



Quality Account 2017 – 2018

Introduction

Each year South West Healthcare (SWH) reports to the community about how we are working to make your health care better and safer. The Victorian Government through Safer Care Victoria, Better Care Victoria and the Victorian Agency for Health Information collects and looks at statistics on areas of care. SWH is required to provide the information to these agencies on a regular basis and identify any issues or opportunities to improve our services.

Our vision is to provide outstanding healthcare in partnership with our community, and through our consumer engagement, professional staff and high quality facilities achieve 100% accreditation in a number of national and state wide standards. We continue to strive for 'best practice' and to develop services and undertake research that will assist us to provide healthcare that the region, our community and our staff can be proud of.

Thank you to all the staff and our consumers who took the time to help create this publication. Consumers and staff worked together to edit and standardise the information, as well as develop design concepts that help convey our message.

Thank you to our consumers who work across all aspects of our service, undertaking various roles and offering suggestions to improve our services, for without their commitment to our service, it would not be at the high standard it is today.

The following information provides an overview of how we performed against the measures that we need to achieve. SWH has regularly exceeded some of these targets. When we have not met our aims, we have put plans in place to address these gaps and explained how we will achieve these in future. We value the feedback from our consumers, patients and staff. There is a feedback form at the end of this document.

Front Cover: (from left) Suzan Morey, (SWH) Uncle Rob Lowe, Uncle Locky Eccles & Andrea Janes (SWH).

Photograph by Wren Bowie

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Accreditation

In Australia all public and private hospitals, day surgeries and most public dental practices must be accredited, so that when you or someone you care for visits a health service you can expect to get care that is safe.

To become accredited, health services must pass an external assessment to show that they meet the National Safety and Quality Health Service Standards. This involves:

- A self-assessment to work out which actions in the Standards are being met.
- Having an on-site visit by independent people approved by the Australian Commission on Safety and Quality in Health Care
- Taking steps to improve if it is found that the Standards are not met.

South West Healthcare (SWH) is required to undertake accreditation against these Standards every 3 years. This was completed in the 2016-2017 year against Version 1, with follow up reporting on improvements completed in May 2018.

The National Standards have now been revised and Version 2 has been released. SWH is working towards meeting these new Standards for Accreditation in 2020.

A number of other service standards, along with National and Victoria wide action plans also need to be achieved.

SWH has obtained 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.

(Based on: Australian Commission on Safety and Quality in Health Care, Consumer Fact Sheet 2: Accreditation of Health Services In Australia).



AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE





Uncle Rob Lowe holds a Smoking Ceremony to open the SWH Rehabilitation Therapy Garden

Photo: Suzan Morey



Aboriginal and Torres Strait Islander Health

South West Healthcare would like to acknowledge the traditional owners of this land and pay our respects to their Elders past, present and emerging.

SWH would like to extend a special acknowledgement to Pooleetya Maar (Two Aboriginal Men) respected Peek Whuurong Elders Uncle Rob Lowe and Uncle Locky Eccles.

Uncle Rob and Uncle Locky have generously guided our work across the last year and we would like to take this opportunity to extend our great thanks.

Building on strong foundations, SWH staff have planned activities to create a more welcoming and inclusive health service for local Aboriginal and Torres Strait Islander (ATSI) community members. Best practice healthcare is culturally safe.

Strategies to improve the cultural responsiveness and safety of SWH for Aboriginal staff, patients and families include:

- National Aboriginal and Islanders Day Observance Committee (NAIDOC) annual celebrations, July 2017
- National Apology Day, February 2018
- Close the Gap Day, March 2018
- Welcome to Country and Smoking Ceremony held at the opening of the Rehabilitation Therapy Garden, March 2018
- Kalay and Clontarf Academy visits to SWH Community Health during Close The Gap month
- Welcome to Country and Smoking Ceremony held at the Community Palliative Care Memorial Service, May 2018
- Aboriginal and Torres Strait Islander voice contributing to the SWH Master Planning process (ongoing)
- A Yarning Circle led by Peek Whurrong Elders at the Primary and Community Services Divisional Forum, June 2018
- SWH included a Welcome to Country or an Acknowledgement of Country in all key community events

National Apology Day

Emily Falla (Aboriginal Liaison Officer) and Wren Bowie (Health Promotion Officer working with Indigenous Communities) led a lunch time conversation with SWH staff. This event provided staff with an opportunity to understand the history behind, and the significance of, the National Apology delivered by the then Prime Minister Kevin Rudd.

Emily and Wren also spoke about the Stolen Generation and the 'ripple effects' of removing children from their families, between 1905 and approximately 1970 and how this impacts on the health of Aboriginal and Torres Strait Islander people today.

Rehabilitation Therapy Garden Opening

The opening of the SWH Rehabilitation Therapy Garden provided an opportunity for Uncle Rob Lowe and Uncle Locky Eccles to perform a Welcome to Country and Smoking Ceremony. This ceremony acknowledged shared history and recognition of the impact that land and gardens have on wellbeing. The ceremony marked another step towards a deeper understanding of local Aboriginal history and culture.

ATSI Population

Across the five local government areas making up our catchment: Glenelg, Southern Grampians, Corangamite and Moyne Shires and the City of Warrnambool there were 1,338 people who identified as Aboriginal and/or Torres Strait Islander. Those who identified as Aboriginal and/or Torres Strait Islander as a percentage of the population ranges from 2.3% in Glenelg Shire to 0.9% in Corangamite Shire; above the Victorian average of 0.8%. (ABS Census data 2016). See Appendix Table 1.

ATSI use of SWH Services

1,340 people who identified as Aboriginal and/or Torres Strait Islander used the Emergency Department or were inpatients at SWH during 2017-2018. 3.2% of the emergency presentations in the 2017-2018 period identified as being of Aboriginal and/or Torres Strait Islander origin and 2.3% of inpatients. See Appendix Table 2.

A Yarning Circle

More than 150 Primary and Community Services staff gathered in a Yarning Circle with respected Peek Whuurong Elders Uncle Rob Lowe and Uncle Locky Eccles.

Uncle Locky recommended ways to provide culturally safe services and the value of things like Aboriginal and Torres Strait Islander flags, art work, and badges as symbols of welcome. Uncle Rob shared powerful and personal stories of growing up in the local area. Uncle Rob, the Peek Whuurong Wunjit (Senior Elder), also spoke of how we came to share these stories. He acknowledged that in the past he had been told to... 'do nothing and say nothing' as a way of keeping his family safe, but he recognised that now we need to speak about the past and together find a way forward.

Sharing this time with Uncle Rob Lowe and Uncle Locky Eccles had a profound impact on staff in attendance and has inspired action. Staff are including Acknowledgements of Country in team meetings, adding flags to name badges and templates, and importantly, planning ways to more deeply consider the needs of local Aboriginal and Torres Strait Islander community members using SWH services.



Yarning Circle. Photo: Emma Mahony

Aboriginal Education and Employment Opportunities

Primary and Community Services hosted students from the Kalay (Sister) Academy and Clontarf Academy. The Kalay Academy is a program that supports young Aboriginal women to connect with each other, connect with the community and develop strong leadership skills.



Kalay Academy students with Emily Falla (left) and Wren Bowie (right) in the Family Room. Photo: Jacinta Lenehan



The Warrnambool Clontarf Academy has campuses at Warrnambool and Brauer College. Clontarf supports young Aboriginal men to connect with each other, connect with the community and develop strong leadership skills.



Clontarf Academy students with (from left) Emily Falla, Wren Bowie and Peter Sheehan. Photo: Mick Riddle



All students thoroughly enjoyed this visit, and greatly valued the contribution and inspiration shared by many staff members across a number of services including the South West Medical Centre, Dental Services, Occupational Therapy, Speech Pathology, Physiotherapy and Social Work.

This day provided a great opportunity for SWH staff and local Aboriginal and Torres Strait Islander students to share experiences and build relationships. SWH staff are now considering new ways to expand work experience and student placements for Aboriginal and Torres Strait Islander students, with a view to longer term local employment opportunities.

Advance Care Planning and Directives

Advance Care Planning (ACP) is the process of planning for future health and personal care, where the person's values and preferences are made known, so that they can guide decision making at a time when a person cannot make or communicate their decisions.

It is recommended that an ACP be undertaken by all adults over the age of 18, and documented so that preferences are made known. This is referred to as an Advance Care Directive. This is completed by the person with the guidance of a General Practitioner (GP).

It is best practice to formally appoint a Medical Treatment Decision Maker (MTDM), who is the substitute decision maker who a health practitioner must refer to when a person does not have decision making capacity. The MTDM must make a decision that best promotes the person's personal and social wellbeing, taking into account and respecting the person's individuality, making a decision they reasonably believe the person would have made themselves.

Our Advance Care Planning Officer Melissa Couch, assists patients when they attend the health service. Melissa also works with other health services and organisations, individuals, community groups, GP's and legal representatives offering forums, education sessions and workshops to help understand the ACP process.

Workshops were held during Law Week in May, 2018 to help explain the changes to legislation and an education plan was implemented to support staff and to provide current ACP information to our patients.

SWH is required to report on how many of our patients over the age of 75, admitted to our service, have an ACP or MTDM documented. Upon admission across all services, every SWH patient over 18 is assessed for Advance Care Planning. Documents are obtained and stored in the electronic health records and relevant alerts are activated which makes accessing the information when required quick and easy for clinicians.

SWH participated in a world first study that analysed ACP documents recorded for patients over 75 years of age. Patient records were audited and reviewed and it was found that 22% had at least one document recorded, compared to the national average of 15%, with a target of 30%.

In all other ACP documents recorded, including Resuscitation Plans, rates increased to 84% compliance, compared to the national average of 27%.

Nationally and locally more work and education is required to increase the uptake and completion of Advance Care Planning and directives. ACP assists to provide person centred care, including patient preferences for their medical care and supports individual choices.

Advance Care Planning Case Study

An 85 year old patient had undertaken Advance Care Planning (ACP) in 2015 after a diagnosis of a terminal illness. The ACP consisted of a Medical Enduring Power of Attorney (MEPOA) and a statement of choices detailing the patient's values, wishes and a guide for future medical decisions.

In 2018 the patient was entering the end stage of the terminal illness and was under the care of several South West Healthcare services both as an inpatient and in the community.

The patient had expressed in their ACP that they did not want resuscitation performed and the only life prolonging treatments to be offered would be intravenous antibiotics. Only if the doctors expected a reasonable outcome from antibiotic treatment that maintained physical independence and the ability to communicate effectively with family and friends. Their preference was to die at home.

Throughout the final month of the patient's life, SWH clinicians were able to make reference on multiple occasions to ACP documents, as the patient's health had deteriorated to the point where the patient could no longer communicate or make their own decisions.

With a multidisciplinary approach and in consultation with the appointed MEPOA, the patient was made palliative and a decision was made to withhold IV antibiotics for suspected pneumonia, as it was not likely the patient would regain physical and mental capacity; the patient's ACP wishes were respected.

Along with family support, the patient was able to remain at home dying peacefully and comfortably surrounded by family and friends as per their wish expressed in the statement of choices made three years earlier.

Aged Care



Bombers visit Merindah Lodge: Trent Mynott, Herbie Fitzgerald, David Myers

Photo: Janine Dureau-Finn

Merindah Lodge

South West Healthcare offers residential aged care services at Merindah Lodge in Camperdown. The aged care area is subject to a number of quality checks.

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

Merindah Lodge collects this information on five high risk care areas important to the health and wellbeing of residents:

- Pressure injuries
- Falls and fall related fractures
- Use of physical restraint
- Use of nine or more medications
- Unplanned weight loss.

Pressure Injuries

Monitoring our Pressure Injuries (PIs) shows that most PIs reported at Merindah Lodge are found and treated in the early stages. We rarely have more severe pressure injuries.

Harm minimisation strategies are in place including monitoring residents. An assessment known as the Norton Scale, is made when residents first come to Merindah Lodge which looks at a number of risk factors, such as whether the person is in a good physical and mental state, whether they are active and can move around or are bed or chair bound.

This assessment is repeated regularly every three months or if there is a significant change in the resident's medical condition.

We have access to a variety of pressure relieving devices such as gel and air mattresses and special cushions. The wound consultant in Warrnambool is asked for advice on treatment methods, if required.

Falls

Each year we report on the number of times residents fall per 1,000 bed days. The fall rate at Merindah Lodge in 2017-2018 is 4.68 which is well under the upper limit target of 11.00 for residential aged care facilities of a similar size.

Falls are something we monitor very closely at Merindah Lodge and 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"). See Appendix for graph, page 59.

There have been no fractures as a result of falls in the last twelve months, which shows that the harm minimisation strategies at Merindah Lodge have been effective.

We encourage our residents to remain as mobile as possible and to encourage independence. The falls harm minimisation strategies we currently have in place at Merindah Lodge include:

- "Crash mats" that can be placed beside the bed
- Beds that can be lowered so that the mattress is close to the floor
- Non slip socks for residents
- Bed alarms notify staff that a resident is getting out of bed

A weight training program has been introduced with input from a physiotherapist. Staff have been trained to undertake the program with residents weekly. The residents love this program and enjoy participating each week.

Physical Restraint

Merindah Lodge has a no restraint policy in place.

Use of Nine or More Medications

The rate of residents on nine or more medications has been discussed with local General Practitioners (GPs) at monthly meetings. GPs have agreed to work more closely with pharmacists to try and reduce the number of medications our residents are prescribed. We have seen a decrease in the number of residents on nine or more medications over the last 12 months. We will continue to present this data to the GPs through their meetings and encourage improvements in this area.

We are introducing a trial Physio 4 B program at Merindah Lodge with a focus on improving pain management for residents with chronic pain. The program gives residents with chronic pain four by 20 minute physiotherapy sessions per week with a qualified physiotherapist.

We believe that over time this will decrease the residents need for pain relief medication. Program data will be collected on the amount of pain relief required by residents participating in the program and the impact the program is having on each resident's pain type and frequency. We should also see some improvement in falls rates amongst residents participating in the program

Weight Loss

The monitoring of weight loss and actions taken at Merindah Lodge has significantly improved with the introduction of visiting allied health professionals. Residents who need a referral to a dietician and/or speech pathologist are now reviewed in a timely manner, improving the nutrition and hydration of Merindah Lodge residents.

Cancer: Providing Care and Support to People with Cancer



The Victorian Cancer Plan 2016-2020 provides a framework to improve cancer outcomes for all Victorians. This plan sets long-term goals to:

- Prevent cancer
- Increase survival
- Improve the cancer treatment experience
- Improve the cancer care system, and
- Achieve fair outcomes for all Victorians.

This is the first plan to be developed by the Government under the *Improving Cancer Outcomes Act 2014*, which requires a plan to be prepared every four years.

Since mid-2017 Epworth Healthcare (now ICON group) and South West Healthcare, have co-facilitated two Wellness and Life after Cancer workshops attended by 15 patients who have completed cancer treatment. Out of those 15 participants, all would recommend the program to others, 14 found the program “very useful” and one “useful”. Guest speakers included a dietitian, physiotherapist, psychologist and GP.

Cancer Rehabilitation Program

The South West Regional Cancer Centre (SWRCC) with South West Healthcare (SWH) provides a team-based cancer rehabilitation program for those receiving active treatment, including after surgery, chemotherapy and radiotherapy.

Evidence has shown that exercise during cancer treatment is safe and can help with tiredness and improve people's quality of life, muscle strength and aerobic fitness.

Referrals come from nursing staff working at the Cancer Centre in chemotherapy and radiotherapy, the Cancer Link nurse, Breast Care nurse, oncologists and allied health staff. There is no charge for this program.

People attend a six week program for two hours once a week. Each week an education session is presented by a dietician, occupational therapist, physiotherapist, social worker or a Survivorship Nurse from the South West Cancer Centre. This is followed by a personalised exercise program, designed and supervised by a physiotherapist.

Participants complete an individual assessment at the start and a review session at the end of the program. **100% of participants would recommend the program to others.**

People enjoy the interaction and sharing experiences; they appreciate the support they receive from various health professionals and the opportunity to talk with others in similar situations. Participants feel they were provided with solutions to problems they may have in the future.

The partnership that has developed between SWRCC and SWH has been a really positive experience and staff have been very supportive, approachable, and flexible to bring this program into effect. The multidisciplinary approach to the program, which allows input from multiple professions, helps clients achieve their goals and increase their knowledge and understanding which has been a key factor for the success of the program.

Further evaluation of the effectiveness of the program will be beneficial; collecting data on the other domains of health including physical, social and emotional well-being.



Case Study A Patient Journey

A 53 year old person was diagnosed with lung cancer. Patient X received chemotherapy at the South West Cancer Centre chemotherapy unit. During treatment the Cancer Link nurse supported the patient with information about the treatment and possible side effects and how to manage them.

X attended a *Look Good, Feel Better* workshop and enjoyed a weekend away with their teenage daughter courtesy of the Cancer Council Victoria's holiday break program.

The Cancer Link nurse was able to provide support with course requirements so that X was able to continue studying at South West Technical and Further Education (SWTAFE) during treatment.

Following treatment X attended the *Wellness and Life after Cancer* workshop which was enjoyable and included very important information. X also received peer support, practical tools and strategies so that they could adjust to their life following cancer. X is now juggling TAFE studies with volunteering at South West Healthcare, and is also actively involved in raising money for the Cancer Council.

X is aware that things can change from scan to scan but is now 'living their life, not just existing'. Cancer has changed their perspective on life, and they have found value using their experience to teach others, including health professionals.

X is now more proactive with health and wellbeing, is maintaining their fitness by attending exercise groups and has learnt to value the simple things in life. X has dreams of creating an art installation at the hospital where cancer survivors can share part of their story and boldly states... "I have earned my crown and I am going to wear it proudly!"

It is such a humbling experience supporting patients such as X. Staff are often left in awe of people's incredible strength and their ability to find meaning in what is a difficult experience. It is a privileged position to have patients and their families so willingly accept support during a very vulnerable time in their lives.

Child Safety Standards

All organisations in Victoria providing services or facilities for children are required to comply with Child Safe Standards, to ensure that the safety of children is promoted, child abuse is prevented and allegations of child abuse are properly responded to.

These Standards are designed so healthcare services promote a culture that not only protects children from harm, but also promotes the welfare of children as a part of the everyday thinking of all our staff, including our leaders and volunteers.

The standards aim to assist health services to:

- Promote the safety of children
- Prevent child abuse
- Ensure effective processes are in place to respond to and report allegations of child abuse
- Encourage children to have a say, especially on issues that are important to them or about decisions that affect their lives.

Recently the Victorian Government released a guide called *Healthcare that counts – A framework for improving care for vulnerable children*. This information is being used to help develop our policies and procedures to identify, protect and support vulnerable children, their families and carers when they access our health services.

It is recognised that early identification and effective response to vulnerable children at risk is extremely important, and that SWH has a role in protecting them from harm.

SWH has formed a group which is working through implementing these Standards including reviewing our organisational structure, governance and leadership, and the required policies and business processes. As a part of the review, best practice initiatives from other health services will be examined, along with the educational and training opportunities for our staff.

Protecting vulnerable babies, children and young people is everyone's business.

Community Health Services

In response to the Community Health Services Victorian Healthcare Survey, our Community Health division targeted our Cardiac Rehabilitation Program. Following the feedback from our participants, the Cardiac Rehab Team made changes to the program and the support offered to our patients.

Over the past year, the Cardiac Rehab Team has helped almost 190 people to understand their heart conditions, develop a heart-healthy lifestyle and improve their heart health.

This year, the team developed a volunteer role. The goal was to have a small group of people who have finished the seven week Cardiac Rehab program support people who are currently participating in it.

“Who wants to be a volunteer?”

We asked people who had just finished the program or who were about to finish the program if they wanted to be a volunteer. Three people put their hands up to become volunteers.

After trialling the volunteer role, everyone (program staff, volunteers and people in the Cardiac Rehab program) were asked the question... “Should we keep program volunteers?” Almost everyone said the volunteers should stay part of the program.

The Cardiac Rehab Team

The Cardiac Rehab team now includes a small group of volunteers. Other people in the team include a cardiac rehab nurse, exercise physiologist, allied health staff and pharmacist.

If you are interested in joining the Cardiac Rehab Team as a program volunteer, please talk with the Cardiac Nurse.

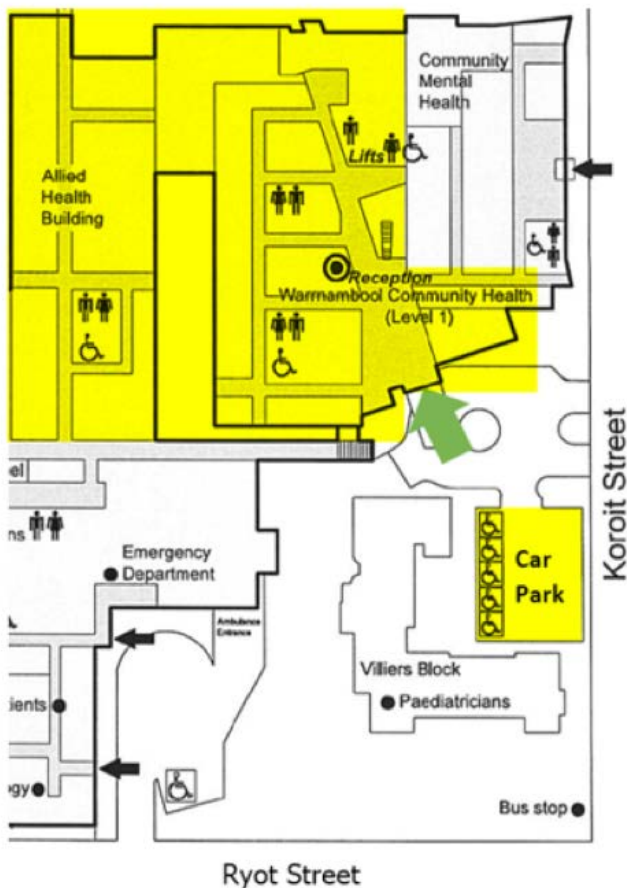


Quality Improvement in Community and Primary Services.

Our Community and Primary Health division delivers a variety of services and programs across our region. Clients who use these services are randomly selected to give feedback on the care and any areas of concern which can be reviewed and acted upon. Two areas, access to our services and the facilities and environment where our programs are delivered have been the focus for the past 12 months.

Where to find us?

As a result of feedback from our clients we have made a number of improvements to our appointment letters and the signage around our entrances. Clients reported it is difficult to know where to come to attend their appointments, which entrance to come to and where the program they have to attend is situated. SWH is a large health service and has a number of buildings and entrances that can be confusing for our clients. Changes have been made to provide practical information and pictures showing patients where we are located, entrances, drop off points and the parking options available.



Map Main entrance to Warrnambool Community Health and picture of entrance.

Residential In-Reach Program

The *Residential In-Reach* program provides assessment for medical or nursing care for patients living in residential aged care, rather than presenting to the Emergency Department. Since it started in September 2017, the program has seen 177 patients across the south west region, from Port Fairy to Camperdown. *Residential In Reach* creates a great opportunity for patients to be cared for in their own home or residence, whilst remaining under the care of their own GP.

A specialist Registered Nurse performs all the tests and assessments (that would usually occur in the Emergency Department) in the patient's home or aged care facility. The GP can then use the results to guide their decisions on how to best treat the patient in their home, or whether a transfer to hospital is the best option.

The focus of the program in its first year has been to raise awareness amongst GPs and aged care facilities across the south west region. Having achieved this, the focus is now on the early detection of illness and commencement of treatment. This helps patients avoid becoming so sick they need admission to hospital. The program has been a success and is providing education sessions to aged care staff on the early detection of respiratory illness, resulting in fewer patients presenting to the Emergency Department in the winter months.



Consumer Capacity and Engagement

Consumers are defined as service users, their carers and family. The National Safety and Quality Health Service Standards and the Department of Health and Human Services in Victoria make clear that having consumers involved improves the safety, quality and outcome of health care. People are more likely to get better quicker and stay well if they are involved in their care.

In 2017-2018 consumers were involved:

- At a governance level in a new Consumer and Community Committee which reports to the Board of SWH
- In facilities design: consumers have been involved in the design process of proposed new facilities at Camperdown and Warrnambool campuses
- In reviewing services
- In having input into statewide and national reviews for example, the Victorian Health Experience Survey (VHES)
- By commenting on and being involved in the design of health information aimed at consumers

The National Safety and Quality Health Service (NSQHS) Standards were developed by the Australian Commission on Safety and Quality in Health Care (ACSQHC) with the Australian Government, state and territory partners, consumers and the private sector. The primary aim of the NSQHS Standards is to protect the public from harm and improve the quality of healthcare.

Consumer Training

Consumers were asked what skill development and information they needed to be effective consumer representatives. Training and information sessions were designed by the Health Issues Centre (HIC) in partnership with the Consumer Engagement and Liaison Officer at SWH.

Eighteen people from across a range of service users and types joined in the specially designed sessions. The training was ranked as very good or excellent by all participants.

Since 1983, the HIC have been an informed and credible consumer voice in health in Victoria and foster meaningful partnerships between health consumers and the Victorian health sector.

Through training and support, the HIC encourages consumers to use their unique knowledge and experience to participate in their own health care as well as contributing to a better health system with improved outcomes and experiences for everyone. (<http://www.healthissuescentre.org.au/about-us/>)

Consumer and Community Advisory Committee (CCAC)

The CCAC meets monthly and develops an annual priority work plan. Committee members are trained and supported to raise concerns and ideas for service improvements with the Board of SWH. One of the CCAC's priorities has been visiting operational areas to better understand how things work and where improvements can be made. One of the first tours was to the Emergency Department.



CCAC members (from left) Ben Witham, Lesley Brown, Greg McNamara, Kylie Gaston and Zara Lukeis with the Director of Emergency Services, Dr Jo Brown.

Photo: Karyn Cook

Interested in joining the Consumer Community Advisory Committee? Contact the Consumer Engagement Liaison Officer 5563 4074 e: quality@swh.net.au

Consumer Register

We need consumer's views and input to make South West Healthcare's services safer and better. People who are past, present or future users of any of our services and their families/carers are invited to have their say or be involved in:

- The redesign of healthcare services across the south west of Victoria
- User-friendly information on health services and health promotion
- Design or redesign of buildings and facilities
- Improving the quality and safety of South West Healthcare's services.

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 are encouraged to register.

These are voluntary roles, however efforts will be made to ensure you are not out of pocket. If you are dealing directly with patients/clients and/or confidential information you may be required to undergo a police records check and sign a confidentiality agreement. Some of these consumer representative roles may require a Working with Children Check.

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

Being a consumer representative will not prejudice in any way the care received through South West Healthcare.

If you are interested:

Please call the Consumer Engagement Liaison Officer on: 5563 4074

Or Email: [quality @swh.net.au](mailto:quality@swh.net.au)



Director of Emergency Services, Dr Jo Brown shows Greg McNamara and Kylie Gaston from the CCAC how it all works.

Photo: Karyn Cook

Consumer information

People using services are often bombarded with information. When you or a loved one is sick or injured it is very difficult to absorb information. A consumer with a background in media has helped with an effective communication strategy to look at:

- What information do people need?
- How information is presented as not all people can read English well, particularly technical English?
- Why information is needed?
- Where should the information be available?
- When is the best time to give people information?

The next steps are to take stock of all of the information given to SWH service users and look at ways to involve consumers and community members in improving this information.

Many people want to look up health information. It is always better to use trustworthy and/or Australian sources of information.

- **Healthdirect** is a government-funded service, providing quality, approved health information: www.healthdirect.gov.au
- **myDr** provides reliable Australian health information, health tools and calculators covering symptoms, diseases, tests and investigations, medicines, treatments, nutrition and fitness: <http://www.mydr.com.au/>
- **Better Health Channel** provides health and medical information to improve the health and wellbeing of people and the communities they live in: <https://www.betterhealth.vic.gov.au>
- **National Prescribing Service (NPS) NPS MedicineWise** provides independent evidence-based information on medicines and medical tests. <https://www.nps.org.au/>
- **Cochrane Collaboration** is for anyone interested in using high-quality information to make health decisions. Whether you are a doctor or nurse, patient or carer, researcher or funder, Cochrane evidence provides a powerful tool to enhance your healthcare knowledge and decision making: <https://www.cochrane.org>

You may need to talk to your health professional about what you find, in these sources of health information to work out how the information may apply in your case.

Consumer Feedback

Complaints

SWH values feedback to improve the quality of services.

More complaints were received in the 2017-2018 financial year (218) compared to 2016-2017 (183). Complaints are rated according to a number of factors from 1- 5.

All feedback is treated seriously, investigated and wherever possible quality and safety improvements are identified. (See details in Appendix Table 4).

Complaints have been classified in the same categories used in 2016-2017 by the Health Complaints Commissioner in their annual report to the Victorian Minister for Health:

- **Access:** availability of services in terms of location, waiting times, and other constraints that limit use of the service
- **Treatment:** diagnosis, testing, medication and other therapies provided
- **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
- **Rights:** dignity, consent to treatment
- **Administration:** provider support services such as reception, waiting lists and cleaning services

Complaint Trends

Between 2016-2017 and 2017-2018 increases were in the categories of access (up 5%) and communication and rights (both up by 3%). There were fewer complaints in the categories of administration (down 7%) and treatment (down 5%). See Table 5, page 60 in the Appendix for more details.

Complaints were primarily made about high service areas such as the Emergency Department (12%) Medical Unit (8%); Dental Services (7%); Maternity and Gynaecology (6%); Surgery (6%) and complaints regarding the Warrnambool Campus overall (11%) which included complaints about a number of departments or issues at Warrnambool.

Complaints were received regarding services provided through the Camperdown campus; 5% of the overall complaints were about the care at Camperdown and one percent about environmental issues (6% in total). (See Table 6 in Appendix for details).

Most complaints come via paper based forms like Happy Unhappy and Your Rights Your Say (40%) and by phone (25%). (Details are in the Appendix Table 7, page 62).

You Said We Did

Complaints and suggestions are listened to and where possible acted upon. Policies and procedures have been improved such as the process for after-hours diagnostic testing at Camperdown campus. We have:

- Been able to help people with information on their care or the care of a loved one
- Investigated fees and charges
- Talked to experts about whether we could do things differently
- Apologised when something wasn't right
- Followed up with staff information and training
- Explained what may have happened and why, and
- Let people know who to talk to if they wanted to take the matter further

Contact:

Consumer Engagement Liaison Officer

Phone 5563 4074

Email: quality@swh.net.au

Compliments

162 compliments were received last financial year (2017-2018) compared with 122 in 2016-2017.

Most compliments (43%) referred to day surgery and/or services received from the Camperdown campus, followed by SWH Warrnambool campus in general/across multiple services (23%), maternity (12%) and palliative care (6%). (Details Appendix Table 8, page 62).

Compliments by Source

Written compliments came in via: a card (22%); letter and card (11%); paper based forms - Your Rights Your Say (38%); and Happy Unhappy (20%). (See Appendix, Table 9, page 63).






Your Rights Your Say

In conjunction with providing information on health rights and how/where to complain a simple emoji-based feedback system on basic questions was introduced in 2017.






The below figures are from October 2017 to the end of June 2018 and indicate some areas for potential improvement in waiting times and information.

1. Were you told how long your wait would be? Were you given any updates?






a) To access the service

					
	Great	Good	Okay	Bad	Terrible
No. of responses	54	37	22	3	9
Percentage	43%	30%	18%	2%	7%






b) On the day

					
	Great	Good	Okay	Bad	Terrible
No. of responses	66	23	11	17	9
Percentage	52%	18%	9%	14%	7%






2. How were the staff? (Did they introduce themselves? Did you receive professional and courteous care?)

					
	Great	Good	Okay	Bad	Terrible
No. of responses	98	13	7	8	5
Percentage	75%	10%	5%	6%	4%






3. How was the service? (Did the care meet your needs?)

					
	Great	Good	Okay	Bad	Terrible
No. of responses	87	15	3	12	10
Percentage	69%	12%	2%	9%	8%

4. How was the information you received? Were things explained clearly and were you given a chance to ask questions? Was the written information user friendly?

					
	Great	Good	Okay	Bad	Terrible
No. of responses	69	21	9	4	4
Percentage	64%	20%	8%	4%	4%

5. Were you involved in making decisions about your care?

					
	Great	Good	Okay	Bad	Terrible
No. of responses	60	18	8	6	4
Percentage	63%	19%	8%	6%	4%

6. Would you recommend this service to friends or family?

Yes: 88 (85%) No: 15 (14%) No response: 1 (1%)

Victorian Health Experience SURVEY (VHES)

The VHES is a survey by an independent agency taken of people who have been patients of SWH and other hospitals across Victoria. A random selection is taken of people who have been in hospital during the previous month and a survey form is sent to them. The response rate can vary and the survey is currently being reviewed by Safer Care Victoria.

Overall Experience:

Refers to the percentage of patients/respondents who rated their overall hospital experience as “good” or “very good”. SWH has been consistently above the Victorian State Average in overall satisfaction ratings by around 3% in most quarters, falling to 1.5% ahead in the January to March 2018 quarter.

In the adult inpatient category positive responses at SWH are consistently above the Victorian State Average by approximately 6-7%.

For those completing the questionnaire with experience as an adult in the Emergency Department, satisfaction ratings vary from 81.4% in January to March 2018 to 91.9% in October to December 2017, indicating the range of patient experience and their perception of it.

How does South West Healthcare compare to other health services?

Victorian Health Experience Survey (VHES) overall experience results 2017-2018 for all Victorian public health services compared to SWH – Warrnambool Campus per quarter

% refers to the percentage of patients/respondents who rated their overall hospital experience as “good” or “very good”.

Service Area	SWH July to Sept 2017	VIC July to Sept 2017	SWH Oct to Dec 2017	VIC Oct to Dec 2016	SWH Jan to March 2018	VIC Jan to March 2018	SWH April to June 2018	VIC April to June 2018
Adult Inpatient	100%	92.3%	98%	91.6%	96.9%	92.1%	94.7%	91.7%
Adult Emergency	87.7%	83.1%	91.9%	83.6%	81.4%	83.4%	91.2%	84.7%
Paediatric Inpatient	98.5%	93.2%	N/A	94.9%	98.5%	93.4%	96.8%	95.7%
Paediatric Emergency	N/A	86.4%	N/A	87%	90.5%	89.4%	91.7%	87.9%
Maternity	N/A	92.7%	91.4%	92.6%	N/A	90.9%	94.1%	93.4%

How does this compare with last year?

VHES Overall experience South West Healthcare by quarter July 2017 to June 2018 compared to July 2016 to June 2017

Service Area	SWH July to Sept 2017	SWH July to Sept 2016	SWH Oct to Dec 2017	SWH Oct to Dec 2016	SWH Jan to March 2018	SWH Jan to March 2017	SWH April to June 2018	April to June 2017
Adult Inpatient	100%	97.3%	98%	97.7%	96.9%	93.1%	94.7%	94.5%
Adult Emergency	87.7%	90.6%	91.9%	84.7%	81.4%	94.7%	91.2%	88.9%
Paediatric Inpatient	98.5%	N/A	N/A	100%	98.5%	95.6%	96.8%	100%
Paediatric Emergency	N/A	94.7%	N/A	86.1%	90.5%	84.6%	91.7%	91.8%
Maternity	N/A	N/A	91.4%	95.5%	N/A	N/A	94.1%	94.3%

Cultural Diversity & Language Services

People who used South West Healthcare services come from all over the world. In 2017-2018 nearly 2,000 people who came to the Emergency Department were born outside Australia, everywhere from Afghanistan to Zimbabwe – in over ninety different countries. The 1,785 inpatients born outside Australia were born in seventy-five different countries.



Translating Services:

Not all people can speak English, particularly when they are ill or under stress. Translating and interpreting services were used sixty three times over the phone and fourteen times on-site. The languages that people required were Mandarin, Taiwanese, Thai, Russian, Vietnamese, Japanese and Sinhalese.

Settlement Engagement & Transition Support (SETS) Program:

South West Healthcare offers support to eligible international migrants to assist them settle into Australian life through the Settlement Engagement and Transition Support (SETS) program. SETS provides support to humanitarian entrants and to those on selected visas with low proficiency in English. New arrivals must have arrived within the last five years. This is a free service. South West Healthcare offers the only SETS program in the Warrnambool region.

Clients of the program are in their first five years of life in Australia. The program covers the following categories:

- Humanitarian entrants
- Family stream migrants with low English proficiency
- Dependents of skilled migrants in rural and regional areas with low proficiency in English.

Community Capacity Building services are targeted to:

- New and establishing ethno-specific communities, community leaders and emerging community representatives
- Small new and established ethno-specific organisations with limited corporate capacity.

The SETS program coordinator assesses and provides vital referrals and links to all types of support. The SETS program actively works with and alongside support services, in Warrnambool and the surrounding region. The needs of new arrivals to regional Victoria varies greatly and is often very different to the needs of new arrivals to metropolitan areas. The role of SETS is to encourage self – advocacy and increase migrants’ capacity to organise and plan for their own needs. This is the basis for sustainable settlement, along with community education and understanding.



End of Life Care

Expanding the Care Across Our Region

Rural patients and carers are often more isolated than those in regional centres. SWH expanded an already successful volunteer service model. Utilising the power of social media, local newspaper and radio, SWH reached out to the local communities within the three Local Government Areas of Moyne and Corangamite Shire and Warrnambool City Council to expand the service. Over 60 people contacted the service to express an interest in volunteering with the service.

Traditionally, volunteers provided support at home to patients residing in Warrnambool City (approximately 45% of patients at any one time). This expansion now allows any patient registered with SWH's Palliative Care Team to have access to volunteer support, regardless of patient location (100% of patients).

This initiative has allowed SWH to more than double the number of palliative care volunteers from 30 in November 2016 to 75 in July 2017.

Not only does every patient have access to the volunteer program, but also the recruitment has provided the opportunity for the service to expand the frequency of visits within the home environment. Traditionally, patients were allocated only one volunteer for support weekly, however now patients and carers have access to multiple volunteers and increased frequency of support. This provides more support for rural patients and carers, and gives the volunteers of the palliative care program peer support.

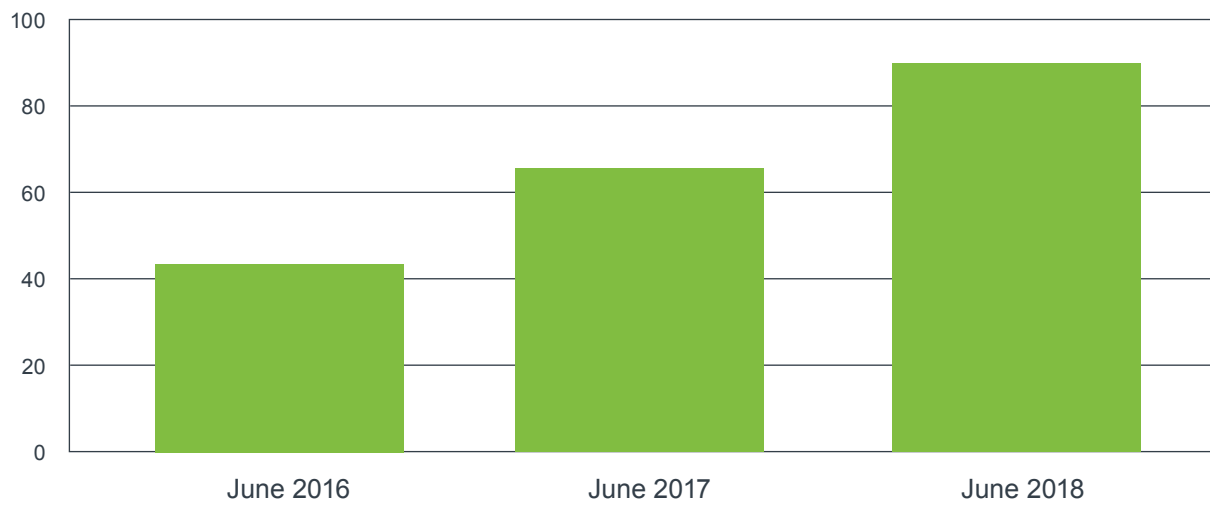
Choice

Palliative Care staff have discussions with patients regarding their preferred place of care and preferred place of death. A recent audit undertaken in Community Palliative Care revealed that this information was not always being captured. The audit identified multiple reasons for this. Information technology processes and staff documentation were highlighted as areas for improvement.

As a result, changes have been made to systems and processes which have enabled staff to record this information. Staff have also undertaken extensive training and education.

Along with the Advance Care plan, clearer documentation of a patient's wishes is now accurately recorded after discussion with the patient and their families and carers. Once the system upgrade had occurred and training completed, this data has shown great improvement on the choices offered to our patients. The Palliative Team will continue to improve on the care and choices offered to our patients.

SWH Percentage of People who died in their place of choice Comparing one month (June) across three years



Infection Control

The Infection Prevention and Control team at SWH monitors, controls and prevents infections and reduces the risk of patients developing multi resistant superbugs. Superbugs are germs that are resistant to multiple kinds of antibiotics, making patient treatment a challenge. The Infection Control Team monitors blood stream infections, the number of Superbugs identified and promotes the importance of hand hygiene for the entire community.

Intensive Care Unit Central Line Associated Bloodstream Infections

Very unwell patients often require a special line (a plastic tube) inserted into one of the big blood vessels for medications and fluids, this line is called a 'central line'.

We closely monitor infection rates of these central lines and continue to have very low rates. Ensuring staff complete competencies such as hand cleaning, wound dressing and line insertion techniques help keep our rates low. We have had 1 central line infection, which lifted our average to 1.3 because treatment was delivered for less than 1000 device days, compared with the state average of 0.5 (rate per 1000 device days).

Staphylococcus Aureus Bloodstream Infections (SAB)

Stopping healthcare associated blood stream infections is an important part of care each day. This includes cleaning hands before doing a dressing or inserting a line into a patient during treatments. The key is making sure all staff are using the correct techniques.

The Infection Control Team works with the Education team to keep staff training up to date and ensure best practice is used across our services. Over the last two years, many staff have undertaken training, and in 2018 the workshops are only targeting new staff, or staff who are required to update their skills when moving to a new role.

Staff who attended Infection Control Workshops



2016
1279 staff



2017
1497 staff



2018
616 staff

If bacteria gets into the blood stream it can make you very sick. For this reason we carefully watch for all bloodstream infections. This year SWH had 6 patients who have developed a SAB during the course of their care across approximately 40,000 ordinary bed days. This result is 1.4 per 10,000 ordinary bed days. This is slightly higher than the State average of 0.9 per 10,000 ordinary bed days.

Flu Campaign

Each year SWH provides an influenza (flu) vaccination program for all staff and volunteers who work with us. In 2017 we vaccinated 85% of our workforce, 10% above the Victorian average. This means 1,436 staff decided to be vaccinated, 221 more than in 2016.

To reach this target a comprehensive staff and volunteer flu education campaign was implemented before the start of the flu season. Infection Control Team members and special immunisation trained nurses took the vaccinations to the workplace, calling on staff where they work to administer the vaccine. SWH has a number of small sites that also were included in the program, with nursing staff traveling to administer the vaccines before the flu season commenced.

The successful campaign can only occur with the support of our staff and volunteers who were happy to stay at work and understand the importance of protecting themselves and their families by being vaccinated.

Percentage of SWH staff who received the flu vaccination



2016
81%



2017
85%



Victoria's Target
75%

Hand Hygiene

STOP! When visiting SWH take the time to grab some gel and rub the germs away – you could save a life. Our hand gel is available for everyone to use to stop the spread of infection in hospital and across the community.

Hand hygiene is considered the most important strategy in stopping healthcare associated infections. Staff must clean their hands before and after every patient contact to prevent the spread of germs and healthcare associated organisms. All SWH staff are required to do annual online hand hygiene training.

South West Healthcare also monitors how well our staff clean their hands at key points when caring for a patient. In June to October in 2017, our staff were seen cleaning their hands 89% of the time when audited over 943 patient interactions. This is well above the 80% target set by Hand Hygiene Australia.



Glenthompson's Jotham Gellert, patient, helps Infection Control coordinator Jenny Lukeis (from left), Paediatrics Unit clinical nurse specialist Megan Gleeson, Sepsis Project lead Lynn Gardiner, dietitian Fontaine Portelli and hospital medical officer Dr Matt Chenoweth spread the word about the importance of hand hygiene.

Photo: Suzan Morey

Maternity Services



Melissa McKenzie midwife, Cleo and Hollie Coffey Photo: Jill Warne

Victoria is one of the safest places in the world to start a family.

As Victorians we should be proud of the level of care provided. The services' Performance Indicators represent the data on ten key performance areas relating to mothers and their babies.

The outcomes of this data spans the entire pregnancy including pre-birth, labour, birth and postnatal care. These indicators provide appropriate, useful and insightful measures on the quality of care provided to women and their babies. The rates are measured against peer hospitals. SWH performed well in the release of the 2016-2017 Victorian Perinatal Services Performance Indicators.

The available figures are retrospective and in comparison, to the 2015-2016 indicators, SWH has made significant improvements. SWH is required, in this report to cover the least favourable results against these indicators.

Indicator 3 covers Severe Foetal Growth Restriction, which is where the baby does not grow as expected during the pregnancy. This may increase the risk of death and long-term health consequences for babies. It is therefore recommended that when a baby is identified as not growing well it is appropriately monitored and managed with birth occurring prior to 40 weeks gestation.

Higher rates of babies born in this group, according to their gestation and weight, reflects poor identification and/or management. To reduce rates of babies born in this group there is a requirement for adequate assessment of foetal growth with high quality ultrasound assessment and/or referral to an appropriate level of service, to manage the birth of a potentially unwell baby. If the growth of the baby appears compromised or the woman's pregnancy is deemed high risk due to other issues these factors must be considered.

In 2015-2016 the State target for Severe Foetal Growth Restriction was less than 40.7% and South West Healthcare's figure was 60%. In 2016-2017 this has improved from a State target of less than 28.6% with SWH at 18%.

This result was achieved through medical and midwifery clinicians receiving education on surveillance of foetal growth with pre-birth assessment, measurement and ultrasound at key times during pregnancy. If poor foetal growth is detected, the birth is induced at a safe gestation time to ensure the baby is not put at further risk.

Indicator 10 measures the Appearance, Pulse, Grimace, Activity Respiration (APGAR) Score. This is an assessment of a newborn's wellbeing at birth based on their colour, heart rate, reflexes and muscle tone.

It is expected that babies born after 37 weeks without any abnormalities will be born in good condition. This indicator refers to an APGAR score of less than 7 at 5 minutes after birth and may indicate that ongoing resuscitation or additional care may be required.

In 2015/2016 the State target was 1.5% of births, the figure for SWH did not achieve this target at 2.7%. However in 2016-2017 the State target was 1.6% with SWH achieving 1.3%, below the target.

This data improved with midwives and medical staff receiving education and discussion on APGAR scoring and continued neonatal resuscitation competency training.

Comments on vaginal tears: 3rd and 4th degree tears can cause long term health issues for women therefore a low rate is desirable. To achieve and maintain a low rate of vaginal tears SWH continues to provide education to midwives and doctors on recognising issues and caring for the perineum during birth.

Breast feeding Initiation: There are long and short term health benefits for women and their babies associated with breastfeeding. Health services are responsible for prompting, protecting and supporting breastfeeding. Breastfeeding initiation includes skin to skin contact immediately after and uninterrupted for up to an hour, after birth. This is in line with our breastfeeding policy and best practice for breast feeding initiation. This is discussed and encouraged in the pre-birth classes and is recognised as a standard in our care for all women. Occasionally a mother may elect not to participate for various reasons.



Baby Cleo. Photo Jill Warne

Case Study Baby Cleo

Baby Cleo was born 4 weeks early as her mum had complications with her pregnancy. At one week old, everyone is excited because Cleo is going home with her mum Hollie, dad Brendan and big brother Judd.

In the first few days after her arrival Cleo needed some extra help with her breathing, feeding and stayed in a warmed cot. Her mum was able to stay in our special care nursery in a little room called a pod next to Cleo's cot.

Hollie has been able to be actively involved in Cleo's care.

Hollie said, "this has been fantastic for bonding and getting to know her baby".

The pods in our special care unit are unique compared to most hospitals in Australia with SWH being the first to build one in Victoria.

Mental Health

South West Healthcare Mental Health Services provides specialist mental health services for people who are seriously impacted by their illness.

Mental health services are provided to children and young people, adults and older people in five Local Government Areas. (Warrnambool, Moyne, Glenelg, Southern Grampians and Corangamite) with offices in Portland, Hamilton, Camperdown and Warrnambool. Residential services, such as acute inpatient, extended care and prevention and recovery care are provided in Warrnambool and serve the entire region.

When a person first makes contact with, or is referred to, South West Healthcare Mental Health Services an access clinician will conduct a preliminary screening assessment to determine the nature and urgency of the response required.

Where a screening assessment indicates that specialist mental health services are required, a more comprehensive mental health assessment is provided. This may result in referral to another organisation and/or the person being treated within the specialist mental health service depending on the needs of the person and the level of care required.

Restrictive Interventions

Reducing restrictive practices, such as bodily restraint and seclusion, is essential to provide mental health services that are safe places for all consumers, visitors and health staff.

Restraint and seclusion are only used after all less restrictive options have been considered and found to be unsuitable, in order to protect the health and safety of all people using mental health services.

Evidence shows that restrictive interventions can re-traumatise people with past experiences of trauma and impede the development of trusting relationships between people receiving care and clinicians.

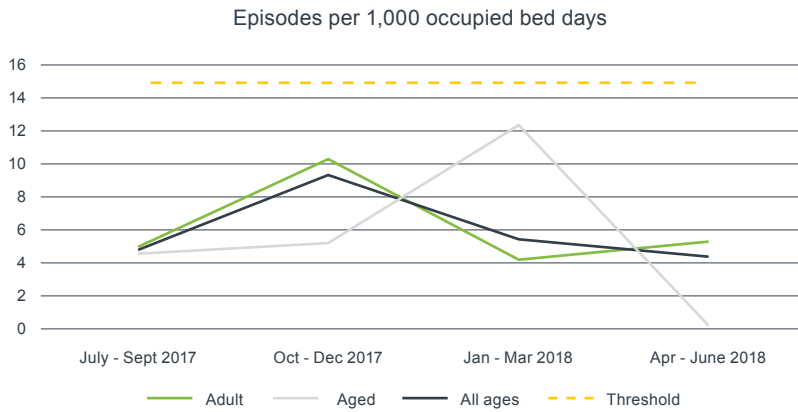
These interventions are strictly governed by the *Mental Health Act Victoria*, and are reported to the Office of the Chief Psychiatrist, Victoria.

Seclusion

Seclusion is an emergency intervention that may only be used in the acute inpatient setting if it is necessary to protect the health and safety of the person involved, or the health and safety of others. It is when a patient is confined alone in a room or area and it is not within their control to leave.

The State Government sets an upper limit of 15 interventions per 1,000 bed days, and across all quarters, SWH has remained below this.

Seclusion* Rates for 2017 -2018



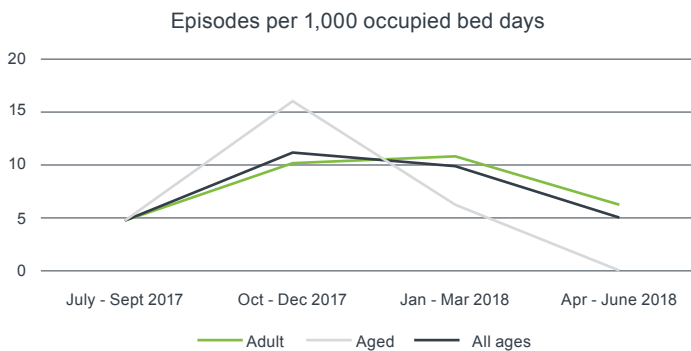
*Seclusion is measured in the number of incidents per 1,000 bed days.

Occasions of Seclusion				
	Q1	Q2	Q3	Q4
Adult	5	10	4	5
Aged	1	1	2	0
All	6	11	6	5

Restraint

Bodily restraint is a form of physical or mechanical restraint that prevents a person having free movement of his or her limbs and is another intervention that is used in an emergency situation to protect a consumer or patient for their safety and the safety of others.

Restraint Rate* 2017-2018



*Restraint rate is number of incidents per 1000 bed days.

Occasions of Restraint				
	Q1	Q2	Q3	Q4
Adult	5	10	10	6
Aged	1	3	1	0
All	6	13	11	6

The Mental Health Services Leadership Group, SWH recognises that a 'whole of service' approach is required to work towards the reduction of restrictive practices. A comprehensive framework determines not only when these interventions may be used, but extensive training for clinicians in trauma-informed care, the use of sensory approaches to reduce stress, as well as how to use these interventions in a way that reduces the risk of injury to all concerned.

If Restrictive Interventions are used, information on the event is reported to the newly formed Reducing Restrictive Interventions (RRI) subcommittee. This subcommittee, chaired by the Clinical Director and Authorised Psychiatrist, meets regularly and is made up of a panel of experts from across the Mental Health Services. Its role is to review the use of restrictive practices such as restraint and seclusion, and conduct in-depth reviews to ensure that the legislation is complied with, and identify trends and opportunities to improve care for our consumers. The subcommittee also oversees statutory reports to the Office of the Chief Psychiatrist.

Safewards

Mental Health Services staff and patients experience high levels of conflict events such as aggression, violence and absconding. Often, in response to these events, restrictive practices such as seclusion and restraint may be used, but only after other options have been considered.

This year, with the support of the Department of Health and Human Services, our Acute Inpatient Unit has embarked on the implementation of the *Safewards* model. Originating in the United Kingdom and implemented internationally, the *Safewards* model was developed from a broad body of evidence including a trial conducted by the development team which established a decline in conflict at each of the sites using the *Safewards* model.

The objective of the model is to reduce conflict and containment within mental health services. The model attempts to identify and address the causes of behaviours in staff and patients that may result in harm, such as violence, self-harm or absconding and reduce the likelihood of this occurring. The aim is to reduce and, where possible, stop the use of restrictive interventions by using an evidenced based model of care.

Unit staff have completed training in the model and developed an implementation plan initially focussing on three of the ten concepts that make up the framework. SWH is part of a group of health services implementing this model, and by supporting and sharing knowledge and resources across Victoria it is hoped to improve the care for mental health consumers.

The implementation of the *Safewards* model has seen a number of improvements implemented such as the installation of a clock that can be seen whilst a person is in the seclusion room allowing the person to remain oriented to the time of day and the introduction of the Comfort Room as a place to reduce stress and promote relaxation. Work is also being done with the community teams, as it was identified that restrictive interventions are often required in the period shortly after admission, due to high risk levels and when alternatives are much more limited. The use of drugs or alcohol prior to admission also increases the likelihood of restrictive interventions being required and the subcommittee is researching what alternative interventions may be used.

Comfort Room

SWH received a substantial grant from the Department of Health and Human Services under the auspices of *Safewards* to set up the Comfort Room. This introduced a space within the inpatient ward where consumers could experience feelings of anger and anxiety within acceptable boundaries. A central consulting room was converted into the room and provided specific sensory resources to promote a relaxing and soothing environment.

The Comfort Room:

- Is an alternative method to manage negative behavior and improve care for consumers and the staff looking after them
- Helps manage distress in a therapeutic, calm, safe and supported environment rather than in a contained and restrictive manner
- Is strictly voluntary – the consumer recognises symptoms of distress and chooses to use the room prior to engaging in any negative behavior,
- Promotes self-awareness and empowerment
- Staff are currently working with consumers to develop agreements for use, along with personal safety plans.

Consumer Friendly Consulting Rooms

Following feedback from our consumers and a generous donation of \$20,000, SWH has been able to create more inclusive and welcoming consulting rooms in our Mental Health Services. The old consulting rooms had limited furniture and blank, colorless walls, providing a very cold space for consumers and staff to meet. The funding assisted with more than ten consulting rooms being transformed across all campuses to provide more welcoming and engaging spaces with color, painted murals and modern furniture.

One particular need was for Aboriginal and Torres Strait Islander people and their families to feel more culturally safe while accessing mental health services. Research demonstrates that Aboriginal people experience higher rates of psychological distress as a result of historic factors and inter-generational loss, grief and trauma.

Aboriginal artist Fiona Clarke painted a vibrant mural on a wall in one of the consulting rooms. Her work represents the challenges, strengths and opportunities for promoting social and emotional wellbeing and recovery when faced with mental distress. Pathways to healing opportunities and the strengthening of connections to family, culture, community and health services are emphasised in the work.

Fiona explains “This design is about respecting the land... how we think of the environment and how we think of ourselves. We as people have to... get ourselves out of the trap door and out of trapped minds. To do this we come into this circle and the helpers will help...let us respect one another and ourselves.”



Mural by Fiona Clarke

People Matter Survey

The People Matter Survey is a survey designed by the Victorian Public Sector Commission, giving staff employed in the sector the opportunity to express their views on their work environment. It can identify trends or issues in staff engagement and job satisfaction, along with being a mechanism to monitor bullying and harassment in the workplace. All health services are mandated to complete the survey on an annual basis.

The survey is open for five weeks and allows staff to voluntarily complete the questions anonymously with an option to provide written feedback. The data is analysed across comparable health services, the health sector and the public service as a whole. Each agency receives reports about the responses and feedback of staff.

80 % of staff completed the survey in 2018, a significant increase on 2017 when 58% of staff responded. SWH had a number of patient safety targets and the overall result from our staff was that 70% agree SWH has a strong patient safety culture, slightly less than the comparison group (71%) and slightly less than the overall public sector average (74%).

The results are an average of the responses to the key questions below, with the target for SWH being that 80% of respondents agree.

Patient Safety Questions from People Matter Survey 2018

Question	2018 SWH Target %	2018 SWH Actual %	2017 SWH Actual %	2018 Comparison Group %
Overall positive response to safety and culture questions	80	70	73	71
I am encouraged by my colleagues to report any patient safety concerns I may have	80	79	81	82
Patient care errors are handled appropriately in my work area	80	73	73	74
My suggestions about patient safety would be acted upon if I expressed them	80	73	75	74
The culture in my work area makes it easy to learn from errors of others	80	65	68	68
Management is driving us to be a safety – centred organisation	80	70	75	74
This health service does a good job of training new and existing staff	80	61	65	62
Trainees in my discipline are adequately supervised	80	62	65	63

(Targets are from SWH Statement of Priorities 2017 - 2018 Part B)

Three key areas were identified that staff felt needed to be addressed:

- Staff health and wellbeing
- Communication (within the organisation)
- Diversity.

As a result, staff were encouraged to nominate for working groups to address these three areas and work plans, goals and strategies were identified to address key elements in these areas. The Staff Health and Wellbeing Working Group then focused on a number of key initiatives, which are outlined below.

Staff Health & Wellbeing

SWH Staff Health and Wellbeing Working Group formed as a result of the feedback from the People Matter Survey in 2017. The group believed if staff are happy and healthy they are motivated and productive and importantly staff become involved in improving their workplace and themselves.

This Group is promoting:

- Healthy eating
- Physical activity
- Positive mental health and wellbeing.



Chef Craig Richards. Photo: Suzan Morey

Healthy Choices at the Staff Cafeteria

In a move to increase the healthy options available for purchase, the staff cafeteria started stocking 'grab and go' salads and hot food options. These have proven to be very popular with staff and as a result, sell out most days.

The kitchen staff continue to look at how they can increase the number of healthy options for purchase, changing the menu with the season and also using the fruit and vegetables available. It is planned in the longer term that such options will also be supported at Café Nosh.

The Healthy Eating Group is currently working on a healthy eating policy for the organisation. This aims to provide a guide to making the healthy choice the easy option across our health service and will include in-house catering guidelines.

Ride to Work Day

More than 40 staff participated in SWH's first ever ride (or walk) to work activity. On a crisp Spring morning staff travelled from near and far to come together and shared a light healthy breakfast and their morning's adventures.

Our first event was a great success and has inspired SWH staff to consider next steps, including the development of maps to guide a lunchtime walk, walking meetings and encouragement to park a little away from work, as 'part way' is ok!

Following on from the success of Ride to Work 2017 enthusiastic staff offered a range of ways to 'get active' with a full 'Active April' calendar of events on offer across April 2018.



Celebrating Ride to Work Day 2018 are budding cyclists and SWH staff members Michael Koutsoukis and Kerry-Lee Jones.

Photo: Jacinta Lenehan



All smiles as they recover from their Ride to Work Day experience, SWH staff Wren Bowie and Lisa Worden.

Photo: Jacinta Lenehan

Developing Resilience – Stress Management Course

A highlight for this year has been the implementation and delivery of four Developing Resilience – Stress Management Courses to SWH staff. These five week courses run for two hours each week during worktime, allowing staff across the organisation to come together to improve their individual wellbeing. The courses covered topics such as how to recognise stress, relaxation and breathing techniques, mindfulness, time-management and broader ways to look after yourself. More than 80 staff have participated in this course, with more courses planned for the future.

‘Your Voice Counts’ – Staff Information Sessions

Staff at SWH are encouraged to have their say and contribute to creating a happy, healthy workforce. In 2018, over 40 staff attended information sessions offering more of their ideas and suggestions to improve the workplace. These ideas have then inspired action.

Quality and Safety

Adverse Events

An adverse event is an incident that has resulted in a “near miss” or some degree of harm to a patient, resident or client. SWH is required to record these incidents if they occur, conduct investigations into why they occurred, and use this information to make improvements so that they do not occur again.

Adverse events are recorded on a confidential database and reported to a number of committees that are responsible for key areas of care. This process is an important part of safer patient care, and also ensures SWH meets the National Health Quality and Safety Standards.

There were four significant adverse events in the 2017-2018 period, 50% fewer than the previous year.

Investigations have led to a number of improvements in our services. In particular, significant changes have been made, and continue to be made, in the management of people who may have reduced brain function and are at high risk of falling and injuring themselves.

Improvements made this year include:

- The development and implementation of a hospital wide approach to assessing patients and their illnesses at admission and how they should be prioritised in their care.
- Ongoing education and training for all staff on the collection of patient samples, to help with patient care, diagnosis, and overall treatment of patients with complex health problems.
- The development of a constant patient observer model for our wards. Where appropriate staff are trained in the care of patients experiencing reduced brain function, which may be temporary or part of their ongoing illness. This model will reduce the need to employ security guards to monitor the situation.

Each incident that occurs at SWH is reviewed and improvements are made to reduce any re-occurrence.

Escalation of Care

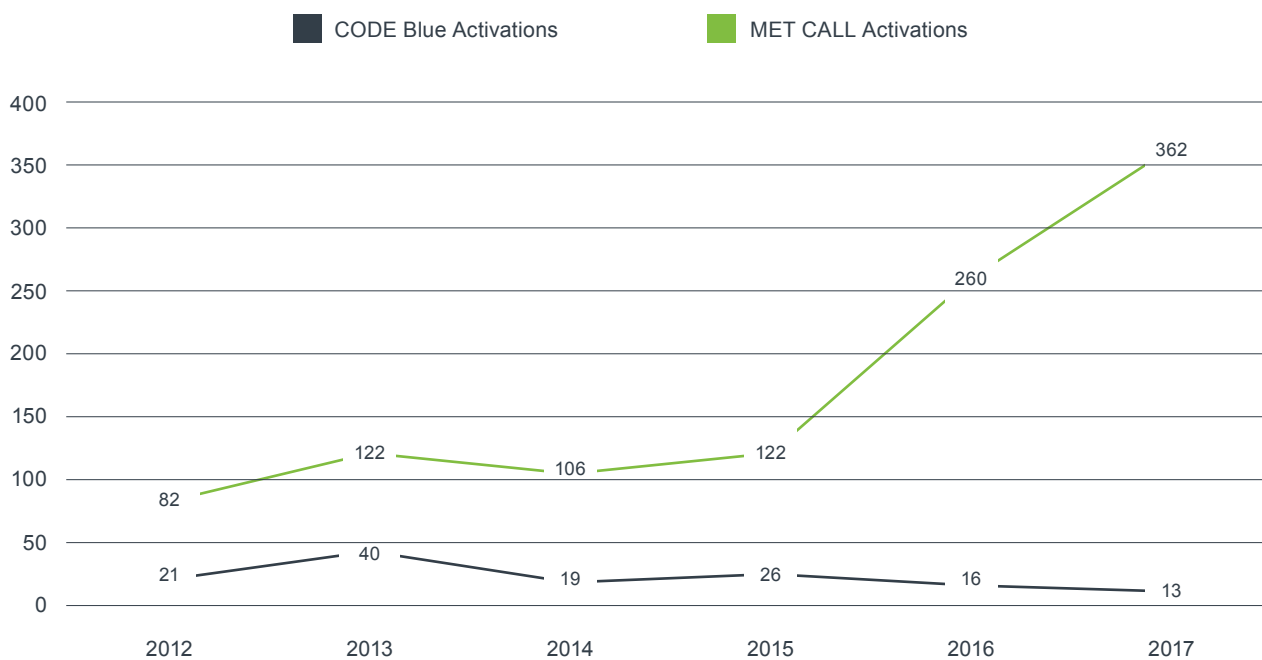
Recognition and response systems aim to ensure that all patients whose condition deteriorates receive timely and appropriate treatment. A range of clinicians share the responsibility for establishing and maintaining recognition and response systems.

Systems include measuring and documenting patients' observations escalating care through a policy that is tailored to the organisation and providing a way for patients, families and carers to escalate care.

SWH has a clinical governance framework and processes for evaluation. Auditing and feedback are important in the establishment of recognition and response systems. Evaluation helps identify and drive system improvements and identifies educational needs and informs future policy developments.

The number of Medical Emergency Team (MET) response calls has increased annually whilst our Code Blue Activation calls have decreased (see diagram below).

Code Blue and MET Calls at South West Healthcare



Escalation of care is encouraged at SWH through our REACH protocol. This protocol reflects the importance of communicating concerns and signs/symptoms of deterioration, relevant to the patient's condition, to the clinical workforce.

Recognise
Engage
Act
Call
Help is on its way

Sustainability

Healthcare services use a lot of water and energy, and create a lot of waste in the course of providing care to patients. South West Healthcare is committed to sustainability and has set targets for change and each year reports on usage in our Environmental Sustainability Report. The SWH Sustainability Committee identified and prioritised a list of sustainability projects this year, and three of these projects completed in 2017-2018 are profiled below. For more details about our sustainability projects and performance please feel free to have a look at our Environmental Sustainability Report.

Electricity, natural gas, fuel and LPG are all forms of energy that we monitor. Overall in 2017-2018 SWH managed to drop total energy use by 2.5%, encouraging news because the number of people staying overnight increased, and additional patients need extra resources for their care. Building on our lighting replacement program in 2016-2017, this year saw the completion of a solar panel extension on Rotary House, the first of several renewable energy projects in the pipeline.

Rotary House

Greening Rotary House was identified as a small but symbolic project to demonstrate commitment to reducing emissions through renewable energy projects. Rotary House is a 12 bed facility that houses patients, families and carers from as far away as Mount Gambier, who may need extra rest time before driving home after day surgery or chemotherapy. Greening this home away from home is part of what it means to provide quality health care for patients; by improving the quality of the environment and reducing operational costs in the long term. This project was completed in June 2018 through funding received from the Cumorah Foundation (via the South West Community Foundation). The existing 2kw solar array was extended by an additional 3.6kw panels to maximise daily generated power.

Part of the role of the SWH Sustainability Committee is to identify and prioritise a list of sustainability projects each year. Greening Rotary House was identified as a small but symbolic project to demonstrate commitment to reducing emissions through renewable energy projects. Rotary House is a 12 bed facility that houses patients, families and carers from as far away as Mount Gambier, who may need extra rest time before driving home after day surgery or chemotherapy.

Barrie Baker, Chair of the South West Community Foundation, Ray Bennett, Manager Buildings and Infrastructure and Elvira Hewson, Environmental Sustainability Project Officer in front of the original 2kw panel array. The additional 3.6 kw panels have been installed on the western roof.



Photo: Suzan Morey

Barrie Baker, Chair of the South West Community Foundation, Ray Bennett, Manager Buildings and Infrastructure and Elvira Hewson, Environmental Sustainability Project Officer in front of the original 2kw panel array. The additional 3.6 kw panels have been installed on the western roof.

Keep Cups

Another area of focus for South West Healthcare has been on reducing waste to landfill through increasing our ability to recycle and re-use. Keep Cups were introduced in the Spring of 2017. South West Healthcare branded regular Keep Cups were launched along with the incentive of a 50 cent discount given to customers presenting with any form of re-usable cup. Demand was high and a larger SWH Keep Cup was introduced just before Christmas. In the 9 month period until the end of the 2017-2018 financial year, 9000 transactions were recorded using a Keep Cup, about 25% of all take away hot drinks ordered.

In the 9 month period, 9000 transactions were recorded using a Keep Cup, about 25% of all take away hot drinks ordered.

The Cups are a way of communicating the commitment of SWH to sustainability. Appearing in our launch photo are Eliza Bartram, Rochelle Hine, Nicole Maroniti, Elvira Hewson, Maria Chadderton and Jenny Lukeis. Maria and Nicole appear on behalf of Café Nosh with members of the Environmental Sustainability Committee.



Photo: Suzan Morey

Battery Recycling

The courier team have been instrumental in setting up an alkaline battery collection across all campuses of SWH. Alkaline batteries include the popular AA and AAA batteries ranging through to powerful 6V batteries used in torches. Prior to 2017, only non-alkaline batteries were collected. The Courier team have collected 156kg of alkaline batteries since July 2017.

A passionate recycler, Lynda Kenneally (pictured left, with other courier team members Anna Martin and Carly Pulling) got the ball rolling for improving the recycling of alkaline batteries by suggesting a collection across the SWH Warrnambool campus coordinated by the courier team. The Courier team have collected 156kg of alkaline batteries since July 2017.



Photo: Elvira Hewson

Feedback

What improvements can be made to the Quality Account next year?

I am interested in being involved in:

- The Quality Account 2018 – 2019
- Helping with health information to make it more user-friendly
- Being on a committee or working party to improve SWH services

Other

Please contact me:

Name

Contact Details (the best way to contact you, e.g. email address, phone number etc. and the best times to contact you, e.g. Monday morning, Wednesday afternoon).

Consumer Engagement and Liaison Officer
South West Healthcare

Reply Paid 79527

Ryot Street
WARRNAMBOOL
VIC 3280

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Appendix

Table 1: Aboriginal and Torres Strait Islander (ATSI) Population

2016 ABS Census Data	Identify as ATSI	% of population
Glenelg Shire	197	2.3%
Moyne Shire	191	1.2%
Southern Grampians Shire	244	1.5%
Warrnambool City Council	555	1.6%
Corangamite Shire Council	151	0.9%
Total Catchment	1338	1.5% (Average)
Victoria	47,788	0.8%
Australia	649,171	2.8%

Table 2: ATSI Service Users

2017 – 2018 South West Healthcare Identified as:	Emergency Department	In Patient	Total
Aboriginal and Torres Strait Islander origin	67	36	103
Aboriginal but not Torres Strait Islander origin	741	480	1221
Torres Strait Islander but not Aboriginal origin	11	5	16
Total ATSI identified	819	521	1340
Total presentations/patients	25,253	22,424	47,677

3. Merindah Lodge – Residential Aged Care Falls by Severity

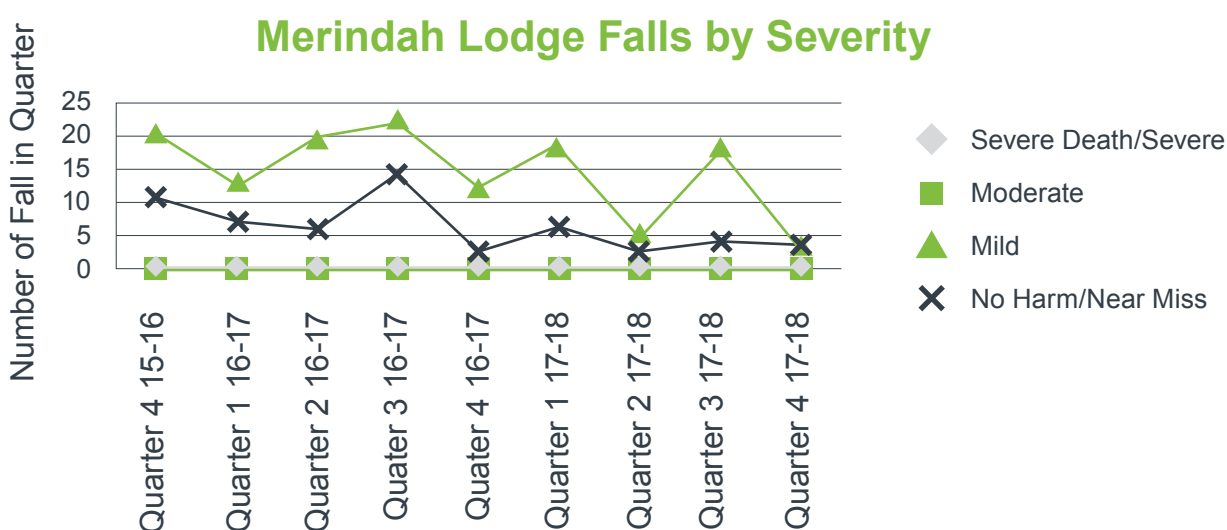


Table 4 Consumer Feedback Complaint Analysis by Feedback Rating

Feedback Rating*	2017-2018 Number	2017 – 2018 %
1	0	0
1 /2	0	0
2	2	1
2/3	5	2
3	43	20
3 /4	56	26
4	60	28
4/5	16	7
5	36	17
	218	100%

Where 1 = a complaint involving a severe matter leading to death, permanent injury and significant reputational damage. Ratings were introduced in 2017-2018.

Table 5: Complaints by Feedback Category

Issue classification	2017-2018 Number	2017-2018 %	2016-2017 Number	2016-2017 %
Access	37.75*	17%	22	12%
Administration	34.75	16%	42	23%
Treatment	74.5	34%	72	39%
Communication	56.75	26%	42	23%
Cost	7.25	3%	5	3%
Rights	6	3%	0	0
	218	100%	183	100%

*Where complaints covered one or more issue they have been fractionalised so that the total number of complaints remains the same, if the complaint was about three areas for example but primarily, Treatment then this would equal treatment .5 and the other areas .25 each.

Table 6: Complaints by service

Complaint - service/area	Number	Percentage
Accounts	4	2%
Acute	10.5	5%
Alcohol and Drug Withdrawal Support Services	3	1%
Anaesthesia	3	1%
Café Nosh	2	1%
Camperdown Campus	3	1%
Camperdown Care	11	5%
Centre Against Sexual Assault (CASA)	1	0%
Day Stay	3	1%
Dental Services	14.5	7%
Emergency Department	25.5	12%
FOI/Health Information & Records	3	1%
GP Clinic	2	1%
Haemodialysis	1	1%
Hospital Shop	1.5	1%
Intensive Care Unit	1.5	1%
Locum Surgical Registrar	1	1%
Maternity/Gynaecology	12	6%
Medical - Interns	1	1%
Medical Imaging/Radiology	3.5	2%
Medical Unit	16.5	8%
Mental Health	9.5	4%
OT	1	1%
P&CH Campus	6.5	3%
Paediatric Unit	1	1%
Palliative Care	4.5	2%
Pathology	1	1%
Pharmacy	4	2%
Physician - specific	4	2%
Physiotherapy	2.5	1%
Podiatry	1	1%
Reception	3	1%
Rehabilitation Unit	7	3%
Short Stay Unit	1	1%
Social Work	1	1%
Speech Pathology	1	1%
Stoma Services	2	1%
Surgery including Elective Surgery	13	6%
Warrnambool Campus	24.5	11%
Women's Health Clinic	1	1%
Other not Specified	6	3%
	218	100%

Table 7. Complaints by Source

Source	Number	%
Phone	55	25%
Email	33	15%
Letter	20	9%
YRYS	47.5*	22%
Happy Unhappy	40	18%
In person	14.5*	7%
Other (Riskman, via HCC)	8	4%
Sub Totals	218	100

*Complaints can come in via two methods phone call followed by a letter; a Your Rights Your Say form accompanied by a letter. In these cases .5 per method has been allocated per source.

Table 8 Compliments by Service Area/Campus

Area/Service	No.	%
Acute Ward	1	
Acute Mental Health	1	
Aged Care	1	
Camperdown Day Stay Surgery and Campus	69	43%
Day Stay	1	
Dental services	6	4%
Diabetes Educator	1	
District Nursing	2	
Emergency Department	3	
Endoscopy	1	
Gastroenterology	1	
ICU	1	
Lismore	1	
Maternity	20	12%
Medical Ward	1	
Nurse Education	1	
Occupational Therapy	1	
Paediatric Unit	1	
Palliative Care	10	6%
Physiotherapy	1	
Rehabilitation Unit	1	
South West Healthcare - Warrnambool Campus - across multiple services	37	23%
Totals	162	100%

Table 9: Compliments by Source

Source	July - Dec 2017	Jan - June 2018	TOTAL	%
Card		36	36	22%
Email	3	7	10	6%
Letter/Letter and Card	12	6	18	11%
YRYS	3	58	61	38%
Happy Unhappy	27	5	32	20%
In person		2	2	1%
Phone	1		1	1%
Other (Questionnaire, patient board)	2		2	1%
Totals	48	114	162	100%

