

Western District Health Service



QUALITY OF CARE REPORT

2006



Quality of care report 2006

"contemporary health care"



Harrison McGinley, age 5, had an overnight stay in Hamilton Base Hospital. Graduate Nurse Erin Wood, was just one of the nursing staff who made sure Harrison was at ease during his stay. Kindergarten visits to HBH each year help younger children feel comfortable about future visits to the hospital.

Our Mission

To meet the health needs of the residents of the Western District by delivering valued, high quality primary care, health promotion and illness prevention, acute care, extended care and community based services.

Our Vision

Excellence in healthcare, putting people first.

Our Values

We value:

- our customers - we recognise their rights, encourage their participation and are committed to their wellbeing
- improving performance - we are committed to a culture of continuous quality improvement
- our staff as our most valuable resource - we are committed to their wellbeing and ongoing professional growth and development
- strong leadership - we are committed to governance and management that sets sound directions
- safe practice - we are committed to the provision of a safe environment

Accreditation achievement

Western District Health Service is committed to compliance with the standards set by the Australian Council of Health Care Standards (ACHS) and the Aged Care Standards and Accreditation Agency and pursuing best practice through continuous quality care improvement and management of risk.

During the 2005/2006 financial year we were pleased to be awarded the maximum period of 3 years Accreditation for all our aged care services at the Coleraine campus and as a Baby Friendly Service at Hamilton Base Hospital campus. Our Community Care Packages program at the Grange was also assessed as meeting the newly developed quality improvement framework for this program.

In May 2006 we successfully completed our self-assessment to maintain full Accreditation status with ACHS. A periodic review will be completed by ACHS Surveyors in May 2007 for the second year cycle of the ACHS Accreditation process.

We have also submitted our application and workbooks, which have been accepted by the Aged Care Standards and Accreditation Agency to proceed with re-accreditation of the Birches, the Grange, Penshurst Nursing Home and Kolor Lodge in August 2006.

Front cover photos - Main photo, Nadine Rhook with baby son Kyle. Hamilton Base Hospital was accredited under the Baby Friendly Hospital Initiative this year.

Bottom (L-R): 1-Clinical teacher Russell Armstrong going over ventilator settings for a patient with Division 1 Nurse Jo Huf, who is undertaking the transitional program to ICU/ A&E.

2-Bed manager Lorraine Northcott admits a patient for surgery.

3-Diabetes educator John Kearney discusses diabetes with clients.

4-Dr Niranjani Harindran and Division 1 Nurse Hayley Williams discussing individual patient care with patient Val Malseed.

Quality of care report 2006

FOREWORD

On behalf of the Board of Directors of Western District Health Service (WDHS) we welcome you to the 2006 Quality of Care Report.

This report aims to provide the community with a comprehensive insight into the organisation's prime responsibilities for ensuring that efficient and accountable systems are in place, to monitor and assure a quality service is provided.

The main drivers in assessing quality of care include access to services, timeliness, efficiency, effectiveness of care and services, safety, privacy and consumer involvement.

To meet consumers' expectations that they will be well cared for in a safe environment, it is important that the organisation and its staff strive to do everything possible to reduce risk and promote safety.

This will help to ensure consumer confidence in the Health Service and its staff.

The community needs to be assured that where issues have been identified, there are both processes in place to facilitate improvements and a commitment to continuous quality improvement.

Our commitment to demonstrating how we achieve standards, undertake monitoring processes and implement improvements will be illustrated in what we hope you will find an interesting and informative report.

This report has been prepared following wide consultation with all departments throughout the organisation, community groups, carers and the Community Advisory Committee. Department Heads took this opportunity to describe the ways they have improved quality and safety for patients, with input coming from Food Services, Infection Control, Midwifery and Rehabilitation.

We encourage you, the reader, to provide us with feedback for future reports.



A handwritten signature in black ink that reads "Richard Walter".

Richard Walter AM
President



A handwritten signature in black ink that reads "J. Fletcher".

Jim Fletcher
Chief Executive Officer

Introduction

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2005 Launch

On publication of the 2004/05 Quality of Care Report we tried to ensure our community was made well aware and could readily access a copy.

In addition to a display in the hospital foyer and media coverage, copies of the report were circulated to advisory committees, community focus groups, waiting rooms and outlying health care organisations. It was also made available on the organisation's web site, accessible at www.wdhs.net.

Due to the success of the various distribution methods used, these will be repeated for the 2006 Quality of Care Report.

BELOW: Quality Manager Sheryl Nicolson (right) was happy to discuss the report with Cheryl Sutherland and Brian Rigney, who visited the display in the Hamilton Base Hospital foyer.



Why a Quality of Care Report?

The intent of the Quality of Care Report is to provide members of the community with an overview of how well WDHS provided services and care to patients, residents and clients and to ensure that it is in a manner that they can understand. We need to ensure that the community has confidence in our service and this is one way in which we are able to demonstrate to the community the processes and results that illustrate our performance.

Patient rights, safety and quality of service are high priorities at the national, state and local level, with a major emphasis on preventing harm to patients.

Evaluation

To ensure our Quality of Care Report continues to meet community needs, we actively seek feedback from community members. Feedback on the 2005 Quality of Care Report came to us verbally through meetings with community groups, feedback from the Community Advisory Committee and feedback forms issued with the Quality of Care Report.

In addition, we have responded to the feedback issued by the Department of Human Service's Quality of Care Reports Assessment Panel.

As a result of all the valuable feedback we received, the 2005/06 Quality of Care Report provides a higher level of information about specific community-based programs, our falls management program and clinical care processes. We have also made every effort to further minimise healthcare jargon and improve the clarity of graphs.

This report has been developed in conjunction with the guidelines produced by the Department of Human Services.

Our services



Western District Health Service (WDHS) is based in Hamilton, Coleraine and Penshurst, in the Western District of Victoria.

WDHS incorporates Frances Hewett Community Centre, Grange Residential Care Service, Hamilton Base Hospital, Coleraine District Health Service (CDHS), Penshurst & District Health Service (PDHS) and YouthBiz.

The entity provides in total 96 acute beds, 170 high and low level residential aged care beds, 35 Independent Living Units, community health and youth services.

A brief history...

WDHS was established in 1998, with the amalgamation of Hamilton Base Hospital and Penshurst & District War Memorial Hospital, now PDHS. In 2005 CDHS amalgamated with WDHS.

Hamilton Base Hospital and Benevolent Asylum was established in 1862. The most recent changes have seen a major acute hospital refurbishment in 1996 and redevelopment of allied health, extended care and education facilities in 1999/2000.

The Birches extended care facility is on the HBH site and provides 45 beds for mainly high-care use and caters for people with special needs.

The Penshurst Hospital was built in 1957 and provides acute care, residential aged accommodation and community services, and manages independent living units at Penshurst and Dunkeld.

The Coleraine and District Hospital was opened on its present site in 1935. It provides acute care, residential aged accommodation and community services, manages independent living units in Coleraine and has a Bush Nursing Centre at Merino.

Frances Hewett Community Centre (FHCC) was established in 1987. The centre is now managed by WDHS and provides a broad range of community-based services. FHCC is located in Roberts Street, next to Hamilton Base Hospital.

The Grange was built as a private hospital in 1927 and became an aged care hostel in 1956. Its recent three-stage redevelopment was completed in 2002 and provides 45 beds of modern, high and low-level aged care accommodation and 20 Community Aged Care Packages.

YouthBiz was established in 1997 by Southern Grampians Community Health Services Inc, which amalgamated with Hamilton Base Hospital later that same year. YouthBiz provides a drop in centre and a wide range of health and recreation services to the young people of our community.

Cultural needs of our community

To make sure that our organisation is doing all that it can to meet the particular cultural needs of our community members, we established a Culturally and Linguistically Diverse (CALD) working group.

Since that time the working group has developed a Cultural Diversity Plan and worked progressively through the action required to better meet the specific cultural needs.

This has included:

- Staff education on various topics including cultural awareness and use of interpreters
- Improved recording of cultural backgrounds
- Increased access to interpreters
- Promotion of the relationship with the Winda Mara Aboriginal Corporation
- Greater access to relevant cultural information

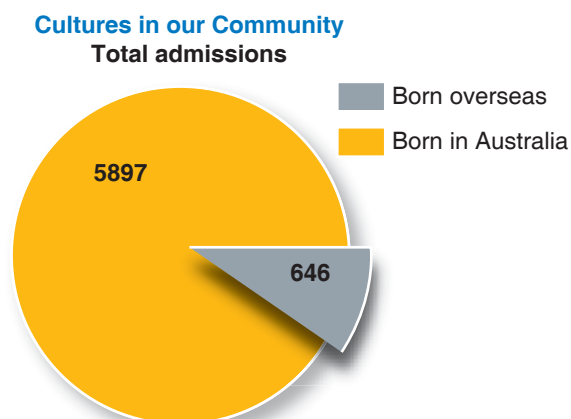
Our organisation's intranet site now provides staff with access to a wide range of information on particular cultural information, including the Health Translations Directory and the Multicultural Palliative Care Guidelines.

Our Cultural Diversity Plan is submitted to the Department of Human Services on a regular basis. Pleasingly, feedback from DHS in March 2006 assessed our plan as being excellent.

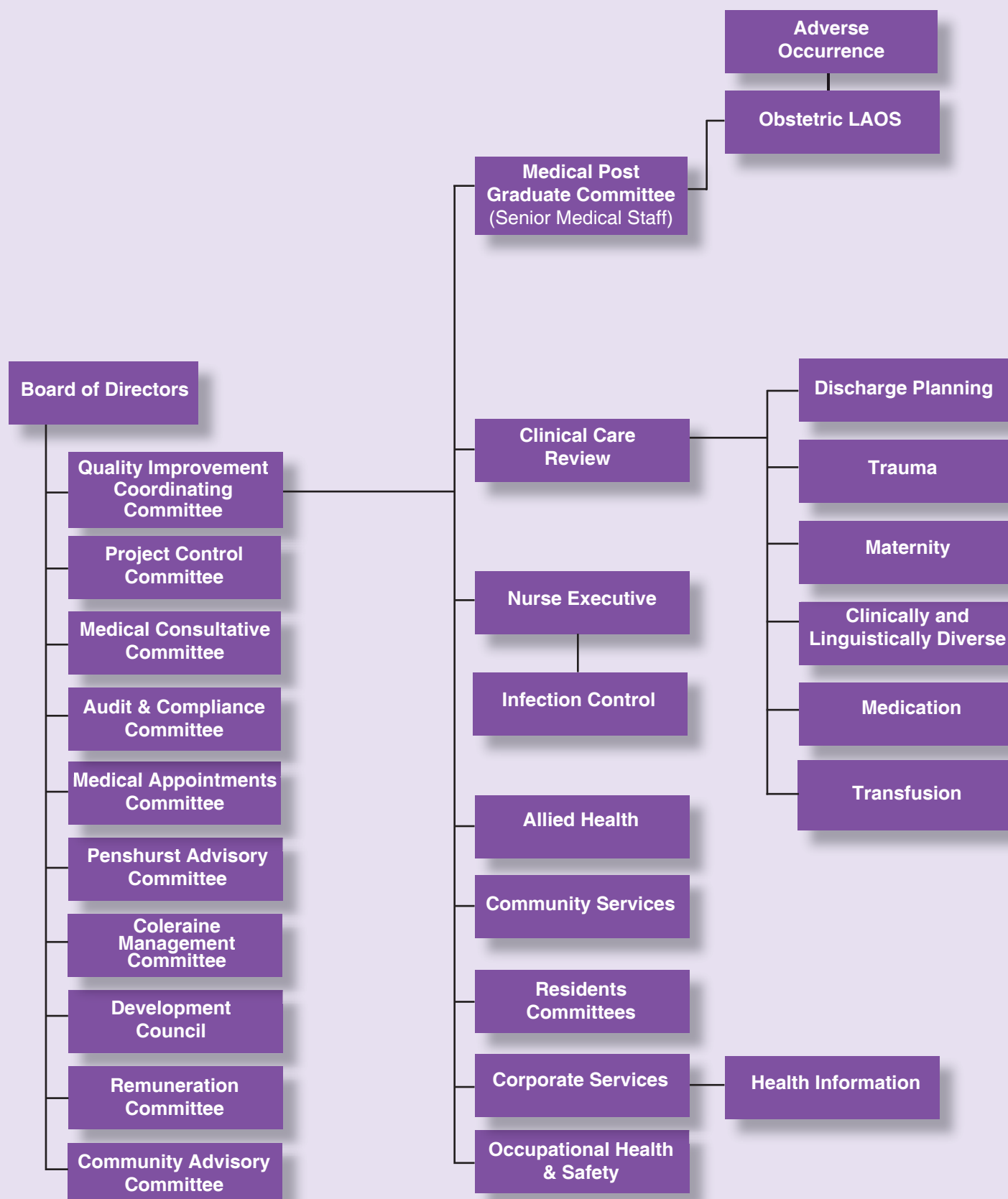
The Cultures in our Community

Results of the 2001 census demonstrate that over 90% of our local community are Australian-born. An additional 2% were born in England and 0.7% in New Zealand.

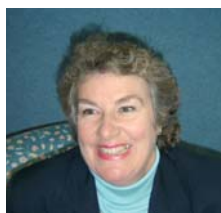
We also have data that tells us in what country our patients were born and how many are Aboriginal or Torres Strait Islanders. This data helps us to assess the need for additional services and resources to meet cultural needs.



Committee reporting structure 2006



Clinical governance



The WDHS Board of Directors

Top row (L-R): President Richard Walter, Mary-Ann Brown, Peter Heazlewood, John Dean



Bottom: Jenny Hutton, Elizabeth Lawrence, Ron Jones

What is clinical governance?

Clinical Governance refers to the structure health care organisations have in place to ensure accountability for continuous improvement to the quality of their services, maintaining safe, high standards of care and promoting excellence in clinical care.

What is the role of the Board?

The Board of Directors is responsible for the governance and strategic direction of the service and is committed to ensuring that the services WDHS provides comply with the legislative requirements and the objectives, mission and vision of the Health Service.

The Board has overall responsibility for ensuring that patient care is safe, meets required standards, and that there are continuous quality improvement measures in place. Health organisations are required by the *Health Services Act 1988* to have a Quality Plan that provides a framework for who, how and what is reported to the Board. This plan is also approved by the Department of Human Services and the Minister for Health.

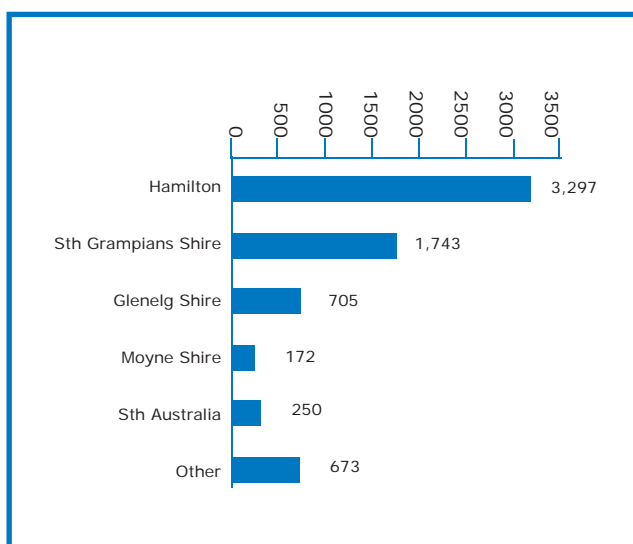
Over the past few years there has been increasing emphasis on ensuring that the Board receives information on aspects of clinical care, and that measures are in place to manage risks that may be a threat to patients, staff and the community.

WDHS has 10 committees with Board representation, which report directly to the Board through a committee reporting structure (see chart opposite). One of these committees is the Quality Improvement (QI) Coordinating Committee.

All departments develop annual quality plans and progress is monitored through reports forwarded to this committee at regular intervals during the year. Committees also provide their minutes and any recommendations to the QI Coordinating Committee.

During the year Board members participated in Clinical Governance and Root Cause Analysis education, to ensure they were familiar with current aspects of risk management.

Where our patients come from in 2005-2006



Involving our consumers

Who are our consumers?

“Consumers” is the word used to describe anyone who uses or may use our health services, so includes patients, residents, community members and carers.

We believe that by involving these people in decisions about our healthcare services, we are better able to provide a high quality service that meets consumer needs.

Consumer Participation Policy

In March 2006, the Board of Directors endorsed the organisation’s Consumer Participation Policy. This Policy outlines the roles and responsibilities of consumers, the Board of Directors and staff at all levels.

Patient Satisfaction

Because we strive for a high quality service, how well we meet the needs of our patients is very important to us. On an ongoing basis we participate in the Victorian Patient Satisfaction Monitor (VPSM) – a survey that enables us to track how well we perform over time and compare our results with other similar hospitals.

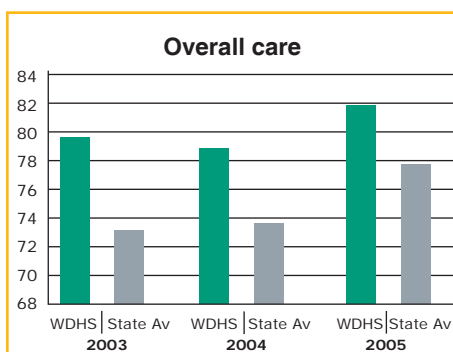
Each adult patient is asked if we can send their contact details to an external research team. A random selection from these patients is sent a questionnaire, and the results are reported back to us each six months.

The “overall care” index is calculated by averaging patient responses relating to:

- Access to services
- General information
- Information about treatment
- Complaints management
- Physical environment

Results show that patients are rating us well above the state average. However, we continuously analyse the details of the survey results to see how we could further improve on our care and services.

Patient satisfaction results for Coleraine have been reported separately, however as we have recently amalgamated, results will be integrated with the WDHS report in the future.



Consumer Opinion – Primary Health

To see how well we meet the needs of our community clients, WDHS joined a statewide survey called the “Primary Health Care Consumer Opinion Survey”.

During March and April 2006, we distributed surveys to clients using our services, including diabetes education, continence management, counselling and dietetics.

Although we have not yet received the official report, we have received the comments and suggestions our clients made.

Predominantly comments were glowing:

- “The exercise instructor is very sensitive and approachable to everyone”
- “Staff were all helpful, professional and pleasant”
- “A fantastic service as always”

We welcomed the few suggestions made about how our services could be improved.

These have been raised for discussion and action by the Community Services Committee.

Complaints

While it is disappointing to learn that our quality of care sometimes does not meet what is expected, complaints often provide us with valuable information about ways we can make improvements. Because of this we try to make sure that everyone who uses our service knows the various ways they can make a complaint.

Over the past year, we have increased the number of ways people can make complaints by encouraging verbal complaints. These are generally made by contacting the Quality Manager at WDHS.

A total of 51 complaints were received for 2005/06, each of which was investigated fully and promptly and, as necessary, strategies put into place to minimise the likelihood of similar issues occurring in the future. A response is forwarded to complainants within 30 days.

There are numerous other ways complaints can be lodged including:

- Speaking directly to the nurse-in-charge
- Writing to the Chief Executive Officer
- Contacting the Health Service Commissioner

Advocacy

In some instances you may need to access someone who can act on your behalf to ensure your rights are protected. This is what we call an advocate.

Anyone has the right to use an advocate if they wish. There are also specific contacts for patients with disabilities and clients in residential care services.

Anyone wishing to access an advocate may contact the Office of the Public Advocate on Free Call 1800 136 829.



Community Advisory Committee

Part of the Consumer Participation Policy includes the establishment of a Community Advisory Committee. This Committee comprises community representatives, key staff members and representatives of the Board of Directors. We expect that the consolidation of this Committee will greatly enhance consumer feedback and input and, ultimately, quality of care.

LEFT: Community Advisory Committee members provided feedback to the Health Service after reviewing the 2005 Quality of Care Report.

Access to Podiatry

Throughout the year we received complaints regarding difficulties in accessing podiatry services.

This issue continues to be a challenge due to a vacancy within our Podiatry Department, and the closure of Hamilton's private podiatry clinic. Our senior podiatrist is the only podiatrist in the district, which has resulted in long waiting lists.

As part of the long term strategy, we are working in partnership with Greater Health and La Trobe University to establish a Podiatry School within the area. Funding submissions and representation have been made to Government to further this proposal.



ABOVE: Podiatrist Phuong Huynh focuses on the care needs of one of our "high risk" patients.

Customer Feedback Survey

Another way for us to measure how well we are going is through the feedback we receive on the Customer/ Patient feedback forms, which are made readily available throughout the organisation.

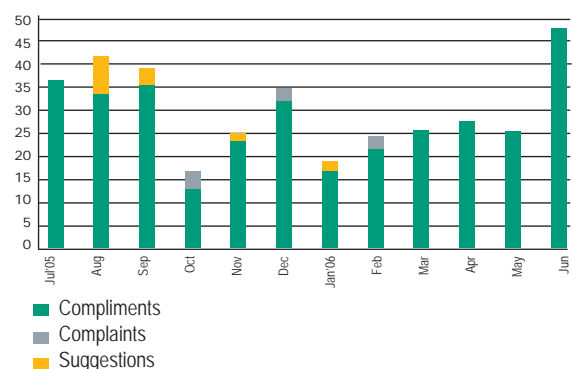
We are most grateful to those who take the time to fill out these surveys. Predominantly they are most complimentary about the care and services received, and this information is fed back to the relevant ward or department.

Some of the complaints and suggestions we have been able to address include:

- Improved cooling systems
- Use of plastic lids on food instead of cling wrap
- Greater variety of vegetarian meals
- Eradication of ants

One suggestion was that we use the word "patient" as opposed to "customer" on our Feedback Forms. This is to be raised for discussion with our Community Advisory Committee.

This graph shows the total number of compliments, complaints and suggestions submitted over the past year.



Involving our consumers



Opportunity for Improvement

To provide another way for people to give us feedback on our care and services, we introduced "Opportunity for Improvement" forms.

These forms are made readily available throughout our aged care facilities in Penshurst, Coleraine and Hamilton, and are used by residents, their families, visitors and staff to give us suggestions as to how we might be able to further improve our care.

Often suggestions for improvement are raised at each facility's meeting with residents and/or relatives.

These suggestions are then recorded on our "Opportunity for Improvement" forms.

Some improvements over the last year include:

- Purchase of blinds for the corridor in The Birches to reduce heat and glare
- Review of the diversional therapy program at The Grange
- Inclusion of the cooking of tripe in the diversional therapy program at the Valley View Nursing Home
- New, more visible identification badges purchased for staff at Wannon Hostels

"During my 5 days in hospital I found excellent service and care from all the doctors and staff and they are all to be congratulated and thanked. We are very fortunate to have such a wonderful hospital in our district. "

Pre-admission Information

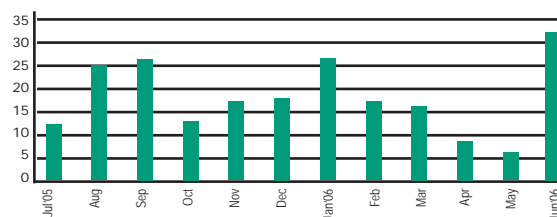
To assist entry of a new resident into one of our facilities, a small group formed to review the process and information provided to prospective residents and their families.

Following input from residents, relatives and staff, improvements were made to the admission process, the Resident Information Booklet and the Resident Information Pack.

ABOVE: WDHS Manager Aged Care Services, Gillian Jenkins, and Unit Manager at The Birches, Jennifer Kearney, review the Resident Information Pack, which was upgraded to better inform new residents and their families.

Letters of Thanks

We also use the letters of thanks received to monitor the quality of our care or service, inform the Board of Directors and to provide feedback to the relevant departments.



The graph shows that we received a total of 246 letters of thanks for the year.

Quality and safety

"How we measure quality and safety standards"

Accreditation

By presenting our organisation for review by external assessors, we are able to measure our level of compliance with industry standards.

Australian Council on Healthcare Standards

An excellent way for us to measure the quality of our services is to invite external agencies to evaluate our level of compliance with national standards called "EQuIP".

In May 2005, the Australian Council on Healthcare Standards (ACHS) surveyed our organisation, which resulted in achieving accreditation for the maximum period of four years.

That survey did however, make recommendations about how we could further improve the quality of our services. Throughout the past year we have worked towards making sure those recommendations were fully implemented.

They included:

- Introduction of a Consumer Participation Policy
- Procedures to minimise the risk of accidental sharing of expressed breastmilk
- Additional fire training for staff

ACHS Self Assessment

To ensure we continue to make improvements to the quality of our care, in early 2006 we once again looked at the EQuIP standards. This time we focused on standards for Leadership and Management which require us to have systems in place for legislative compliance, risk management, quality improvement and consumer participation.

Although feedback from reviewers was very good, we have been given feedback about ways we could further improve our systems and we are working on each of these in preparation for our ACHS Periodic Review in May 2007.

Baby Friendly Accreditation

External assessors have once again reviewed our midwifery service. In November 2005, we were visited by an assessor who examined how well we addressed the criteria of the Baby Friendly Hospital Initiative.

The assessor looked at our policies, procedures and data, and contacted women who had recently had babies at WDHS. In particular they were looking at how well we promoted breast feeding, including staff education, education of mothers and encouraging rooming in of babies.

Pleasingly accreditation was granted for an additional three years.

Aged Care Accreditation

In November 2005, our residential aged care facilities at Coleraine were surveyed for compliance with standards set by the Aged Care Standards and Accreditation Agency.

Both Wannon Court Hostel and Valley View Nursing Home were successful in achieving accreditation for an additional three years.

Throughout the survey period, auditors provided us with suggestions about how we could further improve on safety and quality of care.

We have since completed a Resident Information Booklet and commenced participation in a national quality benchmarking system.

Midwife Peter Francis with new mum Kylie Pearce and baby Emily, one of the 217 babies born at Hamilton Base Hospital in 2005/06. We are accredited for a further three years under the Baby Friendly Hospital Initiative.



Quality and safety

Community Aged Care Packages (CACPs)

The Department of Health and Ageing has introduced the requirement for organisations to report on the quality of their Community Aged Care Packages (CACPs). We submitted our report in February 2006 prior to a visit by a reviewer in April.

The reviewer reported that we demonstrated compliance with Community Care Standards which include:

- A culture of continuous quality improvement
- Respect for privacy and dignity
- Involvement in decisions about care
- Care planning

The Community Aged Care Program is planning on introducing some audits that can further measure client satisfaction and the quality of our care. Results of these audits will be compared with other CACPs across Australia.

Pressure Area Monitoring

Pressure areas are sometimes called “pressure sores”, or “bed sores” and are caused by prolonged pressure or friction.

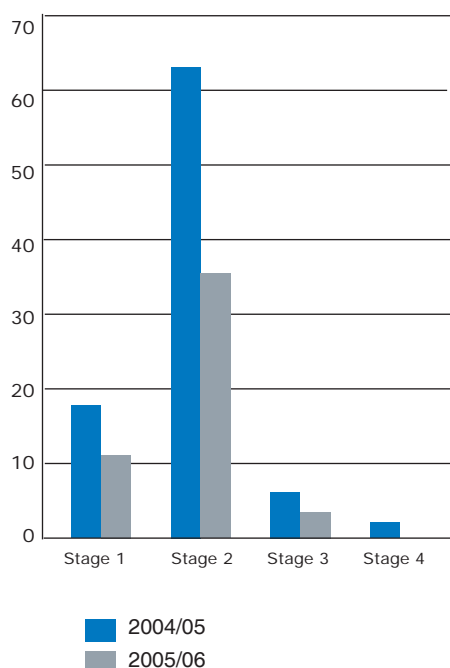
Consequences for our residents or patients, include pain, infection and increased length of stay in hospital.

Internal Monitoring of Pressure Areas

On an ongoing basis, we collect information about the number of pressure areas acquired, to let us know if the measures we have put in place are reducing the incidence and severity.

Pressure areas are classified by the depth of tissue damage present, and done in accordance with recommendations from the Australian Wound Management Association.

Pressure Areas



This graph shows that we have had a decrease in the number of pressure areas from one year to the next and is likely to be attributed to the preventative measures put in place.

These included:

- Staff education
- Pressure-relieving devices
- The introduction of a risk rating where we determine which of our patients or residents are most at risk of developing pressure areas



Registered Nurses Division 1 Nicola Grayson and Claire Keenan place pressure relieving wedges under a patient. There has been a decrease in the number of pressure areas at WDHS.

Pressure area classifications

Stage 1	Redness and warmth with no skin loss
Stage 2	Partial thickness skin loss such as an abrasion or blister
Stage 3	Full thickness skin loss
Stage 4	Full thickness skin loss and muscle damage

PUPPS 3

In addition to our internal monitoring of pressure areas, we once again participated in an audit to identify the incidence of pressure ulcers across Victoria. This was called PUPPS 3, and included acute beds in our Coleraine, Penshurst and Hamilton campuses.

The audit was conducted on a selected day, and revealed a total incidence of eight pressure areas (14.28%). However of the eight pressure areas, six patients had been admitted to hospital with the pressure area, which had been acquired in their homes prior to admission.

Only two were hospital-acquired pressure areas.

We are yet to receive the state-wide report from the Department of Human Services.

PUPPS 3 Survey Result

Breakdown by individual campuses

Hamilton	3 in total (1 hospital acquired, 2 community acquired)
Penshurst	1 in total (community acquired)
Coleraine	4 in total (3 community acquired, 1 hospital acquired)

"Ways we prevent harm and minimise risk."

Better Safe Transfusion Program

The risks associated with blood transfusion are recognised internationally, and attention has focused on programs to improve the quality and safety of hospital transfusion practices.

In 2005 we participated in audits to measure how closely we comply with standards for blood transfusions.

Information was sent to a central database at the Department of Human Services, where our results were analysed and compared with other organisations.

Although WDHS has had no serious adverse events associated with blood transfusion, our report demonstrated a number of areas where we needed to make improvements so that the risks to our patients were minimised. This has required the need for us to revise our Blood Transfusion Policy to ensure accurate identification of patients, that we obtain written consent and any reactions are quickly addressed.

While the new policy has been made widely available, and assessment of nurse understanding introduced, this area will need more staff education and auditing in the future.

Limited Adverse Occurrence Screening (LAOS)

Another way for us to evaluate quality of care is to review medical records, to see if there is something that could have been done better. As there are so many, we cannot review every medical record, so we use a system called Limited Adverse Occurrence Screening or LAOS.

Medical records are identified on the basis of particular criteria including:

- Length of hospital stay greater than 21 days
- Readmission to hospital within 28 days of discharge
- Return to theatre after a previous operation during the same admission

These records are flagged, reviewed by a doctor and, if it is thought that treatment could possibly have been done better, that particular medical record is presented for wider discussion by a team of doctors and the Quality Manager. This process prompts the introduction of system changes to further improve our quality of care.

Over the past year greater than 300 records were reviewed, of which 23 were discussed by the LAOS work group. We have recently increased the frequency of the LAOS work group meetings in an effort to further increase the number of medical records able to be reviewed.

Preventing Clots

In October 2005, WDHS was one of 10 Victorian hospitals selected to participate in a study aimed to prevent venous thromboembolism (medically known as VTE, but commonly known as "blood clots").

We were aware that national and international data identified the serious risks associated with the patients developing clots and were grateful of the opportunity to participate in the VTE prevention program.

To date we have introduced a risk screening tool which ensures that each patient is assessed for their likelihood of developing clots associated with their admission to hospital.

In conjunction we have developed clinical guidelines that stipulate what preventative measures should be put in place to minimise the risk of a clot occurring. Measures include compression devices, supportive stockings and/or medications.

On an ongoing basis, medical records are screened for compliance with the specific clinical guidelines and the collated, de-identified data is sent to a national database. This way we are able to trend our improvements over time.

While it is pleasing to see increasing compliance, we will be aiming for greater compliance in the future. This will be achieved with increased auditing, and expansion of the program into other clinical areas.

Registered Nurse Division 1, Jenny Dunstan, is applying treatment to the legs of Birches resident Edna Greenaway, as a way of minimising the risk of skin tears.



Quality and safety



ABOVE: Winnie Pateman, a resident of The Birches, is chatting with her husband John and Associate Charge Nurse Hazel Saligari. John is a member of the Carers Support Group, and is a community representative on the Community Advisory Committee.

Quality Performance – Aged Care

WDHS participates in a program called Quality Performance System (QPS) that enables us to measure the quality of care in our residential aged care facilities. This program also shows us how we compare with other similar facilities across Australia.

In the past year the facilities at Coleraine (Valley View Nursing Home and Wannon Hostels) joined the program for the first time.

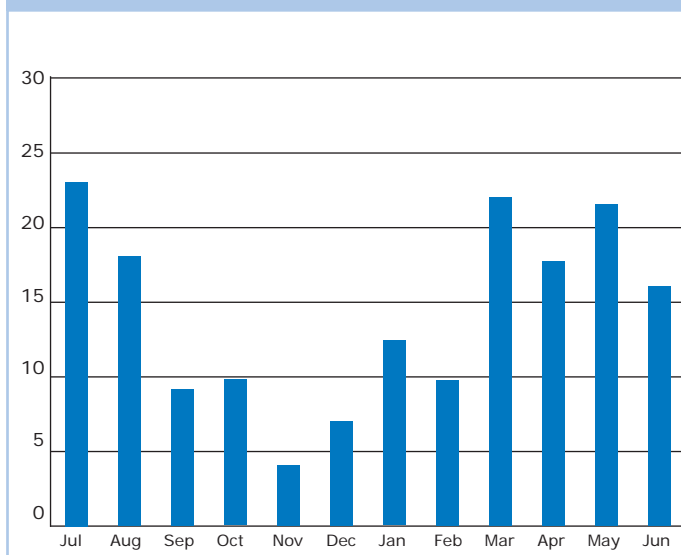
Data is submitted in different stages throughout the year and includes the number of falls, skin tears and infections – each of which we have continued to perform well in.

Sometimes the reports show that we could put some action into place to make further improvements.

Over the past year some of those changes have been:

- Involvement of residents and relatives in the review and planning of the activities programs
- Update of the Resident's Information Booklet
- Mandatory infection control education
- Changes to the reporting of skin tears

Skin Tears 2005/06



Skin Tears

Skin tears are a common problem, particularly amongst the frail and elderly.

Often the patient or resident is unable to tell us how the injury occurred, however they are most often caused by knocks, friction or sometimes adhesive tapes.

To try to see if we can minimise the incidence of injury, we have encouraged staff to improve the level of reporting.

This will enable us to better monitor if our preventative strategies are working.



RiskMan

In January 2006, a software program called RiskMan was introduced for the management and reporting of incidents or adverse events. Although implementation is still in the early stages, RiskMan is being used for incidents relating to patients, residents, staff, hazards and equipment failures. Reports are generated to facilitate the identification of areas where further safety measures may need to be implemented.

Clinical Risk

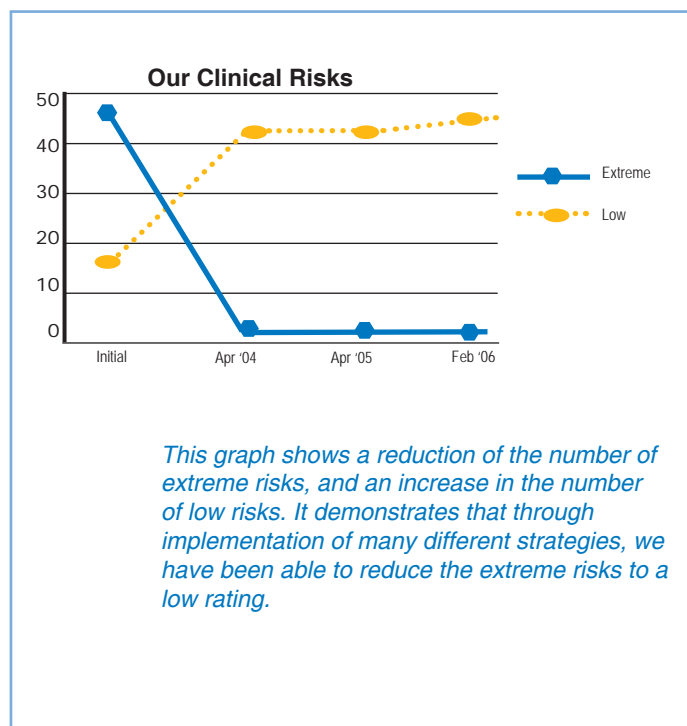
From time to time, the media reports cases where the care of patients in hospitals has not met expected standards. To minimise the likelihood of this occurring to our patients, we continually examine potential risk to safety and put measures into place to minimise that risk.

A Clinical Risk Register was established in 2004 and is basically a list of the identified risks and a plan of action as to how that risk is to be minimised. Since the initial establishment of the Clinical Risk Register, many risks have been eliminated, additional risks have been added but, importantly, the rating of those remaining risks has been reduced.

Risks are rated according to Australian Standards and refer to the likelihood of that particular incident occurring and the degree of harm that would occur.

The two areas of extreme risk we are focused on are:

- Risk of medication error
- Failure to follow up on pathology or x-ray results



Telemetry

Telemetry technology enables our patients' hearts to be monitored in another department in the hospital. In addition to the Medical Unit, during the past year telemetry has also been added to the Surgical Unit.

This means that surgical patients needing heart monitoring can be connected to the device with tracings being monitored by staff in the Intensive Care Unit.

Falls Management

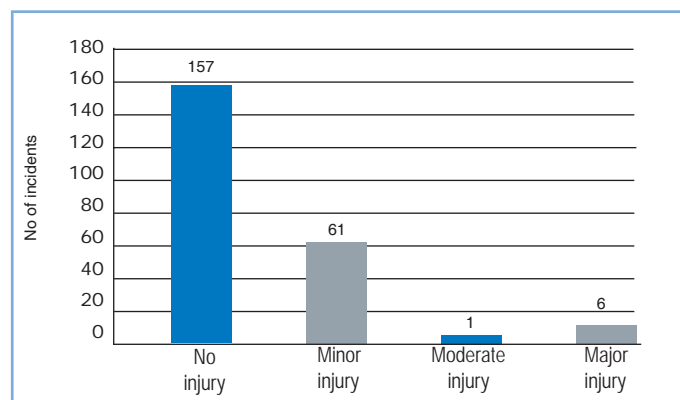
Patient or resident falls comprise one of the major categories of total incidents occurring throughout the organisation, and to specifically address the issues, we have a Falls Risk Management work group.

This work group is primarily responsible for putting strategies into place to reduce the number of falls and to reduce the severity of injury when a fall occurs.

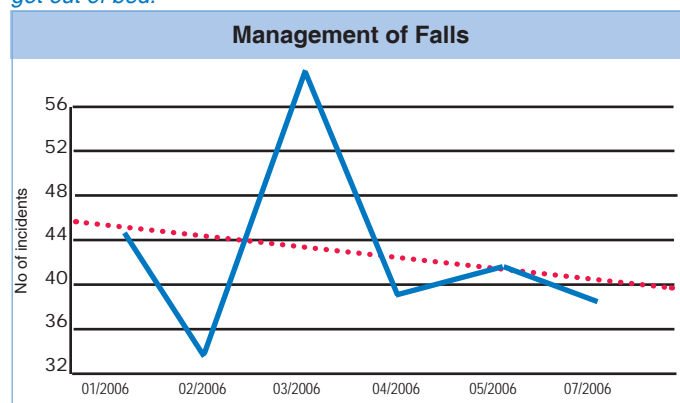
Strategies recently introduced include:

- Development of a falls risk management policy
- Review of falls risk assessment forms
- Introduction of a falls risk competency assessment for staff

The graphs we have provided show that although lots of patients and residents have falls, very few are actually injured. This demonstrates that the measures we have in place, such as floor-level beds, don't actually prevent the fall but minimise the risk of injury.



The graph below demonstrates that we have been able to reduce the number of falls across the organisation. The dotted line demonstrates that over time, the actual number of falls is decreasing. One measure to decrease the number of falls is the use of sensor mats which alert staff when a patient or resident has got out of bed.



Quality and safety

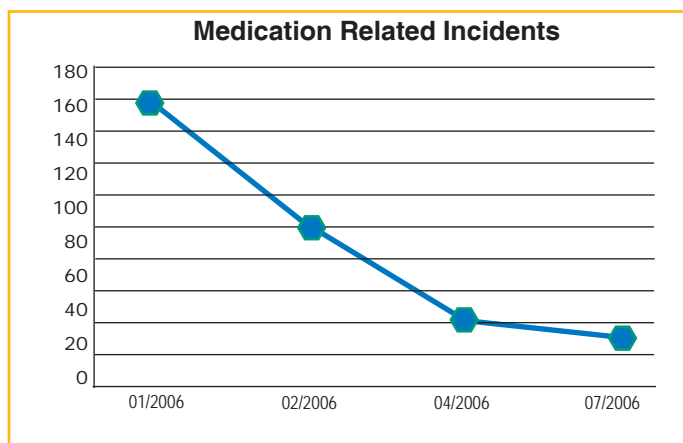
Medication Error

There are a number of issues that have the potential of causing a medication error, one of which is the implementation of the new National Medication Chart. We have set up a Medication work group responsible for managing implementation and monitoring actual and potential medication errors.

Recently we have increased the monitoring and reporting of medication incidents, which most often relate to documentation and are picked up prior to administration. We have had no major medication errors in the past year.

Medication incidents include:

- Missed signature on medication chart
- Incomplete drug order
- Frequency unclear on order
- Omitted dose
- Wrong dose



Pathology and X-Ray Results

During the past year we have implemented electronic reporting of pathology and medical imaging results. This change created the risk that clinicians might not see the result, and fail to provide patients with appropriate treatment accordingly.

To address this potential risk, we have implemented monitoring and alert systems, that will reduce the risk to a rating of low or insignificant.



ABOVE: Poor hand hygiene may pose significant risk of cross infection.

Registered Nurse Division 1 Elisabeth Kolden, uses new products recently introduced to minimise that risk.

Sentinel Events

From time to time a major incident occurs that we call a "sentinel event".

To ensure these are appropriately managed, we have developed and implemented a 'Sentinel Event Policy', which is consistent with the requirements of the Department of Human Services.

In support of this policy we have staff trained to be able to undertake an investigation into major incidents, with their role being to see if there was anything that could have been done to prevent that incident from occurring. The investigation process is called a Root Cause Analysis.

Over the past year we have undertaken a Root Cause Analysis on two incidents and, as a result, have implemented measures to minimise the likelihood of similar incidents happening in the future.

The outcomes of Root Cause Analyses undertaken across the State are confidentially reported to the DHS, so that hospitals can learn from each other.

On a regular basis we look at incidents that have occurred in other hospitals to see if we should put measures into place to minimise the likelihood of that incident occurring in our organisation.

Infection control

Controlling the spread of infection is a major component of risk management

Regional Infection Control Program

The Department of Human Services has again funded WDHS to coordinate the infection control program across the Glenelg Southern Grampians region. This funding has enabled us to assist in the development of consumer education pamphlets, policy manuals, education packages and Infection Control compliance audit tools.

The program allows all facilities in this region and across rural Victoria to share resources and, as a result, has seen a consistent approach to Infection Control policy, procedure and education across rural Victoria.

The major focus for this program in the 2006/07 period is to conduct a number of compliance audits in each facility in the region, and benchmark these with other similar-sized facilities throughout rural Victoria.

Sterilisation

In March of 2006 we conducted the annual compliance audit in our Central Sterilisation Service Department (CSSD). It is essential all facilities that provide this service comply with the Australian Standard 4187.

WDHS compliance rating for the 2006 audit was 98%. This was an improvement of 3% from the 2005 audit result of 95%. This rating is higher than that for similar organisations in Victoria which had an average of 94%.

Hand Hygiene Compliance Project

It is widely recognised that poor hand hygiene is a major contributing factor in the transmission of antibiotic resistant microbes within a healthcare setting.

In response to this, the Victorian Quality Council established a pilot program in 2004, to improve the hand hygiene compliance in six healthcare facilities in Victoria.

In 2006 WDHS was invited to participate in the pilot program, for the 12 month period commencing July 2006.

The project incorporates the introduction of a new hand hygiene product, extensive promotion, staff education and three compliance audits across a 12 month period. From participating in this pilot, we hope to improve hand cleaning between patients and reduce the rate of hospital-acquired infections.

To make sure we meet national cleaning standards we conduct our own audits throughout the year. The graph provided shows results of some of the cleaning audits conducted at Hamilton Base Hospital although all areas of the organisation are covered.

The black line through the graph identified the "acceptable level of cleanliness" as determined by national standards. This demonstrates that we have consistently remained well above that level.

3rd audit ■
2nd audit ■
Current ■

Surgical Site Infection Rate

One way of us knowing how well we control infection is by monitoring the infections that occur in surgical wounds.

For the past year our infection rate has remained stable at 3%, or 31 infections out of 1040 procedures. Each infection is reviewed in terms of the degree of risk, as we know that certain procedures or patient types are more prone to developing an infection.

To date our rate is within acceptable limits.

In addition to the internal infection monitoring process, data is submitted on a monthly basis to the Victorian Hospital Acquired Infection Surveillance (VICNISS). This program monitors our incidence of infection and provides a report comparing us with other similar organisations. In all instances we compare favourably, and below the VICNISS benchmark.

Food Safety

In order to maintain compliance with the Food Safety Act 1984, we are required to present our organisation for review by accredited auditors. In January 2006, auditors employed by Catering and Hospitality Management Services visited our Penshurst, Coleraine and Hamilton campuses to measure compliance with Food Safety Standards.

Standards include:

- Staff training
- Cleaning audits
- Food temperature control
- Infection Control involvement

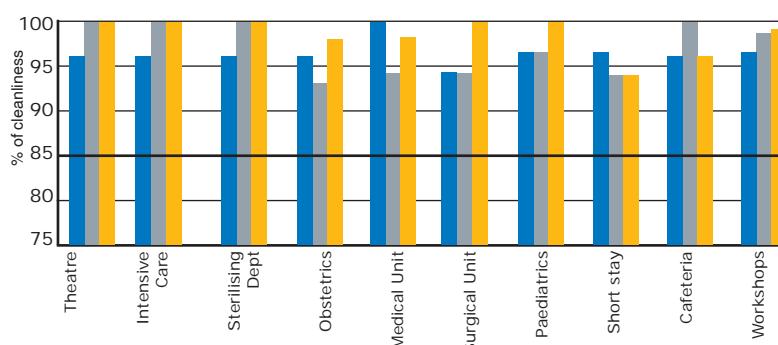
All campuses were found to be fully compliant.

Cleaning Audits

Cleanliness of our facilities is essential in the control of infection. To monitor how we comply with cleaning standards, we conduct regular audits throughout the organisation. In addition, we invite external auditors in from time to time to measure our level of compliance against acceptable levels of cleanliness for particular areas.

Our last visit from external auditors revealed a result of 96.8% which is well above the benchmark figure of 85%. This result is very pleasing.

Cleaning audit result comparison

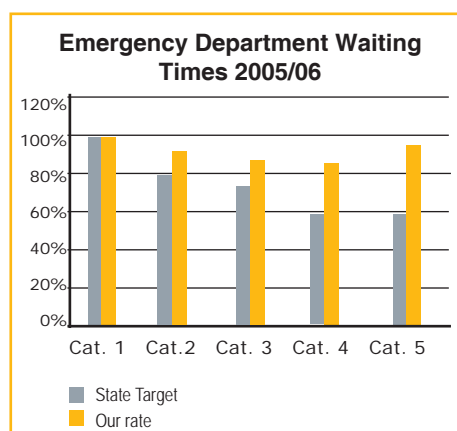


Continuing care

Emergency Department Activity

On presentation to the Emergency Department, each patient is assessed and categorised according to how urgently they need medical attention. This is called "triage".

All patients triaged as Category 1, for example, should be seen immediately, while those triaged as Category 5 are not urgent and at least 60% should have been seen within two hours.



The graph provided clearly demonstrates that our performance is favourable and well above the State targets.

Midwifery Model of Care

In response to the identified needs of our community, we have focused on ways we could retain and expand our midwifery services.

In July 2005, we received funding to enable us to implement the Team Midwifery Model of Care, which offers women additional antenatal support, and complements the care provided by our specialist and GP obstetricians.

This Model of Care is targeted at women who are assessed as low risk, requiring low level care throughout their pregnancy, labour, birth and post natal experiences.

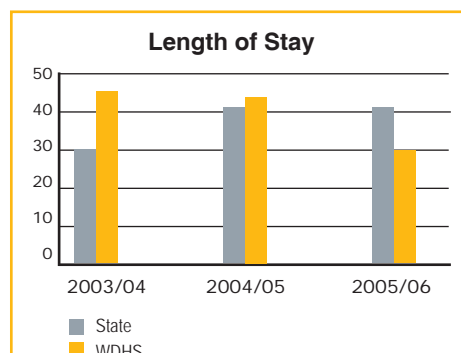
During the past year we have been fortunate to gain the services of two new GP obstetricians, bringing our medical obstetric team to one specialist and three general practitioners.

Rehabilitation Program

Additional funding from DHS has enabled continuation of our sub-acute rehabilitation program. This program is often used by patients who have had a stroke or joint replacement, and provides them with a team of various healthcare professionals who guide and support patients on their road to recovery.

A specialist physician leads the rehabilitation team, which comprises a range of allied health professionals and nurses. Three Division 1 nurses were recently successful in completing a post graduate certificate in rehabilitation, greatly enhancing the quality of service.

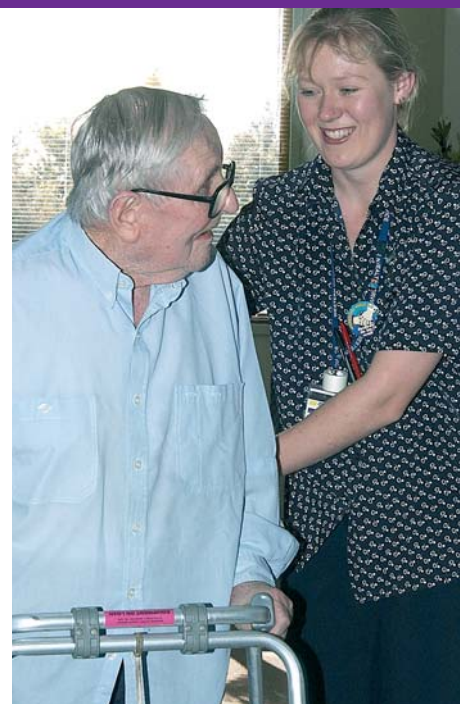
The availability of a transitional bed at Coleraine supports the continuum of care for patients in the program and enhances working relationships between services.



The graph demonstrates the success we have had in reducing length of hospital stays for our patients who have had a stroke.

Through timely intervention of multidisciplinary team members, good discharge planning and strong community support, we have been able to reduce our patients' periods of hospitalisation.

While previously we were well above the state average, the implementation of the ROAST project in 2004/05 has made significant differences.



Registered Nurse Division 1 Naomi Tolley works with a patient in the Rehabilitation Unit at HBH.

ROAST

ROAST is not really anything to do with meat, but stands for Rural Organisation of Australian Stroke Teams (ROAST). This program now operates throughout Australia, and assists us in the implementation of best practice in the management of patients who have had a stroke.

Participation in the project enables us to see how we manage stroke patients, compared to other hospitals. Through collecting data relating to timeliness of diagnostic and assessment procedures, involvement of a team of health professionals and family participation, we are able to see if we are achieving the best possible standard.

One area that we initially had difficulty with, was timeliness of swallowing assessments due to the limited availability of a Speech Pathologist.

Fortunately we have been able to overcome this issue through the training of Dysphagia Nurses, who now have the skills to also undertake swallowing assessments without the reliance on a Speech Pathologist.

In addition, the ROAST team has implemented a number of guidelines, including shoulder care, family meetings and new referral processes.

Community health



Planning for Discharge

We know how important it is that our patients are adequately prepared for their discharge from hospital. An amalgamation of District Nursing and the Discharge Planning Unit was undertaken in an effort to promote a coordinated approach from acute to primary health care.

In March we did an audit of 100 medical records to see how well we had performed with regard to identifying potential support needed, putting a discharge plan into place and making timely contact with community providers.

Pleasingly we have continued to do very well with each of these areas, although we expect we can make more improvements in the future.

Women's Health Clinic

The Well Women's Health Clinic provides a wide range of health promotion, education and information to women within the region. Meetings are held on a weekly basis at the Frances Hewett Community Centre with attendance rates experiencing an increase of 64% over the previous year.

The Clinic made an effort to target young people and those who are holders of health care cards, and were successful in increasing attendance by these groups of people by 50%.

Eating Disorders

We identified that there has been a lack of clear referral pathways for people experiencing an eating disorder. As such, our community dietitian has worked with the Primary Mental Health Team (PMHT) and Women's Resource Worker to improve communication and local resources.

Twenty-five health and community workers attended 'Building Networks', a development meeting to discuss local issues surrounding body image and eating disorders and begin a plan of action to improve local referral pathways.

The group identified the need for further training in the field and, in response, organised specialist training workshops and the establishment of a local interest group.

Those who would like further information on this program should speak to their local general practitioner.

Chronic Disease Management

WDHS was fortunate to receive funding from the Department of Human Services to run a Chronic Disease Management program (CDM). This program assists people in the community living with Chronic Obstructive Pulmonary Disease (COPD), Chronic Heart Failure (CHF) and Cardiovascular Disease (CVD).

The program provides:

- A rehabilitation program, consisting of exercise and education in group settings
- Staff education in Chronic Disease Management
- Community support groups
- Case management

We have recently been advised that additional funding has been secured for a further 12 months. This will enable consolidation of the pilot project.

Well For Life

During the year, our Day Centre implemented a "Well For Life" project, funded by DHS.

This project set out to promote and improve good nutrition and the benefits of physical activity for frail older people within our community.

The implementation process included:

- Staff Education
- Regular information sessions on the benefits of physical activity & good nutrition
- Daily gentle chair-based exercise groups
- Healthier snacks
- Client Nutritional Risk Assessments
- 6 monthly client mobility aides assessments
- Queens Baton Relay Walk – following the path of the Commonwealth Games Queens Baton Relay and covering an amazing 3,653.36 kilometres

With excellent feedback from clients and enthusiasm from staff, sustainability of the program beyond the funded period is hopeful.

Active Script

Just like a prescription for medicine, an 'Active Script' is given to an individual by their doctor as a referral to a 'support person' in Community Services.

The individual receives sound advice and assistance on how to improve their health by simply increasing and sustaining their level of daily physical activity.

Evaluation has demonstrated that participants have experienced health and fitness improvements.

Sustainable Farm Families

The Sustainable Farm Families (SFF) project has become one of our showcase initiatives, with significant growth and development during the year and the recognition of the possibilities of SFF being realised.

Commencing in 2003, this project was established to address the health related issues facing our farming communities.

It was recognised that farmers were ageing, working longer and harder, experiencing higher rates of injury and also earlier illness and death.

Initially the project focused on farmers in the dairy and wool industries but has since expanded well beyond our local community to include farmers in the cotton and sugar industries.

Preliminary analysis shows significant improvement in the health and knowledge of farming families and potential cost savings following the early detection and management of health indicators.

Further information can be found by accessing the Sustainable Farm Families website on www.sustainablefarmfamilies.org.au/index.htm.

Our staff and volunteers

Quality of our staff

Before new staff are appointed, or a new type of procedure is introduced, we need to make sure that staff have the necessary skills and qualifications.

Systems that we have put into place for quality assurance and risk management purposes include:

- Routine checking of professional certificates of registration, qualifications and skills
- Police checks for all staff, students and volunteers
- Checking the references of new staff
- Performance review procedures



ABOVE: Annette Harris, Willie Hiatt and Marie Rigby received their Diploma of Community Services from South West TAFE.

Annette and Marie are Diversional Therapists at Coleraine Planned Activity Groups, and Willie works at PDHS.

Our Medical Staff

To ensure that our patients are provided with safe, high quality care, we have strict procedures for credentialling and privileging of medical staff.

Credentialling procedures are what we use to verify the qualifications, experience and professional attributes of doctors wanting to practice at WDHS.

After a doctor's credentials have been verified, we define the privileges that he or she may be granted to perform.

Our Board of Directors has established the following committees to fulfil credentialling and privileging responsibilities:

- Medical Appointments Committee
- Clinical Credentials Committee
- Credentials Review Committee

Staff Training and Education Clinical Skills Laboratory

Keeping our staff trained and skilled is essential in the provision of high quality care.

One of the new developments has been the establishment of a Clinical Skills Laboratory, which will greatly assist skills development for newly-trained doctors and nurses or upskilling of all staff in new clinical techniques and equipment.

Enhanced Scope of Practice

WDHS was funded to review issues relating to the administration of medications by Registered Nurses Division 2 (formerly known as State Enrolled Nurses or Nurses Aides).

For legislative and educational reasons, this group of nurses has not been permitted to administer medications.

A project worker was appointed to develop a way by which this group of nurses could expand their current level of education to enable them to safely administer medications.

The project is nearing its completion with the next phase being education and implementation.

Clinical Competencies

It is important to ensure that our nurses maintain competency in all areas of care.

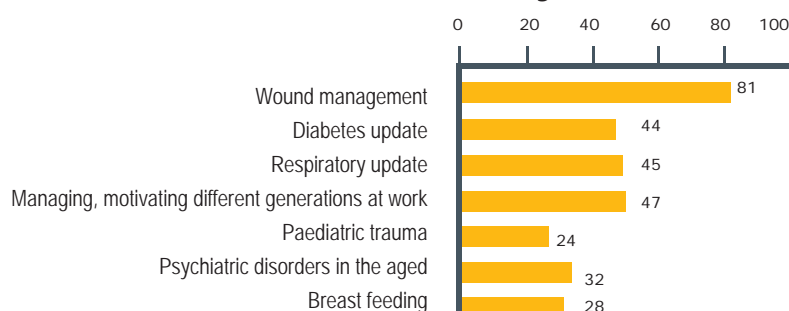
One way of ensuring this is the introduction of a competency program, which requires nurses to demonstrate their knowledge on particular topics.

An efficient way of running the competency program is electronically – a system that is being gradually introduced throughout the coming year.

Some of the competency assessments introduced to date include:

- Blood Transfusion
- Pain Management
- Falls Management

Attendance at Education sessions July 1, 2005 to June 30, 2006





ABOVE: Hamilton Base Hospital Op shop volunteer manager Essie Hickleton was awarded Barwon South West Volunteer of the Year for 2006. She was congratulated at the Rural Health Week ceremony by Volunteer Coordinator for WDHS, Jeanette Ryan.

Our Volunteers

WDHS has 220 registered, unpaid, volunteers, excluding auxiliaries, who undertake tasks that greatly benefit our patients, residents and clients right across the Health Service. The Health Service is extremely grateful for the invaluable work that is undertaken by all our volunteers.

Comforts Trolley

Approximately 19 registered volunteers provide the comforts trolley service to inpatients on the HBH wards, selling confectionary, toiletries and other various items at a small mark-up. Approximately 250 hours were contributed by volunteers servicing the Comforts Trolley in 2005/06, with \$775 raised from profits and donations which is used to purchase items for the Hamilton Base Hospital.

Opportunity Shop

Around 16 volunteers operate the running of the Hamilton Base Hospital Opportunity Shop. The Op Shop relocation last year to new spacious premises, has resulted in a 75% increase in donations to the Hamilton Base Hospital this year.

The shop has raised an astonishing \$245,000 for the hospital over the past 67 years. Approximately 1500 hours were contributed by Op Shop volunteers in 2005/06, raising over \$15,000 for the hospital.

Op Shop coordinator Essie Hickleton was awarded the Rural Health Week Volunteer of the Year for the Barwon South West Region.

Ward Volunteer Program

This program commenced in May 2006, to alleviate the boredom and loneliness people face when spending extended periods in hospital. Two volunteers commenced in May, and we are endeavouring to coordinate visits to the wards four days per week.

Aged Care Services

Volunteers provide support to our aged care residents by visiting, assisting with shopping, escorting them to appointments and helping with recreational activities such as cooking, music, card playing and organised outings.

24 volunteers provided 883 hours at The Grange; 10 WDHS volunteers and 5 external work placement volunteers provided 400 hours at The Birches; 11 volunteers gave approximately 12-15 hours per week to Penshurst residents and ADASS clients, assisting with driving, client outings, activities and gardening.

At Coleraine seven volunteers assist at Wannon Court and Mackie House for 10 hours per week, while 10 volunteers give their time to the Coleraine Planned Activity Groups (PAG) which operates 10 hours each week.

Community Transport

The Hamilton Community Transport Service has 30 registered volunteer drivers and escorts, with 24 out of the 30 assisting the Health Service this year.

In 2005/06 the volunteers donated 1201 hours, provided 1621 trips and covered a total of 46,342 kms. The volunteers drive and escort eligible clients to medical appointments locally, and to regional centres like Ballarat, Warrnambool, Geelong and Melbourne.

There are 39 registered transport drivers and administration staff providing a volunteer service in Coleraine five days each week, enabling clients to access local activities, and medical appointments.

Palliative Care Service

Ten volunteers participate in the Palliative Care Volunteer Service. Two volunteers provided a total of 128 visiting hours this year, caring for two clients and their carers. Volunteers provide clients and their families with moral support, companionship, respite and general assistance.

Auxiliaries and Community Groups

WDHS' five auxiliaries, the Opportunity Shop, The Hamilton & District Aged Care Trust and the United Staff Association, again contributed significantly to the Health Service. The North Hamilton Ladies Auxiliary (\$2000) and the Hamilton Base Hospital Ladies Auxiliary (\$6000) funded equipment and furniture for both The Grange, The Birches and the HBH wards. The Opportunity Shop donated \$15,000 which purchased an instrument washer for Theatre at HBH.

The Hamilton & District Aged Care Trust donated \$25,000 towards upgrading Aged Care facilities. The United Staff Association purchased bilirubin lights for midwifery. The Tarrington Hospital Auxiliary donated funds to purchase a wheelchair for the Day Centre and a Laryngeal Mask for Theatre before sadly winding up the auxiliary, primarily due to an ageing membership. In Coleraine, The Homes for the Aged Ladies Auxiliary has donated shower chairs and replacement curtains for Mackie House. The Hospital Ladies Auxiliary donated three televisions, a mobile hair dryer, and two resuscitation manikins.

WDHS is extremely appreciative of the excellent contribution put forward by these hard working auxiliaries and community groups.

Glossary



Dr Neville Wulff was eager to use the new state-of-the-art x-ray machine at Coleraine District Health Service.

Glossary of terms

Accreditation	Recognition from ACHS for meeting designated standards
Accountability	Being held responsible
ACHS	Australian Council on Healthcare Standards
Adverse event	An incident in which harm results to a person receiving healthcare
CALD	Culturally and Linguistically Diverse
Clinical Governance	Accountability framework for quality of services and standards attainment
Complaint	Any expression of dissatisfaction
Consumer	A user of a service
COPD	Chronic Obstructive Pulmonary Disease
Credentialling	The process of confirming a person's suitability to provide a defined service
DHS	Department of Human Services
Incident	Any event that results in, or has the potential to result in harm, loss or damage
LAOS	Limited Adverse Occurrence Screening
O & G	Obstetrician & Gynaecologist
Morbidity	Relating to disease / illness
PUPPS	Pressure Ulcer Point Prevalence Study
PMHT	Primary Mental Health Team
Quality of Health Care	The extent to which a healthcare service or product produces a desired outcome
RMO	Resident Medical Officer
RN Div 1	Registered Nurse – Division 1
RN Div 2	Registered Nurse – Division 2
ROAST	Rural Organisation of Acute Stroke Teams
Pulmonary Embolus	A blockage of the blood vessel to the lungs, caused usually by a blood clot
Risk Management	The culture, processes and structures directed towards effective management of risks
Safety	A state in which risk has been reduced to an acceptable level
Sentinel event	An incident that results in actual serious harm or death
SFF	Sustainable Farming Families
Triage	Sorting according to urgency; prioritising
VICNISS	Victorian Infection Control Nosocomial Surveillance Study
VPSM	Victorian Patient Satisfaction Monitor
WDHS	Western District Health Service

Rights and responsibilities

What are your rights?

Charter of Patient Rights

The Department of Human Services has a Patient Charter for Public Hospitals to inform patients of their rights. This has been adopted by WDHS. Additional specific charters have also been developed for Aged Care and Community Health Services. These rights include:

- you have the right to treatment based on medical need regardless of your ability to pay or your health insurance status
- to choose whether you wish to have treatment as a public or private patient
- to receive treatment and care in a safe environment
- if necessary, to have access to an accredited interpreter
- to have services provided in a culturally sensitive way
- to participate in making decisions about your treatment and care
- to participate and receive information about your discharge
- to be given information about which staff will provide your care and, if you wish, a second medical opinion
- to have access to your health records and confidentiality for your personal information
- to receive treatment with respect, dignity and consideration of your privacy
- to have the opportunity to discuss any questions or complaints you may have concerning your stay in hospital
- to make a complaint to an independent complaints organisation
- to have access to information on steps the hospital takes to improve the quality of care

What are your responsibilities?

To work with the treating team by providing relevant information about your health and circumstances that may influence your treatment, recovery or stay in hospital.



WDHS aged care services provide excellent care to its residents. Pictured is Ian Batten, a resident of The Birches, enjoying a relaxed moment with Division 2 Nurse Michelle Woolley.

Contacts

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Privacy Issues:

Director of Medical Services

Phone: (03) 5551 8378

Health Commissioner's Office:

**Free Call: 1800 136066 or
(03) 8601 5200**

Fax: (03) 8601 5219

Email: hsc@dhs.vic.gov.au

Advocacy Issues:

Office of the Public Advocate

**Freew Call: 1800 136 829 or -
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Frances Hewett Community Centre

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