WESTERN DISTRICT HEALTH SERVICE
QUALITY OF CARE REPORT 2011

INNOVATION AND LEADERSHIP FOR COORDINATED CARE

Our Mission

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

Our Vision

Excellence in healthcare, putting people first.

Our Values

We value:

→ **Our community**

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

→ **Improving performance**

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

→ **Our staff**

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

→ **Strong leadership**

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

→ **Safe practice**

We are committed to a safe and healthy environment.

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

Jim Fletcher, Chief Executive Officer.

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North Hamilton Kindergarten children enjoying a visit to the Hamilton Hospital

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National Centre for Farmer Health Conference - Celebrating Rural Life Photo Competition 2010, photograph courtesy Brianna Bensch

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Bongai Duma, Nurse Unit Manager The Birches with her son D'andre

Right
Jim Fletcher, WDHS CEO with Mary-Ann Brown, WDHS Board President

Highlights for 2011

Glossary of terms

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

Our Service Profile

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

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

The main campus of WDHS is Hamilton Base Hospital, which provides 75 beds offering a comprehensive range of medical and surgical services, sub acute, intensive care and Regional Trauma Service. Self sufficiency for core acute services for the primary catchment area is approximately 80%. There are two Aged Residential Care facilities attached to Hamilton Base Hospital campus. The Birches is a 45 bed aged residential high care facility including 30 beds for high care dementia and three for psychogeriactric clients. It also provides one bed for palliative care. The other 45 bed aged care facility, The Grange, is mainly high care, providing ageing in place. Thirty Community Aged Care Packages are provided by The Grange.

The Primary and Preventative Health Division offers a comprehensive range of allied health, primary, preventative health promotion and education programs from the main Hamilton Base Hospital site, including a Youth Outreach service and the South West Community Transport program.

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

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

WDHS also has two small multi service campuses located at Coleraine and Penshurst and operates a Community Health Centre at Merino.

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

The State Government has provided $25.2m for the redevelopment of health facilities at Coleraine, which will include consolidation and relocation of all services onto one site to create a one stop shop health precinct for the Coleraine community. Construction will commence in August 2011 with an anticipated completion date of March 2014.

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

A new Community Health Centre located in Merino was commissioned on 2 June 2011 and acts as first responder for accident and illness. It also provides District Nursing, a part time Planned Activity Groups (PAGs) program, a weekly General Practice (GP) clinic with visiting monthly Podiatrist, Dietitian and Diabetes Educator provided through Glenelg Outreach.

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

In line with WDHS strategic and service plans, construction of the final stage of The Grange Aged Residential redevelopment commenced on 27 June 2011 and is expected to be completed in May 2012. The redevelopment will include the provision of five additional aged care beds, complete refurbishment of one wing to cater for high care needs, a new kitchen and additional activity space. The $2.841m project is to be funded by a $2.2m fundraising appeal. The remaining $600K has come from State Government and WDHS reserves. To date, $2.092m has been raised.

A redevelopment for the provision of Geriatric Evaluation Management/Rehab services, funded by a $3.5m COAG grant, is planned to commence in February 2012 for completion in November 2012.

The Hamilton Medical Clinic will undergo a $0.7m refurbishment funded by Deakin University, WDHS and the Hamilton Medical Group during 2012.

A further significant development will see the National Centre for Farmer Health enter into a partnership with Queensland Rural Medical Education program and Southern Queensland University to deliver the Agricultural Health and Medicine Unit in Queensland in early 2012.

Introduction

Western District Health Service (WDHS) is proud to present the 2011 Quality of Care Report. The report outlines the outcomes of our quality and safety program, describing the quality and safety systems, processes and outcomes of the health service through graphs, data, information, and, importantly, some local case studies. We are particularly thankful to the clients who agreed to tell their stories in our Quality of Care Report and share their experiences with the community.

Throughout the report, we have included quotes from patients who have used our services. These quotes have been extracted from the Victorian Patient Satisfaction Monitor (VPSM) Wave 19 (June 2010 – Dec 2010). The VPSM is a state-wide patient satisfaction survey, which produces reports assisting hospitals in identifying strategies to improve services and increase patient satisfaction. The report enables hospitals to track their performance over time and compare their results to those of like hospitals.

Distribution of the 2010 Quality of Care Report

Each year we distribute the Quality of Care Report as widely as possible. Building on the successful distribution of previous years, the publication of the 2010 Quality of Care Report was launched with a prominent display in the foyers of our Hamilton, Coleraine and Penshurst campuses.

At the same time, the local media outlet 'The Hamilton Spectator' and the WDHS community newsletter, 'Western Wellbeing' included articles promoting the Report and informing the community on options for accessing copies. These strategies always trigger community interest and result in calls from people wanting to access copies. In addition to being available on our website, the 2010 Quality of Care Report was distributed to waiting areas of medical clinics, other health care organisations, carers' support groups, the local library, and advisory committees. In particular, we focused on expanding our community organisation mail out lists throughout the year.

In 2008, a new initiative to have the Quality of Care Report produced in audio format was introduced and in 2010 the report was also made available in larger print or in alternative language if required. These initiatives will all continue for 2011 to ensure accessibility to our whole community.

Preparing the 2011 Quality of Care Report

The 2011 Quality of Care Report was prepared by a small working group of WDHS staff and Community Advisory Committee members. The end product is the result of wide consultation and input from across the organisation, and included all Community Advisory Committee members, carers' support groups, department heads and program co-ordinators. Preparation was largely influenced by feedback received on last year's Quality of Care Report from throughout the community and from the Department of Health (DoH). Due to the success of both the printed survey contained in the report and an electronic survey emailed and available on our website, we will continue to use these methods to gain community feedback. The DoH feedback score is highlighted in the table below.

Year	2005	2006	2007	2008	2009	2010
Our score	73	74	89	93	106	86.9

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

Feedback Results for 2010

	1	2	3	4	5
The report clearly depicts WDHS activities and achievements	26.5%	57.1%	16.3%	0%	0%
The report is well presented	28%	52%	20%	0%	0%
The report was easy to read	20%	50%	28%	2%	0%
The report gives me confidence in choosing my care at WDHS	24%	52%	22%	2%	0%
The graphs were easy to understand	22%	50%	22%	6%	0%

Accreditation

During the year, the health service went through a number of accreditation processes, including Medical Training and Education accreditation, Aged Care Standards and Accreditation Agency support visits, and a midterm review of our accreditation with the Australian Council on Health Care Standards (ACHS). We were pleased to meet all the requirements of these agencies, receive recommendations and suggestions for future improvement, and positive comments regarding the provision of quality of care.

We were particularly pleased to receive the following comments from our ACHS midterm review.

''WDHS is overall a well-managed service with visible commitment at Board and Executive level to innovation and continuous improvement. There are a significant number of clinical and corporate activities which are leading edge and could move the health service to outstanding achievement in future surveys, dependant on improving the robustness of structure and process''.

We look forward to building our capacity and structure to achieve the highest level rating we can aspire to.

We trust that the 2011 Quality of Care Report will give you an insight into our quality and safety system processes, and we welcome your feedback to assist in the development of future reports.

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

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

Mary-Ann Brown
PRESIDENT

Jim Fletcher
CHIEF EXECUTIVE OFFICER

Primary and Preventative Health (P&PH)

Care Coordination

The WDHS Care Coordination team has made significant advancements in the last 12 months, from initial design of the new model, to implementation, evaluation and already being considered as best practice. Feedback from DoH indicates there are no other comparable examples of the scale and cross-agency integration being achieved to the same level of WDHS' Care Coordination model. There have been clear and measurable outcomes for clients, improved performance and safe practice.

Background – The concept of a new model of care was developed in April 2010. The key drivers were:

» the P&PH integration that highlighted the silos and poor referral and coordination between services

» the fragmentation between P&PH and other services/agencies with poor information flows, client pathways and inefficient work practices

» the DoH's Health Independence Programs (HIP) Guidelines and the Active Service Model (ASM) – both providing a consistent quality framework for primary care services

» Study tour of Best Practice in primary care team arrangements in Canada.

Quality improvement – the model was scoped, staff consulted and a project plan developed. Implementation has been designed in phases with consumer/carer participation at each phase. Staff workgroups have enabled clinician engagement.

Key changes made:

Co-location of staff:

» A Care Coordination team has been established comprising key roles that coordinate transition between different parts of the system and/or coordinate multi-disciplinary care. This included co-location of Shire of Southern Grampians (SSG) HACC assessment staff and the integration of the Discharge Planning Unit from District Nursing.

New services and processes:

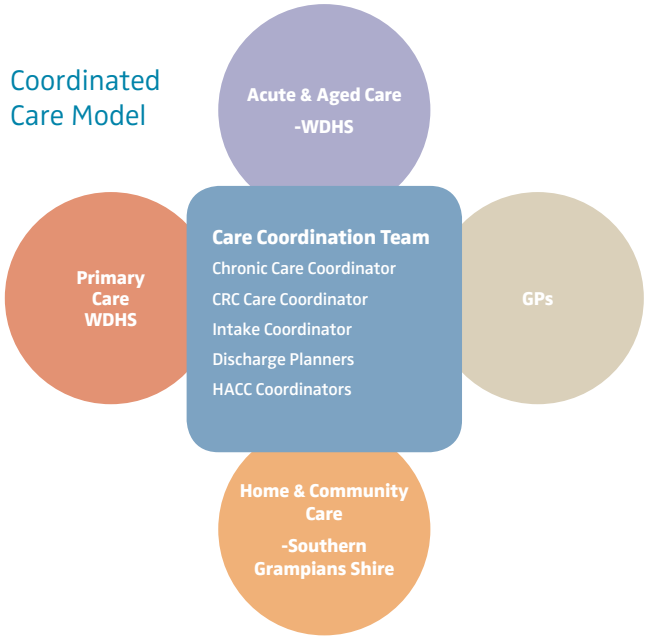
» New Intake service – providing assessment and referral with early identification of needs. Consumers complete a simple needs assessment – an average of 36% are contacted and 64% receive referrals. This is highly efficient compared with other services that have contact with 100% of clients.

» New Chronic Care Coordinator role and processes – both Community Rehabilitation Centre (CRC) and new Chronic Care nurse roles have been redesigned to work alongside clinicians and support coordinated care for complex clients.

» Centralised appointments are being established in Allied Health – whereby clients can make bookings via reception rather than via individual departments.

Multi-disciplinary approach:

» Weekly Key Worker meetings have been established between Discharge Planning Unit (DPU), Aged Care Placement, District Nursing, Allied Health and SSG HACC staff – this allocates a key worker, reduces duplication of assessment and identifies efficiency in service delivery.



» Weekly multi-disciplinary meetings with Allied Health clinicians – ensures team approach to care, effective communication between disciplines, reduces duplication and improves client goal attainment.

New workforce models – diabetes:

» New Chronic Care Coordinator (nurse) role established to support Diabetes Educator with client recall, clinical care of low risk clients, collation of blood results, management of recall and linkages with Hamilton Medical Group. This is a unique position within Victoria.

» Enhanced MBS diabetes model with GPs, including fortnightly dietetics and diabetes educator sessions at HMG and closer linkages between WDHS Chronic Care Coordinator (nurse) and HMG Practice Nurses – to increase smoother pathways for consumers from GP to WDHS

» Progressed agreement with HMG for Chronic Care Coordinator to co-locate part-time at HMG to enhance continuum of care between HMG and WDHS. This will include the coordinator being able to make WDHS outpatient appointments from HMG.

IT system integration:

» While actual integration will take time, 'virtual' integration has been achieved by co-locating HACC SSG staff with DPU staff – thereby enabling staff to communicate key client details day by day (with client consent). It will also be achieved by the planned co-location of a WDHS Care Coordinator at HMG with access to both systems.

» Processes to seek client consent have been established at the SSG, to enable HACC client intake forms to be shared with WDHS, thereby reducing duplication of initial assessment. Progress is being made to seek client consent to share minimum HACC SSG data set. 70% of clients are shared between WDHS and SSG – hence sharing data will facilitate a significant reduction in duplication and the need to ask clients the same questions.

Primary and Preventative Health

Indicator	March 2010	May 2011
Customer Focus		
New intake model identifies needs early	No Initial needs identified	60% new clients assessed via new Intake model established across Allied Health, SSG HACC and Discharge Planning
Consumer/carer participation	No consumer/carer forums for service planning, process design No consumer/carers involved in staff workgroups	3 consumer/carer forums held for direct service design Consumer/carers involved on 6 occasions in staff workgroups and meetings – enhancing culture change 'putting consumer at centre of service planning'
Leadership and Management		
Team structure and staff roles ensure effective service delivery and clear direction	Separate management and Divisional structures – including DPU, HARP, CRC	New management structure brings all integration and care coordination roles under one manager
Staff roles to support system integration and best practice models of care	Limited staff roles to support best practice	Realignment of existing roles to include intake role and innovative chronic care nurse role
Co-located staff (multi-disciplinary)	Nil	6EFT co-located
Improved Performance		
Consistent assessment – one intake tool across system	Nil	Consistent intake tool in Allied Health(AH), Discharge Planning, SSG HACC
Centralised appointments - service efficiency	No centralised appointments	Increase in centralisation leading to: -decreased wait time to arrange appointments (Occupational Therapy (OT) from 2 wks to 3 days) -decreased wait time for service (OT from 3 wks to 2 wks) -clinical time saved (OT 1.5 hrs/week)
Service access - CRC referrals and service events	No % increase	52% increase in referrals to CRC (complex care coordination)
Service access – enhanced diversity of referrals	14% of Departments did not send referrals to any other Departments 21% of Departments did not receive referrals from any other Department	100% Departments now referring to other Departments. In one case, Department did not send any referrals but is now referring to 8 different Departments 64% clients referred to complex care coordination from intake
AH Multi-disciplinary approach within P&PH	Average 2 services attend weekly Multi-disciplinary Meeting	8-12 services attending weekly 92% of clients reviewed at Multi-disciplinary Meeting
Multi-disciplinary approach between Divisions and agencies	Nil or irregular	Weekly allocation of clients Formal communication between SSG HACC, AH, DNS, Aged Care Placement and Discharge Planning
Consumer experience rating (GP Diabetes model)	Not measured	Client research of MBS model results: -76% rate care as perfect; -81% functioning well -overall quality rated as 9/10
Best Practice		
Advancements towards best practice	Part-implementation of Health Independence Program (HIP) Guidelines	Achievement against Best Practice models – including Wagner chronic care model HIP/ASM Frameworks Consumer/carer participation guidelines Recognition by DoH as Best Practice – including feedback and requests to present at best practice forums, including: -National HACC conference -Dept Health state and regional conferences -Heart Research Centre -Consumer conferences Requests by other Health Services for information and visits to share approach
Best practice workforce models	Diabetes Educator 100% clinical care	Diabetes Educator 50% clinical care and Chronic Care Nurse 50% - leading to increased throughput and efficiency

Sub Acute Services at WDHS

The Sub Acute Service at WDHS has seen many significant changes introduced over the past 12 months. The service now incorporates three key areas of patient care, for both inpatients and outpatients. Along with a successful inpatient rehabilitation service, we have been allocated Geriatric Evaluation and Management beds, referred to as GEM beds. This has enabled the rehabilitation unit to use a total of five beds for both of these services.

The introduction of the Transition Care Program in March 2011 has further helped Sub Acute Services to expand within our health network. There are currently five Transition Care places allocated to WDHS, which are either bed based or community based, enabling the service to better cater to the health needs of our client base. We envisage that demand for the Transition Care Program will increase and, in the future, we hope to apply for an increase in funded places at WDHS.

The most significant and exciting change to the service will take place in early 2012 with the upgrade of the rehabilitation and GEM area of the Medical Unit. The upgrade is expected to take around eight months. It will increase our bed capacity to six, and incorporate many new areas for rehabilitation and GEM patients. The new areas will include a gymnasium, fully functional 'daily living skills' kitchen, dining lounge area, a courtyard garden, a gait training area, en suite bathrooms and increased storage and office space.

The Rehabilitation Team at WDHS faces challenges every day, however, in June this year we encountered a new challenge. We admitted our first Indigenous patient for stroke rehabilitation. It became apparent to our team very early on that the care of this patient needed to take into consideration their cultural needs and beliefs. Due to the strong cultural beliefs of the Aboriginal community it was important for us to combine the standard rehabilitation program with the spiritual and cultural needs of our patient. We were fortunate enough to be able to liaise with the local Winda-Mara Aboriginal Corporation to seek advice and to ensure that the patient's holistic care needs were met. The collaboration between the two services enabled the patient to be discharged and return home with the support of an Indigenous Community Care Package. This new challenge prompted our team to seek advice from an external community service like Winda-Mara, to be educated and to further enhance the quality of service and care provided by the sub acute service team at WDHS.

Some of the Sub Acute Services team

The Stroke Management Team - Dr John Christie, outgoing Director of Medical Services, Lisa Livingston, Nurse Unit Manager Medical Unit, Jeffrey Slater, Rehabilitation Team Leader, Bronwyn Roberts, Deputy Director of Nursing, Lyn Christie Chief Pharmacist, and Stephen Connolly, Registered Nurse

Closing the Gap

The Keith Saunders Story

When the Federal Government talks about ''closing the gap'', between Australians and the Indigenous Communities, Aboriginal Elder and Glenelg Shire Councillor, Mr Ken Saunders cannot praise highly enough the efforts and dedication of the staff at the Hamilton Base Hospital. ''It's happening right here'', Ken said ''They all need to be told''.

Earlier this year, Mr Saunders' brother Keith was admitted to hospital having suffered a stroke. For any family this is devastating news to come to grips with. A loved one goes from being a fit and active person to one who is dependent on others for many of their daily needs. This was especially so for Keith's friends and family. Keith is a well known member of the Koori Community, a strong political advocate for Indigenous people throughout Australia and a well regarded cultural and spiritual member of the community.

Understandably, when Keith had his stroke he did not know what was happening to him and, in the subsequent weeks, he and his family ''went through hell'', Ken said. ''At times during Keith's ordeal, he took his frustrations out on the nursing staff of the Hamilton Base Hospital, but at every turn the staff rose to the occasion and stretched themselves to the limit of their ability.''

Ken explained that there were two things that helped pull Keith through his stay in hospital. The first was the WDHS clinical staff and secondly Keith's own strong ties to his spiritual and cultural side. What amazed Ken the most though, was the clinical staff's attitude and their keenness to learn about the people they have in their care. ''Thank God staff here went beyond their duty of care''. Ken said.''They took it upon themselves when Keith was troubled by his spirits to listen to him and carry out his requests, to keep him calm and to keep the ghosts away.''

In one instance, Ken was contacted and advised that Keith was distressed. When Ken arrived to advise the nursing staff on what to do to help Keith, in this instance spread salt along the window sill; Keith told him that it had already been done by one of the nursing staff. ''They embraced and respected Keith's heritage and in every way tried to ensure his needs and requests were met and understood,'' Ken said.

Keith Saunders

Keith has now been discharged from hospital. He will be ably supported not only by his friends and family but by the Winda- Mara Aboriginal Corporation and the CACPs (Community Aged Care Packages) Program. The CACPs Program operates through the WDHS, and the aim is to provide ongoing Case Management and services to enable Keith to stay healthy at home and continue to live as independently as possible with the ongoing support of his Case Manager.

Keith recently visited WDHS staff to say that the experience has inspired him to commit some of his future time to building new, strong and meaningful relationships between the Health Service and the Indigenous communities of the Western District.

"They embraced and respected Keith's heritage and in every way tried to ensure his needs and requests were met and understood"

Stroke Services at Hamilton

Stroke Framework

The Sub Regional Stroke Framework document was launched in 2010 and has been disseminated to Ambulance Victoria, the region's health services, and medical clinics. The impact of this collaboration and framework development is currently being evaluated in terms of delivery destination and access to Acute Stroke care services. The document was developed in collaboration with several key stakeholders with a major input from WDHS Deputy Director of Nursing, Bronwyn Roberts.

Early in 2011, Lisa Livingston, Unit Manager Medical Unit, presented at the Regional Stroke Road Show on improvements made at WDHS. In 2010, two key staff attended the Smart Stroke Conference and a poster on the Regional Stroke Framework will be presented at the 2011 Conference.

The WDHS Stroke Management Team received our clinical excellence award in recognition of their development of best practice.

What is a stroke?

It is the way we describe the blood supply to the brain being cut off suddenly. This can occur in two different ways. The blood flowing to the brain can stop moving through the blood vessel when it is blocked by a clot or when a blood vessel bursts. As a result, brain cells can quickly die without the oxygen that is supplied by the blood. That is the reason why it is so important to get to hospital immediately if you think you are having a stroke. If you get to hospital early enough, in some cases the brain cells can be saved and you may well survive if you are treated quickly.

How do you recognise the signs of a stroke?

The FAST test is the easiest way to remember the signs and recognise a stroke.

The **FAST** test stands for:

- **F**ace - Check their face. Has their mouth drooped?
- **A**rms - Can they lift both arms?
- **S**peech - Is their speech slurred? Do they understand you?
- **T**ime - Is critical. If you see any of these signs call 000 straight away.

A stoke is always a medical emergency!

Even if the symptoms go away or don't cause any pain or discomfort, it is vital to call 000 immediately.

The longer a stroke is left untreated, the greater the likelihood of stroke related brain damage. Emergency treatment commenced as soon as possible after the symptoms of a stroke begin the better the chances of survival and successful rehabilitation are.

Trans Ischaemic Attack (TIA) Management

What is a TIA?

TIA stands for Transient Ischaemic Attack or a 'mini stroke'. The risk factors and the symptoms are the same as those for a stroke but the symptoms disappear within 24 hours. Someone who has a TIA has a much greater chance of having a stroke. A TIA should not be ignored. Seek immediate medical attention as you would if you thought it was the symptoms of a stroke.

WDHS Process

In March 2010, the WDHS Emergency Department (ED) in partnership with the Emergency Care Improvement and Innovation Clinical Network (ECIICN), in collaboration with the Victorian Stroke Clinical Network (VSCN), embarked on a knowledge transfer/quality improvement project that focused on assessment and management of patients with a clinical diagnosis of TIA.

The Emergency Department reported clinically significant results in two of the endpoints evaluated:

- Proportion of risk stratification increased by 67% (from 0% to 67%)
- Proportion discharged on anti-platelet (anti-clotting) agents increased by 20% (from 60% to 80%)

Since completion of the original project, it has been reviewed again and we have modified the risk stratification tool to further increase compliance. We have also positioned a TIA Liaison Nurse in the Emergency Department who is continually working on increasing knowledge of staff and the community in relation to Stroke and TIA. During the first six months of 2011, 11 TIA cases were discharged from ED and the Medical Unit with 100% compliance in being discharged and returning home on the anti-platelet agent, a further increase of 20%.

IC4OP

Improving Care for Older Patients

The COAG Long Stay Older Patient's Program is now the IC4OP. The program is now in its fourth year and many improvements continue. The IC4OP project involves a range of initiatives designed to address the following key impact areas:

- Delivering person centred care by ensuring the older person is an informed and valued participant in their health care
- Building best practice in the care of older people by using an evidence-based approach to understanding their specific health care needs
- Modifying environments ensuring they are ''older person friendly''
- Providing specific training and development for staff
- Developing partnerships and networks within and between health services, to improve the coordination and integration of care.

Person Centred Care

Person-centred care is about a collaborative and respectful partnership between the health service and the patient. It is an approach for getting to know the patient as a person and sharing the responsibility of care. Ensuring access and a flexible approach for the individual which will aid the coordination and integration of care. We work to create an environment that is conducive to person centred care both for patients and our health service.

Enhancing Practice Projects

The Enhancing Practice Program is an education program for staff to develop a person centred care approach that uses consumer feedback and role play to build up and implement relevant projects. Some examples of projects that have evolved from this education are:

- The diabetes educators have developed a recall list for patients to ensure follow up, that patients are remaining compliant and are not lost in the system
- Key Contact Person - the key contact person is a liaison person between the patient, carer and health care professionals. They will have an ongoing relationship with the patients throughout their admission. The patient will have the key contact person's hours of availability and contact details
- Residential Placement shared electronic file - the development of a shared electronic file for extended care to improve communication between the aged care managers and the social workers regarding patients waiting for residential placement
- Personal patient profile - a personal patient profile has been developed for carers to provide information regarding their loved one to assist staff to get to know their patient who may not be able to communicate effectively. This profile, which sits at the bedside, will be used throughout the patient's continuum of care to avoid duplication
- Improved communications with hearing impaired clients. Key communication strategies have been implemented to assist communication with hearing impaired clients based on information from the Deafness Foundation.

Mrs Ruth Dennis, Lily Motsepe, Registered Nurse, Jeffrey Slater, Rehabilitation Team Leader

IC4OP

Improving Care for Older Patients

Outstanding Improvements

The National Ageing Research Institute (NARI) conduct staff surveys to establish whether there was an improvement in the staff knowledge and culture – these are some of our results:

WDHS COAG/LSOP Key Performance Indicators (%)	Nov 08	May 09	Nov 09	Mar 10	May 11
Patient reported involved decision making re discharge	0	88	77	77	92.8
Signing of pt/ carer involve in decision making	0	0	43	75	64
Global screen within 24 hours of admission	60	95	75	85	92.8
Need for Comprehensive Assessment	92	96	98	95	100
Patients level of independence	92	96	98	100	100
Need for home services	80	87	100	92	86
Patient readiness for discharge	83	100	100	100	100
Carer readiness for discharge	80	100	100	92	100
All	80	87	100	92	86
Screened for dementia	53	63	78	95	92.8
Dementia management plan	0	0	30	67	NA

Question	2008	2010	%improvement
Clients have an equal say with the rest of the team in the development of the care plan	71.9	79.1	7.1
My/our care plans are structured around the client's goals	75	88.2	13.2
I ask the service users what their goals are for this admission	56.3	76.2	29.9
I ask the carer/s what their goals are for this admission	56.2	67.2	11
I am supported to develop the skills I need to work with older people	78.8	86.7	7.9
I have been exposed to good role models in care for older people	72.8	86.8	14
The expectations that my managers have of me in relation to my work with older people are communicated clearly and consistently	75.8	85.3	9.5
I have been exposed to good environments of care for older people	78.8	91.2	12.4
After the service user is discharged, they receive a follow-up phone call or visit	42.4	62.3	19.9
At this Health Service, hot food is served hot and service users are provided with assistance to eat (if required) while the food is still warm	75.7	92.3	16.6
This Health Service provides adequate transport and parking to ensure access for older service users and their families/carers	72.8	80.9	8.1
Written materials are provided to service users in their own language by the Health Service	45.4	58.1	12.7
This Health Service is responsive to the needs of Indigenous Australians	66.7	87.4	17.7

"All things in general – staff, doctors, the hospital were very good all round."

Cancer Link Nurse Service

Supporting local families

Jane Sharp, WDHS Cancer Link Nurse

A Cancer Link Nurse Service, supported through the Barwon South West Regional Integrated Cancer Service (BSWRICS), commenced at WDHS last April to be trialled over two years.

The Cancer Link Nurse is offered free of cost to people with a cancer diagnosis, and to their family members and care givers who require support, information and/or links to services throughout their cancer journey.

Over the past 12 months, the Cancer Link Nurse Service has had contact with over 70 clients. The main support required by clients is an explanation of their cancer diagnosis, help to understand ''what's going to happen next?'', and the treatment involved.

Many clients have been linked to transport assistance, financial help and support through counselling, a social worker, dietician and support groups. Several clients have been assisted to ensure timely communication between metropolitan hospitals and our regional cancer specialists.

The Cancer Link Nurse Service is available three days per week (16 hours), based at the Frances Hewett Community Centre. Assistance to people affected by cancer is provided via phone contact, home visits, hospital visits, or in a private meeting room at the Centre.

For further information about the WDHS Cancer Link Nurse Service, please contact Reception at the Frances Hewett Community Centre on 5551 8450.

Improved Access to Health Care

We aim to explore new and better ways of improving access to our services. Having access when you need it and knowing what to expect when you get here is vitally important to the final outcome of your experience while in hospital.

WDHS recently launched its new audio visual Admissions presentation as an innovative way of giving clients of the Health Service improved access to information on being a patient at Hamilton Base Hospital.

The Admissions presentation project was undertaken by Health Information and Community Liaison staff following a review of information brochures and pamphlets given to patients prior to, or on admission.

''Such a vast array of information was difficult for people to work through so we decided that another medium was needed to convey the advice in a clear, concise and easy to comprehend manner'' said WDHS Clinical Coder and Diploma of Management student, Natalie Rhook.

''We decided that an audiovisual display of the information, to be run in the Admissions and Pre-Admissions waiting rooms, would be much more helpful to patients'', she said.

WDHS Health Information Manager, Carolyn Gellert said ''After consultation with hospital department heads, staff, consumers, Community Advisory Committee members and other key stakeholders, the project team sorted through all the information given to them and developed the presentation to include necessary, relevant and reassuring advice for patients coming into hospital.'' ''It will provide an overall picture about the patient journey ''

The main target audience is elective surgery patients. The presentation runs for eight minutes and whilst the majority of patients won't be sitting in the waiting room for the entire presentation, they will have several options to view the information. They can:

- Stay and watch the whole presentation,
- Take a DVD of the presentation home to keep and watch with family,
- Take a booklet of the presentation home or,
- View the presentation on the WDHS website.

The presentation contains clear, meaningful images and large text for easy viewing and reading and can be delivered with teletext to patients with hearing loss. Translation is available for non English speaking clients.

The next step is to have it available on a hospital channel on all televisions throughout waiting areas and wards of the hospital.

WDHS Health Information Manager, Carolyn Gellert and Clinical Coder/Diploma of Management Student, Natalie Rhook with the new Admissions presentation for patients in its various formats

Gold Award winning Men's Out and About Program

The Health Service's innovative approach to enhancing service delivery across a rural regional population has been recognised in the 2010 round of Victorian Public Health Care Awards with a Gold Award for its Men's Out and About initiative; a program focused on minimising social isolation for men in residential care.

ABS statistics indicate that, as people become older, there is an obvious change in the ratio of males residing in residential care in comparison to females. When reviewed at WDHS as a whole, we discovered that only 25 per cent of our residents were male and this number fluctuated between campuses.

The Men's Out and About Program was an initiative developed from the recognition that men living in residential care are a minority with reduced opportunities for participation in relevant social activities and community interaction. This is exacerbated by living in a rural location, which creates further barriers for men.

The project developed a leisure and lifestyle therapy program for men living in Residential Aged Care (RAC) at WDHS, based on their needs and desires to increase social interaction with other men. A six-month evaluated program conducted weekly activities chosen by men for men, and the benefits were assessed.

Planning and preparation

The move to RAC is challenging for all residents and can impact on a person's physical, emotional and social experience of life. These effects can be intensified when a person is part of a minority group residing in that particular environment. A challenge all aged care facilities face is catering not only to the physical and emotional needs of an individual but also in assisting them to maintain social contact.

WDHS is a leading regional health service that prides itself on the provision of innovative health care. Amongst its suite of services, the organisation provides services to 170 residents living in six residential aged care services. The organisation recognised that men are a minority group in the residential aged care setting. A successful application

was made for funding under the 2009 Count us in!; Social inclusion for older people living at residential aged care services' funding program. The goal was to implement a men's lifestyle and leisure activity program in an attempt to increase social opportunities for men living across the six RACs.

Achieving quality, excellence, innovation

The Men's Out and About project was the product of quality improvement with the identification of a service gap at WDHS. The program's aims and objectives reflected an approach which prioritised male residents' needs to maintain contact with the wider community. The program was innovative in bringing together minority residents across multiple campuses in an attempt to increase their social experience and break down the isolation felt by many living in an environment predominantly occupied

"It was a very interesting talk, learning about the lake as it brought back many memories"

by women (both residents and staff). The result was a program that was responsive to resident needs and which leads to psychological and physiological benefits for residents, as well as flow-on benefits to staff, other residents and families. The program had to overcome many challenges, including distance between campuses, lack of resources such as vehicles and drivers, and ensuring facility staff were informed and involved.

A review of the benefits confirmed that the program returned significant value for the amount of money committed.

Results and outcomes

The program takes men out of the facility to participate in social activities they had enjoyed in the past and to expose them to new experiences. This involved building allegiances with many different people in the community to allow the program to grow and cater to the individual's needs. Some of these were groups like the Hamilton Men's Shed, Wood Turners Guild and Vintage Car Club; others were individuals who operated farms, a sheep dairy, and silos.

Participation numbers indicated there were, on average, 50 occasions per month various residents could be involved in access to the wider community. We saw a group of residents who looked forward to the camaraderie of the men's program and joined in a wide range of social activities, which helped renew their enthusiasm for life. Other benefits included increased appetite on the days of the program, increased socialisation with family and other residents, increased cognition, and better mood. These benefits support the feedback from residents as to the overall benefit of such a program.

"best Christmas dinner I have ever tasted at the pub"

Status and sustainability

The project has continued on with monthly men's activities involving men across all WDHS campuses. The Lifestyle and Leisure Coordinators meet as a group and each site takes turns to host a men's event. Due to the outstanding success of the program, ongoing funding support is now incorporated into the WDHS budget.

"can we go to Cape Bridgewater?"

- this resident lives with dementia but was able to recall words and positive memories relating to the sea as

"sets of waves and the length of waves and hearing the children giggle"

Our Palliative Care Program

What is Palliative Care?

When an illness cannot be cured, the focus of the care changes to helping people have the best quality of life possible while managing their symptoms. Palliative care maintains quality of life by addressing physical symptoms such as pain or nausea as well as helping with emotional, spiritual and social needs.

The National Standards Assessment Program

The WDHS Palliative Care Program was assessed through the National Standards Assessment Program (NSAP) during the year. The NSAP process enabled our service to undertake a multidisciplinary self assessment using standardised tools and processes to determine opportunities for improvement in our performance in relation to the 13 national standards.

The NSAP is a structured framework for continuous quality improvement built on the national standards and based on the mutually supportive processes of self and peer assessment. The core objective of the NSAP is the improvement of quality in palliative care experiences and outcomes for patients, carers and families.

According to Erika Fisher our Palliative Care Nurse Consultant, the NSAP process has been a very positive and effective exercise completed by our Service and has been instrumental in promoting positive change. It has improved the quality of our service delivery. We, as a service, have learnt a lot about the quality process and how to use it in our every day work, and are more aware of the impact it has on daily work related activities. It is an ongoing process and promotes continuous assessment and improvement. It enables us to benchmark and add value to our processes especially ACHS accreditation. Our NSAP Peer review required a lot of preparation and dictated a continuous improvement process. The NSAP team and mentor were extremely supportive.

The NSAP Peer Mentor comment: ''WDHS Palliative Care is a friendly and welcoming service. The mentor visit day was well-organised, a reflection of the well organised approach of the service to the NSAP program in general. Ample time was made to meet with key people and to discuss practices, processes and quality activities. Evidence was provided in a clear and concise manner, with summaries of projects underway and outcomes of these. The enthusiasm and energy of such a small but efficient team is to be applauded.''

The Victorian Palliative Care Satisfaction Survey

The WDHS participated in the Victorian Palliative Care Satisfaction Survey. The aim of the survey is to capture feedback from adult patients, carers and bereaved carers from both community and inpatient palliative care settings.

The WDHS overall satisfaction with the standard of care provided by our service was rated as 4.78 out of a possible score of 5, which was higher than the result for the region which was 4.63 and the state-wide result of 4.66.

The top five performing items for WDHS were:

- Experience in palliative care - the level of respect shown towards the individual
- People involved in the delivery of care – overall satisfaction with the care delivered by the palliative care team
- Experience as a carer – support received for necessary equipment to provide care safely for the patient
- People involved in the delivery of care – satisfaction with the nurses
- Experience in palliative care – the way physical needs were supported

The top five priorities to improve items for WDHS were:

- Experience as a carer – I am aware of the financial assistance from the government
- Experience as a carer – opportunities to talk with other carers about your own situation as a carer
- Access palliative care – I knew where to enquire about palliative care
- Experience as a carer – level of access to psychological support services to deal with issues such as loss, grief and bereavement
- Experience as a carer – treatments not covered by Medicare

Our story of Palliative Care

One of our patients was diagnosed with lung cancer six years ago and had chemotherapy and radiotherapy with good effect. Unfortunately the cancer took its toll and she gradually became ill and progressively weaker.

Her partner, the love of her life, decided to retire and take the time to care for her and make the best of the days that they had left together. It was a steep learning curve for him and he taught us, the Palliative Care staff about care that had no end.

He had good support from their children but they were all too far away to be there immediately. He learnt how to wash and change her clothing, provide her mouth care, administer injections and keep a diary on events and her ongoing condition. He was a true advocate for her. He admirably dealt with every crisis with a lot of humour and sensitivity. When her daughter from a previous marriage came to stay with them, he gave her the freedom to be..... The grandchildren gave her a special star with a map of where to find her in the sky, so they will always be able to see her.

Lilley, our patient's dog, was always there, constantly at her bedside, lying next to her. The day our patient died, Lilley refused to go for her usual walk which was at the same time that she passed away.

The patient was a very spiritual lady and believed in the angels. Ten angels came to fetch her that day; she died in her man's arms, petals from her favourite rose were strewn on her bed and soft music played in the background. All the family, including Lilley were there to share in this special event. She was comfortable in her own bed, the ultimate goal of Palliative Care. She was buried in her wedding dress with ten figurines of angels on her coffin.

Looking back, her partner claims that he would never have had the courage to do it all if it was not for our support to allow them to do things her way. We were honoured to be part of this sad but very special time. We often look up to the sky to see if we can find her, just to say ''HI''. What a special lady!

Palliative care is a difficult yet very special area to work in and often we get our strength from people like this couple and count ourselves fortunate to work in this area of care.

Advance Care Planning

Some of the responses to open ended questions

What have been the best things about your palliative care experience?

- Always there when I needed them a helpful, great team of nurses
- Being available to us at any time. Having someone there to be 'the first to call' person
- Having someone to talk to outside family members
- Having them a phone call away. Being there for me when needed and giving me a smile always
- Just knowing someone was there when I needed them
- Palliative Care team very supportive and very caring
- Someone else for my husband to talk to about his illness
- The cheerful respectful support for patient and family.
- The dedication of the Palliative Care nurses and doctors, especially their encouragement and support during the patient's final days
- The feeling that they had all the time in the world to spend with us. The time they spent explaining the process and how it would happen (her dying)
- The love, care and support of having someone to talk to and give moral support

Advance Care Planning (ACP) is a process for making and writing down future health care wishes in advance. What you write down in your Advance Care Plan only comes into effect if and when you become unwell and are unable to make or communicate those wishes for yourself. It is important to know that medical treatment, including surgery, should only be given with your fully informed consent and that you have the right to refuse any treatment. If you become seriously ill, information in your Advance Care Plan will guide your family and doctor when making medical treatment decisions on your behalf.

We have a number of Advance Care Planning Consultants who have been trained to assist people with this process of formulating their wishes and distributing the documents to relevant health care professionals and services.

Doing an Advance Care Plan: Step by Step

Step 1: Thinking about your future medical care

Step 2: Planning your care

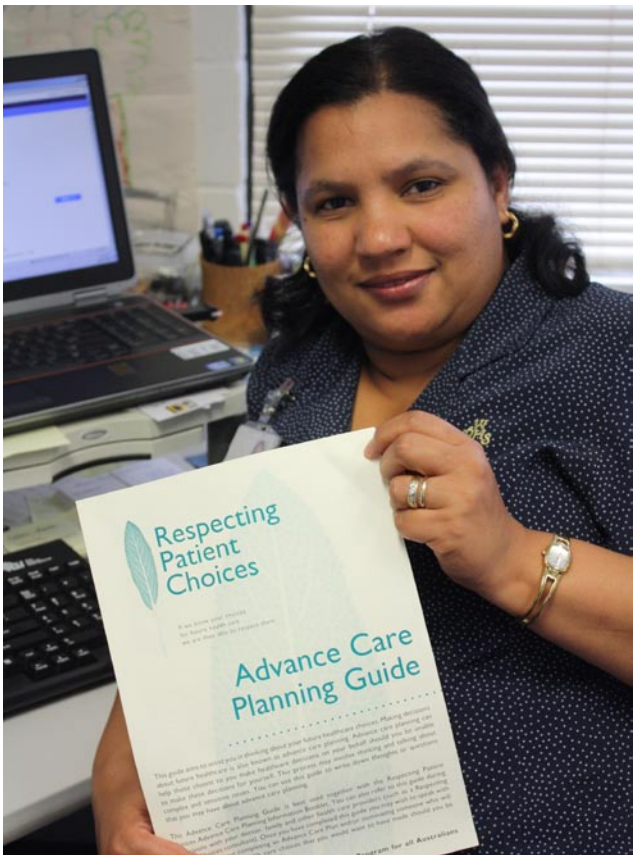
Step 3: Choosing someone to speak for you

Step 4: Writing down your wishes

Step 5: Informing others of your decisions

The following conditions must be satisfied for an advance directive to be valid:

- The person making the directive was competent at the time it was made
- The directive was made voluntarily without inducement or compulsion
- The directive was based on appropriate information of the choices and the consequences
- The directive was intended to apply to the circumstances that have arisen
- There have been no changes in the wishes expressed and the directive has not been revoked
- Whether the person was permanently or temporarily incapacitated?
- Are there reasonable grounds for believing that new circumstances exist which did not exist at the time the person made the directive?



Erika Fisher, WDHS Clinical Nurse Consultant Palliative Care

Hamilton Digital Theatre is a first of its kind

The WDHS's vision behind introducing innovation into surgery was the opportunity to have an operating theatre that provides the best practice surgical services to our community as well as attracting and retaining the highest quality health professionals.

We were able to achieve this by building a leading edge theatre, which makes use of the highest quality audio and visual surgical equipment available. This has lead to a positive patient experience, and the creation of a new work place that is more wholesome and satisfying for all theatre staff.

The implementation of the ENDOALPHA Operating Room System, upgrade of wireless network, installation of a new ceiling mounted arm and equipment pendant and wall mounted LCD represent the final stage of a $600,000 upgrade.

It provides high definition digital imagery and equipment for laparoscopic (keyhole) and endoscopic surgery to the HBH Operating Theatres.

The state of the art high definition digital imagery and equipment is used for gynaecology and urology, ear, nose and throat, general surgery, endoscopy and laparoscopic surgery, which accounts for approximately 45% of the case load of the 3,100 operations performed each year at HBH.

The image available for clinicians with the new equipment was described as "stunning" and the benefits in terms of ability to diagnose and clearly see the operating site were immediately apparent. This quantum shift in image quality is the equivalent of moving from an analogue TV system to high definition TV when watching the Discovery channel. The benefits for patients are improved diagnosis, faster recovery times, reduced infection rates and therefore better outcomes.

The ENDOALPHA system enables the capture of high definition digital video images, and stores images, reports and video in the patient's electronic record. WDHS Surgeon, Stephen Clifforth said, "HBH is a teaching hospital and this new system's ability to stream images live within the Health Service or, if required, to a remote external consultant will significantly enhance our teaching and training capacity. It will also provide exciting opportunities for referral to external expert consultants for unusual or complex cases."

This exciting development for WDHS was made possible via the partnership with Olympus Australia, the support of the Top of the Town Committee and sponsors who contributed in excess of $219,000, the Hospital Opportunity Shop Auxiliary, which donated $35,000, other community donors and the commitment of WDHS staff and medical staff to the implementation of this new technology.

Olympus Systems Integration Consultant, Brad Mischel said "This particular model of digital theatre installation is the first of its kind in Australia and certainly establishes WDHS as a regional centre of excellence for laparoscopy and endoscopy."

"Throughout the project, we have been absolutely overwhelmed by the professionalism and "can do" attitude of all involved WDHS representatives and staff. It is also heartening to see the local community support the Health Service to such a high level and clearly it is the community which will benefit from the new technology."

"This particular model of digital theatre installation is the first of its kind in Australia and certainly establishes WDHS as a regional centre of excellence for laparoscopy and endoscopy."

WDHS Surgeon, Stephen Clifforth demonstrating the benefits of the newly installed Digital Theatre System.

Hamilton Model Midwifery Care (HMMC) Program

The Hamilton Model Midwifery Care provides continuity of care for women ensuring the continued maintenance of their dignity and individuality, and enhances and supports the skills of midwives and doctors in a collaborative framework.

Ongoing Objectives

» to sustain Maternity Services at WDHS

» to maintain and improve clinical outcomes for mothers and babies

» to provide women with choice and participation in their care

» to enhance the scope of practice of midwives, thereby improving recruitment, retention and work satisfaction

» to increase collaboration and collegiality with medical staff and allied health staff.

The HMMC ensures a one to one relationship between a woman and her midwife for midwifery care throughout pregnancy, labour, birth and postnatal. Each woman is allocated to a midwife, with support from one or more midwives from within the HMMC. In collaboration with the Specialist obstetrician/GP obstetrician each midwife is allocated up to 40-45 women, according to Equivalent Full Time (EFT), annually. In our previous traditional model of care one EFT midwife, would care for approximately 27 women annually therefore, the new model of care utilises the midwifery hours effectively when required and is aligned to the needs of mothers and babies.

Acknowledging and addressing problems in a timely manner, increasing the personal confidence of staff in caring for maternity patients through education, and promoting a positive attitude towards the model and ward functioning have been factors in achieving improvements and sustainability. Opportunities will continue to be provided to assist staff to maintain and improve their skills in the care of maternity patients. Common themes in staff responses indicated that continuity of care, sustainability of service and improved confidence are important benefits resulting from implementation of the HMMC. Rejection of the change would have resulted in the likely cessation of birthing services at Hamilton Base Hospital.

Since implementation in mid 2009, the HMMC has grown from strength to strength, and is now widely accepted by staff and the community. The HMMC is currently implementing a virtual visiting service for our more remote families, assisting them to feel 'connected' to their health service.

10 Tips for safer health care

Participating in decisions about your health care can help provide the best possible outcomes; the following 10 Tips can assist you.

1. Be actively involved in your own health care. Take part in decisions that are made about your treatment.
2. Speak up if you have any questions or concerns you have a right to ask questions and to expect answers that you can understand. Your health care professional wants to answer your questions, but can only answer them if you ask.
3. Learn more about your condition or treatments by asking your doctor or nurse and by using other reliable sources of information. It's a good idea to collect as much reliable information as you can about your condition, tests and treatments.
4. Keep a list of all the medicines you are taking so you can let your doctor and pharmacist know about everything you are taking and about any drug allergies you may have.
5. Make sure you understand the medicines you are taking when you purchase medicine, make sure you read the label and any warnings. Make sure it is what your doctor ordered for you.
6. Make sure you get the results of any test or procedure. If you don't get the results when expected, don't assume ''no news is good news''. Call your doctor to find out your results, and ask what they mean for your care.
7. Talk to your doctor or other health care professional about your options if you need to go into hospital. Become involved in decisions about your hospital treatment by discussing your options with your health care professionals.
8. Make sure you understand what will happen if you need surgery or a procedure. Ask your doctor or surgeon exactly what the procedure will involve and who will be in charge of your care when you're in hospital.
9. Make sure you, your doctor and your surgeon all agree on exactly what will be done during the operation. Confirm with your doctor and your surgeon your operation details as close as possible to it happening.
10. Before you leave hospital, ask your doctor or other health care professionals to explain the treatment plan you will use at home. Doctors can sometimes think that their patients understand more than they really do about their continuing treatment and follow-up after they are discharged home from hospital.

These 10 Tips have been adapted from the US Agency for Healthcare Research, and quality patient fact sheets (available on the Internet at **www.ahrq.gov/consumer**). More detail can be found at **www.safetyandwquality.gov.au**

Your Feedback

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

How can you provide us with feedback?

» Complete and submit a Patient/Consumer feedback form available throughout WDHS

» Write to the Chief Executive Officer

» Speak directly to one of our department heads

» Talk to our Quality Manager

How do we manage your feedback?

» On receipt of a complaint, we aim to respond to you within two working days, acknowledging receipt of your complaint

» An investigation will be undertaken and a formal response will be forwarded within 30 working days

» If you are unhappy with the final response, you can contact the Health Services Commissioner to assist in resolution of any issues

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

» Improved heating throughout the wards

» Improved heating in the preoperative waiting room

» Enhancement of Emergency Department meetings to reduce length of stay

» Staff work areas have been enclosed to reduce noise levels

» Privacy screens installed in Pharmacy and Emergency Department

» Increased involvement with families regarding discharge planning

» Conducted staff training for non-midwives to assist in the maternity areas

Victorian Patient Satisfaction Monitor

We take part in the state-wide patient satisfaction survey known as the Victorian Patient Satisfaction Monitor. The survey asks people who have been discharged home from hospital a series of questions related to their admission, participation, complaints management, physical environment, general information and overall care.

We receive a report which assists us in identifying strategies that can improve services and patient satisfaction. It also enables us to track our performance over time and compare our results to similar hospitals.

Our most recent results from July 2010 – December 2010:

Two hundred and thirteen inpatients completed the most recent survey and were very satisfied with most aspects of their stay at WDHS. The hospital consistently performs above our peer group and state average.

Consistent with previous surveys, the majority of patients reported that they were helped a great deal by their stay in hospital and felt that the length of time spent in hospital was about right. Especially high performance scores were obtained for the courtesy of nurses, cleanliness of the toilets and showers, cleanliness of the patients' rooms and for treating patients with respect.

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

Verbatim responses to open ended questions:

What were the best things about your stay in hospital?

» Pain management following surgery was excellent. Protocol for self administered pain relief backed up by staff given meds was regular, and I was constantly asked to give a measure from 1-10 on my pain levels before attempting movement

» General attitude of care and kindness by all staff was consistent across all roles

» All staff actually LISTENED to what I said/asked. Nothing too much trouble

» All things in general staff, doctors, the hospital was very good all round

» Hospital was well appointed and picturesque, staff were well trained and capable of their jobs, parking was great for visitors and the support after leaving hospital is exceptional

» Prior information – knowledge to assist my procedure, what to expect and the benefits –

» The caring attitude and personal approach of all staff

» Undoubtedly the staff. I think the nurses on the ward and in theatre, the doctors, anaesthetist, admission nurse, reception nurse, even the tea lady - they were all ridiculously pleasant. I don't actually think I came across anyone at the Hamilton Base Hospital who was unpleasant. They all seemed to have a sense of humour, understood the pain I was in and what I needed throughout my stay. I was in hospital for 72 hours - I didn't want to be there, as I'm sure no one does, and 12 months prior, I had had the same procedure at [hospital]. My experience at Hamilton was completely different, in a great way. I even had the pharmacist come up and explain medication to me. The nurses took the time to speak to me on a human level as opposed to purely as a patient. The Chief Medical Officer was amazing as well - she managed to put me at ease the moment I walked in to her office. My surgeon - could not have been a more gentle and understanding man to have had operate on me. The theatre staff were able to put a smile on my face and even make me laugh at a time when I was totally scared of what was going to happen. I could not be more happy with my overall experience and I commend every single staff member I came in contact with throughout my stay - thank you!

What were the worst things about your stay in hospital?

- Don't like hospitals. They make me feel awkward and I just want to leave, but I know I wouldn't be there if I didn't need to be
- Entering ward in middle of the night and disturbing other patients
- Fairly noisy sometimes during the night
- Finding where to go in the dark at night time, when in a strange place
- Having to share a room. I value privacy also don't like knowing I may be a disturbance to other patients' recovery. Also personal doctor/nurse and patient conversation can be overheard
- Some general nurses not skilled or lacking knowledge in the area of midwifery so couldn't give the most effective care to my baby, only happened during a few shifts where midwives weren't available

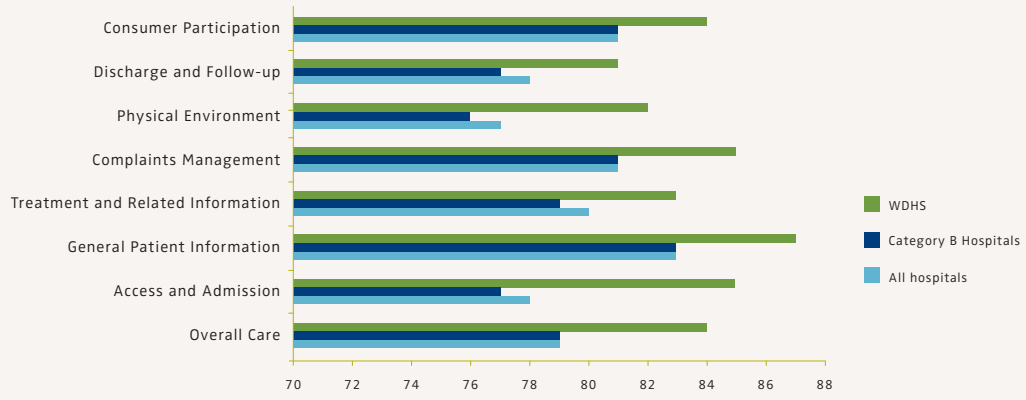
What could the hospital do to improve the care and services it provides to better meet the needs of patients?

- Adjust staff to needs, particularly maternity trained staff
- Better choice with food and not being woken up at 6.30 for blood pressure and being weighed
- Better communication
- Continue the way you are going. Full credit to doctors and nurses
- For me all things, just great, no complaints what so ever from start to finish, staff are kind, friendly and very efficient. 10/10 to all

Highest Scoring Items July-December 2010	Mean Score (out of 5)
Courtesy of nurses	4.50
Being treated with respect	4.47
Cleanliness of toilets and showers	4.46
Cleanliness of room most frequented	4.44
Personal safety	4.42

Lowest Scoring Items July-December 2010	Mean Score (out of 5)
Restfulness of hospital	3.80
Quality of food	3.81
Explanation of side – effects of medicines	3.86
Facilities for storing belongings	3.92
Temperature of hot meals	3.92

Benchmark data comparing WDHS with Category B and Statewide Hospital Benchmarks



Risk Management

Part of ensuring high quality care for our community we must have a strong risk management system in place. We must ensure that our staff are appropriately trained and skilled in all aspects of managing and monitoring risk. Staff must feel comfortable reporting any incident so that improvements can be made.

Victorian Health Incident Management System (VHIMS)

The DoH is committed to improving the quality and safety of Victorian Health Services and a new policy has been developed as a guideline which incorporates a standardised framework for the collection and management of clinical incidents. On 1 February 2011 the Victorian Health Incident Management System (VHIMS) was introduced across Victoria using the electronic system known as Riskman.

We were already using the Riskman system prior to the introduction of VHIMS, but due to changes in the system an extensive education program was conducted to ensure all staff understand how to report a clinical incident or a near miss.

Incident reporting since 1 February 2011

Outcome of Incident	Number	Percentage
1. Severe	3	0.4%
2. Moderate	22	3.27%
3. Mild	464	64.5%
4. No harm/near miss	214	29.7%
Unknown classification	16	2.2%
TOTAL INCIDENTS	**719**	**100%**

Total Falls - 226	Medication Errors – total 137	Pressure Areas – total 38
ISR 1 Major – 0 ISR 2 Moderate – 5% (1) ISR 3 Mild – 71% (162) ISR 4 No harm/near miss – 27% (63)	ISR 1 Major – 0 ISR 2 Moderate – 1% (1) ISR 3 Mild – 32% (44) ISR 4 No harm/near miss – 66% (91)	Grade 1 – 45% (17 Grade 2 – 45% (17) Grade 3 – 10% (4) Grade 4 – 0

All staff are responsible for:

1. Notifying their designated manager of an incident at the time of the event
2. Reporting incidents in the Health Service incident management system
3. Participating in the investigation and review of incidents as required
4. Participating in the implementation of recommendations arising from investigation of incidents
5. Encouraging colleagues to notify all incidents identified

Incident Severity Ratings:

The severity classifications have changed with the new system and we now have four ratings:

1. Severe
2. Moderate
3. Mild
4. No harm/near miss

Risks

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

Preventing and Managing Pressure Injuries

Pressure areas are injuries resulting from unrelieved pressure on underlying tissues and are recognised as an indicator for the quality of care provided by healthcare facilities.

Research was undertaken by WDHS staff to decide on the most suitable assessment tool to be used to predict a patient's risk of developing a pressure injury. Following a successful trial of the Braden tool it was implemented across the acute wards of the hospital. Since its implementation, pressure injuries to patients while in hospital continue to remain at a lower rate than previously experienced.

Funds have been allocated to support an ongoing review of pressure relieving devices. There is an ongoing replacement program and purchase of additional devices to assist in the prevention of pressure injuries across WDHS.

Twenty three new air mattresses have been purchased for use across the Health Service.

This along with ongoing education in prevention of pressure injury will assist in maintaining the low levels of incidents seen to date.

Clinical Governance

Dr Alastair Wilson, incoming Director of Medical Services, Gillian Jenkins, Quality and Risk Manager, Dr John Christie, outgoing Director of Medical Services

Clinical Governance is the framework and processes in place to ensure accountability for the continuous improvement to the quality of our services. At WDHS we maintain a safe and effective environment for all – our patients, carers, staff and visitors.

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

The clinical governance framework is the basis for directing the delegation of the clinical governance process within the Service, including ongoing monitoring and reporting. We foster a culture of risk awareness in which patient/client safety is paramount and is everyone's responsibility.

We have robust quality improvement and risk management frameworks in place to support safe and effective care, and allow us to respond to areas of concern in a timely manner.

Our key principles are:

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

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

Medical staff are only appointed following approval by the Clinical Credentials Committee and the Medical Appointments Advisory Committee, and finally following approval from the Board of Management.

Our Infection Control Service

Our Service

The Infection Control service for Hamilton Base Hospital (HBH) involves maintaining a presence and the provision of services across Hamilton, Coleraine and Penshurst. Infection Control Consultants at Hamilton also provide a regional consultancy role for hospitals in the Southern Grampians and Glenelg Shires.

This service is delivered by two part time staff, equating to one full time position.

Infection Control promotes awareness of correct behaviour and practice, monitoring outcomes through auditing and analysis of any incidents or outbreaks.

Staff education remains one of the most important ways to promote good infection control practices, with infection prevention seen as the responsibility of all health care workers.

Staff Health and Safety

The Infection Control service also manages staff health regarding vaccinations and occupational exposures to blood or body fluids.

This year, to support the Victoria Government Pertussis (whooping cough) Program to provide free vaccines for new parents, our Infection Control service has offered the vaccine to all WDHS staff at a minimal cost. Over 100 staff have now taken advantage of the whooping cough vaccination program.

A review of occupational exposure incidents found that a reoccurring theme existed involving a particular type of needle on Insulin Pens. An alternative was researched and implemented and a new sharps container was introduced to reduce the risk of these incidents occurring, improving sharps safety across WDHS.

Hand Hygiene

The simplest of practices, such as good hand hygiene remains a focus in healthcare, with three audits per year conducted and data submitted to Hand Hygiene Australia.

The target for hand hygiene compliance in Victoria is set at greater than 65%, which Hamilton Base Hospital has achieved, performing better than the average for Victorian public hospitals for the year 2010 to 2011 as shown in the graph of results. The compliance rate achieved in the latest audit is 80%.

Surgical Site Infections

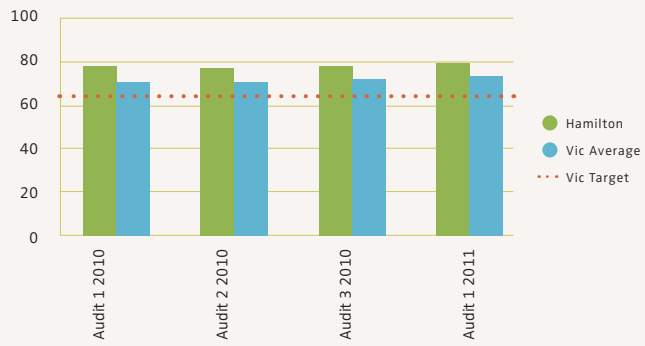
A serious concern for Infection Control service is the rate at which patients develop infections following surgery. It is understood that an infection following surgery is a risk of any surgery; our practices can impact on this, keeping the rate as low as possible.

Through collaboration with local surgeons, all patients undergoing surgery are reviewed following their surgery. If an infection has occurred, it is reported to the Infection Control service. The rate of infections is monitored and reported to the Infection Control Committee for review and analysis to identify any underlying potential problems.

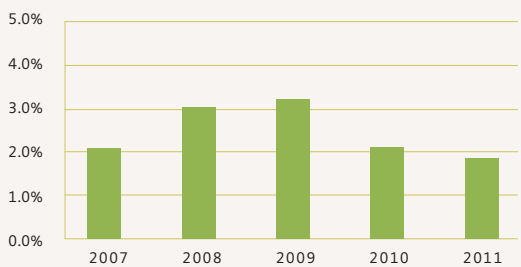
An overall infection rate is difficult to state, as the risk varies due to each type of surgery having its own level of infection risk, the overall rate sought is below 5%. Over each of the past five years our infection rate has been well below 5% and for the current year the overall rate is 1.8%.

Infection Control Clinical Nurse Consultant Mark Stevenson demonstrating correct hand washing procedure

Hand Hygiene Audits 2010/2011



Surgical Site Infections



Regional Wound Management

The WDHS Regional Wound Management program commenced in May 2008 and is funded to provide consultancy, mentoring and educational support to 22 District Nursing and Aged Care services across the Barwon South West region. Lesley Stewart our Clinical Nurse Consultant (CNC) is based at the WDHS and coordinates the program across the region.

The program aims to enhance staff knowledge and support staff in delivering consistent and best practice wound management.

Specialist consultation by the CNC, is conveniently delivered to people in the comfort of their home or residential care setting. These consultations are delivered face to face or via the video link medium.

The program has now moved into the evaluation phase of a four year trial. In the three years that the program has been in place, we have seen many rewarding outcomes.

Communication and wound management education across the region is achieved through the introduction of quarterly newsletters, face to face contact and regular web ex sessions. This year 5,545 formal hours of wound education has been delivered to 478 regional staff.

A collaborative project this year, involving the Victorian Regional Wound CNCs and Royal District Nursing Service, (Connected Wounds) has resulted in the development of a suite of nine staff and patient educational pamphlets.

Protocol development and E-learning packages have been a focus and will continue into the future. An E-learning Doppler competency is well utilised across rural Victoria.

Protocol development includes, a generic wound management chart, skin tear management with the new ''STAR'' classification system, wound management documentation guidelines, visitrak wound measurement, hand hygiene in the community setting, wound cleansing, product selection, wound swab technique, and aseptic technique.

Provision of resources is supplemented with equipment provision, such as cameras, visitrak wound management tablets, dopplers, and pressure relief equipment, to assist the staff to participate in efficient wound assessment and practice.

All resources are available on the web site that has been developed and maintained by the Victorian Wound CNCs. This electronic ''one stop'' shop has had 1,608 page reviews and 221 down load incidents in the past 12 months.

Lesley Stewart conducting a wound assessment with Coleraine District Nurse, Katrina Hodgson

Medication Safety

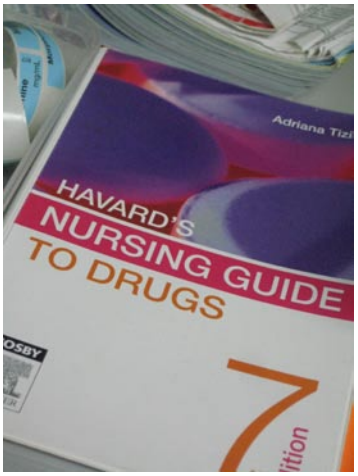
WDHS has a Medication Advisory Committee which meets regularly to discuss any issues surrounding medication management and looking at opportunities for ongoing quality improvements. For medications to have their intended effect, it is important to know what medications patients are taking before they come into hospital. This ensures that we are able to monitor any changes that may occur while the patient is in hospital.

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

All staff play a vital role in identifying and reporting medication errors. We have a robust incident reporting system which captures this vital information allowing us to closely analyse any errors or near misses. Reports are studied closely in an attempt to identify any systemic problems that may need to be addressed.

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

ITEM (scores out of 5)	July –December 2010	Category B score	State–wide score
Explanation of medicines	4.09	3.95	3.95
Explanation of medicine side effects	3.86	3.72	3.71
Explanation of medicines needed post hospital	4.01	3.90	3.95



Falls Prevention

People admitted to a health care facility are susceptible to falling due to their age or illness or the altered routine and unfamiliar surroundings. Falls can result in broken bones, other injuries and possible extended time in hospital. Around one third of older people fall each year. Of those hospitalised with a fracture resulting from a fall, less than half are able to return home to their normal life.

A fall is defined as an event which results in a person coming to rest inadvertently on the ground or floor or other lower level. All fall incidents are recorded and classified on our incident management system Riskman, so that we can actively monitor and manage falls.

1. Identifying your risk of a fall

» When you are admitted to any of our facilities a falls risk assessment is completed to identify if you have a risk of falling

» If you have a moderate to high risk of falling, strategies will be implemented in an aim to reduce your risk of falling and to minimise harm if you do fall.

2. Strategies to reduce your risk of a fall

» A care plan will be developed highlighting your high risk of a fall which will alert all staff

» You may be transferred to a low level bed

» You may be referred to other health professionals (physiotherapy, occupational therapy) where it is appropriate

» You may be taught about safe footwear, how to use equipment safely and understanding your limitations

» Your room may be de cluttered by removing any unnecessary items

3. Monitoring the process

» Falls and potential falls are reported on our Incident reporting system Riskman

» Every incident is analysed and evaluated and we compare our results with other health care organisations

After the implementation of the Peninsular Health Falls Risk Assessment Tool (FRAT) across all of our aged care facilities we have now introduced it across our acute wards, following extensive education for all staff. Our number of inpatient falls requiring intervention is 0.05% compared to the rate of 0.15% for other hospitals.

"Our acute falls rate has reduced from 0.52% to 0.20%."

Our Blood Transfusion Program

WDHS appointed a Transfusion Trainer in March 2010 for 18 months. The aim of the position is to be a visible advocate to promote and improve safety regarding the taking and administration of blood and blood products in its many and varied forms. During this period of time the following improvements have occurred:

» Our request for admission form now specifically identifies consent requirements for Blood Transfusion

» There has been ongoing staff education with monthly compliance audits undertaken

» Ongoing participation in the Blood Matters Project which is a nationwide initiative for all staff involved in the collection and administering of blood and blood products

» Promoting informed patient consent regarding the benefits and risk of receiving blood and blood products

Consent for blood transfusion:

Why would you need a blood transfusion?

Some people may need a single, emergency transfusion after an accident or major surgery. Others may have an illness where blood products are required frequently during their treatment, e.g. patients with blood disorders, kidney disorders or having treatment for cancer.

What is a blood product?

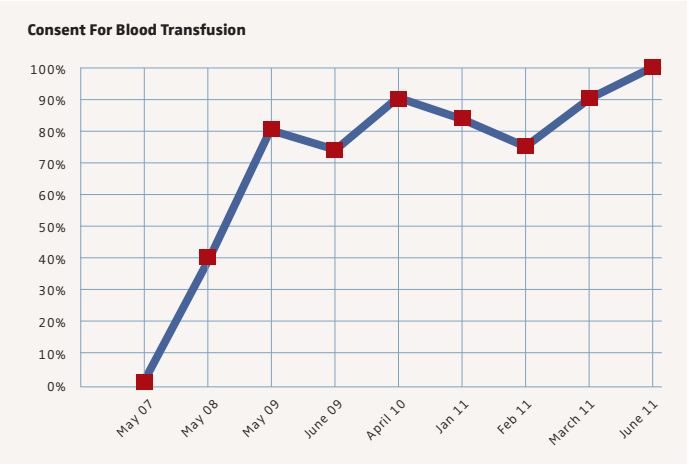
When a blood donor donates blood it is routinely 'whole blood' which is collected. This whole blood is divided into different components or products. Not all people who require a blood transfusion require the red cells.

What do these different blood products or components do?

» **Red blood cells** – carry haemoglobin that delivers oxygen to your tissues and organs. Red cells are usually given if haemoglobin levels are low (anaemia) or if a lot of blood is lost.

» **Platelets** – are given to prevent or stop bleeding. Some diseases, medications or treatments can lower the number of platelets or they may not work properly. This product is yellow in colour.

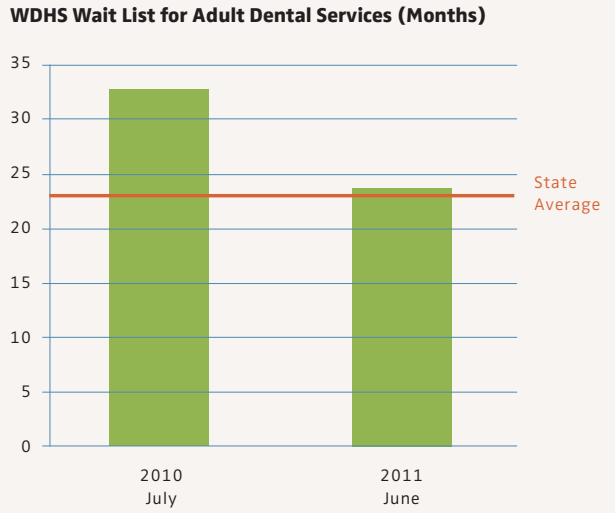
» **Fresh Frozen Plasma and Cryoprecipitate** – contain clotting factors that work with platelets to seal wounds. Some clotting factors are individually manufactured, but if unavailable then fresh frozen plasma and/or cryoprecipitate may be required. These products are also yellow in colour.



Our Dental Program

The WDHS Dental Clinic has three chairs and is located on the Frances Hewitt Community Centre site. During the course of the year a number of workforce service models have been trialled to provide service continuity. As a result we have improved our wait list time for adult dental services from 33 months to 24 months to bring it more in line with the state average.

Indicator	Our Result	Region Result	State Result
Number of returns within 28 days following emergency care	5.9%	-	5.4%
Number of teeth re-treatment within 12 months following restorative care	4.8%	5.8%	5.3%
Number of attendances within 7 days following extraction	0%	0.6%	1.1%
Child recall rate	100%		
Waitlist <23 months	24 months		



Waste Management

Caring for our Environment

The WDHS, Hamilton Base Hospital currently holds WasteWise Gold certification awarded by the department of Sustainability Victoria.

This award recognises the commitment from management and staff regarding waste reduction by focusing on the 3 R's of waste management "Reduce, Reuse and Recycle"

During the past year we have been closely monitoring our waste and have produced the following outcomes:

- 16% reduction in general waste volume
- 175 waste skips not requiring servicing
- A saving to the organisation of $2457.70
- 100% of recyclable cardboard is recycled
- Aluminium, glass, office paper and plastic products which can be recycled are recycled
- Recyclables entering the general waste stream has reduced from 2.8% previous audit to current 0.4%
- 351 cubic metres of recyclable material diverted from landfill

A general waste audit was conducted over a 24 hour period to identify what recyclable material was entering the general waste stream. Once again great outcomes were achieved:

ITEM	2010	2011	Improvement
Aluminium cans	16	9	56%
Plastic bottles	18	11	61%
Steel cans	1	0	100%

"If you don't measure it – you can't manage it"

Food Safety

WDHS operates a cook-chill kitchen that produces meals Monday to Friday catering for the Hospital and Grange Aged Residential Service covering seven days and five days for meals on wheels, day care and the cafeteria. WDHS also provides management of catering and food safety for Coleraine District Health Service and Penshurst and District Health Service. Food safety training is provided in-house by the Food Safety Supervisor, who is in charge of a team providing around 900 meals a day.

Each year we are audited for compliance with standards mandated by the DoH including packaging, storage and processing of food. We are fully compliant and received excellent comments from the Auditor:

''WDHS provides excellent meal provision that covers a range of facilities, as well as providing support in food services for the other District Health Services in the region. The Food Safety Program has been devised in-house and continues to be amended on a regular basis in line with changes made in the food services.

''The Food Services Manager provides support and monitors the food safety procedures undertaken in this facility and overseas the day to day operation with regard to management of food safety.''

''The Staff during the audit demonstrated a keen interest in providing quality food that was produced, served and delivered whilst keeping the kitchen maintained in a food safe environment. The audit found the premises adequate to produce the meals with the Staff motivated and dedicated to undertake all the food safety requirements.''

"The food, friendliness of staff, politeness of all including the tea people and meal delivery people were the best part of my stay."

Our Clean Hospital

Cleaning plays a very important role in any Health Service. The cleanliness of our hospital is important for maintaining infection control, public comfort and assisting in delivering quality patient care. The confidence the public have in their health system is maintained by presenting our facilities in a clean and aesthetic state.

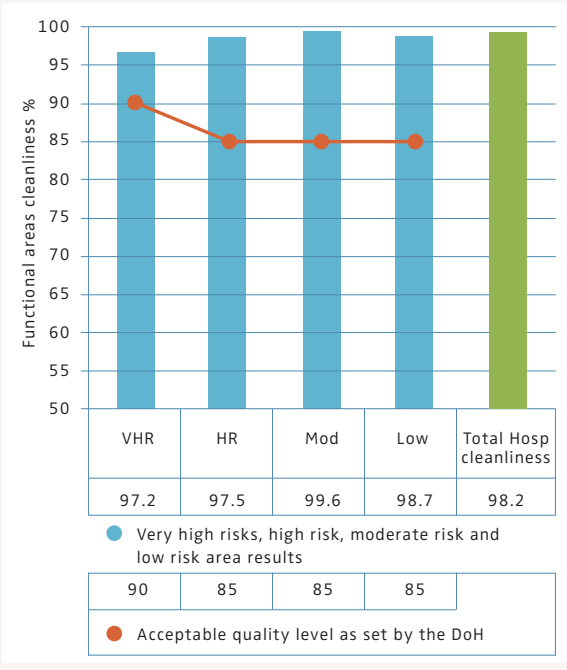
If the grounds and facility appears clean, neat and uncluttered, the public will remain confident that the service they will receive will be of the highest possible standard.

The graph displays the Hamilton Base Hospital cleaning audit results for May 2011. The red line in the graph displays the AQL, ''acceptable quality level'' This is the required cleanliness level to be maintained by the Health Service and is set by the DoH.

The blue bars in the graph display the level of cleanliness in areas of the facility as identified by risk.

- VHR ''Very High Risk areas'', Operating Theatres and ICU rooms, etc
- HR ''High Risk areas'', General wards, Pharmacy, Emergency, etc
- Mod ''Moderate Risk areas'', Allied Health areas, Janitor rooms, Day activity areas, etc
- Low ''Low risk areas'' Engineering workshops, Supply department , Admin areas, etc

2011 HBH Cleaning Audit Results



Accreditation

Accreditation is a required measure of accountability. It is the formal process that is used to determine how we are performing against a specific set of standards that are set by governing bodies to ensure that the standard of care is of the highest quality.

Our community can feel secure in knowing that WDHS is fully accredited, which means that all services including acute and residential care have been assessed by independent assessors, successfully meeting all of the expected standards. The accreditation process provides us with opportunities to make quality improvements in any aspect of care identified.

During the accreditation process a team of assessors will conduct a very detailed assessment. Members of the team will talk with staff, patients, residents, carers and community representatives. They will review the documentation and observe the day to day functions of the health service.

Acute Care Services

The Australian Council on Healthcare Standards (ACHS) Evaluation and Quality Improvement Program (EQuIP) is the agency that assesses our acute and community services. In June this year a two day onsite survey was undertaken for our midterm accreditation. This is known as the Periodic Review. The feedback from the survey was very positive overall recognising that a significant number of clinical and corporate activities were leading edge and ongoing accreditation was recommended. There are a number of recommendations and suggestions for further improvement that will be implemented in readiness for a full re accreditation survey that will be conducted in 2013.

Aged Care Services

The Aged Care Standards and Accreditation Agency is the agency that assesses our aged care facilities. During the past 12 months all of our aged care facilities were visited by representative assessors of the agency. All visits were successful with ongoing compliance to accreditation standards. All of our facilities will undergo a full accreditation process during the next 12 months.

During this time our Community Aged Care Packages (CACPs) program will undertake a self assessment using a new set of Community Care Common Standards in preparation for an onsite survey later in the year.

Sherryn Jennings, Community Advisory Committee member reviewing a patient brochure

Bariatric Surgery

WDHS offers a surgical weight loss service (or bariatric surgery) for people who are very obese. Bariatric surgery has been available for over 10 years, during which time, more than 600 community members from the catchment area have accessed this specialised service.

WHDS is the only regional hospital in Victoria and possibly Australia offering this specialised service.

Weight loss is achieved by reducing the volume or size of the stomach by either stomach banding (commonly known as ''lap-band'' or ''stapling'') or through surgical removal of a portion of the stomach. This results in the patient quickly feeing full when eating and so reducing kilojoule intake, resulting in rapid weight reduction.

Obesity in our society is a major cause of diabetes, high blood fat levels, high blood pressure and heart disease, which can lead to a shortened life span due to heart attack and stroke, among other conditions. In addition, obese people are more likely to suffer from depression and social issues. Often it is extremely difficult for obese persons to lose weight and keep that weight off, getting caught up in what often becomes a vicious cycle of diets, small weight loss, then more weight gain, depression and so on. Surgical intervention through bariatric surgery can break that cycle and offer a person a new lease on life.

International long-term studies show weight loss surgery can result in significant long-term loss of weight, recovery from diabetes, improvement in heart disease risk factors, and a reduction in death caused by obesity, as well as a greatly improved sense of well being.

After significant planning and design by WDHS staff, a major retrospective study of patients who have undergone weight loss surgery was commenced in May 2011. A detailed patient questionnaire was sent to patients to voluntarily complete. The study was also available via the internet to assist with ease of completion. The goal of this study is to inform the Health Service about patient experiences at WDHS, how to improve services to ensure best patient outcomes by understanding how to select and prepare patients for this specialised treatment, and how to support them over the longer term after surgery.

We expect to have preliminary results from the study data completed by late July 2011. A detailed analysis will follow and be completed a few months later.

Dr John Christie Director of Medical Services, Jodie Nelson, WDHS Chief Dietician, Mr Stephen Clifforth, WDHS Surgeon, Dr James Muir, WDHS Director of Anaesthetics, Carolyn Gellert, Chief Health Information Manager

Team-based Primary Health Care for Chronic Conditions

The aim of this research was to investigate the benefit of Medicare Benefits Scheme (MBS) programs on client health and wellbeing. A sample of 35 clients participating in an MBS diabetes clinic participated in the research. A qualitative consumer experience survey and audit of clinical measures were conducted.

The research was conducted at the WDHS and our private medical clinic, Hamilton Medical Group. In September 2009, WDHS and Hamilton Medical Group commenced a collaborative diabetes clinic each fortnight enabling clients to access a multidisciplinary clinic with GPs and Allied Health clinicians in the one location under a fully bulk billed service. Clients receive a GP Management Plan and referral to Allied Health services under the Enhanced Primary Care items funded under MBS. A Diabetes Educator and Dietician are available fortnightly at the GP clinic and access to private or public podiatry is available off-site.

A client experience survey and clinical indicator audit (BP, Weight, Total Cholesterol and HbA1C) were conducted with a comparison of clinical data at the start and end of the 12 month period.

The findings indicate positive client feedback about the service model. 76% reported they felt their care was perfect; 57% felt very confident about managing their condition and 81% reported they were functioning well as a result of the service they had received. The overall quality of their experience with the service model was rated at an average of 92%.

The survey findings also indicate that clients found it very easy to access the service; that it was highly efficient; that the health professionals were respectful and listened to their needs (consultation); they were involved in the referral and goal setting process; they were offered options to manage their condition and they felt informed about the follow-up process.

An audit of clinical measures indicated slight improvements against clinical measures but cholesterol was the only indicator that had a statistical significance, although slight. HbA1c measurements improved for only 43% of the clients. Insufficient data was available to measure the impact on waist measurement. Client goal attainment appeared very low with only 14% (N=5) achieving their stated goals. The clinical outcomes may be a reflection of shorter time periods for some participants due to the need to admit new clients into the research within the 12 month period.

The project has highlighted quality improvements needed in the collection and documentation of clinical measures and the setting of individualised client goals to enhance attainment.

While a significant change in clinical measures was not observed, the client feedback indicates that clients are very positive about their service experience under the MBS clinic model in Hamilton and feel confident to self-manage their chronic illness. These two factors are important factors in health and wellbeing. They indicate engagement with their health care providers and their self-management role. These are essential elements in their chronic care journey and offer a solid foundation for achieving improved clinical measures overtime.

Research - Indigie Grins

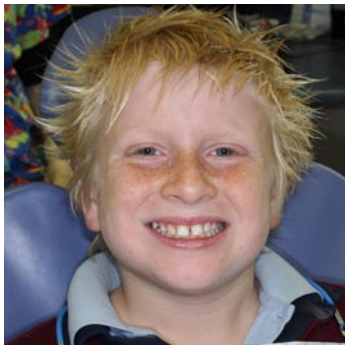
Indigenous Oral Health

'Indigie Grins' is a research project funded by Dental Health Services Victoria in collaboration with the University of Melbourne and Winda-Mara Aboriginal Corporation. The 12 month project commenced in August 2010 and aims to research the outcomes of an educational intervention program on the oral health status of a sample of Indigenous children aged five to 12 years.

WDHS' Dental Therapist, Joanne Nelson, and Men's Health Coordinator, Stu Wilder are conducting the research with Winda-Mara staff. Clinical assessments of local children are being compared with a control sample, with pre and post assessments identifying whether educational interventions will enhance oral health status. The research will be completed in August 2011 and has resulted in increased access to WDHS' oral health services by Indigenous families.

Early assessments have seen an increased use of oral health products, increased engagement with local dental services and the production of Indigenous specific oral health products that have been embraced by the Indigenous community. Statistical results have also shown significant improvements in oral health status and increased awareness of oral health needs within the sample.

Ngara Marshall-Hume



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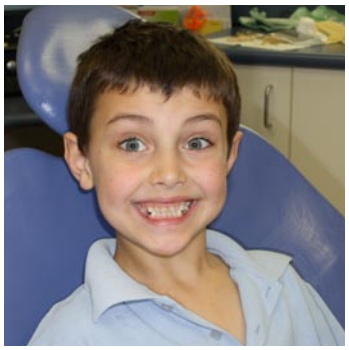


Sage Anthony Leeworthy

Trifillia Grant

Participants of the Indigi Grins Research Project with Stu Willder, Men's Health Educator and Joanne Nelson, Dental Therapist

The National Centre for Farmer Health (NCFH)

The National Centre for Farmer Health (NCFH) is the only organisation delivering specialised multidisciplinary, integrated and transferable models of agricultural health and medical services, training and education direct to ''hard to reach'' farmers, rural health and agricultural professionals across Australia's diverse and challenging landscape.

As a major food exporter and manufacturer, Australia needs a healthy agricultural workforce to make the most of rising global demand for food and fibre. The Australian farm sector generates $155 billion a year, 12% of national GDP.

In the face of declining agricultural communities, an ageing farmer workforce and predicted climatic adversity, it is important to understand and address the links between physical and mental health and agricultural productivity and develop cost effective interventions to reduce mortality and morbidity in farming communities. Improved health outcomes will lead to better decision making and productivity.

Australian farm men and women experience poor physical and mental health in comparison with other Australians:

» Farmers and farm managers have significantly higher rates of mortality and injury than other occupational groups.

» Farm related injury deaths cost the Australian economy $651 million each year (2.7% of the 2008 farm gross domestic product). This includes the estimated cost of quad bike fatalities ($75million) and drownings ($65 million).

» Farmers and farm workers have higher risks of disability and life threatening conditions including: cardiovascular disease; cancer (prostate, colorectal, and haematopoietic cancers and melanoma); animal derived diseases (Q fever, leptosporosis, hydatid); farm injury; road traffic accidents; hearing loss; and, suicide.

» Overweight and obesity prevalence is 7.8% higher and abdominal obesity is 28.7% higher in farming families.

» The rate of suicide among farmers is significantly higher than the rate in the overall population.

» Psychological distress is 28.9% more common in farmers.

» High risk short term alcohol consumption is higher in farming populations.

» Chronic pain is 53% more common in farm men and women.

» Around two thirds of farmers have measurable hearing loss. On average hearing loss occurs 10 to 15 years earlier.

NCFH: outcomes to date:

» Active engagement with farming communities from Smithton in Tasmania, to Georgetown in Far North Queensland, Northampton and Esperance in WA, Katherine and Tennant Creek in the Northern Territory and Walgett in NSW.

» NCFH has a unique capacity to bring the right advice and services to farmers in hard to reach places.

» A Centre built on partnerships with universities, health services, agricultural groups and community groups.

» Australia's only Graduate Certificate in Agricultural Health and Medicine – undertaken by over 50 students from across Australia.

» Delivery of the award winning Sustainable Farm Families TM (SFF) program to more than 2,400 Australian farming families. SFF delivers health assessments, health promotion, illness prevention, farm safety training and primary health care to improve farmer health, wellbeing and safety through increased health literacy and cost-effective strategies against chronic disease risk factors.

» Demand from farming families and rural health professionals for SFF programs exceeds NCFH capacity.

» SFF 'Train the Trainer' program delivered to over 173 health and agri-professionals across Australia who will be able to deliver SFF programs to their communities.

» Establishment of Agri-Safe clinics, the only comprehensive and integrated occupational health and safety program specifically targeted to Australian farmers and agricultural workers.

» Creation of a website for farming communities to access NCFH programs: www.farmerhealth.org.au. A partnership with the Victorian Better Health Channel provides health information to farmers with reciprocal links to the clinical and research evidence base

» Provide benefit to society and cost saving to government through reduced morbidity and mortality.

» Cross sectoral partnerships that effect real change in health outcomes for farm men and women, their families and employees, and their businesses.

NCFH Conference:

The inaugural 'Opening the gates on farmer health' conference was held in Hamilton during October 2010. The Conference was highly successful with over 160 delegates interacting with international and national speakers, and sharing their experiences in improving farmer health. A highly successful 'celebrating rural life' photo competition received 250 photos from across Australia. The conference was attended by a broad section of agri-and health professionals, government and academia. A conference DVD, proceedings and entries in the photography competition are all available for viewing at www.farmerhealth.org.au

An important outcome of the conference was the development and endorsement of the Hamilton Charter for Farmer Health.

The Birches Volunteers 2011

The 2011 Minister for Health Volunteer Award for Volunteer services in a regional health service was awarded to our team at The Birches.

The Birches Specialist Extended Care Service volunteers are a band of extremely dedicated volunteers who provide quality companionship to the lives of residents with special behavioral problems associated with dementia from Alzheimer's, Huntington's disease and other mental health conditions. These wonderful volunteers have enriched the lives of the people they visit each week. They are semi retired people with excellent communication skills and a wonderful understanding of the needs of people with cognitive and mental illnesses. The volunteers all present in beautiful colored clothing, scarves and beads, which are excellent prompts towards starting conversations. They bring in flowers, pictures, Google information and give small presents for special occasions such as birthdays and Christmas. One resident, who hailed from England originally, was provided with a photo of the house she grew up in England courtesy of a volunteer and Google maps.

The team was nominated because their work is producing amazing results in reducing negative behaviors in some residents as they provide one-on-one activities, reflecting the resident's past life and experiences. The residents are treated with respect by the volunteers and share some wonderful moments. For example ''John'' wasn't settling into care and was visited by ''Stephen'' (Volunteer). It was discovered that they both had a mutual interest in birds, after some discussion on Red Robins in England; John smiled and had positive comments to make about the time he spent with Stephen. Stephen visited ''Kevin'' who laughed out loud about the day he went to see Don Bradman and the Don scored a duck!! ''Jane'' (volunteer) has been spending time with ''Caroline'' a younger woman with Huntington's disease. She has provided her with a computer for her personal use and together they made a patchwork quilt for Caroline's bed. The value of the volunteer visit is that it reduces the feeling of social isolation and promotes meaningful friendships between the resident and their ''friend''. In some instances the visit by the volunteer is the only contact with the outside world besides staff, as some residents have no other family. Levels of anxiety and difficult behaviors are noticeably reduced due largely to these interactions.

There are direct benefits to the organisation from the volunteer interaction at the Birches. Residents are happier and calmer resulting in fewer requests for staff intervention. The Diversional Therapist is able to devote additional time to residents who are troubled and living with the fear and anxiety of the progression of their dementia without feeling she is neglecting the other residents. With the assistance of the volunteers, the residents are able to continue to engage in activities in the community as well, going on bus trips, having meals down the street, attending concerts, fishing trips and outings with residents from other facilities etc. Through this the members of the community can see that the Birches is a positive service, allowing people to continue to connect with their community, maintain their dignity and therefore reduce the fear of ''what happens if I get dementia, will I be shut away for the rest of my life?''

We are proud of all our volunteers, and the way they contribute to our health service enhances the care we provide. Volunteers don't seek publicity or rewards for their services. Volunteering is the reward in itself.

The Birches Volunteers – Jane VanHerpen, Charlie Watts, Pauline McCay, WDHS Volunteers, Julianne Gould, Leisure and Lifestyle Coordinator, Jeanette Ryan, WDHS Volunteer Coordinator with David Davis, Minister for Health (centre)

Consumer, Carer and Community Participation

Doing it with us not for us

This is the Victorian government's policy on consumer, carer and community participation in the health care system. It is the backbone to the development of participation standards, indicators and targets for Health Services. Participation by our community is highly valued because it:

» Aids to improve health outcomes and the quality of health care

» Is a democratic right

» Is a mechanism to ensure accountability

Further to this, the WDHS has a Consumer Participation Policy which underpins all facets of the Health Service's engagement with consumers, carers and the community.

We provide our consumers with written information and our most recent feedback according to the Victorian Patient Satisfaction Monitor demonstrates a satisfaction rate higher than our peers and the state average. There were positive comments received about information received, such as sufficient explanations, or easy to understand information about treatment.

Item	July – December 2010	Category B score	State – wide score
Written information received about managing condition	4.12	3.8	3.85

We have consumer representatives on a variety of committees and each campus has its own advisory group. We know that involving people in decisions about their health care improves their quality of life and health outcomes, they have a greater satisfaction with the service and they are likely to have less things going wrong.

Three consumer carer forums have been held by the Primary and Preventative Health Division to gain insight and input for direct service design for the Care Coordination Model. There have been many other occasions where consumers have been involved in staff workgroups and meetings to enhance culture change by 'putting the consumer at the centre of service planning'.

Our staff are encouraged and prompted to discuss your care and treatment options with you. We can provide you with information for you while you are a patient and can assist you and your family with any questions if required.

According to the Victorian Patient Satisfaction Monitor we consistently perform above our peer group and all other hospitals.

WDHS Community Advisory Committees

Our Community Advisory Committees play a very important role in assisting us with the implementation and evaluation of our health care services. The Committee was developed as a sub-committee of the Board of Directors and comprises a balance of community, Board and staff members. The purpose of the Committee is to provide a forum that will promote consumer involvement in healthcare planning, delivery and evaluation throughout the WDHS.

Penshurst and Coleraine both have advisory groups comprising of members of their respective communities. The members are appointed to advise the WDHS Board on issues in relation to both the Penshurst and Coleraine communities and districts on health needs and services

More detailed information regarding both Advisory Committees is available by obtaining a copy of their current 'Year in Review' Reports, which are available at the relevant campus and are also available on the WDHS website, www.wdhs.net

Two members of our Hamilton Community Advisory Committee have presented papers at National Conferences during the last year. Dorothy McLaren attended and presented at the Rural and Remote Health Conference in Perth 2011, Heart of a Healthy Nation. The paper examined the process of innovation in two rural Health Services, WDHS and the Wimmera Health Care Group.

Christine Phillips presented at the Consumers Reforming Healthcare, National Conference in July 2011.

Item	July – December 2010	Category B score	State – wide score
Consumer Participation	84	81	81

Christine Phillips, Community Representative, Rosie Rowe, Director Primary and Preventative Health

Indigenous Care

WDHS has continued to build strong relationships with Aboriginal and Torres Strait Islander (ATSI) communities in our region. We have worked very closely in an effort to gain an improved understanding of Aboriginal culture and specific needs. We are developing a culturally safe and welcoming environment. We have successfully cared for our first Aboriginal rehabilitation client and are nearing the completion of a research project in an effort to improve dental outcomes for Aboriginal children.

New Aboriginal Service Linkages

This year, WDHS has worked closely with the Winda-Mara Aboriginal Corporation to establish podiatry and dietetic services funded under the Rural Workforce Agency of Victoria. This funding has supported the development of service linkages with Winda-Mara and has resulted in other initiatives such as a monthly staff morning tea and cultural tours of Lake Condah for WDHS staff. These linkages will be further supported in the next 12 months via funding from the DoH for an Aboriginal Employment Plan.

"I received the care that I needed at the time – staff were wonderful."

Our Community Liaison Team

The Community Liaison Department is dedicated to fulfilling its responsibilities in supporting WDHS. The staff strive to use best practice, working to the mission, vision and values of the Health Service to produce excellent outcomes across the spectrum of the department's portfolio.

The two key areas of volunteer coordination and fundraising, in particular, are demonstrative of the recent success of the Community Liaison Department.

The WDHS Volunteer Program is the recipient of the following awards:

Premiers Community Volunteering Awards 2010

- Certificate Of Achievement – Hamilton Community Transport Service
- Finalist – Community Volunteering Achievement Award – Regional

2010 Minister for Health Awards

- Volunteer Services in a Regional Health Service
- For Outstanding Team Achievement – Hamilton Community Transport Service

2011 Minister for Health Awards

- Volunteer Services in a Regional Health Service
- For outstanding Team Achievement – The Birches Specialist Extended Care Service

Leonie Sharrock, Community Liaison Officer, Kerry Martin, Community Liaison Manager accepting the Gold Medal Australian Reporting Award for the 2010 WDHS Annual Report

Community Transport

Hamilton community transport: ten years old and going strong

Neil Sandford, WDHS Volunteer Driver

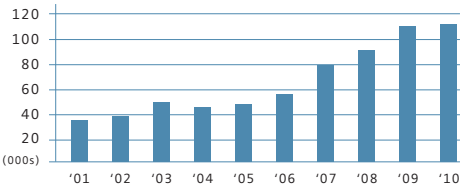
The community transport program at WDHS plays a vital role in supporting our clients and community members to attend medical appointments in Melbourne, Warrnambool and other regional centres. Since the service commenced in 2001 there has been a threefold increase in distance travelled by our volunteer drivers and the number of hours they have worked has gone from 1,326 in 2001 to 2,419 in 2010.

After starting the service with a core group of six drivers in 2001 we now have 50 volunteer drivers and a team of 14 escorts who accompany residents of the Grange Residential Care Service to local appointments.

Hamilton community transport also plays a large role in transporting people who are isolated in their homes to weekly activity sessions through the ADASS program.

The Coleraine community transport program supports the Coleraine community to access shopping, medical appointments and to visit friends or attend social events. Over the past year, 30 volunteers have provided 1,507 hours of support and travelled 17,709 kilometres.

Kilometres Travelled by Community Transport 2001-2010



Human Resources

WDHS has an ongoing commitment to the attraction and retention of high performing staff committed to the Vision, Mission and Values of the Health Service, and to providing an environment for motivating and encouraging staff to develop and use their skills to enhance the health, well being and safety of our community.

Over the last year, staff members from all disciplines have participated in professional development opportunities provided internally and externally and through online and face to face learning methods. There has been ongoing medical staff education, Continuing Nurse Education, a Graduate Nurse Program, Nursing Graduate Diplomas and Management training.

Training has been conducted for allied health professionals in professional resilience, and first aid training provided for staff from a number of units. Several staff members were supported to study toward VET sector qualifications. Qualifications have been obtained in the areas of Allied Health Assistants and Community Services (Leisure and Lifestyle).

Post graduates – back row, Sue Watt, Community Health Nurse, Women's Health, Jodie Nelson, WDHS Chief Dietician, front row Phuong Huynh, Podiatrist, Chris McGennisken, Nurse Educator, Liska Greyling, Nurse Unit Manager Operating Theatre (till March 2011), Stu Willder, Men's Health Educator, Robbie Cook, Deputy Facility Manager

Our Future Specialists

A first class experience for tomorrow's Medical Specialists

Dr Roya Arabi, and Kate Bailey, Medical Unit Ward Clerk

WDHS Hamilton Base Hospital (HBH) continues to enhance its role as a teaching facility supporting young doctors in fulfilling their ambitions to become future specialists.

Over the past seven years, HBH has increased its complement of young Doctors training to be specialists from six to this year's 16. The placement terms at HBH vary from 10 weeks on rotation to one year, with some continuing on to do a second year. Surgical Registrars stay for six months, senior Medical Registrars for three, a second Medical Registrar for 12 months, Hospital Medical Officers (HMOs) 10 – 12 weeks or 12 months and Anaesthetic G.P. Registrar for 12 months.

WDHS continues to build on its role as a teaching facility, training young doctors, giving them an opportunity to have a broad ranging experience in a sub regional health centre, which includes the full spectrum of service delivery.

Those who stay on for a second year take on a leadership role with those coming into the organisation, offering peer support and mentoring.

Registrars and HMOs play an important role in the delivery of healthcare to our community, providing support to Medical, Surgical and Emergency Department professionals 24 hours a day, seven days a week. They receive good support from senior medical staff and we provide a training ground for future specialists, helping to bridge the gap for medical specialist workforce requirements to overcome current and future projected shortages.

One of our Medical Registrars, Dr. Roya Arabi came to Australia from Iran, spending five years in Melbourne and coming to Hamilton as an HMO in 2010. Roya has now taken up the 12 month Medical Registrar position.

The Grange Aged Residential Care Facility

Ruth Warburton, Grange Resident and Pam Vince, Nurse Unit Manager Grange

The long anticipated redevelopment works at the Grange Aged Residential Care facility have commenced, and a substantial transformation and enhancement of aged care services delivered will be enjoyed by families of the Western District for many years to come as a result of the project. The Grange provides high quality care for the elderly.

Eighty nine year old Grange Resident, Frank Healy responded enthusiastically about the facility and about the staff in general. ''This place is unreal. The devotion to duty from all the staff, from management to the tea girl is wonderful. They are always pleasant; it is a perfect place where nothing is too much trouble.''

''I've been here for several months, coming after spending two weeks in ICU. Dr. Ford helped to get me in here and I could not be happier. I've made friends and there is something on all the time to get involved in. We can just pick what we want to do, whether it's leaving to go shopping or join one of the activities like going on an outing to barbeques at the lake or Cherrypool or visiting Nelson for a boat ride on the river. I don't think it's possible to improve on the care we are given here.''

Frank knew the Grange well before becoming a resident in September last year. His wife Vonda was cared for at the Grange for 12 months and he still has a copy of a letter he wrote to the Unit Manager at the time, thanking the service for the constant high level of care and attention to her needs. His closing words in the letter were, ''The people of the Western District are very fortunate to have such a place for their elderly'', and as he has discovered first hand, this devotion to duty is still as strong as ever.

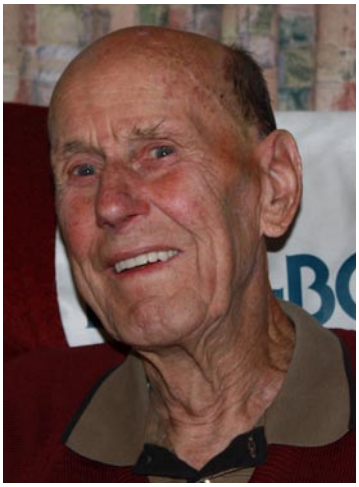
Gladys McIntyre, who is 101 and has received her letter from the Queen for reaching a century, is also a very happy resident of the Grange. Gladys believes that it is most important to be cared for in your own community where family can visit at any time and things and people are familiar to you.

''The Grange really is very nice and Hamilton is a lovely community. I came here from Melbourne to marry Robert Walter McIntyre when I was 27 and lived on our farm at Karabeal with our family, two daughters and a son ever since. That was in 1936. My family still live locally and it is so good for me to be cared for where my family is close by.''

'I've made good friends here, and I did know some of the residents and staff before I came here. That's what I mean about it being in your own community. ''

''The food is always good and there's always something to do – play cards, listen to the musicians who visit, attending church services or special functions that have been arranged. I also have a radio in my room which I like to listen to and I read a lot.''

''The most important thing is that my family still live in the district and are close by. I can look forward to a family visit for Christmas Day. Being cared for in your own community is wonderful and the Hamilton community is such a good community.''



Frank Healey, Grange Resident

Dulcie Partington, Grange Resident and Kathie Jansen, Registered Nurse

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