

south west healthcare
QUALITY OF CARE REPORT 2005



excellence in regional & rural healthcare



SOUTH WEST
HEALTHCARE



FOREWORD

WE PROUDLY PRESENT THE SOUTH WEST HEALTHCARE ANNUAL QUALITY OF CARE REPORT FOR 2005.

In this report we demonstrate how our health service 'shapes up' in delivering safe and efficient health care for the people of south west Victoria. It highlights how we respond to the needs of our community and how the quality of our service is monitored against industry standards and other health care organisations. This report is structured to reflect our strategic goals.

This report has been developed with help from a committed group of our community members and staff. Several focus groups have been conducted, with input from our Community Advisory Committee to gain their contribution to our health service and this report.

This report is distributed widely within local and regional communities via health services, community groups and local council and it is also available on our website at www.southwesthealthcare.com.au. To ensure maximum community access, we have developed a report summary and information on how to access the full report and have published this via local and regional newspapers.

"The photos of staff members are a good means of putting names and job descriptions to staff seen around the hospital"

A comment from 2004 feedback form



CEO John Krygger, Community Advisory Committee member Linda Holland and Director of Nursing Sue Morrision

winner

 of 2004

*quality of care report award
for regional health services*

It was an honour to win the 2004 award and achieve recognition for our organisation's ongoing commitment to quality service provision. We have put the \$10,000 received for winning this award towards improving our stroke care services, which you will read about further in this report.

FRONT COVER PHOTOS

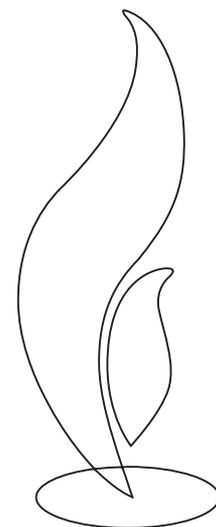
MAIN PHOTO: South West Healthcare Merindah Lodge resident Lorna Mirtschin and daughter, South West Healthcare Medical Imaging Receptionist, Margaret Clissold.

TOP RIGHT: South West Healthcare Theatre Technician Paul Hodgins (left) and South West Healthcare Orthopaedic Registrar Dr Raghavan Unni.

BOTTOM RIGHT: Seven-year-old Sienna Williams (daughter of Tracey and Jason Williams of Warrnambool) and South West Healthcare Children's Ward Division 1 Registered Nurse Jacinda Duerden.

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Volunteers Mrs Jean Byron and Mrs Phyllis Peart busy with some sewing



Surgeon Mr Stephen Fischer and Nurse Jenny Atwell

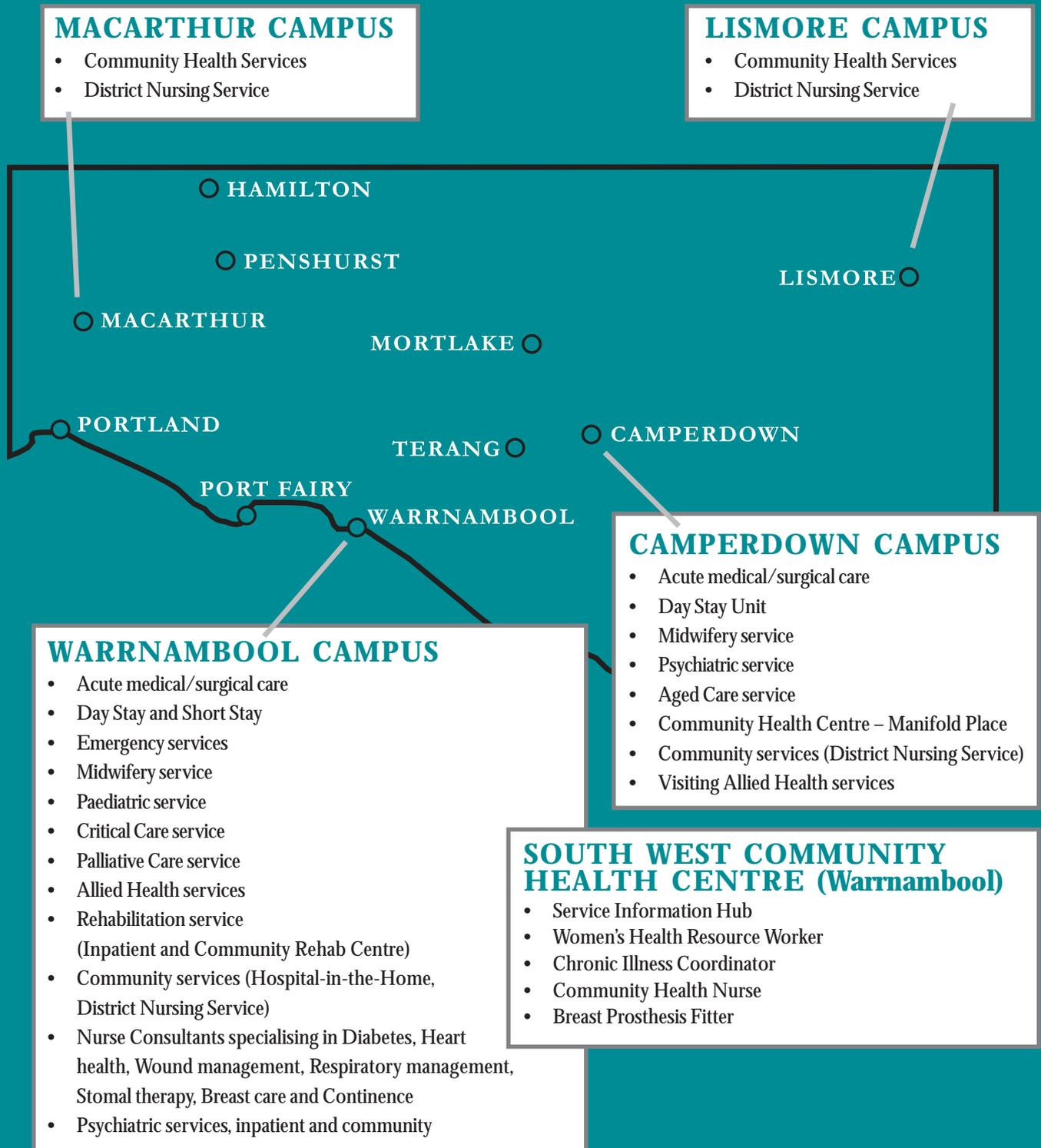


Staff CPR training



Cook Sharyn Weber

SERVICES



SOUTH WEST COMMUNITY HEALTH CENTRE (Warrnambool)

- Service Information Hub
- Women's Health Resource Worker
- Chronic Illness Coordinator
- Community Health Nurse
- Breast Prosthesis Fitter

PSYCHIATRIC SERVICES DIVISION

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

QUALITY, SAFETY AND RISK MANAGEMENT

Our aim and your right - safe and high quality health care

South West Healthcare must have the ability to demonstrate how it is achieving this goal and in this section of the report we have outlined some areas of particular importance to our community.

CLINICAL GOVERNANCE – A SYSTEM FOR QUALITY IMPROVEMENT

Clinical governance is the system through which organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care, by creating an environment in which clinical excellence will flourish.

A Clinical Governance framework assists with the management, monitoring, coordination, facilitation and evaluation of initiatives that protect the safety of patients through clinical quality activities and clinical risk management processes.

Some of the areas of responsibility include:

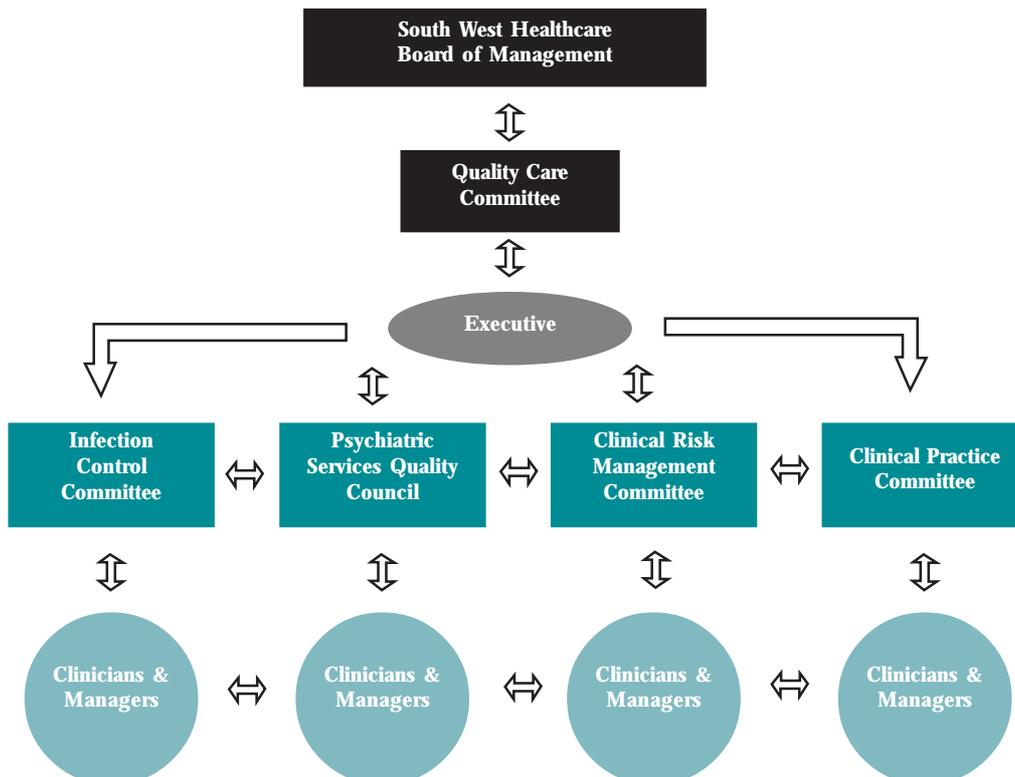
- Clinical Risk Management and adverse events analysis
- Incident and accident data collection
- Development and monitoring of a quality plan
- Developing improvements in patient safety
- Development, management, monitoring and evaluation of policies and procedures
- Reports and publications communicated to all staff and the community
- Staff training and education



Nurse Unit Manager Ev Karlinski planning care with Veronica Earles

“Staff were very kind to us, very caring”
Patient feedback

ORGANISATION STRUCTURE AND REPORTING RESPONSIBILITIES



MANAGING THE RISKS AND IMPROVING PATIENT SAFETY

South West Healthcare recognises that the majority of its services are carried out to the highest standard of care. However there are times when things don't go quite right, and these times provide us with an opportunity to do better. A framework exists which contains the basic elements of accountability, structures and processes essential to minimise risks in clinical care right from the individual through to the organisation level.

What is Clinical Risk Management?

Clinical Risk Management is a process to identify, analyse and control risks involved with clinical care through a systematic application of policies, procedures and practices.

Applied appropriately this process will:

- Improve patient safety
- Improve patient care and outcomes
- Maintain public confidence in our organisation
- Provide an environment of a 'just' culture where we learn from our performance.

Each department at South West Healthcare implements the Clinical Risk Management process/framework in a way that is suited to their environment. This is supported by the Quality Management Department.

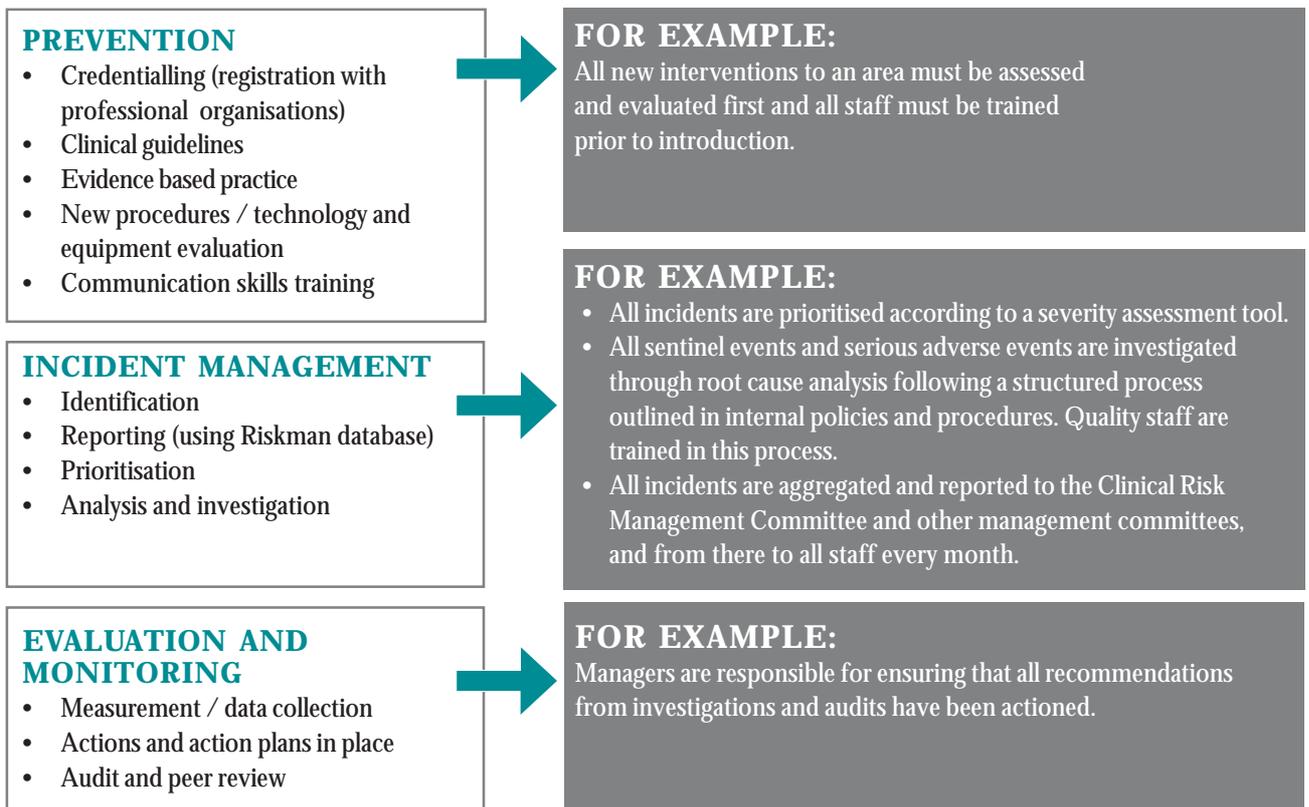
How do we create a safer environment for patients?

By identifying underlying system weaknesses and focussing upon prevention.

We achieve this through:

- Facilitation of communication.
- Consideration of the needs of patients / consumers and their families including through open disclosure.
- A commitment from management and all staff to quality improvement.
- All clinical staff taking responsibility for all components of patient safety.
- A focus upon system improvement.
- Provision of reliable, valid and objective information necessary for decision making that is available at all levels.
- Effective feedback to clinicians.
- Monitoring and evaluation of performance (organisation) on a continuous basis.
- Provision of training and education to all staff in relation to the application of patient safety.

How do we achieve patient safety?



MEASURING OUR PERFORMANCE

We measure our performance to determine how we can improve the care we give. This process involves measuring what we do using specific performance indicators, reporting this data to the people involved and relevant committees, developing a plan of action to improve, 'doing the action' and then re-measuring to see if it worked.

We use both internal and external monitoring processes to evaluate our service.



Cardiac Rehabilitation Nurse Fleur Martin with Peter Johns on treadmill

INTERNAL MONITORING Clinical Risk Management Committee

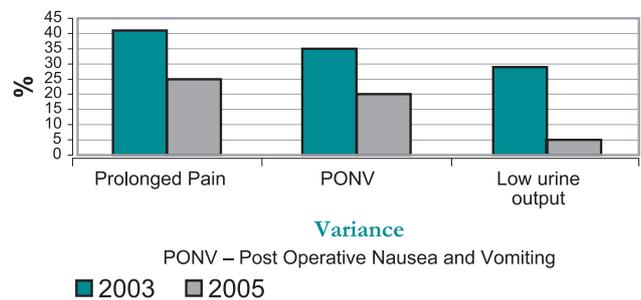
This committee, with representation from staff across the organisation, has the responsibility of ensuring that there is a process to identify risk and act on it. Having this accountability helps make our health service a safer place for everyone.

Clinical Pathway Variance Analysis

Clinical Pathways outline the expected plan of care, including the documentation of that care for certain health conditions/surgery. They help ensure timeliness and consistency of care. The reports from audits, actions and outcomes are reported to the Clinical Risk Management Committee.

The adjacent graph demonstrates improvements in reducing the incidence of prolonged pain, post-operative nausea and vomiting (PONV) and low urine output in women having gynaecological surgery. These improvements can be linked to improved management strategies, better use of medication and improved staff awareness.

Comparison of Variances in Audits



Clinical Relevance Audits

Put simply, these are when a random selection of medical records are checked by a staff member to assess if care/treatment given was appropriate and if adequate documentation supported these choices. Audits have been performed in most acute ward areas at the Warrnambool campus, with a plan to extend to the Camperdown campus next year.

- 71% of the 38 records audited were found to be fully compliant with responses to treatment and the documentation of this.
- However the completion of the nursing Clinical Management Plan was often poorly done.
- To address this the Plan has been reviewed, updated and education for staff included in the Orientation and Mandatory Update programs.

Development of Performance Indicators

We have been developing Performance Indicators and a reporting system through our Continuum of Care Committee for all aspects of our service. This not only allows each service to assess how they are going and identify areas to improve, but it also allows the sharing of ideas and strategies between departments. Below are some examples of this work.

PHYSIOTHERAPY DEPARTMENT

Interviews with people who participated in an exercise program helped identify reasons why some people stay and why others leave these programs. Staff now perform individualised assessment of needs and assess whether they are being met throughout the program.

WOUND MANAGEMENT

95% of inpatients assessed as being 'high risk' are seen within 3 working days.

DIABETES DEPARTMENT

100% of diabetic inpatients are seen within 48 hours (unless weekend). 100% of newly diagnosed outpatients with Type 2 diabetes are seen within 2 weeks (unless presenting with high blood glucose levels, in which case these patients are seen within 48 hrs).

CARDIAC REHABILITATION

95% of people referred have been contacted regarding starting the program. 68% of patients referred to the program have commenced within 10 days of discharge from hospital.

EXTERNAL MONITORING

Accreditation

This is a 'checking' process to ensure health services maintain the high standards that you have a right to expect. All health services must achieve and maintain accreditation with an approved accrediting body. This process involves a team of assessors periodically visiting the health service.

As South West Healthcare has a range of different service areas we have several types of accrediting bodies involved. They are outlined in the table below with our current status.



Ron Kenneally with Physio Eliza Barry

TYPE OF ACCREDITATION	STATUS
Australian Council on Healthcare Standards (ACHS)	Full 4-year accreditation achieved in 2002. Self assessment May 2005.
Aged Care Standards Accreditation Agency (ACAA)	Full 3-year accreditation achieved in 2005.
National Standards for Mental Health (NSMH)	Full 4-year accreditation achieved in 2002.
Home and Community Care (HACC)	Successful review in 2004.
Department of Veteran Affairs review (DVA)	Successful review in 1999 (there has not been another review offered since).
Baby Friendly Hospital Initiative	Full accreditation achieved in 2005 for both Warrnambool and Camperdown campuses.

Clinical Data Reporting

We have a requirement that data on certain events or issues be reported regularly. This allows us to measure our performance against other health services.

Some examples of these clinical treatment we report on are:

- Medical Record Coding (how we code treatment for funding) is reported to the Department of Human Services - DHS
- Clinical Indicators (certain measures of treatment/care) are reported to ACHS
- Clinical Indicators reported to DHS.

Rehabilitation Clinical Indicator (ACHS)

No documented evidence of a functional assessment prior to cessation of an active inpatient rehabilitation program

- **Reduced from 33.33% in 2003 to 3.57% in 2005**
- **This means we are now under the rate of 5.06% for the aggregate data from the 76 participating organisations in 2004**

** Improvement achieved through an intensive staff education program

REGIONAL MONITORING

Camperdown campus has continued its participation in the Otway Division of General Practice 'Limited Adverse Occurrence Screening' (LAOS) Project for over 2 years now. This project is part of the DHS strategy for 'Improving Patient Safety in Victorian Hospitals' in rural Victoria.

What does it involve?

A number of medical records are copied (patients details are deleted) and reviewed by a doctor from another area, to provide feedback on treatment provided. Personal information is not reproduced, published or used for any other purpose.

How can this improve care?

Recommendations are made and forwarded to all participating GP's and hospitals. By sharing experiences and learning from each other, systems can be put into place to prevent the same problems recurring elsewhere.

Issues resulting in recommendations within the last 12 months

- GP management of patients with unstable angina
- Registrar training and supervision
- Review of hospital narcotics and major trauma protocols.

MEDICATION SAFETY

We acknowledge that medication administration is a risky business and there is always room for improvement. We have been busy with several initiatives this year to help improve medication safety.

Trial of a National Medication Chart

South West Healthcare Warrnambool campus has participated in the Victorian pilot program of a national medication chart developed by the Australian Council for Safety & Quality in Health Care.

Research shows that many adverse events reported in Australian hospitals are associated with medications. Research also demonstrates that improvements to medication chart design can improve the safety of medication processes in hospitals. Australian Health Ministers have endorsed the recommendation that a common chart be in use in all public hospitals by June 2006 to assist in standardisation and consistent documentation of medications. This chart has been piloted in all states and territories in Australia throughout 2004 - 2005.

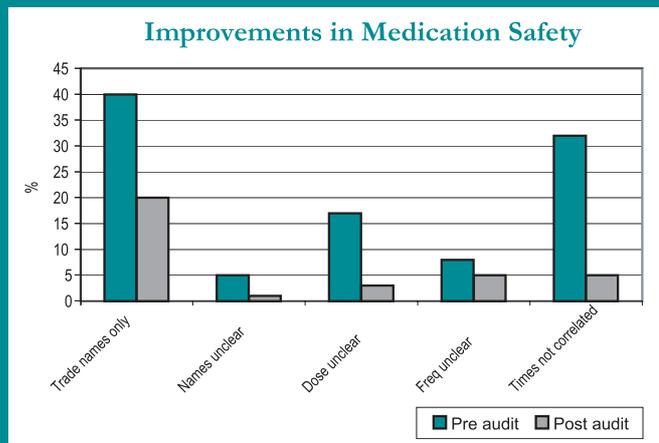
Our input into this Victorian pilot has helped identify some design issues that the Project Team are now working to improve.

Has it made a difference?

Our medication errors have reduced slightly. In comparing audit results before and after the trial, we have identified areas we have improved our practice (as seen in the graph below). However we have also found areas where we need to do more staff education to gain maximum benefit from the safety features of this chart eg. fully completing the adverse reaction box and recording patient weight on the chart.



Nurse Sheridan Barling administering medication to Dorothea Adair



Antibiotic Use Under the Microscope

It makes sense to use antibiotics in the best possible way to avoid the development of resistance problems. We have Antibiotic Guidelines based on best practice to help guide health practitioners with this.

As mentioned in the Infection Control section of this report, audits performed to check our prescribing of antibiotics against these guidelines have found deviations from these Guidelines. A further audit performed over a 4-week period investigating the use of a specific group of antibiotics called cephalosporins also found some deviations.

What are we doing about it?

- A working party with representation from medical, pharmacy and infection control areas has been established to investigate and address these issues.
- Further audits will be carried out to measure our progress once this is underway.
- Introduction of the Pneumonia Severity Index to the Emergency Department will guide staff to correctly prescribe antibiotics for pneumonia.

Other Medication Safety Initiatives

- Introduction of competency testing for staff in the use of Imed intravenous pumps.
- Introduction of identification and allergy wrist bands for our inpatient psychiatric patients.
- Development commenced for an on-line medication competency test for staff as part of their orientation and update requirements.

REDUCING THE RISK OF INFECTION

We are constantly working on ways to reduce and manage the risk of infection. Below are some examples of how we do this, who we send our data to, and how we rate.

On the Local and Regional Front

Our Infection Control Consultant has been part of the South West Region Infection Control Group, a regional strategy to address infection control issues. This has helped develop a consistent approach to infection control issues and an efficient use of resources for the regional agencies involved. Outlined below are the Performance Indicators developed by this group and how we are going.



Ian and Roma Stewart discussing the brochure on MRSA with Infection Control Consultant Michelle Martin

HOW WE MEASURE UP WITH THE REGIONAL INDICATORS

1: Methicillin Resistant Staphylococcus aureus (MRSA) or 'Golden Staph'

Patients transferred from Metropolitan hospitals are screened to detect MRSA rates. This information helps minimise the spread of antibiotic resistant bugs.

- **100% patients screened with < 10% MRSA positive.**
- **If MRSA detected, precautions used and patient educated about this.**
- **The patient information booklet has been reviewed this year with consumer input.**

2: Health Care Worker Vaccination Status

A full vaccination program for staff and volunteers is offered according to the recommendations of the National Health Medical Research Council.

- **Increase of total staff uptake of flu vaccination from 63% in 2004 to 80% in 2005.**
- **The increase attributed to a mobile vaccination team visiting work areas.**

3: Infection Control Orientation of Staff

Education for all new employees on Infection Control issues within 1-month of commencement of their employment.

- **Staff attendance at Orientation has increased from 37% in 2003 to 57% in 2004, with the increase attributed to heightened awareness of managers to ensure this occurs.**

4: Staff Knowledge Survey Response

Staff are surveyed regularly to assess knowledge of Infection Control and assess the effectiveness of the education sessions.

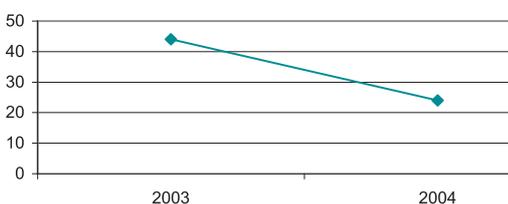
- **We have had a 10% improvement in staff knowledge of infection control policy and procedure.**

5: Occupational Exposures

We track employee occupational exposure, identify potentially preventable occupational exposures, plan and evaluate action to reduce them.

- **The graph demonstrates that we have halved the number of occupational exposures since the last financial year.**
- **This success is attributed to staff education through attendance at Orientation and Mandatory Update programs.**
- **Ongoing auditing of how we deal with 'sharps' and clinical waste has also played a part in this reduction.**

Number of Occupational Exposures



HOW WE MEASURE UP WITH EXTERNAL MONITORING

Victorian Nosocomial Infection Surveillance System (VICNISS)

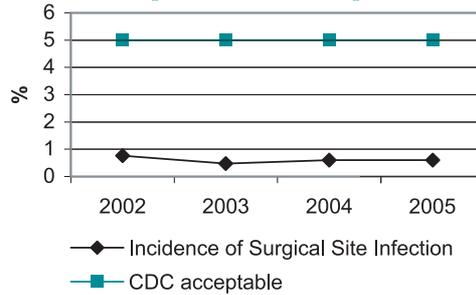
Both Warrnambool and Camperdown campuses are involved in the monitoring and submission of data relating to wound infections and antibiotic use to VICNISS.

Antibiotic prescribing for orthopaedic surgery according to the VICNISS data indicates whilst we are below the VICNISS rate for being completely compliant with guidelines, we are well above the rate considered to be offering adequate antibiotics for the procedures.

Centre for Disease Control and Prevention (CDC-US)

We compare our wound infection rates to the CDC rates. The graph below shows our surgical site infection rate is consistently below the CDC acceptable range.

SWH Incidence of Surgical Site Infection in Comparison to CDC Acceptable Rate



Equipment Sterilisation and Environment - how we comply with the Australian and New Zealand Standard 4187

On an annual basis we audit the 13 sections of the standard to measure compliance at both Warrnambool and Camperdown campuses. These sections cover cleaning, disinfecting and sterilizing reusable medical and surgical instruments and equipment, and maintenance of associated environments in health care facilities.

2004 Warrnambool compliance rate 94.6%
2004 Camperdown compliance rate 86%

ON TARGET WITH FOOD SAFETY

Food safety is another important aspect related to infection control within our health service. It is a legal requirement that health services undergo an external audit to measure compliance with food handling regulations. We are pleased to report that we have attained 100% compliance at both Warrnambool and Camperdown campuses.

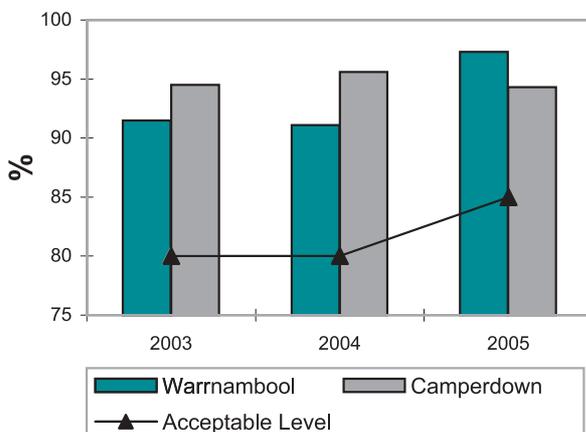
CLEANING - AN IMPORTANT PART OF INFECTION CONTROL

Monthly internal audits and annual external audits are carried out. The graph demonstrates our ability to consistently rate higher than the Acceptable Quality Level (AQL).

“Cleaner was great and spotless”

Patient feedback

External Cleaning Audit Results



Camperdown theatre staff Marion Brophy, Joanne Teal and Sally Rix

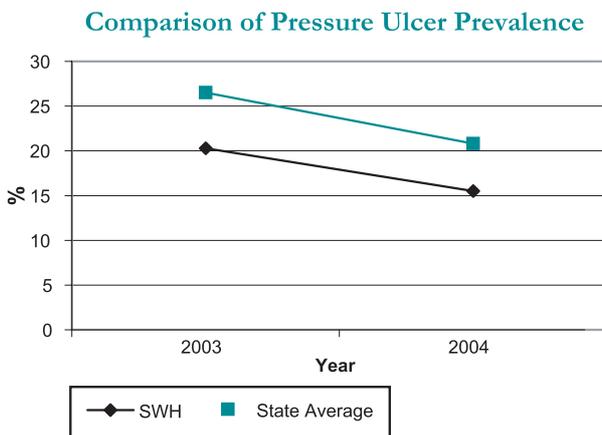
PRESSURE ULCERS

Pressure ulcers or 'bed sores' as sometimes known, are not something people should expect to get when they come to hospital. However lying or sitting in the one position for too long, combined with other factors such as poor nutrition, age and body weight can increase one's risk of developing a pressure ulcer.

How common are they?

To help us try and assess just how common they are, we participated in a state-wide Pressure Ulcer Point Prevalence Surveys (PUPPS) in 2003 and 2004 conducted by the Victorian Quality Council (VQC). These surveys entail two nurses trained in pressure ulcer assessment, looking at the skin of all consenting patients on a selected day to detect pressure ulcers, and grade them according to severity (the higher the grade, the deeper the ulcer). The results are collated and compared across the state.

As you can see in the graph below our rates are reducing and we are consistently below the state average.



How severe are they?

The table below gives a break down of the severity of the ulcers detected in each of the state-wide surveys.

- We have had a significant reduction in the Stage 3 and Stage 4 ulcers (which are the more severe ones) and are below the state average in these categories.
- However our rates of Stage 1 ulcers (which mean the skin is reddened but not broken) are above the state average. You will read how we are addressing this on the next page.

	State 2003 %	SWH 2003 %	State 2004 %	SWH 2004 %
STAGE 1 ULCER	43.1	25	37.3	46.4
STAGE 2 ULCER	44.2	43.8	47.8	46.4
STAGE 3 ULCER	4.5	12.5	6.4	3.6
STAGE 4 ULCER	8.2	18.8	8.4	3.6

Data source: VQC Report 2005

LEADING THE WAY WITH PRESSURE ULCER MONITORING IN AGED CARE

Aged Care is not included in the state-wide Pressure Ulcer Point Prevalence Surveys (PUPPS), so we have taken the initiative and performed an internal pressure ulcer point prevalence survey, based on the same methodology as the one outlined above for acute hospitals. We believe that this is the first Aged Care facility to undertake such a rigorous survey.

The result of 15.5%, which is the same as our acute areas, has prompted an action plan to reduce pressure ulcers in Aged Care. This plan includes:

- A review of equipment
- Staff education
- A repeat survey planned for 2005.



Mrs Isobel Towner in Merindah Lodge (Aged Care) having her skin examined for signs of pressure ulcers by Nurses Michael Loving and Fiona Hanel

WHAT ARE WE DOING TO REDUCE THE RISK OF PRESSURE ULCERS

The results from the state-wide surveys give us vital information towards helping us identify and address areas for further improvement. The Victorian Quality Council performance indicators are used to guide our strategies.

VQC PERFORMANCE INDICATORS

SOUTHWEST HEALTH STRATEGIES

<p>1 Health services take comprehensive and systematic action to reduce the rate of pressure ulcers.</p>	<p>✓ Our committee (representatives from wound care, podiatry, clinical areas of both campuses, education, quality and management) meet every second month to keep us on track.</p>
<p>2 Best practice clinical guidelines for the prediction and prevention of pressure ulcers used to develop local policies and strategies.</p>	<p>✓ Our guideline is based on the Australian Wound Association Guidelines and the Victorian Quality Council Pressure Ulcer Point Prevalent Survey (PUPPS) project.</p>
<p>3 Qualified wound management staff to lead pressure ulcer prevention and management programs.</p>	<p>✓ We have Australia's first Wound Management Nurse Practitioner, our expert Podiatry department and a high number of nurses trained in wound care.</p>
<p>4 Written & verbal information on pressure ulcer prevention available for patients and carers prior to, on or during admission.</p>	<p>✓ We have developed information with the help of our consumers, and put it in all patient lockers and brochure racks in the wards.</p>
<p>5 Risk assessment for skin integrity performed for all hospital admissions, updated for changes in health status or regularly for longer term patients</p>	<p>✓ We have new risk assessment forms to ensure a more complete approach.</p>
<p>6 Clinical risk reporting on pressure ulcers regularly and involves prevalence, incidence and documentation audit and clinical coding.</p>	<p>✓ We participate in state-wide Pressure Ulcer Point Prevalence Surveys (PUPPS). Following the education program we have found more staff are completing incident forms if a pressure ulcer is present. All pressure ulcer incidents and prevalence results are reported to the Clinical Risk Management Committee.</p>
<p>7 Hospital mattresses upgraded to pressure reduction foam and an ongoing program of mattress replacement put in place.</p>	<p>✓ We have had a mattress replacement system in place for a number of years now. 77 % of mattresses are pressure reduction foam. All pressure relieving equipment is monitored and updated as required.</p>
<p>8 Education for all clinical staff in pressure ulcer basics undertaken.</p>	<p>✓ A program for nursing staff conducted in 2004 and introduced into our Mandatory Update & Orientation Programs.</p>



Nurse Daphne Hughes inspecting one of our new pressure reduction mattresses

Staff surveys carried out pre and post education programs, demonstrate improvements in staff knowledge of:

- The importance of assessing risk
- Grading the severity of pressure ulcers.



Two PUPPS trained staff, nurses Andrea Janes and Pauline Nicolson with the patient information brochures

PREVENTION AND MANAGEMENT OF FALLS

South West Healthcare remains committed to falls prevention both within the health service and in the community. We have outlined the approaches we use for the different groups of people and how they relate to each other.

IN-PATIENT FALLS MANAGEMENT PROGRAM

- Assessment of risk on admission.
- Use of orange wristbands for people identified 'at risk' of falls to alert staff.
- Falls Prevention and Safety group consisting:
 - body strength training
 - balance and movement
 - functional tasks (put on shoes/socks)
 - mobility exercises (indoor & outdoor)
 - how to get off the floor
- Updated brochures to all areas for consumers and their families.
- Reporting of all falls, with data collection, analysis and reporting to clinicians and management.
- Ongoing staff education.
- Compliance auditing for these strategies is 80 - 100%.
- The adjacent table shows a slight rise in the falls rate but our rate is consistently below 1% of all occupied bed days.
- The falls that result in significant injury is less than 0.01%.



Falls class participant with exercise ball

Time Period	Falls Rate as % of bed days	Occupied Bed Days
Jan - June 2004	0.6%	21,649
July - Dec 2004	0.7%	22,866
Jan - June 2005	0.8%	21,683

OUTPATIENT OUTPATIENT FALLS PREVENTION PROGRAM

Our Physiotherapy Department offers Falls Prevention Programs for outpatients who are 'at risk' of falls. They have forged a close working relationship with AquaZone, a local fitness centre, to establish a smooth transition to community programs.

DISTRICT NURSING SERVICE USING NEW FALLS ASSESSMENT TOOL

Introduction of a falls assessment developed by the Association of Australia Rural Nurses Group and endorsed by the Dept of Health & Ageing.

REGIONAL FALLS PROGRAMS DIRECTORY

Our Occupational Therapy Department has developed a Regional Falls Programs Directory for the people of south west Victoria to utilise.

It includes the names, addresses, contact details, eligibility, accessibility, programs (including content) and pricing of all organisations that offer falls prevention programs or strategies.

COMMUNITY FALLS PREVENTION PROGRAMS 'WALK-IT' WARRNAMBOOL

Our Occupational Therapy Department, in conjunction with the local council, is developing a 'Walk It' program, based on the Bunbury (WA) program, to promote and support walking in the community.

Key strategies include:

- Local partnerships between community organisations and groups.
- Development of a community map of multiple safe walking paths.
- Appropriate signage of these paths.
- Organising community walking events.
- Promotional activities.

'NO FALLS' PROGRAM AT MACARTHUR

This program has been running at Macarthur Community Health since October 2004 and is having great success. It has been specifically developed for people 70 years + to promote safety for older adults, by reducing the risk of falls. It consists of an exercise program that runs over 15 weeks, including strength, balance, co-ordination and visual exercises. A weekly maintenance program is offered after this initial program to maintain the benefits.

*"I can now lift my arms above my head and peg out the clothes"
 "I feel that I have better stability"
 "It helps me to keep fit and more mobile".*

Patient feedback

OUR JOURNEY IN STROKE CARE

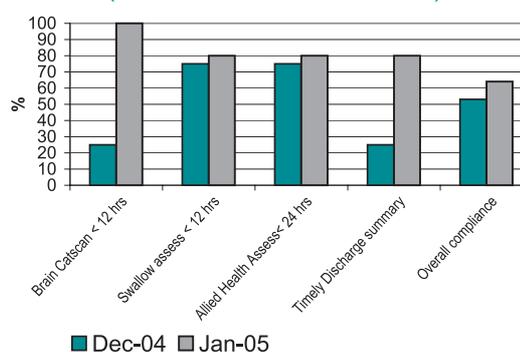
Previously we reported initiatives taken in relation to care of people with stroke. Internal audits had reflected some improvements in care but also identified areas that still needed to improve (timeliness of swallow assessments, not all patients/families receiving consumer information as care was being given across all acute areas). A research project undertaken by one of our staff, comprising interviews with 8 people who had suffered stroke, confirmed these audit results and also identified gaps in how we educated patients in regard to prevention of further stroke.

Latest news for stroke care

A proposal for development of an acute stroke unit within one ward area was supported by management.

- A room has been identified within the medical ward to accommodate all stroke admissions where possible (these beds are utilised by other patients when vacant).
- Several nurses from this ward have attended a course at the Royal Melbourne Hospital on stroke management.
- Further education and competency testing for nurses to perform modified swallow assessments when a Speech Pathologist is not available (weekends).
- We have joined a regional quality improvement project called Rural Organisation of Acute Stroke Teams (ROAST) which means data is collected around key performance indicators developed by the National Stroke Unit Project. We then receive reports back measuring our performance against other regional/rural hospitals. The graph demonstrates the improvements in stroke care over the time the ROAST project has collated data. This project will be ongoing with further data available in the next financial year.

Comparison of Indicators
(First 2 months of data available)



Areas for further improvement
Like other hospitals in the ROAST project we have struggled to improve our performance in 3 of these indicators:

- Having continence plans in place within 3 days
- Having multidisciplinary meetings with family within 7 days
- Having self management consumer plans.

What are we planning to do about it?

A position has been created for a part-time stroke liaison worker to provide leadership in efficiently and effectively managing the coordination of care for people admitted with stroke.

PROVIDING THE BEST CARE AND SUPPORT FOR OUR PALLIATIVE CARE PATIENTS

Our aim is to provide comfort and support for both the patient and their family/friends at this final stage of life.

We have joined a project in the United Kingdom, (the Liverpool Care Pathway Programme), utilising a care pathway for the dying patient which has had international success at improving terminal care. Our Palliative Care Unit at the Warrnambool campus is currently trialing this care pathway. This will be a valuable guide for staff in all wards in providing the care, comfort and support to people who are dying and their families. We have also developed an information package for families to help them access support services.

Our experience from this trial will be shared with the Barwon Regional Palliative Care Group, who are moving towards utilising this care pathway in the future.



Director of Palliative Care Unit Dr Eric Fairbank with Eric Lecouteur

CONSUMER PARTICIPATION IN OUR HEALTH SERVICE

We encourage active consumer involvement in all aspects of our health service.

COMMUNITY ADVISORY COMMITTEES

South West Healthcare has Community Advisory Committees at most campuses including the Psychiatric Service Division. Some highlights this year:

- A major revision of recruitment strategies for membership of these committees to ensure broad community representation.
- One strategy adopted is the targeting of specific groups to invite a representative to join.
- Development of a new letter of invitation and information brochure to facilitate recruitment.
- An education program for the committee members undertaken in August 2004 with positive feedback from members.
- The development of this report.
- Improved uptake of Patient Questionnaires through the volunteer system.



Community Advisory Committee members working on the Quality of Care Report; Prue Neale, Annie McLean, Bill Malseed, Director of Nursing Sue Morrison & Quality Manager Karen Harrison

SATISFACTION SURVEYS

External

A state-wide Victorian Patient Satisfaction Survey is conducted on an on-going basis. This survey asks people who have been discharged from hospital a series of questions related to their recent hospitalisation. South West Healthcare was a leader in the state and the table demonstrates our achievements over the last 3 years.

Internal

We conduct our own internal patient satisfaction questionnaire, asking patients their opinion of our service delivery at both Warrnambool and Camperdown campuses, on a continuous basis. Patients are given these questionnaires prior to discharge. One issue that arose from a previous internal survey was the need for more accessible parking space for people with disabilities. This issue was referred to the Continuum of Care Committee and we are pleased to report another on-site accessible parking bay has been created.

DATE	SWH%	STATE CATEGORY AVERAGE %
Mar 2002	98	96
Sep 2002	100	96
Mar 2003	100	96
Sep 2003	97	96
Mar 2004	99	97
Sep 2004	97	97

97-99% overall satisfaction with care received at South West Healthcare

Internal Questionnaire

Our newly developed Client Satisfaction Surveys in the Psychiatric Division are giving us another means of obtaining feedback on our service. We are pleased to report 100% satisfaction with overall care in our first wave of data analysis.

We also run departmental surveys to help us evaluate a particular area of service.

Daystay Unit (52 respondents)

- 92% overall satisfaction with care received.

Preadmission Clinic (45 respondents)

- 100% satisfaction with amount of information about their surgery.
- 96% satisfaction with the information about rights and responsibilities.

“I can honestly say after 10 years in and out of accommodation types and visiting some (Inpatient Psychiatric Unit), you are by far the best”

Internal Questionnaire Psychiatric Services 2005

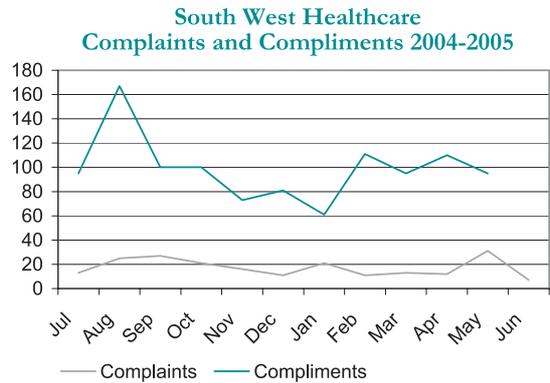
“Now I don't feel as afraid”

Departmental Survey 2004

COMPLAINTS - HOW THEY HELP US IMPROVE

We encourage people to let us know if there is anything we could do better. This positive way of viewing complaints is actively promoted at our staff orientation and mandatory update education sessions to ensure we portray this message in all areas and levels of our service. We also encourage you to let us know if we have done well in our care provision.

We manage complaints in accordance with the Australian Standard (AS 4269), and in line with best practice guidelines developed by the Department of Human Services. We aim to have all concerns addressed in a timely manner (prior to 30 days). We are pleased to report that all complaints have been dealt with in 5 days or less.



PARTNERS IN CARE

Our aim is to encourage more people to become actively involved in their health care. This helps people learn more about their health and how to prevent future problems, and it helps us make sure that the care is tailored to meet individual needs. This concept has been the target of staff education over the past 12 months and we are pleased to report our internal satisfaction survey results indicate over 92% of our patients felt involved in their treatment and discharge planning.

Shared Care Plan

A trial of our Shared Care Plan (booklet for people to use as a way of recording care and can be used as an aid when visiting health professionals) has commenced for people admitted with stroke. Early indications showed we needed to include some further stroke specific prompts and is currently being further developed for another trial. Our Chronic Illness Coordinator at the Community Health Centre has also commenced using a shared care plan with people who have chronic respiratory disease.

Successful Partnerships in Hand Therapy Keep People Working

The Occupational Therapy (OT) Department of South West Healthcare offers a comprehensive Hand Therapy Program. Part of this service includes weekly/monthly hand surgery therapy clinics, involving the patient, the surgeon and the Occupational Therapist getting together and planning care and treatment collaboratively. This unique service means the patient, the surgeon and the Occupational Therapist can plan treatment aims and discuss any perceived problems on the spot. People are getting back to work earlier and our footballers are back on the field in record time.



Kerin Kavenagh discussing his care and discharge needs with Discharge Planning Team Nurse Sue Fleming and Surgeon Phillip Gan

“It was great to have Josephine [OT] at Mr Fischer’s rooms so she knew exactly what I had done to my finger. Once again I would like to state what a very good service you provide”

CONTINUITY OF CARE - LOOKING AFTER OUR MUMS AND BABIES

We take pride in being able to offer care that supports people throughout all stages of their treatment need. We have featured midwifery care in this section to celebrate our second successful 'Baby Friendly Hospital Initiative' accreditation this year at both Warrnambool and Camperdown campuses. The 'Baby Friendly Hospital Initiative' is a program designed to provide a framework (ten successful steps to breastfeeding) for health professionals to use to promote and educate families about breastfeeding within their communities.

CONGRATULATIONS Your pregnancy has been confirmed

LINKS WITH SUPPORT GROUPS

We offer a range of contact information to access vital support networks. These support groups can offer information and a social network.

SUCCESSFUL LINKS WITH COMMUNITY SUPPORT - MATERNAL AND CHILD HEALTH SERVICE

We provide the important contact information to access ongoing professional care with the Maternal and Child Health Services.

HELP WITH FEEDING

If you have any difficulties with feeding (either breastfeeding or bottle feeding) we offer free outpatient consultation with our Infant Feeding Consultant.

SUPPORT AT HOME - DOMICILIARY MIDWIFERY SERVICE

We offer free home visits from our midwifery nurses within the first week at home to see how everything is going and get any extra help arranged if required.

THE EXCITING ARRIVAL

We have rooming in to maximise time getting to know your baby. Our skilled midwives are there to support you through these early days of getting to know your baby and learning the skills of parenting.

PREPARING FOR HOME

We offer a very comprehensive education program to help you feel ready for home.

MEETING US - BOOKING IN

We encourage pregnant mums to book into hospital early (around 20 weeks) to ensure all needs are identified and plans put into place to make the transition to motherhood as smooth as possible.

PREPARATION - PRE NATAL PROGRAM

We offer pre natal programs for prospective parents in a range of formats and times (to work in with busy lives). These programs help gather knowledge and confidence to actively participate in all aspects of the path ahead. We offer programs for grandparents to update their knowledge giving them confidence in providing support for their family member.



New mum Maree Garside with James, her beautiful baby son

OUR CAMPERDOWN MUMS GAIN FROM NEW EQUIPMENT

Camperdown campus offers families in the area a great local birthing service and it has certainly been busy this year. Ensuring a service that is safe and up-to-date is vital for the community, and an important new piece of equipment will help achieve this. The new cordless foetal monitoring system valued at \$38,000 keeps a record of the baby's heartbeat and mother's contractions via a portable monitor. This allows mothers to move and walk around without the hassle of attached monitoring leads. It is in everybody's best interests to encourage women to be as mobile as possible during labour as this can help reduce the time and need for medical forms of pain relief.



Camperdown midwives Jan Ellis, Cheryl Gray, Jenny Place and Sharyn Spicer with 12 babies born at the Camperdown Campus

OUR RESIDENTS IN AGED CARE (MERINDAH LODGE CAMPERDOWN) A YEAR IN FOCUS

Accreditation

We are very proud to report that Merindah Lodge has achieved three year accreditation resulting from a two day audit in early April by the Aged Care Standards Agency. The assessors who conducted the audit were particularly impressed with the high level of care and compassion delivered to residents by the staff. The assessors commended the staff on their high level of documentation in their pursuit of continuous improvement in all 44 Aged Care Standards.

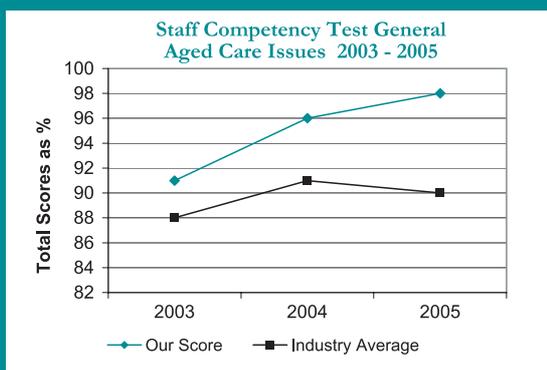
Memory Boxes

As part of our Diversional Therapy program, staff have developed Memory Boxes for residents with dementia. These boxes are a collection of a person's personal memorabilia, which incorporates most senses to assist a resident's positive thoughts and feelings. These boxes vary depending on a person's life experience. Staff have found since introducing these boxes residents with dementia enjoy these links with their life and are often more settled.

Measuring our Performance

We are a part of the Focused Benchmarking Network within Aged Care Facilities in Australasia. This means we measure our aged care service in 15 different areas and compare the results to other aged care facilities throughout Australia and NZ. These areas include Average Residents Classification Scale, complaints management, waiting periods, medication errors, use of restraints and Fire and Emergency Environmental Audits.

We are proud to report we are among the best performers in the management of complaints, waiting time and medication errors. The graph below demonstrates our staff competency in aged care issues against the industry average.



Roll up, roll up - it's Circus Time

Part of Diversional Therapy activity is to have a theme party one day a month and in April we had the 'Circus' as one of the residents had never been to the circus before. The staff transformed the Day Room into 'the Big Top' and organised residents, family members and volunteers to participate in this wonderful and much anticipated event.

The Ringmaster, Linda Gaut, encouraged residents to carry out magical tricks and assist with performing animals. The volunteer artist held the audience spellbound with unicycle and gymnastic performances. The main achievement of the theme party is for residents to participate in extraordinary events, which brings smiles to their faces and laughter to their day.



Resident Tom Lee with Ringmaster Linda Gaut, and clowns Alecia Bowman and Julie Bell

Restraint Free

We out-performed other facilities in minimising the use of chemical and physical restraints. We believe that our residents can be safely cared for without restraint, either by using medication (such as sedation) or using bed rails.

Areas Identified for Improvement

- Pressure ulcer prevention and management (as mentioned previously in this report) - an action plan has been developed and staff education commenced.
- Correct and timely reassessments of care requirements as per the Resident Classification Scale (RCS) - further staff education in this area is planned.

FINANCIAL MANAGEMENT

With this section we aim to cover issues specifically related to the consumer perspective. Full reporting of finances is found in the Annual Report.

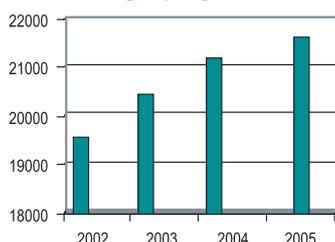
ACCESS TO OUR HEALTH SERVICES

Once again we have had increasing numbers of people accessing our emergency, inpatient, outpatient and community services.

EMERGENCY SERVICES

Our Emergency Department (ED) at the Warrnambool campus has once again proven that it can focus on improving services as well as cope with increasing attendances (as demonstrated in the graph below).

Warrnambool Emergency Department Attendances



Using a Chest Pain Protocol to Reduce Time in ED

When we examined the types of conditions that lead to people spending a long time in ED, we identified that many had presented with chest pain.

This has led to a review of practice and development of a protocol to help guide the decision making and referral process. This protocol is based on the National Heart Foundation guideline for acute coronary syndrome. An education program for staff was conducted and the protocol introduced 3-months ago. An evaluation is scheduled to assess its impact on patient care and if it has reduced time spent in ED.

Managing Behavioural Emergencies in ED

Behavioural emergencies can be caused by illness, trauma, psychiatric conditions, drug and alcohol use and withdrawal, often making it very complex to assess and treat effectively. Over the past 12 months a team of health professionals including staff from ED, Psychiatric Services and Withdrawal and Support Services, has developed a coordinated approach to assessment and management strategies for people who present to ED with behavioural disturbances. The education program for this strategy is due to commence prior to its introduction within the next few months.



ED Nurse Cindy Joseph

The Art of Triage

We follow national triage guidelines for the assessment of patients when they present to ED for treatment. This means the people with more serious conditions have priority over the ones with less serious conditions (Category 1: most serious through to Category 5: least serious). The table below demonstrates how South West Healthcare rates in comparison to other health services in adhering to the national triage guidelines.

Nurse Initiated X-rays

	Our Result 2004-05 %	Target %
% admitted to the ward within 12 hrs	98	95
Seen within recommended time		
- Category 1	100	100
- Category 2	77.75	80
- Category 3	84.5	75
- Category 4	81.75	60
- Category 5	88.5	60

We are always looking at ways to reduce the time people have to spend waiting around in ED. Another great initiative has been the introduction of a nurse initiated x-ray protocol. This means that in certain circumstances (suspected broken limbs), the nurse can make an assessment and order the x-rays so that they can be done without delay and the doctor will then have them when they assess the injury. This means less waiting around for you and more efficient use of our staff. After the initial education of staff, we trialled it for 3 months and then reviewed its success.

How successful has it been?

- 66% of the x-rays ordered were appropriate.
- Of the ones rated not appropriate, most were over ordering of x-rays.
- For you the public, it is safe - for us some more education for nursing staff to reduce over ordering.

OUR ADMISSIONS

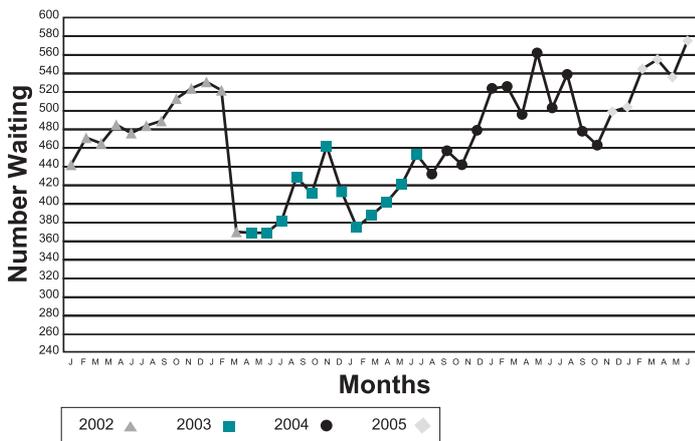
Once again our throughput has increased with admissions to both Warrnambool and Camperdown campuses up on previous years. A total of 16,493 people were admitted to South West Healthcare between July 2004 and June 2005, compared to 15,234 admitted during 2003/04. This calls for innovative ways to ensure that your admission process is as timely and smooth as possible.

WAITING TIMES FOR ELECTIVE SURGERY

Minimising waiting periods for elective surgery is an issue we are determined to address. Strategies we have in place include:

- Ongoing assessment of medical staff recruitment needs
- Recruitment strategies to maintain the services provided and expand when required
- Ongoing monitoring of rostering of operating theatre times to maximise efficiency

South West Healthcare waiting list statistics
Warrnambool Campus calendar years 2002/2003/2004/2005



The graph demonstrates the waiting list over the last 4 years. We have found that specialist recruitment has resulted in an increase in some waiting periods due to the increased attraction from surrounding areas for surgery.

HOSPITAL INITIATED CANCELLATIONS OF ELECTIVE SURGERY

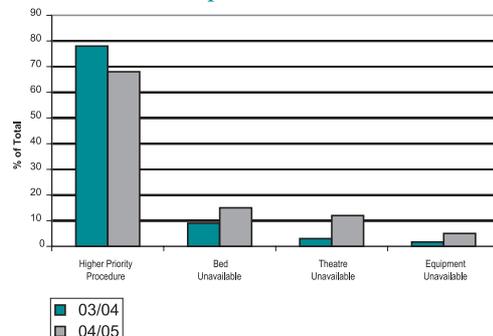
We realise that any cancellations of your surgery can be very inconvenient. We try hard to keep these cancellations to an absolute minimum. Despite increasing our throughput we have managed to keep the cancellations from escalating too much.

Our cancellation rate has increased from 4.9% in 2000/04 to 5.5% in 2004/05. However when we look at the graph demonstrating the different reasons why we had to cancel surgery this year compared to last year, we can explain this rise. In both years, the main reason is that higher priority cases, as in the case of emergency type surgery, have had to be scheduled in. We have had a rise this year in beds unavailable due to throughput being at maximum capacity for most of the year. The rise in theatre unavailability can mostly be attributed to a flooding of the theatre complex in November 2004 from heavy and uncharacteristic rainfall.

How we work to keep cancellations down:

- Theatre Liaison Nurse co-ordinates the booking-in process to ensure communication between all parties is maximised.
- Maximum choice of dates by telephoning people to give them the option of possible dates available that best suit them, to prevent failure to arrive.
- Preadmission Clinic to ensure adequate preparation is carried out to avoid delays.
- Discharge Planning Working Group to ensure we are maximising patient flow through the beds.

Reasons for Hospital Initiated Cancellations
A Comparison to Last Year



Rescheduling Your Surgery if Cancelled

If your surgery is cancelled we try very hard to reschedule it as soon as possible on a date that is mutually satisfactory. Most people are not cancelled more than twice.

HUMAN RESOURCE MANAGEMENT

STAFF RECRUITMENT AND RETAINMENT

Our staff are the backbone of our service. We constantly monitor our staffing needs and recruitment strategies to ensure we can deliver the safe and expert service our community expects. We share with you our success over the past 12 months.

In September 2004 we welcomed a new specialist anaesthetist - Dr Adrian Caine is a Melbourne University graduate and undertook his speciality training in various Victorian hospitals. He has most recently been working as a Consultant Anaesthetist at the Mayo General Hospital in Castlbar in Ireland.



Dr Adrian Caine

Our new Medical Oncologist, Dr Terri Hayes, found that after visiting Warrnambool each week last year with her work, she wanted to make this area her permanent home.



Dr Terri Hayes

"It's a really pretty area with the sea and the lifestyle in summer"

Also in 2005 we welcomed a new Ear Nose and Throat specialist, Dr Bridgitte Clancy.

"I spent part of my childhood in the country and always intended to settle in a regional centre. I chose to work in Warrnambool after meeting my husband who is a dairy farmer at Cobden. I graduated from Medicine in 1995 and completed my fellowship in Otolaryngology/Head and Neck Surgery in 2004. During my training I spent as many rotations as possible working in regional hospitals, including a stint at Warrnambool in 1997."



Dr Bridgitte Clancy



Dr Nick Thies, Dr Greg Pallas and Dr Christian Fiedler (our newly recruited paediatrician)

SPECIALIST PAEDIATRIC CENTRE

Not only has South West Healthcare welcomed a new paediatrician, Dr Christian Fiedler, it has opened rural Victoria's first specialist paediatric centre.

The city's three paediatricians have moved into a building at the South West Healthcare (Warrnambool campus) and are providing the region with a paediatric one-stop specialist shop.

FAMILY FRIENDLY WORKPLACE

In what is a Victorian first, a collaborative partnership between a rural hospital and local council is ensuring a rural community keeps skilled workers. South West Healthcare's Camperdown Hospital is the only hospital in country Victoria to have an on-site Family and Community Services-funded 'in venue' centre. For some mothers it's making all the difference to them being able to return to work. Run by the Children's Services Unit of Corangamite Shire Council, its hours are nursing-shift friendly and its on-site location makes breastfeeding a breeze.

STAFF CREDENTIALING - OUR 'CHECKING SYSTEMS'

Recruitment of new staff can be a challenge to regional and rural health services. There are stringent procedures in place to ensure new staff have the necessary qualifications and skills to do the job they are employed to do.

Commencing Employment:

- Check and documentation of registration, qualifications and skills
- Checking of references
- Police checks for all staff, students and volunteers
- All medical staff appointments are carried out by a special Medical Appointments Committee.

Ongoing Checks

- Nursing staff must present their current practicing certificates to ensure they meet registration requirements
- Performance Appraisal after 3 months to review work
- Annual Performance Appraisals for all staff.

STAFF EDUCATION AND TRAINING

More support for our newly graduated nurses

Nurses Vikki Hoy and Michael Edwards have joined the Nursing Education team in the role of Clinical Support Nurses for Graduate Nurses (nurses in their first year of practice after graduating from university), and for other new nursing staff.



New Clinical Support Nurses
Vikki Hoy and Michael Edwards

Life Long Learning Program

Our nurses are being encouraged to join the Royal College of Nursing '3LP' program which encourages them to undertake continuing professional development and gives them the tools to measure and record this using a national standardised system.

Management Course

This 5-day course was aimed at all staff working in or interested in management. It covered a wide range of topics including teamwork, time management, staff grievances and consumer focused care.

Other Education Opportunities

We offer:

- Graduate Nurse program
- Critical Care Nursing Graduate Diploma
- Perioperative Nursing Graduate Diploma
- Midwifery Graduate Diploma
- Regular in-services as part of the Regional Nurse Education Program including clinical risk management
- In-services for Hospital Medical Officers
- Education for our volunteers.

Cultural Awareness Training for Staff

Last year we reported that a Cultural Awareness audit performed across many areas by the Koori Health Worker, indicated a need for further staff education.

In our bid to address these needs, a Cultural Awareness Program was held and 37 key staff attended.

Areas covered in this program included:

- Facilitators from the Victorian Interpreting and Translation Service spoke on Sudanese and cross cultural communication
- Koori health workers gave an introduction to Koori culture
- Our Human Resource Manager spoke on Equal Employment opportunity in relation to staff recruitment
- Also from this we are creating a register of staff who have an association to different cultural populations, who are willing to act as a resource, to provide advice to staff on cultural issues relevant to patient care.

OUR FANTASTIC VOLUNTEERS

South West Healthcare has over 120 wonderful volunteers who generously give their time in a wide range of service areas. We support our volunteers in their role by providing an ongoing education program. This year has seen further development of volunteer services at Warrnambool with the introduction of The Hospital to Home Discharge Service. This program involves a volunteer accompanying local patients (who qualify), home via taxi to ensure they are set up with the basic needs such as food, functioning heating etc. The response has been very positive and we are now looking to expand this service to include outlying areas within a 30 km radius of Warrnambool. Our volunteer service has also expanded at our Camperdown campus.



Audrey Prider and volunteer
Carolyn Taylor

OUR STAFF ACHIEVEMENTS

South West Healthcare encourages and supports staff to achieve new heights in their position. Below are examples of how they are doing that.

Nurse Practitioner - Australia's first Wound Management Nurse Practitioner

South West Healthcare nurse, Terry Swanson, has made history by becoming Australia's first Wound Management Nurse Practitioner. At the 2004 State Nursing Excellence and Commitment Awards in Melbourne on December 6, Health Minister Bronwyn Pike endorsed Victoria's first four nurse practitioners, with Terry being one of them.



Wound Nurse Practitioner Terry Swanson

Having been South West Healthcare's Wound Management Consultant since 1997, Ms Swanson's new Wound Management Nurse Practitioner status is a major shift in how things are done. Until now, only registered doctors have been legally allowed to prescribe medications, order diagnostics, admit and discharge patients, write sick certificates and refer to other health professionals. For a patient, this is significant. The time saved by the streamlining of these processes means a wound will have every chance of healing quicker.



Continence Nurse Consultant Sharon Homberg

President Australian Nurses For Continence (ANFC)

South West Healthcare's Continence Nurse Consultant, Sharon Homberg, has been appointed head of her profession's 300 member national peak body. The ANFC works to improve continence awareness and promote good practice in continence care amongst health professionals. For the past decade Ms Homberg has worked at South West Healthcare, seeing both inpatients and outpatients from south west Victoria. Her employment has ensured South West Healthcare's high profile in the continence industry. She will participate in a new research project funded by the federal government to evaluate the effectiveness of continence assessment and care plan on delaying entry to residential aged care for people receiving a Community Aged Care Package (CACP).

RESEARCH

Research plays a vital role in progressing health care. We would like to mention our involvement in some of the current research projects to highlight our efforts in promoting and supporting regional and rural research. All research activities must be approved by our Ethics Committee prior to commencement to ensure they are in the best interests of our patients and staff.

Deakin Research Consortium Group

As we mentioned previously South West Healthcare has joined forces with Deakin University to promote more regional and rural nursing research. This regional based group has identified issues faced by regional and rural health services when dealing with people presenting with psychological conditions. A conference paper is being prepared for presentation. The consortium group is now developing a research project investigating medication errors in hospitals.

The consortium also supports individual nurses undertaking research. Paula Touzeau - Operating Nurse Clinical Teacher has investigated the effect of operating theatre placements in nurse training, on the knowledge and skills nurses have in caring for patients in surgical wards. Leanne McCann - Quality Management Projects Nurse has investigated people's perceptions of their care and treatment following a stroke.

Medical Research

Dr Kathleen Braniff, a local Obstetrician and Gynaecologist is investigating the process of consent for tubal ligation (an operation for sterilisation).

Psychiatric Services Division Research

Three Psychiatric Services Division staff have recently been awarded Research Bursaries by Greater Health (Great Green Triangle, University for Rural Health). Kate Hawkins, Dr Melissa Ferrier, and Nicholas Place will use these bursaries for:

- The evaluation of the Primary Mental Health Team's *Stress Management Course*
- An investigation into factors that affect *Maternal Post Partum Adjustment*
- The joint South West Primary Care Partnership / Primary Mental Health Team *Chronic Disease and Depression Project*

Other

In addition to locally developed research we are active in larger multi-site research projects investigating a variety of issues ranging from patient care to staffing roles.

FACILITIES, EQUIPMENT AND TECHNOLOGY

OUR STAFF EMBRACE NEW TECHNOLOGY

As part of our 'Trak Health' project, an electronic system for managing patient data, all clinical staff at the Warrnambool campus have been educated and regularly use computers in their ward areas to access pathology and x-ray results. Work is progressing well towards electronic prescribing of medications. This, in combination with our policies and guidelines being on our health service Intranet site, means our staff are becoming very familiar with computers, no matter which area they are working in.

Our Post Acute Care and Discharge Planning Team have also got into the electronic era with their staff now directly entering information at the patient bedside using portable computers to generate the relevant referrals to hospital and community services.

UPGRADING OUR FACILITIES - PROGRESS REPORT

Warrnambool

We are pleased to report that the major service plan and Model of Care Report has been endorsed by the Department of Human Services. As part of this, they have granted approval to re-commence the Master Planning process. The Master Plan is now well under way to determine the long term capital requirements. We are hoping to complete the Master Planning Stage by October 2005.

*"For a 50 year + ward it's fresh, comfortable and inviting"
"The facilities are "old", toilet facilities a little short on"*

Patient feedback

Feedback from community services indicates the electronic referral system used by our team has cut their processing time by 45 minutes.

New Boiler House

Construction work well underway and includes 2 new gas fired boilers.

New Supply Department

This project has just begun and will address the current breaches of the Infection Control Standard with the integration of a separate sterile storage area.

Centralised Equipment Hire and Purchase Service

This new system for equipment hire and purchase is just newly developed to assist people in the south west with all their specialised equipment needs. This service replaces the previous system of different departments coordinating their own equipment on an ad hoc basis.

Camperdown

We are pleased to report funding from the Department of Human Services has enabled us to commence an upgrade of the Camperdown operating theatre. This project also involves relocation of the Emergency Department adjacent to the theatre complex and provision of a dedicated ambulance entrance.

*"Staff were excellent. Very helpful and courteous. Went out of their way to make sure my son and I were looked after"
"Hospital showing age inside"*

Patient feedback



Nurse Nayani Ediurjmanna using one of the many laptop computers now established in each ward to access patient data at the bedside

SERVICE INTEGRATION

SHAPE UP: HEALTHY LIFESTYLE PROGRAM

In February 2005, the Shape Up: Healthy Lifestyle Pilot Program was commenced to address the high rates of poor physical health and disease in people with mental illness compared to the general community. There are several factors that contribute to this including: medication, low levels of activity, lack of motivation, smoking, poor nutrition and limited finances. Emerging research suggests that simple education programs that address many of these issues can affect the severity and outcome of diseases.

Prior to the implementation of the program, diet and health lifestyle education was by referral to the Nutrition Department after clients had already had significant weight gains. This approach was seen as having poorer long term outcomes for the clients. Shape Up is modelled on a program developed by Ballarat Health Services that has been modified to use in the south west.



The Shape Up team; Physiotherapist Renee Jervies, Psychiatric Service Development Officer Janet Punch and Dietician Susan Baudinette

The first program was conducted at the Richmond Fellowship Residential Rehabilitation Service, an organisation for young people with mental illness. A partnership was established with the Nutrition Department, Physiotherapy Department and Psychiatric Services staff, as well as the Richmond Fellowship.

What was involved?

- A 10-week interactive course covering: diet and exercise, reducing fat and sugar, increasing fibre, shopping hints and meal planning to name a few
- A workbook with information on each session and a section for participants to set their goals each week including the presenters!
- An opportunity to evaluate their goals each week
- A healthy snack at each session
- A weekly exercise session at South West Healthcare Physiotherapy Department.

Evaluation - Sharing our Successes

Although participants did not record any major weight loss, all participants demonstrated a significant improvement in their diet and exercise regimes.

Client Feedback

- 80% of the clients felt the activities helped them to understand the information and enjoy the program
- 60% of the clients felt the workbook was helpful and pace of program was suitable

“Thank you, a very enjoyable time. I hope to keep changes and use the goals to stay in shape in the present and the future”

Patient feedback

Where to now?

- The group will be followed up to evaluate if the positive changes have been sustained over a period of time.
- The program has also led to the introduction of a weekly exercise program named Shape Up, at AquaZone Fitness Centre. This introductory program offers clients the opportunity to attend a fitness session and participate in a variety of fitness activities. This is a subsidised activity and support people are admitted free of charge.

Richmond Fellowship Staff Feedback

- 100% of staff felt that the residents had reduced their sugar and fat intake
- 100% of staff felt that the residents had increased fibre, fruit and vegies and water in their diet
- 100% of staff felt that the residents were regularly exercising
- Staff also identified that they had changed their lifestyles for the better too

HELPING PEOPLE WITH A CHRONIC ILLNESS LIVE LIFE TO THE FULL - Ambulatory Care Sensitive Conditions Project

First of all an explanation of this complicated term!

Ambulatory care sensitive conditions (ACSC) are a group of health conditions that can often lead to hospitalisations that might be prevented if people were better informed and actively involved in the management of their condition. Examples include diabetes, heart failure, Chronic Obstructive Pulmonary Disease (COPD).

With funding from the Department of Human Services (DHS), health professionals and community representatives selected the group of people with Chronic Obstructive Pulmonary Disease to pilot this innovative approach to health care. A Chronic Illness Co-ordinator (CIC) was appointed to develop this project and outlined below are some of the achievements to date.

The Health Care Team Approach

Partnerships established with a wide range of health professionals. Education for these team members has been conducted to increase awareness of the principles of self management and enhance participation.

Over 85 health professionals educated to date

Better Self Management Programs for People with Chronic Obstructive Pulmonary Disease (COPD)

So far six programs have been conducted locally and regionally. At these programs people learn about their condition and ways to manage it in a partnership with health care professionals. In doing so, they often have more control over their health and a better quality of life.



Better Self Help program

Program Evaluation

Participants complete a national survey before and after the program. This evaluation is conducted nation wide by Melbourne University and results are compared to all other Better Health Self Management Programs conducted across Australia.

- Up to 100% of participants felt they had improved in health directed behaviour such as changes in diet, exercise and relaxation techniques
- Up to 67% of participants felt they had improved in managing and coping with disease related symptoms
- Up to 100% of participants felt supported and more socially interactive.

Warrnambool Airway Group Support (WAGS)

The establishment of this support group has offered an important opportunity for people with chronic obstructive pulmonary disease (COPD), and their families, to meet and give support to each other, social outings and an avenue for ongoing education.

This group meets monthly and currently has over 25 members

Carer Support Group

While the people with the chronic illness are attending the Better Self Management Program, their family member or carer attend a support group conducted by the Counselling and Support Department of South West Healthcare. This forum provides support and it gives an opportunity to share concerns and discuss issues with people in a similar situation.

Symptom Management Plans

Symptom management plans have been developed and distributed to acute and regional campuses and to G.P. clinics in Warrnambool and Camperdown. It is anticipated that inpatients and their families receive the plan and education prior to discharge.

Quit Smoking Programs

- We have two Quit educators in the Community Health Centre available for one-on-one consultations for people wishing to quit smoking.
- The Community Health Centre is developing a program to target local business regarding smoking in the workplace. World No Tobacco Day May 2006 - education and activity days are planned to be held at local secondary schools.

COMMUNITY HEALTH

LOOKING AFTER OUR WOMEN FOLK

'Girls Nite Out' - Celebrating Women's Health Forum

210 women listened to Fabian Dattner, a renowned motivational speaker, cover topics such as achieving, leadership, social connection, and self-esteem. It was an opportunity for Camperdown and district women to enjoy a social evening as well as reinforcing behaviours promoting positive mental health.

Strength Building for Women with Anxiety and Depression

Our Women's Health Resource Worker has been conducting these workshops across the region, with positive results.

"I have learnt how to be structured in evaluating myself and my situation"

International Women's Day

Celebrated in style with a Koroit Community Women's Breakfast, a launch of a locally produced video depicting the realities of parenting as a young mum and a Circus Workshop.

"I am glad that someone has come up with something that tells and shows the truth about motherhood at a young age"

OUR INDIGENOUS HEALTH

A 2 year Diabetes project, strengthening partnerships between regional Aboriginal Health Services, Community Health and South West Healthcare, has focused on physical activity promotion and diabetes awareness. Numerous opportunistic individual health consultations have taken place.

WELCOMING OUR SUDANESE COMMUNITY

South West Healthcare has been recognised for the role it's played in the success of the *Migration to Warrnambool Project*, initiated by the Warrnambool City Council to help settle Sudanese families into our community. This initiative won an Australian Award for Excellence at the recent National Awards for Local Government.

The Warrnambool Sudanese Women's Program

Weekly group meetings aim to enhance the mental health and wellbeing of Sudanese women living in Warrnambool. Themes covered include relationship building and fun, sexual and reproductive health, and food and culture. The group has also produced a recipe book.



Sudanese Women's Group

OUR YOUTH

The Body Image Issue

Encouraging the development of healthy body image amongst young people is a vital aspect of their good physical and mental health. As part of Rural Health Week, a body image presentation was held at Mortlake Secondary College. This session, developed in partnership with the Warrnambool Women's Health Resource Worker, Terang/Mortlake Health Services and the Mortlake/Terang school nurse, was well received. To reinforce this issue, the school nurse has continued to feature it at other events.

"You have to be happy with yourself- there's no such thing as perfect"

Budding Musicians

As part of Rural Health Week, Malcolm Sharrock, a local musician, spoke to members of the Macarthur Youth Group about his experiences as a musician and gave them an opportunity to listen to his music and have a go at playing the instruments themselves. Several members of the youth group are budding musicians and after this session Malcolm volunteered to help them form a group. The group have been getting together regularly at the Youth Space to practice for their debut gig in July.



Budding musicians at Macarthur Youth Group

REDUCING STRESS IN OUR COMMUNITY

Stress is an increasing cause of both psychological and physical illness in our community. To try and combat this issue Stress Management Courses have been conducted in south west Victoria by the Psychiatric Services Division Primary Mental Health Team (PMHT) in conjunction with South West TAFE.

These workshops have covered key topics relevant to the understanding and management of stress. The series of workshops (totalling 12 hours) commenced in Warrnambool in 2004 and extended to Camperdown, Hamilton and Portland regions during 2005.

During 2005, the six week course has been delivered in professional work settings, and has been further complemented by "Stress Management for Professionals", a four (4) week course currently been delivered in a number of school settings to teaching and welfare staff.

The course is the subject of a twelve (12) month evaluation conducted by Kate Hawkins of the Primary Mental Health Team.

ADDRESSING SUBSTANCE ABUSE AND MENTAL HEALTH

Our Dual Diagnosis Clinician has been busy within the mental health and drug treatment sectors for the south west region:

- A comprehensive education program for mental health clinicians
- Motivational interviewing training for all mental health clinicians in the south west region
- A successful partnership between the dual diagnosis initiative and the alcohol related brain injury AOD initiative for the treatment planning of clients with often complex needs. This collaboration was well received at a presentation to the 6th international conference on brain injury
- A successful pilot consumer group in the Portland region, with groups held in the acute inpatient unit in partnership with the activities nurses
- The successful role of the outpatient withdrawal nurse assessing acute psychiatric inpatients for withdrawal. Such a close relationship is not known to exist anywhere else in Victoria



Primary Mental Health Team: Catriona Campbell, Lorraine Purcell and Kate Hawkins



Mark Powell Psych nurse,
Dual Diagnosis Clinician

SOUTH WEST POSTNATAL DEPRESSION PROJECT UPDATE

Highlighted in last year's report, this project continues with:

- Launch of 'Resilience and wellbeing in early parenthood' Antenatal Education Model, which has been incorporated into antenatal education across the region

Development of a handbook 'Preparing for a New Baby':

- A Parent's Guide to Emotional Health', given to all pregnant women booking into their hospital across the region

COMMUNITY ENGAGEMENT

South West Healthcare aims to address the needs of the community it serves.

CULTURAL PLANNING COMMITTEE

This committee works with local council to ensure our services are reflective of the percentage of main cultural subgroups in the Warrnambool region. The committee is implementing key strategies from the Department of Human Services Cultural Diversity Guide.

COMMUNITY RELATIONS MANAGER

We are committed to keeping as many lines of communication open to our community as possible. The creation of the new position of Community Relations Manager aims to strengthen our ability to liaise with our community on a variety of levels. We also have weekly updates on our website so people from all walks of life can electronically access all the latest news about South West Healthcare.

CONTINUUM OF CARE COMMITTEE

This dynamic committee, with representation from all campuses and areas of the health service, the Warrnambool City Council, Mpower and the Aged Care Assessment Team, meet monthly to discuss a vast range of issues. An example of an issue that was referred to this committee was the lack of accessible parking for persons with disabilities at South West Healthcare Warrnambool campus. A review of accessible parking was carried out by South West Healthcare and the local council. The result has been the addition of another accessible parking bay near the front entrance.

“There needs to be more disabled parking spaces” Patient feedback

KOORI ALLIANCE GROUP

This group brings together both Framlingham and Gunditjmara Koori services, South West Healthcare and local government. At South West Healthcare existing systems have mainly addressed the needs of people who have been admitted as in-patients. We have now identified that many Koori people presenting to our Emergency Department may not be getting referrals to link into these vital Koori support systems. Progress is being made to improve our overall referral systems to overcome this problem.

MENTAL HEALTH ISSUES

Our Psychiatric Services Consumer Consultant meets with consumers at our in-patient psychiatric facility weekly and also runs bi-monthly consumer forums set up to gain consumer input across the region. These forums are run in conjunction with the Victorian Mental Illness Awareness Council which is Victoria's peak consumer body. Consumers enjoy a meal and a chat about issues related to the care received. Their valuable input is relayed back through the Quality Council and Management Committee to help address service gaps identified.

No. 1 issue

Keeping clinical staff for longer periods and avoiding having to build trust with a staff member over and over, a common problem in rural mental health services.

FOCUS GROUPS

At times we arrange a small group of people with a common interest or health condition to come together to discuss the service as it relates to them.

The Family Perspective in Palliative Care

A group of people who had participated in a bereavement program conducted by the South West Healthcare Counselling and Support team, helped give the family perspective in the introduction of the Clinical Pathway - 'Care of the Dying Patient' and in the development of an information booklet for the family.

Getting to Know the Needs of our Sudanese Community Members

A focus group with the Sudanese women in our community helped to assess how well our health service is meeting their needs. We have:

- Identified the need to have information about the Emergency Department triage system in Arabic
- Identified that staff are encouraged to utilise members of the Sudanese community who speak English well, to assist with communication, (with the person's consent)
- Confirmed that our menu allows adequate choice for cultural needs.



Focus Group of people with Chronic Obstructive Pulmonary Disease



If not claimed within 7 days please return to
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SOUTH WEST
HEALTHCARE

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Quality Manager,
Clinical Management Centre
South West Healthcare
Ryot Street, Warrnambool, Vic 3280



WE VALUE YOUR OPINION



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

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

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

Poor

Excellent

1 2 3 4 5 6 7 8 9 10

2. What did you like most about the report?

3. What didn't you like?

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

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

You are able to contact our:

Quality Manager
Telephone: 5563 1469
Email: qualitycare@swh.net.au

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

Name: _____

Address: _____

Telephone: _____

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

SOME OF OUR TEAMS



PHYSIOTHERAPY TEAM

Miranda Wallis, Boré Hoekstra, Eliza Barry, Lara Greene, Belinda Smith and Naomi Williams



PODIATRY TEAM

Rebecca Simpson, Erin O'Brien, Kerry Harris, Jane Weir and Brooke Stannard



COUNSELLING AND SUPPORT TEAM

Lorri Chandler, Wendy Garner, Trish Roberts, Larry Abrahams, Bev Quin and Shane Storer



OCCUPATIONAL THERAPY TEAM

Margaret Hogan, Josephine Gibbs, Michelle Lugton, Rebecca Scott, Monique Walsh and Narelle Hinkley



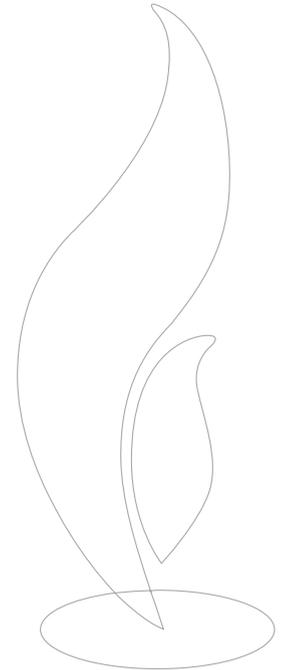
NUTRITION TEAM

Lauren Wainwright, Susan Baudinette, Bernadette Dunne and Lyn Jones



SPEECH PATHOLOGY TEAM

Kate Brown, Laura Stevenson, Elisia Nichol and Elizabeth Clancy



THANK YOU FOR READING OUR REPORT

We hope it has been informative and given you an insight into what South West Healthcare has been involved in over the last year.

We would really appreciate your feedback if you can spare a few minutes to fill in the attached feedback form. By doing this you can contribute immensely to the development of our report next year.



WARRNAMBOOL CAMPUS

Ryot Street, Warrnambool 3280
Ph: (03) 5563 1666 Fax: (03) 5563 1660



CAMPERDOWN CAMPUS

Robinson Street, Camperdown 3260
Ph: (03) 5593 7300 Fax: (03) 5593 2659



LISMORE CAMPUS

High Street, Lismore 3324
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MACARTHUR COMMUNITY HEALTH

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Ph: (03) 5552 2000 Fax: (03) 5576 1098

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64 Scott Street, Camperdown 3260
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PORTLAND

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HAMILTON

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**SOUTH WEST
HEALTHCARE**