

## WE CARE

about creating a healthy community



Accreditation success



Youth activities

Community engagement



Family violence "Walk for Change"

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# Welcome

In this Quality Account, you will find information on the work we are doing around continuous quality and safety improvement at ODH and the results of these efforts over the 2018/19 year.

It includes evaluation of our performance against a broad range of quality indicators and standards, as well as actions we have taken to ensure continuous improvement.

This year has been a time of great change and exciting challenges for Omeo District Health.

A new set of National Safety and Quality Healthcare Standards came into effect on 1 January 2019. ODH achieved accreditation under these new Standards following a very successful assessment visit on 1 and 2 May.

We also undertook extensive work to prepare for the introduction of the new Aged Care Quality Standards on 1 July 2019, as part of a new single-aged care framework encompassing both residential and home care.

Consumer and community participation remained a major focus throughout the year. We introduced a new staff training initiative, engaging consumers and community members directly in designing, delivering and evaluating quality and safety training for all staff.

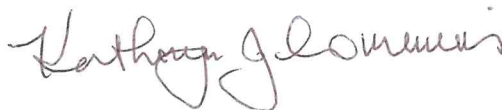
During 2018/19 we have continued to build upon our improved incident reporting culture by including specific measurement of 'near miss' reporting.

We would like to take this opportunity to thank our Board of Directors, members of our Committees, staff, patients, volunteers, consumers and their families for their ongoing commitment to providing outstanding health care for our community.

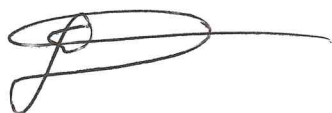
We are pleased to present to you the 2019 Omeo District Health Quality Account.



Simon Lawlor  
Chair  
Board of Directors



Kate Commins  
Chair  
Clinical Governance Committee



Ward Steet  
Chief Executive Officer



Leanne Stedman  
Quality & Safety Coordinator



# Our Vision

WE CARE about creating a healthy community.

## Our Values - WE CARE

Wellbeing	Maintain a healthy balance of work, rest and play
Empathy	Show compassion and understanding for the perspectives and experiences of others
Creativity	Encourage new ideas, explore ways to innovate
Accountability	Act with integrity. Take responsibility for our decisions and actions
Resourcefulness	Be responsive in overcoming challenges and changing circumstances
Excellence	Expect, recognise and reward excellence

## Our Mission

To promote and enhance the health and wellbeing of the people of the East Gippsland High Country.

# Acknowledgement of Country

Omeo District Health acknowledges the traditional owners of the lands on which we operate. We recognise and respect their cultural heritage, beliefs and relationship with the lands. We pay our respects to Elders both past and present and thank them for their contribution to our health service.

## Diversity

The Victorian Commonwealth Home Support Program and the Home and Community Care program for younger people each require funded agencies to undertake action with regard to Wellness & Reablement and Diversity Planning. During 2019, ODH was asked to report on our achievements and develop plans for further action.

ODH received excellent feedback from the Department on its commitment to diversity and progress achieved. Examples of ODH initiatives, including its Aboriginal Health Cultural Competence Action Plan and Case Studies, access to My Aged Care support and LGBTQI initiatives are to be included in the Department's Regional Diversity Planning Review and may be included in a future State wide resource as reference examples for other agencies.

ODH is proud of this achievement and of our commitment to provide a culturally safe and inclusive service.

# Consumer, carer and community participation

## Improving patient experience

During 2018/19 we planned and implemented actions to improve our patient's experience and these are reflected in three patient experience priority improvement areas. These are set out in our 2018/19 Statement of Priorities and are as follows:

Improvement priority	Actions taken in 2018/19
Develop and implement an LGBTQI action plan to ensure that there is equal access to care and that care fits around people's needs.	<p>We completed a gap analysis against the Rainbow Tick accreditation standards. We reviewed and revised our Diversity Plan to include actions identified in the gap analysis.</p> <p>'Gender inclusive restroom' amenities signage has been added to all ODH public amenities. LGBTQI posters and information are visible at the entrance to ODH.</p> <p>An LGBTQI acknowledgement along with the Welcome to Country acknowledgement was used to open the ODH AGM on 12 November 2018.</p> <p>A new diversity inclusive email tag has been substantially rolled out across the organisation.</p> <p>New flag poles were erected at the entrance to ODH flying the Australian, Aboriginal, Torres Strait Islander and Rainbow flags. A flag raising ceremony is to be held during the 2019/20 financial year.</p>

Improvement priority	Actions taken in 2018/19
<p><b>Implement a new sustainable dental services model of care to ensure better ongoing access to care.</b></p>	<p>A new, sustainable, model of dental care has been established in partnership with the Royal Flying Doctor Service (RFDS)</p> <p>The RFDS provides fortnightly public dental services Omeo and District, including residents of Dinner Plain and Hotham Heights.</p> <p>ODH provides the use of the dental clinic, utilities and cleaning services free of charge to the RFDS.</p> <p>The service commenced on 31 January 2019 and has been consistently booked several months in advance. Feedback from the community has been overwhelmingly positive.</p>
<p><b>Strengthen our incident and feedback reporting culture, including a feedback loop back to staff, to support our goal of zero avoidable patient harm.</b></p>	<p>A robust incident and feedback reporting culture is now embedded and includes reporting of “near misses”.</p> <p>Managers use reporting software to feed information back to the incident reporter and other key staff on what investigations were undertaken as a result of the incident or feedback, what the outcomes of the investigations were and any action plans stemming from the investigations.</p> <p>New responsiveness KPIs have been introduced, to measure response times against targets. They measure response times for incident investigation and closure and complaint acknowledgement, investigation and closure. Results under these KPIs are reported to the Board via the Quality &amp; Safety Committee.</p>



## Community Health Services

Every year, ODH receives results from the Victorian Health Experience Survey in relation to Community Care. This is a survey conducted among users of the service that shows us areas in which we can improve, as well as ways in which we are doing well.

During 2018/19, we focused our improvement actions on the following areas:

### *The overall experience of using the health service*

To improve this, we are:

- Forming an ODH Communications and Information Reference Group;
- Developing a new stakeholder engagement plan and consumer engagement plan;
- Developing a new consumer feedback consultation strategy; and
- Recruiting a youth representative and a residential aged care representative to the existing Community Advisory Committee;
- Providing training in health literacy to ODH Board Directors, staff and management to enable them to provide a better service to consumers.

## *Accessing the health service*

To improve this, we are:

- Strengthening our partnerships with key service providers to the region, including the Royal Flying Doctor Service, Gippsland Women's Health Service, Bairnsdale Regional Health, Gippsland Lakes Community Health and Ambulance Victoria, to improve local access to services;
- Developing a plan for a 24/7 model of medical care, in partnership with Bairnsdale Regional Health Service;
- Working with Gippsland Primary Health Network (GPHN) to expand the availability of primary mental health services and allied health services in the Omeo Region;
- Developing an agreement with Bairnsdale Regional Health Service for a shared graduate nurse program.

## *Environment and facilities*

To improve this, we have:

- Provided additional privacy for consumers during their appointments with our GPs and allied health professionals by installing a glass sliding door between the medical centre reception area and the consultation area;
- Installed solar panels and LED lighting;
- Begun investigating the feasibility of a grey water system.

## *Comprehensive care planning*

To improve this, we are:

- Exploring ways to support local people to access information through online platforms such as the National Disability Insurance Scheme, My Health, My Aged Care and My Gov, as well as developing a new, more user-friendly ODH website. This will help consumers to become better informed and more active partners in planning their own care;
- Developing an agreement with Gippsland Lakes Community Health (GLCH) and Noweyung Ltd to provide local access to National Disability Insurance Scheme services in the Omeo Region;
- Establishing a referral pathway for GPs and Allied Health Professionals to Royal Flying Doctor Service mental health services at Ensay Bush Nurse Centre;
- Improving discharge planning under new Memoranda of Understanding with the Swifts Creek and Ensay Bush Nursing Centres;
- Implementing joint meetings of the ODH Board of Directors and the Committees of Management of Swifts Creek and Ensay Bush Nursing Centres.



## Capacity building for consumers, carers and the community

### *Community health checks and defibrillator training*

The High Country Men's' Shed, in partnership with Omeo District Health and Ambulance Victoria offered free health checks and defibrillator training in June.

The session was open to all members of the community and was prompted by the installation of new public access defibrillators around the region, including outside the Community Gym at Omeo District Health.

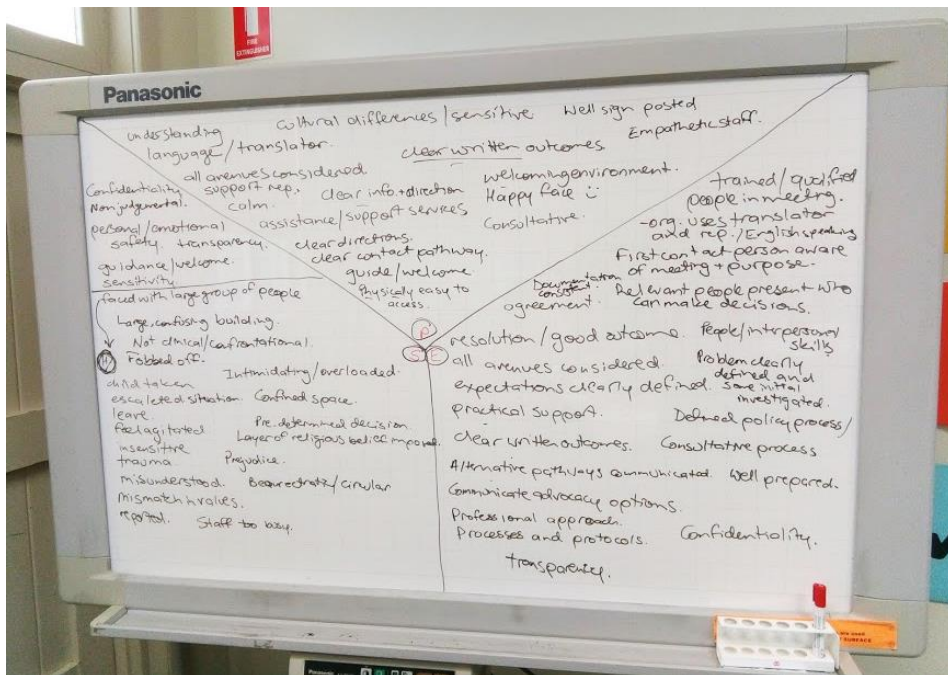


This year we introduced a strong new initiative involving patients, aged care residents, clients and community members in the design, delivery and evaluation of our health service.

A total of 16 volunteers were involved in the training of almost 80 staff members. Volunteers were drawn from a wide variety of experiences and backgrounds and ranged in age from 18 to 80's.

The content of the training focused on the consumer experience and encouraged everyone to get out of their comfort zone and see the consumer experience from a new perspective.

Feedback from all participants was overwhelmingly positive and staff very much appreciated the input provided by all involved.





## *SHINE Committee*

The SHINE Committee is ODH's auxiliary fundraising committee. It's a great, informal way for community members to have input into the direction and activities of ODH by raising funds and contributing to decisions on how the funds could be used.

All funds raised by SHINE go towards improving the care of residents and patients in the aged care facility and hospital.

## *ODH Community Advisory Committee*

The Community Advisory Committee (CAC) is a Board sub-committee and Board members attend CAC meetings to receive direct input from its community membership. This year we have welcomed several new members, who have contributed new energy and ideas into the committee discussions.



### *Lewington House Residents' Family & Friends Meetings*

Our quarterly Lewington House Residents' Family and Friends Meetings are always well attended and are a friendly and welcoming forum for any concerns or ideas around our aged care services to be discussed.

This year there was much to discuss. The Quality & Safety Coordinator made presentations to the meeting on the new Aged Care Standards, the new Commonwealth Charter of Aged Care Rights and ODH's healthcare escalation procedure.

### *Lewington House Residents' morning tea with the Board*

Board members attended Lewington House for morning tea and discussion with aged care residents. This was a great opportunity for Board members to hear directly from residents on issues that are important to them.



## *Quality Account feedback*

Each year, we ask for community feedback on the presentation and content of our Quality Account. We received no formal feedback on the previous Quality Account during 2018/19.

Based on informal feedback received during the year, we have pared back our presentation and have introduced icons to support some of the information provided in graph format.



## Accredited interpreters

We offer the use of the Victorian Interpreting and Translating Service (VITS). Multi-language posters in both reception areas alert non-English speaking clients to this service.

## Omeo District Health Disability Action Plan

We have updated our Disability Action Plan to include new objectives and performance indicators summarised as follows:

- The provision of appropriate and holistic care
- Barriers identified by disabled consumers or their carers' are addressed and resolved in a timely manner.
- There will be evidence in care plans that people with a disability and their carers were involved in care planning.
- There will be evidence that standard formats for care planning are used for clients with a disability, and include goal directed care.
- Accessible pathways through care
- The ODH website will be more functional and accessible for people with a disability.
- Information in a variety of formats will be provided to ensure all people with a disability have access to this information about their care.
- The availability of charging points for people with mobility scooters will be maintained.
- Services that promote and enhance the wellbeing of people with a disability, without discrimination and in alignment with our values  
ODH is partnering with Gippsland Lakes Community Health and other registered NDIS providers to be a brokered service provider for clients in our community.

- We will work with people with disabilities and their carers to implement relevant training modules for staff.
- We are investigating new partnerships with community organisations to raise the profile of people with a disability.
- There will be evidence that information from the Disability Action Plan and relevant policies are incorporated into consumer participation staff training programs.
- Promoting and actively supporting employment and volunteer opportunities for people with a disability
- Workplace strategies are in place to provide equal employment opportunities for employees with a disability.
- There is an ongoing focus on training for staff on mental health and wellbeing.
- Members of the existing workforce who have a current or new disability are supported to keep working at Omeo District Health.
- There is an ongoing focus on early intervention for staff who are currently unable to fulfil all the requirements of their role due to a temporary or permanent disability.



# Quality & Safety

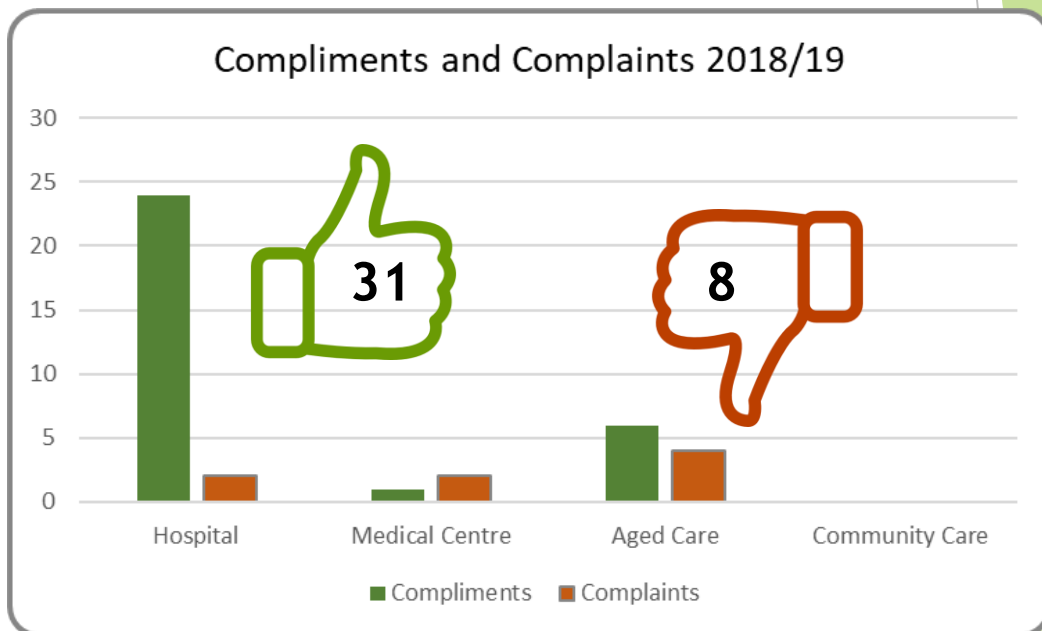
## Consumer and staff experience

We welcome all feedback from patients, clients, residents, visitors, staff and community members. You can give us your feedback via:

- our Quick Survey forms, available in both Reception areas at ODH;
- the 'blue box' in the Lewington House Lounge, for aged care residents, family and friends;
- our Lewington House Residents' Satisfaction Survey and the quarterly Residents, Family and Friend's meeting ;
- the annual Victorian Healthcare Experience Survey;
- our biennial Community Needs Surveys; or
- direct communication by mail, email, phone or in person to our CEO or managers.

During 2018/19, we received 31 compliments and 8 complaints across our hospital, medical centre and residential aged care services. There were no compliments or complaints received in relation to Community Care.

All complaints are referred to the CEO in the first instance, and any investigation required is allocated to the appropriate line manager.



Examples of feedback received and ODH action in response are on the next two pages.

## You said ... We did!

*"Words cannot express how grateful our family is for your generous support, encouraging words and thoughts and prayers. Thank you for thinking of us in our time of need"*

*Thank you so much for your wonderful care of Mum. Your kindness and compassion were amazing to see. We are so grateful for all you did for Mum to make her time at ODH enjoyable.*

*"To the amazing team at Lewington House and the fantastic ODH workers... Your care and dedication to my mother and family has touched our hearts..."*

*"The service and attention I received from the nursing and catering staff was exceptional and greatly helped me in my recovery."*

*To the doctors, nurses and staff of Omeo Hospital. I can't thank you all enough for the care and attention my Father has received in your care."*

*We have all been made very welcome when visiting by all staff, with everyone being willing to make that extra effort to make sure we were comfortable... We could not have found a more supportive environment."*

**All compliments are forwarded to relevant staff, along with a note of thanks from the CEO.**

## You said ... We did!

“Lewington House Wi-Fi internet speed inadequate for video chat.”

Nurse Unit Manager contacted IT support for follow up. Resident now has faster Wi-Fi and is able to use FaceTime video chat.

“Donations must be listed officially. [Community member] made a donation but have not heard whether it has been spent and is working as intended.”

CEO apologised in writing for oversight, thanked the community member for their donation and explained how the donation had been used. Donations are now acknowledged in the Annual Report as well as by direct correspondence.

“Nursing staff need training in discussing advance care planning with aged care residents and their families.”

2019/20 Mandatory Education schedule is currently in the final stages of development and will include specific training in advance care planning.

We aim to have all complaints acknowledged within 5 days of receipt and resolved within 35 days.

## Patient safety and workplace culture

Patient Safety Culture 2019 People Matter Survey	ODH results	Average among comparable organisations	2019 Target
Percentage of staff with an overall positive response to safety and culture questions	86%	77%	80%
I am encouraged by my colleagues to report any patient safety concerns I may have	93%	87%	80%
I would recommend a friend or relative to be treated as a patient here	90%	81%	80%
Management is driving us to be a safety-centred organisation	88%	79%	80%
The culture in my work area makes it easy to learn from the errors of others	85%	72%	80%
My suggestions about patient safety would be acted upon if I expressed them to my manager	81%	78%	80%
Patient care errors are handled appropriately in my work area	78%	78%	80%
This health service does a good job of training new and existing staff	75%	69%	80%
Trainees in my discipline are adequately supervised	71%	67%	80%



## Staff safety

The safety and wellbeing of our staff is paramount. Our staff need to feel safe at work and know that their commitment to patient safety is well supported by management.

We seek information from our staff through:

- The annual People Matter Survey;
- A biennial Staff Educational Needs Survey; and
- Regular Staff Forum meetings.

While the incidence of bullying and harassment at ODH is very low, ODH has decided to expand its participation in the Employee Assistance Program to provide enhanced support for staff. The Employee Assistance Program is a free, short-term, strictly confidential counselling service designed to help enhance the wellbeing of our staff and their families - both in and outside of work. Our new model of participation in the Program ensures that our staff and their families can access the Program anonymously and without prior approval from ODH management.

Our Mandatory Staff Training and Education program has also been greatly enhanced by feedback from staff on the effectiveness of existing training and their current training needs. The program is reviewed annually and now includes many new modules including some which will assist staff to respond to workplace bullying, harassment, violence and aggression.

As a result of the work done to tailor our Mandatory Training program to staff needs, the overall completion rate of all training modules has increased dramatically, from 68% in 2017/18 to 84% in 2018/19.

## Accreditation

Accreditation is the public recognition that a health care service has met a defined set of accreditation standards, as determined by an independent external accrediting agency.

In terms of accreditation, 2019 was a big year for ODH. Both the National Safety & Quality Healthcare Standards and the Aged Care Standards have been completely revised and new audit procedures introduced, creating significant new challenges for staff.

During 2018/19 ODH was assessed by the Australian Council on Healthcare Standards under the National Safety & Quality Healthcare Standards.

In the Final Assessment Report, all Standards were assessed as Met with no outstanding recommendations.

Some extracts from the Final Report of the Australian Council on Healthcare Standards :

***“The success achieved by Omeo District Health in [meeting] the NSQHS Standards has been exemplary.”***

***“This is a result of a positive, cohesive and passionate management team, who are engaged with clinical and non-clinical staff, and who have strengthened the governance structure and services of the organisation”***

***“The quality and level of care of this very small hospital is rarely seen and is hard to achieve in other similarly sized rural and remote hospitals.”***



Accreditation standard and scope	Accrediting agency	ODH status as at 30 June 2019
National Safety and Quality Healthcare Standards (NSQHS) - Hospital	Australian Council on Healthcare Standards	Accredited to 1 August 2022
Aged Care Standards Residential Aged Care - Lewington House	Aged Care Quality and Safety Commission	Accredited to 4 December 2019
Royal Australian College of General Practitioners (RACGP) Standards - Medical Centre	Australian General Practice Accreditation Ltd	Accredited to 4 May 2021
Community Care Common Standards - Community Health	Australian Aged Care Quality Agency	Accredited to 26 October 2020
Department of Human Services Standards - Disability Services	Department of Health and Human Services	Approved provider

## Adverse and sentinel events

An adverse event is an incident that results in harm to a person receiving health care. Examples include infections, falls resulting in injuries, and problems with medication and medical devices. Adverse events are reported according to severity from ISR1 (the most serious incidents, resulting in death or serious harm) to ISR4 (a 'near miss' that did not affect the health care recipient). ISR stands for Incident Severity Rating.

There were no sentinel events at ODH during 2018/19. There were two adverse events, both of which involved a fall resulting in a fracture.

ODH employs a range of falls minimisation strategies including comprehensive risk assessments, mobility aids and sensor mats to alert nursing staff when a person is getting out of bed and may need assistance.

ODH also offers a comprehensive Lifestyle Program as part of its residential aged care service. The program incorporates gentle exercise and group activities such as ball games to improve strength, balance and flexibility.



## Infection control

Maintaining good hand hygiene is one of the easiest ways to prevent the spread of infection in a health care setting.

To make hand hygiene quick and easy for both staff and visitors, ODH has over 50 alcohol based hand rub stations positioned around the facility, including at each point of care. Hand washing basins are also located in prominent places around the facility.

ODH has an Infection Prevention & Control Registered Nurse who conducts regular audits and prepares all required reports.

ODH reports monthly to the Victorian Hospital Acquired Infection Surveillance System (VICNISS) on the following high priority infection categories:

- Methicillin Resistant Staphylococcus Aureus (MRSA or ‘superbug’);
- Staphylococcus aureus bacteraemia (‘golden staph’);
- Vancomycin Resistant Enterococcus (VRE);
- Clostridium difficile infection (‘C. diff’).

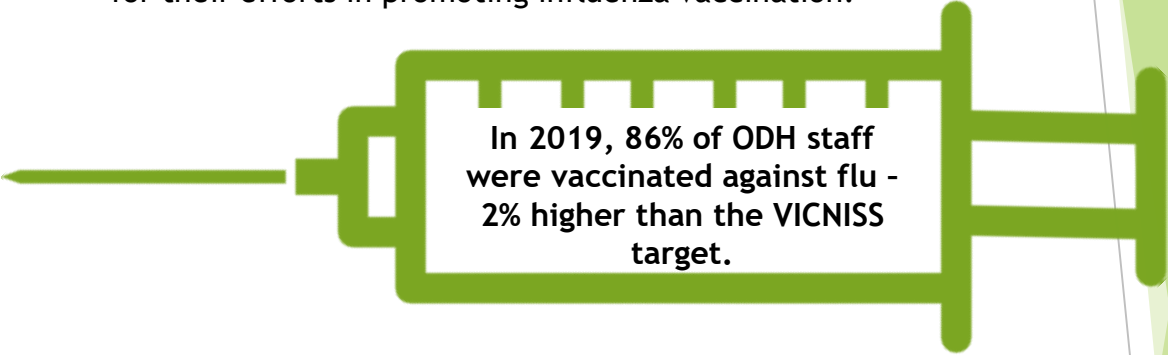
There were no infections at ODH during 2018/19, in any of the above categories.

ODH participates in the annual Aged Care National Antimicrobial Prescribing Survey to promote good antimicrobial stewardship for our aged care residents. We also provide an annual report to VICNISS on the rate of vaccination among aged care residents against shingles, pneumococcal (which can cause pneumonia) and influenza.

## Healthcare worker immunisation

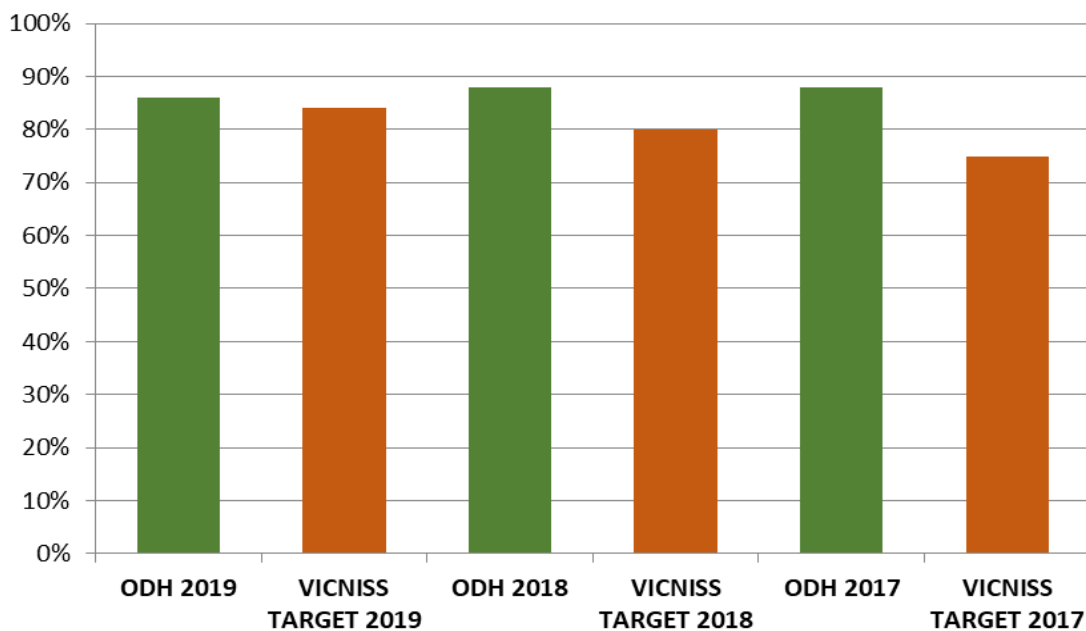
At ODH we encourage all staff and volunteers to be vaccinated against influenza to help protect our most vulnerable patients and residents.

In 2019, ODH was awarded a Certificate of Excellence by the Department of Health and Human Services and VICNISS for exceeding the compliance target for vaccination of healthcare workers against influenza. Thank you to all of our staff, particularly our Infection Control RN and Practice Nurse for their efforts in promoting influenza vaccination.



**In 2019, 86% of ODH staff  
were vaccinated against flu -  
2% higher than the VICNISS  
target.**

**WORKFORCE IMMUNISATION**  
**Flu Vaccinations 2019 with previous years comparison**



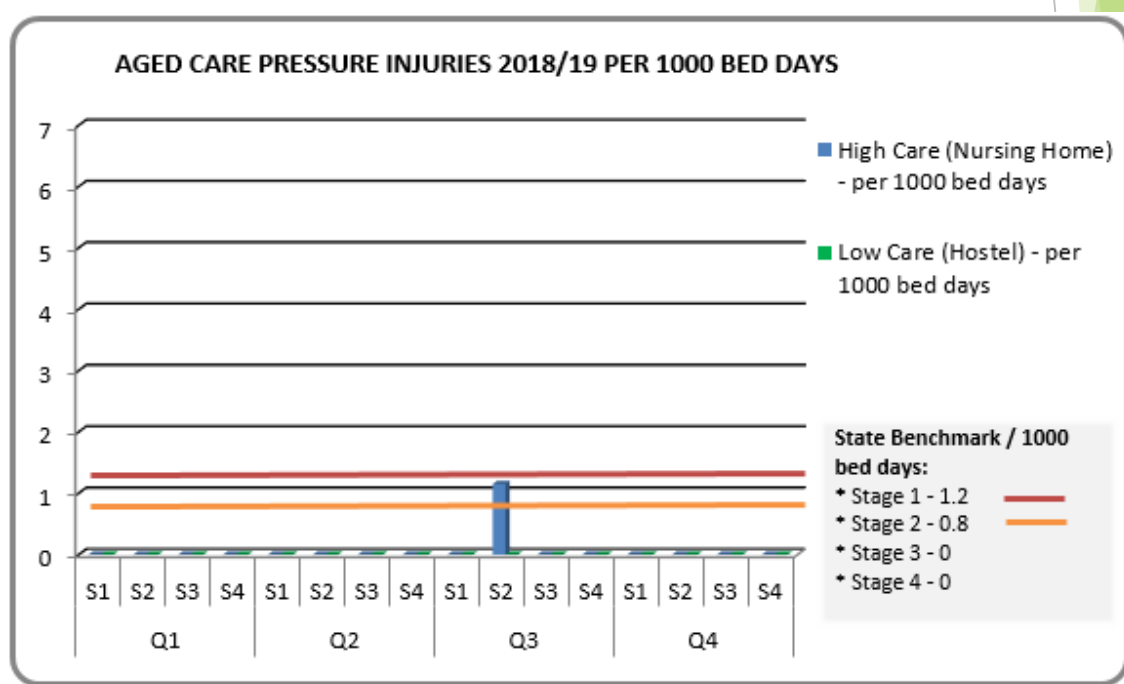


## Residential Aged Care services

### *Preventing and managing pressure injuries*

A pressure injury is an injury to the skin and/or underlying tissue, usually over a bony area, usually caused by pressure, friction or a combination of these factors. The seriousness of pressure injuries is rated from Stage 1, (superficial injury with skin red but intact) to Stage 4 (a deep open wound). The risk of developing a pressure injury increases as a result of age-related changes such as changes to skin integrity, immobility, incontinence and impaired cognitive status.

During 2018/19, one Stage 2 pressure injury was reported from Lewington House.



The State Benchmark for Stage 2 pressure injuries during 2018/19 was 0.8 per 1000 bed days per quarter. Due to the low number of bed days at ODH compared to other aged care providers, a single pressure injury places ODH above benchmark for that quarter. ODH's total Stage 2 pressure injury rate per 1000 bed days for 2018/19 was 0.33. This is slightly lower than similar sized services, which averaged a rate of 0.35 over the same period.

We minimise the risk of pressure injury among our residents as far as possible by providing good hydration and nutrition, implementing a turning schedule, and providing pressure reduction support surfaces, such as specialised air mattresses.

In addition, ODH encourages residents to stay as active and mobile as possible with personalised physical activity plans, group exercise sessions and sensory activities such as massage. These are conducted by our Lifestyle Program Coordinator and Allied Health Assistant.

### *Use of physical restraint*

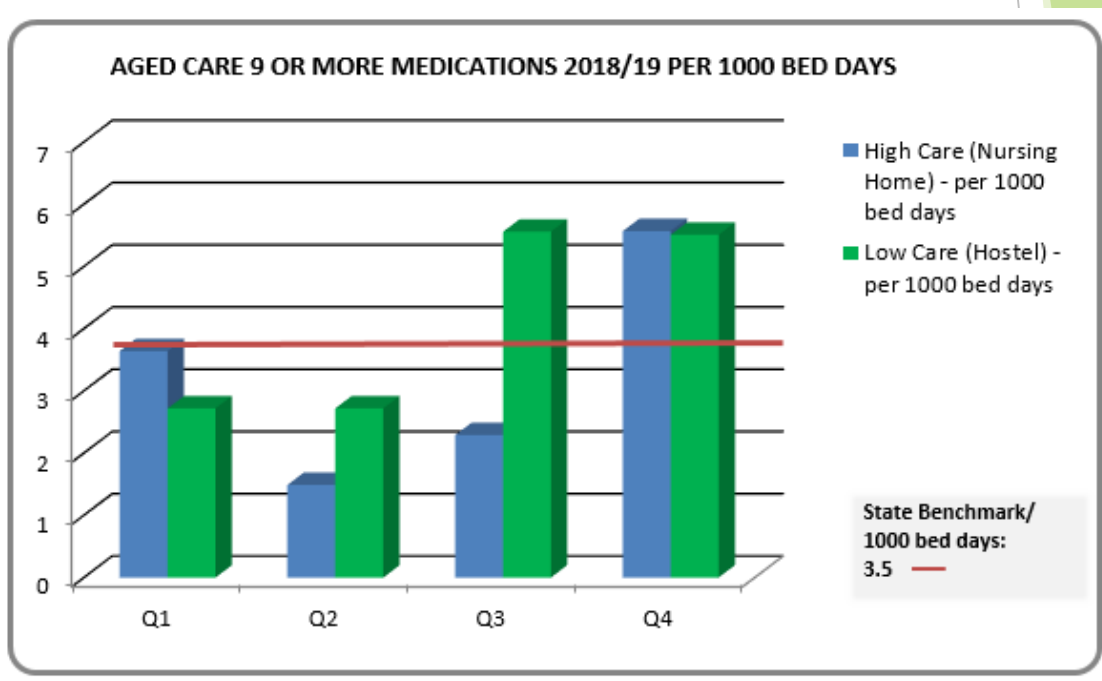
A restraint is any practice, device or action that interferes with a resident's ability to make a decision or which restricts their free movement. Examples are lap belts, bed rails to prevent residents falling out of bed or chairs that are difficult to get out of.

It is ODH policy to avoid the use of physical restraints as far as possible. Instead, where necessary, ODH offers the use of specialised equipment such as low-low beds and alarm mats to effectively manage residents' needs. During 2018-19 there were no reports of the use of physical restraints from Lewington House.

## Use of 9 or more medications

Using a large number of different medications is called “polypharmacy”. Polypharmacy can increase the risk of adverse drug reactions, falls, weight loss and inability to metabolise medicines.

ODH therefore monitors the rate of polypharmacy in Lewington House and conducts regular medication reviews to ensure that all residents are receiving only those medications that are necessary for their health and wellbeing.

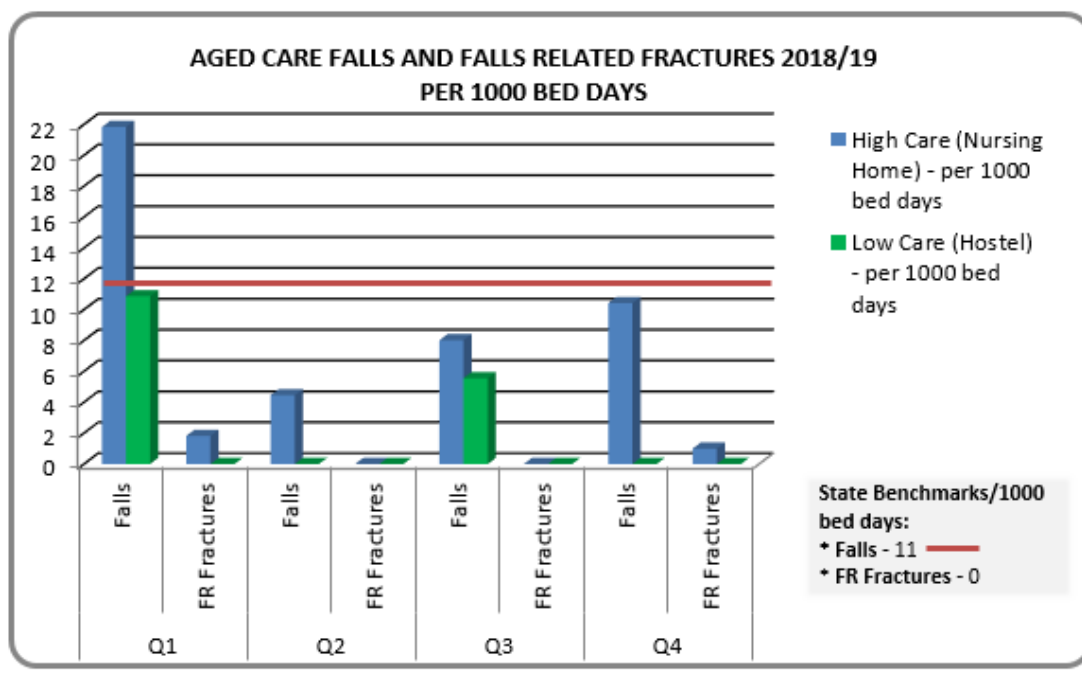


The State Benchmark for use of 9 or more medications during 2018/19 was 3.5 per 1000 bed days per quarter. ODH’s total polypharmacy rate per 1000 bed days for 2018/19 was 3.34 for High Care and 4.11 for Low Care, which places ODH above the State Benchmark. However, ODH has still achieved a lower rate of polypharmacy than similar sized services, which averaged 4.29 per 1000 bed days over the same period.

## Falls and falls related fractures

A fall is defined by the World Health Organisation as “an event that results in a person coming to rest inadvertently on the ground or floor or other lower level”. This can include, for example, rolling from a low bed onto the floor or sliding to the floor from a chair.

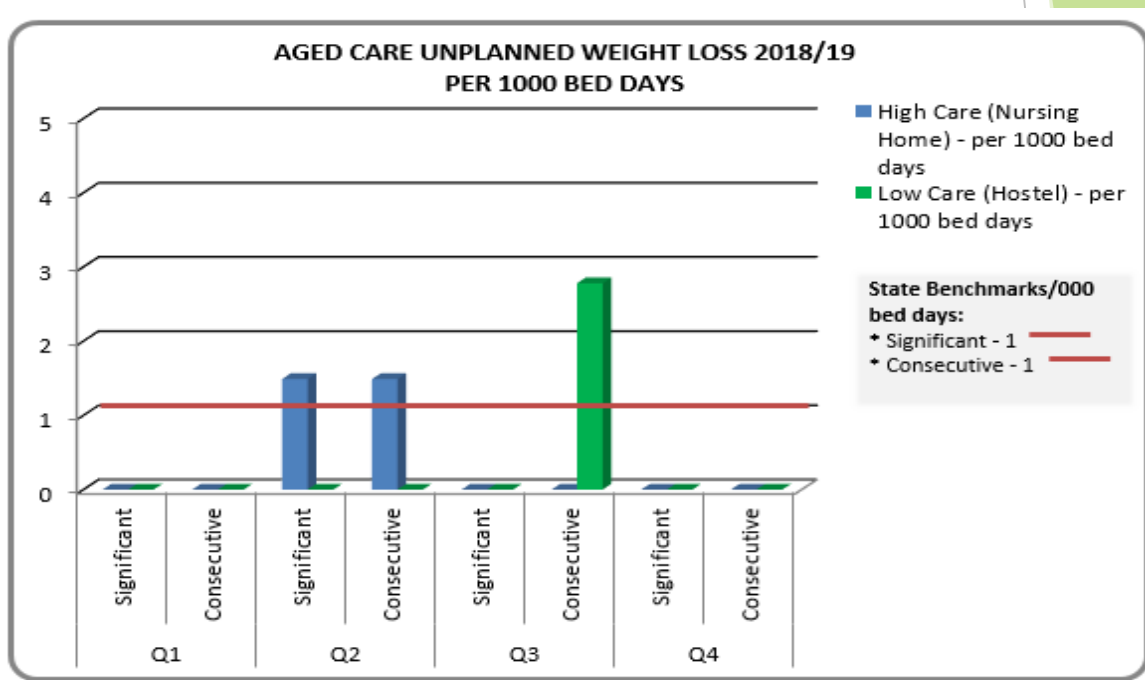
People aged 80 years or more are at the highest risk of falls and related fractures. ODH therefore monitors the rate of falls and related fractures in Lewington House to ensure that the risk of falls is minimised and that all residents are assisted according to their own level of falls risk.



The State Benchmark during 2018/19 was 11 per 1000 bed days per quarter for falls and zero for falls related fractures. The total average rate of falls at ODH was 10.36 per 1000 bed days in High Care (above Benchmark) and 4.11 for Low Care (below Benchmark). The total average rate per 1000 bed days for similarly sized services was 7.64 over the same period.

## Unplanned weight loss

Unplanned weight loss may occur among older people for a number of reasons, including dementia, behaviours linked to dementia such as pacing, wandering, loss of communication skills and paranoia regarding food, age-related changes, sometimes called the ‘anorexia of ageing’, for example loss of taste, smell, sight, changes to the digestive system, and swallowing difficulties, depression, poor dentition and chronic disease.



There are two forms of unplanned weight loss in residential aged care:

- loss of three kilograms or more over a three month period (“Significant”); and
- loss of any amount during each of three consecutive months (“Consecutive”).

During 2018/19, the State Benchmark for unplanned weight loss (either Significant or Consecutive) was 1 per 1000 bed days. The total average rate of Significant unplanned weight loss at ODH was 0.33, placing ODH both below Benchmark and below similarly sized services, which averaged a total of 0.74 for the same period.

The total average rate of Consecutive unplanned weight loss at ODH was 0.33 for High Care and 0.69 for Low Care, placing ODH both below Benchmark and below similarly sized services, which averaged a total of 0.83 for the same period.

Although instances of unplanned weight loss in aged care at ODH are below benchmark, we are continually looking for ways to improve our service. During 2018/19, we engaged Nutrition Australia to undertake a Menu Review and to provide ODH staff with training in specific forms of nutrition provision for aged care residents.





## *Patient and family escalation of care*

ODH has a Patient and Family Escalation of Care Policy for patients, residents, carers, family and friends. Patients, residents and those who care for them have the right to escalate care and we encourage them to do so if they notice any worrying changes.

Signage clearly sets out the process to follow in order to escalate care and reiterates that ODH values patient, resident and family input into care. The policy also guides ODH staff in responding to escalation action by patient, resident or carer.

### **Patients and Residents:**

**Are you worried about a recent change in your condition?**

### **Visitors:**

**Are you worried about a recent change in your loved one's condition?**

**Have you spoken to a nurse or doctor about this worrying change? Have your concerns been followed up?**

#### **If you are still concerned:**

- 1. Use the patient's call button OR phone 90169 from any bedside phone OR phone 90169 from the Nurses' Station OR phone 5159 0169 from your mobile.**
- 2. Ask to speak to the Nurse in Charge.**
- 3. Request a Clinical Review immediately.**

# How to access this Quality Account

You can access this Quality Account:

electronically via the ODH website - [www.odh.net.au](http://www.odh.net.au)

or

in hard copy at:

- Omeo District Health, 12 Easton Street, Omeo;
- Benambra Neighbourhood House;
- East Gippsland Shire Council Office, Day Street, Omeo
- Swifts Creek Community Centre
- Swifts Creek Bush Nursing Centre;
- Ensay Bush Nursing Centre.

For further copies, contact ODH Reception on 5159 0100.

# Quality Account Survey

## We'd like to know what you think

Please help us by completing the survey below, removing this page and returning it to:

Omeo District Health  
PO Box 42 OMEO 3898  
Fax: 03 5159 0194

## Where did you access this Quality Account?

- ☐ At ODH    ☐ At a Community Centre/Neighbourhood House    ☐ Online  
☐ Somewhere else \_\_\_\_\_

What did you like most about this Quality Account? \_\_\_\_\_



What did you like least about this Quality Account? \_\_\_\_\_

Do you think this Quality Account is...

- ☐ Easy to understand?    ☐ Difficult to understand?    ☐ Somewhere in the middle?

Any other comments? \_\_\_\_\_

*Thank you. Your answers will help us improve our Quality Account format.*