

West Wimmera Health Service

Quality & Care

A Review

2011-2012



Services for a Very Diverse Population

Allied and Community

Ante & Post Natal Classes
Asthma Education and Counselling
Cancer Council Victoria
– Cancer Awareness
Cardiac Rehabilitation Program
Carer's Support Group
– Nhill, Goroke
Community Health Nursing
Continenence Education
Diabetes Education
Dietetics
District Nursing
Drug and Alcohol Program
Emergency Relief Program
Exercise Groups:
Aerobics, Falls & Balance Group,
Gentle Exercises, Tai Chi
Exercise Physiology
Farm Safety Education
Fitness Assessments
Fun, Fit and Fabulous
Gorgeous Girls School Program
Guys & Gals School Program
Gym/Weights Program
Hairdressing
Health and Fitness Centre
Health Promotion & Education
Hearing Services
Home and Community Care
Hospital in the Home
Hospital to Home
Kindergarten Screenings:
Podiatry, Speech Pathology,
Occupational Therapy,
Physiotherapy and
Dietetics awareness
Massage Therapy
Maternal and Child Health
Meals on Wheels
Men's Sheds
Moovers and Shakers Walking Groups
National Diabetes Service
Nutrition Education
Occupational Therapy
Optometry
Orthodontic Referral
Pap Smear Tests
Physiotherapy
Planned Activity Groups
(Adult Day Centres)
Podiatry
Puberty Biz
(for Grade 6 Children & Parents)
Radiology
Rural Primary Health Service
'Secret Men's Business'
(Group for older men)
Social Work – Welfare
& Counselling Service
Speech Pathology
Strutting Strollers
WorkHealth Checks

Care for the Aged

Aged Care Assessment
Community Aged Care Packages
Community and Home Based Aged Care
Consumer Directed Care Packages
National Respite for Carers Program
Residential Hostels & Nursing Homes

Clinical

Acute Hospital Care
Admission and Discharge Clinic
General Dental
Dental Diagnostic
Dental Prosthetic
Dialysis
Domiciliary Midwifery
ENT Surgery
Gastroenterology
General and Specialist Medical Care
General and Specialist Surgery
Laparoscopic Surgery
Maternity Shared Care Clinic
Nursing Traineeships
Obstetrics and Gynaecology
Ophthalmic Surgery
Oral Surgery
Orthopaedic Surgery
Palliative Care
Pathology
Pharmacy
Post Acute Care
Primary Care Casualty-Urgent Care
Psychiatry
Re-constructive Surgery
Regional Discharge Planning Strategy

Community Programs

Hospital to Home (H2H)

The program supports patients in the transition from hospital to home. Patients must live in municipalities associated with West Wimmera Health Service.

Hospital in the Home (HITH)

HITH is the provision of hospital care in the comfort of the person's own home. Patients are regarded as hospital inpatients and remain under the care of their treating medical practitioner.

National Respite for Carers Program (NRCP)

Provide 'time out' for carers of people with Dementia. This program offers carers the opportunity to maintain their own interests while fulfilling the demanding role of carer.

Community Aged Care Packages (CACPs)

These packages offer comprehensive assistance to the elderly to support them in their homes, thus delaying entry into a hostel or nursing home.

Post Acute Care (PAC)

Provides community based services such as community nursing and personal care.

Home and Community Care Program (HACC)

This program provides care in home and community settings to frail older adults, younger people with disabilities and their carers, promoting independence and avoiding premature or inappropriate admission to long term Residential Aged Care.

Consumer Directed Care Packages (CDCPs)

Consumers have the responsibility for managing their own Package and seek services they want tailored to their own special needs, hence maximising independent living within their home environment.

Disability

Advocacy
Community Access
Community Inclusion Program
Adult Day Service
Food Preparation and Sales
Future for Young Adults
Individual Support
Living Skills
Respite
Supported Employment
Therapy Programs
Vocational Training

Nursing Homes & Hostels

Nhill

Iona Digby Harris Home

Kaniva

Archie Gray Nursing Home

Kaniva Cottages Hostel

Jeparit

Jeparit & District Nursing Home

Rainbow

Rainbow Bush Nursing Home Annexe

Rainbow Bush Nursing Hospital Hostel

Natimuk

'Allan W Lockwood' Special Care Hostel

Trescowthick House Hostel

Natimuk Bush Nursing Home Annexe

Services Offered

Across the Region

Allambi Elderly Peoples Home

– Dimboola

Avonlea Hostel – Nhill

Dunmunkle Health Service

Edenhope Hospital

Goroke P-12 College

Jeparit Primary School

Kaniva College

Kindergartens:

Nhill, Jeparit, Kaniva,
Rainbow, Goroke

Lutheran Primary School – Nhill

Natimuk Primary School

Nhill College

Rainbow College

Rainbow Primary School

St Patrick's Primary School – Nhill

Woomelang Bush Nursing Centre

Service Support

Education

Engineering and Maintenance

Environmental

Health Information Management

Hospitality

Library and Resource Centre

Volunteers

Training and Alliances

Australian Catholic University

Charles Darwin University

Charles Sturt University

Deakin University

Latrobe University

University of Ballarat

University of Melbourne

University of South Australia

Wimmera Hub Inc

Traineeships

Work Experience

Work Placements



Community Aged Care Packages

Following her husband's admission to a Nursing Home, Mrs Roma Sampson shares a special moment with CACPs Manager Brenda Jackson during a home visit.

Statement of Publication

This Annual Review is a comprehensive report to our communities, colleagues and partners to inform them of our development and achievements during the reporting period 1 July 2011 to 30 June 2012 and the quality and safety of the care they will receive, thereby satisfying the Victorian Department of Health's reporting requirements.

The Review will be distributed in hard copy at the Annual General Meeting on 30th November 2012 , to be held at the Community Centre Nelson Street Nhill at 8.00 PM. Guest Speakers will be Lieutenant Colonel (Dr) Malcolm Johnston-Leek, Royal Australian Army Medical Corp MBBS MHM Dip RANZCOG FACEM AFACHSM (Emergency Specialist) National Critical Care and Trauma Response Centre, and Wing Commander (Dr) Annette Holian Royal Australian Air Force Medical Corp MBBS FRACS FAOrthA National Critical Care and Trauma Response Centre.

The Review will also be available at all West Wimmera Health Service sites, on our internal intranet, and our website at wwhs.net.au or by contacting the Service on **(03) 5391 4222**.

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Reaching the Next Level

The end of any single year of operations is a time to look back and take stock, to look forward and imagine what we can achieve. When we look back even further we can see how the Service has advanced from one level to another and then another! When we look forward we can envisage the next evolution.

'2011-2012 Quality & Care – A Review' represents the advances we have made and the unfolding ambitions of our Vision.

Acknowledgements

Design & Production Motiv Brand Design, Adelaide

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West Wimmera Health Service offers advanced medical care to 16,000 people living in six communities situated across an area of 17,000 square kilometres. Our seven separate facilities provide 52 acute hospital beds, 127 residential aged care places in addition to comprehensive community care services.

Our Vision

To establish a health service without peer through the pursuit of excellence and by opening the doors to innovation and technology.

Our Mission

West Wimmera Health Service is committed to the delivery of health, welfare and disability services which are compassionate, responsive, accessible and accountable to individual and community needs, which result in quality outcomes for the people of the West and South Wimmera, and Southern Mallee.

Our Values

Strong Leadership and Management

We value our organisation and will encourage exceptional professional skills and promote collaborative teamwork to drive better outcomes for our consumers.

A Safe Environment

Safety will always be our prime focus.

A Culture of Continuing Improvement

The delivery of superior care to our consumers motivates a culture of quality improvement in all we do.

Effective Management of the Environment

Our Service is managed in ways which recognise environmental imperatives.

Responsive Partnerships with Our Consumers

We maintain a productive relationship with our communities and stakeholders through open communication, honest reporting and a willingness to embrace constructive suggestions.



WWHS

President & Chief Executive Officer Reports

It is with respect and pride that we bring to you the ‘2011-2012 Quality & Care – A Review’ showcasing the progress and achievements of West Wimmera Health Service, highlighting the indisputable quality of services delivered to the West and Southern Wimmera, the Southern Mallee and beyond.

Image

Ronald Rosewall, President Board of Governance and John Smith, Chief Executive Officer in the new entrance Mira, Nhill



President's Report

It is with respect and pride that I bring to you the ‘2011-2012 Quality & Care – A Review’ showcasing the progress and achievements of West Wimmera Health Service, highlighting the indisputable quality of services delivered to the West and Southern Wimmera, the Southern Mallee and beyond.

A highlight of the year

The Governor of Victoria the Honourable Alex Chernov AC QC and Mrs Elizabeth Chernov, accompanied by the Mayor of Hindmarsh Shire, Cr Cliff Unger, were welcomed to the Nhill Hospital during their visit to the Shire in May. It was indeed an honour to showcase one of West Wimmera Health Service facilities to them.

Performance and achievements

In what was a rather challenging year, it is my pleasure to report another sound financial outcome and high performance achievements in all sections of service delivery.

Rigorous monitoring of financial strategies, strengthening delivery of health services, changes to infrastructure to consolidate reporting processes and continuation of the capital development of facilities combined to maintain our position as a leading provider of quality health services.

The overall performance and knowledge base of the Board of Governance is a pivotal element in the positive evolution of West Wimmera Health Service. Board Members continue to participate in further education seminars and keep abreast of changing philosophies.

Preparations are now in hand for seminars addressing ‘the appreciation of the role of the Board in strategy’* and another to update techniques in appraisal of the Board as a unit and also of individual Board Members. Representatives will also attend the ‘Better Boards Conference 2012’ in Melbourne in July.

Continuing education and distribution of up to date information by the Chief Executive Officer on current issues facing Boards ensures that the Board always acts in the best interests of West Wimmera Health Service as a whole and is equipped to address its responsibilities of strategic leadership, compliance and the monitoring of major elements of Service performance.

We have concentrated on developing a Board with a diversity of knowledge and experience to work with a common purpose to place West Wimmera Health Service at the forefront of rural health provision.

Mr Desmond White did not seek reappointment to the Board when his term expired on 30 June 2011 and on behalf of the Board and the Service I thank him for his wise contribution to West Wimmera Health Service.

Messers David Buckley and Darren Walter began a three year appointment on 1st July 2011 – welcome!

Accurate and open reporting is an essential element of communication with our stakeholders and is a standard expected of us by our Communities, Governments, the Department of Health and the Commonwealth Department of Health & Ageing. In our effort to pursue excellence on this front we place our publications before the independent scrutiny of the Australasian Reporting Awards adjudicators and PricewaterhouseCoopers, PwC Transparency Reporting Awards. (See page 11)

I congratulate Chief Executive Officer, John Smith and his Executive Team for their diligence in once again successfully working towards what can only be described as a stellar year for West Wimmera Health Service.

John’s contribution to the State and National Healthcare scene is exemplary. He is now the Vice President of the Australian Council on Healthcare Standards Council, Treasurer, Australian Council on Healthcare Standards International, a Council Member of the Australian Hospital and Healthcare Association and Board Member of the Victorian Healthcare Industrial Association.

I thank John for his outstanding leadership, for his exacting management of West Wimmera Health Service and for his meticulous attention to detail in all matters.

To Board colleagues, I extend my appreciation for their support for me in my role as President and praise them for their utmost diligence in carrying out the duties incumbent upon them as Board Members.

The 2009-2012 Strategic Plan has delivered a very real escalation in the options of services delivered to our population and validated the quality of those services. It is now time to look forward to setting in place the next phase of strategies which will continue West Wimmera Health Service’s evolution as a premier health service.

It is my privilege to serve as the President of West Wimmera Health Service and to observe from the inner sanctum its virtues and unswerving evolution, as enshrined in our ‘Vision’, into a ‘Health Service without peer’.



Mr Ronald Rosewall
President

* AICD In-Boardroom Proposal 2012

VALE

DR DIGBY IAN HARRIS AOM & LEONIE JANE HARRIS

It was with great sadness we learned of the passing in November 2011 of long term General Practitioner and doyen for West Wimmera Health Service, Dr Digby Harris AOM, followed closely in February 2012 by the passing of his dear wife Leonie.

The President, Board of Governance, Chief Executive Officer and staff of West Wimmera Health Service mourn the passing of their esteemed colleague and friend Dr Digby Ian Harris AOM.

Digby served the Nhill Hospital, Goroke Community Health Centre and West Wimmera Health Service as a General Practitioner and Surgeon for 44 Years.

During that time he held the office of President of the Committee of Management of the Nhill Hospital and later served as President of the Board of Governance of West Wimmera Health Service.

His passion for his profession was legendary, he was committed to his patients and their welfare. Digby worked tirelessly to better the care and facilities available to this community. He was a rarity with exceptional skills as a General Practitioner and also as a Surgeon.

His compassionate caring nature, his exuberance for life and his sense of humour endeared him to everyone earning him a special place in the heart of our Health Service and its communities.

A leader by nature – A doyen by reputation

The President, Board of Governance, Chief Executive Officer and staff of West Wimmera Health Service mourn the passing of Leonie Jane, wife of the late Dr Digby Harris.

Leonie was an esteemed member of the Nhill community for more than 40 years. She was much loved and respected by all and a staunch supporter of the Nhill Hospital and West Wimmera Health Service.

Her caring nature and loyalty earned her a special place in our widespread community.

A gentle, compassionate and special lady.

Chief Executive Officer's Report

2011-2012 – The Year's Achievements

It is indeed gratifying to report on the performance of West Wimmera Health Service and particularly satisfying to record that the Operating Surplus rose by 7.6%, there was a 3.2% increase in acute hospital occupancy, and a more than satisfactory conclusion to the 2009-2012 Strategic Plan.

A snapshot

Strategies to attract additional general practitioners, specialist surgeons and allied health professionals met their mark and enabled expansion of the already comprehensive range of surgery and the number of 'theatre sessions' available – certainly a bonus for a remote location and against the trend for most rural areas.

Nine residential aged care units offer accommodation for 127 residents in five towns of our catchment and have operated at almost total capacity.

All aged care services remain accredited with the Commonwealth Aged Care Standards and Accreditation Agency – tangible evidence of the quality of care and comfort residents enjoy.

Allied and community health professionals have been active across the Wimmera Sub Region reaching out to all age groups with activities, programs and education to promote awareness of and strategies to combat chronic disease, mental health and lifestyle generated health conditions.

Building for the future

A capital works program, aided by significant Commonwealth Government funding has enabled us to press ahead with key building projects.

The ultimate result of this thrust will be greatly improved facilities designed to increase access to a wider range of services more appropriate to the ever changing needs of the communities who depend on West Wimmera Health Service for their health care.

2011-2012 has heralded a significant expansion in the selection of services available throughout West Wimmera Health Service.

Medical imaging services now include Ultrasound and CT scanning will be introduced in the coming months – a first for West Wimmera Health Service. (See page 11)

Surgical services have expanded, with additional theatre sessions made available for a general surgeon and a second orthopaedic surgeon, plus further procedures offered by the visiting Ophthalmologist.

New equipment for the contemporary operating suite including an 'Atherton Ster Tangent Tiger' steriliser and state-of-the-art endoscopy equipment, have led to a rise in the use of theatre time and especially greater access to these increasingly sought after specialties.

Distance – no longer a tyranny

Taking the services to the people

Allied health professionals provide high-level care travelling to all sites of our Service and they also provide a visiting service for other health organisations within the Wimmera Sub-Region.

Health promotion and disease prevention is a core element of our responsibility for raising the health status within our remote rural communities. Responding to these very real needs has led to valuable and practical advancements for health problems such as management of Diabetes, Cancer prevention, Obesity, and improved Diet and Fitness.

The programs emanating from Cooinda Disability Services offer an extensive range of activities and supported employment opportunities for clients and employees.

Reform – the change agent

National Health and Hospital Network Reform

The implementation from 1st July, of the Australian and State Governments National Health and Hospital Network Reform will have significant impact on health delivery and its administration. Structures, systems and responsibilities will go through an immense period of change as the Commonwealth Government comes to grips with its responsibilities in this major reform of Australian healthcare.

To drive quality or be driven by it?

We could be driven by the demands of constant scrutiny of our services by consumers, health professionals and governments. However to remain a 'step ahead' West Wimmera Health Service chooses to be the driver of quality services, opening every aspect of the Service to assessment by independent organisations and by establishing an attitude of constant improvement which is now deeply embedded in our culture.

The result – full Accreditation status has been maintained across all aspects of this Service – tangible proof of the high level of safety and quality to be expected from healthcare delivered by this Service.

The heart of our Service

The broad selection of healthcare available from this Service has been established on a solid base of skilled health professionals and support staff.

The growing list of general and specialist medical and surgical services stemming from our 'high tech' operating suite is exceptional for a rural health service. We rely on the expert team of visiting physicians and surgeons, backed by our general practitioners, nursing and allied health professionals and efficient administrative support to make this possible.

Our Service and our community are indebted to these dedicated and extremely efficient professionals whose commitment and expertise is extraordinary!

Qualified skilled experienced dedicated

Recruiting appropriately qualified and experienced health professionals and support staff is a national challenge, especially so in rural regions. However by establishing excellent working partnerships and with great determination all communities of West Wimmera Health Service are privileged to have access to such a wide range of qualified, skilled health professionals.

An example of this is the strong alliance with Tristar Medical Group which has ensured reliable ongoing recruitment of general practitioners right across our Service.

Making a difference for your community

A substantial number of people contribute to patient, resident and client well-being: Volunteers, Friends and Relatives groups, Auxiliaries and visitors, donors, sponsors and those who leave a bequest. Their commitment makes an obvious difference to what we are able to do and the services we can provide – we thank them sincerely.

Colleagues

We work closely with our colleagues in the industry and the Commonwealth and Victorian Health Departments. We appreciate their ongoing support, in particular the Victorian Minister for Health, the Hon David Davis, MP, is especially acknowledged as is the Hon Hugh Delahunt, Member for Lowan, Minister for Sport & Recreation and Minister for Veterans' Affairs. At the Commonwealth level I extend our great thanks and appreciation to Mr John Forrest, Member for Mallee.

Tribute is paid to Board of Governance members who voluntarily contribute their time, energy, leadership and direction to place West Wimmera Health Service in a prime position to move forward. I particularly mention President Ron Rosewall who selflessly gives his time and talents in the name of this Service. I thank him for his support and wise counsel.

To the 500 plus employees who are the face of this Service I offer my sincere thanks for their commitment to providing highly valued services to all our consumers and stakeholders.

I particularly appreciate my Executive Team who led with integrity and hard work creating a team environment, a spirit of co-operation and harmony by encouraging their staff to value themselves and each other.

Our results this year are testament to this collaboration in every sphere of the Service – I thank you one and all.

Continuing the progress

As the 2009-2012 Strategic Plan draws to a close we are well positioned to expand services and establish strong links within the Wimmera and further afield.

The 2012-2015 Strategic Plan will be structured to place this Service in a position of strength in the years ahead.

In the short-term we will continue with the major building program, add CT scanning to the list of services, expand dental services and conduct research into the options for delivering cancer treatment.

In the spirit of demonstrating safety and quality 'Organisation-wide Accreditation' of all services by the Australian Council on Healthcare Standards will occur and aged care facilities will be surveyed by Aged Care Standards and Accreditation Agency.

An independent auditor will also conduct a review of Cooinda Disability Services for the Commonwealth Department of Families, Housing and Community Services and Indigenous Affairs and the Radiology/Imaging has received four year accreditation to begin on 1st July 2012, highlighting the surety of our endeavours toward safety and quality.

What lies ahead

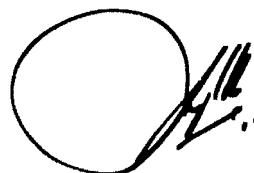
I foresee the next chapter of West Wimmera Health Service will call for substantial changes in the dynamics of the organisation to ensure the competitive advantage obtained through innovative practices, creative thinking and incisive management continues.

We will place great emphasis on 'thinking outside the square' to meet the rising complexities of providing for the healthcare needs of an ageing and what is becoming a more discerning generation of consumers.

This will be accomplished by promoting innovation and creativity, leading to management efficiencies and superior performance, an established culture of providing 'simply the best', and vibrant leadership which must extend into every part of this great Health Service.

Making this happen will start at the top by building a team committed to the values of West Wimmera Health Service, constant improvement in everything we do and by providing the best care within our power.

We are ready for the challenge!



Mr John N. Smith, PSM
Chief Executive Officer

The Year as it Happened



West Wimmera Health Service operates under a resilient charter, a strong suite of values and with considerable spirit to serve the West Wimmera and Southern Mallee by providing equitable health services to significantly raise the health status of all people who reside in this diverse and wide reaching area of rural Victoria.

Table 1 Performance overview

Acute Services	2011/12	2010/11	% Change
Patients Treated	1,711	1,979	-13.5%
Occupancy	67.6%	65.5%	3.2%
Cost Per Acute Inpatient	\$6,957	\$5,501	26.5%
Residential Aged Care			
Nursing Home (High Care) Percentage Occupancy	98.8%	98.6%	0.2%
Hostel (Low Care) Percentage Occupancy	97.7%	95.7%	2.1%
Cost Per Aged Care Bed Day	\$328	\$303	8.1%
Allied & Community Health Services			
Occasions of Service	68,044	68,552	-0.7%
Dental			
Occasions of Service	4,473	-	-
Employees			
Total Employees	560	528	6.1%
Terminations	75	71	5.6%
Turnover	13%	13%	0%
Fundraising			
Funds Raised	\$144,000	\$163,000	-11.7%
Cost of fundraising	\$8,641	\$25,500	-66.1%
Finance			
Operating Surplus	\$212,000	\$197,000	7.6%
Net Result for Year	-\$1,999,000	-\$2,650,000	-24.6%

Caption

The ongoing financial strength is testament to the responsible and accountable approach to the management of our finances. A financially sustainable service delivery model is a vital component of the overall aim of providing the highest possible quality care to its patients, residents and clients.

Governance and accountability

Following a review of the governance framework a more effective committee and reporting system was introduced to focus on key policy and strategic matters.

A series of annual Community Consultations has been established to form better connections with our communities and it is also planned to conduct an annual 'Open' Board Meeting.

Strategic challenges – success and obstacles

The Victorian Health Priorities Framework 2012–2022

We are preparing to sign the first Statement of Priorities (SoP) which will be active from 1 July 2012. The SoP is the key accountability agreement between Health Services and the Minister for Health and is a new component of reporting obligations to the Department.

The agreement, signed annually, will facilitate delivery of, or substantial progress towards, key shared objectives – financial viability, improved access and quality of service provision.

Victorian Rural Capital Support Fund Application Round 1

It was disappointing to receive advice that application to this Fund for additional funding required to complete Goroke Community Health Centre redevelopment was unsuccessful. A further application for this funding will be submitted.

2011 Commonwealth Regional Priority Round Application

Another disappointment was the application for Commonwealth Health and Hospitals Fund (HHF) 2011 Regional Priority Round No. 4 to complete the redevelopment of the Nhill Hospital was also unsuccessful.

To complete these projects a concerted effort to increase fundraising will occur. We will also continue to apply for further rounds of government funding as they are announced.

Disability Business Services

Oliver's Café in the CBD of Nhill is trading strongly and Oliver's Kiosk brings an inviting ambience to the Handbury Foyer of the Nhill Hospital for visitors, patients and staff to gather over lunch, a coffee or a snack.

The Kiosk has shown an almost 5% increase in patronage compared with last year.

The Café and the Kiosk offer supported employment for people with a barrier to employment providing skills and confidence in a hospitality setting.

Wimmera Southern Mallee Rural Health Alliance

Our President chairs the Wimmera and Southern Mallee Health Alliance, a group of health services within the Wimmera Sub Region which will have a demonstrable influence in planning the future diversity of the healthcare we are endorsed to deliver.



New endoscopy tower

The new High Definition Olympus Endoscopy Tower for the Nhill Operating Suite, is a universal imaging unit which can be used for Endoscopic observation and minimally invasive surgery during Colonoscopy, Upper GI Endoscopy, Laparoscopy and Arthroscopy.

The high definition cameras send very detailed, sharp images with superior clarity to the monitor helping surgeons provide a more precise diagnosis and are able to undertake more exacting surgical procedures.

This 'high tech' equipment is essential to retain the services of our team of visiting surgeons.

New ophthalmology service

- Macular Degeneration Clinic

An Intravitreal Injection Clinic for the management of macular degeneration and a variety of other retinal diseases commenced recently increasing our range of Ophthalmology Services.

The new clinic provides the regular injections necessary for the management of 'wet macular degeneration'. Previously patients with this condition needed to travel to Melbourne or Adelaide, at least 4 hours away, for these injections, sometimes as often as every four weeks – a great burden for the patient and their caregivers now removed.

When left untreated this condition causes rapid loss of sight and can result in legal blindness.

The injection preserves vision for an extended period of time, and sometimes for the 'lucky few' an improvement in visual function occurs.

This treatment is also useful for other conditions such as macular oedema, a side effect of diabetes.

Future developments

It is envisaged that the service will become increasingly busy as the aged population reveals greater macular degeneration and as advancing technology provides hope for preservation of vision.

Diagnostic imaging

External Accreditor, Health and Disability Auditing Australia Pty Ltd granted full four year Stage 2 Diagnostic Imaging Accreditation Scheme accreditation to the Nhill Hospital Radiology Service.

Gaining full accreditation status provides evidence of the quality of the Imaging Service, and also ensures that our patients are able to access Medicare Benefits for diagnostic imaging examinations.

Commencement of the Ultrasound Service in 2011 added an important layer to our diagnostic capability and the uptake has been far greater than anticipated!

The imminent introduction of CT Scanning will add yet another dimension to our imaging services and enhance the diagnostic capability of our Service.

Safety & security – a priority

Protecting patients, visitors, staff and our assets from harm is managed by ensuring systems and specialised equipment actually do guard against physical harm, damage or loss. We constantly monitor its efficiency and effectiveness.

Replacement and upgrade of security systems

Stage One of this program has commenced at Nhill consisting of:

- Installation of Card Access to all external entrances and high risk internal areas, in particular the Pharmacy, Medication Rooms and Primary Care Casualty.
- Cards will be linked to staff identity and granted as appropriate to their individual role.
- CCTV cameras will also be installed at key external and internal areas.

This project will greatly enhance safety and security for all.

Advanced Services... Close to Home

'Just a note to say how much my wife and I appreciate the fact that I can receive my specialised treatment, Avastin eye injections from Dr. Chehade at Nhill Hospital. Previously this procedure, which is needed every 6-8 weeks, meant a long, expensive and tiring return trip to Adelaide.'

'Thank you Mr Smith and your team and Dr Chehade.'

– Another satisfied patient

Replacement of steriliser – Central Sterilising Service Department (CSSD) Nhill

A new steriliser was installed in CSSD, Nhill in April guaranteeing plentiful stocks of sterile equipment and instruments for Operating Theatre, wards and allied health professional use.

Best value, accessible services, quality care

Sitting at the gateway of the West and Southern Wimmera and the Southern Mallee, all West Wimmera Health Service communities are at least four to five hours from Melbourne or Adelaide and a lengthy journey away from other regional centres. A situation which taxes our ingenuity to overcome the challenge presented by extreme distances. As an organisation we seek to resolve these issues by continuing to build our capability to deliver wide ranging, advanced medical care within our Service – close to our homes.

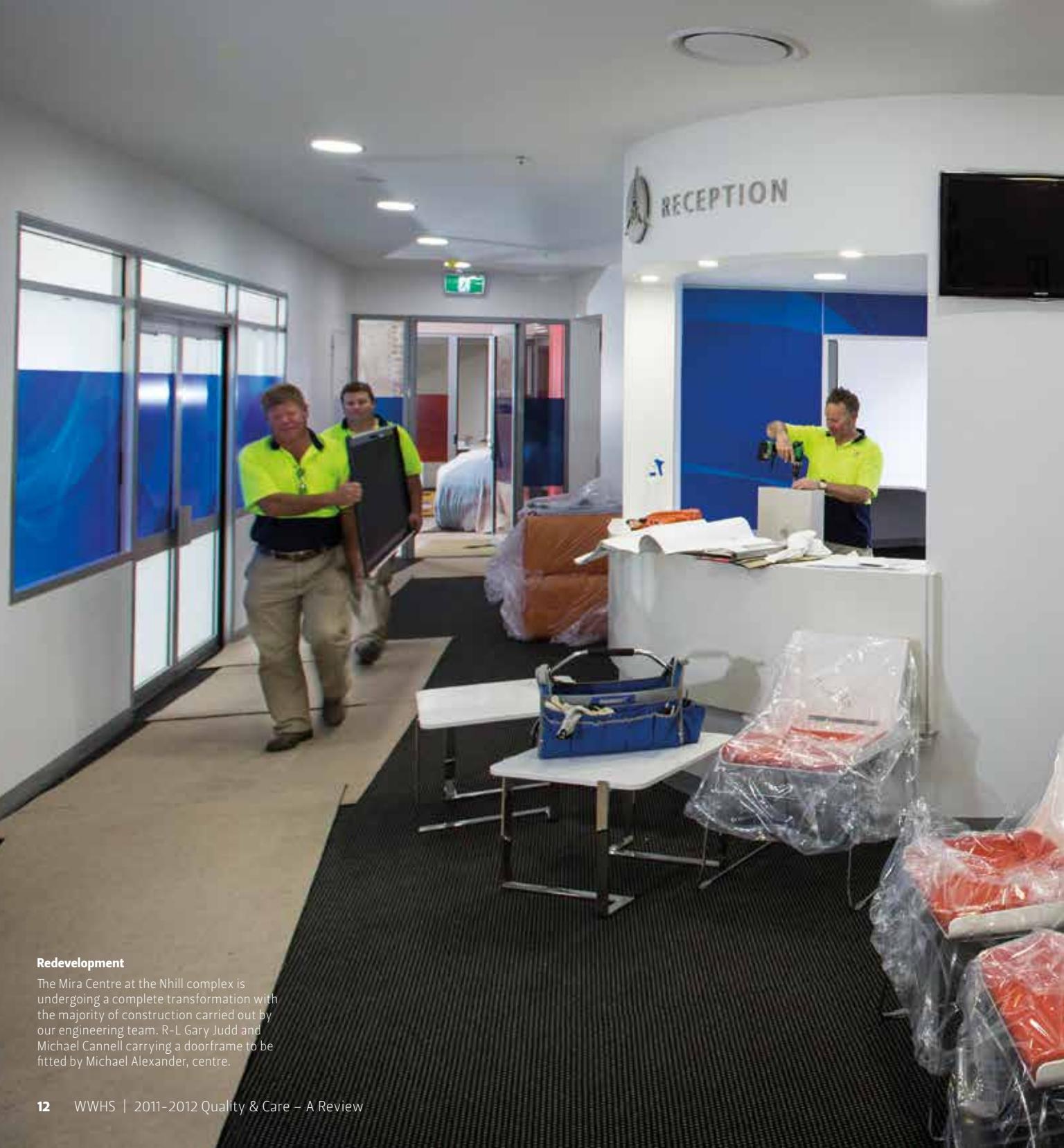
It is a challenge we will never neglect.

Important moments of 2011-2012

- The Governor of Victoria the Honourable Alex Chernov AC QC and Mrs Elizabeth Chernov, visited the Nhill Hospital in May 2012.
- An additional Orthopaedic Surgeon commenced operating sessions at WWHS.
- Three Dental Surgeons now consulting at Nhill Dental Clinic.
- 2010-2011 Annual Report awarded a Gold Award by the Australasian Reporting Awards Ltd.
- 2009-2010 Quality of Care Report awarded best Small Rural Health Service Report by Department of Health in November 2011.
- 2011-2012 suite of publications; Annual Report, Annual Review and Quality of Care Report; in top 10 finalists, PricewaterhouseCoopers Transparency Reporting Awards.
- Four year Accreditation awarded for Diagnostic Imaging Department.
- Murray to Moyne Relay fundraising reached \$6,603.
- Successful implementation of the new Titanium Dental Health Services Victoria (DHSV) software system at Nhill Dental Clinic.
- Implementation of a 'RiskMan' Risk Register has enhanced the reporting of risk management processes within the Service, providing a link between incident reporting, quality activities and risk.
- Introduction of a new IT system for Radiology facility to enable online Medicare Benefit Schedule claims for patients. A much easier and efficient process.
- Use of Telehealth Videoconferencing increased with great benefit for patients and a reduction in need to travel for appointments.
- The first of the Board of Governance Annual Community Consultation Forums was held at Rainbow in May.
- We congratulate Dr Martha Karagiannis who completed her Doctor of Philosophy studies this Year – a superb achievement and very difficult to accomplish when added to working full time in a management position.
- The new OCT Machine used for the first Macular Degeneration Injection May 2012.
- Planning for the community garden on land owned by West Wimmera Health Service is well underway. The working group consists of several community groups, individual community members, particularly from the 'Karen Community' and schools.
- Equipment and furniture surplus to our needs and in good condition were provided to fill two shipping containers to send to Timor-Leste and West Timor in conjunction with The Royal Darwin Hospital.
- Increased attendance at Twilight free women's health checks and pap tests.

Table 2 Grants allocated to support the major capital development program

	\$ Value
Department of Health	
Grampians Clinical Placement Network – Student Housing	46,800
Grampians Clinical Placement Network – Simulated Learning Program	112,900
Targeted Equipment Grant – 6 Electrocardiography Machines	25,662
Australian Government Department of Health & Ageing	
Nhill 'Mira' Medical Clinic	426,275
Goreoke Community Health Centre Redevelopment	200,000
Natimuk Medical Clinic	110,000
Total	921,637



Redevelopment

The Mira Centre at the Nhill complex is undergoing a complete transformation with the majority of construction carried out by our engineering team. R-L Gary Judd and Michael Cannell carrying a doorframe to be fitted by Michael Alexander, centre.



Continued renewal of our assets – the highlights

The benefit of collaboration

Astute financial management, successful submissions for government funding, donations and bequests have underpinned a major capital development program.

The Mira Centre at Nhill is undergoing a complete transformation which will result in a modern, well planned and equipped Medical, Allied Health and Education Centre funded in part by a Commonwealth Government National Rural and Remote Health Infrastructure Program Grant.

The Hindmarsh Shire submitted the successful application for this grant with the majority of the construction undertaken by our own Engineering staff – a true collaboration.

Another major project is the redevelopment of the Goroke Community Health Centre. The impetus for this project was a successful application by West Wimmera Shire for a grant through the Commonwealth Government GP Super Clinic Primary Care Infrastructure Program.

This project will deliver a new facility containing purpose designed Consulting Suites for general practitioners, allied and community health professionals and also community health and education and meeting areas when completed in the second half of 2012 – a progressive move ensuring accessible amenities and sustainable health services for Goroke for decades to come!

The completely renovated dental clinics at Rainbow and Kaniva Hospitals are now equipped and commissioned and will be 'open for business' in the new financial year. The Goroke Clinic will come 'on line' when the 'new' facility is commissioned for occupancy.

Securing the services of medical practitioners is a national challenge in particular for rural and remote areas. To aid in attracting practitioners to Rainbow, the Medical Clinic and the residence for the general practitioner were completely renovated. The result – a modern, well equipped medical clinic, a smart fully furnished residence and a new doctor!

Natimuk General Practitioner Dr Jim Thomson submitted a successful application for a Commonwealth Government Primary Care Infrastructure Grant to establish a new Medical Clinic at Natimuk Aged Care facility. In collaboration with Dr Thomson, plans are well advanced for the new Clinic.

Renovation and refurbishing the 'Overnight Stay' unit at Kaniva Hospital now offers short-term staff comfortable accommodation – a very important arrangement.

The Grampians Clinical Training (Nursing) Capacity Building Project is a collaborative alliance between the Australian Catholic University, the University of Ballarat and thirteen Health Services, including West Wimmera Health Service, the Department of Health and the Grampians Rural Alliance.

The Alliance applied for funding from Health Workforce Australia to increase the clinical training capacity for undergraduate student nurses in the Grampians region. The portion allocated to West Wimmera Health Service will enable the purchase of a property suitable for student accommodation.

Collaboration adding value for West Wimmera Health Service and the consumers for whom we care.

Financial Performance Overview

The unique environment in which West Wimmera Health Service operates presents special financial challenges. With a diverse and extensive service profile delivered across a large and remote geographical area, the Service's cost and revenue bases must be carefully managed to ensure satisfactory financial outcomes are achieved on a continuing and sustainable basis.

The 2011-2012 financial year marks the seventh consecutive year that a surplus Net Result before Capital and Specific Items (income less expenses before capital items) has been reported.

Operating Statement

Table 3 shows the Service's Operating Statement in the context of the past five years.

Operating Income

Figure 1 shows the major sources of total operating income by percentage with the Victorian State Government (predominantly the Department of Health) being the largest funder contributing some 55% (2010-2011: 59%) of total operating income.

Operating Expenditure

At \$23.7m Employee Related Costs make up the Service's largest category of Operating Expenditure at 73% (2010-2011: 76%).

Balance Sheet

Table 4 shows the Service's Balance Sheet in the context of the past five years.

Cash and Investments

A key component of the Service's Balance Sheet is Cash and Investments, see *Figure 2*, which totalled \$10.87m at 30 June 2012 (\$10.3m at 30 June 2011). These figures include accommodation bond monies held on behalf of residential aged care residents which, when removed from these totals result in \$7.3m of Service Cash and Investments at 30 June 2012 (\$7.13m at 30 June 2011).

Financial Ratios

Current Ratio: 1.02

At 30 June 2012 Current Ratio (Current Assets divided by Current Liabilities) was 1.02 (2010-2011: 1.11). This means that for every dollar of current liabilities payable by the Service it holds \$1.02 in current assets. A Current Ratio of this magnitude indicates that the Service remains able to meet its current liabilities as and when they fall due.

Quick Asset Ratio: 1.04

The Quick Asset Ratio is similar to the Current Ratio but provides a better indication of the Service's short term solvency by only including those current assets and current liabilities of a short term nature. This result means that the Service has \$1.04 in liquid assets for every one dollar of short term liabilities (2010-2011: 1.08).

Debt to Equity (Gearing) Ratio: 0.27

This ratio is used to indicate the degree to which the Service relies on externally sourced funding and the result of 0.27 shows that only a very small amount of such funding is required (2010-2011: 0.23).

Debtors Days: 35

On average it took the Service 35 days to recoup money owed to it for patient, client and resident fees over the year.

Creditors Days: 35

This measure shows that it also took the Service an average of 35 days to pay its creditors.

Conclusion

The sound financial results recorded for the 2011-2012 financial year are testament to the dedicated and sustained efforts by the Service to properly fund the wide range of health services it provides while maintaining the high levels of quality and safety for which it has become renowned.

Table 3 Operating Statement

Financial Year Ending 30 June	2012 \$'000s	2011 \$'000s	2010 \$'000s	2009 \$'000s	2008 \$'000s
Revenue	32,496	29,453	28,558	26,733	25,961
Employee Related Expenditure	(22,210)	(21,212)	(20,228)	(18,339)	(18,119)
Non-Salary Labour Costs	(1,458)	(1,104)	(1,042)	(1,201)	(1,161)
Supplies & Consumables	(2,263)	(2,218)	(2,208)	(2,224)	(1,882)
Other Expenses	(6,353)	(4,722)	(4,527)	(4,370)	(4,349)
Net Result before Capital & Specific Items	212	197	553	599	450
Net Capital Items & Specific Items (includes depreciation)	(2,211)	(2,847)	(2,412)	(174)	1,023
Net Result for the Year	(1,999)	(2,650)	(1,859)	425	1,473

Table 4 Balance Sheet

Financial Year Ending 30 June	2012 \$'000s	2011 \$'000s	2010 \$'000s	2009 \$'000s	2008 \$'000s
Current Assets	11,636	11,108	9,941	8,228	8,255
Non-Current Assets	45,842	46,885	49,944	52,596	42,894
Current Liabilities	(11,392)	(10,002)	(9,287)	(8,580)	(9,317)
Non-Current Liabilities	(897)	(802)	(639)	(522)	(433)
Net Assets (Equity)	45,189	47,189	49,959	51,722	41,399

Figure 1 Operating Income

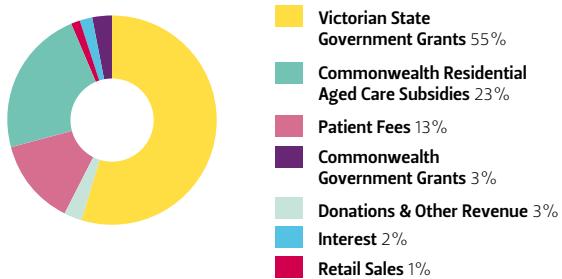


Figure 3 Expenditure by category

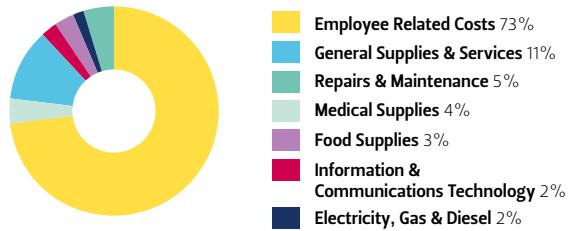
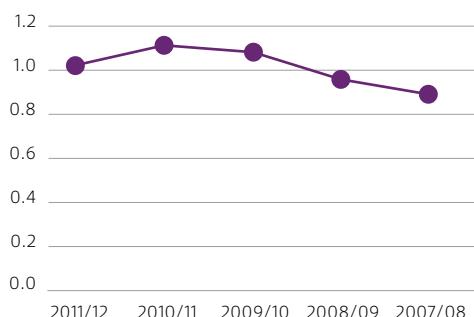


Figure 2 Cash & Investments



Figure 4 Current Ratio



Statistical Summary 2011–2012

Figure 5 Acute and Sub-Acute Performance

Acute and Sub-Acute	Note	2011/12	2010/11	Variance
Patients Treated – Total	1	1873	1979	-5.4%
Occupied Bed Days – Total		10316	10109	2.0%
Occupied Bed Days – Nursing Home Type	2	1117	475	135.2%
Occupied Bed Days – GEM		308	304	1.3%
Percentage Occupancy (Acute)		67.6%	65.5%	3.2%
Acute Average Length of Stay (Days)		4.85	4.76	1.9%
Procedures – Total	3	817	696	17.4%
DVA NHT Bed Days	4	199	98	103.1%
DVA GEM Bed Days		88	161	-45.3%
Average DRG Weight	5	0.9445	0.828	14.1%
WIES		1504.56	1476.63	1.9%
DVA WIES	6	184.26	160.78	14.6%
TAC WIES	7	2.26	11.14	-79.7%
Renal WIES	8	17.85	25	-28.6%

Note 1: The number of patients treated in 2011/12 was 5.4% less than the previous year. This was due to a reduction in dialysis patients, with no patients currently on the waiting list for Dialysis.

The decreased usage of dialysis is a 'good news' story with several long stay patients undergoing surgery which means they no longer require dialysis. An outcome we aspire to for all dialysis patients!

Note 2 & 4: There was a marked increase in the number of Nursing Home Type days in spite of the emphasis around transferring patients to residential aged care in a timely manner. This type of patient stayed longer in acute beds as all our residential aged care beds remained at full occupancy.

Note 3: There was a 17.4% increase in the number of procedures performed with an increase in orthopaedic and ophthalmology sessions provided.

Note 5: The average DRG weight was greater than the previous year with patients having more complex illnesses and having longer lengths of stay.

Note 6: DVA WIES was 14.6% above the previous year.

Note 7: We have very few TAC patients. The high figure in 2010/11 was considered an aberration.

Note 8: Renal WIES, also known as dialysis was lower than the previous year. Currently there are no patients on the waiting list.

Figure 6 Residential Aged Care Occupancy

	2011/12	2010/11	Variance
Nursing Home Bed Days	27854	27704	0.54%
Hostel Bed Days	16446	16075	2.31%
Nursing Home Discharges	51	40	27.50%
Hostel Discharges	36	38	-5.26%
Percentage Occupancy Nursing Homes	98.8%	98.6%	0.20%
Percentage Occupancy Hostels	97.7%	95.7%	2.09%

Commentary:

Percentage occupancy in our Hostels was the highest it has ever been. Percentage occupancy in Nursing Homes was also excellent. There is a real commitment to transfer patients to the most appropriate type of care at the earliest opportunity.

Figure 7 Allied & Community Health

Allied & Community Health Non-Admitted Occasions of Service	2011/12	2010/11	Variance
Diabetes Education	826	734	12.5%
Dietetics	1903	1599	19.0%
Massage Therapy	497	80	521.3%
Occupational Therapy	3376	2641	27.8%
Podiatry	5048	4168	21.1%
Physiotherapy	4744	5770	-17.8%
Speech Pathology	1018	1005	1.3%
Social Work	844	760	11.1%
Maternal and Child Health	1988	2082	-4.5%
Centrelink	510	915	-44.3%
Dental	1786	1716	4.1%
Primary Care Casualty (Emergency+Other)	4044	3930	2.9%
Visiting Surgeons	1760	1528	15.2%
Radiology	2675	1758	52.2%
Total Occasions of Service	31019	28686	8.1%
Total Meals Provided	186387	186027	0.2%

HACC Funded Occasions of Service

District Nursing	6387	7952	-19.7%
Day Centre	4731	6254	-24.4%
Physiotherapy	974	—	—
Podiatry	594	—	—
Speech Pathology	60	—	—
Occupational Therapy	274	—	—
Dietetics	61	—	—

Rural Primary Health Service (RPHS) Program

Physiotherapy	994	930	6.9%
Community Nursing Nhill	1431	1704	-16.0%
Community Nursing Edenope	727	658	10.5%
WorkSafe Health Checks	86	266	-67.7%
Health & Fitness Centre	2912	3020	-3.6%
Social Work	697	200	248.5%

Commentary:

There was an 8.1% increase in the number of allied and community health services in 2011/12. Radiology experienced a substantial 52% increase in patients following the introduction of ultrasound services. This figure is expected to grow again in 2012/13 with the introduction of CT scanning. Visiting Surgeon consultations was also considerably higher this year than in the previous year. The Massage Therapist returned from extended leave resulting in a substantial increase in throughput this year compared to last year.

In 2011/12 Home and Community Care (HACC) services were introduced to a range of allied health areas, including physiotherapy, podiatry, occupational therapy, speech pathology and dietetics which previously had not received funding through this program.

What you get from achieving your goals is not as important as what you become by achieving your goals.

– Henry David Thoreau

Figure 5 Residential Aged Care Occupancy by Site

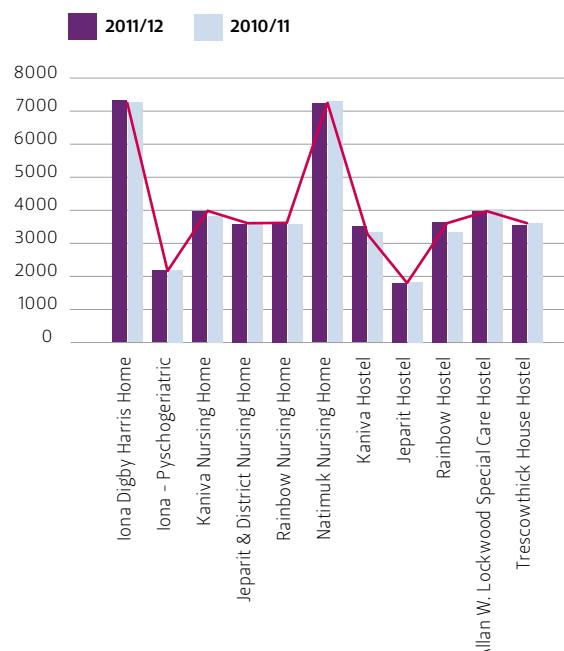
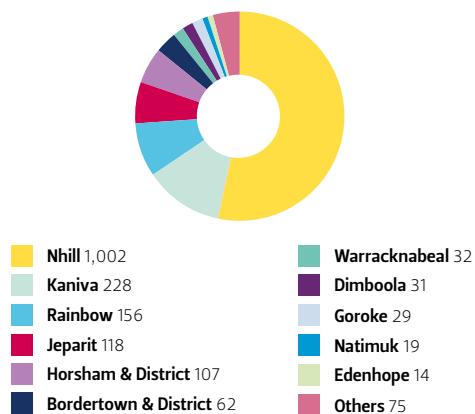
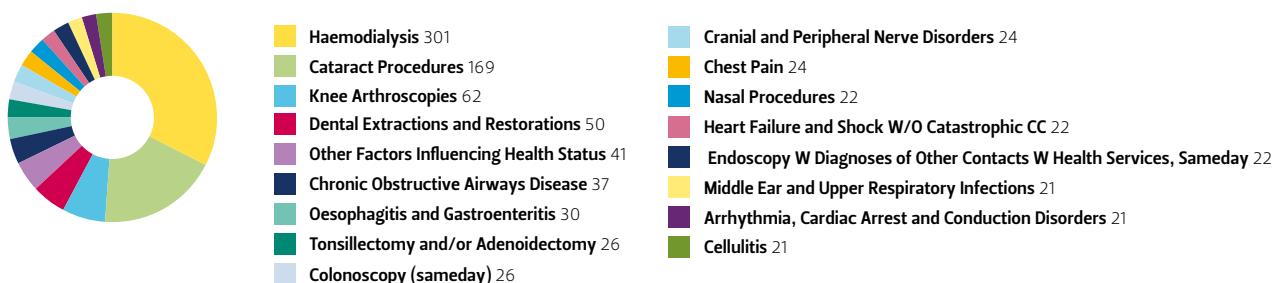


Figure 7 Admissions by Postcode



Commentary: 83% of admissions were from our immediate catchment area, slightly down on 86.7% last year. There was an increase in admissions from within the Wimmera sub-region catchment area including Horsham, Dimboola, Warracknabeal & Edenhope accounting for 10% of total admissions up from 7.1% last year. 3% of admissions came from the border region of South Australia.

Figure 6 Most Common Reasons for Admission to Our Hospitals



Commentary: The most common Admission was Dialysis for which patients are admitted three times per week for treatment. The other commonly treated conditions were a combination of surgical and acute medical conditions including 169 Cataract Procedures and 62 Knee Arthroscopies.

Governance

Directed by the *Health Services Act 1988* and subsequent amendments and the *Financial Management Act 1994* we deliver health welfare and disability services through comprehensive programs of acute and residential aged care, allied health services, health promotion and education and community aged care services.

Corporate and Clinical Governance rests with a Board of Governance, which has a significant role in providing astute leadership, setting future directions and ensuring strong corporate and clinical governance.

The Board is appointed by the Governor in Council, usually for a three year term with members able to apply for reappointment on expiration of their term.

Corporate governance

The Board sets policies which guide achievement of our Vision, Mission and Values and with judicious monitoring assures the structures and practices in place comply with Government and Department Guidelines, Acts of Parliament and industry standards.

It takes advice from the Chief Executive Officer and independent bodies. It works closely with the Department in its push to continue to provide the broad and continually evolving services required to meet changing health requirements in West Wimmera and Southern Mallee region of Victoria.

Board members abide by a code of conduct, declare conflicts of interest and do not receive remuneration.

A review of Committee performance revealed shortcomings in the Committee Framework. To address these findings a new Framework was approved by the Board. Its effectiveness will be reviewed in 12 months.

Clinical governance

Clinical governance is, at its core, about being accountable for providing good, safe care to patients and is fundamental to continuous improvement in patient safety.*

To this end the Board accepts that an essential element of its role is the ultimate responsibility for making certain that the processes and systems in place are centred on safety and quality and promote good clinical governance practice.

Robust leadership, stemming from the Board, Chief Executive Officer and through senior management, is central to improving the quality and safety of the care we deliver making the Clinical Governance Framework an important element in strategic planning.

The Victorian Clinical Governance Policy Framework sets out to 'enhance clinical care' in Victorian Public Hospitals and to guide us in best practice outcomes by providing a basis for reviewing and developing our Framework.

Our Framework is monitored and evaluated to ensure it measures up to Government Guidelines in the four 'Domains of Quality & Safety' – Consumer Participation, Clinical Effectiveness, an Effective Workforce and Risk Management.

Our review – the outcome

Consumers have every opportunity to participate in planning their care. There are 'in house' and independent Patient Satisfaction Questionnaires, program surveys for consumer feedback, families and carer groups who advocate for aged care residents and who contribute to the Annual Quality of Care Report.

A review of the Community Advisory Committees revealed they were not operating satisfactorily and a suggestion from the Minister prompted a trial of Annual Community Consultations in each community and to open the February Board meeting to the public. The first community Consultation held in Rainbow in May was an undoubted success with positive contribution received.

Our constantly evolving strategy is leading to improved consumer communication at all levels.

Clinical effectiveness is measured by; several Accreditation processes, a register of quality improvement activities and their outcomes. The Executive Director of Medical Services reviews the qualifications, scope of practice and expertise of all clinical staff annually. There is an effective maintenance and replacement system for all clinical equipment ensuring it is safe and working at full capacity.

Workforce effectiveness is underpinned by a comprehensive education program, constantly evaluated and updated for relevance. A register of staff undertaking education is monitored by Executive Directors, with some elements of the education program mandatory.

A multidisciplinary committee meets monthly and continuity of care is enriched by multidisciplinary and consumer collaboration.

Senior managers have undertaken management courses and attend governance workshops to enrich their leadership skills.

We manage risk in accordance with the *Australian Standard AS/NZS ISO 31000:2009 Risk Management Principles and Guidelines* and have a sound, well managed Risk Management Plan.

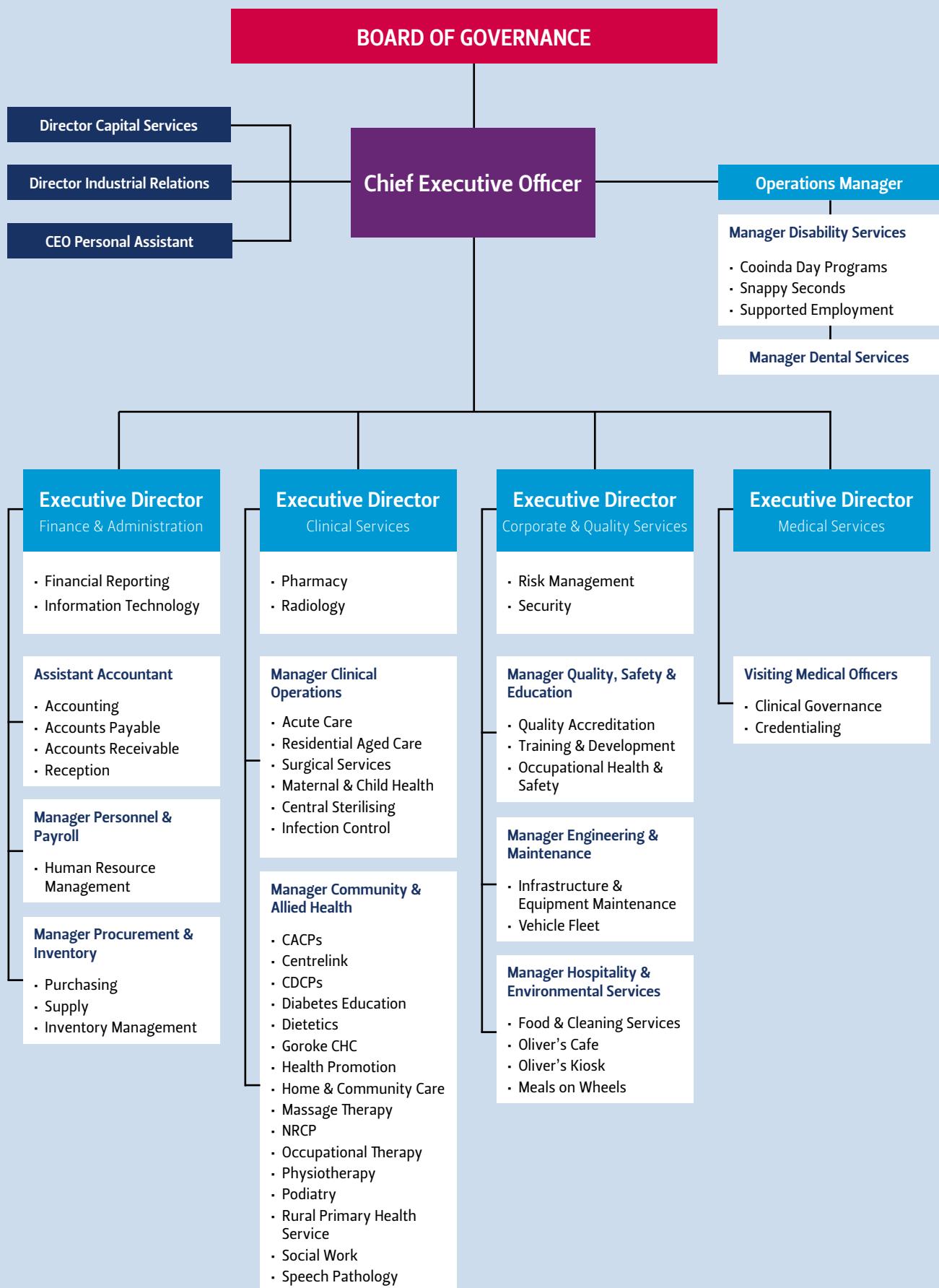
Several determinants are used to identify clinical risk including clinical audits, hazard assessments, incident reports and participation in the Limited Adverse Occurrence Screening program ensure unquestionable safety and quality.

From July 2012 all risks will be entered in the new Risk Register which will establish an integrated framework incorporating risk, incidents, feedback and quality improvements to determine the level of management of risk.

The complex nature of West Wimmera Health Service, the extent of its services and the area we serve requires a Board with multifaceted experience, skill and qualifications to effectively govern and ensure planning is eminently strategic resulting in a progressive, innovative, sustainable Service.

* Victorian Clinical Governance Policy Framework
Clinical Risk Management

Lines of Communication



Board of Governance

2011-2012



'If you want to succeed you should strike out on new paths, rather than travel the worn paths of accepted success.'

– John D. Rockefeller

Ronald S. Rosewall – President

BA SocSci

Former Business Proprietor

Term of Appointment: 01.07.10 – 30.06.13

In his term as President, Ron has ensured the continuing education of the Governing Board and remains dedicated to the provision of comprehensive health services to the rural WWHS catchment. Ron has the responsible role of Inaugural Chairman of the Wimmera Southern Mallee Health Alliance. With a keen interest in disability services Ron serves on the boards of the Regional Information and Advocacy Council and Victorian Advocacy League for Individuals with Disability Inc. Ron maintains his community involvement with his local State Emergency Services team and Lions Club.

WWHS Committees: Executive; Audit & Quality; Clinical Governance; Finance

Board Meeting Attendance: 100%

Leonie G. Clarke JP – Vice President

Education Support Officer

Term of Appointment: 01.07.11 – 30.06.14

With dedication to her community, Leonie serves as a Justice of the Peace and is actively represented on local Rainbow committees. The longest serving member of the Board of Governance, she remains strongly committed to continued delivery of high quality health services to our rural and remote communities with a particular interest in the provision of care for people in our region who need treatment for cancer.

WWHS Committees: Executive; Audit & Quality; Clinical Governance; Finance

Board Meeting Attendance: 100%

David P. Buckley

Electrical Contractor HV Field Operator

Term of Appointment: 01.07.11 – 30.06.14

A new member of our Board of Governance, we welcome David and appreciate his input into the decision making of our Health Service. David brings experience in the administration of community committees and is fully aware of the vital need for recruitment and retention of health professionals in rural societies.

WWHS Committees: Audit & Quality

Board Meeting Attendance: 80%

Board of Governance

(Back row L-R) Rodney Stanford, Lester Maybery, Ronald Ismay, Ronald Rosewall, Leonie Clarke. (Front row L-R) Janice Sudholz, John Smith PSM, Darren Walter. (Absentees) David Buckley, Naomi Zanker, Harvey Sharpness.

Harvey G. Champness

BA, Dip Ed, Accredited Lay Preacher
– Uniting Church

Environmental Consultant

Term of Appointment: 01.07.11 – 30.06.14

Harvey has significant experience in the areas of education and environmental management and continues his role as a Lay Preacher. His focus is centred on the provision of quality aged care, maintaining consultation with our communities and delivering the best possible health services to rural areas.

WWHS Committees: Audit & Quality;
Clinical Governance

Board Meeting Attendance: 100%

Ronald A. Ismay

Business Proprietor

Term of Appointment: 01.07.09 – 30.06.12

Ron has considerable experience as a Board member and maintains his commitment to ensuring quality and appropriate health care is provided to our rural and remote communities. His financial and business management expertise supports the balance of capability and skill required for the demands of governance. Ron is immediate Past President of the Board of Governance.

WWHS Committees: Executive

Board Meeting Attendance: 80%

Lester C. Maybery

Primary Producer

Term of Appointment: 01.07.09 – 30.06.12

Lester remains dedicated to the interests of our communities and his membership of local organisations is indicative of this. He is committed to providing equitable and appropriate health services to the West Wimmera. Lester is a Group Officer with Natimuk Country Fire Authority and was recently appointed to the West Wimmera Groundwater Management Committee with Grampians Wimmera Mallee Water.

WWHS Committees: Executive; Finance

Board Meeting Attendance: 100%

Rodney L. Stanford

Community Services Organisation Manager

Term of Appointment: 01.07.10 – 30.06.13

With experience in governance and community affairs, Rodney brings an awareness and understanding of the needs of communities we serve and the necessity for Medical Practitioners and essential health and welfare services in rural remote areas. He is ever mindful of the need for a continued focus on compliance in all areas of operations. Rodney is a member of the Nhill Community Garden Committee, a new community initiative.

WWHS Committees: Finance – Chair

Board Meeting Attendance: 60%

Janice M. Sudholz

Primary Producer

Term of Appointment: 01.07.09 – 30.06.12

Janice has broad governance experience with a sound knowledge of rural communities. She is committed to the continual development and sustainability of rural health facilities and to the delivery of quality care which maintains the health and well-being of our diverse community.

WWHS Committees: Executive; Finance

Board Meeting Attendance: 70%

Darren N. Walter

Primary Producer

Term of Appointment: 01.07.11 – 30.06.14

Darren, an active member of his local community and sports clubs, is a recent appointment to the Board and is keen to see the continuation of current and development of new services and facilities of the highest possible standard in healthcare. He is particularly interested in the redevelopment of the Goroke Community Health Centre and the opportunity it brings for access to essential medical services for this rural community.

WWHS Committees: Audit & Quality

Board Meeting Attendance: 100%

Naomi E. Zanker

BA, Dip Ed.

Retired Secondary Teacher

Term of Appointment: 01.07.09 – 30.06.12

Naomi has a background in education and experience in governance. She is dedicated to planning the future direction of our health service, is interested in the provision of low – risk birthing facilities and conscious of funding issues and government policy affecting the provision of aged care and services in rural and remote facilities. Naomi has a very keen interest in the Arts and has representation on several local community committees.

WWHS Committees: Audit & Quality

Board Meeting Attendance: 90%

Committees of the Board

Executive

Audit & Quality

Finance

Clinical Governance

Annual Community Consultations

John Magrath and John Hobday have served on the Audit & Quality and the Finance Committees in an external capacity. Their commitment to these committees and the balanced independent view they offer is sincerely appreciated.

The President is an ex officio member of all Committees.

The Chief Executive Officer is in attendance at meetings of all Committees of the Board.

The Executive Team

John Smith PSM

MHA, Grad Dip HSM, FAICD, FAIM AFACHSM, AFAHRI, FAHSFMA, Cert III OHS

Chief Executive Officer

John was appointed as the inaugural Chief Executive Officer of West Wimmera Health Service when the Service was first formed in 1995. John was previously Chief Executive Officer of the Nhill Hospital.

With a host of experience in the health industry John is well placed to offer sound advice to support the Board in all matters of governance, to execute the decisions and policies determined by the Board, and to manage the business and human assets of the Service.

His experience and business acuity provide a solid framework of strong leadership and management placing the Service in a prime position for moving forward in the ever changing world of health services.

John is currently Vice President of the Australian Council on Healthcare Standards having served as Treasurer of that organisation from 2007-2011. He is a Director and also Treasurer of the Australian Council on Healthcare Standards International.

He is also a National Councillor for the Australian Healthcare & Hospitals Association and a Board Member of the Victorian Hospitals Industrial Association.

Representation on Regional Committees:

Grampians Rural Health Alliance; Wimmera & Southern Mallee Health Alliance; Grampians Regional Chief Executive Officer Group; Wimmera Sub Regional Chief Executive Officer Group

Dr Ian Graham

MBBS, M. Health Planning, FRACMA, Cert. Essential Skills in Medical Education (AMEE)

Executive Director of Medical Services

Dr Graham is responsible for the credentialing, appointment, definition of the scope of practice and performance management of Visiting Medical Practitioners.

The Visiting Medical Practitioners include General Practitioners in Nhill, Jeparit, Rainbow, Kaniva and Natimuk; Visiting Surgeons, Anaesthetists, Gynaecologists, Physicians and Psychiatrists.

Ian chairs the Clinical Quality and Safety Committee (CQSC) which brings together Medical, Nursing, Allied Health and Management personnel to review policies, procedures, and clinical quality management across West Wimmera Health Service.

In addition to his part-time role at West Wimmera Health Service, Dr Graham has been appointed as the Director of Medical Services for Stawell Regional Health, East Wimmera Health Service and Beaufort and Skipton Health Service.

Dr Graham also works as a consultant in health management and education.

Representation on Regional Committees:

Regional and Rural Directors of Medical Services Group; Attends the Metropolitan Medical Managers meeting; Member of the Department of Health Clinical Engagement Advisory Group

Ritchie Dodds

BCom (Acc), CA, FFin, MBA, MAICD,
Executive Director of Finance & Administration

Ritchie began his career at West Wimmera Health Service in 1999 as Finance Accountant and moved up to the position of Operations Manager in 2004. He was promoted to his current position in 2006 and is responsible for the Financial Management, Information & Technology, Human Resources, Inventory & Supply and Administration functions of the Service and also deputies for the Chief Executive Officer as and when required.

Prior to commencing employment with the Service Ritchie qualified as a Chartered Accountant practising primarily in the insolvency and corporate reconstruction field where he gained vast experience in the management of a wide range of business operations.

Representation on Regional Committees:

Deputy Chairman, Grampians Regional Health Alliance Joint Venture Finance Sub-committee

Janet Fisher

RN, RCNA, Adv Dip Bus Management

Executive Director Clinical Services

Janet was appointed as the Executive Director of Aged Care, West Wimmera Health Service in 2004 and in 2009 to the position of Executive Director of Clinical Services. Her responsibilities cover all clinical areas; the management of Medical, Surgical, Primary Care, Central Sterilising, Radiology, Pharmacy and Maternal & Child Health Services. Also Janet's portfolio includes the responsibility for Residential Aged Care, Commonwealth Aged Care Accreditation, Allied and Community Health and Goroke Community Health Centre.

Janet is a Registered Nurse and holds a Graduate Diploma in Business Management from the University of Ballarat, and has completed the five day OH&S course.

Representation on Regional Committees:

State Wide Aged Care Committee; VHA Aged Care Working Group; Small Rural Hospitals Directors of Nursing Group; Wimmera Southern Mallee Directors of Nursing Group

Kaye Borgelt

Assoc Dip Med Records Admin,
Grad Cert Mgt Org Change

Executive Director of Corporate & Quality Services

Kaye oversees the Corporate & Quality Division which is responsible for a number of departments within the organisation – Engineering and Maintenance, Catering and Environmental Services, Health Information Services, Education, Security, Occupational Health and Safety, Risk Management, Quality and Accreditation.

Kaye has been an Executive Director since September 2004, prior to this she was Director of Health Information Services at West Wimmera Health Service. She also has experience as a Health Information Manager in rural Victoria and South Australia.

She has an Associate Diploma in Medical Record Administration and a Graduate Certificate in the Management of Organisational Change and has completed the 5 day Occupational Health and Safety Course.

Kaye is presently undertaking a Masters of Health Sciences (Health Information Management) at La Trobe University Melbourne.

Representation on Regional Committees:

Grampians Regional Health Information Managers

Melanie Albrecht

LLB, BIS, Grad Cert HSM, AFCHSE
Operations Manager

Melanie has responsibility for the executive management of Disability & Dental services, Contractual arrangements, Compliments and Complaints.

Melanie was appointed to the position of Operations Manager in 2006 to assist the Chief Executive Officer with operational matters and special projects. Her previous employment was with DMR Associates Pty. Ltd.

Representation on Regional Committees:

Member of the Grampians Region Oral Health Network

Katrina Pilgrim

Cert IV Bus Management (Frontline)
Executive Assistant to CEO

Katrina is a high level secretarial and administrative Assistant and attends to the Chief Executive Officer's managerial matters and has experience in excess of 25 years in this field.

Her responsibilities include Minute Secretary to the Board of Governance, Committees and Sub-Committees of the Board, assists with the co-ordination of major functions and other annual Departmental requirements and is an integral part of the Executive Team.

Katrina is currently studying an Advanced Diploma of Management through the University of Ballarat.

Executive Team

(Back row L-R) Janet Fisher, John Smith PSM, Katrina Pilgrim. (Front row L-R) Kaye Borgelt, Ritchie Dodds. (Absentees) Melanie Albrecht, Dr Ian Graham.

Efficient and effective management is aided by clear lines of communication as defined by the Board of Governance.



Establishing Quality Medical Services – A Medical Director’s View

An extensive list of excellent medical services are available to the communities of Nhill, Rainbow, Jeparit, Natimuk, Kaniva, Goroke and surrounding districts.

Importantly all our services have the stamp of approval from accreditation surveyors giving people in the catchment every confidence in the quality and safety of our care.

Against the worldwide trend our persistent efforts to attract Medical Practitioners to our rural service has paid off and we have eminently qualified practitioners in all communities.

Moving on

Dr Mina Guigius moved on from the Kaniva Medical Practice, Dr Malcolm Anderson has reduced his GP anaesthetic practice but continues to provide an anaesthetic service for eye surgery patients.

Dr Kim Fielke, General Practitioner Anaesthetist has increased his valuable support to our visiting surgeons and elective surgery patients.

Welcome

We have welcomed Dr Shepherd Chifura, Dr Paul Moyo and Dr Harsha Aluthge to the Tristar Medical Practices at Jeparit/Rainbow, Kaniva and Nhill respectively. Dr Kate Graham continues her General Practitioner services at Natimuk with Dr Jim Thomson.

Dr Uvarasen Kumarswami was appointed Visiting General Surgeon to the Nhill Operating Suite and Dr John Patrikios began providing Orthopaedic Surgery in Nhill in addition to Dr Gooi.

Lake Imaging is the new Medical Imaging Provider and Drs House, Firkin, Meakin, Mittal, Zentner, Trotman, New, King and Prof. Pitman were appointed Visiting Radiologists.

Dr Rob Ray, Specialist Anaesthetist, also regularly visits Nhill and Visiting Surgeons undertake General, Orthopaedic, ENT (Ear Nose and Throat) and Ophthalmic surgery at Nhill Hospital.

We continued to develop processes for the Credentialing (review of qualifications) and definition of scope of clinical practice for Medical Practitioners and other clinical staff which ensure our practitioners are appropriately qualified and only undertake clinical work within their scope of training, skill and experience.

The Executive Director of Medical Services, Dr Ian Graham, will implement an on-line medical appointment and credentialing system during 2012 and roll out the system across the Grampians Region further refining the credentialing system.

We are actively involved in the General Practice Clinical Risk Management Program – Limited Adverse Occurrence Screening, an important activity for safe care.

The Clinical Governance Framework is under review in the light of the introduction of the new National Safety and Quality Health Service Standards and the EQuIP National health service accreditation program.

All Visiting Medical Officers regularly undertake continuing medical education, attending seminars, tutorials, conferences and workshops relevant to their practice.

On behalf of the local community, West Wimmera Health Service thanks its general practitioners and visiting specialist medical practitioners for their commitment to quality clinical care.

Information and Communication Technologies (ICT) will be enhanced to overcome the distance between patients and families across the Wimmera and the health professionals who are looking after them.

Videoconferencing is used extensively for meetings of clinical staff from multiple campuses and the Executive Director of Medical Services also uses the technology to participate in meetings and communicate with West Wimmera staff and doctors from his home in Ballarat or his office in Melbourne.

Allied Health professionals also use the technology for case discussions and specialist consultations on behalf of their patients.

In 2012 we participated in the Ambulance Victoria Adult Retrieval Service TELEMET trial across several Services in the Grampians Region investigating the use of telemedicine links to provide support and backup for staff of rural hospitals in acute emergency situations which is expected to have wide application.

Technology – a driver

New technologies becoming available to directly support patients in their homes e.g. Diabetic patients able to monitor their blood glucose levels and send results to their practitioner who is then able to adjust medications accordingly and patients on anticoagulant medication will be able to perform their blood tests at home and adjust their dosage in consultation with their doctors via this medium.

The development of the Patient Controlled Electronic Health Record (PCEHR), a Commonwealth Department of Health initiative, will improve communication of patient information between healthcare providers ensuring safer and more effective healthcare when patients move to and from hospital or through a number of community-based services.

Advancements in medicine therapies and treatment will continue at an exponential rate and reinforce the stand West Wimmera Health Service takes – leading not ‘catching up’!

Visiting Clinical Consultants

EXECUTIVE DIRECTOR MEDICAL SERVICES

Dr. I.S. Graham
MBBS MHP AMEE FRACMA

GENERAL SURGEONS

Mr. S. Clifforth
MBBS FRACS
Mr. P. Tung
MBBS FRACS
Mr. Naidoo
MBChB FCS(SA) FRACS

ORTHOPAEDIC SURGEONS

Dr. C. Gooi
MBBS FRACS
Mr. J. Patrikios
MBBS MS FRACS

OPHTHALMIC PHYSICIAN AND SURGEON

Dr. M. Chehade
MBBS FRANZCO

EAR, NOSE AND THROAT PRACTITIONERS

Miss A. Cass
MBBS FRACS
Mr. L. Ryan
MBBS FRACS FRCS DLO

OBSTETRICIAN AND GYNAECOLOGIST

Dr. I. Jones
MBBS FRANZCOG

VISITING DENTAL SURGEON

Dr. A. Ayasamy
BDS FDSR CPS FICD

SPECIALIST ANAESTHETIST

Dr. R. Ray
MBBS FANZCA

GENERAL PRACTITIONER ANAESTHETISTS

Dr. M. Anderson
MBBS FRACGP DA FACRRM
Dr. K. Fielke
MBBS DA FACRRM

PSYCHIATRIST

Dr. R. Proctor
MBBS BSc DPM

SPECIALIST GERIATRICIAN AND PHYSICIAN

Dr. R. Shea
MBBS FRACP

SPECIALIST GERIATRIC NURSE

Mr. G. Taylor
RN Post Grad Dip Psych Nurs

DENTAL SURGEONS

Dr. D. Ho
BDSc
Dr. A. Rajwani
BDS(UK) LDS(Canada)

DENTAL THERAPIST

Ms C. Petersen
Dip Dent Ther

GENERAL PRACTITIONERS

Dr. K. El-Sheikh
MBBS FRACGP FACCRM DPM DPS
CASA Pilot Medical Officer

Dr. R. Lotia
MBBS BSc

Dr. S. Munawar
MBBS BSc FCPS FRACGP

Dr. K. Morgan
MBBS DRANZCOG DCH(SA) FRACGP
Dr. P. Moyo
MBChB

Dr. S. Chifura
MBChB

Dr. H. Aluthge
MBBS DFM RCGP(UK)
Dr. J. Thomson
MBBS

Dr. K. Graham
MBBS DRANZCOG FRACGP MPH TM
GradDipClinEdu

PHARMACIST

Mrs. A. Teed
PHC MPS FSHP MACPP
(resigned March 2012)

STAFF PHARMACIST

Mr. M. Yau
BPharm MPS

RADIOLOGY SERVICE

Lake Imaging
Radiologists

Prof Alexander Pitman
MBBS BMedSci FRANZCR

Dr. Robert House
MBBS FRANZCR DDU

Dr. Alastair Firkin
MBBS FRANZCR

Dr. Alexius Meakin
MBBS FRANZCR

Dr. Manish Mittal
MBBS FRCR(UK) FRANZCR

Dr. Lucila Zentner
MBBS BA FRANZCR ANZSNM

Dr. Clifford Trotman
BDS(UK) LDS(UK) FDS(UK) FRANZCR

Dr. Kim New
MBBS FRANZCR

Dr. Kenneth King
MB ChB(UK) FRANZCR

Dr. Anthony French
MBBS FRANZCR

RADIOGRAPHERS

Ms Amanda Kelloway
Radiographer/Sonographer

Mr Trevor Harlow
Radiographer/Sonographer

Mr Peter Trengrove
Radiographer/Sonographer

VISITING OPTOMETRIST

Wimmera Eye Care

VISITING AUDIOLOGIST

Adelaide Digital Hearing Solutions

BREAST CARE NURSE

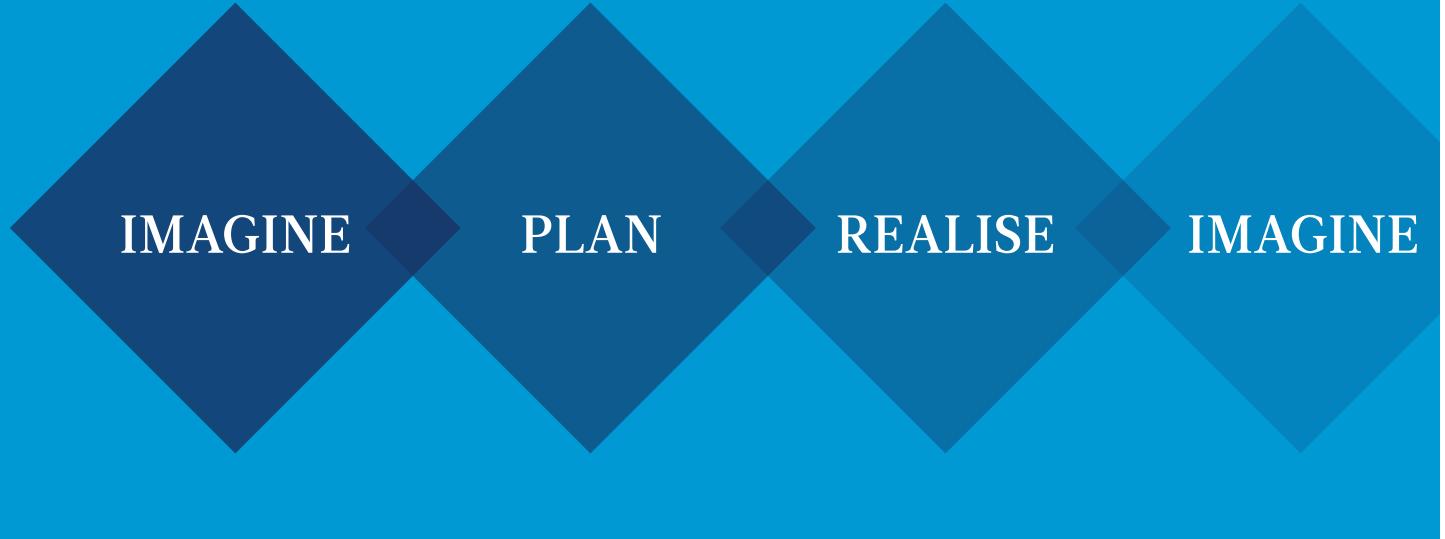
McGrath Foundation



Strategic Communication and Information

Dr Ian Graham, Executive Director of Medical Services in his Melbourne office meeting with Dr Harsha Aluthge, Tristar Medical Clinic, Nhill via the Medilink Videoconference unit.

Strategic Plan 2009–2012 A Summary



IMAGINE

PLAN

REALISE

IMAGINE

*'Efforts and courage
are not enough without
purpose and direction.'*

– John F. Kennedy

How does West Wimmera Health Service achieve its Mission and Vision?

Every three years, the Board of Governance sets down a Strategic Plan. This is our 'road map', providing direction on how to improve performance and enhance services.

We have just completed the third year of the 2009–2012 Plan, and are set to embark on setting the goals and strategies for the next three years.

Why have a strategic plan?

It allows us to understand our current position and the best avenues to pursue a particular course of action.

What is measured?

We highlight operational aspects that are specific and measurable. If the results cannot be easily measured, then it is difficult to know if the aim has been achieved.

How is progress assessed?

To ensure we stay on course to achieve our Mission and Vision we assess how we are tracking with the Plan every six months and determine what still needs to be achieved. Results are also published in the Annual Report each year.

What were the key aims 2009-2012?

- To attract, develop and retain the service delivery skills required at WWHS
- To deliver efficient, safe and effective services
- To be a meaningful participant in the region

How did we perform?

Attracting, developing and retaining the service delivery skills required at WWHS

- We continued to provide universal staff education and training, with a compliance rate of 97 per cent.
- Senior staff enrolled in an Advanced Management Diploma at Ballarat University to ensure continued quality leadership.
- We acquired a residence in Nhill to accommodate visiting students, and increased the number of clinical placement days.

Delivering efficient, safe and effective services

- Full accreditation was maintained across West Wimmera Health Service, addressing our hospitals, nursing homes, disability service and diagnostic medical equipment, highlighting the Service's high level of safe care.
- A new dentist was recruited for the Nhill Dental Clinic and the Kaniva and Rainbow Dental Clinics refurbishment was commissioned for use and consultations will begin later in the year.
- We increased health promotion activities, including more mental health and cancer awareness programs.
- The services provided by visiting Medical practitioners expanded, with an additional general surgeon, orthopaedic surgeon and with new orthopaedic procedures and increased scope of practice for ophthalmology including macular degeneration treatment.
- The new Ultrasound service achieved far greater uptake than expected.
- A new steriliser and new theatre equipment were purchased to assist improved efficiency in the Operating Suite.
- Expanded use of telemedicine in collaboration with the Specialist Geriatrician, Physiotherapist and Diabetes Educator. We also participated in an Ambulance Victoria pilot project providing specialist emergency medical advice.
- The redevelopment of the Goroke Community Health Centre will be central to improvements to health services for that locality.
- The first Board of Governance 'community consultation forum' to better understand community needs was held in Rainbow in May.
- As part of the strategy to maintain a safe environment for staff, patients, residents and visitors installation of a new security system has commenced.
- The Capital Development Program continued with major works at Nhill and Goroke and improvements to facilities at Natimuk and Kaniva completed.

Being a meaningful participant in the region

- The President of West Wimmera Health Service was elected Inaugural Chairman of the Wimmera Southern Mallee Health Alliance ensuring our Service has a presence in sub-regional decision making.
- Top 10 priorities from Wimmera Sub-Region Plan were identified and forwarded to the Department of Health in the form of a 'Statement of Priorities'.

What comes next?

The Board will endorse the new Strategic Plan 2012-2015 setting out the Goals and Strategies which will take this Service through to its next phase of growth and enable West Wimmera Health Service to continue to be a leader in rural health services.

Attracting, developing and retaining the service delivery skills required at WWHS

- We will actively participate in the Grampians Region Clinical Placement Network facilitated by the Department of Health.
- We will increasingly use video conferencing and teleconferencing to provide education concurrently across all sites.
- We will develop the skill base and extend the scope of practise of clinicians to meet the needs of our consumers and increase the use of Enhanced Primary Care Plans.

Delivering efficient, safe and effective services

- We will ensure we not only meet all accreditation standards, but exceed them to become the leader within our peer group.
- Ensure our communities continue to receive general practitioner services 24 hours per day 7 days per week.
- Initiate regional and metropolitan clinical partnerships to expand use of telemedicine and direct care access.

Being a meaningful participant in the region

- It will be important to position WWHS to be an influential leader in service planning, development and coordination in the Wimmera Sub Region and through the Wimmera Southern Mallee Health Alliance.
- Implement an active service delivery model that supports integrated care for all.
- Continue to use the WWHS Community Needs Analysis and Service Profile Project Report as a vital reference in ultimately finalising and agreeing to the Wimmera Sub Region Service Plan.

These ideals will lead to the achievement of our 'Vision and Mission', through the values to which we aspire with all our strength.

Full details of the 2009-2012 Strategic Plan can be found at wwhs.net.au

Accreditation



Image

3 year old Joel Mock and his mum Tania with Receptionist Julie Woolcock, waiting for Joel's consultation with Ear Nose and Throat Specialist, Mr Laurie Ryan who is part of a team bringing specialist medical and surgical services to a rural community.

Why is gaining and maintaining accreditation status so essential to West Wimmera Health Service?

Accreditation provides proof to our patients, clients, communities, governments that our Service meets Legislative requirements and National Standards and Guidelines.

Being fully accredited is endorsement that the services, programs and activities we deliver in the six communities we serve are high quality, safe and will achieve the best outcome possible.

Changes ahead for Accreditation

Enter – The Australian Commission on Safety & Quality in Health Care

The Commonwealth and all State and Territory Governments have agreed to national reform of Australia's health system over the next five years. The reforms aim to improve health outcomes and ensure the sustainability of the health system.

One of the changes to be wrought is to Accreditation.

The Australian Commission on Safety & Quality in Health Care developed the National Safety & Quality Health Service Standards (NSQHS) against which all areas of care will eventually be measured.

Compliance with the ten new national standards becomes mandatory for this Service from 1 January 2013 and will certainly be integral to our Quality Improvement efforts.

National Standards:

- Governance for Safety and Quality in Health Service Organisations
- Partnering with Consumers
- Preventing and Controlling Healthcare Infections
- Medication Safety
- Patient Identification and Procedure Matching
- Clinical Handover
- Blood and Blood Products
- Preventing and Managing Pressure Injuries
- Recognising and Responding to Clinical Deterioration in Acute Care
- Preventing Falls and Harm from Falls

From 1 January 2013 all hospitals and Day Procedure Services (DPS) across Australia who present for Accreditation will be expected to meet the 10 National Safety and Quality Health Service (NSQHS) Standards to gain three year Accreditation status which will be mandatory and to fail the process will have grievous financial penalties.

We intend to meld our Accreditation systems to encompass the National Safety and Quality Health Service Standards with the assistance of our partner organisation, the Australian Council on Health Care Standards (ACHS).

To this end ACHS will launch EQuIPNational which is designed to meet the ten National Standards as well as adding five extra standards which will bring an organisation-wide approach to our Accreditation process.

ACHS Additional Standards will address:

- Service Delivery
- Provision of Care
- Workforce Planning and Management
- Information Management
- Corporate Systems and Safety

Combining the Commonwealth Standards and the Australian Council on Healthcare Standards (ACHS) will ensure risk to our organisation is minimised.

Type of Accreditation	Outcome
Australian Council of Healthcare Standards (EQuIP)	<ul style="list-style-type: none"> Full accreditation status received – four (4) years provided in 2008; Periodic Review in 2010; Supported Self-Assessment in 2011 endorsed ongoing accreditation; A self-assessment, across all Functions, Standards and Criterion to be submitted in October 2012; Organisational Wide Survey to be conducted in December 2012.
Aged Care Standards and Accreditation Agency (ACSAA)	<ul style="list-style-type: none"> Full survey undertaken at Archie Gray Nursing Home Unit, Kaniva in February 2012 resulting in full three (3) year accreditation status, with compliance in all 44 criteria; Unannounced site visits conducted at each of the following residential aged facilities with full compliance achieved at all sites; <ul style="list-style-type: none"> Iona Digby Harris Home, Nhill Archie Gray Nursing Home Unit, Kaniva Kaniva Hostel Jeparit & District Nursing Home Weeah Lodge Nursing Home, Rainbow Bowhaven Hostel, Rainbow Natimuk Nursing Home Allan W. Lockwood Special Care Hostel, Natimuk Trescowthick House Hostel, Natimuk Accreditation kits prepared and submitted in preparation for full surveys at the remaining 8 facilities, which will take place in August and September 2012.
Home and Community Care (HACC)	<ul style="list-style-type: none"> In December 2012 the Service's HACC programs will be surveyed against the National Community Care Common Standards; a self-assessment is being completed in preparation for the survey; The last assessment undertaken against National Standards occurred in November 2008; High Standard achieved for all 25 standards, with a rating of 20/20. This is an improvement of the previous survey in 2003 which achieved a rating of 14.5/20.
Disability Services Accreditation	<ul style="list-style-type: none"> A follow-up review by International Standards Certifications was undertaken in August 2011 against Disability Services Standards, with full compliance noted; A further Surveillance Audit to be undertaken in July 2012; Full compliance with the standards is expected.
Diagnostic Imaging (X-Ray)	<ul style="list-style-type: none"> Department of Health & Ageing requires all diagnostic imaging practices to be accredited in order to continue to receive Medicare benefits; In 2012 the Service successfully underwent a Stage II Diagnostic Imaging Accreditation Audit conducted by Health and Disability Accreditation Australia; Full Stage II accreditation status granted which is valid from 16 May 2012 to 16 May 2016.
Community Aged Care Packages (CACP) and National Respite for Carers Program (NCRP)	<ul style="list-style-type: none"> The Commonwealth Department of Health and Ageing reviewed the CACP and NRCP programs last in 2009; The programs successfully met the standards at the time of the review; Accreditation survey to be undertaken by the Commonwealth Department of Health & Ageing in September 2012 against the National Community Care Common Standards; Full accreditation status is expected.

West Wimmera Health Service - The Total Picture

An extremely busy and fulfilling year has drawn to a close. We have opened new services, fine-tuned established activities and managed the delivery of a unique range of health, aged care and disability services across a wide geographic area. We have provided acute care at four hospitals, dental care, allied health services, health promotion and education, district nursing for our six communities, residential aged care in five towns, and a disability service.

Dialysis Unit

Patient Lyn-Anne Smith (R) with Dialysis Unit Nurse Cindy Bone (L).



Acute Patient Care

New Equipment for Surgery

The new Endoscopy Tower in the Operating Theatre is an all in one unit for visualising and documenting laparoscopic procedures.

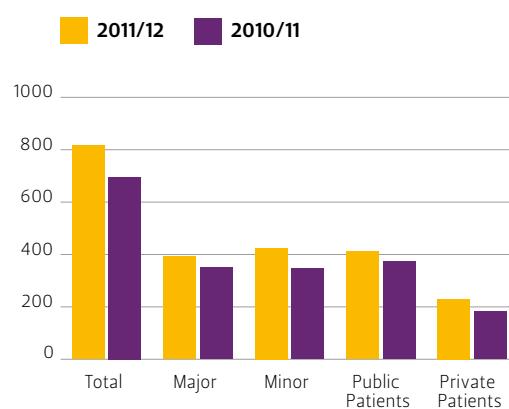
(L-R) Mr Peter Tung, General Surgeon and Lisa Newcombe, Manager – Operating Suite.



Highlights

- Visit to the Service by his Excellency the Governor of Victoria and Mrs Chernov
- Posting an operating surplus, for the seventh successive year.
- The rollout of a capital works program, with building projects undertaken in five communities.
- Additional medical expertise, a bonus for a remote area, which has allowed us to expand the range of surgery at Nhill Hospital.
- New equipment for acute patients including Ultrasound Imaging apparatus and the acquisition of a CT Scanner to be installed in October 2012.
- Residential Aged Care facilities for 127 residents being near or at capacity
- A range of packages specifically to assist people to remain living at home safely.

Figure 8 Operating Suite Activity
– Procedures Performed



Commentary: 89% of patients undergoing elective surgery at Nhill were from the Wimmera sub-region catchment area incorporating Nhill, Kaniva, Rainbow, Jeparit, Horsham, Warracknabeal, Edenhope and Goroke. 45 patients from outside the immediate catchment had cataract surgery. Almost all these patients were from the Bordertown region of South Australia, which is only 80km from Nhill. Being able to provide elective surgery at Nhill means that our patients can be treated locally without having to travel huge distances to be treated in already overstretched large regional and metropolitan hospitals.



In May 2012, the operating theatre equipment was updated with an Olympus Endoscopy Tower which will particularly enhance Orthopaedic, Ear, Nose and Throat, and Gynaecological surgery.

The operating suite – busy centre of surgery

A range of elective surgery is provided at Nhill Hospital by visiting medical specialists which reduces the need for local people to travel substantial distances for surgery, and enables patients to recover within easy access of the comforting support of friends and family.

An added advantage for the Wimmera Region is that access to these specialist services at the Nhill Hospital relieves the burden for and reduces waiting lists on the Regional Hospital.

Surgical specialities – ear, nose and throat, orthopaedic, oral, ophthalmology, gynaecology and general surgery are all easily accessed at the Nhill Hospital with a referral from a General Practitioner.

A Geriatrician visits our Hostels and Nursing Homes, and also visits hospital patients as and when required.

In 2011–2012 the extent of surgery available was increased, with the addition of sessions from a second orthopaedic surgeon and a general surgeon.

Also following staff training and the acquisition of essential equipment the visiting Ophthalmologist now offers a procedure which halts the progress of Macular Degeneration of the eye.

This has resulted in more patients able to have surgery or treatment and benefit from the use of our modern and excellently equipped Operating Suite.

In May 2012, the operating theatre was updated with an Olympus Endoscopy Tower housing up-to-date monitors, screens and endoscopes, which will particularly enhance Orthopaedic, Ear, Nose and Throat, and Gynaecological surgery.

Specialist services such as dialysis, palliative care, comprehensive medical imaging and management of a wide range of bed-based and ambulatory care programs are integral to the care available from this Service. See inside front cover for details of available services.



Caring Touch

(L) Judith Thomson 'Ginty' Acting Nurse Unit Manager with Mrs May McCartney (R) who was admitted to Nhill Hospital most unwell, but with dedicated medical & nursing care is making an excellent recovery.



Acute care

West Wimmera Health Service has 52 acute hospital beds, distributed across four sites in modern, comfortable facilities which meet all State and Commonwealth standards of safety.

Hospital patients are admitted for elective surgery or general medical conditions, such as heart problems, kidney failure, and diabetes, or as a result of accident or trauma. A 24-hour Urgent Care Service is available at Nhill, Jeparit, Kaniva and Rainbow Hospitals.

Acute care clinical indicators

The quality of our clinical services is evaluated by collection of a series of National Clinical Indicators.

Data is submitted to the Australian Council on Health Care Standards (ACHS) every six months, then compared to like sized healthcare organisations and also to the national average.

In 2011-2012 indicators submitted to ACHS included:

- Gastrointestinal Endoscopy Indicators, examining procedures involving the bowel
- Hospital Wide Clinical Indicators, examining pressure ulcers and falls
- Ophthalmology Indicators, examining readmissions to hospital for patients undergoing eye surgery

ACHS provides us with comparative results. On the whole we perform very well.

The rate of falls in hospital, particularly in those patients aged 65 years and older, is lower than hospitals of similar sizes, but higher than the national average. Many of these patients are frail and some have dementia but walk independently which increases the risk of falling for these patients.

How are we dealing with this issue?

A clinical task group was established to examine in further detail what can be done to prevent falls in people aged greater than 65. Our efforts are concentrating on finding new technologies to alert staff before a patient actually rises from a chair or bed.

Figure 8 Acute Care Clinical Indicators

Indicator	Our Rate June 2012	Peer Hospitals Rate	National Rate
Rate of perforation of the bowel when undergoing colonoscopy surgery	0.00	0.00	0.03
Rate of falls in hospital, particularly in those patients aged 65 years and older	0.85	0.93	0.53
Patients undergoing eye surgery returning to hospital within 28 days because of infection	0.00	0.00	0.03

Medical imaging – a great leap forward

Medical imaging for West Wimmera Health Service is located at the Nhill Hospital and is available by appointment by calling 5391 4241 (emergencies catered for immediately). A referral from a Medical Practitioner, Dentist or an Allied Health Professional such as a Physiotherapist is required.

A team of highly qualified Radiologists and Radiographers provide the service in Nhill 3-5 days per week.

Images are acquired at Nhill and then relayed via a strong private and encrypted broadband link to highly qualified radiologists from Lake Imaging in Ballarat. This reporting facility is both a well-regarded and sub-specialised service.

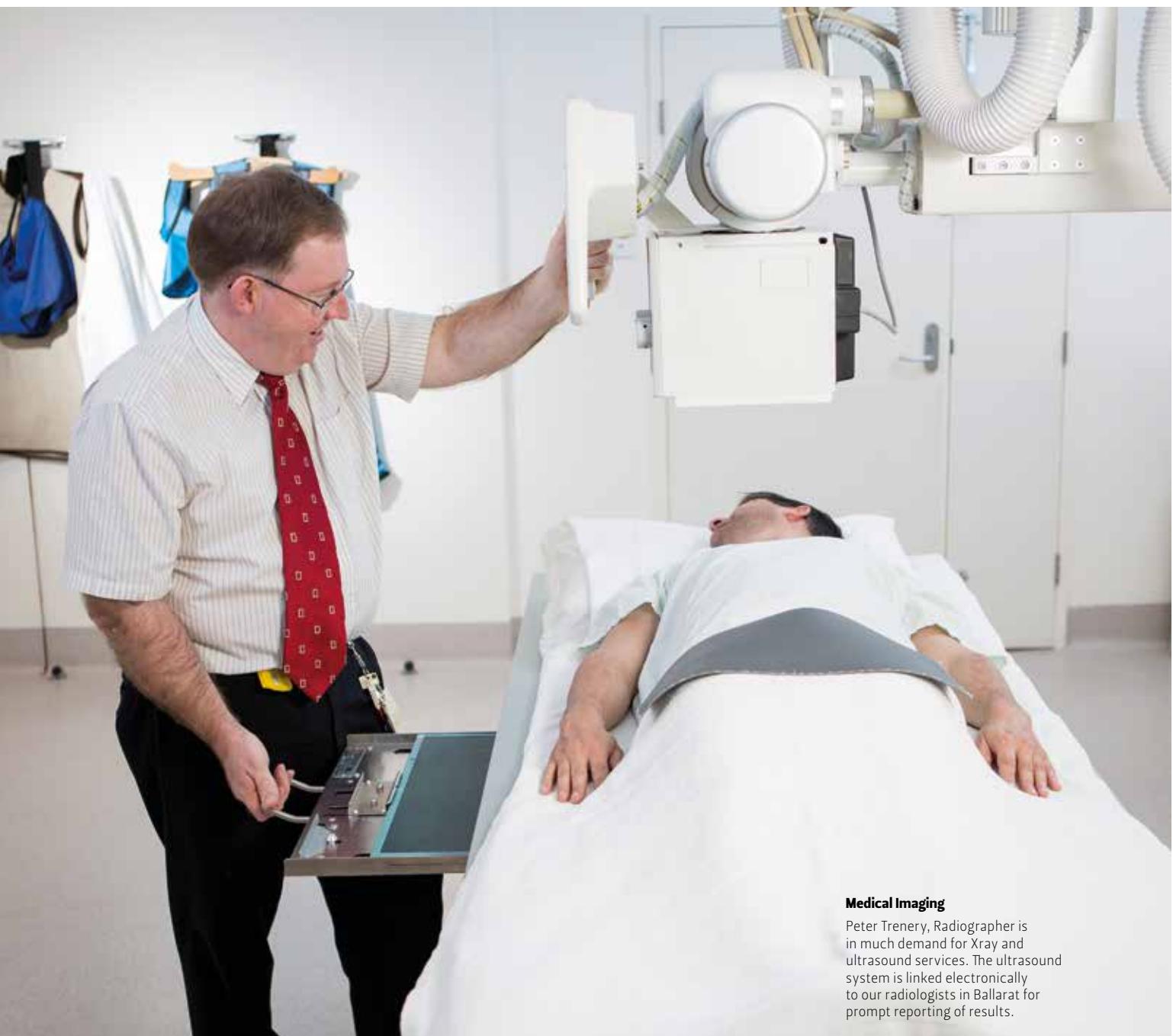
Non-urgent results are normally made available to the referrer by the following morning. Urgent results are made available within 30 minutes to two hours, dependent upon the type of examination performed.

Providing a better service

The recent acquisition of new ultrasound equipment has triggered an increase of 8.1% over 2010-2011. The high quality equipment was purchased towards the end of the last reporting period and the use of the Ultrasound service has been far greater than anticipated. It has proved a boon particularly for expectant mothers who are now able to have their regular Ultrasound scans at Nhill rather than travelling to a regional centre.

From dream to reality

The long held vision of providing a CT Scanning service will become reality in October this year when a Multi-Slice CT Scanning Machine is installed in the Imaging Department at the Nhill Hospital. Multi-Slice CT Technology is the current standard in CT imaging and WWHS is very excited to be able to offer this service with fast scanning times, excellent image quality and greater patient comfort.



Medical Imaging

Peter Trenery, Radiographer is in much demand for Xray and ultrasound services. The ultrasound system is linked electronically to our radiologists in Ballarat for prompt reporting of results.

Pharmacy

Our Pharmacy Service provides general advice for provision of pharmaceuticals for our Service.

Upgrading the iPharmacy Program has enabled us to produce stock control audits on demand and monitor usage expeditiously.

Our future vision includes a scanning system which will streamline stock control. A recent audit of systems revealed:

- The imprest purchasing of all pharmaceuticals makes them clearly identifiable and in accordance with the related 'generic policy'.
- Written policies and protocols need to be introduced to guide:
 - Procurement of Items, how supplies are obtained from the Pharmacy.
 - Surgical Medications, to detail Ordering, Receipt and Return.
 - Pharmacy Security, to be updated to a 'state of the art' system.

We have responded to the suggested initiative by the Australian Commission on Safety and Quality in Healthcare for the administration of 'oral medication'.

A 'Colour Coded' syringe system was developed clearly identifying those items to be administered only under an 'Oral' program. Thus substantially reducing the possibility of 'wrong route' administration. Undoubtedly enhancing safety.

We have also been communicating with the Department of Health relating to the introduction of the Commonwealth Pharmaceutical Benefit Scheme which may provide opportunities for expansion of our Service. We are continuing to carefully research the pros and cons associated with such a move.

To address an administrative truism associated with the administration of medications we are researching the virtues of introducing an electronic Medication Management System which will add safety features to ensure medications are administered as prescribed and requiring electronic endorsement before proceeding to the next item until 'electronically endorsement' is received.

One of our major risks in dispensing medication is ensuring its delivery is endorsed and signed off by the person administering it!

Administration Packs are an important safety dispensing process applied in Low Care Accommodation. We will expand this system to all Residential Aged Care facilities given the outcome of a trial in a 'High Care' home provided clear indication the approach is appropriate for this level of care.

An improvement in service delivery and an advancement in quality and safety.

We are indeed fortunate to have a Pharmacist on our staff whose expertise is important in holistic patient care and able to assist other Health Professionals in the interpretation and selection of pharmaceutical items.

We also contract the service of Consultant Pharmacists on a quarterly basis to review the pharmaceutical regimes utilised by our Aged Care Community. Education to our Professional personnel is derived from this opportunity also.

A highly valued service.

We are investigating

- Streamlining the Stocktake process by introducing an electronic scanner which will speed up the process and eliminate human error.
- Introducing an electronic medication management system in aged care which will greatly reduce the number of incidents in medication management.
- Introducing the use of 'Webster Packs' in our High Care facilities. The results of a trial conducted at Rainbow were excellent.

In other highlights

- A new Toshiba APLIO MX Ultrasound was introduced, providing a more comprehensive level of imaging. The uptake of the ultrasound service has been greater than anticipated, particularly with maternity care and for abdominal diagnosis which has also added an important layer of diagnostic skill to our Service.
- WWHS has acquired a CT scanner, which will provide additional medical imaging capability. This scanner is expected to be brought into action in the coming year. Our suite of imaging services is strongly supported by experienced Radiographers and Sonographers.
- A new Audiology service provided by a visiting Audiologist has commenced.
- The use of Telemedicine expanded for clinicians. One example is the availability of a Ballarat-based Geriatrician who can consult aged care residents and hospital patients for review and if nursing staff request follow-up support between visits. This is undoubtedly beneficial for residents and patients alike and an invaluable clinical support resource for staff.
- Stronger ties between the discharge coordinator at West Wimmera Health Service and other Regional Hospitals have brought about improved step-down care opportunities. This means patients who live locally can be transferred back to WWHS Hospitals as their condition improves, allowing them to receive the most appropriate level of care to be expected from the healthcare system.

In the coming year we plan to add extra procedures to the Orthopaedic surgery list, as well as establishing a dedicated Day Procedure Unit. Due to high demand within our catchment we continue to explore the possibility of providing Chemotherapy treatment in conjunction with the Grampians Integrated Cancer Service.



Quality & Safety for Patients

Key indicators of quality care include preventing and managing pressure injuries, medication safety, safe use of blood and blood products and preventing falls.

Our performance objective is always to prevent patient incidents from occurring. However if incidents do occur, the processes and systems we have in place will ensure the number of incidents and the severity of any consequences of incidents is vastly reduced.

Image

Shelley Brown RN checking that the information on the side of the blood sample is correct before sending for Pathology testing.

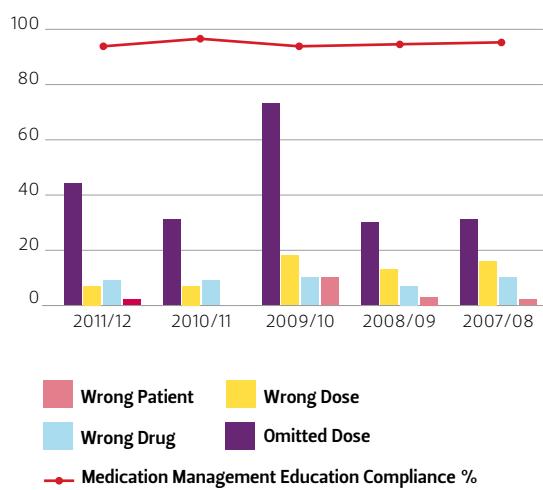




Image

Carol Paech, Director of Nursing Rainbow checking 'Webster Packs' which are contained in a purpose designed trolley. Packs are stored in an upright position allowing easy identification of residents by photo at the top of each pack.

Figure 9 Medication Incidents by Primary Type



Medication safety

Accurately dispensing and administering medications to the patients and residents in our care is critical for their safety.

Over the last 12 months the number of incidents in four key areas as shown in the graph below increased by 29.5%.

Figure 9 disappointingly reveals that the number of incidents in four key areas of medication management increased by 29.5%. This is not acceptable! It is very worrying that the greatest increase in incidents was in the area of not actually giving a medication to a patient. It is reassuring no patient was injured or suffered as a result of such an omission.

What did we do?

On each occasion an error occurred the clinical team has discussed the error and detailed the actions put in place immediately to ensure the safety of the patient either by additional patient observation or providing the drug when the omission has been recognised if appropriate.

Our efforts to reduce these errors have extended to trialling different administration techniques such as Webster Packs – a method that has the medications for a particular patient pre-prepared by a Pharmacist and administered by a nurse.

How will improvement be managed?

Our attention is moving to using computer 'tablet' technology such as an iPad, to assist our nurses in accurately administering medications as computer reminders will reduce errors.

The safe use of blood and blood products

Clear policies and procedures ensure that blood and blood products are safely administered to the designated patient when clinical need indicates.

Medical Practitioners meticulously determine the clinical need for the patient to receive blood or blood product as it is in such short supply and correct and timely use is paramount.

We take time to discuss with our patients the need for blood or blood product and this year there has been 100% consent to such care.

During 2011-2012, there were not any incidents where the wrong type of blood was administered to a patient.

We are unwavering in our commitment to improving the safety and quality of our care and this is one indicator which will improve!

Preventing and managing pressure injuries

In 2011-12 our Service has prevented more pressure injuries than ever before with the number of injuries falling by 27%, a trend that has continued over the last four years.

When we recognised that a patient had developed a pressure injury, our staff have been quick to respond using approved protocols. This is revealed by the reduction in Stage 3 injuries and continuing with no occurrence of a Stage 4 injury – the most severe. A superb outcome!

Our strategies to improve care in this area over the last 12 months have been to develop a more informed clinical workforce about pressure injury prevention and more accurately assess patients and residents for their potential to develop pressure injuries when they are admitted to our facilities.

Figure 10 demonstrates yet another year where we were able to reduce the number of pressure injuries – importantly there were not any which progressed to Stage 4, the most severe.

However we can do better to document when pressure injuries occur, in particular the severity of the injury as can be seen in *Figure 10* where four injuries were not fully described.

To improve we have scheduled additional education for staff in relation to pressure injuries delivered by our Wound Care Specialist Nurse.

Preventing falls and harm from falls

Falls prevention strategies within our Health Service are extensive. Prevention of falls starts with a thorough assessment of the potential for a patient or a resident to fall.

It is our philosophy particularly in aged care that our patients and residents are free to move about but this freedom must come as safely as possible. For this reason we make every attempt to provide an environment free of obstacles, ensure footwear of residents is well fitting and appropriate to the surface they are walking on and most importantly that patients and residents can call staff easily when they need help.

As *Figure 11* indicates, the number of falls in the last 12 months has grown alarmingly by some 30%.

What have we done to improve?

We have intensified our efforts in preventing falls through rigorous care planning between Nurses, General Practitioners, Physiotherapists and Occupational Therapists.

Planning the care of each person is centred on each individual, it is not a 'one plan fits all' approach. The methods we use for each patient or resident to reduce falls and the severity of the consequences of the fall when they do occur.

We have continued to implement technology to assist nurses in being alerted when a patient moves from a position of safety without the supervision or assistance they need to remain safe.

While maintaining safety and encouraging maximum independence for our people is a tricky situation it is critical a balance between the two must be attained.

Given the poor results above we have activated a stringent review of how we strike that balance without stripping our patients and residents of their independence and enjoyment of life, how elements are put in place to prevent or minimise harm or injury if a fall occurs.

Figure 10 Pressure Injuries by Severity

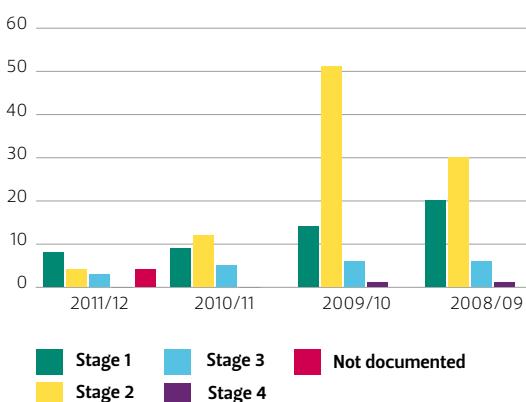
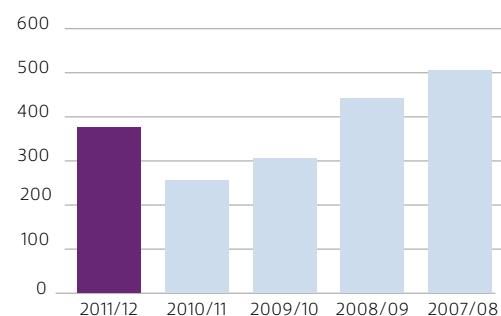


Figure 11 Number of Falls



Residential Aged Care A Home Away From Home



It is our belief that every resident should have the opportunity to live a comfortable, happy life – in facilities that meet their physical, social and emotional needs. Therefore our residents have access to specialist health professionals, through our extensive range of allied health services, participate in organised activities and enjoy visiting services, such as a hairdresser and volunteers who are an extremely valuable element in the life of our residents.



Just Like Home

Mrs Una Goodgame and Enrolled Nurse Anne Hamilton enjoy the sunshine and the beautiful spring flowers in the gardens of Trescowthick Hostel, Natimuk.

Residential Aged Care provided across a diversified and wide geographic area is a significant component of our annual activity.

We have the capacity to care for 77 nursing home (high care) residents and 50 hostel (low care) residents in five towns. Our facilities include specialist care for those who are frail, have dementia or psychogeriatric issues. Our occupancy rates are consistently close to 100 per cent.

People wishing to reside in our Hostels or Nursing Homes must be assessed by an Aged Care Assessment Team. Admission to residential accommodation is determined on a needs basis with the Commonwealth Aged Care Assessment System (ACAS) being the determining factor.

Providing a safe comfortable environment

All facilities hold three-year accreditation status with the Commonwealth Aged Care Standards and Accreditation Agency, ensuring excellence in the standard of care our residents receive. Accreditation status is up for reassessment and renewal in the coming financial year.

During 2011-2012 the Agency conducted unannounced visits and inspections at every site. Only one issue of non-compliance was identified as a result of these visits. The issue related to a nursing procedure at one of our Hostels. This situation has been addressed, and a subsequent internal review resulted in the noncompliance being removed.

Floor line beds were introduced at some facilities and large flat screen televisions installed on wall brackets in the Day Centres at all sites, improving viewing and safety for residents.

The service of two consultant pharmacists who undertake quarterly reviews of the medication prescribed for each aged care resident at all Hostels and Nursing Homes has been obtained. They also review the type of medication delivery and the amount of medication prescribed for individual residents.

The consultants also have regular conversations with treating medical practitioners investigating practical suggestions on alternate methods of medication delivery such as oral tablets, mixtures, sprays, lotions and injectable medications. Their role also includes education for staff.

Time for change

At Kaniva the Board is reviewing the future of the Arthur Vivian Close Hostel at its present site. This facility provides independent low care living in separate units which have their own carports and a private garden area and to comply with the Commonwealth Aged Care Standards, the Hostel can only cater for residents who require very low care. However, the site is some distance from the Kaniva Hospital where the existing nursing home is located.

The Board, for governance and economic reasons, is examining the possibility of selling the existing units and constructing the equivalent number of units adjacent to the Nursing Home on land already owned by West Wimmera Health Service. This will bring aged care accommodation 'under the one roof' – a very attractive incentive.

A decision about this is likely in the coming year.

Aged Care – community driven

It is our belief that older people should be able to live independently and safely in their own homes for as long as possible. To facilitate this, we provide a range of support services largely funded by Australian Government packages of care such as Community Aged Care Packages. These packages enable us to deliver home support such as meal preparation, shopping and gardening, which all contribute to an individual's capacity to remain living independently.

The National Respite for Carers Program (NRCP) however is slightly different in that it is aimed at the carers. The program provides 'time out' assisting carers to maintain their own interests and to manage the challenging role of carer.

Australian Government Consumer Directed Care Packages encourage care providers to deliver innovative service models providing care recipients and their carers with greater control over the design and delivery of their care and services.

We have partnered with the Hindmarsh Shire to enhance assessment services for members of the community. The Living At Home Assessment (LAHA) program assists community members to live at home as independently as possible with the provision of home care such as cleaning and nursing services such as wound care.

The Hindmarsh Shire is responsible for the provision of home care and WWHS for the provision of nursing services. In order to ensure a holistic approach to care the Hindmarsh Shire LAHA officer is based at WWHS one day per week. The officer attends the WWHS multi-disciplinary meeting to discuss discharge planning of patients into the community and has the opportunity to discuss client services and care within the community with the WWHS LAHA Officers. This is a beneficial arrangement as community members are not subjected to unnecessary assessments or an overlap of services. They receive the right service from the right service provider at the right time.

A comprehensive evaluation of this arrangement will be completed in December 2012.

District Nursing

District Nurses provide valuable support to people in their own homes, particularly in outlying areas. Our nurses travel extensive distances across our catchment area each year, providing essential 'inhome' care.

Care encompasses nursing treatments such as wound care, assistance with daily showering and dressing and also referral to other health professionals for additional services and support.

Our objective is to help people maintain or achieve their maximum health potential, retain their independence and dignity and to provide relevant information on their health care needs which importantly includes planning, instigating and evaluating the care we provide to guarantee its effectiveness.

The culture of continuous improvement, which is the foundation on which our services have been established, will continue to be the mainstay of the quality of healthcare and the standards achieved by West Wimmera Health Service.

Dimensions of Quality in Residential Aged Care

Maintaining optimum health and mobility for the residents in our Hostels and Nursing Homes remains a central element in planning their care and guides us relentlessly to make sure each resident enjoys the best lifestyle that is possible.

This is achieved by continuous monitoring and assessment of all areas of their health and mobility to make sure enjoyment of life, independence and dignity is retained to maximum capacity.

'Aged Care Quality Indicators' set by the Victorian Government is the mechanism all Victorian Public Sector Aged Care facilities use for this monitoring and assessment.

Data for the Indicators is reported to the Department of Health monthly and the results received from the Department enable us to decide if changes need to be made to our procedures or new systems should be introduced.

A meaningful use of data collection

The data collected for each indicator enables us to compare the information of one individual resident against their information from a previous month, against other residents and also against their mental or physical health or mobility thus improving their quality of life.

The process of benchmarking, or comparison of information, against other residents and other Aged Care facilities is a positive approach to quickly identify changes in health status, areas for further scrutiny and importantly to recognise areas of good practice we can emulate.

It is this focus which guides us towards continuous improvement.

'Time and health are two precious assets we don't recognise or appreciate until they have been depleted.'

– Denis Waitley

Image

Mr Bob Sampson, sharing a moment with Amanda Brownsea EN at Tullyvea Nursing Home where the quality of life of residents regularly improves significantly with quality assistance and careful monitoring.





Above

A walk on a beautiful Wimmera day for residents Mrs Una Kelm and Mrs Norma Werner who wished to cheer staff from Tullyea Nursing Home, Jeparit, towards a win in their pennant bowls competition made possible by PCWs Cheryl Johnson and Sheryl McKenzie.

Right

Trescowthick Hostel resident Mrs Betty Gray prepares for a little pampering from visiting hairdresser Ellen Panizzo in the Natimuk Aged Care facility's hairdressing salon.



Aged Care – Quality Indicators

Data for Quality Indicators collected and reported on include the incidence of:

- Falls and fractures
- Pressure ulcers
- The use of physical restraints
- Multiple medication use
- Unplanned weight loss

Pressure ulcers

- 35% of pressure injuries were assessed as stage 1, which is a reddened, warm area without a break in the skin
- 65% of pressure injuries were assessed as stage 2 – which is abrasion or blister causing a partial thickness break in the skin.
- No stage 3 or 4 pressure injuries were reported

Contributing factors for injuries observed include:

- Increased frailty of residents
- Reduced mobility leading to unrelieved pressure
- Moist skin

Actions implemented to reduce the risk of injury resulting from pressure include:

- Staff and resident education – strategies and interventions to reduce incidents; manual handling, limb protectors, increased use of moisturising creams, regular pressure area care and positional changes.
- Implementation and review of simple wound management and pressure management plans.
- Routine referral to the Dietitian and Occupational Therapist for at risk residents for recommendations to reduce the risk, to improve healing times.

Falls and fractures

- 71% of falls did not result in an injury
- 22% of falls resulted in a minor injury – a skin tear or bruising
- 7% of falls resulted in a fracture. It is not clear if these fractures resulted from the fall, or if the fall occurred as the result of a pathological fracture. Common contributing factors include a general increase in frailty and sometimes a resident may forget or refuse to use the mobility aids provided to stabilise gait.
- Contributing factors include dementia, agitation, poor balance, unsteady gait, deteriorating condition and residents refusing to accept assistance with moving and walking.

Actions implemented to reduce the risk of injury resulting from falls include:

- Products to reduce the incidence of falls are now readily available to assist residents; sensor mats, floorline beds, hip protectors.
- Residents are regularly reviewed by their Visiting Medical Officer or the Geriatrician.
- Increased staff presence to ensure residents ask for and wait for assistance, call bells are placed within easy reach and they are reminded to use mobility aids at all times and correctly.
- Mobility is assessed to determine impact of poor gait, medications and pain.

The falls group review all falls within our aged care facilities and recommend strategies to reduce the incidence of falls for an individual and the impact of falls in relation to injury.

Use of physical restraint

West Wimmera Health Service has a clear Policy that does not allow for the use of physical restraint at any time in our aged care residences.

A multi-disciplinary approach is taken to better manage behaviours, including review of medications, referral to specialist geriatric or psychiatric services, individual care and activity plans.

Families are involved at all times in this process.

Multiple medication use

Across all of our residential aged care facilities 30% of our residents are prescribed nine or more medications.

Contributing factors include multiple medical conditions requiring polypharmacy, deterioration in general health, a temporary acute illness or a terminal condition.

A review is undertaken by the pharmacist in consultation with the Visiting Medical Officer and the Geriatrician when required.

Unplanned weight loss

Across all our residential aged care facilities 8% of our residents recorded an unplanned weight loss of 3 or more kilograms.

10% of residents were highlighted as having lost weight for 3 consecutive months.

Contributing factors include a general decline in health, end of life stage of a terminal illness, acute illness. Newly admitted residents often record initial weight loss, these residents have usually regained weight after their first 3 months in a residential aged care facility.

A review is undertaken by the dietitian to recommend diet and fluid types to encourage a stability of weight, whilst addressing the likes and dislikes of the individual resident.

Nursing staff also increase the supervision and assistance given to at risk residents at meal times and offer a variety of foods to stimulate appetite.

A full range of dietary supplements are available, giving maximum nutritional benefit in a concentrated form.

Prevention & Control of Health Care Associated Infections Across the Continuum

Prevention & Control of Health Care Associated Infections is the primary focus of Infection Control. Managing the hospital environment to support the prevention and control of health care associated infections involves all staff from all disciplines.

Continuous auditing of the environment and staff practices is supported by staff education to improve staff actions while providing patient care and prevent or control infections within the hospital environment.

Managing and preventing disease proactively with vaccinations, nursing precautions and appropriate care can minimise cross infection in ward areas.

Clinical waste

Medical waste must be transported to special centres for treatment and disposal. Waste such as from cancer patients has additional regulations overseeing its disposal. We audit Clinical/Medical waste to ensure that only appropriate items are placed into these waste bins. The amount of waste should reflect how busy our wards are.

Staff health

Education is a primary form of staff health, educating staff about how to protect themselves from patient's illnesses also provides reassurance and better patient care.

Staff are offered vaccinations annually. The influenza vaccination is promoted and provided at no cost by the Victorian Government.

This year the vaccination rate was 62% slightly below the Departments goal of 65%.

Staff education

Infection control education is included in the suite of mandatory education subjects offered to all staff. During this year 98% of all staff undertook an infection control study package relevant to their area of practice.

During this year all aged care staff have had education around Hand Hygiene, Gastroenteritis and Waste Management. Clients in an aged care setting are at greater risk of infections due to their age, medical status and their communal living arrangements.

Constant surveillance of any infection occurring within our aged care facilities is undertaken within the Aged Care Quality Association (ACQA). Data is collected monthly and where increased numbers of clients have an infection the Infection Control Practitioner is notified. Response is based on prevention of any further infections and may include education about procedures and infections.

The future

A change in the direction of education with the introduction of Australian Commission of Safety and Quality in Health Care will see greater emphasis on appropriate dressing techniques for wounds. Auditing of that technique will be undertaken across the service. Further emphasis will be placed on Hand Hygiene and Infection Prevention in areas such as Dental and Aged Care. Antibiotic Stewardship is overseeing the use of antibiotics for our patients to prevent future resistance and enable antibiotics to be used into the future. The future will see greater emphasis on auditing antibiotic use and ensuring it is appropriate.

Are our facilities clean? – yes very

Public Hospitals in Victoria are required to report the results of internal and external cleaning audits to the Department of Health each year. The external audits must be performed by a Qualified Victorian Cleaning Standards Auditor (QVCSA) not employed by our health service.

The Victorian Cleaning Standards are state-wide and the results are benchmarked to provide comparisons of the cleanliness of hospitals across Victoria. West Wimmera Health Service audits both our Acute and Aged Care facilities using these standards.

Various areas are audited at each site every month. High risk areas such as the Operating Suite are audited more frequently than wards.

As part of our overall strategy to prevent Health care associated infections (HCAI) the cleanliness of our hospital environment is of paramount importance. The cleaning and the auditing of that cleaning is performed to a schedule; any issues are reviewed and efforts are undertaken to maintain our very high standards.

Hand hygiene

Health care associated infections (HCAI) are an increasing issue in the quality and safety of health care, in both the hospital and community settings. The hands of all staff remain the most common case of cross infection. Improved healthcare worker hand hygiene is the highest priority area to reduce the risk of healthcare-associated infections.

Auditing Hand Hygiene compliance by Health Care Workers is essential to assess the effectiveness of the Hand Hygiene program and education

Hand Hygiene is audited three times each year as part of our Hand Hygiene initiative. It is part of Hand Hygiene Australia the National Hand Hygiene Initiative (NHHI).

Education is at the base of improvement during 2011-12 and current compliance is above the National average.



Image

Hannah Wedding EN, complying with the '5 Moments of Hand Hygiene' which recommends the use of a Hand Hygiene product for superior infection control.

Figure 12 External Cleaning Audit Results by Site

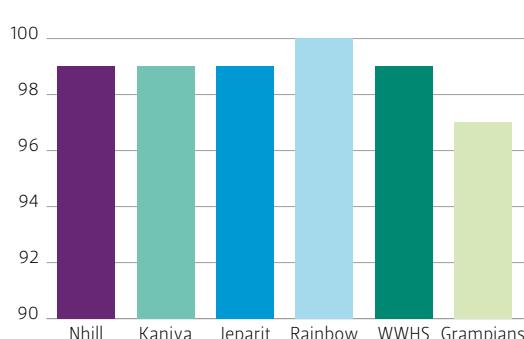
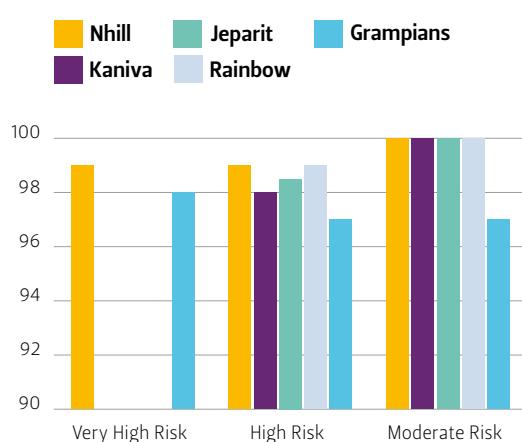


Figure 13 External Cleaning Audit Results by Risk Category



Commentary: Only Nhill is in the 'Very High Risk' category.

Allied & Community Health

Our team of highly skilled professionals bring a combination of practicality and experience – combined with a willingness to travel extensive distances to provide expert care in hospitals, residential aged care settings and amongst the communities we serve across the sub-region.

The continuing expansion of the breadth and quality of allied health care available from this Service is a singular achievement for all communities. Notable also for the standard of care which continues to improve as evidenced by the decrease in therapy times and in hospital admissions.

More than 20% of people screened by community health nurses required a referral to a GP to assess either high blood pressure or high blood sugar levels. If left untreated these individuals were at risk of an emergency admission to hospital.

The use of evidence-based practice has resulted in a more effective multi-disciplinary approach and a strategy of continuous improvement.

Our therapists manage patients and clients according to evidence based practice and standards set by their particular professional associations. This decreases the likelihood of treatment errors and ensures that our patients receive the best quality care available.

The services offered by our Allied Health Team include Diabetes Education, Dietetics, Health Promotion, Massage Therapy, Occupational Therapy, Physiotherapy, Podiatry, Social Work and Speech Pathology.

Twelve Physiotherapy and two Occupational Therapy undergraduate students completed work placements with our team during 2011-2012 providing experience in their field and importantly an introduction to comprehensive rural health services.

Image

Sarah Natali, Podiatrist and Janet Yong, Dietitian catch up to discuss the collaborative 'model for improvement' project.

Disability Services

Cooinda Disability Services based at Nhill supports people with a physical and/or intellectual disability, ensuring achievable individual outcomes, encouraging personal development and promoting positive interaction within the wider community.

Our programs provide state-funded clients and supported employees with an extensive choice of activities. Individual, support based services enable each person to receive active assistance to address their needs and interests.

The Day Services programs include work groups, such as 'The Gardening Crew', life skills and domestic competency programs such as cooking and personal grooming and new techniques are in place to improve communication skills with the assistance of our Speech Pathologists.

In November 2011, several clients took part in the Tri State Games, competing successfully in athletics, swimming, field and indoor events against teams from South Australia, New South Wales and Victoria.

Commonwealth funded business units provide supported employment for clients at Oliver's Café, in the Nhill CBD, and Oliver's Kiosk at Nhill Hospital and Snappy Seconds, our retail outlet for preloved items and collectibles providing the opportunity to improve customer service skills.

The Luv-a-Duck breeding shed enterprise in Nhill which proved very beneficial for all participants and completed its sixth and final year. Several clients have also gained skills and training in general services, engineering, maintenance and gardening.

Accreditation of Cooinda's Commonwealth funded business services by International Standards Certifications Pty Ltd was successful and the five opportunities for improvement suggested by the auditors have been addressed.



Highlights of the year

- Improved clinical referrals from general practitioners, particularly for diabetes education and podiatry, following adoption of 'Plan, Do, Study, Act' screening and feedback tools and improved liaison with GPs.
- Dietitians organising community awareness programs. More than 100 people involved in the Healthy Weight Week program in January 2012. More than 130 people also participated in the Federal Government's 'Swap It, Don't Stop It' program, and 'Under the Weighbridge', a long-term weight loss group, was established at Goroke.
- The introduction of improved early intervention screening of kindergarten-aged children for learning or developmental difficulties, using a multi-disciplinary team comprising an occupational therapist, podiatrist, physiotherapist and speech therapist.
- Continued provision of WorkHealth checks, in partnership with Latrobe Community Health Services and Ballarat District Nursing Service.
- The introduction of the VitalStim Therapy System, which applies electrical stimulus to muscles and nerves to treat people with facial droop or swallowing difficulties. This innovative technology is used in parallel with traditional exercise therapy.
- An educational community meeting in November 2011 held with the support of the Grampians Integrated Cancer Service was attended by more than 100 people. The meeting outlined the latest research in reducing cancer risks, appropriate treatments, and included a speaker discussing the role of genetics in the disease.
- Provision of free diabetes assessments and blood pressure checks at community events.
- Continued involvement in a major research project in collaboration with Melbourne University, Baker IDI and Bendigo Health investigating the effect of fluids on patients with Oropharyngeal Dysphagia, or swallowing difficulties. Forty six patients have been recruited into the study, which is ongoing.
- Continuing the Guys and Gals program at Kaniva, Goroke and Natimuk schools with more than 70 students. The program focuses on body image, acceptance of self and incorporates physical activity, healthy eating and mental health concepts to nurture young people and guide them to accept each other as individuals. It aims to decrease bullying and negative body image.
- The coordination of physical activity for a range of community groups, including walking groups, aerobics, tai chi, a 'boot camp' style intensive physical activity training regime, exercise classes for older adults and open age gym sessions.

We will continue to intensify our efforts in these areas, and a community education meeting on the subject of mental health is also planned.

Image

We take pride in offering a multidisciplinary outpatient Clinic whereby the Podiatrist, Dietitian and Diabetes Educator provide consultations on the very same day.

(L-R) Dr Jim Thomson, Natimuk GP, Lesley Robinson, Diabetes Educator, Norman Fraser, client, Janet Yong, Dietitian.



Big Changes at Little Natimuk

Plan, Do, Study, Act (PDSA) – A model for improvement

PDSA a project to provide better care for clients with chronic and complex conditions through improved systems of practice.

We worked closely with the Natimuk General Practice to improve feedback, referral and communication between Allied Health Professionals and General Practitioners (GPs).

We undertook small rapid cycles of quality improvement using the PDSA Model for Improvement. A key feature of the approach was to measure data to show change and effect.

Ideas were tested and we worked closely with the GPs to make improved chronic care systems sustainable.

Building an improvement team

We established our aims:

- To improve communication with General Practitioners
- To increase referrals to the Natimuk Campus by 50% by September 2011 which was more than achieved



Understanding our business

Through liaising with General Practitioners we ascertained the level of feedback they required. We then developed a form which complied with Victorian standards which has become invaluable in showing General Practitioners the scope of Allied Health services at this Service.

Changing our business systematically and proactively

Our team met regularly and undertook small improvement cycles working closely with the Wimmera Primary Care Partnership (PCP) and West Vic Division of General Practice to test ideas and develop long term improvements.

Involving the client

We developed a multidisciplinary diabetes team which consults fortnightly and includes the Doctor, Diabetes Educator, Dietitian and Podiatrist.

This holistic approach has put the client at the centre of our practice and has improved health outcomes and access to services.

Adapting a multi-skilled, multi agency approach

The changes were implemented with the support of immediate and senior management and a protocol has been developed to ensure the results of the research are not lost.

The feedback tool has been rolled out over the other sites of West Wimmera Health Service and across the Allied Health, Community Health and District Nursing departments.

The PDSA approach has been so successful that West Wimmera Health Service will incorporate it into future project planning for chronic disease management.

Small changes lead to big things

The 'Plan, Do, Study, Act' improvement cycles were a successful way to implement change and the support from the Wimmera PCP, the Department of Health and West Wimmera Health Service was essential to the success of this project – thank you!

Table 9 Number of referrals received at Natimuk

Discipline	Mar-Dec 2010	Jan-Sept 2011	Oct 2011 - June 2012
Podiatry	2	40	58
Dietetics'	0	11	27
Diabetes Education	5	45	27
TOTAL	7	96	112

'I reckon it's good; being able to come up here and not have to go into Horsham'

– Len Natimuk resident and client

'Everyone is very happy with the way their visits are coordinated. There is less waiting and people who work can do all their check-ups in a single day'.

– Norma GP Receptionist

Image

As many rural communities struggle to gain access to any dental services, WWHHS is most fortunate to have highly qualified Dental Practitioners providing an exceptional level of care.

Dr Anis Rajwani Senior Dentist in Charge.



Oral Health – Essential for Total Health

Comprehensive dental care is available for public and private patients at the Nhill Dental Clinic. The Clinic is easily accessed, designed to eliminate discomfort and inconvenience for patients and waiting times are comparable with other clinics in the region.

An Oral Surgeon, Two Dental Surgeons and a Dental Therapist provide extremely valuable care for all age groups.

With the completion of the Kaniva and Rainbow Dental Clinics, the purchase of new equipment and a third Dental Surgeon commencing in July, we plan to expand dental care to these towns in the coming year.

Clinical Indicators – measuring the quality of our dental care

Quality Indicators (QIs) are measures of health care quality drawn from readily available data. They can be used to highlight areas of concern, areas that need further investigation, and importantly document quality improvement.

Collection of quality indicators also provides us with data which can be used to compare our dental services with other Dental Clinics.

Figure 14 compares the Nhill Hospital Dental Clinic with other Clinics in the Grampians Region and also against the State average.

It is pleasing that our rates continue to be lower than the Grampians Region and the State average for these indicators.

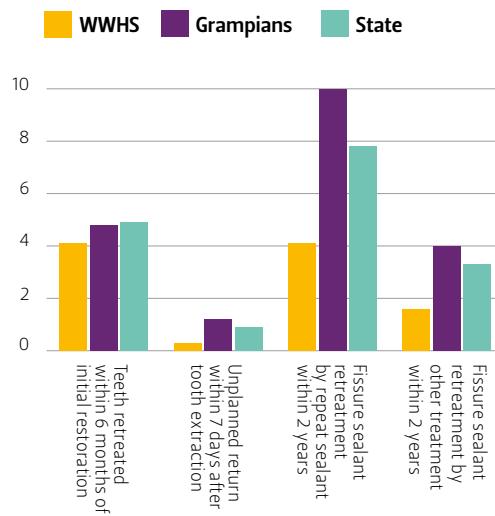
Results for the 2011-2012 year provides assurance of the high quality Dental service provided by our Dental staff.

The waiting list for non-urgent dental services continued to be maintained at a low level, even though there was a slight increase in waiting time. Similarly, the waiting times for dentures remained low, although again increasing by less than one month.

Recruitment and retention of Dentists is looking up with a third Dental Surgeon beginning employment with West Wimmera Health Service in July 2012. Indications are that this will mean that the Rainbow and Kaniva Dental Clinics will be opened late in 2012 and waiting lists reduced even further.

With the introduction of the Dental Health Program Dataset, new counting rules apply. As a result, some elements included in this report may change over time as work continues to finalise targets, definitions and validate data.

Figure 14 Dental Clinical Indicators



Consumer Consideration

Delivering care to remote communities faces its own distinct challenges. Community and Allied Health working in accordance with the '*'Doing It With Us Not For Us Strategic Direction 2010-2013'* (Department of Health, Victoria) has delivered on the undertaking.

Standard 1

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

Outcome

WWHS operates in accordance with 87.5% of the specified strategies

- An organisation wide 'Doing it With Us Not For Us' approach has been implemented.
- Strong connections with the Primary Care Partnership are maintained and collaboration on planning and projects are achieved to better enhance consumer health. Two 'Plan Do Study Act' projects focusing on Chronic disease. This has resulted in increased referrals to Allied and Community Health professionals.
- Information is disseminated to the community in a variety of ways. Annual and Quality of Care Reports, Media Releases, Functions, Workshops and Health Promotion activities.
- A comprehensive Cultural Responsiveness plan that meets the 6 minimum reporting requirements is in place.
- There have not been any consumers identifying themselves as ATSI however an Improving Care for Aboriginal and Torres Strait Islander program is in place, with agreed Aboriginal liaison expertise available to the organisation.

Standard 2

Consumers, and, where appropriate, carers are involved in informed decision-making about their treatment, care and well-being at all stages and with appropriate support.

Outcome

100% of clients within the CACPS and CDC program are satisfied with their level of decision making involvement in their care.

- WWHS provides 15 CACPS and 5 CDC packages to our communities. All clients responded to a survey and all reported they are very satisfied with their level of inclusion in decision making regarding their care.

Standard 3

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

Outcome

Systems are in place to ensure patient information is constantly updated for accuracy of content and readability.

- To ensure people with visual impairment and cognitive deficiencies are satisfactorily informed about their care, information in the form of brochures and patient information leaflets written in large text and plain English are available.

Standard 4

Consumers, carers and community members are active participants in the planning, improvement, and evaluation of services and programs on an ongoing basis.

Outcome

WWHS meets 100% of the dimensions specified.

- Strategic planning involving the Board of Governance, Chief Executive Officer, Executive Directors and key personnel is achieved annually, in which measurable outcomes are determined and achieved.
- Service, program and community development is key to the organisation success and local champions are enlisted to ensure a community capacity building approach.
- A quality improvement framework is strong within the organisation, with all departments undertaking activities to enhance operational procedures. These are reported to the Quality Improvement Committee and 300 quality improvements have been listed on the Quality Register for this year.
- A comprehensive Compliments and Complaints system is in place. Investigation of complaints being investigated within 48 hours of being received and compliments circulated to staff to reinforce quality care.
- Board Committees and Sub committees, oversee and evaluate in all areas described are in place to support the organisational processes.
- Consumers, Carers and Community Members are involved in the development of Consumer Health information and guide the direction of health promotion activities and events via feedback to West Wimmera Health Service.

Standard 5

The organisation actively contributes to building the capacity of consumers, carers and community members to participate fully and effectively.

- West Wimmera Health Service is heavily involved in a region wide planning approach and ensures collaboration with the Wimmera Primary Care Partnership (WPCP) with Service representatives participating in the Executive, Chronic Disease, Living At Home Assessment and Health Promotion Committees. Plan, Do, Study, Act Projects have been developed and implemented in partnership with the WPCP. Other activities include a presentation at the Australian Disease Management Association Conference and journal articles envisaged.

Improving care for Aboriginal clients

There is a very small ATSI population within our catchment, and West Wimmera Health Service has not received a request for treatment of an ATSI patient or a referral to a program or a health professional. However we are aware of the potential need therefore an Improving Care for Aboriginal and Torres Strait Islander program is in place.

WWHS has partnered with the Wimmera PCP Closing the Gap Project to offer support and services tailored to meet the needs and value systems of the Aboriginal and Torres Strait Islander (ATSI) community.

Standard 1

A whole-of-organisation approach to cultural responsiveness is demonstrated

- The organisation is committed to ensuring culturally appropriate services are delivered and a Cultural Diversity Awareness plan exists in the form of a policy at an organisational level. A Cultural Diversity Awareness Working Party is in operation and meets Bi-monthly.

Standard 2

Leadership for cultural responsiveness is demonstrated by the health service

- The organisation is committed to ensuring culturally appropriate services are delivered and a Cultural Diversity Awareness plan exists in the form of a policy at an organisational level. A Cultural Diversity Awareness Working Party is in operation and meets Bi-monthly.

Standard 3

Accredited interpreters are provided for patients when required.

- The organisation has access to interpreters available via the telephone or to attend face to face.

Standard 4

Inclusive practice in care planning is demonstrated, including but not limited to Dietary, Spiritual, Family, Attitudinal, and other Cultural Practices

- All individual Patient, Client and Resident care planning ensures that culturally specific needs are observed and catered for.

Standard 5

Culturally and Linguistically Diverse Consumer, Carer and Community members are involved in the planning, improvement and review of programs and services on an ongoing basis

- Culturally and Linguistically Diverse (CALD) consumers are invited to attend working groups and to review programs on an ongoing basis.
- The most successful program involving CALD groups within the service is the Community Garden, in which our Karen Community together with Community Members have developed the Project and the process of designing the Garden has begun.

Continuous improvement for our communities

We are responsive to the chronic and complex conditions our community faces and pursue innovative measures to achieve the best outcomes for our people. One initiative, as a result of the strong partnerships between GPs and allied health practitioners, is the development of a Medicare Benefits Scheme model which encourages GPs to send complex referrals to our allied health professionals resulting in a more holistic treatment plan being instigated. In the last 12 months 90 complex care referrals have been sent by GPs to our allied health practitioners.

A refugee plan has been developed to better assist the growing Karen community within our catchment. Networks with key stakeholders within our community have been developed and bi – monthly meetings are attended by a West Wimmera Health Service representative. We have streamlined the interpreter service available to our Karen community members ensuring easier and faster access to interpreters for our clients whenever required.



Health Promotion

With the rise in chronic health disease, West Wimmera Health Service is committed to educating our community and preventing a further increase through a concerted presence at various community events such as agricultural shows, the Wimmera Machinery Field Days, group activities at schools and kindergartens and presentations at Service Clubs.

Image

The Guys and Gals program at Kaniva College with teacher Amanda McPhee (seated left) and student Louise with L-R standing Renae, Sinead, Annie and Louise with their 'Warm Fuzzy' envelopes containing positive thoughts and notes.

In 2012, the Wimmera Primary Care Partnership member agencies attended a series of Health Promotion planning events. The member agencies included; Wimmera Primary Care Partnership, West Wimmera Health Service, WestVic Division of General Practice, Wimmera Sports Assembly, Rural Northwest Health, Wimmera Health Care Group, Wimmera Volunteers, Hindmarsh Shire Council, West Wimmera Shire Council, Dunmunkle Community Health Service and Edenhope District Memorial Hospital.

All agencies agreed that Physical Activity and Social Connectedness would be the priority focus areas for our Integrated Health Promotion Plans.

WWHS philosophy regarding health promotion is:

'Breaking down the barriers and health inequalities that exist within our community to enable opportunities for improved health outcomes'

With the rise in chronic health disease, West Wimmera Health Service is committed to educating our community and preventing a further increase through a concerted presence at various community events such as agricultural shows, the Wimmera Machinery Field Days, group activities at schools and kindergartens and presentations at Service Clubs.

The outcome of evaluations of health promotion activities has revealed that our community members are becoming more informed of the health factors that put them at risk of chronic disease.

The evaluation of health promotion group 'Over The Weighbridge'

Goree Healthy Lifestyle Group was designed to be participant-led with weekly support from staff. It is aimed to be a 12 week program to promote behavioural change for a healthier diet and lifestyle as well as to address the psychosocial aspects of this weight loss process.

The program has come to an end. A total of 8 participants from the Goree community completed the program. Although the group is small, its success has been great.

Key quantitative results:

- All participants lost weight
 - The group lost a total of 40kg over the 12 week period.
 - The group lost a total of approximately 41% body weight.
 - That is an average of 5kg weight lost per participant.
- ALL participants have a reduction in waist circumference
 - The group has lost in total 76.5cm of waist circumference which has greatly reduced their risk of developing chronic diseases.
 - That is an average of 9.6 cm waist circumference reduction per participant.
- All participants who completed the fitness test have an improvement in fitness (either upper limb and/or lower limb)
 - Out of the 5 participants who were fit enough to complete the upper limbs fitness test, there was an average improvement of 31% in fitness of upper limbs.
 - Of the 2 participants who were fit enough to complete lower limbs fitness test, there was an improvement average of 37.3% in fitness of lower limbs.

The biggest loser lost 15kg, 11.5cm of waist circumference reduction and improvement in overall fitness of 74%.

Over the 2012-2013 period WWHS will become an integrated health promoting, health service by:

- working in partnership with agencies and members of our community;
- seeking to reduce health inequalities among our community members;
- enhancing community participation;
- considering cultural differences within our community members;
- ensuring that health promotion interventions focus on the determinants of health;
- and providing evidence based health promotion initiatives to enable our community to take responsibility for their own health.

Bringing all corners of the community together – The Community Garden

Fresh vegetables and fruit, grown in a communal garden, experimenting with what will grow in this climate, expanding the choice by growing, cooking and tasting different varieties of fresh food – a project for everyone.

The Nhill Community Garden has grown from individuals and groups wishing to share the experience of growing their own food.

West Wimmera Health Service, Nhill College, Nhill Neighbourhood House, Wimmera Southern Mallee Local Learning & employment Network, Wimmera Uniting Care, Luv-a-Duck, and interested community members joined together to make the idea happen.

Activities, aims and objectives

The Nhill Community Garden will be a friendly place where all members of the community will be welcomed to grow food and get to know each other.

Specifically it will:

- Promote multiculturalism
- Increase social connections
- Promote physical activity
- Be an educational tool for local schools
- Be a place where parents can bring their children
- Provide food security and promote nutritional and healthy eating through access to fresh, nutritious food
- Supplement family food supply and reduce family expenditure on food
- Improve mental health
- Be a place where clients from WWHS disabilities sector can learn new skills such as interacting with others, working as a group or individually on projects at the Community garden, the produce could then be used for other projects.

The garden will encourage community building with collaboration of people of all ages, all abilities and from all countries.

It will also introduce us to a variety of produce, different food choices and importantly develop an harmonious community spirit.

Programs for the Early Years

Pregnancy Care Clinic

Pregnancy Care Clinic (PCC) consultations have increased two fold over the last twelve months. This has been due to improved collaboration between

- WHCG –enabling future mothers to book into the hospital without travelling to Horsham
- Radiography Department – WWHS
- Nhill Tristar Medical Clinic
- Lister House Medical Clinic, Horsham GP/Obstetrician

Due to client requests outreach Pregnancy Care Clinics have also commenced in Rainbow and Jeparit.

3 Year Comparison of PCC consultations

Improved collaboration between clinicians has substantially increased participation in the Pregnancy Care Clinic.

Maternal and Child Health

Maternal and Child Health is a valuable service offering family support after the birth of a child. The service encompasses several Key Service Activities. Key Ages and Stages consultations (KAS), additional clinic consultations, enhanced home visits which are tailored to vulnerable families and Community activities, including playgroup and parent groups. The main aim of these activities is to encourage families to assimilate into the community, developing social connections and a peer support group for the family and young children.

Immunisations – childhood, secondary school, adult vaccinations

In addition to the core Maternal and Child Health role the Service is responsible for the Hindmarsh Shire Council immunisation program of childhood, Secondary School and Adult vaccinations.

Immunisation is a fundamental activity for the M&CHN. Central to the normal Key Ages and Stages (KAS) consultations, vaccinations are undertaken according to the Victorian Department of Health protocols. Secondary School vaccinations include, Hepatitis B for all boys and girls and Gardasil (Human Papillomavirus vaccine HPV vaccine) for Year 7 girls and Boostrix (ADT Pertussis) for Year 10 boys and girls.

Adult vaccinations include catch-up programs of Pertussis type vaccine for all new parents and influenza vaccinations for corporate employees.

Next Year Gardasil vaccination will be introduced for Year 7 boys and a catch-up program for all Year 9 boys will also commence.

Parental compliance for presenting their children for the vaccination programs remains high in Hindmarsh Shire with the percentage of vaccinations delivered comparable to the state average.

Well Women's Clinics

The clinics have increased in popularity with the introduction of twilight clinics at Nhill and planned additional clinics at Kaniwa.

The 10% increase in the number of consultations over the last two years is attributed to a planned advertising program prior to the clinics and also by providing a service in the evenings to cater for the many women who work during the day.

The worth of this project will be evaluated after 12 months.

Figure 15 PCC Consultations

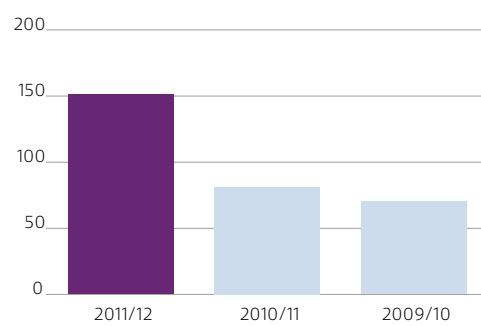
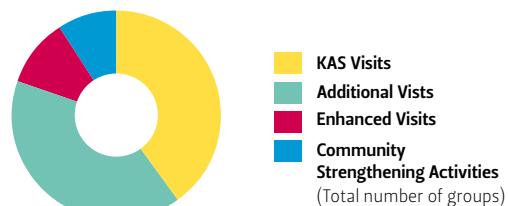


Figure 16 Maternal & Child Health Performance



Image

Continuing the care. Melanie Albrecht, brings baby daughter Amelia Jayne to see Maternal and Child Health Nurse Amanda Stephan for her routine check.



Continuity of Care

Continuity through an episode of ill health or following an accident involves a mix of health professionals working together with the patient to ensure the most positive outcome occurs for the patient.

In the case of rural patients the collaboration occurs not just between our different health professionals – as at times, with the help of advanced technology, we involve Practitioners and Specialists in regional and metropolitan locations.

Rachel's contribution

My experience of ante and post natal care in the Wimmera since 2004

I first experienced antenatal care in Nhill 8 years ago with the first of my four children – regular visits with my General Practitioner and antenatal classes with the Midwife prior to birth at the Nhill Hospital.

When my second and third children were born, Maternity Services had been withdrawn from Nhill. The regional health service was the only option for doctor care, shared care with midwife, and to book into the hospital for the birth, an hour and a half return trip each visit.

It was so frustrating one day when I arrived for my ‘booking in’ session and was told that I was double-booked and would have to come back another day.

Following delivery, contact with the midwife ceased and care continued with the WWHS Maternal and Child Health Nurse.

This year with my fourth baby, I discovered an alliance had been formed between West Wimmera Health Service and the regional Health Service and I had the option of a much improved shared care option between the doctors and midwives.

I started with visits to my local GP, attended the Midwives Clinic at Nhill Hospital conducted by the Maternal and Child Health Nurse, and with my history already on the regional health service computer system, the midwife was able to access it from Nhill and book me in – a wonderful convenience. So too were other general ‘checkup’ visits and the availability of Ultrasound at Nhill was an absolute bonus. I appreciated the savings on fuel, time and money, and easier babysitting arrangements.

With a connection established, I had the benefits of consistent care from the same health professionals for the post natal visits and ongoing regular checks from baby’s early days, months and years at the Maternal and Child Health Centre in Nhill.

West Wimmera Health Service has taken a huge step forward by providing this unique alliance between the General Practitioners and Midwives for pre and post natal care.



At last my independence... with a little help along the way

A resident of his rural community since birth, Gary was diagnosed with an intellectual disability at the age of 11.

Following the death of his father Gary needed assistance, and was fortunate to have support from his close knit community including trusted guidance with his financial affairs, and personal assistance from the caring team at Goroke Community Health Centre and community members.

Gary's home had very few comforts or amenities and it became necessary to seek new accommodation – he now lives in a new home.

District Nurses assisted with personal care over the years in conjunction with Home Care for help with his domestic chores, preparation of meals and assistance with shopping.

Today Gary has become much more independent, requiring little guidance from Personal Care Workers with meal preparation and home care responsibilities.

He now attends Cooinda Disability Services where he has gained many skills including gardening and is also furthering his education and being encouraged to read.

The Tri State Games have become a particular interest in which he has had success and proudly displays his winning medals.

Now employed by West Wimmera Health Service at Goroke Community Health Centre, Gary assists with the maintenance of gardens and general duties. He has his own vegetable garden at the Centre, the produce used when cooking his own meals.

With improved social skills Gary can participate in outings with the Men's Shed and the Planned Activity Group. He also has the confidence and skills to travel by bus to visit his extended family for special occasions.

Gary's quality of life has improved remarkably over the years and provided him with many life skills. A credit to Gary and to the quality of care and dedication of the West Wimmera Health Service team, Cooinda and members of his community!

Image

Gary Allison (R) shopping at Goroke Supermarket with Gary's carer Jack Cooney, at register who owns Goroke IGA and Personal care Worker Gwenda Gilpin (Centre).

Continuity of Care

Making the impossible happen

Life changed dramatically for popular farming identity Matireti 'Mat' Bale on the 23rd of April 2011 when he experienced a farming accident that left him with complete Quadriplegia.

Mat was admitted to the Austin Hospital, Melbourne where his condition was assessed and his rehabilitation commenced. Little did Mat know that he was to call Melbourne home for almost a year.

From the beginning Mat had a wonderful attitude towards his injury, and he set himself the goal of returning to his local community and to be as actively involved in running his farm as possible.

WWHS has been recognised for its ability to provide complex care regimes.

Mat acknowledges he has been fortunate to be surrounded by highly motivated and enthusiastic family, friends and the rehabilitation team both TAC and the Austin.

Everyone involved in his care whilst Mat was in Melbourne did everything in their power to facilitate his dream to return to Kaniva.

Achieving that goal involved an extensive amount of preparation and West Wimmera Health Service's pivotal contribution to the statewide program conceived by TAC was our ability to provide a complex care regime to address Mat's requirements.

Practical considerations were high on the agenda before accepting a patient with Mat's level of need. Kaniva hospital was not set up physically for a patient who required ceiling mounted hoist transfers and the number of staff required needed attention.

Mat was dependent on an electric wheelchair which required wider doorways and hallways, a special bed and very specific equipment for the bathroom.

Competing needs in the community required consideration. Could we provide the required care for Mat while still ensuring that the community of Kaniva had access to the level of service they required.

Access to a GP around the clock was an issue as well as the need for a special ambulance if a medical emergency was to occur. All of these concerns were raised and the barriers seemed immense.

We had not met Mat and to truly gain a picture of Mat's needs then it was obvious we were going to have to meet him in person.

On the 2nd March 2012 two WWHS staff members travelled to Melbourne to meet Mat and to observe his morning and evening routine. This trip was certainly an eye opener for the girls who were able to at first hand see the requirements for Mat's care and to observe what he was able to do for himself despite his injury.

Following this visit we really accepted the challenge and grasped the opportunity to learn both with and from this inspirational man!

Partnerships were formed with Transport Accident Commission (TAC) and independence Australia who provided extra staff support. The Occupational Therapist and Physiotherapist worked in conjunction with Austin Hospital staff to ensure appropriate equipment was sourced and in place before Mat's arrival. They also developed plans for ongoing therapy. Special Protocols and Procedures were generated covering Mat's needs and processes were put into place to problem shoot any issue that arose.

Within six weeks we were ready and the impossible became possible – Mat was able to come home!

He moved into his temporary home the Kaniva Hospital for an extended time until his home on the farm is ready.

TAC has committed to modify his farm house to make it safe and appropriate. However until this can be done we have a long term guest from whom everyone can learn a valuable lesson.

Never give up, nothing is impossible and no matter what happens keep a positive attitude.

An excellent story showcasing the importance of access to local healthcare!

With absolute collaboration between a number of agencies including WWHS, Transport Accident Commission and Austin Health one of Mat's goals has now been achieved!

It must be said however that Mat's amazing determination and positive approach was the most important ingredient in this remarkable story.

Continuity of care – the impossible achieved!

Image

Network collaboration and the capacity of West Wimmera Health Service to provide the care meant that Quadriplegic Mat Bale could return to Kaniva Hospital to be closer to his wife, children and friends with the special care he required.
Mat and wife Anna so happy to be back 'home'.



Communities Supporting Each Other

Image

Year 9 Rainbow Secondary College students volunteer to help residents of Bowhaven Hostel Rainbow with their raised garden beds – a boon for all. Mr Thomas Gunn ready to plant the seedlings held by Jordan L while Jordan H prepares the soil.

By working together we can continue to achieve great things for our Health Service. Rural communities are renowned for volunteering, supporting their community involvement and fundraising, particularly for their health service.

We express a heartfelt thank you to our ever supportive individuals, organisations, businesses and Service Clubs. In particular this year the Nhill RSL and Kaniva Lions Club, our generous Sponsors, Philanthropic Trusts, Volunteers and Auxiliaries and also those who grant West Wimmera Health Service a bequest – your commitment is appreciated beyond measure and your support will be needed more than ever as we press forward with the highest of aspirations ‘to provide health services without peer’.

As we look forward the future contains many uncertainties and fundraising initiatives will play a vital role in maintaining the Service’s ability to provide the most advanced health care ‘on our doorstep’.

It is one among many challenges but with the help and commitment of our communities and supporters it is a challenge we will meet.

What did our fundraising efforts achieve this year?

Wardrobe Workout

The Wardrobe Workout Fundraiser in July gave ladies an insight in how to dress for individual body shape and how just a few simple accessories is all you need.

The event was supported by many local businesses and raised \$2,500 for the Service – a fantastic effort indeed.

Goroke Community Health Service Public Appeal

Raising funds to assist with the development of their new ‘Super Clinic’ is an imperative for the Goroke Community.

The Annual Spring Market day showcases local produce, arts and crafts is growing in popularity and raised \$3,000.

An extremely successful Goods and Services Auction was held, attended by approximately 110 people raising \$17,425. A great night made better by a community banding together for one cause.

The event was made possible by the many donors, the people who purchased goods, the entertainers and of course the Auctioneers – the utmost appreciation to all of you.

Murray to Moyne Cycle Relay

The last Saturday in March saw our enthusiastic cycle team head off from Mildura for the 520km Murray to Moyne Cycle Relay. In perfect weather all members completed the ride arriving in Port Fairy on Sunday.

The event raises awareness of the continued need to support our Service and participants have the opportunity to mix with the other cyclists and onlookers and promote the extensive health we provide.

Masquerade Ball

The staff of the Archie Gray Nursing Home in Kaniva held a Masquerade Ball and raised over \$6000, enough to purchase scales specially designed to weigh wheel chair patients and provide an accurate weight which is a positive indication of general good health in the ageing. A different perspective to caring!

Giving to make a difference

We acknowledge the dedication and assistance of our volunteers. Their support and the broad ranging special programs they organise are an extremely valued asset to our Service.

Volunteers who visit our aged care residential facilities or hospitals are generous of both time and spirit and their actions make a huge difference in the daily lives of our clients.

Our Auxiliaries and the Friends & Relative Groups who untiringly raise funds to assist with the purchase of specific items of equipment and who assist with planning events have our profound respect and appreciation!

Vale

All at West Wimmera Health Service were saddened at the passing of ‘Win’ Hamlyn, a founding member of Cooinda Ladies Auxiliary and long term member of the Nhill Hospital Auxiliary.

We pay tribute to Win’s quiet compassionate and loyal nature which shone through her commitment to these two deserving organisations. West Wimmera Health Service is all the better for her many acts of kindness.

A fine and gentle lady at rest.



Volunteers

Graham Belgrave
 Jacqueline Belgrave
 Dale Buttigieg
 Barbara Champness
 Geoff Chisholm
 Emily Clark
 Peter Flavel
 Wendy Flavel
 Lorraine Foote
 Emma Hawker
 Kevin Hedt
 Richard Jones
 Gary Judd
 Phyllis Keller
 Susan Krelle
 Judith Lawson
 Rosa Lockwood

Norman Mansfield
 Rev Sean McMaughan
 Pat Morgione
 Tilley Nash
 Brenda Norman
 Luke O'Connor
 John Pumpa
 Peter Ralph
 Denise Ralph
 Gary Robinson
 Andrew Ruddell
 Janet Shurdington
 Maureen Skinner
 Helen Slattery
 Kenneth Sleep
 Elsa Williams
 Andy Wood & Friends

Volunteer Groups

Members of the Board of Governance
 Community Advisory Committees
 Auxiliaries

Friends & Relatives Groups

Art Group
 Apex Clubs
 Bowling Clubs
 Church Groups
 Golf Clubs
 Lions Clubs
 Planned Activity Groups
 Rotary Clubs
 RSL Clubs
 Senior Citizens
 State Emergency Services
 Silent Angels

Donations

V V Marshman	50,000
Collier Charitable Fund	30,000
Goroke Goods & Services Auction	17,425
Kaniva Masquerade Ball	6,044
The William Angliss Charitable Fund	6,000
Mary Maddison	3,000
WWHS Wardrobe Workout Fundraiser	2,500
Nhill Sub Branch RSL	2,000
Nhill Hospital Ladies Auxiliary	2,000
Goroke Spring Market	1,651
Sarah Stott Trust	1,499
Murray to Moyne - Duck & Jazz BBQ	1,122
Mr Richard Taylor	1,000
Mrs M Lehtonen	1,000
Ms Meredith Taylor	1,000
Nhill Iona Staff Donations for Chair Scales	650
St Peters Lutheran Womens Guild Bargain Centre Dimboola	600
Goroke Raffle	598
Murray to Moyne Donation - Jims Butchery	500
P & D Ralph	500
Cooinda Ladies Auxiliary	500
Murray to Moyne Donation - Montana Rural Pty Ltd	500
Country Women's Association of Victoria Inc.	500
WWHS Lucky Numbers	409
Murray to Moyne Donation - SMI Services Pty Ltd	400
WWHS Chocolate Fundraising	327
Murray to Moyne Donation - Dr Mark Chehade	300
Goroke Goods & Services Auction Raffle	284
Murray to Moyne Donation - Ahrens Sherwell	250
Murray to Moyne Donation - Wimmera Roadways	250
Murray to Moyne Donation - Luv-A-Duck	250
Murray to Moyne Donation - Nhill Pharmacy	250
Murray to Moyne Donation - Wil-Air Refrigeration	250
Murray to Moyne Donation - Rural Energy	250
Murray to Moyne Donation - Westvic Spares	250
27 Inkerman Pty Ltd	200
Ahrens Nhill	200
Riverlea Australia Pty Ltd	200
Chris McAleer	200
Donations Under \$200	3,444
Grand Total	138,302

Risk Management

Risk Management – everyone's business

Every part of our organisation faces some element of risk even when conducting our normal business. For that reason West Wimmera Health Service places high importance of being risk aware, taking measures to maintain the quality of care and safety to our patients, residents and staff and those who visit our Service.

Our Service manages risk in accordance with the *Australian Standard AS/NZS ISO 31000:2009 Risk Management – Principles and Guidelines*.

Our objective is to identify and manage risk before any possible incidents become reality that may have a detrimental effect on patients and staff.

Risk Management re-born

In 2011-12 we undertook a major overhaul of our approach to documenting risks with the implementation of eight Risk Categories which informed a restructured Risk Register, they are:

1. Financial
2. Strategic
3. Operational
4. Clinical
5. Occupational Health and Safety
6. Human Resources
7. Governance
8. Infrastructure / Assets

The new Risk Register allows managers to proactively manage risk by implementing control actions to minimise the possibility of a risk developing into an actual incident.

As a result the Service has reduced documented risks from well over 100 to 23 major risks of the organisation: a much more manageable number. Now we can deal with those risks which pose the potential to have the greatest harmful effect on the organisation and the people we care for.

In addition a Risk 'Heat Map' outlines for senior executive and the Board the 'hot spots' of organisational risk and thus the areas where resources are to be concentrated to ensure appropriate treatment actions are undertaken.

Future directions

As we enter 2012-13 our Service will once again review emergency planning documents such as our Business Continuity Plan and test its effectiveness.

Occupational health and safety statement

West Wimmera Health Service is committed to a safe service

We demonstrated this by:

Occupational Health and Safety (OHS) is embedded throughout all levels and all actions of our Service.

We do this by:

The strong leadership team is dedicated to the safety of our patients, staff, contractors and visitors. We select the best people as the Health and Safety Representatives from the eight designated OHS work groups throughout the Service, who with management representatives, make up the Occupational Health and Safety Subcommittee.

All safety systems and processes operate in accordance with the:

- *Occupational Health and Safety Act 2004*
- *Occupational Health and Safety Regulations 2007*
- *Dangerous Goods (Storage and Handling) Regulations 2000*
- *Compliance codes*
- *Australian/New Zealand Standard, AS/NZS 4801:2001 Occupational Health and Safety Management Systems*

The Chief Executive Officer has completed a Certificate III in Occupational Health and Safety from the Australian Institute of Public Safety, demonstrating leadership and commitment to OHS.

The Manager of Quality Safety and Education has completed a Graduate Certificate in Occupational Health and Safety Management providing practical and administrative expertise in OHS.

Ensuring that returning to work is a positive experience, a Return to Work Coordinator is employed who undertakes programs with staff who have been on extended sick leave or suffered an injury or have experienced other personal adversity; to enable them to return to work in a timely manner and to full capacity.

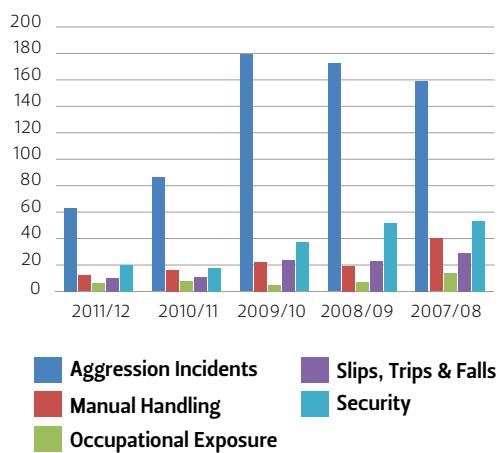
Through a suite of performance indicators, the Occupational Health and Safety issues of employees are monitored and, reported to senior management and then the Board of Governance. The performance indicators reported on are:

- Assault and aggression against staff
- Manual handling injuries
- Occupational exposure to hazardous materials or unmitigated risks
- Slips trips and falls, and
- Security

Proof of improvement

In 2011/12 there were no incidents of a level requiring them to be reported to WorkSafe Victoria.

Figure 17 OHS Comparative Data



The graph above illustrates there has been a continued decrease in occupational health and safety incidents over the last five years with aggression, manual handling and security incidents all decreasing significantly.

Decreases are the result of strategically focussed training and increased promotion of OHS aided by the purchase and use of equipment designed to reduce manual handling issues.

Pre-emptive safety management and actions will remain a critical focus of our organisation, keeping employees, contractors and the community we care for, safe in the years ahead.

Education

Learning and development of our staff is a key way of ensuring quality and safe practice for our clients, patients and residents.

Starting out

Our commitment to education commences on the first day and continues for the duration of employment.

Orientation is an important way that new staff gain knowledge of the organisation, the Service's expectations and also undertake key safety education before they commence work.

New staff have the opportunity to meet the Chief Executive Officer and Senior Executive staff, undertake fire training and learn about the importance of patient and staff confidentiality and information, as well as how to prevent infections, deal with incidents and the importance of risk management.

Through 2011-12 eighty one new staff started with the Service with 99% of these attending an orientation day.

An eleven point mandatory education program covering high risk areas must be undertaken annually by all staff and includes fire and emergency training, infection control, how to administer medications safely and basic life support.

Our commitment to training is extensive, with 238 education sessions undertaken in 2011-2012 comprising 1906 hours and 1117 attendances. Education was provided internally and staff were also provided with the opportunity to attend external education sessions including state and national conferences.

Innovations

In 2012, Medical and Nursing staff underwent collaborative training in emergency care provided by Emergency Physician, Dr Andrew Dean. This important education allowed Doctors and Nurses to train together to ensure that best possible care outcomes for patients in life threatening situations are achieved.

We also partnered with University of Ballarat to provide middle managers with business training through an Advanced Diploma of Management. Fifteen staff commenced this 'fast track' course in June 2012 and will complete it in late December 2012.

Our staff participated in a pilot project in conjunction with Ambulance Victoria Adult Retrieval Services that provided the opportunity for Doctors and Nurses at WWHS sites to speak immediately with specialists in Melbourne when caring for patients following major trauma or in need of critical emergency care. Emergency specialists in Melbourne could view patients using videoconferencing thus providing the very best of advice to our staff in the care of patients.

Part of the pilot project also involved education to Nursing staff around a range of emergency clinical scenarios.

Taking our knowledge to the world stage

In 2011-12 four of our staff presented at regional, state, national and international conferences. Subjects that have been presented include our Well For Life Project, Insulin Pump Clinic, Active Service Model, Medicare Benefits Scheme Introduction for Allied Health and Free Water Protocol which was presented at a State and International level.

Our Diabetes Educator is a guest lecturer in Diabetes Management at the Mayfield Centre and our Manager of Community and Allied Health (who is a Speech Pathologist) is a Clinical Educator at the Pham Hoc University of Medicine in Vietnam.

Future aspirations

In 2012-2013 we will extend our training into the safety arena with Maintenance and Engineering staff to undergo Working at Heights and Confined Space training. It is critical that all staff have the knowledge and skills to work safely to prevent injury not only to themselves but also others.

Our Senior Managers and Board of Governance Directors will undergo collaborative education in governance matters to continue to develop their skills in leadership and governance of our organisation

Environmental Sustainability

'Meeting the needs of the present generation without compromising the ability of future generations to meet their needs.'

– Keep Earth Beautiful Inc

Many ways to reach a positive outcome!

We have continued our efforts towards a more environmentally friendly workplace by striving to use energy responsibly, understanding the need to conserve resources such as electricity and water, researching how we are able to improve our energy consumption, employing better building practices while at the same time ensuring our patients and residents remain safe and comfortable.

Replacement of Light Globes

A planned replacement program has commenced to switch from fluorescent lights to low wattage LED lights throughout the Service, commencing with the Nhill site. These lights have a predicted life span of 55,000 hours. At Nhill an average of five fluorescent lights are replaced every day which will be eliminated when replaced with the LED lights.

Upgrading Air Conditioning System Nhill Dental Clinic

After nearly 30 years the air conditioning system in the Nhill Dental Clinic was replaced with a more efficient, lower wattage system leading to electricity savings.

LPG gas usage

The gas boilers at Nhill underwent a major service which has substantially increased the overall efficiency of the system. Previously complaints were regularly received regarding fluctuating temperatures in the wards. Since the service the temperature has remained consistent with no complaints received.

There has been a 20% decrease in LPG usage across the Service in the last four years. Where possible we are now utilising off-peak electricity as this is more cost effective and less prone to the substantial price fluctuations experienced when using LPG.

New rain water tanks – Goroke

Western and Southern Wimmera and Southern Mallee have spent much of the last decade in one of the worst droughts in living history. While the last two years have seen a return to more ‘normal’ rainfall we remain acutely aware of the need to collect and preserve rain water.

Two new rain water tanks have been installed at Goroke Community Health Centre, providing an additional 44,000 litres of rain water storage.

Following the relaxation of severe water restrictions in 2009–10 water usage increased but has since reduced to levels lower than that when Stage 4 restrictions were in place in 2008–09, a decrease of 16% in the last two years. We remain vigilant around the need to conserve this most precious resource.

Energy efficient redevelopment works

Major redevelopment works being undertaken at Nhill and Goroke have included a number of energy saving initiatives to ensure the buildings receive a ‘five star’ energy rating when finished, including substantial insulation in all ceilings and walls and tinted glass on all exterior windows to minimise radiation heat.

Landscaping will feature drought resistant gardens, in recognition of our need to continue to preserve our most precious resource water, while at the same time providing an aesthetically pleasing outdoor environment.

Energy efficient vehicles

West Wimmera Health Service runs a sizeable fleet of 44 vehicles. When purchasing new vehicles a detailed analysis is undertaken comparing fuel consumption, greenhouse gas emissions and carbon dioxide production.

The fleet has been progressively switched to four cylinder vehicles providing improved efficiency and economy.

Diesel vehicles have been purchased for use by individual staff members who travel the greatest distances. These vehicles have greater fuel economy and lower carbon dioxide emissions. More diesel vehicles will be introduced into the fleet over the coming year.

The future

The introduction of the carbon tax will impact directly on our Service, with increased LPG and other energy costs.

We will undertake energy consumption audits to encourage greater awareness of the need for all staff to be energy efficient every day.

We will also investigate installing solar panels to power our new Stores and Procurement building, which will be built in 2012/13.

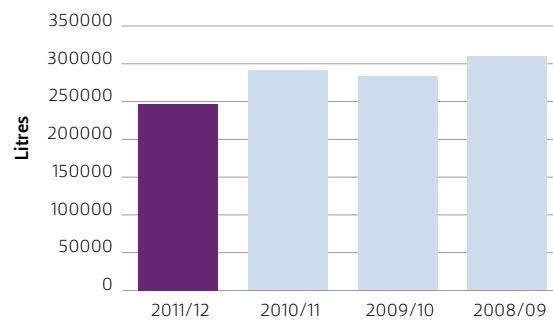
We will take steps to decrease the amount of rubbish going to landfill by trialing ‘recycling’ rubbish bins in dining areas at all sites.

We will take a broader view in our efforts to preserve our environment and make positive steps towards a more environmentally sustainable health service.

Table 18 Water Usage



Table 19 LPG Usage





Corporate & Quality

The Corporate & Quality Division consists of a number of service departments aimed at providing the skill and expertise ‘behind the scenes’ necessary to ensure quality care is delivered.

We do this by:

- Providing quality, nutritious and tasty meals;
- Providing a spotlessly clean and tidy environment;
- Maintaining buildings and facilities to ensure a safe and secure environment;
- Ensuring vital systems such as Fire Detection, Sprinkler Systems, Nurse Call, Medical Gases, Sterilisers and Air Conditioning are functioning to their full capacity at all times;
- Providing a range of internal and external education opportunities so staff can engage in ‘life-long learning’ to ensure we provide care that is current and based on ‘best practice’ principles.
- Maintaining complete and accurate medical records that are readily available to health professionals to facilitate seamless, safe and quality care.

Our goal

To deliver quality care by providing and maintaining excellent and safe physical surroundings, a clean environment, an outstanding fresh food experience and comprehensive and accurate medical record.

Strategies

- Recruitment, retention and training of appropriately skilled and qualified staff.
- Staged implementation of Capital Redevelopment program across the Service.
- Utilise information technology as a tool to enhance preventative and restorative maintenance programs across all sites.
- Participate in internal and external reviews to audit compliance to National and State Standards and Legislation.

Image

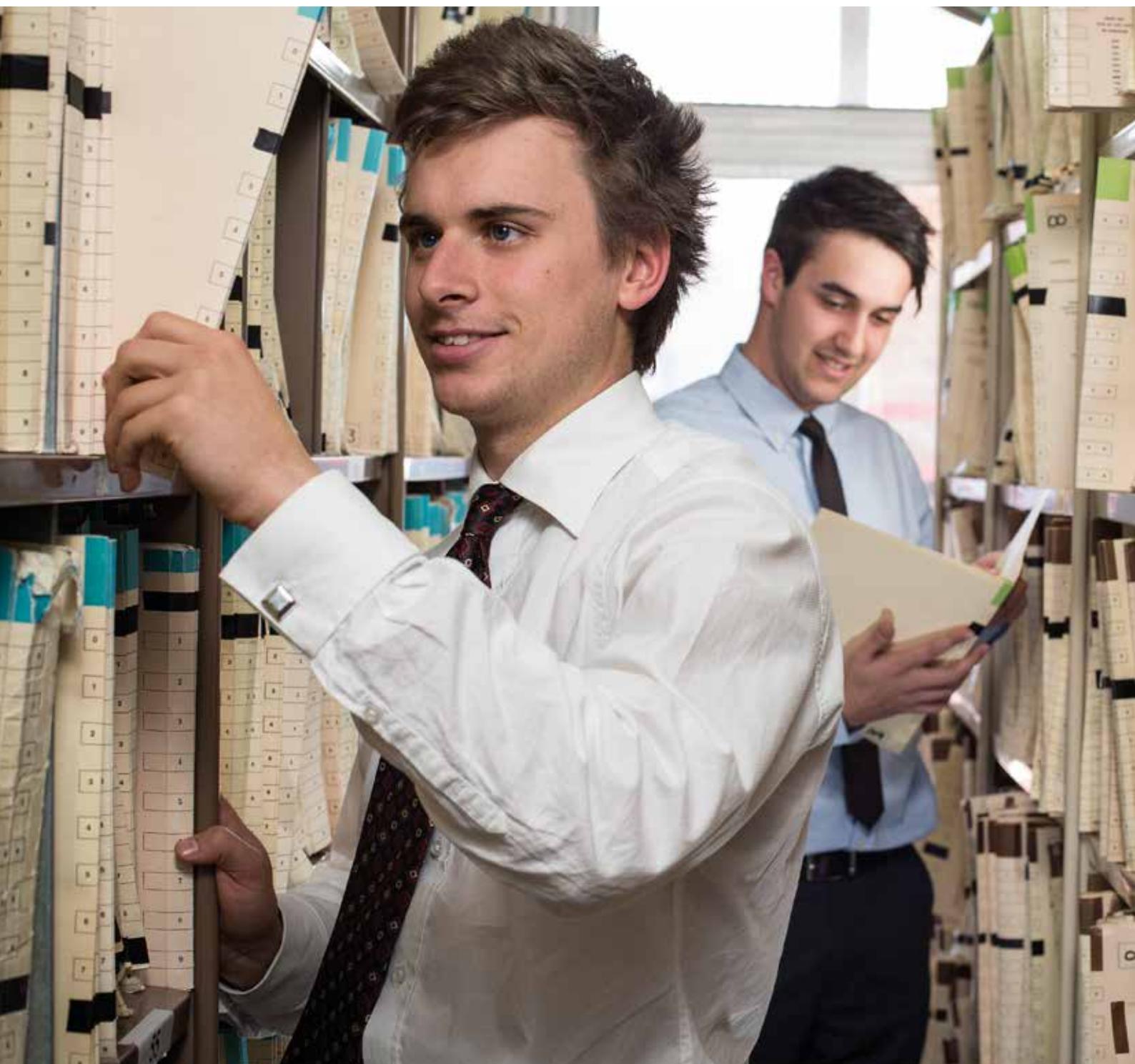
Our five kitchens complied with all aspects of the Food Safety Act, including regular monitoring and evaluation of food service preparation and delivery.

Fay Martion at Rainbow Hospital. The lunch rush is over, now for afternoon tea!

Achievements in 2011/12

Catering and Environmental Services

- Ensured the Acute facilities at each site were kept immaculately clean, recording a result of 97% in the annual acute Department of Health External Cleaning Audit – well above the benchmark of 85% set by the Department.
- Introduced external cleaning audits to monitor cleanliness in residential aged care facilities, recording a result of 94.5%.
- Incorporated a Water Safety Management Plan into the West Wimmera Health Service Food Safety Plan. This ensures that water used as part of food preparation is safe and includes regular testing of water to minimise the risk of contamination.
- Each of our five kitchens complied with all aspects of the Food Safety Act, including regular monitoring and evaluation of food service preparation and delivery.
- Reviewed and revised Olivers Café menu to better address wishes of clients with a resultant 56% increase in takings for the period January to May.
- Introduced regular ‘Environmental Audits’ in which staff from each of General Services, Engineering, Executive and Clinical conduct audits aimed at proactively identifying maintenance and cleaning issues before they become a problem, thereby ensuring our facilities remain in an excellent condition.
- Supported the youth of our communities by providing ‘gap-year’ employment to school leavers and also employing junior kitchen hands in after school employment.



Engineering and Maintenance

- The renovation of the residence for the medical practitioner in Rainbow is now completed. The bright, modern, fully furnished accommodation certainly assisted in attracting a new medical practitioner to fulfil the needs of the Rainbow and Jeparit communities.
- The Rainbow Medical Clinic was relocated to a completely redesigned and renovated building adjacent to the Doctors residence. The Clinic now exceeds accreditation standards for medical clinics.
- Renovation and refurnishing of the 'Overnight Stay' unit at Kaniva Hospital providing short term and agency staff with comfortable accommodation.

- Installation of non-slip vinyl floor at Olivers Café has reduced the potential for slips and falls.
- Security in all sites was reviewed and a contract signed for the staged implementation of a keyless entry system and CCTV cameras to each site linked back to a central IT platform.
- The refurbishment of a dedicated Podiatry department at Natimuk which has eliminated the need to share facilities with medical practitioners and other allied health staff, improving patient access to care.
- Large flat screen televisions were mounted on wall brackets in all Day Centres improving vision for residents and improving safety.



Image

Health Information Students from La Trobe University, Melbourne on placement with WWHS, Nathan Jilich (L) Kyle Batty (R).

A rural placement we hope will give them a positive view about working and living in a rural area.

Quality and Accreditation

- Conducted a 5 day Occupational Health and Safety training course which was attended by nine WWHS staff and ten participants from local businesses within our community.
- Archie Gray Nursing Home Unit in Kaniva was awarded three year accreditation status following a full audit by the Aged Care Standards and Accreditation Agency (the Agency).
- Support visits at each of our nine residential aged care facilities confirmed excellent care was being delivered with all sites maintaining full accreditation status.
- Full audits at remaining eight aged care facilities will occur in August and September 2012.
- Review of risk management framework with a new Risk Register to be implemented from July 2012 that will provide an integrated framework incorporating risk, incidents, feedback and quality improvements.

Challenges

- The major challenge across all departments within the Corporate & Quality Division is the recruitment and retention of skilled and qualified staff particularly chefs, cooks and tradespeople.
- To alleviate this problem we are up skilling our current staff by providing the opportunity to undertake workplace based skills training, including apprenticeships. We also attempt where possible to employ locally based people as history shows such staff are more likely to remain in long term employment with our organisation.
- The introduction of the Commonwealth Government Carbon Tax will impact on our energy costs.

A programme has commenced to replace fluorescent lighting with more energy efficient LED lighting, starting with the new Mira Medical Centre and Goroke Community Health Centre redevelopments. Other sites will follow in due course.

Looking ahead

A major focus in the forthcoming year will be preparing for aged care accreditation at eight residential aged care sites, followed shortly after by an Australian Council on Healthcare Standards organisation wide survey.

External audits provide us with the opportunity to assess whether the care we deliver to patients and residents is safe and effective and in accordance with State and National Standards and Legislation and in accordance with 'best practice' principles.

We look forward to the challenge!

- Ducted air conditioning systems were replaced in Jeparit Acute Hospital and Jeparit Day Centre and also Nhill Dental Clinic providing more efficient and effective climate control.
- Installation of a high pressure cleaning machine at Nhill which can be used for a multitude of purposes including washing of fleet vehicles, cleaning kitchen exhaust filters and cleaning of physiotherapy patient aids.
- Introduction of standardised electronic Maintenance requisition system that allows all users to monitor progress in regard to completion of tasks. It will ultimately lead to paper requisitions being eliminated entirely.

Finance & Administration

The significant finance related performance and regulatory demands placed upon the Service were once again met throughout the year culminating in the Service's seventh consecutive operating surplus.

Goals

- Achieve an operating surplus
- Maintain satisfactory levels of cash and investments
- Finalise the Mira Medical Clinic, Goroke Redevelopment and Natimuk Medical Clinic projects on budget.

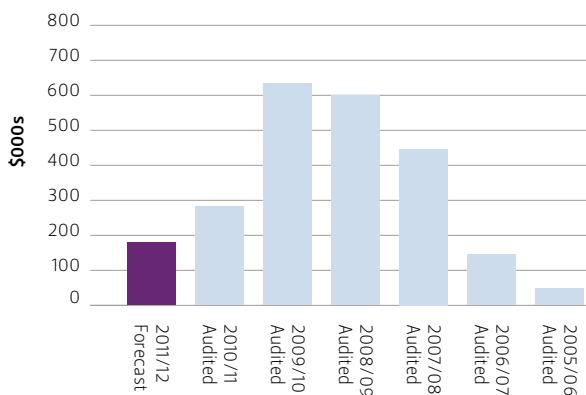
Strategies

- Deliver timely, reliable and understandable financial information to both internal and external stakeholders
- Retain focus on key financial result drivers including Government Grants, ACFI, Private Inpatient Fees and general cost control.

Achievements

- Operating Surplus achieved

Figure 20 Operating Results



Finance

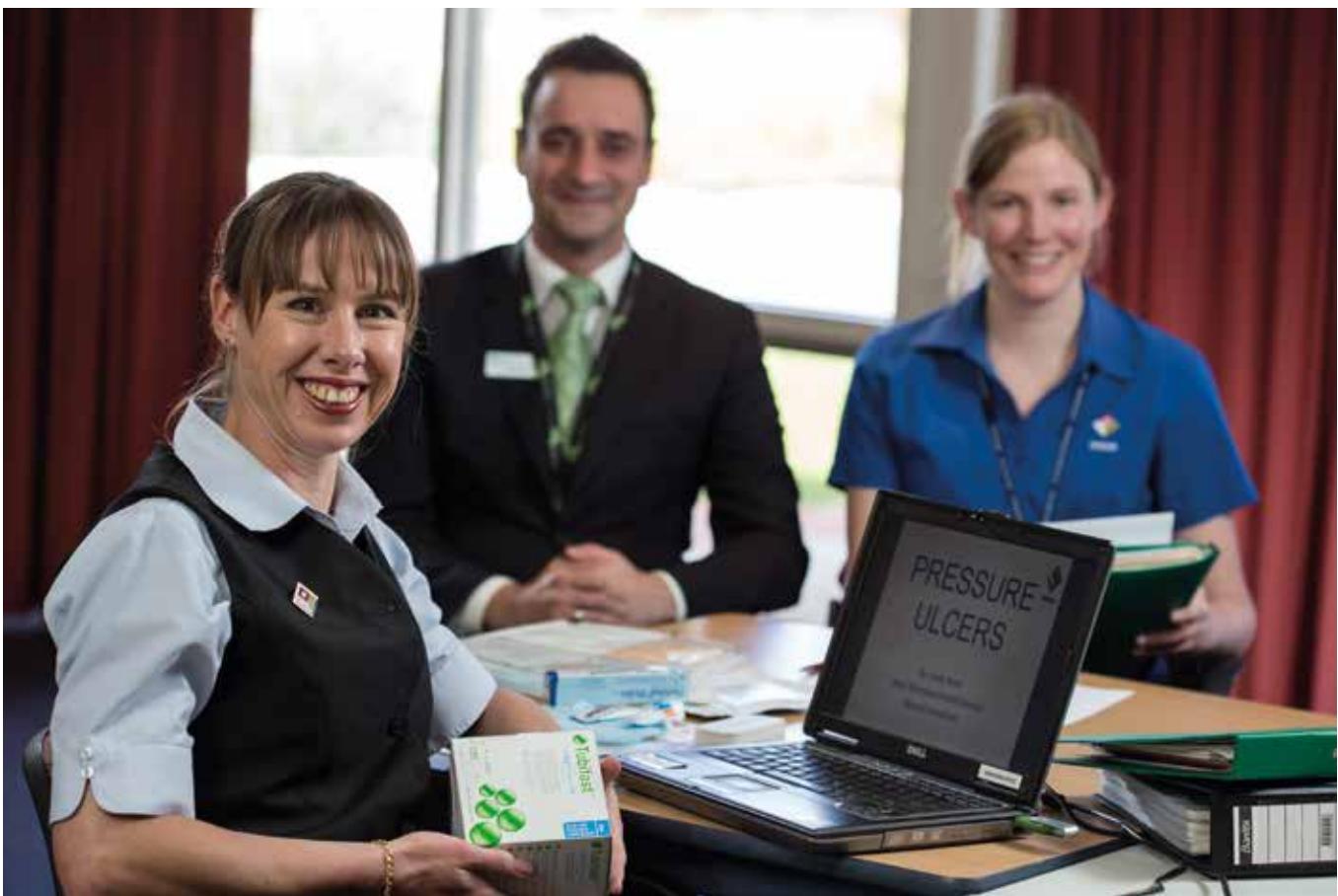
The main aim of the Finance Division is to provide timely, reliable and understandable financial advice to a range of internal (including the Board of Governance, Chief Executive Officer, Executive and Departmental Management) and external stakeholders (Department of Health, Department of Human Services and the Australian Government) within the overall objective of the Service achieving an operating surplus on an ongoing basis.

The transition to the new way in which a substantial portion of our recurrent funding is calculated arising from the Australian Government health funding reforms currently under way, means the successful navigation of the many financial challenges we face as a rural and remote health service becomes more difficult by the year. Nevertheless, with a strong track record and a budgeted operating surplus for next financial year, we continue to deliver in this important aspect of our operations.

Figure 20 shows the Service's operating results for the past seven years:

It is also vital that the Service continues to hold sufficient cash reserves .

During the year work commenced on three major capital projects: the redevelopment of the Mira building at Nhill into an integrated medical and allied health clinic; the redevelopment of the Goroke Community Health Centre; and the Natimuk Medical Clinic. With a combined budget exceeding \$2.5m, the Service will ensure that the cost of these projects remains tightly managed through to completion.



Human Resource Management

With 538 staff members employed throughout the year and a total wage bill of just under \$20m, the smooth functioning of our Personnel Department is a vital element in our ability to operate in an effective and efficient manner without compromising the quality and range of health services we offer.

Areas such as the terms and conditions contained in 14 different industrial agreements; mandatory education compliance; professional credentialing; education; performance management; leave management; and WorkCover claims for injured employees were all successfully administered throughout the year without any material disruptions.

The following table shows the composition of our workforce compared to last year:

Our ongoing and constructive relationships with the Victorian Hospitals Industrial Association (VHIA) and the various employee unions representing unionised staff members meant that there was again no time lost as a result of industrial disputation. This is a particularly gratifying outcome given the lengthy and at times difficult negotiations between VHIA and the Australian Nursing Federation in relation to the 2012-2016 Enterprise Agreement.

Our Employment Assistance Program independently provided by Davidson Trahaire Corpysch again proved useful for several staff members, assisting them with a variety of personal issues throughout the year.

Image

A team approach to bring total care together for the prevention and management of pressure injuries. Education covering all aspects of pressure ulcer prevention, assessment and management presented by L-R Cindy Bone RN WWHS, Jim Papas, Distributor Molnlycke wound care products and WWHS Occupational Therapist Katie Martin.

Table 10 Employees

Employee Status	2012	2011
Full Time	145	127
Part Time	316	324
Casual	77	77
Total	538	528

Equivalent to Full Time by Category

Nursing	180	173
Administration	33	32
Medical & Allied Health Professionals	27	25
General Services	57	55
Maintenance	20	18
Disability	11	13
Total	328	316

Employees by Gender

Female – EFT	276	264
Female – Number	460	451
Male – EFT	52	51
Male – Number	78	77

Staff turnover or the frequency with which staff leave the Service provides an indication of general employee satisfaction was 13.7% compared to 13.1% for the prior year.

A growing challenge faced by the Service is the ageing of its workforce and the apparent associated general increase in sick leave experienced in recent years. This year's result of 4.6% was down slightly from the 2011 (4.8%).

Each year the Service participates in the People Matter Survey which is conducted by the State Services Authority. The survey covers a broad range of employment related issues and provides valuable information to assist the Service in its ongoing goal of being an employer of choice. The following table shows summary results for the survey for the past three years.

Table 11 People Matter Survey

Values	2012	2011	2010
Providing the best standards of service and advice (Responsiveness)	95%	98%	96%
Earning and sustaining public trust (Integrity)	83%	89%	87%
Acting objectively (Impartiality)	87%	90%	87%
Accepting responsibility for decisions and actions (Accountability)	79%	85%	80%
Treating others fairly and objectively (Respect)	78%	84%	84%
Actively implementing, promoting and supporting the values (Leadership)	74%	79%	77%
Respecting and upholding human rights of the public (Human rights)	94%	98%	97%
Principles			
Choosing people for the right reasons (Merit)	80%	86%	86%
Respecting and balancing people's needs (Fair and reasonable treatment)	80%	86%	87%
Providing a fair go for all (Equal employment opportunity)	96%	99%	95%
Respecting and upholding human rights of employees (Human rights)	90%	95%	93%
Resolving issues fairly (Reasonable avenues of redress)	75%	83%	82%
Workplace wellbeing and commitment			
Workplace wellbeing	86%	91%	90%
Employee commitment	92%	95%	93%

While nine workplace injuries occurred this year, the same as the previous year, no staff member was seriously hurt as a result of their employment with West Wimmera Health Service.

Workplace safety will always remain of the utmost importance given the negative personal and financial impacts that such injuries can have for employees and the Service. No staff member was seriously hurt during the year as the result of their employment with the Service.

The Service is bound by the rules and regulations contained in the following legislation:

- *The Victorian Public Authorities (Equal Employment Opportunity) Act 1990*
- *The Victorian Equal Opportunity Act 1995*
- *The Victorian Public Sector Management and Employment Act 1998*
- *The Commonwealth Disability Discrimination Act 1992*
- *The Commonwealth Racial Discrimination Act 1975*
- *The Victorian Public Administration Act 2004*

Through the application of Service policies and protocols and monitoring of compliance with relevant industrial relations instruments we aim to:

- Ensure open competition in recruitment, selection, transfer and promotion
- Base employment decisions on merit
- Treat employees fairly and reasonably
- Provide employees with a reasonable avenue of redress against unfair or unreasonable treatment
- Avoid discriminating between employees on the basis of their gender, age, impairment, industrial activity, marital status and religious or political beliefs

We do not tolerate bullying or harassment in any form.

Information & Communications Technology

Once again, the Service experienced no material information technology related disruptions which is testament to the excellent support we receive from Dulkeith Computing Solutions.

The roll out to Board Members of iPads during the year is indicative of the benefits that can be derived from the innovative use of information technology. Board Members now electronically receive relevant documentation for all meetings they attend. This has resulted in the conservative estimate of more than 10,000 pieces of paper saved per annum which, when added to the reduction in administrative burden required to compile and distribute meeting documentation, is a material and sustainable saving in time and money. This development has also significantly enhanced the security of Service information with the greatly decreased likelihood of documents being lost or stolen.

We continue to maintain our computer and network server fleet by renewing one quarter of machines every four years which provides a satisfactory compromise between hardware performance and cost imperatives.

Procurement, Inventory Management and Supply

Our Supply Department can be likened to the circulatory system of the human body whereby the Service's proper functioning relies heavily on there being the right supplies in the right place at the right time.

Our Supply staff are to be commended on their efforts in bedding down the Oracle supply system without any major disruptions experienced. We are also in the advanced planning stages for a new supply warehouse.

Outlook

- Maintain relatively high levels of cash and investments during the completion of the Mira Medical Clinic, Goroke Redevelopment and Natimuk Medical Clinic projects.
- Transition to the new funding regime with no adverse negative impact on the Service's financial performance and position.
- Continue to embrace the application of new technologies.

Staff Service Awards

Like so many other organisations West Wimmera Health Service is regularly confronted with a limited supply of skilled workers. To overcome this situation and to guarantee an appropriately qualified and skilled workforce we have applied a twofold approach to workforce planning; using aggressive recruitment strategies and then applying innovative retention tactics to maintain experienced and highly motivated employees.

35 YEARS

Keryn Smith

30 YEARS

Andrea Deckert
Lynne Lynch
Denise Schulz
Debra Schumann

25 YEARS

Susanne Beattie
Kaye Borgelt
Janine Dahlenburg
Sheryl Ellis
Margaret Frew
Kathleen Hutson
Mary King
Pamela Price
Dean Smith
Amanda Stephan
Elaine Stewart
Elaine Webster

20 YEARS

Jennifer Greig
Gladys Kyle
Wendy Robson
Yvonne Stephan

15 YEARS

Helene Cook
Lynette Dunford
Katrina Fraser
Brian Jones
Teresa Ross
Helen Ryan
Julie Woolcock

10 YEARS

Peter Chilton
Sandra Decker
Christina Farinha
Tyrone Friebel
Allison Halliwell
Brenda Jackson
Janis John
Amanda King
Kayleen Kingwill
Lynne Launer
Kristine Laverty
Cassandra Leffler
Gaile Mayne
Linda O'Heaney
Brenda Robinson
Wendy Schulze
Nicole Schumann
Debra Stonehouse
Margaret Trener
Donna Watson
Elinor Wilson
Julie Worsley
Mary Zadow

Image

Jackie Stevenson, PWC and Receptionist
at Natimuk Aged Care Centre.



WWHS Staff 2011-2012

Mary Agustin	Janice Clugston	Lipy George	Bianca Jones	Leanne McCourt	Reju Reghuvaran Nair	Denise Stimson
Eric Agyei	Melissa Coad	Prameela George	Brian Jones	Dianne McDonald	Christopher Reichelt	Debra Stonehouse
Jillian Albrecht	Pamela Coates	Sharon George	Kevin Jones	Jennifer McDonald	Colleen Reid	Hilma Summerhayes
Melanie Albrecht	Pauline Colbert	Sally-Jo Gilmore	Valmai Jones	Merlyn McFarlane	Anne Renfrew	Paige Taggart
Amanda Alexander	Bernadette Coleman	Stephanie Gilmore	Yvonne Jones	Michelle McGennisken	Larissa Renfrew	Darren Taylor
Karen Alexander	Alexi Conboy	Gwenda Gilpin	Jismon Joseph	Stephanie McIntosh	Jennifer Rentsch	Glen Taylor
Michael Alexander	Alison Connell	Leanne Glasgow	Saleena Joseph	Catherine McKenzie	Joylene Rich	Sindi Taylor
Raelene Alexander	Charles Cook	Diana Gleeson	Gary Judd	Lynne McKenzie	Christine Richards	Sue Taylor
Judy Allen	Helene Cook	Tania Golder	Deborah Kakoschke	Rachel McKenzie	Claire Riches	Valerie Terry
Gary Allison	Jennifer Cook	Kent Goldsworthy	Martha Karagiannis	Sheryl McKenzie	Graeme Ridgwell	Ann Thomas
Wendy Altmann	Kerry Cook	Tennille Gould	Amandeep Kaur	Jane McPhee	Judith Ridgwell	Vicki Thomas
Louise Alver	Jacqueline Cooper	Teresa Gould	Judith Keller	Casey Mellington	Christine Rintoule	Helen Thomson
Sharyn Andrews	Annie Coustley	Mary Graetz	Marilyn Keller	Ann Merrett	Joshua Rintoule	Judith Thomson
Glenda Aristides	Malcolm Coutts	Ian Graham	Rowena Keller	Maree Merrett	Brenda Robinson	Karen Tilley
Patricia Arnold	Kerry Coyne	Leonie Graham	Veronica Keller	Michelle Merrett	Kaye Robinson	Glenis Tink
Shirley Ashfield	Marianne Cramer	Ashley Grant	Karen Kennedy	Tracey Merrett	Lesley Robinson	Kristy Tink
Hannah Aspin	Anthony Croke	Beverley Grant	Kathryn Kennedy	Kevin Merton	Natalie Robinson	Colleen Tocknell
Jennifer Aspin	Carolyn Croke	Lawrence Grayling	Susan Kennedy	Kelly Meyer	Wendy Robson	Maritess Toquero
Kelvin Aspin	Maria Cuciniello	Jennifer Grayson	Sunil Kesavan	Neville Michael	Joylene Rohde	Shirley Treble
Angela Atta	Janine Dahlenburg	Dianne Green	Alannah King	Shayne Michael	Valerie Roll	Margaret Trenery
Marlene Austin	Stephanie Daly	Robyn Gregor	Amanda King	Lisa Miller	Rosemarie Rose	Amy Troon
Shirley Avery	Jisha David	Helen Greig	Charlotte King	Jacqueline Mills	Helen Ross	Jarmila Tyrril
Leah Bailey	Melissa Davis	Jennifer Greig	Mary King	Sandra Millward-	Tamhika Ross	Pamela Van Kempen
Anjali Balakrishnan	Christine Dawson	Harsha Gunawardena	Kayleen Kingwill	Coyne	Teresa Ross	Bibin Vijayakumar
Michelle Barber	Sandra Decker	Beverly Hage	Linda Knight	Christopher Mitchell	Denise Rowe	Janetta Villet
Kaye Baron	Andrea Deckert	Krystal Hall	Fiona Kreelle	Breanna Moar	Rosemary Rudd	Adele Vincent
Sharon Bartholomew	Christine Deckert	Megan Hall	Margaret Krelle	Trudi Moar	Graeme Ruse	Amanda Von Benecke
William Bartholomew	Kellie Dickerson	Yvonne Hall	Anna Krommenhoek	Sharyn Morrison	Revai Rutsate	Catherine Wagg
Karen Barton	Michelle Dickinson	Allison Halliwell	Thomas Kuriakose	Nicole Mottillo	Helen Ryan	Grace Wagg
Heather Batson	Aimee Disher	Anne Hamilton	Gladys Kyle	Caroline Moylan	Laurie Ryan	Melanie Wagg
Clint Beattie	Sharon Dixon	Cynthia Harberger	Elizabeth Lacey	Alicia Muller	Melissa Ryan	Robyn Wagg
Kellie Beattie	Shenae Dixon	Janine Harberger	Manprit Lamba	Chloe Mulraney	Tania Ryan	Angela Walker
Susanne Beattie	Ritchie Dodds	Judith Harrington	Lauryn Lambourn	Sarah Murn	Sharyn Salt	Kelly Walker
Wendy Bedford	Jamie Duffy	Abbey Hartigan	Richard Lane	Vijay Nallathambi	Morgan Sandeman	Erin Wallace
Bridie Beer	Christine Dufty	Belinda Hartigan	Warrick Lang	Jacqueline Nash	Debra Sanders	HeLEN Wallis
Gaynor Biggs	Jennifer Dufty	Anita Hassall	Erica Lange	Tilley Nash	Roey Sanders	Krystal Wallis
Julie Bloomfield	Julie Dunford	Emma Hawker	Janine Launder	Sarah Natali	Sharon Sanderson	Leanne Wallis
Rhys Boehm	Lynette Dunford	Lesley Hawker	Lynne Launer	Lisa Newcombe	Richard Sartori	Megan Wallis
Anthony Bone	Timothy Dunmill	Sandra Hawkes	Kristine Laverty	Christine Newton	Catherine Saul	Rosalie Wallis
Cindy Bone	Nina Edmonds	Christina Hayden	Julie Leddin	Pamela Newton	Patricia Saul	Donna Watson
Emiley Bone	Rachael Egan	Yingying He	Terry Lee	Jaimee Nossack	Michael Scanlon	Karen Webb
Mathew Bone	Michelle Eldridge	Janet Heenan	Barbara Leffler	Megan Nossack	Judith Schier	Valerie Webb
Kaye Borgelt	Karen Ellis	Maree Heenan	Cassandra Leffler	Kylie Oakley	Deborah Schilling	Elaine Webster
Madison Borgelt	Sheryl Ellis	Helen Heinrich	Karen Lester	Leanne O'Connor	Sarah Schnaars	Kerrie Webster
David Brasier	Stacey Ellis	Marie Heinrich	Ingvar Lidman	Linda O'Heaney	Nicole Schneider	Megan Webster
Lisa Braybrook	Susie Ellis	Trisha-Anne Heinrich	Katrina Lloyd	Polly O'Heaney	Robert Schneider	Hannah Wedding
Anthony Breavington	Kaye Emmett	Samantha Hendy	Sally Lockwood	Luke Oldaker	Rebecca Schultz	Christopher Weir
Samantha Briggs	Wendy Essex	Craig Henley	Jessica Lovel	Brenda O'Leary	Denise Schulz	Fiona Weir
Shelley Brown	Vicki Etherton	Debra Hill	Bree Lowe	Jayne Oliver	Wendy Schulze	Kristen Weir
Amanda Brownsea	Kerry Exell	Sandra Hinch	Bree Lowe	Amanda Osborne	Debra Schumann	Daniel Welch
Donna Burns	Christina Farinha	Casey Hiscock	Cheryl Lowe	Yeukai Ota	Nicole Schumann	Annmaree Wells
Helen Burns	Carmel Feder	Tereasa Hobbs	Lindy Lowe	Carol Paech	Ellen Scott	Darren Welsh
Glenda Bush	Wendy Ferrier	Kelli-An Hodges	Michelle Lowe	Dion Paech	Theresa Scott	Karen Wheaton
Lisa Buttigieg	Anne-Marie Fischer	Thaylor Hofmaier	Darren Lyall	Rhianna Paech	Janine Seater	Linda White
Helen Cannell	Caroline Fischer	Terri-Ann Hogart	Kerri Lynch	Catherine Patching	Christopher Senya	Tiarne Whitworth
Lindsay Cannell	Chantelle Fisher	Lyn Hourigan	Lynne Lynch	Michael Patrick	Wendy Shalders	Cheryl Williams
Wayne Cannell	Janet Fisher	Charmaine Hovey	Kate Maddern	Ann Pearce	Michelle Sheahan	Desiree Williams
Mark Carracher	Loretta Fisher	Beverley Howarth	Lyn Maddern	Peter Pearce	Karen Sherlock	Donna Williams
Susanna Carracher	Wendy Flavel	Than Than Htoo	Marion Major	Tracie Peoples	Brook Shields	Wendy Wills
Sheridan Carter	Geoffrey Fletcher	Karen Hunter	Sharyn Makin	Elizabeth Pfeiffer	Kerry Shrike	Elinor Wilson
Taryn Carter	Elsa Francis	Kathleen Hutson	Shinta Manuel	Beverly Phillips	Janet Shurdington	Elizabeth Witmitz
Toni Casey	Neena Francis	Brenda Jackson	Brooke Marra	Jaji Phiri	Karen Shurdington	Lauren Witmitz
Barbara Cavanagh	Katrina Fraser	Diane Jackson	Trudy Marshall	Katrina Pilgrim	Wendy Sleep	Norelle Witmitz
Peter Cavanagh	Nanette Freckleton	Jessica Jackson	Vicki Marshall	Bobbie Pitt	Susan Sluggett	Julie Woolcock
Anuja Chacko	Margaret Frew	Phillip Jackson	Katie Martin	Loata Pitt	Dean Smith	Julie Worsley
Deborah Chaston	Tyrone Friebel	Helan Jacob	Melissa Martin	Sandra Pollock	Jessica Smith	Claire Wotherspoon
Remya Chathamparambil	Loretta Fuller	Dayna Jaeschke	Fay Martion	Rebecca	John Smith	Elisa Wotherspoon
Ramesan	Rhona Fulton-Drendel	Trevor James	John Martion	Powell-Hodges	Keryn Smith	Maureen Wright
Patricia Chequer	Deborah Funcke	Narrelle Janetzki	Harsha Mary Antony	Courtney Preston	Glenda Spark	Mylaine Wright
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	Kylie Gebert	Cheryl Johnson	Mathew McCartney	Anis Rajwani	Elaine Stewart	

Glossary of Terms

ACHS	Catchment	EQuiP Accreditation	Intravitreal	Patient/Client/Consumer	Telemedicine
Australian Council on Healthcare Standards	Geographical area for which West Wimmera Health Service is responsible to provide services	Evaluation Quality Improvement Program	administration of a drug, or other substance via an eye	A person for whom this Service accepts the responsibility of care	use of telecommunication and information technology to provide clinical healthcare at a distance
Australian Standards	CCTV	FOI	LAHA	PCP	The Board
National Standards developed by the Standards Association of Australia/New Zealand	closed circuit television	Freedom of Information	Living at Home Assessment	Primary Care Partnership	The Board of Governance
Avastin and Lucentis	CDC	FTE	LED	PDSA	The Department
two drugs widely used to treat age-related macular degeneration	Consumer Directed Care Package – the consumer tailors and manages their own package to maximise independent living at home	Full Time Equivalent – used in relation to the number of staff employed	light emitting diode	Plan, Do, Study, Act	The Department of Health Victoria
Best Practice	CEO	GICS	M&CHS	Riskman	The Service
Measuring results against the best performance of other groups	Chief Executive Officer	Grampians Integrated Cancer Service	Maternal and Child Health Service	software system providing solution for managing incidents, risks and compliance	West Wimmera Health Service
CACS&AA	CSSD	GP Super Clinics	Multi-discipline	Skype	Values
Commonwealth Aged Care Standards and Accreditation Agency	Central Sterilising Service Department	Bringing together Specialists, GPs, Nurses, Allied Health Professionals in a single Clinic to improve delivery of Primary Care	A mix of health professionals	Enables text, video chat and videoconferencing via desktop computers, notebooks, tablet computers and mobile telephones.	The principles and beliefs that guide West Wimmera Health Service
CACPs	CT Scanner	HACC	NRCP	VHA	VHIA
Community Aged Care Packages provide services in the home and community	Computed Tomography Scanner	Home and Community Care – funding for services and programs which are provided in the home or the community	National Respite for Carers – funding provided 'time out' for carers of people with dementia	The Victorian Healthcare Association	Victorian Hospitals Industrial Association
Carers	DH	DHS	OHS	WIES	WWHS
Carers of patient/clients who are not part of the Service Care Team	The Department of Health Victoria	The Department of Human Services Victoria	Occupational Health & Safety	Weighted Inlier Equivalent Separations	West Wimmera Health Service
	DVA	Inpatient	Outcome		
	Department of Veterans Affairs	A person who is admitted to an acute bed	The result of a service provided or evaluation conducted		
			Outpatient		
			A patient/client who is not admitted to a bed		

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Help Support Your Service

You can help us... **to make the services we provide for six communities become better and better.**

YES, I am interested in supporting West Wimmera Health Service and would like further information about the following:

- Becoming a Volunteer
- Joining an Auxiliary
- Giving financial support through a Bequest or Donation

If you wish to discuss supporting our Service in this way please contact the Chief Executive Officer who will explain in detail how arrangements can be made.

Alternatively, please complete the form below and return it to us at any one of our facilities.

Name

Address

Telephone Facsimile

Mobile Email

CUT ALONG THE DOTTED LINE

Reader Survey

This Report is produced to inform our consumers, communities and government about the range and quality of the services we deliver.

To make sure we provide the information you require and that we deliver the services most needed by the people we serve we need YOUR assistance.

It would be extremely helpful to us if you could answer the following questions and return to the Service please.

Tell us... **what you think**

Please circle the answer which most closely reflects your opinion.

Q1 I am a:

- a) Consumer b) Representative of Government c) WWHS Staff
d) Medical Practitioner e) Health Industry Employee f) Financial Supporter
g) Other (please specify)

Q2. Does this Report clearly explain West Wimmera Health Service and the services it delivers? **Yes/ No**
.....

Q3. How did it help your understanding or what could we improve to help your knowledge of our Health Service?

Q4. Do you feel you know more about the **QUALITY** of our programs and services from reading this Report? **Yes/ No**
.....

Q5. Were there any other topics you feel should be included in the Quality of Care Report next year?

Q6. Are there other services or programs you believe should be delivered by West Wimmera Health Service?

Q7. Have you seen or read a copy of this Report before? **Yes/ No**
If you answered **Yes**, where did you see or obtain a copy?

Q8. Do you have any other comments about the Report you have just read?
.....
.....

Thank you most sincerely for assisting West Wimmera Health Service in our drive towards continued improvement in the quality and range of services needed by our communities and importantly the way in which we tell you about them.

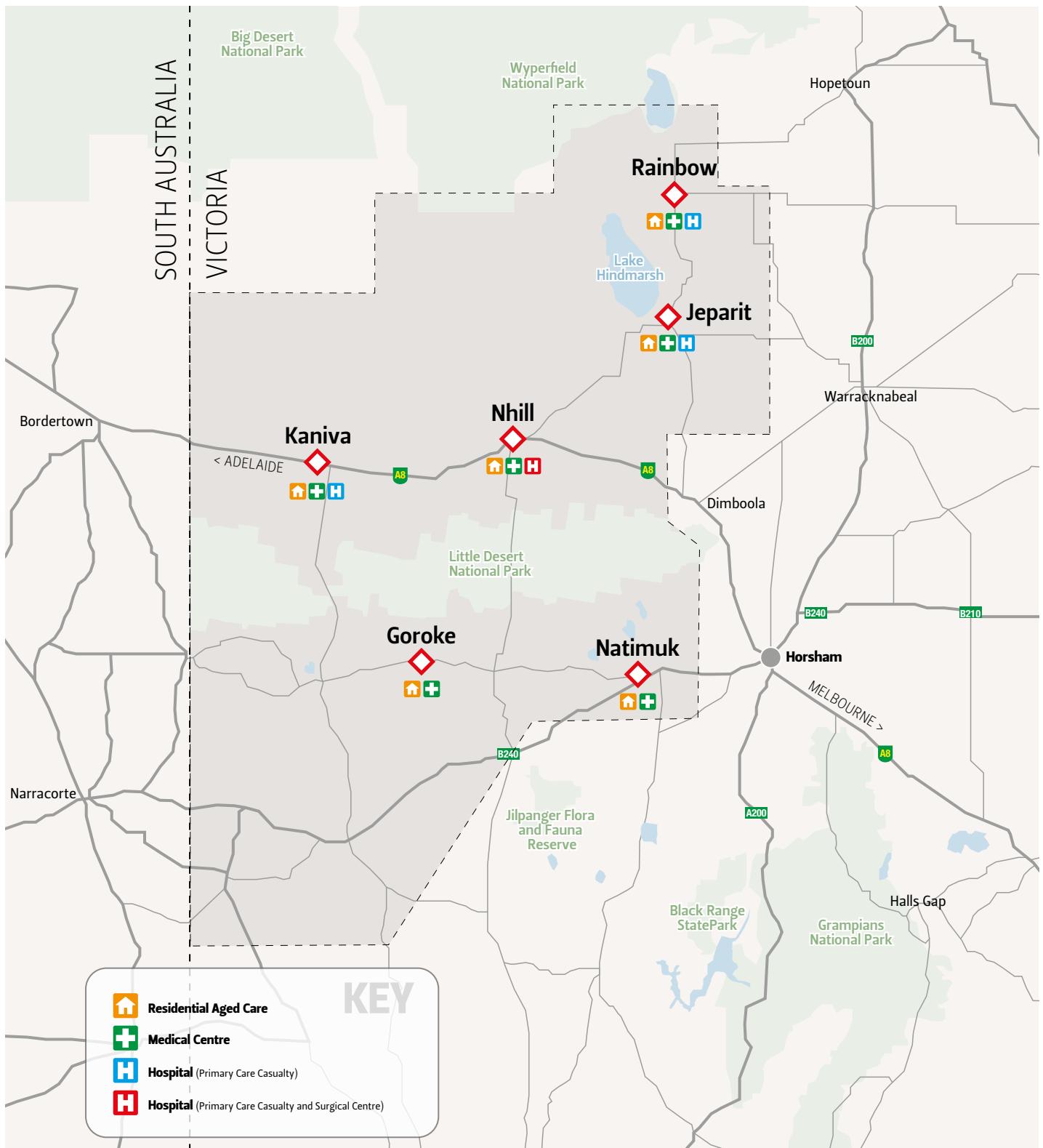
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