QUALITY OF CARE REPORT 2013

EXCELLENCE FOR EVERYONE, EVERYTIME

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 healthcare, 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

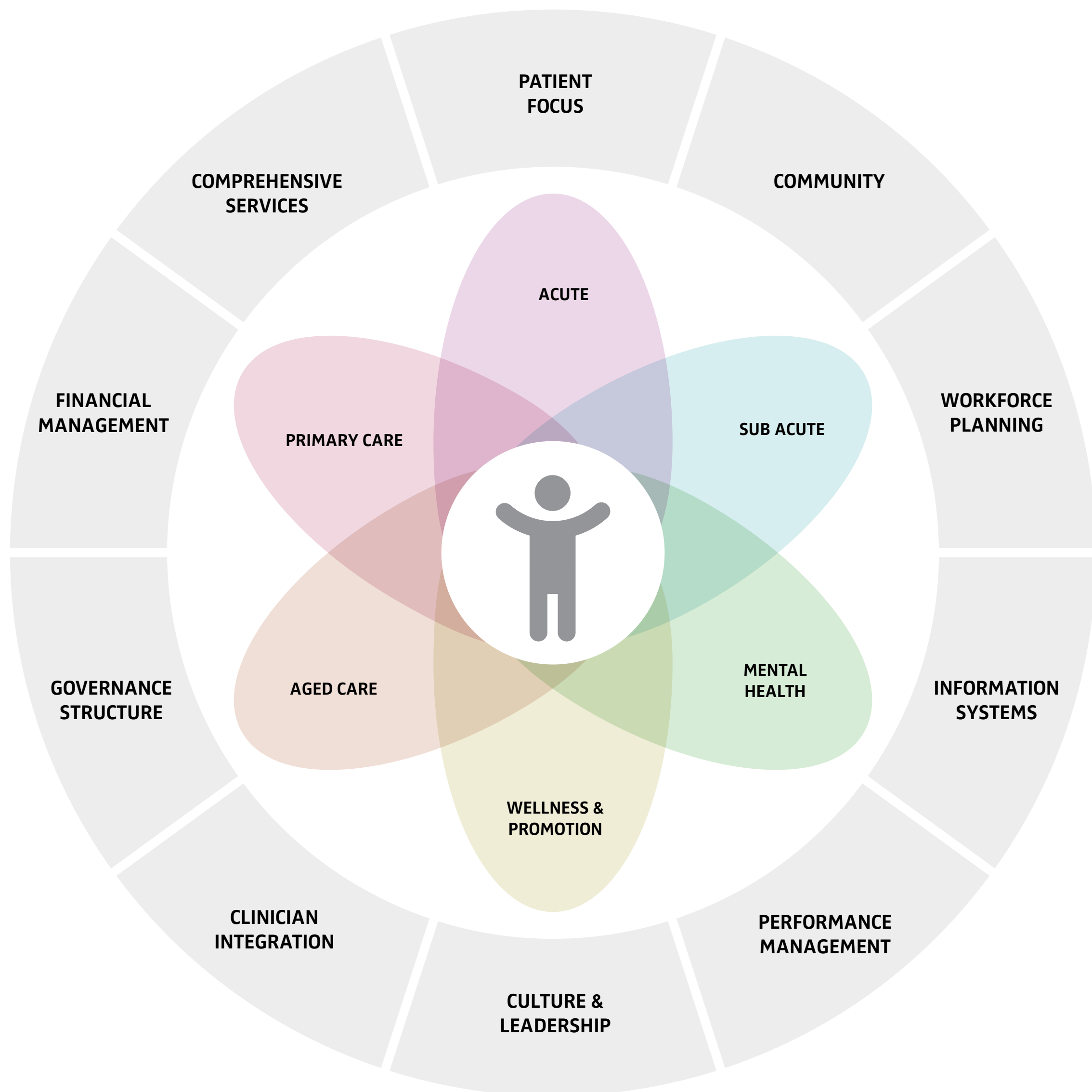
6. **Clinical Handover**
   Everyone, every time

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



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.

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Jim Fletcher, CEO and Mary-Ann Brown WDHS Board President

HIGHLIGHTS FOR 2012/2013

- 2012 Regional Health Service of the Year award
- 150th Celebration for Hamilton Base Hospital
- Implementation of National Safety and Quality Health Service Standards
- Re-accreditation of Penshurst, Birches and Grange aged care facilities
- New Consulting Suite, Education and Resource Centre for Cancer Services opened
- $4.1m Sub Acute redevelopment for GEM and Rehabilitation services completed and commissioned
- Charity House project launched with construction commenced
- Expansion of sub acute services for HARP, Continence and establishment of a community falls clinic
- Virtual services consultation established for Medical Oncology, Urology, pain management, respiratory services and Allied Health student training
- Excellent results for external Victorian Patient Satisfaction Monitor, aged care residents satisfaction, Palliative Care satisfaction, Primary and Preventative Health client's satisfaction
- Charlie Watt Volunteer of the Month Award established
- Consumer and Friends Network established
- 160 delegates attended National Centre for Farmer Health International and National 'Sowing the Seeds' Conference
- National Centre for Farmer Health continues to deliver outstanding outcomes in education, research and service delivery
- Leading Diabetes and Obesity expert Professor Joseph Proietto delivers the 14th Handbury Lecture
- $229k received from Department of Health to roll out Care Coordination model to other BSW agencies
- $73.5k grant over 3 years for FReeZA program
- Occupational Therapy service enhancement for HACC and paediatric clients
- Tri-focal Model of Care project commenced
- Completion of emergency care improvement and innovation project for COPD
- $75k received for Regional and Rural Development over 2 years for Virtual Services access project for people with limited transport access
- Statewide forums for Bariatric, Respiratory and Carers
- 200 attended Boys to Men's Health Forum with Celia Lashie
- 21 students from most States in Australia completed the 5 day residential National Centre for Farmer Health Agriculture and Health Medicine unit in Hamilton bringing the total to 80. 11 enrollments for 2013 Graduate Certificate in Agriculture Health and Medicine
- Public Health Physician trainee for National Centre for Farmer Health funded by the Commonwealth to end 2015
- New PAS system live 1/11/12
- Hamilton Community Transport Team Victorian Community Transport Team of the Year Award
- Wound Management project received 2012 Australian Institute Project Management award
- National Volunteer Awards to Charlie Watt and Community Transport
- Shire of Southern Grampians Australia Day Community Awards for volunteers Charlie Watt, Wes Walter and Roma Tully
- Employee of the Month award for 13 staff
- Volunteer of the Month award for 6 volunteers
- College of Surgeons – Outstanding Community Contribution award for Western District Health Service Surgeon Mr. Stephen Clifforth

GLOSSARY OF TERMS

ACHS Australian Council on Healthcare Standards
ACP Advance Care Planning
ACSAA Aged Care Standards and Accreditation 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
CACPs Community Aged Care Packages
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 74 beds offering a comprehensive range of medical and surgical services, sub acute, intensive care and Regional Trauma Service. Self sufficiency for core acute services for the primary catchment area is around 80%.There are two Aged Residential Care facilities attached to Hamilton Base Hospital campus; The Birches a 46 bed aged residential high care facility including 30 beds for high care dementia, 12 general nursing home beds and three beds for psychogeriatric clients. It also provides one bed for palliative care. The other 50 bed aged care facility The Grange is high care with ageing in place. Thirty Community Aged Care packages are also provided from the Grange.

Construction of a new sub acute area of HBH was completed in April 2013. It comprises inpatient Geriatric Evaluation and Management (GEM) and rehabilitation programs and has included upgrades to bedrooms and ensuites, a new assisted daily living skills kitchen, new gymnasium and gait training area. This was officially opened by the Hon Hugh Delahunty MP, Member for Lowan on 15 August 2013.

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 is currently in the midst of a $27 million capital redevelopment to establish a one-stop shop health precinct to be completed in November 2013.

The Coleraine campus provides 10 beds for low level medical acute, mainly chronic illness and convalescence from surgery, 12 high care, 39 low care age residential beds over a number of sites, 25 independent living units (ILUs), and a medical clinic with a range of primary and allied health services provided 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 monthly 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.

WDHS is the auspice agency for the Southern Grampians/Glenelg Primary Care Partnership, which will have a key leadership role in the development of the South West Coast Medicare Local.

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 proud to present the 2013 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.

Throughout the report, we have included quotes from patients who have used our services. These quotes have been extracted from the Victorian Patient Satisfaction Monitor (VPSM) Wave 23 (June 2012 – Dec 2012). The VPSM is a state-wide patient satisfaction survey, which produces reports assisting hospitals in identifying strategies to improve services and increase patient satisfaction. The report enables hospitals to track their performance over time and compare their results to those of like hospitals. We now have an Emergency Department VPSM report which was introduced in 2012.

DISTRIBUTION OF THE 2012 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 2012 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 2012 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 2013 QUALITY OF CARE REPORT

The 2013 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.

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

Feedback Results for 2012

	1	2	3	4	5
The report clearly depicts WDHS activities and achievements	35.5%	48.4%	16.1%	0%	0%
The report is well presented	51.6%	29.0%	19.4%	0%	0%
The report was easy to read	40.0%	36.7%	23.3%	2%	0%
The report gives me confidence in choosing my care at WDHS	26.7%	46.7%	26.7%	0%	0%
The graphs were easy to understand	30.0%	43.3%	26.7%	0%	0%

ACCREDITATION

During the year, the health service went through a number of accreditation processes, including an Aged Care Standards and Accreditation Agency audit at Hamilton and Penshurst with support visits at Coleraine, Hamilton and Coleraine. We were pleased to meet all the requirements of these agencies, receive recommendations and suggestions for future improvement, and positive comments regarding the provision of quality of care.

The Australian Commission on Safety and Quality in Healthcare (ACSQH) has developed a suite of 10 National Safety and Quality Health Service Standards (NSQHSS), which will be outlined in the Quality of Care Report. The Standards were implemented on 1 January 2013 and we will have a full Accreditation Audit in October 2013. We look forward to building our capacity and structure to achieve the highest level rating we can aspire to.

As part of our implementation plan for the new National Standards we adopted a comprehensive education and promotional program for our Board of Directors and staff to facilitate the embedding of the standards into our culture to strive for excellence for everyone every time. In addition we implemented strategies to improve our partnership and involvement of consumers to further the implementation of our person centred care service model.

We trust that the 2013 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

Jim Fletcher

CHIEF EXECUTIVE OFFICER

CARE COORDINATION

The Western District Health Service (WDHS) Care Coordination Model (CCM) aims to improve navigation for consumers with complex or chronic conditions. The model continues to be recognised and attract interest from other agencies. This year it has won a Silver Award for 'Excellence in Service Provision' in the Victorian Public Health Care Awards and inclusion in a Best Practice guide to service co-location.

Staff and Consumer feedback includes:

- **Shire HACC**
  - 'client outcomes have improved due to better information sharing and communication'
- **GP Practice Nurses**
  - 'the patient journey has definitely been enhanced. Our recall is improving.'
  - 'the WDHS Care Coordinator has become a vital link in the care pathway for our patients. I believe we are all a part of a big team.'
- **Consumers**
  - 100% report that intake has significantly assisted; 86% report that outcomes would not have been achieved prior to the changes. 'System is much easier with great follow-up.'
  - 'we feel valued, listened to, positive changes have been made as a result of our input'

Above: Dieticians Jodie Nelson, Jessica Nobes, Danielle Creek and Natalie Lim

IMPROVEMENTS FOR DIABETES CARE

The Western District Health Service (WDHS) Diabetes team together with Practice Nurses from Hamilton Medical Group (HMG) have improved their processes to deliver enhanced care for clients with diabetes.

Aims:

- Enhance connections between services to improve patient outcomes
- Improve recall against National Diabetes Guidelines

What has changed?

- Chronic Care Coordinator role introduced at WDHS to assist with coordination of care
- Development of HMG practice nurses and Chronic Care Coordinator collaboration
- Recall of diabetes patients at WDHS against timelines set by National Guidelines

Outcomes:

- Reduced HbA1c - 30% of clients reduced their HbA1c to below 7 (n=19) and there was a reduced overall average HbA1c from 8.06 to 7.24.
- An increase in completed GP Management Plans for clients with Diabetes from 53 in July 2011 to 97 diabetes clients with GP Management Plans in July 2012.
- Increased Diabetes recall to WDHS from 30%-100% within National Guidelines timelines.
- Improved knowledge sharing between the HMG practice nurses and WDHS Chronic Care Coordinator and Diabetes team. Practice Nurse Survey Results:

Average HbA1c Levels for P&PH clients

Sample of 22 clients randomly selected from PJB recorded information

Year	HbA1c Level
2011	8.4
2012	7.2
2013	7.1

IMPROVEMENTS IN SHARED CARE BETWEEN SERVICES

Clients with complex and chronic needs often have multiple services and support staff or clinicians. This year, we have focussed on how these services can operate as a team towards identifying and supporting the client to achieve their goals.

The following improvements have been achieved for clients with complex or chronic conditions in 6 months since January 2013:

» Shared care plan and Multi-Disciplinary meetings – an average of 4 clients are discussed at weekly Multi-Disciplinary 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)

» 88% of staff report that the shared care plans and Multi-Disciplinary meetings have improved the coordination of care for clients

» Goals achieved – 78% of clients have met or exceeded the goals they have set for their own care

» Electronic sharing of Care Plans – development of an electronic Care Plan has enabled staff to enhance their communication and coordination of care by having easy access to information about the client's progress

» 100% of staff report being satisfied with the format and ease of use of the Electronic Care Plans.

CARE PLANNING

Average HbA1c Levels for P&PH clients

Sample of 22 clients randomly selected from PJB recorded information

Complex Clients with a Care Plan	
July 2012	83%
July 2013	100%

Care Plans reviewed	
July 2012	58%
July 2013	100%

CASE STUDIES

MAKING A DIFFERENCE

WDHS Intake and Care Co-ordination team received contact from a family moving to our area who have a child with special needs. The Initial Needs Identification form identified the need for additional services and the team organised the subsequent referrals within our service for physiotherapy, occupational therapy, speech therapy, continence, dietetics, podiatry and respiratory.

With so many differing needs, arranging and attending appointments needs to be as simple as possible.

With the involvement of the Care Co-ordinator, making the necessary referrals and ensuring all service providers were involved in the care planning, the family and child were able to experience a smooth transition to services in a new area.

Physiotherapy treatment was required to review serial leg casting, occupational therapy provided a home assessment for rails and equipment and continence, dietetics, podiatry as well as respiratory provided their specific expertise for the client.

Initial referrals were arranged with occupational therapy continuing to provide ongoing support for equipment requirements and speech therapy occurs on a regular basis at the Special Development School to provide support specific for the child and his family.

Without the completion of the INI or the involvement of the Intake Coordinator it is likely many of these services may have been delayed or simply not accessed.

SUPPORTING GOALS

George is a 77 year old gentleman who lives alone in Hamilton. He likes nothing better than to head down the street each day and visit the local cafes where he can enjoy his social life.

George has diabetes and his Blood Glucose Levels (BGLs) were no longer being well controlled. He had stopped testing and recording his BGLs. This was discovered by the Diabetes Educator during a routine consultation and concerns identified regarding George's ability to manage his diabetes and remain living safely in his home.

George was referred to the Hospital Admission Risk Program (HARP) and Diabetes Care Coordinator for coordination of all his care, services and appointments.

A care plan was developed in consultation with George and he identified his main goal as ''to continue living at home and go up the street for meals and to visit people''.

The first step towards improving George's diabetes management was for District Nursing Services to increase their visits to include a morning and evening visit. District nurses assist George with monitoring and recording of his BGL's and administration of his insulin as prescribed. This has resulted in an overall improvement in George's BGL's and his long term blood test (HbA1c)

The involvement of the Diabetes consultant has resulted in

CARE COORDINATION (cont.)

CASE STUDIES (CONT.)

- Weekly liaison with District Nursing to discuss George's progress, BGL results and any problems that may arise in George's day to day life
- Regular liaison with Home and Community Care (HACC) services as the providers of Georges' hygiene assistance and home care
- Arrangement of fortnightly 'catch up' appointments with George to check his progress, blood pressure and heart rate, weight, supply of test strips, review of his goals and care plan and organise GP appointments as necessary
- Organisation of George's 'annual cycle of care' appointments for his diabetes management. This requires George to have an annual eye check with his optometrist, foot check with a podiatrist, and a review appointment with the diabetes educator
- Arrangement of initial dental consultation.
- Referral to the Smoking Cessation Coordinator at WDHS. George has been 'smoke free' for two months.

The Diabetes Care Coordinator works closely with other care providers and the common goal is to provide the support and care for George to meet his goal in enabling him to continue living safely in his own home and head up the street to enjoy his friends company.

STRENGTH IN SUPPORT

Colin, a 74 year old gentleman was referred to the WDHS Hospital Admission Risk Program (HARP) for management of his chronic back pain. He was assigned a care coordinator to support him with his chronic health problem.

Prior to Colin's admission to hospital and subsequent referral to HARP, he was working and living independently as a Post Master. Presenting to hospital with chronic back pain which was impacting significantly on his ability to work and attend to his activities of daily living without support.

Colin's initial goal was to return home and continue to work as long as possible. Despite better medication management and support through access to Physiotherapy and Occupational therapy, this goal was still difficult to achieve. Given the severity of Colin's back pain and the nature of his post office work he found he was unable to stand and sit for long periods of time. With the support of the HARP Care Coordinator, his GP and his family, Colin was eventually able to reprioritise his goal so that the goal is now about his transition to retirement and maintaining his independence in the community, in addition to better management of his chronic back pain.

With the assistance of the HARP Care Coordinator, Colin was able to access the required health services to assist him to remain living independently in the community as well as support his transition to retirement and relocation into a new home.

Referrals were made on his behalf to: Home and Community Care (HACC) services for homecare; Podiatry and District Nursing for wound management; access to WDHS Volunteer Drivers Transport Service to enable him to attend Orthotic appointments in Ballarat; Occupational Therapy and Physiotherapy services for set up and exercise support in both his old and new home and appointments with Hearing Australia for new hearing aids.

The HARP care coordinator also provided support to Colin through home visits and regular phone follow up which included education on his medications and information on 'grading and pacing' to assist him with pain control while he continued with his daily activities.

Colin has successfully transitioned into his new home and his pain is currently well managed. He has been referred to the Chronic Disease Management Program (CDMP) at WDHS for a supervised exercise program for next term to assist in increasing his mobility and exercise tolerance.

The HARP program will support Colin with pain medication reduction prior to discharge, and he will continue to have ongoing support from his GP, family and the District Nursing service.

HARP

HOSPITAL ADMISSION RISK PROGRAM

This program continues to achieve strong results in reducing rates of admission and Emergency Department presentations for those with a chronic condition.

The program currently has 89 clients and with their carers they are supported in dealing with the complexity of their conditions.

The program has achieved a 51% reduction in presentations to the Emergency Department and an 84% reduction in readmission rates to hospital.

The Department of Health's audit revealed:

» A care plan was developed for 100% of WDHS HARP clients

» Communication with ongoing services at discharge from the program was delivered and recorded 100% of the time.

HARP

Readmissions and Emergency Department Presentations (%)	
reduction in hospital re-admissions	84%
reduction in Emergency Dept presentations	51%

PRESS GANEY SURVEY

For the first time Primary and Preventative Health Division contracted an external survey company, Press Ganey, to conduct a satisfaction survey of clients. An overall mean score of 90.5 out of 100 was achieved.

Results have been benchmarked nationally against other community/allied health services, with the following results:

» Highest score of agencies of the same size.

» Within top 8% of regional/rural centres.

» Within top 13% of all services nationally.

Deputy CEO Patrick Turnbull, Manager Care Coordination Usha Naidoo, Director Primary and Preventative Health Rosie Rowe, Board President Mary-Ann Brown, and CEO Jim Fletcher with the 2012 Public Health Silver Award for the Care Coordination Service Model

The Health Information Management Team

TELEHEALTH - INCREASING ACCESS TO MEDICAL SPECIALISTS

Telehealth uses video-conferencing to enable patients in rural and remote locations to talk to and see a specialist, without the need to travel far from home. The specialist is able to access patient records, scans and blood test results online and discuss treatment and medication options, as well as the need for follow-up tests.

Patient feedback has been very positive on the four clinics now established. Benefits include:

» reduced need to travel for clients and medical specialists

» reduced costs for clients

» reduced waiting times to access specialist services

CANCER SERVICES VIA TELEHEALTH

Oncology services have been expanded via a new Telehealth Oncology clinic enabling oncology consultations from the Andrew Love Cancer Centre in Geelong to be provided via videoconference.

Professor David Ashley, Director of Cancer Services, teleconferences with up to 12 patients a day in the Telehealth Oncology clinic at WDHS. These clinics supplement his visits to Hamilton every 3 months, enabling monthly access to oncology consultations.

Outcomes include:

» Reduction in waiting time to oncology consultations from 3 months to 1 month

» Earlier access to consultations enables follow-up tests or clinical interventions earlier, reducing clinical risk

» Reduction in travel by 500km for clients for often a 10 minute follow-up. Over a year this service saves clients 48,000km of travel and $32,000.

A current client using the Telehealth Service said he and his family moved to Hamilton in January this year and the move wouldn't have been possible without access to the Oncology service. "You get the same net result from the video consultation, the information is the same, you are free to ask the questions you need to ask and your questions are answered thoroughly" he said.

TELEHEALTH UROLOGY CLINICS

The Telehealth urology clinic was commenced in October 2012 in partnership with Mr Richard Grills. A bimonthly service is provided in Hamilton and now monthly in Warrnambool. Patients are reviewed via Telehealth in Hamilton or Warrnambool whilst Mr Richard Grills is located in Geelong rooms.

Since commencing there have been 5 telehealth clinics with 90 patients receiving a service.

Professor David Ashley (on line), Cancer Link Nurse Jane Sharp and client Tyrone Lamb

**Mrs Geraldine Parker with her husband Mr Keith Parker,
Urologist Mr Richard Grills (on line), WDHS Men's Health Nurse Stu Willder**

Outcomes include:

» Reduction in waiting times for Urological services from 6-8 weeks wait to 2 weeks

» Reduction in medical specialist time and an additional 30 patients per month

» Earlier access to specialist consultations and clinical intervention reducing clinical risk

» Specialist feedback that nurse involvement in the specialist consult provides improved post-surgical case management and coordination of care

» Reduction in client travel of 500km per consultation.

Client comment: Client had met Mr Richard Grills a couple of times before his first Telehealth consult:

"Although some people think they aren't going to like talking to a screen, I was really quite impressed with the service. It's a good idea, as it saves people travelling and there is less small talk, the consult is quite quick, but still very thorough" Barrie said.

Client comment: Client Keith Parker, who visited the Telehealth Clinic, was very pleased not to have to make the trip to Geelong. ''It's great, better than the alternative day trip to Geelong. We were really happy with the interaction and care that we received and feel very comfortable to use the service again'' Keith said.

TELEHEALTH PAIN CLINIC

The WDHS HARP team have partnered with the Hamilton Medical Group and The Royal Melbourne Hospital to launch a Telehealth pain clinic. The monthly clinic is located at Hamilton Medical Group and is led by Janine Enright, HARP Chronic Care Nurse. Referrals are received from GPs to the Pain Specialist and the HARP team. The HARP team complete initial assessments including a nursing pain assessment (Janine Enright) and a psychology assessment (Angela O'Brien) and then coordinates and attends the client's consultation for a pain assessment with the Melbourne based specialist Dr Malcolm Hogg. The local HARP team follow up with clients and the General Practitioner to assist in coordinating the client care.

In the last 12 months:

- 9 clinics have been held with 36 referrals, 35 consultations, 25 new clients and 10 reviews.

The benefits of the clinic include:

- 100% of clients have not had to travel to Melbourne or Ballarat to access this specialist service. This has saved clients between 14,000-24,000 km of travel and $9,000-$16,000
- Improved communication between Specialist and GPs
- Reduction in waiting times to access a pain specialist from 9 to 18 months to 1 month.
- Earlier access to specialist consultations reducing clinical risk
- Specialist feedback that the nurse's involvement in the specialist consultation provides improved communication, follow-up and coordination of care.

Dr Dale Ford, Pain Specialist Dr David Malcolm Hogg (on line), Mr Peter Teal and HARP Chronic Care Nurse Janine Enright

yOUTH4yOUTH PROGRAM

Youth Development Officer Briana Picken with Alex Winderlich

Holiday Program – the youth4youth has an average of 120 participants over each holiday period. Activities include paint balling, fishing, ice skating, laser strike, trips to Luna Park, Melbourne Aquarium and Geelong Adventure Park.

Positive feedback was received from 123 people:

- 80% of parent/ guardians reported that their children were 'extremely satisfied' and 19% were 'satisfied' that the activities met their expectations;
- 100% of children felt safe and comfortable when participating in delivered activities;
- 100% of parents/ guardians thought the activities delivered by WDHS were affordable;
- 100% of parents/ guardians would recommend the holiday program to family or friends.

Strong engagement with young people through social media, including Facebook, has enabled effective planning for holiday programs. This has resulted in activities being well targeted to young people's interests and fabulous attendance.

HAMILTON YOUNG MOTHER NETWORK

This program aims to improve access to education, services, social connectedness and long term access to services and health provision for young mothers (under 25 years) living in the Southern Grampians Shire. 24 young mothers were involved this year, an increase from 15 in the previous year. Feedback continues to be very positive:

- "I am overjoyed with the swimming lessons my son and I have been involved with. My son has never been to the pool before I started to attend these groups. He now puts his head under the water and blows bubbles and can jump off the side of the pool."
- "The cooking classes were fantastic, I learnt about making healthy pizzas which have become a household favourite."
- "I didn't know there was a public dental clinic in Hamilton and it is located at Frances Hewett Community Centre. I am now on the waiting list for the public dentist. I am very apprehensive as I have never been, but I think it would be the best thing for me if I went."
- "I did not know about option available in Hamilton regarding health services and what they do. I thought I needed to pay top dollar for everything I needed to go to."

WOMEN'S HEALTH - PAP SMEARS

During the last 12 months 240 clients have presented to have pap smears at our clinics at Frances Hewett Community Centre and in outreach towns.

Clinics include:

- a weekly pap smear clinic during business hours and a monthly after-hours clinic provided by the WDHS Women's Health Nurse who is a Nurse Pap Smear Provider
- outreach pap smear clinics in Penshurst and Balmoral were funded for $2,500 again in 2012/13 from Pap Screen Victoria

The quality of pap smears provided by the WDHS Women's Health Nurse is assessed every six months by the Victorian Cytology Service. This service reviews indigenous status, country of birth and language spoken by all women attending this service. It also gives information on under screened population – rural women and women over the age of 50. The service provided by WDHS Nurse Pap Smear Provider rates above the state average in both those categories. Screening rates remain low at 61.9% of eligible women within the Southern Grampians Shire. By making this service more accessible with options for women clinicians and taking clinics to rural areas the aim is to increase screening rates in our area, thereby decreasing the impact of cervical cancer on our community.

Young Mums Group having swimming lessons

DENTAL SERVICES

DENTAL

Restorative Retreatment Within 6 months - Adult

Treatment undertaken		YTD 2012
WDHS	No. of teeth treated	496
	No. Retreated	4
	% Retreated	0.8%
Region	No. of teeth treated	16,261
	No. Retreated	1254
	% Retreated	7.7%
State	No. of teeth treated	181,946
	No. Retreated	13,475
	% Retreated	7.4%

Unplanned return within 7 days subsequent to routine extraction

Treatment undertaken		YTD 2012
WDHS	No. of teeth treated	331
	No. Retreated	1
	% Retreated	0.3%
Region	No. of teeth treated	6,928
	No. Retreated	46
	% Retreated	0.7%
State	No. of teeth treated	79,974
	No. Retreated	669
	% Retreated	0.8%

Denture remakes within 12 months

Treatment undertaken		YTD 2012
WDHS	No. of teeth treated	201
	No. Retreated	5
	% Retreated	2.5%
Region	No. of teeth treated	2,165
	No. Retreated	28
	% Retreated	1.3%
State	No. of teeth treated	19,521
	No. Retreated	516
	% Retreated	2.6%

FLYING THE FLAG – A SYMBOL OF WELCOME

The partnership between WDHS, Winda Mara Aboriginal Corporation and the local Aboriginal community was demonstrated by the flying of the Aboriginal Flag for the first time at WDHS during National Close the Gap Day on 21 March, 2013. The Flag will be flown on nationally significant days.

The flag is a symbol that Aboriginal people are welcome.

"Seeing the flag flying outside the hospital was an historic day for our community" Auntie Euphemie Day said. "We have so much to do to close the gap in health but our partnership with the health service is strong and we are making great steps forward for our community."

The Aboriginal Flag has also been made visible in the reception areas of Frances Hewett Community Centre and the Allied Health Centre. Reception and other staff wear a lapel pin with the Aboriginal flag. These changes have been made as a result of input provided by the Aboriginal community via regular informal morning teas and partnership events. Feedback has been very positive with reception staff welcoming the response from the community:

- "a client of the Cancer Consulting rooms passed me in the corridor near the Ed Centre; stopped and thanked me for wearing his and his ancestors flag."
- a physio client told me she loved my badge and could she purchase one, then proceeded to tell me that she was not Indigenous herself but was a foster carer for 3 Indigenous children and that she felt it was very welcoming."

John Day, CEO Jim Fletcher, Auntie Euphemie Day, Primary and Preventative Health Director Rosie Rowe and Thomas Day

DISTRICT NURSING SERVICE

The District Nurses continue to work with their community based clients to assist them to achieve a greater level of independence by promoting proactive and /or preventative measures that have the potential to reduce dependency levels with the goal being to enable the person to remain in their own home as long as possible. This person/family-centred care approach encourages the person to be actively involved with setting goals and making decisions about their care.

The District Nurses continue to provide a service to the communities of Hamilton, Coleraine, Cavendish, Dunkeld, Penshurst, Caramut and surrounding rural areas. Over the past 12 months the District Nurses have seen 734 clients, made 24,996 visits and travelled 107,178 kilometres.

TRANSITION CARE PROGRAM

In September 2012 management of the Transition Care Program (TCP) was transferred to the District Nursing Service. The program continues to be very successful with the focus on assisting clients to safely return home or transition into permanent care following a hospital admission. The program is driven by goals that are set by the client with an emphasis on working towards independence.

The clients have the opportunity to receive their care in a Residential Aged Care Facility, in their own home or a combination of both. The package provides services which are gradually decreased to ensure the clients achieve a safe level of independence.

For the 2012-2013 financial year 33 clients participated in the program with 70% reaching their goals and returning to their preferred place of residence. The following services were utilized to assist clients to reach their chosen goals:

- Nursing – for the provision of clinical care as required
- Personal Care - to assist with hygiene, shopping and provision of in home respite when necessary
- Physiotherapy - to assist with strength building and endurance, falls and balance management
- Occupational Therapy - to conduct assessments related to activities of daily living with provision of appropriate equipment to ensure that these activities can be safely attended
- Dietician – for assessment of nutritional requirements.

Clients are case managed during the 12 week program and are seen on a weekly basis by a member of the TCP team.

HOSPITAL IN THE HOME PROGRAM

Hospital in the Home continues to be very well accepted by all clients who have utilised the program – customer feedback has been very positive. The District Nurses provide acute care to clients on this program in their place of residence which includes residents in Aged Care Facilities. In the past year there has been a focus on promoting the program in these facilities which has been positively received therefore enabling the resident to receive their care in familiar surroundings with minimal disruption to their daily activities.

Over the past year 41 clients utilised this program resulting in the District Nurses making 523 visits.

The District Nursing Team celebrating International Nurse's Day

THE PALLIATIVE CARE PROGRAM

NATIONAL STANDARDS ASSESSMENT PROGRAM (NSAP)

The NSAP program is funded through Australian Government Department of Health and Ageing to support the National Palliative Care Program and Strategy. This resource enables services to engage in continuous quality improvement through self-assessment against the 13 National Standards.

WDHS Palliative Care have completed the second cycle of self-assessment and received a certificate of appreciation on the work done so far. Key areas for improvement were identified and an action plan has been developed to monitor progress. The WDHS Palliative Care Program has been accepted to participate in the NSAP Collaborative Project on Carer Support .This project involves an assessment on carer support and ongoing quality improvement activities within the service. The NSAP team will provide ongoing support for the WDHS team. Staff education has led to improved documented evidence on discussions and support provided to carers. Monthly audits will be undertaken to monitor and graph changes in practice. After completion of the project, the service will apply for Peer Review that will validate and endorse the self-assessment.

ADVANCE CARE PLANNING (ACP)

ACP is a concept that involves clients making decisions regarding their future care. WDHS staff have been proactive advocating and promoting ACP within the organization. The ACP policy has been reviewed to ensure all clients have access to an ACP on request. Clients in residential aged care, in HARP, Palliative Care and frail aged District Nursing clients receive an introduction and information on the concept.

There has been an ACP course at WDHS for staff which has resulted in an increase in our number of ACP Consultants. A Workgroup facilitated by Palliative Care has been established to develop a referral process and increase access to Advance Care planning for all clients of WDHS.

VICTORIAN PALLIATIVE CARE SERVICE SATISFACTION SURVEY (VPCSS)

VPCSSS is conducted through Ultra feedback annually to survey current patients, carers and bereaved families on their experience of the palliative care service. WDHS has been proactive in promoting participation in this survey to all clients. A timeline on all activities is followed and communication regarding patient movements has been accurately communicated through to Ultra feedback. All recommendations for improvement will be fed back to the clients. Key improvement priorities will be included in the NSAP and Palliative Care Service Action Plan.

We have consistently obtained the highest rating for overall satisfaction (5 is the highest score possible):

Year	WDHS	Regional	State-wide
2011	4.78	4.63	4.66
2012	4.73	4.69	4.67
2013	4.68	4.58	4.62

STAFF DEVELOPMENT

An orientation package has been developed and a new palliative care nurse has been appointed and successfully integrated into the service. An Up Skilling Program in Palliative Care was developed has also been completed. A Palliative Care Graduate program for second year registered nurses was developed and one nurse successfully completed the program with very positive feedback.

SYRINGE DRIVER EXCHANGE PROGRAM

The management of syringe drivers has been successfully standardised across WDHS. The service applied for syringe driver replacement funding and received new NIKI T 34 drivers. The service participated in the Syringe Driver Replacement Program through Palliative Care Australia. We collected the older syringe drivers from the Region and donated them to Cho Ray Hospital in Vietnam and one to the Volunteers Abroad group in Papua New Guinea.

VOLUNTEER TRAINING

In 2012 a total of 6 volunteers were trained using the Palliative Care Volunteer Training Resource Kit. Volunteers in palliative care are an integral part of the team. They embody the spirit of the community and therefore make a difference to the quality of life experienced by people living with a terminal illness. The aim this year is to have a plan for ongoing education and retraining of our volunteers to incorporate them in our bereavement support program for our bereaved families.

A PATIENT STORY:

We currently have a patient on the program that is deteriorating and becoming increasingly forgetful. His joy in life is his beloved dog, who is very much part of his and his wife's life. This dog would faithfully remain at his side very aware that things are changing. On all our visits, the staff know that they first need to spend time to reassure him the moment they walk through the door. Because our patient is becoming weaker and walking the dog an almost impossible task at times, a team of volunteers were put in to walk the dog. It enables the carer to attend to her chores and the patient to feel satisfied that his dear friend is being cared for. This is just one example of the amazing things a volunteer can do to bring comfort to someone's life.

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.

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

- Installation of paper towel dispensers in all bathrooms
- A review of the heating and cooling systems
- Education for the clinical staff in complaints handling
- Review of personal laundry services
- Review of church visitors process

VICTORIAN PATIENT SATISFACTION MONITOR

We take part in the state-wide patient satisfaction survey know as the Victorian Patient Satisfaction Monitor (VPSM). The survey asks people who have been discharged home from hospital a series of questions related to their admission, participation, complaints management, physical environment, general information and overall care. We receive a report, which assists us in identifying strategies that can improve services and patient satisfaction. It also enables us to track our performance over time and compare our results to similar hospitals.

OUR MOST RECENT RESULTS FROM JULY 2012 – DECEMBER 2012:

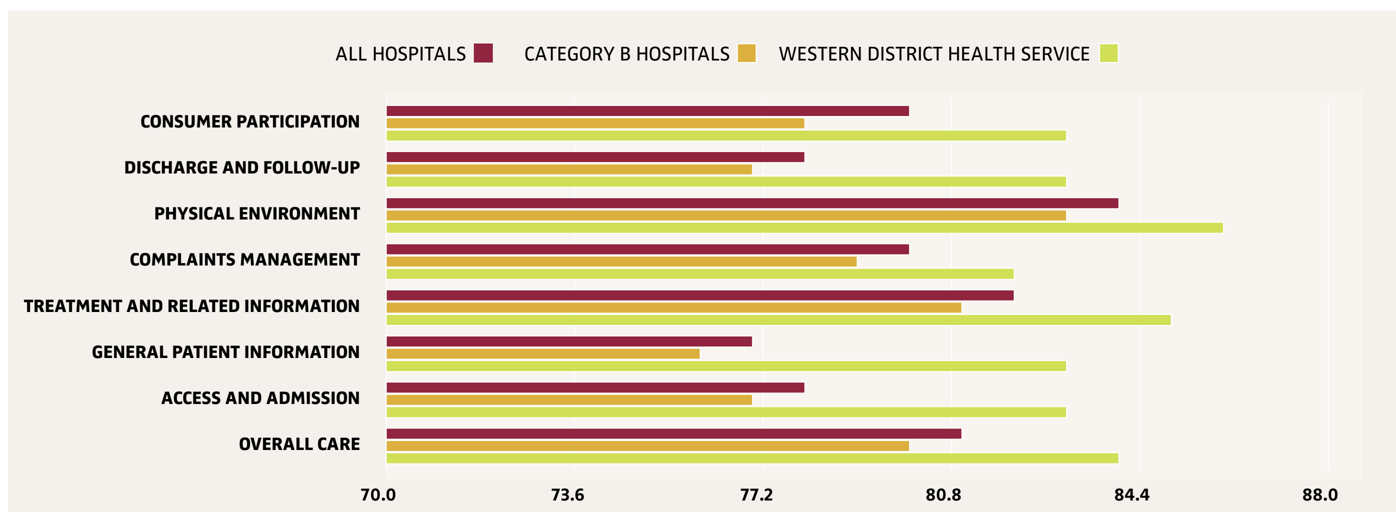
Consistent with previous surveys, the majority of patients reported that they were helped a great deal by their stay in hospital and felt that the length of time spent in hospital was about right. Especially high performance scores were obtained for the items - being treated with respect, the courtesy of nurses, personal safety, cleanliness of toilets and for cleanliness of room most frequented.

The lowest scoring items, which are strongly related to overall satisfaction, are explanation of hospital routines and procedures, amount of time given to plan going home and communication between medical and other staff. We will target quality improvement efforts toward these areas that are likely to have the greatest impact on overall satisfaction.

SOME VERBATIM RESPONSES TO OPEN ENDED QUESTIONS IN THE SURVEY:

What were the best things about your stay in hospital?

- All the information that I was given in relation to my stay and procedure was clear and informative
- All the nurses doctors and staff were very helpful and explained all about my illness which helped a lot
- Courtesy and helpfulness of staff
- Excellent care and attention from the nursing staff
- Friendliness and clean environment.



QUALITY INDICATORS IN RESIDENTIAL AGED CARE FACILITIES

What were the worst things about your stay in hospital?

- Delays in being admitted and being left in casualty for 3 hours
- Feeling cold at night – appeared to be short of blankets
- Getting a car park
- Arrogance of specialist doctor spoke to the intern about the patient but did not talk to the patient
- Confused about detail, procedures and side effects and ongoing treatment.

Highest Scoring Items July-December 2012	Mean Score
(out of 5)	
Being treated with respect	4.48
Courtesy of nurses Cleanliness of toilets and showers	4.44
Personal Safety	4.43
Cleanliness of toilets and showers	4.42
Cleanliness of rooms most frequented	4.42

Lowest Scoring Items July-December 2012	Mean Score (out of 5)
Explanation of hospital routines and procedures	3.79
Restfulness of hospital	3.85
Explanation of side-effects of medicines	3.88
Quality of food	3.88
Facilities for storing belongings	3.88

Mr Robert Henderson entertaining residents at The Grange

The Victorian Public Sector Residential Aged Care Service (PSRACS), evidence based quality indicators were introduced in 2006; and are aimed at assisting facilities to both monitor and improve the quality of care they provide to residents.

Each facility of WDHS continues to collect data, for five quality indicators, that is submitted to the Department of Health on a quarterly basis.

These include:

- Prevalence of pressure ulcers
- Prevalence of falls and fall related fractures
- Incidence of use of physical restraints
- Incidence of residents using nine or more different medications
- Prevalence of unplanned weight loss

The data that is collected for each aged care facility is then benchmarked against other Victorian public sector aged care facilities. Each facility uses its own data as a focus for improvement, in particular where results are above the state average. Additionally, an organisational aged care quality and risk management workgroup reviews results that require organisational improvement. Over the past year, this has included:

INCIDENCE OF UNPLANNED WEIGHT LOSS

The group of residents being admitted into our facilities is older and frailer than ever before and the associated incidence of unplanned weight loss has increased. As people become more inactive as they age, there is usually a degree of weight and muscle loss, however a more rapid weight loss is described as 'unintentional' and is due to causes other than inactive ageing. 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 areas. Over the past year our aged care facilities have collaborated with the WDHS Dietetics department and developed a suite of best practice assessment tools, flow charts and strategies that assist with identification of risks, prevention of unintentional weight loss and monitoring and managing unintentional weight loss.

Ways in which our aged care facilities manage unplanned weight loss include:

- Initial assessment
- Documentation of nutritional risks in the Care Plan
- Review of menu
- 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

FALLS

Falls management continues to be a constant challenge for most of our high care facilities. As a group we are looking at ways in which we can recognise the importance of independence for our residents, whilst maintaining their safety and reducing the number of falls. The Birches has recently undertaken a review of the facility to consider ways that they can improve the environment and reduce the number of falls. It was determined that the current environment is conducive to falls management and complements strategies that are used in all facilities to manage residents who are at high risk of a fall. These strategies include, but are not limited to good footwear, an uncluttered environment, a review of medications and behavioural management.

BLOOD MATTERS AT WESTERN DISTRICT HEALTH SERVICE

The Victorian Government Department of Health, Blood Matters Program funds WDHS for a Transfusion Trainer. The Transfusion Trainer is a visible advocate to promote and improve safety regarding the taking and administration of blood and blood products in its many and varied forms. The Transfusion Trainer has lead the further development of our processes to ensure best practice and compliance with all of the requirements leading to accreditation.

One of the ten National Safety and Quality in Health Service Standards (NSQHSS) is dedicated entirely to all components of blood – Standard 7: Blood and Blood Products. The implementation of Standard 7 has resulted in a number of improvements to processes, policies and systems within WDHS. The effect of these revisions will improve the quality of service provision at WDHS and help to reduce the risks related to administration of blood products.

Key Improvements implemented to achieve compliance with Standard 7:

- A new consent form specifically dedicated to blood and blood products
- Implementation of a WDHS Transfusion Committee (a quality improvement system to manage risk mitigation, education and safety and quality improvement programs)
- Revision of all existing blood related policies and protocols to ensure they are consistent with national evidence based guidelines for pre-transfusion practices, prescribing and clinical use of blood and blood products. In summary, we are going from six documents to 18 which will better support staff.
- Trial of a 'Bedside Transfusion Checklist' to standardise and document the numerous safety checks that are completed before a transfusion commences.
- System improvements include taking documented evidence of patient identification when collecting blood products from pathology
- Process improvement regarding the procedure of thawing Fresh Frozen Plasma
- Education package development for new and visiting Medical Officers.
- Revision of education packages for all staff involved in the transfusion process.

A single word which sums up all our activities towards meeting Standard 7 is Haemovigilance which means "the collection, analysis and sharing of information on unexpected or undesirable effects of blood transfusion. Haemovigilance is also increasingly associated with the best use of blood and improved patient care." (Australian Red Cross Blood Service, iTransfuse Fact Sheet, Vol. 3, No. 6).

ACCREDITATION

PREPARATION FOR ACCREDITATION - THE NATIONAL SAFETY AND QUALITY HEALTH SERVICE STANDARDS

The Australian Commission on Safety and Quality in Healthcare (the Commission) has 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.

The Commission states that the aim of the NSQHSS and the accreditation process is to promote and support safe patient care and quality improvement of healthcare services. The Standards focus on areas where a substantial body of evidence about patient harm currently exists and where actions can be taken to effectively reduce harm. Health services that provide high risk services will be required to be accredited against the Standards.

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.

Assessment against the NSQHS Standards will determine whether health services have systems in place to meet standards of safety and quality, and will assist health services who have achieved the requirements to identify aspirational or developmental goals.

Early in 2012, when the Standards were released, WDHS established a Steering Committee to oversee ten workgroups to undertake a gap analysis of every Standard. The workgroups were established and this has supported the strengthening of our Clinical Governance processes. There has been an extensive education and communication strategy developed as we move through the change process to embed the standards into our daily work.

The Standards are:

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.

CANCER SURVIVORSHIP PROJECT

This 2 year project is supported by the Department of Health and involves a partnership between Barwon Health, Barwon Medicare Local (formally Geelong GP Association), the Otway Division of GP's, Western District Health Service, Deakin University and Barwon South Western Regional Integrated Cancer Service.

The project is committed to developing and trialling a model of care that meets patient needs, improves health outcomes, and enhances the lives of cancer survivors and their families in the regional settings of Geelong and Hamilton.

Research has identified increasing cancer survival rates, and the ongoing and often complex physiological and psychological needs experienced by survivors. This project will involve patients in the survivorship phase of their condition, and begins as they are completing their active treatment.

The need to enhance services for survivors of cancer is supported by the recent release of data that shows the five-year survival rate for Victorians with cancer has increased from 60% in 2006 to 65% in 2010. Research is showing that patients are living longer after curative treatment, and many experience medical and psychosocial issues which are presently not being met.

AIMS OF THE PROJECT:

- Development of a stratified risk assessment tool to identify current and potential problems and individual survivor needs, which will guide multidisciplinary patient care.
- A patient centred approach which encourages patient involvement and confidence in self-management of health and survivorship care.
- Individual Survivorship Care Plans established by the Survivorship Nurse and treating specialists.
- Enhanced continuity and coordination of care between acute and primary providers, supported by improved communication pathways sharing patient care plans and information.
- Increasing knowledge base and expertise in survivorship care and issues, supported by communities of practice for general practitioners and others with a special interest in cancer care.
- Identification of resources and community services available to support health and wellbeing of survivors and their families.
- Evaluation of a model of survivorship care and recommendations for broader roll-out.

Jane Sharp has commenced work one day a week as the Survivorship Nurse at Western District Health Service. Jane will continue her work as the Cancer Care Link nurse and her experience and knowledge of patient needs and of the regional service issues will greatly assist the project team to address the needs of survivors. The Hamilton Base Hospital has new cancer consulting suites, education and resource centre to provide a comprehensive range of services to patients including medical oncology, outpatient face to face and telehealth consultations, multidisciplinary care coordination, cancer nursing support and access to resources.

WDHS Relay for Life Team

DEMENTIA FRIENDLY ENVIRONMENT PROJECT

Western District Health Service's The Birches Residential Aged Care Facility was one of five residential care facilities across the region to be involved in a project over a twelve months period. The aim was to improve the environment and implement strategies to reduce behaviours of concern in residents with dementia.

EQUIPMENT AND ENVIRONMENTAL CHANGES:

» A Sensory room developed to assist in relaxation and calming of residents moods is used daily. Items purchased to assist were a Smart TV for display of images, music of interest and Skype, an assortment of dolls, soft toys and picture books.

» Three small refurbished lounges at the end of each wing of The Birches known as Acacia, Banksia and Boronia act as quiet 'spokes' to the Sensory room. Positive feedback from families and residents continues regarding their peacefulness and practicality.

» Two portable electronic tablets that display preferred images and music for relaxation continue to be popular and effective in their calming effect for behaviours of concern. They can be used in the privacy of a resident's room, lounge or outdoors.

» Exterior improvements were the establishment of rose gardens, extra benches; weatherproof canopy and ceramic farm animals continue to be used well and are enjoyed by the residents.

» Life stories have been obtained but it has been very difficult to gain consent and support from families who do not wish to share personal background, preferences and old photos and images of their loved ones past lives. Explanation has been given of the purpose and intended use; to assist staff in complementing the residents care with prompts of preferences and enjoyment. The Service will continue to be offered. The team from the Department of Health were not surprised that the offer has not been well taken up. They said it was often the hardest aspect of the project to implement due to the sadness of feeling they had lost their loved one already, as they are live with advancing dementia.

EDUCATION:

» Planned education in Person Centred Care was provided to all staff

» Eighty five percent of staff attended and the remaining staff and all new staff since will receive the formal education through the Trifocal Research project. Staff learnt strategies to assist them in their daily care and interactions with residents, families and other visitors.

» Pre and post implementation surveys of staff were conducted. The outcome of the post implementation survey outcome demonstrated a better knowledge and use of strategies for person centred care management in their daily practice.

» 100% said the education had given them strategies to assist in improved resident care.

» 70% said it had changed their practice in relation to caring for residents.

» Families were surveyed four months after completion of the education to glean their inclusion in the education and opinion of changes for their loved one. Unfortunately, only one reply was received.

» Overall, the original objective was achieved and the education and use of equipment will continue.

With ongoing commitment and use of the principles implemented the practice of person centred care can be embedded into daily care.

Acting Nurse Unit Manager Leanne Deutscher, Deputy Director of Nursing Bronwyn Roberts, Faye Gumley and Enrolled Nurse Jeff Slater

INFECTION CONTROL

The Western District Health Service (WDHS) Infection Control service involves maintaining a presence and services across Hamilton, Coleraine and Penshurst.

This service is delivered by two staff, equalling 1.2 full time positions and also has the responsibility of providing a consultancy service for other health facilities in the shires of Southern Grampians and Glenelg.

Infection Control at Hamilton is also part of another wider regional group of Infection Control Nurses across Victoria. With this link, the infection control practices across WDHS can be compared to other similar hospitals, providing valuable information on our performance.

Our infection control program endeavours to educate and promote correct principles of infection prevention to all health care workers, monitoring outcomes through auditing and analysing incidents. The increased awareness of micro-organisms that have become resistant to antibiotics has seen the need for increased surveillance of these organisms to enable tracking of their emergence. Data is regularly sent to the Victorian coordinating centre for both these resistant organisms and for infections that patients contract while in the public health system. Reports are circulated to all public hospitals for use in the ongoing task of reducing infection rates.

The introduction of the National Safety and Quality Health Service Standards (NSQHSS) has highlighted the importance of infection control practice, systems and process and has devoted one whole standard to this; Standard 3 – Preventing and Controlling Healthcare Associated Infections.

HAND HYGIENE

WDHS takes part in the National Hand Hygiene program by promotion of good hand hygiene principles, the introduction of competency based training for all staff, and by conducting audits three times a year, with data submitted to Hand Hygiene Australia.

Hand Hygiene remains a strong focus as one of the most important methods to prevent the spread of infection.

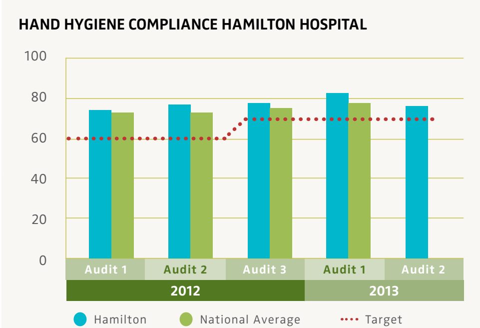
The National target for hand hygiene compliance is 70%. WDHS has maintained a consistent level above this target with the latest audit achieving 76%.

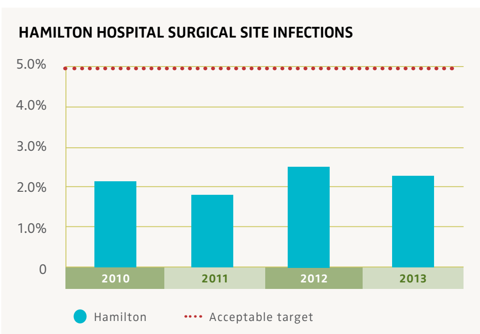
SURGICAL SITE INFECTIONS

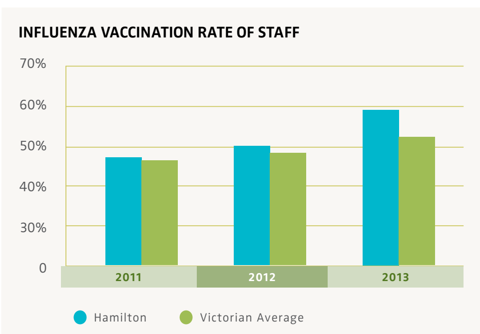
At WDHS, elective surgery infection rates remain an important measure. Most published infection statistics are for clean uncomplicated surgery, while at WDHS all surgical cases are monitored and reviewed for infection. The infection rate for these combined surgeries has remained below the hospital target of 5% since 2007. For the financial year 2012 to 2013, the rate was 2.2% with the rate for clean uncomplicated surgery for the same time period 1.07%.

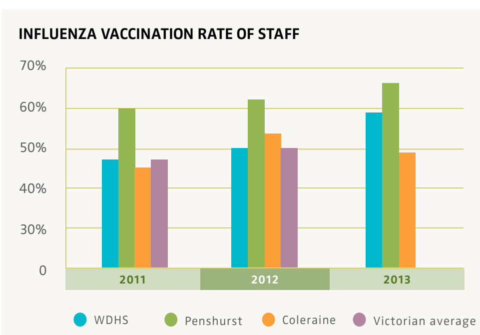
STAFF INFLUENZA VACCINATION

Influenza remains an annual disruption to the Australian public with hospitalizations and even death to some people who are more at risk. The annual free influenza program from the Department of Health encourages staff to be vaccinated on an annual basis. During the 2013 influenza vaccination program an average of 58% of staff across WDHS took advantage of the vaccination. Individual campuses were Hamilton at 59%, Coleraine at 48% and Penshurst at 66%.









Infection Control CNC Mark Stevenson

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

Clinicians and clinical teams are responsible and accountable for the safety and quality of the care they provide. The Board of Directors, Chief Executive Officer and management team are responsible and accountable for ensuring the systems and processes are in place to support clinicians in providing safe, high quality care and engage clinicians to participate in clinical governance activities. The Board of Directors has a key responsibility to oversee the clinical/patient care services of Western District Health Service, which includes ensuring that the Service does everything possible to enhance patient/client safety.

The clinical governance framework is the basis for directing the delegation of the clinical governance process within the service, including ongoing monitoring and reporting. We foster a culture of risk awareness in which patient/client safety is paramount and is everyone's responsibility. Robust quality improvement and risk management frameworks are in place to support safe and effective care, and allow us to respond to areas of concern in a timely manner.

Our key principles are:

1. Strong focus on consumer participation and outcomes and their experiences of care
2. Building a culture of trust, honesty and respect amongst all participants within the system
3. Organisational commitment to continuous improvement and enhancing clinical care
4. Rigorous monitoring, reporting, response and evaluation systems for organisational performance are in place
5. Building clinical leadership and ownership
6. Robust information and performance systems to support governance of health service performance
7. Rewarding good performance in quality and safety.

We have a solid structure of ongoing clinical supervision, regular performance appraisals and supported professional development. At WDHS, patients can have confidence in the knowledge that they are cared for by qualified medical, nursing and allied health professionals registered with the Australian Health Practitioners Regulation Agency (AHPRA).

CREDENTIALING AND SCOPE OF PRACTICE

Credentialing is the process of verifying the qualifications, registration, experience and ongoing education of each staff member. Medical staff are only appointed following approval by the Clinical Credentials Committee and the Medical Appointments Advisory Committee, and finally following approval from the Board of Management.

Scope of practice defines the procedures, actions and processes that a licensed health professional is allowed to perform. At WDHS all our doctors, nurses and allied health staff have a scope of practice that is defined by their capabilities and qualifications. It is specific to where they work and the tasks they are confident and competent in performing.

REGIONAL WOUNDS VICTORIA

BARWON SOUTH WEST

After the completion of a four year trial and a robust project evaluation in 2012, the Regional Wound Management Program continues to provide a part time (0.5EFT) service.

Now known collectively as Regional Wounds Victoria (RWV), the Clinical Nurse Consultants (CNC) across Victoria, continue to target the management and treatment of chronic wounds within the Victorian community. The RWV CNC work collaboratively with staff in Home and Community Care (HACC) funded District Nursing Services and high level care public sector Residential Aged Care Services (PSRACS).

In broad terms, the Wound Management CNC continues to focus on capacity building and providing assistance to facilities' staff to ensure they are placed in the best position to meet best practice clinical and quality requirements, relevant to wound management.

THIS YEAR THE REGION HAS SEEN:

- Delivery of 104 hours of formal education to 604 regional staff. This education is supplemented by numerous informal bedside educational opportunities during consultation episodes.
- Referral of 32 clients for assistance to manage their chronic or complex wounds with multiple advice only episodes.
- Wound consumables rationalisation audits to assist facilities to provide best practice products in an economically viable manner.
- Assistance to facilities to establish Standard 8 (Pressure Injury) management plans for accreditation requirements.
- Presentation at the Aged Care Standards and Accreditation Agency Better Practice Conference in Melbourne September 2013.

RESOURCES DEVELOPED DURING THE YEAR INCLUDE:

- Pressure Injury patient information pamphlet developed for use by regional facilities
- Pressure Injury DVD
- E – learning Compression Therapy competency which took 18 months to develop
- Staff and Patient educational pamphlets, developed as a part of the Connected Wound Care Project, continue to be utilised and are now being shared by Metropolitan Facilities.
- Pressure Injury Guidelines to reflect new Pan Pacific Pressure Injury Guidelines and national Safety and Quality Health Service Standards (NSHSS) Standard 8 accreditation guidelines
- Web site development and utilisation with 3681 Wound CNC project page views.

PREVENTING AND MANAGING PRESSURE INJURIES

At Western District Health Service (WDHS) we recognise the importance of pressure injury (PI) prevention and pride ourselves in the strategies that we have implemented to prevent pressure injury development. This is reflected in the low rates of PI that are evident in our organisation.

Pressure Injuries acquired while in care 1/7/12-30/6/13

Severity of Pressure Injury	Number	Percentage	% per 1000 bed days
Stage 1	25	45%	1.15%
Stage 2	27	48%	1.24%
Stage 3	2	3.6%	0.09%
Stage 4	2	3.6%	0.09%
TOTAL INCIDENTS	56	100%	

Stage 1 least severe, Stage 4 very severe

This year we have welcomed the opportunity to review our practices to ensure that they meet the new Pan Pacific Clinical Practice Guideline for Pressure Injury Prevention and Management and the National Safety and Quality health Service Standards (NSQHSS) Standard 8 – Preventing and Managing Pressure Injuries accreditation requirements.

Improvements to our Pressure Injury prevention and management processes:

- An updated WDHS Pressure Injury Guidelines
- Introduction of a Pressure Injury Patient Information pamphlet
- A review of the function of the WDHS wound workgroup. Members of this workgroup are now responsible for Pressure Injury education, surveillance, monitoring and reporting.
- An extensive staff education program that has resulted in 100% participation from clinical staff in the acute sections of Hamilton Base Hospital, Coleraine and Penshurst campuses.
- Introduction of an auditing process that provides us with an opportunity to ensure that all aspects of pressure injury prevention and management are indeed being provided at a high level in both the clinical and governance settings.

We look forward to ongoing review of our processes to ensure that we continue to optimise our prevention, assessment and management of pressure injuries so that we can continue to provide quality care to all patients of WDHS.

IC4OP

The Improving Care for Older People Project was completed in June 2013. This was a Federal funded program to develop tools and resources to assist in assessment of and the minimization of the risk of functional decline. Many of the problems are interdependent and these may include under nutrition, falls, skin tears, pressure injuries, delirium and depression and can be minimized or prevented while in hospital. The aims are to reduce an older person's length of stay thereby minimizing the risk of functional decline and improved independence on discharge.

OUTCOMES:

» During the last three years we have established an IC4OP Intranet site that is accessible across all WDHS campuses to enable all staff to access best practice guidelines to care for older people.

» 10 policies and guidelines have been developed using best practice guidelines with input from consumers.

» Nine new brochures have been developed with input from consumers.

» Educated programs for nursing staff, nurse attendants and allied health staff.

» Orientation program for staff in improving care for older people

Implementation of the use of the following screening tools:

» Braden (pressure injury risk screen)

» FRAT (falls risk assessment tool)

» AMTS (cognitive impairment risk screen)

» MMSE

» PHQ2 (depression risk screen)

Development of SOLLE education packages:

» IC4OP

» Delirium

» Cognitive impairment and dementia management

» Elder Abuse Acute

Further outcomes:

» Established links with community groups for development of resources for older people eg the Men's shed built fiddle boxes for The Birches.

» Trolley in Medical Unit for accessing resources for long stay older patients eg DVDs, CDs, books, magazines, games and puzzles for older patients to access.

» Developed links for staff to access expert assistance for guidance in the care of patients with behavioural problems.

OUR CLEAN HOSPITAL
EVERYONE, EVERY TIME

Cleaning plays a vital role in reducing the risk of infections throughout the facilities of the WDHS.

Maintaining public confident in our hospital is taken very seriously by all staff. If our facilities are presented in a clean and aesthetic state, the public will remain confident that the service, which they are to receive, will be of a highest possible standard.

All staff involved with cleaning functions across the WDHS take great pride in their workmanship and acknowledge that Infectious agents can be found in healthcare settings.

The WDHS cleaning staff, Infection Control department and senior management continued to review cleaning practices throughout the organisation and implement changes where deficiencies may be identified. This is evident by the very high audit scores continually achieved during in house monitoring and the Department of Health's external cleaning audits.

The Department of Health sets benchmarks for cleanliness of high risk areas at 90% and 85% for all other areas. Regular internal and external audits ensure cleanliness standards, guidelines and regulations are adhered to. We conduct our own internal audits regularly and we consistently achieve higher than the set benchmarks.

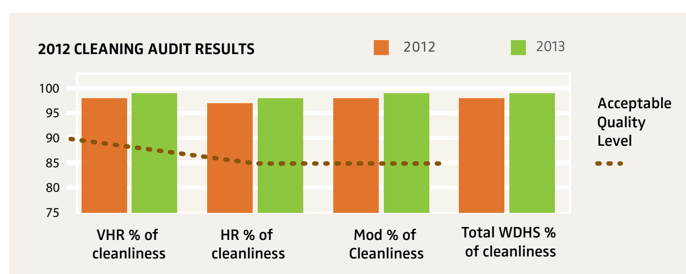
» 'Very High Risk' areas are operating theatres, intensive care and the central sterilising department

» '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.

WDHS achieved an average score of 98.7% in the latest external cleaning audit with Penshurst campus achieving 100%, Hamilton Base Hospital and Coleraine Campus 98%.



FALLS PREVENTION

Western District Health Service (WDHS) is committed to reducing the risk of falls and minimizing the harm from falls through falls prevention strategies that are delivered as part of consumer centered care. WDHS seeks to integrate falls prevention strategies as a major component of care and is implemented by all disciplines.

The Falls Working Party (FWP) is made up of representatives from all areas of the organisation. It was developed to provide a forum to identify, implement and evaluate falls prevention and management strategies across all campuses of WDHS.

We are currently working towards the full implementation of the National Safety and Quality in Health Service Standards (NSQHSS) Standard 10 - Preventing Falls and Harm from Falls. The FWP has assisted in the increased awareness and reporting of 'near misses' (A near miss is an event in which the person slips, trips or lowers themselves without coming to rest inadvertently on the ground or floor or lower level. This is an incident that 'did not reach the patient' and did not cause the patient harm). Reporting of near misses throughout the organisation will ensure that interventions can be implemented before a person actually has a fall.

Falls prevention and harm minimisation strategies implemented by the FWP:

- » Roll out of the Falls Risk Assessment Tool (FRAT) for use in all acute and various ambulatory care areas throughout the organisation. The FRAT education has become one of the compulsory competencies to be completed by all clinical staff.
- » Implementation of a gait aid identifier system in acute areas with red denoting that the person using the aids requires assistance, yellow denoting a person who needs supervision with their gait aid, and green denoting a person who is independent with the use of their gait aid.
- » Development of a collaborative and comprehensive set of guidelines for organisation-wide use. These guidelines are set out in department specific sections for ease of use by clinicians.
- » Development of an Intranet page and newsletter to increase the awareness of falls management throughout the organisation and to provide staff with the resources to make informed decisions and increase their knowledge base.
- » Establishment of a community based falls assessment clinic. The clinic staff team consists of a Physiotherapist, Occupational Therapist and Physician.
- » Trialling of a bed assist device in the acute and aged care sectors of the organisation – this device monitors a person's breathing as well as alarms if the person gets up from the bed. This device will ideally replace the alert mats on the floor next to beds, thereby removing the trip hazard that the mats may cause. Initially we will be implementing 6 of these devices in the Coleraine facility.

FALLS AND BALANCE CLINIC

The Department of Health through their SACs (sub-acute ambulatory care services) programme provided growth funding to the WDHS to set up a Falls and Balance Clinic. The WDHS Falls and Balance clinic will provide a multi-disciplinary assessment and management plan for clients with undiagnosed falls, mobility and balance problems. It is primarily an assessment service and aims to reduce falls risk, improve mobility and optimise client's function. The Falls and Balance Clinic will refer to appropriate health and community services as well as liaise with the GP to implement recommended strategies.

FALLS INCIDENT REPORTS 1/7/12- 30/6/13

Outcome of Fall	Number	Percentage	% per 1000 bed days
Severe	0	0.00%	0.00%
Moderate	9	1.67%	0.41%
Mild	343	64%	15.73%
No harm/near miss	187	35%	8.58%
TOTAL INCIDENTS	539	100.00%	6.18% (overall average)

Staff member Kym McAllister

MEDICATION SAFETY

WDHS 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 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 noticed are investigated and responded to as appropriate – guidelines may be introduced to assist staff, or education supplied.

Alerts distributed by safety authorities are discussed at the Medications Advisory Committee meetings and these can be used to guide local practice where relevant. An example of this is oral anti-cancer drugs used to treat rheumatoid arthritis. Such tablets are often prescribed as a once weekly dose, and can cause serious side effects if accidently administered each day. To eliminate the possibility of such an error happening such tablets are now supplied to the wards only as single doses, not as a full pack.

Pharmacists, Doctors and Nurses are always vigilant in their monitoring and checking that the medication charts are written correctly and that the medication is correct for the patient. Pharmacists have a high presence in the wards and are a great resource for all staff and patients. They also have a major responsibility to educate patients and their carers about their medications.

Most medication related incidents are due to:

- Signature omissions by staff – the medication may have been given but was not signed for
- Missed dose – the medication was not given
- Documentation of the medication order – the medication has been ordered incorrectly

Staff check the charts at the beginning and end of every shift to ensure that all medications have been signed for, administered and ordered correctly by the medical staff.

For medications to have their intended effect, it is important to know what medications patients are taking before they come into hospital. This ensures that we are able to monitor any changes that may occur while the patient is in hospital. In the last year a new Medication Management Plan form has been brought into use, where pharmacists document the medications taken prior to admission. To generate this medication list the pharmacist may need to consult the patient, carer, the usual pharmacy and/or the usual doctor. This list enables regular medications to be correctly prescribed and changes can be easily identified and explained to patients before discharge.

Patient feedback also provides us with a valuable method to improve the quality and safety of medication use. The results of the most recent Victorian Patient Satisfaction Monitor (VPSM) have demonstrated scores that are higher than our peer group hospitals (Category B) and the state average but still leave room for improvement.

VICTORIAN PATIENT SATISFACTION MONITOR (VPSM) JULY – DECEMBER 2012

ITEM (scores out of 5)	WDHS	Category B score	State–wide score
Explanation of purposes of medicines	4.09	3.93	3.98
Explanation of medicine side effects	3.88	3.72	3.76
Explanation of medicines needed after hospital	4.13	3.93	4.00

MEDICATION INCIDENT REPORTS JULY – DECEMBER 2012

Severity of Incident	Number	Percentage
Severe	0	0.00%
Moderate	1	0.3%
Mild	85	23.2%
No harm or near miss	276	72.8%
Other	5	1.4%
TOTAL INCIDENTS	**367**	**100%**

RISK MANAGEMENT AND PATIENT SAFETY

Western District Health Service (WDHS) takes safety very seriously. As part of ensuring high quality care for our community, we must have a strong risk management system in place. We must ensure that our staff are appropriately trained and skilled in all aspects of managing and monitoring risk. Staff must feel comfortable reporting any incident so that improvements can be made. We aim to identify and fix problems before an incident occurs. We have a Risk Management Framework which is based on the AS/NZ ISO 31000:2009 Risk Management Principles and Guidelines.

MANAGING RISK

The Department of Health (DoH) is committed to improving the quality and safety of Victorian health services. We use the standardised framework for the collection and management of clinical incidents known as Victorian Health Incident Management System (VHIMS) using the Riskman data base system.

Staff members are required to enter all incidents into VHIMS 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.

INCIDENT REPORTS 1/7/12 – 30/6/13

Outcome of Incident – severity ratings	Number	Percentage
1. Severe	7	0.3%
2. Moderate	41	1.9%
3. Mild	1272	58%
4. No harm/near miss	803	36.6%
Other classification	68	3.1%
TOTAL INCIDENTS	2191	100%

RISK REGISTER

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.

RISK FRAMEWORK QUALITY REVIEW

In November 2011, our insurers, Victorian Managed Insurance Authority (VMIA) conducted a Risk Framework Quality Review, which was a review of the quality, comprehensiveness and maturity of our risk management framework. We were assessed against the requirements of the Australian Standard for Risk Management AS/NZS ISO 31000:2009. There were no high risks identified and the nine recommendations were moderate to low risk and have all been implemented.

The Occupational Therapy Team

THE CONSUMER AND FRIENDS SERVICE NETWORK

Members of the Consumers 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.

The Consumer and Friends Service Network involves:

- Informal forums held every 3 months
- Attendance to forums by current (or recent past) users of the service and their carers
- The forums focussing on topics of interest to carers and consumers and to WDHS
- Encouraging attendance from the particular users of the service being discussed
- Forums running for 1 ½ hours and time is set aside for comments and general feedback
- Topics for discussion for future forums determined with input from consumers and carers
- A data base established for those wishing to attend the forums
- An evaluation conducted after every forum by a volunteer contacting participants and documenting feedback for review.

Forums are hosted by: Rosie Rowe (Director of Primary and Preventative Health) and Bronwyn Roberts (Deputy Director of Nursing). They will be attended by Gillian Jenkins (Quality and Risk Manager) and relevant staff members.

Role of Consumer Participants:

WDHS send out invitations before every forum which includes the main topic for discussion and some background information. There may be some light reading about the topic for participants to have a look over, or perhaps some prompting questions to get participants to think about what they might like to share.

How will consumer input be used?

A report from the forums will be provided to those services to which it is relevant, as well as being presented to the Community Advisory Committee, which provides advice to the Board of Directors. Details of what changes are made based on the input from consumers will be sent out with the invitations, to keep participants up to date on the impact of their input. WDHS cannot guarantee that any particular piece of input will be acted upon, but we seek input so that it can be considered.

Do participants have to attend every forum?

No. Participants will receive an invitation to every forum but they can choose which they would like to attend. WDHS encourages participants to come if they want to contribute.

Staff members Registered Nurse Rae Christie, Chief Pharmacist Lyn Christie and Clinical Support Nurse Judy Mibus

We want to provide you with the best possible Healthcare Service. We need your feedback to do this.

CONSUMER & FRIENDS NETWORK

Quarterly forums are held focusing on different service topics. Forums run for 1.5 hours with the opportunity to talk with staff.

Quotes From Participants

- “Staff open to suggestions with a positive attitude, brilliant”
- “Being at the meeting you can talk openly to staff, consumers and volunteers”
- “A pleasing experience”

JOIN IN

Register your interest, contact: Jeanette Ryan on 03 5551 8284 or Jeanette.Ryan@wdhs.net

How is personal information treated?

WDHS treat participant’s personal information in strict confidence. It is used only for the purposes of contacting participants with respect to gaining feedback, inviting them to forums and discussing input that participants may provide to us.

How can participants opt out?

Participants can email or phone the Community Liaison Department to have their name and details removed from the register at any time.

What if participants cannot attend a forum but would like to give feedback?

If participants are unable to attend they can contact the Community Liaison Department to discuss another way of providing their input.

Outcomes to date:

» Implementation of the volunteer program in the acute wards

» Review of patient information that is provided to patients and carers

» Strong level of satisfaction from consumer and staff participants

Members of the Consumers and Friends Service Network

WDHS CONSUMER PARTICIPATION PLAN

Members of the Consumer Participation Plan Forum

The Consumer Participation Plan developed by Western District Health Service as a result of the organisational commitment to implementing the 'Partnering with Consumers' Standard 2 under the Australian Commission on Safety and Quality in Healthcare's National Standards.

The Consumer Plan was developed in consultation with consumers, volunteers, staff, Executive and the Board. Consultation forums were held in June and another in August 2013 to develop priorities and to finalise the Plan. Our thanks go to Noni Bourke, Quality Manager at Peninsula Health, for her input and guidance.

The aim of the Consumer Participation Plan:

The Plan complements the WDHS Quality Plan and sets priorities for WDHS to achieve a partnership with consumers at three levels:

» Organisational level – how WDHS will partner with consumers in setting policy, service planning and evaluation

» Department or Ward level – how Departments or Wards partner with consumers to review and implement quality improvement activities

» Patient level – how staff members partner with consumers in every day care.

THE ORGANISATIONAL GOAL:

Excellence in healthcare for everyone, every time.

This includes 4 goals for quality care:

1. Safe Care – the care and health services for our consumers are provided safely for everyone 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 and well organised.

Accountability and Reporting:

Accountability for the Consumer Participation Plan rests jointly with the Director of Primary and Preventative Health and Deputy Director of Nursing. A Consumer Participation Work Group coordinates implementation, including representation from staff and consumers.

Members of the Consumers and Friends Service Network

Reports on outcomes are provided every 6 months to the following Board sub-committees:

- WDHS Community Advisory Committee
- WDHS Quality Improvement Coordinating Committee.

Linkage with National Standards

The Australian Commission on Safety and Quality in Healthcare have established the 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.

Standard 2, Partnering with Consumers, requires health services to partner with consumers in decisions about their care and in the organisation's service design, measurement and evaluation.

At the point of care, the Standard requires a person centred approach that is responsive to the individual. At WDHS, this means that the care provided to patients, residents and clients:

- is respectful
- is supportive
- is evidenced based
- effectively manages pain
- is culturally appropriate
- identifies and treats physical needs
- is not discriminatory.

SIMULATED LEARNING EDUCATION (SLE) PROJECT

The Australian Health Department (HD) and Health Workforce Australia (HWA) at the beginning of 2010 looked at ways of better utilising education facilities and educators within various Health fields within Victoria. The result was a Strategic Plan; Victoria's Strategic Plan for Clinical Placements 2012-2015: Well placed. Well prepared. This Strategic plan looked at ways to get multiple education providers in a range of health and community service settings to work and collaborate together in providing high-quality clinical learning experiences to students. Through this strategic plan 5 Rural and six metropolitan Clinical Placement Networks within Victoria were established through funding from the HD and HWA.

Due to projected health workforce shortages and the expected growth in health student numbers to meet the future workforce demands, SLEs have been identified as a useful mechanism to increase clinical training capacity, quality and efficiency. Simulation has proven to be a powerful method for the teaching of specific procedural skills as well as clinical management, teamwork, decision making and communication skills. This is especially relevant to us in smaller rural hospitals that don't have the throughput of patients and only occasional exposure to critical or emergency situations. Those emergency situations are not necessarily the time for students to practise their skills.

WDHS is the lead Agency in the Barwon South West Region for SLEs and the fixed term 12 month Project commenced at WDHS in June 2012 with the appointment of a Co-ordinator for 2 days a week. The objective is to provide one Simulated Education Session per month targeting undergraduate students in nursing, medicine, paramedicine and allied health. There has also been an IT resource employed one day a week to help develop internet educational programs to complement the SLE environment.

NSQHSS

IMPLEMENTATION OF THE NATIONAL SAFETY AND QUALITY HEALTH SERVICE STANDARDS

All staff across all campuses the WDHS have been involved in the implementation of the National Safety and Quality Health Service Standards (NSQHSS). There was a Steering Group established and 10 Working Groups were formed – one for each standard. The new NSQHSS are focussed on evidence based improvement strategies to deal with gaps between current practice and evidence based practice.

Some of the outcomes to date are:

- Clinical Governance Framework review
- Clinical Governance reporting structure reviewed
- Development of Terms of Reference for all clinical workgroups
- Strategic Quality Plan adopted by the Board of Directors
- Review of clinical key performance indicators that are reported to the Board of Directors
- Document control system review
- Risk Register review
- Consumer and Friends Service Network established
- Volunteer program introduced to the acute wards
- Participation in a 'support for carers' project in Palliative Care
- Establishment of bed side handover

Nurse Unit Manager Ruth Ikobe and Practice Development Nurse Kaye Roberts-Rundell

CHARLIE WATT - VOLUNTEER OF THE MONTH AWARD

Top left: Elva Lyon

Second left: Joan Lewis

Third left: Elva Lyon, Marlene Steers and Joan Lewis

Bottom left: Marlene Steers

Middle top: Muriel Bailey

Middle bottom: Milton Thomas

Top right: Trevor Rentsch

THE CHARLIE WATT VOLUNTEER OF THE MONTH AWARD

In recognising the incredible dedication and commitment of its volunteers, Western District Health Service recently introduced the Charlie Watt Volunteer of the Month Award. The award celebrates the outstanding contributions volunteers make to the Health Service and the community. This award was named to honour Charlie Watt who was a long-time WDHS volunteer who gave a lot to his community.

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.

Maureen Wood

Sue Watt

Jane Robertson

Nick Starkie

Tim Jacobs

Eileen Robertson

Stu Willder

Alexandra Augustinus

Lisa Livingstone

Janine Enright

Alison Criddle

Dustyn Williamson

Denise Munro

THE SOCIO-ECONOMIC COSTS OF RURAL HOSPITALISATION PROJECT: RURAL PEOPLE TRAVELLING FOR SURGERY

An RMIT University PhD student is partnering with staff from WDHS to undertake research into the social and economic costs borne by rural people who travel for elective surgery. Dorothy McLaren is collecting patients' stories and working with a team of people from WDHS to analyse the issues raised by travelling patients.

Some of the costs are self-evident. Appointments that mean an hour or two off work for a local person may mean a full day off work for a rural person. Petrol costs are not an insignificant consideration for those travelling some distance. Each health event may require several trips away from home. Public transport is often not available. A co-driver/support person may also be taken away from their family and community for the day, or days, when the rural patient is admitted to hospital. Less evident effects may include business, family, farm and volunteering commitments delayed or left unfilled, or members of the extended family leaving their own communities to help on-farm or to support their parents or siblings during the health-related event.

The Socio-economic Costs of Rural Hospitalisation (SCRH) project is investigating what matters most to individuals and families when they travel for elective surgery.

The WDHS team – Project Manager, Dr James Muir, and Steering Committee members Gillian Jenkins, Bronwyn Roberts, Becky Morton and Kas Boyd – work with Dorothy to design the research questions, analyse the de-identified data collected and begin to identify where action may be possible to address some of the main concerns. As Dorothy puts it, `We can't make the kilometres go away, but some solutions could help to lessen the burden. The SCRH project will help to provide evidence for effective service developments as new opportunities become available'.

Early indications from the data collected demonstrate that the most obvious economic costs are not always the greatest cause of concern for travelling patients. The stress of balancing family life and farm or business tasks, maintaining normality and loss of independence are deeply significant. Reducing the number of visits to Hamilton pre- and post-surgically with telehealth where appropriate and providing information differently are two examples of responses that may go a long way to easing some of the social and economic impacts of travel for rural patients.

The research partnership between RMIT University and WDHS is a strong one. The team presented a panel on creating evidence-based change in a rural hospital at the 2012 National Centre for Farmer Health conference and a chapter based on the early findings of the SCRH project, co-authored by Dorothy McLaren, Dr Sean MacDermott from RMIT and Dr James Muir from WDHS, is currently in print. Special thanks also go to surgeon Mr Stephen Clifforth who has put great personal effort into ensuring that his patients have every possible opportunity to volunteer to take part in the project.

The greatest thanks are reserved for those who have so generously responded to the call for participants and given freely of their time and energy to tell their stories. Without them, nothing could be achieved.

Preadmission Nurse Kas Boyd

WDHS AND RMIT UNIVERSITY:
PARTNERS IN TELEHEALTH SATISFACTION RESEARCH

Technological solutions to rural issues are not solutions unless people want to use them. A WDHS RMIT research partnership is undertaking a formal academic study in applied social science to explore and catalogue the human factors that influence why, how and when rural practitioners and patients can best utilize tele-health options. This academic study will support, and be supported by, the excellent work that is already being undertaken in the implementation of video-consultations and to explore and analyse practical aspects of tele-health uptake in this region.

The Reaching Out by Dialing In (RODI) project focusses primarily on what is arguably the most difficult application (peri-operative consultations) to uncover the critical factors for the successful adoption of a new technology. While RODI is tightly focused on one small area of tele-health (video) consulting, the lessons learned from this project will be applicable to other applications as well.

An initial trial of video peri-operative consulting has been undertaken within the Western District Health Service (WDHS). The results of the trial were satisfactory for both practitioners and patients. However, further examinations of the implications of extending the trial have confirmed the existence of substantial barriers. These include:

(social factors)

- **building** relationships with remote health services to facilitate video peri-operative consults,
- **creating** capacity for clinicians and patients to feel comfortable and safe using tele-health,
- **identifying** legal and logistical issues related to process changes,
- **mobilising** the personal support and enthusiasm of clinicians on staff and on contract,
- (clinical and organisational factors)
- **developing** clear and workable methods for sharing data and medical records,
- fully **reviewing** the clinical requirements of the existing peri-operative triage process, and
- **identifying** those patients who might benefit without compromising current process quality

Tele-health delivery is a high priority for Australian health care. In rural areas, tele-health has the potential to alleviate access inequities and personal social and economic costs borne by patients who currently travel for health care. Initial trials of tele-health adoption and delivery have identified significant behavioural and conceptual barriers to continued adoption at the level of coal-face delivery. An applied social science analysis of these barriers is required.

WDHS is well positioned to model best practice in these matters. Undertaking a formal research partnership with RMIT University, Hamilton, to guide, evaluate and document the adoption of tele-health measures for peri-operative consulting will create benefits within, and beyond, WDHS.

This research will produce clear benefits for rural and remote citizens who travel for health care. It will identify and address potential coal-face barriers to the adoption of tele-health consultations for both staff and community members. It will create a template for action on tele-health adoption for other rural health applications.

The project Steering Committee includes:

- WDHS Director of Medical Services, Dr Alastair Wilson (to April 2013), Dr John Christie (from May 2013)
- 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 Research Fellow, Dr Sean MacDermott
- RMIT University Researcher, Ms Dorothy McLaren

Dr James Muir and Dorothy McLaren

HMMC
The Hamilton Model of Midwifery Care staff have good news stories almost every day. For every baby that is born, there are 'firsts' for everything: the first bath, the first cuddle, and so on. Our staff are often the first to touch the fresh, beautiful skin of the newly born baby, as the baby is placed skin-to-skin with Mum for the very first time. It is our staff who watch the parents with their new baby, as they gaze at their creation, and visit the family in their own home as a 'new family unit'. We are very lucky and privileged for we are present to witness one of the most amazing miracles of life: birth.

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