WWHS

WEST WIMMERA HEALTH SERVICE

QUALITY OF CARE REPORT 2007-2008

WWHS QUALITY OF CARE REPORT 2008

OUR VISION

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

OUR MISSION

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

OUR VALUES

- Strong leadership and management
- A safe environment
- A culture of continuing improvement
- Effective management of the environment
- Responsive partnerships with our consumers

Cover

West Wimmera Health Service is an ongoing work in progress. Working cooperatively with our communities and the Department of Human Services, supported generously and consistently by benefactors, sponsors and volunteers, our quality achievements have been made possible by dedicated and expert staff and medical specialists, WWHS has been able to build impressive facilities and offer a wide range of medical procedures locally.

We are committed to maintaining dynamic levels of continual improvement – just as we are insistent on delivering our services with compassion, dignity – and a smile.

IMAGE: *Jessica Lovell, Div 2 RN*

This Report

This Report was prepared in accordance with DHS guidelines with valuable contributions from a diverse range of people. The following key measures of Quality and Safety were chosen for their interest and importance to the Community and the Service:

- Infection control and cleaning
- Medication management
- Falls monitoring and prevention
- Pressure wound monitoring and prevention
- Clinical indicators for:
  - Opthalmology
  - Dental services
- Waiting times for:
  - Elective surgery
  - Residential aged care
  - Allied health services
- Accreditation
- Clinical risk management

© Copyright WWHS October 2008

Acknowledgements

Design and Production Motiv Brand Design, Adelaide
Co-ordination DMR Associates Pty Ltd, Nhill
Photography Robert Geh, Adelaide
Lawyers Phillips Fox, Russell Kennedy, Stewart & Lipshut
Auditors Victorian Auditor General's Office
Internal Auditor Deloitte Growth Solutions PTY LTD
Architects Brown Falconer
Health Science Planning Consultants
Incidental Photography Kate Pilgrim

This Quality of Care Report is available at each site of the Service and on our website www.wwhs.net.au

CONTENTS

The uniqueness of our communities – an extraordinary Health Service. 1
We want our Quality of Care Report to be read across the entire region 2
Consumer, carer & community participation 3
- Cultural diversity 4
- Groups with special needs 5

Dimensions of quality and safety 6
- Waiting times 6
- Medication errors 8
- Falls monitoring & prevention 9
- Pressure wound monitoring & prevention 9
- Clinical indicators 10
- Infection control 11

Accreditation & Clinical Risk Management 14
- Accreditation 14
- Clinical Governance 14
- Credentialing 15
- Risk Management 16
- Compliments & complaints 17

Continuity of care 18
- A journey through our Health Service 18

Glossary of terms 22
Index 22
WWHS staff and services 22

NHILL
43-51 Nelson Street
Nhill Victoria 3418
T (03) 5391 4222
F (03) 5391 4228

KANIVA
7 Farmers Street
Kaniva Victoria 3419
T (03) 5392 7000
F (03) 5392 2203

JEPARIT
2 Charles Street
Jeparit Victoria 3423
T (03) 5396 5500
F (03) 5397 2392

RAINBOW
2 Swinbourne Avenue
Rainbow Victoria 3424
T (03) 5396 3300
F (03) 5395 1411

NATIMUK
6 Schurmann Street
Natimuk Victoria 3409
T (03) 5363 4400
F (03) 5387 1303

GOROKE
Natimuk Road
Goroke Victoria 3412
T (03) 5363 2200
F (03) 5386 1268

COOINDA
Queen Street
Nhill Victoria 3418
T (03) 5391 1095
F (03) 5391 1229

EMAIL
corporate@wwhs.net.au

WEB
www.wwhs.net.au

THE UNIQUENESS OF OUR COMMUNITIES = AN EXTRAORDINARY HEALTH SERVICE!

West Wimmera Health Service makes every effort to address and meet the health and welfare needs of the communities it serves.

Located in the North West of Victoria, we cater for six rural communities over a 17,000 sq km catchment area. Our communities are based on the agricultural industry, 68% of workers are employed in or are the owners of agricultural or related businesses.

After Agriculture the Health Service is the largest employer in each town. Of major significance to our region is the $17.5 million we put back into our communities through the salaries and wages of our employees.

The long term drought has severely impacted on our catchment which is one of the few places in Victoria which has experienced a decline in population.

This is a low socio-economic area with a median household income of $729 vastly lower than the national median of $1,027. This economic strain places a great demand on our primary care, mental health and welfare programs.

In addition to being the provider of clinical care we are the main resource for welfare and disability support across the area.

It is pleasing to welcome new residents to our communities particularly through the recruitment of skilled health professionals from countries such as South Africa, Zimbabwe, India, Pakistan and Great Britain which adds to the cultural diversity of our area.

The birth rate for the last five years is higher than the State average which supports our current goal to reopen Birthing Services at the Nhill Hospital.

While challenged by the unique complex realities of living in a remote rural locality the Health Service strives to provide the highest quality of care to a community that displays the utmost appreciation for being cared for in their 'hometown'.

We currently provide acute, aged, ambulatory, primary, community, surgical, dental, disability and mental health services in all our communities.

A Community Needs Analysis and Service Profile Project is being undertaken to review service provision and community demand to determine the range and mix of services we will provide over the next decade.

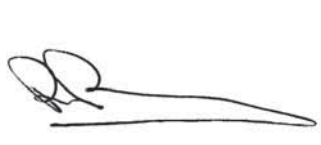
The resumption of a Low Risk Birthing Service will be very much part of this project.

Continuing our battle to reduce the prevalence of chronic diseases such as Heart conditions and Type 2 Diabetes for our residents, the Health Promotion Team has delivered a wide variety of seminars and programs for this purpose.

The end result is that we respond positively to the changing needs of our communities. The stability of the Health Service and unity of the six townships is the basis of this unique Health Service.

For a comprehensive view of West Wimmera Health Service we recommend that you also read our Annual Report which, together with this Report is available at all sites and online at www.wwhs.net.au.

We are pleased to present this Quality of Care Report to our communities at large highlighting the quality and safety of the care we deliver and to inform of the way in which we make sure that quality and safety is never compromised and prevails at all times.



Ronald. A. Ismay
President

John N. Smith PSM
Chief Executive Officer

WE WANT OUR QUALITY OF CARE REPORT TO BE READ ACROSS THE ENTIRE REGION

IMAGE LEFT: Delivering quality care in remote areas

What was reader opinion?

Suggestions and comments from our readers and the judging panel were very constructive and provided a sound basis for the preparation of this Report.

- 'Impressed with the honesty'
- 'Know more about what is and should be done'
- 'Increased knowledge of complaints'
- 'Well written'
- Well balanced Report, provides good explanation for data'
- 'Good use of data'
- 'Some graphs a little small'
- 'Some pages were all text and need to be broken up with pictures and charts'

What have we done this year in response to our consumers' specific requests?

We have included:

- The status of Birthing Services at the Nhill Hospital
- Accessibility of Mental Health Services
- The waiting times for Acute Care, Aged Care and Allied Health Services
- The personal experiences of patients and clients
- Services and the number of beds available at each campus

We will make sure our Report is readily available by distributing it widely across our region. It will be delivered to over 5000 homes during the week of 24 November 2008.

It will be printed in Newspaper style and inserted in the Weekly Advertiser, a free newspaper with a weekly circulation of 23,400 across the Wimmera.

It will be distributed to every household, Service Stations, Waiting Rooms and Tourist Information Centres in the towns of Nhill, Kaniva, Jeparit, Goroke, Natimuk, Rainbow, Horsham, Balmoral, Apsley, Serviceton, Harrow, Dimboola and Gymbowen .

The Report will also be mailed to Medical and Clinical health professionals, placed in Medical and Dental Waiting Rooms and be available from Reception at all campuses.

It will be launched at the Annual General Meeting on 28 November 2008, an occasion which usually attracts between 150 and 200 people and an electronic version will be placed on the Internal Intranet and West Wimmera Health Service Website, **www.wwhs.net.au**.

The Quality of Care Report on the Internet was accessed 2701 times last year compared with 4060 the year before when the Quality of Care Report and the Annual Report were published in one document.

Why did we choose this method of making sure as many people as possible read the Report?

We selected this style of publication and method of distribution because the Report reaches every household in our communities. It is a cost efficient means of making sure it is available for everyone. If we want the Report to reach all of our people then it must be printed in sufficient quantities to do that. It must be available in the six communities that are West Wimmera Health Service. To reach this level of saturation with a bound publication would be way beyond our means.

Will you read our Quality of Care Report?

Last year the competition in the newspaper with questions based on the contents of our Report attracted 45 entries. To attract more entrants this year we have increased the number of prizes with the winner able to choose from the range of prizes which will include one to encourage youth participation.

We want people of all ages to read our Report and tell us what value it is to them in learning more about the quality, safety and range of our services and where they are delivered.

To increase community awareness of the Report and the competition it will be advertised on the local AM and FM radio stations during the weeks prior to and after its release.

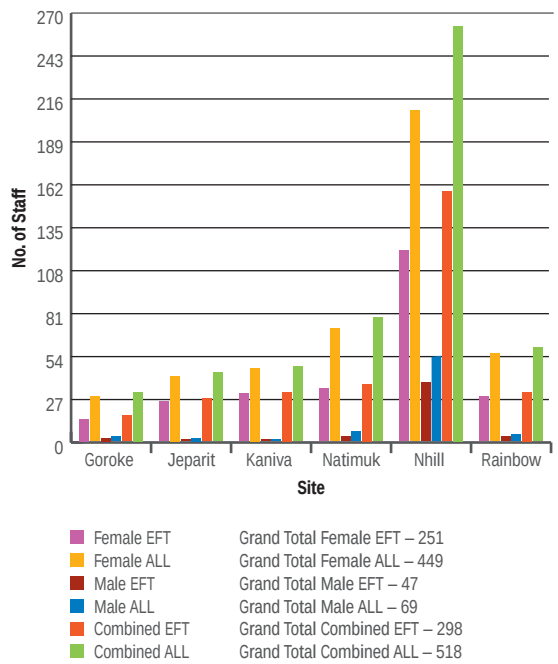
In response to a consumer suggestion to reach more of the community during the year we will progressively publish sections of the Report in local papers across our region.

How do we know what our readers thought of our 2007 Quality of Care Report?

We conducted a competition which was a questionnaire based on the contents of the Report. We distributed the Report widely, mailed the Report with a survey to a random selection of people in all our communities. We gave it to all members of Community Advisory Committees and offered staff the opportunity to give us their honest opinion and recommendations for improvements we could make for this 2008 Report.

The response from all sections was good with a 22% increase in responses from the previous year.

WWHS Employees



- People were also interested in the number of employees at each of our sites.

Thank you to the Contributors to this Report

The Board of Governance and Chief Executive Officer appreciate the time and effort people expended to provide copy, read, edit, comment and contribute to this Quality of Care Report.

Contributors include Executive Directors, the Consultant Medical Director, staff from all departments and sites, Volunteers, Community Advisory Committee members, clinicians, members of the community and the generous people who took the time to write the stories of their experiences with our Health Service.

CONSUMER, CARER & COMMUNITY PARTICIPATION

Involving our communities, patients, clients and residents in setting the parameters of their care and the services we deliver is important.

A new phase of consultation and inclusion involving our consumers and communities in decisions surrounding their care and the services they need has occurred.

IMAGE ABOVE: Member for Lowan Hugh Delahunty MP happy about the result of his Blood Glucose assessment by Diabetes Educator Lesley Robinson. .

There are Community Advisory Groups in all towns associated with West Wimmera Health Service. Meetings occur every three months and the Agenda includes a specific section for Community Feedback, information and suggestions. Robust discussion occurs about services and also about services we don't deliver but are emerging as a need or which require investigation.

One great example of this is at Jeparit where that small community did not have an Ambulance vehicle located in the township, a huge concern for the ageing community. When this matter was raised a joint approach to Rural Ambulance Victoria (RAV) by the community and West Wimmera Health Service succeeded.

There is now an RAV Community Emergency Response Team (CERT) Vehicle housed in Jeparit, manned by local volunteers.

Another example in response to community concern occurred through the Community Advisory Committee at Rainbow highlighting the fact that people needed to travel to a Regional Centre to access Optometry services. With no public transport and the rising cost of fuel the situation was becoming difficult.

Representatives met with a regional Optometry Group proposing a monthly visit to Rainbow and Jeparit and offering them the use of Hospital consulting rooms.

Another successful venture with appointments fully booked months in advance!

The Royal Flying Doctor Service (RFDS) provides a very popular Rural Women's GP Service to Goroke. A request to increase the service to two days per month and to include Kaniva has been received.

The request was placed with RFDS who will consider the proposal when planning services for 2009.

Gal's & Guy's

The Nhill College approached the Service after receiving results from a state wide Education survey which highlighted poor levels of self-esteem and feelings of safety at school, specifically in girls.

After commencing the Gal's Group, it was discovered that there was a need to address issues with the male students also.

The 'Gal's Group' and 'Guy's Group' work with Year 5 and 6 students and aim to strengthen individuals through promotion of positive self-esteem, building resilience and values, increasing student co-operation and confidence focusing on Mental Health, Physical Activity, Healthy Eating and involve discussion and activities around identity, bullying and belonging.

The Groups are facilitated by the Occupational Therapy and Dietetics Departments, and the Lowan Community Health Nurse.

The outcomes have been exceptional. The evaluation which was distributed to students, parents and staff found all students reported an improvement since attending the Group.

At the conclusion of 2007, 100% of girls and boys participating in the program reported that their self-esteem had improved since attending the Group.

Checking on your Health

Community Nurses and the Lowan Rural Health Network team attend community functions, local Agricultural Shows, School Sports and Drought Forums to undertake health checks for Diabetes and Cardiac Disease. These checks often reveal an emerging health trend leading to a proactive approach to a particular issue and new programs to combat it.

All health promotion programs are evaluated to seek consumer satisfaction and suggestions for improvement.

Welcome Support

Ladies auxiliaries liaise between the community and the Health Service and fundraise for specific items of equipment.

The Kaniva Ladies Auxiliary donated a massage chair for the Sensory Room which has greatly improved the residents use of the room.

All aged care sites have a Friends and Relatives group which meets with residents on a regular basis to discuss all aspects of their care. These groups have established great initiatives to increase resident satisfaction including:

- Regular BBQ lunches
- Evaluation of the new menu
- Planning and planting the hostel garden areas
- Regular visits by Primary School students to Hostels and Nursing Homes

There is consumer membership on Committees dealing with matters which have a direct impact on consumers. These include the Menu Planning and Review Committee, where multi disciplinary teams are reviewing the menu.

Planning for the Future – We Need Your Opinion

In conjunction with the Department of Human Services we are undertaking a Community Needs Analysis and Service Profile Project.

The Project will address the changing nature of care and the increasing complexity of community needs.

While it will determine the range of services offered in the future, it is a 'milestone' for this Service.

Advertisements were placed seeking a consumer representative to join the project Advisory Committee which has occured.

Public meetings will be held in all communities to research consumer views on the services they believe are required.

Client Choices Driving Disability Programs

Clients Choose Their Activities

At the beginning of 2008 after discussions with our Cooinda clients, their parents and carers a wider range of Day Programs was introduced. Each term Clients choose two or three activities they wish to participate in. They are able to change if they do not enjoy their activities.

Evaluation

At recent Support Plan Meetings it has been reported by Family, Carers and Clients that this has had a very positive affect on client behaviour. Clients feel empowered and happy that they can choose what they do and who they work and associate with. Not being locked into their choice for the whole year has given clients freedom to try more programs and activities.

Cultural Diversity on the Move

Cultural diversity encompasses cultural differences such as language, dress and traditions between people, their religion, and the way they interact with the environment.

Our catchment population has until recently been very much of Australian heritage. In recent years the difficulties in employing qualified professionals for health services and other industries has changed this slightly from 4.6% of the population in the 2001 Census to 5.6% in the 2006 Census compared with 22.2% for Australia. The main countries of origin of people are; Australia, Great Britain, South Africa, Germany, New Zealand and the Philippines.

At 0.4% percent people of Aboriginal and Torres Strait Islander (ATSI) descent are also low compared with 2.3% for Australia, a figure which has remained static since the 2001 Census.

On admission to the Service patients are always asked if they are of ATSI descent with our records revealing there have not been any. However, we do have an arrangement to access the Aboriginal Liaison Officer located at Wimmera Healthcare Group should the need arise.

As the Nhill Hospital is situated on the busy Western Highway it is imperative that our Diversity Plan is in place for road emergencies involving non English speaking and culturally diverse emergency patients.

The Diversity Plan embraces:

- ***Access*** – A service that is accessible and equitable for all service users.
- ***Cultural relevance*** – Ensuring that services provided have an awareness of and are responsive to the particular values, language and traditions of consumers.
- ***Information & Communication*** – Ensures that information is provided in creative and culturally inclusive ways.
- ***Consultations*** – Services are planned and delivered in consultation with ethnic communities.

West Wimmera Health Service has a workforce that is increasingly from more culturally diverse backgrounds.

While we have moved forward in realising and utilising the skills these staff bring we need to improve and evaluate the identification of their needs when they arrive to keep them with us.

The plan is evaluated 3 monthly by a focus group who present their findings to the Clinical Quality and Safety Committee.

Regular staff newsletter inclusions on different areas of the plan have occurred which will continue to raise awareness.

IMAGE TOP OF THIS PAGE: Glad Austin enjoys a little pampering from Hairdresser Melva Hawker who visits the Archie Gray Nursing Home at Kaniva each week.

IMAGE ABOVE: Young Brock Gutheridge with parents Ashley & Janie leaving Nhill Hospital after surgery comforted by his 'Trauma Teddy'.

IMAGE OPPOSITE PAGE: Fresh food the healthy option for good nutrition.

Designed to improve the health outcomes for people who report substance misuse, the Drug and Alcohol Withdrawal Team visit Nhill weekly and ensure people receive specialist care in their own homes without having to travel to larger provincial centres.

Treatment services in the local community address many of the traditional barriers to seeking help.

The availability of 'specialist practitioners' is particularly important when dealing with issues around shame and stigma, which may also be associated with an alcohol or drug problem.

Demand for this support has increased with more than 20 clients being provided with counselling and support interventions. The Withdrawal Team now receive an average of one new client referral each week via medical staff, allied health staff, families or self referral.

Many clients report having had no prior treatment options and now have a range of options available to them including home-based withdrawal support and well structured information and support, detox, rehabilitation and neccessary health treatments.

The Service actively assists with transporting clients to detox centres, childcare and financial counselling to ensure that life continues at home while the client is in rehabilitation for often up to four months.

Clients are assisted with fuel vouchers to attend the Liver Clinic in Ballarat (for the treatment of Hepatitis C) and Mens Behaviour Change Groups in Horsham.

More than 15 people have given up cigarette smoking by developing a good 'quitting' relationship with their GP and the Drug and Alcohol Withdrawal Team.

This collaborative working relationship has, in itself, been a success story. It is now well accepted that staff deliver better service if there is a multi-focused approach with good quality and sustainable services.

The Drug and Alcohol Withdrawal Team provide not only specialist care to the clients but give support and clinical supervision to the welfare staff.

There is no one simple or single solution. However clients fare best when they are part of 'timely' and 'effective' treatment, and hold the view that they are working with the Service to achieve common goals. Their welfare!

Achievements in Response to the Cultural Diversity Plan 2007/08

Decision	Action	Outcome
That West Wimmera Health Service needs only one Cultural Diversity Plan encompassing all areas cultural Diversity and service delivery	Plan sent to all sites in bound hard copy and also to all Visiting Medical Officers	All sites and all divisions use one plan
To identify any bilingual staff	A data base has been commenced and managed by Pay Office personnel	Local staff can be accessed and their skills used in the first instance
To review West Wimmera Health Service Cultural Awareness Policy and access to interpreter services	This policy is available to all staff on the Intranet • The Cultural Diversity Website added as a link on the Intranet • The cultural diversity WWHS plan added to Cultural Awareness Policy as a link	One place for all staff to access information... the policy which will have all the links that may be required
Write up in West Wimmera Health Service newsletter that is distributed to all staff, VMOs and the Board of Governance	Published in Volume 1 Number available from the Intranet and the Resource Centre The information included: • Interpreter services details • Indigenous support contacts	All staff have access to the newsletter, a section of the plan will be included on regular intervals for staff education and knowledge
To distribute Cultural Diversity Policy to all staff	The Cultural Diversity Policy has been included in the orientation pack given to all new employees	All new staff are educated on arrival
To conduct a Dietary & Menu Review placing greater emphasis on patient choice	With the recent West Wimmera Health Service Menu Review a greater emphasis has been placed on choices available to ensure clients from diverse backgrounds have appropriate choices available	Clients and staff with differing dietary needs are considered in meal planning
To improve the relocation of new staff migrating to West Wimmera Health Service	New staff who come to us from overseas are provided with a voucher to purchase food when they first arrive. In the past food was purchased and placed in their houses however our choice was not always culturally appropriate	New staff have access to food of their choice on arrival at their homes
To ensure that we have a Policy and Procedures which identify & support clients with a culturally diverse background	Demographic Profile researched and collated	We now have access to a profile to guide us in supporting clients with meal choice, Language Assistance and Cultural celebrations

Groups with a Special Need

As part of our community-based health service, the Social Work Department is a centre where many people receive help for a range of issues – health, mental health, education, work, financial, alcohol and drug related problems.

Working with multi-problem families has become a primary focus for Social Work staff for families and individuals with pressing demands such as housing or financial issues, alcohol and drug misuse and emotional exhaustion.

These are also the people who predominately face social isolation and disadvantage from the wider community.

A coordinated, integrated service response has been initiated between the Social Work Department and Grampians Community Health to provide an 'open door' approach to those seeking information, support and treatment.

Detectives take drug message to the bush

Two experienced Victorian Police Drug Force detectives presented lectures to more than 500 people in our remote area about the dangers of illicit drugs and alcohol associated issues.

The sessions, organised by West Wimmera Health Service, featured anecdotes on investigations into underworld drug syndicates, as well as providing factual information on illegal drugs and alcohol.

The response to these sessions proved outstanding with 370 secondary school children from Nhill and nearby towns attending the morning lecture, and 170 parents and school students in the evening. It showed the substantial level of interest in these topics which offered the opportunity to present an accurate picture of drug use and effects.

Detective Senior Sergeant Dale Flynn and Acting Detective Sergeant John Hunter donated their time to travel to Nhill for the presentations. Information about drugs, the type of drugs available and their detrimental effects was clearly demonstrated.

This sort of exercise creates awareness and provides quality information to help reduce the use of these detrimental substances in our community.

DIMENSIONS OF QUALITY AND SAFETY

IMAGE LEFT: Myotherapist Candice Newton relieves the pain for Peta Dumesny .

Quality, safety and improving care for our patients, residents and clients is a core value of our organisation.

In November 2003 the Victorian Quality Council (VQC) published *'Better Quality, Better Health Care – A Safety and Quality Improvement Framework for Victorian Health Services'.*

The Framework, which we use as a guide provides a strategic overview of the key principles and practices necessary for the effective, management and improvement of health services.

To monitor the dimensions of quality as they pertain to this Service a report is presented to the Improving Performance Committee every two months documenting compliance with one specific dimension.

One of the dimensions of quality reviewed this year relates to '*access*'. The other dimensions relate to *safety, effectiveness, appropriateness, acceptability and efficiency*. It is part of the charter of the Improving Performance Committee, to review how we achieve each of these other dimensions in the forthcoming year.

Access is the extent to which a population or an individual can obtain health services:

- Communities of Nhill, Kaniva, Jeparit and Rainbow have access to acute inpatient, primary care, allied health and residential and home based aged care.
- Goroke community has access to primary and allied health and home based aged care.
- Natimuk community has access to residential and home based aged care and allied health.

Understanding the population served and making sound resource allocations regarding how best to serve the population:

- Advisory Committees are in place at each site from which to seek and provide community input to assist the Board in obtaining a clear understanding of the population served and their needs.
- The Service Planning project about to be embarked on will stimulate thought and assist decision making as to how best to serve the populations of each community.

Polices and protocols are in place to streamline admission and discharge processes and associated decision making:

Specific items associated with this approach include:

- Admission to a Residential Care Facility policy
- Palliative Care Admission Protocol
- Elective Surgical Admission Protocol
- Bed Utilisation and Criteria for Admission Policy and Protocol
- Entry to West Wimmera Health Service Policy

There are processes in place to enable the Board to review the number of people using each of our services.

- Monthly reports containing service wide acute and aged care data are presented to Finance Committee and Board of Governance.
- Annual statistics are presented in the Annual Report.
- Residential aged care statistics are presented by site.
- Allied health key performance indicators as summarised are also presented monthly to the Finance Committee and Board of Governance.

Consumer and Community Involvement

Consumers on a personal level and the community on a population level can offer valuable input to issues of access.

- Community involvement is achieved through Advisory Committees, Residents and Relatives Committees, Satisfaction Surveys, Opportunity for Improvement forms and the Compliments and Complaints process.

Extensive community consultation will be undertaken during the Service Planning process.

How long do you have to wait to receive service?

The length of time you have to wait for elective surgery, entry to Aged Residential Care or for Allied Health appointments is an important indication of access to our care.

Waiting List Data – Elective Surgery (Weeks)

Indicator	WWHS	Regional Hospital (Cat 2)	Regional Hospital (Cat 3)	National Standard (Cat 2)	National Standard (Cat 3)
Total Knee Replacement	12.7	13	55	13	52
Total Hip Replacement	14.6	10	49	13	52
Arthroscopy	12	9	39	13	52
General Surgery	12	7	43	13	52
Hysterectomy	4	11	48	13	52
Vaginal Repair	10	*	*	13	52
Ophthalmology – Cataract	20	9	50	13	52

* Denotes the Regional Hospital treated less than 10 patients during the period.

Commentary

- Metropolitan and large regional hospitals are required to separate waiting list patients into Category 1, 2 or 3. Urgent, semi-urgent and non-urgent cases.
- WWHS does not separate patients into Categories – therefore the average waiting period is for all patients awaiting a particular procedure.
- In all instances the average waiting time at WWHS is below that for the Regional Hospital and also below the National Standard benchmark and illustrates there are no access issues in regard to elective surgery. An indication of our quality of care.

Waiting List Data – Residential Aged Care

Site	Number of Residents Awaiting Placement at May 2008
Iona Digby Harris Home	1
Kaniva Nursing Home	1
Kaniva Hostel	1
Natimuk Nursing Home	5
Rainbow Hostel	7
Rainbow Nursing Home	6
Trescowthick House Hostel	6
Allan W. Lockwood Special Care Hostel	0
Jeparit Nursing Home and Hostel	0

Commentary

- The above table denotes the number of residents who are waiting for placement at individual locations.
- Entry into a residential aged care facility is based on clinical need rather than waiting time, therefore presenting the average waiting time is a problematical measure of access.
- The waiting list presently does not triage the category of clinical need for waiting list residents. We will investigate implementing such an arrangement.

Allied Health Waiting List – Outpatients (Days)

Department	Nhill Site	Other WWHS Sites
Social Work	Emergency: Same Day Non Emergency: 1-2 days	Next Visit: 7 days
Dietetics	1 day	Next Visit: 7 days
Occupational Therapy	Emergency: Same Day Non Emergency: 7 days	Next Visit: 7 days
Radiology	Emergency: Immediately Non Emergency: Same Day	Next Visit: 7 days
Speech Pathology	Emergency: 2 days Non Emergency: 15 days	Emergency: 2 days Non Emergency: 15 days
Podiatry	2 days	21 days
Physiotherapy / Exercise Physiology	Emergency: 2 days Non Emergency: 7 days	Next Visit: 7 days

Commentary

- Allied health services are delivered to a combination of acute inpatients, residential aged care and outpatient appointments.
- For emergency treatment patients from other WWHS sites are able to access the required service at Nhill.
- Access to all allied health departments is generally excellent and illustrates there are no access issues.
- Benchmark data regarding allied health waiting times was not available.

IMAGE ABOVE: Sharelle Newcombe, Admission & Discharge Co-ordinator, makes sure you know what to expect when you are admitted to Hospital. .

Patient Satisfaction – An Important Measure of Quality

There are many aspects of care delivery that impact on the way patients feel about their experience with the health care system.

That is why it is important to listen to what patients have to say, either while in hospital or after discharge.

Telephone Follow Up Following Discharge

All acute inpatients are contacted by telephone by the Admissions and Discharge Co-ordinator within a week of discharge to check that all is progressing well.

In 2007/08 results of these audits detailed the following:

95% of patients staying longer than one day reported that satisfactory services were arranged following discharge. Three patients were not satisfied, all of whom were then contacted individually resulting in further services being arranged.

98% of patients having a one day stay reported there was nothing they were dissatisfied with. One patient who reported a level of dissatisfaction however was unable to state what other services they required.

Statewide Satisfaction Survey

All acute patients are also asked whether they wish to participate in the external state wide patient satisfaction survey, conducted by the Department of Human Services and known as the 'Victorian Patient Satisfaction Monitor' (VPSM).

Results for these surveys are collated and distributed to hospitals every six months.

Overall Rating

It was particularly pleasing in the Department of Human Services Victorian Patient Satisfaction Monitor Year 7 Annual Report 1 March 2007 to 29 February 2008 to note that West Wimmera Health Service received an Overall Care Index score of 84.9, an increase from 84.1 for the previous year, and the highest score of all hospitals in our category.

February 2008 Results

These were in line with other like sized hospitals but below results from the previous two surveys. We are now working through those areas where there has been a decrease in satisfaction to address concerns and introduce change.

VPSM Administration & Discharge Satisfaction

	February 2008	Category C Hospitals	Statewide Average	August 2007	February 2007
Overall Care	81	81	78	84	85
Access and Admission	80	85	77	81	82
General Patient Information	82	85	83	87	86
Physical Environment	85	81	76	87	85
Discharge and Follow Up	78	79	76	83	85

It is perplexing to view the decrease in the level of satisfaction regarding discharge and follow-up given the telephone call survey we conduct after discharge which shows a high level of satisfaction.

However we appreciate there are ways to improve and that is what we will do.

Many areas of care we provide rated very highly.

Important Advice

Question	Feb 08	Aug 07	Category C Hospitals	Statewide Average
Helpfulness of staff in general	97%	100%	97%	96%
Respect for privacy	99%	98%	96%	94%
Respect of culture or religious needs	100%	100%	97%	95%
Personal safety	99%	100%	98%	97%
Being treated with respect	97%	99%	98%	96%
Cleanliness of toilets/showers	99%	98%	96%	92%
Cleanliness of room in which you spent the most time	99%	99%	98%	95%

Results from 2007 highlighted some issues relevant to the pre-admission process and also quality and quantity of meals, which were addressed with a subsequent improvement in results occurring.

Comments From Which We Can Learn

Question	Feb 08	Aug 07	Category C Hospitals	Statewide Average
Were you provided with information about your stay before you went to hospital?	98%	90%	92%	87%
Was your planned admission date changed by someone at the hospital?	6%	12%	9%	12%
Opportunity to ask questions about treatment	98%	94%	95%	92%
Quality of Food	96%	91%	89%	79%
Quantity of Food	99%	91%	94%	86%

The Way Forward

Multidisciplinary meetings will be conducted to establish methods of improvement to address deficiencies highlighted –particularly in discharge and follow-up and general patient information, which experienced a significant drop in satisfaction level between the two most recent surveys.

An in-house satisfaction survey will be distributed to patients prior to discharge providing them with the opportunity to give instant feedback.

This will assist us to implement immediate change, change that will improve our customer services.

Acute Inpatients – Access and Admission VPSM Data Wave 14

Indicator	WWHS Wave 14	WWHS Wave 13	WWHS Wave 12	Category C	Statewide
Length of time between knowledge that visit was required and admission	93%	98%	91%	92%	88%
Time waiting for a bed	95%	99%	96%	93%	86%
Amount of time to plan when you were going home	94%	94%	94%	93%	86%
Was your admission to the hospital planned/ pre-booked?	54%	59%	59%	72%	64%
Was your planned admission date changed by someone at the hospital?	6%	12%	5%	9%	12%
Were you provided with information about your stay before you went to hospital?	98%	90%	93%	92%	87%

Commentary

- The questions as noted in the above table are related to the issue of access and admission to hospital.
- The first two indicators relate to the amount of time spent waiting for admission and then the amount of time after arriving in hospital waiting to be placed in a bed.
- 93% and 95% of patients surveyed were satisfied with these aspects of care.
- When comparing results of these two indicators against other like sized hospitals and the statewide average our results are quite acceptable. However when comparing our most recent results with previous survey totals there has been a decrease in satisfaction level. The Admission and Discharge Coordinator will work with ward staff and Visiting Medical Officers to minimize the length of time waiting for admission.
- The number of patients who stated their admission to WWHS was planned was lower than for other hospitals. This is because elective surgery is conducted only at Nhill, with all other hospitals dealing only with emergency admissions either through Primary Care Casualty or from the Doctors Clinic.
- Only 6% of patients had their planned admission date altered in the last survey, significantly less than the previous survey and below other like sized hospitals. This is a good result as it means our patients do not have to go through the trauma of having surgery dates cancelled at the last moment due to lack of beds or other unforeseen circumstances.

Summary

Results across a number of indicators of access to services are excellent and illustrate that access to services across West Wimmera Health Service is generally superior to other Health Services and National Standards.

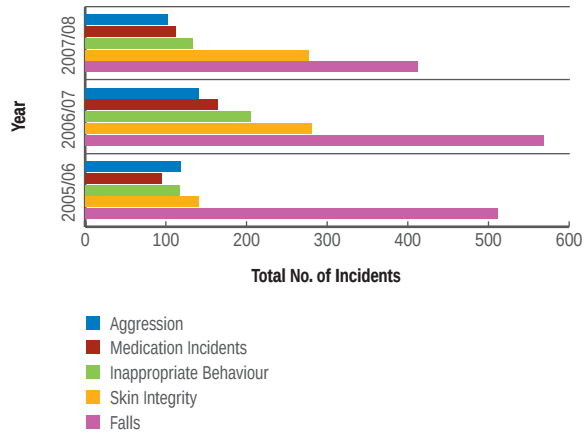
IMAGE ABOVE: Rainbow Hospital DON Julie McLean wears the new Medication Administration Jacket donated by Pharmacist Sara Aaltonen as an initiative to provide safe medication administration for patients and residents. The jackets carry the warning 'Giving out medication. Please do not disturb'.

Incidents

All incidents are reported as they occur so that we have the ability to consider the information to ascertain if trends are emerging or what action needs to be taken to reduce or prevent similar incidents occurring again.

This may mean we need to change the way we do things, purchase more equipment or simply provide education.

Major Incidents at WHHS for 2007/08



The decrease in incidents for 2007-08 is an excellent outcome for clients, residents, patients and staff.

Medication Management

The administration of medications to patients is a complex and exacting process with which clinical staff must be constantly vigilant.

When errors in administration occur they are recorded in the incident reporting system.

An error may be incorrect prescribing, dispensing or administration. Errors are picked up and reported by a variety of means, including, staff reporting, observation, monthly audits of medication charts and 'Near Misses'.

Each incident is examined to ascertain the cause of the error. Actions are then put in place to prevent a recurrence of the event.

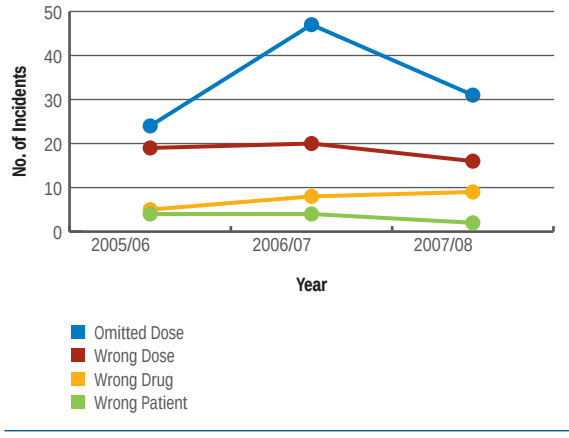
There has been a general reduction in the categories of medication incidents. Each is treated seriously and thoroughly examined.

Staff receive education in medication administration and their competency to dispense medication to patients is evaluated on an annual basis.

In 2007-08, 99% of nurses were deemed to be competent. (1% included staff on maternity leave during this time).

Staff who have not completed this assessment are removed from the roster until their competancy is assured.

Medication Incidents



No single medication administration incident resulted in an adverse event necessitating transfer to another facility or serious harm to a patient.

IMAGE ABOVE: Trainee Div 2 Nurse Polly O'Heaney with resident Shirley Wallis demonstrating the new air mattress which is placed over the normal mattress to prevent pressure wounds to immobile residents.

Falls Monitoring and Prevention

Falls are one of the major incidents patients and residents can experience while in acute care or while living in residential aged care, particularly for those aged over 60 years.

The potential for serious injury is very high in this age group.

Falls are in the most part preventable and while every effort is made to minimise falls the focus has also been to reduce harm!

Falls

	2005 – 2006	2006 -2007	2007 - 2008
Number of falls	446	504	441

All of our patients and residents in community, acute and aged care have a falls risk assessment on admission to our service. This assessment identifies if the person has been 'a faller' in the past, any conditions that make them more at risk, medications that effect mobility, house lighting and footwear.

Once the areas of risk are identified as much as possible is done to eliminate anything that contributes to a fall. The next step is to reduce any harm occasioned by a fall. Strategies include sensor mats, hip protectors, non slip socks, furniture and environmental lighting.

Care is very individual, one size does not fit all and this is documented in all client care plans with fall prevention strategies evaluated regularly.

The loss of confidence a fall can bring is just as debilitating as the fall itself!

Pressure Wound Monitoring and Prevention

Many of our patients and residents are at risk of pressure wounds. The risk of obtaining a pressure ulcer is heightened when patients are immobile, have a poor dietary intake, blood flow problems to arms and legs or are under or over weight.

Doctors, Nurses, Dieticians, Occupational Therapists, Personal Care Workers and Allied Health Assistants all work together to prevent pressure ulcers. Our staff are educated on how to assess and monitor pressure ulcers and initiate appropriate treatment.

All clients are assessed on admission in community, acute and aged care settings to determine if there is an increased risk of developing a sore or if one is already present.

Pressure ulcers are graded as to their severity:

- **Stage 1** – Reddened Skin
- **Stage 2** – Minor Skin Damage
- **Stage 3** – Skin Damage
- **Stage 4** – Skin Damage with damage to underlying structures

Pressure Ulcers

	2007 - 2008
Stage 1	12
Stage 2	33
Stage 3	2
Stage 4	0

Unfortunately, as the table reveals, some of our patients did have pressure ulcers this year. Some were discovered on admission to our hospitals or nursing homes, others developed as part of their stay.

Strategies initiated to minimise the occurance of pressure ulcers included:

- Regular repositioning of clients according to their individual care plan
- Providing wedges, gel socks and air mattresses
- Use of a 'Mecca' bed, which is like a sling that relieves pressure and can safely turn a patient without injury
- New mattresses of a special quality for prevention of pressure uclers were purchased for our high care residential aged care units as part of the DHS replacement program
- We have also purchased an air movement mattress for each site.

Having a strong culture of quality and safety that sits within a robust clinical governance structure is what assists us to achieve our goals of improving quality and safety for everyone.

We continue to work towards improving our evaluation and reporting processes to ensure we can immediately identify when any aspect of care delivery needs to be improved.

IMAGE ABOVE: Orthopaedic Surgeon Richard Clarnette assisted by Theatre Nurse Janine Dahlenburg in the modern Operating Suite at the Nhill Hospital.

Safe Surgical Care

A range of elective surgery is undertaken at the Nhill Hospital.

All surgeons must undergo a rigorous credentialing process that clearly sets out what procedures they may perform, based on their level of experience and knowledge and also in line with the level of services able to be provided by West Wimmera Health Service.

We regularly monitor the outcome of elective surgery to ensure the best possible standards by collecting a range of clinical indicators which highlight problems if they occur.

Ophthalmology – Repair of Cataracts

Cataract surgery is the procedure performed most frequently at the Nhill Hospital.

Indications of Quality Care

Ophthalmology Clinical Indicators	Jan-June 2008	July-Dec 2007	Jan-June 2007
Number of readmissions within 28 days of cataract surgery	0.0%	0.0%	0.0%
Readmissions within 28 days of cataract surgery due to an infection in the operated eye	0.0%	0.0%	0.0%
Percentage of cataract surgery patients staying overnight	3.6%	10.42%	5.66%

Cataract surgery is essentially a day stay procedure. Results from July to December 2007 showed that more than 10% of our cataract surgery patients were staying overnight.

Given that most of these patients are quite elderly and some travel a significant distance for treatment it is not surprising that some will stay overnight, however 10% was considered an excessive figure.

A review of admission and discharge procedures was undertaken with a resultant drop in the number of patients staying overnight to 3.6% in this review.

No patients were readmitted as a result of complications arising from their cataract surgery – an excellent result!

Other Surgical Care

Surgical indicators are kept to monitor the number of patients suffering a significant bleed following a tonsillectomy and also any patients suffering a bile duct injury as part of laparoscopic cholecystectomy.

There have been no adverse events for either of these types of surgery in the past eighteen months.

Correct Patient, Correct Side, Correct Site Surgery Checks

In August 2007 the Royal Australasian College of Surgeons introduced new guidelines aimed at minimising the risk of patients suffering an avoidable adverse event in the operating room due to an operation on the incorrect patient, side or site. This includes a 'time out' process in the operating room prior to the commencement of the anaesthesia.

The 'Time Out' process is when all the staff in the Operating Suite including the surgeon, scrub nurse, anaethetist and other nursing staff; stop doing anything else and all focus their attention on the awake patient.

The patient is asked to confirm their Name and Date of Birth which is checked with their name band. The Consent Form is checked against what the patient has verbally consented to and the name and unit record number on the consent form are cross checked as well.

An audit of surgical procedures in August 2007 found that the correct side, correct site procedure was being followed on only 70% of occasions.

This was considered a very high risk and immediately education was put in place to ensure all medical and nursing staff were made aware of the requirements in regard to correct patient, correct side and correct site.

Preliminary results from the follow-up audit show a compliance rate in excess of 90%.

We will continue to work with operating room staff to ensure that in the future 100% of procedures follow the guidelines.

IMAGE ABOVE: Jenny Cook, Jeparit, proudly wearing the new West Wimmera Health Service uniform guiding the General Services trolley acquired through the Capital Equipment 5 year replacement plan ensuring safe up to date equipment in all areas.

Dental Care

The Nhill Dental Clinic provides public and private dental health care to communities throughout the West Wimmera and Southern Mallee.

Public dental care, which is funded through Dental Health Services Victoria, provides subsidised dental treatment to pension and health care card holders. Other patients are treated as private patients.

Patients are assessed according to the urgency of care required, known as triage.

The Department of Human Services has established a target that at least 80% of Category One patients should be treated within 24 hours of presentation.

In 2007/08 100% of all Category One patients presenting to our Service were treated within 24 hours.

A range of measures are also kept to verify that quality care is being provided. These are then compared to results from other services within our region and across the state.

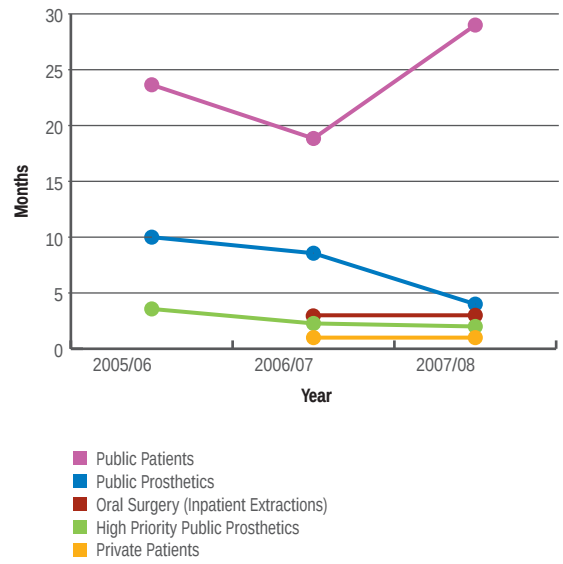
Dental Clinical Indicators

Clinical Indicators	WWHS	Grampians Region	State Average
Emergency dental care provided with retreatment required within 28 days	0.0%	7.8%	5.5%
Teeth retreated within 6 months of initial restoration	4.3%	3.3%	5.1%
Unplanned return within 7 days after tooth extraction	0.0%	3.5%	1.3%

A greater than expected number of patients returned for further treatment within six months of their original restoration (filling). People who have experienced difficulties are fortunate to be able to access to the prompt treatment we are able to provide.

When this occurs we immediately review the treatment provided to each of these patients to ascertain if a change of treatment pattern would have provided a better outcome and use this as a basis for future care.

Average Waiting Times for Dental Treatment



There was a signficant increase in the waiting time for public patients in 2007/08 due to a number of factors which led to the Clinic being closed for 15 weeks throughout the year including dental clinic renovations, Dentist sick leave and annual leave. In 2007/08 the Dentist worked 3 days per week, which is less than the number of days worked per week in previous years. All of this contributed to the increased waiting time.

Other areas of care remained similar to previous years, and the average waiting time for public prostethics continued to decrease to an average of 4 months, compared to 8.5 months in 2006/07.

Infection Control

Cleaning Audits

A clean environment is vital in ensuring the risk of infection is kept to a minimum.

Detailed procedures are in place for each stage of the cleaning process and General Services staff take immense pride in maintaining a clean environment.

Regular audits and checks are conducted throughout the year to ensure that all areas within the Hospitals and Nursing Homes meet and exceed a minimum standard of cleanliness.

The Department of Human Services require all acute public health services to participate in regular internal and external cleaning audits. A minimum standard of 85% must be achieved.

Results of internal and external cleaning audits are submitted to the Department of Human Services.

External Cleaning Audits

The total mark achieved by West Wimmera Health Service was 95% considerably above the benchmark score of 85%. Each of the individual sites scored greater than 85%.

External Cleaning Audit Results

2007/08	Nhill	Jeparit	Kaniva	Rainbow
Hospital Score	97.4%	91.7%	92.9%	95%

WWHS Results

Year	Result
2006	95%
2007	92.3%
2008	95%

Internal Cleaning Audits

Internal cleaning audits are undertaken regularly at all sites throughout the year. In total during 2007/08 some 130 audits were undertaken.

Internal Cleaning Audit Compliance Results

Year	Result
2005/06	93.4%
2006/07	95.95%
2007/08	93.75%

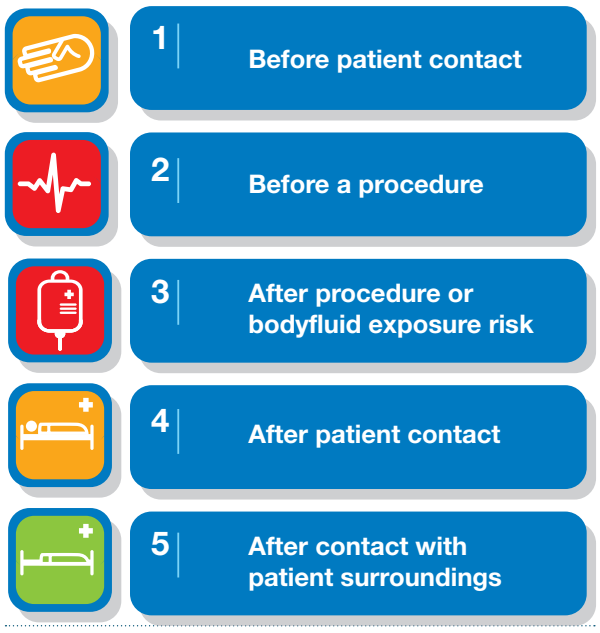
Results in 2007/08 showed a compliance rate of 93.75%, slightly below the figure for the previous year but still considerably above the 85% benchmark.

IMAGE LEFT: Squirt rub and roll the most effective method of hand hygiene.

IMAGE RIGHT: PCW Teresa Gould with resident Olga Gebert testing the new lifting machine at Jeparit. A significant OH&S initiative.

Hand Hygiene

The 5 Moments for Hand Hygiene



A state-wide Hand Hygiene Project began in public hospitals in Victoria throughout 2006-07. Effective Hand Hygiene is the best way to prevent the spread of viruses and bacteria.

Alcohol Hand Rub, the Hand Hygiene product is placed throughout clinical areas, at the foot of beds and in treatment rooms. This solution contains chlorhexidine an antiseptic agent added to the alcohol which remains on the skin after the alcohol dries and continues to kill remaining bacteria.

Observational audits of staff compliance with hand hygiene are required to be submitted to the Department of Human Services each quarter. Initially our compliance was rate was only 30% and we were required to achieve a compliance of 55% by June 2008. We met this target in March 2008.

We also report our compliance and current rate of hospital acquired 'golden staph' (MRSA) infection to Department of Human Services.

West Wimmera Health Service has traditionally had a very low rate of hospital acquired golden staph (MRSA) infection and no cases of this infection have been reported while patients have been in our care.

Extensive staff education has been undertaken, with emphasis on how easy the alcohol hand rub is to use and how effective it is in preventing transmission of bacteria from patient to patient.

In 2008-09 education and auditing will further promote 'The 5 Moments for Hand Hygiene'.

Promotion of Hand Hygiene at all levels of West Wimmera Health Service is seen as integral to planning for the prevention and management of a future Influenza Pandemic.

Changes to the Hand Hygiene project including the auditing system are based on the World Health Organisation guidelines and are outlined in Start Clean – Victorian Infection Control Strategy 2007-11 Victorian Department of Human Services.

Influenza

As the world becomes increasingly worried about the potential for an Influenza Pandemic, there is greater emphasis on Influenza Immunisation.

A proactive annual influenza (the flu) immunisation program is conducted for all staff. Our aim is to prevent cross infection to patients who are already compromised due to age or illness. There has been a gradual increase in the participation rate of staff through increased public awareness and increased expectations by the Department of Human Services.

We now report our Immunisations to VICNISS (Victorian Hospital Acquired Infection Surveillance System) as required by the Department of Human Services.

Staff Influenza Immunisation

Year	No of Staff Immunised	Total Staff (Except Casual Staff)	% Staff Immunised	State % Immunized (VICNISS)
2008	235	417	56.35	N/A
2007	232	405	57.28	42.0
2006	212	480	44.16	41.0

A Safe Physical Environment

Providing excellent and safe care is of little value if we cannot be sure that our physical surroundings are also safe.

Preventative Maintenance

We have a detailed preventative maintenance program designed to maintain buildings and equipment so that they are safe and capable of use at all times.

Most preventative maintenance is carried out by our own skilled and qualified Engineering staff through daily, weekly or monthly reviewing cycles.

Maintenance of specialist equipment such as biomedical equipment, medical gases, sterilisers, X-ray equipment and operating theatre equipment and instruments are undertaken on a contract basis by specialist engineers and contractors.

This is how we make sure that these important assets are maintained and remain reliable, are safe to use and operate to maximum capacity.

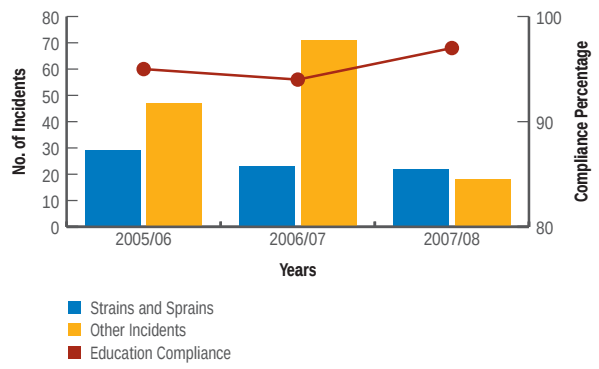
Each year an Essential Services Report is completed and signed to confirm that preventative maintenance has been addressed and completed.

Manual Handling – Minimising the Risk of Injury to Staff

Strain and sprain injuries associated with lifting or carrying is a major cause of injuries in the workplace.

We have concentrated on reducing the incidence of manual handling injuries over the last three years as we endeavour to provide our staff with the safest working conditions possible.

Comparison of Education and Compliance to Manual Handling Incidents



The graph above illustrates the increase in Manual Handling training undertaken by staff over the last 3 years and the corresponding reduction in manual handling incidents for the same period.

Learning the correct techniques certainly does make a difference!

In addition to our education effort the Service has purchased many items aimed at reducing the need for heavy lifting, particularly the lifting of patients. These include lifting machines, slide sheets, floorline beds, which can be adjusted electronically from the floor to a position where staff can attend to a patient without having to bend awkwardly, and remote controlled reclining chairs that tilt to assist residents to a standing position. These actions have contributed to our greatly improved performance.

Zero Tolerance to Bullying and Aggression

Every staff member has the right to feel safe and comfortable at work at all times.

Our Service has a zero tolerance to bullying of any type.

By the nature of our care of dementia specific aged care residents there are times when patients or residents become aggressive impacting on staff safety.

When an incident of bullying is reported it is immediately investigated.

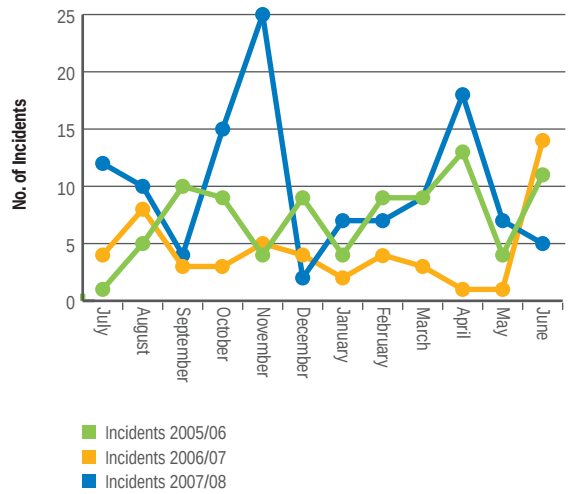
Maintaining Security

Maintaining security is very important given the relative isolation and minimum staffing in place during evenings and overnight.

Our communities do not have access to 24 hour police coverage and no access to private security guards as many larger facilities do.

Therefore it is imperative good and safe processes are in place to reduce risks to staff and patients and deal with such situations.

Riskman Security Incidents Annual Comparisons



The graph illustrates the number of security incidents reported for the last 3 years.

Generally the number of incidents reported per month was very low for 2007/08, and substantially decreased on previous years.

New policies and protocols have been put in place to improve safety with improved lock down procedures to ensure that all external doors are locked in a timely manner and doors not required for access and egress remain locked at all times.

TV cameras have been installed at each site to enable staff at the Nurses Station to see people presenting at any of the external doors. Cameras also operate internally.

External door bells have also been connected to nurse pagers so that nurses are now aware if someone presents at Primary Care Casualty after hours.

There was an increase in incidents in June 2008 due to a prowler at one site. Police were involved and additional security lighting installed to deter this individual.

Also in June an issue was identified with staff not signing out correctly when going on home visits. This is a high risk as we are responsible for the safety of all staff and must know where they are going and at what time they will return, even on community visits. The correct procedure has now been reinforced with resultant improvement in staff safety.

A full scale Security Review will be undertaken in July 2008 to establish what other measures need to be introdcued to ensure an improved safe and secure environment is maintained.

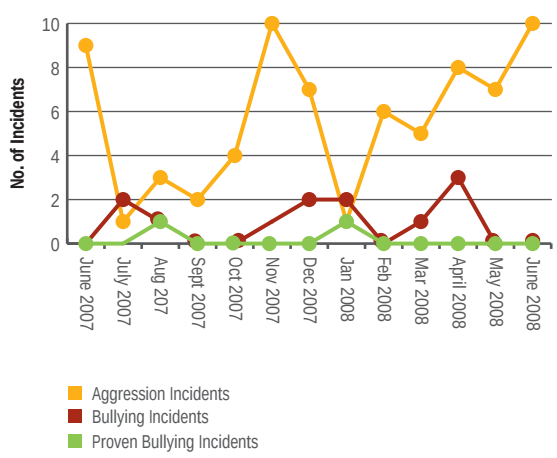
During 2007/08 ten incidents of staff to staff bullying were reported with two cases substantiated. In both instances mediation between the individuals took place with a satisfactory outcome for all parties achieved.

Every incident of patient to staff aggression is also fully investigated and measures put in place to minimise the risk of such aggression recurring.

All cases in 2007/08 involved residents with advanced dementia necessitating medical and medication review and in some instances referral to other services.

Our Service has a policy which limits the use of physical or chemical restraint which is always the absolute last option when dealing with aggressive patients or residents.

Aggression and Bullying Incidents 2007/08



ACCREDITATION & CLINICAL RISK MANAGEMENT

One of the major processes we apply to measure safety and quality is accreditation. This is where external experts come in to our facilities and measure our performance against national health care standards.

Accreditation

Patients and residents need to be certain that the care they receive is 'up to standard'.

Across our organisation we participate in a number of different accreditation processes which look at varying aspects of care delivery.

Accreditation

Type of Accreditation	Outcome
Australian Council on Health Care Standards (ACHS)	Periodic Review November 2006. 2 Year accreditation status achieved. Extensive Achievement status achieved for Infection Control. Moderate Achievement status achieved for all other Mandatory Criteria. 6 recommendations received – 5 now finalised. Organisational Wide Survey due November 2008. Self-Assessment submitted in February 2008 focussing on Support and Corporate Functions.
Aged Care Standards and Accreditation Agency (ACCA)	Full 3 year accreditation status achieved for all 9 Hostels and Nursing Homes in 2006. Support visits conducted at all sites in 2007/08 confirmed accreditation status with full compliance achieved at all sites.
Home and Community Care (HACC)	Successful review of District Nursing Services in 2004. Further review due November 2008 to be undertaken as part of EQuIP Organisational Wide Survey.
Community Aged Care and National Respite for Carers Program	Full accreditation status awarded in September 2006.
Disability	Annual support visit undertaken in July 2007 with full compliance achieved.
Radiology	Registered to be part of the Diagnostic Imaging Accreditation Scheme in March 2008. Application made for desk top audit to be undertaken in 2008/09 in accordance with legislative requirements.

What happens when a recommendation is received as part of the Accreditation Process?

Auditors regularly make recommendations aimed at improving the delivery of care.

When recommendations are received an Action Plan is implemented to ensure that steps are taken to address the issues.

Outstanding Recommendation from the 2006 EQuIP Survey

'Address secondary storage issues for medical records and other documentation.'

New storage facilities have been provided at Nhill and secondary storage at Jeparit has been reconfigured to eliminate manual handling risks.

We are now working towards bringing together secondary storage from all sites to a central location.

This recommendation is yet to be finalised.

IMAGE ABOVE: Resident Avis Grant with Personal Care Worker (PCW) Kerry Exell at Natimuk Residential Care Centre. One of the 9 Hostels and Nursing Homes that maintains full accreditation.

Looking Ahead to 2008/09

All areas of our organisation continue to participate in external accreditation processes.

A full organisational wide EQuIP survey will be undertaken by ACHS in November 2008. Three surveyors will visit for a period of 4 days. They will visit each site and meet with staff and patients, and will audit compliance to national standards by verifying our processes and outcomes.

Prior to this visit a self-assessment detailing our compliance with all 45 criteria, including key improvements made in the past year, will be completed and submitted to ACHS. This document, together with evidence supplied at the time of the survey, will be used to measure our compliance with standards.

A review of our District Nursing service will take place simultaneously, during the November 2008 survey. This review includes a patient survey, which provides district nursing clients with the opportunity to comment on services provided.

Unannounced support visits will occur at each of our nine residential aged care facilities to check that we are providing quality care to our aged care residents. Such visits occur at least twice during the year with no prior warning given.

An annual review of Disability Services took place in July 2008 as part of the ongoing accreditation process in this speciality.

A desk top audit of our Radiology service as part of the Commonwealth's directive to externally measure all radiology services and providers during 2008/09 will occur.

Clinical Governance

Clinical governance is the term used to describe the system by which the Board of Governance, managers and clinicians are held accountable for patient care, its continuous monitoring and improvement thus minimising risk to patients and consumers.

Put simply clinical governance is about ensuring we provide the best possible quality care, in a safe and professional manner.

We address clinical governance in several ways:

Clinical Quality and Safety Committee

This Committee, which comprises medical, nursing, pharmacy and management personnel, is the central platform for addressing issues of clinical safety and quality.

The Committee reviews incident reports and near misses, compliments and complaints, infection control and recommendations from external stakeholders including the Department of Human Services and Coroners Office.

This year the Committee has:

1. Implemented a policy relating to gastrointestinal bleeding, ensuring that patients presenting with this potentially dangerous condition are dealt with in a timely and safe manner.
2. Investigated a fall which resulted in a fracture. Rostering practices were altered to eliminate the risk of such an event recurring.
3. Reviewed hand washing and hygiene practices and arranged education to improve compliance.
4. Implemented an updated Poisons Control Plan ensuring controlled substances and poisons are stored and administered in conformity with legislative directions.
5. Introduced a standardised asthma management pathway for inpatients and outpatients, ensuring continuity of care.
6. Investigated high risk medication errors and implemented action regarding usage of unauthorised abbreviations on the medication chart and ensuring that medication orders are completed in full to minimise the risk of administration errors occurring.
7. Introduced a policy relating to the use of Tenectoplase, which is a drug used in the early treatment of cardiac conditions, to ensure that treatment is safely delivered to achieve the best possible outcome for patients during this potentially life threatening time.

One Sentinel Event, resulting from a serious adverse event, was reported to the Department of Human Services in 2007/08. A Root Cause Analysis comprising medical, nursing and management representatives, was conducted with results reported to the Department of Human Services and reviewed by the Clinical Quality and Safety Committee.

No process or system issues were found to have contributed to the event.

It was noted by the Department of Human Services and experts that comprise the Sentinel Events Review Subcommittee that the adverse event was actually a known complication of the procedure performed. The analysis and action plan implemented were considered by the Review Subcommittee to be reasonable and appropriate.

Subsequently written information is now provided to patients outlining the specific risks associated with undertaking such a procedure.

Medical Staff Association

A Medical Staff Association, chaired by the Consultant Director of Medical Services, Dr. Ian Graham, meets every six weeks and provides a forum for medical staff to discuss clinical issues, quality improvement, peer review and professional development activities.

The meeting considers recommendations from the West Vic Division of General Practice Limited Adverse Occurrence Screening program.

Discharges from our service and other hospitals within the Grampians region are screened through this programme for possible adverse events and referred for detailed review by a panel of experienced medical practitioners. Collecting data from a selection of hospitals allows for a greater sample size and provides a better opportunity to identify trends.

Recommendations arising from the reviews are considered by the Medical Staff Association and if relevant to clinical care are forwarded to the Clinical Quality and Safety Committee with comments and suggested actions.

Minutes of meetings of the Association are forwarded to the Clinical Quality and Safety Committee and are a standing agenda item for each meeting.

IMAGE ABOVE: Speech Therapist Cara Jane Millar with Bobbie Pitt and 4 year old Brodie learning to identify long and short sounds at the beginning of words. Brodie loves to Hi 5 Cara Jane when he gets a word right.

Credentialing and Scope of Practice

The appointment and reappointment of medical practitioners involves two important processes: credentialing and definition of their scope of practice.

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

Scope of practice describes the type and complexity of clinical work that can be undertaken at the various hospitals that comprise West Wimmera Health Service. It depends on the skills and qualifications of the medical practitioner but also on the capacity and facilities of the hospital in which they are practising.

Over the past year there have been significant changes in the general practice coverage of the service and each new appointment and reappointment has involved credentialing and define the scope of practice each practioner enjoys.

All other staff are also subjected to rigorous review of their qualifications, ongoing education and competencies.

Verification of the currency of their registration and practicing certificates is required to ensure that staff are certified by their Registration body and or professional college.

The position description for each discipline is the document that defines the role and responsibility of all practitioners. Their scope of practice is constantly reviewed to ensure their competency.

The Service Policy relating to critical components of care and safety sets out the requirements for mandatory education in these elements including Fire and Emergency Training, Infection Control, Medication Management, Chemical Handling, Food Handling and Resuscitation. The Service Policy relating to vital performance criteria and the maintenance of ongoing education has been made mandatory for all clinicians.

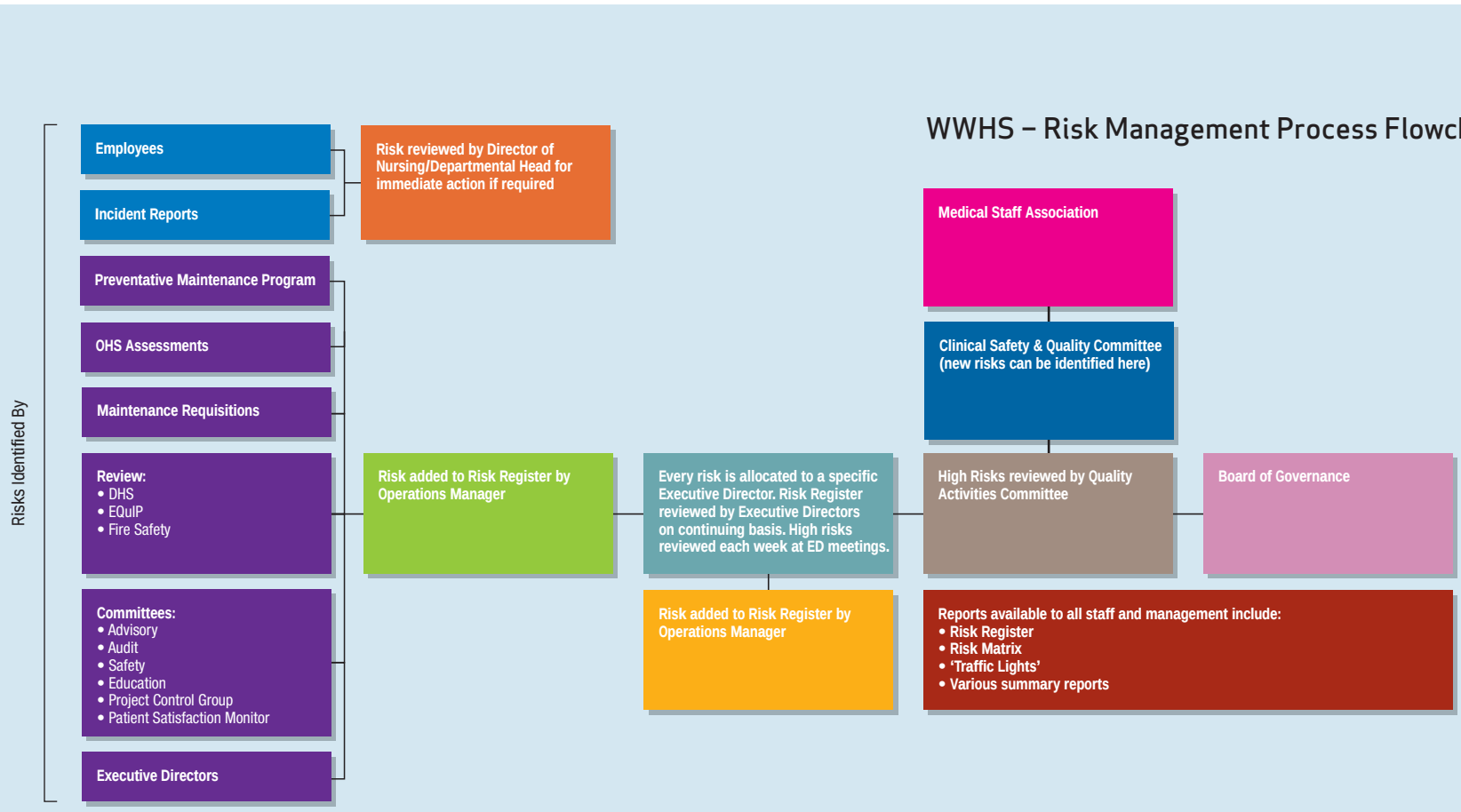
There is also a comprehensive monthly Education Calender for continuous improvement in skills and knowledge.

Improving Performance Committee

This Committee is a sub-committee of the Board of Governance and is chaired by a member of the Board.

A number of operational committees including the Clinical Quality and Safety; Safety and Security; Human Resources and Education; Leadership and Management and Medical Records Committees report directly to the Improving Performance Committee.

The Committee investigates and sets policy on clinical governance issues and other potentially high risk areas such as occupational health and safety, security and human resource management.



Policies and Protocols

Policies and protocols are put in place to ensure staff are aware of and promote 'best practice' processes. They define process and protocols as to what should be done and how it should be done.

The Service operates an on-line policies and protocols system, which means that staff and clinicians have access to standardised policies and protocols across the Service at the push of a computer button.

An important part of the process is the regular review of all policies and protocols, at least every three years or when ever there is a change to legislation or regulations.

In 2007/08 a total of 108 policies and protocols were reviewed by Executive Directors in conjunction with Departmental Managers, discussed and adopted by the relevant operational committee before being ratified by the Improving Performance Committee. Copies of all policies and protocols are forwarded to the Board of Governance for either adopting or noting.

The Service presently has 335 published policies and protocols.

Compliance to Legislation and Regulations

An important component of clinical governance involves ensuring compliance with State and Commonwealth legislation, Regulations and Australian Standards.

The Board Assurance Compliance electronic System (BACeS) measures compliance with relevant legislation and regulations and is updated every three months to include changes.

In 2007/08 a total of 50 reports were tabled at Board of Governance meetings detailing compliance with legislation and regulations.

Areas not fully compliant are reported to the Board monthly until such time as the deficiency is rectified.

Access to the BACeS system is now available to Directors of Nursing and Departmental Managers providing them with online access thus increasing their knowledge regarding compliance requirements.

Police Checks

To protect patients, residents and clients all staff and volunteers undergo a Police Check before commencing employment. Anyone found to have a police record will not be employed if it is considered that there is any risk.

In the past year 2 prospective employees have been rejected due to an unsatisfactory police record.

Staff already employed within the Service were required to undergo a Police Check in July 2007.

All staff are subjected to Police Checks every three years.

Working with Children

Legislation was introduced in 2007 requiring those working with children to undertake a special Police Check aimed at identifying any individuals who may pose a risk to children.

All allied health staff and other practitioners including the Maternal and Child Health Nurse and Radiographer who work one on one with children have completed the checks with all staff compliant.

Risk Management

West Wimmera Health Service has adopted a proactive approach to risk management that includes all facilities and all types of service provision and activities.

Adoption of a Risk Management Framework in April 2008 by the Audit Committee further entrenched the risk management attitude into the 'day to day' operations of the Service.

The purpose of the Risk Management Framework is to direct the management of our clinical, financial, environmental and social responsibilities and the achievement of our mission 'To deliver health, welfare and disability services which are compassionate, responsive, accessible and accountable to meet individual and community needs.'

Adherence to the framework will enable the Service to fulfil the stewardship responsibilities of our mission in protecting patients from danger, damage, loss or misuse by ensuring safe practices and excellence in management, including innovation that may involve responsible risk taking are observed.

WWHS Risk

5 – Almost Certain	0 Medium	0 Medium	0 High	0 Very High	0 Extreme
4 – Likely	0 Low	1 Medium	4 High	1 Very High	0 Very High
3 – Possible	0 Very Low	22 Low	73 Medium	2 High	0 Very High
2 – Unlikely	1 Very Low	7 Very Low	16 Low	12 Medium	0 High
1 – Rare	1 Tiny	0 Very Low	4 Low	3 Medium	4 Medium
	E – Insignificant	**D –Minor**	**C – Moderate**	**B – Major**	**A –Catastrophic**

Total No. Risks (1156) – **Risks Finalised** (1000) = **Ongoing Risks** (151)

IMAGE ABOVE: Director of Nursing Nhill, Janice Clugston taking a call from a very satisfied patient.

Responsibilities for Risk Management

The Audit Committee addresses risk management policy and formulation with the Improving Performance Committee monitoring the Risk Register regularly.

The Framework is supported by a Risk Management Policy and Risk Management Protocol which were revised and adopted in 2008.

The Risk Register continues to be the operational tool for Staff and Management to record and monitor identified risks which are 'risk rated'.

A Risk Management Flowchart outlines the way Risk is managed throughout the Service.

Reporting of Risks to the Board of Governance was enhanced in July 2007 to include a report detailing the risks for the current and preceding month, the number of new items added to the risk register for the month and the number of finalised items. This 'Analysis of Risk Items' Report is also separated into risk weightings, outlining the seriousness and rated level of the risk.

It is pleasing to note that there were no Extreme risks identified in the 2007/08 year. Three Very High risks and three High risks were identified and at 30th June 2008 four of these had been finalised.

The Internal Auditor conducted a Risk Management Audit at the commencement of 2008/09, with recommendations for improvement to the Risk system being reported.

A risk is defined in the Australia/New Zealand Standard for Risk Management (AS/NZ 4360:2004) as "… the possibility of something happening that impacts on your objectives. It is the change to either make a loss or gain."

West Wimmera Health Service is proud to embrace risk identification as the awareness not only of negative possible outcomes but also positive opportunities. Therefore the risk register is referred to as the 'Action Register'. Having a central recording base for all identified opportunities for improvement ensures a systematic method of improving the quality and safety across the Service.

Compliments and Complaints

West Wimmera Health Service actively seeks and values Consumer feedback as a fair indicator of how our services are perceived by our Consumers.

We believe Patients, Residents, Clients and Visitors are in the best position to inform the Service about areas of care they consider excellent and those where there is room for improvement.

Feedback is sought by the strategic placement of compliments and complaints forms throughout all facilities and also by internal and independent patient satisfaction surveys.

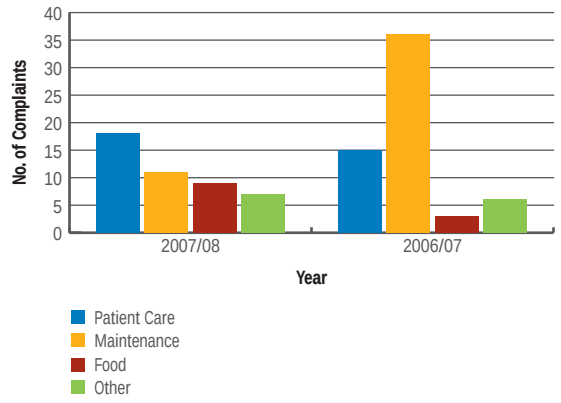
Compliments are greatly appreciated and it is with pride that West Wimmera Health Service received 141 compliments during the 2007-08 year.

The majority of compliments focus on the excellence of Nursing care and particularly the support and care given to Residents in our facilities. Congratulations are extended to all staff for their continued compassion and care. The level of compliments evidences the quality care provided at West Wimmera Health Service.

There is a strong commitment to the principle that Complaints be handled in a fair and equitable manner, treated confidentially and acted upon promptly to ensure resolution to the customer's satisfaction where possible.

The Health Services Commissioners Complaints handling guidelines are followed to ensure the most appropriate outcome for all parties.

Complaints



Due to the complexity and diversity of the services we provide the type of complaints we receive are varied. Directors of Nursing and Departmental Managers are encouraged to manage complaints at the local level if possibe. The most common example is issues pertaining to the provision of meals.

Concerns relating to Resident care are dealt with through Care Planning Meetings with the Resident, Family, Director of Nursing and Executive Director of Clinical Services. This proactive approach ensures that the complaint is managed to the satisfaction of all parties and outlined in a formal response from the Chief Executive Officer.

A trial to introduce paper plates into a Day Centre to reduce Manual Handling risks resulted in a high level of complaints.The evaluation of the trial resulted in the purchasing of melamine plates to address the Manual Handling issue while ensuring a quality meal experience for Day Centre Clients.

It was pleasing to note that the number of complaints in 2007-08 had decreased to 45 compared to 60 received in 2006-07.

CONTINUITY OF CARE

When you are admitted to West Wimmera Health Service the health care team responsible for your care in conjunction with you or your family develop a care plan specifically for you.

A Journey Through Our Health Service

The plan includes all the types of care you require and will change according to your progress. If you are an acute patient it will also include preparation for the extra assistance you may need when you return to your place of residence.

The smooth transition from one point to the next in your journey in dealing with your health problem is greatly enhanced by the direct care provided by your Doctor whether that be in Hospital, your home or your normal place of living.

The value of a Care Plan which is designed specifically for you!

Bev's Journey

My husband and I listened to the eight o'clock news. It was a normal Sunday morning and I got up to open the blinds. However this particular morning was different, I was different, I had suffered a stroke.

I was taken by ambulance to Nhill Hospital Primary Care Casualty and then referred to our regional hospital. Following consultations, tests, physiotherapy sessions and assessments, it was deemed that intense therapy would be of no advantage and I was returned to Nhill to await accommodation in the nursing home.

My brain no longer recognised my left side and I had lost the ability to swallow, but fortunately I could still speak.

I had always enjoyed good health and kept very active. My husband and I went Old Time Dancing each Friday night.

Now my life, our lives had changed.

Arriving at the Nhill Hospital, the Admission and Discharge Co-ordinator was most reassuring capably answering our questions. Laurie, the Physiotherapy Assistant, listened to my plight and said "we'll get you going". He spoke with such conviction I promised myself right there and then I would walk out of this hospital. And I did three months later on our wedding anniversary.

I owe it all to the marvellous staff at the Nhill Hospital and the constant love and care of my husband.

Being in Nhill and close to my family meant everything to me. As a patient, the service I received and the wonderful care and attention of the nursing staff was exceptional. There were always plans for the next stage of my recovery.

With physiotherapy each day, Laurie's encouragement was constant and inspiring and helped make me more determined. He seemed as happy as I was when I achieved something new.

An application for a Care Package by the qualified Assessor from Goroke Community Health Centre gave me access to services needed for my recovery. With guidance from the Speech Therapist and Dietitians, I am now able to eat 'normal' food, and with the help of appropriate aids and ongoing support from the Occupational Therapists, I am able to cope at home.

My first week home from hospital was challenging, but we were comforted with the reassurance that we had guaranteed support. I was even able to receive my meals from the hospital each day while I was still on an 'eating program'.

I have nothing but praise for our hospital, the quality services it offers, the care exceptional and the constant planning for me to 'go home'.

Seventeen months later, I still attend physiotherapy with Laurie daily and receive some help at home but I am becoming more confident and happy.

Our lives are now changed but it does not rule us. It has been part of life's journey. I am so grateful to be able to enjoy the endless pleasures of our grandchildren, be amongst our friends, and with perseverance and Laurie's help, I will dance again.

Respecting Patient Choice (RPC) – An Advanced Care Planning Program

What will happen when I can no longer make decisions about my healthcare?

This program helps us and your family to know your wishes about future treatment and interventions.

We have qualified RPC Consultants at all campuses and they are trained to help you think about the medical treatment you would or would not want to occur. Giving you the opportunity to plan your care in advance – Advanced Care Planning- while you are able to.

Once you have determined what you want and maybe discussed it with family or friends we assist you to detail what is important to you. As well as medical treatment it can include items such as music and activity preferences. The Plan enables you to nominate a person, your 'agent' to make important decisions for you if you are unable to make the decision yourself.

IMAGE LEFT: Angela Walker, Director of Nursing at Natimuk works closely with RPC consultants to implement the Respecting Patient Choice Program.

You are able to delete or add items to the Plan at any stage or change your nominated 'agent'.

Another aspect of continuity of your care through the lifespan

The very heart of our Service is to continue providing strong commitment and quality care to our communities. An example of this is proven in our compassionate proactive approach to this family's situation.

- Mr A's wife was 8 months pregnant with their third child
- Mr A's second son, 18 months old was recuperating from a broken leg, enduring 6 weeks in a hip spica (underarm to ankle cast)
- Mr A, a mechanic by trade, had a farm machinery accident, resulting in a crush injury to 2 fingers on his right hand
- During Mr A's recuperation, a bone infection (osteomyelitis) developed in the damaged fingers
- Goroke Community Health Centre and the local District Nurses to the rescue!
- To deal with this serious infection, he required daily intravenous antibiotics, initially twice a day at least 8 hours apart. Treatment was increased due to continuing infection.
- We visited the family on their farm twice a day for 16 days, a 100km round trip, with the necessary drugs, offering constant reassurance, comfort and support to not only Mr A, but his heavily pregnant wife and sons. This allowed the entire situation to become manageable and far less stressful for the family.

- Staff maintained their dedication, despite the occasional blocked intravenous drip which created a potentially difficult situation at 11.30 PM on a Saturday night!

Mr A and his family were extremely grateful for the commitment of staff and time taken out of their home lives and the after hours and weekend service provided because it allowed him to recuperate at home on the 'Hospital in the Home Program'.

Mr A and his wife are now the proud parents of a baby girl, she arrived a week after the anti-biotic treatment concluded. Mr A's wife, a qualified Personal Care Worker, has since expressed interest in becoming part of the West Wimmera Health Service care team.

Goroke Community Health Centre came to the Rescue!

Diabetes – A New Initiative, Introduction of Insulin Pump Therapy

Our Diabetes Educator knew there was a better and more 'ordinary' way of life for Type 1 Diabetics – those who are insulin dependant . Unfortunately it was only available to people in Metropolitan or large Regional Centres.

Not to be deterred the Educator negotiated with Private Health Funds and the manufacturers of the insulin pumps and sealed a deal where West Wimmera Health Service would cover the bridging finance to the manufacturer for the pump until the Health Fund reimbursed the significant cost.

A winning situation for all. The diabetic gains control of their life, Diabetes is controlled, the long term medical affects of the disease are reduced resulting in a better and longer life for the patient and reduced reimbursement costs for the Health Fund.

Education, Understanding, a better life and reduced costs for everyone were the benefits derived from this initiative.

IMAGE ABOVE: Diabetes Educator Lesley Robinson assists Karen Kerber with the finer details of managing her Diabetes with her new Insulin Pump, the gateway to a better lifestyle.

Health Screenings – Community Health Nurses / Diabetes Educator

Site	Total Contacts			Percentage Increase/Decrease	% Males			% Females			Numer of Staff		
	2007	2006	2005		2007	2006	2005	2007	2006	2005	2007	2006	2005
Nhill	66	89	61	-25%	–	52%	41%	–	48%	59%	2	2	2
Kaniva	61	61	52	–	43%	44%	46%	57%	56%	54%	1	1	1
Rainbow	83	57	90	+31%	47%	44%	54%	53%	56%	41%	2	2	2
Jeparit	73	70	77	+1%	53%	47%	56%	47%	53%	44%	2	2	2

A Renewed lifestyle

To whom it may concern.

On the 5th of January 2005 I was diagnosed as a Type 1 Diabetic after showing all the common signs and was hospitilised. Since then I have found it hard to keep my blood glucose levels within the best possible range. It is a challenge and can at times be a very hard life constantly watching your levels and making a judgment yourself as to how much insulin you require.

The Diabetes Educator had discussed with me about the possibility of using an insulin pump. At that time it wasn't right for me. However after having further discussions with her about a year later we decided that if I wanted to gain tight control and get myself in the 'normal' range the pump would be ideal. So from there Lesley and the team at West Wimmera Health Service began the research.

After only a short period Lesley phoned with the great news that I would be going on a Deltec Cozmo pump in only two months. I was nervous and excited. My whole new way of being a diabetic was on its way and I had only heard great news about them.

On the 24th of June I met with Lesley and Kris and Kerry the representatives from Cozmo Pumps who had come from Sydney and Melbourne to get us started. I would like to thank them both for travelling the distance and making this possible for me.

I have only been on the pump now for a month and already I am seeing the benefits of it. It is a new, improved and easier lifestyle for a Diabetic and I would not consider going back to four injections a day. My control is already a lot tighter and I feel a lot more normal. My lifestyle and the things I used to do pre diabetes is back. There are no more injections and guess work involved as the pump does a lot of the thinking for me.

I would sincerely like to thank Lesley for all her hard work in the organising, coordinating and her follow ups already with me on the pump. I would also like to thank Kris and Kerry for the two days they spent with us, West Wimmera Health Service and Nhill Hospital for making this possible. To be able to do such an amazing thing at a local hospital was fantastic and was a deciding factor in deciding to go onto the pump as it was so easily accessible.

Again thankyou to all of those involved.

Kate Crouch

Satellite Mental Health Clinics and Secondary Case Conferencing

Access to Primary Mental Health Services was greatly improved with the commencement of monthly satellite services at Rainbow and Nhill in December 2007. Patients are consulted by a psychiatrist or mental health nurse in their own communities negating the need to travel excessive distances to access regional services.

This service will be expanded by accessing Secondary Case Conferencing with the Primary Mental Health Team.

Secondary Case Video Conferencing follows the initial patient assessments and care, providing the opportunity to determine gaps in services and set in place care necessary to improve patient wellbeing.

Social Isolation and Mental Health

A staff perspective on a new initiative to improve skills and knowledge to meet the challenges of increasing mental health issues in the community.

As a rural welfare worker, I face many challenges of isolation and access to skilled mental health professional peers and huge time limitations.

It was refreshing to partake in the first, of what I hope to be many, videoconference links with the Grampians Primary Mental Health Team.

The first session focused on Depression and appropriate client management. The information was relevant, up-to-date and the shared conference environment drew together a range of worker experiences and practice frameworks from the region.

While modern technology will not replace face-to-face contact, the session provided an opportunity for discussion, reflection and significant interaction to explore the content presented… and this is something that clearly does not happen in a sole practitioner work environment. The session clearly demonstrated the importance of secondary consultation and the importance of sharing practice experiences with others.

After the session, I felt positively rejuvenated, with increased confidence to work with my clients experiencing depression. The shared knowledge and opportunity to connect with work colleagues was fantastic!

It was also great to feel validated in my own work practices.

I would strongly encourage other health professionals to utilise this valuable resource and will certainly be recommending it to my peers.

IMAGE ABOVE: District Nurse Jen McDonald about to visit a client using the active transport bicycle. The bicycle is an initiative in conjunction with the WPCP to promote physical activity for staff.

Health Promotion

Our Vision

'West Wimmera Health Service will optimise health and well being throughout the communities it serves, through Health Promotion activities which are accessible, sustainable and which reflect locally determined priorities.'

What is Integrated Health Promotion (IHP)?

The Ottawa Charter (1986) defines health promotion as:

'…the process of enabling people to increase control over, and to improve, their health. Health is seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasising social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy lifestyles to wellbeing.'

In Victoria, the term 'integrated health promotion' refers to agencies and organisations from a wide range of sectors and communities in a catchment working in a collaborative manner using a mix of health promotion interventions and capacity building strategies to address priority health and wellbeing issues.

The Integrated Health Promotion Framework includes three key features:

1. Effective partnerships
2. A mix of interventions and common planning framework
3. A broad range of sectors

Underpinning integrated approaches to health promotion are the Victorian state guiding principles or core values. These are built from the foundations of health promotion.

Our Priorities: 2006-2009

For the strategic planning period 2006-2009 Health Promotion activities have aligned with the Wimmera Primary Care Partnership (PCP) Healthy Communities Plan visions and priorities. This demonstrates our commitment to collaborating across the region in relation to Health Promotion with attention to:

- Regional burden of disease data
- Common priority areas
- Community needs assessment
- Building partnerships
- Building public policy
- Preventing duplication of effort
- Sharing resources and skills

We have chosen 2 priority areas:

- Physical Activity
- Mental Health and Social Connectedness.

Physical Activity

Research suggests that Australians are becoming increasingly inactive.

In the 12 months to April 2003, an estimated 38% of children aged 5-14 years did not participate in organised physical activity outside of school hours, and 22% of 15-24 year olds reported no physical activity.

This is what we have done:

National data also indicates that few older persons engage in regular physical activity. Only 31 percent of individuals aged 65 to 74 report participating in 20 minutes of moderate physical activity 3 or more days per week, and even fewer (16 percent) report 30 minutes of moderate activity 5 or more days per week.

Using this data we have developed physical activity programs to bring about change and entice our communities to become aware of what 'inactivity' can do to their health and have them become 'active'.

Physical Activity Programs:

The Walking School Bus

The 'Walking School Bus' for Primary School Students operates in Nhill, Kaniva, and Goroke facilitated by volunteers, who walk with the children along a designated bus route, collecting passengers at 'bus stops'. Children wear fluorescent vests and earn prizes for every ten walks with the Walking School Bus. Weekly updates are placed in the school newsletter including a 'thought for the week' and 'walker of the week'.

Community Exercise Classes

Weekly Gentle Exercise classes for older people have increased the mobility and strength for attendees and chair based exercise sessions for the aged residents at Avonlea Hostel with an average of 20 residents enjoying the benefits of regular exercise.

Gentle Water Exercise Group

Goroke Community Health Centre formed in collaboration with Edenhope and District Memorial Hospital co-ordinate a weekly water exercise program suitable for older adults.

The classes are conducted by a qualified instructor, in a therapeutic pool, offering relief for older adults suffering arthritis pain and other similar conditions.

Nordic Pole Walking

Nordic Pole Walking is a unique cross-training activity. Cross-country skiing has long been recognized for its supremacy as the form of physical activity for building cardio-vascular fitness.

Nordic Pole Walking achieves the same outcome without the skis or snow, any time, all year round, in any climate on any surface. It improves aerobic fitness, muscular endurance, decreases neck and shoulder pain and can have positive effects on mood state.

Goroke Community Health Centre has a qualified Nordic Pole Walking facilitator who conducts Pole Walking classes for West Wimmera Health Service:

IMAGE ABOVE: Shirley Mulraney (right) Instructor Wendy Essex (centre) and Roma Sampson (left) experiencing the benefits Pole walking a new physical activity.

Mental Wellbeing and Social Connectedness

The World Health Organisation (1999) describes 'mental health' as a "state of emotional and social wellbeing in which the individual realises his or her own abilities, can cope with the normal stressors of life, can work productively and can contribute to his or her community."

Impact of the Drought in the Wimmera Region

Farmers have not only become depressed, frustrated, disillusioned and disheartened in the future prospects of farming and agriculture, but their families and the community have also been affected. Small businesses and those who are self-employed are questioning the longevity of their work opportunities. Family tensions are high, with many families facing massive financial struggles, as many small communities face the burden of trying to retain adequate economic, recreational, social and emotional infrastructure to meet the increasing needs of their populations experiencing these circumstances.

When looking at the issues in the Wimmera we face some significant barriers to our communities being able to achieve the desired state of mental health.

Some of these barriers include the financial costs of day to day living, the cost of many activities of social connectedness, motivation and desire to participate in activities, knowledge of and adequate access to low cost or free services to assist with emotional and financial support when needed. Access to information and training to upskill in areas to achieve personal and vocational success where desired, and seek opportunities to engage in capacity building activities are important items to pursue.

As the impacts of the drought are long-term, any action taken to increase the capacity of individuals and to build strong and supportive communities to influence and sustain positive mental change, also needs to be long-term as well as flexible and responsive to change.

Mental Wellbeing & Social Connectedness Programs

- *The Drought Resource Centre In Nhill – A Success Story.* The Centre is largely organised by volunteers, very special volunteers who themselves have gained in knowledge, business and social skills.

  One volunteer has gained the confidence to submit successful applications for funding to recarpet the Centre and for recognition of the Drought Centre in the Pride of Australia Awards where they are finalists in the hardship category.

  The Centre is a Drought Information Resource Centre, which is the centre for the distribution of emergency food resources and has an ever changing stock of quality donated clothing.

  An average of 15 health checks per month are conducted at the centre. The outcome for several people has been referred to a doctor with one person admitted to hospital.
- Men's Health Nights – a vital ingredient for their Physical & Mental Health particularly in these times of undue stress and financial strain
- Sustainable Farm Families Programs
- Guys and Gals self esteem programs at the Colleges

Sustainable Farm Families

The Hindmarsh Landcare Network was the industry partner for the Nhill program. They successfully recruited 25 participants for the program with 23 completing it. The two-day program involved comprehensive health assessments and interviews, as well as education topics including the State of Rural Health, Cardiovascular Disease, Cancer, Farm Health & Safety, Stress, Nutrition including a supermarket tour, and Gender Benders - separate women's and men's health sessions.

The health assessments identified elevated cholesterol, blood sugar, blood pressure, body mass index, respiratory function levels, with approximately 60 per cent of the participants referred to their General Practitioners for follow-up treatment.

Our Care Programs Expand

As well as our two priority areas for Health Promotion we have picked up on other areas where promotion and preventative programs benefit our communities which include Cancer, Diabetes, Good Nutrition and Injury prevention.

Vision and Achievement

- Organisations requesting specific health promotion activities that are not related to the priority issues – the Country Womens Association and Diabetes Support Group requested information sessions on "Healthy Eating for 1 or 2" & "Healthy Eating at Christmas"

  Participants in the "Healthy Eating for 1 or 2" session reported their knowledge of a healthy diet, and particularly the importance of adequate protein, iron, calcium and fibre increase. Those who took part in the Diabetes Support Group "Healthy Eating at Christmas" program suggested that they found information on weight management during the Christmas period useful, as well as some revision of the glycaemic index. A label reading exercise promoted interesting discussion
- Opportunities available through State and National groups such as the Cancer Council
- Programs that promote cancer awareness and early detection
- Diabetes awareness programs
- Partnership opportunities such as the Scooter Awareness Workshop, which was funded through the Hindmarsh Shire Council, with the support of our Occupational Therapist. It provided valuable information on scooter safety to the community.

As a community awareness indicator of the value of the mobility and independence scooters/gophers provide for the aged and physically challenged the new Supermarket in Nhill which is now providing a scooter battery recharging outlet in the new facility – a sign of things to come!

Always Planning For Improvement and the future

Stroke Safe Awareness Campaign

This program will be held during October 2008 and promoted at the Agricultural Shows in each town. The program is titled "Knowing Your Numbers". It is a blood pressure awareness campaign which aims to deliver a prevention message about blood pressure. It highlights the importance of having regular blood pressure checks and helps people to understand the link between blood pressure and stroke

GLOSSARY OF TERMS

ACFI
Aged Care Funding Instrument

ACHS
Australian Council on Healthcare Standards

Ambulatory Care
Services delivered to patients/clients who do not have to occupy a bed

Australian Standards
National Standards developed by the Standards Association of Australia/New Zealand

BACeS
A reporting system informing the Board of legislative compliance status

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

Case Management
Management of client care on an individual basis

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

CEO
Chief Executive Officer

Continuum of Care/Continuity of Care
The cycle of care incorporating access, entry, assessment, planning, implementation, evaluation, discharge and community care

Desktop Audit
A paper-based assessment of an organisation's progress in a particular program

DHS
The Victorian Department of Human Services

DoHA
Commonwealth Department of Health and Ageing

DON
Director of Nursing

ECG
Electrocardiograph

EQuIP
Evaluation Quality Improvement Program

FOI
Freedom of Information

FaHCSIA
Commonwealth Department of Families, Housing, Community Services and Indigenous Affairs

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

GEM Bed
Geriatric Evaluation and Management Beds allocated to older patients requiring professional management of an illness or complex medical condition

GP
General Practitioner

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

ICT
Information & Communication Technology

Inpatient
A person who is admitted to an acute bed

Medical Record
Compilation of patient medical treatment and history

Mission Statement
(See inside front cover)

Near Miss
An event which could have resulted in an accident but did not.

Occupied Bed Days
The total number of patients in hospital in a given time

OH&S
Occupational Health & Safety

Outcome
The result of a service provided

Outpatient
A client who is not admitted to a bed

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

QOC
Quality of Care Report

RCS
Resident Classification Scale
- a funding tool that determines Commonwealth subsidy according to the level of care required by the resident.

Separation/Discharge
The process whereby care is completed and the patient leaves the organisation

Standard
Set level of performance to be achieved

Statutory or legislative requirement
A requirement laid down by an Act of Parliament

Sub-acute
Interventions to maximise independence and quality of life for people with disabling conditions

The Board
The Board of Governance

The Department
The Department of Human Services, Victoria

The Service
West Wimmera Health Service

Triage
Assessment of patients to determine the urgency of care required

Values
The principles and beliefs that guide West Wimmera Health Service

VICNISS
Victorian Hospital-Acquired Infection Surveillance

VMO
Visiting Medical Officer

VPSM
Victorian Patient Satisfaction Monitor

WIES
Weighted Inlier Equivalent Separations

WPCP
Wimmera Primary Care Partnership

WWHS
West Wimmera Health Service

INDEX

A
Aboriginal & Torres Strait Islanders 4
Access to Services.....4, 8, 10
Accreditation.....14
ACHS.....14
Aged Care Standards & Accreditation Agency.....14
Aggression.....12, 13
Alcohol.....5

B
Birthing Services.....1
Bullying.....12, 13

C
Care plans.....18
Cleaning.....11
Clinical Governance 14
Clinical Indicators 10, 11
Clinical Quality & Safety 14
Community Needs Analysis.....3, 5
Community participation 3
Complaints.....17
Compliance.....16
Compliments.....17
Consumer involvement.....2, 6
Continuity of Care 18
Credentialing.....15
Cultural Diversity 4, 5

D
Demographics.....6
Dental 11
Diabetes.....19
Distribution of Report.....2
Drought.....21
Drought Resource Centre.....21
Drug & Alcohol Services 5
Drug Seminar.....5

E
Elective Surgery.....6
Employees.....2

F
Falls 9

H
HACC 14
Hand hygiene 12
Health Assessments 3, 19
Health Promotion 20

I
Improving performance.....15
Incidents 8, 13
Infection control.....11
Influenza 12
Insulin Pump Therapy 19

M
Maintenance 12
Manual Handling12
Medication 8
Medical Association.....15
Mental Health..... 5, 20, 21
Mission ii

O
Ophthalmology.....10
Orthopaedic Surgery.....10

P
Patient satisfaction 7
Physical activity..... 20, 21
Pressure wounds 9

Q
Qualifications.....15

R
Respecting patient choice.....18
Risk management 16
Risk matrix.....16

S
Surgical care 10
Safety 13
Security.....13
Services
Values ii
Victorian Patient Satisfaction Monitor...7
Vision ii

W
Waiting lists 6, 7

SERVICES OFFERED BY WWHS

Aged Care
Residential Hostels & Nursing Homes
Community & Home Based Aged Care

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

Allied and Community Support Services
Aged Care Assessment Services
Ante/Post Natal Classes
Asthma Education and Counselling
Cancer Council of Victoria
– Cancer Awareness
Cardiac Rehabilitation Program
Community Health Nursing
Continence Education
Counselling
Diabetes Education
Dietetics
District Nursing
Drought Centre - Support
Drug & Alcohol
Exercise Groups
Exercise Physiology
Farm Safety Education
Fitness Assessments
Guys & Girls
Gym/Weights Program
Hairdressing
Health Education and Promotion
Hearing Screening
Home and Community Care
Hospital in the Home
Hospital to Home
Kindergarten Screenings
– Podiatry, Speech Pathology
Living with Cancer Program
Lowan Rural Health Network
Maternal and Child Health Nurse
– Practitioner Report
Maternal and Child Health
– Nursing Service
Massage Therapy
Meals on Wheels
Myotherapy
National Diabetes Services
Nutrition Education
Occupational Therapy
Optometry
Orthodontic Service
Pap Smear Tests
Physiotherapy
Planned Activity Groups
– (Day Centres)
Podiatry
Puberty Biz Sexuality Sessions to Grade 6 Children and Parents
Radiology
"Secret Men's Business"
– group for older men
Social Work
– Welfare and Counselling Service
Speech Pathology
Women's Advancement Group
– Goroke
Work Experience
"Youth in Action" Group
– Goroke Secondary College

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

Regional Services To:
Avonlea Hostel
Edenhope Hospital
Goroke P-12 College
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 College
Rainbow College
Rainbow Primary School
Rural Northwest Health
St Patrick's Primary School, Nhill

Service Support
Education
Engineering and Maintenance
Health Information Management
Hotel Services
Library and Resource Services
Traineeships
Volunteers
Work Experience
Work Placements

Community Programs

Hospital To Home (H2H)
H2H is available for patients whose short term need cannot be met through regular community services. It supports patients in the transition from hospital to home and assists them with recuperation.

Hospital in the Home (HITH)
HITH is hospital care in the comfort of the persons own home. Patients are regarded as hospital inpatients and remain under the care of their treating doctor. A wide range of conditions and treatments are provided including intravenous antibiotic therapy and anticoagulant therapy.

National Respite for Carers Program
Provides 'time out' for carers of people with dementia. It offers carers the opportunity to maintain their own interests, 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.

Post Acute Care (PAC)
Provides community-based services such as community nursing and personal care.

Home and Community Care Program (HACC)
This program provides care in home and community settings to frail older adults, younger people with disabilities and their carers to promote independence thus avoiding premature or inappropriate admission to residential care.