QUALITY ACCOUNT
2018/19

To be a leader in
integrated rural health care

MANSFIELD
DISTRICT HOSPITAL

Mansfield District Hospital

OUR VALUES

QUALITY

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

INTEGRITY

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

SUPPORT

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

SUSTAINABILITY

We believe in sustainable business and environmental practice.

Mansfield is located 188 km northeast of Melbourne in the dramatic landscapes of Victoria's High Country renowned for its natural beauty and alpine mountains. Mansfield is very close to two large lakes, Lake Eildon and Lake Nillahcootie. The nearest regional centres are Wangaratta (103km) and Shepparton (125km). The Mansfield Shire has a current population of approximately 8,979 residents. The population significantly expands during weekends and holiday periods as people visit their holiday homes within the Shire, and undertake a diverse range of activities such as skiing, walking, cycling, water sports and other outdoor activities.

Mansfield District Hospital is an acute medical, surgical and obstetric hospital with an attached urgent care centre. Buckland House Nursing Home provides 30 beds for high level aged care while Bindaree Retirement Centre provides 42 aged care beds. The Primary Care Centre provides a visiting nursing service, community health nursing, a range of allied health services and health promotion and prevention services to the community. Community nurses visit Jamieson and Woods Point weekly.

OUR COMMUNITY DEMOGRAPHICS

The 2015 health indicators survey data highlighted lifestyle factors such as smoking, harmful use of alcohol and inadequate water consumption, as the main reasons for poor health. Social connection, access to counselling and mental health care were all areas identified in the survey as high needs in our community.

Top MDH presentations • Respiratory • Cardiac	**23.7%** of people are aged over 65	**8979** Total population	**4.5%** of population have a profound or severe disability	**$709** Median weekly income, well below Australia's average of $877
4% of our population speaks a language other than English at home	**Homelessness and food insecurity** are issues for our community	**0.7%** of our population identify as Aboriginal or Torres Strait Islander	**19%** of community members did voluntary work through an organisation	**39.8%** of the Mansfield population has completed their education at Year 12 or equivalent compared to 51.9% average for Australia

Welcome

Welcome to this year's Quality Account. In this report, we publish our clinical performance for 2018/19 as well as highlighting some of our people and our services.

Phillip Officer
Board Chair

Cameron Butler
Chief Executive Officer

For a small health service, we provide a wide range of services and are always looking to grow in response to our community's needs. If we can, and it is safe for us to do so, we will. We have recently done this through the introduction of Mansfield Restart, our program to address issues of substance use and addiction. In March 2019 we introduced urological surgery negating the need for local people having to travel to access care. The provision of safe and high-quality health care to our community in our community is what drives us.

In September 2018, we launched our Great Care project, which enhances the experience of people who use our service (consumers). Every role in the organisation contributes directly or indirectly to a consumer's experience and staff, volunteers and Board are mindful of this. We make organisational decisions and commitments considering the effect on the consumer experience. Commencing the Great Care project, we obtained feedback from more than two hundred patients, residents, staff and volunteers and they told us what great care looked like and what it means to them. This has proven invaluable, and while we don't get it right every time, we continue to actively pursue great care.

We are nearly 150 years old, and though we are proud of our history we are progressively looking forwards. We have completed our Master Plan; a plan to assist us in having new and updated buildings and facilities. At the same time, we are close to completing $500,000 of upgrades to Buckland House Nursing Home.

Apart from new buildings, our future is dependent upon having the right people in the organisation. That is people who are highly skilled for their roles and who display respect and empathy. We are incredibly proud of our staff and volunteers, and we continue to assist them in their personal and professional development.

Additionally, we assist people in entering the workforce. We continue to undertake School-Based Apprenticeships and offer a gap year traineeship in administration. We are increasing placement opportunities for undergraduate and postgraduate students in the hope that Mansfield District Hospital fits in with their career pathway, either now or in the future.

We are an integral part of the Mansfield and District community. We exist for the community and wouldn't be as strong without community support. We value your feedback and welcome you to become involved.

Please take the time to read this publication, and we hope that you feel your health is in good hands.

Phillip Officer
Board Chair

Cameron Butler
Chief Executive Officer

OUR YEAR

Hospital Patients: **1,801**

Hospital Bed Days: **5,126**

Births: **57**

Surgical Patients: **478**

Dialysis Treatments: **472**

UCC Vists: **4,163**

Bindaree Resident Bed days: **14,724**

Buckland House Resident Bed days: **8,472**

Primary Care Hours: **3,432**

Visiting Nursing Hours: **3,403**

Domiciliary Midwife Visits: **222**

Meals Prepared: **79,057**

Meals on Wheels: **3,818**

MDH Staff: **206**

Budget: **$17.5 million**

Consumer, Carer and Community Participation

Consumer education and capacity building

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

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

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

- be responsive to consumer, carer and community input;
- address the diverse needs and preferences of consumers and carers by listening to, understanding and responding to their experiences and expectations about health care;
- work with consumers in the design, development, planning and delivery of care;
- enable consumers, carers and community members to participate in organisational processes, including planning, improvement and monitoring of healthcare.

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

THANKYOU JAYA NAIDU

MDH wishes to thank Jaya Naidu for his long term contribution to both our Board of Management and Audit and Risk Committee. Jaya was a member of the MDH Board of Management and Audit and Risk Committee, where he was nominated as Chair at his very first meeting. Jaya said his initial time on our Board and Audit and Risk Committees was a time of renewal of membership and change in governance directions for MDH. He said “it has been a privilege to contribute to the governance of the hospital and work with the marvellous staff and committee members.”

He also stated that when he suffered from an illness, he received treatment by MDH nursing staff “I couldn’t imagine anyone treating me any better than what I received from the MDH staff, each time I revisit my specialist he reminds me about how high the standard of treatment is at MDH. I know this is due to the skill, commitment and care of the staff.”

Great Care @ MDH

At the beginning of 2019, MDH embarked on the review of our strategic quality framework. We call this project Great Care @ MDH, with the aim to enhance the consumer experience at the point of care. That is, to ensure our patients, residents and clients have a great experience. All of them, all of the time.

To support us in this, we have employed a project officer to work with staff and consumers to determine the essential components in the provision of Great Care.

Our results provided us with a purpose and key experiences required for Great Care @MDH to be achieved.

Great Care workshops facilitated: 27

Staff consulted by area

- Non-clinical staff (administrative, maintenance, domestic, catering): 44
- Nursing: 33
- Primary care: 8
- Buckland House: 17
- Bindaree: 18

An additional 16 staff from various areas also completed an online Survey Monkey.

Volunteers consulted: 14
Consumers consulted: 38
Total number consulted: 188

Our Purpose

Ensuring every person who has contact with Mansfield District Hospital receives "Great Care" – consistently and every time.

Our Pillars

We do this by enacting the following pillars (guiding principles):

PERSONAL

The individuals' values, beliefs and "unique-ness" guide all aspects of planning and delivery of care

EFFECTIVE

The right care is delivered in the right way and at the right time

CONNECTED

Care and information are received when needed and in a coordinated way

SAFE

Avoidable harm is eliminated

As a consumer, these pillars are experienced when:

PERSONAL

- I am treated as an equal and have a choice in the care I receive
- I feel listened to, heard and understood
- I have my individual needs attended to (showering, meal requirements, physical environment, cultural and personal preferences)
- Staff focus on what I can do as opposed to what I cannot – my independence is supported
- Staff have time to understand my needs and existing routines (I am not made to fit into your schedule)
- I am invited to be meaningfully involved in all aspects of service planning, delivery and evaluation

EFFECTIVE

- I am attended to in a timely manner
- I am not lonely or isolated
- I receive accurate, honest, accessible information to make decisions about my care, and receive that care
- Staff are adaptive and responsive to my needs
- My pain is well managed
- Staff take a proactive, health promotion approach where possible
- The food I receive is nutritious, fresh and well presented
- I feel better

CONNECTED

- My loved ones are included in decisions about my care – they receive accessible information about my progress, are involved in care planning and are notified of staff changes
- Planning for my discharge occurs in consultation with me, my loved ones, relevant practitioners and is clearly communicated
- The right referrals are made for me, and I understand how to connect with these practitioners
- I have access to a range of activities, seven days per week, to alleviate boredom and increase personal connection

SAFE

- Staff adhere to hygiene procedures unwaveringly (relates to both hand hygiene and equipment)
- My dignity and privacy are respected
- I have trust and confidence in those caring for me
- The care I receive attends to my physical, psychological and environmental safety
- Every effort is made to eliminate available harm
- Staff interact with warmth, care and compassion

From this information and awareness, we will continue to work together to ensure Great Care @ MDH is provided every time.

Our Volunteers

When my husband and I moved to Mansfield 21 years ago, we didn't know anybody, so I decided to become a volunteer. It was Meals on Wheels and Spring Club for a while, then the Uniting Church Op Shop – I am still there after 20 years! Later I became a volunteer at Mansfield District Hospital, visiting Bindaree, the hospital and Buckland House on a Monday.

I have celebrated my 10th year as part of the volunteer team at MDH, and I feel great satisfaction after my visits to see and talk to residents and patients. At my age, I need a reason to get up in the mornings and being a volunteer is it.

I love what I do, and I hope I can continue for a few more years yet.

Margaret Wilson

I have lived in Tolmie for 17 years and have been running my own gardening business. Through this, I have met some lovely people and particularly enjoyed helping the elderly with their gardens. Many became residents within Bindaree, and so I continued to visit them there. I could see that the gardens needed some TLC, so I volunteered to help out – pruning, weeding and making the gardens an enjoyable place to sit and relax. I now also help out on outings with the residents. My wife and I love where we live; we love the community and could not see ourselves living anywhere else.

Rob Broek

Improving Care for our Aboriginal Patients

MDH continually works to improve the health and wellbeing of Aboriginal and Torres Strait Islander People.

We continue to work on our cultural competence action plan and have undertaken several activities to improve our work with our Aboriginal and Torres Strait Islander population. During the 2018/19 financial year we have:

- offered Cultural Awareness education for staff
- offered a Koolin Balit eye clinic
- regularly attended the Ghadaba Local Aboriginal Network Meetings
- participated in NAIDOC week celebrations
- sourced and provided culturally friendly fliers in waiting areas
- displayed culturally appropriate artwork across the organisation

Aboriginal and Torres Strait Islander Hospital Admissions:	**10**
Aboriginal and Torres Strait Islander Primary Care visits:	**4**
Aboriginal and Torres Strait Islander Staff:	**5**

Ensuring MDH supports our culturally diverse population

The MDH Charter for Inclusion was adopted by our Board of Directors to support our commitment to cultural diversity within the community

The MDH Charter for Inclusion states that the Board of Directors and staff are committed to the provision of health services that are inclusive to all while considering the diverse and individual needs of our community and staff, irrespective of gender, sexuality, disability, race or religion. We are equally committed to ensuring all people have equal access to quality health care. The MDH Charter for Inclusion 2019/21 provides a framework to help us develop and implement actions to ensure that our services, programs and facilities do not exclude people with diverse needs, or treat them less favourably than other people.

Our Charter for Inclusion will help us to meet the needs of people with diverse needs who use, visit or work within our organisation and ensure that they are provided with an opportunity to participate in service planning and provision. The Charter for Inclusion complies with the Victorian and Commonwealth Anti-Discrimination Legislation and the Disability Act 2006.

The MDH Charter for Inclusion focuses on the priorities of:

- Equitable, accessible and responsible services and programs- this means we will provide a safe and inclusive environment, with individuals not exposed to bias, discrimination or inappropriate behaviour;
- An inclusive workforce – this means our workplace will be respectful of all needs and ensure a sense of safety and belonging;
- Partnerships with diverse communities- this means we will engage with our community to enable representation from a diverse group to improve people's experience of services and to enhance health and wellbeing outcomes; and
- Practical and evidence-based approaches – this means we will measure the effectiveness of services offered and plan for improvements into the future.

We believe that together, these priorities form a robust platform to enable the delivery of a comprehensive health system.

Implementation of the Child Safe Standards

MDH continues to ensure that our organisation meets standards to help protect children. All staff have police checks, working with children checks, our policies are compliant with child safe standards and all staff receive education in these standards.

Strengthening MDH's response to family violence (MDH says NO to family violence)

Family violence, violence against women and intimate partner violence presents Australia with a significant public health issue. Intimate partner violence alone contributes to more deaths, disability and illness in women aged 15-44 years of age than any other preventable risk factor. One in four women has experienced violence from an intimate partner.

It is now two years on from the state-wide rollout of the Strengthening Hospitals Responses to Family Violence (SHRFV). MDH want to thank our partners Northeast Health Wangaratta (lead agency), Alpine Health, Benalla Health and Yarrawonga Health who have worked with us in meeting these outcomes.

We have a combined position statement on family violence across the five health services of the Central Hume, which has been signed by each CEO.

MDH has continued its commitment via:

Training our staff to better identify and respond to family violence

Supporting our staff and community members through early intervention that addresses the underlying causes of family violence

Engaging with our team and community members to develop resources, policies and pathways to better respond to family violence

Partnering with other local health services and community organisations to stop family violence

We continue to:

- train our staff in sensitive enquiry and response
- provide manager training in the SHRFV model of care to support our staff at risk of family violence and to support the care of our consumers
- implement and review policy documents in the areas of family violence leave, contact officer support, identification of family violence client pathways

Victorian Healthcare Experience Survey

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

MDH surpassed the state rating in all areas

Overall patient experience:

- Quarter 1 result September 97.4%
- Quarter 2 result December 100%
- Quarter 3 result March 98.2%
- Quarter 4 result June 100%

Achieved DHHS target of 95%

Were you given enough notice about when you were going to be discharged?
86.85% compared to State 66%

Overall, did you feel you were treated with respect and dignity while you were in the hospital?
98.5% compared to State 87.9%

WHO IS GIVING US FEEDBACK?

The average age of patients returning the questionnaire is 66

Average response rate of 34%

55% Female

45% Male

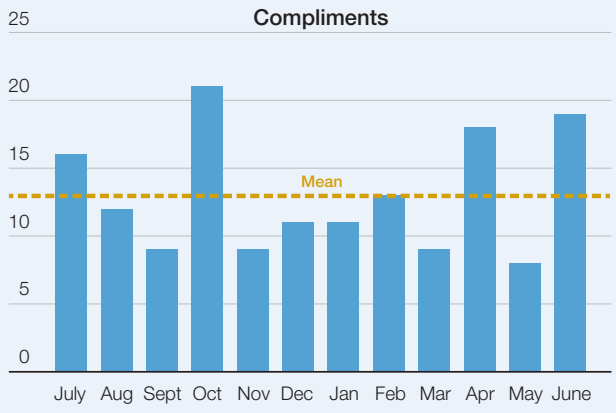
WHAT HAVE WE DONE WITH THIS DATA?

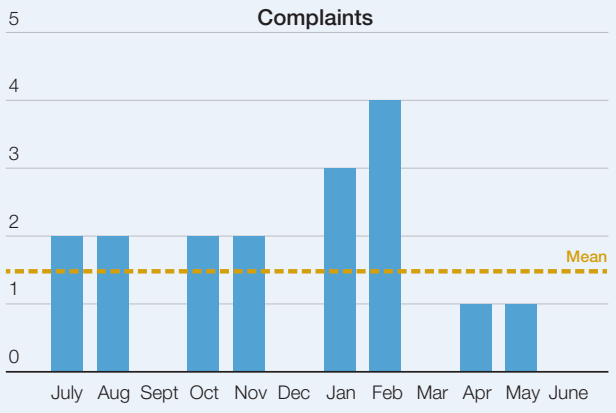
- Worked with our doctors to help enable clear and concise communication with patients on discharge
- Continue to improve work on discharge planning, ensuring all complex discharge patients have a multidisciplinary care plan
- Improved communication and coordination of care for our palliative care patients across all MDH departments

Over the next 12 months, we will continue to improve our care by more in-depth work in the area of partnering with our consumers.

Quality and Safety

Complaints and feedback





During 2018/19 MDH has received 156 compliments and 17 complaints. All of the complaints have been thoroughly investigated and closed. There are no particular trends relating to complaints. We continue to work with all staff on improving their understanding of clear communication methods.

Investment in education and our future

Education and training is a priority area for MDH. Access to education and training helps to support the provision of high-quality, safe patient care. Staff are well engaged in educational activities, and 2018 saw the introduction of protected in-service time for clinical staff three days each week. This has allowed for planned inservices and continuity of education topics.

The Education Unit supported 142 applications for study leave in 2018/19. The education team works in partnership with the Hume Region Nurse and Midwifery Education Group (HRNMEG). MDH had 47 participants attending courses run by the HRNMEG druing 2018/19, which is an excellent participation rate and demonstrates how committed the staff at MDH are to maintaining best practice and current clinical skill. Alongside external courses, MDH has a comprehensive internal training program. All MDH staff attend a Mandatory Training Day (MTD) annually, with 15 facilitated in the past year. This annual training day supports all staff to complete practical training competencies and online learning modules relevant to their area of work.

The education unit supported the planning and implementation of the Safer Care Victoria Sepsis project, for which MDH received a Safer Care Victoria award. This project has directly impacted on recognition and timely management of patients presenting to MDH with sepsis. MDH has many exciting projects planned for the next year, including digital ECG and a trial falls prevention program.

MDH continues to collaborate and participate in the Central Hume Graduate Nurse Program. MDH supports three graduate nurses in acute and aged care. Our graduates attend six study days with other graduates from the region, allowing them to share experiences and network with graduates from across the Hume region. MDH graduates also have the opportunity to spend 'exposure' days in our operating theatre and at the Mount Buller clinic. MDH graduates report that this specialty exposure time assists with future career planning.

MDH continues our strong links with our local community. In 2018/19, two students from Mansfield Secondary Colleged commenced an Australian School Based Apprenticeships completing a Certificate in Individual Support. This is an excellent program which we aim to continue and foster.

The administration trainee role within the organisation rotates between areas such as reception, medical records, finance and education. This traineeship is aimed at a gap year student, assisting in building work skills and preparing the individual for ongoing study. Following completion of the traineeship, our 2018 trainee was employed into an executive administration role. Our 2019 trainee continues, and we are now recruiting for 2020! We also support local work experience students through Mansfield Secondary College and have hosted four students in this last year. Our work experience students get to see healthcare across many disciplines, and we are a highly sought after workplace for placement.

In 2018/19 Mansfield District Hospital supported 54 students from a variety of disciplines to gain valuable clinical experience. Support was provided for students in clinical environments including, physiotherapy, nursing, aged care and community health. MDH supported a total of 515 clinical placement days over the year and a total of 30 different clinical placements. Student feedback over the year has remained positive with students enjoying placements at MDH, feeling well supported and gaining good clinical exposure. Students are always surprised by how much we offer here at MDH!

Student Story: EMMA GUNN

Emma Gunn, Master of Nursing Science student and VFLW player for Richmond, came to MDH for clinical placement earlier this year. Emma's rigorous football training schedule had posed problems with her Melbourne based clinical placements, and she was subsequently unable to complete her required hours. MDH in conjunction with the University of Melbourne's Going Rural Program was able to provide Emma with clinical placement hours and the support that she required. While staying in Mansfield for her placement, Emma continued to travel to Melbourne for training and in-season games. She also volunteered her time to run a girl's football clinic with the Mansfield Girls' Football Club inspiring the attendance of 30 girls!

"MDH provided me with an incredible opportunity to experience several different areas of nursing while on placement - Maternity, Dialysis, District, the Satellite District Clinic, Acute Care and Urgent Care. I came to know the different needs of rural people and was able to see first hand the genuine care provided to people in these communities. I enjoyed my placement at MDH so much that I had mixed feelings about going home. As excited as I was to return home, I was incredibly sad to leave Mansfield. MDH made me feel respected, appreciated and connected. The MDH education team went out of their way to provide me with as many learning opportunities as they could and supported me to maintain my VFLW commitments and attend training back in Melbourne. I was overwhelmed by the support I received from MDH to help me do this. Previous clinical placements completed at large metropolitan hospitals haven't been able to provide me with the same level of support, and that made it very difficult for me to maintain VFLW commitments. Before coming to Mansfield, I had decided that I no longer wanted to be a nurse. MDH helped me re-engage with my passion for healthcare and allowed me to envisage a career as a nurse".

Following Emma's placement, we have had specific requests from Melbourne University Going Rural Program for individual and group student placements during 2019 and in planning for 2020.

An Australian School Based Apprenticeship at MDH

Mansfield District Hospital's youngest employees are Cassie Dolling and Sarah Harrison, pictured here with Buckland House resident Eric Lindbom. Eric reflects: "It's great to have youth on the team. And besides, no-one else here can play computer games with me!"

Cassie and Sarah follow in the footsteps of many school-based apprentices who have trained here at MDH. The students still go to school in Year 11 but also work a day every week in Buckland House and Bindaree. Their course work is supervised by GOTAFE in Wangaratta and will culminate in a Certificate in Assisted Living.

The programme began in the hospital in 2003, and the majority of past students work in health care today. Kate Peat, a senior nurse at Bindaree, was one of the earliest participants. She recalls: "I hated school with a passion, but my school-based apprenticeship kept me going. I enjoyed working with the residents from the start, and I learned everything I needed to know and more. That was fifteen years ago. I am still here, and I love my job."

Cassie's role is at Buckland House. Her experience in high-care has given her a wealth of knowledge. "I also worked out that my grandparents are not as old as I thought! They are lucky to have their health and independence."

Sarah is at Bindaree and counts the residents as her friends. "I wish I could work here more. I have learned so much, and the work has made me a more caring and confident person."

The girls will complete their apprenticeship in 2020 and will be able to take up other study options while continuing to work in aged care. The lessons they are learning will be with them for life.

Sarah, Eric, Cassie and Teddy

Jason Zhang

Physiotherapy Student

Going into my first placement far from friends and home, working in unfamiliar and rural Mansfield was a daunting thought. I'm happy to say that my preconceptions and doubts were blown away within my first week there!

My supervisors at the district hospital were a pleasure to learn from, offering valuable knowledge to add to my professional skillset and always encouraging me to ask questions when I was uncertain. One aspect of Mansfield I didn't expect but came to love was the sense of community and support that permeated beyond the professional setting.

The collaboration of different health professionals to give great exercise and diet advice during Women's Health Week or the social morning tea after cardio classes address facets of wellbeing that I've never considered in university and will take on board in my future career. Frequently I gained valuable insight from the patients themselves who were more than eager to share and give me new perspective on all sorts of topics.

Overall my experience in the hospital and the wider community have been overwhelmingly positive. I'd highly recommend Mansfield to anyone who's looking to gain experience in a supportive and relaxing environment. The physiotherapy expertise from my excellent supervisors and trivia about wood chopping, leather stitching and spotlighting from the lovely locals will stay with me for life!

Daily Operating System (DOS)

In March 2019 Mansfield District Hospital implemented DOS. DOS is a way of working that helps to assist health services to answer the daily question "Are we ready today? – if not – why not?"

The daily DOS discusses each area and identifies any problems that can't be solved at the unit level. These problems can then be escalated to the executive level who support the teams with problem solving.

Since the implementation of MDH DOS, we have seen an improved level of communication across the organisation. Each department area has a broader understanding of the real-time issues occurring within the organisation. We have improved the coordination of effort to ensure a rapid response to fix problems.

Our staff say:

> ***"Understanding the pressures on the organisation as a whole and the impacts as well as being able to feedback timely information to my staff."***
>
> ***"I can communicate to the team more efficiently as I am more aware of what is going on in the organisation and can relay that to my teams."***
>
> ***"A great start to the day to huddle and have a smile, touch base with everyone and a little laugh at the maintenance jokes (particularly for me as a relatively new MDH employee) DOS has helped me connect with and get to know the other Heads of Department better."***
>
> ***"It encourages discussion about issues and creates better understanding across the organisation."***

Incident and Adverse Event Reporting

Number of sentinel and adverse events and actions

MDH has reported one sentinel event related to a fall during the 2018/19 financial year. A sentinel event is a death or serious injury of a patient/resident not due to the natural course of their illness. Reporting of the incident was made to Safer Care Victoria who manages Sentinel Events and oversees investigation. The recommendations following the review have been implemented to prevent further harm to our consumers.

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

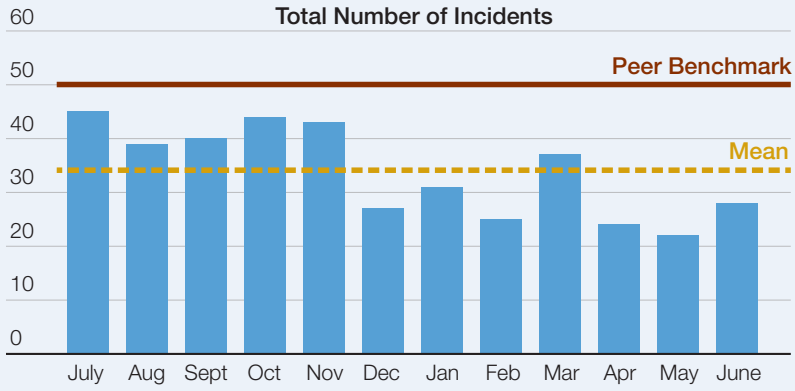
2018/19 MDH staff reported 405 Clinical Incidents:

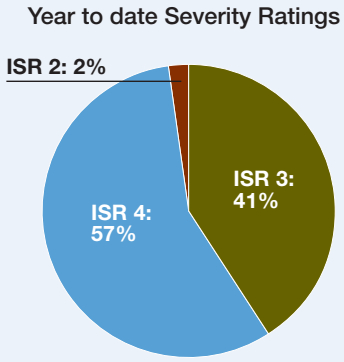
This year we have recorded a total of 405 clinical incidents, a decrease of 53 (last year's total was 458 incidents). Our reduction in clinical incidents is primarily due to a decline in falls. There are many factors which have influenced this, including hourly rounding, accurate assessment of resident patient profile, the daily DOS and an introduction of additional staffing during identified high-risk times.

Incidents are categorised according to their Incident Severity Rating (ISR). These are defined as:

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

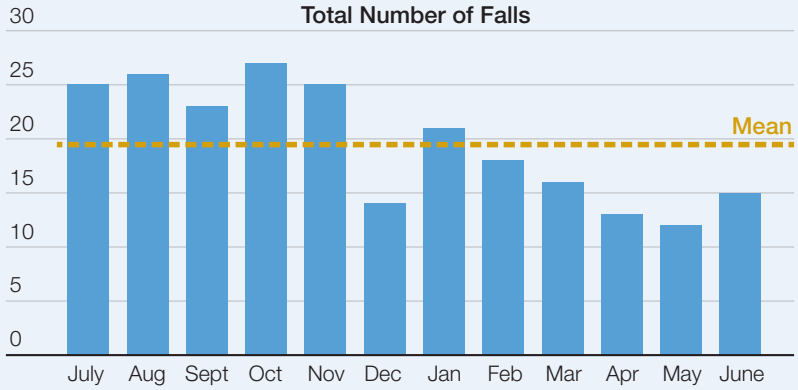
The harm index is lower than this time last year with our incident profile comprised of 0 - ISR 1, 8 - ISR 2, 166- ISR 3 and 230 - ISR 4.





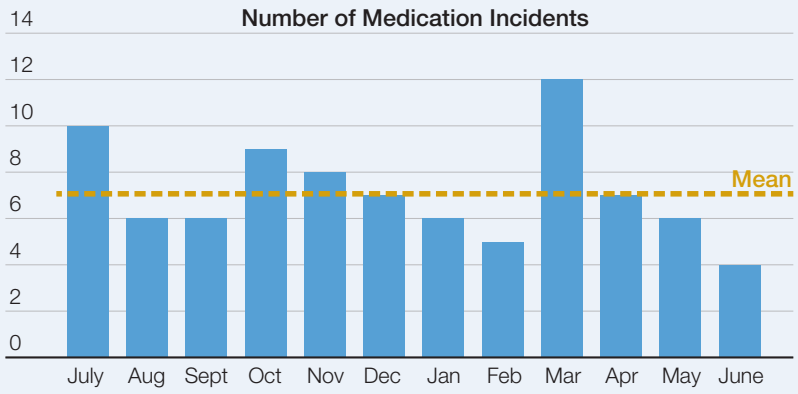
Falls Reporting

There were 238 falls reported this year, an average of 20 falls per month across the organisation. We are continuing to implement strategies to reduce falls including daily department meetings with executive and the introduction of additional staffing in identified high-risk times. Since the implementation of these initiatives our number of falls have decreased.



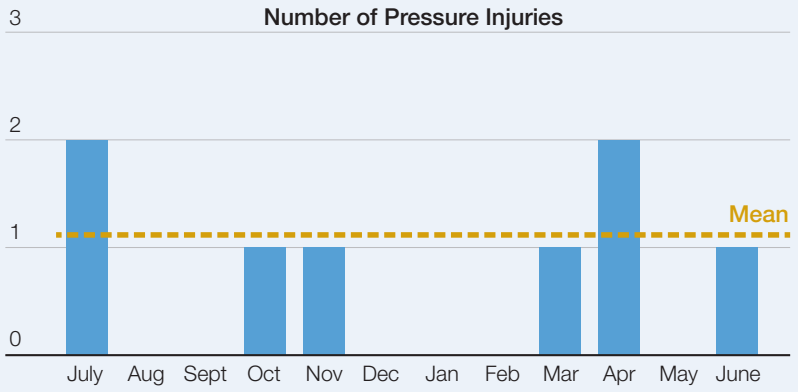
Medication Incidents

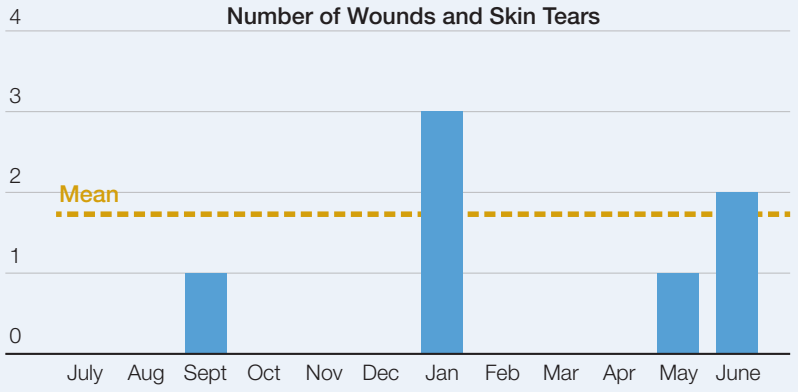
This year we have had 86 medication incidents compared with 100 medication incidents during the previous year. Safe medication management continues to be a high priority for MDH. We continue to investigate all incidents and where required, put appropriate interventions in place. Our major medication incidents continue to be as a result from a missed signature, a packing error of a medication or a missed medication administration.



Pressure Injury and Skin Integrity

Pressure injury prevention remains a primary focus in our daily care delivery. Education sessions for team members are conducted throughout the year on pressure injury prevention and management. Individualised plans of care are encouraged for our patients and residents to maintain their optimal skin integrity. We continue to purchase and use equipment to prevent skin damage with the purchase of equipment such as alternating air mattresses and pressure relieving cushions.





Advance Care Directives

Education has been provided to our doctors, staff and community around the importance of Advance Care Directives.

An advance care directive is sometimes called a living will.

The directive is a formalised version of your advance care plan . It outlines your preferences for your future care along with your beliefs, values and goals. Having an advance care directive means you can also formally appoint a substitute decision-maker for when you can no longer make decisions yourself.

Mansfield continues to record on a register when a patient has an Advance Care Directive. Mansfield recorded 40 patients with Advance Care Directives compared to 18 recorded in the 2017/18 financial year.

Acute Care

30 years dedication to MDH Great Care

Anne Jewitt – Director of Quality and Safety

It is fair to say that there would not be many families in the Mansfield community who have not been touched in one way or another by the care and expertise of one of Mansfield District Hospitals longest-serving nurses, Anne Jewitt. Annie, as she is fondly known, has been part of the lifeblood of MDH for a lengthy 30 years!

Annie is known for her kind, gentle and thoughtful manner. As a nurse and midwife Annie has provided care and support for patients and residents across the continuum of care. During her 30 years at MDH Annie has gained significant experience and expertise in rural health nursing. She has used this experience in her current role as the Director of Safety and Quality to develop policy and procedure which has guided staff in the delivery of safe, quality care that MDH is renowned for.

Annie began work at MDH back in September 1988, and she left Melbourne because of a long-standing desire to live and work in the country. Funnily enough she said that "my interview consisted of a phone call from the Matron that I took from a public phone at Dandenong Hospital."

Annie's first role at MDH was as a Registered Nurse and Midwife on our Acute Ward. Annie said "I enjoyed the difference in workplaces compared to the city. There was greater diversity, and I was able to contribute to all areas of care. Especially the case in midwifery where in the city you only supported the mother in one aspect of their care, for example labour, however in Mansfield I could contribute to the mothers care antenatally, during the birth and postnatally. I appreciate the ability to support our mothers and babies especially with my additional knowledge of lactation support."

Annie has had many roles during her time at MDH, including working in the acute ward as both a Registered Nurse and Midwife, Lactation Consultant, Associate Nurse Unit Manager and Nurse Unit Manager. She has also contributed to the Theatre team and then across the whole of the organisation in the areas OH&S, quality and nursing.

Annie said that some of her highlights so far include "when I started at MDH and returned to theatre, my first tonsillectomy scrub was with Dr Humphry Esser".

I most value the collegial relationships between the medical practices, my friendships with the staff, and knowing my patients. Learning from our community to ensuring we provide the best care that we can is what motivates me."

Meeting our patients' needs and responding to Clinical Deterioration

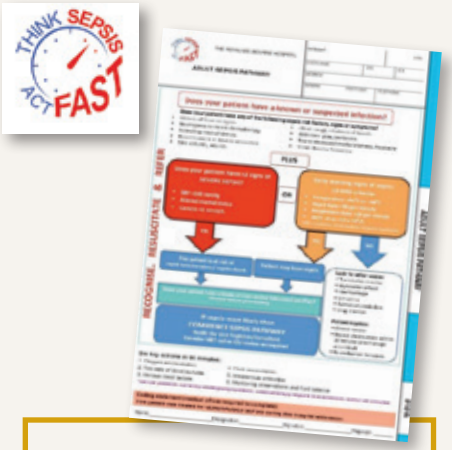
Sepsis Project – Recognition and management of sepsis in emergency care

What is Sepsis? – Sepsis is one of the leading causes of death in hospitalised patients worldwide. Sepsis is a severe infection, sometimes called blood poisoning or septicaemia. An infection occurs when germs enter your body, causing you to become unwell. Many different types of bacteria can cause sepsis, and anyone can develop sepsis from an infection. If untreated, it can lead to shock, damage internal organs and can even cause death. Sepsis requires immediate treatment.

In July 2018 MDH worked with Safer Care Victorian to implement the sepsis pathway within the organisation. This pathway improved early recognition of sepsis enable care to be escalated for early intervention and treatment thus ensuring standardised treatment that nursing and doctors can follow.

Our outcomes

- MDH increased the recognition of sepsis at triage and improved time to treatment;
- Staff had increased confidence in their ability to identify and manage sepsis, improved staff intravenous cannulation competence and pathology and blood culture collection techniques; and
- ultimately enabled better communication with our doctors to escalate care and ensuring consistent management of sepsis.



Safer Care Victoria recently reviewed our Sepsis project and MDH was awarded 'MOST IMPROVED HEALTH SERVICE'.

This is a well-deserved award and great recognition to all the staff involved in the project.

#endPJparalysis

PJ Paralysis Is a global social movement embraced by nurses, therapists and medical colleagues, to get patients up, dressed and moving.

For patients over the age of 80, a week in bed can lead to 10 years of muscle ageing, 1.5 kg of muscle loss, and may lead to increased dependency and demotivation.

Getting patients up and moving has been shown to reduce falls, reduce risk of infection, improve patient experience, leading to quicker recovery and an ability to return home sooner.

Having patients in their day clothes while in hospital, rather than in pyjamas (PJs) or gowns, enhances dignity, autonomy and, in many instances, shortens their length of stay.

MDH staff have embraced the PJ paralysis movement to help our patients get home as soon as they can.

Bringing services closer to you

MDH continually reviews the safety and quality of the services it provides to our community. During 2018/19 we undertook a service review of our operating theatre. This review was conducted by an external consultant with expertise in operating theatre management.

Several recommendations were made to enhance our already comprehensive suite of operating theatre services. One of these recommendations being the introduction of a Urology service.

In March 2019 the Urology service was introduced into the theatre suite. Mr Mark Forbes, a Urologist, visits Mansfield and performs many urological procedures for which our community would otherwise need to travel. These include procedures which examine the urinary system such as cystoscopies.

To date, 36 patients have successfully been treated by Mr Forbes and the MDH theatre team. With increasing awareness and demand for this service, it is anticipated that more and more members of our community will be able to receive care and be treated closer to home.

In addition to implementing a urology service to MDH Jenny Pollard, Nurse Unit Manager Operating Theatre has worked in consultation with our regional partners to implement a Rapid Access Endoscopy program (RAE).

RAE ensures that all patients who have undergone the National Bowel Cancer Screening program and returned a positive faecal occult blood test, are investigated by having a colonoscopy within 30 days of returning a positive sample. In the past, these patients have travelled outside of Mansfield to access this service. One resident provided the following insight into her husbands experience accessing RAE.

"John did a home bowel screen test, which came back positive, MDH contacted us to arrange his booking, so, fortunately, all John needed to do was show up at MDH on the day they booked him in, it was so good that we did not have to travel to Wangaratta Hospital which is over an hour and a half drive; the travel time for us was only 5 minutes, Mansfield is a growing community, so for the community to be able to go to MDH for such procedures is wonderful, the care & understanding John was shown was exceptional, especially considering he has dementia."

Barb Hayes

Maternity Service

MDH is required to report maternity service outcomes to the Department of Health and Human Services. These are known as clinical indicators:

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

MDH did not meet the clinical indicator for low agars. This is because two babies who met the criteria for low agars requiring transfer to a larger facility post-delivery because they were unwell at birth.

Birthing Numbers

MDH had a total of 57 births for 2018/19 compared to 54 births for 2017/18.

Identification of risk

Ten women referred to Northeast Health Wangaratta during their pregnancy for increased risk

57 Births	**23** Participants in Antenatal Classes	**295** Antenatal Clinic visits in Mansfield	**30** Antenatal Clinic visits in Alexandra	**158** Domiciliary Visits in Mansfield Shire	**64** Domiciliary Visits in Murrindindi Shire	**28** Lactation consultations	**45** Number of women cared for postnatally who birthed elsewhere

Congratulations Steph

After two years of juggling family shift work, study and travel Steph Adams has been rewarded for all her hard work. Steph has has received her registration as a qualified midwife and has joined the midwifery model of care.

Last year our staff undertook training in:

- PRactical Obstetric Multiprofessional Training Program (PROMPT) which involves multiple sessions with staff in the areas of Post Partum Haemorrhage (PPH), Pre-eclampsia, breech birth, neonatal resuscitation and maternal sepsis;
- Foetal Surveilance Education Program (FSEP); and
- Maternity and Newborn Emergency (MANE).

"You encouraged me to push through that night and you just knew 100% what her babies 'plan' was. You made me feel so comfortable and I can't thank you enough for that. Thank you for your dedication, commitment and positivity throughout my final weeks – they were a rollercoaster, I honestly can't thank you all enough. To you , you are 'just doing your job' but it's more than that . You all go above and beyond and will never be forgotten in the Steel household. Three natural, drug free births in Mansfield – I would not go anywhere else." Jo Steel and Baby Grace

Our Staff Matter

PEOPLE MATTER SURVEY 2019

PRELIMINARY RESULTS

Note: Our peer group are rural and regional small to medium sized health organisations.

EMPLOYEE ENGAGEMENT

82% engagement index rate 2019
+9% compared to our peer group
+0% 2018

No increase on 2018 but good result comparatively

SATISFACTION

79% 2019 satisfaction rate
+11% compared to our peer group
+6% 2018

A positive result for employee satisfaction

WELLBEING Job related stress

11% 2019 experienced job related stress
-4% compared to our peer group
-1% 2018

Needs improvement in our action plan

WELLBEING Job related effect

77% net job index rate 2019
+29% compared to our peer group
+19% 2018

A very positive result

INNOVATIVE BEHAVIOUR

59% innovative behaviour index rate 2019
0% compared to our peer group
+2% 2018

Although slightly positive from 2018, relatively stable

ACTIONS Preliminary

- Communicate our processes
- Educate our staff
- Provide supporty

Note: Mansfield District Hospital is currently assessing the results and developing an Action Plan. We will present these results once we have identified areas for improvment.

INTENTION TO STAY

82% 2019
+6% compared to our peer group
+10% 2018

Very positive result

We want ot THANK everyone who participated in the survey.

Occupational Health and Safety

OHS incidents for this year totalled 40 compared to 41 last year. There has been no new permanent injuries resulting from work cover claims.

Occupational Violence

Occupational Violence and Aggression – 20 incidents this year.
Occupational Violence and Aggression – 18 incidents last year.

Occupational Violence Awareness

MDH provides annual education to our staff around occupational violence.

Code Grey

MDH has reviewed our code grey policy. A code grey is a coordinated clinical response to an actual or potential incident of consumer aggression or violence. We have also started the installation of a dedicated code grey call within our nurse call systems for more immediate alerts for our code grey teams.

All staff were also offered education in MOAT – occupational violence and aggression support education. This education focused on self-awareness and personal stress, risk factors, reporting, recognition of early signs of agitation, advanced verbal and nonverbal de-escalation and staff breakaway techniques.

Closed Circuit Television (CCTV) to support staff safety

During the year, we upgraded the CCTV system in Acute/ Urgent Care/ Primary Care and Buckland House and installed a new system at Bindaree.

Finance

As part of the finance team at MDH, my job is more diverse and exciting than you would expect. I love my job because no day is ever the same and I am presented with new challenges and situations every day, which helps me to stay focused and interested. However, it is not just about finance. It's also about the people, and we are a small team and all work together to achieve the best results possible for the organisation we are proud to be a part of. Our offices are located at Bindaree which adds an extra dimension as we become part of the Bindaree aged care team. The caring environment created by the staff and residents gives a sense of family. The best part of working for the MDH is knowing that all the staff have a common goal to provide exceptional care to anyone who comes through our doors.

Kim Maynes

Accreditation status – Full Compliance

Aged Care Standards Bindaree	✔
Aged Care Standards Buckland	✔
Community Common Care Standards – Visiting Nursing Service	✔
ISO 9001:2015 (Quality Assurance)	✔
National Safety Quality Health Service Standards – Acute Hospital	✔

Farewell and thank you

FAREWELL TRISH MCKENZIE | THANK YOU FOR YOUR 18 YEARS OF SERVICE

FAREWELL LYN POULSON | THANK YOU FOR YOUR 31.6 YEARS OF SERVICE

Reducing our wastage of blood and blood products

Monitoring of the use of blood is ongoing across the organisation. All incidents relating to blood products are reported via RiskMan; there was one incident relating to blood use reported for the 2018/19 financial year. This was a labelling error on the blood product, resulting in no adverse outcomes.

Regular documentation and 'real-time' audits take place to identify necessary practice changes.

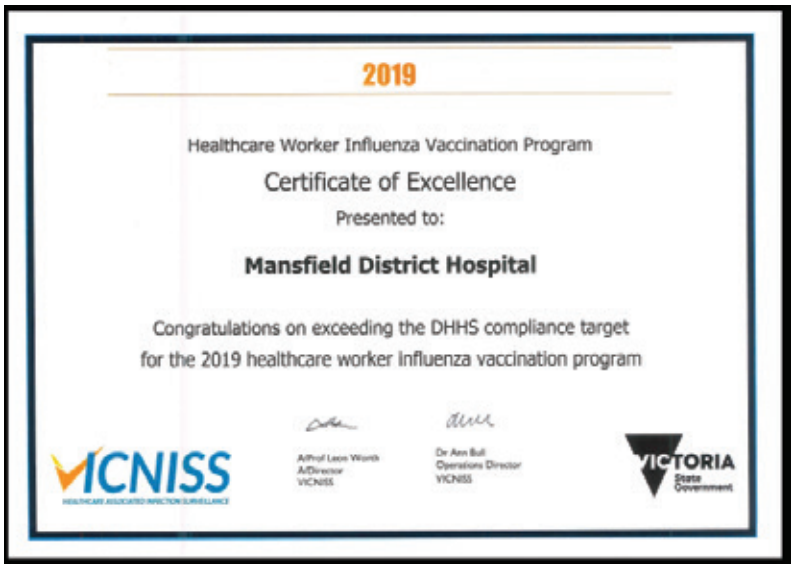
Blood Register

In collaboration with Dorevitch Pathology, the implementation of new cold chain documentation has been introduced, and additional blood fridge audits have been scheduled to meet cold chain best practice. MDH has been deemed compliant, and we have fully implemented our cold chain policy for the packaging and return of blood products to Dorevitch Pathology.

This documentation is monitored as part of the ongoing audit process for the monitoring of the blood and blood product use at MDH, reducing blood and blood product wastage.

Maintaining high infection control standards

Hand hygiene data: 85.7%
Immunisation rate: 97% of healthcare workers immunised for influenza



Infection surveillance data – full compliance

FULL COMPLIANCE WITH CLEANING STANDARDS

PERCEPTION OF CLEANLINESS

ACTUAL: 93.9 %
STATE TARGET: 70%

Domestics

Emma Leulf

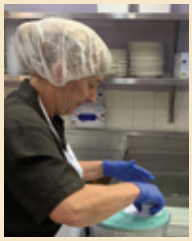
My name is Emma, and I have worked at MDH for the last eight months as part of the domestic's team.

Firstly, I can say how welcoming it has been to be able to join the workforce at MDH after seven years of being a stay at home mum.

Being part of the domestic's team and being around others has built my confidence. I enjoy meeting new people and making everyone smile.

Catering

Food Services – Full Compliance against food services standards



Marie Marchetti

Why I work for the catering team

I like working with my work colleagues because it is great being part of team. I learn something new every day. I love being able to watch our patients come into the hospital unwell and leave very healthy, and I can say I contribute to this.

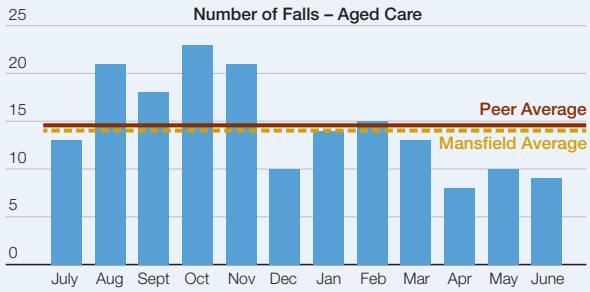
Our Aged Care Services

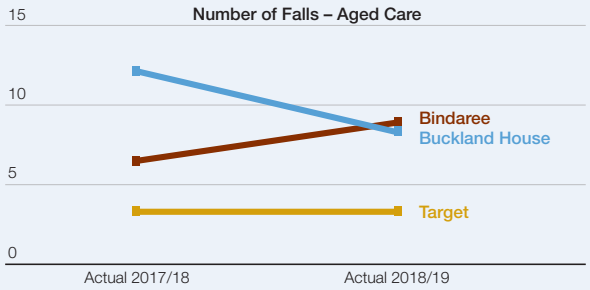
MDH has 72 residential aged care beds across two facilities (Bindaree Retirement Centre and Buckland House). These facilities participate in the Public Sector Residential Aged Care Quality Indicators where five risk areas are measured and compared with like services within Victoria.

The five indicators are falls; pressure injuries; residents use of nine or more medications; use of physical restraint; and, unplanned weight loss. Data is collected and discussed at both the facility and organisational level.

Benchmarked Aged Care Indicators

Falls



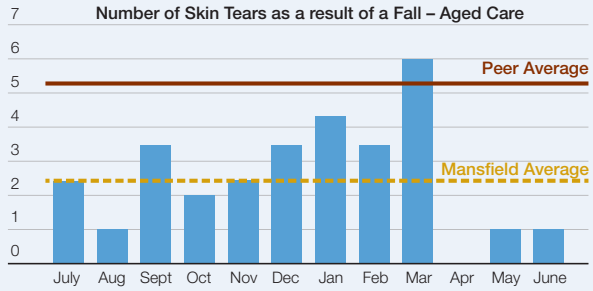


MDH has been working on reducing the number of falls within our aged care facilities. This has included morning meetings with all heads of department (daily DOS), increasing care staff hours at at-risk times, and thorough forensic investigation post falls.

Falls	Actual 2018/19	Actual 2017/18	Target	Within target range
Buckland House	8.28	12.13	3.30	
Bindaree	8.91	6.49	3.30	

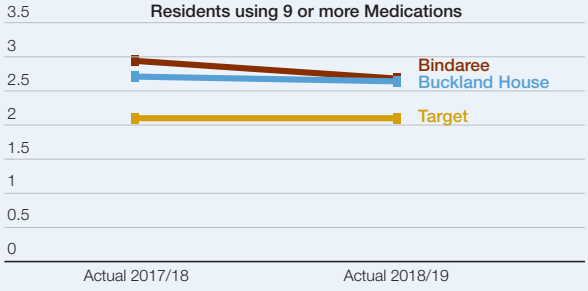
Skin Tears as a result of a Fall

Reduction in skin tears can also be attributed to a decrease in falls.

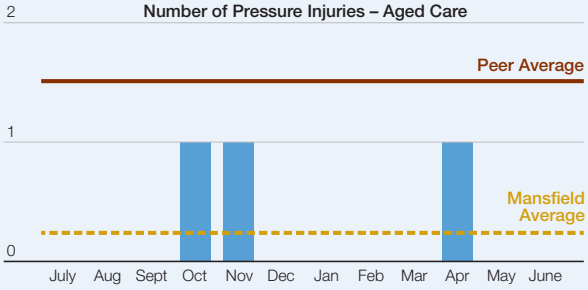


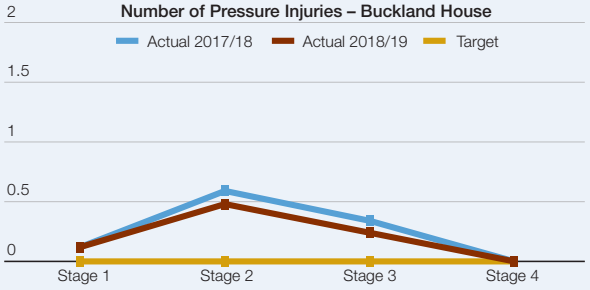
Residents using 9 or more Medications

Falls	Actual 2018/19	Actual 2017/18	Target	Within target range
Buckland House	2.64	2.71	2.10	
Bindaree	2.68	2.94	2.10	

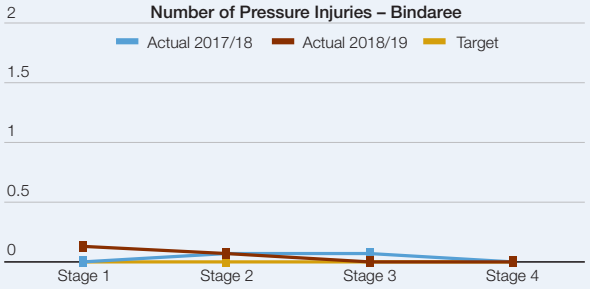


Pressure Injuries





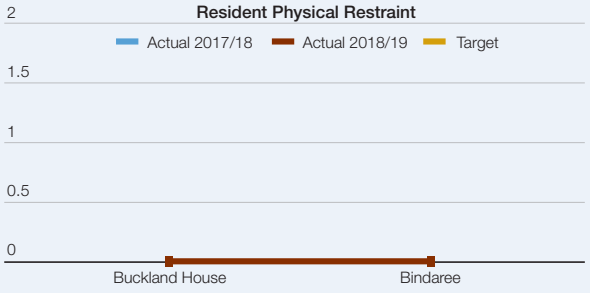
Pressure Injuries	Actual 2018/19	Actual 2017/18	Target	Within target range
Buckland House				
Stage 1	0.12	0.12	0.00	
Stage 2	0.48	0.59	0.00	
Stage 3	0.24	0.34	0.00	
Stage 4	0.00	0.00	0.00	
Bindaree				
Stage 1	0.13	0.00	0.00	
Stage 2	0.07	0.07	0.00	
Stage 3	0.00	0.07	0.00	
Stage 4	0.00	0.00	0.00	



MDH reported three pressure injuries across the aged care facilities during the last financial year, this low rate can be attributed to the regular assessment and care planning of each resident and when necessary the use of pressure injury reducing equipment such as alternating air mattresses and pressure relieving cushions.

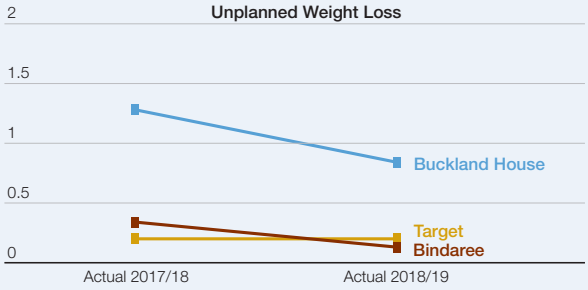
Resident Physical Restraint

Falls	Actual 2018/19	Actual 2017/18	Target	Within target range
Buckland House	0	0	0	
Bindaree	0	0	0	



Unplanned Weight Loss

Falls	Actual 2018/19	Actual 2017/18	Target	Within target range
Buckland House	0.84	1.28	0.2	
Bindaree	0.13	0.34	0.2	



Buckland House Nursing Home

Many of our residents at Buckland House have varying degrees of cognitive impairment and dementia. Being attentive and sensitive to the care needs of our residents is an essential goal for our care staff. Part of the challenge of managing residents with cognitive impairment is understanding how best to support those residents whose behaviours can escalate, particularly in the evening.

Keeping residents engaged and occupied is an important strategy that is proven to reduce anxiety and wandering in this resident group. To that end Sue Shinns Nurse Unit Manager recommended that an extra lifestyle shift be created from 4-8 pm which would enable more significant opportunity for staff to engage with residents in the evening.

Weekend activities shifts have also been adjusted to more effectively support residents to remain active and engaged.

With over 50 % of residents being male and an all-female staff, a focus on men's group activities has been a welcome addition to weekend activities.

Tony, our only male lifestyle worker, has started a poker group, bush poetry, armchair travel and indoor bowling; visits to the Men's Shed are also popular activities.

A showing of "The Man from Snowy River" complete with saddles and hay to add to the atmosphere was aired on a big screen in the Buckland lounge.

Janet, another of our lifestyle workers, adds her artistic touch with art projects and garden activities, always with a smile and a gentle touch.

All of the significant annual occasions are celebrated with specially themed decorations, from Grand Final Day, Melbourne Cup Day to Anzac Day and Christmas among others.

We are blessed to have a fabulous group of volunteers, ably led by the volunteer coordinator, Simone, who give up their time to spend with residents and their families.

These improvements in the last year have added to the resident's quality of life where the centre of our focus is always about meeting residents needs and preferences.

Celebrations

Within our aged care services, we celebrate each milestone with our residents. One such event was Val Griffith's 65th wedding anniversary. Resident Val and her husband Bill celebrated with a party of family and friends at Buckland House. Bill is pictured here holding the commemorative certificate from HRM Queen Elizabeth. Their recipe for a long-lived marriage? "Never let the sun go down on an argument," says Val.

Intergenerational Learning at Bindaree Retirement Centre

It may seem like an unlikely pairing in educational terms but this has been a match made in heaven for both our older generation and its youngest inhabitants.

The intergenerational pairing of kindergarten children in aged care settings such as Bindaree Retirement Centre has decreased the age gap by increasing engagement with these two precious generations who overlap for such a short period of time. In conjunction with 'The Farmhouse', we have adopted this unique model, called intergenerational learning.

With our world becoming more generationally segregated, our residents have benefited from engaging with the children, inspiring them to be more active within our community.

Alternately, the children have developed a sense of respect for the elderly residents within our community, hearing and learning about their life experiences and imparting their wisdom.

The Farmhouse Kindergarten and Bindaree Retirement Centre program has enabled our older residents to interact with children and be actively engaged in their world, lessening the generational gap.

Meanwhile, the children learn to be kind and gentle, developing an understanding that elderly people are a valuable part of our community.

"I enjoy interacting with the Farmhouse children because they teach me how to be a part of their world. I love seeing them laugh and play".

Quote from Pearline Murray – resident at Bindaree

"I love children, they have a positive impact on my daily existence. I am inspired to participate in this program every week, just to see the children laugh and play."

Quote from Veronica McCormick – resident at Bindaree

Speech Pathology

My son Hudson Hall developed a slight stutter at age 3 ½. By the time he reached his 4th birthday, this had progressed to an actual severe stutter, and we needed help. I started with our local GP and was referred to a Speech Pathologist as soon as possible. I was introduced to Elenor at the Mansfield District Hospital, and we started The Lidcombe Programme immediately.

I was sceptical at first as I thought it was too basic and it wouldn't work. I had imagined Hudson growing up and going through life, barely being able to speak. To my surprise, we had great success.

The Lidcombe Program was easy to follow, and Hudson enjoyed the positive play he received using books and games, even toys were included. With the encouragement and positive praise of "smooth-talking" we saw results.

At the start, it was slow going. I met Elenor at the rooms every week and continued with the speech therapy I had learnt at night with Hudson. Stuttering had changed Hudson's life for the worse. He became slightly withdrawn and was self-conscious of his speech. As a mother, I was stressed and worried about my young son never overcoming his speech difficulties.

Within a few weeks, we saw results and my faith had returned. Hudson was getting better and more confident every week, and I felt we could overcome this stutter. Hudson thrived under Elenor's guidance, as did I. Hudson was even asking for speech therapy every night. We continued our weekly visits which then became fortnightly and eventually monthly. I kept my daily routine of "smooth-talking", and he flourished. We watched Hudson grow confident and happy with hardly any "bumps" with his words.

I never believed such a positive outcome could be possible, especially when Hudson could barely say a sentence without stuttering.

Hudson has had an amazing recovery and never stuttered again.

I want to thank Elenor and the staff at The Mansfield District Hospital for the excellent service and positive experience we received.

Amy and Hudson Hall

Cardiac Rehabilitation

Cardiac and Pulmonary Rehabilitation are secondary prevention programs incorporating exercise, education and support, in addition to usual medical care.

The aim is to:

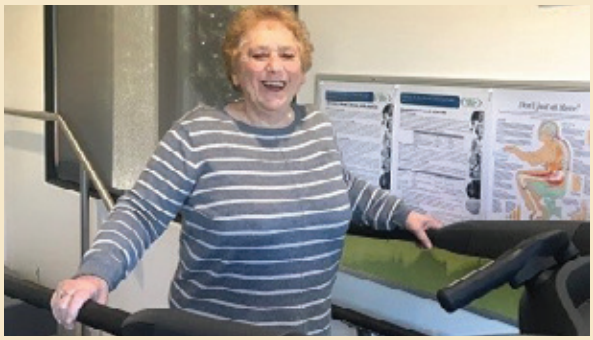
- maximise the physical, psychological and social recovery and function for the client.
- promote the adoption of a healthy lifestyle, minimise the risk of further events and disease progression
- assist in the client becoming physically active at a level which is compatible with the functional capacity of their Cardio-vascular and Pulmonary system.

To meet these aims, we have developed programs under the guidelines of the Heart Foundation, The Australian Centre for Cardiac Research and the Lung Foundation with a client-centred approach that will encourage ongoing self-directed care.

Participation this year:

Cardiac Rehabilitation – 19
Pulmonary Rehabilitation – 18

Referrals are received both internally and externally with the majority of them being Pulmonary.



Lyn participated in our very first Pulmonary group early in the year.

Lyn reports that she has had a lot more energy and feels fitter since she started exercising. Her family saw improvements in her too, saying she seemed happier and was more motivated.

"I feel like I want to do more things just because I can."

Lyn has commenced the 'Active for Life' Program since she completed the Pulmonary rehabilition program, to help with maintaining her group goals.

"My favourite part of the Program was meeting new people."

Meeting the challenges for our clients to remain at home – VNS

"I am very grateful that the Mansfield Visiting Nursing Service has continued to provide the support and advocacy I have required as my health needs have changed over the years."

Jim's initial contact with Mansfield Visiting Nursing Service (VNS) was in 2014 when he self-referred for wound care following a procedure in a Melbourne Hospital.

Since this initial contact, Jim has had different episodes of care as his needs have changed.

Each episode has involved discussion with the Visiting Nurse to establish what Jim wanted to achieve from the VNS visits. The overarching goal for Jim is to continue living independently, given some deterioration of his health and mobility, our VNS team have supported Jim to achieve this.

Over time the Visiting Nurses and Jim have had discussions and continued working together to ensure Jim's changing care needs, both clinical and personal have been met. This has involved not only working with Jim's GP but consultation and referrals to Allied health services including Podiatry, Diabetes Education, Dietitian, Physiotherapy, Red Cross Patient Transport and a Specialised Foot Care Clinic.

Jim continues to live independently with the multidisciplinary support of Nursing, Allied Health and friends

Jim Blundell

Mansfield RESTART

Mansfield RESTART is our innovative community-led approach to addressing addiction and substance use within our community. The Mansfield RESTART Steering Committee governs the program.

The steering committee is an advisory committee to Mansfield District Hospital and is responsible for providing guidance, support, community advocacy and direction regarding the project. It meets every two months.

The membership of the Ice and Other Drugs Community Steering Committee includes representatives from the following organisational groups:

- Mansfield District Hospital
- Mansfield Shire
- Central General Practice
- Mansfield Law firms
- Mansfield Police
- Mansfield Secondary College
- General Community Members

We have focused on community communication, referral pathways, especially within the legal and police system, community education and barriers to accessing the service. The program has also developed referral brochures, program brochures, displayed fliers in our pubs, provided training to the local liquor accord as well as several education sessions to doctors and nurses.

We have created links and supports with St Vincent's Hospital and Goulburn Valley Health regarding peer support, mentoring and supervision of our community health nurse and interested doctors.

We have had 60 referrals into the program. Referrals into the program have been from doctors, schools, court, lawyers, police, sporting clubs, family, friends and themselves. Our referrals have had three main primary drugs of concern being alcohol, cannabis and methamphetamine (ice).

Currently, we have 22 active RESTART (Community Rehabilitation) Clients. The program has provided a variety of community rehabilitation and behavioural management strategies to these clients.

Some of the ways we have helped people recover is by:

- Helping reduce the substance intake and even stop using altogether
- Restoring their physical and emotional needs
- Improving connections to important relationships
- Assisting in reconnecting with community through social and leisure activities
- Introducing new strategies for coping with life stressors
- Assisting with regaining employment or helping become qualified for a job
- Advocating for those needing legal counsel

Of the 38 non-active clients:

- some clients have been discharged and no longer require support,;
- some clients decided not to attend the program; and
- some have not been suitable for the RESTART program and have been referred for bed-based detox and rehabilitation programs.

Mansfield RESTART

A community response to the harms of substance use & addiction

"Thank you so much for your letter about my progress in rehabilitation. The time I had with you was fantastic It taught me a lot about myself and I will still put all the things we spoke about into place to try and make me a better person. Once again Amanda thank you so much for spending your time with me."

"Restart has assisted me to stop drinking in a very supportive and inclusive manner. I was able to discuss my emotions and feelings of the grief and difficulty in giving up drinking. When I reached the six month point of my abstinence it got really hard and the support I received was fabulous. I felt totally respected and validated in my feelings. I've had so many wonderful experiences and lesson learnt for me that I continue to use as I approach sixteen months sober."

Tell us what you think

Please return the completed form to:

Chief Executive Officer
Reply Paid 139
Mansfield VIC 3724

MANSFIELD DISTRICT HOSPITAL

What is your age?

- ☐ 15–18
- ☐ 19–25
- ☐ 26–35
- ☐ 36–45
- ☐ 46–55
- ☐ 56–65
- ☐ 66–75
- ☐ Over 75

How much of the report did you read?

- ☐ All
- ☐ Most
- ☐ A little
- ☐ None

Was the report easy to understand?

- ☐ Very Easy
- ☐ Easy
- ☐ Difficult
- ☐ Very Difficult

Did you find the report informative?

- ☐ Yes
- ☐ No

Did you enjoy reading the report?

- ☐ Yes
- ☐ No

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

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

MANSFIELD DISTRICT HOSPITAL

53 Highett Street, Mansfield 3722
PO Box 139, Mansfield 3724
Tel: (03) 5775 8800
Fax: (03) 5775 1352
Email: reception.main@mdh.org.au
www.mdh.org.au