



# 2016 QUALITY ACCOUNT



## Our vision

Excellence in healthcare, putting people first.

## 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.

## Our values

### Integrity

We will be open and honest and will do the right thing for the right reason.

### Innovation

We will be an industry leader by breaking new ground and improving the way things are done.

### Collaboration

We will actively work together in teams and partnerships.

### Accountability

We will take personal responsibility for our decisions and actions.

### Respect

We will value all people's opinions and contributions.

### Empathy

We will endeavour to understand other peoples' feelings and perspectives.

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## Highlights for 2015 - 2016

- Four new Community Advisory Committee members appointed
- A Consumer Health Information Committee developed to review consumer health literacy items
- Conducted four community forums
- Sugary drinks removed from sale at WDHS
- Review of patient video in Admission waiting area
- Partnership with Alzheimer's Australia to develop and implement a Montessori Model of Dementia Care in aged care
- Electronic car pool booking system introduced
- Red blood cell wastage significantly reduced
- New Medical Oncologists from Ballarat Regional Integrated Cancer Centre (BRICC) commenced fortnightly visits
- A new General Surgeon and an additional visiting Orthopedic Surgeon recruited, joint appointment of Respiratory Physician
- Improved oversight of clinic and theatre lists by Obstetricians and Gynecologists
- Introduction of Trakcare electronic observation recording
- The Grange, Birches, and Penshurst aged care facilities achieved 100% accreditation in August 2015
- A Sub Regional Corporate Services Project was established to look at opportunities for Health Service collaboration to create efficiencies, with WDHS the lead agency
- National Patient Transport (NPT) began providing non-emergency patient transport to metropolitan and regional hospitals in a new Agreement with WDHS
- Aboriginal Employment Strategy for 2016-2019 developed
- Junior medical workforce model changed from international medical graduates to rotating Australian trained doctors from University Hospital of Geelong and South West Healthcare
- Reaccreditation by the Postgraduate Medical Council of Victoria to train junior doctors for a further 4 years
- Consolidation of research initiatives resulting in a successful research grant from Western Alliance

## Glossary of terms

ACAT	Aged Care Assessment Team
ACHS	Australian Council on Healthcare Standards
ACP	Advance Care Planning
AACQA	Australian Aged Care Quality Agency
ACSQH	Australian Commission on Safety and Quality in Healthcare
ADASS	Adult Day Activity and Support Service
ATSI	Aboriginal and Torres Strait Islander
BOD	Board of Directors
BPCLE	Best Practice Clinical Learning Environment
BRICC	Ballarat Regional Integrated Cancer Centre
CAC	Community Advisory Committee
CALD	Culturally and Linguistically Diverse
CCR	Clinical Care Review
CDHS	Coleraine District Health Service
CE	Chief Executive
CHIC	Consumer Health Information Committee
CRC	Community Rehabilitation Centre
DAP	Diversity Access and Participation
DOH	Department of Health
DVA	Department of Veterans Affairs
ED	Emergency Department
FHCC	Frances Hewett Community Centre
FWG	Falls Working Group
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
IICARE	Integrity, Innovation, Collaboration, Accountability, Respect and Empathy
HMMC	Hamilton Midwifery Model of Care
LGBTI	Lesbian, Gay, Bisexual, Trans, and/or Intersex
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
P&PH	Primary & Preventative Health
PCP	Primary Care Partnerships
PDHS	Penshurst and District Health Service
PSRACS	Public Sector Residential Aged Care Services
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
VHES	Victorian Health Experience Survey
VTE	Venous Thromboembolism
VMIA	Victorian Managed Insurance Authority
VPCSS	Victorian Palliative Care Satisfaction Survey
WDHS	Western District Health Service





Western District Health Service (WDHS) is a sub-regional service provider with a proud reputation as one of Victoria's leading and innovative rural and regional health services.

Having played a central role in the region for more than 150 years, WDHS continues to deliver quality care and services to support the health and wellbeing needs of its community.

Located in the Southern Grampians Shire in Victoria's Western District, WDHS supports the healthcare needs of the Shire's resident population of 16,200 people, with approximately 9,800 living in Hamilton; the geographic and business hub of the region.

The Health Service was established in 1998, with the amalgamation of Hamilton Base Hospital, Southern Grampians Community Health Services and Penshurst and District War Memorial Hospital; now Penshurst and District Health Service (PDHS). In 2005 Coleraine and District Health Service (CDHS) also amalgamated with WDHS.

The Health Service provides 91 acute and subacute beds, 175 residential aged care beds, 35 independent living units, primary care, youth, community and allied health services.

Based in Hamilton, with campuses in Coleraine and Penshurst in the Southern Grampians Shire (SGS) and Merino in the Glenelg Shire (GS), WDHS incorporates the following sites and facilities:

- Hamilton Base Hospital (HBH)
- The Birches
- National Centre for Farmer Health (NCFH)
- Frances Hewett Community Centre (FHCC)
- The Grange Residential Care Service
- Coleraine District Health Service (CDHS)
- Penshurst and District Health Service (PDHS)
- Merino Community Health Centre



→ Personal Care Worker, Amy Boxer, distributing patient medications.

## INTRODUCTION

Western District Health Service (WDHS) is pleased to present the 2016 Quality Account. This report is published each year in conjunction with our Annual Report. Whilst the Annual Report focuses on the financial aspects of our operation, the Quality Account is our opportunity to share with you how we provide accessible, safe, high quality care. This report is developed in line with Department of Health & Human Services guidelines and minimum reporting requirements.

In developing this report it has been important to seek the opinion of those who use the services at Western District Health Service. The newly formed Consumer Health Information Committee and the Community Advisory Committee has provided valuable feedback on behalf of the community regarding this report.

We want to take this opportunity to thank the numerous contributors to this year's report, with particular thanks to the clients who have agreed to tell their stories and share their experiences with the community.

## Purpose of Quality Reporting

The quality and safety reporting landscape in Victoria continues to develop. A number of recent reviews have focused renewed attention on accountability and transparency. Central to this is the requirement for clear and transparent reporting of quality and safety indicators.

To highlight the importance of transparency and accountability, the previous quality of care report is being rebranded as the Victorian Quality Account, with increased emphasis on reporting of quality and safety data against peers and/or state quality and safety indicators.

The aim of quality reporting is to provide information and improve interaction with our community. The Quality Account aims to meet diverse quality and safety health literacy needs by making the reports as accessible and easy to understand as possible.

## Preparing the 2016 Quality Account

The 2016 Quality Account was prepared by a small group of WDHS staff and Community Advisory Committee members. The final report is the result of wide consultation and input from across the organisation.

We trust that the 2016 Quality Account 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.

For further information please contact the Quality and Risk Manager on 03 5551 8207.

## Consumer Stories

We provide patients and family members with the opportunity to provide feedback to our staff on their experience of care. Consumer stories are a great way for staff to better understand the experience of patients and their families.

Throughout the year Rohan Fitzgerald CE, has interviewed patients on their experience within WDHS. The interviews have been recorded and placed on the staff intranet site for all staff to access.

These videos have given staff insights into how a patient and their families experience care within our health service.

The interviews detail patients experience from the midwifery, medical ward and emergency department and have been invaluable for the improvement of communication processes between staff and patients and the participation of family and carers in the development of care plans.



Hugh Macdonald  
PRESIDENT



Rohan Fitzgerald  
CHIEF EXECUTIVE



→ Rohan Fitzgerald, Chief Executive, and Hugh Macdonald, President of the WDHS Board of Directors.

## Chronic and Complex Care

The Complex Care Service aims to provide support services and education to people who have recently had a hospital admission or are at risk of requiring an admission to hospital or the Emergency Department due to the chronic and complex nature of their condition.

The Complex Care Service works with people who:

- have chronic health conditions and/or complex healthcare needs
- are experiencing multiple factors - social, environmental, financial and cultural - impacting on their health
- frequently use hospitals or are at risk of hospitalisation
- would benefit from care coordination and self-management support.

Complex Care coordinators support people to navigate health services and provide a point of contact for them to undertake and complete their care plan. In some instances, Complex Care clients may need significant input from a Care Coordinator for 6 -12 months while others may only need short-term assistance for 3 - 6 months.

## Betty's Story

Betty is an 88 year old Hamilton resident who resides in an independent living unit at Eventide. She was diagnosed with chronic heart failure in June this year following an admission to hospital. She had been previously diagnosed with high blood pressure and treated for this.

A Complex Care Coordinator visited Betty whilst she was still in hospital, the program was outlined and Betty accepted support. A home visit date and convenient time was organised prior to her discharge.

At the first home visit a comprehensive assessment was attended and Betty's previous health issues were noted. Information on heart failure management, warning signs and a daily weight diary was provided to Betty. She was encouraged to weigh and record her weight daily and was advised to contact her doctor or Care Coordinator if her weight increased or decreased significantly. She was also advised to restrict her daily fluid intake to the amount recommended by her treating doctor. Further information on salt restriction and the need for regular daily activity was discussed.

Twice weekly visits by her Care Coordinator were initially required to monitor Betty's unstable blood pressure, organise her blood tests as requested by her doctor, monitor her weight and provide support with her heart failure management.

Betty, with the support of her daughter and her Care Coordinator attended regular visits to her doctor until she was stabilised on appropriate doses of medication to manage her condition. Betty has received education on safe management of her medications to ensure that she does not require a further admission to hospital.

During the course of her Complex Care episode further services have been introduced to Betty. She has had an Aged Care Assessment (ACAT) to assist with planning for future health care needs and government-subsidised aged care services.

Betty has also completed an Advance Care Plan and nominated a Medical Power of Attorney or substitute decision maker. This will assist with future health and personal care decisions. Her family are aware of these decisions and respect her wishes.

Further services including Meals on Wheels, Home Help and a MEPAC personal alarm service have been organised and provided by the Home and Community Care program following consultation with Betty and referral from the Home Referral Service at Western District Health Service.

Betty has achieved her original goals and has now returned to driving her car to appointments and attends to her own shopping. The Complex Care Service has ensured Betty has remained independently living at home and managing her health conditions.

→ Complex Care Coordinator, Hayley Hiatt, and patient Betty on one of their twice weekly home visits.





## Consumer and Friends Network

Consumer feedback forums have been held at WDHS since 2013. These quarterly forums cover different topics suggested by community members and are open to all members of the community. Forums offer a way for our community to provide valuable feedback and help to shape the future of services at Western District Health Service.

Attendance for each session ranges anywhere from 12-65. Members choose which forum topics are of interest and attend those sessions. The Consumer and Friends Network currently has 82 members.

Recent topics included;

- Youth Services
- Cancer Services
- Breastfeeding
- Dementia

### Actions and Outcomes

- Establishment of Community 4 Youth Board to drive youth activities and respond to issues across WDHS.
- Continued support for Young Mums program.
- Understanding of diversity and meeting the health and wellbeing needs of the LGBTI community within the Southern Grampians Shire.
- Consumer feedback used in the planning of new Oncology Division at Hamilton Base Hospital.
- Formation of Breastfeeding Working Group to provide ongoing support and advocacy for breast feeding within Southern Grampians Shire.
- Interviews conducted between WDHS Chief Executive and patients of the health service to provide feedback. Interviews used in staff training.

## LGBTI

Primary and Preventative Health (P&PH) hosted two successful community and staff engagement sessions as a first step in investigating how we can best support LGBTI people and their families to access health and community services at WDHS.

Many people in rural areas do not access services or disclose issues of sexuality or gender identity due to the fear of experiencing negative reactions from health professionals and members of their community.

P&PH and the LGBTI community are working together towards removing barriers that exist for LGBTI people accessing services and providing equal access to services for all at WDHS.

## GenR8 Change

Western District Health Service is a valued contributor to the GenR8 Change movement in the Southern Grampians Shire. The GenR8 Change movement's mission is to make the healthy choice the easy choice for people living in the Southern Grampians region - especially children. It is about collaborating as a community to create sustainable change and generating solutions to the obesity problem.

## Plug In and Power Up Stations

Plug in and power up stations have been established throughout Hamilton Base Hospital, Allied Health and Frances Hewett Community Centre. These stations provide consumers who use an electric mobility scooter or wheelchair an access point to recharge their vehicle in a safe environment. Providing these stations ensure our consumers are able to increase their social connection and attend health service appointments without the fear of being stranded by a flat battery.



→ WDHS Chief Dietician, Jodie Nelson, Amanda Adamson (with son Arthur 10 months and daughter Aida 4), SGSC Maternal & Child Health Nurse, Bernie Fitzgerald, Primary Care Partnership Project Officer, Claire Nailon (with son Tom 8 weeks), and Zoe Price (with daughters Ruby 3 and Sammie 1) are all members of the Breastfeeding Working Group.

→ Attendees of the ATSI Careers Day at WDHS, L-R: South West Tafe Koori Liaison Officer, Locky Eccles, Student, Kyle Ellis, Indigenous Support Officer – Greater Green Triangle, Katie Dopheide, Winda-Mara Partnership Coordinator, Michelle Ellis, Aboriginal Employment Plan Project Officer, Melanie Russell, Winda-Mara Chief Executive, Michael Bell, and student, Chris Saunders.



## CONSUMER, CARER AND COMMUNITY PARTICIPATION

Engagement with the Local Aboriginal Community

### Aboriginal Employment Plan

The WDHS Aboriginal Employment Strategy 2016 - 2019 was completed under a continuation of Koolin Balit funding from the Department Health and Human Services.

The aim of the Koolin Balit 'Updating Aboriginal Employment Plans' program is to support mainstream health services to update previous Aboriginal Employment Plans (2015) with a view to increase employment opportunities, implement targeted and sustainable recruitment and retention initiatives and create more culturally responsive services for Aboriginal communities.

The development of the WDHS Aboriginal Employment Strategy 2016 – 2019 confirms our long term commitment to the local Aboriginal community. This strategy has been successfully developed in close consultation with our local Aboriginal community, with opportunities to revise and adapt the plan over the next three years.

The primary goals of the WDHS Aboriginal Employment Strategy 2016-2019 are to:

- Increase awareness of health careers and employment opportunities for the Aboriginal community

- Continue to strengthen the partnerships with Winda-Mara and other Aboriginal stakeholders
- Increase the cultural awareness of WDHS staff and promote WDHS as a culturally welcoming organisation
- Support Aboriginal employment at WDHS

All current employees who identify as Aboriginal and Torres Strait Islander origin were invited to take part in a consultation interview to help form the strategy. These employees were able to provide valuable feedback and insight on how they felt working in a mainstream organisation with an indigenous background.

### Highlights

A high priority of the previous Aboriginal Employment Plan 2015 was to build an environment where staff felt supported to identify as Aboriginal and Torres Strait Islander origin. Previous engagement has revealed existing employees play a large role in encouraging fellow Indigenous community to apply. Widespread promotion has occurred across WDHS highlighting reasons to identify as Aboriginal and Torres Strait Islander, and as a result eight employees have come forward to update their Indigenous status.

WDHS has actively identified Aboriginal and Torres Strait Islander employees to take on mentor roles. Mentors will receive training and support to appropriately assist new employees to navigate and understand the WDHS organisational structure and operating

environments. The mentorship program will be a strong measure put in place for employee retention.

Employment positions specific for Aboriginal and Torres Strait Islander applicants have provided further opportunities and pathways for the Aboriginal community. These positions include an Allied Health Planned Activity Group Assistant and Allied Health Receptionist.

A current Aboriginal and Torres Strait Islander employee has come forward with many pieces of beautiful Aboriginal artwork to display across WDHS. Twenty six pieces of Aboriginal Art have been purchased and are now on display across all campuses.

### Aboriginal and Torres Strait Islander Careers Day

The Aboriginal and Torres Strait Islander Careers Day is designed to build confidence in the local Aboriginal community, simplify recruitment and application processes and increase awareness of employment opportunities.

ATSI job seekers and students had the opportunity to tour through a variety of departments listening to real experiences from real individuals. The participants were welcomed by CE, Rohan Fitzgerald, who emphasised the support available across WDHS. They listened to a range of guest speakers and discussed further study options and pathways to employment.

Many students left the day discussing what areas of health they were interested in and making enquiries about returning to WDHS for job placement.



## Removal of Sugary Drinks

In October 2015, Western District Health Service made the decision to discontinue the sale of sugary drinks, including soft drinks, sports drinks and fruit drinks, sold in cafeterias or vending machines across all WDHS campuses. As the first hospital in Victoria to implement this policy, WDHS is acting as a national leader in addressing our growing obesity problem. Following from this action, 13 Health Services across Western Victoria have now also committed to discontinue their sale over the next 2 years. It was felt that as a health promoting organisation it was important to take the next step to support staff and regular visitors to make healthier choices of sugary drinks from Western District Health Service.

→ Food Services Attendant, Raewyn Powlton, and WDHS Chief Executive, Rohan Fitzgerald, welcome the removal of sugary drinks from WDHS cafeterias and vending machines.



## Victorian Healthcare Experience Survey - VHES

The Victorian Healthcare Experience Survey (VHES) collects data from a range of healthcare users of Victorian public health services.

The survey is conducted on behalf of the Department of Health and Human Services by Ipsos, an independent contractor.

### Specialised Questionnaires

Each month, eligible participants are randomly selected to receive a questionnaire. Survey participation is by invitation only and the survey features specialised questionnaires for:

- Adult and child inpatients
- Maternity clients
- Adult and child emergency department attendees

These questionnaires are distributed in the month following a hospital admission or emergency department attendance. The results are provided to the health service and department each quarter.

The results over the four quarters of the year show patient's overall satisfaction with the hospital is higher than the state average.

The results for the question 'Overall, how would you rate the care you received while in hospital?' are shown below.

Date	WDHS	State	Peer Group
Jul – Sept '15	87.5%	92.0%	90.5%
Oct – Dec '15	97.6%	92.2%	95.9%
Jan – Mar '16	99.0%	91.5%	96.5%
Apr – Jun '16	97.0%	91.4%	96.2%

### Feedback

Western District Health Service is committed to working with healthcare consumers to improve the quality and safety of our service. Feedback is received in the form of advice, compliments, complaints and suggestions. It provides us with an opportunity to observe the quality of our care from the perspective of consumers and their carers. The information provided from feedback can assist in directly improving the quality of our services.

During the 2015/2016 financial year, 120 complaints were received at Western District Health Service. This is slightly less than last year when we recorded 129.

We are pleased consumers are feeling comfortable enough to speak directly with us regarding their concerns.

***During the 2015/2016 reporting year we received 595 formal compliments across all three sites.***

Some actions taken as a result of consumer feedback:

- The development of a discharge planning working party to review the discharge process
- Development of post-operative information for patients to take home following surgery
- Staff education
- Improving the notation of patients' medical power of attorney in their records
- Specific training for staff on the emergency management of injuries requiring plastic surgery
- Inclusion of the planning of waiting areas for new services
- Production of consumer story videos

## People Matters Survey

The People Matter Survey is a staff opinion survey conducted annually by the Victorian Public Sector Commission to find out how our staff feel about working at our Health Service. The survey provides valuable information on employee perspectives on the public sector values and employment principles in our organisation. The aim is to identify our strengths and weaknesses.

### Patient Safety Culture

In the most recent survey staff were asked 8 questions in relation to the culture and practices of how the organisation supported patient safety. WDHS performed the highest in the hospital group with a score of 77% of staff agreeing in the positive to questions that measured patient safety. Our hospital group includes 9 hospitals of similar size and capacity. The average score for the group in relation to the patient safety culture was 70%.

WDHS has provided formal training to the workforce on Workplace Bullying and Sexual Harassment. This included training on

- staff legal obligations
- complaint handling
- compliance with workplace policies
- leading cultural change



→ Planned Activity Group members on their annual overnight trip, at the Brim silo's.

## Planned Activity Group (PAG) Annual Overnight Trip

### "Have case, will travel"

The implementation of the overnight trip as an annual event for Western District Health Service Planned Activity Group was implemented 14 years ago and is designed to promote independence for the less mobile and disabled members of our community. It provides an opportunity to experience a holiday in a supported environment

The overnight trip has 5 main components:

1. Engagement with members to determine where they would like to go, seeking their interests and requests.
2. Expressions of interest are distributed to all members with costs and the choice of a single room or shared room and proposed itinerary.
3. Collaboration between WDHS and other services such as Package Managers, Barwon Carer Support Service, Carers and Families, Volunteers, Occupational Therapy, coach company, local Shire, accommodation and day trip venues.
4. Delivery: An itemised itinerary is provided to all participants in advance, with activity choices for each day.
5. Feedback from staff and participants. Feedback is used to ensure practical and quality programs are delivered in the future.

Participants reported the following achievements through the use of this program:

- Increased independence
- Increased feelings of achievement and enjoyment
- Increased variety within regular routine
- Building of friendships and personal capacity

*"Joan still talks about her helicopter ride last year. You all do a great job of making the difficult possible."*

*- Hilary King (Carer)*



## Volunteer Program at WDHS

### WDHS Volunteer Program

WDHS has a comprehensive volunteer program and is privileged to receive support from 285 registered volunteers. The volunteers support a range of programs and activities across the health service in Hamilton, Coleraine, Peshurst and Merino which provide great benefit to our patients, residents and clients, and their families.

### Hamilton Community Transport

The Community Transport Service relies on the invaluable help of volunteer drivers and provides assistance with transport for:

- People who are unable to use conventional public transport
- People who are geographically isolated or economically disadvantaged

In the 2015-2016 periods the program involved:

- 58 volunteer drivers
- 3,534 hours of volunteer time
- 1,823 community transport trips
- 196,968 kilometers travelled

In addition to the Hamilton program community transport is provided at Coleraine, Peshurst and Merino.

### Join our Volunteer Team

Volunteering is rewarding and satisfying and as little as one hour a week can make a real difference. Prospective volunteers are required to complete an application form and a police check form followed by attendance at an interview with the Volunteer Coordinator.

All new volunteers at WDHS attend an Orientation Program and are given appropriate training if it is required. The Volunteer Coordinator provides personal and professional support to all volunteers and ensures that volunteer skills are matched to the services that they are most suited to support. Enquiries to Volunteer Coordinator on (03) 5551 8284.

*A full summary of our volunteer activities and hours is provided in the 2015-2016 WDHS Annual Report.*

→ Volunteers, Elizabeth Gribbins and Leonie Jacobson, manning the health information desk located at front reception of Hamilton Base Hospital.





## Accreditation

### Acute Accreditation and the National Standards

Accreditation is a recognised process that health services use to ensure they deliver safe, high quality health care to established standards for their patients/clients/residents. It is a continuous improvement process by which the achievement of standards must be demonstrated by means of an independent external peer assessment.

Accreditation is a mandatory process for all Victorian public acute health services and all providers of residential aged care services. WDHS participates in a number of comprehensive accreditation programs including the Australian Council on Health Care Standards (ACHS) and Aged Care Standards and Accreditation Agency Ltd (ACASA). At WDHS we are committed to a full assessment of the National Standards and are scheduled for our next full assessment in October 2016.

In 2013 we received 13 recommendations for improvement out of 256 actions which have been acted upon. We look forward to having these recommendations reviewed by ACHS later in 2016.

*"All the recommendations from the previous survey have been followed up with many having action plans in place to systematically address the matters identified for improvement."*

The National Safety and Quality Health Service (NSQHS) Standards drive the implementation of safety and quality systems to improve health care in all hospitals across Australia. The Standards provide a nationally consistent set of measures for safety and quality over 10 specific standards.

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



## Clinical Governance

Clinical Governance is a term used to describe a systematic approach to maintaining and improving the quality of patient care within a health system. An effective system of clinical governance ensures continuous improvement in safety and quality of care at all levels of the health system.

Consumer participation is an important tool for identifying safety and quality issues and for identifying how these issues may be addressed. The delivery of high quality care to patients and clients is the core business of the Western District Health Service. A review and restructure of clinical reporting systems was required to provide clinical workgroups and committees the opportunity to highlight high risk issues and demonstrate quality improvement outcomes.

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

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

## Risk Management & Safety

WDHS has a Risk Management Framework which is reviewed annually. Every staff member has the responsibility to actively participate in WDHS risk management processes at a level appropriate to their designated role. The overall responsibility for the service's risk management policy, framework and processes lies with the Chief Executive, with delegated responsibility to the Quality and Risk Manager.

All incidents are logged and reviewed through a line management process depending on the severity of the incident. Staff members are required to enter all incidents onto the Riskman system 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.

Serious incidents undergo an 'In Depth Case Review' process. The most serious incidents are reported to the Department of Health and Human Services and become part of a state wide report on incident trends for Victoria.

The rating of the incident 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.

## Blood Safety

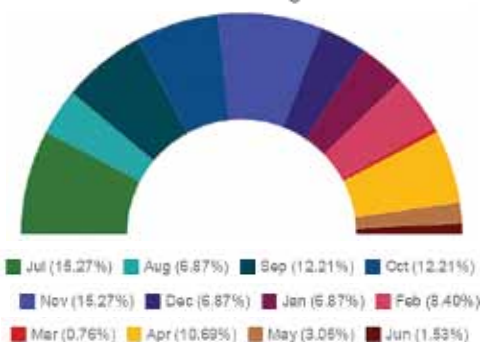
### The Use of Blood and Blood Products

Treatment with blood and blood products can be lifesaving. However, as biological materials, they are not without risk. WDHS is committed to ensuring that patients who receive blood and blood products do so appropriately and safely.

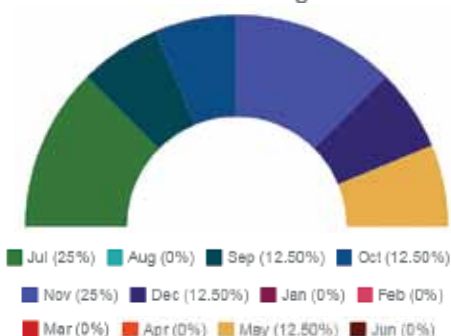
### Transfusion Committee

WDHS has a Transfusion Committee which meets regularly to manage risk mitigation, education and safety and quality improvement programs for the management and use of blood and blood products within the organisation.

Red Blood Cell Wastage FY14-15



Red Blood Cell Wastage FY15-16





→ L-R: Theatre Attendant, Darren Mulley, Theatre Nurse Unit Manager, Mark Stevenson, Theatre Nurse, Mardi Mailles, and Surgeon, Richard Moore in Hamilton Base Hospital Operating Theatre.

## Minimising Wastage of Blood Products

Blood is a highly valued, freely donated gift from very generous members of the public. National Blood Authority (NBA) developed The National Blood and Blood Product Wastage Reduction Strategy 2013-17 to reduce the unnecessary wastage of blood and blood products.

In order to meet the target for red blood cells (RBC) Dorevitch Pathology Hamilton commenced an inventory management project where RBC approaching two weeks of remaining expiry are transferred to a larger Dorevitch laboratory.

Since the introduction of this project there has been a dramatic decrease in the unnecessary wastage of RBC. During the 2014/15 financial year 131 units were discarded compared to 8 units during 2015/16.

## Consumer Participation in Blood Safety

This year the Transfusion Committee developed a Discharge Advice Card in consultation with consumers. This new advice card ensures patients have information on what to do should they experience an adverse reaction to a blood transfusion.

Reactions to blood products are rare, most occur up to 24 hours later. A delayed reaction is also rare and can occur up to two weeks following a transfusion.

From October to December 2015 feedback was collected from patients and carers that had received blood transfusions at WDHS. The advice cards were developed using this feedback and then reviewed by the new Consumer Health Information Committee (CHIC).

Feedback from CHIC members was positive and included constructive information such as:

“Would be a good thing to have.”

“Not too much information to read.”

“I have had a lot of transfusions and did not know you could have a reaction up to 2 weeks later.”

## Operating Suite

The Operating Theatre is going through an exciting time of expanding the number of Orthopaedic Surgeons and therefore the number of patients that can be catered for.

Up until recently, Orthopaedic services have been provided once each fortnight with an additional session each month.

As from October 2016 this will expand to orthopaedic theatre sessions weekly with an additional session in some weeks.

This will greatly increase access for Hamilton area patients, reducing their waiting times or the need to travel, particularly for joint replacements.

## Theatre Statistics:

Cases	Procedure
2740	Elective surgery
237	Emergency surgery
161	Gynecology /Obstetrics
164	Orthopedic
25	Urology
386	ENT
25	Neurology
142	Ophthalmology
105	Oral surgery and Dental procedures
62	Bronchoscopy by respiratory physician
61	Procedures by Anaesthetists
1746	General Surgery including Gastroscopies and Colonoscopies



→ Visiting Orthopaedic Surgeon, Mr John Dillon.

## Electronic Observations

Earlier in 2016 WDHS undertook the challenge of expanding our patient electronic health record to include electronically recording patients' vital signs.

An extensive education and implementation plan was conducted and the documenting of electronic observations was introduced without complication.

The positive side to this initiative is that many staff can review patients observations at the same time, electronically, and staff do not need to be at the patient bedside to do so.

From a quality maintenance function, electronic observations make reviewing files easier and more accessible. Patient records do not need to be obtained from a health information clerk and the file reviewer can access the information in their own time.

Both nursing and medical staff have found electronic observations easy to record and review. For confidentiality reasons certain staff cannot access clinical information of patients.

## Medication Safety at WDHS

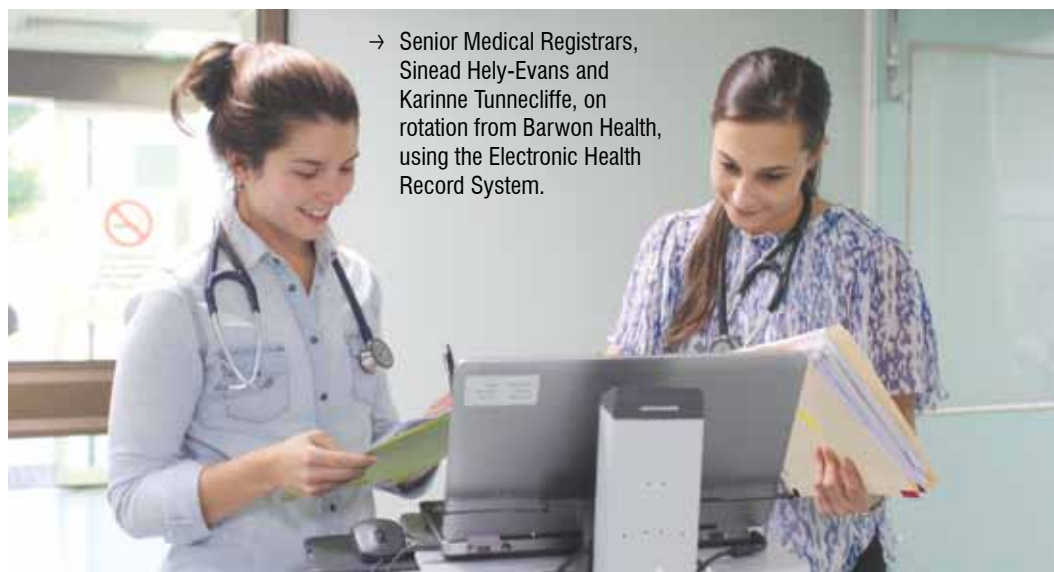
Western District Health Service is committed to safe and effective medication usage. Stringent processes and policies are in place to monitor and prevent medication errors. These include systems to ensure our staff safely prescribe, dispense and administer appropriate medications to informed patients.

We ensure compliance with the National Safety and Quality Health Service Standards and our Health Service has a Medication Advisory Committee that reviews, monitors and improves the way we work.

### Medication Safety

Medications are the most common treatments in healthcare and errors can and do occur.

All noticed medication incidents are entered onto our Health Service incident reporting system "Riskman" to capture details of reported medication incidents and to implement appropriate follow up for the incident.



→ Senior Medical Registrars, Sinead Hely-Evans and Karinne Tunnecliffe, on rotation from Barwon Health, using the Electronic Health Record System.

These incidents are reviewed at the local level by the staff in charge and are then referred to the Medication Advisory Committee for further investigation and to ensure that appropriate action has been taken. This may include education for staff members, review of policies and procedures and awareness campaigns for staff and patients.

The number of reported incidents was slightly higher during the last year. This was mostly due to increased monitoring of medication charts in the aged care facilities, where a missed signature by nursing or care staff is an ongoing and challenging problem. These documentation errors rarely cause patients harm.

### New Developments

The oncology services available at WDHS have increased over the last year due to a partnership with Ballarat Regional Integrated Cancer Centre (BRICC). A BRICC oncologist visits WDHS on a regular basis, consulting with patients and, in many cases, arranging for chemotherapy to be administered at WDHS. This is in addition to the existing partnership with the Andrew Love Cancer Centre in Geelong, which continues.

Upgrade of IT systems was required to ensure that all health care practitioners (locally in Hamilton and remotely in Ballarat and Geelong) can access all the required information about the patient to ensure safe treatment.

The pharmacists liaise closely with the oncologists to ensure the required chemotherapy

is available on the right day in the correct dose, which is personalised for each individual patient.

The oncology management system is called "CHARM" and is managed locally by our pharmacist. This ensures the correct combination of chemotherapy drugs are given on the correct date along with the correct supportive care such as anti-nausea medication.

### Your Feedback on Medication Management

To ensure we continually improve our service to you we recently asked patients about their satisfaction with the medication information supplied to them on discharge.

- 96% told us they understood the information they received from pharmacy on discharge.
- 90% felt they had sufficient information supplied to them.

### Patient comments:

"I spoke with Suzie Staude who gave me very good information and implications for breastfeeding."

"I was a little confused re the directions that were written on the box however this may not have been the case if I had picked up the scripts instead of my partner. Overall I was very impressed with the staff and professional care I received. Thanking you."

"Service was excellent."

SEVERITY OF INCIDENT	July 2014 – June 2015		July 2015 – June 2016	
1. Severe	0	0	0	0
2. Moderate	1	0.3%	0	0
3. Mild	100	25.7%	83	17.2%
4. No harm or near miss	287	73.8%	400	82.8%
Others	1	0.3%	0	0
TOTAL	389	100%	483	100%



## Falls Prevention at WDHS

### Falls Working Party

The Falls Working Party has continued to cement its role, evaluating fall incidents and trends across WDHS and providing feedback to the Executive Team and the staff on the wards.

The group is made up of multi-disciplinary representatives from all sites across WDHS. The team works toward reducing the number of falls and the injuries that occur from falls to improve the safety of all patients and residents. This year we welcomed a consumer representative member to the Falls Working Party to contribute a client's perspective on strategies, information and education that is provided.

There has been a reduction in the number of falls in both the Acute Wards and Residential Aged Care sites in 2015-2016 compared to 2014-2015 financial year.

### Strategies Adopted in 2015-2016

- New tool FROP-com (screen) used as a screening tool for community clients.
- Walking Aid Identifiers are now used in the Planned Activity Group. These colour coded tags are placed on clients walking aids so staff can easily see who needs assistance for their mobility.
- LEAF (Let's Eliminate All Falls) Program has commenced in Aged Care. This provides a quick reference for staff on what type of assistance each resident needs for mobility and personal care.
- Funding was received to purchase a number of Wireless Sensor Mats for use in WDHS Acute and Aged Care facilities. These mats detect when a person is getting out of bed or the chair and alerts nursing staff through the call bell system. The wireless mats provide an advantage over the existing corded mats by reducing trip hazards and having more flexibility in where the mats can be placed to suit the client's needs.
- SPLATTMP – a tool for reporting on falls that happen. This ensures consistent information is gathered and key trends can be more accurately analysed.

### The Balance Clinic

The Balance Clinic has continued to run successfully throughout 2015-2016. Specialist Physiotherapists and Occupational Therapists have conducted 33 assessments on clients both at home and in the clinic to identify individual risk factors and develop strategies to reduce the risk of falling.

Outcomes from the clinic have included referrals for high-level balance exercises and a Podiatrist as well as education about specific risk factors ranging from nutrition, medication, vision, hearing aids and appropriate home environment modifications.

### Falls Awareness Month - July

During July Falls Awareness Month a multidisciplinary team including Physiotherapist, Occupational Therapist and Pharmacist gave in-services focusing on each site.

The Medical Wards, Surgical Ward, Coleraine and Penshurst were all very keen to have a discussion with a team of experts about ideas and strategies to improve the safety of their clients relevant to their own facilities.



→ Enrolled Nurses, Jacquie Russell and Jeanne Pollock, demonstrate the use of the chair alarm which assists in Fall Prevention

## Infection Control

The Infection Control department continues to provide a service to other facilities across the region.

In 2015/2016 the Department of Health conducted a review of the Victorian Regional Infection Control service delivery models across the state. While the final report has not been provided it is expected that the regional infection control model will continue in its current format.

### Surgical Site Infection Data

WDHS monitors all surgical procedures and continues infection surveillance for a period of 30 days following a surgical procedure. Our infection rate remains low and well below the hospital benchmark target of 5%.

Rate for 2016	0.8%
Rate for 2015	1.8%
Rate for 2014	2.2%

### Aseptic Technique

Aseptic technique protects patients during invasive clinical procedures by employing infection control measures that minimise, as far as practicably possible, the presence of pathogenic organisms.

Good aseptic technique procedures help prevent and control healthcare associated infections. At WDHS all clinical staff undertake an aseptic e-learning package. To supplement this online competency, in 2016 we introduced a practical assessment for all clinical staff in aseptic dressing technique. The competency program is in progress and will be ongoing for all clinical staff.

### Influenza Vaccination Uptake

Each year WDHS sits above the Victorian Public Hospital "actual" Influenza vaccination benchmark of 75% and in close proximity to the Victorian vaccination average uptake. This year we saw a considerable increase in our staff uptake (an increase of 10% from 2015).

	2015	2016
Hamilton	75.0%	87.23%
Penshurst	80.0%	82.61%
Coleraine	72.0%	77.1%
Target	75.0%	75.0%

This year our launch kicked off with a video of the Hospital choir (Hospital Harmonies) singing a promotional song "You'll get flu babe". At the time of this report the video received 5,165 views on the WDHS Facebook site.

Education was another key component of our promotional strategy with 208 staff formally educated across the 3 campuses. Further education was provided informally and through the use of bulletins and newsletters.



→ Surgical Ward Unit Manager, Amber McDonald and Registered Nurse Ashleigh Kemp, discuss the 'I Deserve Your Clean Hands' program with patient Helen Lang

### Hand Hygiene

Hand hygiene compliance remains a major focus for WDHS. Four times a year we conduct Hand Hygiene compliance audits and compare our results with the National and State average expected target, which is 80%.

All Victorian Public Hospitals are required to participate in VICNISS and regularly submit data on infections and related activities, whereas participation is voluntary for private hospitals.

Hand Hygiene Audit results

	Audit 1	Audit 2
Hamilton	81.8%	86.3%
Penshurst	84.0%	87.3%
Coleraine	82.8%	94.0%
National target	80.0%	80.0%

*For all staff hand hygiene must be performed:*

- ➊ before eating or smoking
- ➋ before serving or eating meals
- ➌ after going to the toilet
- ➍ before contact with patients
- ➎ before any procedure e.g. dressings
- ➏ before and after use of gloves
- ➐ after handling body fluids or contaminated items
- ➑ after touching a patient's surroundings
- ➒ before leaving work

### Occupational Exposure

Occupational exposure occurs during the performing of work duties and refers to a staff member's risk of infection. WDHS has many strategies in place to prevent this risk to staff and continues to have very low rates of occupational exposure.

It was identified however that we could improve our management of those times in which an occupational exposure incident does occur. Infection Control staff developed a quality activity that involved education of all staff in the Emergency Department, where incident follow up occurs. Since commencement of the quality activity each incident has been monitored to ensure appropriateness of management.

The education process has been completed by 94% of staff. The average score achieved was 82%. All results were discussed with each staff member. All KPI's established at the commencement of the program have been met with marked improvement in "affected" staff satisfaction, no recalls for additional counselling, no recalls for repeat of required pathology and a decrease in the length of stay in the Emergency Department.



## Cleaning Standards

The WDHS cleaning staff, Infection Control Department and senior management continually review cleaning practices throughout the organisation. The Department of Health and Human Services set benchmarks for cleanliness at 85% compliance for mandated audits. External and internal audits are conducted regularly to ensure cleanliness standards, guidelines and regulations are complied with.

The cleaning processes should reflect the outcomes required of a cleaning service wherever possible and should:

- be focused on the need for a clean and safe environment
- focus on the needs of the patient
- be a vital part of the development and maintenance of a health services quality system

## Pressure Injuries

### Prevention and Management

*Patients at WDHS are among the least likely to develop pressure related injuries*

Data collected over the past 12 months demonstrates that the processes in place at WDHS to prevent the development of pressure related injuries are effective.

From July 2015 to the end of July 2016 only 12 pressure injuries developed during care in hospital from a total of 13,979 occupied bed days.

At times patients are admitted to our Acute or Aged Care services with a pre-existing pressure injury. We record the incidence of these and ensure treatment and management plans are in place.

*Our data for aged care is reported on page 16*

### Pressure Injury Facts

Are you at risk of a pressure injury? Risk factors include:

- Poor physical condition
- Thinking difficulties/poor mental state/confusion
- Not being able to move or feel properly
- Being restricted to sitting or lying down
- Urinary and faecal incontinence
- Malnutrition
- Obesity
- Advanced age
- Smoking

What Can You do to Prevent a Pressure Injury?

### Eat well

- Eat a balanced diet. Protein and calories are very important
- Try to drink eight glasses of fluids a day (unless you have been advised otherwise by your doctor)
- Increase your activity

### Protect your skin

- Inspect your skin at least once a day (or have someone inspect difficult-to-see areas for you)
- Pay special attention to reddened areas, especially if they remain after you have changed positions
- Inform a health care professional if you have any skin pain or burning feeling
- Change position regularly
- Avoid firm massage, especially over bony areas
- Avoid smoking – this reduces blood flow to the skin
- Avoid wrinkled, damp clothing and bedding and lie in a well-made bed
- Pillows or wedges can be used to keep knees or ankles from touching each other
- Avoid lying on your hip bone when lying on your side
- Care for your skin
- Use a soap-free cleanser and gently pat skin dry
- Use moisturisers to prevent your skin becoming dry, flaky and at greater risk
- Use warm but not hot water in baths or showers
- Minimise skin exposure to urine, stool, perspiration or wound drainage



→ WDHS cleaning team with Chief Executive, Rohan Fitzgerald, celebrate WDHS cleaning audit results.



## Residential Aged Care

### Aged Care Accreditation

Penshurst and Hamilton aged care facilities successfully attained compliance with all 44 Aged Care Quality Agency Standards following their site audits in August 2015. There is an ongoing commitment across our facilities to maintain and meet the accreditation standards. These include: well embedded processes of auditing, quality improvement activities and resident/relative meetings. Our facilities use the accreditation process as an opportunity to demonstrate the high quality care that they provide to residents.

Over the past 12 months, assessment contact visits were also conducted across all of our aged care facilities, with full compliance achieved. All facilities can expect to have at least one assessment contact visit each year; where the Australian Aged Care Quality Agency assessors arrive, unannounced, for the day. The purpose of these assessments is to support our facilities to ensure that the systems and processes in place for governance, resident care, lifestyle needs, the environment and safety standards are maintained.

We use these visits as an opportunity to improve our systems and processes around each Standard and have made improvements in assessments, documentation, diabetes management and signage.

### Residential Care Quality Indicators

Western District Health Service provides residential aged care in 6 facilities across 3 sites throughout the Western District. Residential care provides nursing care and lifestyle services to people who are no longer able to manage these in their own home. With many support systems available to assist people to remain in their own homes, the past ten years has seen the needs of the residents living in our residential aged care facilities become increasingly complex.

The Department of Health & Human Services quality indicators are used for all Public Sector Residential Aged Care Services (PSRACS) and were designed to complement and be used in conjunction with accreditation standards.

PSRACS use the indicators to:

- Improve the quality of services they provide
- Benchmark themselves against other services
- Identify areas for improvement.

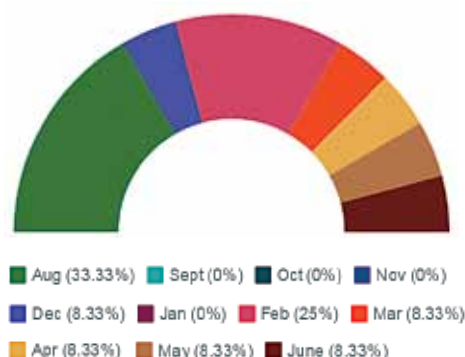
The reference ranges for PSRACS quality indicators are evidence based, following consultation with the sector and aged care experts. The reference ranges give PSRACS an objective measure for comparing local results and driving sustainable strategic improvements.

Each facility of WDHS collects data, for five quality indicators. 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

WDHS aged care facilities, comparative data for each indicator over the time period 2013-2014 through to 2015-2016 is discussed as follows:

Hospital Acquired Pressure Injuries FY15-16



### Indicator 1: Pressure Injuries

Across all WDHS PSRACS rates for each stage of pressure injuries are generally shown to be lower than the state reference range over the last 9 quarters. When pressure injuries occur, they are generally associated with a decline of mobility and general health and quite often a resident is admitted from home with a pre-existing pressure injury.

The staff at our facilities have annual education in relation to pressure injury prevention. All residents are assessed for their risk of developing a pressure injury on a bi-monthly basis or as their care needs change; this ensures that effective management strategies are implemented. As a result the rate of pressure injuries that occur in each facility has decreased as staff are more skilled in recognising potential pressure injury problems at an earlier stage. Additional pressure management equipment such as heel lift boots, gel chair cushions, heel and back wedges and airflow mattresses have been purchased to assist with pressure management.

Falls



Fall Related Fractures



### Indicator 2: Falls & Fractures

Over the past 9 quarters the incidence of falls for WDHS PSRACS sits above the target but below the upper reference range; our rate of fractures whilst exceeding the target of 0 has generally decreased.

Falls management continues to be a constant challenge as the number of residents admitted with cognitive impairment increases. Across our facilities we continue to review ways in which we can recognise the importance of independence for our residents, whilst maintaining their safety and reducing the number of falls.

There is an active Falls Management Workgroup across the organisation, which includes review of frequent fallers and consideration of best practice strategies to improve management. All facilities have staff representation at this meeting.

### Indicator 3: Incidence of Physical Restraint

All WDHS aged care facilities sit below both the target and upper limit of 0. Education has resulted in the staff being able to discuss the risks of using restraint with residents and relatives and offer the use of equipment such as low-low beds and alarm mats to effectively manage resident needs.

### Indicator 4: Incidence of Residents Prescribed Nine or More Medications

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

Medication incidents are analysed at the organisational Medication Advisory Committee with recommendations and feedback provided to staff at all facilities. Improvements include: implementation of the Webster 7 medication system across WDHS, staff education, checking of medication charts each shift, Do Not Disturb aprons to help prevent distractions, safety cross calendar, external medication reviews conducted and a reconciliation process established to validate Webster packs.

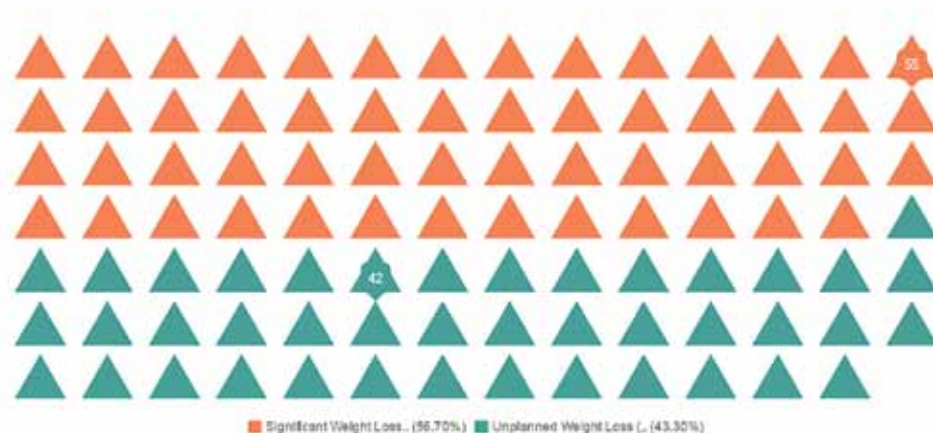
### Indicator 5: Incidence of Unplanned Weight Loss

Over the past 9 quarters the incidence of significant weight loss > 3kg and consecutive unplanned weight loss, for WDHS PSRACS, generally sits within the upper reference range. Residents being admitted into our facilities are older and frailer than previously and the associated incidence of unplanned weight loss has increased. As ageing occurs, people become more inactive and there is often an associated 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. Residents in our Aged Care facilities are regularly monitored for weight loss.

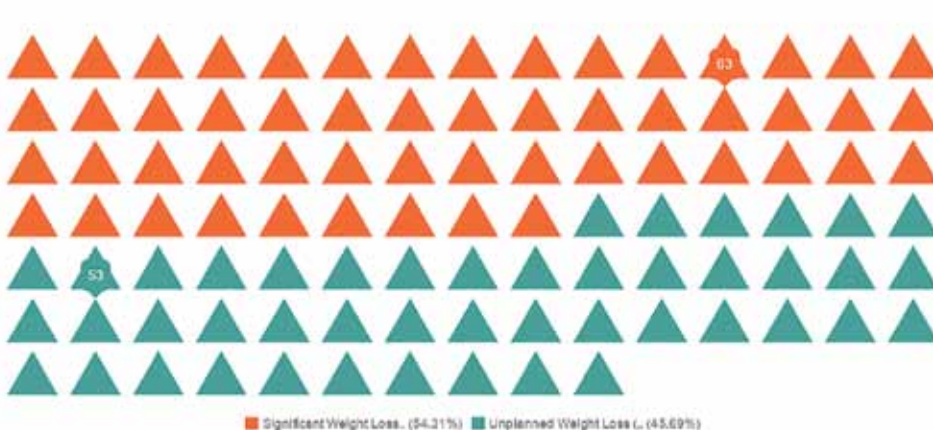
All of our facilities strive to manage unintentional weight loss in all residents because of its potential to increase the risk of infections, cause loss of strength, and increase the risk of developing pressure areas. Strategies that our facilities use to assist with management and maintenance of weight include an initial Nutritional Assessment, documentation of nutritional risks in the Care Plan, menu review to include high calorie foods, use of modified foods and supplements, consumer feedback and input into nutritional preferences and management, monthly weigh, assistance with meals that facilitates eating, involvement of relatives at mealtimes; and dietetic, medical, speech and dental assessments and review.

After receiving feedback from family members that meals were left sitting for too long, in September 2015 the Birches implemented a Meal Buddy Program for volunteers with the aim to assist staff to feed the 17 residents who required full assistance with their meals. An advertisement placed in the local paper for volunteers to assist had a positive response. A training session for the volunteers was conducted by the Speech Pathologist, Dietician and Occupational Therapist. Each volunteer was given a 'Volunteer Cue Card' which outlined their role and responsibilities. Currently there are 5 volunteers who assist with meal times. The assistance at meal times varies according to the availability of the volunteer. Overall the responses are very positive with 100% volunteers stating the Meal Buddy Program had a positive result on their volunteering role and 100% of staff stating the Meal Buddy Program had a positive outcome for the residents.

Unplanned weight loss FY14-15



Unplanned Weight Loss FY15-16



### Current aged care bed profile

WDHS Facility	Number of Beds	Allocated Respite Days
Birches	35 dementia specific	550
Grange	45 ageing in place	600 plus X1 **TCP bed
Penshurst Nursing Home	19	N/A
Kolor Lodge Hostel	10	365
Valley View Nursing Home	12	N/A
Wannon Hostel	39	730

## Maternity Services

### Performance Indicators

The Victorian perinatal services performance indicators aim to improve outcomes for Victorian women and their newborns through the reporting of benchmarking data for public maternity services.

WDHS collect and report a number of indicators to monitor the safety of maternity services. We review our performance across the indicators to recognise our strengths, identify learning opportunities, share outcomes and plan for improvement.

Two of the performance indicators are reported here:



→ Rachel and Nic Doelle welcomed their third child, Edith, at Hamilton Base Hospital.

### Gestation at First Antenatal Visit:

Receiving care early in pregnancy has shown to improve the health and outcomes for mothers and babies. In the past, WDHS reported no visits prior to 12 weeks gestation under Perinatal Services Performance Indicators for the rate of women attending their first antenatal visit (Indicator 9). Since July 2015, we changed our way of reporting on how mothers receive antenatal care to reflect the fact that pregnant women are attending their first antenatal visit with their local GP Obstetrician prior to 12 weeks. Staff were educated to collect this data from medical practitioners when the first antenatal visit with WDHS midwives is attended and our reports on this indicator now reflects more positively.

### Initiation of Breastfeeding

Western District Health Service is a Baby Friendly Health Initiative (BFHI) accredited facility, and as such, our aim is to support, promote and protect breastfeeding, within the family and the community.

Successful breastfeeding is dependent on many factors including:

- health and wellbeing of mother and baby
- the family unit
- the fathers attitude to breastfeeding
- social support
- support of maternity staff
- community attitudes

To provide the best support to women and families to breastfeed, staff continue to work within guidelines, which are supported by BFHI criteria, to implement best practice. Staff are trained in the implementation of the 10 Steps to Successful Breastfeeding to support the woman and baby to breastfeed.

WDHS Breastfeeding Indicators	2013-2014	2015-2016
Rate of breastfeeding initiation in term babies	93.7%	94.29%
Rate of use of infant formula in term breastfed babies	18.7%	14.5%
Rate of final feed exclusively from the breast for term breastfed babies	85.2%	73.06%

## Emergency Department

### Emergency Department Update

Based on feedback from patients and staff working in the Emergency Department a review of the service was commenced in November 2014 and a number of recommendations have been put in place over the past 12 months.

Changes include:

- Improved leadership in the department by the employment of Fellow of the Australasian College of Emergency Medicine (FACEM) on a part time basis
- Rotation of more experienced medical staff from Barwon Health to provide higher level of care
- Increased nursing hours across the busiest times of the day
- Staff training and development

Since implementation of these changes there has been:

- A reduction by 33% in the number of complaints from patients presenting to the Emergency Department
- Reduced length of stay by an average of 25 minutes per patient

Patient feedback from the Victorian Health Experience Survey indicates an overall improvement in patient satisfaction with the following areas:

**Question: Overall, how would you rate the care you received while in the ED?**

**Result: There was an increase of 2% from June 2015 to March 2016 with a result of 94% compared with the state average of 86%**

**Question: In your opinion, were there enough nurses and doctors on duty to care for you in the ED?**

**Result: There was an increase of 9% from June 2015 to March 2016 with a result of 69% compared with the state average of 58%**

We will continue to monitor the changes to our service to ensure our patients receive timely and safe care.

### Case Study - Difficult Conversations

In May this year we had a patient brought into the Emergency Department after suffering a cardiac arrest in the community. This gentleman was being actively resuscitated on arrival to ED. Our staff managed to correct his heart to a regular rhythm and the patient was admitted to ICU and placed on a ventilator. The ventilator acts as the patients lungs and breathes for him.

This patient had extensive cardiopulmonary resuscitation (CPR) both out of hospital, at the point of his collapse, and on arrival to hospital. As a result of this CPR the patient sustained quite serious rib fractures. His level of pain was quite evident for our staff caring for him.

Our medical team had many conversations with the patients family and advised them that transfer to a specialist facility might be warranted, due to the complexities of the patients rib fractures, if they wished to continue treatment for the patient. The long term prognosis for this patient was not very positive. The patient would most likely never live at home with the same independence that he had previously, due to his cardiac event and prolonged resuscitation.

The family were very upset. To keep the patient here in Hamilton would mean that the patient would be palliated and pass away peacefully. The family stated that this would be the patient's wishes as he would not like to go to live in a supported care facility after a lengthy hospital admission.

To help the family make this decision we organised a telehealth conference with a specialist intensivist (a specialist doctor that works primarily with critical care patients) team in University Hospital Geelong. This was done in the comfort of the ICU lounge and was attended by many of the patients family members. The intensivist from Geelong spoke so kindly to the family and provided them with a second opinion without the distress of having to travel. The conversation was lengthy and informative for the family and greatly assisted them with making the decision to keep the patient here in Hamilton and to be with him as he passed away peacefully.

The family were very grateful for the opportunity to have spoken with the intensive care team in Geelong and spoke very appreciatively of having this resource available to them.



## Farmer Health

The National Centre for Farmer Health provides national leadership to improve the health, safety and wellbeing of farm men and women, farm workers, their families and communities across Australia.

The Centre is a partnership between Western District Health Service and Deakin University and is based in Hamilton, Victoria

## Farmer Health and Engaging with Industry

We value farmer, industry and community engagement and take their contributions very seriously. The development of our strategic direction needs farmer and industry contribution to ensure our work, research and service delivery is relevant and makes a difference to farmers' lives.

Farmers, industry and community members are invited to be members via direct application following a transparent process of advertising, application and review. Key attributes that we look for in farmer and industry members are persons that are keen to:

1. Advocate for the needs of farm men, women and agricultural workers
2. Monitor program or center goals and ensure they are reached in a timely manner
3. Provide strategic direction in the development of both the framework of governance and cross-sector collaboration
4. Oversee the completion of projects in a timely manner and celebrate/communicate when they are completed
5. Be ambassadors for the NCFH mission and work within their own communities and industries.

All members have equal rights in our consumer groups and are encouraged to share their views on our research, services and information.

Most of our consumer groups meet three to four times a year with assistance provided for travelling and a small sitting fee. We also try to use IT support for meetings - with mixed results due to the location and service accessibility of some of our more remote farmer members.

Currently the NCFH has two active consumer groups. One that feeds directly into the NCFH strategic direction and the other provides input on

a specific research project. Our two groups are listed below.

- NCFH Advisory Group  
<http://www.farmerhealth.org.au/>
- Ripple Effect Steering Group  
<http://www.farmerhealth.org.au/>

### Shhhhhh..

One other steering group was wound up this year with the completion of the Shhhh Hearing in Farming Environment Project being completed. Members of this group included three farmers who experience hearing loss. Steering group members are encouraged to participate in the NCFH programs, with a view to increasing understanding of the role of the agricultural industry and health cross collaboration.

Farmer and industry members have been instrumental in the further development and transfer of NCFH programs into other agricultural industries throughout Australia, giving the NCFH a comprehensive, national and international reputation.

## Employee of the

## Month Program



**Alison Woolridge**

(RN Division 1/Manager – Merino Community Health Centre)

Alison is the heart and soul of the Merino Community. She goes above and beyond in her role to ensure clients get the best possible care at any time of the day. She is a kind, friendly, and empathetic person who displays the organisational values at all times.

Alison is flexible in her approach and has a broad range of knowledge and skills and is a wonderful mentor to staff. She is responsive to the needs of the community and adapts easily to the ever changing schedule to work with clients and their changing needs.

30 years ago Alison started her nursing career at Hamilton Hospital. She had visions of using her new skills to travel Australia, never for a moment realising that the most fulfilling and enjoyable part of her working life would occur right here in her home town of Merino.

A 5 year period in Adelaide allowed her to undertake further training, including midwifery, and she developed a broad range of skills. By 1994 though, the call of the country was too great and she returned to work at Hamilton and in 2005 she commenced the role of Community Nurse at Merino.

Most people are unaware what a community nurse does, and truthfully when she started she was no different. Now when she is asked, she confidently answers "It's everything". Both the "Community" and "Nurse" are equally important parts of the title.

People pop-in all day and for many, crossing the threshold of a health facility is a major admission that they are not perfect. Alison must make that first step as easy as possible by smiling, relaxing and chatting as the person in front of me is the most important person right now.

Alison is a trusted health professional and the Merino population are extremely grateful they have her to call on, as they know she will listen to their worries and concerns in a non-judgmental manner. Clients invite her into their homes with respect for her skills, she must respond with equal respect for their lifestyle.

The community allows her to share their happiness and sorrows. She holds their hands in their time of need and is always there for the families. Alison believes everyone is an individual and she is in a privileged position to get to know the person behind the illness.

### Employee of the month recipients

July 2015 - Lorraine Northcott  
August 2015 - Melanie Russell  
September 2015 - Helen Guy

October 2015 - Fay Picken  
November 2015 - Lesley Povey  
December 2015- Ann Curran

January 2016- Denise Beaton  
February 2016 - Sally Kinghorn  
March 2016 - Alison Woolridge

April 2016 - Lena Mc Cormack  
May 2016 - Sheeja Santhinilayam  
June- 2016 Amber Fitzpatrick

## Leadership in Dementia Practice - The Montessori Model

To meet the needs of the rising number of people living with dementia now and into the future, Western District Health Service, in partnership with Alzheimer's Australia (Vic), led a collaborative project to introduce the Montessori Model of Care into our Residential Aged Care facilities in Hamilton, Peshurst and Coleraine. The project extended regionally and included six other health services across South-Western Victoria. Montessori is a model of care based on the educational philosophies of Dr Maria Montessori whereby each individual is at the center of their care. The benefits of the Montessori model of care include:

- Better care outcomes for those living with dementia and the frail elderly
- Freedom of choice
- Increased sense of importance and satisfaction
- Improved behavior often associated with dementia such as wandering

- Improved sleep patterns
- Reduction in the use of anti-psychotic and sedative medicine.

From January to June 2016, twenty eight WDHS staff participated in training to embed the Montessori principles into everyday practice. Knowing the residents well and supporting their individual strengths and abilities is core to the philosophy. Leadership teams consisted of staff across a broad range of areas including management, nursing, leisure and lifestyle, hotel services and cleaning.

Leadership teams learned how to safely create a Montessori community by building engagement with residents, staff and families. They learned the importance of knowing/asking the resident and were empowered to create more roles and opportunities for those residents who want more control over their care decisions.

*"Everything you do for me, you take away from me."* – Dr Maria Montessori.

A major achievement of this project has been increasing the number of residents accessing the kitchen and participating in food handling activities.

The Food Handling Policy was reviewed to ensure all work health and safety regulations were met whilst still allowing residents to grow and cook produce from their gardens. These activities have been very popular and have brought a great deal of happiness to those involved.

Rather than preventing a resident from participating in an activity they used to enjoy prior to coming into care and may now be deemed 'high risk', we have sought to enable and manage risk taking activities that will enhance the residents' quality of life. With this in mind, WDHS is committed to providing safe and high quality care.

Other Montessori projects include improved signage, creating more comfortable, home-like environments with flexible routines, providing more opportunities for engagement by creating roles for residents as well as having more activities available. In addition, Family Resource Centers have been set up at each facility to provide information and support to families.

With an open and inclusive approach, input from staff and family members is encouraged and welcomed. The process of planning, implementing and reviewing projects is ongoing and leadership teams continue to meet regularly and have a consistent and systematic approach for developing future projects.



→ Residents at WDHS Aged Care Facilities enjoying the implementation of Montessori principles.







**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



→ AgriSafe™ Nurse, Tam Phillips, training future Sustainable Farm Families™ Health Professionals in label reading during the 'Train the Trainer' course offered at Hamilton Campus.

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