



WWHS

West Wimmera Health Service

QUALITY OF CARE REPORT 2006

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DHS Guidelines for preparing this report required that health services choose at least five Quality & Safety measures on which to report. WWHS chose the following as key measures of importance for the community and the Service:

- Medication Management
- Infection Control
- OH&S
- Education
- Physical Activity
- Food Safety
- Waste Management

Welcome

WEST WIMMERA HEALTH SERVICE QUALITY OF CARE REPORT FOR 2006.

As we embark on our second decade as a provider of health services to the rural and remote communities of the West Wimmera region of Victoria it is an appropriate time to reflect on the very many changes that have taken place during our first ten years and what we can look forward to in our evolving future.

In terms of very clear progressive changes in facilities, organisation and the breadth of services offered, we can view our founding decade as one of remarkable achievement throughout the whole expansive service area and involving every single community. The imminent completion of the 'New' Nhill Hospital emphatically underscores the scale of that achievement.

The communities we serve also undergo subtle and continual change with regard to demographic make up, social structures, economic base and lifestyle expectations. West Wimmera Health Service needs to understand, and incorporate its knowledge of such changes in its forward planning and development of new and improved programs and practices.

The rural nature of our catchment area is not the only defining characteristic that we need to consider when developing our service provision. Ours is statistically one of the 'oldest' populations in Victoria with a median age almost 6 years greater than the State average, and our services are designed to respond to this fact.

We are also aware that the pattern of predominantly Anglo Saxon families long established in the area is also changing.

Increasingly, people skilled in many disciplines are being recruited to work or choosing to move into our community from elsewhere in Australia and overseas. Indeed, our Service is a major beneficiary of such expertise in meeting widespread shortages in a number of medical and allied areas. Our ability to 'take our Service to the people' and provide modern health and wellbeing programs in very remote centres is underpinned by our ability to attract qualified clinical professionals from all points of the compass.

In a traditionally agrarian region the consequences of the most unrelenting drought on record continues to have a severe effect on the direct income of farmers, their families and the communities that depend on them. The physical and psychological ramifications as well as the economic and social stress that occurs, present an ongoing and increasingly urgent challenge to our Service.

Facing that challenge, identifying the most pressing areas of concern, establishing long term strategic goals and finding adept solutions is an activity that has to engage not only the management and staff of West Wimmera Health Service but also each of the communities we serve. Together we can continue to build a cohesive and dynamic service that can stand as a model of quality rural healthcare provision.

This Quality of Care Report has been produced to meet the Department of Human Services Guidelines and to inform you, our customers, what we are doing to make your Service the best it can possibly be.

West Wimmera Health Service is your Service – Together we will succeed.



Dr. John R. Magrath
President
West Wimmera Health Service

John N. Smith PSM
Chief Executive Officer
West Wimmera Health Service

FINDING OUT WHAT OUR CONSUMERS WANT TO KNOW

There is no better way to discover what our consumers think of our Service, its perceived attributes and weaknesses, than to ask them. There are many different ways of gathering such information which we recognise as an essential facet of our commitment to a consumer-controlled and continually improving Service.

The Outcomes

Consumer Input to Our Health Services

A questionnaire was inserted in the 2005 Quality of Care Report which resulted in excellent comments but a poor response rate of 12 replies out of approximately 2000 reports.

We also actively sought feedback by direct contact with Advisory Committee members, consumers, staff and Visiting Medical Officers selected at random. This method of research proved to be very valuable.

Improving Our Reporting

In response to advice received from community research and consumers participating in our community health programs we now include in this report information on many of the activities enquired about and also contact information for people requiring more details:

What did our Consumers Enquire About?

We have taken particular notice of the following points which were the most commonly posed by respondents.

- How much education do our staff undertake and who chooses what continuing education they receive? Page 10-13
- Does the Service ensure Doctors are qualified? Is there a Victorian or Australian Standard? Page 10
- What are Care Plans? How do they work and are they in all West Wimmera Health Service hospitals? Page 8
- What is the incident rate for medication management? Is this improving? Page 14
- Safety for staff and patients. Pages 14-15
- Is the food purchased because of quality or cost? Pages 18-19
- Increase circulation of the Report and advertise it is available
- What Allied Health Services are available? Page 24
- What is the cost of Allied Health Services?

WWHS Allied and Community Health Fees		
	Standard Fee (\$)	Fee if Paid on the Day (\$)
Pensioners	7.50	6.00
Health Care Card Holders	11.00	9.50
Other	16.00	13.50

It is West Wimmera Health Service policy that no person will be denied a service because they are not able to pay fees. Applications can be made to the Executive Director, Community & Disability Services for financial consideration. A fees cap may also be considered when there is high service use.

How the Report is Distributed

This Report is provided to all in attendance at the Annual General Meeting, average attendance 250, placed in retail businesses such as a Newsagent or Milk Bar in each town of the Service, at the Reception Desk at each facility, at Dental Clinics, Doctors Surgeries, mailed to Visiting Medical Officers, placed on the front page of our Internet site at www.wwhs.net.au and the internal Intranet and is also distributed industry wide.

In response to consumer requests, we will also announce the release of the Report in local papers.

This year a newspaper type version will also be placed in a free Newspaper which has 23,100 circulation across the Wimmera/ Mallee catchment area and beyond.

A selected approach is applied to provide greater coverage to all ages, all groups and all communities in our Service

We will Assess how Effective this Method is by:

- The number of 'hits' on the Report on the Internet site compared to the number of times the Report was accessed via our website last year, which was 3297.
- Continuing direct research and persevering with inserting a questionnaire in the Report, and when announcing its release promote our desire for comments and suggestions from readers.
- We will also offer a 'lucky' prize for respondents to the newspaper version of the report.

Evaluation of the 2005 Report – The Outcome

There was comment that the larger size was awkward to handle so we have returned to the traditional A4 format and changed the binding for ease of use.

We have also invested greater energy into consultation with our communities and research into marginalised groups in our catchment and as a result we are much wiser about the expectations of our communities.

The fabric of our community is changing and we are experiencing more people with Culturally and Linguistically Diverse backgrounds who require information about our services and how to access to them.

We are investigating opportunities to engage them in developing appropriate services to meet their cultural needs.

We very seldom have clients with Aboriginal or Torres Strait Islander backgrounds but we do have protocols in place for appropriate advice and understanding of their care needs with an Aboriginal Co-operative, in a regional centre, whom we may access when required.



Clients arriving at Goroke Community Health Centre are greeted by the welcoming face of Joy Walter, Receptionist, who is always ready to assist.

EVERY CONTACT WITH OUR CONSUMERS, WHETHER THROUGH FACE-TO-FACE CONVERSATIONS OR VIA PRINTED DOCUMENTS AND QUESTIONNAIRES IS AN OPPORTUNITY TO GATHER MORE AND MORE DIRECT INFORMATION ABOUT THE PERCEIVED AND ACTUAL QUALITY OF THE SERVICES WE OFFER.

OUR COMMUNITIES PARTICIPATE AND CONTRIBUTE

Our Service incorporates many diversely focused community groups who participate in many projects and initiatives and whose advice and insight is central to the ongoing development of the services we offer.

Diversity – Our Speciality

- Health Promotion activities aim to include minority groups, for example, single parents, unemployed, rural and remote women. The ‘Women’s Lounge’, held monthly in Nhill, caters for women of all ages to come together on a social basis to learn more about stress management.
- Our capacity to deliver excellent outreach services means that we visit people in the region who are socially isolated and unable to access services in provincial centres.
- Current service provision indicates that we are seeing a greater diversification of clients, particularly from Culturally and Linguistically Diverse (CALD) communities including nationalities of Sudan, Thailand, Philippines, Zimbabwe, and South Africa.
- Our social welfare workers advocate on behalf of marginalised communities – assisting with completion of paperwork for clients who have English literacy difficulties and providing information about Australian culture while themselves learning more about other cultures and languages.
- Our Social Work ethics promote empowerment of those who are marginalised and disadvantaged. A key for our department akin to such values is that we are open minded and non-judgemental in the work we do.
- We have embraced the priority of Dental Health Services Victoria (DHSV) to provide dental treatment for teenagers. Students in years 8 – 12 on a health care card or pension can access priority dental care at no cost at the Nhill Hospital Dental Clinic.
- We have addressed the issue of limited access to school dental services in our region by offering dental care to primary school children who have not seen a school dentist in 24 months at the School Dental Program fee. This program was conducted by DHSV at the Kaniva Hospital this year.
- 280 primary school children from Natimuk, Goroke and Kaniva attended a “Cultural Diversity” Health Promotion day in Goroke to increase children’s understanding and acceptance of diversity. Cultural diversity was explored, including food, international dance and language. Children were given an opportunity to look at life from the perspective of those with disabilities and workshops centring on senses and sign language and the riding for the disabled program were conducted.

Home and Community Care – Cultural Action Plan

WWHS has a HACC services Cultural Action Plan which:

- Aims to identify clients from culturally and linguistically diverse backgrounds in our communities
- Provides an overview of what we are doing to support them
- Outlines our future plans to meet the needs of these groups.
- Provides a kit of information and resources for staff dealing with CALD clients

As the population base in our area of people from CALD backgrounds is very small, we will strive diligently to increase awareness and promotion of services and resources available, in order to support their particular needs.

Day Centre

[Come Along and Join In: Have you Thought About Attending your Local Adult Day Centre?](#)

There are few criteria for membership – generally people are over 65 and looking for an opportunity to meet and socialise, enjoy outings and participate in a range of activities.

140 people attended the 10th Anniversary celebrations for Natimuk Day Centre held at the Natimuk Town Hall on 22nd September 2005.

A Men’s Group at Nhill meets fortnightly and has proved immensely successful, increasing in numbers from 10 to 25 over the past 12 months. The group includes many retired gentlemen who enjoy outings to many places of particular interest.

Disability Services

- Advocacy – A regular “Advocacy” meeting for Disability Services clients is facilitated by a Welfare worker and provides a chance for those with a disability to express their thoughts and learn their rights and responsibilities in society.
- All Disability Services clients and Supported Employees participate in Individual Program Planning or Individual Employment Planning processes which involve clients and family/carers in all aspects of their program planning, implementation and evaluation.

Consumer Feedback

- We constantly seek feedback from consumers about the programs we deliver requesting suggestions for improvements and identifying un-met needs and gaps in services.

In the past 12 months we have sought written and verbal feedback from consumers of all our health promotion activities and various programs including Allied Health, Lowan Rural Network, Day Centre and District Nursing. The outcome of this research can be found on pages 22-33.

- People who are admitted to our acute hospitals receive a Patient Service Questionnaire, accompanied by a Reply Paid envelope from the Service and also may be asked to complete an independent Questionnaire initiated by the Department of Human Services. This Questionnaire is discussed in more detail on page 8.

Room for Improvement – The Future

We seek the opinions of consumers of our services, however we also must ensure we get feedback from people who perhaps don’t participate due to access issues such as lack of public transport, social isolation or carers of aged or disabled family members.

We are investigating a variety of methods to improve our consultation with the wider community, including marginalised groups.



THE ROUND TABLE WAS A WONDERFUL INVENTION. DIRECT FACE-TO-FACE CONTACT REMAINS A SOCIAL, INCLUSIVE AND HIGHLY EFFECTIVE WAY TO GAIN VALUABLE INSIGHT ABOUT WHAT WE DO AND BUILD INCREASING COMMUNITY SUPPORT FOR OUR PLANS AND INITIATIVES.

Our Community Committees are a great source of information and advice. The Natimuk Friends and Relatives Committee are pictured with Director of Nursing, Sandra Hinch discussing the Aged Care program at Natimuk.

L-R Jessica Jackson, Marjorie Wallace, Sandra Hinch, Pat Aristidou, Joan Uebergang and Helen McClure.

CARE MAY TAKE NOT ONE BUT SEVERAL FORMS. THE RIGHT CARE PLAN FOR EACH INDIVIDUAL IS THE CORNERSTONE OF OUR SERVICES.

Continuity of Care may involve several care packages arranged in a seamless program of treatment designed to restore an individual patient to optimal health.

West Wimmera Health Service offers services across the whole health spectrum providing a wide choice of options when you enter any of our services. These include:

- Allied Health
- Community Nursing
- Acute Care
- Residential Aged Care
- Community Based Aged Care
- Disability Services

You may need a single service such as Physiotherapy, or require a number of services to be provided in a coordinated program to ensure return to optimal health. We call this 'Continuity of Care', and your progress is constantly monitored and reviewed with referral to other programs and services when required.

You can access our services by referral from an Allied Health Professional, your General Practitioner, a Community Nurse, Pre-admission Clinic or you may initiate the request yourself.

Comprehensive **Care Plans** are developed to plan each stage of your care ensuring it is consistent and effective.

Who creates the Plan for your care?

- The diverse multi-disciplinary team who will care for you
- Your input is essential when formulating a plan which will return you to good health as quickly as possible. You may ask family or a friend to join you in this planning process.

We believe it is important that a considered view is made possible through consultation with all those involved in your care.

Will the Plan for my care change during my treatment?

Yes! Care Plans are revised to accommodate changes in the status of your health and wellbeing.

- In the acute hospital setting Care Plans are reviewed and recorded on a daily basis by all clinicians involved.
- In our Hostels and Nursing Homes Care Plans are routinely reviewed with residents and families monthly or sooner if there are changes in the health and wellbeing of a resident.

District nurses review Care Plans with their clients every three months during their regular visits. At the same time they remind clients of their rights and responsibilities and discuss aspects such as advocacy.

How long will I have to stay in hospital? – A Question Often Asked

Patients are informed of their estimated length of stay in a variety of ways.

At the initial consultation with their General Practitioner, patients are advised of the approximate number of days they will be in hospital. If surgery is required the patient will be advised of the expected length of stay by the Admissions and Discharge Co-ordinator at the pre-admission interview.

The actual discharge date is set in consultation with the Doctor and the clinicians caring for you.

We begin planning for you to leave hospital as soon as admitted or when admission to one of our hospitals is being planned.

We do this to make sure everything needed upon return home is arranged before leaving hospital. This also gives families or friends the opportunity to help plan discharge.

We employ a full time dedicated Admission and Discharge Coordinator to help plan and arrange all of these matters to provide and organise ongoing care and a safe return home.

When I leave hospital what will I do to get back to normal?

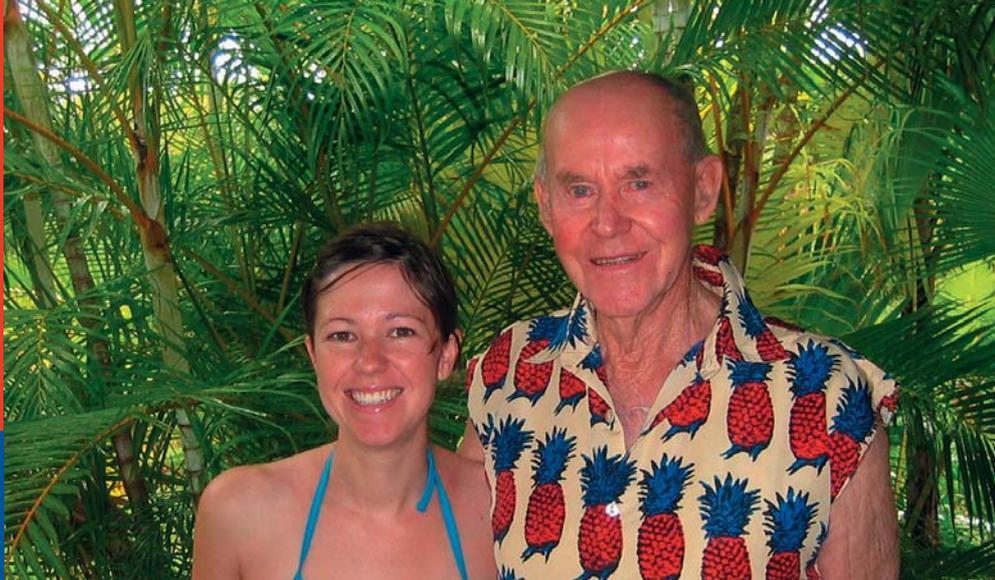
Prior to leaving a West Wimmera Health Service hospital an appointment is made with your doctor to review your progress. The follow up appointment provides the opportunity for you, the patient, and your Doctor to discuss your progress and any ongoing care that may be necessary.

You may be referred to one or more **Allied Health Services** such as a Physiotherapist, Dietitian or Podiatrist. An Occupational Therapist may complete a home assessment to ensure modifications and equipment such as hand rails, shower chairs and walking frames are organised before you leave hospital.

Our **Post Acute Care** and **Hospital to Home** programs enable some patients to leave hospital early by providing home support such as personal care, assistance with meals, home help, maintenance and gardening. The District Nursing Service also assists patients to return home with the type of complex needs that previously would require an extensive hospital stay, by providing ongoing nursing care.

Continuity of care continues with the availability of **Community Aged Care Packages** and the **National Respite for Carers Program**, which provide innovative support services to enable elderly clients, who might otherwise have required admission to an aged care facility, to remain living at home.

THE MOST VALUABLE INSIGHT INTO OUR CARE COME FROM OUR CLIENTS.



Colin with his granddaughter Lauren enjoying a holiday in Queensland thanks to the "excellent Continuity of Care across West Wimmera Health Service"

Evaluation of care – What Our Patients Think?

A six monthly independent Patient Satisfaction Survey is distributed by UltraFeedback (their website is www.vpsm.com.au) for the Department of Human Services to a random selection of patients who have had an acute stay in a public hospital. Our results from such surveys are compared with like sized hospitals.

West Wimmera Health Service has improved its performance between the survey conducted between March and August 2005 and September 2005 and February 2006 as shown in the chart below. This index measures, from the patient satisfaction point of view, how their experience measured up.

Results of the Patient Satisfaction Monitor

	WWHS August 2005	Category Average	WWHS February 2006	Category Average
Overall Care	78	83	82	83
Access and Admission	79	88	80	82
General Patient Information	82	85	86	86
Treatment and Related Information	80	82	83	83
Complaints Management	80	81	83	84
Physical Environment	73	81	79	82
Discharge and Follow-Up	78	81	81	81

The subsequent survey, September 05 – February 2006, indicated an improved result with the Overall Care Index increased to 82.

Survey comments included:

What were the best things about your stay in hospital?

- The midwives & doctors.
- Nursing & medical care, physiotherapy & other allied health.
- The friendship.
- The meals and the doctors and the nurses - they were really nice to me
- The [hospital] staff - they were all really nice to me.

We also noted improvements that could be made from feedback we received such as:

- The accessibility and responsiveness of the District Nursing Program was demonstrated with the results of a survey conducted from January to March 2006 which indicated that 97% of new referrals to the district nursing program were contacted within one week of referral.
86% were contacted within 2 days.
97% of clients were visited within 3 days of the initial contact.

Colin's Story

Colin is a long time resident of Goroce and is now in his 80's. About 3 years ago Colin developed a series of serious and debilitating conditions including insulin-dependent diabetes, a respiratory infection and a broken hip.

Colin's case was complex and resulted in a Care Plan that involved specialist treatment in Melbourne and Hamilton and included an extensive list of services provided by West Wimmera Health Service.

In Colin's own words:

'I have Personal Care Workers visit me three times a week, they deliver items as needed and check on my diet and medications.

I have used the local Community Health Program staff including nurses, physiotherapists, dietician, diabetic nurse, the Lowan Massage therapist and an occupational therapist. In addition, I recently had an eye operation at Nhill that went very well and will have a cataract operation before Christmas.'

Continuity of Care and Colin's own willingness to embrace the diet and exercise programs established as part of that care, have resulted in a marked improvement in his health and lifestyle.

Colin's final comments were:

'Since my illness I have had three terrific holidays and I am presently relaxing in Queensland. If my example of Continuity of Care across West Wimmera Health Service is typical then I suggest Continuity of Care is very good at West Wimmera Health Service'.

Where to from here?

We continually **strive to improve** our processes and, therefore, a multi-disciplinary **Continuum of Care Committee** was established during the year to monitor systems and processes of care, to evaluate what we do and, of critical importance, to ensure we involve consumers.

We welcome feedback about our services and a 'Suggestions for Improvements' form is available from the receptionist at each facility.

Please let us know what you think – after all we wish to provide care **with** you not just **for** you.

'I WANT TO KNOW THAT THE STAFF WHO TREAT ME ARE PROPERLY QUALIFIED AND THE SERVICE ACCREDITED'.

One of the questions that is frequently asked is whether the staff are properly qualified and credentialed. Incidents of fake representation in one particular case in Queensland have (quite correctly) received prominent media attention and prompted considerable concern across Australia about this subject.

Are the Staff Qualified to Treat Me?

When medical practitioners are appointed or reappointed to West Wimmera Health Service, they undergo a process of credentialing and granting of clinical privileges by the Board of Governance on the recommendation of the Medical Appointments and Review Committee which has Board of Governance, medical and senior administration representation.

Credentialing involves a review of qualifications, experience and registration status in order to establish whether they are appropriately qualified to practice in the Victorian healthcare system.

Clinical privileges define the scope and authority to practice within West Wimmera Health Service.

As well as taking into account a medical practitioner's skills in a particular area of clinical practice, clinical privileges also depend on the staff and facilities that are available at a given hospital and the role of that hospital within West Wimmera Health Service and the wider healthcare system.

It is anticipated that in the future the processes for credentialing and the granting of clinical privileges will be integrated with a Grampian region-wide system that has been developed for this purpose.

All health care professionals employed by West Wimmera Health Service must either be a member of their professional association or registered with a Board of Registration before they can commence work with us.

Professions such as Medical Practitioners, Nurses, Pharmacists, Radiographers, Physiotherapists, and Podiatrists must be registered with their Registration Board.

Why is This so Important?

The Service, and therefore our clients, patients, residents and the general public must be assured that all health professionals are appropriately qualified, experienced and registered to practise in accordance with the applicable legislation before commencing their duties.

Police checks are a part of this process.

In its obligations to duty of care the Board of Governance must ensure that total compliance is achieved to guarantee the safety and welfare of the patients for whom we have the privileged responsibility of care.

Compliance is Our Obligation

- The management of credentialing of medical practitioners rests with the Executive Director of Medical Services and the Chief Executive Officer.
- All health professionals must provide evidence, either electronic or paper copy, of their qualifications and registration
- Executive Directors are responsible for verifying that their staff are qualified, registered and competent.

How Did We Do?

During 2005 – 2006: 100 % of nursing staff were registered with the Nurses Board of Victoria. This year the organisation was able to check all nurse registrations on the Nurses Board of Victoria Website. This was accomplished in two hours without the need for paper based evidence. A time saving for us, a benefit for the environment and a process conducted with much greater efficiency.

100% of Pharmacists, Radiographers, and Allied Health Professionals were registered in 2005 - 06.

The service sighted copies of 100% of medical practitioners registration details which included general practitioners, surgeons, anaesthetists and psychiatrists.

Accreditation

The safety and quality of our care is regularly monitored by external accreditation and standards agencies such as Australian Council on Healthcare Standards EQuIP, Commonwealth Aged Care Standards and Accreditation Agency, Home and Community Care National Standards, Department of Veterans' Affairs and Disability Certification.

We currently hold accreditation or compliance status with each of these organisations giving our community the confidence to know that our care and safety systems and processes have passed stringent examination by independent assessment.

At the organisational wide EQuIP survey in November 2004 recommendations were made in regard to risk management processes, including the need for greater staff understanding of the risk management policy.

Action Taken:

- An education program targeting risk management and regular communication with staff has taken place and it is also included in the Orientation Program.
- A Risk Management Coordinator was appointed.
- An external evaluation has been conducted by Victorian Managed Insurance Authority.
- A staff survey in April showed 98% of staff were aware of our Risk Register and knew where to access it.

A periodic review will take place in November at which time the actions undertaken in response to the original recommendations will be evaluated.



A PROCESS OF EXAMINING AND CHECKING THE ACCURACY OF CLAIMED PROFESSIONAL QUALIFICATIONS AND RELEVANT EXPERIENCE IS STRINGENTLY FOLLOWED BY WEST WIMMERA HEALTH SERVICE.

Ophthalmologist Mark Chehade assisted by Theatre Nurse Michelle Borain during surgery at the Nhill hospital to remove a cataract.

WE WANT OUR STAFF TO GROW IN THEIR CAREERS. WE ENCOURAGE LEARNING.

West Wimmera Health Service is an active promoter of educational and training opportunities for our staff. We seek to nurture a sense of professional growth and pride in achievement in our people.

1. Education Policy Compliance

Our Education Policy was developed to standardise and better define the educational requirements of our employees and the organisation which is linked to the provision of improved, safer patient care.

Staff must comply with all aspects of the education policy providing them with an increased awareness of their responsibility in maintaining their own competency, and reassurance that those they are working with are also competent.

Education is provided at all our facilities and is delivered by a variety of methods including face-to-face training and self-directed learning. Staff are required to maintain competency in areas relevant to their position description.

Monitoring & Measuring Effectiveness

Monitoring on a monthly basis has revealed improvement in attendance at education programs as a result of our stronger focus on upgrading staff skills.

Staff Compliance with WWHS Education Policy	Attendance %	
	2004/05	2005/06
Bullying and Sexual Harassment	24	70
Chemical Handling	50	86
Fire and Emergency Procedures	92	98
Food Handling	66	92
Incident Reporting	29	78
Infection Control	36	81
Manual Handling	81	93
Medication Management	remains static at 97%	
No-Lift	66	70
Privacy and Confidentiality	77	90
Resuscitation:		
- Basic Life Support	88	92
- Cardiopulmonary Resuscitation	70	89
- Neonatal Resuscitation	82	100

Regular review of the education policy has underpinned an organisational commitment to ensuring that the training provided is current and relevant.

Staff use fire extinguishers, fire hoses and blankets as part of their annual fire and emergency training. Evacuation drills are also conducted.

The subject matter of our education program its policies and protocols is strongly emphasised at our Orientation Program for new employees.

How can Consumers be Sure that Our Staff are Competent and Qualified?

Our consumers must be confident that our staff are adequately skilled to provide a high standard of care.

Our objective is to nurture a learning environment to ensure staff are competent and qualified.

We achieve this, for example by verifying that all our nurses are:

- Registered with the Nurses Board of Victoria. Registration is renewed annually and currently nurses must PROVE their ongoing competence. In the next few years' nurses will be required to accumulate Continuing Education Points in order to have their registration renewed.
- We employ a Clinical Support Nurse to mentor, support and provide clinical instruction to newly employed nurses, graduate nurses, trainees and nursing students.
- We also employ a No-Lift Coordinator. This role is to ensure uniform training, and competence in 'No Lift' practices. This program is an important component of staff health and safety, reducing injury that may be caused through lifting and transferring patients, equipment or materials.
- Basic Life Support (BLS) instructors have been trained and now conduct resuscitation training and assessment for all staff.
- All nurses are required to undertake assessment in medication management. This has recently been extended to Personal Care Workers and Disability Support Workers.
- Our nursing education programs are endorsed by the Royal College of Nursing Australia (RCNA). As an Authorised Provider Of Endorsed Courses (APEC) we are able to endorse professional educational activities on behalf of RCNA and allocate Continuing Nurse Education (CNE) points to those activities. This adds credibility to our education programs and demonstrates our commitment to life long learning.

2. Orientation Program

To add value to the orientation program it has been formally included in the education program. Orientation provides new employees with skills and knowledge about West Wimmera Health Service to enable them to fit into the organisation and their new role and responsibility more easily.

The objective of orientation is to introduce new staff to the West Wimmera Health Service and the way it works.

Orientation is held each month and includes a detailed overview of the Service, its Vision, Mission and Objectives, the importance of issues such as privacy and confidentiality, fire and emergency procedures, OH&S, Customer Service and general administrative procedures.



WHEN OUR PEOPLE ATTAIN
HIGHER LEVELS OF
PROFESSIONAL ACHIEVEMENT
THEY ARE JUSTIFIABLY PROUD
OF THEIR EFFORTS...
AND WE ARE PROUD OF THEM.

Kate Pilgrim, Executive Assistant to the Chief Executive Officer, graduated from the University of Ballarat with a Certificate IV in Business in May this year. The study will prove a great asset as her role in the health service becomes more complex.

Measuring the Effectiveness of Orientation

Acceptance of this program can be demonstrated by the following statistics that provide a comparison between 2004/05 and 2005/06.

The outcomes reveal a continuous improvement which is gratifying.

	Attendance %	
	2004/05	2005/06
New staff who have attended orientation	89	94
New staff who have attended orientation within 2 months of commencing employment	86	94
Staff who have not attended orientation and are still employed	11	3

Education Needs and Skills Analysis

How do we decide what educational opportunities our staff require?

We determine the educational needs of the staff and the organisation by:

- Conducting an Education Needs Analysis – An annual needs analysis is conducted to obtain feedback from staff and management on what they would like and need to be included in the education program
- A regional needs analysis is also conducted to establish Regional Continuing Nurse Education Programs which are funded by the DHS
- Requests for particular education streams are received from – evaluation forums, performance appraisals and incident reporting
- Information about external education is received from external sources including TAFE Colleges and Universities
- Skills Analysis – Each WWHS facility has identified the skills required by their staff. As a result we have provided updates in Cardiac Care, Advanced Life Support, Defibrillator updates and Thrombolytic Therapy. Future topics include Intravenous Cannulation and Aged Care Documentation.

MEDICINES ARE AN ESSENTIAL PART OF A HEALTH SERVICE'S TREATMENT PROGRAMS. THE SAFE MANAGEMENT OF MEDICATION IS EQUALLY VITAL.



MAKING SURE WE ADMINISTER MEDICINES SAFELY

Exacting protocols designed to ensure safe methods of administering medicines are followed within our service and monitoring to identify any medication errors that may take place is carried out continually.

We take a pro-active approach to managing the administration of medication. Giving the wrong medication, at the wrong time or to the wrong person is not acceptable.

Analysis of all incidents reported is a primary method of alerting us to errors in medication management. We use this analysis to initiate methods to minimise or eradicate future occurrences.

Examples of medication errors which can occur include:

- Missing signatures on the patient medication chart
- Unreadable prescriptions
- Missing doses in Webster packs
- Wrong dose or wrong drug being administered

What Have We Done

- We have improved medication management by determining what has occurred and what is required to be done.
- Staff have access to on-line incident reporting.
- An in-depth study as to why an incident occurred and what action has been taken to minimise the chance of the error happening again, is undertaken by the manager and staff involved in such incidents.
- Results of studies, are reported to staff meetings, where outcomes and changes to medication management are explained.
- All reports pertaining to the studies are presented to the Clinical Quality and Safety Committee.

What is the Result

Throughout the year we have monitored medication errors by examining the number of incidents, trends in terms of the nature of the incident, and the result or impact on the patient of each incident

- There were 25 separate medication errors across the service, compared to 23 for the prior 12 months.

While there was an increase in reported incidents this year, it is particularly important to note that no major events occurred, or any requiring medical intervention or transfer to a larger hospital.

Our Future Objectives for Safe Management of Medications

What we will do:

- Work diligently and provide education to bring about a major reduction in such errors occurring.
- Ensure safe administration of medications to patients and residents at all times
- To report medication incidents at time of event
- Manager or Executive Director will review incident within 24 hours
- That no *Sentinel Event study will be required due to the eradication of medication errors. (*An event which results in or which has the potential for causing death or serious harm to a patient).

What Action Resulted from Investigation of the Errors

- Analysis of incident reports revealed that errors were occurring in the preparation of *Webster Packs for residents in one of our Hostels.
- We reviewed the preparation of the Packs by a private pharmacy and changes were introduced to improve the procedure for checking the content of the packs before they were put into circulation.

*A blister pack prepared by a Pharmacist with medication grouped according to the time to be taken throughout the day.

Outcome

- Since that review, there has been a vast reduction in Webster Pack incidents.
- A Medication incident in Disability Services identified that clearer protocols for communication with staff and a review of documentation processes needed to occur.
- This did occur and we have provided refresher training for staff regarding medication management which is now mandatory on an annual basis.
- Reporting on medication incidents, now occurs in 78% of incidents rather than 12% in 2004 – 05. This is a direct result of the implementation of the on-line incident reporting system, staff education and growing confidence in the system.
- As a result of a review of medication documentation which highlighted that when omissions of medication occurred it has been decided that staff are now to review medication charts at the end of each shift which has proved to be effective and is assisting to reduce such occurrences.
- We now provide improved access to professional references for health care workers in all clinical areas
- The competency of staff in medication management is reviewed annually. 98% of all nursing staff have completed an education package and competency testing

The Future

The ultimate goal for managing medication safely is to introduce an electronic medication chart. Research into the software program currently used by our General Practitioners for that purpose is taking place.

We will achieve better practice in medication management and administration by using the National Medication Chart in all our services.

The chart, developed by the National Safety and Quality Council, has been successfully piloted in 30 hospitals across Australia.

We will work closely with Medical Practitioners, staff, and the Department of Human Services to successfully implement the chart which will be appropriate for use throughout our acute care and aged care facilities.

REPORTING INCIDENTS, ACCIDENTS AND NEAR MISSES

Incidents are actions or events which one would expect would not normally occur which could lead to major risk and need to be dealt with promptly and expertly at all levels of the Service.

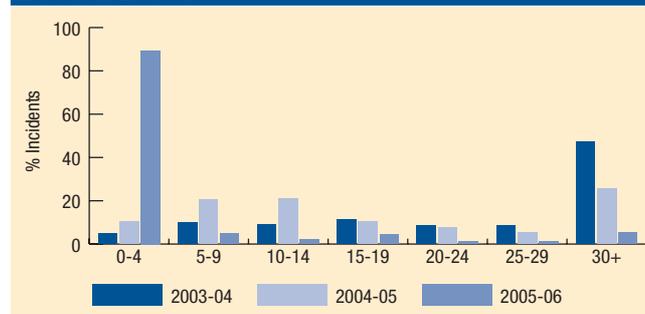
West Wimmera Health Service uses an electronic system to record incidents throughout the Service. The system is integral to risk management, incident management and occupational health and safety.

2005-06 was the first full year of operation of the new system.

Staff now have the opportunity to record incidents or near misses knowing that their immediate managers and senior management will be notified within minutes of the report being completed. This is a vast improvement on the paper based system which we were using.

The table below illustrates the improvement in the time taken to report incidents to Executive Directors, with nearly 90% of all incidents in 2005/06 being reported to and remedial action taken by senior management within four days, with most action taken within one day.

Comparison of delays in executive Director notification of incidents 2003-04 to 2005-06



The service is now able to quickly respond to incidents which have occurred and make appropriate procedural and operational changes to ensure the safety of patients, residents and staff. As an example we increase the number of staff on duty in our dementia specific hostels when there is an increase in aggressive behaviour by residents.

Incidents identified as being potentially high risk are monitored more stringently to identify problems and to determine the best action to take.

In 2005/06 we had a 31% increase in the total number of incidents reported. This is due to staff having greater access to computers to report incidents in electronic form with staff also having increased confidence in the ability to act quickly and positively relating to incidents reported.

We cannot rule out that there may be in fact more incidents occurring at West Wimmera Health Service, however, it is more likely that we are now having more incidents reported that would previously not have been the case.

In 2005-06 the data recorded on RiskMan has been utilised to analyse all incidents, falls, aggression, inappropriate behaviour, skin tears and medication incidents for each site.

This data is analysed and compared against the average for each site to ascertain when a particular type of incident has increased to above normal levels.

The information derived is fed back to the Director of Nursing/ Unit Manager and staff so they are aware of the type and number of incidents that are occurring each month and are in a position to implement corrective action as necessary

The introduction of RiskMan has encouraged staff to report incidents and has decreased the time taken to notify senior management of incidents that have occurred.

We now have a clearer picture of the issues we need to address from a patient, resident, visitor and staff safety and quality point of view.

In 2006-07 further training will take place to improve the effectiveness and accuracy of incident reporting. Training will also be provided to Unit Managers and Directors of Nursing to enable them to produce advanced reports looking at the time of day, location of incidents and individual clients.

Incident reporting at West Wimmera has advanced a long way in ensuring our facilities are safe for everyone.

A SUSTAINABLE FUTURE MEANS MANAGING VITAL RESOURCES WISELY

The prolonged drought affecting much of Australia is particularly evident in our region. It has brought into sharp focus the increasing importance to develop sustainability as an aspect of every facet of our organisation and environmental management.

Water – Liquid Gold. Our Lifeline

Water, a precious natural resource, is often taken for granted.

The West Wimmera and Southern Mallee have been in the grip of drought for the last ten years, with our water stores currently at about 9% of capacity. The channel water delivery systems to the townships of Jeparit, Rainbow and Natimuk are subject to Stage 4 water restrictions and is limited to household use only.

Shortage of water is a crisis we will face in the near future. Rainwater collection is therefore vital.

We must collect, store and use rainwater wisely.

The ‘New’ Nhill Hospital project did not include the collection of rainwater from the roof area which was always to be undertaken by this Service.

The Tank Farm Initiative

With our usual determination and tenacity we have set up a ‘tank farm’ in Nhill and from June 2006 we will be able to collect and store rainwater from the entire roof area of Mira which was not previously the case.

Sections of the ‘New’ Nhill Hospital roof have also now been engineered to provide rainwater to the ‘tank farm’.

Rainwater is used for the Sterilizers in the Central Sterile Supply Department, the Steaming Oven in the Kitchen and Boiling Hot Water Units and also for domestic use.

The ability to continue to access and store this precious commodity at all our sites is vital to our future existence and sustainability and will be a major undertaking in the immediate future.

Recycling and Waste Management

Our goal is to introduce a waste management program that provides improved environmental outcomes by increasing recycling and decreasing the amount of rubbish deposited in landfill.

Nhill Hospital and Iona Digby Harris Home commenced a pilot project in September 2005 requiring all departments to separate waste and recycle plastics, tin and glass.

The initiative will assist Cooina Disability Service to maximise their recycling capacity, the assisted employment program as well as the environment.

The Cooina recycling program provides steady employment for sixteen clients and has won awards from the Keep Australia Beautiful Council for ‘Outstanding Community Concern and Action Towards Preserving the Environment’.

Waste Management Committee

A Waste Management Committee was formed to establish an ongoing strategy for managing recyclable materials to provide advice on how to improve financial viability for Cooina and provide future directions for waste management.

Monitoring and Measuring the Effectiveness of our Recycling and Waste Disposal Program

As a result of our Waste Management Committee deliberations we measured the amount of waste being sent to landfill before and after the commencement of the project to ascertain if recycling has made any difference to the amount of landfill waste deposited.

Evaluation:

Recycling and Waste Disposal:

In the six months after the introduction of the recycling pilot we achieved a 60.5% decrease in landfill waste.

Staff awareness of waste management has increased significantly since the commencement of the program, making us all more aware of our environmental responsibilities.

In the next twelve months improved recycling and waste management will result in:

- A reduced number of bins with rubbish destined for landfill.
- Phasing out the use of foam disposable cups.
- Reduction in Transfer Station (tip) costs.
- Increased amount of recyclable materials.
- Financial return through selling recyclables, including shredded paper.

Performance/Cost/Compliance:

Recycling and Waste Disposal

The average cost for landfill rubbish for Nhill Hospital and Iona Digby Harris Home was \$178.80 per month, this decreased to \$93.80 per month following the introduction of the recycling initiative.

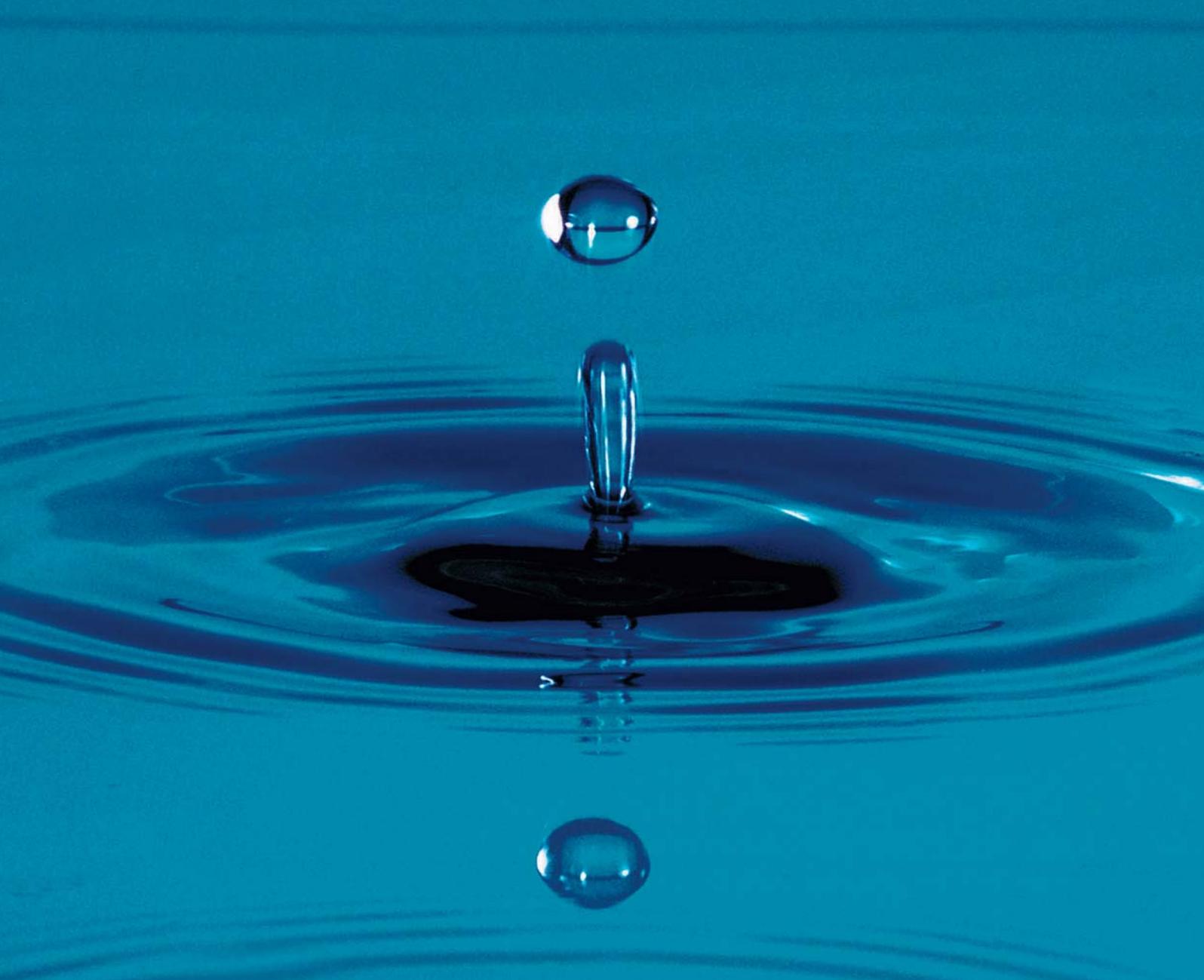
A market already exists for pressed cardboard, paper, cans and plastic materials. Opportunities for a compost venture using green waste will be explored in the next year with funding from Family and Community Services to be sought to enable Cooina to undertake this as a business venture

Where to from here:

West Wimmera Health Service recognises the need to be a good corporate citizen in regard to the management of environmental issues.

2006/07 will see an increased emphasis on recycling to achieve our goal of improved waste minimisation.

We will commence paper recycling as part of the assisted employment program at Cooina. The environmental and financial impact of this initiative will be measured through monitoring the amount of waste sent to the tip, and whether revenue from the recycling program increases.



WE ARE ACUTELY AWARE OF THE PRECIOUSNESS OF WATER AS A NATURAL RESOURCE AND CONTINUE TO TAKE ACTIVE AND PRACTICAL STEPS TO COLLECT, CONSERVE AND VALUE EVERY DROP.

Landfill Waste – Trips to the Tip



Landfill Waste – Costs per Month



FOOD – FRESH, NUTRITIOUS, TASTY, SAFE

The importance of food in health, nutrition and the sense of wellbeing and satisfaction of consumers, cannot be overestimated. The safety of the food we prepare and serve is paramount, but so is its freshness, tastiness and nutritional value.

Our Food Safety Program

During 2006 we prepared 203,000 meals for acute inpatients, aged care residents, meals on wheels clients, staff and special functions.

Delicious, nutritious, well presented meals are served within the guidelines of our Food Safety Program.

The Food Safety Program is planned to ensure we prepare and serve only suitable and safe food.

To make this happen:

- Food tenders are sought on the basis of quality and price. If quality is found wanting we confer with the supplier and if there is no improvement another supplier is obtained.
- Specific systems are in place to receive, store, process, display, package, distribute, dispose of and recall food to ensure that food received is of good quality and remains in that condition until consumed.
- All fresh and perishable food is stored in cool rooms or refrigerators maintained at temperatures to conform with Commonwealth Food Safety Standards. Failure to comply with such standards would result in the loss of Licence to provide food.

All Our Food Premises and Equipment are Correctly Cleaned and Sanitized

- All our food premises are appropriately licensed.
- Daily surveillance is in place to ensure all areas as specified are maintained in accordance with the Food Safety Standards.

Staff are Skilled and Qualified in Food Safety Management

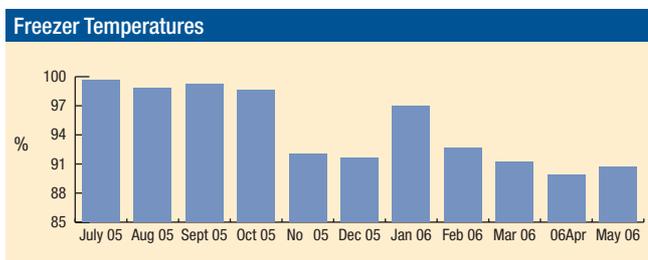
- All staff must complete internal food safety training which includes appraisal of their skills and knowledge.
- There is a qualified, nominated Food Safety Supervisor assigned to oversee all documentation and procedures to ensure compliance with the Food Safety Plan.

How Do I Know that Food is kept at the Correct Temperature?

Refrigerators and freezers are monitored daily to ensure they are operating in the correct temperature ranges.

The Cool Room Temperature graph details that for every month, except November 2005, temperatures were 99% compliant.

The Food Safety Program was used to deal with the anomaly experienced in November 2005.



The table above illustrates the average compliance per month of freezer temperatures throughout the Service. While variance in storage temperatures have been experienced from time to time they have been dealt with expeditiously, with little inconvenience and no wastage resulting.

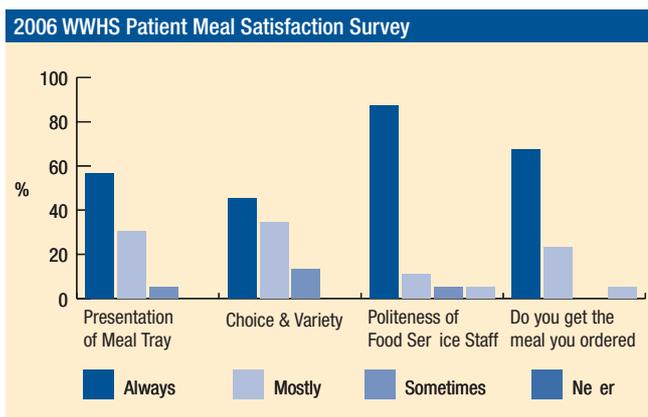
Measuring Patient Satisfaction with their Meals

Patient perception of the quality of meals is an important indicator of the service provided.

Every attempt is made to ensure that individual needs are met in regard to diet. Our kitchens provide freshly cooked meals daily which provides the capacity to cater for the individual dietary needs of patients.

Very few of our patients are from a culturally diverse background, however our policy is to offer the opportunity to order special meals to meet cultural or religious requirements.

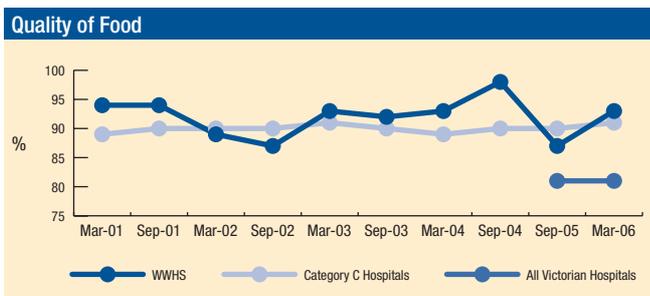
A survey conducted in June 2006 revealed that patients were generally pleased with the choice and variety of meals and were very happy with the courtesy shown by food services staff.





**MEALS ARE AN
EVENT, MORE THAN
JUST SUSTENANCE.
WE STRIVE TO MAKE
THEM FRESH, VARIED
AND ENJOYABLE.**

Chef Julie Leddin with a healthy nutritious meal ready for safe delivery to a waiting patient.



A survey of acute inpatients conducted on behalf of the Department of Human Services by UltraFeedback Consultants confirms that patients are generally very happy with the quality of meals we provide.

The recent survey results of March 2006 indicates a satisfaction level above 90% and above the average for like sized hospitals and considerably above the state wide satisfaction level.

A great achievement.

Working with Other Health Professionals to Meet Special Dietary Needs

Patients and aged care residents who require a special diet or dietary supplements are referred to the Dietitian for assessment and nutritional advice.

Catering staff work closely with the Speech Pathologist, Dietitian and Nursing Staff to ensure that patients prescribed a special diet as part of their care receive what is essential.

Monthly meetings have now commenced to improve communication between catering staff and health professionals directly involved in the care of the patient.

Improvements as a result of these meetings include:

- Improved communication and documentation processes
- Increased education for catering staff relating to special diets and nutrition

This arrangement is contributing to improve dietary management for all our customers.

Looking to the Future

Renovations to the Nhill Hospital kitchen will commence with planning including research into whether our methods of meal preparation and presentation can be enhanced.

The 'New' Nhill Hospital includes a Kiosk with food preparation and serving in this new area being included in our Food Safety Plan.

Now to the exciting future which will offer many opportunities for improvement and we will continue to evaluate our compliance with the Food Safety Act and review our Food Safety Plan to ensure it remains compliant and relevant. This should guarantee that the nutritional interests of our patients are paramount and indeed guarded.

HAND WASHING REVOLUTIONISED BY NEW PRODUCT WHICH REDUCES BACTERIA FASTER THAN SOAP AND WATER

*Clinical Support Nurse Trish Heinrich
introducing the new handwashing product
to Division 2 Nurse Sue Klemm.*



AIMING FOR A CLEAN BILL OF HEALTH

The presence of hospital acquired infection is not an issue for us at West Wimmera. The cleanliness of our environment and minimization of infection is a central component of the care we provide for our patients. Infection in hospitals is particularly serious as it can strike the most vulnerable, often at a time of low health status.

Our infection control systems are well maintained and controlled as revealed through the monitoring of hospital acquired infections as part of the state wide Victorian Nosocomial Infection Surveillance System (VICNISS), with excellent outcomes being achieved.

Objectives

The broad objectives of the monitoring program are to:

- reduce hospital infection rates
- improve patient health
- decrease length of stay in hospital for patients

How do we Know we Have a Low Rate of Infection?

We collect and collate data on infections from all sites accommodating acute inpatients. We collate the data, analyse the data for trends, address immediate concerns, report it to the Clinical Quality and Safety Committee and to the central VICNISS Coordinating Centre. We monitor:

- Multi Resistant Organisms, MRO (bugs that are becoming immune to antibiotics)
- Bloodstream Infection
- Surgical Site Infection in:
 - Hip and knee replacement surgery
 - Caesarean Sections
- Occupational Exposure (staff acquiring or having the potential to acquire an infection as a result of their employment)

Evaluation of Result of the Monitoring

We concentrate on monitoring the rate of hospital-acquired (nosocomial) infections. A hospital-acquired infection is any infection that occurs during or after hospitalisation that was not present at the time of the patient's admission.

Monitoring infections is very important. It highlights the need for staff to implement the care needed to limit the severity, spread and outcome of infection.

West Wimmera Health Service performs admirably compared to other facilities within the Grampians Region and the state in regard to infection control, particularly with the low numbers of hospital acquired infections reported.

We compare our performance by:

An example of these results is seen in the area concerning MRO. Since we commenced reporting to VICNISS there has been only one case of MRO, a rate of 0.8, compared to the Grampians Region reporting 10, a rate of 0.7 and the state reporting 69, a rate of 1.0.

Medium size hospitals reported 35 within the same time frame, a rate of 1.1.

How does West Wimmera Health Service Rate?

West Wimmera Health Service can assure patients and staff that from an infection control perspective it is an organisation that is both safe and favourably comparable to other Healthcare facilities.

During 2005 – 06 our results were excellent. No patient undergoing surgery at West Wimmera Health Service obtained a deep space infection. While superficial infections sometimes occurred we have not needed to hospitalise any surgical patients due to infection after surgery.

A great and assuring outcome.

Hands Friendly and Safe

Hand Hygiene Project to commence in 2006-07

Super clean hands in the healthcare setting are vital to patient safety! Hospital acquired infections or nosocomial infections, are central to causing illness in hospitals. The bacteria and viruses at the root of most of these infections are spread from patient to patient on the hands of healthcare workers.

To make sure our infection rate remains virtually non existent we will embark on a fresh approach to infection control with a new hand hygiene (hand washing) technique.

This work is consistent with a Victorian Quality Council (VQC) initiative to reduce healthcare acquired infections

The VQC will assist us to audit compliance with the new procedures, and in developing local approaches to support sustained improvement in hand hygiene practices.

We will:

- Introduce an alcohol-chlorhexidine hand cleaning product as an alternative to washing with soap and water. These products have been designed to reduce the number of organisms on the hands, with maximum effectiveness.
- Educate healthcare workers on hand hygiene practices by displaying posters checking the cleanliness of hands, and other promotional endeavours.
- Collect data on three performance indicators:
 1. The amount of Hand Hygiene product used in litres/1000 bed days/month which will allow us to benchmark with like hospitals and also inform the Department of Human Services on our performance
 2. The hospital acquired infection rate and
 3. The rate of hand hygiene compliance

Our Infection Control Practitioner and Education Co-ordinator have commenced education for this new project and they will begin training Nurses, General Services, Allied Health and Medical Staff in July 2006.

Single Use Items

Single use items should be thrown away after use and that is what we do.

We do not reuse single use items.

We have one Central Sterilising Service responsible for sterilising all clinical equipment and instruments.

We observe the Australian Standard: AS 4187-03 which covers cleaning, disinfecting, and sterilizing reusable medical and surgical instruments and equipment, and this maintenance of associated environments in healthcare facilities when cleaning and sterilising clinical equipment and spaces.

Environmental Cleaning Audits

Having a clean environment promotes the health and well-being of patients and residents which assists with the recovery process.

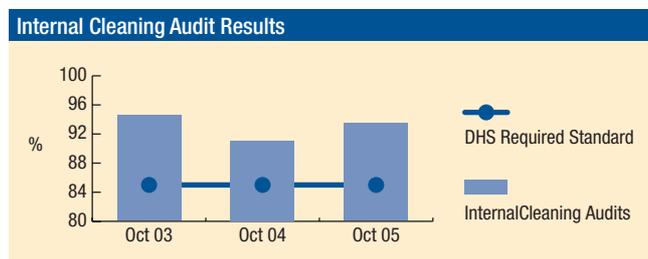
West Wimmera Health Service conducts a range of regular cleaning audits to ensure our Service retains an excellent standard of infection control.

How Can I Be Sure That the Health Service is Clean?

The Department of Human Services requires all health services to participate in external cleaning audits. 85% is considered an acceptable result.

A hospital is given 100 points at the commencement of the audit. Points are deducted on areas found to be unacceptable.

Cleanliness is measured focusing on four levels of functional areas and the risks associated with inadequate cleaning in specific areas. 'Very high risk' areas such as operating theatres and labour wards are rated more severely than a 'low risk' area such as a corridor or administration area.

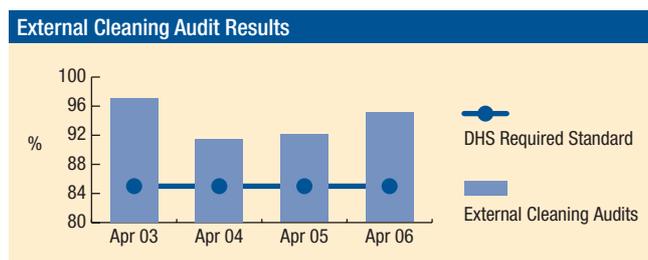


Results of the 2006 External Cleaning Audit show that West Wimmera Health Service scored 95%, considerably above the benchmark requirement of 85%. The graph illustrates that cleanliness has been steadily improving over the past three years.

This result is particularly pleasing given the difficulties associated with maintaining a clean environment in the temporary Nhill Hospital for the past two years.

Internal Cleaning Audits

In addition to the external cleaning audits the Service regularly conducts internal audits across all areas of the Service. These audits are used to identify potential problem areas.



Throughout 2005/06 the Service had an average score of 93.4% for internal cleaning audits, an excellent result showing that all sites are kept in a clean condition with a low risk of infection.

Infection Control requires a team effort amongst all staff, both clinical and non-clinical. Foremost in the fight against infection is a willingness to provide a clean environment.

Infection Control remains pivotal to the high quality of our care.

The Service is committed to preventing infections through scrutiny of clinical practice and we will remain vigilant through regular auditing of how we carry out practices such as cleaning, hand hygiene, sterilising and operating room processes.

Be assured you are safe in our care.



Community Health Nurse Wendy Altmann leading the Jeparit Exercise Group for the weekly workout.

Left to right: Heather Oelsnik, Pam Widows, Edna Robson, Donna Shaw, Ann Baker, Kath Chilton, Grace Maddern & Nita Natt.

GREATER PHYSICAL ACTIVITY IS NOT THE ONLY GOAL. SOCIAL INTERACTION AND FOSTERING FRIENDSHIPS ARE EQUALLY VALUABLE.

KEEP MOVING, KEEP HEALTHY

There is strong evidence that physical activity is a predominant factor in reducing disease and injury.

Obesity, high blood pressure and high cholesterol can result from physical inactivity which is now recognised as a significant risk factor in its own right (Victorian Burden of Disease Study 2001, Department of Human Services 2005).

Research supports that regular physical activity can:

- help prevent heart disease, stroke and high blood pressure;
- reduce the risk of developing type II diabetes and some cancers;
- help build and maintain healthy bones, muscles and joints, reducing the risk of injury; and
- promote psychological well-being.

(National Physical Activity Guidelines for Adults 2005 – Department of Health and Ageing)

WWHS – promoting an active lifestyle:

We have played a key role in promoting physical activity over the past year, particularly in our community based health promotion activities to encourage making regular exercise a part of everyday life given that cardiovascular disease, cancer and chronic disease such as diabetes and obesity are priority health issues for our region.

The need to increase physical activity to combat the obesity epidemic and reduce illness has been identified as a statewide health promotion priority.

WWHS is represented on the Wimmera Primary Care Partnership (WPCP) catchment-planning group that will form networks and partnerships across the Wimmera to help co-ordinate the promotion of physical activity.

One aim is to identify barriers to physical activity and help communities to overcome these. For example, is there a lack of adequate walking tracks suitable for all ages?

Are there active after school alternatives to the TV and computer?

Are there alternative physical activity options for children who dislike organised sport?

In collaboration with local government, schools and community organisations, our aim is to build the capacity of each community to identify and address its unique needs.

Promoting an Active Community

Touch Footy

This non-contact rugby type game is ideal for males and females, with an emphasis on having fun in a social atmosphere while promoting physical activity.

100 people ranging in age from 12-46 years participated in this community sporting activity in Nhill. In response to excellent feedback, we plan to repeat the program in 2006/2007. A great example of community capacity building.

Walking School Bus – Goroke

15-30 school children and parents participate in this healthy, enjoyable, cost-free and environmentally friendly way to get to school every Thursday, even in bad weather! The walk is lively with fun and conversation.

'Active Script'

Doctors refer patients who would benefit from increased physical activity to our "Active Script" trained Community Health Nurse who motivates the individual to increase their level of physical activity over a 12 month period, bringing about sustainable lifestyle changes. Clients are contacted quarterly to check progress and a report is provided to the referring doctor.

An initial evaluation indicates that, of 45 clients reviewed, 55% sustained increased levels of physical activity over 9-12 months.

Tai Chi

Tai Chi classes in Nhill, Goroke, Kaniva, Rainbow and Jeparit were well attended and received positive feedback. The Rainbow classes focused particularly on Tai Chi for Arthritis - all participants requested further sessions.

Lowan Rural Health Program

The Lowan Rural Health Program (a joint venture between West Wimmera Health Service and Edenhope and District Memorial Hospital) has provided regular physical activity programs, including outreach to more isolated towns such as Harrow and Apsley.

Edenhope "Struttin Strollers" provides a weekly "walk and talk" opportunity for mothers with children and babies. 100% of women surveyed believed improved health, fitness and social contact were enduring benefits of the program, while another commented that these factors prevented "full blown post natal depression"

"Apsley Walk and Talk" The regular band of happy attendees enjoy their weekly walk, and the resulting health benefits.

Edenhope "Pump it Up" and **Harrow "Pump and Puff"** programs offer strength training for men. Two clients recovering from surgery, one from a knee operation and another from a hip replacement, have been vocal in their view that recovery has been accelerated through the program.

Nhill Gym Program

This Lowan Rural Health Network funded program is co-ordinated by a community health nurse from 6.45am-11.00am each Tuesday and Wednesday morning at the Nhill Sporting Centre Gymnasium and is open to the general public.

Each participant undergoes a fitness assessment from which a personalised gym program is developed. An average of 18-20 people participate each morning and there is a great sense of community spirit amongst the group.

Children as young as 11 years have attended with their parents to address problems with weight and self-esteem and the group has been very welcoming and supportive of these youngsters.

Fitness and Fun in the Water

Summer water aerobics programs were held at Nhill, Jeparit and Goroke. A survey indicated that 100% of respondents rated the program as good or excellent.

Disability no barrier

A highlight for the Cooina Day Program is competing in the Tri-State Games. Teams from Disability Services in Victoria, New South Wales and South Australia compete against each other and enjoy socialising and building friendships.

The games increase self-esteem and confidence in clients, teach social skills with teamwork which gives them pride in their achievements.

Keeping active as we grow older

The role of regular physical activity in helping prevent chronic diseases and sustain mobility and independence, makes an active lifestyle a key component of healthy and successful aging.

Gentle Exercise to Music for Older Adults

Participants in regular exercise programs in Nhill, Jeparit and Rainbow were objectively measured and monitored for improvements in agility, flexibility and strength. Results were pleasing with a high percentage showing improvement across all areas and all participants at least maintaining their fitness levels.

Avonlea Hostel

Responding to a request from Avonlea, we commenced a weekly gentle chair-based exercise class for hostel residents to assist with maintaining muscle strength, balance, range-of-movement, and a healthy weight.

Avonlea staff and residents have commented on the success of the exercise program, and the enjoyment it provides.

'Well for Life'

A creative programme to establish sustainable physical activity opportunities for adult day centre clients and residents of our aged care centres will be implemented in 2006/2007 with funding received from the Department of Human Services, Home and Community Care program.

The program will promote the combined benefits of physical activity and good nutrition to good health.

COMPLETE SERVICES OFFERED BY WWHS

AGED CARE

Residential Hostels & Nursing Homes
Home Based Care

SERVICE SUPPORT

Engineering and Maintenance
Library and Resource Services
Health Information Management
Traineeships
Volunteers
Work Experience
Work Placements

CLINICAL SERVICES

Dental
Diagnostic
Domiciliary Midwifery
ENT Surgery
Gastroenterology
General and Specialist Medical Care
General and Specialist Surgery
Hospital in the Home
Laparoscopic Surgery
Maternity Enhancement Program
Nursing Traineeships
Obstetrics and Gynaecology
Ophthalmic Surgery
Oral Surgery
Orthopaedic Surgery
Palliative Care
Pathology
Pharmacy
Plastic Surgery
Post Acute Care
Primary Care Casualty
Psychiatry
Radiology
Reconstructive Surgery
Regional Discharge Planning Strategy
Ultrasound

ALLIED AND COMMUNITY SUPPORT SERVICES:

Asthma Education and Counselling
Adult Day Support Service
Aged Care Assessments Team
Ante/Post Natal Classes
Cardiac Rehabilitation Program
Cancer Council of Victoria
– Cancer Awareness
Community Health Nursing
Continence Education
Diabetes Education
Dietetics
District Nursing
Exercise Groups
Exercise Physiology
Farm Safety Education
Fitness Assessments
Gym/Weights Program
Hairdressing
Health Education and Promotion
Hearing Screening
Hospital to the Home
Kindergarten Screenings
– Podiatry, Speech Pathology
Living with Cancer Program
Lowan Rural Health Network
Maternal and Child Health Nurse
Practitioner Project
Maternal and Child Health
Nursing Service
Massage Therapy
Meals on Wheels
National Diabetes Services
Nutrition Education
Occupational Therapy
Optometry
Orthodontic Service
Pap Smear Tests
Physiotherapy
Podiatry
Puberty Biz Sexuality Sessions
to Grade 6 Children and Parents
– Goroke
“Secret Men’s Business” – Goroke
– group for older men
Social Work - Welfare and
Counselling Service
Speech Pathology
Strength Training
Work Experience
Women’s Advancement Group
– Goroke
“Youth in Action” Group
– Goroke Secondary College

DISABILITY SERVICES

Advocacy
Agencies Network Help
Assistant Training
Australians Working Together
Community Access
Department and Sales
Employment Program
Food Preparation and Sales
Future for Young Adults
Living Skills
Supported Employment
Therapy Programs
Vocational Training

REGIONAL SERVICES TO:

Edenhope Hospital
Goroke P-12
Hopetoun Hospital
Jeparit Primary School
Kaniva P-12 College
Kindergartens – Nhill, Jeparit, Kaniva,
Rainbow, Goroke
Lutheran Primary School, Nhill
Natimuk Primary School
Netherby Primary School
Nhill P-12 College
Rainbow College
Rainbow Primary School
Rural Northwest Health
St Patrick’s Primary School, Nhill

NURSING HOMES – HOSTELS

NHILL

Iona Digby Harris Home
Nursing Home for 26 frail aged,
dementia and psychogeriatric
residents.

KANIVA

Archie Gray Nursing Home
Nursing Home for 11 residents.
Kaniva Cottages
11 two bedroom units for low care
Hostel residents.

JEPARIT

Nursing Home for 10 residents.
Hostel has 5 residents.

RAINBOW

Bowhaven Hostel has 10 residents.
Weeah Nursing Home has 10 frail
aged beds.

NATIMUK

Natimuk Nursing Home
A new home for 20 residents.
Allan W Lockwood Special Care
Hostel dedicated care for 11 residents
with dementia.
Trescowthick House Hostel has 10
frail, aged residents.

COMMUNITY PROGRAMS

HOSPITAL IN THE HOME (HITH)

This program provides acute services
in the home for older members
of the community. If appropriate
an older person may be nursed at
home during an acute bout of illness
or admitted to hospital and then
nursed at home. Eligible clients may
have up to 28 days of support at
home after discharge from hospital.
District Nursing, home help, Meals
on Wheels, and respite care all assist
a person and their carer to settle at
home safely after leaving hospital.

DEMENTIA CARER RESPITE PROGRAM

Provides ‘time out’ for carers of
people with dementia. This program
offers carers the opportunity to
maintain their own interests, go to
church or a club, while fulfilling the
demanding role of carer.

COMMUNITY AGED CARE PACKAGES

These packages offer comprehensive
assistance to the elderly to support
them in their homes, thus delaying
entry into a hostel or nursing home
for as long as possible. The carer is
also able to manage for longer with
the support provided.

THIS CONCLUDES THE WEST WIMMERA HEALTH SERVICE QUALITY OF CARE REPORT FOR 2006