



More Than a Hospital
Rochester and Elmore District Health Service



CALENDAR 2015

QUALITY OF CARE REPORT 2014



CEO's MESSAGE

On behalf of Rochester and Elmore District Health Service (REDHS), I am pleased to present the *2013-14 Quality of Care Report*. This report highlights our focus on quality and safety to ensure the best possible outcomes for people in our care and those who access our services.

There is no doubt the key highlight of the past year was REDHS being named winner of the Premier's Health Service of the Year – Rural Health Service of the Year category in the 2013 Victorian Public Healthcare Awards. The premier's award for the most outstanding health service is the most prestigious accolade to which a Victorian health service can aspire. The award recognises leadership and excellence in the provision of publicly-funded healthcare for the Victorian community.

It was an honour for REDHS to receive this significant award and was acknowledgement of the dedicated efforts of the board, executive, leadership team, all staff and our volunteers who work hard to provide the best services possible to the community as we continue to improve.

Key quality of care achievements by REDHS during the year have included:

- A 36 per cent increase in primary care activity with an additional 1,914 occasions of service.
- Continued improvement of aged care business processes and implementation of a new staffing structure that will lead to improved quality of care for residents.
- Participation in a number of collaborations such as the cross-regional Strengthening Health Services Project, lead

agency for the regional Aged Care Funding Instrument (ACFI) Project and member of the Victorian Small Rural Health Service Alliance which initiated a benchmarking project to help track performance.

- The research partnership with La Trobe University to develop a long-term, inclusive process continued into its second year with the community consulted to identify health and wellbeing priorities. These priorities were adopted by the board in May 2014 and will provide the focus for future service planning.
- The completion of a major refurbishment of the hostel included a full repainting program, lighting replacement, plumbing upgrade, installation of new kitchen, window furnishings and new furniture throughout with considerable consultation and cooperation between staff, residents, families and contractors.
- Meeting National Safety and Quality Health Services Standards at a successful periodic review as well as meeting the Community Care Common Standards for joint Commonwealth and Victorian funded programs under the HACC program to maintain our fully accredited status.

REDHS' focus for 2014-15 will be increasing the involvement of consumers in existing programs and in the planning for new services, while building the capacity of consumers to participate. We will continue on this journey and I look forward to providing an update for our next Quality of Care Report.

Anne McEvoy,
Chief Executive Officer

REDHS' Quality Plan 2012-2016

REDHS' Quality Plan 2012-2016 sets out what our health service aims to achieve for **every** person, **every** time they access our services.

Clinical and non-clinical staff and volunteers across our entire service have a responsibility to achieve four major quality goals and understand that in achieving these we will provide a quality experience for every person.

The four REDHS quality goals are:

1. responsive to, and focused on, individual needs
2. right for each person and achieve what they are designed to do
3. accessible, coordinated, streamlined and organised
4. safe and free from preventable harm

To oversee progress against the quality plan, governance systems are in place which are outlined in REDHS' Clinical Governance Framework, formalised and reviewed during 2013-14 and based on the *Victorian Clinical Governance Framework*.

REDHS' Access and Inclusion Plan is being finalised to bring together a number of compulsory plans and strategies to streamline monitoring and reporting. These plans are:

- *Aboriginal Health Plan*
- *Cultural Responsiveness Plan*
- *Disability Action Plan*
- *Doing It With Us Not For Us strategic plan*
- *HACC Diversity Plan (HACC – Home And Community Care Program Jointly Funded By The Commonwealth And Victorian Governments)*

PERFORMANCE AT A GLANCE 2013-14

Doing It With Us Not For Us is the Victorian Government's policy on consumer, carer and community participation (CCCP) in the health care system. Throughout this report you will see some of the many ways we are engaging with consumers and communicating with our community. This table shows that we are exceeding the requirements of the standards:

CCCP Standard	Target	REDHS result
Implementation of specified strategies	75%	88%
<i>Satisfaction with involvement in care</i>		
Acute Care	75%	85%
Primary Care	90%	93%
Residential Aged Care	75%	85%
Information resources that met requirements	85%	100%
Dimensions or activities with active participation by consumers	75%	83%

In the past year, REDHS:

- has contributed to the Campaspe Primary Care Partnership Strategic Plan
- has met with the Department of Health's Aboriginal Liaison Officer to assist with the Aboriginal Health Plan development and implementation
- now submits articles to an additional three local news publications (EPA Newsletter – Elmore, Locky News and Waranga News) in addition to the Campaspe News and annual Quality of Care Report
- participated in the Victorian Health Experience Survey, service coordination and other satisfaction surveys
- staff have attended consumer engagement training sessions

Falls and physical restraint

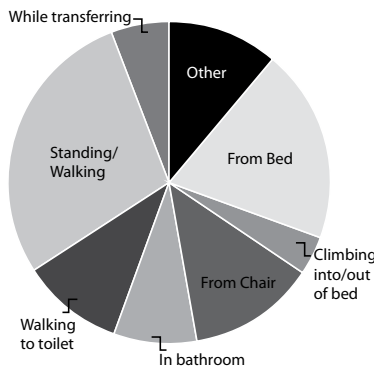
Falls are the most common incident reported at REDHS and are defined as 'an event that results in a person coming to rest on the ground or floor or other lower level'. The majority of falls occur in our aged care facilities and our overall aim as an organisation is to prevent falls.

Where this isn't possible, because of the desire to maintain independence, the aim is to minimise the risk of injury. Patients and residents are provided with information on falls prevention and management and, on admission, are assessed using a best practice screening tool. Nursing and allied health staff and patients work together on individualised care plans that include falls prevention and management.

The number of falls is directly related to the resident and patient mix at REDHS. Increased frailty of residents on admission, many with complex medical conditions, is a major factor.

In 2013-14, REDHS recorded 232 falls, compared to 180 in 2012-13 and 363 in 2011-12.

How falls occurred



Unfortunately, seven falls resulted in fractures - three in the acute ward and four in aged care this year. Fractures prompt a special review which closely analyses all care being provided at the time to ascertain any specific contributors to the fall. Reviews for the past 12 months indicated that appropriate care was being provided at the time, with individualised strategies in place.

At REDHS, all aged care falls are benchmarked and falls rates in our aged care facilities were consistently below the state wide average, which is pleasing for our organisation.

There are a number of strategies for falls prevention, one of which is the use of restraint. All clinical areas of Rochester and Elmore District Health Service are minimal restraint facilities. Currently there are two aged care residents who have seatbelts on their wheelchairs. Before strategies such as these are put in place, occupational therapists provide advice and appropriate authorisation from the medical officer and consent from the resident and/or their carer is also required in all cases.

Aged care restraint is benchmarked state-wide and in 2013-14 REDHS had no reportable instances of restraint in line with the benchmarking definitions.

Pressure injuries

Pressure injuries can result when blood flow is restricted and nerve sensation is affected when people spend extended periods sitting or lying down. REDHS' rate of pressure injuries continues to be consistently low and can be attributed to all patients and residents being regularly assessed.

For the majority of the pressure injuries recorded at REDHS most cases are present at admission. Management strategies include pressure relieving mattresses and cushions and regular shifting of position in bed or from bed to chair. In addition, we address issues such as nutrition and hydration management. REDHS Skin Integrity Committee keeps staff up-to-date with best practice techniques, including the most suitable prevention and treatment strategies.

In 2013-14, our aged care facilities were consistently below the state-wide average for the incidence of pressure injuries, with all but one classified as stage one (unbroken, reddened skin) and were managed to ensure the injury did not deteriorate.



REDHS social worker, Meaghan, has assisted many people with Advance Care Planning

MAKING DIFFICULT CONVERSATIONS EASIER

Kathleen* was admitted to REDHS’ acute ward with chronic health conditions and was faced with important decisions about her current and future care needs. She was not aware of all the options available to her, nor how she could make her care preferences known and feel confident her wishes would be carried out. In response, REDHS acute ward staff put her in touch with our social worker Meaghan. The many options were thoroughly explained to Kathleen and her daughter, including help in the home, primary care services, community nursing, residential aged care, respite care, transition care and day programs such as Planned Activity Group.

Kathleen decided on her preferred options and wished for her choices to be carried out by her family and health care professionals. It was suggested she put an advance care plan in place ensuring both her family and doctor would know her care wishes. During this process there were also important discussions about both financial and medical power of attorneys.

Both Kathleen and her daughter expressed the relief they felt as the advance care plan was developed with everything clearly set out.

They were relieved to be supported by the third party facilitator, Meaghan, through what can be very difficult conversations at any stage of life, but particularly as people age. Meaghan helped to lead the conversation, taking the onus off Kathleen and her daughter whilst allowing Kathleen to maintain control in her medical situation.

*Name has been changed to protect privacy.

Advance care planning is an important aspect of quality care at REDHS and seeks to give patients a voice with regard to preferred treatment while supporting

families to compassionately fulfil their loved one’s final wishes.

The advance care planning philosophy creates an environment for discussions around the level of medical treatment and quality of life patients wish for, while they can still actively participate and make an informed and active decision, based on their individual values.

Importantly, it also puts in place a process for reviewing, locating and activating a patient’s wishes at a point where medical decisions need to be made on their behalf.

Doctors say when faced with a significant medical decision, even family members who know us intimately struggle to know our wishes. Advance care planning can help people close to you, and those caring for you, know what is important to you. It recommends discussing and writing down your wishes for future care to help those caring for you feel more comfortable about the decisions they might make on your behalf.

Our social workers have been working extensively with aged care residents, community members and their families. Most residents now have advance care plans in place.

I would like you to understand how helpful Helen (social worker) has been to me. She has been so wonderful in her understanding, her kindness has been unbelievable and her professionalism has been so great for me. I believe that I could not get anyone more helpful.

REDHS can support you to prepare an advance care plan, and primary care reception (03) 5484 4465 can help with further information or to make an appointment with one of our trained facilitators.

JANUARY 2015

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
				1 New Year's Day	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26 Australia Day	27	28 School Term 1 Commences	29	30	31

To support them in their roles over the past 12 months, our REDHS social workers and some nursing staff have attended training sessions in advance care planning with further education for additional nursing staff planned.

Who should make an advance care plan?

Like making a will, everyone should consider making an advance care plan. This may be simply appointing a substitute decision-maker such as an enduring power of attorney (medical treatment) and talking to them about the level of medical treatment and quality of life you would want if unable to participate.

At REDHS we advise that advance care planning is particularly important for:

- aged and older people who are frail
- people approaching end-of-life or with progressive and life-limiting conditions
- people with multiple chronic diseases such as stroke, diabetes and heart failure
- people with early memory loss or diagnosed with dementia



Community Kitchen participants Garry, David and Carmel, and dietitian Katherine, prepared tasty, nutritious, meals

HEALTHY EATING CONTRIBUTES TO HEALTHY LIVING

Promoting healthy eating and a healthy lifestyle is a major aspect of the quality of care at REDHS and underpins much of the work we do to promote prevention of chronic illness in the wider community.

Healthy Weight Week is held each February and is a perfect opportunity for our organisation to promote positive lifestyle choices for everyone. A display of healthy eating tips with easy and nutritious recipes in the primary care foyer. We also held a morning tea for staff and ran a quiz testing their nutrition knowledge.

A successful supermarket tour at the local Rochester IGA supermarket which was attended by eight community members, with others expressing interest. The aim of the tour was to educate participants about how to better improve their wellbeing through healthy food choices.

Our Community Kitchen has been running fortnightly for the past 18 months. The program has had both men and women, from a range of ages, who come together to plan their meals, budget, cook, clean and eat together. The group is participant-driven with the support of a local volunteer acting as group facilitator. Usually a main meal and dessert is prepared and everyone has input into the menu. The participants made many dishes including soups, risotto, vegetable stuffed mushrooms, chicken and spinach lasagne, fruit muffins and garden salads. We encourage anyone in the community to join this wonderful group.

REDHS' accredited, practising dietitian and nutritionist provides support 2.5 days per week as well as an outreach dietetic service at Dingee Bush Nursing Centre and at Wharparilla Lodge in Echuca.

At REDHS we understand an individual's nutritional requirements, therefore our dietetic service focuses on assessment, treatment and education of clients for nutrition-related health conditions including diabetes, heart disease, excess weight concerns, cancer, irritable bowel syndrome, malnutrition, food allergies and intolerances. The work also provides recommendations and support to clients to modify their current food intake in order to manage their health conditions, and optimise their overall health and wellbeing.

The dietitian also supports patients across different areas of the health service, including individuals in the hospital, residents of the hostel and nursing home and community clients referred by a health professional.

Once a full nutritional assessment is carried out for all patients at REDHS, the patient is educated on the appropriate diet to manage their condition and strategies are developed to aid individuals to follow this diet according to their lifestyle and social situation.

For patients in the hospital, consultation with the dietitian and food service staff is often required to ensure all patients receive the necessary nutritional supplements through an appropriate specialised diet. Appropriate food for their religious and cultural beliefs, texture requirements and personal preferences is also offered.

For details about joining the Community Kitchen or accessing dietetic services, contact Primary Care Administration on 5484 4465.

FEBRUARY 2015

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1 HeartKids National Awareness Month Ovarian Cancer Month	2	3	4 World Cancer Day	5	6	7
8	9	10	11	12	13	14
15	16 Healthy Weight Week	17	18 International Asperger's Day	19	20	21
22	23	24	25	26	27	28

Unplanned weight loss:

Unplanned weight loss in our aged care facilities is closely monitored.

In 2013-14 the rate of residents losing more than 3kg in three months, or losing weight every month for three months, was generally in line with or below the state-wide average (but slightly higher against last year's REDHS figures).

The residents who did experience significant weight loss were being cared for in palliative care and were under the supervision of our dietitian.

To complement monitoring of unplanned weight loss, the REDHS Food Service Reference Group was formed in 2014 as a forum for enhancing nutrition across the organisation and includes representatives from all departments with consumer representatives to be recruited in late 2014.

As part of the Victorian Health Experience Survey April – June 2014, patients were asked to rate the hospital food:

- 89% rated the food as Very Good or Good (state average 60%)
- 91% indicated that the food was suitable for their dietary needs (state average 67%)



Graduate nurse Lillian is shown the Medication Management Plan by pharmacist, Priya and graduate nurse, Amber, giving out medications in the Nursing Home

THE RIGHT MEDICATIONS AT THE RIGHT TIME

Medication errors at home are nationally recognised as a common reason for admission to hospital and can also be a risk when someone is admitted to hospital or an aged care facility. At REDHS we work hard to reduce the risks of an incident occurring in a variety of ways across the organisation and in the community.

Our Medication Advisory Committee oversees medication management at REDHS and involves pharmacists, nurses, managers and other senior staff. The committee reviews incidents, monitors trends and makes recommendations for improvement.

In the wider community our district nurses assist some community clients to manage their medications correctly by taking a supervisory role in the management and administration of pre-packaged medication, carrying out the changeover of pain control patches as well as monitoring and assisting with insulin administration. The benefits of daily contact include increased safety for all patients and the enhancement of medical stability due to consistency of taking medications at regular times and intervals.

Furthermore, if a client is managing their own medications, district nurses have access to a check sheet to mark-off which medications have been taken. This helps to identify if any have been missed or too many taken.

Aged care

At REDHS we have two aged care facilities that, until recently, administered medications using two different processes due to the different staffing structures in low and high care. This year the staffing structure changed, with staff sometimes working in both areas. The processes were aligned to minimise the risk of errors. Medications are now given out of pre-packed blister packs in both facilities and the medications charts are also the same.

In hospital

REDHS utilises the services of a pharmacist from Echuca Regional Health once a week as well as access by phone or electronically as required.

To help avoid errors with medications at REDHS it is important for nursing staff and doctors to have an accurate patient record, including current medications, available for reference.

To assist in recording a comprehensive medication picture for patients, the Medication Management Plan (MMP) was introduced in REDHS' acute ward this year. Pharmacists report that the system is a valuable resource for the review medications prescribed and compare this list from admission to ensure consistency and includes:

- why the patient has come into the hospital
- past medical history
- medications being taken on admission and any recent changes
- any allergies
- pathology reports to help guide prescribing, especially if there are kidney and liver problems
- the ability of the patient to swallow.

This review process allows for consistency and continuity of care for all patients as pharmacist notes, alerts or observations can be viewed by the treating doctor for consideration. The pharmacists may often contact the doctor directly if they need clarification on any medications. There is space for the pharmacist to write explanatory notes for the reference of nursing staff to help explain why medications are used, administered a certain way and any supply issues.

Importantly, the MMP plan is filed on the patient record to be accessed by the pharmacist as a reference for any future visits.

MARCH 2015

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1	2	3	4	5	6	7
8 World Glaucoma Week International Women's Day	9 Labour Day	10	11	12 World's Greatest Shave 12-15	13 Red Nose Day	14 Cultural Diversity Week
15	16 Brain Awareness Week	17	18	19 Close the Gap Day	20	21
22	23	24	25	26	27 School Term 1 Finishes	28
29	30	31				

How you can help to make the management of your medications safer:

- If you have trouble reading or understanding information, let any of our staff know
- If you think you should have had your medication and it hasn't been given, tell any staff member. Even if it is not a nurse, they can tell them for you
- If you don't recall having that tablet before, ask if it is the right one
- About why you are taking a particular medication, even if you have been taking it for a long time and you have forgotten its purpose

As part of the Victorian Health Experience Survey, 66% patients indicated that they received sufficient information about the medications given to them whilst in hospital.

Our nursing staff have a comprehensive knowledge of medications and also have access to comprehensive written information about your medications which can be printed out for you to review.

We will continue to look for ways that we can improve how we provide medication information to patients.



Barbara surrounded by her family and friends and some of the hostel staff who provided her care

'IT'S THE LITTLE THINGS THAT COUNT'

~ A story by Megan Ayson

Barbara was a very independent woman who had been in hospital and was looking forward to returning to her home. It was obvious however to family and clinicians at REDHS that she wasn't quite ready to be able to manage at home.

Barbara and her family suddenly found themselves confronted with making some big decisions about how to manage her rapidly changing health condition.

REDHS Transition Care Program staff were on hand to provide the right information at the appropriate time so Barbara and her family could make the best decisions.

Barbara was initially reluctant to be involved in the program, but with advice and support from REDHS TCP staff and family, she decided that undertaking TCP at the hostel was the best way to get back home. To her surprise, after leaving hospital, she quickly felt right at home in the hostel, much to the relief of her family.

Barbara's individualised care was delivered in accordance with her wishes with input from her family, doctor, TCP and care staff. Her nursing care needs were met by REDHS hostel staff with TCP staff providing allied health support such as physiotherapy, and all staff providing ongoing, emotional support for Barbara and her family by providing a sounding board for them all.

Not long into the care program, Barbara's health rapidly declined and, after investigation, she was deemed as a palliative patient. There was no treatment appropriate and nor did she want any. Like many people, her daughter Megan and her family felt guilty that they could not provide the necessary care themselves. The support given to Barbara and her family was invaluable to assist during this very emotional time.

Barbara continued on TCP and plans were put in place for her to be admitted as a permanent hostel resident. Sadly, Barbara passed away 10 weeks after leaving the hospital.

Barbara's daughter Megan shares the story of her mum's journey:

Having my very independent mother needing assistance was a big change for not only Mum, but for us as well. Hospital staff put us in touch with the TCP to help us weigh up the options.

From the moment Mum moved over to the hostel, staff treated her with great compassion as if she was their own mother - making my Mum (and us) very happy. I knew she was in good hands and it felt like she was in her second home. I called in most days and staff would always keep me up-to-date on the phone when necessary. Whatever Mum needed, she got. It was not unusual to arrive and see Mum having her feet massaged. She looked forward to seeing staff when they started their shift. The staff worked so well together with everyone knowing the care she needed.

When Mum was dying, the staff were even more amazing. Not only did they support Mum with such compassion, but us too. They were always ready with a kind word and a hug. They cared not only for Mum's physical needs, but her emotional needs as well. Mum was made very comfortable and enjoyed telling stories as much as she enjoyed laughing at the jokes told by staff. We were able to stay overnight when we liked and staff arranged meals for us.

Losing our mother and grandmother was very emotional but we received great comfort from the staff. The care they gave allowed her not to die in fear or pain and, as a family, we felt it was the nicest death she could have had. The group hug my family and I got from the staff when she died was very special. Even now, if I run into staff around the town, we have a great chat and I love that they still give me a hug.

APRIL 2015

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
			1	2	3	4
				World Autism Awareness Day	Good Friday	Easter Saturday
5	6	7	8	9	10	11
Easter Sunday Daylight Saving Finishes	Easter Monday	World Health Day				
12	13	14	15	16	17	18
	School Term 2 Commences					
19	20	21	22	23	24	25
						ANZAC Day
26	27	28	29	30		

Megan continues.....

While Mum was there, the many "little" things staff did that meant so much to us; the way they listened to us and treated the residents with such respect. Nothing was too much trouble; it was good, genuine, old-fashioned care.

Staff had been told the story of Mum's life so they were able to really take care for her as an individual. All staff always made sure that her room was kept really nice and tidy, flowers arranged and with fresh water and made sure there was a cuppa and a biscuit ready when Mum went out for a smoke.

REDHS is proud to be able to offer streamlined, coordinated care. Most clients are assisted so that they can manage at home but in cases like Barbara's where the situation changes, REDHS is able to provide support and advice on other appropriate health care options.

REDHS Transition Care Program (TCP) is designed to improve older people's confidence and independence after a hospital stay by helping them to maximise their abilities and adjust back into life at home or make the decision to move into residential aged care. One of the important benefits of the program is that clients can either be part of TCP in their own home or in the REDHS hostel.



People receiving our services and our volunteers are a vital part of staff education and help REDHS to improve

LEARNING FROM EACH OTHER

REDHS residents, patients, clients and volunteers have been involved in an exciting new project this year – teaching staff by appearing in a video.

We filmed REDHS patients, clients, residents and volunteers as we asked them about what was important to them as well as what they like staff to do for them and if there was anything staff could do to make their day better.

Their comments showed a desire for routine whilst allowing for individual needs. Being able to continue to make positive contributions to community life whether in the hospital, planned activity group or residential aged care was also very important, including things like making knitted objects for people, running footy tipping, daily raising and lowering of the flag – all of which provide inclusiveness and a sense of worth.

A volunteer spoke about the camaraderie at our planned activity group and the associated friendships. It was pleasing to learn that many of our consumers identified social interaction, particularly with both genders, as very important to reduce social isolation for both community and aged care residents. They also commented about the enjoyment of being able to provide information to help improve quality of care at REDHS through their involvement in the video.

The resulting training video is now utilised regularly at staff training. It is information from the coalface and from the answers provided we have begun re-adjusting our thinking to be even more consumer-focused.

Staff responded well to the feedback videos and were very engaged to learn what was being said about our level of care. There is a genuine sincerity about having 'real' consumers, involved directly with our organisation, talk about their experiences. The powerful messages delivered back to all staff cannot be underestimated in terms of assessing and improving

the level of care at REDHS as well as staff receiving recognition and thanks for the care they provide and ways it can continue to improve.

This is just one of the activities carried out at REDHS as part of defining what 'great care' really means as our Quality Plan is rolled out (see inside cover).

With our increased awareness of client satisfaction we have learnt to think more about what we can do 'with' our patients, residents and clients as much as what we can do 'for' them in terms of their health care. The aim of this shift in thinking is to help all those receiving care or services at REDHS to become more involved with their own care.

We have also learnt the importance of flexibility to suit the particular circumstances of a day and the individual's needs while still adhering to structure and procedure.

Members of the public are invited to give their opinions and are able to do so in a variety of ways.

Many consumers have helped with the publication of this annual calendar report through reviews and suggestions which have resulted in a more concise report, in an easy to understand format. Consumers have reviewed information sheets and brochures to ensure they are written in a way that can be understood by community members.

Consumers also participate in surveys for primary care, acute ward and aged care and fill in feedback forms with compliments, suggestions and complaints.

We encourage you to help us to help you by telling us about good experiences with REDHS and areas where we could improve.

MAY 2015

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
31 World No Tobacco Day					1 Jelly Baby Month Neurofibromatosis Awareness Month Crohn's and Colitis Awareness Month	2
3	4	5 World Hand Hygiene Day World Asthma Day International Midwives Day	6	7	8	9
10 World Lupus Day Mothers Day	11 National Volunteer Week	12 International Nurses Day	13	14	15 International Day of Families	16
17 World Hypertension Day	18	19	20	21	22	23
24	25 Kidney Health Awareness Week	26	27	28	29	30

As a direct result of consumer feedback during the past year, we have:

- introduced a trolley for holding towels and toiletries in ensuites for patients who need assistance to get to the ensuite but are able to shower and wash independently (prior to having the trolleys, towels and toiletries were in reach of staff assisting but not within reach of the patient)
- installed enhanced signage (including speed limit) in the car park
- reviewed the policy and procedure for ambulance transfer and nurses are now clearly authorised to call for a transfer in addition to the visiting medical officer
- ensured staff are continuing to receive training in consumer engagement to enable them to better support and encourage consumer involvement
- committed to introduce more and more opportunities for consumers to become involved in the future

From a patient:

I wrote to the management about an issue I had with the way a procedure was performed and their prompt response satisfied me. Excellent service overall.



Registered nurse, Paul, has provided drug withdrawal support for many people over the past year

RECLAIMING LIVES, ONE DAY AT A TIME

REDHS Rural Drug Withdrawal Service commenced in September 2013 as part of a Commonwealth Government program led by Northern District Community Health based in Kerang. The aim of the program is to support clients and their families affected by drugs and alcohol and provide a comprehensive and confidential service.

Our rural drug withdrawal nurse offers the service, focusing on drug and alcohol withdrawal at home or in health service settings. The service includes assessment, treatment and transitional aftercare aimed at improving the health and social outcomes of clients with substance use issues.

Clients can access the service by self-referral; however, a referral from a GP or other health professional is preferred so that current health information can be obtained. Importantly, there is no cost for this service.

Since the program commenced, just over 1000 occasions of service have been provided face to face, over the phone or electronically for 86 clients, most of whom are receiving ongoing support. Some of the people using the service have been long time alcohol or drug users and their ages range from 17 to 62 years of age. Seventy per cent of clients are male, while 30 percent are female.

An important aspect of the withdrawal nurse's role is to ensure privacy is paramount and often client meetings are held in homes or other non-threatening environments to ensure individuals are respected.

Our drug withdrawal (registered) nurse (RN), explains the most rewarding part of his role is seeing people going from a place of utter despair with poor health to having a more positive outlook and re-engaging with the community, their workplace and their families, as their health improves. The RN enjoys the challenges of keeping his clients engaged and motivated to make a positive and rewarding, but often difficult, change in their lives.

"It is such a pleasure to see improvements in quality of life – making a difference," he said.

Clients can be seen in the community or be admitted to health services to commence a withdrawal program in Echuca, Rochester, Kyabram, Bendigo, Benalla or sometimes Melbourne. The RN has worked to build and improve networks with local GP clinics across the Campaspe region, as well as mental health staff from Bendigo Health. There have been improved networks with rehabilitation facilities in Victoria and importantly, many clients' families have verbally expressed gratitude for the service.

Benefits of the rural drug withdrawal program include individualised programs, potential for improved quality of life, satisfaction regaining employment, improved family relationships and the ability to be able to care for children.

Some of the comments and results of those who have accessed the Rural Drug Withdrawal program include:

This experience has been life changing for me. These two weeks have been the life change I needed. Your staff were kind, considerate and compassionate.

A woman who completed an alcohol withdrawal said she was grateful for "changing her life" and being provided with a referral to a residential drug withdrawal facility. She said her relationship with family had improved considerably.

Another client, a man in his 50s who has been using cannabis since a teenager, is now drug free and seeing mental health services regularly which has aided his abstinence.

Another successful detoxification of a woman in her 40s, who had been drinking alcohol since her early teens, has seen recommencement of employment and improved relationships with family members.

For further details about the program, contact REDHS Primary Care on 5484 4465.

JUNE 2015

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	1	2	3	4	5	6
7	8 Queen's Birthday Holiday	9	10	11	12	13
14	15 Men's Health Week	16	17	18	19	20
21 Winter Solstice	22	23	24	25	26 School Term 2 finishes	27
28	29	30				

From a local mental health carers group:

Paul is terrific with providing withdrawal support, wonderful and supportive with a very lovely manner.

Compliments about some of our other services:

The general, overall care was great. The staff were professional, efficient and friendly and conditions at the hospital were well past my expectations. Well done!

The service was great - when I walked in, I was a bit lost to find my location and within seconds someone asked me if they could help and took me to the right spot. The signs to tell you where to go were good and the cleanliness of the hospital was of a very high standard and the staff were a great help. I was very impressed.

The hospital, doctors, nurses and staff are all so reassuring; it helps so much in a recovery. The meals were fresh, tasty and well presented. Thank you for making my stay easy to recover.

REDHS Café is a lovely, cosy place to bring patients or residents to have a cuppa.

It was helpful to see the aged care respite rooms, but more importantly, the information you provided was tremendously helpful and reassuring. I was really impressed by your professionalism and dedication to clients like my Mum.



Maddie ensures that people are correctly identified when they report to reception for an appointment

MAKING CARE AND SERVICES SAFER BY MANAGING RISKS

When you visit REDHS for an appointment, to be admitted into hospital or our aged care facility, there are many visible and ‘behind the scenes’ activities going on to make your visit or stay as safe as possible.

Can you think of any you have seen?

Cleaning hands

Everyone who visits our facilities is encouraged to wash their hands. This is because the prevention and spread of infection is one of the biggest risks in health care.

The Right Person

When you come to REDHS, you are asked your name and sometimes further information including your date of birth and why you are here. You may even be asked more than once. This is because the misidentification of a person is a risk and can lead to the person receiving the wrong treatment or advice.

REDHS reviewed its identification procedures this year in response to an incident where a consumer was incorrectly identified. The consumer was not physically harmed but incorrect advice was given that led to unnecessary anxiety. Upon inquiry by the person’s family, the situation was quickly rectified and correct advice given. Since the changes and staff training, no further instances of misidentification have been reported.

The Right Information at the Right Time

At REDHS, and at most health organisations across the state, there are three nursing shifts a day as well as doctors’ rounds and visits by other health professionals such as the pharmacist, physiotherapist, dietitian, social workers, occupational therapists and others. Therefore it is essential that accurate and sufficient information is always available at the point of care to ensure the

most appropriate, safest and individualised care. To manage the risk of not having the right information at the right time, there are set procedures at REDHS for communicating both verbal and written information.

Effective handover of information between shifts is essential for quality care at REDHS and our aged care staff are guided by a handover sheet which includes all residents’ updated information. This information is updated weekly or sooner if a resident experiences a change in health conditions. MANAD, an electronic records system, is also used to record resident information for the reference of staff.

This year, our acute ward introduced the Best Practice ISOBAR technique which involves essential information transferred consistently between shifts. It is also used between REDHS and other health facilities if a patient is to be transferred.

ISOBAR stands for Identification, Situation/Status, Observations, Background/History, Assessment, Responsibility/Risk Management and conveys all relevant information to care givers to ensure appropriate care or advice. It makes it clear what actions are expected of the person receiving the information.



JULY 2015

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
	School Term 3 Commences					
19	20	21	22	23	24	25
26	27	28	29	30	31	
		World Hepatitis Day				

Report a Risk Week is held every July and staff enter competitions involving prioritising risks and staff, volunteers and consumers are encouraged to report any risks they have identified.

In 2013-14, reported risks mainly involved our physical surrounds and resulted in a tree removal near the Mackay Street entrance obscuring the view of traffic and car park lines being reconfigured to improve safe traffic flow.

You can help to keep yourself and others safe at REDHS by:

- making sure you wash your hands correctly
- making sure that staff know who you are and why you are here
- involving yourself in your care to establish a partnership and effective communication with care staff
- learning about preventing pressure injuries if you are lying or sitting for extended periods or managing existing pressure injuries
- calling the staff for assistance if you are at risk of falling
- making your home a safe place for our staff if you are receiving care at home
- telling staff if there has been a change in your condition or that of your loved one
- speaking up if you identify a risk to yourself or others



Student and graduate nurses are mentored by experienced staff and secondary school students are provided with opportunities for involvement in health care

SUPPORTING TOMORROW'S WORKFORCE

In 2013-14, 92 students conducted placements at REDHS for a total of 837 days, with extremely positive feedback received.

Often REDHS, as a small rural health service, is not the first choice for placement however the feedback received during and after placement shows a complete change of opinion about rural health. Education providers have informed us that students return with very positive things to say about their time at REDHS.

The staff that supervised me were well educated and very helpful. They displayed a level of professionalism that deserves respect and admiration from a student such as myself and the clinical support nurse also performed incredibly well. I am immensely satisfied with this placement experience.

We are proud that our health organisation offers a well-rounded experience where the many students perform tasks in line with their stage of training and reflect on practices learnt in the classroom. We expose students to a positive and professional rural health organisation with a wide range of opportunities throughout the acute ward, aged care, primary care and community nursing. We hope that by doing so, students are encouraged to come back and work in rural areas in their future careers.

The students come from across many areas including social work, occupational therapy, physiotherapy, podiatry, paramedic and allied health with the majority coming from nursing studies. Most placements are for two weeks with some allied health placements such as physiotherapy extended to five weeks and social work as long as three months.

Aged care residents, clients and patients play an important part in the training by allowing students to observe and carry out appropriate care including non-clinical aspects such as communication.

Generally first year nursing students take observations and learn to communicate with patients effectively, assist with washing, showering and dressing. Second year students tend to carry out more advanced tasks including administering medications under supervision and taking blood samples. Third year students focus on honing their practical and analytical skills and take the time to reflect on their practice and areas for improvement. They also work towards improving their time management skills, prioritisation and working in a team with a variety of other health professionals.

Students at REDHS are always buddied with experienced staff and a clinical support nurse meets with students for daily debriefs and discussions about the activities undertaken during the day.

The REDHS Education Hub opened in December 2012 and is a valuable venue for practising skills in a simulated clinical environment, has easy access to computers and a group education space. An added bonus for students at REDHS is our affordable on-site accommodation and is utilised extensively by students and visiting health professionals alike.

In addition to university placement, REDHS provides secondary school students with opportunities to experience working in a health service. This experience helps students make career decisions and is an ideal opportunity to 'try before they buy'. REDHS also offers a successful traineeship program to school leavers in administration, allied health assistance and maintenance, which has been embraced by local students.

Overall by providing a positive experience for all students at REDHS we are spreading the word about our excellence in quality care as well as improving the possibility of students returning in a graduate position to our organisation.

AUGUST 2015

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
30	31					1
2	3	4	5	6	7	8
Donate Life Week						
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29

These are just some of the comments received:

Really great experience - learnt a lot and got to practise most skills that I will be assessed on in exams. Staff members were great - would happily come back here for more placement.

District nursing is a really good placement as all our other placements are ward based so we don't get to experience any community nursing - the experience was invaluable. The REDHS team was very receptive to students and took all opportunities to provide appropriate and relevant information and help with clinical skills.

All staff were very helpful and challenged me to do as much as possible.

Thank you for having us here for clinical placement. We have enjoyed it immensely, learnt a lot and become so much more confident in our practice. Thank you to all the nurses who mentored us and to the clinical support nurses who have been fantastic!



WHO IS RESPONSIBLE FOR CONTROLLING INFECTIONS?

Everyone who comes into REDHS's facilities is responsible for infection control across the organisation – management, staff, volunteers, people receiving care and services and visitors.

We follow both organisational and state guidelines to control and contain a gastroenteritis outbreak and precautions are instituted when more than one resident or staff member is identified. These precautions include: a single room for those affected, contact precautions (staff using gowns and gloves and mask as necessary) and specialised cleaning.

Restriction of visitors is also necessary when outbreaks occur to prevent the spread of any infection. To continue the high level of care we provide, we regularly review procedures following an outbreak to identify areas for improvement in practices and processes.

Following a gastroenteritis outbreak in our aged care facilities in April 2014, improvements in procedures were made and staff education in the early identification and management of an outbreak was carried out as part of the review process.

Safety for all staff around the use of needles is important. In 2013-14 we introduced safety needles and retractable safety insulin needles to help prevent staff exposure to needle stick injury. We recorded a reduction in needlestick injuries with only one occupational exposure occurring since the introduction of these safety devices.

Hand hygiene is another important area for REDHS and we educate all staff, contractors and volunteers about our procedures. Hand hygiene audits are conducted on nursing and medical staff three times a year and results are reported to the highest level of the organisation.

We request that visitors clean their hands on both arrival and departure and we provide hand rub throughout the facility with instructions for its use. REDHS has continued to meet and exceed the 70 per cent hand hygiene target for health professionals with an impressive 90.6 per cent achieved.

Aseptic technique, a set of practices designed to prevent microorganism contamination of objects or specific areas, is also very important for infection control at REDHS and is taught to all our staff and regularly audited. It is used in surgical procedures, dressings and other situations to prevent the development or spread of infection. Regular checks are undertaken to ensure the correct technique is being maintained.

At REDHS we expect 100% compliance in maintaining a sterile field, thorough hand hygiene, skin disinfection and protecting key parts and key sites from contamination. REDHS Infection Control Committee oversees infection control compliance and is made up of representatives from all clinical and related areas. The Infection Control Practitioner oversees the completion of audits, acts as a resource and contact person and upholds best practice. The ICP also externally reports certain infections, hand hygiene rates, occupational exposures and cleaning audits to the Department of Health.

Compliance with National Standard 3 (Infection Control) was achieved in September 2013 and all systems and processes are in place for ongoing compliance with accreditation standards. This includes risk assessment, risk management, auditing of compliance, the development of specialised procedures and surveillance monitoring. It is pleasing we have maintained a high-quality standard with no reportable infections such as "golden staph" in the acute ward in the past twelve months.

SEPTEMBER 2015

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
		1 Prostate Cancer Awareness Month	2	3	4	5
6 Fathers Day	7	8	9	10 World Suicide Prevention Week	11	12
13	14	15	16	17	18 School Term 3 Finish	19
20	21 World Alzheimer's Day	22	23	24	25	26
27	28	29	30			

Hints for good hand hygiene:

- if hands are physically soiled (dirt and grime), then use hand wash
- alcohol based hand rub is effective on most organisms, except viral gastroenteritis
- ensure thorough cleaning, covering all surfaces of the hands (remember to clean the webbing of fingers, backs and palms of hands)

When to perform hand hygiene?

- before and after visiting a resident or patient at REDHS
- after going to the toilet
- before handling food
- after wiping nose or sneezing

Our staff also perform the five moments of hand hygiene:

1. before touching a patient/resident
2. before a procedure
3. after a procedure or potential body fluid exposure
4. after touching a patient/resident
5. after touching anything in the patient/resident zone



Lora follows the strict hand washing regime in the Day Procedure Unit and all instruments are sterilised and individually labelled before use

KEEPING THEATRE INFECTION-FREE

At REDHS we adhere to strict cleaning standards and the day procedure unit (DPU) requires the highest compliance level. During the past 12 months REDHS cleaning staff achieved an overall score of 97 out of 100 (target is 90).

Additionally, clinical staff must adhere to strict guidelines including a change of clothes into scrubs (including cap) and hand hygiene which includes a five minute primary surgical scrub at the beginning of each surgery session.

Another important aspect of our strict guidelines includes nurse preparation for a day in surgery. Prior to any surgery our nurses and surgeons use Skinman, a theatre grade alcoholic rub for 90 seconds with gloves and gowns donned just prior to any procedure.

Following gowning and gloving, nurses will prepare the instrument trolley and a set of instruments for each patient, which includes a unique batch number recorded on the DPU log and in each patient record. If demand requires, instruments to be used on another patient are cleaned and sterilised in the Central Sterilisation and Storage Department (CSSD). Our specially trained CSSD staff member has a diploma in CSSD procedures and must adhere to the strict standards.

At REDHS we take meticulous care to ensure items are cleaned appropriately and dried thoroughly. All instruments are subjected to steamed pressure sterilisation and all endoscopes are cleaned using high-level chemical disinfection.

All REDHS instruments are hand washed in high grade detergent, then washed in a heavy duty specialist dishwasher before being placed in a drying cabinet. It is important that all instruments are washed and dried before they are sterilised.

As part of our strict guidelines all instruments are inspected, wrapped and placed in a steam steriliser for varying lengths of time depending on their use and the heat they can tolerate. For example endoscopes are glass and must be sterilised at a lower temperature but for a longer time to ensure efficient cleaning, while non-hollow metal instruments can be cleaned quickly and at a higher temperature.

On completion of cleaning, instruments are cooled down and inspected twice by a scrub (surgical) nurse to ensure sterilisation has occurred and once satisfied the nurse will prepare the trolley for the next procedure.

Across the DPU area thorough checking is done through tracking audits, which include:

- CSSD log book to ensure batch numbers and patients match
- diagnostic tests to ensure steriliser and dishwasher are operating as required
- annual testing of staff competencies
- adherence to Australian Standard 4187 – cleaning, disinfecting and sterilising reusable medical and surgical instruments and equipment, and maintenance of associated environments in health care facilities
- audit against AS4187 conducted annually, including a mandatory and best practice component.

In April 2014 REDHS compliance with AS 4187 was 97.7 out of 100 for mandatory requirements and 97 for best practice requirements. To achieve 100 per cent compliance with these standards, a drying cabinet and air gun were purchased and a de-scaling process was put in place to clean the batch washer and temperatures are being closely monitored in the sterile stock area.

OCTOBER 2015

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
				1 International Day of Older Persons	2	3
4 Daylight Savings Commences	5 School Term 4 Starts	6	7	8	9	10 World Mental Health Day
11	12	13	14	15 International White Cane Day	16	17
18	19	20 World Osteoporosis Day	21	22	23	24
25	26	27	28	29	30	31

It is pleasing for our organisation that no reports of post-operative infections have been received and our standard and quality of care remains very high – which is our ultimate goal at REDHS.

A specialized clinical skills day has been introduced for DPU staff. It aims to give staff a refresher on the skills they have learnt throughout their careers when working in theatre. Staff found it very beneficial. Here is what one nurse (with twenty years' experience) said:

After today, I feel very knowledgeable. We had the time to take it slow, hash out and discuss the how, where and why of the working of the whole theatre and each one's role. Today, I achieved understanding and greater confidence. I feel it was really beneficial.

A DPU patient wrote:
The caring staff were very obliging, there was an efficient process for the surgery and a relaxing environment for patients, a great hospital.



Diabetes Educator, Leanne, Exercise Physiologist, Ash and Dietitian, Katherine developed the Type 2 Diabetes Group Education Program.

MANAGING DIABETES IN OUR COMMUNITY

On November 14 each year, REDHS acknowledges World Diabetes Day as an opportunity to highlight the importance of prevention, education and management of a serious and chronic disease which currently affects an estimated 1.7 million Australians.

Diabetes management at REDHS is aimed at reducing long-term complications such as blindness, kidney disease, poor circulation, nerve damage and heart disease from both Type 1 and Type 2 diabetes. A number of health professionals at REDHS work together to provide patients with a wide range of management techniques. These professionals include our diabetes educator, dietitian, podiatrist and exercise physiologist

Type 2 diabetes is the most common form of diabetes affecting 85 to 90 per cent of all people with diabetes. REDHS provides services for people who are at risk of developing Type 2 diabetes or who have already been diagnosed.

At REDHS, our **Life! Program** supports people at risk of developing Type 2 diabetes. The program is based around group education and involves four sessions, run fortnightly.

The Life! Program involves education about healthy lifestyle choices including healthy eating and exercise and how, by making some positive lifestyle changes, people can reduce their risks of developing chronic health issues.

In 2013-14 the REDHS Life! Program accommodated 89 participants and during the most recent program participants collectively lost on average 25 cm from their waist measurements and 16kg in weight – a fantastic result for these individuals and the program as a whole.

The **Type 2 Diabetes Group Education Program** is a six week exercise and education program provided by REDHS in a group setting. The goal of the program is to improve general fitness, encourage healthy eating and develop diabetes self-management skills.

This program was internally developed and delivered by the REDHS primary care team; dietitian, exercise physiologist and diabetes educator.

A resource manual was developed which includes a diary for blood glucose monitoring, and an exercise and food diary. A resistance exercise program plan was also developed as well as a collection of handouts sourced from official diabetes websites. Education sessions were delivered after each exercise session.

Participants were aged from 38 to 70 years of age.

To monitor both the safety and success of the program, the eight exercise sessions were supervised by our exercise physiologist and diabetes educator.

The physical outcomes for the program so far have included changes in weight, waist measurement and improved fitness levels.

To measure improvements in fitness levels, the REDHS team introduced a six minute walking test, a sit to stand activity and biceps curl test with outcomes measured at assessment and at the last session. Some positive changes were recorded and in total the group lost an average of 9.5 kg in weight, and 10 cm off their waist measurements.

An evaluation of the program was carried out with 83 per cent of participants strongly agreeing they would recommend the program to others.

NOVEMBER 2015

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1 Lung Health Awareness Month November	2	3 Melbourne Cup	4	5	6	7
8	9	10	11 Remembrance Day	12	13	14 World Diabetes Day
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

What Life! program participants said:

I have managed to change my life around and would recommend it (the program) to everyone." "It gave me lots of information about healthy eating and exercise. I really enjoyed the program and learnt heaps.

What Type 2 Diabetes Group Education Program participants said:

This is a program that is very rewarding physically and mentally. It really helped me out. I enjoyed the group and the variety of exercises and instructors. I enjoyed the motivation of getting together in the group.

General facts on diabetes

- Diabetes is a chronic disease with serious complications, currently affecting an estimated 1.7 million Australians.
- There are two main types of diabetes – Type 1 and Type 2. At this stage there is no known cure for either type of diabetes, although diabetes can be well managed.
- An estimated 2–3 million Australians have pre-diabetes and are at high risk of developing Type 2 diabetes.



MAKING GREAT CARE MORE ACCESSIBLE

At REDHS we are committed to delivering great care and making this care accessible to our regional and rural-based community. Country-based people typically spend a lot of time and resources attending healthcare appointments outside their own communities - often in regional and metropolitan cities. This is usually due to the need to see specialists or access services that are not provided locally every day or at all.

To access these services, many people experience transportation challenges including a lack of public transport, limitation with their own driving capabilities or are unable to cope with increased traffic or finding suitable parking which can cause unnecessary anxiety. To combat this all-too-common scenario, REDHS has been working on increasing its variety of services in both the day procedure unit (DPU) and primary care to provide the community with improved access to a range of services, locally.

In 2013-14 this included:

- additional surgeons to provide a wider range of services in the DPU
- a significant increase in services in primary care (a 36 per cent increase in primary care activity translated to an additional 1,914 occasions of service)
- two additional adult exercise group sessions to meet increased demand and one session specifically designed for people who benefit from a lower impact exercise regime with additional supervision (an additional 653 attendances were recorded at exercise based activities throughout the past year)
- an increase in radiology department service days from two to four from April 2014 which led to an additional 164 people having x-rays on-site and 179 people using the newly introduced ultrasound service
- our podiatry service now includes a daily service at Rochester, and two outreach sites at Rushworth

on a fortnightly basis, and Stanhope on a monthly basis

- REDHS podiatrists now provide regular podiatry services to our own aged care residents - a service that was historically provided by a visiting metropolitan-based service
- our occupational therapy (OT) service, delivered in accordance with the targeted OT and Personal Care funding, provides comprehensive assessment and service provision to clients in the Rochester and surrounding areas, including Kyabram
- our successful Planned Activity Group (PAG) Program which is based at REDHS and supports community members in Rochester, Lockington and surrounding areas (program includes a transport option (bus) which contributes to easier access for HACC eligible clients living in rural communities)
- clients who attend a PAG session at REDHS have the opportunity to coordinate a primary care appointment such as podiatry or physiotherapy - where available, on the same day
- the National Respite for Carers Program commenced in 2012-13 and is delivered either in the client's home or linked in with PAG
- our district nursing service (supporting clients in Rochester, Elmore, Goornong and surrounding areas)
- Transition Care which extends our service outside our health facility delivering care in home or residential care to suit individual needs
- our REDHS Café which brings patients, residents and their family and friends together in a comfortable and safe environment within arm's reach of medical care
- The Men's Shed is co-located on REDHS premises and is easily accessible to community members as well as our male aged care residents

Sonographer, Eileen, has been part of the new ultrasound service, Betty and Bob work out in the gym and Ernie and John spend time at the Men's Shed.

DECEMBER 2015

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
		1 World AIDS Day	2	3 International Day of Persons with a Disability	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18 School Term 4 finishes	19
20	21	22 Summer Solstice	23	24	25 Christmas Day	26 Boxing Day
27	28	29	30	31 New Year's Eve		

From a District Nursing client:
"Thank you from us both for calling on my husband and giving us your valuable advice with bandaging. He has also heeded your advice and been attending the podiatrist which has helped greatly. I hope he keeps it up as a maintenance procedure. Thank you once again, your service was most appreciated."

Planned Activity Group clients enjoy having multiple services under one roof:
It suits me down to the ground to see the podiatrist while at PAG. I don't have to worry about forgetting my appointment and it's a treat to be taken such good care of.

I don't have to depend on family or others to bring me in for appointments.

I don't have to worry about my appointments because they are on a PAG day and in the same building - it is so convenient.

Appreciative of all the services at REDHS
It is wonderful to see the podiatrist while I am here at PAG - I don't have to worry about remembering.

It means I don't have to come out again on another day, it is so convenient. I am very appreciative of the number of services that I am able to have access to - podiatrist, social work, physiotherapist, dietitian, diabetic educator, etc.



Vision

REDHS is widely recognised
for excellence in
responsive, sustainable
rural health services
and compassionate care

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