

2015–16 |

South West Healthcare *Quality Account*



To provide a comprehensive range of high quality health and wellbeing services for people in South West Victoria.

THE PURPOSE OF THIS REPORT

The purpose of the *Quality Account* report is to provide clear and transparent reporting of quality and safety indicators.

It's intended audience are consumers, carers and the health service community.

ABOUT THIS REPORT

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Our Vision

Outstanding healthcare in partnership with our regional community.

Our Mission

To provide a comprehensive range of high quality health and wellbeing services for people in South West Victoria.

Our Values

Caring

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

Respect

We behave in a manner that demonstrates trust and mutual understanding.

Integrity

We are transparent and ethical in all that we do.

Excellence

We continually review and analyse performance to ensure best practice.

Leadership

We set clear direction that encourages team work, innovation and accountability.

Front cover: The Manifold Place strength training group in action. The group meet twice a week for gentle exercise and weights training.

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Our Locations

South West Healthcare (SWH) has served South West Victoria for over a century.

SWH consists of two public hospitals, a mental health services division, dental services, an aged care facility and five community health centres.

Our Hospitals are based at:

- > Warrnambool
- > Camperdown

Our Mental Health Services offices are based at:

- > Warrnambool
- > Camperdown
- > Hamilton
- > Portland

Our Community Health centres are based at:

- > Warrnambool
- > Camperdown
- > Macarthur
- > Lismore

Our Aged Care facility is based at:

- > Camperdown
(on the grounds of our Camperdown Hospital)

Our Dental Services are based at:

- > Warrnambool Community Health
- > Manifold Place - Camperdown
- > Hamilton
- > Portland
- > Outreach services at: Timboon, Gunditjmara, Dhauwurd Wurrung Elderly & Community Health Service in Portland, Windamara in Heywood, Balmoral and Casterton



- | | |
|----------------------|--------------------|
| ① Warrnambool campus | ④ Macarthur campus |
| ② Camperdown campus | ⑤ Portland campus |
| ③ Lismore campus | ⑥ Hamilton campus |



Cancer Link Nurse Sharna Purcell at one of the Cancer Council Victoria's Living with Cancer education sessions held at Warrnambool Community Health during 2015-16.

Living our Values *Integrity*

GOVERNANCE FOR SAFETY AND QUALITY

'South West Healthcare has systems and processes in place which ensures a high standard of care'

A number of committees monitor and work on specific areas and report to the Quality Care Committee, which consists of staff and Board members. The Quality Care Committee provides leadership and direction in the monitoring and evaluation of the quality of health services provided throughout the organisation. It does this in alignment with our strategic plan.

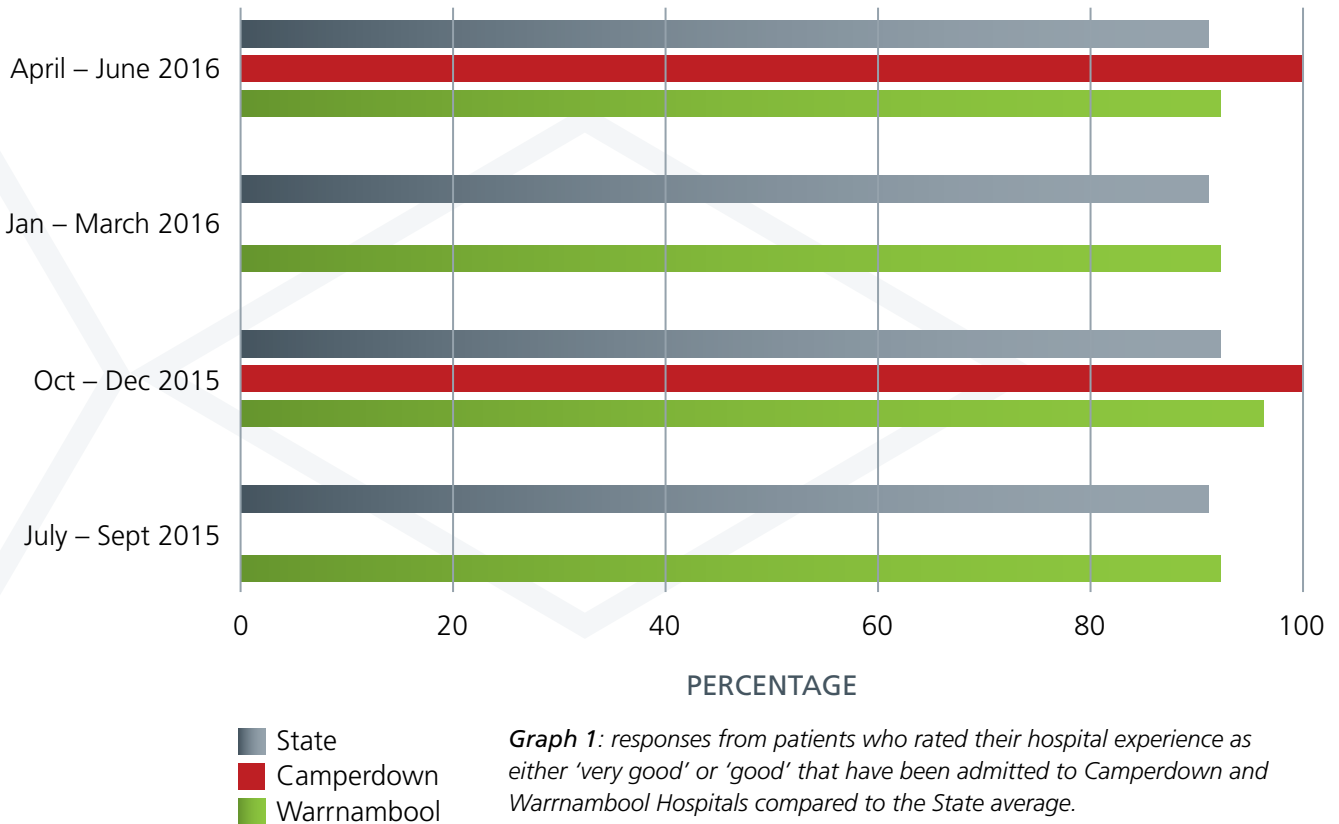
A DIAGRAM OF THE QUALITY CARE STRUCTURE



Feedback

South West Healthcare receives feedback from our patients, families and carers in a number of ways. The "Happy or Unhappy" form is available throughout the organisation and is designed to seek feedback from consumers. Consumers and their families and/or carers can provide feedback by directly contacting South West Healthcare by phone, email or letter. Periodically departments will seek feedback from consumers. South West Healthcare participates in the Victorian Health Experience Survey (VHES) which is reported to the Department of Health and Human Services. The VHES questionnaire is sent to a random selection of people 16 years of age and over that have been admitted to our hospitals in the preceding month, and seeks feedback on their experience.

PATIENT RATING OF THEIR HOSPITAL EXPERIENCE AS *VERY GOOD* OR *GOOD* FROM VICTORIAN HEALTH EXPERIENCE SURVEY (VHES) 2015–16



Graph 1: responses from patients who rated their hospital experience as either 'very good' or 'good' that have been admitted to Camperdown and Warrnambool Hospitals compared to the State average.
 * No data available for Camperdown survey for July – September 2015 and January – March 2016 period. Insufficient numbers to provide a report.

Doing it with us not for us: Strategic Direction, Standard 5:

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

Consumers have been involved in reviewing information and patient-centred communication, contributing to the monitoring and review of services, improving safety and in organisational governance.

In 2015–2016 South West Healthcare amalgamated the Community and Consumer Advisory committees across the Warrnambool and Camperdown campuses to strengthen the capacity of consumers to contribute to service improvement. This more co-ordinated effort has contributed to the creation of a dedicated position to support the role of consumers across all services.

Consumers will be more involved in designing training for consumer and community representatives in a range of roles across the organisation, and in designing and assisting in training for clinicians and staff for patient-centred care.

Accreditation

South West Healthcare is accredited for the following standards:

- > National Safety and Quality Health Service Standards which includes Mental Health Standards and Dental Standards.
- > Home and Community Care Common Community Care Standards.
- > Department of Health and Human Services Standards.
- > Aged Care Standards.

Accredited Interpreter Service Usage

South West Healthcare has utilised interpreter services for patients/clients who are non-English speaking or have difficulty communicating easily in English. Interpreter services were used on ten occasions for the following languages: Italian, Karen (Burmese), Russian, Auslan, Japanese, Mandarin and Swahili.



Living our Values *Caring*

Dr Nick Barraclough and Intensive Care Unit Manager Tina Johnstone with the hemofilter machine that spared 10 patients having to be transferred to Melbourne for treatment for acute kidney failure in 2015–16.

POSITIVE WORKPLACE CULTURE

'South West Healthcare promote a positive workplace culture and prevent bullying and harassment'



Above: SWH Macarthur Community Health Manager Joe-Anne Nicholas, Administrative Support Officer Leanne Young, Board Director Sharon Muldoon, Life Governor Isobel McPherson in what was once the hospital's delivery room (where dozens of locals were born, including all of Sharon's siblings). It's one of the spaces to be modernised during the redevelopment.

POSITIVE WORKPLACE CULTURE

The following actions and strategies have been developed to promote a positive workplace culture and prevent bullying and harassment:

- > Board/executive level bullying and harassment training
- > Departmental-level bullying and harassment training
- > Participated in Healthy Together Victoria (HTV) Achievement Program
- > Two dedicated staff counsellors appointed
- > Values Statement launched with a series of expected behaviour standards
- > Became a White Ribbon ambassador in our bid to help end violence against women
- > Orientation presentation to ALL new staff
- > Mandatory online learning module for ALL staff
- > Management/leadership training forums in bullying and harassment .

PEOPLE MATTER SURVEY

'..the survey provides a forum for staff to share their beliefs, attitudes and insights about the workplace'

The People Matter Survey has been conducted by the Victorian Public Sector Commission (VPSC) since 2005. The survey provides a forum for staff to share their beliefs, attitudes and insights about the workplace. It provides a window into what is valued in the workplace and the organisation's culture. It demonstrates staff satisfaction at work.

The following results in Table 1 (below) demonstrate how staff perceives patient safety at South West Healthcare. Table 2 results demonstrate staff levels of satisfaction with working at South West Healthcare.

South West Healthcare Responses from People Matter Survey 2016

TABLE 1 – Patient Safety

| Patient Safety | 2016 (%) | 2016 Comparative Agencies (%) |
|---|----------|-------------------------------|
| Patient care errors are handled appropriately in my work area | 74 | 74 |
| The health service does a good job of training new and existing staff | 64 | 61 |
| I am encouraged by my colleagues to report any patient safety concerns I may have | 80 | 81 |
| The culture in my work area makes it easy to learn from the errors of others | 68 | 66 |
| Trainees in my discipline are adequately supervised | 65 | 61 |
| My suggestions about patient safety would be acted on if I expressed them to my manager | 74 | 74 |
| Management is driving us to be a safety centred organisation | 74 | 73 |
| I would recommend a friend or relative to be treated as a patient here | 82 | 72 |

TABLE 2 – Staff satisfaction with South West Healthcare

| Level of staff satisfaction with South West Healthcare | 2016 (%) | 2016 Comparative Agencies (%) |
|---|----------|-------------------------------|
| I would recommend my organisation as a good place to work | 70 | 69 |
| I am proud to tell others I work for my organisation | 73 | 72 |
| I feel a strong personal attachment to my organisation | 67 | 67 |
| My organisation motivates me to help achieve its objectives | 65 | 65 |
| My organisation inspires me to do the best in my job | 67 | 66 |

MERINDAH LODGE

'The Merindah Lodge facility caters for thirty six aged care residents, requiring varying levels of long term, 24 hour nursing care'

Merindah Lodge, SWH's aged care facility, is situated at our Camperdown Campus. The facility caters for thirty six aged care residents, requiring varying levels of long term, 24 hour nursing care.

TABLE 3 – Demonstrates levels of pressure injuries, falls, intent to restrain and physical restraint devices. The figures are calculated per 1000 bed days.

| Indicators | Merindah Lodge Aged Care Facility | Statewide | Merindah Lodge Nursing Home | Statewide |
|----------------------------|-----------------------------------|-----------|-----------------------------|-----------|
| Pressure Injury Stage 1 | 0.00 | 0.35 | 0.00 | 0.35 |
| Pressure Injury Stage 2 | 2.99 | 0.40 | 1.10 | 0.40 |
| Pressure Injury Stage 3 | 2.99 | 0.07 | 0.55 | 0.07 |
| Pressure Injury Stage 4 | 0.00 | 0.04 | 0.00 | 0.04 |
| Falls | 2.99 | 7.23 | 17.07 | 7.23 |
| Falls Related Fractures | 0.00 | 0.13 | 0.00 | 0.13 |
| Intent to Restrain | 0.00 | 0.33 | 0.00 | 0.33 |
| Physical Restraint Devices | 0.00 | 0.46 | 0.00 | 0.46 |

Pressure injuries are reported according to the stage or degree of damage to the skin.

Stage 1 *pressure injury is where there is damage to the skin but the skin hasn't broken.*

Stage 2 *pressure injury is a shallow open wound.*

Stage 3 *pressure injury is when there is a full thickness skin loss.*

Stage 4 *pressure injury is when there is full thickness skin loss and there is exposed bone, tendon or muscle.*

Pressure Injury

Our pressure injury indicators were increased by a resident being admitted to our facility with a number of pre-existing pressure injuries. Our data has shown that residents admitted with pressure injuries show improvement in their condition after being in our care.

All residents admitted to Merindah Lodge have full skin assessments on admission. The residents are then monitored by nursing staff and full skin assessments are carried out on a three monthly basis or if a resident's condition deteriorates.

We have access to pressure relieving devices such as gel mattresses, air mattresses, roho cushions, gel cushions and pressure relieving tub chairs.



The five volunteers pictured here, have collectively volunteered for 157 years.



Right: Dot Davis (volunteer for 55 years) at our afternoon tea for Camperdown Campus volunteers at Merindah Lodge on May 13, 2016.

Weight Loss

Both our 'Significant Weight Loss' > 3kgs and our 'Unplanned Weight Loss' indicators over three consecutive months are within acceptable parameters. Residents at Merindah Lodge have their weight closely monitored by nursing staff. Each resident is weighed on a monthly basis. If a weight loss of 3kg or more is detected over a three month period the resident is referred to our dietetics service.

The new allied health services now available at Camperdown have significantly improved the ability of our residents to access dieticians, speech pathologists, physiotherapists and occupational therapists.

Left: Helen Sutton (2 years service) and Antoinette Burke (6 years service).

Right: Jan and John Hulm (47 years service each).



Falls

Falls are something which we monitor very closely at Merindah Lodge. The majority of our falls are risk rated as 4 (no harm/near miss) or 3 (mild). Over a three month period a RiskMan* report shows that out of 33 falls the risk ratings for those falls were due to the large majority of our residents having a diagnosis of dementia. This significantly affects their falls risk. We encourage our residents to remain as independent and mobile as possible and therefore a high number of falls can be expected. Our aim at Merindah Lodge is to minimise the harm that results from falls, with a number of effective harm minimisation strategies in place.

*RiskMan is an information management system that allows incidents to be recorded, viewed and escalated within the organisation.

The falls minimisation strategies we currently have in place at Merindah Lodge include:

- > Crash mats
- > Low beds
- > Non slip socks
- > Bed alarms
- > Hip protectors
- > Strength training program.



MAKING HEALTHCARE ACCESSIBLE TO ALL

'South West Healthcare is committed to a process of continuous improvement in Aboriginal health in acute and mental health services'



Left: Raelene Walker, South West Healthcare's Aboriginal Liaison Officer. Photo courtesy of The Standard, photographer Rob Gunstone.

Having access to healthcare is not just a matter of being able to get to a hospital as South West Healthcare's Aboriginal Liaison Officer, Raelene Walker explains...

"A Pitjantjatjara and Yamatji woman arrived at the Warrnambool campus of SWH feeling unwell. Because of her experience and fear of authorities – including the dread that her grandchildren may be taken away from her, the woman ran away from the staff trying to help her. How do we make the hospital culturally safe for Aboriginal people?"

During National Aborigines and Islanders Day Observance Committee (NAIDOC) Week, members of the south west's Aboriginal community reflected on what this may entail. This is in line with Koolin Balit, ('healthy people' in the Boonwurrung language) a Government strategy which commits the health system to improve the length and quality of life of Aboriginal people in Victoria by 2022.

SWH is committed to a process of continuous improvement, particularly in Aboriginal health, in acute and mental health services. Through constant review, four key areas are being monitored and evaluated:

1. Engagement and Partnerships

Including collaborative partnerships with Elders and key partner agencies such as the Gunditjmara Aboriginal Co-operative and Kirrae Health Service, and culturally appropriate mechanisms for obtaining feedback from Aboriginal people on their experiences in accessing SWH services.

2. Organisational Development

The CEO and Executive pay their respects to Elders past and present and conduct Acknowledgement to Country or arrange to have a "Welcome to Country" at all significant events. The Executive support an annual NAIDOC event and encourage staff to attend.

3. Workforce Development

An Aboriginal Employment Strategy has been developed, SWH has a dedicated Aboriginal Programs Unit. Cross-cultural training is delivered to all levels throughout the organisation.

4. Systems of Care

In a culturally appropriate way, SWH identify Aboriginal people and ensure that culturally responsive patient pathways are embedded within all health services to improve the patient journey and the clinical care of Aboriginal patients.

Note: "Aboriginal" refers to the Australian Aboriginal and/or Torres Strait Islander peoples.

Right: South West Healthcare oral health therapist, Kelsey Roberts, led a dental clinic tour for children of a Koorie playgroup, to create a positive experience.

SWH ABORIGINAL HEALTH PROMOTION

'Supporting health and wellbeing programs for a healthy childhood and transition to adulthood'

The SWH Aboriginal Health Promotion role is directed by the "Koolin Balit: State wide Action Plan". This plan outlines the Victorian Governments strategic directions for Aboriginal health. The focus is on six key priority areas, including:

1. A healthy start to life
2. A healthy childhood
3. A healthy transition to adulthood
4. Caring for older people
5. Addressing risk factors
6. Managing illness better with effective health services.

The SWH Aboriginal Health Promotion incumbent has engaged with education settings across the board from early years to secondary schools to address the key priority areas, supporting health and wellbeing programs for a healthy childhood and transition to adulthood.

Key activities:

A Healthy Childhood – Improving the oral and nutritional health of Aboriginal children

- > Connecting the Koorie Early Years Network with local community and allied health services, for example: Speech Therapists, Dieticians, and Maternal Child Health.
- > Delivery of an oral health program for the Koorie Early Years playgroup network. A total of 20 children and their families participated and are all now registered with SWH dental department for regular check-ups.

Successful Outcomes:

- > Speech Pathologist and Dietitian were involved in the program and continue to attend playgroup.
- > Additional appointments were made to see the Dietitian for further support and education.
- > Education with parents and children on good oral health and how to look after teeth.
- > A positive dental experience for the children who attended the dental clinic tour.
- > Other family members were booked in for dental appointments during the dental clinic visit.

Improving the nutritional health of Aboriginal children:

Primary schools with ten or more Aboriginal students have been supported to participate in the Healthy Together Victoria Achievement Program.

The Victorian Aboriginal Community Controlled Health Organisation (VACCHO) have supported this activity with the implementation of the Victorian Aboriginal Nutrition and Physical Activity Strategy and as a key stakeholder within the Victorian Healthy Eating Enterprise (VHEE). The work has been able to support schools, early childhood and health services to promote healthy eating and develop health promoting environments.

A Healthy Transition to Adulthood:

SWH has collaborated with a local secondary school to deliver a program to support female Aboriginal students. This program has included activities and information sessions covering healthy eating, physical activity, mental health and wellbeing, drug and alcohol use as well as a strong focus on building leadership and connecting with their cultural identity. In 2016 this program was successful in securing funds, from Medibank Private, to support the delivery of activities. Building on the success of this program is underway to establish a similar program for young female Aboriginal students within another local secondary school.

ADVANCE CARE PLANNING

'Planning for future health and personal care should a person lose their decision-making capacity'

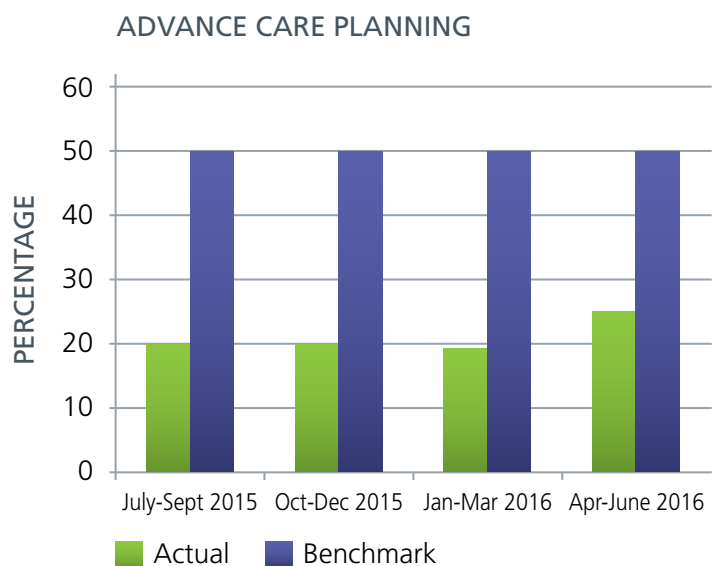
Advance Care Planning is planning for future health and personal care should a person lose decision-making capacity. It enables them to continue to influence treatment decisions, even when they can no longer actively participate.

South West Healthcare asks each person when they are admitted whether they have an Advance Care Plan or substitute decision maker and this is recorded in the medical record and the patient management system. The graph below indicates the proportion of people over the age of 75 years that have an Advance Care Plan or an identified substitute decision maker when they have been admitted to South West Healthcare.

South West Healthcare appointed an Advance Care Plan Officer in March 2015. The Advance Care Plan Officer has provided education to staff, General Practice clinics and community groups to raise their awareness of Advance Care Planning and how this can be done. Specific education has been provided to General Practitioners by Dr Emma Greenwood and supported by the Primary Health Network. Within South West Healthcare, an 'alert' was created in the electronic patient management system so there is a visual alert indicating when a patient has an Advance Care Plan. The Advance Care Plan Officer developed a referral system so that patients and their family can have an individual consultation regarding Advance Care Planning. Education of staff regarding Advance Care Planning has been incorporated into the orientation of Junior Medical Doctors and the nursing professional development program. An Advance Care Planning program for the training of facilitators in other organisations is held regularly and is usually booked out.



Above: Part of Palliative Aged Care Support Nurse, Georgina Wallwork's role, is to help educate staff throughout our region's residential and disability sector to enable their residents to receive the care they need in their 'home' environment, rather than being moved to an acute facility, away from their friends and everything else they hold dear. Here, she's doing just that as she catches up with resident Margaret Brown.



Graph 2: Graph showing the percentage of patients over the age of 75 years that have an Advance Care Plan or identified substitute decision maker on admission to South West Healthcare in 2015–2016.

ADVANCE CARE PLANNING

'The family stated they were comfortable with the granddaughter working with the clinical team to determine the care for Lady'

At 83 years old "Lady" chose to appoint a Medical Enduring Power of Attorney (MEPOA). She appointed her husband as her Agent and her granddaughter as her Alternate Agent. At 93, Lady had been living at home successfully with little help. She was bright, fashionable, affable and social.

After a sudden cerebral incident Lady found herself in hospital. Her devoted family came to see her and were genuinely shocked at her confusion and change in personality. She was verbally abusive at times, no longer in control of her bodily functions and did not have any insight into her behaviour or her health status and was unable to consider her current or future circumstances.

The Speech Pathology team advised the family it would be valuable to make time to meet the Advance Care Planning Officer to assist the family through this challenging time. Discussion with the granddaughter revealed the MEPOA Agent and the husband of Lady was deceased.

The granddaughter, as the Alternate Agent was now the person who would be making the decisions regarding Lady's medical care.

The granddaughter would need to bring a Statutory Declaration confirming the death of her grandfather and confirming her role as the Alternate Agent. Lady had a daughter who was finding the idea of the granddaughter having authority to speak on Lady's behalf confronting.

A meeting was convened with the Advanced Care Planning (ACP) Officer and attended by the daughter, granddaughter, a grandson and his wife and another interested family member. The meeting took around 1 ½ hours. The MEPOA and Statement of Choices documents were reviewed and a broad discussion with the family ensued.

At the end of the meeting the family stated they were comfortable with the granddaughter working with the clinical team to determine the care for Lady. They were comfortable with the role of the rest of the family being there for Lady as her loving family and as support for the granddaughter in her role. The family stated they now had a better idea about what may lie ahead for Lady. The worst case scenario for Lady, as reported by

the family, admission to an aged care facility, had been discussed. Death had been discussed. What happens to the body when a person is coming to the last stage of their life and what care is available through the health team with palliative care. The meeting closed with the family ready for a variety of outcomes and with confidence that SWH was there to support them and Lady.

The next day Lady had a catastrophic brain event. The granddaughter contacted the ACP Officer and stated the family, although shocked by the events, felt prepared, informed and capable of making decisions that Lady would want them to make on her behalf. Lady died in the care of SWH that day. The family were very satisfied that Lady had been cared for well. They did not have any family conflict with any of the decisions that were made.

This story demonstrates how ACP works well.

1. Appointment of a MEPOA and development of an ACP as a normal part of life practice.
2. Clarity of roles for members of the family resulting in harmony within the family.
3. Clarity for all the clinical staff regarding who was speaking on Lady's behalf, and what care Lady would want.
4. A good death for Lady and confidence for the family that Lady had the best outcome possible.
5. A very good experience for the family and friends of Lady at SWH.



Left: The Most Creative Award went to Tiahna Williams-Carlisle for 'Thoughts and Feelings of an Eating Disorder and Purging'.

Living our Values *Respect*

ACUTE INPATIENT MENTAL HEALTH UNIT

'Recovery is about building a meaningful and satisfying life, as defined by the person, whether or not there are any ongoing or recurring symptoms or difficulties'

Transition to a Recovery Orientated Service:

The concept of recovery is understood to refer to a unique personal experience, process or journey that is defined and led by people in relation to their wellbeing and mental health. Recovery is about building a meaningful and satisfying life, as defined by the person, whether or not there are any ongoing or recurring symptoms or difficulties.

While recovery is owned by and unique to each individual, Mental Health Services (MHS) have a role in creating an environment that facilitates clinical recovery and supports individual recovery efforts. This includes using a strengths-based approach, working with consumers on their own goals and facilitating peer and other natural support systems, as much as possible. An important goal of mental health services is minimising service system barriers to recovery.

In June 2015 we held a staff forum where staff and managers came together to start working towards a recovery orientated service. In September we held a small forum for both consumers and carers to find out how they could be a part of the change. It was great to see so many carers turn up and share their journey as well as their perspective about what would help carers to

support recovery. In November, a forum for consumers was held where a number of people who have a lived experience of mental illness talked about their experience and what they see the service could do to change current practice. It was great to also have some staff members there to share their experiences. After this forum an independent group was formed by a group of dedicated consumers to assist MHS with their recovery by working in projects to improve the service, or providing advice on the future direction of services. Focus on recovery is also a voice for all people within the South West who have mental health concerns.

These are exciting times and we all look forward to the journey.

Reducing restrictive interventions:

In the Acute Inpatient Mental Health Unit, staff are trained in occupational violence prevention. There are regular in-house refreshers with particular emphasis on de-escalation techniques, safe escort and restraint. Staff have received training in trauma informed care which involves staff understanding, recognising and responding to the effects of all types of trauma. Sensory modulation training has provided staff with the skills to use different methods to assist patients to regulate sensory input and their response. Recently, the unit has implemented a number of strategies to reduce restrictions on patients self-determination, such as: mobile phone use for inpatients and inpatient activated access to bedrooms. These strategies have allowed the environment to be less restrictive during their stay and have been welcomed by all staff and inpatients.

Preventing and Dealing with Family Violence

South West Healthcare in response to the state wide plan to address violence against women and children has reviewed the Family Violence policy for the organisation. The Manager of South West Centre Against Sexual Assault is a member of the Women’s Integrated Family Violence Committee and this committee supports an integrated multi-agency approach to presenting and dealing with family violence issues. Senior South West Healthcare staff have participated in the Strengthening Hospital Responses to Family Violence Seminar held in May 2016 and will use the knowledge gained to develop local strategies.

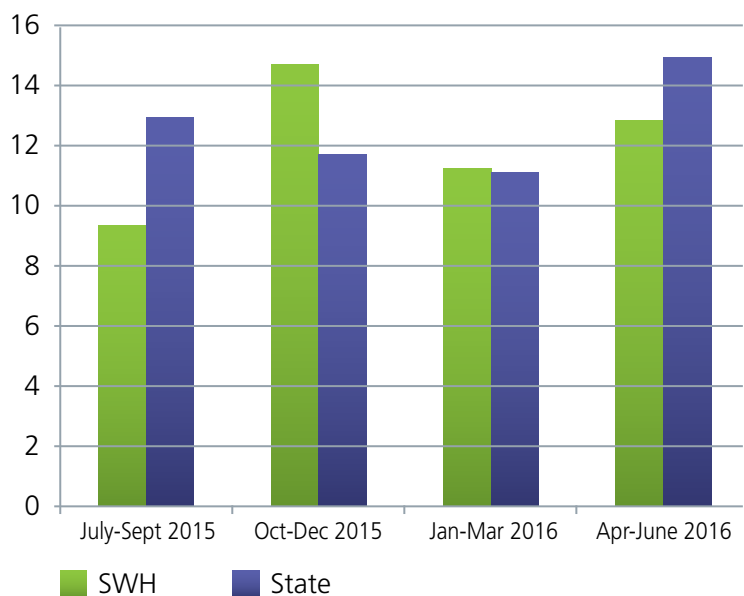
Disability Responsiveness

South West Healthcare in response to the state wide plan on disability responsiveness has implemented an integrated intake and access system across all community health sites to improve access to services for disadvantaged Victorians. SWH has also in collaboration with Western District Health Service and Portland District Health developed a model to provide medical services to the sub region so that patients can access treatments as close to where they live where possible, when it is safe and effective to do so. Allied Health services have also been increased to Camperdown to improve access to various specialties such as a dietitian and physiotherapist.

Seclusion data

Seclusion is an emergency intervention that may only be used if it is necessary to protect the health and safety of the person involved, or the health and safety of others.

SECLUSION DATA IN MENTAL HEALTH CARE SERVICES AT SOUTH WEST HEALTHCARE



Graph 3: The number of seclusions per 1000 bed days at SWH compared to the State average.

CLINICAL MENTAL HEALTHCARE QUALITY IMPROVEMENT

'South West Healthcare has opened up an opportunity for mental health consumers to come on board as volunteers'

Hider House was set up in response to carer/consumer feedback requesting more opportunity to practice daily life skills, gain self-confidence and to make connections with others in their community. The House provides an environment that allows people to focus on their strengths and promotes both clinical and personal recovery.

South West Healthcare Mental Health Service has taken a new approach and provided opportunities for mental health consumers to volunteer within its Service. They assist with various tasks within Hider House, and support a day type program for mental health consumers and carers in the community. Hider House has a designated sensory room for use by mental health consumers. A carer resource room has been set up for carers with resource books and a computer. It can also be used as a quiet space. There is a designated music room with a few instruments used for group and one-on-one sessions. The program consists of primarily non-clinical activities such as arts and crafts afternoons, music making, singing, mindfulness, exercise, social and activity groups, and other psychotherapy groups facilitated by Mental Health staff in the house.

The House is open to other services that may want to participate in the activities already in place and provides a space for additional consumer/ carer based groups. The volunteers' time is spent supporting the programs, ensuring the room is ready for the group and participating in some of the groups activities.

Below: Mental healthcare quality improvement volunteers.



NEW MENTAL HEALTH RESOURCES FOR LOCAL ABORIGINAL FAMILIES

'A collaborative project Ngarrakeetoon pa Wuluwa Tulot Juwi – which means 'families and mental illness' in local Aboriginal language'

Right: Brett Clarke's artwork called Spiritual Healing. Photo published with permission from artist Brett Clarke.

Unique brochures designed specifically for local Aboriginal families where a parent has a mental illness were launched in Heywood on Wednesday, 8 July 2015.

Believed to be the first resources of their kind in Victoria, if not Australia, the brochures are a result of a collaborative project *Ngarrakeetoon pa Wuluwa Tulot Juwi* – which means 'families and mental illness' in local Aboriginal language.

The partnership responsible for this ground breaking work consists of SWH's Mental Health Services FaPMI (Families where a Parent has a Mental Illness) Coordinator Rochelle Hine, SWH Aboriginal Programs and Education Units, Gunditjmara Aboriginal Cooperative, Kirrae Health Services, Winda-Mara Aboriginal Corporation and the South West Close The Gap Program.

One of the two brochures has been written for parents/carers and the other for children and teens. *"Worries at Home?"* provides information and support for children and teens who have a parent with social and/or emotional problems. *"Social Emotional Worries?"* does the same for Aboriginal parents, carers, family and friends.

Following their unveiling, the brochures are now available to Aboriginal families and people who work with them, across the South West of Victoria.

Funded by the Foundation for Rural and Regional Renewal, each brochure features local Aboriginal artwork from an exhibition held at SWH's Mental Health Services in November, as part of *Ngarrakeetoon pa Wuluwa Tulot Juwi*. This exhibition produced some fabulous artworks including Brett Clarke's *Spiritual Healing*, pictured above.

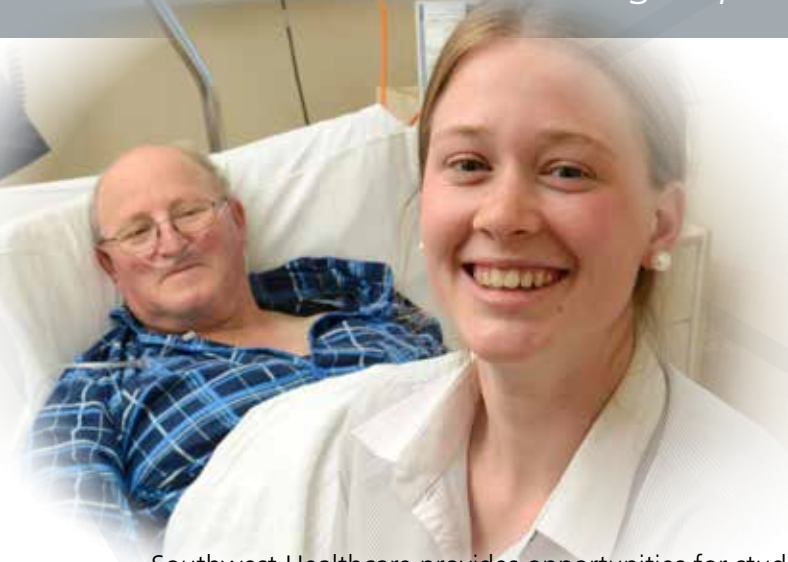
The brochure launch was just one part of the three-hour event at Winda-Mara Aboriginal Corporation to celebrate the end of the highly successful *Ngarrakeetoon pa Wuluwa Tulot Juwi* project. A forum was also held for Aboriginal Health Services' Staff and the staff of mainstream health and education sectors who work with Aboriginal families where a parent has a mental illness.

Ngarrakeetoon pa Wuluwa Tulot Juwi has played a part in helping address the needs of local Aboriginal families and the needs of local health services practitioners working with them.

Living our Values *Excellence*

WORKFORCE DEVELOPMENT AT SOUTH WEST HEALTHCARE

'Southwest Healthcare provides opportunities for students to gain practical experience in a clinical setting'



Left: Student nurse Charlene Ford from Deakin University works alongside South West Healthcare staff.

Southwest Healthcare provides opportunities for students to gain practical experience in a clinical setting. As part of developing the future workforce, in 2015–2016 SWH provided placements for 651 undergraduate students (not including medicine) involving 54,034 hours (7,110 days) of clinical supervision.

Students placed, supervised and gained experience in the following disciplines:

Allied Health Assistant
Dietetics & Nutrition
Enrolled Nursing
Exercise Physiology
Midwifery
Occupational Therapy
Paramedicine
Pharmacy
Physiotherapy
Podiatry
Psychology
Radiography & Medical Imaging
Registered Nursing
Social Work
Speech Pathology

Students are placed in a range of departments/units including:

Acute – Warrnambool & Camperdown
Acute Occupational Therapy Department
Allied Health Assistant Team
Camperdown Radiology
Clinical Nurse Specialists
Community Health – HARP
Counselling & Support
Critical Care
Day Stay Department
Dietetics & Nutrition
District Nursing Service
Emergency
Hospital in the Home

Inpatient, Community Mental Health Team & Extended Care Inpatient Unit
Lismore Community Health Centre
Manifold Place Community Health Centre
Maternity
Medical
Mental Health Service, Physiotherapy Department
Merindah Lodge Aged Care
Pharmacy
Paediatrics
Podiatry Department
Rehabilitation
Short Stay
Speech Pathology Department
Withdrawal Alcohol Support Service (WASS)

Effective partnerships with education providers are essential. In the 2015–2016 financial year students came from eighteen different universities, TAFES and colleges across Australia.

2015 STAFF INFLUENZA VACCINATION REPORT

'South West Healthcare showed an improvement of vaccination uptake for 2015 compared to 2014'

All SWH employees were required to complete an influenza vaccination declaration form so that the organisations overall vaccination status could be reported to The Department of Health and Human Services (DHHS). Vaccination status results are then submitted to the Victorian Healthcare Associated Infection Surveillance System (VICNISS). VICNISS collates the influenza vaccination rates for all Victorian health services and provides the health facilities with benchmarked figures.

Please note that for 2015, all SWH campuses have been reported as one for the first time.

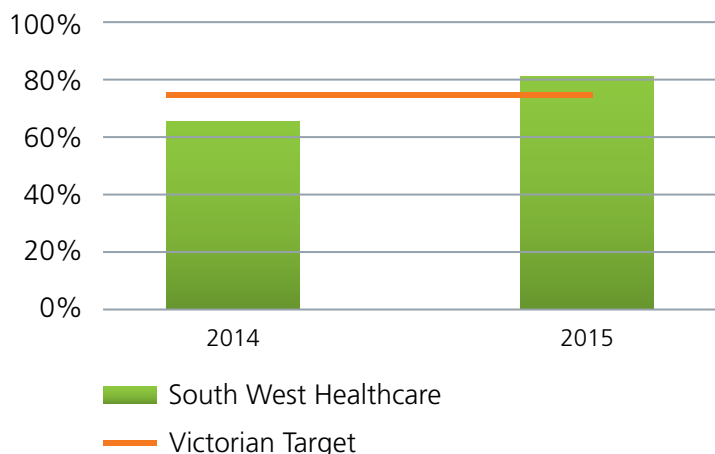
The State target of 75% was achieved by SWH and the final result was 2% above the State aggregate. SWH showed an improvement of vaccination uptake for 2015 compared to 2014 as displayed below.

The proportion of staff vaccinated at SWH in 2015 was 80.7%. The proportion of staff who refused was 10.9%, leaving 8.4% of staff not captured (i.e. forms not returned). A return rate of 91.6% of declaration forms was achieved, an improvement from 83% achieved in 2014.



Top right: SWH Mental Health Services staff visited Immunisation Nurse Jo Place en masse at Camperdown Hospital, including (from left) Registered Nurse Renae Elder, Psychologist Elli Smith and Occupational Therapist Rachel Kealley.

FLU VACCINATION DATA 2014–2015



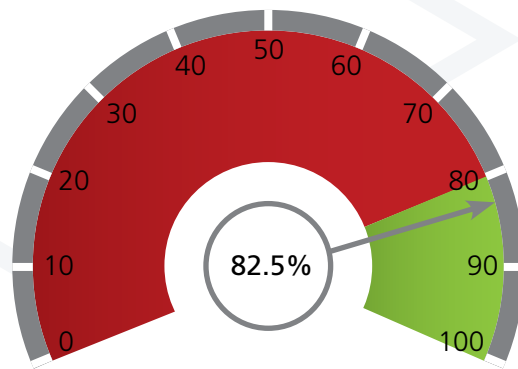
Graph 4: SWH Staff Flu Vaccination Data 2014–2015.

PREVENTING AND CONTROLLING INFECTIONS

'..a dedicated Program that educates staff on hand hygiene requirements.'

The role of the Infection Prevention and Control team at SWH is to monitor, control and prevent infections and reduce the risk of patients developing multi resistant superbugs. Superbugs are germs that are resistant to multiple kinds of antibiotics making patient treatment a challenge. All Infection Control Key Performance Indicators (KPI's) are collected manually by the SWH Infection Control Unit and are part of the quarterly mandatory reporting data sent to the Victorian Healthcare Associated Infection Surveillance System Coordinating Centre (VICNISS).

COMPLIANCE RATE OF 82.5% HAND CLEANSING

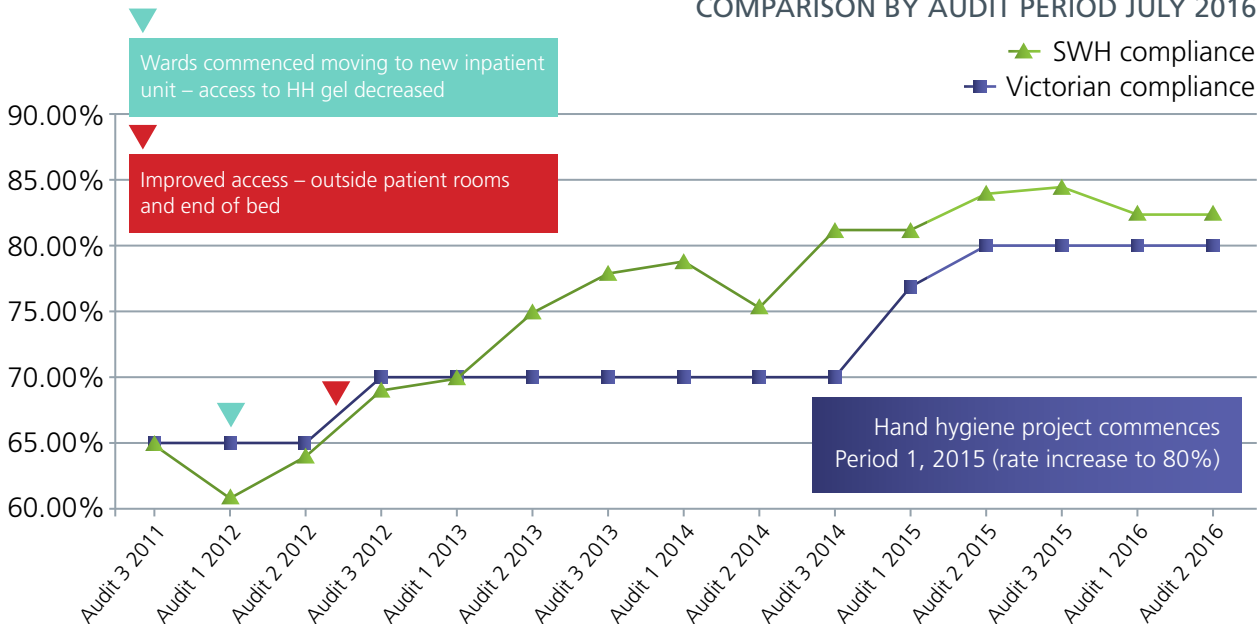


Graph 5: South West Healthcare Hand Hygiene rate for 2015–16. The statewide target is 80%.

Hand Hygiene

SWH has once again exceeded the Victorian Hand Hygiene compliance target of 80% in period two of 2016, with an organisational compliance rate of 82.5%. New Hand Hygiene auditors at both Camperdown and Warrnambool campuses have assisted in maintaining the required compliance rate of 80%. Hand Hygiene auditing has also started in Mental Health and Merindah Lodge, with plans to commence auditing in our Dental Services. Hand Hygiene education has also been rolled out to Community Health staff. Completion of the Hand Hygiene Australia online competency has been deemed mandatory for all staff at SWH.

SWH HAND HYGIENE COMPLIANCE RATE COMPARISON BY AUDIT PERIOD JULY 2016



Graph 6: Hand Hygiene Compliance Rates at South West Healthcare.

Below: Community singing every Tuesday morning at David Newman Centre.

MEDICATION SAFETY

'The monitoring of the appropriateness of the drugs prescribed to treat infections'

National Antimicrobial Prescribing Survey (NAPS)

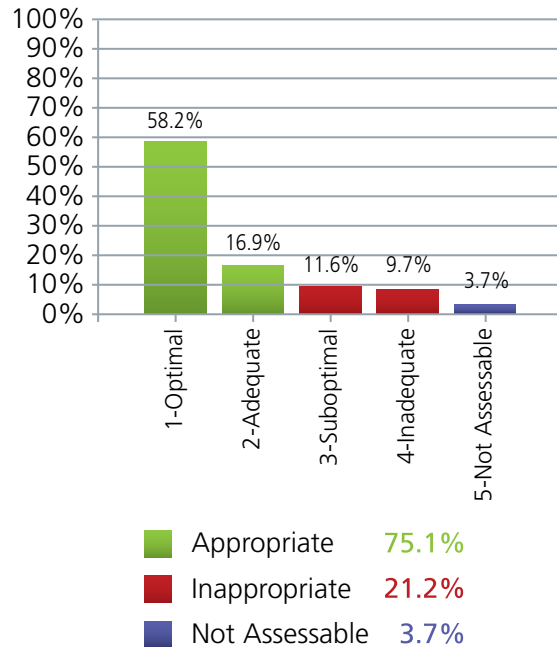
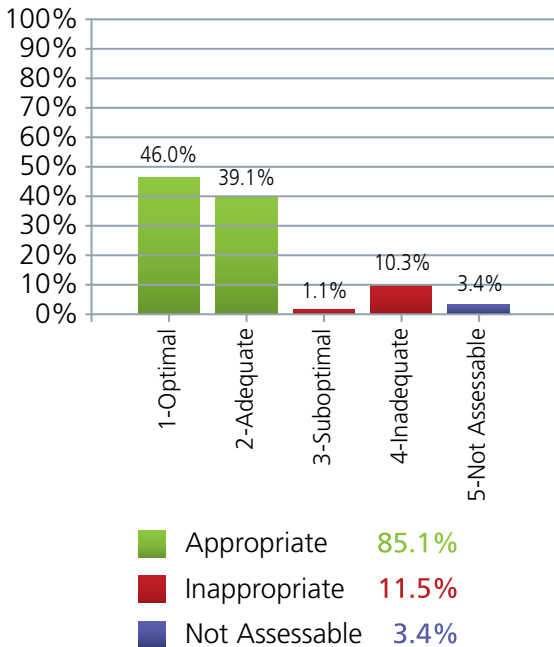
An annual hospital wide audit to measure the safety and appropriateness of antimicrobial prescribing was undertaken in 2015. The monitoring of the appropriateness of the drugs prescribed to treat infections is a part of the National Safety and Quality Health Service (NSQHS) standards. The graphs below show that 85.1% of antimicrobial drugs prescribed were appropriate compared to 75.1% nationally.



SWH DATA 2015

NATIONAL DATA 2015

APPROPRIATENESS OF ANTIMICROBIAL DRUGS PRESCRIBED



'Optimal' and 'Adequate' are deemed as being *appropriate* (displayed in green).
'Suboptimal' and 'Inadequate' are deemed as being *inappropriate* (displayed in red).

Graph 7: The graph shows that 85.1% of antimicrobial drugs prescribed at SWH were appropriate (graph on left) compared to 75.1% nationally (graph on right).

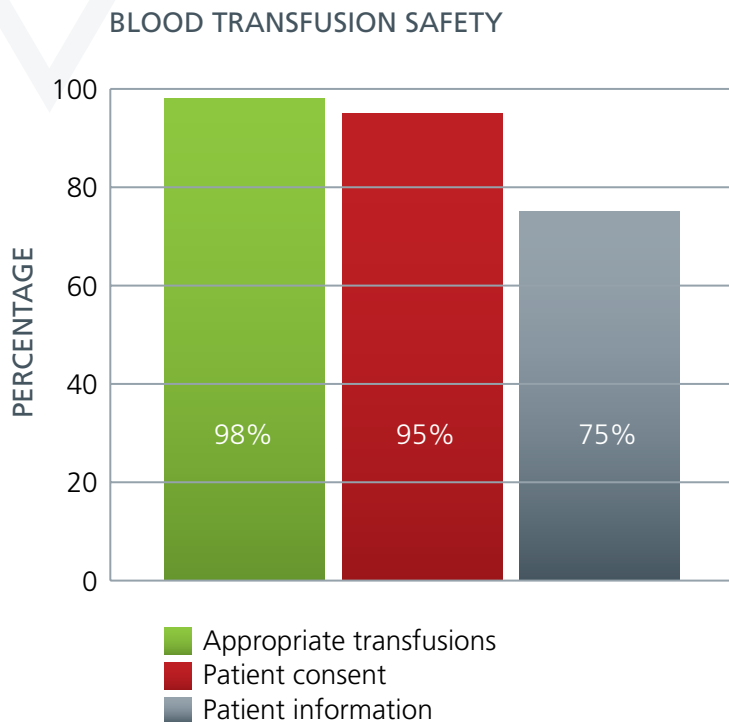
MAKING BLOOD TRANSFUSIONS SAFE

'South West Healthcare aims to ensure both a safe and appropriate blood transfusion service to our patients'

Patients may require a blood transfusion due to an emergency such as an accident or it may be needed as part of a 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 patients being transfused have a signed consent form.
- > patients receive information about blood transfusions.
- > all our nursing staff undertake training in the use of blood products.



Graph 8: The graph shows the percentage of appropriate transfusions, the percentage of patients who have signed a consent for blood transfusion and the percentage of patients who have received information about blood transfusion for the 2015–16 period.

Improvements made to ensure safe blood transfusions:

- > South West Healthcare’s transfusion policy and practice has been changed to reflect the new national guideline released by the National Blood authority. Staff have been trained in these changes to ensure we are delivering current best practice.
- > The information for patients is available with the consent form and is available in a number of languages.
- > We have examined how we manage our blood products to ensure they are not wasted. Wastage of blood products has been significantly reduced by changing the way we prepare our patients undergoing surgery. This involves preparing blood for a patient if it is known to be required. Our wastage of red cells is now below the State average.
- > Through education and monitoring, we have been able to reduce the number of adverse events reported that relate to transfusion. Data shows us that most of these events relate to the ‘Collection of Samples for Pathology’ and highlight the importance of staff identifying the patient correctly.
- > Development of new guidelines for blood transfusion for children.

PREVENTING FALLS AND HARM FROM FALLS & PREVENTING AND MANAGING PRESSURE INJURIES

'We monitor the incidents of patients that develop pressure injuries whilst they are in hospital and identify areas for improvement'

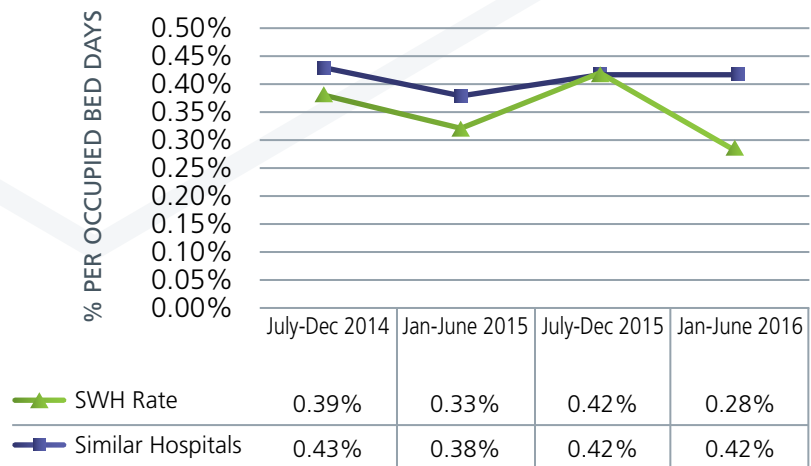
South West Healthcare has a Falls Committee that monitors the falls rate and identifies any opportunities to reduce the falls rate of patients when they are in hospital.

In the past twelve months, improvements have been:

- > Reviewing information given to patients when they are admitted about prevention of falls.
- > Introducing 'Rounding' with patients on some shifts. 'Rounding' is a method of regularly checking on high risk patients.
- > Putting non slip strips on floors of bathrooms.

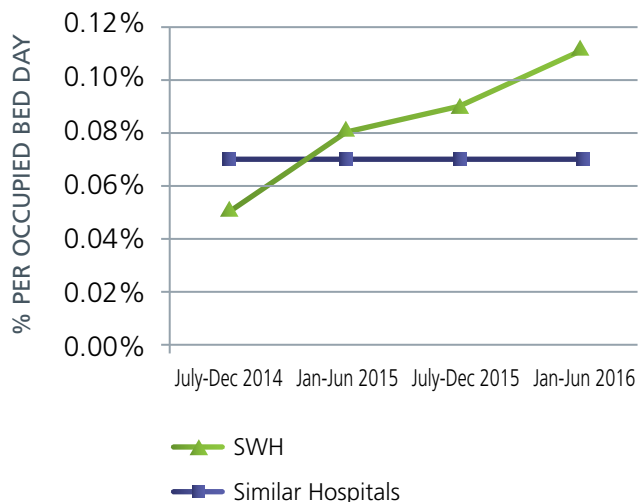
SWH has a Skin Integrity Committee that monitors the incidents of patients that develop pressure injuries whilst they are in hospital and identifies areas for improvement. The rate has increased over the last two years and SWH is reviewing the equipment used to prevent pressure injuries. In the review of the severity of pressure injuries. The majority of pressure injuries are Stage One. Stage One pressure injuries are where there is damage to the skin but the skin has not broken.

SOUTH WEST HEALTHCARE FALLS RATE 2014/15/16



Graph 9: South West Healthcare Falls rate in comparison with similar hospitals as reported to the Australian Council on Healthcare Standards

SOUTH WEST HEALTHCARE PRESSURE INJURIES RATE 2015/16



Graph 10: The graph shows the rate of pressure injuries that patients have developed at South West Healthcare in comparison to similar hospitals.

STAPHYLOCOCCUS AUREUS BACTERAEMIA (SAB)

'While often found on the skin of healthy people, Staphylococcus aureus is relatively harmless until it gets into the bloodstream'

Staphylococcus Aureus is the most common cause of healthcare associated blood stream infections. Staphylococcus Aureus blood stream infections (SAB's) cause significant illness, with more than half of these contracted during the course of medical care or treatment in hospitals. SAB's have the potential to be preventable. While often found on the skin of healthy people, Staphylococcus Aureus is relatively harmless until it gets into the bloodstream. The graph below shows the rate of Staphylococcus Aureus blood stream cases per 10,000 occupied bed days for the Warrnambool Base Hospital during 2015/2016 period. The State target is 2.0 or less blood stream infections.

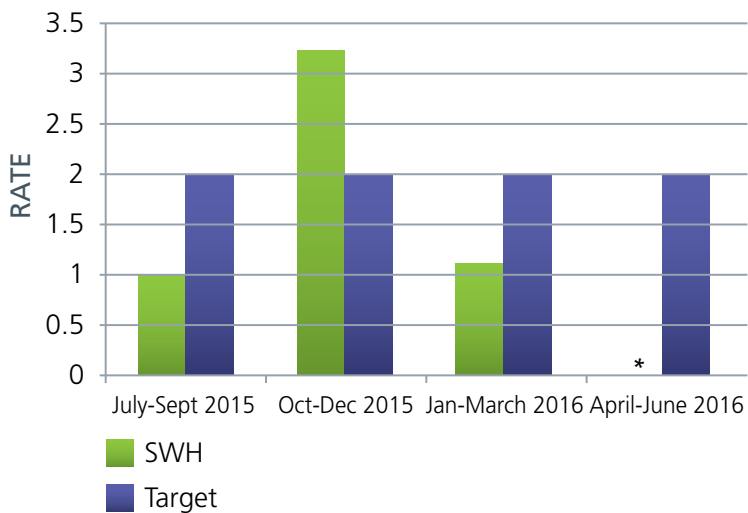
There is a direct link between a Staphylococcus Aureus blood stream infections and poor Hand Hygiene compliance. South West Healthcare has a comprehensive Hand Hygiene surveillance program and continuously audits clinical staff compliance with Hand Hygiene. Each Staphylococcus Aureus blood stream infection is

investigated by the Infection Control team and identified if there are any additional actions that need to be taken. Staphylococcus Aureus blood stream infections are reported to the Infection Control Committee.

Intensive Care Unit (ICU) central line-associated blood stream infections are also monitored and South West Healthcare has not had an infection associated with a central line for the 2015/2016 period or for the past several years.

Below: Zerke Borey, Bonnie Williamson, Garrin Williamson and Sophie Agnew donate, on behalf of Brauer College year 8 students, a \$488 laptop to Perioperative Services Manager Tony Kelly for children to use while awaiting surgery.

STAPHYLOCOCCUS AUREUS BACTERAEMIA (SAB) RATE FOR 2015/16



* SWH rate April-June 2016 is 0.

Graph 11: The graph shows the rate of Staphylococcus Aureus Bacteraemia infections at SWH for each period compared to the target rate.



ADVERSE EVENTS

'Regular checking on high risk patients has been introduced'

Victorian Audit of Surgical Mortality

The Victorian Audit of Surgical Mortality (VASM) Report for South West Healthcare reviewed surgical deaths between 2009 and 2015.

South West Healthcare has mechanisms in place to address some of the common issues that were identified in the Victorian audit of all hospitals.

South West Healthcare has a Deep Vein Thrombosis prophylaxis protocol, a system of identifying early deterioration in patients and activating a medical review and a training program (COMPASS) for staff in understanding and recognising early signs of deterioration in patients. Whilst fluid balance in patients following surgery was identified as an issue in some health services, this hasn't been an issue at SWH for the past three years, as there is a proactive multidisciplinary approach with anaesthetists and physicians supporting surgeons, to manage fluid balance in patients pre and post surgery.

Adverse Events

Adverse events are where an incident has occurred that has resulted in a 'near miss' or some harm to a patient, resident or client.

Improvements made this year include:

- > Introduction of new intravenous infusion pumps that have inbuilt medication administration protocols and a monitoring system to review and act on any discrepancies.
- > Regular training sessions for junior doctors on prescribing medications and the resources available to assist with prescribing.
- > Replacement of falls prevention equipment.
- > Installation of security cameras in Community Health areas.
- > Education for Midwifery staff on APGAR scoring of babies.
- > Education of staff on changes to labelling of pathology specimens.
- > Development of competencies and training for Central Sterilizing Service Department staff.
- > Training of midwifery staff on the massive blood transfusion protocol.
- > Revised protocol for admission of neonates to the Special Care Nursery.
- > Information developed for patients that attend the Emergency Department with sporting injuries.
- > Additional signage placed in waiting area of the Emergency Department.
- > Review of pressure injury prevention equipment
- > Non slip strips placed on bathroom floors.



MATERNITY SERVICES

'In the 2013–2014 year South West Healthcare Warrnambool had a total of 727 births'

The Victorian Perinatal Services reports are released two years after data has been collected, so the following relates to 2013–2014. Performance indicators in the 2013–2014 report aim to help improve outcomes for Victorian women and their babies by providing a focus for performance improvement in Victorian health services providing maternity and neonatal care.

In the 2013–2014 year South West Healthcare Warrnambool had a total of 727 births. SWH performed within the expected outcomes in all but three of the ten indicators for the 2013–2014 period. Of those three indicators we were benchmarked against hospitals providing similar maternity services.

Below: Midwife Robyn Gordon, Shontelle Lucas and Wren, one of 793 babies born at our Camperdown and Warrnambool Base Hospitals in 2015–16. SWH is the largest provider of maternity and obstetric services in the region. Photo by Jessica Jane Photography.



MATERNITY SERVICES

'South West Healthcare is the largest provider of maternity and obstetric services in the region'

Indicator 1C: Third and fourth degree perineal tears in standard primiparae giving birth vaginally

The standard primiparae represents a woman experiencing an uncomplicated or low risk first pregnancy. The intervention and complication for this group of women is therefore expected to be low and broadly consistent across hospitals. This indicator relates to primiparae women and the rate of IOL (Induction of Labour) and Caesarean sections.

Third and fourth degree tears are a significant birth related complication that may lead to long term disability and or morbidity.

The statewide average for perineal tears in primiparae women was 5.7%. There was one hospital in the most favorable of less than 2%. SWH was rated at 7.4%. Six of the ten other hospitals of similar facilities also rated in the least favorable.

As a result of this performance indicator we have had extensive education with all midwifery staff in March 2016. The Director of Obstetrics, Dr. Michael Koutsoukis conducted compulsory sessions for midwives on positioning of women and care of the perineum during the birth process. These presentations were based on best evidence practice. Our overall 3rd and 4th degree tear rate has reduced to 3.4 %.

Indicator 3: Severe Fetal Growth Restriction (FGR) in a singleton pregnancy undelivered by 40 weeks in 2013–14

This indicator identifies the proportion of severely growth restricted singleton babies who are not born by 40 weeks gestation. These babies are classified less than the 3 percentile for gestation, sex and plurality (multiple births e.g. twins). Severe FGR is associated with increased perinatal mortality and morbidity (death).

The most favorable outcomes were hospitals less than 39%. South West Healthcare was benchmarked at 28%. The least favorable outcomes for facilities providing similar services was 45%.

Expectations for performance include monitoring the competency and confidence of clinicians in assessing fetal wellbeing during pregnancy. This importantly relates to clinical abilities and also the skill in ultrasound technology for obstetric medical staff.

Policies relating to both the antenatal and intrapartum (the period from the onset of labour to the end of the third stage of labour) observation of at risk pregnancies are reviewed on an ongoing basis. All clinicians including obstetric and midwifery staff are expected to obtain annual completion of Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) fetal surveillance program at level 2 practitioner.

Expectations for performance improvement also include the transfer of women with high risk pregnancies to appropriate tertiary services.

Living our Values Leadership

Left: Occupational Therapist Nadine Hobson visits Peter McInnes, one of the first patients to benefit from our Camperdown Hospital Allied Health Service.

CONTINUUM OF CARE

Subacute Pathway Access: 'Right Care in the Right Place at the Right Time'

A patient's journey through South West Healthcare is important so that the 'right care is given in the right place and at the right time.'

Sub-acute services comprise hospital and community based services for people that have been unwell, injured or have had surgery and who have been assessed as requiring further assistance to regain optimal health and quality of life by restoring independence.

To achieve this, individualised patient centred care is provided from the Sub-Acute team with involvement of family and significant others encouraged. The sub-acute team work together with patients towards goals that promote return to a normal lifestyle with maximum independence and community support.

It was identified that problems existed with the patient journey with patients being assessed by up to five different services (common practice in hospitals), to determine the best path for them. There was little coordination and patients were confused. To address this, South West Healthcare (SWH) undertook a whole of health service redesign. Through significant organisational realignment, SWH has now transformed to a patient-centred subacute model that delivers the right care in the right place at the right time.

Ninety percent of community based services (26 of the 29 services) are streamed through the Community Health Central Intake and Access team, whereas previously only 83% (24 of the 29 services).

The Sub-acute Access Team commenced in October 2015 and implements the three clear pathways, which are Home with Supports, Bed Based Rehabilitation and Residential Care Pathway.

This has resulted in:

- > a single assessment for many programs.
- > reduced duplication in assessment and confusion: patient's ongoing needs are assessed by one worker only.
- > providing timely, multidisciplinary, co-ordinated and integrated care in the most appropriate environment.
- > all patients have a patient-centred care plan.
- > preventing unnecessary admissions and readmissions to hospital.

Continuum of Care

- AUM** Associate Unit Manager
- ED** Emergency Department
- HARP** Hospital Admission Risk Program
- MDT** Multi Disciplinary Team
- OT** Occupational Therapist
- PAC** Post Acute Care
- PT** Physiotherapy

THEN PRE REDESIGN

John presenting with exacerbation of airways disease



NOW

John presenting with exacerbation of airways disease



CONSUMER EXPERIENCE OF LEAVING HOSPITAL

'A seamless integrated care approach, takes a whole team of dedicated professionals and everyone should be proud of their contribution'

Direct feedback excerpts

“Thank you for everything. This is a fantastic service and you have been wonderful and made it so easy for mum to return to Warrnambool to continue her recuperation. Many thanks.”



Left: Koroit Primary School came to visit the Palliative Care Inpatient Unit during Palliative Care Week 2016, to read their favourite picture book to patients.

“I truly understand that to provide such a seamless integrated care approach, takes a whole team of dedicated professionals and everyone should be proud of their contribution. I expect this level of care with cooperation and collaboration across many teams and professionals is what the Hospital strives for however I have not seen it in action and I have had a reasonable amount of experience withHospitals.”

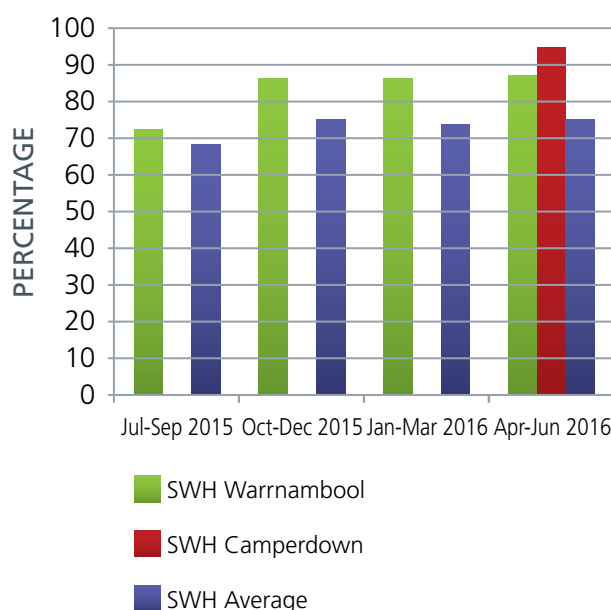
VICTORIAN HEALTHCARE EXPERIENCE SURVEY

'The introduction of beside handover involves nurses including the patient in the handover of care and planning for discharge'

The Victorian Healthcare Experience Survey asks patients to indicate how they experienced the discharge process. Their responses are monitored as the 'Transition Index' and the benchmark is achieving 75% or above positive response from patients.

To improve the discharge process, a Sub Acute Redesign project streamlined discharge, coordinating the many services patients may require. This has resulted in the patient being more involved in their care and a more coordinated plan for ongoing care of the patient and provision of services, when they leave hospital. Another strategy is the introduction of bedside handover across all nursing shifts. This involves the nurses including the patient in the handover of care and planning for discharge.

SOUTH WEST HEALTHCARE TRANSITION INDEX 2015/16



Graph 12: Shows the percentage of positive experience reported by patients on the discharge process when leaving hospital. Where there is no data for Camperdown, it is due to an insufficient number of responses.

TABLE 4 – Patient experience on leaving hospital

| Victorian Healthcare Experience Survey (VHES) Questions | Pre Positive Score (2015) | Post Positive Score (2016) | |
|--|---------------------------|----------------------------|-------|
| | SWH | VICTORIA | SWH |
| Overall, how would you rate the discharge process? | N/A | 82.5% | 91% |
| Thinking about when you left hospital, were adequate arrangements made by the hospital for any services you needed? (e.g. transport, meals, mobility aids) | 88.3% | 69.4% | 90% |
| Did hospital staff take your family or home situation into account when planning your discharge? | 79.9% | 70.7% | 82.8% |
| Did you feel you were involved in decisions about your discharge from hospital? | 64.1% | 56.5% | 66.1% |



Living our Values *Leadership*

HEALTHY TOGETHER VICTORIA – ACHIEVEMENT PROGRAM

‘This partnership started with the Smiles for Miles Program and has now moved on to the HTV (Healthy Together Victoria) Achievement Program’

The health promotion team at SWH work with early years services, schools and workplaces. The aim of this work is to make the healthy choice the easy choice. One of our partners is the Honeypot Childcare Centre. We are working together to make happy and healthy children.

We do this by:

- > Setting up a group to plan how to make the service healthy. This group includes parents and staff.
- > More healthy food and drink options
- > More physical activity.
- > Creative healthy birthday celebrations, not just cake!
- > Signing on to the Healthy Together Victoria (HTV) Achievement Program.

Above: Healthy Together Victoria – Achievement Program. Photo courtesy of The Standard and photographer Rob Gunstone.

This partnership started with the Smiles for Miles Program and has now moved on to the HTV (Healthy Together Victoria) Achievement Program. SWH have also signed on to this Program, with a focus on a happy and healthy workforce. This program promotes health across eight priorities: healthy eating, physical activity, mental health and wellbeing, sexual health and wellbeing, sun protection, safe environments, tobacco and alcohol use.

Healthy Together Victoria’s key messages:

Healthy eating

- > Eat well

Physical activity

- > Get up and going
- > Be active, every day

Mental health and wellbeing

- > Happy mind, happy me
- > Get connected

Alcohol

- > Promote responsible drinking

Tobacco use

- > Let’s all breathe easy
- > Encourage smoke-free environments

Safe environments *

- > Safe places are happy places
- > We are all welcome, we are all safe

Sexual health and wellbeing *

- > Respect is the first step

Sun protection *

- > Slip, slop, slap

* Additional priorities in schools and early years services

QUALITY OF CARE REPORT

To help us improve this report, please take a moment to fill in this feedback form.

Please tick the answer that matches your response.

How do you rate the presentation of this report?

Poor 1 2 3 4 5 Excellent

Was the report easy to understand?

Not easy 1 2 3 4 5 Very easy

Do you think the report was:

Too short About right Too long

Would you like to see more information about:

(Tick as many that apply)

South West Healthcare services

Yes No

How consumers contribute to the organisation

Yes No

Preventing and managing pressure injuries

Yes No

Preventing falls and harm from falls

Yes No

Safe use of blood and blood products

Yes No

Preventing and controlling healthcare associated infections

Yes No

Medication safety

Yes No

Accreditation

Yes No

How we respond to the needs of consumers and families

Yes No

Health promotion activities

Yes No

What would you like to see more of?

Patient stories Staff profiles

Other (please list)

General comments:

Thank you for your feedback.

REPLY PAID 79527
Quality Manager
Quality and Risk Unit
South West Healthcare
Ryot Street, Warrnambool VIC 3280

Access

Interpreter



If you require an interpreter to read this report, please contact South West Healthcare.

Vision Impairment

The electronic version of this report can be **enlarged** for those with visual impairment.



Nick Theiss, paediatrician plus magician, what-a-mix! Photo courtesy of The Standard and photographer Rob Gunstone



The Australian Red Cross Blood Service mascot 'Billy' visited in June 2016, to inspire more staff to join our SWH Blood Challenge Team. The team were participating in the Statewide health services competition, to see which workforce donated the most blood.

Cognitive Dementia and Memory Service (CDAMS) is a multidisciplinary, specialist service providing early dementia diagnosis, advice and referral.

The team comprises Old Age Psychiatrist Dr Conor O'Luanaigh, CDAMS Coordinator/Aged Behaviour Cognition Nurse Maggie How-Ely, Speech Pathologist Annie Atwell, Neuropsychologist Dr Sarah McLean and Geriatrician Dr Julie Dikiciyan. (Both Dr Connor O'Luanaigh and Dr Julie Dikiciyan were instrumental in establishing the CDAMS Memory Clinic).



