

South West Healthcare



Quality of Care Report 2012|13

Our Vision

To be a leader in providing innovative and quality health services

Our Mission

We are committed to providing a comprehensive range of healthcare services to enhance the quality of life for people in South West Victoria

Our Values

CARING

We are caring and responsive to the needs of users of our service, their families and our staff.

RESPECT

We respect individual rights and dignity.

EQUITY

We promote equity of access and service delivery sensitive to individual needs.

INTEGRITY

We are guided by the highest ethical principles in carrying out our professional responsibilities.

EXCELLENCE

We continually review and analyse performance in order to ensure best practice.

The photos throughout this Quality of Care were provided by The Warrnambool Standard

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Our Quality of Care Report is available via:-

- Our four campus'
- The Annual General Meeting
- Our website www.southwesthealthcare.com.au

Access

INTERPRETER

If you require an interpreter to read this report, please ask a SWH staff member.



VISION IMPAIRMENT

The electronic version of this report can be "zoomed" for those with visual impairment

What we have Been Doing

Highlights from the year July 2012 to June 2013

- The Warrnambool Community Health facility was officially opened. The state-of-the-art, one-stop health shop houses 260 staff offering a diverse range of community, allied, medical and mental health services and a six-chair dental clinic. The facility has an electronic appointment system, providing a queuing system for our clients.
- The new Warrnambool Community Health facility also incorporates a General Practice Clinic. This initiative will provide an alternative treatment option for patients who may have attended the Emergency Department.
- We are working to improve our patient's treatment pathway in the area of Chemotherapy through a project framework. SWH is one of seven participating health services in this collaborative work
- Our Perinatal Emotional Health Program (PEHP) collaborated with the Royal Children's Hospital and the Mercy Mental Health Mothers and Baby services, to provide training to 80 local practitioners on mental health issues for mothers either before or after the birth of their child.
- We held our 5th biannual Lactation Mysteries Revealed conference that was attended by more than 250 health professionals who travelled from three states to hear respected international clinicians and educators speak.
- We continued to perform better than comparable hospitals across the state in our patient satisfaction survey
- Hosted our annual NAIDOC (National Aboriginal and Islander day celebration)
- We welcomed our third Nurse Practitioner-Justine Rea. Justine trained in the area of Emergency Nursing and her training allows her to prescribe medications, and order/interpret various tests results such as blood and x-rays.



Where we are Located

Our Region

South West Healthcare provides care and services to over 110,00 people within the Warrnambool City Council, Corangamite, Glenelg and Moyne and Southern Grampians Shires of south west Victoria. We are the largest employer in the region: 1,253 people work for South West Healthcare.



Our hospitals are based at:

- Warrnambool (the main campus) ①
- Camperdown ②

Our Mental Health Services offices are based at:

- Warrnambool (headquarters) ①
- Camperdown ②
- Hamilton ⑥
- Portland ⑤

Our Community Health centres are based at:

- Warrnambool (headquarters) ①
- Camperdown (including an adult day centre) ②
- Macarthur ④
- Lismore ③

Our aged care facility is based at:

- Camperdown ②



Who are our Community

1.5% of the population identified themselves as Indigenous- the state average is 0.7%

23% of our community volunteers for an organisation or group- The state average is 17.7%

The rate of people in our community reporting their health as either very good or excellent is the worst in the region and worse than the Victorian average

87% of the community in the Warrnambool area were born in Australia (Census 2011)

The most common languages spoken (other than English) were Arabic, Mandarin, Dutch, French, German and Greek

11.5% of the population is providing unpaid care to a person with a disability

- Warrnambool households have a significantly lower median income than Victorian households
- Percentage of persons overweight or obese in the Corangamite shire = 54.9%
- Percentage of persons in Corangamite Shire who do not meet fruit and vegetable dietary guidelines = 50.0%
- Warrnambool has the highest rate of mental health clients compared to the region and the rest of Victoria
- Warrnambool also has the highest rate in the region of family violence and child abuse
- Corangamite has the highest regional rate of people at risk of short-term harm from alcohol consumption; the rate is also higher than the Victorian average

How we promote Participation

Understanding our consumers' needs

Our community is becoming more diverse each year. Our challenge is to meet the needs of our community, including Aboriginal and culturally and linguistically diverse (CALD) members. We have services to meet the needs of our Aboriginal population and refugees. Our approach to delivering appropriate services to these groups is coordinated through a Cultural Diversity Committee who plan, implement and evaluate our Access and Equity Plan.

Aboriginal Health

South West Healthcare, the Gunitjmara Aboriginal Cooperative and the Kirrae Health Service successfully ran a Strong Men's Project, or Peeneeyt Maar. These organisations joined together to promote Aboriginal health through a regional Aboriginal Health Promotion and Chronic Care partnership program.

Our 'Peeneeyt Maar' – Strong Men's Project acknowledges the impacts of poor health outcomes on the community and, through our Aboriginal Health Promotions Officer, we devised a series of programs aimed at improving the grass roots of Aboriginal health by introducing a range of positive behavioral change projects.

The projects were well supported by local Aboriginal men and included practical nutritional guidance in the form of hands on education and training sessions in the selection, preparation and cooking of healthy food options. The Mibbinbah camp supports Aboriginal men to gain their rightful place in society through spirit healing, empowerment, celebration, education, networking and advocacy.

The Scuba diving course supported engagement and relationship development with Victoria Police and new skills development that lead to increased confidence and self-esteem. The 'Didge' project took a group of young men through the spiritual and cultural journey of making and learning to play the didgeridoo.

Cultural Awareness Training

The Aboriginal Health Unit delivers 'Cultural Awareness' Training within South West Healthcare and to external agencies.

The training provides a background that touches on the history of Aboriginal people including colonisation, missions, the stolen generation and the impact this has, and continues to have, on Aboriginal people. It is an informal style of presentation that aims to generate positive discussions. In 2012/13, training has been provided within SWH to a range of staff such as the Maternity Unit, Medical Interns, Community Health staff and Nursing staff.

Comments from staff who have attended the training:

Thank you to Raelene & Alan for providing a valuable session on Aboriginal Cultural Awareness recently.

I found the training thought provoking, and further to this, it has positively influenced my practice and approach to local indigenous clientele.

I would highly recommend this training to all SWH staff, more sessions to expand on this introduction to cultural awareness if possible.



Links for Care and Discharge Planning

- An electronic medical record alert for Culturally and Linguistically Diverse (CALD) clients who access the service is helping the Aboriginal Liaison staff and Refugee Nurses to ensure all care and discharge planning requirements are met.
- The Aboriginal Health Liaison Workers (AHLO) also work closely with the community based Hospital Admission Risk Program (HARP) team which helps people with chronic illness self manage their condition.
- Our Post Acute Care and Discharge Planning teams have plans and policies to make effective primary care referrals and seek the involvement of Aboriginal workers and agencies when appropriate.

Refugee Health

Our organisation has in place a Refugee Health Program that includes a Refugee Health Nurse and a Refugee Nurse. The Program commenced in 2012 to meet the needs of individuals living in our area who are from non-English speaking backgrounds and have been in Australia for less than five years. Our service supports people to develop their ability to organise, plan and access services to meet their own needs, to develop community connections and create a welcoming environment for eligible newcomers.

The Program helps in a variety of ways such as providing:-

- Advice on education available
- Referral to health and housing services
- Tenancy advice
- Advice and referral can also be offered regarding consumer rights, police and the law, employment, the health system, family relationships, social support and other life skills.

The Program will also work in partnership with local schools to improve cross-cultural awareness and understanding through training and activities for students and staff.

Manifold Place Community Health – Camperdown

The Camperdown Community Lunch held in December was a roaring success with 140 people of all age groups enjoying fun filled hours of laughter, great food, singing and gift giving. The lunch was well received thanks to the Corangamite Shire’s generous grant and an army of helpers from Manifold Place, Uniting Church, St Vincent De Paul, Community House, Lions, Rotary, local caterers and businesses, Camperdown Bowls Club and many community members.

In order to improve the diabetes clientele the diabetes educator and the Early Intervention in Chronic Disease in Community Health (EIiCD) self-management facilitator have developed a series of easy to follow flowcharts for clients use. They are currently being assessed as to their usefulness, ease of use and outcomes.

We welcome a new Hospital Admission Risk Program (HARP) coordinator to Manifold Place and the demand for her services has increased. Our coordinator has strengthened ties with external providers as well as developing new relationships. The success of this role was highlighted in a recent case review in the doctor’s surgery that was attended by all health professionals and agencies involved in the clients care. This collaborative model will continue on a rotating basis with the two medical clinics in Camperdown.

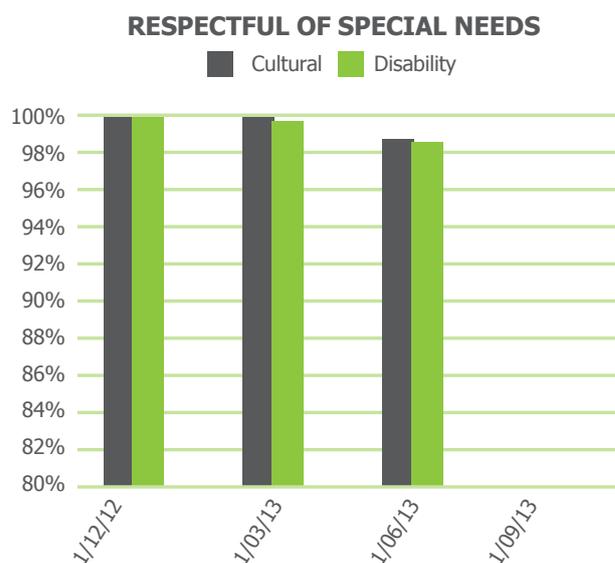
The Chronic Illness programs (Steps to Wellbeing and Leap Forward for Life) have now been extended from Manifold Place to Lismore Community Health and David Newman Adult Day Care Centre, the EIiCD coordinator and self-management facilitator spreading the word about managing chronic illness.

To improve the client’s facilities, two new consulting rooms and disability toilet have been constructed at Manifold Place.

Did we meet your needs?

We monitor our patient’s satisfaction with our ability to meet their religious and cultural needs via our patient satisfaction survey. We ask our patients “Are you satisfied the care given to you was respectful of your language, cultural and ethnic needs?” and “Were you satisfied that any disability you have was supported by appropriate aids and services?”

Our patients consistently rate our performance in this area at a satisfaction level over 98%.



How we promote Participation

Doing it with us not for us

People who take part in decisions concerning their health care often have:

- An improved quality of life
- Increased satisfaction with their health provider
- Fewer things going wrong.

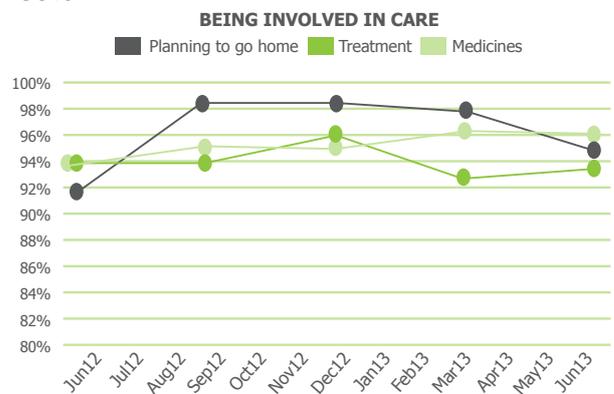
Staff Culture Promotes Involvement

- Staff attend ongoing education to promote a culture of participation
- Our Care Plans and Clinical Pathways (documents to guide care) prompt staff to discuss your care and treatment options with you, and provide information and education to assist with this.

Information Brochures and Booklets Promote Understanding and Participation

- We have written information on specific health issues and surgery to assist people to understand their care and treatment
- We consult widely through our Community Advisory Groups and through working parties with our staff, consumers, carers and community to inform and review the development of our booklets and brochures to make certain that our resources comply with government guidelines.

- Our Mental Health Services have in place a Friends, Family and Carers Group who provide insights into the way service delivery affects them and review all the group review feedback received across the Mental Health Service
- Our patients are asked how satisfied they were with being involved in planning to go home, their treatment and the management of their medications and consistently rate our performance in these areas above 90%



Doing it with us not for us is the Department of Health's policy on consumer, carer and community participation in the health care system. South West Healthcare meets all the standards required by the policy.



'Doing it With Us Not For Us' 2010–2013 Strategic Directions

Standard 1 The organisation demonstrates a commitment to consumer, carer and community participation appropriate to its diverse communities.

Target= 75% SWH=100% compliance with the specified strategies

1. SWH has a consumer/ carer/ community participation policy in place
2. SWH contributes to the planning and implementation of the work of the Primary Care Partnership
3. We use local media outlets, our website, our Annual Report, our Quality of Care Report, our Newsletters and our Health Promotion Programs to disseminate information on consumer, carer and community participation
4. A cultural responsiveness plan is in place and is known as the Access and Equity Plan. This plan is monitored through our Cultural Diversity Committee.
5. Our Aboriginal Health Department is vibrant and dynamic and incorporates its Cultural Responsiveness Plan into the organizations' Access and Equity Plan
6. Our Disability Action Plan is a component of our Access and Equity Plan
7. The structures and processes we have in place for consultation include Resident Focus Groups, Consumer Advisory Committees, patient surveys, and a Consumer Liaison Officer
8. We ensure participation is enabled by providing education to our staff such as Patient Goal Setting, by ensuring participation is built into our care processes, for example, setting patient goals as part of our care pathways.

Standard 2 Consumers and, where appropriate, carers are involved in informed decision-making about their treatment, care and wellbeing at all stages and with appropriate support.

1. Our acute care consumers rated their participation as 84.4 compared to the state average of 82 (Jan to June 2013) (target = 75)
2. Our maternity patients are surveyed but there were insufficient response numbers
3. Our community health clients rated their participation in decisions about their care at 90.2% (Target =90%)
4. 62.25% of our Mental Health clients have completed a self-rating measure (target=75%)
5. The number of residents/families/carers satisfied with their involvement in decision-making about their care or treatment= Residents 88.8% Relatives =91.2% (target=75%)

Standard 3 Consumers and carers are provided with evidence-based, information to support key decision-making along the continuum of care.

1. SWH consumer information complies with the Department of Health's checklist for assessing written consumer health information. Our policy "Consumer Health Information" follows the guidelines and incorporates the checklist for staff use.
2. The rate of respondents to consumer and carer surveys who rate the information as being 'good' to 'excellent' for SWH is 88% (target = 75%)

Standard 4 Consumers, carers and community members are active participants in the planning, improvement, and evaluation of services and programs on an ongoing basis. SWH= 100% Target = 75%

1. The Board, Chief Executive Officer, Executive Directors and key personnel determine measurable outcomes to be achieved via annual strategic planning that include a consumer engagement focus. Community forums are held to ensure participation in planning for the organisation and surveys are distributed to the community.
2. Service and program planning for our Community Services involves local community groups
3. Consumers are active participants in projects including our Surgical Flow Redesign project, the Chemotherapy Redesign project and our airways disease pathway project
4. A robust Compliments and Complaints system is in place with consumer review of the data and actions
5. SWH has in place various committees to promote participation in planning by community members – Ethics Committee, Quality Care Committee, Community Advisory Committee and Improving Care for the Older Person Committee
6. Our Community Advisory Committee review and approve our consumer health information

Standard 5 The organization actively contributes to building the capacity of consumers, carers and community members to participate fully and effectively.

1. Members of our Community Advisory Committees are actively involved in the production of the Annual Quality of Care Report and provide feedback on the draft versions
2. 100% of our orientation and in-service training programs conducted by the mental health service for its staff demonstrate evidence of consumer and carer involvement

Mental Health

“Get Amongst It” was a community mental health week event held during October 2012 on the Warrnambool Civic Green.

Physical health, relaxation, healthy eating, and fun activities were held to show people with co-occurring mental illness and substance use what is available in their community thus promoting social inclusion and citizenship. The day was designed to showcase activities and programs that are not specific for mental health or drug and alcohol, but those that are available every day to all members of the community.

More than 500 people attended the day organised by the Dual Diagnosis Advocates Group, a group that highlights

interagency collaboration as it includes consumers, carers and staff from South West Healthcare Mental Health Services, Western Region Alcohol and Drug Services, Psychiatric Disability Rehabilitation and Support Services services, MIND and Aspire, Department of Corrections, Child Protection, Centrelink, Headspace, Bethany, and Brophy Family and Youth Services. A small amount of sponsorship was received from the Mental Health Foundation of Victoria.

Get Amongst It will again be held in October 2013 during mental health week.

Mental Health – Consumer Advisory members Training

Three members of the Mental Health Consumer Advisory Group were involved in a workforce development training day run by the Western Education and Training Cluster or WETS for short.

The training was facilitated by enthusiastic and inspiring presenters and participants examined and discussed a range of topics throughout the day including the reform agenda, levels of leadership, how consumers can best engage with clinicians through education, having influence and being ‘change agents’. Also examined were opportunities to be involved in influencing the practice of clinicians and what could be done as a Consumer Advisory Group committee member to influence current practice.

In the afternoon session the group looked at what it would be good to be able to do and thought about Consumer Advisory Groups and how they fit into the service system. Networking and learning from other groups in Victoria was raised, as was the idea of having a day where all the Consumer Advisory Groups in the Western Cluster met together to do this. It was agreed the idea would be taken back to the Western Cluster to see if they might be willing to support a day like this. It is hoped the idea is well received and will one day become reality.

Mental Health – Parenting Forum

South West Healthcare’s first-ever parenting forum exploring the strengths and challenges of parenting when mental illness is a part of your life was held in Warrnambool in August.

Presented by the “Families where a Parent has a Mental Illness” (FaPMI) Strategy and the participation team, the forum was opened to parents with mental illness, carers and anyone else within the community with an interest. Approximately 20 people attended the forum, both in person and via videoconference around the region. Participants explored what children need, how to build healthy relationships with children, what parenting supports are available in the community and where to find more information.

There is perhaps no role in life as rewarding, complicated, emotional and challenging as being a parent. All parents negotiate a variety of issues on a daily basis surrounding the physical, emotional, social and behavioural needs of their children. Add parental mental illness to the mix and life can be extremely demanding and complex. Research tells us that 23% of Victorian children are living in families where a parent has a mental illness.

Families where a parent has a mental illness have the same hopes and aspirations as other families. However the impact of the symptoms of illness, the treatment and discrimination within the community can affect the health and wellbeing of all members of the family.

How we promote Participation

Haemodialysis self-care

A new program of voluntary training for dialysis clients has been introduced. This training allows our clients to participate in their own care during their treatment, with the aims of increasing their self-esteem, improving their compliance and wellbeing, giving them a sense of achievement and satisfaction. A letter was given to each client introducing the program, letting them know that participation was not compulsory and they were not expected to do anything they did not feel comfortable with. The clients were shown the traffic light model which indicates certain levels of independence in their treatment sessions.

Red - was used to show a client where staff manage all the treatment procedures

Yellow- showed that the client could collect the necessary equipment and attend to other tasks such as weighing themselves

Green - shows a client who is able to undertake all relevant tasks associated with their dialysis, except to insert the cannula device. Extra equipment was purchased to ensure each client had access to weigh scales and blood pressure machines. One client who is extremely pleased to be part of the program is Lorraine Gleeson. Lorraine has been dialysing at our Unit for the past 7 years and spent some time talking to staff about her thoughts on the program.

"Ever since I started dialysis in Warrnambool (7 years ago) I have always wondered how the system worked, what each of the lines did and how the machine worked. Staff had informed me but you don't understand if you're not working it yourself. When the program started in April I was very apprehensive and scared but at the same time excited and very much prepared to have a go.

The staff introduced each step slowly so I could understand. I learnt how to set up my work place, then setting up of the Blue lines and then the Red lines on the machine. I then started taking my own vital signs, using a portable blood pressure machine and now write them down on my chart and am able to let staff know if my blood pressure starts to drop before I feel unwell. I have progressed through the colours and am very thrilled to be on the green independent colour. I come in half an hour early for my treatment to give myself time to set up; which I know also helps the staff"



Clients have taken to the concept very well. Each month staff assess client's progress and alters their traffic light colour as they progress. At the start of the program there were 16 clients at the red level, one month later ten clients

were at the red level and six had progressed to the yellow level. Currently the Unit has 7 clients on Red, 7 clients on yellow and 2 clients on Green which means they are independent with their own care.

How we have ensured Quality and Safety

South West Healthcare ensures quality and risk management play a significant role in the culture of our work place. Each staff member has a responsibility to ensure they provide a safe, high quality service to consumers. Quality and Safety processes are maintained and overseen by a dedicated Quality and Risk Unit.

Quality Management

Improving our Consumer's Experience

Patient Experience Surveys

Improving our patient's experiences is important to all our departments and staff. A number of services conduct satisfaction surveys; the information provided by these surveys assists us to make improvements.

We also offer each patient the opportunity to provide feedback on their experience through either the internal participation survey or use of the "Happy or Unhappy" form.

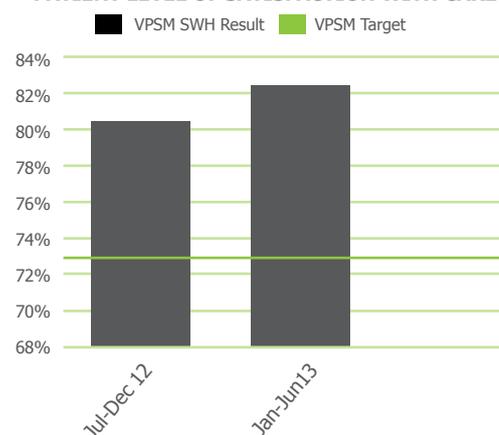
A variety of changes have been made in response to the surveys and feedback:-

- Tinting placed on the Maternity Unit windows to ensure privacy
- A telephone queue process introduced for the dental clinic to replace a message machine
- Installation of glass panels at a number of nurses stations to reduce noise
- Introduced a relaxation channel on our television system that is accessible to all patients
- Removal and replacement of steep stairs and heavy doors in our buildings
- Review of our admission processes to streamline these and make them consistent for patients
- Introduced the brochure "Talking to your doctor"
- Altered the day our speech therapy group "Tea and Talk" is held
- Limited late night calls to shared patient rooms

In 2012-13 our patients told us we have been doing a great job:

- 406 patients responded to our internal patient satisfaction survey and rated our care in a number of areas including access to services, friendliness of staff, quality of our food and involvement in their care. The overall rating of our care by patients was between 98 and 100 per cent satisfaction with the care we delivered. Our target is 90 per cent satisfaction.
- The Department of Health randomly select discharged patients to complete the Victorian Patient Satisfaction Monitor (VPSM), an external patient satisfaction questionnaire that covers a range of questions relating to admission, complaints management, physical environment, general information and overall care. South West Healthcare's results are compared to 23 other Victorian hospitals of similar size and we consistently rank among Victoria's top three rural regional facilities. The latest results in June 2013 demonstrated our patients gave us an overall care satisfaction rating of 82% per cent against a target rate of 73% set by the Department of Health. In 2014 this satisfaction survey will be replaced and we will begin using specialised survey tools to measure a patient's health experience rather than just their level of satisfaction.

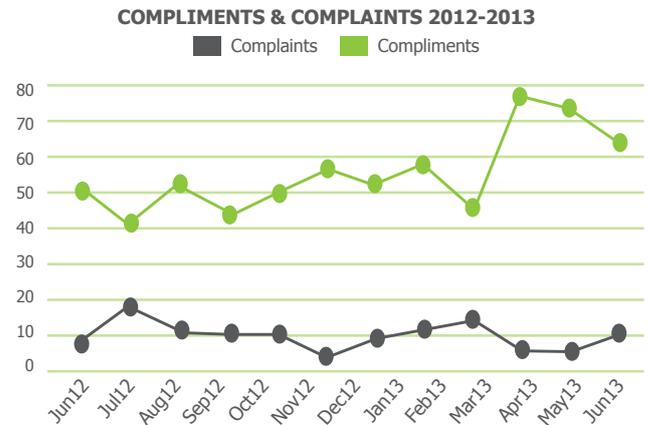
PATIENT LEVEL OF SATISFACTION WITH CARE



How we have ensured Quality and Safety

Managing Your Complaints and Compliments

All patients and visitors are encouraged to provide feedback about experiences they believe could be improved. The Patient Information Guide directs patients to our suggestions and complaints process and we have a Consumer Liaison Officer to address any issues raised. Every complaint is monitored and actioned and is reported to our Quality Care Committee and other management committees on a regular basis. The number and type of complaints is also compared to the compliments we receive and we are pleased to report that the compliments always outweigh the complaints.



Some of our compliments include:-

- **Doctors, nurses, rooms, services, level of professionalism, respect from the practitioners, use of 'layman' terms for my condition/treatment which reduced my fear.**
- **Friendly, professional staff. Comforting, clean, fresh environment. Relaxing. What a view.**
- **I found the courtesy of staff, whether doctor, nurse or administrator to be excellent.**
- **If I ever need hospital treatment again I would gladly choose Camperdown Hospital.**
- **You weren't just a number you were a person.**
- **The theatre nurses have been consistently professional and reassuring. Doctors always professional. Theatre room is state of the art and excellent facility.**

Clinical Guidelines and Policies

Basing our care on best practice

We ensure all staff have access to evidence-based, best practice clinical policies and guidelines to guide the care they deliver. We use a software system to store these policies, to alert us when they are due for review and to provide access to staff 24 hours a day. This system is very active with staff accessing policies and guidelines regularly; for example in April this year policies were accessed on 3865 occasions and over 34,000 documents were printed off the system in 2012.

At our accreditation in May 2012 it was noted there was a strong system for the development and implementation of policy and monitoring compliance with both legislation and policy.



Accreditation

Full marks for accreditation

South West Healthcare participates in a wide range of external service reviews and accreditations. The benefits of undergoing these external assessments are the opportunity to determine where we need to improve, how well we are doing compared to others and the opportunity to learn from the health professionals (surveyors) carrying out the assessment.

In May 2014 we will undergo accreditation with new standards. We have been preparing for the introduction of the National Safety and Quality Health Service Standards. Our organisation has been undertaking quality activities to ensure we meet all the standards. Patient involvement is central to the new standards and SWH is collaborating with our patients, ensuring they are a partner in the delivery of their care.

Australian Council On Healthcare Standards (ACHS)

Full 4 year accreditation achieved June 2010

Aged Care Standards Accreditation Agency

Full 3 year accreditation achieved May 2011- regular unannounced reviews maintained accreditation status

Cleaning Standards

Full Compliance

Food Safety

Full Compliance



How we have ensured Quality and Safety

Patient Safety

Clinical Governance

Clinical Governance has been defined by ACHS as “the system, by which the Governing Body, Managers, Clinicians and Staff share responsibility and accountability for the quality of care, continuously improving, minimising risks, and fostering an environment of excellence in care for Consumers, Patients and Residents”. All staff of South West Healthcare shares a responsibility and accountability for the quality and safety of the care they deliver and this

is evident in our staff education, our policies and clinical governance committee structure. The policy that directs our clinical governance framework ensures our alignment with the Victorian Clinical Governance Policy Framework (2009). The four key areas of the framework are: Consumer Participation, Clinical Effectiveness, Effective Workforce and Risk Management.

South West Healthcare Board

Quality Care Committee

Consumer Participation

- Community Advisory Committee/s
- Families and Carers Group
- Residents Forum

Clinical Effectiveness

- Continuum of Care
- Serious Incident Review
- Mortality Review
- Clinical Practice Committee
- Redesigning Care

Risk Management

- Safe Practice & Environment Committee
- Clinical Risk Mgt Committee
- Serious Incident Review Committee
- OH&S Committee
- Product Evaluation

Effective Workforce

- Credentialing Committee
- HRM committee
- OH&S Committee

Our aim is to continuously improve our care, identify and minimise any risks to our patients or staff and promote a culture of excellence in care.

We underwent an external review of our clinical risk governance framework in 2012. The report noted that we have in place good risk management practices and arrangements and there is a sound basis from which we are able to further develop our system.

We ensure that key clinical governance areas determine what information we collect, monitor, compare with others and report through to our Quality Care Committee and to our community. This process is also informed by the 10 National Quality and Safety Health Service Standards (NSQHS) applicable from January 2013 that are mandatory for all hospitals. The first two standards Standard 1: Governance for Safety and Quality in Health Service Organisations, and Standard 2: Partnering with Consumers set the overarching requirements for the effective application of the other eight NSQHS Standards which

address specific clinical areas of patient care; Preventing healthcare infections, ensuring medication safety, patient identification, clinical handover, managing blood products, preventing pressure injuries, responding to patients who are deteriorating and a system for preventing falls.

The Commission states that Standard 1 outlines the broad criteria to achieve the creation of an integrated governance system to maintain and improve the reliability and quality of patient care, and improve patient outcomes. Standard 2 requires leaders of a health service organisation to implement systems to support partnering with patients, carers and other consumers to improve the safety and quality of care.

The primary aims of the introduction of these new standards is to protect patients from harm and to improve the quality of health service provision by providing a quality assurance system that tests whether we have robust standards of safety and quality in place.

How We Manage Risk

Risk management at South West Healthcare is integrated to include clinical and corporate risks. All risks are identified throughout the organisation by managers and staff. This information is entered into a risk register from which we then produce a risk management plan. This plan is provided to the Board of Directors and Executive and provides a risk profile for the entire organisation. Our risk and corporate safety systems have been assessed by our accrediting agency as being of a very high standard and the rating given was Excellent Achievement (EA).

Clinical risk management: Patient safety comes first

The multi-disciplinary Clinical Risk Management Committee is responsible for monitoring clinical incidents and other areas of clinical concern, such as patient equipment safety.

The number of clinical incidents reported is outlined below:-

- 2,085 incidents were reported during 2012-13
- 2,217 incidents were reported during 2011-12
- 1,950 incidents were reported during 2010-11

Each of these incidents was addressed at the time of its reporting.

All incidents are analysed for the level of risk they present not only to an individual patient but to all our consumers. The review and analysis of incidents over this past year has led to:

- Policies being changed
- Staff education and training being provided
- Equipment purchases
- Review and discontinuation of specific clinical devices
- Trialling and introduction of new clinical devices

How we have ensured Quality and Safety



National Standard: Preventing and controlling infections

The Infection Control team at SWH are dedicated to reducing the spread of infection and that reducing these rates in an integral part of patient safety during a hospital stay. Our accrediting organisation noted that our infection control team has established strong systems and processes for monitoring, controlling and preventing infection.

Hand Hygiene

Improved healthcare worker hand hygiene is the highest priority area to reduce the risk of healthcare-associated infections. Research shows however that compliance with hand hygiene is often poor, due to lack of time, hands becoming dry from soap, water and paper, and lack of access to alcohol based hand gels.

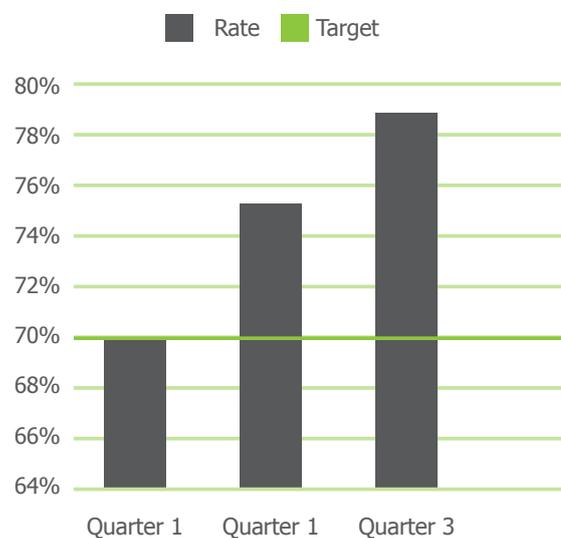
The Infection Control team provided feedback to staff regarding hand hygiene rates through reports and at the time of observing staff delivering care to patients. They also ensured the hand gel was made available at the end of each bed with the use of new brackets. This approach has seen our compliance rates rise from 70.1% to our latest result of 78.9%. The Infection Control team is now planning targeted education to specific staff groups to ensure our rate continues to rise.

Blood Stream Infections

Patients in the Intensive Care Unit (adult, paediatric and neonatal) are at higher risk of developing healthcare-associated infections, including bloodstream infections. It is believed that a large proportion of these bloodstream infections are associated with the presence of a central vascular catheter (central line). Blood stream infections are usually serious infections typically causing prolongation of hospital stay and increased cost and risk of death.

Since collecting of blood stream infection data commenced at SWH in 2008, there have been zero infections detected.

HAND HYGIENE RATE



Sterilisation Audits

Each year we have our sterilization processes externally reviewed to ensure our ongoing compliance with the Australian and New Zealand Standard for sterilization of re-usable instruments. We do this to make sure our equipment

is cleaned correctly and safe to use on our patients and that any opportunities to improve are identified. Our rate of compliance this year was 100 percent against an aggregate level of 98.6%.

Vaccinations

South West Healthcare acknowledges that the health of our staff can impact on the health and wellbeing of our patients. Maintaining a high level of immunity in our health care worker population helps prevent transmission of different disease such as influenza to other staff members and high risk patient populations. We have in place a staff health clinic where influenza vaccinations are provided to our staff free of charge.

- SWH vaccination rate for influenza was 60.4 %
- Our rate was better than the state average of 59.2%

The Staff Health Nurse is undertaking planning for next year's influenza season to ensure our rates of vaccination are improved. This planning involves collaboration with our Emergency Department and our GP Clinic.

The Staff Health Nurse also provided vaccinations to a number of health professionals that are not counted in these figures such as Ambulance staff, Police, volunteers, students, Radiology and Pathology staff.

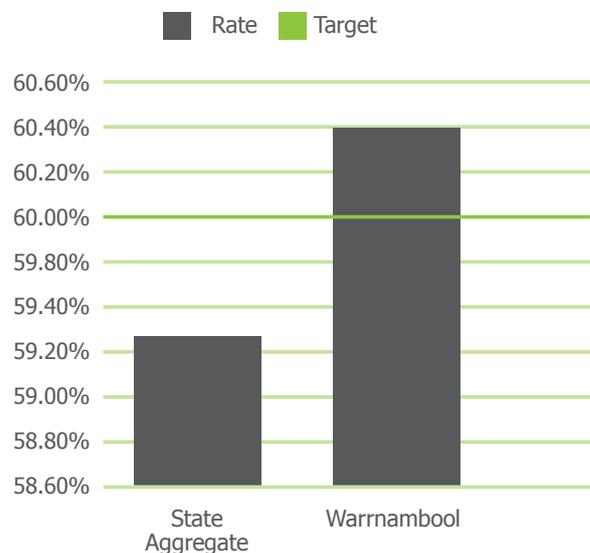
Standards for Cleaning

Cleanliness in health facilities plays an essential role in preventing the spread of organisms that can cause health care associated infection. South West Healthcare's cleanliness is assessed against the Victorian Cleaning Standards for Health Facilities.

As part of our quality improvement and patient safety processes, we have in place a comprehensive, continuous, systemic approach to monitoring our cleaning outcomes. Internal audits are performed by our trained environmental services staff in all areas and one annual external audit is undertaken by an auditor from outside the organisation.

Our results for the cleanliness of our hospitals are consistently higher than the target level of 85%

INFLUENZA VACCINATION RATE - STAFF



CLEANING AUDIT RESULTS



How we have ensured Quality and Safety

Food Safety

Catering Services underwent their annual 'third party audit' for quality and food safety. This is a requirement of all healthcare facilities through-out Australia and requires in our case about 8 to 9 hours of auditing. SWH was tested and assessed for quality and safety in production storage of food. Our auditor stated that South West Healthcare set a high standard of care for example, the staff and the nutritious, well presented and safe food offered at our hospital.

Our kitchens at Warrnambool Base have been deemed 100% compliant since standards were applied almost ten years ago. We commend our staff for their ongoing commitment and excellent results.



National Standard: Medication Safety

Policies, processes and systems are in place at South West Healthcare in order to prevent medication errors.

Our Pharmacy staff undertake a check of patient's medications when they are admitted or discharged. Checking the patient's medication chart on admission with their own medication lists or tablets helps us reduce the possibility of any error in what has been prescribed.

All medication incidents are entered into our incident database (Riskman) and are reviewed and actioned on an individual basis by the relevant manager, and by the Chief Pharmacist. A Medication Safety Committee is in place to address issues arising from these incidents and as required new policies and processes are put in place and staff training conducted.

Our reporting figures are reflective of a variety of events surrounding medications and are not limited just to those involving patients. Examples include:-

- Medication storage issues such as an unlocked drawer
- Lack of two staff signatures when two are required
- Broken ampoules
- Spilled medications (such as those used in our oncology area)
- Expiry date not evident
- Although these incidents have not directly affected patients they still provide us with information we can use to improve our medication safety system.

Although these incidents have not directly affected patients they still provide us with information we can use to improve our medication safety system.

We use the National Inpatient Medication Chart, a chart that has been standardised for use across Australia to ensure consistency for health professionals.



National Standard: Patient Identification and Procedure Matching

South West Healthcare recognises the safety issues related to patient identification and ensures there are policies and processes in place that clearly outline the areas that need to be taken into consideration when identifying our patients and matching them to their intended care.

Patient identification and procedure matching have safety checklists in place. For example we have a "Time Out" in our operating area where all details are rechecked prior to a surgical procedure commencing and staff in clinical areas must check patient identification bands prior to administering medications. These routines ensure the correct procedure, correct medication and investigation is being undertaken for the correct patient.



SWH has a robust system for reporting, investigating and addressing identification issues and this is managed through our incident reporting database.



National Standard: Clinical Handover

Clinical Handover is the transfer of responsibility and accountability of care for a patient or group of patients, to another person or professional group. Examples of this include nurse to nurse handover at the change of shifts, handover to another healthcare service when a patient is transferred and handover to another group of health professionals, such as Ambulance Victoria staff. At each transition of care, clinical handover should occur.

SWH has introduced a patient centred approach to the nursing handover in the wards and in the Emergency Department. The handover has a bedside component that encourages the patient (and family if the patient consents) to be actively involved in the handover process.

The handover process includes:

- The outgoing staff member introducing the oncoming staff member who will be taking over their care
- Encouraging patients to clarify and add to the information handed over to the oncoming staff and participating in their care

Patients and carers have been involved in the development of the structure and format of nursing shift to shift handovers. An audit of the handover process has shown that between 80-90% of patients are involved in bedside handover; those not involved were either out of the ward or were asleep.

How we have ensured Quality and Safety



National Standard: Blood and Blood Products

Some of our patients may need a blood transfusion due to an emergency event such as an accident or it may be needed as part of their treatment. South West Healthcare aims to ensure both a safe and appropriate blood transfusion service to our patients.

To ensure the safest possible environment, all nursing staff undertake training. Seventy five per cent of permanent nursing staff have completed our learning program in the last 2 years.

South West Healthcare's transfusion policy and practice has been changed to reflect the new national guideline released by the National Blood Authority.

When auditing blood transfusion practice against our policy, 93 % of all patients being transfused had a signed consent form. Staff indicated they provided patients with the required transfusion information brochure on 75% of occasions. As an inpatient strategy, the information for patients is now being stapled to the consent form as a reminder for staff to give this to patients. The brochure is also available in a number of different languages.

Wastage of blood products has been significantly reduced by changing the way we prepare our patients undergoing orthopaedic surgery, by only cross matching blood for a patient if it is indicated.

Through education, training and monitoring we have been able to reduce the number of incidents related to transfusion. This includes ensuring the correct procedures for identifying the patient:-

- by asking them to state their name and date of birth and checking this against their arm band
- checking the patient identification against the doctors order
- completing all labelling of blood tubes at the bedside
- signing and dating collection on the tubes and the doctors order form





National Standard: Preventing and Managing Pressure Injuries

Pressure injuries, better known as bed sores, are recognised as a risk, and we know that they are largely preventable. There are many reasons pressure injuries may develop, some of which we can control and some we cannot. A pressure injury is an area of skin that has been damaged due to unrelieved pressure. Pressure injuries may look minor, such as redness on the skin, but they can hide more damage under the skin surface.

When you are admitted to hospital we determine the risk each patient has of developing a pressure injury. The diagram below shows a number of the reasons that some patients are more likely to develop a pressure injury.

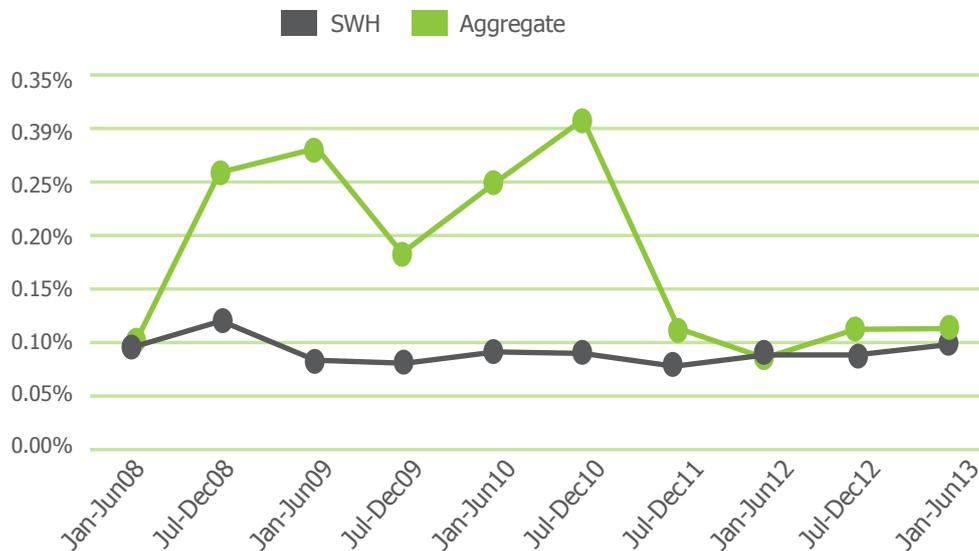
Once we have assessed the risk we put in place various strategies to reduce the likelihood of a pressure injury developing, some of these strategies include:

- Encouraging patients to move around in the bed or sit out of bed

- A dietician will look at the best food options while you are unwell
- A pressure relieving mattress can be ordered and fitted on your bed
- A heel wedge is a simple piece of equipment that helps relieve the pressure on your heels while you are resting in bed
- Listening to our patients and asking them what makes them feel more comfortable

We measure the rate of pressure injuries in comparison to similar hospitals across Australia through an independent body; the Australian Council on Healthcare Standards (ACHS). Our efforts at improving pressure injury prevention our systems have shown great improvements over the last two years.

PRESSURE ULCER RATE-BENCHMARKED RESULT



- Reduced Mobility**
– Not able to move around like you normally would
- Sensory Impairment** – Loss of feeling
- Malnutrition** – Not eating well
- Chronic illness such as diabetes**
- Poor bladder or bowel control**



Pressure Injuries

How we have ensured Quality and Safety

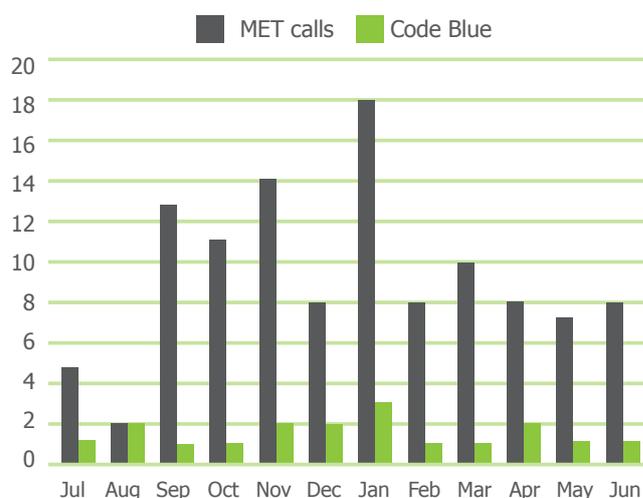


National Standard: Responding to Deteriorating Patients

Serious events that affect our patients, such as an unexpected death and cardiac arrest, are usually preceded by detectable changes in the patient's physiological and clinical measures. Identifying this deterioration early may improve our patient's outcomes and lessen the interventions we need to do to stabilise those whose condition deteriorates in our hospital. Research has found evidence that the warning signs of clinical deterioration are not always identified or acted on appropriately in hospitals.

South West Healthcare has introduced a program known as COMPASS. This is an education program designed to enhance our staff's understanding of patient's deterioration, the significance of altered patient observations, to improve communication between health care professionals and enhance timely management of our patients. This education package has been introduced in conjunction with the development and implementation of a patient vital signs chart that now includes prompts to have a patient reviewed if certain observations levels alter dramatically or reach certain levels, such as their pulse or blood pressure. Our staff report all our emergency calls and the graph below shows the increase in the use of the emergency response

systems. Either a MET call (response to a sudden change in patient vital signs) or a Code Blue emergency response (response to a patient's breathing or heart stopping) is called over our announcement system depending on the condition of the patient. The introduction of the new COMPASS system saw the number of MET calls rise in September/October as staff used the system to rapidly intervene before a patient became too unwell and required a code blue response.



National Standard: Preventing Falls and Harm from Falls

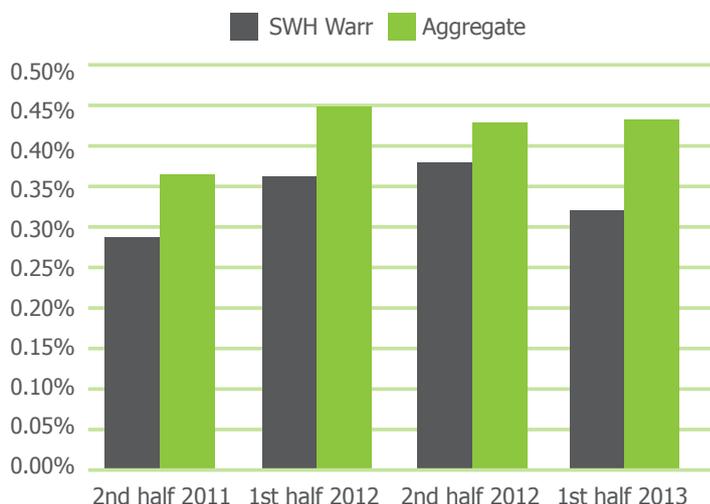
Falls related injury is one of the leading causes of injury and death in older people and the single largest reason for hospital admissions and emergency department presentations in people over the age of 65. There are many reasons people can be at a greater risk of having a fall and these include factors such as cognitive impairment, eyesight, balance, muscle strength, bone density, a history of falls, urinary incontinence and medication use. In order to prevent falls we ensure all our patients are screened to determine their risk of falling. If we identify that someone is at risk of falling we put in place a number of individualised strategies:-

- Referrals to a falls and balance clinic
- Referrals to the Dietician
- Caring for the patient on a bed that is able to be lowered to ground level
- Referral to the Podiatrist

South West Healthcare also strives to reduce any injuries that result from a fall by using interventions such as hip protectors and reviewing the need for the patient to receive supplements aimed at strengthening the bones, Vitamin D and Calcium, if they are found to be deficient.

We are always examining new strategies in this area and our Medical Unit has trialled and purchased a bed/chair alarm for the prevention of falls, alerting staff when the patient stands. Our falls rates compared favourably to other hospitals across Australia and our rate has been decreasing over time.

FALLS INCIDENCE AT SWH



Falls and Balance Clinic

Since starting, the clinic has helped more than 50 clients who are living in the community to manage their risk of falling.

After initial assessment with our Physiotherapist, Occupational Therapist, and Rehabilitation Physician, we give clients a range of positive and practical suggestions on ways that they can reduce their risk of falling.

We phone clients 6 weeks after their assessment, to see how they are going. We have found that clients have been able to put 80% of our recommendations into practice.

At the 6-week phone reviews, clients tell us:

- "It's been excellent. Caring staff. I have more confidence"
- "I learnt a lot. It was great, very thorough."
- "Definitely worthwhile. I've improved a lot"
- "I am more aware, and more prepared to help myself"

When clients come back to the clinic for their 6-month review we have found:

- clients are less anxious and worried that they might fall
- Up to 20% improvement in how independent clients are with the activities of daily living – they are less reliant on others

We have recently improved and streamlined our processes, so that we can give GP's and referrer's feedback and



recommendations as quickly as possible after clients have had their assessment.

We have also started the "Finding Your Feet" program, which many of the clinic's clients attend. The program has an exercise component, as well as focusing on developing the clients' skills and confidence to manage their falls risks.

Merindah Lodge – Residential Facility Risk Management

Merindah Lodge participate in Quality Performance Systems (QPS) and Department of Health benchmarking programs to ensure that our clinical practices are of a high standard in comparison to other public residential aged care services throughout both Australia and New Zealand.

- We are equal first in the aged care industry for minimum use of both chemical and physical restraint.
- We have effective falls injury prevention and monitoring in place at Merindah Lodge and internal audits show that staff document and report resident falls risk and falls related incidents. We have a low rate of falls related injuries.
- Merindah Lodge have an excellent resident and relative's satisfaction results. We scored above average results when benchmarked against other aged care facilities.

- While we have had an increase in the number of pressure ulcers, we link this to increased reporting by staff. We pride ourselves in our culture of reporting. Pressure ulcers are detected in the early stages and through staff diligence are healed quickly.
- Our medication error results are better than the states average

Indicators	Merindah Lodge	Statewide
Pressure Ulcer Rates	Stage 1: 1.03%	0.63%
	Stage 2: 1.10%	0.54%
	Stage 3: 0.00	0.12%
	Stage 4: 0.00	0.07%
Falls Rates	7.22%	7.31%
Fall-related fracture Rates	0.00	0.14%
Incidence of restraint	0.00	0.93%
Incidence of unplanned weight loss	0.52%	0.68%

How we have ensured Quality and Safety

Improving our reporting to you

Each year we ask our consumers, carers and community members for feedback on the content and readability of this report. We also ask if there is any other information they would like to see provided in the next report.

We capture this feedback via:-

- Members of our Community Advisory Committee
- A reply paid survey contained within the report
- Provision of the Quality & Risk Manager's email address
- Informal feedback

The feedback we received on last year's report included:-

- More items on services that keep you at home, like Hospital In The Home

- Unsure what the 4 hour rule was?
- The print was not clear enough on some pages due to the background colour
- Add titles to graphs (for people who may flick & not bother with the text description)

As a result of this feedback we have ensured that:-

- The acronyms are explained in each section
- The background colour this year will be white
- More discharge services are noted, such as Hospital in the Home





How we have ensured Continuity of Care

At South West Healthcare, we aim to ensure our patients transfer smoothly between different types of service and settings. South West Healthcare consists of four clinical divisions made up of nursing, medical, mental health and our primary/regional and community services. We have internal structures and processes in place designed to make sure our patient's journeys across and through these divisions are well coordinated and timely.

Warrnambool Community Health

The Community Health Centre accommodates the hospital's Allied Health staffing, Community and Mental Health, Dentistry, District Nursing, Drug and Alcohol services and Palliative Care. The design of the building provides meeting

spaces to encourage sharing of care between the various health disciplines. There is also a strong focus on interdisciplinary care, especially for chronic disease management.

South West Medical Centre

South West Healthcare opened its GP clinic in November 2012. The clinic contains six GP consulting rooms, a Practice Nurse room and a procedure room. The medical team includes both male and female doctors who cover the age spectrum of practitioners and reflects a broad range of general practice interests.

The clinic aims to function as a 'Learning Environment'. This implies that all staff (and students) can learn from each other and the clinic will be a place where our patients can learn more about their own health and the factors that affect it. In June 2013 South West Medical Centre participated in the Australian General Practice Accreditation Ltd (AGPAL) Accreditation Survey. It was pleasing to note that SWMC satisfactorily met all of the 43 criterion set by the Royal College of General Practice (RACGP) acknowledging the practice commitment to safe, high quality healthcare.



At SWMC we have a suggestion box in our waiting room to encourage our patients to provide feedback to assist us to improve our service delivery. Comments received include:

"...nice to be able to be bulk billed when I am short of cash"

"...it's easy to get an appointment. The reception staff are polite & friendly. I am happy & confident with the doctors my children have seen"

"...nice to be able to grab a coffee at the café when I have been up all night with a sick child whilst waiting in the waiting room"

"...great to be able to get an early morning appointment before school"

"I'm scared to tell other mums how good the clinic is in case the clinic becomes too popular and it starts to get difficult to get an appointment"

How we have ensured Continuity of Care

Victorian Chemotherapy Service Redesign Project –‘VCSR’

SWH is one of 7 pilot sites across Victoria involved in a project to examine how we can improve our services to our chemotherapy patients. This project focuses on a patient centred approach to safe and efficient access and delivery of care within the Oncology Unit.

Our objectives are to:

- Reduce patient waiting times for treatment to start on the day of chemotherapy
- Improve efficiency and standardise delivery of care.

We are examining our processes to optimise our service capacity to support the predicted increased patient growth and demand for our Oncology Services.

A survey of our patients has reflected a very high overall satisfaction (96%) with the standard of care received, praising the hard work of our oncology team. We value this feedback and acknowledge the suggestions for improvement including the timeliness of care and environment factors. This highly dedicated team are committed to improving patient flow and efficiencies in care delivery.

Where are we at?

A trial will start in 2013 focusing on having select chemotherapy products made in advance to reduce the waiting times for patients.

We are increasing computer access at the bedside to enable staff to electronically record observations and reduce time spent away from the patients. We are also making a number of other changes including:-

- Developing an Oncology Service Vision to guide care delivery
- Well Organised Ward: organising our stock to save staff time with locating items and ensuring appropriate stock levels
- Knowing How We are Doing: We are displaying our data so patients and visitors know how we are performing

Projected outcomes:

- Reduce patient wait time on day of treatment by at least 30%.
- Improve delivery time of the chemotherapy product.
- Develop a suite of performance measures for our chemotherapy service to enable comparison to other oncology units and monitor our performance
- Expand our usage of our electronic the specialised Chemotherapy and Record Management system.
- Improve patient care between appointments.
- Maintain high patient satisfaction during the patient journey
- Improving Day Oncology Unit patient flow and access.



Mental Health – Aged Care Behaviour Cognition

The Aged Behaviour Cognition (ABC) nurse role is a new position at South West Healthcare, Warrnambool campus. The role is designed to assist with the care of older patients with cognitive impairments presenting with behavioural issues. It was established in October 2012 by the Aged Persons Mental Health Service to assist the hospital when caring for our confused elderly patients.

The nurses and doctors at South West Healthcare, as with any major hospital, experience difficulties when caring for confused elderly patients and the length of stay of older patients with cognitive impairment tends to be longer than other older adults. At times internal security responses (Code Greys) are implemented to deal with aggressive behaviour from confused elderly patients and South West Healthcare wants to ensure that such episodes are reduced by managing such behaviours better; before they escalate to this level.

The ABC nurse works in a consultation, liaison role to provide education and assistance to the nursing staff about ways to improve the quality of care delivered to these older patients. It is expected that by introducing the ABC nurse the quality of care for these patients will improve and the caregivers will feel better equipped to deal with situations.

Secondary outcomes will be that the length of stay may be decreased as well as less use of resources such as Code Greys.

Merindah Lodge – Aged Care

Merindah Lodge is a 35 bed Aged care facility based at Camperdown. Merindah Lodge staff pride themselves in providing their residents with high quality nursing care in a homely environment.

Over the last 18 months Merindah Lodge has undergone a number of improvements. The facility offers residents AUSTAR, computers and iPads (which give residents access to the internet and Skype), beauty room facilities (where residents can be pampered) and a beautiful garden which provides residents the ability to wander freely and enjoy the atmosphere of the well maintained surrounds.

Merindah Lodge has a wonderful community relationship with over 90 volunteers, who are involved in a large number of activities which include bus trips, bacon and egg breakfasts, craft activities, church services and indoor bowls.



Maggie How-Ely is a registered nurse who has taken on the role of ABC nurse. Maggie's background is in education and dementia care. She has recently completed a Grad Dip of Applied Gerontology. Our staff are able to contact Maggie directly or via the e-referral process. The ABC nurse position has been readily accepted by the staff who have officially sent over 100 referrals since December 2012.

A research project has also been undertaken to evaluate the effectiveness of this new position. The project is called Un-MuDDLE (Understanding and Managing Dementia & DeLirium in the Elderly). This study will measure the nurse's view of care delivered and the professional caregiver burden experienced. The first stage of the project has been completed. The ABC nurse will now be concentrating on providing formal education to the nursing and junior medical staff across the campus.

Merindah Lodge achieved full accreditation in 2011, passing all 44 Aged Care Standards. Full accreditation is due again in May 2014.



How we have ensured Continuity of Care

End of Life

Your End of Life of Choices

We have in place a document enabling our patients to convey and document their express wishes for their care. The emergency plan, signed by the treating medical officer, enables the patient's wishes to be followed when a sudden deterioration or critical event occurs. This emergency plan also serves to prompt our patients to consider nominating a medical enduring power of attorney. This enables that person to make decisions regarding medical care on your behalf.

The Statement of Choices section is used to obtain patient's wishes on care to be delivered as their condition progressively deteriorates. Having such documents in place has been shown to give patients a feeling of greater control and satisfaction.



Managing Chronic Disease

Improving the care for patients with Chronic Obstructive Pulmonary Disease (COPD), often referred to as 'chronic breathing problems'

People with COPD often have lots of presentations to the Emergency Department and admissions to hospital. We are currently working on ensuring the care for this group of patients involves all the right services in the most coordinated way possible, both in hospital and in the community. The team working on improving this care involves staff across a broad range of specialities including; medical, emergency, nursing, allied health, discharge planning and community services such as HARP. We have also had involvement from consumers in this work to ensure we are capturing the patient perspective of this journey.

To date we have mapped the care journey from presentation to the Emergency Department (ED) through to either being discharged home from ED or being admitted to hospital, ward care and then discharged to home and the follow up services provided.

We have also interviewed two consumers and gathered their experience of this care journey. From here we have identified some existing gaps in care provided, and are developing a COPD Care Guide and consumer information brochures, based on latest evidence to guide care for all COPD patients from when they present to the Emergency Department through to all the care options either in hospital or in the community. A trial of this Care Guide is planned for November 2013.

- "Planning for home started well, then there was long time in the middle where nothing happened then too much in the last 3 days, so confusing with all coming at once to tell me things"- Consumer
- "I was anxious about the oxygen as I was scared it was not weaned slowly enough" Consumer.

Discharge Planning/ Minimising Admissions

- The Discharge Planning Team (DPT) is a resource that offers assistance to staff and families towards the facilitation of a safe and effective discharge for inpatients within the South West Healthcare, Warrnambool Campus. The DPT is not solely responsible for a client's discharge. The team works in conjunction with our counselling service, ward staff, patient, family, doctors and other disciplines. In addition to providing safe discharge practices, the DPT liaises with Aged Care Facilities for the purpose of assisting patients and their families to transition to an Aged Care Residential Facility.
- South West Healthcare, Warrnambool is the lead agency for the Wannon Post-Acute Care program (PAC). The DPT accesses this program to provide funded services for those clients who are deemed eligible for receipt of services after discharge from a hospital. The intention of the Post-Acute Care (PAC) program is to manage services over short-term recuperative period. It is designed to assist patients who have had an acute episode of ill health, or who have more complex needs during their period of recovery. PAC therefore, provides additional (not substitute) health and community services for those persons admitted to a Public Hospital. It facilitates patients' independence or transition onto continuing care, where required. Our patients have given this program a 97% satisfaction rating.
- South West Healthcare has been allocated 12 Home Based and 8 Bed Based Packages for the Transition Care Program (TCP). The TCP is a collaborative initiative of the Commonwealth Department of Health and Ageing and the Victorian Department of Health. TCP offers extended care for eligible people by providing services for a short term period. Services such as low level therapy, home services, and case management support are provided when discharged. Our patients have given this service a 78% satisfaction rating
- Our Hospital Admission Risk program (HARP) provides specialised client-centred medical care and care coordination in the community setting through a coordinated response of hospital and community services. The key objectives of HARP are to:
 - improve patient outcomes;
 - provide integrated seamless care within and across hospital /community sectors
 - reduce avoidable hospital admissions and emergency department presentations;
 - ensure equitable access to healthcare.
- Patients are identified who are at risk of, or already experiencing, frequent emergency presentations or hospital admissions, in order to provide them with alternative interventions. A number of our patients have benefited from this program and the support and education they receive that helps them to better manage their conditions.
- Hospital in the Home (HITH) is the provision of acute care to hospital patients in the comfort of the patient's own home or other suitable environment. HITH is an alternative to staying in hospital and our patients can be offered this option by staff only if the care they are receiving can be delivered safely at home. Some of our patients prefer to be treated in their home, with their family, friends and pets around them. Research findings have demonstrated that patients have improved outcomes and recovery at home with fewer complications such as infection, delirium and confusion. Participating in our HITH program is voluntary – patients and their carers must agree to have their care provided at home. Some patients enter the program through the ward they are being cared for, for example after surgery, whilst others are admitted into the program directly from the Emergency Department. Over the last year we have had 262 admissions to the program and 47 referrals to our program came from doctors in the community.



Our Volunteers and Staff

Volunteers

South West Healthcare's Volunteer Services oversees the training of our registered volunteers as individual needs arise. This includes emergency response and fire response training. Our peer leader volunteers also undergo regular training specific to their program as do our palliative care volunteers. Our Warrnambool volunteers also participate in a bi-annual performance review.

Volunteers are Vital

South West Healthcare greatly values the services of volunteers as part of our staffing structure.

Working in a wide range of areas, including wards, allied health, the Hospital Library, Facilities & Supply Department, Emergency Department and Palliative Care Program, volunteers bring a wealth of knowledge, skills and abilities that are greatly appreciated by staff and patients.

Volunteers:

- Receive training to undertake their duties.
- Are placed according to individual abilities, and the requirements of wards and departments.

- Are valued members of the team, having rights and responsibilities.
- Are not required to work more than once or twice a week.

Interested in becoming a South West Healthcare volunteer?

You will need to:

- Be reliable
- Be willing to work as part of a team and undertake training as required
- Enjoy contact with a wide range of people in varying levels of health
- Be punctual, neatly-dressed and well-groomed
- Be committed to the organization
- Have competent literacy and numeracy skills
- Adhere to organization policies
- Have a sense of humour!

Staff

Our 'Checking' Systems – ensuring staff are qualified /trained for the job

Checking the qualifications and experience of potential new staff and existing staff is part of what we routinely do to ensure safe quality health care for our community.

- Registration, qualifications and skills are checked and documented.
- Police checks undertaken for all staff, students and volunteers.
- Regular Performance Appraisals to review work and ensure that an ongoing system for professional development is in place.

The AEW Matthews Memorial Travelling Scholarship

The AEW Matthews Memorial Travelling Scholarship provides up to \$10,000 to South West Healthcare employees to learn more about best practice approaches, treatments and initiatives in healthcare provision. Awarded annually, it's named in recognition of the outstanding service provided by the late Allan Matthews who was CEO of the Warrnambool & District Base Hospital (now SWH Warrnambool Base Hospital) from 1972 to 1983.

Showcasing Our Wonderful Staff and the Many Roles They Take on Within a Health Service

Our team of 1,247 staff provide a wonderful service to patients/clients.

We value your opinion

We invite you to comment on this Quality of Care Report so that we can continue to improve.

Please take the time to fill out this brief survey, fold it and drop it into the post for us (it is prepaid)

1. What did you think of this report? (please circle a number)

Poor

Excellent

1

2

3

4

5

6

7

8

9

10

2. What did you like most about the report?

3. What didn't you like?

4. What would you like to see in next year's report to improve it?

We encourage you to speak to us about this report or any other matter.

You are able to contact our:

Quality Manager

Telephone: 5563 1469

Email: quality@swh.net.au

If you would like someone to contact you about your comments, please write your name, address and telephone number here:

Name: _____

Address: _____

Telephone: _____

Please fold this completed form and post or give it to a member of staff who will forward it to the Quality Manager.



If not claimed within 7 days please return to:
Ryot Street, Warrnambool, VIC 3280

Postage
Paid
Australia

REPLY PAID 002
Quality Manager,
Quality and Risk Unit
South West Healthcare
Ryot Street, Warrnambool VIC 3280

staff at work

South West
Healthcare 

Showcasing Our Wonderful Staff and the Many Roles They Take on Within a Health Service

Our team of 1,253 staff provide a wonderful service to patients/clients, staff and our health service across all campuses some of who are pictured.





Community Mental Health Services

Warrnambool - Koroit Street, Warrnambool 3280
Ph: 03 5561 9100 Fax: 03 5561 3813

Camperdown - Scott Street, Camperdown 3260
Ph: 03 5593 6000 Fax: 03 5593 2403

Portland - 63 Julia Street, Portland
phone: 03 5522 1000 Fax: 03 5523 4212

Hamilton - 12 Foster Street, Hamilton 3300
phone: 03 5551 8418 fax: 03 5571 1995

Community Health Centres

Warrnambool - Koroit Street, Warrnambool 3280
Ph: 03 55644190 Fax: 03 5563 1660

Manifold Place - Manifold Street, Camperdown 3260
Ph: 03 5593 1892 Fax: 03 5593 2010

David Newman Adult Day Centre - Church Street, Camperdown 3260
Ph: 03 5593 2717 Fax: 03 5593 3087

Lismore Community Health - High Street, Lismore 3324
Ph: 03 5558 3000 Fax: 03 5596 2265

Macarthur Community Health - 12 Ardonachie Street, Macarthur 3286
Ph: 03 55522000 Fax: 03 5576 1098

SWH Aged Care Facility

Merindah Lodge - Robinson Street, Camperdown 3260
Ph: 03 55931290 Fax: 03 5593 2659

Hospitals

Warrnambool Base Hospital -
Ryot Street, Warrnambool 3280
Ph: 03 5563 1666 Fax: 03 5563 1660

Camperdown Hospital -
Robinson Street, Camperdown 3260
Ph: 03 5593 7300 Fax: 03 5593 2659