



# QUALITY ACCOUNT 2019



Leading our community to better health  
Rochester and Elmore District Health Service



## Vision

Leading our community  
to better health

## Values

Respect

Equity

Diligence

Honesty

Service

## Care Goals

Personal

Coordinated

Safe

Effective

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# A message from the Board Chair and CEO

*It is our pleasure to present Rochester and Elmore District Health Service's (REDHS) Quality Account for 2018/19.*

A major focus of our quality activities this year has been on falls and harm from falls which are a major risk to consumer safety and quality of care. REDHS falls rate in both the acute and nursing home section has been closely monitored and compared to peer, state and national benchmarks. For this reason, as well as staff and consumer feedback, a Falls Coordinator has been appointed. REDHS was also successful in receiving a state government grant as well as additional funds being approved by the REDHS Board to purchase new beds, mattresses and chairs. It is very exciting that we are able to upgrade the furniture and equipment to reduce the incidence of falls of patients and residents in our care.

Safer Care Victoria (SCV) released their Partnering in Healthcare Framework this year. The framework aims to help health services involve consumers to deliver care that is safe, person and family centred, equitable and clinically effective. SCV has asked healthcare services to focus on two domains within the framework, REDHS has chosen:

- Domain 1 – Personalised and Holistic Care
- Domain 5 – Effective Communication

These domains were endorsed by REDHS Board of Directors and align very well with REDHS' Consumer Engagement Strategy.

This year, REDHS also identified the need to increase the frequency of the Quality of Care meetings due to the importance of clinical governance and now meet bi-monthly.

REDHS has also increased consumer involvement to include representation on the following committees; Medication Advisory, Infection Control and Patient Care Review Committees.

Exciting new initiatives such as Hear Me (Page 11) and My Emergency Doctor (Page 14) have also been introduced.

**We hope you enjoy reading about your local health service and the way it is Leading our Community to Better Health.**



**Dr Carol McKinstry**  
Board Chair



**Michael Delahunty**  
Acting Chief Executive Officer

REDHS Quality Account is widely available for community members. Copies can be obtained from REDHS Reception and local medical clinics. It can also be accessed online via the Rochester and Elmore District Health Service Facebook page or at [www.redhs.com.au](http://www.redhs.com.au)



REDHS acknowledges the Dja Dja Wurrung Clans as the traditional owners and custodians of the land on which we are situated. We also acknowledge our neighbouring communities, the Yorta Yorta Nation and the Taungurung Clans, traditional owners and custodians of the lands on which REDHS provides services.





# Every Person, Every Time

People who receive care in REDHS Acute ward are invited to rate the care and make comments via the Victorian Health Experience Survey (VHES). As a small, rural health service, the comparatively low number of patients does not allow us to receive reports throughout the year. However, the few survey responses that are provided are considered along with patient feedback we receive from other sources which help REDHS to identify areas for improvement.

Overall, patients have been very satisfied with the care provided but there is always room for improvement. Here are some examples:

## Positive Patient Experience

- New chairs and recliners have been purchased. They are pressure relieving and able to be adjusted to suit people of all heights.
- The new, purpose specific, electric powered infusion chair is much easier for patients to get in and out of and more comfortable. It is easily cleaned and, being movable, it is able to be located in a number of appropriate rooms.
- Two new high-low, extra-long king single beds have been purchased and are used for tall patients.



## Discharge Care

A checklist has been developed to assist staff in following up on referrals they have made on behalf of patients to other services. This helps to ensure the patient gets the right care after they have left hospital.

REDHS Primary Care team has updated the services guide that provides information on their services including home care, allied health and home-based nursing to ensure that nursing staff and community members are aware of all the available services.

There has been increased consumer involvement in discharge planning through meetings that are held at the bedside and are targeted to patient needs.

## Cleanliness

A software package is being investigated that will allow cleaning audits to be conducted electronically, enabling cleaning ratings to be calculated automatically, saving considerable staff time and identifying areas for improvement.

## Feedback — what is important to Patients?

This year we have also been analysing the compliments we received. Overwhelmingly the way that people are treated by staff was the main focus of the many “thank you messages” received. Words most commonly used and what is important to patients is shown here.

This feedback is also passed on to staff to confirm what is important to patients and “what right looks like”.

C	U	L	T	U	R	E	O	S	U	P	P	O	R	T
A	Z	M	X	A	N	F	P	Q	X	F	R	B	C	D
R	L	R	Z	M	S	T	D	U	A	L	O	U	R	Z
E	X	P	E	R	I	E	N	C	E	U	F	K	O	G
A	F	E	W	E	H	J	K	L	I	Z	E	O	B	U
L	V	R	X	S	E	F	G	H	Z	W	S	F	L	P
D	K	S	I	P	E	L	B	R	K		S	B	I	C
R	A	O	R	E	X	P	L	A	I	N	I	N	G	F
S	F	N	K	C	G	S	A	Z	N	R	O	V	I	X
I	W	A	L	T	Y	B	T	C	D	H	N	D	N	H
F	D	L	B	N	C	L	E	A	N	S	A	U	G	E
M	G	I	J	W	E	O	C	P	E	T	L	N	Y	A
S	R	S	M	D	Y	Z	U	Q	S	J	F	W	Z	T
H	Z	E	X	T	C	E	L	I	S	T	E	N	V	Y

## Provision of Interpreters



In our community, 99.8% of people speak English at home. In spite of this, staff screen all patients to identify if an interpreter is needed. Backpackers from a number of countries come to the area for seasonal work. There are resources in a number of languages available to assist staff and patients if medical treatment is sought. REDHS did not have any people receiving care that required the use of an interpreter in the past 12 months.

## Everyone has the ability to contribute

It is important that people of all abilities have access to high quality services and have opportunities to be involved in planning and improvement activities at the health service. REDHS has drafted its Disability Action Plan that outlines the approach to full implementation within three years of publication as per Victorian Government requirements.



REDHS has chosen to call it the All Abilities Plan, and along with the Consumer Engagement Strategy, will involve input from the newly formed Consumer Advisory Committee.

The draft plan includes: way finding (includes signage), infrastructure (seating, parking, information technology, Vision Australia input), collaboration with disability services providers, staff education. Some activities have commenced including an arrangement with VIVID disability services for the cleaning of REDHS fleet vehicles.

# Capacity Building

Health care is very complex and can be very challenging for people to interact with it. Helping everyone get the most out of their health service is one of the aims of REDHS Consumer Engagement Strategy. Please refer to the Rochester and Elmore District Health Service website for the full version of the Consumer Engagement Strategy. [www.redhs.com.au](http://www.redhs.com.au)

## Strategic Priorities

### Quality Healthcare



### Collaborative Endeavours



### People and Infrastructure

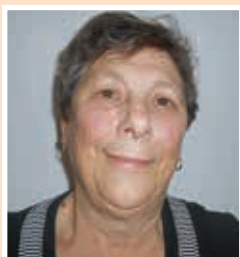


REDHS has been working with community members on many of the committees that oversee care and safety. These relationships are very important as they help to remind health services why they exist and provide a community perspective. REDHS has also increased the consumer representatives to include representation on the following committees;

- **Medication Advisory Committee** - This committee monitors and advises all aspects of medication management, associated policies and procedures, legislation compliance, medication education, antimicrobial stewardship (antibiotic management), adverse drug reactions and the ongoing systems improvement plan.
- **Infection Control Committee** - Continues to develop and evaluate the organisation wide infection prevention and control program, promotes leadership and peer support in infection control best practice, promotes partnership with consumers to prevent and manage healthcare associated infection and implement an antimicrobial stewardship program. It also reviews evidence to ensure a safe environment for patients/residents, consumers, staff and visitors by assessing and reducing the risk of infection arising and managing risks associated with infection.
- **Care Review Committee** - Oversees the care related quality improvement program and clinical risks with particular focus on the priority areas set annually by the Quality of Care Committee - Personal, Coordinated, safe and Effective. The committee evaluates safety and quality of care provided by overseeing performance indicators, audit data, consumer feedback and make recommendations/provide recognition to staff and medical officers as appropriate.
- **Quality of Care Committee** - Oversees the implementation of REDHS Quality Plan and the achievement of the four quality goals to achieve Quality Healthcare for every consumer, every time. This Board sub-committee ensures clinical governance systems are in place that review and measure care, utilise Best Practice, meet legislative requirements, manage risk, develop leaders and ensure competency and credentialing of staff.

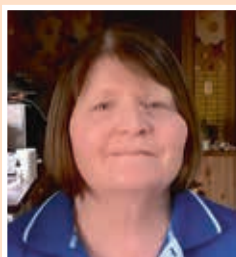
# Supporting Community Members

Before people attend their first meeting, they meet with the appropriate REDHS staff members who explain the purpose of the committee, how meetings are run, where and how often they are held and their role in it. However, the most important part of the orientation is reassuring them that they are a valued, equal member of the committee and will be supported to help make a difference for their fellow community members.



**Judy Murray**  
Care Review Committee

*I enjoy contributing to the committee that I am a member of because I feel I can give feedback through personal experience. I recognise the importance of our committees to ensure REDHS maintains safe and quality care for our community.*



**Chris Wright**  
Quality of Care Committee

*I have always had an interest in the role of our health services. Community perspective and local knowledge are key to ensuring that our health services meet the needs of the community. I find my participation rewarding and enjoyable.*



**Judy Anderson**  
Medication Advisory Committee

*I enjoy being on the committee and hope I have been able to contribute something to it as I learnt a lot having been a daily visitor to the Nursing Home while my mother was in care for 3 years.*

To enable people (and their family/carers) to be involved in their care, REDHS provides information and support in a number of ways:

- Face to face information from the nursing staff when they first arrive.
- Patient and resident information handbooks are located in all bedrooms.
- Staff are able to provide consumer information fact sheets for a variety of conditions, illnesses and procedures.
- Consumer involvement in care plan development and ongoing review.
- Information on raising any concerns regarding care or services.
- Information sessions are provided for volunteers, residents and families including elder advocacy, dementia, hand hygiene and more.
- Physiotherapy Week, Nutrition Week, Diabetes Week and No Tobacco Day are just some of the activities and promotions showcased to provide information and support.
- Patients are included in discharge planning meetings with the nursing and allied health staff who are involved in current and ongoing care.

Aged care residents (and their families, if desired) have meetings (in person or on the phone) as part of the *Resident of the Day* process. This year it was identified through staff and resident feedback that the family consultation aspect of the process was not always occurring as intended. A renewed focus on “getting this process right” is currently underway.



# Giving people a voice

REDHS encourages people to provide feedback at any time. In this day and age, there are many methods of communication, with face to face usually the most effective, providing the opportunity for a prompt response.

Other ways that people communicate with us is through writing a letter, filling out a feedback form, completing a survey or participating in forums. No matter which method is used, the person will always be communicated with directly when a complaint has been made. If a concern takes a period of time to resolve, the person will be kept up to date with progress being made to reach a resolution.

A number of activities were undertaken, or have commenced, this year in response to consumer (and staff) feedback:

- King single beds were installed for residents. Apart from being wider and height adjustable, they came with combi-mattresses that are able to have air pumped into them. This assists with the prevention of pressure injuries.
- Communication training for staff that improved information provision during care, particularly in the Urgent Care Centre (UCC).
- Response letters to people who give compliments (this is already in place for complaints).
- A review of Home Care services agreement management processes and clarification of staff duties so that consumer expectations are met.
- REDHS Facebook page was launched and a dedicated feedback email address was introduced to enable quicker recognition and response.

## POSITIVE FEEDBACK

**A community member stated  
"My husband's care in UCC recently  
was great. The staff were wonderful  
and a change in the experience was  
noted from a previous UCC visit"**

### Rochester and Elmore District Health Service

Leading our community to better health

# Tell Us



If you would like to help REDHS to continue improving, contact us using any of the following options:

- Talk to a staff member;
- Feedback forms are available throughout the health service and can be completed if staff are unable to assist or
- Emails can be sent to the address below or via **[www.redhs.com.au](http://www.redhs.com.au)**
- REDHS Facebook page.

***All correspondence can be directed to:***

**Chief Executive Officer, REDHS,  
PO Box 202, Rochester Vic 3561  
Ph: (03) 5484 4451  
Email: [myvoice@redhs.com.au](mailto:myvoice@redhs.com.au)  
Web: [www.redhs.com.au](http://www.redhs.com.au)**

# A culture of Patient Safety

Each year, staff are asked their opinions on patient and cultural safety at REDHS via the public sector's People Matter Survey. Responses to a number of patient safety questions in the 2019 survey provided an overall score of 87%, with a target of 80%. The questions that contributed to this score are listed below.

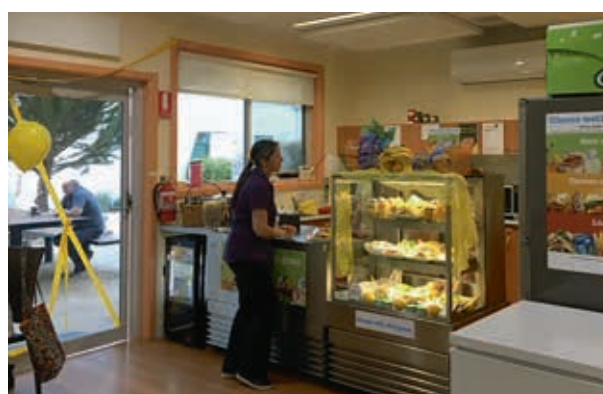
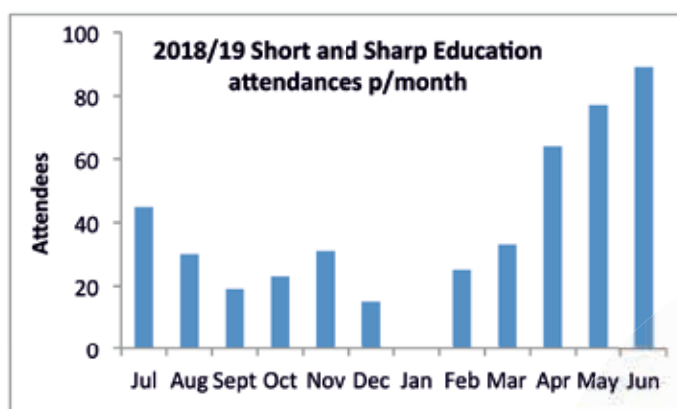
Patient Safety Culture	Target %	Result %
"I am encouraged by my colleagues to report any patient safety concerns I may have"	80%	93%
"Patient care errors are handled appropriately in my work area"	80%	93%
"My suggestions about patient safety would be acted upon if I expressed them to my manager"	80%	89%
"The culture in my work area makes it easy to learn from the errors of others"	80%	89%
"Management is driving us to be a safety-centred organisation"	80%	89%
"This health service does a good job of training new and existing staff"	80%	82%
"Trainees in my discipline are adequately supervised"	80%	74%
"I would recommend a friend or relative to be treated as a patient here"	80%	86%

Staff training always presents challenges as some training requires the staff to leave their frontline work. This is generally done during shift changeover when there are double the number of staff, so that there are still staff looking after patients and residents.

Attendance rates at scheduled sessions were declining so it was decided to bring some of the education to the frontline in the form of "Short and Sharp" presentations and discussions. This initiative was adapted from a model used by Bendigo Health.

Short and Sharp topics delivered by REDHS Clinical Support Nurse, Cheryl Petrini, have included clinical handover, referral processes, falls management and delirium. These sessions have been very well received and have increased attendance rates as depicted within the graph shown. In addition to these sessions, staff have also received education on managing occupational violence including *Frontline Adaptive Communication*. There were also sessions on *Supporting a Positive Workplace*.

The Staff Health and Wellbeing Plan is being implemented with a focus on nutrition and healthy eating, mental health and exercise. Staff again participated in the Premier's Active April initiative and R U OK? Day.



Healthy Eating Options are available to staff and visitors at Cafe RED



# Maintaining Accreditation Standards for Better Health

Program / Status	Details	Actions
<b>National Safety and Quality Health Services Standards (Version 2)</b>  Fully accredited until July 2022 <i>(acute ward, day procedure unit and some primary care services)</i>	<p>In April 2019, REDHS was one of the first health services in Victoria to be assessed against the second version of the Standards.</p> <p>All standards were met and there were no new recommendations.</p> <p>Actions taken to meet recommendations from the previous review in 2017 were reviewed and all were rated as met.</p>	<p>Although there were no new recommendations, REDHS continues to work on improving care and services. Activities include:</p> <ul style="list-style-type: none"> <li>• Redesigning the information sheet given to patients on discharge to be easier to understand and better help people to manage their own health at home</li> <li>• Implementing My Emergency Doctor for after-hours support in the Urgent Care Centre</li> <li>• Piloting the Hear Me initiative (see details on Page 11)</li> </ul>
<b>Aged Care Quality Standards</b>  Residential Aged Care facilities fully accredited until October 2021 Primary Care fully accredited	<p>REDHS aged care facilities were assessed in July 2018 and found to be compliant with the Aged Care Accreditation Standards.</p> <p>In March 2019, the Australian Aged Care Quality and Safety Commission conducted an unannounced visit. The assessor focussed on Medication Management, Skin Care, Behavioural Management, Living Environment and Infection Control. The assessor confirmed that REDHS was continuing to meet these accreditation outcomes.</p>	<p>From 1 July 2019, REDHS is required to comply with the new Aged Care Quality Standards. A review of the new standards has been undertaken and some actions identified to help REDHS maintain compliance.</p> <p>To assist with meeting the new standards, REDHS has taken up an offer from the Victorian Department of Health and Human Services to have two nurse consultations come on site in October 2019 to provide risk and accreditation advice and support.</p>
<b>Diagnostic Imaging Accreditation Scheme</b>  REDHS X-ray Department fully accredited until January 2022	<p>REDHS digital imaging (X-ray) service was assessed by the National Association of Testing Authorities as complying with all requirements of the current standards.</p>	<p>Nil required at this time.</p>
<b>Licensed food premises</b>  Compliant <i>(for food services)</i>	<p>REDHS successfully complied with requirements in an external review of the Food Safety Plan in June 2019.</p> <p>Shire of Campaspe licensing as a food premises was maintained.</p>	<p>Monitoring of compliance with the Food Safety Plan is ongoing.</p> <p>Next review May/June 2020.</p>

## When things go wrong

Adverse patient safety events are those that result in unnecessary or avoidable harm to a patient.

Sentinel events are adverse patient safety events that result in serious harm, or death of a patient while in the care of a health service. Victorian health services are required to report Sentinel Events to Safer Care Victoria. REDHS did not have any sentinel events in 2018/19.

Adverse events are recorded (e.g. falls, medication incidents) and an Incident Severity Rating (ISR) is calculated from ISR 1-5 with ISR 1 being the most severe (usually a sentinel event) and ISR 5 being the least severe.

Whilst REDHS did not have any ISR 1 events in 2018/19, there were two ISR 2 incidents. In both instances the people required a transfer to another facility for a higher level of care and tests and experienced a temporary loss of function following a fall with fracture.

REDHS staff experienced some instances of being unable to call for assistance from colleagues and services due to issues with Wi-Fi telephone handsets. Whilst this did not result in adverse outcomes for patients, they were recorded as near misses. Considerable work has been carried throughout the year to rectify the Wi-Fi issues, with SMS pagers being successfully implemented to assist mitigate the risk. Whilst there has been considerable steps achieved in resolving the problems, some issues still remain. REDHS Corporate Services Manager continues to work with engineers and the Loddon Mallee Rural Health Alliance to resolve these final issues.

## Preventing and Controlling Infections

Staphylococcus aureus bacteraemia (SAB) is an infection that is often associated with hospitals. It occurs when Staphylococcus aureus (also known as "Golden Staph") causes an infection of the bloodstream. The bacteria are commonly found on the skin or in the nose and spread from person to person in the community. This is usually harmless, but in a hospital setting it can be more serious, particularly if a patient has broken skin or inserted devices such as intravenous cannula or urinary catheters. Other patients at risk are those with chronic disease and/or a weakened immune system.

Patients who develop SAB are more likely to suffer complications that result in longer hospital stays, or even death, if the infection is serious.

The national benchmark for SAB infections is 2.0 cases per 10,000 days of patient care.

*Source: Australian Institute of Health and Welfare*

REDHS is proud that no infections of this type have been acquired at the health service this year. This result is directly linked to good Hand Hygiene practices with nursing staff and doctors taking the necessary precautions before and after touching patients including wearing gloves and using handrub.

To further protect patients, residents and colleagues, all staff are encouraged to have an annual flu vaccination. This year's target was 80%, with 94% of staff being vaccinated. Staff were able to have the vaccinations across all shifts, including night shift, thanks to REDHS' team of dedicated nurse immunisers, another great effort this year.



# If you're concerned, we're concerned

When a patient's condition is deteriorating, it is vital that nursing staff are able to recognise and respond quickly and appropriately.

Apart from their clinical experience and visual observations, REDHS nursing staff use a number of tools to assist them including an observation chart that tracks conditions such as blood pressure, blood sugar, temperature and oxygen rates. The chart allows staff to see if any of the readings are outside the desired range and lists the required responses. This may include taking readings a while later to see if they are the same or may involve contacting the doctor for advice.

Families and friends play a very important part in recognising when someone "is different" or "not themselves". They, along with the patient if they are able, are encouraged to raise any concerns with nursing staff so that checks can be made and a timely response provided.



## Example of patient/carer escalation

**Patient admitted to the Acute Ward. Patient was experiencing chest pain, vital signs were within normal limits. Doctor noted patient looked very unwell. Commenced IV antibiotics and pain management initiated.**

**Patient noted decrease in exercise tolerance and easily fatigued. Pain noted to be increasing and patient stated they 'felt awful'. Chest x-ray completed with conclusion of signs of chronic obstructive pulmonary disease/emphysema.**

**24 hours post admission patient continued to decline although receiving IV antibiotic, increasingly becoming short of breath and experiencing pain. Nursing staff notified patients' doctor of the patients' decline, phone orders obtained for medications, staff to monitor for effectiveness. Very minimal improvement in patient noted, ward advised to transfer patient to larger hospital for further investigations, ambulance organised and family notified of patient transfer.**

## Hear Me Project

Have you ever been in a hospital and felt like your concerns are not being heard?

In collaboration with Safer Care Victoria (SCV), REDHS is pleased to be participating in the implementation of the pilot program called "HEAR ME" in late 2019. SCV is working on a state-wide process for consumers to be heard when receiving health care.

HEAR ME will be a central 1300 phone number for consumers to call when they have a concern for themselves and/or family member within a health care setting. Family and patients can request a review by medical /nursing team to escalate their care during their stay in hospital. HEAR ME will contact the hospital and raise the issue with the Unit Manager on behalf of the family.

Information brochures, posters and flyers will be available and staff will receive education to facilitate the implementation and communication of the Hear Me project to community members, patients and families.





# Caring for Residents using data

REDHS cares for older people in a number of settings including residential aged care, acute services (hospital) and in the community.

People living in residential aged care have their health monitored closely in a number of ways so that care and support can be provided to maximise their independence and quality of life. One of the ways is to monitor things that can impact health negatively and lead to extra help being needed or permanent disability. These include falls, especially those that result in broken bones (fractures), pressure injuries and unplanned weight loss. Restraint and the correct use of medications also play a big part in quality of life.

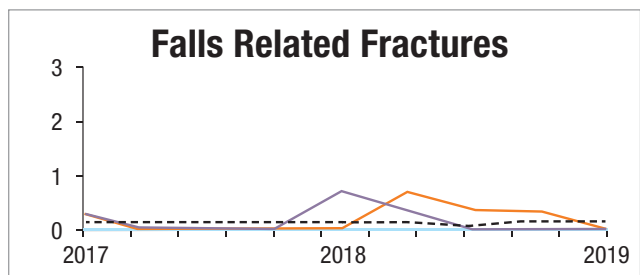
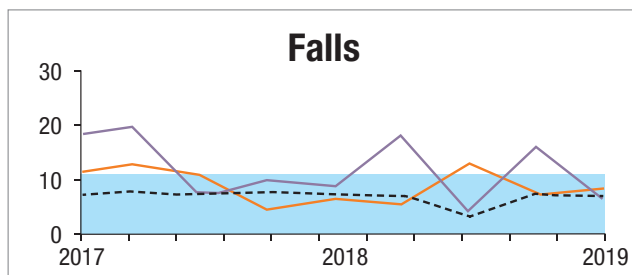
REDHS staff work closely with residents and clients to minimise the chance of harm and report the information shown in the following graphs to the Victorian government. All other public sector aged care facilities do the same to see how we compare and to indicate where we need to focus attention. The aim is to keep within the blue reference range and at least match the overall state-wide rate.

## How to read the graphs:

Reference Range
  REDHS Nursing Home
  REDHS Hostel
  Overall Statewide Rate

Note: To allow for comparison, rates are calculated per 1000 bed days e.g. 30 residents in July is 30 x 31 days = 930 bed days.

## Falls

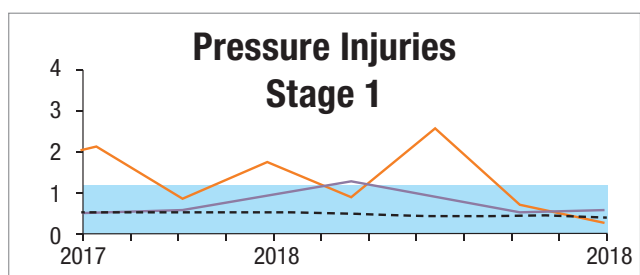
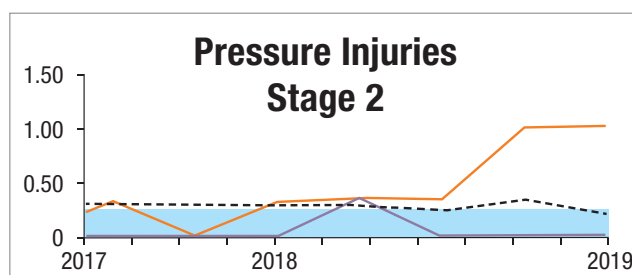


REDHS' target in 2018/19 was to reduce the rate of falls to 5.7 falls per 1000 bed days. This rate was achieved on a number of occasions but was not sustained however there was an overall reduction in the falls rate from 9.8 to 9.5 this year. For 2019/20, the target rate is 7.7 falls per 1000 bed days to be in line with current state-wide rates.

Following on from last year's Falls Project, Jody Gavalakis has been appointed as the Falls Coordinator to support staff in preventing and managing falls. Her role includes input into equipment trials, purchase and installation, reviews all falls incidents, making recommendations for individual residents, often in consultation with their families.

Fractures have a big impact on people's lives. In 2018/19, five residents sustained fractures compared to three the previous year. Four of the fractures occurred as residents were going about their daily activities as per their wishes to maintain as much independence as possible.

## Pressure Injuries



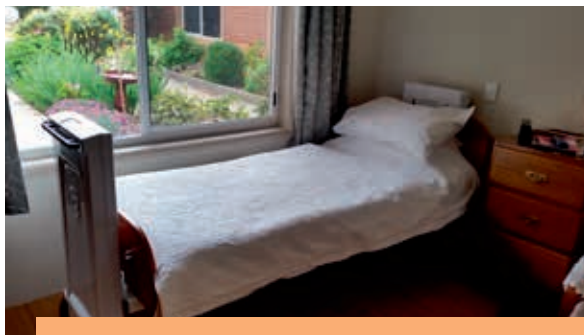
A pressure injury (PI) can result when people sit or lie for long periods without moving or changing position often enough. A Stage 1 pressure injury is a reddened area with unbroken skin. A Stage 2 injury has partial skin loss. REDHS' aim is to prevent all pressure injuries but if a Stage 1 injury does develop, it is managed with the aim of not becoming a Stage 2 injury.

## Pressure Injuries

REDHS is proud of its sustained low rate of pressure injuries.

Throughout 2018/19, there were seventeen Stage 1 and nine Stage 2 injuries. Two of the Stage 2 injuries had developed prior to the resident coming to REDHS and one resident was in palliative care where movement was minimised for resident comfort during this time.

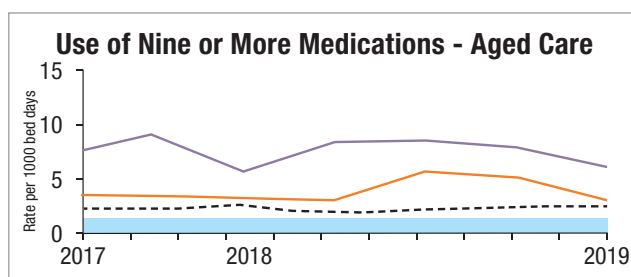
All mattresses were replaced in REDHS aged care facilities this year. The new “combi-mattresses” are able to be inflated or deflated to suit the individual and significantly reduce the likelihood of a pressure injury developing.



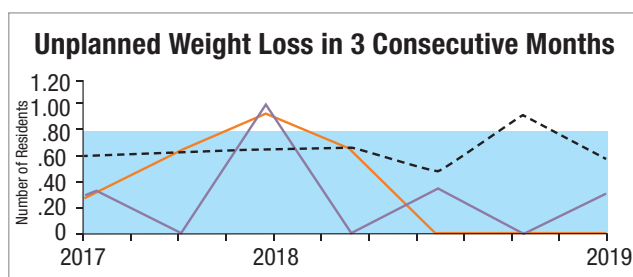
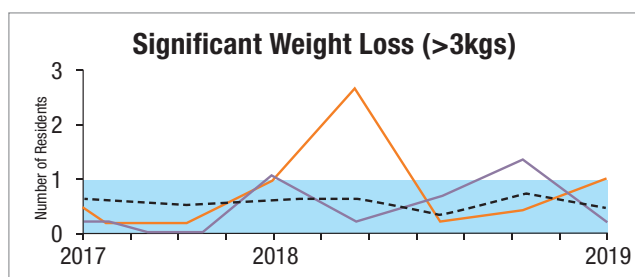
## Use of nine or more medications (polypharmacy)

REDHS' rates continued to be above the reference range for *nine or more medications* this year.

Multiple reviews of resident medications were undertaken throughout the year to confirm that this number of medications were required. A review pharmacist shares their review with the prescribing doctor for their consideration. Changes are made if the doctor alters the prescription.



## Unplanned and Significant Weight Loss



Resident weights are regularly monitored and any unplanned changes lead to a reviews by appropriate clinicians, such as the dietitian or speech pathologist.

Sometimes unplanned weight loss can be a positive change if the person is not at their healthy weight but checks are always made to determine the reason for the loss in case there is an undetected, underlying cause such as dental issues, loss of appetite or disease.

## Physical Restraint

Restraint is a practice, device or action that negatively interferes with the resident's ability to make decision or which restricts their free movement. REDHS is a restraint-free environment, which is a recommended standard of care. No instances of physical restraint were reported at REDHS in 2018/19.

# Getting help out of hours

REDHS Urgent Care Centre is available to all the community 24 hours a day and is staffed by nurses with local doctors rostered as “On Call” and contacted if needed. To complement this service model and existing relationships with regional emergency departments, REDHS recently commenced a trial of the My Emergency Doctor (MED) program in conjunction with Murray Primary Health Network. The program has been successfully used in other Urgent Care Centres.

MED will provide an after-hours (10pm – 8am) online telehealth service or the MED Smartphone app. This service will connect patients and onsite healthcare providers to a specialist emergency doctor via video link. All MED doctors are Fellows of the Australasian College for Emergency Medicine and the most senior doctors in charge of public hospital emergency departments. They can provide an online consultation and diagnosis, as well as issue prescriptions, imaging requests, blood tests or specialist referrals where appropriate.

MED will provide a valuable, additional layer of support in REDHS Urgent Care Centre for community members and staff.



## Asking the Question?

Are you Aboriginal or Torres Strait Islander?

This question is to be asked when someone accesses REDHS services. Why is it asked? Staff were provided with information on this aspect of Aboriginal health care and as well as other cultural considerations during an Aboriginal Health Information Day at REDHS in January. Leanne Fary, Aboriginal Advisor from the Department of Health and Human Services, explained that by knowing a person is Aboriginal or Torres Strait Islander, the care delivered can be tailored to their needs.

A range of statistics show that Aboriginal people are three more times more likely to be living with diabetes, Aboriginal women are 2.8 times more likely to develop cervical cancer, Aboriginal people are 2.4 times more likely to have a disability and the life expectancy gap between Aboriginal and non-Aboriginal

Australians is 9.5 years for women and 10.6 years for men.

Source: Korin Korin Balit-Djak: *Aboriginal health, wellbeing and safety strategic plan 2017-2027*.





# Tell us what you think

The aim of this report is to be transparent in providing information on how REDHS is performing and being accountable to its community for the provision of safe, high quality care.

## What I liked about the report

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## What I think can be improved for next year's report

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## Any other comments

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## Optional:

Name: ..... Ph: .....

Email: .....

☐ **I am interested in assisting with the production of this report next year**  
*(If Yes, please make sure to include your name and contact number above)*

Your feedback about this report is welcome.

Please return the coupon to REDHS Reception or mail postage free to:

**Reply Paid No 5**  
**Rochester and Elmore District Health Service,**  
**PO Box 202, Rochester Vic 3561**

If you would like further information about this report, please contact:

REDHS Quality Unit on **(03) 5484 4470** or email **rochhosp@redhs.com.au**

Front Cover: (clockwise from top): Aged Care residents enjoying Footy Tipping celebrations, Marj White enjoying the gardens, Carmel Ward and Dorri Wakefield completing puzzle activities. Back Cover: (clockwise from top left): Ann-Maree Hewlett and Hilma Sinclair experiencing the thrill of a ride on a motorbike courtesy of the Rochester Motoring Club, Aged Care residents having fun at exercises, Elaine Tuddenham and Marj White at the Elmore Field Days.



For further information please contact us at:

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