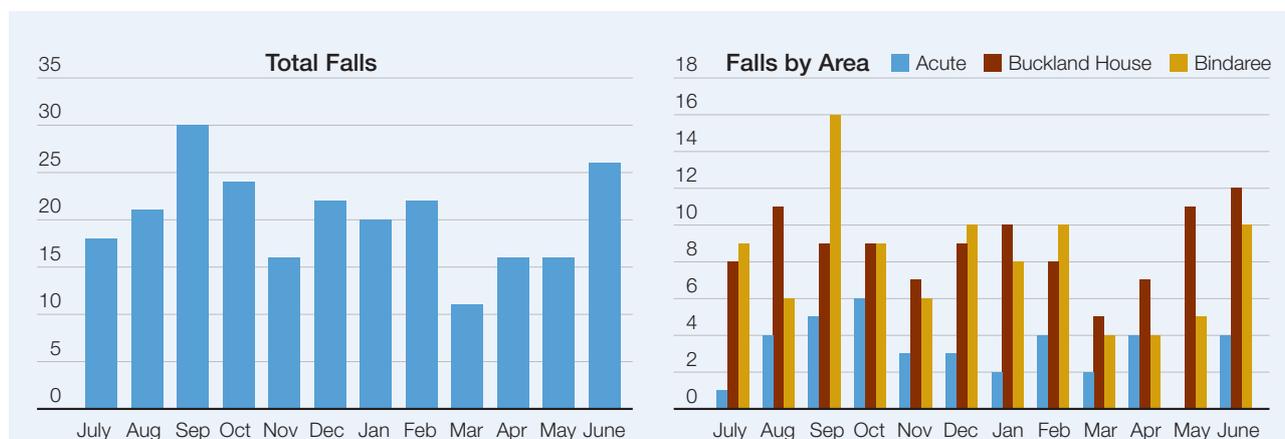
In 2017–18 MDH staff reported 458 Clinical Incidents:



We continue to have a culture of robust reporting as the majority of our incidents did not result in harm or were near misses. Incidents are categorised according to their Incident Severity Rating (ISR). These are defined as:

- ISR 1 Death or severe morbidity;
- ISR 2 Morbidity requiring a higher level of care;
- ISR 3 Harm occurred no loss/reduction in functioning; and
- ISR 4 No Harm occurred.

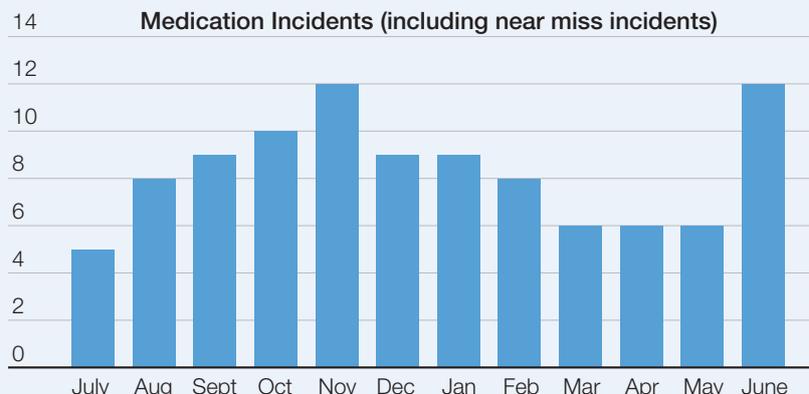
Falls Reporting



We define a fall as an event that results in a person coming to rest inadvertently on the ground or floor or other lower level. During 2017-18, our reported falls were 242 compared to 256 the previous year. A person is at a higher risk of falling when they are older, less active or on some medications. Each of our patients and residents are assessed for risk of falling upon admission and at regular intervals throughout their stay with risk minimising strategies implemented accordingly.

Medication Reporting

Improved scrutiny of our procedures related to medication management has allowed for early identification of a potential medication error. These potential medication errors are recorded as near miss incidents and are addressed prior to an actual medication error occurring. During 2017-18 our reported number of medication incidents was 100; this is higher than our 2016-17 result of 85.



Acute Care

Meeting our patients' needs

We have been interviewing our patients to enable us to better understand their perceptions of their episodes of care.

We have a number of patients who receive regular, scheduled treatments at Mansfield District Hospital. Treatment regimes for these patients with complex health conditions commence under Specialty units in larger facilities until they make a request to Mansfield District Hospital to continue treatment locally.

Many of these patients have not used the health system prior to a life changing diagnosis. All of a sudden there is a reliance on others. The need to schedule regular dates and times with the hospital for sometimes lifelong treatment can be frustrating and challenging especially when fitting these appointments into work or other commitments.

Our patients told us that on the day of treatment their experience could be vastly different, the staff could change each time they come in, the location of where treatment was received would also vary and some staff were more familiar with the patient's needs, others less so. Some days a quiet room with a television could be provided, other days an open, more public room was available which reduced patient experience.

We found that the provision of these treatment regimes locally certainly has advantages. Travel time and interruption to our patient's everyday lives were minimised however it was apparent that we could do many things to improve each patient experience.

We have made a number of changes to improve these experiences. We are focused on providing a consistent approach for patients including the scheduling of treatment regimes, dedicated staff allocated to each patient and improved resource management. The patient is also placed in a more confidential and quiet space for the duration of their treatment.

With continued collaboration between patients, specialists, medical officers and Mansfield District Hospital, we will continue to improve our patients experience and continuity of care.

Excellence in our Operating Theatre

Over January and February 2018 we purchased and installed a new washer disinfector in the operating suite.

Funded by the hospital auxiliary this state of the art equipment has many improved features including enabling increased capacity to reprocess reusable medical devices.

Installation of this washer disinfector enables the health service to meet recent regulatory changes to the Australian Standard for the cleaning of reusable medical devices.

The machine provides evidence of the disinfecting process by recording and printing the necessary information needed to validate each cycle.

In addition to this, the washer also has the capacity to purify water thus enhancing the final rinsing cycle.

Supporting our patients' wishes

To assist us to improve our service we invited a patient's wife to speak to a staff group about her experience at Mansfield District Hospital.

Pauline was asked prior to coming in, if she would mind sharing her experience. She wholeheartedly agreed and was very happy for us to engage as many staff as possible to listen to her story.

There were 10 staff present.

Pauline commenced with her husband's journey, from initially presenting to the hospital feeling unwell, through his cancer diagnosis, his treatment at Albury/Wodonga up until his receipt of end of life care at Mansfield District Hospital. Pauline spoke of the following:

- Her challenges;
- Her varied emotions – being told this cancer was curable;
- Travel;
- Anger and sadness;
- When nothing further could be done;
- Coming home – to Mansfield;
- Comfort provided;
- Importance of a smile and a joke; and
- I couldn't have asked for more from the hospital staff.

Pauline found the 'Patient Diary' very helpful at the time. Family, friends and staff documented the interactions they had with Allan

Prior to sharing her experiences with staff, Pauline looked at the diary. This was the first time since her husband's death. She brought the diary with her to tell her patient story. Pauline stated *"I wasn't ready before this, amazing to look back with sadness and memories"*.

Pauline when asked if there was something we could do differently to improve our care said, *"Just the smiles. You have no idea of the power and comfort of a smile"*.

Advance Care Directives

Mansfield is required to record where a patient has an Advance Care Directive (ACD), the Health Information Manager does this by recording those ACD presented during care in a register. Mansfield currently has 18 recorded.



Operating Theatre Nurse Unit Manager Jenny Pollard and Lauren Nitschke with the new washer disinfector



Pauline with Registered Nurse Hazel Atkins

Blood Register

In collaboration with Dorevitch, new 'Cold Chain' documentation has been introduced and blood fridge audits are regularly scheduled to continue to ensure safe blood storage.

MDH has been deemed compliant and is now waiting on the introduction of the 'Cold Chain' policy including packaging and return of blood products by trained Dorevitch staff to reduce blood wastage.

This book is monitored as part of the ongoing audit process for monitoring of the blood and blood product use at MDH.

Managing our use of blood and blood products

Monitoring of the use of blood is ongoing across the organisation. All incidents relating to blood products are reported via incident management system. Regular documentation and 'real time' audits take place in order to identify necessary practice change. There were 2 incidents reported for the 2017-18 financial year.

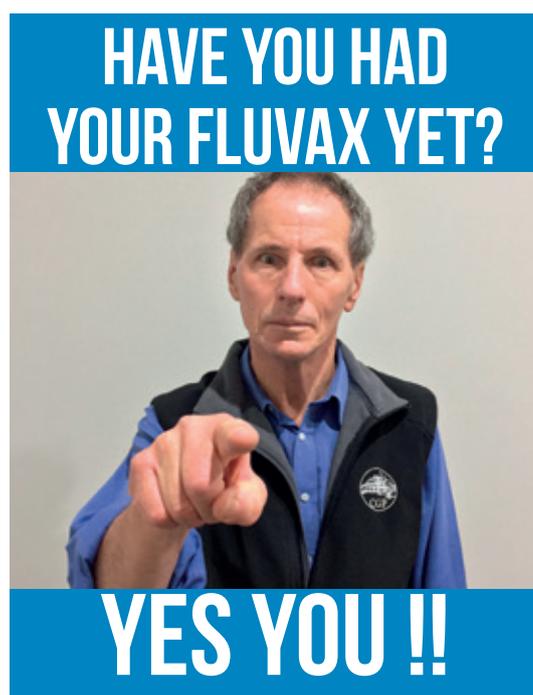
The first incident involved the access to emergency O-Negative supply for MDH. Our supply of blood is managed by Dorevitch Laboratories, Benalla and we continue to work with them to ensure MDH has an adequate supply of blood and blood products in an emergency.

The second incident was a documentation omission, where all procedures were followed in checking and administration of the blood product, however our documentation was not complete. We continue to do real time audits of every blood transfusion to ensure safe policy and procedures are adhered to. This results in safe care for our patients.

Maintaining high infection control standards

Healthcare associated infections are the most common complication affecting patients in hospitals. At least half of the healthcare associated infections can be prevented. Appropriate hand washing, immunisation of staff, monitoring infections and the meeting of cleaning standards are all ways to prevent infections. MDH was fully compliant with all infection control compliance systems.

- Hand hygiene compliance rate – 84.6% (state target of 80%) ✓
- Immunisation rate – 91% of healthcare workers immunised for influenza (state target of 80%) ✓
- Infection surveillance data – full compliance ✓
- Full compliance with cleaning standards ✓



These posters were used in our campaign to raise awareness and encourage our staff and consumers to be immunised against influenza.

How I contribute to our residents' care

The laundry at Mansfield District Hospital is one of many services in the organisation that supports and aids the best possible care and the provision of a home like environment to our aged care residents. However I believe that my job in the laundry is more than this. Washing clothes is sometimes taken for granted. I take the challenges and this responsibility very seriously and take great pride in providing this service for our residents. I love that my job challenges me every day in different ways. The best part of my job is when I get to chat with the residents and the staff. It brightens my day and reminds me that I am part of the team at Mansfield District Hospital.



Jeanne Leatham

OHS incidents 2017-18 totalled 41, 3 more than the previous year. No new permanent injuries or resulting Workcover claims. An ongoing focus is for staff to report episodes of violence or aggression in the workplace and this may represent part of the increase. We have had 18 occupational violence and aggression incidents this year.



FOOD SERVICES – FULL COMPLIANCE

Creating an Appetite for Life

In April 2018 Cherie Howes, Chef, Mansfield District Hospital attended the Maggie Beer Course in Brisbane 'Creating an Appetite for Life'

It was an amazing experience getting to cook with Maggie herself. Maggie is all about fresh is best. This means that she uses fresh herbs and fresh vegetables to make every mouthful count. For our ageing population who often don't feel like eating much, we need to put lots of nourishing flavours into each mouthful. Maggie suggested using simple tricks such as adding cream to porridge or using basic cooking methods of lots of butter and garlic to allow every mouthful to count. What was also great was working alongside other health service chefs who are as enthusiastic as I am, to make a difference in aged care. The first of my plans for us to change at MDH is to create a fresh herb and vegetable garden with our residents so that we can support the fresh is best philosophy and make every bite count.



Cherie with Maggie Beer





Astrid and baby Abbey

Maternity Service

Mansfield District Hospital is required to report Maternity Services outcomes to the Department of Health and Human Services (DHHS), these are known as Clinical Indicators:

- Low APGAR (condition of baby at birth) ✓
- Emergency caesarean section rate ✓
- Transfer of the mother or the newborn infant following birth ✓
- Perineal trauma from the birth (3rd/4th degree) ✓
- Post-partum haemorrhage where the mother loses > 1000mL ✓

MDH met all State Maternity Benchmarks for 2017-18.

Birth Numbers

MDH had a total of 54 births in 2017-18, compared to 80 births for 2016-17. The reasons for this reduction related to identification of risk in mothers (7 women transferred to another hospital), periods where the service required women to be transferred to another hospital (11 women transferred) and patient choice (11 women planned to birth elsewhere).

Reflections on completing my Graduate Diploma in Midwifery at MDH

Choosing to do my Graduate Diploma in Midwifery via the employment model at MDH has been an incredibly rewarding experience. Being involved in antenatal care, labour and birth, and postnatal care of so many local women over the last two years has been an enormous privilege. I have had the opportunity to work alongside some amazing midwives in the MDH Midwifery Group Practice Model, who have supported me in far exceeding the clinical hours and hands on experience of my university peers. This has equipped me with the tools for ongoing practice as a Mansfield midwife for years to come!

Steph Adams

Reflections on my experiences with Steph as a student midwife



Rob with baby Abbey

Having Steph involved with our care from day one has been invaluable. She has travelled with us every step of the way, and been a fabulous reassuring presence during this very new experience.

My Husband Rob in particular thanks Steph for her presence at our antenatal appointments at the Alexandra Hospital, which allowed him to attend. Steph made herself available to answer all of our questions and provided much need support through the most stressful moments, leading to her delivering our beautiful baby girl to us safely. Thankyou Steph.

Astrid



Cheryl Apps

Farewell Cheryl Apps

After Graduating in 1975, Cheryl began work at MDH in August 1977. Cheryl was the first Physiotherapist employed by MDH establishing our much valued service.

Some of Cheryl's great achievements during her time at MDH have included the establishment of the Cardiac Rehabilitation Service in 1996, Diabetes Management Group in February 2008 and growing the Physiotherapy service into the aged care space.

We wish Cheryl all the best in her retirement and thank her for all her hard work and dedication to MDH.

MDH farewells Elaine Irwin as Volunteer Coordinator

“Give a little, Change a lot” – the theme for this year’s Volunteer week is a fitting summary of the impact Elaine Irwin our Volunteer Coordinator and the High Country Angel volunteers have had on the lives of many of our residents, their families and MDH patients over the last 11 years.

The High Country Angels first came into being after a successful pilot project undertaken by members of our local churches. A small number of Mansfield residents who had identified the need for volunteers to visit patients in hospital and residents of Bindaree and Buckland who didn’t have family support.

Elaine was given the job of recruiting, training and coordinating a team of volunteers to meet this need which she has successfully undertaken for the past 11 years.

Tasked with supporting and complementing our nursing staff, Elaine and her ‘Angels’ have worked tirelessly to bring some sunshine into the lives of the hospital and aged care residents.

After 11 years of leading the fabulous team of volunteers who do all sorts of wonderful activities such as bringing in their pets, taking residents on bus trips, playing bingo, painting, singing and gardening, Elaine has decided that it is time to hang up her hat! We wish Elaine well in her retirement and we are hope that she will be back with us as Volunteer herself.



Elaine Irwin

Maintenance

It was a love of the outdoors that first brought me to Mansfield. From working at Delatite Wines to now being part of the maintenance team at MDH, it’s no surprise that you’ll see Gewurtztraminer and Cabernet vines now growing in the hospital gardens. I tend to get a few funny looks when ‘The Maintenance guy’ is bantering in the tea room with the nurses about the characteristics of a good Chardonnay.

Gardening is certainly a big part of my role here. It brings me a lot of enjoyment. You can never underestimate the healing power of greenery for patients, and the smile it puts on the faces of staff. Any heckling I get I’d be oblivious to with my headphones on, so I can only assume that everyone appreciates the overthinking that goes into my mown crop circles.

I also have a slight obsession with bamboo and what clumping varieties can do for a garden. If you want a really long chat, start with ‘bamboo’.

Every day brings something new here. From changing medical gases, to cleaning gutters, to repairing walking aids and beds or even a spot of gardening. Whatever is needed, I’m happy to lend a hand. Everyone at the hospital seems to have that in common... a sense of community and a genuine drive to do whatever is needed to make a difference. I feel lucky to be a part of that.



Aaron

People Matter Survey 2018 “What did our staff say?”

Survey Response

50% ↓ 3%
on 2017



Our Values

85%
Integrity

Honesty and integrity within workplace dealings

82% **Accountability**
Agree their workgroup uses time and resources efficiently
↑ **7%** on 2017

Impartiality in decision-making

Manager demonstrates objectivity

Workgroup demonstrates objectivity

↑ **83%**
2% on 2017

↓ **81%**
1% on 2017



Respect

Workgroup treats each other with respect

78%
↑ **1%** on 2017

Engagement Index



82% ↑ **3%** on 2017

Learning & Development

Place high priority on developing staff

88% ↑ **11%** on 2017

My manager supports learning

Learning & development helps me do my job better

85%

91%

↑ **6%** on 2017

↑ **14%** on 2017

Gender identity not a barrier to success

94%
↑ **8%** on 2017



Merit

↑ **78%**
1% on 2017



Agree recruitment is based on merit and having right skills for the job

Redress

Confident to approach manager to discuss concerns

Agree thorough/ objective investigation following grievance

83% ↓ **2%** on 2017

81% ↑ **12%** on 2017

Patient Safety

↓ **95%**
2% on 2017

Wellbeing

↑ **70%**
12% on 2017

Agree team leader/ manager correct problems that address our health

Role enablers

↑ **88%**
2% on 2017

Authority, skills abilities to do my job



Role Clarity

Understand clearly what to do

99% ↑ **6%** on 2017

Action Plan – What we will do

- 1 Develop and communicate to all staff overall summary information of key survey results.
- 2 Make survey results and benchmark reports available for discussion and feedback within Departments /Units.
- 3 Include summary survey results and action plan initiatives in mandatory training program.
- 4 Provide training to Heads of Department and supervisors involved in recruitment and staff performance management.
- 5 Continue to offer leadership education and support.
- 6 Review and enhance where possible, actions to increase staff resilience and reduce stress.
- 7 Improve effectiveness of new employee orientation and induction program including a comprehensive 3 month review.

Benchmarked Aged Care Indicators (2017-18)

Your Rates (per 1000 bed days)	ACTUAL	TARGET	ACHIEVEMENT	STATE
Pressure Injuries Stage 1	0.04	0.00	✓	0.35
Pressure Injuries Stage 2	0.26	0.00	✓	0.35
Pressure Injuries Stage 3	0.17	0.00	✗	0.05
Pressure Injuries Stage 4	0.00	0.00	✓	0.01
Falls	8.53	3.30	✓	7.66
Fall Related Fractures	0.17	0.00	✗	0.15
Suspected Deep Tissue Injury	0.00	0.00	✓	0.02
Unstageable Pressure Injury	0.00	0.00	✓	0.03
Intent to Restrain	0.00	0.00	✓	0.28
Physical Restraint Devices	0.00	0.00	✓	0.53
9 or more Medicines	2.86	2.10	✓	4.4
Significant Weight Loss (0.3kg)	0.68	0.20	✓	0.78
Unplanned Weight Loss (consecutive)	0.34	0.00	✓	0.78

Our Aged Care Services

Buckland House Nursing Home

MY CAREER CHANGE TO AGED CARE

My interest in being a carer started when my mum started to need assistance around the house. She got Lewy Body dementia. We didn't know at the time what was wrong. I learnt firsthand what it was like to be with someone who was vulnerable without them realising it. It was a great feeling to be able to provide support and care for my mum.

I was at the end of my career as a truck driver and I was looking for something for myself. I had had many other jobs before but I found caring for my mum really fulfilling and rewarding. I hadn't experienced anything like that before. I started volunteer driving for the social groups at the Shire, it gave me more contact with a wider range of people. I really enjoyed meeting all these different people. It was a really interesting dynamic. I now work in aged care and it's very similar. There are lots of diverse life stories. It was exciting for me to think that I could work in such a place and learn so much which makes for a really rewarding and satisfying job. Every day brings a different challenge. I haven't had such satisfaction and fulfilment in a job before. The residents' happiness lifts me, I love what I do. I love the energy it gives me.

Mum is now in care at Buckland House and it is great. When she was away in care we would travel to visit her and if she was having a bad day that is the memory you left with and that stayed with you until the next visit. This way I get to see mum when she is enjoying her day. I get to make the most of her happy times.

I think I'm very genuine and open due to each resident being so honest and truthful themselves. You can't help but respond in the same way. I enjoy it so much. I really admire the residents as many of them have so many challenges themselves and they make the effort to join in. They still want to live in the moment.

I also love the ongoing training; it keeps everyone fresh and open. We use what we learn to problem solve together. It doesn't seem to matter what your role is everyone works together to get the best outcome for the residents. I can't say it enough; I just love what I do.



Tony Kipping, Activities Assistant, Aged Care with Janette, Buckland resident

Bindaree Retirement Centre



Lois - Bindaree resident

THE STORY OF LOIS

Lois was born in an inner suburb of Melbourne, though the family moved to Mordialloc before she started school. Lois was the second eldest of seven children and says that hers was a very happy childhood with the family doing many things together such as going on picnics and playing games.

Lois has strong memories of her father who worked as a signalman for the railway. When she, her mother and her siblings took a train trip they would always exchange hand waves and smiles with her Dad if he was on duty. All the children loved this.

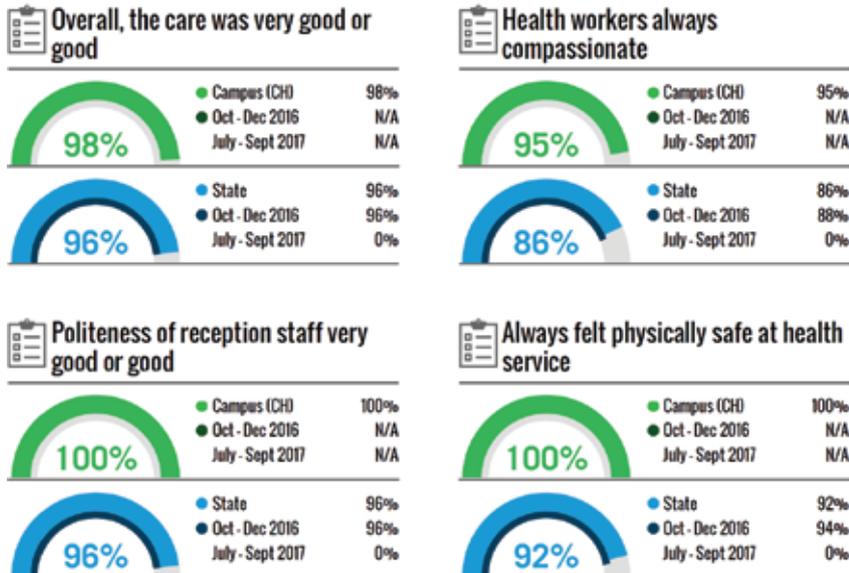
After leaving school, Lois with her parents' approval and support trained as a florist. She had always loved flowers and says that she really enjoyed her training. Once Lois completed her floristry training she was able to secure a position in a well thought of, and popular florist in St. Kilda. She loved her work and was successful in it as she ultimately was appointed head of staff in charge of designing and making all floral arrangements for weddings. Lois said that going to work each morning was wonderful with the colours and scents that she was surrounded with.

Lois married when she was in her late 20's and had 3 sons. However the marriage broke down and her husband left when the children were still at school. Lois was determined to keep the family together and she managed to do so with the assistance of her parents. She returned to work as a florist and though she has said it was difficult being a sole parent, she was determined to raise her children, give them love and have a happy home life. Lois never remarried and states that she never really wanted to.....
.."men who needs them!".....is her reply when asked did she ever think of marrying again.

Lois entered Bindaree in March 2018 and she reports the best thing about living at Bindaree is the friendliness of all the people she interacts with. They are all very different. Her favourite pastimes are colouring in and the visits from the Kinder Kids.

From September to November 2017, Community Health and Visiting Nursing Service clients participated in the annual Community Health Victorian Health Experience Survey. This was the first time that our health service has had enough responses to receive a result. We had some outstanding results as well as a number of areas identified for improvement. We plan to focus on these areas during the next 12 months.

Victorian Health Experience Survey Top Results



TEAM CARE IN DIABETES MANAGEMENT

Graeme is a 74 year old gentleman living in Mansfield.

Graeme was diagnosed with Type 2 Diabetes Mellitus in 2015. He had noticed swelling in his ankles 3-4 years prior to having a heart attack and was concerned about this. He tried to do as much walking as he could to help reduce the swelling. After his heart attack and his subsequent recuperation, he felt really good. Then he was told he had Diabetes. "I was a little disappointed" said Graeme. "I was also told that I had problems with my thyroid and I was worried about that". Graeme was provided with some education about these health conditions at a regional health service, however was unable to recall much of it due to the intensity of events at the time.



Graeme

After a short stint in South Australia, Graeme has settled into Mansfield and is involved with a number of local groups including 'Walk'n'Talk' hosted by the Community Health Nurse at Mansfield District Hospital, Spring Club, Men's Group and Easy Movers, the last of which he particularly enjoys. Graeme is aware that 'sitting is a trap' and takes the opportunity to move regularly. After attending the supermarket tour hosted by the MDH Dietitian and Diabetes Educator in 2017, Graeme is now an avid label reader and takes care to make healthy choices. Graeme attends Diabetes Clinic regularly and finds it helpful to discuss optimal management of his Diabetes, the progress he's made and any challenges he's experiencing. Regular appointments with his GP and specialist ensure that Graeme has a team with a wealth of knowledge and experience to support him with his health goals.

"I want to feel well enough to live a little longer. I don't want to have another heart attack", says Graeme. Graeme feels that his Diabetes is well controlled which is reflected in his most recent blood test and is the best result yet. He feels well supported by his daughter and enjoys living in Mansfield and spending time with the people in the groups he regularly attends.

Where are we heading now? "Now it's just enjoying it [life]!" Graeme has had a full life and enjoys offering an ear and advice to those looking for some guidance. One of Graeme's goals is to reduce his Diabetes medication and continue good management of his blood sugar levels. Graeme plans to continue attending the Diabetes Clinic and his social groups. He comments "It doesn't happen without conscious management. In this day and age it's easy to fall into bad habits. It's important to maintain the good work".



Mansfield RESTART

Mansfield RESTART is our innovative community led approach to addressing addiction and substance abuse within the community of Mansfield. This program was launched to the community on the 9th May 2018.

The project aims to reduce drug use and the effects of use and addiction on individuals, family, carers and the broader Mansfield community.

It provides a supported opportunity for those affected by addiction to once again take charge of their life.

Our vision is for communities to be safe, healthy and empowered to manage drug use in their community.

The program works with individuals and families to develop a plan of care to address their health needs. Our community individualised rehabilitation model uses a range of methods to suits each client's needs. We are using a multi-disciplinary team, including nursing, doctors, allied health and social support services to assist and support individuals and families.

Sessions aim to build the resilience of individuals and families to allow them to once again take charge of their life.

Following a grant from the Alcohol and Drug Foundation the Mansfield Local Drug Action Team (LDAT) was formed to work on community drug prevention. The LDAT works in conjunction with the RESTART program with our main aims in working towards addressing community and youth resilience:

- We define resilience as the ability to draw upon the strengths within yourself and around you to flexibly respond to life while remaining true to yourself and creating positive relationships with others.
- HIGH LEVELS OF RESILIENCE = ENGAGEMENT, HOPE AND SUCCESS

MEETING THE CHALLENGES FOR OUR CLIENTS TO REMAIN AT HOME – VISITING NURSING SERVICE

I was first referred to the Visiting Nursing Service (VNS) in 2012. I had terrible hip pain and large ulcers that went all the way around my legs. At the time I couldn't do my live radio show with Radio Mansfield, and it looked like I wouldn't be able to stay at home. Doing the radio show is really important to me. It is what keeps me sane and keeps me going. Not being able to do it was terrible.

The Visiting Nurses worked closely with my Specialist and my Local Doctor. They were really helpful in caring for my wounds and providing me with ideas on how I could help myself to get better. They would talk to the other service providers such as the Occupational Therapist, Physiotherapist and Wound Consultant and together they helped get a lot of equipment that has made my life so much easier. For example they helped me get an electric bed. Before that I could only sleeping in a recliner because I couldn't get in or out of bed. They also helped install a ramp which means I can now get in and out of the house more easily.

All the service providers provide me with information and then support my husband and I to make our own decisions about what works best for us. Thanks to the nurses my wound is much better. I only have wound care 3 times a week now and I have achieved my goal of staying at home and continuing with the radio station. Those nurses are just marvellous.



VNS client Marg and husband Fred

Providing education to our community

MDH community health staff offer and run a variety of education programs within our community. One of these programs in 2017-18 was an educational session on CPR and the use of a defibrillator to the community of Jamieson. The community requested this session prior to the summer tourist season and after the kind donations of two defibrillators to the township. The session was well attended by 17 residents who felt that they were both more confident and comfortable in using the defibrillators at the conclusion of the session.



Tell us what you think

Please return the completed form to:

Chief Executive Officer
Reply Paid 139
Mansfield VIC 3724



What is your age?

15-18
 46-55

19-25
 56-65

26-35
 66-75

36-45
 Over 75

How much of the report did you read?

All
 A little

Most
 None

Was the report easy to understand?

Very Easy
 Difficult

Easy
 Very Difficult

Did you find the report informative?

Yes

No

Did you enjoy reading the report?

Yes

No

Do you have any comments or suggestions about how we could improve the report?

Thank you for your time to help us improve our services.



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