

CEO's report ...continued from page 1

CEO to continue on with the development and, with the support of the members of the Social Services Committee and the recently appointed Director of Nursing Services, the expansion continued on and was finalised during October 2005.

It was noted that the 31 bed Lower Hostel was in urgent need of refurbishment, having been built in 1980 where showers and toilets were external to the bedrooms and one main dining room and lounge was the norm. An additional driving force behind the need for the refurbishment and upgrade was the exacting requirements of the new Building Certification Standards, which had to be implemented by 2008.

The rest is now history with the commencement of the Lower Hostel refurbishment during July 2006 and finalising in May 2007. On the 16th August 2007 the

Department of Health and Ageing issued the additional 30 High Care bed licences and so far an additional 11 new residents have been admitted.

I would like to thank the nursing, catering, laundry, lifestyle, maintenance and administration staff for their dedication and tireless energy. This has ensured that the commencement and completion of these major building works was possible, with the vision commenced in 2001, now fulfilled.



(Above) Further Landscaping.
(Left) Finally a permanent hairdressing salon!
(Far Left) One of the new lower-hostel rooms.

Have you thought of...

...Working as a volunteer at Kirkbrae?

Kirkbrae is delighted to welcome offers of assistance from eligible volunteers. Please call lifestyle supervisor, Jennie on: 03 9728 2455.

...Making a donation to Kirkbrae?

The Presbyterian Department of Social Services depends to a large degree on the generosity of individual gifts and bequests. You can make a **tax deductible donation** to Kirkbrae at any time by making out a cheque to the **Presbyterian Church of Victoria Department of Social Services**. Please complete & attach the form below so we can send you a receipt.

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Amount enclosed (in words)

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Donations of \$2 or more are tax-deductible. Claims must be made under the title of Presbyterian Church of Victoria Department of Social Services

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- Mr Ron Patterson – *Convenor*
- Mr Ron Spencer – *Secretary*
- Miss Rae Anstee
- Mr Barry Kilmartin
- Mr Ian Marshall
- Mrs Lois Taylor
- Mr Dennis Wright
- Mr Robert Lowe
- Ms Barbara Firth

Key Staff Members

- Mr Neil McConville
Chief Executive Officer, Kirkbrae Presbyterian Homes
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- Mrs Val Inverarity
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KIRKBRAE COURIER

THE NEWSLETTER OF KIRKBRAE PRESBYTERIAN HOMES – SPRING 2007

CEO's Report

I have chosen the theme for our fourth edition of the Kirkbrae Courier as "Completion & Fulfillment". As we reflect over the last six years one sees so much change which has been initiated and yet successfully implemented. During 2001 my predecessor's vision was to commence an application process to increase the number of high care residential care beds from 30 to 60, an increase by 100%. After much research and number crunching, an application was submitted to the Department of Health and Ageing during late 2001 and accepted, with the granting of a provisional allocation of an additional 30 high care bed licenses.

Underpinning this application was the development of a new 30 bed high care wing, now known as Constable Drive House. During this progression my predecessor left and I was appointed as



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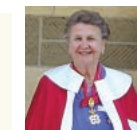
Kirkbrae Completion & Fulfillment



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...and Paperless

The mission of Kirkbrae Presbyterian Homes is to provide the highest quality care to our residents within the values of a caring Christian community



Introducing Rae Anstee AM, DSJ, FRACN

I commenced my nursing career at the age of 25 in 1957 at the Royal Children's Hospital, followed by Midwifery at the Box Hill Hospital, and Infant Welfare at the Presbyterian Babies Home. My postgraduate studies were undertaken at the College of Nursing, doing both the Ward Administration and the Nursing Administration courses.

I spent 21 years at the Royal Children's Hospital, leaving to become Director of Nursing at the Austin Hospital in November 1977, where I remained until retirement

in 1995. I was then appointed to the Medical Practitioners Board of Victoria where I served for five years.

In 1957 I commenced worshipping at the Scots' Church, Melbourne on a regular basis, eventually joining in 1970. In the 70's I served as a member of the Board of Management and was called to eldership in 1983, becoming Session Clerk in 1995, a Trustee in 1997 and a chairman of the Scots' Church Properties Trust in 2003.

My main interests are Care's Church, Kirkbrae, Health Care, travel and I am a staunch monarchist.

Snapshot Physiotherapy at Kirkbrae

The following is a brief overview of the role(s) played by physiotherapy here at Kirkbrae.

The physiotherapist is employed full-time and has many and varied responsibilities, all of which contribute to the holistic care of the residents; that is to say, the integration of the body, mind, emotion and spirit, when assisting in meeting their health care needs, retaining their independence, and ensuring their safety and overall well-being. Each Tuesday for six hours, the physio' is assisted by one of the Nursing Home care staff, who helps residents with their exercises, and mobility as well as carries out a plethora of other tasks. For all of which she is truly treasured.

All residents are assessed on admission, and every twelve months thereafter, by the physio', or earlier if necessary. Based on this assessment, physio' and manual-handling care plans are formulated, an individual exercise program is established, and a falls risk assessment is completed.

Physio' documentation is maintained for the Resident Classification Scale and the Accreditation process.

Falls prevention is of paramount importance, and physiotherapy plays a significant role in this. All falls and near misses are reported and investigated,

and strategies developed to minimise the risk of falls for each resident.

From all this information, appropriate aids and equipment, room layout etc. are recommended. The physio' is responsible for monitoring equipment and recommending and advising on any aids that the residents may require, in the pursuit of maintaining their independence for as long as possible.

Reviews are conducted every day, of one high-care and one low-care resident, covering all aspects of their care. These reviews continue daily until all residents' documentation and care issues have been examined and adjusted as needed, then the cycle commences again.

For the past eighteen months or so, a nursing manager and the physio' have been involved in the assessment of prospective residents, mainly for high-care. This involves a visit to see them in hospital, at home, in another nursing home or wherever they may be. These trips have proved to be most interesting, rewarding and successful, with benefits to both staff and in-coming

Each Tuesday for six hours, the physio' and one of the care staff assist residents with their exercises, mobility, and a plethora of other tasks.

residents. Throughout the resident's stay, the physio' consults with family and other members of the care team,

to ensure that all the needs of the resident are met. It is of utmost importance to not only consult, but also listen, support, inform and encourage all those involved in the resident's experiences. The physio' consults with other health professionals e.g. podiatrist, doctor, dietician, speech pathologist etc and is in constant liaison with the diversional therapy team. Attention to the integrity of all equipment, aids etc is another area in which the physio' has input via the maintenance program.

The physiotherapist is involved in ensuring compliance with the Occupational Health and Safety Act 2004, and contributing to the ongoing implementation of health and safety in the workplace. The physio' is responsible

for logging all reported incidents (this includes falls) and hazards, and at the end of each month, collates the information obtained, and analyses trends. The end result is presented and discussed at the monthly OH&S meetings. Reports cover resident falls and behaviour, staff injuries and incidents, medication, security incidents, general incidents (e.g. fire safety), and identified hazards. All prospective equipment is trialled prior to purchase, a risk assessment is carried out, and staff trained in the use thereof; the physio' has input into this process. Likewise, any new task, or altered work-area, work-practice, and any modification to equipment etc is assessed for risk and staff educated.

Regular attendance at OH&S, Staff and Case management meetings are familiar notations on the physio's calendar.

The physio' is responsible for manual-handling training; this is on-going on an informal 1:1 basis 'on the floor'. More structured



Old (top left) and new (above and left). It's not hard to see the improvements to the physiotherapy facilities at Kirkbrae!

training sessions are scheduled for maintenance in September, care staff in October, and catering and administration to follow. All new employees and students receive orientation in manual-handling, and an abridged version of this is to be implemented for volunteers. The physio' is always available Monday to Friday, to staff, residents, families etc for airing any concerns, problems, issues that they may wish to raise.

The physio' has recently completed a further five-day OH&S training program, attends on-going IT training, and is to complete the bridging course for Certificate IV in Assessment and Training next month. Attendances at in-service training sessions e.g. fire safety, infection control, palliative care etc all assist the physio's knowledge base to be ever expanding.

Finally, on the sixteenth of August, the physiotherapy 'department' re-located from 'storage' to the new 'purple paradise' (physio' room) situated in the lower hostel, next to the new training room. Both residents, physio. assistant and physio'

Kirkbrae Goes Green & Blue

In mid October our Laundry will have some environmentally sustainable equipment installed. The equipment is known as EnviroSaver.

It is an add on system that delivers a twofold benefit – Firstly the water used in the washing machines is treated with ozone. This is a process whereby oxygen is introduced into the water and passed through an electric current thereby creating ozone. Put simply, the introduction of ozone into the water loosens grease, dirt etc. from materials being washed more effectively than by using just chemicals. As a by product it also softens the water so anything washed enjoys greater longevity.

We will be able to save over two million litres of water & reduce our greenhouse gas emissions by over 78 tonnes

Secondly, because the ozonated water cleans more effectively, several steps of the washing cycle are skipped and the final rinse water is recycled into a holding tank to be used in the initial wash cycle of the next wash.

With this process in place we can use far less water, electricity and gas than current practices allow. It has been calculated that with the new system installed, we will be able to save over two million litres of water a year and



reduce our greenhouse gas emissions by over seventy eight tonnes a year. The process is so cost effective that the initial cost of setting up the system will be recouped in just under two

...and paperless!

Kirkbrae is about to embark on implementing a computerised clinical care documentation system. We have invested much time researching systems on the market and decided on AutumnCare software system which houses Ruth Wellings' Optimum documents. Optimum has proven itself as a valuable and staff friendly suite of assessment tools and its integration to the new system provides a most suitable solution for Kirkbrae's needs.

We were most pleased to learn that AutumnCare was recently announced 'ICT Company of the Year'. The award further validates our choice of system.

Over the past 2 1/2 years Kirkbrae staff have been developing their computer skills. Now specific education will be provided to ensure staff know how to use the new software package. All care staff will be required to document using the computer. Computer notebooks have been purchased which will enable staff to take the notebook to a resident to complete assessments

which automatically produce plans of care. All Plans of care can be modified as required to better describe specific care needs of an individual resident.

We are looking forward to implementing the new system and gradually reducing our paper based resident record files.

Not quite paperless yet!

