WEST WIMMERA HEALTH SERVICE

QUALITY REPORT TO OUR COMMUNITY

WWHS

quality /ˈkwɒlɪti/ *n.*(*pl*-**ies**)
1 the degree of excellence of a thing
(of good quality) **2a** general excellence
(their work has quality) **b** *(attrib.)*
of high quality *(a quality product)*
3 a distinctive attribute or faculty;
a characteristic trait.

2010
2011

Your complimentary copy
– please take one home.

Contents

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.

WEST WIMMERA HEALTH SERVICE ANNUAL & QUALITY REPORT TO OUR COMMUNITY

This publication is designed to bring our communities and partners up to date with our performance and growth for the reporting period 1 July 2010-30 June 2011 and the quality they can expect from our care.

This Report, with other communication documents, will be presented to the public at the Annual General Meeting on Friday 18 November 2011 at 8.00 PM in the Community Centre Nelson Street Nhill where the Guest Speaker will be Mr Darren Flanagan, an explosive expert at the heart of the 2006 Tasmanian Beaconsfield Mine Rescue.

The Report complies with the Department of Health Guidelines and will be submitted to the PricewaterhouseCoopers Transparency Awards for assessment.

This Report and our Annual Report can be accessed on our website and the internal intranet.

By completing and returning the Reader Survey on page 36 of this Report you will assist us to improve our reporting for you next year. We thank you for your assistance.

ACKNOWLEDGEMENTS

Design & Production	Motiv Brand Design, Adelaide
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Front Cover: 'Finance' as defined by the Oxford English Reference Dictionary.

Quality – Our Pride

'Quality' is the real dimension of measurement for every action we carry out, every program we devise, every instance of service we deliver. *Achieving quality is our driving force and our pride.*

As an organisation firmly committed to an abiding and defining philosophy of Service-wide continual improvement the **Quality – Our Pride Report** is an opportunity to inform the people we serve, our staff and all other stakeholders of the progress we are making in furthering quality outcomes as we apply all our endeavours.

The creation of a combined Annual and Quality Report initiated in 2009/10 proved very successful with complimentary copies 'flying out of the door'. Clearly this format is an excellent way to inform and involve those within our catchment, our customers, about *Their* Service and the quality of its performance.

Safety & Quality – Let's Get It Right!

As consumers and patients we will all experience healthcare services at some point in our lives.

The provision of broad-based healthcare by Services such as ours involves the fundamental Hippocratic imperative - 'Do no harm' together with an over-arching commitment to improve as a continuum.

The estimation that one dollar in seven spent on hospital care is to rectify injuries or complications suffered while in hospital is confronting. The damage and disruption caused to peoples' lives can be profound.

The front line defence against such occurrences lies in stringent quality and safety standards across the entire spectrum of services delivered and absolute consistency in adherence to working protocols.

The effort and the ethic of delivering consistent quality is a shared one.

Catering staff and Dietitians who prepare nutritious meals, Cleaners who maintain exacting standards and regular hand washing for all staff are as important as controlled sterile conditions in the Operating Suite.

Quality is the dimension that maintains safety, comfort and excellent health outcomes.

This Quality of Care Report details West Wimmera Health Service's achievements in regard to quality and safety and our evolving plans for the future.

We commend this Report as we commend the many people in our Service committed to 'Getting it Right' for the communities of West Wimmera and Southern Mallee.

Mr Ron Rosewall
President

Mr John N. Smith PSM
Chief Executive Officer

Reporting on Quality

This section of the publication highlights matters of quality and safety involved in your care.

The following are answers to frequently asked questions and provide sound information on which to base your decision to choose this Service to care for you when the need arises.

A SERVICE SYNONYMOUS WITH QUALITY & SAFETY

TRANSPARENT REPORTING FOR OUR COMMUNITIES.

By adopting a model of Transparent Reporting our communities and government can see exactly what we do, how well we do it and the standards we uphold.

This policy was recognised and highly commended in the PricewaterhouseCoopers (PwC) Reporting Awards.

The 2009/10 Annual and Quality Report won Gold at the Australasian Reporting Awards (ARA).

HOW DID WE CHOOSE WHAT ASPECTS OF OUR SERVICE TO REPORT TO YOU?

We were guided by:

- Replies to the Reader Survey of the 2009-2010 Report,
- Verbal suggestions received from individuals, particularly younger people in our six communities.
- Our Community Advisory Committees.
- Suggestions from the Director of Medical Services
- Advice from staff.
- Guidelines of the Department of Health.
- Recommendations from the independent Panel who assessed the 2010 Reports.

HOW DID WE CHANGE?

Since Quality of Care Reporting was introduced by the Department of Health in 2002 we have reported on the safety and quality of our care in several different ways. We have produced separate bound publications, newspaper style formats and also combined it with the Annual Report.

Last year in response to comments we published the Annual & Quality Report to our Community which was a Review of our Year with a special section on Quality. This proved very popular and demand for complimentary copies was high.

WHAT HAVE WE DONE THIS YEAR?

The style of the last Report was broadly liked and we have adopted a similar approach this year whilst responding to Panel suggestions and the views emerging from Reader Surveys.

COMMUNICATION – CENTRAL TO OUR ENDEAVOURS

This review is part of a broad platform of communication including print and broadcast media which helps our diverse communities to understand the scope and scale of health services available.

A notable initiative was the campaign broadcast on ACE Radio creating a heightened perception and knowledge of our services across the entire Service area.

Noble PR and DMR Associates Pty Ltd have been instrumental in widening the reach and effectiveness of our promotional and PR structure.

This strengthened platform has proved extremely valuable in informing people in the remotest parts of our communities of evolving services or upgraded infrastructure. These included:

- Plans approved to redevelop the Nhill Medical Clinic.
- Improved facilities in Aged Care.
- Expanded Dental coverage.
- Better understanding of the National Health Reforms.
- Improved Postnatal services.

Across a vast expanse of land 'communication' is vital!

Consumer, Carer & Community Participation

The Victorian Home and Community Care (HACC) Active Service model is a quality improvement initiative designed to build capacity in delivering restorative care services.

The defined aim is for people within HACC Programs to live in the community as independently as possible and actively participate in making decisions about their life and care.

Goroke Community Health Centre National Respite Carer Program

After enjoying a cuppa and chat with Mrs Shirley Crick, Personal Care Worker Gwenda Gilpin helps Mr Barry Crick with the home care as part of the National Respite Carer Program.

Care Involves Sharing Information and Understanding Choices

We have an Active Service Model (ASM) Implementation Plan and have provided training for all HACC Staff.

100% of District Nurses attended the Department of Health funded training entitled 'Better Questions are the Answer'.

The ASM initiative underpins Community Aged Care and Consumer Directed Care Packages as all clients participate in developing their own Management Plans.

The entire Allied Health staff have incorporated ASM into their work practices.

IMPROVING CARE FOR ABORIGINAL CLIENTS

We have complied with all six standards concerned with Cultural Diversity provisions.

West Wimmera Health Service working together with the Wimmera Primary Care Partnership in the 'Closing the Gap Project' provided support and services to meet the needs of the Aboriginal and Torres Strait Islander Community.

'DOING IT WITH US NOT FOR US'

We have worked in accordance with the Department of Health publication 'Doing it with us not for us Strategic Direction 2010-2013 meeting all required standards as indicated by the accompanying table.

'Doing it With Us Not For Us' 2010–2013 Strategic Directions	
Standard 1	**The organisation demonstrates a commitment to consumer, carer and community participation appropriate to its diverse communities.**
WWHS operates in accordance with 87.5% of the specified strategies	
1. An organisation wide 'Doing it With Us not For Us' approach has been implemented. 2. Strong connections with the Wimmera Primary Care Partnership are maintained to enhance consumer health. 'Plan Do Study Act' projects focusing on Chronic disease have resulted in increased referrals to Allied and Community Health services. 3. Information is disseminated to the community in Annual and QOC Reports, Newsletters, Media Releases and through Health Promotion Programs. 4. A Cultural Responsiveness Plan that meets the 6 minimum reporting requirements is in place. 5. An Improving Care for Aboriginal and Torres Strait Islander program is in place, with Aboriginal liaison expertise available.	
Standard 2	**Consumers and carers are involved in informed decision-making about their treatment, care and wellbeing at all stages and with appropriate support.**
100% of CACPS and CDC clients are satisfied with their decision making involvement	
WWHS provides 15 CACPs and 5 CDC packages to our community members. Upon survey all clients responded that they are satisfied with their level of decision making regarding their care.	
Standard 3	**Consumers and carers are provided with evidence-based, information to support key decision-making along the continuum of care.**
Written information is available in large text as well as easy speak/plain English, to ensure that people with visual impairments and cognitive deficiencies have the ability to be informed regarding their care.	
Standard 4	**Consumers, carers and community members are active participants in the planning, improvement, and evaluation of services and programs on an ongoing basis.**
WWHS meets 100% of the dimensions specified	
1. Annual strategic planning by the Board, Chief Executive Officer, Executive Directors and key personnel determines measurable outcomes to be achieved. 2. Program and Community development is the key to our success. The participation of local champions ensures capacity building. 3. A strong quality improvement framework is in place. All departments undertake improvement activities. To date 545 quality improvements have been listed on the Quality Register. 4. The Compliments and Complaints system in place ensures all complaints are investigated within 48 hours of being received. 5. Functional Committees are in place. 6. Feedback from Consumers, Carers and Community Members guide the direction of health promotion activities.	
Standard 5	**The organisation actively contributes to building the capacity of consumers, carers and community members to participate fully and effectively.**
WWHS is part of a region wide planning approach and ensures collaboration with the Primary Care Partnership. Community representatives are involved in the Executive, Chronic Disease, Living At Home Assessment and Health Promotion committees. Plan, Do, Study, Act project has been developed in partnership with the Wimmera Primary Care Partnership, with presentation at the Australian Disease Management Association conference and a pending journal article to the Chronic Disease Online journal.	

Case Studies

NATIMUK – IMPLEMENTING THE 'ACTIVE SERVICE MODEL'

Planned Activity Group staff attended in-service education on the Active Service Model and the Well for Life Program with discussions centred around the philosophy behind 'Doing it with us not for us'.

CHALLENGE

To gradually introduce 'incidental' activity into the daily program.

Clients sat at the table for much of the day. Activities, games and meals were brought to them. At the end of the day there were complaints of stiff joints.

ACTION

The staff discussed different options with the clients who agreed they did need to move more so they decided that after an hour of sitting in the morning they would walk around the garden, as a group, if physically able. Alternatively they would participate in some stretching exercises inside.

They also decided that if able they would walk to where the meals were being served and thus have movement as well as input into the size and composition of their meal.

OUTCOME

The change progressed to clients helping themselves with their lunches and assisting those not able to. The positive change has led to clients becoming capable of ordering and collecting their own lunch on outings

'Doing it with us not for us' has become normal practice at the Natimuk Planned Activity Group.

'WELL FOR LIFE' AT WEST WIMMERA HEALTH SERVICE

Funding from the Department of Health, during 2010/2011 enabled us to introduce the health promoting 'Well for Life' initiative, among older people who participate in Home and Community Care (HACC) Planned Activity Groups (PAGs), and those living in Public Sector Residential Aged Care (PSRAC).

Information sessions were organised for Clients, Residents, Carers, Family and Planned Activity Group staff in Residential Aged Care facilities across our six sites. More than 80 people participated.

An Occupational Therapist, Physiotherapist, Dietitian and Podiatrist provided information on maintaining independence, small equipment aids, promoting physical activity, good nutrition and foot health as well as discussing the relationship between physical and mental health and wellbeing.

Guides for planning and implementing Well for Life were developed.

CHALLENGE

Interactive 'Wii' games were introduced which required teaching clients how to use the remote control console.

ACTION

After demonstrating the use of the remote control we found some of the games were too hard for some clients, so a training game of ten pin bowling was set up with all clients participating.

OUTCOME

Alll clients stated that it was great fun and a way to have enjoyable exercise.

This activity will now be included in the annual Well for Life Planned Activity Group Games Day.

'PLAN, DO, STUDY, ACT' – AN INTERDISCIPLINARY APPROACH TO CHRONIC DISEASE MANAGEMENT

Collaboration between the Department of Health and the Wimmera Primary Care Partnership has brought together representatives from health services across the Wimmera to focus on improvement and innovation in the areas of care planning and communication with General Practitioners.

The Project was centred on the outlying site of Natimuk, where the tendency in the past was that people were inconvenienced by travelling to Horsham to access Allied Health Services.

CHALLENGE

Our goal was to increase referrals from GPs to Podiatry and Diabetes Education and to start a Dietetics Outpatient Clinic.

ACTION

To date design and introduction of a feedback tool and the development and use of a 'gold standard in communication' together with secure electronic referrals, have been achieved.

OUTCOME

An increase in the referrals and in the number of clients able to access our services.

We are now looking at ways to expand the service further by increasing the number of days the Allied Health Team visit Natimuk.

Ironically a growing number of clients are travelling from Horsham to access the Allied Health Services in Natimuk!

Referrals by the General Practitioners to the Podiatry Department have increased by 160%, to the Diabetes Education team by 130% and to the Dietetics Department by 51%.

Consumer Satisfaction

The opinions of the people we care for are the ones that matter most.

West Wimmera Health Service takes pride in the high quality of services it provides which is confirmed by Patients, Clients and Residents. The fulfilment of their high expectations, is met by providing the very best care.

Feedback from the community is crucial to evaluating how well we have achieved our goal in excellence of care. Comments received also guide us in determining what changes should be made and as to what is working well.

VICTORIAN PATIENT SATISFACTION MONITOR (VPSM)

Across Victoria a selection of patients provide feedback about their stay in hospital to a Consultant contracted by the Department of Health.

The Report brings all the comparative data together and is called the 'Victorian Patient Satisfaction Monitor' or VPSM.

Reports are sent to hospitals twice a year and span a six month period.

Each Report is referred to as a Wave; Wave 19 for example refers to the period July 2010 to December 2010 and compares the results of our Service with that of like sized hospitals **(Cat C Ave)** and that of hospitals across the state **(State Ave)**.

In the last 12 months our patients have rated our care very highly, all areas being above other similar sized hospitals and the state average, see Figure 1.

Figure 2 illustrates patient satisfaction in the care and services provided has gradually improved over the past four years (Wave 19 most recent).

Figure 1 **Victorian Patient Satisfaction Monitor (VPSM)** % Satisfaction

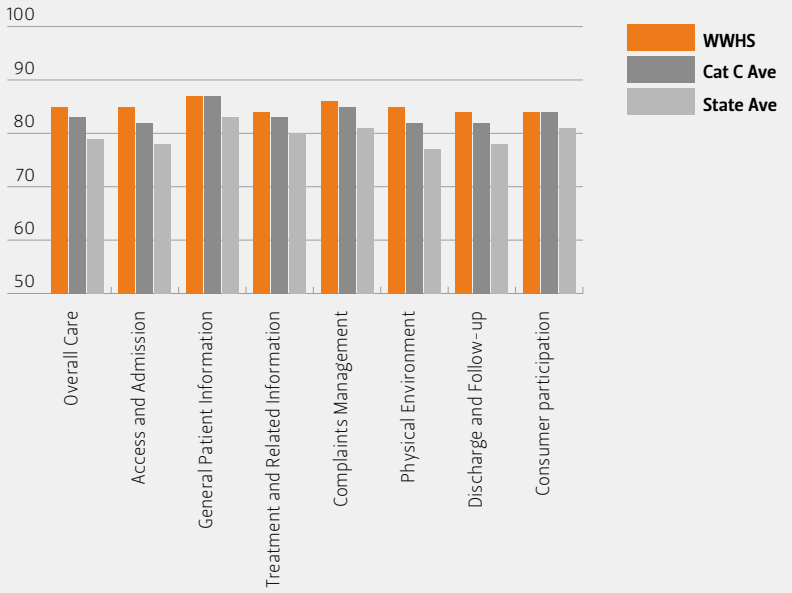
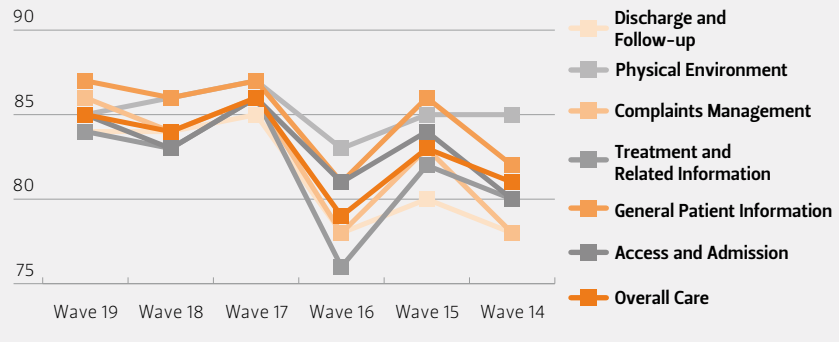


Figure 2 **WWHS Patient Satisfaction – Four Year Period** % Satisfaction



RESIDENT SATISFACTION IN OUR AGED CARE FACILITIES

In 2010-11 we conducted satisfaction surveys of all residents in our residential aged care facilities for the first time in two years.

We made the decision to take a break from surveying residents because the feedback we were receiving was consistently good and did not wish to overburden them with surveys.

However after two years it was important to again gather their views to ensure we were still meeting their needs and that our care remained excellent.

RESIDENT SATISFACTION – OVERALL

We also approached our Residents regarding their overall satisfaction with the care and lifestyle they experience under our care in our Residential Aged Care Facilities, see Figure 3.

We found through our analysis of 78 residents there was an overall satisfaction of 94%.

The very best results included:

- **100%** of Staff encourage my independence.
- **100%** of Care received is good.
- **99%** of People speak in a friendly manner.
- **99%** of Visitors are welcome.
- **99%** of Privacy is provided and respected.

Areas that we found we could improve were related to only 76%with residents having enough outings and 67% enough interaction with pets!

We will invite Aged Care residents to participate in more Planned Activity Groups within our facilities, examining how they might be redesigned to be more appropriate to their cognitive and physical abilities.

Figure 3 **Resident Satisfaction Overall** %

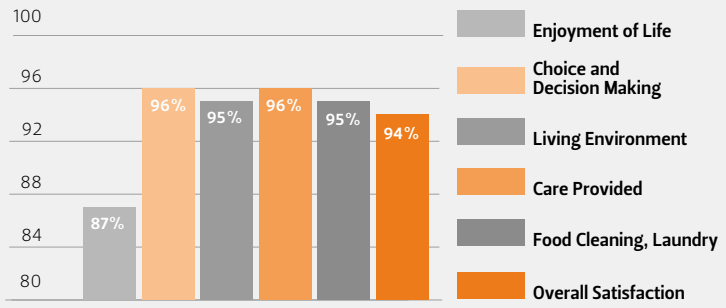
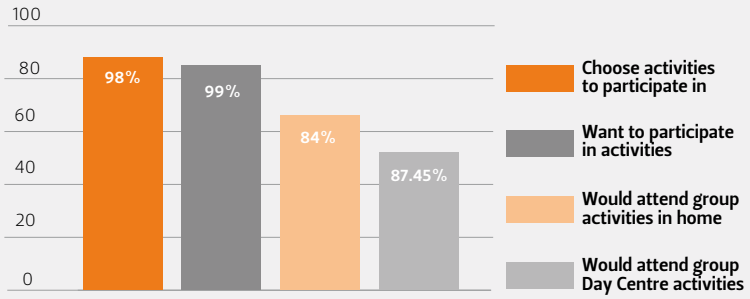


Figure 4 **Resident Satisfaction with Activities** %



RESIDENT SATISFACTION – ACTIVITIES

Resident Activities are fundamental to Resident lifestyle. In the Aged Care Satisfaction Survey we were keen to seek impressions of how well we provide activities. Figure 4 illustrates the general satisfaction of Residents in regard to accessing Activities

Seventy three residents across our Residential Aged Care facilities participated in this survey, with 88% indicating satisfaction with choice and decision making regarding participation in group activities.

We found however that residents were not as satisfied with attending activities inside the home or jointly with aged people from the community.

We took this information and gave it to Activity Coordinators who met as a group to develop a meaningful and enjoyable program of activities.

We have developed individual Activity Plans and evaluated them for each resident across the Service. Finally our care coordination teams discussed ongoing activities with relevant staff.

It is our aim to ensure that enjoyable, interactive and stimulating activities will continue to be made available to all residents.

We also received requests from one Day Centre to change the Dessert Menu and to have more outings and also more pets. We looked into possibilities and consequently have changed the menu and have increased the choice of outings.

These changes will be monitored to determine whether they actually meet the approval of the clients.

PLANNED ACTIVITY GROUP SATISFACTION – DAY PROGRAM

An important service we offer is that of Day Activity Programs to the elderly of our communities.

In 2010/11, 55 participants in the Day Programs were asked to share with us their thoughts on the activities provided.

We found that 96% of clients were very satisfied with the service provided by the Day Centre, giving the tick of approval by rating it from 8 to 10 out of 10.

We received comments such as:

- 'Without Day Centre I would be shut in'.
- 'I do enjoy the trips'.
- 'I enjoy everything we do'.
- 'I look forward to going to Day Centre'.
- 'We are so fortunate to have these special people who brighten up our days'.

Overall the clients appeared happy with the variety of the activities offered with 92% indicating that the staff discussed their individual activity likes and needs at least annually compared with 66% the previous year – a much improved result.

OUR VIEW

Satisfaction with the services we provide is extremely high; a situation of which to be justifiably proud. We know we provide high quality services because our patients and residents tell us so – confirmed by independent surveys which highlight the way we outperform other health and aged care organisations.

FUTURE

Listening to the needs of our clients, patients and residents is a key approach we will employ to continually improve our service range and to satisfy all expectations.

It is important that our Service keeps abreast of National and International experiences with consumer participation and to that end we will take a more strategic approach to consumer consultation and establish focus groups to concentrate on emerging innovation and trends.

Responding to the Needs of Our Goroke Community

The new GP Super Clinic and Community Health Centre will provide optimum health care facilities for the people of Goroke and District.

Viewing the redevelopment plans for Goroke Community Health Centre and GP Super Clinic are (L-R) Julie Worsley – Goroke Director of Nursing, Darren Walter – Goroke Fundraising Committee member, Robert Rattray – West Wimmera Shire General Manager – Corporate and Quality Services with John Smith – WWHS CEO.

Quality and Safety – Our Responsibility

Whether it is admission to an Acute Hospital, Aged Care Accommodation, Community Care or to an Allied Health Professional we are determined that you will be safe in our care - Safe care is Quality care.

It is our utmost responsibility to protect you from harm, to make sure you receive the right treatment from qualified staff and that your experience is the best it can be and certainly to your expectation.

In the following pages we illustrate to you how, led by the Board of Governance, we make sure that in our care you are safe from harm! As you are 'simply the best'.

Medication Safety

Prior to her discharge from Hospital, Jeparit resident Mrs Margaret Avery receives instructions relating to her medication from Pharmacist, Martin Yau.

Clinical Governance – Patient Safety and Quality Care

WHAT IS CLINICAL GOVERNANCE?

Clinical Governance as defined by ACHS is:

The system by which the Governing Body, Managers, Clinicians and Staff share responsibility and accountability for the quality of care, continuously improving, minimising risks, and fostering an environment of excellence in care for Consumers, Patients and Residents.

Good Clinical Governance is the basis of providing safe care and addressing continual improvement in patient safety.

Through its clinical governance processes West Wimmera Health Service is committed to providing safe and effective care and meeting the needs of Consumers and stakeholders generally.

THE ROLE OF THE BOARD OF GOVERNANCE IN CLINICAL GOVERNANCE

The Board of Governance has ultimate responsibility for ensuring quality care is delivered throughout the organisation.

A range of committees reporting to the Board contribute to the quality of Clinical and Corporate Governance obligations.

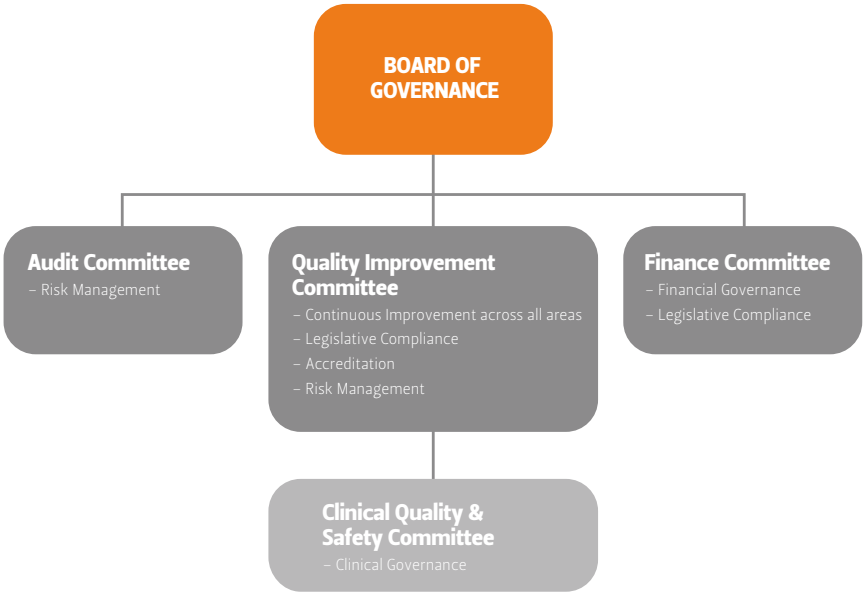
The Audit, Quality Improvement and Finance Committees are committees of the Board and comprise Board representatives and Senior Management.

The Audit Committee oversees the operation and implementation of the Service's Risk Management Framework – including all Corporate, Finance and Clinical aspects.

The primary role of the Finance Committee is to monitor and oversee the financial performance of the Service

The Charter of the Quality Improvement Committee is to address continuous improvement across all areas of the organisation and is responsible for policy and planning development associated with quality, safety, continuous improvement and accreditation.

ORGANISING CLINICAL GOVERNANCE



CLINICAL QUALITY & SAFETY COMMITTEE

'HANDS ON' CLINICAL GOVERNANCE AND CLINICAL RISK MANAGEMENT

The Clinical Quality & Safety Committee is a Multi-Disciplinary committee comprising Medical, Nursing, Pharmacy, Allied Health and Executive staff which is chaired by the Executive Director of Medical Services.

It reviews Clinical Governance matters looking in depth at individual incidents and 'near misses', and also recommendations emanating from external stakeholders so that we can learn lessons from others such as the Coroners Court, Department of Health, Victorian Surgical Consultative Council and West Vic Division of General Practice Limited, Adverse Occurrence Screening Program.

This means that when an adverse event occurs elsewhere we can review our processes and if necessary implement preventative action to minimise the risk of it occurring within our organisation.

In the past year we have:

- Commenced a Multi-disciplinary Mortality Review, where every death is reviewed with the aim of identifying areas for potential improvement related to provision of patient care.
- The scope of such reviews include deaths within our hospitals, those that occur following transfer and even unexpected deaths in the community of patients and clients who have had recent interaction with our Service.
- Implemented a risk assessment to establish patients who may be at risk of developing a Deep Vein Thrombosis following surgery;
- Reviewed the clinical pathway for Total Hip surgery patients to ensure they receive standardised care based on 'best practice' principles and in accordance with the Orthopaedic Surgeon's directions.

- Implemented a new observation chart designed to ensure staff are alerted when observations are outside the 'normal range' and thus rapidly identify patients whose condition is deteriorating.
- Provided training to staff on the best management of patients with chest pain. Guidelines on the management of chest pain have also been updated.
- Provided training to Senior Nursing Staff addressing the Open Disclosure process, stressing the importance of transparency and openness with patients and family if an adverse event occurs.

  Note: An Adverse Event is any unplanned event resulting in, or having the potential to result in injury to a patient or an unintended outcome.
- Revised the Bariatric Policy to ensure safe management of Overweight and Obese patients undertaking elective surgery. Patients not able to be treated at WWHS are referred for treatment elsewhere.
- Reviewed Emergency Blood use procedure following a transfer to higher level care for a patient suffering a post-operative bleeding episode.

CLINICAL REVIEWS – LESSONS TO BE LEARNT

Every incident or 'near miss' is recorded in our Incident Reporting System.

Healthcare professionals are passionate about providing quality care but sometimes adverse events do occur. A culture of 'no-blame' encourages staff to be 'open' about incidents with which they have been involved or witnessed so that we can take steps to minimise the risk of events recurring.

We have embraced a policy of 'Open Disclosure' whereby if an adverse event does occur patients and families are informed and kept abreast of the status of investigations associated with the event.

Serious incidents demand a Full Multi-Disciplinary Clinical Review be undertaken which examines the circumstances associated with the event and underlying issues which may have contributed either directly or indirectly to them.

The Clinical Quality & Safety Committee has a vital role in developing and coordinating responses to such occurrences.

Recommendations arising from these reviews are disseminated across the organisation so that everyone has an opportunity to learn from the incidents, the arising issues and ramifications.

CONSUMER PARTICIPATION

One of the great advantages of rural healthcare is that communities really become involved and take great pride and ownership of their 'local' hospital.

Our patients and clients are actively involved in their care planning from the moment they present, continuing through their period of hospitalisation proceeding to active involvement with the health care they receive in an 'Outpatient' and 'At Home' situation.

Residents and Friends Committees provide families an opportunity to be involved and submit feedback about care provided in our Residential Aged Care facilities.

Community Advisory Committees at each site provide the wider community with the opportunity to advise the Board around planning and development of services.

For further information about 'Consumer Participation' – Refer to Consumer Carer and Community Participation segment of this Report (page 4).

EFFECTIVE WORKFORCE

Attracting and ensuring we have the right mix of qualified and skilled staff is integral to the provision of safe quality care which is a continuing challenge.

Our communities need to be confident that the Medical Practitioners and Healthcare Professionals caring for them are appropriately skilled and possess qualifications required to provide the care their health status demands.

Our Service contracts a number of Visiting Medical Practitioners and Medical Specialists who practice under a 'fee-for-service' arrangement. Several Visiting Medical Practitioners serve as General Practitioners for Tristar Medical Group practicing at the Nhill, Kaniva, Jeparit, Rainbow and Goroke Medical Clinics.

When commencing practice at West Wimmera Health Service and on their reappointment thereafter each Medical Practitioner must be assessed for Registration, Medical Indemnity and Professional Competency after which their Scope of Practice is defined - this is known as Credentialing.

Credentialing and Scope of Practice processes are directed by the Consultant Executive Director of Medical Services and Chief Executive Officer and are conducted in accordance with Department of Health Policies and Guidelines.

The scope of services a Medical Practitioner can provide is determined by the Clinical Appointments, Credentialing and Review Committee.

Patients requiring complex and complicated surgery may have to be referred to an alternative health service to receive this specialist care, however it is important to note these patients are often able to be transferred back to WWHS for post-operative care.

From July 2010 it became mandatory for all Nurses to be registered with the Australian Health Practitioner Regulation Agency.

The registration status of all Nurses is verified regularly with any found to be un-registered immediately removed from the Service.

New Nursing Staff and Agency Nurses have their registration status verified prior to commencement of duty.

Allied Health Professionals personnel must also be registered as members of their professional organisation prior to commencing employment.

Where applicable they must also participate in an Accredited Practicing Program.

As from July 2010 Physiotherapists must be registered with the Australian Health Practitioner Regulation Agency with Podiatrists to be registered through this body from December 2010.

As at 30th June 2011 all Medical and Healthcare Professionals possessed their statutory registration.

Rural General Practitioner Services
Natimuk Medical Clinic General Practitioner, Dr Kate Graham (right) consults with her patient Norma Hudson.

VICTORIAN CLINICAL GOVERNANCE POLICY FRAMEWORK

In 2008 the Department of Health produced a policy document to develop and guide health services with the implementation of a formal and effective Clinical Governance Framework.

In enriching the delivery of care the Policy Framework nominates four domains of Quality and Safety;

- Consumer Participation,
- Clinical Effectiveness,
- An Effective Workforce and
- Risk Management

When comparing West Wimmera Health Service processes with those documented in the Policy Framework, it was discovered that most elements were well established and enshrined in Policies and Protocols of the Service.

An item which requires greater attention surrounds the development of a Consumer Participation Plan.

To this end we involve Consumers in initiating and considering resources expressed in plain English and are accessible and comprehendible to diverse members of our communities.

This initiative will be broadened during the coming year.

THE FUTURE

Our undoubted emphasis and goal will be to continuously improve health outcomes for our patients and clients. To achieve this we will concentrate on:

- Increasing engagement with Consumers particularly around developing easy to understand brochures and pamphlets;
- Developing and maintaining rigorous credentialing processes to guarantee Healthcare Professionals are appropriately skilled, qualified and credentialed;
- Applying the latest information technologies and techniques to support Medical Practitioners, Nurses and Allied Health Professionals by providing current, readily accessible clinical information and by facilitating their appointment, reappointment and performance improvement processes;
- Minimising the risk of adverse events through learning from our own errors and those of others and always responding with positive actions to such adversity; and
- Always maintaining the health and safety of our patients as our first consideration.

Accreditation Status

Undergoing review by an external Accrediting or Auditing body whilst daunting is a critical step in realising our full service potential and a driving force in sustaining best practice.

Accreditation is public acknowledgement that our Service has met State and also National standards of practice and health care management and that we do so in such a way to ensure safe care is provided with compassion, caring and in an exacting manner.

AGED CARE STANDARDS AND ACCREDITATION AGENCY (ACSAA)

All nine Residential Aged Care homes underwent successful Accreditation Audits during 2009.

The facilities were found to be compliant in all forty four outcomes – An Outstanding Achievement!

Spot visits to Homes in 2010 and 2011, were overwhelmingly positive with no areas of non-conformance revealed in the last 12 months.

In 2012 the nine Residential Aged Care Facilities will again present for full Aged Care Accreditation Standards audits.

In September 2010 the ACSAA reviewed the assessment modules used by this agency, when auditing compliance within Residential Aged Care Homes. These modules are resident focused and allow the assessors to determine the level of care required with the home care providers.

The review has witnessed a reduction in assessment modules from 14 to 11. This has resulted in less duplication, by including all previously assessed areas in the reduced number of modules. These revised modules will form the basis for accreditation reviews in 2012.

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.

In November and December 2010, an on-site Periodic Review of our quality of care was conducted.

There were no High Priority recommendations.

Full Accreditation to November 2012 was sustained.

Recommendations from the review and subsequent actions taken have included:

1. **Review clinical practice and the outcomes that resulted, document changes that are implemented and then review the impact of such changes.**
   - a. A Quality Indicator Data report is presented to the Clinical Quality and Safety Committee bi-monthly.
   - b. Spot auditing occurs to evaluate the implementation of Visiting Medical Practitioners clinical orders as part of the consumer/patient care plan.
   - c. Allied Health staff have undertaken a documentation audit with specific criteria focussing on legal requirements.
   - d. The Consultant Executive Director of Medical Services has commenced a clinical outcome review process.
   - e. A Mortality and Morbidity review has commenced.
   - f. Refined care auditing to identify those indicators and/or processes that allow for a review of clinical practices and outcomes.
   - g. The Clinical Services Division has implemented a telephone consultation service for elective surgery patients before presenting for surgery.
   - h. A number of new Clinical Nursing forms have been introduced to assist in the assessment and escalation of care of patients.
2. **Management continue their negotiations with the General Practitioner Group to ensure that 'on-call' arrangements and hours of work are managed.**
   - a. Executive personnel have met with the Principals of the General Practitioner Group to plan after-hours workload management strategies and leave relief for Visiting Medical Practitioners.
   - b. An 'out-of-hours' on-call roster of Medical Practitioners is maintained by the General Practitioner Group to cover each of the Practices servicing West Wimmera Health Service.
3. **Management organise a rotation of workplace Health and Safety Officers to undertake workplace inspections at sites other than their own.**
   - a. Newly appointed Health and Safety Representatives will receive 5-day OHS training in November 2011 with planning to be undertaken to introduce the rotation proposal.

4. **Management contract a security provider to undertake a security review of all sites**
   a. A security review was conducted by Peter McMillan Consulting over three days (2nd-4th May 2011).
   b. As a result an action plan has been formulated to address recommendations.
   c. Many of the recommendations are consistent across all sites.
   d. Commenced investigation of Global Positioning System (GPS) technology which will enable the location of staff travelling to remote areas for home visits, including Allied Health and District Nursing staff to be tracked in case of emergency.
5. **Review the placement of CCTV units in order to ensure that the cameras are correctly placed to capture all 'at risk' areas.**
   a. This aspect will be addressed as part of the security review and associated action plan.
6. **Management prioritise the recommendation of the Fire Report and implement strategies to address those recommendations.**
   a. ARUP conducted inspections of all facilities in November 2010 in accordance with Department of Health requirements and the Building Code of Australia regulations.
   b. A strategic action plan has been prepared to ensure that suggested improvements are progressed – this is reviewed on a month by month basis by the Executive Director of Corporate and Quality Services, the Director of Engineering and the Manager: Quality, Safety and Education.

DISABILITY SERVICES ACCREDITATION

An independent review against the National Standards for Disability Services (National Standards) and the state Standards for Disability Services in Victoria was undertaken in July 2010.

An independent company, 'International Standards Certification', conducted the review and found our Disability Services to be fully compliant.

A follow-up review was undertaken in 2011, again with full compliance noted.

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 review of these services occurred during the ACHS Periodic Review in November 2010 and were found to meet all standards with no recommendations.

New National Community Care Common Standards are expected to be released by 2012.

COMMUNITY AGED CARE PACKAGES (CACP) AND NATIONAL RESPITE FOR CARERS PROGRAM (NRCP)

The Commonwealth Department of Health and Ageing reviewed the CACP and NRCP programs in 2009.

The programs successfully met the standards at the time of the review.

We are now preparing for the expected introduction of the new National Community Care Common Standards by 2012.

DIAGNOSTIC IMAGING

Achieved Accreditation status to the Practice Accreditation Standards of Diagnostic Imaging Accreditation Scheme Stage II to June 2012.

Accredited for the Diagnostic Imaging suites located at Nhill and Kaniva providing General X-ray, Ultrasound and Orthopantomograhy(OPGs Dental).

The Diagnostic Imaging services will undergo Stage III accreditation review in 2012, full accreditation status is expected.

IMPORTANT TO NOTE

Our communities can be assured that their health service is of the highest standard when they consider the accreditation achievements delivered. Continuously improving what we do and how we do it is a cornerstone of our efforts and one that all staff aspire to on a day by day basis.

The importance of accreditation values and virtues will never be underestimated as can be witnessed with the impending introduction by the Commonwealth Government of 'Mandatory Standards'. WWHS is strongly committed to the value accreditation adds to its service quality and wholeheartedly subscribes to its processes.

Education and Training

Quality care can only be delivered by appropriately trained and skilled staff.

We are committed to ensuring our staff receive the education and training they require in order to provide the best care using the most current methods of treatment and services associated with their professions, vocations and skills.

EDUCATION BEGINS AT THE COMMENCEMENT OF EMPLOYMENT

Service-wide orientation introduces new staff to the organisation, emphasising the values and culture of the organisation they work for.

Throughout the orientation program there is an emphasis on staff safety and also with the need to maintain absolute confidentiality associated with patients, residents and colleagues.

52 (93%) of current staff employed in the last 12 months participated in the orientation program. The four staff (7%) who did not attend orientation undertook the mandatory education that the Service requires and participated in a site-specific orientation pertinent to their area of work.

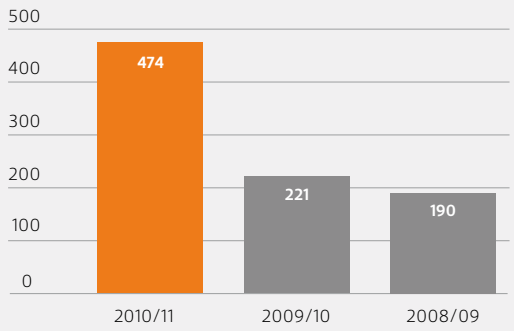
KEY EDUCATION PRIORITIES

The safety of staff, patients and residents they care for is a cornerstone of the service we provide. To achieve this all staff must complete a range of Mandatory Education Units.

Only staff compliant with mandatory education stipulations are rostered for duty.

As Table 1 (page 18) indicates the percentage of compliance in the past year across all elements was high.

Figure 5 **E3 learning Education modules undertaken**



EDUCATION INNOVATION

Clinical education programs are now conducted at all sites, making them accessible and appropriate to the educational and training needs of each site.

Education topics are determined using five key elements:

1. Clinical and/or vocational needs of the organisation
2. Changes to clinical practice, a new or changed clinical service or an area of risk we wish to highlight.
3. Individual feedback from staff during annual performance reviews.
4. Feedback from evaluation summaries of the education and training sessions.
5. An education needs analysis questionnaire for nursing staff.

To continually update knowledge and skills we encourage self-paced 'Life Long Learning'. To support this we offer a variety of learning methods; face to face, visual, self-directed, lectures and by circulating papers for individual reading.

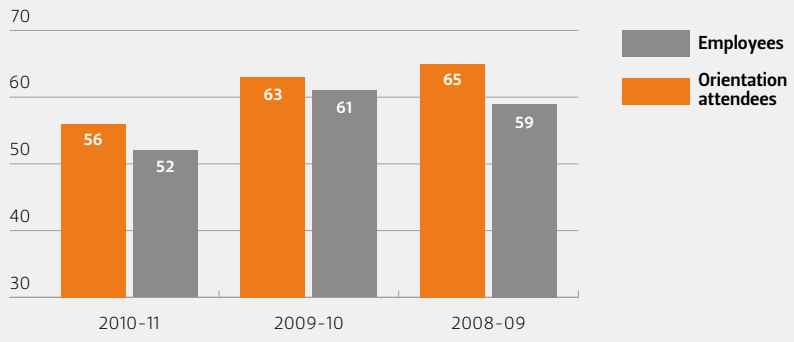
Electronic or 'virtual' training via computer has also become a key platform for the delivery of training.

Over the past 12 months training sessions undertaken via computer has more than doubled, see Figure 5.

eLearning has included Clinical Topics such as Basic Life Support, Medication Administration, Dementia Care, Manual Handling, and Hand Hygiene and Food Safety delivered the Victorian Department of Health website.

This year, we encouraged senior clinical staff to undertake open disclosure training via the Department of Health Clinical Risk website to enhance staff insight and awareness of the principles of communicating with patients, families and carers following an adverse event.

Figure 6 **Employee Orientation Attendances**



OHS Training

Mr Darren Welsh – Manager Quality, Safety and Education, providing OHS training to 'new' inductees (L-R) Sini Sreekanth, Amanda Alexander and Jessica Smith.

INTERNAL AND EXTERNAL EDUCATION

SHARING KNOWLEDGE INTERNATIONALLY

Our Manager of Allied and Community Health, Martha Karagiannis, completed a 3 week clinical block in 2011 at the Ahn Bihn General Hospital, a 500 bed facility in Ho Chi Mihn, Vietnam; where she had the opportunity to be a clinical educator supervising three Speech Pathology students.

The Speech Pathology course is conducted by the Trihn Foundation in conjunction with Latrobe University and is the first to be provided in Vietnam. Martha remains a mentor for the students and uses Skype monthly to maintain contact.

In March 2010 Martha had the opportunity to train in Texas, USA in the operation of a Neuromuscular Electrical Stimulation Therapy program which utilises a machine to conduct electrical impulses for people with swallowing difficulties and facial weakness. The Vitalstim therapy machine is available at West Wimmera Health Service, the only Victorian Public Health Service to offer this therapy for Dysphagia management.

Martha also presented findings at the International Association for Logopaedists (Speech Pathologists) in Athens 2010, following research conducted regarding the consumption of thin fluids in patients who have been prescribed thickened fluids. She also presented at the Dysphagia Research Society in San Antonio, USA.

A wonderful contribution.

EXTERNAL STUDY

West Wimmera Health Service has a training and education commitment to all staff;

Within our organisation, committed staff members have undertaken training at a variety of levels including:

- Advanced Diploma in Accounting
- Certificate III in Business
- Certificate IV Business
- Diploma of Nursing (Traineeship)
- Certificate III in Hospitality
- Certificate III in Commercial Cookery

Table 1 **Mandatory Education Elements %** Staff Compliance

	2010/11	*2009/10*	*2008/09*	*2007/08*	*2006/07*
Bullying and Sexual Harassment	99%	98%	97%	98%	98%
Chemical Handling	97%	98%	99%	95%	100%
Fire and Emergency Training	98%	97%	97%	98%	99%
Food Handling	98%	97%	99%	95%	97%
Incident Reporting	99%	98%	98%	95%	97%
Infection Control	99%	97%	97%	97%	95%
Manual Handling	98%	95%	96%	93%	97%
No Lift	98%	95%	95%	95%	94%
Privacy and Confidentiality	100%	98%	98%	99%	94%
Resuscitation: Basic CPR	98%	97%	96%	94%	98%
Resuscitation: Basic Life Support	98%	95%	96%	90%	99%

While the Service has a clear Policy to support staff who are undertaking or upgrading their qualifications it simultaneously endeavours to accommodate personal and employment responsibilities - we see this as our contribution to their life long learning experiences.

WORK PLACEMENTS AND EXPERIENCE FOR STUDENTS

Fifteen students studying for Bachelor degrees at Victorian and South Australian higher education institutions came to West Wimmera Health Service for Course Placements in Nursing, Occupational Therapy, Medicine, Health Information Management and Physiotherapy seeking practical experience with patients and residents within our care linking theory to clinical practice.

10 secondary students participated in Work Experience across our Service in areas such as Nursing, Allied Health, Finance, and Disability Services – an important program encouraging students to see in 'real life' how rewarding a career in rural health care can be.

FUTURE

In 2012 we will extend eLearning to include training in *The 'Health Records' Act* for Health Information Staff and Receptionists. Ten staff will undertake the course which ensures that the training is consistent, accessible and up to date.

Clinical placements with West Wimmera Health Service will rise exponentially.

Increased clinical placements will be provided in Nursing and Physiotherapy with Occupational Therapy and Health Information Management also planning to supervise students.

In total there will be a commitment to over 800 placement days compared with 272 during this reporting period.

To assist with the increase in student numbers we will apply through the Grampians Clinical Training (Nursing) Capacity Building Project to Health Workforce Australia for funding to expand the accommodation presently in place for students.

Appropriate accommodation is central to hosting students for clinical placement ensuring affordable, comfortable and safe accommodation is available while living away from home.

A key outcome of this process will be the opportunity for nursing students to work within our Service for an extended placement of up to 12 weeks. Extended placements give students the chance to become 'part' of the organisation and also of the wider community, with a greater potential for them to want to come back to work at one of our sites following graduation!

Preventing and Controlling Healthcare Associated Infections

Managing the hospital environment to Prevent and Control Health Care Associated Infections is the primary focus of Infection Control Procedures which cover many aspects of staff practices.

Education of staff and continuous auditing of the environment are essential activities to prevent and control Healthcare Associated Infections (HAIs).

Managing disease and illness by immunisation where possible and delivering appropriate care can restrict cross infection from ill to well patients.

Auditing compliance with Hand Hygiene, hands being our primary carrier of HAIs, is essential.

HAND HYGIENE

Improving Hand Hygiene practices among health care workers is the most effective way to reduce the risk of HAIs.

Hand Hygiene encompasses hand washing and the use of Alcohol Based Handrub.

Auditing of Hand Hygiene in public hospitals is managed by Hand Hygiene Australia through the National Hand Hygiene Initiative to develop a national approach to improving and monitoring Hand Hygiene – an initiative based on the World Health Organisation (WHO) - World Alliance for Patient Safety campaign entitled 'Save Lives Clean Your Hands'

We audit the Hand Hygiene practices of staff three times each year. Auditing commenced in 2007 and with education our staff achieved a satisfactory level of compliance until June 2011.

The ongoing auditing program exceeded the national average however results at smaller sites in May-June 2011 showed a decline, Figure 7.

An increased focus on education will hopefully improve the next audit in October 2011.

Figure 7 **Hand Hygiene Audit Results 2010/11** % Compliance

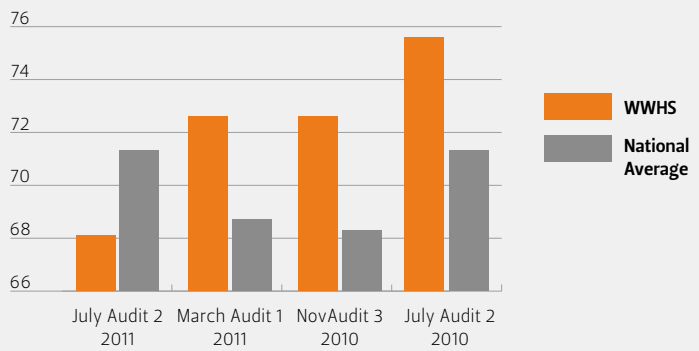
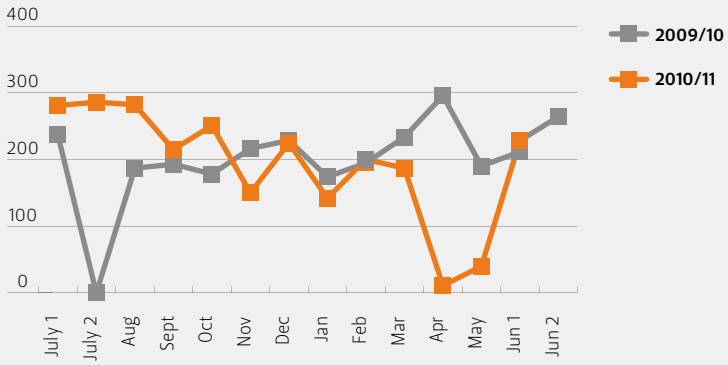


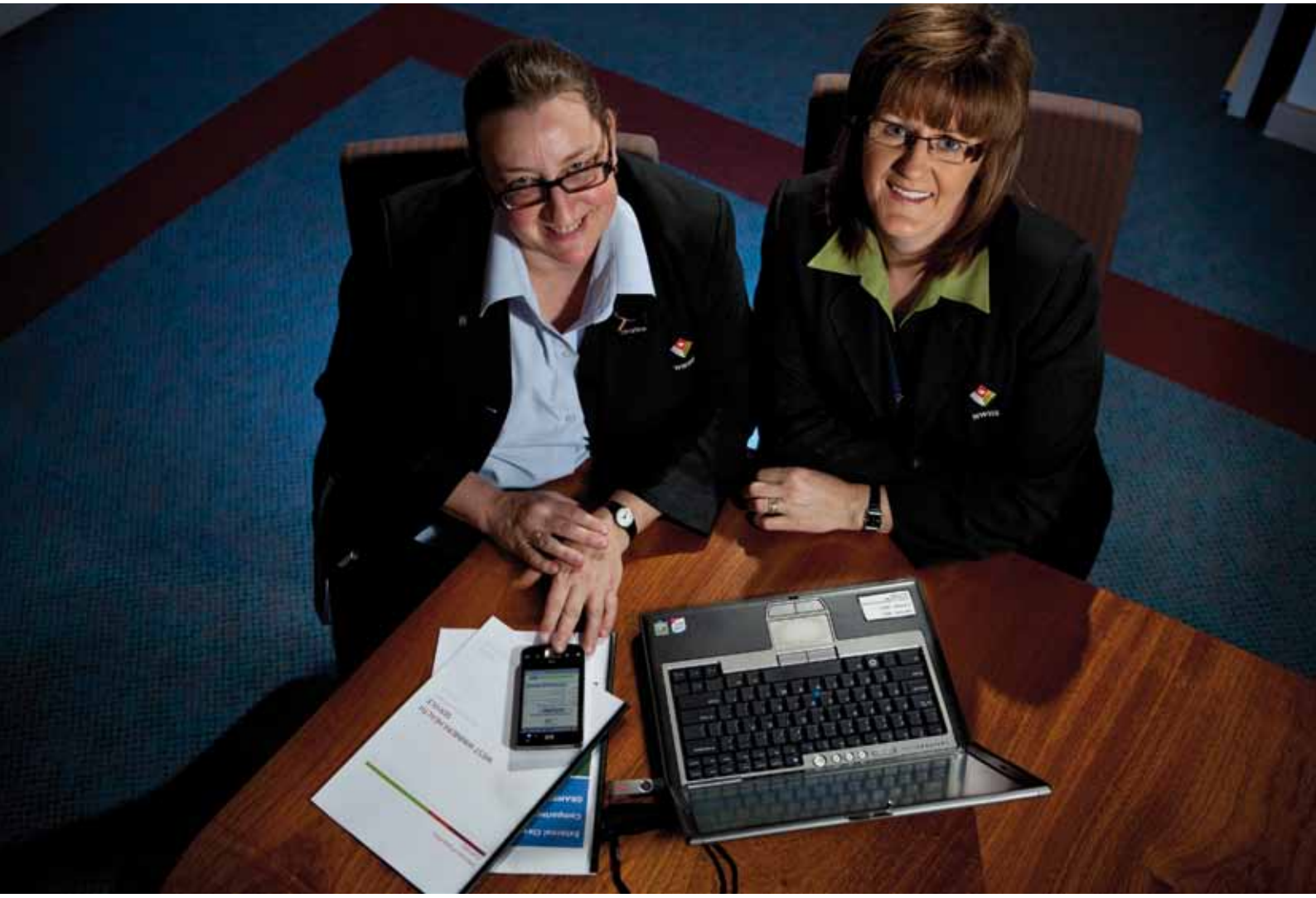
Figure 8 **Clinical Waste** Kgs



CLINICAL WASTE

'Clinical Waste' is the waste produced by medical procedures such as dressings, Surgery and Dialysis. It must be transported to specialist waste centres. We continue to evaluate the amount of clinical waste to ascertain if it reflected how busy we have been.

Figure 8 shows the amount of clinical waste is directly related to clinical activity throughout the Service.



Infection Control

Infection Control Practitioner Christine Dufty with Joanne McCartney Hospitality & Environmental Services Manager collating data from cleaning audits.

GASTROENTERITIS

Continuing episodes of Gastroenteritis are ongoing within our communities. Most Gastroenteritis is now commonly caused by a virus Norovirus (Norwalk Virus) which thrive in a warm dry environment, is highly contagious and causes short term illness but the patient remains contagious for far longer than they feel ill.

Frequent patient admissions for gastroenteritis creates a challenge to prevent spread within our hospitals. During 2010-11, no outbreaks of Hospital Acquired Gastroenteritis occurred within this Service.

Isolation within single rooms with an ensuite assists the nursing care and isolation procedures to prevent the spread of infection with frequent Hand Hygiene procedures applied which assist to reduce the spread of the infection.

STAFF HEALTH

INFLUENZA VACCINATION UPTAKE

The annual influenza vaccination campaign in 2010 elicited a poor response. Consequently the 2011 campaign was more aggressive. This approach resulted in an increased staff uptake of the vaccinations, see Figure 9, which this year were conducted by a team of qualified Immunisation Nurses from within the Service and the assistance of the Maternal & Child Health Nurses.

STAFF EDUCATION COMPLIANCE

Ongoing education concerning Infection Control is a necessary for all staff.

This year the Infection Control Practitioner has had an increased role in the education program. Programs have been developed for specific staff groups such as General Services and Engineering to increase their knowledge.

Figure 9 **Staff Influenza Vaccination Rate 2010/11** %

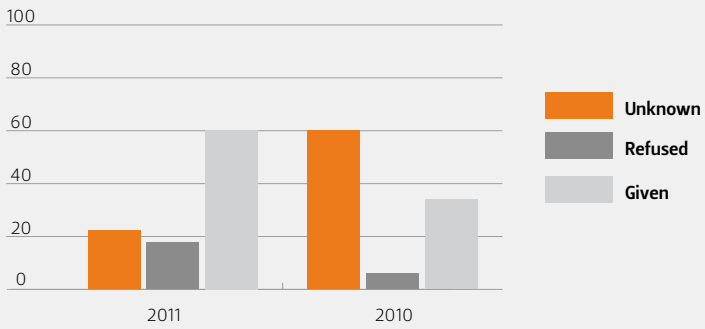
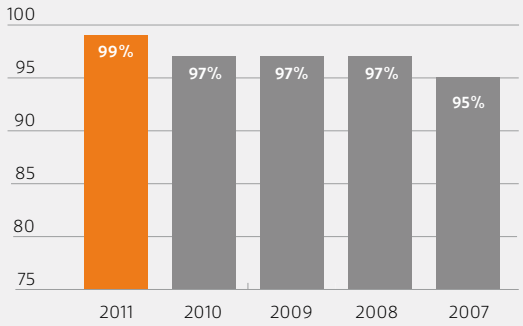


Figure 10 **Staff Education IC Compliance** %



The education program for General Services included information about Listeria – a food borne disease, the Engineering Program highlighted the preventative measures needed when renovating or building.

Staff education figures for 2010-2011 show that 97% of Clinical Staff and 99% of non-clinical staff undertook Infection Control education, see Figure 10.

OCCUPATIONAL EXPOSURES

Occupational Exposures and Needle-stick injuries are a hazard that all staff should avoid. Acute Care areas of the Health Service have a greater level of use of needles and intravenous devices than other health professionals.

During 2010-2011 more devices without needles for intravenous treatment were introduced to continue to provide a safe working environment. Self-sheathing needles for Diabetic patient pens and self-sheathing needles for intravenous systems have been introduced.

Seven needle stick injuries occurred in 2010/11, most due to human error, some due to the need for familiarisation with new technologies introduced – but on investigation no pattern was established. No staff had long term medical issues as a result of these injuries.

AGED CARE

Infection control in Aged Care is becoming a larger component of the Infection Control Program.

Aged care residents can be highly susceptible to healthcare associated infections for a variety of reasons including advanced age, multiple chronic diseases and functional problems. In addition, residents live in a home like environment in close contact with potential infected residents, visitors and staff.

The West Wimmera Health Service HAIs Surveillance Program promotes the systematic collection, collation and analysis of data concerning the distribution of the associated infections in Aged Care.

The Surveillance Reports are used to enhance continuous quality improvement.

Infection Prevention and Control Measures are put in place based on the interpretation of the surveillance reports.

The Aged Care Quality Association (AQCA) infection surveillance data is collected monthly by each Aged Care facility and is collated and used to monitor infection rates.

In addition to the ongoing infection surveillance program, we recently participated in a Grampians Region-wide pilot program (June to November 2010). This standardised HAI surveillance program was piloted in 30 aged care facilities operating as part of the 12 health services in the Grampians Region. This study 'Infection Rates in Residential Aged Care facilities, Grampians Region, Victoria, Australia' will be published in the Healthcare Infection Journal of the Australian Infection Control Association, Vol 16, Issue 3, September 2011.

West Wimmera Health Service, along with the other facilities in the region will use the results of this program to benchmark Aged Care infection rates across the region.

One issue identified during the pilot program was the consistently poor documentation of the signs and symptoms of infection in residents' care notes; this is currently being addressed across the health service.

THE FUTURE

Increased education and Hand Hygiene auditing has commenced and will continue as we plan to conduct assessments to determine if the education delivered has altered practices.

Increased vaccination of Health Care workers for diseases prevalent in our community such as Hepatitis A, Whooping Cough and Measles is planned.

We are ever conscious of what more we can do to ensure Hospital Acquired infection is constantly controlled and managed.

Medication Management – A Key to Clinical Safety

The safe administration of medications is paramount to safe quality care; it is achieved through appropriate and clear medication administration procedures for residents and patients.

An audit of medication charts by clinicians ensures appropriate documentation occurs when administering medications to patients. Audits measure compliance with our Policies and matters pertaining to the accuracy of medication administration.

This year one of the key areas for improvement revealed by the audits was that some staff were not signing for the medications they administered.

Accordingly a nothing is 'fool proof' system was instituted where colleagues are now required to check each other's medication charts.

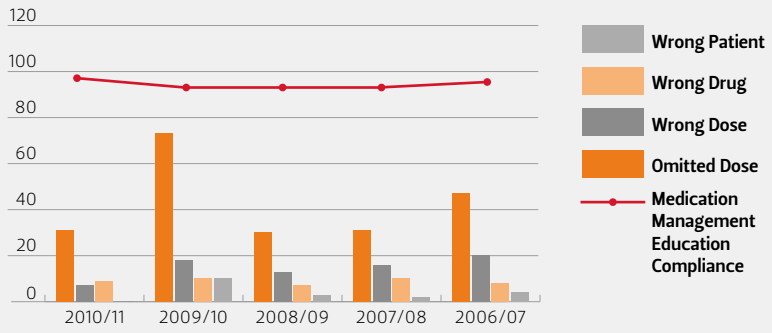
Increased surveillance of the medications provided to Aged Care residents has evolved. Our Pharmacist undertakes a monthly medication review of Aged Care residents, reporting his findings to the Nurse in Charge and the Visiting Medical Practitioner.

Our Pharmacist continually reviews medications that may be incompatible when given together, drug allergies and the best time of day and methods of administering the medications prescribed.

All Clinical, Nursing staff, Personal Care Workers and Disability Services Instructors, are required to complete Annual Mandatory Education related to the administration of medications.

The percentage of staff who completed this competency in the last 12 months stands at 97% - a very high level of compliance: the highest in the last 5 years.

Figure 11 **Medication Incidents by Primary Type**



Linked with improved compliance in medication administration, the number of medication errors in 2010-11 was significantly lower than the previous year as indicated in Figure 11.

Importantly for the first time in five years, there was no incidence of medications being given to the wrong patient.

Over the last 12 months the number of incidents in four key areas of medication safety has decreased by 58%!

NO ADVERSE EVENT HAS RESULTED FROM A MEDICATION ERROR

Of the nine instances where the wrong medication was administered, residents and patients in some cases required additional monitoring by nursing staff, but none required additional care by a Visiting Medical Pracitioner. In the majority of cases the errors occurred due to incorrect checking procedures. Additional education of staff and reminders of correct procedures have been invoked.

MEDICATION CARE

In 2010-11 new vacine refrigerators were purchased for each site to store medications requiring this attention which was considered to be a timely and a necessary investment.

WHAT DOES THE FUTURE HOLD?

In 2011-12, the Service will introduce new medication labels to be used when medications are injected or administered into the vein of a patient to add to the safety of administration, thus ensuring staff are cognisant of medications currently being administered.

This action is arising from a recommendation for all healthcare facilities received from the Australian Commission on Safety and Quality in Health Care.

The Service is also exploring systems which provide a typed medication chart to improve the legibility of the medication prescription and assistance in decisions associated with the medication administration process. This is a longer term strategy due to the electronic intricacies associated with such innovation and financial complexities.

Safely administering medications to patients and residents is the cornerstone to safe clinical practice and we will always continue to strive and indeed eradicate such incidents and remove the severity of the consequences they bring.

Medication Safety

In the Medication Room Megan Webster, Director of Nursing Jeparit (left) together with Registered Nurse Rachel George (right) confer before administering a drug of addiction to an acute patient.

Preventing Falls – The Least We Can Do

Falls remain a key area of potential harm to patients and residents in Residential Aged Care facilities.

The number of falls in Acute and Residential Care has reduced by 25% compared with the previous annual review and is at its lowest level in 5 years, Figure 12

However, while the number has decreased, three residents sustained fractures as a result of their falls. This distressing statistic has galvanised our efforts to further reduce consequences of falls as well as occurrences.

Two major initiatives have been introduced to assist with this resolve; the creation of a Multidisciplinary Falls Working Group and the immediate notification of a fall to Allied Health and Nursing staff.

The Falls Working Group meet monthly and review all falls in our Aged Care settings.

Considering the nature of each fall in detail allows the health team to determine strategies to prevent falls and reduce the degree of potential injury that may be sustained by residents.

Strategies introduced to prevent falls embrace:

- Changed supervision of residents.
- Changes to resident medications.
- Provision of furniture such as beds and chairs.
- Changed monitoring technique for resident movement using sensing equipment and devices.

This research has also assisted our staff in our Acute Hospitals to manage falls as they occur.

Figure 12 **Total Number of Falls**

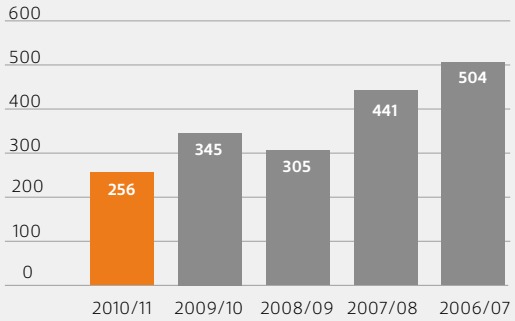
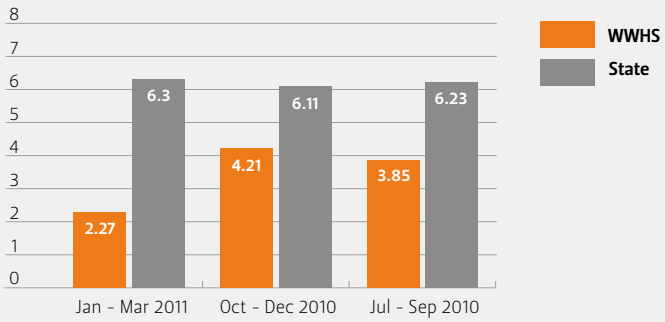


Figure 13 **Rate of Falls WWHS per 1000 Bed Days**



Automatic notification of a fall to members of the health care team enables immediate reassessment of the resident's needs and what might require to be changed to prevent further falls. The review process conducted by Allied Health staff also included a medication review.

RESEARCH MAKES A DIFFERENCE

When we compare the rate of falls at West Wimmera Health Service, Figure 13, with other Aged Care facilities across the State of Victoria our rate is consistently lower, being between one half and one third of the other facilities.

This is surely testament to the hard work directed towards the protection and safety of our residents and patients.

THE FUTURE

Our key goals for the future are:

- To minimise falls and their impact through the introduction of new technologies and detection systems addressing movement associated with this problem.
- To assist the elderly with activities that engage them as individuals to reduce wandering tendencies which may lead to mishaps.
- To advance strengthening activities which help to improve balance.

Falls Prevention

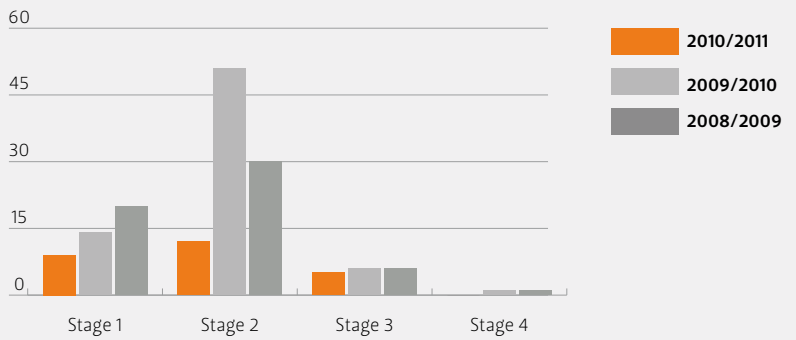
Laurie Grayling physiotherapy assistant, encourages Iona Digby Harris Nursing Home resident Mary Kelly with her mobility.

Preventing and Managing Pressure Injuries

Our skin is a major organ and protects the body from infection, regulates our temperature and provides us with a sense of touch.

It is therefore important to prevent injuries to the skin which are painful, can affect the way we move and may open the body to infection

Figure 14 **Incidence of Pressure Injuries**



WHAT IS A PRESSURE INJURY?

When there is constant pressure on an area of skin reducing the blood flow a pressure injury may develop.

These injuries occur when there is unrelieved pressure or friction to an area of skin.

Elderly or infirm people who cannot easily move themselves are at risk of developing pressure injuries.

Other factors placing people at risk of Pressure Injuries are reduced sensation and circulation, General ill health and frailty, poor diet or poor food intake and poor skin condition.

Pressure Injuries can be painful and may require frequent wound dressing and long term medication which can result in a prolonged recovery from illness or surgery.

HOW DO WE PREVENT PRESSURE INJURIES IN HOSPITALS AND AGED CARE FACILITIES?

PREVENTION IS THE CURE.

A wide variety of health care professionals make up the Team involved in the prevention of Pressure Injuries - our number one bullet in fighting prevention of Pressure Injuries.

Our Pressure Injury Prevention Team consists of Nurses, Personal Carers, Wound Care Nurses, Dietitians, Occupational Therapists, Podiatrists and Physiotherapists.

A thorough assessment process when acute patients and the frail aged are admitted to our facilities provides an early opportunity to detect potential problem areas and put strategies in place early to prevent injuries from occurring.

We continue to assess all patients and aged care residents throughout their stay reinforcing our 'prevention is the cure' philosophy for these injuries.

WHAT HAPPENS IF YOU ARE FOUND TO BE AT RISK OF DEVELOPING A PRESSURE INJURY?

Our trained staff develop individual plans for those identified as 'being at risk' of developing a Pressure Injury, they include:

- Provision of pressure relieving devices – mattresses, cushions, limb protectors.
- Adherence to regular positional changes.
- Use of barrier creams to moisturise skin.
- Daily skin checks.
- Nutritional supplements and regular review of nutritional intake observed.
- Mobilisation and encouraging good posture procedures.
- Correctly fitted footwear being assured.
- Continence management care.

WHAT DO WE DO IF A PRESSURE INJURY DEVELOPS?

Pressure Injuries are assessed and then classified according to their severity. Classification ranges from Grade one, mild, to Grade four, the most severe.

We carefully examine each and every occurrence of a Pressure Injury, develop a plan for treatment and conduct an in-depth analysis of how to prevent the injury from deteriorating and recording the information in our Incident Reporting System.

All Pressure Injury data is reported monthly to staff and is also considered as an organisation wide strategy by the Clinical Quality and Safety Committee.

Our prevention strategies are working; as Figure 14 illustrates the number of pressure Injuries has fallen considerably in 2010/11.

In the last year our vigilance has paid off, we have not been complacent in our approach to pressure Injury prevention:

- The total number of Pressure Injuries has fallen by 64%.
- There were no Stage 4 injuries (the most severe).
- Continuing the trend of reducing Pressure Injuries.
- Our team will continue the established track record of reducing the number and severity of Pressure Injuries.

We will achieve this outcome by ensuring all appropriate personnel are involved in the assessment and care planning of patients and residents by:

- Continuing to examine new ways of relieving pressure on bony prominences such as hips, elbows and heels of patients and residents who are immobile
- Making sure that each patient and resident has the best quality food, nutrition and fluid intake
- Improving the skin condition of patients and residents through daily skin care
- Improving patient and resident mobility whenever possible.

THE FUTURE

Vigilance in maintaining skin integrity by continuing to employ pressure injury prevention strategies embedded within the Service and seeking new and innovative techniques will drive our persistence to achieve an even better performance record as we address this threatening and concerning illness.

Pressure Injury Prevention

Cindy Bone uses the Doppler to monitor venous circulation of her patient Lorna Rethus – an indication of pressure injury risk.

Continuity of Care at its Best

West Wimmera Health Service is currently providing Chronic Disease Management along with Preventative, Medical and Social forms of care. However, we are aiming to bring to light different strategies that may make chronic care provision more efficient.

Current Chronic Health services, although well integrated, require a more streamlined system, which can ensure that each patient needing care is dealt with effectively without unnecessary problems, complications or delays.

We have been instrumental in developing local service systems to clearly articulate inter-agency linkages and pathways between the General Practice and WWHS, and clearly strengthening communication and information sharing arrangements between the principal healthcare providers servicing the needs of WWHS clients.

The Wimmera Primary Care Partnership (WPCP) facilitates and maintains the active engagement of a partner agency in a working group with identified priorities and a plan for Integrated Chronic Disease Management (ICDM).

To the Rescue...

The Air Ambulance which brought the PETS Team to Nhill Hospital (Left) and the 'iStat' machine (Right).

Our Clinical Networks to the Rescue of a Vulnerable Child

Five year old Victoria arrived at the Outpatients Department complaining of being generally unwell and for the past five days she had been vomiting intermittently. She was pale and dehydrated.

The Doctor on Duty arrived quickly, requested blood tests and commenced intravenous therapy - two procedures which are daunting for adults, but for a five year old, very scary.

Blood samples were taken which were dispatched to St John of God Pathology, Horsham with at least a four hour wait for the results.

Meanwhile Victoria's condition was deteriorating and Dad had noticed her face was becoming very puffy. The results of the blood tests were needed urgently and when they finally arrived the tests proved that the readings were abnormal.

The Royal Children's Hospital (RCH), Melbourne was contacted for a specialist opinion. After some discussion the decision was made to transfer Victoria by Air Ambulance to RCH in the care of the Paediatric Emergency Transport Service (PETS).

The treatment recommended by the Specialist from RCH was commenced and Victoria was monitored very closely until the welcoming sound of a plane signalled the arrival of the Air Ambulance and the PETS Team.

As part of their emergency equipment the Team had an' 'iStat'' – a machine which provides accurate and real time results of blood tests meaning patient treatment and transfer is set in motion quickly.

Another blood test was taken to guide treatment during the flight.

The result was available within fifteen minutes, thanks to the ''iStat''.

Victoria was transferred by Air Ambulance to the Royal Children's Hospital, in the care of the wonderful PETS Team. After almost a week at the Children's Hospital she returned home.

Our Chief Executive Officer, Mr Smith happened to be in the building when the PETS Team arrived and he discussed with them the benefits and practicalities of having an 'iStat' machine available for immediate use in events such as this.

From the lessons learned and advice received the decision was made to purchase an 'iStat' machine to enhance the equipment already in place for emergency treatment.

HOW IS VICTORIA NOW?

Approximately three months later Victoria again arrived at 'Outpatients' exhibiting similar symptoms. This time our new 'iStat' machine was swung into action providing blood test results.

Within ten minutes the Doctor was able to review them and discuss treatment with Victoria's Renal Specialist.

Consequently Victoria was transferred to Ballarat Health Services for an overnight stay for further management.

With the use of the 'iStat' machine there was no delay in beginning treatment and making an early decision to transfer Victoria to Ballarat.

QUALITY OUTCOME

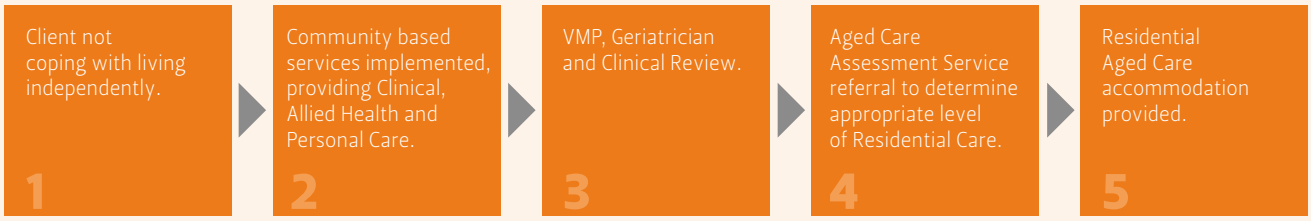
Caring for Paediatric patients can be quite daunting. They are small, they cry when it hurts, they tell the truth (when it hurts) and they have parents who need care and support as well.

This episode of ongoing care reinforced the value of the widespread Clinical Network West Wimmera Health Service has developed and highlights how necessary that is for our rural patients.

How fortunate we are to also have an Aerodrome at Nhill where light 'planes such as the Air Ambulance can land at all times and, in this case with the PETS Team on board, adding yet another element to our vast Clinical Network.

Fast efficient diagnosis, a better outcome for our small patient and peace of mind for all of us.

All's Well That Ends Well



SETTING THE SCENE

An 82 year old gentleman, Mr X is living at home alone; he has a medical history that includes High Blood Pressure, Diabetes and Leg Injuries.

His daughter lives locally with her young family, and pops in to see her dad every couple of days.

His son lives in the city and only visits his father twice a year.

To assist this man's independence and allow him to remain living in his home the District Nurse visits 3 times a week to check he is managing his medications, monitor his blood pressure, and to dress his leg wounds.

Local Government Personal Carers provide showering and home help service with Meals on Wheels delivered each day.

The local Doctor, Diabetes Educator, Wound Care Nurse and Podiatrist regularly visit to review medical conditions and the Care Management Plan.

Mr X attends weekly Planned Activity Group, outings with other men and participates in weekly shopping trips.

INDEPENDENCE AT RISK

After a fall in the garden and unable to alert anyone or get himself up Mr X was stranded.

Fortunately his daughter visited and discovered him later that day.

She called an ambulance and Mr X was taken to the Primary Care Casualty Department at the Hospital where he was examined, X-rays were ordered and he was then admitted to the Acute Hospital.

While in hospital a rehabilitation program was designed to increase independence and to hasten his discharge to return home.

The Multidisciplinary Team undertook assessments to confirm the level of services and support he would need to return home safely which specified:

- **Occupational Therapy** – Home assessment
- **Physiotherapy** – Increase strength to promote safe mobility, particularly over uneven surfaces
- **Dietitian** – Improve nutrition
- **Diabetes Education** – Review diabetes management
- **Podiatry** – Review condition of feet - Diabetics being particularly prone to foot conditions.
- **Wound Care Nurse** – Review ulcers and advice on best treatment options

However during his hospital stay Mr X had repeated falls, which prompted a review by the Visiting Geriatrician and the Multidisciplinary Team to recommend a family meeting to discuss realistic expectations of their father's return to independent living at home.

A family meeting was attended by Mr X, his family, the Doctor, Nursing Staff, the Physiotherapist and Diabetes Educator. After discussing all options Mr X and his family decided it would be unsafe for him to go back home.

The next step in our tried and true seamless transfer of care arrangements was to arrange an assessment of Mr X by the Aged Care Assessment Service to determine what type of residential care would be most suitable for him – the outcome was 'Low Care/Hostel' accommodation where he lived happily for several months.

However after a gradual decline in his health Mr X was re-admitted to hospital from where he was transferred to 'High Level Residential/Nursing Home' accommodation, deemed to be more appropriate and safe care for him.

AND NOW?

Feeling safe and secure in the Nursing Home Mr X happily participates in the activities; he still goes on weekly outings with his men friends, his daughter and her family visit each week, and his son stays in contact using 'Skype' on a computer in the Nursing Home.

The family feel reassured that their dad is being cared for in a friendly caring environment – his health has improved, his Diabetes is stable, his medication is administered safely and he is enjoying not having to worry about meal preparation, and other domestic duties.

A great outcome – the result of a reliable and proven continuity of care process with the outcome being 'All's well that ends well'.

Another Satisfied Patient

Admission & Discharge Nurse Caroline Croke (left) wishes patient Winston Chivell well on his return home accompanied by his wife Janice and Nurse Unit Manager Trish Heinrich.

Safe Use of Blood and Blood Products

West Wimmera Health Service is committed to ensuring the safe and appropriate transfusion of blood for those patients who need this is paramount. The key risk to a patient is that they receive the wrong type of blood and it is for this reason that we check and double check what we do to guarantee the safety of our patients.

WHY DO PATIENTS NEED BLOOD?

From time to time our patients require a transfusion of Blood or a Blood product (a part of blood such as red cells that may be given to improve the oxygen carrying abilities of their blood) to return them to health. Blood may be required because of disease or accident.

There are four blood groups (A, B, AB and O) and it is important that patients receive the correct one. If a patient receives a blood type not compatible with their own a very severe reaction can occur and may result in death.

The safe transfusion of blood involves ensuring:

- The right type of blood is given to the right person.
- There is a good medical reason for the blood to be given.
- The patient has agreed to receive the blood.

EDUCATING OUR STAFF

To ensure that Blood is given safely our staff follow very strict guidelines, developed in Australia, and included in our Blood Transfusion Protocol.

Forty two West Wimmera Health Service Nurses have completed a nationally recognised internet based blood transfusion education program: BloodSafe e-Learning Australia. The program is based on recommendations and guidelines developed by the National Health and Medical Research Council (NHMRC), the Australian and New Zealand Society of Blood Transfusion (ANZSBT) and the Royal College of Nursing Australia (RCNA).

The key benefit of this form of education is that it is readily available to staff at their workplace or at home. In addition the education is based on clinical evidence within Australia and has been reviewed by national health experts.

HOW DO WE KNOW THAT WE ARE SAFELY TRANSFUSING BLOOD?

In this reporting period 25 blood transfusions were conducted. An audit of blood transfusions found that in 100% of cases, there was:

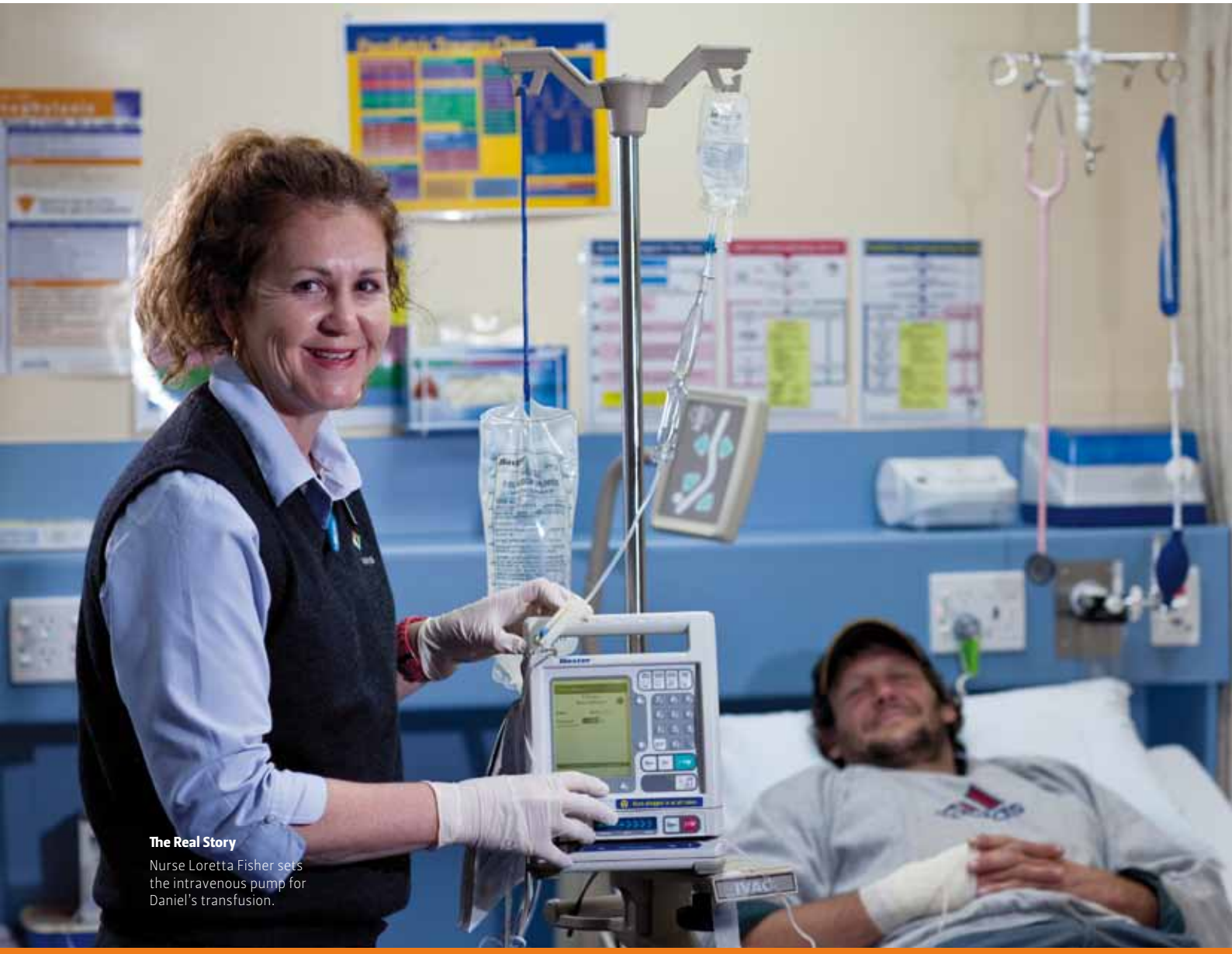
- A correct reason (that is the need for the transfusion is clinically appropriate – according to national guidelines) for the blood transfusion
- The patient identity check matched the blood pack: this includes the patients' medical record number and the donation batch number and,
- The Consent Form signed by the patient or guardian (in the case of a child), to have the blood transfusion was documented in the patient's medical file

There were no adverse reactions in any of the transfusions which took place in our hospitals.

A further 35 transfusions of other blood products such as Intragam were undertaken without incident or complications. Intragam is a blood product that boosts the body's immune system – its ability to fight infection.

FUTURE

A key objective in the next 12 months is to have all clinical nursing and medical staff undergo the BloodSafe training so that they are prepared and up to date with current information in regard to the safe transfusion of blood and blood products.



The Real Story
Nurse Loretta Fisher sets the intravenous pump for Daniel's transfusion.

Avoiding Long and Costly Travel

As a young 18 year old I was diagnosed as requiring regular Intragam transfusions, a blood product obtained from donors, used to boost my immune system to provide protection against infection and auto immune disorders.

Initially I had to travel four hours to Melbourne for treatment. I hated this I was young and wanted to be doing what young people do... not tripping to Melbourne every 3 to 4 weeks for treatment.

As these trips became the 'norm' I asked if I could have the transfusions in my local hospitals.

This proved possible and being able to do this has been absolutely fantastic.

So for about 15 years I have been going to Rainbow or Jeparit Hospitals, whichever suits my working commitments, each month. I stay no more than 4 hours, I don't have to leave my local area and I know all the staff. It's a pleasant experience not a drain on my time, emotions or finances to have my treatment.

No more tiring, costly, time consuming and inconvenient travel for treatment – what a bonus!

Safe treatment close to home – how fortunate I am!

GLOSSARY OF TERMS

ACHS
Australian Council on Healthcare Standards

Adverse Event
An adverse event is an unplanned event resulting in, or having the potential to result in injury or an unintended outcome to a patient resident or client.

Best Practice
Measuring results against the best performance of other groups

CACPs
Community Aged Care Packages provide services in the home

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 services

CDC
Consumer Directed Care

Chronic Disease
Diseases of long duration such as heart disease.

DRG
A patient classification system that provide a clinically meaningful way of relating the types of patients treated in a hospital to the resources required by the hospital.

DVA
Department of Veterans' Affairs

EQuIP Accreditation
Evaluation Quality Improvement Program

FOI
Freedom of Information

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

GP Super Clinics
Bring together GPs Nurses, Specialists, Allied Health Professionals to improve delivery of Primary care

HACC
Home and Community Care Funding for services and programs which are provided in the home or the community

IT
Information Technology

Inpatient
A person who is admitted to an acute bed

M&CH
Maternal & Child Health

Medical Record
Compilation of patient medical treatment and history

Medicare Locals
Nationwide network of primary health care organisations supporting health professionals to improve primary care

Multidisciplinary
A group comprised of more than one discipline, a mix of health professionals

OH&S
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

PETS
Paediatric Retrieval Transport Service

Skype
A software application allowing users to make voice and video calls over the Internet.

The Board
The Board of Governance

The Department
The Department of Health, Victoria

The Service
West Wimmera Health Service

Values
The principles and beliefs that guide West Wimmera Health Service

VHIMS
Victorian Health Incident Management System used to reportt incidents.

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

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HELP SUPPORT YOUR SERVICE

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

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

☐ Becoming a Volunteer

☐ Joining an Auxiliary

☐ Giving financial support through a Bequest or Donation

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

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

Name .....

Address .....

Telephone ..... Facsimile .....

Mobile ..... Email .....

CUT ALONG THE DOTTED LINE

READER SURVEY

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

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

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

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

Please circle the answer which most closely reflects your opinion.

Q1 I am a:

a) Consumer b) Representative of Government c) WWHS Staff

d) Medical Practitioner e) Health Industry Employee f) Financial Supporter

g) Other (please specify) .....

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

.....

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

.....

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

.....

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

.....

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

.....

Q7. Have you seen or read a copy of this Report before? **Yes/ No**

If you answered **Yes**, where did you see or obtain a copy? .....

.....

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

.....

.....

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

John N. Smith PSM
Chief Executive Officer

WWHS

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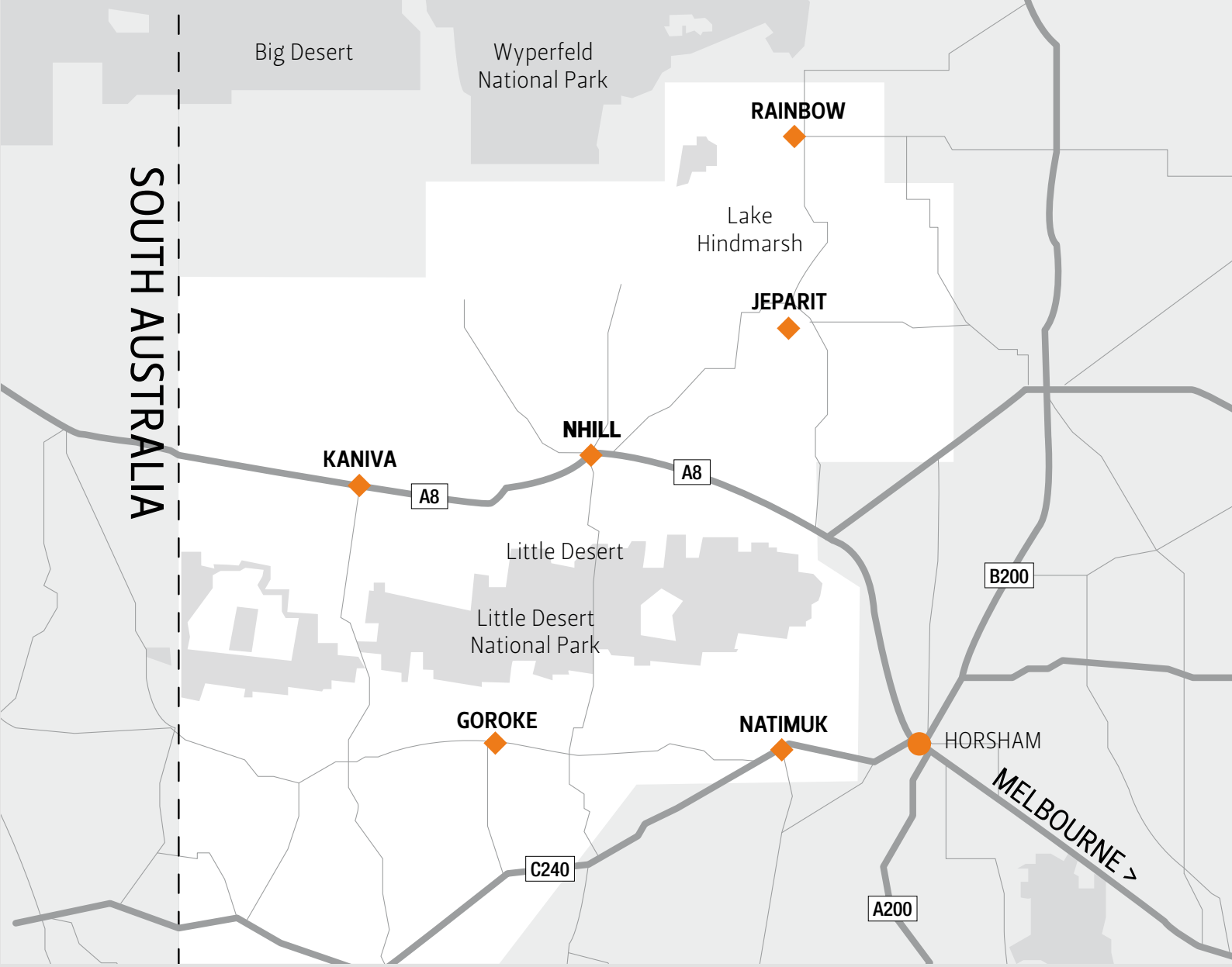
CUT ALONG THE DOTTED LINE



Where We Are...

West Wimmera Health Service is a leader in health services for rural and remote people.

We began in August 1995 as a group of three hospitals progressively expanding to four Hospitals, one Community Health Centre, one Disability Service and one Residential Aged Care complex in six widespread communities of far North West Victoria.

Sponsors

We acknowledge the generous sponsorship which supports the production of this report.

WW131 / MOTIV

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