



quality of care report 2009

SOUTH WEST HEALTHCARE



SOUTH WEST
HEALTHCARE

Welcome to our **quality** of care report

Take a look at what we have been doing between 1st July 2008 – 30th June 2009

This report is designed to give you a look at the work that staff at South West Healthcare 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, focussing 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 and ways in which we intend to address those areas.

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 this 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 all local newspapers in 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 on 03 5563 1469 or Ryot St Warrnambool, 3280.

Taking Healthcare into the **Community**



Community Health staff with family members of the Aboriginal women's group picnic day at Lake Pertobe
Photo courtesy of Warrnambool Extra - Photographer Rob Gunston

A Year in Summary



Nadine's son Levi was one of the record 18,871 inpatients we treated in 2008-09

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We have:

- Hosted our annual NAIDOC (National Aboriginal and Islander Day of Celebration) event. A significant part of creating positive partnerships with our Aboriginal community.
- NAIDOC week's celebration included a traditional dancing demonstration by the local Aboriginal dance group, basket weaving and a display of cultural paintings by local artists.
- Patient throughput has remained at record highs across our services.
- Celebrated the wonderful work our Volunteers do across all the campuses and services during National Volunteers week in May 2009.
- Staying healthier, out of hospital and having a better quality of life – that is what the expansion of HARP (Hospital Admission Risk Program) is helping people to do.
- Dental service integration with the school dental service in October 2008 to provide continuity and increased numbers of treatments and reduction in waiting lists.
- Quality of acute stroke care exceeds national benchmarks in the majority of acute stroke care indicators and administration of 'clot busting' medication.
- Exceeded an international benchmark for care delivered to patients in the dying phase of life - palliative care.
- Provided opportunities for people to take control over health choices by completing a personalised Advance Care Plan for future care needs.
- National Wound Awareness Week.
- Celebrated 'Hand Hygiene Week' in May 2009 as part of infection control management.
- Leading the State of Victoria public mental health service - both rural and metropolitan for providing mental health services to the communities of Warrnambool, Camperdown, Hamilton and Portland.
- Won the 2008 Reporting Award for Regional Health Services for our Quality of Care Report.
- Celebrated the diverse skills of our workforce across all campuses – inside back cover shows the broad range of community services offered.
- Progressed with the redevelopment of our Warrnambool Campus - see Annual Report for full details.
- Won a silver medal award for our Annual Report at the Australasian Reporting Awards.



Warrnambool's busy Ambulance entrance

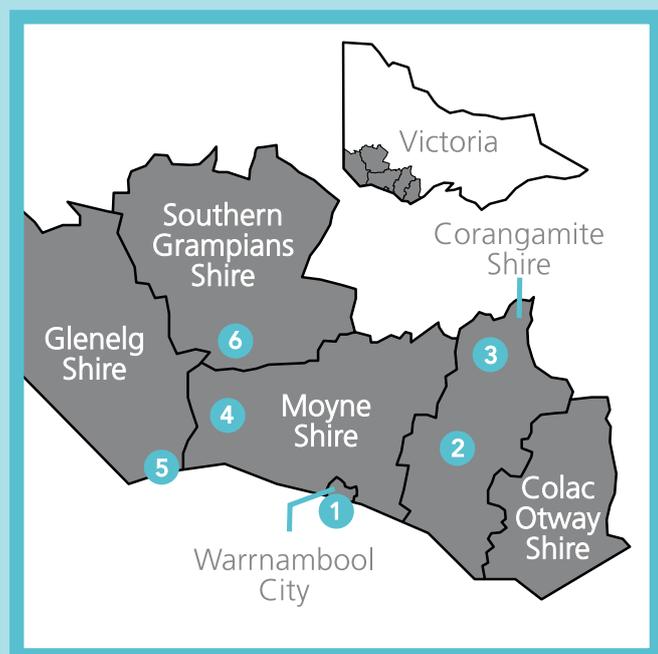


Leanne McCann Quality Management Project Nurse, Director of Nursing Sue Morrison and Quality Manager Karen Harrison with the 2008 Reporting award for Regional Health Services

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: 2009

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

- A prepaid feedback sheet is included inside all hard copy reports.
 - We received a similar number of returns as in the previous year
- The feedback is collated and themes identified to improve the report.
 - “Colourful and positive”
 - “You promoted people whatever their profession or walk of life”
 - “Easy to read. Honest of where South West Healthcare could improve”
 - “Inclusive of all aspects of life at South West Healthcare”
 - “Can it include an explanation of nursing staff-patient levels”
- 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 subcommittee formed to work more closely on the report development.
- June – Minimum reporting guidelines received from the Department of Human Services and work in progress with staff to gather information and commence drafting.
- August – Draft content and photos discussed at the Community Advisory Committee meeting.
- September/October – A discussion of topics, presentation and photographs discussed with sub-committee community volunteers.
- November – Presented at our Annual General Meeting and printed copies distributed to our community. An electronic version made available on our website. A CD of the electronic version is available in community centres and in local libraries.
- November – Full colour one-page summary of the report published in local and regional newspapers.

Our Community

Nothing stays the same – even our community. We are constantly updating our knowledge about our community to tailor services to meet changing needs. We have taken advantage of further analysis of data from the 2006 Census to help us identify priority areas so that high needs groups have programs and services planned appropriately.

We know that:

- Our most common countries of origin (besides Australia) are England, New Zealand, Netherlands, Scotland, Germany and Ireland.
- We also have other cultural groups in our community: Croatian, Chinese, Greek, Indonesian, Italian, Indian, Maori, Sudanese and Vietnamese.
- Our local Sudanese population group remains constant in their numbers.
- Our Indigenous population remains at 1.29% of the population.
- We are above the state average in:
 - people living alone
 - 65+ population age group
 - People providing unpaid care for disabled persons



Pomborneit dairy farmers Joanne and Terry in their new farm shed rebuilt following the February 2009 “Black Saturday” bushfires

	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%)	-

Consumer, Carer and Community

We Aim to Meet YOUR Needs

Our community is becoming more diverse each year and our challenge is to meet the needs of everyone, including Aboriginal 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 Guide and the Improving Care for Aboriginal and Torres Strait Islander Patients (ICAP).

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% Maori high risk for diabetes compared to 9% Europeans).
- Our Aboriginal, refugee and migrant workers are working with a local Maori representative on a health focused plan.

Cultural Diversity

Maori Community

2800 Maori people reside in the south west with two recognised Elders. Many are transient and undertake shearing roles and work at the Midfield processing plant.

Using Language Services to Improve Communication

Migrant and Refugee health pamphlet translated in Arabic and Chinese. "Managing Your Pain" brochure available in Arabic and Chinese - positive feedback from Sudanese women. Communication Boards/Cue Cards available in 66 languages.

Our average use of the interpreter service is once per fortnight. Frequently we need assistance for patients who originate from – Sudan, Italy, Germany, Chile and China.



Taking healthcare out to the community - free blood pressure checks and advice

1,467 staff have participated in education on cultural diversity over the last three years - equivalent to our total staff numbers. 435 staff in 2008/09 attended more than 23 different sessions.

In our staff register for CALD Resources we have a total of 15 languages that are spoken other than English.

Raising Staff Awareness of Indigenous and Cultural Needs

- Our Orientation programs include a session for staff on cultural diversity.
- Our staff Orientation Booklet contains a section on cultural diversity.
- We have a regular 'Cultural Corner' in our quarterly newsletter for staff.
- Cultural Awareness session conducted in February 2009 by Culture Works which was very successful and is to be considered for 2010.
- Psychiatric Services conduct education sessions in conjunction with Kirrae Community Health on Depression, Drug and Alcohol issues and Acquired Brain Injury.
- Adherence to Equal Employment Opportunities.
- Widespread employment of health professionals from a variety of cultures.
- Access to Telephone Interpreting Services with supporting policy development.
- Monthly update of Cultural Responsiveness Professional Development Program.
- Implemented Referral process at Booking. It has now resulted in appropriate self identification of Aboriginal neonates at birth.
- Our Manager of Aboriginal Health Programs works in partnership with medical officers on rotation at our hospital.

Consumer, Carer and Community

Partnerships That are Building Bridges

Our Refugee Nurse and Aboriginal Health Services 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.
- They meet, both formally and informally, with local Aboriginal Community Controlled Health Organisations to continue in strengthening the working relationship.

Links for Care and Discharge Planning

- A new electronic medical record alert for CALD clients who access the service is helping the Refugee Nurse to 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.

A Taste of Harmony

To coincide with National Harmony Day and the United Nations' International Day for the Elimination of Racial Discrimination a Taste of Harmony is designed to recognise and celebrate diversity within Australian workplaces. The staff cafeteria was registered as a participating workplace and chefs offered culturally recognised dishes from Spain, Italy, France, Thailand and China. Food services staff decorated the cafeteria with balloons, special table covers and napkins. The cafeteria was packed with staff discussing the dishes presented and questions about the origin of the recipes. A successful day for all.



L-R John, Patrice, Robyn, Sharyn and Gary, the Taste of Harmony food services chefs

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 in Camperdown.

'Fresh Deliver' Meals

'Fresh Deliver' provides chilled meals to clients that they can reheat at their own convenience. It mainly services older people living at home and the 'hospital in the home' client, which often enables hospital patients to return home sooner. It's a team effort from the food services department that is appreciated in the community. 180 meals are delivered each week which gives a total of 9,360 meals each year!



Preparing to "Fresh Deliver" meals out to the community

Consumer, Carer and Community

A Feast of Aboriginal Culture in the Grounds of South West Healthcare Warrnambool

In July 2008 we celebrated NAIDOC (National Aboriginal and Islander Day of Celebration) with local Indigenous groups and the community. This year the Aboriginal Liaison Officer from Victoria joined together with us to celebrate the rich culture and history of the first Australians. The festivities included an official opening ceremony incorporating "Welcome to Country", by Elder Aunty Violet Clarke, a Flag Raising and Smoking Ceremony and a Song in Language dancing demonstration. Local Elder Uncle Rob Lowe unveiled the tiled mural that was produced by four local artists, along with SWH staff and community members. This work of art was unveiled during the 2008 NAIDOC celebrations and is displayed in the community health centre.

The "water tucker" theme was chosen for the food featuring traditional Indigenous meats and damper which was hugely popular, as were the traditional games and historical display. Craft items made by local people and practical demonstrations were on display and opportunity to "have a try" was very popular.

A variety of artefacts and historical photos were displayed in the hospital entrance for three weeks. The local Gunditjmara Karweeyn Dance Group performed to finish the day's proceedings. NAIDOC celebrations at SWH help us to reflect on achievements so far and focus on what is still to be done to achieve reconciliation in Australia. Local Indigenous artists' works were appreciated by all participants on the day.



Unveiling the NAIDOC inspired Tiled Mosaic



Artistic Endeavours

"Congratulations on providing a comprehensive display of Indigenous art..." [Local Health Professional]

"I have really enjoyed the face painting and making models" [10 year-old student]



A demonstration of traditional basket weaving



Gunditjmara Karweeyn dance group

Consumer, Carer and Community -

Improving Care for Aboriginal Communities



Traditional Aboriginal artwork on display

A Healthier Aboriginal 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 and Chronic Care - AHPACC) is supported by funding from Department of Human Services and activities throughout the year that continue from established programs.

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.

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 on planting 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, such as Boxersize, walking group, tennis and basketball activities.

Womens' Group – new this year and meet once a week to discuss issues specific to women and offer support.

Other activities:

- Health and Nutrition Camp.
- Cultural focussed 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.

FRAMLINGHAM
ABORIGINAL COMMUNITY 10

Consumer, Carer and Community - Taking Healthcare into the Community

Healthy and Happy Communities

Going from Strength to Strength

Our Community Health Centres continue to run a number of programs promoting health and fitness to 102,386 people who live in our catchment areas.

Looking After Our Farming Families – the Sustainable Farm Families Program

The good health of the farming family has been recognised as an important part of the long term success of the farm. With some extra funding from Department of Primary Industry, we have expanded this program throughout our region. Farming families can participate in this three-year program across Camperdown, Lismore and Macarthur communities. Some outcomes following the reassessments of participants have been that cholesterol and blood sugar levels have lowered from the 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.
- Actions included: weight loss, improving diet, improving fitness, seeing the 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.

Lismore Community Health Centre has opened their new community gym and the physical activity programs are very popular with an increase in Walktober participants. The "Healthy Hearts" project is one of the new programs offered along with services including Physiotherapy, Podiatry, Massage, Dietitian and the Diabetic Educator. All are extremely well utilised by the community. Evaluation at Lismore has shown a 60% improvement in strength in new participants.



SWH Lismore Community Health clients recognised Walktober with a Mount Elephant Experience

Healthy Active South West

The communities of Macarthur, Lismore and Camperdown will benefit from the Federal Government's Department of Health and Ageing funding to promote healthy lifestyle choices. Cardiovascular disease has been identified as the leading cause of chronic disease.

- The program targets men and women in the 25-50 age group.
- Focus is on increasing physical activity and improving healthy eating.
- Making communities happier and healthier places.

Mardi Nestor SWH Health Promotion Officer said "It's very easy to be unhealthy, especially being in a small community doesn't help, as they have a smaller amount of facilities, which is why we initiated the project."

Camperdown Hospital celebrated a centenary of providing exceptional care to their local community in March 2009 and the staff and community are currently raising funds for the Midwifery Unit Redevelopment.

Food for Thought

Once again our dietician, physiotherapist and counsellor teamed up to run this program throughout all our Community Health Centres. Assessment from participants revealed:

- 82% lost weight with an average weight loss of 2.8kg
- 79% lost centimetres around the waist, with an average loss of 4.5cm
- 83% reported eating more vegetables
- 83% reduced serving size of meat
- 77% using high fibre cereals
- 66% drinking more water
- 74% reported they had increased physical activity level

Helping the Walking Wounded

Raising the awareness of painful and potentially life-threatening chronic wounds.

- District nurses treat more than 180 residents with chronic wounds each week.
- Most common type of wound is a venous leg ulcer.
- Poor circulation was one of the biggest risk factors.
- More common in the elderly and people with other health conditions eg, diabetes.
- While ageing is unavoidable, not smoking, maintaining good nutrition and an active lifestyle are ways people could reduce their risk of developing chronic wounds.

Cardiac Rehabilitation 'Post Graduate' Course

One hundred local heart disease survivors aged 18-84 who had suffered a heart attack or had cardiac surgery this year participated in cardiac rehabilitation with 70% living in outlying areas of Warrnambool. This course is the 'brainchild' of a multidisciplinary team – Cardiac Rehabilitation, Occupational Therapy, Physiotherapy and the Counselling and Support Service.

70-year-old Adrian from Timboon had a triple bypass and is back to his normal routine. He says "But I've not gone back to all my old ways. I've changed my diet and I've dropped six kilograms. I walk 30 minutes a day and do a lot of farm work."

79-year-old Ken had a heart bypass and left hospital after six days. "The treatment was fantastic. I was a little frightened to get going at first but the stress test gave me confidence." So much so that he was soon back playing golf.



Cardiac rehabilitation graduates

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 program.
- Our Care Plans and Clinical Pathways (documents to guide care) prompt staff to discuss your care and treatment options with you, and provide information and education to assist with this.

Information Brochures and Booklets Promote Understanding and Participation

- We have written information on specific health issues and operations to provide a back up for our 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 updated our Complaints brochure – "Happy or Unhappy," and evaluation systems. We also provide information to promote your involvement in your care - 'Your Rights and Responsibilities' and '10 tips for Safer Healthcare'.

Achievements

- 100% of the 54 patients who completed the Preadmission Clinic survey felt they were fully informed and prepared for surgery in Preadmission Clinic, and were satisfied with the with 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

- Our Action Plan for the coming year is - seeing a physiotherapist within 24 hours.
- In August 2009 we see "Dream, Believe, Achieve" introduced. This is a program for stroke survivors and their carers on how to get their lives "back on track". (An initiative of the Stroke Foundation).

Stroke Care – Ongoing Change and Improvements

A focus group of stroke survivors and carers felt the Stroke Liaison role and weekly Stroke Team round helped them to feel more comfortable to be part of their care planning. Changes and advancements in stroke care at South West Healthcare continue in earnest. In 2008 the organisation was a participant in the National Stroke Foundation's Sub Acute Audit and in 2009 the National Stroke Foundation's Acute Audit; these results will be available late 2009.

Monthly reports show that 65% of our Acute Stroke patients are admitted directly to our Acute Stroke unit, the State average is < 51% on admission. In the past 12 months the unit has treated 110 stroke patients and 50 TIA (Transient Ischaemic Attack) patients.

Key Performance Measures	07/08	08/09
Have swallow assessment within 24hrs	59%	65.5%
Brain cat scan (CT) within 12hrs of presentation to hospital	81.5%	93.5%
Seen by Physiotherapist within 24hrs	62%	47%
Seen by Speech Therapy within 24hrs	56%	65.5%
Clinical Care Plan to avoid complications	86%	95%
Clinical Care Plan to promote urinary continence	85%	95%
Commencement of aspirin within 48hrs	60%	66%
Multidisciplinary meeting within 7 days	46%	50%
Timely and informative discharge summary	56.5%	61.5%



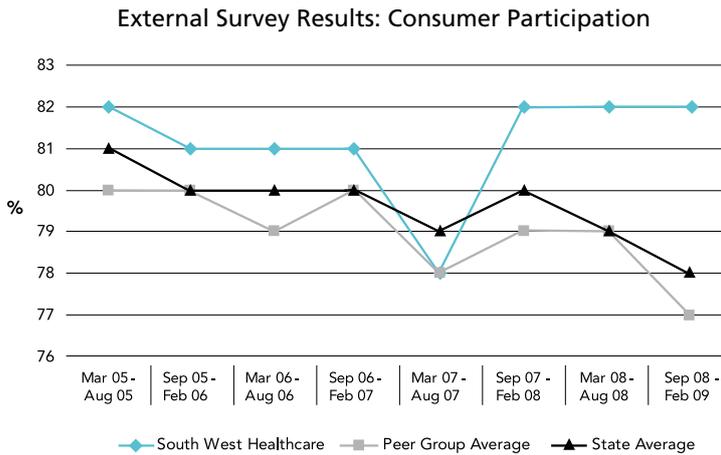
Stroke Liaison Nurse Patrick and Speech Pathologist Jenna prepare a patient for transfer to our Rehabilitation Unit

Participation

Survey Results from People Who Have Used Our Services

External

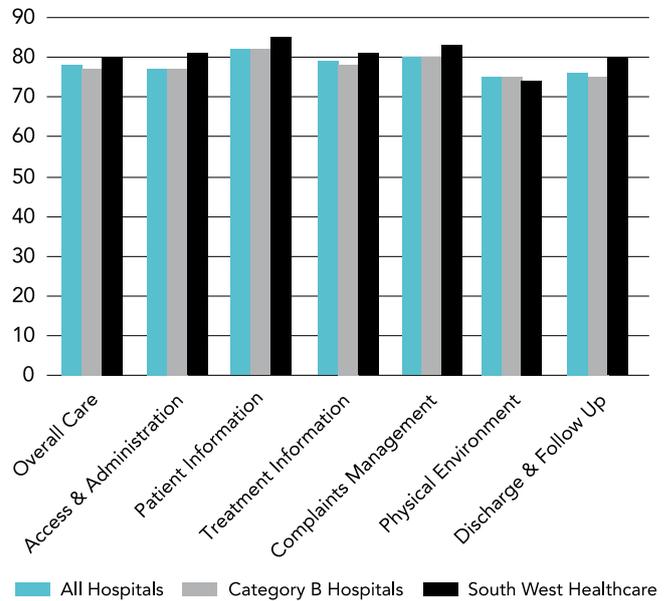
We take part in a state-wide **Victorian Patient Satisfaction Survey** which asks people who have been discharged home from hospital a series of questions related to their admission, participation, complaints management, physical environment, general information and overall care. Our results have continually ranked above our peer group and state results in the Consumer Participation Indicator (see graph).



Internal

We have internal surveys for inpatient, outpatient and community services to measure our performance and see where improvements can be made.

Statewide Hospital Benchmark Comparison (Sep 2008 - Feb 2009)



"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. Thankyou, thankyou, thankyou." Feedback from patient satisfaction survey.

Survey Area	'Fantastic'	'Could be better'	Work in Place
Preadmission (annual)	100% overall satisfaction for care	"Not enough disabled spaces." "Difficult to find parking close to hospital."	Designated bays for disabled parking at all hospital entrances.
Day Stay (annual)	100% overall satisfaction for care	"Over busy staff do their best, some meticulously careful others less careful, but funny and cheerful which is a blessing. It's like school, boys (men) make the most noise, get the most care."	A project is underway to try and streamline the admission process to reduce waiting times.
Inpatient (ongoing)	97% average overall rating for care	"Strongly objected to mixed sex wards - this is wrong."	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	"During my stay which was due to stresses resulting from latest fires, consideration and dedication of staff was good but it can get quite boring and makes it a long day." Board game/cards.	New program equipment purchased via recent grant money.
Community Programs: District Nursing Service (DNS) Client survey	96% overall satisfaction with DNS care	Don't keep changing staff. Want the same nurse to visit.	Further education for staff to expand clinical skills and enhance flexibility which will enable them to better meet the challenges of clients changing health care needs.

Participation

Psychiatric Services Takes Participation a Step Further

Over the past year 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 within the Service Development Unit, with some great strategies commenced:

- **'Brainstorm' quarterly newsletter:** for consumers, family and community members wishing to keep in touch with the activities of the participation team.
- **Development of a database of consumers, families and community members who have indicated their desire to participate:** 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 service in a solutions focussed manner.

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.

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.



STAR Quilt

Both Sides of the Story: Evaluating the Effectiveness of Participation (a DHS funded project)

"Both Sides of the Story" began as a research project led by Jodi Bateman of the Psychiatric Services Division which saw consumers and family members trained as key educators in the ongoing professional development of mental health clinicians. By virtue of their direct experience of mental distress and of the responses of clinicians (both helpful and unhelpful) consumers and their carers had valuable knowledge and expertise to offer to the training experience. Effectiveness and outcomes included significant improvement in:

- Clinician attitudes related to family blame
- Decreased stigma
- Appreciation of consumer and family rights
- Empowerment
- Hope for recovery; and
- Engagement and appreciation of the value of the training approach.

The results of the controlled before and after study were presented at the Mental Health Services Conference in New Zealand in September 2008.

- Due to the successes of Both Sides of the Story, PSD were able to develop a new system of clinician training which embeds the consumer and family experience. Both Sides of the Story participants are sustainably involved in:
 - All core training from clinician orientation
 - Outcome measurement training; and
 - Clinical skills training.

The consumer and carer educators are in demand from other service agencies and the general community who are also keen to draw on their experiential expertise. Evidence suggests the approach enriches the learning of clinicians by offering a more stimulating and challenging educational experience – and one which can equip clinicians to practice more effectively.

Participation

Community Advisory Committees

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

Achievements of South West Healthcare Community Advisory Committee

- Review of the Consumer Participation Plan.
- Review of the Patient Information Package.
- Updated Complaints brochure - "Happy or Unhappy".
- Continued review and update of planning for the new Warrnambool hospital.
- Development of the 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 sets out our status on the set of indicators developed by the Department of Human Services (DHS) to measure progress in participation.

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 against 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 achieved Moderate Achievement (MA) in this criteria at the full ACHS accreditation survey in 2006 and retained this status in the Periodic Review in May 2008.
There are consumers, carers or community members on key governance and clinical governance structures.	✓	Consumers, carers or community members are members of the SWH Continuum of Care Committee and the South West Centre Against Sexual Assault (CASA) Advisory Committee. Work in progress to recruit to other committees.

Our '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

Complaints are a great way to identify areas where we can make improvements to our service. We promote this way of thinking throughout the organisation via staff education at our Mandatory Updates and Orientation programs. All complaints are managed in accordance with the Australian Standard (AS 4269).

The number of complaints is **reduced to 132** from last year (165) and the compliments far exceeded the number of complaints received (886).

- We aim to respond to all complaints within three days.
- Our average response time for the year was three days, below the 30 day requirement.



Checking over the Quality of Care Report

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 stand at a staggering 52,565 days.
- Our average occupancy at the Warrnambool campus for staffed beds was 97.5%, a decrease from 99.2% last year.

A Look at our Emergency Department (ED) Activity

The increase in Emergency Department presentations 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 time frames for Category 2.



Our busy Emergency Department staff

Achievements

- 76% of our ED patients requiring admission are transferred to a ward within eight hours, compared to 73% state average.
- 91% of our ED patients requiring admission are transferred to a ward within 12 hours, compared to 86% state average.

Areas to Improve

- Meet timeframe targets for Category 2 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 and pain relief.

	SWH 2004-05	SWH 2005-06	SWH 2006-07	SWH 2007-08	SWH 2008-09	Target
% admitted to ward <12 hrs	99	98	96	92	91	90
% seen within recommended time						
- Category 1	100	100	100	100	100	100
- Category 2	78	76	77	71	74	80
- Category 3	84	82	82	74	82	75
- Category 4	84	77	75	66	73	60
- Category 5	95	93	91	88	92	60

The Busy Emergency Department - Better Skills Best Care Project

A Department of Human Services funded project to investigate ways to improve patient flow in Emergency Department continues with the final evaluation due in September 2009. Clinicians have viewed it as a huge success. Patient Xray appointments and the transfer of pathology specimens to the laboratory are more timely. Systematic restocking of supplies and cleaning is now achieved and the operations assistant can enter data in real time and manage all telephone calls to free up clinical staff.

Re-designing Care - Making it More User Friendly for You, the Consumer

We have commenced a four-year Redesigning Hospital Care program.

- The aim is to help health services improve service quality and efficiency.
- Redesign is all about getting the people who work in an area to look at how the work is done now, finding out what could be improved, and then all working together to find solutions that will work for them.
- Our first area is the Emergency Department. A very extensive diagnostic stage involving mapping the patient journey through emergency, real time tracking of patients and staff roles, and compiling statistics to assess our busiest times.

RESULTS: Variable waiting times for patients in triage, diagnostic tests, decision making, assessment by other specialists and transferring up to a ward. We are now looking to find out why these delays are occurring. The next stage in August 2009 is to work together to come up with some solutions to trial.

Continuity of Care

Appropriate and Effective Care

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

Waiting List

People waiting for Orthopaedic, General and Ear, Nose and Throat surgery remain the three largest groups on the waiting list. These figures reflect our ageing population, expanding regional role and current limits with specialist, operating theatre and hospital bed capacity. Once the redevelopment at our Warrnambool campus is complete we will have an increase in bed numbers from 155 to 192. Other strategies to keep the waiting list under control are mentioned below.

Yes It's Working

- 77% compliance with people being discharged by 11am (56% in 2008).
- 99% adherence to recording estimated discharge day within 24 hours, compared to 89% in 2008.
- 81% people were satisfied with their access and admission vs 77% state average (External Patient Survey Results, 2009).
- 80% people were satisfied with their discharge and follow up vs 76% state average (External Patient Survey Results, 2009).

New Ideas to Improve Patient Flow

Electronic Bed Board

Monitoring the hospital occupancy and ensuring the hospital capacity meets with its demand (emergency or elective) is a shared role of the Access Manager and the Clinical Coordinator. Maintaining a balance between capacity and demand is the cornerstone toward ensuring both patient and staff safety is maintained. In 2008 the Access Manager, and SWARH, developed an Electronic Bed Board which is to commence trial in July 2009. This tool is a very exciting concept - it enables the bed management staff to utilise live data to accurately monitor occupancy at any given time of the day and to see future demand needs which assists with theatre scheduling and booking in of medical patients also.

Inpatient Theatre Alert Tool

Many emergency admissions required unplanned theatre sometimes days into their admission. In April 2009 an electronic alert was introduced in which theatre booking staff were notified of any inpatients awaiting surgery. The Theatre Liaison Nurse is now able to better prioritise and attend to a pre operative assessment on all emergency surgical patients and allocate a theatre date and time in a timely manner.

Pain Management – An Area Identified for Improvement

Work to date includes:

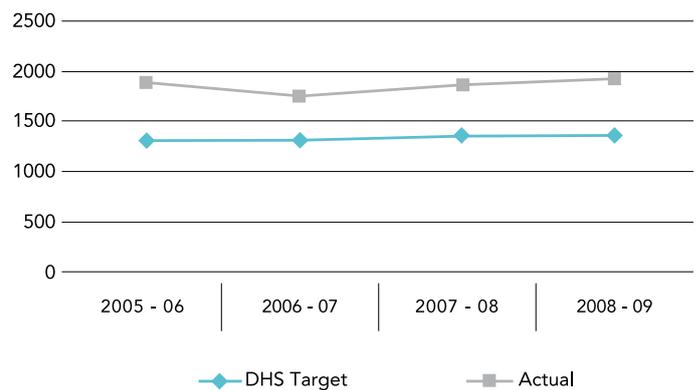
- Pain Management Working Group developed.
- Review and update of current charts for assessment and documentation of pain.
- Education via our 2009 Mandatory Staff Update program.
- Draft of an Acute Pain Management policy to guide staff.
- A review of suitable patient information.
- Staff online survey.

Post Acute Care Client Satisfaction Survey

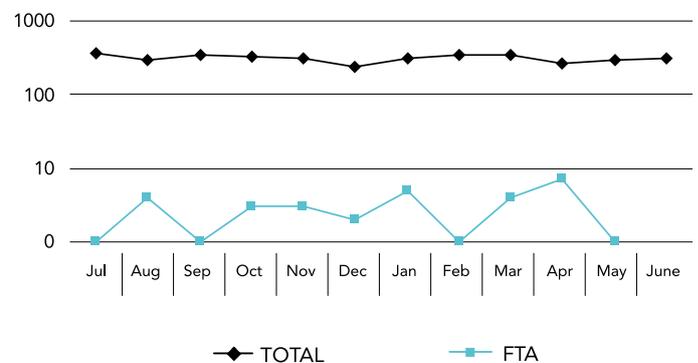
Asked if patients felt involved in their care planning and understood their rights and responsibilities, if their cultural and religious needs were met, and if the services provided made a difference to their quality of life.

549 Surveys were returned with an overall satisfaction of 90.5%

Post Acute Care Process for Discharge



Day Stay Procedures and Failure to Arrive Annual Statistics 2008-2009



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.

- Our Discharge Planning, Post Acute Care and HARP teams and our District Nursing Service 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 has meant work will commence on expanding use of the INI referral tool within South West Healthcare.

Achievements

- 96% external service providers were satisfied with the communication with SWH Post Acute Care staff.
- We survey our external service providers to monitor the communication channels.
- 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.

	2007	2008-09
Risk screening tool completed	91%	100%
Consent for referrals	73%	86%
Notification of Community Service Providers within 24 hrs of admission	56%	71%
Notification of Community Service Providers within 24 hrs of discharge	54%	64%

To address this further:

- Access Manager position drives this initiative.
- Review and update of admission forms.
- Promotion of the Emergency Information Ambulance books that people keep and bring into hospital. They include a record of service providers and contact details.
- Further staff education at Mandatory Updates.

Discharge Planning:

E-referral

An electronic referral system was successfully trialed and implemented between the Medical Ward and all Allied Health Departments. This has seen a quicker turnaround time for implementation of Allied Health Services which assist to ensure assessment and treatment occurs in a timely manner and as a result there is a decrease in the patient overall length of stay.

Transit Lounge

The Transit Lounge has been recently fitted with an intercom service that allows for open communication between the Lounge and all Wards and Departments. Once a patient bed is available, the Ward staff are able to call the next patient to their allocated ward for admission.



The Supply Shop - Warrnambool

If we Know Your Choices for Future Care we are Able to Respect Them

Respecting Patient Choices -Advance Care Planning

Having a say about your future medical treatment is called Advance Care Planning. It enables you to clarify your values and choices, and gives your family, doctors and nurses the opportunity to respect your choices. If you were to have a deterioration in your current health eg,

- Road Accident;
- Brain Injury;
- Cardiac Arrest;
- Incurable Cancer or
- Diagnosed with Dementia.

It is helpful for your family and the doctors and nurses to know your values in life, and your attitudes towards medical treatments.

Planning your care in advance of any problems occurring gives those who will be caring for you the opportunity to know and respect your choices. Family members in a position of having to make decisions for you, without knowing what you would want, can find this difficult. Discussing your choices can be a comfort to you all. Trained specialist consultants can assist people to complete their plans.

Continuity of Care

Connecting you with your Community

HARP - Hospital Admission Risk Program - Chronic Disease Management 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.

Taking control of your health - HARP Program

The HARP program helps people with chronic disease understand their health condition and become involved in the monitoring and management of it. This self management approach encourages clients and health professionals to work together to identify problems and goals, and is encouraged across other programs as well.

Clients with a Chronic Illness	Pre HARP	12 months Post HARP
ED Presentations	250	180
Hospital Admissions	452	329
Bed Days	2988	2482

By working closely with the Emergency Department, ward staff, medical clinics and other community services, we have had significant increases in admission to the HARP program.

Achievements:

- All local medical clinics have clients in the South West HARP program.
- HARP Care Coordinators meet regularly with practice nurses for case reviews of clients, referrals.
- All GPs are notified when their client joins the HARP program and are supplied with up-to-date lists and care plans of current clients, GPs are notified of client discharge from 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.



Rebecca our new McGrath Foundation Breast Care Nurse

Better Health Self Management

A six week self management program for people with chronic disease(s) has been run in Warrnambool and Camperdown. Self management is the active participation of people in their own health care. It is the ability of the client to deal with the impact of their chronic disease including symptoms, treatment, physical and social consequences and lifestyle changes.

Brian says "I participated in the Better Health Self Management program because I wanted more knowledge about my health condition. I wanted to learn how to cope with them so that I could feel more positive about life. The program has given me more confidence to do things I didn't think I could do because of my health. Physically I'm able to do more because I have learnt to set goals and achieving these has increased my motivation... Emotionally I have more confidence in myself and now I feel like going out and meeting people which has improved my social health".

Brian's Achievements:

- Decreased visits to the hospital and doctor since joining the program.
- Brian has gained the confidence to socialise again.
- Brian has a better understanding of his health and how to manage his lifestyle since joining the program.



Brian at the hydrotherapy pool

McGrath Foundation Breast Care Nurse

The McGrath Foundation together with several major sponsors and Australian Government funding supports communities across Australia to have access to a specialist breast care nurse. The nurses provide education, support and appropriate resources for breast cancer patients.

- There are now 44 specialist nurses employed in these positions Australia wide.
- Plans to increase this to 56 with government funding and sponsorship donations.
- An invaluable service for local patients playing a vital role in allaying anxiety, apprehension and uncertainty many feel at different stages of their journey.

Continuity of Care

Dental Services – Continued Success

In October 2008 we integrated the Adult Community Dental Clinic of South West Healthcare with the School Dental Service historically managed by Melbourne based Dental Health Service Victoria. This allows us to manage and provide dental care across all age groups.

Our four dentists and three dental therapists and support staff are well placed to provide seamless dental care to local families in the one location:

- Updated equipment and infection control procedures: compliance audit excellence March 2009.
- Able to provide 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 in Melbourne where there is a two year waiting list for this type of treatment.
- Established a mentoring program for new graduates.
- Established a practical component of training for Dental Prosthetists trainees from RMIT.



Dental Services staff give lessons on how to correctly clean your teeth

Our Fantastic Results

- Since integration 2814 patient appointments for general and emergency care.
- Half of these have been children and adolescent appointments.
- Halved the waiting list for patients requiring general dental work.
- May 2009 opened two new dental surgeries annexed to the main clinic.
- Massive reduction in waiting time for dentures; now only 10 months instead of two-three years.
- Priority 1 Denture Waiting list is almost non-existent because of the 'priority' and the need is immediately addressed without any waiting.

Supporting our Family Caregivers

Bereavement Support Program

"Partners Bereaved" is a program that provides an opportunity for bereaved people to discuss their experiences in a comfortable environment thereby enabling the person to learn more about the grieving process. Listening, mutual support and education are all important features of the program. The needs of a person going through one of life's biggest challenges are many and varied. There is no single "best way" to help someone adjust to the death of their partner.

Kathy Culkin, psychologist and Bev Quinn, counsellor from the Community Palliative Care Psychosocial Team regularly conduct this program of weekly sessions over eight weeks.

Comments from course participants:

"I thought I was dealing with my grief well, but during the group I realised that I wasn't."
"I feel much better now that I have been able to share with others who have been through the same experience."
"I have actually begun a new life now."

Our Palliative Care Team

Palliative care is an active approach to care that aims to improve the quality of life of patients and their families facing a life-limiting illness. It promotes the dignity and independence of patients and their families by facilitating self-directed care and informed decision making.

Our Palliative Care Program uses a team approach, in consultation with your doctor or specialist, to provide a holistic service that endeavours to meet the physical, psychosocial, spiritual and cultural needs of patients and their families. The team refers to and liaises with other agencies and allied health professionals as needed.

Our Team	How are Services Provided
Medical Palliative Care Specialist	In Person
Palliative Care Nurses	By Telephone
Psychologist	At Home
Counsellor	In Hospital
Pastoral Care Worker	In Residential Care
Trained Volunteers	At Community Palliative Care

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 5.2 days for 2008/09, 4.4 days in 2007/08, and 8 days in 2006/07.
- 97% of carers 2008-09 felt they were provided with the opportunity to attend the Aged Care Assessment (ACAS) with their loved one, improved from 94% in 2007 compared to 74% in the 2006 carer survey.
- 90% of carers felt they understand 'Respite care' now compared to 86% in 2007 and 64% in 2006.
- 83% 2008/09 overall carer satisfaction with the service, 82% in 2007/08 compared to 79% in 2006/07.

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 this decline by focusing on:

- Increasing mobility and falls prevention
- Good nutrition
- Preventing depression
- Having an 'elder friendly' environment; and
- Staff expertise in caring for longer stay older patients undertake formal training in the Enhancing Practice Program to promote Person Centred Care.

Music Therapy

Music therapy is offered twice weekly by a qualified Music Therapist. It aims to improve socialisation, promote engagement and uses reminiscence therapy to involve all participants. Fantastic results include improved group interaction, orientation and short term memory recall and more settled behaviour of unsettled patients.



Music therapy improves socialisation and engagement

VIPER - Volunteer Implemented Patient Engagement Regimes

Our Volunteer run program consists of Volunteers visiting five days per week and assisting with a variety of activities, individual visits and group sessions. The aim is to promote socialisation whilst in hospital and includes art and craft, bingo, cards and Scrabble. Many walks, talks and good times have been enjoyed by patients and volunteers alike.

Stepping out with Confidence

Our Physiotherapist and Occupational Therapist conduct this program once a week to educate and develop strategies for those patients at risk of decreased mobility and falling. This program is offered to all patients who meet the criteria.

Aged Care – Merindah Messenger

Brain Busters quiz session is held every Tuesday morning. Each week there is a different quiz theme, some being fruit and vegetable, weather and seasons, town and country or whatever is topical eg Easter, Football grand finals. Sometimes we make craft items for fundraising and sometimes just for ourselves. We made lovely flowers from polymer clay including daffodils, violets and roses. Cake decorating techniques and hard work produced lifelike plants. The latest venture has been the revamping of the garden with the help of local volunteers and Friends of Merindah (FROM) Committee members.



Merindah Lodge residents displaying their polymer flower creations

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 2008.
- 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 both physical and chemical.
 - Above average for our compliance with documentation.
 - 1st for relatives (family satisfaction).
 - Equal 1st for care of pressure ulcers.

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.

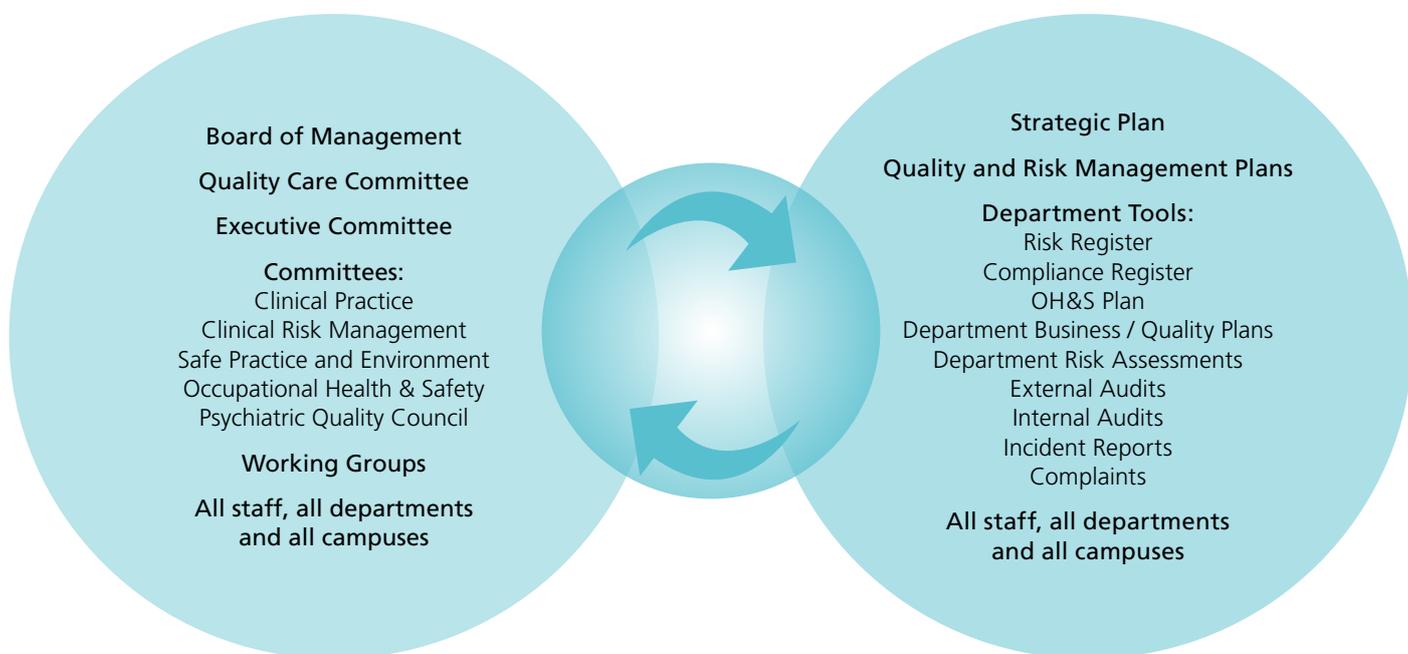
Achievements:

- Attendance at falls prevention exercise classes increased.
- Documentation reviews and promotion of Advance Care Planning to patients and residents.
- Music therapy twice weekly.
- Easier to read staff name tags.
- Staff education and awareness sessions conducted.

Quality and Safety

Managing Quality, Safety and Risk is all about good governance. How it all works...

Every single person in a health service is responsible and accountable for quality, safety and risk issues. This diagram outlines how we do that so important things don't get 'lost in the system'.



Clinical Risk Management – reducing the risk of harm to patients.

Business planning each year identifies self assessment of clinical risk issues specific to that department. A system is then put in place to manage those risks. This process is supported by the Quality Unit and involves:

- A commitment from management to support departments.
- All clinical staff take responsibility for 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 performance on a continuous basis.
- Quality improvement is the role of all staff.
- Patient safety education for staff.
- Consideration of the needs of patients/consumers/families including open disclosure.

Incident Reporting: the System

For Risk Management to work effectively, staff must feel comfortable reporting any incident so that we can make improvements. We use Riskman, a secure electronic database, to report all incidents. This table shows a high reporting rate yet the number of adverse events remains low indicating a strong reporting culture where staff are confident in reporting errors.

	Total Number of Reports	Number of Adverse Events	% Adverse Events of Total	Adverse Events per 1000 Bed Days
2006	1157	54	4.6%	0.11%
2007	1804	92	5.0%	0.18%
2008	1703	78	4.5%	0.15%
2009	1152	48	4.16%	0.085%

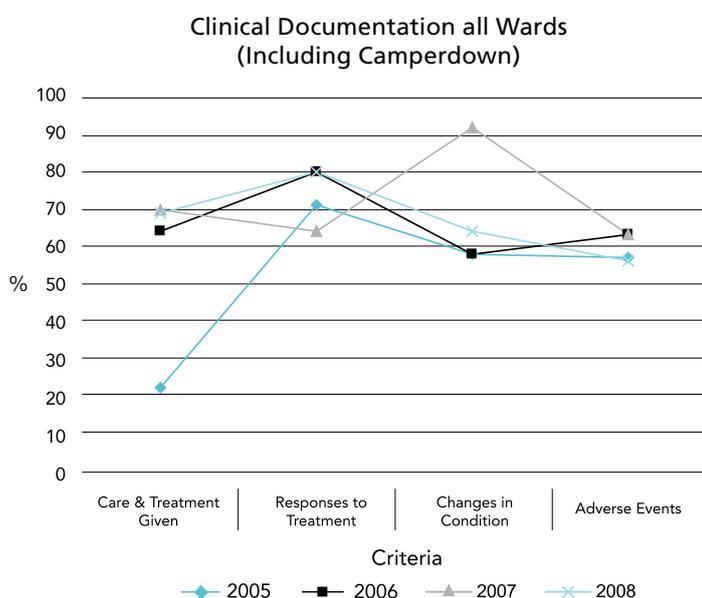
Quality and Safety

A Snapshot of Safety

Measuring and reporting data is one way we can continuously monitor the safety of patient care. We collect and report data to many different organisations and at many levels in our own organisation as part of the management of patient safety.

In-house Monitoring – Routine Record Audits

Good healthcare relies 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 to responses to treatment remains an area of focus for staff ongoing education programs.



Regional Level Monitoring - Limited Adverse Occurrence Screening (LAOS)

Our Camperdown campus participates in a review program for small rural hospitals. Rural GPs 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. 70 records were reviewed from our Camperdown campus. The table shows the Camperdown campus rate of Adverse Events.

	2007 - 08	2008 - 09
Total Received	124	59
Adverse Event	0	3
Educational Opportunity	8	6
Neither	115	37
Unclassified	1	13

State Reporting –

Our Track Record on Sentinel Events (major incidents)

Data is sent to the Department of Human Services on sentinel events (serious incidents). SWH has reported two sentinel events. One related to a fall and one related to a patient receiving a scan that was not required. Both incidents were reviewed by staff from relevant departments and changes made to processes as a result.

Summary of Incidents: Current reporting year 2008-2009

Incident Class	Percent of Incidents
Medication Incidents	19.23%
Falls	21.35%
Complications (Hypoglycaemia accounted for 78% reported incidents in this class)	6.75%
Aggression/Assault	5.44%
Administrative (policy related)	1.65%
Pressure Ulcers	4.64%
Abscond	3.78%
Equipment Issues	2.63%

Best Practice Review of Incidents Reported

South West Healthcare has responded promptly and positively with improved systems and procedures including: Incident analysis: analyse incidents using Root Cause Analysis (RCA) techniques, review trends, learn from incidents and communicate the learning. Incident data around falls and the reporting system were studied and analysed.

This highlighted key areas to target specific investigations, in a bid to ensure all learning points have been addressed. Key issues to come from the investigations: the physical environment, patient transfers, medication and documentation. Lots of examples of best practice were also demonstrated.

Management of hypoglycaemia (low blood sugar) is managed by the Nutrition, Diabetes Education and Food Services Departments through the Food Services Working Party.

Results

- Early and easier identification of patients with low blood sugar.
- Early and appropriate treatment of low blood sugar.
- Incident reporting contributes to a clearer understanding of system issues.
- Deliberate interventions at and between mealtimes to avoid treatable low blood sugar.
- Review and update of staff training information.
- Development of a Nutrition Policy based on best practice.

Quality and Safety

Pain Assessment and Management

A recent staff survey tells us that 95% of patients 'complaining of pain', have a pain assessment. When the nurse is taking your blood pressure, heart rate and temperature, 88% of the time they are looking for any signs that you may have pain. When you have been given pain relief 71% reassess your pain level to identify whether the pain relief given was effective and if not look at further treatment to reduce your level of pain and achieve comfort. The survey results provide the Quality Unit with a baseline for work in, promoting assessment in Pre admission clinic and Pre operatively.

The Pain Management working group will monitor this work and gain baseline data in several ways:

- A review of clinical staff awareness - online survey (June 09).
- Organisational self assessment - derived from the Victorian Quality Council audit tools.
- Review of medical records, with the assistance of Health Information Services. And from here a working plan to roll out:
 - Policies/procedures
 - Education opportunities
 - Resources.

All with the one goal of Best Practice in Acute Pain management and best pain management for our patients at South West Healthcare.

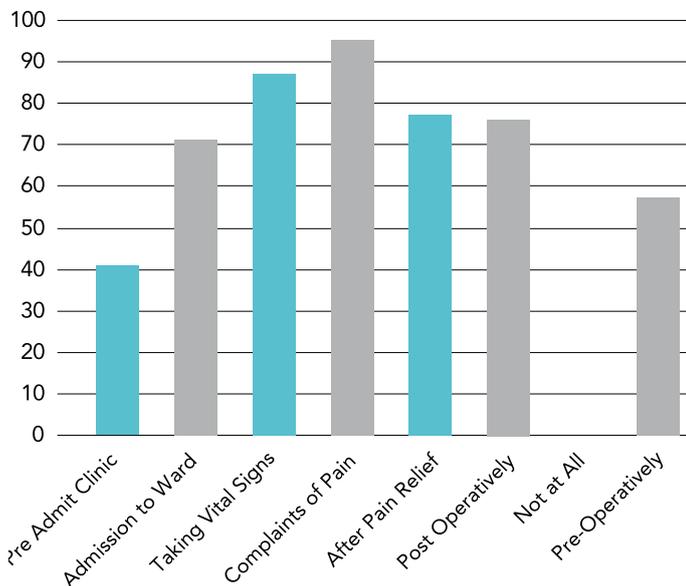
How do we manage your pain?

Acute pain management is something nursing staff do on a daily basis, in many areas of their clinical work. A recent survey (July 09), conducted at South West Healthcare highlights this with responses gained from the question:

When do you carry out a pain assessment?

Graph demonstrates continuing evaluation of patients by staff during their hospital stay.

Results of Staff Survey of When Staff Undertake a Pain Assessment



Monitoring: Day by Day of Your Stay

Clinical Pathways

A Clinical Pathway is a multidisciplinary plan of care that outlines the 'optimal' sequencing and timing of interventions for patients with a particular diagnosis or procedure. Clinical Pathways are designed to minimise delays and use of resources while maximising the quality of patient care.

Clinical Pathways are a valuable tool for the ongoing audit process of a patient's care throughout their stay at South West Healthcare. The results of an audit highlight areas of a patient's care process that we are achieving well in, and also show areas we may need to focus resources and education to improve the patient's journey while they are with us. South West Healthcare has a list of 35 Clinical Pathways that are currently in use, with additions as need is identified. The pathways while assisting with the audit process also allow us to have the most recent care ideals for a particular procedure/diagnosis transferred to the clinical settings, with regular updates to these pathways an ongoing process.



Day Stay Unit manager Sheryl providing care for one of her many patients

Examples of some of our Clinical Pathways:

Section	Name
General Surgery	Bowel Resection
	Hernia repair
	Laparoscopic Cholecystectomy
	Mastectomy
	Trans Urethral Resection of Prostate
	Varicose Veins
Medical	Acute Stroke
	Subacute Stroke (trial)
	Deep Vein Thrombosis (not in use under review)
Ophthalmology	Cataract & Intraocular Lens Replacement
Orthopaedic	Fractured Neck of Femur acute
	Fractured Neck of Femur rehab
	Total Hip Replacement
	Total Knee Replacement
Paediatric	Cystic Fibrosis
	Diabetes Type 1
	Tonsillectomy

Quality and Safety

Accreditation – a Measure of Accountability

The ACHS Evaluation and Quality Improvement Program (EQuIP) is an accreditation program, which provides appropriate management tools, including industry approved standards and focuses on outcomes. This program assists healthcare organisations to continuously improve performance in order to provide the highest quality services to the community. The EQuIP cycle is a four-year cycle. There are two on-site surveys within the cycle, one every two years.

South West Healthcare last underwent a review by the Australian Council on Healthcare Standards (ACHS) in May 2008. The process of self-assessment and ongoing reporting occurs between these surveys. This table outlines all our accreditation processes and results.

Type of Accreditation	Status
Australian Council on Healthcare Standards (ACHS)	Full four-year accreditation May 2006, successful periodic review May 2008. Next review June 2010.
Aged Care Standards Accreditation Agency (ACAA)	Full three-year accreditation achieved May 2008. Unannounced reviews since maintain accreditation status.
National Standards for Mental Health (NSMH)	Full four-year accreditation achieved 2006. No change to status. Next review June 2010.
Home and Community Care (HACC)	Successful review May 2008. No change to review status. Next review June 2010.
Department of Veteran Affairs review (DVA)	Successful review 1999 (no review from DVA offered since).
Baby Friendly Hospital Initiative	Full three-year accreditation achieved 2008 for Warrnambool campus.

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

Data is submitted on a regular basis to ACHS to check our performance and identify areas for improvement. We have included some examples below and in other parts of the report.

ACHS – Day Surgery Indicators Second Half 2008 and First Half 2009	SWH Jul-Dec 08	Peer Average Jul-Dec 08	SWH Jan-Jun 09	Peer Average Jan-Jun 09
Failure to arrive	0.69%	0.87%	0.50%	
Rate of cancellation of the procedure after arrival due to an existing medical condition	0.10%	0.16%	0.20%	no data yet
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 4.16% first half 2008	2.89%*	1.39%	2.78%*	

Merindah Lodge QPS Benchmarking Report December 2008	Relatives (family) Satisfaction	Decubitus Ulcers (pressure sores)	Skin Tears	Restraint – Chemical General	Restraint-Physical General
Your Results	86.9%	0	55.2%	0	0
Your Ranking	11th	Equal 1st	114th	Equal 1st	Equal 1st
Your Quartile	1st	1st	4th	1st	1st

The high level of skin tears related to a few residents who had frequent falls with associated skin tears. Our staff do report skin tears very well. The results for the first half of 2009 have improved to 28.8%.

Patient Safety

Infection Control - Keeping the Bugs at Bay

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

It's all in the Hands

Did you know that hands are a main culprit 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.

- 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.

Infection Control = Infection Prevention

Infection prevention is everyone's responsibility, as is providing clean and safe care to patients. Robust infection prevention practice is easier to instil than management of the problem and will provide sustainable reductions in infection rates. The Infection Control Department provides consultancy, education and surveillance to all wards and departments at SWH.

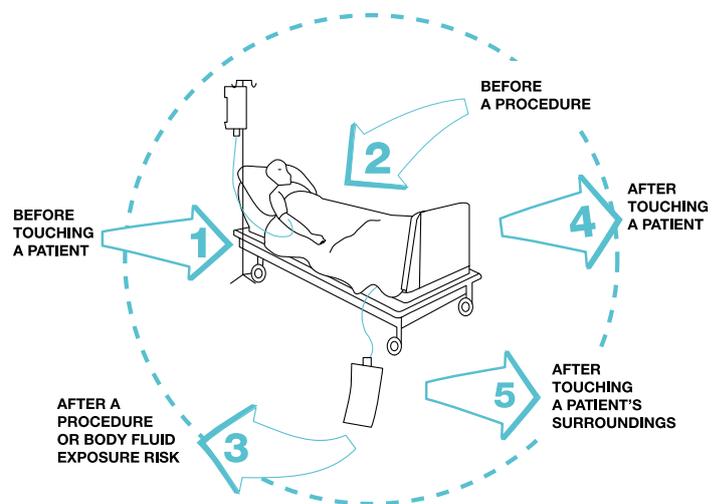
Taking Control of Hand Hygiene

Health care associated infections (HCAI) are a major and growing issue in the quality and safety of patient care in both hospital and in the community health setting. Improved healthcare worker hand hygiene is the highest priority area to reduce the risk of healthcare-associated infections.

Our success

- Staff hand hygiene compliance improved to 67.38% from 54% last year.
- We are above State average level of 55%.
- Allied Health care workers 85.71%.
- Nurses compliance 74.13%.
- Student Nurses achieved 78.18%.
- Doctors achieved 22.73% compliance.

5 Moments for HAND HYGIENE



This is what hand hygiene should look like to you when you are a patient – your nurse or your doctor should **take a moment** to clean their hands.



Staff Hand Hygiene Day at South West Healthcare Warrnambool

Patient Safety

Our Report Card on the Regional Strategies to Prevent Infection

As a member of the South West Region Infection Control Group (regional strategy to address infection control issues) we measure progress in several Performance Indicators:

Indicator	What We Do	Status	Our Achievements
1. Health Care Worker Vaccination Status	We offer a full vaccination program for staff according to the National Health Medical Research Council (NMHC) guidelines.	✓	69% of our total staff had the flu vaccine, up from 60% last year, mainly due to the prompt delivery of adequate vaccination supplies and the H1N1 Human Swine Influenza Pandemic.
2. Orientation in Infection Control for Staff	Infection Control education is part of the staff Orientation and Mandatory Update Programs.	✓	100% of new staff over the last two years have attended education sessions.
3. 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 2008/09 remains at 0.6% of occupied bed days. What are we doing about it? <ul style="list-style-type: none"> • We have introduced retractable needle systems for the intravenous cannula insertions • Our two infection Control Consultants have completed The Graduate Certificate in Infection Control 2008. • More staff training in HIV and Hep C pre and post test counselling. • Return of our safer Daniels Sharps Disposal Units.

Infection Control Data Comparison

2008 - 2009

85 - Total Hip Replacements

68 - Total Knee Replacements

Total: 153 overall joint replacements = Infection rate 2.6%

International Data Comparison

SWH infection rate for deep surgical sites (total hip and total knee replacement) is 2.6%

Our surgical site infection rate 2008-2009 is 0.13% down from 0.8% in 2007/08. This is a 0.67% improvement.

Compared to the Centre for Disease Control and Prevention (CDC) in USA, the acceptable range is 1 – 5%.

0% infection rate for 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). And in the intensive care unit which is now incorporated into ward practice.



Response to the Swine 'Flu Pandemic

South West Healthcare has been at the forefront of a community effort in tackling the H1N1 Human Swine Influenza Pandemic. Our approach has included working closely with Barwon Region DHS and Warrnambool City Council in relation to community based education as well as our inpatient services. The main emphasis has been on education around hand washing, respiratory etiquette and the use of personal protective equipment for health care workers. The Infection Control department increased resources to respond to the demands of the pandemic.



Camperdown Hospital Nursing Staff comply with high standards of documentation and infection control

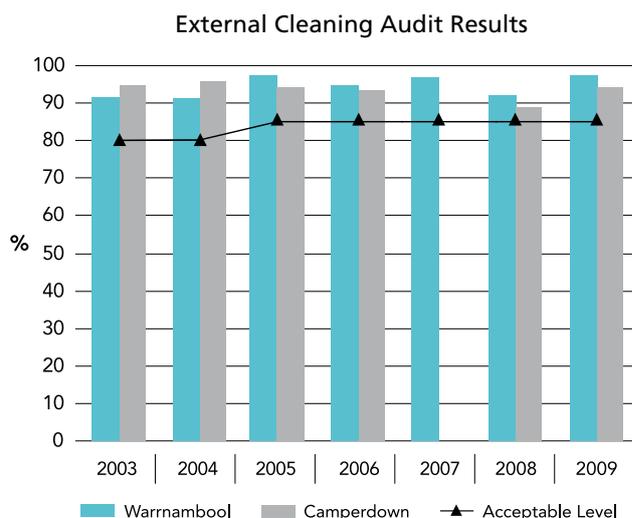
Patient Safety



Hospitality staff - Linda and Tanya help keep the wards clean and tidy

Clean Hospitals and Clean Equipment – Help Prevent Infections

We are involved in **Start Clean**, 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, with the ability to compare our rates with state levels. The graph (below) shows that our performance is consistently above the Acceptable Quality Level (AQL) of 85%.



Equipment cleaning is measured for compliance with the Australian and 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 compare favourably to the category average for similar sized health services.

	2004	2006	2007	2008	2009
Warrnambool	94.6%	97%	99%	95%	98%
Camperdown	85%	96%	no data as operating theatre closed for redevelopment	88.8%	96.8%
State Average or Acceptable Level, Quality Level DHS		85%	85%	85%	85%

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 SWH are part of the Sustainability Victoria Waste Wise Program. The Victorian Government is soon to release a new Waste Wise Program called RESOURCESMART.

Resourcesmart is aimed at monitoring, reviewing and continuous improvement of waste reduction. Staff from South West Healthcare will be educated about this new program which will include monitoring of energy usage, office waste, water usage, paper use, green purchasing, litter levels, staff culture, computer styles, trees planted, vegetation cleared, air quality, air travel and gas consumption. South West Healthcare is excited about the prospect of introducing this waste program to our facility and helping to reduce the impact of waste on our environment.

Patient Safety

Pressure Ulcers - the Work Continues

Pressure ulcers are recognised internationally as a patient safety problem, and are increasingly recognised as an indicator for the quality of care provided in health care facilities.

Pressure Ulcers can be caused by lying or sitting in one position too long, smoking, old age, poor nutrition, extremes in bodyweight (overweight/underweight) and illness. Prevention is the Key – 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.	<ul style="list-style-type: none"> 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 meets 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.	<ul style="list-style-type: none"> 92.5% observed usage of appropriate equipment for category of risk clients. 																																										
Written and verbal information about prevention for patients and carers prior to, on or during admission.	<ul style="list-style-type: none"> 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 ulcer basics undertaken.	<ul style="list-style-type: none"> Education for all clinical staff on pressure ulcer basics introduced as part of our Mandatory Update Program in 2008/09. An electronic learning package accessible on the Intranet for all staff. 																																										
Risk of pressure ulcers is assessed for all hospital admissions and updated for changes in health status.	<ul style="list-style-type: none"> Three-monthly compliance audits indicate our compliance levels in initial risk assessment is maintaining at 95% up from 89% on the previous quarter and reassessment is improving. 																																										
	<table border="1"> <caption>Line Graph Data: Risk Assessment and Interventions (%)</caption> <thead> <tr> <th>Month</th> <th>Risk Assessment (%)</th> <th>Interventions (%)</th> </tr> </thead> <tbody> <tr><td>Feb 2005</td><td>85</td><td>40</td></tr> <tr><td>Sept 2005</td><td>95</td><td>80</td></tr> <tr><td>Jan 2006</td><td>88</td><td>68</td></tr> <tr><td>April 2006</td><td>98</td><td>78</td></tr> <tr><td>Aug 2006</td><td>82</td><td>88</td></tr> <tr><td>Nov 2006</td><td>98</td><td>90</td></tr> <tr><td>April 2007</td><td>92</td><td>88</td></tr> <tr><td>Aug 2007</td><td>80</td><td>70</td></tr> <tr><td>Mar 2008</td><td>88</td><td>78</td></tr> <tr><td>June 2008</td><td>98</td><td>90</td></tr> <tr><td>Sep 2008</td><td>95</td><td>90</td></tr> <tr><td>Dec 2008</td><td>90</td><td>85</td></tr> <tr><td>Mar 2009</td><td>95</td><td>90</td></tr> </tbody> </table>	Month	Risk Assessment (%)	Interventions (%)	Feb 2005	85	40	Sept 2005	95	80	Jan 2006	88	68	April 2006	98	78	Aug 2006	82	88	Nov 2006	98	90	April 2007	92	88	Aug 2007	80	70	Mar 2008	88	78	June 2008	98	90	Sep 2008	95	90	Dec 2008	90	85	Mar 2009	95	90
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Reporting on pressure ulcers involves prevalence, incidence, documentation and clinical coding.	<ul style="list-style-type: none"> 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 hospitals. 																																										
(Clinical coding is when our Health Information staff go through the medical record after a patient has been discharged and code every aspect of the care delivered according to standard definitions provided by the government. This allows a comparison between health services on the types of treatment given and the types of complications occurring.)																																											

Patient Safety

Winning the Battle Against Pressure Ulcers in Aged Care

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 incidence of pressure ulcers every three months at a state level to the Department of Human Services as part of the Quality Performance System (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.

A Framework for Prevention:

To monitor our organisation's rate and severity of pressure ulcers we are guided by:

The Pressure Ulcer Clinical Indicator set which has been created to support ongoing surveillance of pressure ulcer occurrence.

On a quarterly basis our organisation submits data to The Department of Human Services. This data is the result of an audit process conducted by clinical nurses throughout South West Healthcare. Included in our report:

- Completion of pressure ulcer risk assessment on admission - recognising the patient may be at risk of a pressure ulcer when they are first admitted to hospital.
- Documentation of interventions in place for the patient if they are assessed at being at risk of a pressure ulcer - identifying the things we can do to reduce someone developing a pressure ulcer.
- Evidence that a wound chart has commenced and is maintained where a pressure ulcer is present - a record to help us when treating a pressure ulcer.
- If pressure ulcer present evidence that an incident form is completed – a system for our organisation to see how it's going overall and help us identify where we may have a problem.

The Department of Human Services compiles this data and reports to us against other healthcare facilities that are categorised as being of a similar service, 'benchmarking' of our organisation, that is letting us know how we're going in the 'Big picture'.



Good podiatry education and care starts early

Reporting – Locally:

Our Pressure Ulcer Working Group at South West Healthcare consists of: our Nurse Practitioner in Wound Care, Occupational Therapists, Podiatrists and Pressure Ulcer Trained Nurses and meets bi-monthly to review the data submitted to the Department of Human Services. We discuss pressure relieving equipment, podiatry interventions, nutritional advice and what our patients are telling us as well as what our clinicians are seeing on a day to day basis in the clinical areas.

The goal of our Pressure Ulcer Working Party at South West Healthcare is: To facilitate and promote pressure ulcer prevention and management strategies in accordance with best practice principles: simply **'doing the best we can'**.

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 prevent you having a fall we have targeted several areas:

The Steps to Falls Prevention

1. Identifying your risk of a fall

- We do an assessment when you come into hospital, or if you are referred to Outpatients or our community falls prevention programs.
- We monitor our compliance with performing these assessments correctly.

2. Putting things into place to reduce your risk of falling

- If you are in hospital and assessed as 'at risk' for falls, we use an alert system to alert staff of this risk (orange arm bands, orange stickers in the medical record) so you get the help and supervision you need.
- Referrals are made to other health professionals (physiotherapy, occupational therapy) where it is appropriate.
- Staff are educated in falls prevention strategies.
- Plans are put into place for walking, going to the bathroom etc. This may involve teaching you about safe footwear, using appropriate equipment safely, knowing your limitations and when to ask for help.
- We offer strength and balance classes (inpatient, outpatient, community) to improve and maintain physical fitness/strength.
- Assessment of home risks which may help reduce falls.
- We reassess your risk of falls if there is any deterioration in your health in case we need to step up our action.
- This information is transferred onto other services where appropriate so that you are not put at increased risk each time you transfer to another area.
- We work in with other services that encourage community involvement in activities to develop strength and reduce falls risk. Check out the safe walking paths developed via the Walk-it Warrnambool project with the local council and TAFE.

3. Monitoring – is it all working?

- Falls are reported on our Incident Reporting system (Riskman - our electronic reporting system), and we compare results over time and with other health services.
- We monitor participant strength and balance before and after completion of programs.
- Program satisfaction is also measured.

National Comparison:

Falls data commenced through Australian Council on Healthcare Standards (ACHS) Clinical Indicator program. The table 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%
2006 Jul - Dec	0.03%	0.13%
2006 Jan - Jun	0.9%	0.13%
2006 Jul - Dec	0.8%	0.13%
2007 Jul - Dec	1.01%	0.39%
2008 Jan - Jun	0.51%	0.35%
2008 Jul - Dec	0.36%	0.34%
2009 Jan - Jun	0.32	No Data Yet

Our Achievements

- 97% average compliance with our falls policy (documentation, assessment and appropriate setting up of the environmental).
- Halved our inpatient falls rate requiring intervention since last year.



Safe transportation around the hospital

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 is 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

Nursing staff complete a computerised competency test to assess that they are up-to-date with their knowledge. As part of our ongoing training we offer electronic education modules for staff to complete at their own convenience. This allows more flexibility for staff to balance work and study commitments.

Accessing the Clinical Policy Documents January-June 2009

	Jan	Feb	Mar	Apr	May	Jun
Number Policies Accessed	1019	1519	1577	1557	1907	1819
From other Organisations	13	30	33	11	24	38
Psychiatric Policies	74	180	145	180	232	402
General Policies	932	1309	1399	1366	1651	1379
From Intranet	330	1383	1386	1302	1503	1521
Deakin Uni	0	36	35	61	15	75
TAFE	0	0	76	14	98	6
Nurse from Home	0	0	0	103	213	98
Doctor from Home					2	4

Our clinical policy documents are available electronically and easily accessible. Interest in viewing the documents comes from both external and internal sources as demonstrated in the table.



A closer look at correct Intravenous Infusion dosages

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 five common types of medication incidents.

	Total Number Incidents Reported	% of Total Incidents
IMI Therapy	48	19%
Omitted Dose	43	17%
Documentation	34	13%
Wrong Dose	27	11%
Wrong Drug	22	9%

Putting Our Processes Under the Microscope

Local Level

Regional Anti Venom Database

A database including stock levels, locations and expiry dates have been established for all stocks of brown snake, tiger snake and red back spider anti venoms held at hospitals within our region. This will allow quick access to these lifesaving drugs if larger doses than those held locally are required.

Pharmacy Sterile Dispensing Areas Microbiological Audit

Both the laminar flow and cytotoxic cabinet sterile dispensing areas have been audited on a quarterly basis by laying five agar plates in each area. Each area showed 100% compliance with no growth of micro organisms after three days.

Our Staff

Recruiting New Staff and Looking After Them Once 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 the uptake of a wide range of post graduate courses by providing on site clinical experience and teaching support for these courses.
- Support staff through a joint initiative by Human Resources, Counselling and Support Services and the Primary Mental Health team to provide programs such as Stress Management, Mindfulness, Individual Counselling and Debriefing sessions.

Achievements

- Sharing marketing resources from the Warrnambool City Council – 'Welcome to Warrnambool' information.
- A Stress Management course for staff, conducted three times over the year.
- Over 100 individual counselling sessions for staff provided.
- Debriefing sessions for staff provided after critical incidents.



David, Loretta and Justin welcome twins Michael and Sophie who were delivered in Warrnambool and returned to Camperdown to recuperate

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

South West Healthcare has 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 rarely seen rural-based emergency medicine research and training.

Senior Psychologist

The position of Senior Psychologist was created in January 2008 with the goals of:

- Facilitating the supervision of probationary psychologists
- Provision of training to probationary and registered psychologists; and
- Organising advanced training and opportunities for more experienced psychologists.

The new role of Senior Psychologist for SWH Psychiatric Services has been created to develop a rewarding career for psychologists as the retention of skilled psychologists within the service is essential to the provision of high quality mental health interventions. The Senior Psychologist ensures that psychologists working for SWH receive supervision that meets the rigorous requirements of the Victorian Psychologists Registration Board and ongoing professional development to advance their knowledge and skills. Discipline specific advanced training and opportunities are a part of Strategic Planning toward staff retention.

A one day workshop by Professor Simon Crowe (Professor of Neuroscience and Clinical Neuropsychology at La Trobe University) who has extensive experience in clinical and forensic mental health treatment was well received by psychologists and provided the impetus for advanced psychological assessment of clients.

Our Obstetric Team Providing Services for Women in the South West

South West Healthcare Warrnambool Obstetric team have been providing expert care to families from more than just the local area. Women travel great distances to access expertise from our 'Team Obstetric' model of care. Safe delivery of 624 healthy babies bringing happiness to families that reside in our community.

Our Staff

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

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

- Registration, qualifications and skills 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.

Credentialing of Medical Staff

- All contracts for Visiting Medical Officers (VMO) are based on the Australian Medical Association/VMIA Visiting Medical Officer Remuneration Contracts.
- 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 'Scope of Practice Review' Committee which oversees new medical appointments and grievances.

SWH has the Best Students in Victoria

Post graduate student Amie Brumley has earned the highest critical care exam results and been named Deakin University Victoria's best critical care stream student. John Holland has top-scored against 59 other students in the same course emergency nursing stream. The entire 2008 Critical Care Post Graduate Program class passed the year with flying colours. Clinical facilitators Ashley Zanker, Cindy Joseph and Sue Anderton as part of the Nursing Education team provide a comprehensive program for health professionals in Warrnambool, Port Fairy, Camperdown, Terang, Timboon and Koroit and are delighted with the fantastic results.



Best Critical Care Students 2008 - Amie and John
Photo courtesy of The Standard - photographer Damien White

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 Mental Health Clinicians
- Updates in clinical care issues such as medication, wound care, pressure ulcer, hand hygiene, pain, cancer, PICCs and Ports
- 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.

Achievements

- 1573 SWH staff across the region attended educational, orientation and update programs arranged through Nursing Education.
- 1784 education contact hours for 17 Graduate Nurses.
- 154 new staff attended our Corporate Orientation program.
- 124 Psychiatric Services staff participated in 3,609 hours of training.
- 685 staff undertook Fire and Emergency Response training in 2008-09 as part of our Mandatory Update program.
- 61 Managers completed "OHS for Managers" training.
- 55 departments conducted monthly Occupational Health and Safety inspections with 98.6% compliance.

South West Victoria's First Nurse Practitioner - Emergency Department

After five years of further academic and clinical study, South West Healthcare's emergency department unit manager Kate Sloan has become Victoria's first emergency specialised nurse practitioner and forensic nurse examiner. This extra qualification enables Ms Sloan to perform a number of procedures usually done only by doctors, including ordering blood tests, prescribing medication, admitting and discharging patients and referring them to specialists. The results will be in reduced waiting times and better patient care for those patients with minor illness or injury who traditionally have had a very long wait to see a doctor and can now be seen more quickly by our Nurse Practitioner.

Our Staff

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. 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.

Research

We promote and support research that is in the best interest of consumers, staff and the community. Our strict checking system ensures this level of scrutiny is maintained. Some of the research projects conducted in the last 12 months include:

- An evaluation of South West Healthcare Stroke Services was conducted, with this work accepted for a poster presentation at the National Forum on Safety and Quality in Health Care, October 2008.
- Research into operating theatre nurse experience with Paula Touzeau continuing her Doctorate in this area.
- Evaluation of the STAR (System To Aid Recovery) education program used in Psychiatric Services, presented at a seminar showcasing innovative practice.

Some Great Achievements and Community Work

Employees Making their Mark on Sport!

- Warrnambool's Inaugural Foreshore Triathlon attracted entries from many South West Healthcare-based workers with medals for the first male and first female to cross the line following the 450 metre swim, 20K bike ride and 5K run.
- In April the organisation's four Murray to Moyne Relay Cycle teams raised money for medical equipment during their 520 kilometre ride from Mildura to Port Fairy.
- As a part of the hospital's centenary celebrations the Camperdown Centenary Charity Bowls and Golf Day included 22 teams of golfers and 10 teams of bowlers all keen to raise money for the hospital and have a fun time socialising.
- We congratulate Deb Hoggan (Short Stay Ward nurse) for winning GOLD in the Australian Masters Games Triathlon and Chris Williams (Withdrawal Unit ANUM) for winning SILVER in karate.

Taking on the Challenge of Bringing Medical Training to the Country

Clinical Associate Professor Tim Baker has been appointed as the Director of Deakin University's new Centre for Rural Emergency Medicine. Dr Baker is a qualified Specialist Emergency Physician. This new role sees Dr Baker working in the Emergency Department at South West Healthcare Warrnambool and Portland District Health while contributing to the Deakin Medical School teaching program. The Centre is a joint initiative between the State Government, Alcoa of Australia, Deakin Medical School, South West Healthcare and Portland District Health.

Taking Care of Business

The new state of the art Supply Department has a temperature controlled sterile clean store. Positive-pressure technology and all-wire shelving ensures supplies remain dust-free after passing through a decanting room where all goods are unpacked and heat-sealed in plastic. They also are Rural Victoria's only equipment and aides library (SWEL) for seriously ill children and run a supply shop in the hospital selling everything from scooters to cookbooks.

Deakin -Health Super Leadership in Nursing (Rural) Award 2008

Leanne McCann won the Deakin -Health Super Award for Nursing Leadership (Rural) in September 2008. This award was in recognition for Leanne's work and leadership role in establishing a formalised acute stroke service at South West Healthcare which included establishing an acute stroke unit at the Warrnambool hospital and the development of the Stroke Liaison Nurse role. The acute stroke service has become a regional leader in providing timely, evidence-based stroke care, including the administration of 'clot busting' medication for patients who meet the medical criteria for eligibility.



Leanne McCann with her Nursing Leadership Award 2008

Our Wonderful Volunteers

We would like to say a heartfelt thank you for all the precious time and effort our 288 volunteers put in around the healthcare facility campuses in 2008/09. Thank you so much one and all – 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

taking healthcare into the community

Community Health Macarthur



Community Palliative Care Team



Community Health Team



District Nursing Team



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



Our team of over 1,113 employees provide a wonderful service to patients/clients, staff and our health service across all campuses.



Community
Psychiatric Team

Glossary

- ACAS - Aged Care Assessment Service
- ACHS - Australian Council of Healthcare Standards
- AHPACC - Aboriginal Health Promotion and Chronic Care
- CALD - Culturally and Linguistically Diverse
- DHS - Department of Human Services
- ED - Emergency Department
- GP - General Practitioner
- HARP - Hospital Admission Risk Program
- ICAP - Improving Care for Aboriginal and Torres Strait Islander Patients
- LAOS - Limited Adverse Occurrence Screening
- OHS - Occupational Health and Safety
- PUPPS - Pressure Ulcer Point Prevalence Survey
- SWH - South West Healthcare
- 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



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