



*Boort
District Health*

**quality
of care**
report

2014 / 2015





2015 Murray-Moyne Wrap Up

In March 2015 the Boort District Health cycling team completed the 520km cycle relay event from Echuca to Port Fairy, to raise money for Boort District Health (BDH).

Perfect riding conditions greeted the riders for the weekend and plenty of supporters lined the roadsides to cheer them on. The BDH team rode into Boort in first place.

Boort are very fortunate to have a dedicated support crew. Boort District Health were recognised with the Safe and Courteous Support Crew Award and at the completion of the event were presented with a certificate of appreciation.



CEO report

Welcome to the 2014/2015 Quality of Care Report.

Due to the overwhelming support of the calendar format produced last year we have again produced our report in this format. This edition highlights many achievements, however, we are incredibly proud of the fact that Boort District Health received an outstanding result from the Australian Council of Healthcare Standards (ACHS) accreditation review in October 2014.



Following an extensive organisation wide review the health service received 58 Met with Merits. This was recognition of the outstanding work of the team at Boort District Health who provide high quality and safe care. It also underpins our commitment to delivering Person Centred Care. We were delighted with the result and the external validation.

Boort District Health was surveyed against the National Safety and Quality Health Service Standards and Community Care Common Care Standards.

"I'm extremely proud of everyone who worked so hard to ensure Boort District Health meets the highest Standards set for health services and strive for improvement in everything we do", said CEO, Vicki Poxon.

The areas that were highlighted for meeting excellent Standards included the work of the Community Advisory Committee and community based partnerships, care planning, information management, governance and workforce planning.

Boort District Health is accredited until August 2018.

Vicki Poxon - CEO

January 16

Boort District Health

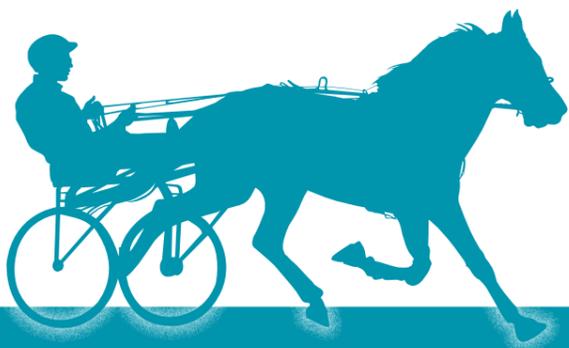
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
31					New Year's Day 1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	Australia Day 26	27	28	29	30

Ovarian Cancer

Awareness Month

February is Ovarian Cancer Awareness Month

Each year in Australia Ovarian Cancer Awareness Month is held in February to raise awareness of ovarian cancer and to recognise women, their families and friends affected by ovarian cancer.



In March 2015 Boort Trotting Club in conjunction with Boort District Health and Ovarian Cancer Network Victoria used the Boort Cup Day to promote early detection of Ovarian Cancer to the community.

A presentation was made from the CEO of Victorian Ovarian Cancer Council. She spoke to the women of Boort and surrounds about the significance of early detection and the important facts everyone should know about Ovarian Cancer.

Female riders also contributed to Ovarian Cancer Awareness, donning teal coloured pants for the cause and donating \$200 towards Ovarian Cancer research for each win on the day!

5

things women should know about ovarian cancer

- 1 Most women with **ovarian cancer** experience at least one symptom of the disease in the year prior to their diagnosis. Abdominal bloating, abdominal or back pain, appetite loss or feeling full quickly, changes in toilet habits, unexplained weight loss or gain, indigestion or heartburn and fatigue can all be signs of ovarian cancer. While these symptoms can be part of everyday life, it's important to see your doctor if they are unusual for you and they persist.
- 2 A Pap test doesn't detect **ovarian cancer**. It's only used to screen for cervical cancer.
- 3 While having a family history of **ovarian cancer** increases your risk, 90–95% of all ovarian cancers occur in women who do not have a family history.
- 4 **ovarian cancer** can occur in any woman but the risk increases in women over 50 years of age. If you're suspected of having **ovarian cancer**, you should be referred to a gynecological oncologist. Research shows survival for women with **ovarian cancer** is improved when their surgical care is directed by a gynecological oncologist.
- 5 Since there's no screening test for **ovarian cancer**, the best thing you can do is get to know your body and what is normal for you so you can recognise any unusual changes.

If you experience any of the symptoms of ovarian cancer and they are unusual for you and persistent, it's important to see your doctor. If you are still concerned about a persistent symptom, it's OK to get a second opinion.

And most importantly—Trust your instincts

For more information please contact **Ovarian Cancer Australia**

Phone: 1300 660 334 **Fax:** 03 9671 4181

Email: admin@ovariancancer.net.au **Website:** <https://ovariancancer.net.au/>

Mail: Ovarian Cancer Australia
Queen Victoria Women's Centre
Level 1, 210 Lonsdale Street
Melbourne 3000

February 16

Boort District Health

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	19	20
21	22	23	24	25	26	27
28	29				Heart Research Month	Ovarian Cancer Awareness Month

Preventing and controlling healthcare associated infections

The Infection Control Program (ICP) at Boort District Health aims to provide a safe environment for all patients, residents, staff, visitors and the community, this is achieved through:

- Infection Control Education - Policies & procedures to ensure quality and safety
- Internal audits - External audits - Monitoring and control of infections within the health service

In 2014/2015 Boort District Health remained above the benchmark in all audits conducted by the Infection Control Manager.

Cleaning Standards

Cleanliness of the health service is of the up most importance at Boort District Health. Daily, weekly, monthly, quarterly and annual cleaning schedules have been created in accordance with the national cleaning standards. Monthly cleaning audits are conducted by a qualified Infection Control Manager and have shown cleaning standards well above the target of 85% in the 2014/2015 year.

Hand Hygiene

Hand Hygiene is vital to preventing and controlling the spread of infection. Boort District Health participate in the Hand Hygiene Australia Program and are committed to training all staff in the 5 moments for Hand Hygiene listed below:

- Moment 1:** Before touching a patient; **Moment 2:** Before a procedure; **Moment 3:** After a procedure or body fluid exposure; **Moment 4:** After touching a patient; **Moment 5:** After touching a patient's surroundings.

Boort District Health has ensured Hand Hygiene has been well above the expected target by completing internal audits throughout the year. Hand Hygiene compliance has been above 92% in 2014/2015.

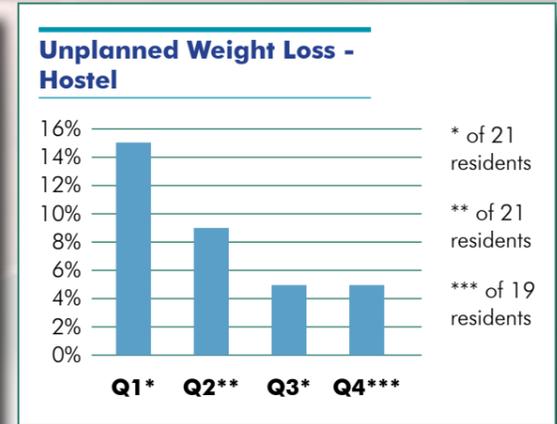
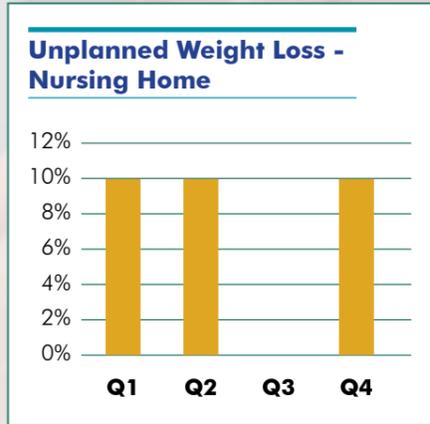
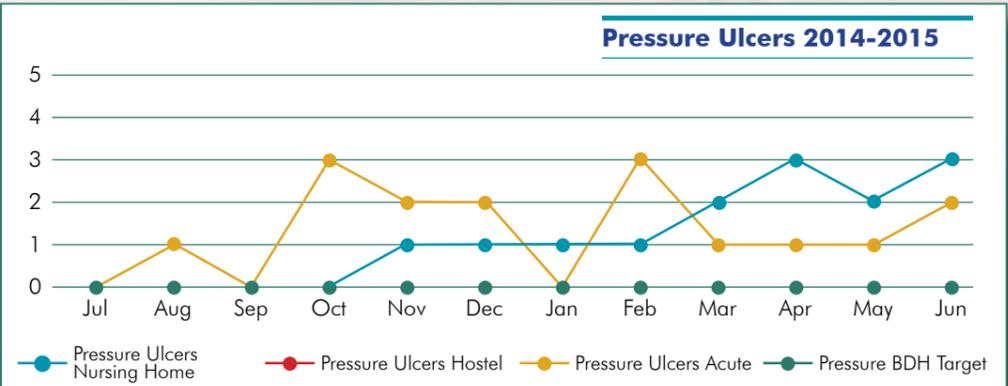
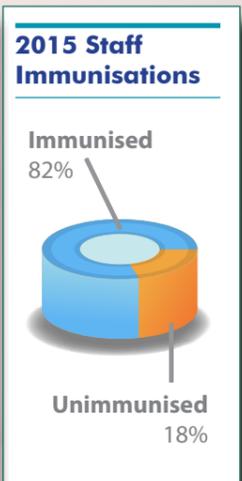
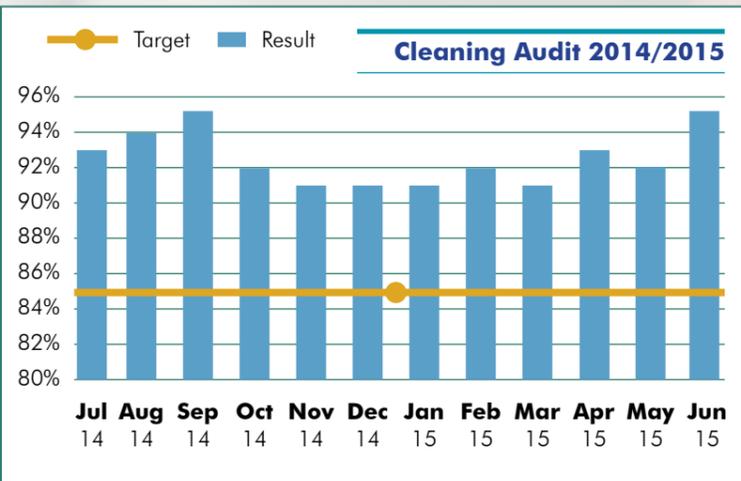
Immunisation

Influenza can be a serious medical condition although is preventable through yearly immunisations. Boort District Health offers an Influenza Immunisation Program to staff prior to the 'flu season.' This assists in protecting patients, residents and fellow staff members from contracting the highly contagious infection. In 2015 82% of staff were immunised for influenza.

Pressure Ulcers

A pressure wound or ulcer is a lesion caused by continuous pressure that results in damage to the skin and underlying tissue. The risk of a patient or resident developing pressure ulcers is high but can be prevented. People who are bedbound and those who are unable to reposition themselves are at greatest risk. Measures that have been put in place to prevent pressure ulcers include:

- Identifying at risk patients and residents and putting in remedial actions.
- Using pressure relieving mattresses, heel protectors and air cushions.
- Being vigilant to reposition bedbound people.
- Vigilance in ensuring policies and guidelines for the prevention of pressure ulcers is followed by all staff



March 16



Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1	2	3	4	5
6	7	8	9	10	11	12
13	Labour Day	15	16	17	18	19
20	21	22	23	24	Good Friday	26
27	Easter Monday	29	30	31		Muscular Dystrophy Awareness Month



Poppies by Vi...

Vi Jobling, a 90 year old resident of the Boort District Health Hostel was looking for something to do that interested and inspired her. After discovering her favourite past time was crocheting and knitting, Vi was introduced to the Boort Craft Group and soon became a very active member.

The Craft group were extremely welcoming and supportive of Vi. They reintroduced her to crocheting and encouraged her to make some poppies for ANZAC Day. Vi believes her first few attempts 'were not great' but after a while Vi was back to her best and was able to crochet a poppy in just under two hours.

Vi's parents instilled the significance of ANZAC Day in her, and ever since she has been looking to contribute in some way. Vi decided to crochet enough poppies to make a wreath for the local RSL to lay at the ANZAC Day Service, in Boort.

Since presenting the RSL with the wreath Vi has continued to make over 200 poppies and assisted in making a wreath for the Hostel to use in their ANZAC Day Service. She recently went on holidays to Queensland where she made more wreaths and poppies, and put them on brooches for her family.

Vi said none of this would have been possible without the support and encouragement of the ladies who run the Boort Craft Group. She is also extremely grateful to all the people who have contributed wool, crochet hooks and other materials needed to create the poppies. Vi is continuing to make poppies and hopes that everyone is enjoying them as much as she has enjoyed making the poppies.



April 16

*Boort
District Health*

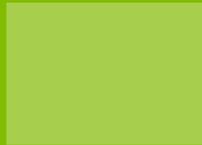
Sunday



Monday



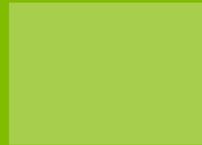
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Anzac Day

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Advanced Care Planning:

'Advanced Care Planning is a series of steps you can take to help you plan for your future health care.' (<http://advancecareplanning.org.au/>)

Advanced Care Planning assists patients in making informed decisions about the healthcare they receive. It involves discussing options and wishes with friends and family and documenting these. Appointing a substitute decision maker enables patients to take control of future health care, in the event they are unable to communicate their wishes.

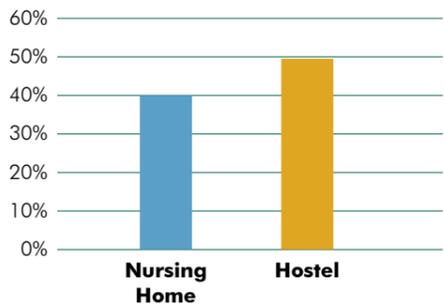
Boort District Health Advanced Care Planning Program:

The BDH Advanced Care Planning Program provides the following for patients, residents and their family;

- Assists individuals to choose and communicate their wishes regarding their future and current health care
- Respects the individuals wishes
- Respects every person's right to autonomy, dignity and fully informed consent.
- Educates and supports health professionals to facilitate Advanced Care Planning.

Boort District Health encourages all residents, patients, and clients to consider and prepare an advanced care plan. Staff at BDH are comprehensively trained and willing to assist should you require support with your plan.

Multiple Medication Use 2014 - 2015



The use of nine or more medications is known as poly-pharmacy. Medication Management is ensured at BDH and poly-pharmacy incidences are reviewed at an individual and an organisation system level.

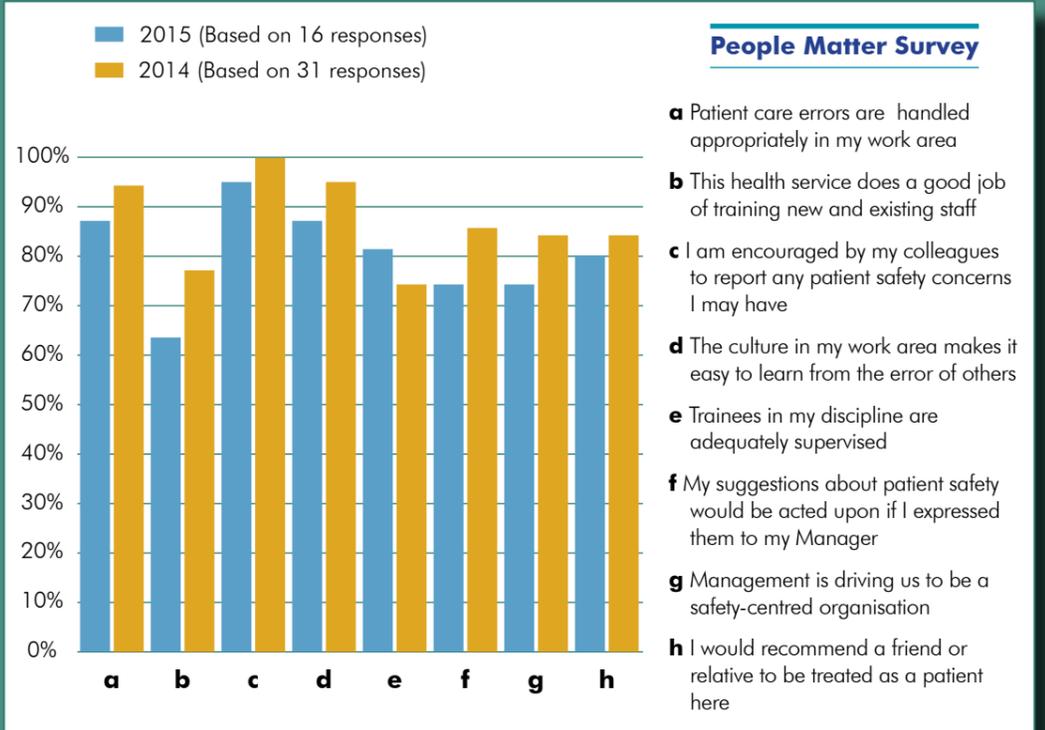
Use of Physical Restraint

BDH have Policies and Procedures in place regarding the use of physical restraint. It is the policy of BDH that residents who have been appropriately assessed will be allowed unrestrained movement, recognising that the risk of actual harm, such as from a fall, resulting from this freedom is an acceptable alternative to physical or chemical restraint. There were no instances where physical restraint were used at BDH in 2014/2015.



People Matter Survey

- a** I would recommend my organisation as a good place to work
- b** I am proud to tell others I work for my organisation
- c** I feel a strong personal attachment to my organisation
- d** My organisation motivates me to help achieve its objectives
- e** My organisation inspires me to do the best in my job



People Matter Survey

- a** Patient care errors are handled appropriately in my work area
- b** This health service does a good job of training new and existing staff
- c** I am encouraged by my colleagues to report any patient safety concerns I may have
- d** The culture in my work area makes it easy to learn from the error of others
- e** Trainees in my discipline are adequately supervised
- f** My suggestions about patient safety would be acted upon if I expressed them to my Manager
- g** Management is driving us to be a safety-centred organisation
- h** I would recommend a friend or relative to be treated as a patient here

May 16



Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3 World Asthma Day	4	5	6	7
8	9	10	11	12 International Nurses Day	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Diversity Awareness

At Boort District Health (BDH) we take our obligation of service provision seriously. We have mechanisms in place to consult with and be proactive in our community. We always aim to provide care that is culturally sensitive and inclusive to all who require it. Boort District Health met the six standards outlined in the Cultural Responsiveness Framework Guidelines.

Standard 1 A whole-of-organisation approach to cultural responsiveness is demonstrated

We take a whole of organisation approach to Diversity that builds on our commitment to Person centred Care. Our Diversity Plan supports the organisation to work collectively to achieve an environment that recognises the diverse needs and preferences of consumers and staff.

- BDH recognises, respects and values the diversity of its consumers to have equal access to high quality and safe healthcare.
- BDH is committed to working with consumers, carers and the broader community.
- BDH strongly supports consumer and community participation.
- BDH collaboratively works with other organisations and has input into the Loddon Shire wide Diversity Plan.
- The plan is broadly communicated
- There is Board engagement in cultural diversity and leadership from the Board

Standard 2: Leadership for cultural responsiveness is demonstrated by the health service

A number of senior managers have undertaken leadership training At BDH, senior managers have had leadership training for cultural responsiveness. Education and Training for our managers will continue to be a priority in Cultural responsiveness, with upcoming training in "Building Aboriginal Competency" considered compulsory.

- We are working in partnership with other organisations and service providers.
- We have undertaken population research to guide our Diversity Plan in the catchment of North Loddon, which demonstrates an understanding of diversity in our population.
- BDH in reviewing our service plans this will ensure planned

responses to diverse consumers will be put in place in service delivery.

- We have in place appropriate information technologies and strategies for data collection, reporting and sharing information on cultural responsiveness.
- Senior management has active involvement in community cultural planning through involvement in Boort Culture, arts and environment committee
- BDH has completed work on health literacy and this will see new way finding signage in the build and review of resident and patient information
- Dja Dja Wurrung have been invited to provide cultural awareness input into the new building and the dental clinic
- The role of the Community Advisory Committee is to engage with local community and bring issues back to the Board

Standard 3: Accredited interpreters are provided to patients who require one

At BDH we have implemented the DHHS Language services Policy as part of our obligation to Cultural Responsiveness. Even though the need for interpreter services has been minimal at BDH we are able to organise interpreters as they are required and requested, through appropriate channels who are accredited.

- Staff have access to excellent online information and support with the regard to approved language services including translations if required
- We can access education and audio visual materials, in languages other than English for consumers to access.
- New employment induction packs show evidence of BDH policies procedures and practices having diversity priorities.
- BDH Intranet has evidence of information to assist staff in better care of persons included in the BDH Diversity Plan.

Standard 4: Inclusive practice in care planning is demonstrated, including but not limited to dietary, spiritual, family, attitudinal, and other cultural practices

Our Diversity Plan is on the intranet for general staff communications. BDH is cultural embedding person centred

care into the culture of the organization.

- Person centred and goal directed care planning is paramount and incorporated into all policies and procedures at BDH.
- The Culturally Diverse Framework is used in holistic care planning at BDH.

Standard 5: CALD consumer, carer and community members are involved in the planning, improvement and review of programs and services on an ongoing basis

BDH facilitates participation of CALD consumers in planning service delivery. BDH has partnership arrangements between BDH, Aboriginal Cooperative, Northern District Community Health and Loddon Shire.

- At BDH we aim to be inclusive of CALD consumers in our consumer engagement committee
- BDH has specific Aboriginal Health Plan in place
- We encourage formal consumer feedback through surveys and audits and other conversations' processes

Standard 6: Staff at all levels are provided with professional development opportunities to enhance their cultural responsiveness

Information on cultural issues, including cultural awareness, cultural respect and cultural safety is included in BDH literature and orientation program. This information is also easily accessible by all staff through the hospital intranet.

- Staff are expected to undertake mandatory training and this includes diversity awareness.
- We aim to include policies and practices to include responsiveness references in position descriptions, performance review and promotion
- We conduct cultural assessments to understand consumer and patient's explanatory model for care.
- 4 members of staff will be undertaking "Building Aboriginal Competency" training, which will run for 2 days in December
- In house training will be made available to all staff on matters pertaining to cultural diversity

June 16



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Queens Birthday
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13-19th Men's Health Week
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Red Nose Day
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Bowel Cancer Awareness Month

Diabetes in Loddon Action Group (DILAG)

The Diabetes in Loddon Action Group (DILAG) was created by the Bendigo Loddon Primary Care Partnership. This program was formed in 2007 after the Loddon Shire requested the Primary Care Partnership assist in supporting growing numbers of people in the Shire who were living with diabetes, and assist the community to prevent diabetes.

Services Available:

- Bi Monthly Diabetes Support Group
- Foot Care Team (by appointment)
- Counselling
- Referrals to diabetes educators, Dietician, Occupational Therapist and Physiotherapist
- Dental Health
- Physical Activity Group
- Supply of sharps containers
- Community Health Nurse

Sharps Containers collection & disposal:

- Boort Resource and Information Centre
- Pyramid Hill Pharmacy Depot
- Inglewood Pharmacy
- Loddon Shire Council Office (Serpentine & Wedderburn)

DILAG Partners:

- Boort District Health
- Inglewood & Districts Health Service
- Northern District Community Health
- Loddon Shire Council
- Dingee Bush Nursing Centre Inc.
- Primary Care Partnerships Bendigo Loddon
- Medicare Local, Loddon, Mallee, Murray

Further Support:

Boort Medical Clinic 54515220
 Boort Resource and Information Centre 54552716
 Northern District Community Health Service 54510200

External Reviews	
Boort District Health is involved with the following forms of accreditation:-	
National Safety and Quality Health Services (NSQHS) Standards	BDH has undergone accreditation with the new National Safety and Quality Health service Standards. The accreditation site audit was conducted in October 2014 and BDH were awarded 58 actions met with merit. 100% compliance with all actions and three years accreditation was awarded
Home and Community Care (HACC) accreditation	BDH was also accredited for HACC services in October 2014 with all standards being met.
Residential Aged Care Services – Australian Aged Care Quality Agency (AACQA)	The BDH High Care Residential Aged Care Facility has been accredited with meeting all 44 expected outcomes and is accredited for three years. This expires in August 2018.
Food Safety Audits	BDH Food Safety Program is audited annually and in July 2015 were successful with obtaining full compliance.
Hospital cleaning standards	BDH Environmental services and Infection Control program undergoes annual external cleaning audits against the Victorian Cleaning standards. This process was completed in June 2015 with an overall pleasing rate of 92%
Fire Safety Audits	BDH underwent a Fire Safety Audit in May 2012.
Diagnostic Imaging Accreditation Scheme 2nd Edition	BDH has been accredited with full compliance with the Diagnostic Imaging Accreditation Scheme Full Suite of standards for the use of General X-Ray and Ultrasound. This accreditation is valid until June 2016.



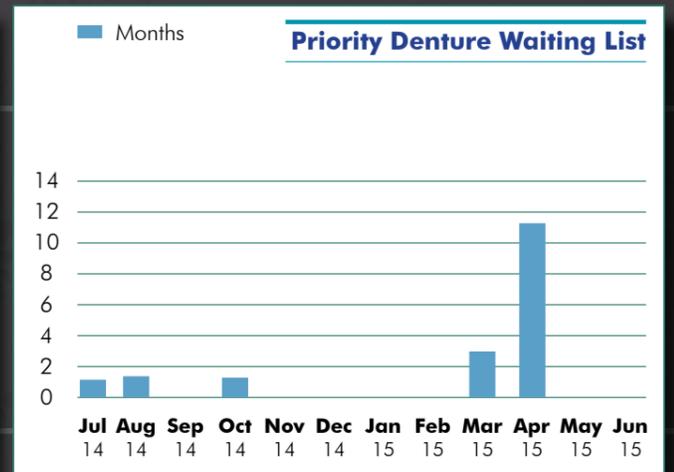
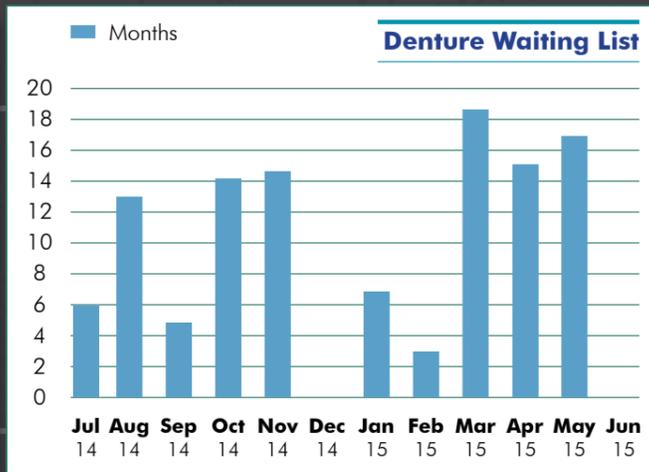
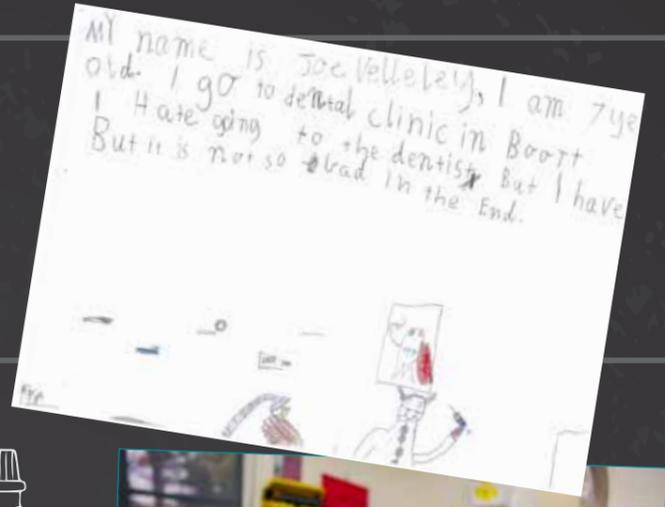
July 16

Boort District Health

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
31					1	2
3	4	5	6	7	8	9
10-16th Diabetes Awareness Week 10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30



DENTAL HEALTH WEEK



August 16

Boort District Health

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	Dental Health Week 1-8th 1	2	3	4	Jeans for Genes Day 5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20-27th Hearing Awareness Week 20
21	22	23	24	25	Daffodil Day 26	27
28	29	30	31			





Medication Safety

Boort District Health is committed to medication safety, we continuously endeavour to ensure clinicians safely prescribe, dispense and administer appropriate medicines to informed patients and carers. In 2014-2015 year Boort District Health sought funding through grants and the hospital's Ladies Auxiliary to purchase and implement a new medication management system, MedSig. This system ensures all residents and patients will be supported with the medication they need to take across a 24 hour period, 7 days a week.

What is Medsig?

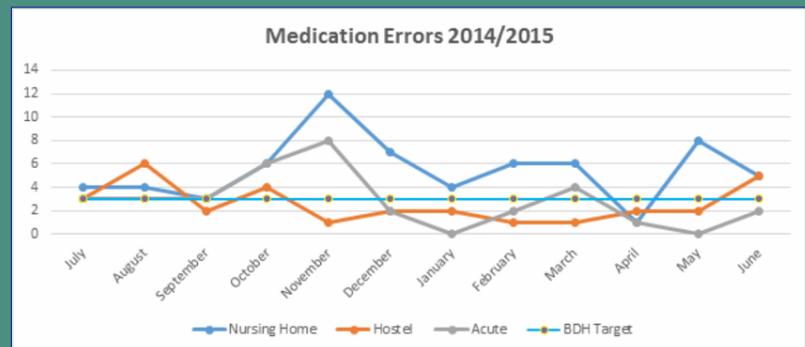
MedSig is a computerised, paperless medication management system created by Webstercare, for residential aged care facilities. The program is accessed by a dedicated MedSig touch screen computer and includes medication details, dosage times and resident photos. MedSig is designed to speed up medication delivery, as well as communicate directly with the pharmacy to update medication details efficiently and securely. The MedSig Program alerts staff when medication has not be administered, ensuring missed medication does not occur.

MedSig at Boort District Health

The Medsig Program was introduced to staff at Boort District Health in October 2014. Webstercare provided two trainers who assisted staff in using the new program. All staff were given an opportunity to administer medication whilst trainers were present to ensure competency with the new system. In February 2015 24 staff members participated in an education session updating their knowledge of the medication management program.

Benefits of MedSig

Since implementing the MedSig program at BDH the level of errors from the hostel and nursing home have reduced from previous years. The hostel staff have efficiently used the program ensuring medication errors were below the target from November 2014 through to May 2015. Nursing Home staff have seen a significant decrease since the program was implemented and continue to monitor and asses why errors continue to occur.



September 16

*Boort
District Health*

Sunday



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1-7th National
Asthma Week

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Gynaecologic
Cancer
Awareness
Month

**Partnering with Consumers
Community Advisory Committee**

The Community Advisory Committee ensures we are listening to the wide experiences and knowledge of members in our community, this ensures the highest quality services are provided.

Aims of the Community Advisory Committee:

- To bring together the knowledge, experience and expertise of people in the community
- Provide a means of sharing best practice and innovative ideas
- Strengthen relationships between the health service and the community so that we all work in partnership to build a high quality health service
- Facilitate more effective planning and prioritisation of services in response to demand and informed by the evidence.

2014-2015 Key Activities:

- Community Advisory Committee members visited a number of health services including; Hesse Health, Kerang District Health, East Wimmera Health Service (Charlton Campus) and Rochester & Elmore District Health Service this assisted members in contributing valuable ideas regarding the layout, materials and functionality of the Boort District Health Re-development.
 - Community Advisory Committee members have been able to collect numerous ideas to assist in creating a historical display which will preserve the memories of Boort District Health.
 - The Community Advisory Committee attended the Boort District Health AGM. They were introduced to the public and members of the community were encouraged to provide these members with feedback regarding the health service or re-development.



October **16**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
30	31	Breast Cancer Awareness Month	Polio Awareness Month			1
2	3	4	5	6	7	8
9-15th Haemophilia Awareness Week	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29



Blood and Blood Products

Boort District Health is committed to making sure safe, appropriate, effective and efficient management systems are in place for the blood transfusion they administer.

12 Blood Transfusions were administered at BDH between June 2014-July 2015.

Blood Transfusions are only given when clearly indicated and the expected benefits to the patient are likely to outweigh the potential hazards.

To ensure the safe use of blood products at BDH the following occur;

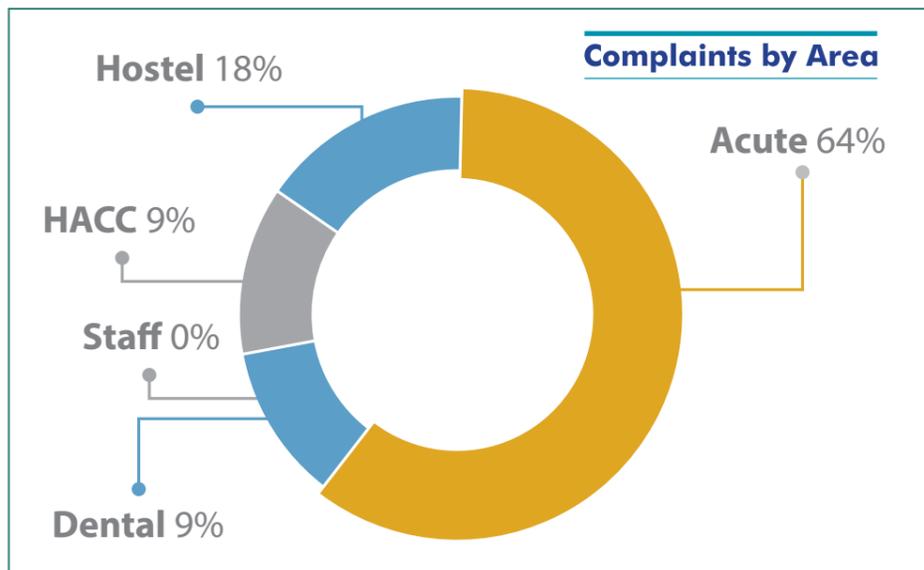
- All Registered Nurses at BDH must complete annual on-line education in the Safe Administration of Blood & Clinical Transfusion Practice.
- Policies & Procedures for the Transfusion of Blood/Blood Products have been reviewed to ensure they adhere to National Safety Quality Health Service (NSQHS) Standards.
- An Information Pack has been developed and is given to clients prior to transfusion to educate them about the procedure, risks involved and the need for informed consent.
- Policy for the Transport of Blood from Bendigo Health via the Blue Line Transporter has been reviewed to ensure Blood Products remain at the appropriate temperature while in storage prior to the transfusion.
- Documentation Audits are regularly carried out to ensure proper processes and procedures are followed by the Nursing Staff during the blood transfusion.
- All Audits are reported to the Safety, Quality & Clinical Governance Committee.

Feedback

Boort District Health strives to provide the highest quality care for all our patients. In order to ensure this occurs we seek feedback from our consumers regarding the services provided. At Boort District Health feedback is collected through a number of resources including the Victorian Patient Satisfaction Monitor and the BDH Feedback Form.

Compliments and Complaints

During the 2014-2015 year Boort District Health received 9 compliments and 11 complaints relating to clinical care, staff behaviour and service costs. Issues raised through complaints have been addressed and a number of service improvements have been made.



November 16



Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		Melbourne Cup 1	2	3	4	5
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13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			Lung Health Awareness Month



Merry Christmas

Marle Worland

Marle has been a long standing resident of Boort; she has been a widow for over 30 years. She did spend some time in Apollo Bay with her husband Fred following his retirement. Marle returned to Boort in 1983. She does not have any family living locally.

Marle had been struggling somewhat over the past couple of years with some age related health and medical issues but was doing "OK" and managing to remain living independently in her own home. This has been very important to her and something she really aspires to maintain.

This year Marle was sent to have a colonoscopy by her GP in Bendigo; the results were disappointing. A substantial bowel cancer was found and Marle then had to undergo major surgery in the form of a R) Hemicolectomy. This was done at St John of God in Bendigo and she remained for almost 2 weeks.

Although Marle was recovering reasonably well and her recuperation period progressing she was unable to return to her home as she lived alone. So it was decided that Marle could return to Boort District Health (BDH) and was assessed to access the Transitional Care Program (TCP) to assist her to get home with the support she needed for a successful homecoming. She has also been able to get back to day activities at BDH.

As she was on TCP Marle was able to be discharged earlier than expected. Through TCP she was able to access services in her home, which included Physio, exercises with an Allied Health Assistant, Occupational Therapy (OT), meals on wheels, home care assistance, podiatry and district nursing service (DNS) visits. Marle has expressed that Jo O'Bree the OT has been extremely helpful in making her life more comfortable with issues such as chairs and looking at a new bed and states "this helps me stay at home". Furthermore Marle really wanted to express "how tremendous and supportive" the TCP service and hospital staff has been. She stated that she never had any issues and felt comfortable in her return home as any concerns were quickly dealt with efficiently by the TCP / DNS coordinator Tanya Buchanan.

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Marle concedes that even though she has a disease that can't be cured she feels at ease with the services and staff she has been able to access through TCP and BDH. She feels confident she will be able to remain living independently through this support for a good period yet and as her health allows. She conveys that Tanya and all the staff have been extremely helpful and she has been advised that she just needs to let them know if she needs anything further, which may include but not limited to equipment if needed, dietary supplements, continence products, emotional support, which may include referral for counselling and personal care if needed.



December 16



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	19	20	21	22	23	24
Christmas Day 25	Boxing Day 26	Christmas Day Holiday 27	28	29	30	31



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