

Western District Health Service



QUALITY OF CARE REPORT

2007

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DHS*

Quality of care report 2007

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Improving hand hygiene is an effective way of reducing hospital acquired infections. Through participation in the Victorian Quality Council's project, WDHS has introduced the recommended alcohol-based hand decontamination solution as an alternative to soap and water. Within 12 months we have made significant improvements in hand hygiene compliance due to staff education, promotion, auditing and increased accessibility to hand hygiene products. Hand hygiene will continue to be of major importance.

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

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.



Western District Health Service has 170 residential aged care beds. Four of our aged care facilities achieved reaccreditation this year, and each of our six facilities participated in announced visits by auditors and achieved a successful outcome in each instance.

ABOVE: Jennifer Kearney, unit manager The Birches, Gillian Jenkins, manager Aged Care Services and Cindy Godfrey unit manager The Grange ensure high quality care for our elderly.

Contacts

Complaints:

First Contact -

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Director of Medical Services

Ph: (03) 5551 8378

Privacy Issues:

Director of Medical Services

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Health Commissioner's Office:

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

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Advocacy Issues:

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Foreword

On behalf of the Board of Directors of Western District Health Service we are proud to present you with our 2007 Quality of Care Report.

This report has been prepared following wide consultation and input from all areas of our organisation, and has included our Community Advisory Committee, carers' support groups and numerous program co-ordinators such as Chronic Disease Management, Infection Control, Aged Care Management and Youth Services.

In preparation of the report we have acknowledged the valuable feedback provided by individual readers and the feedback provided by the Department of Human Service's Quality of Care Report Assessment Panel.

Why a Quality of Care Report?

It is important to Western District Health Service that the community has confidence in, and is satisfied with the care and services that are provided. A way for us to promote that confidence is to provide the community with the information required that demonstrates the systems we have put in place to ensure we provide the safest and highest possible quality of care.

We do this through annual publication of the Quality of Care Report.

What happened with the last Quality of Care Report?

In 2006 we focused on further expanding distribution and improving access to the Quality of Care report. In addition to other health care organisations in the region, copies of the 2006 Quality of Care Report were made available in waiting areas of medical clinics, community organisations, advisory committees and the local library. Electronic access to the Report is available on our website at www.wdhs.net

The Quality of Care report was launched with a display in the hospital and was publicised through the Hamilton Spectator and our community newsletter "Western Wellbeing".

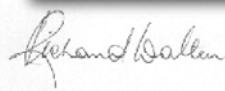
Evaluation

The success of our advertising and distribution methods was evident by the increased demand for copies of the report and increased feedback from readers. An evaluation form was used to gain feedback from individual community members, community focus groups, staff members and the Community Advisory Committee. Together with the feedback provided by the Department of Human Service's Assessment Panel, our 2007 Quality of Care Report has aimed to:

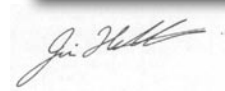
- Increase information on initiatives to improve practice
- Ensure clear definitions
- Broaden the scope of the Report
- Increase information regarding our diverse community

The Community Advisory Committee has suggested ways we could even further increase feedback from readers. Our 2007 Quality of Care Report includes a revised evaluation form, including a Reply Paid service.

We welcome you to the Western District Health Service 2007 Quality of Care Report.



Richard Walter AM
President



Jim Fletcher
Chief Executive Officer

About our services

Western District Health Service (WDHS) is based in Hamilton, Coleraine, Penshurst and Merino in the Southern Grampians Shire in western Victoria. WDHS incorporates Frances Hewett Community Centre, Grange Residential Care Service, Hamilton Base Hospital, Coleraine and 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.

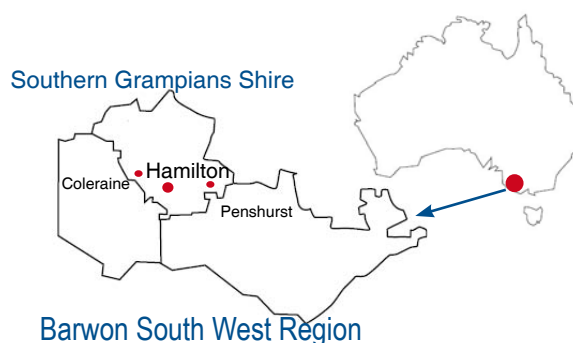
Southern Grampians Shire is located in the centre of Victoria's Western District. It is home to 17,000 people, with more than 10,000 living in Hamilton. The remainder are serviced by smaller townships and farming communities.

A look at our past, present and future...

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

Hamilton Base Hospital and Benevolent Asylum was established in 1862. There was a major acute hospital refurbishment 11 years ago, and the redevelopment of allied health, extended care and education facilities seven years ago. The HBH site is the location for The Birches extended care facility, which 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.



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 next to HBH.

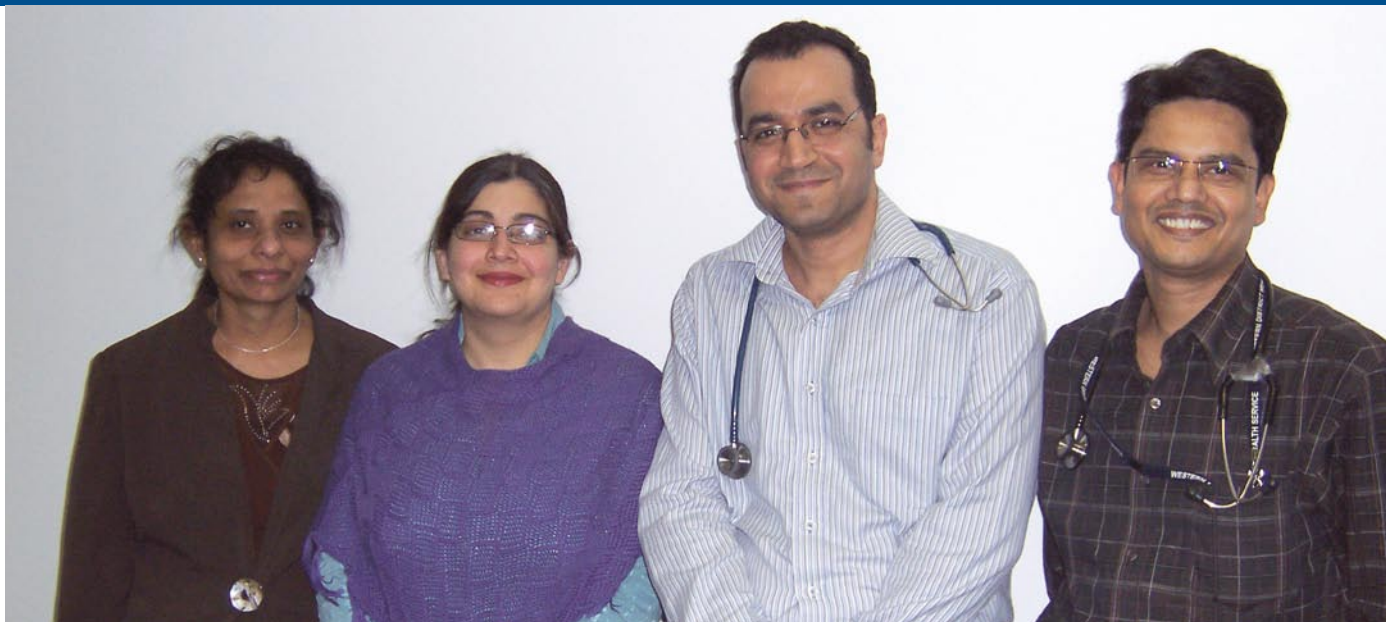
The Grange was built as a private hospital in 1927 and became an aged care hostel in 1956. A redevelopment was completed in 2002 and it provides 45 beds of modern, high and low-level aged care accommodation and 30 Community Aged Care Packages.

YouthBiz was established in 1997 by Southern Grampians Community Health Services Inc, which amalgamated with HBH 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.

The next few years will see further facility redevelopments at Merino, Grange, Coleraine and Penshurst.

Where our patients come from	2005-06		2006-07	
Locality	Admissions	Percentage	Admissions	Percentage
Hamilton City	3,297	48.20	3,266	47.66
Southern Grampians	1,743	25.48	1,567	22.87
Glenelg Shire	705	10.31	930	13.57
South Australia	250	3.65	279	4.07
Moyne Shire	172	2.51	155	2.26
Horsham Rural City	120	1.75	172	2.51
West Wimmera	98	1.43	89	1.30
Ararat Rural City	91	1.33	59	0.86
Warrnambool	79	1.15	65	0.95
Hindmarsh Shire	76	1.11	93	1.36
Melbourne Metro	48	0.70	52	0.76
Interstate (excl SA)	23	0.34	15	0.22
Greater Geelong	19	0.28	18	0.26
Corangamite Shire	16	0.23	15	0.22
Yarriambiack Shire	15	0.22	20	0.29
Northern Grampians	12	0.18	5	0.07
Other	76	1.11	52	0.76
	6,940	100.00	6,852	100.00
TOTAL Sth Grampians	5,040	73.68	4,833	70.53

Needs of our community



Our International Medical Graduates Dr Niranjani (Jenny) Harindran, Dr Nadia Iftikhar, Dr Mohamed Mosa and Dr Mahfuz Chowdhury.

Cultural Diversity

Our Culturally and Linguistically Diverse (CALD) working group meets on a regular basis to ensure that we continue to meet the particular cultural needs of our community. The activities of this group focus around a Cultural Diversity Plan which maps action to be taken to ensure we are meeting cultural needs. Some of the action taken has included staff training and increased access to interpreter services.

In 2006 our Cultural Diversity Plan was submitted to the Department of Human Services which rated it as being excellent. The Plan covered a period of three years and is due to be rewritten in the coming year.

Sexual Diversity

As a way of trying to reduce barriers to health care for people of diverse sexualities and gender we initially conducted a Sexual Diversity Audit. This audit identified the need to address any discrimination issues and to encourage open communication.

In response, we have made a brochure available to our staff and clients which provides excellent advice and location of further information. In addition, the organisation's Equal Opportunity Policy has been revised to include reference to equal treatment of employees regardless of any lawful sexual diversity.

International Medical Graduates

Employment of our International Medical Graduates (IMG) brings a range of exciting cultures to the Hamilton Community. To help meet the needs of our IMGs, the CALD working group has met with them to identify ways that would help understand each others cultures.

Some of the needs of our IMG include assistance with the Australian slang. Terms like "feeling crook", "g'day mate" and "king hit" can be confusing! The needs of our IMGs will be the focus for the CALD working group in the coming year.

Disability Awareness

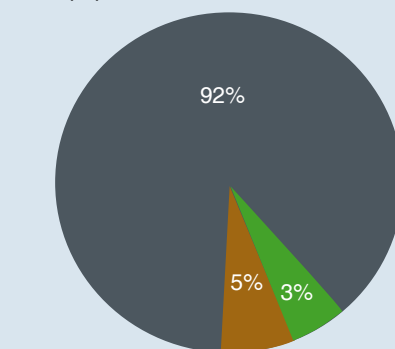
Early this year we assisted in the development of an education program aimed at increasing awareness about the needs of people with a disability. Under the guidance of a Project Worker, trainers from Wimmera Advocacy Connections were used to prepare and present modules to WDHS staff. Modules focused on the needs of those with a disability requiring admission to an acute health care facility.

To enable the modules to be appropriate for the health care industry and training institutions, feedback from participants was sought and modules modified accordingly.

The outcome of this project has been widely acknowledge for its focus on consumer participation. Conference papers were presented in Melbourne and Vancouver, Canada.

People in our community with a disability

Shire population total: 16,637



■ Not needing assistance
■ Needing assistance
■ Not stated

Clinical governance

What is Clinical Governance?

Clinical Governance refers to the structure that 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 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 Quality Improvement Coordinating Committee.



Board members: Back - Jenny Hutton, Peter Irvin, Elizabeth Lawrence, Ron Jones.

Front - Hugh Macdonald, Mary-Ann Brown, Richard Walter.



Quality Improvement Co-ordinating Committee

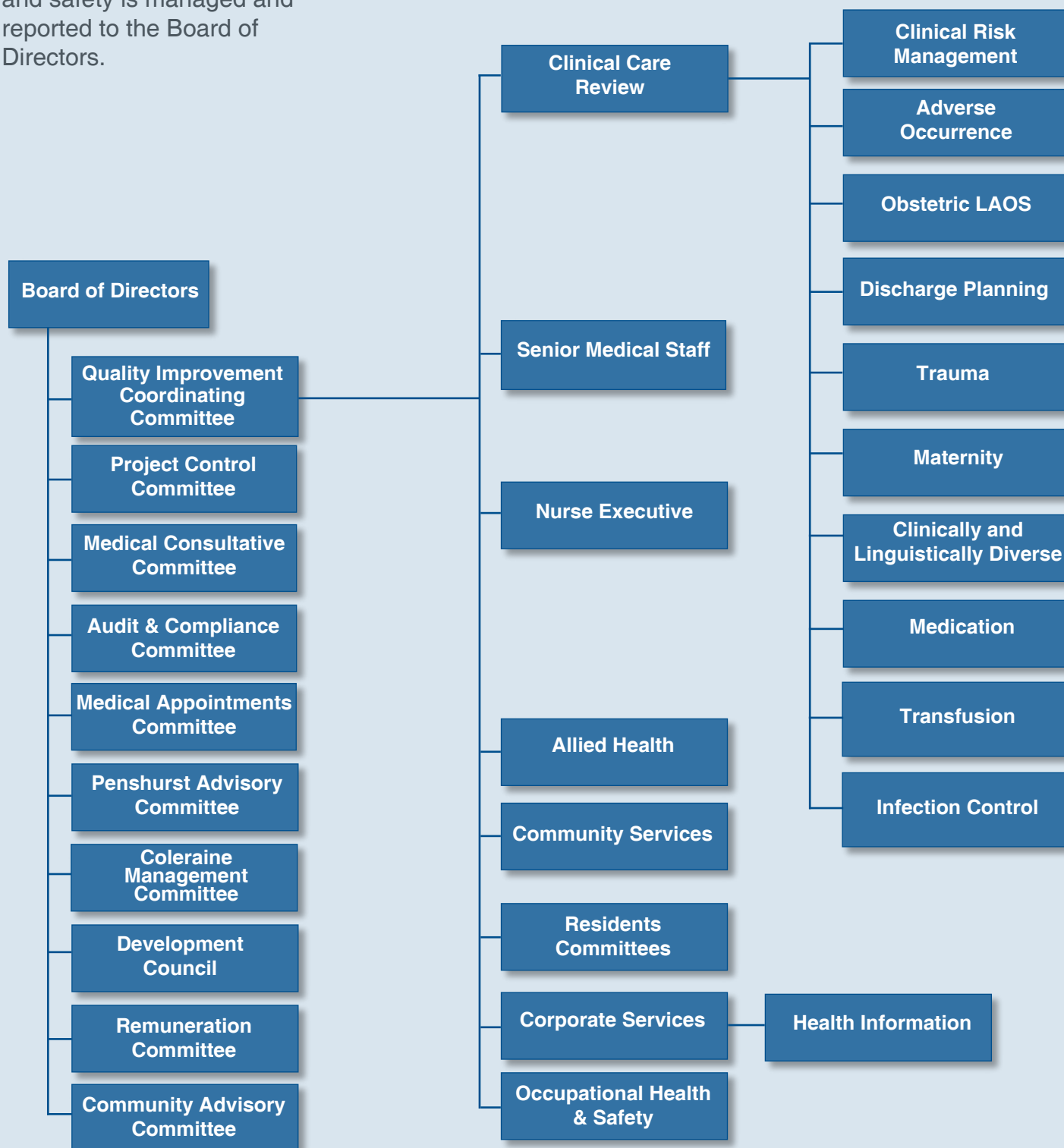
The purpose of the Quality Improvement Co-ordinating Committee is to provide a formal mechanism for monitoring, reviewing and co-ordinating the quality of care and service provided by the organisation. Membership of this Committee comprises representation from the Board of Directors, Executive Management, the Quality Manager, Department Heads and a community representative.

In monitoring the quality of care, the Quality Improvement Co-ordinating Committee receives reports relating to patient feedback (for example, complaints, compliments, or suggestions for improvement), adverse incidents, compliance with healthcare standards and activities of other organisational committees.

This is demonstrated through the committee structure depicted on the opposite page.

Committee structure:

This demonstrates how quality and safety is managed and reported to the Board of Directors.



Quality and safety

Of utmost importance to us and our clients is ensuring that we provide the highest possible quality of care and service.

This means that our focus needs to be on safety and risk management.



Our Quality Plan brings all these systems and processes together, some of which are described for you in the following pages.

External Reviews

Australian Council on Healthcare Standards

Like many other organisations, WDHS is required to maintain compliance with standards established by the Australian Council on Healthcare Standards (ACHS). Standards cover the broad functions of the organisation and include areas such as staff competency, quality of patient care, emergency procedures and risk management.

Due to amalgamation with Coleraine District Health Service the organisation was required to undergo an Alignment Survey to maintain ACHS accreditation.

The Alignment Survey was conducted in May 2007 during which time a team of surveyors visited the organisation to determine our level of compliance with standards within EQIP 4 (Evaluation and Quality Improvement Program). Results were most favourable with our accreditation status until 2009 being maintained.

During survey time we welcomed suggestions from surveyors on how we could make further improvements. In the coming year we will implement each of those suggestions which include documentation of consent for procedures, falls prevention and storage of flammable goods.

Aged Care Standards and Accreditation

Maintaining accreditation of our residential aged care facilities is vital to ensure quality and safety for our residents. More detail on this is provided on page 18.

Also, a full report of each facility is available for you to read by logging onto the Aged Care Standards and Accreditation Agency website at: <http://www.accreditation.org.au>

External Risk Assessments

On a regular basis we invite external agencies to assess WDHS for any risks that have the potential to harm staff, patients, community members or the organisation.

Once the risk assessment has been conducted we are able to respond to recommendations so that the risk of harm is minimised.

Some of the risk assessments that were undertaken include:

- Occupational Health and Safety
- Fire Safety
- Security
- Site Risk Surveys

VMIA Site Risk Survey

In early 2006 the Victorian Managed Insurance Authority conducted a Site Risk Survey. A report was prepared comprising 15 recommendations for risk reduction strategies.

In response, we prepared a Risk Treatment Action Plan and through the past year have implemented recommendations including:

- Introduction of Hot Work Permits
- Installation of an automatic gas shut off valve
- Introduction of scanning devices for electrical equipment

Organisational Risk Assessment

In June 2007, we participated in an organisational risk assessment. Under the guidance of consulting firm Deloitte, we identified a range of risks to the organisation. Some of the risks identified related to human resource management, financial management and legislative compliance.

Throughout the coming year we will be focusing on strategies to minimise those risks to the organisation.

Risk Register

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, Western District Health Service continually examines potential risks to safety and implements appropriate measures accordingly.

A Risk Register has been established to document potential risks and to identify the action that has been put in place to minimise incidents from occurring.

Strategies that have been implemented include security measures, staff training, new equipment and revised policies and procedures. As new risks are identified, additions are made to the Risk Register and appropriate action implemented.

RiskMan

Throughout the year there has been strong consolidation of the organisation's incident reporting system, with the implementation of RiskMan. Demonstrated benefits include increased reporting, timely notification, management of incidents and improved data analysis.

RiskMan is also now being used for the reporting and management of all patient compliments and complaints. This has enabled reports to be generated for individual departments, committees and external bodies as required.

Adverse Events

An adverse event can be defined as being:

“An event or circumstance which could have or did lead to unintended harm and/or unnecessary harm to a person”

The greatest number of adverse events that are reported fall into the following four main categories:

- Falls
- Medication related errors
- Skin tears and
- Pressure areas

Predominantly, falls and skin tears occur in our aged care facilities and relate to the frailty of the residents, with medication errors and pressure areas occurring in both acute and aged care areas.

These issues are a prime focus of our clinical risk management program. Strategies introduced in an effort to minimise incidents include a falls management program, a skin tear risk assessment tool and purchase of various additional pressure relieving devices. In addition, errors relating to the signing of medication charts have been significantly reduced through the introduction of double checking procedures at change of shift times.

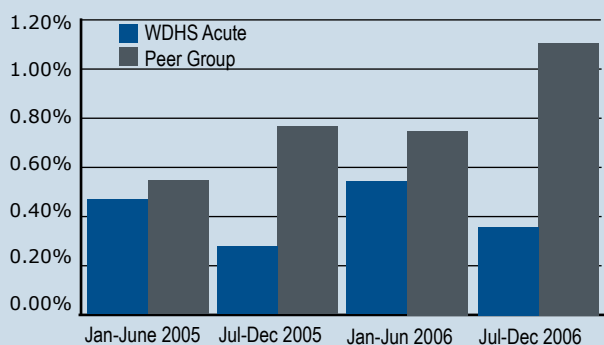
Our staff are encouraged to report all adverse events, and while this can indicate an increase in the number of incidents, improved reporting greatly assists the introduction of appropriate preventative measures.

Falls Management

A falls risk assessment screening program has been implemented since 2000. This program aims to assess patients and residents to determine the likelihood of them having a fall. If that risk is identified then a range of preventative measures are put into place.

Information about our falls is submitted to the Australian Council on Healthcare Standards so that we can compare our performance with other similar hospitals, or our “peer group”. To enable fair comparison, the figures provided are a percentage of the hospitals bed days. For example a patient who is in hospital for a week uses 7 bed days.

Our rate of falls compared to other similar-sized hospitals



The graph provided shows us that our number of falls has decreased and that we have been consistently lower than the rate for other similar hospitals.



Betty Steer practises a standing balance task with physiotherapist Kat Habel as part of the new Falls and Balance program.

Another important aspect of falls management is balancing the rights of patients to their independence but, on the other hand, managing their risk of falling. With this in mind we use measures such as hip protectors to minimise the risk of harm should a patient fall.

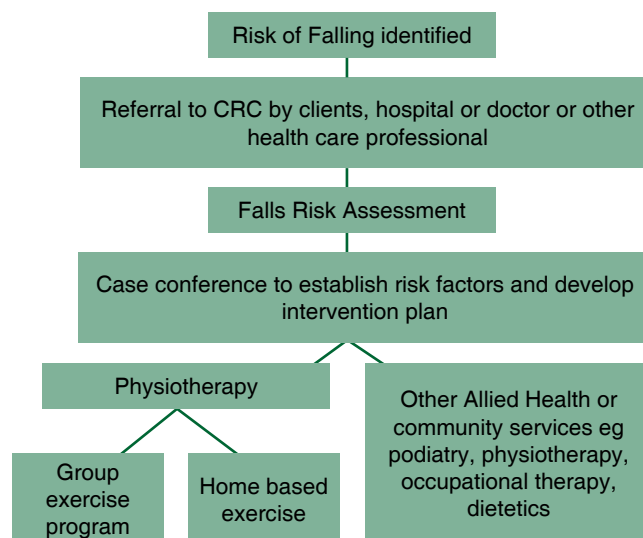
During the past year a total of 577 falls were reported. Of those 553 patients/residents sustained either minor or no injuries. The remaining 24 falls resulted in major or moderate injuries such as lacerations

or bruising. Of those, seven patients/residents unfortunately sustained a fracture.

Falls Risk in the Community

Our Community Rehabilitation Centre (CRC) provides a program as a way of attempting to prevent our community members from falling, or at least minimise the likelihood of harm should a fall occur.

When a client is referred to the CRC program, a Falls Risk Assessment is conducted, risk factors are identified and an intervention plan is put into place. This plan includes an exercise program that can be done at home or in the CRC.



This program is still in the early stages. An audit of documentation demonstrates that only 9% of acute patients seen by a physiotherapist were referred to the Community Rehabilitation Centre. We will be focusing on improvements in this area in the coming year.

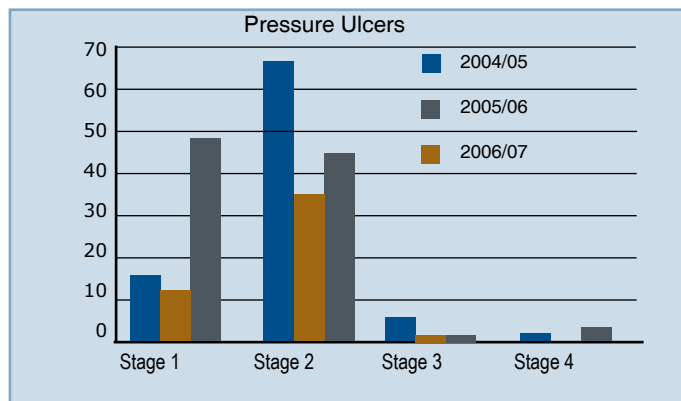
Quality and safety

Pressure Ulcers

There has been a growing concern regarding the prevalence and incidence of pressure ulcers in Australian healthcare facilities. In addition to the added cost to healthcare facilities, pressure ulcers can impact significantly on a patient's length of hospital stay and quality of life.

In the past staff have not been aware of the value of reporting early signs of pressure ulcer development (Stage 1).

Through introduction of a new incident reporting system and staff education, reporting has been excellent. This allows us the opportunity to implement measures to prevent a pressure ulcer from developing through to more serious stages.



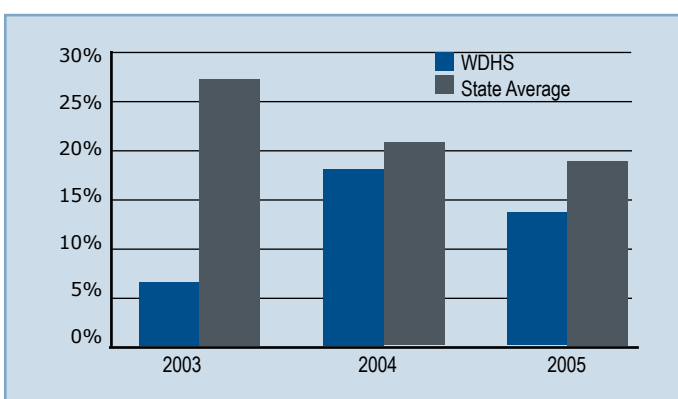
Pressure Ulcer Point Prevalence Survey (PUPPS)

Since 2003, Western District Health Service has participated in three statewide PUPPS surveys and in each instance has scored below the State average. Results of the 2006 audit ranked WDHS – Hamilton campus as Number One out of 21 facilities!

These results are reflective of the many initiatives the organisation has introduced to minimise the risk of pressure ulcers.

These include risk assessment, monitoring of incidence, extensive staff education and a competency program.

	2003	2004	2006
State average	26.50%	20.80%	17.60%
WDHS	6.70%	18.20%	13.70%



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

Clinical Record Review

Regular review of patients' medical records is one of the many ways we measure quality of care. Through this we are able to identify areas where patient care could have been better and prompts implementation of risk management strategies.

During the past year in excess of 380 medical records underwent the scrutiny of the Director of Medical Services or an independent Visiting Medical Officer.

Of those, 28 records were discussed by the Limited Adverse Occurrence Screening (LAOS) Workgroup comprising a team of doctors and the Quality Manager.

Clinical record review from time to time prompts the implementation of changes aimed to improve safety and quality of care. During the year there have been changes that have included the management of chest pain, hip fractures and children under two years old in the Emergency Department.

LAOS

LAOS stands for "Limited Adverse Occurrence Screening" and is a method we use to identify clinical records that need more detailed review. It is not possible to examine every clinical record so we use particular "indicators" which flag the need for a review of specific records.

Those indicators include:

- Unplanned readmission within 28 days
- Transfer to another acute care facility
- Transfer to Intensive Care
- Cardiac arrest

Our Coleraine and Penshurst campuses participate in LAOS programs run by the Divisions of General Practice. Similarly, indicators are used and those clinical records are sent anonymously to an independent reviewer for evaluation.

On a regular basis the Divisions of General Practice publish recommendations from their clinical record reviews and we are able to use them to evaluate our current practice.

Some of the recommendations we have discussed in terms of local implementation are:

- Management of chest pain
- Use of specific medications
- Not for resuscitation orders

Stop the Clot!

For several years we have been aware of the need to implement practices to prevent the risk of patients developing clots (usually in their legs or lungs). In the medical field these clots are known as Venous Thromboemboli, or VTE and they can have serious consequences, even death, for patients.

Guidelines had been drawn up to assist doctors in prescribing medication for those patients identified as being at risk of developing a clot. This medication is called anticoagulation.

In addition, these guidelines helped to identify those patients for whom compression stockings were recommended.

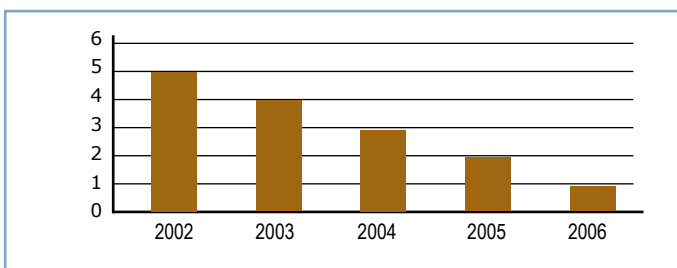
In 2006 the Victorian Quality Council launched a statewide project which enabled us to share resources with other hospitals and to monitor any improvements we have been able to make.

The VQC project included development of patient information literature called "STOP THE CLOT".

Some of the strategies we have put into place to minimise the risk of clots have been:

- Staff education
- Risk Assessment documentation
- Venous Thromboembolism prevention guidelines

Number of blood clots



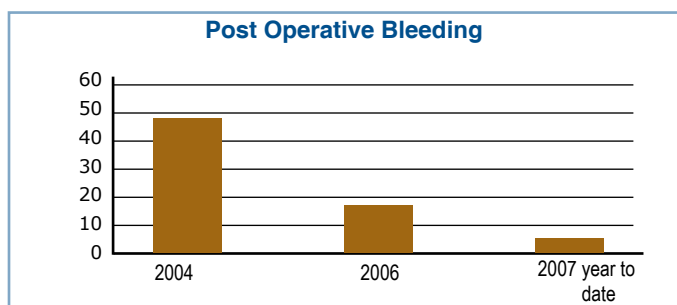
The results have been very pleasing, with data clearly demonstrating the effect our VTE Prevention Program has had.

Post Operative Bleeding

We were concerned that with the increased use of anticoagulation therapy to prevent clots, we would get an increase in the number of patients who bled following their surgery. As a precaution we have changed the administration times of the anticoagulation so that, for many patients, therapy commences immediately after their surgery.

In addition, we regularly monitor the incidence of post operative bleeding to see if we can see a correlation between the anticoagulation and bleeding. To date, this has not been validated, however monitoring will continue.

Post Operative Bleeding

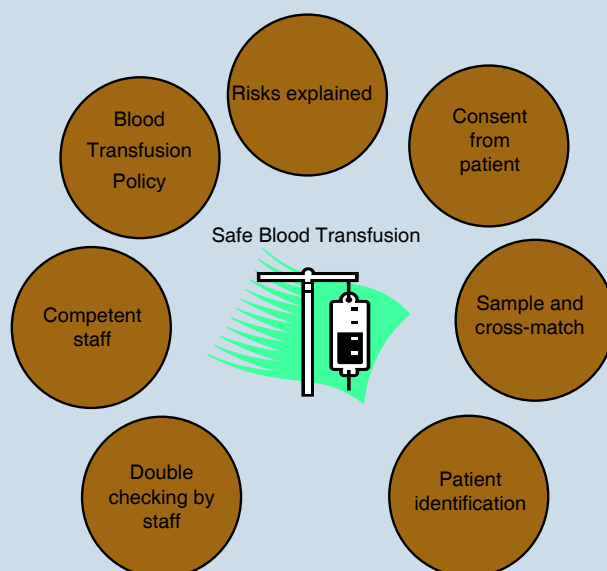


Compression stockings used pre and post operatively are another method used to minimise the risk of blood clots.

Safe Blood Transfusions

The administration of blood transfusions carries many potential risks for patients. We need to make sure that all strategies are in place to ensure the safest possible blood transfusion.

Over the past year the focus has been on assessing the competency of nurses with regard to blood transfusion. To date 94% of our nursing staff have successfully completed the competency assessment



Quality and safety

ROAST

In 2005 we joined with nine other hospitals to participate in a project entitled Rural Organisation of Acute Stroke Teams (ROAST).

The project involves collection of data and the implementation of best practice in the management of patients who have had a stroke.

The chart below shows care of patients who have had a stroke from admission to community care.

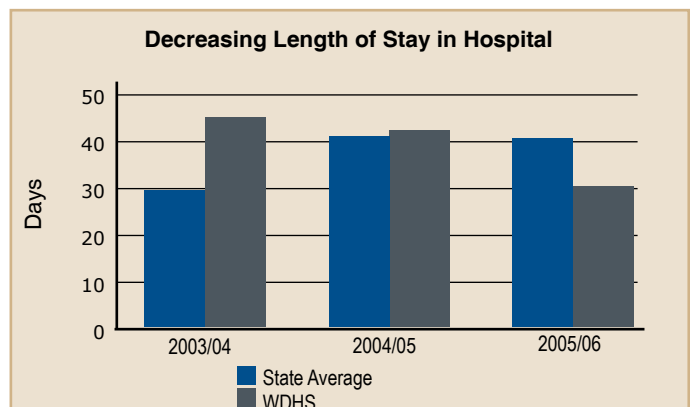
1 In the Emergency Department	➔	Immediate triage Diagnosis Blood tests Observations Physician referral Stabilisation Stroke liaison person Brain scan
2 In the ward	➔	Referral to allied health professionals including physiotherapy, speech pathology, dietician, occupational therapist and social worker. Family meetings to answer your questions and plan care
3 Rehabilitation	➔	When medically stable patients are transferred to the rehabilitation unit on the Medical Ward. Rehabilitation is based on goals set by the patient. Assessments are done to see how well patients can undertake tasks such as dressing, showering or driving.
4 Discharge Planning	➔	Planning for discharge commences from time of admission. Patient is educated on how to prevent another stroke. Follow up appointments with the GP.
5 At home	➔	Links with community services including meals on wheels, home help and district nursing service. Participate in the Stroke Support Group and the Carers Support Group.
6 Community Rehabilitation	➔	Day Centre Physiotherapy Occupational Therapy

This project is supported by the Royal Australasian College of Physicians, The Australasian Stroke Unit network and The National Stroke Foundation.

We have been able to demonstrate considerable improvements in relation to the management of those patients who have had a stroke, including decreasing the length of hospital stay.



The Rehabilitation team at Western District Health Service



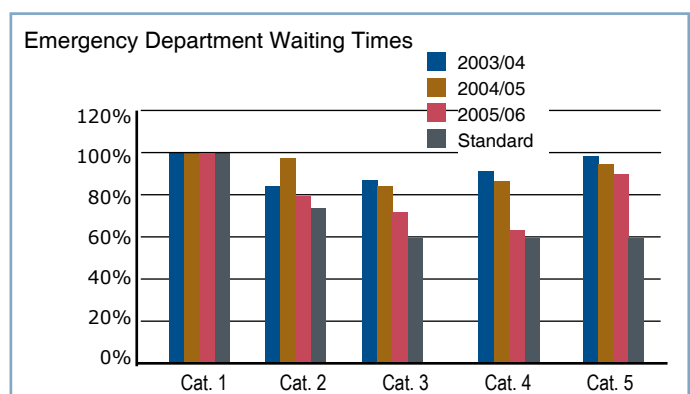
Emergency Department

Emergency departments can become very busy at times. It is important therefore that we ensure that those patients with urgent medical needs are given priority. We call this system of prioritising "triage".

As patients present to the Emergency Department their medical condition is assessed and they are assigned a triage category, with Category 1 being the most urgent.

Through submitting waiting time data to the Department of Human Services we are able to see if we are seeing patients according to national standards.

It is pleasing to report that WDHS exceeds requirements throughout all categories.



Medical Emergency Teams

Through a review of several clinical incidents during the year we identified the need to put a formal management system in place. A Medical Emergency Team (MET) was established to ensure that those patients whose condition is rapidly deteriorating are quickly and appropriately managed.

Signs such as extremes in blood pressure, pulse, respirations or conscious state trigger a MET Call alert. A designated team of medical and surgical staff are required to attend the patient within 5-10 minutes.

Evaluation of the MET Call was undertaken after the first three months, demonstrating excellent outcomes for patients. Since its introduction we have had 10 instances of a MET Call, all with favourable outcomes.

Correct Patient, Correct Procedure, Correct Site!

We are constantly aware of the risks associated with surgery which include procedures being performed on the wrong patient or even the wrong procedure being performed. This year we introduced additional precautionary measures to ensure that all our patients receive the procedure they came in for!

In February 2007, the Time Out Policy was endorsed by our Clinical Care Review Committee. This adds to a long list of strategies we have in place to ensure you are safe when you come to hospital for surgery. These include:

- Review of your consent for surgery documentation
- Confirming details with you
- Checking your identification
- Applying an identification band
- Checking the identification band throughout transfer into theatre
- 'Time Out'



Time Out has been introduced in Theatre - a deliberate pause prior to an operation when all details are checked once again.

Time out is a deliberate pause prior to an operation commencing, when all details are checked once again - patient's name, type of procedure, site of procedure and, where appropriate, that the correct prosthesis is available.

Effective systems have ensured that risks are low. To date, we have had no instances of incorrect patient identification.

Managing Pain

We have many measures in place to ensure that we effectively and efficiently manage our patients' pain.

In December 2006 we did an audit to measure our compliance with best practice in pain management. Results of that audit demonstrated good performance in all aspects related to pain assessment and timely administration of pain.

The audit also demonstrated however, that we need to improve our pain management documentation in relation to the effectiveness of pain relief.

This aspect is to be addressed by the Clinical Risk Management Workgroup who are also in the process of implementing initiatives including pain management pamphlets and a pain assessment tool that can be used for patients who are unable to communicate their needs verbally.

Results of our Victorian Patient Satisfaction Monitor survey revealed that 97% of our patients were satisfied with our pain management.

Midwifery Model of Care

The Midwifery Model of Care commenced in March 2006. The Model offers low-risk women the choice of additional support during their pregnancy, labour, birth and postnatal experience. This model of care provides an opportunity for women to become familiar with the midwives who will assist with their care during their pregnancy and birth.

Of the 219 deliveries this year, 35 mothers have chosen the Midwifery Model of Care. WDHS has received funding from DHS to support the program for a further 12 months.

Ways we ensure a safe, high quality service is through a risk screening process, staff education, policies and procedures, client feedback and measures of outcomes of care.

Some of the outcome measures we use are:

- Readmission rates
- Breast feeding statistics
- Client satisfaction



Quality and safety

Virtual Services

The purchase and installation of slit lamp technology has improved access to specialist ophthalmologists at the Royal Eye and Ear Hospital in Melbourne.

This technology enables a specialist to assess eye injuries or conditions remotely and initiate treatment as required.

The service is available 24 hours per day, minimising the length of time patients need to wait before assessment or the need to travel to Melbourne.

A generous donation from Mr Bob Henderson facilitated the purchase of a slit lamp to establish video microscope link-up with the Eye and Ear Hospital for our Emergency Department, to obtain specialist around the clock advice on eye injuries. Medical Unit manager Betty Joosen put forward the proposal, and while the protocols with the Eye and Ear Hospital are in place, work continues on establishing the link. RMO Mohamed Mosa demonstrated the technology to Bob Henderson under the watchful eye of CEO Jim Fletcher and Betty Joosen.



Major Incidents

Despite all the risk management strategies that are in place, on very rare occasions a major incident occurs that leads to unintended serious harm. These major incidents are called 'sentinel events'.

When a sentinel event occurs, we undertake a rigorous investigation in order to determine what the contributing factors were and what needs to be put into place to prevent a similar incident happening in the future.

Reports are forwarded to the Department of Human Services so that organisations may learn from each other.

Strategies we have put into place as a result of sentinel events include:

- Introduction of lock-out devices for electronic bed controls
- Review of clinical handover procedures
- Extension of patient/resident risk assessment processes.

Clinical Incident Review

Sometimes less serious incidents occur that still require thorough investigation. Two staff members participated in a training program titled "Root Cause Analysis – Module 4" and have since relayed the information back to 47 WDHS staff members.

It is expected that when serious incidents occur these people will have the skills to investigate causative factors and make recommendations to minimise risk of harm to patients/residents.

Clinical Indicators

On a 6-monthly basis, WDHS submits a range of data to a national database so that we can compare our performance against other similar organisations. Areas where we have compared favourably in comparison to other similar organisations include:

- Readmission
- Pressure areas
- Infection rates
- Patient falls
- Hospital in the Home

Submission of data to a national database also prompts us to review those areas where there may be opportunities for further improvement. Areas currently requiring further monitoring or evaluation include unplanned return to the operating room and some aspects of obstetric care.

Quality in Breast Care

Our Breast Cancer Support Service provides a valuable service to those in our community who have been diagnosed with breast cancer.

On referral to the service, clients are seen by an accredited Breast Care Nurse. Initial contact with the BCN may occur in the client's home, in hospital or in the Frances Hewett Community Centre.

At this point discussions include treatment options, support services, and resources available. An interpreter is made available as required. Referral may also be made to other external services such as the Andrew Love Centre in Geelong.

Ongoing support is provided throughout the process of care resulting in a high level of client satisfaction with our Breast Cancer Support Service.

Discharge Planning

To ensure smooth transition from hospital to home, planning for discharge commences prior to admission and is undertaken in consultation with our patients and/or family members in accord with the following flow chart.

Pre - admission	Commencing assessment of what your care needs will be after discharge Estimating your length of stay in hospital
On admission	Continued assessment of care needs at home: <ul style="list-style-type: none"> Likelihood of self care problems? Living alone or isolated? Caring responsibility for others?
During admission	Referral to services who will help you at home: <ul style="list-style-type: none"> District Nursing Home Help Meals on Wheels
Prior to discharge	24 hours notice of discharge Transport options Discharge medications & patient information Post discharge appointments with your doctor Discharge instructions Discharge prior to 11am
After discharge	Provision of services Evaluation of quality of services Patient satisfaction Post-discharge phone calls

Great outcomes for our patients!

The effectiveness of our discharge planning process is demonstrated by a high level of patient satisfaction.

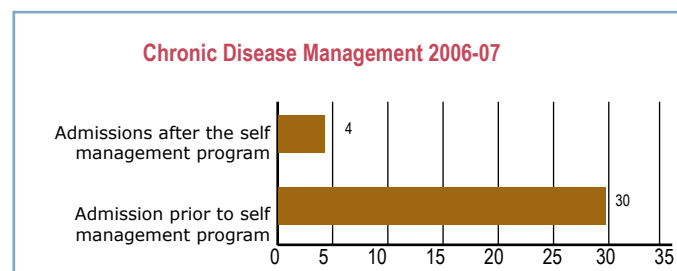
- 80% of patients believed their Post Acute Care needs were met all the time, while another 14% said needs were met most of the time
- 85% were satisfied with discharge and follow-up (Victorian Patient Satisfaction Monitor)

Chronic Disease Management

Over the past year WDHS has continued to enhance its chronic disease management programs to help care for those in our community with conditions such as asthma, emphysema and chronic heart failure.

Some of the developments have included:

- Consolidation of the self management programs
- Strengthening of community support groups
- Establishment of the Hospital Admission Risk Program (HARP)



This chart demonstrates how successful completion of the chronic disease self management programs has greatly reduced the need for admission to hospital.

HARP

HARP was established as a government initiative in response to a rise in chronic and complex illness. It focuses on improving the management of people with chronic diseases and complex needs who are at risk of hospitalisation.

In 2006, WDHS received funding to enable participation in the program and it is anticipated that through individual care co-ordination and increased community based programs, positive outcomes will include:

- Reduced readmission to hospital
- Less days in hospital
- Reduced Emergency Department presentation

The Hospital Admission Risk Program team was established this year. Robyn Beaton, Sarah Headlam and project team leader Megan McLeish focus on improving the management of people with chronic diseases and complex needs who are at risk of hospitalisation.



Infection control



Infection control consultant Lesley Stewart explains the importance of the Autoclave Steriliser to the Health Service and the region, to Top of the Town committee members, who are running a Charity Ball to raise the \$107,000 required for a new Steriliser.

Sterilisation

The infection control department has been involved in promoting the Top of the Town event to raise the \$107,000 required to replace our ageing steriliser.

Our CSSD provides a sterilising service to all campuses in WDHS and numerous medical and allied health clinics.

Breakdown of this steriliser would have a considerable impact on the functioning ability of the hospital and the other clinics that currently use the service.

Regional Infection Control Program

WDHS continues to coordinate the regional program and provides a consultancy service to the facilities in the Southern Grampians /Glenelg region. As the lead agency in this region, we provide representation on the Rural Infection Control Practice Group.

This year, the major focus has been to develop a set of infection control audits tools.

The audit tools are shared with all facilities across the region and rural Victoria and allows each facility to identify and address areas of non compliance.

The audit results are used to improve processes internally at each facility. A computerised program to assist all rural facilities to benchmark their audit results with other facilities is near completion.

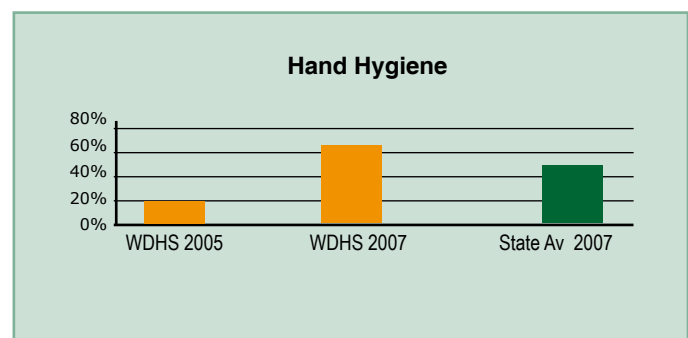
Fighting Hospital Superbugs

Because antibiotics have been over-prescribed for many, many years, we have had an evolution of "superbugs". These bugs are a major problem throughout the world and are spread mainly through the hands. Improving hand hygiene is therefore an effective way of reducing hospital acquired infections.

Through participation in the Victorian Quality Council's project we have introduced the recommended alcohol based hand decontamination solution as an alternative to soap and water. In addition, we conducted a series of audits to measure how well staff were accepting the new requirements.

Within the 12 month period we have made significant improvements in hand hygiene compliance due to staff education, promotion, auditing and increased accessibility to hand hygiene products.

Hand hygiene will continue to be of major importance.



Wound Infections

All patients who have major surgery are monitored for wound infection. As many patients are discharged well before an infection is identified, every surgical patient is monitored for up to 30 days post discharge.

We are one of the few hospitals in Victoria who do this as it relies on full commitment of surgeons and our Infection Control team.

Over the past year our infection rate was 1.8%. That is of the 1037 patients who had surgery, 19 developed an infection. This is well below what is considered acceptable given that, in the main, infections relate to high risk surgery such as bowel resections.

As another way of monitoring our infection rates we submit data to the Department of Human Services, under the VICNISS program. Latest data demonstrates our performance in this area as favourable.

Disinfection and Sterilisation Standards

An important aspect of infection control is maintaining compliance with Australian Standards AS 4187 – 2003 Sterilisation and Disinfection. As such WDHS participates in regular auditing which enables us to maximise compliance with these standards and, in addition, compare ourselves with organisations within other neighbouring regions.

Areas audited include cleaning and sterilisation of equipment, storage and handling of sterile items and management of sterilising equipment.

Results of our 2007 audit were favourable with a score of 98% compliance (3.4% above the state average of 94.6%).

Previous audits identified an area of non-compliance related to guidelines for new staff working in the Sterilising Department.

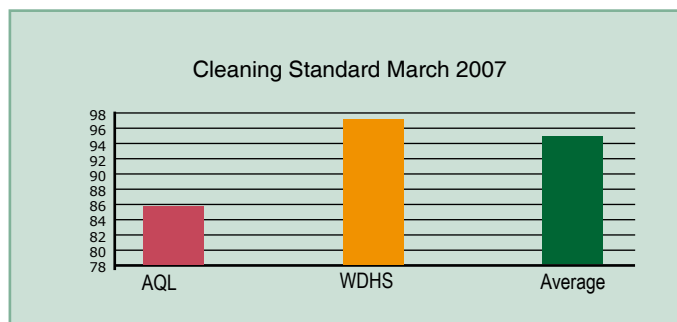
This has since been addressed with the introduction of an orientation program and competency assessments.

The Cleanest Hospital!

Cleanliness is recognised as important in minimising the risk of infection and maintaining patient satisfaction.

A company called Cogent Business Solutions was contracted to audit our hospital to determine compliance with Cleaning Standards for Victorian Public Hospitals.

Their report demonstrated very pleasing results with WDHS scoring well above the Acceptable Quality Level (AQL) and an overall score above the other 17 hospitals audited.



Antibiotic Guidelines

Risks to our health are associated with the increasing number of micro-organisms that are resistant to many antibiotics, making treatment of infections more difficult.

A way of reducing that risk is to ensure that the use of antibiotics are limited to recommendations published in the Therapeutic Antibiotic Guidelines.

These guidelines have been developed to promote appropriate prescribing practices and minimise the emergence of antibiotic resistance.

In recent years we have been checking the degree to which doctors are complying with appropriate prescribing of antibiotics.

Pleasingly antibiotic prescribing compliance has improved from 40% to 88% compliance.



Western District Health Service has achieved recertification as a Silver Waste Wise Organisation.

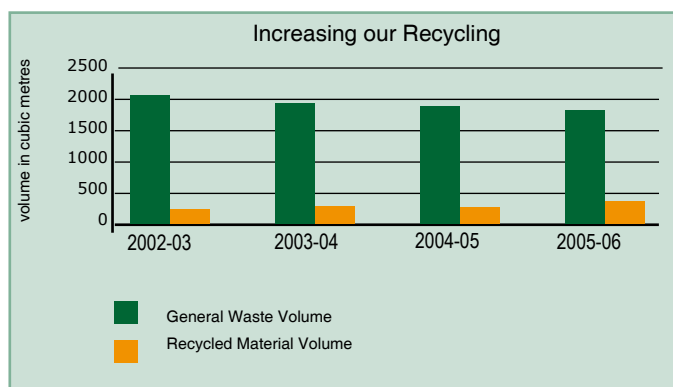
With the certificate are WDHS Director of Corporate Services Patrick Turnbull, WDHS Hotel Services Coordinator Norm Saligari, Waste Wise Group Regional Education Officer Cydoni Younie, WDHS Hotel Services Manager Peter Davies and Waste Wise Executive Officer Neil Povey.

Waste Wise

In recognition of environmental sustainability issues, our Waste Management Team has implemented several innovative measures to increase the level of recycled waste. Measures have included installation of a controlled filtration system and water re-use storage tanks and education of staff in relation to recycling initiatives.

In May 2007 Eco-Recycle Victoria awarded WDHS a Silver Award Accreditation – the first business in the South West Region of Victoria to receive this award!

This graph shows that through recycling we have reduced our waste volume by 150 cubic metres since 2002-03.



Involving our consumers

Who are our consumers?

“Consumers” is the word used to describe anyone who uses or may use our health services, so this 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.

Patient Feedback

Victorian Patient Satisfaction Survey

Each year the Department of Human Services conducts statewide patient satisfaction surveys to gain feedback on the quality of care in Victorian public hospitals. Results of this survey continue to show a high level of patient satisfaction with the service provided at Western District Health Service.

The most recent results for the period September 2006 to February 2007 demonstrate that our patients are highly satisfied with the services and care we provide. In fact, in every aspect, we are rated above all other similar sized hospitals.

Complaints/Suggestions

While it is disappointing to learn that at times we do not provide the quality of care of service that is expected, we view complaints or suggestion from our patients/ clients as valuable information. This is why we ensure that all patients are given information on how they can submit complaints or suggestions for improvement, to us.

In the main, we receive complaints via letter although we are happy to receive complaints in numerous other ways including:

- Speaking directly to the nurse-in-charge
- Writing to the Chief Executive Officer
- Meeting with the Quality Manager



Staff employment milestones are acknowledged annually. At the 2006 Penshurst Year in Review PDHS staff members Patricia Walker (5 years), Heather McKenry (10 years) and Pauline McLean (5 years) received badges.

- Contacting the Health Services Commissioner

In recent times we have accepted formal complaints lodged on our Customer Feedback Form and have included a pre-paid envelope to make everything easier.

Consideration is always sincerely given as to how or what changes should be introduced.

Some of the changes we have made as a result of complaints or suggestions include:

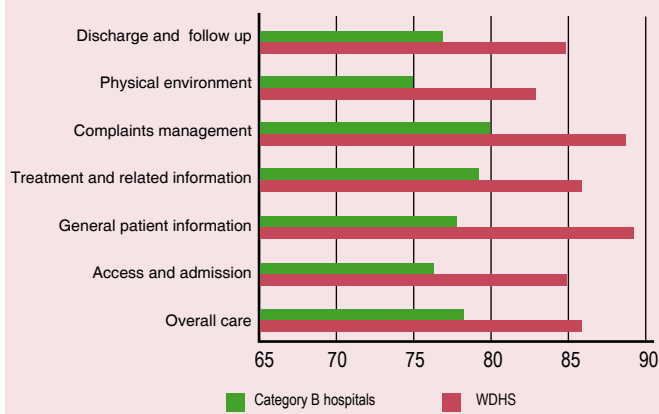
- Replacement of carpet
- Review of discharge planning
- Increased heating in the Pre-admissions waiting room
- Reduction of level of audible alarms at night
- Review of fees for outpatient medications and
- Staff education

Community Advisory Committees – Coleraine and Penshurst

Our Coleraine and Penshurst campuses also have Advisory Committees which specifically monitor safety and quality of care on behalf of their local communities. Each year Coleraine and District Health Service and Penshurst & District Health service publish their “Year in Review”. This report highlights many of the quality and safety initiatives and activities that have occurred throughout the year.

Copies of these reports are available on the WDHS website at www.wdhs.net

Patient Satisfaction Sep 2006 - Feb 2007



Community Advisory Committee

The Board of Directors established the Community Advisory Committee in September 2006. This Committee comprises community representatives, key staff members and representatives of the Board of Directors.

Over the past year the Committee has experienced considerable consolidation with activities including:

- Review of signage
- Review of client information brochures and
- Input into the Quality of Care Report

In addition, on a regular basis the committee monitors quality of care through receipt of consumer feedback including complaints, compliments and results of patient satisfaction surveys.



ABOVE: The Western District Health Service Community Advisory Committee comprises staff, the board and community representation.
Back: CEO Jim Fletcher, Kaye Scholfield, John Pateman, Board member & chair Jenny Hutton, Community Liaison Manager Deb Howcroft. **Front:** Sandra Duncan, Quality Manager Sheryl Nicolson and Peter Sandow.

Complaints – Improving Safety and Quality

Complaints from patients, residents or family members can provide a valuable source of information. From time-to-time they identify areas where care is not as we would expect. Sometimes complaints identify risks where there is potential for harm in the future.

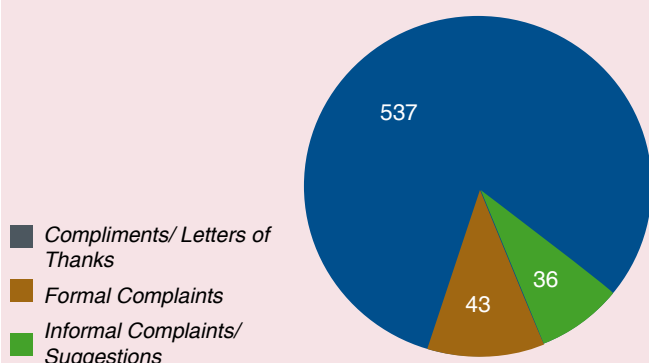
Whilst no harm actually occurred, through our complaints management system we identified there was the risk of injecting a drug into the wrong site.

To virtually eliminate the risk of this happening, among other things we:

- Introduced distinctive yellow tubing to epidural lines
- Provided yellow alert stickers
- Implemented a staff competency assessment
- Revised the Epidural Management Policy

As an additional measure we are also considering the feasibility of introducing yellow covers for the infusion pumps.

A total of 43 formal complaints were received over the past year. Each was investigated fully and promptly. All complainants received a letter from the CEO advising of the action taken in response to their feedback.



Health Services Commissioner

All formal complaints are forwarded to the Office of the Health Services Commissioner and, on occasion, patients choose to report their complaint directly to the Health Services Commissioner.

In this instance we are asked to provide additional information demonstrating that we have done all we can in relation to management of that particular complaint.

During the past year the Health Services Commissioner asked for further information on one complaint received. All requirements were met and no further action was required.

Satisfaction of our Palliative Care Patients

Consultants Press Ganey are used to measure satisfaction of patients of our Palliative Care Service. The latest report contained the results of feedback from 17 patients.

- Overall score was 92% satisfaction, being higher than the Victorian benchmark score of 91%
- 75% of responses to standard questions were very good, (the highest rating on the scale), compared to 69% last period.

Areas where we can improve further in the future will include information about other services, ease of scheduling visits and information on the right to refuse treatment.

Compliments

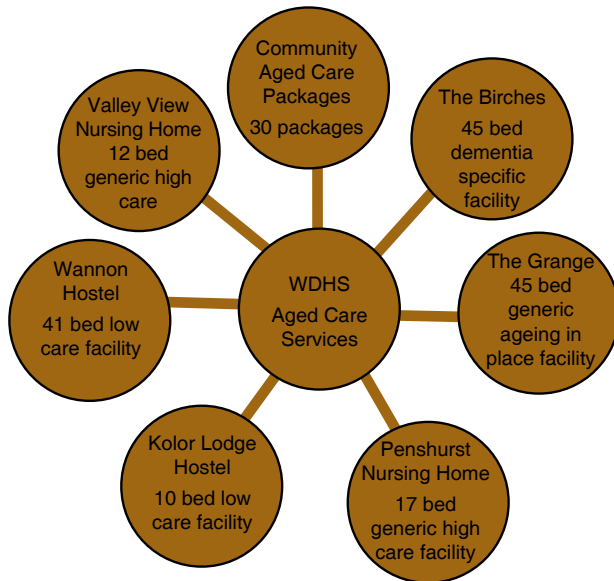
We are greatly appreciative of all the compliments and letters of thanks we receive, as they are another valuable means by which we can measure the quality of our care and services.

Over the past year we have recorded having received over 537 compliments.

Caring for our elderly

The percentage of elderly in our community is ever increasing! This requires us to place significant focus on residential and community aged care services.

We currently have 170 residential aged care beds (including 4 respite beds) and provide Community Aged Care Packages for 30 clients.



Performance Indicators – Residential Aged Care

During 2006 the Victorian Department of Human Services introduced the mandatory reporting of five quality indicators for Public Sector Residential Aged Care Services. They comprise pressure ulcers, falls, physical restraint, medications and unplanned weight loss.

The purpose of collecting the indicators is to assist each facility to monitor their performance against some core baseline aspects of resident care. In addition, results can be used to provide a basis for a quality program for improved resident care.

Aged Care Standards and Accreditation Agency

Every effort is made to ensure each of our aged care facilities maintains compliance with requirements of the Aged Care Standards and Accreditation Agency.

In a structured and ongoing way, measures are implemented to ensure compliance with each of the specified 44 standards.

Over the past 12 months four of our residential aged care facilities have successfully been through accreditation surveys conducted by the Aged Care Accreditation and Standards Agency. The Birches, The Grange, Penshurst Nursing Home and Kolor Lodge Hostel were all audited by external assessors with the outcome being the award of re-accreditation until 2009.

In addition, each of the six facilities has participated in unannounced support visits whereby auditors make impromptu visits to the homes to ensure that the quality of care is maintained.

A successful outcome has resulted in each instance.

Community Aged Care Packages (CACPs)

CACPs funding from the Department of Health and Ageing assists us in providing care, services and/or equipment to frail aged people and people with a disability, so they can continue to enjoy a quality of life while living independently in their own homes.

As a way of measuring how well we are providing services for our CACPs clients, we have participated in a Quality Reporting Program conducted by the Department of Health and Ageing which enables us to assess our level of compliance with pre-determined standards.

Through this process, we identified the need to get more feedback from our clients as to how well they thought our service was and we did this through participation in a national client satisfaction program. Our clients were asked to complete a survey, results were collated and a report prepared that enabled us to compare how well we compare with other organisations providing CACPs.

Quality Performance Systems (QPS)

Over the past year our aged care facilities have participated in a national benchmarking program (QPS) as a means of measuring our quality of care.

This program enables us to submit data to a national database and compare our performance with other similar facilities.



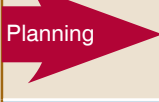

Data submitted includes resident satisfaction surveys, infection control, falls, skin tears and medications.

FACTS

Throughout the years we have provided:

- 6046 episodes of service to clients
- 6777 direct service delivery hours
- 247 case management hours

Our Care System

 Admission	<p>What we do:</p> <ul style="list-style-type: none"> All new residents have a preadmission interview to familiarise themselves with the facility An admission pack is given to all prospective clients to inform them of their rights and responsibilities All new residents and their families are taken on a tour of the facility
 Assessment	<p>What we do:</p> <ul style="list-style-type: none"> All new residents have a comprehensive initial assessment and diversional therapy assessment to determine their lifestyle preferences All facilities have staff that are trained in assessment All facilities have a trained diversional therapist
 Planning	<p>What we do:</p> <ul style="list-style-type: none"> All residents have an individual care plan that is developed specific to their care needs Care plans are continually reviewed as each resident's care needs change There are staff in all facilities who have been trained as Advance Care Plan consultants
 Monitoring & Evaluation	<p>What we do:</p> <ul style="list-style-type: none"> Residents' meetings provide a forum for residents and relatives to have input into the functions of the facility Residents and relatives use Opportunity for Improvement Forms to give us suggestions for improvement. As a result we have : <ul style="list-style-type: none"> Added shelving in residents' rooms for displaying photos and personal items Lowered mirrors in ensuites to better suit residents in wheelchairs Provided a portable TV Unit that may be taken to individual rooms Introduced "Staff in Attendance" signs to protect residents' privacy Installed additional power outlets An annual survey is distributed. Each facility uses the results to assist them with their quality planning. Improvements implemented based on the results and improvement from the previous year are: <ul style="list-style-type: none"> Increased garden seating Display of activities planner Review of the Residents' Handbook Inclusion of "What's Happening" into residents' meetings A complaints process is widely known and provides us with valuable information about ways we can further improve our quality of care Each facility uses the compliments process which helps us to measure how well we meet residents' needs All staff are responsible for monitoring errors, incidents and risks so that we can implement measures to ensure a safe environment

Individualised Care

All clients receiving our aged care services have the right to receive safe and high quality care. But what is important to our clients varies considerably, therefore involving them in planning care and services is vital.

The systems and processes we use are based around a model of individualised care, commenced during the admission process.

Maintaining Life's Simple Pleasures

An exciting project that has been established over the past year is the introduction of Virtual Visiting.

This project uses state-of-the-art videoconferencing technology to enable aged care residents to enjoy one of life's simplest pleasures – keeping in touch with family and friends.

Implementation of this project is in its early stages and, to date, has involved residents in Penshurst's Kolor Lodge and the Grange who are connected via videoconferencing technology to their relatives living in another area.

The innovative Virtual Visiting program has enriched the lives of our Aged Care residents. It has enabled residents to arrange contact with loved ones via videotechnology.

RIGHT: Birches' residents, with Diversional Therapist Julianne Gould enjoy a virtual quiz with residents from The Grange.



Community services

Western District Health Service embraces its roles and responsibilities in promoting the health and wellbeing of our community. Programs cover all age groups and are all well received. Further information about our community services can be found on our website at www.wdhs.net or by contacting Frances Hewett Community Centre on 5551 8450.

Sustainable Farm Families

The Sustainable Farm Families (SFF) project commenced in 2003 as a means of addressing health-related issues facing our farming communities. Statistics demonstrated that farmers were ageing, working longer and harder, experiencing higher rates of injury and also earlier illness and death.

This award-winning project has extended from a pilot in the broadacre agricultural industry to encompass dairy, cotton, sugar and the pastoral industries throughout Australia.

It now incorporates more than 30 collaborative partners, and has been represented at national and international conferences.

Rural Industries Research and Development Corporation (RIRDC) funding was extended to encompass the cotton and sugar industries in 2006, and to test if the SFF method was transferrable across agricultural industries.

The Sustainable Dairy Farm Families, largely funded by the Gardiner Foundation, was delivered to more than 200 farmers across 11 dairy regions.

The Commonwealth Department of Health and Ageing funded pilot projects to remote Australia, with eight workshops delivered to 121 participants. Some travelled as far as 650kms, one-way to attend.

26 registered nurses from across Victoria have been trained to coordinate and run programs. DHS has funded the development of these nurses as future program coordinators of the SFF projects.

The project has also demonstrated the significant role that Western District Health Service can play in addressing the health and safety needs of our farming community.

For more information on the farm families' project visit www.sustainablefarmfamilies.org.au

Multi Media Mayhem (10MMM)

"...a powerful model of how a community can work together to address the issues of young people's isolation ...in rural places"

In recognition of the need for young people to be heard and have influence in their local community the 10MMM project was established. 10MMM uses multi media (such as print, radio and a website) to positively address the view that our young people do not believe their voices are being heard.

Predominantly the project is run through the 10MMM Action Committee, comprising a group of committed young people who, with the help of a project worker, create newsletters, write and record radio takes and maintain the 10MMM website.

Some of the great work this group has done can be seen by logging on to their website at <http://www.10mmm.com/news.php>



Counselling Service

During 2006, a DHS-funded Consumer Participation Project culminated in recommendations for improvements.

The top three recommendations were fully implemented during the first half of 2007:

- A waiting area at FHCC (above)
- Additional after business hours counselling consultation period one evening per week
- The use of "take-away" pads - duplicated pads which are a quick guide to what consumers' sessions have covered and strategies they may trial prior to the next session

FReeZA

WDHS supports young people in our community through managing the FReeZA program. With the assistance of government funding, a committee of young people plan and implement drug and alcohol events for those aged between 12 and 25 years. Seven events were held throughout the year with an average attendance of 240. They provided an opportunity for young local bands to showcase their abilities in front of their peers. Some of the bands which played in recent events include Noble Park, Empirica and Tear Cash.

The FreeZA Committee also focuses on a specific cultural event with the latest one being a skate competition.

More information about FReeZA can be found through the 10MMM website.

Our PlaYce

Our PlaYce is a collaboration across five shires and comprises a 4-day summit for young people to meet, discuss their communities and learn leadership and team building skills.

Following the Youth Summit, participants work on implementing a project in their local community. The current project under development includes an art exhibition and an "open mic" event. The "open mic" event aims to improve communication between young people and adults.

YouthBiz

YouthBiz is a hassle-free recreational space for young people aged anywhere between 10-25 years.

Lots of resources and facilities are available including a large screen television, X-Box, pool table, DVD and internet access.

During school holidays YouthBiz runs a range of activities including horse riding, rock climbing and ten-pin bowling. YouthBiz also provides a valuable point of contact to a range of health, welfare and service information and referral advice. There are approximately 4,000 attendances to YouthBiz per year.

Coleraine & Penshurst

The Coleraine District Health Service and Penshurst and District Health Service provide valued healthcare in the rural communities they service.

In July 1998, Western District Health Service was formed when Penshurst and District Memorial Hospital became PDHS - a campus of WDHS. CDHS amalgamated with WDHS in July 2006, becoming a campus of WDHS.

Penshurst and District Health Service provides services primarily directed to the needs of the aged within the local community including:

- 6 Acute Care beds
- Independent Living Units at Dunkeld and Penshurst
- District Nursing Service
- Meals on Wheels
- Allied Health - delivered by visiting therapists

An Advisory Committee of Management reviews the performance and operations of PDHS. The committee makes recommendations based on the strategic plan of PDHS, and is responsible for service planning, delivery and quality.

Advisory committee members are: Peter Heazlewood (Chair), Tom Nieuwveld, Tom Stephens, Margaret Eales, Florence Graetz, Wendy Williams and Les Paton.

Quality Improvement and Risk Management

Maintaining quality and safety continues to be of utmost importance. In the past year initiatives have included:

- Full implementation of a 5-week rotating menu cycle, introducing a range of new healthy eating options
- Staff completed annual Fire and Safety Competency audit
- Staff completed No-Lift Competency
- Annual resident satisfaction survey achieved overall score of 97.35%
- Introduction of Falls Risk Minimisation Plans.
- Recycling/waste minimisation program commenced, resulting in 50% reduction in waste
- Establishment of a Medical Advisory Committee to monitor and review safe administration of medicines to residents

Hotel Services Excellence

This year PDHS introduced a 5-week rotating menu, which took into account residents' nutritional needs, requirements and personal tastes.

The implementation of the new menu required restructuring of kitchen shifts, new supervisor/ cook and a new tea shift, which has enabled residents to enjoy their evening meal prepared fresh and new recipes which help minimise waste.

The PDHS Catering Services Department received the WDHS Excellence in Service Quality award for 2006.

The range of services provided by **Coleraine District Health Service** include:

The Hospital

- 15 Acute Care Beds
- High and low level residential aged care (including respite)
- Meals on Wheels
- Emergency Room for minor ailments and accidents
- Allied Health
- Home and Community Care Services
- Planned Activities Group
- District Nursing
- Community Health Services
- Diabetes Education, Dietitian, Asthma Education, Footcare, Massage, Walking Groups, Carers' Group

Merino

- Nursing Centre, Visiting GP, Planned Activities Group, Footcare, Asthma Education, Diabetes Education, District Nursing
- Independent living units

The Advisory Committee of Management reviews the performance and operations of CDHS and makes recommendations based on the strategic plan of CDHS, and is responsible for service planning, delivery and quality.

Advisory committee members are Sandra Adams (chair), Ron Jones, Wilf Dinning, John McMeekin, John Northcott, Gabrielle Baudinette, Grant Little and Colin Warnock.

Quality Improvement and Risk Management Initiatives

Some of the major improvements for CDHS include:

- Signage to inform patients and visitors that WDHS will not tolerate aggressive behaviour
- Advanced Care Planning received a great response from family and residents. Staff have received training to assist completion of the documentation for residents with no immediate family
- External Cleaning Audit overall result was 96
- Results of the state-wide Patient Satisfaction Survey demonstrated an excellent result for CDHS with overall care scoring 87 out of 100. This was above the score for similar sized hospitals.

Our staff and volunteers

Staff Credentialing

High quality care cannot be provided without ensuring we have the appropriate number of staff members and that those staff members have the skills, experience and qualification to do the work for which they have been employed.

Our Nurses

It is mandatory for all Registered Nurses to annually submit notification of renewal of their registration with the Nurses' Board of Victoria. This indicates that they are eligible to continue practising as a nurse in Victoria.

In addition to mandatory registration, nurses are required to participate in a range of competency programs and professional development, based on their area of work and the specialised skills needed.

With financial assistance from the DHS we have been able to provide superior, quality education to not only our nurses, but to those within our area of the Barwon South West region. Subjects covered have included diabetes, respiratory illness, common emergency presentations and clinical risk management.

Graduate Nurse Program

Each year we provide a Graduate Nurse Program to give support and guidance to those nurses who have just completed their Diploma of Nursing. This program aims to consolidate their university course by providing a structured theoretical program and clinical rotation throughout the organisation.

Graduate Diplomas

Maintaining a workforce comprising nurses in specialised areas remains an ongoing challenge we address through enabling our nurses to undertake graduate diplomas without having to leave their home town. Through affiliation with Deakin University we provide programs in Midwifery, Critical Care and Peri-operative nursing.

Upskilled to Division 2

An innovation this year has been a graduate program for seven of our staff from our Residential Aged Care facilities. Previously working as personal carers, these staff members completed the 25 week course to become registered Division 2 nurses.



Return to Practice Program

One of the ways we ensure we have a sufficient number of skilled and competent nurses is to provide an education program that enables those nurses who have let their registrations lapse, to return to the workforce. In some instances, participants have registered for the program because of the impact the drought and bushfires have had on their farms.

Two programs were commenced and it is expected that 16 nurses will be reregistered with the Nurses' Board of Victoria.

On Line Fire Training

An important aspect in maintaining safety is ensuring that all staff have completed fire safety training. Compliance with mandatory fire training has been problematic with staff unable to leave their work, time constraints and enormous resource implications.

In 2006 a software program was implemented that enabled staff to complete the training on-line. Importantly, this program has increased staff competency in terms of fire safety, however, financial benefits to the organisation are also significant.

Clinical Skills Laboratory

WDHS has recently set up a well equipped clinical skills laboratory. This facility has a wide range of anatomical and other equipment that is used by doctors and nurses to ensure they are skilled and competent to undertake particular procedures or investigations.

Our Medical Staff

To ensure that all doctors employed by, or contracted to, Western District Health Service we have strict procedures for credentialing and privileging.

What is Credentialing?

Prior to the appointment of any doctors, the Clinical Credentials Committee assesses their basic and postgraduate qualifications, medical registration, indemnity insurance and the experience to work in a particular field.

Following this procedure, the Medical Appointments Advisory Committee meets to determine the suitability of these doctors for appointment to WDHS, based on their qualifications and the service needs of the organisation.

What is Privileging?

Once our doctors are credentialed, in some instances we also need to determine what 'scope of practice' that particular doctor will be permitted. This process is also called privileging and requires us to consider what particular medical service the organisation needs and can support, and what skills the applying doctor has.

Resident Medical Officers

Resident Medical Officers are primarily based at either St. Vincent's Hospital or Barwon Health, and visit WDHS on rotation. Their qualifications are subject to approval by the Medical Practitioners Board of Victoria, and their rotations are prescribed by the Postgraduate Medical Foundation of Victoria.

In addition, we have some doctors who have been trained overseas (International Medical Graduates). These doctors are permanently employed by WDHS and therefore have the benefit of more extensive experience in this organisation (see page 3).

To support their placement at WDHS we provide a comprehensive inservice education program.

This comprises:

- Orientation
- Weekly tutorials
- Journal club and
- Clinical review meetings

Allied Health Staff

Allied Health professionals are an integral component of the health care services provided by WDHS. They include the services of physiotherapy, social work, podiatry, dietetics and occupational therapy.

The appointment of each of these health professionals is on the basis of their basic and post graduate qualifications and degree of experience.

Our Volunteers

WDHS has 250 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 exceedingly grateful for the invaluable work that is undertaken by all our volunteers.

Comforts Trolley

Approximately 14 registered volunteers provide the comforts trolley service to patients 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 2006/07, with profits and donations used to purchase items for the Hamilton Base Hospital.

Opportunity Shop

Around 15 volunteers operate the running of the Hamilton Base Hospital Opportunity Shop. The Op Shop's 75% increase in donations to HBH in the past two years is primarily due to its relocation to a more central site. The shop has raised an astonishing \$275,000 for the hospital over the past 69 years. Approximately 1500 hours were contributed by Op Shop volunteers in 2006/07, raising over \$15,000 for the hospital.

Palliative Care Service

10 volunteers participate in the Palliative Care Volunteer Service. One of the 10 volunteers provided a total of 120 visiting hours this year, caring for a client. Volunteers provide clients and their families with moral support, companionship, respite and general assistance.

Aged Care Service Volunteers

Volunteers provide support to our Aged Care residents by visiting for companionship, shopping, escorting to appointments and helping with recreational activities such as cooking, gardening, playing cards, music, manicures, hairsets, wheel

chair walks and outings, as well as assisting the Diversional Therapists and Occupational Therapists in scheduled activities.

- 26 volunteers provided 762 hours at The Grange
- 3 WDHS volunteers and external work placement/ work experience volunteers provided 221 hours at The Birches
- 20 volunteers provided 802.5 hours to PDHS residents
- 8 volunteers provided 423.03 hours at Wannon Court and Mackie Court in Coleraine
- 5 new volunteers provided 10 volunteer hours for the pilot Virtual Visiting project
- 10 volunteers assisted at Coleraine Planned Activity Groups
- 196 hours of voluntary office assistance was provided to the Community Liaison Department
- Coleraine Community Transport is reliant on 29 volunteers
- Adult Day Activity and Support Service in Hamilton volunteers assist with driving, activities and lunches, providing 380 hours
- ADASS Penshurst volunteers provided 320 hours

Community Transport

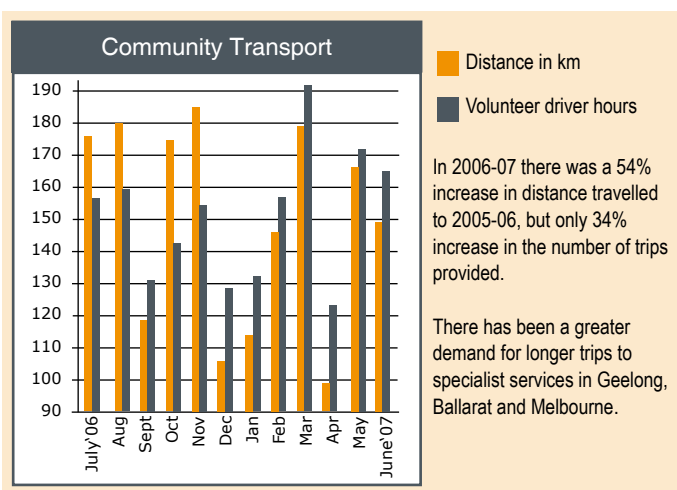
The Hamilton Community Transport Service has 30 registered volunteer drivers and escorts, with 24 out of the 30 assisting the Health Service this year.

In 2006/07 the volunteers donated 1813 hours, provided 1797 trips and covered a total of 73,198kms.

The volunteers drive and escort eligible clients to medical appointments locally, and to services in 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.

A campaign for new drivers at Sheepvention agricultural expo resulted in 10 additional drivers willing to drive the longer trips. A \$2000 grant from the Danks Trust and Annie Danks Trust funded a Driver Skills program for 20 volunteer drivers.



Glossary of terms

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Accreditation	Recognition from accreditation agencies 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
AQL	Acceptable Quality Level
BFHI	Baby Friendly Hospital Initiative
CALD	Culturally and Linguistically Diverse
CDHS	Coleraine District Health Service
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
Credentialing	The process of confirming a person's suitability to provide a defined service
DHS	Department of Human Services
Epidural	Space around the spinal cord
FHCC	Frances Hewett Community Centre
IMG	International Medical Graduates
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
Quality of Health Care	The extent to which a healthcare service or product produces a desired outcome
PDHS	Penshurst and District Health Service
PUPPS	Pressure Ulcer Point Prevalence Study
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
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
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 Farm Families
Triage	Sorting according to urgency; prioritising
VICNISS	Victorian Infection Control Nosocomial Surveillance Study
VMIA	Victorian Managed Insurance Authority
VPSM	Victorian Patient Satisfaction Monitor
WDHS	Western District Health Service