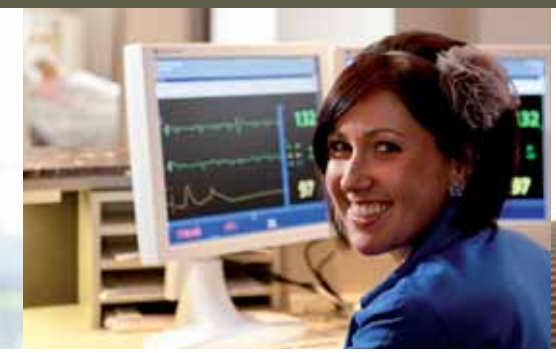
WWHS

Our commitment to provide comprehensive, wide ranging and excellent healthcare within our area means that six communities become one – our community.

WEST WIMMERA HEALTH SERVICE



QUALITY OF CARE REPORT

2009 2010

Your complimentary copy – please take it home.

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

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 Southern Wimmera and the Southern Mallee.

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 that 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.

CONTENTS

ABOUT THIS REPORT

This Quality of Care Report was prepared in accordance with the guidelines of the Department of Health and with advice from consumers, Community Advisory Committees and a diverse representation of staff, volunteers and consultants.

DIMENSIONS OF QUALITY & SAFETY

The increase in the number of measures of Quality & Safety included in this Report is a direct result of consumer interest and are listed in full in the Index (IBC). We have included a Glossary of Terms & Abbreviations and an Index on the inside back cover (IBC) to assist readers to navigate this Report. This Report and our Annual Report can be accessed on our Website and the internal Intranet.
www.wwhs.net.au. Hard copies are available at each of our sites or by request via email <corporate@wwhs.net.au>or mail.

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AUSTRALIA

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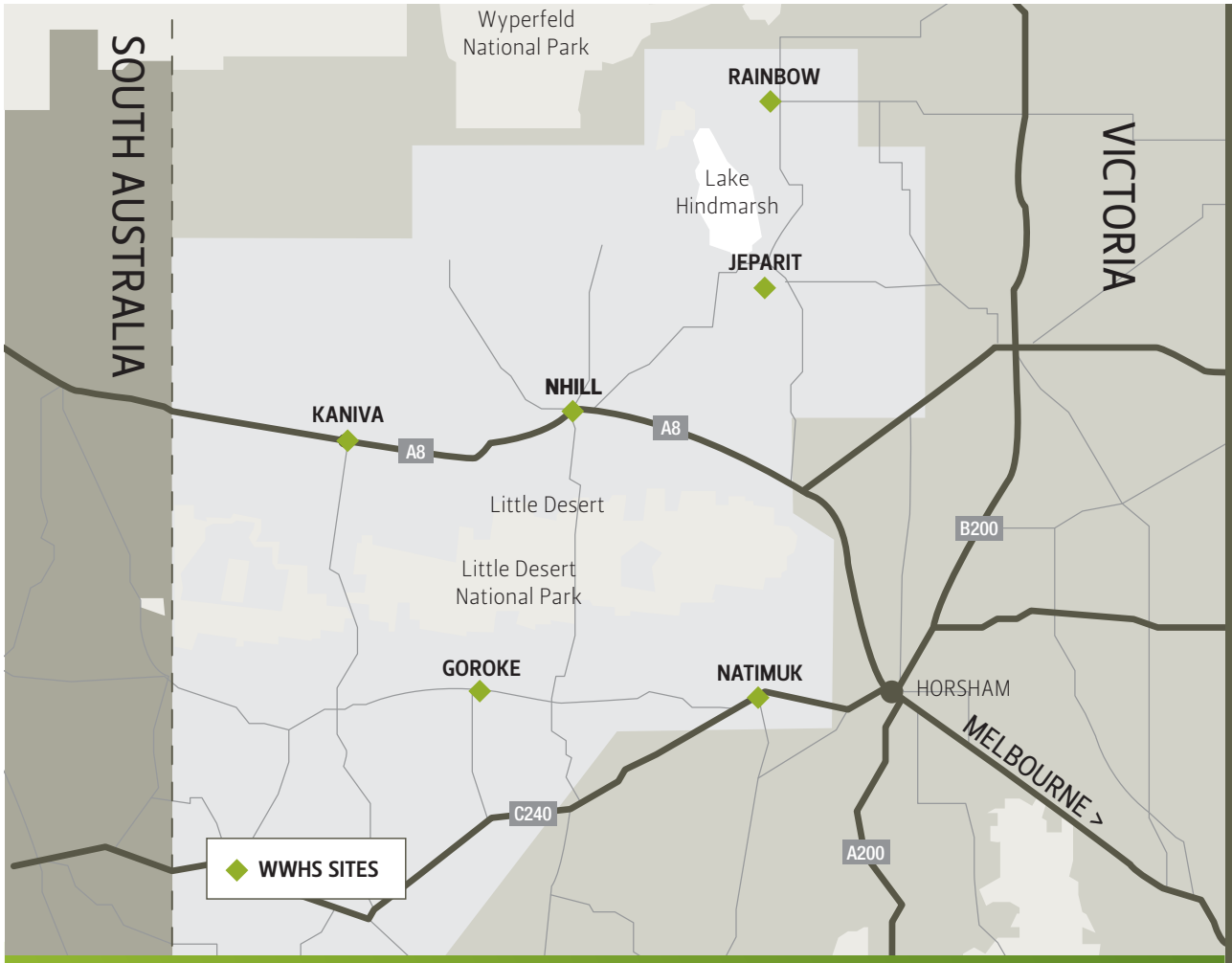


WELCOME TO OUR SERVICE

West Wimmera Health Service is a public health service incorporated under the *Health Services Act (VIC) 1988* and was declared a new Service to operate from 21 August 1995.

It is an integrated Health Service offering a complex mix of services, programs and activities for six communities in remote North Western Victoria.

The Service is a vital component supporting the sustainability of the communities it serves, communities which are distinguished from the majority of Victoria by their rurality and remoteness, the rapid ageing of the population and the low socio-economic status of all communities compared with the whole of Victoria and most of Australia – facts supported by the 2006 Census conducted by the Australian Bureau of Statistics.

A Message from Our Leaders

At West Wimmera Health Service we understand that 'Better Quality' results in 'Better Health Care', which ultimately achieves our key strategic outcome of 'Better population, physical and mental health and wellbeing'.

What does it mean?

'Better Quality, Better Health Care' is the title of the Victorian Quality Council's Safety and Quality Improvement Framework for Victorian Health Services. Based on the Victorian Quality Council's framework we have a strongly entrenched quality system through which we strive for best practice service delivery.

Our quality system is based on the following elements: Policies and Protocols, Observing Regulatory Compliance, Appropriately credentialed and trained staff, excellent Clinical Risk Management strategies, Benchmarking, regular monitoring and External reviews. Quality outcomes are driven by these concepts which will be evident throughout this Report, as integral components of quality.

Our mission commits the Service to the delivery of health that results in quality outcomes for the people of the West and South Wimmera and Southern Mallee. During the year the Board adopted a new Strategic Plan for 2009-2012 to steer our focus towards the one key outcome of 'Better population, physical and mental health and wellbeing'.

How do we achieve 'Better Quality'?

The Board of Governance and Executive are passionate about quality and agree that 'governance and leadership' are strategic organisational elements for achieving this. Driving continual improvement through strong leadership enables staff to be acknowledged for their ideas and managers are supported at all levels through change management.

The strength of our quality system means that areas of weakness can be identified and addressed promptly.

The Service focuses on patient outcomes with the highest level of safety and quality always our objective. Direct care staff are central to developing patient centred quality improvements and have been responsible for outcomes supported by best practice, which are documented throughout this Report.

We look forward to the endorsement of the Australian Commission on Safety and Health Care's Proposed National Safety and Quality Framework as it will lead health services in the new 'best practice' model for quality. The Service supports the concept that 'safe, high quality health care is always driven by information' and during 2009-10 we have endeavoured to research and adopt best practice where appropriate.

Have we achieved 'Better Health Care'?

The 2010 Quality of Care Report showcases the outcomes of health care at the Service. The Report highlights numerous examples where quality improvements in the Service have resulted in real, tangible improved health outcomes for individuals.

The story of Alex (see p.51) showcases the outcomes quality improvements can have for individuals.

Can we achieve improved outcomes for 'Better population, physical and mental health and wellbeing'?

Yes! We believe our commitment to this strategic objective will result in improved healthcare for our population.

Two examples which illustrate large population health outcomes are the significant number of people attending the WWHS Health and Fitness Centre at Nhill (see p.18) and the nearly 300 Worksafe WorkHealth Checks undertaken during the year (see p.15).

We trust this Report will clearly explain the quality of service you will receive at West Wimmera and assure you, our stakeholders, that our commitment to the highest quality of healthcare has never been stronger.

Ron Ismay
President

John N. Smith PSM
Chief Executive Officer

IMAGE

John N. Smith PSM - Chief Executive Officer (left), Ronald Ismay - President (right)

SERVICES

The services we delight in providing in meeting our obligations to our communities

AGED CARE

- Aged Care Assessment Services
- Community Aged Care Packages
- Community and Home Based Aged Care
- Residential Hostels & Nursing Homes

CLINICAL SERVICES

- Acute Services
- Admission and Discharge Clinic
- Dental Diagnostics
- Dental Prosthetics
- 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
- Psychiatry
- Reconstructive Surgery
- Regional Discharge Planning Strategy

ALLIED AND COMMUNITY HEALTH SERVICES

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

DISABILITY SERVICES

- Advocacy
- Community Access
- Day Services
- Food Preparation and Sales
- Future for Young Adults
- Individualised Support
- Living Skills
- Respite
- Supported Employment
- Therapy Programs
- Vocational Training

SERVICE SUPPORT

- Education
- Engineering and Maintenance
- Environmental Services
- Gym Program
- Health Information Management
- Hospitality Services
- Library and Resource Services
- Traineeships
- Volunteers
- Work Experience
- Work Placements

REGIONAL SERVICES TO:

- Allambi Elderly Peoples Home, Dimboola
- Avonlea Hostel, Nhill
- Dunmunkle Health Service
- Edenhope Hospital
- Goroke P-12 College
- Hopetoun Hospital
- 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
- Rural Northwest Health
- St Patrick's Primary School, Nhill
- Woomelang Bush Nursing Centre

AGED CARE RESIDENTIAL ACCOMMODATION

Nursing Homes & Hostels

81 Nursing Home places
and 46 Hostel places.

- **Nhill** 'Iona' Digby Harris Home
- **Kaniva** 'Archie Gray' Nursing Home, 'Arthur Vivian Close' Hostel
- **Jeparit** 'Tullyvea' Nursing Home and Hostel
- **Rainbow** 'Bowhaven' Hostel, 'Weeah' Nursing Home
- **Natimuk** 'Alan W Lockwood' Hostel, 'Trescowthick House' Hostel, Natimuk Nursing Home

COMMUNITY PROGRAMS

Hospital To Home (H2H)

This 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 Carer Program (NRCP)

Provides '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

IMAGES

(LEFT) Dean Miller, CEO Hindmarsh Shire and John Smith, CEO of WWHS discuss the new medical clinic, a joint venture between the Shire and the Health Service.

(RIGHT) Michael McGrice enjoys a coffee served by barista Graeme Ruse of Oliver's Kiosk at the Nhil Hospital.

ACUTE CARE – WHERE IS IT AVAILABLE?

West Wimmera Health Service has established bed-based Acute care delivered from 52 acute beds located at – Nhill Hospital (35 beds), Rainbow Hospital (7 beds), Kaniva Hospital (6 beds) and Jeparit Hospital (4 beds).

General Medical Services

Patients are admitted to the Nhill, Rainbow, Jeparit and Kaniva Hospitals where their conditions are managed by General Practitioners who are credentialed to practice throughout West Wimmera Health Service. All facilities have access to General Practitioners 24 hours a day, 7 days a week 52 weeks of the year.

How fortunate we are!

Primary Care Casualty Departments operate at the Nhill, Rainbow, Jeparit and Kaniva Hospitals where presenting patients are assessed and triaged by nursing staff and referred to the General Practitioner for medical assessment and treatment.

Nursing and Allied Health Staff

Appropriately qualified Nursing and Allied Health staff meet patient clinical needs such as Pneumonia, Diabetes, Cardiac Disease, Cancer and Palliative Care.

Rehabilitation services are also provided for conditions including post surgical procedures, falls/fractures, stroke, wounds and conditions resulting in reduced mobility.

Specialist Medical & Surgical Services

Visiting Medical and Surgical Specialists provide specialist care for the entire health service catchment. Members of our communities derive significant physical, mental, social and financial benefits by being able to access these specialist services close to home.

Specialties available include General Surgery, Obstetrics & Gynaecology, Ophthalmology, Orthopaedics, Ear, Nose & Throat and Oral Surgery, Anaesthetics, Psychiatry and Optometry.

Visiting Geriatrician

A Visiting Geriatrician has been appointed to review Geriatric Evaluation Management (GEM) patients and all Residential Aged Care residents working in collaboration with Visiting Medical Practitioners.

Community consultations are also scheduled upon referral by a Medical Practitioner.

A Behaviour Management Nurse now provides staff education and training in behavioural management. Care Plans of residents with specific behavioural issues are reviewed by the Specialist who instigates improved care.

Appointment simplicity – for patient convenience

The appointment process with Visiting Specialist Health Professionals has been simplified. Patients requiring an appointment now visit or telephone the Nhill Hospital where an appointment with the desired Specialist will be efficiently arranged.

Admission and Discharge Clinic

Patients requiring Elective Surgery attend a Pre Admission and Discharge Clinic for discussion relating to the impending surgery and the expected outcome of the surgical procedure.

Temporary or permanent lifestyle restrictions during recuperation and access to support services required post surgery are also canvassed.

Admission and Discharge processes are currently being benchmarked against other health services to ensure if the service we provide is Best Practice.

Medical Imaging (X-ray)

Medical Imaging is available at the Nhill Hospital and on a limited basis at the Kaniva Hospital.

All X-Rays are dispatched electronically for reporting by a Radiologist at Western Medical Imaging with whom we have a contract for this service. Reports on urgent images can be received within 1 hour, non-urgent reports within 24 hours. Prompt, clear, accurate diagnosis of the X-ray image ensures appropriate, timely treatment for the patient.

Medical Imaging - Accreditation

The Medical Imaging Department has Stage 1 accreditation status which was awarded by the Australian Council on Healthcare Standards on behalf of the Commonwealth Department of Health & Ageing.

From 1 July 2010 Stage 2 of the Accreditation process will be pursued to ensure standards and regulations are followed.

The Jeparit Hospital X-Ray Unit was decommissioned given it did not meet accreditation standards and this service is now accessed at the Nhill Hospital.

Pharmacy

Our Pharmacist provides services for all sites regularly visiting each facility. A comprehensive system to standardise the pharmaceutical stock supplies held at each location is now in place.

All medication related incidents are reviewed by the Pharmacist who advises on appropriate processes to reduce the probability of repeated incidents.

Nursing Staff are regularly updated regarding new medication, storage, handling and changing medication trends.

Upon discharge from Hospital the Pharmacist ensures patients have a thorough understanding of the medications prescribed including the importance of the correct time and frequency of taking them.

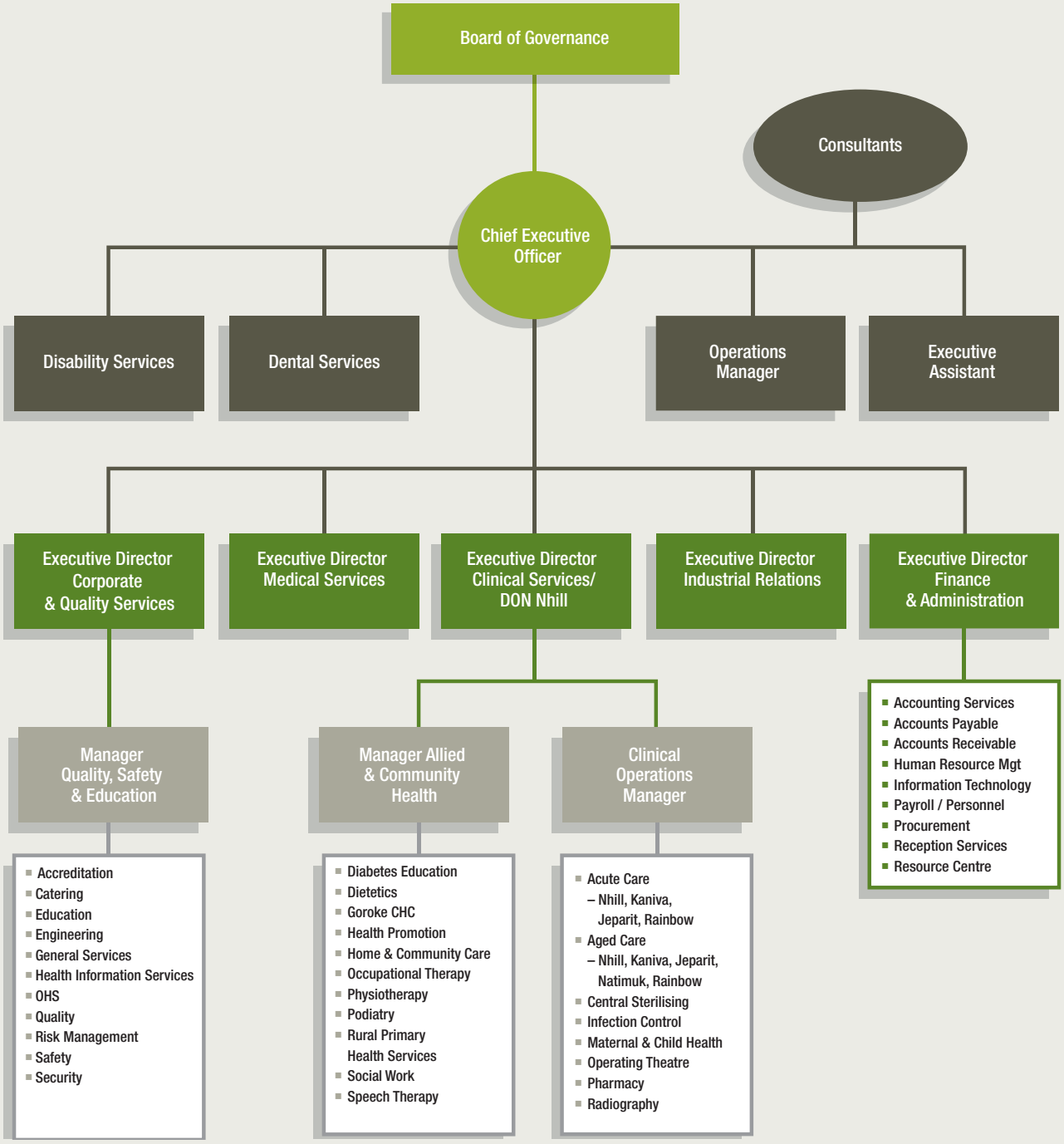
An excellent rural service.

IMAGE

Surgeon, Mr Stephen Clifforth visits the Nhill Hospital regularly to provide General Surgery.

Our specialties include General Surgery, Obstetrics & Gynaecology, Ophthalmology, Orthopaedics, Ear, Nose & Throat and Oral Surgery, Anaesthetics, Psychiatry and Optometry.

OUR ORGANISATIONAL LINES OF COMMUNICATION



BOARD OF GOVERNANCE AS AT 30 JUNE 2010

Mr R A Ismay
– President

Mr R S Rosewall BA SocSci
– Vice President

Mr H G Champness BA, Dip.Ed,
Accredited Lay Preacher

Ms L G Clarke JP

Mr L C Maybery

Mr R L Stanford

Mrs J M Sudholz

Mr D J White Dip.Ag Sci, Post Grad Dip Ag,
Adv Cert Works Man Dip Eng Tech,
Adv Dip Eng Tech

Mrs N E Zanker BA, Dip Ed

IMAGE

(Left to right standing) Ronald Rosewall – Vice President, Desmond White, Lester Maybery, Ronald Ismay – President, Rodney Stanford, Leonie Clarke.(Seated left to right) Naomi Zanker, Harvey Champness

GOVERNANCE

The Board of Governance is responsible for the highest standards of accountability and good management. It comprises nine community members drawn from diverse areas of experience. Their collective knowledge forms the basis of sound decision making and leadership. Members are appointed in accordance with the Health Services Act 1988. It meets monthly to monitor the performance of West Wimmera Health Service. To set in place effective corporate and clinical governance, stringent monitoring and reporting systems have been deployed throughout the organisation.

The Board initiated a Self Assessment exercise to examine ways in which its own efficiency and effectiveness might be improved as part of its commitment to continual improvement.

Emerging from this experience an education process has been established to help new Board members to understand their governance responsibilities and maximise their contribution to the Service.

FINANCIAL STATUS

The wide range of quality healthcare services we offer is possible only because the Service is financially sound and continues to operate in an efficient and sustainable way.

Our financial strength is evidenced by achieving an operating surplus in each of the past five years (refer to the chart below). We have also budgeted for an operating surplus for the 2010-2011 financial year.

Our continued financial success coupled with the much needed generosity of our many donors and benefactors has ensured a robust level of cash and investments giving us great confidence in our ability to meet current and future commitments.

Financial Status – 5 Year Comparison

Financial Year Ending 30 June	2010	2009	2008	2007	2006
	$'000s	$'000s	$'000s	$'000s	$'000s
Revenue	28,396	26,733	25,961	24,743	23,970
Employee Related Expenditure	(20,162)	(18,339	(18,119)	(17,797)	(17,164)
Non-Salary Labour Costs	(1,042)	(1,201)	(1,161)	(927)	(956)
Supplies & Consumables	(2,208)	(2,224	(1,882	(1,795)	(1,722)
Other Expenses	(4,352)	(4,370)	(4,349)	(4,076)	(4,077)
Net Result before Capital & Specific Items	632	599	450	148	51

HUMAN RESOURCES

A committed and effective workforce is a vital component in meeting and indeed aiming to exceed our quality imperatives.

The following are examples of the measures regularly considered to ensure optimal staff commitment to our quality objectives.

Staff turnover

One indicator of the level of commitment and satisfaction is staff retention rate. No staff left prior to working at least three months and only 3 staff left prior to six months.

Significantly many long serving staff will receive 10, 15, 20, 25, 30, 35, 40 and 45 years of service medals this year.

Outstanding leave hours

To ensure staff maintain a healthy work/life balance, we actively encourage staff to take recreational leave as and when it accrues. A major component of the leave is annual leave hours accrued by staff which is shown, in Fig 1, to have increased by approximately 10% over the past year.

While some of this rise is due to more staff becoming entitled to leave, we recognise the need for staff to enjoy adequate time away from work. We will continue to closely monitor this.

Fig 1: Total Leave Hours Outstanding

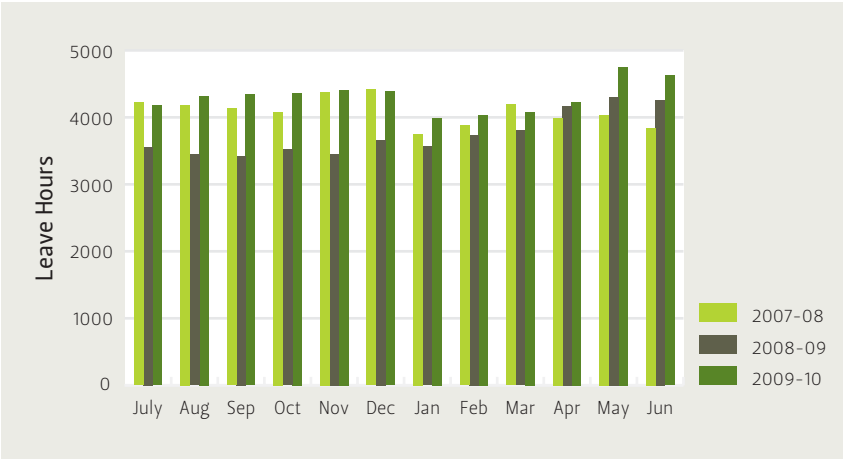
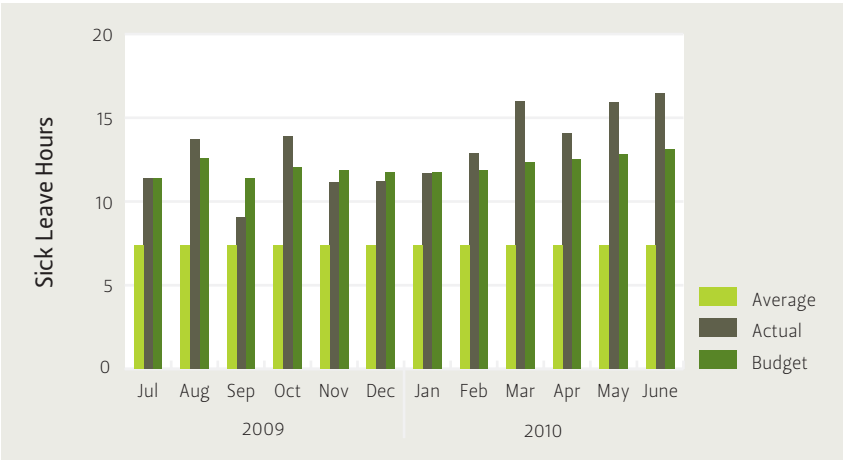


Fig 2: Sick Leave EFT



Unplanned absences from work

The increasing average age of our workforce and higher than normal levels of sickness in the broader community continued to place upward pressure on the level of sick leave taken during the year.

Both actual and average rates of sick leave were significantly above budget, see Fig 2 opposite, underlining the challenge the Service faces in terms of ensuring its operations are sufficiently and appropriately staffed in a financially sustainable manner.

People Matter Survey

Each year the Service participates in the People Matter Survey conducted by the State Services Authority. The table opposite shows our rate of agreement with the questions asked about the Authority's values and principles compared with last year.

This information provides a valuable benchmark against which to measure future changes in compliance rates.

Performance appraisals

A useful tool in ensuring staff commitment to quality is their annual performance appraisal conducted by their direct supervisor. Approximately half of the Service's workforce received an appraisal this year providing ample scope for improvement in the coming year.

Given the importance of staff in our drive for perfection we will continue to monitor the commitment of staff to their role and nurture enthusiasm to be 'the best'.

People Matter Survey – State Services Authority		
Values	2009	2008
Providing the best standards of service and advice (responsiveness)	94%	93%
Earning and sustaining public trust (integrity)	80%	83%
Acting objectively (impartiality)	84%	86%
Accepting responsibly for decisions and actions (accountability)	76%	78%
Treating others fairly and objectively (respect)	77%	74%
Actively implementing, promoting and supporting the public sector values (leadership)	71%	72%
Respecting and upholding human rights of the public (human rights)	94%	96%
Principles		
Choosing people for the right reasons (merit)	80%	84%
Respecting and balancing people's needs (fair and reasonable treatment)	78%	79%
Providing a fair go for all (equal employment opportunity)	94%	94%
Resolving issues fairly (reasonable avenues of redress)	75%	77%
Respecting and upholding human rights of staff (human rights)	86%	89%

IMAGE

Rainbow Hospital Receptionist, Denise Ralph about to call the Resource Centre to verify the emergency mobile telephone is charged and in working order.

Our Quality of Care Report is an effective strategy to demonstrate our accountability, to promote beneficial changes in our systems and professional practices, to provide consumers with clear, accurate information about our Service and to establish a process of open reporting on our progress in continuous improvement.

The Report describes the systems and processes we use to monitor and improve quality, particularly the results and outcomes of the monitoring, and what action we take as a result of any identified quality issues.

We have also included the mandatory quality and safety minimum reporting requirements of: infection control; medication errors; falls prevention and management; pressure wound prevention and management; and continuity of care.

We consulted with our six communities, external stakeholders, staff, volunteers medical practitioners and community members about the content of this Report. We sought written contributions from external partners and volunteers and permission from patients to share their stories and comments on the quality of our care.

We will seek the comments and advice of the Community Advisory Committees, a random selection of community members, volunteers, patients, clients, and the replies received from the Questionnaire inserted in the Report when we evaluate this Report. We will also submit it to the panel of adjudicators for their valuable comments.

The 2009 Quality of Care Report – Your reaction

Comments from readers and adjudicators about our report last year included:

- Easy to understand.
- Told me a lot about you.
- Not afraid to say when something should be better.
- I liked the graphs they helped explanations.
- Why do you publish this report?
- I had not seen it until I was sent a copy for comments.
- A bit small to read but easy to understand.
- I have never seen it, must have thrown out with the 'junk mail'.
- I didn't know I could take one home.

How have we reacted to your comments?

We have retained the easy reading style, made the print larger, included information on our services and made sure graphs remained clear, continued to report on where we do well and where we need to improve and what we will do to improve problems.

Did the distribution work?

Last year in response to reader suggestion we changed the format from a newspaper style publication to a smaller easier to handle document inserted in a free newspaper delivered throughout our catchment area. 6000 copies were distributed with a disappointingly low rate of reply to the feedback questionnaire.

The document appears to have become mixed up with the advertising brochures in the newspaper.

How have we changed the distribution?

We will distribute it at the Annual General Meeting on 25 November, place it in the waiting areas of businesses such as Hairdressers, Solicitors, Accountants, Infant Welfare Centres, Service Stations, Information Centres, Newsagents and at all of our sites, advertise its release on local radio and in newspapers.

We have also included a message on the cover that the document is free.

The Importance of Communications

Our engagement with the media has been increasingly active, from discussing new clinical services to promoting issues that affect communities.

The philosophy behind this is simple. A good health service is one that provides what its community needs. A better health service is one that provides what its community needs, and also engages with its community to tell them what it does.

Keeping people informed is always important. When it comes to health, sharing information is fundamental to success.

We have worked hard using the local media to communicate an increasing amount about our activities. This has ranged from media releases on expanded Podiatry and Physiotherapy services, to providing detailed information about the planned redevelopment at Goroke.

These media releases are published in newsletters and newspapers serving local towns, as well as by larger newspapers and local radio.

The increase in media activity stemmed from people saying they did not know what services were available. This anecdotal feedback was reinforced by recommendations from an Accreditation survey which urged more communication with the community.

A more streamlined system to simplify producing media releases ensures information goes to the right papers at the right time, resulting in significant increase in articles published and fewer complaints about lack of information.

We have given a commitment to provide good information that is readily accessible. This will be measured for more improvements.

Combined with the website and improved internal communications, including a rejuvenated weekly newsletter a solid platform for better communications is set.

Tom Noble
noblemedia.com.au

Contribution to the 2010 Report

This Report was compiled using information and comments from readers, consumers of our services and community forums.

We have also included many dimensions of quality to assure our communities that we are constantly monitoring and improving the safety and quality of all that we do.

We have included stories and articles contributed by consumers.

Contributors to the Report also included staff from all departments and all campuses, Medical Practitioners and Community Advisory Committee members.

Published Media Releases 2009/10		
2009	Jan – Jun	134 Entries
2009	Jul – Dec	224 Entries
2010	Jan – Jun	187 Entries

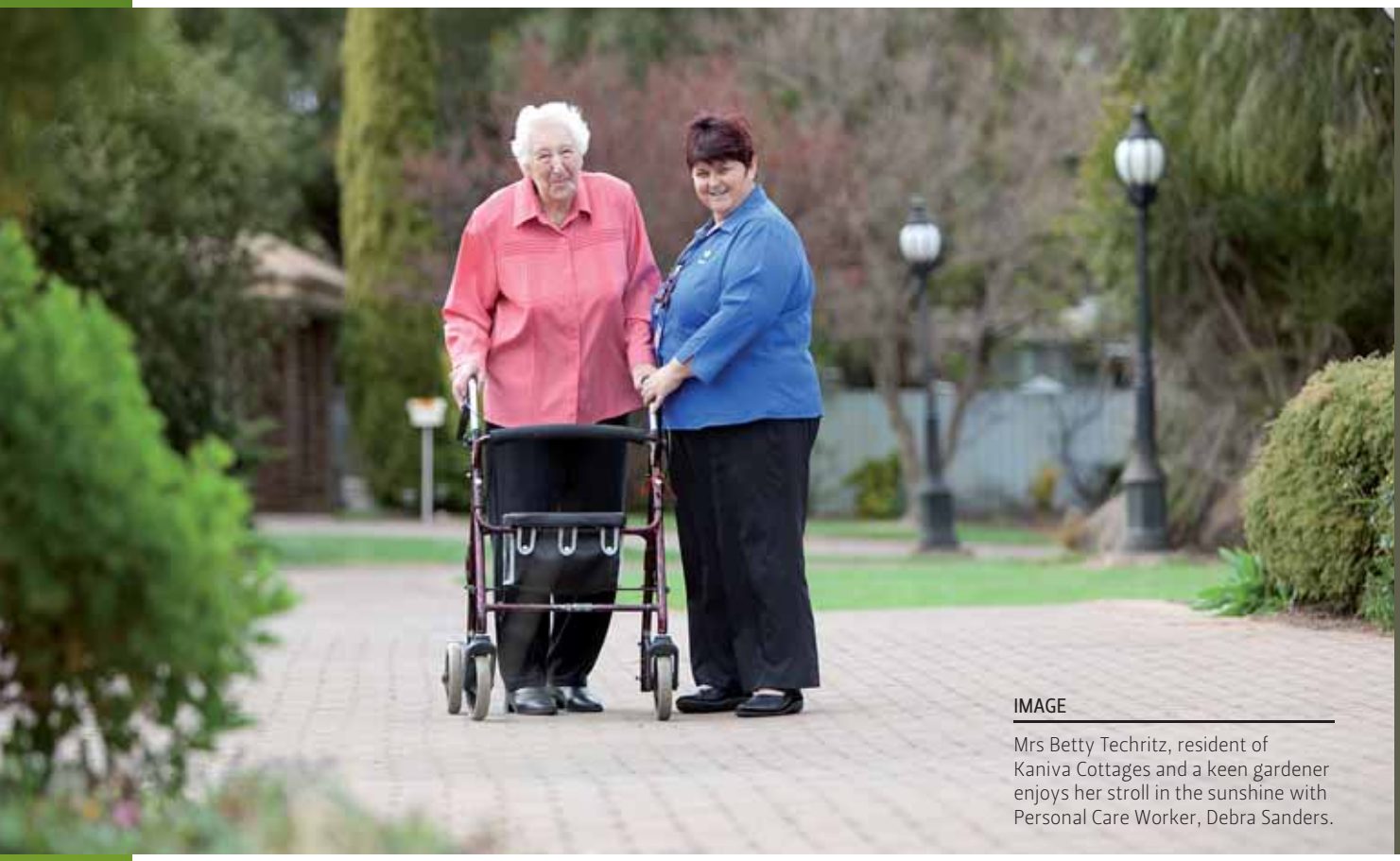
We will be able to report on a 2 year comparison in the 2011 publication however the increase is evidence that the new system of releasing media articles is working.

CONSUMERS, CARERS & COMMUNITY PARTICIPATION

Communication, health education, relationship building and social awareness, as well as the provision of a wide range of medical and allied health professionals is at the heart of our Service.

Providing increasingly effective and relevant healthcare is a dialogue, a joint effort between WWHS and the communities and individuals we serve.

03



IMAGE

Mrs Betty Techritz, resident of Kaniva Cottages and a keen gardener enjoys her stroll in the sunshine with Personal Care Worker, Debra Sanders.

THE COMMUNITIES WE CARE FOR

WWHS is a 55 acute bed facility and provides a full range of Primary, Disability, Allied and Aged Care services including: 127 high and low care beds, Home and Community Care, District Nursing, Counselling, Dietetics, Diabetes Management, Speech Pathology, Occupational Therapy, Physiotherapy, Podiatry, Community Aged Care Packages and Community Nursing.

Data from the 2006 Census shows that in our area 46.1% of people earn a low income (<$400 per week). Low income earners can access a health care card from Centrelink. Our data shows that 20% of people attending the Gym hold a health care or pension card. Therefore the proportion of low income earners accessing the WWHS Health and Fitness Centre does not reflect the proportion of low income earners in our community.

DOING IT WITH US NOT FOR US

Your Healthcare Team consists of YOU working with your Doctor, and other healthcare professionals, including a selection of your Educator, Dietitian, Podiatrist, Physiotherapist, Occupational Therapist, Speech Therapist, Maternal & Child Health Nurse, Counsellor, Nurses, Specialist, Medical and Surgical Surgeons & Physicians as needed and agreed by you.

The bonus – all of these healthcare professionals are available and easily accessible at West Wimmera Health Service.

WORKSAFE WORKHEALTH CHECKS ENDORSEMENT

West Wimmera Health Service became an Endorsed Worksafe WorkHealth Check provider in October 2009.

WorkHealth checks are FREE, convenient, easy and confidential health assessments conducted in your workplace. Checks take about 20 minutes and participants receive immediate information and advice based on the test results.

By participating in the checks, people learn more about the risk of heart disease and type 2 diabetes by understanding factors such as diet, exercise, smoking and alcohol consumption which can impact on personal health.

Our trained Community Health Nurses have been at the forefront of this program delivering more than 200 checks in 8 months across the region in work environments ranging from agricultural to factory and office venues.

Our philosophy regarding health promotion is:

'Breaking down the barriers of health inequalities that exist within our communities to enable opportunities for improved health outcomes'.

IMAGE

Community Health Nurse Michelle Barber (left) conducting a WorkHealth Check for Lydia Schneider (right).

The demand for this service has surpassed initial expectations.

546 workers have expressed interest in having their WorkHealth Check completed.

We are consulting closely with local businesses and WorkSafe to ensure that the requests are completed in a timely manner.

A very positive outcome from these health checks is that the information the client receives gives them the information to take the initiative in improving or maintaining an appropriate lifestyle with support from a range of health professionals.

To arrange for your workplace to be included in this program contact West Wimmera Health Service Community Health Nurses.

Information for employers and employees to learn more about WorkSafe WorkHealth Checks is available at www.workhealth.vic.gov.au.

WorkSafe WorkHealth Checks – a bonus for our health

It is not a requirement of the WorkSafe WorkHealth Checks that individual follow up is undertaken.

However we have received some very positive feedback from previous clients we have met on a return to their place of work.

An 'eye opener'

One client had never had his cholesterol checked so had absolutely no idea he had a problem. He thought that because he did not eat a lot of fatty food he would be okay.

His health check revealed an elevated cholesterol level and a referral to a GP was necessary.

On a return visit to the business the employee thanked us and was very relieved to have been made aware of his high cholesterol level.

The outcome – he was implementing diet and lifestyle changes and beginning regular GP checkups.

The risk of an increased waist measurement

Another client was unaware that their above average waist measurement put them at high risk of contracting Type 2 Diabetes, not to mention increasing their risk of heart disease, stroke, high blood pressure and some cancers.

Combined with limited physical activity, high blood pressure and elevated cholesterol they were at extremely high risk.

On return to this business, the employee thanked us for highlighting his health risk, saying he had made diet and lifestyle changes, and it was 'the wake up call he needed'.

Looking out for your mates

A Workplace health check had such an impact on one gentleman, that he found himself taking note of one of his mates, thinking 'gee mate, I think you could do with a health check, you don't seem to be looking after yourself'.

Making changes to the workplace

A business manager was thrilled that following their health checks the staff were aiming to introduce changes for their better health.

They were removing sweet biscuits from the tearoom and replacing them with a regularly stocked fresh fruit bowl to encourage eating their 2 serves of fruit a day.

The employer was full of praise for the initiative and commented that it had made employees more aware of their own health and wellbeing and had significantly increased staff morale.

CLIENT SELF MANAGEMENT

The Community and Allied Health Division work hard to ensure patients and clients are supported and encouraged to take ownership and control of their own condition as much as possible.

Service Delivery Plans

100% of Community Aged Care Packages are developed in conjunction with the client. Services are arranged in accordance with the clients wishes and ability to undertake tasks alone or with assistance.

Health Coaching – clients understanding how to manage their condition.

Our Allied Health Practitioners have adopted a 'Health Coaching' approach to the management of chronic disease. We work with clients so they understand their condition and how to manage it.

Using this approach clients become confident to make decisions about their illness and thus limit their dependence on centre based appointments. Given our practitioners are always available for support and advice.

Walk to cure diabetes

Later this year our Diabetes Educator will be involved in a 'Walk to Cure Diabetes' event organised by two of her clients with type 1 diabetes. The Educator approached the two women to take part in the Annual National Walk in Melbourne. Unfortunately the date clashed with a local event.

Feeling very strongly about the cause, 'the two Kates' decided to organise their own walk to raise awareness of diabetes in our local communities and also to raise funds to help find a cure for diabetes which currently affects more than 1 million Australians.

The walk, to be held on World Diabetes Day will start in Nhill and finish in Kaniva, a distance of 39.4 kilometres.

West Wimmera Health Service will provide the support vehicle ensuring the safety and physical wellbeing of the participants who aim to each walk at least half the total distance.

DEVELOPING PARTNERSHIPS FOR BETTER HEALTH PROMOTION

In 2009, 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, West Vic 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 agreed that Physical Activity and Social Connectedness would be the priority focus areas for our Integrated Health Promotion Plans.

Our philosophy regarding health promotion is:

'Breaking down the barriers of health inequalities that exist within our communities to enable opportunities for improved health outcomes'.

Over the 2009-2012 period we 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 communities.
- Ensuring that heath promotion interventions focus on the determinants of health.
- Providing evidence based health promotion initiatives to enable our community to take responsibility for their own health.

IMAGES

LEFT) Health and Fitness Centre member Sharon Bone continues with her fitness program.

(RIGHT) The cultural diversity of West Wimmera Health Service staff.

(From left to right) Lipy George RN, Sharon Sanderson RN, Maritess Toquero RN, Trish Heinrich RN and Acting Nurse Unit Manager Nhill Hospital, and RN Minimol Joseph.

The Health and Fitness Centre

The West Wimmera Health Service Health and Fitness Centre (the Gym) is the main health promotion activity event for the Service.

Overall 68 participants contributed to 368 gym contacts indicating that this smaller group of participants is utilising the gym on a regular basis. It also shows that although the rudimentary number of Gym contacts may appear high, this number is made up from clients using the gym regularly.

44% of attendees were male (compared to 48.3% of total population) and 54% of attendees were female (compared to 51.7% of total population).

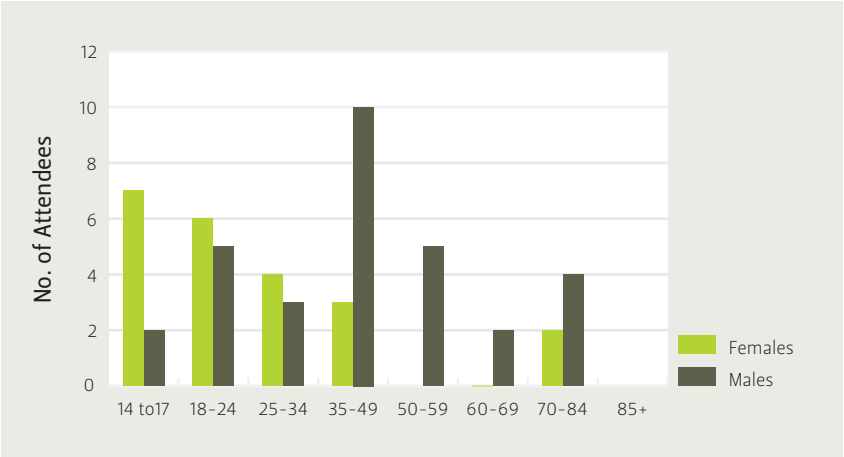
The males who attended the gym tended to be from the 14- 34 year age group while females came from the 35-84 age group.

Fig 3 shows how male attendance appears to decrease with age, whereas female attendance appears consistently throughout the lifespan.

98% of people utilising the Health and Fitness Centre live locally.

The 12-17, 18-24, 25-34 age groups are well represented gym attendees, making up a greater proportion of the gym population than they do in the area.

Fig 3: Age and Gender of Gym Attendees



All other age groups (from age 35 and above) have smaller representations as gym clients than they do in the population.

The largest discrepancy appears to be in the 60-69 year age group. Those aged 60-69 make up 2.9% of people attending the gym. This is compared to the number in that age group, 12.3%, in the area.

These statistics have provided us with a sound basis on which to promote the benefits of using this great facility and to which proportion of our population.

Set goals

Overall the Gym is attracting both males and females, people from each age group and low income earners. However the proportion does not reflect the population for our area.

Work around increasing the attendance of people over 35, younger females, older males and low income earners will be explored.

Act

The following is scheduled to take place during the 2011 reporting period in order to increase the patronage the Health and Fitness Centre:

- Consultation with the community on their needs and expectations of the WWHS Health and Fitness Centre.
- Development of groups/programs to improve attendance in groups that have been identified to have poor attendance such as younger females, older males, those aged over 35 and low income earners.
- Social marketing to attract more clients.

Evaluate for improvement

The Health and Fitness Centre activities are evaluated annually via a patron satisfaction survey.

The 2009 patron satisfaction survey indicated that morning opening hours would be of benefit to the community.

The result, we commenced opening the Centre from 7am – 10am every Tuesday and Thursday morning.

The outcome of this will be revealed in the next survey.

DIVERSITY AWARENESS

We embrace cultural diversity which ensures we tailor our services to meet the needs of all the community irrespective of cultural background.

Although only 5.2% of our communities were born overseas compared with 22% Nationally, we view it as important to have actions in place to ensure we are able to accommodate particular health needs if they present to our Service.

To identify and understand the make up of our communities, to establish partnerships with specialist agencies and practitioners, to develop staff competencies, to generate a responsive and alert organisation we have produced a Diversity Plan which acknowledges and addresses:

- Indigenous clients.
- Clients from culturally and linguistically diverse backgrounds.
- Patients of our hospitals.
- Residents utilising our aged care accommodation.
- Community clients.
- Augmentative and alternative communication styles for clients and patients of a non-English speaking background.
- Customs and traditions of culturally and linguistically diverse clients.
- Employees.

Improving Care for Aboriginal Torres Strait Islander (ICAP)

Our catchment is located in an area in which less than 2% of our population is of Aboriginal and Torres Strait Islander descent.

Regardless of this we make sure all community members have access to appropriate services.

We have an Agreement with Wimmera Primary Care Partnership acknowledging our commitment to the health and welfare of Aboriginal and Torres Strait Islander peoples.

We also have access to an Aboriginal Liaison Officer from Wimmera Health Care Group who is able to assist with culturally appropriate care.

We are reviewing ICAP to ensure that our processes are in line with Government Key Result Areas:

- Creating a welcoming environment and providing cross-cultural training for hospital staff.
- Planning and evaluating services to ensure cultural needs are met particularly for discharge planning.
- Work with Liaison Officer to promote effective referrals.

WWHS TOTALLY SMOKE FREE

All West Wimmera Health Service sites are permanently Smoke Free.

Smoking is banned from all buildings, outdoor areas within the boundaries of the health service facilities and in our vehicles demonstrating our commitment to protecting and promoting the health of our patients, residents, staff and visitors.

Smoking remains the leading cause of preventable deaths in Victoria, killing more than 15,500 Australians every year.

Breathing in the smoke of others, is also extremely harmful, particularly for children and those who are already ill.

Our Smoke Free Policy stipulates that all patients who smoke receive appropriate advice and support to 'Quit' or to manage their smoking during their stay in hospital including nicotine replacement therapy (NRT).

Staff who wish to 'Quit' smoking are offered eight weeks nicotine replacement patches free of charge and the support of the Quit Educator.

Since becoming 'Smoke Free' eight staff have stopped smoking and several patients have taken the opportunity to quit during their hospital stay.

IMAGES

(LEFT) Di Bell with a very relaxed lady enjoying a hot rocks massage.

(RIGHT) Cooinda clients, Glenda Bush (left) and Pam Burgess (right) share a laugh with Support Worker, Rosie Rudd in the Sensory Room at Cooinda.

CARING FOR THE CARERS

A wonderful way to spend a cold winter morning!

A chance comment by a West Wimmera Health Service volunteer at a community meeting resulted in Nutrimetics cosmetics distributor, Di Bell generously offering to travel to Nhill for a Carers Support Group pampering morning.

Several ladies and one brave male carer arrived at the chosen venue for a memorable morning of friendship and 'one on one' pampering.

The wind outside was cold and damp but the atmosphere in the hall was toasty warm and inviting.

Each lady received a hand massage, a hot rock neck massage and a facial. The lone male of the group indulged in a very relaxing hot rocks neck massage.

The value of social networking

While we awaited our turn, we enjoyed a friendly chat, a few laughs and a delicious morning tea, catered for by Oliver's Café, a West Wimmera Health Service supported employee Business Unit.

The 'icing on the cake' for the ladies was face Make-Up, helping each of us to feel truly pampered.

Di kindly donated all products used on the day, and commented 'how lovely it was to help people who are usually the carers and don't normally get the chance or time to experience such a relaxing morning'.

This morning showed us that as Carers in the community we are cared about and valued.

Di truly embodied the saying:- 'Caring for the Carers', and we acknowledge her generosity in providing an amazing morning for our group.

We all felt truly special after she worked her magic on us.

Thank you Di and West Wimmera Health Service from all of us!

Story Contributed by Sue Krelle, a member of the Caring for the Carer Group and volunteer for West Wimmera Health Service.

DISABILITY SERVICES

Cooinda Disability Service has embraced a year of change with the primary focus concentrated on enhancing individual outcomes for our clients.

A focus on the individual

In March 2010 the Board of Governance adopted a new strategic direction for Cooinda to operate under a 'support based model' in place of the traditional 'program based model'.

This approach targets individual support for clients to enhance community participation and integration in marked contrast to the traditional approach of offering set programs developed by staff for clients to choose from.

An internal review of all Disability Service policies and protocols will provide solid support for the continued transition to the new individual support based service throughout 2010-2011.

Staff training

During the year Cooinda staff completed training pertaining to the use of the Personal Outcome Measures system (POM's) which is an internationally recognised assessment system applied to interviewing so individualised support plans are designed to provide a best practice approach for individual outcomes.

Community access and interaction for day clients

Day Service Clients, those funded by the State Government, also enjoyed a diverse array of activities based on community access, interaction, communication, social interaction and continuing education.

Clients have engaged in these activities with enthusiasm and gained great confidence.

Business Services

- **Oliver's Café** in the Central Business District of Nhill.
- **Oliver's Kiosk** situated in the 'Handbury Foyer' of the Nhill Hospital.
- **Snappy Seconds** – Preloved clothing and collectables outlet.
- **Luv a Duck** Breeding Shed, Nhill – Egg Collection Enterprise.

All Business Units continue to thrive.

Snappy Seconds will be relocated to a more central business location and the Luv a Duck Breeding Shed Egg Collection Enterprise is concluding a successful fourth year of operation.

The Disability Service is about to undertake Certification with the Victorian Disability Standards and the Department of Human Services 'Quality Framework' Accreditation Review and is well prepared for this Audit.

Business Services components will also participate in the Certification process and will be assessed against National Disability Standards.

The Cooinda 'team' look forward to reporting on these independent assessments of our Service next year.

West Wimmera Health Service Disability Action Plan – our progress

It is important to ensure our disability clients have equal access to all facilities, services and programs offered by West Wimmera Health Service.

The needs of people with a disability have been incorporated into all aspects of our service delivery aided by the expertise of staff within our Disability Unit and through the ideals of our Diversity Awareness Plan 2008-2011.

Cooinda Community Advisory Committee also brings to the forefront issues for people with a disability and contributes greatly to the sustainability of Cooinda.

In 2010-2011 a consultative process will extend from the current focus of concentrating on people with intellectual and cognitive impairment, to include those with a physical, sensory or psychiatric impairment.

A major step forward!

West Wimmera Health Service strives to make sure our patients and clients experience high quality, compassionate care and understanding and a marked improvement in their health.

Clinical staff deliver services and activities that are easy to access, ‘user friendly’ and provide excellent healthcare outcomes.

IMAGE

Nhill Hospital Operating Suite

HOW DO WE ACHIEVE PATIENT SAFETY AND SERVICE QUALITY?

Clinical governance is the approach by which the Board of Governance, managers, clinicians and staff share responsibility and accountability for quality of care. It nurtures an environment dedicated to continuous improvement, minimising risks and the achievement of excellence for our consumers.

The role of the Board of Governance and committees

The Board of Governance is responsible for guaranteeing safe quality care by applying stringent standards of corporate and clinical governance.

Quality Improvement Committee

This Board sub-committee, has the responsibility for policy and planning development relating to safety, quality and continuous improvement. The Committee, chaired by a Board member, includes representatives of the Board and senior management.

Responsibility for overseeing Clinical Governance issues is delegated to the Clinical Quality & Safety Committee, which comprises Medical, Nursing, Pharmacy, Allied Health and management representatives.

Victorian Clinical Governance Policy Framework

In 2009 the Department of Health released a Clinical Governance Policy Framework which provides a coordinated plan of action to develop the capacity of the health system to deliver sustainable, patient centred, quality care [1].

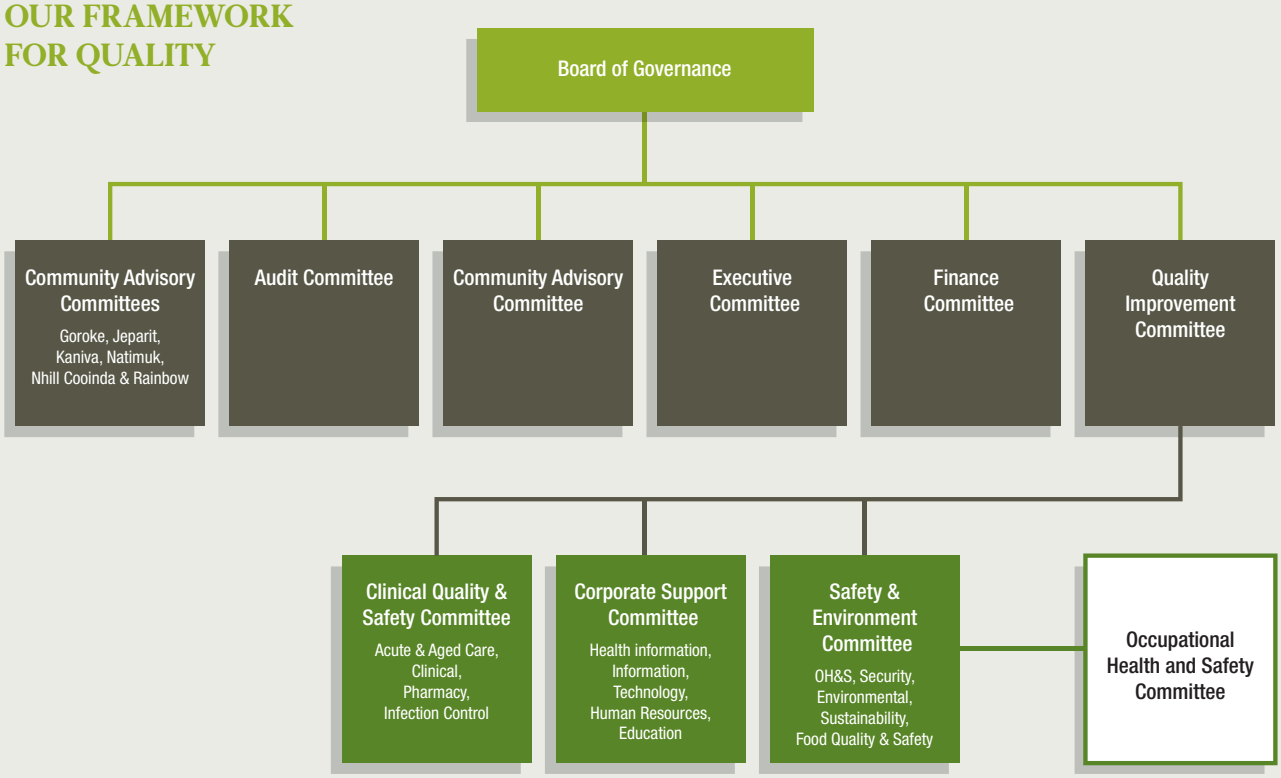
In February 2010 we reviewed our Clinical Governance Policy against the Departmental Framework. As a result reporting on the quality and safety of clinical care data to the Quality Improvement Committee was assessed for opportunities to improve

Some permanent items are now discussed at every meeting:

- The occurrence of any serious preventable adverse events.

1 Victorian Clinical Governance Policy Framework, Department of Health, 2009.

OUR FRAMEWORK FOR QUALITY



- A summary of incident reports.
- A report on meeting legislative obligations.
- Accreditation reports.
- Credentialing and scope of practice.
- A report on the extent of consumer participation.
- A report on compliments and complaints.
- Presentation by a senior clinician of a quality and safety improvement initiative.

Reporting on key quality and safety priority areas to the Committee is now the 'norm', including safety, access, appropriateness, effectiveness, acceptability and efficiency.

We reviewed our Incident Reporting System with the decision made to implement the Victorian Hospital Incident Management System (VHIMS).

Our 'Quality Plan' was evaluated and updated to reflect the goals of the 2009-2012 Strategic Plan.

Membership of the Quality Improvement Committee was amended to include a consumer representative to seek greater consumer participation in local health policy and decision making.

Clinical Quality & Safety Committee

This Committee addresses clinical incidents and near misses, patient and resident compliments and complaints, infection control matters, pharmacy and medication issues and it also considers recommendations regarding clinical care received from external stakeholders including the Coroners Court and Department of Health.

Its Charter also embraces the development and review of clinical policies and protocols.

A Medical Staff Association, chaired by the Director of Medical Services, meets regularly to provide visiting medical practitioners with the opportunity to discuss issues pertinent to the provision of care. Matters raised in this forum are dealt with by the Clinical Quality & Safety Committee.

Minimising risk

To ensure patient safety a number of strategies are in place aimed at minimising risk.

These are:

- Policies and protocols are 'online' and readily accessible, based on 'best practice' guidelines and are referenced to relevant Acts and Regulations.
- Modern and Safe infrastructure – all sites within the Service are modern, comfortable and adequately equipped to meet quality care obligations.
- A comprehensive preventative maintenance program ensures buildings, services and equipment are regularly serviced to remain in optimum working condition.
- Appropriately registered, credentialed and skilled staff perform duties as assigned and participate in on-going education programs.
- Incidents and near misses are reported in an environment of 'no blame'. This approach allows actions to be put in place to make sure the situation does not reoccur.

The Board of Governance oversees a structure of committees which are responsible for all aspects of safety, accountability and standards of excellence within the Service.

- Informed consent is obtained from patients prior to receiving care.

Informed consent refers to communication between the doctor and patient explaining in detail the diagnosis, risks and benefits of treatment and other available options.

Clinical risk

Deloitte Touche Tohmatsu conducted a Clinical Risk Framework internal audit during 2010.

The auditors highlighted the key focus of Clinical Governance is on accountability for quality of care and emphasising this is everyone's responsibility to ensure that excellent, safe practice prevails.

There were not any issues of concern noted by the auditors and in all material respects, effective control procedures were in place - very gratifying indeed!

The Report is now being analysed with a plan for action established to address the findings and further improve our management of clinical risk.

LEARNING FROM THE EXPERIENCES OF OTHERS.

The Service receives and acts upon a range of valuable information available from external stakeholders.

One in every six patients admitted to hospital in Australia experience a serious preventable adverse event [1]. There are many lessons to be learned!

As a result of information and recommendations received we have:

- Staff have access to Therapeutic Guidelines for the treatment of community acquired pneumonia.
- Reviewed the 'Not for Resuscitation' Policy and provided staff education accordingly.
- Provided education for Visiting Medical Practitioners on the method of recording medications and allergies using generic names rather than brand names to reduce the risk of incorrect medications being administered.
- Revised the Medication Policy to incorporate new safety guidelines relevant to the use of the painkiller Fentanyl, a powerful synthetic analgesic.
- Introduced a risk assessment identifying patients with an increased risk of experiencing a Deep Vein Thrombosis (DVT).
- Increased education for clinical staff on how best to manage patients who arrive at our hospitals suffering chest pain.
- Limited Adverse Occurrence Screening.

The Limited Adverse Occurrence Screening (LAOS) program.

Conducted through the West Vic Division of General Practice, The Limited Adverse Occurrence Screening (LAOS) program provides Victoria's small rural hospitals with a simple, cost-effective method of improving systems and quality of care. It does this by providing an anonymous, independent non-confrontational, general practitioner (GP) peer review of selected patient records provided by participating hospitals with the involvement of treating GPs.

Patient records with adverse events or a possible educational opportunity are distributed to treating practitioners for comment. The de-identified records are then taken to a divisional reference panel who issue recommendations for system improvement or educational opportunities. All recommendations are de-identified to protect the privacy of the patient, the doctor and the hospital.

It is recognised that what occurrs in one small rural hospital may occur at another unless system change results.

We have participated in the LAOS program since introduced in the early 1990's.

Recommendations resulting from the LAOS scrutiny are considered by the Clinical Quality & Safety Committee with action implemented as appropriate. Improvements as a result of these recommendations include:

- Review of Orthopaedic Clinical Pathway to ensure post-operative anaemia is identified and treated early.
- Review of process to ensure that Medical Practitioners are immediately made aware of pathology and x-ray results.
- Updated resources available to staff to include current information on palliative care, acute stroke management guidelines and anaesthetic standards.

1 2009 National Health & Hospitals Reform Commission Report

Regular review of key risk areas

Through the Clinical Quality & Safety Committee we regularly audit key practices which include:

- Falls.
- Pressure Ulcers.
- Medication errors.
- Breaches of security.
- Blood transfusion incidents.
- Consent.
- Discharge planning processes.

The outcome of this work has certainly added to greater patient comfort and less exposure to risk.

Open disclosure – acknowledging whenever an error occurs

'Open Disclosure' encourages health care workers to acknowledge and be 'open' when an incident or adverse event has occurred.

When a near miss occurs

Occasionally an event occurs, known as a 'near miss', even if on the occasion in question the patient suffered no harm. One example involved a patient arriving at Primary Care Casualty with heart problems. A delay in treatment occurred due to inadequate assessment or triage at the time of arrival.

Action and improvement

A clinical review resulted in staff receiving education on how to better assess this type of patient and to ensure urgent test results are provided to the treating doctor.

There have been no further delays in treatment following the action taken.

The future

To improve health outcomes it is important we :

- Continue to refine our Clinical Governance processes.
- Minimise the occurrence of adverse events.
- Take immediate action if an unexpected event arises.
- Assure your health, comfort care and safety is our top priority.

Accreditation	
Aged Care Standards & Accreditation Agency (ACCA)	> Eight residential aged care homes underwent accreditation surveys during September and October 2009. > All facilities were found to be compliant in all forty four outcomes – an outstanding achievement! > Spot visits to homes in 2010, were overwhelmingly positive. > One non-conformance with Nutrition and Hydration in the Natimuk Nursing Home. > The decision was appealed following a thorough analysis of the physical condition of the residents, the associated documentation and evidence. > The Aged Care Standards Agency reviewed their finding and determined that there was sufficient proof that residents had been appropriately receiving Nutrition and Hydration and the non-conformance was removed.
Australian Council on Health Care Standards (ACHS)	> West Wimmera Health Service was accredited under the Evaluation Quality Improvement Program (EQuIP) in 2008 for a period of four years. > January 2010, self assessment was submitted to ACHS and we were awarded continued accreditation. > Further evaluation in November and December 2010, when a survey team comes on-site to undertake a Periodic Review of our quality of care.
Disability Services Accreditation	> Independent review against the National Standards for Disability Services (National Standards) and the state Standards for Disability Services in Victoria scheduled, for July 2010. > An independent company, International Standards Certification, retained to conduct the review.
Home and Community Care (HACC)	> A high achieving area encompassing District Nursing and Planned Activity Groups achieved full accreditation against national standards in 2008. > A score of 20/20 was achieved. > A further review of these services will occur during the ACHS Periodic Review in November 2010.
Diagnostic Imaging	> Achieved accreditation with the Practice Accreditation Standards of Diagnostic Imaging Accreditation Scheme Stage I. > Accredited for the Diagnostic Imaging suites located at Nhill and Kaniva.
Community Aged Care Packages (CACPs) and National Respite for Carers Program (NRCP)	> The Commonwealth Department of Health and Ageing again reviewed the CACPs and NRCP programs in 2009. > The programs successfully met the standards however several recommendations for improvement were made: > Staff police record checks to be updated. - Records kept on computer database, reports are now run on currency of staff checks. - Manager tracks records via database reports. > Staff education regarding CACPs and NRCP. - Education provided to District Nurses and Personal Care Workers about the entry and care requirements of each program. > Current information regarding contractors and their qualifications. - Contractor database updated. - Contracts updated. > Competency of staff in medication management. - All Personal Care Workers undertake medication management update. > CACPs and NRCP Program recipients informed of services available to them. - A program check tool created to ensure potential clients are appropriately prioritised. - Information package updated and given to all current and future clients.

ACCREDITATION ACROSS THE BOARD

How do we know that we are providing high quality services?

The only way to be certain our services meet best practice standards and are constantly improving is to participate in assessment and examination by independent external organisations.

Measuring the quality of our services

Our organisation undergoes critical review by external bodies regularly. We are examined/audited by accreditation bodies measuring our performance against quality of care and corporate management standards.

The Service invites such scrutiny to prove that our care and services are the 'best'.

Accreditation is a formal process which ensures delivery of safe, high quality health care based on national standards is achieved. It is government and public recognition that a health care organisation has satisfied the standards [1].

The highest accolade

Surveys in 2009-10 by the Commonwealth Aged Care Standards and Accreditation Agency Ltd resulted in the accreditation of all nine sites of our aged care facilitie

Top quality care for some of the most vulnerable people In our communities.

CONSUMER FEEDBACK ENLIGHTENS OUR FUTURE PLANNING

A key way in which our Service plans for the future is to encourage feedback, both good and bad from the communities we serve.

The Victorian Patient Satisfaction Monitor (VPSM) serves that purpose. We receive the results of the ongoing survey every six months (called a Wave). Not only has this Service vastly improved across all seven areas but has also exceeded the results of like sized hospitals across the State. See Fig 4.

The priority areas for us to improve include:

- Facilities for storing belongings,
- The temperature of hot meals and
- The comfort and privacy of change rooms.

We are taking notice of our consumers. By way of example, our staff now diligently check the temperature of food immediately it is ready for consumption.

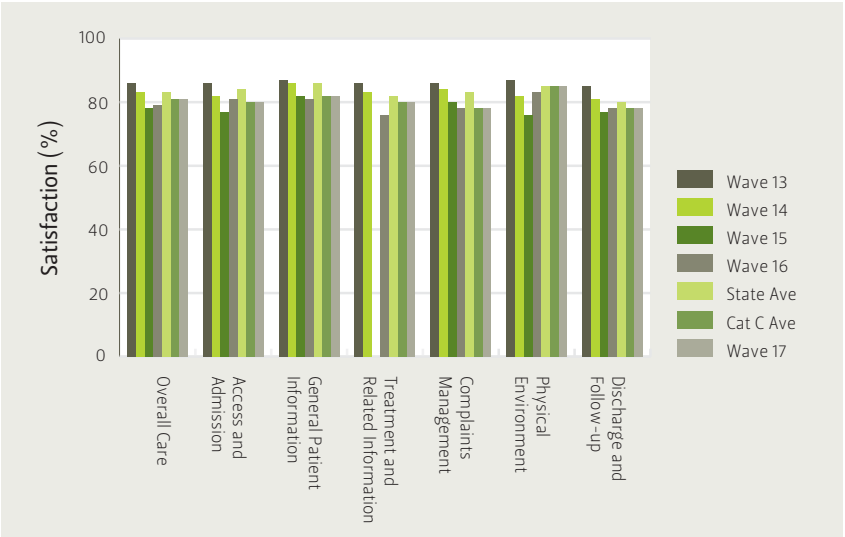
Over the next 12 months we will streamline mechanisms to record, analyse and document quality improvements which support the accreditation process by integrating them into day to day tasks.

Accreditation is a very valuable process which we commit to with openness to showcase the high standards of our services.

IMAGE

Board member Janice Sudholz addressing Board colleagues on patient satisfaction.

Fig 4: Victorian Patient Satisfaction Monitor (VPSM)



This VSPM examines seven key aspects of service as depicted in this table.

1 Australian Council on Health Care Standards, The ACHS EQuIP 4 Guide: Part 1, 2006, http://www.achs.org.au/EQuIP4Guide/, (Accessed September 30, 2010)

All medical practitioners have their qualifications and experience verified (Credentialing) on commencement of employment with the Service

SKILLED AND QUALIFIED STAFF

How do we make sure we have the right mix of qualified and skilled staff?

Medical practitioners must have their qualifications and experience verified (Credentialing) on commencement of employment and when applying for reappointment. The type of services a doctor may provide in our Service (scope of practice) is determined by the Medical Review Committee

Credentialing establishes that the range of Clinical Practice is within the bounds of their training and competency, and is within the capacity of our organisation.

Credentialing processes are performed in accordance with Department of Health Credentialing guidelines and are directed by the Consultant Director of Medical Services and the Chief Executive Officer.

From July 2010 all Nurses must be registered with the Australian Health Practitioner Regulation Agency. Prior to this registration was with the Nurse Practitioner Board of Victoria.

We monitor registration status of nurses annually to ensure all competency is maintained and new nursing staff and agency nursing staff have their registration verified prior to commencement.

All Allied Health professionals must be registered as members of their professional organisation prior to commencing employment. Where applicable they must participate in an Accredited Practising program.

Commencing in July 2010 Physiotherapists must be registered with the Australian Health Practitioner Regulation Agency. Our Physiotherapists meet these registration requirements and are now finalising their registration.

Until July 2010 Physiotherapists were registered with the Physiotherapy Board of Australia.

IMAGE

Dr Katrina Morgan, a General Practitioner with Tristar Medical Group, provides clinical services to West Wimmera Health Service.

In December 2010 Podiatrists must also become registered with the Allied Health Practitioner Regulation Agency. Our Podiatrists meet all registration requirements and will undertake the registration process as it becomes available.

Podiatrists were registered with the Podiatry Association of Australia however must make the transition to the new agency.

Prior to commencing employment with us and every three years thereafter staff must provide evidence of a satisfactory police check.

We require all staff to participate in a range of mandatory education and those not compliant with elements of this education program are withdrawn from duty until such time as they have met their obligation.

Staff and managers are able to monitor mandatory education compliance which ensures staff remain up to date at all times!

The future

Maintaining a skilled and qualified workforce will always be a challenge.

In conjunction with other health services in the Wimmera and Southern Mallee (the sub region) we are presently formulating a Wimmera Service Plan due to be finalised during 2010-11.

A key component of the Plan will be Workforce capability, with a view to implementing common strategies to strengthen the health workforce in the sub-region.

We will:

- Develop common credentialing and appointment processes for Medical and other Health Professionals
- Develop mentoring schemes across the sub-region.
- Develop professional and peer support to reduce professional isolation and build on service capacity.

We are committed to providing our communities with quality outcomes and skilled and qualified staff at each of our sites.

EDUCATION – A VITAL COMPONENT OF THE VERY BEST OF CARE.

Opening the door to our great organisation

Orientation introduces new staff to our Service its Values, Culture, Confidentiality and Privacy Principles, Safety and Emergency Management Protocols.

97% of new employees attended Orientation this year compared with 91% last year.

Staff who did not attend received a package mirroring the content of the face to face sessions and were also required to attend mandatory education segments.

An education must

It is our belief that staff must undertake education in the key areas of safety.

Our goal is to have 100% staff trained in the areas which are appropriate for their position. We are very close to attaining that goal!

As the table below indicates very high standards for Mandatory Education have been maintained.

Consultation with staff to ascertain how education could be delivered in a better way is about to begin.

Investment in our knowledge future

We have invested substantially in education; with internal education attendances increasing by 48% this year in areas such as Clinical Education on Wound Management, Diabetes Care and Emergency Situations as well as General Education. Incorporating Information Technology systems in our education process helps staff to improve their work efficiency, access relevant data and provide accurate, timely information.

Improved attendance at education forums

Attendance at regional workshops, external education and State and National Conferences ensures the Service keeps pace across the broad spectrum of education.

Smarter, more flexible learning options

Traditional face to face education combined with computer based training ensures easy access for staff to continue 'life long learning'. In response the uptake of computer training sessions has increased by 16%.

Five Year Trend of Compliance with Mandatory Education

	2009/10	2008/09	2007/08	2006/07	2005/06	2004/05
Bullying and Sexual Harassment	98%	97%	98%	98%	70%	24%
Chemical Handling	98%	99%	95%	100%	86%	50%
Fire and Emergency Training	97%	97%	98%	99%	98%	92%
Food Handling	97%	99%	95%	97%	92%	68%
Incident Reporting	98%	98%	95%	97%	78%	29%
Infection Control	97%	97%	97%	95%	81%	36%
Manual Handling	95%	96%	93%	97%	93%	81%
No Lift	95%	95%	95%	94%	70%	66%
Privacy and Confidentiality	98%	98%	99%	94%	90%	77%
Resuscitation: Basic CPR	97%	96%	94%	98%	89%	70%
Resuscitation: Basic Life Support	95%	96%	90%	99%	92%	88%

Fig 5: Education Forum Attendance – 2 Year Comparison

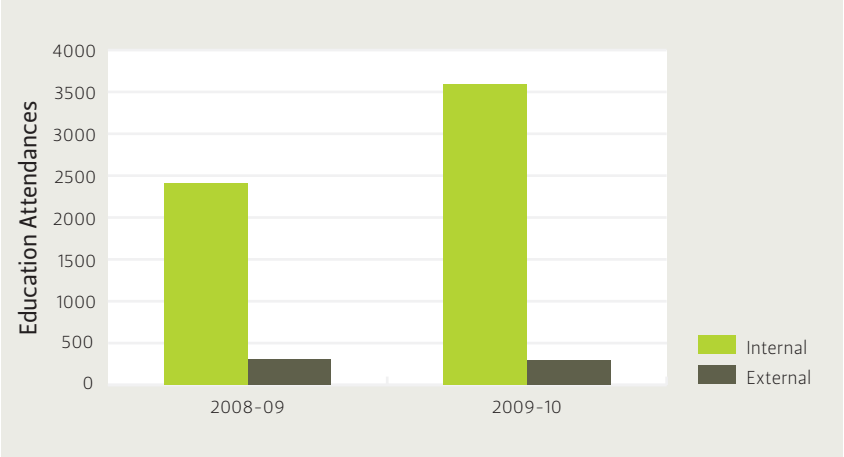
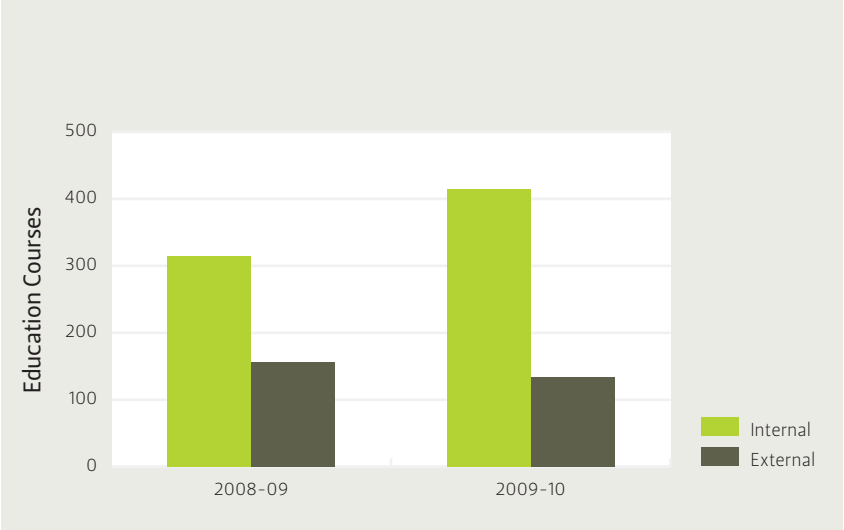


Fig 6: Education Courses Attendance – 2 Year Comparison



Training our younger generation

Four young people are training in Nursing, a partnership between West Wimmera Health Service and the University of Ballarat.

Three are undertaking apprenticeships in Hospitality and Commercial Cookery; two of whom are part of a School Based Apprenticeship Program.

Three are enrolled in Finance, Health Information and Transport and Logistics traineeships.

Educational Investment will provide a healthy return and a bright future for the Service in the form of highly trained professional staff.

Come to us for a great rural experience

Students came to us from fifteen Victorian and South Australian tertiary institutions. Nursing, Speech Pathology, Occupational Therapy, Pharmacy, and Medicine students sought practical exposure to patients and residents within our care.

Eleven school students undertook work experience in nursing, allied health, finance, plumbing, and disability services, encouraging students to consider a career in rural health.

Education, the lifeblood of our Service

From education comes knowledge, with time and knowledge come expertise and with expertise comes safe, quality health care.

We will continue to support staff to extend their knowledge and skill as a constant factor in our approach to the future.

PRO-ACTIVE MANAGEMENT OF A RISK ENVIRONMENT

The Governing Board, Executive and staff endeavour to manage risk in a pro-active and efficient manner.

In 2010, the Service reviewed its Risk Management policies and processes in line with the introduction of the new *Australian Standard, AS/NZS ISO 31000:2009*.

This standard defines risk as being the 'effect of uncertainty on objectives'.

Objectives

Our core objectives are:

- To attract, develop and retain the service delivery skills we need.
- To deliver efficient, safe and effective services.

With these objectives there are risks which arise if they are not achieved. Risks may include the inability to admit patients to hospital for care, financial viability of the Service or a reduction in the level of care available if staff do not possess the right skills.

Managing risk

Our Risk Register documents all risks and tabulates treatment strategies to deal with the risk profile. Risks are reported to the Board of Governance, managers or staff by severity rating to engage in an open discussion aimed at obtaining resolution.

Identifying risk

Risks are identified from Incident Reporting Data Base (RiskMan), hazard assessments, internal and external audit processes.

In 2010, the Riskman database was replaced by the Victorian Health Incident Management System (VHIMS) which provides the capability to classify incidents more accurately, and to identify the severity they pose.

As a result in the next reporting period we will refine our risk profile and more closely align it with our operational objectives. Action that will take risk management to the next level!

OCCUPATIONAL HEALTH AND SAFETY

West Wimmera Health Service has a robust Occupational Health and Safety Program which engages all levels of the Service.

Our Safety systems and processes are operated in accordance with and respect for the *Occupational Health and Safety Act 2004*.

The Service has eight designated work group areas, with trained Health and Safety Representatives in all areas.

The Chief Executive Officer and the Executive Director Human Resources and Industrial Relations were awarded a Certificate III in Occupational Health and Safety from the Australian Institute of Public Safety in February 2010.

28 staff have completed a 5 day OHS course and 26 of those remain at the Service.

Managing OHS

We monitor the Occupational Health and Safety of employees through several performance indicators:

- Assault and aggression recorded as incidents in the management software RiskMan
- Manual handling issues associated with staff injured at work
- Occupational exposures
- Slips trips and falls sustained on the job.
- Security incidents.

Regional benchmark indicators with eight organisations. West Wimmera Health Service is organisation 112 in Fig 7.

Fig 7: Grampians Regional OHS Data July-Dec 2009

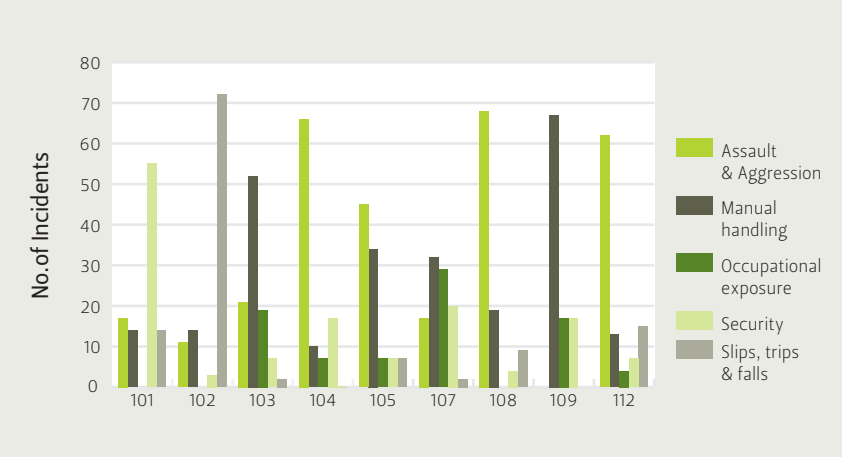
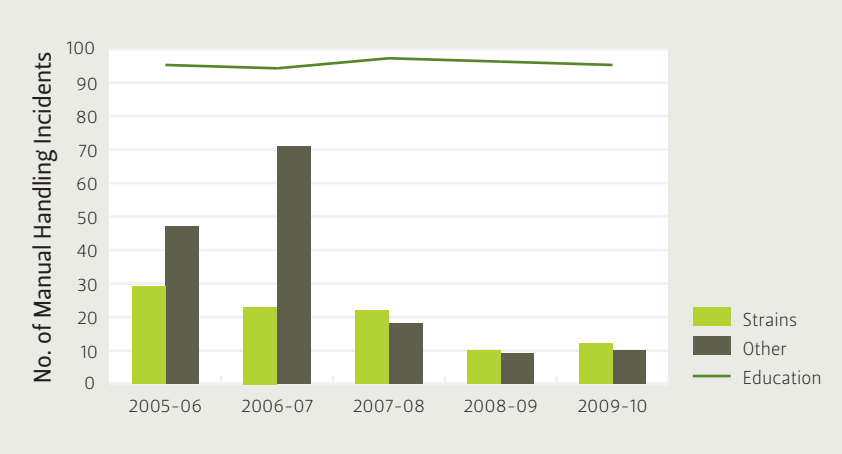


Fig 8: WWHS Manual Handling Incidents – 5 Year Comparison



Manual Handling

The most prevalent injuries facing workplaces are those relating to manual handling.

We have an excellent track record in preventing manual handling incidents. Evidence of this is our 59% reduction in muscle strains in the last five years as depicted in fig.8, with other types of manual handling incidents reducing by 79% in the last four years.

To continue to improve in this area we purchase appliances and equipment to substantially reduce the possibility of a manual handling injury.

Equipment for safety

Equipment such as electric floor hoists to lift patients from bed to a chair, slide sheets to move patients in the bed, minimising back injuries of staff and discomfort for patients.

We also purchased lightweight mobile aluminium scaffolding for maintenance and general services staff to reach heights safely.

Returning to Work Safely

A Return to Work Coordinator who has Post Graduate qualifications in Rehabilitation and Return to Work Management has been employed.

The Coordinator assesses injured employees, their work tasks and matches these with the capability assessment of the Medical or other health Practitioner.

With assistance employees can return to work and undertake meaningful duties on an individual program suited to their recuperation and rehabilitation status. WWHS is 112 in Fig 9.

Importantly, when the Service compared its rates of manual handling incidents against eight other health care organisations, it was revealed that we had the second lowest rate.

Further testament to our to safety.

Security - another cornerstone of safety

Not all members of society have the same level of respect for hospitals therefore we must remain vigilant in regard to security.

A number of issues are categorised under security. Fortunately the majority of security incidents do not result in any harm to patients, the facilities or staff.

Fig 9: Manual Handling Incidents as a Percentage of Total OHS Incidents – A Regional Comparison

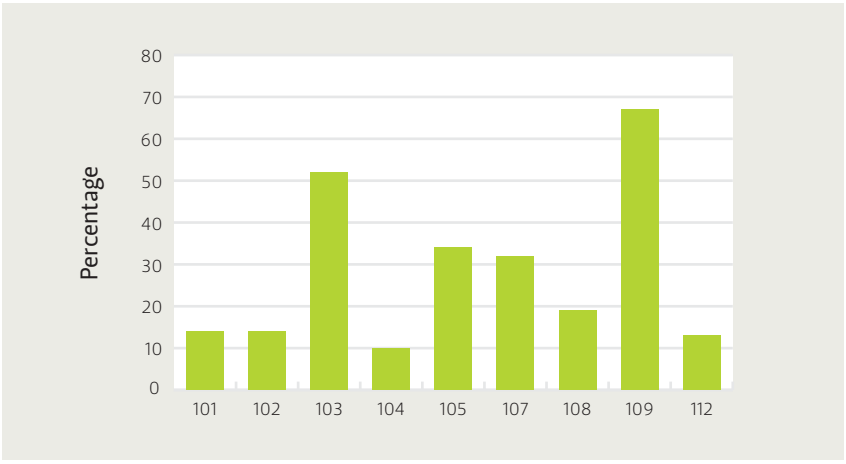


Fig 10: Security Incidents – 4 Year Comparison

IMAGES

(LEFT) Mrs Verna Oldfield, Iona Nursing Home resident who recently celebrated her 90th birthday, receives assistance with the lifting machine from Enrolled Nurse, Cheryl Williams, a No-Lift Co-ordinator and OH&S representative Nhill clinical along with Iona Nurse Unit Manager, Di McDonald.

(RIGHT) Jeparit Director of Nursing, Megan Webster is pictured with the Security Monitor installed to upgrade security at the Hospital after a security incident earlier this year.

Examples of security incidents were:

- Misplaced keys.
- Security equipment that had become inoperative.
- Doors which had been left unlocked.

A 27% reduction in the number of security incidents occurred in 2009/10 compared with the previous year – quite comforting.

Serious assault

During the year a member of our clinical staff was seriously assaulted at work at the hands of an unknown assailant.

This contemptible act shocked us all and the local community was appalled.

The Nurse survived the attack, however she is still receiving rehabilitation and return to work support.

We have worked extremely closely with staff, the Victorian Police and WorkSafe Victoria in assessing the ramifications of this incident and totally reviewing security arrangements. We have also upgraded security equipment, provided extra staff training in Occupational Violence and Aggression and upgraded patient and visitor management protocols to reduce the possibility of staff being exposed to a situation such as this in the future.

Following the incident WorkSafe Victoria visited and undertook a comprehensive assessment of the site.

The assessment resulted in WorkSafe issuing six Improvement Notices, all of which related to general safety and security matters.

All six recommendations have been completed in full and signed off by WorkSafe Victoria.

The improvements made as a result of the incident and the WorkSafe Assessment are:

- The Closed Circuit Television System (CCTV) system has been upgraded to include recording capability and new surveillance cameras installed.
- Provision of real time video monitors visible to the general public.
- Duress alarms which alert staff that a colleague may be experiencing difficulty have been upgraded. Staff members now carry a portable alarm.
- Training to assist staff deal with patients and clients exhibiting aggressive behaviour has been intensified.

The incident, whilst isolated was an extremely serious security and staff safety issue.

What we learnt from the incident has been used across our Service to improve the security and safety of patients, staff and visitors.

What did the auditors think?

In 2009 and again in 2010, Deloitte Touche Tohmatsu, our internal auditors reviewed Occupational Health and Safety (OHS). The audits revealed the need to improve the way we store, track and manage documents, rate the risk of incidents more accurately and to modify our occupational health and safety management system to better engage staff and contractors with our OHS practices.

Audits have introduced a new system via our incident reporting system, to place risks in order of sensitivity and therefore deal with the risk in a more exacting manner.

Our Intranet has been updated to include information for staff covering Occupational Health & Safety.

The quality of our OHS risk reporting has improved markedly and we now comparatively benchmark with other regional health services.

In 2010-11, we will improve the regularity of OHS and Risk audits and the mechanisms of document control.

We will monitor improvements by intensifying the audit program and establish a review process which evaluates the success or otherwise of the study.

COMPLIMENTS AND COMPLAINTS

Valuable advice

We continue to value feedback received in the form of compliments, comments or complaints. They are a vital component in addressing the appropriateness of our services.

114 compliments were received praising staff for their exceptional effort.

Some of the highlights from compliments received were...

'The compassion support & understanding you showed was wonderful. We would like to offer our sincere gratitude'

'Thank you for all your kindness. If I ever have to go to hospital again I hope it is yours.'

'A confronting experience made easier by the confidence engendered by skilled doctors and the professional care I received.'

67 complaints were recorded and all investigated by the Complaints Officer and no matters remained unresolved.

In identifying areas of concern the main theme arising was that surrounding the 'hospitality' aspect of tasks. Staff are receiving specialised education In this area.

There were no other specific trends in negative comments but rather a variety of individual occurrences including poor television reception, a meal not enjoyed and one off clinical care concerns.

The miscellaneous category of 'Other' has significantly increased this year which we are analysing to identify the facts associated with this spike.

The implementation of the Department of Health RiskMan module will provide us with considerably more detailed reporting on complaint classifications.

Complaints

Complaint	2009-10	2008-09	2007-08	2006-07
Clinical Care	25	16	18	15
Maintenance	10	21	11	36
Food	11	23	9	3
Other	21	2	7	6
Total	**67**	**62**	**45**	**60**

The four main complaint categories reveal a minor increase in the number of complaints. The most significant increase is related to 'Other' category.

IMAGE

Meal satisfaction is often quite a priority with patients during their stay in hospital.

Taryn Carter, Hospitality Services, delivers a meal tray with a cheery smile to a patient in the Kaniva Hospital.

Acute Care Clinical Indicators, Jan–June 2010	July-Dec 2009		Jan-June 2010	
	WWHS Rate	ACHS Rate	WWHS Rate	ACHS Rate
Unplanned return to the operating room during the same admission	–	–	0.00%	0.05%
Failure to reachthe caecum, which is part of the bowel during Colonoscopy Surgery	0.00%	2.81%	0.00%	1.36%
Post colonoscopy perforation	0.00%	0.01%	0.00%	0.04%
Inpatients who develop one or more pressure ulcers during their admission	0.08%	0.09%	0.09%	0.08%
Inpatients who are admitted with one or more pressure ulcers	0.00%	0.39%	0.00%	0.27%
Inpatient falls	1.27%	0.43%	0.86%	0.38%
Inpatient falls which require intervention	0.29%	0.19%	0.13%	0.11%
Fractures or closed head injuries that result because of a inpatient fall	0.00%	0.01%	0.00%	0.01%
Inpatient falls in people aged 65 years and over	1.20%	0.56%	0.98%	0.49%
Haemodialysis fistula-associated blood stream infections	–	–	0.00%	0.03%
Total number of re-admissions within 28 days of	0.00%	0.57%	–	–
discharge following cataract surgery	0.00%	0.08%	0.00%	0.39%
Patients having a re-admission within 28 days of discharge following cataract surgery, due to infection in the operated eye	2.74%	0.72%	0.00%	0.04%
Patients having a discharge intention of 1 day, who had an overnight admission following cataract surgery	–	–	0.00%	0.33%

Aged Care Clinical Indicators Compared with State Average		
Aged Care Clinical Indicators	WWHS Rate over 9 months	State Rate over 9 months
Prevalence of falls	3.56	7.16
Fall-related fractures	0.00	0.14
Incidence of physical restraint	1.19	1.27
Incidence of residents prescribed nine or more medications	3.26	3.64
Incidence of unplanned weight loss	0.51	0.69
Prevalence of pressure ulcers		
Stage 1	0.13	0.60
Stage 2	0.72	0.50
Stage 3	0.12	0.11
Stage 4	0.04	0.06

CLINICAL INDICATORS

A valuable method of evaluating the quality of our care is to collect Clinical Indicators.

Acute Care

The statistics gained identify areas of care which are improving and also potential problems which may arise.

The indicators provide the opportunity to compare our results with other like sized hospitals across Australia via the Australian Council on Healthcare Standards and the Victorian Department of Health.

Indicators are collected from our acute hospitals located at Nhill, Kaniva, Jeparit and Rainbow.

Monitoring falls

The area requiring greatest attention is the rate of falls within our Service which is significantly above the national average.

Without lessening our concern it is important to note that no limb fractures resulted from falls.

Aged Care

WWHS rated very positively against the rest of Victoria, as demonstrated in the tables opposite, however there are improvements to be made particularly in regard to the incidence of pressure ulcers which we have addressed.

A small number of residents were transferred from Acute Hospitals with an ulcer problem.

DIALYSIS – A LIFE SUSTAINING SERVICE

The Dialysis Unit at the Nhill Hospital is a comfortable, private Unit with skilled staff specially trained in dialysis care. It performs an essential clinical service whereby patients have their blood cleansed because their own kidneys can no longer perform this function.

The process

Two needles are inserted into the arm which are connected via a series of tubes to the dialysis machine.

A new beginning

This year we were thrilled for one of our Dialysis patients who received a call from the Organ Transplant Team in Melbourne advising that a Kidney was available through the Organ Donor Program.

Within a few hours the patient was travelling to Melbourne to prepare for the momentous life change a new healthy kidney would bring.

The true meaning of continuity of care and a marvellous experience for us all.

Holiday makers

Occasionally a person is able to visit friends and relatives or holiday in our vicinity because they can access the Dialysis Unit to receive ongoing treatment.

Safe care

Between January 1, 2010 and June 30, 2010 we undertook a study of the 257 dialysis treatments which had taken place since the Unit opened on 12th February 2007

257 Dialysis Patients (2007-2010) – No infections. Fantastic!

A perfect infection control outcome demonstrating a high quality of care.

We are very proud of this Unit and the skilled staff who run it.

The future is bright

The Unit has the capacity to offer treatment to more patients and thus help them maintain good health with dignity and safety.

INFECTION CONTROL TO PROTECT PATIENTS RESIDENTS & VISITORS

We undertake every possible process to ensure that patients and staff do not acquire an infection whilst in our care or employment.

How do we achieve this goal?

An extremely rigorous approach to Infection Control is taken aimed at preventing the spread of germs or disease from one person or area to another.

Preventing infection and cross infection by maintaining very high house keeping and cleaning standards is a major element of our Infection Control Program.

Fighting the spread of infection – Clinical Waste

Clinical Waste is derived from medical activities.

To comply with the Environmental Protection Agency regulations, we transport Clinical waste to a specialist waste treatment centre.

Fluctuations in the quantity of Clinical waste generated prompted a need to determine the reason. The aim was to determine if the amount of clinical waste generated reflected how busy we were or due to inappropriate disposal.

Fig 11 demonstrates the amount of clinical waste, in kilograms, against the number of occupied bed days.

The data reflected a direct correlation between the two indicators. It was reassuring to be able to quantify that increases in clinical waste are directly linked to periods of increased medical activity.

Preventing infection and cross infection by maintaining very high house keeping and cleaning standards is a major element of our Infection Control Program.

IMAGE

Julie Bloomfield – Instrument technician labelling sterilised instrument packs

'Sterihealth Limited', a company specialising in waste management and disposal undertook a Clinical Waste Audit in August 2009 to determine if clinical waste items were discarded correctly.

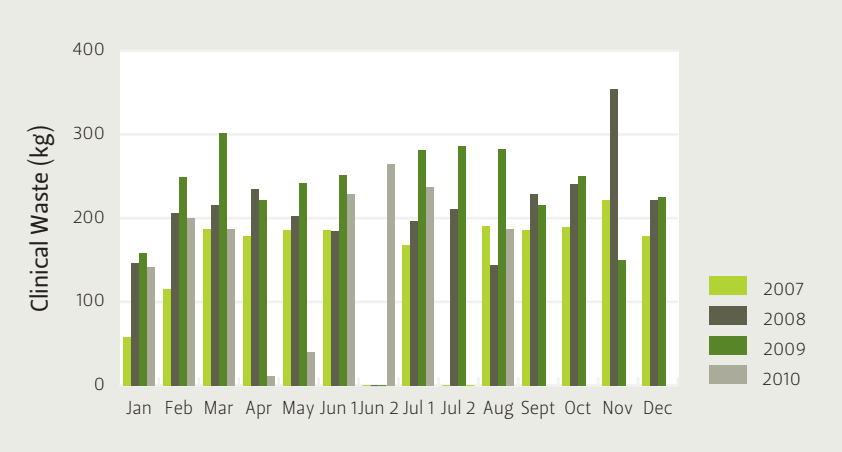
The audit revealed some departments had problems with their disposal protocols and techniques.

In each area where a problem was highlighted action was immediately taken to resolve the problem.

As an example, one department was placing wrappings from equipment in a clinical waste bag. Due to changes in the layout of the room a clinical waste bin had been relocated. The changes in workflow resulted in inappropriate waste being discarded at that point.

In consultation with the staff the waste receptacle was changed to a normal waste bag and clinical waste discarded elsewhere. The matter is now resolved. How simple!

Fig 11: WWHS Clinical Waste 2007-2010



Hand Hygiene

Hand Hygiene encompasses both hand washing and use of Alcohol Based Handrub. This program is generously funded by the Department of Health Quality Branch.

The Victorian Hand Hygiene Program includes staff education and the auditing of Hand Hygiene practice and is now managed by VICNISS (Hospital Acquired Infection Surveillance System).

The Department requires the Service to audit the Hand Hygiene practices of our staff three times each year and report the outcome to VICNISS.

The Hand Hygiene program commenced in 2007 and through the Program we were required to achieve an audit result of at least 65% by 2008.

In 2009-2010 the ongoing auditing program has revealed compliance on a State-wide basis of 71%.

As Fig 12 illustrates, the Service has maintained high standards of audited staff hand washing. Importantly we have met and exceeded the target set by the Department of Health.

Gastroenteritis

Our communities have experienced disturbing ongoing episodes of Gastroenteritis.

In our catchment, schools have been closed due to outbreaks of this illness and we have had many patients admitted with Gastroenteritis.

While we have admitted affected patients we have not had any outbreaks of hospital acquired gastroenteritis. A laudable achievement and testament to the high quality of nursing care and stringent infection control and cleaning procedures.

To prevent the spread of this virus, affected patients are isolated and cared for by staff wearing masks, gowns and gloves, 'Barrier Nursing'.

When patients are admitted with a contagious condition which spreads easily the Isolation Unit (a specially equipped room)in the Nhill Hospital is available.

Fig 12: Hand Hygiene Compliance Audit – 3 Year Comparison

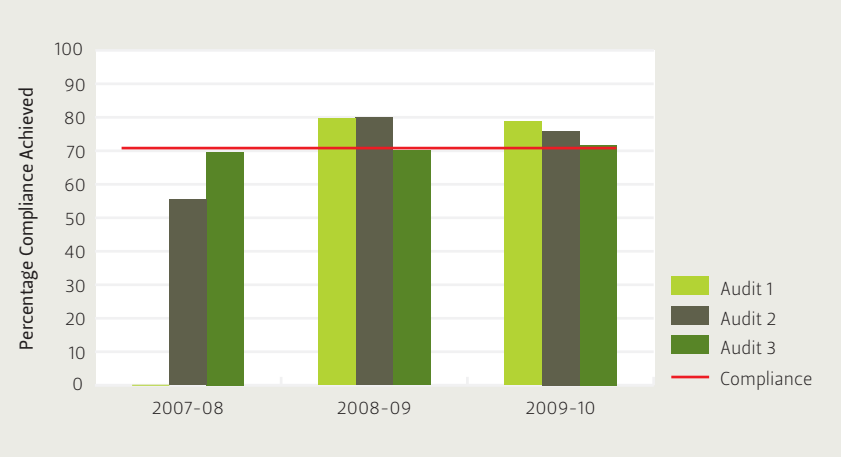


Fig 13: Staff Immunisation and Testing Rates for Hep B

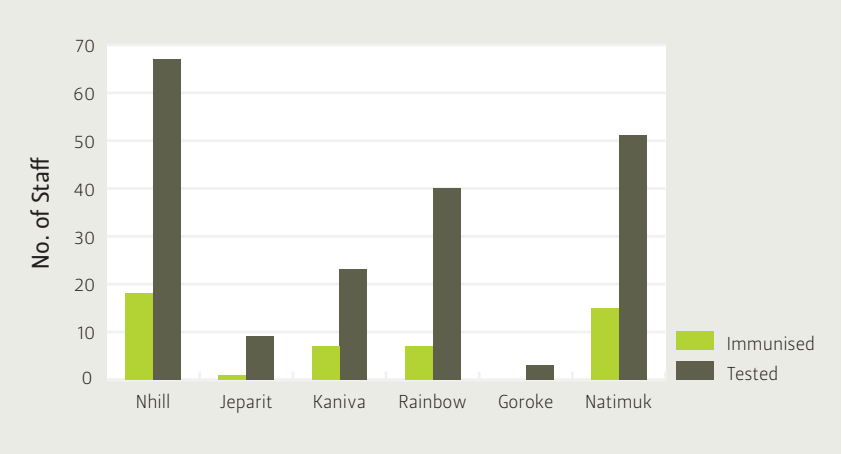
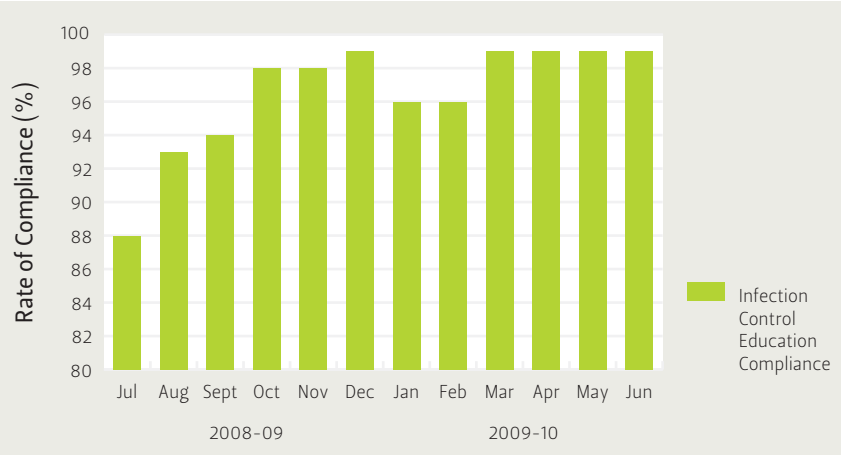


Fig 14: Infection Control Staff Education Compliance



IMAGE

Theatre Nurses, Maree Merrett (left) and Vicki Thomas (right) complete the instrument count in preparation for surgery

Staff health

To protect our staff from contracting illnesses which can be prevented by vaccination such as Influenza and Hepatitis B we ensure that vaccinations are readily available to them and free of cost. See Fig 13.

Influenza vaccination uptake

Swine Flu (H1N1) vaccinations and the annual Influenza Vaccinations were offered with Vaccinations administered by our team of qualified Immunisation Nurses, with the assistance of Maternal & Child Health Nurses.

Occupational exposures

Occupational Exposures and Needle-stick injuries are an occupational hazard. Acute care components of our Service have the greatest exposure to hypodermic needles, intravenous devices, scalpels and other 'sharps' which present a risk of injury. While every effort is made to prevent these injuries accidents do occasionally occur.

Four needle stick injuries occurred in 2009-2010 the same as for 2008-2009.

Staff received counselling and safe work practices were reinforced.

Staff education compliance

Infection Control Education is a compulsory component of education for all staff. They must have a solid understanding of infection control practices and principles including hand hygiene, special cleaning, isolation and protective clothing.

Fig 14 identifies that 97% of staff have completed infection control training. A definite improvement from 36% in 2004-05.

Preventing infections from surgery

Infection Control involves the prevention and control of infections, especially those which may be acquired by patients while in our care.

Procedures undertaken within the Operating Suite are known to have associated risks including the potential for infection at the site of surgery.

Major orthopaedic procedures, such as total hip and knee replacements have been identified as high infection risk surgery.

Prophylactic or preventative antibiotics are administered prior to surgery as standard procedure to reduce this possibility in 100% of occasions.

We report monthly to VICNISS the type and timing of the prophylactic antibiotics given before surgery.

We have an exceptionally low rate of infection which gives patients confidence when entering our care.

Aged Care

Aged Care Quality Association (ACQA) Infection Control data is collected monthly and used to benchmark and compare data results across our service and other like sized organisations in the Grampians Region.

Public hospitals within the Grampians Region have participated in an annual Point Prevalence study since 2008. This is a one day snap shot where all patient infections are reported. The data is then benchmarked across other Victorian regions.

This surveillance has led to the Grampians Region Infection Control Group undertaking a Pilot Project with VICNISS looking at a limited group of reportable infections within aged care facilities in June 2010.

IMAGE

Judi Coutts, Environmental Services Kaniva, ensures the cleanliness of the Primary Care Casualty Department at Kaniva Hospital.

ENVIRONMENTAL CLEANLINESS AND FOOD SAFETY

Our facilities look clean, but are they?

The cleanliness of the surroundings and equipment is very important as we aim to prevent infection and maintain a comfortable, clean environment that assists with patient recovery.

Why do we complete cleaning inspections?

'Cleanliness in healthcare facilities plays an essential role in preventing the spread of germs that can cause Healthcare Associated Infections' – (HAIs) DH.

Regular inspections or audits are a mandatory criteria set out in the Department of Health Cleaning Standards for Victorian Public Hospitals.

Our comprehensive, systematic program of cleaning schedules are regularly monitored to confirm the adequacy of cleaning. Results are documented as evidence of quality improvement and importantly a confirmation of safety.

How do we maintain a clean environment?

- By inspecting all areas of the service to monitor cleanliness.
- By measuring results with other health facilities in the Grampians.
- By making each staff member individually responsible for achieving high cleaning standards.
- By guaranteeing all cleaning equipment is well maintained and able to function.
- By maintaining a high level of staff training and education.

The mandatory monitoring of environmental cleanliness has risen dramatically.

Previously we were required to submit the results of internal cleaning audits (audits undertaken by our own staff) to the Department of Health annually for all acute facilities.

From January 2010 this no longer applies. However we now must participate in three cleaning audits annually undertaken by a qualified Victorian Cleaning Standards Auditor(QVCSA).

As a continuous improvement measure we have also contracted an external auditor to conduct inspections of all West Wimmera Health Service Aged Care facilities to bring them into line with the Victorian Cleaning Standards for acute facilities.

Did we achieve the results required by the Department of Health?

This Service has adopted the new cleaning standard and demonstrated results that continuously exceed the Victorian Cleaning Standards.

The results for the 2009-10 reporting period was 96% against the mandated level of 85%.

Grades of Cleaning Risk

The Departmental Cleaning Standards groups cleaning areas of the Health Service into four risk areas reflecting the level of potential risk if the area is not cleaned properly. In our Service the operating suite at Nhill Hospital is classified as Very High Risk – it is critically important to maintain a very high standard of cleanliness.

Other areas classified are Emergency areas – High Risk, General ward areas – Moderate Risk, see Fig 15.

How did the service rate against other regional hospitals?

Cleaning outcomes were benchmarked by the Grampians Regional Infection Control Group to compare the new cleaning standard results of external audits for the January to March 2010 period.

Fig 16 illustrates how our Service has exceeded the average scores for the Grampians Region – a brilliant result considering that we have also exceeded the state minimum requirement as well!

Our comprehensive, systematic program of cleaning schedules are regularly monitored to confirm the adequacy of cleaning. Results are documented as evidence of quality improvement and importantly a confirmation of safety.

Fig 15: Independent Audit of Cleaning Standards for Acute Services

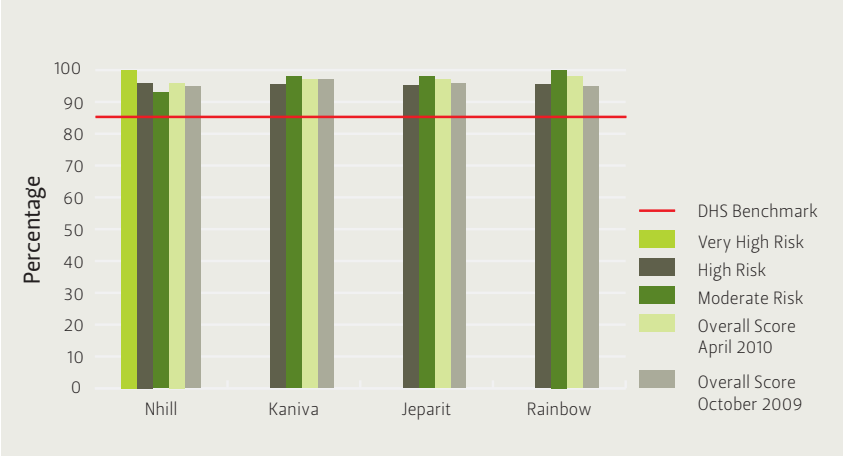
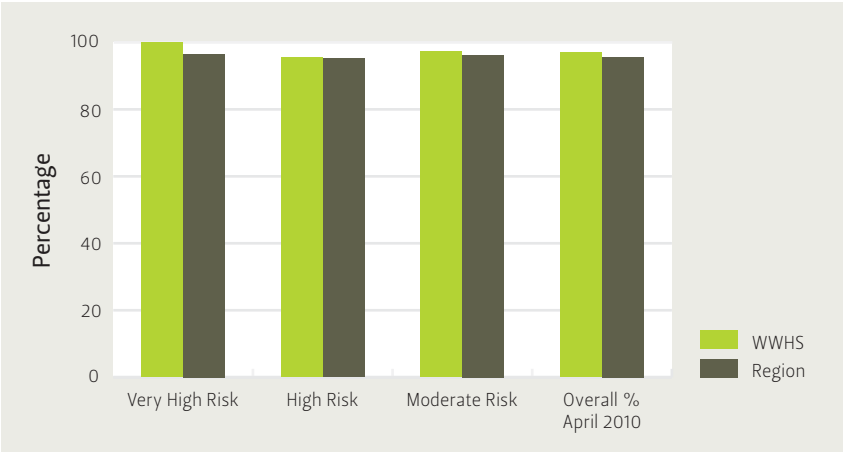


Fig 16: Independent Audit of Cleaning Standards



FOOD SAFETY & HOSPITALITY

Freshly prepared meals, with many ingredients sourced locally within our region are a very important and well appreciated aspect of the comfort and care extended through our hospitality services.

We pride ourselves on the fact that these meals are nutritional, appetising and appealing.

Are catering staff trained?

All Catering Staff must participate in a food safety training course to enhance their knowledge and skills. The benefit derived from participation in the course is evaluated at its conclusion.

Results of the evaluation reveal a very high level of compliance as shown in Fig 17.

To further improve competencies staff now have access to learning materials pertaining to food safety in print format, online and also via DVD.

The Service has a qualified Food Safety Supervisor ensuring compliance with the Victorian Food Safety Standards

How do we know we have achieved Food Safety Standards?

Our five registered Catering Departments are audited by an external contractor annually. On each occasion all have been operating in compliance with the *Food Safety Act 1984*.

A key technique in keeping food safe for human consumption is to ensure it is stored and served at the correct temperature. Temperature of food storage areas are monitored several times a day. Fig 18 illustrates how we perform.

IMAGE

Yvonne Jones, Chef in Charge Kaniva, conducts an audit of a plated meal, checking and recording the temperature of the food.

Fig 17: Food Handling Education Compliance

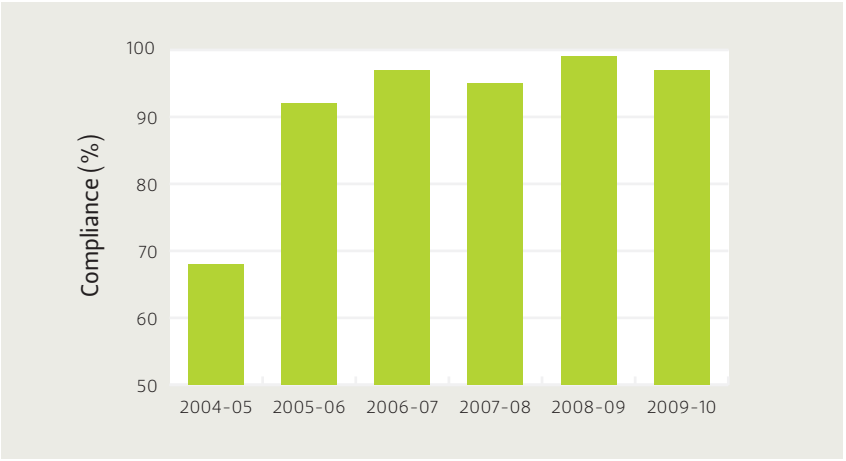
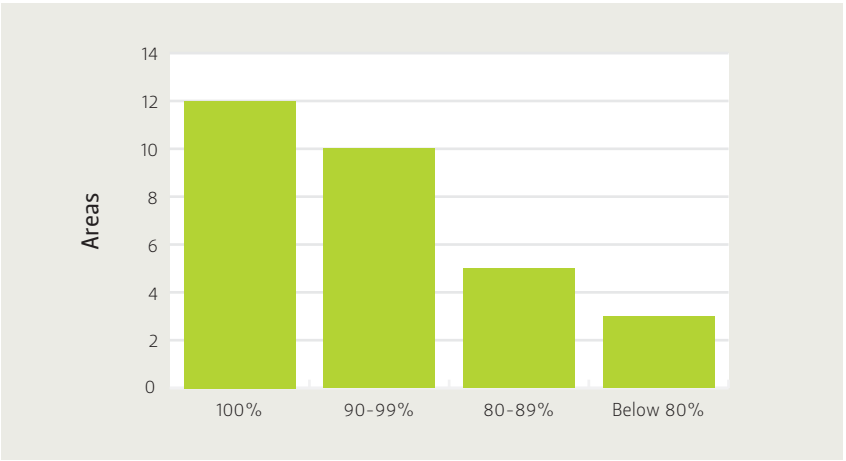


Fig 18: Recording Temperatures in Food Storage Units



The graph also shows that 12 storage areas recorded temperatures on 100% of nominated occasions, 10 areas recorded on 90-99% of occasions, 5 on 80-89% of occasions and 3 on less than 80% of occasions. The reasons for these variations are being rectified.

Data however does indicate that when food temperatures are checked at preparation or serving time, 100% of meals are at the correct temperature – for hot food our policy is 65 degrees Celsius, and for cold food 5 degrees and below which meet standard tolerances.

Infection control is key to providing a safe environment for patients and staff and our efforts to improve these standards into 2010- 2011 will continue to focus on staff health, particularly in the area of immunisation, waste management, and monitoring food safety compliance.

MONITORING AND PREVENTION OF FALLS

A fall at anytime can drastically alter an individual's life and indeed lifestyle.

Falls occur in our Acute Hospitals, Hostels or Nursing Homes.

We encourage independence of the people we care for, but sometimes this comes at the cost of falls.

Recommendations from the Australian Commission on Safety and Quality in Health Care 'Preventing Falls and Harm from Falls in Older People'; Best Practice Guidelines for Australian Hospitals 2009 have been implemented to guide us in our quest.

Preventative measures used to reduce the incidents and the severity of falls include:

- Use of beds which can be adjusted to floor level when a resident is at risk of rolling out of bed or are unable to assist themselves. This is particularly important if the resident is confused or is not physically able to manage walking.
- A Medication review was conducted by the Consultant Geriatrician to identify if medications were a contributor to falls.
- Placement of Sensor Mats at the beside or chair which alert staff when a resident, at risk of falling, attempts to ambulate.
- Hip protectors are used to reduce the possibility of injury if residents do fall.

Each incident of falling is investigated by the Clinical Team of Nurses, Medical and Allied Health staff with adjustments made to the methods of care in an endeavour to reduce the likelihood of further falls.

The number of falls within the service rose slightly in the last 12 months despite the measures staff put in place.

As Residents are often frail when admitted they can be at risk of falling.

To counteract this we focus on providing safe environmental practices which encourage freedom of movement.

Fig 19: Number of Falls – 4 Year Comparison

Fig 20: Rate of Falls in WWHS Compared to State Average

Falls occur predominantly within our aged care services and in comparison with aged care facilities across Victoria it is clear as Fig 19 indicates the rate of falls within our Service is 50% less than that of the rest of the state.

However medications administered to aged residents remain an area of concern as revealed in Fig 22. A pharmacist reviewed the medications administered and is working with Nurses and Doctors to establish an appropriate medication regimen thus ensuring the benefits derived from the medication are optimum.

Safe clinical care is the hallmark of our Service and we will continue to intensify our efforts to reduce the falls rate experienced. We will continue to explore every avenue open to us to prevent falls.

Our incident reporting system highlights incidents as they occur and involves staff in the resolution of the problem.

PRESSURE ULCER MANAGEMENT

What is a pressure ulcer?

A Pressure Ulcer is a wound which develops as a result of reduced blood supply.

Unrelieved pressure is the primary cause of Pressure Ulcers, often related to being confined to bed or a chair for an extended period of time.

Other factors to increase the risk include:

- General ill health and frailty
- Poor nutrition
- Poor skin condition
- Reduced sensation and circulation

Prevention is better than a cure

A multi-disciplinary approach to reducing the risk of Pressure Ulcers developing necessitates early detection and optimal management is vital for patient comfort, safety and well being.

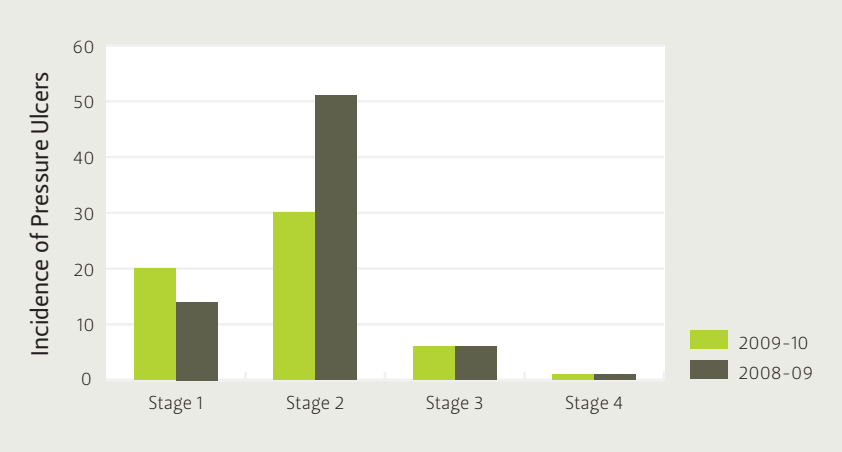
Our multi-disciplinary team includes:

- Nurses.
- Personal Carers.
- Wound Care Nurses.
- Dietitians.
- Occupational Therapists.
- Podiatrists.
- Physiotherapists.

Pressure Ulcers develop rapidly so it is imperative warning signs are heeded.

Patients and residents are assessed on admission for Pressure Ulcer indications.

Fig 21: Incidence of Pressure Ulcers – 2 Year Comparison



A Management Plan is put in place for those identified as being at risk of developing a pressure ulcer which includes:

- Utilising Pressure Relieving Devices – mattresses, cushions, limb protectors.
- Regular positional changes.
- Barrier creams to moisturise skin.
- Regular skin checks.
- Nutritional supplements.
- Mobilisation and good posture.
- Correctly fitted footwear.
- Continence management.

What do we do if a pressure ulcer develops?

In addition to the Management Plan, all Pressure Ulcer occurrences are recorded in an Incident Reporting Database allowing trends to be accurately monitored.

Our Pressure Ulcer Prevention Policy has been reviewed to ensure standardised dressing techniques and products are used and the services of our Wound Care Nurse used when required.

The results, a two year comparison of the incidence of pressure ulcers can be seen in Fig 21.

Even with Clear Prevention Strategies and Management Plans a number of patients and residents did developed pressure ulcers.

Due to stringent monitoring strategies 91% of Pressure Ulcers were discovered in their early stages and categorised as either Stage 1 or 2, enabling simple treatment measures to be commenced.

The number of stage 3 and 4 pressure ulcers has remained static in the last year and account for 9% of all Pressure Ulcers, which is a 3% reduction overall – again a result of our monitoring strategies.

We will reduce these occurrences even more.

Ongoing monitoring of Pressure Ulcer rates will continue, along with the research and introduction of guidelines pertaining to their prevention and management.

IMAGE

Natimuk Director of Nursing, Angela Walker discusses medication with Kerry Exell, Personal Care Worker.

MANAGING MEDICATION ADMINISTRATION EFFECTIVELY

Medication safety is critical for reducing the potential for harm that may result from errors we make. We aspire to perfection.

Medication errors

Vigilance and auditing of medication management revealed an increased error rate with administration of medications to patients and residents.

As a result additional education and consultation sessions with staff were instituted. No incident resulted in an adverse outcome for a patient or resident.

Commencing in April 2010, a series of Mandatory Education Programs were instituted for clinical staff as a means of increasing staff compliance with medication competency.

Clinical managers at monthly staff meetings discuss the ramifications of the Incident Data and how such incidents may be prevented from occurring. Senior managers mentor staff who have been identified as being associated with repeated medication errors.

Of the 10 occasions where wrong medications were recorded, 40% were noted by staff before the drug was dispensed. In the remainder of incidents incorrect labelling of the drugs was the cause. In this instance the errors were reported to the community pharmacist and corrected immediately. No harm resulted in the administration of such drugs.

A 100% reduction in wrong drug incidents in the period February 2009 to June 2010 was a significant improvement.

While the number of medications not given (omitted) has risen, none have given rise to the need to transfer the patient to a higher level of care.

Doctors, Nurses, Pharmacist and Managers examine medication incidents as do members of the Clinical Quality & Safety Committee. Actions have been instigated to avoid a repeat of such incidents.

A National Standard Medication Chart, endorsed by the Australian Commission on Safety and Quality in Health Care, was adopted to improve prescribing of medications and to ensure Clinical Staff and Visiting Medical Practitioners are aware of how and when medications are to be administered.

No medication related sentinel [1] events have occurred in our Service for the last eight years

Ongoing education

The competence of nursing staff relating to medication administration is evaluated every 12 months. A written medication competency assessment is undertaken which has resulted in an average of 95.25% compliance rate of completion. The shortfall is now being dealt with requiring mandatory compliance.

Monitoring patients who are prescribed multiple medications

Research has shown the more medications prescribed for a patient the greater the risk of some or all of the medications causing undesirable medical side-effects. This is particularly true in residential aged care settings.

A Consultant Pharmacist examines medications prescribed to aged care residents to ensure there is a valid medical reason for taking a particular drug, that the dose is appropriate and the resident has not experienced side effects.

100% of aged care residents have their medications reviewed every 12 months.

Monitoring the administration of medication safely continues to remain a key indicator of our quality of care.

Our drive to explore new methods of documenting when medications are administered to ensure they are not missed or that the wrong dose of a drug is given continues.

1 Sentinel Events are relatively infrequent, clear-cut events which occur independently of a patient's condition and commonly reflect hospital system and process deficiencies; and result in unnecessary outcomes for patients

Fig 22: Medication Errors – 4 Year Comparison

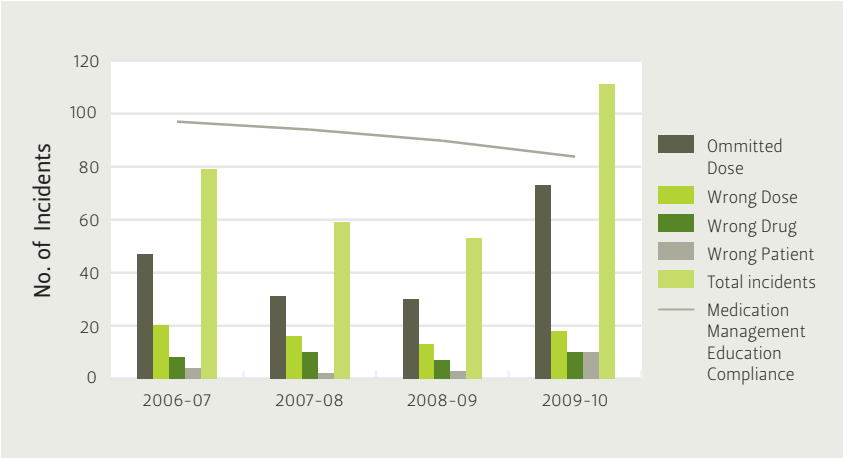


Fig 23: False Fire Alarms on the Decrease

FIRE DETECTION SYSTEMS – FALSE FIRE ALARMS

An essential element of safety

Fire safety will always be a core responsibility in guaranteeing safety of patients and staff.

Fire detection, fighting and containment systems are in place at all of our facilities comprising complex sensitive systems of Smoke and Fire Detection Sprinkler Systems.

A major upgrade of the fire detection system at Kaniva Hospital and Nursing Home has lead to a 21% reduction in False Alarms in 2009-10.

This upgrade included the complete replacement of Fire Detectors, dedicated wiring and the relocation of the fire panel. The system is now 'fully addressable' meaning that when a detector is activated, the exact location and detector can be identified on viewing the fire panel which provides a far more efficient deployment of fire fighting resources.

The fire detection system at Rainbow Hospital was exposed to high dust contamination due to extreme environmental conditions in the surrounding district. Once contamination was determined, and addressed successfully no further alarms occurred between February and June 2010.

In 2010-11 Fire Audits will be conducted by an accredited agency to reinforce and maintain the high quality of fire safety and prevention we have achieved.

We will also investigate new techniques and regimes to ensure continuous improvement with our fire fighting systems.

IMAGE

Darren Welsh, Manager of Quality, Safety and Education, explains to Dietitian, Connie Valsamis the correct use of a fire extinguisher as part of her orientation and mandatory education program.

DENTAL CARE – AN IMPORTANT PART OF HEALTH CARE.

The provision of quality dental care delivered in a timely manner is an important part of total health care.

Our Service is in the unique position of providing both private and public dental services to its communities.

The Nhill Dental Clinic offers the services of a visiting Dentist, Dental Therapist and Oral and Maxillofacial Surgeon.

Public patients are treated at Nhill with the support of the Dental Health Services Victoria program.

Measuring Quality of Care

Clinical indicators are collected to ensure the care we are delivering is appropriate, safe and of excellent quality.

These indicators highlight the number of patients who require further emergency treatment after their initial treatment. A low rate for each of these indicators is desirable.

For all indicators our rate was substantially below both the Region and State average and also less than for the previous year and shows that the quality of dental treatment is of a high standard. See fig 24.

Waiting times for emergency treatment

In 2009/10 87.5% of patients with the most urgent need, Category 1, were seen within 24 hours. This is above our target of 85%.

This is an excellent result particularly given that we only have Dental services four days per week.

Across all categories nearly 85% of all patients were seen within the required timeframe, above the State wide target of 80%.

It is pleasing to note that for 2009/10 there were no patients in the classifications of 'Emergency Dental Care provided with retreatment required within 28 days' or 'Unplanned return within 7 days after tooth extraction'.

Our Strategic plan brings into sharp focus our goal 'Better population physical & mental health and wellbeing'.

It sets our strategies to achieve that goal. It is leading us to discover better care pathways and more meaningful methods of measuring our performance.

Our care for you has improved. We will get even better.

Waiting times for non urgent dental services

General waiting times for non urgent dental services, including check-ups and dental prostheses decreased in 2009/10.

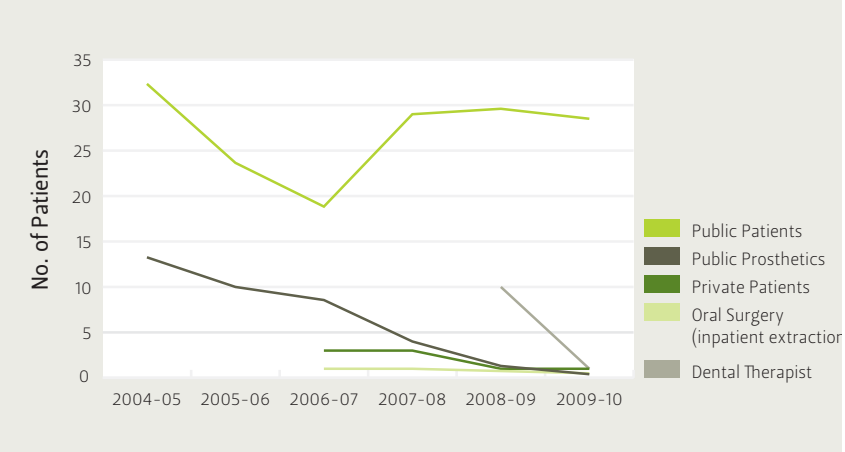
The most noticeable decrease was the waiting time for the Dental Therapist. Falling from 10 months down to 1 month. The Child Oral Health program, formerly the School Dental program, has now been in place for a full year with the back log of patients awaiting treatment now cleared.

An excellent outcome for the young people who use this service!

Recruitment and retention of qualified dental staff remains an issue.

In the coming year we will work with Dental Health Services Victoria to recruit a resident dentist to maintain continuity of service so waiting list times continue to decrease and to increase access by opening clinics at Kaniva, Rainbow and Goroke.

Fig 24: Dental Service Waiting Times – 6 Year Comparison



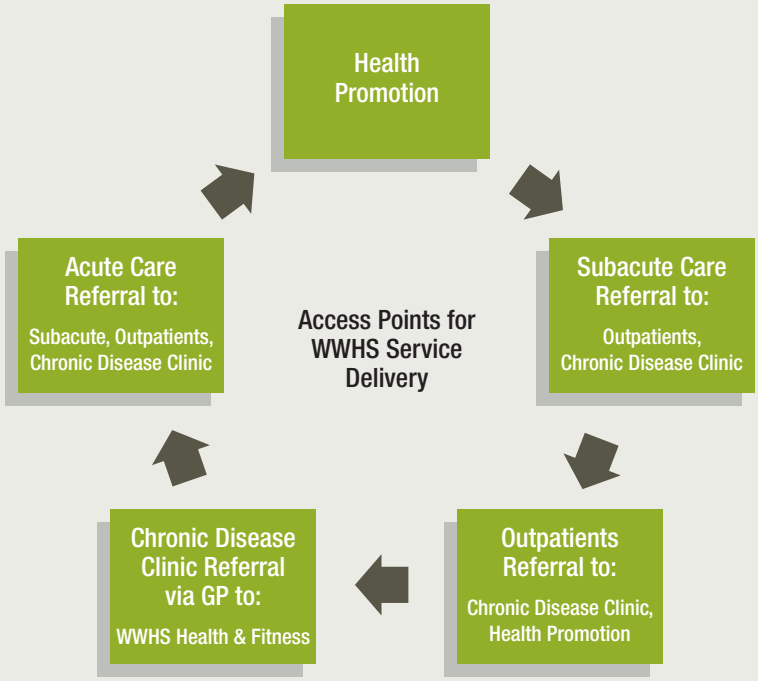
IMAGE

Dental Surgeon Dr Damien Goh views an X-ray with his patient Samantha Crowhurst.

What does providing care mean?

The answer, collectively and for individual consumers is many things. Care plans are aimed at achieving optimal outcomes and ongoing health.

05



Your healthcare team comprises health professionals working closely with you to help you to live well and in continuing health.

A JOURNEY THROUGH WEST WIMMERA HEALTH SERVICE

Alex was referred to the Visiting Orthopaedic Surgeon at the Nhill Hospital by his General Practitioner. The outcome of the consultation with the Surgeon was the need for knee replacement surgery.

The date for the surgery was set – only a one month wait! Far shorter than the State average waiting time.

An appointment for Alex to attend the Pre-Admission Clinic at Nhill Hospital prior to his surgery was arranged.

During the Preadmission visit, which takes approximately two hours, the Admission and Discharge Nurse carried out a range of health checks. The pending procedure, recovery expectations and ongoing Care Plan were discussed in detail with suggestions from Alex and his questions were answered.

The operation went well and Alex commenced his Rehabilitation Management Plan with much assistance from the Physiotherapy team.

His Management Plan combined with a lot of effort by Alex successfully aided his smooth transition to home and in Alex's words he 'experienced a good and quick recovery'.

Other services provided by the Allied Health team, such as the loan of equipment and a home safety check were offered, however Alex declined some of them as he had made other arrangements.

Alex mentioned he had his other knee replaced some time ago and was very appreciative of the advice and support he received at that time from the Dietitians and Occupational Therapists.

Health and wellbeing – a way of life

Health and well being has become a way of life now for Alex.

Following medical advice prior to his first Knee Replacement Surgery Alex joined the West Wimmera Health Service Health & Fitness Centre (The Gym) to make sure he was as fit as possible for the operation and subsequent rehabilitation.

He still holds a current membership with the Centre which he regularly attends.

He is an active participant in various health promotion activities offered through the West Wimmera Health Service Rural Primary Health Service Program and Alex also enjoys his involvement with the Nhill Men's Shed, a program offering the opportunity for enhancement of mental, physical and social wellbeing for men from all walks of life.

The diagram above depicts the points in the Service cycle where patients can begin their journey back to optimal health. Clients and patients have access to a suite of services regardless of the entry point at which they access West Wimmera Health Service.

IMAGE LEFT

Knee replacement patient, Alex Bywaters receives assistance from Physiotherapist, Leah Bailey. Alex was pleased to have 'experienced a good and quick recovery'.

DIABETES EDUCATION

We received funding to purchase three Continuous Glucose Monitoring (CGM) devices.

The small monitor, which is easy for the client to use, is inserted under the skin on the abdomen and worn for six days to record blood glucose values every 5 minutes.

Two of the main objectives in diabetes care are for:

- Good long term glucose control, to minimise the risk and progression of diabetes related complications such as kidney failure and blindness.
- To optimise the day to day fluctuations of glucose levels to avoid short term problems associated with both high and low levels, for example fatigue, dehydration, dizziness and loss of consciousness.

These devices have been invaluable in identifying and addressing, previously undetected periods of hyperglycaemia, unpredictable glucose swings and unexplained hypoglycaemia through reports generated to a computer enabling the client to monitor blood glucose trends, the effects of food, exercise and medications and to then make the appropriate adjustments to their therapy to improve overall control.

Positive improvement – without cost

Participating in this remarkable program which is very real continuity of care does not cost the client at all because it is a Medicare claim.

VULNERABLE CHILDREN AND FAMILIES

Our early childhood prevention and early intervention programs are based on the premise that the first few years of a child's development are crucial in setting the foundation for lifelong learning, behaviour and health outcomes.

In a National Program children in their first year of school were measured across a range of indicators including physical health and wellbeing, social competence, emotional maturity, language and cognitive skills, communication skills and general knowledge.

Children in the Hindmarsh Shire, part of our catchment, had the worst results of all Local Government Areas for both Health and Social Outcomes.

55.2% were found to be developmentally vulnerable in one or more of the above indicators and 44.8% developmentally vulnerable in two or more elements.

These alarming statistics prompted our Allied Health Team to develop early intervention initiatives to work closely with this group.

Early intervention for kindergarten children

To begin our supportive strategies our Team embarked on an early intervention program, 'Let's Make Tracks'.

A total of 160 kindergarten children across the Hindmarsh, West Wimmera and Yarriambiack Shires, our catchment area, were screened by a multi-disciplinary team of professionals, including Counselling, Dietetics, Occupational Therapy, Physiotherapy, Podiatry, and Speech Pathology.

The evaluation of the program revealed that 25% of the children required further testing and therapy.

Parent and Kindergarten Teacher response reinforced that the screenings were of major benefit and requested that they be conducted on an annual basis.

We have responded to this request by adopting annual multi-disciplinary kindergarten screenings as part of our core annual schedule.

100% of patients referred from the acute ward as urgent were seen within 24 hours of the referral being initiated and 82% of patients referred from an acute ward as a non-urgent referral were treated by the Allied Health clinician within 3 days.

Maternal & Child Health Nurse – an important asset for young families

In the remote rural areas where West Wimmera Health Service delivers care young families can feel very isolated by the distance they live from the nearest town or neighbour.

Our Maternal and Child Health nurses form a close link to families with infants and young children to ensure they have the support they need and strategies they can implement to cope with daily mental, physical and social issues by providing them with parenting, developmental advice as well as on health issues.

To support the parents of new babies our Maternal & Child Health Nurse:

Established a 'New Parent Group which has proved to be a useful and positive network developing confidence in their new role as a parent as well as a social outlet.

Started a regular Newsletter distributed to families under her care as a way of providing extra information and support as well as a constant link for assistance.

These new initiatives have not been in place long enough for a meaningful evaluation but should provide interesting and useful data when evaluation occurs in the next reporting period.

REFERRAL TO ALLIED HEALTH PROFESSIONALS

An increase in the number of people referred to Allied Health services reinforces their important role in maintaining your wellbeing.

An audit of the number and source of referrals was recently completed and the results indicated that referrals to the allied and community health division had increased by 30%. 65% of the referrals were received from Nursing staff and 20% from Visiting Medical Practitioners.

The result

100% of patients referred from the acute ward as urgent were seen within 24 hours of the referral being initiated and 82% of patients referred from an acute ward as a non-urgent referral were treated by the Allied Health clinician within 3 days.

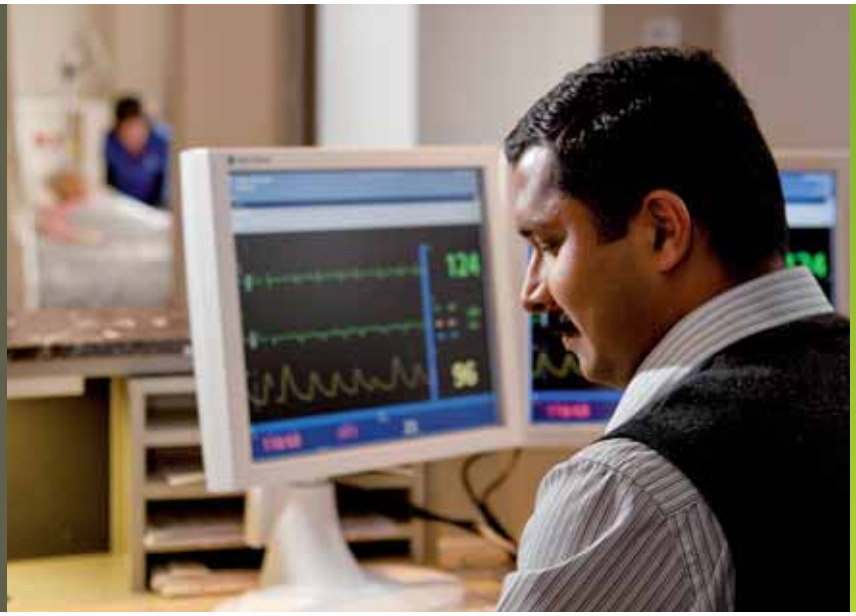
We will review this result and put mechanisms in place in an effort to improve the delay time.

IMAGES

(Left) Diabetes Educator, Lesley Robinson and Dr Jim Thomson, Natimuk General Practitioner discuss with interest a new report on the Continuous Glucose Monitor.

(Centre) Podiatrist, Bianca Jones prepares for her next client in the newly refurbished Podiatry Suite.

(Right) Following her weigh-in and checkup, 5 week old Lily Saul enjoys a quiet cuddle with her Maternal and Child Health Nurse, Chantelle Fisher.



West Wimmera Health Service remains committed to improving the quality of life of our patients and clients and enhancing their ability to maintain independence in their own home for longer.

TECHNOLOGY AND CONTINUITY OF CARE

Information and Communication Technology (ICT) pervades the Service's operations and working quietly behind the scenes it significantly enhances the efficient provision of high quality and safe healthcare.

Our ICT Strategic Plan (a sub-plan of the overarching Strategic Plan) underpins our approach to the effective implementation and ongoing maintenance of ICT solutions, software and distribution and upgrading Personal Computers and Laptops.

During the year the Service successfully implemented a new software package, UNITI, to manage the appointments and statistical reporting associated with community and allied health services.

This software allows for accurate and timely capture of data together with the streamlined management of the interface between our clients and health professionals which reduces the bureaucratic burden on staff thus increasing time for consultations and our capacity to provide quality≈healthcare.

Continuity of care is much more efficient if supported by software to keep track of a client's progress and for referring clients to other practitioners within our Service and to external providers.

TO THE FUTURE

West Wimmera Health Service remains committed to improving the quality of life of our patients and clients and enhancing their ability to maintain independence in their own home for longer.

Future directions of the Allied Health team are based on the core values of West Wimmera Health Service and will see the expansion and streamlining of services:

- Develop a Paediatric Early Intervention facility that will foster interdisciplinary team assessments and management of vulnerable children and families.
- Focus on implementing an Active Service Delivery Model, adopting the notion of self-management for chronic conditions.
- Our Health and Fitness Centre will continue to operate and will provide programs targeted to specific high risk groups such as clients with or at risk of contracting diabetes and cardiovascular disease.
- A redesign of our patient referral systems to Community and Allied Health will improve the efficiency of referrals and enhance the patient pathway of care across the continuum. The referral process from an acute ward to an outpatient clinic will be high on the agenda.
- The opening of a Community Hub in the Central Business District of Nhill will increase community access to mental and physical health services such as, screenings for obesity, hearing and stress, as well as allow for more workshops and information sessions to be implemented.

  A sound basis for our community to be able to take control over their health destiny!
- A restructure in the Rural Health Services and Multi-Purpose Centre Programs funded by the Department of Health and Ageing, will allow for more community and allied health services to be provided across the Hindmarsh and West Wimmera Shires.

  The structure will allow for a more efficient and co-ordinated approach to service delivery which we look forward to reporting on in 2011.

IMAGE

The new Central Monitor System, donated by the Collier Charitable Fund, situated at the nurses station enables Registered Nurse, Niceson John to monitor patients in their rooms or the recovery room.

Quality of Care Report to the Community
Reader Survey

Our Quality of Care 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.

1. Does this Report clearly explain West Wimmera Health Service and the services it delivers? .....

.....

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

.....

3. Do you feel you know more about the QUALITY of our programs and services from reading this Report? .....

.....

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

.....

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

.....

6. 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? .....

.....

7. 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.

John N. Smith PSM
Chief Executive Officer

WWHS

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GLOSSARY OF TERMS

ACHS: Australian Council on Healthcare Standards

Accreditation: Examination by a recognised organisation to assess continual improvement

Benchmark: A standard against which something is evaluated or measured.

Best Practice: Measuring results against the best performance of other groups

CACPs: A planned and managed package of community care.

Carers: Carers of patients/clients who are not part of the Service Care Team

Catchment: Geographical area for which West Wimmera Health Service is responsible to provide health services

Chronic Disease: Diseases of long duration such as heart, cancer, respiratory

Clinical Governance: Governance to maintain & improve clinical safety

Continuum of Care/Continuity of Care: Total cycle across all stages of care

DH: The Department of Health, Victoria

DVT: Deep Vein Thrombosis

EQuIP: Evaluation Quality Improvement Program

External Audit: Audit or inspection by a person or company not employed by WWHS

FTE: Full Time Equivalent – used in relation to the number of staff employed

GEM Bed: Geriatric Evaluation and Management Beds for patients with complex conditions

GRHA: Grampians Regional Health Alliance

HACC: Home and Community Care programs in the home or the community

ICAP: Improving Care for Aboriginal & Torres Strait Islanders Patients

ICT: Information & Communication Technology

Inpatient: A person who is admitted to an acute bed

Internal Audit: Audit or inspection by employees of WWHS

LAOS: Limited Adverse Screening

Medical Record: Compilation of patient medical treatment and history

Multi-disciplinary: More than one discipline of health professionals

OHS: Occupational Health & Safety

Outcome: The result of a service provided

Outpatient: A patient/client who is not admitted to a bed

Patient/Client/Consumer: A person for whom this Service accepts the responsibility of care

Prevalence: Number of existing cases of an illness on a specific date

Discharge: Care is completed and patient leaves the organisation

The Board: The Board of Governance

The Department: The Department of Health, Victoria

Therapeutic Guidelines: Guidelines for therapy derived from the latest world literature

Triage: Method of determining the priority of patients' treatments based on the severity of their condition.

VHIMS: Victorian Health Incident Management System. Used to Report incidents

VMP: Visiting Medical Practitioner. Credentialed to provide services at West Wimmera Health Service

VMIA: Victorian Managed Insurance Authority provides risk and insurance services to this organisation to minimise losses from adverse events.

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