WESTERN DISTRICT HEALTH SERVICE
QUALITY OF CARE REPORT 2010

EXCELLENCE IN HEALTHCARE, PUTTING PEOPLE FIRST

"At WDHS, we are striving at all times to provide high quality and safe care to all our community"

Jim Fletcher, Chief Executive.

Contents

Cover
WDHS Dental Therapist Joanne Nelson, Principle Researcher, Tracy Plunkett, Winda Mara Aboriginal Corporation with Children visiting the dentist (from back L-R) Kieran Barker 8 years, James Plunkett 5 years, Triffy Grant 5 years, Corey Plunkett 5 years

Inside front cover
The Birches resident Jack Allan enjoys the pleasant garden surroundings with his granddaughter Andrea Munro, great grandson Mitchell (10 months) and daughter Lorraine Watt.

Right
Community members participating in a walk for heart week coordinated by WDHS Community Health staff

Highlights for 2010

Our Service Profile

Western District Health Service (WDHS) is based in Hamilton, Coleraine and Penshurst in the Southern Grampians and Merino in the Glenelg 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 primary catchment area for WDHS is the Southern Grampians Shire and Northern part of Glenelg Shire with smaller catchments from neighbouring Shires including South East South Australia.

The main campus of WDHS is Hamilton Base Hospital, which provides 76 beds offering a comprehensive range of medical and surgical services, sub acute, intensive care and Regional Trauma Service. Self sufficiency for acute services for the primary catchment area is around 80%.

There are two Aged Residential Care facilities attached to Hamilton Base Hospital campus; The Birches, a 45 bed aged residential high care facility including 30 beds for high care dementia, three psychogeriatric and one bed for palliative care. The other 45 bed aged care facility, the Grange, is mainly high care with 'ageing in place'. The Grange also provides 30 CACPS.

A newly created Primary and Preventative Health Division (an amalgamation of Community Health and Allied Health) offers a comprehensive range of Allied Health, primary, preventative health promotion and education programs from the main Hamilton Base Hospital site, with a drop-in Youth Centre located in the main town centre.

A range of corporate and clinical specialist services are provided from the Hamilton campus to other neighbouring Health and Community Service providers.

The National Centre for Farmer Health, which is a partnership between WDHS and Deakin University was established on the Hamilton Base Hospital site in November 2008. The National Centre, the first of its kind in Australia, is a research, education and service delivery centre for the health, wellbeing and safety of farm families and farm workers.

WDHS also has two small multi-service campuses located at Coleraine and Penshurst and operates a Bush Nursing Centre at Merino.

The Coleraine campus provides 10 beds for low level medical acute care, mainly chronic illness and convalescence from surgery, 12 high care, 41 low care age residential beds over a number of sites, 25 independent living units (ILUs), and a medical clinic with a range of primary and allied health services provided from the main Hamilton campus.

The State Government has provided $25.2m of $25.8m to redevelop health facilities at Coleraine, which will include consolidation and relocation of all services onto the one site to create a one stop shop health precinct for the Coleraine community. Plans are progressing for tender to be let in May 2011 with construction to commence in June 2011 with a completion date of December 2013.

The Penshurst campus provides six low-level acute medical beds for chronic illness, 17 high care and 10 low care for aged residents, a medical clinic, 10 ILU's (six at Dunkeld, four at Penshurst) with primary and allied health provided on an outreach basis from Hamilton.

Merino Bush Nursing Centre is a first responder for accident and emergency and District Nursing. It also provides a part-time Planned Activity Group Sessions program. A ½ day per week medical clinic commenced on 30/8/10 and the Glenelg Outreach has established a ½ day per month Podiatry, Dietetics and Diabetes Educator service.

Tenders have been let for the building of a new Community Health Centre for Merino funded by a $500,000 Commonwealth grant and $350,000 from WDHS. Construction commenced on October 2010 with a completion date of April 2011.

In keeping with the demands of an ageing population, approval was received in August 2010 for the transfer of five ageing in place residential beds from the Grampians region to the Grange Aged Residential Care facility.

This is the first step in completing the final redevelopment of the Grange including the addition of five beds, complete refurbishment of a 15 bed wing, the building of a new kitchen and additional activity space. The $2.8m project is planned to go to tender in March 2011 for commencement of construction in May 2011. A $250,000 grant has been provided by DOH with the remaining funds to be provided through fundraising and WDHS reserves. To date, $1.91m of the $2.2m fundraising target has been raised.

Introduction

Western District Health Service is proud to produce the 2010 Quality of Care Report. The report outlines the outcomes of our quality and safety program. We have endeavoured to describe the quality and safety systems, processes and outcomes of our health service through graphs, data, information and importantly some local case studies. We are particularly thankful to the people who agreed to tell their stories in our Quality of Care Report and share their experience with the community.

Throughout the report we have included quotes from patients who have used our services. These quotes have been extracted from the Victorian Patient Satisfaction Monitor (VPSM) Wave 17 (June 2009 – Dec 2009). The VPSM is a statewide patient satisfaction survey which produces reports with a purpose of assisting hospitals in identifying strategies that can improve services and patient satisfaction. The report also enables hospitals to track their performance over time and compare their results to those of like hospitals.

Distribution of the 2009 Quality of Care Report

Each year we endeavour to distribute our Quality of Care Report as widely as possible. Building on the successful distribution of previous years, the publication of the 2009 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 media '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 2009 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.

In 2008, a new initiative to have the Quality of Care Report in audio format was introduced and in 2009 the report was also made available in larger print or in an alternative language if required. These initiatives will all continue for 2010 in an endeavour to ensure accessibility to our whole community.

Preparing the 2010 Quality of Care Report

Our 2010 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. Preparation was largely influenced by feedback we received on last year's Quality of Care Report from our community and also from the Department of Health (DoH). Due to the success of both the printed survey within the report and an electronic survey emailed and available on our website, we will be utilising these methods once again to gain community feedback. DoH feedback score is highlighted in the table below, indicating that WDHS is continuing to make improvements year after year. Last year's score placed us in the first (highest) third for the category and we achieved a finalist status in the Public Healthcare Awards.

Year	2005	2006	2007	2008	2009
Our score	73	74	89	93	106

When evaluating last year's report, we used a scale of 1(excellent) to 5(poor) in the evaluation survey.

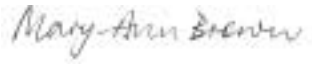
Results for 2009 were

	1	2	3
The report clearly depicts WDHS activities and achievements	63.2%	31.6%	5.3%
The report is well presented	71.1%	23.7%	5.3%
The report was easy to read	57.9%	39.5%	2.6%
The report gives me confidence in choosing my care at WDHS	52.6%	42.1%	5.3%
The graphs were easy to understand	52.6%	39.5%	7.9%

We trust that the report will give you an insight into our quality and safety system processes and we welcome your feedback to assist the development of future reports.

Please use the self addressed form provided or use the online survey at www.wdhs.net

For further information please contact our Quality Manager – Mrs. Wendy James on 555 18207.



Mary-Ann Brown
PRESIDENT

Jim Fletcher
CHIEF EXECUTIVE OFFICER

Access

A very important component of improving patient outcomes is ensuring that our patients and clients have ease of access to our services.

Frances Hewitt Community Centre (FHCC) wins 'Physical Access Award'.

FHCC was successful in October 2009 at being a joint winner of the 'Physical Access' category of the Southern Grampians Shire Iluka Resources Inclusive Business Awards. There were 12 organisations nominated in this category, including retail businesses. The judges commented on the excellent attention to detail at FHCC, including the newly renovated areas incorporating signage, ramps, width of doorways, uncluttered public spaces, parking etc. This ensures inclusive access for all needs.

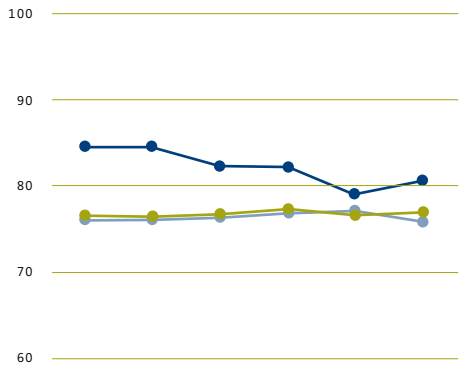
The award is in recognition of our active FHCC User Group and the time and effort taken to listening and responding to their input by all staff.

We are clearly delighted to have won this award and to have been nominated by a community member.

Access is often evaluated through consumer satisfaction surveys. Some of our results relating to access are:

Victorian Patient Satisfaction Monitor – Wave 17 results (June 2009 – Dec 2009)

Access and Admission Index for period 2006 to 2009



	Wave 12	Wave 13	Wave 14	Wave 15	Wave 16	Wave 17
Western District Health Service	85	85	82	82	79	81
Category B Mean	76	77	77	77	77	76
State-wide Mean	77	77	77	77	77	77

The above graph clearly demonstrates Access and admission score = 81, five points higher than other Category B hospitals and four points higher than all hospitals state-wide.

Adult Day Activity & Support Service (ADASS) client survey 2009

100% of Penshurst clients (n=12) and 92% of Hamilton clients (n= 40) stated that they are happy with the bus/car transport to and from ADASS

Allied Health Medical Benefits Scheme (AH MBS) Client Survey Analysis (June 2010)

Section 1 of this survey aimed to establish feedback about the client's experience when entering our service. The responses indicated that the majority of the participants felt there were no problems with referrals:

- 76% felt they participated in the referral process
- 95% of the respondents valued the clear information provided, preferring written information to help them to manage their condition. The remainder withheld comment

Pre-Admission Review/ Triaging of a patient for surgery

The Pre-Admission Review was initiated to ensure best practice was followed for all surgical patients and for staff working in the Pre-admission Clinic.

The review looked at all procedures occurring in the Pre-Admission Clinic identified some processes involving both the surgical patient and the Pre-Admission staff, which could be streamlined and simplified. A challenge is the management of the repetitive questions asked to the patients, and the time it takes for them in the clinic and to undergo pre-operative testing.

The long time the patient spends in the clinic initiated the review of the triaging of pre-operative testing for the patient coming for surgery.

The audit conducted to assess the accuracy and user-friendliness of our Patient Questionnaire found that most patients had a good understanding of the questions and were happy to complete the form in the Admissions office. This confirmed that the selection of patients for phone consults or face to face consultations was adequate to detect high risk patients.

Following this audit the triaging process was reviewed and under the direction of the Director of Anaesthesia and the guidelines and clinical standards for a Pre-Admission Clinic, a few minor changes were initiated. The Triaging Process has been endorsed by the hospital which means more patients will have a comprehensive phone consult, and fewer patients need to come to the clinic for a face to face consultation with the nurse and for unnecessary pre-operative tests.

To address the challenge of minimising the repetition of questions to the patient, the avenue of introducing an electronic Initial General Assessment is being explored.

The introduction of an electronic diary has also given the Pre-Admission Clinic the ability to make changes, and appointments for patients, without having to leave their desks to refer to a paper diary. Important patient information could be added to the electronic diary and everyone with access to it will be able to view it when they log on.

WDHS Allied Health Reception staff, Diane Fisher (sitting) and WDHS Health Information Clerk, Kelly Pegus with the modifications made in response to consumer feedback. The lowered reception desk has improved access for wheelchair clients

Maternity Services 2009/10.

An innovative model providing continuity of care for pregnant woman

Over the last financial year, Western District Health Service (WDHS) has provided maternity services to 223 women through the new Hamilton Model Midwifery Care program (HMMC). It is twelve months since this innovative service commenced. The commitment of the seven participating midwives, along with support from the Registered General Nurses, our Specialist Obstetrician, three GP/Obstetricians and the Victorian Department of Health has allowed this new service to grow and consolidate, ensuring the ongoing provision of Maternity Services to the Western District community.

All women choosing to have their babies at Hamilton Base Hospital are assigned a midwife and 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.

The enhanced learning opportunities for Graduate Diploma of Midwifery students at WDHS have provided exciting and fulfilling midwifery opportunities for students, with an associated increase in competition for placements at WDHS. Future recruitment, although always challenging, is no longer viewed as an impossible task.

Early data indicates that maternity outcomes have improved in line with the Department of Health Victoria recommendations. Since the commencement of the HMMC, length of stay for Caesarean Section has reduced to below the state average with no increase in adverse outcomes, making WDHS the exemplar hospital in the state of Victoria for this outcome. The Induction of labour rates continue to decline, and only one baby required transfer to a tertiary level hospital this financial year, compared to five the previous year. Feedback from both staff and consumers has indicated that the community is happy with the change from the traditional form of maternity care, with women enjoying the extra care they receive from their midwives throughout the continuum of pregnancy and birth.

The HMMC continues to provide continuity of care for women, ensuring the maintenance of their dignity and individuality, enhancing and supporting the skills of midwives and doctors in a collaborative framework, while providing safe and quality care to women and their babies. This achievement has been recognised by the presentation of the State Nursing and Midwifery Excellence Award for Midwifery in 2009, and the enthusiasm of health care facilities state wide to duplicate the program in their own services. The HMMC is continuing to expand, with the proposed introduction of 'virtual' contact with women in remote areas and education initiatives within local schools.

WDHS midwife, Emily McCallum holds baby Charlotte, daughter of Hayley Niewand

Operating Theatre

Changing our practices to improve patient outcomes for patients undergoing non-urgent bowel surgery

The post operative stay after major non urgent bowel surgery has traditionally been prolonged, averaging between 10 and 28 days in some institutions.[1]

The implementation of multimodal rehabilitation schemes, starting in Europe with the so called ''Fast Track Rehabilitation ''schemes, evolving into the ''Enhanced Recovery after Surgery ''schemes has consistently shown that this length of stay can be reduced significantly along with a reduction in post operative complications, without increasing perioperative mortality.[2] These programmes have rapidly become accepted practice and have been adopted at Hamilton Base Hospital.

Patients are not just being discharged from hospital earlier to be a burden on the family and the general practitioners in the community. The criteria for the discharge from hospital remains the same. We just manage to get the patients to that point sooner.

The program brings together a raft of measures we were already aware of and fused them into a cohesive programme. Things like the possibility that nasogastric tubes and surgical drains weren't always useful, that excessive preoperative starvation guidelines were unhelpful and even harmful, that high carbohydrate drinks preoperatively were useful in maintaining bowel function. Changes in the style of anaesthetic utilised and the use of modern anaesthetic agents have assisted in minimising the effects of the anaesthetic and allowed for earlier patient mobilisation and feeding. This decreases postoperative complications and promotes earlier wound healing. When this is coupled with minimally invasive surgical techniques (laparoscopic or keyhole surgery), the results have been impressive.

Between January 2008 and July 2009, 35 non urgent bowel resections were undertaken at Hamilton Base Hospital. Of these, 22 were with a conventional surgical approach and 13 were undertaken by laparoscopic surgical techniques. The average length of stay for the conventional technique was 11.2 days. The average length of stay for the laparoscopic technique was 6.4 days.[3]

With the imminent upgrade of the Hamilton Base Hospital Operating Theatres to incorporate state of the art digital technology equipment to establish our theatre as a centre of excellence for the performance of laparoscopic (keyhole) surgery, we look forward to further enhancing the quality of patient care by bringing a greater range of up to date surgical procedures and techniques to the patients we treat.

References

1. ''Wide geographical variation in hospital recovery times''. www.reducinglenghthofstay.org.uk
2. A Clinical Pathway to Accelerate Recovery after Colonic Resection. Basse L., Jakobsen D. Et al. Annals of Surgery. Vol 232, No.1, 51-57
3. Hamilton Base Hospital Health Information Department

> **"Happy and relaxed atmosphere around theatre, recovering and admission of the day of procedure. A feeling that the staff were a happy and co-ordinated group committed to excellence."**

WDHS Surgeon, Stephen Clifforth with CNS, Jude Forsyth-Mibus and Theatre Nurse, Michelle Walkley performing one of over 3,000 annual operations

Mollie's Story

Collaboration between WDHS Occupational Therapy department and the Royal Children's Hospital improves care outcomes.

Mollie is a 13 year old girl who attends Baimbridge College. She lives with her parents and two brothers. Mollie has Muscular Atrophy Type 2 which means she experiences muscle weakness, which impacts on her ability to walk.

Mollie has had a lot to do with the WDHS Occupational Therapy (OT) Department over the years. Occupational Therapists work with people to promote independence in all areas of daily living including school, home and the community. Recently, Mollie attended the Royal Children's Hospital to review her wheelchair needs. She was accompanied by her Hamilton OT who was able to assist with the review and make sure the outcome was relevant to her everyday life.

The OT Department has provided a range of services to Mollie including equipment provision, an assessment of her school to ensure her access needs are met, provision of training programmes and seeking appropriate funding. At all times, the approach has been client centred with Mollie directing her programme.

The OTs and Mollie have also worked closely with other team members including physiotherapists and her case manager. Mollie's mum, Lynette reports that 'Mollie appreciates all the help from the occupational therapists, physiotherapists and her case manager at school, home and with her wheelchair. It all helps give Mollie a more normal lifestyle.'

WDHS Occupational Therapist, Briana Deutscher talks to Mollie and her mother, Lynette about a lifting machine to be used for Mollie's care. Provision of equipment is just one service offered by the OT Department

> **"I could not find anything other than excellent. The Coleraine Hospital, staff, doctors, cleaners and anyone in general. It is a wonderful place to be when you need care and attention. The cleanliness was excellent. A most necessary hospital."**

COAG Long Stay Older Patients Projects 2010

The COAG Long Stay Older Patients Program has been one of WDHS flagship projects

Over the last three years there has been a focus on developing a best practice approach to person centred care. The emphasis for the program is

- the involvement of patient and carer in the care plan
- improved outcomes in relation to maintenance/retention of independence through daily living skills
- reduction of functional decline, enhancing their long term health and well being

This program has produced many improvements such as reduction in length of hospital stay (graph 1), reduction in unplanned readmission within 28 days of discharge (Graph 2) and waiting lists for residential care, improved assessment and involvement of patients and carers in care plans and better identification of support services on return to home.

Along with these improvements there have been some practical initiatives implemented by our medical unit to improve stimulation, and social interaction with our long stay patients.

Activity trolley

This initiative was the brainchild of a group of nurses from the medical unit. They approached the Men's Shed and had a trolley built with the idea that it could stock items such as games, books, magazines, puzzles and CD players. Staff fundraised to purchase the trolley items along with approaching local businesses for donations. This trolley has been a valuable aid to the volunteers and is a wonderful resource for patients.

Volunteer program in the Medical unit

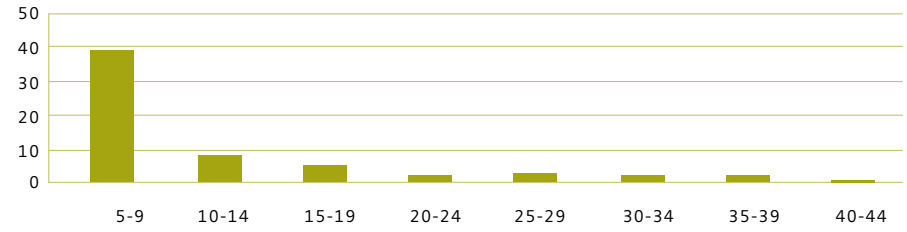
Volunteers visit the medical unit, taking the trolley around to patients providing social stimulation to patients who may not have visitors due to distance from home or who are isolated. They have a list of activities identified as suitable for each patient to act as a guide and the trolley assists this role. The volunteers take patients for a walk or wheelchair them to the courtyard, play cards or just reminisce about times past. Volunteers wear a pink apron with a volunteer logo and WDHS identification on it for easy identification. The volunteer program in medical is still in its infancy but will grow, being valuable in assisting with diversion, stimulation and social interaction for long stay patients. For more information, contact the Volunteer Coordinator on 5551 8284.

Sharing Booklet

Is an aid for the client/family to complete to assist anyone coming into contact with a loved one. It is the patient's to own, travelling with them throughout the continuum of care, whether it be in their own home, hospital, respite or aged care. It assists in their dealings with the client, giving depth of background information and acts as a communication/resource tool. The sharing booklet is an excellent tool to use in diversional therapy and for the volunteers to use for reminiscing, being patient specific. Families can personalize the profile with photos and even "scrapbook" if they wish. The more information provided by the client/carer the better for the patient. This gives other multidisciplinary teams a more holistic view of their client. Over 60 booklets were handed out this year.

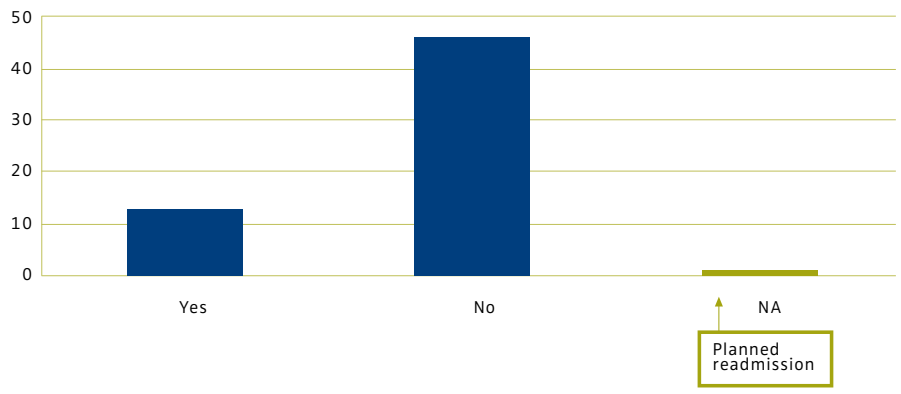
Graph 1: Length of stay

1st Nov 009 – 30th Mar 10



Graph 2: Unplanned Presentations – Readmission within 28 days of discharge

1st Nov 09 – 30th Mar 10



> **"If all patients in hospitals today received treatment as both my husband and I have at the same. There would be no problems left for our medical systems. Our treatment was excellent by all staff members."**

Harp Readmission data – Year 3 (2009-2010)

HARP (Hospital Admission Risk Program) works with people who have a chronic condition and their carers to help them deal with the challenges their condition presents.

HARP works with people in their homes to help them understand their treatment, manage their symptoms and the impact their condition has on their lifestyle.

HARP has been working with people with chronic and complex conditions since July 2007, initially receiving funding for three years. Over the three years, the program continues to indicate positive change in relation to total numbers of Emergency Department presentations and the total number of readmissions to hospital. For the people admitted to the program from June to Nov 09, our data illustrates an improved:

→41% reduction in presentations to the Emergency Department (ED)

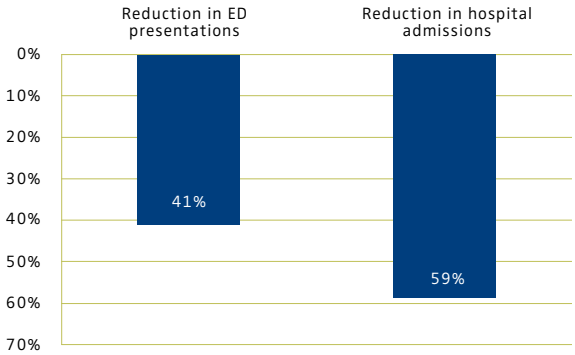
→59% reduction in hospital admissions

This report represents a significant reduction in both hospital admissions and Emergency Department (ED) presentations for people in our community who are living with a chronic condition.

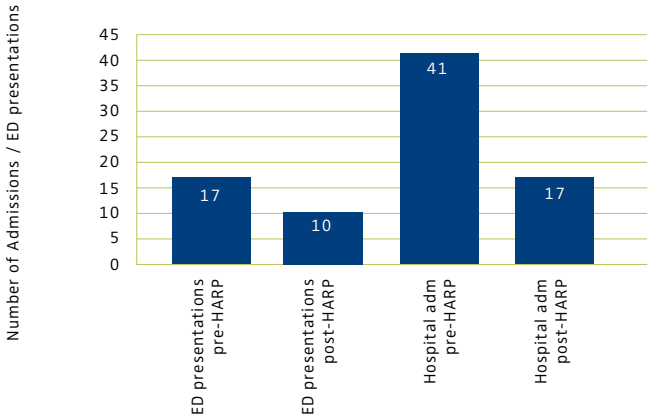
The data below represents the sum total of presentations by people to WDHS, which includes admission for any reason, planned or unplanned, related or not related to chronic disease.

> **“All staff were excellent in the way they carried out their duties. Well done.”**

HARP Readmissions & ED presentations – 6-months post HARP



HARP admissions & ED presentations Year 3 (2009-2010)



Keith and June's story

A HARP success story

Keith was referred to the Hospital Admission Risk Program (HARP) following an unexpected hospital admission while on holiday in Western Australia with his partner June. He returned home with a new diagnosis of heart failure and some lifestyle decisions to be made.

June had also been unwell with a recent chest infection, which had required a hospital admission and compromised her health. Her recovery was assisted by the provision of Meals on Wheels for both she and Keith, which was organised through Post Acute Care Services at the hospital. June too had made the decision to improve her lung health by "quitting" her long term smoking habit.

Keith and June were referred to the Chronic Disease Management Program at WDHS and commenced the eight-week program earlier this year, with June undertaking the Pulmonary Rehabilitation stream while Keith participated in the Heart Failure stream. Together they gained valuable information on ways to manage their chronic health conditions and set goals for healthy changes to their lives. Over the eight-week period Keith and June improved their fitness levels and learned about heart and lung health as well as meeting other people with similar health conditions. They tracked their progress in a diary to monitor the differences in their weight and fitness compared to before the program and maintained regular contact with their doctors and care coordinator. The group program covered many wide-ranging aspects of their health and they also found support and companionship amongst the other group participants.

Keith has attained significant achievements during his time with HARP, including a 4kg weight loss, a significant increase in physical fitness and an informed understanding of what he can do to help keep his health at its best. He is working with his doctors and is in partnership with his healthcare providers at Hamilton Medical Group and Western District Health Service.

June has also increased her fitness level and has now reached a healthy weight. She has especially noticed the difference in her walking and exercise abilities since giving up smoking and participating in the program. She is moving forward in a positive way with her life.

Neither Keith nor June has had any unplanned admissions to hospital since commencing the program, and both have joined a local gym to continue their journey to good health. As part of the program, they will be followed up at three and nine month intervals for ongoing assessment and support.

Testimony: "We really enjoyed our time at the program and learnt so much. We are going to miss the friendships we made."

WDHS HARP clients, Keith and June agree that they have both improved their health and wellbeing during their time in the HARP program

Bev's story

The Discharge Planning Unit assists patients and ward staff with the discharge of patients who have complex needs, co-ordinates Post Acute Care (P.A.C.) services for patients and also manages patients on the Hospital in The Home (H.I.T.H.) program.

The Post Acute Care program provides short-term funded services to assist patients after discharge eg. District Nursing Service (D.N.S.), Home Care, Personal Care, Home Maintenance.

The Hospital in The Home program provides acute medical care to patients in their own home, taking into consideration the diagnosis of the patient, the care required and the availability of care and support to the patient where they live.

The story below highlights the many services available to assist people returning to their home and the role that Discharge planning have to coordinate these services.

Complex discharge from hospital: A Patient's Story

Bev is a lady in her 70's who lives alone. Bev had a knee replacement in August 2009. Following surgery, she was assessed for assistance at home. As patients recovering from joint replacements are less active than fit patients, the DNS needed to visit Bev daily and administer injections for about two weeks. They also provided wound care as needed. Because Bev would not be able to drive her car to do the shopping, and also because Bev was using both hands on her elbow crutches, Meals On Wheels were supplied to Bev for a number of weeks. It was also arranged for an external company to assist Bev twice a week with the house work. All these services were funded by Post Acute Care.

Following complications, Bev was readmitted to hospital with an infection. The treatment was to be a long course of intravenous antibiotics. These were initially delivered to Bev in hospital, the antibiotics were then provided through a slow-infusion into a major vein in her own home. WDHS's Hospital in The Home (HITH) program arranged for Bev to receive this care whilst in her home. During this time Bev was also supplied with Meals on Wheels and home care.

The complications continued, and Bev returned to hospital to have the artificial knee removed. Another long course of antibiotics was commenced. Several weeks later the surgeon decided that it would be best for Bev to return home with the antibiotics, and review her for surgery in a further four weeks.

The idea of Bev returning home with a leg brace preventing her from bending her knee caused her to panic. As Bev lives alone she was concerned about her safety at home, and how she would manage to complete the normal Activities of Daily Living (A.D.L.'s)

A careful plan was implemented with the help of family, friends and support services. A friend would come and stay with Bev for a few days to offer support. A Personal Carer was arranged to provide a 'Rise' service; this is when a carer goes into the patient's home in the morning to help get them out of bed and help get them ready for the day.

The District Nurses attended three days a week to assist Bev with showering, Meals on Wheels were provided five days a week and Home care was arranged to occur weekly. Bev was taught how to self inject her medication and her daughter assisted with errands. Transportation was via a maxi-taxi, as Bev could not bend her leg to get in a car.

The Physiotherapists and Occupational Therapists assisted Bev, teaching her how to walk safely and care for the knee, and provided equipment in her home to keep her safe. The care and assistance Bev received through the extensive discharge planning allowed her to manage in the comfort of her own home

> **"After I came home, the district nurses came four times a day for four weeks to give medication. They were all very good and I did appreciate it."**

WDHS District Nurse, Joy Clark attends to client, Bev Vesikov in her own home following discharge from HBH

A Client Story

Positive Outcome - With Two Services Working Together – Counselling & Adult Day Activity Support Service (ADASS)

A man who had been through a marriage break up was very distressed and following initial care with psychiatric services he was referred to undertake further counselling. The counsellor sought assistance from ADASS for possible social outlets. The ADASS team met with the man and invited him to join a group. This was the beginning of a long healing process with support from both services continuing weekly. As new friendships were formed, the man found he had purpose, meaning and belonging in life. Ongoing support from both services has seen new interests and friendships emerge. The man is now in a new relationship with a widow he met at a combined ADASS event. Although the man is still vulnerable and requiring ongoing support, he is in a much happier space, health and wellbeing is being restored and this has been achieved through the two services working closely together for the best outcome.

> **“The hospital surroundings were lovely. The staff were helpful, pleasant and that was all staff. The ladies who cleaned and the ladies who delivered the meals were very helpful. Everyone gave the impression that nothing was an effort. Very satisfied”**

Assessment and Care Coordination Team

A new model of care has been introduced to reduce duplication of assessments and to better coordinate care for clients. The new model will provide a single point of contact for clients and a coordinated approach to intake and follow-up. The team will refer to specialist Allied Health Departments when needed but will be able to provide a range of care and enhance independence for low risk clients.

A new intake process was trialled in September with positive client feedback. A new Assessment and Referral Coordinator and two Care Coordinators will be in place by July.

The team will also include co-location of assessment staff from Southern Grampians Shire’s Home and Community Care (HACC) team and staff from Discharge Planning. This will ensure assessment, care planning and follow-up is well coordinated.

Collaboration with GPs

Chronic care projects funded under the Medicare Benefit Scheme (MBS) have been under development with the Hamilton Medical Group for three years. During the last year, a trial has been funded by the Department of Health to assess the financial viability of different MBS funded models. These also assessed the consumer satisfaction of trial service models.

We chose to implement a co-located model, in which a WDHS dietician and diabetes educator delivered services at a fortnightly clinic onsite under a collaborative team care arrangement with the GPs and the Practice Nurse. This offered patients the opportunity to access a primary healthcare team at one site.

Since September 2009, 30 clients have participated with evaluations indicating strong client satisfaction. 76% of respondents felt their care was perfect and 81% reported that they were functioning well as a result of the trial service. Consumers rated the overall quality of their experience as nine out of 10. The model is financially viable and will continue.

The success of the Hamilton trial resulted in a similar model being established for the Coleraine Casterton Medical Group. Since March, 44 clients have been involved.

Community Services & Allied Health

At WDHS we are very proud of our Community Services and Allied Health team and the diverse programs they provide

In addition to our local community, Allied Health has serviced a broad area with contract services provided to Edenhope, Casterton, Harrow, Warrnambool, Heywood and Macarthur. Services include physiotherapy, podiatry, continence, dietetics and diabetes education.

Cancer Link Nurse

Barwon South West Integrated Cancer Service (BSWRICs) is supporting a new Cancer Link Nurse role in Hamilton as a two year trial. The role commenced in April, based at Frances Hewett Community Centre for two days per week to assist cancer patients with information and education about these services and support available, and to facilitate enhanced linkages between specialists and local medical staff.

Community Healthy Eating and Physical Activity

"Challenging the Stereotypes" Go for your life completed its third and final year in partnership with Southern Grampians Shire and Southern Grampians/Glenelg Primary Care Partnership.

Identified outcomes included:

- 28 workplace, 700 workers and 3000 community members involved
- Significant reduction in waist measurement
- Increase in fruit/vegetable consumption and physical activity
- 73% increase in motivation to change

Ongoing workplace health initiatives are being planned in partnership with the Hamilton Regional Business Association.

Headspace

A headspace coordinator was appointed in May as part of the National Government's initiative to assist young people aged 12 – 25 to address mental health, drug and alcohol and other issues. Access to services is supported via coordinated intake, referral and follow up at Frances Hewett Community Centre.

WorkHealth

This year was the second year of WDHS's involvement in the Victorian Government's initiative under WorkSafe, delivering free health checks to workplaces. Trained WDHS nurses have conducted over 1,500 healthchecks in the Barwon South West region over the last 12 months. 1,000 of these were conducted in 28 workplaces and 500 at community events, including Geelong, Sheepvention and Balmoral.

Workplace participation has been diverse, from sectors including agriculture, education, finance, local and state government, water authorities, building, retail, sporting clubs and a range of small business.

Active Script

For the last six years, WDHS has provided phone coaching to people referred by a General Practitioner. This service supports people to become physically active by regular phone contact by a Community Health Nurse.

This year, eight General Practitioners referred 20 new people to the service. An evaluation over six years of 149 participants shows:

- 93% (n=139) increased their physical activity levels.
- 41% (n=61) achieved National Guidelines for physical activity (30 minutes per day).

YouthBiz

The program provided services to over 2,000 contacts, with girls representing 42% of participants. 420 young people attended FReeZa drug and alcohol free music events. Four editions of the Purple Couch Magazine were distributed to over 1,000 people. A diverse range of activities were provided during the holiday program, including fishing trips.

Audit of access to healthy food

The Dietetics Department completed assessments of the ability to access healthy, affordable and safe food in retail outlets in Southern Grampians and Glenelg Shires. Results will assist coordinated health promotion interventions with other organisations via the Primary Care Partnership.

Other Highlights:

- Affordable exercise programs were again provided from Frances Hewett Community Centre. Five activity programs run each week and include Heart Take Part, Start Staying Strong and Bones Better Best. Over 1,800 people have participated in the last year.
- Men's Health introduced a 'Down Tools' program for promoting health awareness in tradesmen, a 'Man Van' screening and education session and Prostate Cancer evening attended by 120 people with David Parkin and Mr Richard Grills.
- School health programs were delivered to over 400 school children including puberty education, relationships and healthy life programs. Programs have been delivered to Year 5 and 6 children; Year 9 and Year 12.

Risk Management

Part of ensuring high quality care for our community is the establishment of stringent risk management processes and making sure staff are appropriately trained and skilled. Reporting incidents that occur and learning from these is an important component of Risk Management.

Incident Reporting

An incident is an event or circumstance which could have, or did lead to a complaint, loss or damage, or unintended or unnecessary harm to a person. At WDHS we have worked hard to develop a culture of reporting incidents. The table below demonstrates that there has been a dramatic increase (50%) in the number of incidents reported from 2008/9 to 2009/10. However it is pleasing to note the % of incidents per Outcome have remained reasonably stable. For example the percentage of insignificant or near misses is 67% and 68%. The percentage of catastrophic/Extreme incidents has remained stable at 0.5%. In 2009/10 we coded all cardiac arrest as catastrophic so that they would be highlighted and analysed. Of the 11 catastrophic events occurring in 2009/10, 9 were unpreventable cardiac arrests.

INCIDENT REPORTING – COMPARISON 2008/9 TO 2009/10

OUTCOME of Incident	2009/1 (number and Percentage)		2008/9 (number and Percentage)	
Insignificant or near miss	1375	68%	681	67%
Minor	533	26%	289	28%
Moderate/medium	101	5%	51	5%
Major/high	9	0.4%	2	0.2%
Catastrophic/Extreme	11	0.5%	5	0.5%
TOTAL INCIDENTS	**2029**		**1019**	

Risks

Great emphasis is placed on understanding the causes and impact of a risk and the controls that are documented to reduce the likelihood and consequence of a risk occurring in the future. All risks are placed on a risk register and for each risk identified, we assign accountability to those staff members who are in a position to make effective change. The Board of Directors review the risk register regularly.

Testimony

"There is extensive collection and use of data to drive improvements with reports provided to various committees. While the Board Quality Improvement Coordinating Committee is the key body which has oversight of quality improvement it is evident that all committees consider quality improvement and are committed to ensuring that WDHS achieves the best possible outcomes for its communities" Australian Council on Healthcare Standards Surveyor, 2009.

VMIA site risk survey report 2010 Gold Medal Rating Awarded

The Victorian Managed Insurance Authority (VMIA) conducted site risk surveys in 2009 and 2010. The latest Risk Survey (June 2010) of the Hamilton Base Hospital follows the previous VMIA inspections in June 2009. The 2009 report identified that there were three RTOs outstanding, one medium and two low with Gold Medal status achieved.

"Following a risk rating assessment, the Hamilton Base Hospital is awarded a Gold Medal rating and hospital management (particularly the facility manager) are congratulated on this achievement as fifteen (15) Risk Treatment Options (RTO's) were outstanding a year ago"

WDHS Doctors conducting a morning ward round. L-R Dr Balaji Kodivalasa, Dr Iain Rossiter, Dr Geoff Coggins (Physician) and Dr Hieu Lam

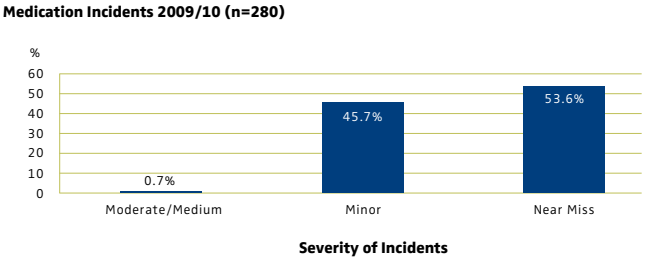
"The speed at which everything was assessed and treated. My first appointment was at 10:30am, my condition was diagnosed by x-ray by lunchtime and I was home. Surgery completed by 8:15pm. Fantastic teamwork. Fantastic hospital"

Medication Safety

Medication errors are one of the most common errors occuring in a hospital. Medication safety is therefore taken very seriously at WDHS.

WDHS has a Medication Advisory Committee which meets monthly to discuss any issues surrounding medication management. Three community Pharmacists have an integral role on this committee in which issues such as prescribing errors, administration errors, preparation or dispensing errors, storage and handling errors are discussed.

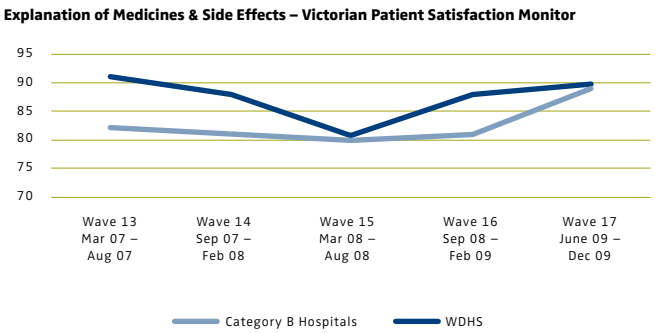
Nursing and pharmacy staff play an important role in identifying medication errors and ensuring they are corrected before reaching the patient. In fact, most medication errors are classified as 'near misses' or minor. How do we know this? We have a robust centralised reporting system that captures this information, giving us the opportunity to see where improvements can be made. Incidents are classified as Catastrophic, Moderate/medium, Minor and Insignificant/near miss. Recording our 'near misses' is of vital importance as it enables us to investigate close calls and therefore implement changes to reduce or eliminate the risk of this occurring again. The table below highlights our medication incidents for 2009/10. 99.3% of all medication incidents were classified as minor or near misses. There were 2 or 0.7% moderate/medium incidents during this period. One related to storage the other to a prescribing error. There were no catastrophic incidents relating to medication management.



"Patient feedback leads to improvement in medication management"

Feedback from patients in another method used to improve the quality and safety of medication use. Results of the latest Victorian Patient Satisfaction Monitor survey (June 2009 – Dec 2009) highlighted that patients rated *How well the purposes of medicines were explained to you* as one of our three lowest scoring indicators. You will note in the graph below that despite this indicator being one of our lowest ratings, it is still above our Category B hospital peers'.

The graph (below) highlights the trend for this indicator from 2007 to 2009.



In response to this, improvements initiated are:

- A patient being discharged with a prescription are spoken to by a pharmacist (usually the pharmacist involved in dispensing the discharge medications). The pharmacist educates the patient about the new medications and also ensures any questions the patient may have about prior medications are answered.
- To complement this verbal information, printed Consumer Medication Information sheets are supplied for all new medications dispensed by the hospital pharmacy. This can be useful if any questions come up after the patient leaves the hospital.

Staff training to improve medication safety

At WDHS we have been encouraging and providing medication education for our Enrolled Nurses. To date we have 43 medication endorsed enrolled nurses with 4 undertaking studies at present. Also, we have two undertaking studies to become IV medication endorsed at the present time.

Medication safety is of the highest priority at WDHS

Falls

People admitted to a health care facility are susceptible to falling due to their age or illness or simply due to the altered routines and unfamiliar surroundings.

A patient fall is defined as an event which results in a person coming to rest inadvertently on the ground or floor or other lower level. WDHS has implemented a number of initiatives in both the acute and residential services to reduce the incident of falls and minimise harm. Falls are monitored in a similar way to medication errors. All fall incidents are recorded and classified so that we can actively monitor and manage falls.

Residential Services

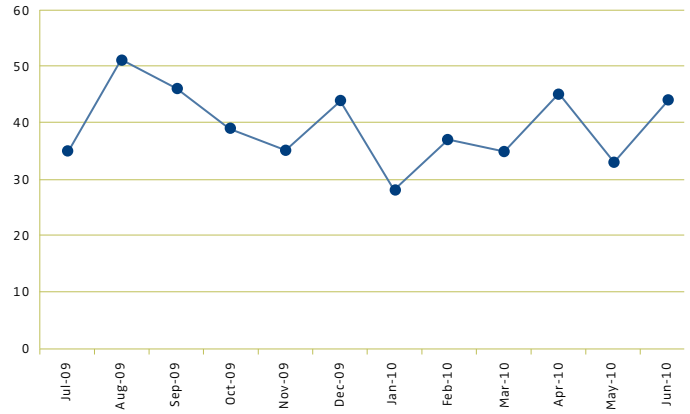
Older people living in institutions are estimated to have a 10.5 times greater risk of sustaining a fall and a fall related injury than those living in private homes. Minimizing falls continues to provide a constant challenge for staff when caring for residents with both physical and cognitive functional decline. Using a falls assessment tool in isolation or identifying a person at risk is of little value unless coordinated care plans are formulated and intervention strategies are available.

After conducting extensive research, the Peninsular Health Falls Risk Assessment Tool (FRAT) was introduced into each Residential Aged Care facility. This included staff education and future implementation into our current electronic documentation system

The Peninsula Health Falls Prevention Service developed the Falls Risk Assessment Tool (FRAT) for a DHS funded project in 1999. The FRAT is a validated tool and has been distributed to approximately 400 agencies worldwide. The FRAT was introduced and implemented into the WDHS Aged Care Facilities in January 2010 and whilst it is still in the early stages the current trend is showing a slight decrease in the combined number of falls in all six of our facilities.

The graph below highlights the number of falls that have occurred across all Residential campuses.

All Facilities Trend Analysis Falls



Acute Services

Patients admitted to WDHS acute services are assessed for falls risk. If a moderate or high risk are identified there are a number of strategies implemented to prevent the patient from falling and/or minimise harm. We submit data on three falls clinical indicators to the Australian Council on Healthcare standards. This enables us to make comparisons with other organisations as well as monitor our own trends. The latest data available is for the 2nd half of 2009.

1. Number of falls

WDHS Result - 0.52% other hospital results (n=36) was 0.42%. This result demonstrates a slight increase from previous year's data and in response to this the FRAT was introduced in April 2010 in the Rehabilitation area and is now being introduced into the rest of the medical unit from September 2010.

2. Inpatient falls

Inpatient falls that require intervention (this means increased observations, increased nursing care and or monitoring over and above that required for routine care, diagnostic procedures or therapeutic treatment).

WDHS Result – 0.25% other hospitals results (n=14) were 0.19%. In the majority of incidents increased observations were taken following the fall.

3. Fracture or closed head injuries that result because of an inpatient fall

WDHS result - 0% other hospitals results (n=22) were 0.01%. We were very pleased to note that despite a slight increase in our fall numbers, there were no serious injuries resulting from the falls.

> "Everything was excellent, all aspects of my stay, meals/ services/staff everything/ everyone was terrific."

A review of Pressure Area Care at Western District Health Service

Pressure Areas are an injury resulting from unrelieved pressure on underlying tissue. They are in most cases preventable with correct planning and implementation of care.

WDHS Riskman incident reports revealed a consistent rate of hospital acquired pressure areas, sometimes resulting in extended hospitals stays, increased care needs and patient discomfort and suffering.

While the rate of these injuries was comparable to state rates, it was decided to review all aspects of pressure management including the tools used to predict a patient's risk of injury and the equipment used to help prevent injury.

A small workgroup of three staff was formed to conduct the review. The group consisted of a representative from both Medical and Surgical wards along with an Infection Control staff member.

After research into available tools and an assessment of the current system in use, the decision was made that the Braden tool should be used to help predict the patient's risk of developing a pressure area. It was also recommended that increased numbers of pressure reducing air mattresses should be sought to assist in prevention of pressure areas across all campuses.

A trial of The Braden scale for predicting pressure risk was then conducted in the Medical Unit beginning in July of 2009. Introduction of the trial was supported with education on both using the new Braden tool and in pressure area management, along with 23 new air mattresses across the Acute and Aged Care facilities of Western District Health Service.

The results in the Medical Unit showed a minor reduction in pressure areas for the next few months but then, as of October 2009, pressure areas ceased.

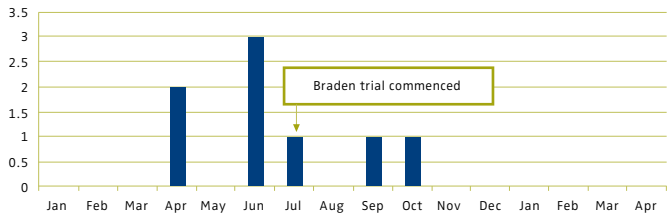
There had not been any new hospital-acquired pressure areas occurring in the Medical Unit at the time of evaluation in April 2010, a period of six months without any acquired pressure areas.

Staff were congratulated on the good results and a morning tea to celebrate.

Pressure Areas

Further preventative devices have also been purchased for all campuses of WDHS, with education and a roll out of the system used in the Medical Unit to other acute areas.

Inpatient Pressure Areas – Medical Unit Jan 2009 to April 2010



WDHS staff ANUM Marg Langford, Infection Control Nurse, Mark Stevenson and ANUM Megan Ryan conducted a review of all aspects of pressure management

Infection Control

Our Service

The Infection control service for Hamilton Base Hospital involves providing services across Hamilton, Coleraine and Penshurst.

The role of Infection Control is to:

- Monitor and audit infection control processes throughout the facilities
- Provide education to staff and external clients
- Produce a monthly newsletter to all staff of Western District Health Service
- Maintain an internal website that provides current and relevant information for staff
- Provide a staff immunisation service and counselling for occupational exposures
- Act as a resource for staff in infection control issues
- Monitor infection control practice and trends throughout Australia and the world, with change in policy implemented as required
- Hold membership with the Rural Infection Control Practice Group and provide a regional consultancy

Influenza Vaccination

In previous years staff at Hamilton have shown a slight increase each year in accepting the offer of free influenza vaccinations. Department of Health of Victoria information reveals that, in 2009, 62.3% of staff at Hamilton were vaccinated, whilst the average across Victoria was 53%. Early results for 2010 show a vaccination rate of only 46% at Hamilton. While it is too early for a formal report on Victoria vaccination uptake, this does seem to be a trend across some Hospitals. In response, a survey of staff is to be conducted to try and identify reasons staff have for not accepting the vaccination offer.

In 2009, staff were also offered the H1N1 Influenza (Swine Flu) vaccine as part of the government's program to offer protection to healthcare workers.

Western District Health Service also assists Hamilton area Police and Ambulance services in administering influenza vaccines to staff wishing to participate.

Pandemic Influenza Plan

The Pandemic Influenza of H1N1 (Swine Flu) provided an opportunity to use the Pandemic Plan that the Health Service has in place. Whilst the actual disease was, in most patients mild, its impact was still felt in the community.

The H1N1 pandemic gave the Health Service valuable insight into the pandemic's effects, allowing for refinement and alterations to our Plan, placing the Health Service in a stronger position for any future events.

Hand Hygiene

Hand Hygiene has continued to gain momentum as it is rolled out across Australia. Western District Health Service has continued to show that staff are consistent in washing their hands at appropriate times. While hand washing seems such a simple thing to some, it is proven to be one of the most important techniques we can use to reduce the risk of cross-contamination leading to Infection. WDHS compliance rate at last audit was 76% compared to the state average of 72%.

> **"Overall I was extremely comfortable and relaxed. I cannot fault any aspect of my stay at Hamilton Base Hospital staff from doctors, nurses, allied health, cleaners and food staff were all professional."**

Transfusion Trainer

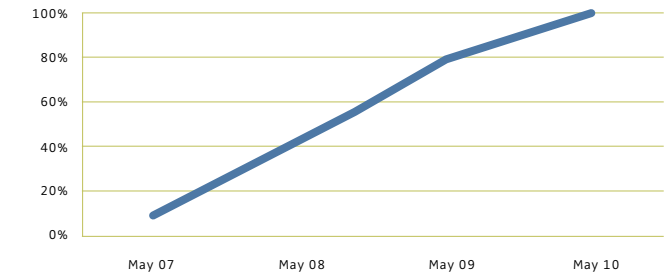
WDHS has appointed a Transfusion Trainer, a project position, promoted by the Department of Health, which commenced in March 2010 to run for 18 months. The aim of the Transfusion Trainer position is to be a visible advocate to promote and improve safety regarding the taking and administration of blood and blood products in its many and varied forms.

In brief it involves:

- Maintaining and updating an informative policy for staff reference
- Meeting quality standards set by the accreditation body, the Australian Council on Healthcare standards
- Managing an online competency ''Blood safe'', which is a nationwide initiative for all staff involved in the collection and administering of blood and blood products
- Promoting informed patient consent regarding the benefits and risk of receiving blood and blood products

Table 1 below demonstrates a 'snapshot' of how well we have obtained consent for blood transfusions over the past four years.

Consent For Blood Transfusion



Blood tubes, tourniquet and request slips are all necessary items utilised when taking blood from patients

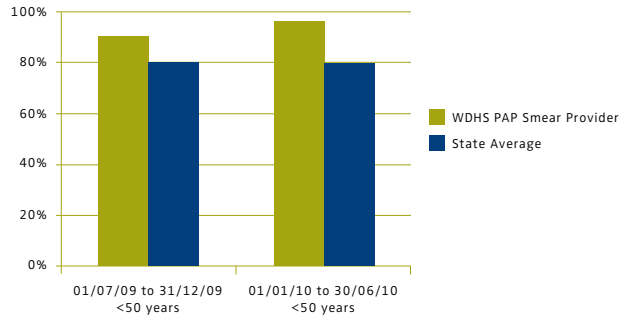
Pap Smears

Pap smears are available every Thursday afternoon at Frances Hewett Community Centre. They are provided from 2pm by the WDHS Women's Health Nurse who is a Nurse Pap Smear provider and between 4:45pm to 6pm by a female GP during the Well Women's Clinic. These services are aimed at young women and health care card holders. Other services available during the Well Women's Clinic include breast checks, contraception advice, sexually transmitted infection checks, menopause and other women's health issues.

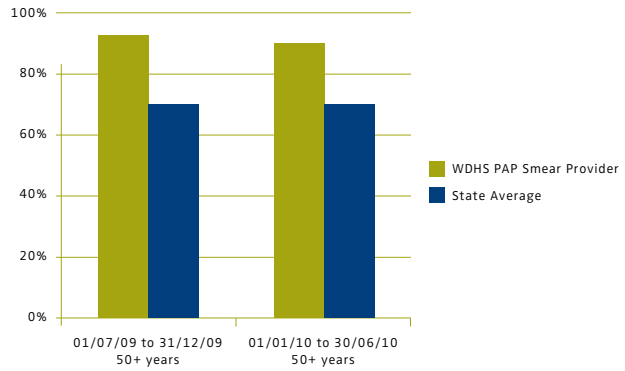
Regular evaluation demonstrates results which are consistently above state average

The quality of pap smears conducted by the WDHS Women's Health Nurse is assessed every six months by the Victorian Cytology Service by measuring the proportion of endocervical cells obtained in the pap smear. The higher the proportion of cells, the higher the quality of the pap smear conducted. Results are consistently high, with data from 2009/2010 well above the state average for cells taken in women below 50 years and above 50 years of age.

% endocervical cells obtained in women less than 50 years by WDHS Women's Health Nurse against state average



% endocervical cells obtained in women above 50 years by WDHS Women's Health Nurse against state average

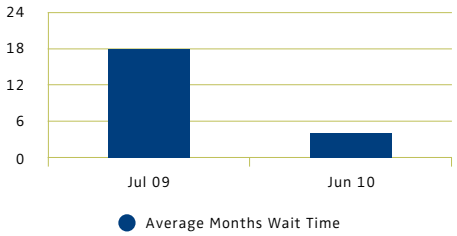


Source – Victorian Cyctology Service

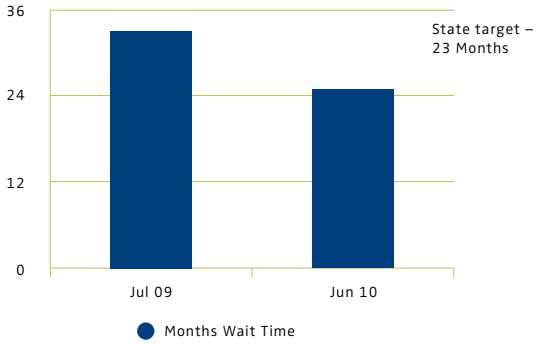
Reduced Waiting Times

At WDHS we are aware that waiting for treatment can cause people unnecessary anxiety and stress. Reducing waiting times for some services has been one of our priorities. Quality Improvement initiatives in Occupational Therapy (relating to aids and equipment) and additional workforce in Dental and Podiatry services have resulted in significant reductions in waiting times.

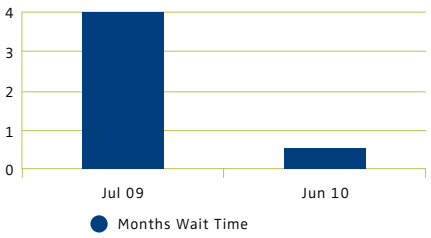
Waiting time for Aids & Equipment

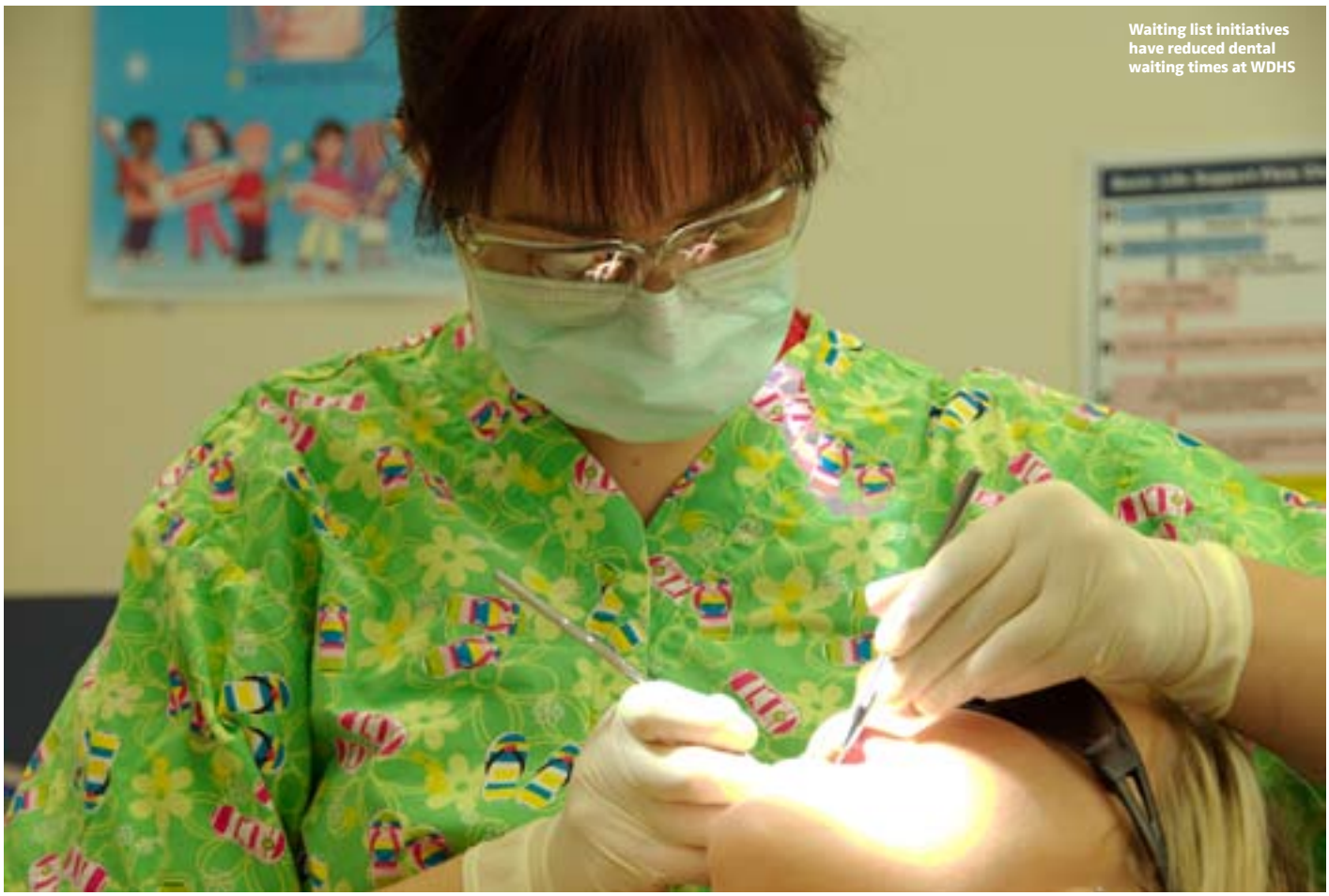


Waiting time for Dental Service



Waiting time for Podiartry Service





Waiting list initiatives have reduced dental waiting times at WDHS

Theatre Review

Instruments used during surgery in the busy WDHS theatres

A comprehensive Theatre review was undertaken in early 2010, which encompassed all facets of the day-to-day operating processes of the theatre including pre-admission, theatre scheduling, workforce planning, equipment, and information technology.

Key outcomes achieved as part of the review:

• Pre-admission

The triage process was reviewed and changes implemented to determine the need for face-to-face or phone consults with nursing and medical staff. Where a phone consultation only is required a saving of one hour of consulting time per patient and reduction in patient waiting times has been achieved. In future, savings in consulting time will be redirected to longer face-to-face pre-admission consultations for complex patients.

• Equipment

An equipment asset register was developed and future work will include the development of a Theatre Asset Management policy.

A business case was developed recommending the use of disposable custom packs that conform to AS 4187 standards, which will be implemented following a review of consumables contracts, impact on linen service, stock levels and storage capacity.

The introduction of Oracle IT software has streamlined ordering of supplies and equipment for theatre. In future, the use of Oracle will be extended to include tracking of consumables.

The installation of HL7 compliant digital theatre equipment has improved the layout of the theatre, reducing set up time and improving reporting for surgeons. Future work will include development of an implementation and education plan for the full installation of the Olympus digital theatre.

• Information Technology

Implementation of several electronic processes has enhanced service delivery in the Theatre suite. These have included the development of an electronic general assessment form which, following further consultation with stakeholders, will be implemented and linked to TRAK; (an electronic preadmission calendar). This has improved communication and will in the future be linked with surgeons' calendars. A review of the implementation of electronic operating reports and post operative orders revealed an uptake level of 50%, with electronic reporting. This will become mandatory in the future.

• Workforce Planning

A workforce analysis and succession planning process was completed. Outcomes included a plan to relocate Day Procedure Unit to theatre to maximise staffing and assist succession planning. Theatre rosters are now on Trendcare, which allows for daily analysis. A review of rosters has resulted in a recommendation to incorporate short shifts. An impact statement has been developed for further consultation with staff and the development of an implementation plan.

• Theatre scheduling

Higher acuity cases are now scheduled at the beginning of each week and day cases towards the end of the week, with one free session moved to Friday to also maximise acuity. Continuing review will also look at the future direction of theatre session types.

Clinical Goverance – what is it?

Clinical Governance is the processes and framework in place to ensure accountability for continuous improvement to the quality of services, thus maintaining safe, high standards of care and promoting excellence in clinical care.

The four principles are to:

- Build a culture of trust and honesty through open disclosure in partnership with consumers and community
- Foster organisational commitment for continuous improvement
- Establish rigorous monitoring and response systems
- Evaluate and respond to key aspects of organisational performance

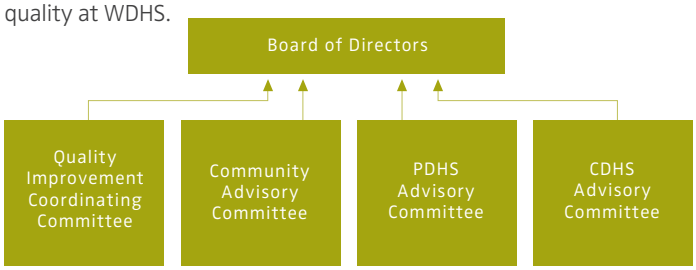
The Board of Directors accepts and embraces the concept of Quality Improvement and acknowledges its responsibility for ensuring an appropriate infrastructure is established to support the organisation in providing quality and safe care and service.

Central to providing clinical governance is our Quality Improvement Coordinating Committee. This committee provides a formal mechanism for monitoring, reviewing and co-ordinating Quality performance and/or improvement activities related to provision of services of the hospital. For example, incidents, complaints, patient surveys and specific performance measures are reviewed, monitored and evaluated.

"Outcomes being achieved for both clinical and corporate services are indicative of the effectiveness of governance structures. The Board in particular demonstrated excellent knowledge of and involvement in the organisation and it was clear that there was a good delineation between the Board and operational functions. Audits related to governance and delegation indicated the organisation is operating at better practice. "Australian Council on Healthcare Standards surveyor – 2009

Governance Structure responsible for Quality and Safety

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



Credentialing and Certification of Medical Staff

At WDHS, patients can have confidence in the knowledge that they are cared for by qualified medical staff registered with the Australian Health Practitioners Regulation Agency (AHPRA). Medical staff are only appointed following approval by the Clinical Credentials Committee and the Medical Appointments Advisory Committee, and finally following approval from the Board of Management.

Accreditation

Accreditation is the formal process used to ensure delivery of safe, high quality health care based on standards, process and outcomes. Our community can feel secure in knowing that WDHS is a fully accredited facility, which means that all services including acute, home and community care (HACC) and residential care have been assessed by independent assessors, successfully meeting all standards. The accreditation provides us with opportunities to make improvements.

Aged Care Accreditation

Aged Care Accreditation is now in its eleventh year and is reflected in a well-established working culture of the staff, in all of our residential aged care facilities.

Aged Care Accreditation includes a major reassessment, every three years, of our systems for providing quality care for residents. The past year has seen four of our facilities, The Grange and The Birches, in Hamilton and Penshurst Nursing Home and Kolor Lodge Hostel, in Penshurst participate in the accreditation process through a three day site audit. All 44 outcomes were met and all facilities were granted full compliance and reaccredited for a further three years. Improvements arising from these audits include:

- Automatic doors to the garden areas at the Birches to allow ease of access for residents
- Plans for a new laundry during 2011 at Penshurst
- Targeted Questioning at all facilities to replicate the process of interviewing residents and gaining a broader picture of how we can better manage resident care

Additional to a major site audit, aged care accreditation includes 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 a three year staff education plan based on the Aged Care Standards and the continuation of the Men's Out and About Program.

Acute Care Services

The Australian Council on Healthcare standards is the agency which assesses our acute and community services. Following a successful accreditation survey visit last year nine recommendations for improvement were made. This year we undertook a self assessment and we were pleased to have the assessor note that five of the nine recommendations have been successfully completed and the remaining four are well on the way to being completed by the end of this year. Our HACC services were also successfully assessed in 2009.

In 2010 we achieved Baby Friendly Hospital Initiative Accreditation for our Maternity Services and re-accreditation by the Royal Australasian College of Surgeons for our surgical training.

Cleaning

The WDHS takes pride in the way our campuses are maintained and presented to the public.

The cleanliness of any health service provider is important to maintain infection control and public confidence.

Prospective clients entering the health facilities may establish an opinion regarding the quality of service they may receive merely by the aesthetic appearance of the facility.

If the grounds and facility appear clean, neat and uncluttered, the public will remain confident that the service they are to receive will be of the highest standard.

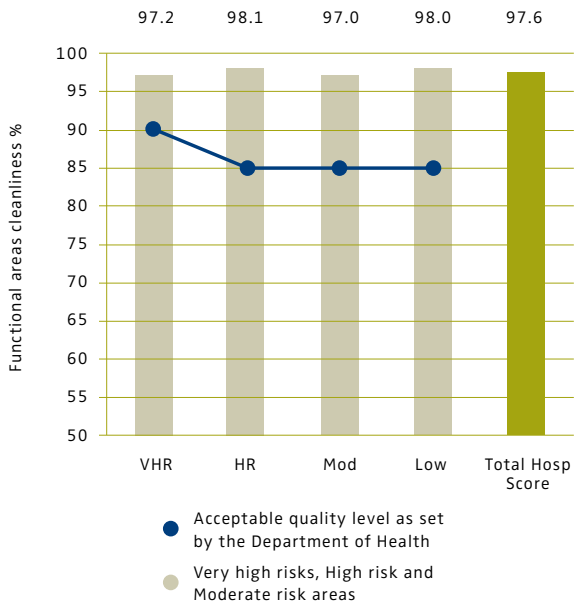
The graph displays the HBH cleaning audit results for May 2010. The red line in the graph displays the AQL, ''Acceptable Quality Level''. This is the required cleanliness level to be maintained.

The blue bar in the graph highlights the level of cleanliness at HBH.

The green bar is the overall Hospital cleanliness.

HBH remains in the top 5% of clean hospitals throughout Victoria.

HBH May 2010 cleaning audit results



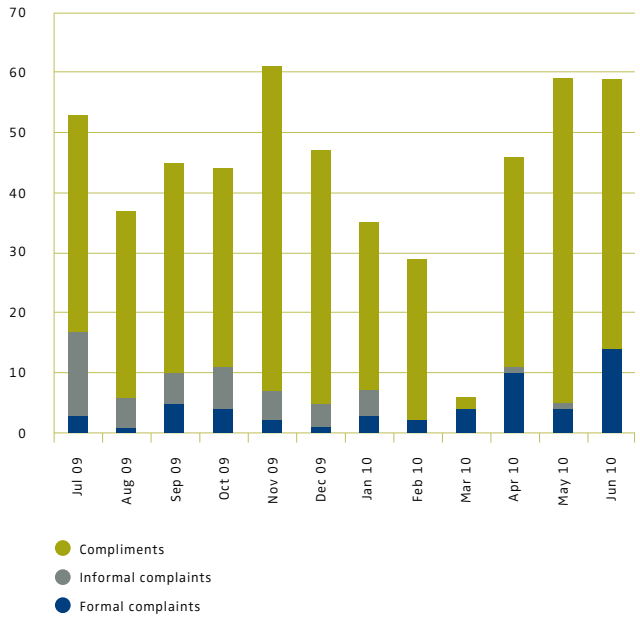
WDHS Surgical Ward Attendants Sally Claphan , Ann Millard, Aileen Robinson are part of the team maintaining a high standard of cleaning throughout the organisation

Your Feedback

At WDHS, we are committed to continuously improving our service, and your feedback is vital to this process. We encourage our patients/clients/residents to tell us about their experience with our service. Suggestions, complaints and compliments are all documented and analysed.

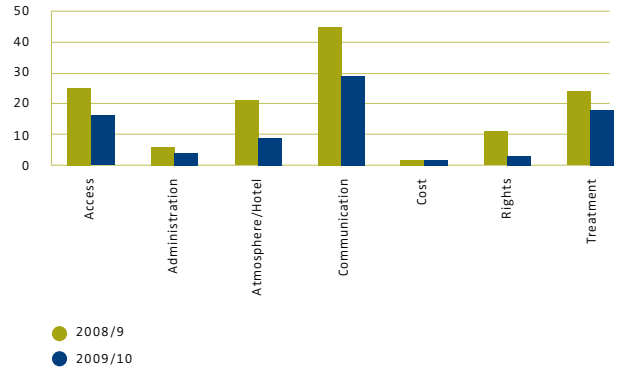
Graph 1 below highlights the number of compliments, informal and formal complaints received for 2009/2010. You will note that the number of compliments far out weights the number of both formal and informal complaints.

Graph 1: Your Feedback 2009-10



Graph 2 below compares issues raised in complaints for 2008/2009 and 2009/2010. Despite a reduction in the number of complaints between the two years, the main areas of concern relate to communication, access and treatment. These three areas have been targeted for implementation of quality initiatives.

Graph 2: Compliant Issues: Comparison 2008/9 and 2009/10



How can you provide us with feedback?

- Complete and submit a Patient/Consumer feedback form available throughout WDHS
- Write to the Chief Executive Officer
- Speak directly to one of our department heads
- Talk to our Quality Manager

How do we manage your feedback?

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

Improvements we have implemented as a direct result of your feedback during the past year have included:

- Complainant has been invited to speak to Radiology staff at a staff education session regarding the role of a carer
- Damaged equipment noted by a patient was repaired immediately
- Initiatives were implemented to improve the care of patients with Dementia
- Dietary choices for patients undergoing colonoscopy procedures have been reviewed to include food from various ethnic backgrounds
- The manager of Lyndoch Community Options was invited to join the Discharge Planning working group to improve communication between services providers and the transition of clients on discharge to the community
- Disability car parks at front of the hospital have been monitored more closely by the Shire to ensure correct use by the public
- Installation of EFTPOS facilities at FHCC will be introduced in the near future

WDHS Quality Manager, Wendy James discusses an issue with a family member

Feedback from surveys

→Quality improvements are also implemented as a result of patient/client/resident/carer surveys.

Resident/Relative Survey

In February 2010 the WDHS once again contracted Press Ganey Associates to conduct a resident/relative survey through each of our residential aged care facilities. Each facility was provided with individual results in addition to a combined result for WDHS.

The WDHS combined comparison to the National Industry Benchmark was outstanding. With 15 similar organizations to benchmark against, our current overall mean score of 86.7 was 5.1 points higher than the benchmark score of 81.6. Effectively this means we currently lead our percentile rank, with 99% of facilities having a score that is lower than ours. Plans are currently progressing within each facility, as they focus on areas where improvement activities will take place, based on individual results.

Victorian Patient Satisfaction Monitor

This survey is conducted throughout the year by an independent company called Ultrafeedback and reports are provided six monthly. The latest report is called Wave 17 and provides data for June 2009 to December 2009. Some of the data has been referred to throughout the quality of care report however the graph below outlines a summary of the data, comparing WDHS with other like hospitals as well as comparing us with the rest of the state. It is quite clear that WDHS continues to maintain an extremely high standard of care across a wide variety of criteria.

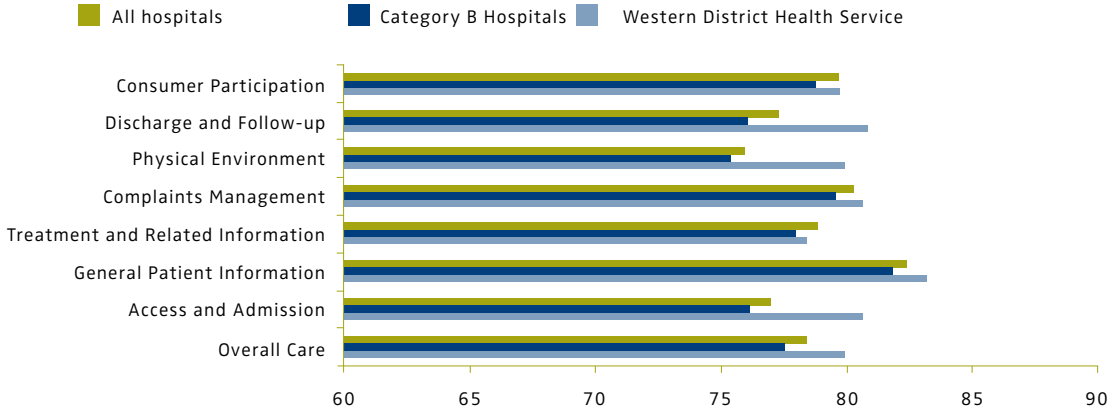
The report stated that no individual items showed statistically significant increases and no individual items showed statistically significant decreases since Wave 16

The highest scoring areas for WDHS were	
Item	Mean score
Courtesy of nurses	4.33
Being treated with respect	4.27
Cleanliness of toilets/showers	4.25
Helpfulness of staff in general	4.25
Cleanliness of room in which you spent the most time	4.22

The areas that were the lowest scoring for WDHS were	
Item	Mean score
Explanation of medicine side effects**	3.67
Restfulness of hospital	3.72
Facilities for storing belongings	3.76
Waiting Room comfort	3.81
Amount of time to plan when you were going home	3.81

** see medication safety section of report for more detail

Benchmark data comparing Western District Health Service with Category B and Statewide hospital benchmarks



Community Participation

WDHS is very aware that community participation in our health service is vitally important. We seek community participation in many ways. We have consumer representatives on a variety of committees and each campus has its own advisory group. 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.

Consumer Participation indicator for Period 2006 – 200

How well we perform in this area is evaluated by the Victorian Patient Satisfaction Monitor. This provides us with data which compares us with other like hospitals as well as across the whole state. As you can see by the graph below, WDHS has continued to score above all other hospitals.

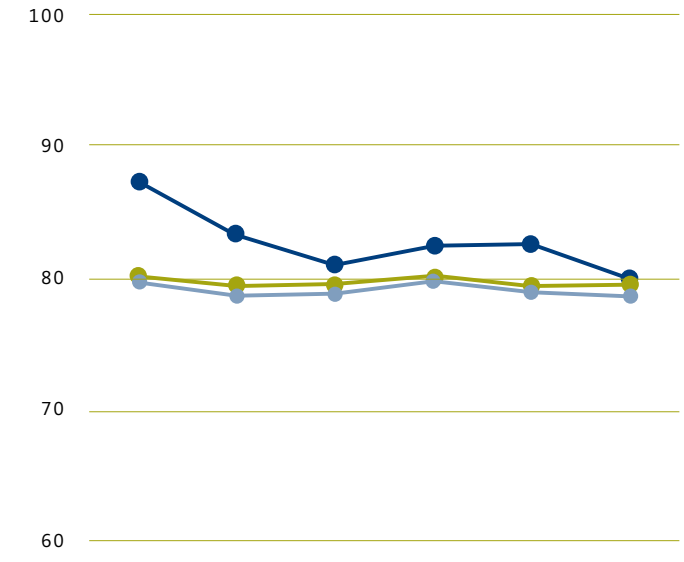
WDHS Community Advisory Committees

Penshurst and Coleraine both have advisory groups comprising of members of their respective communities. The members are appointed to advise the Western District Health Service Board on issues in relation to both the Penshurst and Coleraine Communities and Districts on health needs and services

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

Hamilton 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. During the past year we have farewelled Ms. Sandra Duncan and welcomed Ms. Sherryn Jennings and Ms. Dorothy McLaren. We would like to thank Sandra for her contribution and trust Sherryn and Dorothy will enjoy their time on the committee.

Consumer Participation indicator for Period 2006 – 200



	Wave 12	Wave 13	Wave 14	Wave 15	Wave 16	Wave 17
Western District Health Service	87	83	81	82	83	80
Category B Mean	80	79	79	80	79	79
State-wide Mean	80	79	80	80	79	80

WDHS Community Advisory Committee members meet regularly to discuss a variety of issues (back row) Dorothy McLaren, Jen Hutton, Jim Fletcher, Wendy James and Mary-Ann Brown (front row) Kaye Schofield, Sherryn Jennings and Chris Phillips. Absent were Peter Cook and Kerry Martin

Our Volunteers

WDHS has 274 registered, unpaid volunteers, excluding auxiliary members, 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.

Opportunity Shop

The Opportunity Shop is open five days a week from 10:00am to 4:00pm and is staffed by two volunteers each day. For the 2009/10 year, 3,024 hours were contributed by this fantastic team of 14 volunteers. A total of $36,000 was raised for the year, which purchased a video-colonoscope. The Opportunity Shop has raised a total of $360,500 since its inception in 1938.

Hours of Service in 2009/10

Seventeen volunteers provided 959.66 hours of support to the Grange Residential Care Service.

Eighteen volunteers and external work placement / work experience volunteers provided 301 hours of support at The Birches Specialist Extended Care Centre.

Seven Volunteers provided 1,432 hours of support to Penshurst campus residents through individual and group visits, activites, excursions and gardening.

Six volunteers provided 395 hours of support at Wannon Court and Mackie House in Coleraine.

Four volunteers provided 76 hours of support to the Men's Out and About program .

The Merino Bush Nursing Centre is supported by 27 volunteers.

Fourteen volunteers worked to provide a comforts trolley service to Hamilton Base Hospital patients, raising $446 after costs

Five volunteers provided 205 of office administration and support to the Community Liaison Department.

Eight volunteers visited patients in hospital for a total of 81 hours.

The Adult Day Activity and Support Service in Hamilton and Penshurst received 624 hours of volunteer support to assist with transport, meals, activities and a three-day trip.

Monivae College students proved 94 hours of support to the Grange, ASASS and Day Centre spending time with residents and clients.

Four Baimbridge College students volunteered as Hospital Door Knock Appeal collectors over the first weekend in May.

Hospital Sunday Appeal

This year's Hospital Sunday Appeal was a resounding success with 104 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 $41,500 with the funds going towards the purchase of a portable ventilator for the Intensive Care Unit and a Bien Air Drill for ear, nose and throat surgery, at a combined cost of $50,000

Murray to Moyne

The annual Murray to Moyne Team Cycle Relay was held in April with two enthusiastic WDHS teams participating. Twenty three riders and a support team of nine took up the challenge, had a lot of fun and managed to raise a total of $16,597 with the Hamilton Base Bikers raising $8,774 for HBH and the Rouse Rare Rumps raising $7,823 for the Penshurst campus. The funds raised were used to purchase equipment for these facilities.

Auxiliaries and Community Groups

WDHS' five auxiliaries, the Opportunity Shop and the Hamilton & District Aged Care Trust have again contributed a great deal to the Health Service.

The North Hamilton Ladies' Auxiliary donated $3,500 towards the purchase of a personal protection system for Theatre.

The Hamilton Base Hospital Ladies' Auxiliary donated $5,200 towards the purchase of two Welch Allyn Vital Signs Monitors for Theatre.

The Hamilton & District Aged Care Trust continued to raise funds for the Grange Redevelopment.

The Coleraine District Health Service Ladies Auxiliary donated $1,000 for a food trolley

The Coleraine Homes for the Aged Auxiliary donated $2,500 for a medication trolley and $1,000 towards two plasma televisions

The Penshurst Hospital Ladies' Auxiliary donated $13,524 for the purchase of a hairdressing basin and cabinet, two clinical monitors, two outdoor furniture settings, two Kiplex chairs and a portable microphone

The Hospital Opportunity Shop donated $36,000 towards the purchase of a video colonoscope as part of the digitisation of Theatre

Palliative Care Program

Eight Western District Health Service registered volunteers are available to participate in the Palliative Care Service. Two volunteers gave 91 hours of support to visit and care for four palliative care clients and their carers.

The Palliative Care Service assists clients and their carers via visits that can provide moral support and friendly reliable companionship on a regular basis. They may give general assistance helping with feeding, accompanying clients on a walk special outing or help them with a hobby they enjoy. Volunteers can also, if required, accompany clients to their medical appointments.

This level of support gives carers free time to run errands, attend a favourite respite activity or take some well-earned time out with peace of mind, knowing their loved one has company and is being cared for.

Aged Care Program

Volunteers visit residents at our Aged Care facilities to provide companionship, escort them to appointments and help with shopping, recreational activities such as cooking, gardening, playing cards, music, having manicures, hair sets, wheelchair walks and outings. They also assist diversional therapists and occupational therapists at regular activities. A total of 2,971 volunteer hours were provided to residents in our combined aged care facilities and programs.

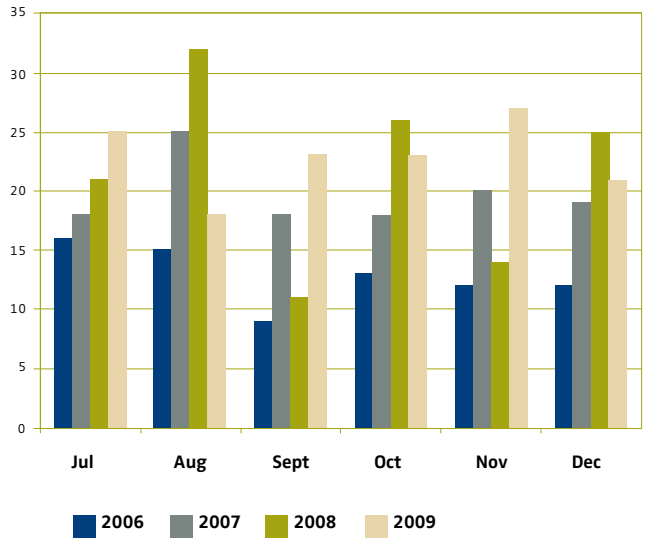
Hamilton community transport: demand review of long distance destinations

South West Community Transport Program has carried out a comparison of long distance destinations of Hamilton Community Transport clients over the last four years. The number of long distance trips over the last six months of each year; July to December have been reviewed and compared to previous years (graph 1 below). Since the review commenced in 2006 there has been a 96% increase in the total distance travelled (2006 56,736kms – 2009 111,485kms) and a trend of increasing numbers of long distance trips by the service. Warrnambool is the destination most requested by clients. However, in the last two years there has been an increase in the number of requests for transport to Melbourne and Mount Gambier. Other benefits of shared journeys are the social contacts between clients who often are mobility limited and may be isolated at home.

The purchase of the people-mover for community transport (May 2008) has been beneficial for the community transport service. Having access to two vehicles has meant the ability to meet the strong increase in demand without having to resort to fleet vehicles too often. The greater capacity has also allowed for transport of four or five clients plus some carers to a common destination rather than having to use two vehicles.

Hamilton Community Transport service is one of the busiest in the region and is the envy of many service providers in other towns. When other services cannot transport their clients they will negotiate with Hamilton for assistance; especially for trips to Melbourne. The excellence of the service has been recognised in the Premiers Community Volunteers Awards and the Minister for Health Volunteer Awards. Regular consumer evaluations show high levels of satisfaction. The service provides many benefits to WDHS and its consumers.

Total Long Distance Trips 2006 – 2009



Community Transport Program

The Hamilton Community Transport Program had 43 volunteer drivers and eight escorts assisting the Health Service in 2009/10. The volunteers donated 2,275 hours and provided 1,697 trips covering a total of 104,161 kilometres. The majority of clients are from the Hamilton and District area however the program will provide transport for clients living further afield if they are unable to access transport in their region. The program takes clients to medical appointments locally and to services in Ballarat, Warrnambool, Geelong, Horsham and Mt. Gambier. As many as four trips a week are provided to Melbourne hospitals, The Alfred, the Austin, St. Vincent's, the Royal Melbourne, The Royal Children's, Peter McCallum, the Eye and Ear Hospitals and our orthopeadic surgeon, Mr Cunningham in his Heidelberg rooms.

The Coleraine Community Transport program was supported by 30 volunteers making 464 trips totaling 17,709 kilometers over 1,507 hours. The service in Coleraine enables clients to attend local activities and medical appointments.

WDHS Community Transport volunteers, Jean Humphries, Neil Sandford, Dee Bardsell, Wes Walter, Peter Humphries and Doug Baulch

Men's Out and About program

An innovative social inclusion program

In addition to its suites of acute and primary care services, WDHS is also home to 170 residents residing across six residential aged care services. Through the ongoing continuous quality improvement program, the organisation recognised men as being a minority group in the residential aged care setting. Funding was applied for under the 2009 'Count us in! - social inclusion for older people living in residential aged care services' funding program to implement a men's diversional therapy activity program.

Project Aim

To increase social activity for men living in residential aged care facilities by promoting social interaction with other men living in the community and other residential aged care facilities.

Project objectives

- To identify men living in residential facilities including their level of ability, interests, and previous social activities recognising they are a minority group in residential aged care.
- To develop and provide a scheduled program of activities which enable social activity specific to these interests and reflective of abilities:
- With men living in residential facilities
- Other men living in the community

The program commenced in August 2009 and was completed in Jan 2010.

Evaluation

Staff - Benefits identified by staff for residents involved in the program indicated that the majority noted improved cognition, improved appetite and mood, and improved interaction with family. Again, there was little variation between the top answer and bottom answer indicating that across the board there was some improvement for residents.

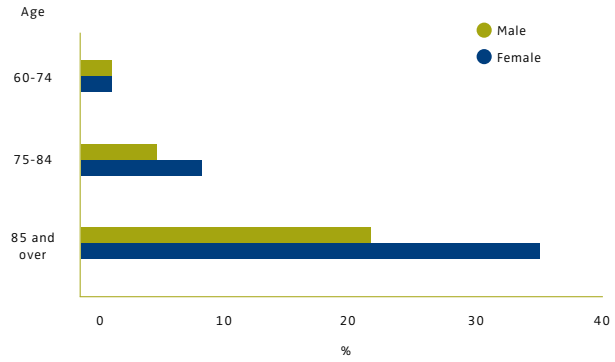
Residents -By far, responses indicated that regardless of the activity most men found the interaction with other men to be the key motivation for participating in the program. Fairly evenly placed after this was the type of activity or simply looking for something to do which contributed to the men's desire to be involved.

Results indicate that apart from the interaction with project workers, the type of outings being held and the interaction with other men will be the two biggest things they will miss from the program. This is consistent with their responses as to why they participated in the program.

The future

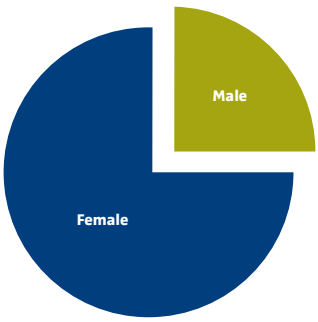
Sustainability of the program was a key factor in the development of the Men's Out and About program. Feedback from men during the down phase where evaluation of the program occurred reiterated that it had become an expectation of the men that they would have these activities to do.

Due to the overwhelming success of the program, WDHS has a made a commitment to continue to provide some funding for the program. In May, 2010 the program has recommenced with monthly men's activities involving men across all WDHS campuses. The diversional therapists are meeting as a group with each site taking a turn at hosting a men's event. Each site takes responsibility for booking in and assisting their men to be involved in the activity and each site accompanies their men to the program to provide additional staffing support during the event.

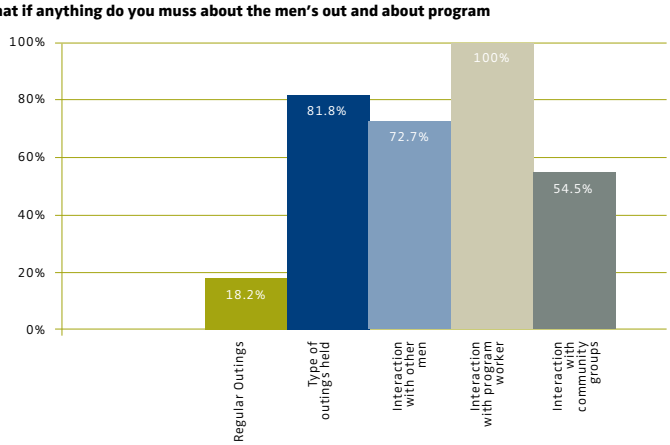


Pleople who were in card accommodation as a proportion of the population of each age group.

Source: ABS 2003 Survey of Disability, Ageing and Carers.



The above graph indicates the men to women ratio at WDHS residential aged care services



National Centre for Farmer Health Improving Health, wellbeing and safety

The National Centre for Farmer Health (NCFH) has undertaken many activities to improve the health, well-being and safety of Australian farmers, farm employees and their families through leadership, advocacy, service delivery, research and education. Collection and analysis of data provides the evidence base for service delivery and together, these areas have been the centre's focus over the past 12 months.

Professional Training and Education: Agricultural Health and Medicine (HMF701)

In February 2010 NCFH ran the inaugural Agricultural Health and Medicine postgraduate unit (HMF701) at Western District Health Service (Hamilton) through Deakin University School of Medicine.

This unique and first in Australia five- day intensive program attracted 22 students from Victoria, New South Wales, South Australia, Queensland and the Australian Capital Territory. Curriculum topics included cancer, diabetes, agricultural chemicals, mental health, respiratory health, rural emergency medicine and trauma. The inclusion of practical components, including face mask respiratory fit testing, a tour of the Hamilton Livestock Exchange, and Jigsaw farms also ensured students experienced the agricultural industry first hand. Development is now well underway for two new units (HMF702 and HMF703), which when combined with HMF701, will form the new Graduate Certificate of Agricultural Health and Medicine (GCAHM) scheduled to run in 2011. This also allows nurses to become AgriSafe nurses to deliver appropriate clinical and OH&S services for farm men and women.

Applied Research and Development Farming Fit project

The 'Farming Fit' project supported by beyondblue (Victorian Centre of Excellence in Depression and Related Disorders) and with partners Vitality Rehab, Deakin School of Medicine and School of Psychology commenced in January 2010 to investigate the relationship between obesity, physical activity and psychological distress amongst farm men and women in Victoria. Participants were recruited through Sustainable Farm Families (SFF) programs with the aim of identifying the effect of physical activity on health indicators including circulating cortisol levels, anthropometric measures and psychological distress. Participants supplied saliva and blood samples for analysis in addition to details regarding diet and physical activity. As part of the Farming Fit project, an exercise DVD has been created to assist farming people with exercise ideas for the farm and tips on exercise technique.

Alcohol intervention

The Alcohol Intervention Training program initiated in 2010 as the result of an Australian Research Council grant has added an innovative component by providing training for SFF Health Professionals in techniques to discuss and respond to alcohol-related problems with farm men and women participating in SFF workshops. The project hopes to enhance the level of expertise in rural health professionals and thereby enhance service delivery to farming men and women.

Information Technology Hub Farmer Health website

The Farmer Health website (www.farmerhealth.org.au) has been developed as an innovative website combining quality farmer focussed health information with interactive features. The website went live in 2010 and showcases the NCFH activities including research, education and SFF activities. In the first four months the site had over 6,000 hits totalling more than 32,000 page views, the majority of visitors were Australian based and just over half were unique visitors.

Sustainable Farm Families™ Service Delivery

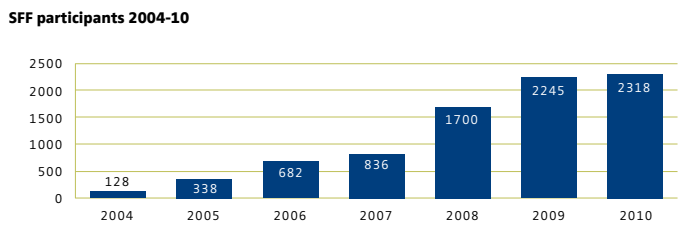
Sustainable Farm Families™ (SFF) continues to be a highly successful program for Western District Health Service. The program has been delivered to over 2,300 farming families since 2003. The program is aimed at addressing the health, well-being and safety of farming families within the farming business context with the premise that the most important aspect of a healthy Australian farm is a healthy farming family.

During 2010, the SFF program has achieved some significant milestones. The program has completed the delivery of 50 programs to Victorian farmers and is currently delivering another 25 programs as funded by the Department of Primary Industries. A final program funded by Department of Health will also be completed this year.

A further partnership with Divisions of GP enabled SFF to deliver a program as part of the bushfire recovery at Kinglake. Funding from Rural Industries Research Development Corporation through the Collaborative Partnership for Farming and Fishing Health and Safety also allowed us to return to our original participants from 2003 – 2005, which proved a great success with a participant return rate of over 73%. A further 15 new programs have been delivered in Victoria and four new programs were funded by the Department of Justice and Attorney General in Queensland. The program also welcomed a performance audit by the Victorian Auditor-General Office, which positively reported that it is effective in relation to farmers learning from the program and changing their health behaviours. The program continues to empower health professionals and facilitators alike.

Cumulative total of SFF participants from 2004 – 2010

Agricultural Health and Medicine students and presenters during their visit to the Hamilton Livestock Exchange as part of the five-day intensive in February 2010



Agricultural Health and Medicine (HMF701) students and presenters during a visit to the Hamilton Livestock Exchange as part of the inaugural Post Graduate unit held in February 2010

Cultural Diversity

Importance of demographic data

Have you ever wondered why you are asked on admission to hospital what your place of birth is? It is important for us to monitor where patients are from and if a language other than English is spoken in the home. This information assists us in providing culturally appropriate care and information that is understood. Below is a table with data for 2009/10. You will note that predominantly our clients come from English speaking countries. Although our community is mostly Australian born and English speaking at home, a large number of overseas born groups are represented by a small number of people. It is important we recognise these groups and ensure we provide access to interpreters and culturally appropriate information.

Birth Place 2009/2010	Total	Birth Place 2009/2010	Total
Australia	6350	Mauritius	2
United Kingdom	206	Sri Lanka	2
Netherlands	55	Switzerland	2
New Zealand	52	Bosnia-Herzegovina	1
Scotland	37	Burma (Myanmar)	1
Not Stated	14	Croatia	1
Germany, Federal Republic of	13	Cyprus	1
United States of America	10	Former Yugoslav Republic of Macedonia	1
South Africa	8	Hong Kong	1
Indonesia	7	Hungary	1
Ireland	7	Inadequately Described	1
Philippines	7	India	1
Malaysia	6	Lebanon	1
Zimbabwe	6	Norway	1
Italy	5	Pakistan	1
Argentina	3	Papua New Guinea	1
Austria	3	Russian Federation	1
China (Excludes SARS and Taiwan)	3	Singapore	1
Estonia	3	Southern and East Africa	1
Greece	3	Spain	1
Egypt	2	Thailand	1
Falkland Islands	2	Vietnam	1
Malta	2	Grand Total	6829

Evaluation of our Cultural and Linguistic Diverse and Community Participation Plans

Western District Health Service first developed a Community Participation Plan in 2007 to support the organisation's five year Strategic Plan 2006 – 2011, which identifies a core objective as being:-

''To increase community involvement and enhance the profile of the Health Service''.

In addition, to meet the requirements of the Department of Health, WDHS developed a Culturally and Linguistically Diverse Plan. This Plan was developed and managed by the CALD Workgroup. Due to advances made through the CALD Plan, this specific type of plan is no longer required. It was agreed that the overarching principles however, should be integrated into the business strategies and day-to-day operations of WDHS.

With similar principles to the former Community Participation Plan and the CALD Plan, the Disability Act 2006 requires health services to have a plan that enhances access and participation to health services for those with a disability. In addition, the Department of Health has recently published two documents, each providing a set of standards and performance indicators, each of which specifies requirements of publically funded healthcare organisations to report on their compliance:

- Department of Health (2009) 'Cultural Responsiveness Framework – Guidelines for Victorian Health Services'.
- Department of Health (2009) 'Doing it with us not for us – Strategic direction 2010 -13.

The Diversity, Access and Participation (DAP) Plan 2010 – 2013 was developed by the organisation's newly formed DAP Committee, in consultation with the Community Advisory Committee. Because of their broader applicability, it is structured around the four outcome areas identified for disability services:

- **Access** - Reducing current barriers impacting on access to services, goods, facilities and information provided by Western District Health Service.
- **Employment** - Reducing current barriers and promoting employment opportunities for those people with a disability or from culturally diverse backgrounds.
- **Inclusion & Participation** - Maximising community involvement and input, ranging from inclusion in an individual's own health care to involvement in policy decision.
- **Attitudes and Practices** - Achieving tangible changes in attitudes and practices with discriminate against persons.

The 'cultural responsiveness' and 'Doing it with us not for us' standards have been integrated within four outcome areas. In early 2010, we invited our local community Rural Access Worker to join our DAP committee. This has been a very positive move with the worker quickly becoming an active member of the group.

The DAP Action Plan is a working document which is reviewed regularly by the DAP committee to progress implementation of the DAP Plan.

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.

	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
June 09 – Dec 09	100%*	95%*
*latest results		

Indigenous Oral Health Research Project – improving the oral health of children

Our Primary and Preventative Health Division is working in partnership with Winda Mara Aboriginal Corporation and the Melbourne University Dental Health School to research the oral health needs of local indigenous children. The project will assess the children's oral health status and trial an education and intervention process which seeks to improve oral health. The effectiveness of this intervention will be measured over 12 months. The indigenous oral health project is a research initiative funded by Dental Health Services Victoria (DHSV).

Indigenous communities have a relatively poor level of oral health and access dental services at lower than expected levels throughout their lives. This innovative research will deliver evidence on the current oral health status of indigenous children as well as trial an intervention that could be transferred to other regions of Australia.

Working with Winda Mara and the University of Melbourne gives us the opportunity to improve the oral health status of Indigenous children within our region.

Leading the project as Principal Investigators are Stu Willder and Joanne Nelson from the Primary and Preventative Health Division. Principal Researcher, Tracey Plunkett, from Winda Mara Aboriginal Corporation is delivering the education components.

Improvements made for visually impaired residents at Coleraine's Valley View, Wannon Court and Mackie House

- New staff ID name badges carrying the staff member's first name in large print were introduced following feedback from a visually impaired resident in the Valley View Nursing Home who was struggling to identify staff. This small change has generated very positive feedback from all residents as it allows them to clearly identify staff members and presents a very professional appearance.
- With the impending change to digital television signals and the need to upgrade televisions to cope with the change the Homes for the Aged Ladies Auxiliary kindly donated two large flat screen digital televisions, one for each of the lounge rooms in Mackie House and Wannon court. The Hospitals Ladies' Auxiliary also donated a large flat screen television to the lounge room of Valley View. These televisions are far larger than any previous televisions with a much clearer picture. They have considerably improved the viewing pleasure of the residents and their families. The televisions also have the ability to be used to show photos directly from a camera memory card as well as doubling as a computer screen to watch the odd horse race.

Harmony day celebration

Harmony day was enthusiastically represented by the hospital community. A delicious afternoon tea was prepared by staff representing many different cultures. General feedback was very positive.

Winda Marra Corporation Prinicple Researcher – Tracy Plunkett, WDHS Principle Investigator- Stu Wilder, University of Melbourne Dental Health School- Professor Mike Morgan, WDHS Dental Therapist – Jo Nelson, Triffy Grant, WDHS Dental Assistant – Karol Walkenhorst and Bec Clayton

WDHS staff (Front Row) -Erika Fisher, Tatum Pretorius, Ruchi Agrawal, Back row: Granville Fisher, John Lalor celebrated Harmony day with a morning tea celebrating our international staff and their homelands

International Staff

Approximately 28% of the Victorian Medical Workforce is now made up of International Medical Graduates . Western District Health Service has been fortunate to secure the services of highly skilled and dedicated doctors to work in Hamilton. While medical workforce initiatives will see an increase in domestic medical graduates in future years, international doctors will continue to play a significant and valued role in meeting increasing demands on our health system.

Over the past year we have had doctors from Sri Lanka, India, Egypt, Burma, and Brazil. These doctors have brought international expertise and awareness to both Hamilton Hospital Staff and the wider community. Two of our internationally trained Doctors from Sri Lanka continued to work at Hamilton for a second year as Junior Registrars in the Medical Unit and Emergency Department. Dr Dan Wijeratne has now moved to Westmead Hospital in Sydney and Dr Sanji Wasgewatta will move on to Austin Health in February. We wish them both, together with their families a successful and happy future.

We asked Dr Wijeratne and Dr Wasgewatta to write a short paragraph about their experiences in Hamilton.

Dr Dan Wijeratne

"In short my experience in Hamilton was productive, supportive and friendly."

''I came to Australia in 2007. Following completion of a Masters in Public Health and passing Australian Medical Council exams, I joined Hamilton Base Hospital in December 2008 as a Junior Medical Officer.''

''It was a challenge to work in a completely different medical system however it was made easier with the generous support I received in Hamilton. Due to excellent clinical support by Medical, Surgical and VMO specialists, the clinical decision making was never a problem.''

''The friendly staff made my busy days enjoyable. The administrative support made the non clinical work much less strenuous and they were always open for change which I think is one of Hamilton's strengths.''

''After a busy day, staff often got together, had barbecues and went for dinners. Although Hamilton is far away from Melbourne I did not feel I was alone. There were a lot of things to do at Hamilton.''

Dr Dandeniya Gamage Chinthaka Wijeratne

Dr Sanjiwika Wasgewatta

''Working at Hamilton Base Hospital has been a great experience for me. The clinical experience I have gained prepared me to work confidently in any hospital in Australia. This is one of the most welcoming hospitals for International doctors like me and everyone helped me go through some of the difficult periods of my life as well. Therefore the hospital has become part of my family. I continue to work in Hamilton Base Hospital and really enjoy doing it.''

Dr Sanji Wasgewatta

Standing, WDHD HMO, Doctor Dan Wijeratne with wife Nadeesha and baby Thinura and WDHS HMO Doctor Dr Sanji Wasgewatta(middle) with husband Chamara and baby Shania. Both Doctors have enjoyed their placement with WDHS

Glossary of Terms

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 measured for accreditation

ADASS
Adult Day Activity Support Service

ADL
Activities of Daily Living

ANUM
Associate Nurse Unit Manager

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

CACPs
Community Aged Care Packages

CALD
Culturally and Linguistically Diverse

CDHS
Coleraine District Health Services

CEO
Chief Executive Officer

Clinical Governance
The system by which the governing body, managers and clinicians share responsibility and are held accountable for patient care, minimising risks to consumers and for continuously monitoring and improving patient care

COAG/LSOP
Council of Australian Government Long Stay Older Patient; a program to minimise functional decline

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

DAP
Diversity, Access and Participation

DOH
Department of Health

DNS
District Nursing Service

FHCC
Frances Hewitt Community Service

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

FRAT
Peninsular Health Falls Risk Assessment tool

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

HITH
Hospital in the Home

HMMC
Hamilton Midwifery Model of Care

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

NCFH
National Centre for Farmer Health

PCP
Primary Care Partnership

PDHS
Penshurst & District Health Service

Peer Group
Our Peer Group is other ''Group B'' hospitals including Regional and Sub regional hospitals

Quality

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

RCH
Royal Childrens' Hospital

Riskman
A system used to record and analyse Incidents, risks and consumer feedback

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

WDHS
Western District Health Service

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.

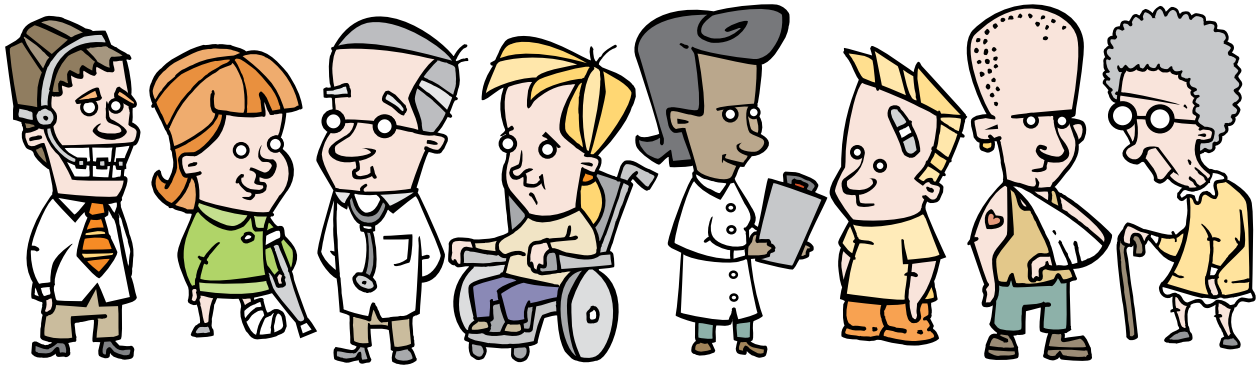
8. **Make sure you understand what will happen if you need surgery or a procedure**
   Ask your doctor or surgeon exactly what the procedure will involve and who will be in charge of your care when you're in hospital.

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



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

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