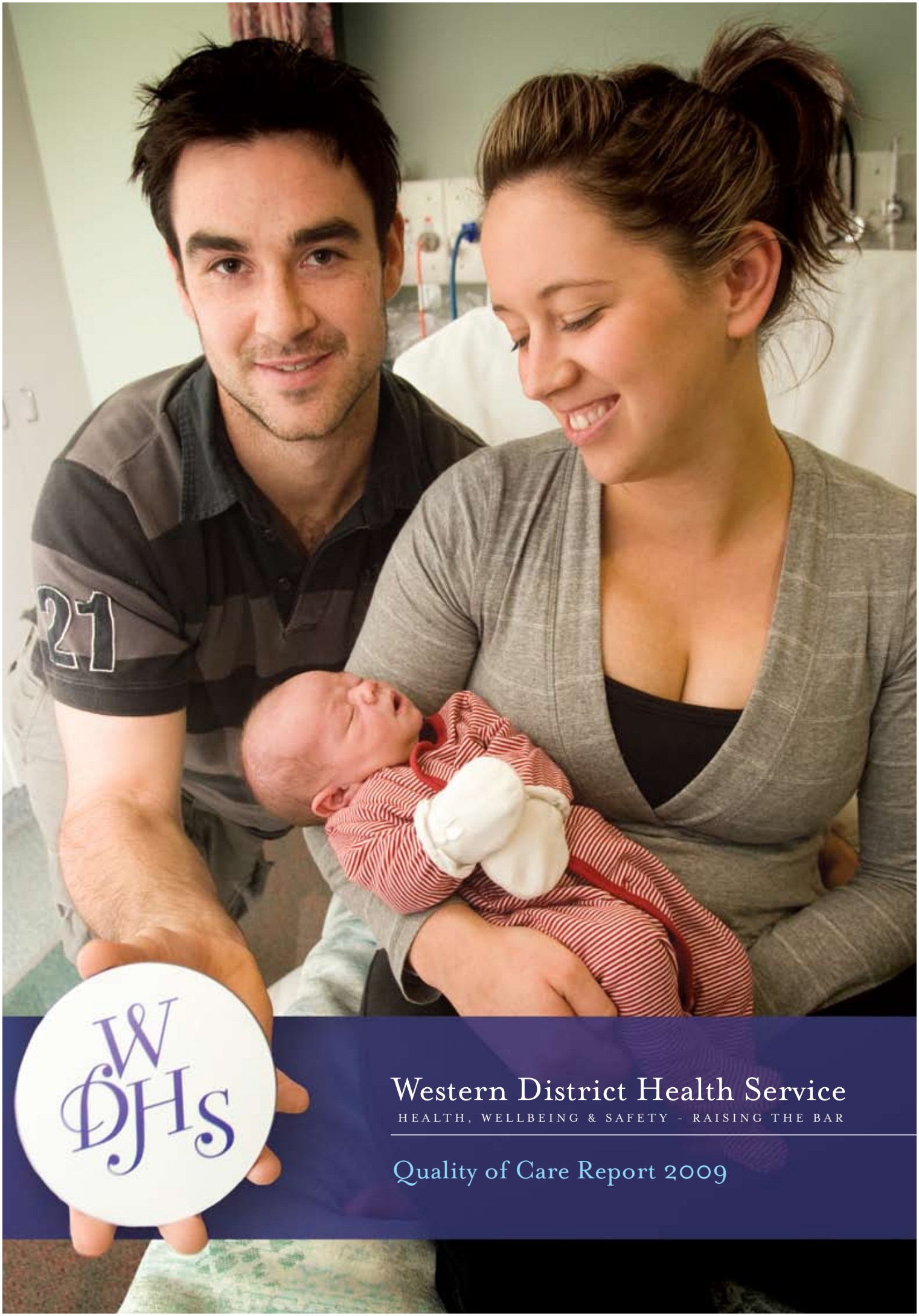
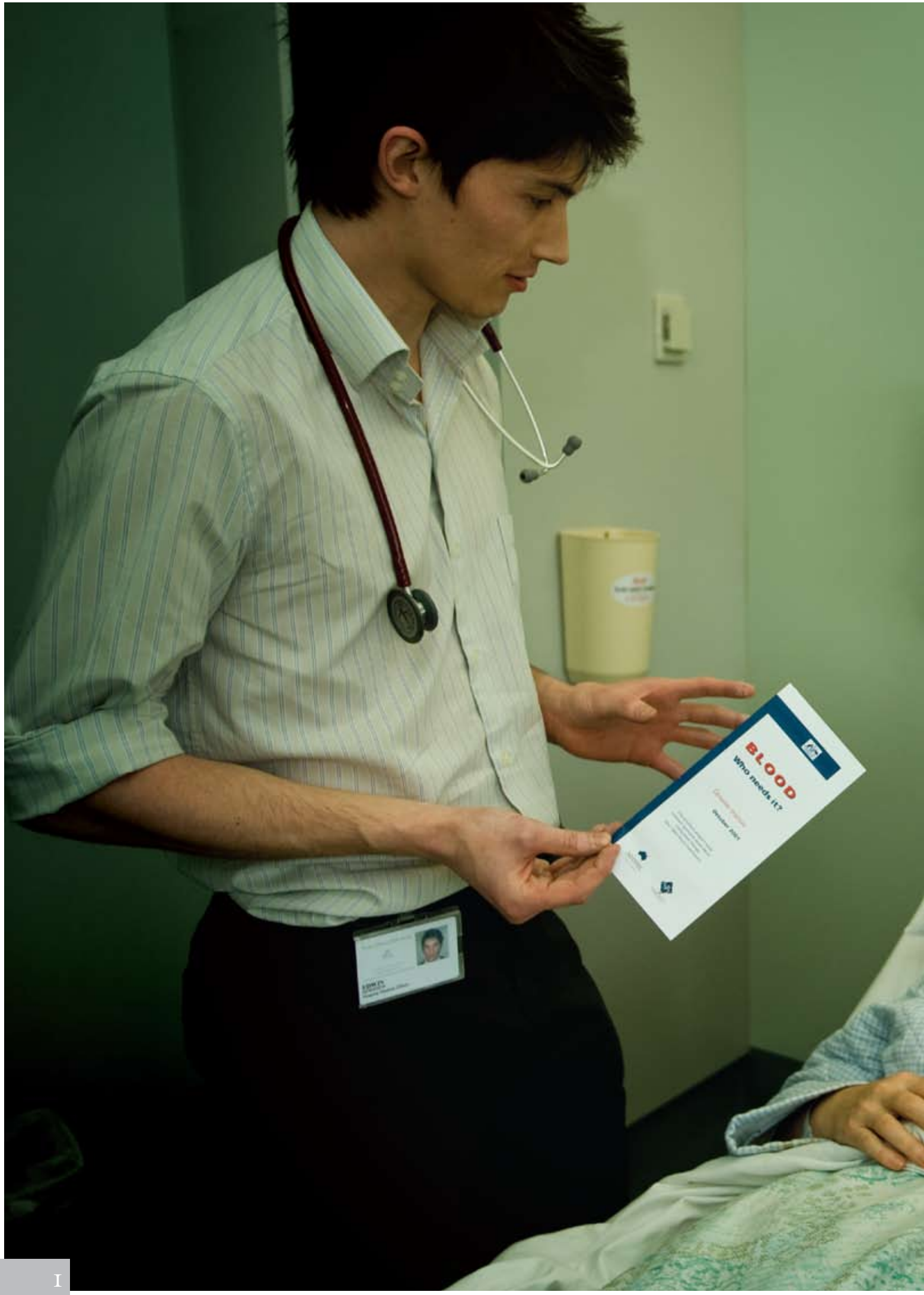


Western District Health Service

HEALTH, WELLBEING & SAFETY - RAISING THE BAR

Quality of Care Report 2009


BLOOD
Who needs it?

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

Contents

Front Cover Photo: Mum and Dad, Leesa Kearney and John Iredell with their new son, Riley at HBH

Inside Front Photo: Dr Edwin Morrison providing patient information to Julie Gibblin at HBH

Highlights for 2009

Presented to You

WDHS Board President, Mary-Ann Brown and Chief Executive Officer, Jim Fletcher

Western District Health Service is proud to present you with the 2009 Quality of Care Report. This Report describes the systems and processes we have in place to ensure the safe delivery of health care and the highest possible quality of care. The Report covers acute, aged and community services across all campuses and focuses on the outcomes of our quality and safety program.

It is important to us that the community has confidence in, and is satisfied with the care and services we provide. One way for us to promote that confidence is to provide the community with the information that demonstrates the systems we have in place to ensure safe, high quality care. This is why we place so much importance on gaining feedback from the community on previous reports to determine what further information they would like in future Quality of Care Reports.

Distribution of our 2008 Quality of Care Report

Each year we endeavour to distribute the Quality of Care Report as widely as possible. Building on the successful distribution of previous years, the publication of the 2008 Quality of Care Report was launched with a prominent display in the foyers of our Hamilton, Coleraine and Penshurst campuses.

Coinciding with the launch, the local 'Hamilton Spectator' and the WDHS community newsletter 'Western Wellbeing' ran articles promoting the Report and advising the community on how they could access copies. These strategies always trigger calls from community members wanting to access copies.

In addition to the Report being available on our website, the 2008 Quality of Care Report was distributed to waiting areas of medical clinics, other health care organisations, carers' support groups, the local library and advisory committees. In particular, we focused on expanding our contact list of community organisation mail out lists throughout the year.

A new initiative

To further increase access to the Quality of Care Report, it was made available in audio format. The Board of Directors and the Community Advisory Committee are most grateful to Mr. Jack Waldron who generously volunteered his time to enable the Report to be available on CD and as an audio recording accessible on the WDHS website. Our 2009 Report is also available in audio format.

Due to the success of this initiative, we have once again made the Report available in audio format however as a new initiative, the Report is also available in larger print or in an alternative language.

Preparing our 2009 Quality of Care Report

Our 2009 Quality of Care Report has been prepared following wide consultation and input from all areas of the organisation, and has included the Community Advisory Committee, carers' support groups, department heads and program co-ordinators.

Importantly, a thorough review of the feedback received on the 2008 Report was undertaken to ensure that the many valid comments made were addressed in the 2009 Report. Pleasingly, we saw a significant increase in the amount and quality of feedback received compared to previous years. Predominantly this was due to an increase in the ways feedback could be submitted. In addition to the printed survey available in the 2008 Report, many community and staff members made use of the electronic survey emailed to individuals and also available on the website.

For further information, please contact our Quality Manager, Sheryl Nicolson on (03) 555 18378.

Jack Waldron presenting WDHS Quality Manager, Sheryl Nicolson with the audio recording of the 2008 Report.

Our response to your feedback

Thank you to those to those who took the time to give us feedback on our 2008 Quality of Care Report. We are most grateful.

Below are some comments received and our responses:

What you said	Our response
Maybe an explanation under some graphs may help some understand them	Graphs simplified Explanations included for all graphs.
Need bold heading to guide the reader through the report	Bold headings introduced
Lop-sided photos and off-angled boxes looked 'odd"	Changes made to design strategies.
For older readers, or those with vision impairment, greater contrast between text and background might be beneficial.	Use of consumer input to assist selection of colour scheme
Remember all campuses. Don't see anything for Merino	Services from Merino included!

Our Reward

Our ongoing responsiveness to feedback had been rewarded with increasing scores awarded by the assessment panel appointed by the Department of Human Services.

	2005	2006	2007	2008
Our Score	73	74	89	93

Our 2008 Quality of Care report was rated in the top third for our category. We received a Highly Commended Award for Excellence in Quality Reports for Large Regional Health Services.

We welcome you to our 2009 Quality of Care Report, and look forward to receiving your comments, to guide future Reports. Please use the self-addressed form provided or alternatively use the online survey at www.wdhs.net.

Mary-Ann Brown
PRESIDENT

Jim Fletcher
CHIEF EXECUTIVE OFFICER

About our Services

WDHS Allied Health Assistant, Robyn Wilken with Grange Residential Care resident, Val Penny celebrating ' Christmas in July'.

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 Services, 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.

WDHS's acute, aged care and community services are supported by a team of allied health professionals providing physiotherapy, dietetics, social work, occupational therapy and speech pathology. Our Allied Health services are also provided to other agencies in the region including Balmoral, Casterton, Edenhope, Harrow, Heywood and Warrnambool.

We rely on our Allied Health staff to provide education and support our many health promotion programs, Chronic Disease Management groups and the Day Centre.

A look at our past, present and future

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

The HBH site is also 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.

The Coleraine District Health Service commenced 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 Hewitt Community Centre joined WDHS in 1998, and provides a broad range of community-based services.

The Grange was built as a private hospital in 1927 and became an aged care hostel in 1956. A redevelopment occurred in 2002, and it now provides 45 beds of modern, high and low-level aged care accommodation and 30 Community Aged Care Packages. A long term redevelopment plan for The Grange will increase capacity to 50 beds.

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 Merino Bush Nursing Centre provides district nursing, primary treatment for injuries and planned activity groups. Also operating out of the Centre are Meals on Wheels, a Community Transport Service and the Glenelg Library Outreach Program.

A planned new building in the main street will improve community access to the Centre.

New Services

Two new services were established during the year with the transfer of the Dental Clinic from the management control of Dental Health Services Victoria to WDHS and the establishment of the National Centre for Farmer Health.

WDHS Dental Therapist, Joanne Nelson practising out of the newly completed Dental Clinic.

Our Community

Working with our Community

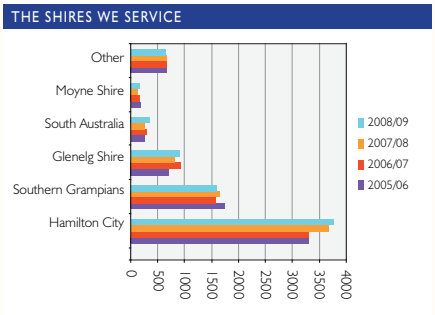
To help us best meet the health care needs of our community, we regularly review our demographic data. This data gives us important information including:

- Age categories
- Cultural diversity
- Prevalent diseases
- Socio-economic status
- Population numbers and
- Percentage with a disability

59.7% of persons living within Southern Grampians reported that their health was either excellent or very good as compared to 58.3% in the Barwon South West Region and the Victorian State average of 54.3%.

2007 Community Indicators Victoria Survey.

We know our catchment population is predominantly the Southern Grampians and Glenelg Shires.



Our culturally diverse community

Although our community is mostly Australian born and speak English at home, a large number of overseas born groups are represented by a small number of people. The most recent data we have shows that the top countries of origin are the United Kingdom, New Zealand, Netherlands, Germany, South Africa and the Philippines.

Where our patients were born		
	2007-08	2008-09
Australia	13522	13775
UK	490	490
Netherlands	110	93
NZ	91	190
Germany	47	75
Ireland	7	31
Other	271	263
Not Stated	507	409

Our indigenous community

Our data reveals that 1.3% of our catchment population is indigenous with more than half of those aged less than 25 years.

In May 2009, the Winda Mara Aboriginal Corporation relocated to our Community Centre while their community house was being renovated. Winda Mara provides health and wellbeing support to the Indigenous community, including a GP clinic once a week. WDHS has been working closely with Winda Mara to support their access to a range of WDHS services including dental, youth, counselling and women's health services. These positive steps will ensure increased access to services for our indigenous community.

PapScreens

Through collaboration with Winda Mara Aboriginal Corporation, we have been successful in obtaining a grant from PapScreen Victoria. Commencing in July 2009, this funding will enable us to provide education sessions and undertake Pap smears for the indigenous women of the community who have previously been very under screened.

Sisters' Day Out

As a way of getting to know local indigenous women, some of our staff members attended the Sisters' Day Out, run by the Indigenous Family Violence Service.

A Sisters' Day Out enabled participants to indulge in a little pampering whilst at the same time renewing and initiating contacts between our indigenous community and WDHS.

Cultural and Religious Needs Well Respected!

A way for us to measure how well we respect the cultural and religious needs of our patients is to review the results of state-wide surveys distributed to patients after their discharge. Pleasingly, results have remained excellent.

Staff and community members of the Winda-Mara Aboriginal Co-operative

CALD Workgroup

Our Culturally and Linguistically Diverse (CALD) Workgroup have worked throughout the year to help us continually monitor the needs of a diverse community and implement strategies to improve access. Some of the more recent activities of the Workgroup are recorded in our CALD Plan and include:

- Measuring compliance with state-wide CALD standards
- Liaison with the food services department to make halal food available to patients, staff and community members.
- Purchase of education material for our multicultural workforce:
  - 'Working in Victorian Public Hospitals: a manual for International Medical Graduates'
  - 'I'm feeling a bit crook: Understanding and Managing Clinical Communication in Australia', on arrival at WDHS as part of their orientation procedure
- Establishment of links with the local 'English as a Second Language' group
- More specific and detailed analysis of the ethnicity of the community within our Southern Grampians Shire

Celebrating Cultural Diversity!

As a way of celebrating and promoting knowledge of cultural diversity within our community, the CALD Workgroup produced a small recipe book featuring recipes and interesting snippets of information from countries across the world.

With input from our culturally diverse workforce and community members the booklet was developed to include recipes from Canada, Sri Lanka, Indonesia, China, Burma and Scotland.

The booklet was released on Harmony Day in March 2009.

What the CALD Workgroup are planning!

The CALD Workgroup is always thinking of ways to improve accessibility for our culturally diverse community. Plans for the future include:

- Introduction of cultural diversity standards for our community based clients
- Inclusion of community representation on Workgroup and
- A survey of our international staff to evaluate effectiveness of our induction processes

Our culturally diverse workforce

I'm feeling a bit crook

Increasingly, our workforce is becoming more and more multicultural with staff from many different countries including Sri Lanka, South Africa, India and China. As a way of helping these staff members understand and manage our patients, we have purchased copies of the DVD 'I'm feeling a bit crook: Understanding and Managing Clinical Communication in Australia'

Developed by the University of Melbourne, this DVD helps to address some of the issues confronting our multicultural staff including:

- Aboriginal Health
- Other diverse cultures and
- the Aussie slang

Date	WDHS	Peer Group Average
Mar '07 – Aug '07	100%	95
Sep '07 – Feb '08	100%	95
Mar '08 – Aug '08	96%	95
Sep '08 – Feb '09	100%	97

This table shows the level of patient satisfaction with our respect for their cutural needs.

WDHS Maintenance Works Supervisor, Wally Joosen and painters Doug Johnstone and Ben Taylor finishing off the new Disabled Parking places at HBH.

Access for those with a disability

We recognise that people with a disability are confronted with many issues relating to access to our health care services. Some of the ways we have helped to address the issues are:

- Upgrade of the car parking
- Provision of Disabled Parking places near the entrance of the Allied Health Building
- Purchase of a Hi-Lo examination bed for the Well Women's Clinic and
- A review of signage
- Improved access to our Aids and Equipment Program

The coming year will bring an increasing focus on improving access to our heath services. Plans are in place to review new Victorian Disability Services standards and to gather information from the community on ways we can improve access. Actions to be implemented are to be documented into a new Disability Access Plan, with the proposal that this be managed through our Community Advisory Committee.

The Sustainable Farm Families Program addresses safety practices as part of the health and wellbeing of farmers and farm families

Sustainable Farm Families Program participants checking their pulse rates.

Our Farming Community

Sustainable Farm Families

More than 1,850 farming men and women from every state in Australia have participated in the Sustainable Farm Families (SFF) program. In 2008/09, more than 50 programs were delivered in Victoria with support from the Departments of Primary Industries and Human Services.

The SFF Program

The SFF program addresses the health, wellbeing and safety of farm families over a period of two or three years.

Included in the program is a physical assessment, health condition prevalence, health behaviour assessment, focus group discussions, safety practices and education relating to common health conditions. Analysed health indicators include body mass index (BMI), total cholesterol, fasting blood glucose, waist circumference, eyesight, respiratory ability and blood pressure – all risk factors for chronic and lifestyle diseases. The SFF program has shown that farm families have specific health needs which differ from other populations and industries.

Train the Trainer

Training in the SFF program provides other health and rural professionals with 'best practice' guidelines and illustrates the complex environment in which farm families operate. In June 2009, 24 health professionals from as far away as Georgetown in Queensland to Geraldton in WA participated in the training in Hamilton, taking the total of rural professionals trained to more than 140.

Partnerships

At the core of the program is the development of community partners and ensuring the program remains relevant and addresses the health, wellbeing and safety needs of farm families. Since beginning in 2003, SFF has worked in partnership with:

- 6 universities
- 43 health agencies
- 82 industry partners
- 8 funding partners

Future

The SFF program will deliver a further 20 new programs with the support of the Department of Primary Industries during the remainder of 2009 and will continue with 2nd and 3rd year roll out of previous programs.

Centre for Excellence in Farmer Health

In a landmark development for Victoria's agricultural health industry, a National Centre for Farmer Health (NCFH) was established in November 2009. The NCFH is a new Hamilton based partnership between WDHS and Deakin University. It is funded by the Victorian Government's Future Farming Strategy and the Geoff and Helen Handbury Trust.

The new centre will encompass university research, service delivery and education. It will provide national leadership in improving the health, wellbeing and safety of farming families and farm workers. The Centre was officially launched by Victorian Premier, John Brumby in July 2009.

Involving Our Community

Community Advisory Committee members, Jenny Hutton, Rev Peter Cook, Kaye Scholfied, Sheryl Nicolson, Chris Phillips and Kerry Martin. Other members not present: CEO, Jim Fletcher, Sandra Duncan, Peter Duffy and Peter Sandow

Community Advisory Committee

Developed as a sub-committee of the Board of Directors, our Community Advisory Committee assists us with the planning, implementation and evaluation of our health care services. The Committee comprises a balance of community, Board and staff members.

Recent activities of the Committee have included:

- Review of feedback from patients and development of appropriate responses
- Review of our health information publications to ensure they can be easily understood by community members, and
- A review of signage throughout our Hamilton campus

Farewell to John

During the year the Community Advisory Committee reluctantly accepted the resignation of Mr. John Pateman. John joined the Committee at its inception in 2006 and proved to be a dedicated and valuable member.

New Community Advisory Committee Members

It was with pleasure the Community Advisory Committee welcomed two new community representatives, Ms Christine Phillips and Rev. Peter Cook. Both members provide valuable input into care and service provision due to extensive experience with the organisation.

The Committee also welcomed an additional Board of Directors representative to its membership. Mr Peter Duffy joined the Committee in August 2008 as a means of increasing the profile and Board support of the Committee.

Quality of Care Report

The Community Advisory Committee plays an important part in the preparation of our Quality of Care Report. With their diverse range of skills and experiences, the Committee is able to provide valuable input regarding content and readability.

Plans for the Community Advisory Committee in the coming year include:

- participation in the CALD Plan
- identification of health care access issues for people with a disability
- implementation of Community Performance Indicators

Consumer Participation – Not just average!

We know that involving patients in decisions about their health care improves outcomes, increases their satisfaction with services and minimises the risk of adverse events. As a way of measuring how well we do this, we review the results of state-wide surveys distributed to patients after their discharge.

This survey asks for responses to questions relating to:

- The opportunity given to ask questions about condition or treatment
- The way staff involved patients in decisions about health care
- The willingness of staff to listen to health care concerns

Victorian Patient Satisfaction Survey Results

	WDHS	Peer Group Average
Mar '07 – Aug '07	96%	89%
Sep '07 – Feb '08	97%	90%
Mar '08- Aug '08	94%	89%
Sep '08 – Feb '09	97%	89%

This table shows how satisfied our patients are with the explanations given about their medication. Our results are consistently higher than the average for other similar organisations (our 'Peer Group').

Consumer Feedback

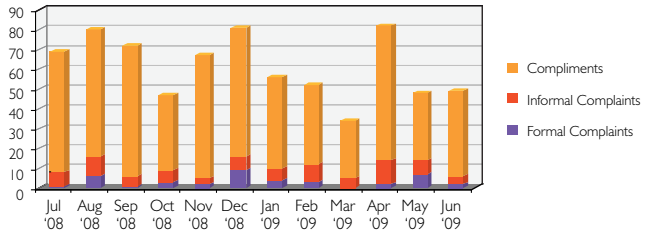
Although every effort is made to provide the best possible quality of care, there are occasions when things don't go to plan or we fail to recognise individual needs. To help us to continually improve, we promote and sincerely value feedback from our clients.

How we promote feedback

We provide many different ways for our clients to give feedback on health care and services. These include:

- Completing a Feedback Form, which is located throughout each of our campuses
- Writing to the Chief Executive Officer
- Speaking directly to one of our department heads
- Phoning the Quality Manager
- Writing directly to the Health Services Commissioner

YOUR FEEDBACK 2008-09



Total Complaints / Compliments Received

	Formal Complaints	Informal complaints & suggestions	Compliments & Letters of Thanks
2008-09	40	81	616
2007-08	31	72	559
2006-07	43	36	561

Pleasingly, this chart demonstrates the increasing amount of feedback provided by our clients.

Responding to your Feedback

We categorise all complaints as either formal or informal, with 'suggestions for improvement' being categorised as the latter. Despite the category, all are viewed sincerely and consideration given to what we could put into place to prevent a similar situation in the future.

Improvements made as a result of complaints or suggestions received during the past year include:

- Employment of an additional podiatrist
- Review of car parking with the creation of three additional disabled parks
- Heater installed in the waiting room of the Pre-Admission Clinic
- Creation of a Childrens' Room in the Dental Clinic
- Upgrade of heating, ventilation and cooling
- Review of security measures at The Birches
- Review of the Aids and Equipment Program

The Health Services Commissioner

It is a requirement that we forward all formal complaints to the Health Services Commissioner as a way for that department to monitor common issues occurring throughout health care facilities.

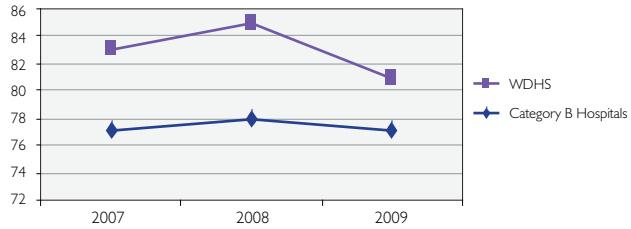
In addition, any WDHS client has the right to submit complaints directly to the Office of the Health Service Commissioner, the Aged Care Complaints Investigation Scheme or the Disability Services Commissioner. These bodies will act on your behalf to ensure concerns are appropriately addressed although during the year they received no complaints relating to WDHS.

Victorian Patient Satisfaction Monitor

On an ongoing basis we participate in the Victorian Patient Satisfaction Monitor (VPSM) to ensure we receive valuable information regarding the level of our clients' satisfaction with the services provided by our acute facilities.

Surveys are issued biannually to patients who have attended our Hamilton, Coleraine or Penshurst campuses. Pleasingly, our results have consistently demonstrated a high level of satisfaction with many areas topping the state-wide results for our category of hospital.

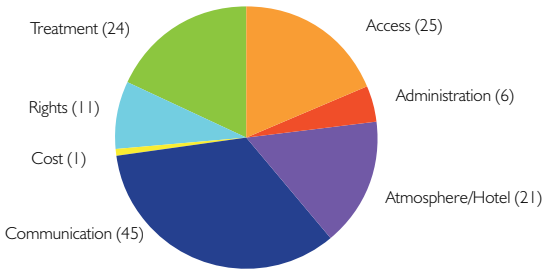
PATIENT SATISFACTION



This graph shows the 'Overall Care' result for WDHS and the average score for all 23 participating Category B Hospitals.

Reports from the Victorian Patient Satisfaction Monitor surveys are provided in a great deal of detail and whilst we are proud of the high level of satisfaction demonstrated, we analyse the data to identify areas where improvements could be made.

COMPLAINTS / FEEDBACK



WDHS Pharmacists, Julianne Thomson and Suzanne Staude discussing patients' pharmaceutical needs.

Results not necessarily good!

Our patient satisfaction results consistently demonstrated we were well above other hospitals with regard to 'Explanation of medicines and side effects'. However, when we looked back at previous results we could see that the level of satisfaction was dropping.

WDHS Pharmacist, Lynette Christie discussing medications with patient, Joan Stevenson.

What we did about it

To address the decreasing trend we:

- implemented new methods for notifying the pharmacy department of discharges
- made printed information available for patients to take home
- Spent more time talking to patients and their families

Pleasingly, we are beginning to see an upward trend in relation to this indicator.

Penshurst Community Survey

During the year, Penshurst District Health Service conducted a community survey as a means of identifying use of current and possible new community service programs.

The survey attracted responses from 190 community members, providing some excellent feedback. Whilst data is yet to be evaluated in detail some of the suggestions for future programs include:

- Men's Health
- Women's Health
- Mental Health
- Weight Loss and
- Quit Smoking

Measuring Community Participation

We recognise that community participation in health care is an important aspect in terms of quality and safety. One way for us to measure how well we do this is to compare our performance with the following Minimum Participation Indicators published by the Department of Human Services.

Performance Indicators	Our achievements
Health services meets ACHS EQuIP standard 'The governing body is committed to consumer participation'	EQuIP survey conducted May 2009. Surveyors commented "There was strong evidence that WDHS engages effectively with the community". A rating of 'Extensive Achievement' was awarded.
There are consumers, carers or community members on key governance and clinical governance structures.	Community representation on key committees including Community Advisory, Quality Improvement, and Penshurst & Coleraine Advisory Committees.
The Quality of Care Report outlines quality & safety performance & systems.	DHS Review panel has rated WDHS as a finalist for 2009 awards.
Consumer participation is assessed on the VPSM Consumer Participation index.	Increasing trend demonstrated Wave 14 (Sep '07 – Feb '08) - 81 Wave 15 (Mar '08 – Aug '08) - 82 Wave 16 (Sep'08 – Feb '09) - 83
Appropriate information is available to enable all consumers to be involved in decision-making about their care.	Consumer Information Policy developed to ensure compliance with standards including 'Well-written health information: a guide'

Timely Response

We know it is important to respond to complaints in a timely manner and issues resolved as soon as possible. Standards for complaints management expect that complaints are closed with 30 days so this is what we aim for.

	Average turnaround time	% closed within 30 days
Formal complaints	12.8 days	93%
Informal complaints	11.9 days	90%

Clinical Governance

Managing Quality and Safety

The system for managing quality of care, minimising risks and promoting continuous improvement is called 'clinical governance'. Good clinical governance relies on everyone sharing responsibilities and accountability for safety and quality.

All staff are responsible for:

- Working in a safe manner
- Reporting risks, hazards and adverse events
- Participate in continuous quality improvement and risk management
- Working within their scope of practice

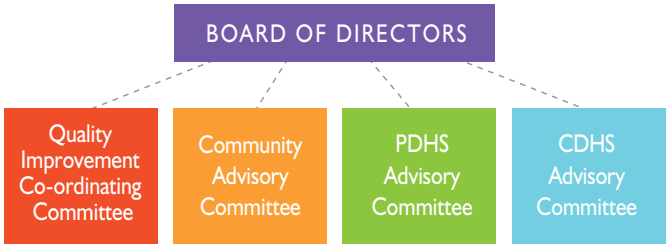
Management and the Board are also responsible for:

- Ensuring adequate resources to provide safe, high quality care
- Maintaining governance structures responsible for managing quality and safety
- Providing support and leadership to staff
- Communicating with external stakeholders eg DHS, Visiting Medical Officers
- Strategic Planning

Patients are responsible for:

- Working with the treating team by providing relevant information about their health and circumstances that may influence treatment, recovery or the stay in hospital
- Following their prescribed treatment
- Being considerate of staff and other patients. Asking their visitors to be considerate of staff and other patients
- Keeping to their appointment times or advising staff if they need to change an appointment
- Telling hospital staff if their health condition changes

Governance Structure responsible for Quality and Safety



Each of these committees has Board, staff and community representation providing input into the management of safety and quality.

Penshurst Advisory Committee

The Penshurst and District Health Service Advisory Committee comprises members of the community appointed to advise the Western District Health Service Board to advise on issues in relation to the Penshurst Community and District on health needs and services.

Major achievements for the Committee over the past year are:

- Redevelopment of the courtyard and living/dining room and
- Redesign and modification of bathrooms

Coleraine Advisory Committee

The Coleraine District Health Service Management Committee comprises eight members of the community appointed by the Western District Health Service Board to advise on issues in relation to the Coleraine community and district on health needs and services.

The focus of the Committee during the year has included:

- Progress with Coleraine and Merino redevelopment
- Accreditation of Wannon Hostels and Valley View Nursing Home by the Aged Care Standards and Accreditation Agency and
- Completion of new Independent Living Units

More detailed information regarding both Advisory Committees is available by obtaining a copy of their current 'Year in Review' Reports, which are available at the relevant campus and are also available on the WDHS website, www.wdhs.net

WDHS Laundry staff, Leanne Potter, Paula Hoy and Narelle Sambelle in the laundry where even the condemned linen is recycled for use in local garages.

ACHS Accreditation

In May 2009, a team of surveyors from the Australian Council on Health Care Standards (ACHS) completed an organisation wide re-accreditation survey. The survey included assessment against all standards and a review of the implementation of prior recommendations. The Health Service was assessed as meeting all standards to achieve accreditation for a further four years and received a number of 'extensive achievement' ratings. Surveyors provided complimentary feedback on governance, risk management, innovation, clinical practice and environmental management. The survey included an assessment of the HACC program, which also achieved re-accreditation.

In line with our continuous quality improvement plan, suggestions and recommendations for further enhancement will be actioned with some already implemented.

Managing Risks

A key aspect of clinical governance is managing risks. Throughout the year, focus was placed on the development of a comprehensive Risk Register to include clinical, corporate, human resources and environmental risk management. The Register includes actions allocated to individuals to manage and minimise risk.

Some of the strategies implemented to reduce the various identified risks are:

- Implementation of a Smoke Free Policy
- Development of an Influenza Pandemic Plan
- Introduction of a new Midwifery Model of Care
- New data back-up systems

WDHS Laundry Hand, Stuart Paton is trained in managing and minimising risk.

Checking our Risk Management

In November 2008, WDHS accepted an invitation from the Victorian Managed Insurance Authority (VMIA) to review our risk management system and to make suggestions as to how it could be further improved. VMIA were complimentary of the developments made and recommended several enhancements to the management of the Risk Register, all of which have since been implemented. The organisation's Risk Management Policy was updated accordingly and reflects new processes and responsibilities for risk management.

A Gold Medal for Risk Management!

In June 2009, Hamilton Base Hospital underwent an inspection by VMIA to measure the site's risk status. The focus was on property and public liability risks including fire protection and emergency power. Due to a significant amount of work done in the previous years, a gold medal was awarded.

Deputy Facility Manager, Robbie Cook with the HBH boilers inspected by VMIA to measure the site's risk status – a Gold Medal for risk management was awarded as a result.

Quality and Safety

Managing Patient Safety

Clinical Risk Management refers to how we manage risks relating to patients, residents and their care. It requires that we identify, analyse and manage risks to optimise patient safety.

So that we do this we need an effective incident reporting system which enables staff to document actual or potential clinical incidents. Each incident is categorised according to the degree of harm, or potential harm they cause. A large majority of incidents reported cause no harm at all such as failure to record administration of a medication. Another significant group are those adverse events that are not preventable or relate to a patients medical condition.

	Total Incidents	Insignificant/ Minor	Major/ Extreme
2007-08	1814	88%	1.0%
2008-09	1869	89%	0.4%

Adverse Events

We call incidents that result in harm 'adverse events' and these commonly relate to falls, pressure sores and minor infections.

Despite the fact that many adverse events are not preventable we continue to encourage staff to report all incidents so that we can monitor trends and identify any changes that need to be implemented to minimise risk.

Near Misses

A near miss is an incident that could have caused harm but was narrowly avoided due to safety mechanisms in place. Reporting of 'near misses' is strongly promoted as it gives us the opportunity to put additional safety strategies in place, before harm actually occurs.

Obstetric Review

Indicators to flag the need for review of medical records of our obstetric patients include:

- Transfer to another acute facility
- Haemorrhage after delivery and
- Readmission to hospital

A workgroup comprising our Director of Medical Services, Director of Obstetrics, GP Obstetricians and the Quality Manager meets on a quarterly basis to discuss individual cases, learn from experiences and identify ways to improve quality of care.

WDHS Director of Obstetrics, Dr Cobus Cloete and Dr Craig De Kievit discussing patient care at HBH.

Open Discussion

During the year the Australian Commission on Quality and Safety in Healthcare published standards for 'Open Disclosure'. This standard refers to the expectations and requirements for open discussion with a patient or their carer when things go wrong with their health care.

In response to the new Open Disclosure standard we have sent staff for specific training and revised our Open Disclosure Policy to ensure that all requirements are met. Over the coming year we will extend the education to staff across the organisation.

Clinical Networks

As a way of sharing resources and expertise we participate in a number of state and regional clinical networks. These include:

- Stroke Management
- Maternity and Newborn Services
- Cancer Services
- Palliative Care
- Emergency and Trauma and
- Infection Control

Through participation in these clinical networks we are able to ensure implementation of consistent clinical standards and compare our performance with other organisations.

Falls Management

New Falls Prevention Strategies

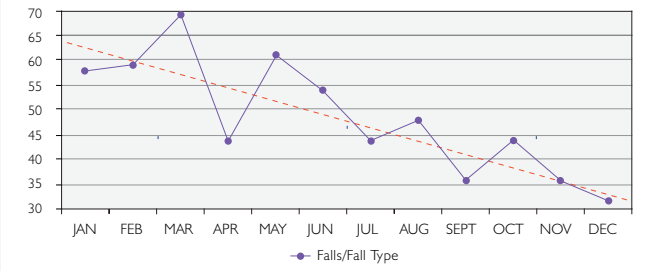
To help reduce the incidence and severity of falls in the community and in hospital settings we have continued to make advances in our falls prevention strategies via:

- An organisation-wide environmental audit was conducted, which identified the measures to be put in place to minimise the risk of patients falling
- Introduction of a falls prevention booklet 'Preventing Falls – a guide for seniors'
- A review of the risk assessment documentation to ensure a comprehensive assessment is undertaken and appropriate falls prevention strategies introduced
- Establishment of a falls risk assessment and referral database by the Physiotherapy Department
- A review of the community-based Falls Prevention Program to ensure all appropriate measures are in place
- Establishment of a Multidisciplinary Risk Management group at The Birches Residential Care Facility, which will review all areas of falls risk and implement prevention strategies to manage the risk
- Ongoing staff education regarding falls prevention and management

Great results for falls management were:

- A 40% increase in the number of falls risk assessments completed prior to referrals to the Physiotherapy Department. This resulted in a greater number of acute patients receiving falls prevention care
- A steady decline in the number of falls or falls related incidents
- An increase in the number of patients referred to the Community Falls Prevention Program or Community Rehabilitation Centre for falls prevention follow up, after discharge from the acute wards

WDHS FALLS RATE 2008



The graph show the steady decline in falls or fall related incidents across WDHS in 2008.

Falls are one of the most common causes of personal injury resulting in hospitalisation, reduced mobility, lost independence, reduced social life, and even death.

Our Community Falls Prevention Program

The components of our Care Plan and flowchart of our Community Falls Prevention Program.

Referral	The Community Falls Prevention Program is run by the Physiotherapy Department. It takes referrals from the Physiotherapy Team, Community Rehabilitation Centre Co-ordinator, District Nursing Service, Ambulance Victoria, Emergency Department, General Practitioners or other Allied Health Professionals. Even without a referral, any community member can access the Community Falls Prevention Program by contacting the Allied Health Reception on 555 18349.
Assessment	An individualised Falls Risk assessment which is used to identify your risk of falling. The assessment covers the areas of medical background, pre existing mobility, the environment, sensory issues, vision, hearing, medications, continence, feet and footwear, nutritional status, cognitive status, functional behaviours, strength, joint range of movement and balance. Carers and significant others are encouraged to attend these sessions as well.
Care Plan	Once a person's risk factors are identified an individualised care plan is created in consultation with the person aiming to reduce or eliminate their risk factors. The program also involves an independent home based exercise program and a weekly exercise group aimed at increasing muscular strength and improving balance.
Review	People are then reviewed and monitored within the Community Rehabilitation Centre – Case conference program.

Managing Clinical Risk

Medical review

We use many different ways to identify adverse events or errors in health care. One way is our LAOS Program. This stands for Limited Adverse Occurrence Screening, a method we use to identify clinical records that need more detailed review. It is not possible to examine every clinical record so particular 'indicators' which flag the need for a review of specific records are used as follows:

- Unplanned readmission to hospital
- Unplanned return to theatre
- Transfer to Intensive Care, and
- Transfer to another acute facility

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

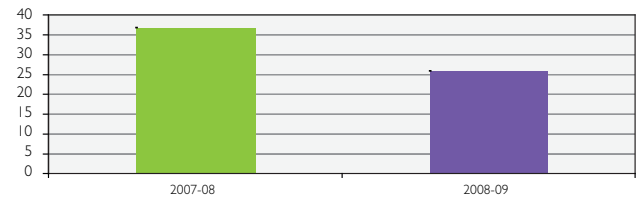
On a regular basis the Divisions of General Practice publish recommendations from their clinical record reviews and we are able to use them to evaluate our current practice.

Medical Emergency Team

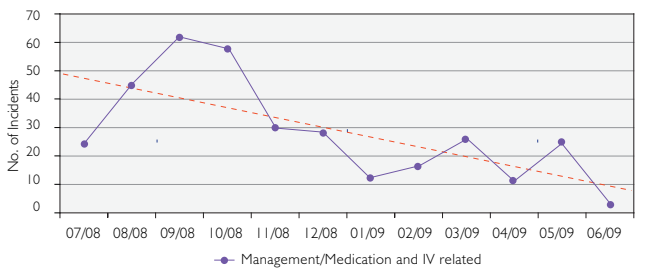
A Medical Emergency Team has now been in place for over a year, enabling us to evaluate its effectiveness in early identification of a patient whose condition is deteriorating and is in need of urgent medical attention.

With established guidelines and procedures, staff know when a patient is showing early signs of deterioration and can call the Medical Emergency Team. In response to the alert, senior registrars and specialist nursing staff assess the patient, providing medical intervention if required. Research demonstrates that this system improves outcomes for patients.

NUMBER OF CALLS FOR THE MEDICAL EMERGENCY TEAM



MEDICATION RELATED INCIDENTS



Measuring Medication Safety

To ensure we have the safest possible systems for medication management, an annual self assessment has been introduced.

The self assessment tools used were developed by the Institute of Safe Medication Practices (US).

Improved Outcomes!

We are seeing a downward trend in the number of medication related incidents. This has predominantly related to checking procedures put into place to make sure nurses have signed medication charts when medications have been administered.

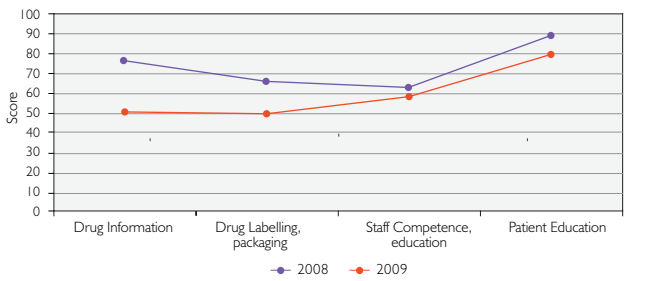
They are available from Australia's Clinical Excellence Commission and the NSW Therapeutic Advisory Group and comprise lists of key structures and processes that promote safe use of medications including:

- Patient information and education
- Drug labelling and packaging, and
- Staff competence

Completion of the self assessment in 2008 helped identify areas where further improvements could be made to maximise medication safety including:

- Drug labelling – We commenced the use of large fluorescent coloured stickers on the packaging of medications advising nurses if the medication is crushable or should not be crushed
- Patient education – To help patients better understand the medications they are taking at the time of discharge, the use of printed drug information material was expanded, and included with a list of discharge medications. Pleasingly, the self assessment completed in 2009 has demonstrated the improvements made to medication safety. In the coming year we will focus on additional medication management safety measures including:
- Restricting access to high risk drugs
- Reviewing storage issues, and
- Implementing more drug administration guidelines

MEDICATION SAFETY SURVEY



Medication Advisory Workgroup

The Medication Advisory Workgroup comprises a group of clinical 'experts' and managers who monitor medication prescribing, administration practices and medication errors.

The Workgroup commonly identifies new ways of reducing risks and improving safe management of medications. Over the past year these have included:

- Alert stickers, reminding doctors to order anti-coagulation – blood thinning agents to prevent development of clots, which can form in the legs of patients
- Introduction of new devices for administration of liquid oral medication, to prevent accidental injection of those drugs
- Implemented changes in response to high risk medications (eg. heparin and insulin)

Your satisfaction with Medication Management

One way to gauge how well we manage medications is by asking our patients.

Through reports from the Victorian Patient Satisfaction Monitor we learn how well we rate in terms of:

- Explanation of medicines and
- Explanation of medicine side effects

	Explanation of Medicines	Explanation of medicine side effects
Mar '07 – Aug '07	96	91
Sep '07 – Feb '08	97	88
Mar '08 – Aug '08	94	80
Sep '08 – Feb '09	97	88

This table shows the percentage of our patients who are satisfied with aspects of medication management.

Pressure Area Care

What is a Pressure Ulcer?

A pressure ulcer is an area of skin that has been damaged due to unrelieved and prolonged pressure, commonly associated with bed rest.

Pressure Ulcer Stages

Pressure ulcers are grouped into four stages, dependant upon how deep they are.

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

Why is Pressure Area Care important?

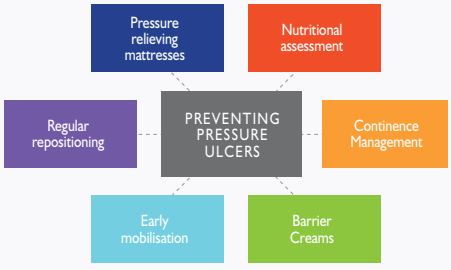
Pressure ulcers can develop quickly, sometimes in only a matter of hours and can have a significant impact extending the length of stay in hospital and increasing risk of pain and infection. Pressure ulcers are preventable adverse events. It is important to have strategies in place to prevent pressure ulcers from developing and to act quickly when early signs develop.

How do we prevent Pressure Ulcers?

On admission and throughout their care, all patients and residents are assessed for the risk of developing pressure ulcers. We know that some factors increase the risk, and include:

- Confinement to bed or chair
- Inability to move independently
- Loss of sensation or poor circulation
- Skin that is frequently moist
- Poor health or nutrition

For those identified at risk of developing a pressure ulcer, staff consult with patients, residents and/or their families in the development of a management plan.



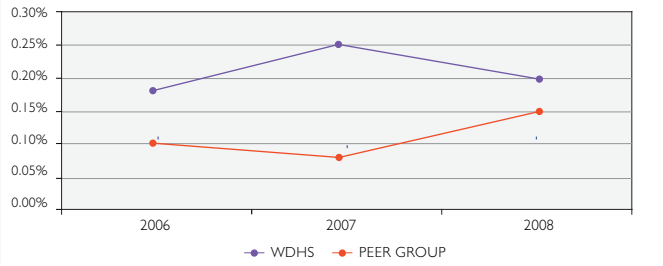
This diagram demonstrates some of measure that may be put into place to reduce the risk of pressure ulcers.

What are our results?

If a patient or resident develops a pressure ulcer, it is recorded on the incident management database 'RiskMan'. This enables us to monitor trends and to compare how well we are performing compared to other similar organisations.

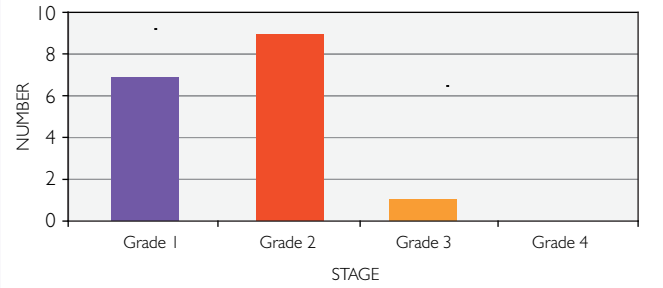
At varying intervals data is sent to DHS and the Australian Council on Healthcare Standards. Their reports allow us to see what our rate is in comparison with other organisations.

RATE OF PRESSURE ULCERS



The graph is produced from reports sent to us by the Australian Council on Healthcare Standards, relating to acute care patients. It shows that our rate of pressure ulcers compared with the average of other organisations is higher. However, we need to look at this data in conjunction with other data regarding severity of injury.

PRESSURE ULCERS 2008-09



This graph reflects the number and stage of pressure ulcers patients in our acute wards developed over the 2008-09 period. Pressure ulcers were predominantly detected and reported in the early stages of their development, allowing for rapid intervention to prevent progression to more serious stages.

What's new?

A review of pressure area management was undertaken in 2009. This involved looking at methods used to predict a patient's risk of developing a pressure ulcer, as well as devices available for use in prevention. In response to this review, a new screening tool has been implemented, with changes to documentation. This program will be evaluated in 2010 to determine the impact on the incidence of pressure ulcers amongst our patients.

Maternity Services

A new model of care was introduced to meet increasing demand and improve the continuity of care for mothers and babies by our midwives. This new model of care commenced services on the 15th June 2009, with seven midwives and support from Registered General Nurses, our Specialist Obstetrician, three GP/Obstetricians and the Victorian Department of Human Services.

Under the model, all women choosing to have their babies at Hamilton Base Hospital are assigned to a midwife and therefore have the opportunity to develop a one to one relationship with their midwife for the midwifery component of their care. The care provided by their midwife throughout pregnancy, labour, birth and postnatally complements the care women already receive from their doctor.

This important initiative also enhances the learning opportunities for Graduate Diploma of Midwifery students and is expected to improve retention of post graduates who would otherwise have sought employment in large stand alone maternity units elsewhere. We are now also able to offer employment to direct entry midwives, a recruitment opportunity not previously available to facilities such as WDHS. Without also having general nurse training, midwives were previously not able to work in facilities where they were required to work with a mix of maternity and surgical patients. The success of the Midwifery Model of Care will be measured through:

- Feedback from our patients
- Clinical outcome measures including length of stay, complications and adverse events

On an ongoing basis, we collect data to help measure the quality of care for our midwifery clients and their babies. Data includes:

- Apgar scores – the health of babies immediately after birth
- Perineal tears – damage to the mother during childbirth
- Caesarian section rates and
- Induction of labour – measures taken to initiate labour

Did you know!

A report published in 2002 estimated that there were approximately 140,000 hospital admissions each year associated with problems with the use of medicines. The cost was estimated at $380 million per year in public hospitals alone.

(Source: Australian Council for Safety and Quality in Healthcare, 2002)

Not Like the Local Deli!

Timely care in our Emergency Department is important to us. We can't manage systems like the supermarket delicatessen where it is 'first in: first served' otherwise those people who are critically unwell may not receive the urgent care they need.

So everyone receives timely care, we use a triage system. This means all patients are initially assessed on presentation to the Emergency Department and a decision made as to the degree of urgency for care. For example, a patient who has chest pain may need to be seen by a doctor urgently, so would be triaged as a 'Category 1'. On the other hand, a patient with abdominal pain off and on for the past 24 hours may be triaged as a Category 5.

There are national standards relating to the timeliness of care, so on a regular basis we are able to check our data to ensure we are complying with requirements. Pleasingly, targets have been consistently exceeded for all categories.

Triage	Target	WDHS
Category 1	100%	100%
Category 2	80%	84%
Category 3	75%	84%
Category 4	60%	91%
Category 5	60%	98%

The 'Target' is the percentage of patients expected to be seen with the required time. For example, it is expected that 80% of Category 2 patients are seen with 10 minutes. We have exceeded that target by seeing 84% within 10 minutes.

Stop the Clot!

Patients can be at risk of developing clots which may develop in the legs or lungs and are called Venous Thromboemboli or VTE. Like extended air travel, clots may develop because of immobility. In hospital this is associated with time on the operating table or requirements to rest in bed, with other risk factors including age, disease factors, smoking and obesity.

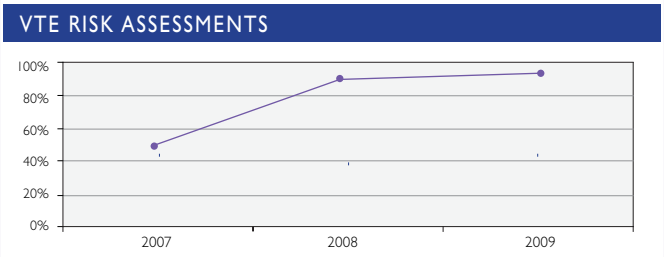
How we minimise the risk:

- Patients are assessed for the potential or risk that a clot could develop.
- The risk assessment is documented in the medical record
- Following assessment, specific preventative strategies are put into place to minimise the risk of clot forming. Those strategies include special compression stockings and the use of anti-coagulation (blood-thinning) therapy.

We regularly audit medical records to determine the degree to which risk assessments have been documented and the number of patients who correctly receive preventative treatment. Results to date have been consistently high for our surgical patients, mainly due to the pre-admission assessments that are able to be undertaken for this group of patients.

Audits however, initially indicated the need for improvements relating to management of our medical patients. To address this issue we:

- introducing a sticker to the Medication Chart to prompt documentation of risk assessments and
- reviewing our current policy to correspond with new best practice guidelines recently published



This graph demonstrates improvements made in risk assessments for our medical patients.

Care Pathways

WDHS Surgeon, Stephen Clifforth and theatre staff who perform one of over 3,000 procedures done annually at Hamilton Base Hospital.

WDHS Anaesthetist Registrar, Dr Faisan Zia and Nurse, Judy Mibus with Mrs Lyn Coxon

Did you know…

When a patient goes to theatre, his/her details are checked eight times before the operation commences. This way no mistakes are made!

Keith's journey before Surgery

- Keith had been to his GP because of a sore that had developed on his arm and hadn't healed. His GP referred him on to a surgeon.
- Keith visited the surgeon in his rooms and together they decided that Keith needed an operation to remove the lesion. After discussing Keith's options and the possible complications of surgery, the surgeon asked Keith to sign consent for the procedure on the Request for Admission Form. Keith was also asked to fill out a Pre-Operative Questionnaire.
- Keith completed the Pre-Operative Questionnaire and, together with the Request for Admission Form, presented to the Admissions Office on the ground floor at HBH.
- The Admission Clerk checked the forms and made sure the Hospital's computer system had Keith's current information. Keith was told he would be contacted at a later date regarding requirements for further pre-operative assessment. Keith's name was put onto a waiting list.
- Once a date for surgery was set, nurses in the Pre- Admission Clinic looked at the information Keith had provided on his Pre-Operative Questionnaire. They felt that because of his age and other medical issues, he needed to have a comprehensive assessment prior to his operation.
- Keith was contacted and asked to come into the Pre Admission Clinic, on the first floor, where he was seen by a nurse and an anaesthetist, a number of tests were done and blood was taken. He was also asked to see the dietician.
- On the day before surgery, Keith rang the Operating Theatre to find out what time he needed to come into hospital. He was given a time and advised to stop all food and fluids from 12 midnight. Keith was asked to present to the Admissions Office on the Ground Floor on the day of surgery to be admitted.
- On the day of surgery, Keith was directed from the Admissions Office back up to the Pre-Admission Clinic where he was prepared for theatre. His consent form was checked and an identification band applied.
- Keith was made comfortable in the Waiting Room, where he waited to be taken into Theatre for his surgery.

Time out!

Although details have already been checked many times, they are checked once more, immediately before the operation commences.

We call this 'Time-out' and it involves all the members of the Operating Team being present before the operation to confirm:

- the patient's name
- their U/R Number
- the type of procedure to be performed
- what side of the body
- that the right equipment and prosthesis are available

These are recorded on the Operation Room Record, and if all these checks are done, the operation is started.

Four monthly audits are conducted to make sure everyone is compliant to our standards.

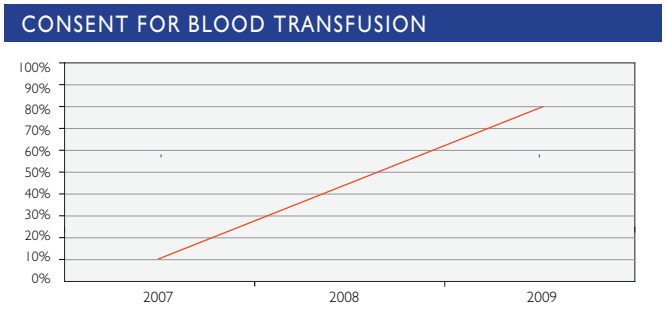
Safe Blood Transfusions

Although a blood transfusion can be life saving, there is a high level of risk if there isn't compliance with policies and procedures. We are constantly checking our practices to ensure that risks are minimised, with excellent results demonstrated to date.

Some improvements over the past year include:

- Evidence of patient information given
- Documented consent given by the patient
- Review of Blood Transfusion Policy to comply with most recent recommendations

We have gone from only occasionally gaining signed consent for blood transfusion to aiming for 100%!



Improvements in written consent for blood tranfusions

Safe Care after Surgery

With the introduction of a 'Second stage recovery' we have significantly improved the post-operative care of those patients who have had major surgery

Old post-operative care	Risks	New post-operative care	Outcomes
• Patients have their surgery • Patients are transferred to the recovery room • Patients are transferred to the general ward area	• Large ward area • Patients obstructed from close observation • Risk of delayed recognition of a deteriorating patient	• Patients are transferred from the recovery room to a "second-stage recovery" • Close monitoring • Staff with advanced training • New observation charts to alert subtle changes to a patient's condition • Transferred to the general ward area	• Early detection and response to deteriorating patient • Reduced adverse patient outcomes

Managing Pain

Pain management is an important aspect of care in acute, sub acute and residential aged care facilities. Some of the ways we ensure pain is appropriately managed is through individual pain assessment, use of a pain score, implementation of a pain management plan and close communication between our clients and relevant members of the health care team.

This is measured in two ways, firstly through patient feedback and secondly by auditing medical records to see if pain scores have been recorded

Percent satisfied with help received for pain		
	WDHS	State-wide
Wave 14 – Sep'07 – Feb '08	96%	94%
Wave 16 – Sep '08 – Feb '09	97%	95%

Results of Victorian Patient Satisfaction Monitor surveys

Documentation of pain scores pre and post analgaesia	
2006 audit	60%
2008 audit	100%

Pleasingly, improvements to staff education, the introduction of a pain management guidelines and new patient information brochures have significantly improved results.

Virtually Improving Patient Outcomes

Having specialist services available to us through information technology has proven to provide many advantages. For example, expert medical treatment can be delivered more quickly and with less inconvenience and cost to patients and their families who would otherwise have to travel to Melbourne.

This is how we can now improve patient outcomes using information technology:

1. Doctors can monitor their patients' vital signs and cardiac data from their home or clinic
2. Experts at the Royal Victorian Eye and Ear Hospital can view the eye of a patient in our Emergency Department through the use of a 'slit lamp' and video conferencing
3. Video conferencing links to the Royal Children's Hospital (RCH) enable experts to provide advice and support in the care of unwell children who present to our Emergency Department
4. Online digital imaging is available from Bendigo Radiology, providing timely results and reports
5. For other remote consultations as required

Ophthalmology advice and support using a slit lamp linked to specialists at RVEEH

Lachlan and his family, Dad Mark, Mum Julie and baby brother Braden, getting back on track after Lachlan suffered burns to his hand.

Royal Children's Hospital video conferencing

- Systems and equipment are in place to receive virtual advice and support from RCH
- Video conferencing between WDHS and RCH enables us to receive expert advice and support and possibly alleviate the need for patient transfer
- Access to expert advice and support via video conferencing is a valuable resource for staff at WDHS especially because the number of cases that get transferred to the RCH are small

Lachlan's Story

Just like a lot of little boys, Lachlan has caused his family some anxieties. When he seriously injured his hand, he needed urgent specialist medical treatment. Living in a remote farming area this was going to be a challenge for Lachlan and his parents. However, following an emergency dash to the Lake Bolac Bush Nursing Centre and then the Hamilton Base Hospital, Lachlan was soon treated under the expert guidance of the staff at the Royal Children's Hospital.

With the aid of advanced video-conferencing technology, staff at the Royal Children's could clearly see Lachlan's injury and assist staff at Hamilton regarding the appropriate path of treatment. This was very successful, eliminating the need for an urgent trip to Melbourne and disruption to family and farm work.

Lachlan was able to be taken to the Royal Children's Hospital several days later, giving the family time to make the necessary arrangements. Lachlan's hand continues to heal well.

John and the District Nurses, Katrina Hodgson and Camilla (Millie) Dundon

When John sustained extensive burns during the Black Saturday bushfires the distance between his home in Coleraine and the Burns Unit at The Alfred presented challenges. Usually at time of discharge, a nurse from the Burns Unit travels to the patient's home however because the Burns Unit was so overwhelmed with other patients at that time they were unable to send anyone.

With the aid of video conferencing between the Burns Unit at The Alfred and the District Nurse at the Coleraine, experts were able to review John's burns and discuss plan of care with our nurses.

Our Stroke Management

As a way of providing the best possible care for our patients who have had a stroke, we have continued to participate in the strategic direction of the Victorian Stroke Care Strategy. This helps ensure we continually improve care and outcomes for patients and their carers by using accepted guidelines for management of care and education for staff.

A local workgroup has been developed to monitor compliance and implement new strategies. Some of the group's activities during the year include:

- Revised medication management for patients presenting to the Emergency Department with a stroke
- Establishment of a care framework and guidelines
- Education of staff regarding best practice in care of patients who have had a stroke
- Consultation with community representatives and
- Monitoring of compliance with stroke management practices (called KPIs or key performance indicators)

Some of the key performance indicators include timing of medical imaging, medication management and swallowing assessments. Our compliance over the past two years has sat consistently on 88%. Difficulties in meeting 100% compliance relate to limited resources available for physiotherapy and speech pathology assessments for those patients admitted over the week-end.

Stroke Carer Support Group

A local Stroke Care Support Group has been formed and meets on a monthly basis. As the group is registered with the Victorian Stroke Association, they are able to access a wide range of information and support. Those who would like more information about this group should contact the Frances Hewett Community Centre.

Improving Co-ordination of Care

As many will undoubtedly know, care of patients can be quite complex, involving many health care professionals from a range of disciplines. To help co-ordinate care and streamline process, Care Frameworks have been developed. These frameworks provide a structure, guiding daily care of patients throughout their admission.

In collaboration with all relevant health care professionals, eight care frameworks have been developed, each providing a guide to the optimal care management of patients. They are intended to improve patient outcomes by facilitating consistent care based on evidence and best practice.

Current frameworks implemented are for patients having:

- Bariatric surgery
- Breast cancer surgery
- Laparoscopic colectomy (Bowel surgery)
- Vaginal hysterectomy
- Abdominal hysterectomy
- Prostatectomy
- Hip replacement and
- Total Knee replacement

As a guide, the frameworks are followed subject to the health professional's independent medical judgement and the patient's individual preference.

We measure compliance with the frameworks as a way of evaluating their effectiveness and measuring quality of care. Preliminary data is demonstrating a high level of compliance although this process is still in the early stages.

Caring for our Elderly

Functional Decline? Not me!

For many elderly patients, their hospital admission can lead to a decline in their ability to function independently, which after discharge can be difficult to restore.

Did you know

Functional decline occurs in 35-50% of patients and 3 months after discharge only 50% have regained their previous level of function?

Reducing Functional Decline

In recognising this problem we have introduced a number of measures to enable patients to maintain their existing level of function. These include:

- Comprehensive assessment of patients and appropriate referral
- Education of staff – 120 nurses have completed training in cognitive assessment
- Increasing resources available to staff
- Increasing involvement and responsibility of patients in their care

Improvements already!

Although a new program, improvements in documentation of care are already being demonstrated:

	2008	2009
Initial global screen within 24 hours of admission	60%	95%
Completed comprehensive assessment	92%	96%
Need for home services	80%	87%
Patient readiness for discharge	83%	100%
Carer readiness for discharge	80%	100%

Maximising Your Health While in Hospital

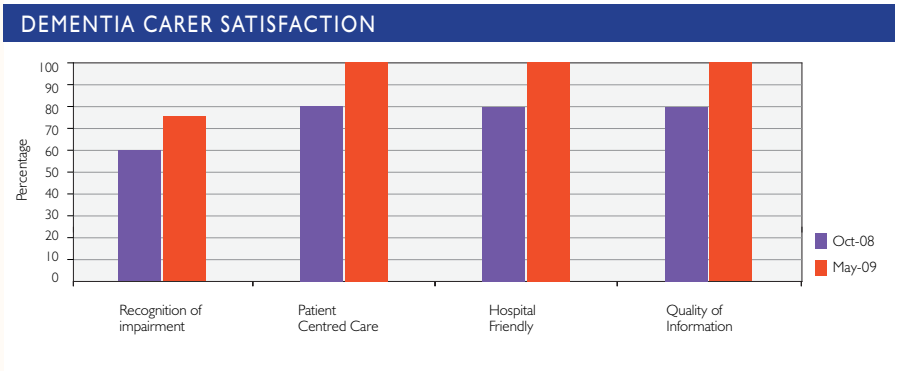
We hope that by promoting and assisting greater involvement, patients are more likely to engage in treatment decisions, feel supported and better able to self manage their health. With this in mind we have introduced a pamphlet 'Maximizing your Health While in Hospital', initially developed by Barwon Health. This pamphlet is distributed to all patients on admission and includes a range of ways patients can minimise the risk of complications whilst in hospital.

Dementia Care

Caring for those with dementia in the acute care setting can be challenging for all concerned. With the assistance of specific program funding we have:

- Provided staff with a comprehensive education program.
- Made modifications to the ward areas, including the installation of wander alerts
- Introduced dementia screening tools and
- Introduced Dementia Management Plans

Results to date have been pleasing with improvements in staff and carer satisfaction.



Aged Care Accreditation

Over the past year, our Coleraine facilities, Valley View Nursing Home and Wannon Hostel, applied for reassessment of their systems for providing quality care for residents; they subsequently went through an accreditation site audit. All 44 outcomes were met and both facilities were granted full compliance and reaccredited for a further three years.

Accreditation is not an isolated event. Ongoing compliance with legislated standards of care for residents is a continuing practice, which each facility is required to maintain. Residential aged care facilities receive ongoing monitoring of compliance and continuous improvement through support contacts and review audits. At least one unannounced visit occurs in each residential aged care facility a year.

All six of our facilities have had an unannounced support visit from the Aged Care Standards and Accreditation Agency auditors in the past 12 months. Support visits are valuable in assisting us to establish areas for improvement. Some improvements made in response to support visits include the development of an Incident Reporting Flowchart and clinical guidelines for Nutrition and Hydration.

Quality Indicators

Developed in 2006, each facility continues to collect quality indicator data that is submitted to DHS on a quarterly basis. Over the past three years each facility has used its own data as a focus for improvement and consequently has achieved some sustained results. In particular, two focus areas have been restraint and falls.

Restraint

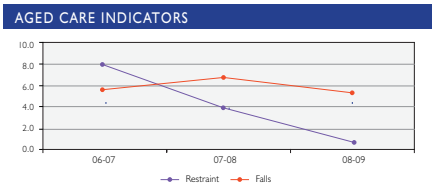
In the past, organisations used various methods to prevent residents from harming themselves by falling. Equipment such as bedrails and seat belts were commonly used. However more recent research found that dignity and safety for resident is much improved when restraint is minimised.

Initial collection and benchmarking of data, showed that both the Grange and the Birches had a high incidence of the use of restraint. This included the use of bed rails, seat belts and bed wedges. With results being of a concern that the facilities were not meeting 'best practice', a review of the process for restraint use was conducted.

What we did
Introduced more regular observation
Increased activities and diversional therapy
Educated staff
Developed an online learning package and competency
Educated family members
Our outcome
Reduced use of restraint
Improved resident satisfaction.
Improved clinical documentation
Reduced risk of complications

Falls

Falls management is a constant challenge when we are caring for frail, elderly residents who do not always recognise their limitations. All facilities are faced with these issues and as a group we are looking at ways in which we can recognise the importance of independence for our residents, whilst maintaining their safety and reducing the number of falls.



Reduction in restraint without impact on the number of falls.

A la carte Dining!

To increase menu choices, an electronic menu planning system has been introduced with excellent outcomes including:

- residents are able to exercise choice, control and flexibility regarding their menus
- residents can choose menus a week in advance instead of four weeks
- errors are minimized regarding menu and room changes
- reduction of the time required by staff to manage the paper system
- any staff member is able to alter resident's meals directly
- Hotel Services can easily update menu options electronically
- the ability to roll the program out to other areas of WDHS

Whilst only functional in the Hamilton Aged Care facilities at the moment, there are plans to introduce the system into the Penshurst and Coleraine campuses over the coming year.

Community Aged Care Packages

Western District Health Service has 30 Community Aged Care Packages (CACPs) which assist elderly residents, in the local government areas of Southern Grampians and Glenelg in the Barwon South Western Region of Victoria, to remain living in their own homes. WDHS currently manages:

- 20 general packages
- 5 rural and remote packages
- 1 Aboriginal and Torres Strait Islander package
- 4 ATSI packages are brokered to local ATSI specific provider

WDHS CACPs operate from The Grange Residential Care Service which provides 24 hour trained nursing staff 'on call' service and support to answer queries or concerns of clients when the Case Manager is not available. Each package recipient is offered a range of assistance to best meet his or her needs. Such assistance can include: nursing, personal care, allied health services, respite, home maintenance, and cleaning.

Improvements to our CACPs include:

- Introduction of communication books into more client homes
- Improved communication between manager and other providers
- Extra education for the CACPs Manager and staff
- Education for Grange staff regarding CACPs

Review of CACPs Quality

A quality survey was completed for the Grange Community Aged Care Packages program with a positive outcome. The survey also resulted in the development of a new brokerage agreement with Dhauwurd-Wurrung Elderly Citizens Association for the five packages for our Koori clients.

Community Services

Care and Services in the Community

A major component of the care and services provided by WDHS is the service provided in community settings via a diverse range of programs, which aim to:

- prevent or ensure early intervention of illness
- assist people and their families to manage health conditions at home
- maintain independence
- promote socialisation

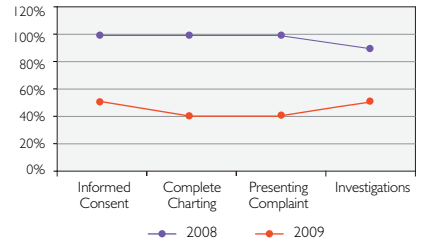
Our new Dental Service

In July 2008, the public dental service was transferred to WDHS from Dental Health Services Victoria. The service is supported by a dentist, dental therapist, dental assistants and reception staff, and provides a range of general dental services for children and adults, including dentures. Complex needs are referred to specialist services.

Throughout the year, the dental service has:

- treated over 1,500 clients
- consistently received positive feedback and compliments from clients
- introduced a child friendly environment, including brightly coloured gowns and a children's room
- consistently met or exceeded performance targets against state benchmarks
- employed a trainee dental assistant; and
- relocated to a new modern clinic alongside the Frances Hewitt Community Centre

DENTAL RECORDS - IMPROVEMENTS IN DOCUMENTATION



WorkHealth

In recognising the increasing health issues facing Victorians, a WorkHealth program was launched by the government in 2008. The program aims to reduce preventable chronic diseases, such as diabetes. WDHS is an endorsed service provider of confidential health checks to workplaces under the Work Health initiative.

This year WDHS delivered health checks to over 350 people at 10 local workplaces.

Did You Know?

Over one million Victorian workers are at risk of developing a potentially preventable chronic disease.

The prevalence of diabetes jumped by 77% between 2001 and 2006, and continues to increase in association with increases in obesity, lack of physical activity and poor diet.

Increasing Counselling Services

This year the Counselling Service welcomed a male counsellor recruited from Britain, forming a team of three staff. Over the past two years, the service has increased its access to farmers by introducing an evening service and an outreach program called 'Farm Gate', delivered in partnership with other local service providers and coordinated by the Southern Grampians and Glenelg Drought Committee.

Happy customers!

A Consumer Survey was conducted in 2008 with 250 consumers participating. Feedback was very positive with some minor suggestions for improvement made. Such a survey will be conducted every two years ensuring the Counselling Service meets consumer needs.

GP in Community Health Strategy

The GP in Community Health Strategy concluded in December 2008 and was successful in improving client access to fully bulk billed services that enhance the management of their chronic disease.

The Strategy involved linking local General Practitioners with services provided by a Nurse Project Officer who coordinated and created Chronic Disease Management plans.

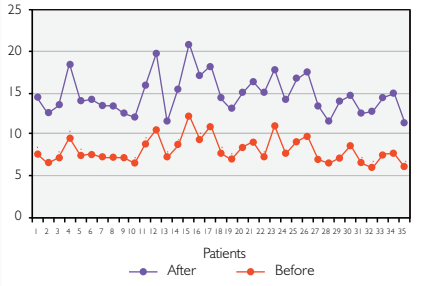
Over 12 months, the Strategy resulted in:

- 57 referrals received with 60% of GPs participating
- 42 GP Management Plans completed and 24 clients reviewed
- A reduction in HbA1c (blood glucose) levels and waist measurement observed in the 24 clients reviewed
- Sustained linkages between local GPs and WDHS services

The results support the literature findings that clients who are motivated and educated about their illness will improve their health status and reduce future complications.

Changes implemented under the strategy have been sustained by the GP clinic employing a Practice Nurse to create GP Management Plans and referring to WDHS Allied Health.

ACHIEVEMENTS IN BLOOD GLUCOSE LEVELS



HARP - A healthy mind and body for managing chronic disease

The Hospital Admission Risk Program (HARP) continued successfully throughout 2008/09. The objective is to provide a comprehensive service that improves the quality of clients' lives through health education, care planning, timely intervention and ensuring supports are in place.

Specific programs provided include:

- Diabetes - Better Health Self-management
- Chronic Disease Management (eg. Pulmonary Rehabilitation, Heart Failure and Stroke)
- Cardiac Rehabilitation

Caring for your psychosocial needs

This year, HARP services have been expanded with the employment of a part-time Psychosocial Care Coordinator. A key aspect of this role has been to implement approaches to support people with complex psychological and social needs that may impact on their ability to manage their health.

Pat's Story

"If you don't work together as a team, you don't get anywhere – that's always been my motto" (John)

HARP Co-ordinator, Emma Cobcroft with Pat and John

And that's just what Pat and her husband John were doing with staff from the Hospital Admission Risk Program (HARP) to assist Pat in managing her health.

Like many older people in her community, Pat was living with long-term illness. Each day, she was required to monitor her health. She was reliant on oxygen therapy and the daily care and support from her husband John.

Pat had experienced a cluster of admissions to WDHS. Staff from the HARP program began to see Pat and together they started on a care plan and identified actions to take to improve her health and reduce her risk of return to hospital.

With the focus on all aspects of her well-being, including the social, emotional and physical impacts, Pat was referred to a multidisciplinary team of clinicians. It was concluded that Pat could not return to their current home due to regulations related to home oxygen therapy and so support was provided to help find and secure a home close to family supports. HARP continued supporting Pat, discussing coping strategies to manage anxieties and concerns, as well as managing symptoms.

As a consequence of this multi disciplinary support, Pat grew in strength, was able to help with meal preparation, cancel her home help and even made a trip to the local café for a scone. John now looks back on a significant period of time when Pat had no admissions to hospital and they were able to spend valuable time together.

This multifaceted approach to a healthy mind and body for managing chronic illness is a key focus of HARP care that is having a positive impact on outcomes for our clients. We pay tribute to Pat for her courage and determination to manage her illness.

Well Women

The Well Women's Clinic continues to increase the number of young women and health card holders attending by offering the Human Papillomavirus Vaccine for young women under the age of 26 and a bulk billed service.

This year, additional pap smear clinics were held in Penshurst and Balmoral – both of which are very under screened populations. Their huge success has resulted in additional funding being made available to run further clinics.

To ensure the health care needs of the Koori women in our community are met, additional pap smear clinics have been scheduled for the coming year.

Did you know?

By women having regular two yearly pap smears, 90% of cervical cancer cases can be avoided!

Prostate Case Management

Community Services provided case management and cancer support to all men presenting with prostate related conditions. 100% of men are case managed within the acute hospital setting and a total of 79 patients receive post operative care from this service.

Case management for this financial year included:

- 32 men underwent resection of the prostate for benign prostatic enlargement
- 31 men required case management for urinary tract conditions
- 6 men required support post bladder tumour resection

The men's health and prostate cancer service provision continues to grow in service delivery and need. WDHS continues to support this area of clinical management and service delivery through its Men's Health Service.

Infection Control

Visitors to Hamilton Base Hospital are required to comply with hand hygiene guidelines before visiting patients.

Handy Work!

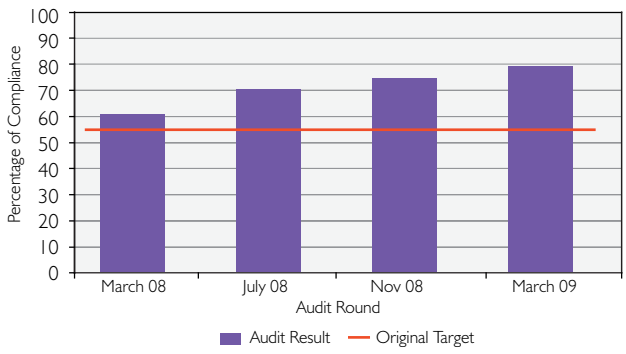
Routine hand washing practices have proven to significantly decrease the incidence of cross-infection. A 'Hand Hygiene' campaign has been embraced and promoted by WDHS which includes staff education, promotional material and regular auditing to monitor compliance.

Internal auditing of Health Care workers shows a steady increase in compliance as it becomes an ingrained habit. Our results demonstrate compliance to be well above the target set by the Department of Human Services. Compliance is monitored by watching health care workers undertaking routine practice. Hand hygiene must be done:

- Before patient contact
- Before a procedure
- After a procedure
- After patient contact
- After contact with patient surroundings

Patients and residents can contract infections brought unknowingly into our facilities by visitors. Pleasingly, visitors have also embraced our hand hygiene campaign by regularly using the hand cleansers made available at the entrances.

HAND HYGIENE



Care when Visiting

In addition to participation in our hand hygiene campaign, visitors also help us in the prevention of infection by giving consideration to their own health or contact with such diseases as Gastroenteritis and Influenza. Signage at our residential aged care facilities asks visitors to defer visiting if there is a risk of them carrying an infection. The elderly people in our care can be more susceptible to the common ailments and, in such closed environments, infectious disease can spread rapidly.

Surgical Wound Infections

A small percentage of post operative wound infections are always a concern, but WDHS works closely with the surgeons to monitor the rates and minimise the number of infections.

In the past year the infection rate was 3.8% (42 of 1095), which predominantly relates to infections from higher risk cases such as bowel surgery. This is a slight increase from the 2007 figure of 3.1%.

We have kept our wound infections to a minimum through:

- Monitoring dressing techniques
- Staff education
- Appointment of a wound consultant
- Appropriate use of prophylactic antibiotics

Preventing spread of the 'flu

To reduce the risk of passing on the 'flu' to our patients or staff, each year we promote our staff influenza immunisation program. The Department of Human Services has set a target of 60% of staff being immunised, with WDHS exceeding that target by immunising 65% of staff for the 2009 season.

Swine 'Flu

At the outbreak of the Swine 'Flu, WDHS took a lead role assisting the community and emergency services to implement strategies, manage and contain the infection. The Influenza Pandemic Committee was reconvened to identify the implications and measures to be taken, which included raising public and staff awareness, staff education and increasing availability of specific supplies.

Did you know

Viruses travel about six metres when you sneeze and three metres when you cough!

Measuring up on Infection Control

During the year we joined with 65 other health care facilities across regional Victoria in conducting an Infection Prevention and Control Compliance Audit. This was a way of helping us measure our practices compared to recognised Infection Control Standards.

The first section of the audit related to organisational issues including waste management, food services and hand hygiene, with WDHS scoring 97% compliance, 5% above the average rate of all participating organisations. With some minor changes, including increasing availability of eye protection and recording of fridge temperatures, we will achieve 100%.

The second section of the audit related specifically to our clinical areas and included drug storage, environmental cleaning and reprocessing of equipment. In this category, WDHS scored 96% - once again above the average of 95%. We will be able to increase our compliance in this section by increasing the number of hand basins installed as a part of facility redevelopment.

Fight against 'Super Bugs'

To try to stop 'Super Bugs' such as MRSA and VRE from generating, we monitor the use of antibiotics. Inappropriate use of antibiotics can result in micro-organisms becoming susceptible, therefore making treatment of infection very difficult.

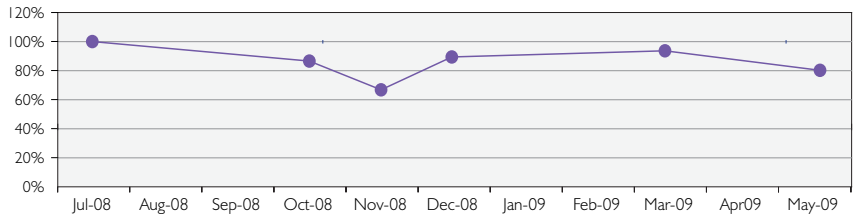
On a regular basis, spot audits are conducted on the types of antibiotics prescribed for our patients, with results compared to published antibiotic guidelines. In instances where the prescribed drug is not consistent with guidelines, the clinical decision is discussed between the relevant doctor and one of our pharmacists.

WDHS Nurse Educator, Leah Swainston showing nurses Lucinda Malseed and Mallory Longney the correct way to put on a mask.

How you can prevent the spread of influenza?

- Cover your nose and mouth with a tissue when you cough or sneeze.
- Throw the tissue in a plastic-lined rubbish bin after you use it.
- Wash your hands often with soap and water, especially after you cough or sneeze. Alcohol-based hands cleaners are also effective.
- Avoid touching your eyes, nose or mouth as germs spread that way.

ANTIBIOTIC PRESCRIBING



Our Environment

Reducing Our Waste

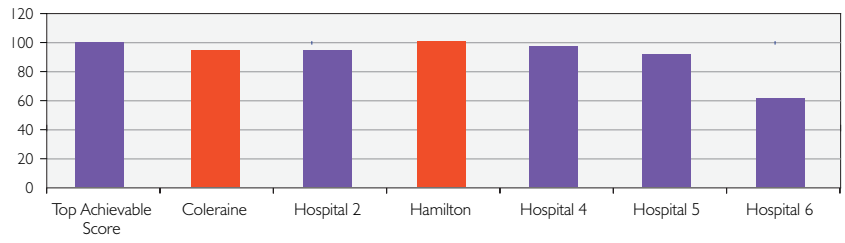
WDHS continues to place a high focus on its waste management, in particular, waste reduction with excellent results:

- Over the past 12 months, Hamilton Base Hospital has reduced its overall general waste by 16.17%. This excellent result has been achieved by directing 354.27 m3 of recyclable material away from general waste and into the recycling system
- The 354.27 m3 equates to 177 large skips not requiring emptying, resulting in a saving of $2,478.00 per annum
- The linen service also recycles its condemned linen to local garages for cleaning rags. This generates a further $2,000 in revenue, which would otherwise be lost to landfill
- In May 2009, the Australian Council on Healthcare Standards surveyed our organisation, with one aspect focusing on waste management. Pleasingly, we received a rating of 'Extensive Achievement'
- A review by Healthcare Waste Management Benchmarking (June 2009) rated HBH as the best performing organisation, followed closely by Coleraine & District Health Service

Hotel Services assistant Ms Trudy Boyes collecting general waste from the Hospital.

Trudy Boyes preparing cardboard cartons for recycling as part of the WDHS waste management program.

WASTE MANAGEMENT BENCHMARKING - JUNE 2009



Our Clean Hospital

The cleanliness of the health service is taken very seriously by management and staff; risk of infection through cross contamination remains a constant challenge for our excellent environmental/cleaning staff.

The confidence the public have in their health system is maintained by presenting our facilities in a clean and aesthetic state.

The annual 2009 external cleaning audit conducted by "Cogent Business Solutions" thoroughly checked many of our departments for cleanliness, in accordance with the standards set by the Department of Human Services (DHS).

Our Overall hospital cleanliness was 97.3% out of a possible 100% and exceeded the DHS benchmark of 85%.

Food Safety

Each year our Food Services Departments are audited for compliance with Food Safety Standards. Catering and Hospitality Management Services Pty Ltd visited each campus to review compliance with standards including packaging, storage and processing of food.

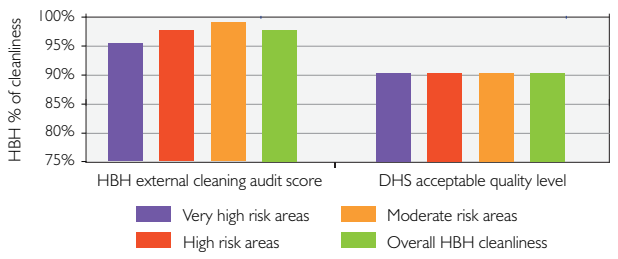
Certificates of compliance were issued for all areas.

All Catering staff are required to have Food Handlers Certification and throughout the year they participate in ongoing education and updates.

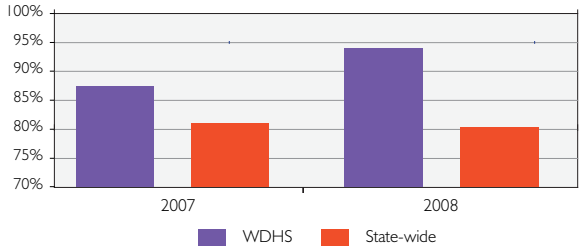
And they love it!

Feedback from patients regarding the quality of food demonstrates a high level of satisfaction!

2009 HBH EXTERNAL CLEANING AUDIT RESULT



PATIENT FEEDBACK ON THE QUALITY OF FOOD



Did you know

Over the past year our Hamilton campus produced 252,639 meals – 3,162 more than the previous year!

WDHS Environmental Services worker, Carol Holmes busy at The Grange Residential Care Facility.

Our Staff

All clinical staff must undertake ongoing education and assessment to ensure WDHS provides appropriate patient care which is of a high standard. While many staff attend state and national conferences, a wide range of education sessions are provided locally. These include palliative care, infection control and diabetes management.

WDHS also provides education and assessment of skills in areas such as basic life support, medication administration, blood transfusions and epidural management. Some of this education and assessment occurs on-line, while other education and assessment is face to face.

Practice Development Nurse

The Practice Development Nurse position was developed in February 2008 to increase educational and orientation support across the two residential aged care sites in Hamilton. Due to the ever increasing specialisation of care for residents living in aged care, the need for ongoing education and training, thorough orientation and competency based assessment and learning is essential.

The Practice Development Nurse provides all staff with access to a wider range of 'expert' information and training, ultimately resulting in improved resident outcomes.

Graduate Programs

WDHS has again provided two graduate programs for newly registered nurses. The programs provide support and guidance to nurses following the completion of either the Bachelor of Nursing or Certificate IV in Nursing. Both programs allow the new graduates to work with experienced nurses in a variety of wards and provide structured support through the education centre.In addition, WDHS has provided supported graduate placements for a wide range of allied health staff, including Podiatry, Occupational Therapy and Physiotherapy.

Leadership Program

During 2009, a management development program commenced. This has allowed a wide range of frontline supervisors to access accredited training applicable to their individual workplace.

Graduate Diplomas

WDHS is a strong supporter of further education for staff. In particular, staff are presently undertaking post graduate studies in Intensive Care, Theatre and Midwifery. Technology allows staff to complete their studies via conferencing facilities (e-live, webcast or video conferencing facilities). They may also spend periods working at larger specialist units to hone their skills before returning to WDHS.

Successful studies at these advanced levels require dedication from staff undertaking the study but would be much more difficult without the high level of support and professionalism provided by our experienced, senior staff including managers, clinical, education and library staff. In addition many other staff provide valuable support through preceptor and mentoring roles.

Three staff completed their Graduate Diplomas during the year:

Emma Hynes – Graduate Diploma of Midwifery

Julie Schultz - Graduate Diploma of Nursing Practice (Perioperative Nursing)

Nicola Grayson - Graduate Diploma of Nursing Practice (Critical Care)

International Staff

Over recent years, WDHS has increased international recruitment to fill some specialty roles. In many cases, this requires staff to complete further studies to meet full registration requirements. In 2008/09 we have excellent results from medical and allied health staff completing these studies and enabling them to obtain full registration and permanent residency in Australia.

Ensuring Competent Staff… …Through Credentialing

In order to ensure safe, high quality care, it is imperative that the credentials of all staff are checked prior to commencement of employment at WDHS. Credentialing is a means of checking that staff have the skills, experience and qualifications required for their particular position at WDHS.

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

Once these requirements are met, the Medical Appointments Advisory Committee meets to determine the suitability of the doctors for appointment to WDHS, based on their qualifications and the service needs of the organisation.

Doctors are credentialed for a specified period of time, based on the actual position. After that time they are required to reapply. Decisions for re-credentialing are based on compliance with requirements and performance assessments.

In the case of all other clinical staff, registrations and/or qualifications are checked prior to employment to ensure they meet legislative requirements and are authorised to perform the functions required within their roles.

…Through Privileging

Once doctors have been through the credentialing process, their 'scope of practice' needs to be determined. This means that the activities and procedures they are allowed to perform at WDHS are specified. This process is also 'privileging' and requires us to consider what particular medical service the community needs and the organisation can support, and what skills the applying doctor have. In a similar way to medical staff, other clinical staff also have clear guidance regarding scope of practice dependant on qualifications and experience.

Did you know

....approximately 30% of the medical workforce in Australia are overseas trained doctors?

...Through Police Checks

WDHS acknowledges its duty of care to provide a safe environment. One way of doing this is to ensure all staff, students and volunteers have a Police Record Check done prior to their employment and on a regular basis throughout their employment.

Police Record Checks are mandatory for all staff, students and volunteers.

...Through Working with Children Checks

In addition to Police Records Checks, there is a requirement for some people to have a Working With Children Check. The Working with Children Act 2005 requires that all those engaged by WDHS who have regular, direct and unsupervised contact with children need to have a Working With Children Check.

...Through Staff Development and Training

WDHS has an ongoing commitment to excellence in learning and professional development for all staff. This is primarily managed through the Education Department which routinely undertakes a needs assessment to identify where education is required. Needs are identified through staff feedback, policy changes, new services, new equipment or up- skilling of competencies.

During 2007/08, e-learning was further developed for delivery of programs, including fire safety training, anaphylaxis, blood transfusion, elder abuse and epidural anaesthesia competencies. Our new learning management system has made it easier to book and, in some cases, complete their training online.

Hospital Medical Officers

Hamilton Base Hospital relies heavily on the services of our resident medical staff along with our rotating Medical Officers from St. Vincent's and Barwon Health to ensure we have full time Medical, Surgical and Emergency cover 24 hours a day, 12 months of the year. Their qualifications are subject to approval by the Medical Practitioners Board of Victoria, and their rotations to different hospitals are prescribed by the Postgraduate Medical Foundation of Victoria.

Hamilton Base Hospital also employs some Hospital Medical Officers who have received their training outside of Australia.

Credentialing our Overseas Trained Doctors

The process for overseas trained doctors to be able to practice in Australia is lengthy and regimented but put into place to ensure the highest possible quality of medical care.

1. An Exam

The doctor must apply to sit an exam set by the Australian Medical Council. Once permission to sit the exam has been granted, the doctor can apply for a three month temporary visa to enter Australia and study for the exam.

This exam can also be taken outside Australia in several countries including the UK, Hong Kong, Singapore and the Middle East with several other countries recently having recently being added to this list. If a candidate comes from a country where there is political unrest, they must sit the exam outside Australia.

2. English Proficiency Test

The doctor must have a current English Proficiency Test by sitting recognised English exams. The candidates must have a score of 7/10 over all categories.

3. Job Application

Once these requirements have been met, the doctor has to apply to Rural Australian Hospitals with teaching facilities to secure a position as a second year post graduate. This is usually a 12 month position.

If the doctor is not successful in obtaining a position with an Australian Hospital within the three month period of their visa being granted, they have to return to their own country and commence the process all over again.

4. Job Interview

Prior to appointment the doctor is interviewed by a panel of Senior Medical Staff, together with the Medical Education Officer and the Director of Medical Services to determine whether they will be suitable to work at Hamilton Base Hospital.

5. Visa Application

Once the doctor has obtained a position in the hospital, they must apply for a visa to work in Australia.

6. Mandatory Competencies

During their employment in Hamilton, these doctors participate in ongoing training, supervision and mandatory competency assessments

Dr. Sanji Wasgewatta, her husband Chamara and daughter Shania.

In addition to meeting all the above requirements to be able to work as a doctor in Hamilton, Sangi had time to start a family! Sanji successfully completed her Australian Medical Council Clinical Exam in April and has successfully worked through her hospital rotations in the Medical, Surgical and Emergency Departments.

Our Volunteers

WDHS has 295 registered, unpaid volunteers (an increase of 70 on the previous year), excluding auxiliaries, who give of their valuable time and skills to support our patients, residents and clients across the health service.

Volunteers are recruited through an interview process with the Volunteer Coordinator to determine where their skills, experience and interests will be best used. All undergo a Police Check and comprehensive orientation program before commencement of service.

WDHS relies heavily upon the support of all its volunteers and we acknowledge and appreciate their considerable contribution to improving the lives of people we provide services to.

Hospital Sunday Appeal

This year's Hospital Sunday Appeal was a resounding success with 102 Volunteers door knocking over the first weekend of May in the communities of Hamilton, Glenthompson, Dunkeld, Cavendish, Penshurst and Branxholme and surrounding rural districts. The appeal tally reached an amazing $48, 278 with the funds going towards the purchase of a colonoscope and an orthopaedic drill.

Cancer Support Groups' Charity Night

A Charity Night organised by the Cancer and Breast Cancer Support Groups, together with generous support from Dr Geoff Handbury AO resulted in an outstanding donation of $13,500 being made to WDHS. The funds resourced the creation of a Palliative Care family room located in the HBH Medical Unit. The room is open to any family member or friend visiting loved ones in Palliative Care. It offers a quiet space that is private and a home-like environment within the hospital. It will also provide a private area for relatives to meet with clinicians when necessary.

Opportunity Shop Milestone

This year's donation of $25,000 from the Op Shop volunteers saw a significant milestone reached, in that over the past 71 years they have managed to raise $324,500, all of which has been donated to the Health Service. The funds have been used to improve facilities and purchase equipment and furnishings for the improved comfort and medical wellbeing of patients.

Hours of Service in 2008/09

- 15 volunteers provided 668.28 hours of support to the Grange Residential Care Service
- 9 volunteers and external work placement/work experience volunteers provided 273 hours of support at The Birches
- 11 Volunteers provided 303 hours of support to Penshurst campus residents
- 6 volunteers provided 652.25 hours of support at Wannon Court and Mackie House in Coleraine
- The Merino Bush Nursing Centre is supported by 21 volunteers
- 14 volunteers provided 250 hours to the comforts trolley service at HBH, raising $644.65 after costs
- 102 volunteers donated over 260 hours to door knock for the Hospital Sunday Appeal, raising $48,278 for an orthopaedic drill and a colonoscope
- 1 volunteer gave 72 hours of support to visit and care for two palliative care clients and their carers
- 196.50 hours of voluntary service provided office administration and support to the Community Liaison Department
- 1 volunteer provided 79 hours of support to the Chronic Disease Management program
- The Adult Day Activity and Support Service in Hamilton and Penshurst received 517 hours of volunteer
- support to assist with transport, meals, activities and a three-day trip
- 2 volunteers provided 14 hours of support to the Virtual Visiting and Virtual Quiz activities, with another 27 Monivae College and Baimbridge College students recruited into the program in readiness for expansion of the program next year.

Community Transport

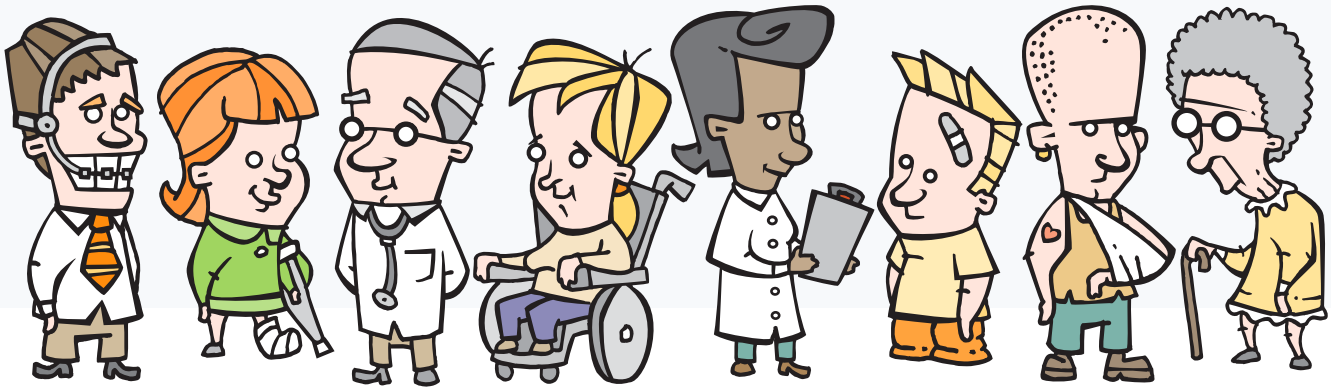
The Hamilton Community Transport Program now has 63 registered volunteer drivers and escorts, 46 of whom assisted the Health Service in 2008/09. The volunteers donated 2,372.5 hours, an increase of 33.4% on the previous year, and provided 1,688 trips, covering a total of 110,878 kilometres, an increase of 27,748. The program transports clients to medical appointments locally and to services in Ballarat, Warrnambool, Geelong, Melbourne, Horsham and Mt. Gambier.

There are 30 registered transport drivers and administration staff providing a volunteer community transport service in Coleraine four days per week, enabling clients to attend local activities and medical appointments.

A special commendation award for outstanding team achievement at the 2009 Minister for Health Volunteer Awards was a major highlight for the Community Transport team.

WDHS Community Liaison staff with the Health Service's oldest volunteer, 90 year old Charlie Watt

10 Tips for safer health care



Participating in decisions about your health care can help provide the best possible outcomes, the following 10 Tips can assist you.

1. Be actively involved in your own health care

Take part in decisions that are made about your treatment.

2. Speak up if you have any questions or concerns

You have a right to ask questions and to expect answers that you can understand. Your health care professional wants to answer your questions, but can only answer them if you ask.

3. Learn more about your condition or treatments by asking your doctor or nurse and by using other reliable sources of information

It's a good idea to collect as much reliable information as you can about your condition, tests and treatments.

4. Keep a list of all the medicines you are taking

You can use the list to let your doctor and pharmacist know about everything you are taking, and about any drug allergies you may have.

5. Make sure you understand the medicines you are taking

When you purchase medicine, make sure you read the label and any warnings. Make sure it is what your doctor ordered for you.

6. Make sure you get the results of any test or procedure

If you don't get the results when expected, don't assume "no news is good news". Call your doctor to find out your results, and ask what they mean for your care.

7. Talk to your doctor or other health care professional about your options if you need to go into hospital

Become involved in decisions about your hospital treatment by discussing your options with your health care professionals.

8. Make sure you understand what will happen if you need surgery or a procedure

Ask your doctor or surgeon exactly what the procedure will involve and who will be in charge of your care when you're in hospital.

9. Make sure you, your doctor and your surgeon all agree on exactly what will be done during the operation

You should confirm with your doctor and your surgeon the operation to be performed as close as possible to it happening.

10. Before you leave hospital, ask your doctor or other health care professionals to explain the treatment plan you will use at home

Doctors can sometimes think that their patients understand more than they really do about their continuing treatment and follow-up after they are discharged home from hospital.

These 10 Tips have been adapted from the US Agency for Healthcare Research and quality patient fact sheets (available on the Internet at www.ahrq.gov/consumer).

More detail can be found at www.safetyandwquality.gov.au

Glossary

Accreditation
An evaluation by independent surveyors on the degree of compliance with specific industry standards. If adequate, a certificate of accreditation is award.

ACHS EQuIP
The set of standards called the Evaluation and Quality Improvement Program set by the Australian Council on Healthcare Standards and against which the organisation is measure for accreditation.

Audit
Systematically examining documentation, processes and procedures to determine level of compliance with established target or standards.

Benchmarking
A process of comparing our performance against other organisations or established targets.

BMI
Body Mass Index.

CACPs
Community Aged Care Packages.

CALD
Culturally and Linguistically Diverse.

CDHS
Coleraine District Health Services.

CEO
Chief Executive Officer.

Consumer
Those people who are current or potential users of health care services. It includes those seeking care and treatments as well as their carers and family members.

Credentialing
A formal process used to verify the qualifications, skills experience and professional attributes of those working in our healthcare system. Credentialing commonly refers to medical practitioners but also includes other health professionals.

DHS
Department of Human Services.

Framework
A structured set of guidelines used to give overall direction on a plan of care.

HACC
A government funded Home and Community Care Program which provides services to the frail, elderly and/or disabled.

HARP
Hospital Admission Risk Program - a program designed to assist those with a chronic disease to better manage their condition and minimise admissions to hospital.

Incident
An event which could have or did lead to unintended harm to a person, loss or damage and/or a complaint.

LAOS
Limited Adverse Occurrence Screening.

MRSA/VRE
Bacteria which has become resistant to usual antibiotic treatments, making it difficult to treat infections when they occur.

NCFH
National Centre for Farmer Health.

PDHS
Penshurst & District Health Service.

Peer Group
Our Peer Group is other "Group B" hospitals including South West Healthcare, Colac Area Health and Wimmera Base Hospital.

Prophylaxis
Treatment or care to prevent a certain health issue.

Quality
Doing the right thing, for the right people at the right time.

RCH
Royal Childrens' Hospital.

Safety
The condition in which risk has been reduced to an acceptable level.

SFF
Sustainable Farm Families.

SWARH
South West Alliance of Rural Hospitals.

Triage
A system used in the Emergency Department to prioritise treatment of patients based on their health status.

VMIA
An insurance company which helps public health care organisation manage their risks.

VPSM
Victorian Patient Satisfaction Monitor.

VTE
Venous Thrombo Embolism

WDHS
Western District Health Service.

Western District Health Service

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