

South West 
Healthcare



Quality Account
2016-2017

Our Vision

Outstanding healthcare in partnership with our regional community.

Our Mission

To provide a comprehensive range of high quality health and wellbeing services for people in South West Victoria.

Our Values

Caring

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

Respect

We behave in a manner that demonstrates trust and mutual understanding.

Integrity

We are transparent and ethical in all that we do.

Excellence

We continually review and analyse performance to ensure best practice.

Leadership

We set clear direction that encourages team work, innovation and accountability.

Acknowledgements

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Introduction

Each year South West Healthcare (SWH) reports to the communities we serve about how we are working to make your care better and safer. The Victorian Government through the new Safer Care Victoria, Better Care Victoria and Victorian Agency for Health Information collects and looks at statistics on areas of care.

The SWH vision is to provide outstanding healthcare in partnership with our community, and through our consumer engagement, professional staff and high quality facilities have achieved 100% accreditation in a number of National and State wide standards. We continue to strive for best practice, to undertake research and develop services to provide healthcare that the region, our community and our staff can be proud of.

The following information provides an overview of how we are benchmarked against measures that we need to achieve. SWH has regularly exceeded some of these measures.





1

Living our Values – Integrity

1.1 Accreditation Results

SWH is required to undertake a regular accreditation cycle against a number of National and Victorian standards.

We have achieved 100% Accreditation in the following Standards:

- National Safety and Quality Health Service Standards which includes Dental Standards
- National Standards for Mental Health Services
- Aged Care Standards
- Home Care Standards
- Human Service Standards

The Victorian government has a number of statewide plans in place that involve public health services and South West Healthcare has been undertaking work in the following areas.

- Aboriginal Health: specific strategies to improve cultural responsiveness and safety for Aboriginal staff, patients and families
- Child Safety standards
- Cultural diversity and language services.
- Disability Action Plan

We are also required to report on safety and risk incidents and have a system of governance in place to review these and implement improvements to reduce their recurrence.

1.2 Aboriginal health

In Warrnambool and South West Victoria there are 1871 people who identify as Aboriginal and/or Torres Strait Islander (ATSI) people, comprising 1.5% of the population. ATSI people have significantly poorer health than the general population and have a lower life expectancy.

Terms of Reference and an action plan have been drafted and are being further developed for an ongoing formal link with the South West community to improve the health and well-being of ATSI people.

1.3 Child Safety Standards

All organisations working with children must take steps to prevent abuse. They cannot assume that child abuse does not, and cannot, happen within their organisation. The Child Safe Standards are part of the Government response to the Betrayal of Trust Inquiry – the 2013 Parliamentary enquiry into the handling of child abuse by religious and other non-government organisations.

Organisations funded or regulated by government must have a plan in place for introducing these Standards to create and keep safe environments for children.

Child Safe Standards aim to:

- promote the safety of children
- prevent child abuse
- ensure organisations and businesses have effective processes in place to respond to and report all allegations of child abuse

Child Safe Standards work by:

- driving changes in organisational culture – embedding child safety in everyday thinking and practice
- providing a minimum standard of child safety across all organisations
- highlighting that we all have a role to keep children safe from abuse

Although all children are vulnerable, some children face additional vulnerabilities. The standards provide three overarching principles for organisations to cover:

- the cultural safety of Aboriginal Children
- the cultural safety of children from culturally and/or linguistically diverse backgrounds
- safety of children with disability

There are seven standards:

- **Standard 1:** Governance and leadership
- **Standard 2:** Clear commitment to child safety
- **Standard 3:** Code of conduct
- **Standard 4:** Human resource practices
- **Standard 5:** Responding and reporting
- **Standard 6:** Risk management and mitigation
- **Standard 7:** Empowering children

(From: Commission for Children and Young People: <https://ccyp.vic.gov.au>)

Action:

- SWH has put a Child Safety Policy in place with the endorsement of the South West Healthcare Executive team. This policy includes strategies for the protection and care of all children entering the Service. The policy also promotes the cultural safety of Aboriginal children and children from culturally or linguistically diverse backgrounds and the safety of children with disability.
- Staff in contact with children have a current Working with Children Check.
- SWH works with government departments and community agencies in identifying and supporting at risk children and families.
- Whilst many of the actions recommended under these Standards have been undertaken and are considered “met”, SWH acknowledges that more work is needed. SWH is committed to the full implementation of the Standards throughout all services.

A Healthy Mothers Health Babies (HMHB) project is underway to support at risk families and infants. The HMHB team includes a midwife and family support worker who provide a program to support women during pregnancy and for up to eight weeks after birth. The aim of the Healthy Mothers Healthy Babies project is to improve the health and wellbeing of both mothers and babies.

1.4 Cultural Diversity & Language Services

The percentage of culturally diverse groups and languages spoken at home other than English in the South West is below the State average. 83.8% of the population in Warrnambool and South West Victoria were born in Australia compared to the overall rate in Victoria of 66.7%. SWH also provides services to visitors from overseas. (From 2016 Census data, Australian Bureau of Statistics).

Regional Profile:

Language spoken at home	Warrnambool Number & (% of population)	Warrnambool & South West Victoria Number & (% of population)	Australia
 Mandarin	375 (0.7%)	531 (0.4%)	596,711 (2.5%)
 German		186 (0.2%)	79,353 (0.3%)
 Korean	84 (0.2%)		108,997 (0.5%)
 French	76 (0.2%)		70,873 (0.3%)
 Sinhalese	72 (0.1%)		64,612 (0.3%)
 Arabic	68 (0.1%)		321,728 (1.4%)
 Italian		161(0.1%)	271,597 (1.2%)
 Filipino		155 (0.1%)	71,220 (0.3%)
 Dutch		151 (0.1%)	33,835 (0.1%)

Telephone Interpreting Services (TIS)

When required, SWH uses telephone interpreting services, because getting a local face to face accredited interpreter is not always possible. It is policy to only use family, friends or other clinicians to interpret in life threatening situations. There was a significant increase in TIS usage in 2016-2017.

During the 2016 – 2017 financial year telephone interpreters were used for:

 Mandarin - 22	 Burmese - 14	 Swahili - 6
 Sinhales - 2	 Thai - 6	

*Swahili is spoken in a number of countries across Africa

Language	2016-2017	2015-2016
Mandarin	22	1
Burmese	14	1
Thai	6	-
Swahili	2	3
Italian	1	2
Russian	1	
Sinhalese	2	
Vietnamese	1	
Japanese		1
	49	8

1.5 Disability Action plan

South West Healthcare has a Disability Action Plan, with a number of key elements and initiatives currently being reviewed following feedback from consumers and staff.

Initiatives undertaken to assist people with a disability include:

- Purchasing and recording of assistance equipment stored at SWH so staff can readily access aids or items required to improve care
- Process and policy reviews, along with purchasing special equipment, to meet the needs of our bariatric consumers to assist with better care and safe handling
- Online training offered to staff on the different equipment that is available at SWH for use to assist our consumers.

1.6 Safety and Risk - Adverse Events.

SWH has a quality and risk database that captures incidents across the organisation, including clinical, occupational health and safety and non-clinical incidents. South West Healthcare had 10 Incident Severity Rating (ISR) 1 rated incidents and 21 ISR 2 rated incidents in 2016/17. In the case of ISR 1 incidents and ISR 2 incidents in depth reviews are undertaken to determine the cause of the incident and investigate any improvements to prevent reoccurrence.

The clinical incidents that occur at SWH are reviewed and reported to clinical committees such as the Falls Committee, Medication Safety Committee, Skin Integrity Committee and are also reported to the clinical governance committees (Clinical Systems and Safety Committee and the Quality Care Committee).

Improvements that have been implemented to reduce reoccurrence have been:

- Establishment of a bed management working party for the acute mental health unit to improve access for patients to mental health facilities
- Introduction of a Patient Safety Card which provides information to patients on how they can prevent falls, pressure injuries and a number of other areas they should be aware of when staying in hospital
- Continuing to review information provided to patients on discharge so they are aware of following up with health professionals for further treatment and care
- Review of shared care arrangements between General Practitioners (GPs) and Community Mental Health Services teams to improve communication and care of patients in the community setting.

South West
Healthcare

**Making your stay
with us safe**



www.swh.net.au



2

Living our Values – Caring

The participation of consumers, carers and the broader community has been proven to contribute to better health outcomes. SWH is committed to continually improve and seek new ways to partner with the users of our services. The National Safety and Quality Health Service (NSQHS) Standards emphasise partnerships and involvement of consumers throughout with a specific Accreditation Standard for this – Standard 2 Partnering with Consumers.

2.1 Patient Information Boards

The best way to improve our services is to listen to the people who use them. This year SWH has updated and improved the patient information boards beside each bed. These boards help communicate with people and encourage family and friends to ask questions or raise concerns about their loved one's care.

2.2 Patient Safety Cards

There is a lot of information to take in when you are unwell, and SWH has introduced the Patient Safety Card with some basic information and tips on staying well whilst you are in hospital. The Patient Safety Card is in a similar format to an airline safety card and was originally developed by St Guy's and St Thomas's Hospital in the United Kingdom. A trial was undertaken with patients prior to introducing the card across SWH and the feedback indicated that patients and their family found it easy to read and in a format that was clear and attracted your attention.

2.3 Working with our community - “Get the Message”

Brauer College Victorian Certificate of Applied Learning (VCAL) project

This project was an arrangement between Brauer College and South West Healthcare to involve Victorian Certificate of Applied Learning (VCAL) students in exploring contemporary ways of communicating health service and promotion information, particularly to young people. Involving consumers and a broad range of community in the design and delivery of information is key to its effectiveness.

There is currently a reliance on written communication, most of which is developed by health professionals or organisations. This material does not take into account the low levels of English literacy in Australia (average Year 9 schooling level – lower across the South West of Victoria) and is not taking advantage of other potential methods of communication such as social media, web based, audio visual etc.

The students worked in teams to address a specific information gap and made presentations covering their ideas and cost benefit analyses of these.

Student teams presented a range of options for wayfinding (finding your way around the Warrnambool campus of SWH) using a variety of methods and technology; and a website detailing the prevention and management sporting injuries aimed at young Australian Football League (AFL) players.

2.4 Consumer Feedback

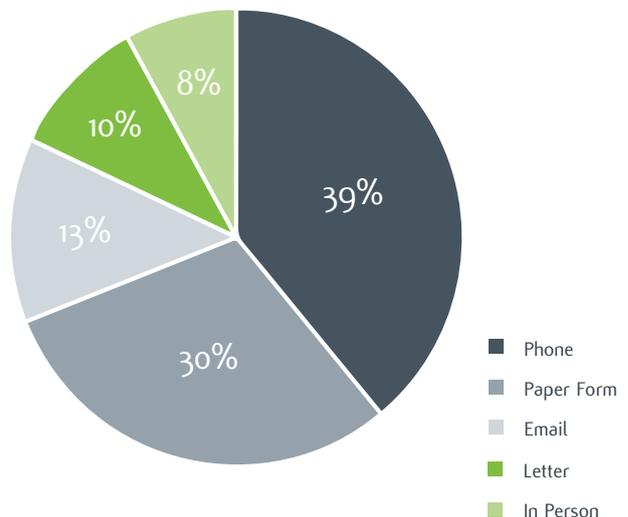
In September 2016 a Consumer Engagement Liaison Officer was appointed, part of this role is to manage consumer feedback. During the 2016-2017 financial year formal feedback was received through:

183 complaints; these were received primarily over the telephone or through a paper based feedback form.

Complaints 2016/2017

	No.	%
Phone	71	39%
Paper Form	55	30%
Email	24	13%
Letter	19	10%
In Person	14	8%
Total	183	100%

Complaints 2016 - 2017

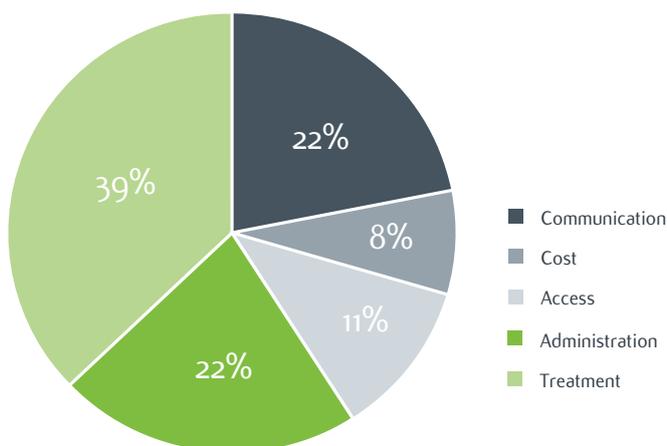


Complaints have been categorized according to the criteria used by the Victorian Health Complaints Commission in their annual report to the Minister for Health:

- **Communication:** Manner of communication such as rudeness, disinterest, quality and quantity of information provided about treatment, risks, outcomes and prognosis
- **Cost:** information about costs and fees, discrepancies between advertised and actual costs, charges and rebates
- **Access:** availability of services in terms of location, waiting times, and other constraints that limit use of the service
- **Administration:** provider support services such as reception, waiting lists and cleaning services
- **Treatment:** diagnosis, testing, medication and other therapies provided
- **Rights:** dignity, consent to treatment.

Of the 183 complaints received, many were multiple or combinations of these classifications, and whilst communication may not have been the primary complaint, there is often an element of poor communication involved in complaints across all categories.

Complaints Issues 2016 - 2017



Complaints Issues 2016/2017

	No.	%
Communication	52	23%
Cost	8	3%
Access	12	12%
Administration	52	23%
Treatment	90	39%
Rights	0	0
Total	230	100%

What did SWH do about it?

It is acknowledged that SWH needs to develop new ways to involve SWH service users and the broader community, as well as staff in quality and service improvements. Aside from responding to complaints immediately through investigation and where possible immediate action and/or an apology; system or process changes as a result of your feedback include:

You Said

We Did

Facilities Not clean	New cleaning systems and processes introduced
At Merindah Lodge residents said the meals were cold and the portion size was too small	Meals are now served from a bain marie to keep meals hot. Residents have more choice and can also have a second helping, should they wish
Adjustable chairs for people with hip problems	Adjustable chairs in, for example, physiotherapy waiting room
Complaint re lack of signage main entrance for admissions	Invitation to be involved in designing/commenting on signage offered. 'Get the Message' Project
Televisions not working	A new point of Care Terminal (POCT) system has been introduced over the past 12 months. This will, in time, provide in-patients and their families with more up to date information on their care and is aimed at getting people more actively involved in their care. The televisions are part of this system and, during 2016-2017 not fully operational
Cannot access dental service in early morning - locked door	Door opened earlier
Lack of car parking, especially for those with disability	New car parking facilities built. Encouraging more staff to ride/ walk to work via showering facilities and lockers
Information needs to be provided to families when a family member is discharged requiring ongoing support for drug and/or mental health issues	Provided support service information for families impacted by drug and mental illness.

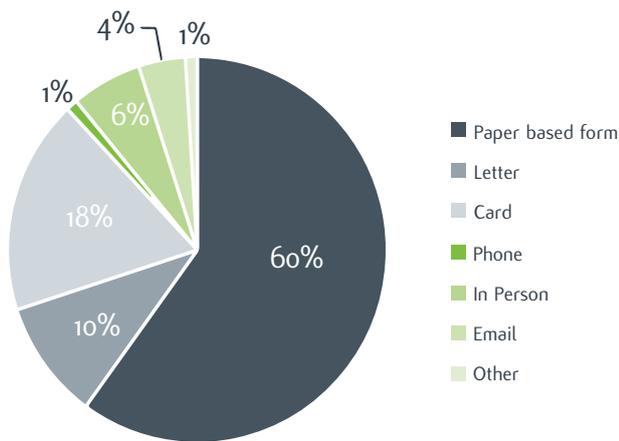
Compliments:

SWH also received 205 compliments in the 2016-2017 financial year. Compliments were received via:

Compliments 2016-2017

	No.	%
"Happy Unhappy"/ Paper (based feedback form)	122	60%
Letter	21	10%
Card	36	18%
Phone	2	1%
In person	13	6%
Email	9	4%
Other (newspaper acknowledgement, flowers)	2	1%
Total	230	100%

SWHC Compliments 2016 - 2017



People were most complimentary about the professional care they had received, the support given to students and exemplary, courteous and efficient service.

2.5 “Your Rights, Your Say”

In 2016 – 2017 SWH worked with consumers to create a simple statement of rights and responsibilities based on the National Charter of Healthcare rights along with up to date information on the ways people can provide feedback and/or complain about healthcare services. This includes information on the new Health Complaints Commissioner.

The new “Your Rights Your Say” brochure means that people can give automatic feedback in a simple way through emoticons or “emoji”, the opportunity to give more detailed feedback if they wish and they can retain information if they want to pursue a complaint further.

2.6 Improving Care for Aboriginal Patients (ICAP) Program

SWH is committed to a process of continuous improvement in Aboriginal health, to ensure that our services are culturally safe, and accessible for all Aboriginal members of our community.

Key Result Areas include:

Engagement and Partnerships:

SWH collaborated with Aboriginal Health services across the region in the Regional Eye Health project. Coordinated by the Winda-Mara Aboriginal Corporation, this project aims to close the gap in the eye health of Aboriginal and Torres Strait Islander (ATSI) people by improving access to services to reduce the impact of preventable eye disease.

Our surgical liaison nurse presented at the Regional Eye Health forum providing information about the ophthalmology services at SWH. Key staff participated in cultural awareness training as part of this project.

Organisational Development:

SWH supports an annual National Aboriginal and Islander Day Committee (NAIDOC) event, encouraging all members of the Aboriginal community and all SWH staff to attend. An online module has also been made available for all staff to undertake cultural awareness training, including information on our local community groups.

The CEO and Executive pay their respects to Elders past, present and emerging, and conduct an acknowledgement of country or arrange to have a “Welcome to Country” at all significant events.

Aboriginal Workforce Development:

SWH is committed to increasing and strengthening our Aboriginal workforce. In previous years, SWH has had a number of Aboriginal trainees working in our dental services, and this year, we welcomed SWH’s first Aboriginal Allied Health Assistant (AHA) trainee. In partnership with SW TAFE, the trainee is working within the Occupational Therapy and Physiotherapy departments, undertaking training to complete the Certificate 4 in Allied Health Assistance.

Systems of Care:

Within our community-based “Child Health and Development” team, we identified that we needed to do more to engage with our ATSI consumers, to make healthcare more accessible to all children and families, and to promote better health outcomes.

Speech Pathologist Erin Adams now attends the Kooramook Playgroup on a fortnightly basis.

Erin talks with parents about their children’s speech and language development, as well as more general development such as fine and gross motor skills. If needed, Erin can refer children and families to services at SWH’s community health centre. Assessments, therapy and guidance can also be provided at playgroup if the family would prefer.

SWH is involved in the Koorie Early Years Network, building partnerships and relationships with key partner agencies such as the Gunditjmara Aboriginal Co-operative, OzChild, and the Department of Education and Training, with the goal of ensuring all Aboriginal children are school-ready.

2.7 People Matter Survey

The Victorian Government measures the attitude of staff toward culture or a “culture of safety”.

This is done through the People Matter Survey which is undertaken across the entire Victorian public sector by an independent body. The Survey seeks the opinions of public sector employees about their organisation’s performance in relation to organisational culture, values and wellbeing.

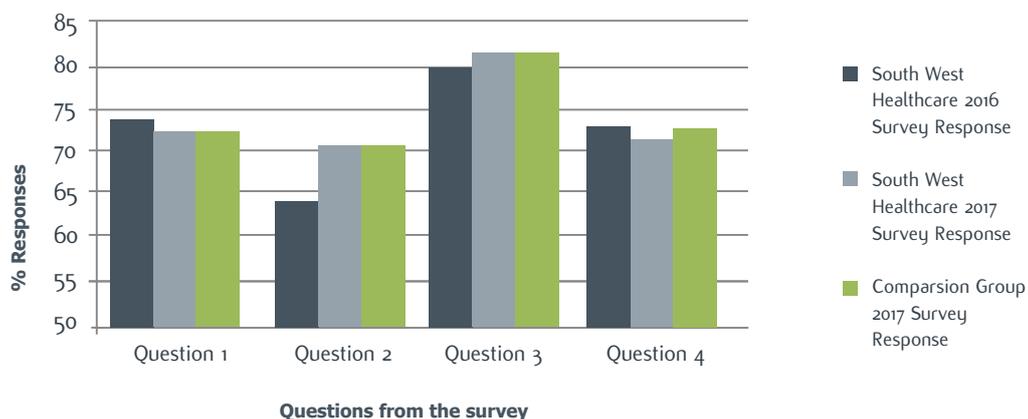
From the People Matter Survey, figures given are a percentage of positive responses to each question.

People Matter Survey Question

SWH 2016 SWH 2017 Comparison Group 2017

People Matter Survey Question	SWH 2016	SWH 2017	Comparison Group 2017
Q1. Patient care errors are handled appropriately in my work area	74%	73%	73%
Q2. This health service does a good job of training new and existing staff	64%	65%	63%
Q3. I am encouraged by my colleagues to report any patient safety concerns I may have	80%	81%	81%
Q4. The culture in my work area makes it easy to learn from the errors of others	68%	67%	68%
Q5. Trainees in my discipline are adequately supervised	65%	64%	63%
Q6. My suggestions about patient safety would be acted upon if I expressed them to my manager	74%	75%	74%
Q7. Management is driving us to be a safety-centred organization	74%	74%	73%
Q8. I would recommend a friend or relative to be treated as a patient here	82%	84%	73%

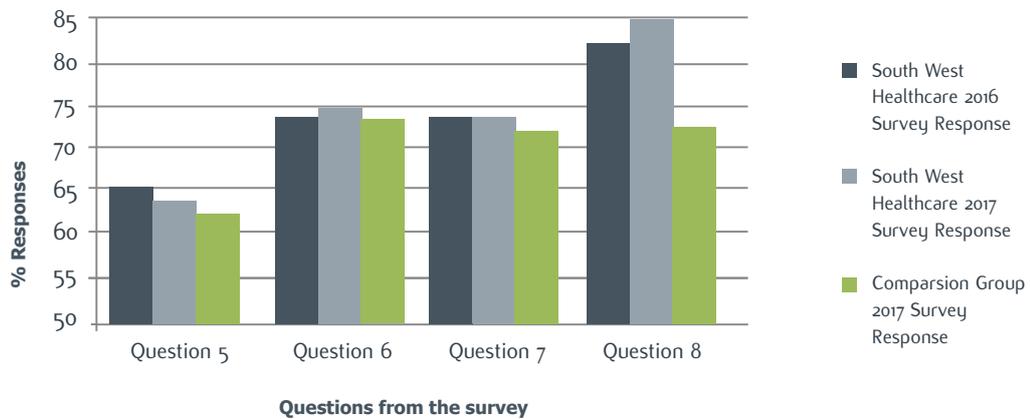
Patient Safety Questions Staff Responses from People Matter Survey





Staff undertaking the People Matter Survey, providing feedback on how to improve our services and their workplace.

Patient Safety Questions Staff Responses from People Matter Survey



*The “comparison group” is made up of similar/ same size health services across regional Victoria. These are Albury Wodonga Health, Ballarat Health Services, Bairnsdale Regional Health, Barwon Health, Bendigo Health Care Group, Central Gippsland Health Service, Echuca Regional Health, Goulburn Valley Health Services, Latrobe Regional Hospital, Northeast Health Wangaratta, Swan Hill District Health, West Gippsland Healthcare Group, Western District Health Service, and Wimmera Health Care Group.

2.8 People Matter Survey Working Group – Primary and Community Services division.

Staff volunteered to be part of a working group formed to address some of the issues and challenges from the People Matter survey 2015-2016 results and to the staff surveys undertaken in Primary and Community Services in 2016.

The areas highlighted were: Leadership; Flexible and Healthy Work Environment; Communication; Staff Recognition

Area of Focus	Action
Leadership	<p>Strong executive level support has empowered the staff working group to contribute to positive change, and staff had the opportunity to meet with the Executive to discuss issues and seek approval for action.</p> <p>Increased visibility and promotion of SWH Values : added to documents/ presentations/ agendas</p> <p>Planned education sessions to assist in areas of need identified by staff:</p> <ul style="list-style-type: none"> • Having difficult conversations • Resilience/ stress management • Working in a team environment/communication skills
Healthy work environment	<ul style="list-style-type: none"> • New outdoor furniture purchased and installed • Subsidized gym membership at all sites • Easy access to standing desks • Approval and process to conduct staff fitness/wellbeing sessions in SWH facilities both in and out of hours • Input to the "Healthy Together Victoria" program e.g.: Increased access to healthy foods, Mindfulness / wellbeing programs • Approval for refurbishment of Community Health building interior
Communication	<ul style="list-style-type: none"> • Regular updates to and from the Director, Primary and Community Services • Approval for intranet site for communication • Template for managers meetings to include reporting mechanism to staff • Availability of telehealth phones • Developed and improved links and communication with Executive representation, improving communication
Recognition	<ul style="list-style-type: none"> • Review of staff recognition processes • Staff recognised at the divisional forum

2.9 Occupational Health, Safety and Wellbeing Initiatives.

2016-2017 saw a continued focus on ensuring SWH has an effective system for managing health, safety and wellbeing across the organisation.

Some of the initiatives and outcomes during this time include:

- Securing \$350,000 Department of Health and Human Services (DHHS) grant to construct Warrnambool Emergency Department behavioural assessment room for improved patient and staff safety
- Refurbished Health Information Services office to improve staff security and provide ergonomic workstations
- Fitted GPS tracking and duress alarm systems to six District Nursing / Community health vehicles to improve staff safety while visiting clients offsite
- Update and implement revised procedures to maximise safety for staff visiting clients in their homes particularly after hours
- Formalised traffic management plan for supply warehouse area resulting in safer separation of pedestrians and forklifts
- Trained all allied health staff in "Smart Moves" patient manual handling system
- Established emergency management systems and OHS systems at our South West Regional Cancer Centre
- Purchased numerous height adjustable desks/stands to enable staff to stand or sit at their computers
- Decreased number of 'standard' Workcover claims from 17 to 9
- Improved Workcover claims costs from \$49,023 to \$22,865 and days lost from 1226 to 101, providing a focused commitment to support staff in returning to work
- Conducted extensive online and face to face training covering: OHS training for managers, injury management training for managers, dealing with bullying and harassment

complaints training and further departmental training on bullying and harassment and SWH values

New Emergency Care Assessment Room – Emergency Department

The Victorian Government introduced a Statewide initiative to make hospitals and mental health services safer, and granted SWH \$350,000 to build a specialist behavioural assessment room in the Emergency Department.

These rooms are purpose-built to better assess and manage aggressive emergency department patients who may place themselves, staff or others at risk of harm. Security personnel at hospitals with emergency departments will also be boosted right across the State, and additional resources deployed to hotspots to better protect hospital staff and patients.

2.10 Consumer Led Care - Merindah Lodge Cooked Breakfast Program

Merindah Lodge's sector-leading implementation of the Montessori model of care – moving the facility away from a regimented, institutionalised model of care to one where the residents have a say and increased choice in everything they do – has impressed both the Victorian Department of Health & Human Services and the Commonwealth's Australian Aged Care Quality Agency.

The 36-bed aged care facility has scored remarkable results during its Accreditation – exceeding every one of the Quality of Care Standards across all 44 aged care indicators.

Merindah Lodge staff have introduced a change to meal times to make it more like home, with kitchen staff now personally serving delicious buffet-style meal options in Merindah Lodge's dining room (instead of delivering pre-ordered, already-plated meals). Cooked breakfasts are now served in the dining room – allowing residents to wake to the sensory smells of toast and porridge, bacon and eggs.

This initiative impressed the Surveyors at Accreditation time. One surveyor has gone as far as saying it's the best aged care facility dining experience witnessed in his 13 years in the job.

'If a resident wants their toast after their cereal, they get it. If they want a cooked breakfast, they get it. Nothing is too difficult for our staff. The object is to replicate how each person would have had their breakfast in their home prior to entering residential aged care,' explained Camperdown Campus Manager, Janine Dureau-Finn.

2.11 Manpower for Mental Health – “Are You Right, Mate?”

Are You Right, Mate? 2016 follows on from our SWH Lismore /Camperdown Community Health and Mental Health Services' men-only event in 2014. 110 blokes spent an evening in the Lismore Football Clubrooms after community leaders identified men's mental health as an urgent priority issue.

Social nights provide a relaxed environment for men to come together linked with key themes – 'look after yourself' and 'look out for your mates'. It's a simple message yet often we get caught up in our busy lifestyles and forget to take the time to check in and ensure that we, and our families and friends, are healthy – physically and emotionally.

Guest speaker for the night, Robert 'Dipper' Dipierdomenico had them rolling in the aisles. Country blokes of all ages catching up over a beer and a 'barbie' before being inspired by a master motivator. Being reminded their mates are there for them, and so are we.

Being an all-male affair, our SWH representative for the night was James McInnes, Acting Director of Mental Health Services, who spoke to the 125 men about looking after themselves and looking out for their mates before Dipper took to the stage.

'Dipper spoke for about an hour on his personal experiences with lots of funny footy stories. The thing that was really good is that he linked his stories to the purpose of the evening – looking after yourself and your mates, family and community. And he made a mental note of some of the things I said earlier and referenced them in his talk so that the blokes got the message that it's OK to seek help... that healthcare professionals are here to assist and that we won't judge you'. – James McInnes

The 'Are You Right, Mate?' evening was the result of a collaboration between SWH Camperdown and Lismore Community Health, SWH Mental Health Services, and an extensive range of local community groups, organisations and businesses across our region.



Robert “Dipper” Dipierdomenico with James McInnes and one of the participants in the Are You Right, Mate? social evening at Lismore.



James McInnes, along with members of the large crowd enjoying some of the stories told by 'Dipper'.



3

Living our
Values –
Respect.

Throughout SWH we aim to partner with our consumers to achieve better outcomes in their healthcare. New projects and programs have helped target certain aspects of our services that we aim to improve.

3.1 Consumer Register

Partnering with Consumers is a National Safety and Quality Health Service Standard. Consumers' perspectives are vital in improving healthcare services.

SWH invites people who are past or present users of any of our services and their families/carers to have their say and/or be involved in:

- The design, redesign or improvements to healthcare services across the South West of Victoria
- Providing user-friendly information on health services and health promotion
- Design or redesign of healthcare buildings and facilities
- Improving the quality and safety of SWH services.

SWH is looking for people with a range of skills, expertise and experience from across the region, of varying ages and backgrounds including regional and rural people and those from diverse cultures.

These are voluntary roles, however efforts will be made to ensure you are not out of pocket. All volunteers with SWH are required to have a police records check and some roles may require a Working with Children Check.

The level of involvement and the amount of time you have to contribute is entirely up to you and you can withdraw at any time.

Being a consumer representative will not change or affect in any way the care received through SWH. Some ways consumers can be involved include:

- Looking at information on complaints and compliments including suggesting improvements
- Making sure quality and safety information can be understood by the community
- “Telling my story” – for training staff and/or for getting the consumer perspective across. This can be made anonymous if you prefer
- Mentoring and/or assisting other consumers with information/lived experience/navigating the service system
- Developing information for consumers
- Reviewing patient or service information and making it more consumer friendly
- Training/orientation of staff to a consumer-focused service and working with consumers
- Assist in the design or redesign of service
- Assist in the design or redesign of facilities/buildings
- Be a consumer representative on a formal group or Committee
- Be a consumer representative on a more informal or working group.

Consumer Representatives Training



SWH is working with consumer representatives and the Victorian Health Issues Centre to develop training and induction material to help consumers, carers and community members become more effective as consumer representatives in a range of roles.

3.2 Consumer and Community Advisory Committee (CCAC)

The Consumer and Community Advisory Committee has been created through the merger of two community advisory committees. The CCAC reports directly to the SWH Board. The CCAC considers reports on consumer feedback, raises community and consumer concerns and works with SWH on solutions to issues that have been identified through feedback obtained from consumers.

Mental Health Consumer and Carer Advisory Committee

After many years of running separate Consumer and Carer Advisory Groups, in May 2017 we embarked on our first joint Consumer and Carer Committee. This committee’s task is to provide advice and strategic guidance on matters of policy, development and evaluation of all mental health services and programs from a consumer and carer perspective. The Committee also provides a forum where consumer and carer issues can be raised, discussed and recommendations made to senior management and relevant staff for service improvement.

The Mental Health Consumer and Carer Advisory Committee also verbally reports to the SWH wide Consumer and Community Advisory Committee. Members come from a number of townships within the South West region, with a broad range of outlooks and interest represented.

3.3 Mental Health Services

Our Mental Health Services continue to engage with consumers in a number of different ways, when partnering with our community in delivering initiatives such as the “Are you Right, Mate?” evenings (see previous story) through to improving our inpatient care with the Safe Wards program. SWH is required to report on healthcare measures to benchmark our services against other providers in the State.

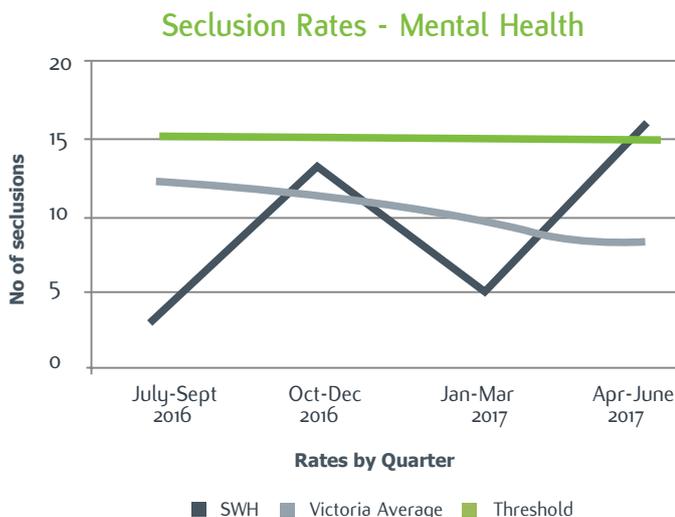
Seclusion

Seclusion is when a patient is confined alone in a room or area and it is not within their control to leave. This is done for their safety and the safety of others. Trying to cut back or cut out completely the need for seclusion is a National safety priority. The decision to use seclusion is taken by a clinician after all other options have been considered and tried.

Result:

Seclusion is measured in the number of incidents per 1,000 bed days.

Period	July - Sept 2016	October - Dec 2016	January - March 2016	April - June 2016
South West Healthcare	4.4	13.6	6.6	16.3
State Average	12.1	12.1	9.9	9.9
Threshold	15	15	15	15



A key initiative already being implemented is the 'Safe Wards' program. This program aims to reduce conflict and levels of confinement in our mental health wards, and is currently being rolled out to staff. This should assist in better patient care and safe wards for staff and patients.

The State Government sets a threshold or upper limit at 15 incidents of seclusion per 1,000 bed days. South West Healthcare exceeded that threshold in the period April to June 2017.

SWH conducted an in depth review of the data and formed a working group to examine the results. The working group included a psychiatrist, senior nurse, ward staff and a consumer consultant and was led by the Manager. The findings have been reviewed and an action plan developed to address the issues.

Restraint

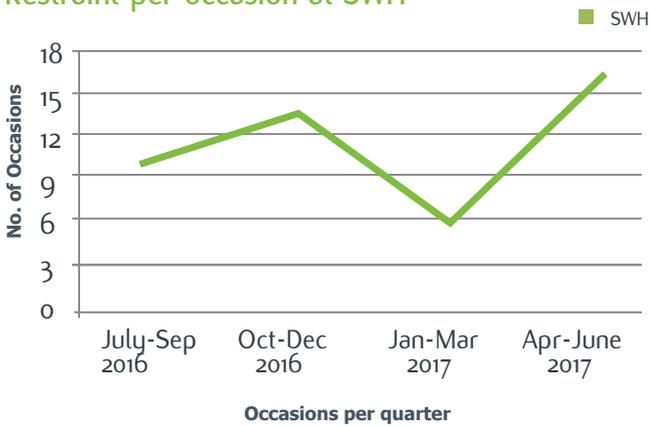
On some occasions, staff are required to restrain patients for their own safety and the safety of others. Regular auditing of these incidents, a regular review of policy and procedures, and ongoing staff education help to ensure that the restraint is performed according to best practice.

Number of occasions that restraint has occurred at SWH Mental Health Services during 2016-2017.

Period	July – Sept 2016	Oct – Dec 2016	Jan – Mar 2017	April – June 2017
South West Healthcare	10	12.7	6.5	15.4

Note: no State averages or threshold measures available as this is a new measure.

Restraint per occasion at SWH



3.4 Advance Care Planning (ACP)

Advance Care Planning is planning for future health and personal care should a person lose their decision-making capacity. It enables them to continue to influence treatment decisions, even when they can no longer actively participate.

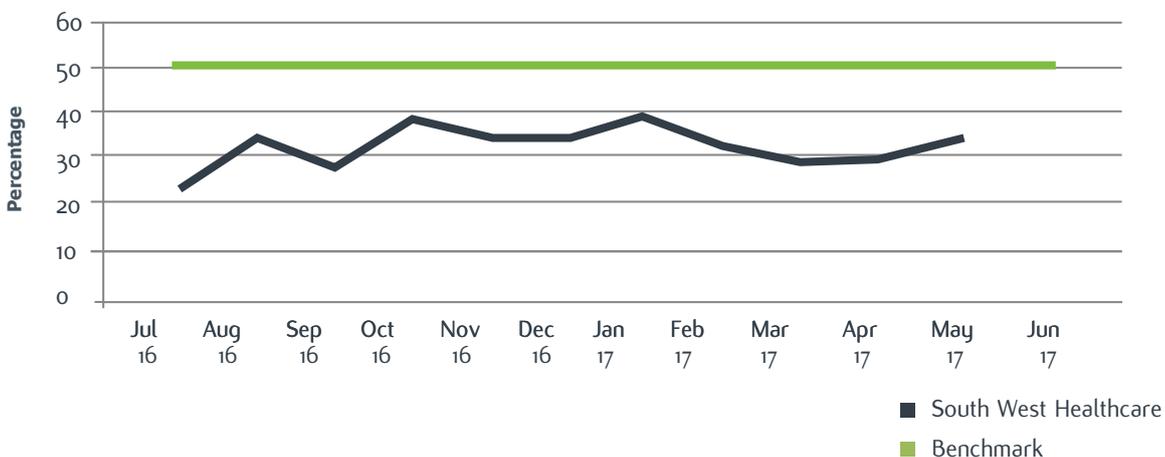
South West Healthcare asks each person when they are admitted whether they have an Advance Care Plan or substitute decision maker and this is recorded in the medical record and the patient management system.

SWH has participated in a world first National Advanced Care Planning Prevalence Study which will provide valuable feedback on how we can better understand how ACP is implemented and identify areas of improvement.

The graph below indicates the number of people over the age of 75 years that have indicated they have an Advance Care Plan or an identified substitute decision maker when they have been admitted to South West Healthcare.

Our goal is to improve the number of patients with a complete Advance Care Plan and this is accurately recorded in their medical record.

Advanced Care Plan or substitute decision maker for patients over 75 years of age (%)



The actions we are taking to increase these numbers are:

- Embed Advance Care Planning (ACP) into all aspects of the healthcare journey. This includes all patients presenting over the age of 18 to the Emergency Department or as a planned admission. There are multiple opportunities to “Have the Conversation” with patients about Advance Care Directives and or the opportunity to gain further information regarding Advance Care Planning.
- Four Advance Care Planning Workshops have been undertaken to increase the workforce capabilities to “Have the Conversation”. These workshops have been well attended and received fantastic feedback. This allows staff to identify key target groups that would benefit from opportunities to have ACP conversations and supports staff to initiate or review these Plans.
- Online learning and face to face workshops have been conducted with staff to increase knowledge regarding policy and procedures surrounding ACP's, assisting with staff expectations and responsibilities and how to access any relevant documents.
- Advance Care Planning online education modules are available to all SWH staff.
- An Including an up to date ACP Facilitators list, for staff to contact to act as champions in specific locations or to conduct ACP conversations and education with inpatients.
- Regular audits and reviews undertaken to ensure systems and processes are user friendly and being undertaken in line with hospital policy and procedures.
- Regular reports to both SWH's Advance Care Planning and Critical Care Committees to put clinical governance structures and processes in place to meet existing safety and quality standards.

Advanced Care Planning (Case study)

In a recent presentation to the Emergency Department, an 84 year old man from a Nursing Home, with a suspected stroke, was found to have Advance Care Planning (ACP) documentation completed which – stated clearly “not for life prolonging treatment; preference for end of life care to be at the nursing home”. This assisted staff to focus on the immediate care of the patient, and helped influence decisions about his care.

The decision, in consultation with the Medical Enduring Power Of Attorney, was made to return the patient to the nursing home for comfort, care and pain relief.

This demonstrates how ACP documentation can ensure patient autonomy and that their wishes are respected and met.

3.5 End of Life Care

SWH's Palliative Care Inpatient Unit has essential data collection requirements for the Department of Health and Human Services.

This data was analysed in 2016 with excellent results in patient-centred care, indicating that all episodes reviewed included evidence that patients had input into their care.

SWH reports monthly to the Department of Health and Human Services regarding every patients' phase of care, admission data, care plan documentation and preferred place of death.

SWH encompasses person centred care in all the aspects of palliative care provided to patients and families in the community setting or when admitted to hospital. With four aims::

- A person's care is individualised
- Families and carers are supported and valued
- People have information that supports decision making
- People have opportunities to develop their advance care plan

Palliative care patients are provided with a holistic model of care utilising a multidisciplinary team of Specialists, with the patient being placed in the centre of their care. The model of care involves patients, families and carers to make informed decisions about their care and treatment.

All patients are asked where they would prefer to be cared for and where their preferred place of death is. Staff work closely with patients and their carers to allow these wishes to be met. Palliative care staff discuss with each patient, who they would like to have involved and included in discussions and decisions about their care and this not only includes family members and carers, but also other relevant care providers.

Family and carers are pivotal in the patient's care throughout palliative care and are supported beyond the death of a patient into bereavement until the first anniversary of the patient's death.

Patients, carers and family members are provided relevant information at a suitable time throughout their illness, which allows them to undertake informed decision making. Palliative care staff discuss with every patient the role of Advance Care Planning and Enduring Medical Power Of Attorney. Patients are supported through this process should they wish to be involved. Patient preferences are respected by all palliative care team members throughout their care provision.



4

Living our Values - Excellence

Across our region and in all our services SWH strives to deliver excellence in healthcare. A number of benchmarks and measures are addressed across different aspects of our care, and these are continually assessed against the relevant standards or government requirements. Through our committees, quality and risk systems, staff development programs and by monitoring results, SWH can implement changes to continually improve.

4.1 Escalation of Care Processes

Clinical deterioration of the patient is managed through the early recognition of clinical signs of deterioration and timely medical management to reduce the morbidity and mortality of patients.

Ensuring that patients who deteriorate receive appropriate and timely care is a key safety and quality challenge. All patients should receive comprehensive care regardless of their location or the time of day.

With the introduction of the Point of Care Terminals and the electronic recording of observations it was necessary to make changes to the observation system. SWH has moved from a numbered scoring system to a colour coded approach to ensure appropriate responses if there is a deterioration of the patient.

The quality and risk database system is utilised to register a Medical Emergency Team (MET) call or code blue and collation of data is compared with peer health services on a 6 monthly basis.

In recent years SWH has introduced R.E.A.C.H. which stands for Recognise, Engage, Ask, Call for Help and is a three step process that encourages both family and the patient, to raise concerns with nursing or medical staff. Information is available in each patient’s bedside unit.

Escalation of Care - Case Study

Kerry is a 52 yr old female former nurse admitted with functional decline over the past 3 months. Kerry has a background of Chronic Obstructive Airways disease and anxiety. Admitted for assessment by the medical team, with a supportive family living close by.

Kerry’s initial observations were unremarkable, but Kerry communicated with staff that she felt “not quite right” and with her knowledge and experience she felt she was suffering from a deterioration.

Staff told Kerry that Medical staff would review her within 30 minutes.

Kerry had read the R.E.A.C.H information and requested the nurse in charge. She felt her symptoms were getting worse, and she needed someone to help her with further treatment. This was done but Kerry was not entirely satisfied with the outcome, she felt that her breathing was getting worse.

Kerry requested the 3rd step of R.E.A.C.H be implemented. The Clinical Coordinator, a specialist nurse who is available 24 hours 7 days a week, is contacted and who required to respond to the patient’s needs and assist with seeking further treatment or care.

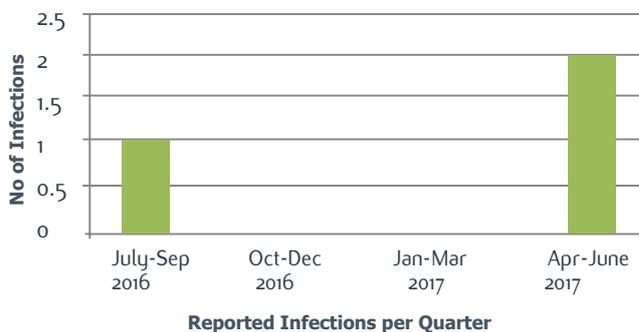
4.2 Preventing and Controlling Staphylococcus aureus Bacteraemia (SAB)

SAB is a bloodstream infection which means that people are more likely to have complications and stay in hospital longer. Around two-thirds of cases can be treated with antibiotics. However more serious antibiotic – resistant strains can lead to significant illness and sometimes death.

The rate of healthcare associated SAB is measured in the number of bloodstream infections per 10,000 bed days.

SWH had 3 reported cases of SAB infection across approximately 40,000 ordinary bed days. This resulted in a 0.8 per 10,000 ordinary bed days result. This is below the Victorian average of 0.9 per 10,000 ordinary bed days.

SAB Infections at SWH



Number of reported incidents at SWH.

More than half of these blood infections are associated with healthcare procedures, and are thus potentially preventable. There is a direct link between healthcare workers cleaning their hands.

SWH have implemented mandatory online training for all staff in hand hygiene procedures, and lifted the organisations Hand Hygiene compliance rate to above the State average. These results are summarised in our Hand Hygiene data reports.

4.3 Intensive Care Unit (ICU) central line associated bloodstream infections

Another area of safety is intensive care related infections. These are potentially preventable infections occurring on the site in the body where a central line, a catheter or tube is placed into a large vein to give medication or fluids, or to collect blood for tests.

There were no healthcare associated ICU infections reported for SWH in 2016-2017. This keeps our 5 year average at zero, compared with the state average of 0.4 (rate per 1000 device days). This is the number of infections against the number of days a central line was required to deliver care.

Hand hygiene and other infection control measures help keep SWH at this rate.

4.4 Medication Safety

National Antimicrobial Prescribing Survey (NAPS)

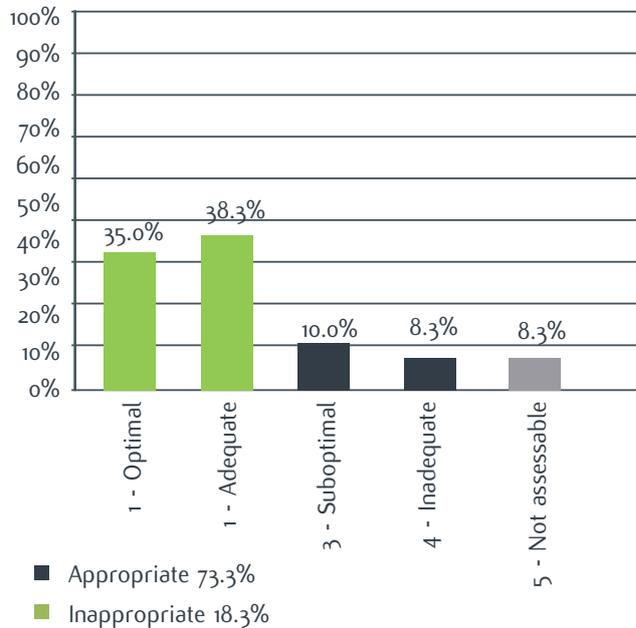
An annual SWH wide point prevalence audit to measure the safety and appropriateness of antimicrobial prescribing was undertaken in 2016. The monitoring of the appropriateness of the drugs prescribed to treat infections is a part of the National Safety and Quality Health Service (NSQHS) standards.

The graphs below show that 73.3% of antimicrobial drugs prescribed were appropriate compared to 73.9% Nationally.

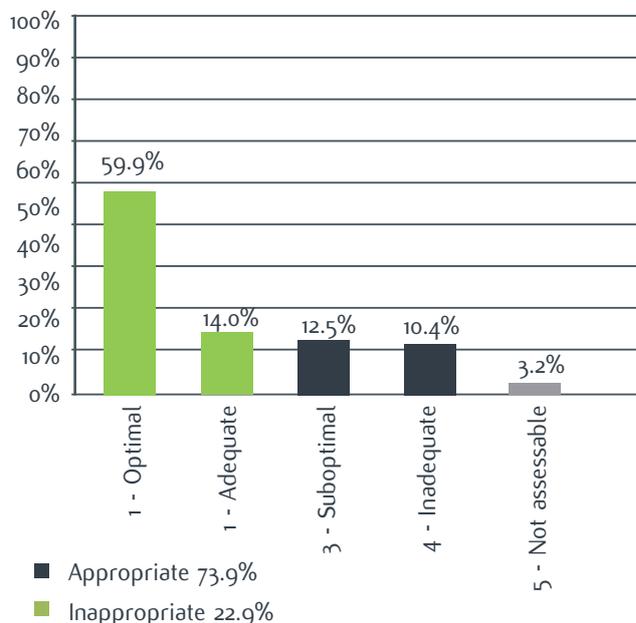
Compares the appropriateness of prescribed antibiotics at South West Healthcare to National Data.

Appropriateness of Antimicrobial

South West Healthcare data



National data



'Optimal' and 'Adequate' are deemed as being appropriate (displayed in green). 'Suboptimal' and 'Inadequate' are deemed as being inappropriate (displayed in black).

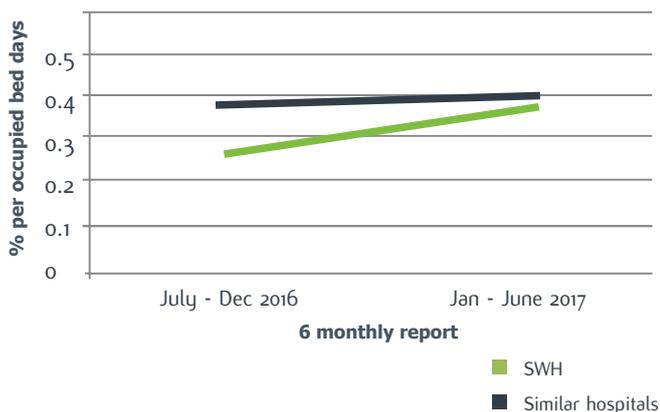
4.5 Preventing falls and harm from falls.

SWH has a Falls Committee that monitors the falls rate and identifies any areas for improvement that could reduce the falls rate of patients when they are in hospital.

In the past twelve months, improvements have been:

- Introduction of a Patient Safety Card which outlines how patients can prevent falling
- Continued to implement 'Rounding' with patients across the hospital wards. 'Rounding' is a method of regularly checking on high risk patients.

South West Healthcare Falls Rate 2016-17



4.6 Preventing and Managing Pressure Injuries

SWH established a consistent evidence based best practice approach to pressure injury prevention and management, including in mental health and residential aged care services.

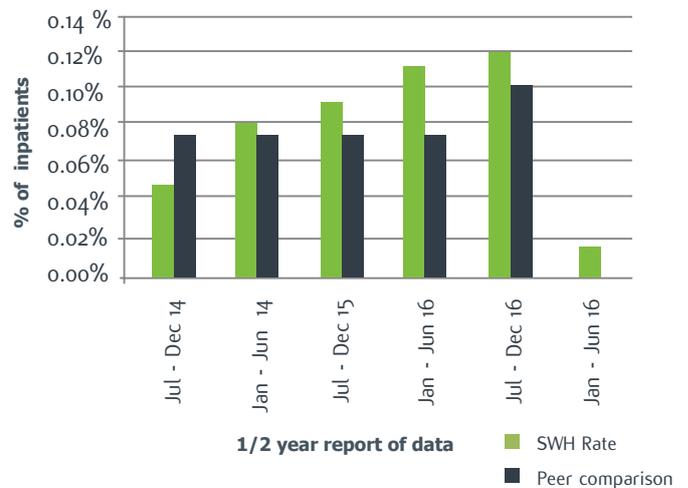
An extensive review of policies and guidelines has recently been completed, and staff have received extensive training via online courses and face to face workshops, to meet the clinical requirements for preventing and managing pressure injuries.

Key care requirements include a comprehensive skin assessment within 8 hours of admission. A daily assessment of the skin is also undertaken to help identify any changes if they occur. 'Making your Stay Safer' and 'Move, Move, Move' brochures assist to educate consumers during their stay on how to prevent pressure injuries and are available at each bedside.

SWH undertakes regular auditing of the pressure injuries assessments and results are collated and distributed to the Unit Managers. The results are displayed in clinical areas on "Knowing How We Are Doing" boards.

Pressure injuries are monitored through incidents reported onto our Quality and Risk database. Audit results are submitted and benchmarked against the Australian Council of Healthcare Standards on a 6 monthly basis.

Pressure injuries 2014-2016



Rates of Pressure Injuries per Quarter at SWH compared with peers (similar sized hospitals)

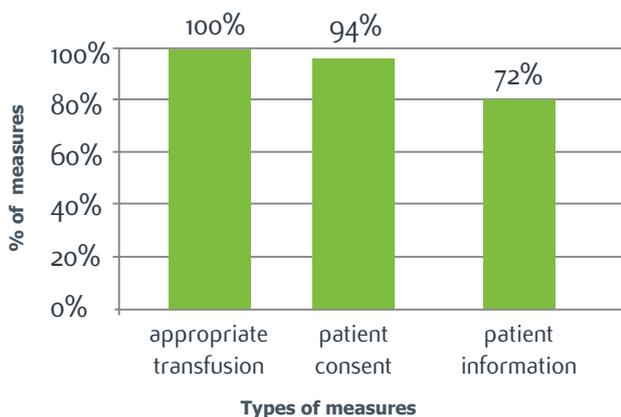
*NB Jan-Jul 2017 peer comparison report unavailable prior to submission

4.7 Safe and Appropriate Use of Blood Products

Patients may require a blood transfusion due to an emergency such as an accident or it may be needed as part of a treatment. SWH aims to ensure a safe and appropriate blood transfusion service to our patients. To ensure the safest possible environment:

- all our nursing staff undertake training in the use of blood products
- all patients being transfused have a signed consent
- patients receive information about blood transfusions.

Blood transfusion safety at SWH 2016-2017



The graph shows the percentage of appropriate transfusions, the percentage of patients that have a signed consent for blood transfusion and the percentage of patients that have received information about blood transfusion for 2016-17 period.

Improvements made to ensure safe blood transfusions occur:

- SWH's transfusion policy and practice has been changed to reflect the new National guideline released by the National Blood Authority. Staff undertake training bi-annually to ensure compliance with current practice.
- Information for patients is available with the consent form and is available in a number of languages.

- The management of blood products is reviewed regularly to ensure that they are not wasted. Systems have been put in place so that units of blood can be safely moved when they are nearing expiry, to be available in areas where they are more likely to be used. The wastage of red cells is below the State average.
- There was one adverse reaction to blood transfusion in the 2016/17 year.
- New guidelines for identification and management of anaemia.

4.8 Hand Hygiene

Thousands of people die around the world every day from infections they get in hospital or when receiving health care. Hands are the main way germs are transmitted.

Hand hygiene is the most important way to avoid the spread of harmful germs and to stop health care infections. (World Health Organisation (WHO) <http://www.who.int/gpsc/5may/tools/en/>)

Our hands may look clean, but many germs may still be present which could transmit disease. Alcohol Based Hand Rub (ABHR) is effective against many types of bacteria and viruses, which are invisible to the naked eye. (From Hand Hygiene Australia www.hha.org.au).

Victorian Hospitals are required to measure how often staff clean their hands at certain points when we deliver patient care. The percentage is the number of staff who are correctly following hand hygiene practices. The Victorian target is set at 80%, with SWH achieving well above this level for every quarter.

Action:

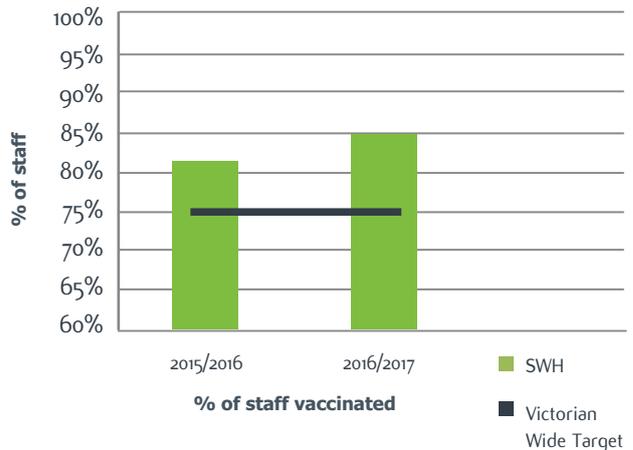
- Appointment of new Hand Hygiene Auditors at the Warrnambool and Camperdown Campuses
- Hand hygiene auditing has started in dental services. Dental services had a 91.4% compliance rate

- Hand hygiene education has been extended to Community Health staff.
- Completion of the Hand Hygiene Australia on-line training is mandatory for all SWH staff through the new Learning Management System, GROW.

Hand Hygiene Audit Results for SWH



SWH Staff Flu Vaccination Data 2015- 2016



Percentage of SWH staff immunised against Victoria's target of 75%

4.9 Rates of healthcare worker immunisation – influenza.

All SWH employees were required to participate in our annual influenza vaccination campaign.

Vaccination status results are then submitted to the Victorian Hospital Acquired Infection Surveillance System (VICNISS). VICNISS collates the influenza vaccination rates for all Victorian health services and provides the health facilities with benchmarked figures.

In 2016/17, 85% or 1,223 employees were immunized against influenza (flu). This is a 4% increase on 2015/16 (81% of employees) and is above the State target of 75%.

An Influenza Working Party was set up in 2014 to improve SWH results, and this working party continues to improve our processes. This has resulted in a marked improvement from 65% in 2014/15; 81% in 2015/16 to 85% in 2016/17

4.10 Maternity Services

Victorian Perinatal Services' reports are released annually on a number of indicators for the previous two years. Performance indicators in the 2014-15 report aim to help improve outcomes for Victorian women and their babies by providing a focus for performance improvement in Victorian health services' maternity and neonatal care.

The following two indicators in the 2014-15 year were areas that were reported in the least favourable quartile and as indicated in the table below shows the Warrnambool result, the Statewide public hospital rate and the desired rate.

Indicator 2 looks at the number of babies born at 37 weeks or greater that weigh 2.5 kgs. or more and were born without any congenital anomalies that required additional medical care and treatment. SWH has a Special Care Nursery and a number of babies are admitted to the Special Care Nursery for observation only and these babies are included in this indicator. Any adverse events that may occur during labour and birthing are reviewed to identify areas for improvement and these are reported both internally to the SWH Quarterly Perinatal Forum and externally to the Barwon Regional Mortality and Morbidity quarterly meetings. SWH result in indicator two is similar to peer hospitals.

Indicator name	SWH - Warrnambool Indicator result	Statewide
2 - Rate of term infants without congenital anomalies who require additional care	10.4%	8.6%
10 - Rate of term infants without congenital anomalies with an APGAR score of <7 at five minutes	2.8	1.5

Desirable rate: Rates should be low and consistent across peer-group hospitals

Indicator 10 is based on the number of babies without any congenital anomalies that have an APGAR score less than seven at five minutes after birth. The APGAR score is an assessment of a baby's health at one minute and five minutes after birth. Appearance (skin colour); Pulse (heart beat); Grimace (reflexes and response); Activity (flex and resistance in arms and legs) and Respiration (breathing and a strong robust cry). The maximum score is 10. An APGAR score of less than 7 at five minutes after birth indicates a baby who requires resuscitation and may lead to poor health outcomes longer term.

SWH has implemented education of medical and midwifery staff regarding fetal surveillance in labour along with education of accurate assessment of APGAR scores. Education has also been undertaken in neonatal resuscitation and the escalation of care.

4.11 Surgical Mortality:

Unfortunately patients pass away, and we are required to review unexpected cases and report on the findings. The Victorian Audit of Surgical Mortality 2012-2016 indicated that SWH had 44 cases that were analysed, and of these 32 cases had a full peer review process completed.

The average age for the audited patients was 78.4 years, with 56.3% male and 43.8% female. In 28 (64%) of these cases, patients were admitted as emergencies with acute life-threatening conditions.

The audit considered three important areas of clinical priority:

- Deep Vein Thrombosis (DVT) prophylaxis
- Use of critical care facilities
- Fluid balance

The use or non-use of DVT prophylaxis was considered inappropriate in none of these deaths.

The reviewers considered that one case would have benefited from care in an Intensive Care Unit or High Dependency Unit. Fluid balance was reported as an issue in one case during the 2012-2016 reporting period. This has not been an issue at SWH for the past three years. There is a proactive multidisciplinary approach, with anaesthetists and physicians supporting surgeons to manage fluid balance in patients pre and post surgery.

SWH continues to monitor areas for improvement and review any incidents that occur.

4.12 Residential Aged Care Services

The Public Sector Residential Aged Care Services (PSRACS) benchmarks quality data from Merindah Lodge Aged care facility, in Camperdown, against other public sector aged care facilities with similar bed numbers across the State.

Merindah Lodge collects data and benchmarks on five high risk care areas important to the health and wellbeing of our residents:

- pressure injuries
- falls and fall related fractures
- use of physical restraint
- use of nine or more medications
- unplanned weight loss.

Pressure Injuries

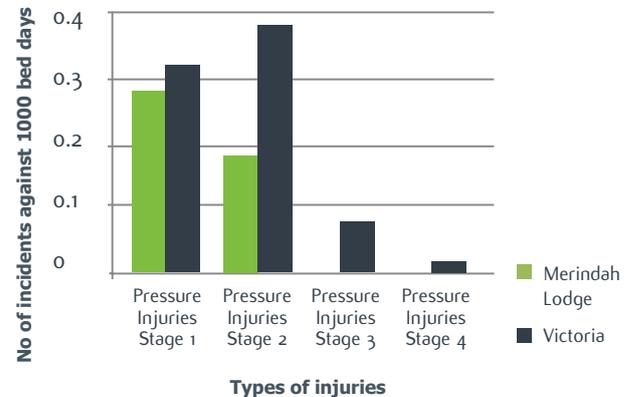
We have developed practices in the care of our residents to ensure that they are monitored for pressure injuries and that the risk of developing injuries during their admissions is decreased. We complete a comprehensive assessment of needs on admission and at 3 monthly reviews, or if there is a change in the resident's medical condition.

Staff have access to a variety of pressure relieving devices such as gel mattresses, air mattresses, roho cushions etc. to assist with making residents more comfortable and reduce the risk of developing injuries. Staff also completed further training, both online and through face to face workshops on preventing and managing pressure injuries, including how to assess residents for the correct equipment to meet their needs.

Our pressure injury indicators show we are below the State average across all levels of pressure injuries. The lowest level, stage 1 is 0.29, which is the number of incidents per 1000 bed days, the State average was 0.38. For stage 2 injuries, we were half the State average, 0.19 compared with 0.38 incidents. In the remaining

pressure injury levels, stage 3 and 4, Merindah Lodge recorded no incidents for the 2016/2017 period.

Pressure Injury rates



Pressure Injury Rates at Merindah Lodge for the for different types of stages compared with Victorian rates.

Falls and fall related fractures

Merindah lodge has improved harm minimisation strategies to reduce the severity of harm caused when residents fall. We encourage our residents to remain as mobile as possible, to encourage their independence, so falls are challenging to manage.

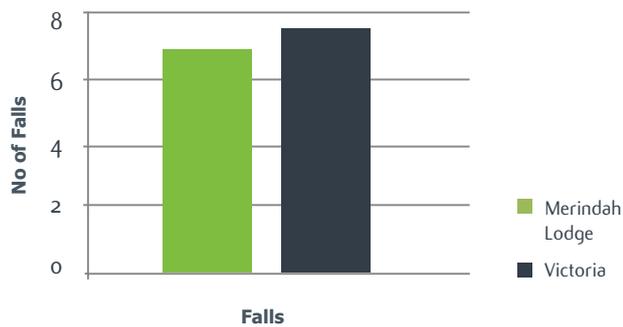
The falls minimisation strategies we currently have in place at Merindah Lodge include:

- Crash mats
- Low beds
- No slip socks
- Bed alarms

A weight training program has been introduced with input from our Physiotherapist to improve resident's overall fitness, and staff have been trained to undertake the program with residents weekly. The intention is to increase this to twice weekly as residents tolerance to the exercises increases. We have audited our falls rate prior to the weight training program being introduced and will compare it over time to monitor it's success.

Currently we average 7.32 falls per 1000 bed days, below the state average of 7.56.

Average No. of Falls per 1000 bed days



Merindah Lodge average no of falls per 1000 bed days compared with Victoria's rates.

Falls are something which we monitor very closely at Merindah lodge. The majority of our falls have an incident severity rating of 4 (no harm/near miss) or 3 (Mild degree of harm to the resident). Ratings 1 (severe/death) and 2 (moderate) often result in fractures, and SWH has no incidents in these categories recorded.

Some of the residents have repeated falls and these residents have personalised care strategies in place to reduce the harm or severity of their falls. They are also targeted for the strengthening fitness program.

Use of Physical Restraint

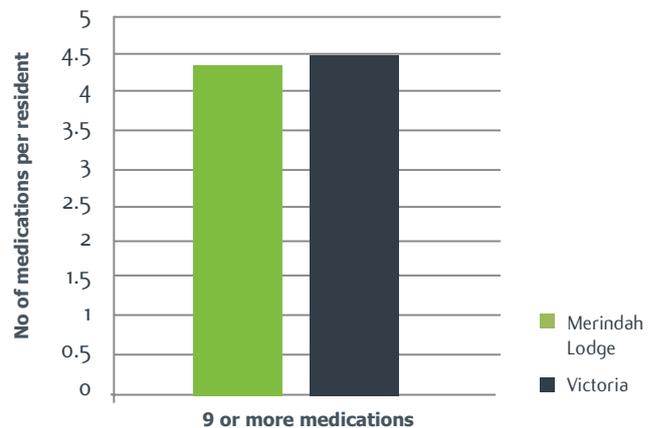
Merindah Lodge has a no restraint policy in place.

Nine of More Medications

Each resident has their own GP who has oversight of the resident's medication requirements. The local pharmacy does a medication review annually on all residents at Merindah Lodge and results are forwarded onto the resident's GPs with suggestions for changes. The GP's do not always agree with the changes suggested by the pharmacist. We continue to work with GP's to ensure that our residents receive the best possible care.

Currently in Merindah Lodge the number of residents on 9 or more medications is an average of 4.37 residents against 1000 bed days, Victoria's average is higher at 4.49.

Average No. of medications per resident



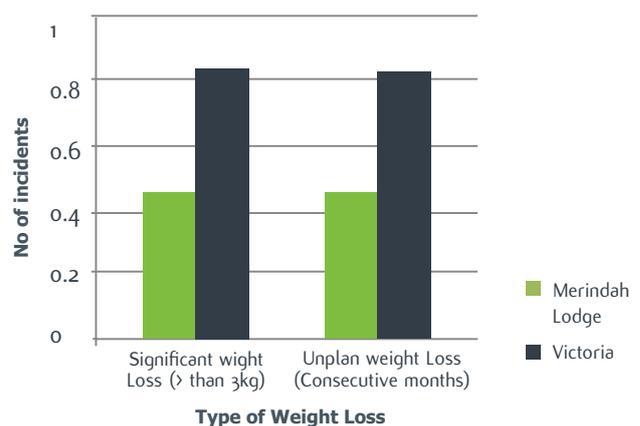
Average number of medications for Merindah Lodge residents compared with Victoria's rate.

Unplanned Weight Loss

The monitoring of weight loss at Merindah Lodge has significantly improved with the introduction of visiting allied health professionals who closely monitor our resident's weight. Residents who require a referral to dieticians or speech pathologists for personalised care are now reviewed regularly, with their plans constantly updated in response to their needs. This ensures that Merindah Lodge meets the requirements for the aged care accreditation standard for nutrition and hydration.

The weight loss measures, significant weight loss (greater than 3 kgs) and unplanned weight loss over 3 months are within the required standards, and well below the State averages. The number of incidents for these measures at Merindah Lodge is 0.48, compared with the Victorian average of 0.83 and 0.82 respectively.

Average no of Incidents of Weight Loss per 1000 bed days





5

Living our
Values –
Leadership

5.1 Victorian Health Experience Survey (VHES)

The VHES collects detailed information on the experience of consumers through surveys sent to a random sample of service users. Separate surveys are undertaken in mental and community health. The Survey measures Victorian hospitals against a range of criteria.

The “Overall Patient Experience” score is based on answers to the following questions on key aspects of care:

- **Question 76.** Overall how would you rate the care you received while in hospital?
- **Question 12.** In your opinion, how clean was the hospital room or ward that you were in?
- **Question 25.** Did you have confidence and trust in the nurses treating you?
- **Question 33.** How often did the doctors, nurses and other healthcare professionals caring for you explain things in a way you could understand?
- **Question 42.** If you needed assistance, were you able to get a member of staff to help you within a reasonable time?
- **Question 69.** Before you left hospital, did the doctors and nurses give you sufficient information about managing your health and care at home?

Question 76: Overall, how would you rate the care you received while in hospital?

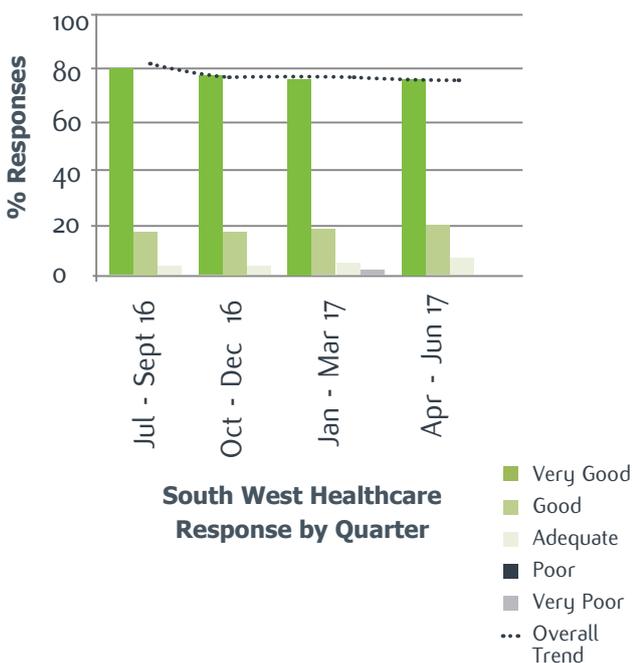
SWH/Victoria wide by quarter	Very good	Good	Adequate	Poor	Very poor	Total
SWH July – Sept 2016	81%	16%	3%	0	0	100%
Victoria July – Sept 2016	75%	19.3%	4.2%	1%	.5%	100%
SWH Oct – Dec 2016	79%	18%	3%	0	0	100%
Vic Oct – Dec 2016	76%	19%	4%	1%	.4%	100%
SWH Jan – Mar 2017	75.6%	19%	4%	0	1%	100%
Vic Jan - Mar 2017	76%	18.5%	4%	1.1%	.4%	100%
SWH April - June 2017	75%	20%	5%	0	0	100%
Victoria April - June 2017	76.7%	18%	4%	1%	.3%	100%

In July-September 2016, 81% of respondents rated SWH's care as very good. For Victoria this was 75% with 97% of patients rating their care at SWH as either very good or good compared to 94.3% across Victoria.

South West Healthcare – Adult Inpatient 2016-2017 Percentage of responses to question

Question 76

Overall, how would you rate your care?



Victoria Wide – Adult Inpatient 2016-2017 Percentage of responses to question

Question 76

Overall, how would you rate your care?



Question 12. In your opinion, how clean was the hospital room or ward that you were in?

SWH compared to Victoria wide by quarter – Adult Inpatient

(As a percentage of responses to this question)

SWH/Victoria wide by quarter	Very clean	Fairly Clean	Not very Clean	Not at all clean	Total
SWH July – Sept 2016	81.2%	17.2%	1.6%	0	100%
Victoria July – Sept 2016	80.5%	18%	1.25%	.25%	100%
SWH Oct – Dec 2016	88.5%	10.5%	1%	0	100%
Vic Oct – Dec 2016	80.8%	18%	1%	.2%	100%
SWH Jan – Mar 2017	84%	15%	1%	0	100%
Vic Jan - Mar 2017	81.8%	17%	1%	.2%	100%
SWH April - June 2017	89%	11%	0	0	100%
Victoria April - June 2017	82.3%	16.4%	1%	.3%	100%

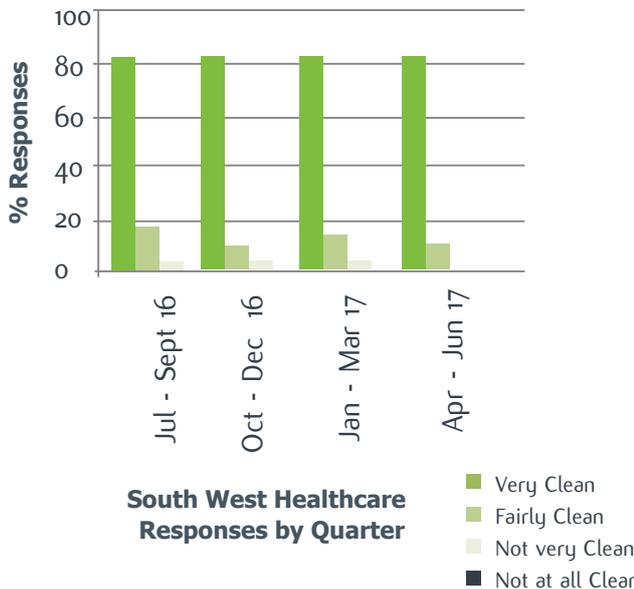
In 2016/2017 86% of respondents thought Warrnambool Hospital was very clean compared to 81% across Victoria

South West Healthcare – Adult Inpatient 2016-2017

Percentage of responses to question

Question 12

In your opinion, how clean was the hospital room or ward you were in?

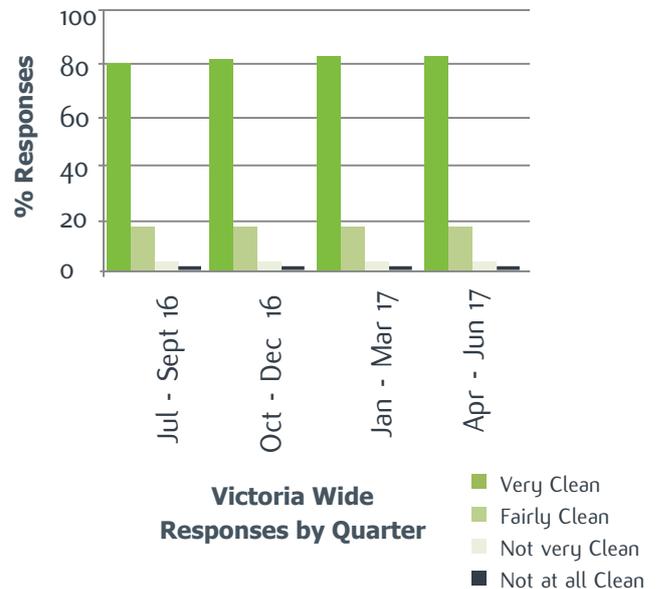


Victoria Wide – Adult Inpatient 2016-2017

Percentage of responses to question

Question 12

In your opinion, how clean was the hospital room or ward you were in?



Question 25. Did you have confidence and trust in the nurses treating you?

SWH compared to Victoria wide by quarter – Adult Inpatient

(As a percentage of responses to this question)

SWH/Victoria wide by quarter	Yes always	Yes Sometimes	No	Total
SWH July – Sept 2016	91%	9%	0	100%
Victoria July – Sept 2016	86.3%	12.5%	1.2%	100%
SWH Oct – Dec 2016	87%	13%	0	100%
Vic Oct – Dec 2016	86.4%	12.4%	1.2%	100%
SWH Jan – Mar 2017	87%	12%	1%	100%
Vic Jan - Mar 2017	87.5%	11.3%	1.2%	100%
SWH April - June 2017	89%	11%	0	100%
Victoria April - June 2017	88%	11%	1%	100%

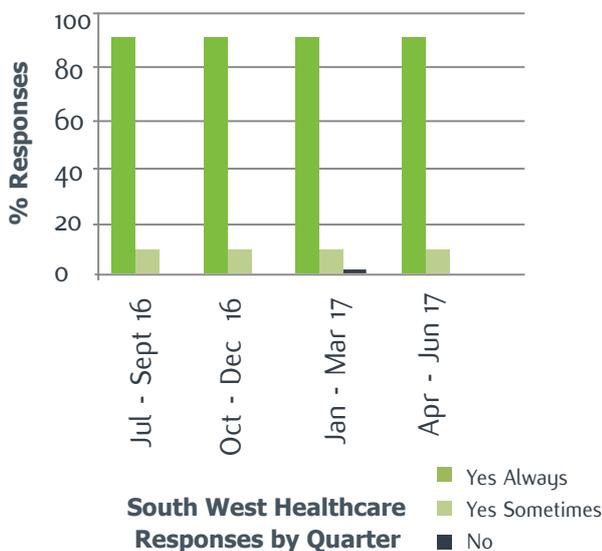
Patients generally had more confidence and trust in the nurses treating them at SWH than across Victoria as a whole.

South West Healthcare – Adult Inpatient 2016-2017

Percentage of responses to question

Question 25

Did you have confidence and trust in the nurses treating you?

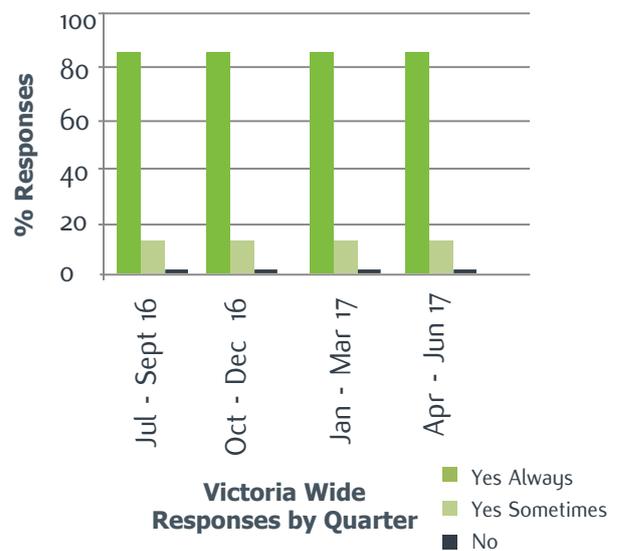


Victoria Wide – Adult Inpatient 2016-2017

Percentage of responses to question

Question 25

Did you have confidence and trust in the nurses treating you?



Question 33. How often did the doctors, nurses and other healthcare professionals caring for you explain things in a way you could understand?

SWH compared to Victoria wide by quarter – Adult Inpatient
(As a percentage of responses to this question)

SWH/Victoria wide by quarter	All of the time	Most of the time	Some of the time	Rarely	Never	Total
SWH July – Sept 2016	70.1%	25.4%	4.5%	0	0	100%
Victoria July – Sept 2016	67%	27%	5%	5%	.5%	100%
SWH Oct – Dec 2016	74%	23%	3%	0	0	100%
Vic Oct – Dec 2016	68%	26%	4.5%	1%	.5%	100%
SWH Jan – Mar 2017	57.7%	36.9%	3.6%	.9%	.9%	100%
Vic Jan - Mar 2017	69%	25.3%	4.4%	1%	.3%	100%
SWH April - June 2017	65%	33%	1%	1%	0	100%
Victoria April - June 2017	70%	25%	3.7%	1%	.3%	100%

Responses to this question show an inconsistency in how doctors, nurses and other healthcare professionals explain things in a way people can understand.

South West Healthcare – Adult Inpatient 2016-2017
Percentage of responses to question

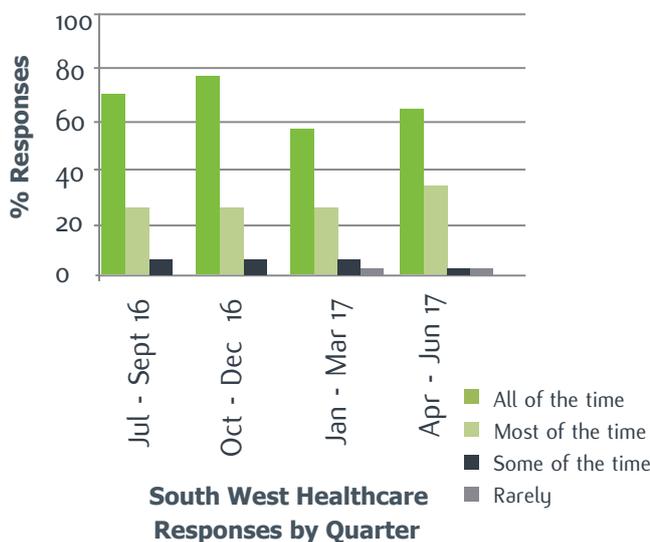
Victoria Wide – Adult Inpatient 2016-2017
Percentage of responses to question

Question 33

How often did the doctors, nurses and other healthcare professionals caring for you explain things in a way you could understand?

Question 33

How often did the doctors, nurses and other healthcare professionals caring for you explain things in a way you could understand?



Question 42. If you needed assistance, were you able to get a member of staff to help you within a reasonable time?

SWH compared to Victoria wide by quarter – Adult Inpatient

(As a percentage of responses to this question)

SWH/Victoria wide by quarter	All of the time	Most of the time	Some of the time	Rarely	Never	Not Applicable	Total
SWH July – Sept 2016	46%	39%	0	0	0	15%	100%
Victoria July – Sept 2016	47.1%	28.1%	6%	1.1%	.2%	17.5%	100%
SWH Oct – Dec 2016	43%	29%	2%	0	0	26%	100%
Vic Oct – Dec 2016	46.5%	28%	5.4%	1.1%	.3%	18.7%	100%
SWH Jan – Mar 2017	46.5%	27.2%	7%	0	0	19.3%	100%
Vic Jan - Mar 2017	48%	27.5%	5%	1%	.3%	18.2%	100%
SWH April - June 2017	49.5%	31.8%	.9%	1.8%	0	16%	100%
Victoria April - June 2017	48.6%	26.7%	5.1%	.8%	.3%	18.5%	100%

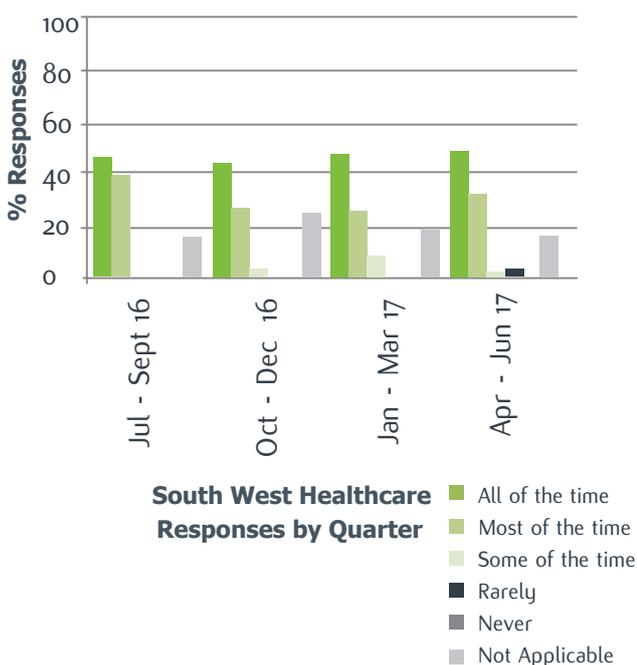
Response times for assistance were below the Victoria average from July 2016 to March 2017. This improved in April to June 2017, putting SWH slightly ahead of the Victorian average.

South West Healthcare – Adult Inpatient 2016-2017

Percentage of responses to question

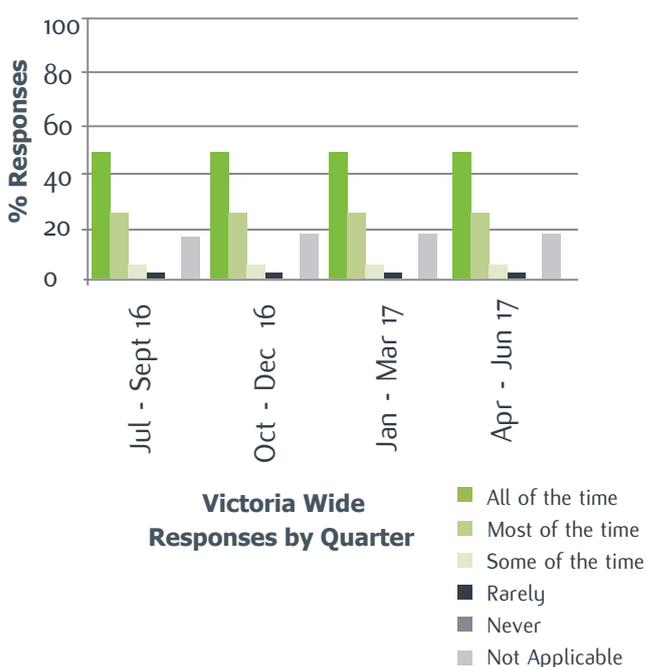
Question 42

If you needed assistance, were you able to get a member of staff to help you within a reasonable time?



Victoria Wide – Adult Inpatient 2016-2017

Percentage of responses to question



Question 6g. Before you left hospital, did the doctors and nurses give you sufficient information about managing your health and care at home?

SWH compared to Victoria wide by quarter – Adult Inpatient

(As a percentage of responses to this question)

SWH/Victoria wide by quarter	Yes completely	Yes somewhat	Received insufficient information	Didn't receive information	Total
SWH July – Sept 2016	82.1%	13.4%	1.5%	3%	100%
Victoria July – Sept 2016	76%	15%	3%	5%	100%
SWH Oct – Dec 2016	78%	13%	2%	7%	100%
Vic Oct – Dec 2016	77%	15%	3%	5%	100%
SWH Jan – Mar 2017	74%	13%	4%	9%	100%
Vic Jan - Mar 2017	78%	14%	3%	5%	100%
SWH April - June 2017	83%	9%	4%	4%	100%
Victoria April - June 2017	78%	14%	3%	5%	100%

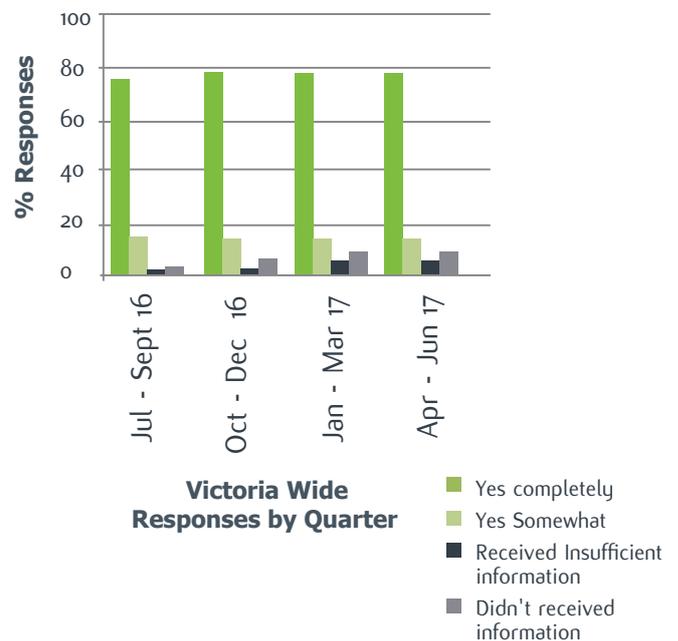
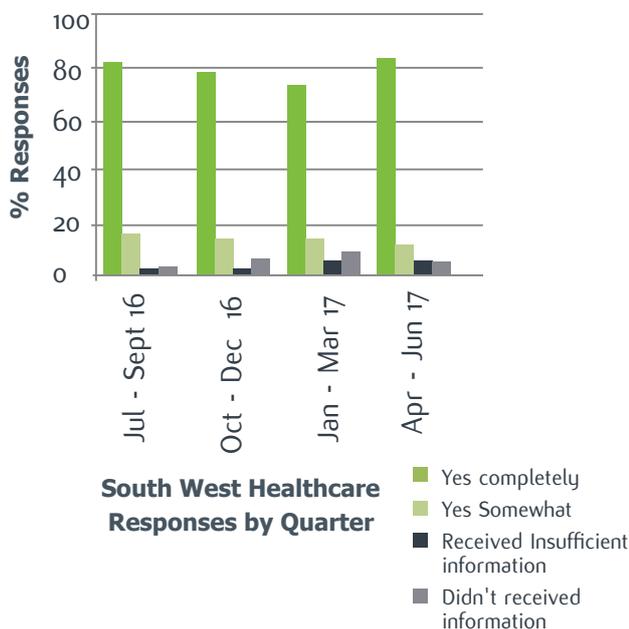
Responses to this question indicate that people were not always receiving sufficient information about managing their health and care at home. The April to June 2017 quarter showed improvement, with 83% completely satisfied with the information received. SWH is working with consumers to develop better and more consistent information. Discharge Planning processes and information are two areas identified for further work in 2017/2018 (see also section 5.4).

Question 6g

Before you left hospital, did the doctors and nurses give you sufficient information about managing your health and care at home?

Victoria Wide – Adult Inpatient 2016-2017

Percentage of responses to question



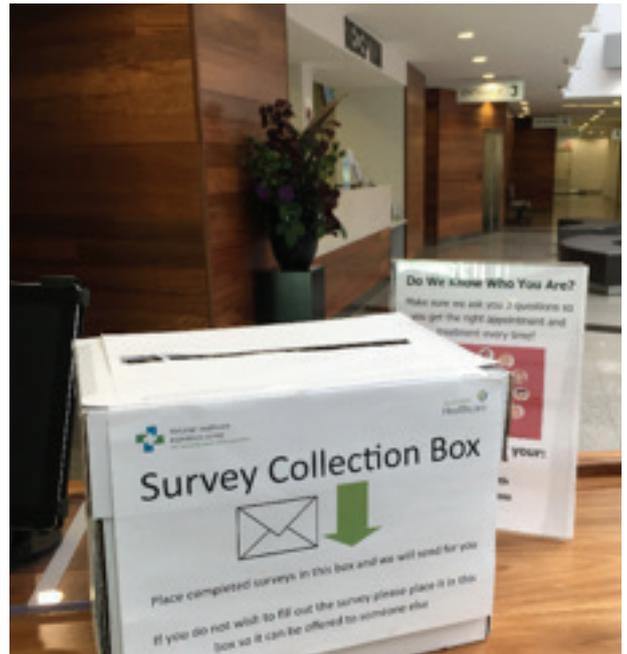
5.2 Victorian Health Experience Survey (VHES) Community Health Trial

SWH took part in a trial with the Community Health VHES, the first Statewide survey that asks people how they felt about their experience with community health services. Results from this survey were used to identify ways to improve and deliver services suited to consumer's needs.

The results of feedback, along with direct client interviews, staff feedback and reviews of our care provision, have been collated to assist in the development of an improvement action plan for Primary and Community Services and the 'Model of Care: Improvement Initiative'.

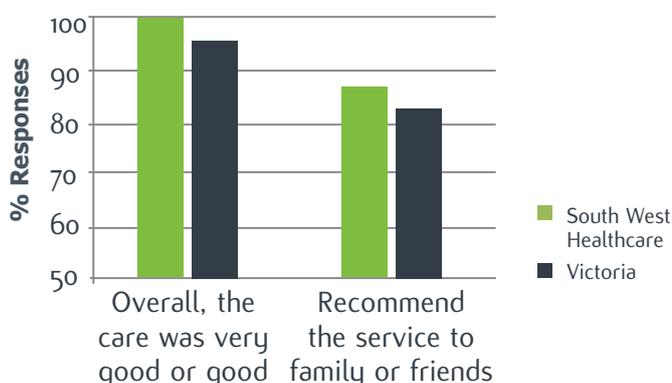
Overall, Primary and Community Services have received very positive feedback from consumers. 100% of clients who completed the survey reported the overall care they received was very good or good, which is 4% above the State average. 87% reported that they are very likely to recommend SWH community health services to their friends or family, compared to a State average of 84%.

South West Healthcare will be participating in the next VHES Community trial in November 2017 and will be encouraging all clients to provide feedback on their experience and any suggestions for ongoing improvement to our services.



VHES Community Service Collection box, located in our Community Health Services Reception, Warrnambool Campus.

VHES Community Health Survey Results 2016-2017



Questions from VHES Survey 2016-2017

5.3 'Model of Care': Improvement Initiative

The objective of this initiative is to improve the quality of care to our clients through a client-centered, integrated but flexible 'Model of Care'. The Model will operate across all programs and services within Primary and Community Services.

To date the project team have:

- Gathered client feedback via the Victorian Healthcare Experience Survey and one-on-one client interviews to find out how clients have experienced our service and find out what they think could be done differently or better
- Gathered staff feedback via 'World Café' Sessions which identified what is working well, what is not working well and how we can do better across our programs and services
- Conducted a client file audit to map and analyse the current care experienced by our consumers and the services they received.

The next steps include:

- Further Analysis: Putting the staff feedback, client feedback and the actual client journey together, to come up with our improvement plan.

Some Improvements already underway:

- Ensuring clients are always at the centre of any care provided, all community health staff are required to undertake the first module of a patient centered online learning package.
- We are participating in an organisation-wide project focusing on "Way Finding" for consumers.

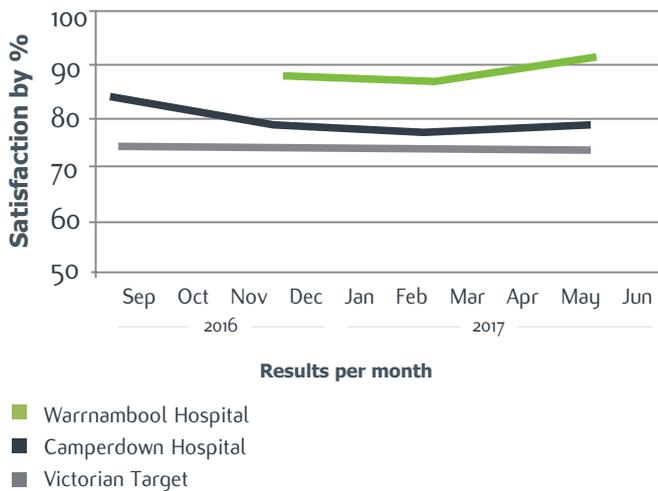


Staff at the World Café Session

5.4 Consumer Experience and Discharge Planning

The Transition Index has been developed with the aim of improving processes and planning for when people leave hospital.

Consumer Satisfaction with Discharge Experience



Patient Satisfaction at discharge as a percentage of respondents.

Results obtained from patients who completed the Victorian Health Experience Survey on the discharge process at both Warrnambool and Camperdown Campuses. No report was available for the September 2016 quarter for the Camperdown Campus.

Actions taken to improve discharge care:

- Multidisciplinary huddles in which clinicians involved with the patient's care meet for a brief (5-10 minute) meeting to discuss patient's treatment and planned discharge.
- A pilot is being undertaken of a new nursing 'Model of Care' which is aimed at improving patient care including discharge.

5.5 World Environment Day Forums

The aim was to increase awareness of environmental sustainability at SWH by creating an educational event for both staff and interested members of the broader community. The topic of 'Sustainability and Healthcare: the role of therapeutic gardens' was chosen to align with the developments of our new sensory garden for the Rehabilitation Unit, and with the Department of Health and Human Services (DHHS) framework for Sustainability and Healthcare.

In addition to the public forum, staff workshops were organised with allied health and nursing staff directly involved in delivering services on how they can use gardens to deliver services to patients.

Outcomes of the Forum were varied and include the following:

- A Sustainability Committee promoting key sustainability outcomes and more staff signed-up as Green Ambassadors;
- Feedback was captured about interests in other topics such as waste reduction, water saving measures, energy usage and sustainability;
- Staff involved in directly engaging with clients (formally or informally) learnt more about the evidence for this work, case studies from small projects and large re-developments, horticultural therapy programs and examples from overseas.
- The value of garden based programs was highlighted to our Executive team and the benefits to our patients, staff and the wider community.

Feedback Form

Quality of Care Report

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

How do you rate the presentation of this report?

Poor 1 2 3 4 5 Excellent

Was the report easy to understand?

Very easy 1 2 3 4 5 Not at all easy

Do you think the report was:

Too short About right Too long

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

South West Healthcare services

Yes No

How consumers contribute to the organisation

Yes No

Preventing and managing pressure injuries

Yes No

Preventing falls and harm from falls

Yes No

Safe use of blood and blood products

Yes No

Preventing and controlling healthcare associated infections

Yes No

Medication safety

Yes No

Accreditation

Yes No

How we respond to the needs of consumers and families

Yes No

Health promotion activities

Yes No

What would you like to see more of?

Patient stories Staff profiles

Other (please list)

General comments:

Thank you for your feedback.



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

