WWHS

We are a Service committed to change. With the passing of each year our aim is to bring measureable improvement to all our activities.

This year was no exception.

WEST WIMMERA HEALTH SERVICE

ANNUAL & QUALITY REPORT TO OUR COMMUNITY

2009 2010

Your complimentary copy – please take it home.

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

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

Values

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

A Safe Environment
Safety will always be our prime focus.

A Culture of Continuing Improvement
The delivery of superior care to our consumers motivates a culture of quality improvement in all that we do.

Effective Management of the Environment
Our Service is managed in ways which recognise environmental imperatives.

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

CONTENTS

West Wimmera Health Service Annual & Quality Report to Our Community

To bring our communities and partners up to date with our performance for the reporting period 1 July 2009 – 30 June 2010 and the quality they can expect from our care we have produced this Report.

This Report and the Audited Financial Statements have been produced as companion documents and, with other communication documents, will be presented to the public at the Annual General Meeting on Friday 26 November 2010 at 8.00 PM. in the Community Centre Nelson Street Nhill where the Guest Speaker at the Meeting will be Fr. Michael Lapsley a South African Anglican Priest and social justice activist.

The Report complies with the directions of the Minister for Finance, the Department of Health and the guidelines of the Australasian Reporting Awards Limited and will also be submitted to the PriceWaterhouseCooper Reporting Transparency Awards.This Report and our Annual Report can be accessed on our website and the internal intranet.

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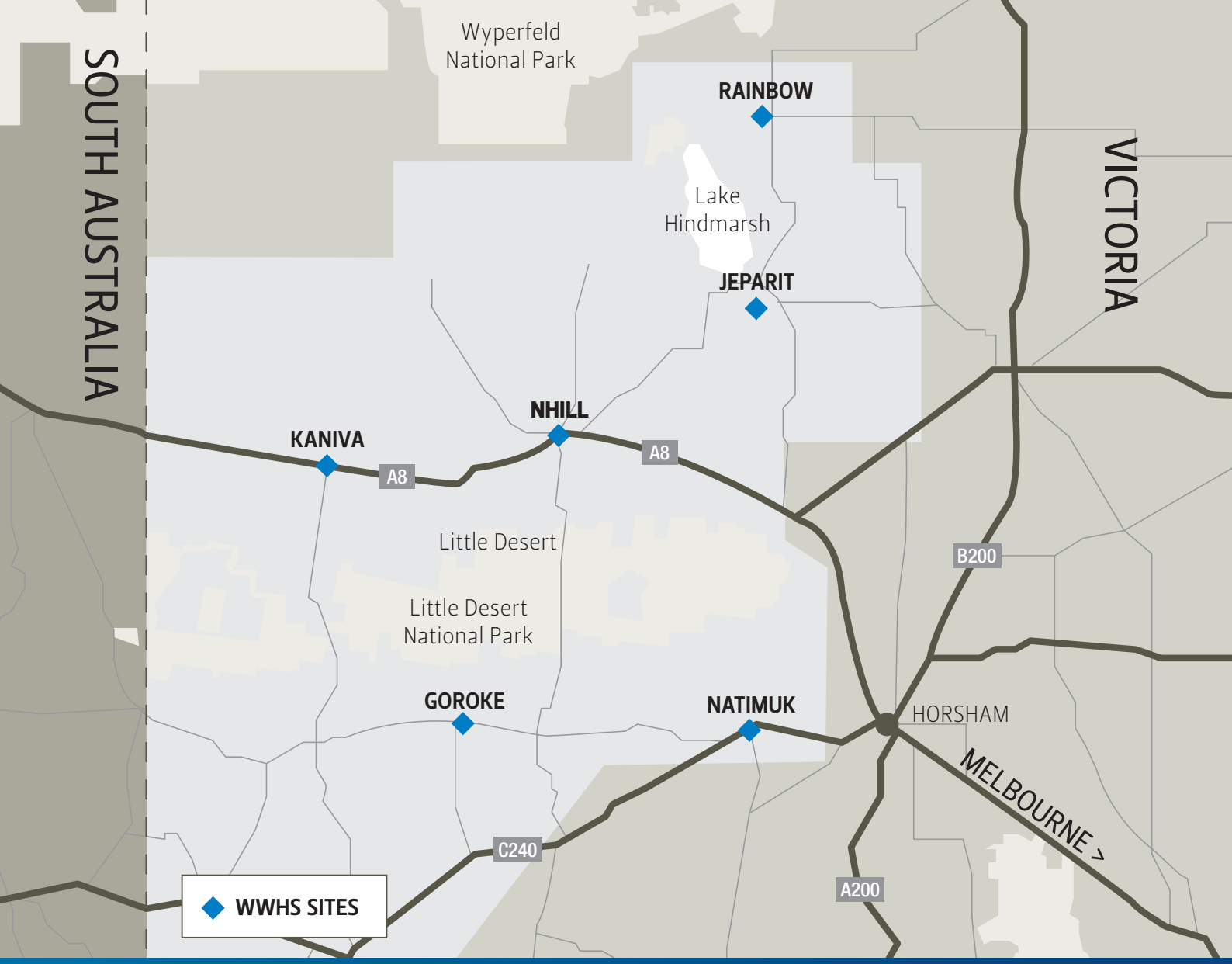


15 YEARS ON – OUR HISTORY

It is now fifteen years since West Wimmera Health Service was declared a Public Hospital under the *Health Services Act (Vic) 1988*, a momentous event for the future of healthcare in the rural area of the Western Wimmera.

The mergers of the Nhill, Jeparit and Kaniva Hospitals, the Rainbow Bush Nursing and Natimuk Bush Nursing Hospitals, the Goroke Community Health Centre and Cooinda Disability Services brought together seven very different rural health services in six distinct communities, an action which made sure sustainable and appropriate health services were maintained for people living in this remote area covering 17,000 square kilometres of North Western Victoria.

In fifteen years we have introduced new services for every site, increased continuing education opportunities for staff, brought new specialist surgeons to the Nhill Hospital Operating Suite, conducted a major capital development program so that all sites are now new modern facilities with up to date equipment and introduced a broad range of allied and community health programs for all communities.

We have also been ever conscious of the impact our services have on the environment and during our lifespan have significantly improved our recycling habits, reduced our use of gas and electricity and increased the harvesting and storage of rainwater.

We are accredited providers of quality healthcare for rural people and rural communities.

Ronald Ismay
President

John N. Smith PSM
Chief Executive Officer

Our service is not a static organisation. We are in a continuous state of evolution, albeit guided by vigorous protocols of governance and focused on clear strategic objectives. The ambitions we define in these plans conform to one consistent understanding – that changes we make and actions we embark on will bring about improvement. Time after time, initiative after initiative, year after year, we will improve.

LEADING – NOT FOLLOWING – COMMENTS FROM THE PRESIDENT AND CEO

Is it possible to deliver high quality, modern healthcare to different communities spread over a large geographical area? Is it possible to do this and construct a business model that performs and delivers increasingly positive outcomes. These are questions we embrace as challenges. Our answer is not only 'yes – we can do this' but that we will do it as a continuum that seeks and finds improvements, that leads the way, not follows the lead, in proactive solutions for regional and rural healthcare.

This is the fifth consecutive year we have achieved a financial surplus, achieved in a period of tough financial strictures both locally and globally. Add to that the fact that service delivery continues to maintain stringent standards, offers wide ranging care in modern facilities and those challenging questions would seem to be answered with a strong affirmative.

Growth continues, the level of care continues to improve and we intend to continue to find innovative and pragmatic solutions for the future.

Building financial strength

Maintaining financial strength is important. Without it we would not be able to provide increasing levels of care.

To these ends a high level of equity and investments mean we are now well positioned to meet future challenges.

This strong financial platform, combined with careful planning allowed us to initiate the Capital Works Program adopted in February. It is a continuous process of vision, careful planning and using funds wisely to improve our Service – a Service concerned with values and value for money.

Healthy Communities

We are intertwined with health and healthcare in a magnitude of ways – providing care, promoting healthy lifestyles, sustaining healthy communities.

In June 2009 the Board adopted the 'Community Needs Analysis Service Profile Report' defining improved care models to better serve our clients.

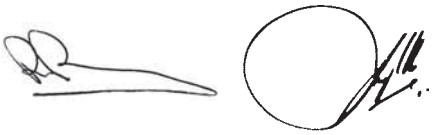
We have also worked collaboratively with our partners in the Wimmera Southern Mallee Healthcare Alliance developing broad regional initiatives.

We don't act alone. We are supported by many volunteers, friends, relative groups and auxiliaries whose generosity we value greatly. So too the exemplary skill and expertise of our Visiting Medical Practitioners and the Tristar Medical Group.

Of course, the determination to be better and better could not become reality without the endeavours of our staff. Their dedication and enterprise is at the heart of everything we do.

Thank you all.

Ron Ismay John N. Smith PSM



President Chief Executive Officer

Table 1: Performance in Brief for the Year Ended 30 June 2010

Acute Services	2009/10	2008/09	Variance
Patients Treated	2,166	1879	15.3%
Occupancy	64.68%	71.9%	-10.0%
Cost Per Acute Inpatient	$4,397	$4,547	-3.3%
Residential Aged Care			
Nursing Home (High Care) Percentage Occupancy	98.74%	98.86%	-0.1%
Hostel (Low Care) Percentage Occupancy	93.98%	92.49%	1.6%
Cost Per Aged Care Bed Day	$242	$245	-1.2%
Allied & Community Health Services			
Occasions of Service	72,295	66,633	8.5%
Employees			
Total Employees	539	546	-1.3%
Fundraising			
Funds raised	$564,244	$254,105	222%
Total Cost of Fundrasing	$13,328	$10,000	133%
Finance			
Finance Total Operating Surplus	$632,000	$599,000	5.5%
Total Net Result for Year	**($1,766,000)**	**$425,000**	**-415%**

On reflection, the performance of this Service for our communities provides a sense of satisfaction.

We acknowledge there have been matters where there was not total success. We will continue to pursue the best solutions for our communities.

IMAGE

Dean Miller (left) CEO Hindmarsh Shire Council, and John Smith CEO WWHS discuss the new Medical Clinic, a joint venture between the Shire and the Health Service.

STRATEGIC PLAN

The Strategic Plan 2009-12 sets the blue print and agenda for the next three years and work has already commenced on addressing these specific strategies. See page 10.

INFORMATION TECHNOLOGY

The Information Technology Plan will guide us forward in this important and ever changing area. See page 37.

KNOWLEDGE MANAGEMENT

The development of a Knowledge Management Plan will manage and secure the huge amounts of information generated by our organisation. An exciting initiative!

PERFORMANCE

Financial and statistical targets were achieved as detailed throughout this report. We recorded an 'operating' surplus of $632,000, with Cash Reserves of $6.1 million and a working capital ratio of 1.71, key indicators the Service is in a strong financial position.

ENERGY CONSERVATION

Reduction in energy use and costs is evidence of our commitment to sustainable environmental practices.

CAPITAL WORKS

The Board approved a capital works program totalling $14.4 million to be undertaken.

We appreciate support from government in our progress towards upgrading equipment, improving facilities and implementing new programs through much needed special grants.

Table 2:
Capital & Equipment Grants Received

Funding Purpose	$ Amount
Annual Provisions for Minor Works	30,000
DOH PSRACS Package 2	49,500
Natimuk Summer Preparedness	65,500
Goroke Tanks & Flooring	110,000
Iona Nursing Home Air-Conditioning Upgrade	50,000
Total	**305,000**

PERSONNEL – A PRIORITY

We are the largest employer in each community with a total workforce in excess of 500.

Retention rate of staff was 89.3%, a tangible confirmation of the resources allocated in achieving staff commitment to our Service.

We have also appointed a part-time Human Resources Manager and a Return to Work Coordinator to strengthen our Human Resources capability.

INDUSTRIAL RELATIONS AND HUMAN RESOURCES

The Federal Government *Fair Work Act* and the consequent changes to employment arrangements highlight the need for increasing vigilance in compliance with this legislation.

The application of the 'Modern Awards' from 1 July 2010 will have minimal impact on our employment practices. It will however be imperative that we monitor and evaluate all decisions to ensure we do not place ourselves or employees at risk.

Our employee relations philosophy of engagement and consultation has been successful and we have not experienced any lost time due to industrial disputes.

IMAGES

(Left) Annika Naughton, Physiotherapist assists Nancy Merrett, a resident of Iona Nursing Home with her exercise program.

(RIght) Registered Nurse, Jebi Rajamani records details from Mr Robert Parker, a patient in Jeparit Hospital.

ALWAYS LEARNING

Feedback from employees following 'Bullying and Harassment in the Workplace' education was extremely positive.

Nurse Managers have completed Employee Assessment and Professional Development programs which will now be conducted for other managers.

The impact of the new Federal Government health initiatives is yet unknown. We will maintain the impetus of Employee Engagement and Consultation to deal with changes which occur.

Working days lost due to workplace injuries increased from 90.4 to 160.8 due to the serious assault which occurred at Jeparit Hospital.

The rate of 50% of staff appraisals completed is disappointing and more must be done to turn this around.

ACCREDITATION AND QUALITY

All Aged Care accreditation surveys resulted in excellent outcomes. Our communities can be confident our most vulnerable citizens are receiving safe, quality care.

All acute care facilities remain fully accredited by the Australian Council on Healthcare Standards (see page 57).

STAKEHOLDER SATISFACTION

The Department of Health Victorian Patient Satisfaction Monitor (VPSM) measures acute inpatient satisfaction. Improvements were recorded across all seven index measures by an average of 9% from the previous survey. (See page 80).

SAFETY AND SECURITY

We have continued to improve Occupational Health and Safety through a range of developments in safety and security including the installation of CCTV video monitoring.

FIRE DETECTION SYSTEMS – FALSE FIRE ALARMS

Fire safety – essential for patients and staff

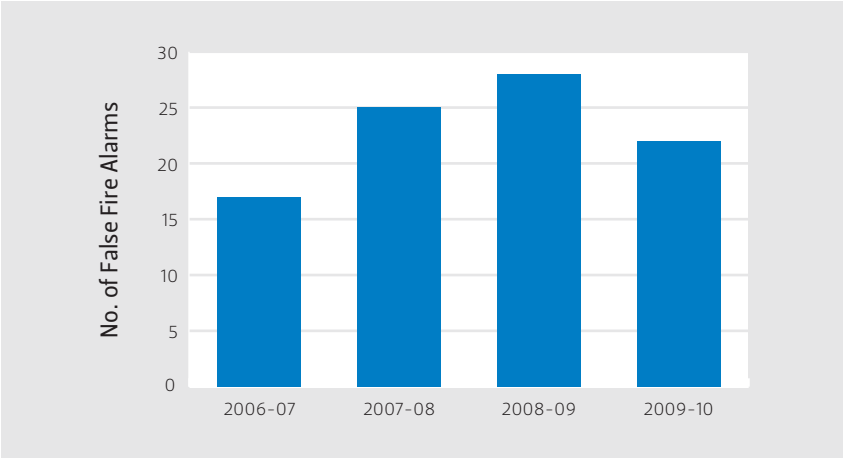
Fire detection, and containment systems at all facilities comprise complex systems of Smoke and Fire Detection.

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

The upgrade included the complete replacement of Fire Detectors and relocation of the Fire Panel. The system now recognises the exact location of an alarm providing a far more efficient deployment of fire fighting resources.

The fire detection system at Rainbow Hospital was exposed to extreme environmental high dust conditions in January. Once the contamination was addressed no further alarms occurred.

Fig 1: False Fire Alarms on the Decrease



Outlook

In 2010-11 compulsory Fire Audits will be conducted by an accredited agency to strengthen our high level of fire safety and prevention and ensure all statutory obligations are addressed.

IMAGE

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

WIMMERA SUB-REGIONAL REVIEW PROJECT

The major challenge facing the Service is to reach agreement with outcomes derived from the Wimmera Sub-Regional Service Review Project, which will set health service priorities and parameters for the next ten years in the Wimmera Sub Region.

Our challenge is to ensure we not only retain but enhance service provision for our communities.

A challenging and concerning time!

THE BIG PICTURE – NATIONAL HEALTH REFORMS

Initiatives have been introduced in line with recommendations from the Australian Commission on Safety & Quality in Health Care, including specific reports to the Quality Improvement Committee.

Many questions loom surrounding the proposed Federal Government National Health Reforms. The impact they will have on our Service is unknown but will become clearer as the Federal Government establishes and formalises its 'history making' policies.

ON REFLECTION

The last year has been exciting and notable with tangible improvements and difficult challenges dealt with.

I would like to pay tribute to the dedicated and committed staff who work tirelessly with me to ensure our communities receive the best quality care possible.

Together we will move forward to build on the spirit of excellence to which we continue to aspire!

John N. Smith PSM
Chief Executive Officer

HIGHLIGHTS OF THE REPORTING YEAR

July 2009

- Registered Nurse Christine Dufty nominated for Hesta Nurse of the Year, received 'Remarkable Nurse' Certificate.

August 2009

- Successful implementation of iSoft Patient Management System.

September 2009

- Visit to Nhill Hospital by the Governor of Victoria, Professor David de Kretser.
- All Residential Aged Care facilities achieved full Aged Care Accreditation.
- Finalist in 2009 Victorian Quality of Care Report Awards.

October 2009

- Nhill, Kaniva and Jeparit granted Stage I Radiology Accreditation.

November 2009

- Orthopaedic Surgeon Mr Chi Gooi commenced.

December 2009

- Board of Governance hosted Staff Christmas celebrations.

January 2010

- Accreditation Self Assessment submitted to ACHS.

February 2010

- All Improvement Notices approved by Worksafe following an incident at Jeparit Hospital.

March 2010

- Staff, community members and a team from *Financial Information Services* Melbourne participated in the Murray to Moyne bicycle relay raising almost $9000.
- Open Day held at Goroke Community Health Centre to promote services to the community.
- Manager of Allied & Community Health Services Martha Karagiannis presented a paper at the Dysphagia Research Society in San Diego, USA.

April 2010

- New look website introduced.

May 2010

- WWHS became a totally 'Smokefree Workplace'.
- New Parent Group commenced by Maternal and Child Health Services.
- Central Cardiac Monitoring equipment installed in Nhill Hospital.

June 2010

- Gold Award for 2009 Annual Report.
- Return to Work Coordinator employed.

We look forward to a visit to Natimuk Residential Aged Care from Professor David de Kretser, A.C., Governor of Victoria in July.

CHALLENGES WE FACED

- Dr Sumeet Dhillon ceased practice at Nhill.
- Low completion of staff Performance Appraisals a concern.
- The Community Needs Analysis and Service Profile Project adopted by the Board but not approved by Department of Health.

The Challenges Ahead

- To foster greater community participation in health service policies making.
- To attract and retain Medical Practitioners.
- To address the changes the Commonwealth Government National Health & Hospital Network Reform may bring.
- To make sure the result of the Department of Health Wimmera Sub Regional Service Plan produces the best outcome for WWHS.

STRATEGIC PLANNING FOR THE FUTURE FOR WWHS

The Service has made an important shift in emphasis in formulating the Strategic Plan 2009-2012. Entitled 'Better Population, Physical and Mental Health Wellbeing', it places greater focus on a measurable and positive influence on community health and wellbeing.

West Wimmera Health Service is a public health service incorporated under the *Health Services Act (VIC) 1988* since 21 August 1995. It is an integrated Health Service offering a complex mix of services, programs and activities for six communities in remote North Western Victoria.

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

STRATEGIC PLAN 2009-2012 – OBJECTIVES AND OUTCOMES ACHIEVED

Objective 1. Attract, Develop and Retain the Service Delivery Skills Required

1.1 Continue to provide universal staff education and training needs analysis, planning and delivery.

- Mandatory education training is now provided at each of our sites resulting in excellent compliance rates.
- Education participation reached an all time high:
  - 959 attendees at 75 internal education programs;
  - 299 staff attended external education sessions;
  - 24 staff have completed and are current with occupational health and safety training, including management and staff.

Future

- Ensure education availability for all staff irrespective of position, and geographic isolation that meets our strategic direction and enhances professional development.

1.2 Redesign the workforce to meet needs at all sites and for all care groups, especially with respect to mental health.

- Successful nursing recruitment initiatives have resulted in the lowest use of agency nurses for four years.
- Division I Registered Nurses based at Nhill rotating to work at other sites within WWHS to alleviate staff shortages.

Future

- Bring about the development of a 'community hub' with a focus on mental health which will establish a model for West Wimmera Health Service.

1.3 Enhance the effectiveness of the division of duties between all clinicians.

- A seamless transition occurred between the resignation of long term Orthopaedic Surgeon Dr. Richard Clarnette and the commencement of Dr. Chi Gooi.
- Regular meetings held with Medical Practitioners to address communication issues.
- Service-wide multidisciplinary meetings held weekly to facilitate quality care including case presentations.
- Introduction of formal multidisciplinary reviews to investigate 'near miss' clinical incidents.

Future

- Develop the skill base and extend the scope of practice of clinicians to meet the specific needs of our consumers.

Objective 2. Deliver Efficient, Safe and Effective Services

2.1 Achieve continuing accreditation of all services.

- Full accreditation status in all residential aged care facilities achieved.
- Four year accreditation status maintained under the Australian Council on Healthcare Standards EQuIP accreditation process.
- Continued the EQuIP accreditation cycle with the submission of a self-assessment in January in preparation for a Periodic Review to be conducted in November.
- Self-assessment submitted for the inaugural certification for Victorian Disability Service Standards and successful completion of Stage 1 of the Audit process.

Future

- Ensure we not only conform with all Accreditation Standards, but exceed them to become the leader within our peer group.

2.2 Improve access to and use of community transport between WWHS sites and other health service providers.

- New bus purchased for use by patients and clients.
- Relocation of buses within the Service to ensure that areas with the largest client population have the appropriate resources.

Future

- Lobby strongly for a coordinated sustainable transport service which clearly provides for the needs of all our stakeholders.

2.3 Take a more pro-active role in the health care policy development process.

- Submission made to Parliamentary Inquiry into the Nature & Extent of Disadvantage & Inequity in Rural & Regional Victoria with Chief Executive Officer invited to address the Inquiry.
- Active participation in the Wimmera Sub-Regional planning process aimed at developing a Service Plan and Model of Care to guide service development and priorities in the sub-region for the next ten years.

Future

- Establish a unified approach to health policy development engaging Senior Managers, Professional Colleges and Associations, Peak Bodies and State and Federal Governments.

2.4 Expand and prioritise early intervention and chronic disease management services.

- Early intervention for Chronic Disease Pathway introduced whereby patients receiving treatment by a Medical Practitioner are referred for five allied health treatments at no cost to the patient.
- 70 patients treated in 2009-10 utilising this initiative.

Future

- Establish effective resource utilisation in a focussed and best practice environment.

2.5 Expand dental health services and oral health initiatives.

- Attempts to recruit a salaried Dental Surgeon to meet Dental Health Service Victoria quota of two dentists for the catchment which have so far been unsuccessful.
- Concerted efforts to fill this position will continue.

Future

- Recruit salaried or Private Dental Surgeons , a Dental Technician and expand the use of the Dental Therapist.

2.6 Redefine health promotion and illness prevention services.

- Endorsed as a WorkSafe Victoria 'WorkHealth Check' provider. 170 health checks completed between February and June 2010.
- The Service became totally 'Smoke-Free' on 31st May.
- Assistance and counselling provided to staff and patients wishing to 'Quit' smoking.
- Integrated Health Promotion plan finalised for 2009-12. It includes the Health & Fitness Centre and the opening of a 'Community Hub', a shopfront in the main street of Nhill, to provide health promotion and wellness activities in a location readily accessible to the public.

Future

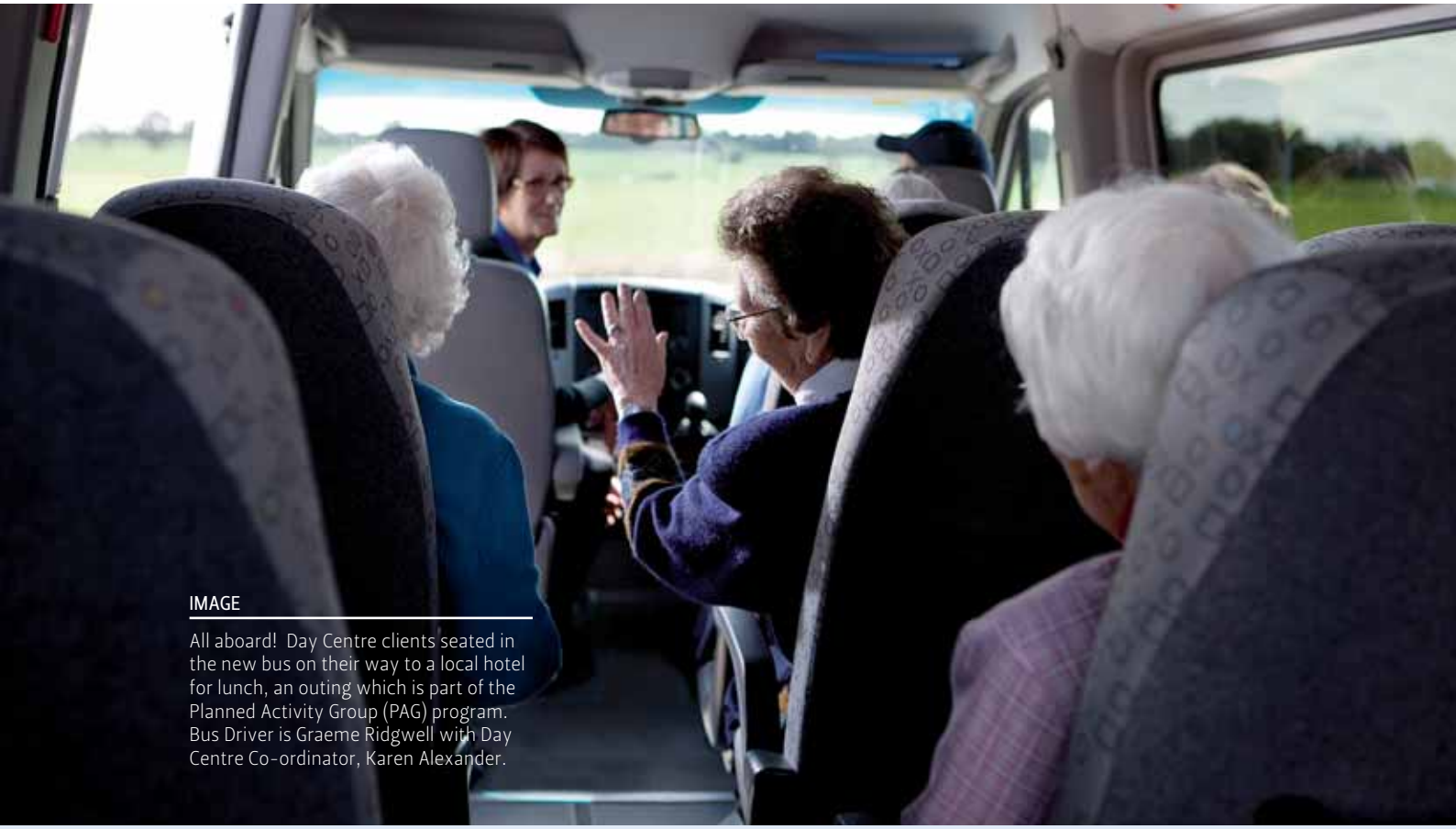
- Promote a coordinated regional approach to health promotion and illness prevention services.

2.7 Strengthen acute patient access to step down care.

- Discharge planning process reviewed. All patients now assessed prior to discharge for appropriate step down care at home through programs such as Hospital to the Home and Post Acute Care. See page 29.

Future

- Form relationships with regional providers to instigate efficient step down care.



IMAGE

All aboard! Day Centre clients seated in the new bus on their way to a local hotel for lunch, an outing which is part of the Planned Activity Group (PAG) program. Bus Driver is Graeme Ridgwell with Day Centre Co-ordinator, Karen Alexander.

2.8 Expand the services provided by Visiting Specialist Clinicians.

- Appointments for Visiting Specialists are now administered by WWHS staff for more timely assessment and treatment.
- Recruitment of a 'Urologist' in process to fulfil an identified community need.
- Allied Health Services expanded at Goroke Community Health Centre with Physiotherapists, Dieticians, Speech Pathologists, Podiatrists, Diabetes Educator, Occupational Therapists and Social Workers visiting on a regular basis.

Future

- Respond to community need by obtaining the services of a Consultant Urologist, Endocrinologist and General Physician.

2.9 Extend the depth of General Practitioner Service coverage at all sites.

- Each of our communities continue to enjoy access to General Practitioner services 24 hours per day, 7 days per week, 365 days per year.
- Medical Practitioner visits to Goroke increased to two days per week.

Future

- Ensure our communities continue to receive General Practitioner services 24 hours per day 7 days per week.

2.10 Improve the efficiency and utilisation of Nhill's Operating Suite.

- The new iSoft operating theatre module computer system introduced tracks patients through the Operating Theatre and return to the ward.
- The System provides integrated, streamlined booking and waiting list management and reports on theatre utilisation.
- Prostheses and other consumable items are entered directly into the system assisting timely and accurate billing.

Future

- Increase the use of the Operating Suite encapsulating the Day Procedure Unit.

IMAGE

Paramedic, Peter Scott (left) and Ambulance Medical Officer, Ricky Scott (right) arrive at the Nhill Hospital Ambulance bay to transport a patient from the Primary Care Casualty Department.

2.11 Expand the use of Telemedicine.

- Commenced use of Telemedicine with Grampians Integrated Cancer Services to support cancer patients within our catchment.
- 'Medilink' portable videoconferencing facility, available at Nhill and Rainbow, is now used for selected outpatient consultations removing the need for patients to travel long distances for appointments.

Future

- Initiate Regional and Metropolitan clinical partnerships to expand use of Telemedicine.

2.12 Explore the future direction of disability services.

- The Board adopted an 'individual support approach' to care delivery for Cooinda Disability Service clients in line with revised Commonwealth funding stipulations.

Future

- Expand opportunities for supported employees through new business ventures and partnerships.

2.13 Review and improve health service delivery in Goroke.

- Medical Practitioner services increased.
- Frequency and quantity of Allied Health Services increased.
- Community consultation endorsed the redevelopment of the Goroke Community Health Centre.

Future

- Redevelopment of the Goroke Community Health Centre.

2.14 Consider the future configuration of Hostel services at Kaniva.

- The Board adopted the premise to relocate Kaniva Hostel adjacent to Kaniva Hospital in the Capital Project Priorities Plan.

Future

- Bring about relocation of 'Arthur Vivien Close' Hostel to the Kaniva Hospital.

2.15 Improve public information about the services delivered by WWHS.

- 2008-09 Annual Report received a Gold Award from Australasian Reporting Awards Limited.
- 2008-09 Quality of Care Report nominated as a Finalist for the Victorian Public Healthcare Awards.
- Strategic Plan for 2009-12 has been disseminated for public access.
- 411 media releases recorded in 2009-10.

Future

- A community newsletter and an expanded Web site will be promoted and widely distributed.

2.16 Co-locate the Ambulance Service with WWHS in Nhill.

- Co-location endorsed in principle by Department of Health.
- Memorandum of Understanding being prepared.

Future

- Continue negotiations with the Department of Health and Ambulance Victoria to relocate Nhill Ambulance Services to the Nhill Hospital.

2.17 Maintain a safe environment for patients, residents, clients, staff and other stakeholders.

- Occupational Health and Safety Committee, meets regularly.
- Regular Safety and Hazard assessments performed.
- WorkSafe Victoria inspection following a serious assault resulted in six Improvement Notices being issued which Worksafe has signed off as complete.

Future

- A coordinated strategy that is consistent with National standards and legislative requirements to maintain a safe environment.

2.18 Foster environmental sustainability, including reducing WWHS carbon footprint.

- 15% of power purchased is 'green' energy.
- 8.2% decrease in the amount of greenhouse gas emissions since 2007-08.
- Total amount of recycled waste has increased by 114% since 2007-08.

Future

- Explore greater opportunities for Recycling and decreasing the use of Water, Electricity and Gas.

2.19 Maximise funding opportunities with Commonwealth and State Government agencies.

- $305,000 capital grants received, including infrastructure and equipment replacement.
- 2.9% increase in Commonwealth grants and 2.2% increase in State grants compared with previous year.
- 11% increase in State Primary Health grants compared with the previous year.
- In conjunction with Local Government, grant applications have been submitted to the Commonwealth to provide new Medical Clinics at Nhill and Rainbow.

Future

- Continue to be aware of and make applications for Commonwealth and State Government special funding opportunities applicable to this Service.

2.20 Complete Stages 3 & 4 of the Nhill Hospital Redevelopment and other Capital Projects.

- Completion of Nhill Hospital Stage 3 & 4 adopted by the Board as part of the Capital Works Program.
- Schematic drawings completed by architect and consultation held with staff addressing proposed projects.

Future

Ultimately to complete the Nhill Hospital redevelopment included in the Capital Works Program.

2.21 Implement new information technology systems, upgrades and enhancements.

- iSoft Patient Management System introduced successfully in August 2009 complying with the Government HealthSmart strategy improving reporting capabilities. An electronic operating theatre management system also introduced.
- Installation of the 'ORACLE' financial system and training provided to staff in preparation for a 'go-live' date of July 2010.
- Planning commenced to upgrade our electronic incident reporting system 'Riskman' to enable us to become part of the Statewide incident reporting program.

Future

- Further improve information systems for all sections of the Service to ensure safe care for clients, patients and residents and promote more efficient work practices.

Objective 3. Be a Meaningful Participant in the Region

3.1 Implement a more flexible and integrated service model.

- Community Needs Analysis and Service Profile Project Report adopted by the Board set a service delivery plan for the next decade.
- Recommendations already implemented include:
  - Increase in the number of allied health staff with an additional Physiotherapist, Dietitian, Social Worker and Podiatrist employed.
  - Consultation with the Grampians Integrated Cancer Service to implement a Chemotherapy Service.
  - Dialysis service increased to four chairs.

Future

- Implement an Active Service Delivery Model which will support integrated care for all.

3.2 Implement co-ordinated access to a comprehensive range of secondary and tertiary acute, sub-acute, mental health, drug treatment, and other services based on our regional participation and beyond.

- The Service is a participant in the Wimmera Sub-Regional Service Planning Group to develop a service plan to guide service development and priorities in the Wimmera Sub-Region for the next ten years.
- The final report is due to be completed in 2010-11.
- The Service is a member of the Wimmera Southern Mallee Health Alliance which encourages Boards and Senior Management to work collaboratively through the sharing of information and resources.

Future

- Position the Service as an influential leader in Service Planning, Development and Coordination in the Wimmera Sub Region and the Wimmera Southern Mallee Health Alliance.

A STATISTICAL SUMMARY OF OUR YEAR

It is a fundamental precept that West Wimmera Health Service will improve in its dimension of care and grow in terms of its business activities year upon year. The tables and graphs which appear on the following pages confirm that the Service has fulfilled these imperetives during the reporting period of this document.

Table 3: Acute & Sub-Acute – 2 Year Comparison

	Note	2009/10	2008/09	Variance
Patients Treated - Total	1	2,166	1,879	15.3%
Occupied Bed Days - Total	2	10,859	10,757	0.9%
Occupied Bed Days - Nursing Home Type	3	749	1,614	-53.6%
Occupied Bed Days - GEM		593	542	9.4%
Percentage Occupancy (Acute)	4	64.7%	71.9%	-10.0%
Acute Average Length of Stay (Days)	5	4.47	4.68	-4.5%
Procedures - Total	6	675	615	9.8%
DVA NHT Bed Days		237	334	-29.0%
DVA GEM Bed Days		146	60	143.3%
Average DRG Weight	7	0.7872	0.8318	-5.4%
WIES	8	1,571.55	1,379.84	13.9%
DVA WIES	9	133.46	183.16	-27.1%
TAC WIES		3.73	0.76	390.7%
Renal WIES	10	33.27	18.03	84.5%

Note 1: *15.3% more patients treated in 2009/10 compared to the previous year*
Note 2: *The total number of occupied bed days was slightly above that of the previous year.*
Note 3: *There was a substantial decrease (53.6%) in the number of Nursing Home Type bed days due to a change in protocol whereby patients were transferred to appropriate residential aged care in a more appropriate time frame, providing better patient outcomes.*
Note 4: *Percentage occupancy was lower than expected due to periods of time at some sites where there was no GP. Patients requiring admission during such periods had to be treated elsewhere.*
Note 5: *The average length of stay for acute patients was less than the previous year with the number of same day patients continuing to increase in line with improved clinical practices.*
Note 6: *9.8% more procedures were performed this year compared with the previous year. All procedures were elective.*
Note 7: *The average DRG weight, which measures complexity, decreased by 5.4%, this is due to an increased number of dialysis patients and also an increase in the number of patients having low risk elective surgical procedures.*
Note 8: *Total WIES, excluding DVA WIES, increased by 13.9% due to the increased number of patients treated in the year.*
Note 9: *There was a substantial decrease in DVA WIES due to the decreasing number of eligible DVA veterans now living in our communities.*
Note 10: *Renal dialysis WIES increased by 84.5% following the increase in the size of the Dialysis Unit from 2 to 4 chairs.*

Table 4: Residential Aged Care – 2 Year Comparison

	2009/10	2008/09	Variation
Nursing Home Bed Days	**27751**	27784	-0.12%
Hostel Bed Days	**15780**	15529	1.62%
Nursing Home Discharges	**49**	36	36.11%
Hostel Discharges	**46**	32	43.75%
Percentage Occupancy Nursing Home	**98.7%**	98.9%	-0.12%
Percentage Occupancy Hostel	**94.0%**	92.5%	1.62%

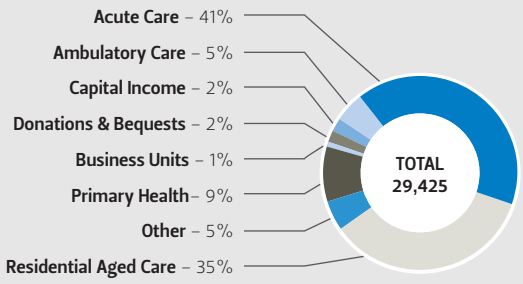
Percentage occupancy levels in our nursing homes and hostels remained at an excellent level in 2009-10. The total occupancy level in our hostels is affected by the expected occupancy level in Kaniva Hostel where due to the uniqueness of the facility we only ever budget for 80% occupancy. There were an increased number of discharges from our residential aged care facilities this year compared with the previous year.

Table 5: Allied Health Non-Admitted Occasions of Service

Occasions of Service	2009/10	2008/09
Diabetes Education	558	862
Dietetics	2,507	2,252
Massage Therapy	805	1,429
Occupational Therapy	3,093	3,941
Podiatry	4,131	4,415
Physiotherapy	6,160	3,053
Speech Pathology	940	514
Counselling	1,084	1,713
Social Work	969	n/a
Centrelink	583	n/a
Shared Care Midwifery Clinic	70	95
Dental	1,595	1,643
Primary Care Casualty (Emergency+Other)	4,020	3,601
Visiting Surgeons	1,637	1,763
Radiology	1,727	2,052
Total Occasions of Service	**29,879**	**27,333**
Total Meals Provided	**188,993**	**191,650**
HACC Funded Occasions of Service		
District Nursing	7,630	7,796
Day Centre	6,591	5,824
Community Health	1,285	614
Health Promotion		
> Lowan Program (inclusive of Physiotherapy component)	805	n/a
> Gym	3,175	n/a
Domiciliary Post Natal		
> Occasions of Service	33	43
> Hours	37	61

The number of allied and primary health occasions of service was higher this year than last year and illustrates our commitment to providing a complete and comprehensive range of primary health care services that truly meets the needs of our communities. Statistics for social work / counselling was separated in 2009-10. Previously all statistics, including Centrelink were incorporated into counselling.

Fig 2: Income by Program

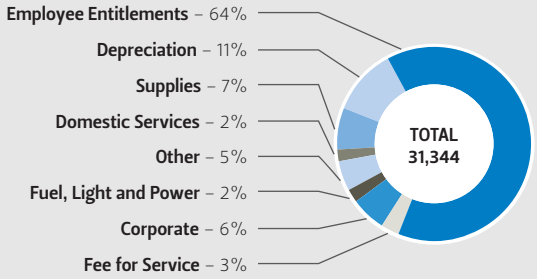


Program	2009/10 $000's	2008/09 $000's
Acute Care	12,206	11,634
Residential Aged Care	10,177	9,495
Ambulatory Care	1,425	1,800
Primary Health	2,732	2,184
Business Units	258	258
Capital Income	668	758
Donations & Bequests	564	254
Other	1,395	1,308
Total	**29,425**	**27,691**

Commentary:

At 41%, Acute Care revenue made up the largest component of total income with Residential Aged Care income being the next highest on 35%. Acute Care revenue increased by 5% compared to the previous year while Residential Aged Care revenue increased by over 7%. These outcomes are reflective of the Service's ongoing efforts to maximise private inpatient fee revenue and also residential aged care subsidy receipts.

Fig 3: Expenditure by Category

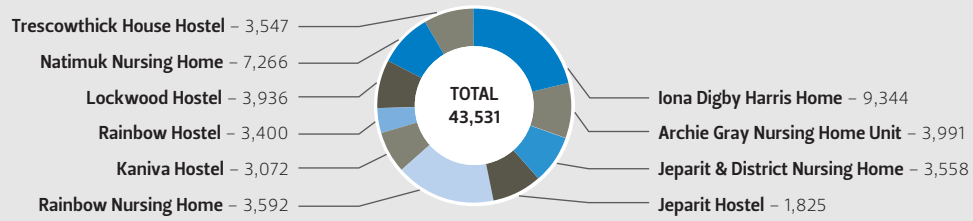


Category	2009/10 $000's	2008/09 $000's
Employee Entitlements	20,162	18,671
Fee for Service	935	869
Corporate	1,884	1,843
Domestic Services	584	527
Other	1,430	1,440
Fuel, Light and Power	562	560
Supplies	2,208	2,224
Depreciation	3,579	1,132
Total	**31,344**	**27,266**

Commentary:

At 64% of total expenditure, Employee Entitlements are the largest contributing expense category. Accordingly, it is vital that the Service continues to manage this area well as it is an integral part of being able to provide quality healthcare services in a financially sustainable manner. Depreciation increased from 4% to 11% of total expenditure compared with the previous financial year. Such increase is due to the signficant revaluations attributed to the Service's Buildings at the end of last financial year.

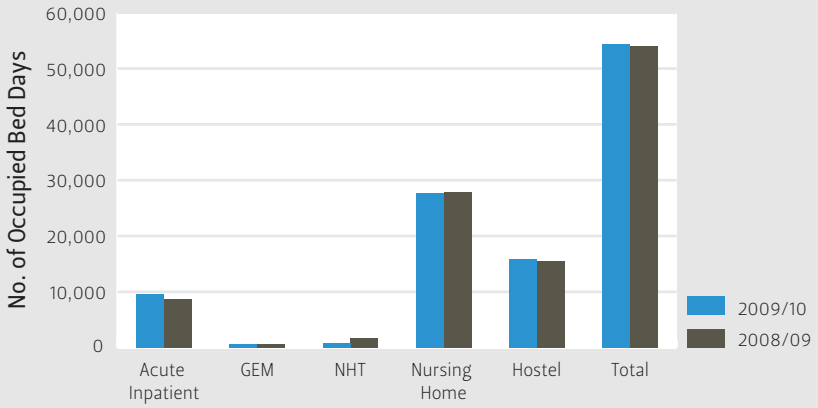
Fig 4: Residential Aged Care bed days by facility



Commentary:

Percentage occupancy levels in our nursing homes and hostels remained at an excellent level in 2009/10. The total occupancy level in our hostels is affected by the expected occupancy level in Kaniva Hostel where due to the uniqueness of the facility we only ever budget for 80% occupancy. There were an increased number of discharges from our residential aged care facilities this year compared to the previous year.

Fig5:WWHS Total Occupied Bed Days



Program	2009/10	2008/09
Acute Inpatient	9523	8601
GEM	593	542
NHT	749	1614
Nursing Home	27751	27784
Hostel	15780	15529
Total	**54396**	**54070**

Fig6: Patients Transferred From and Within WWHS

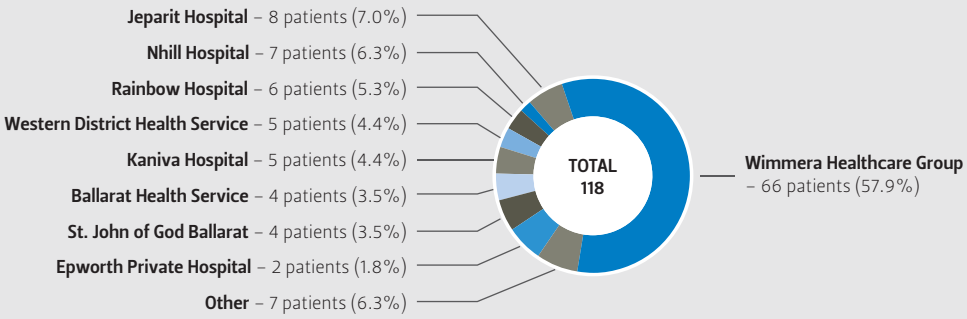
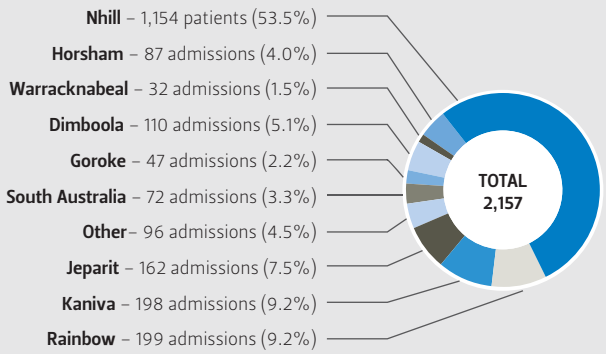


Fig7: Acute Admissions by Postcode



Commentary:

82% of admissions were from our immediate catchment areas indicating a high level of self-sufficiency. A further 11% of admissions were from within the Wimmera sub-regional catchment area including Horsham, Dimboola and Warracknabeal. With our close proximity to the South Australian border it is not surprising to note that 2.5% of our patients are from the Bordertown area. Just over 4% of our admissions were from areas outside our catchment. This is because we are located on a major highway and get a substantial amount of through traffic each day with Nhill and Kaniva both providing Primary Care Casualty services.

The Board of Governance is responsible for the highest standards of accountability and good management of West Wimmera Health Service.

Members are appointed by the Governor in Council in accordance with the *Health Services Act 1988*. Appointments are usually for a three year term after which members may seek reappointment. Board members act in a voluntary capacity and do not receive payment or sitting fees.

The Board meets monthly, except for January, and at other times for a specific purpose.

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

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

To achieve effective corporate and clinical governance, stringent monitoring and reporting systems have been deployed throughout the organisation through six committees and three subcommittees of the Board. See page 78.

Board Committees

- Audit
- Clinical Appointments, Credentialing and Review
- Community Advisory
- Executive
- Finance
- Quality Improvement

Government guidelines require that the names of the Audit Committee are contained within printed reports:

- Dr J R Magrath, *Hon. DBus (Ballarat)* – Chair, Independent Member
- Mr J Hobday, *LLB* – Independent Member
- Mr R A Ismay – President Ex Officio
- Mr R L Stanford
- Mr D J White, *Dip Agric Sc, Grad Dip Agric, Dip Eng tech, Adv Dip Eng Tech, Adv Cert Works Man.*
- Mr R S Rosewall, *BA Soc Sci*

In meeting its Corporate Governance responsibilities the Board is guided by three significant documents:

- *The Health Services Act 1988* and amendments which makes provision for 'the development of health services in Victoria, for the carrying on of hospitals and other health care agencies'.
- The Service 'By-Laws' which are approved by the Department of Health and outline key information necessary for the Board to fulfil its governance obligations.
- The 'Rules of Procedure' which are adopted by the Board and set out the process through which clinical and corporate governance are achieved.

West Wimmera Health Service has a robust corporate governance framework to ensure the corporate structure fully supports the primary purpose of the Service 'to increase the health and well being of people in our communities'.

To be sure that all Data Reporting and the Risk Status of West Wimmera Health Service is accurate and clear the Board is confident that:

- It has put in place appropriate internal controls and processes to ensure that reported data reasonably reflects actual performance and has critically reviewed these controls and processes during the year.
- Risk management processes are in place consistent with the *Australian/New Zealand Risk Management Standard* and an internal control system is in place that enables the executives to understand, manage and satisfactorily control risk exposures. The Audit Committee verifies this and that the risk profile of West Wimmera Health Service has been critically reviewed in the last 12 months.

The Board will continue to explore ways to keep West Wimmera Health Service at the forefront of efficient delivery of services, manages its assets and finances responsibly and delivers the care required to improve the health status of our communities.

RESPONSIBLE OFFICERS FOR OUR SERVICE - AS AT 30 JUNE 2010

Commonwealth

The Hon Nicola Roxon MP
– Minister for Health and Ageing

The Hon Jenny Macklin MP
– Minister for Families, Housing, Community Services and Indigenous Affairs

The Hon John Forrest MP
– Member for Mallee

State

The Hon Daniel Andrews MP, MLA
– Minister for Health

The Hon Lisa Neville MLA
– Minister for Mental Health, Community Services and Senior Victorians

Mr Hugh Delahunty MP, MLA
– Member for Lowan, Shadow Minister for Sport & Recreation, Youth Affairs and Veterans' Affairs

Department Of Health

Ms Fran Thorn
– Secretary, Department of Health

Prof Chris Brook
– Executive Director, Wellbeing, Integrated Care and Ageing

Mr Lance Wallace
– Executive Director, Hospital and Health Service Performance

Dr Karleen Edwards
– Executive Director, Mental Health, Drugs and Regions

Mr Tom Niederle
– Director, Grampians Region

Department Of Human Services

Ms Gill Callister
– Secretary, Department of Human Services

Mr Arthur Rogers
– Executive Director, Disability Services

Ms Brenda Boland
– Regional Director, Grampians Region

IMAGE

Board member Janice Sudholz addressing Board colleagues on the proposed redevelopment of the Goroke Community Health Centre.

BOARD OF GOVERNANCE 2009–10

The Board of Governance comprises nine members drawn from a wide diversity of experience. Together they represent a collective wisdom, including a depth of local knowledge, that guides this Service in an exemplary manner in the exacting demands of Governance.

Mr Ronald Ismay – President

Business Proprietor

Term of Appointment:
01.07.09 – 30.06.2012

Ron was initially appointed to the Board of Governance of West Wimmera Health Service from the Committee of Management of the Rainbow Hospital when Rainbow Bush Nursing Hospital merged with West Wimmera Health Service in 1997.

Ron has significant business experience as the owner of a retail business and has past experience as a Councillor in Local Government.

He has served as President of West Wimmera Health Service since December 2006 and his specific interests are mental health and disability services.

WWHS Committees: Chair – Executive, Audit, Finance, Chair – Clinical Appointments, Credentialing & Review, Rainbow Community Advisory.

Board Meeting Attendance: 100%

Mr Ronald Rosewall – Vice President

BA Soc Sci

Retired

Term of Appointment:
01.11.08 – 30.06.2010

Ron is a Board member of the Victorian Advocacy League for Individuals with Disability Inc.(VALID) and the Regional Information & Advocacy Council (RAIC).

Ron is committed to the continuing improvement in quality and safety for all services provided for the communities for whom West Wimmera Health Service is responsible.

WWHS Committees: Executive, Finance, Clinical Appointments, Credentialing & Review, Chair – Jeparit Community Advisory, Chair – Performance Review.

Board Meeting Attendance: 100%

Harvey Champness

Accredited Lay Preacher

Term of Appointment:
03.03.2009 – 30.06.2011

WWHS Committees: Performance Review, Kaniva Community Advisory.

Board Meeting Attendance: 69%

Leonie Clarke JP

Education Support Officer

Leonie has considerable experience as a Board member and also serves on several community committees. She was appointed as a Justice of the Peace in 2008. Leonie is very concerned about the sustainable provision of quality medical services and healthcare resources for rural communities.

Term of Appointment: 01.11.08 – 30.06.2011

WWHS Committees: Executive, Clinical Appointments, Credentialing & Review, Chair – Rainbow Community Advisory.

Board Meeting Attendance: 85%

Lester Maybery

Primary Producer

Term of Appointment:
01.07.09 – 30.06.2012

Lester brings a vast knowledge of rural communities to the Board and is committed to providing accessible responsible and sustainable healthcare for remote communities.

WWHS Committees: Executive, Finance, Chair – Natimuk Community Advisory.

Board Meeting Attendance: 100%

Rodney Stanford

General Manager Child & Family Services, Wimmera UnitingCare

Term of Appointment:
01.11.08 – 30.06.2010

Rodney brings knowledge and understanding of the needs of rural communities to the Board. He is passionate about the provision of effective healthcare and community services for vulnerable families living in remote rural communities.

WWHS Committees: Audit, Chair – Finance, Performance Review, Nhill Community Advisory.

Board Meeting Attendance: 77%

Janice Sudholz

Primary Producer/Home Duties

Term of Appointment:
01.07.09 – 30.06.2012

Janice has gained governance experience in the corporate and health sectors and her astute advice on rural issues is valued. She is committed to continued improvement and expansion of accessible health services for our communities.

WWHS Committees: Executive, Finance, Natimuk Community Advisory.

Board Meeting Attendance: 92%

Mr J A Hicks

MBA, BE

Resigned 25th August, 2009

Desmond White

Dip Agric Sc, Grad Dip Agric, Dip Eng tech, Adv Dip Eng Tech, Adv Cert Works Man.

Asset Manager West Wimmera Shire Council

Term of Appointment:
01.07.08 – 30.06.2011

Des is experienced in corporate governance and his knowledge is valued at Board level. His interest is in ensuring sufficient medical practitioners are available to meet community needs and is keen to see the commencement of redevelopment at Goroke Community Health Centre.

WWHS Committees: Audit Executive, Chair – Goroke Community Advisory.

Board Meeting Attendance: 69%

Naomi Zanker

BA, Dip Ed

Casual Relief Teacher

Term of Appointment:
01.07.09 – 30.06.2012

Naomi is in her first term as a Board member and her experience as a member of Avonlea Hostel Committee, Nhill and Chair of the Nhill Lutheran School Council has brought an added perspective to Board deliberations. Her great interest is the effective funding of Residential Aged Care, Maternity Services for the Nhill Hospital and the level of external control of West Wimmera Health Service.

WWHS Committees: Performance Review, Nhill Community Advisory.

Board Meeting Attendance: 92%

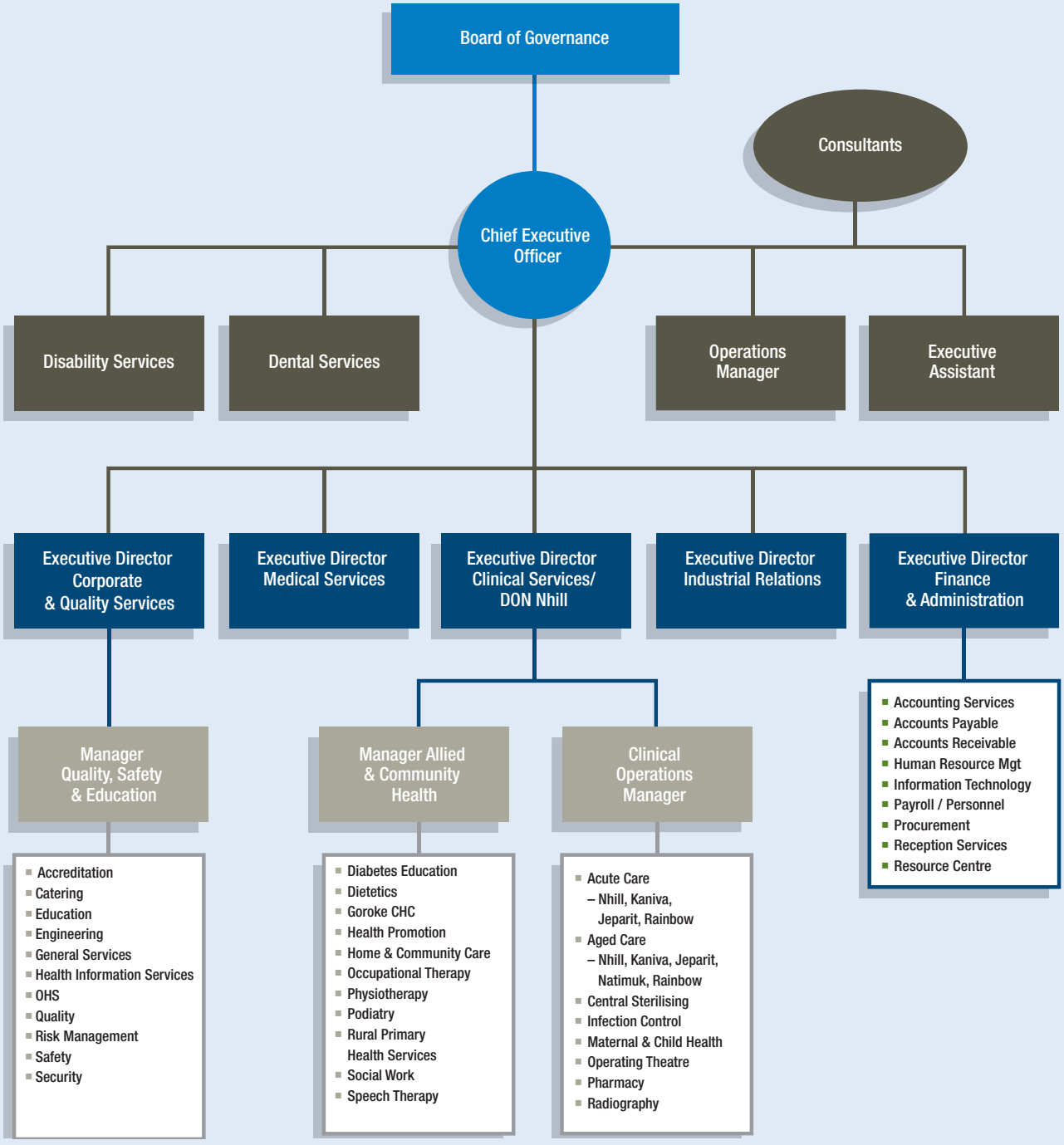
PECUNIARY AND CONFLICT OF INTEREST JULY 2009 – JUNE 2010

There were no instances during the reporting period where there was a need for a declaration of Pecuniary or Conflict of Interest by a member of the Board and/or Committee.

IMAGE

(Left to right standing) Ronald Rosewall – Vice President, Desmond White, Lester Maybery, Ronald Ismay – President, Rodney Stanford, Leonie Clarke.(Seated left to right) Naomi Zanker, Harvey Champness. Absent – Janice Sudholz. See page 21.

OUR ORGANISATIONAL LINES OF COMMUNICATION



WWHS STAFF 2009–10

Chief Executive Officer
John Smith

Executive Director Finance & Administration
Ritchie Dodds

Executive Director Clinical Services
Janet Fisher

Executive Director Corporate & Quality Services
Kaye Borgelt

Executive Director Medical Services
Dr Ian Graham

Executive Director Industrial Relations
Leslie Butler

Operations Manager
Melanie Albrecht

Executive Assistant
Kate Pilgrim

Lucy Adamson
Jillian Albrecht
Ian Alexander
Karen Alexander
Raelene Alexander
Judy Allen
Gary Allison
Wendy Altmann
Glenda Aristides
Patricia Arnold
Shirley Ashfield
Hannah Asplin
Kelvin Asplin
Angela Atta
Marlene Austin
Shirley Avery
Leah Bailey
Zoe Ballentine
Merrilyn Bamford
Michelle Barber
Kaye Baron
Ian Barry
Sharon Bartholomew
Karen Barton
Rebecca Bastin
Narrelle Batson
Heather Batson
Sean Bayzand
Clint Beattie
Kellie Beattie
Susanne Beattie
Tracey Bell
Julie Bloomfield
Rhys Boehm
Mathew Bone
Cindy Bone
David Brasier
Janice Braune
Sybil Braybrook
Lisa Braybrook
Anthony Breavington
Pauline Breen
Samantha Briggs
Shelley Brown
Amanda Brownsea
Donna Burns
Helen Burns
Glenda Bush
Jayne Campbell
Helen Cannell
Susanna Carracher
Mark Carracher
Taryn Carter
Toni Casey
Deborah Chaston
Patricia Chequer
Peter Chilton
Erol Chilton
Anne Christian
Pamela Clark
Carolyn Clark
Robyn Clark
Janine Clark
Janice Clugston
Pamela Coates
Pauline Colbert
Alexi Conboy
Alison Connell
Helisa Cook
Helene Cook
Charles Cook
Kerryn Cook
Jennifer Cook
Jacqueline Cooper
Sarah Coughlan
Annie Coustley
Malcolm Coutts
Judith Coutts
Kerry Coyne
Marianne Cramer
Shirley Crick
Anthony Croke
Carolyn Croke
Maria Cuciniello
Janine Dahlenburg
Jisha David
Robert Davies
Christine Dawson
Sandra Decker
Andrea Deckert
Christine Deckert
Kellie Dickerson
Michelle Dickinson
Aimee Disher
Shenae Dixon
Sharon Dixon
Kim Dodson
Christine Dufty
Jennifer Dufty
Sherrie Dumesny
Lynette Dunford
Julie Dunford
Timothy Dunmill
Lindy Edwards
Rachael Egan
Michelle Eldridge
Melissa Elliott
Sheryl Ellis
Kaye Emmett
Kevin Emmett
Wendy Essex
Allison Etherton
Vicki Etherton
Kerry Exell
Christina Farinha
Kaylene Featherstone
Carmel Feder
Caroline Fischer
Anne-Marie Fischer
Janine Fischer
Erin Fisher
Loretta Fisher
Chantelle Fisher
Wendy Flavel
Geoffrey Fletcher
Jane Ford
Katrina Fraser
Margaret Frew
Tyrone Friebel
Lorretta Fuller
Deborah Funcke
Shirley Galpin
Sharon Garwood
Helen Gay
Darren Gebert
Kylie Gebert
Carol Gebert
Prameela George
Lipy George
Christopher Gerock
Gwenda Gilpin
Leanne Glasgow
Tania Golder
Kent Goldsworthy
Tennille Gould
Teresa Gould
Mary Graetz
Leonie Graham
Ashley Grant
Beverley Grant
Lawrence Grayling
Jennifer Grayson
Dianne Green
Helen Greig
Jennifer Greig
Sarah Greig
Alison Gunner
Beverly Hage
Krystal Hall
Yvonne Hall
Anne Hamilton
Claire Hansford
Cynthia Harberger
Janine Harberger
Judith Harrington
Belinda Hartigan
Anita Hassall
Lesley Hawker
Kayla Hawker
Christina Hayden
Yingying He
Janet Heenan
Marie Heinrich
Trisha-Anne Heinrich
Michael Henderson
Samantha Hendy
Craig Henley
Merrin Hennessy
Jack Henseleit
Debra Hill
Arthur Hillgrove
Sandra Hinch
Casey Hiscock
Terri-Ann Hogart
Jodie Holmes
Shirley Honeyman
Ann Hormann
Charmaine Hovey
Beverley Howarth
Karen Hunter
Kathleen Hutson
Janice Hutton-Croser
Sarai Innes
Phillip Jackson
Caroline Jackson
Diane Jackson
Brenda Jackson
Jessica Jackson
Helan Jacob
Tracey Jarred
Margaret Jarvis
Swarnamalie Jayakody-Arachchige
Priyanthe Jayalath-Ralalage
Denise Jensz
Nakita Jewell
Niceson John
Janis John
Cheryl Johnson
Kevin Jones
Bianca Jones
Sonia Jones
Brian Jones
Yvonne Jones
Valmai Jones
Jismon Joseph
Deborah Kakoschke
Martha Karagiannis
Veronica Keller
Marilyn Keller
Rowena Keller
Judith Keller
Kathryn Kennedy
Karen Kennedy
Susan Kennedy
Catherine Kent
Sherin King
Amanda King
Mary King
Kayleen Kingwill
Linda Knight
Fiona Krelle
Margaret Krelle
Thomas Kuriakose
Elsamma Kuriakose
Gladys Kyle
Elizabeth Lacey
Lauryn Lambourn
Richard Lane
Lynne Launer
Kadie Launer
Kristine Laverty
Julie Leddin
Barbara Leffler
Ingvar Lidman
Katrina Lloyd
Sally Lockwood
Jessica Lovel
Bree Lowe
Bree Lowe
Cheryl Lowe
Patricia Lyall
Darren Lyall
Lynne Lynch
Kerri Lynch
Megan Mackenzie
Lyn Maddern
Dianne Maddern
Marion Major
Sharon Marais
Julie Marra
Brooke Marra
Katie Martin
John Martion
Fay Martion
Harsha Mary Antony
Robyn Matheson
Douglas Matheson
Gaile Mayne
Nichole McCartney
Joanne McCartney
Mathew McCartney
Andrea McCartney
Dale McCartney
Helen McClure
Maree McClure
Shellie McCormack
Pauline McCracken
Jennifer McDonald
Dianne McDonald
Merlyn McFarlane
Michelle McGennisken
Bianca McGennisken
William McIlwain
Stephanie McIntosh
Sheryl McKenzie
Lynne McKenzie
Catherine McKenzie
Lynette McLean
Julie McLean
Bonnie McLeod
Jane McPhee
Lisa Mellington
Casey Mellington
Ann Merrett
Michelle Merrett
Maree Merrett
Tracey Merrett
Erin Merton
Kevin Merton
Pamela Michael
Neville Michael
CaraJane Millar
Lisa Miller
Sandra Millward-Coyne
Dianne Mitchell
Cassandra Moar
Breanna Moar
Trudi Moar
Erin Moorhead
Tracey Morphett
Sharyn Morrison
Caroline Moylan
Alicia Muller
Sandra Muller
Chloe Mulraney
Samara Munn
Vijay Nallathambi
Jacqueline Nash
Sarah Natali
Annika Naughton
Lisa Newcombe
Pamela Newton
Courtney Newton
Teresa Newton
Marilyn Nicholls
Carole Nitschke
Megan Nossack
Kylie Oakley
Leanne O'Connor
Ellysha O'Connor
Kellie O'Dea
Linda O'Heaney
Polly O'Heaney
Luke Oldaker
Brenda O'Leary
Jayne Oliver
Carol Paech
Rhianna Paech
Reginald Parsons
Catherine Patching
Michael Patrick
Peter Pearce
Tracie Peoples
Elizabeth Pfeiffer
Beverly Phillips
Heather Pinyon
Loata Pitt
Christine Pitt
Karen Pitt
Bobbie Pitt
Sandra Pollock
Rebecca Powell-Hodges
Courtney Preston
Rhonda Preston
Pamela Price
Rosemary Pritchett
Kerryn Prouse
Lee-Anne Pumpa
Kelly Purcell
Donna Purchase
Nicola Quy
Patricia Rabone
Jebi Rajamani
Denise Ralph
Anne Renfrew
Jennifer Rentsch
Anna Rethus
Joylene Rich
Claire Riches
Judith Ridgwell
Graeme Ridgwell
Joshua Rintoule
Christine Rintoule
Allira Roberts
Kaye Robinson
Brenda Robinson
Natalie Robinson
Lesley Robinson
Wendy Robson
Lara Rogers
Joylene Rohde
Valerie Roll
Tanya Roll
Rosemarie Rose
Tamhika Ross
Teresa Ross
Helen Ross
Denise Rowe
Rosemary Rudd
Graeme Ruse
Lynette Ryan
Helen Ryan
Melissa Ryan
Tania Ryan
Laurence Ryan
Sharyn Salt
Debra Sanders
Sharon Sanderson
Richard Sartori
Patricia Saul
Karlee Saunderson
Kathryn Saxton
Judith Schier
Deborah Schilling
Sarah Schnaars
Robert Schneider
Nicole Schneider
Shirley Schorback
Rebecca Schultz
Denise Schulz
Wendy Schulze
Debra Schumann
Nicole Schumann
Susan Scobie
Ellen Scott
Theresa Scott
Janine Seater
Wendy Shalders
Michelle Sheahan
Karen Sherlock
Kerryn Shrive
Janet Shurdington
Karen Shurdington
Belinda Silinger
Joyce Sipthorpe
Wendy Sleep
Rebecca Sluggett
Susan Sluggett
Judith Smith
Janet Smith
Megan Smith
Dean Smith
Bianca Smith
Keryn Smith
Glenda Spark
Shirley Sproule
Sreekanth Sreekumar
Christine Stanford
Casey Stasinowsky
Yvonne Stephan
Amanda Stephan
Jacqueline Stevenson
Elaine Stewart
Denise Stimson
Debra Stonehouse
Katherine Summerhayes
Hilma Summerhayes
Susan Szejnoga
Paige Taggert
Glenn Taylor
Darren Taylor
Sue Taylor
Sindi Taylor
Vicki Thomas
Ann Thomas
Judith Thomson
Penelope Thurlow
Karen Tilley
Kristy Tink
Glenis Tink
Jessie Toose
Maritess Toquero
Shirley Treble
Margaret Trenery
Julie Tyerman
Connie Valsamis
Pamela Van Kempen
Adele Vincent
Grace Wagg
Melanie Wagg
Robyn Wagg
Angela Walker
Susan Walker
Kelly Walker
Leanne Wallis
Krystal Wallis
Rosalie Wallis
Helen Wallis
Stacey Wallis-Rabone
Donna Watson
Lindy Webb
Valerie Webb
Karen Webb
Megan Webster
Elaine Webster
Kerrie Webster
Hannah Wedding
Christopher Weir
Kristen Weir
Fiona Weir
Daniel Welch
Katrina Welch
Mary Welch
Annmaree Wells
Melissa Welsh
Darren Welsh
Linda White
Cheryl Williams
Desiree Williams
Wendy Wills
Elinor Wilson
Norelle Witmitz
Lauren Witmitz
Elizabeth Witmitz
Julie Woolcock
Julie Worsley
Elisa Wotherspoon
Maureen Wright
Owen Wyeth
Howard Yates
Martin Yau
Mary Zadow
Qin Zhang
Rhonda Zivkovic

EXECUTIVE GROUP

The Chief Executive Officer, John Smith, leads the Executive Group in achieving their responsibilities to establish a workforce which will improve the health status of our communities, set effective financial processes in place to maintain a sustainable health service and to ensure quality and safety systems uphold the very best of care and safety throughout the organisation.

Chief Executive Officer

Mr John N. Smith, PSM

MHA, Grad Dip HSM, FAICD, AFACHSE, CHE, AFAHRI, FAHSFMA, AFAIM, Cert III OH&S

John is responsible for managing and directing the Service to achieve effective and efficient use of business assets and human resources.

Extensive experience in the health sector, proven leadership and comprehensive business and financial knowledge, enable John to lead this highly regarded Health Service.

John is a National Councillor of the Australian Hospital & Healthcare Association, serves on the Board of Directors of the Victorian Hospitals Industrial Association, is a National Councillor and also sits on the Board of Directors of the Australian Council on Healthcare Standards and its International Board.

Executive Director Finance & Administration

Mr Ritchie Dodds

B Com (Acc), CA, FFin, MBA (HRM)

Appointed to the position in 2006, Ritchie manages the Service's Finance, Pay Office, Procurement, Information Technology, Resource Centre and Administration departments. He also deputises for the Chief Executive Officer.

Prior to joining the Service, Ritchie was employed by a chartered accounting firm in its insolvency and business recovery service.

Executive Director Clinical Services

Mrs Janet Fisher

RN, RCNA, Grad Dip Bus Man

The responsibilities of the Executive Director Clinical Services include the management of Medical, Surgical and Primary Care Services, Central Sterilising, Radiology, Pharmacy and Maternal & Child Health Services. In addition Jan is responsible for Residential Aged Care, Allied and Community Health, Planned Activity Groups (Day Centres) and Goroke Community Health Centre.

Executive Director Medical Services

Dr Ian Graham

MBBS, MHP, FRACMA

Dr Graham is responsible for the credentialing, appointment, definition of the scope of practice and performance management of Visiting Medical Practitioners. The Visiting Medical Practitioners include General Practitioners in Nhill, Jeparit, Rainbow, Kaniva and Natimuk; Visiting Surgeons, Anaesthetists, Gynaecologists, Physicians and Psychiatrists.

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

Executive Director Corporate & Quality Services

Mrs Kaye Borgelt

Assoc Dip Med Rec Admin, Grad Cert Mgt Org Change

Responsible for the management of non-clinical services including Catering and General Services, Engineering, Education, Health Information Services and Capital Works Projects. Her responsibilities also include facilitating continuous improvement Accreditation and Quality Improvement Risk Management and Occupational Health and Safety.

Executive Director Industrial Relations & Human Resources

Mr Leslie Butler

B.Lab Stud, Assoc Dip Lab Stud, RN Div 2, Cert III OHS

Executive responsible for the overall strategic direction of Industrial Relations management. Les participates in the development and conduct of training in management techniques for senior and middle management. He also provides advice relating to WorkCover claims and workplace mediation.

Operations Manager

Mrs Melanie Albrecht

LLB, BIS, Grad. Cert. HSM. AFCHSE

Melanie works under the dircetion of the CEO addressing operational matters and special projects.

The Operations Manager is responsible for the executive management of Disability Services, Dental Services, Aged Care Administration, Compliments and Complaints Management and Contract Management.

Executive Assistant to CEO

Mrs Katrina Pilgrim

Cert. IV in Business Management (Frontline)

Katrina officiates as Personal Assistant and Secretary of the CEO. Responsibilities include Management Assistance, Minute Secretary to the Board of Governance and major Committees and Sub-Committees.

Katrina also assists with and coordinates major functions and special requirements associated with the CEO's responsibilities.

SERVICES

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

AGED CARE

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

CLINICAL SERVICES

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

ALLIED AND COMMUNITY HEALTH SERVICES

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

DISABILITY SERVICES

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

REGIONAL SERVICES TO:

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

SERVICE SUPPORT

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

AGED CARE RESIDENTIAL ACCOMMODATION

Nursing Homes & Hostels

77 Nursing Home places and 50 Hostel places.

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

COMMUNITY PROGRAMS

Hospital To Home (H2H)

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

Hospital in the Home (HITH)

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

National Respite Carer Program (NRCP)

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

Community Aged Care Packages (CACPs)

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

Post Acute Care (PAC)

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

Home and Community Care Program (HACC)

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

IMAGES

(Left) Hairdresser, Michelle Summerhayes with resident, Mrs Norma Werner enjoying her regular appointment at Jeparit Hospital, Hostel and Nursing Home.

(Right) Michael McGrice enjoys a coffee served by Barista Graeme Ruse of Oliver's Kiosk at the Nhil Hospital, a supported employment service

Our volunteers are very special people and appreciated by patients, clients and our staff.

IMAGE

A large television was donated to Weeah Lodge Nursing Home Rainbow, by the Rainbow Lions Club. Club President, Mr Peter Gosling visits the Nursing Home to find his parents Bob and Isabel viewing the new television.

FUNDRAISING

Fundraising for the Capital Appeal has received fantastic further support in the 2009-10 financial year from some most generous donors and particularly local businesses supporting the Murray to Moyne Bike Relay.

The following illustrates great community spirit, generosity and commitment to West Wimmera Health Service.

Living Fundraisers

This unique contribution raised $712.00 through the sale of seeds and herbs, a unique 'Grow in a Bag' system - a fun and healthy fundraising alternative.

Recipe Books

Our Recipe Book 'Food for Life' was launched in October 2009. This is an ongoing fundraiser which to date has raised $3,338.00.

Those who contributed their recipes to make this such a great success are gratefully acknowledged.

Walkathon

Our nurses held their annual walk from Netherby to Nhill on a very hot November day.

Everyone completed the journey raising $2,119.60 towards the purchase of a specially designed chair for the Palliative care suite at the Nhill Hospital.

Murray to Moyne

The Murray to Moyne Cycle Relay 2010 was smooth sailing with fine weather and no incidents. The team completed the final 96km together as a team for the first time in 13 years of participating in this event- a fantastic effort!

$5,957 was raised by this enthusiastic group.

We were overwhelmed when a group of ten riders from Financial Information Service (FIS), Melbourne entered the event for the first time and chose West Wimmera Health Service as the recipient of the $5,784.00 they raised in sponsorship.

A most outstanding effort indeed.

We express our sincere gratitude to the riders, FIS Management and to Vaughan Rintoule (a former local) for suggesting West Wimmera Health Service as a worthy recipient. We trust they join us again in 2011.

We are also extremely grateful for the Sponsorship received from individuals and businesses for this event.

The Funds raised will go towards purchasing a much needed 'state of the art' oven for the Nhill kitchen.

THOSE VERY SPECIAL PEOPLE

We acknowledge the place our Volunteers have in our Service. Improving care and services, from providing extra funds for equipment, visiting, to membership on Community Advisory Committees.

Our partnership with Philanthropic Trusts and benefactors is acknowledged and valued as is their support and belief in our plans and objectives.

The community is so fortunate to have access to the wonderful services, facilities and equipment provided by West Wimmera Health Service. The Capital Appeal Committee will host further events for which we hope the community, sponsors and donors will continue their valuable support.

Table 6: Volunteers 2009-10

Volunteers	Volunteer Groups
Janet Shurdington	Apex
Norman Mansfield	CFA
Dick Jones	CAC
John Pumpa	CWA
Ron Rosewell	Ladies Auxiliary
Kenneth Sleep	Lions Clubs
Gary Judd	Probus
Susan Krelle	Residential Care Friends & Relatives
Elsa Williams	
Helen Slattery	Rotary Clubs
Kevin Hedt	RSL Clubs
Pat Morgione	SES
Phyllis Keller	
Denise Ralph	
Peter Ralph	
Maureen Skinner	
Graham Belgrave	
Jacki Belgrave	

Table 7: Donations and Bequests

Donor	Value $
Estate of J M Wheeler	283,000
Percy Baxter Charitable Trust	130,000
Collier Custodian Co.	40,000
Estate of J Landers	15,094
Nhill Lions Club	13,550
William Angliss Charitable Trust	11,000
Estate of J Wheaton	10,000
Anonymous	6,000
Murray to Moyne	5,957
FIS Kelderman (Murray to Moyne)	5,784
J & Y Magrath Nominees Pty Ltd	5,500
Mr S & Mrs G Donnell	4,000
WWHS Recipe Book Sales	3,398
Nhill Hospital Ladies Auxiliary	3,000
Cooinda Ladies Auxiliary	2,715
Back to Nhill Committee	2,400
Mr L D Creek	2,000
Kaniva Leeor United Sporting Club	1,492
Rural Energy	1,250
Walkathon	1,153
Sarah Stott Trust	1,103
Anonymous	1,000
Mr S Cameron	1,000
Dr M J Anderson	1,000
Palliative Care Chair Fundraising	828
Other Fundraising	738
Mr H Delahunty MLA	600
Chocolate Sales	521
Book Sales	513
Mr & Mrs P & D Ralph	500
Nhill College	376
Estate of C S Henman	318
Hindmarsh Shire Council	300
Dr A Ayasamy	300
Luv-a-Duck	250
Elgas	250
Little Desert Lodge	250
Ahrens Sherwell	250
Farmers Arms Hotel	250
Home Hardware	250
Splash n Dash Carwash	250
Dr M Chehade	250
Campbell Silos	250
Jim's Butchery	250
Britten Floor Coverings	250
Ahrens Engineering	200
Dr R Clarnette	200
Wimmera Darts Association	200
Mr & Mrs P Cramer	200
Donations under $200.00	
–	4,303
Donations – Value Undisclosed	
BL& SL Dorrington	–
Driscoll McIllree & Dickinson	–
Total Funds Raised	**564,244**
Total Cost of Fundraising	**13,328**
Grand Total	**550,916**

We will continue to provide a wide range of health services with the security provided by sound financial management. The operating result this year is a continuation of the trend that began in 2006 whereby the Service has operated within its budget.

CONTINUED FINANCIAL SUCCESS

Continued financial success coupled with the ongoing generosity of our donors and benefactors has ensured a robust level of cash and investments.

Unceasing attention toward income maximisation and cost control in combination with the support of the Department of Health have been instrumental in our continued financial success.

Net Operating Result

The Service recorded a better than budget net operating surplus (income less expenses and before capital items) of $632,000 for the year marking the fifth consecutive year of a positive result.

Cash and Investments

At 30 June 2010 the Service held some $6.1m in cash and investments which does not include the monies held in relation to aged care accommodation bonds and is after deducting those amounts which have been earmarked for a specific outcome. This amount is well in excess of the budgeted outcome of $3.5m.

SOURCES OF OPERATING INCOME

In 2009-10 approximately 56% (2008-09: 59%) of the Service's total operating revenue was provided by the Department of Health ($15.9m) which equates to an increase of 1.8% from the previous year.

The remainder of operating revenue which includes receipts from the Australian Government for residential aged care ($5.8m) totalled $12.3m representing a 6% increase compared with the previous financial year.

EXPENDITURE OF FUNDS

The Service's main category of expenditure relates to its employees which totalled $21.2m or 76% of total operating expenditure. This result equated to an 8% increase on the previous year which was due to a greater number of nurses being directly employed, as opposed to agency nurses being used, and also higher expenditure associated with the Service's long service and annual leave liabilities.

FINANCIAL RATIOS

Current Ratio 1.71

At 30 June 2010 the Service's Current Ratio (Current Assets divided by Current Liabilities) was 1.71. This means that for every dollar of current liabilities payable by the Service it holds $1.71 cents worth of current assets. This ratio is used to indicate the Service's capacity to pay its debts as and when they fall due.

Table 8 and Fig 8 show the Service's growing financial strength over the past five years as evidenced by the annual increase in its Current Ratio over this period.

Quick Asset Ratio 1.20

The Service's Quick Asset Ratio is similar to the Current Ratio however it only includes those current assets and current liabilities which are of a very short-term nature and therefore is used to gauge the Service's short-term solvency. This result means that the Service has $1.20 worth of liquid current assets (2008-09: 99 cents) for every one dollar of short-term current liabilities.

Debt to Equity Ratio (Gearing) 0.20

This ratio is used to indicate the level to which the Service relies on externally sourced funding and the result of 0.20 (2008-09: 0.18) shows that it only requires a small level of such funding.

SUMMARY OF MAJOR CHANGES OR FACTORS WHICH HAVE AFFECTED THE ACHIEVEMENT OF THE OPERATIONAL OBJECTIVES FOR THE YEAR

During the 2009-10 financial year there were no major changes or factors which affected the achievement of the operational objectives for the year.

Events subsequent to balance date which may have a significant effect on the operations of the entity in subsequent years must be noted.

No events subsequent to balance date had significant effect on the operations of the entity which is pleasing to record.

Table 8: Five Year Summary of Financial Results

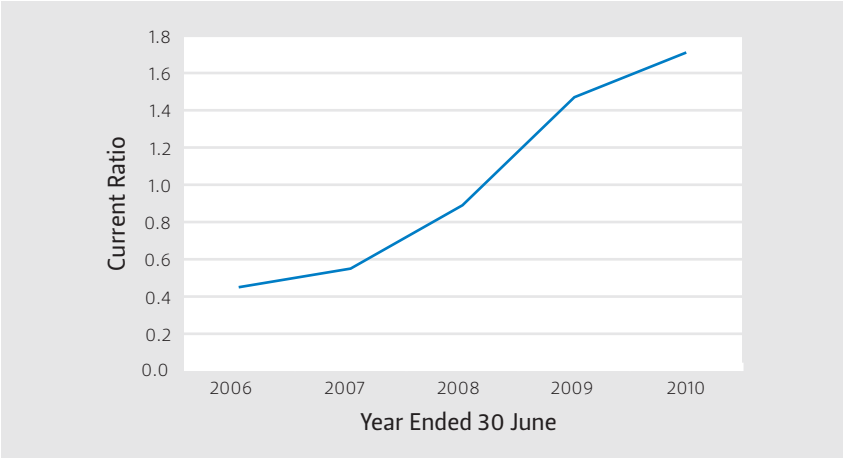
Profit & Loss

	Financial Year Ending 30 June				
	2006 $'000s	2007 $'000s	2008 $'000s	2009 $'000s	2010 $'000s
Revenue	23,970	24,743	25,961	26,733	28,396
Employee Related Expenditure	(17,164)	(17,797)	(18,119)	(18,339)	(20,162)
Non-Salary Labour Costs	(956)	(927)	(1,161)	(1,201)	(1,042)
Supplies & Consumables	(1,722)	(1,795)	(1,882)	(2,224)	(2,208)
Other Expenses	(4,077)	(4,076)	(4,349)	(4,370)	(4,352)
Net Result before Capital & Specific Items	**51**	**148**	**450**	**599**	**632**
Net Capital Items & Specific Items (includes depreciation)	**2,443**	**391**	**1,023**	**(174)**	**(2,395)**
Net Result for the Year	**2,494**	**539**	**1,473**	**425**	**(1,763)**

Balance Sheet

	Financial Year Ending 30 June				
	2006 $'000s	2007 $'000s	2008 $'000s	2009 $'000s	2010 $'000s
Current Assets	3,530	4,329	8,255	8,228	9,941
Non-Current Assets	44,083	43,963	42,894	52,378	49,944
Current Liabilities	(7,910)	(7,927)	(9,317)	(8,580)	(9,287)
Non-Current Liabilities	(536)	(659)	(433)	(522)	(639)
Net Assets (Equity)	**39,167**	**39,706**	**41,399**	**51,504**	**49,959**

Fig 8: Current Asset Ratio Comparison



OUTLOOK

Our accountable and thorough approach to financial management has produced another first-rate full year financial result and placed us in a sound financial position.

We can look confidently to the fiscal challenges ahead in the knowledge that we operate within a financially responsible culture allowing us to maximise the quality and scope of the services required by our patients, residents and clients.

West Wimmera Health Service is organised into a number of major service divisions. This section of the Report examines the work that has been carried out over the reporting year by each of these divisions. The results of their activities is also measured against strategic objectives, statutory and government requirements and in many cases compared to the performance of other similar sized Health Services.

IMAGE

Oracle is a new Financial Management Information System which is used in the administration of our accounting and stores functions.

Dean Knights (right) from Grampians Rural Health Alliance (GRAH), University of Ballarat, explains to Stores Manager, Luke Oldaker (left) the intricacies of Oracle.

FINANCE & ADMINISTRATION SERVICES

The efficient and smooth operation of the Service's Finance and Administration Division is an integral factor in ensuring the continued provision of sustainable and high quality healthcare.

Goals

- Achieve an operating surplus.
- Lead in financial reporting and control for informed decision making.
- Maximise financial resource levels for capital and equipment renewal and operating.

Strategies to Achieve our Goals

- To continue financial management education for staff.
- Maintain a proficient, skilled and astute finance team.
- Maintain stringent budget control.

Achievements

- An operating surplus achieved for the fifth consecutive year.
- Successful implementation of the new Allied Health and District Nurse Patient Management and Invoicing system (UNITI).
- Increased staff familiarisation and use of the PayGlobal Human Resource Self Service (HRSS) module.

Outlook

- Ensure the new Financial Management Information System maintains accurate financial information.
- Maximise the use of HRSS for employee leave applications and online payslips.
- To install new payroll time clocks including the capability of printing identification swipe cards onsite.

PROCUREMENT & SUPPLY

Providing the right treatment in the right place at the right time is highly dependent on maintaining an efficient procurement and supply system. This Department has experienced another relatively issue free year.

The advancement of our supply services and systems rank highly for change 2011-12.

EMPLOYMENT – MERIT & EQUITY

We are an 'employer of choice' through our compliance with the obligations and requirements of the following legislation:

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

Table 9: WWHS Workforce Composition

Employees	2010	2009
Full Time	125	126
Part Time	310	295
Casual	87	95
Grand Total	**522**	**516**
Equivalent Full Time by Category		
Nursing	166	160
Administration	33	31
Medical & Allied Health Professionals	27	25
General Services	54	53
Maintenance	17	18
Disability	9	10
Grand Total	**306**	**296**
Employees by Gender		
Female - EFT	259	252
Female - Number	452	446
Male - EFT	47	44
Male - Number	70	70

EMPLOYEE SERVICE AWARDS

45 YEARS John Smith

40 YEARS Laurie Grayling

30 YEARS Dianne Maddern

25 YEARS Judy Allen, Wendy Altmann, Janine Clark, Andrea Deckert , Belinda Hartigan, Ann Merrett, Reginald Parsons, Jacqueline Stevenson, Denise Stimson

20 YEARS Ruth Adamson, Julie Bloomfield, Robyn Clark, Janine Dahlenburg, Jennifer Dufty, Christine Dufty, Julie Dunford, Craig Henley, Shirley Honeyman, Judith Keller, Jayne Oliver(McPhee), Dawn Saul, Nicole Schneider, Amanda Stephan, Darren Taylor

15 YEARS Loretta Fisher, Carol Gebert, Marilyn Keller, Robyn Matheson, Catherine McKenzie, Kevin Merton, Ann Thomas

10 YEARS Cindy Bone, Helen Burns, Janice Clugston, Alison Connell, Marianne Cramer, Marianne Cuciniello, Ritchie Dodds, Leonie Graham, Yvonne Hall, Judith Harrington, Margaret Jarvis, Bianca Jones, Elizabeth Lacey, Ingvar Lidman, Lyn Maddern, Brenda O'Leary, Rosemary Pritchett, Joylene Rohde, Robert Schneider, Kristy Tink , Leanne Wallis

Through the application of Service polices and compliance with legislation and relevant industrial instruments we are able to:

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

We do not tolerate bullying or harassment in any form.

The Service once again participated in the People Matter survey independently conducted by the State Services Authority. 90% of employees reported they were committed to their work and 85% responding positively to the level of workplace wellbeing indicate high levels of job satisfaction. We will continue to participate in this survey which provides valuable feedback about the experience and attitude of our diverse workforce.

WORKCOVER

A committed and healthy workforce is dependent on a workplace of the highest safety standard. There were no workplace deaths or serious injuries reported, although there was an incident in which a staff member was assaulted by a member of the public in the workplace. Extra safety precautions have been implemented to reduce the probability of such an event recurring.

FINANCE

Our financial strength and unqualified audit report are testament to this department's effectiveness and efficiency.

Paying Our Staff

Ensuring staff are all paid correctly and on time is an ongoing challenge. Our Pay Office provides this service as well as monitoring changes to employment awards and conditions, accurately maintaining personnel records, recording staff competencies and processing WorkCover claims.

INFORMATION & COMMUNICATION TECHNOLOGY (ICT)

The benefits of an integrated ICT network and the effective use of the latest information technology are of particular importance for a rural and geographically disparate organisation such as West Wimmera Health Service.

Membership of the Grampians Regional Health Alliance (GRHA) ICT joint venture, greatly assisted in the successful implementation of the iSoft 'iPM' Patient and Client Management System.

Our use of videoconferencing between sites and also with external organisations continued to grow providing savings in terms of travel time and cost.

Plans for greater use of this medium in the future, particularly in the areas of clinical diagnosis and treatment are well advanced.

IT Strategic Plan 2010-2012

The Plan sets out how the Service will efficiently and effectively utilise Information Technology to assist us towards achieving the objectives of the Service Strategic Plan.

ACHIEVEMENTS AND IMPROVEMENTS

Key Achievements during 2009–10

- Launch of iSoft Acute Patient and Client Management System used for managing the patient admission process, medical record tracking and client identification.
- Implementation of UNITI – Allied Health, District Nursing Client Management System used to schedule patient and client appointments, document clinical notes and manage human and physical resources.
- The new internal Intranet site has established the Intranet as a vital information portal for staff and is in the embryonic development of shared documents.
- Staff now have secure access to their pay, leave, education and personal details online through the PayGlobal Human Resource Self Service (HRSS) Module.
- Next year Pay Advice will be available electronically resulting in a considerable reduction in paper use.

Key Improvements Planned for 2010-11

- The state-wide Victorian Health Incident Management System (VHIMS) will be introduced by July 31, 2010 to provide staff with a comprehensive efficient incident reporting system (RiskMan).
- A computer based Central Storage Register for all stocks of chemical and dangerous goods providing accurate information in the event of chemical exposure will be maintained.

ACUTE CARE SERVICES

We provide a wide range of hospital care for inpatients and outpatients requiring safe and effective medical treatment for an acute episode or injury or for those requiring surgery.

Our commitment is to continue to provide an increasingly wide range of high quality, high value Acute Services that are accessible within the catchment area we serve.

Goals

- To retain a highly skilled workforce.
- To replace clinical equipment in a planned manner.
- To establish new clinical services to meet community needs.

Strategies to Achieve Our Goals

- To promote educational opportunities for staff.
- To expand Service delivery in line with the Strategic Plan.
- Formalise an equipment replacement protocol.

Achievements

- Attendance at internal education programs increased by 48%.
- Visiting Geriatrician and Visiting Geriatric Nurse appointed.
- Central Patient Monitoring System installed at Nhill Hospital.

Outlook

- To recruit Registered Nurses.
- To introduce Chemotherapy treatment.
- To investigate other Visiting Specialist opportunities.

ACUTE CARE AT WEST WIMMERA HEALTH SERVICE

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

GENERAL MEDICAL SERVICES

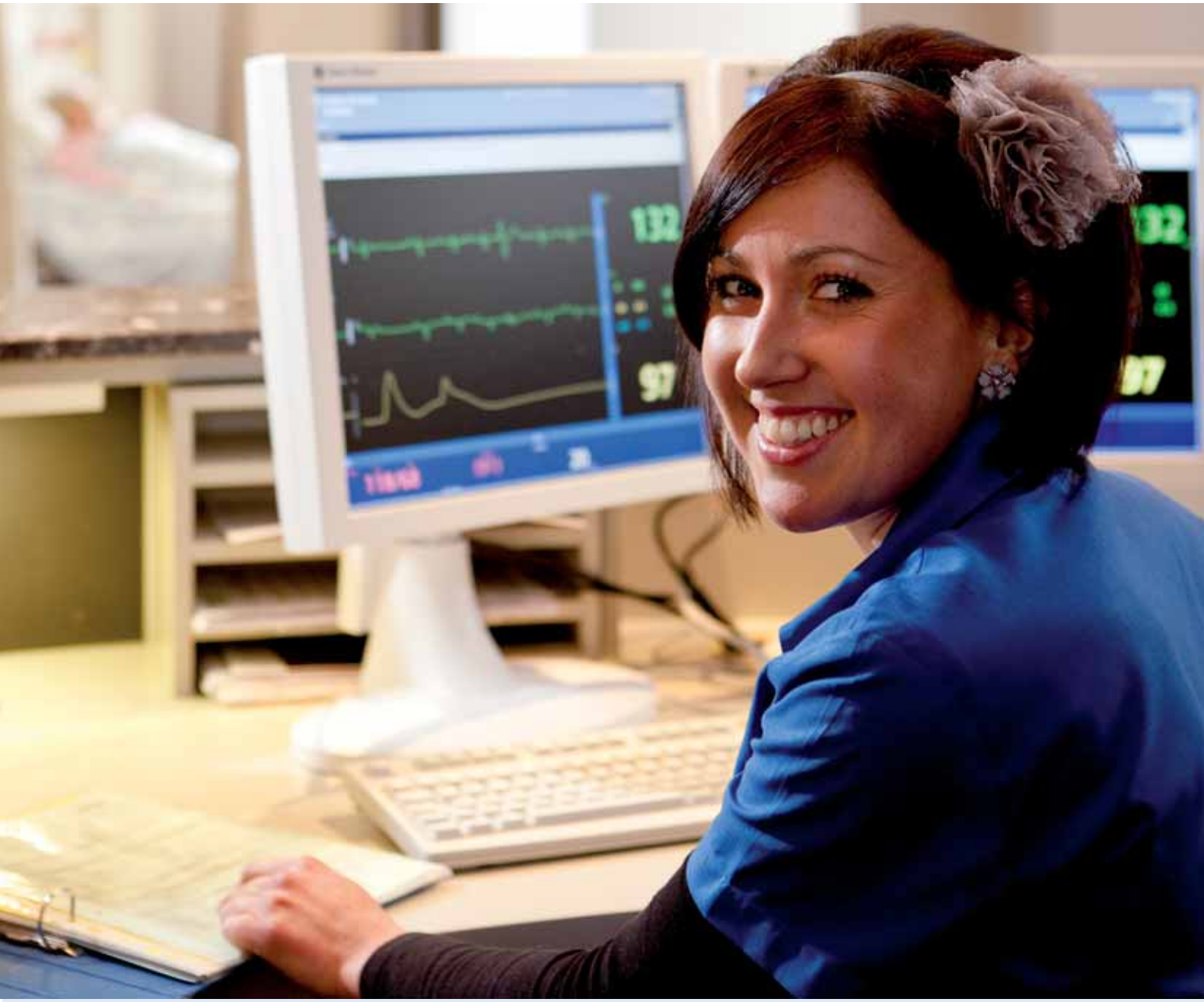
Patients are admitted to the Nhill, Rainbow, Jeparit and Kaniva Hospitals where their conditions are managed by local General Practitioners credentialed to practice throughout West Wimmera Health Service.

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

NURSING AND ALLIED HEALTH STAFF

We have recruited appropriately qualified Nursing and Allied Health staff to meet the acute clinical needs of our patients.

Rehabilitation services are also provided for patients following surgical procedures, after falls or fractures, stroke, wounds and other conditions resulting in reduced mobility.



The growth of Information and Communication Technology in WWHS has changed many things including patient care – a new Central Monitoring System has streamlined observation of patients from the time they leave the Operating Theatre to go to the Recovery Suite.

IMAGE

Enrolled Nurse, Sarah Schnaars at the new Central Monitoring System donated by the Collier Charitable Fund. The System can link monitors in the General Ward with the Recovery & Operating Suite for constant patient observation.

SPECIALIST MEDICAL & SURGICAL SERVICES

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

Significantly, extremely efficient management of waiting lists means that waiting times for surgery or consultations are very reasonable and far lower than the State average.

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

CLINICAL INDICATORS

A valuable method of evaluating the quality of our care is to collect Clinical Indicators and compare them with other like sized hospitals across Australia via the Australian Council on Healthcare Standards and the Victorian Department of Health Clinical Indicator evaluation protocols.

Indicators are collected from all our acute hospitals.

MONITORING FALLS

The area requiring greatest attention is the rate of falls within our Service which is significantly above the national average which is reported in greater detail in the 'Quality' section of this publication.

Without lessening our concern it is important to note there were no fractures resulting from a fall.

VISITING GERIATRICIAN

The Visiting Geriatrician reviews Geriatric Evaluation Management (GEM) patients and all Residential Aged Care residents providing appropriate diagnosis, ongoing management and assessment of residents with issues such as behaviour management. Community consultations are also scheduled.

Table 10: Acute Care Clinical Indicators, Jan–June 2010

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

Fig 9: Major Elective Surgical Procedures

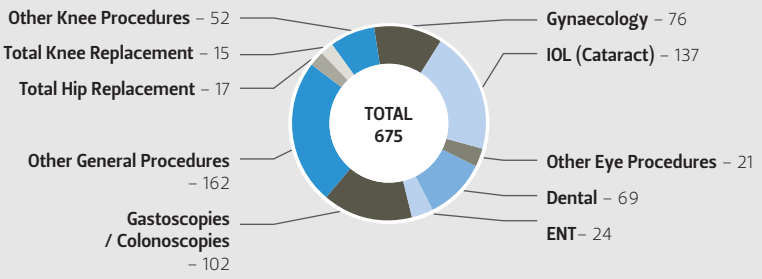
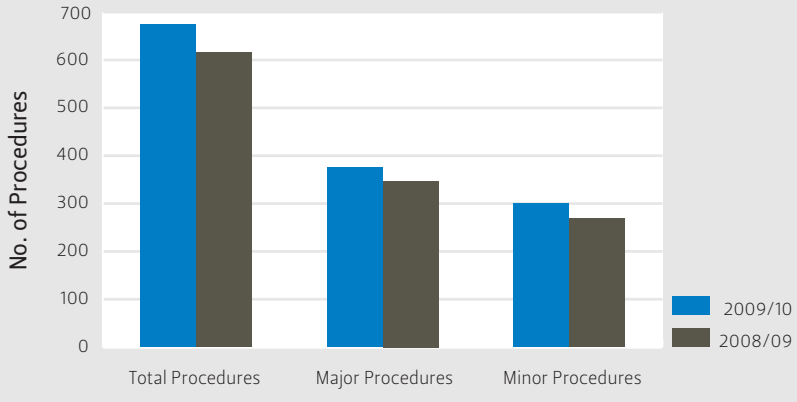


Fig 10: Operating Suite Activity



Procedures performed increased by 10% from the previous year and was made up of Cataract, General, Orthopaedic and Gynaecological surgery.

APPOINTMENT SIMPLICITY – FOR PATIENT CONVENIENCE

The appointment process with Visiting Specialist Health Professionals has been simplified with patients requiring an appointment able to visit or telephone the Nhill Hospital where an appointment with the desired Specialist is efficiently arranged.

ADMISSION AND DISCHARGE CLINIC

Elective Surgery patients attend a Pre-Admission Clinic for education relating to the impending surgery and the expected outcome of the surgical procedure.

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

IMAGE

General Surgeon, Mr Stephen Clifforth (centre) in surgery with the assistance of Theatre Nurses Vicki Thomas (left) and Lynne Lynch (right).

Table 11: Admitted Patient Activity

Admitted Patient	Acute	Sub Acute	Total
Separations			
> Same Day	1078	0	1078
> Multi Day	1049	39	1088
Total Separations	**2127**	**39**	**2166**
Emergency	518	0	518
Elective	303	0	303
Other Including Maternity	1306	39	1345
Total Separations	**2127**	**39**	**2166**
Total WIES	**1711.93**	**0**	**1711.93**
Total Bed Days	**8290**	**2236**	**10526**

Same Day – *patients admitted and discharged on the same day.*
Multi-Day – *patients in hospital for longer than one night.*
Emergency – *patients whose admission was not planned - usually admitted via Primary Care Casualty or the Doctors Surgery.*
Elective – *planned admissions - elective surgery and dialysis patients*

HAEMODIALYSIS - A LIFE SUSTAINING SERVICE

The Dialysis Unit at the Nhill Hospital is a comfortable, private Unit with skilled staff specially trained in dialysis care. It performs an essential clinical service.

A new beginning

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

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

Safe care

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

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

A perfect infection control outcome.

The future is bright

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

MEDICAL IMAGING (X-RAY)

Medical Imaging is available at the Nhill Hospital 5 days a week and at the Kaniva Hospital on a weekly basis.

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

Medical Imaging - Accreditation

Stage 1 accreditation was awarded to the Medical Imaging Departments by the Australian Council on Healthcare Standards.

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

PHARMACY

The Pharmacist has introduced a comprehensive stock control system which has standardised pharmaceutical supplies held at each site.

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

The Pharmacist regularly updates staff about storage, handling and changing medication trends.

When patients are discharged from Hospital the Pharmacist ensures they have a thorough understanding of the medications prescribed including the importance of the correct time and frequency of taking them. Patients also receive an information sheet to refer to when they return home.

IMAGE

Dialysis Unit Nurse, Tania Ryan with Lorraine Semmler during one of her visits to the Unit at the Nhill Hospital.

FROM THE MEDICAL DIRECTOR

Attracting General and Specialist Clinical Professionals to rural Victoria is a challenge. However we have achieved considerable success and all communities now have General Practitioners and Visiting Specialist Practitioners services have expanded.

A broad range of excellent medical services are available in Nhill, Rainbow, Jeparit, Natimuk, Kaniva and Goroke.

Unfortunately Dr Sumeet Dhillon left the Tristar Medical Clinic in March, 2010. Highly regarded by patients and staff she was a consistent contributor to Clinical Quality and Safety.

Messrs. David Bird, General Surgeon, and Richard Clarnette, Orthopaedic Surgeon have ceased their visits to Nhill and we thank them for their excellent services.

We welcomed Dr Chi Gooi, Orthopaedic Surgeon, Dr Rosie Shea Visiting Geriatrician and Mr Glen Taylor Specialist Geriatric Nurse.

Drs Khalid El-Sheikh, Rizwan Lotia, Shoaib Munawar and Katrina Morgan continue to provide clinical services in Nhill. Dr Nouman Qadir is the General Practitioner for Jeparit and Rainbow with Dr Irfan Hakeem based in Kaniva.

Dr Malcolm Anderson provides anaesthetic services and Dr Rob Ray, Specialist Anaesthetist, regularly visits.

Visiting Specialists undertake General, Orthopaedic, Ear Nose & Throat and Ophthalmic Surgery in the up to date new Nhill Hospital Operating Suite.

Credentialing (review of qualifications) for the Definition of the Scope of Clinical Practice for Medical Practitioners and other clinical professionals has been refined ensuring clinical personnel are appropriately qualified and only undertake clinical work that is within their scope of training and experience.

The Australian Health Practitioner Regulation Agency and Medical Board of Australia was established and we have adapted Credentialing and Delineation of Scope of Practice processes to comply with the requirements.

Medical Practitioners undertake continuing medical education relevant to their practice.

The community and the Service thanks all Practitioners for their continuing support and quality services.

Ian S. Graham
Executive Director of Medical Services

MEDICAL & CLINICAL VISITING CONSULTANTS

Executive Director Medical Services

Dr. Ian Graham MBBS MHP AMEE FRACMA

GENERAL SURGEONS

Mr. D. Bird MBBS FRACS
Mr. S. Clifforth MBBS FRACS
Mr. P.Tung MBBS FRACS

Orthopaedic Surgeons

Dr. R. Clarnette MBBS FRACS
Dr. C. Gooi MBBS FRACS

Consultant Ophthalmic Physician and Surgeon

Dr. M. Chehade MBBS FRANZCO

Ear, Nose and Throat Practitioners

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

Consultant Obstetrician and Gynaecologist

Dr. I. Jones MBBS FRANZCOG

Visiting Oral Surgeon

Dr. A. Ayasamy BDS FDSR CPS FICD

Specialist Anaesthetist

Dr. R. Ray MBBS FANZCA

General Practitioner Anaesthetists

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

Consulting Psychiatrist

Dr. R. Proctor MBBS BSc DPM

Specialist Geriatrician and Physician

Dr. R. Shea MBBS FRACP

Specialist Geriatric Nurse

Mr. G. Taylor
RN Post Grad Dip Psych Nursing

Dental Surgeon

Dr. D. Goh BDent BBSc

Dental Therapist

Ms C. Petersen Dip Dent Ther

General Practitioners

Dr. K. El-Sheikh
MBBS FRACGP FACCRM DPM
CASA Pilot Medical Officer
Dr. R. Lotia MBBS BSc
Dr. S. Dhillon MBBS FRACGP
(to 5 March 2010)
Dr. S. Munawar MBBS BSc FCPS FRACGP
Dr. K. Morgan
MBBS DRANZCOG DCH(SA) FRACGP
Dr. M. Qadir MBBS FRACGP
Dr. I. Hakeem MBChB
Dr. J. Thomson MBBS

Consulting Pharmacist

Mrs. A. Teed PHC MPS FSHP MACPP

Staff Pharmacist

Mr. M. Yau BPharm MPS

Consulting Radiology Service

Western Medical Imaging

Visiting Optometrists

Ross Both & Associates

RESIDENTIAL AGED CARE SERVICES

The communities we serve have access to excellent Residential Aged Care accommodation with care provided by dedicated and highly trained staff.

Our abiding goal is to continually improve a living environment which residents can enjoy in comfort and with dignity.

Goal

- To deliver compassionate, client-centred care to meet the needs of each resident.

Strategies to Meet Our Goal

- Encourage education that is responsive to changing philosophies and practices.
- Constantly monitor and evaluate individual residents, to ensure that appropriate care and care plans are in place.
- To successfully comply with accreditation audits at all sites.

Challenges/ Future Directions

- Investigate opportunities to manage medication dispensing using an electronic system.
- Maintain the high standard of all facilities.

STAFF ARE COMPASSIONATE AND WELL TRAINED

The professionalism of staff is central to the comfort, wellbeing and security of our residents. Ongoing training programs and annual competency testing helps to ensure we meet the diverse needs of residents.

Allied Health Professionals attend each site and are available for consultation by appointment via telephone or videoconference.

AGED CARE RESIDENTIAL ACCOMMODATION

Nursing Homes & Hostels

Nhill

'Iona' Digby Harris Home

- 26 Frail Aged, Dementia and Psychogeriatric High Care beds.
- 4 Low Care beds.

Kaniva

'Archie Gray' Nursing Home

- 11 Frail Aged High Care beds.

'Arthur Vivian Close' Hostel

- 10 two bedroom Low Care units.

Jeparit

'Tullyvea' Nursing Home

- 10 Frail Aged beds.
- 5 Low Care beds.

Rainbow

'Bowhaven' Hostel

- 10 Low Care beds.

'Weeah' Nursing Home

- 10 High Care beds.

Natimuk

Natimuk Nursing Home

- 20 Frail Aged High Care beds.

'Allan W Lockwood' Hostel

- 11 Low Care Dementia beds.

'Trescowthick House' Hostel

- 10 Frail Aged Low Care beds.

Table 12: Residential Aged Care Percentage Occupancy By Site

	2009/10	2008/09
Iona Digby Harris Home	98.5	98.2
Archie Gray Nursing Home Unit	99.4	98.0
Jeparit & District Nursing Home	97.5	98.7
Jeparit Hostel	100.0	100.0
Rainbow Nursing Home	98.4	100.0
Natimuk Nursing Home	99.5	99.7
Kaniva Hostel	84.2	71.1
Rainbow Hostel	93.2	100.0
Lockwood Hostel	98.0	97.5
Trescowthick House Hostel	97.2	97.3

Percentage occupancies at individual residential aged care facilities except for Kaniva Hostel were all above 90%. Because of its unique physical layout Kaniva Hostel can only accept residents with very low care needs. For this reason percentage occupancy at this location is always lower than for other facilities.

IMAGE

Mrs Joan Widdison, a resident of Allan W Lockwood Special Care Hostel and Personal Care Worker, Kerry Exell share a laugh and a special bond as Kerry was an employee of Joan's many years ago.

ELECTRONIC MEDICAL RECORDS

iCare Electronic Medical Record system for aged care was introduced in 2008 and we are currently improving access to care data and planning information as a result of this innovation.

AGED CARE ASSESSMENT TEAM (ACAT) - A REQUIREMENT FOR AGED CARE ACCOMMODATION ENTRY

Everyone seeking admission to a Commonwealth funded aged care facility, such as those at West Wimmera Health Service, must undergo an assessment by an Aged Care Assessment Team.

The assessments are conducted by Registered Nurses Division 1 and Geriatricians who are trained specifically for the task.

RESIDENTIAL AGED CARE - FEES

Fees and charges for High Care (Nursing Home) and Low Care (Hostel) Accommodation are based on Personal Income, Assets and the level of care required by the resident and as stipulated by the *Aged Care Act 1997* and based on Centrelink assessment.

AGED CARE - ACCREDITATION

Accreditation audits are conducted by a team from the Commonwealth Aged Care Standards and Accreditation Agency.

During the accreditation audits, the team review our documentation on resident care, patient records, policies and procedures. They also interview staff, residents and families to ensure the level and quality of care meets stipulated regulatory requirements.

Accreditation audits occur every 3 years with unannounced visits occurring frequently in the intervening period.

The Agency must be satisfied after each audit including the unannounced visits that continuous compliance with the standards prevails and quality of life for residents continues to improve.

To this end each Residential Aged Care Hostel and Nursing Home has a Continuous Improvement Plan.

We have a Management Plan which includes a schedule of audits which our nurses carry out to make sure all aspects of our care are monitored, reviewed, and action taken to improve where that is warranted.

Continued Success

All Residential Aged Care Units currently possess three year 'full' Accreditation standing.

An important outcome - Our symbol of excellence!

AGED CARE CLINICAL INDICATORS

Clinical Indicators are a valuable method of comparing our care for our residents with other aged care facilities and on a State wide basis.

The indicators highlight emerging trends, both positive and negative and indicate where we can learn from others in our quest to provide best of care in a homelike environment.

The greatest respect and privacy in recognising how important it is for residents to have a central role in developing their care plans for daily living.

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

Table 13: Aged Care Clinical Indicators Compared with State Average

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

IMAGES

(Left) Jeparit Day Centre clients Valerie Richmond, Patricia Jenkins and Ben Cameron under the direction of Day Centre Assistant, Rosemary Rose .

(Right) Residents of Allan W Lockwood Special Care Hostel (right to left) Heather Jones, Betty Campesato, Shirley Argent with Jessica Jackson, Activities Co-ordinator Natimuk Nursing Home.

COMMUNITY AND ALLIED HEALTH SERVICES

Our Community and Allied Health professionals work as a team combining their knowledge and expertise to improve the health and wellbeing of the whole person.

An asset to all ages of people in our communities!

Goals

- To enhance the Mental Health and Social Wellbeing of our community.
- To achieve quality outcomes utilising 'evidence based' practice.
- To promote independence enabling people to live at home safely for longer.

Strategies Towards Achieving Our Goals

- We have adopted a co-ordinated Regional approach to Health Promotion.
- 70 clients have utilised the Chronic Disease Pathway. See page 12.

Achievements

- A full complement of Community and Allied Health Professionals has enabled increased services.
- We are the only WorkSafe Health Check endorsed provider for the Grampians Region.

Future

- To open the Social Wellbeing and Mental Health Community Hub in the business centre of Nhill.
- To enhance Community and Allied health services utilising Active Service Delivery Model.

WWHS is committed to assisting community members remain at home, independently for longer. District Nursing, Home and Community Care, National Respite for Carers Program, Community Aged Care Packages and Allied Health Services all utilise a proactive service delivery model focussing on wellness and positive health outcomes. See page 29.

DISTRICT NURSING

Our experienced District Nurses provide nursing care which allows clients to remain in their own homes maintaining their independence, or receiving additional support services after discharge from hospital.

PLANNED ACTIVITY GROUPS

Planned Activity Groups (PAG) help older people and people with disabilities stay healthy and active by engaging in interesting and fun group activities.

The Groups are also a great way to stay informed about health and community services offered by West Wimmera Health Service.

ALLIED HEALTH SERVICES

A full complement of Allied Health Professionals has been achieved for the second successive year against the National trend. Our team of qualified health professionals provides services to the Acute, Rehabilitation, Residential Aged Care and in Community settings.

Working as part of a multi-disciplinary team to ensure quality health outcomes for our consumers our team consists of the following Departments.

Dietetics

Our Dietitians help promote good health through proper eating. They provide nutrition therapy, individual dietary consultations and also conduct group education for other health workers, patients and the public.

IMAGE

Dietitian, Connie Valsamis offers her patient some healthy tips on the benefits of nutrition, healthy diet and lifestyle.

Diabetes Education

Our expert staff encourage people with diabetes to manage their condition. We are a sub agent for the National Diabetic Service Scheme (NDSS) so Diabetic supplies are available from each of our facilities. Our Senior Diabetes educator, has been proactive in the implementation of Insulin Pumps and consumers can now access the benefits of this treatment in a supportive environment. See page 102.

Counselling and Social Work

This professional and accessible service is dedicated to improving the mental, physical and psychological wellbeing of individuals who wish to improve their lives. Circumstances can change rapidly and stressful events can impact on the way we view the world, and the way in which we deal with the challenges that change brings. Our Social Workers can help those who are faced with adversity, by providing practical and valuable assistance.

Occupational Therapy

Our Occupational Therapists assist people to gain the skills and confidence to maximise participation in everyday tasks and also assist patients returning home from hospital by arranging community support and physical resources.

Massage

Our experiencced Massage therapists treat consumers in the acute rehabilitation and outpatient settings to improve circulation and flexibility, relieve muscle tension and pain.

Physiotherapy

Our expert staff focus on prevention, assessment and treatment of physical disorders and the promotion of movement.

In addition to hospital client care and Outpatient care, our Physiotherapists offer supervision to overseas trained Physiotherapists from the neighbouring health services of Rural Northwest Health and East Wimmera Health Services.

Podiatry

Podiatrists deal with the prevention, diagnosis, treatment and rehabilitation of medical and surgical conditions of the feet and lower limbs.

Successful delivery of integrated care for the people in our large rural area requires astute management, careful planning and dedication from the whole team

IMAGE

Members of the Allied Health staff who meet regularly to maintain communication within the team and to participate in continuous training programs.

Martha Karagiannis (left) Manager Allied and Community Health, Wendy Altmann (centre) Community Health Nurse, and Katie Martin (right) Occupational Therapist are part of this team.

Speech Pathology

Speech Therapists provide effective and efficient intervention for those with communication and swallowing disorders. They offer hearing and speech assessments at kindergartens, local industries, aged care assessments for clients with swallowing difficulty and food consistency education for clinical and general service staff.

RURAL PRIMARY HEALTH SERVICE

The Rural Primary Health Service (RPHS) program increases access to primary and allied health care for rural and remote communities.

The RPHS program allows for greater flexibility in the range of services offered including health promotion and preventative health activities.

West Wimmera Health Service is the fund holder and has partnered with Edenhope Memorial and District Hospital to broker Community Nursing and Mental Health clinicians to offer services for our immediate catchment area as well as Edenhope, Harrow and Apsley.

WORKSAFE HEALTH CHECK ENDORSEMENT

WWHS is the only Worksafe WorkHealth Check Endorsed provider for the Grampians Region. Our Community Health Nurses have worked tirelessly to deliver over 200 health checks in workplaces across the Region since October 2009.

A successful partnership with Worksafe Victoria to promote healthy lifestyles and well being.

GOROKE COMMUNITY HEALTH CENTRE

Goroke is a small remote township nestled between a large farming area stretching to the South Australian border to the West, Horsham to the East, Kaniva and Nhill to the North and North East and Harrow and Edenhope to the south and South West.

The Community Health Centre is the hub for health services including Community Nursing, Allied Health Services and Health Promotion activities.

District nursing services are available on weekdays and weekends.

We have worked tirelessly to ensure Goroke continues to receive comprehensive medical care in comparison to other townships with a similar population base. A Medical Practitioner from Nhill visits twice weekly with the Flying Doctor Women's Health Practitioner Service who visit every 6 weeks.

GRANTS RECEIVED:

A Department of Health Grant of $18,500 for a Research Project to complete a Plan Do Study Act Project which will focus on implementing quality care for patients entering the health care system is scheduled to commence in October 2010.

The Well For Life program funded by a Department of Health grant of $22,000 will develop a Physical and Mental Health program for older adults will commence in late 2010.

RESEARCH - A NEW APPROACH

While we have undertaken our own research West Wimmera Health Service is a relative newcomer to official research projects as part of the wider world.

This year the Allied Health Group have undertaken the following research.

Foot Care Clinic Research

After initial research a toolkit and DVD were developed to be used by Nursing and Podiatry staff. The kit is currently in the publication phase and will be disseminated across public health services upon completion.

Dysphagia and High Risk Nutritional Assessment Toolkit

Funding was provided to develop and implement an assessment form and toolkit including a DVD to assist with timely assessment and management of patients and residents who have difficulty swallowing or are not consuming enough solids or fluids putting them at risk of dehydration and malnutrition.

The kit is in the publication phase and will be disseminated to public health services upon completion.

Plan, Study, Act, Do

In order to improve care coordination and health outcomes for their clients, we undertook a Plan, Do, Study, Act (PDSA) research project to improve feedback to general practice and recommended follow up services from their Allied and Community Health Department.

The program involved WWHS and Wimmera Primary Care Partnership staff attending 'PDSA' training workshops delivered through General Practitioners Victoria and Department of Health; analysing current communication practice and processes of referral between General Practitioners (GPs) and WWHS; working with TriStar General Practitioners in implementing and trialling changes and embedding new communication practices.

An agreed communication model between the General Practice and WWHS were developed and tested. This is now the preferred feedback mechanism for the GPs. The improved communication model has led to better care coordination.

Referrals from General Practitioners to Dietitians and Counsellors increased during the project and indicates that clients with chronic conditions are now referred to the appropriate service at the right time thus maximising their health, wellbeing and quality of life.

GPs have also gained a greater understanding of the range of services provided by the WWHS Allied Health staff and an expanded knowledge of the service system.

A total of 25 referrals were received by Dietetics and 47 by the Counselling Department. 100% of the referrals were followed up with a letter of feedback to the referring GP.

We have learned much from these first steps into controlled research and will pursue further opportunities.

The winner – our community.

DENTAL SERVICES

Dental Care – An Essential Element of Total Healthcare

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

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

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

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

MEASURING QUALITY OF CARE

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

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

For all indicators our rate was substantially below both the Region and State average and also less than for the previous year and shows that the quality of dental treatment is of a high standard. See Fig 11.

WAITING TIMES

Waiting times for emergency treatment

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

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

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

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

KEY POINTS TO MAINTAIN YOUR DENTAL HEALTH

Eat well

- Enjoy a wide variety of nutritious foods and healthy snacks and limit your intake of sweet foods.

Drink well

- Drink plenty of tap water.
- Avoid sweet or fizzy drinks.

Clean well

- Clean your teeth at least twice a day. Brush your teeth gently and thoroughly with fluoride toothpaste and a soft toothbrush.
- If you can't clean your teeth, chew sugarless gum after meals.

Play well

- Wear a professionally fitted mouth guard when training and playing contact sports.

Stay well

- Don't wait for a problem - have regular oral health check-ups.
- If you smoke, quit for good.

– Provided by DHSV

Waiting times for non urgent dental services

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

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

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

Recruitment and retention of qualified dental staff remains an issue.

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

Fig 11: Dental Service Waiting Times – 6 Year Comparison

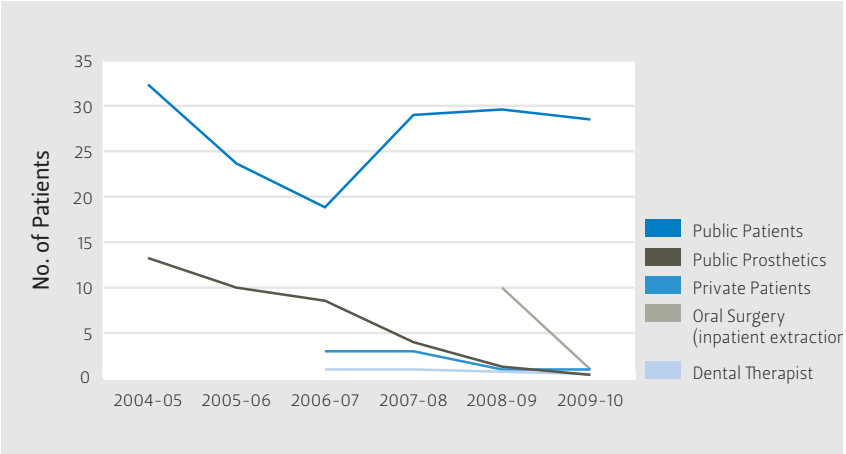


Table 14: Dental Statistics by Procedure – 2 Year Comparison

Procedure	Number Performed 2009/10	Number Performed 2008/09
Exams	595	722
X-rays	759	825
OPG's	104	63
Scale & Clean	331	268
Fillings	1,214	1,115
Extractions	801	680
Root Canal Treatments	23	38
Crowns	19	15
Dentures	94	58
TOTAL	**3,940**	**3,784**

The increase in procedures performed for both private and public patients relates in part to the full year benefit of the Child Oral Health.

IMAGE

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

CORPORATE AND QUALITY SERVICES

West Wimmera Health Service is a many-faceted, complex organisation requiring diverse specialist expertise to ensure productive management of its activities and assets and smooth administration of its affairs.

The departments which operate within Corporate and Quality Services continue to deliver notable outcomes.

Goal

- To provide and maintain excellent and safe physical surroundings, a clean environment and an outstanding fresh food experience.

Strategies to Reach Our Goal

- Employment of skilled tradesmen.
- Establish a comprehensive asset management and preventative maintenance program.
- Provide a menu which comprises nutritious freshly cooked meals.
- A clean and hygienic environment and minimise the risk of infection.

Achievements

- Fire detection and Nurse Call Systems at Kaniva Hospital replaced.
- Individual air conditioning systems installed in Natimuk Hostel Units with personal choice of room temperature.
- External cleaning audits achieved 11% above the State Benchmark.
- A Capital Development Program for the next decade established.

Future Outlook

- Undertake an ACHS EQuIP Periodic Review in November 2010 as part of our continuous accreditation cycle and commitment to quality and continuous improvement.
- Replace the air conditioning system at 'Iona' Digby Harris Home.
- To renovate Oliver's Café to satisfy Environmental Health and Occupational Health and Safety Regualtions.

ENGINEERING AND MAINTENANCE

The Engineering Department provides a safe environment through an extensive Preventative Maintenance Program which ensures all infrastructure and equipment is efficient and in safe working condition at all times.

Highlights in 2009/10

- Replacement of the Fire Detection System at Kaniva Hospital with a system which satisfies legislative requirements and has eliminated false alarms.
- Replacement of the Nurse Call and Communication System at the Kaniva Hospital has advanced patient safety and improved patient care.
- Replacement of air conditioning systems in Trescowthick and Lockwood Hostels at Natimuk Residential Aged Care Complex. Each room now has regulated air temperature in all climatic conditions.
- Redevelopment of the Podiatry Clinic at Nhill Hospital provides a more efficient work space and the installation of a Fume Cupboard has decreased Occupational Health and Safety risks.

A major feature of our planning for the future has been the development of a Strategic Capital Works Program designed with vision to extend over the next ten years.

The importance of this undertaking emphasises the vital contribution that the adequacy of buildings and accommodation has on patient care.

IMAGE

Kelvin Asplin (right) Director of Engineering discusses building plans with Engineering Supervisor, Craig Henley.

HEALTH INFORMATION SERVICES

All patients and clients of our Service have a Medical Record which provides a comprehensive history of previous treatment assisting health professionals make informed decisions about current and future treatment.

Highlights

- Introduction of iSoft Patient Management computer software in accordance with the Department of Health 'HealthSmart' strategy.

ACCREDITATION ACROSS THE BOARD

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

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

Measuring the quality of our services

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

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

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

The highest accolade

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

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

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

ALL ASPECTS OF ACCREDITATION

AGED CARE STANDARDS & ACCREDITATION AGENCY (ACCA)

- Eight residential aged care homes underwent accreditation surveys during September and October 2009.
- All facilities were found to be compliant in all forty four outcomes – an outstanding achievement!
- Spot visits to homes in 2010, were overwhelmingly positive.
- One non-conformance with Nutrition and Hydration in the Natimuk Nursing Home was experienced.
- The decision was appealed following a thorough analysis of the physical condition of the residents, the associated documentation and evidence.
- The Aged Care Standards Agency reviewed their finding and determined there was sufficient proof that residents had received appropriate Nutrition and Hydration and the non-conformance was withdrawn.

AUSTRALIAN COUNCIL ON HEALTH CARE STANDARDS (ACHS)

- West Wimmera Health Service was accredited under the Evaluation Quality Improvement Program (EQuIP) in 2008 for a period of four years.
- January 2010, self assessment was submitted to ACHS and we were awarded continued accreditation.
- Further evaluation in November and December 2010, when a survey team comes on-site to undertake a Periodic Review of our quality of care.

DISABILITY SERVICES ACCREDITATION

- Independent review against the National Standards for Disability Services (National Standards) and the state Standards for Disability Services in Victoria scheduled, for July 2010.
- An independent company, International Standards Certification, retained to conduct the review.

HOME AND COMMUNITY CARE (HACC)

- A high achieving area encompassing District Nursing and Planned Activity Groups achieved full accreditation against national standards in 2008.
- A score of 20/20 was achieved.
- A further review of these services will occur during the ACHS Periodic Review in November 2010.

DIAGNOSTIC IMAGING

- Achieved accreditation with the Practice Accreditation Standards of Diagnostic Imaging Accreditation Scheme Stage I.
- Accredited for the Diagnostic Imaging suites located at Nhill and Kaniva.

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

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

The programs successfully met the standards however several recommendations for improvement were made:

- Staff police record checks to be updated.
- Records kept on computer database, reports are now run on currency of staff checks.
- Manager tracks records via database reports.
- Staff education regarding CACPs and NRCP.
- Education provided to District Nurses and Personal Care Workers about the entry and care requirements of each program.
- Current information regarding contractors and their qualifications.
- Contractor database updated.
- Contracts updated.
- Competency of staff in medication management.
- All Personal Care Workers undertake medication management update.
- CACPs and NRCP Program recipients informed of services available to them.
- A program check tool created to ensure potential clients are appropriately prioritised.
- Information package updated and given to all current and future clients.

IMAGE

Tamhika Ross is completing a traineeship with the Medical Records Department.

CATERING AND GENERAL SERVICES

Freshly cooked meals offer a wide range of choice and the flexibility to cater for special requests and dietary requirements.

The Cleaning Team guarantees our buildings and accommodation meet and often surpass Department of Health Cleaning Standards.

Highlights in 2009-10

- All sites achieved 96% or higher in the external cleaning audit exceeding the Department of Health benchmark of 85%.
- 100% Patient Satisfaction with the cleanliness of rooms, toilets and showers.
- 94% of patients recorded satisfaction with the quality, quantity and temperature of food, exceeding the average satisfaction revealed for similar sized hospitals in the State.

EDUCATION

A comprehensive internal education program maintains a highly skilled and educated workforce qualified to meet the health and wellbeing of ourxcommunities.

We also assist staff to attend external training programs and seminars and to enrol in Tertiary education courses to gain higher qualifications.

Highlights in 2009-10

- 75 internal education sessions conducted with 959 attendees.
- 299 staff attended external education forums and seminars.

ENVIRONMENT

Our Environmental Conscience

Everyone has a role to play in making sure future generations inherit a world worth living in. We are fully aware of our responsibility and taking action to improve our environmental sustainability through policies, programs and actions to limit the environmental and carbon footprint we leave.

Total Energy Usage

The total electricity and gas costs for 2009-10 were nearly exactly on budget and similar to that recorded in the previous year.

This is a commendable effort given that electricity prices increased in January 2010 by 7.5% for peak and 1.2% for off-peak rates.

Electricity Usage

As noted in Fig 13 electricity usage in 2009-10 was nearly exactly the same as in the previous year, and 0.5% greater than 2007-08 usage.

This highlights electricity utilisation has remained stable over the 3 year period.

As an element of our commitment to environmental sustainability a percentage of the power we purchase is 'green' energy, meaning that a percentage of our power comes from renewable energy sources, including wind and solar.

While a slight premium is paid for renewable energy the long term benefits for the environment are worth the investment by decreasing our greenhouse gas emissions.

Fig 12 illustrates the tonnes of greenhouse gases used by our organisation for the past three years.

Since 2007-08 there has been an 8.2% decrease in the amount of greenhouse gas emissions used by our organisation. We will continue to work hard in this area.

The amount of recycled and landfill waste increased significantly in 2009-10 as we cleaned out a number of secondary storage locations in Kaniva, Natimuk and Nhill where copious quantities of obsolete equipment and material had accumulated. Equipment which could be recycled was separated from other material, some of which unfortunately had to be sent to landfill.

A Positive Impact on the Environment

We have initiatives to ensure a positive impact on our environment results.

Our use of green energy reduces greenhouse gas emissions thereby limiting our contribution to global warming.

Tank farms, clusters of tanks to collect rainwater, at each site ensure we harvest as much rain water as possible. Rainwater is used in the preparation of food for catering, boiling water units and also in sterilisers.

Recycling is an important component of our waste management strategy and we work closely with Local Government agencies to guarantee we maximise our recycling capabilities, including plastics, paper, glass and aluminium cans and also less obvious materials such as steel.

Energy Efficient Vehicles

Our policy is to take services to our six communities rather than creating extra travel for them at a time of need. Therefore our vehicle fleet travels huge distances each year.

The qualities we look for when purchasing vehicles is to compare carbon dioxide, greenhouse and air pollution ratings to purchase the vehicles exhibiting superior results in these categories.

Larger vehicles are all powered by LPG, minimising carbon dioxide and air pollution.

We are committed to being responsible for environmental management and understand that the decisions we make today will impact on the generations of tomorrow.

In 2010-11 our key aims in regard to environmental management will be to undertake a full energy audit to ascertain if there are areas in which we can become more efficient, and undertake rigorous auditing of landfill rubbish and recyclables.

IMAGE

Supported Employee, Tyrone Friebel is busy disposing and sorting items into appropriate recycling containers.

Fig 12: Greenhouse Gases

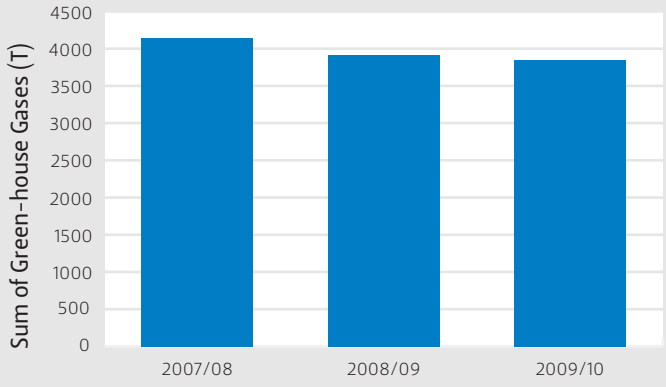
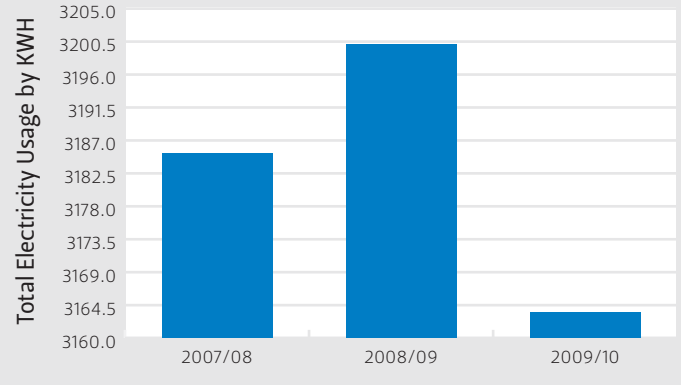


Fig 13: Total Electricity Usage



LEGISLATION

We fully understand our compliance obligations with the legislative requirements that govern entities in the healthcare industry. All delivery of healthcare to our communities is performed within the proper and relevant legislative framework.

CONSULTANCIES

We seek advice from and contract specific tasks to consultants who are experts in their field. This has a twofold advantage. We have access to expert advice and there are also economic efficiencies to be gained by contracting a consultant for a specific matter rather than bearing the ongoing costs of employment.

Table 15: Consultancies for the Reporting Period 2009–10

	No.	Value $
In excess of $100,000	0	0
Less than $100,000	6	105,486

Summary of the application and operation of the *Whistleblowers Protection Act 2001*

The purposes of this Act are to encourage and facilitate disclosures of improper conduct by public officers and public bodies, to provide protection for persons who make those disclosures and persons who may suffer reprisals in relation to those disclosures, and to provide for the matters disclosed to be properly investigated and dealt with.

Our Whistleblower Policy is fully consistent with the legislation and it outlines the process of making a disclosure in a private and confidential environment.

The Operations Manager is the Disclosure Officer.

No disclosures pursuant to this Act were received during the reporting period.

Competitive Neutrality Policy Victoria

This policy and its subsequent reforms only apply to significant businesses of a for-profit nature, no disclosure by this Service is required.

Prices, Fees and Rates Charged by the Service

We receive Government Grants and Subsidies for a significant proportion of our annual recurrent funding. Therefore we do not charge patients and clients directly for health services including publicly funded acute inpatient care and some residential aged care services.

Services for which the consumer is directly charged, the price covers only the cost of the service provided. Fees are reviewed on an annual basis and are adjusted in accordance with any rise in the cost of their provision.

Victorian Industry Participation Policy (VIPP)

This policy increases opportunities for local business and supply chain partners to participate in government related business.

No works were tendered above the designated $1m threshold therefore no reporting requirements apply.

Statement on Compliance with the *Building & Maintenance Provisions of the Building Act 1993*

In accordance with the Building Regulations 2006, made under the Building Act 1993, all buildings within the Service are classified according to their functions.

An annual Essential Building Safety Measures Report confirms safety including fire safety, entry and exit.

There is a comprehensive preventative maintenance program to ensure ongoing building safety and compliance.

Publications

All publications produced by West Wimmera Health Service are readily available in hard copy from the Health Service and major publications such as Annual Reports, Quality of Care Reports, Strategic Plans, Reviews of Strategic Plans, the Diversity Plan and major reviews and reports can also be accessed via the web site www.wwhs.net.au.

Freedom of Information

The Freedom of Information Act 1982 gives consumers the right to request personal information including copies of medical records.

Some exemptions apply relating to safety of individuals and confidentiality of patients and third parties.

There were 2 applications made under Freedom of Information, both of which were granted in full.

8 requests, outside FOI guidelines, were also processed.

The Chief Executive Officer is the designated Freedom of Information Officer.

WWHS

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

WEST WIMMERA HEALTH SERVICE



QUALITY OF CARE

2009
2010

A Message from Our Leaders

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

WHAT DOES IT MEAN?

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

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

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

HOW DO WE ACHIEVE 'BETTER QUALITY'?

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

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

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

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

HAVE WE ACHIEVED 'BETTER HEALTH CARE'?

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

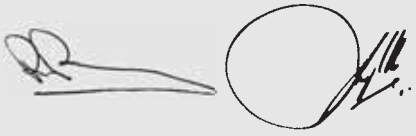
The story of Alex (see page 51) showcases the outcomes quality improvements can have for individuals.

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

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

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

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



Ron Ismay
President

John N. Smith PSM
Chief Executive Officer

IMAGE

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

HUMAN RESOURCES

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

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

STAFF TURNOVER

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

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

OUTSTANDING LEAVE HOURS

To ensure staff maintain a healthy work/life balance, we actively encourage staff to take recreational leave as and when it accrues. A major component of the leave is annual leave hours accrued by staff which is shown, in Fig 14, to have increased by approximately 10% over the past year.

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

Fig 14: Total Leave Hours Outstanding

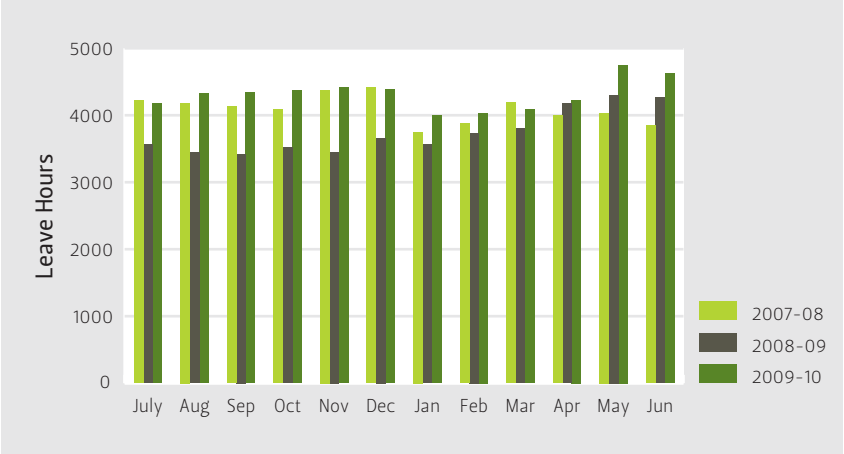
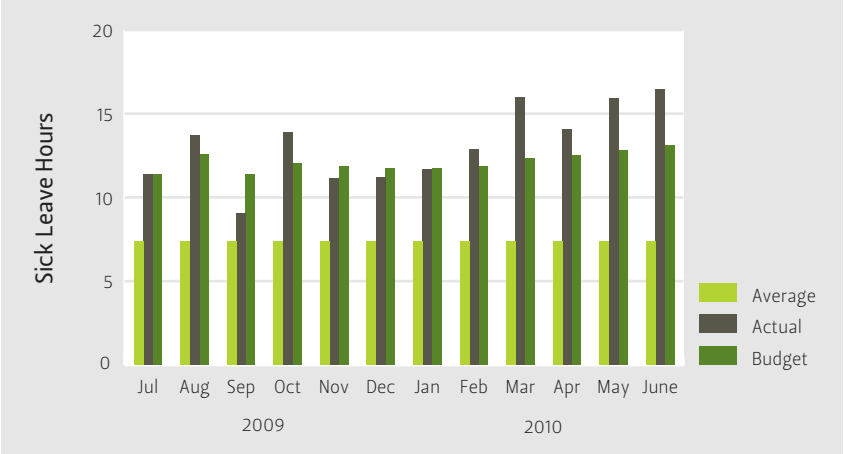


Fig 15: Sick Leave EFT



UNPLANNED ABSENCES FROM WORK

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

Both actual and average rates of sick leave were significantly above budget (see Fig 15 opposite) underlining the challenge the Service faces in terms of ensuring its operations are sufficiently and appropriately staffed in a financially sustainable manner.

PEOPLE MATTER SURVEY

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

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

PERFORMANCE APPRAISALS

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

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

Table 16: People Matter Survey – State Services Authority

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

IMAGE

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

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

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

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

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

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

THE 2009 QUALITY OF CARE REPORT - YOUR REACTION

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

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

How have we reacted to your comments?

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

Did the distribution work?

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

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

How have we changed the distribution?

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

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

THE IMPORTANCE OF COMMUNICATIONS

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

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

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

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

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

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

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

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

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

Tom Noble
noblemedia.com.au

CONTRIBUTION TO THE 2010 REPORT

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

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

We have included stories and articles contributed by consumers.

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

Table 17: Published Media Releases 2009-10

2009	Jan – Jun	134 Entries
2009	Jul – Dec	224 Entries
2010	Jan – Jun	187 Entries

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

CONSUMERS, CARERS & COMMUNITY PARTICIPATION

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

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

02

IMAGE

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

THE COMMUNITIES WE CARE FOR

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

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

DOING IT WITH US NOT FOR US

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

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

WORKSAFE WORKHEALTH CHECKS ENDORSEMENT

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

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

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

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

Our philosophy regarding health promotion is:

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

IMAGE

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

The demand for this service has surpassed initial expectations.

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

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

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

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

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

WorkSafe WorkHealth Checks – a bonus for our health

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

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

An 'eye opener'

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

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

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

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

The risk of an increased waist measurement

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

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

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

Looking out for your mates

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

Making changes to the workplace

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

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

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

CLIENT SELF MANAGEMENT

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

Service Delivery Plans

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

Health Coaching – clients understanding how to manage their condition

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

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

Walk to cure diabetes

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

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

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

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

DEVELOPING PARTNERSHIPS FOR BETTER HEALTH PROMOTION

In 2009, the Wimmera Primary Care Partnership member agencies attended a series of Health Promotion planning events. The member agencies included Wimmera Primary Care Partnership, West Wimmera Health Service, West Vic Division of General Practice, Wimmera Sports Assembly, Rural Northwest Health, Wimmera Health Care Group, Wimmera Volunteers, Hindmarsh Shire Council, West Wimmera Shire Council, Dunmunkle Community Health Service and Edenhope District Memorial Hospital.

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

Our philosophy regarding health promotion is:

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

Over the 2009-2012 period we will become an integrated health promoting, Health Service by:

- Working in partnership with agencies and members of our community.
- Seeking to reduce health inequalities among our community members.
- Enhancing community participation.
- Considering cultural differences within our communities.
- Ensuring that heath promotion interventions focus on the determinants of health.
- Providing evidence based health promotion initiatives to enable our community to take responsibility for their own health.

IMAGES

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

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

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

The Health and Fitness Centre

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

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

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

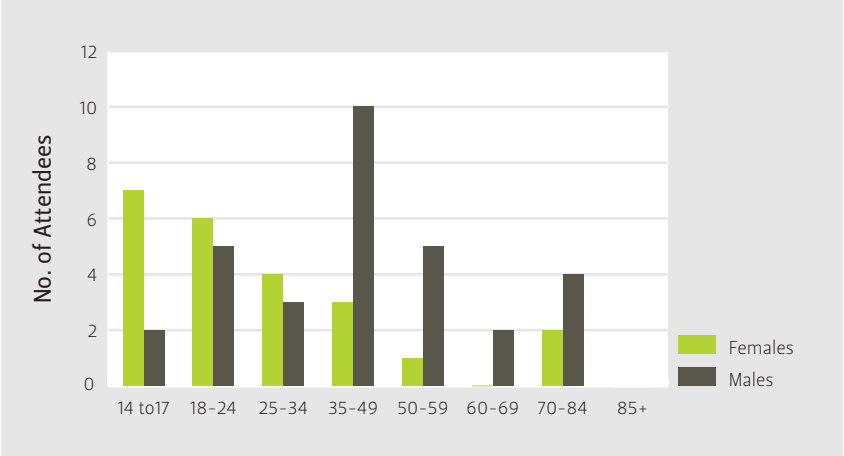
The males who attended the gym tended to be from the 14- 34 year age group while females came from the 35-84 age group.

Fig 16 shows how male attendance appears to decrease with age, whereas female attendance appears consistently throughout the lifespan.

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

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

Fig 16: Age and Gender of Gym Attendees



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

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

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

Set goals

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

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

Act

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

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

Evaluate for improvement

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

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

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

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

DIVERSITY AWARENESS

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

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

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

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

Improving Care for Aboriginal Torres Strait Islander (ICAP)

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

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

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

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

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

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

WWHS TOTALLY SMOKE FREE

All West Wimmera Health Service sites are permanently Smoke Free.

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

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

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

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

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

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

IMAGES

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

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

CARING FOR THE CARERS

A wonderful way to spend a cold winter morning!

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

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

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

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

The value of social networking

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

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

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

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

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

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

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

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

DISABILITY SERVICES

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

A focus on the individual

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

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

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

Staff training

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

Community access and interaction for day clients

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

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

Business Services

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

All Business Units continue to thrive.

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

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

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

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

West Wimmera Health Service Disability Action Plan – our progress

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

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

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

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

A major step forward!

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

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

IMAGE

Nhill Hospital Operating Suite

HOW DO WE ACHIEVE PATIENT SAFETY AND SERVICE QUALITY?

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

The role of the Board of Governance and committees

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

Quality Improvement Committee

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

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

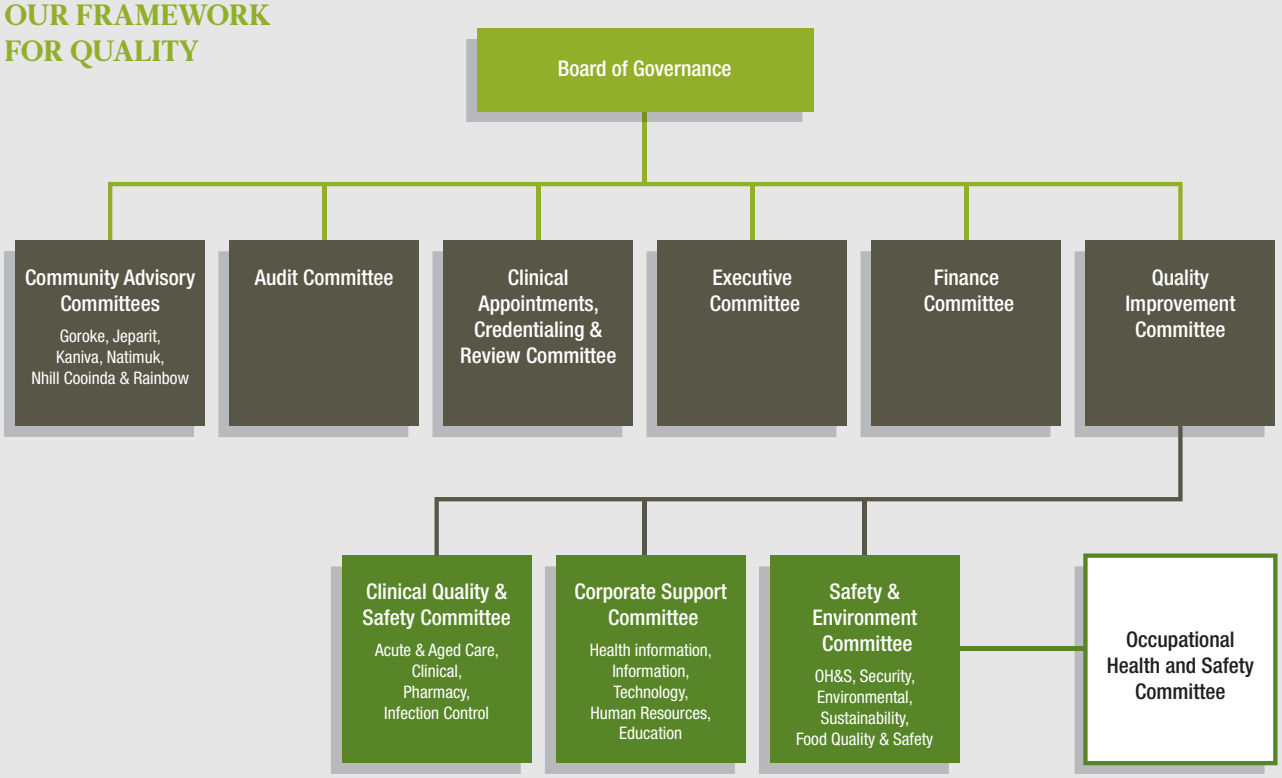
Victorian Clinical Governance Policy Framework

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

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

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

OUR FRAMEWORK FOR QUALITY



Some permanent items are now discussed at every meeting:

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

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

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

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

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

Clinical Quality & Safety Committee

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

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

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

Minimising risk

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

These are:

- Policies and protocols are 'online' and readily accessible, based on 'best practice' guidelines and are referenced to relevant Acts and Regulations.
- Modern and Safe infrastructure – all sites within the Service are modern, comfortable and adequately equipped to meet quality care obligations.
- A comprehensive preventative maintenance program ensures buildings, services and equipment are regularly serviced to remain in optimum working condition.
- Appropriately registered, credentialed and skilled staff perform duties as assigned and participate in on-going education programs.

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

- Incidents and near misses are reported in an environment of 'no blame'. This approach allows actions to be put in place to make sure the situation does not reoccur.
- Informed consent is obtained from patients prior to receiving care.

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

Clinical risk

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

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

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

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

LEARNING FROM THE EXPERIENCES OF OTHERS.

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

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

As a result of information and recommendations received we have:

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

† 2009 National Health & Hospitals Reform Commission Report

THE LIMITED ADVERSE OCCURRENCE SCREENING (LAOS) PROGRAM.

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

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

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

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

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

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

Regular review of key risk areas

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

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

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

Open disclosure – acknowledging whenever an error occurs

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

When a near miss occurs

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

Action and improvement

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

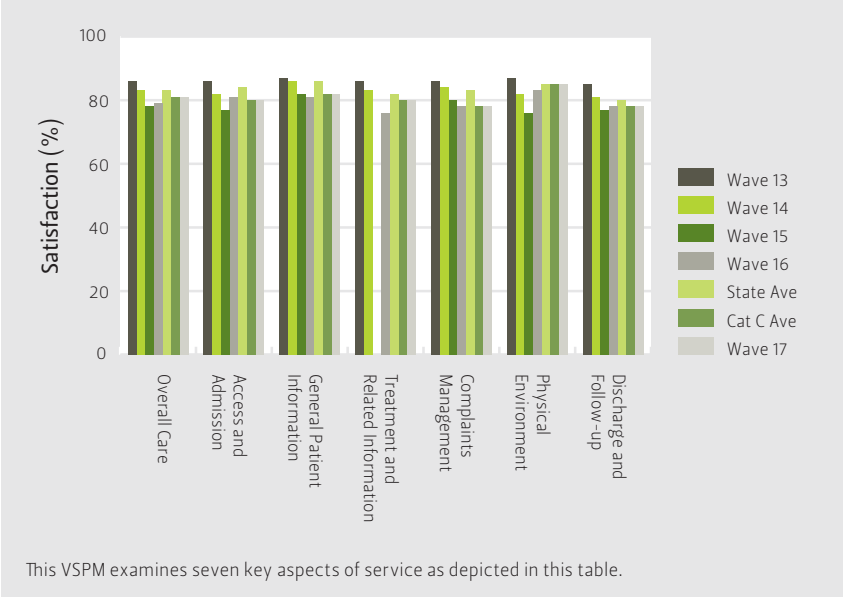
There have been no further delays in treatment following the action taken.

The future

To improve health outcomes it is important we :

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

Fig 17: Victorian Patient Satisfaction Monitor (VPSM)



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

CONSUMER FEEDBACK ENLIGHTENS OUR FUTURE PLANNING

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

The Victorian Patient Satisfaction Monitor (VPSM) serves that purpose. We receive the results of the ongoing survey every six months (called a Wave). Not only has this Service vastly improved across all seven areas but has also exceeded the results of like sized hospitals across the State. See Fig 17.

The priority areas for us to improve include:

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

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

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

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

SKILLED AND QUALIFIED STAFF

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

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

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

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

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

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

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

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

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

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

IMAGE

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

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

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

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

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

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

The future

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

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

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

We will:

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

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

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

Opening the door to our great organisation

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

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

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

An education must

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

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

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

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

Investment in our knowledge future

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

Improved attendance at education forums

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

Smarter, more flexible learning options

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

Table 18: Five Year Trend of Compliance with Mandatory Education

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

Fig 18: Education Forum Attendance – 2 Year Comparison

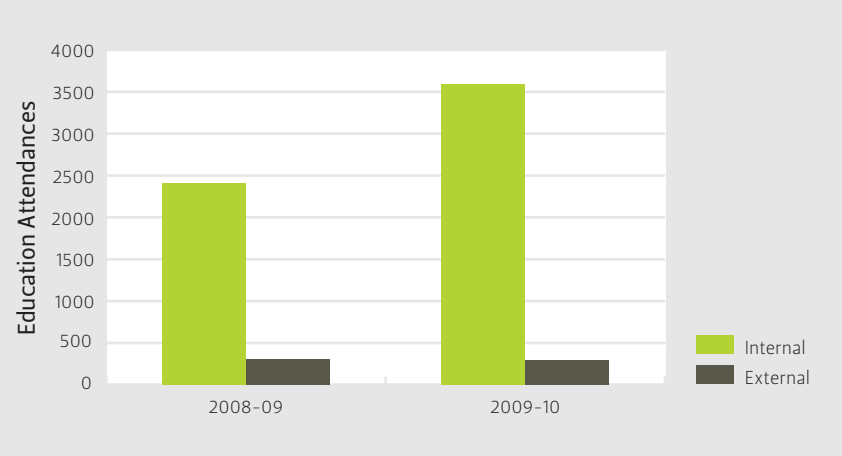
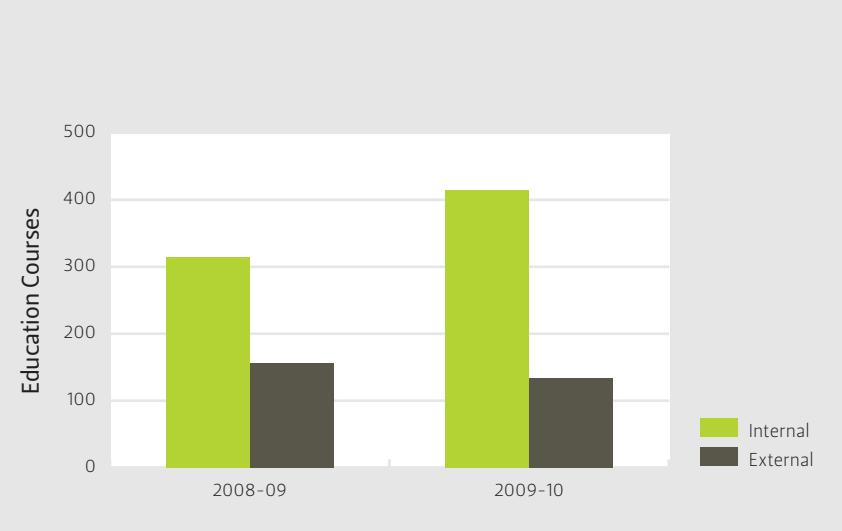


Fig 19: Education Courses Attendance – 2 Year Comparison



Training our younger generation

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

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

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

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

Come to us for a great rural experience

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

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

Education, the lifeblood of our Service

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

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

PRO-ACTIVE MANAGEMENT OF A RISK ENVIRONMENT

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

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

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

Objectives

Our core objectives are:

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

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

Managing risk

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

Identifying risk

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

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

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

OCCUPATIONAL HEALTH AND SAFETY

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

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

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

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

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

Managing OHS

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

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

Regional benchmark indicators with eight organisations. West Wimmera Health Service is organisation 112 in Fig 20.

Fig 20: Grampians Regional OHS Data July-Dec 2009

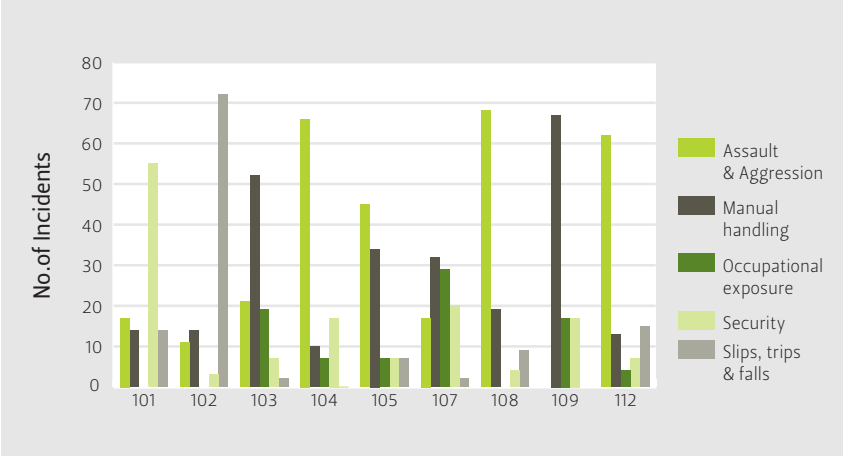
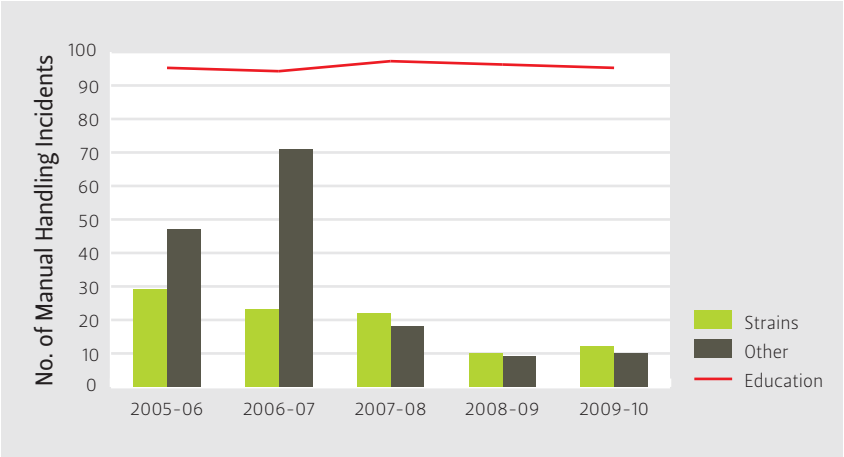


Fig 21: WWHS Manual Handling Incidents – 5 Year Comparison



Manual Handling

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

We have an excellent track record in preventing manual handling incidents. Evidence of this is our 59% reduction in muscle strains in the last five years as depicted inFig 21, with other types of manual handling incidents reducing by 79% in the last four years.

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

Equipment for safety

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

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

IMAGE

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

Returning to work safely

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

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

With assistance employees can return to work and undertake meaningful duties on an individual program suited to their recuperation and rehabilitation status. WWHS is 112 in Fig 22.

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

Further testament to our to safety.

Security - another cornerstone of safety

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

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

Fig 22: Manual Handling Incidents as a Percentage of Total OHS Incidents – A Regional Comparison

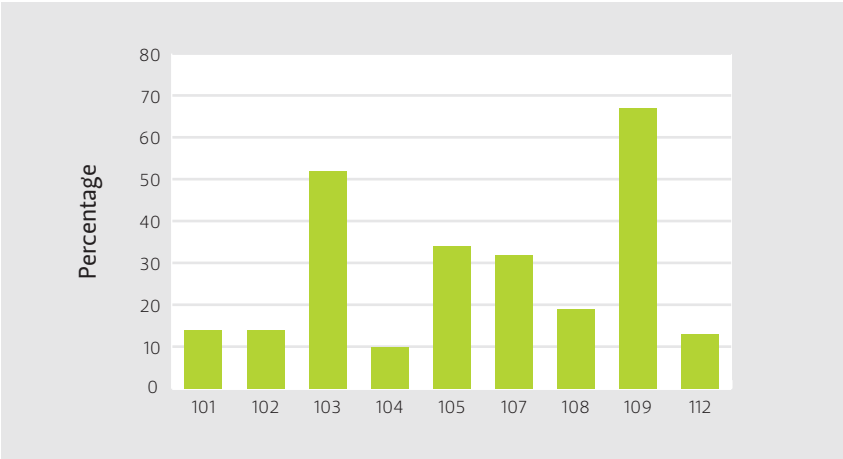
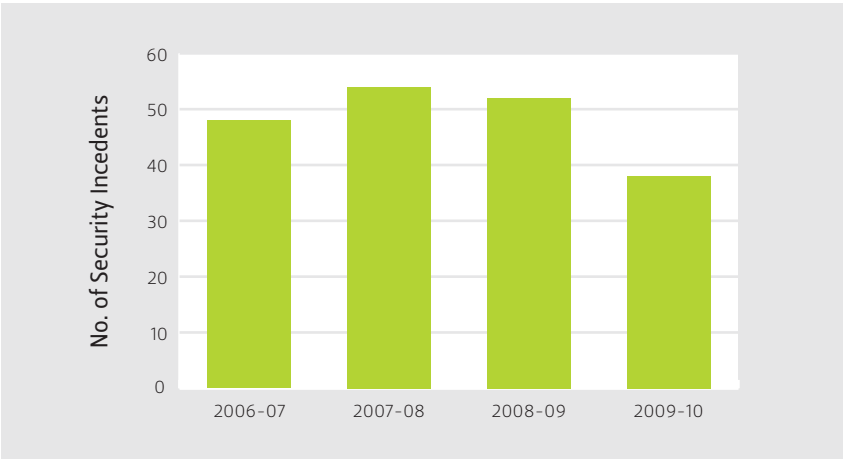


Fig 23: Security Incidents – 4 Year Comparison



Examples of security incidents were:

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

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

Serious assault

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

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

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

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

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

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

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

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

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

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

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

What did the auditors think?

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

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

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

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

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

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

COMPLIMENTS AND COMPLAINTS

Valuable advice

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

114 compliments were received praising staff for their exceptional effort.

Some of the highlights from compliments received were...

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

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

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

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

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

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

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

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

Table 19: Complaints

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

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

IMAGES

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

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

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

INFECTION CONTROL TO PROTECT PATIENTS, RESIDENTS & VISITORS

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

How do we achieve this goal?

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

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

Fighting the spread of infection – Clinical Waste

Clinical Waste is derived from medical activities.

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

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

Fig 24 demonstrates the amount of clinical waste, in kilograms, against the number of occupied bed days.

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

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

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

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

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

IMAGE

Julie Bloomfield – Instrument technician labelling sterilised instrument packs

Fig 24: WWHS Clinical Waste 2007–2010

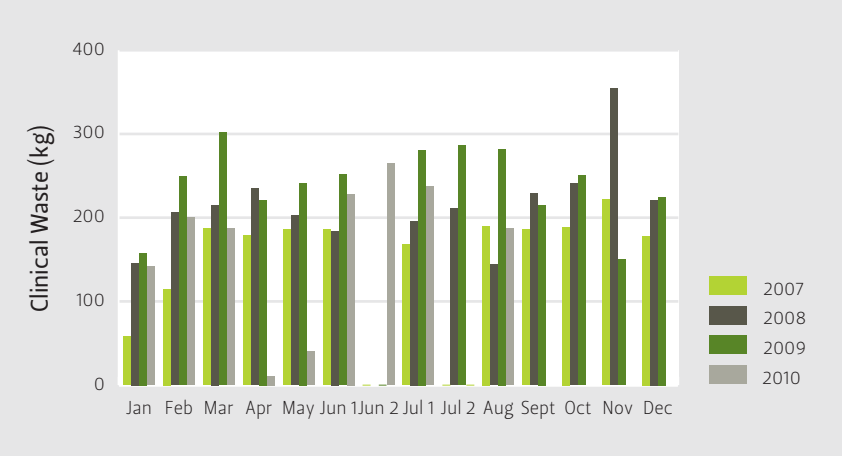
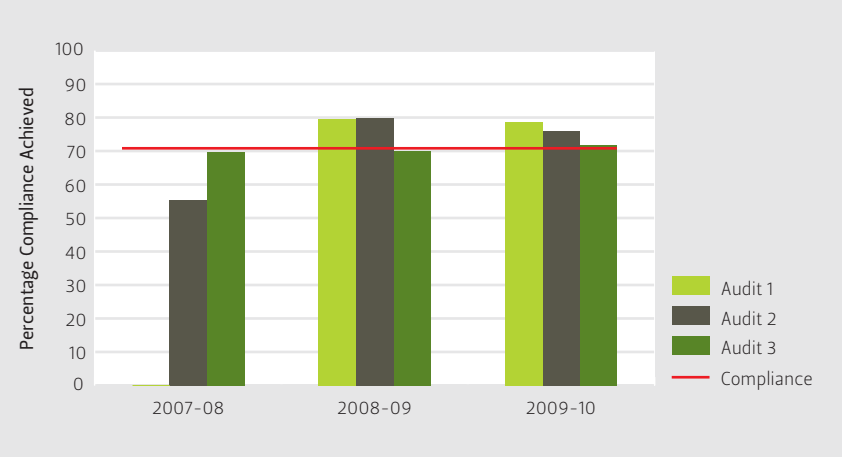


Fig 25: Hand Hygiene Compliance Audit – 3 Year Comparison



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

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

Hand Hygiene

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

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

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

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

In 2009-10 the ongoing auditing program has revealed compliance on a State-wide basis of 71%.

As Fig 25 illustrates, the Service has maintained high standards of audited staff hand washing. Importantly we have met and exceeded the target set by the Department of Health.

Gastroenteritis

Our communities have experienced disturbing ongoing episodes of Gastroenteritis.

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

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

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

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

Staff health

To protect our staff from contracting illnesses which can be prevented by vaccination such as Influenza and Hepatitis B we ensure that vaccinations are readily available to them and free of cost. See Fig 26.

Influenza vaccination uptake

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

Fig 26: Staff Immunisation and Testing Rates for Hep B

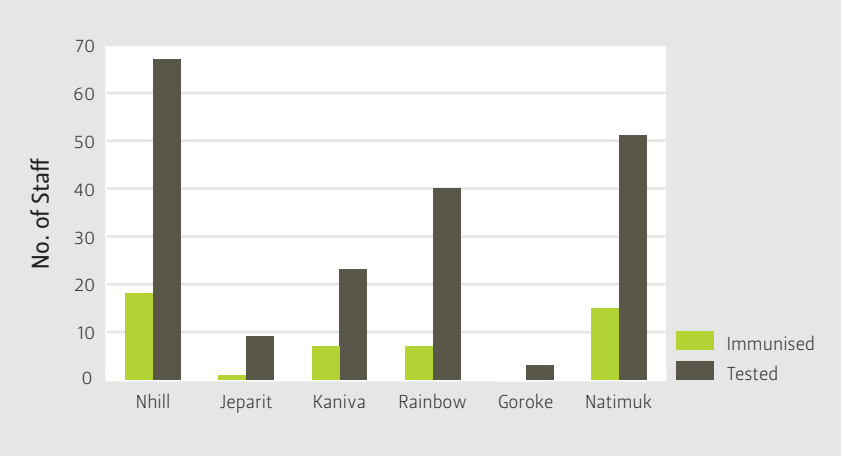
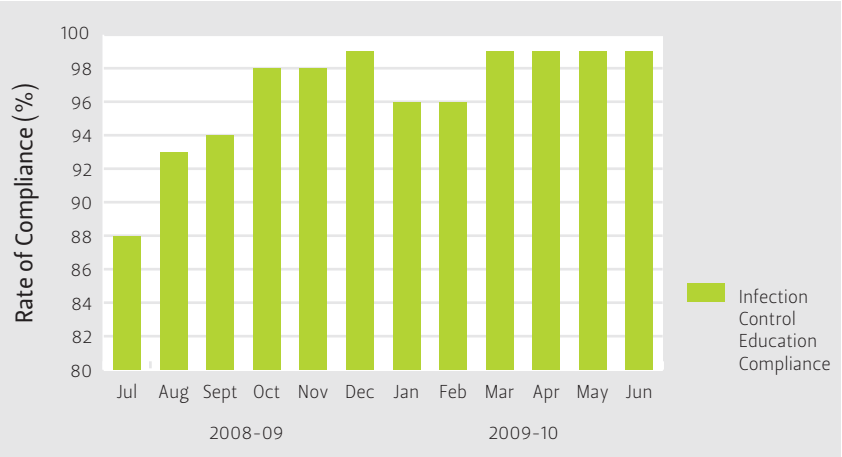


Fig 27: Infection Control Staff Education Compliance



Occupational exposures

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

Four needle stick injuries occurred in 2009-10 the same as for 2008-09.

Staff received counselling and safe work practices were reinforced.

Staff education compliance

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

Fig 27 identifies that 97% of staff have completed infection control training. A definite improvement from 36% in 2004-05.

Preventing infections from surgery

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

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

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

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

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

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

Aged Care

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

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

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

IMAGE

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

IMAGE

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

ENVIRONMENTAL CLEANLINESS AND FOOD SAFETY

Our facilities look clean, but are they?

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

Why do we complete cleaning inspections?

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

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

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

How do we maintain a clean environment?

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

The mandatory monitoring of environmental cleanliness has risen dramatically.

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

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

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

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

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

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

Grades of Cleaning Risk

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

Other areas classified are Emergency areas – High Risk, General ward areas – Moderate Risk, see Fig 28.

How did the service rate against other regional hospitals?

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

Fig 29 illustrates how our Service has exceeded the average scores for the Grampians Region – a brilliant result considering that we have also exceeded the state minimum requirement as well!

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

Fig 28: Independent Audit of Cleaning Standards for Acute Services

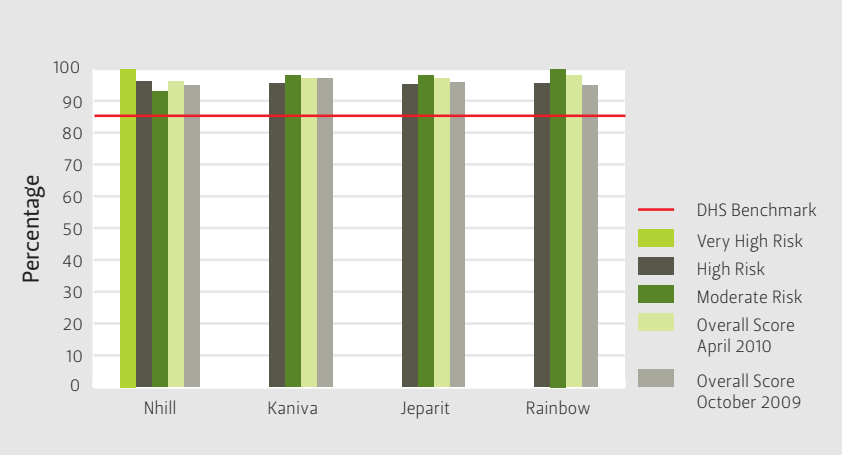
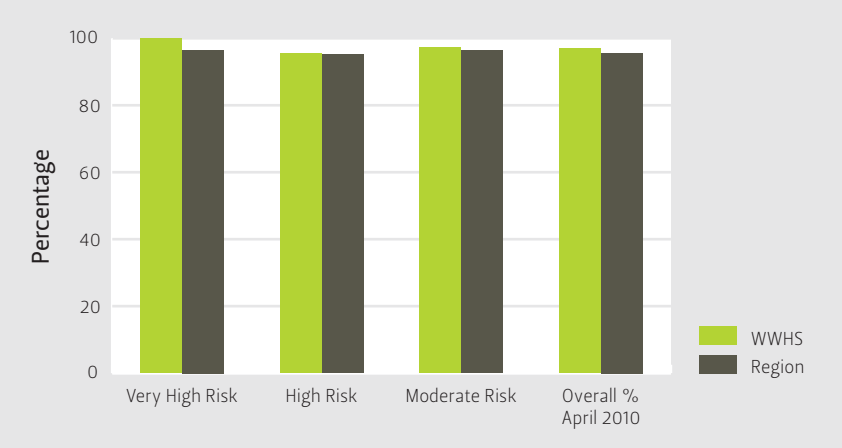


Fig 29: Independent Audit of Cleaning Standards



FOOD SAFETY & HOSPITALITY

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

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

Are catering staff trained?

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

Results of the evaluation reveal a very high level of compliance as shown in Fig 30.

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

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

How do we know we have achieved Food Safety Standards?

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

A key technique in keeping food safe for human consumption is to ensure it is stored and served at the correct temperature. Temperature of food storage areas are monitored several times a day. Fig 31 illustrates how we perform.

IMAGE

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

Fig 30: Food Handling Education Compliance

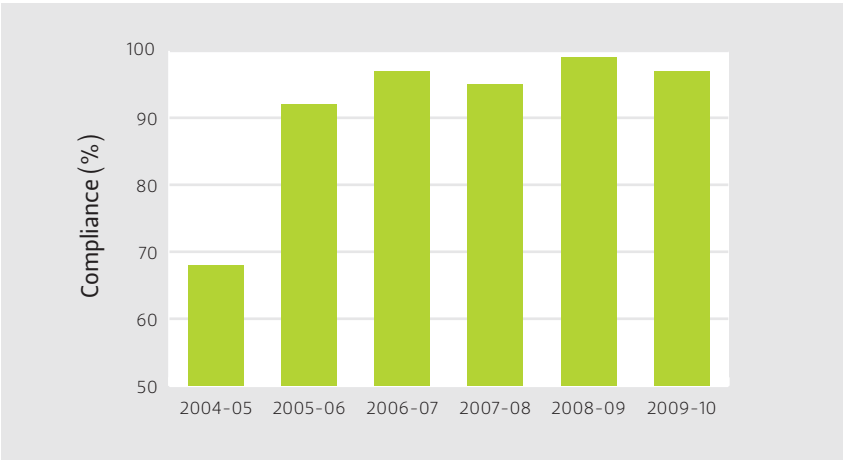
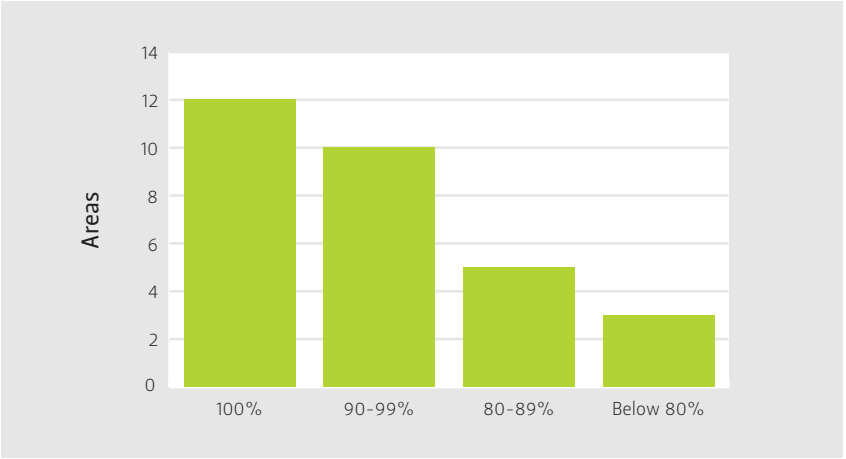


Fig 31: Recording Temperatures in Food Storage Units



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

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

Infection control is key to providing a safe environment for patients and staff and our efforts to improve these standards into 2010-11 will continue to focus on staff health, particularly in the area of immunisation, waste management, and monitoring food safety compliance.

MONITORING AND PREVENTION OF FALLS

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

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

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

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

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

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

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

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

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

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

Fig 32: Number of Falls – 4 Year Comparison

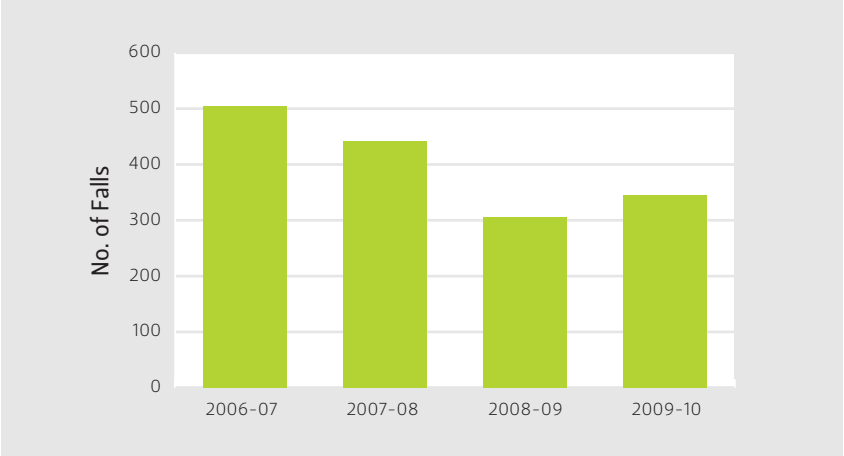
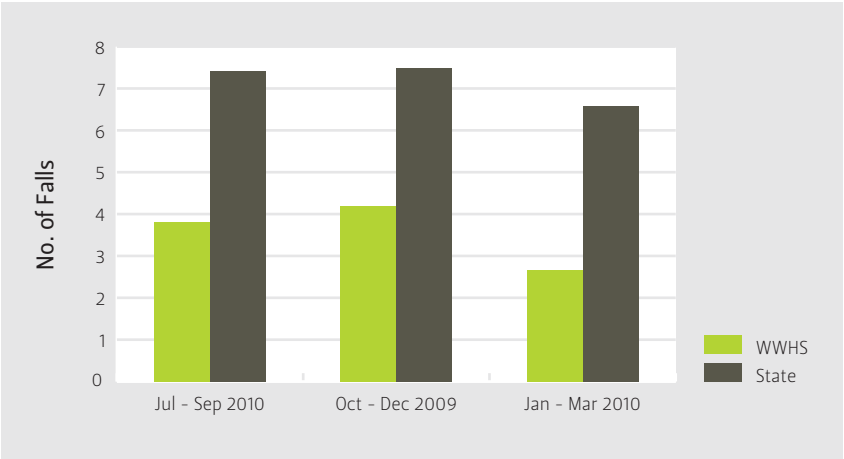


Fig 33: Rate of Falls in WWHS Compared to State Average



Falls occur predominantly within our aged care services and in comparison with aged care facilities across Victoria it is clear as Fig 32 indicates the rate of falls within our Service is 50% less than that of the rest of the state.

However medications administered to aged residents remain an area of concern as revealed in Fig 35. A pharmacist reviewed the medications administered and is working with Nurses and Doctors to establish an appropriate medication regimen thus ensuring the benefits derived from the medication are optimum.

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

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

PRESSURE ULCER MANAGEMENT

What is a pressure ulcer?

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

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

Other factors to increase the risk include:

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

Prevention is better than a cure

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

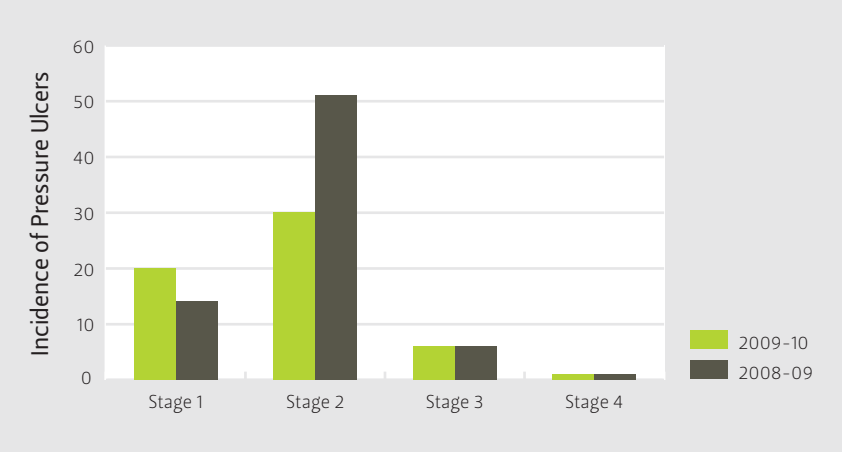
Our multi-disciplinary team includes:

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

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

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

Fig 34: Incidence of Pressure Ulcers – 2 Year Comparison



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

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

What do we do if a pressure ulcer develops?

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

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

The results, a two year comparison of the incidence of pressure ulcers can be seen in Fig 34.

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

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

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

We will reduce these occurrences even more.

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

Our philosophy is to provide integrated care designed specifically for the individual called 'patient centred care'. Patients and residents are fully involved in establishing that care and it is our responsibility to deliver that care safely.

Safe management of medications, an increasingly complex issue is one of the dimensions of quality so important in achieving optimum health or recovery for our patients and residents.

IMAGE

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

MANAGING MEDICATION ADMINISTRATION EFFECTIVELY

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

Medication errors

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

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

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

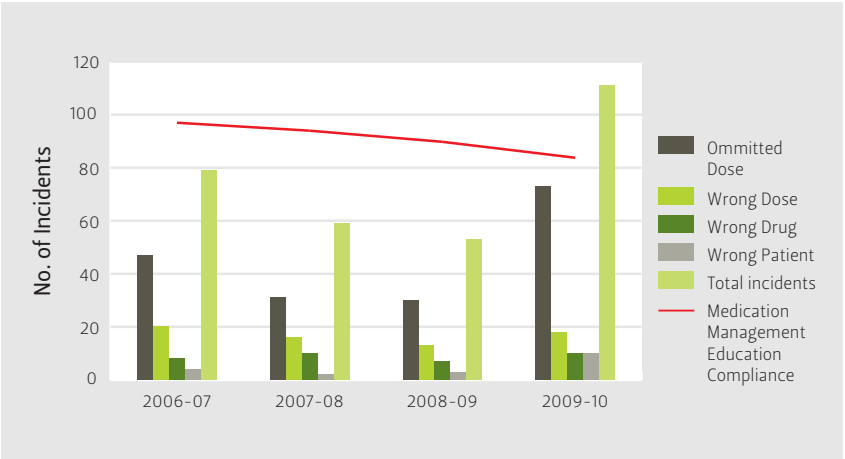
Clinical managers at monthly staff meetings discuss the ramifications of the Incident Data and how such incidents may be prevented from occurring. Senior managers mentor staff who have been identified as being associated with repeated medication errors.

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

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

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

Fig 35: Medication Errors – 4 Year Comparison



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

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

No medication related sentinel † events have occurred in our Service for the last eight years

Ongoing education

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

Monitoring patients who are prescribed multiple medications

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

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

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

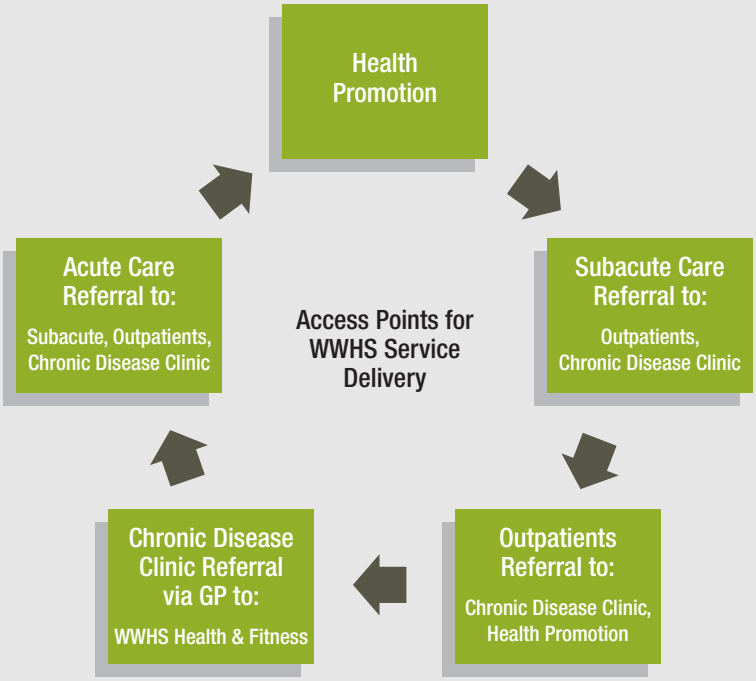
Monitoring the administration of medication safely continues to remain a key indicator of our quality of care.

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

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

What does providing care mean?

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



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

A JOURNEY THROUGH WEST WIMMERA HEALTH SERVICE

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

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

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

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

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

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

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

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

Health and wellbeing – a way of life

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

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

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

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

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

IMAGE

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

DIABETES EDUCATION

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

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

Two of the main objectives in diabetes care are for:

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

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

Positive improvement – without cost

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

VULNERABLE CHILDREN AND FAMILIES

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

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

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

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

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

Early intervention for kindergarten children

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

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

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

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

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

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

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

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

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

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

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

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

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

REFERRAL TO ALLIED HEALTH PROFESSIONALS

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

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

The result

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

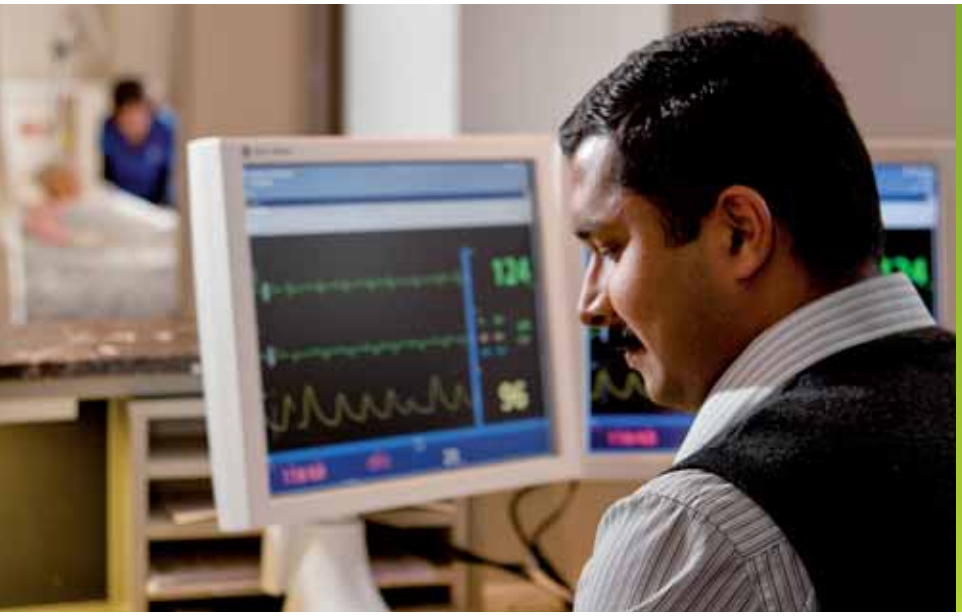
We will review this result and put mechanisms in place in an effort to improve the delay time.

IMAGES

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

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

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



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

TECHNOLOGY AND CONTINUITY OF CARE

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

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

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

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

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

TO THE FUTURE

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

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

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

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

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

IMAGE

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

GLOSSARY OF TERMS

ACHS
Australian Council on Healthcare Standards.

Accreditation
Examination by a recognised organisation to assess continual improvement.

Benchmark
A standard against which something is evaluated or measured.

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

CACs
Community Advisory Committees.

CACPs
A planned and managed package of community care.

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

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

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

Clinical Governance
Governance to maintain & improve clinical safety.

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

DH
The Department of Health, Victoria.

DVT
Deep Vein Thrombosis.

EQuIP
Evaluation Quality Improvement Program.

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

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

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

GRHA
Grampians Regional Health Alliance.

Gym
Gymnasium &
WWHS Health & Fitness Centre.

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

ICAP
Improving Care for Aboriginal & Torres Strait Islanders Patients.

ICT
Information & Communication Technology.

Inpatient
A person who is admitted to an acute bed.

Internal Audit
Audit or inspection by employees of WWHS .

LAOS
Limited Adverse Screening.

Medical Record
Compilation of patient medical treatment and history.

Multi-disciplinary
More than one discipline of health professionals.

OHS
Occupational Health & Safety .

Outcome
The result of a service provided.

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

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

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

Discharge
Care is completed and patient leaves the organisation.

The Board
The Board of Governance.

The Department
The Department of Health, Victoria.

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

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

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

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

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

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tell us... **what you think**

Please circle the answer which most closely reflects your opinion.

Q1 Are you a:

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

Q2 What did you think about the Report? (please circle a number)

Poor < 1 2 3 4 5 6 7 8 9 10 > Excellent

Q3 What did you like about the Report? .....

.....

Q4 How can we improve the Report? .....

.....

Q5 Are there any other topics which you would like to see in next year's Annual Report?

.....

.....

Thank you for your time in completing this questionnaire. You can return it at any of our facilities.

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

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

☐ Becoming a Volunteer

☐ Joining an Auxiliary

☐ Giving financial support through a bequest or donation

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

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

Name .....

Address .....

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

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

CUT ALONG THE DOTTED LINE

Quality of Care Report to the Community
Reader Survey

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

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

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

Q1. Does this Report clearly explain West Wimmera Health Service and the services it delivers?

.....

Q2. How did it help your understanding or what could we improve to help your knowledge of our Health Service? .....

.....

Q3. Do you feel you know more about the QUALITY of our programs and services from reading this Report? .....

.....

Q4. Were there any other topics you feel should be included in the Quality of Care Report next year?

.....

Q5. Are there other services or programs you believe should be delivered by West Wimmera Health Service? .....

.....

Q6. Have you seen or read a copy of this Report before? **Yes/ No**

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

.....

Q7. Do you have any other comments about the Report you have just read?

.....

.....

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

John N. Smith PSM
Chief Executive Officer

WWHS

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CUT ALONG THE DOTTED LINE

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SPONSORS

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

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'Tattersall's are proud to support the initiative of West Wimmera Health Service and their commitment to regional Victoria.'

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