



SOUTH WEST  
HEALTHCARE

SOUTH WEST HEALTHCARE  
QUALITY OF CARE  
REPORT  
2004



CELEBRATING

150  
YEARS

OF HEALTHCARE  
IN WARRNAMBOOL





# FOREWORD

## WE ARE PLEASED TO PRESENT THE 2004 SOUTH WEST HEALTHCARE ANNUAL QUALITY OF CARE REPORT.

This report demonstrates how we monitor the quality of our services against industry standards, compare our performance with other health care organisations, listen and respond to feedback from our community on a range of issues.

The focus of this Quality of Care Report is patient safety, risk reduction and patient care which enhances the quality of life for people in south west Victoria.

These are our priorities and form the basis of the Strategic Plan 2004 – 2009.

This year we have highlighted a selection of what we are proud of together with areas we know that we need to improve.

We trust that you will find this report informative and useful.



CEO John Krygger and President Ian Armstrong, Board of Management

*"I like the hospital staff especially the Ward 3 staff and the kiosk ladies. They are very nice and I know them quite well. I think it would be better if they had a cystic fibrosis specialist physio. In the pathology department most of the ladies are nice. All in all the hospital is pretty good."*

ASHLEIGH, 13 YEARS

## THIS YEARS REPORT IS STRUCTURED TO REFLECT SOUTH WEST HEALTHCARE'S STRATEGIC GOALS.

This report has utilised your comments, concerns and complaints, used results from satisfaction surveys, advice from our Community Advisory Committee, acting on issues raised within community groups, the media and from other service organisations.

We encourage you to take a few minutes to complete the feedback form in this book, fold, seal and send back to us. The postage is prepaid.



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DNS Unit Manager,  
Lisa Brookes attending a child



Nurse Cindy Joseph and  
Nurse Ian Barbour



Volunteer: Christina Rule



# SERVICES

## WARRNAMBOOL CAMPUS



WARRNAMBOOL CAMPUS

- Acute medical/surgical care
- Day Stay and Short Stay
- Emergency services
- Midwifery service
- Paediatric service
- Critical Care service
- Palliative Care service
- Allied Health services
- Rehabilitation service (Inpatient & Community Rehab Centre)
- Community services (Hospital-in-the-Home, District Nursing Service–DNS)
- Community Health Centre
- Nurse Consultants specialising in Diabetes, Heart health, Wound management, Respiratory management, Stomal therapy, Breast care
- Psychiatric services, inpatient and community



CAMPERDOWN CAMPUS

## CAMPERDOWN CAMPUS

- Acute medical/surgical care
- Day Stay Unit
- Midwifery service
- Psychiatric service
- Aged Care service
- Community Health Centre – Manifold Place
- Community services (District Nursing Service)
- Visiting Allied Health services



LISMORE CAMPUS

## LISMORE CAMPUS

- Community Health Services
- District Nursing Service



MACARTHUR CAMPUS

## MACARTHUR CAMPUS

- Community Health Services
- District Nursing Service



PSYCHIATRIC SERVICES DIVISION  
Warrnambool Campus

## PSYCHIATRIC SERVICES DIVISION

- Warrnambool (Inpatient and Community Residential, Community Adult, Aged Persons, Child and Adolescent Mental Health Services and Primary Mental Health and Early Intervention Team)
- Camperdown (Community Adult, Aged Persons and Child and Adolescent Mental Health Services)
- Portland (Community Adult, Aged Persons and Child and Adolescent Mental Health Services)
- Hamilton (Community Adult, Aged Persons and Child and Adolescent Mental Health Services)

# QUALITY, SAFETY AND RISK MANAGEMENT

PEOPLE HAVE THE RIGHT TO EXPECT SAFE AND QUALITY CARE IN OUR HEALTH SYSTEM

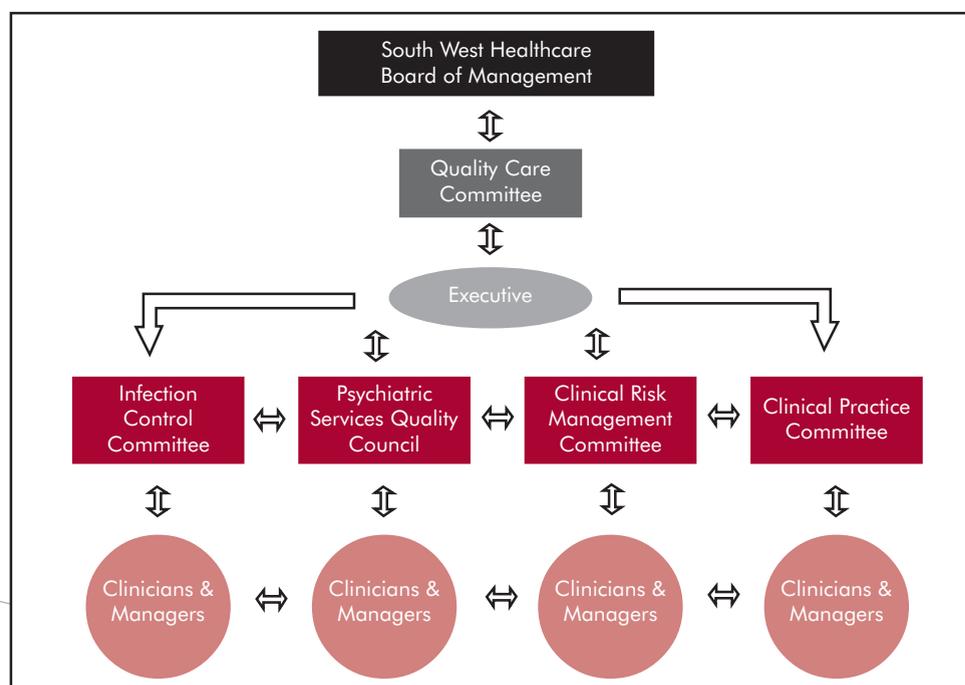
## Clinical Governance - Our System for Quality Improvement

To ensure that South West Healthcare has a consistent approach across all areas of the organisation to continuously improve the safety and quality of our service, a clinical governance framework has been developed and implemented since 2000.

The principles of Clinical Governance include:

1. Clear lines of responsibility and accountability for the overall quality of clinical care ensure all appropriate committees and communication lines are in place to check on all aspects of service delivery.
2. An organisation wide comprehensive program of quality improvement comprising:
  - Monitoring care and services via clinical audits and key performance indicator data collection
  - Identifying areas for improvement with staff and consumer input
  - Responding to recommendations from external reviews of services
  - Comparing performance with other health services
  - Participating in and using findings from national and international research
  - Developing and reviewing clinical standards utilising evidence-based practice
  - Policies and procedures reviewed by a multi-disciplinary Clinical Practice Committee
  - Staff education regarding clinical standards based on evidence/best practice
  - Human Resources Management Committee plans & develops the workforce
  - Risk management policies at all levels
3. This results in an integrated system where all groups are able to identify risks and improve performance.

Here's how we carry this out at South West Healthcare



## MEASURING OUR PERFORMANCE

At South West Healthcare, we are constantly measuring our performance using both internal and external methods. However it is not enough to just measure and record, we need to 'act'. We 'act' by identifying areas that we can do better in and setting to work to do just that.



Max and Nurse Jacinda Duerden

'I have been in several hospitals and I think yours is one of the best.'

## EXAMPLES OF INTERNAL MONITORING

### Clinical Risk Management Committee

This multi-disciplinary committee has the responsibility of ensuring that there is a process to identify risk and act on it so that our health service is a safer place for patients, visitors, staff and volunteers.

This committee reviews all reported incidents as a process of scrutiny to investigate and ensure that measures are put into place to help prevent them happening again. Audits related to unexpected deaths are also reported to this committee.

This committee also focuses on several areas that are known high-risk issues, such as reducing medication errors, preventing & managing falls, and reducing the incidence of pressure injury. These issues will be expanded on further in this report.

### Clinical Pathway Variance Analysis

Clinical Pathways are documents that outline the expected care plan for a specific condition. They are based on the latest guidelines, which helps ensure care delivered at the bedside is based on up-to-date research.

#### An example of how internal auditing improves how we do things:

*2003: An audit revealed that all women undergoing gynaecological surgery were referred to the Continence Nurse for assessment on admission to hospital, but few were actually seen.*

*After discussion with the Continence Nurse, it was elicited that not all women needed to be seen, so a screening tool was added to the Clinical Pathway to ensure that referrals were more appropriate.*

*2004: A repeat audit found that screening was effective in reducing unnecessary referrals but sometimes the Continence Nurse was unable to visit the patients prior to them going home. To overcome this issue, a prompt was added to the Clinical Pathway to ensure an outpatient appointment was made if the Continence Nurse had been unable to see them in hospital.*

### Departmental Measurement of Performance

Regular audits are part of our 'work' in every department. Below are some examples of how departments audit their activities, detect areas that need improving, change their practices and then re-audit to see if it has been successful.

#### SPEECH PATHOLOGY

Using groups improved the number of children being seen as an outpatient within 6 weeks of referral from 0-42% to 65-100%

#### PODIATRY

Achieved 100% of acute and diabetic inpatient referrals seen (for treatment or outpatient appointment made for follow-up) prior to discharge from hospital.

#### DAY STAY UNIT

93% reduction in people with diabetes having to stay overnight.

#### PREADMISSION CLINIC

The audit following the revision of the Pre-operative Patient Questionnaire revealed 94% of patients found the form easy to complete.

## EXTERNAL MONITORING OF PERFORMANCE

It is a requirement by the Victorian Government that all health services achieve and maintain accreditation with an approved accrediting body. It is also a requirement that data on certain events or issues is regularly reported. This allows us to compare our performance with peer health services.

### Accreditation

- Australian Council on Healthcare Standards (ACHS)
- Aged Care Standards Accreditation Agency (ACSAA)
- National Standards for Mental Health (NSMH)
- Home and Community Care (HACC)
- Department of Veteran Affairs review (DVA)
- Baby Friendly Hospital Initiative

We have achieved accreditation status in all areas. Each accreditation process involves identification of some recommendations for us to work on.

### Clinical Data Reporting

- Medical Record Coding - Department of Human Services (DHS)
- Clinical Indicators - Australian Council on Healthcare Standards (ACHS)
- DHS Clinical Indicator reporting



Medical staff meeting

The table below is an example of the improvements in one of the Clinical Indicators we measure. Some of this improvement can be attributed to increased medical and nursing staff awareness through education and the use of a competency package for all new staff in their orientation period.

### PATIENTS WITH AMI (HEART ATTACK) RECEIVING THROMBOLYSIS (DISSOLVE CLOT) WITHIN 1 HR OF PRESENTATION

Date range	No. of organisations	SWH rate	Aggregate data for same sector organisations
July-Dec 2001	124	75%	82.41%
<b>July-Dec 2003</b>	<b>130</b>	<b>100%</b>	<b>91.53%</b>

Data source: ACHS Clinical Indicator Reports.

## REGIONAL MONITORING

South West Healthcare is participating in the Otway Division of General Practice "Limited Adverse Occurrence Screening" (LAOS) Project through our Camperdown campus. This program is part of the Department of Human Services Strategy for "Improving Patient Safety in Victorian Hospitals".

A number of de-identified medical records are selected from 10 small rural hospitals and reviewed by doctors. These doctors provide feedback, and educational issues arising from the record may then be discussed confidentially by doctors at a quality improvement meeting.

Personal information is not collected, reproduced, published or used for any purpose.

The aim of this process is to improve patient safety and reduce the number of preventable 'incidents' occurring in our hospitals, which means a happier, healthier community.

One of the recommendations from this review process was to improve documentation and legibility in the medical record.

## What are we doing at South West Healthcare to improve documentation?

Education related to documentation has been introduced into the Orientation Program and Mandatory Update Program for all nurses at South West Healthcare and there has also been a regional study day conducted for all health professionals in July 2004.

Internal audits of documentation specific to some areas have been carried out and this will be expanded throughout the next 12 months.

## REDUCING INFECTION RISK

We are serious about reducing the risk of infection to you.

### How do we achieve this?

We have infection prevention in our strategic plan; we have infection control teams, an Infection Control Consultant; we have developed an Infection Control Liaison Nurse program, and we use policies and information to 'spread the word not the germ'.

We are continually monitoring and reporting any hospital-acquired infections. We are able to measure our infection rates in comparison to Centres for Disease Control and Prevention (CDC) data. This graph demonstrates our infection rate for clean surgical procedures.

#### INCIDENCE OF INFECTION FOR CLEAN SURGICAL PROCEDURES

	SWH W'bool	SWH C'down	Benchmark
Jan-June 2003	0.89%	1.1%	1 to 5%
Jan-June 2004	1.3%	1.3%	1 to 5%

South West Healthcare routinely performs MRSA (Multi Resistant Staphylococcus Aureus) for patients identified at risk. Those identified as being positive have special infection control procedures put into place.

South West Healthcare Warrnambool campus has been involved with Victorian Nosocomial Infection Surveillance System (VICNISS) Type 1 surveillance since 2003 and Camperdown campus has been involved with the pilot phase, and commenced Type 2 surveillance in 2004.

#### Staff & Volunteer Health

A full vaccination program is offered to all staff and volunteers according to the National Health Medical Research Council (NHMRC) recommendations.

#### FLU VACCINATIONS

Camperdown:  
2003 - 63% 2004 - 73%

Warrnambool:  
2003 - 37% 2004 - 34%

#### NEEDLE STICK INJURY RATE

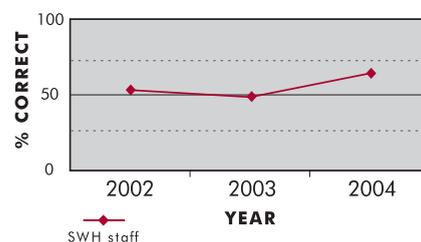
Warrnambool - Down from 27 in 2003 to 8 in 2004  
Camperdown - Down from 2 in 2003 to 1 in 2004

#### Staff & Volunteer Education

All new and existing staff are educated about Infection Control as part of the Orientation Program and the Mandatory Update Program.

An Infection Control newsletter is circulated monthly. Surveys of staff knowledge of infection control issues indicate a significant improvement over the last 2 years.

#### Infection Control Staff Education Evaluation



General Services Manager, Danny Miller with Infection Control Consultant Michelle Martin

## CLEANING HAS AN IMPORTANT ROLE IN INFECTION PREVENTION

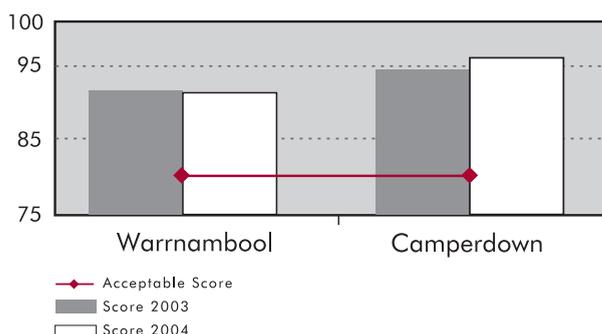


*"It's just wonderful to see cleaning staff have pride in what they do"*

Environmental Services staff member Jenny Cameron

A clean environment is essential in a health service. To check we are cleaning to an acceptable quality level, monthly internal audits and annual external cleaning audits are attended. We pride ourselves on being consistently well above the acceptable level.

#### External Cleaning Audit Results



# KEEPING YOUR CARE ON TRACK

*We strive to provide care that addresses all needs in a timely way, and we have systems in place to help us achieve this goal.*

## OUR POLICIES AND GUIDELINES PLAY AN IMPORTANT ROLE HERE

We have a lot of 'behind the scenes work' in place to ensure the care delivered is appropriate and timely. Last year we identified some problems with how we organised our policies and guidelines.

We found some of our manuals were incomplete, had sections out of date and there was duplication and conflicting information between specific department manuals.

What we have done about it:

- A Clinical Practice project officer appointed for 1 year
- A Document Control Policy developed to ensure all policies are ratified through the appropriate central committee
- An information mapping system introduced across all campuses and services
- All administrative and clinical guidelines are now available on the hospital Intranet computer system and staff are notified when a new or updated policy is added. This avoids out-of-date manuals sitting in wards and departments.

- Staff education has been conducted at all campuses to familiarise staff with the Intranet system. This has assisted in staff becoming more comfortable with computers and will aid in the introduction of the Trak Health electronic system soon to be commenced in the ward areas for medication charting etc.



Nurses Adele Smith, Cynthia Gibbons & Kim Hill

## EFFECTIVE DISCHARGE PLANNING

**You may wonder why health services focus so much on planning your discharge when you may have just arrived!**

The reason is to give adequate time to put any necessary systems into place to ensure you get home when planned and with all the necessary services and equipment you need.

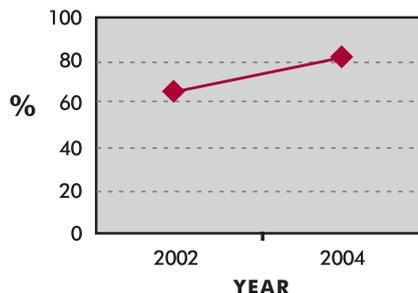
On admission we assess your 'risk' or possible need of requiring support services when you go home, and after that we put the planning in motion. Below is a graph outlining our improvement in assessing this risk for people admitted to our Warrnambool campus over the last two years.

South West Healthcare now have a Discharge Planning Team to help ward staff co-ordinate the return home of people with more complex needs. These improvements help ensure a smooth trouble free process for those involved.

To facilitate the assessment and referral process, the Discharge Planning Team has introduced the DHS mandated SCOT tool, which is an electronic form of doing the assessment and referrals and will be eventually linked with all other care providers.

The Discharge Planning Team has also developed and formalised the process to help patients, and their families who are considering entering an Aged Care facility. This innovative model has achieved 100% compliance with the referral process for the Aged Care Assessment Service (ACAS) team. Our model has been adopted and is being used by other health services in the region.

### Risk Screening Completed



**10 % improvement in our staff notifying the services you may have been using prior to coming into hospital**

**34% improvement in the quality of information provided to the other service providers**

**95% of Post Acute Care is provided in acceptable timeframes**

## PRESSURE ULCERS

Pressure ulcers, or 'bed sores', are skin and/or tissue damage usually caused by lying or sitting in the one position for too long. It can also be caused by the friction or rubbing from bed linen when you are moving around in the bed. Factors such as poor nutrition, age and body weight can also influence the risk of ulcer development.

In late 2003 we participated in a state wide Pressure Ulcer Point Prevalence Survey (PUPPS) carried out by the Victorian Quality Council. This survey enabled us to compare the numbers of pressure sores with other hospitals in Victoria.

As you can see in the chart opposite, our prevalence rate on that given day was below the state average, but still higher than we would like.

### KEY FINDINGS:

Pressure ulcer prevalence (State)	26.5%
Pressure ulcer prevalence (SWH)	<b>20.3%</b>
Hospital acquired rate (State)	67.6%
Hospital acquired rate (SWH)	<b>56.3%</b>

Source: Victorian Quality Council PUPPS Survey 2003

Camperdown campus had zero pressure ulcers in this survey

## What we are doing to reduce our rate:

- A committee has been formed to address this issue across all areas and all campuses of our service, comprising the Wound Consultant; Podiatrist; Nurse Unit Managers; Quality, Educational and Clinical Staff.
- A best practice guideline is being developed for management and prevention, based on evidence.
- Our risk screening charts are being revised to ensure they will accurately detect those at risk.
- Nursing staff knowledge of this topic was assessed to identify education needs. A formal education program for all direct care and clinical staff is in development.
- A further 5 staff from across South West Healthcare have attended an in-depth training course to act as resource staff. This brings to 10 the number of staff who have attended this specialised training.
- To increase the profile of pressure sore prevention and management, a poster competition has been conducted, with all poster entries displayed in the cafeteria of Warrnambool campus. The winning poster is on display around clinical areas.
- Equipment and devices for reducing pressure are regularly assessed and updated as a preventative measure. A successful trial has resulted in the purchase of special cushions to help keep the pressure off people's heels.
- We will be participating in another PUPPS survey later this year, which will enable us to check if our strategies are working and how we are progressing in comparison to other health services.

PATIENT COMMENT AFTER USING THE DOUBLE HEEL WEDGE ON TRIAL:

*"Very comfortable under the legs and no risk of heels getting sore."*

Nurse Carl McNeel with Alice McClenaghan



## STROKE CARE

With stroke on the rise and being the major cause for adult disability, we decided to have a closer look at how we were doing things at South West Healthcare, Warrnambool campus.

In late 2001, a focus group of stroke survivors and partners identified some key areas of our existing stroke service that could be improved:

1. The need to improve the continuity of care within the acute areas, and between acute and sub-acute areas.
2. The need to develop some stroke/TIA patient and family education materials to help inform patients and their families of the condition and the expected care throughout all phases.

Following the focus group report, a medical record audit was carried out in 2002 to see how we were performing in relation to some of the recognised indicators for stroke care.

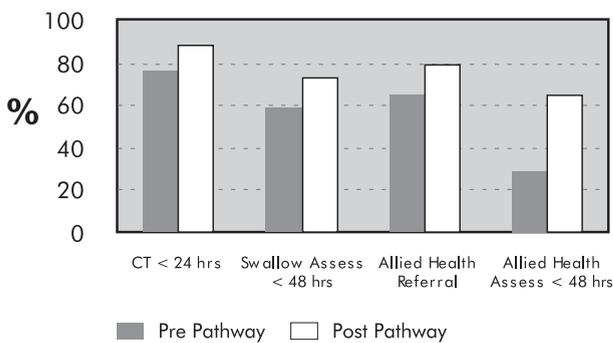
This audit identified areas we could improve and as a result of this and the focus group report, a clinical pathway based on the latest guidelines was developed. An information kit for stroke/TIA patients and their families was developed to address the lack of available education materials.

After using this Clinical Pathway for one year, we measured our performance to see how we were going in relation to the indicators for stroke care.

We found we had made some improvement, as demonstrated in the graph below. However we also identified some areas we could do better in, as demonstrated in the coloured box.

Following this audit, another look at the research and visits to other hospitals, a proposal for stroke care was developed and presented to the Executive management for consideration in the next financial year planning.

### Audit Results Comparing Pre and Post Use of the Stroke Clinical Pathway



### AREAS TO IMPROVE:

Swallow assessment < 24 hrs.

- Pre pathway - 50% vs. Post - 45%.
- There was little evidence of specialised nurses performing these after-hours assessments, as trained, when a Speech Pathologist is not available

Patients were cared for across all acute wards (Wds 2, 3, 5, 6 and 7), making continuity of care and patient/family education difficult

Only 47% patients in sample were on the clinical pathway

Only 22% of patients received the stroke/TIA information

## FALLS AND WHAT WE ARE DOING TO PREVENT THEM

**Our Falls Prevention Program continues to operate across all areas and all campuses, with great success.**

Our program involves:

- Best practice policy with embedded performance measures
- Identification of people at risk of falls on admission then using a specific colour code - orange.
- Use of appropriate equipment to help prevent falls
- Exercise and muscle strengthening programs to build physical strength run as inpatient and outpatient physiotherapy exercise programs.
- Literature and education for our consumers and their families
- Reporting of all falls
- Collection of data and analysis of all falls
- Staff education every month targeting falls management

### OUR SUCCESSES:

#### CAMPERDOWN CAMPUS:

39% reduction in falls rate in the Aged Care Facility

42% reduction in falls across the campus

#### WARRNAMBOOL CAMPUS:

27% reduction in the rate of falls across the Warrnambool campus, from all areas reporting falls

Evaluated and simplified the tool to assess risk of falling

We have participated in a joint initiative of falls projects, 'Foothold on Safety – South West' and South West Sub Regional Falls Prevention Project & shared resources



Nurse Chantal Rayner and Betty McCluskey

## ALICE'S JOURNEY THROUGH OUR FALLS PREVENTION PROJECT FROM HOSPITAL TO HOME

1. Alice (92 years old) was brought to the Warrnambool Emergency Department after a fall at home and admitted. On admission she had a Falls Risk assessment completed and commenced the Falls Prevention Program.



Alice discussed her plans to return home with a counsellor (Counselling & Support Service)

*"I wanted to go home but David [son] wanted me to go to Lyndoch [Aged Care Facility]."*



She had a nutrition assessment to receive advice regarding the importance of good nutrition to ensure good health and help prevent falls.

*"I found myself off food for a while and was introduced to 'Resource' which I find not as filling and so I have two a day."*



Alice had a visit from the Podiatrist to discuss foot health and the best options for footwear to reduce the risk of falls.

*"I had a problem with an abscess and was treated very well"*



She attended the physiotherapy department throughout her inpatient stay to increase her balance, mobility and confidence.

*"It kept my bones loose and improved my walking, and I wouldn't have been able to do it without them."*



Alice was seen several times by the Occupational Therapist to assist her regain her ability to manage her daily living skills. This involved assessment of her home for equipment needs.

*"Wonderful, they did everything that I wanted with the home set-up and it was all explained thoroughly."*



2. Discharge planning is a crucial element to ensuring all the support services are in place to enable a safe return home. "District Nurse, home help, Meals on Wheels were all a great help and well organised."

3. A team approach continues after discharge from hospital with Occupational Therapy home visits and visits to the outpatient Community Rehabilitation Centre.



## MEDICATION SAFETY

*We realise that medication is a high-risk area in terms of errors in hospitals.*

*We have introduced several strategies over the past year to reduce the risk of errors:*

- We encourage all staff to report medication errors. Each error is assessed for ways it could have been prevented and this data is reported to the Clinical Risk Management Committee monthly. From this, recommendations and system changes are made where necessary.
- We implement recommendations from other sources such as the Coroner's Court to help reduce risk and prevent errors from occurring.
- An initiative to demonstrate this process was the replacement of Potassium Chloride ampoules with diluted intravenous infusion bags throughout the service to reduce the risk of a patient being accidentally injected with the potentially fatal concentrated Potassium Chloride solution.



Nurse Paul Moritz with new Potassium bag

The areas such as Intensive Care and the Emergency Department, that may need to use the Potassium Chloride ampoules, store it in a distinctive red container in a locked cupboard.

- We have introduced individual dispensing for drugs that are to be given once per week to avoid the risk of them being given more frequently by mistake. An example is Methotrexate, used to treat some forms of cancer.
- Drugs with abuse potential (such as Valium, Mogadon, Panadeine Forte & Ketamine), but not requiring the stringent storage and security provisions of the narcotic type preparations, were subjected to a process of enhanced control measures throughout the hospital. Individual use of such drugs can now be accounted for within the hospital through the use of Schedule 11 registers or individual patient dispensing from pharmacy. An audit pre and post introduction of this system has resulted in a reduction in consumption of such drugs.
- Another initiative to help reduce problems with reading the writing in the medication charts is the move towards electronic prescribing as part of our Trak Health computer system. The work is in progress and next year we will be able to report on this initiative.

*"Team worked well on many subjects with me. Helped me in all areas to 100%. Helped me with reductions in medications and now I feel more educated on all these medications, their uses and their side effects.*

*Thank you for all your help."*



Pharmacists Sharyn Heard and Kevin McNamara

## CONSUMER PARTICIPATION

We encourage your participation in all aspects of our health service. There are various ways you can participate and some of these are outlined below with examples of achievements.

## COMMUNITY ADVISORY COMMITTEES

All campuses at South West Healthcare have well-established Community Advisory Committees with representation from a broad range of consumers. These are essential to bring the community voice into the development of our service.

Some of the issues these committees have dealt with or suggested over the past year or seen completed include:

- The development of an education program for the committee members to ensure they are familiar with the processes within the health service
- The development of this report
- The completion of a pedestrian crossing opposite the Main Entrance of the Warrnambool campus in conjunction with the Warrnambool City Council
- The development of a hospital to home service to ensure patients without the support of family members are safe and well when discharged



Community Advisory Committee  
 From left: Consumer Representative: P. Neale, Quality Manager: K. Harrison, Chief Executive Officer: J. Krygger, Consumer Representative: M. Lenehan, OH&S Manager: D. Brown, Director of Nursing: S. Morrison, Consumer Representatives: M. Crothers & B. Malseed

## SATISFACTION SURVEY

A State-wide Victorian Patient Satisfaction Survey is conducted on an on-going basis every 2 -3 months asking all discharged patients who fulfil the criteria, to respond to a questionnaire related to their recent hospitalisation.

South West Healthcare was a leader in the state for that category in the last wave and the table adjacent demonstrates our achievements over the last 3 years.

### OVERALL SATISFACTION WITH HOSPITAL STAY DATA

Date	SWH	Category B Average
Mar 2001	98%	95
Sept 2001	96 %	97
Mar 2002	98 %	96
Sep 2002	100 %	96
Mar 2003	97 %	96
Sep 2003	99 %	97

Data Source: TQA Research (6 months ending September 2003) State wide survey

## INTERNAL SURVEY

We also conduct our own internal patient satisfaction questionnaire, which is carried out continuously as patients are discharged. This questionnaire, re-designed with consumer input, asks patients their opinion of our service delivery at both Warrnambool and Camperdown campuses.

We also have departmental surveys to help us evaluate a particular area of service. An example of this is in our Physiotherapy Department – an evaluation of the outpatient exercise classes found that 100% of those attending felt the benefits of the training.

The Acute Psychiatric Inpatient Unit in Warrnambool, and the Adult Mental Health Teams in Camperdown, Hamilton, Portland and Warrnambool have developed new Client Satisfaction Surveys this year.

These new, easy to read surveys only take a couple of minutes to complete, and are designed to address important areas such as rights, courtesy of staff, participation by the client and their family/carers in treatment and information provided during treatment.

*96-98% overall satisfaction with the care received at South West Healthcare*

## COMPLAINTS

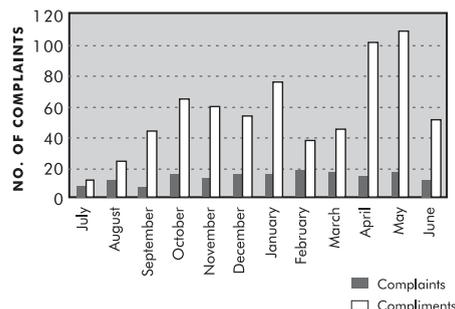
We view complaints as a great opportunity to identify issues and make improvements to our service – so we actively encourage you to let us know if there is anything we could do better. On the other hand, we also encourage you to let us know if we have done well in our care provision, as this gives us feedback that we are doing it right.

Complaints are managed across South West Healthcare in accordance with Australian Standards 4269, and in line with best practice guidelines developed by the Department of Human Services. The appointment of a Complaints Liaison Officer has assisted patients and their families have their concerns addressed in a timely manner.

We look at the number and content of each complaint and compliment and use this data to help plan improvements to our service. This is another means for you to have input into our service planning. The graph adjacent is the number of complaints and compliments received for the past 12 months.

However we do want to emphasise that we don't just count our complaints! Our Complaints Liaison Officer ensures that all complaints are addressed in a timely fashion and to the satisfaction of all concerned. We have consistently ensured that all complaints are dealt with well below 30 days.

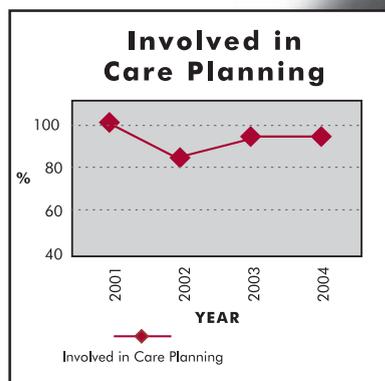
### South West Healthcare Compliments & Complaints 2003-2004



## CARE AS A PARTNERSHIP

We encourage you to be involved in the care planning and decision-making processes associated with your health care. This helps you learn more about your health and how to prevent future problems, and it helps us make sure that the care is tailored to meet your individual needs. Adjacent is a graph showing results from part of the internal patient survey.

We are also pleased to record that in a survey of clients who used Post Acute Care Services, 91% of clients stated they had been involved in their care planning.



## SHARED CARE PLAN

Another concept that we are working on at South West Healthcare is a 'Shared Care Plan booklet'. This is a small booklet designed to help people become more involved in their care planning by encouraging them to write down the important issues regarding their health. It can be used as an aid when they have to visit health professionals and as a reminder for themselves when questions arise.

We have been collaborating with internal and external health service providers and consumer groups in the development of this booklet. It has sparked lots of interest and debate, and we are at a stage where the Primary Care Partnership (PCP) consumer reference group are putting forward a plan to undertake a larger scale project focusing on this concept and the issues arising.

## ACTIVE MIND - NEW PSYCHIATRIC SERVICES NEWSLETTER

The Psychiatric Services Division has developed a Newsletter for distribution to staff, other agencies and the community. A competition within the Division for naming the Newsletter generated considerable interest, with a suggestion of *Active Mind* being the winner.

*Active Mind* will include a range of articles and items of interest, such as staff profiles, events such as Mental Health Week activities, and will be a valuable mechanism for providing the community with feedback on results of surveys, such as the recent DHS Survey of Consumer and Carer Experience of Mental Health Services, and of local surveys and quality improvement activities.

## OUR AGED CARE RESIDENTS

Merindah Lodge and Tooliorook Hostel, at our Camperdown campus, are our Aged Care facilities. The motto there is 'Quality in Life'.

We are proud of the service we offer the community, and to ensure we maintain the highest standards, our service is monitored regularly, both internally and externally.



Merindah Lodge resident, Mrs Isla Hindhaugh celebrating her 100th birthday. Photo courtesy the Camperdown Chronicle.

## SOME OF OUR ACHIEVEMENTS THIS YEAR:

### Minimal Use of Restraint

- We like to think that our residents can be safely cared for without having to resort to restraint, either by medication (such as sedation) or using bed rails.

After an in-depth analysis of our practice in 2003, involving careful monitoring of all of our residents' risk factors related to possible injury from falls from bed or chairs, we implemented the use of restraint alternatives specific to each resident. These strategies are put in place to maintain our residents' safety whilst protecting their rights to quality of life and maximum dignity.

Should the need for restraint be required, our policy provides clear guidelines on the need for medical authorisation and documentation requirements.

We have achieved a significant result of having 0% use of physical or chemical restraint in use in the facility for the past year. We have achieved the benchmark in use of restraint in Aged Care facilities with this result (QPS data - National benchmark database).

### Falls Reduced

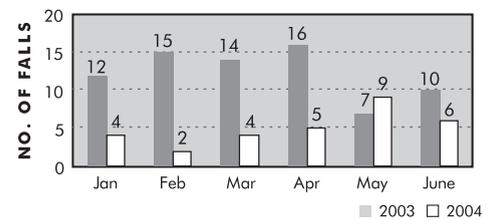
- Analysis of our falls after the implementation of the Falls Management Program in 2003, shows significant reduction in the number of falls for our residents each month.

There have also been no serious injuries from a fall reported in our facility for more than 12 months. These results can be attributed to the Falls Management Program, which involved education to all staff and ongoing processes of assessment of risk of falling for each resident.

The Falls Program is also regularly evaluated as to its effectiveness in reducing the risk of injury to our residents and patients.

The number of resident falls recorded in our facility is also well below the industry average. The graph below demonstrates the significant reduction during the period of January to June in 2004, compared to the same period in 2003.

### SWH Camperdown Aged Care Facility Falls Comparison 2003/2004



## OUR ACHIEVEMENTS:

### WAITING PERIODS DOWN

The waiting times for a place at our facility are significantly less for our community members than the industry average.

### LOW RATES FOR PRESSURE SORES

2.8% compared to the average rate of 9%.

Our rates put us in the top 6% of best performers in the industry.

### OUR EXCELLENT STAFF

- 98.4% test result in a staff Competency test on General Aged Care Issues.
- Our results were the highest score within the industry.
  - Minimum score = 76%
  - Maximum score = 98.43% (us)
  - Mean = 91%

Resident: Mrs Anne Kerr-Smith, Nurses Cynthia Lucas, Fiona Wood and Nelson the dog



# FINANCIAL MANAGEMENT

WHILE ASPECTS REPORTED HERE AIM TO COVER THE CONSUMER PERSPECTIVE, A FULL REPORT OF FINANCIAL YEAR RESULTS IS AVAILABLE IN THE ANNUAL REPORT.

## ACCESS TO SERVICES

The trend over recent years at the Warrnambool campus continues with more people accessing our services.

A total of 13,956 patients were admitted to hospital between July 2003 and June 2004, compared to 13,858 admitted during 2002/03.



Emergency Department staff Dr Amy Osborne, Nurse Chelsea Murrell and Nurse Cindy Joseph treating 'Ian' in the Warrnambool campus Emergency Department

## EMERGENCY SERVICES

We provide around the clock emergency care at our Warrnambool campus.

Our statistics are demonstrating the Warrnambool Emergency Department is getting busier every year. To address this growing need, a plan is underway to expand the facility in the future.

### USING TECHNOLOGY TO IMPROVE TRIAGE

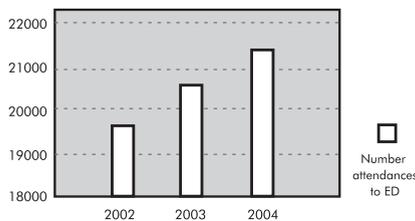
We operate within the national guidelines for assessing everyone who presents according to the seriousness of their condition, which means the people with less serious conditions will need to wait longer at times.

We obtain monthly reports of the triaging assessments and we use these results in staff education sessions to help clarify any difficult triaging decisions using a peer review process.

This data is also reported to the Victorian Emergency Minimum Dataset (Department of Human Services). This allows us to compare our performance with the other participating health services. We have found we are more consistent with our triaging decisions since Trak Health was introduced as demonstrated in the table adjacent.

An exciting initiative to our Emergency Departments this year has been the implementation of a new electronic patient record system called Trak Health. This system allows for more extensive data collection and has proved to be a valuable learning tool in staff education.

### Warrnambool Emergency Department Attendances



Measure	Our Result	Other large rural hospitals (Average)	State average of all hospitals that submit data	Target (If applicable)
Total number of presentations	21,250			
% Admitted to a ward within 12 hours	98%	92%		95%
% of patients Category 1-3	34%	32%	38%	
Seen within recommended time				
· Cat 1	100%	100%	100%	100%
· Cat 2	94%	90%	88%	80%
· Cat 3	95%	90%	83%	75%
· Cat 4	92%	86%	76%	60%
· Cat 5	97%	94%	93%	60%

Emergency Department data: 2003 – 04  
Source: VEMD (State) data.

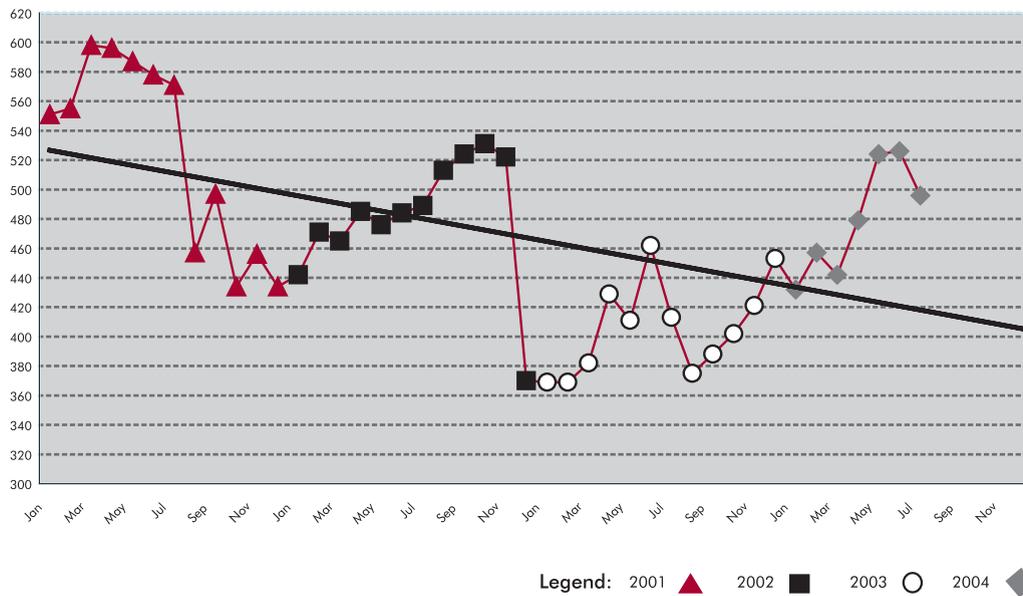
## ELECTIVE SURGERY WAITING TIMES

We realise that having to wait for your surgery can be difficult and inconvenient.

We work hard to try and minimise this waiting period, and we are proud of the fact that our waiting lists are a lot smaller than our metropolitan counterparts.

As you can see in the graph below, we have significantly reduced the number of people on the waiting list in the last 3 years. However it has started to increase in the last 6 months, but with the appointment of two new surgeons, we hope to see this reducing again.

**South West Healthcare  
Waiting List Statistics - Warrnambool Campus  
Calendar Years 2001 / 2002 / 2003 / 2004**



## ELECTIVE SURGERY POSTPONEMENTS

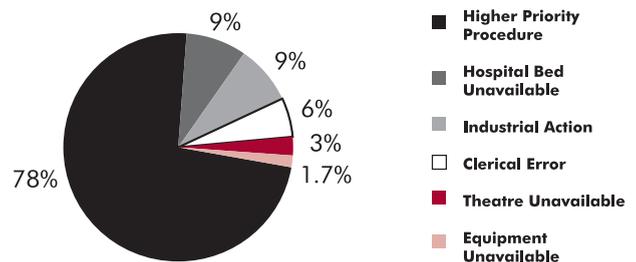
Sometimes we have to postpone your surgery and re-schedule it for another day, and we know this is very inconvenient for you. We do try and keep this to an absolute minimum by:

- having our Theatre Liaison Nurse co-ordinate the process.
- having our Pre-admission Clinic doing assessments, giving information / education to ensure you are prepared for the surgery.

The total number of hospital initiated cancellations for this past year is 284.

The adjacent graph shows the differing reasons why we had to cancel surgery during the past year.

**Reasons for Hospital Initiated Cancellations (%)**



# HUMAN RESOURCE MANAGEMENT

## STAFF RECRUITMENT

Our goal is to further strengthen our skilled and efficient workforce. Our strategies to achieve this include the recruitment of adequate numbers of appropriately trained staff. As a regional health service, we sometimes face challenges in recruiting specialised staff. We have been utilising the services of an external search agency to assist us with this, and we are pleased to report our success in recruiting several specialist medical staff to join our service. We have been fortunate with our recruiting to also gain their partners into our employment.

In late 2003 we welcomed a new orthopaedic surgeon – Mr Dragomir Mladenovic, who boasts extensive orthopaedic surgery experience in Australia, New Zealand and in his home country, Yugoslavia. His wife, Slavka, has taken up a nursing role in the operating theatre at our Warrnambool campus.

They are enjoying living and working in Warrnambool.



Dragomir Mladenovic,  
Slavka Mladenovic



Above: Carl Murphy  
Below: Kate Murphy



In 2004, we welcomed a new general surgeon – Mr Carl Murphy, who has made a career change from general practitioner to surgeon.

*"I qualified in medicine in 1980 and worked in Ireland until 1985. I moved to the UK and worked in Liverpool, where I met my wife. I emigrated to Western Australia in 1988 and worked as a GP in Narrogin and later Collie, south east of Perth. In 1997 I moved to Melbourne to pursue a career in surgery, taking the Australian Fellowship in 2002 and completing surgical training in 2003. I have spent the last 18 months working in cities in northern England for further surgical experience. Being from a village in south west Ireland, I have always wanted to settle in the country.*

His wife, Kate, has taken up a medical position in the Emergency Department at the Warrnambool campus.

*"I qualified in medicine in Liverpool, England and worked in various hospital jobs in the UK for 4 years. After a brief stint working on a cruise liner, I emigrated to Australia in 1990 and continued to work as a GP in a wide variety of practices in QLD and WA. After working in a country town, I developed a special interest in emergency medicine, and for the past 6 years have worked solely in Accident & Emergency. For the last 18 months I have been working in cities in the north of England. Like Carl, I have always preferred life in the country to the city."*

## CREDENTIALLING

Like all health services we need to ensure our staff have the appropriate qualifications. We do this by:

- Checking and documenting Registration, qualifications and skills.
- Medical staff appointments are carried out by a special medical appointments committee and initial appointments are usually 1-2 years and re-appointments usually 3 –5 years.
- Nursing staff must present their current practising certificate each year to ensure they meet registration requirements.
- All staff, students and volunteers must also undergo a police check prior to commencement of duties.

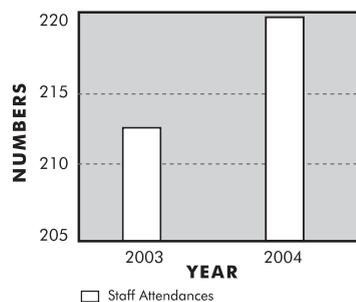
## STAFF EDUCATION AND TRAINING

To help our new staff settle in to their role at South West Healthcare, we provide an Orientation Program for all new staff. These programs are conducted on a monthly basis. The format and content is reviewed annually and on a needs basis.

Supporting our staff in keeping their knowledge and skills up-to-date is a vital part of our human resource strategy. In 2002 we found that the Mandatory Staff Update Program was not meeting the needs of the staff in terms of design and content.

Since then a new program format was commenced and improvements in attendances were reported in last years report. We are pleased to report continued improvements in this area. The graph below represents the numbers of staff attending this program.

**Staff Attendances at Mandatory Updates**



South West Healthcare offer a Graduate Nurse program, Graduate Diplomas in Critical Care and Perioperative Nursing in affiliation with Deakin University, Graduate Diploma in Midwifery in affiliation with Ballarat University. Many other in-services and seminars are held throughout the year for all staff.

Clinical and non-clinical staff also attend relevant conferences and seminars to ensure that they are familiar with contemporary practice in their fields.



## OUR STAFF IN THE PSYCHIATRIC DIVISION

- 119 staff undertook 5,018 hours of training, on either an internal or external basis.
- In support of this continuing commitment, an extensive needs analysis and review of staff education and training in the Division is being undertaken and coordinated through the Quality Council to evaluate past education and training provided to staff and plan future education and training strategies on a program basis, ie for Adult Mental Health Services, Aged Persons Mental Health Service, Child & Adolescent Mental Health Service, Acute Inpatient Unit, Community Residential Services and Primary Mental Health Team.

As part of a preliminary review of training and education needs in the Division a separate specific Mandatory Update training program is being introduced for all Mental Health staff. The program will review relevant legislation in the Mental Health Act, and assessment and management of risk in five modalities including:

- risk of accidental harm,
- risk of deliberate self harm,
- risk of harm to others,
- vulnerability,
- compliance with treatment.

*The program will also include an update on Mental State Examination and the management of aggressive and assaultive behaviours. A revised generic orientation training program has also been introduced for new staff based on several of the components covered in the Mandatory Update Program.*

## NEW EDUCATION FACILITIES

South West Healthcare – Warrnambool campus was thrilled to open the new \$1.4 million Education Resource Centre in September 2003. This facility houses a new library, education facilities, including a computer training room, 80-seat conference room (Frank Lodge Room), meeting room (Dr Kevin Longton Room) and new board room (Stuart Lindsay Room).

This wonderful new facility allows us the much-needed space and resources to carry out both in-house staff education and host more seminars / conferences open to staff from other health services.

## THE VALUE OF RESEARCH

We all know that research is a valuable tool in progressing health care. We are pleased to report our Nutrition Department has had the results of their project, High Five - Healthy Eating in Primary Schools, presented at the national conference of the Dieticians Association of Australia in May 2004, and at three Melbourne conferences of the Australian Council for Health and Physical Education Research (ACHPER). A paper has also been written for the ACHPER Journal. The primary aim of this project was to increase the fruit and vegetable intake of children in primary schools, and help reduce childhood obesity.

The research project by Mellor, D., Cummins, R., Karlinski, E., & Storer, S. 'The management of subjective quality of life by hospital patients', published in the journal *Health and Quality of Life Outcomes*, September 2003, demonstrates an effective collaboration between our Counselling and Support Department, Nursing and Deakin University.

It has been acknowledged that the amount of clinical nursing research in regional and rural health services is sometimes limited due to smaller facilities. To try and increase our capacity as a research facility, we have joined a Research Consortium Group with Deakin University and other health services in the region.

This group is currently working on developing both regional and campus specific research projects. Several South West Healthcare staff have attended the workshops organised by this group, to gain valuable skills in performing research that will be utilised in the future projects.

## STAFF SURVEY

We aim to enhance the supportive and motivated culture of the organisation. To help us in this quest, we undertook an extensive staff survey benchmarked to both the healthcare and private sector. 954 staff were surveyed with a response rate of 56%. Key areas were identified for each department and action plans developed from these survey results. Two further surveys are to be conducted over the next 5 years.



Librarian, Judy Dalton



Volunteer: Damien Goss with patient

## VOLUNTEERS

We have 135 volunteers in our Warrnambool program, who generously give their time in a wide range of areas throughout the service. Their contribution is greatly valued and appreciated, and helps strengthen links between our organisation and the community.

We are in the midst of expanding our volunteer program to the other campuses.

# FACILITIES, EQUIPMENT & TECHNOLOGY

## FACILITY UPGRADES

We are working hard to ensure our infrastructure supports the efficient, effective and flexible operation of the health service. We are in the process of planning a major upgrade for our Warrnambool and Camperdown facilities. These long awaited upgrades will provide state-of-the-art health facilities for the people of the south west.

Part of the upgrade planned for Warrnambool campus is a three-storey, 96 bed acute ward, built to replace the existing Marcus Saltau building.

A significant upgrade this year has been the installation of a gas-fired boiler to ensure a more efficient system.

A new secure document filing system has been introduced at the Camperdown Psychiatric Services office for maintaining confidential files.

*"Our family feel the Palliative Care rooms could be made much more lighter and modern, otherwise the staff are absolutely fabulous and couldn't be more helpful."*

## TECHNOLOGY

Nurses and other staff in more than 50 health centres scattered throughout the south west are no longer isolated - or restricted to getting help over the phone - when confronted by an emergency. They can now get specialist guidance through what might be called 'tele-medicine', though staff prefer to call it video conferencing. This ground breaking technology has been developed by the South West Alliance of Rural Health (SWARH), of which South West Healthcare is a member. The SWARH alliance covers approximately 60,000 square kilometres and connects all public acute hospitals and associated health services from west of Melbourne to the South Australian border.

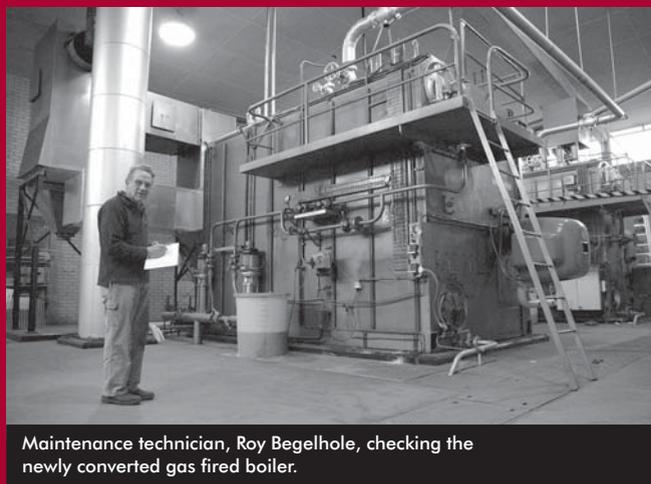
South West Healthcare has used this technology to link the smaller health centres in the region with our larger Warrnambool campus, giving staff in these small centres on-the-spot specialist advice and reassurance. It has proved to be an effective way to guide staff and it has the ability to avoid some unnecessary delays.

This technology has enabled staff from all campuses to participate in education, training sessions and meetings via video link to each campus.

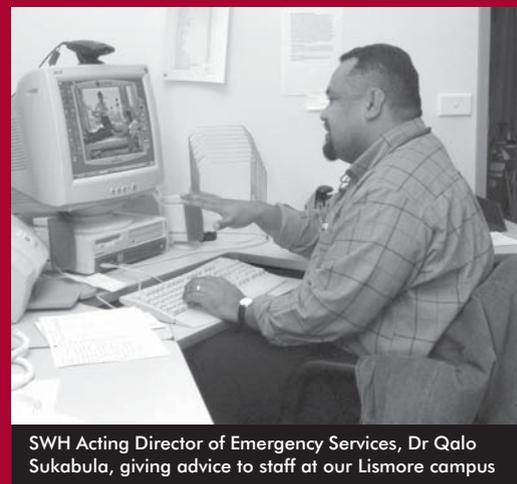
Fast networking technology has become the national regional model and has won numerous awards over the past 4 years.

## WASTE REDUCTION

You will be pleased to know that South West Healthcare has been working hard to reduce waste and improve recycling. We are very proud to achieve a cost reduction of 90% over the last year.



Maintenance technician, Roy Begelhole, checking the newly converted gas fired boiler.



SWH Acting Director of Emergency Services, Dr Qalo Sukabula, giving advice to staff at our Lismore campus

# SERVICE INTEGRATION

## SOUTH WEST POSTNATAL DEPRESSION PROJECT

In May 2003, the South West Postnatal Depression Project commenced to improve ante and postnatal services for women in the south west region (including Warrnambool, Moyne, Corangamite, Southern Grampians and Glenelg), by enhancing awareness, prevention, early intervention and management of ante and postnatal depression.

A member of South West Healthcare's Psychiatric Services Division's Primary Mental Health and Early Intervention Team coordinates this project, with considerable consumer input and a highly involved Steering Committee of key regional agencies.

The Project is well advanced, with some of the following outcomes:

- Universal antenatal screening has been incorporated into the antenatal booking-in appointment. Referrals to appropriate support agencies and treating GP's are provided.
- An extensive evaluation of the screening has been completed and recommendations for service enhancement made.
- Provision of education and training in screening and intervention practices for hospital midwifery staff, Maternal and Child Health nurses (MCH), GP's and community counsellors.
- Production and distribution of quality educational and resource literature for pregnant women and new parents.
- Introduction of education in antenatal classes and mum's groups on coping and resilience building strategies.
- A widely distributed, local register of postnatal depression services, updated annually.
- Development of local referral options and pathways including antenatal education improvements.

### BENEFITS TO WOMEN AND THE COMMUNITY:

1. Women have greater understanding and realistic appreciation of the psychological impact of pregnancy and early parenting.
2. Women and their partners ,are better prepared for early parenthood.
3. Health professionals utilised by women during this time (GP's, midwives, MCHNs) are better able to identify and manage ante and postnatal depression.
4. Relevant health professionals have a clear understanding of referral and treatment options available for these women within the region.
5. Women have a greater understanding of ante and postnatal depression, have literature indicating the symptoms they should note and know where to seek support in their area.
6. A rapidly increasing number of women are willing to reveal their distress to healthcare professionals. Community attitudinal change about the stigma of postnatal depression substantially reduces the pressure of mothers to suffer in isolation and allows for more effective early intervention.



PND Project Manager  
Louise Ryan

# 'LIVING & DYING IN STYLE'

## ADVANCED CARE PLANNING IN PALLIATIVE CARE

This three-year project is funded through the Australian Government Palliative Care Initiative Caring Communities Program. It is part of the "Respecting Patient Choices" Program at Austin Health in Melbourne, and covers the south west region (including Warrnambool, Moyne, Corangamite, Southern Grampians and Glenelg).



Project Coordinator, Mabel Mitchell with participant, Joan Lee

### What is Advance Care Planning?

In an Advance Care Plan people are invited to express their views on life-prolonging treatment if they are very ill and unlikely to recover.

The aim is to give people the ability to retain control over their medical treatment, to be able to die naturally and with dignity, while receiving any medication necessary to alleviate suffering.

### How do you go about it?

This involves a conversation with an Advance Care Planning Consultant about current health status, beliefs, values and goals, future options and choices.

Options for choosing their preferred place of care and the importance of respecting personal, spiritual and cultural beliefs are also discussed.

We encourage people to document these plans and appoint an agent to have Enduring Power of Attorney (Medical Treatment) if they become incapable of making their own decisions.

Copies of these documents are kept by the person (and whoever else they wish) and a copy goes into the medical record.

### Why do it?

Most people die of a chronic illness under the care of a doctor. Unexpected illness and injury resulting in disability are also not uncommon.

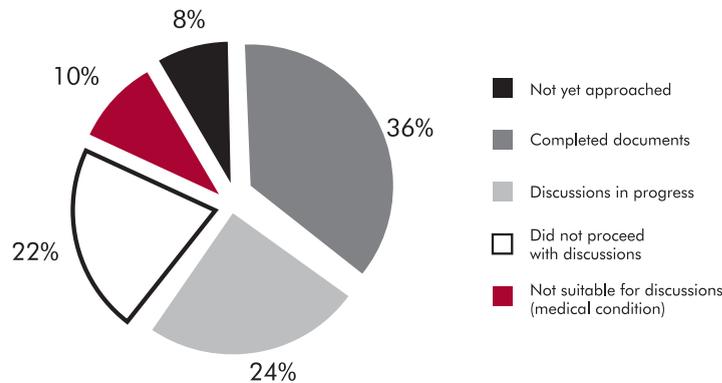
Up to 50% cannot make their own decisions when they are near death. Family and friends may not know their relative's views on life prolonging treatment.

### Who can help you with this?

Selected staff, that have an interest in this area, undertake a two-day training course to become Advance Care Planning Consultants. Contact the Warrnambool Regional Palliative Unit for further enquiries.

## THE RESULTS SO FAR AT WARRNAMBOOL AFTER 5 MONTHS (INTO THE PROJECT)

### Responses to Advanced Care Planning Discussions from 50 records audited



77 staff across the region have been trained to date.  
135 clients have considered Advance Care Planning.

# COMMUNITY HEALTH

## SOUTH WEST COMMUNITY HEALTH CENTRES

The Health Minister, Bronwyn Pike, officially opened Warrnambool's first community health centre this year. This centre will work in conjunction with the other campuses of South West Healthcare and aims to promote a healthier community through education programs and early intervention, which will reduce the stress on other health care providers.



Craig Fraser and Shane Storer at the Mens health promotion night



Safe tractor access platform - Wes Christie, Nick Dopheide and David Phillips. Photo courtesy of the Standard. Photographer: Terry Sim



Centre Against Sexual Assault (CASA) staff Helen Wilson, Madeleine Forth and Karen Clarke

### “WOULD YOU RATHER BE A HOT ROD OR A CLAPPED-OUT OLD BOMB?” - OUR MEN'S HEALTH PROMOTION

Since heart disease and cancer are the biggest health concerns for men in the south west, closely followed by respiratory disease and depression, we have been busy with men's health promotion nights.

- 280 men 'put their bodies through the pits' in a shed, with the smell of oil, car racing videos and Tom Hafey speaking from the back of a ute. There was an unprecedented level of feedback, with over 70% of these men completing the feedback survey, helping in the planning for future events.
- 154 men attended the men's health night at Manifold Place Community Centre Camperdown, with actor Alan Hopgood as a special guest.

### 'GIRLS NIGHT OUT' - OUR WOMEN'S HEALTH PROMOTION

210 women attended this event, hosted by comedian Libby Gore, giving a light hearted approach to some serious issues.

### ON THE FARM FRONT

Our Macarthur Community Centre has been busy promoting farm safety. A grant from the Farmsafe Alliance to purchase a safe tractor access platform has sparked much interest in the local area. The local Byaduk Cricket club has been trialing it for mowing their oval.

### OUR KOORI COMMUNITY

We cared for 128 Koori people as inpatients during the last financial year, and many more via our outpatient and community programs.

As the health and social well being of Victoria's Koori community is considerably worse than that of the broader community, it can be argued that the Koori community constitute both a vulnerable group, and a group most in need. Our Manager - Koori Health Programs, has developed the Koori Health Cultural Audit as a pilot project designed to identify current operational policies and procedures regarding Koori people at South West Healthcare. It was based on the local concerns of Koori community health workers and the Koori Services Improvement Strategy Five Year Strategic Plan which was developed by the Department of Human Services in 1998.

Following the audit of several departments of South West Healthcare, recommendations have been made, including cultural awareness training for staff, development of Koori specific indicators of policy and procedures, and future audits of staff and the Koori community to assess progress.

### ADDRESSING NEEDS IN AREAS NOT ALWAYS TALKED ABOUT

Our Centre Against Sexual Assault has successfully raised the awareness of sibling sexual assault, which is more common than many of us realise. An audit in 2001 found that brothers were the single largest abuser for boys attending the centre during that year. Staff decided to develop an information brochure to address this issue, as there was little available at the time.

The brochure is believed to be the first of its kind in Victoria and is now being used by other centres working against sexual assault across the state and interstate.

### Substance use and misuse within our psychiatric population is on the rise, with an

## OUR COMMUNITY'S MENTAL HEALTH

### ADDRESSING THE ISSUE OF SUBSTANCE ABUSE AND MENTAL HEALTH

increasing view being held that **substance use is an expectation rather than an exception. People with a psychiatric disorder are two to six times more likely to develop substance or alcohol abuse.**

We recognise the need to ensure our services can work effectively together and that all have the skills to address substance use.

To help achieve this the Psychiatric Services Division has employed a designated Dual Diagnosis clinician to assist in directing the focus for treatment to include addressing issues of substance use through training and clinical consultation.

A steering committee comprising key agencies in the areas of health, welfare, drug and alcohol services and mental health services, oversees the dual diagnosis position.

In addition the Division has forged a closer alliance with local drug and alcohol service provider WRAD though a signed Memorandum of Understanding and regular joint meetings to discuss issues of mutual concern in order to ensure a more focused treatment response to joint clients.

# COMMUNITY ENGAGEMENT

**For South West Healthcare to best address the needs of our community we need to find out what those needs are. We do this in a variety of ways, some outlined earlier in this report.**

*Our Psychiatric Services Division has developed two new committees to enhance engagement with the wider community.*

- A revamped Community Advisory Committee with representatives from key agencies across the region.
- A Community Special Interest Group directed largely at consumers and carers.

*In addition to other feedback mechanisms, the two new committees will ensure that the Division has an effective forum for exchanging information with other service providers and the wider community.*

## **Your views using focus groups**

Focus groups involve a small group of people with a specific interest or health condition, coming together to discuss the service. This in-depth discussion, helps us identify areas that could be improved or gaps in the service. As the group is able to bounce ideas around, we often gain more information than we could from just using a formal survey format of individuals.

## **Occupational therapy focus groups**

The Occupational Therapy Department ran two focus groups this year to help gain the users' views of their service and identify areas for improvement in relation to stroke care and equipment use. Results will be used in the planning for improvements over the next 12 months.

## **Care Planning**

In the development of our Clinical Pathways (care plans) for a particular health condition, an important aspect is to hear perspectives from the very people that have this condition to ensure that we have included issues important to them.

In the development of our pathway for people with heart failure, we invited a small group of people to go through the pathway and the education program related to this condition. This group consisted of people with heart failure and their partners, and their invaluable contribution resulted in the education and support program that is part of this pathway, being expanded to include more for partners. This pathway is currently on trial in the ward areas.

## **Your views using interviews**

We sometimes conduct interviews either face-to-face or over the phone. They are useful when a group is not practical or when we are trying to gain more in-depth information than a written survey can provide us with.

An example has been to gain insight into our stroke service at our Warrnambool campus this year. Our stroke care service has been reviewed lately and these interviews have given us the user perspective.

## BRINGING MENTAL HEALTH SERVICES AND THE COMMUNITY TOGETHER

**In line with identifying and meeting the needs of our community regarding mental health, the Psychiatric Division continues a strong ongoing commitment to consumer consultancy with the recent appointment of our new consumer consultant, Mr. Barry Ladlow.**

Barry brings with him a wealth of experience and many new ideas for his role after having worked in a similar position for 7 years in another large rural based Area Mental Health Service. Barry's main focus will be on providing a very valuable consumer perspective on the services provided by the Division and contributing to the overall quality improvement program by identifying ways in which services can become more responsive to the needs of consumers.

In doing so, Barry will be involved at a number of levels including individual consumer advocacy, liaison within and outside the Division, education and training and participating in committees and workshops.



Psychologist: Rebecca Rudd and Nicole Phelps with Psychiatric Services Consumer Consultant, Barry Ladlow



CELEBRATING  
**150**  
YEARS  
OF HEALTHCARE  
IN WARRNAMBOOL

**THIS YEAR WE CELEBRATED  
150 YEARS OF SERVICE TO  
THE COMMUNITY.**

To mark this occasion our 'A History of the Warrnambool and District Base Hospital' book was published, celebrating the milestones over this journey in time.

It is intriguing to look back and see the far reaching changes over the years, but our focus as always must be on our future and meeting the ever changing needs of our community.



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