



2015 QUALITY OF CARE REPORT

EXCELLENCE IN HEALTHCARE, PUTTING PEOPLE FIRST

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Our vision

Excellence in healthcare,
putting people first.

Our mission

To meet the health and
wellbeing needs of our
community by delivering a
comprehensive range of high
quality, innovative and valued
health services.

Our values

Integrity

We will be open and honest
and will do the right thing for
the right reason.

Innovation

We will be an industry leader
by breaking new ground and
improving the way things are
done.

Collaboration

We will actively work together
in teams and partnerships.

Accountability

We will take personal
responsibility for our decisions
and actions.

Respect

We will value all people's
opinions and contributions.

Empathy

We will endeavour to
understand other peoples'
feelings and perspectives.

Highlights for 2014- 2015

- Development and implementation of the IICARE - Integrity, Innovation, Collaboration, Accountability, Respect and Empathy values across the organisation
- Introduction of Trakcare electronic medical records system at the HBH, Coleraine and Penshurst campuses
- Launch of the Community Hub - consumer feedback and information 'hub' in the HBH Education Centre
- Development of strategic approach to aged care governance
- Theatre upgrade carried out with Charity House and Perpetual Trustee funds
- 'Supporting Your Country Lifestyle' marketing plan developed for our aged care facilities
- Development of the WDHS Aboriginal Employment Plan
- Implementation of Advance Care Planning and End of Life Care in WDHS acute and aged care facilities
- Introduction of geriatric telehealth service at Penshurst in partnership with University Hospital Geelong Geriatrics Department
- Changes to staffing models and allocation levels in the HBH Emergency Department and introduction of an Emergency Care training package
- Implementation of the Best Practice Clinical Learning Environment project (BPCLE)
- Home Services Team 18 month Workforce Innovation project implemented in partnership with the Southern Grampians Shire Council
- Primary and Preventative Health iPad Strategy implemented
- Development of an obesity program in partnership with PCP, community groups and other stakeholders
- Sub-Acute Rehabilitation Redesign project successfully implemented
- Implementation of SMART pumps for medication management
- Review and changes to MET call criteria
- Home Services Trial to support clients
- Consumer forums
- Development of Aboriginal Employment Plan

Glossary of terms

ACHS	Australian Council on Healthcare Standards
ACP	Advance Care Planning
AACQA	Australian Aged Care Quality Agency
ACSQH	Australian Commission on Safety and Quality in Healthcare
ADASS	Adult Day Activity and Support Service
ATSI	Aboriginal and Torres Strait Islander
BOD	Board of Directors
BPCLE	Best Practice Clinical Learning Environment
CAC	Community Advisory Committee
CALD	Cultural and Linguistically Diverse
CCR	Clinical Care Review
CDHS	Coleraine District Health Service
CRC	Community Rehabilitation Centre
DAP	Diversity Access and Participation
DOH	Department of Health
DVA	Department of Veterans Affairs
ED	Emergency Department
FHCC	Frances Hewett Community Centre
FWG	Falls Working Group
GP	General Practitioner
HACC	Home and Community Care Program
HARP	Hospital Admission Risk Program
HBH	Hamilton Base Hospital
HITH	Hospital in the Home
IC4OP	Improving Care 4 Older People
IICARE	Integrity, Innovation, Collaboration, Accountability, Respect and Empathy
HMMC	Hamilton Midwifery Model of Care
MET	Medical Emergency Team
NCFH	National Centre for Farmer Health
NESB	Non English Speaking Background
NSAP	National Standards Assessment Program
NSQHSS	National Safety and Quality Health Service Standards
PAC	Post Acute Care
PAGs	Planned Activity Groups
PCP	Primary Care Partnerships
PDHS	Penshurst and District Health Service
RCH	Royal Children's Hospital
RMIT	Royal Melbourne Institute of Technology
TCP	Transition Care Program
SFF	Sustainable Farm Families
SWH	South West Healthcare
SWARH	South West Alliance of Rural Hospitals
VHES	Victorian Hospital Experience Survey
VTE	Venous Thromboembolism
VMIA	Victorian Managed Insurance Authority
VPCSS	Victorian Palliative Care Satisfaction Survey
WDHS	Western District Health Service

OUR SERVICE PROFILE



Western District Health Service (WDHS) is a sub regional service provider with a proud reputation as one of Victoria's leading and innovative rural and regional health services.

Having played a central role in the region for more than 150 years, WDHS continues to deliver quality care and services to support the health and wellbeing needs of its community.

Located in the Southern Grampians Shire in Victoria's Western District, WDHS supports the healthcare needs of the Shire's resident population of 16,200 people, with approximately 9,800 living in Hamilton; the geographic and business hub of the region.

The Health Service was established in 1998, with the amalgamation of Hamilton Base Hospital, Southern Grampians Community Health Services and Penshurst and District War Memorial Hospital; now Penshurst and District Health Service (PDHS). In 2005 Coleraine and District Health Service (CDHS) also amalgamated with WDHS.

The Health Service provides 91 acute and subacute beds, 175 residential aged care beds, 35 independent living units, primary care, youth, community and allied health services.

Based in Hamilton, with campuses in Coleraine and Penshurst in the Southern Grampians Shire (SGS) and Merino in the Glenelg Shire (GS), WDHS incorporates the following sites and facilities:

- 📍 Hamilton Base Hospital (HBH)
- 📍 The Birches
- 📍 National Centre for Farmer Health (NCFH)
- 📍 Frances Hewett Community Centre (FHCC)
- 📍 The Grange Residential Care Service
- 📍 Coleraine District Health Service (CDHS)
- 📍 Penshurst and District Health Service
- 📍 Merino Community Health Centre

INTRODUCTION

Western District Health Service (WDHS) is pleased to present the 2015 Quality of Care Report. In recent years there have been major developments in the way quality and safety is reported and understood in Victoria. These developments include expanded quality and safety indicators in performance monitoring frameworks, the introduction of the National Safety and Quality Health Service Standards (NSQHSS), the launch of the Victorian Healthcare Experience Survey (VHES) and the National and State work on health literacy.

Since the implementation of the *'Doing it with us not for us: Strategic Direction 2010-13'* policy and the *'Cultural Responsiveness Framework: Guidelines for Victorian Health Services'*, WDHS has achieved the required outcomes which include our Partnering with Consumers Policy, a Community Participation Plan, a Diversity and Access Participation Plan. These have all been reported in previous Quality of Care Reports.

The organisation actively contributes to building the capacity of consumers, carers and community members to participate fully and effectively. WDHS has a Community Advisory Committee, regular Consumer and Friends Network forums and has community representation on the Quality Improvement Coordinating Committee.

This year the Quality of Care reporting guidelines emphasise the process of quality of care reporting and how to best present the report to our community.

Health Literacy

The aim of quality of care reports is to provide information and improve interaction with our community. The Quality of Care Report aims to meet diverse quality and safety health literacy needs by making the reports as accessible and easy to understand as possible.

Effective health literacy means people can obtain, understand and use the health information and services they need to make appropriate health decisions. Healthcare providers and the health system should provide information and improve interaction with individuals, communities and each other to respond to and improve health literacy.

Quality and Safety Requirements

In 2013 the reporting requirements changed with the introduction of the Australian Health Services Safety and Quality Accreditation Scheme which included the national introduction of the NSQHSS. These standards were developed to drive the implementation of safety and quality systems and consistently improve the quality of healthcare in Australia.

Purpose of Quality of Care Reporting

Quality of care reporting enables WDHS to communicate its understanding of the quality and safety issues associated with our community's healthcare needs. It also enables us to demonstrate actions and achievements associated with meeting relevant quality and safety standards.

Preparing the 2015 Quality of Care Report

The 2015 Quality of Care Report was prepared by a small group of WDHS staff and Community Advisory Committee members. The final report is the result of wide consultation and input from across the organisation. We trust that the 2015 Quality of Care Report will give you an insight into our quality and safety system processes and we welcome your feedback to assist in the development of future reports.

For further information please contact the Quality and Risk Manager on 03 5551 8207.



Hugh Macdonald

PRESIDENT



Rohan Fitzgerald

CHIEF EXECUTIVE



→ Rohan Fitzgerald Chief Executive and Hugh Macdonald President of the WDHS Board of Directors

Consumer, Carer and Community Participation

The Department of Health established a set of participation indicators, standards and priority actions which we are required to report against.

These are known as the 'Doing it with us not for us' actions. People who take part in decisions concerning their healthcare often have:

- An improved quality of life
- Increased satisfaction with their health provider
- Fewer things going wrong

Five participation standards and indicators were developed for Victorian public health services to assist in the implementation of consumer and carer participation.

These standards are:

Standard 1: The organisation demonstrates a commitment to consumer, carer and community participation appropriate to its diverse communities

Standard 2: Consumers and, where appropriate, carers are involved in informed decision-making about their treatment, care and wellbeing at all stages and with appropriate support

Standard 3: Consumers and carers are provided with evidence based information to support key decision-making, along the continuum of care

Standard 4: Consumers, carers and community members are active participants in the planning, improvement, and evaluation of services and programs on an ongoing basis

Standard 5: The organisation actively contributes to building the capacity of consumers, carers and community members to participate fully and effectively

The 2015 Quality of Care Report aims to demonstrate full compliance with these standards.

Consumer Stories

We provide patients and family members with the opportunity to provide client feedback to our staff. Consumer stories are a great way for staff to better understand the experience of patients and their families.

On one occasion a family member spoke with staff in our Emergency Department and in our hospital wards.

This gave staff new insights into how a patient and their family experience our care. The presentations were informative and had really good take away messages for staff.

Discussions were held regarding issues of waiting times and communication in the Emergency Department, the need for Advance Care Planning, and the invaluable participation of family and carers in the development of care plans.



→ WDHS Consumer representative Chris Phillips sharing her journey with Hospital Staff Mandy Straw, Hayley Hiatt and Kaye Roberts-Rundell

The Community Hub

The Community Hub was established at the Hamilton Base Hospital Education Centre to provide a comfortable community space for consumers and staff.

The aim of the Hub is for consumers to provide feedback, access information and utilise the computer facilities available. The Hub was an initiative of the WDHS Community Advisory Committee.



→ Kiara Jervies and Volunteer Carol Hughes

Consumer and Friends Network

Consumer feedback forums have been held throughout WDHS since 2013. Forums are held on a quarterly basis, each with different topics that have been suggested by community members. Forums provide past and present patients, family members, carers and community members, an opportunity to provide valuable feedback into the services that are provided by the Health Service.

On average 12 consumers attend each session with approximately the same number of staff members in attendance. Over 50 patients, family members and community members are on the mailing list for the Consumer and Friends Network.

Recent topics include:

- ➊ Advance Care Planning
- ➋ Aged Care Reforms – What do we do well and how we can further promote aged care facilities?
- ➌ What is the ultimate patient experience when you are a patient in hospital?
- ➍ An update on actions taken from consumer feedback at the December 2013 Consumer and Friends Network Forum on Disability Services
- ➎ Youth Services



→ Western District Health Service staff and community members speaking with Mark Brian from Melville, Orton and Lewis Solicitors at the Advance Care Planning Forum in 2014

Actions and Outcomes

- ➊ Greater emphasis on the uptake of volunteers across the organisation
- ➋ Document Control Policy requires consumer input into the review and development of patient information
- ➌ Implementation of Consumer Information Booklet in ED
- ➍ Allied Health Clients able to make appointments 6 months in advance
- ➎ Utilisation of Facebook, Social Media and the Internet to promote services
- ➏ Introduction of Delta Dogs visiting program
- ➐ Continued education of WDHS staff with a focus of involving consumers in their care
- ➑ Review of the hospital maps with additional information added; including disabled car parking areas
- ➒ 'Walk in my Shoes' exercise conducted and improvements made where possible

Speech Pathology- Picnic in the Park

The Speech Pathology Department held an inaugural Picnic in the Park in March 2015. Families braved the cold and came along to a picnic at the Hamilton Botanic Gardens where they were given the opportunity to provide feedback about our service, meet with other families and most importantly make some new friends.

The conversation was centred on what WDHS is doing well, what could be done better and any suggestions on how the service could be improved. This community event will be held on an annual basis, for present and past speech pathology clients and interested community members.



→ Children playing at the inaugural Speech Pathology Picnic in the Park

Volunteers are Part of the Palliative Care Team at WDHS

We have a structured approach to bereavement support at WDHS. In some bereavement cases our clinicians support families with the help of a bereavement counsellor that travels to Hamilton from Warrnambool.

In some other bereavement cases, the families are contacted three-monthly, six-monthly and yearly by our Volunteers. Families are finding that this support is extremely helpful during this time.



→ Palliative Care Volunteers and Staff Members

Engagement with the Local Aboriginal Community

Aboriginal Employment Plan

WDHS recognises that we have a key role to play in improving the employment outcomes for the Aboriginal and Torres Strait Islander (ATSI) community residing in the Southern Grampians Shire.

The WDHS Aboriginal Employment Plan has been successfully developed in close consultation with our local Aboriginal community and stakeholders. The plan was developed in response to real community need, listening to what the community is asking for and responding by making changes within the organisation to support the implementation of the plan.

The primary goals of the WDHS Aboriginal Employment Plan are to:

- Increase awareness of health careers and employment opportunities for the Aboriginal community
- Continue to strengthen the partnerships with Winda-Mara and other Aboriginal stakeholders
- Increase the cultural awareness of WDHS staff and promote WDHS as a culturally welcoming organisation
- Support Aboriginal employment at WDHS

The creation of a culturally safe work environment will lay the foundations for a more culturally aware organisation and workforce resulting in increased numbers of ATSI seeking employment with WDHS.

Symbolism is extremely important to the Aboriginal community. Some additions to the WDHS visitor and work environments include:

- Welcome signs (written in the local Aboriginal language) positioned at entrance points throughout the hospital.
- Increased number of Aboriginal artworks
- Aboriginal flag lapel pins as an option for staff to wear
- Aboriginal desk flags located in reception areas

National Aborigines and Islanders Day Observance Committee (NAIDOC) Week Celebrations

NAIDOC Week celebrations are held across Australia during the first week of July to celebrate the history, culture and achievements of ATSI peoples. NAIDOC is celebrated not only in Indigenous communities, but by Australians from all walks of life.

“What a wonderful event! I really enjoyed meeting different people from the hospital - finally putting faces to names! The networking opportunities at these events are so valuable to my job role.”

– Cameron Ferguson (Winda-Mara HACC Worker)

This year WDHS held a morning tea in partnership with Winda-Mara Aboriginal Corporation to help celebrate with the local Aboriginal community. The WDHS Aboriginal Employment Plan was officially launched during NAIDOC week celebrations and provided wonderful opportunities to network with a wide range of services and individuals.

Identification of Aboriginal and Torres Strait Islander Employees

An integral part of the WDHS Aboriginal Employment Plan is to support new and current employees to be confident to identify as ATSI origin. WDHS is committed to creating a culturally safe work environment for all staff. Cultural safety is about shared respect, shared meaning, shared knowledge and experience, of learning together with dignity and truly listening. 2015 has seen a greater number of current WDHS employees identify as ATSI origin and put their hands up to be a support network for new employees.

Aboriginal and Torres Strait Islander Careers Day

At WDHS an Aboriginal and Torres Strait Islander Careers Day has been developed to build confidence in the ATSI community, simplify recruitment and application processes and increase awareness of employment opportunities and job roles.

ATSI job seekers and students have the opportunity to tour through a variety of departments listening to real experiences from real individuals. The participants will listen to a range of guest speakers with opportunities to discuss further study options and pathways to employment.



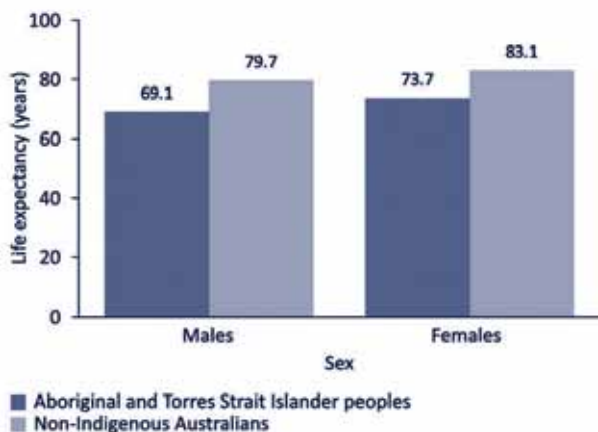
→ Michelle Ellis Winda-Mara Partnerships Coordinator and Bec Clayton Winda-Mara Aboriginal Health Nurse with children Sofia Cottier and Mischka Cutchie

Closing the Gap in the Gardens

WDHS staff members Jess Nobes (Dietitian) and Briana Picken (Youth Development Officer) worked in partnership with Michelle Ellis (Winda-Mara Partnerships Coordinator) and Bec Clayton (Winda-Mara Aboriginal Health Worker) to celebrate Closing the Gap in the Hamilton Botanical Gardens.

More than 70 people from the local community enjoyed a range of activities that included face painting, free water bottles supplied by Wannon Water and a healthy barbeque. Entertainment was supplied by local Indigenous musicians.

Closing the gap is a formal commitment made by the federal government in March 2008 to achieve Indigenous health equality within 25 years. Access to adequate preventative and primary health services is essential to closing the gaps in childhood mortality and life expectancy.



In 2010 - 2012 life expectancy for Aboriginal and Torres Strait Islander males was estimated to be 10.6 years lower than non-Indigenous males and 9.5 years lower for females.

A key focus of Closing the Gap is prevention which includes promotion of a healthy lifestyle for all ages. Western District Health Service has been working with Winda-Mara Aboriginal Corporation to develop culturally appropriate services and to increase access to primary health services by the local indigenous community.

Feedback

Feedback is vital to the quality improvement process and is received from the community in many ways. We encourage our patients, clients and residents to tell us about their experience with our service. Suggestions, comments, complaints and compliments are all documented on our electronic Riskman system. They are analysed and evaluated and are reported across the organisation in an anonymous manner. Staff are happy to discuss any concerns and listen to any ideas for improvement.

Feedback can be provided by speaking directly to the manager or nurse in charge in the first instance as the concern may possibly be addressed immediately. A Patient/Consumer feedback form can be completed (which is available throughout WDHS) or by writing or emailing the Chief Executive Officer, or by contacting our Quality and Risk Manager.

On receipt of a complaint, we aim to respond to you within three working days, acknowledging receipt of your complaint. An investigation is undertaken and a formal response will be forwarded to you within 30 working days. If you are unhappy with the final response, you can contact the Health Services Commissioner to assist in the resolution of any issues.

During the last 12 months 690 items of formal feedback were registered. Of these, 563 (82%) were compliments and 127 (18%) were complaints.

Providing feedback to WDHS has resulted in major changes in the organisation. Examples of these changes have been the Emergency Department review, and the falls review.

WDHS has an active Community Advisory Committee, who advocate on behalf of consumers and are willing and available to receive feedback.



→ WDHS kitchen staff members Michelle Rhook and Kimberly Saligari

Home Services Team Further Supporting Clients in the Home

For the last 14 months Western District Health Service and Southern Grampians Shire Home and Community Care Services have been working together on a joint project funded by the Department of Health and Human Services. The project was one of only five projects funded in regional Victoria and aims to better coordinate services for people accessing services in the home.

So far 22 clients have participated in the 12 week trial program with the focus on assisting clients in their home to gain greater independence. One of the benefits of the program includes assisting clients to gain greater independence through improved strength and mobility. With the assistance of an Allied Health Assistant and a Community Support Worker, clients achieve their treatment goals developed in consultation with a Physiotherapist or an Occupational Therapist. Initial feedback from the trial is showing great improvement for the clients, with rapid progress with their recovery.

One participant who has made great gains in the project is Rex Mitchell. Eight years ago, Rex had a stroke and following this event his mobility and speech have been affected. His wife Doris Mitchell notes "The program has been excellent for Rex. Being supported to link into a specialised exercise program has been amazing. Rex has made great gains in his mobility and has achieved a much greater range of motions."

Doris and Rex have been both very happy with the program and are very supportive of this service continuing into the future.

Belinda Payne, Manager of Primary Care Services said "Western District Health Service is investigating options to make certain the successful learnings from the project are integrated into everyday practice."



→ Allied Health Assistant Jenni Neaves working with Rex and Doris Mitchell in their home

Planned Activity Group (PAG) Partnering with Consumers

In July 2013 the WDHS Day Centre and Adult Day Activity and Support Service (ADASS) merged to form a new department known as Planned Activity Group (PAG).

Planned Activity Groups are designed to enhance people's independence, by promoting physical activity, cognitive stimulation, good nutrition, emotional wellbeing and social inclusion.

Each person attending a PAG will have an individualised care plan. PAGs support people's ability to remain living in the community, by providing a range of enjoyable and meaningful activities.

PAGs are funded under the HACC program and any HACC eligible people can be referred to PAGs and are assessed individually.

Planned Activity Group provides an annual overnight trip for its members. In April 2015 the group travelled to Camperdown, Cobden, Timboon, Port Campbell and Warrnambool. Six members enjoyed a helicopter ride over the 12 Apostles.

Many positive comments were received:

"Mum was so excited about the helicopter ride; she did not stop talking about it for weeks before and weeks after."

"The helicopter ride gave me a new look on life, it was wonderful."

"My wife gave me the helicopter ride as a gift, I loved it, the scenery and sea were amazing, I absolutely loved it."



Volunteers at WDHS

At WDHS we have approximately 300 volunteers who selflessly donate their time to make our Health Service the best it can be. Volunteers assist on hospital wards, providing magazines and goodies to patients.

Volunteers have also begun patient rounding, which involves asking the patient if they are satisfied with their care, what worked, what hasn't and any suggestions on how to improve their stay in hospital. This information is then followed up by the Nurse Unit Manager.

New Initiatives:

- A Meal Buddy program commenced at the Birches. Volunteers are trained by a Registered Nurse, Speech and Occupational Therapists and Dietician to assist residents with their meals ensuring that time is spent encouraging and assisting the residents to eat. So far 7 volunteers have joined the program.
- We have three Delta dogs visiting our Foster Street facilities on a weekly basis
- Two Volunteers greet people at the front entrance of the hospital every Friday afternoon to assist with providing information and directions

Volunteer Program Achievements – 2015

- Community Transport travelled the equivalent of 4 ½ times around the equator
- Hamilton Community Transport – 46 Volunteers
- Number of trips – 1,638
- Kilometres travelled – 169,803
- Volunteer Hours – 3,438.4
- Buddy 4 You – 13.5 hours – 1 volunteer (service now cancelled)
- Opportunity Shop - 5,628 hours - 17 volunteers
- Comforts Trolley – 450 hours - 10 volunteers
- Hospital Door Knock – 250 hours - 120 volunteers
- Golf Tournament – 120 hours - 15 volunteers
- Vitality Fun Run – 30 hours
- Hospital Harmonies – 26 hours
- Grange Aged Care – 853 hours – 15 volunteers
- Birches - 486.65hrs – 17 Volunteers, Meal Buddies - 49 hours x 5 volunteers (program commenced in May 2015)
- Palliative Care – 125.40 hours – 10 volunteers
- Penshurst District Health Service – 648.25 hours - 6 volunteers
- Ward Volunteers – 1,075 hours – 7 volunteers
- Delta Dogs – 119 hours - 2 volunteers - 3 dogs
- Planned Activity Groups (PAGS)- 1,537 – 13 Volunteers
- Community Liaison Volunteers - 50 hours

- Coleraine
 - Aged Care - Wannon Court/ Mackie House - 647 hours - 10 volunteers
 - PAGS – 794 hours – 4 volunteers
 - Valley View – 131.5 hours – 5 volunteers
 - Community Transport
 - Number of trips – 940
 - Kilometres travelled- 17736
 - Volunteer hours – 1188.75
- Merino
 - 668 hours - shopping bus, community transport, PAGS



→ Volunteers Elva Lyon and Barbara Tew

Health Information Initiative

Many patients present to the Admissions Office to complete paperwork and have not brought their glasses with them. This makes it difficult for patients to read and complete documents. It was suggested that WDHS purchase a range of magnifying glasses to assist people filling out paperwork. There are now several different magnified glasses available for patient use.



→ WDHS Employee, Michelle Schultz using the magnifying glasses in the Admission Office

Accreditation

Acute Accreditation and the National Standards

The National Safety and Quality Health Service (NSQHS) Standards drive the implementation of safety and quality systems to improve health care in all hospitals across Australia since their implementation in January 2013. The Standards provide a nationally consistent set of measures for safety and quality over 10 specific Standards.

Standard 1: Governance for Quality and Safety in Healthcare Organisations

Standard 2: Partnering with Consumers

Standard 3: Preventing and Controlling Healthcare Associated Infections

Standard 4: Medication Safety

Standard 5: Patient Identification and Procedure Matching

Standard 6: Clinical Handover

Standard 7: Blood and Blood Products

Standard 8: Preventing and Managing Pressure Injuries

Standard 9: Recognising and Responding to Clinical Deterioration in Acute Health Care

Standard 10: Preventing Falls and Harm from Falls

At WDHS we are committed to a full assessment of the Standards every three years. We had our last full assessment in October 2013 and are scheduled for our next full assessment in 2016. At the audit in 2013 we were fully compliant with all core Actions and the ratings of 12 of these Actions were elevated from Satisfactorily Met to Met with Merit. In 2013 we received 13 recommendations for improvement out of 256 Actions which must be acted on and will be reassessed at the 2016 audit. Compliance with meeting the Standards is an ongoing task that requires an ongoing commitment and drive which must be maintained across the organisation.

Each of the 10 Standards has its own workgroup that is responsible for ensuring all Actions are met and monitor or implement any changes required. A Steering Committee oversees the reporting requirements of all 10 Standards and assists with strategic decision making.

Every year between the three yearly audit assessments, we must provide a progress report to the accreditation body. The Progress Report was submitted for 2014-2015 which required a systematic self assessment against the Actions for Standards 1, 2 and 3 and progress towards completion of the 13 recommendations.

A desktop audit of the report was undertaken and the feedback on our progress report stated:

"All the recommendations from the previous survey have been followed up with many having action plans in place to systematically address the matters identified for improvement. The greatest number relate to partnering with consumers and communication processes and the organisation has invested considerable thought and planning as to how best improve on current mechanisms and to investigate other avenues that may appeal to consumers not already involved."

Aged Care Accreditation

During the year, Aged Care Accreditation Support Visits were completed, with full compliance achieved. Coleraine successfully attained compliance with all 44 Standards during accreditation and the Penshurst and Hamilton facilities will undergo full accreditation in 2015.



→ Graduate Nurses Harry Purvis and Tenille Oliver

Blood Safety

Minimising Wastage of Blood Products

Blood is a highly valued, freely donated gift from very generous members of the public. We always need to have stock on hand available, however this has historically meant that some blood products may expire and are wasted before they are required for use.

The waste this represents to both the donor and the waste of resources is being widely recognised. In 2013 The National Blood Authority (NBA) released progressive targets for wastage of blood products.

Targets for small hospitals

	2014 - 2015	2015 - 2016	2016 - 2017
Red blood cells	5%	4%	3%
Platelets	22%	20%	18%
Fresh frozen plasma	15%	12%	10%

The WDHS Transfusion Committee provides internal monitoring and governance of transfusion trends and changes to practice, including the NBA wastage targets. The Transfusion Committee examined and recommended a range of strategies to address the wastage that occurs. The most effective strategy has come from collaboration with Dorevitch Pathology who maintains the inventory of blood products on behalf of WDHS.

Dorevitch has commenced an inventory management project where red blood cells approaching two weeks of remaining expiry are transferred to a higher throughput Dorevitch laboratory. There is sufficient time so that the blood can be used, thereby dramatically reducing wastage.

We are proud of the partnership between WDHS and Dorevitch Pathology and recognise the outstanding work of their staff; in particular, Denise Stevens, Hamilton Laboratory Manager. This new initiative is assisting us to meet the NBA Wastage targets as well as National Standards Action 7.8.1. Blood and blood product wastage is regularly monitored and Action 7.8.2. Action is taken to minimise wastage of blood and blood products.

WDHS and Dorevitch strive to achieve the targets set by the NBA. The use of blood products at WDHS is very small in comparison to major metropolitan hospitals and as an example the waste of two units of red blood cells out of a total of 40 units used at WDHS gives us a wastage rate of 8.7%.

The Transfusion Committee continues to monitor and report wastage figures on a monthly basis through to the highest level of governance at WDHS, the Board of Directors.

We are currently tracking above the set target.



→ EN Graduate Jaymie McFarlane

Clinical Governance

Clinical Governance is a term used to describe a systematic approach to maintaining and improving the quality of patient care within a health system. The Victorian Clinical Governance Policy framework provides the structure for our WDHS Clinical Governance policy and plan for every level of the Service. An effective system of clinical governance ensures continuous improvement in safety and quality of care.

Effective Clinical Governance is required at all levels of the health system. Consumer participation is an important tool for identifying safety and quality issues and for identifying how these issues may be addressed. The delivery of high quality care to patients and clients is the core business of the Western District Health Service.

A thorough review and restructure of clinical governance processes and systems has been undertaken to ensure a robust flow of appropriate clinical information is reported to the Board of Directors. A review and restructure of clinical reporting systems was required to provide clinical workgroups and committees the opportunity to highlight high risk issues and demonstrate quality improvement outcomes.

WDHS has reviewed the strategic Quality Plan which has set 'Quality Goals' based on the Victorian Clinical Governance Policy framework. These Quality Goals are:

1. Safe care

The care and health services for our consumers are provided safely for every one every time.

2. Person centred care

Care and services are responsive to individual needs and are delivered as a partnership between our consumers, their carers and our staff.

3. Effective and appropriate care

Care and services experienced by every person are right for that person and achieve what they are designed to do. They are provided by the right clinician with the right skills in the right way.

4. Integrated, efficient and accessible care

Our consumers and their carers experience care and services that are coordinated, streamlined, integrated, accessible and well organised.

The Victorian Clinical Governance Framework is the Department of Health and Human Service's policy on clinical governance. Compliance with the framework is mandated in the Policy and Funding Guidelines which underpin Statements of Priorities and Health Service Agreements. The four domains of the Victorian Clinical Governance Framework are:

- Consumer participation
- Clinical effectiveness
- Effective workforce
- Risk management

Clinical governance is the system by which the Board of Directors, Executive, Senior Managers, Clinicians and Staff take responsibility and accountability for the quality of care, continuous improvement and minimisation of risks while fostering an environment of excellence in healthcare for every one of our consumers, patients, residents and their carers, every time they experience the Health Service.

Western District Health Service (WDHS) has an effective clinical governance system that supports a fair culture, individual accountability and learning from our mistakes. We believe in full and open disclosure. Everyone is responsible for identifying risks, reporting them and where appropriate fixing them to assist in making our whole system safer in an environment of continuous improvement. We have robust reporting mechanisms in place for our quality and risk activities.

Our consumers are integral to identifying safety and quality issues and the solutions for improvements. We work as partners with our consumers in decisions about their care at the point of care in a way that respects and meets their needs. We engage with consumers in service planning and quality improvement activities.



→ Nurse Unit Manager Surgical Unit Amber McDonald, Erin Penny and baby Audrey Grace

Victorian Clinical Governance

Organisational Readiness

Checklist- WDHS

The WDHS Board of Directors are ultimately responsible for our effective clinical governance system.	Yes	No
Senior management commitment		
Senior management is committed to clinical governance.	✓	
Senior management has approved the organisation's clinical governance policy and procedures.	✓	
Appropriate resources are allocated to support clinical governance.	✓	
Senior management has established a governance reporting and monitoring requirement on the application of clinical governance.	✓	
The organisation provides advice to consumers/carers about the clinical governance policy.	✓	
Training requirements are determined and scheduled.	✓	
Clinical governance policy		
A clinical governance policy has been developed by management and staff and signed by the chief executive officer, in line with the Victorian clinical governance policy framework.	✓	
The policy aligns and directs other operational policies and the organisation's strategic objectives.	✓	
The policy has been communicated to all staff.	✓	
The policy is reviewed periodically.	✓	
Clinical governance - operational management		
Responsibility for clinical governance has been assigned.	✓	
The roles and responsibilities of staff involved in clinical governance are clearly documented and communicated within the organisation.	✓	
The organisation has developed a performance monitoring tool to assess its requirements against the policy.	✓	
Safety and quality committee		
A safety and quality committee has been established or, for small rural health services, included as a standing agenda item for an existing committee.	✓	
The terms of reference and membership of the safety and quality committee are clearly defined and communicated.	✓	
Staff and management understand the function of the safety and quality committee.	✓	
The safety and quality committee includes senior clinical representation from across the organisation.	✓	
Minutes of the safety and quality committee meetings are made available to the chief executive officer, the board of directors or board of management and the Health Service staff.	✓	
Clinical governance issues are discussed at the safety and quality committee.	✓	
Clinical governance monitoring		
There are appropriate audit and monitoring systems in place to measure and evaluate clinical governance within the organisation.	✓	
Legal considerations		
A process is in place to guide decision making about what and how information is communicated as part of the clinical governance framework.	✓	

Falls Prevention at WDHS

Falls Review

A review of the number of falls at WDHS was undertaken across the organisation in 2015. The purpose of the review was to guide the Executive on what should be done to minimise the harm that is caused from falls.

WDHS recognises the effective management of patients and residents at risk of a fall requires ongoing monitoring and education to ensure that we reduce the risk of harm across the Health Service.

The Health Service has established a Falls Working Group to review the more serious falls that result in harm being caused to a patient or resident.

Through this review WDHS aims to implement recommendations made by the group and support the introduction of effective treatments that will further strengthen WDHS commitment to reduce the number of falls and harm caused by falls. The review has strengthened the direction of the Falls Working Group.

The review was undertaken of falls that had occurred over a three and a half year period (February 2011 – September 2014) in the endeavour to understand the extent of harm that is caused by falls and to also review the processes of the WDHS Falls Working Group. The recommendations have been developed from the outcomes from the review.

Review Findings

In 89% of recorded incidents where serious harm was documented, a high or medium falls risk assessment was in place and in 22 of the 71 falls, the resident or patient had a diagnosis of dementia (30.99%). Ninety seven percent of residents or patients had documented falls prevention strategies in place and 94% of residents or patients had Care Plans in place which were followed. Three percent of falls causing harm had an In-Depth Case Review undertaken following the fall and 98% of the time the Falls Management Policy was followed.

Strategies Adopted

- ➊ Falls Safety Calendar was introduced
- ➋ An updated Falls Risk Assessment Tool form for acute areas was introduced
- ➌ An education session was run on Medical Ward during the falls promotional weeks to highlight the use of falls prevention equipment
- ➍ An education session was provided to Graduate RNs on falls prevention across the organisation
- ➎ Introduction of a Stick to Stand tool which involves a laminated tag that is tied to the bottom of a bed or chair to indicate the appropriate height of the bed or chair for a person with a falls risk – hence if the bed height is adjusted in order for staff to perform cleaning or medical tasks it can easily be returned to the appropriate and safe height for the client to enter and exit the bed.

- ➏ Change in criteria for incident reviews at the Falls Working Group meetings to enable a wider identification of trends to detect potential issues.
- ➐ The Aged Care electronic medical record system Platinum 5.0 was upgraded in October 2014 to provide a complete Falls Risk Assessment Tool.

Recommendations

As a result of the review, there were 17 recommendations made to the Clinical Care Review Committee and an action plan has been developed to address these recommendations by the Falls Working Party.

Falls Resulting in Serious Harm 2014 – 2015

In the acute wards there were no falls resulting in serious harm and in the aged care setting there was a reduction in serious falls from ten to eight. This reduction may be attributed to the increased awareness placed on reducing falls throughout WDHS and preventative strategies being implemented across the board to ensure our patient's and resident's safety.

Falls Devices Expo

In response to Western District Health Service facilities staff requesting the best and most appropriate falls prevention and detection devices available for our patients and residents, the Falls Working Group (FWG) arranged a Falls Devices Expo. This expo had companies from across Victoria showcasing their devices in order to meet all of the specified requirements.

This expo was open to all WDHS facilities, as well as facilities in the surrounding areas. We had several people come through the expo with all parties gathering information in order to make better choices and others taking away trial devices for their areas. The FWG now has a list of up to date and appropriate devices and have determined the most appropriate in order to meet the needs of our patients and residents entering any WDHS facility.



➔ John Mason from Bed Assist with Nurse Unit Manager The Birches Eryn Cottier and Aged Care Manager Katherine Armstrong

Medication Safety at WDHS

Western District Health Service is committed to medication safety and has stringent processes and policies in place to monitor and prevent medication errors. These include systems to ensure our staff safely prescribe, dispense and administer appropriate medications to informed patients.

We ensure compliance with the National Safety and Quality Health Service Standards and our Health Service has a Medication Advisory Committee that reviews, monitors and improves the way we work.

Medication Safety

Medications are the most common treatments in healthcare and errors can and do occur.

All medication incidents are entered onto our Health Service incident reporting system 'Riskman' to capture details of reported medication incidents and to implement appropriate follow up for the incident.

These incidents are reviewed at the local level by the staff in charge and are then referred to the Medication Advisory Committee for further investigation and to ensure that appropriate action has been taken. This may include education for staff members, review of policies and procedures and awareness campaigns for staff and patients. The number of reported incidents during 2014- 2015 was similar to the previous year, but the severity of the incidents has reduced as shown in table below.

New Developments

Our Health Service seeks to keep up to date with national and international advances in medication safety and over the last 12 months we have introduced new technology to improve medication safety.

This major initiative has led to the introduction of Alaris intravenous infusion pumps which are internationally known as SMART pumps. These pumps contain state of the art software known as Guardrails. These pumps ensure that medications and fluids are given at a safe and appropriate rate and are calibrated to alert staff to any errors preventing administration of drug doses that are too low or too high. Error reports are generated from the SMART pumps which enable education to be delivered to reduce the incidence of similar errors occurring. This is an exciting quality improvement program to improve medication safety.

Pharmacists at Work

- Pharmacists work in the wards at Hamilton Base Hospital to support staff in ensuring medication safety.
- When patients are admitted to hospital the pharmacist compiles a complete list of medications taken prior to admission to ensure doctors have the required information to safely prescribe regular medications for administration whilst the patient is in hospital.
- Pharmacists review patient's medication charts to ensure orders are appropriate for the patient. They assist with reviewing medication blood levels to ensure the correct doses can be identified and ensure that all staff have information to ensure that high risk medications are administered correctly. Any identified issues or suggestions are discussed with the treating doctor.
- We monitor antimicrobial prescribing to ensure recommended guidelines are followed. This seeks to ensure quality care for patients and minimise the development of emerging drug resistance.
- Pharmacists are an information source for patients, doctors and nurses for any medication related questions including those relating to drug interactions.
- When patients are discharged from hospital during working hours they are issued with a medication list which includes all medications to be taken on discharge, with full directions for use. Patients on multiple medications who may have had changes made whilst they have been in hospital can then be sure that they understand their medication changes. If appropriate, and with patient agreement, this information can be sent to the patient's preferred community pharmacy to enable preparation of dose administration aids. Patients receive printed and verbal information about their medications.

SEVERITY OF INCIDENT	July 2013 – June 2014		July 2014 – June 2015	
	Number	Percentage	Number	Percentage
1. Severe	0	0	0	0
2. Moderate	1	0.3%	1	0.3%
3. Mild	112	29.9%	100	25.7%
4. No harm or near miss	252	67.4%	287	73.8%
Others	9	2.4%	1	0.2%
TOTAL INCIDENTS	374	100%	389	100%

Explanation of the incident severity ratings:

Incident severity rating 1: the subject died or received permanent harm from the incident

Incident severity rating 2: the subject received serious harm from the incident

Incident severity rating 3: the subject is likely to recover from the incident in the short to medium term

Incident severity rating 4: the subject suffered no harm from the incident

Infection Control at WDHS

During the year the Infection Control and the Wound Management Departments amalgamated. The departments operate with the same staff hours but the amalgamation has provided us with the opportunity to train another staff member into the role and therefore increase our personnel with Infection Control and Wound Management qualifications. These departments do have some overlap in responsibility and the amalgamation has allowed us to operate more efficiently and improve service delivery across the region.

The Department of Health and Human Services is currently conducting a review of the Victorian Regional Infection Control models across the state and we look forward to the opportunity to showcase our service delivery achievements across the Southern Grampians and Glenelg region.

We continue to assist regional facilities in the development of protocols and resources, provide close support to new Infection Control Clinical Nurse Consultants, develop audit tools and assist facilities to use these audits and resources to provide an Infection Control service that complies with the latest best practice guidelines and meets accreditation requirements.

Surgical Site Infection Data

WDHS continues to monitor all surgical procedures and continues infection surveillance for a period of 30 days following a surgical procedure. Our infection rate remains low and well below the hospital benchmark target of 5%.

Rate for 2015	1.8%
Rate for 2014	2.2%
Rate for 2013	2.2%

Influenza Vaccination Uptake

This year WDHS increased the staff influenza vaccination uptake by 3% from 72% in 2014 to 75% in 2015 achieving the target set by the Department of Health and Human Services.

Overall uptake across the three campuses of WDHS for 2015 is shown below.

Hamilton: 75%	Penshurst: 80%	Coleraine: 72%
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The Victorian Department of Health and Human Services target for 2015 was 75%. Whilst we met this target and have continued to improve our uptake each year, we are committed to protecting our staff and community members. With this in mind, we will continue to explore opportunities to improve our influenza vaccination uptake each year.

Hand Hygiene

Hand hygiene compliance is the single most effective strategy to minimise the incidence of healthcare associated infections. Each quarter we conduct hand hygiene compliance audits and submit

our results to the Victorian Healthcare Association Infection Surveillance Team for benchmarking with the National and State average and expected target.

	WDHS result	National Target
Audit 1	82.4%	77%
Audit 2	84.8%	80%
Audit 3	results were not available at the time of this publication.	

In response to the National Safety and Quality Health Service Standards (NSQHSS) we have introduced a new educational competency. All new clinical staff now participate in an aseptic (sterile) dressing technique practical competency. In 2016 it is our intent to increase this audit process to include all clinical staff.

Aseptic dressing audit results for the 2015 period noted that all new clinical staff achieved a score >94% in their practical assessment. There were no consistent issues noted and the observed assessment was used as an educational opportunity.

For all staff hand hygiene must be performed:

- before eating or smoking
- before serving or eating meals
- after going to the toilet
- before contact with patients
- before any procedure e.g. dressings, injections etc.
- before and after use of gloves
- after handling body fluids or contaminated items
- after touching a patient's surroundings
- before leaving work

Cleaning at Our Organisation

The WDHS cleaning staff, Infection Control Department and senior management continually review cleaning practices throughout the organisation. The Department of Health and Human Services set benchmarks for cleanliness at 90% compliance for mandated audits. External and internal audits are conducted regularly to ensure cleanliness standards, guidelines and regulations are complied with.

In conducting our own internal audits we have set our benchmark to 95% and consistently achieve higher than the set benchmark. Our most recent results were:

Hamilton 98.2%	Coleraine 98.8%	Penshurst 98.0%
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Preventing and Managing Pressure Injuries

Pressure injury prevention and management remains a major focus across all campuses of WDHS with all incidents reported and analysed each month. This year our incidents remain low in numbers and are generally confined to Stages 1 and 2. These Stages are accepted and monitored as low risk and do not cause lasting harm.

There were a total of 21 pressure injuries in the acute wards which were identified very early due to vigilant skin checks. These injuries were classified as either Stage 1 which is a reddened area or Stage 2 which is a skin break.

There were a total of 23 pressure injuries in the aged care setting and 20 of these were either Stage 1 or 2. There were 3 that were classified as Stage 3 (which is injury to subcutaneous tissue). These were referred to the Wound Clinical Nurse Consultant and all healed in a timely manner.

We value the opportunity to analyse the incident data collected from our reporting system. Routine analysis in the 2014 - 2015 period noted that the most common sites for pressure injuries across all campuses were heels and the ischium site which is the back lower part of the hip bone. In response to this close analysis we were able to focus our education on the prevention of pressure injury to these body sites.

It was also identified that we needed to purchase equipment to prevent and manage injuries to these sites. Microfibre boots have been purchased and are currently being trialled to assist in the offloading of heels. Gel cushions have been purchased for high risk patients that sit out of bed. Pressure injuries of the ischium site are a direct result from sitting. We are closely monitoring the effectiveness of these strategies.



→ Leanne Ryan and some members of our HBH Cleaning Staff

Wound Management

The Regional Wound Management Program continues to offer a part time service to Home and Community Care (HACC) and the Public Sector Residential Aged Care Services (PSRACS).

In 2015 there were 22 chronic and complex wounds assessed and discharged and another 13 remain 'current' at the time of this report. It is particularly pleasing to see evidence of increased staff skills, increasing wound knowledge and confidence across the region.

Within a month of a referral to the Wound Clinical Nurse Consultant (CNC) 18 of the 22 discharged clients were discharged into the ongoing care of clinical staff at the relevant service. Remote monitoring and guidance continued to be provided by the Regional Wound CNC on a needs basis.

In addition to the provision of consultations, a major focus continues to be the provision of resources and wound management education. In the 2015 period 38 hours of formal education has been provided to 202 clinical staff and supplemented with numerous episodes of informal education at the bedside and remotely.

Regional Wounds Victoria (a collective of eight regional wound consultants) has spent time developing a benchmarking framework. We look forward to providing regional facilities with the opportunity to benchmark with like sized facilities across Victoria. We expect that this framework will be available for those facilities that wish to participate in early 2016.

At a local level the Regional Wound CNC, in collaboration with the WDHS District Nursing Service, has been laying the ground work for the introduction of a 'Healthy Leg Club' at Hamilton.

The 'drop in' centre is designed to provide a social outlet for consumers that have chronic wounds or have the predisposing signs for the development of a wound. At the same time, the consumers will have the opportunity to take advantage of management support and education by the staff at the special interest group. It is our aim to commence this special interest group in 2016.

Patient and Staff Rounding in the Surgical Unit

During the last 12 months, a range of initiatives have been implemented in the surgical ward to continue to enhance the level of care we provide. Patient and staff rounding commenced in October 2014.

Volunteer Rounding

Volunteers visit patients on the Surgical Unit every morning and check-in to see how things are going and whether there are any issues they can assist with. Patient feedback about their care has been very positive with an average score of 9.5 out of 10.

The patient rounding has been an effective way of proactively identifying and resolving patient issues early, rather than waiting for a complaint. Six of our volunteers have participated in the program. After the initial 6 months the volunteers were asked to give their feedback with results showing a strong endorsement of the initiative and interest by volunteers in continuing.

Comments included “patients feel very comfortable giving us feedback and seem more likely to give us honest feedback than direct to staff” and “It makes me feel I have something really worthwhile to give to the community.”

The evaluation was conducted asking five questions and the result for all recipients was that they strongly agreed with all questions. The questions asked:

1. Do you believe that patients are comfortable with volunteers seeking their feedback?
2. Do you believe patients would prefer to share their experience with a volunteer rather than a staff member?
3. Did staff take the patient feedback you collected seriously?
4. Do you believe there has been/will be action taken on issues identified from the patient feedback?
5. Do you believe this process will enhance our services?

Volunteer patient rounding will be introduced to the Medical Unit in 2015.

Staff Rounding

At a similar time to commencing volunteer patient rounding, nurse managers commenced staff rounding. This is a structured conversation between a manager and a staff member to check-in on how things are going, what ideas the staff member has for improving our services to patients and whether there is any support the staff member needs to better do their job.

All 54 nursing staff on the Surgical Unit had a conversation with their manager within a three month period. Staff are now seeing the benefits of having their opinions asked and actioned.

Attitudes about expressing problems are changing due to the fact that the management team are actively listening and taking action on items that they consider very important to their own ongoing improvement and the nursing care they are providing.

Staff rounding will commence on the Medical Unit in late 2015.

During the Surgical Unit project a different approach was trialled, involving senior managers from another area of WDHS which offered a fresh pair of eyes, and provided a different style of guidance. An evaluation of this with key staff reported 100% of staff recommending this approach to be continued and used in other areas of WDHS.

The benefits included:

- “Having an ‘independent’ view and willingness to question the status quo resulted in a deeper exploration of ‘how’ and ‘why’ things are done the way they are, leaving less to assumption.”
- “Cross divisional input was a key factor in enacting change. The fact that the problem needs to be understood properly first, stops the group rushing towards a solution and forces a strategic rather than an ad hoc approach to improvement which is crucial to success of any improvement project.”
- “Too often we work in silos and appreciation of how others work can be eye opening. Someone who is looking from a different approach may suggest a simple change or avenue for exploration that has not been thought of before.”

People Matter Survey

The People Matter Survey is a staff opinion survey conducted annually by the Victorian Public Sector Commission to find out how our staff feel about working at our Health Service. The survey provides valuable information on employees’ perspectives on the public sector values and employment principles in our organisation. The aim is to identify our strengths and weaknesses.

Our results are benchmarked with similar organisations throughout Victoria. This year was the first year that WDHS has participated in this particular survey, although we have been surveying our staff on similar issues for almost 20 years using a different survey model. The results for WDHS were excellent with the outcomes generally above the comparator average in all aspects.

Through the survey we identified some areas for improvement which included supporting our staff wellbeing; this will be a focus of our work in the 2015-16 financial year. In response we established a staff well-being workgroup and are working with Deakin University to find ways to improve wellbeing generally.

It was pleasing to see that 100% of staff stated that they understood the organisational values. New values have been introduced at WDHS during the past year and all workgroups have been striving to make sure that these values are truly lived and that we achieve our aim of Excellence in Healthcare, Everyone Every time.

Residential Aged Care Quality Indicators

Western District Health Service (WDHS) provides residential aged care for people who need help with day-to-day tasks or health care. We provide aged care services over six facilities at three sites throughout the Western District. The demographics of residents in our facilities are changing over time with residents being older, frailer and sicker with increasing complexity of care needs.

One method of determining the quality of the care we provide is measured using the Victorian Department of Health quality indicators, which are used for all Public Sector Residential Aged Care Services.

Each facility of WDHS collects data for five quality indicators. These are:

- Prevalence of pressure ulcers
- Prevalence of falls and fall related fractures
- Incidence of use of physical restraints
- Incidence of residents using nine or more different medications
- Prevalence of unplanned weight loss

The data is benchmarked against other Victorian public sector aged care facilities and is used by our aged care facilities to monitor standards of care, determine what we are doing well and identify areas for improvement around each indicator.

As a group of facilities we are within the average range for three of the five indicators across WDHS. Our quarter four results show that we do not exceed the upper limit of accepted results in most indicators.

Indicator 1: Prevalence of Pressure Injuries

Generally our rates of pressure injury in all facilities are shown to be lower than the state average for the last 12 months. Where pressure injuries do occur, they are generally associated with a decline of mobility and general health and quite often a resident is admitted from home with a pre-existing pressure injury.

The staff at our facilities have annual education in relation to pressure injury prevention. All residents are assessed for their risk of developing a pressure injury on a bi-monthly basis or as their care needs change, to ensure that effective management strategies are implemented. As a result the rate of pressure injuries that occur in each facility has decreased as staff are more skilled in recognising potential pressure injury problems at an earlier stage.

Indicator 2: Prevalence of Falls and Fall Related Fractures

The incidence of falls in most of our high care facilities is above the target but below the upper limit; although our rate of fractures is slightly above both limits where the limit is set as zero.

Falls management continues to be a constant challenge and as a group we continue to review ways in which we can recognise

the importance of independence for our residents, whilst maintaining their safety and reducing the number of falls. There is an active Falls Management Workgroup across the organisation, where all facilities have staff representation. Over the past year and following an organisation wide Falls Review, the group has implemented strategies such as frequent faller identifiers, additional equipment, increased resident rounding and behaviour management. The Falls Management Workgroup will continue to work with and assist facilities to decrease their rate of falls.

Indicator 3: Incidence of Use of Physical Restraint

All WDHS aged care facilities are below the target. Education has resulted in the staff being able to discuss the risks of using restraint with residents and relatives and offer the use of equipment such as low-low beds and alarm mats to effectively manage resident needs.

Indicator 4: Incidence of Residents Prescribed Nine or More Medications

The rates of residents that are prescribed nine or more medications are above both target and upper limit. Many residents in our facilities have diverse medical issues that require complex medication management and as a result some of our residents are prescribed nine or more medications. Management of this indicator has been centred on ensuring timely medication review, which involves input from the resident's General Practitioner, an external pharmacist review, nursing staff and resident and relative input.

Indicator 5: Incidence of Unplanned Weight Loss

Residents in our aged care facilities are regularly monitored for weight loss. All WDHS aged care facilities are below the target. Processes used in each facility to assist with management of this indicator are:

- Initial Nutritional Assessment
- Documentation of nutritional risks in the Care Plan
- Review of menu to include high calorie foods, use of modified foods and supplements
- Consumer feedback and input into nutritional preferences and management
- Monthly weigh
- Assistance with meals
- Involvement of relatives at mealtimes
- Dietetic assessment and review
- Medical assessment and review
- Speech pathology assessment and review
- Dental assessment and review

All of our facilities strive to manage unintentional weight loss in all residents because of the potential to increase the risk of infections, loss of strength, and increase the risk of developing pressure injuries.

Residential Aged Care Quality Indicators



→ Birches resident Jean Richards with EN Leanne McLaren

Western District Health Service Overall Results for Quarter 4 of 2014/2015

WDHS Rates (per 1000 bed days)	Actual	Target	Accepted Upper Limit for Victoria
Pressure injuries Stage 1	0.7	0.00	1.20
Pressure injuries Stage 2	0.13	0.00	0.80
Pressure injuries Stage 3	0.00	0.00	0.00
Pressure injuries Stage 4	0.00	0.00	0.00
Falls	7.11	3.30	11.00
Fall related fractures	0.20	0.00	0.00 (WDHS over the limit)
Intent to restrain	0.00	0.00	0.00
Physical restraint devices	0.00	0.00	0.00
9 or more medications	3.92	2.10	2.10 (WDHS over the limit)
Significant weight loss (>3kgs)	0.73	0.20	1.00
Consecutive unplanned weight loss	0.66	0.00	1.00

Risk Management and Safety

WDHS has a Risk Management Framework which is reviewed annually. Every staff member has the responsibility to actively participate in WDHS risk management processes at a level appropriate to their designated role. The overall responsibility for the Service's Risk Management Policy, Framework and Processes lies with the Chief Executive Officer, with delegated responsibility to the Quality and Risk Manager and Deputy Chief Executive Officer. WDHS has a Risk Management Framework consistent with the Australian/New Zealand Risk Management Standard: AS/NZS ISO 31000:2009.

WDHS recognises that all activities of an organisation involve risk that must be managed. In a healthcare organisation, in addition to the degree of risk inherent to the provision of quality care, there are also community expectations of safety. Effective management of risk requires anticipating, understanding and deciding when and how to modify risks. There has been a greater integration of risk management activities into our governance structures with the future aim of greater integration across all organisational systems.

The WDHS risk management program is managed within the Riskman system, which also manages the incident reporting system and the feedback system. The Risk Register is also contained within the Riskman system. Emphasis is placed on understanding the causes and impact of a risk and the controls that are in place and documented to reduce the likelihood and consequence of a risk occurring in the future. The Board of Directors and Executive team review the Risk Register regularly.

All incidents are logged and reviewed through a line management process depending on the severity of the incident. Staff members are required to enter all incidents onto the Riskman system prior to completing their shift as close to the time of the incident as possible. The appropriate manager reviews the incident within three working days of it being reported. The manager then investigates the incident, records contributing factors, and identifies system changes that will help reduce the risk of it happening again. The reports are trended and reported back to staff at department meetings. Serious incidents undergo an In Depth Case Review process. The most serious incidents are reported to the Department of Health and Human Services and become part of a state wide report on incident trends for Victoria. The rating of the incident is calculated using the degree of harm caused, the level of care required as a result of the incident and the treatment that the patient, visitor or staff member required as a result of the incident.

Quality Improvement (QI) activities are undertaken as a result of the incident review system. In an endeavour to reduce the number of adverse events, examples of QI activities are:

- The implementation of SMART pumps for medication management
- Review of falls risk assessment tools
- Review and changes to the MET call criteria

SEVERITY OF INCIDENT	July 2013 – June 2014		July 2014 – June 2015	
	Number	Percentage	Number	Percentage
1. Severe	4	0.2%	5	0.2%
2. Moderate	61	2.8%	59	2.75%
3. Mild	1310	59.8%	1246	56%
4. No harm or near miss	760	34.6%	857	38.5%
Others	56	2.6%	57	2.6%
TOTAL INCIDENTS	2191	100%	2224	100%



→ Consumer representatives, volunteers and staff promoting 'Partnering with Consumers'

Charlie Watt Volunteer of the Month

The late Charlie Watt was a volunteer with Western District Health Service for 14 years. He was an enthusiastic and spritely 94 year old who loved coming to 'work'. Charlie volunteered in our aged care facilities up until Christmas 2011. These activities included cooking, cards, church services and games. Every Friday Charlie volunteered in the Community Liaison Department. Charlie was a great raconteur and his always cheerful personality made him special. He was the recipient of the 2011 Minister for Health Volunteer awards. The Charlie Watt Volunteer of the Month Award is in recognition of his contribution to WDHS. Volunteers of the month for the 2015 year are as follows:

July 2014 – Aileen Broadbent

The Birches Residential Care Service Volunteer

August 2014- Myra Pohl

Penshurst Campus Volunteer

September 2014 – Peter and Jean Humphries

Planned Activity Group Volunteers

October 2014- Joan Taggart

Hospital Opportunity Shop Volunteer

November 2014– Steve Sykes

Coleraine Campus Volunteer

December 2014- Thelma Wombwell

Driver and coordinator for the Coleraine Community Transport Service

January 2015– Louise Emsley

Palliative Care Fundraising Volunteer

February 2015 – Dr Elizabeth Arthur

Honorary Medical Historian

March 2015– Cheryl King

Hamilton Base Hospital Ward and Planned Activity Group Volunteer

April 2015– Heather Wilkinson

The Grange Residential Care Service Volunteer

May 2015 – Rose Howard

Ward, Planned Activity Group and Community Transport Volunteer

June 2015 – Chris Phillips

Community Advisory Committee Community Member

Caring for People with Chronic and Complex Conditions



→ Meg Watson and Barry

Complex Care can provide education and support for a short time ie 3-6 months or in some cases longer periods of up to 1-2 years. Most referrals to Complex Care Coordination follow recent hospital admissions. Acute nursing staff recognise when a patient may need a little extra help at home to understand and manage their condition especially if it is newly diagnosed. Consent for this service

is required prior to a referral being initiated to Complex Care Coordination. It is often seen as a bridge between hospital and home for the patient.

Case Study

Barry is a 76 year old gentleman who was referred to the Complex Care Coordination service in September 2014 following an admission to hospital for his chronic respiratory and cardiac conditions.

Complex Care Co-ordination (formally known as Hospital Admission Risk Program or HARP), is a service that helps support and educate clients about their health conditions with an emphasis on self-management. Clients, who have complex and chronic conditions, often need to negotiate a number of health care and home support services which can be overwhelming to deal with when they are unwell. The benefit of Complex Care Coordination is to assist with the coordination of these services.

A Complex Care Coordinator commenced working with Barry following his discharge to home on newly prescribed supplemental oxygen. A visit to his home was organised shortly after he was discharged and education and support was provided on the safe use of oxygen in his home. His inhaled medications or 'puffers' technique was checked to ensure that he was using these correctly. Education and equipment (digital scales and weight diary) were also supplied to Barry to enable him to monitor his weight and better manage his heart condition.

Due to the nature of Barry's chronic illnesses, the benefits of Advance Care Planning were discussed and Barry was able to nominate a substitute decision maker and appoint a Medical Power of Attorney, thereby ensuring that decisions could be made about his medical care in the event that he is unable to do so. As part of planning for Barry's future he consented to an Aged Care Assessment which was conducted in his home. This service provided him with information about respite and permanent care in a Residential Aged Care Facility should he require this in the future.

As a Complex Care client Barry was able to participate in Telehealth consultations via an iPad with his Respiratory Specialist in Warrnambool. This was able to be done in his own home and saved Barry the effort of travelling over an hour to see his specialist.

Complex Care Coordination continues to work with Barry to support his goal of remaining in his own home.

Dorothy and the Nursing Home

At Penshurst Nursing Home a very enthusiastic audience was held spell-bound by the acting debut of staff during a recent performance of a play based on the Wizard of Oz.

Set in present-day time, the play told the story of Dorothy, back from Oz and living her senior years in Penshurst. As the play progresses, the story unfolds to tell how Dorothy is able to settle into her new home at Penshurst Nursing Home through gentle support, guidance and friendship from both Residents and Staff.

The play was written by Lifestyle Co-ordinator, Shona Bendeich as a way of relaying a collective message of taking the time to listen; get to know me; let me belong.

It also reflects the uniqueness of Penshurst Hospital and the significant role it has played in our Community and in life's journey for many local residents.

In the spirit of fun, staff from all areas were very willing to participate in this activity. Adding to the sense of fun and unpredictability we all enjoy, Shona decided it was best to mix strange costumes and no rehearsals to ensure it was uniquely successful.

Employee of the Month Program

At WDHS we recognise the staff that their peers nominate for the Employee of the Month award. Employees who are nominated display their commitment to the WDHS values and provide excellence in healthcare for everyone every time. Employees of the month for the 2015 year are as follows:

July- Lauren Davies, Physiotherapy

August- Richard Casey, Penshurst

September- Kelly Nottle, Medical Unit

October- Jess Nobes, Dietetics

November- Brigid Kelly, Community Liaison

December- Natasha MacDonald, The Birches

January- Anthony Jackson, PPH

February- Dr Stephanie Julian, Medical Services

March- Tonia Evans, Medical Unit

April- Amber MacDonald, Surgical Unit

May- David McCabe, Theatre

June- Dr Jan Slabbert, Hamilton Medical Group

Emergency Department Review

Based on feedback from patients and staff working in the Emergency Department (ED) a review of the service was commenced in November 2014.

A multidisciplinary ED Review work group was formed to discuss the identified issues in our ED, to review the workflow and work processes, identify possibilities for improvement and ways to improve ED performance and outcomes.

The desired project outcomes were to improve patient safety, improve the experience of patients, to improve supervision and provide support for less experienced staff. Identified strategies were developed and implemented to minimise the identified risks.

Changes to the service include:

- Improved leadership in the department by the employment of a Fellow of the Australasian College of Emergency Medicine (FACEM) on a part time basis
- Rotation of more experienced medical staff from Barwon Health to provide a higher level of care
- Increased nursing hours across the busiest times of the day
- Updating current patient management guidelines
- Increased staff training and development

During the review there has been a 45% reduction in the number of complaints from patients presenting to the Emergency Department.

A patient feedback survey in June 2015 indicated:

- 100% patients felt they were treated with respect and dignity
- 98% patients felt they were treated with kindness and understanding
- 92% patients felt there was enough privacy when discussing their condition
- 77% patient were advised why there would be a wait to be examined

Patient comments included:

"Excellent communication/feedback. Very sympathetic, efficient"

"Doctors and nurses went out of their way to be very helpful"

**"All care was excellent, both doctor and nurses.
They were amazing."**

We will continue to monitor the changes to our service to ensure our patients receive timely and safe care.

End of Life Care at WDHS

Western District Health Service and our Palliative Care Unit strive to support the principle established by Dame Saunders. 'End of Life Care' is a priority for our organisation to work towards.

"You matter because you are you. You matter to the last moment of your life, and we will do all we can not only to help you die peacefully, but to live until you die"

*– Dame Cicely Saunders
founder of the hospice movement.*

We acknowledge that Palliative Care is not just about end of life, it is far from it. Palliative Care starts much earlier in a person's journey but the last few days of life is an area that we should endeavour to always improve.

The Palliative Care Program is based on the National Standards Assessment Program (NSAP) Palliative Care Australia which was an identified requirement of the National Palliative Care Strategy of 2000. The NSAP incorporates a structured framework to support continuous quality improvement in palliative care. The Standards are assessed on a 2 yearly cycle and WDHS is fully compliant with all required 13 Standards.

To complement our NSAP framework compliance we conducted a documentation and medical file audit to review the care that we provide during the last few days of a person's life. We identified that we are doing things well against an English Gold Standards Framework, but there are ways we could improve care.

We have introduced an End of Life Care Plan and developed a Policy that assists staff to coordinate the care that the nurses and doctors are giving. It prompts staff to have the difficult conversations with families and ensures that the lines of communication with families are fully open. It provides the opportunity to ensure families are given clear advice as to what to expect by promoting these discussions. It ensures all clinicians, family; and of course the patient are on the same page as to where they are at on their journey.

This allows those important conversations amongst family members to happen. The Care Plan is based on the Gold Standards Framework and addresses all the symptoms that may come up at the end of life. It also provides solutions on how these symptoms may be treated.

The Care Plan is currently in use within our aged care and acute facilities. The early feedback is that it has been well received and staff are growing in confidence to have the important and difficult conversations at the end of life.

The Gold Standards Framework was developed in the United Kingdom. It is a model which enables generalist frontline staff to provide a gold standard of care for people nearing the end of life.

Introduction of Electronic Clinical Notes

In February 2015 the Health Service introduced Electronic Clinical Notes on 'TrakCare'. TrakCare is a system that is used to manage patient activity across the acute and community divisions of the hospital. The project was initially implemented in the inpatient areas at Hamilton Base Hospital, followed by Coleraine and Penshurst campuses in March.

The change means that paper progress notes are no longer entered manually into a patient's medical record.

A great deal of planning went into the implementation of the project, comprehensive training was provided to staff and 20 new laptop computers and trolleys were purchased to support its introduction. The goal over the next few years is to gradually increase the functions available within the Electronic Medical Record (EMR).

An EMR provides the organisation with a more efficient patient record while allowing more than one clinician to access the record at any one time. This also enables staff to better meet the legal requirements of medical documentation. Another advantage is the legibility of patient notes as all notes are now completed electronically.

A documentation audit was conducted following the implementation; to review compliance with documenting:

- signatures and designation
- dates and time
- legibility
- patient identification

The audit results demonstrated 100% compliance with all areas.

Additional components of the EMR that are currently in the early planning stages for implementation are Observations, Electronic Medication Management (eMM) and Electronic Forms.



→ Penshurst resident Joan Sherman with RN Penny Holmes

The Sub-Acute Redesign Project

The Project

After completion of the upgrade to the WDHS Hamilton Sub-Acute facilities in 2013 the Sub-Acute Redesign project commenced in October 2013 in partnership with the Department of Health Commission for Hospital Improvement. The project was completed in August 2014 and achieved a number of outcomes including:

- New service guidelines and model of care developed to improve consistency and understanding across the organisation
- Increased number of staff trained in Sub-Acute assessment
- Forms used in Sub-Acute were reviewed and updated to reflect best practice
- Multi-disciplinary admission assessment processes and documentation reviewed and streamlined
- Education raised awareness about the function of the service and the referral process within the organisation
- Staff surveys demonstrated that education has improved staff understanding of Sub-Acute services
- New electronic referral form developed for external referrals
- Relationships strengthened with the McKellar Centre (Barwon Health) and South West Health Care
- Sub-Acute patient brochure updated

Evaluation

Six months after completing the project a review of the project outcomes was conducted. The results showed the following:

- 70% improvement in recorded referrals
- Average monthly bed days above target
- Sub-Acute separations above target
- Patient processing and waiting time considerably reduced

Baseline data demonstrated that only 11% of sub-acute admissions had a referral in place, inhibiting a streamlined flow of information and timely access to services. An education and awareness campaign was conducted across the organisation about what Sub-Acute care is and how to make a referral.

The result was a dramatic increase in patient referrals which had flow on effects into exceeding our monthly bed days and sub-acute separation targets. Improved communication, training and referrals all have contributed to improving patient processing and waiting time, from time of referral to time of transfer into a sub-acute bed.

The table below shows that we exceeded the target for all measures

Measures	Expected	2013	2014	2015
Occupancy Overview Bed Days (Average Monthly Bed Days)	178	152	193	201
Cumulative Bed Days	2136	1842	2322	2389
Subacute Separations	190	120	193	212
e-Referral vs Occupancy (Improvement in Recorded Referrals)	75%	11%	10%	87.8%
Rehab Average Length of Stay (Shortening discharge to Rehab)	13 days	11.5 days	12.5 days	13.2 days
Sub-Acute Service Pathways (Personnel understanding of service vs. Service availability)	80%	71%	83.4%	87%
Knowledge of Sub Acute Services (Staff Rated)	30%	23%	30%	36%

Victorian Healthcare Experience Survey

The Victorian Healthcare Experience Survey (VHES) is a state-wide survey of people's public healthcare experiences. The Ipsos Social Research Institute (an independent contractor) conducts the survey on behalf of the Victorian Department of Health and Human Services using questionnaires based on the internationally recognised work of the Picker Institute.

The Victorian Healthcare Experience Survey allows a wide range of people to provide feedback on their experiences and features specialised questionnaires for:

- Adult and child inpatients, including parents and guardians
- Maternity clients
- Adult and child emergency department attendees, including parents and guardians

These questionnaires are distributed to a randomly selected group of eligible people from each health service in the month following the hospital discharge or the emergency department attendance. The results are calculated if there is a sufficient sample size of 42 respondents for the three month period.

The results over the four quarters of the year show patient's overall satisfaction with the hospital is higher than the state average.

The results for the question 'Overall, how would you rate the care you received while in hospital?' are shown below.

Date	WDHS	State	Peer Group
April – June 2014	89.8%	92.1%	94.5%
July – September 2014	93.6%	91.9%	94.5%
October – December 2014	No results available		
January – March 2015	99.2%	91.7%	94.5%

WDHS Aged Care Governance Review

WDHS commenced a review of the Residential Aged Care Services in response to the July 2014 Commonwealth Government Aged Care Reforms. The WDHS review considered staffing arrangements, bed profiles and ways of maximising the Aged Care Funding Instrument (ACFI) funding that was available.

The aged care reforms are shifting the residential aged care sector to a more market driven model, within which marketability has become increasingly important. Examples of the reforms that were implemented on 1st July 2014 include advertising the price per room for each aged care facility and the provision of facility details, for consumers, on the My Aged Care Website.

This has become a challenging and competitive market, and all aged care providers were advised to develop strategic market approaches that respond to our individual circumstances. The Victorian Healthcare Association (VHA) was funded by the Ageing and Aged Care Branch of the Victorian Department of Health to deliver the Public Sector Residential Aged Care Facilities (PSRACS) Marketability Project. Part of the Marketability Project was to assist Health Services to review and develop their branding (logo and catchphrase) and WDHS were assisted by Ideal Consultancy, the Marketing Consultants, employed by VHA.

Progress to date

As a part of the review a new Committee Structure was established and was overseen by the Aged Care Governance Committee, whose purpose is to ensure the viable and safe delivery of aged care services to our community. It provides oversight and direction to relevant subcommittees. Members of the Governance committee are responsible for subcommittees and for reporting on the organisation's progress against each of the priority areas.

The membership of the Governance Committee includes the Chief Executive, WDHS Director of Nursing, ADON Aged Care Hamilton, DON Coleraine, DON Penshurst, NUM Birches, Grange, Coleraine and Penshurst and the Aged Care Finance Officer.

Three subcommittees report to the Governance Committee; Systems and Technology Working Group, whose purpose is to ensure that an organisational approach is taken to the implementation and management of information technology and clinical processes, People (Residents) and Culture Working Group, whose purpose is to imbue the organisational values, improve workplace wellbeing and to support residents and family members in decision making and their care. The Business Management Working Group whose purpose is to oversee the business management of our aged care facilities.

Current aged care bed profile

WDHS Facility	Number of Beds	Allocated respite days
Birches	35 dementia specific	550
Grange	45 ageing in place	600 plus X1 **TCP bed
Penshurst Nursing Home	17	
Kolor Lodge Hostel	10	365
Valley View Nursing Home	12	
Wannon Hostel	39	730

***Transition Care Program (TCP) is a joint Commonwealth and State/Territory Government funded program that aims to minimise the number of older people experiencing inappropriate extended hospital lengths of stay and/or being prematurely admitted to residential care.*

There has been a focus on improving respite management which included improving the communication between the facilities and the Aged Care Placement Coordinator when planned respite was cancelled and residents were either transferred or discharged earlier than their planned discharge date. There was a need to improve the systems that operate across the aged care divisions at the Health Service.

The ACFI (maximum ACFI claim for each resident, which includes supplements) forms the majority of funding available to aged care services at WDHS. The Health Service successfully obtained funding to improve the ACFI claims process which has enabled resourcing to validate ACFI claims at each facility.

A marketability workgroup was implemented to develop the Aged Care marketing strategy. A Consumer and Friends Network forum was held to discuss Aged Care Reforms and following this was a group discussion based on experiences from residents, carers and family members on how we can improve awareness and further promote the Aged Care Facilities at WDHS. Key themes that were very important to consumers and residents emerged such as excellent care, lovely country environment, the homely feel of a facility and the importance of lifestyle and continuing to enjoy their lifestyle in residential care.

The development of a new logo and catchphrase was proposed by the marketing workgroup following extensive consultation with staff, residents and consumers. The agreed Aged Care Logo is WDHS Aged Care Services - Supporting Your Country Lifestyle with the WDHS logo and a conceptual redgum tree with a root system. The word 'Services' covers all aged care services such as Home Care Packages, Residential Care and Independent Living Units. The redgum tree was chosen as it is a significant tree in the Western District and the tree represents the tree of life with roots to family and the community.



Charlie Watt Volunteer of the Month



July 2014 – Aileen Broadbent

The Birches Residential Care Service Volunteer



August 2014- Myra Pohl

Penshurst Campus Volunteer



September 2014 – Peter and Jean Humphries

Planned Activity Group Volunteers



October 2014- Joan Taggart

Hospital Opportunity Shop Volunteer



November 2014– Steve Sykes

Coleraine Campus Volunteer



December 2014- Thelma Wombwell

Driver and coordinator for the Coleraine Community Transport Service



January 2015– Louise Emsley

Palliative Care Fundraising Volunteer



February 2015 – Dr Elizabeth Arthur

Honorary Medical Historian



March 2015– Cheryl King

Hamilton Base Hospital Ward and Planned Activity Group Volunteer



April 2015– Heather Wilkinson

The Grange Residential Care Service Volunteer



May 2015 – Rose Howard

Ward, Planned Activity Group and Community Transport Volunteer



June 2015 – Chris Phillips

Community Advisory Committee Community Member

Employee of the Month Program



July- Lauren Davies, Physiotherapy



August- Richard Casey, Penshurst



September- Kelly Nottle, Medical Unit



October- Jess Nobes, Dietetics



November- Brigid Kelly, Community Liaison



December- Natasha MacDonald, The Birches



January- Anthony Jackson, PPH



February- Dr Stephanie Julian, Medical Services



March- Tonia Evans, Medical Unit



April- Amber MacDonald, Surgical Unit



May- David McCabe, Theatre



June- Dr Jan Slabbert, Hamilton Medical Group





1. Clinical Governance – Governance for Safety and Quality in Health Service Organisations

Safe systems, safe outcomes, every time



2. Partnering with Consumers

With our patients, residents, clients, everyone, every time



3. Preventing and Controlling Healthcare Associated Infections

Cleanliness, everyone, every time



4. Medication Safety

Right medicine, everyone, every time



5. Patient Identification and Procedure Matching

Right person, right treatment, every time



6. Clinical Handover

Everyone, every time



7. Blood and Blood Products

Right blood, right person, every time



8. Preventing and Managing Pressure Injuries

Safe position, safe person, every time



9. Recognising and Responding to Clinical Deterioration in Acute Health Care

Urgent action, everyone, every time



10. Preventing Falls and Harm from Falls

Reduce harm, every one, every time

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