wdhs

Leadership, Innovation and Quality in Health Care

Western District Health Service Quality of Care Report 2008

Contents

WDHS Undergraduate Coordinator Mavis Wilkinson with Deakin University nursing student Amy Yates.

Our Mission

To meet the health needs of the residents of the Western District by delivering valued, high quality primary care, health promotion and illness prevention, acute care, extended care and community-based services

Our Vision

Excellence in healthcare, putting people first

Our Values

We value:

- *our customers - we recognise their rights, encourage their participation and are committed to their wellbeing*
- *improving performance - we are committed to a culture of continuous quality improvement*
- *our staff as our most valuable resource - we are committed to their wellbeing and ongoing professional growth and development*
- *strong leadership - we are committed to governance and management that sets sound directions*
- *safe practice - we are committed to the provision of a safe environment*

Cover image: Baby Kaden Griffin-Wilson sleeps peacefully holding his mother's finger just a few hours after birth. He has been placed in an Isolet for respiratory support.

foreword

On behalf of the Board of Directors of Western District Health Service we are proud to present you with our 2008 Quality of Care Report.

This report has been prepared following wide consultation and input from all areas of our organisation, and has included our Community Advisory Committee, carers' support groups, department heads and numerous program co-ordinators.

Importantly this Report has been prepared following careful consideration of the feedback offered to us from community members, staff members and the Department of Human Services. To date, feedback from various groups and individuals has helped us to progressively improve on the standard of our Quality of Care Report. As such we make every effort to encourage submission of feedback from groups and individuals.

The Board of Directors and the Community Advisory Committee are most grateful to Mr Jack Waldron who has generously offered to assist us in the preparation of our Quality of Care Report as an audio-recording. This is to increase accessibility of the Report to those who are visually impaired.

The Western District Health Service 2008 Quality of Care Report is available in both printed and audio formats at all campuses, and on our website at www.wdhs.net.

Why a Quality of Care Report?

The Quality of Care Report is published annually and serves to advise the community on the systems and processes that are in place to ensure the highest possible quality of care and service. It is important to WDHS that the community has confidence in, and is satisfied with the care and services that are provided.

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

What happened with the last Quality of Care Report?

In 2007 we focused on further expanding community knowledge of the Quality of Care Report and its range of distribution. The publication of the 2007 Quality of Care Report was launched with a prominent display in the foyers of our Hamilton, Coleraine and Penshurst campuses, attracting considerable attention from community members. At these times the local Hamilton Spectator ran an article as a means of increasing awareness and informing community members on how they could access a copy. The WDHS community newsletter "Western Wellbeing" also proved to be a valuable means of promoting the Quality of Care Report. These publications both triggered calls from community members for additional copies.

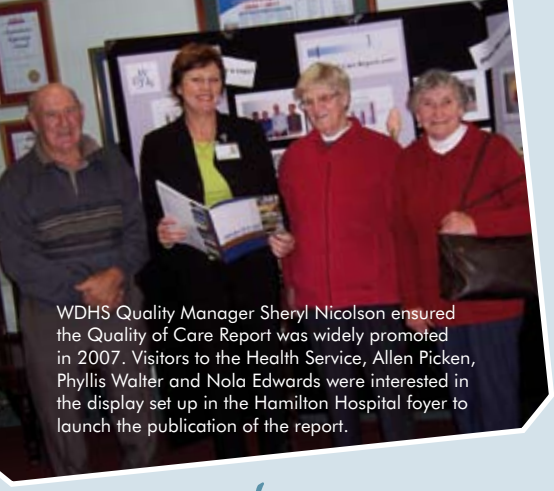
In addition to the report being available on our website, copies of the 2007 Quality of Care Report were also made available in waiting areas of medical clinics, community organisations, carers' support groups, advisory committees and the local library.

We have implemented initiatives to ensure wider distribution of the Quality of Care Report, and to make it easier for our consumers to provide us with valued feedback.

We welcome you to the Western District Health Service 2008 Quality of Care Report, and look forward to receiving your comments.

Mary-Ann Brown
PRESIDENT

Jim Fletcher
CHIEF EXECUTIVE OFFICER



WDHS Quality Manager Sheryl Nicolson ensured the Quality of Care Report was widely promoted in 2007. Visitors to the Health Service, Allen Picken, Phyllis Walter and Nola Edwards were interested in the display set up in the Hamilton Hospital foyer to launch the publication of the report.

We welcome your feedback

Evaluation

Following the launch of the 2007 Quality of Care Report and wide distribution, we set about gathering feedback from as many sources as possible. Due to the success in use of the Feedback Forms we have consistently issued with Reports in previous years, that process continued.

As a new initiative the Feedback Form in our 2007 report was printed with a return address and a pre-paid postage. In addition, this year we also used an electronic staff survey which proved highly successful in identifying further improvement that we could make. Pleasingly, both these strategies assisted in increasing feedback by just over 100%.

Through acknowledging and responding to feedback received we have achieved a continuing improvement in scores as allocated by the Department of Human Service's Assessment Panel.

Year	Score
2004/05	72.75
2005/06	74
2006/07	89

Many complimentary remarks were made about our 2007 report, so we have aimed to acknowledge that and reproduce for 2008:

- 'Facts' very good
- Section on 'Our Consumers' is very good
- It is excellent – cannot be improved
- Learnt about services provided in the community
- Excellent presentation of the booklet

Our 2008 Quality of Care Report reflects changes suggested in the feedback relating to our 2007 Report and includes:

- Improving clarity of graphs
- Increasing the amount of information about our residential aged care
- Increased information regarding medication management
- Mention of awards won by WDHS and staff
- Provision of the report as an audio recording

Evaluation and distribution for 2008

While previous distribution strategies have proven to be successful and feedback has increased, additional strategies will include:

- Letter of thanks from the Chief Executive Officer to those who submit feedback
- Targeted distribution to additional carers' and support groups
- Personal invitations to groups and individuals to provide feedback
- Distribution to local government and businesses
- Providing alternative methods of providing feedback such as electronically on our website

The effectiveness of these strategies will be evaluated through the amount and variety of feedback received, the number of Quality of Care Reports distributed and the number of 'hits' on the website.

Western District Health Service has successfully recruited staff from overseas. Registered Medical Officer Dr Rajasutharasan Kathirgamanathan from Sri Lanka, physiotherapists Tatum Pretorius and Zita Arends from South Africa and RMO Dr Faizan Zia from India are four of our international recruits.

About our services

Western District Health Service (WDHS) is based in Hamilton, Coleraine, Penshurst and Merino in the Southern Grampians Shire in Western Victoria. WDHS incorporates Frances Hewett Community Centre, Grange Residential Care Service, Hamilton Base Hospital, Coleraine District Health Service (CDHS), Penshurst & District Health Service (PDHS) and YouthBiz. The entity provides in total 96 acute beds, 170 high and low level residential aged care beds, 35 Independent Living Units, community health and youth services.

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

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

A look at our past, present and future...

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

The HBH site is also the location for The Birches extended care facility, which provides 45 beds for mainly high-care use and caters for people with special needs.

The Penshurst Hospital was built in 1957 and provides acute care, residential aged accommodation and community services, and manages Independent Living Units at Penshurst and Dunkeld.

The Coleraine District Health Service commenced in 1935. It provides acute care, residential aged accommodation and community services, manages Independent Living Units in Coleraine and has a Bush Nursing Centre at Merino.

Frances Hewett Community Centre joined WDHS in 1998, and provides a broad range of community-based services.

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

YouthBiz was established in 1997 by Southern Grampians Community Health Services Inc, which amalgamated with HBH later that same year. YouthBiz provides a drop in centre and a wide range of health and recreation services to the young people of our community.

New Expert Services

Diagnosing Cardiac Conditions

The recent purchase of the Transoesophageal Echocardiography (TOE) equipment enables high quality ultrasonic images of cardiac functions to be obtained. This means patients with particular cardiac conditions are able to undergo the diagnostic procedure at HBH, rather than travelling to metropolitan health services.

Remote Ophthalmology

When patients arrive at the HBH Emergency Department with eye complaints they now have access to leading eye specialists at the Royal Victorian Eye and Ear Hospital (RVEEH). With internet connection to an eye-examination lamp, specialists at RVEEH can directly see the eye of the patient on their computers and provide our doctors assistance with diagnosis and treatment.

This innovation received a "Highly Commended" award in the 2007 Victorian Public Healthcare Awards Innovation in Information Technology category.

Remote Paediatric Advice

Paediatricians at South West Healthcare (SWH) and the Royal Children's Hospital (RCH) are able to provide remote paediatric advice and support via video conferencing. Installation of equipment to support the remote consultations in the RCH Emergency Department will be completed by September 2008.

Remote Cardiac and ECG Monitoring

The introduction of the SWARH Virtual Internet Service Provider (VISP) project this year has enabled patient data such as blood pressure, heart rate and rhythm, oxygen levels and other vital signs to be monitored by WDHS specialist medical officers in their homes. This enables doctors to be able to interpret vital signs and provide timely clinical advice.

Where our Patients Come from

L=Locality A=Admissions

	2005/2006		2006/2007		2007/2008	
L	A	%	A	%	A	%
Hamilton City	3,297	48.20%	3,266	47.66%	3,653	50.871%
Southern Grampians	1,743	25.48%	1,567	22.87%	1,430	19.91%
Glenelg Shire	705	10.31%	930	13.57%	1,043	14.52%
South Australia	250	3.65%	279	4.07%	258	3.59%
Moyne Shire	172	2.51%	155	2.26%	134	1.87%
Horsham Rural City	120	1.75%	172	2.51%	191	2.66%
West Wimmera	98	1.43%	89	1.30%	115	1.607%
Ararat Rural City	91	1.33%	59	0.86%	69	0.96%
Warrnambool	79	1.15%	65	0.95%	70	0.97%
Hindmarsh Shire	76	1.11%	93	1.36%	76	1.06%
Melbourne Metro	48	0.70%	52	0.76%	33	0.46%
Interstate (excl. SA)	23	0.34%	15	0.22%	16	0.22%
Greater Geelong	19	0.28%	18	0.26%	9	0.13%
Corangamite Shire	16	0.23%	15	0.22%	19	0.26%
Yarriambiack Shire	15	0.22%	20	0.29%	24	0.33%
Northern Grampians	12	0.18%	5	0.07%	10	0.14%
Other	76	1.11%	52	0.76%	31	0.437%
	6,840	100.0%	6,890	100.0%	7,181	100.0%

Country of Birth

As a way of making sure we continue to provide services required of our changing community, we continually monitor the available statistics, including country of birth.

This year our data shows an increase on the number of patients from different Non-English Speaking Backgrounds (more than 40 countries are represented).

	Emergency	Inpatients	Community Services	District Nursing	Aged Care
Australia	88.5	92.4	81	91	94
Overseas - ESB	5.2	4.9	5	4.3	4
Overseas - NESB	2.1	2.5	3	2.2	2
Not stated	4.2	.2	11	2.5	0

This table shows the percentages of our patients who are born in Australia and those born overseas.
ESB - English Speaking Background
NESB - Non English Speaking Background.

Cultural Diversity

To ensure that WDHS continues to meets the cultural needs of our community, a Cultural and Linguistically Diverse (CALD) Workgroup has continued to meet on a regular basis.

The specific roles of this Workgroup are to:

1. understand people and their needs
2. develop partnerships with multicultural and ethno specific agencies and consumers
3. address the needs of our culturally diverse workforce
4. use language services to best effect
5. encourage participation in decision making
6. promote the benefits of a multicultural Victoria

Some of the ways the CALD Workgroup has addressed requirements have been through:

- an analysis of 2006 Census data to determine cultural profile of Southern Grampians and comparison with WDHS admission data to ensure we have a similar profile
- a meeting with members of the local 'English as a Second Language' (ESL) group to discuss their experiences when attending WDHS and also to talk about community health services available
- attending Culturally Reflective Practice training session provided by Diversitat in September 2007
- assistance provided to overseas trained doctors to help them with some of the nuances of Australian English
- consultation with the Food Services Manager to ensure that patient and staff dietary requirements can be met with regard to halal meals
- promotion of the Language Services credit line number

Clinical Governance

WDHS Board President Richard Walter with Coleraine Management Committee members John McMeekin, Sandra Adams and Ron Jones who is also a WDHS board member, hosted the Victorian Minister for Health Daniel Andrews in 2007.

What is Clinical Governance?

Clinical Governance refers to the structure that health care organisations have in place to ensure accountability to continuous improvement to the quality of their services, maintaining safe, high standards of care and promoting excellence in clinical care.

What is the role of the Board?

The Board of Directors is responsible for the governance and strategic direction of the service and is committed to ensuring that the services WDHS provides comply with the legislative requirements and the objectives, mission and vision of the Health Service.

The Board has overall responsibility for ensuring that patient care is safe, meets required standards, and that there are continuous quality improvement measures in place. Health organisations are required by the Health Services Act 1988 to have a Quality Plan that provides a framework for who, how and what is reported to the Board. This plan is also approved by the Department of Human Services and the Minister for Health.

Over the past few years there has been increasing emphasis on ensuring that the Board receives information on aspects of clinical care, and that measures are in place to manage risks that may be a threat to patients, staff and the community.

WDHS has 10 committees with Board representation, which report directly to the Board through a committee reporting structure (see chart opposite). One of these committees is the Quality Improvement Coordinating Committee.

All departments develop annual quality plans and progress is monitored through reports forwarded to this committee at regular intervals during the year. Committees also provide their minutes and any recommendations to the Quality Improvement Coordinating Committee.

Quality Improvement Co-ordinating Committee

The purpose of the Quality Improvement Co-ordinating Committee is to provide a formal mechanism for monitoring, reviewing and co-ordinating the quality of care and service provided by the organisation. Membership of this Committee comprises representation from the Board of Directors, Executive Management, the Quality Manager, Department Heads and a community representative.

In monitoring the quality of care, the Quality Improvement Co-ordinating Committee receives reports relating to patient feedback (for example complaints, compliments or suggestions for improvement), adverse incidents, compliance with healthcare standards and activities of other organisational committees.

This is demonstrated through the committee structure depicted on the opposite page.

Penshurst (PDHS) Advisory Committee

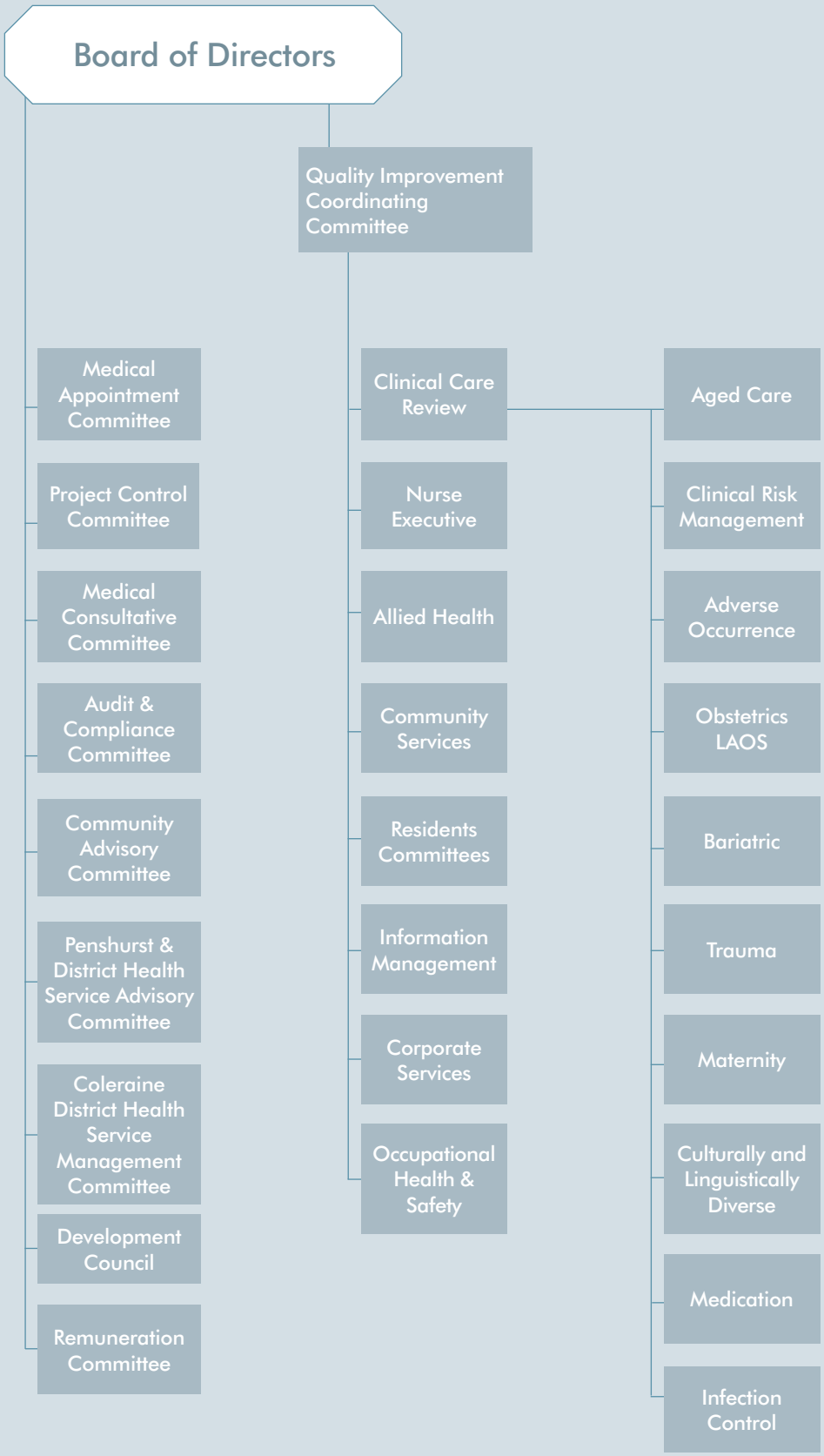
The PDHS Advisory Committee represents the needs of the local community through monitoring quality of care, review of performance and strategic planning for the Penshurst campus. Six meetings were held during the year. Community representatives are Tom Nieuwveld, Les Paton, Tom Stephens, Wendy Williams, Margaret Eales, Florence Graetz, Jennifer Kinnealy and George McLean.

Coleraine (CDHS) Management Committee

Similarly the CDHS Management Committee represents that community by monitoring quality of care, review of performance " and strategic planning for the Coleraine campus. Six meetings were held during the year. Community representatives are Sandra Adams, John McMeekin, Wilfred Dinning, Gabrielle Baudinette, John Northcott, Grant Little, Ron Jones and Colin Warnock.

Committee Reporting Structure

This demonstrates how quality and safety is managed and reported to the Board of Directors



Quality and Safety

Maintaining a safe, high quality environment is of utmost importance at Western District Health Service. Accordingly, there are strategically planned systems and processes that work in conjunction with each other to create and maintain the standards we continuously strive for.

One of the recommendations from our 2007 survey by the Australian Council on Healthcare Standards relates to medical imaging results. Chief Radiographer Sue Marschall will assist in the implementation of that recommendation.

Achieving Quality and Safety ←

Implementation of improvements
- Staff training
- System change
- New services
- New policy/guidelines

←

Analysing information
- Identifying deficits
- Identifying methods of improvement
- Comparing with other organisations

←

Identifying areas for improvement
- Incident reporting
- Complaints
- Data collection
- Client Satisfaction Surveys
- External Reviews
- Quality Improvement

This chart demonstrates some of the ongoing processes in place to achieve a safe, high quality environment.

Accreditation

We continue to present ourselves for review by the Australian Council on Healthcare Standards to ensure compliance with national standards. In maintaining that commitment, through the year we compiled a self assessment against the entire set of EQuIP standards. This covers areas including patient care, health promotion, safety and governance.

While our assessment primarily demonstrates a high level of compliance with the numerous standards, we have identified areas where we can implement strategies to further improve the quality of care and service we provide for our community. To date such strategies have included development of a plan of care for patients having bariatric surgery, implementation of a formal consent process for blood transfusion and further enhancing our falls management program.

In May 2009, surveyors will visit WDHS to measure our level of compliance with EQuIP standards and to review our progress with implementation of recommendations received at our survey in 2007.

Of the 10 recommendations received, seven have been fully implemented. These include:

- review of the Consent Policy
- change to documentation to specify consent for blood transfusion
- improvements to Falls Management Program
- installation of Flammable Liquid Storage Cabinets

Over the coming months focus will be on the remaining recommendations, which relate to pathology and X-Ray results, patient information brochures and care pathways.

Risk Management

Risk management is an all-organisational activity and requires appropriate action to be taken to minimise or eliminate risk that could result in personal injury, damage to, or loss of assets.

The past year has seen further significant developments in terms of Risk Management. As a means of ensuring a comprehensive Risk Management program, the services of several companies were employed to undertake a risk analysis of WDHS. These included the Loss and Prevention Group of Australia, Deloittes and the Victorian Managed Insurance Authority. With each focusing on different aspects the outcome resulted in the development of a comprehensive Risk Register. As a component of the RiskMan database, the Risk Register manages controls and further action needed to ensure minimal risk of harm to clients, staff, the community and the continuity of business for WDHS.

Clinical Risk Management

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

A key component is having an effective incident reporting system which requires documentation of actual or potential clinical incidents. Each incident is categorised according to the degree of harm, or potential harm, they cause.

Near Misses

A near miss is an incident that nearly occurred but was avoided due to safety mechanisms in place. We encourage reporting of 'near misses' as it provides us with information as to what safety mechanisms are working and those that tend to fail.

An example of a 'Near Miss'

A nurse had prepared an injection for pain relief according to orders.

The dose prescribed was well above the normal dose.

Our policy requires that a second Registered Nurse checks the injection

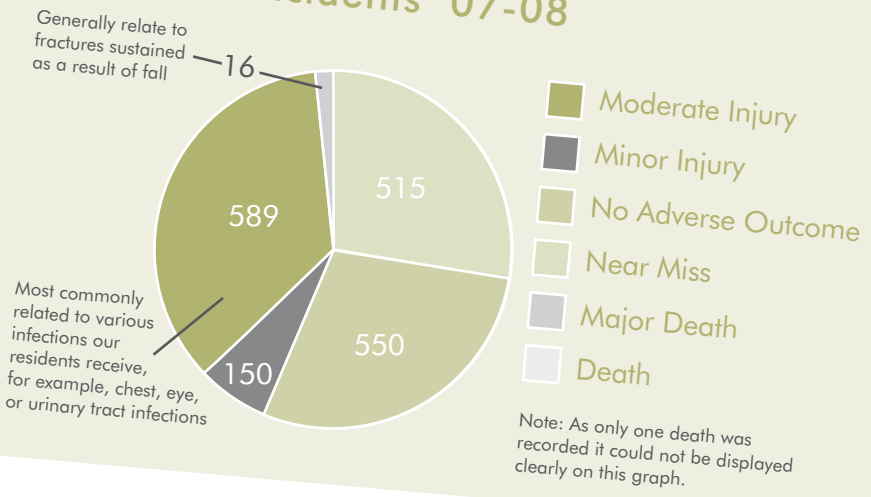
Due to the experience and competency of the second nurse the drug was not administered according to orders.

A serious error was avoided.

Adverse Events

Adverse events are incidents that result in harm to a patient or resident receiving healthcare. These commonly relate to falls, pressure sores and medication errors. We carefully monitor these and all other adverse events to ensure that we have everything possible in place to reduce the risk of harm.

Outcome of Incidents '07-08



Note: As only one death was recorded it could not be displayed clearly on this graph.

Falls Management

Particularly in the elderly, falls are a common cause of injury such as bruising and broken bones. For this reason, we see it as imperative that we have a comprehensive Falls Management Program in place which involves a team of health care workers responsible for assessing our clients for risk of falling and assisting with implementation of ways that falls, or harm from falls can be minimised.

Various Falls Risk Assessment forms are used to guide staff on measuring the degree of risk that an individual faces. Aspects taken into account include mobility, eye sight, medical history and medications taken. Falls Risk Assessments are undertaken throughout the organisation including acute care, residential aged care and community services.

Once it has been identified that there is a high risk of falling, numerous strategies are put into place to minimise the risk of a fall.

Some ways risk of falls can be minimised:

- referral to physiotherapy and occupational therapy
- exercise programs to improve mobility and balance
- medication reviews
- dietary assessment
- changes to footwear
- removal of floor mats
- installation of grab rails

Monitoring Falls

When one of our patients or residents fall we always look at why that fall has occurred and what we could do to prevent it from happening again. This information is recorded on our incident management system, RiskMan, which allows us to monitor the number of falls that have occurred. It also enables us to use the data to compare our performance with other health care agencies.

On a regular basis we submit data to the Australian Council on Healthcare Standards and the Department of Human Services. These organisations then provide us with data demonstrating our rate of falls compared to other similar health care agencies.

Sometimes falls management strategies mean that we must consider the needs and wishes of individuals to have the freedom to move about. In this case we give consideration to ways, such as skin and hip protectors, that will minimise the likelihood of skin tears or fractures should someone fall.

	WDHS	Other similar organisations
Jan – Jun 2007	.18%	.44%
Jul – Dec 2007	.13%	.24%
Jan – Jun 2008	.04%	.24%

This table provides information on the rate of falls at Hamilton Base Hospital that result in an injury and is calculated according to occupied bed days. Most often the injury is a small skin tear requiring dressing. By comparision with other similar organisations, our data is pleasing.

Improvements in Falls Management

- Our Falls Risk Assessment Tools will be revised to ensure all aspects are covered
- There will be measures put into place to improve the referrals to appropriate services for those who had been assessed to be at risk of falling
- A Falls Management Workgroup will individually assess those residents who are falling frequently

Medication Safety

The risk of an adverse event relating to medications is a common issue in health care organisations, particularly given the volume administered. Sometimes medications can be missed, the wrong dose is ordered or a patient has a reaction to the medication. In the main there is no impact on patients, however there remains the risk of serious harm occurring. As such, medication safety is treated very seriously.

Ways we manage medication risks

Medication Competency

At the commencement of employment at WDHS, all nurses must undertake a medication competency assessment. This identifies their knowledge of drugs, adverse reactions and drug calculations.

100% of all newly appointed registered nurses completed the medication competency assessment.

Pharmacy

The Pharmacy Department is responsible for medication management within WDHS and supplies medications for use by acute patients at all campuses, dispenses discharge prescriptions for patients leaving HBH, fills prescriptions for patients attending ED, or and community members on specialised programs.

Clinical pharmacists play an important role in medication safety. Some of the ways they do this is by monitoring what doctors prescribe, ensuring availability and appropriate labelling of drugs, educating staff and providing patients with information about the medications they have been prescribed.

Division 2 nurses administering medication

Under the 'Enhanced Scope of Practice' program, Division 2 Registered Nurses have been trained in the safe administration of medication. In the past, Division 1 Registered Nurses were the only ones responsible for the administration of medications in our Nursing Homes. This placed a significant onus on these nurses who also had responsibility for management of the facility. The risk of medication errors was high with there being many interruptions during the drug round.

Division 2 nurses who have "Medication Endorsed' registration can assist by administering medications with the likelihood of interruptions minimal.

Medication Advisory Workgroup

The role of the Medication Advisory Workgroup was reviewed to ensure our compliance with guidelines published by the Australian Pharmaceutical Advisory Committee. This workgroup monitors medication prescribing and administration practices, medication errors and compliance with the WDHS Medication Policy.

Some of the ways the Medication Advisory Workgroup has improved medication safety have been:

- an alert sticker is now added to the medication charts of those patients who are on warfarin. In the past, because of the unusual times warfarin is administered, it was sometimes forgotten. No errors have been recorded since
- signage alerting nurses to the different forms of oral pain relief has been added to the drug cupboards. This has reduced confusion regarding drugs with similar names
- a new system for management of patients using Websters® has been introduced, requiring good communication between the hospital, patients and their pharmacist

Reporting of medication errors

Reporting of medication errors on our incident reporting system, RiskMan, enables us to monitor the errors that are occurring, to implement systems to minimise risks and to present reports to various WDHS committees and external organisations.

Twice per year we submit data on our medication errors to the Australian Council on Healthcare Standards. This enables us to trend our rate of errors and compare that rate with other similar organisations. More recently we have focused on those medication errors that caused a degree of harm as initial comparative data demonstrates our rate to be above that of other similar organisations.

Preventing Clots

WDHS is aware of the risks patients have of developing a clot during their time in hospital. Clots may develop in the legs or lungs and are called Venous Thromboemboli or VTE. Like extended air travel, clots may develop because of immobility. In hospital this is associated with time on the operating table or requirements to rest in bed, with increased risks due to other risk factors.

All patients who are admitted to hospital should be assessed for their risk of developing a clot. For example, patients who are at high risk are those who will be immobile and have other health-related conditions such as obesity, varicose veins or an active cancer. Following assessment, specific preventative strategies should be put into place to minimise the risk of a clot forming. Those strategies include special compression stockings and the use of anti-coagulation (blood-thinning) therapy.

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

Audits however have indicated that there needs to be improvements for our medical patients, expected to be due to limited documentation of risk assessments in the Medical Record.

In order to address this issue, during the coming year we will be:

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

Medication Safety Self Assessment

Whilst not compulsory, WDHS felt that it would be beneficial to measure our compliance with national best practice standards in medication management. The program was made available by the NSW Therapeutic Advisory Group and provides us with another way to determine how safe our medication management is.

The initial report received indicated that our systems and process were good, however it also helped us to identify areas where further improvements can be made.

Use of Antibiotics

Overuse or incorrect use of antibiotics can be responsible for the emergence of micro-organisms ('superbugs') that are resistant to many of the usual treatments. Patients who become infected with these multi-resistant micro-organisms are difficult to treat and face a prolonged recovery.

A way of reducing that risk is to ensure that antibiotics are used appropriately. On a regular basis, medical records are audited to determine the level of compliance with national Antibiotic Guidelines. This audit is done by comparing the patient's condition and pathology reports with the antibiotic prescribed by their doctor.

While level of compliance is consistently high, any discrepancies are raised with the individual doctor concerned.

Pressure Ulcers

Particularly for the elderly, pressure ulcers can be a significant risk. This impacts on quality of life and can greatly increase the cost of healthcare. Every effort is made to reduce the risk of developing pressure ulcers, including skin assessments and use of numerous types of pressure relieving devices.

Assessment for risk of pressure ulcers

Nurses use an internationally recognised scale, called the Waterlow scale to assess patients for their risk of developing pressure ulcers. This year we have been checking medical records to see how often these assessments are being done. The data we gather is forwarded to the Department of Human Services (DHS) so that we can compare how we perform compared to other organisations.

Jan – Mar '08	Apr – Jun '08
97%	100%

Patient histories with a documented pressure ulcer risk assessment

The second year of "Time Out" in Theatre - a deliberate pause prior to an operation to once again check details. We are aiming for 100% in the current year. Dr Cobus Cloete, our Director of Obstetrics and Gynaecology, in Theatre.

How we reduce the risk of pressure ulcers

- barrier creams
- regular repositioning
- nutritional assessment
- maintaining clean, dry skin
- pressure relieving mattresses

Monitoring Pressure Ulcers

The number and severity of pressure ulcers are regularly monitored through our incident management system, RiskMan. This way we are able see how effective we have been at reducing risk. We also use this data to submit to DHS and the Australian Council on Healthcare Standards to see how we compare with other organisations.

	WDHS	Other organisations
Jul – Dec 2006	.18%	.10%
Jan – Jun 2007	.25%	.11%
Jul – Dec 2007	.09%	.09%
Jan – Jun 2008	.15%	.09%

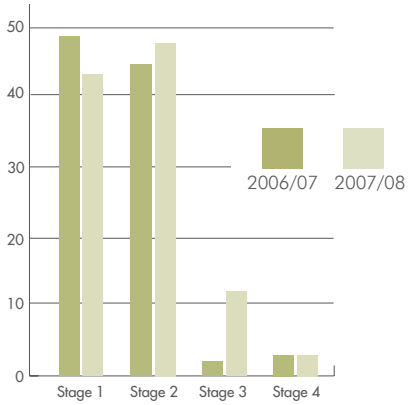
This table gives us information about the number of patients who develop pressure ulcers during their stay in hospital. The percentage is calculated by comparing with the total number of hospital bed days within each six month period.

Severity of Pressure Ulcers

The severity of pressure ulcers is very important for us to know. Ideally we would like all pressure ulcers to be prevented, but if that can't be the case then we try to identify them in the very early stages and take action to prevent them from progressing further.

Pressure Ulcer Stages	
Stage 1	Redness and warmth with no skin loss
Stage 2	Partial thickness skin loss such as an abrasion or blister
Stage 3	Full thickness skin loss
Stage 4	Full thickness skin loss and muscle damage

Pressure Ulcers



Correct Patient – Correct Procedure

In our last Quality of Care Report we mentioned the introduction of 'Time Out' procedures. Time out is a deliberate pause prior to an operation commencing to, once again check the patient's name, type and site of the operation and where appropriate, that the correct prosthesis is available.

During the year we have checked compliance with the 'Time Out' procedure. Results were excellent, with no incidents reported. Of all the medical records audited 96% had documented evidence of 'time-out'. We are aiming for 100% in the current year.

Clinical Handover

Poor communication between health care providers can result in less than favourable outcomes for the patient. In recognition of this we are introducing the Clinical Handover guidelines developed by the Victorian Quality Council. This has included staff education, implementation of local guidelines, dedicated times for handover and auditing of compliance.

Pain Management

Effective pain management, for both acute and chronic conditions, is a high priority. We have many strategies in place to improve our pain management and help us determine how well we are complying with patients' needs.

With the assistance of the Community Advisory Committee we reviewed our Pain Management pamphlet that is issued to our patients in the Pre-admission Clinic. This helps patients to be aware how we measure pain and the methods that are put in place to reduce it.

How severe is your pain?

Effectiveness of our pain management:

- The last report of the Victorian Patient Satisfaction Monitor revealed that 96% of patients were satisfied with their pain management
- of the 25 patients asked, 100% found the pain management pamphlet easy to read
- an audit of documentation in the medical record demonstrated a 70% increase in documentation of a patient's pain score, compared to a 2007 audit
- ongoing audits of pain management documentation relating to our palliative care patients demonstrate continuing improvements

Blood Transfusions

With the many safety strategies we have in place, the likelihood of an adverse event relating to a blood transfusion is highly unlikely. However, we recognise that if there was an adverse event, the consequences could be serious. As such we maintain and monitor ongoing controls including staff competency assessments and a Blood Transfusion Policy.

We are also very aware of the importance of ensuring patients are made aware of the benefits and risks associated with a blood transfusion, and the alternatives available to them prior to giving consent. During the year we have endeavoured to ensure that where possible, all patients are issued with an information pamphlet and they are able to make an informed decision with regard to consenting to a blood transfusion.

Our audits of medical records to date have demonstrated that during the current year we needed to place a greater emphasis on gaining patients' written consent.

Limited Adverse Occurrence Screening

LAOS stands for 'Limited Adverse Occurrence Screening' and is a system we use to help us identify where patients may have incurred an adverse event as a result of their care in hospital. As it is not possible to critically examine every patient's medical record, we use particular 'indicators' that prompt review of specific records.

Those indicators include:

- Unplanned readmission within 28 days
- Transfer to a larger acute hospital
- Transfer to Intensive Care
- Cardiac Arrest
- Unexpected death

Experts are delegated responsibility for reviewing identified records and if it is suspected that an adverse event has occurred, that record is presented for discussion by the LAOS Workgroup. It is the role of the workgroup to identify strategies that will minimise the likelihood of that type of adverse event happening again.

During the past year 419 records were reviewed, of which 61 were referred to the LAOS Workgroup to investigate further and determine whether or not changes need to be made to prevent the recurrence of a similar incident in the future.

Some of the strategies that the LAOS Workgroup has implemented include:

- Changes to the procedure for review of pathology reports
- Mandatory additional checking of patients and documentation prior to surgery
- Introduction of specific scanning requirements for chest trauma patients

LAOS for Penshurst and Coleraine

Similar to the LAOS program at our Hamilton campus, the records of acute patients at our Penshurst and Coleraine campuses are reviewed. In this instance however, the program is run by the Divisions of General Practice (DGP) who have appointed doctors to review de-identified medical records.

From time to time the DGP publish recommendations arising from those reviews and make them known to other hospitals. This prompts review of practices at a local level and the implementation of the recommendations as appropriate.

Medical Emergency Team

A Medical Emergency Team (MET) was established this year, to provide ward staff with support when they were concerned about a patient. Staff know when a patient is showing early signs of deterioration and can call for immediate assistance. It is expected that if there is early identification of a deteriorating patient, they will receive timely treatment and a more favourable outcome. Rostered senior registrars and specialist nursing staff respond to a MET Call, assess the patient and provide medical intervention if required.

We are using our RiskMan incident management system to record our MET Calls and will be able to use that information in the future to determine its effectiveness. Over the past year there were 37 MET Calls.

We endeavour to contact our Day Procedure patients within 24 hours of discharge. Our 2007 audit showed that 73% were contacted. Fiona Cogger cares for Margaret Dennis in the Day Procedure recovery room.

Emergency Care

Demand on emergency departments can become high. This is why we have systems in place to ensure that those patients with the most urgent needs are seen first. This process is called "triage" and relates to a system of prioritising patients based on an initial assessment undertaken. Those patients in most urgent need of care are categorised as Category 1, whilst those with the least urgent needs being a Category 5.

There are national triage standards stipulating the amount of time it is reasonable for each category of patient to wait for treatment. On a regular basis our data is submitted so that we can compare our performance with other organisations.

Emergency Department - Percentage of Patients seen within perscribed times - 2007

This graph shows the percentage of patients seen within the targets set for Victorian hospitals. It shows that for each category we have exceeded requirements

Safe Post-Operative Care

WDHS recognised the risks associated with post–operative patients who were unable to be closely monitored in the general ward area. Whilst these patients were closely monitored in the Recovery Room, the ability to monitor their recovery in the ward was difficult, particularly given the geographical layout.

The Director of Anaesthesia Dr. James Muir led the establishment of a Second Stage Recovery Area within our Surgical Unit to respond effectively to early signs of unexpected complications post-surgery. Existing rooms were modified and new documentation developed to facilitate safe transition of the patient from Theatre, the Recovery Room, the new Second Stage Recovery Area and then to the ward.

The system is now well-established and will continue to be evaluated and refined.

Post Operative Follow-up

As a means of checking that Day Procedure patients are doing OK after their discharge, we endeavour to contact as many as possible. This gives the patient an opportunity to have queries answered and enables us to change processes if common problems are being reported.

Results of our 2007 audit showed that 73% (138) of patients were contacted within 24 hours of discharge.

Of the 27% (52) remaining:

- 73% were phoned, but there was no answer
- 15% were not phoned
- 10% had messages left on answering machines
- 1 patient was admitted overnight

Our concern is with the possible risks associated with those patients who may not have been at home. We will be ensuring that the recommendation to stay at home for 24 hours post-operatively is strongly emphasised.

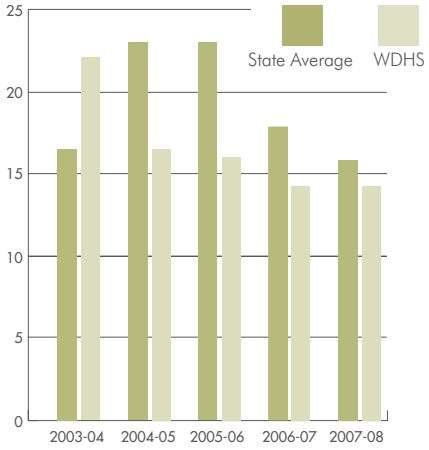
Our Stroke Management

In our 2007 Quality of Care Report we described our participation in ROAST, or the Rural Organisation of Australian Stroke Team. This helped us to ensure that nationally recognised standards became general practice in the care of our patients who have had a stroke.

This program has continued to improve through evaluation of client and carer response and involvement in networking opportunities with other rural health services.

Our commitment to the provision of high quality care is demonstrated through our ongoing participation in optimum stroke care by supporting DHS' Victorian Stroke Care Strategy.

Length of Hospital Stay for Patients who have had a stroke



This graph shows that we have been able to significantly reduce the length of time patients who have had a stroke have to stay in hospital. This has been achieved through ensuring timely referrals to various services, a well planned discharge and the availability of community based services.

Director of Anaesthesia James Muir led the establishment of a Second Stage Recovery Area to respond to early signs of unexpected complications post-surgery.

Monitoring Obstetrics

Similarly to our LAOS program described earlier, our obstetric patients are also monitored by critical analysis of individual cases. In addition we routinely submit data to DHS and ACHS.

Reports received allow us to compare our rates with other organisations with reports including:

- rate of inductions of labour
- rate of caesarean sections
- tears during childbirth
- health of the baby

Reports demonstrate that our rates for inductions and caesarean sections are greater than other similar hospitals, so this factor is being closely monitored and analysed. Our initial evaluation indicates that induction of birth is sometimes necessary due to the geographical isolation of the mother and the risks associated with going into labour in a remote location.

Reports also demonstrate that our rate of trauma, such as tears during childbirth is significantly less than other hospitals within our peer group.

Midwifery Model

Since March 2006, WDHS has been providing a Team Model of Midwifery Care. The Model has allowed low-risk women the choice of additional support during their pregnancy, labour, birth and postnatal experience. This model of care provides an opportunity for women to get to know the midwives who will assist with their care during pregnancy and birth.

During the year there were 15 enrolments to the program. Our challenge has been recruiting and retaining midwives who are often reluctant to practice in a rural health setting. This has resulted in a review of our midwifery service to ensure sustainability of our midwifery service.

A framework for a new model has been developed for implementation in the coming year.

Baby Friendly

During the year WDHS once again received accreditation under the Baby Friendly Hospital Initiative program conducted by the World Health Organisation. This requires us to meet certain standards particularly relating to promotion of breast feeding and including policies and procedures, rooming-in for babies and education of mothers and staff.

This year there were 15 patients enrolled in the Midwidery Model of Care. New mother Tania Griffin and Midwife Jennifer Sutherland watch over baby Kaden in the Infant Incubator.

One of the requirements for us to receive accreditation is compliance with the World Health Organisation's 10 steps to successful breastfeeding.

WHO 10 steps to successful breastfeeding

1. Staff knowledge of WDHS breastfeeding policy
2. Annual staff education on breastfeeding
3. Patient information on benefits of breastfeeding
4. Commencement of breastfeeding immediately post delivery
5. Shown how to breastfeed and maintain lactation
6. Exclusive breast milk. No other food or drink
7. Babies rooming-in with mothers
8. Demand feeding
9. No artificial teats or dummies
10. Information on postnatal support services

WDHS again received accreditation under the Baby Friendly Hospital initiative. Parents John and Jacinta Hedley welcomed their first child Hugo at HBH.

Medical records are audited and mothers are surveyed to determine our level of compliance with the WHO guidelines. While there are systems in place to promote the WHO 10 steps, there are some areas where there is not 100% compliance, predominantly relating to mothers' wishes.

The Hamilton Base Bikers Murray to Moyne Team raised $9,512 this year, which was used to purchase Bariatric Chair Scales, to provide the weight of a patient in either the standing or sitting position.Compatibility with lifting machines is also a feature of the scales, which enable hospital staff to transfer the patient either in a sling or standing hoist onto the seat of the scales.

Infection Control

Infection Control Strategy

WDHS participates in the Infection Control Strategy, operated by DHS. A major component of the strategy is to continue the work of 2005/06, which promoted alcohol-based handrubs as an alternative to soap and water in most instances. Accessible handrubs throughout the workplace has helped improve the health care workers' compliance to hand hygiene. The Victorian audit system in 2008 has been altered to align with the World Health Organisation (WHO) system, to allow comparison of data across the world.

The public has been asked to join this initiative, with the alcohol handrub now available for use when entering or leaving HBH campus.

Bariatric Management

The term 'bariatric' relates to those people whose weight far exceeds recommended guidelines, and where body size restricts their mobility, health, or access to available services.

Like many other hospitals we have identified the need to ensure that we have the equipment and processes in place to be able to safely manage the needs of bariatric patients. With the establishment of a working party we have:

- streamlined the patient instructions for those scheduled for bariatric surgery
- reviewed current equipment and identified new equipment to be purchased
- developed a care pathway

In addition a Bariatric Clinic was established to ensure that patients are comprehensively assessed and managed prior to them having bariatric surgery. During the year 12 clinics were held and 70 patients reviewed.

Bariatric Surgery Support Group

In February 2007, the Nutrition Department established a support group to help those clients who had gastric stapling or banding surgery. This group was set up to help clients deal with many issues and may impact on the outcome of their surgery, which may include depression, anxiety and disordered eating behaviours.

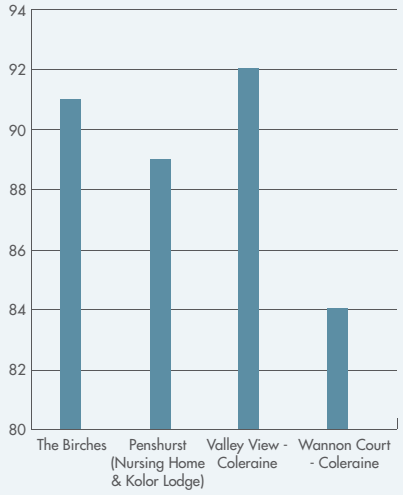
The purpose of the Support Group is to hold meetings that will help in providing professional and peer support, promote information sharing, build friendships and provide encouragement in an informal environment.

To further increase participation in the Support Group a formal evaluation was undertaken. This has helped to identify how future sessions can be improved.

A comment from one of the participants…

"Great to be able to discuss problems with others who have/are going through the same things. So for the moral support alone it is worth it"

Uptake of influenza vaccination by residents



In line with DHS guidelines, WDHS runs a staff and volunteer vaccination program.

All staff are offered appropriate vaccines as recommended as a means of minimising the risk of cross infection. An annual influenza program is run for both staff and volunteers. In 2008 441 influenza vaccinations were administered across the three campuses of WDHS, which is an increase of 20 from 2007.

We also offer and encourage all residents in our residential care facilities to have the annual influenza vaccination.

Hand Hygiene

WDHS continues to maintain the results achieved in the Victorian Hand Hygiene project completed in 2007.

As part of an ongoing hand hygiene program, DHS had set a target of 55% compliance to be achieved by all Victorian hospitals by June 2008.

Throughout the original project and now in this ongoing initiative, WDHS has consistently achieved results above this target.

Hand Hygiene Audit Results 2008

The Victorian audit system in 2008 has been altered to use the 5 Moments of Hand Hygiene to come in to line with the system used by The World Health Organisation (WHO). This will allow comparison of data across the world.

Surgical Wound Infections

WDHS aims for an infection rate of less than 5% for surgical cases performed. In the past year of July 2007 to June 2008 the infection rate was 3.1% (33 of 1051) which includes higher risk cases.

As most post surgical infections are identified by the surgeons after the patient has left the hospital, WDHS is in an enviable position where the surgeons are fully supportive and ensure that data is complete, allowing for very accurate rates to be calculated.

Gastroenteritis Outbreaks

During the year both The Grange and The Birches aged care facilities suffered outbreaks of gastroenteritis caused by the Norwalk virus. This is a particularly infectious and common cause of the illness.

At the Grange 22 residents and 13 staff were affected whilst The Birches was more confined with seven residents and four staff suffering the illness. Staff were quick to respond to the situation and both outbreaks were managed without any residents requiring hospitalisation.

The ability to contain the spread of infection is due to many strategies the organisation has in place in preparedness. These include a Gastroenteritis Policy, gastroenteritis kits and an annual competency assessment of staff to ensure a high level knowledge.

Following the outbreak a review was conducted to evaluate the effectiveness of policies and procedures. From that it was determined that additional supplies would be made available in the gastroenteritis kits and communication channels would be more clearly defined.

Disinfection and Sterilisation Standards

On an annual basis we measure our level of compliance with the Australian Standard on Sterilisation and Disinfection (AS4187). Results have shown that WDHS has maintained its position of greater than 98% compliance to requirements.

Reducing Our Waste

Over the past two years, WDHS has been developing a waste management benchmarking program, assisted by Eco-Recycle Victoria. ERV surveyed the Health Service again this year and we topped the survey with 100% compliance.

WDHS has placed the need to monitor and reduce our general waste high on our agenda. We continue to meet the requirements of the Australian Council on Healthcare Standards (ACHS) on waste and environment management.

Hotel Services

Hotel Services includes Food Services, Environmental Services, Linen Services, Garden and Grounds, as well as contracted services for security, pest control and general/prescribed waste. Hotel Services participates in rigorous, on-going external audit examinations, and benchmarking exercises to compare against other, peer-group services.

Hotel Services staff were pleased when they received the top score for the cleanest hospital from the 17 audited - for the third consecutive year.

Achievements in the current year include:

- 100% external food safety audit result
- Top overall result for annual state-wide external cleaning audit (98.3%)
- Best security-compliant public hospital facility in 2007 when externally benchmarked against other hospitals across a three year timeframe
- Top State level of satisfaction with the quality of the food as reported by the Victorian Patient Satisfaction Monitor with a score of 88%

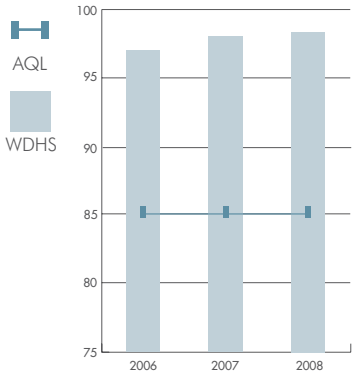
Did you know... WDHS food services department provided 249,477 meals over the past year?

Our Clean Hospital

The importance of a clean hospital is considered seriously by WDHS, particularly in terms of minimising the risk of cross-infection and a comfortable environment for our patients.

Each year a company called Cogent audits public health care facilities to determine levels of cleanliness according to an Acceptable Quality Level. Reports are generated which allow us to compare ourselves with other similar sized hospitals. For the third year in a row WDHS has achieved the top score over the other 17 hospitals audited.

Cleanest Hospital - For 3 consecutive years!



Over the past two years, WDHS has been developing a waste management benchmarking program, assisted by Eco-Recycle Victoria. Bill Thurgood recycles the cardboard at HBH.

Key elements of the waste reduction program are:

- internal waste audits
- participation in Waste Wise program
- encouraging staff to segregate waste
- introduction of recycling and reuse program

Staff were important to the success of the program, and were involved through education, meetings and participation. A competition was held for staff to submit waste reduction tips. They are featured in the weekly staff bulletin.

The waste reduction program meant that 174 large waste skips did not require servicing; a cost saving of $2,435 to the Health Service.

Community Services

The Challenging Stereotypes – Go for your life project was well-supported by workplaces. A reference group from significant Shire organisations and businesses assisted with the project plan and its successful implementation.

Breastscreen

The BreastScreen rural mobile screening service visited Hamilton for 10 weeks from March 2008. 1,811 women were screened, an increase of 84 women from 2006. As with previous visits, there were a number of women diagnosed with breast cancer who are now receiving treatment. The mobile service assists with earlier diagnosis of Breast Cancer which results in easier treatment and increased survival rate. It will visit Hamilton again in 2010.

Breast Cancer Case Management

While the BreastScreen van identified 14 women with breast cancer, an additional 20 women within the region were diagnosed throughout the year. WDHS has a qualified Breast Care Nurse who assists these women by providing support from diagnosis and throughout treatment.

In addition a Breast Cancer Support Group operates to provide professional assistance and mutual ongoing support. Further information regarding Breast Cancer Case Management can be obtained by contacting the Frances Hewett Community Centre.

Well Women's Clinic

The Well Women's Clinic is being used by an increasing number of young women and health care card holders. It has also been offering the Human Papillomavirus Vaccine for young women less than 26 years of age. A grant has been obtained from Pap Screen Victoria to allow an increase of Nurse Pap Smear clinic hours, with the Women's Health Nurse recredentialled as Nurse Pap Smear provider until 2011.

Health Education in Schools

FHCC Community Health Nurses have been working with Southern Grampians primary schools to provide Puberty Education for school years 5 and 6, as well as a Health program with Year 12 students and parents at Baimbridge College, focusing on preventative measures to ensure healthy lives.

Transport Connections

South West Transport Connections is funded through the Victorian Government's Transport Connections program, and aims to help communities improve local transport. WDHS is the lead agency for this project across Southern Grampians and Glenelg Shires.

In the past year the project has commenced work with the communities of Nelson, Casterton and Penshurst and has developed new transport services using existing transport resources. The project is increasingly important as a result of rising fuel prices.

Next Steps:

- New services will be trialled in the next 12 months, based on input from community members
- The 12-month trial of a fortnightly service from Penshurst to Hamilton will be extended for a further year as a weekly service
- A new service for Nelson will be considered by the Department of Transport in August 2008

Challenging Stereotypes - 'Go for your life'

Challenging the Stereotypes is a 3-year project within the Southern Grampians Shire funded by DHS. It aims to deliver the messages of the 'Go for your life' initiative regarding healthy eating and increased physical activity. WDHS is the lead agency in partnership with the Southern Grampians Shire and Southern Grampians Glenelg Primary Care Partnerships (SGGPCP).

Thirteen workplaces have participated in the first year, implementing initiatives including staff health assessments, changing food practices in the workplace, providing water bottles and water stations, starting walking groups, developing a vegetable garden for staff and their families, providing personal training sessions and regular education sessions for staff. Workplaces involved include retail, education, accounting, mining, transport, government and business.

A reference group of 20 workplace and community members meet quarterly to oversee the project, review the plan and provide advice.

The BreastScreen rural mobile screening service visited Hamilton for ten weeks from March 2008. Each year Sue Watt and the BreastCare group mark Pink Ribbon Day.

The Hamilton Walkers and George Street Primary School joined to raise awareness of the importance of activity during this year's Heart Week with WDHS Community Health Nurse and the Go for your life project.

A major component of the services provided by WDHS relates to those provided in the community and include:

- Community Aged Care Packages
- District Nursing Services
- Post Acute Care
- Hospital In The Home
- Chronic Disease Management
- Health Promotion

The Community Services Division operates out of the Frances Hewett Community Centre and delivers a range of programs aimed:

- to prevent or ensure early intervention of illness
- to assist people and their families to manage their chronic disease or cancer in their own homes

The South West Community Transport Connections developed new transport services. In the past year the project has commenced work with the communities of Nelson, Casterton and Penshurst and has developed new transport services using existing transport resources.

Chronic Disease Management

The Hospital Admission Risk Program (HARP) was created to address the health needs of those with chronic diseases such as chronic heart disease, chronic respiratory disease and diabetes. HARP aims to:

- improve health outcomes
- provide integrated seamless care between hospital and community sectors
- reduce avoidable hospital admissions and Emergency Department presentations
- strive for equitable access to healthcare

HARP in Practice

Since 1 July, 2007, HARP has been assisting people with chronic and complex conditions to stay healthy at home using a care-planning approach. This enables clients to monitor their access to services, develop skills and knowledge to manage their condition and establish an emergency care plan. Care plans are developed in liaison with the client, their GP, carer and service providers.

HARP seeks to reduce readmissions by providing ongoing monitoring and ensuring early intervention in the event of disease exacerbations or decline.

Data to date has revealed significant success with:

- 27% reduction in presentations to the Emergency Department
- 38% reduction in hospital readmissions

This data is encouraging and represents the sum total of presentations to WDHS, which is admissions for any reason, planned or unplanned, related or not related to chronic disease.

Better Health Self Management

Better Health Self Management is a free six-week course for anybody with one or more long-term conditions including diabetes, heart disease, respiratory disease and arthritis. The course promotes participants' confidence, skills and ability to manage their health and wellbeing daily. Research has shown that participants undergoing this course improve their quality of life, require less time at the doctors and are happier.

Diabetes Management

The WDHS diabetes educators complement the course by providing additional education for participants with diabetes. Three Community Services staff and a WDHS volunteer have been trained in delivering the course. Early indications are positive with 34 people participating over two programs since February.

The 20th anniversary celebrations of the FHCC were held in August 2007. More than 100 people including current and former staff, service providers and people involved in the building's history attended. Special guests included direct relatives of Mrs Frances Hewett, in whose honour the centre was named.

Mrs Frances Hewett (1903-1990) had a distinguished record of public and community service to Hamilton and district. She was Mayor of Southern Grampians Shire and a dedicated local government pioneer.

ADASS visits Penshurst & District Health Service each Thursday. Dulcie Black (centre) celebrates Grand Final Day with ADASS co-ordinator Brenda Uebergang and ADASS assistant Michelle Maslen.

GP in Community Health

The GP in Community Health Strategy links local GPs with services provided by a Nurse Project Officer who coordinates and creates Chronic Disease Management plans. The project is enhancing secure communication and electronic referral systems between WDHS, the Hamilton Medical Group and other health agencies.

The project has resulted in clients with a chronic disease reducing the risk of complications by:

- being more closely monitored
- being more informed and educated about their disease
- having greater access to a fully bulk billed service
- having greater capacity to self manage and be as healthy and active as possible

To date we have received 57 referrals from six GPs and 48 management plans have been created with 31 clients reviewed. A Practice Nurse at the Hamilton Medical Group has been trained and is currently completing management plans at the medical group.

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

Palliative Care Service Model

The Population Based Model of Care for Palliative Care was introduced in the second half of 2007 as a means of ensuring that the appropriate level of care and support is provided.

Under this model of care, clients who are assessed in the stable phase and with a low level of complexity are cared for by their primary healthcare providers with a Palliative Care Specialist Assessment monthly or as their Phase of Care changes.

Clients with more complex care needs continue to be cared for with visits attended as frequently as their condition requires. Introduction of this Model of Care has resulted in a change to the number of contact visits to clients in the stable phase of their care.

Discharge Planning

The improvements to discharge planning initiated last year have progressed with the continued education and promotion of discharge planning with patients, their families, nurses and doctors. This ongoing focus has lead to a 26% improvement over two years. This has further reduced the impact on patient throughput and bed availability.

Post Acute Care (PAC)

In April 2007 the DHS engaged consultants to undertake a review of a representative sample of PAC Service models to determine their efficiency and effectiveness in meeting the objectives of the PAC program.

Over 130 PAC employees and other key stakeholders took part in in-depth interviews. The final report has been released with a list of recommendations for implementation.

Our annual PAC client satisfaction survey revealed that 98.4% were satisfied with services provided. Outstanding issues were taken up with individual service providers.

Hospital in the Home

The Hospital in the Home program enables patients to receive acute nursing care while in the comfort of their own home. We measure the quality of our care by submitting data to the Australian Council on Healthcare Standards on a biannual basis. ACHS then generates a report that enables us to compare our performance with other similar organisations.

To determine whether patients are suitable for Hospital in the Home we collect data on factors such as unexpected phone calls, unscheduled staff call-outs and returns to hospital.

Home and Community Care Program

WDHS receives funding to provide a range of community care programs, such as the District Nursing Service. In doing so we must comply with specific HACC standards. These relate to areas such as privacy, confidentiality, access to personal information, complaints and advocacy.

HACC...our level of compliance will be measured when we are surveyed by the Australian Council on Healthcare Standards in May 2009.

Caring for the Elderly

The Grange is one of the Health Service's six residential care facilities. Regular residents' meetings are held to encourage feedback and discussion about care and services provided.

In Hospital

We have recognised that there are many issues facing patients and staff when elderly patients are admitted to hospital. These issues include difficulties with ward layout, confusion and inability to maintain independence.

Because of these issues we have commenced participation in a program called "Improving care for older people in the acute setting" - a program specifically designed to address individual needs of our aged patients.

All areas of basic health are being examined and evaluated by the National Aging Research Institute. WDHS is focusing on three key areas initially, being the environment, dementia or cognitive impairment, and group projects promoting patient centred care for older people.

Environmental Changes

Specific funding has been received to improve environmental aspects experienced by older patients in the acute setting. Examples of changes include more appropriate seating in the surgical unit, extension of the medical unit and better equipment storage.

Council of Australian Governments Long-Stay Older Patients

Assistance from State Government funding has enabled WDHS to commence a new program designed to maximise the health of our older patients during their stay in hospital. By doing some regular moving and exercise, patients recover faster and prevent complications occurring as a result of being less active while in hospital.

Patients may dress in day clothes and take part in activities to encourage movement and socialisation. It has been shown that elderly patients who become sick and are hospitalised can quickly lose their independence and confidence in carrying out tasks of daily living.

Our program aims to better examine physical activity levels, nutrition, skin integrity, medication, memory and thinking difficulties and continence. Functional decline in any of these areas can lead to a loss of independence. Emphasis on carer involvement is integral, resulting in better care and support for the whole family.

This program has required us to make extensions to the Medical Ward that enables patients to have an area to freely move about and participate in activities.

Dementia Care program

WDHS launched the Dementia Care program in May 2008 to improve the hospital experience for people with cognitive impairment. The program offers an opportunity to discuss memory and thinking problems, with avenues for further assessment and treatment in the community. Basic cognitive assessment is now part of the general admission process to ensure we are communicating effectively with our patients and that we implement specialised care. Family involvement is a vital part of the communication process.

We use a questionnaire to gain feedback from carers to help us gain greater knowledge about normal behaviour of our patients when they are well and those behaviours attributed to their acute illness.

Enhancing Practice

Thirty-one of our staff members participated in an education program to assist us in identifying ways we can improve care for our older patients. Since then we have commenced implementation of 6 specific initiatives including:

- Referral processes to residential care
- Allied health assessment
- Personal Patient Profile

As part of this program, our Allied Health professionals have developed a general health assessment that aims to reduce the need for patients having to repeatedly answer the same questions.

left: Hairdresser Helen McIntosh visits Mackie Court in Coleraine, and ensures residents such as Ann Coe receive personal attention and care.
right: Virtual Visiting is an innovative program that uses video conferencing technology to enable virtual visits with family and friends.

In the Community

Community Aged Care Packages

WDHS provides 30 Community Aged Care Packages (CACPs) to assist the frail aged in our community to remain living in their own home. The CACPs Care Manager will assist each client to achieve this by planning and managing a care package, which is customised to each client's individual needs.

Over the past year the CACPs service has participated in a national benchmarking program (QPS) as a means of measuring our quality of care. The program enables us to submit data to a national database and compare our performance with other similar services.

Data submitted includes client satisfaction surveys, direct service delivery hours, case management hours and occasions of service.

The WDHS CACPs ranks first amongst the 23 other services that it benchmarks against for overall client satisfaction, with a score of 98%. The service will use its results as a baseline for a number of its quality improvement activities.

Throughout 2007/2008 financial year WDHS CACPs provided:

- 10,010 episodes of Client Service – this includes meal delivery, attendance at ADASS, personal care, gardening and home help
- 9576 Direct Service Delivery Hours
- 910 Case Management Hours

Some improvements made to our CACPs include:

- Purchase of a new car for clients' transport
- Increased staffing
- An increase in the number of clients by 10
- Purchase of new equipment to help clients remain at home safely
- CACPs manager trained in Advance Care Planning
- Improved communication with remote providers at Merino Bush Nursing, Casterton Hospital and Glenelg Shire
- Increased number of multicultural clients
- Introduction of communication books in some clients' homes to enhanced continuity of care between staff

Day Centre

Hamilton House Day Centre provides daily support, social contact, activities, carer respite and health monitoring to the aged, frail and disabled residents of Hamilton and surrounding districts. Popular programs such as Well for Life and Tai Chi have continued and promote the health and well being of frail, older people by improving nutrition and increasing levels of physical activity.

In 2007/08, the Day Centre had 94 active clients; an average of 18 clients per day with a total of 4,252 contacts

Adult Day Activity and Support Service (ADASS)

ADASS is similar to the Day Centre and aims to enhance the lives of aged, frail and disabled residents in our community by providing social interaction, access to other services and health professionals, practical and emotional support. Sessions are run in Hamilton and Penshurst (including clients from Dunkeld and Glenthompson) each week.

Caring for the Elderly

We conduct an annual resident and relative survey through each of our six residential aged care facilities, and while our results for the year were outstanding, we are making recommended improvements for the benefit of our residents.

In our Residential Facilities

Aged Care Standards and Accreditation Agency

Over the past 12 months each of our six residential aged care facilities have had a support visit from auditors from the Aged Care Standards and Accreditation Agency. Without prior notification, auditors visit facilities to ensure ongoing compliance with standards and to offer suggestions for further improvement. Each home can expect to receive at least one unannounced visit each year.

ACSAA has developed a set of assessment modules that are used on each unannounced visit to provide a focus for ensuring high quality care is maintained. Each module links with a broad range of expected outcomes of the Accreditation Standards and, collectively, cover all of the 44 Accreditation Standards. Each home has been assessed with a different focus and a successful outcome has resulted in each instance.

Support visits are always beneficial in suggesting areas for further improvement. Some improvements that have been implemented as a consequence are a review of the Medication Management Policy and the Resident Handbook.

Aged Care Resident Satisfaction Survey

A valuable way for us to measure our quality of care is to ask our residents and their relatives. This year WDHS contracted Press Ganey, an external organisation, to conduct our annual Resident/Relative Survey throughout each of our six residential aged care facilities.

The results of the survey were provided individually for each of our facilities, in addition to a combined result for WDHS. In addition, the reports provided by Press Ganey comprised a detailed analysis that have helped us to focus on areas where further improvements can be made.

As an immense credit to all WDHS residential aged care facilities, we collectively achieved the highest National Industry Benchmark score, which includes 216 facilities across Australia and New Zealand. Each facility will now use their individual results as a baseline for a number of their quality improvement activities.

Some improvements that have already been implemented as a result of the survey include:

- the introduction of a bacon and egg breakfast
- various strategies to reduce noise at night
- installation of additional heater units
- purchase of a water dispenser
- the provision of quarterly Account Activity Statements

We are most grateful to all those who took the time to complete the survey. Although the survey was lengthy, it has given us valuable information that will benefit the quality of care our residents receive.

Quality Indicators – Residential Aged Care

During 2006 DHS introduced mandatory reporting of five quality indicators for Public Sector Residential Aged Care Services. They comprise pressure ulcers, falls, physical restraint, medications and unplanned weight loss.

The purpose of collecting the indicators is to assist each facility to monitor their performance against some core aspects of resident care. In addition, results can be used to provide a basis for a quality program for improved resident care.

Over the past two years each of our six aged care facilities has collected and reported on this data. Results have been used to enhance our continuous improvement activities which has included successfully reducing the use of restraint in each facility. A plan has been put into place to increase the focus on falls risk management in the coming year.

If you would like information on the accreditation status of any of WDHS' homes this can be found on the following website: www.accreditation.org.au/ReportsOnHomes

This year The Grange staff have developed a waste action plan diverting 15% of their waste to recycling. Their efforts have been rewarded with a Waste Wise Program Bronze certificate.

Each year at The Birches, residents celebrate Christmas in July – with all the trimmings.

Numerous systems are in place to ensure that medications are administered safely. At Coleraine, Division 1 Nurse Catherine Bakal administers medication for nursing home resident Bill O'Malley.

Elder Abuse

In response to the Victorian Government's Elder Abuse Prevention Project 2007, WDHS has been proactive in ensuring the safety of the older people who live in our aged care facilities or receive acute or community based care. The service is responsible for ensuring that older clients, their families and staff feel free to raise any concerns they may have about abuse or potential abuse and to have these concerns dealt with.

Initiatives that have been embraced include:

- policy development
- staff education and competency
- formalised system for reporting of Elder Abuse
- information for residents through preadmission interviews and ongoing at residents' meetings

Palliative Approach in Residential Aged Care (PARAC)

Guidelines for a Palliative Approach in Residential Aged Care were developed in 2004 to provide support and guidance for the delivery of a palliative approach in the 3,000 residential aged care facilities across Australia. The guidelines incorporate the best scientific evidence available regarding all facets of a palliative approach, including early identification and treatment of physical, cultural, psychological, social and spiritual needs.

WDHS has embraced the concept of a palliative approach in their aged care facilities and has made significant advances in implementing it into their six aged care facilities.

This has included:

- formation of a committee, with representation from each of our facilities to implement the guidelines
- memorial services in our chapel
- an information brochure
- improved resident documentation
- staff participation in a Palliative Approach training program

Virtual Visiting

We have launched an innovative program that reconnects families and friends with their loved ones living in an aged care facility.

The program known as 'Virtual Visiting', involves residents from our aged care facilities and uses video conferencing technology to enable 'virtual' visits with family and friends.

Our residents have warmly embraced the opportunity to extend and renew friendships and use the technology to overcome the tyranny of distance. Video conferencing is an extremely beneficial method of communication for aged care residents as it enables the use of non-verbal communication and the opportunity to see their visitors on suitable large screens. Regular social contact with friends and family is important to enhance residents' quality of life and overcome the social isolation often associated with admission to an aged care facility.

Families wishing to participate are loaned the necessary equipment with technical support provided by our dedicated group of volunteers who have been trained to facilitate the visits.

If you would like to participate in the Virtual Visiting Program, please discuss this with the Unit Manager of the facility or contact the Virtual Visiting Team on 03 5551 8535.

Assistive Listening Devices

A quality improvement initiative for PDHS was the purchase of assistive listening devices, to increase the ability for hearing impaired residents to communicate more effectively, participate in activities and interact with others. Whilst there was an initial reluctance by PDHS residents, the listening devices are increasingly being used for films, quizzes, residents' meetings and reading groups.

Involving Consumers

The Community Advisory Committee was established in 2006 to help WDHS better meet the needs of the community. The CAC has provided input into various activities of the Health Service during the past 12 months.

Victorian Patient Satisfaction Survey

Western District Health Service participates in the Victorian Patient Satisfaction Monitor (VPSM) to ensure we receive valuable information regarding the level of our clients' satisfaction with the services provided by our acute facilities. Surveys are issued biannually to patients who have attended our Hamilton, Coleraine or Penshurst campuses.

Results demonstrate a continued high level of satisfaction, with exceptional results relating to Access and Admission, General Patient Information and Complaints Management.

Survey results have also identified areas where we could make further improvements to quality of care. These include discharge arrangements and level of noise at night.

Consumer Participation

Involving patients in decisions about their health care is highly important to patients, their families and WDHS. This includes:

- the opportunity to ask questions
- the way staff involved patients in decisions about health care
- the willingness of staff to listen to your health concerns

It has been demonstrated that involving patients in their health care improves outcomes, increases their satisfaction with services provision and minimises the risk of adverse events.

	WDHS	Peer Group average
Sep 2007 – Aug 2008	82	79
Mar 2007 – Aug 2007	83	78
Sep 2006 – Feb 2007	87	80

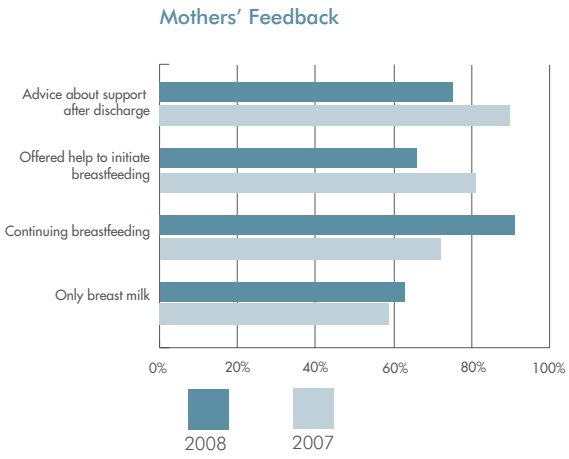
While the Victorian Patient Satisfaction Survey consistently rated amongst the top, the above table is demonstrating that this is an area we need to focus on.

Your feedback helps us to monitor the quality of care and to put improvements in place as required.

Midwifery – Mothers' Survey

Each year we survey a sample of mothers in order to determine how well they believed we supported their breast feeding needs. Results have been consistently high in most areas although the feedback indicates that there are areas where further improvements can be made.

The graph shows mothers' responses to questions asked to determine WDHS' level of compliance with implementation of Baby Friendly standards.



Complaints/Suggestions for improvement

Although we try the best we can to provide the best possible service, there are occasions when things do not go to plan. From their time of admission, we let our clients know that their feedback is welcomed and the ways they can provide that to us. We categorise all complaints as either formal or informal, with 'suggestions for improvement' being categorised as the latter. Despite the category, all complaints are viewed seriously, comprehensively assessed and improvements put into place as appropriate.

Some of the improvements we have made as a result of complaints received during the past year include:

- improved documentation of dietary management
- improved management of patients with Webster® Packs
- introduction of Visitors Policy for the Midwifery Unit
- method of preparing meat for elderly clients meals changed
- Medical Power of Attorney forms added to the intranet
- cooling of Admissions Office
- system for management of equipment through occupational therapy enhanced

Introduction of a quality improvement project has improved management of equipment sourced through the Victorian Aids and Equipment Program. For the period audited:

- 92% of applications for equipment were processed within 7 days
- 85% of items were received within 30 days

Health Services Commissioner

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

In addition, any WDHS client has the right to lodge complaints directly to the Office of the Health Service Commissioner, the Aged Care Complaints Investigation Scheme or the Disability Services Commissioner. These bodies will act on your behalf to ensure concerns are appropriately addressed.

During the year one complaint was referred to us from the Aged Care Complaint Investigation Scheme and was addressed promptly.

Contact details for each of these organisations are at the back of this report.

Compliments

WDHS is grateful for the many compliments and letters of thanks received across all campuses. They provide excellent feedback to staff and reassurance that their hard work is rewarded.

As feedback from our clients provides a valuable means by which management can monitor quality of care, all compliments and letters of thanks are entered onto a database and reports generated for review by quality management committees.

During the past year, 559 compliments were entered into the database although many more were received by individual facilities and not entered onto the database.

> "I am enjoying day care so much, it is great to get out and meet others and have a good laugh."

> "We are very fortunate in Hamilton to have these services."

> "Excellent nursing at Wannon – helpful, kind, considerate, nothing too much trouble."

	Formal complaints	Informal complaints/ Suggestions	Compliments/ Letters of Thanks
2007-08	31	72	559
2006-07	43	36	561

Community Advisory Committee

The Community Advisory Committee (CAC) is a sub-committee of the Board of Directors and was established in 2006 to help us to better meet the needs of our community. Our valued members do this by providing comments, feedback and suggests on ways we can further improve on the care and services we provide.

Throughout the year the Community Advisory Committee has provided valuable input into various activities of the organisation. The committee has assisted in the monitoring of complaints, review of the Quality of Care Report and updating of various patient information brochures. Some of the patient information reviewed by the Community Advisory Committee has included the Pre-operative Assessment, 'When Someone Dies in Hospital' brochure and the Total Hip Replacement booklet.

The members of the CAC have the ability to look at hospital practices from a different perspective, making their input highly regarded. Should you wish to raise specific matters for consideration by the CAC please feel free to contact the Quality Manager on 5551 8378.

Expanding Community Awareness

In addition to the Quality of Care Report, the CAC regularly advertises its role and function through the local media. This is hoped to reassure the community that there is a specific body that aims to represents their interests in terms of the services provided by WDHS.

A new initiative for the CAC has been to advise various support and carer groups of the committee's availability to raise specific points of relevance to those individual groups. Letters and information on the CAC were forwarded to groups including the Disability Support Group, the Arthritis Support Group and the Culturally and Linguistically Diverse Workgroup.

Involving patients in decisions about their health care is highly important to patients, their families and WDHS. Hamilton's John Sobey discusses his treatment with Division 1 Nurse Judy Mibus. He enjoyed a visit from grandchildren Eliza and Jack and their mother Monique.

Our staff

WDHS acknowledges the value of staff in providing a safe, high quality health care service for the community. As such there is a strong focus on human resource management, including workforce planning, recruitment and retention strategies and ongoing staff training and development.

Our Education Department regularly conducts a Re-entry Program to enable nurses who have left the workforce to regain their skills and re-registration with the Nurses' Board.

Our Nurses

All Registered Nurses must undertake ongoing education and assessment to ensure WDHS provides appropriate patient care which is a high standard. Education has been provided locally including palliative care, obstetric emergencies, common emergency presentations and leadership.

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

Graduate Nurse Programs

WDHS has again provided two graduate programs for newly registered nurses. The programs provide support and guidance to nurses following the completion of either the Bachelor of Nursing or Certificate IV in Nursing. Both programs allow the new graduates to work with experienced nurses in a variety of wards and provide structured support through the education centre.

During the year 17 nurses completed the graduate nurse programs – 10 Division 1 Registered Nurses and 7 Division 2 Registered Nurses.

Graduate Diplomas

One way for WDHS to increase the number of nurses able to work in the speciality of Intensive Care, Theatre and Midwifery is to make Graduate Diplomas available in these areas. These nurses work in the area of their specialty at WDHS, while participating in the theoretical component of the courses through Deakin University. Through the use of video conferencing or e-live facilities nurses are able to 'attend' the lectures provided by Deakin. In addition they spend short periods of time at larger hospitals to enhance their skills and knowledge in their chosen area.

During the year 5 nurses successfully completed Graduate Diplomas.

Ensuring Competent Staff...

...Through Credentialing

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

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

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

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

...Through Privileging

Once doctors have been through the credentialing process, their 'scope of practice' needs to be determined. This means that the activities and procedures they are allowed to perform at WDHS is specified. This process is also 'privileging' and requires us to consider what particular medical service the community needs and the organisation can support, and what skills the applying doctor has.

...Through Police Checks

WDHS acknowledges its duty of care to provide a safe environment. One way of doing this is to ensure all staff, students and volunteers have a Police Record Check done prior to their employment. If the Police Record Check reveals that our clients or staff may be at risk, engagement of that person is prevented.

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

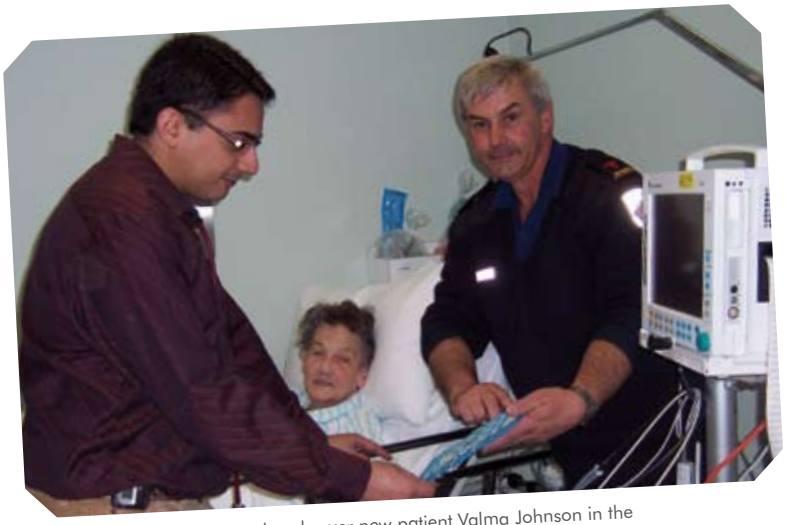
...Through Working with Children Checks

In addition to Police Records Checks, there is a requirement for some people to have a Working With Children Check. The Working with Children Act 2005 requires that all those engaged by WDHS who have regular, direct and unsupervised contact with children need to have a Working With Children Check. At WDHS this relates in particular to our nursing, allied health and counselling staff.

...Through Staff Development and Training

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

During 2007/08, e-learning was further developed for delivery of programs, including fire safety training, anaphylaxis, blood transfusion, elder abuse and epidural anaesthesia competencies. An effective learning management system Dynamic Online Training System (DOTS) will improve monitoring and management of our education programs and help standardise learning delivery and management across the region.



Paramedic Geoff Carter hands over new patient Valma Johnson in the Emergency Department to Registered Medical Officer Dr Drhuv Mori.

Resident Medical Officers

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

HBH also employs Resident Medical Officers who have received their training outside of Australia. Currently there are five - two from Sudan, two from India, and one from Sri Lanka.

Credentialing our Overseas Trained Doctors

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

1. The doctor must apply to sit an exam set by the Australian Medical Council. Once permission to sit the exam has been granted, the doctor can apply for a three month temporary visa to enter Australia and study for the exam. The visa cannot be applied for until the placement to sit the exam has been granted.

   This exam can also be taken outside Australia in several countries including the UK, Hong Kong, Singapore, Middle East with several other countries having recently being added to this list. If a candidate comes from a country where there is political unrest they must sit the exam outside Australia. This is because they can apply for refugee status once they have entered Australia, even if they do not pass the exam.

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

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

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

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

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

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

New Paediatric Qualification

Two of our Resident Medical staff Dr Rajasutharasan Kathigamanathan and Shabana Ahamed successfully completed the Paediatric Advanced Life Support course from the College of Physicians.

Staff Recognition and Awards

- GP Dr Dale Ford was recognised by the Rural Workforce Agency in the 2008 Victorian Rural Doctor Awards for outstanding services to the community
- Obstetrician Gynaecologist Dr Cobus Cloete was awarded the Burns-Alpin Award for Clinical Teaching by Flinders University
- Rotary Pride of Workmanship award to Division 1 Nurse Leanne Deutscher
- Registered Nurse, Judy Mibus was awarded a Victorian Quality Council Scholarship to attend The National Forum of Safety and Quality in Healthcare
- Numerous staff members have completed formal studies in 2007. These have ranged from certificate courses through to Masters Degrees in a range of studies including Food Science and Technology, e-learning, Business Studies, Sports Medicine and a range of post graduate nursing qualifications

Our volunteers

The provision of high quality services is greatly enhanced and supported by our extensive Volunteer Service. WDHS has 225 registered, unpaidvolunteers, excluding auxiliaries, who undertake tasks that greatly benefit our patients, residents and clients. We are most grateful for the invaluable work undertaken by all our volunteers.

At Penshurst & District Health Service, Diversional Therapist Marcia Cameron and volunteer Nola Gibbs chat with residents Doris Crawford, Selma Thomson and Linda McInnes.

Comforts Trolley

Approximately 14 registered volunteers provide the comforts trolley service to inpatients on the HBH wards, selling confectionary, toiletries and other items at a small mark-up. Approximately 250 hours were contributed by volunteers servicing the Comforts Trolley in 2007/08, with profits and donations used to purchase items for HBH.

Opportunity Shop

15 volunteers manage and staff the HBH Opportunity Shop. The Op Shop's 75% increase in donations to HBH in the past two years is primarily due to its relocation to a more central site. The shop has raised an astonishing $299,500 for the hospital over the past 70 years. Approximately 1,500 hours were contributed by Op Shop volunteers in 2007/08, raising $25,500 for the hospital.

Palliative Care Service

Ten volunteers participate in the Palliative Care Volunteer Service. Two of the ten volunteers provided a total of 62.5 visiting hours this year, caring for two clients. Volunteers provide clients and their families with moral support, companionship, respite and general assistance.

Aged Care Service Volunteers

Volunteers visit our Aged Care residents to provide companionship, shopping, escorting to appointments and helping with recreational activities such as cooking, gardening, playing cards, music, manicures, hairsets, wheelchair walks and outings, as well as assisting the Diversional Therapists and Occupational Therapists in scheduled activities.

Community Transport

The Hamilton Community Transport Service has 57 registered volunteer drivers and escorts, with 42 assisting WDHS this year. In 2007/08 the volunteers donated 1,918.6 hours, provided 1,756 trips and covered a total of 83,130km – 10,000km more than 2006/07. The volunteers drive and escort eligible clients to medical appointments locally, and to services in Ballarat, Warrnambool, Geelong, Horsham, Melbourne and Mt Gambier.

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

In 2007/08:

- 20 volunteers provided 793.9 hours at The Grange Residential Care Service
- 3 WDHS volunteers and external work placement/work experience volunteers provided 1,075 hours at The Birches Specialist Extended Care Service
- 17 volunteers provided 812.33 hours to Penshurst Campus residents
- 10 volunteers provided 346.83 hours at Wannon Court and Mackie Court in Coleraine
- 9 volunteers assisted with Virtual Visiting providing 21 hours
- 10 volunteers assisted at Coleraine Planned Activity Groups (PAGs)
- 14 volunteers support the Merino Bush Nursing Centre
- 2 new volunteers provided 21.5 hours to the Go for your life program
- 2 volunteers provided 35 hours to Medical Ward patients
- 2 volunteers were trained to assist with the Chronic Disease Management Program
- 225.5 hours of voluntary office assistance and special one-off tasks such as Top Of The Town volunteering was provided to the Community Liaison Department
- Hamilton Adult Day Activity and Support Service (ADASS) volunteers assist with driving, activities and lunches, providing 462 hours
- ADASS Penshurst volunteers provided 300.5 hours

Glossary of terms

10MMM	Multi Media Mayhem project in 10 towns of Southern Grampians Shire
ACHS	Australian Council on Healthcare Standards
ACSAA	Aged Care Standards and Accreditation Agency
ADASS	Adult Day Activity and Support Service
AQL	Acceptable Quality Level
Best practice	the way leading edge organisations deliver world class performance
BHSM	Better Health Self Management
BOD	Board of Directors
CAC	Community Advisory Committee
CACPs	Community Aged Care Packages
CALD	Cultural and Linguistically Diverse
CDHS	Coleraine District Health Service
CDM	Chronic Disease Management
CRC	Community Rehabilitation Centre
CRM	Clinical Risk Management
DGP	Division of General Practice
DHS	Department of Human Services
DOTS	Dynamic Online Training System
DVA	Department of Veterans Affairs
ECG	Electrocardiogram
ED	Emergency Department
EQuIP	Evaluation and Quality Improvement Program
ESB	English Speaking Background
ESL	English as Second Language
FHCC	Frances Hewett Community Centre
FReeZA	Drug & alcohol free entertainment for young people
GP	General Practitioner
HARP	Hospital Admission Risk Program
HBH	Hamilton Base Hospital
HITH	Hospital in the Home
LAOS	Limited Adverse Occurrence Screening
MET	Medical Emergency Team
NESB	Non English Speaking Background
PAC	Post Acute Care
PAGs	Planned Activity Groups
PCP	Primary Care Partnerships
PDHS	Penshurst & District Health Service
QPS	Quality Perfomance System
RCH	Royal Children's Hospital
RiskMan	The database used for risk management.
RMIT	Royal Melbourne Institute of Technology (university with a site in Hamilton)
ROAST	Rural Organisation of Acute Stroke Teams
RVEEH	Royal Victorian Eye and Ear Hospital
SFF	Sustainable Farm Families
SGGPCP	Southern Grampians and Glenelg Primary Care Partnership
SWH	South West Healthcare
SW TAFE	South West Technical and Further Education
SWARH	South West Alliance of Rural Hospitals
SWH	South West Healthcare
TOE	Transoesophageal Echocardiography
VISP	Virtual Internet Service Provider
VTE	Venous Thromboembolism
VPSM	Victorian Patient Satisfaction Monitor
WDHS	Western District Health Service
WHO	World Health Organisation

Hamilton Base Hospital Auxiliary members Joan Lewis and Kath Smith, are among the many wonderful volunteers who run raffles, lunches, fashion parades and other activities to raise funds for WDHS.

What are your rights?

Charter of Patient Rights

The Department of Human Services has a Patient Charter for Public Hospitals to inform patients of their rights. This has been adopted by WDHS. Additional specific charters have also been developed for Aged Care and Community Health Services. These rights include:

- You have the right to treatment based on medical need regardless of your ability to pay or your health insurance status
- To choose whether you wish to have treatment as a public or private patient
- To receive treatment and care in a safe environment
- If necessary, to have access to an accredited interpreter
- To have services provided in a culturally sensitive way
- To participate in making decisions about your treatment and care
- To participate and receive information about your discharge
- To be given information about which staff will provide your care and, if you wish, a second medical opinion
- To have access to your health records and confidentiality for your personal information
- To receive treatment with respect, dignity and consideration of your privacy
- To have the opportunity to discuss any questions or complaints you may have concerning your stay in hospital
- To make a complaint to an independent complaints organisation
- To have access to information on steps the hospital takes to improve the quality of care

What are your responsibilities?

To work with the treating team by providing relevant information about your health and circumstances that may influence your treatment, recovery or stay in hospital.

Contacts

Correspondence:
Chief Executive Officer
PO Box 283
Hamilton 3300

Freedom of Information:
Director of Medical Services
Ph: (03) 5551 8378

Privacy Issues:
Director of Medical Services
Ph: (03) 5551 8378

Complaints
Quality Manager
Ph: (03) 5551 8378

Health Commissioner's Office:
Free Call: 1800 136066 or -
(03) 8601 5200
Fax: (03) 8601 5219
Email: hsc@dhs.vic.gov.au

Advocacy Issues:
Office of the Public Advocate
Free Call: 1800 136 829 or -
(03) 9603 9500

Disability Services Commissioner
Ph: 1300 728187 (local call cost)

Aged Care Complaints Investigation Scheme
Ph: 1800 020 103 (freecall)

Western District Health Service

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20 Foster Street
Hamilton 3300
T +61 3 5551 8222

Coleraine District Health Service
119 McKebery Street
Coleraine 3315
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Penshurst & District Health Service
Cobb Street
Penshurst 3289
T +61 3 5552 3000

Frances Hewett Community Centre
2 Roberts Street
Hamilton 3300
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YouthBiz
222 Gray Street
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Grange Residential Care Service
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