



SOUTH WEST
HEALTHCARE

quality of care report 2010



South West Healthcare

Welcome to our quality of care report

Take a look at what we have been doing between 1st July 2009 – 30th June 2010

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

Hard copies of this report are distributed widely across the community via health, medical and community services, as well as local councils and public libraries. We have also provided a copy of the report on CD to community centres and libraries which can be reformatted so that visually impaired people can read a large print version of this report. You can also visit our website for access to an electronic version at: www.southwesthealthcare.com.au

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

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

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

To ensure this report continues to be relevant to our community we would appreciate a minute of your time to complete the evaluation form in this report and send it back (prepaid to make this easy for you). Or you can contact our Quality Manager on 5563 1469 or Ryot St, Warrnambool, 3280.



A year in summary

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Articles & Layout Compiled by Janet Sherritt
Photographs - Robin Sharrock and Janet Sherritt
Design, Printing - StarPrinting
Cover Images - NAIDOC celebrations,
'Closing the Gap' celebrations, Physiotherapy

- Patient throughput has remained at record highs across our services.
- Hosted our annual NAIDOC (National Aboriginal and Islander Day of Celebration) event.
This is a significant part of creating positive partnerships with our Aboriginal community. NAIDOC week's celebration included traditional dancing demonstration by the local Aboriginal dance group, and a serpent flag display; audience participation in a symbolic releasing of balloons and sharing of culturally appropriate food was a highlight.
- Improvements in Pain assessment and management.
- Approved Websites for Health Care advice.
- Overall patient satisfaction is 2% higher than the state average in our External Survey.
- Celebrated the wonderful work our Volunteers do across all the campuses and services during National Volunteers week in May 2010.
- Staying healthier, out of hospital and having a better quality of life – that is what the expansion of HARP (Hospital Admission Risk Program) is helping people to do.
- Dental service now providing an outreach school dental service to Timboon area.
- Quality of acute Stroke care exceeds national benchmarks in the majority of stroke care indicators and administration of 'clot busting medication.
- Awarded an Outstanding Achievement (OA) – accreditation rating from the external auditors June 2010 for care delivered to patients and their families at the end-of-life.
- From 45 Criterion assessed - awarded 20 Extensive Achievement (EA) across all campuses.
- Our Psychiatric Services awarded 15 Extensive Achievement (EA) ratings at June 2010 accreditation.
- First Victorian site to implement the "Releasing Time to Care-Productive Ward" in our clinical areas and the first site in Australia to implement it in our Psychiatric Services.
- Leading the State of Victoria in public Mental Health services
- Longer Stay Older Patient (LSOP) project continues with excellent outcomes and results.
- Won the 2009 Reporting Award for Regional Health Services for our Quality of Care Report.
- Celebrating the diverse skills of our allied health workforce across all campuses – inside back cover shows the broad range of services offered.
- Progressing with our redevelopment of our Warrnambool Campus - see Annual Report for full details.

Our campuses and services

Our Region

South West Healthcare provides care and services to over 100,500 people within the Warrnambool City Council, Corangamite, Glenelg and Moyne and Southern Grampians Shires of south west Victoria (see map).



1 Warrnambool Campus

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

2 Camperdown Campus

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

3 Lismore Campus

- Community Health
- District Nursing

4 Macartuhr Campus

- Community Health
- District Nursing

Psychitric Services Division

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

Our process in making this report relevant to you: 2010

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

- A pre paid feedback sheet is included inside all hard copy reports.
 - We received a similar amount of returns as in the previous year
- The feedback is collated and themes identified to improve the report.
 - "Liked the variety of pictures and local people"
 - "You highlighted people's own story of their health journey. Gives me inspiration "
 - "Easy to read. I liked the balance of pictures and writing"
 - Inclusive of all aspects of life at South West Healthcare
 - " Blue graphs and headings make it harder to read especially on blue backgrounds"
 - Graphs and tables are simple and easy to understand.
- March – Feedback received from the panel of assessors.
- April – A memo was sent to all campuses and departments asking staff to send information on their work.
- May – A discussion of topics, presentation and photos discussed at Community Advisory Committees' Meetings, and a subcommittee formed to work more closely on the report.
- June/August – Minimum reporting guidelines received from the Department of Human Services and work in progress with staff to gather information and commence drafting.
- August – Draft content and photos discussed with Community Advisory Committee sub-committee volunteers.
- September/October – Ongoing refinement of content, format, photos with Community Advisory sub-committee members and staff until completion and printing of this report.
- November – Presented at our Annual General Meeting and printed copies distributed to our community. An electronic version made available on our website.
- November – Full colour 1-page summary of the report published in local and regional newspapers.

Our community

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

We know that:

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



Naringal Dairy Farmers- Jamie and Sonia with newborn son Oscar.

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

Consumer, carer and community

We aim to meet YOUR needs - whoever you are

Our community is becoming more diverse each year and our challenge is to meet the needs of everyone, including Aboriginal and Culturally and Linguistically Diverse (CALD) members of our community. We have a Cultural Diversity Committee who plan, implement and evaluate our Cultural Diversity Plan. This plan is based on the Department of Human Services (DHS) - Health Service Cultural Diversity Plan and the Improving Care for Aboriginal and Torres Strait Islander Patients (ICAP).

Understanding our Consumers and their needs

We collect demographic data on Aboriginal status and country of birth across South West Healthcare campuses (during tourist and non-tourist times) and compare it with Census data to check if the cultural groups we see reflect the cultural groups within our region. We have found that people from a broad range of cultural backgrounds are accessing our services.

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

Using Language Services to Improve Communication

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

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

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

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

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

A Culturally Diverse Workforce

- Each year we distributed a survey across the organisation inviting staff to provide details on their CALD backgrounds and asking them if they would like to be included on a Register for CALD Resources. The staff on this Register could then be used to provide support and knowledge about a culture if required. We invited staff to comment on any cultural needs they may have so that we can develop a plan of action to address this if deficiencies are found. We had a good response and are in the process of updating our Register.
- We are also making available the Warrnambool City Council brochure 'New Arrivals to Warrnambool and District' and liaising with the council so that staff are aware of the informal functions for recent migrants to get together. Our policies are being updated to reflect these initiatives especially in relation to Equity and Access, and Cultural Responsiveness.

Raising Staff Awareness of Aboriginal and Cultural Needs

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



Partnerships that are building bridges

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

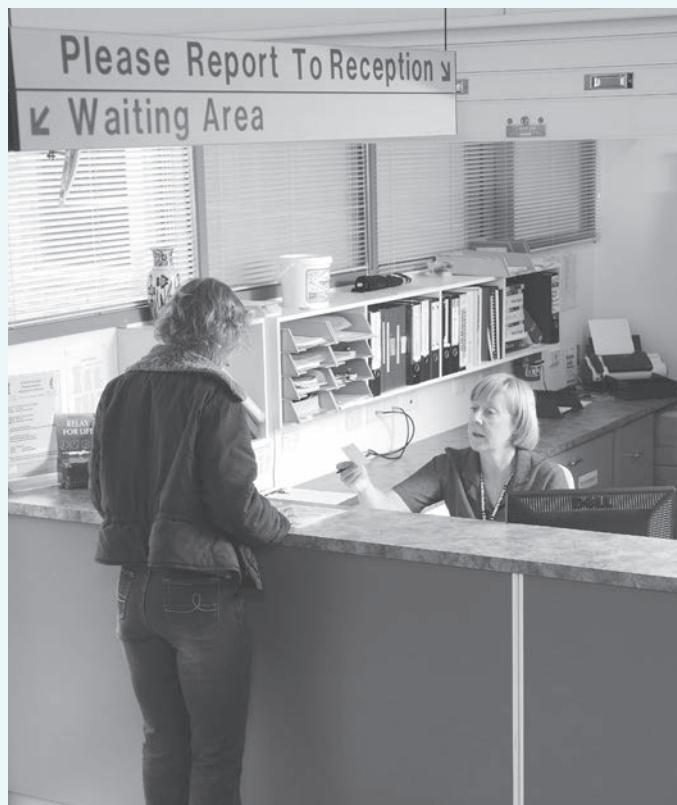
- They work closely with local government and community services to maximise strategies.
- They meet frequently, both formally and informally, with local Aboriginal Community Controlled Health Organisations to continue in strengthening the working relationships. This work was an important step towards the formal Memorandum of Understanding.

Cross-Cultural Training to Improve our Service Response

- We are developing an education program for health care professionals to improve understanding of Aboriginal culture, their specific health care needs and providing a culturally safe and welcoming environment.

Links for Care and Discharge Planning

- An electronic medical record alert for CALD clients who access the service is helping the Aboriginal Liaison staff and Refugee Nurse to ensure all care and discharge planning requirements are met.



- The Aboriginal Liaison Workers also work closely with the community based Hospital Admission Risk Program (HARP) team which helps people with chronic illness self manage their condition.
- Our Post Acute Care and Discharge Planning teams have plans and policies to make effective primary care referrals and seek the involvement of Aboriginal workers and agencies when appropriate.

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

Bringing our Cultures Together

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

A Taste of Harmony

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



A Delight of Aboriginal Culture in the Grounds of SWH

In July 2009 we celebrated **NAIDOC (National Aboriginal and Islander Day of Celebration)** with local Aboriginal groups, the community and the health service. We all joined together to celebrate the rich culture and history of the first Australians. The festivities included an official opening ceremony incorporating "Welcome to Country", by Elder Ivan Couzens, and a sea of flags display. A locally produced sculpture 'smoking pit' totem was unveiled on this day and will continue to be a focus for celebrations with a 'Smoking Ceremony' performed by Possom Clarke-Ugale. We witnessed a Welcome dancing demonstration by local aboriginals and finished the formalities with a symbolic releasing of balloons which was an added highlight for the audience.

Samples of food featuring traditional aboriginal dishes and damper which was hugely popular, as were the traditional games, and historical display. Craft items made by local people and practical demonstrations were on display and opportunity to "have a try" was very popular.

A variety of artefacts and historical photos were displayed in the community health centre for the day's celebrations.

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



A Healthier Indigenous Community: Community Health Partnerships

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

Men's group programs at Gunditjmara and Kirrae Health – encourages the men to participate in both nutrition and physically related activities often based around cultural events.



Kirrae Health Service Kitchen Garden and Community Kitchen – Kirrae Men's group has taken on this local garden project. Vegetable seedlings were planted in April at a working bee, with plans for all families and children to have access to the gardening experience.

It was an exciting day when the first produce was used in the cooking program run by the Community Kitchen. One aim of the program is to select recipes to promote nutritious, simple and affordable meals that can easily be recreated at home.

Community members learn about nutrition, engage in physical activity and improve mental health via social connection and self-esteem building from involvement in these programs.

Cultural Diversity at SWH received an Extensive Achievement (EA) at the June 2010 external ACHS accreditation.

Nardoo Girls-Aboriginal Women's Healing Program

This group aims to build the social connection, confidence and leadership of Aboriginal women, through engaging in activities to raise awareness of, and celebrate their skills and capacity. A photography exhibition depicting aspects of Aboriginal women's emotional wellbeing was held in late 2009 in which the women were responsible for all aspects of promotion, planning and catering on the day.

Early 2010 has seen opportunities to participate in scrap-booking and lessons on how to paint on river stones.

Information on health and wellbeing relevant to women is provided in an informal setting.



Healthy and Happy Communities – getting you involved

Going from Strength to Strength

Our Community Health Centres continue to run a number of programs promoting health and fitness to 100,500 people who live in our catchment areas.

Looking After Our Farming Families

The good health of the farming family has been recognised as an important part of the long term success of the farm. 92 farming families participated in this three-year program across Camperdown, Lismore and Macarthur communities which finished in 2009.

Early indicators found 100% of the participants had made some changes to at least one or two lifestyle behaviours to reduce their risk to developing a chronic disease.

Lismore Community Health Centre has been actively working towards maintaining GP and Allied Health Services and to provide a Counselling service to the communities of Lismore, Derrinallum and surrounding districts. Increased use of the community gym and the physical activity programs are very popular including the annual 'Walktober' community social event.

Healthy Hearts

Our Community Health Program aimed at addressing the higher-than-state-average rate of cardiovascular disease in men in our Corangamite and Warrnambool areas show encouraging results. 80+ men from Macarthur, Lismore, Camperdown and Warrnambool participated in the project which targeted males 35-55 years. Three months after the program's end participants had statistically significant outcomes.

- Improvements in blood pressure (BP) measurements, weight, waist & hip circumference, body fat measurements (BMI), total cholesterol levels and low density lipids.
- 6 months after, improvements remained in weight, BMI, BP & waist circumference
- 12 months after, improvements remained in waist and hip circumference.

Participants have made lifestyle modifications to reduce their risk of developing Type 2 Diabetes and cardiovascular disease.

Active South West Project

After a Community needs analysis this project has been facilitating the development of a

- Community garden to be located at the Lismore Primary school
- A community gym at the Lismore Recreation Reserve
- Healthy eating initiatives in both Lismore and Derrinallum

Macarthur Community Health

This centre offers a range of diverse programs including "Healthy Hearts" to address prevention of cardiovascular disease in men. Strategies and programs to address physical activity and nutrition in the local community under the Healthy Active South West project are also successful.

Macarthur Community Men's SHED

Macarthur Community Health has been working with locals to establish a "Men's Shed" with the aim of bringing men together in a relaxed and comfortable environment to share friendship, knowledge and skills. The Shed is open on the 1st and 3rd Tuesday each month, with fantastic community and service groups support through direct involvement and financial support. The search is now on for funding for shed renovations and tools for the men to start projects to help the community and generate income to ensure the SHED becomes financially viable.

Camperdown Community Health- Manifold Place

Offers many programs including:-

- Better Health Self Management program established and six week workshops commenced
- Chronic Illness Service Developed incorporating HARP and ELiCD - Chronic Disease
- Cancer Support group
- Well for Life program (Multiple Sclerosis (MS)- clients)
- Stress Management workshops
- Puberty Clues
- Laughter Yoga
- Walktober & 'Give It a Go'

Warrnambool Community Health Centre

Provides a variety of services including

- Gender and Diversity training which introduces an equity approach to practice for staff in Warrnambool, Camperdown and Macarthur
- Closing the Gap event in March 2010 where local Aboriginal women shared their views and experiences of accessing health services.
- Women's Clinic to address the sexual and reproductive health needs of women on a holistic level.
- Youth Clinic for people up to 25 years of age: a drop- in service, no appointment required.

Walk-it Warrnambool Map

30 minutes is all it takes to get active, keep it interesting and aim to improve.

In partnership with healthy life choices advocates, a map has been developed to highlight the benefits of walking to explore the local area. Tracks have been mapped and graded to account for degree of difficulty, distance and, time needed to enjoy the experience. Handy hints for walking with start, car parking and finish spots highlighted along with wheelchair access and toilet facilities.



Josephine Gibbs, Chief OT, leading a beach walk.

Participation

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

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

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

Staff Culture Promotes Involvement

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

Information Brochures and Booklets Promote Understanding and Participation

- We have written information on specific health issues and operations to provide a back up to our explanations. This is especially relevant in health care when people can be stressed and unwell.
- We provide information to promote your involvement in your care -'Your Rights and Responsibilities' with brochures and posters on display throughout the facilities.



Improving Care for Older Persons Toolkit Launch are Andrea Janes, Patrick Groot and Mark Harris, Department of Health.

Achievements:

- 98% of the 100 patients who completed the Preadmission Clinic survey felt they were fully informed and prepared for surgery in Preadmission Clinic, and were satisfied with the with information provided about rights and responsibilities.
- 96% of 100 Day Stay patients who completed the survey felt they received enough information about their admission and condition.
- 97% of patients were given enough information about the procedure.
- 94% of patients were given enough information on how to care for themselves once at home.
- 84% patients felt the environment was appropriate for their recovery.
- 82% of patients felt the food and fluids they were given was good.

Stroke Care – Research

Advancements in Stroke care continue in earnest with participation in the pilot phase of the National Stroke Foundation's **"Dream, Believe, Achieve"** stroke self management program.

Our team are also involved in **"A Very Early Rehabilitation Trial"** (AVERT) to determine if early mobilisation of the patient post stroke is beneficial.

Thrombolysis Rate- Clot Busting Medication

From Jan- June 2010 12.1% of Acute Ischaemic Stroke (AIS) patients received this drug after presenting to ED **within 3 hours** of a known AIS onset.

This data reflects poor recognition of stroke by the community generally. Ongoing activity by the National Stroke Foundation, local Stroke Liaison staff and clinicians may improve awareness and response times.

82 % AIS and 82 % Transient Ischaemic Attack (TIA) patients are admitted directly to our Acute Stroke Unit, the state average is < 51% on admission.

Key Performance Measures	SWH 08/09	SWH 09/10
Have swallow assessment within 48 hrs.	65 %	71 %
Brain cat scan (CT) within 12 hrs. of presentation to hospital	93 %	85 %
Seen by Physiotherapist within 48 hrs.	47 %	75 %
Seen by Speech Therapy within 48 hrs.	65 %	73 %
Clinical Care Plan to avoid complications	95 %	93 %
Clinical Care Plan to promote urinary continence	95 %	93 %
Commencement of anti-platelet within 48 hrs.	66 %	83 %
Multidisciplinary meeting within 7 days	50 %	52 %
Timely and informative discharge summary	56 %	61 %

Other Improvements;

Data tells us that the mortality rate after stroke at SWH has progressively declined; 40% in 2005-06, 33% in 2006-07, 16% in 2008-09, and 11% Jan-May 2010.

Discharge Destination: Jan-May 2010	Percentage of Stroke Patients
Rehabilitation Unit	57 %
Home	22 %
Deceased	11 %
Nursing Home	3 %
Other Hospital	3 %
Hospital in the Home – HITH	3 %

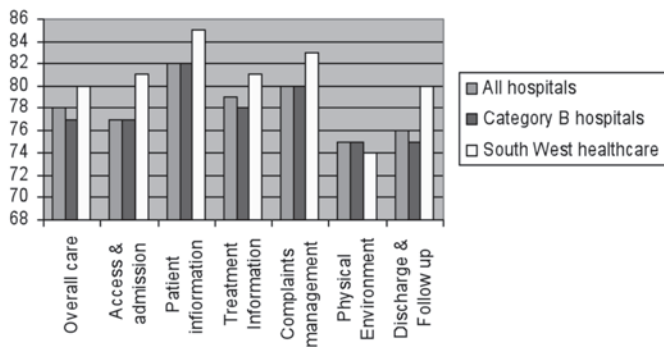
Participation

Survey Results from people who have used our service

External

We take part in a state-wide **Victorian Patient Satisfaction Survey** which asks people who have been discharged home from hospital a series of questions related to their admission, participation, complaints management, physical environment, general information and overall care. Our results have continually ranked above our peer group and state results in the Consumer Participation Indicator (see graph).

Statewide Hospital Benchmark Comparisor (2009)



Internal

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

"Thank you for what was a stressful time for me, made so easy. The staff were professional and put me at ease."

Survey Area	'Fantastic'	'Could be better'	Work in Place
Preadmission (annual)	88 % overall satisfaction for care <i>"Lovely doctors and nurses"</i>	<i>" Difficult to find longer stay parking close to hospital"</i>	Extended parking permits available from all hospital departments and wards.
Day Stay (annual)	96 % overall satisfaction for care <i>"Best hospital ever"</i>	It would have been nice to have more privacy when discussing personal, sensitive information with the anaesthetist.	Redevelopment of Warrnambool campus continues.
Inpatient (ongoing)	93 % average overall rating for care <i>"Comradeship between staff makes a lovely atmosphere in the hospital"</i>	<i>"Small dark box- no outlook glad it is soon to disappear."</i> <i>"Maybe have a wider range of alternative foods for people with intolerances"</i> <i>" Let patients know that ear plugs are readily on hand to use at night to aid sleep"</i>	We keep close track of patient suggestions to evaluate and improve the healthcare experience. On completion of the new hospital building many current problems of noise & environment will be resolved
Inpatient Psychiatric Services (ongoing) <small>**SWH is the only known inpatient Psychiatric Unit to run such a survey</small>	88% average overall rating for this financial year	<i>"I was very scared on arrival, with in a day I felt at ease"</i>	Staff make sure new patients are orientated to unit and routines on admission.
Community Programs: District Nursing Service (DNS) Client survey	97% overall satisfaction with DNS care	Request to put more staff on at weekends. Clients feel the nurses are too busy.	Normal visit times cannot be adhered to with numerous short visits on weekends

Psychiatric Services – Participation for all

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

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



Star -Beat Choir

The STAR-Beat Choir brings together consumers, families and staff from a range of disability & mental health services. Under the tutelage of Choir Mistress Brooke Williamson the choir aims to provide social inclusion and skill development. Although members are from different walks of life, the joy of singing unites and differences fade away. They have a large repertoire of Australian classics and contemporary music and have had many regional performances as well as recording a 10 track CD- "Thank you for the Music". The choir was also runner up in the Western District Employment Access Awards for "Excellence in Collaboration and Social Inclusion".

Psychiatric Services at SWH received 15 Extensive Achievements (EA) ratings for their care and programs at the June 2010 ACHS accreditation.

Families Where a Parent Has a Mental Illness- FaPMI

This state-wide strategy aims to reduce the negative impact of parental mental illness on families and particularly dependent children. The aim is to improve the family focus between the collaborative working relationships of psychiatric services, child & family welfare and Drug & Alcohol services.

33% of adult mental healthcare consumers in our region have children under 18.

To help us meet these objectives we have

- Changed documents to record parental status of adult clients and assessment of parenting support needs and needs of dependent children
- Appointment of staff to portfolios to assist teams in building family focused practice.
- Quarterly meetings involving Adult Mental Health and Child First teams
- Brokerage fund established to assist families to access direct services.

Dementia Behaviour Management Advisory Service (DBMAS)

This is an Australian government initiative to provide support for carers and care workers to improve the quality of life of persons suffering dementia with behaviours of concern, and their carers. In partnership between St Vincent's Aged Psychiatry, Alzheimer's Australia and the National Aging Research Institute (NARI) we have been involved in many education and information sessions to improve quality of life and decrease carer stress levels.

DMBAS has a freecall 24 hour telephone service 1800 699 799, staffed by trained professionals including access to geriatrician psychiatrists.



Peter Brocklehurst, guest performer at Mental Health Week.

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

Participation

Community Advisory Committees

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

Achievements of South West Healthcare Community Advisory Committee

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

Achievements of Psychiatric Services Consumer and Family Advisory Committees

- Establishment of the Opinion Council, Consumer Advisory Group and Family, Friends & Carers Advisory Group.
- Provide toys for children in waiting area- Portland.
- Development of a "Please Knock Loudly" door hanger for rooms – inpatient, to improve safety and privacy.
- Developing a fridge magnet for information about Regional Services and contact details.
- Working Party formed to create an inpatient Charter of Behaviour, review the Satisfaction Survey and consent forms.
- Developing a list of local Respite options and Information about to how to change your clinician and get second opinions.
- Celebrated Mental Health week in October showcasing the STARbeat Choir

Achievements of the Palliative Care Consumer Advisory Committee

- Contributed to the OA accreditation through their specifically trained Palliative Care Volunteer group
- Links to community fund raising eg 'Peter's Project' to work towards the establishment of a local radiotherapy unit to service the South West region.
- Identifying extra challenges facing the 'Regional Patient' when treatment in a cancer centre is a long distance away.
- Representatives attended the Palliative Care Volunteers Conference in Adelaide (May 2010)

OUR 'report card' on participation

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

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

Continuity of care

Accessing Health Care

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

- Total bed days have increased by 1,501 this year and now stand at a staggering 74,358 days.
- Our average occupancy at the Warrnambool campus for staffed beds was 99.2%, an increase from 95.3% last year.

Releasing Time to Care- PRODUCTIVE WARD

We started this 4 year Redesigning Hospital Care program in 2009. This United Kingdom (UK) program of Releasing Time to Care has been introduced across 6 ward areas with step-by-step tools to apply lean thinking and patient care improvements. The aim is to help health services improve service quality and efficiency

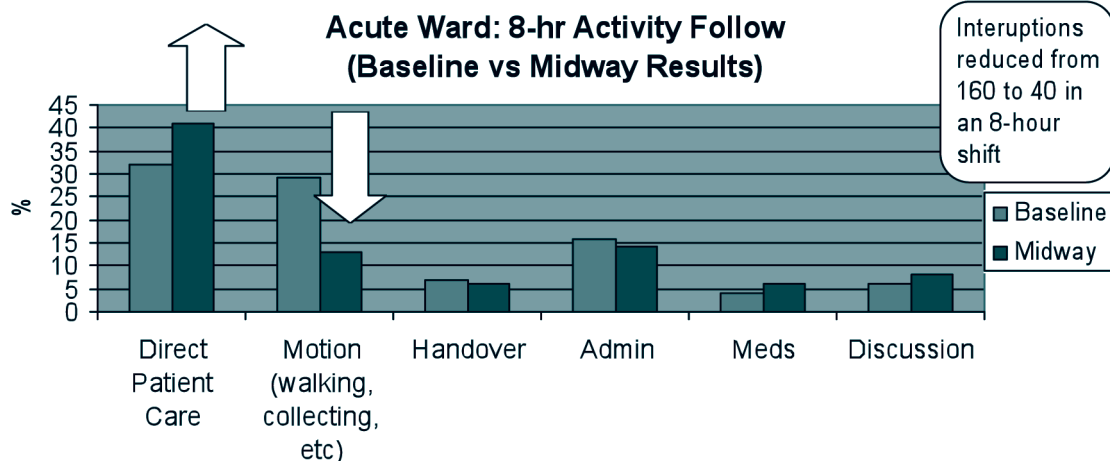
What is it all about?

- Increasing nurses time at the patient's bedside by reducing unnecessary motion and processes away from the patient
- Reducing unnecessary interruptions (causing distraction, increasing risk of errors) by making the environment, processes and communication more visual.

How are we doing this?

- **Well Organised Ward (WOW)** a place for everything and removing unnecessary equipment and supplies.
- **Patient Status at A Glance (PSAG)** boards to keep staff instantly updated of changes to patients' care needs.
- **Knowing How We are Doing-** facts and figures in open public display boards for all staff, patients and visitors to track our progress.

Acute Ward Equipment Room



How Appropriate and Effective is Our Care?

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

Discharge Planning:

E-referral

An electronic referral system was successfully trialled & now implemented between the Medical Ward and all Allied Health Depts. This has seen an increase in the turn around time for implementation of Allied Health Services which assist to ensure assessment & treatment occurs in a timely manner and as a result there is a decrease in the patient overall length of stay.

Electronic Bed Board Roll Out

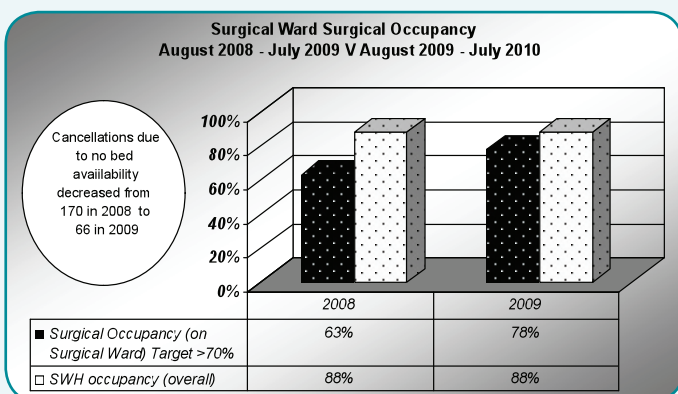
Monitoring the hospital occupancy and ensuring the hospital capacity meets with its demand (emergency or elective) is a shared role of the Access Manager and the Clinical Coordinator. Maintaining a balance between capacity & demand is the cornerstone toward ensuring both patient & staff safety is maintained. In July 2009 the Access Manager, and SWARH trialled an Electronic Bed Board system with great success. This exciting concept enables the bed management staff to utilise live data to accurately monitor occupancy at any give time of the day, and to see future demand needs which assists with theatre scheduling and booking in of medical patients also.

Other NEW IDEAS we have also started to improve patient flow include:

- Revision of Theatre Scheduling practices
- Introduction of the daily theatre list review meeting
- Ongoing use of inpatient theatre alert icon
- Improved Expected Date of Discharge (EDD) accuracy

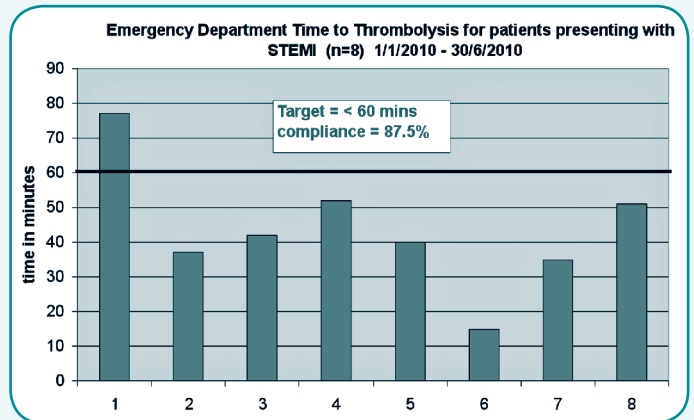
Discharge Time Compliance

The time compliance to discharge a patient was 74% in 2009 and our target measure is 70%. We have reduced the "bottleneck" at 11.00am and this helps prevent theatre cancellations. The EDD accuracy of 55% is still below target but has increased from 44% in 2008.



Get to a hospital quickly if you think you are having a heart attack!

Heart attacks caused by a blood clot are often treated by blood thinning (Thrombolytic) medication which best received within 60 minutes of onset of symptoms. The graph below shows that 87.5% patients received thrombolysis within 60 minutes after arrival in Emergency Department.



Emergency Department Improvements

ED nurse specialists now...

Following a doctors consultation initiate stronger pain relief medication

Request pathology tests

Start antibiotic treatment for cancer patients presenting with high fevers

A Safe and Smooth Return Home – good planning and good communication

To help patients feel fully prepared for the safe return home from hospital, planning starts early Discharge Planning makes sure nothing is missed.

- Preadmission Clinic: a great opportunity to identify issues that may need addressing to help you return home. Referrals to services such as Post Acute Care, District Nursing Service, HARP and other support services.
- The admission process prompts a check of arrangements made in preparation for your return home and to detect any other requirements.
- Your involvement in the planning is important to make sure we have covered everything.
- Post Acute Care following discharge from hospital.
- Transition Care program: an initiative of the Commonwealth Department of Health and Aging for care of patients in their home following hospital admission.

Dental Services

We manage and provide dental care across all age groups from pre-school aged patients to those in residential care via a domiciliary dental service provided at Lyndoch.

Our 5 dentists, 2 Dental therapists, 8 dental assistants and support staff are well placed to provide seamless dental care to local families in the one location week days, and an after hours and emergency treatment service 2 days per week and on Saturday.

- Use of biodegradable products for barriers as part of infection control procedures.
- Ongoing mentoring program for new graduate dentists resulting in increase clinical productivity as well as diversity of treatment and high quality care.
- Currently developing a Sub regional dental model to assist Portland District & Hamilton in the delivery of dental care.

Our key achievements:

- Since June 2009- 6692 patient appointments for general and emergency care.
- Private sector involvement with Dental Prosthetists who are able to assist in providing removable dentures services
- Outreach program at Timboon to provide a school dental service fortnightly.
- Reduction in waiting time for low priority dentures- now only 12 months
- Wait time for general dental care at 17 months continues to decline.
- Ongoing arrangements with Lyndoch to provide domiciliary dental services for residents.

Allied Health Achievements

Counselling and Support Service (CASS)

We reviewed existing family meeting processes and detected inadequacy and also found unclear referral pathways and processes were apparent

A new model was devised and implemented to include a single point of entry for all inpatient, acute outpatient, community health and staff referrals.

Nutrition

Developed a new enteral feeding chart used by nurses to improve communication and reduce confusion. The 'Longer Stay Older Patient' project evaluated and improved patients' nutrition requirements.

Occupational Therapy

In December 2009 we introduced use of a Care Alert personal safety alarm. It has improved the timeliness of inpatient discharge and, is used by the Post Acute Care and Transitional Care programs.

Involved in the production of a comprehensive 'Walking Map' for Warrnambool residents, visitors and tourists to encourage fitness and improve well being.

Physiotherapy

Increased the number of exercise classes to 11 per week due to demand and started an 'On-call' (office hours) to treat patients in Emergency Department. Started a weekend service for Total Hip and Knee Replacement patients

Outpatient Care

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

81% of people with a 'High Risk' referral were seen within the designated timeframe across all Outpatient Departments in 2009-10.

Department	Attendance	% New	Reviews
Cardiac	1200	7.67	1108
Continenence	823	29.16	583
Diabetes	744	3.76	716
Nutrition	650	27.85	469
OT	1788	20.81	1416
Physiotherapy	7651	10.97	6812
Podiatry	2933	8.83	23
Respiratory	514	17.12	426
Speech	1483	3.64	1429
Social Work	367	28.07	264
Wound	349	14.04	300

Podiatry

In 2009- 100% of category 1 patients were seen within the designated timeframe.

The introduction of HACC funding enabled lower risk clients to access podiatry services.

We made changes to our orthotic provision- prefabricated and custom devices are manufactured off site- resulting in decreased waiting times.

Speech Pathology

Regional Kindergarten Screening assessments conducted to identify and treat children with speech and language issues.

Participated in designing and implementing a standardised Dysphagia screening assessment tool that is to be used across all Victorian public hospitals. A Pictorial Menu developed with Food Services Department, to assist people with language, literacy or cognitive deficits..

Involved in a Paediatric Language project (long term) - to determine the effectiveness of early language therapy for children.

Sub-Acute Ambulatory Care Service (SACS)

Includes Cardiac Rehabilitation, Heart Failure ("Fitter Ticker") and Rehabilitation;-Pulmonary, Hand, Orthopaedic, Neurological, and Continence/Urology clinic and Wound management. Our data collection at intake has improved efficiency and leaves more time for clinicians to treat patients.



The Palliative Care Team.

Palliative Care

The highest assessment rating that an ACHS surveyor can allocate to an individual criterion is an outstanding level of achievement (OA). An organisation that is assessed at an OA level is considered to be a leading organisation in the relevant field.

In June 2010 saw our Palliative Care teams assessed at this OA level for end-of-life care at SWH recent ACHS organisation wide survey.

The Palliative Care Team consists of a combination of Community Area Service Teams and a Regional team, as well as inpatient Clinical Nurse Specialists and specially trained volunteers. These teams provide specialist palliative care that includes physical, psychological, social and spiritual assessment and management in conjunction with primary care practitioners such as General Practitioners, Nurses, Allied Health and Community services. The patient can be located at home, in private or public hospital, residential or supported care located in the South West region of Victoria which includes the Shires of Southern Grampians, Glenelg, Moyne, Corangamite and the City of Warrnambool.

Diagnosis of a life limiting illness happens to people, not just bodies, so there is more involved than just pain, and other symptoms. 'End of Life' includes coping with a variety of psychological, social and spiritual problems. There is an identified need to minimise fear and anxiety, the struggle to maintain realistic hope, and strive towards understanding acceptance and peace of mind.

In order to give holistic, person centred care it is imperative for a team approach.

Our Objectives

To provide:

- Give exceptional pain and symptom management
- Introduce End of Life Care Pathways
- Advance Health promoting Palliative Care
- Promote Advance Care Planning (ACP)
- Mentoring and Education of Health Care Professionals
- Provide ongoing Bereavement Care for families
- Develop publications and continue involvement in Research

Pain and Symptom Management, End of Life Pathways, and Medical Ethics.

The team have developed and improved plans to manage uncontrolled Cancer Pain, Nausea and Vomiting.

Give lectures and tutorials to sub regional area health care professionals and presentations to community groups- "Living with Cancer" Forums, volunteers and family caregivers.

We are actively involved with the "Link Nurse Project" -The implementation of End of Life Pathways into Otway Regional Aged Care Facilities.

We produce monthly newsletters, including current practices in Palliative Care, to all General Practitioners linked through the Otway Division of General Practice.

Health Promoting Palliative Care.

Dr Eric Fairbank has researched and developed a - "Doing It in Style" kit. This kit is a framework and resources guide for palliative care patients and their families to approach end-of-life issues.

Advance Care Planning (ACP)

ACP is a person centred, integrated, holistic and self directed process to identify future medical care preferences for all adults, and many are embracing the notion of having this autonomy and control over future healthcare needs.

Advance care planning objectives are:

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

ACP records patients' informed wishes in a format that health professionals and families/significant others can refer to should the patient be unable to communicate. We have an educational training program for facilitators to assist people with this process of formulating their wishes, and distributing the documents to relevant health professionals and services.

Mentoring and Education

We are active supporters in this Department of Health initiative to access the educational Program of Experience in the Palliative Approach (PEPA) and are involved in the implementation of the Rural Palliative Care Project working with the Otway Division of General Practice to implement Link Nurses in RACF's and General Practices.

Palliative Care Volunteers.

We currently have 40 trained Palliative Care Volunteers who are an integral part of our multidisciplinary team, and assist patients and families both in the inpatient and community settings.

"I needed this, I find that my friends expect me not to talk about it anymore"

Bereavement Care

The Bereavement support team include a counsellor/educator, clinical psychologist and volunteer pastoral care worker. Programs offered include: Partners' Bereaved, for those who have experienced the death of a partner and support groups for the recently bereaved. Attendances include all age groups covering children, parents, siblings, friends and partners.

"I discovered that everyone else in the group was in the same position as myself, it felt normal"

"Eighteen months of grieving, this group of wonderful people has enabled me to put the jigsaw of my life back together and start smiling from my heart again"

"It has helped me to understand that what I have been going through is not unusual"

Connecting you with your Community

HARP - Hospital Admission Risk Program – Chronic Disease Management program

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

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

Survey comments from HARP clients

Warrnambool:

‘Prefer home visits, fantastic support system and people’.

‘Provided help when I was feeling ‘mortal’- gave me someone other than family who was caring/ Alternative means of dealing with spacer & peak flow for asthma.’

‘There has been good interactions with my doctors too’

Camperdown:

‘I was invited to join by my GP while in hospital. If this help and enthusiasm had not been available I would have dropped out of the program. GP and staff have continued to provide needed help’.

‘Have had help before and I now trust this service and, know I am getting the help my family needs. It’s reliable for me’

“ HARP is an excellent service to patients. Thankyou”

Achievements:

- All local medical clinics have clients in the Southwest HARP program.
 - HARP Care Coordinators meet regularly with practice nurses for case reviews of clients, referrals.
 - 93% of surveyed respondents would not change any aspects of the service
 - 91% found the home based service beneficial
 - 53% would not access the service if appointments were held at community health centres.
 - 89% had no previous knowledge of HARP
- Surveyed May –June 2010

Better Health Self Management

A six week self management program for people with chronic disease(s) have been run in Warrnambool and Camperdown

Self management is the active participation of people in their own health care. It is the ability of the client to deal with the impact of their chronic disease including symptoms, treatment, physical & social consequences and lifestyle changes.



Above: Community Health Centre staff offer a variety of programs to celebrate gender and diversity within our local community - International Women’s Day, 2010.

Newly Diagnosed Diabetes Type 2 Self Management Program

This program provides early intervention and support to Type 2 Diabetics newly diagnosed to become good self managers of their health.

The program assists people with the following services:

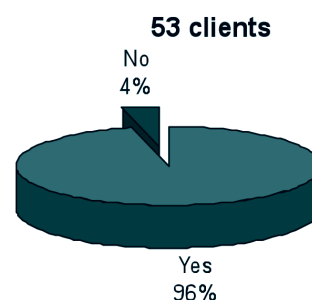
- Information about diabetes and managing diabetes
- Assistance with monitoring and maintaining healthy blood glucose levels
- Support for self management
- Referral information
- Liaison with their General Practitioner
- Assistance with coping with the impacts of a long-term health condition.

Program consists of:

- Initial assessment
- 6 week program facilitated by program coordinator; diabetes educator & dietitian
- Follow up phone counselling on an individual needs basis

The graph shows percentage of clients having completed the 12 month program following hospital discharge.

Jan - June 2010 Completion of diabetes program of care on discharge



We value your opinion

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

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

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

Poor

Excellent

1 2 3 4 5 6 7 8 9 10

2. What did you like most about the report?

3. What didn't you like?

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

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

You are able to contact our:

Quality Manager

Telephone: 5563 1469

Email: qualitycare@swh.net.au

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

Name: _____

Address: _____

Telephone: _____

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



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

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Australia

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

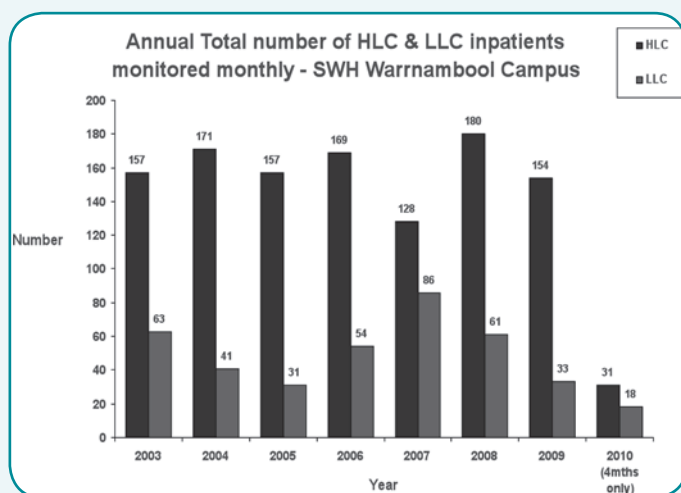
Caring for Our Elderly – A Smooth Transition into Aged Care

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

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

- Average time between the Aged Care Assessment (ACAS) and meeting with client and family to sign the Aged Care Residential agreement is 3 days in 2009/10 compared to 5 days for 2007/08, 8 days in 2006/07.
- 84% of carers felt they were provided with the opportunity to attend the Aged Care Assessment (ACAS) with their loved one.
- 92% of carers felt they understand 'Respite care' now compared to 89 % in 2008 & 64% in 2007.
- 85% (2009/10) overall carer satisfaction with the service, compared to 83% (2007/08) and 79% (2006/07).
- 88% understood the meaning of Dementia

Care is planned and delivered in partnership with consumer/patient and, when relevant carer to achieve best possible outcomes. This graph shows patients numbers for High Level Care-HLC and Low Level Care-LLC.



Person Centred Care

Longer Stay Older Patient (LSOP) Project - Council of Australian Governments initiative

We know that people's health and function can deteriorate whilst waiting in an acute hospital for an aged care bed. This can lead to complications and increased mortality. The four-year project was aimed at preventing this decline by focusing on:

- Increasing mobility and falls prevention
- Good nutrition
- Preventing depression
- Having an 'elder friendly' environment; and
- Staff expertise in caring for longer stay older patients undertake formal training in the Enhancing Practice Program to promote Person Centred Care.

Committed to Aged Care that is Homely and Safe

Staff at Merindah Lodge, our Aged Care facility at Camperdown, have been making life as homely as possible for residents. The Eden Alternative which helps to decrease loneliness and reducing helplessness has completed a lovely garden to enjoy and, recently they have erected a gazebo to relax in and view the surrounds. The project fosters relationships with family, friends, pets and within the community, and encourages residents to take on responsibilities such as caring for pets, plants and other tasks. New TV antennas have been installed for individual access to all broadcast channels and bus trips to local areas of interest are always well attended. Cooking and craft work are available and the Beauty Shop is well patronised for a pamper session.

High Quality Aged Care

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

- Full accreditation maintained, passing all 44 Aged Care Standards in May 2009.
- Monitoring and submission of data on a range of care aspects helps us compare our practice to the rest of the industry throughout Australia and New Zealand. We pride ourselves on having a culture of reporting.
 - We are equal first in the industry for minimum use of both physical and chemical restraint
 - Above average for our compliance with documentation.
 - Equal first/131 in industry- No pressure ulcers reported in quarter April-June 2010
 - Skin tear rates were higher than industry average with 43% residents (15 reports April-June 2010) however many relate to falls- one resident sustained 8 skin tears from a fall outside. We do encourage our residents to maintain their mobility.
 - Our falls rate was 22 (64%) for April-June 2010 an increase from last quarter. One resident had several falls in this quarter. Our injury rate related to falls is very low.

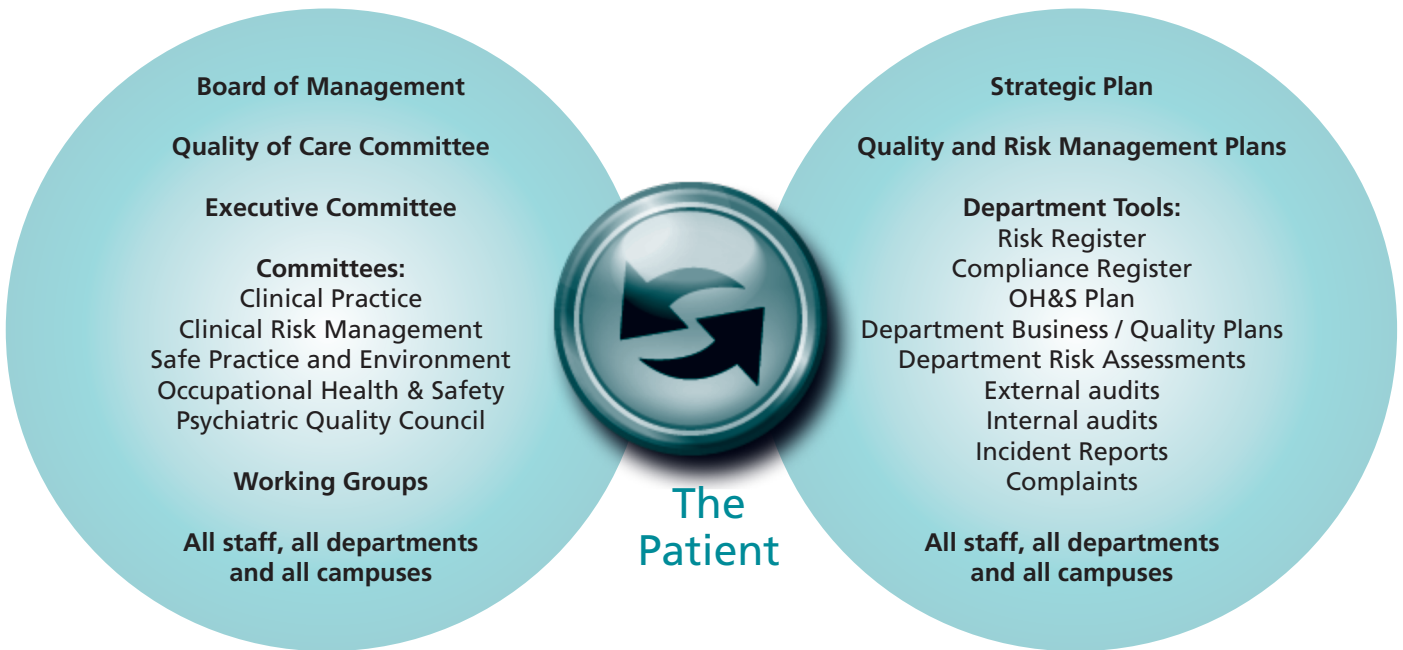
Achievements:

- Improved attendance at falls prevention exercise classes.
- Documentation reviews and promotion of Advance Care Planning.
- Music therapy twice weekly (a volunteer program) resulted in improved short term memory recall and settled behaviour.
- Easier to read staff name tags.
- Staff education and awareness sessions conducted.
- Cognitive Impairment Identifier Symbol displayed
- Protected meal times and communal dining introduced
- Developed and trialled a Nutrition Screening Tool to monitor patient meal intake.

Quality and safety

Managing Quality, Safety and Risk is all about good governance. How it all works...

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



Clinical Governance – what is it ?

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

The four guiding principles of effective clinical governance are to:

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

Incident Reporting: the system

For Risk Management to work effectively, staff must feel comfortable reporting any incident so that we can make improvements. We use Riskman, a secure electronic database, to report all incidents. This table shows a high reporting rate yet the number of adverse events remains low indicating a strong reporting culture where staff are confident in reporting errors.

	Total Number Reports	Number of Adverse Events	% Adverse Events of Total	Adverse Events per 1000 bed days
2007	1804	92	5.0%	0.18%
2008	1703	78	4.5%	0.15%
2009	1152	48	4.16%	0.085%
2010	2000	39	1.95%	0.078%

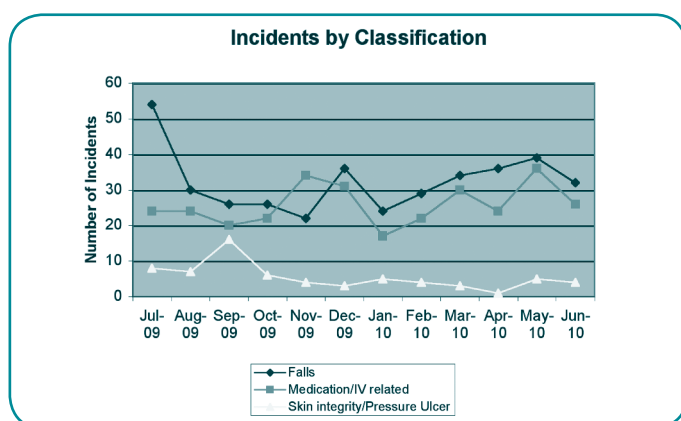
Safety Trend Summary: All 3 key performance indicators 2009-2010

Aim: To ensure patient safety by reducing the number of falls, medication incidents and pressure injuries experienced by our patients.

Monitored: Daily incident reporting is monitored by the Quality Unit and on each ward using safety crosses which are part of Releasing Time to Care – Productive Ward. The data is also monitored on a real time basis by the Quality Unit on their Performance Board.

Measured: Performance trended across time and compared with national data (ACHS Indicators)

Reported: Performance is reported to the Board via the Quality Committee every month, reported to the Clinical Risk Management Committee once a month and reported through the Quality Unit to managers every month. Staff in each ward report their own data on a weekly basis using the ward performance boards and the weekly board meeting.



Current status: As can be seen from the graph above we managed to reduce our falls rate from 55 to around 30.

We have made a significant reduction in the number of falls categorised within the moderate category of harm to minor (no harm). We have also reduced the number of falls a patient may have during their admission through ensuring that a robust process of assessment and appropriate action is taken when a patient is admitted.

Medication related incidents are rising due to the increased rate of reporting. This is as a direct result of Releasing Time to Care – Productive Ward (see further in the report). We have not had an increase in incidents categorised moderate or severe – almost all reported medication incidents were minor (no harm)

Pressure related incidents reporting is very low so we would like to know if this is an accurate rate.

Further planned improvements for 2010/2011:

- Continue to strive to reduce our falls rate
- Evaluation of a new falls assessment tool across the organisation (FRAT)
- Ensure better reporting at ward level by introducing Releasing Time to Care – Productive Ward methods to each ward by early 2011.
- Ensure all staff in each ward meet each week / each day at the performance boards to review all their data
- Match data quality with performance quality – introduce bedside patient safety rounds

Best Practice Review

South West Healthcare has responded promptly and positively to patient safety with improved systems and procedures including:

- Use of a validated falls risk assessment tool (FRAT) which was trialled before use, evaluated and rolled out across the organisation including aged care.
- Reviewing medication incidents in a planned way using established techniques for example: through the Releasing Time to Care – Productive Ward program – Medications module, staff process map medication rounds, video medication rounds and review the video material, use of a new root cause analysis template to develop problem solving abilities at ward level and provide real time, practical solutions.
- Continue with Pressure Ulcer Point Prevalence education and audit.

Quality Unit Performance Measures

Leaders: Redesigning Care

SWH joined the Department of Health Redesign program in 2008 which is based on introducing 'Lean' principles to health care to improve patient care & flow. The Lean Management program has also successfully been introduced into every day work practice in the Quality Unit

The Lean Management program developed by the Quality Unit is aligned with the SWH strategic plan and the Warrnambool campus redevelopment to ensure staff have the expertise to maximise patient care and safety by:

- Appropriate, effective & efficient processes of care
- Appropriate & efficient set up of their environment

The program is also aligned with 'Focus on Variation' program through the utilisation of data from Health Round Table (HRT) to guide prioritisation of Redesign work

Quality Unit Redesign staff have presented at conferences and workshops around their results (Melbourne 2010) and have presented their results to the Department of Health in Melbourne.

Visits to SWH have been requested from Melbourne metro hospitals and Department of Health staff.

As part of the Lean methodology, the Quality Unit has developed a set of key performance measures to capture real time data which is reviewed every week in the Unit by all Quality staff and unit managers.

The Quality Unit comprises a dedicated team of staff working to ensure we always strive for best practice in a safe and efficient work environment.

Team includes the Quality Manager -Karen Harrison, Trevor Roberts – Safety and Security Manager, Leanne McCann- Redesigning Care Manager, Ingrid Wynd- Quality Projects,

Janet Sherritt –Consumer Health Information, Kerry Bethune- Redesign project officer, Jenny Lukies & Chantal Rayner -Infection Control, Katrina Hoy- Hand Hygiene & Staff Health Nurse, and Nick Van Zelst- Transfer and No-lift project.

Campus Quality Managers- Macarthur- Catherine Loria, Camperdown- Bambi Vagg, Psychiatric Services- Jo Doman.



Priorities For Improvement 2010 – 2011

Our key priorities have been chosen based on three domains of quality and reflect the potential to improve the patient experience, clinical effectiveness and to increase safety.

We have made our choices based on our patient involvement events, information taken from our patient survey responses, and complaints themes.

Experience

Aim: To reduce the number of times a patient's date is changed prior to their planned surgery. We will address this through organisation redesign and refining the elective pathway.

Monitored: Inpatient survey; monthly data; national comparison (ACHS Clinical Indicator data – cancellation rate)

Measured: Performance in our state survey (patient satisfaction rates and comments)

Complaints raised by consumers in this area

Performance against national targets for cancelled operations

Reported: Performance will be reported via monthly monitoring information. Whilst this is a priority we will continue to monitor patient experience via a variety of methods and implement actions for improvement on an ongoing basis.

Effectiveness

Aim: To further develop our enhanced recovery programmes for patients with certain chronic illnesses.

Enhanced recovery programs use evidence-based interventions to improve in-hospital care. These are commonly called care pathways. They have enabled early recovery, quicker discharge from hospital with more timely referral to HARP, and more rapid return to normal activities. Quality is improved by reducing complications and enabling a more rapid return to function.

Productivity is improved by reducing hospital stay which is safer for the patient.

We will address this priority through redesign of the pathway to include enhanced recovery measures.

Monitored: By regular presentation of progress at the Quality Unit performance board meeting and regular internal meetings.

Measured: Reduction in lengths of stay for identified conditions

Performance against national targets

Reported: Performance will be reported to a range of internal meetings which monitor length of stay, and to the national Health Round Table group.

Safety

Aim: To improve our response to acute patient illness and, deterioration via the recognition of and, response to clinical deterioration in hospitals program developed by the Safety and Quality Commission. Patients who are admitted to hospital believe that they are entering a place of safety and they, their families and carers, have a right to believe that they will receive the best possible care. They should feel confident that, should their condition deteriorate, they are in the best place for prompt and effective treatment. However, it is nationally recognised that some patients who are, or become, acutely unwell in hospital may receive suboptimal care. SWH will work to ensure that there are systems in place to support clinical staff in reducing patient risk through recognition of deterioration and will have some key metrics associated with this improvement.

Monitored: Use of a national tool to identify harm events and reduce harm

Develop and implement standard operating procedures relating to the care of the deteriorating patient

Identify and reduce the risk in high risk patients across all specialties

Measured: Via internal measures for improvement

Reduction in harm (rate to be established following case note review)

Reported: Performance will be reported to appropriate internal meetings, medical staff and via the Quality Unit performance board.

Pain Assessment and Management

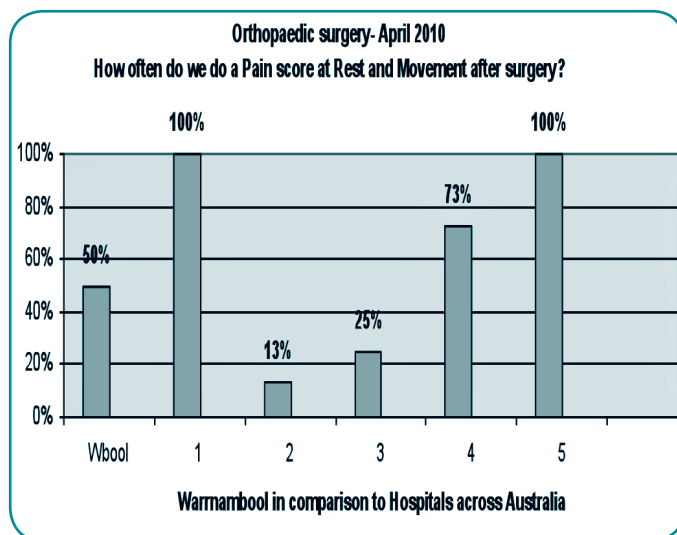
Acute Pain - 12 months on

A staff survey in 2009 told us that 95% of patients 'stating they had pain', had a pain assessment done. Over the last 12 months we have been working towards 100% of patients' having a pain assessment and treatment when they tell staff they have pain.

We have:

- Reviewed Instructions/ Guidelines around Acute Pain Management and found Guidelines in particular specialist areas but not a Guideline for general clinical areas. We will launch Acute Pain Management Guidelines for Clinical areas in late 2010.
- Identified nurses to work with staff and patients to promote pain assessment and treatment in each clinical area.
- Scheduled Acute Pain Education sessions in each Clinical area
- Visited Merindah Lodge in Camperdown to look at Pain management in Aged Care
- Participated in a National audit to see how we compare with other organisations.
- We looked at Pain assessment post operatively in Total Knee Replacements.

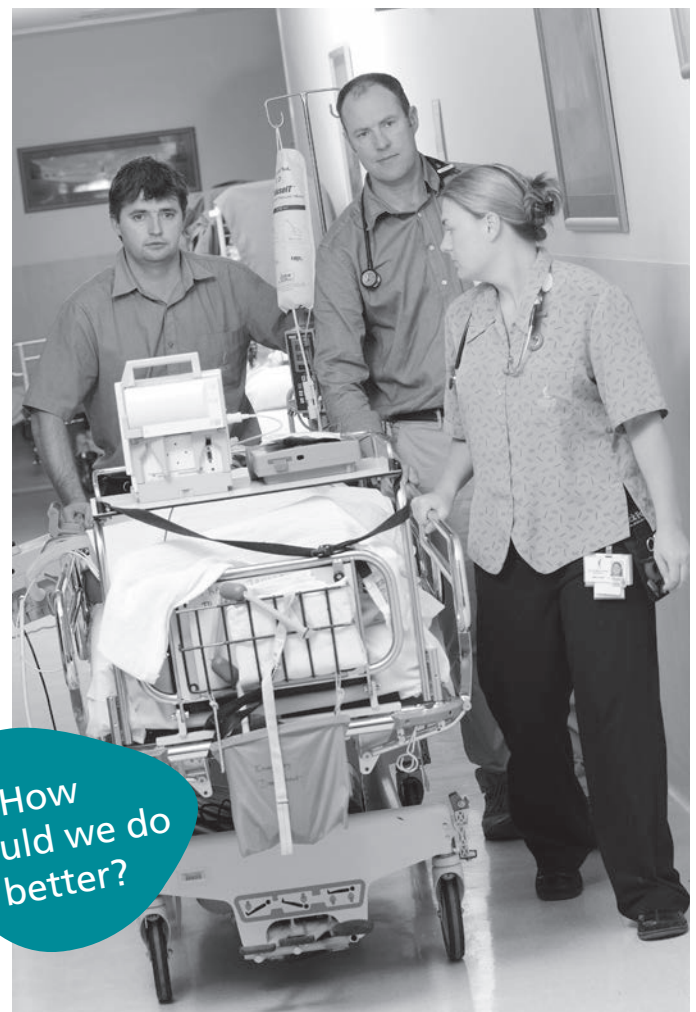
The graph below shows we currently assess pain 50% of the time at Rest and Movement post operatively, identifying that there is room for improvement and change. Our aim is for 100% of pain assessments to include Rest and Movement.



- Education in pain management is offered to the patient and their carers. We are encouraging patients to discuss any concerns about how their pain will be managed following their operation.
- At preadmission clinic 'Managing your Pain' brochures are available. Staff want to know whether people have had previous operations or hospital admissions and, if pain has been a problem for them.
- Many people having surgery to replace hips and knees will have experienced long term pain. The medications that they may have been taking can affect what we can give after surgery.

Your experience told us you were concerned about pain following your surgery 12 months on we have done the following

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



Was your experience good?

How well did we care for you?

How could we do better?

Accreditation – a measure of accountability

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

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

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

Type of Accreditation	Status
Australian Council on Healthcare Standards (ACHS)	Full 4-year accreditation June 2010. Of 45 criterion assessed we achieved: 1 x OA-Outstanding Achievement 20 x EA- Extensive Achievement 24 x MA- Moderate Achievement 20 x EA- Extensive Achievement Psychiatric Services
Aged Care Standards Accreditation Agency (ACAA)	Full 3-year accreditation achieved May 2008. Unannounced reviews since maintain accreditation status.
National Standards for Mental Health (NSMH)	Full 4-year accreditation achieved June 2010
Home and Community Care (HACC)	Successful review June 2010.
Baby Friendly Hospital Initiative	Full 3-year accreditation achieved 2008 for Warrnambool campus.

Knowing how we are doing

SWH Redesigning Care manager Leanne McCann used her **2008 Deakin University–Health Super Leadership in Nursing (Rural) Award** grant to fund a two-week study tour of the United Kingdom. In July 2009 she visited a number of hospitals recognised for well-established redesign work to gain further insight into establishing this method of improvement. She also met with NHS Institute of Innovation and Improvement staff to investigate practical application of redesign in a variety of settings, leadership strategies for introducing redesign methodology, ideas for successfully-introduced solutions and hints for overcoming barriers. Returning to SWH, Leanne commenced the roll-out of the internationally successful Releasing Time to Care–Productive Ward program making our Warrnambool and Camperdown hospitals the first hospitals in Victoria to implement it and our Psychiatric Services Division the first mental health service in Australia to do the same.



Staff viewing the Acute Ward Performance Board and Safety Crosses.

Patient safety

Infection Control – it's everybody's business

We work on lots of different ways to reduce the risk of infection to you. These include correct procedures, staff education and monitoring.

It's all in the Hands

Did you know that hands are a main culprit for spreading infection? However research shows compliance with hand hygiene is poor - often due to lack of time, knowledge and hands becoming dry from soap, water and paper. BUT we are improving thanks to our hand hygiene project, partly funded by the Department of Human Services.

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

Infection Control = Infection Prevention

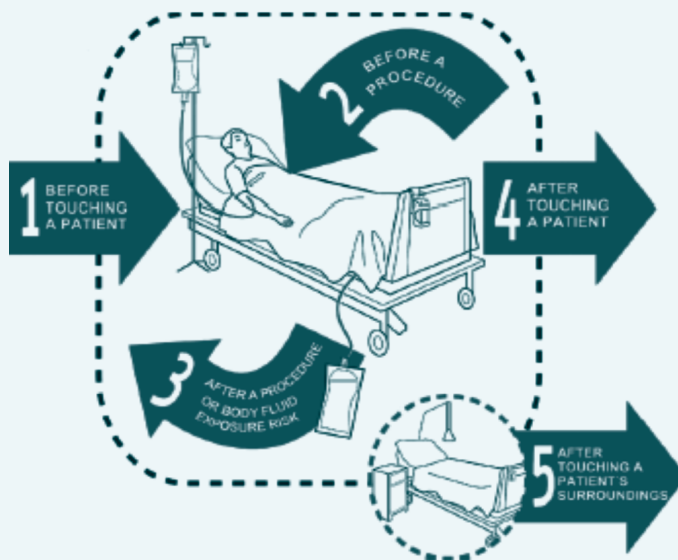
Infection prevention is everyone's responsibility, as is providing clean and safe care to patients. Robust infection prevention practice is easier to instil than management of the problem, and will provide sustainable reductions in infection rates. The Infection Control Department provides consultancy,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

Taking Control of Hand Hygiene

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

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

5 Moments for HAND HYGIENE



This is what hand hygiene should look like to you when you are a patient – your nurse or your doctor should take a moment to clean their hands.

Our success:

- Staff hand hygiene compliance improved to 72.2 % from 66.6% last year.
- We are above the State target compliance of 55%
- Allied Health care workers 57 %
- Nurses compliance 78.8 %
- Student Nurses achieved 78.9%
- Doctors compliance 34 %
- Administration & Clerical Staff 83%
- Personal care staff 85.5%

Infection Control received an Extensive Achievement (EA) at the June 2010 accreditation

Our Report Card on the Regional Strategies to Prevent Infection

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

Indicator	What We Do	Status	Our Achievements
1. Health Care Worker Vaccination Status	We offer a full vaccination program for staff according to the National Health Medical Research Council (NMHC) guidelines	✓	61% of our total staff had the flu vaccine. 46% of staff had the Panvax H1N1 Human Swine Influenza.
2. Orientation in Infection Control for Staff	Infection Control education is part of the staff Orientation and Mandatory Update Programs.	✓	100 % of new staff over the last 2 years have attended education sessions.
3. Employee occupational exposures (includes needle sticks, splashes etc)	We track all exposures, identifying preventable cases and develop action plans to prevent it happening again.	✓	Our employee exposure rate for 2008/09 remains at 0.6% of occupied bed days.. What are we doing about it? <ul style="list-style-type: none"> We have introduced retractable needle systems for the intravenous cannula insertions Our 2 infection Control Consultants have completed The Graduate Certificate in Infection Control More staff training in HIV & Hep C pre and post test counselling. Return of our safer Daniels Sharps Disposal Units.

SWH State Data Comparison

	2007-2008	2008-2009	2009-2010
Surgical Site Infection Rate	0.8%	0.13%	0.2%

Compared to the Centre for Disease Control and Prevention (CDC) in USA, the acceptable range is 1-5%.

SWH Infection Control Data Comparison

	2008-2009	2009-2010
Total Hip replacements	85	93
Total Knee Replacements	68	60
Overall Joint Replacements	153	153

Overall Infection Rate at SWH 4.5%

Recognition of work well done-

The hospital received a congratulatory letter for achieving one of the highest proportions of staff vaccinated in the state of Victoria for 2009

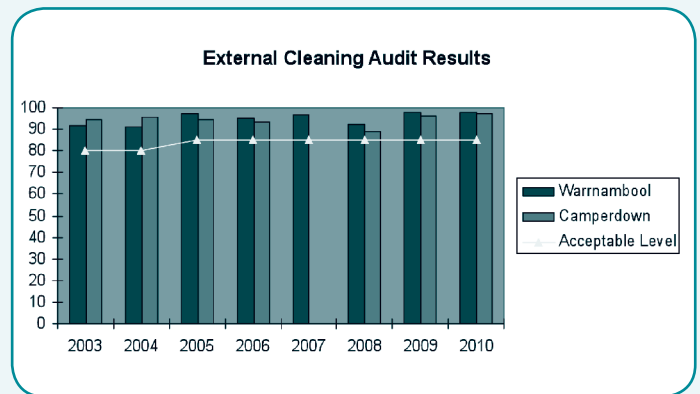
0 % infection rate for Critical Care Central Venous Catheters for the last 6 years following the introduction of 'care bundles' (Guides for best practice for all aspects of care)



Clean Hospitals and Clean Equipment - help prevent infections

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

The graph (below) shows that our performance is consistently above the Acceptable Quality Level (AQL) of 85% for all Victorian Heath Facilities at the external audit undertaken in March 2010.



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

	2007	2008	2009	2010
Warrnambool	99%	95%	98%	98.5%
Camperdown	No data	88.8%	96.8%	97.1%
State Average/ Acceptable Level DHS- Quality	85%	85%	85%	85%

ResourceSmart is coming

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

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

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

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

South West Healthcare is currently working on the draft strategy for the ResourceSmart program, and is due to submit the final two year strategy 2011-2012 by June 2011.

South West Healthcare is excited about the prospect of introducing this waste program to our facility and helping to reduce the impact of waste on our environment. Continuous updates will be available as the program progresses

Pressure Ulcers – the future

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

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

A framework for prevention:

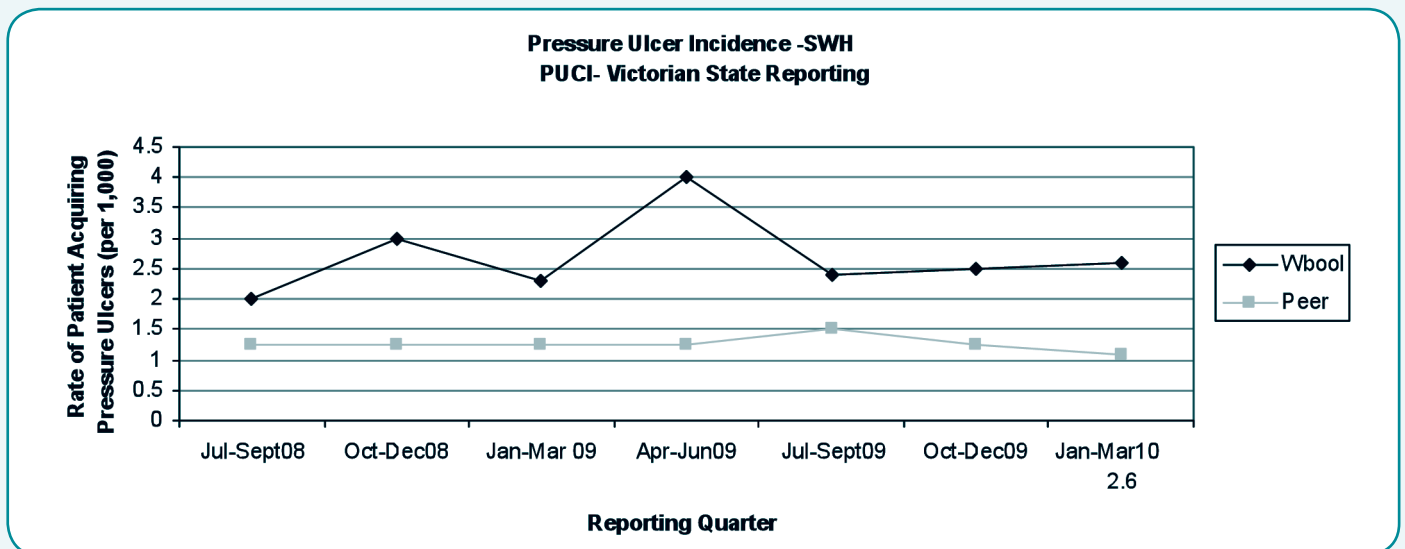
To monitor our hospitals rate and severity of pressure ulcers we are guided by:

The Pressure Ulcer Clinical Indicator set which has been created to support ongoing surveillance of pressure ulcer occurrence.

Included in our report:

- Completion of pressure ulcer risk assessment on admission- recognising the patient may be at risk of a pressure ulcer when they are first admitted to hospital.
- Recording of interventions in place for the patient if they are assessed at being at risk of a pressure ulcer- identifying the things we can do to reduce someone developing a pressure ulcer.
- Evidence that a wound chart has commenced and is maintained where a pressure ulcer is present- a record to help us when treating a pressure ulcer.
- If pressure ulcer present evidence that an incident form is completed – a system for our organisation to monitor the number and severity of Pressure Ulcers we are seeing throughout the organisation.

The Department of Human Services compiles this data and reports to us against other healthcare facilities that are categorised as being of a similar service, 'benchmarking' of our organisation, that is letting us know how we're going in the 'Big picture'.



Plans for 2010-2011:

We are working towards:

1. Evaluating at ward level the number of pressure ulcers which occur. Through the work being done in 'Releasing Time to Care' we use a visual "red dot" system on a monthly calendar on boards in ward corridors which show staff and patients/visitors any pressure ulcers found and this data is used to develop improvement work.
2. Updating and training about pressure ulcers for nurses.
3. Compliance audits done every three months to monitor risk assessment, intervention implementation and ongoing assessment should a patient have a prolonged hospital stay.

Reporting – locally:

Our Pressure Ulcer Working Group at South West Healthcare consists of: our Nurse Practitioner in Wound Care, Occupational Therapists, Podiatrists and Pressure Ulcer Trained Nurses and meets 2nd monthly and reviews the data submitted to The Department of Human Services and listens to what our clinicians are seeing on a day to day basis in the clinical areas. We discuss pressure relieving equipment, podiatry interventions, nutritional advice and what our patient's are telling us.

The goal of our Pressure Ulcer Working Party at South West Healthcare is:

To facilitate and promote pressure ulcer prevention and management strategies in accordance with best practice principles: simply 'doing the best we can'.

Falls Prevention

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

1. Identifying your risk of a fall

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

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

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

3. Monitoring – is it all working?

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

National Comparison:

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

	SWH	All Hospitals
2006 Jan – Jun	0.9%	0.13%
2006 Jul- Dec	0.8%	0.13%
2007 Jul - Dec	1.01%	0.39%
2008 Jan - Jun	0.51%	0.35%
2008 June -Dec	0.36%	0.34%
2009 Jan-June	0.32%	0.37%
2009 Jul-Dec	0.28%	0.38%
2010 Jan-June	0.16%	no data yet

We know that we have:

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



Rehabilitation for balance and coordination.

Medication Safety - Prevention is Best

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

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

Monitoring our Medication Incident Rate

Our staff are very good at reporting any incidents or near misses as they realise that knowing how errors occur can help us develop ways to prevent it happening again. The table compares our five common types of medication incidents.

	Total Incidents Reported 2010	% of Total Incidents
Delayed Dose	25	7 %
Omitted Dose	74	21 %
Documentation	72	20 %
Wrong dose	34	9 %
Wrong Drug	30	8 %

Barwon South Western Region Transfer Project

Patient care is often compromised by ineffective patient transfers and handover between clinical staff. This is compounded when there is also a lack of understanding about the capacity of the receiving organisation to meet the patient's needs.

An online survey upon commencement of the project in March 2010 suggested 85% of Managers had received a patient transfer that lacked information, while 90% managers (and 77% clinical staff) believed in the need to improve transfer information between healthcare facilities.

The transfer project was commenced at SWH in 2008 to improve the outcomes of transferred patients and has now been extended to 33 healthcare facilities in the Barwon-South Western region including nine shires; Queenscliff, Glenelg, Geelong city, Surf Coast, Colac-Otway, Corangamite, Warrnambool city, Moyne and Southern Grampians. The overall aim is to make patient transfers safer and more consistent across the region.

The project uses a standardised 'transfer envelope' for all inter-organisation patient transfers between Acute, Sub-Acute & Residential Aged Care facilities.

The envelope prompts staff to include crucial information such as

- Nursing/Medical summary letters
- A variety of care plans
- Risk assessments
- Allied health documentation
- Medication management
- Communication between transferring facilities, next of kin and GP

A Transfer Website was developed for use in conjunction with the envelope. Staff planning to transfer patients can access the site to understand the capacity of the receiving organisation to provide appropriate care. The Website lists each healthcare facility contact details, services provided and any transfer and other requirements specific to the facilities needs.

The project is due for completion in November 2010 and early evidence indicate 95% improvement in transferred patient information to receiving facilities when a transfer envelope is used.

Regional Level Monitoring - Limited Adverse Occurrence Screening (LAOS)

Our Camperdown campus participates in a review program for small rural hospitals. Rural GP's across the state review medical records of patients from participating hospitals (privacy and confidentiality maintained) to assess care / treatment, report on any adverse events found and make comment on improvements that could be made.

Dominant screening criteria were: 45% transfers to other health service, 35% unplanned readmission within 35 days of discharge, 16% patient deaths.

75 records were reviewed were from our Camperdown campus. The table shows the Camperdown campus rate of Adverse Events.

Financial Year	Otway Division Area Total Received	Adverse Event	Educational Opportunity	Neither	Unclassified	Camperdown Records Reviewed
2007-08	124	0	8	115	1	132
2008-09	59	3	6	37	13	70
2009-10	203	3	1	33	19	75

Our Staff

Recruiting New Staff and Looking After Them Once on Board

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

Part of our success is how we:

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

Achievements:

- Sharing marketing resources from the Warrnambool City Council – 'Welcome to Warrnambool' information.
- Support of the 'Young Professionals Social Group' to help new staff settle into the health service and local community.
- A Stress Management course for staff, conducted three times during the year.
- Over 100 individual counselling sessions for staff provided.
- Debriefing sessions for staff provided after critical incidents.

Ongoing Education of Staff

This year we have introduced a session into our Mandatory Update Program for staff on medication safety, reporting of errors/near misses and latest figures. Nursing staff complete a computerised competency test to assess that they are up-to-date with their knowledge.



Clinical Associate Professor Tim Baker.

Addressing the Shortage of Rural Doctors - Centre for Rural Emergency Medicine (CREM)

Centre for Rural Emergency Medicine (CREM) helps address the critical shortage of emergency medical workers and services in the region. It contributes to teaching programs coordinated by Deakin Medical School's Greater Green Triangle Clinical School, plays a key role in the provision of emergency medical services in the region.

Students from Deakin's School of Medicine (Geelong) have been placed throughout the district to learn about working life in rural centres. Research shows that people who have a positive rural placement are more likely to return to practice in country areas. University officials hope their taste for working in the region will turn into an ongoing commitment in the future.

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

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

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

Credentialing of Medical Staff

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

Supporting Staff Education is a Priority – and the range is broad

We support a culture of 'lifelong learning' across all areas of the health service. The high number of training sessions, courses, study days, and study leave we provided this year demonstrates this well. Below is a selection of these programs:

- Orientation and Mandatory Update Programs
- Fire and Emergency Procedures
- Cultural Awareness Training
- Advanced Diploma's in Management and Human Resources
- Hospital Medical Officer In-Service Program
- Graduate Nurse Program
- Transition Year Program for nurses aiming to undertake post graduate study
- Post Graduate Diploma's in Nursing -Critical Care, Perioperative (operating theatre) Care, Midwifery
- Advance Care Planning Consultant training.
- Regional and local programs for Nurses and Mental Health Clinicians
- Updates in clinical care issues such as medication, wound care, pressure ulcer, hand hygiene, pain, cancer, PICCs & Ports.
- Leadership and Management in Nursing
- Health Coaching program for Allied Health and other staff
- Certificate IV Workplace Training and Assessment
- 31 staff graduated with Certificate IV in Health Administration
- 1 employee graduated with a Certificate 111 in Hospitality-Commercial Cookery (AVTES)
- 15 employees graduated with a Certificate 1V in Front Line Management (SW TAFE)
- Computer education courses for staff and volunteers.



Achievements:

- 896 health professionals across the region attended educational programs arranged through Nursing Education. This equates to 7,176 hours of education (not including orientation and updates)
- 1875 education contact hours for Graduate Nurses
- 117 new staff attended our Corporate Orientation program.
- 6 registered volunteer attended computer training
- 119 Psychiatric Services staff participated in 2,558 hours of training, an average of 21.4 hours each staff member
- 1345 staff undertook Fire and Emergency Response training in 2009-10 as part of our Mandatory Update program..
- 56 departments conducted monthly OHS inspections with 99% compliance

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

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

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

In 2009-10:

- 119 staff participated in 2,558 hours of training
- An average 21.4 hours of training was provided to each staff member
- 13 staff attended orientation

Training included:

- Predict, Assess & Respond To challenging/aggressive behaviour (PART)
- Applied Suicide Intervention Skills Training
- Workings with Families and Children by statewide Families where a Parent has a Mental Illness.
- Motivational Interviewing
- Working with the Complexities of Borderline Personality Disorder by Spectrum's Statewide Personality Disorder Service of Victoria

Primary and Community Services

South West Healthcare's Primary and Community Services provides the region with a wide range of best-practice services including primary care, health promotion, family planning and community health programs, and dental services. Its education and training program is aimed at increasing and enhancing the already-exceptional skills and expertise of its 123-strong team.

In 2009-10:

- 50 Community Health staff participated in 1,052 hours of training
- 11 Dental Services staff participated in 119 hours of training
- An average 21 hours of training was provided to each Community Health staff member
- An average 10 hours of training was provided to each Dental Services staff member
- 5 Community Health staff attended orientation

Training included:

- Diabetes in Our Community - a SWH Chronic Illness Programs education day highlighting SWH programs and services for diabetes clients across the continuum of care.
- Diabetes: It's More Than Glucose Control by Diabetes Australia.
- Gender and Diversity Training .
- Aboriginal Health Promotion Short Course
- Girls on the Go by RMIT.
- Motivational Interviewing.
- A Framework for Understanding Poverty
- Introduction to Health Promotion by SWH Community Health Quality and Health Promotion Program manager Catherine Loria.
- Flinders Model, Chronic Condition Self-Management
- Advanced Wound Care by Wound Scope.



Trevor Absalom, new Librarian at South West Healthcare.

Non Clinical Services

South West Healthcare's Human Resources department continues to provide educational opportunities for non clinical staff in all areas. More than 107 employees have now successfully completed Certificate III or higher qualifications.

In 2009-10:

- 31 employees graduated with a Certificate IV in Health Administration (SW TAFE)
- 1 employee graduated with a Certificate III in Hospitality – Commercial Cookery (AVTES)
- 15 employees graduated with a Certificate IV in Front Line Management (SW TAFE)
- 23 employees commenced training in the following areas:
- Certificate III in Electro Technology, Refrigeration & Air Conditioning (Box Hill TAFE)
- Certificate III in Hospitality – Commercial Cookery (AVTES)
- Certificate IV in Hospitality – Commercial Cookery (AVTES)
- Certificate III in Dental Assisting (RMIT)
- Certificate III in Hospital /Community Health Pharmacy Assistance (SW TAFE)
- Certificate III in Sterilisation Services (Mayfield Education)
- Certificate III in Transport & Logistics – Warehousing & Storage (Warrnambool Community College)
- Certificate III in Retail Operations (AVTES)
- Certificate II in Hospitality – School Based Traineeship (Westvic Group Training)
- Advanced Diploma of Business Management – Human Resources (Gordon Institute)

Some Great Achievements and Community Work

Employees making their mark

- Luke Beks and Narelle Lewis SWH Nurses travelled to the Solomon Islands to volunteer at a medical clinic in September/October 2009.
- Catriona Campbell (Psychiatric Services) rounded up colleagues to join the worldwide "Vindaloo Against Violence" campaign in a show of solidarity against racism in February 2010.
- Whale Boat racing including "The Stroke Team" of Larry Abrahams (social work), Colin McDonald (Linen Services), Ashley Zanker (Education), Peter Martin (Medical Services), Patrick Groot (Stroke Liaison Nurse), Bore Hoekstra (physiotherapist) and Carl McMeel (WASS) and Corey O'Conner (Environmental Services) enjoy this new team building activity.

Volunteer Services

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

In 2009-2010:

- 85 registered volunteers participated in 485 hours of training
- 40 registered palliative care volunteers each participated in 16 hours of training
- 45 volunteers each participated in OH&S training

Palliative care-specific training included:

- Non-Malignant Disease & Prognostic Guidelines
- The Fitting of Prosthesis for Breast Cancer Patients
- Sharing Insights from Our Own Hands-On Experience
- The Role of the Breast Care Nurse

General training included:

- OH&S by SWH Environmental Safety and Security manager Trevor Roberts.
- Infection Control by SWH infection control nurse Jenny Lukeis.

SWH Perioperative Education Clinical Facilitator Paula Foran was awarded the 2009 Johnson & Johnson Victorian Perioperative Nurses Group Research Scholarship for her PhD research on the Benefits of Operating Theatre Experience for the Undergraduate Nurse. She investigated the educational benefits of witnessing and participating in surgery, and its ability to then provide information useful to caring for patients before and after an operation. Her findings revealed undergraduate nurses who participated in a guided learning

experience achieved a 77% pass rate compared to 56% pass rate for those who did not. Paula Foran was also awarded the 2009 Deakin University-Health Super Excellence in Nursing Leadership (Rural) Award



Our Wonderful Volunteers

We would like to say a heart felt thanks for all the precious time and effort our 288 volunteers put in around the healthcare facility campuses in 2009/10

Thank you so much one and all – we couldn't do it without you. For anyone out there who would like to join in the fun – YES DO

**Contact Marita Thornton,
Volunteer Coordinator 03 5563 1459**

Research

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

- 2009 Johnson & Johnson Victorian Perioperative Nurses Group Research Scholarship awarded to Paula Foran for her PhD research on the benefits of Operating Theatre Experience for Undergraduate Nurses.
- Paula was also awarded the 2009 Deakin University-Health Super Excellence in Nursing Leadership (Rural) Award.
- AEW Matthews Memorial Travelling Scholarship 2009 awarded to Catriona Campbell Psychiatric Services Primary Mental Health to attend conferences in Vienna and London
- A Very Early Rehabilitation Trial (AVERT) is a world first stroke-specific research project concentrating on very early rehabilitation, with a focus on mobility, versus standard care after stroke.
- Australian Stroke Clinical Registry (AusCR) sees our Stroke Liaison Nurse Patrick Groot engaged in this nationwide stroke and Transient Ischaemic Attack (TIA) data collection process.
- Carer Perception of Cognitive Functioning in the Aged a collaboration between Psychiatric Services Aged Persons' Mental Health Service and Deakin University
- Department of Health Review of Access to Emergency Surgery identifying issues and challenges impacting high quality, safe and timely emergency surgery.
- Healthy Hearts our Community Health Program detailed on page 10
- Older Persons Music Therapy

Published Research

Excellence in Regional Stroke Care: An evaluation of the Implementation of a Stroke Care Unit in Regional Australia- August 2009 Published in Australian Journal of Rural Health.

Acute Farm Injury: Implications for Rurally-Based Health Services 2009: Associate Professor Daryl Pedler, Monash University School of Rural Health.

connecting with our community

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



Our team of over 1,113 staff provide a wonderful service to patients/clients, staff and our health service across all campuses some of who are pictured.

Glossary

ACAS - Aged Care Assessment Service

ACHS - Australian Council of Healthcare Standards

AHPACC - Aboriginal Health Promotion and Chronic Care

DHS - Department of Human Services

ED - Emergency Department

GP - General Practitioner

HARP - Hospital Admission Risk Program

ICAP - Improving Care for Aboriginal and Torres Strait Islander Patients

LAOS - Limited Adverse Occurrence Screening

OHS - Occupational Health and Safety

PUPPS - Pressure Ulcer Point Prevalence Survey

SWH - South West Healthcare

VMO - Visiting Medical Officer



SOUTH WEST
HEALTHCARE

Hospitals

Warrnambool Hospital - Ryot Street, Warrnambool 3280
Ph: 03 5563 1666 Fax: 03 5563 1660

Camperdown Hospital - Robinson Street, Camperdown 3260
Ph: 03 5593 7300 Fax: 03 5593 2659

Community Psychiatric Services

Warrnambool Bohan Place - Lava Street, Warrnambool 3280
Ph: 03 5561 9100 Fax: 03 5561 3813

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

Community Health Centres:

Warrnambool - Henna Street Warrnambool 3280
Ph: 03 55644190 Fax: 03 5563 1660

Manifold Place - Manifold Street Camperdown 3260
Ph: 03 5593 1892 Fax: 03 5593 2010

David Newman Adult Day Centre - Church Street Camperdown 3260
Ph: 03 5593 2717 Fax: 03 5593 3087

Lismore Community Health - High Street Lismore 3324
Ph: 03 5558 3000 Fax: 03 5596 2265

Macarthur Community Health - 12 Ardonachie Street Macarthur 3286
Ph: 03 55522000 Fax: 03 5576 1098

SWH Aged Care Facility

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

www.southwesthealthcare.com.au