

South West
Healthcare



Quality of
Care Report
2011 | 12

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

EXCELLENCE

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

The photos throughout this Quality of Care were provided by The Warrnambool Standard

Contents

What we have been doing

Where we are located

Who are our Community

How we promote Participation

How we have ensured Quality and Safety

How we have ensured Continuity of Care

Distribution

This year 500 copies of the report have been printed to make them available at all of our 4 campuses and we also distribute them to health services in our region. Copies are also available at the Annual General Meeting and a one page summary of the report is published in local and regional newspapers. An electronic version of this report is available to download or view on the South West Healthcare website and will be promoted as the preferred method of accessing the report to minimise the impact of printing on the environment.

Access

INTERPRETER

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



VISION IMPAIRMENT

The electronic version on line of this report can be "zoomed" for those with vision impairment.

What we have Been Doing

See Our highlights from the year July 2011 to June 2012

- Commenced a dedicated Women's Health Clinic to provide, for the first time in our 158-year history, both outpatient ante natal and gynaecology appointments for public patients.
- Became the first Emergency Department in Victoria to have a 24/7 video connection with the Royal Children's Hospital Paediatric Retrieval Team (PET).
- Hosted our annual NAIDOC (National Aboriginal and Islander day celebration) event.
- Commenced a Deteriorating Patient Project to ensure timely identification and intervention for those patients whose condition worsens
- Continued to perform better than comparable hospitals across the state in the external survey of patient satisfaction, the Victorian Patient Satisfaction Monitor.
- Our volunteers were once again recognised for their work with Claire Gibbons being named 2012 Minister for Health Volunteer Awards - Regional Individual Achievement recipient and our Palliative Care Massage Team being named 2012 Minister for Health Volunteer Awards - Regional Team Achievement recipient.
- The development of a Continence Specialist Clinic and Falls and Balance Specialist Clinic in April 2012 has seen the development of multidisciplinary teams to expand the types of services offered to clients to maintain them at home.
- Continued with progressing our redevelopment of the Warrnambool Campus with the Warrnambool Community Health primary care centre completed
- Achieved another year of record patient throughput
- Commenced a Surgical Redesign project to promote timely and streamlined access to surgery for patients



Where we are Located

Our Region

South West Healthcare provides care and services to over 110,000 people within the Warrnambool City Council, Corangamite, Glenelg and Moyne and Southern Grampians Shires of south west Victoria. We are the largest employer in the region: 1,247 people work for South West Healthcare.

Our hospitals are based at:

- Warrnambool (the organisation's headquarters) ①
- Camperdown ②

Our Mental Health Services offices are based at:

- Warrnambool (headquarters) ①
- Camperdown ②
- Hamilton ⑥
- Portland ⑤

Our Community Health centres are based at:

- Warrnambool (headquarters) ①
- Camperdown (there are two, including an adult day centre) ②
- Macarthur ④
- Lismore ③

Our aged care facility is based at:

Camperdown ②
(On the grounds of our Camperdown hospital)

South West Healthcare has served Western Victoria for more than one-and-a-half centuries. Our Warrnambool Campus is 158 years old and our Camperdown Hospital is 103



On a typical day SWH:

- Treats 75 people in our Emergency Departments
- Treats 16 mental health patients in an acute inpatient setting
- Provides 79 hours of Mental Health outpatient contact hours
- Discharges 60 people
- Has 320 volunteers assisting in 44 programs



Who are our Community

To be able to deliver the services our community needs, we regularly seek information both on health challenges faced by people living in our region and any barriers they may face in accessing our services. The census data from 2011 has assisted us greatly in the ongoing, appropriate planning and development of our services for those in most need.

From this data we know that:

- Our most common countries of origin (besides Australia) are England, New Zealand, Scotland, Netherlands and China
- Only 9.3% of our community had both parents born overseas compared to 38.1% of other Victorians
- The most common languages spoken (other than English) were Mandarin, Arabic, Dutch, French, German
- Our Aboriginal population has increased to 1.6% of the population compared to the Victorian state average of 0.7%

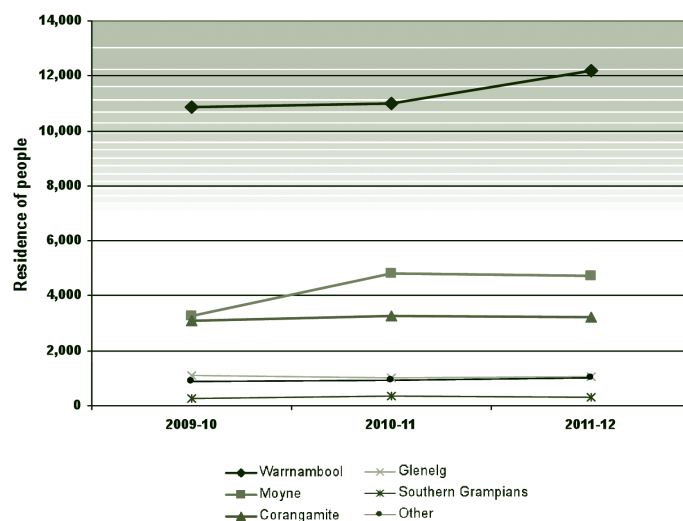
Mary's Story

Russell and Mary were first time parents to their son Devin, with mum and baby staying three days in the maternity unit.

"As first time parents we found the entire process to be incredibly supportive from our antenatal classes, through delivery and post birth care. The staff were happy to work with us to accommodate our plans and were incredibly accessible and supportive when we had challenges feeding after our return home. The ability to access a lactation consultant through the hospital was absolutely invaluable to us"

When examining data, we also use information captured when we treat our consumers. One of the items we examine is the place of residence of our acute inpatients, this assists us to work with other health organisations across the region in planning service delivery and access.

Place of Residence of our Patients



Who are our Community

Leanne's Story

I was not looking forward to coming into hospital for surgery and I was quite nervous. I found the waiting lounge area hard to find and the room was quite old. Once I was taken to the Day Surgery area I found the staff to be very friendly and professional, but once again the small waiting area was not

pleasant. I understand the hospital is looking at developing more new sections and that will be good for patients and the staff. The care throughout the day from staff was fantastic and nothing was too much trouble.

Jane's Story

In 2012 Mum moved in to Merindah Lodge, let us share our journey so far.

Soon after Mum and Dad celebrated their 'Golden' Wedding Anniversary, Dad passed away. Two years ago Mum moved from our family home into a small unit, with support services provided by the Corangamite Shire.

With time going by, Mum's hospital stays started to increase and suddenly assessments, high/low care, bonds were all discussed, with the shire increasing their services to include personal care. Suddenly while Mum was in hospital she became gravely ill, and I was advised that she now required high-level care and was unable to return to her home. Being assessed as high care meant the only choice was Merindah Lodge, as I knew that Mum would like to remain in Camperdown. Suddenly the assessment process, high care and fees were all a reality and very daunting.

Together we toured Merindah Lodge and I could see that the nursing staff showed great care to the residents - however the infrastructure and the thought of Mum sharing a small room concerned me. The day that Mum moved into Merindah Lodge, I dreaded the thought of leaving her and seriously considered taking Mum home and caring for her. I then remembered how I felt when my children first went to day care, kindergarten, school and university, they needed to move on and so did Mum, she required expert care that I couldn't give her.

In the past two months I have seen my mother improving daily. Every day, Mum tells me of her daily activities, the lovely food and some of the antics of the residents. Mum speaks highly of the nursing staff and loves the attention that they give her. I am also very happy, although I would love to see a make-over of the building!

I have realized that Merindah Lodge provides a necessary service to our aged population and is not the daunting place I'd imagined it to be. Mum is happy to take part in



the activities, have her hair styled; a beauty treatment or she can sit in the lounge and knit, read or watch television. Mum sometimes goes out for lunch or afternoon tea with her family, she can watch television in her room and if she likes she can hop into bed at 7pm, in your eighties these are great choices to have (sometimes they don't seem too bad in your fifties).

I feel confident in knowing Mum is well cared for by all the dedicated staff - Mum's always telling me that they are all wonderful and take great care of her and they are what make this nursing home very special.

After a whirlwind three months, Mum has settled in happily, her unit has sold and the other half of her possessions distributed to her family. Mum and I can both sit back and relax.

Suddenly assessments, high care and fees are not as daunting and not nearly as important as ensuring the on-going care of my Mum.

Jane Hatley – daughter of Patricia Cullen.

Greg's Story

I was diagnosed with depression in the late 1990s after an original diagnosis of epilepsy. The epilepsy meant I was not able to continue working in my profession and ended up on the pension. My journey through mental illness has had many highs and lows. Maintaining my mental health still has its challenges, in fact sometimes there's a new challenge every day. So I take my time these days and what can't be done today, I will do tomorrow.

As a result of my experience I have become involved in trying to improve mental health services for others. I sit on a variety of committees and advise services on the needs of their clients. I have also been involved in educating clinicians, particularly around the important role that family and carers can play in supporting recovery.





How we promote Participation

Understanding our consumers needs

We aim to meet YOUR needs – whoever you are

Our community is becoming more diverse each year and our challenge is to meet the needs of everyone, including 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 (Access and Equity Plan). This plan is based on the Department of Human Services (DHS) - Health Service Cultural Diversity Plan and the Improving Care for Aboriginal and Torres Strait Islander Patients (ICAP).

We collect demographic data on Aboriginal 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.

Using Language Services to Improve Communication

Our staff continue to use the 'On Call' phone interpreter service where indicated, to help communicate with people who do not speak English.

We are working towards developing video conferencing interpreter services, including Auslan, to enhance our communication.

Use of the universal interpreter symbol in our new inpatient and reception areas.

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

Partnerships which are Building Bridges

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

- They work closely with local government and community services to maximise strategies.
- They meet frequently, both formally and informally, with local Aboriginal Community Controlled Health Organisations to continue in strengthening the working relationships.

- Funding obtained from 'Closing the Gap' has increased our workforce of health promotion staff.

Cross-Cultural Training to Improve our Service Response

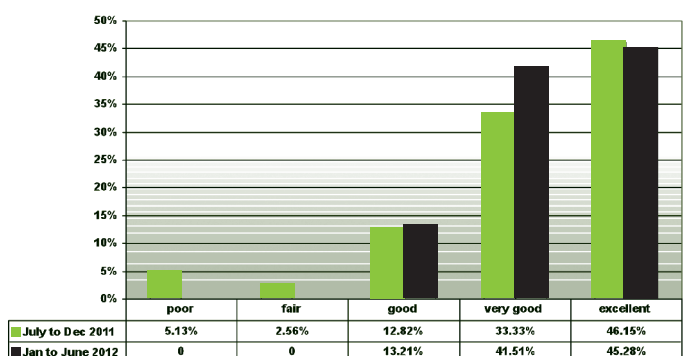
We have included education in our orientation programs for a variety of health care professionals to improve the understanding of Aboriginal culture, their specific health care needs and providing a culturally safe and welcoming environment.

Links for Care and Discharge Planning

- An electronic medical record alert for CALD clients who access the service is helping the Aboriginal Liaison staff and Refugee Nurse to ensure all care and discharge planning requirements are met.
- The Aboriginal Health Liaison Workers (AHLO) also work closely with the community based Hospital Admission Risk Program (HARP) team which helps people with chronic illness self manage their condition.
- Our Post Acute Care and Discharge Planning teams have plans and policies to make effective primary care referrals and seek the involvement of Aboriginal workers and agencies when appropriate.

We monitor our patient's satisfaction with our ability to meet their religious and cultural needs via the external patient satisfaction survey- The Victorian Patient Satisfaction Monitor. The results for 2011/12 show that whilst we are doing well, we have room for improvement.

How well we responded to Religious and Cultural Needs



National Aborigines and Islanders Day Observance Committee (NAIDOC)

South West Healthcare annually celebrate NAIDOC week (National Aborigines and Islanders Day Observance Committee). This year's event took place on the 7th of July at the rear of Warrnambool Community Health. Our NAIDOC event is a great example of what can be achieved through a partnership approach. The aim is to improve the health and well being of the Aboriginal population by breaking down the barriers and engaging and working with the community as a whole to ensure that our health service is responsive to everyone's needs. Moreover, the event provides both an opportunity to acknowledge the achievements of the local Aboriginal community as well as the broader community learn more about Aboriginal culture and history.

The NAIDOC planning committee was comprised of representatives from our two local Aboriginal Community Controlled Health Organisations, Gunditjmara Aboriginal Co-operative and Kirrae Health Service. Other partners involved in the committee were Centrelink, Warrnambool City Council, Victoria Police, Brophy Family and Youth Services as well as representatives from various departments within South West Healthcare. This year's theme as chosen by the National NAIDOC Committee was 'The Spirit of the Tent Embassy'. This theme was highlighted to celebrate the 40th anniversary of the Aboriginal Tent Embassy in Canberra and to acknowledge the key contributors to its long history. Given this theme it was fitting that our event took place in a large marquee structure.

Despite rather inclement weather again this year the event was well attended by a diverse group of people from Warrnambool and surrounding areas, 250 plus people attended and participated on the day. The event was jointly MC'd by Allan Miller (SWH Aboriginal Health Programs Manager) and Joey Chatfield from Victoria Police.

Celebrations started with a tradition Welcome to Country and Smoking Ceremony which was performed by respected local elder Rob Lowe Snr. Following this was the raising of the Aboriginal flag; local elder Bernice Clarke had the honours of doing this which was appropriate considering Bernice was the first Aboriginal Liaison Officer to be employed by South West Healthcare. Entertainment was

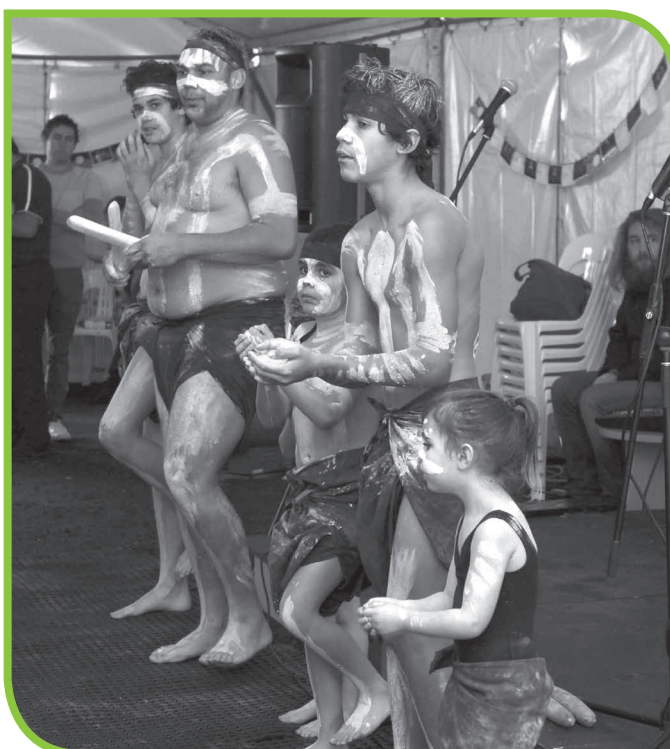
provided by local Aboriginal artists Skye Taikato, Marky Alberts, the Winda Mara Aboriginal Dance group and a Drum Beat session also took place. Other activities were also held throughout the day including: Face and nail painting, boomerang painting, ABC dreambox photo display and other arts and crafts including a community patch work quilt project.

All feedback about the event has been very positive and there appeared to be a strong sense of engagement. We were very pleased with the number of people who attended all activities and the broad representation of the community. Many committee members and hospital staff have commented positively on the new connections they were able to make.

Improving Care for Aboriginal Peoples

Some Snapshot Statistics

- The infant mortality rate for Indigenous Australians is twice the infant mortality rate for all Australians
- The life expectancy of Indigenous people is around 17 years lower than that of the Australian population
- Twice as many Indigenous people report their health as being fair or poor (22%) compared to the general Australian population.



How we promote Participation

Healthy and Happy Communities – getting you involved

Lismore Primary School Community Garden

The garden continues to develop and is integrated into the health component of the school curriculum. To this end a lunch box survey was undertaken approximately 12 months ago and is due to be repeated. In May 2012 Lismore Campus staff with our community dietitian, ran cooking sessions for the children and parents preparing and tasting healthy lunchbox options.

A survey undertaken on the day revealed the following:

- 10% of students were correct with the amount of fruit they should eat
- 30% of students were correct with the amount of vegetables they should eat
- 80% of children drank water mostly every day or most days
- 88.9% of students stated they ate lollies or sweets only sometimes
- 80% of students ate dairy products most days if not all days
- 50% of students stated they ate take away food one night a week, with 50% stating they ate take away food only one or twice a month

Macarthur Primary School Garden Project

The school garden project began in 2011 and is now integrated into the school curriculum through science, health and nutrition classes. The interest and knowledge about healthy eating has increased in the school and through audits of children's lunch boxes it has shown a 44% decrease in lunch boxes with 2 or more processed snack foods (muesli bars, potato chips) and 21% increase in number of lunch boxes with 2 or more serves of fruit. The teachers and Principal have indicated that the project has been very worthwhile.

Camperdown Healthy Eating Sessions

Six sessions were conducted between December 2011- March 2012. The sessions consisted of a dietitian providing information about healthy eating and a chef providing the opportunity for participants to prepare and cook nutritious dishes and then sample them. Each session had a theme of healthy lunch boxes, food for 'fussy eaters', how to make vegetables interesting.

Comments from the sessions were:

- "Hands on cooking excellent".
- "I really enjoyed session. Perhaps it would be good for new parents to have information re when and how to introduce foods".
- "Very informative session, learnt a lot"
- "Had a 'ball' and learnt new tips".
- "Learned some great new ideas".
- "It was great, should be more often".
- "It's a wonderful program and I have learnt a lot talking to the professionals".



Mental Health & Wellbeing

Following on from some community consultations and with support from SWH Mental Health Team, the Lismore Campus ran a series of workshops addressing assertiveness, stress management and sleep in August & September 2011. After the workshops, participants reported between 3% & 41% decrease in the physical, psychological, emotional and behavioural symptoms of stress.

Lismore & Surrounding District Men's Shed

After community consultations in December 2011 and January 2012, the Lismore & Surrounding District Men's Shed was incorporated in March 2012 and is now open one afternoon per week. The shed has 18 members and has recently appointed a first aider and OHS facilitator. The shed is located on the Lismore Campus site and is supported by the staff through the Health Promotion Program. Many stories are already emerging about the benefits of this program, however evaluation will occur at the 12 month point after the shed opened, by one to one interviews capturing the men's stories.

Macarthur Community Health

Our Macarthur Community Health staff have been working closely with the South West PCP and a number of other agencies within the Moyne Shire including Moyne Health, Mortlake and Terang Community Health Service, Moyne Shire Council and Deakin University to help develop a long term plan to address the rising rates of obesity and overweight that we are seeing within our communities.

This project called "South West Healthy Kids" is an integrated approach to health promotion. We are targeting children between 3-12 years as we know that, if we can influence behaviours earlier then there is a greater chance that as these children age, lessons and behaviours learned are more likely to equate to healthier behaviours in later life.

The Macarthur Men's Shed recently hosted a visit from the Mortlake Men's Shed who were keen to visit and get some ideas and knowledge of how the Macarthur Men's Shed was established. Mortlake Men's Shed have only recently taken possession of a premises in Mortlake and are just beginning the process of getting their shed operational. Judging from the interaction of the members from both sheds, they certainly left with plenty of food for thought.

The day was helped by a great BBQ and even the weather was dry and sunny. It is hoped that regular get togethers between local sheds will become the norm, helping strengthen the Men's Shed movement in the South West and improve the health and wellbeing of local men within their communities.

Manifold Place- Camperdown

The Camperdown Community Lunch held in December was a roaring success with 140 people of all age groups enjoying a fun filled few hours of laughter, great food, singing and gift giving. The lunch went off without a hitch thanks to the army of helpers – Manifold Place, Uniting Church, St Vincent De Paul, Community House, Lions, Rotary, local caterers and businesses, Camperdown Bowls Club and many community members .

'Managing your life and illness' is the catch cry for the Chronic Illness team. To facilitate lifestyle change three programs are running continually through out the year – Leap Forward for Life a self management program for newly diagnosed Type 2 Diabetics, Steps to Wellbeing a self management program with education and exercise and My Life, My Health for those with any chronic illness.

We welcomed a new Early Intervention in Chronic Disease Coordinator and we are also now providing a HARP Paediatric Asthma Program at Manifold Place.

How we promote Participation

Doing it with us not for us

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

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

Staff Culture Promotes Involvement

- Staff attends 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.

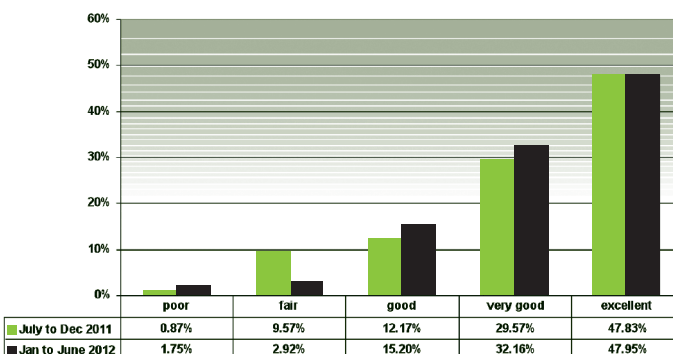
Information Brochures and Booklets Promote Understanding and Participation

- We have written information on specific health issues and operations to provide a back up to our explanations. This is especially relevant in health care when people can be stressed and unwell.
- We consult widely through our Community Advisory Groups and through working parties with our staff, consumers, carers and community to inform and review the development of our booklets and brochures to make certain that our resources comply with government guidelines.
- Our Mental Health Services have in place a very vibrant Friends, Family and Carers Group who provide insights into the way service delivery affects them and review all the feedback received across the Mental Health Service.

Monitoring Participation

We monitor our patient's satisfaction regarding involving them in their care via the external patient satisfaction survey- The Victorian Patient Satisfaction Monitor. The results for 2011/12 show that our patients believe we are doing well in this area.

Staff involved you in decisions about your care



'Doing it With Us Not For Us' 2010–2013 Strategic Directions

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

Target= 75% SWH=100%

1. SWH has a consumer/ career/ community participation policy in place
2. SWH contributes to the planning and implementation of the work of the Primary Care Partnership
3. We use the 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. This plan is monitored through our Cultural Diversity Committee.
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, a Patient Liaison Officer
8. We ensure participation is enabled by providing education to our staff such as Patient Goal Setting, by ensuring it is built into our care processes, such as patient goals as part of our care pathways and promoting the concept by staff membership of the Consumer Advisory Committee

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. Our acute care consumers rated our participation as 84.7 compared to the state average of 81.4 (Jul to Dec 2011) (target = 75)
2. Insufficient numbers of maternity patients responded to the survey to gain a result
3. Our community health clients rated their participation in decisions about their care at 90.2% (target =90%)
4. Nearly 60% of our Mental Health clients have completed a self rating measure (target=75%)
5. The number of residents/families/carers satisfied with their involvement in decision-making about their care or treatment= Residents 85% Relatives =84% (target=75%)

How we promote Participation

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

SWH consumer information complies with the Departments checklist for assessing written consumer health information. Our policy "Consumer Health Information" follows the guidelines and incorporates the checklist for staff use.

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
2. Our Community services involve local community groups in service and program planning and development
3. Our consumers are surveyed regarding their satisfaction and involvement in any projects we undertake- this includes our redesign processes.
4. A robust Compliments and Complaints system is in place
5. SWH has in place various committees to promote participation in planning – Ethics Committee, Quality Care Committee, 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. Members of our Community Advisory Committees are provided with education to ensure they are able to fulfill their roles. Community members are provided with information through a variety of means including our Annual Quality of Care Report.
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 Care for Older People

This program was previously known as the Long Stay Older Patient (LSOP) Project which started in 2006, the project has been renamed as the Improving Care for Older People (IC4OP) Project which commenced in July 2011 and will run until June 30th 2013. The initial project was developed in response to increasing length of stay of our older population in acute hospitals and the decline in their abilities as a result.

This year has seen the activity program expand with new volunteers being recruited and orientated and a varied and exciting program being implemented on the Medical and Rehabilitation/GEM Units. Our staff support these programs by ensuring patients are aware of the activities on offer and enabling / assist them to get to the activities. It is our responsibility to help the volunteers who give up their valuable time to help the patients and staff by providing these activities.

Mental Health Week- Flash Mob

In October 2011 South West Healthcare Mental Health Services Participation Team organised a Flash Mob Performance during Mental Health Week. A crowd of about 50 singers surprised shoppers at the Target Complex in Warrnambool, with a spontaneous rendition of Billy Thorpe's classic hit "Most People I Know (Think that I'm Crazy)".

This song, whilst being great fun to perform, also had an important mental health message— it doesn't matter what people think about you; live your life according to your strengths, and engage with others often, and that will help you along in your life journey.

Fortunately the entire performance was filmed for a YouTube audience and you too can join in the fun by searching for Star Beat Choir on YouTube or follow this link http://www.youtube.com/watch?v=r8i_qbEhwFA

The hospitals health Assessment form is being upgraded to include a Nutrition Screen as well as several other information gathering techniques.

Communication with older patients has been reviewed and a plan for improvement is currently being implemented and we have several initiatives associated with this such as: a Bellman Maxi Amplifier for the hearing impaired patient which has been purchased. We also now have instruments to check and clean our patient's hearing aids as well as some vision aids. A resource book with communication cue cards has been formatted and will be kept in both hard copy and as an electronic version so as it can be individualized to the patient and can be found in our Medical, Rehabilitation/ GEM, Short stay, Acute and Emergency Departments.



"I was very lucky on Saturday morning to have been in town when a flash choir was on. To all who participated, it was fantastic. You really did brighten up my day"

"Flash choir in Target centre Saturday morning was amazing!!! Big congratulations to the organizers, I was truly moved"



How we have ensured Quality and Safety

Quality Management

Improving our Consumer's Experience

Patient Experience Surveys

Improving our patient's experiences is important to all our departments and staff. A number of services conduct satisfaction surveys and use these to make improvements.

We also offer each patient the opportunity to provide feedback on their experience through either the internal participation survey or use of the "Happy or Unhappy" form.

Changes made in response to the surveys have included:

- Development of a secondary, separate waiting area in the Women's Health Clinic for patient privacy
- Commencement of a Surgical Flow Redesign project, ensuring patients have a streamlined and timely process for undergoing surgery
- Introduction of hearing amplification devices, assisting those without hearing aids
- Installation of a ramp in the basement car park, making access easier and safer
- Alteration to signage at the entrance to the hospital
- Introduction of signs identifying patients who need assistance with meals

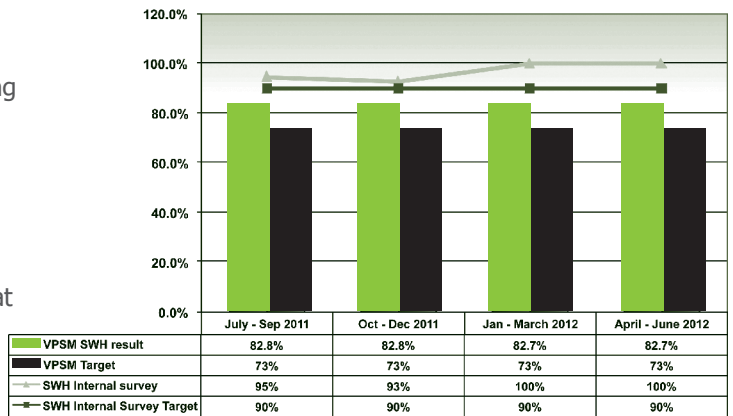
In 2011-12 our patients told us we have been doing a great job:

- 465 patients responded to our internal participation survey and rated our care in a number of areas including access to services, friendliness of staff, quality

of our food and involvement in their care. The overall rating of our care by patients was between 93 and 100 per cent satisfaction with the care we delivered. Our target is 90 per cent satisfaction.

- The Department of Health also provides a randomly selected group of patients the opportunity to provide feedback on our care through the Victorian Patient Satisfaction Monitor (VPSM). This survey allows us to be compared to other similar hospitals. Our patients rated their overall care (overall care index-OC I) between 83 and 84 per cent, placing us in the top three performing hospitals in our category. Our VPSM target set by the Department of Health is 73 per cent.

Patient Survey Results



Most importantly, our patients also told us where we can improve:

Difficulty finding admissions office from front entry.

It was the noise at night that made my stay difficult. Visitors should be asked to lower levels and control kids when people are sick and late at night.

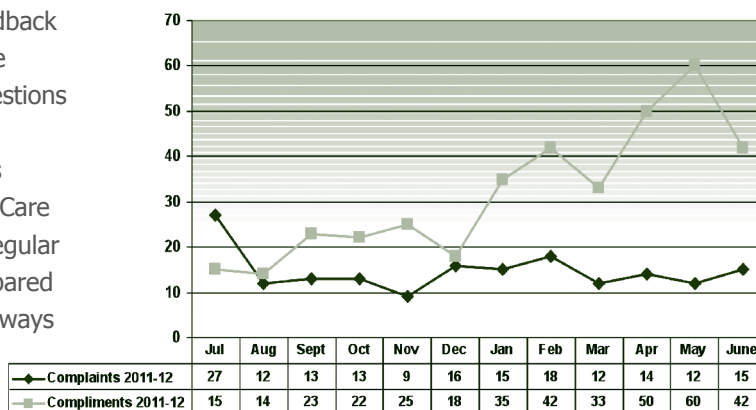
Could you please brighten up area near lifts - so stark need colour - say artist paintings on show or some photographic pictures as you have in theatre area - needs something- really impressed with new hospital, looks great

South West Healthcare ensures quality and risk management play a significant role in the culture of our work place. Each staff member has a responsibility to ensure they provide a safe, high quality service to consumers. Quality and Safety processes are maintained and overseen by a dedicated Quality and Risk Unit.

Managing Your Complaints

All patients and visitors are encouraged to provide feedback about experiences they believe could be improved. The Patient Information Guide directs patients to our suggestions and complaints process and we have a Patient Liaison Officer to address any issues raised. Every complaint is monitored and actioned and is reported to our Quality Care Committee and other management committees on a regular basis. The number and type of complaints is also compared to the compliments we receive and the compliments always outweigh the complaints.

Compliments & Complaints



Accreditation

Full marks for accreditation

South West Healthcare participates in a wide range of external service reviews and accreditations. The benefits of undergoing these external assessments are many including the opportunity to determine where we need to improve, how well we are doing compared to others and the opportunity to learn from the health professionals (surveyors) carrying out the assessment.

Looking into the future accreditation needs of the organization, we have been preparing for the introduction of the new National Accreditation Standards in 2013. We undertook a self assessment in May 2012 and then had our accrediting body review our performance against these new standards. It was very pleasing to note that we were considered to meet 224 of the 237 core criteria, comparatively a very good result.

Australian Council On Healthcare Standards (ACHS)

Full 4 year accreditation achieved June 2010

Aged Care Standards Accreditation Agency

Full 3 year accreditation achieved May 2011- regular unannounced reviews maintained accreditation status

Cleaning Standards

Full Compliance

Clinical Guidelines and Policies

Basing our care on best practice

We ensure all staff have access to evidence-based, best practice clinical policies and guidelines to guide the care they deliver. We use a software system to store these policies, to alert us when they are due for review and to provide access to staff 24 hours a day. This system is very active with staff accessing policies and guidelines regularly; for example in April this year policies were accessed on 2723 occasions.

We have a Clinical Policies Manager who ensures policies are reviewed in a timely manner and coordinates the development of new policies when we introduce a new service or process. The accreditation team who conducted our assessment in May 2012 noted "There is a strong system for the development and implementation of policy and monitoring compliance with both legislation and policy."

How we have ensured Quality and Safety

Patient Safety

Clinical Governance

Clinical Governance has been defined by ACHS as “the system, by which the Governing Body, Managers, Clinicians and Staff share responsibility and accountability for the quality of care, continuously improving, minimising risks, and fostering an environment of excellence in care for Consumers, Patients and Residents”. All staff of South West Healthcare shares a responsibility and accountability for the quality and safety of the care they deliver and this

is evident in our staff education, our policies and clinical governance committee structure. The policy that directs our clinical governance framework ensures our alignment with the Victorian Clinical Governance Policy Framework (2009). The four key areas of the framework are: Consumer Participation, Clinical Effectiveness, Effective Workforce and Risk Management.

South West Healthcare Board

Quality Care Committee

Consumer Participation

- Community Advisory Committee/s
- Families and Carers Group
- Residents Forum

Clinical Effectiveness

- Continuum of Care
- Serious Incident Review
- Mortality Review
- Clinical Practice Committee
- Redesigning Care

Risk Management

- Safe Practice & Environment Committee
- Clinical Risk Mgt Committee
- Serious Incident Review Committee
- OH&S Committee
- Product Evaluation

Effective Workforce

- Credentialing Committee
- HRM committee
- OH&S Committee

Our aim is to continuously improve our care, identify and minimise any risks to our patients or staff and promote a culture of excellence in care.

We use the clinical governance key areas to decide what information to collect, monitor, compare with others and report through to our Quality Care Committee and to our community.

Consumer Participation

- Patient Satisfaction Reports
- Complaints/Compliments data

Risk Management

- Infection control reports
- Legislative compliance reports
- Incident reports

We have recently undergone an external review of our clinical governance framework and the report noted that we have in place good risk management practices and arrangements and there is a sound basis from which we

How we Manage Risk

Risk management at South West Healthcare is integrated to include clinical and corporate risks. All risks are identified throughout the organisation by managers and staff. This information is entered into a risk register from which we then produce a risk management plan to provide the Board of Directors and Executive with a risk profile for the entire organisation. The ACHS surveyors recently noted our risk management system to be quite robust.

Clinical risk management: Patient safety comes first

Clinical risk management is the main stay of the Quality Management Program. The multi-disciplinary Clinical Risk Management Committee is responsible for monitoring clinical incidents and other areas of clinical concern, such as patient equipment safety.

The number of clinical incidents reported by staff continues to steadily increase:

- 2,085 incidents were reported during 2011-12
- 1,950 incidents were reported during 2010-11
- 1,812 incidents were reported during 2009-10

Some examples of this include:

Clinical Effectiveness

- Pressure Ulcers
- Waiting times for patients
- Length of stay

Effective Workforce

- Recruitment: Vacancies
- Rate of staff vaccination for the flu
- Staff compliance with mandatory skills training

are able to further develop our system. We have developed an action plan to address the identified opportunities for improvement and will be working on this over the coming year.

- 1,795 incidents were reported during 2008-09
- 1,730 incidents were reported during 2007-08

This increase has been brought about by:

- Education and training for staff on the importance of reporting incidents and near misses. Education starts at orientation.
- The increasing numbers of patients treated and the complex nature of their care

Each of these incidents was addressed at the time of its reporting.

All incidents are analyzed for the level of risk they present not only to an individual patient but to all our consumers. The review and analysis of incidents over this past year has led to:

- Policies being changed
- Staff education and training being provided
- Equipment purchases
- Review and discontinuation of specific clinical devices
- Trialing and introduction of new clinical devices

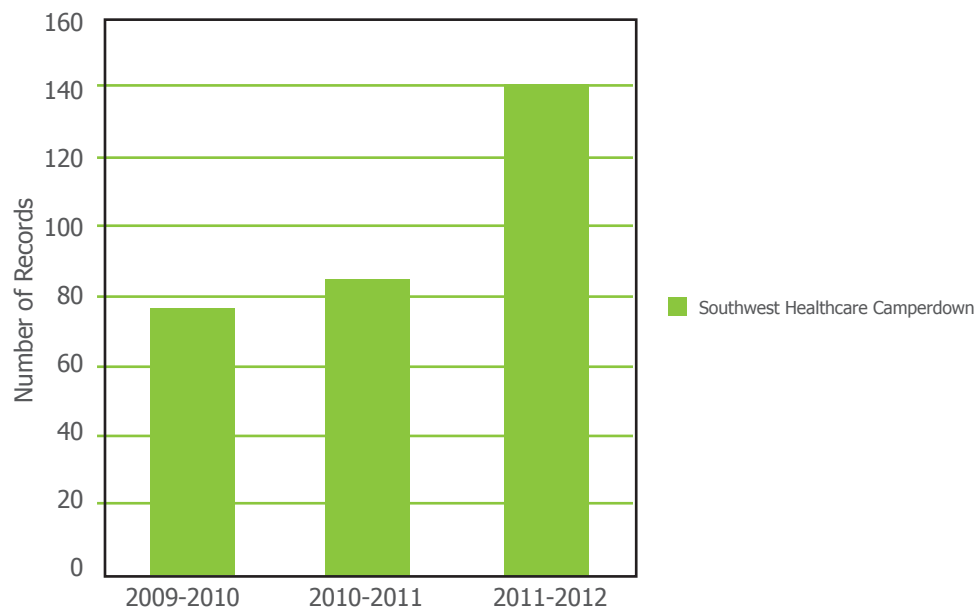
How we have ensured Quality and Safety

Screening our Records to detect adverse outcomes (Limited Adverse Outcome Screening-LAOS)

The Limited Adverse Occurrence Screening (LAOS) program supports clinical risk management (CRM) in smaller rural health services, such as our Camperdown facility. This program is a way of identifying local system problems in clinical care, and has been shown to be a valuable

mechanism to engage doctors in the process of clinical risk management. Adverse events are analysed, and recommendations aimed at preventing these events from recurring are made and implemented.

**Records received from Camperdown Hospital
for the past 3 financial years.**



During the 11/12 financial year 140 records from Camperdown were reviewed using this program and specific categories.

The categories for review were:

- 9 records of these records were from the screening criteria "patient death"
- 81 from the criteria "transfer to another acute care facility"
- 47 from the criteria "unplanned re-admission within 28 days"
- 3 from "patient length of stay was greater than 21 days"

From this it was noted that:-

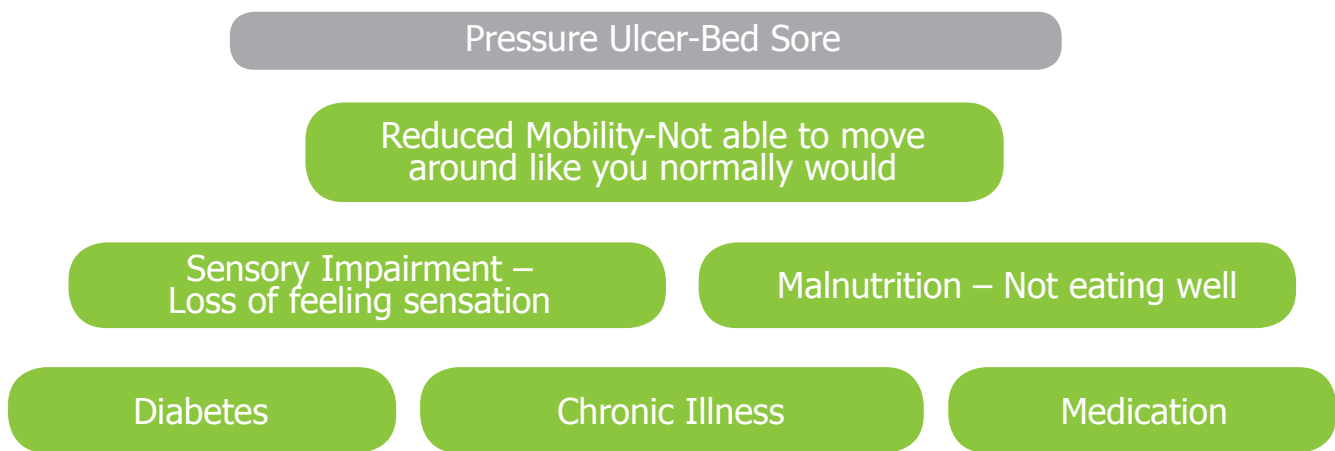
- 2 records were flagged as containing adverse events and
- 1 record was flagged as containing learning opportunities

This will be the final annual LAOS update as LAOS funding ceases on 31 December and the program will transition into an integrated clinical governance framework for small rural health services.

How Well We Are Doing at Preventing Pressure Ulcers

Pressure Ulcers, better known as bed sores, are recognised as a risk of a stay in hospital, and we know that they are largely preventable. There are many reasons Pressure Ulcers may develop, some of which we can control and some we cannot. A Pressure Ulcer is a localised injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, shear and/or friction, or a combination of these factors.

What we do when you are admitted to hospital is examine the risk each individual has of developing a Pressure Injury. The diagram below shows a number of the reasons that some patients are more likely to develop a pressure ulcer.



Once we have assessed the risk there are different strategies we put in place to reduce the likelihood of a Pressure Ulcer developing, some of these strategies include:

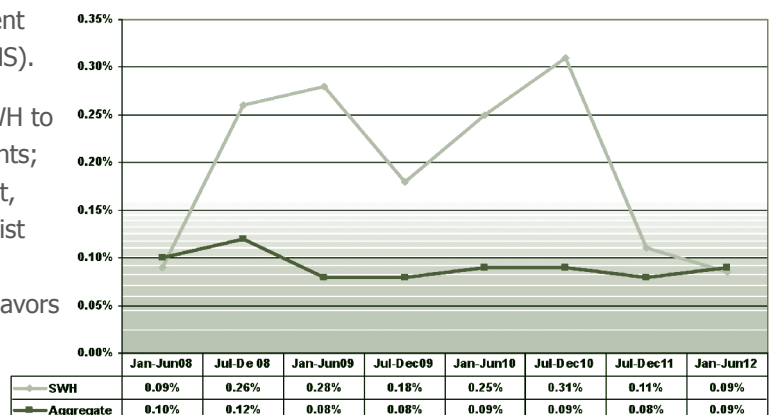
- Encouraging our patients to move around in the bed, sit out of bed where possible
- A visit with the dietician to look at the best food options while you are unwell
- A Pressure relieving mattress can be ordered and fitted on your bed

- A heel wedge is a simple piece of equipment that helps relieve the pressure on your heels while you are resting in bed
- Listening to our patients and asking them what makes them feel more comfortable is often the best strategy of all

We measure the rate of Pressure Ulcers in comparison to similar hospitals across Australia through an independent body – Australia Council on Healthcare Standards (ACHS).

A Skin Integrity Working Group has been formed at SWH to guide nurses in the Best Practice Skin care for all patients; this group includes our Wound Management Consultant, Nurses, Dietician, Continence Consultant, Physiotherapist and Occupational Therapist. We strive to reduce the incidence rate of Pressure Ulcers at SWH and our endeavors have been quite successful.

Pressure Injuries Benchmarked - ACHS



How we have ensured Quality and Safety

Making Blood Transfusions Safe

Some of our patients may need 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. South West Healthcare aims to ensure both 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 on line learning program. Sixty per cent of permanent nursing staff have completed this program in the last 2 years, overall seventy nine per cent since implementation.

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 also been trained regarding these changes to ensure we are delivering current best practice.

When auditing our blood transfusion practice against our policy we have found that 100 percent of all patients being transfused had a signed consent form however staff had only signed they had given patients the required transfusion information brochure on 75 percent of occasions.

The information for patients is now stapled to the consent form and is also available in a number of languages. We have also examined how we manage our blood products to ensure they are not wasted. Wastage of blood products has been significantly reduced by changing the way we prepare our patients undergoing orthopaedic surgery, and only cross matching blood for a patient if it is required.

Through education, training and monitoring we have been able to reduce the number of incidents reported related to transfusion to only a few a month. It has been identified that most of these relate to the Collection of Samples for Pathology and highlight the importance of all staff identifying the patient correctly

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



We value your opinion

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

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

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

Poor Excellent

1 2 3 4 5 6 7 8 9 10

2. What did you like most about the report?

3. What didn't you like?

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

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

You are able to contact our:

Quality Manager

Telephone: 5563 1469

Email: quality@swh.net.au

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

Name: _____

Address: _____

Telephone: _____

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



If not claimed within 7 days please return to:
Ryot Street, Warrnambool, VIC 3280

Postage
Paid
Australia

REPLY PAID 002
Quality Manager,
Quality and Risk Unit
South West Healthcare
Ryot Street, Warrnambool VIC 3280

Preventing Falls and Harm from Falls

Falls are a significant issue in our quest to promote patient safety. Falls related injury is one of the leading causes of injury and death in older people and the single biggest reason for hospital admissions and emergency department presentations in people over the age of 65.

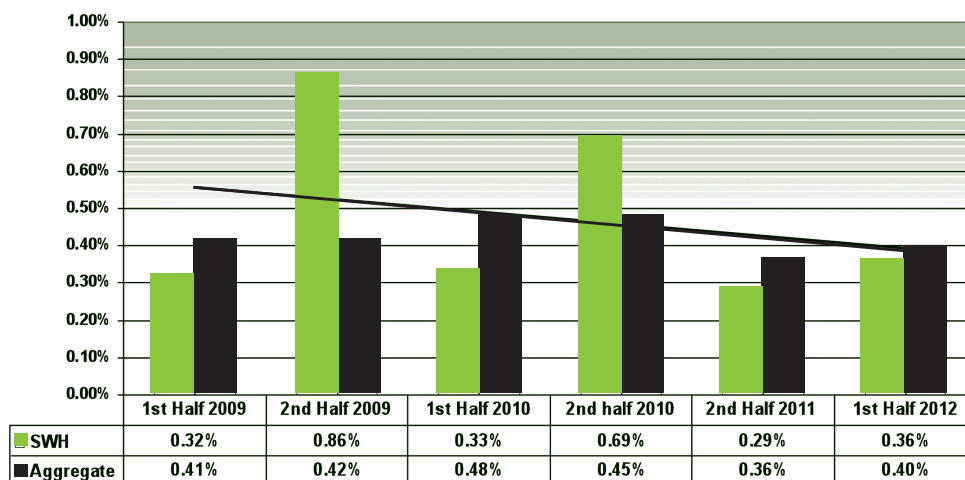
There are many reasons people can be at a greater risk of having a fall and these include factors such as cognitive impairment, eyesight, balance, muscle strength, bone density, a history of falls, urinary incontinence and medication use. In order to prevent falls, we ensure all our patients are screened for risk of falling. If we identify that someone is at risk of falling we complete a falls risk assessment and put in place a number of individualised strategies which can include such things as:-

- Referrals to a falls and balance clinic
- Referrals to the Dietician
- Caring for the patient on a bed that is able to be lowered to ground level
- Referral to the Podiatrist

South West Healthcare also strives to reduce any injuries that result from a fall by using interventions such as hip protectors and reviewing the need for the patient to receive supplements aimed at strengthening the bones, Vitamin D and Calcium, if they are found to be deficient.

We are always examining new strategies in this area and our Medical Unit is about to trial a bed/chair alarm for the prevention of falls, alerting staff when the patient is on the move. The Medical Unit will also undertake a 3 month behavior chart trial which will determine behavior triggers and enable staff to formulate strategies to prevent an exacerbation of behaviors. Our falls rates are compared to other hospitals across Australia by an independent body (ACHS) and our rate has been decreasing over time.

Falls Incidence at SWH



Our Falls and Balance Specialist Clinic provides a one-stop assessment for clients with falls, fear of falling, or mobility and balance problems.

This new service started up in early 2012, and includes:

- Rehabilitation Physician
- Occupational Therapist
- Physiotherapist

The team does a thorough assessment, then suggests ways that the client and their GP can help stop the falls. Things they might be suggested include:

- Checking medications
- Making sure shoes and other footwear fit properly

- Removing rugs and floor mats to reduce the risk of tripping over
- Using a Walking stick or wheelie frame to help get around more safely
- Vitamin D and calcium supplements
- Attending strength and balance classes
- Getting glasses checked

The team work closely with our allied health and community health teams, and can link the client into any other services or help that the client might find useful.

How we have ensured Quality and Safety

Using Medications Wisely

Policies, processes and systems are in place at South West Healthcare in order to prevent medication errors and to ensure that our staff reviews whether the management of patient's conditions requires medications in the first place, medications to be used are chosen wisely and the medications chosen are used safely and effectively. This approach aligns our systems with the "Quality Use of Medicines" objective of the Australian National Medicines Policy.

The ACHS surveyors indicated they were impressed by our Pharmacy staff undertaking a check of patient's medications when they are admitted or discharged. Checking the patient's medication chart on admission with their own medication lists or tablets helps us to reduce the possibility of any error in what we have prescribed.

All medication incidents are entered into our incident database (Riskman) and are reviewed and actioned on an individual basis by the relevant manager of the area concerned, and also from an organisation approach, by the Chief Pharmacist. A Medication Safety Committee has been formed to address issues arising from these incidents and work has already commenced on the development of new policies and process and the provision of staff training.

South West Healthcare ensures all issues related to medications are logged into our database, this allows us to examine the whole medication system. Our reporting figures are reflective of a variety of events surrounding medications and are not limited just to those involving patients.

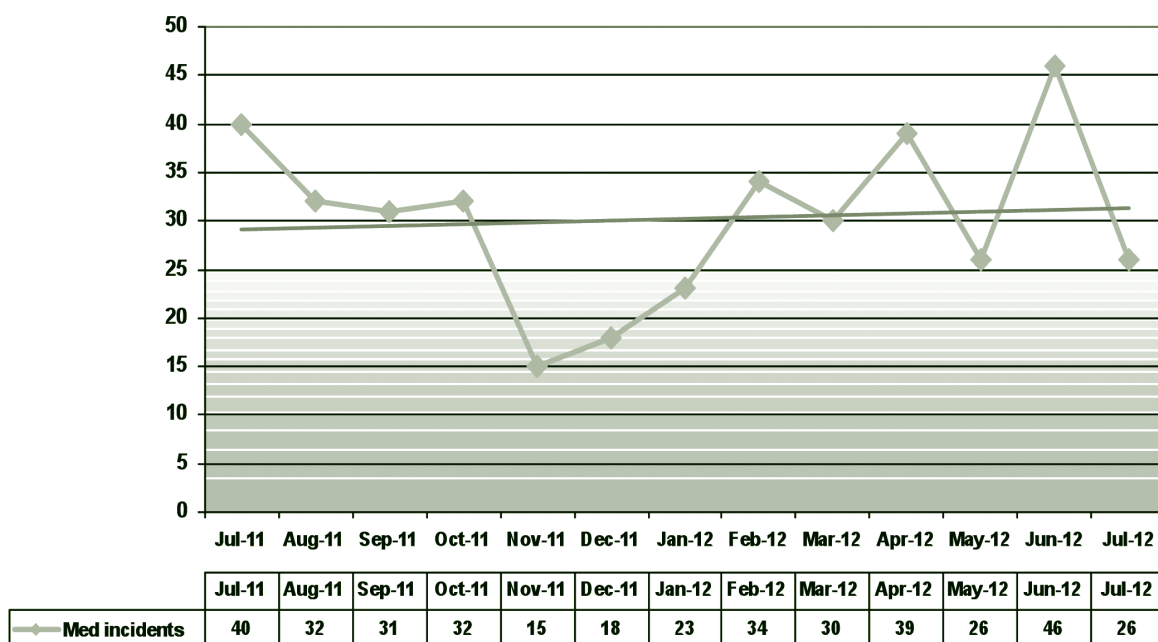
Examples of issues counted in our figures include:-

- Medication storage issues such as an unlocked drawer
- Lack of two staff signatures when two are required
- Broken ampoules
- Spilled medications (such as those used in our oncology area)
- Expiry date not evident on medication container

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

We also make use of the National Inpatient Medication Chart, a chart that has been standardised for use across Australia to ensure consistency for health professionals. We recently participated in an audit of our medication charts and we are awaiting the results of this.

Medication Related Incidents



If Your Condition Worsens

South West Health care has introduced a program known as COMPASS. This is an education program designed to enhance our staff's understanding of patients deterioration, the significance of altered patient observations, to improve communication between health care professionals and enhance timely management of our patients. This education package has been developed in conjunction with the development and implementation of a modified patient vitals signs chart that now included prompts to have a patient reviewed if certain observations levels alter dramatically or reach certain levels, such as their pulse or blood pressure.

Our Aim

- To enable our health care professionals to recognise if a patient is deteriorating and commence appropriate and timely interventions

How it Works

- Staff will be provide with a staged approach to their education, delivered in three ways:-
- A CD and manual to be worked through independently (on line).
- An online quiz.

A 3 hour face-to-face session.

The residents at Merindah Lodge enjoy a safe environment, with a daily routine designed to maintain their interest in the community and in their home.

Infection Control

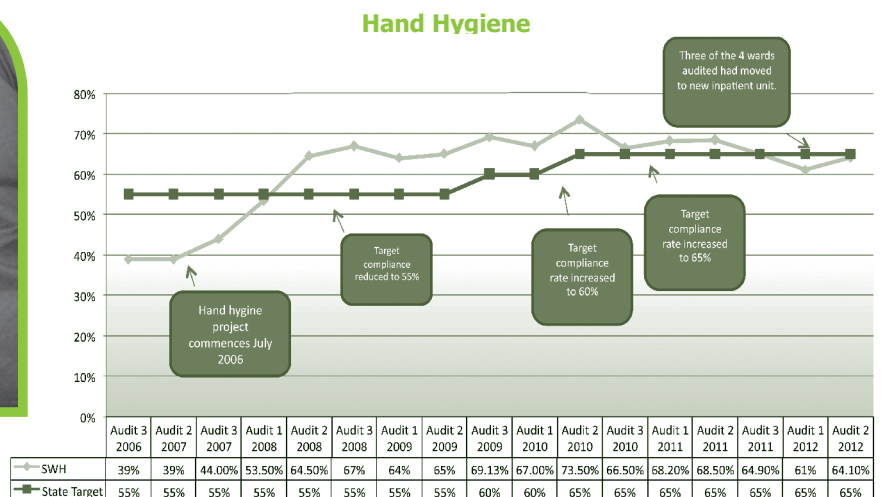
Preventing the spread of infections

The Infection Control team at SWH are dedicated to reducing the spread of infection and believe that reducing these rates in an integral part of patient safety during a hospital stay. The ACHS surveyors noted that our infection control team has established strong systems and processes for monitoring, controlling and preventing infection.

Improved healthcare worker hand hygiene is the highest priority area to reduce the risk of healthcare- associated infections. Research shows however that compliance with hand hygiene is often poor, due to lack of time, knowledge of hands becoming dry from soap, water and paper, and lack of access to alcohol based hand gels. We have noted

that since the movement of our clinical departments into our new areas, our hand hygiene compliance rates have deteriorated. This is a multifaceted issue requiring a variety of approaches. We are striving to improve our hand hygiene rates by:

- Educating staff, both at orientation and when conducting our observational audits
- Rewarding good compliance
- Improving access to hand gel at point of care where it is needed the most.
- Developing individual ward action plans for specific areas identified as having the lowest compliance rate
- Informing our patients of the importance of their health care worker undertaking hand hygiene



How we have ensured Quality and Safety

Patients in the ICU (adult, paediatric and neonatal) are at 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). Blood stream infections are usually serious infections typically causing prolongation of hospital stay and increased cost and risk of mortality. SWH has never had a patient develop a blood stream infection from a central line.

South West Healthcare collects data on our infection rates and this is compared to the state average provided by the Victorian Hospital Acquired Infection Surveillance system (VICNISS). We are consistently achieving significantly fewer episodes of hospital acquired diarrhoea than the state average, whilst none of our patient undergoing a knee replacement has had an infection since 2008.

Sterilisation Audits

Each year we have our sterilization processes externally reviewed to ensure our ongoing compliance with the Australian and New Zealand Standard for sterilization of reusable instruments. We do this to make sure our equipment is sterile and safe to use on our patients and

Vaccinations

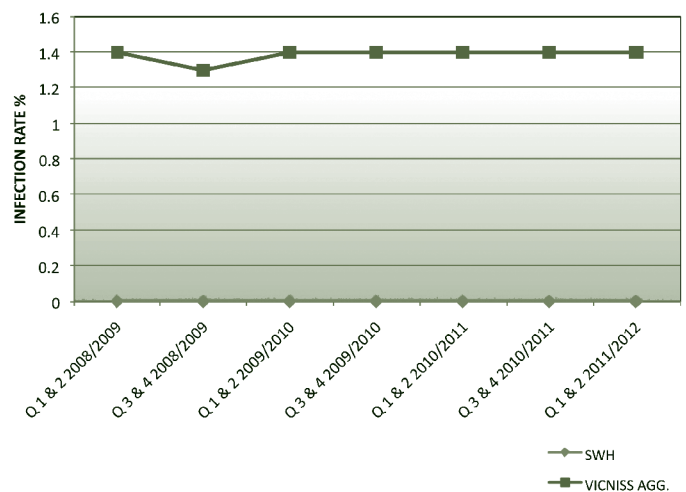
South West Healthcare acknowledges that the health of our staff can impact on the health and wellbeing of our patients. Maintaining a high level of immunity in our health care worker population helps prevent transmission of influenza to other staff members and high risk patient populations. We have in place a staff health clinic where influenza vaccinations are provided to our staff free of charge.

The state wide target for health worker vaccination has been set by the Department of Health at 60 percent with SWH achieving a rate this year of 64 per cent.

Our rate was also significantly better than the state average of in 2012 of 51.4 percent.

The target rate for staff vaccinations has now risen to 90 percent and SWH is examining ways to ensure we achieve this figure.

Blood Stream Infections 2008-2012



that any opportunities to improve are identified. Our rate of compliance this year was 95 percent against a required level of 90 percent, an improvement from the previous year's result of 90 percent.

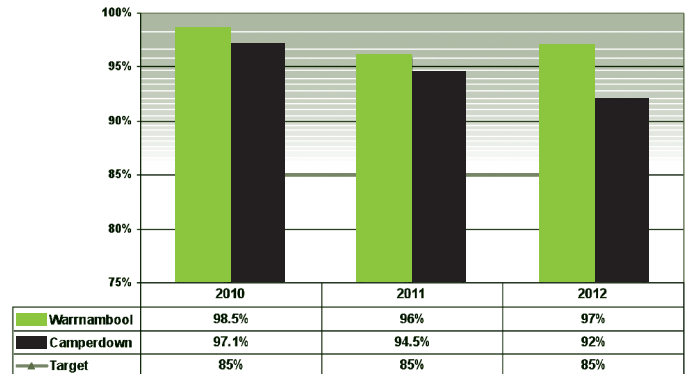


Standards for Cleaning

Cleanliness in health facilities plays an essential role in preventing the spread of organisms that can cause health care associated infection (HAIs). South West Healthcare's cleanliness is assessed against the Victorian Cleaning Standards for Health Facilities.

As part of our quality improvement and patient safety processes, we have in place a comprehensive, continuous, systemic approach to monitoring our cleaning outcomes. Internal audits are performed by our trained environmental services staff in all areas and one annual external audit is undertaken by an auditor from outside the organisation. The person undertaking this audit is a qualified Victorian cleaning standards auditor (QVCSA)

Cleaning Audit Results



Food Safety

At South West Healthcare we need to ensure that food served to our patients is nutritious, tasty and safe! Catering Services staff need to comply with a number of Food Safety standards with the preparation, cooking and serving of meals, we also ensure that a qualified Food Safety Supervisor is on site at all times. Staff also need to have the appropriate Food Safety training with regulated updates on an annual basis, these standards are included in laws passed through both the State and Federal governments.

South West Healthcare kitchens need to be audited on an annual basis by an external auditor as well as the local Food Safety Inspector the kitchen must comply with certain standards as prescribed by law before compliance is applied.

Our kitchens at Warrnambool Base have been deemed 100% totally compliant since standards were applied almost ten years ago which goes to substantiate the very high standards our staff strive for each day as they prepare meals for the patients ,staff and food sold to the public through our retail outlets.



Photo supplied by the Warrnambool Standard

How we have ensured Quality and Safety

Waste Management and Recycling

Did you know that an estimated 260 million kg of solid waste is produced by Australian hospitals each year? In order to reduce our waste, SWH have introduced two new waste management products to our facility.

These include the C64 clinismart and laproscopicsmart waste management system. The clinismart system is used for the disposal of our clinical waste while the Laproscopicsmart has been implemented in our Perioperative department, for laparoscopic resource recovery and clinical waste.

These reusable systems set new standards in infection control, environmental effectiveness and logistical cost savings and, of course, is fully compliant. Clinismarts and Laproscopicsmart benefits include:

- Reduces infection transfer
- Decreases environmental footprint
- Minimises logistics handling time
- Dramatically improves aesthetic appeal
- Reduces waste through improved segregation
- Cost effective
- Reusable system that's eco-friendly.

Single use stainless steel instrument recycling has also been implemented to support South West Healthcare's commitment to the environment. The Australian first prototype waste management stream was developed here at South West Healthcare by the Infection control team, and has now been implemented in many hospitals Australia wide.



Improving our reporting to you

Each year we ask our consumers, carers and community members for feedback on the content and readability of this report. We also ask if there is any other information they would like to see provided in the next report.

We capture this feedback via:-

- Members of our Community Advisory Committee
- A reply paid survey contained within the report
- Provision of the Quality & Risk Manager's email address
- Informal feedback

The feedback we received on last years report included:-

- "I didn't understand some of the jargon and it wasn't in the glossary"

- "I liked that the stories reflected reality, not everything can always go smoothly"
- "Really good to see our hospital is kept so clean"
- "Some graphs were hard to read because they were not in colour, couldn't really work out the result"
- "The email address on your feedback form didn't work"

As a result of this feedback we have ensured that:-

- The glossary is expanded and acronyms explained
- Graphed results will be presented in colour to clearly depict the results
- The email address for feedback has been corrected

Taking Care of Our Residents

Merindah Lodge, sited at Camperdown, incorporates 36 aged care beds: the nursing home caters to those older residents who require long term, 24 hour care in 28 beds; and the hostel which assists those older residents who need supervision and assistance with care in 8 hostel beds. This includes 1 booked respite bed for low level care and 1 booked high level respite bed.

Monitoring of aged care facilities is governed by legislation Australia-wide. During the year Merindah Lodge has undergone an unannounced support visit from the Aged Care Standards Agency and during that time, it was noted that the facility met all 44 Aged Care Standards with 8 recommendations to improve service delivery. Merindah Lodge has maintained full accreditation.

There is a highly positive resident and relative satisfaction rating: 90 percent and 96 percent respectively.

During the year, the facility has:

- improved the aesthetics of the building and provided for resident comfort by replacing all the flooring throughout the facility;
- Appointed two dedicated activities staff which has led to a varied and interesting activities program including Sunday bus trips;
- Held several themed celebrations that the residents have enjoyed including the Queen's Golden Jubilee;
- Had a celebration of a resident's 100th birthday;
- Seen been improved staff participation in internal audits and competency testing;
- Gained access to the Aged Care channel for staff education and this has improved staff education uptake
- Appointed an Aged Care Funding Instrument Coordinator to ensure that residents needs are correctly documented
- Held 3 monthly Resident and Relative meetings that have been widely lauded as a successful way to stay in touch with changes and to propose improvements

Merindah Lodge facility also brings to residential care a little balance in the form of their 2 cats and a bird. Clyde and Ginger, the residents' cats, know which part of the facility they belong to and which resident has a warm knee to sit on. Harry, the bird, enjoys centre stage most days and has dedicated resident assistance to cater for his needs.

Meeting Standards:

The Department of Health (Victoria) Residential Aged Care Quality Indicator Report is a quarterly report outlining facility rates benchmarked against other aged care facilities across the state:

Indicators	Merindah Lodge	Statewide
Pressure Ulcer Rates	0%	0.58%
Falls Rates	7.90%	7.95%
Fall-related fracture Rates	0%	0.15%
Incidence of restraint	0%	0.64%
Incidence of unplanned weight loss	0%	0.85%



How we have ensured Continuity of Care

At South West Healthcare, we are ideally placed to ensure our patients transfer smoothly between different types of service and settings. South West Healthcare consists of four clinical divisions made up of nursing, medical, mental health and our primary/regional and community services. We have internal structures and processes in place designed to make sure our patient's journeys across and through these divisions are well coordinated and timely. We have determined a number of measures to ensure we can effectively monitor our patient journeys and take action to improve when required.

Warrnambool Community Health: Communicating with our GPs

This pilot project aims to help us establish communication pathways, protocols and a standardized set of templates for communication between General Practitioners (GPs), Warrnambool Community Health (WCH) and South West Healthcare (SWH) ambulatory departments. These communication pathways are designed to meet best practice standards and are used throughout the course of each client's care, in a timely and practical manner. Our improvements are targeted at:

- Developing a clear referral and feedback pathway from Hopkins Medical Centre to WCH Diabetes programs
- Having a referral pathway that will support acknowledgement of referrals to general practice according to GP requirements and Victorian Standards
- Providing feedback to GPs using a standard feedback form that meets Victorian standards and GP requirements
- Putting clear policies and procedures in place relating to referral and feedback processes/pathways
- Conducting 100% of client and referral service feedback according to the pathway
- GPs and WCH Diabetes programs staff reporting improved communication and resulting client outcomes

The results of an audit of the new processes revealed:

- The format of communication templates compliance with department guidelines increased from 75% to 100%
- The recording of GP details in files was maintained at 100%
- There were no urgent GP referrals for the WCH diabetes program either pre or post trial.
- An improvement in GP referral acknowledgement with 7 days for non-urgent referrals from 91% to 100%
- There was an improvement in GP Feedback reports being sent to GPs following initial assessment from 9% to 70%
- 100% of discharge reports were sent to GPs where a client was discharged from the service

Bedside Handover - Doing it with us not for us

SWH has introduced a more patient centred approach to the nursing handover in the wards and in the Emergency Department. The handover now has a bedside component that encourages the patient (and family if the patient consents) to be actively involved in the handover process. Wards have worked through this improvement using the Releasing Time to Care – Productive Ward method of looking at how handover was done and analysing how it could be improved.

The new handover process includes:

- The outgoing staff member introducing the oncoming staff member who will be taking over their care
- Helping patients become more informed, and encouraging them to clarify and add to the information handed over to the oncoming staff member

How is it shaping up?

- 78% afternoon handover now spent at the bedside, from 0% baseline
- (prior to this handover was done as a group away from the patients)
- Patients love it

Perinatal Emotional Health Program

The aim of our Perinatal Emotional Health Program (PEHP) is to provide early intervention for women living in South West Victoria at risk of or experiencing perinatal mental health problems. This intervention includes assessment, referral, follow up, outreach or clinic based appointment at no cost to consumers as well as education of families and healthcare workers about perinatal mental health. The program promotes family centred psychological care for women and/or their partners during pregnancy and up to one year post birth.

The Perinatal Emotional Health Program (PEHP) commenced operations during the latter part of the 2010 – 2011 financial year however the 2011 – 2012 financial year has seen the further development and consolidation of this wonderful program. The program has been well received by women and their families, and by practitioners, reflected in significant demand for the service.

"I like the idea and to meet the next nurse"

"I like to know what is going on"

"I like the safety of checking charts & new staff eyeballing me together so they know how I am"

The latest changes for handover of patient care:

Emergency Department (ED) staff, with help from the Acute and Medical wards, have developed and are currently trialling a standardised handover process for patients being admitted to the wards from ED based on **ISBAR** (**I**dentification, **S**ituation, **B**ackground, **A**ssessment, **R**ecommendation). The trial covers nurse escorted patient transfers and phone handovers for stable patients escorted by Clinician's Assistants, with very positive results so far. This process will then go across the other wards

Referrals to the service come from a variety of sources

Referral source

• Indigenous Health Services	2	1.19%
• SWH Departments (excluding SWH Women's Health Clinic & Midwifery Dept)	6	3.57%
• Adult Mental Health Services (AMHS)	8	4.76%
• Others	9	5.35%
• GP /Obstetrician	9	5.35%
• Maternal & Child Health Nurse (MCHN)	9	5.35%
• Self	14	8.33%
• Primary Mental Health Team (PMHT)	17	10.12%
• Midwifery Departments (South West Region wide)	94	55.95%

How we have ensured Continuity of Care

Women's Health Clinic

South West Healthcare became the sole provider of obstetric services in Warrnambool this year. In order to promote continuity of care we opened a Women's Health Clinic and employed two new obstetricians/gynaecologists and in just one-and-half days in February 2012, 130 local women attended appointments at the clinic.

South West Healthcare converted the top-floor of our central block to be a dedicated Women's Health Clinic to provide, for the first time in our 158-year history, both outpatient ante natal and gynaecology appointments for public patients.

Dr Koutsoukis is a very experienced specialist who was previously Director of Obstetrics at a large regional hospital in New South Wales and has also previously worked at Geelong's Barwon Health. Dr Rathnayaka received her specialist qualifications whilst working in Queensland and it is particularly pleasing to have a female specialist to this discipline, here onsite.

The clinic is now seeing approximately 120 antenatal patients and 20 gynaecology patients each week.

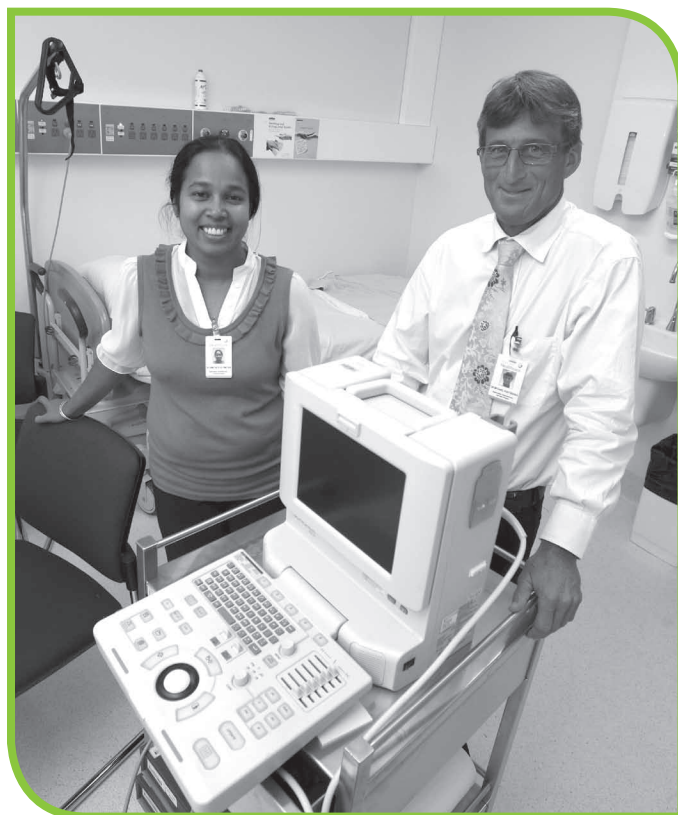


Photo supplied by the Warrnambool Standard

Access

One of the things our patients have told us they find most frustrating is waiting for a service. Having timely access to care when you need it is important and we recognized that there were improvements we could make in this area. Two of our largest clinical services, the Emergency Department and the Peri operative Department have both been undertaking a large volume of work to reduce waiting times.

From the 1st of June, the Department of Health and Ageing is asking hospitals to report on the target they have set that 70% of non admitted patients need to be discharged from the Emergency Department within 4 hours. Emergency Department Nurse Unit Manager/Nurse Practitioner Kate

Sloan has recently been to London to investigate how this is achieved in the UK. The 2011 AEW Matthews Memorial Travelling Scholarship recipient is attending the 7th International Nurse Practitioner Conference before visiting UK Emergency Departments to see firsthand how they're utilising nurse practitioners. She'll also meet with clinicians responsible for the successful implementation of Britain's 4 Hour Rule because she believes that by gaining a thorough understanding of barriers and successes she'll be better placed to assist SWH to implement strategies to meet the 4 Hour Rule-related targets proposed by the Federal Government.

How we have ensured Continuity of Care

Perioperative Project Update - The South West Healthcare Perioperative Project had its beginnings over 2 years ago. The principles of redesign methodology were employed to review and revise the processes of the Central Sterile Supply Department (CSSD) Department. This project has now evolved more recently to encompass seven elements that underpin the journey of the surgical patient.

CSSD (Well Organised Theatre) - The CSSD element involved the review of nursing rosters, increased CSSD hours and the rationalisation of stores and instrument trays.

Booking and Preadmission – The Preadmission processes, including the Theatre Liaison Nurse (TLN) role and processes are being revised- “blitz lists” are being created that target our most urgent surgical patients. Surgeons have also agreed they are open to the option of sharing patients between their craft group. This would mean our patients surgery is not impacted if their assigned surgeon is on leave or not available.

Knowing How We are Doing – The journey of a patient with a hip fracture has been examined and a “walk through” conducted. Hip fractures were chosen due to the potential number of improvement opportunities. The improvements made in this journey will flow on to other types of surgery and will assist the Emergency Department to meet the National Emergency Access Target; “by 2015 90% of patients presenting to the ED will be transferred, discharged or admitted within 4 hours”.

Scheduling- Theatre lists will be extended from 3.5 hours to 4 hours duration and the evening theatre list will finish at 4pm, ensuring emergency cases can be accommodated in daylight hours. Currently, carrying out emergency cases in daylight hours requires the cancellation of booked surgery.

Team Working- This element examines behaviours, how teams communicate and how this impacts on patient care. A consultant is coming to speak to the surgeons and anaesthetists.

The Perfect List- The project has promoted the setting of aspirational goals which are: create certainty, dignity, respect, timely, safe and effective care.

Sustainability- The issue of sustaining improvements has been examined and this has included a visit to Barwon Health who implemented similar changes 18 months ago. Visits are also planned to Albury Wodonga, Wangaratta and the Austin Hospital.

Work on these seven elements has had unanticipated benefits including enhanced engagement with medical staff. The use of accurate data has also been identified as a vital component of the project and Denis O’Leary (Senior Project Officer DoH) is teaching the project team how to ensure rigorous data collection with analysis processes are put in place to inform actions. It is anticipated that all seven elements will converge in September 2012, improving a number of performance indicators and allowing theatre capacity modeling to be progressed.



Photo supplied by the Warrnambool Standard

How we have ensured Continuity of Care

Breast Care Nurses- McGrath Foundation

South West Healthcare has established a Breast Cancer Resource Library focusing on the information needs of our breast cancer patients. This library was made possible by a donation from Cancer Australia the Ralph Lauren Pink Pony Campaign. The library focuses on the information needs of breast cancer patients and will cover many aspects of diagnosis, treatment and personal experiences from women with breast cancer.

Our McGrath Foundation Breast Care Nurses are specially trained to be patient advocates, coordinating care for women affected and their families. Six percent of those diagnosed will be young women under 40 years old. Our Breast Care nurses emphasise that no matter what age, breast awareness is vitally important as early detection can mean more effective treatment.



Assessment

Connecting with the Royal Children's Hospital Paediatric Retrieval Team (PET).

South West Healthcare's Warrnambool Emergency Department is the first in Victoria to have a 24/7 video connection with the Royal Children's Hospital Paediatric Retrieval Team (PET).

The initiative means critically injured and ill patients from this region will have the best of both worlds when it comes to medical opinion: specialists here in Warrnambool and specialists in Melbourne working side-by-side in the one room at the one time.

On occasion this is expected to save some local people having to be aired or road-ambulated by retrieval services to Melbourne. On other occasions it may well save lives. At all times it will assist in providing the best expert opinion available.

This access to critical care specialists provides the very real possibility that seriously ill children may not need to be transported to Melbourne, saving them and their families huge upheaval.

The Royal Children's Hospital is hoping all other Victorian hospitals will take South West Healthcare's lead and replicate the initiative.

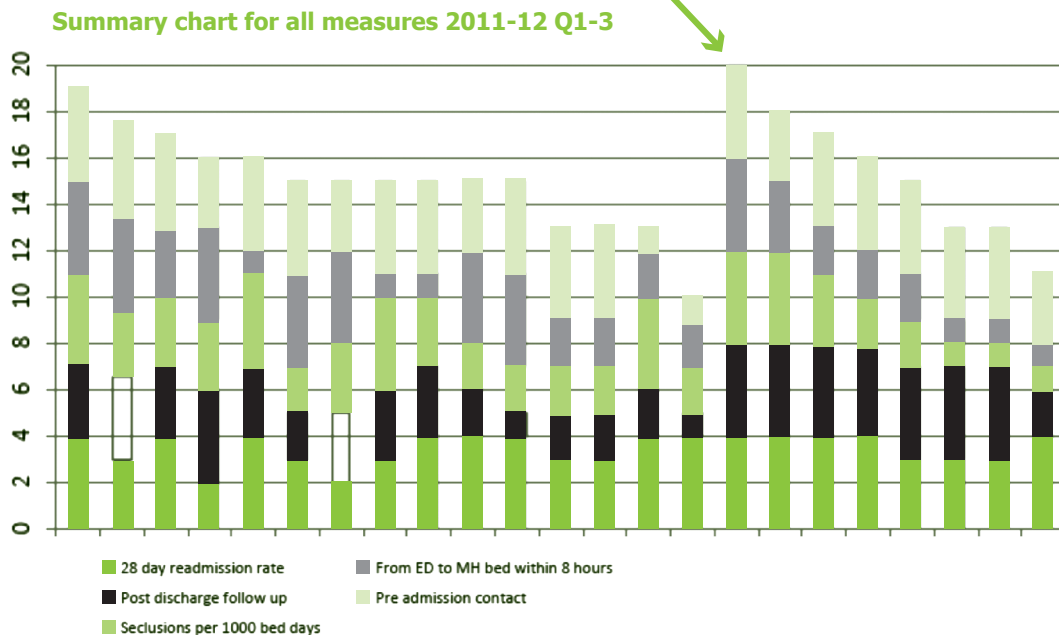


This is not the first time SWH has led the charge in new-age virtual reality. In December our Intensive Care Unit became the first in rural Victoria to have a direct electronic link with specialists in Melbourne. Its Polycom mobile cart, fitted with high-definition image and audio equipment, allows medical staff at St Vincent's Hospital in Melbourne to co-monitor Warrnambool Base Hospital ICU patients. It also allows medical students and nurses to tap into the education program at St Vincent's.

How Our Mental Health Service Performs

According to the latest Department of Health Mental Health Service Performance Framework report our mental health service again performed at the top of the state when compared to all other public mental health services.

As can be seen in the chart below in the first 3 quarters of 2011/2012 our service reached the maximum possible score of 20 in the 5 key indicators, this is considered to represent best practice.



The indicators represent five measures regarded as essential to providing quality services to adults aged between 16 and 65 years with a serious mental illness.

The indicators are defined and described below:

28 day admission rate

Readmission of a consumer to any adult acute inpatient unit, within 28 days of discharge. This indicator reflects quality of care, effectiveness of discharge planning, level of support post discharge, and other factors.

From an Emergency Department to a mental health bed within 8 hours

The percentage of Emergency Department presentations departing to a mental health bed within our unit within 8 hours of arrival. This is a mental health bed access indicator, demonstrating consumers are not delayed in an Emergency Department and receive prompt treatment for their acute presentation.

Post discharge follow up

The percentage of consumers discharged from our adult acute inpatient unit who were then followed up by our community staff in the seven days immediately following that discharge. It is a good indicator of effective discharge management.

Pre admission contact

Measures the percentage of admissions to our adult acute inpatient unit for which a community staff member made contact with a consumer within the seven days immediately preceding the day of admission. This reflects service responsiveness, and a planned approach to admission, rather than a crisis response.

Seclusions per 1000 bed days

(Total number of seclusion episodes divided by occupied bed days) multiplied by 1000. Consumers are provided with a closely supervised and quiet room for short periods, for the safety of themselves and others, usually when other treatment options have not been effective. Consumers in our service do not usually require seclusion as staff work closely with individuals to identify and reduce early indicators of any difficulties.

Our consistently high result in this suite of independently measured key performance indicators demonstrates the success and effectiveness of our model of care. Consumers are provided with high levels of support and best practice therapeutic interventions, from our highly skilled and valued workforce in both community and bed based services.

How we have ensured Continuity of Care

The journey of care between the community and an admission into our unit for those experiencing an acute episode of their mental illness is seamless, and places the consumer at the centre of our work. The close contact we regularly maintain with consumers and their families ensures we identify any changing needs of the consumer as early as possible, and respond with the best service we possibly can.

End of Life

Emergency Plan/Statement of Choices

We have introduced a document enabling our patients to convey and document their express wishes for their plans of care. The emergency plan enables the patient's wishes to be followed when a sudden deterioration or critical event occurs and it is signed by the treating medical officer. This emergency plan also serves to prompt our patients to consider nominating a medical enduring power of attorney.

The Statement of Choices section is used to obtain our patients wishes on care to be delivered as their condition progressively deteriorates. Having such documents in place has been shown to give patients a feeling of greater control and satisfaction with care levels rise.

It was noted that the concept of advanced care planning is transferable to other services and has been used with mental health clients.



Discharge Planning

Discharge Planning makes sure nothing is missed.

The Discharge Planning Team (DPT) is a resource that offers assistance to our staff and families to facilitate a safe and effective discharge for inpatients within the South West Healthcare, Warrnambool Campus. The DPT is not solely responsible for a client's discharge. The team works in conjunction with ward staff, patient, family, medical officers and others. In addition to providing safe discharge practices, the DPT liaises with Aged Care Facilities for the purpose of assisting patients and their families to find appropriate placement at an Aged Care Residential Facility.

Preadmission Clinic: a great opportunity to identify issues that may need addressing to help you return home. Referrals to services such as Post Acute Care, District Nursing Service, HARP and other support services.

The admission process prompts a check of arrangements made in preparation for return your home and to detect any other requirements.

Your involvement in the planning is important to make sure we have covered everything.

Post Acute Care following discharge from hospital. South West Healthcare, Warrnambool is the lead agency for the **Wannon Post Acute Care program (PAC)**. The DPT accesses this program to provide funded services for those clients who are deemed eligible to receive services post discharge from an Acute Care Facility. There are 11 Public Acute Care Facilities within the Wannon catchment. The intention of the Post Acute Care (PAC) program is to manage services over a short-term recuperative period. It is designed to assist our patients who have had an acute episode of ill health, or who have more complex needs during their period of recovery. PAC therefore, provides additional (not substitute) health and community services for those persons admitted to a Public Hospital. It facilitates our patients' independence or transition onto continuing care, where required. Our patients have given this program a 97% satisfaction rating.

Transition Care program is a collaborative initiative of the Commonwealth Department of Health and Ageing and the Victorian Department of Health. South West Healthcare has been allocated 12 Home Based and 8 Bed Based Packages for the Transition Care Program. The TCP. TCP offers improved care and options for older people by providing services for a short term period. Services such as low level therapy, home services, and case management support are provided when discharged. TCP allows our patients to be discharged sooner so that they can continue their recovery in a non-acute setting. Our patients have given this service a 78% satisfaction rating

Hospital in the Home (HITH) is a Victorian program that provides services to people in their own home; services that otherwise would need to be delivered within a hospital to those classified as an admitted patient. HITH provides an alternative to admission to a hospital or an opportunity to return home earlier than would otherwise be possible. South West Healthcare has had the HITH service since its inception in 1994. There is a single HITH nursing round which provides services from Port Fairy, up to Woolsthorpe and across to Nullaware, a radius around Warrnambool of approximately 30 km. The HITH nurse can see up to 12 clients in a day. Over the last six years the SWH HITH service has had an average of 177 patients a year and made an average of 2,570 visits a year, or an average of 7 visits a day. Clients are seen for Acute Care which includes blood thinning medications pre and post surgery, intravenous antibiotics, and negative pressure wound therapy.

We now have more opportunities to assist people to return home with increased supports post discharge from hospital



Our Volunteers and Staff

Volunteers

Photo supplied by the Warrnambool Standard



South West Healthcare's Volunteer Services oversees the training and upskilling of our registered volunteers as individual needs arise. This includes emergency response and fire drill training. Our peer leader volunteers also undergo regular training specific to their program as do our palliative care volunteers. Our Warrnambool volunteers also participate in a bi-annual performance review.

Our volunteers scooped the pool once again at the annual Minister for Health Volunteer Awards. Before hundreds of guests at a gala event in Melbourne, Health Minister David Davis recognized 11 South West Healthcare volunteers with the most prestigious of awards. Claire Gibbons was named 2012 Minister for Health Volunteer Awards - Regional Individual Achievement recipient and our Palliative Care Massage Team has been named 2012 Minister for Health Volunteer Awards - Regional Team Achievement recipient.

We would like to say a heart felt thanks for all the precious time and effort our 288 volunteers put in around the healthcare facility campuses in 2010/11

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 145

Delta Society's Therapy Dogs

Not only do pets bring joy to the lives of more than 12 million Australians, there's plenty of evidence to show they're also great for your health and wellbeing. Their beneficial effects range across the full human life span: enhanced social skills in childhood; reduction and better management of hypertension, heart attacks and strokes;

and improved mental health and wellbeing in the frail aged. That's why South West Healthcare loves having them around. The pets (and their handlers) visit our Palliative Care, Rehabilitation, Mental Health Extended Care Inpatient Unit and Children's wards weekly.



Our Volunteers and Staff

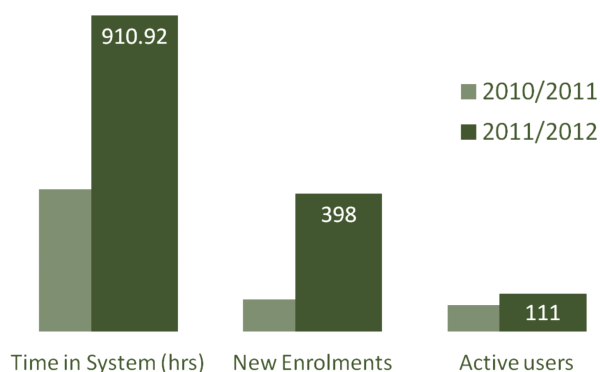
Staff

Two year training pathway developed for beginning mental health clinicians

SOLLE is an online learning platform initially implemented as a project for nursing education across the Barwon South West region. Mental Health Services developed a mental health specific platform within SOLLE and all mental health staff both clinical and non-clinical are registered as users.

The training pathway was developed to provide timely training to beginning practitioners in mental health and implemented in November 2011. The pathway has been structured over the course of two years so that learning starts with core skills and builds to more complex skills. Using external content such as the National Mental Health Professional Online Development modules and locally developed content such as An Introduction to the Mental Health act, new staff have been able to access high quality specialist education close to the workplace. This has been a significant achievement particularly for the more rural sites since its implementation in 2011.

Usage by Mental Health Services Staff of the online Learning System



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.

The AEW Matthews Memorial Travelling Scholarship

The AEW Matthews Memorial Travelling Scholarship provides up to \$10,000 to South West Healthcare employees with an insatiable appetite to learn more about best practice approaches, treatments and initiatives in healthcare provision. Awarded annually, it's named in recognition of the outstanding service provided by the late Allan Matthews who was CEO of the Warrnambool & District Base Hospital (now SWH Warrnambool Base Hospital) from 1972 to 1983.



Glossary

ACAS - Aged Care Assessment Service
ACHS - Australian Council on Healthcare Standards
AHPACC - Aboriginal Health Promotion and Chronic Care
DoH - Department of Health
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

staff at work

South West
Healthcare 

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

Our team of 1,247 staff provide a wonderful service to patients/clients, staff and our health service across all campuses some of who are pictured.





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
phone: 03 5522 1000 Fax: 03 5523 4212

Hamilton - 12 Foster Street, Hamilton 3300
phone: 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

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