



08



SOUTH WEST
HEALTHCARE

QUALITY OF CARE REPORT
SOUTH WEST HEALTHCARE



Welcome to our Quality of Care Report

Take a look at what we have been doing between 1st July 2007 – 30th June 2008

This report is designed to give you an inside look at the work we do to provide health care and services for our consumers, community, staff and partners in care provision. We aim to give an accurate and balanced account of this work, focusing on areas deemed important by the community and our staff. You will find some wonderful achievements highlighted. You will also find details on areas that need some improvement, which are works in progress.

Hard copies of this report are distributed widely across the community via health, medical and community services, as well as local councils and public libraries. We have also provided a copy of the report on CD to community centres and libraries which can be reformatted so that visually impaired people can read a large print version of this report. You can also visit our website for access to an electronic version at: www.southwesthealthcare.com.au

A full-page summary of this report is placed in local newspapers within our region to ensure a wide distribution to the general public.

We would like to sincerely thank the many people involved in developing this report:

- Members of our Community Advisory Committee
- Community members and other service agencies for their valuable input, and feedback on last year's report; and
- Dedicated staff across all campuses for their contribution.

To ensure this report continues to be relevant to our community we would appreciate a minute of your time to complete the evaluation form in this report and send it back (prepaid to make this easy for you). Or you can contact our Quality Manager at Ryot St, Warrnambool, 3280 or telephone 5563 1469.

South West Healthcare - Winners of the Quality of Care Reporting Award 2008 for regional health services, our fourth consecutive year to win this prestigious award!

Front cover: Ainslie Crothers, a Life Governer since 1944, is featured with Emergency Department Nurse Nicole Couch.

Thade enjoying a lovely cuddle with his mum, Lowarna Clarke.



A Year In Summary

08

We have:

- Hosted our first NAIDOC (National Aboriginal and Islander Day of Celebration) event in July 2007.
A significant part of creating positive partnerships with the Aboriginal community.
- Coordinated Morphed: the Dance of Life, involving over 250 local women and performing to over 2,000 people in the region, forging tolerant and connected communities.
- Dealt with another year of record high numbers across our services.
- Recorded an overall patient satisfaction 3% higher than our peer hospital group in the state wide External Survey.
- Achieved ongoing accreditation in May 2008 for Acute Services, Aged Care and Health and Community Care.
- Expanded our HARP (Hospital Admission Risk Program) to help people stay healthier, out of hospital and have a better quality of life.
- Reduced the waiting list for dental services, with record numbers of treatments attended.
- Exceeded national benchmarks in the majority of acute stroke care indicators, including the administration of 'clot busting' medication.
- Exceeded an international benchmark for care delivered to patients in the dying phase of life.
- Been part of the ground breaking work to establish a rural medical school within the region.
- Joined forces with Deakin University, the Australian Government and Alcoa to establish an Australia-first Centre for Rural Emergency Medicine.
- Successfully recruited three new specialist medical staff to join our gynaecological/obstetric team to provide expert treatment and care for women in our region.
- Won the 2008 Reporting Award for Regional Health Services for our Quality of Care Report, our fourth consecutive year to win this prestigious award.
- Won a silver medal award for our Annual Report at the Australasian Reporting Awards.
- Celebrated the wonderful work our volunteers do across all the campuses and services – The inside back cover shows a sample of the broad range of work undertaken.
- Commenced redevelopment of our Warrnambool campus - see Annual Report for full details.



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The redevelopment of the Warrnambool hospital has commenced with the work site set up.



Awarded Best Regional Quality of Care Report - Sue Morrison, Karen Harrison and Leanne McCann with Fran Thorn, Secretary, Department of Human Services receiving the award in 2007.

Our Campuses and Services

Our Region

South West Healthcare provides care and services to over 100,000 people within the Warrnambool City, Corangamite, Glenelg, Moyne and Southern Grampians Shires of South West Victoria (see map).



1 Warrnambool Campus

- Emergency Service
- Acute Care
- Rehabilitation
- Allied Health Services
- Community Health
- District Nursing
- Palliative Care
- Psychiatric Services

2 Camperdown Campus

- Acute Care
- Aged Care
- Psychiatric Services
- Community Health
- District Nursing

3 Lismore Campus

- Community Health
- District Nursing

4 Macarthur Campus

- Community Health
- District Nursing

Psychiatric Services Division

- 1 • Inpatient - Warrnambool
- 1 • Community - Warrnambool
- 2 • Community - Camperdown
- 5 • Community - Portland
- 6 • Community - Hamilton

Our Process in Making this Report Relevant to You: 2008

Throughout all stages in the development of this report we encourage participation by consumers, community members and staff. How do we do this?

- A pre paid feedback sheet is included inside all hard copy reports.
 - We received a similar amount of returns as last year.
- Last year's feedback is collated and themes are identified to improve the report.
 - "Very interesting with people stories not dull statistics."
 - "More photos of staff from other campuses."
 - Community Advisory Committee members agreed with other evaluations that the blue headings were harder to read and size of the font could be bigger.
- March - Feedback received from the panel of assessors.
- April - A memo was sent to all campuses and departments asking staff to send information on their work.
- May - A discussion of topics, presentation and photos discussed at Community Advisory Committee Meeting, and a subcommittee formed to work more closely on it.
- June/August - Minimum reporting guidelines received from the Department of Human Services. Work in progress to gather information and commence drafting.
- August - Draft content and photos discussed at the Community Advisory Committee meeting.
- September/October - Ongoing refinement of content, format, photos with Community Advisory sub-committee members and staff until completion and printing.
- November - Presented at our Annual General Meeting and printed copies distributed to our community.
 - An electronic version made available on our website and CD's of the electronic version are in community centres and in local libraries.
- Full colour one-page summary of the report published in local and regional newspapers.

Our Community

Nothing stays the same – even our community. We use Census data to tailor services to meet the changing needs in our community. The table below details data from our local government (LG) areas.

- The indigenous population across our local government (LG) areas, whilst below the national level, is increasing over time.
- The 65+ age group is increasing, remaining higher than the national level across all LG areas.
- Our lone person households have increased and remain above the national level.
- The percentage of our population who speak only English at home remains very high.
- Dutch and Arabic are now the most common languages other than English spoken at home in our LG areas, a change from previous Census results.
- The school education sector has taken over from health services as the most common industry of employment in Warrnambool. Agriculture remains constant in Moyne and Corangamite.

	Census	Indigenous population	Median age in years	65 years +	Lone person household	English only at home	Most common language at home other than English	Most common industry of employment
Warrnambool	2001	1.0%	-	13.8%	25.4%	93.6%	Italian & Greek (0.2%)	Health services
	2006	1.3%	36	15.2%	25.8%	93.9%	Arabic (0.2%)	School education
Moyne	2001	0.8%	-	14%	22%	95.6%	Netherlandic, German, Japanese, Italian (0.1%)	Agriculture
	2006	1.0%	40	14.8%	22.9%	94.8%	Netherlandic (0.3%)	Agriculture
Corangamite	2001	0.4%	-	15.3%	24.7%	94.5%	Netherlandic (0.3%)	Agriculture
	2006	0.5%	41	17.9%	26.2%	95%	Netherlandic (0.4%)	Agriculture
Australia wide	2001	2.2%	-	12.6%	22.9%	80%	Italian (1.9%)	-
	2006	2.3%	37	13.3%	22.9%	78.5%	Italian (1.6%)	-

This data helps identify groups who may need extra help in accessing health care or services and this report demonstrates how we support these groups:

- Our Indigenous population
- The elderly and people who live alone
- Non English speaking people; and
- Our farming families.



Local dairy farmers (from left): Julie-Ann, Georgina, Sophie, Nicholas and Brendan Kelly

Consumer, Carer and Community

We Aim to Meet YOUR Needs - Whoever You Are

Our community is becoming more diverse each year and our challenge is to meet the needs of everyone, including Indigenous and Culturally and Linguistically Diverse (CALD) members of our community. We have a Cultural Diversity Committee who plan, implement and evaluate our Cultural Diversity Plan. This plan is based on the Department of Human Services (DHS) - Health Service Cultural Diversity Plan and the Improving Care for Aboriginal and Torres Strait Islander Patients (ICAP) plan.

Understanding our Consumers and their Needs

- We collect demographic data on Indigenous status and country of birth, across South West Healthcare campuses (during tourist and non-tourist times) and compare it with Census data to check if the cultural groups we see reflect the cultural groups within our region. We have found that people from a broad range of cultural backgrounds are accessing our services.
- We are making progress in engaging Elders and the core group of our local Maori community.
- The top four health issues affecting Maori women (diabetes, cardiovascular disease, asthma, women's issues) have been identified, with diabetes being a priority area (30% of Maori women are at a high risk for diabetes compared to 9% of European women).
- Our Aboriginal, refugee and migrant workers are working with a local Maori representative on a health focused plan.

Using Language Services to Improve Communication

We are in the process of another update of our **Interpreter Policy** to include a 'how to' section on arranging and conducting face-to-face interviews and getting written information translated.

Our staff continue to use the **'On Call' phone interpreter service where indicated**, to help communicate with people who do not speak English. *Our average use of the interpreter service is once per week.*

Raising Staff Awareness of Indigenous and Cultural Needs

- Our Orientation and Mandatory Update programs include a session for staff on cultural diversity, developed in partnership with the Aboriginal Liaison staff and Refugee Nurse.
- Our staff Orientation Booklet contains a section on cultural diversity.
- We have a regular **'Cultural Corner'** in our quarterly newsletter for staff.
- A **'Cultural Care Kit'** (Aboriginal Elders Rights Advocacy) has been purchased and is in the hospital library.
- A selection of various religious texts are available for borrowing from the hospital library.

1,032 staff have participated in education on cultural diversity over the last three years - equivalent to our total staff numbers.

Of the 18 staff to go onto the Register for CALD Resources, a total of 15 languages are spoken.

A Culturally Diverse Workforce

- This year we distributed a survey across the organisation inviting staff to provide details on their CALD backgrounds and asking them if they would like to be included on a Register for CALD Resources. The staff on this Register could then be used to provide support and knowledge about a culture if required. We invited staff to comment on any cultural needs they may have so that we can develop a plan of action to address this if deficiencies are found. We had a good response and are in the process of developing our Register.
- We are also making available the Warrnambool City Council brochure 'New Arrivals to Warrnambool and District' and liaising with the council so that staff are aware of the informal functions for recent migrants to get together. Our policies are being updated to reflect these initiatives.



Thomas Lual, a student Division 2 Nurse from TAFE on his clinical placement at SWH.

Consumer, Carer and Community



Koorie Midwifery Program: Lee-anne Green, our Aboriginal Liaison Worker with Justin Clarke, holding Lily, Lowarna Clarke holding Thade, and Cath Nole, the Koorie Midwifery Program coordinator.

Partnerships - Building Bridges

Our Refugee Nurse and Aboriginal Liaison staff continue to strengthen partnerships between the health service and our local Aboriginal and Culturally and Linguistically Diverse (CALD) communities.

- They work closely with local government and community services to maximise strategies and services.
- They meet frequently, both formally and informally, with local Aboriginal Community Controlled Health Organisations to continue strengthening the working relationship. This work is an important step towards a formal Memorandum of Understanding.

Links for Care and Discharge Planning

- A new electronic medical record alert for CALD clients who access the service is helping the Aboriginal Liaison staff or Refugee Nurse ensure all care and discharge planning requirements are met.
- The Aboriginal Liaison Workers also work closely with the community based Hospital Admission Risk Program (HARP) team which helps people with chronic illness self manage their condition.

The success of the **Koorie Maternity Service**, a Department of Human Services funded project to link Aboriginal families with existing services and provide maternity services within the region, is a great example of an effective partnership between project staff and SWH. This strong hospital and community partnership is resulting in high referral rates, with 30 clients cared for through this service, which is much higher than expected and well above similar services in Melbourne.

Bringing our Cultures Together

- We celebrate World Refugee Day each year with a display in our front entrance.
- In consultation with all local Indigenous groups, we are currently developing an appropriate acknowledgement of the Indigenous population for formal events such as our Annual General Meeting and Year in Review.

Seven Sisters Story Song

Community Cultural Project - bringing women together

Over 50 Warrnambool and district women from diverse cultural backgrounds participated in workshops to create a 'story song' of women and communities that weaves cultures together. Story telling, the art of passing on knowledge from one generation to another, is a common thread through all cultures around the world. These women of Maori, Filipino, Indigenous and Anglo-Celtic cultural origins have shared stories celebrating the commonalities inherent in women's experience around the globe.

This project was coordinated by our SWH Community Health Centre in partnership with local artists, Warrnambool City Council Rural Access Program and the Tarerer Festival. The women performed at the Tarerer Festival in November, a two-day festival celebrating Indigenous culture and the 'One and All' Festival in December 2007, an annual event that celebrates the achievements of people with a disability. A CD of the live performance and photos is soon to be released.



Participants of the Seven Sisters project

Seven Sisters Story Song Verse

*"Come with me
Walk with me
Sisters on a journey
Take my hand
Here we stand"
Sisters share their stories...*

*"This has been so wonderful for our group, it has brought us all together for a common purpose, we've got new members joining, it's been absolutely fantastic."
(Seven Sisters Project participant)*

"I am learning sooooo much about what I am capable of..." (Project Artist)

Consumer, Carer and Community

A Feast of Indigenous Culture

In July 2007 we celebrated **NAIDOC (National Aboriginal and Islander Day of Celebration)** with local Indigenous groups and the community within the grounds of SWH. Over 220 people attended the festivities which included an Official Opening ceremony incorporating Welcome to Country, Flag Raising, Smoking Ceremony and a Song in Language. Special T-shirts were designed by a young Aboriginal girl and worn proudly by all committee members and helpers. A BBQ featuring traditional Indigenous meats and damper was hugely popular, as was the native tree planting, traditional games, and historical display. Craft items made by local people were on display and a display of historical photos and artefacts remained in the hospital entrance for three weeks.

The local Gunditjmara Karweyn Dance Group ended the day's proceedings. A spectacular tile wall hanging was created to commemorate our first NAIDOC celebrations at SWH. Local Indigenous artists created the wall hanging, and the border tiles were painted by NAIDOC participants on the day.



Artists: Rob Lowe Snr, Daphne Lowe, Paul Kelly, Wally Low, with Aboriginal Workers Lee-anne Green (second left) and Jaime Thomas (far right) featured with the tile wall hanging that was commenced at NAIDOC 2007.



Cooking up a storm: The three Wackett girls with their mum, Loise Chatfield, cooking the BBQ of traditional Indigenous food at NAIDOC 2007.



Tahlia Harrison and Sophie Habel enjoying the activities of the 'Girls Positive Body Image' program.

A Healthier Indigenous Community: Community Health Partnerships

The partnership between SWH Community Health Centre, Kirrae Health Service and Gunditjmara Aboriginal Cooperative remains strong and productive. The Aboriginal Health workers from each agency are working together to focus on prevention and treatment of diabetes, cardiovascular disease and lung disease within the Aboriginal community. The project (South West Aboriginal Health Promotion & Chronic Care - AHPACC) is supported by funding from Department of Human Services and activities throughout the year include:

Men's group programs at Gunditjmara and Kirrae Health - encourages the men to participate in both nutrition and physical related activities often based around cultural events. A DVD was developed and presented at the Rural Health conference in May 2008.

Kirrae After School Program – introduces the children to healthy eating and physical activity.

Community gardens projects combining both bush plants and fresh vegetables - a partnership with the local Warrnambool Community garden project has seen community members elected onto the committee to join in the planting of organic gardens for the community's consumption.

Kirrae Health Service lifestyle program - once a week at the end of the day the Kirrae Health Service staff and the community members join in to participate in group physical activities. i.e. Boxersize, walking group, tennis and basketball activities.

Other 'one off' activities:

- Health and Nutrition Camp.
- Cultural focused programs encompassing physical activities and nutrition. Walking-on-Country, traditional fishing program, bush food collection activities, fruit basket making using native grasses.
- Positive Body image program.

Consumer, Carer and Community

Morphed: the Dance of Life

This amazing production involved over 200 women from across south west Victoria working with six professional artists over a nine month period to deliver phenomenal theatre performances to over 2,000 people across the region.

It was developed through a community mental health and wellbeing project initiated by South West Healthcare and in collaboration with Colac Area Health.

Skill and script development workshops conducted by Artistic Director Noelle Taylor were held with local women across South West Victoria. These workshops improved their skills in drama, singing, story telling and improvisation, with their personal stories and experiences skilfully woven into an original script by writer Julianne O'Brien. Original music was composed by Jane Hammond, who also directed the musical aspects of the production. The project aimed to improve the mental health and wellbeing of disadvantaged rural and regional women from across South West Victoria by offering them a chance to participate in a high quality community arts activity and public performances. The successes of Morphed resulted from the project's ability to engage with diverse population groups from a range of cultural, geographic and experiential backgrounds. Target individuals and groups who became involved included women who have experienced violence, sexual assault and mental illness, women from isolated locations across the South West region, Indigenous women and women with a range of abilities. The project also increased the capacity of rural artists and rural communities to create and manage future projects that will enhance their wellbeing and further develop, express and celebrate diverse cultures.

The community response to the production was nothing short of phenomenal and the outcomes from this project continue to reverberate on individual and community levels.

*"I have never seen any show to compare to this thought provoking performance."
(16 year-old student)*

*"Congratulations – fabulous– made me cry & laugh..."
(Local Health Professional)*



Participants of Morphed: the production.

Consumer, Carer and Community

Healthy and Happy Communities - Getting you Involved

Going from Strength to Strength

Our Community Health Centres continue to run a number of programs promoting health and fitness. Evaluation at Lismore has shown a 60% improvement in strength in new participants and 66% in ongoing participants.



Carol Dyson, Gail Thomas and Wendy Bock participating in a Strength Exercise class at Macarthur.

Looking after Our Farming Families

The Sustainable Farm Families Program

Now that the good health of the farming family has been recognised as an integral part of the long term success of the farm, we have expanded this program throughout our region. With the help of some extra funding from Department of Primary Industry, 81 farmers attended either the first or second year parts of this three-year program across Camperdown, Lismore and Macarthur communities this year.

Some of the outcomes:

- Lower cholesterol and blood sugar levels from previous year's measurements.
- 100% of the participants had made some changes to at least one or two lifestyle behaviours to reduce their risk of developing a chronic disease.

Changes included:

- Weight loss, improving diet, improving fitness, seeing GP for a health check-up, improving family health and nutrition, lowering blood pressure, lowering cholesterol, decreasing smoking or giving up, and improving farm safety.

Healthy Hearts – For our Hearty Menfolk

Some of our regional men participated in the Healthy Hearts course. They braved a blood test to check cholesterol and glucose, learnt about cardiovascular health, nutrition, stress management and got into some physical activity. Evaluation was very positive.

Food for Thought

Our dietitian, physiotherapist and counsellor teamed up to run this program throughout our Community Health Centres. 68 people participated in the program, with 48 people completing four or more of the seven sessions.

Assessment from participants revealed:

- 82% lost weight during Stage 1 of Food For Thought, with average weight loss of 2.8kg
- 79% lost centimetres around the waist, with an average loss of 4.5cm
- 83% reported eating more vegetables; and
- 74% reported they had increased physical activity level.

Coping with Stress

Macarthur Community Health Centre teamed up with TAFE and the SWH Primary Mental Health Team to run the successful Stress Management course. This has extended to include Hawkesdale.

Kids Health

- First Aid Course conducted for Parents and Carers of Children under 12 years of age in the Hawkesdale and Macarthur communities. Due to popular demand, another course has been planned. All participants felt their level of knowledge and confidence had significantly increased.
- Puberty Clues - 80 parents and children attended this program at Camperdown.



Food For Thought: participants checking labels at the supermarket. Photo courtesy of The Chronicle.



Our regional men getting into health and fitness during the Healthy Heart Program at Lismore.

Participation

'Doing it With Us Not For Us' Approach to Health Care

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

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

Staff Culture Promotes Involvement

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

Information Brochures and Booklets Promote Understanding and Participation

- We have written information on specific health issues and surgery to back up explanations. This is especially relevant in health care when people can be stressed and unwell.
- With the help of the Community Advisory Committee, we have reviewed and updated our Patient Information Directory and are currently working on updating our Complaints brochure and systems. We also provide information to promote your involvement in your care - 'Your Rights and Responsibilities' and '10 tips for Safer Healthcare'.



Achievements

- A focus group of stroke survivors and carers felt the Stroke Liaison Nurse and weekly Stroke Team Round encouraged them to feel more comfortable to be part of their care planning.
- 100% of the 54 patients who completed the Preadmission Clinic survey felt they were fully informed and prepared for surgery by the Preadmission Clinic, and were satisfied with the information provided about rights and responsibilities.
- 100% of 59 Day Stay patients who completed the survey felt they received enough information about their admission and condition.
- 97% of patients on a Clinical Pathway had their concerns discussed daily (91% last year).
- 93% of patients on a Clinical Pathway had their care discussed with them daily (67% last year).
- 95% patients were satisfied with the opportunity to ask questions in comparison to the state average of 92% (External Patient Survey 2008).

Areas to Improve

- The focus group of stroke survivors identified that although they often read the information we provide, they are not really using the self management plan – we have a project underway to develop a self management plan that will be of practical use for a range of people across the health and community services.

STARS all Round

STAR (System to Aid Recovery) is really catching on

Last year we reported we had launched 31 STAR guides for mental health treatment across the region, supporting care that is based on consumer and family needs and goals.

- Developed through extensive consultation with consumers, families and clinicians, the principles of earliest possible intervention and relapse prevention are central to the model.
- The guides are used by all clinicians during sessions and as a resource for between sessions learning.
- The guides contain information on building support, developing strengths, reducing stress, budgeting, making friends, information for children, plus some specific guides for specific conditions such as psychosis, depression and bipolar disorders.
- Staff have undergone extensive education on the use of this model and how to encourage consumer and family involvement in developing the treatment plan together.
- This project was presented as a poster at the annual 'TheMHS' (Mental Health Services) Conference in Melbourne in September 2007. Evaluation of this project is in the planning stage.

Participation

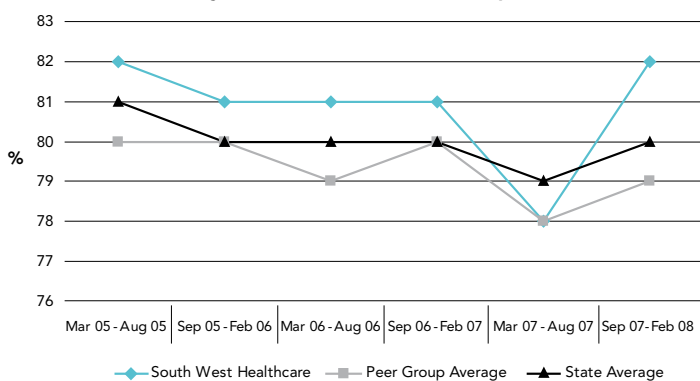
Survey Results from People who have used Our Services

External

We take part in a state-wide Victorian Patient Satisfaction Survey which asks people who have been discharged home from hospital a series of questions related to their admission, participation, complaints management, physical environment, general information and overall care. Our results have ranked:

- 3% above our peer hospital group average in overall satisfaction
- Above peer hospital group and state results in the Consumer Participation Indicator (see graph).

External Survey Results: Consumer Participation Indicator



"The staff were wonderful. They were appropriate at explaining things to my elderly father. Thank you for making a very anxious man feel so well cared for and at ease."
(Day Stay Survey)



Vern Brennan at 92 still keen to fill out his survey at Camperdown hospital.

Internal

We have internal surveys for inpatient, outpatient and community services to measure our performance and see where improvements can be made. You can see some of our results in the table below.

Survey Area	'Fantastic'	'Could be better'	Work in Place
Preadmission (annual survey)	100% overall satisfaction for care	<i>"Why are there only women's magazines in the waiting areas?"</i>	Help - our men's magazines disappear every time we restock!
Day Stay (annual survey)	100% overall satisfaction for care	<i>"I got very bored, waiting five hours until my procedure. Not a lot to keep the mind occupied for that long."</i>	A project is underway to try and streamline the admission process to reduce waiting times.
Inpatient (ongoing survey)	97% average overall rating for care	<i>"Having only one toilet, one shower and hand basin for four people was difficult at times."</i>	Redevelopment of Warrnambool campus commenced.
Inpatient Psychiatric Services (ongoing) **SWH is the only known inpatient Psychiatric Unit to run such a survey	89% average overall rating for this financial year	<i>"Flower Garden program would be relaxing and constructive and craft activities would be welcome. Board game/cards. It gets quite boring and makes it a long day."</i>	New program equipment purchased via recent grant money. Staff investigating development of a hot house via funding grants.
Community Programs: District Nursing Service (DNS) Client survey	97% overall satisfaction with DNS care	More regular help to remove cytotoxics (chemotherapy medication) from the home.	Changed to smaller containers which are removed more regularly.

Participation

Psychiatric Services takes Participation a Step Further

Our Psychiatric Services Division has developed a structure to support participation at individual, team and service level. Part of this has been the recruitment of a Participation Team. Strategies under way include:

- **'Brainstorm' quarterly newsletter** for consumers, family and community members to keep in touch with the activities of the Participation Team.
- **Development of a database of consenting consumers, families and community members**, allowing for collection of performance data, financial indicators and the outcomes of participation.
- **Establishment of a committee structure** including Consumer Advisory Group and Family Advisory Group.
- **Establishment of the Opinion Council** consisting of consumers, families and staff who meet quarterly to deal directly with all feedback received by Psychiatric Services in a solutions focussed manner.



Bonnie Lucas and Darren Dorey admire the quilt by Patches Plus, and get some tips for making the new STAR Quilt.

Achievements

- STAR Quilt to communicate new service delivery model.
- Art space projects.
- Redevelopment of participation only space.
- Presentations on smoke free, participation reform, family sensitive practices.
- Development of outcome measures.
- Development of Mental Health Week activity schedule.

Darren's Experience of the 'OC' (Opinion Council) at Psychiatric Services

"Not really knowing what it was all about, I went to the meeting to hopefully learn a bit more about what else happens at Psych Services, as although I have been a consumer for nearly two years I had only ever been to set appointments. Whilst in the beautifully decorated waiting room listening to the sounds of silence my attention was drawn to the well laid out notice boards on which there it was, an invitation to PARTICIPATE. 'Why not' I thought so I filled in the form and gave it to my Clinical Therapist. I also found a note announcing the next meeting of the OC. I noted the contact details and sent an email as directed, and like magic I received a reply saying that I would be welcome to attend. Wow somebody else to talk to.

So there I was in the serene surroundings of the waiting room waiting to attend my first meeting of the OC. Isn't it funny how in a former state of mental health attending meetings was a thing you did on a daily basis, but here I was sitting there wondering if I could do this, go into a room of total strangers to do whatever it was they were going to do. What the hell am I doing? Am I ready to do this? Am I going to vomit everywhere? What are they going to think about me? Yes all that and more was going through my head. Finally it was time, Barry greeted myself and a few others and invited us to come to the conference room. There we were warmly welcomed by Bonnie and invited to take a seat around the group of tables which had been set into a large square so that we could see everybody else.

Bonnie opened the meeting and informed us that we were also video linked to both the Portland and Camperdown offices, which added some confusion at first but we all seemed to get used to it fairly quickly.

We started the meeting by introducing ourselves to the rest of the participants. I was pleased to discover that it was a good mix of Consumers and Carers as well as staff from Psych services. During the meeting we addressed the feedback that had been received through the boxes in the waiting rooms [yes they DO get read by people]. Some of the topics raised were the state of the waiting rooms and the consultation rooms, music in waiting rooms, water and tea and coffee availability to people waiting, displays in waiting rooms and consult rooms, frequency of newsletters and questionnaires etc.

This information was discussed, prioritised and recommendations made to be forwarded to management. Another question raised was who else other than staff, consumers and carers should be in attendance or at least informed about the business raised in these meetings.

How did I feel about attending? I really enjoyed the experience, and the people who attended were both respectful and incisive with the input of others and themselves. It is good to be able to raise personal opinions and openly discuss those of other people who need the services provided to be as professional and accessible as is possible whilst keeping the fundamental understanding that we are all different and have different needs and issues that may not seem important to those on THE OUTSIDE but can seem like mountains to someone in crisis.

I would recommend to anybody thinking about attending a meeting to come along. Nobody bites. YOU CAN have a say, YOU WON'T be judged, YOU WILL learn more about the services and maybe even yourself. I did and as Arnie said I'LL BE BACK!"

You can contact the Participation Team on 5561 9100 or email participate@swh.net.au if you would like to join any of our participation programs or events.

Participation

Community Advisory Committees

Having Community Advisory Committees is another way we involve our community in service development and delivery.

Achievements of South West Healthcare Community Advisory Committee

- Review of the Consumer Participation Plan.
- Review of the Patient Information Package.
- Continued review and update of planning for the new Warrnambool hospital.
- Development of this annual Quality of Care Report.

Achievements of Psychiatric Services Consumer and Family Advisory Committees

- Evaluation of use of technology during consultations.
- Update of waiting rooms.
- Review of Psychosocial Assessment.
- Development of a brochure to explain to consumers the new self assessment tool (the BASIS-32).
- Recommendations and feedback to government about the 'Because Mental Health Matters' paper.
- Planning for the Collaborative therapies Dual Diagnosis program, the Satisfaction Survey, STAR Guides, membership and committee training.
- Development of a Families Information Pack.

Our 'Report Card' on Participation

The table outlines our status on the set of indicators developed by the Department of Human Services (DHS).

Indicator	Status	Evidence
A Community Advisory Committee established.	✓	SWH Community Advisory Committee active for several years now. SWH Psychiatric Services Division Community Advisory Committee.
The Quality of Care Report outlines quality and safety performance and systems in key care areas that address the health care needs of the services communities, consumers and carer populations.	✓	SWH Quality of Care Report has won the Reporting Award for Regional Health Services for the last four years.
A community participation plan has been developed and is being reported annually to Department of Human Services.	✓	SWH Consumer Participation Plan was reviewed by the Consumer Advisory Committee and reported as required.
Appropriate information is available to enable all consumers, carers, where appropriate, to choose to share in decision making about their care.	✓	Results from internal (Acute inpatient, Psychiatric inpatient, Preadmission Clinic, Day Stay, District Nursing Service) and external patient/client surveys rate highly in this area.
Health services meet the accreditation standards in the Evaluation and Quality Program: the governing body is committed to consumer participation to the level of 'Moderate Achievement (MA)'.	✓	South West Healthcare gained Moderate Achievement (MA) in the full ACHS accreditation survey in 2006 and retained this status in the Periodic Review in May 2008.

A 'Year in Review' at Camperdown

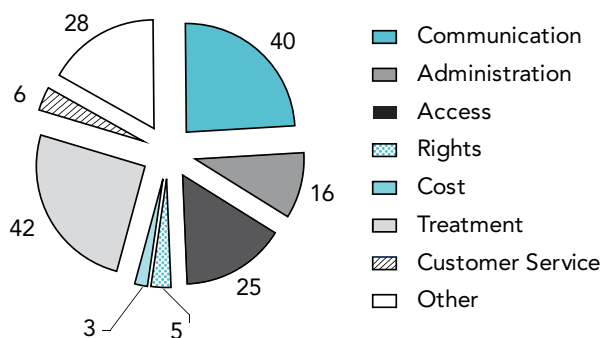
Our annual public forum in Camperdown helps to inform and involve the local community in their health service. Major achievements for the year and plans for the next 12 months were presented.

Listening and Responding - Complaints and Compliments

To us, complaints are a great way of identifying areas to improve our service. We have promoted this way of thinking throughout the organisation via consumer brochures and staff education. All complaints are managed in accordance with the Australian Standard (AS 4269).

- The number of complaints has reduced slightly (165 from last year (177)).
- Our average response time for complaints was less than three days, well below the 30 days allowed in the health industry.
- The pie chart below shows our most common complaints.
- The number of compliments far exceeded complaints received (> 1,200).

Complaints Issues 2007-2008



Continuity of Care

Accessing Health Care

Having timely access to health care when you need it is important. We monitor our progress, and initiate new practices in the aim for an increasingly efficient service.

We have recorded another busy year across all campuses in Emergency Department presentations, inpatient admissions, outpatient services and community care contacts.

- Total bed days have increased by 1,501 this year and now stand at a staggering 74,358 days.
- Our average occupancy at the Warrnambool campus for staffed beds was 99.2%, an increase from 95.3% last year.

A Look at our Emergency Department (ED) Activity

The increase in Emergency Department presentations (see graph) has again challenged our ability to maintain the level of service our community expects. The table shows the percentage of patients seen within the recommended time frame for the different triage categories:

- Triage Categories 1 - 3 = more serious conditions which have higher priority.
- Category 4 - 5 = less serious conditions.

We have had above average Category 1 - 3 presentations (36%) compared to our peer group (27%) this year which may partly account for not quite meeting target timeframes for Category 2 and 3.

New Ways to Tackle a Busier Emergency Department - Better Skills Best Care Project

We have participated in a Department of Human Services funded project to investigate ways to improve patient flow in the Emergency Department. We have developed a support role to assist with more non-treatment related tasks thereby freeing up the medical and nursing staff to get on with the care and treatment of patients.

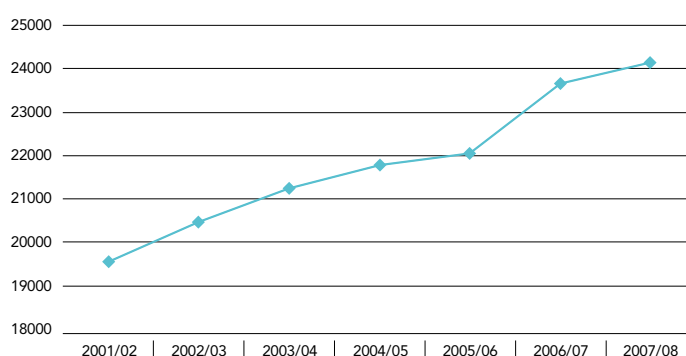
Achievements

- 77% of our ED patients are transferred to a ward within eight hours, compared to 73% state average.
- 92% of our ED patients are transferred to a ward within 12 hours, compared to 86% state average.

Areas to Improve

- Meet timeframe targets for Category 2 and 3 presentations. With the help of the Better Skills project, further medical and nursing staff recruitment, and investigation of new nursing models to extend nurse initiated ordering of pathology (blood tests) and pain relief.

Emergency Department Presentations (Warrnambool Campus)



Qalo Sukabula, Director of Emergency Services treating Chris Greene in the Warrnambool ED.

	SWH 2004-05	SWH 2005-06	SWH 2006-07	SWH 2007-08	Target
% admitted to ward <12 hrs	99	98	96	92	90
% seen within recommended time					
- Category 1	100	100	100	100	100
- Category 2	78	76	77	71	80
- Category 3	84	82	82	74	75
- Category 4	84	77	75	66	60
- Category 5	95	93	91	88	60

Continuity of Care

The Bed Balancing Act – Increased Need and Impact on Waiting Lists

Elective surgery is one of our largest groups of planned admissions. With the increases in presentations and admissions our waiting list has grown despite measures in place to contain it. At the end of the year it stood at 1104 people waiting for surgery or procedures compared to 778 last year. People waiting for Orthopaedic, General and Ear, Nose and Throat surgery remain the three largest groups on the waiting list. These figures reflect our aging population, expanding regional role, and current limits with specialist, operating theatre and hospital bed capacity. Once the full redevelopment at our Warrnambool campus is complete we will have an increase in bed numbers from 155 to 190. Other strategies to control it are mentioned below.

Optimising Patient Flow – Ensuring Our Beds Never Get Cold!

Our Access Manager, a newly created position in 2007 funded by DHS 'Rural Patient Initiative Program', maintains a central role in maintaining patient flow throughout the organisation so that we have enough beds for those coming in for surgery and emergency admission. Work includes:

Expected Discharge Day added to Bed Card

Having this date at the top of the bed has meant every health professional, plus the patient and family are aware of the expected date for home and working towards it.

Getting support services/equipment ready in time for home

The need for an efficient referral system to make sure relevant teams are on the job early has meant further progress towards an electronic referral system, avoiding the delays in a paper system.

Reducing delays in people being discharged home by 11am

Any delay after 11am reduces beds available for people coming in for afternoon surgery. An analysis of main causes of delay revealed – transport, medical review and medication.

- **A Transit Lounge** was created for people to wait in a safe place if delayed in leaving hospital. Our staff was educated on appropriate use of the Transit Lounge and we had a media release to enhance community understanding.
- **A Move Towards Criteria Based Discharge** meaning people are deemed ready to go home when a number of criteria are met, without always having to wait to be seen by a doctor first. These criteria would be decided on by the health team, including the medical staff. We have developed a policy and will move towards a trial soon.



Nearly Home: Sue Fleming our Access Manager helping Peter Mallinson into the Transit Lounge.

Yes It's Working

- 56% compliance with people being discharged by 11am (33% in Dec 07).
- 89% adherence to recording estimated discharge day within 24 hours, compared to 51% Jan 07.
- 85% people were satisfied with their access and admission vs 77% state average (External Patient Survey Results, 2008).
- 80% people were satisfied with their discharge and follow up vs 77% state average (External Patient Survey Results, 2008).



Getting equipped for home: Eileen Lane gets some tips about her home oxygen supply from Pauline Brooks at the South West Healthcare Supplies Shop.

A Safe and Smooth Return Home – Good Planning and Good Communication

Most people recuperate better from surgery and illness in the comfort of their own home. To help you feel fully prepared for the safe return home from hospital, planning starts early - sometimes before you even come in!

- **Preadmission Clinic** (preparation clinic for elective surgery) is a great opportunity to identify issues that may need addressing to help you return home. Referrals to services such as Post Acute Care, District Nursing Service, HARP and other support services are generated at this time to allow time to get these services into place.
- **The admission process** prompts a check of arrangements made in preparation for your return home and to detect any other requirements.
- **Your involvement in the planning** is important to keep us on track and make sure we have covered all bases.
- **Involvement of the Discharge Planning Team** is for people with complex needs to make sure nothing is missed.

Continuity of Care

Keeping Everyone in the Loop

Patient care and service efficiency is improved when all the services, both hospital and community, 'talk' to each other in a timely and useful way. We work hard to try and make this happen and by monitoring our progress we have identified areas to improve.

Using technology to speed up the process

- Our Discharge Planning, Post Acute Care, HARP and District Nursing Services all use the Initial Needs Identification (INI) electronic tool to assess needs and make referrals to our community providers. A recent upgrade of our electronic data system means we can expand use of the INI referral tool internally.
- We survey our external service providers to monitor the communication channels.

Achievements

- 96% external service providers were satisfied with the communication from SWH Post Acute Care staff.

Communications with our external community service providers

- We audit our medical records to assess how timely we are in contacting external services when someone comes into and then leaves hospital. As seen in the table we are improving but still progress to be made.

	2006	2007
Risk screening tool completed	83%	91%
Consent for referrals	31%	73%
Notification of Community Service Providers within 24 hrs of admission	25%	56%
Notification of Community Service Providers within 24 hrs of discharge	30%	54%

To improve we have:

- Reviewed and updated our admission forms.
- Promoted the use of Emergency Information Ambulance books that people keep and bring into hospital. They include a record of service providers and contact details.
- Continued staff education at Mandatory updates.

"Lots of communication. Terrific." (Internal Patient Survey)

Supporting our Family Caregivers

Last year we reported on a program we ran to provide education to family caregivers of palliative patients to assist them in the role of looking after their loved ones at home. This program was part of a research project with the Centre for Palliative Care, University of Melbourne and St Vincent's Health. The project evaluation was very positive and our Palliative Care Team has continued to run this program as part of their service provision. They have also introduced a weekly morning tea for these carers to support them in their vital role.



As part of South West Healthcare's improved discharge planning services Post Acute Care Nurse, Anna Berger talks about community services with new mum, Andrea Dahl and her gorgeous new son, Noah Spur.

Continuity of Care

Connecting you with your Community HARP - Hospital Admission Risk Program

This program helps keep people with chronic disease connected with relevant service providers and support groups, encourages greater self involvement in their health condition, and helps prevent the need for going to hospital.

- The **service has expanded** to include people with chronic lung disease, heart failure, diabetes, paediatric asthma and chronic and complex health issues.
- To meet increasing need the **team has been increased to include a Social Worker and Occupational Therapist.**

HARP Achievements

- Now have 156 clients in the program (33 in 2005-06).
- All local medical clinics have clients in the program.
- SW HARP Care Coordinators meet regularly with Practice Nurses for case reviews of clients and referrals.
- All GPs are notified when their client joins the SW HARP program, are supplied with up-to-date lists and current care plans of SW HARP clients, and are notified of client discharge from SW HARP.
- When referred by the GP they also provide (if available) a copy of current assessment and GPMP (GP Management Plan) to minimise duplication of assessments etc.

Bill's Journey to Better Health Through the HARP Program

"I used to love going off to Melbourne to visit my friends, but by 2006 I hadn't been for 18 months. I had stopped going as I was too frightened I could die or get sick and couldn't get back. I was always at the doctors or up at the Emergency Department (ED) with chest problems.

I was in hospital here in Warrnambool when the nurse asked me if they could send a referral to HARP for me to try their program. I thought why not, it might help, and I haven't looked back. I find the program terrific, and one of the main things is the girls come here to my house and I don't have to go up to the hospital. I have no car and have to rely on public transport, so this program suits me so well.

It's great how Meredith (HARP worker) and I get on so well and we all work in together with the GP and specialist. We started off with weekly visits and now it is about two-three weekly. Meredith works her visits in between the visit to my doctor and this just seems to keep me on track. She comes with me when I see the specialist and this is great as she can help me understand any changes in my pills and stuff. I used to go to him every three months or more but now he has given me the all clear to come every six months. I have so much more confidence to talk to them about everything now.

I used to get chest troubles all the time but now these have settled a lot. Each visit I get my blood pressure checked and we go through how I have been, and I can ask any questions. Just having someone to talk to about everything is so terrific. I have learnt a lot more about my health and know what to do and watch out for. I have so much more confidence now.

When I first joined the program and Meredith found out I used to go to visit my friends in Melbourne, but hadn't been for 18 months, she thought I could put that down as a goal for us to work towards. I am now back to going down to Melbourne four times a year and won't miss a Christmas down there again. My friends are so pleased I am coming down to visit again. They suggested I move to Melbourne to be closer to them but I said why, my team is here and I am set.

I really want to thank Meredith, my doctor and specialist for their great work together with me on this. They got me out of the rut of being too scared to do things. I have no worries and am really happy now. I walk down the street everyday and go to the bowling club to see my friends most days and visit my friends in Melbourne. I hardly ever have to go to the ED anymore and don't have to try and get into my doctor for extra visits."



HARP client Bill with Meredith Glennen, HARP Care Coordinator, going through his technique with an inhaler.

Bill's Achievements

- Only five presentations to the Emergency Department in the last two years, compared to 19 in the one year prior to joining the program.
- Bill's doctor said "HARP must be doing their job as I am no longer getting calls to say you are in the ED again".
- Bill visits his friends in Melbourne at least four times a year now, compared to zero in the 18 months prior to the program.

Continuity of Care

Dental Services – Up and Running with Great Results

Last year we reported a new lease of life for public dental services in our community with the commencement of three new dentists. They have hit the ground running:

- Updated equipment and infection control procedures with the assistance of a grant from Dental Health Services Victoria.
- Provided Dental Treatment under General Anaesthesia for patients with severe dental anxiety and those with intellectual disabilities within two months, something very few public dental clinics can offer as most are sent to the Royal Dental Hospital of Melbourne where there is a two year waiting list for this type of treatment.
- Supported continued professional education for staff.
- Established a mentoring program for new graduates.
- Established a practical component of training for Dental Prosthetists trainees from RMIT.
- Maintained the relationship with private dentists who assist in treatment in emergencies.
- Established a working relationship with private dental prosthetists who assist in the provision of removable dentures to eligible patients.
- Continued work on integrating the Adult Community Dental Clinic of South West Healthcare with the School Dental Service of Dental Health Service Victoria.

Our Fantastic Dental Results

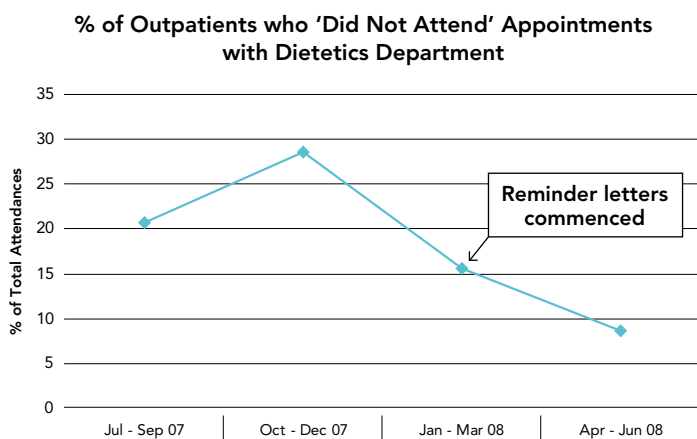
- Over 21,166 treatments carried out this year.
- Halved the waiting list for patients requiring general dental work since commencing in Feb 2007.
- Above the state average for number of dentures supplied.
- Massive reduction in waiting time for dentures; now only 10 months instead of two-three years.
- Priority 1 Denture Waiting list is almost nonexistent because of the 'priority' and the need is immediately addressed without any waiting.

Outpatient Care

Our Allied Health Departments provide a vast range of outpatient services. We have recorded increases in service demand this year. We monitor activity to ensure the people with the highest need are being seen within an acceptable timeframe. All departments have developed high risk timeframes and are measuring compliance with seeing people within these timeframes. **89% of people with a 'High Risk' referral were seen within the designated timeframe across all Outpatient Departments in 2007-08.**

Reducing the 'No Shows' for appointments

People sometimes forget to turn up to their outpatient appointments, which leads to quite a bit of 'down time' for our specialists. This year we have trialled a system of reminder letters being sent out to people with outpatient appointments with the Nutrition Department. We have seen a significant drop in the percentage of people not turning up, as seen in the graph, and we are going to extend this system across other areas.



Volunteer Coordinator, Marita Thornton and Dietitian, Carley McKew checking the reminder letter sent out to clients with appointments to reduce the number of people forgetting to show up.

Continuity of Care

Caring for Our Elderly – a Smooth Transition into Aged Care

Moving into an aged care facility can be daunting when returning home is not possible.

Our Discharge Planning team work hard to try and make this journey as smooth as possible. We monitor our processes to avoid delays:

- Average time between the Aged Care Assessment (ACAS) and meeting with client and family to sign the Aged Care Residential agreement is 2.5 days for 2007/08, compared to eight days in 2006/07.
- 94% of carers felt they were provided with the opportunity to attend the Aged Care Assessment (ACAS) with their loved one, improved from 74% in the 2006 carer survey.
- 86% of carers felt they understand 'Respite Care' now compared to 64% in 2006.
- 83% overall carer satisfaction with the service, compared to 79% in 2006.

Keeping You Well While You Wait

Longer Stay Older Patient (LSOP) Project - Council of Australian Governments initiative

We know that people's health and function can deteriorate whilst waiting in an acute hospital for an aged care bed. This can lead to complications and increased mortality. The four-year project is aimed at preventing decline by:

- Increasing mobility and falls prevention
- Good nutrition
- Preventing depression
- Having an 'elder friendly' environment; and
- Having staff who are experts in caring for longer stay older patients.

Achievements

- Increased Falls Prevention Exercise Classes.
- Dietitian review and monitoring of dietary intake.
- Music therapy twice weekly.
- Grant obtained to modify the environment.
- Staff training sessions conducted.



Morning Melodies (Warrnambool Campus): Carryl Kelly enjoying a sing-a-long during Music therapy with Gary Price.



Tooliorook/Merindah Lodge resident Thelma Grenfell and Campus Manager, Ruth Mitchell feeding the birds at their new revamped gardens.

Committed to Aged Care that is Homely and Safe

Staff at Merindah Lodge, our Aged Care facility at Camperdown, have been hard at work to make life as homely as possible for residents. Known as the Eden Alternative, it involves decreasing loneliness and reducing helplessness. It fosters relationships with family, friends, pets and within the community, and encourages residents to take on responsibilities such as caring for pets, plants and other tasks. The latest venture has been the revamping of the garden with the help of local volunteers and Friends of Merindah (FROM) Committee members.

High Quality Aged Care

There are various 'checking systems' in place to monitor aged care facilities:

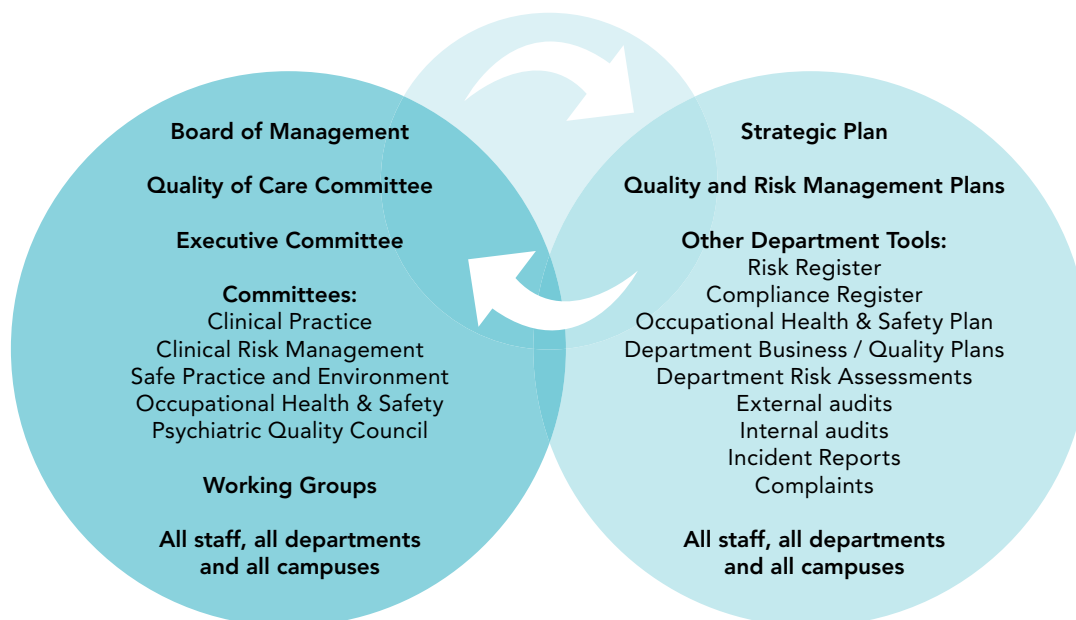
- Full accreditation maintained, passing all 44 Aged Care Standards in May this year.
- Monitoring and submission of data on a range of care aspects helps us compare our practice to the rest of the industry. We pride ourselves on having a culture of reporting.
 - We are equal first in the industry for minimum use of restraint.
 - Above average for our compliance with documentation.
 - Our pressure ulcer and skin tear rates were below industry average in all but one month this year.
 - Our falls rate remains around the industry average. We do encourage our residents to maintain their mobility and we have not had a fracture related fall in 18 months.

"Our family is grateful there were members of hospital staff who were caring and discerning enough to realise our mother needed residential care, and discharge to home was not appropriate."

Quality and Safety

Managing Quality, Safety and Risk 'Clinical Governance' – 'The Wheels in Motion'

Every single person in a health service is responsible and accountable for quality, safety and risk issues. Making sure this works relies on having effective structures and processes in place so that staff can do this efficiently. This diagram outlines how we do this so that things don't get 'lost in the system'.



Clinical Risk Management - the system in place to reduce risk of harm to patients and clients

As part of business planning each year every department identifies clinical risk issues specific to their environment and puts a system in place to manage these issues. This process is supported by the Quality and Risk Management Department and involves:

- A commitment from management
- 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
- Effective feedback to staff
- Monitoring and evaluation of organisational performance on a continuous basis
- Quality improvement as part of the role of all staff
- Provision of training and education to all staff in relation to patient safety; and
- Consideration of the needs of patients/consumers/families including open disclosure.

Incident Reporting and Action Plans – the system in place to manage events and prevent future events

For a Risk Management system to work effectively staff must feel comfortable to report any incidents or potential incident so that our processes can be examined to make improvements. We use Riskman, a secure electronic database to record incidents and our staff are very comfortable with this system now. The table shows a high reporting rate yet the percentage of adverse events remains low.

	Total Number of Incidents Reported	Number of Adverse Events	% Adverse Events of Total	Adverse Events per 1000 Bed Days
2005	1094	73	6.6%	0.16%
2006	1157	54	4.6%	0.11%
2007	1596	114	7.14%	0.22%

Quality and Safety

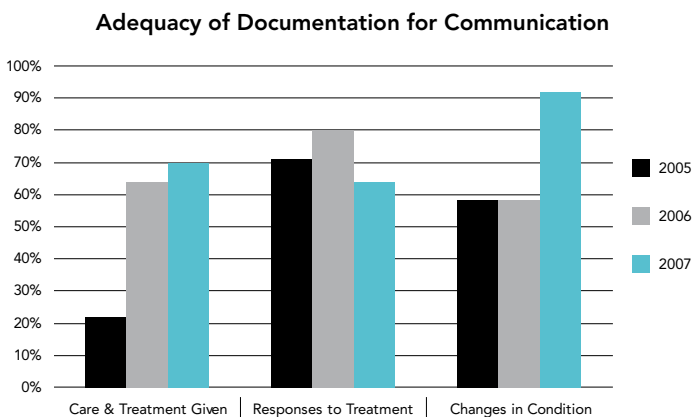
How Appropriate and Effective is Our Care?

Measuring and reporting data is one of the ways we assess appropriateness and effectiveness of care delivery. We collect and report data to lots of different organisations and at many levels as part of our overall participation in performance measuring activities.

In-house Monitoring

Clinical Relevance Audits

Good health care relies heavily on adequate communication between the health professionals looking after you. The medical record forms the basis for a lot of that communication. We audit medical records to assess if treatment is appropriate and recorded correctly. Audit results are reported to all relevant members of the health team and the Clinical Risk Management Committee, with plans put into place to address any issues arising. The graph shows our progress in documenting care and treatment, responses to treatment and changes in condition. Documentation of responses to treatment remains an area of focus for staff ongoing education programs.



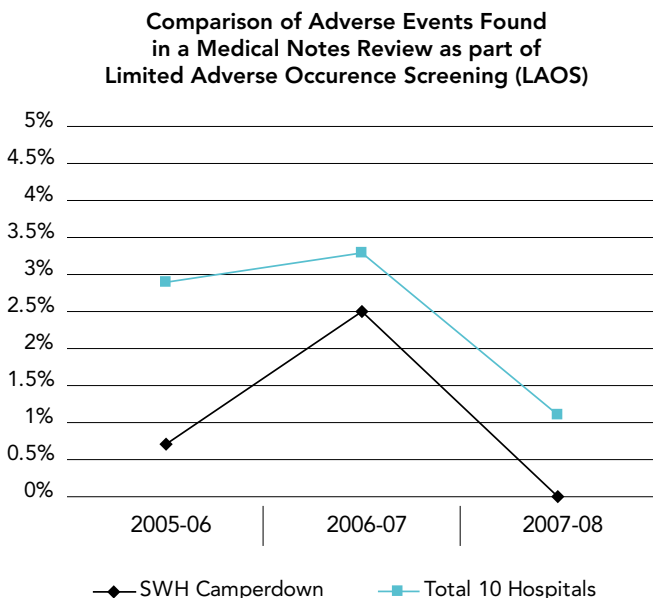
Pain Management – an Area Identified for Improvement

Work to date includes:

- Pain Management Working Group developed.
- Review and update of current charts for assessment and documentation of pain.
- Education via our 2008 Mandatory Staff Update program.
- Draft of an Acute Pain Management policy to guide staff.
- A review of suitable patient information to introduce.

Regional Level Monitoring - Limited Adverse Occurrence Screening (LAOS)

Our Camperdown campus participates in a review program for small rural hospitals. Rural GP's across the state review medical records of patients from participating hospitals (privacy and confidentiality maintained) to assess care/treatment, report on adverse events found and make comment on improvements that could be made. 132 of the 263 total number of records reviewed were from our Camperdown campus. The graph shows the Camperdown campus rate of Adverse Events remains below the overall rate for participating hospitals.



State Reporting – Our Track Record on Sentinel Events (major incidents)

We submit data to the Department of Human Services on sentinel events to obtain a state perspective on serious incidents in health care. We have had one sentinel event this year. One such event involved an x-ray performed on the wrong patient. The review identified the process for ensuring the right patient for the right procedure needed tightening up. A more formal process has been introduced as a result.

Quality and Safety

End of Life Care - an International Comparison

We participated in the UK Liverpool Care Pathway (LCP) for the Dying Patient Project, with the aim to deliver the highest level of care for patients who are in their terminal phase of life. Our results which were measured before and after introducing the LCP Care Pathway, improved and compare very favourably to the UK project final results (see table). We have identified getting medication written up for dyspnoea (shortness of breath) as an area for improvement and have raised staff awareness of this.

Goals	SWH Pre LCP Clinical Pathway %	SWH Post LCP Clinical Pathway %	UK LCP Project %
Medication assessed and non essentials discontinued	62	80	80
Discontinue inappropriate nursing care	52	95	78
Medication written up for pain	90	95	91
Medication written up for dyspnoea (shortness of breath)	24	50	67
Family given information	0	95	59
Plan of care explained to the family	71	90	78

Stroke Care – How We Measure Up Over Time and in a National Comparison

We have been busy assessing our progress in improving stroke care with a research project funded by the Windermere Foundation. To tie our results in with an Australia wide perspective, we were one of 89 health services who fully participated in the National Acute Stroke Care Audit in 2007. This audit measured and compared a number of indicators relating to assessment and care based on best practice in stroke care. Our results (see table below) from both projects show some great progress over time, and in comparison to the national average. Our success can be attributed to our cohesive stroke team, and having a Stroke Liaison Nurse as a pivotal point of contact throughout the entire care phase.



Stroke Liaison Nurse, Patrick Groot, Speech Pathologist, Jenna Hogarth, and Occupational Therapist, Anne Noonan working with Ian Blackburn to speed up his recovery.

	SWH Baseline	SWH Post Stroke Unit	National Audit
Brain catscan (CT) < 12 hours of presentation to hospital	80%	95%	91% (< 24 hrs)
Thrombolysis (clot busting) treatment given	0	13%	3%
Formal swallow assessment prior to food or fluids within 24 hours of presentation	57.5%	87.5%	50%
Physiotherapy assessment < 48 hours of referral	-	97%	75%
Speech Pathology (SP) assessment < 48 hours of referral	-	91%	81%
Occupational Therapy (OT) assessment < 48 hours of referral	-	91%	56%
Received patient education	-	78%	53%
Discharge home	26%	41%	40%

Quality and Safety

Australian Council on Healthcare Standards (ACHS) Data – a National Comparison

We submit data on a regular basis to ACHS to check our performance and identify areas for improvement. We have included some examples below and throughout this report.

ACHS – Day Surgery Indicators	SWH	Peer Average
Failure to arrive	0%	0.93%
Rate of cancellation of the procedure after arrival due to an existing medical condition	0%	0.26%
Rate of unplanned transfer or overnight stay after Day Surgery *We are over the peer group average but we have managed to reduce it from 12% last year	7.8%*	2.39%
ACHS – Internal Medicine Indicator		
Insulin treated diabetic patients with a blood glucose level < 4 mmol post operative	5.63%	15.11%

Accreditation – a Measure of Accountability

Australian health services are kept on their toes to maintain standards and work towards further improvements by a mandatory accreditation process. This involves regular surveys by external assessors and an ongoing reporting program for work done on recommendations from these surveys.

South West Healthcare underwent a periodic review by the Australian Council on Healthcare Standards (ACHS) in May 2008. This review assesses our progress on the recommendations made from the last full survey in 2006. The process of self-assessment and ongoing reporting occurs between these surveys. The table below outlines our accreditation processes and results.

Type of Accreditation	Status
Australian Council on Healthcare Standards (ACHS)	Full four-year accreditation May 2006, with a successful periodic review May 2008.
Aged Care Standards Accreditation Agency (ACAA)	Full three-year accreditation achieved May 2008.
National Standards for Mental Health (NSMH)	Full four-year accreditation achieved 2006.
Home and Community Care (HACC)	Successful review May 2008.
Department of Veteran Affairs review (DVA)	Successful review 1999 (no review from DVA offered since).
Baby Friendly Hospital Initiative	Full three-year accreditation achieved 2005 for both Warrnambool and Camperdown campuses. Next review due Nov 2008.



The Friendly Caller: District Nurse, Heidi Rentsch out and about in the community.

District Nursing Service Review

Our District Nursing Services underwent a Home and Community Care (HACC) services review in May 2008, with our results once again above the state average.

	South West Healthcare Nursing Score	State Average Nursing Score
2004	76%	53.25%
2008	88%	76%

Patient Safety

Infection Control - Keeping the Bugs at Bay

We work on lots of different ways to reduce the risk of infection to you. These include correct procedures, staff education and monitoring.

It's all in the Hands

Did you know that hands are one of the main culprits for spreading infection?

However research shows compliance with hand hygiene is poor - often due to lack of time, knowledge and hands becoming dry from soap, water and paper. **BUT we are improving** thanks to our Hand Hygiene project, partly funded by the Department of Human Services. Our compliance is well and truly on the increase as seen in the graph.

- You will notice lots of **hand gel** dispensers around the services **for everybody to use** – staff, visiting consultants and visitors.
- Moisturiser available to prevent dry hands.
- Brochures on hand hygiene for staff and visitors.
- Ongoing staff education.
- Monitoring of our progress.

Our Success

- Staff hand hygiene compliance has improved from 10% to 54% over the last three years.
- This is almost at the state target level of 55%.

South West Healthcare Hand Hygiene Compliance Rate



Hands Up for Hygiene: Nurses Marie Parker, Samone Bell, Nick Van Zelst, Lisa Thomson, Samatha Falvey with patient Dawn Whitehead making sure the hands are clean with the hand gel dispensers.

Patient Safety

Our Report Card on Strategies to Prevent Infection

We use national, state and regional indicators to measure our progress in infection control. Some of which are outlined in the table below.

Indicator	What We Do	Our Score	Our Achievements
1. 'Golden Staph' - Methicillin Resistant Staphylococcus aureus (MRSA)	We screen everyone coming in for hip/knee replacement surgery and transfers from metropolitan hospitals to minimise the spread of antibiotic resistant bugs. If detected, precautions are used and education of patient/family given.	✓	Despite increased screening, our percentage of positive screens remains < 10%.
2. Health Care Worker Vaccination Status	We offer a full vaccination program for staff according to the National Health Medical Research Council (NMHC) guidelines.	✓	62% of our total staff had the flu vaccine, reduced from 67% last year, mainly due to the delay in health services getting stocks (State level in 2007 45%).
3. Education in Infection Control for Staff	Infection Control education is part of the staff Orientation and Mandatory Update Programs.	✓	626 staff attended Orientation or Mandatory Update education compared to 416 last year, a 50% increase.
4. Employee occupational exposures (includes needle sticks, splashes etc)	We track all exposures, identifying preventable cases and develop action plans to prevent it happening again.	✓	Our employee exposure rate for 2007 was 0.6% of occupied bed days, an increase from 2006 and above the state average of 0.05%. What are we doing about it? <ul style="list-style-type: none"> We have introduced retractable needle systems for the intravenous cannula insertions Two more staff are being trained in Infection Control Two more staff training as pre and post test counsellors.

Our Report Card on the War Against Bugs

We track infection rates to monitor our progress and where possible, compare results to both international and Victorian data.

Victorian Data Comparison

We submit data from both Warrnambool and Camperdown campuses to **Victorian Nosocomial Infection Surveillance System (VICNISS)**, giving us the ability to compare our performance with the state level. 'Nosocomial' means hospital acquired infections. Our results show:

- Some improvement in the choice, timing and duration of antibiotics given for people undergoing orthopaedic hip and knee replacement surgery. However there is still further work required in the choice and timing of antibiotics. See the table for figures and explanation of this work.
- Of the 72 people undergoing joint replacement surgery, only four superficial skin infections occurred, and all four of these patients were in the high risk for infection patient group.

International Data Comparison

Our average clean surgical site infection rate was 0.8%, well within the **Centre for Disease Control and Prevention (CDC)** in USA acceptable range of 1 – 5%.

	2006-2007	2007-2008	State Level
Choice of antibiotic fully compliant with guidelines	48%	55%	73%
Timing of antibiotic fully compliant with guidelines	13%	37%	76%
Duration of antibiotic fully compliant with guidelines	86%	98%	84%

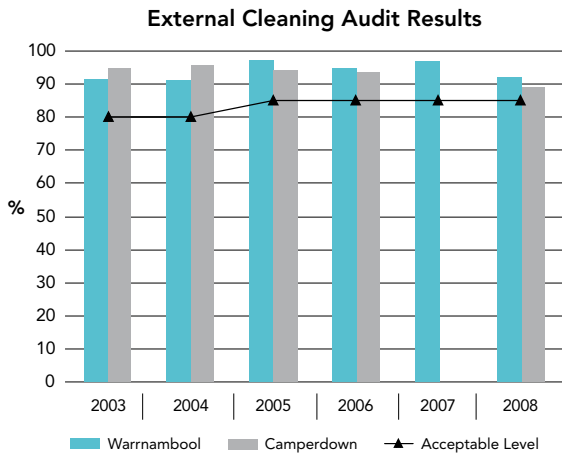
- We are often 'partially' compliant with choice of antibiotic, which is not counted in these figures.
- Our participation in a bone donor program is a major reason we have not improved our rate of compliance with 'timing' of antibiotics' to a great extent. However guidelines for collecting donor bone tissue have just changed which means timing of antibiotics can now meet the VICNISS guidelines.

✓ 0% infection rate for our Critical Care Central Venous Catheters for the last five years following the introduction of 'care bundles' (Guides for best practice for all aspects of care).

Patient Safety

Clean Hospitals and Clean Equipment - Help Prevent Infections

We are involved in **Clean Start**, a Department of Human Services funded program to improve hospital cleaning rates. This involves internal cleaning audits and participation in an annual external audit at both Warrnambool and Camperdown inpatient campuses. The graph shows our performance is consistently above the Acceptable Quality Level (AQL).



Sparkling clean: Environmental Services Assistant, Prue Moroni hard at work.

Equipment cleaning is measured for compliance with the Australian & New Zealand Standard 4187, which looks at cleaning, disinfecting, and sterilising reusable equipment, and maintenance of the environments in our facilities. You can see in the table our compliance rates remain very high.

No data for 2007 for Camperdown due to theatre renovations.

	2004	2006	2007	2008
Warrnambool	94.6%	97%	99%	95%
Camperdown	85%	96%	no data as operating theatre closed for redevelopment	93%

We have also worked hard to reduce our use of 'f ash' sterilising, a method of sterilising equipment that should only be used in emergency situations. Through forward planning of our operating lists in theatre and the arrival of a new steriliser (with another coming), we have reduced our use of the f ash steriliser from 124 in 2006/07 to 8 in 2007/08.

WASTEWISE – Trim Your WASTE Line

Did you know that an estimated 260 million kg of solid waste is produced by Australian Hospitals per year?

To do our bit in reducing this we are part of the Sustainability Victoria Waste Wise program. We are proud to announce we have been reaccredited and upgraded from a bronze to a silver certificate in our waste reduction program. However there's no getting complacent - plans are underway to introduce a new data recording system to track waste through our participation in the Barwon Wastewise Healthcare Network.

Safe Blood Transfusions

We know blood transfusions can be extremely risky business and we also know that prevention of an adverse event is best. We have reviewed our systems to ensure they comply with best practice guidelines, and monitored our compliance over the last two years with some pleasing results.

	2006	2007
Compatibility sheet checked and signed by two staff	38%	95%
Evidence of a discussion with the patient	5%	89%
Patient information given	10%	75%

Patient Safety

Pressure Ulcers (bed sores) – Working Hard to Reduce Them

They can be caused by lying or sitting in one position too long, and are linked to other factors such as smoking, old age, poor nutrition, extremes in body weight and illness.

Prevention is the Key – our work is based on indicators developed by the Victorian Quality Council

Indicator

Achievements

A comprehensive and systematic pressure ulcer reduction strategy across the organisation. Qualified wound management staff lead this program.

- Our Pressure Ulcer Prevention Working Group consists of our Nurse Practitioner in Wound Care, Occupational Therapists, Podiatrists and Pressure Ulcer Trained Nurses, across both inpatient campuses.
- This group meet every two months and reports to the Clinical Risk Management Committee.

Use of best practice clinical guidelines for the prediction, prevention and management of pressure ulcers.

- Our policy was reviewed and updated in June 2008 in line with new definitions for staging pressure ulcers (measuring the depth of ulcers).

Written and verbal information about prevention for patients and carers prior to, on or during admission.

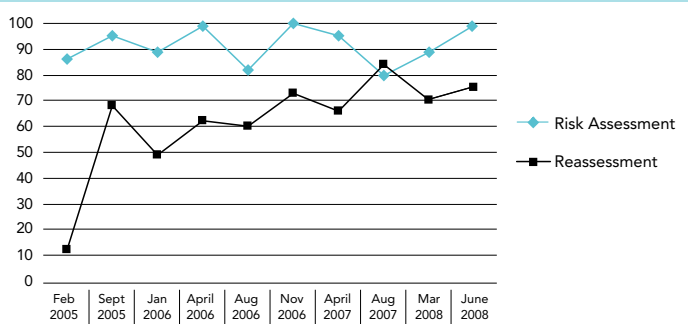
- Our written information about prevention for patients and carers continues to be issued before, on or during admission to hospital.
- Staff are encouraged to back this up verbally.

Education for all clinical staff on pressure ulcers.

- Education for all clinical staff on pressure ulcer basics reintroduced as part of our Mandatory Update Program in 2008.
- A two-day seminar was also conducted and education sessions incorporated into the Working Group meetings.

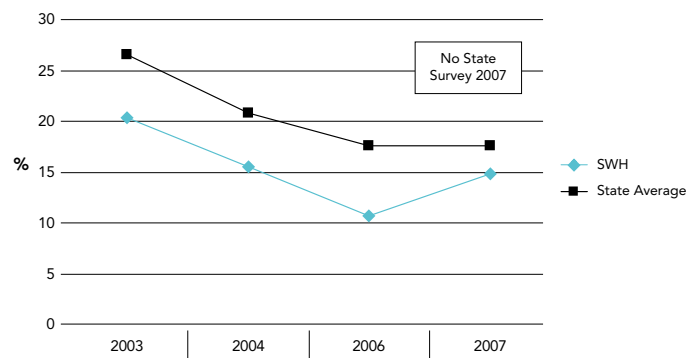
Risk of pressure ulcers is assessed for all hospital admissions and updated for changes in health status.

- Three-monthly compliance audits indicate our compliance levels in initial risk assessment is being maintained and reassessment is improving.



Reporting on Pressure Ulcers

- We conducted our own organisation-wide Pressure Ulcer Point Prevalence Survey (PUPPS) in November 2007, utilising the same method as the previous statewide surveys. Despite an increase in our rate, it remains under the state average as obtained from the 2006 survey.
- We have also commenced submitting data on pressure ulcer incidence to the Department of Human Services, with our rate being under the rate of our peer hospital group.



Patient Safety



Thomas Scanlon is very impressed with the new air mattresses on his bed, as Nurse Christine Pritchard performs the check to make sure it is doing the job.

New Equipment Contract – For Pressure Ulcer Prevention

A total review of pressure relieving equipment was conducted over the past year:

- Minimum criteria for air mattresses developed and trial of suitable products conducted; and
- New rental contract signed for higher quantity and quality of air mattresses, plus seating cushions at a reduced cost commenced in Jan 2008. This five year contract is predicted to save \$47,000 per annum.

Aged Care – Sustainable Pressure Ulcer Prevention

We have the same systems in place in aged care as we have for our acute wards as far as monitoring risk assessment and use of equipment. We submit data on the incidence of pressure ulcers every three months at a state level to the Department of Human Services as part of the Quality Performance Systems (QPS).

Our Achievements in Aged Care

- 100% of residents risk assessed as per guidelines.
- 100% of residents observed to have the appropriate equipment in place according to their risk assessment.
- We remain under the industry average for pressure ulcer numbers in the Quality Performance Systems (QPS) data set.

Launch of the BAT Team (Bariatric Assessment Team)

Following on from our initial work in assessing our client group, existing equipment and development of a policy, we have now launched our **BAT Team** of various health professionals skilled in the assessment and management of 'bariatric' clients. Bariatric refers to people who have a Body Mass Index (BMI) of 40 or greater, and in this era of increasing obesity, we need to be organised to meet the needs of these people when they present to our health service.

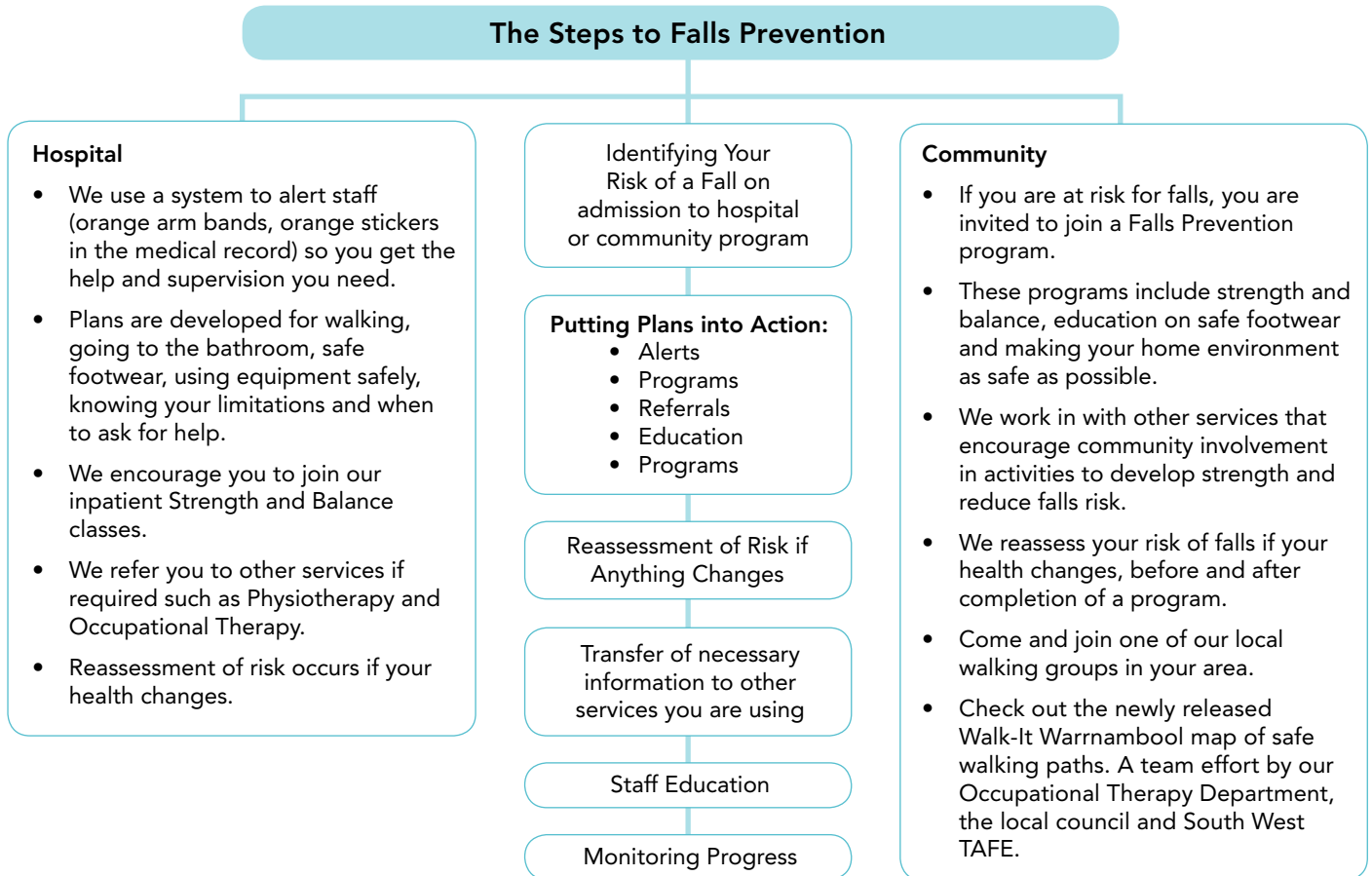
Our BAT team in action:

- Made up of staff from across various areas of the health service (No Lift Coordinator, Nursing, Education and the Supply Department).
- A review and update of our guidelines.
- Assessment of equipment needs for the health service and arrangement for purchasing or hiring agreements to cover the needs of bariatric patients.
- Development of risk assessment and management strategies for bariatric patients.
- 'No Lift Trade Display' to launch the BAT team with 150 health professionals attending on the day.
- Available to assist staff on a day-to-day basis in managing these patients.
- Now working with the planning team for the new hospital at Warrnambool so that the needs of bariatric patients will be met.

Patient Safety

Falls Prevention

Falls can result in broken bones, other injuries, and time in hospital – and you certainly don't need that. To help keep you on your feet our Falls Prevention Program goes across inpatient and community areas:



National Comparison:

Falls data commenced through Australian Council on Healthcare Standards (ACHS) Clinical Indicator program. The table shows compares our rates for falls requiring intervention (falls resulting in injury) to other hospitals submitting data.

	SWH	All Hospitals
2005 Jan - Jun	0.09%	0.10%
2005 Jul - Dec	0.03%	0.13%
2006 Jan - Jun	0.9%	0.13%
2006 Jul - Dec	0.8%	0.13%
2007 Jan - Jun	0.4%	0.3%
2007 Jul - Dec	1.01%	0.39%
2008 Jan - Jun	0.51%	No Data Yet

Our Achievements

- 94% average compliance with our falls policy (documentation, assessment and appropriate setting up of the environmental), compared to 74% in 2004.
- Halved our inpatient falls rate requiring intervention since last year.
- Released the Warrnambool Walk-It map of safe walking paths.



Allied Health Assistant / Fitness Instructor Renée Jervies, putting the participants of the weekly Koorie Class through their paces.

Patient Safety

Medication Safety - Prevention is Best

Our pharmacists are 'out and about' in the wards - providing another level of checking and service:

- Checking that the medication chart and the medication are correct for that patient.
- Being a helpful resource to staff about the best regime for the patient's condition, and safest way to administer it.
- Educating patients and their families about their medications.

By Knowing the '5-Rights' you can help us reduce errors:

1. **Right** person
2. **Right** medication
3. **Right** dose
4. **Right** route
5. **Right** time

Ongoing Education of Staff

This year we have introduced a session into our Mandatory Update Program for staff on medication safety, reporting of errors/near misses and latest figures. Nursing staff complete a computerised competency test to assess that they are up-to-date with their knowledge.

Monitoring our Medication Incident Rate

Our staff are very good at reporting any incidents or near misses as they realise that knowing how errors occur can help us develop ways to prevent it happening again. The table compares our medication incidents resulting in an adverse event to other hospitals submitting data through the ACHS Clinical Indicator Program.

	SWH	All Hospitals
2005 Jan - Jun	0.47%	0.45%
2005 Jul - Dec	0.56%	0.27%
2006 Jan - Jun	0.66%	0.36%
2006 Jul - Dec	0.63%	0.28%
2007 Jan - Jun	0.02%	0.10%
2007 Jul - Dec	0%	0.06%
2008 Jan - Jul	0.09%	No Data Yet

Merindah Lodge, our Aged Care Facility, at Camperdown, consistently scores under the industry average for medication errors [Quality Performance Systems (QPS) data 08].



Kevin Forster gets some tips on his new medication before going home from Pharmacist, Ros Bamford.

Putting Our Processes Under the Microscope

Local Level

- A review of intravenous Paracetamol use versus oral use for pain relief revealed only four out of the 28 patients who received intravenous Paracetamol may have been able to have it orally instead. This audit was conducted over four different ward areas over a six week period.
- We have reviewed our use of Vancomycin, a potent antibiotic over the last 12 months. Results from the two audits have revealed appropriate prescribing and timely review when pathology results were available. Unnecessary use of antibiotics can lead to further issues of resistance in our community.

National Level

We submitted data on our use of Warfarin, a blood thinning medication, to the Australian Council of Healthcare Standards (ACHS). Through improved monitoring of this medication, we have reduced our rate of inpatients experiencing abnormal bleeding to 0%, from 8.96% in 2002.

Our Staff

Recruiting New Staff and Looking After them Once They're on Board

Having enough specialist staff can often be a challenge for rural/regional health services. That's why we 'think outside the square' when it comes to attracting staff. Our recruitment strategies include regional, national and international dimensions.

Part of our success is how we:

- Market our health service and our local region.
- Support students and newly qualified clinicians with clinical teaching staff and mentorship programs whilst they are here on clinical rotations and graduate programs/contracts to ensure they have a positive experience.
- Support a wide range of post graduate courses.
- Support our staff through a joint initiative by Human Resources, Counselling and Support Services and the Primary Mental Health team providing Stress Management, Mindfulness, Individual Counselling and Debriefing sessions.

Achievements

- Sharing marketing resources from the Warrnambool City Council – 'Welcome to Warrnambool' information.
- Support of the 'Young Professionals Social Group' to help new staff settle into the local community.
- A Stress Management course for staff, conducted three times over the year.
- Over 100 individual counselling sessions for staff provided.
- Debriefing sessions for staff after critical incidents.



Some members of our 'Team Obstetric', left to right: Dr Vicki Woodward, Dr Jamie Friebe and Dr Liz Uren. Photo courtesy of The Standard.

Addressing the Shortage of Rural Doctors - Centre for Rural Emergency Medicine (CREM).

We have joined forces with Deakin University, the Victorian Government and Alcoa to establish an Australia-first Centre for Rural Emergency Medicine (CREM).

This initiative will help address the critical shortage of emergency medical workers and services in the region. It will contribute to teaching programs coordinated by Deakin Medical School's Greater Green Triangle Clinical School, play a key role in the provision of emergency medical services in the region and undertake rural-based emergency medicine research and training.

New Obstetric Team Boosts Services for Women in the South West

The arrival of three new specialist medical staff (Dr Vicki Woodward, Dr Jamie Friebe and Dr Anthony Woodward) to join Dr Chris Beaton and Dr Liz Uren, has significantly expanded our obstetric team. Initial plans of having the five specialists only, with the services of General Practitioner (GP) – Obstetricians no longer required, were changed after community concerns were raised. GP Obstetricians Dr Bernie Opperman and Dr Phillip Hall are now part of the 'Team Obstetric' model of care.

Our 'Checking' Systems – Ensuring Staff are Qualified/Trained for the Job

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

- Registration, qualifications and skills checked and documented.
- References checked.
- Police checks undertaken for all staff, students and volunteers.
- Staff present current practicing certificates or registration annually.
- Regular Performance Appraisals to review work and ensure that an ongoing system for professional development is in place.

Checking Credentials of Medical Staff

- All contracts for Visiting Medical Officer's (VMO) are based on the national standards and State Government Policy.
- All South West Healthcare Bylaws, Standing Orders and policy for credentialing medical staff have been reviewed and updated to meet the national standards and the State Government policy.
- We have representation on the Victorian Government, Department of Human Services 'Credentials and Privileging Implementation Reference Committee' formed in 2005.
- We have a 'Credentials and Scope of Practice' Committee and a Medical and Dental Appointments Advisory Committee which oversees medical appointments, reappointments and grievances.

Our Staff

Supporting Staff Education is a Priority - and the Range is Broad

We support a culture of 'lifelong learning' across all areas of the health service. The high number of training sessions, courses, study days, and study leave we provided this year demonstrates this well. Below is a selection of these programs:

- Orientation and Mandatory Update Programs
- Fire and Emergency Procedures
- Cultural Awareness Training
- Advanced Diplomas in Management and Human Resources
- Hospital Medical Officer In-Service Program
- Graduate Nurse Program
- Transition Year Program for nurses aiming to undertake post graduate study
- Post Graduate Diplomas in Nursing - Critical Care, Perioperative (operating theatre) Care, Midwifery
- Regional and local programs for Nurses and Clinicians
- Updates in clinical care issues such as medication, wound care, infection control, pressure ulcer, hand hygiene, pain, drains, anti-embolic stockings
- Leadership and Management in Nursing
- Health Coaching program for Allied Health and other staff
- Certificate IV Workplace Training and Assessment
- Certificate IV in Health Administration; and
- Computer education courses for staff and volunteers.

Our Psychiatric Services Division staff keep their knowledge and skills up to date

We are one of eight area mental health services working together and sharing expertise as part of the Western Education and Training Cluster. A number of workshops have been conducted throughout the year with South West Healthcare hosting ones on leadership and dual diagnosis.

A conference in November 2007 showcasing innovative practice within the cluster featured South West Healthcare's STAR (System to Aid Recovery), Emergency Services Protocol, Early Intervention Dual Diagnosis Team and the Ward 9 Photography Program.

Other educational activities for Psychiatric Services staff included:

- Consumer and family participation – with an international recovery expert (previously the New Zealand Mental Health Services Commissioner and advisor to the United Nations and World Health Organisation on mental health)
- Antenatal and post natal care (assessment, intervention managing depression)
- Adolescent eating disorders; and
- Suicide intervention.

Achievements

- 1,842 SWH staff across the region attended educational, orientation and update programs arranged through Nursing Education.
- Clinical Placements for nursing undergraduate students and TAFE students increased by 33% in 2007, with further increases expected throughout 2008.
- 110 new staff attended our Corporate Orientation program.
- 129 Psychiatric Services staff participated in 3,660 hours of training with an average of 28 hours of training per staff member.
- Almost a 300% increase in staff undertaking Fire and Emergency Response training in 2007-08 (722) compared to 2006-07 (246) as part of our Mandatory Update program.



Our Operating Theatre team honing their skills during an evacuation drill

Our Staff

Research

We promote and support research that is in the best interest of consumers, staff and the community. Some of the research projects conducted in the last 12 months include:

- An evaluation of South West Healthcare Stroke Services, with this work accepted for a poster presentation at the National Forum on Safety and Quality in Health Care, October 2008.
- Both Sides of the Story: Evaluating the Effectiveness of Participation of consumers and family members as key educators in the professional development of mental health clinicians. Results were very positive and this work will be presented at the 2008 Mental Health Services Conference in New Zealand and articles have been submitted to relevant journals.
- Research into operating theatre nurse experience continues with Paula Touzeau continuing her Doctorate in this area.

Some Great Achievements and Community Work

Silver Award for Annual Report

South West Healthcare's 2007 Annual Report has been awarded a silver medal at the Australasian Reporting Awards for best practice. This demonstrates the remarkable ability of Suzan Morey, our Public Relation Manager who pulls the information together - a bronze award last year and now silver only one year later.

Taking on the challenge of bringing medical training to the country

Dr Barry Morphett, Associate Professor has taken on a leadership role in getting a rural medical school up and running in South West Victoria. He has been appointed Deakin University's Greater Green Triangle, Director of Clinical Studies. The program started this year in Geelong and by 2010, 25 of the 100 medical students undergoing rural placements across the state will be based in Warrnambool. To support this program the educational facilities at South West Healthcare will be upgraded with a \$2.5 million dollar redevelopment of the library, tutorial and seminar rooms.



Dr Barry Morphett taking on the leadership role in the new rural medical school for South West Victoria.

Staff who go the extra mile or two!

Dual Diagnosis Coordinator Mark Powell and Warrnambool Physiotherapist Jason Hill cycled 1205 km from Sydney to Melbourne to raise money towards medical equipment for our Palliative Care Unit.

Six teams of cyclists and support crew have ridden 1,720 kilometres to buy new medical equipment for the community. Five of the teams, *Flames*, *HARP-(H)oons*, *Fire Flyers*, *Warrnambool College* and *Crater Cruisers* raised \$10,617 by completing the 2008 Murray to Moyne Cycle Relay while the sixth team did its first-ever Sydney to Melbourne ride to raise \$7,422.

Short Stay Nurse Deb Hoggan, volunteer Di Papworth and wife of Midwifery Nurse Unit Manager, Lisa Logan, completed a gruelling 22km relay swim as one of the teams in the Good Friday Swim, raising money for cancer-related medical equipment for the Children's Ward.

In their own time and in just one evening, staff at South West Healthcare's Camperdown hospital raised 10% of the \$86,000 needed to redevelop the antiquated bathrooms of their Midwifery Unit. The 200 guests who attended the fundraising ball, with a theme of Winter Wonderland, wined, dined and danced the night away.

Awards for Years of Loyalty

This year 106 workers were awarded achievement awards for long serving careers ranging from 10 - 40 years and covering a range of professions including administration, paediatrics, midwifery, pharmacy, environmental services, food services, nursing and management. Collectively they have worked at South West Healthcare for 1,740 years – **now that is service!**



25 years of active duty saw CEO John Krygger present Camperdown hospital registered nurses Mary Barr (left) and Susie Larkins with Staff Service Awards.

Our Wonderful Volunteers

Our team of over 200 volunteers provide countless hours of service to patients/clients, staff and our health service across all campuses.



Wendy Crofts
- massage
in Palliative
Care.



Bev Clynes
- Macarthur
Telecare
program.



Allan Fleming – gardening at Merindah Lodge

We would like to say a heart felt thanks for all the precious time and effort our volunteers put in – we couldn't do it without you. For anyone out there who would like to join in the fun – YES DO Contact Marita Thornton, Volunteer Coordinator 03 5563 1459



Sue Hoggan
- Diabetes
supplies.



Daryl Hyland
- Supply
Department.



Daryl Howland,
Moira Baulch,
Marita
Thornton
(Volunteer
Coordinator),
Ron Sproles
and David
Russell.



Joan Young
and Carolyn
Taylor – ward
trolley.



Joan
Woodacre
and Margot
Lee - Lismore
Meals-on-
Wheels.



Warrnambool
Ladies
Auxillary.

Glossary

- ACHS – Australian Council of Healthcare Standards
- CALD – Culturally and Linguistically Diverse
- CDC – Centre for Disease Control and Prevention
- DHS – Department of Human Services
- GP – General Practitioner
- LAOS – Limited Adverse Occurrence Screening
- PCP – Primary Care Partnerships
- SWH – South West Healthcare
- VICNISS – Victorian Nosocomial Infection Surveillance System
- VMO – Visiting Medical Officer



SOUTH WEST
HEALTHCARE

SWH HOSPITALS



Warrnambool Hospital
Ryot Street
Warrnambool 3280
ph. (03) 5563 1666
fax. (03) 5563 1660



Camperdown Hospital
Robinson Street
Camperdown 3260
ph. (03) 5593 7300
fax. (03) 5593 2659

SWH COMMUNITY PSYCHIATRIC SERVICES



Warrnambool
Bohan Place, Lava Street
Warrnambool 3280
ph. (03) 5561 9100
fax. (03) 5561 3813



Camperdown
64 Scott Street
Camperdown 3260
ph. (03) 5593 6000
fax. (03) 5593 2403



Portland
63 Julia Street
Portland 3305
ph. (03) 5522 1000
fax. (03) 5523 4212



Hamilton
12 Foster Street
Hamilton 3300
ph. (03) 5551 8418
fax. (03) 5571 1995

SWH COMMUNITY HEALTH CENTRES



Warrnambool Community Health
Henna Street
Warrnambool 3280
ph. (03) 5564 4190
fax. (03) 5563 1660



Manifold Place
Manifold Street
Camperdown 3260
ph. (03) 5593 1892
fax. (03) 5593 2010



David Newman Adult Day Centre
Church Street
Camperdown 3260
ph. (03) 5593 2717
fax. (03) 5593 3087



Lismore Community Health
High Street
Lismore 3324
ph. (03) 5558 3000
fax. (03) 5596 2265



Macarthur Community Health
12 Ardonachie Street
Macarthur 3286
ph. (03) 5552 2000
fax. (03) 5576 1098

SWH AGED CARE FACILITY



Merindah Lodge
Robinson Street
Camperdown 3260
ph. (03) 5593 1290
fax. (03) 5593 2659

