wdhs
Western District
Health Service

2014 QUALITY OF CARE REPORT

IMPROVING CONSUMER EXPERIENCE, EVERYONE, EVERY TIME

wdhs
Western District
Health Service

Our Mission

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

Vision

Excellence in health care, putting people first.

Values

» Our community

We recognise their rights, encourage their participation and are committed to their health and wellbeing.

» Improving performance

We are committed to a culture of continuous quality improvement and innovation.

» Our staff

We are committed to their wellbeing and ongoing education, growth and development.

» Strong leadership

We are committed to governance and management that sets sound directions promoting innovation and research.

» Safe practice

We are committed to a safe and healthy environment.

The National Safety and Quality Health Service (NSQHS) Standards have been developed to drive the implementation of safety and quality systems and improve the quality of health care in Australia.

1. **Clinical Governance – Governance for Safety and Quality in Health Service Organisations**
   Safe systems, safe outcomes, every time

2. **Partnering with Consumers**
   With our patients, residents, clients, everyone, every time

3. **Preventing and Controlling Healthcare Associated Infections**
   Cleanliness, everyone, every time

4. **Medication Safety**
   Right medicine, everyone, every time

5. **Patient Identification and Procedure Matching**
   Right person, right treatment, every time

6. **Clinical Handover**
   Everyone, every time

7. **Blood and Blood Products**
   Right blood, right person, every time

8. **Preventing and Managing Pressure Injuries**
   Safe position, safe person, every time

9. **Recognising and Responding to Clinical Deterioration in Acute Health Care**
   Urgent action, everyone, every time

10. **Preventing Falls and Harm from Falls**
    Reduce harm, every one, every time

CONTENTS

Jim Fletcher commenced as the Chief Executive Officer (CEO) in 2000 and during this time, until his retirement in 2014 he has guided the Health Service in an outstanding manner to ensure WDHS is regarded as an excellent regional health facility.

He was pivotal in securing the capital development of Coleraine, Penshurst, Merino, and Hamilton campuses and supported and championed the development of new services and programs. He was particularly proud of the building of the new in-patient Sub-acute services wing and the Coleraine redevelopment.

There are many highlights and major achievements that occurred during this time which include but are not limited to the presentation of two Regional Health Service of the year Awards, completion of the Grange redevelopment, Regional Trauma Service designation, the amalgamation with Coleraine District Health Service on 1 July 2005 and the completion of the Penshurst Campus and Kolor Lodge redevelopment. The Sustainable Farm Families Program was awarded the Victorian Public Health Award for program excellence during this time.

The Community of Hamilton will always be grateful for Jim's tireless enthusiasm for excellence in healthcare and putting people first.

HIGHLIGHTS FOR 2013/2014

- ACHS National Standards and Community Care Standards re-accreditation for 3 years
- Commissioning and opening of the Coleraine campus one stop shop health precinct
- Commissioning and opening of the Kolor Lodge redevelopment
- Watermark Charity House project continued
- Shire of Southern Grampians Business Award for Community Enterprise and team achievement
- VHA Award for Telehealth initiative
- Commonwealth and State Government funding for the National Centre for Farmer Health
- Canadian Government through the Alberta Farm Safety Centre adopts the National Centre for Farmer Health Sustainable Farm Families program
- 15 students complete the National Centre for Farmer Health Agricultural Health and Medicine course held in Hamilton. A total of 102 students have now completed the course over the 5 years since its inception
- Development of a 3 year Consumer Participation Plan
- Leading Perinatal expert Professor Sue Walker delivers the 15th Handbury Lecture
- Completion of Care Coordination Model for Barwon South West Agencies
- Establishment of services for orthopaedics, neurosurgery and kidney disease
- Establishment of a Sub Regional Dental Health Service Model
- Establishment of Residential In Reach program
- Commencement of Redesigning Care program for sub acute services
- Baby Friendly re-accreditation for 3 years
- Hosting of the BSW/Grampians Region Allied Health Conference attended by in excess of 100 health professionals
- Excellent external cleaning audit results 98.7% and food safety compliance outcomes
- Gold Medal Award for Annual Report
- Outstanding fundraising result
- Operating budget surplus and entity budget surplus

GLOSSARY OF TERMS

ACHS	Australian Council on Healthcare Standards
ACP	Advance Care Planning
AACQA	Australian Aged Care Quality Agency
ACSQH	Australian Commission on Safety and Quality in Healthcare
ADASS	Adult Day Activity and Support Service
BOD	Board of Directors
CAC	Community Advisory Committee
CALD	Cultural and Linguistically Diverse
CCR	Clinical Care Review
CDHS	Coleraine District Health Service
CRC	Community Rehabilitation Centre
DAP	Diversity Access and Participation
DOH	Department of Health
DVA	Department of Veterans Affairs
ED	Emergency Department
EQuIP	Evaluation and Quality Improvement Program
FHCC	Frances Hewett Community Centre
GP	General Practitioner
HACC	Home and Community Care Program
HARP	Hospital Admission Risk Program
HBH	Hamilton Base Hospital
HITH	Hospital in the Home
IC4OP	Improving Care 4 Older People
HMMC	Hamilton Midwifery Model of Care
LAOS	Limited Adverse Occurrence Screening
MET	Medical Emergency Team
NCFH	National Centre for Farmer Health
NESB	Non English Speaking Background
NSAP	National Standards Assessment Program
NSQHSS	National Safety and Quality Health Service Standards
PAC	Post Acute Care
PAGs	Planned Activity Groups
PCP	Primary Care Partnerships
PDHS	Penshurst & District Health Service
RCH	Royal Children's Hospital
RMIT	Royal Melbourne Institute of Technology
TCP	Transition Care Program
SFF	Sustainable Farm Families
SWH	South West Healthcare
SWARH	South West Alliance of Rural Hospitals
VTE	Venous Thromboembolism
VMIA	Victorian Managed Insurance Authority
VPCSS	Victorian Palliative Care Satisfaction Survey
VPSM	Victorian Patient Satisfaction Monitor
WDHS	Western District Health Service
WHO	World Health Organisation

OUR SERVICE PROFILE

Western District Health Service (WDHS) is based in Hamilton, Coleraine and Penshurst in the Southern Grampians Shire and Merino in the Glenelg Shire in Western Victoria. WDHS incorporates Frances Hewett Community Centre, Grange Residential Care Services, Hamilton Base Hospital (HBH), Coleraine District Health Service (CDHS), Penshurst & District Health Service (PDHS), the National Centre for Farmer Health, the Merino Community Health Centre and youth4youth.

The primary catchment area for WDHS is the Southern Grampians and northern part of the Glenelg Shires with smaller catchments from neighbouring Shires including south east South Australia.

The main campus of WDHS is Hamilton Base Hospital which provides 72 beds offering a comprehensive range of medical and surgical services, sub acute, intensive care and a Regional Trauma Service. Self sufficiency for core acute services for the primary catchment area is around 80%. There are two Residential Aged Care facilities in Hamilton. The Birches is a 45 bed high care residential aged care facility which includes 30 beds for high care dementia and three psychogeriatric beds. It also provides one bed for palliative care. The other 50 bed aged care facility; The Grange, is high care with ageing in place. Twenty eight Home Care packages are also provided from the Grange.

The Primary and Preventative Health Division (P&PH) located on the HBH campus at the Frances Hewett Centre and Hamilton House Allied Health Centre offers a comprehensive range of Allied Health, primary, preventative health promotion and education programs including a Youth Outreach service and the South West Community Transport program.

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

The National Centre for Farmer Health (NCFH), which is a partnership between WDHS and Deakin University, was established on the HBH 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 multipurpose service campuses located at Coleraine and Penshurst and operates a Community Health Centre at Merino. The Coleraine District Health Service completed a $27 million capital redevelopment in October 2013 to establish a one-stop shop health precinct for the Coleraine community. The new campus provides 10 beds for low level medical acute, mainly chronic illness and convalescence from surgery and 51 aged care residential beds, 25 independent living units (ILUs), and the Thomas Hodgetts Community Centre which provides a medical clinic and a range of primary and allied health services provided on an outreach basis from the main Hamilton campus.

The Community Health Centre located in Merino acts as first responder for accident and illness. It also provides District Nursing, health and wellbeing programs, a part time Planned Activity Group program, a weekly GP clinic with visiting Podiatry, Dietitian and Diabetes Educator provided monthly through Glenelg Outreach.

The Penshurst campus provides six low level acute medical beds for chronic illness, 17 high care and 10 low care beds for aged residents, a medical clinic, 10 Independent Living Units (six at Dunkeld, four at Penshurst) with primary and allied health provided on an outreach basis from Hamilton. A redevelopment of the Kolor Lodge was completed and officially opened in November 2013.

WDHS is the auspice agency for the Southern Grampians/Glenelg Primary Care Partnership.

In line with WDHS strategic and service plans, a capital master plan for the Hamilton and Penshurst campuses was completed and will provide the framework for the redevelopment of facilities over the next 10 to 15 years to meet the future long term needs of our community.

INTRODUCTION

Western District Health Service (WDHS) is pleased to present the 2014 Quality of Care Report. The report outlines the outcomes of our quality and safety program, describing the quality and safety systems, processes and outcomes of the health service through graphs, data, information, and, importantly, some local case studies. We are particularly thankful to the clients who agreed to tell their stories in our Quality of Care Report and share their experiences with the community.

DISTRIBUTION OF THE 2013 QUALITY OF CARE REPORT

Each year we distribute the Quality of Care Report as widely as possible. Building on the successful distribution of previous years, the publication of the 2013 Quality of Care Report was launched with a prominent display in the foyers of our Hamilton, Coleraine and Penshurst campuses.

At the same time, the local media outlet 'The Hamilton Spectator' and the WDHS community magazine, 'Western Wellbeing', included articles promoting the Report and informing the community on options for accessing copies. These strategies always trigger community interest and result in calls from people wanting to access copies. In addition to being available on our website, the 2013 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 community organisation mail out lists throughout the year.

PREPARING THE 2014 QUALITY OF CARE REPORT

The 2014 Quality of Care Report was prepared by a small group of WDHS staff and Community Advisory Committee members. The end product is the result of wide consultation and input from across the organisation, and included all Community Advisory Committee members, carers' support groups, department heads and program co-ordinators. Preparation was largely influenced by feedback received on last year's Quality of Care Report from staff and the community. The Department of Health (DoH) no longer provides feedback or a rating score on the Quality of Care Report, but it does provide guidelines on essential items to include in the report.

ACCREDITATION

During the year, the health service went through a number of accreditation processes. The Australian Commission on Safety and Quality in Healthcare (ACSQH) developed a suite of 10 National Safety and Quality Health Service Standards (NSQHSS), which were implemented in 2013. We underwent a full Accreditation Audit in October 2013 and achieved a high level of compliance to all mandatory actions. We have implemented a sustainability framework to ensure that we maintain the same high level of compliance and aim to continue to improve the quality of our care and services.

Feedback Results for 2013

	1 EXCELLENT	2	3	4	5 POOR
The report clearly depicts WDHS activities and achievements	37.5%	62.5%	0%	0%	0%
The report is well presented	62.5%	37.5%	0%	0%	0%
The report was easy to read	50%	37.5%	12.5%	0%	0%
The report gives me confidence in choosing my care at WDHS	62.5%	37.5%	0%	0%	0%
The graphs were easy to understand	37.5%	62.5%	0%	0%	0%

The Aged Care Standards and Accreditation Agency is now known as the Australian Aged Care Quality Agency. They provided support visits to the residential aged care facilities at Hamilton, Penshurst and Coleraine. We were pleased to meet all the requirements of the agency, receive recommendations and suggestions for future improvement, and positive comments regarding the provision of quality of care.

Our Home and Community Care Program achieved accreditation in line with the Community Care Common Standards for three years. Our Maternity Services Division achieved Baby Friendly Accreditation for the next three years and our Palliative Care Programme continues to monitor the quality of care against the National Standards Assessment Program.

We trust that the 2014 Quality of Care Report will give you an insight into our quality and safety system processes, and we welcome your feedback to assist in the development of future reports.

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

For further information please contact the Quality and Risk Manager – Mrs Gillian Jenkins on 5551 8207.

Mary-Ann Brown

PRESIDENT

Rohan Fitzgerald

CHIEF EXECUTIVE OFFICER

AIDET

AIDET is a simple acronym used by staff throughout WDHS to better communicate with patients and their families as well as with each other.

AIDET STANDS FOR:

» Acknowledge – greet people with a smile and use their names if you know them. Make eye contact and ask: Is there anything I can do for you?

» Introduce – introduce yourself

» Duration – give an indication of time

» Explanation –advise what you are doing, how procedures work and whom to contact for assistance.

» Thank – thank the patient for choosing your facility, and for his/her communication and cooperation. Is there anything else I can do for you?

AUDIT RESULTS

Data on staff using AIDET principles were collected by FHCC and Allied Health Reception areas from clients in both October 2013 and then again in February 2014.

Questions asked to consumers regarding AIDET	Oct-13	Feb-14
Clients were greeted by name	98%	100%
Staff member introduced themselves	90%	97%
Clients had staff explain to them what to expect	86%	96%
Clients told how long their appointment would take	78%	87%
Clients given the chance to ask questions	92%	100%
Clients identified one or more staff members who were particularly helpful	54%	90%

COUNSELLING SERVICES

The Primary and Preventative Health Division Counselling team demand continues to increase and has treated over 400 clients this year. The team has increased the number of services by over 35% in the last two years; now having over 2000 contacts (personal appointments or by telephone) with our clients per year. The Counselling team is also involved in a number of other WDHS services including Baby Makes 3 and Pregnancy Health.

TRANSFER OF CARE

→ **Bedside Handover with patient David Dunn, Graduate RN Kaitlin Sinclair, ANUM Monica Neeson, Graduate RN Sarah Schmidt and RN Ash Kemp**

Team nursing and bedside clinical handover has been introduced in the acute areas of the Western District Health Service. It was launched in the Surgical Unit followed by the Medical Unit. The aim was to enhance and minimise errors in communication of care, improve time frames of care and involve the patients and carers in the handover process. This is integral to embedding the National Standards and Quality Health Service Standards. The process has been embraced by staff and has seen positive feedback from patients in their knowledge and involvement of their care. Errors in communication and delays in care have reduced medication errors, improved clinical decisions and the overall management of care.

ALLIED HEALTH CONFERENCE

Western District Health Service (WDHS) hosted the inaugural Allied Health regional and rural conference for the Barwon-South West and Grampians Regions. One hundred Allied Health professionals gathered from regional cities Geelong and Ballarat to join with colleagues from all over the South West and Grampians areas in Hamilton. WDHS team department heads Fran Patterson and Sue Cameron were two of the eighteen presenters. Sue presented on tele-health in Speech Pathology and won a first time presenters award.

The conference delegates were surveyed and 85% of the respondents indicated high levels of satisfaction with the conference and 98% of the delegates indicated that they would attend a future Barwon South West and Grampians Allied Health Conference.

The 3 best things about the conference were:

» The keynote speakers

» The variety of presentations

» Well organised program.

CARE PLANNING

→ District Nurse Joy Clark and Care Coordinator Megan Grazziadelli

Clients with complex and chronic needs are often accessing multiple services and have the support of numerous clinicians throughout Primary and Preventative Health, District Nursing Services and Southern Grampians Shire Home and Community Care (HACC).

The following improvements have been achieved for clients who have complex or chronic conditions:

» Shared Care Plans and Multi-Disciplinary Team Meetings – clients who have complex or chronic conditions and are accessing multiple services within Primary and Preventative Health will be referred to the Multi-disciplinary Team Meetings and have a Shared Support Plan created on an Electronic Database. The Electronic Database was created through the WDHS Business Support and Innovation Team and the Primary and Preventative Health Team

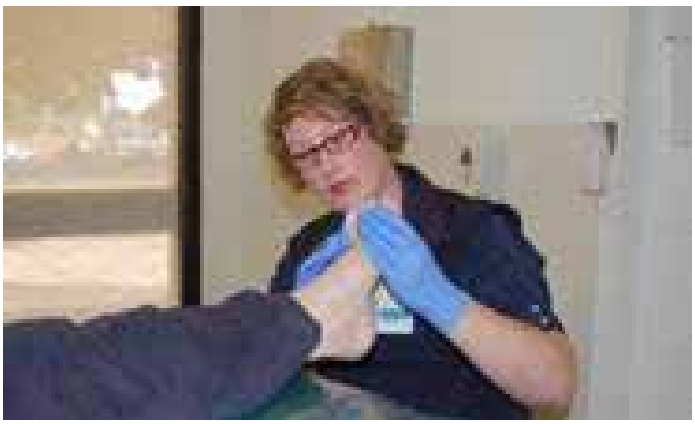
» On average 5 clients are discussed at weekly meetings

» 100% of these clients have a care plan that is shared and reviewed between services, including Allied Health, District Nursing and Southern Grampians Shire Home and Community Care (HACC) services

» Primary and Preventative Health, District Nursing and Southern Grampians Shire Home and Community Care (HACC) staff members are all contributing to client care plans on the Electronic Care Plan database – previously only accessed by staff from Primary and Preventative Health.

→ Care Coordinator Megan Grazziadelli with Business Support and Innovation staff Bianca Todd and Demogene Smith

DISTRICT NURSING



→ District Nurse Erin Rhook

INTEGRATION OF DISTRICT NURSING AND COMMUNITY PALLIATIVE CARE SERVICE

In December 2013 the District Nursing and Community Palliative Care Service were integrated into the Primary and Preventative Health Division to improve coordination of community and home based services provided by WDHS and the Southern Grampians Shire. The aim of the integration was to successfully enhance the communication between all of the home based services provided to our clients.

WOUND CARE

The District Nursing Service is improving the monitoring and management of chronic wounds via the use of photography. An average of 15 clients with chronic wounds are treated at any one time. The wounds are photographed fortnightly to identify any deterioration and, in consultation with the GP, whether any treatment changes are needed. Using photography in this way has enhanced the service provided by the District Nurses and assists to maintain good wound care conditions to enable healing or maintenance of the wound.

THE HOME REFERRAL SERVICE

Where needed, the Home Referral Service provides clients with referrals to services to assist them when they return home after an admission to hospital. With an increased emphasis on this program we were able to increase the number of referrals of hospital based patients to the service from 15% in 2008 to 32% in 2013.

Ensuring that appropriate referrals to community based services is essential in preventing future readmissions.

Referral rates have seen strong improvements with recent data from the Medical Ward showing 49% of patients referred to Community Based Services. For the other 51% of clients who did not receive referrals to community based services, referrals were not required nor were the admissions to hospital preventable. Data also shows a strong increase in the amount of client referrals sent to the Home Referral Service.

TOP TEETH

→ Lara Ackland from Mitchell Park Kindergarten

In 2013, WDHS developed and conducted the 'Top Teeth' Pilot Project, aimed at improving our engagement with disadvantaged families to promote oral health practices and dental clinic access from an early age.

46 children were screened and assessed at 2 local Kindergartens (69% were healthcare card holders)

The evaluation showed:

» 39% needed treatment

» 65% accessed the clinic via the program; 70% of these were new clients to the clinic

» 90% remained engaged and completed their treatments

With the Dental Clinic's change in management in early 2014, WDHS continues to work in partnership with South West Dental Service to deliver the program to a greater number of Kindergartens in the Southern Grampians Shire, utilising the 'Top teeth' method.

TELEHEALTH SERVICES CONTINUE TO EXPAND

Telehealth services involve using video conferencing technology for people situated in different locations to communicate 'live on camera'. The technology has exciting and far reaching potential for the delivery of health services between remote sites. It can enable medical experts from across Australia to provide advice instantly to local health practitioners. More commonly for WDHS the technology allows patients to avoid costly travel to metropolitan centres by participating.

This year, Telehealth services have expanded and include the following specialties:

UROLOGY TELEHEALTH SERVICES

Urological telehealth services have continued to expand in the past 12 months with clinical services being provided at Warrnambool through the St John of God Hospital.

Working in partnership with Mr Richard Grills six telehealth clinics are provided in both Warrnambool and Hamilton per year. Currently, over 180 patients use this service each year which continues to reduce waiting times, improve access and reduce significant travel times and economic hardship.

SPEECH PATHOLOGY TELEHEALTH SERVICES

The Speech Pathology department has conducted over 30 telehealth sessions with five of our regional clients.

This has saved the clients and their families over 4000 kilometres and 45 hours of travel time. This is a saving of $3,000 just in travel. This initiative ensures children do not miss school and reduces the impact on the carer's daily activities including the need to take time off work. The families have reported high satisfaction with the tele-speech sessions and importantly the Speech Pathologist has been delighted with the clinical outcomes.

PAIN TELEHEALTH SERVICES

In the last year, 35 pain clients have accessed local telehealth services, enabling them to access pain specialists from the Royal Melbourne Hospital. Plans are in place to extend this service for clients in Coleraine, working with the Casterton/Coleraine Medical Group.

WDHS staff members Janine Huf and Angela O'Brien presented with Dr Malcolm Hogg, Pain Specialist at the Royal Melbourne Hospital, at the 2014 Australian Pain Society 34th Annual Scientific Meeting held in April 2014 in Tasmania.

The presentation featured WDHS' successful Telehealth service that has connected local patients to Melbourne based services by video conference.

Funding assistance was provided by the Great South Coast Medicare Local and the Southern Grampians and Glenelg Primary Care Partnership.

PLANNED ACTIVITY GROUP MERGER IS A GREAT SUCCESS

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

This has resulted in:

- Increase in numbers with groups filled to capacity with 30 or more members daily
- Increase of over 1000 hours of service annually
- Increase in number of activities
- Small groups are provided with more options and individual choices each day
- Activities never previously possible like aqua splash are now possible
- Individual requests are now achievable on most occasions
- Satisfaction ratings from surveys is 97%
- Introduction of three-monthly member meetings
- Members have opportunity to request additional equipment, provide ideas for activities, suggest fundraising initiatives and participate in future planning

MEMBER STORIES:

'I commenced attending aqua splash entering the pool in a wheel chair and wearing a flotation device. After having joint replacement surgery this program has assisted me with a remarkable recovery. Today I am confident to enter the pool independently and lead the exercises.'

'Attending PAG is the reason for my increased confidence. I plan to participate in a cruise independently and without PAG I could not have achieved this goal.'

→ Aqua splash

→ Globe Trotters men's group

→ Wilhelmina Donkers at Halls Gap Zoo

PODIATRY SERVICES

→ Podiatry Assistant Janine Gunn and Volunteer Jenny Groves

VOLUNTEERS ENGAGED FOR CONSUMER FEEDBACK

Volunteers Jenny Groves and Heather Wilkinson assisted by ringing clients to ask for their feedback about the new self-management group for low risk Podiatry clients. The feedback aimed to improve patient care by ensuring client's had received appropriate information and were satisfied with the care they received.

The volunteers found that the clients were excited to provide feedback and were open with their praise as well as providing ideas on where improvement could be made. The volunteers were also able to identify positive feedback about individual staff for their recognition. Twenty interviews were conducted and the average score was 91% level of satisfaction with the Podiatry Service.

Some of the comments received:

» staff very helpful

» totally happy no wait between appointments and can get in on a more regular basis

» great that I can now make regular appointments ahead

» feet felt heavenly.

REDUCED PODIATRY WAITING TIMES

Changes to service delivery have been successful in reducing waiting times for high risk clients to Podiatry. In the last 12 months, waiting times have been reduced from 6 months to less than 3 weeks for high risk clients.

The key changes include:

» Developing a partnership with a local podiatry private practice to provide a weekly service that was possible with funding from the Great South Coast Medicare Local

» Development of a self-management group to enable our low risk clients to become more confident and competent in managing their own foot care

» Development of a 'fast track' clinic for appropriate clients who do not have medical complications. This enables us to increase our throughput by 30% while ensuring that quality of care remains paramount

RESIDENTIAL-IN-REACH SERVICE

Residential-In-Reach (RIR) is a new service at WDHS which commenced in December 2013. It is aimed at providing hospital type care to residents of Residential Aged Care Services (RACS).

The program is supported by an advanced practice nurse from the hospital and is provided with the request and support from the resident's General Practitioner (GP). The services that are available under the program include blood transfusions, intravenous antibiotics and cardiographs.

To date four blood transfusions have been performed and the feedback from staff and recipient residents has been positive. Previously blood transfusions were only performed in hospital. With this new program the RIR is able to collect and transport the blood from the hospital's pathology department, deliver it to the facility, perform the necessary identification checks and set up and run the transfusion and care for the resident.

Mrs Shaw (pictured below) resides some distance from the hospital in a RACS and recently needed a blood transfusion for her severe anaemia. With her frailty this would have been a significant undertaking. ''I wanted to have the blood but just didn't have the strength to even think about hospital, I just wanted to stay home.'' The new RIR service at WDHS was able to provide the necessary transfusion for Mrs Shaw in the comfort of her own room at the RACS with the support of Mrs Shaw's GP and the RACS nursing staff.

23 residents have been assisted by the new RIR service in its first 6 months.

RIR CASE STUDY
Transport

The newly introduced RIR service assists clients from RACS to be taken to and from hospital to avoid delays from discharge and avoiding clients' unnecessary anxiety about getting back home and into their own beds. Another benefit is that it reduces the demand for ambulance services for routine transports.

The introduction of the new program is supported by hospital staff and enhances the patients' overall experience. Patients are already benefiting from avoiding delays that are sometimes experienced during discharge. Additionally this added service can be of benefit to residents requiring transport and assistance for booked procedures like x-rays, avoiding delays associated with ambulance transfer and the need to go through the Emergency Department.

One resident who benefited from this service was an elderly frail lady from a more distant RACS who needed further investigation and treatment of a bladder issue. Previously she would have been transported to and from hospital by ambulance possibly tying up that ambulance from attending to more urgent cases. With the assistance of RIR, she was able to be driven in the comfort of a hospital car both to and from the hospital. Additionally RIR was able to provide advocacy and support for her whilst she received treatment.

RIR CASE STUDY
Communication

Hospitalised residents from (RACS) often encounter more communication problems than most with memory issues impacting on what is discussed about their condition and therefore is passed onto family. Residential in Reach is providing a vital link for these patients aimed at improving communication between the patient's next of kin and treating hospital staff, as well as providing information to GPs and RACS as appropriate.

An 89 year lady from a RACS found herself in hospital when a chest infection significantly compromised her breathing. Whilst suffering from memory deficits, the resident was able to respond appropriately to the doctors on the ward round but unable to process the information. This made it difficult for the family to grasp what was going on and then deal with decisions that needed to be made. Her family were keen to protect her from distress and used their Medical Power Of Attorney to act on her behalf.

When the diagnosis of a cancer process was provided, RIR was there to provide coordination of communication for the family with the medical staff and to support the family with their decision making. RIR was also able to coordinate appropriate care back at the RACS with referral to Palliative Care and discharge information for the GP.

The timely communication allowed for vital decisions to be made. This also helped to avoid further investigations as the doctor had knowledge of the family's wishes. The family were relieved their mother had been spared discussion that may have upset her and she was happy and to able to return to her RACS. Her family were grateful for RIR assistance with communication.

STROKE TELEREHAB

The Western District Health Service (WDHS) rehabilitation service has joined Barwon Health in a project funded by the Victorian Department of Health. The aim is to improve the capacity of rural and regional rehabilitation interdisciplinary teams to provide evidence based assessment and treatment for stroke patients, consistent with National Stroke Foundation Clinical Guidelines. The project commenced in late December 2013 and was completed in June 2014. Barwon Health is the 'hub' site while Hamilton is the 'spoke' site.

The four key areas of focus and deliverables were direct education, patient advice sessions, rehabilitation and systems consultation and future telehealth model development.

Staff involved included a Neuro-rehabilitation consultant from Barwon, Project Officer based at Barwon, service redesign personnel, regional telehealth personnel, clinical managers and nursing, physiotherapy, occupational therapists and speech pathologists at each site.

Education followed a skills gap analysis and process mapping to determine differences and similarities in stroke rehabilitation service model and training in telehealth technology occurred at each clinical meeting. One clinical consult was provided with another planned in the near future.

We are hopeful that the project will continue for another year to enable embedding of this modality of care and education that allows our patients to receive the right care in the right time without requiring travel from Hamilton, if appropriate.

SUB-ACUTE INPATIENT SERVICES

Since the commissioning of the new sub-acute facility within the Medical Unit, Hamilton Hospital is now proudly able to provide greater access for patients requiring either Rehabilitation streams or the Geriatric Evaluation and Management (GEM) Program.

This purpose built facility enables all participants to engage in personalised programs with a team of therapists, nurses and medical staff. The multidisciplinary team model provides a coordinated approach that improves overall individual performance in daily activities such as dressing and mobilising safely. The clinical area has a purpose built kitchen to rehearse the skills to manage meal preparation. The large rooms and ensuites enable patients to adapt to the use of any aids without being restricted by space in which to function and learn by doing so. Home environment assessments are completed by occupational therapists with the patient and carer. Trial of care can be an option to further support the patient and carer. This allows the service to match the discharge environment functional goals required to support transition to home.

The need for rehabilitation or GEM may be as a result of a recent operation, acute illness or chronic health issues. Our focus is to enable patients to be discharged from hospital having optimised their independence.

Patients can be referred to the physician for sub-acute care as a result of an admission to hospital, directly from the emergency department, or the community. Referrals from the pre admission service are also available to further support the patient following elective surgery.

CURRENT PROJECTS INCLUDE:

- Sub-acute redesign project in partnership with the Department of Health. This will raise our profile in the community and other hospitals and will improve access for everyone to sub-acute programs.
- Telehealth project – the Victorian Department of Health with Barwon Health Rehabilitation service and Hamilton Hospital partnership is working towards improving access to specialist rehabilitation staff for stroke patients undertaking rehabilitation at Hamilton. This initiative will use telehealth videoconferencing to minimise the need for Hamilton patients to travel to Geelong for services.
- Stroke Foundation of Australia has introduced a resource for patients and carers affected by Stroke. This resource ''My Stroke Journey'' enables the stroke patient or carer to be directly involved in the care and decisions during the transition of hospital care to home. The resource is tailored to provide specific information as is relevant to the type of disabilities acquired. This also provides a link with other consumers and peer support at the Stroke Foundation.
- WDHS has also been involved in a national stroke audit. The interim Australian Council on Healthcare Standards reporting demonstrates that our health service is comparable to other services in meeting key performance targets.

As a recognised stroke care unit, we are able to administer clot busting drugs and meet expected care outcomes for all stroke presentations:

- 90% of stroke presentations have a CT of brain within the first 24hrs
- 71% receive aspirin within 48 hours of admission which is above the aggregate peer group rate
- 100% of patients have a documented care plan, and includes outpatient care if required. Our Peer group rate is 87%
- Physical function assessments are completed on 100% of patients with stroke, again higher than our peer group
- At time of discharge the majority of our patients have demonstrated functional gains in areas of motor function, cognition and personal care.

PHYSIOTHERAPY IS MOVING FROM STRENGTH TO STRENGTH

→ Physiotherapist Lauren Davies with Joyce Laidlaw

A focus on wait-list reduction and removing administrative burden has seen the Physiotherapy wait list reduce during the past year.

» Average numbers on wait list reduced by 80%

» Wait time average for non-urgent clients reduced by 60%

Under appropriate supervision, the scope of the Allied Health Assistants has been increased. This enables the clinician to be focussed on clinical work resulting in more effective use of resources and thereby increasing the capacity of the service.

FALLS CLINIC

A new monthly Falls Assessment Clinic was established in March 2013 to reduce the incidence of falls amongst high risk clients.

This includes a physical assessment with a physiotherapist, home assessment by an occupational therapist and a memory and cognition assessment. If required, clients are then assessed by a medical specialist to review how their medical conditions and medications may contribute to their risk of falls. The range of assessments then enables an action plan to be developed with the client.

Since July 2013 15 clients have attended the clinic and subsequently a range of referrals have been made to:

» Falls Exercise Group

» Individual physiotherapy

» Podiatry

» Physician

» Occupational Therapy home visits

» Community exercise groups.

The range of referrals demonstrates the complex nature of falls for older people and the variety of recommendations that can be made from an individualised assessment and care plan. The feedback from clients has been very positive.

WORKPLACE HEALTH AND WELLBEING PROGRAMS

The workplace wellbeing programs continue to support the health and wellbeing of workplaces and their employees over the past 12 months. Existing clients include Iluka Resources (Hamilton and Ouyen), Wannon Water (Warrnambool, Camperdown, Portland and Hamilton), Ryan's Freighters and Murray Goulburn. They have been joined by Watpac (civil and mining) and Powercor this year in actively promoting health to their employees. Programs are individually designed for each industry group to support health awareness, screening and active preventative practices in the workplace.

RESIDENTIAL AGED CARE QUALITY INDICATORS

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

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

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

» Prevalence of pressure injuries

» Prevalence of falls and falls-related fractures

» Incidence of use of physical restraints

» Incidence of residents using nine or more different medications

» Prevalence of unplanned weight loss

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

The results for each quarter in 2013/2014 show that, overall, most indicators improved for residential care:

INDICATOR 1: PRESSURE INJURIES

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

An extensive organisational pressure injury education program was implemented over the past twelve months. Staff were educated on how to prevent pressure injuries, identify people at risk of pressure injuries and the best methods of treating pressure injuries if they occur. As a result the rate of pressure injuries that occur in each facility has decreased as staff are more skilled in recognising potential pressure injury problems at an earlier stage.

INDICATOR 2: FALLS AND FRACTURES

The incidence of falls in most of our high care facilities was slightly above the State average for the past twelve months.

Falls management continues to be a constant challenge and as a group we continue to review ways in which we can recognise the importance of independence for our residents, while maintaining their safety and reducing the number of falls.

Generally, the incidence of falls with fractures is lower than the State average for both groups.

INDICATOR 3: INCIDENCE OF PHYSICAL RESTRAINT

After several years where the Birches results sat above the State benchmark, it is pleasing to report that all WDHS aged care facilities now sit below.

Education has resulted in the staff being able to discuss the risks of using restraint with residents and relatives and offer the use of equipment such as low-low level beds and alarm mats to effectively manage resident needs.

INDICATOR 4: INCIDENCE OF RESIDENTS PRESCRIBED NINE OR MORE MEDICATIONS

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

INDICATOR 5: INCIDENCE OF UNPLANNED WEIGHT LOSS

Residents in our aged care facilities are regularly monitored for weight loss. Processes used in each facility to assist with management of this indictor are:

» Initial Nutritional Assessment

» Documentation of nutritional risks in the Care Plan

» Review of menu to include high calorie foods, use of modified foods and supplements

» Consumer feedback and input into nutritional preferences and management

» Monthly weigh

» Assistance with meals that facilitates eating

» Involvement of relatives at mealtimes

» Dietetic assessment and review

» Medical assessment and review

» Speech pathology assessment and review

» Dental assessment and review

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

BLOOD MATTERS

Over the past year WDHS has demonstrated considerable improvement in clinical practice and governance in the delivery of blood and blood products. We excelled in completion of Standard 7 - Blood and Blood Products of the National Safety and Quality Health Service Standards (NSQHSS) by satisfactorily meeting all 23 required actions. Four of these actions were upgraded to 'met with merit' status.

The WDHS Transfusion Committee was instrumental in realising this outcome. The main function of the Transfusion Committee is to oversee monitoring, review and ongoing improvement of transfusion practice. Our Transfusion Committee has been meeting for almost two years and has representatives from medical and nursing staff, with representatives from the clinical areas which are the highest users of blood products. We are pleased to have Denise Stevens (Dorevitch Pathology Laboratory Manager - Hamilton) in our membership for her professional and highly valued contributions, which were also recognised and praised by the NSQHSS assessors.

The practice improvements that we have achieved over the last 12 months include:

- Separate 'Consent to Administration of Blood and Blood Products' form
- Updated patient information resources
- Best practice implemented for thawing frozen blood products
- Regular risk assessment strategy implemented
- Bedside Transfusion Checklist for administration of all blood products

The Bedside Transfusion Checklist is a quality improvement activity to improve patient safety. There are up to 15 safety checks for staff to complete before they begin administering a blood product. Previously these checks were performed from memory and there was no evidence to show that all checks were covered. The checklist itself provides a cue for staff to follow, ensuring that every safety check is done and not missed. Nursing staff have responded very positively to this change, expressing that it gives them confidence when administering blood products.

The WDHS Transfusion Trainer and secretary of the Transfusion Committee Jen Membrey has had the opportunity to present our accreditation experience for Standard 7 at a State forum of Transfusion Nurses and the Blood Service's annual national conference.

AUTOPULSE MAKING A DIFFERENCE

A $20,000 donation from the Hamilton Base Hospital Opportunity Shop Volunteers to purchase an Autopulse machine has already started to make a difference.

The Autopulse is a life saving device that automatically applies compressions to a patient requiring cardiopulmonary resuscitation.

It applies compressions in a safe and consistent manner, leaving nursing and medical staff free to assist and provide care and treatment in other ways during an emergency to ensure the best outcome for the patient.

A person applying compression can tire quickly or struggle to maintain regular and consistent compressions over an extended period. The Autopulse overcomes this risk which enhances the care provided to the patient. The device, which has already been put into use, is another example of how our volunteers' hard work is supporting excellence in healthcare at Western District Health Service.

ACCREDITATION

SUCCESS WITH ACUTE ACCREDITATION - THE NATIONAL SAFETY AND QUALITY HEALTH SERVICE STANDARDS

The Australian Commission on Safety and Quality in Healthcare (the Commission) developed 10 National Safety and Quality Health Service Standards (NSQHSS) to drive the implementation and use of safety and quality systems and improve the quality of health service provision in Australia. The Standards have been implemented across all States and Territories across Australia since 1 January 2013.

The NSQHSS (WDHS) was conducted for three days from Tuesday 22nd to 24th October 2013. As part of the review, compliance with all ten NSQHS Standards were assessed along with progress addressing recommendations from previous accreditation surveys. Surveyors had the opportunity to tour Hamilton and Coleraine. However, an outbreak of gastroenteritis at Penshurst prevented a physical site visit by surveyors. Contact was made via videoconference.

Pre-survey documentation provided by the Quality Manager identified a significant number of quality measures which demonstrated progress against the core and developmental action items for all standards reviewed. Subsequent discussions with surveyors during the site visits and clarification of progresses implemented to ensure compliance with the NSQHSS was appreciated by the all members of the survey team.

All recommendations made under the previous EQuIP survey were reviewed by surveyors and evidence was provided confirming that all previous recommendations had been satisfactorily addressed and therefore all recommendations have been closed. Surveyors acknowledge the effort put into completing these previous recommendations and the organisation should feel proud of the progress.

Extensive documentation was provided to support the WDHS self-assessment ratings and there was clear evidence of processes to ensure that the spirit and intent of each of all ten standards had been addressed. Documentary evidence was provided of compliance with 'evidence of implementation issues' and progress was such that surveyors lifted the ratings of twelve actions across several standards from Satisfactorily Met to Met with Merit. Further, five actions were lifted from Not Met to Satisfactorily Met. This represents an acknowledgement of the degree and sustainability of improvement sighted and the safety and quality culture within WDHS and is an affirmation that the Commission's requirements had been met.

Western District Health Service received 13 recommendations for improvement. The progress towards completion of these recommendations will be reported on annually until the next Organisation wide survey which will be in 2016.

The Standards provide a nationally consistent and uniform set of measures of safety and quality for application across a wide variety of health care services. The Standards will support evidence based improvement strategies to deal with gaps between current and best practice outcomes that affect a large number of patients.

The standards cover the following areas:

1. Governance for Safety and Quality in Health Service Organisations
2. Partnering with Consumers
3. Preventing and Controlling Healthcare Associated Infections
4. Medication Safety
5. Patient Identification and Procedure Matching
6. Clinical Handover
7. Blood and Blood Products
8. Preventing and Managing Pressure Injuries
9. Recognising and Responding to Clinical Deterioration
10. Preventing Falls and Harm from Falls.

FALLS MANAGEMENT

→ PREVENTING FALLS AND HARM FROM FALLS

Western District Health Service (WDHS) has achieved accreditation with regard to the National Safety and Quality in Health Service Standard 10 - Preventing Falls and Harm from Falls.

As an organization, WDHS is committed to reducing the risk and harm from falls throughout all of the campuses. The Falls Working Party (FWP) is made up of representatives from across the organization working together toward the identification, implementation and evaluation of falls prevention and management strategies. This group aims to ensure that action is taken to combat identified risk factors in various areas across the organization thereby reducing falls rates at WDHS.

Falls prevention and minimization strategies implemented by the FWP:

- Safety cross implemented in some of the acute departments throughout WDHS to identify falls that have occurred in the area for the month
- Updated Falls Risk Assessment Tool (FRAT) to suit WDHS clinical requirements for falls risk screening
- Falls Risk for Older People - Community setting (FROP-COM) implemented for use with community clients
- Monthly falls prevention strategies to assist in increasing the awareness of falls management throughout the organization with staff and clients
- Streamlined all falls-related educational material provided to clients
- FWP representatives from various departments in the organization ensure feedback and falls prevention strategies reach the department level.

CLINICAL GOVERNANCE

The Victorian Clinical Governance Policy framework defines clinical governance as:

> ''....*the system by which the governing body, managers, clinicians and staff share responsibility and accountability for the quality of care, continuously improving, minimizing risks, and fostering an environment of excellence in care for consumers/patients/residents....''

*Australian Council on Healthcare Standards

This framework provides the structure for our WDHS Clinical Governance policy and plan for every level of the Service. An effective system of clinical governance ensures continuous improvement in safety, and quality of care ensures accountability and creates a 'just' culture to embrace reporting and to support improvement. Consumers are central to identifying safety and quality issues and the solutions that must be implemented

The four domains of the Victorian Clinical Governance Framework are:

- Consumer participation
- Clinical effectiveness
- Effective workforce
- Risk management – encompassing risk reporting and management

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

1. **Safe care**

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

2. **Person centred care**

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

3. **Effective and appropriate care**

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

4. **Integrated, efficient and accessible care**

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

The Board of Directors has an established sub-committee, the Quality Improvement Coordinating Committee, to receive quality improvement reports and make recommendations to the Board as appropriate on the outcomes of these reports. The WDHS clinical meeting structure ensures that all relevant committee and workgroup recommendations are reported through the governance system.

Good governance is paramount to the delivery of high quality, safe care and continuous improvement. The Board of Directors embraces the concept of quality improvement. They acknowledge their role and responsibility for ensuring governance systems are in place to support and improve the performance of the organisation in providing high quality and safe care and service.

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

Western District Health Service (WDHS) has an effective clinical governance system that supports a fair culture, individual accountability and learning from our mistakes. We believe in full and open disclosure. Everyone is responsible for identifying risks, reporting them and where appropriate fixing them to assist in making our whole system safer in an environment of continuous improvement. We have robust reporting mechanisms in place for our quality and risk activities. We trust each other to be excellent always. Our consumers are integral to identifying safety and quality issues and the solutions for improvements. We work as partners with our consumers in decisions about their care at the point of care in a way that respects and meets their needs. We engage with consumers in service planning and quality improvement activities.

→ **Chief Executive Officer Rohan Fitzgerald and Director of Medical Services Dr Nic van Zyl**

RECOGNISING AND RESPONDING TO CLINICAL DETERIORATION

During the past three years WDHS has enhanced all systems for recognising and responding to clinical deterioration in acute health care. This includes governance, feedback to staff and communication with patients and carers.

The following improvements have been implemented:

- 'Track and Trigger' observation charts utilising human physiological factors have been introduced for paediatric, obstetric and emergency department patients - previously only adult charts were in use
- The track and trigger observations charts have an amber and a red zone:
  - amber zone triggers communication to nursing team leader and medical staff
  - red zone triggers the Medical Emergency Team (MET) call process - staff attend within 5 – 10 minutes
  - a Code Blue is activated immediately when a patient is unresponsive and not breathing
- Guidelines have been developed to ensure clinical staff are aware of the process for escalation of care
- Switchboard staff announce the MET call or Code Blue event over the public address system and send an electronic group notification to all required staff
- Patient assist bells introduced in acute wards
  - patients and carers are advised to escalate concerns regarding the patient's condition to the staff and use the patient assist bell for urgent attention
- Clinical Deterioration Committee (CDC) established in 2013 and is responsible for overseeing the recognition and response system. This committee reports key messages and recommendations to Clinical Care Review Committee(CCR)
- Policies, procedures and guidelines are consistent with the National Consensus Statement
- MET call review group established in 2013 to review and report findings of all MET calls and Code Blue events – this group reports to CDC
- Clinical staff complete Basic Life Support (BLS) competency every two years with education annually
- Non clinical staff complete BLS education every year
- Advanced Life Support (ALS) competency is a biannual assessment for nurses in Intensive Care Unit, Emergency Department and After Hours Coordinators
- Paediatric ALS assessments have been introduced in the last 12 months
- Hospital Medical Officers (HMOs) are ALS certified by their parent hospital before arriving at WDHS and are orientated to WDHS procedures and equipment
- Audit of documentation in the observation charts, care plans and progress notes is undertaken as an evaluation of compliance with recognising and responding to clinical deterioration
- Improvements are implemented as required in areas of poor compliance.

PREVENTING AND MANAGING PRESSURE INJURIES

At the Western District Health Service (WDHS) we recognise the significant impact that pressure injuries can have on the health care outcomes and quality of life of our patients.

Each year our aim remains consistent, as we continue to focus on raising staff awareness through:

- **Staff education programs**

  A Wound and Pressure Injury education program has been established and is currently in progress. Key personnel in each clinical area have received extensive education and over a six month period in 2014 are providing monthly education to their colleagues. This 'train the trainer' program focuses on 'capacity building'. The key performance indicators attached to this program will be evaluated at the completion of the program.

  It is anticipated that this program will increase staff ability to be proficient in the delivery of 'best practice' pressure injury and wound management and confidently educate their patients, in a manner that promotes informed involvement in their pressure injury prevention and management plans.

- **Provision of an annual equipment program**

  An equipment budget enables each campus to purchase pressure injury prevention equipment that is based on their individual needs analysis.

  Incidence monitoring and reporting of the pressure injuries across all campuses indicates a low level of incidence with the ongoing focus on pressure injury prevention strategies implemented at WDHS.

GOVERNING QUALITY IN PUBLIC SECTOR RESIDENTIAL AGED CARE

The Commonwealth Government has primary responsibility for residential aged care services and the State Government actively supports health services to provide high quality care to residents living in public sector residential aged care services. The 'Beyond Compliance Strategy' provides the strategic framework for focusing on integrating governance, risk and quality systems to create quality residential aged care. It aspires to broaden approaches to quality, beyond minimum Commonwealth accreditation requirements.

→ Medical Unit patient Mr Geoff Mercer and Registered Nurse Naomi McKay

As part of the strategy, the organisational readiness tool was designed to assist Victorian public sector health service boards and executives analyse the robustness of the clinical governance systems within their organisations and how they apply to their residential aged care services. The tool covers all aspects of the Victorian clinical governance policy framework and adds some specific residential aged care components.

The Western District Health Service Quality Plan outlines the four quality goals for excellence in healthcare for everyone every time. The definition of quality care was developed and is aligned to the WDHS 5 year Strategic Plan. The quality goals are:

» safe care

» person centered care

» effective and appropriate care

» integrated, efficient and accessible care.

Using the dimensions of quality to develop strategic organisational goals for resident quality of life the following goals were identified:

» Residents receive care and services that are safe and minimise risk of harm.

» Care is focused on the individual resident, their rights, needs, capabilities, choices and preferences.

» Care is evidence based, individually designed and implemented to achieve the best possible health and wellbeing outcomes for each resident.

» The resident experiences seamless care and services planned and delivered by a coordinated team.

Objectives, priorities and targets within each strategic quality of life goal were identified and an action plan to achieve them that is cascaded down the organisation and to point of care was developed. Specific objectives, priorities and targets to achieve these goals were developed.

WDHS clinical governance reporting system commences at Ward level with facility quality improvement workgroups and integrated aged care and acute business plans which report to the strategic quality workgroup.

Recommendations are processed at the Clinical Care Review Committee, reviewed by the Quality Improvement Coordinating Committee and are reported to the Board of Directors.

Over the past two years specific actions, which included staff education, audits and resident surveys, were completed to assist the aged care facilities in meeting these goals. Each facility has successfully incorporated each goal into their daily work practice and scheduled quality and risk management processes.

HOME AND COMMUNITY CARE ACCREDITATION

A quality review of our Home and Community Care (HACC) Program was conducted by the Australian Commission on Healthcare Standards (ACHS) on behalf of the Victorian Department of Health in October 2013 against the Community Care Common Standards. This resulted in 100% compliance with all of the 18 Standards.

The final report noted that the assessment processes throughout the service ensure that the current needs of all service users are identified and there are good systems in place to respond to the clinical risks that have been identified.

Assessments are completed at all entry points to the Service and include falls, with service users being reassessed in a timely and appropriate manner. The assessment process and file documentation is audited six or twelve monthly depending on the area with both quality of content and completion of the document reviewed. Evidence demonstrates high compliance levels with these audits.

It was evident that care planning is planned and delivered in partnership and collaboration with the service user and their carer. Processes for referrals to ongoing services are structured to ensure the safe and effective transfer of people between the different settings.

An improvement opportunity regarding exploring options for the use of electronic tools (tablets) for home visiting by the District Nursing Service is in progress. Currently the service providers hand write their notes and then re-document onto the electronic system once back at base. To ensure there is no double handling and improve efficiency with care and time management, documentation straight on to the system will be beneficial.

Regular feedback is sought from the service users, via service user satisfaction surveys. This included the Press Ganey Survey, with an overall mean score of 90.5 out of 100. Consumer satisfaction with consent process survey was conducted in July 2013 with a 94% satisfaction. A HACC Consumer Satisfaction Survey for the District Nursing Service demonstrated an extremely high level of satisfaction by the service, with no issues identified.

Key comments from the review:

» All service providers that the quality reviewer met with, were very proud and passionate regarding client centred care, especially when describing the care practices and quality activities which they have implemented in the service.

» The service users said they were treated with dignity, with their needs considered and staff were always reassessing their needs to identify other issues or problems.

OUR CLEAN HOSPITALS
→ EVERYONE, EVERY TIME

Cleaning plays a vital role in reducing the risk of infections throughout the facilities of the WDHS. Maintaining public confidence in our hospitals is taken very seriously by all staff.

By presenting our facilities in a clean, aesthetic and inviting environment, our community remains assured the comprehensive range of high quality, innovative and valued health services will be of a highest possible standard.

All WDHS staff takes great pride in their workmanship and acknowledge that Infectious agents can be found in healthcare settings.

The Department of Health sets benchmarks for cleanliness of very high risk areas at 90% and 85% for all other areas.

The WDHS cleaning staff, Infection Control department and senior management continually review cleaning practices throughout the organisation and implement changes as necessary to ensure continued compliance; this ethos enables all WDHS facilities to achieve cleaning standard outcomes above 95% compliance at each audit.

Our monthly internal audits ensure cleanliness standards, guidelines and regulations are complied with. A further annual audit is also conducted internally by our Department of Health certified Auditor and this is also complimented by a further annual external audit conducted by a Department of Health certified Auditor.

In conducting our own internal audits, we have set our own higher benchmark of 95% across all risk areas and consistently achieve higher than the set benchmark.

» 'Very High Risk' areas are operating theatres, intensive care and the central sterilising department

» 'High Risk' areas are the general wards, pharmacy and emergency

» 'Moderate Risk' areas are allied health areas, janitor rooms and day activity areas

» 'Low Risk' areas are engineering workshops, supply department and administration areas.

→ Domestic Services Assistant Eileen Robertson

INFECTION CONTROL

The Western District Health Service (WDHS) Infection Control unit continues to provide infection control services to the three campuses at WDHS, and also a regional consultancy service to other hospitals in the Glenelg and Southern Grampians shires. This regional service is supported by regular meetings with other regional infection control consultants across regional Victoria. The regional group develops resources for all to use and allows for comparison auditing of similar sized hospitals across the State.

This year has seen the major review of one of the regional audit tools to take into account the requirements of Standard 3 of the National Safety and Quality Health Service Standards (NSQHSS).

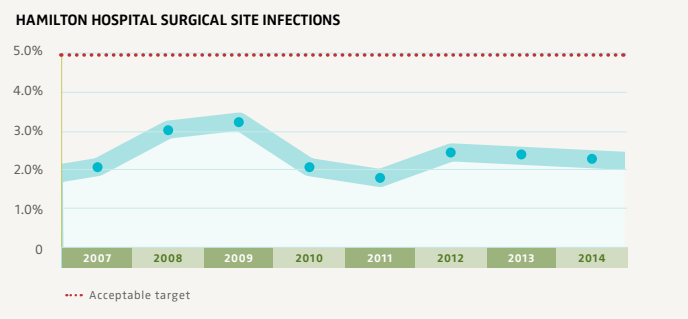
WDHS successfully met all of the requirements under Standard 3 Preventing and Controlling Healthcare Associated Infections. Of course we are continuing to work to improve our service and since accreditation further improvements have been made with the introduction of an education package and testing of nursing staff in their 'Aseptic Technique' for dressing procedures. Another focus of the National Standards is our isolation technique used for patients with infectious diseases. This is now audited throughout the year and the results used to guide education.

Our infection control program endeavours to constantly audit and examine our practices to ensure that WDHS is maintaining infection control at the highest of levels.

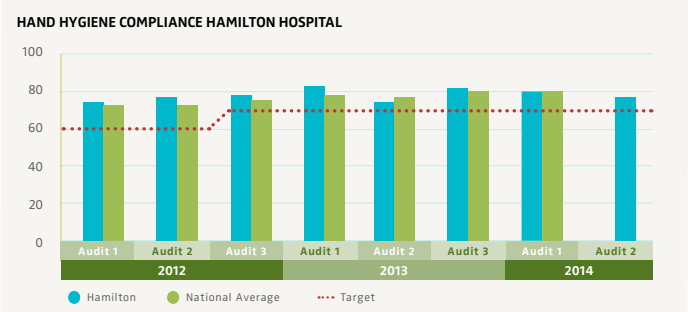
SURGICAL SITE INFECTIONS

WDHS monitors and reviews infection rates of all surgical cases, however most published infection statistics are for clean uncomplicated surgery. This as an area of identified high risk that the organisation has monitored over a long period of time. It enables the identification of infection rates which can be managed in a timely manner to improve outcomes for our surgical patients.

The infection rate for these combined surgeries has remained below the hospital target of 5% since 2007. For the financial year 2013 to 2014, the rate was 2.2%.



HAND HYGIENE

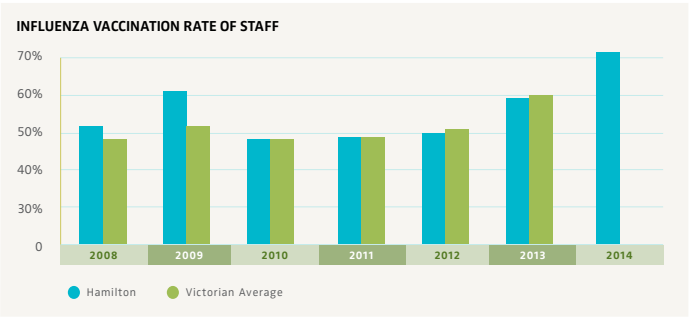


Hand Hygiene remains a focus at the National level. WDHS takes part by the ongoing promotion of good hand hygiene principles. The staff are audited three times a year and this data is submitted to Hand Hygiene Australia to enable the comparison of the results.

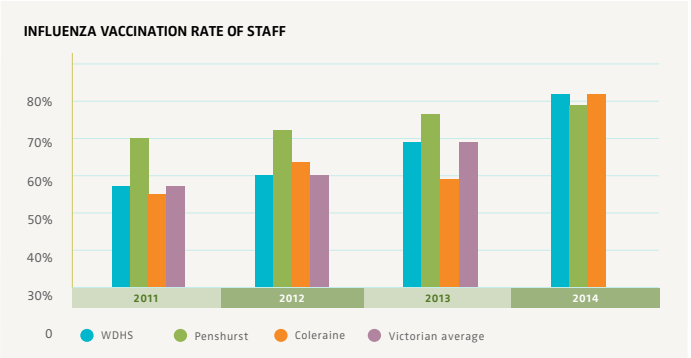
Hand Hygiene remains one of the simplest most important measures to prevent the spread of infection.

The National target for hand hygiene compliance is 70%. WDHS has maintained our compliance above the target and strives to remain above the national and state average.

STAFF INFLUENZA VACCINATION



The Victorian Department of health raised the bar in 2014 to all public hospitals to try and achieve a staff influenza vaccination rate target of 75%. Influenza vaccination for staff is not compulsory but it is recommended to protect both the staff and the people in our care. WDHS set about to reach this target with promotion and improved data collection. While the 75% was not reached WDHS staff showed a marked improvement from past years with an overall influenza vaccination rate of 72%



MEDICATION SAFETY

→ The Pharmacy Team, Suzanne Staude, Angela Walmsley, Christine Jeal, Lyn Christie, Julie Pedrina and Jody Jolly

Medication usage is the most commonly used form of intervention in health services. Western District Health Service has a Medication Advisory Committee, which manages the formal process for monitoring and improving medication safety. All staff members play a vital role in identifying and reporting medication incidents and errors. We have a robust incident reporting system, which captures this vital information allowing us to closely analyse any errors or 'near misses'. Incident reports are studied closely in an attempt to identify any systemic problems that may need to be addressed. Trends noted are investigated and responded to as appropriate – guidelines may be introduced to assist staff, or education supplied.

MEDICATION INCIDENT REPORTS JULY 2013 TO JUNE 2014

Severity of Incident	Number	Percentage
Severe	0	0
Moderate	1	0.3%
Mild	112	29.9%
No harm or near miss	252	67.4%
Others	9	2.4%
TOTAL INCIDENTS	**374**	**100%**

The most common reasons for medication related incidents are due to:

» Signature omissions by staff – the medication may have been given but was not signed for

» Missed doses – the medication was not given

» Unclear documentation of medication order

Typically the medication incidents are picked up when staff members check the charts at the beginning and end of every shift to ensure that all medications have been ordered correctly, administered and signed for.

Pharmacists, Doctors and Nurses are encouraged to report incidents and they vigilantly monitor and check that medication charts are written correctly and that the medication is appropriate for the patient. Pharmacists also work on the wards supporting staff and providing education to patients or their carers about their medications.

Alerts distributed by safety authorities are discussed at the Medication Advisory Committee meeting and these can be used to guide local practice where relevant. Posters about the safe use of new oral anticoagulant drugs have been distributed to the wards for display and education. Such drugs can save patients from the need for frequent blood tests, but can cause management issues if a patient suffers a bleed or needs surgery.

Correct storage conditions for medications are very important to ensure the products maintain their potency and safety until the expiry date supplied by the manufacturer. Many new medical refrigerators have been purchased to replace domestic refrigerators for drug storage. These refrigerators maintain a more constant temperature, with smaller fluctuations than a standard household refrigerator which we used to use. In addition, a new remote temperature monitoring system is being introduced. A small monitor is located in each fridge, and if the temperature goes outside a pre-set range alerts are sent to the responsible staff member by phone and SMS. If no correcting action is taken, the alerts are escalated.

RISK MANAGEMENT AND PATIENT SAFETY

WDHS has a Risk Management Framework consistent with the Australian/New Zealand Risk Management Standard: AS/NZS ISO 31000:2009. Responsibility for risk management is inherent at all levels of the organization: the Board; Executive; Department Heads/Unit Managers; and staff. Every staff member has the responsibility to actively participate in WDHS risk management processes at a level appropriate to their designated role. The overall responsibility for the Service's Risk Management Policy, Framework and Processes lies with the Chief Executive Officer, with delegated responsibility to the Quality and Risk Manager and Deputy Chief Executive Officer.

WDHS recognises that all activities of an organization involve risk that must be managed. In a healthcare organization, in addition to the degree of risk inherent to the provision of quality care, there are also community expectations of safety. Effective management of risk requires anticipating, understanding and deciding when and how to modify risks.

The WDHS risk management program is managed within the Riskman system. All incidents are logged and reviewed through a line management process depending on the severity of the incident. The Risk Register is contained within the Riskman system. Great emphasis is placed on understanding the causes and impact of a risk and the controls that are in place and documented to reduce the likelihood and consequence of a risk occurring in the future. All risks are registered on a risk register and for each risk identified. Accountability is assigned to those staff members who are in a position to make effective change. The Board of Directors and Executive team review the Risk Register regularly.

Staff members are required to enter all incidents into Riskman prior to completing their shift as close to the time of the incident as possible. The appropriate manager reviews the incident within three working days of it being reported. The manager then investigates the incident, records contributing factors, and identifies system changes that will help reduce the risk of it happening again. The reports are trended and reported back to staff at department meetings.

The rating is calculated using the degree of harm caused, the level of care required as a result of the incident and the treatment that the patient, visitor or staff member required as a result of the incident. The most serious incidents are reported to the Department of Health and become part of a state wide report on incident trends for Victoria.

Explanation of the incident severity ratings:

- **Incident severity rating 1:** the subject died or received permanent harm from the incident
- **Incident severity rating 2:** the subject received serious harm from the incident
- **Incident severity rating 3:** the subject is likely to recover from the incident in the short to medium term
- **Incident severity rating 4:** the subject suffered no harm from the incident.

INCIDENT REPORTS 1/7/12 – 30/6/13

Outcome of Incident – severity ratings	Number	Percentage
1. Severe	4	0.2%
2. Moderate	61	2.8%
3. Mild	1310	59.8%
4. No harm/near miss	760	34.6%
Other classification	56	2.6%
TOTAL INCIDENTS	2191	100%

WOUND MANAGEMENT

The Regional Wound Management Program continues to provide a part time (0.5EFT) consultative and educational service to Home and Community Care (HACC), district nursing services and high level care public sector residential aged care services (PSRACS) in the Barwon Southwest region.

The Wound Management Clinical Nurse Consultant (CNC) based at the auspicing agency Western District Health Service, continues to focus on 'capacity building' and providing assistance to facilities to ensure the staff are confident and proficient in the delivery of 'best practice' wound management. This enablement is particularly evident in the types of referrals that are now being generated to the Wound CNC. The regional wound CNC is noting an increase in remote consultative support and a decrease in the request to provide onsite consultation which is not the purpose of the service.

With the introduction of the National Safety and Quality Health Service Standards (NSQHSS), a major focus for the regional Wound CNC in the past 12 months has been to develop resources, protocols and provision of education, to assist staff in regional facilities to meet the Standard 8 (Preventing and Managing Pressure Injuries) requirements.

Education is delivered creatively. In the past 12 months 169 staff have received the benefit of formal education workshops and study days. This is supplemented with a web site, e-learning packages, quarterly newsletters; monthly wound tips circulars, weekly Facebook quizzes and informal bedside education sessions that include client and resident involvement in the education and management plan.

The Regional Wound program has now been in place for 4 years and this year there has been an interest to explore and introduce a best practice benchmarking framework with other Victorian regional health care agencies. In 2014 /15 we look forward to exploring this opportunity to provide and support agencies to use this benchmarking framework to establish plans, evaluate practices and make improvements to their wound management practices.

THE CONSUMER AND FRIENDS SERVICE NETWORK

Consumers play a key role in the care we provide at WDHS. The Consumer and Friends Service Network is the forum to receive input into how we deliver care that is safe and of a high quality, how we design our services, and how we connect with the community. Broadly, we may seek advice on upcoming changes, look to identify service or information gaps, or be looking for input into consumer centred training.

WHO ATTENDS THE FORUMS?

- WDHS Clients (past and present)
- Family members and carers
- Community members
- Executive WDHS staff members
- WDHS Quality and Risk Manager
- Staff members (representative from different areas).

FORUM TOPICS SO FAR:

- Volunteers in the Acute setting
- Information Provision
- Aged Care Services
- Disability Services
- Accessing Mental Health Services
- Advance Care Planning.

ACHIEVEMENTS TO DATE:

- Increased use of volunteers in acute wards
- Clients now able to make appointments 6 months ahead of time with Allied Health
- Providing increased information to community via speaking events and information sessions
- Delta Dogs weekly visits to WDHS, including P&PH, Birches and Acute and were very well received by clients
- Improved wheelchair access at reception areas including wheelchairs available
- Review and update of hospital maps with consumer input.

→ **Members of the Standard 2 Workgroup Director of Primary and Preventative Health Rosie Rowe, Quality and Risk Manager Gillian Jenkins, Community Representative Christine Phillips, DON/Manager Penshurst Bronwyn Roberts, Human Resources Manager Hilary King and Community Representative Dorothy McLaren**

ACTIONS IN PROGRESS:

- Larger name tags
- Further enhance Leisure and Lifestyle programs in aged care facilities
- Ability for patients to bring in own equipment, such as shower chair, during acute stay at WDHS
- Raise staff awareness of needs of people with disability
- Clients able to bring their own care plan or plan of specific routines into hospital so that it can be incorporated into medical records.

COMMENTS FROM OUR PARTICIPANTS:

> ''Staff are open to suggestions with a positive attitude, brilliant''

> ''Being at the meeting you can talk openly to staff, consumers and volunteers''

> ''A pleasing experience''

OUR COMMUNITY ADVISORY COMMITTEE

The Western District Health Service Community Advisory Committee aims to provide a forum that will promote consumer involvement in healthcare planning, delivery, and evaluation throughout Western District Health Service. The Committee has a membership of five community representatives who meet at least quarterly. There is regular interaction with members of the Committee, the Partnering with Consumers Workgroup and the Consumers and Friends Network forums.

Consumer participation occurs when patients, carers and community members are meaningfully involved in decision making about the planning and delivery of their healthcare and the wellbeing of themselves and the community. WDHS is committed to meaningful patient, carer and community participation across all levels of the health service, particularly in relation to quality improvement activities.

The functions and responsibilities of the Community Advisory Committee are to:

- Provide input into service needs
- Provide feedback on performance indicators relating to service quality
- Participate in development, implementation and evaluation of quality improvement processes
- Represent the community by making consumer perspectives known to staff, management and Board of Directors at WDHS
- Identify and advise on consumer needs
- Monitor consumer involvement and feedback and recommend changes as deemed appropriate
- Suggest and support further opportunities for consumer involvement in projects and other activities of WDHS
- Participate in relevant aspects of WDHS strategic planning as required
- Advise on structure and content of the annual Quality of Care Report
- Assist the development and monitor implementation of the Consumer Participation Plan
- Participate on other committees as required or recommended.

PARTNERING WITH CONSUMERS

This Australian Commission on Safety and Quality in Health Care have established ten National Safety and Quality Health Service Standards to drive the implementation and use of safety and quality systems and improve the quality of health service provision in Australia, particularly in areas of high risk to consumers. These Standards were implemented on 1 January 2013.

Western District Health Service has established a Partnering with Consumers Workgroup to embed its commitment to improving the safety and quality of care by implementing systems that support partnering with patients, clients, carers and other consumers. Western District Health Service seeks to integrate partnering with consumers strategies as a component of care, implemented by all disciplines.

To achieve the 'Partnering with Consumers' standard the following criteria must be complied with:

CONSUMER PARTNERSHIP IN SERVICE PLANNING:

Western District Health Service has governance structures in place to form partnerships with consumers and/or carers.

CONSUMER PARTICIPATION IN DESIGNING CARE:

Consumers and/or carers are supported by Western District Health Service to actively participate in the improvement of the patient experience and patient health outcomes.

CONSUMER PARTNERSHIP IN SERVICE MEASUREMENT AND EVALUATION:

Consumers and/or carers receive information on Western District Health Service's performance and contribute to the ongoing monitoring, measurement and evaluation of performance for continuous quality improvement.

The Workgroup is comprised of a committed group of consumers and a multidisciplinary team of staff and meets regularly to ensure that the standard is well embedded across all disciplines of the organisation. A reporting structure has been established through to the Community Advisory Committee which reports to the Board of Directors.

YOUR FEEDBACK

At WDHS, we are committed to continuously improving our care and the range of services provided. Your feedback is vital to this process. We encourage our patients/clients/residents to tell us about their experience with our Service. Suggestions, comments, complaints and compliments are all documented on our electronic Riskman system, analysed and evaluated. Staff are happy to discuss any concerns and listen to any ideas for improvement.

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

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

VICTORIAN HEALTHCARE EXPERIENCE SURVEY

Victoria's new state wide survey of people's healthcare experiences is underway and initial results will be available from September 2014. This will replace the Victorian Patient Satisfaction Monitor (VPSM) which was completed 30 June 2013. The Victorian Healthcare Experience Survey will allow a wide range of people to provide feedback on their experiences and features specialised questionnaires for:

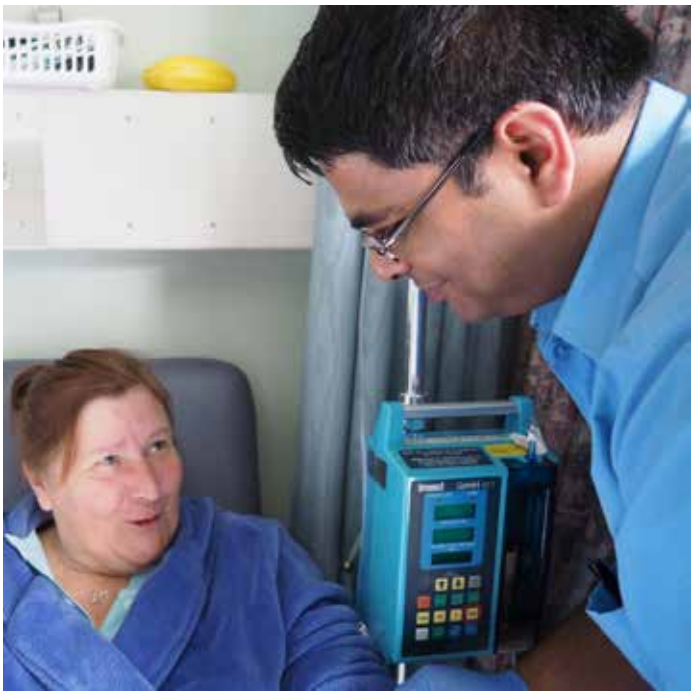
» adult and child inpatients, including parents and guardians

» maternity clients

» adult and child emergency department attendees, including parents and guardians.

These surveys will be distributed on the month following the hospital admission or the emergency department attendance. People will be able to respond either on line or by pen and paper with a freepost return. Comprehensive quarterly survey results for individual health services will be reported through the Victorian State Government website.

→ Midwifery Team Door Knock appeal



→ Ms Jenni Jordan and Registered Nurse Vinu George

→ Volunteers Elizabeth Gribbon and Leoni Jacobson

→ Registered Nurse Margie Ross and Mr and Mrs Robert Greene

→ 2013 Hospital Harmonies

EMPLOYEE OF THE MONTH

WDHS is committed to recognising staff excellence across all Hamilton, Coleraine and Penshurst Campuses and calls for employees to nominate others who they believe have demonstrated excellence. Employees who are nominated are those who display the highest working values in relation to WDHS core values; customer service, improving performance, staff excellence, leadership and safe practice and provide excellence in healthcare for everyone every time.

EMPLOYEE OF THE MONTH FOR JUNE 2013 – JULY 2014:

JUNE
Janine Enright

JULY
Mark Stevenson

OCTOBER
Brenda Uebergang

NOVEMBER
Lyn Christie

FEBRUARY
Tim Hicks

MARCH
Kay Diana

AUGUST
Ruth Ikobe

SEPTEMBER
Jen Membrey

DECEMBER
Nancy Jones and Linda Miller

JANUARY
Robyn Beaton

APRIL
Chantelle Lottering

MAY
Heather McKenry

MEN'S HEALTH NURSE PRACTITIONER SERVICE

→ **Stu Willder conducting a skin health check on Ian Fry from the Southern Grampians Shire**

Stu Willder has successfully been endorsed as a practicing Nurse Practitioner by the AHPRA board and has continued to provide clinical services to men and boys through various services at WDHS. Stu works in partnership with visiting Urologist Mr Richard Grills to manage patients requiring Urological surgery and through our telehealth consultancy service.

In addition to this, Stu works in partnership with the Hamilton Medical Group to provide a designated Men's Health Clinic. This collaborative service provides support for over 150 men per year. Clinical services are bulk billed and are coordinated in collaboration with General Practitioners at the Hamilton Medical Group.

OUR VOLUNTEERS

WDHS has 298 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.

The Health Service relies heavily upon the support of all its volunteers and we acknowledge and appreciate their dedication and unwavering contribution to improving the lives of people we provide services to. We have an amazing team of volunteers at WDHS who give their time generously to the organization. The volunteers take pride in their work, exhibit total loyalty to the hospital, and enhance the services offered by WDHS.

A special thanks go to the staff who support and nurture our volunteers in the aged and acute areas, and take the effort to make them feel part of the WDHS team.

The Charlie Watt Volunteer of the Month Award has been presented to the following volunteers in recognition of their support and loyalty to the Service and outstanding volunteering achievements.

JULY

Roma Tully – Hamilton Base Hospital and Aged Care

AUGUST

Tony Auden - Penshurst Campus gardener

SEPTEMBER

Marie Kinnane – Coleraine Campus Aged Care

OCTOBER

Eric and Jan Collins – Hamilton

NOVEMBER

Gail Darling – Grange Residential Aged Care Facility

DECEMBER

Leonie Jacobson – Hamilton Base Hospital

JANUARY

Janet Shalders - Penshurst Campus and The Birches

FEBRUARY

Neil and **Rosemary Sandford** – Community Transport & Palliative Care

MARCH

Barbara Botterill - Merino Campus and Community Transport

APRIL

Ron Sommerville – Murray to Moyne

MAY

Dot Donaldson – The Grange and Hospital Op Shop

JUNE

Joy Darrock – Hospital Door Knock Appeal

MOBILE TECHNOLOGY AND MOBILE PEOPLE: FINDING THE BALANCE IN HEALTH DELIVERY

→ Dr Kaye Scholfield RMIT, Dorothy McLaren RMIT Researcher, Judy Esson ADON CO and Mr Peter Tung Surgeon

WDHS and RMIT University continue to partner in research aimed at identifying what might make it easier and more satisfying to use video consulting (telehealth) instead of travelling for medical appointments. There will always be times when you simply have to see a doctor in person or have tests done but there are times when a consult can be done using digital technology.

In order to better understand what makes telehealth a more attractive option for patients and clinicians, it is necessary to go beyond putting the technology in place. We need to know what makes people feel comfortable to try new things in general and video consulting in particular.

The Reaching Out by Dialling In (RODI) research project will collect data before and after initial use of telehealth consulting for clinicians to gauge, amongst other things, how personal knowledge and familiarity with technology affects professional uptake of video-consulting. The project team has developed satisfaction surveys that can be distributed electronically or on paper to all patients who have received a telehealth (video) consult. These surveys ask about how confident people feel about their use of video technology, what they saved by being `seen' in their own homes or at a nearby medical facility and how the experience differed (if at all) from a face-to-face consult. Knowing more about these factors will help us to identify when, where and how telehealth can best add to health care provision.

The satisfaction tools developed by the RODI working group have been shared with other health services. This will assist them to improve their own services and will add to the research data available to the project.

A CASE STUDY

Adding video consults to the pre-operative process.

A young mum was able to receive a video consultation on her home computer, rather than driving for several hours with small children, has really brought to life the reality of the benefits of using new technologies to resolve some of the travel issues experienced by patients.

WDHS and RMIT are currently seeking funding to continue and extend the scope of the research project. Understanding how rural people accept and use telehealth will also help communities to plan more generally for a digital future. Telehealth is proof that digital technology can provide great benefits to rural citizens in decreased travel, with its associated costs and risks, and by increasing access to some specialist services.

The RODI project Steering Committee includes:

- WDHS Directors of Medical Services, Dr John Christie (to December 2013) and Dr Nic Van Zyl (from May 2014)
- WDHS Director of Anaesthetic Services, Dr James Muir
- WDHS Assistant Director of Nursing, Ms Judy Esson
- Glenelg Surgical Clinic Surgeon, Mr Peter Tung
- RMIT University Senior Manager, Dr Kaye Scholfield
- RMIT University Researcher, Ms Dorothy McLaren

TRAVELLING FOR SURGERY
→ COUNTING THE COSTS FOR PATIENTS

For the past two years, WDHS has been supporting an RMIT University PhD student research project. A steering group, based at the Hamilton Base Hospital, was involved in the design of the project. The Project Manager and the Steering Committee identified the particular issue, helped to design the interview questions and reviewed the de-identified (changed so no one person being interviewed could be identified) information that came in from the data collection. The project steering group also took part in interviews about their personal and professional involvement with the project and about the potential to revise service delivery based on the information collected by this project.

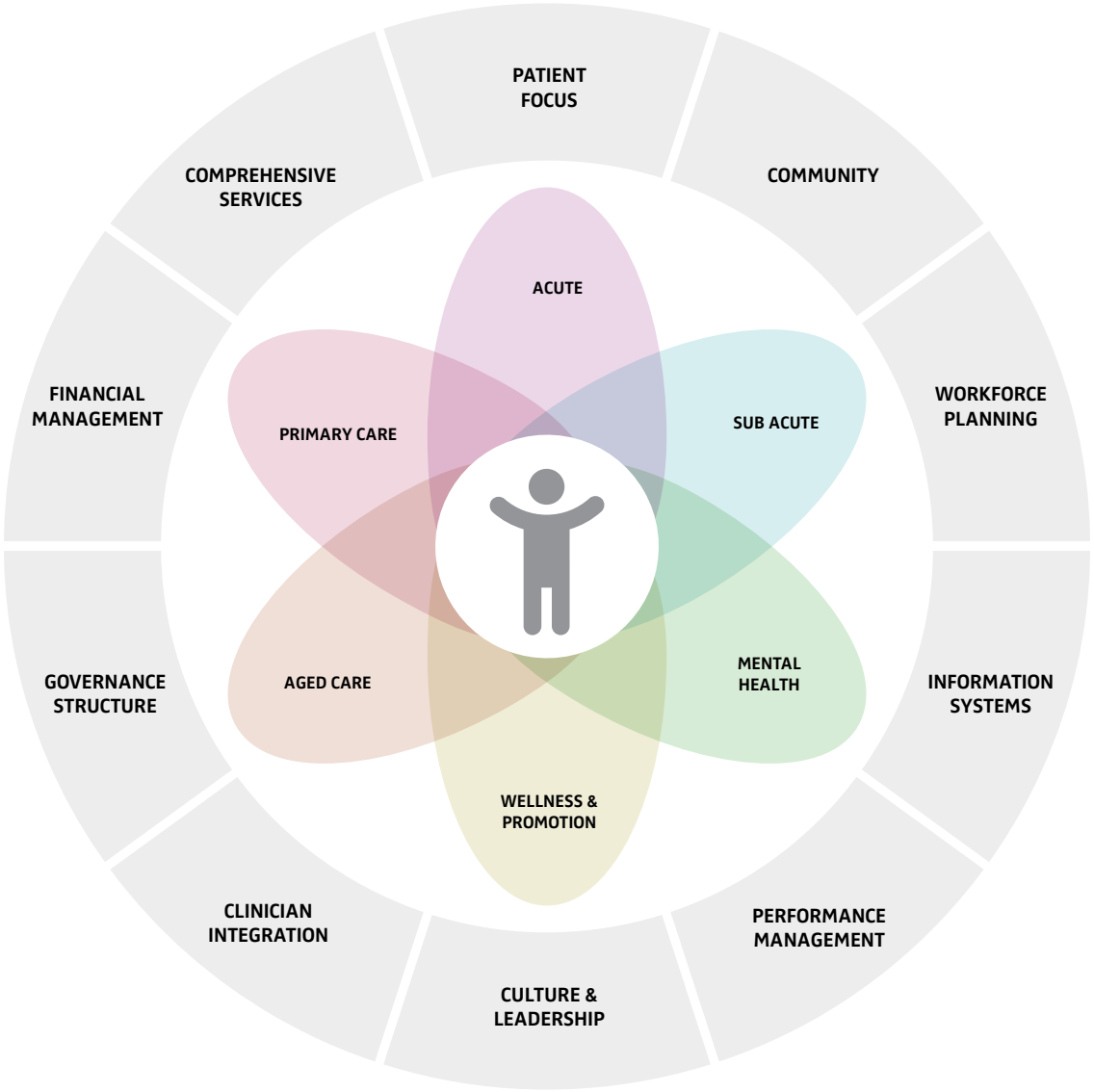
Twenty individuals and families volunteered to talk to the researcher. Many different situations were described. From young families to elderly people, people experiencing fairly straightforward surgery to those with experience of multiple, complex procedures, those travelling within one region to across regions and state borders, those with close support networks to those living alone, the stories were diverse, yet shared many similar themes and experiences. The first interview took place in July 2012. The final interview happened in early December 2013. A forum attended by a group of travelling patients and some of the project steering group was held in December 2013.

Several common themes emerged from the interviews with travelling patients. It is important to note that the themes were represented in each interview, and that no new themes appeared from an early point in the interviewing. This means that the group of twenty interviews represents a valid sampling of experiences. The themes are overlapping covering the largely economic to the more purely social. Each category has some economic and some social impact for each person or family.

1. Out of pocket expenses - petrol, food, accommodation, transport
2. Lost income/hired help - farm/business related losses, or purchasing extra help
3. Impact on work and volunteering - what happens at work when you are not there
4. Logistics of work and family - juggling/keeping things as normal as possible for family
5. Impact on family and friends - what are the socio-economic costs to others who help
6. Unexpected issues - not knowing what to be prepared for, especially during recovery
7. Co-ordinating services - knowing about and accessing services that can help
8. Dependence and independence - asking for help, not being able to manage alone
9. Guilt, stress and anxiety - worrying or upset about being disruptive or `a burden'

What was clear from the interviews from a very early stage was that the things that are having the greatest impact on the lives of people travelling for health care are often not the obvious economic costs. Some things – mostly the economic impacts could be expected and planned for and these were less discussed by those who were interviewed. The complexities of managing the impact on normal life during recovery and managing post-surgical logistics of work and family life were predominant themes.

Stories matter. All twenty individuals and families have contributed to a substantial body of information. The research project has generated new understandings of the social and economic costs of rural travel for surgery. The project outcomes can, and will, be used to help with service redesign and policy development not just at WHDS, but all across Australia.



wdhs
Western District Health Service

The WDHS 'Person Centred Care Service Model' is representative of a planning framework, which aims to deliver person centred health care that is integrated and coordinated around the needs of people rather than service types, professional boundaries, organisational structure, funding and reporting requirements.

Implementation of this model in partnership with our consumers will enhance health outcomes for our community.

wdhs
Western District
Health Service

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Hamilton 3300
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Coleraine District Health Service
119 McKebery Street
Coleraine 3315
T+ 61 3 5553 2000

Penshurst & District Health Service
Cobb Street
Penshurst 3289
T+ 61 3 5552 3000

Merino Community Health Centre
19 – 21 High Street
Merino 3310
T + 61 3 5551 2094

Frances Hewett Community Centre
2 Roberts Street
Hamilton 3300
T+ 61 3 5551 8450

Grange Residential Care Service
17 – 19 Gray Street
Hamilton 3300
T + 61 3 5551 8257

Youth Services
2 Roberts Street
Hamilton 3300
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National Centre for Farmer Health
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