



South West   
Healthcare

Quality of  
Care Report  
2010|11

welcome to our

# Quality of Care Report

## Take a look at what we have been doing between 1st July 2010 – 30th June 2011

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

Hard copies of this report are distributed widely across the community via health, medical and community services, as well as local councils and public libraries. We have also provided a copy of the report on CD to community centres and libraries which can be reformatted so that visually impaired people can read a large print version of this report.

You can also visit our website for access to an electronic version at:

**[www.southwesthealthcare.com.au](http://www.southwesthealthcare.com.au)**

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

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

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

To ensure this report continues to be relevant to our community we would appreciate a minute of your time to complete the evaluation form in this report and send it back (prepaid to make this easy for you). Or you can contact our Quality Manager on Telephone 5563 1469: Post-Ryot St, Warrnambool, 3280: Email- [quality@swh.net.au](mailto:quality@swh.net.au)



NAIDOC 2010  
Celebrations



# A Year of Highlights

- Patient throughput has remained at record highs across our services
- Hosted our annual NAIDOC (National Aboriginal and Islander Day of Celebration) event. This is a significant part of creating positive partnerships with our Aboriginal community.
- Celebrated improvements in Pain Assessment and Management.
- Opened our Geriatric Evaluation & Management (GEM) unit in our new hospital building.
- Overall patient satisfaction is 80%, 2% higher than the state average in our External Survey.
- Celebrated the wonderful work our Volunteers do across all the campuses and services during National Volunteers week in May 2011. Marjorie Crothers won the 2011 Minister for Health Volunteer's award for her outstanding commitment to Palliative Care patients and their families.
- Expanded our Hospital in The Home program
- Rehabilitation in the Home program established in February 2011
- Quality of acute Stroke care continues to exceed national benchmarks.
- Awarded Accreditation rating from the external auditors May 2011 for care delivered to residents and their families at our residential aged care facility-Merindah Lodge.
- Delta Society- Warrnambool commenced weekly "Pet Therapy" visits.
- The "Releasing Time to Care-Productive Ward" continues in our clinical areas and in our Psychiatric Services.
- Leading the State of Victoria in public Mental Health service
- Celebrating the diverse skills of our nursing workforce across all campuses – inside back cover shows the broad range of roles nurses can take in their career.
- Progressing with our redevelopment of our Warrnambool Campus - see Annual Report for full details.
- We won the 2009 Victorian Quality of Care Reporting Award. This is a record sixth consecutive year of awards for our Quality Report.

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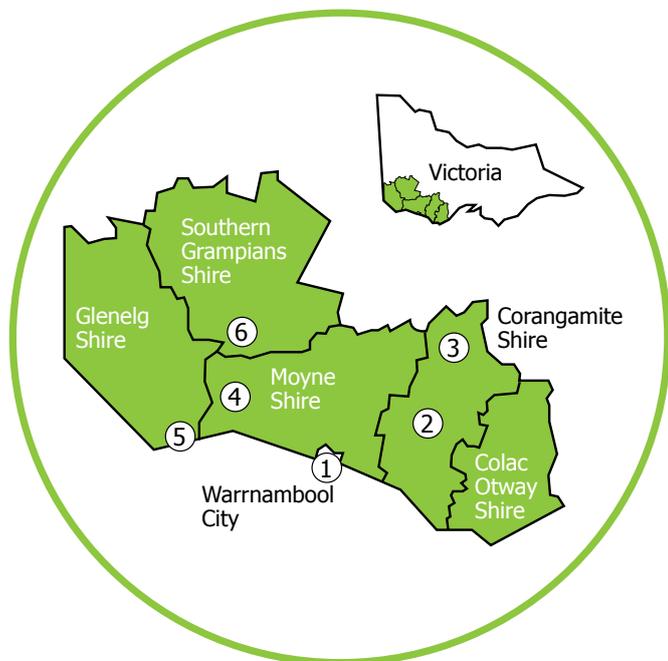




# Our campuses. and services

## 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 (see map).



### 1 Warrnambool Campus

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

### 2 Camperdown Campus

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

### 3 Lismore Campus

- Community Health
- District Nursing

### 4 Macartuhr Campus

- Community Health
- District Nursing

### Psychitric Services Division

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

## Our process in making this report relevant to you: 2011

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

- A pre paid feedback sheet is included inside all hard copy reports.
  - *We received a similar amount of returns as in the previous year*
- The feedback is collated and themes identified to improve the report.
  - *"We have an interesting and varied healthcare service"*
  - *I liked the pictures and related stories"*
  - *Tells me about the programs offered at this health service"*
  - *Graph on page 25 (2010) is too small to read easily*
  - *Some technical/medical terminology requires explanation*
- March – Feedback received from the panel of assessors.
- April – A memo was sent to all campuses and departments asking staff to send information on their work.
- May – A discussion of topics, presentation and photos discussed at Community Advisory Committees' Meetings, and a subcommittee formed to work more closely on the report.
- June/August – Minimum reporting guidelines received from the Department of Health and work in progress with staff to gather information and commence drafting.
- August – Draft content and photos discussed with Community Advisory Committee sub-committee volunteers.
- September/October – Ongoing refinement of content, format, photos with Community Advisory sub-committee members and staff until completion and printing of this report.
- November – Presented at our Annual General Meeting and printed copies distributed to our community. An electronic version made available on our website.
- February – Full colour 1-page summary of the report published in local and regional newspapers.



# Our community

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

We know that:

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



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



# Consumer, carer and community

## My Story

Ian, Anita, Nick, Chantal and Victoria's experiences at our services.

### Ian's story

In 2009 Ian's health deteriorated dramatically from being an active person to being unable to walk about his home, and his lifestyle was severely limited. In February 2011 he had surgery to replace a heart valve and six blood vessel bypasses as an inpatient in the Geelong hospital. Since that operation he has had two episodes of pneumonia requiring admission to the medical unit at SWH. He became a participant in the Rehabilitation in The Home (RITH) program, and 6 weeks of rehabilitation and specially designed exercises has helped him to get back to normal.

#### Rehabilitation In The Home

South West Healthcare recently received growth funding for expansion of their Sub-Acute Ambulatory Care services, resulting in the establishment of the Rehabilitation In The Home (RITH) program in February 2011.

The RITH program is a short-term, home-based, multi-disciplinary service which assists clients to reach their maximum

potential to regain their independence and where possible, improve their quality of life. Referrals are accepted from both the acute setting and the community. The major aims of the program are to reduce the length of hospital stay and prevent admission or re-admission to hospital.

The program is primarily run by care-co-ordinators: including Physiotherapists, Occupational Therapist, Speech Pathology and Counselling and Support Services are also available to RITH clients, ensuring the holistic care of clients at all times.

Each client is evaluated against several key performance indicators post-discharge from the RITH program, and all clients are encouraged to return a Client Feedback form to ensure a quality service is delivered.

We developed an information brochure to promote this new service following consultation with our clients, staff and key stakeholders of the service, which has been a good introduction to a new concept of healthcare.



## Chantal and Victoria's story

Chantal and Glen had their daughter Victoria in March 2011 at our Maternity Unit. Chantal said the Admission and Booking process was simple and easy to follow and she was given enough information and opportunities to ask questions- a positive experience.

Chantal was admitted at 9.30 pm and Victoria was born at 4.43am. They stayed in the unit for two days and then discharged to home with two follow up visits by the midwifery nursing service. Victoria is thriving and Chantal said any of her queries and all questions were answered to her satisfaction and Lachlan is enjoying being a big brother.

- 594 deliveries at Warrnambool Base Hospital
- 157 deliveries at Camperdown Hospital this year



## Anita's story

Anita was an inpatient on our surgical unit in April. After being home for 7 days she developed post-operative complications and was re-admitted back into hospital for another 8 days. Being eager to return home made Anita an excellent candidate for our Hospital in The Home (HITH) program utilising the VAC pump dressing supported by our Nurse Practitioner Wound Management – Theresa Swanson and the District Nursing Service (DNS).

Anita said "The staff were so accommodating, nothing was too much trouble." DNS nurses Colleen and Jenny were so supportive and helpful when things were not going so well- "looking after the whole person-emotionally and physically."

After 3 weeks of HITH Anita had daily dressings done by the District Nurse Service.



## Nick's story

Nick was booked for an operation following a visit to his doctor in December 2010.

He was interviewed and had a health assessment in the pre-admission clinic two weeks before planned surgery at the end of May. Unfortunately he had his surgery cancelled twice before he eventually had his operation. He reports that his condition did deteriorate with increasing pain, and the need for increasingly stronger, and more frequent pain medication needed. This had the burden of physical, emotional and financial implications on him and his family with the increasing visits to his GP and chemist.

Nick reports that he spent 23.5 hours as an inpatient and found the staff to be excellent displaying professionalism and a caring approach. His follow up visit to his surgeon 7 days post surgery was positive.

Areas for improvement will be in better consultation about his discharge medication by the RMO doctor as he felt that his previous pain medication and his wishes were not taken into consideration.

## 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. This plan is based on the Department of Health (DoH) - Health Service Cultural Diversity Plan and the Improving Care for Aboriginal and Torres Strait Islander Patients (ICAP).

## Understanding our Consumers and their needs

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.

- We are making progress in engaging Elders and the core group of our local Maori community.
- The top four health issues affecting Maori women (diabetes, cardiovascular disease, asthma, women's issues) have been identified, with diabetes being a priority area (30% Maori high risk for diabetes compared to 9% Europeans).

## Using Language Services to Improve Communication

We have updated our Interpreter Policy which includes a 'how to' section on arranging and conducting face-to-face interviews and getting written information translated.

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

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

Use of the universal interpreter symbol in our impatient 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.

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

## A Culturally Diverse Workforce

- Each year we distribute a survey across the organisation inviting staff to provide details on their CALD backgrounds and asking them if they would like to be included on a Register for CALD Resources. The staff on this Register could then be used to provide support and knowledge about a culture if required.
- We are also making available the Warrnambool City Council brochure 'New Arrivals to Warrnambool and District' and liaising with the council so that staff are aware of the informal functions for recent migrants to get together.
- Development of an Access and Equity Plan to inform and direct our care of diverse client's individual needs.

## Raising Staff Awareness of Aboriginal and Cultural Needs

- Our Orientation and Mandatory Update programs include a session for staff on cultural diversity, developed in partnership with the Aboriginal Liaison staff and Refugee Nurse.
- A working party has been formed to identify gaps in our knowledge of local aboriginal culture and determine how best we can improve the health care experience for our local members.
- Our staff Orientation Booklet contains a section on cultural diversity.
- We have a regular 'Cultural Corner' in our quarterly newsletter for staff.
- We are in the process of developing an education program for health care staff to participate in Cultural Diversity and training specifically relevant to our local aboriginal communities.
- A selection of various religious texts are available in the hospital library.

## Partnerships that are building bridges

Our Refugee Nurse and Aboriginal Liaison staff continue 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. This work was an important step towards the formal Memorandum of Understanding.

## Cross-Cultural Training to Improve our Service Response

- We are developing an education program for health care professionals to improve understanding of Aboriginal culture, their specific health care needs and providing a culturally safe and welcoming environment.
- Consent forms revised to include a signed acknowledgement by an interpreter that the patient has received the information provided in regards to procedures and consent.

## 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 Liaison Workers also work closely with the community based Hospital Admission Risk Program (HARP) team which helps people with chronic illness self manage their condition.
- 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.

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

## Bringing our Cultures Together

- In consultation with all local aboriginal groups, we are currently developing an appropriate acknowledgement of the Aboriginal population for formal events such as our Annual General Meeting and Year in Review.
- We have a Memorandum of Understanding with the local aboriginal Gunditjmara and Kirrae Health Services.

## A Taste of Harmony

To coincide with National Harmony Day and the United Nations' International Day for the Elimination of Racial Discrimination, Taste of Harmony is designed to recognise and celebrate diversity within Australian workplaces. The Staff cafeteria registered as a participating workplace and chefs offered culturally recognised dishes. Enthusiastic staff enjoyed the opportunity to taste the variety of cultural cuisines' from around the world.



## NAIDOC- 'Unsung Heroes-Closing the Gap by Leading Their Way'.

In July 2010 we celebrated **NAIDOC (National Aboriginal and Islander Day of Celebration)** with local Aboriginal groups, the community and the health service staff. We all joined together to celebrate the rich culture and history of the first Australians. The festivities included an official opening ceremony incorporating a "Welcome to Country", and a sea of flags display. A locally produced sculpture 'smoking pit' totem was ceremonially lit on this day by Jamie Thomas and will continue to be a focus for future celebrations. We witnessed a welcome dancing demonstration by a local aboriginal dance group and finished the formalities with a symbolic releasing of balloons which was an added highlight for the audience.

Food to share and local musical entertainment featuring talented aboriginal musicians was hugely popular, as were the traditional games, and historical display. Craft items made by local people and practical demonstrations were on display and the opportunity to paint the totem pole was very popular especially with the younger audience.

NAIDOC celebrations at SWH help us to reflect on achievements so far and focus on what is still to be done to achieve reconciliation in Australia.

## A Healthier Indigenous Community: Community Health Partnerships

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

A snap shot of programs offered at the Warrnambool Community Health during the 2010-2011 year include the following:

- Kirrae Weekly Cooking Class
- Kirrae Kitchen Garden
- Kirrae Health Information Speakers
- Adolescent Girls Group
- Maternity Group-Gunditjmara
- Women's Group
- Gunditjmara Nutrition Group
- Water Drinking Challenge (to improve daily fluid intake) at Kirrae and Gunditjmara
- Gunditjmara Walking Group/ Pole Walking

## 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.



## Aboriginal Health Expo

A major event was run by the Aboriginal Health Promotion Program- the Aboriginal Health Expo in March 2011, with many members of the Aboriginal Communities of South West Victoria attending. The day was a combined project by Warrnambool Community Health(SWH), Gunditjmara Aboriginal Cooperative, Kirrae Aboriginal Health Service, Dhauwurd Wurrung Elderly Community Health Service (DWECH) and Winda- Mara Aboriginal Corporation.

Stall holders (34) attended the day providing health information for a wide range of health and community services. Information was presented in a creative and interactive way which encouraged participation from attendees.

During the day participants were able to collect health information, be involved in sporting clinics on the oval, listen to presentations by some very informative health and community speakers, and be involved in a question and answer session with some high profile Aboriginal AFL stars.

An added treat was the musical performances by Archie Roach and Johnny Lovett.

Children's activities were provided and a healthy lunch of soup and traditional BBQ foods was provided.

Overall a great day was had by all who were involved in the day. Some comments made by people who attended the day included:

"Absolutely brilliant day"

"Well done, very well organised"

"Repeat event please. Thoroughly educational and inspirational"

"Keep doing what you're doing"



## Healthy and Happy Communities – getting you involved

### Going from Strength to Strength

Our Community Health Centres continue to run a number of programs promoting health and fitness to 110,000 people who live in our catchment areas.

### Lismore Community Health

- The Lismore Primary School Community Garden project demonstrates great community collaboration. Sited at the primary school, other groups who are involved are the Derrinallum P-12 campus, the Adult Day Activity Program, the Lismore Garden Club, Lismore Primary School Parent and Friends, and South West Healthcare. The garden grew from the “Healthy Active South West” Project and planting out will begin now that the redesign and re-build has been completed.
- “Conversations with Women” was funded by International Women’s Day and continued Lismore CHC desire to engage with rural women and identify their needs. Support from the Deakin University Department of Rural Health identified the need for two working groups. One to review transport issues, and the other to continue to organise opportunities for rural women to socialise.
- Lismore CHC has been engaging with the community and local mental health professionals to determine a suitable mental health and wellbeing program. A program to commence in August will address stress management, assertiveness and sleep hygiene.

### Macarthur Community Health

- Broadband for Seniors. Macarthur CHC is the host site for the Federal Government’s ‘Broadband for Seniors Program’. In a partnership project with NEC the program aims to increase the skills and knowledge of computers and internet for people over 50. By using email and web based video, participants learn how the internet connects with family and the wider community.
- Macarthur Community “Men’s Shed” has just celebrated its first official year of opening. The aim of bringing men together in a relaxed and comfortable environment to share friendship, knowledge and skills has been embraced by the locals.
- Macarthur Community Gym established under the “Healthy Active South West” funded by the Department of Health & Aging promotes increased physical activity to improve health and wellbeing.
- Macarthur School Garden modelled on the Stephanie Alexander Kitchen Garden Projects aims to develop in children an appreciation of healthy food, a healthy body and environment.

### South West Healthcare Community Health Taking Diabetes to the Broader Community.

SWH Community Health services provide diabetes stream of care programs not only to Warrnambool but also to its outlying campuses and regional services. This provides equity for all people to have access to its Chronic Illness Programs, Health Promotion Activities (such as Diabetes Week) in a supportive education program.

Better Health Self-Management and the Newly Diagnosed Type 2 Program in Port Fairy have been welcomed by the community, and local health services providing information vital in chronic illness management.

Diabetes Education programs have provided information to local schools and other Community groups such as M-Power

SWH provides people with access to its Diabetes Australia Access Points (National Diabetes Services Scheme) at Warrnambool, Camperdown & Moyne Health Services

SWH provides health promotion activities for the community and its staff.

Diabetes Week 2010, highlighted diabetes awareness by having activities for the community and its staff including:

- Blood glucose meter checks
- Diabetes team members were available- an opportunity to visit a health professional without an appointment

SWH Staff:

- Participated in completing a risk assessment tool for Type 2 Diabetes
- Were encouraged to complete an online risk assessment by using a link to the Diabetes Australia Website



Associate Nurse Unit Manager Jenny Attwell with day stay patient Linda.  
Photographer: Robin Sharrock.

# Participation

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

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

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

### Staff Culture Promotes Involvement

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

### Information Brochures and Booklets Promote Understanding and Participation

- We have written information on specific health issues and operations to provide a back up 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 have established a Consumer Health Information (CHI) working party 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 found at <http://www.health.vic.gov.au/consumer/pubs/written.htm>

New CHI Brochures/Booklets	Updated/Reviewed
4	8

## McGrath Breast Care Nurse - BCN

Two years since establishing the BCN- Rebecca Hay has refined the role and improved initial contact with clients at point of diagnosis with data showing numbers have increased from an initial 86 (2009) to 319 (2010) clients. Using a multidisciplinary approach to care there has been an increase in referral numbers from BreastScreen facilities, and surgeons, who recognise the benefits of early referral following diagnosis and undergoing surgery.

Some patient comments about the program-

"The support I have received right from diagnosis onwards has been exceptional. The clear explanations given regarding my type of cancer, what to expect from surgery, the expected follow-up, chemo and radiotherapy were most helpful. When some things didn't quite sink in, the patience and empathy shown to me were truly appreciated. I know I can always call if I have a "silly" question."

"We are just so fortunate to have our Breast Care Nurse in this area."

## Stroke Care – Research

### Acute Screening of Swallowing in Stroke/TIA (ASSIST) tool.

The Victorian Stroke Clinical Network under the umbrella of the Victorian Dysphagia screening project has developed a dysphagia screening model ASSIST tool. SWH as a host site for a Stroke Network Facilitator has engaged in the development and implementation phase of this project. Twenty clinicians from the Medical/Stroke Unit and the ED have been trained and certified by our Speech Pathologist to provide this assessment of stroke patients.

### CT or MRI within 24 hours of hospital admission

The adoption of a thrombolysis protocol and the capacity to conduct 24/7 Computed Tomography Brain (CTB) imaging and reporting that, by necessity, accompanied the thrombolysis protocol, has dramatically reduced the wait time to CTB. Now Magnetic Resonance Imaging (MRI) has added a further option for greater diagnostic power.

Key Performance Measures SWH	08/09	09/10	10/11
Have swallow assessment within 48 hrs.	65 %	71 %	76%
Brain cat scan (CT) within 12 hrs. of presentation to hospital	93 %	85 %	100%
Seen by Physiotherapist within 48 hrs.	47 %	75 %	85%
Seen by Speech Therapy within 48 hrs.	65 %	73 %	64%
Commencement of anti-platelet within 48 hrs.	66 %	83 %	82%
Timely and informative discharge summary	56 %	61 %	71%



ASSIST project – Wendy Delaney Rehabilitation Nurse, Annie MacCulloch and Jenna Hogarth Speech Pathologists, with inpatient Kitty.

# Participation

## Geriatric Evaluation and Management (GEM).

GEM is sub-acute care of chronic or complex conditions associated with Ageing, cognitive dysfunction, chronic illness or disability.

The GEM unit consists of 11 beds. GEM unit as a new service has been 50% occupied since commencing in 2011, with the average length of stay being 17 days.

### The main aim of GEM Unit is to:

- Reduce hospital length of stay.
- Promote recovery and reduce functional decline.
- Decrease the risk of de-conditioning.
- Reduction in hospital readmission.
- Improve quality of life for the older person.

### Patients/Clients can benefit from GEM if they are having problems in any of the following areas:

- Difficulty with routine activities such as dressing, bathing, preparing meals.
- Problems with managing household tasks, such as laundry, cleaning, cooking and paying bills.
- Multiple medical problems.
- Medication management issues.
- Falls or difficulty walking.
- Memory problems.
- If need help but unsure of how to get it.

Suitability of patients/clients for GEM is determined following an assessment of the older person by a Geriatrician/Rehabilitation physician. To have an assessment a referral is generated by staff in another ward for patients awaiting Rehabilitation, or through your Doctor. A written referral is sent to the Rehabilitation Physician or Access Manager at SWH.

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

Survey area	'Fantastic'	'Could be better'	Work in place
Preadmission (annual)	88 % overall satisfaction for care "More than happy, staff in all departments thoughtful and considerate"	"Only 57% were happy with the refreshments they were offered"	Working with Redesign to streamline process and increase patient throughput.
Day Stay (annual)	96 % overall satisfaction for care "Excellent service & support from all staff, pleasure to have them look after me".	"Felt my reason for deferring my surgery was accepted with scepticism when I originally booked." 44% gynaecological patients wait more than 3 hours for transfer to theatre for surgery"	Introduction of telephone calls to clients the day prior to procedures to check intention to present for their procedure -to reduce failure to arrive.
Inpatient (ongoing)	80 % average overall rating for care "Thank you for making my weeks with you so pleasant & I could not wish for better attention "	"The ward I was in, was in the old building and the construction noise was disturbing during the daytime"	We keep close track of patient suggestions to evaluate and improve the healthcare experience.
Inpatient Psychiatric Services (ongoing) <b>**SWH is the only known inpatient Psychiatric Unit to run such a survey</b>	88% average overall rating for this financial year "Everyone was really lovely and caring, and made me feel welcome"	"I was confused about the unit location and my visitors got lost"	The participation newsletter 'Brainstorm' has valuable content particularly information about recovery and resilience.
<b>Community Programs:</b> District Nursing Service (DNS) Client survey	97% overall satisfaction with DNS care Efficient and skilled nurses-thankyou.	"Would like the same nurse each visit but I know that is not possible"	Client feedback welcomed and encouraged

### Entry Criteria for GEM include:

- 65 years and older.
- Have one or more medical conditions with functional impairment.
- The client shall be willing and have the ability to participate in the therapeutic programs.
- Functionally active prior to admission to hospital.
- There is an identified discharge destination.
- There are identifiable goals, which are tangible and achievable.

## Advance Care Planning (ACP)

ACP is a person centred, integrated, holistic and self directed process to identify future medical care preferences for all adults, and many are embracing the notion of having this autonomy and control over future healthcare needs. We are promoting ACP to our Chronic Disease, HARP & Community Health clients.

Advance care planning objectives are:

- Respect every person's right to autonomy, dignity and fully informed consent
- Respect individual wishes
- Assist individuals to reflect upon, choose, communicate and document their wishes and preferences regarding their current and future medical treatment in an Advance Care Plan
- Educate and support health professionals to facilitate advance care planning.

## Psychiatric Services – Participation for all

Over the past year our Psychiatric Services Division has developed a structure to support participation at individual, team and service level. Part of this has been the recruitment of a Participation Team within the Service Development Unit, with some great strategies commenced:

- **'Brainstorm' quarterly newsletter:** For consumers, family and community members wishing to keep in touch with the activities of the participation team.
- **Development of a database of consumers, families and community members who have indicated their desire to participate:** allowing for collection of performance data, financial indicators and the outcomes of participation.
- **Establishment of a committee structure:** including consumer advisory group and family advisory group.
- **Establishment of the Opinion Council:** consisting of consumers, families and staff who meet quarterly to deal directly with all feedback received by psychiatric service in a solutions focussed manner.

### Independent Peer Support Groups

Independent peer support groups have been set up in both Warrnambool and Camperdown. Meeting up with like minded people in an informal setting is in Warrnambool on the 2<sup>nd</sup> Monday of the month and in Camperdown on the 2<sup>nd</sup> Friday of the month. This is coordinated by the Victorian Mental Awareness Council by telephone: 9380 3900.

### Child and Adolescent Mental Health Services (CAMHS) - Circle of Security Parenting Group.

Originally developed as a means of teaching caregivers

attachment theory, the group program has evolved into a more comprehensive treatment model that is being used in a variety of clinical settings.

The group is designed to support caregivers in learning about the attachment and relationship needs of their child and to explore their own obstacles to meeting those needs.

Results so far

- Significant decreases in child psychopathology
- Decreases in child and caregiver stress
- Improvements in the caregiver-child relationship
- Caregivers positive reporting to being well supported by the group and the material was directly relevant to their needs.

### Mental Health Professional Development- Pilot Educational Program

SWH Mental Health Service (MHS) recently participated in a pilot of a new online educational program.

- 45 topics suitable for all staff designations working within Mental Health
- This will be the base of MHS new training plan utilising a Web based platform for the majority of staff training needs in the future.

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



STAR Beat Choir entertainers.

# Participation

## Community Advisory Committees

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

### Achievements of South West Healthcare Community Advisory Committee

- Review of the Consumer Participation Plan.
- Review of the Patient Information Package available at bedsides.
- Continued review and update of planning for the new Warrnambool hospital and Allied Health Complex.
- Development of the annual Quality of Care Report.

### Achievements of Psychiatric Services Consumer and Family Advisory Committees

- Establishment of the Opinion Council, Consumer Advisory Group and Family, Friends & Carers Advisory Group.
- Working Party formed to create/update an inpatient Charter of Behaviour, review the Satisfaction Survey and consent forms.
- Developing a list of local Respite options and Information about to how to change your clinician and get second opinions.
- Celebrated Mental Health week in October showcasing the Bi-Polar Bears featuring the STARbeat Choir, an Outdoor Cinema experience, and a variety of art and activities.

### Achievements of the Palliative Care Consumer Advisory Committee

- Marjory Crothers- Regional Health Service Award for an Outstanding Individual Achievement for her 20 years of volunteer service
  - Links to community fund raising eg 'Peter's Project' to work towards the establishment of a local radiotherapy unit to service the South West region. [www.petersproject.org.au](http://www.petersproject.org.au)
  - Volunteers from Warrnambool were able to attend a "Just Being, Not Doing" Workshop training session facilitated by Margaret Karafilowska, a psychologist from the Cairn Miller Institute.
  - Education sessions including "When Your Patient Dies" available for volunteers, and massage techniques updates.
- Future goals will include creating a comprehensive art trolley as another means of therapeutic distraction for palliative care inpatients.

## OUR 'report card' on participation

The table sets out our status on the set of indicators developed by the Department of Health (DoH) to measure progress in participation.

Indicator	Status	Evidence
A Community Advisory Committee established.	✓	SWH Community Advisory Committee. SWH Psychiatric Services Division Community Advisory Committee. SWH Palliative Care Community Advisory Committee
The Quality of Care Report outlines quality and safety performance and systems in key care areas that address the health care needs of the services communities, consumers and carer populations.	✓	SWH Quality of Care Report has won the Reporting Award for Regional Health Services for six years between 2004 - 2009
A community participation plan has been developed and is being reported against annually to Department of Human Services.	✓	SWH Consumer Participation Plan was reviewed by the Consumer Advisory Committee.
Appropriate information is available to enable all consumers, carers, where appropriate, to choose to share in decision making about their care.	✓	Results from internal (Acute inpatient, Psychiatric inpatient, Preadmission Clinic, Day Stay, District Nursing Service) and external patient/client surveys rate highly in this area.
Health services meet the accreditation standards in the Evaluation and Quality Program: the governing body is committed to consumer participation to the level of 'Moderate Achievement (MA).	✓	South West Healthcare gained in the full ACHS accreditation survey of 45 criterion June 2010 including; 1 x Outstanding Achievement (OA) - Care of the Dying patient, 20 x Extensive Achievement (EA), 25 x Moderate Achievement (MA), Psychiatric Services 15 x Extensive Achievements (EA).
There are consumers, carers or community members on key governance and clinical governance structures.	✓	Consumers, carers or community members are members of the SWH Continuum of Care Committee and the South West Centre Against Sexual Assault (CASA) Advisory Committee. Work in progress to recruit to other committees.



# Continuity of Care

## Accessing Health Care

Having timely access to health care when you need it is important. We monitor our progress, and initiate new practices in the aim for an increasingly efficient service. We have recorded another busy year across all campuses in Emergency Department presentations, inpatient admissions, outpatient services and community care contacts.

- Total bed days were 58,631.
- Our average occupancy at the Warrnambool campus for staffed beds was 83%.

Improved Patient Experience (surveys, complaints), reduction in length of stay, reduction in re-admission rates, improved quality & timeliness of discharge and increase in criteria-led discharges.

## Care of the Deteriorating Patient

There have been a number of incidents where the deterioration of a patient should have been detected and acted upon sooner than it was. Clearly, this can and has previously resulted in further complications for some patients.

We are working towards:

- improved audit results,
- improved scores on the continuous monitoring tool for observation charts,
- decrease in incidents for failure to act on or record observations,
- reduction in preventable cardiac arrests.

## Dental Clinic

- Outreach dental services at Timboon and District Healthcare Services expands. The service commenced in February 2010 providing treatment to eligible school aged children. In October 2010 increasing demand resulted in adult services alternating with the school aged clientele. Future plans are to have a consistent weekly adult dental service.
- Waiting lists were maintained at an optimum of 10-12 months both for general dental work and dentures.
- Outreach dental services at Gunditjmara Health Service run on a weekly basis and school dental services are offered fortnightly.
- Oral Health Education Programs are being developed for identified target groups including residential aged care, disability and Mental health, pre-school and kindergarten, maternal health and first parents group, and Indigenous groups.
- Supporting and encouraging career opportunities as a dentist, dental therapist or dental assistant through work experience placements and traineeships.

## Delta Therapy Dogs

The Delta Pet Partner Program commenced in November at the Warrnambool Base Hospital. The Delta Society volunteer owners/handlers and their pets visit our Palliative Care, Rehabilitation and Children's wards weekly which is enthusiastically anticipated by the patients.

## How Appropriate and Effective is Our Care?

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



Delta Pet Therapy: Barbara Kirby & Tully, Shannon McKay & Mary Sheather with Mawson

## Discharge Planning Team

Discharge Planning makes sure nothing is missed.

- **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 your return 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.
- **Transition Care Program** an initiative of the Commonwealth Department of Health and Aging for care of patients in their home following hospital admission.

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

Our State funded **Post Acute Care** (PAC) program has been providing services to people in the community, post discharge from a Public Acute Care Facility, since 1999.

In 2010-11 the Discharge Planning Team has helped to manage and implement PAC services across the South West Local Government Areas (LGA) contributing to total number of episodes peaking at 2251.

More recently we have been managing a combined State & Commonwealth funded program called the **Transition Care Program** (TCP). TCP incorporates both *Bed Based* which is situated in a residential care setting, and *Home Based* which

incorporates more extensive community services and low intensity therapy whilst in the person's home.

Since its establishment in January 2010 – SWH TCP has provided case coordination, care planning, GP notification, comprehensive person centred care and multiple services to all clients and families who have agreed to be an active participant on the program.

Up until recently we have been managing

- 6 TCP Home Based packages since January 2010
- 8 TCP Bed Based packages since July 2010

SWH has been successful in obtaining another

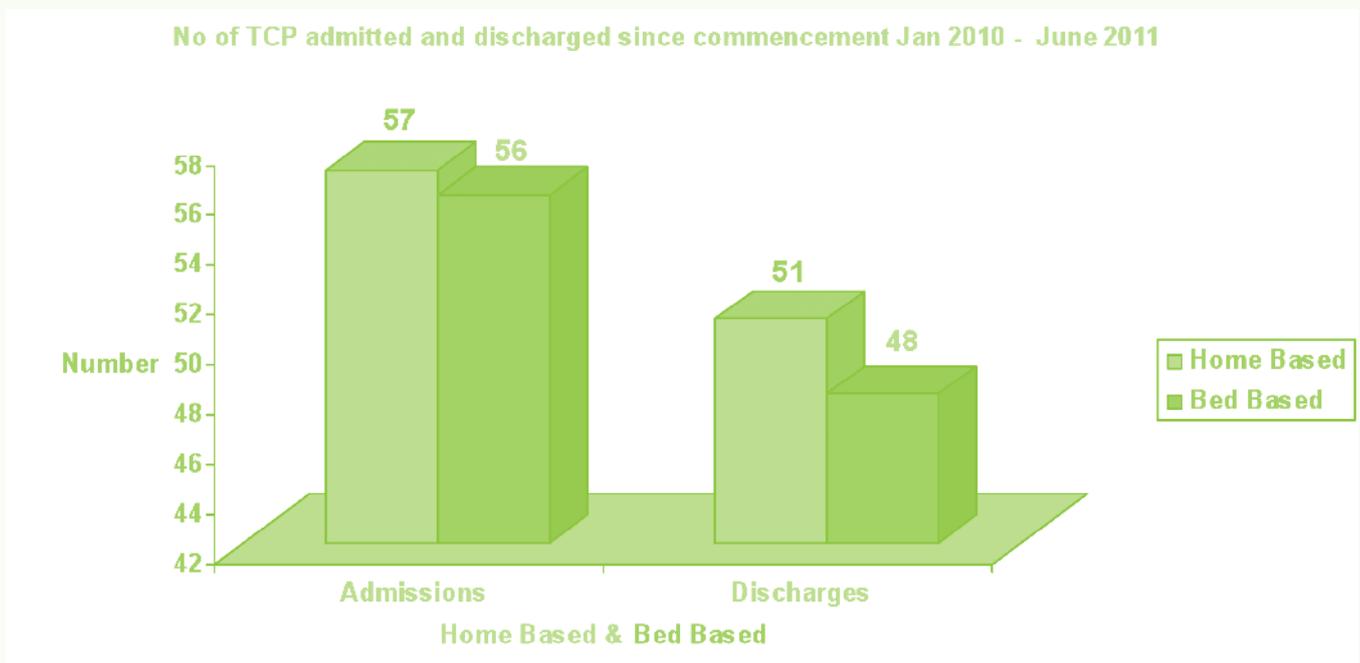
- 6 TCP Home Based packages which will commence in September 2011.

Our aim is to include the surrounding Regional Hospitals and the local St John of God Hospital so that they may be able to access the Transition Care for their patients who are made eligible (by Aged Care Assessment Service/ACAS) to receive care and support on discharge.

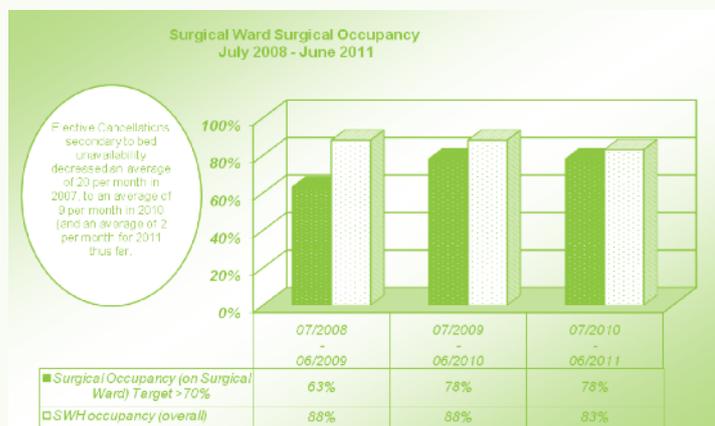
In addition our overall TCP occupancy during 2010-11

- Bed Based – 88% (aim 95%)
- Home Based – 92% (aim 95%)

In summation, having increased choices and opportunities made available, our monthly number of inpatients assessed by ACAS as either requiring High Level Care (HLC) or Low Level Care (LLC) has been reduced noticeably.



## Surgical Ward Bed Occupancy



### Strategies:

- Use of E-Referral to enable the Theatre Liaison Nurses to schedule theatre for inpatients awaiting theatre ensuring timely treatment, and decreasing length of stay
- Use of E-referral to enable the Rehabilitation Unit Manager to determine the current inpatients awaiting Rehabilitation/GEM (Geriatric Evaluation Management) – to allow the continual flow of patients to this area. People are flagged by this referral as soon as they are deemed ready for transfer, and a priority list given to the Access Manager on a daily basis to continue flow – ensuring timely treatment and rehabilitation
- Continuation of daily Theatre List Review meetings – since beginning this daily review our Elective Surgery Cancellations due to bed unavailability have decreased from on average 16 per month in 2008/2009, to 7 per month (average) for both 2009/2010 and 2010/2011.
  - Enablers for this:
    - Patients commencing their elective surgery journey on the DSU, and being transferred to the appropriate ward post operatively
    - Reordering of the Theatre list to better suit bed requirements and needs
    - Staggered admission times for our endoscopy unit
- Use of Electronic Bed Board to communicate bed availability on a 'live' basis
- Management and daily monitoring of Hospital Occupancy.

### Key Performance Indicator's:

- Discharge time of 11am compliance in 2011 to date 58% (target 70%)
- Accuracy of Estimated Discharge Date currently 62% (target 80%)
- Estimated Discharge Date documentation at 98% – this documents whether a planned discharge date has been scheduled.

### GEM / Rehabilitation beds:

- With moving to the new hospital – SWH is now able to offer GEM beds to our community, and an increase in our Rehabilitation beds, allowing for specialised evidence based rehabilitation care to our patients, as soon as possible.

### What's happening in the next 12 months:

- Further Rehabilitation / GEM beds will be available, bringing the total in this unit to 27.
- National Emergency Access Targets – a working party has been established to work towards meeting the criteria and 'best treatment' strategies set by the Federal Government.
- Further revision and refinement of Theatre Scheduling practices (ongoing)
- Elective Surgery Information System (ESIS). SWH is required to report to the Department of Health – Victoria, in regards to its Elective Surgery Wait list, to ensure timely access to elective surgery.
- Once reporting commences, the SWH Waiting list will form part of the Victorian Waiting list, and therefore be bound by the policies and regulations set forth by the Department. (SWH has in the past followed local policies and procedures, which have been very closely based on the guidelines set by the Department)
- Preparing to report to the Department has required a substantial amount of auditing, work to modify policies and procedures, and upgrade software (IT) to ensure that we are compliant with the data requirements. This is to make sure that there is consistent and comparable reporting across the State.
- Reporting will commence July / August 2011, which will then enable SWH to work towards meeting the Performance Indicator's involved.
- The elective surgery waiting list will also form part of the work required by the Australian Government to meet the criteria and 'best treatment' strategies set in the National Elective Surgery Targets.

## Caring for Our Elderly

### – A Smooth Transition into Aged Care

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

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

- Average time between the Aged Care Assessment (ACAS) and meeting with client and family to sign the Aged Care Residential agreement is 3 days in 2010/11.
- 87% of carers felt they were provided with the opportunity to attend the Aged Care Assessment (ACAS) with their loved one.
- 90% of carers felt they understand 'Respite care' now.
- 85% (2010/11) overall carer satisfaction with the service.
- 88% understood the meaning of Dementia

Care is planned and delivered in partnership with consumer/patient and when relevant, carer to achieve best possible outcomes.

## Committed to Aged Care that is Homely and Safe

Staff at Merindah Lodge, our Aged Care facility at Camperdown, have been making life as homely as possible for residents. Maintaining relationships with family, friends, pets and within the community is encouraged for residents.

We have been undergoing a number of building improvements:

- Completion of a palliative care room to provide privacy and dignity at the end of life
- Air-conditioning installed in each resident's room
- A co-ordinator to oversee our submissions for funding to maximize our potential
- Promoting the facility and services offered within the community at an Open Day/Garden Party

## David Newman Day Centre

Our Memory Enhancement Program addresses the needs of dementia clients while our Planned Activity Group caters for frail aged, and clients with a disability. Our future direction embraces the continuing practice of Health Promotion, focusing upon abilities rather than disabilities of our clients.

2010 has been a platform for many changes at the Centre. Our recent refurbishment has created a fresh modern look inline with the new SWH branding strategy. The move from the hospital to the building designed for an adult day centre; the day centre buses; the sensory garden; the storage shed; a large screen TV for sight impaired clients; and the opportunity to work with the residents of Camperdown and district in a capacity that has given pleasure and helped to make their lives rewarding.

The Centre is currently engaged as a Broadband for Seniors Computer Kiosk Host. We have two computers that have been set up for the specific use of Seniors (Over 50).

This government initiative allows:

- Seniors to gain free access to computers and the internet.
- Supports seniors in gaining confidence and in building new skills in the use of computer technology
- Addresses the issue of seniors feeling isolated and "left behind" in a technical age.
- And builds community participation and social inclusion among senior Australians.

## High Quality Aged Care

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

- Full accreditation maintained, passing all 44 Aged Care Standards in May 2011.
- Monitoring and submission of data on a range of care aspects helps us compare our practice to the rest of the industry throughout Australia and New Zealand. We pride ourselves on having a culture of reporting.
  - We are equal first in the industry for minimum use of both physical and chemical restraint- we have a NO restraint policy.
  - Above average for our compliance with documentation.
  - Increase reporting of pressure ulcers and residents admitted with chronic wounds in 2010/11 placed us above the state average
  - Skin tear rates were lower than the industry average with our active residents. We do encourage our residents to maintain their mobility.
  - Our falls rate was 7.47% for the last reporting quarter 2010/11 an increase from previous quarters. Our injury rate related to falls is very low.

Quality improvement opportunities have resulted in wound care nurse specialists monitoring and treating pressure wounds, improved assessment of the frail resident, and use of new pressure relieving bedding and equipment.

Promotion is being undertaken to help utilise the computers and there has been a steady response so far.



David Newman Centre clients enjoying the 'Biggest Morning Tea'.

## Redesigning Care

### Releasing Time to Care – Productive ward

We now have 7 wards /areas (across both Warrnambool and Camperdown campuses) working through this UK modular based program, designed to guide staff to make improvements in patient safety and flow, plus help staff achieve an efficient working environment. Wards have now worked through the foundation modules of this program, and are now onto working through specific processes such as Handover and Admission & Discharge Planning.

The program allows staff to step back and start to 'see' their current work flow from the patient and staff perspective. They can then identify issues, develop ideas to improve and then trial these new ideas.

#### **So what has been achieved with this program?**

Well Organised Ward (WOW) Module:

- Having equipment stored in a place that is practical for use, and in a way that is visual to help staff find things quickly.
- Visual parking bays for equipment & standardised colour coded labelling throughout the wards

Knowing How We are Doing (KHWD) Module:

- Each ward has a board on display for patients, visitors and staff to know and understand their performance data on patient safety and ward efficiency. Staff have quick weekly meetings around this board to discuss issues from the data & plan actions.
- We encourage you to read these boards when you visit the hospital.

Patient Status At a Glance (PSAG)

- Boards in the nurses station to help make the patient flow visual for staff. Some wards are working with manual versions of these boards, but the wards already shifted into the new hospital wards have an electronic version.
- The electronic PSAG board is linked to the electronic referral system giving real time status of referrals using a traffic light system.

#### **Results to date**

- Improvement in Allied Health response to referrals within 24 hrs up to 66% (keeping in mind that only Physio has a weekend service), from baseline of 18%.
- Reduction in SWH average Length of Stay (ALOS) across a range of patient groups by 1 day, saving 815 bed days over one year, which means that on average 161 more patients can be treated. This reduction in ALOS helps in our work to reduce elective surgery cancellations.
- Overall patient falls rate across these wards has also reduced.
- Staff satisfaction improved especially in the areas of 'Clean & well organised environment' increased from 48% to 86%.

## Other Areas:

### Central Sterilising Service Department (CSSD)

Our champion CSSD team have continued their improvement work, and got to the bottom of a pesky problem with black spots on some of the equipment they were processing for theatre, resulting in lots of rework. After lots of investigation they found it was the ink off indicator labels, which are actually not required to be inside the packaging anymore. Since removal of these labels from use – no black spots!

## Operating Theatre

Redesign improvement work commenced in January this year with a look at the 'Surgical Patient Journey'. Two main areas have been worked on to date:

#### **Wait list accuracy:**

SWH is working towards reporting wait list data to the official Victorian Wait List database. To do this accurately we must ensure our data matches the standard definitions and our IT systems can extract the data required accurately. This has resulted in a lot of 'behind the scenes' work to achieve this. Thanks to some great work we are almost ready to do some data upload testing in the lead up to going live.

#### **Management of Loan Equipment:**

Orthopaedic theatre equipment is very expensive, and like most hospitals we use loan equipment for quite a few of these procedures such as hip and knee replacements. We were finding it difficult to manage this equipment efficiently (it comes from all around Australia). Our theatre team came up with the idea to make this process visual, using a board to manage this equipment from ordering right through till returning it. They are now working towards having this as part of the new electronic system theatre is moving to later this year.

#### **Is it helping??**

Yes since the board has been in use, nil incidents with equipment management.

## Keeping Everyone in the Loop

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

- Our Discharge Planning, Post Acute Care and HARP teams and our District Nursing Service all use the Initial Needs Identification (INI) electronic tool to assess needs and make referrals to our community providers. A recent upgrade of our electronic data system has meant work will commence on expanding use of the INI referral tool to within South West Healthcare.
- We survey our external service providers to monitor the communication channels.
- We audit our medical records to assess how timely we are in contacting external services when someone comes into and then leaves hospital.

### Achievements:

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

## Connecting you with your Community

### HARP – Hospital Admission Risk Program – Chronic Disease Management program

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

The **service has expanded** to include people with chronic lung disease, heart failure, diabetes, paediatric asthma and chronic and complex health issues.

## Outpatient Care

Our Allied Health Departments provide a vast range of outpatient services. We monitor activity to ensure the people with the highest need are being seen within an acceptable timeframe. All departments have developed high risk timeframes and are measuring compliance with seeing people within these timeframes.

**82% of people with a 'High Risk' referral were seen within the designated timeframe across all Outpatient Departments in 2010-11.**



Rehabilitation Team

Back: Ryza Thomas – Occupational Therapist, Andrea Smith – Post Acute Care, Melanie Walker – Social Worker, Fiona Gordon – Pharmacist, Rosemary Morgan – Physiotherapist.  
Front: Helen Moyle – Unit Manager Rehabilitation, Dr Malcolm Stewart – Rehabilitation Physician, Tracey Harris – AUM Rehabilitation, Professor Joseph Ibrahim – Geriatrician.

# 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?

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## 3. What didn't you like?

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

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

**You are able to contact our:**

**Quality Manager**

**Telephone: 5563 1469**

**Email: [qualitycare@swh.net.au](mailto:qualitycare@swh.net.au)**

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

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

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

\_\_\_\_\_

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

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



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

Postage  
Paid  
Australia

REPLY PAID 002  
Quality Manager,  
Clinical Management Centre  
South West Healthcare  
Ryot Street, Warrnambool VIC 3280

South West Healthcare is committed to continuous quality improvement and strives for best practice. An annual Quality Management Program has been in place for more than 20 years and is managed by the staff of the Quality Unit.

Much was achieved during 2010- 11 including:

- Maintaining accreditation with the Australian Council on Healthcare Standards at our recent organisation-wide survey (see Chairman and CEO's Report in Annual Report).
- Maintaining accreditation with the Aged Care Standards Accreditation Agency.
- Maintaining Baby Friendly Hospital Accreditation with the World Health Organisation and the United Nations Children's Fund.
- Maintaining accreditation with the Department of Health's Home and Community Care.
- Continuation of Releasing Time to Care – Productive Ward projects (see Redesigning Care in this report p19).

## Improving the patient experience

### Patient surveys

Improving our patients' experiences is important to all of our staff. Many of our wards and departments carry out annual patient or customer satisfaction surveys. The survey results are used to make improvements to, for example, patient information brochures.

#### In 2010 -11 we excelled in quality service delivery:

- The 518 consumers who responded to our annual internal survey gave between 93 and 98 per cent for overall ratings of care delivery that included admission, staff attitudes and discharge planning. Some scores were slightly down on the previous year due to disruptions related to the extensive building project.
- The randomly selected group of patients who responded to the Department of Human Services' Victorian Patient Satisfaction Monitor (an external questionnaire that covers a range of questions relating to admission, complaints management, physical environment, general information and overall care) delivered an overall care index of 80 per cent. This is 1 point higher than the average for the Category B hospitals' Care Index of 79.

There are 23 hospitals in this category. South West Healthcare consistently ranks among Victoria's top three rural regional facilities.

### Complaints management

All patients and visitors are encouraged to give feedback about our services and there is not a year where compliments do not far outweigh the number of complaints received:

- 908 compliments were received in 2010. Another 347 were received during the first half of 2011.
- 117 complaints were received in 2010 - 2011. This is 37 less than in 2010. For the first six months of 2011, 50 complaints were received.

Every complaint is monitored and actioned and is reported to the Quality Care Committee (see Corporate and Clinical Governance in Annual Report) and other management committees each month. Staff are also involved in monthly education with regard to managing complaints. Service improvements are routinely made as a result of complaints received where a deficit is identified.

By voluntarily comparing our results with those of the Health Services Commissioner we know:

- Our timeframe response rate to complaints is well below the expected Victoria wide timeframe response rate of 30 days. South West Healthcare aims, and on average succeeds, in responding within three days.

### Involving our patients

Consumers willingly dedicate their time to assist us to strengthen our quality patient services by actively participating in a range of activities. South West Healthcare works closely with consumers (see Corporate and Clinical Governance) seeking their advice and opinions on a range of topics that concern patient services.

In 2010 -11 consumers were involved in the development of:

- Our award winning Quality of Care Report (see next page).
- Patient information brochure review – all types of brochures available for patients were reviewed and changes made to bedside information.
- General hospital information for patients and families on topics including visiting hours, what to bring to hospital, locations of departments and parking facilities. This is reviewed annually with our Community Advisory Committee.
- Invitations extended to consumers to participate in working party meetings involving hospital services such as the Food Services Working Party, Consumer Health Information Working Party and other formal and non-formal meetings.

## Improving clinical quality

### Full marks for accreditation

South West Healthcare has maintained its accreditation status:

- At a recent full accreditation survey conducted by the Aged Care Standards Agency saw Merindah Lodge, our aged-care facility at Camperdown, maintain accreditation status until 2014 with no recommendations.

### Risk management

Risk management at South West Healthcare has been 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 (Riskman) which then feeds a risk management plan to provide the Board of Directors and Executive with a risk profile for the entire organisation.

Recent changes include a review and update of the risk assessment tool staff use to assess all risks in their departments.

Our Risk Management earned an 'Extensive Achievement' at the recent organisation-wide survey by four external surveyors.

### 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.

As part of the committee's interest in this area, South West Healthcare has subscribed to an innovative online Equipment Library. This library is accessible to all clinical staff allowing them to access hundreds of equipment manuals stored electronically. This safety initiative has ensured staff have access to latest manuals which enables better and safer practice.

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

- 1,950 incidents were reported during 2010-11
- 1,812 incidents were reported during 2009-10
- 1,795 incidents were reported during 2008-09
- 1,730 incidents were reported during 2007-08

This increase has been brought about by:

- Raising staff awareness about the importance of reporting incidents and near misses.
- The convenience of the electronic reporting system (Riskman). This technology has improved the ease with which staff can report all types of incidents. The database is available in all wards and departments, for all staff, 24 hours a day.

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

### Infection control

Infection control impacts on all aspects of healthcare delivery which is why South West Healthcare committed itself to continue increasing the level of hand hygiene compliance for staff, patients and visitors in 2010-11. The simple act of hand washing reduces the risk of infection to patients. During the year our Infection Control consultants and the Hand Hygiene Project worker effectively increased the rate of compliance to 68 % (against the required target of 65%).

Hand gel dispensers are now located at all hospital bedsides and hand hygiene stations around wards, in hospital corridors, at all hospital entrances, lifts and all clinical areas such as patient cubicles.

### Clinical guidelines

We continue to support the audit of clinical guidelines to ensure they are of high standard, evidence-based and follow best practice in partnership with clinicians. Staff also ensure national guidelines are reviewed and actioned to deliver high quality healthcare and continually improve patient experience. There were 2,021 guidelines accessed by clinical staff at South West Healthcare in March 2010, for example.

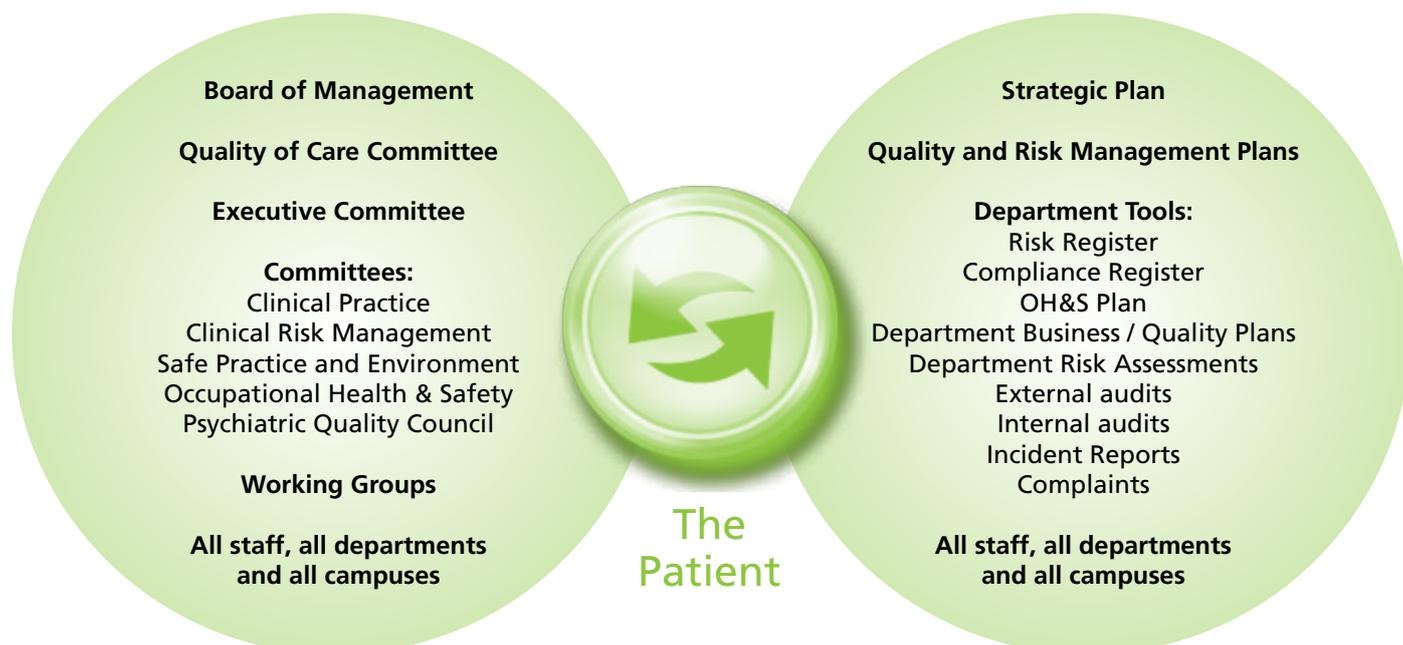
### Quality of Care Report

Our annual Quality of Care Report for 2010, which incorporates quality management actions and outcomes, is printed in conjunction with the Annual Report. Feedback regarding the Quality of Care Report is encouraged to ensure we continue to meet the information needs of our local communities. The Quality of Care Report informs readers about South West Healthcare's key performance areas including how we regularly involve consumers in everything we do. A copy can be downloaded at our website.

Our 2004, 2005, 2006, 2007, 2008 and 2009 Quality of Care Reports earned us Victorian Ministerial awards for excellence. Our 2009 report received an award for excellence at a function in Melbourne attended by the Premier and the Minister for Health (see Chairman and CEO'S Report and Major Achievements in our Annual Report). Our 2010 report has been received by the Department of Health.



Paediatric Pathways Team: Susan Baudinette – Dietician, Maree Boyle – Diabetes Educator, Dr Kim Olinsky & Dr Greg Parker – Paediatricians, Erin Parker – Paediatric Nurse.



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

## Clinical Governance – what is it ?

Clinical Governance emphasizes the importance of governing clinical safety and quality.

The four guiding principles of effective clinical governance are to:

- Build a culture of trust and honesty through **open disclosure** in partnership with consumers
- Foster organisational commitment to **continuous improvement**
- Establish rigorous systems to identify, monitor and respond to **incidents**
- Evaluate and respond to key aspects of **organisational performance**

## Accreditation – a measure of accountability

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

South West Healthcare last underwent a review by the Australian Council on Healthcare Standards (ACHS) in June 2010. The process of self-assessment and ongoing reporting occurs between these surveys. This table outlines all our accreditation processes and results.

Of the 45 total criterion surveyed there are 14 Mandatory areas that must achieve a Moderate Achievement (MA) level. We rated in 11 areas, at a higher level- Extensive Achievement (EA)

Type of Accreditation	Status
Australian Council on Healthcare Standards (ACHS)	Full 4-year accreditation June 2010. Of 45 criterion assessed we achieved: 1 x OA-Outstanding Achievement 20 x EA- Extensive Achievement 24 x MA- Moderate Achievement 20 x EA- Extensive Achievement Psychiatric Services
Aged Care Standards Accreditation Agency (ACAA)	Full 3-year accreditation achieved May 2011. Regular unannounced reviews maintain accreditation status.
National Standards for Mental Health (NSMH)	Full 4-year accreditation achieved June 2010
Home and Community Care (HACC)	Successful review June 2010.
Baby Friendly Hospital Initiative	Full 3-year accreditation for Warrnambool campus.

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

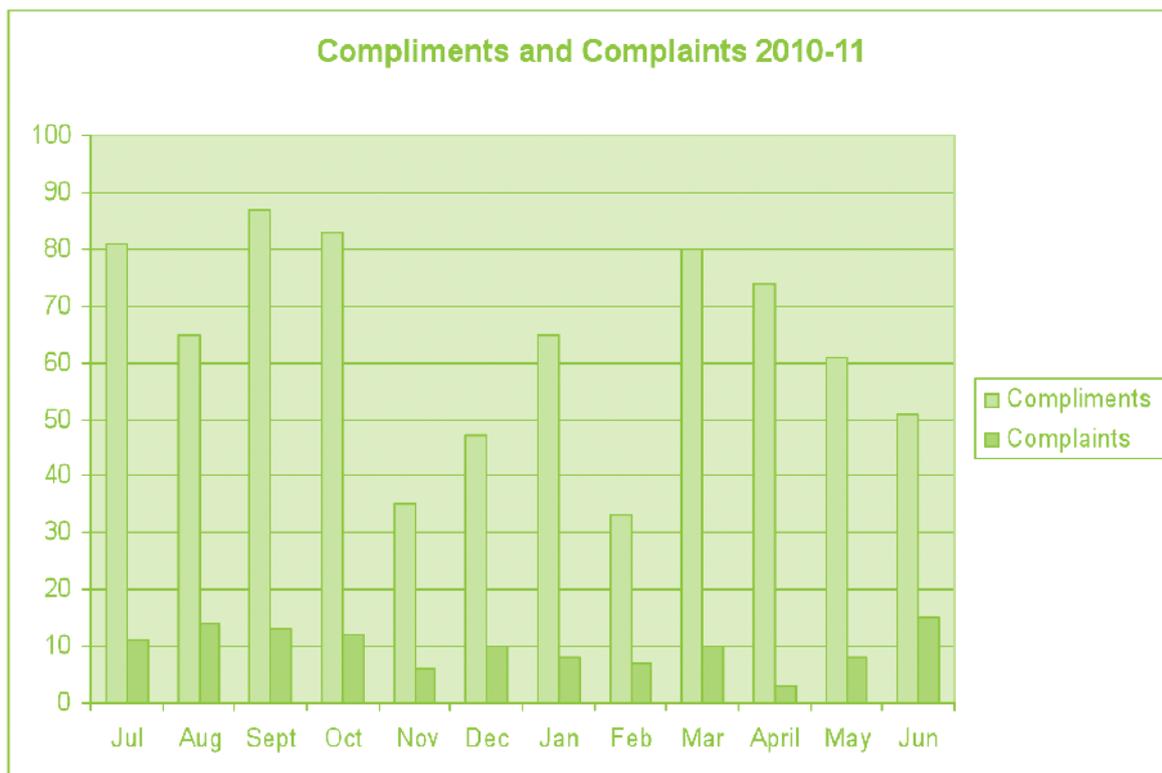
Data is sent to the Department of Health on sentinel events (serious incidents). SWH has reported one sentinel event for 2010-2011.

**Regional Level Monitoring - Limited Adverse Occurrence Screening (LAOS)**

Our Camperdown campus participates in a review program for small rural hospitals. Rural GP's across the state review medical records of patients from participating hospitals (privacy and confidentiality maintained) to assess care / treatment, report on any adverse events found and make comment on improvements that could be made. The major screening criteria were: transfers to other health services = 47%, Unplanned readmission within 35 days discharge= 28% and patient deaths = 19% across the Otway division. 84 records reviewed were from our Camperdown campus. The table shows the Camperdown campus rate of Adverse Events.

Financial Year	Otway Division Total Received	Adverse Event	Educational Opportunity	Neither	Unplanned re-admissions	Camperdown Records Reviewed
2007-08	124	0	8	115	1	132
2008-09	59	3	6	37	13	70
2009-10	203	3	1	20	31	75
2010-11	258	2	2	48	32	84

Chart 1: Actual reported compliments and complaints – South West Healthcare.



**Issues identified:**

Treatment issues were often identified by patients / clients as their major source of concern; teamed with communication considerations.

# Patient safety

## Medication Safety

Why? Medication errors account for a significant proportion of the preventable harm that exists in Healthcare

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

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

Educating patients and their families about their medications.

## Monitoring our Medication Incident Rate

We changed our reporting system data collection on 1 February 2011 to the -Victorian Health Incident Management System- VHIMS, a new statewide incident reporting system.

There were 411 incidents involving medications which was 19.03% of all incidents reported.

There were 2 adverse medication events which is 0.09% of the total number of incidents.

## Occupational Health and Safety

58 Departments conducted monthly OHS inspections with 99% compliance

Our WorkSafe Performance Rating sits at 0.9291% (7.09% better than the average for the Healthcare industry)

Achievements:

- appointment of a Staff Safety Officer
- Upgrades and improvements to duress and fire detection systems across the majority of Campuses
- Installation of roof safety equipment
- Expanded roll out of online compulsory Fire and Emergency Response training for all staff.
- 23 staff re-trained in Critical Incident Stress Management (Defusing and Debriefing)
- Completion of safety evaluations of new equipment for our hospital redevelopment- beds, food rethermalisation units and over head patient lifting hoists.

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

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



Intensive Care Staff reviewing re-design progress with the Handover Module.

## Infection Prevention and Control

Why infection prevention and control is the responsibility of everyone is because failure to control **Health Care Associated Infections** (HCAI) can have devastating effects for patients and the organisation. Our priorities in this reporting period include continued improvements in Methicillin Resistant Staphylococcus Aureus (**MRSA**) bacteraemia & screening, and **Clostridium Difficile** performance, improved compliance with hand hygiene audits, and improved mandatory training data.

## It's all in the Hands

Did you know that hands are a main culprit for spreading infection?

However research shows compliance with hand hygiene is poor - often due to lack of time, knowledge and hands becoming dry from soap, water and paper. **BUT we are improving** thanks to our hand hygiene project, partly funded by the Department of Health.

- You will notice lots of **hand gel** dispensers around the services **for everybody to use** – staff, visiting consultants and visitors located at all entrances and exits to buildings and wards
- Moisturiser available to prevent dry hands in all wards and departments
- Brochures on hand hygiene for staff & visitors are in all wards.
- Ongoing staff education.
- Monitoring of our progress.

## Infection Control = Infection Prevention

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

## Taking Control of Hand Hygiene

Health Care Associated Infections (HCAI) are a major and growing issue in the quality and safety of patient care in both hospital and in the community health setting.

Improved healthcare worker hand hygiene is the highest priority area to reduce the risk of healthcare-associated infections.

South West Healthcare hand hygiene audit.

### Our success in April-June 2011

- Staff hand hygiene compliance improved to 68.5 % from 66.6% last year.
- We are above the State target compliance of 65%
- Allied Health care workers 60 %
- Nurses compliance 72 %
- Student Nurses achieved 67 %
- Doctors compliance 53 %
- Administration & Clerical Staff 100%
- Personal care staff 61 %
- Domestic staff 60%



## Our Report Card on the Regional Strategies to Prevent Infection

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

Indicator	What We Do	Status	Our Achievements
1. Health Care Worker Vaccination Status	We offer a full vaccination program for staff according to the National Health Medical Research Council (NMHC) guidelines		62.5% of our total staff had the flu vaccine.
2. Orientation in Infection Control for Staff	Infection Control education is part of the staff Orientation and Mandatory Update Programs.		100 % of new staff over the last 2 years have attended education sessions.
3. Employee occupational exposures (includes needle sticks, splashes etc)	We track all exposures, identifying preventable cases and develop action plans to prevent it happening again.		<p>Our employee exposure rate for 2010/11 remains at 0.7% per 1000 of occupied bed days. <b>What are we doing about it?</b></p> <ul style="list-style-type: none"> <li>We have introduced retractable needle systems for the intravenous cannula insertions</li> <li>Regular education updates for staff</li> <li>More staff training in HIV &amp; Hep C pre and post test counselling.</li> <li>Return of our safer Daniels Sharps Disposal Units.</li> </ul>

### Infection Control Data Comparison

	2008-2009	2009-2010	2010-2011
Total Hip replacements	85	93	78
Total Knee Replacements	68	60	54
Overall Joint Replacements	153	153	132
Overall Infection Rate at SWH 4.5%			

### State Data Comparison

	2008-2009	2009-2010	2010-2011
Surgical Site Infection Rate	0.13%	0.2%	0.18%

Compared to the Centre for Disease Control and Prevention (CDC) in USA, the acceptable range is 1-5%. We are well below the minimum range level.

0 % infection rate for Critical Care Central Venous Catheters for the last 7 years following the introduction of 'care bundles'

(Guides for best practice for all aspects of care)

## Clean Hospitals and Clean Equipment– help prevent infections

We are involved in **Start Clean**, a Department of Health funded program to improve hospital cleaning rates. This involves internal cleaning audits and participation in an annual external audit at both Warrnambool and Camperdown inpatient campuses, with the ability to compare our rates with state levels.

Equipment cleaning is measured for compliance with the Australian & New Zealand Standard 4187, which looks at cleaning, disinfecting and sterilising reusable equipment, and maintenance of the environments in our facilities. Our compliance rates compare favourably to the category average for similar sized health services.

	2009	2010	2011
Warrnambool	98%	98.5%	96%
Camperdown	96.8%	97.1%	94.5%
State Average/ Acceptable Level DoH- Quality	85%	85%	85%

## ResourceSmart is coming

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

To do our bit in reducing this SWH are part of the sustainability Victoria Waste Wise Program.

The ResourceSmart Government and ResourceSmart Healthcare programs are designed to meet government requirements for the expansion of environmental management systems (EMS) to statutory agencies.

The **ResourceSmart** program will incorporate energy consumption, water consumption, waste management, recycling, green procurement & fleet management.

South West Healthcare submitted the draft strategy for the ResourceSmart program in November 2010. Feedback from an informal review of our initial Strategy has been undertaken by the Department of Health (DH) and Sustainability Victoria (SV). Excerpt from feedback "I would like to commend you for preparing an environmental management plan for your health service. Our review indicates that your health service is making real progress in addressing your organisation's key environmental impacts."

South West Healthcare is excited about the prospect of introducing this waste program to our facility and helping to reduce the impact of waste on our environment.

## Safe Use of Blood

### Staff training

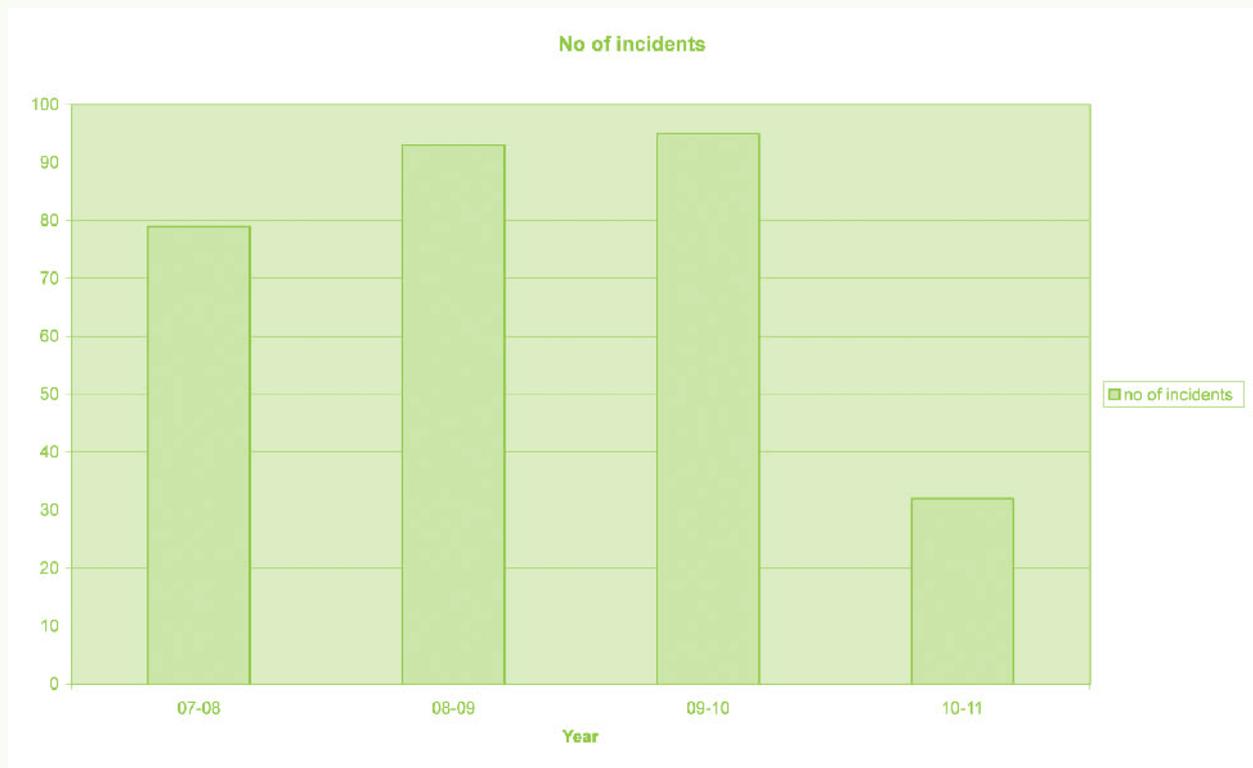
All nursing staff undertake biannual training, face to face as part of South West Healthcare's Professional Development program and online using ARCBS accredited Bloodsafe elearning program. 67% of permanent nursing staff have completed this program in the last 2 years, 87 % since implementation.

### Incident data

Through education, training and monitoring we have been able to reduce the number of incidents 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.

**Patient information brochures** are given out to all patients undergoing a blood transfusion as part of the Informed Consent process. Why a blood transfusion is recommended, the risk, benefits and what to report during the transfusion is discussed with the patient and they are given an opportunity to ask any question.

The graph below shows the number of reported blood product incidents.



Patient safety is the organisation's number one priority. Harm is not intentional but can often be preventable through improving safety standards.

Our work streams identified to support this aim are: PAIN, Pressure Ulcers, Preventing Falls, and Blood Safety.



## Pain assessment and management

### Acute Pain Assessment, Measurement and Management 2010-2011

Our Objective:

To provide guidelines for the safe and effective "assessment, management and evaluation" of pain in the clinical setting.

The work of the Acute Pain Working Group has diversified over the last 12 months- our working group is made up of nurses from the ward areas who are actually looking after patients and looking after the patient's pain.

To assist us to do this we meet monthly to look at what we are doing and how we care for different types of pain. We started off looking at Pain after an operation but soon discovered that there is a fine line between pain after an operation and pain that can be ongoing.

We have developed Guidelines; these allow us to standardise the care we offer and mean that nurses are talking the same language from shift to shift.

**Our goal is of Best Practice in Acute Pain management, and best pain management for our patients.**

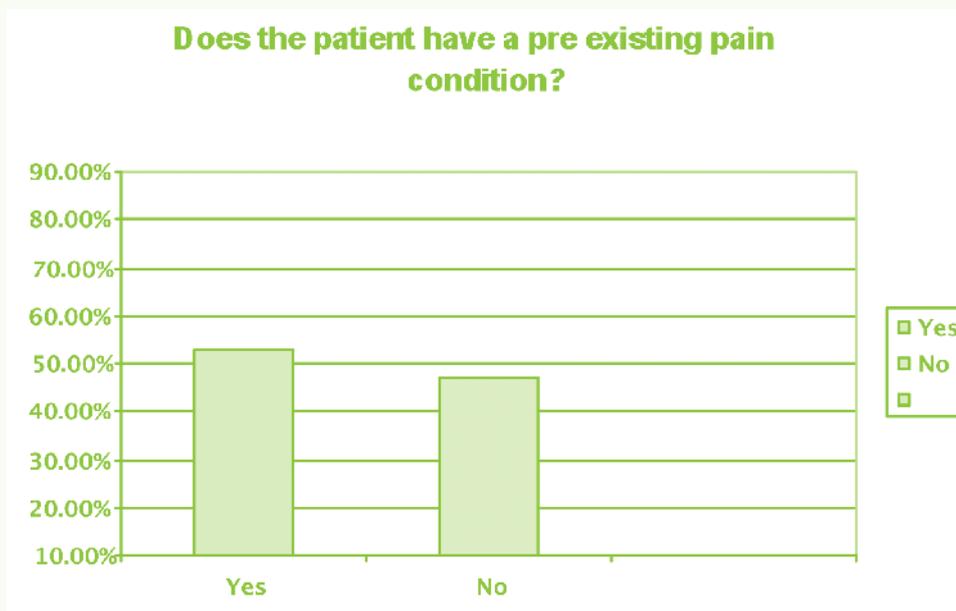
It can be very confusing for a patient to be asked the same question ten different ways!

South West Healthcare hosted an Acute Pain Study Day in September 2010, our speaker for the day Trudy Maunsell visited from Sydney where she works as a Clinical Nurse Specialist in Pain Management at Royal Northshore Hospital and lectures at University of Sydney.

Trudy highlighted the need to get the simple things in pain management right before we look at the complexities.

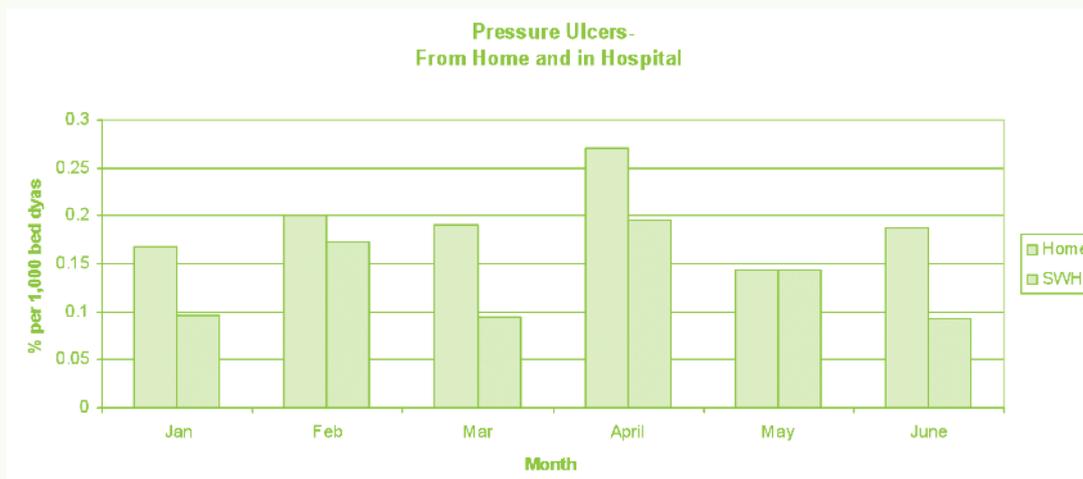
Clinical Facilitator-Peri Operative Education, Paula Foran recently presented findings of her research into- 'The Value of Operating Theatre Experience in Acute Post Operative Pain Management' in Darwin to national and international visitors at the annual Australian Pain Society Conference.

In a recent audit of Acute Pain post Bowel Surgery we have identified that 52.9% of our patients in this group who were admitted for surgery have a pre existing pain condition. We need to consider this when pain management is being ordered after the patients operation.



## Pressure Ulcers-2011

Not only do we see pressure ulcers developing in the hospital setting but as you can see in the graph below we have patients admitted from their homes with pressure ulcers.



Pressure ulcers can be caused by lying or sitting in one position too long, smoking, old age, poor nutrition, extremes in bodyweight (overweight/underweight) and illness.

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

### Pressure Ulcer Indicator set:

The Pressure Ulcer Clinical Indicator set has been created to support the ongoing monitoring of pressure ulcer occurrence, it includes:

- Completion of pressure ulcer risk assessment on admission-recognising the patient maybe at risk of a pressure ulcer when they are first admitted to the hospital
- Recording the intervention put in place for the patient if they are assessed at being at risk of developing a pressure ulcer
- Evidence that a wound chart has commenced and is maintained where a pressure ulcer is present
- If a pressure ulcer is present we check to see that an incident report is completed; a system for our organisation to monitor the number and severity of Pressure Ulcers we are seeing throughout the organisation

In our Medical, Acute and Rehabilitation areas 'Safety Crosses' are displayed so that we can track day by day our pressure ulcers. The Safety Cross has an area for each day of the month, if a pressure ulcer is reported then we mark it on the cross with a 'Red Dot'.

This gives us a day to day record for staff and allows patients and visitors of South West Healthcare to see what is going on.

### Pressure Ulcers and Equipment

Monthly we can use anywhere between 15-35 air mattresses across our Warrnambool campus, these mattresses are used to relieve pressure for the patients who are assessed at High risk of developing a Pressure Area.

## Falls Prevention

Falls can result in broken bones, other injuries, and time in hospital – and you certainly don't need that. To help prevent you having a fall we have targeted several areas:

### 1. Identifying your risk of a fall

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

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

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

### 3. Monitoring – is it all working?

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

#### National Comparison:

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

	SWH	All Hospitals
2007 Jul - Dec	1.01%	0.39%
2008 Jan - Jun	0.51%	0.35%
2008 June -Dec	0.36%	0.34%
2009 Jan-June	0.32%	0.37%
2009 Jul-Dec	0.28%	0.38%
2010 Jan-June	0.16%	0.38%
2010 July-Dec	1.20%	0.39%
2011 Jan-June	0.65%	no data yet

#### We know that we have:

- 97% average compliance with our falls policy (documentation, assessment and appropriate setting up of the environment)
- Reduced our inpatient falls rate requiring intervention since last year from 30 to 24.

# Our staff & volunteers

## Recruiting New Staff and Looking After Them Once on Board

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

### Part of our success is how we:

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

## New Appointments

Mr Alasdair Sutherland our new Director of Orthopaedic Surgery

Dr Stewart Malcolm commenced practice in Warrnambool as a specialist Rehabilitation Physician.

Dr Moses Abe commenced practice in Obstetrics and Gynaecology.

Dr Jodie Benson commenced practice in Obstetrics and Gynaecology.

Ms Julianne Clift commenced employment in the role of Deputy Director of Nursing.

Ms Josella Chan commenced employment as our new Librarian.

Medical Specialists that have academic appointments at Deakin University in addition to their clinical responsibilities at SWH in obstetrics and gynaecology, general surgery, physician, paediatrics and a psychiatrist.

We also welcome medical, nursing, allied health, community health, hospitality, cleaning and maintenance staff.

## Our 'Checking' Systems – ensuring staff are qualified/trained for the job

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

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

## Credentialing of Medical Staff

- All contracts for Visiting Medical Officer's (VMO) are based on the Australian Medical Association/VMIA Visiting Medical Officer Remuneration Contracts.
- All South West Healthcare Bylaws, Standing Orders and policy for credentialing medical staff have been reviewed and updated to meet the national standards and the state government policy.
- We have representation on the Victorian Government, Department of Health 'Credentials and Privileging Implementation Reference Committee' formed in 2005.
- We have a 'Credentials and Scope of Practice' Committee and 'Scope of Practice Review' Committee which oversees new medical appointments and grievances.



Josella Chan – Librarian at Warrnambool Base Hospital.  
Photographer: Robin Sharrock

# Our staff & volunteers

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

South West Healthcare Psychiatric Services Division provides specialist clinical services to people suffering from mental illness in Warrnambool, Hamilton, Camperdown, Portland and surrounding regions. There are specialist services for children and adolescents, adults and aged persons as well as programs for people with dual diagnosis (mental illness and co-existing substance use) and conditions known as high prevalence such as depression and anxiety.

The Psychiatric Services Division has a long-standing commitment to the provision of high quality education for both its clinical staff and other local service providers including general practitioners, hospitals, nursing homes and emergency services. Over recent years many international, national and local experts have provided training and skills development in evidence-based interventions for people suffering from mental disorders.

## Volunteer Services

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.

Marjorie Crothers was awarded the Minister for Health Volunteer Award 2011 for outstanding individual achievement in a regional health service, for her dedicated work in Palliative Care for our patients and families. Marjorie visits inpatients and also makes herself available to visit their home if required to offer support, bereavement care, funeral planning and helps ease the grief of bereaved families. She has performed all the duties of Pastoral care as a committed volunteer for twenty years and is a worthy recipient for recognition of services rendered.

Marjorie Crothers with Health Minister  
The Hon. David Davis MLC.

## Research

We promote and support research which is in the best interest of consumers, staff and the community. We recognise the vital role research plays in progressing healthcare and we have some remarkable results from projects conducted in the last 12 months including:

- AEW Matthews Memorial Travelling Scholarship 2010 awarded to Leanne McCann to attend conferences in the United Kingdom
- Australian Stroke Clinical Registry (AusCR) Stroke Liaison Nurse Patrick Groot continues to be engaged in this nationwide stroke and Transient Ischaemic Attack (TIA) data collection process.
- Department of Health Review of Access to Emergency Surgery identifying issues and challenges impacting high quality, safe and timely emergency surgery.

## Our Wonderful Volunteers

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 1459**



# nurses at work

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



Our team of over 1,214 staff provide a wonderful service to patients/clients, staff and our health service across all campuses some of who are pictured.

Rebecca Hay – McGrath Foundation Breast Care Nurse with patient Patricia,  
Ingrid Wynd – Quality Projects,  
Theresa Swanson – Nurse Practitioner Wound Management,  
Shannon Graham – Nurse Education Unit,  
Katrina Lamb – Rehabilitation Nurse.

## 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



### Community Psychiatric Services

Warrnambool Bohan Place - Lava 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 - Henna 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

South West   
Healthcare

[www.southwesthealthcare.com.au](http://www.southwesthealthcare.com.au)  
2010 Regional Health Service of the Year