



# South West Healthcare



## Quality of Care Report 2013|14



# Our Vision

To be a leader in providing innovative and quality health services

# Our Mission

We are committed to providing a comprehensive range of healthcare services to enhance the quality of life for people in South West Victoria

# Our Values

## CARING

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

## RESPECT

We respect individual rights and dignity.

## EQUITY

We promote equity of access and service delivery sensitive to individual needs.

## INTEGRITY

We are guided by the highest ethical principles in carrying out our professional responsibilities.

## EXCELLENCE

We continually review and analyse performance in order to ensure best practice.

Photos in this report are courtesy of The Standard

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# Access

## INTERPRETER

If you require an interpreter to read this report, please ask a SWH staff member.



## VISION IMPAIRMENT

The electronic version of this report can be "zoomed" for those with visual impairment

# Our Locations

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

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

**Our hospitals are based at:**

- Warrnambool
- Camperdown

**Our Mental Health Services offices are based at:**

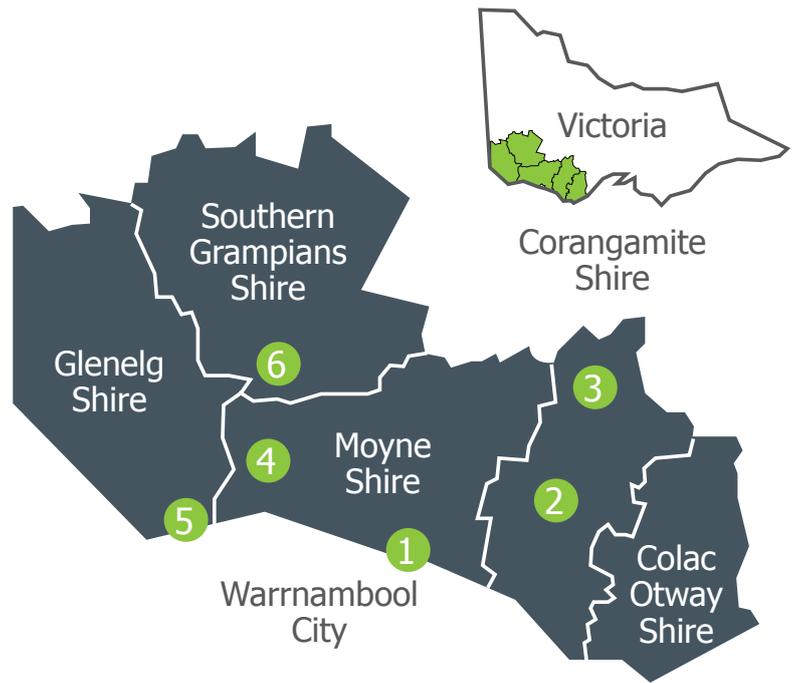
- Warrnambool
- Camperdown
- Hamilton
- Portland

**Our Community Health centres are based at:**

- Warrnambool
- Camperdown
- Macarthur
- Lismore

**Our aged care facility is based at:**

Camperdown (on the grounds of our Camperdown Hospital)



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

# Knowing Our Community

## Our Mental Health Services:

Since July 2013 - 210 people experiencing mental health problems achieved recovery

**Our Warrnambool Base Hospital cared for 15,589 admitted patients**

**Our Camperdown Hospital cared for 1,552 admitted patients**

- 56 % of our Warrnambool Base Hospital patients were Warrnambool City residents
- The 71-75 age group was the highest rating patient group at our Warrnambool Base Hospital, accounting for 10.39 % of all inpatients
- 88 % of our Camperdown Hospital admitted patients were Corangamite Shire residents
  - The 66-70 age group was the highest rating patient group at our Camperdown Hospital, accounting for 9.28 %

Primary and Community Health – For our non admitted patients – the number seen across all departments and campuses (excluding our dental patients) this year was **14,662**.

This is a **43%** increase in clients from the previous year.

Our **26,777** emergency department patients

Our Warrnambool Emergency Department treated **24,358** patients and **4,558** of these were from the Moyne Shire

Our Camperdown Emergency Department treated **2,419** patients

**87.3%** of people living in Warrnambool were born in Australia

**83.5%** of people living in the electorate of Corangamite were born in Australia

# Knowing What Matters Most

Research and surveys have been conducted internationally on what it is about the care patients receive from health organisations that defines a good experience for them. Patients want their health care organisations to be safe, clean and to be involved in their care. SWH monitors the issues that matter most to patients to ensure we are providing the level of service our community expects.

## What Matters Most –Score Card

### SAFE

- ✓ **Staff response to health care problems** – 97.8% very satisfied
- ✓ **Waiting lists for surgery** – 100% of urgent cases admitted within 30 days
- ✓ **Infection rates low** – 0% staph aureus bacteraemia cases
- ✓ **Pressure injury rates low** – 0.04% - National peer average 0.07%

### CLEAN

- ✓ **Rooms clean** – 98.7% very satisfied
- ✓ **Cleanliness of toilets and showers** – 88.8% very satisfied
- ✓ **Food good** – 89.6% very satisfied

### INVOLVED

- ✓ **Involvement in their treatment** – 98.5% very satisfied
- ✓ **Care respectful of language, cultural and ethnic needs** – 100% very satisfied
- ✓ **Courtesy of the nurses** – 98.7% very satisfied
- ✓ **Patients are happy with care** – 98.6% very satisfied

# How Safe is Our Care

## Having a Culture of Safety

South West Healthcare (SWH) ensures quality and risk management play a significant role in the culture of our workplace. Each staff member has a responsibility to ensure they provide a safe, high quality service to our consumers. This culture of safety is promoted and supported by South West Healthcare's values of **Caring, Respect, Equity, Integrity and Excellence.**

SWH demonstrates a strong safety culture in our organisation. SWH staff rated our organisation with high scores for patient safety for a regional hospital when they were surveyed in the "People Matter" Survey. Our patients rated us higher for safety (88%) than our peer hospitals and those across the State (85.6%) in a Department of Health satisfaction survey.

Clinical Governance has been defined by the Australian Commission on Safety and Quality in Healthcare as "A system through which organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care. This is achieved by creating an environment in which there is transparent responsibility and accountability for maintaining standards and by allowing excellence in clinical care to flourish."

SWH ensures a clinical governance framework is in place to support safe delivery of care by staff and this is evident in our staff orientation, education, policies and our organisation committee structure. The SWH policy that directs our clinical governance framework ensures alignment with the Victorian Clinical Governance Policy Framework (2009).



*Above: Working with our patients to ensure their safety*



## Setting our Priorities

SWH prioritises the planning of quality and safety objectives for the care of our patients through our strategic plan pillar "Driving Quality Performance". This strategic pillar sets the scene for staff and patients to be involved in and to understand the quality and safety direction of the organisation and how this relates to everyday care of patients.

### Strategic Pillar: Driving Quality Performance

#### Strategic Direction

- To support an organisational culture that strives for improved performance with a focus on evidenced based interventions to achieve best practice patient and service outcomes.
- To create a high level of risk awareness and organisational safety.

#### Strategies

- Promote a supportive team-based work environment which places the patient at the centre of all decision making.
- Implement practices that respond to key quality indicators benchmarked against peer organisations.
- Pursue evidence based clinical and technological innovation for implementation as routine practice.
- Implement best practice standards and policies to exceed compliance obligations.
- Regularly review and update risk management plan to reflect changing circumstances.

SWH sets priorities for the monitoring and reporting of specific clinical care measures based on a number of factors including; the type of services we deliver to our community, the accreditation standards relevant to our care, our analysis of incident and complaint data, our national and state wide comparison data, evidence based care and state wide performance monitoring requirements.

These priorities are set to develop and drive our safety and quality strategies and provide resources or support where they may be needed to improve outcomes for patients.

# How Safe is Our Care

## Measuring and Comparing our Performance

### Committee structure –Monitoring and actioning

SWH has a Quality Care Committee, comprising of SWH staff and our Board members, that provides leadership and direction in the monitoring and evaluation of the quality of health services provided throughout the organisation, in alignment with our strategic plan.

A number of subcommittees provide reports to ensure the Board is aware of any clinical governance issues and make certain it understands the systems we have in place to improve healthcare for our patients.

The Quality Care Committee has in place a schedule of reports that provides Directors with an extensive range of quality and safety measures that align to the four clinical governance domains set out in the Victorian Clinical Governance Framework and these are, Clinical Effectiveness, Consumer Participation, Risk Management and Effective Workforce.



## Accreditation

In May 2014, SWH met all accreditation requirements against a number of standards that are reflective of the wide range of services we provide to the community. These included the National Safety and Quality Health Service Standards now mandatory for all health organisations, the National Standards for Mental

Health Services, the Department of Human Services Standards and the Community Care Common Standards. Our aged care residential facility, Merindah Lodge, also underwent assessment.

All our services were re-accredited and SWH received very positive feedback on our systems.



## Falls –Prevention and Minimising Harm

*Below: Ensuring our patients know how to minimise their risk of falls through mobility assessments*

There are many reasons patients may be at a greater risk of having a fall. These include factors such as eyesight problems, poor balance, low muscle strength, a history of falls, urinary incontinence and medication use. In order to minimise the chance of our patients falling we assess their risk when they come to hospital.

If we identify that someone is at risk of falling we put in place a number of individualised strategies such as:

- Developing an individualised falls prevention plan with the patient/ carer
- Referring patients to our falls and balance clinic, podiatrist and/or dietician
- Caring for the patient on a bed that is able to be lowered
- Placing a notification magnet on the patients board in their room

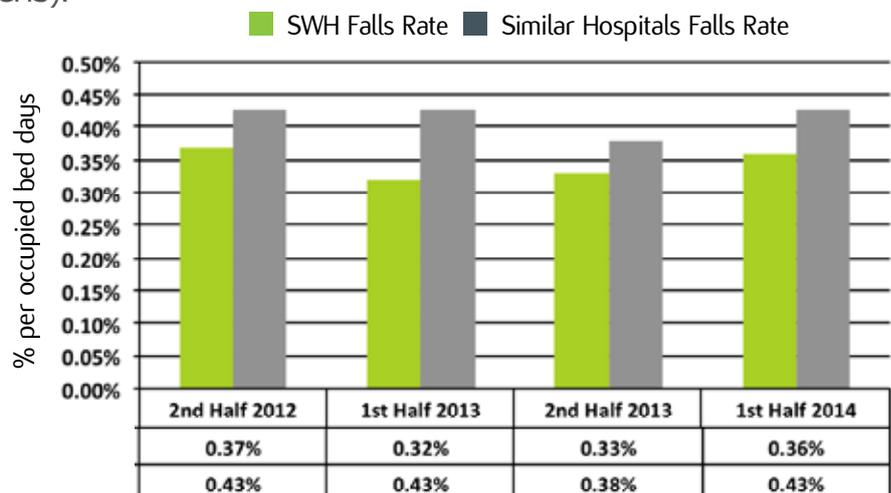
Our Falls Management Committee reviews our falls performance data and is always examining new strategies in this area. Our falls rates compare favourably to other similar hospitals across Australia. We measure the rate of falls in comparison to similar hospitals across Australia through an independent body: the Australian Council on Healthcare Standards (ACHS).



Our data has shown us that patients are more likely to fall during the day and that they do not always use the call bell to ask for help. Strategies are being examined to address these findings. The Falls Management Committee has developed brochures to better involve patients in their falls prevention plans and SWH has introduced coloured tags for patients walking frames and sticks.

Patients at risk of falls are promptly identified to staff by the coloured tags. Patients have expressed that they feel safer with the tags in place and that staff react to the tags appropriately.

### Falls Incidence at South West Healthcare



# How Safe is Our Care

## Preventing and Managing Pressure Injuries

Preventing our patients from developing pressure injuries is another quality and safety strategy. Pressure injuries are areas of damage to a patient's skin or underlying tissue, caused by unrelieved pressure or friction. These injuries occur most commonly over bony prominences where there is not a lot of padding such as the elbows, heels, back, ankles and the back of the head.

Pressure injuries occur most commonly in elderly patients, those with conditions such as diabetes and heart disease and those who have problems moving around, but they can occur in any patient.

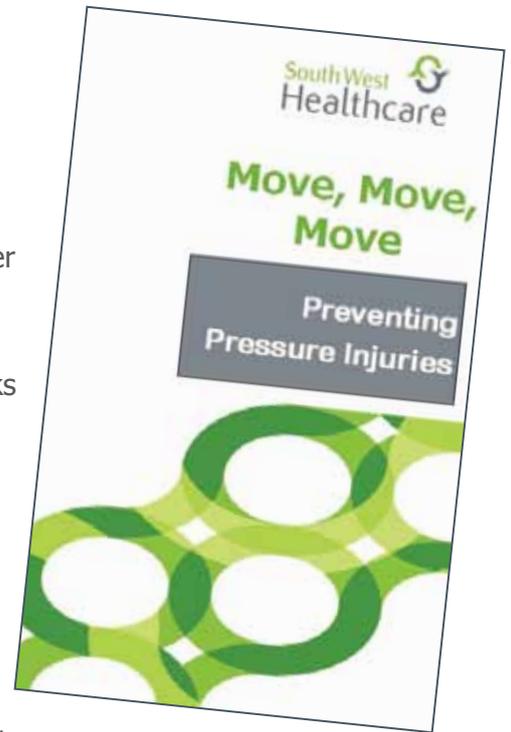
SWH assesses patients when they come to hospital for the risk of developing a pressure injury and we put in place strategies to aid in the prevention of pressure injuries.

We educate our staff on strategies to help prevent pressure injuries and over 200 staff attended face to face training and another 62 completed online training.

We provide patients with information about their risk of developing a pressure injury, via strategies such as our Move, Move, Move brochure and

partner with the patients on a plan of prevention. Over 80% of patients surveyed stated they knew the risks of pressure injury and what to do to prevent them.

The SWH Skin Integrity Committee reviews all our pressure injury data and focuses on reducing the number of pressure injuries. The committee has been reviewing education provided to staff when they commence working with us, as well as monitoring the use of pressure injury prevention aids such as our pressure relieving mattresses. Staff made use of the pressure relieving mattresses on over 640 occasions and also used the seat cushions for over 50 patients.



Pressure Injury Rate – Comparison with similar hospitals



Above: Our efforts at improving pressure injury prevention have produced great improvements over the last few years.



## Clinical Handover

People receiving our health services, whether in hospital or in the community, are cared for by different health professionals such as nurses, medical officers and allied health staff. In order to make sure patient's needs are known to staff, information about their condition and treatment is handed over to oncoming staff and health professionals involved in their care – this is referred to as clinical handover. Clinical handover also occurs when a patient is transferred to another health service or another group of health professionals. Our staff will update patients and involve them in this handover of information so that they are participating in the care they receive.

All our wards perform handover at the bedside as a means of introducing the oncoming staff member and actively involving patients in the handover of

their care. This provides them with an opportunity to ask questions about their care and discuss their goals.

We encourage patients to participate in the handover process and have found that from the 468 patients we surveyed this year, 99% were happy with the way information about their care was handed over.

SWH has identified the various handover points, audited our current processes and reviewed policy and procedures to ensure they provide correct guidance for staff to perform clinical handovers. This work has involved the nursing, allied health, community and medical teams and, where applicable, external providers such as Ambulance Victoria.



*Handing over clinical Information at the bedside*

# How Safe is Our Care

## Making Blood Transfusions Safe

Some patients may require a blood transfusion due to an emergency situation such as an accident or it may be needed as part of a management plan during treatment of ongoing illnesses. SWH aims to ensure a safe and appropriate blood transfusion service to our patients.

To ensure the safest possible environment, all our nursing staff undertakes training, both face-to-face and online using the National Blood Authority accredited Bloodsafe online e-learning program. Nearly 90% of our permanent nursing staff have completed this program in the last two years.



*Preparing for a patient blood transfusion*

South West Healthcare's transfusion policy and practice has been changed to reflect the new national guideline released by the National Blood Authority. Staff have been trained regarding these changes to ensure they are delivering current best practice to our patients.

When auditing our blood transfusion practice against our policy, we identified that when patients are unable to give consent themselves that we are not always involving appropriate persons in gaining consent and strategies are being developed to address this.



*Checking the correct storage of blood products*

Information for patients receiving a blood transfusion is stapled to the consent form and is available in a number of languages.

We have examined how we manage our blood products to ensure there is no wastage. Wastage of blood products has been reduced at SWH by changing the preparation for patients undergoing orthopaedic surgery. We only cross match blood for a patient if it is clinically required. By reviewing how we store and access blood products, our management of blood products to reduce wastage is now better than the state average.

At SWH we report events related to blood transfusions which provides us the opportunity to improve our systems. Through education, training and monitoring we have been able to reduce the number of events reported that relate to blood transfusions.

The importance of identifying the patient correctly has been highlighted to staff. Patient identification for a blood transfusion is completed by:

- asking them to state their name and date of birth - then checking their arm band
- checking the patient identification arm band against the identification on the blood transfusion order
- completing all labelling of blood tubes at the bedside
- signing and dating acknowledgment of the collection on the tubes and the order form



## Patient Identification and Procedure Matching



Checking patient identification

Patient identification and the matching of our patients to their intended treatments or investigations is an activity that is performed routinely in all our care settings. SWH staff ensure they ask for the patients' name, date of birth and address and they check this with the information on the patient identification band or investigation order form. Risks to our patient's safety can occur if there is the possibility of a mismatch between a patient and components of their care, whether those components are related to tests or treatments.

SWH monitors the number of patient mismatching events through our incident reporting system and these reports are used to review processes and improve systems.

The development of safety routines for common tasks, such as patient identification, provides a powerful defence against simple mistakes that may progress and cause a patient harm.

SWH has:

- defined standards for patient identification and communicated these to staff,
- provided training programs for staff, ensured compliance with the National Standards criteria in identifying a patient/client with the three identifiers and a single arm band, and
- monitored the attitudes and behaviours of staff which are needed to ensure such practices are maintained.

We continue to audit the effectiveness of our policy and processes on a regular basis and provide results to the committee overseeing this process.

# How Safe is Our Care

## Preventing and Controlling Infections

The role of the Infection Prevention and Control team at SWH is to monitor, control and prevent infections and reduce the risk of patients developing multi resistant superbugs. Superbugs are germs that are resistant to multiple kinds of antibiotics making patient treatment a challenge.

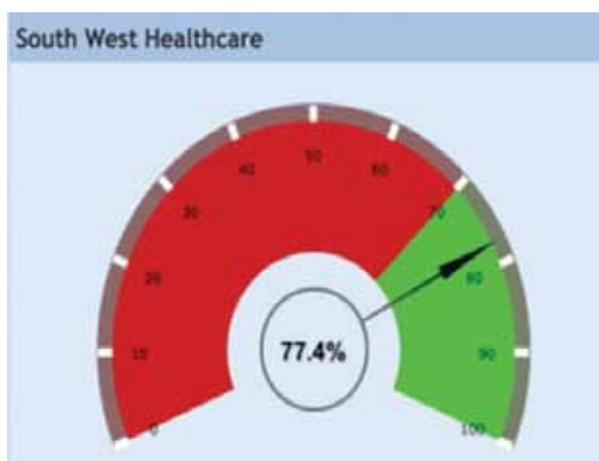
### Hand Hygiene

Our hand hygiene program for staff and our visitors is considered a key component in the quest to reduce the risk of healthcare associated infections. SWH has increased the access and visibility of the hand gel throughout all our campuses. Visitors are invited to sanitise their hands with gel on entry to SWH ward areas and facilities. Hand hygiene training is also compulsory education for each staff member.

### Our Hand Hygiene Rate

Hand hygiene audits take place each day to observe staff delivering care to patients. These audits monitor the compliance of our staff against the National Hand Hygiene Initiative. **This approach has seen a compliance rate of 77.4% of hand cleansing across the organization with a target figure of 75%.**

In the most recent Victorian Patient Satisfaction Monitor survey, 70% of patients said they had seen us clean our hands between patients all the time, which is an improvement from the previous survey



where we scored 60.9%. The Infection Control team is now planning targeted education to specific staff groups to ensure our hand cleaning rate continues to rise.

### Blood Stream Infections

We know that our patients in the Intensive Care Unit are at a higher risk of developing healthcare associated infections, including bloodstream infections. It is believed that a large proportion of these bloodstream infections are associated with the presence of a central vascular catheter (central line) causing a central line-associated blood

stream infection (CLABSI). Blood stream infections are usually serious infections that can cause our patients to stay longer in hospital. There have been no CLABSI infections detected since collecting of blood stream infection data commenced at SWH in 2008.



## World Hand Hygiene Day and Antimicrobial Stewardship Launch

The Infection Prevention team operated a World Hand Hygiene Day booth in the foyer of the Warrnambool Base Hospital educating staff and visitors on the issue of antibiotic resistance, which is creating 'superbugs'. Staff and visitors learned that by taking the simple step of 'gelling your hands' they help reduce the spread of superbugs to our patients.



Above: Microbiologist Peter Shipp displays the germs that potentially could be brought into the hospital from the community and transferred to our patients.

## Sterilisation Audits

Each year we have our operating theatre sterilisation processes externally reviewed to ensure our ongoing compliance with the Australian and New Zealand Standard for sterilisation of re-usable instruments. Our compliance for the mandatory processes was again 100% at both the Warrnambool and Camperdown campuses.

**SWH vaccination rate for influenza was 71.8%**  
**Our rate was better than the state average of 70.8%**

## Vaccinations

SWH acknowledges that the health of our staff can affect the health and wellbeing of our patients. Maintaining a high level of immunity in our health care workers helps prevent transmission of diseases such as influenza to other staff members and our patients. We have in place a staff health clinic where influenza vaccinations are provided to our staff free of charge.

SWH is currently planning our approach to next year's influenza season to ensure our rates of vaccination will be improved yet again. SWH also provided vaccinations to a number of health professionals such as Ambulance staff, Victoria Police, volunteers, students, Radiology and Pathology staff.

# How Safe is Our Care

## Medication Safety

A new Medication Safety Standard was introduced in 2013 to ensure patients receive safe and effective care.

South West Healthcare's Medication Safety Committee is responsible for overseeing compliance with this standard and the safe and effective use of medicines across our organisation.

Our safety systems include Pharmacy staff undertaking a check of patients medications when they are admitted or discharged. Comparing the patients' medication chart on admission with their own medication lists or tablets helps us reduce the possibility of any error in what has been prescribed.

All medication incidents are entered into our incident database and are reviewed and addressed on an individual basis by the relevant manager and by the Director of Pharmacy.

Our reporting figures reflect a variety of events involving medications and are not limited just to those involving patients.

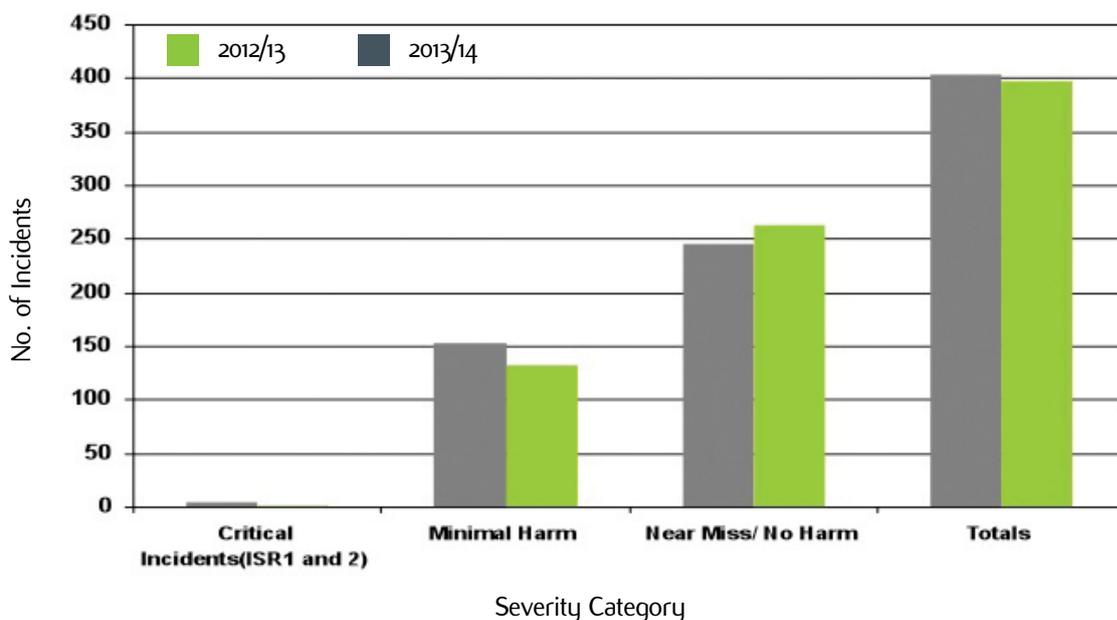
Examples include:

- Medication stored in an unlocked drawer
- Broken ampoules

Although these incidents have not directly affected patients they still provide us with information we can use to improve our medication safety system.

We use the National Inpatient Medication Chart, a chart that has been standardised for use across Australia to ensure consistency for health professionals.

Severity of Medication Incidents





## Responding to Deteriorating Patients

Serious events that affect patients are usually preceded by detectable changes in a patient's condition. Identifying quickly when patients are becoming unwell may improve a patient's outcomes. SWH has a program known as COMPASS. This is an education program designed to enhance staff's understanding of a patient's deterioration, the significance of altered patient observations, improve communication between health care professionals and enhance timely management of patients. This program is in place in conjunction with the patient vital signs chart that includes prompts to our staff to have a patient reviewed if certain observations levels

alter dramatically or reach certain levels, such as their pulse or blood pressure. Either a MET call (Medical Emergency Team call- response to a sudden change in patient vital signs) or a Code Blue emergency response (response to a patient's breathing or heart stopping) is called over our announcement system depending on the condition of the patient.

Our staff report all our emergency calls and results show us an increased use of the MET calls and the reduction in the number of patients requiring a code blue emergency to be called. Treating patients before they require a code blue response increases their chances of improvement.

## Merindah Lodge: Taking Care of Our Residents

Merindah Lodge, SWH's aged care facility is situated at our Camperdown Campus. The facility caters for 36 aged care residents, who require varying levels of long term, 24 hour nursing care.

The quality monitoring of Merindah Lodge is carried out by the Aged Care Standards and Accreditation Agency. In May we successfully met all 44 accreditation standards at our site audit and achieved full accreditation.

Merindah Lodge prides itself in high quality aged care and this is reflected in our consistently high resident and relative satisfaction rates. Some of the feedback includes:

- *I am constantly impressed with the staff's absolutely wonderful, respectful and involved approach to the residents.*
- *The staff's caring and respectful approach to stimulate and care for their residents. I am in awe of the remarkable women who work at Merindah Lodge. They are treasures.*
- *Compared to other Nursing Home I think Merindah Lodge is what they should aspire to.*
- *The Merindah Lodge garden is special and lovely to sit in and walk around in. Our gazebo is also great, good for privacy.*
- *I just want to say how good the kitchen staff are bringing the meals over.*
  - *All workers and nurses and everybody are friendly with me and we have a lot of fun. Very happy.*

# How Safe is Our Care

## During 2013/2014 the facility has:

- Improved the look of the building by repainting the majority of residents rooms and replacing all the window furnishings throughout the facility.
  - Purchased two laptop computers for the residents to use, either playing games or skypeing with families.
  - Purchased three new medication trolleys and introducing a new medication delivery system, to ensure that residents are receiving their medications in a timelier manner.
  - Introduced the carer liaison project to ensure that residents relatives / carers are actively involved in their ongoing care and decision making
- Further work will be undertaken to improve pressure injury rates, falls and weight loss in our high care area.

Indicators	Merindah Lodge High care	Statewide	Merindah Lodge Low Care	Statewide
<b>Pressure Injury Rate</b>				
Stage 1	0.47	0.42	0.00	0.42
Stage 2	1.89	0.41	0.00	0.41
Stage 3	0.00	0.05	0.00	0.05
Stage 4	0.00	0.02	0.00	0.02
Falls Rate	8.01	6.66	2.84	6.66
Rate of Falls Related Fractures	0.00	0.13	0.00	0.13
Incident of Physical Restraint	0.00	0.51	0.00	0.51
Incident of Unplanned Weight Loss				
> 3kg	0.94	0.77	0.00	0.77
Over 3 months	0.00	0.79	0.00	0.79



## Alma's story



*My name is Alma; I have lived at Merindah Lodge for the past 4 years. I previously was a dairy farmer at Pomborneit.*

*It took me little while to settle in here, but with support from family and friends and nursing staff I feel quite comfortable with my decision concerning this change in my life and look forward to the future.*

*I have made lots of friends with other residents and the staff at Merindah Lodge have always been lovely to me.*

*I spend my days knitting, reading, and skypping to my two grandchildren in London, socialising, playing bingo and having many long chats to everyone. We have many activities to do here and*

*many visiting entertainers. I especially enjoy the Frankie Lawrence Band and dancers and the special old time afternoon tea party which follows. I love the scones with jam and cream.*

*The food is always tasty here; I especially enjoy the Sunday baked dinner.*

*Merindah Lodge has a nice garden where you can sit. We have great volunteers who do a great job in the garden and with helping with many helpful activities. Sometimes Dr Menzies plays his bagpipes for us, which everyone loves.*

*If anyone would like to drop in for a chat and a cuppa, the door is always open and the kettle is always hot.*

# Partnering with Our Community

## Consumer Centred Care

Consumer centered care is about working with consumers to ensure that health information, systems and services meet their needs. There is good evidence to show that having a consumer centred approach to care can lead to improvements in safety and quality as well as improvements in patient and staff satisfaction.

SWH provides opportunities, information, resources and support for our patients, including those with special needs, to have input into our policy development, service planning, service delivery, and evaluation of our care and processes.

We engage with our community using a broad range of approaches, such as:

### **Patient Information – *providing information about our policies and programs***

SWH provides a range of patient flyers, brochures, booklets, newsletters and displays.

Patients can view this information when they come to our services or by looking on our website.

### **Consultation – *seeking views and comments***

We consult with our community through consumer representatives on management committees and advisory groups.

We ask the community about our services and programs and the content of our patient information.

### **Involvement – *feedback is incorporated into our policies and programs***

We ask our consumers to participate in projects and provide feedback on draft policies and processes. We provide our consumer groups with the opportunity to partner with us in measuring and evaluating our services and we provide them with access to training to enable them to do this.

### **Collaboration – *working in partnership***

We ask our consumers to assist us to find solutions to problems through project management processes. We have consumer representation when developing our organisation's Strategic Plan.

### **Empowerment – *the community makes the decisions***

The local community indicates to SWH that it wishes to have specific services or programs available and SWH assist with achieving this goal



## Consumer Information

SWH has written information on specific health issues and surgery to assist people to understand their care and treatment. All our consumer information is reviewed by consumers who provide us with feedback so we can make appropriate changes. In our most recent surveys of consumers, 100% agreed the brochures they had reviewed were easy to read and understand.

Patients and community members can also review the safety of our care through the information on display boards in each ward area; these "Knowing How We Are Doing" boards provide the community with clinical performance indicators related to the care delivered in each area.

*SWH also asks consumers to review the content of our Quality of Care Report to ensure it is easily understood and has all the information they would like.*

*Last year consumers told us what needed to change and we have addressed these requests:*

*"More patient comments about their experiences, good and bad"*

*"Can the graphs and pictures be in colour because they are very hard to read?"*

*"Information being broken down into useable bits "How we..."*

*"More stories on lesser known services so we get to hear about them"*

# Partnering with Our Community

## Consultation

Our consumers are regularly surveyed to ask for their opinions. Our Primary and Community Services (P&CS) Division sends out an annual survey and the most recent of these had a high response rate and already, from this feedback, has produced a suite of new brochures and consumer information on client's rights and responsibilities, advocacy, privacy and confidentiality.

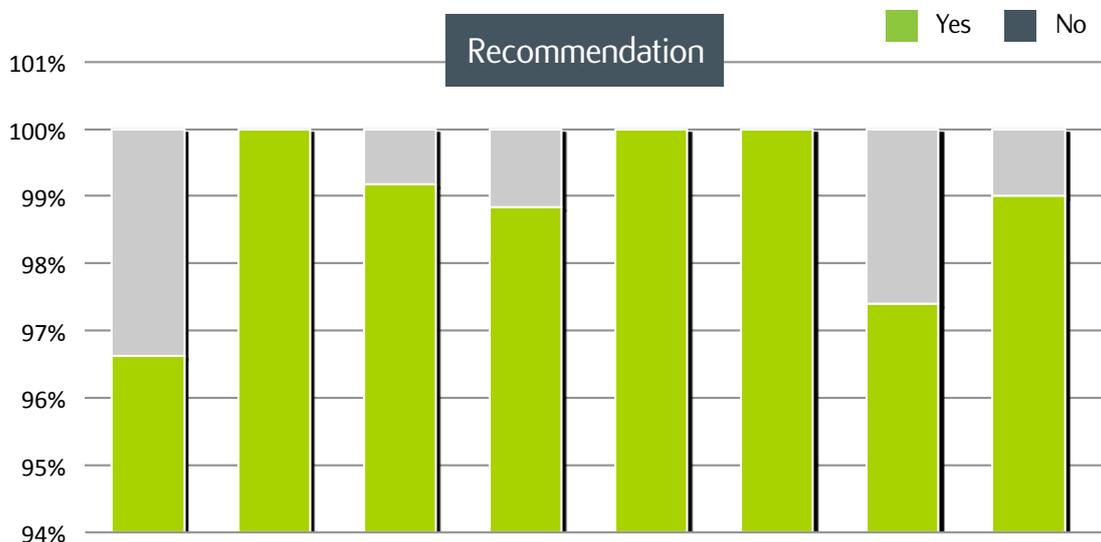
The results of this annual consumer satisfaction survey now sees our P&CS Quality Team focussing on other issues raised by the 246 randomly-selected people who anonymously took part. More suitable seating in waiting rooms has been identified as an opportunity for improvement.

At SWH we ask our patients about their experiences while they were in hospital. Patients are provided with a survey and there is a Happy or Unhappy brochure in waiting areas so visitors and family can also provide feedback. Patients are also randomly selected to participate in the Victorian Health Experience Survey run by the State's Department of Health.



The results of our patient survey are provided to the staff and discussed at the Consumer Advisory Committee Meetings.

Our patients are asked how satisfied they were with being involved in planning to go home, their treatment and the management of their medications and consistently rate our performance in these areas above 90%.



Since 2012, over 97% of patients would recommend us to others for their care.



## Involvement

SWH seeks to work with our consumers to ensure their views are reflected in our policies and programs. We have a number of committees in place where consumers can voice their opinions and have their feedback incorporated into our systems.

Our Mental Health Service has in place a Friends, Family and Carers Group who provide insights into the way service delivery affects them and the group review feedback received across the Mental Health Service. There is also a Consumer Advisory Group which is made up of current (or recent past) consumers who advise Mental Health Services management committee about issues of importance to consumers.

Mental Health provides a brochure and encourages all their service users to offer feedback - this includes consumers, their carers, or any concerned individuals or organisations.

The service also encourages people to agree to consult with us on our processes in a variety of ways including; the recruitment of staff, short term projects, Mental Health week planning, newsletter articles and volunteering. Consumer and family member participation not only benefits the Mental Health Services, but evidence also suggests that:

- Being able to influence change can lead to improved consumer, carer and family wellbeing
- Being involved with other people and influencing change together can lead to reduced stress and sense of isolation
- Getting involved with services can lead to better understanding of illness, treatment and what else is available in the wider community

The Warrnambool Community Advisory Group held six meetings for the year and instituted a number of activities designed to improve the experience of



our patients, such as;

- the introduction of a relaxation channel on the television system for those finding it hard to sleep at night,
- new signage at the front of the hospital to improve safety,
- approving the patient centred care training packages for staff and
- reviewing the organisations policy on the creation and management of consumer health information.

The Camperdown Community Advisory Committee held its first meeting in May 2014 and commenced work straight away;

# Partnering with Our Community

## Involvement (continued)

- undertaking a review of the information guide for consumer representatives,
- developing a work plan for the year and
- reviewing compliments and complaints data.

Our Primary and Community Services Division has been approaching consumer participation and engagement with specific groups in the community in mind; those from culturally diverse backgrounds who may have English as their second language, Aboriginal and Torres Strait Islander people, people with dementia, people living in isolation in rural and remote areas and those who are financially disadvantaged. Our Aboriginal Programs team have also been delivering training to our staff, providing sessions to:

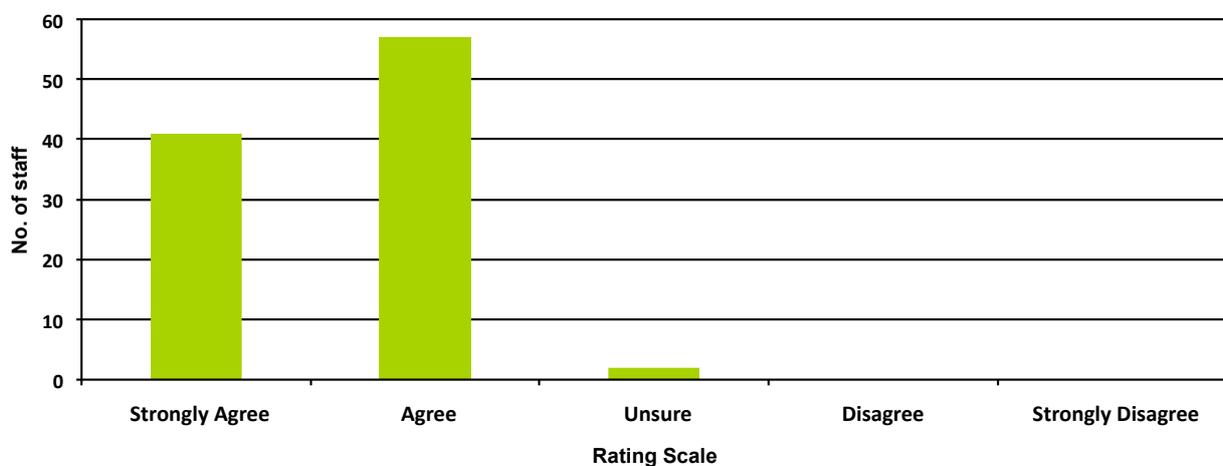
- medical, nursing and allied health staff and
- targeting specific services such as midwifery.

This program has also ensured there is now an Aboriginal Family Room available where our patients and carers can go to wait for appointments, visit those in hospital and wait to hear outcomes from surgery or tests.

When we ask our consumers to be involved in our processes and committees, we ensure they are provided with training and support to assist them in this role.

We ensure our staff receive training to assist them. After the most recent staff training, 98% of staff who attended agreed they had a good understanding of consumer centred care.

After completing the education I now have a good understanding of Consumer Centred Care





## Collaboration

*Below: SWH Clinical Dietitian Jane Hurley (from left) and Deakin University students Noël Kelly and Elaine Bo have played a big part in the Green Canteen's development.*



SWH works in partnership with communities and consumers to find solutions to problems. This approach has seen consumers working on our project teams and telling us what we need to do differently as a result of either their own or a family member's experiences. We have used this approach most recently in our Oncology redesign project as well as our Sub Acute Redesign Project.

Collaboration was also the key to success with the "Green Canteen" project with St Pius Primary School. The end-result of a terrific collaboration involving our SWH Nutrition and Dietetics Department and two on-placement university students was unveiled recently.

The canteen redevelopment initiative sees the addition of fresh food choices. As importantly, it sees the reduction of processed foods, sugary drinks and frozen confectionary.

In March, SWH Dietitians and final-year Deakin University (Masters of Nutrition and Dietetics) students partnered with St Pius to help shape the canteen's future.

Over seven weeks the students did a fantastic job engaging the staff, students and parents of St Pius Primary School to determine the future direction of the canteen. This allowed for recommendations to be made that were realistic for the school in terms of affordability and labour, while also ensuring the school students were involved in the process, and accepted the changes. In a sense, the Nutrition and Dietetics students facilitated the change of the menu whilst ensuring the school maintained ownership of the process.

# Partnering with Our Community

## Collaboration cont.

Our Mental Health team in our Extended Care Inpatient Unit (ECIU) has also been collaborating closely with consumers and local agencies to develop a sensory garden.

The aim of the garden is to assist our resident consumers to develop new skills, have access to fresh low cost produce and learn to propagate plants from seeds. The residents have been able to nurture and watch the produce grow and use the produce in their daily cooking. We hope that once they leave the ECIU and return home that they continue growing vegetables in their own garden.

The ECIU garden is an ongoing project with new water features and garden art currently in planning. The consumers and staff are in the process of making a mural and mosaic feature wall. Consumers now have a pleasant and more inviting place to sit, relax, close their eyes and enjoy the environment that they helped create.

The staff that attended Sensory Modulation training have transformed the seclusion room within the ECIU to a Sensory Modulation Room. This training enabled all staff members to see the benefits of establishing a Sensory Room within ECIU. This room creates a safe place for resident consumers to help promote self-care, self nurturance, resilience and recovery. It is also used as a visiting space when children of consumers visit.

The development of our Sensory Room has been a collaborative process. Our consumers have participated in making items for the room and assisted with the initial set up. The Sensory Room is fitted with a massage chair, bean bags, cushions, weighted blankets, bubble lamp, music, rainbow projector, mood lighting, various touch items, scent tub, books and children's corner and toys. The funding for the Sensory Room was granted by the JONES FOUNDATION.



*The Extended Care Inpatient Unit garden*



## Empowerment

Community members tell us what services they want to have greater access to and what new services they require. Since 2009 we have been working through Peter's Project to realise the community's desire to have radiation oncology services located in Warrnambool. Peter's Project is a community supported initiative committed to ensuring there is a state of the art facility for cancer patients in south-west Victoria and south-east South Australia.

The local community has led the way with fund

raising and lobbying and SWH has assisted this process wherever possible, in fact staff at SWH united to make a \$14,533 donation to Peter's Project. Via a special SWH workplace giving program initiative, employees from our Warrnambool Base and Camperdown Hospitals and Community Health Centres at Warrnambool, Camperdown, Macarthur and Lismore generously pledged money from their wages to the \$5M public appeal to help build the region its first radiotherapy centre.

## Doing it with us not for us

*Doing it with us not for us* is the Department of Health's policy on consumer, carer and community participation in the health care system. SWH meets all the requirements of this policy.



**Standard 1** The organisation demonstrates a commitment to consumer, carer and community participation appropriate to its diverse communities.

**Target= 75% SWH=100% compliance with the specified strategies**

1. SWH has a consumer/ carer/ community participation policy in place
2. SWH contributes to the planning and implementation of the work of the Primary Care Partnership
3. We use local media outlets, our website, our Annual Report, our Quality of Care Report, our Newsletters and our Health Promotion Programs to disseminate information on consumer, carer and community participation
4. A cultural responsiveness plan is in place and is known as the Access and Equity Plan.
5. Our Aboriginal Health Department is vibrant and dynamic and incorporates its Cultural Responsiveness Plan into the organizations' Access and Equity Plan
6. Our Disability Action Plan is a component of our Access and Equity Plan
7. The structures and processes we have in place for consultation include Resident Focus Groups, Consumer Advisory Committees, patient surveys, and a Consumer Liaison Officer
8. We ensure participation is enabled by providing education to our staff such as Patient Goal Setting, by ensuring participation is built into our care processes, for example, setting patient goals as part of our care pathways.

# Partnering with Our Community

## **Standard 2 Consumers and, where appropriate, carers are involved in informed decision-making about their treatment, care and wellbeing at all stages and with appropriate support.**

1. 2.1 Our acute care consumers rated their participation in a survey as 84.45% compared to the state average of 82%
2. 2.2 Our maternity patients are surveyed but there were insufficient response numbers
3. 2.3 Our community health clients rated their participation in decisions about their care at 86.6%
4. 2.4 The number of residents/families/carers satisfied with their involvement in decision-making about their care or treatment= Residents 84.5% Relatives =86.29% (target=75%)

## **Standard 3 Consumers and carers are provided with evidence-based, information to support key decision-making along the continuum of care.**

1. SWH consumer information complies with the Department of Health's checklist for assessing written consumer health information. Our policy "Consumer Health Information" follows the guidelines and incorporates the checklist for staff use.
2. The rate of respondents to consumer and carer surveys who rate the information as being 'good' to 'excellent' for SWH is 88% (target = 75%)

## **Standard 4 Consumers, carers and community members are active participants in the planning, improvement, and evaluation of services and programs on an ongoing basis. SWH= 100% Target = 75%**

1. The Board, Chief Executive Officer, Executive Directors and key personnel determine measurable outcomes to be achieved via annual strategic planning that include a consumer engagement focus. Community forums are held to ensure participation in planning for the organisation and surveys are distributed to the community.
2. Service and program planning for our Community Services involves local community groups
3. Consumers are active participants in projects including our Surgical Flow Redesign project and Subacute Redesign Project
4. A robust Compliments and Complaints system is in place with consumer review of the data and actions
5. SWH has in place various committees to promote participation in planning by community members – Ethics Committee, Quality Care Committee and Community Advisory Committee
6. Our Community Advisory Committee review and approve our consumer health information

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

1. 5.1 Members of our Community Advisory Committees are actively involved in the production of the Annual Quality of Care Report and provide feedback on the draft versions
2. 5.2 100% of our orientation and in-service training programs conducted by the mental health service for its staff demonstrate evidence of consumer and carer involvement

# Improving Our Services

SWH regularly examines ways to improve our services. Improvements are achieved through collaboration between consumers, SWH staff and departments and, for improvements needing a wider partnership, with other agencies such as the Department of Health and other health organisations.

The improvement activities outlined in this report provide an overview of a selection of SWH local and state collaborations.

## Emergency Department Clinical Liaison Mental Health Nurse

A mental health nurse works closely with our Emergency Department (ED) staff at Warrnambool Hospital as the Emergency Department Clinical Liaison (EDCL) nurse. This role aims to increase the specialist mental health presence in the ED, to improve our responsiveness to our patients experiencing mental health problems, and provide a consultation and liaison role with all Warrnambool Campus wards and departments for other patients who may have mental health problems.

As the ED is often the first contact point for many people experiencing mental health issues we aim to streamline care and improve outcomes for them with appropriate assessment and referral in a timely manner. The Department of Health Key Performance Indicator data shows that our service achieves one of the best results in the state

(94%) in transferring consumers from ED to our Acute Mental Health Inpatient Unit within 8 hours of them presenting to the ED. This demonstrates a successful collaborative approach to working with ED staff in supporting our consumers who are experiencing serious mental health problems, making sure they get access to the most suitable service in a timely fashion.

The EDCL works closely with a range of consumers, families and other services such as Child Protection Services, Drug and Alcohol Services, Victoria Police, Ambulance Victoria, General Practitioners, Police and Family Violence Services. The nurse also provides education and training to ED staff within regional hospitals on a variety of mental health topics.



# Improving Our Services

## Managing therapy for Australia's first hand transplant patient

Our Occupational Therapy team has participated in the rehabilitation therapy plan for a patient who underwent Australasia's first hand transplant. Four months following surgery, the patient returned to Warrnambool and our staff took over day to day management in conjunction with St Vincent's Hospital in Melbourne. The patient's goals were the driving force in this process and the achievements have included dressing, eating, drinking and showering independently. The patient has also

exceeded his own goals and is now driving, playing lawn bowls and mowing the lawn. The team at SWH assisted this patient to achieve his goals while taking on the challenge of delivering hand rehabilitation after transplantation, a new and exciting process for all involved. Our staff have since delivered sessions at transplantation conferences on the work they undertook in partnership with this patient.



*Josephine Gibbs-Dwyer, Manager of Occupational Therapy, speaking at a Transplant conference*

## Mental Health- Let's Get Moving Exercise Group

The Mental Health Division recognises that some consumers experience unwanted side effects from prescribed medications, including weight gain, sedation and lethargy. This often makes it difficult for a person to be motivated to maintain their physical health and manage some of their own self-care needs. A physical health activity group was set up to attempt to address these potentially hazardous effects.

The activity group runs weekly at the indoor

cricket centre in Warrnambool. There are warm up exercises followed by a stretching and strengthening routine. Yoga, Thai Chi, line dancing, circuit training, martial arts, aerobics and a variety of team games are some of the activities offered.

"Let's Get Moving" started with three people and has increased weekly to approximately 20 people. The participants that have been attending regularly are from various community services including mental health consumers, carers and staff, alcohol



## Redesigning Our Care – Improving our Chemotherapy Service

With cancer services expanding within our community, our Day Oncology Unit staff were eager to put their hands up to participate in a Department of Health Chemotherapy Services Redesign Project aimed at maximising services for patients in the most efficient manner. The SWH Oncology service was successful in being one of eight health services accepted by the Department of Health to participate in the Victorian Chemotherapy Services Redesign Project (VCSR).

These services met regularly throughout the life of the project to collaborate and share their knowledge and resources.

The project started off with staff measuring the work we do and how long each of the treatment steps took.

Patient and staff satisfaction surveys were also undertaken. Patients revealed they would like more of an orientation to the Unit when starting their treatment program. An orientation brochure was

produced as well as a process for patients who would like to visit the Unit before they start treatment.

Reviewing our processes showed that we could improve waiting times for our patients by reducing the length of time it takes to assess them

when they come to

the unit and by reducing the time it takes for the appropriate chemotherapy or treatments to be made available for staff to administer. The results of the project include an overall decrease in waiting time of an hour, a 10% increase in the use of the chemotherapy treatment chairs and a 9% increase in the number of times the patients chemotherapy was ready at the time of the appointment. The staff managed to make these improvements happen at the same time as the number of patients they treated grew by 48.



*First visit-  
'I was terrified, didn't know what to expect'  
'An orientation of the unit may ease anxiety'*

and other drugs, Mental Health Community Support Service consumers and staff, and others in the community with no service connection but a desire to become more involved in their community and less socially isolated.

The group will continue to build connections between participants and services in order to reduce the physical, mental and emotional health issues people face in this community.

*"I experience social anxiety, and have struggled to re-join activities that are beneficial to good general and Mental Health. In my personal experience the greatest benefits of joining the group are; that all the participants are equal, welcoming and friendly. Regardless of ability, I see that everybody is encouraged to their potential and people enjoy themselves because of the positive atmosphere. I try my best, and I think that I can be a friendly face for others at different stages of recovery." –  
Joanne, participant*

# Improving Our Services

## Redesigning Our Care – The Right service for the Right patient (Subacute)

This Department of Health funded project commenced in November 2013 and aims to ensure that patients leaving our acute care wards receive any care and/or rehabilitation that they require from a service that can best meet their needs.

This is a patient centred model that aims to deliver the right care in the right place at the right time. Subacute services are those that focus on patients goals to maximise their independence and quality of life. Examples of these include, admitted patient rehabilitation or community based rehabilitation programs or services that can be provided in the home or by attending the Community Health Centre.

SWH took on this project because we were aware that our patients were far less likely to be referred to our rehabilitation services than other patients in Victoria. While our referral rate remained around 19%, the Victorian overall rate of referral from acute services to community based subacute services was growing from 39% to 48.5 %.

So far we have focussed on our Rehabilitation Ward by embracing daily team meetings – known

as “Huddles” to ensure key staff (nursing, allied health, medical and other support staff) are on the same page for the day and that daily care and discharge run as smoothly as possible for patients.

We have also significantly improved our weekly comprehensive team meetings where we now discuss each patient’s goal progress and develop discharge plans that may include planning for ongoing rehabilitation in the community if required. Central to the success of these meetings has been the allocation of a Key Contact Person for each patient who is responsible for ensuring the patient remains at the centre of any rehabilitation planning.

These team and patient centred communication processes have already resulted in improved outcomes for patients who are reaching a higher level of function by the end of their inpatient stay. We have also found that patients are achieving this in a shorter time frame which means they are not spending as long in hospital. We are excited to see what outcomes we can achieve when further recommendations from the project are finalised and implemented.



Staff taking part in a daily “Huddle” to discuss patients’ goals and treatment plans

# Feedback

## Quality of Care Report

To help us improve this report, please take a moment to fill in this feedback form.  
Please tick the answer that matches your response.

### How do you rate the presentation of this report?

Poor  1  2  3  4  5 Excellent

### Was the report easy to understand?

Poor  1  2  3  4  5 Excellent

### Do you think the report was:

Too short  About right  Too long

### Would you like to see more information about: (Tick as many that apply)

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| South West Healthcare services                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| How consumers contribute to the organisation                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Preventing and managing pressure injuries                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Preventing falls and harm from falls                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Safe use of blood and blood products                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Preventing and controlling healthcare associated infections | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Medication safety   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Accreditation   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| How we respond to the needs of consumers and families       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Health promotion activities                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other _____   |                              |                             |

### What would you like to see more of?

Patient stories  Staff profiles  Other (please list) \_\_\_\_\_

### General comments:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

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



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

# Our Staff At Work





## Hospitals

Warrnambool Base 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

## Community Mental Health Services

Warrnambool - Koroit Street, Warrnambool 3280  
Ph: 03 5561 9100 Fax: 03 5561 3813

Camperdown - Scott Street, Camperdown 3260  
Ph: 03 5593 6000 Fax: 03 5593 2403

Portland - 63 Julia Street, Portland  
Ph: 03 5522 1000 Fax: 03 5523 4212

Hamilton - 12 Foster Street, Hamilton 3300  
Ph: 03 5551 8418 Fax: 03 5571 1995

## Community Health Centres

Warrnambool - Koroit Street, Warrnambool 3280  
Ph: 03 55644190 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 55522000 Fax: 03 5576 1098

## SWH Aged Care Facility

Merindah Lodge - Robinson Street, Camperdown 3260  
Ph: 03 55931290 Fax: 03 5593 2659