



Wimmera
Health Care
Group



"We hear you"

Quality Account
2015 - 2016

About Us

Wimmera Health Care Group is based in the Wimmera sub-region of the Grampians (Gerikard), 310 km west of Melbourne and close to the Grampians National Park.

The Wimmera Health Service was established in 1874 as the Horsham Hospital and was incorporated by the authority of the Hospitals and Charities Act (No. 5300) on 27th August 1877.

In 1950 the name was changed

to Wimmera Base Hospital and, following a formal amalgamation with Dimboola District Hospital on 1st November 1995, became officially known as Wimmera Health Care Group.

With an operating budget of approximately \$81 million, Wimmera Health Care Group is the major specialist referral centre for the Wimmera and Southern-Mallee region of Victoria. Our campuses in Horsham and Dimboola serve an

area of 61,000 square kilometres and a population of approximately 54,000.

We employ over 800 staff who provide a range of acute, sub-acute, residential aged care, allied health and primary care services to our community.

This year we treated more than 11,000 acute inpatients.

OUR VISION

To be a leader in continuously improving healthcare and wellbeing with our community

OUR VALUES

We believe that together, we are accountable for delivering high quality care

OUR CORE OPERATIONAL RESPONSIBILITIES

- Safety and Quality
- Financial Sustainability
- Engaged Community
- High Performing Workforce
- Contemporary Infrastructure

OUR TRADEMARK CULTURE AND BEHAVIOUR

- United and Cohesive
- Open, Honest, Trusting
- Respectful, Caring Supportive
- Accountable and Effective

Terminology

Acute Care Services

Short-term medical treatment, usually in a hospital, for patients with a serious illness or injury or recovering from surgery.

Aged Care Services

Services provided in a special purpose facility or in the community.

Allied Health Services

Services which aim to improve functionality and quality of life, such as Occupational Therapy, Speech Pathology, Physiotherapy, Social Work, Dietetics and Occupational Therapy.

Sub-Acute Care Services

Extended care in hospital or at home, for patients who require support or rehabilitation after illness or injury.

Primary Care Services

Help provided to people in the community and in their own home.

Client

Person accessing primary care services in the community.

Consumers

Consumers are people in our community who have used our services or may use them in the future. Consumers may be an aged-care resident, patient, client, carer or a person living in the community. Consumers can also be community members who have volunteered to work with us.

Patient

Person receiving acute care services.

Resident

A person who lives in a residential aged care facility on a permanent or temporary basis.

Contents

About us	<i>Inside Cover</i>	Pulmonary (Lung) Rehabilitation Group	18
Terminology	<i>Inside Cover</i>	Twin Birth Experience	19
Welcome	1	Building Our Future	20
Snapshot of The Year	2-3	Accreditation	21
Our Greatest Asset	4	Improving Care for Aboriginal Patients	22
Awards	5	When things don't go to plan	23
Consumer Participation	6	Treating Strokes Quickly	24
Working together for better health	7	Carers Irish Christmas	25
You said – We did	8	Infection Control	26
Feedback	9	Safe and Appropriate Use of Blood Products	27
Maternity Reporting	10	Medication Safety	28
Leaving Hospital	11	Preventing Falls and Harm from Falls	29
Every staff member makes a difference	12	Preventing and Managing Pressure Injuries	30
Aged Care	13	Quality and Safety in Aged Care	31-32
Celebrating Aged Care Day	14	Our Team	33-35
Advance Care Planning	15	Some of our compliments	<i>Back Cover</i>
Community Health- Children's Wellbeing	16	Feedback-Pull Out Survey	
Getting Independent Again - Wyuna Sub-acute Unit	17		

Welcome



On behalf of the Board of Management, all our staff and volunteers, we are pleased to present the Wimmera Health Care Group 2015-16 Quality Account, previously known as the Quality of Care Report. The Quality Account is produced each year in line with guidelines set by the Department of Health and Human Services.

This Account gives Wimmera Health Care Group a chance to reach as many people in our community to let them know what we have done to improve our services.

Our team of dedicated staff are passionate about the care and services they provide. It's through this commitment that we place the consumer at the centre of everything we do.

The health and wellbeing of people in our community is important to us and that's why we are constantly working towards providing the best care and services. One way we do this is by listening to what consumers have to say. That is why the theme of this year's Quality Account is 'we hear you'.

This Account is available on the Wimmera Health Care Group website. Printed copies will also be available at reception areas at our Horsham and Dimboola campuses and other local health services and community groups.

Because this document is for consumers, we want to know what you think of this year's Quality Account. You can help us by filling out the survey which is at the back of the document. Feedback will

help us improve on next years Quality Account.

We would like thank everyone who shared their stories and the staff that contributed. We hope you enjoy reading the Quality Account.

Angela Murphy
Board Chair

Chris Scott
Chief Executive

Snapshot of the Year

JULY 2015

Wimmera Health Care Group was very pleased to announce the appointment of two new Board of Management members. The new members were Linda Kwok and Merryn Eagle.

National Tree Day was celebrated with a special 'Great Green Lunch' for all staff at both the Horsham and Dimboola campuses.



AUGUST 2015

A fundraising telethon raised \$126,322.60 for Rachael's Wish and the new Wimmera Cancer Centre. The telethon was hosted by MIXXFM and received a huge amount of support from the community.

Wimmera Health Care Group's Wimmera Nursing Home received a \$450,000 grant from the State Government for refurbishment. The refurbishment will occur over seven stages and will update the facility to a modern environment with a majority of single ensuited rooms.



SEPTEMBER 2015

Wimmera Health Care Group passed an annual external cleaning audit with flying colours. The external audit was completed by Infection Prevention Australia and aligns to targets set for hospitals by the Department of Health and Human Services.

OCTOBER 2015

Wimmera Health Care Group joined more than 200 organisations across 60 countries in a joint effort to promote World Thrombosis Day. World Thrombosis Day aims to reduce deaths and disabilities from thromboembolic disease by increasing awareness of thrombosis. Thrombosis is a blood clot in an artery or vein and can cause a heart attack, stroke or venous thromboembolism (VTE).

Dimboola Hospital had two acute beds reopened. The two beds were previously used for residential aged care to meet an increase in demand. The flexibility in bed use at Dimboola is very positive for the community.

Wimmera Health Care Group's Community Options celebrated National Carer's Week with a lunch and a treasure hunt at May Park. There was a great turnout and everybody was thoroughly entertained by Jamie and Kim's mobile Zoo.



NOVEMBER 2015

Staff, residents and their families at Kurrajong Lodge worked to gather a large range of stock and produce to sell at a fundraising fete. All funds raised went towards purchasing outdoor dining equipment for residents.

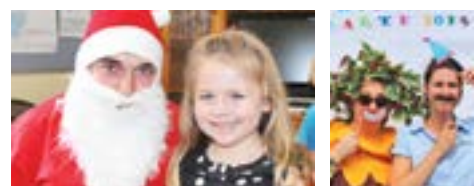
The Ballarat Regional Integrated Cancer Centre commenced a fortnightly oncology outreach service in Horsham. The service collaboration between Wimmera Health Care Group (WHCG) and Ballarat Health Services enables more patients to access the cancer services at WHCG.



DECEMBER 2015

The Speech Pathology department had a visit from Santa for all the children who had attended that year. Santa's visit was very exciting for the children.

Our staff also had fun at the Christmas party with a 'pop up' photo booth being very popular.



**JANUARY
2016**

As part of the WHCG Reward and Recognition Program, 'Thank You' cards were launched. These cards are to acknowledge a staff member for doing something 'special' that they have performed at work.



**FEBRUARY
2016**

A new car park at Wimmera Health Care Group's Horsham campus opened to reduce the pressure on parking spaces for patients and visitors at the main entrance. The car park is at the rear of the hospital site, entering off Arnott Street.

**MARCH
2016**

WHCG staff participated in the Regional Best Practice and Innovation Forum held in Warracknabeal. A number of health services participated to share their knowledge, new ideas and results of projects.



**APRIL
2016**

Wimmera Health Care Group raised awareness of falls prevention with 'April Falls Day' on Friday, April 1. The health promotion event highlighted ways to prevent falls in the community, hospital and residential aged care. Staff hosted a workshop for the community and a display board was set up with information.



Wimmera Health Care Group became one of 16 Victorian Hospitals taking part in a program to increase the response time and treatment of strokes. The Victorian Stroke Telemedicine Program (VST) makes it possible for hospitals to immediately connect with metropolitan neurologists via telemedicine and obtain specialist advice on their patients presenting with a stroke.



**MAY
2016**

The VCE Business Management class at St Brigid's college were entrepreneurs for a day running two businesses and donated all of their profits to the Wimmera Cancer Centre.



The Hon Jill Hennessy Minister for Health visited the Health Care Group on 13 May to announce the State Government contribution of \$1M to the Wimmera Cancer Centre Project.

**JUNE
2016**

Wimmera Health Care Group celebrated 'Heart Week' with the Cardiac Rehabilitation Group enjoying an afternoon tea and education provided by the dietitian. The event was well attended by clients and staff from the hospital.





Dimboola Staff Service Awards Presentation

Fast Fact:
Total of 1060 years of service

Our Greatest Asset

Staff Service Awards

Fifty-three staff received awards in recognition of their years of service to Wimmera Health Care Group. Congratulations on this achievement.



Horsham Staff Service Awards Presentation

TEN YEARS OF SERVICE

- Amanda Withers
- Angela Carter
- Melanie Hahne
- Nigel Matthews
- Vassiliki Yann - Mintern
- Lisa Polycarpou
- Sally Motton
- Dennis Kelm
- Maria Vettos
- Rebecca Hawker
- Catherine Ryan
- Darryl Schwarz
- Dorothy Cowden
- Marijke Uebergang
- Kenneth May
- Sharyn Cook
- Roslyn Peters
- Nadine Hoffmann
- Melanie Wade
- Michael Kress
- Anne Kress

TWENTY YEARS OF SERVICE

- Suzanne Barber
- Jennifer Caddy
- Lianne Geue
- Leanne Pearson
- Elizabeth Hood
- Graeme Sonntag
- Graeme Exell
- Janice Spencer

TWENTY-FIVE YEARS OF SERVICE

- Jennifer Templeton
- Peter Crammond
- Carolyn Hill
- David Fogarty
- Darren Barnett
- Susan O'Donnell
- Kerrie Burke
- Helen Burns
- Elizabeth King
- John Richards
- Marguerite Ward
- Leonard Marsh

THIRTY YEARS OF SERVICE

- Judith Wood
- Debbie Gill
- Leonie Hoskins
- Margaret McDonald
- Bruce Rentsch
- David Tonissen
- Megan Stevenson

THIRTY-FIVE YEARS OF SERVICE

- Bruce Greig
- Graham Potter
- Judith Hutchinson
- Helen Hartigan

FORTY YEARS OF SERVICE

- Wendy Sleep

Awards

Wimmera Health Care Group's Communications Manager Amelia Crafter won the 2015 Award for Service Delivery at the Victorian Multicultural Commission's Awards for Excellence.

Amelia was selected for her work promoting health within the local migrant and multicultural community.

Some of that work includes running migrant maternity tours for migrant women, children's tours and chairing the Community Diversity Committee.

Wimmera Health Care Group won the 2015 Victorian Healthcare Association Award for our innovative approach to care in October 2015.

The Wound Improvement Program recognised the great work by the team in preventing patients and residents from developing pressure injuries.

The program has changed the way patients are assessed, checked and cared for on admission and during their stay at the health service. As a result, the number of pressure injuries has dropped by more than 92%; reducing the amount of discomfort experienced by patients and residents in our aged care homes.



Amelia Crafter accepts her award from Helen Kapalos, Chair of the Victorian Multicultural Commission.



Chief Executive Chris Scott, Marita Ticchi (Wound Specialist) and Don McRae - Director of Clinical Services

The introduction of an education program on risk management and early detection of pressure injuries for staff across all areas, the appointment of a specialist wound clinical nurse and the allocation of 'Wound Champions' across the health service have been keys to the program's success.

Wimmera Health Care Group received a Certificate of Excellence from the Department of Health and Human Services for efforts vaccinating staff against influenza (flu) in 2015.



Chief Executive Chris Scott and Infection Control Officer Jan Spencer

Consumer Participation

What you say helps us improve what we do

What does it mean?

Consumer participation refers to a wide range of activities where consumers are involved in the planning, delivery and evaluation of health care and services. This partnership applies to every aspect of our operations so that consumers are active partners in how we carry out our business. It's about getting consumers to work with us, making sure their views are listened to and valued.

Consumers are people in our community who have used our services or may use them in the future.

Why do we want to engage with consumers?

At Wimmera Health Care Group we want to:

- Take into account your input
- Address your needs
- Improve your experience when using our health services

- Assist you in reaching the best health result.

How did we make a plan?

We have made a plan to assist Wimmera Health Care Group to partner with consumers of our health service. The plan started with a list of ideas based on the things we have to follow in the National Standards; what other health services were doing and having a talk with staff from other hospitals who had plans already in place.

We then listed all these ideas in a survey which asked consumers how important these ideas were to them.

How did our community help?

We wanted to reach as many people in our community that we could and invite them to fill in the survey. Our aim was to understand the importance consumers place on the ideas we had proposed for partnering with consumers. This involved three key steps:

- Meeting with consumer groups to explain the plan.
- Inviting people to complete the survey.
- Meeting with health service groups.

More than 260 community members filled in the survey. We would like to thank everyone in our community who helped us in this process.

Next Steps

We will look at what things people said were most important to them and make a list of these. The ideas that were rated as most important will be put into action first. We will keep the community informed through updates on our website.

Consumer's Voice

The Community Advisory Committee meet every two months. The committee is made up of Board Members, Executive Staff, Quality Managers and a large number of community members being the 'consumer voice'.

The consumer members partner with us to help look at what we are currently doing and advise us on ways we can improve care and services. Given that consumers are in the best position to tell us what consumers expect and need, this group is vital so that all patients, residents and clients have positive experiences while in our care.

To ensure consumers on this committee feel supported in their role, at the end of every meeting we have a guest speaker who talks about a service we provide or a topic relating to care. We want our consumers to know as much as they can about us and what we do so they can be included in decisions regarding their health care.

Community Advisory Committee



Some members of the Community Advisory Group Committee: Judy Ellis, Leanne Seipolt, Bernadette O'Shannessy, Katrina Perroud, David Bowe, Max Cuddihy, Marie Aitken and Gillian Vanderwaal

Working together for better health

Wimmera Southern Mallee Health Alliance (WSMHA)

The Wimmera Southern Mallee Health Alliance (the Alliance) was formed in 2010 and the current partner agencies are Rural Northwest Health (RNH), Edenhope & District Memorial Hospital (EDMH), West Wimmera Health Service (WWHS) and Wimmera Health Care Group (WHCG). This group of four health services work together in the spirit of participation, collaboration and partnership to achieve the best health outcomes for the communities they serve. A strong focus of the work of the Alliance has been on service improvements through the increased use of telehealth.

Projects being undertaken include:

Video Conferencing (VC) Patient Bed Flow Meetings:

Patient Bed Flow meetings have assisted more patients to return to their local health services for care. The patients are happier to be cared for closer to their friends and family.

Cardiac Rehab Telehealth Model of Care:

This is now an established model of care for the sub-region. The program improves the Cardiac rehabilitation options and uptake

of rehabilitation for Wimmera and Southern Mallee cardiac patients. Staff across the Alliance work together to deliver a satellite Cardiac Rehabilitation Program. We will now look at expanding the model to include Edenhope and District Memorial Hospital.

Telehealth: Oncology Nurse Practitioner – Ballarat Oncology:

Wimmera oncology patients have been able to access oncology consultations via Telehealth in 2016 for some review appointments with Professor George Kannourakis.

Telehealth: Wimmera Cancer Care Coordination

The Wimmera Cancer Care Coordination meeting room is a place where surrounding health services can 'link in' to receive expert advice. This means that any Cancer Resource Nurse can access Carmel O'Kane's (WHCG Oncology Nurse Practitioner) expertise when needed to link a patient or to have a consultation.

Nurse Unit Manager (NUMS) Network:

The NUMs network commenced in 2013 and continue to meet on a regular basis.

They consider a broad range of matters which include:

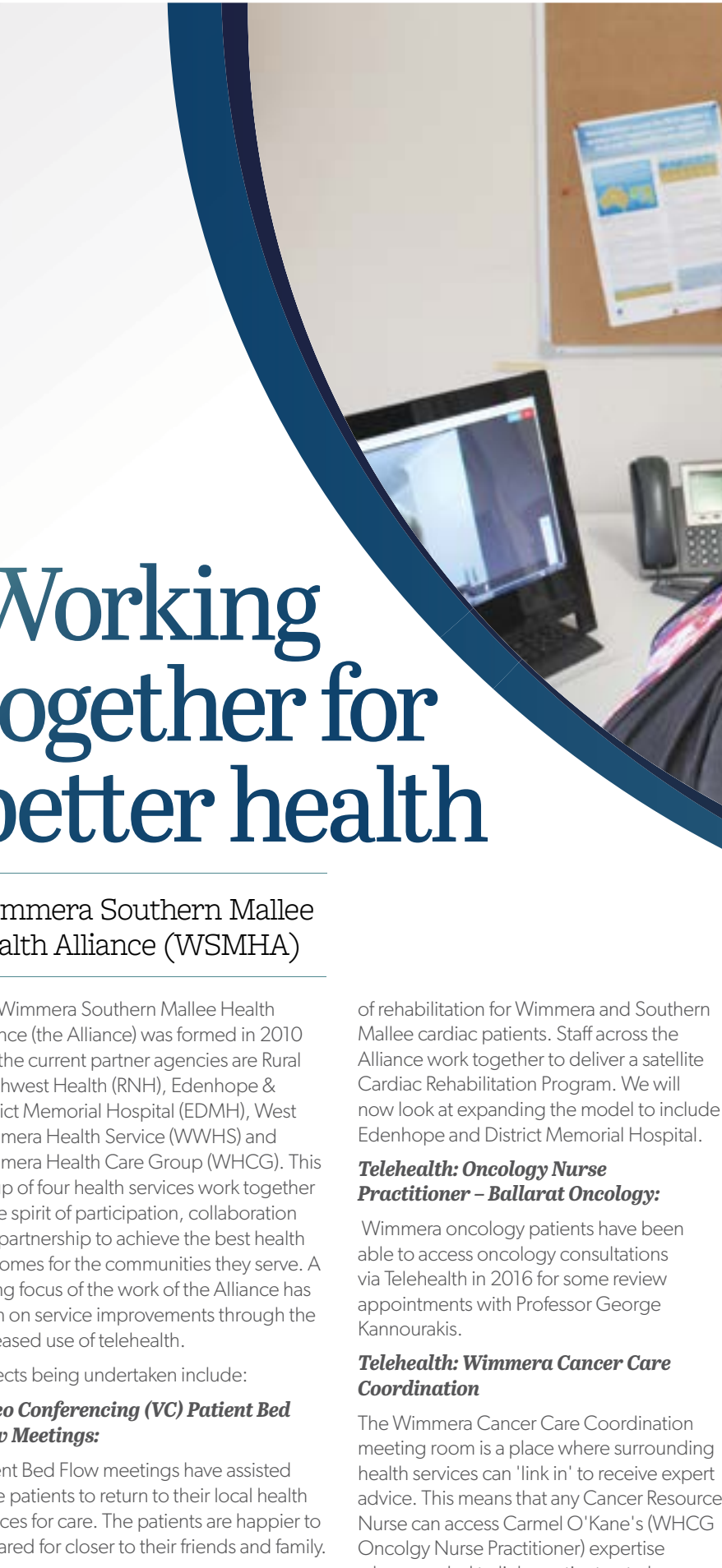
- Looking after people with Dementia
- Wimmera Drug Action Taskforce
- Wimmera Cancer Care Coordination Plan with Grampians Integrated Cancer Service
- Oncology Wellness
- Patient flow VC Weekly bed meeting results.

Consumer Engagement Working Group

- This group, first met to plan the initial Consumer Engagement Forum in February 2015, and has developed into a strong group with a continuing interest in supporting regional approaches to consumer engagement.

ACE Calls

- ACE (Advancing Consumer Engagement) Calls is a new initiative of the Alliance Consumer Engagement Working Group. ACE Calls are conducted once a month, at a set-time and provides an opportunity for staff to hear and see some of the best work or ideas on consumer engagement in and around the WSMHA.



Carmel O'Kane,
WHCG Oncology
Nurse Practitioner and
Donna Bridge WSMHA
Project Officer



Trish Hogan with the new boards

You said - We did

Fast Fact:
It takes 975 hrs per week to run the hospital kitchen

When Quality Manager Leanne Seipolt approached Trish Hogan to design some boards for the Wimmera Health Care Group, Trish was more than happy to help. Trish spent 12 hours working on the boards. When thinking of the design, she wanted to use bright colours, keep it simple and include all different types of consumers. We were very grateful for Trish's input and her creative design ideas. Well done Trish.

The boards look fantastic and showcase how Wimmera Health Care Group have listened to and responded to the community's feedback.

We have also made a board that shows all the compliments we have been given by users of our health service.

Feedback

Our consumers play a key role in telling us what we are doing well and how we can improve our care and services.

At Wimmera Health Care Group our complaints process is user friendly, making it easy for consumers to tell us their issues

or write them down. Consumers can talk to any staff member about their concerns. If the staff member cannot help, they can speak to a senior staff member or the Consumer Advocate is also available to talk to.

Below are some examples of what we did in response to your feedback to us...

You said...	We did..
Dimboola residents found it unfair that they should have to travel to Horsham every time to have a blood test.	Made blood collection available at the Dimboola Medical Centre for people that were not patients of the Doctor at Dimboola.
There was nowhere to park gophers inside the Arapiles building.	Provided a space in the Arapiles Building for mobility aids (gophers) to be charged if needed for when clients are attending the health service. This area is now well signed.
We did not have enough car parking in and around the hospital.	Opened a 90 bay car park for staff and community members at the back of the Horsham hospital building (Arnot Street entrance). We have also allocated more car parking spaces between the Emergency Department and the Arapiles Building for patients/clients.
You felt unsafe in the Emergency Department when there were aggressive patients in the same area.	Changes to the Emergency Department are in progress to keep patients safe.
There was a long wait in the Emergency Department and no food available	An information sheet is now posted in the Emergency Department explaining the wait times and how to get food.
There was nowhere to sit while waiting to be picked up after appointments in the Arapiles Building.	Had a new bench seat put outside of the Arapiles Building for people to sit on while waiting to be picked up after appointments.
The fold out beds were very uncomfortable.	Purchased new fold out beds for family members to stay with their children or new fathers with their partners.

Victorian Healthcare Experience Survey

The Victorian Healthcare Experience Survey is a statewide survey of people's public healthcare experiences and is conducted by the Department of Health and Human Services.

Questionnaires are posted randomly to a number of people each month after their discharge from hospital.

Patients from Horsham and Dimboola have rated their overall hospital experience either as being very good or good. External information shows that if a hospital providing adult inpatient services improves the care and treatment provided by nurses, teamwork between doctors and nurses

and the discharge process, the patients' overall experience is likely to improve.

The Department of Health and Human Services have set the benchmark high. They want all Victorian public hospitals to reach 95% for the 'overall hospital experience'. We are currently at 94%.

To improve patients overall experience with us we have been working hard on:

- The way we discharge our patients
- How we communicate with our patients and
- Involving patients in their care.

Types of complaints

During your care

There are often issues/concerns which can be dealt with straight away, wherever you are being cared for. Sometimes all that is needed to solve an issue is for the consumer is to speak to a staff member.

Complaints needing investigation

More serious or complex matters or unresolved complaints may need to be referred to more senior staff or the Consumer Advocate.

External complaints

Consumers who feel that we have not handled their issues well can contact the Health Services Commissioner and/or the Aged Care Complaints Commissioner. These agencies will act on behalf of the consumer and work with us to resolve the issues.

How to provide feedback

1. Talk to a staff member or person in charge
2. Complete the 'Have Your Say' form, available in all areas of the health service.
3. Fill in our online feedback form at www.whcg.org.au
4. Contact one of our Consumer Advocates on 53819331
5. Send an email to quality@whcg.org.au
6. Write to us
CEO/ or the Consumer Advocate
83 Baillie Street
Horsham 3400

Maternity Reporting

Health Services that offer maternity care are required to report on the care of mums and babies

Fast Fact:

At Wimmera Health Care Group there were 378 babies born in 2015 - 2016

Infants who require extra care

This area looks at the quality of care before and just after the birth of a baby. It focuses on things that have gone wrong. In some cases the baby may need to be nursed in a special care nursery at either Wimmera Health Care Group or another hospital.

The infants reviewed are those who have reached at least 37 weeks and without inherited abnormalities.

In 2013, the state average of 8.4% infants at more than 37 weeks and without abnormalities required additional care, Wimmera Health Care Group statistics were 4.8%. This is a great result.

Cases are discussed weekly at a Clinical Review Meeting with an Obstetrician (a doctor who specialises in the care of babies and pregnancy) and Paediatrician (a specialist doctor who looks after children and babies) as the admissions to the special care nursery occur.

Referral to District Nursing or Hospital in the Home

We review all women who give birth in our hospital and offer a home visit once their baby is born.

The visits may include a routine check of the woman and her baby, support for infant feeding and parenting advice.

In 2013 the state average was 98.5% and Wimmera Health Care Group was 98%, slightly below the state average. The target was 100% for all Victorian hospitals.



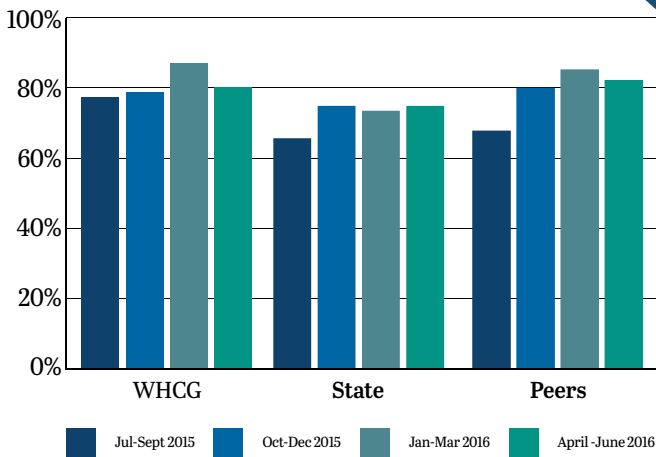
Jenna Clark (Midwife) and Gerri Warren and baby Scout.

Hospital in the Home nurse Kate Howden checks on Max Rogers.

“The nurses are wonderful, I just cannot praise them enough. The program is fantastic because I was able to stay in my own home, in my bed,” Mr Rogers said.



Leaving Hospital



The graph shows the ‘overall score’ of how Wimmera Health Care Group patients responded to questions that related to their discharge. This has been compared to the state and our peers (hospitals that are considered to be of like size within Victoria) that have been surveyed as part of the Victorian Healthcare Experience Survey. The graph shows that Wimmera Health Care Group is scoring above the state average and consistently with their peers.

1. Opening of a Discharge Lounge

In August 2015 Wimmera Health Care Group opened a discharge lounge to give patients an area to wait in before being picked up by friends or family and while medications are prepared by the pharmacy. This service is offered Monday to Friday.

also started giving patients a copy of their discharge summary and a list of their current medications. This sheet helps the patient to manage their care once they are at home. A copy is also sent to the patient’s doctor.

2. Increasing the use of Hospital in the Home

Thanks to Wimmera Health Care Group’s Hospital in the Home program, Max Rogers didn’t spend weeks in a hospital bed. Instead, he went home, enjoyed dinner with his wife, walks in his garden, checking his sheep and patting his beloved dog.

Max developed a sore lump on his back and after attending his doctor and then the Emergency Department, it was decided he needed surgery to remove the lump.

A Registered Nurse works in the lounge to assist patients whilst they are waiting. In October 2015 a survey was done and patients were pleased with the service in the discharge lounge.

During this time we

After the lump was removed, the area needed to be ‘packed’ so it could heal. This meant regular inspections by nursing staff and dressing changes. Besides the wound Mr Rogers, aged 78 from Lower Norton, was in good health and didn’t like the idea of spending a long amount of time in hospital. Hospital in the Home was perfect for Max, who spoke highly of the program, the nurses and the way it helped in his recovery.

“The nurses are wonderful, I just cannot praise them enough. The program is fantastic because I was able to stay in my own home, in my bed,” Mr Rogers said.

“Being comfortable is really important, especially at my age. I think being able to have tea with my wife at home every night, walk around the garden, check on the sheep and just pat my dog has been a big part of me recovering so well.”

“I know not everyone is eligible for Hospital in the Home, but if they are I think it is a wonderful alternative to being in a hospital bed.”

Every staff member makes a difference

At Wimmera Health Care Group we believe that every staff member plays a vital role in the delivery of care and services to patients.

It is not just clinical staff that have an impact, every staff member can make a difference. Orderly Frank Marklew is a great example of this.

When Gail Jackson's close friend was admitted to hospital and spent her last few weeks with us before losing her battle with cancer, Gail witnessed Frank's kindness towards her friend.

"Frank was often the orderly on duty and he got to know her when taking her to appointments around the hospital," Gail said.

"I just want everyone to know he went above and beyond. She often said he had made her day, simply by bringing her a fresh flower and being so friendly."

Frank said he just loves his job, loves the patients and takes great pride in doing what he can to make people comfortable and happy.

"I have worked here for 38 years and always take pride in my role," Frank said.

"I have got to know a lot of patients in my time. A great feeling is seeing them leave well, but not all of them do, so it's a nice feeling to be able to do something nice for them."

Mrs Jackson's friend mentioned she liked the garden so I started picking her a flower every day I came to work - just something to brighten up her day and her room.

"I wrote a card to her family after she passed telling them that special people come through our doors and she was one very special person."

"Everyone here has a really important role to play. We are all here for the wellbeing of the clients and patients and we all do what we can to make their time with us here as pleasant as it can be."

"I just want everyone to know he went above and beyond. She often said he had made her day, simply by bringing her a fresh flower and being so friendly."





Dimboola students with the Life Books written for residents.

Aged Care

Celebrating Life Stories-Connecting Generations

Year 11 VCAL Students from the Dimboola Memorial Secondary College helped residents at the Dimboola Nursing Home write 'Life Books' this year.

Each student was paired with a resident who shared important events in their life. This was a great way for our residents and students to get to know each other.

The students spent time talking to residents they were paired with, and getting to know them and their life story.

The books were written by the students and recorded the history of the residents who told their stories of growing up in a world where there was no computers or smart phones. The students were amazed at how different their lives are now to when the residents were growing up.

At the completion of the Life Books project, students also hosted and catered for an afternoon tea to present the residents and their families with their Life Book.

Heather's Book

Heather Jones has been living in Dimboola Nursing Home since February 2016.

Heather said she enjoyed the weekly visits from her student buddy during the six weeks it took for the book to be made.

One of the most memorable pieces in the book Heather said is when "I hit my brother in the mouth with a cricket ball." When asked if he lost a tooth Heather said "he lost more than one."

Heather's husband and children were very proud of the book and thought it was great.



Steve's Book

Steve Reid has lived in Dimboola Nursing Home since March 2016.

Steve is well known to the health service having worked in the laundry for 12 years. After that Steve did a Wool Classing course and worked in this industry from then on. Steve said "the students ask you questions about your life and it was good because it brought back memories."

"If anyone was thinking of having a book made, I would say, "go for it."



Fast Fact:
13,925 people
visited the
emergency
department in
2015 - 2016

The staff
entertained
the residents by
dressing up and
performing various
musical acts which
the residents
loved.

Celebrating Aged Care Day

Celebrating Aged Care is a week every year in October that rewards staff working in aged care. It is a time to say thank you and remind staff how much they are valued. The staff who work in Kurrajong Lodge did not want to celebrate on their own so they arranged to have a special lunch with the residents and put on a show for them.

Residents,
family and staff
enjoyed a spit roast
lunch and lots of
tempting food
delights.



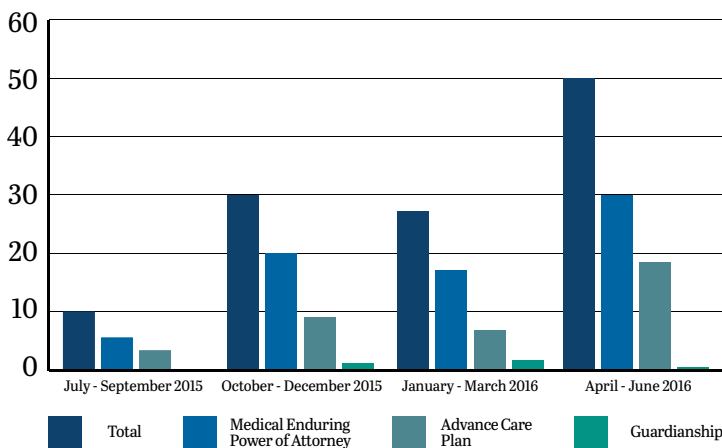
Advance Care Planning

Currently, Wimmera Health Care Group has a total of 271 documented Advance Care Plans for patients over the age of 75 years.

Things we have been working on:

- All nurses receive education on Advance Care Planning once a year.
- Trained Advance Care Planning staff give education to many community groups. Some of these have included:
 - » Horsham Gardening Club
 - » Lung Rehabilitation Group
 - » Wimmera Nursing Home Residential Group
 - » Village Life (Horsham Retirement Village)
 - » Wimmera Mobility Group and
 - » University of the 3rd Age – Horsham.

Advance Care Planning



The graph shows the total numbers of Advance Care Plan directives received at Wimmera Health Care Group has improved over the last 12 months.

Advance Care Planning in action

This year a local nursing home resident suddenly became very unwell and was having a lot of trouble breathing. She was taken by ambulance to Wimmera Base Hospital. Once she was admitted to hospital the doctors did some tests and found that she had high blood pressure in her lungs. They told her that she was very sick and if it was not treated she would die.

The doctors wanted to send her to another hospital for more tests and for her to be treated by an expert in this area.

The patient didn't want to go, as she already knew that she very sick and decided that she was not worried about

dying and she just wanted to go home.

The family had already spoken with her and they knew that she wanted to go home.

The patient had already decided that her eldest daughter could make medical treatment decisions for her when she was unable to do so herself. Her daughter reinforced her wishes.

The doctors respected her wishes and she was sent home. The patient was made comfortable and pain free and died in her sleep four days later surrounded by her family.

What is Advance Care Planning?

A process for making and writing down a plan for future health care wishes, in case you are unable to make or tell us your wishes in the future. You need to complete three forms to ensure your wishes are known.

These three forms are:

Medical Power of Attorney

A person (agent) chosen by you to make medical decisions on your behalf, when you are unable to.

Refusal of Treatment Certificate

Legally binding directions about medical treatment you do not want for a current medical illness or condition.

Statement of choices

Records your wishes regarding future medical treatment.

"If we know your choices for the future, we are able to respect them."

Things we have improved on:

- Updated our 'Not For Resuscitation Chart' to a resuscitation plan, which has an option for the patient to have symptom management only. This means that they will be kept pain free and comfortable, with pain relief, food, drink, and some medical treatment, but will not receive life support or be resuscitated.
- Our 'Not For Resuscitation for Inpatients' policy, has been replaced with a 'Resuscitation Plan' guideline, which includes specific guidelines for end-of-life care.

Wimmera Health Care Group believes it is important for everyone to have an Advance Care Plan and have been working hard to achieve this.

Community Health - Children's Wellbeing

Play gives children a chance to practice what they are learning

Playing is one of the best things a child can do. To run, climb, hop, skip, dig, dance, catch and throw. Play is natural, creative and fun. Playing and movement helps children grow. It gives them lots of different ways and times to learn about who they are and how they fit into the world around them. To show children how much fun play and movement is, parents and carers can be their heroes. Parents are important role models to encourage healthy behaviours. Teachers and health care workers are important to assist in providing safe playgrounds.

As we know learning to move properly is needed in a child's early years so the Community Health Team started the 'Make Your Move' Program at the Dimboola Kindergarten. This program is a set of fun activities to get the children moving as part of their normal day, for example playing in the sand pit, painting at the easel or reading on the mat. Every two weeks we visit the Kinder to teach the children a different set of activities. So far we have learnt about the gingerbread man, spiders, picnics, frogs and goldilocks. Each time we visit, we help the children to learn and improve their movement skills at their own pace.

This is to build their self-confidence and independence which is needed to get them ready for their school years.

To give an example, the week that we learnt how to move like spiders we started with singing and doing the actions to 'Incy Wincy Spider'. We then went outside to learn how to properly bowl a ball, crawl like a spider and gallop like a horse, climb along a ladder and over a trestle frame. Within these movements the mind and muscles worked together to build eye-hand coordination, fitness, being aware of time and space, balance and body image.

While this program was only to be shown once or twice it is now going into its second term. The kindergarten teachers, the Community Health Team and Wimmera Uniting Care Early Years Department all see the benefits and fun the children are getting out of it.

"Dimboola Kindergarten has welcomed the introduction of the sessions over term three and we are very excited to see it continue into term four. We have seen children challenge themselves to be involved and to extend on their learning. We thank Casey, Hannah and Wimmera Health Care Group

for providing us this opportunity", said Julie Braithwaite, Dimboola Kindergarten teacher.

If you would like any further information about this movement program, please call the Community Health Nurse on 53621244.

"To keep this program going into next year, our goal is to upgrade and purchase new equipment for the children to play and learn with"





Patient Margaret Ford with Physiotherapist Sarah Coles in the Wyuna Rehabilitation Gym.

Getting Independent Again - Wyuna Sub-acute Unit

The Wyuna Sub-acute Unit consists of 20 beds with three different types of patients

Rehabilitation

Rehabilitation is for patients who have suffered an injury or an illness which interferes with normal mobility or independence, for example after a stroke. Teams of staff work together to meet their needs and 'help them get back on track'. It is goal centred and time limited. A multidisciplinary program of two to three episodes per day is developed to achieve rapid return to mobility and independence eg, patient with a stroke.

Geriatric Evaluation and Management

This program is for those 65 years and over who need a rehabilitation program but have other illnesses which will limit their ability to undertake their plan. The person may need constant review by a Geriatrician (a doctor who specialises in care of older people) and a medical team to keep them medically stable and able to participate fully in their program.

Transitional Care Program

Is a program for those 65 years or over who are in hospital, and are medically stable but need more time to recover.

This is a less intense rehabilitation program. The patient is still seen by staff such as physiotherapists and occupational therapists during this time with emphasis on training and home trials to enable a safe return home with suitable services or informed decisions to move into supported care.

Each program helps patients to regain independence to the best of their ability. It is important that patients work with the team to set goals and do as much for themselves as possible and actively take part in their therapy sessions.

Sub-acute fills a gap when patients have recovered from their acute illness but are not independent enough to return to home without help. We focus on getting ready for home by dressing in day clothes and sitting out of bed for breakfast. Some patients are able to prepare their own breakfast in the kitchen to help return to normal routine. This also helps with increasing movement and keeping the patients active. Attending the dining room for lunch and dinner allows patients to mobilise and improve their appetite.

Howard's Story

Howard Rodda is a sprightly 93-year-old living independently with his wife of 70 years, June.

Howard's doctor suggested he join Wimmera Health Care Group's Gait and Balance Program to reduce his risk of falling.

The program aims to help people maintain their independence and confidence in their lifestyle while reducing the risk of falls.

"I thought it sounded like a good idea, so I signed up and was very enthusiastic at classes - the girls used to tell me to slow down," he laughed.

Mr Rodda said the six week program that includes two classes a week has taught him a range of skills and ways to improve balance and reduce his risk of falling.

"Falling at my age can be a major incident so anything to reduce the risk is great. I learnt enough skills that I am able to get around without any walking aids at all," he said.

"A big part of the program for me was learning about strengthening different muscles to help prevent falls. We got given a great booklet with simple exercises in it to keep strong and I do them while making a cuppa or other odd jobs."

The education topics covered in the Gait and Balance program are;

- *Benefits of exercise and mobility*
- *Continence*
- *Foot conditions and footwear*
- *Goal setting*
- *Healthy eating*
- *Home hazard awareness*
- *Medication and balance*
- *Vision and falls.*



Howard and June Rodda



Pulmonary (Lung) Rehabilitation Group

Barb Giddings has been attending the Pulmonary Rehabilitation Group on and off for several years now

Barbara has asthma that was diagnosed 30 or more years ago. Her immune system is not strong and she suffers from lots of colds.

Barb is attending the eight week group program that runs two sessions per week. These exercise sessions are held in the Rehabilitation Gym in the Arapiles Building.

A Physiotherapist, Occupational Therapist, a Rehabilitation Nurse and the Respiratory Nurse Educator all attend during these sessions.

On Monday there is a one hour exercise session that includes:

stair walking, exercise bike, hand weight exercises, walking between the bars and pulley exercises.

On Thursday the sessions run for two hours and includes education sessions by a guest speaker. Barb said at one education session she had the opportunity to meet a Lung

Transplant client who is in good health.

Barb said "the group sessions are fantastic as they make you feel like you want to exercise. Exercising with other people

in the group that suffer from lung disease encourages me to try a bit harder and pushes me that bit further".

Barb also said that "you need to be positive and have some control over your own health".

Heather Macdonald, Respiratory Nurse Educator, said once the eight week program is completed the clients are referred to a community based gym so they can maintain their already improved exercise levels that they have achieved during the rehabilitation program.

Referral to the Pulmonary Rehabilitation group is through a referral from your doctor.

"When I first started at the group, I couldn't ride the exercise bike but now I can do 15 minutes continuously on the bike".

Twin Birth Experience

When Michelle Perry found out she was pregnant with twins, she also learnt she had a very high chance of needing a caesarean section

It was Michelle's third pregnancy and after having two natural births she dreaded the thought of an operation (caesarean section) but a twin pregnancy hadn't been birthed naturally in Horsham for around 15 years.

Her Obstetrician is Wimmera Health Care Group's Doctor Yakep Angue and Doctor David Wilson.

"They both explained the reasons for me being almost a certain caesarean, a regional hospital, twin pregnancy, my weight and gestational diabetes," Michelle said.

"It all made sense and I was accepting of the reasons. But I also explained to them why I really wanted to avoid it and I truly felt like both Doctor Wilson and Doctor Angue listened to my concerns and really took note of them. My main reason was the recovery, isolated at Pimpinio and not being able to drive, especially with two older children to transport, a caesarean really scared me."

So when Michelle went into labour at 34 weeks she didn't think she would be making local history by avoiding a caesarean.

"I had an appointment at Wimmera Health Care Group and I thought I was having Braxton Hicks. The nurses put me on the monitor just to be certain and it turned out I was in labour and was having regular non-painful contractions. I was given medication to stop labour and it seemed to be working and I stayed in overnight," she said.

"But the boys had other ideas and the next morning my water broke. Doctor Wilson and Doctor Angue came quite quickly and checked on me and the boys. Riley, who was presenting first, was in a good position and neither were

in distress. I was already five centimetres dilated and there was no time to send me to another hospital which is normally the procedure at that gestation.

"I will never forget when Doctor Wilson said to me 'if you want, it looks like you can get your wish and deliver these boys'."

Michelle said her birthing experience was amazing.

"There were so many people there and everyone was just buzzing, it was so exciting. Doctor Angue, Doctor Wilson and all the nurses were so calm" she said.

"I still can't believe it happened. It is amazing that the boys and I are part of history at the hospital."

On August 28, 2014, Michelle gave birth to Riley first at 2.08pm weighing 2150 grams. Six minutes later, Lucas was born feet first, weighing 2460 grams. Both were healthy but needing special care due to their early arrival and were taken to

Geelong. The boys spent 18 days in special care all up, moving from Geelong, to Ballarat and then a final three days in Horsham.

Doctor Angue said the birth was exciting to be involved in.

"I have a lot of experience and have delivered twins naturally before. But with a birth like this, experience isn't the main factor. We had to assess a range of measures and luckily for Michelle everything lined up and we were able to go ahead with a natural birth," Doctor Angue said.

"We had theatre on standby just in case we needed to change to an emergency caesarean but everything went very well and we were all very excited."



Building our Future

Fast Fact:

9352 patients were seen at the Read Street Medical Centre



Wimmera Cancer Centre

Well done everyone!

To every single community member, service group, club, organisation and business that has donated to Rachael's Wish, Wimmera Health Care Group thanks you.

The range of fundraising ideas and events has been amazing, from children charging people 20 cents to view the flooded Wimmera River, to a large scale radio telethon - the atmosphere around fundraising has been vibrant.

Since the Rachael's Wish fundraising appeal for the Wimmera Cancer Centre was launched in June 2015, more than \$1million has been raised by the communities of the Wimmera and Southern-Mallee.

The community fundraising has been bolstered by the \$1million contribution from both the State and Federal Governments.

The WHCG Foundation have made a significant contribution to the initiation of the project, a substantial financial contribution and ongoing active engagement with the community in support of the project.

The Wimmera Cancer Centre will increase the capacity to treat local cancer patients closer to home and their support networks. The community support has been overwhelming and is testament to the importance of the project.

Work will begin on the centre, to be located on the corner of Arnott and Robinson Streets, in 2017.

"I reckon it will be magic. It's pretty crammed up in here but the service is still great."

"I'm looking forward to having my own room which will mean more privacy."



Wimmera Nursing Home

Plans are underway to refurbish Wimmera Nursing Home which will start in 2017.

The plan is a seven stage \$8 million refurbishment to update the facility from two and four bed rooms to a modern facility with rooms with ensuites.

The refurbished nursing home will completely change the feel of the facility which is currently a 1980s styled home. The new facility will also include a new communal dining room, rooms for group and one-on-one leisure activities and therapies. New reception and administration areas will also be included to service

residents and visitors.

Stage one of the project is expected to commence in early 2017 and includes;

- New kitchen and dining room facing the garden
- Construction of eight single rooms
- Treatment and consulting rooms for visiting doctors and allied health therapists.

The next stages are planned to be completed as funding becomes available.

Accreditation

Aged Care Accreditation

Yearly Checks

In Residential Aged Care, homes are visited each year by assessors from the Australian Aged Care Quality Agency (AACQA).

These visits support homes by checking that we are giving you the best care and services. They are not planned. That is, we don't know when the assessors are coming.

All homes (Dimboola, Wimmera Nursing Home and Kurrajong Lodge) had a 'spot visit' in November 2015.

In Kurrajong Lodge a suggestion was made by the assessors to display a board in the dining room listing what food is on the menu for the day. A menu board is now in each home's dining room.

Re-accreditation Audits

Every three years all homes have to be re-accredited against a set of aged care standards. In May 2016, Wimmera Nursing Home and Kurrajong Lodge were re-accredited for the maximum period of three (3) years. This was a great result, but there were some areas we needed to improve on.

Things We Needed to Improve:

Outside Areas

One improvement was to check the outside areas to make sure they are safe. For example, that footpaths are even and there are no hazards.

Food

We have started a group of key staff to look at the quality of food. The group has senior nursing and food services staff on it. We also talked to residents in each home and asked what they thought of the food. We will now use this feedback to improve on the quality of food and dining for residents.

Call Bells

We have started to do regular checks to see if all residents can reach their call bell when sitting out of bed.

Home and Community Care Accreditation

In July 2015 a quality review was conducted at Wimmera Health Care Group against the Home Care Standards. This review was undertaken by the AACQA.

The areas that the assessors reviewed were services provided by Wimmera Health Care Group 'Community Options'. The review focused on Respite Care and Home Care,

such as Home Care packages.

A great result was achieved with 18 out of 18 expected outcomes of the Home Care Standards being met. The assessors reported that Community Options provide excellent programs for consumers and good access to other services that include dementia support services and overnight accommodation for these clients.

Hospital Service Accreditation

The safety and quality standards were implemented to improve the quality of health care in Australia. The ten standards provide a nationally consistent statement about the level of care consumers can expect from health service organisations.

The last hospital service accreditation was undertaken in June 2014 by the Australian Council on Healthcare Standards (ACHS) which is the main accrediting body for health services. The ACHS is an independent organisation that assesses health services against the ten National Safety and Quality Service Standards. The ten standards look at:

Governance for Safety and Quality in Health Service Organisations

Partnering with Consumers

Preventing and Controlling Healthcare Associated Infections

Medication Safety

Patient Identification and Procedure Matching

Clinical Handover

Blood and Blood Products

Preventing and Managing Pressure Injuries

Recognising and Responding to Clinical Deterioration in Acute Health Care

Preventing Falls and Harm from Falls

Following our accreditation visit we had several recommendations in Standard 2 Partnering with Consumers. In response to these recommendations Wimmera Health Care Group has undertaken a significant amount of work to develop a Consumer Participation Plan with community consultation.



Tess - "My Experience as a training doctor"

I was one of 13 interns (training doctors), who arrived at Horsham in January 2016 with absolutely no idea what to expect from the town or the job itself. We were terrified about getting things wrong, being terrible at our job, and just in general disrupting this functioning hospital with our inexperience.

I can honestly say however, that now coming close to the end of the intern year, Horsham was genuinely one of the most enjoyable rotations I have ever had. I was one of two surgical interns, and for someone who had never considered surgery as a career, I absolutely loved the town, the people and the rotation.

As interns we actually got hands on theatre time with experienced surgeons who had been operating on generations of families, and had been surgeons before we were born. Surgeons and surgical registrars were keen to teach, and we always felt like we could ask questions if we were unsure.

Nursing staff protected us when we felt overwhelmed, ward clerks tried to play matchmaker when they thought we weren't listening, and pharmacists gently pointed out the errors in our prescribing. Pre admission clinic nurses took pity on us like the newly hatched chicks we were, and gently navigated us around making sure everyone was safe before theatre. We were slow and overly cautious but no one ever complained.

It was a really wonderful place to start work as an intern, and I remember leaving thinking I wasn't saying goodbye for good, and that I hoped the next batch of interns loved Horsham as much as I did. Thank you to everyone who helped us along the way.

Improving Care for Aboriginal Patients

Wimmera Health Care Group continues to improve its services for the local Aboriginal community and improve relationships through a range of programs and activities. Some of the things we have in place are:

- Consumers and staff have ongoing direct involvement with the Aboriginal Liaison Officer.
- Cultural Training is offered to all staff.
- Aboriginal Advisory Group was formed with Goolum Goolum board members, local Aboriginal elders and community members. Their role is to provide advice to the Wimmera Health Care Group Board and Executive on matters of importance to the local Aboriginal community and ways in which Wimmera Health Care Group can provide a culturally safe and welcoming environment at all its services.
- Cultural Safety in Maternity for Care workshop was delivered in partnership with Victorian Aboriginal Community Controlled Health Organisation.
- In partnership with Goolum Goolum Aboriginal Co-operative, Wimmera Health Care Group now offers Antenatal Classes specifically for the Aboriginal and/or Torres Strait Islander community delivered by our midwives. Individual or group classes can be held.

Prior to starting Antenatal class, a basic educational class is run between our Aboriginal Liaison Officer Kelly Britten and Goolum Goolum Health worker Deanne King to help expectant mothers, partners, family and support people feel more comfortable.

Feedback was extremely positive and one mother said "I was so happy I went to the class. I learnt a lot and I felt like I was more prepared for my baby's birth. I felt very supported by Deanne and Kelly. I don't think I would have gone to the normal classes. I would still go again, it really helped me in my birth."

Staff Education

Education sessions and orientation are provided to all Wimmera Health Care Group staff. They focus on Aboriginal and/or Torres Strait Islander clients/patients. In 2015-2016 the following number of staff attended the sessions below;

- Cultural workshops - 52
- Orientation on start of employment- 84
- Cultural Awareness Training – 10
- Cultural Maternity Workshop – 24

Aboriginal Employment Plan

A revised Aboriginal Employment Plan is currently being developed to meet and exceed the Government's 1% Aboriginal employment target through its Karreeta Yirramboi program. This involves creating a range of career development programs for Aboriginals within the health care group which are adequately supported and aims to further integrate the Aboriginal community into our organisation.

Cultural Responsiveness Framework

Wimmera Health Care Group strives to demonstrate cultural responsiveness throughout the organisation with the utmost priority.

Wimmera Health Care Group believes in a better health outcome for Aboriginal and/or Torres Strait Islander patients, clients and community on an ongoing basis with the inclusion of family, cultural practises and spiritual beliefs.

Sandy Hodge
Koori Education
Coordinator South Western
Victoria Region
Department of Education &
Training, Aunty Nancy Harrison
Community Elder, Kelly Britten
WHCG Aboriginal Liaison Officer, Gail
Harridine Primary Care Consultant
- Aboriginal Health PHN Western
Victoria and Sandra Plowman
Clinical Operations Manager
at WHCG



When things don't go to plan

Clinical risk management improves the quality and safe delivery of healthcare by introducing systems that identify and prevent circumstances that put patients at risk of harm

All Wimmera Health Care Group staff aim to give the best possible care to our patients, residents and clients. However healthcare in the 21st Century is very complex and even with the best intentions, there are times when things go wrong and this results in harm to the person.

Examples of harm could include a wound infection after surgery, an allergic reaction to a medication or getting a pressure sore. Not all harm can be avoided, but quite a lot can be.

Our Clinical Risk Management Program works to reduce the chance of patients being harmed.

Being Aware

Firstly, we need to look at all the different types of things that can go wrong. Usually when things go wrong it is not the fault of one person but the system in which care is provided. We are made aware of things that can go wrong through information such as incident reports completed by staff, reviewing medical records and reviewing patient and/or family complaints.

We can also learn from coroner's reports, journal articles and media stories. When harm to a patient occurs in another hospital, we ask ourselves "could this happen here"? If the answer is yes, we then move to the next step.

Studying the issue

Secondly we need to study the event to decide the level of risk or danger it presents.

To decide the level of risk we need to look at the possible outcome and how often is it happening.

We then focus on those risks that have the worst outcomes and those that happen the most often and action these.

Making Changes

Thirdly, we need to take steps to prevent the harm from happening again.

When trying to reduce the harm we look at what is best practice in this area. This includes finding out what other hospitals do.

We often make changes to systems at Wimmera Health Care Group based on this information. Part of introducing this change is to educate our staff.

Seeing how effective the changes are

Lastly, we need to see how well the changes are working. We sometimes need to go back and make more changes to get the result we are looking for. We give information on our progress to staff.

At present a number of projects are being undertaken as part of the Wimmera Health Care Group's Clinical Risk Management

Fast Fact:

Read Street Medical Centre now offers Home Sleep studies in conjunction with Manse Medical from Hamilton. This means patients do not have to sleep in a dedicated laboratory. They are wired up here in the medical centre in the afternoon and go home and sleep in their own beds. Sleep studies are bulk billed so there is also no actual cost to the patient.

Program. You can read about the following projects elsewhere in this report:

- Medication safety
- Preventing falls and harm from falls
- Preventing and managing pressure injuries
- Safe and appropriate use of blood and blood products.

Victorian Audit of Surgical Mortality

Wimmera Health Care Group submits data to the Victorian Audit of Surgical Mortality (VASM). VASM is a national wide review of patient deaths that occur during or after surgery. This review monitors trends in patient deaths and outcomes and looks for problems that may need to be managed to improve patient safety. The latest report for the period 2009 to 2015 was reported into the Clinical Risk Management Program. An important part of clinical risk management is looking at reports such as this and seeing what we could do here to prevent adverse events.



Above:
Ian, Lorna and Gary
Pelchen

Below: Picture of staff in the
Emergency Department and the TV
like screen we are able to talk to and
see the Neurologist in Melbourne:
Bernadette Ryan, Verity Drysdale,
Janette McCabe, Amy Park
and Dr Ashraff Khan



Treating Strokes Quickly

When it comes to treating a stroke, time is the biggest factor

Time is the most important factor in emergency treatment of stroke. A clot busting drug can be effective if given within the first 4.5 hours after a stroke has occurred.

Wimmera Health Care Group are lucky to be a part of the Victorian Stroke Telemedicine (VST) program, organised by the Florey Institute. This program provides a link to a medical doctor who specialises in diseases of the nervous system (Neurologist) in Melbourne who can see and talk to the patient, doctors and nurses via video. The Neurologists also get copies of the brain scans directly on their own computer to help them make decisions.

An ambulance brought Mrs Lorna Pelchen to the Emergency Department at Wimmera Base Hospital within an hour of her stroke after her husband noticed something was

wrong. The ambulance crew called the hospital so the team in emergency and X-ray were waiting for Lorna when she arrived. Lorna was unable to speak at that time. A quick assessment was made before she had a scan of her brain to check for bleeding or clots.

The Neurologist talked with the doctors and Lorna's son Gary who was in emergency with her. Luckily Mrs Pelchen was able to have the clot busting drug within two hours of her stroke and has made an excellent recovery after just two weeks in hospital.

The doctors and nurses in Horsham have worked very closely with the X-ray staff and the Ambulance crews to

reduce delays for stroke patients and have won an award from the Florey Institute for their great work. They are all really proud of their work with the program and really appreciate the support of the Neurologists.

It is an important reminder that we all need to know the signs of stroke such as a drooping side of the face, difficulty speaking and weakness of the arms or legs. For any of these signs call 000 to get an ambulance immediately.

"I think we are very lucky to have this program here," Mrs Pelchen said. "I don't remember much of the time but my son tells me everything happened very quickly and within hours I was regaining my speech and movement."

Carers Irish Christmas

Community Options – Caring for you at home

In June 2016 the Community Options, Carer Respite Services team hosted their annual Irish Christmas event at the Horsham Golf Club, for carers, care recipients and guests.

As always this event proved popular amongst our clients, with 85 people attending. The group was entertained by Lawrence Country Music duo, Tony and Cynthia whilst enjoying a traditional roast lunch and dessert.

Avenue Dance Studio performers, Louise Ryan, Malory Ryan and Sammy Sordello (Community Options staff member), brought the Irish to our Christmas, performing an Irish dance to 'Reel around the sun'. Guests were delighted with the energetic, fun and professional routine.

We were also honoured to share the day with, Howard and June Rodda, who celebrated their 70th Wedding Anniversary. Howard requested to speak at the event as a surprise for June, recalling the events of their special day on Saturday 22nd June 1946. All present felt humbled to share such a memorable occasion.

The activities offered by Carer Respite

Services enable carers and care recipients to engage socially. With the support of our team, and others who are experiencing similar challenges, clients can remain connected to their community.

We welcome enquiries and incoming referrals to our service.

Referrals may come from individuals, carers, health professionals, family members or friends.

Please contact Community Options
Ph 53 819336
Monday to Friday 8.30am-5.00pm

**Wimmera Health Care
Group Community
Options assists people
to remain living
independently.**



June and
Howard
Rodda



Avenue
Dance Studio
performers,
Louise Ryan,
Malory Ryan
and Sammy
Sordello

Guests at
the Irish
Christmas
Lunch



Fast Fact:

Read Street Medical Centre now offers Women's Sexual Health/Pap Smear clinic. This is a free service available to any woman without the need for a referral.



Nurse Brooke Carr and Infection Control Nurse Rachael Baker

Volunteers

Volunteering Western Victoria and Wimmera Health Care Group have had a strong partnership since 2012 in providing volunteers to our health service.

- *The number of volunteers at Wimmera Health Care Group has grown over the years.*
- *There is a Volunteer Program Coordinator on site at the Horsham Campus.*
- *There has been a great deal of change to our systems and processes to meet WHCG compliance obligations with respect to volunteering in our hospital. The Volunteer Planning Committee meets bi-monthly to set the agenda for continuous improvement of the program with support and expertise provided by Volunteering Western Victoria.*
- *We are working together to bring the program into alignment with the new definition of volunteers and the 2015 National Standards for Volunteer Involvement.*

The program currently has more than 85 volunteers formally registered. There is much additional volunteering also contributed by school children, auxiliaries, including the WBH Ladies Auxiliary and the Hospice Auxiliary, WHCG Foundation, Friends of the Foundation, the Horsham and District Orchid Club and many more.

We wish to extend a big thank you to all our volunteers for their great work.

Infection Control

At Wimmera Health Care Group we work hard to prevent infections in patients. Infection control standards can be measured a number of ways. The number of blood stream infections (bacteraemia) is an indication of standards. Staphylococcus aureus is a very common germ living on people at home and in healthcare settings. In healthcare, good, safe methods of inserting an Intra Venous line (IV drip) and good care of it with clean hands should help prevent an infection caused by this common 'bug'.

2016 started off with five patients getting a staphylococcus aureus bacteraemia infection in the first three months of the year. No cause could be found and the staff were reminded through education of the requirements for good IV care and hand hygiene, resulting in no infections over the next three months.

Central line associated blood stream infections (CLABSI)

Some of our patients in the Intensive Care Unit (ICU) who are very sick require a line running into a large vein often in their upper chest, called a CVC line. It is very important that an infection does not enter through this to cause a blood stream infection. We report each month if there has been a blood stream infection in any patient with a CVC line. Since July 2014 when we began reporting there has not been any infections in these patients.

How are we controlling Infections?

Hand Hygiene

It is important that our staff and all visitors clean their hands before and after going to or visiting a patient. Many infections occurring in healthcare may be from unclean hands. Our staff are watched (audited) to make sure they are cleaning their hands when they should be. The required level of compliance is 80%. Wimmera Health Care Group reached an average of 82% compared to an average of 83% for all other Australian hospitals.

Influenza vaccinations

Our staff are encouraged to have a flu vaccination each year. This is mostly to protect our patients, clients and residents from catching the flu from unwell staff. People who are already unwell, pregnant, aged, or those with a

long term health problem are at higher risk. It also protects our staff from patients who have the flu and helps to make sure we have enough staff to care for patients.

In 2015 a record number of Wimmera Health Care Group staff were vaccinated for the flu. 90.10% of staff had the flu vaccine that year.

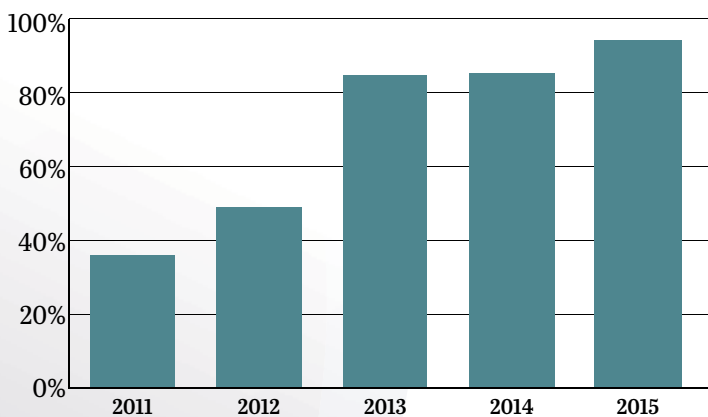
This year 89.35% of our staff have had the flu vaccine, which was a great result as we were above the state average of 79.9%.

Safe and Appropriate Use of Blood Products

At Wimmera Health Care Group we have a number of ways to safely use blood and blood products. Blood products are products that are made from fresh blood such as platelets, fresh frozen plasma and anti D.

Some of the things we do for blood safety include:

- The Transfusion Committee, which is responsible for ensuring that blood is used safely and appropriately in this hospital, is made up of staff from both Wimmera Health Care Group and St John of God Pathology. St John of God Pathology supplies us with the blood, so we work closely with their staff in developing processes around blood use.
- Wimmera Health Care Group staff who are involved in the collecting and giving of blood need to satisfactorily complete education each year. This education provides staff with the most up to date information on blood safety.
- Only giving blood and blood products when needed.
- Each person who has a blood transfusion has to give their consent to receive the blood. The consent process provides information on why it's needed, the risks and benefits and any other treatments that could be used instead. It also allows the patients to ask any questions they may have beforehand.



Wimmera Health Care Group percentage of patients with documented consent for blood transfusion



Hannah Martin - Medical scientist working at St. Johns Pathology

We have been measuring the number of patients with documented consent for blood transfusion since we introduced this process in 2011. This graph shows a continued improvement over time and in 2015 reveals 95% of our patients have had a documented consent for their blood transfusion.

Pharmacist Hazel Colbert and patient Ayles Brain.



Medication Safety

Mistakes can happen with medicines, especially when people go into or come out of hospital. Staff need to know about the medicines their patients are using, so they can make the right decisions about managing their health. Medicines include prescription, over-the-counter, herbal and natural medicines, and come in different forms, such as tablets, patches, drops, injections and inhalers.

Going into Hospital

It is very important for people to bring their own medicines and medicines list, if they have one, when they go into hospital. A hospital doctor and pharmacist look at what medicines the person is taking. They do this with the person or their carer and may also contact the person's usual community pharmacy or doctor for more information. The hospital pharmacist compares the medicines the person was using at home to the medicines prescribed in hospital, to make sure there are no mistakes. This process is called medication reconciliation. Medication reconciliation has been shown to reduce mistakes with medicines when people are admitted to hospital by more than 50%.

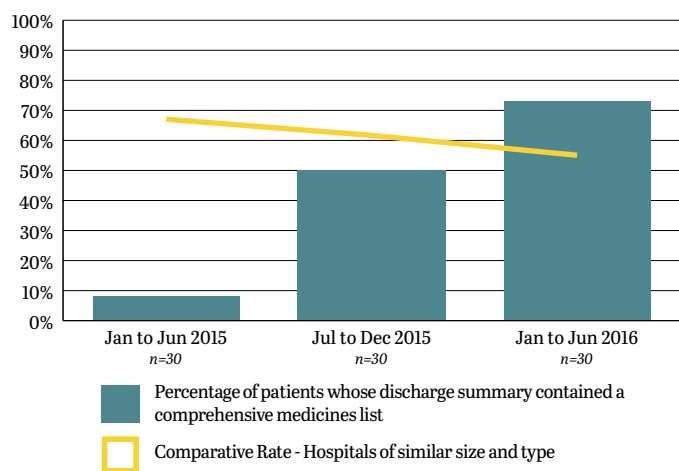
Leaving Hospital

When people are discharged from hospital, the hospital pharmacist looks at the person's own medicines and checks them against

the medicines prescribed by the hospital doctor, to make sure there are no mistakes. The hospital pharmacist develops a medicines list, which contains information about the medicines to be taken after discharge. It includes the medicine names, the dose of the medicines and how often to take them. It also explains what the medicines are to be used for and if there have been any changes to regular medicines whilst in hospital. The medicines list is given to the person or carer and a copy is sent to the person's usual doctor. For people who use a Websterpak® or medication sachets, filled by their local community pharmacy, the hospital pharmacist contacts the community pharmacy and provides them with a medicines list to advise them of any changes.

We monitor the number of people who are provided with a medicines list on discharge

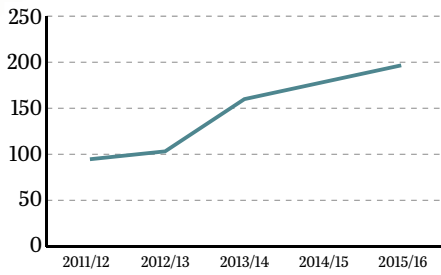
and compare our performance to other hospitals. We also check on the number of medicines lists that are provided to doctors.



This graph shows that we have improved in sending medicines lists to local doctors (the blue columns). These medicine lists are now sent to local doctors, together with the discharge summary written by the hospital doctor. Our rate for January to June 2016 was comparable with other hospitals of a similar size and type (the yellow line).

Preventing Falls and Harm from Falls

Falls are one of the most widespread and serious problems faced by the elderly in our community. Each year, one third of people aged over 65 will have a fall. People in hospitals and aged care homes are at greater risk of falls due to sickness and frailty.



Number of Falls by patients

This graph shows the number of falls by patients admitted to Wimmera Health Care Group. This number has been increasing each year. Some patients are more likely to fall, such as those who are confused and those who are rehabilitating. In the last few years we have been treating more patients with these conditions.

What did WHCG do to prevent falls and harm from falls last year?

1. Involving Patients and Families in care?

It is very important if you have an increased chance of falling that you and your family are involved in creating a plan to prevent falls. The nurse or physiotherapist will talk to you about what things you can do to help.

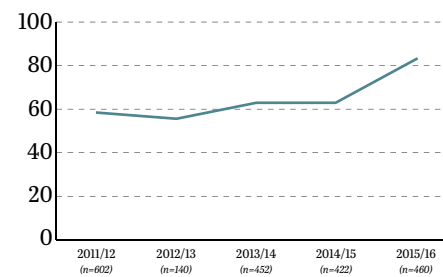
There are a number of brochures available that provide information on falls and how to prevent falls both while in hospital and when you go home.

For people with confusion, we will talk about the 'Top 5' with family and carers. We are looking for the five things that the family know make a difference to this person. We want to find out more about a loved one's likes, dislikes, fears, worries and concerns, so that we can create plans that better meet their needs.

2. Falls Risk Assessments and Plans to Prevent Falls

For every patient over 16 years who comes into hospital we look at their chance (risk) of falling on admission and at other times during their stay.

The graph below shows the percentage of patients who come into hospital that have their chance of falling rated and have a plan in place if they are at increased risk of falling. This measure has improved by just over 20% in the last 12 months.



The percentage of Patients with a Falls Risk Assessment and a Plan to Prevent Falls

3. Falls Champion

A nurse has been appointed two days a week to focus on preventing falls and harm from falls. Our Falls Champion is available to provide advice on how to prevent falls in patients who are at very high risk of falling and to educate staff on falls prevention.

4. Raising Awareness of Falls

On April 1st, we held an 'April Falls Day'. The theme for this year's April Falls Day was 'Lets Work Together to Prevent Falls' with a focus on involving carers and families as part of the falls prevention team. The WHCG falls prevention team held a number of activities to

promote falls prevention to staff, patients, residents and community members. These included:

- An afternoon tea in the rehabilitation gym which showcased falls prevention options to community members,
- Staff completed crosswords on falls prevention to win prizes, and
- Brochures on falls prevention exercises and preventing falls at home were handed out to patients.

5. Falls Prevention in the Community and Following Discharge

For people at high risk of falls are referred to the Community Rehabilitation Centre (CRC) both from the community and on discharge from hospital. The CRC assess each person and looks at the best prevention program for them. This may include the Gait and Balance Clinic that focuses on strength and resistance (see Howard's Story on page 19)

6. Equipment to Help Prevent Falls and Harm from Falls

Over the year we have bought new equipment that will help prevent falls and harm from falls. These include;

- Low Low beds, which can be lowered to the floor to reduce falls and injury.
- Alarm mats that tell staff when a person is trying to get out of bed and might fall.



Falls Champion - Odette Richards

Fast Fact:

Total hours worked by staff in 2015-2016 was 3,082,000

Fast Fact:

Our workforce is made up of Males: 143 (15.8%) and Females: 762 (84.2%)

People Matter Survey

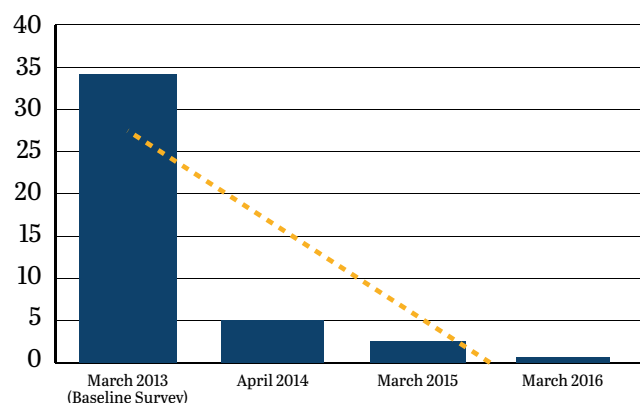
In 2015 People Matter staff survey answered 8 questions in regards to patient safety at Wimmera Health Care Group. A 91% agreement rate was recorded in relation to these questions which far exceeded the performance target of 80%. This result was also 5% higher than the 2014 result of 86%.

A focus this year has been to implement a range of activities to improve the workplace culture at Wimmera Health Care Group. Some of these activities included:

- Staff training in mental health awareness provided by Beyond Blue
- Education on the prevention of bullying and harassment in the workplace
- An expansion of the Employee Assistance Program, which provides staff with a contact to discuss any issues or concerns
- Training in managing grievances in the workplace
- A range of initiatives to improve internal communication
- An investment in a staff member becoming a certified Health and Wellness coach
- A monthly newsletter for all staff
- An improved Christmas party for all staff with engaging activities and entertainment.

Preventing and Managing Pressure Injuries

Pressure injuries cause pain, discomfort and impaired movement. If a patient develops a pressure injury they may have to stay in hospital for longer



Number of Patients with Pressure Injury acquired whilst in care

Number of pressure injuries

The graph shows the number of patients who have developed their pressure injuries whilst in the care of Wimmera Health Care Group. The number of pressure injuries that patients get in care has decreased from 34 in March 2013 to 1 in March 2016. This is a great result.

What did Wimmera Health Care Group do to prevent and manage pressure injuries last year?

The Wound Improvement Program

WHCG have a Wound Improvement Program which also includes the prevention and management of pressure injuries. The program offers education to staff so that they are up to date with what's best practice in this area.

We also have Wound Nurses to give advice on how to prevent and manage pressure injuries.

Involve Patients and Families in their care

For people that have an increased risk of getting a pressure injury it is important that they and their families are involved in putting a plan in place to prevent pressure injuries. The nurse, occupational therapist or podiatrist will talk to you about what things you can do to help.

There is a brochure available that gives information on how to

prevent a pressure injury while in hospital and when you go home.

Pressure Injury Risk Assessments and Plans to Prevent Pressure Injuries

Every patient over 16 years that is admitted is reviewed to look at the chance (risk) of them developing a pressure injury. This also helps us to form a plan of care.

We conduct regular checks of patient charts to see if pressure injury assessment and treatment plans are in place and meet the patient's needs. The staff member is provided with feedback straight away so they can action any issues.

Equipment to help Prevent and Treat Pressure Injuries

We have bought some new equipment such as alternating air pressure reducing mattresses and chair cushions. This equipment is very important to prevent pressure injuries.

A guide has been put together to help staff pick the correct equipment for each person depending on the level of their risk of getting pressure injuries.

Quality and Safety in Aged Care

As people age they are more prone to certain types of issues that can cause them harm. At our health service we keep a close watch on how we are caring for our residents so that every effort is made to keep them from harm that may be caused due to:

- Falls
- Pressure injury
- Equipment for Restraint
- Using too many medicines
- Unexpected Weight Loss.

What are these issues?

Pressure Injury

Pressure injury occurs when there isn't enough blood getting to the tissue underneath the skin. This happens when too much pressure is placed on the tissue or when the pressure is on the area for too long. Pressure injury often occurs where the tissue covers a bone and it is this hard surface that further increases the pressure and lowers the blood flow.

Equipment for Restraint

Sometimes equipment is needed to help keep residents safe from harm. Some residents may need to be restrained if they are restless or confused. However, if this equipment is used it must be ordered by the doctor and staff need to check on the resident to make sure it is not causing any harm.

Unexpected Weight Loss

Sometimes residents may lose a lot of weight all at once or over a short time. We check all residents' weight each month or more often if they have lost a large amount of weight. If a resident loses weight, we try and find out why. There may be many reasons why someone has or is losing weight. For example, they may be sick and haven't felt like eating, or they may not like the food, or they may be at the last stage of their life. Whatever the reason, we make sure that we are helping in the right way and act as soon as we are aware of the weight loss.

Using too Many Medicines

Every three months we count how many residents are taking nine or more medicines. Sometimes people can be on medicines they may not need anymore, and if they aren't needed then residents should not take them. At our health service, every two years a Pharmacist looks at the number and different types of medicines residents are on and will let the doctor know if some changes may help the resident. Whether this is by cutting out some of the tablets or changing the dose and times the medicines are taken. If needed the pharmacist will look at the medicines more often.

Preventing Falls and Harm from Falls

Older people are more prone to falls as their skill in moving around is less. Some can't stand without something to support them or walk by themselves. The biggest fear we have of residents falling is that they may break a bone. If this happens it causes the person pain and suffering. We are always looking at how we can stop residents from falling but our main focus is on looking at why the person is falling so that we can address these things.

How do we Keep an Eye on Them?

To track how we are helping to keep our residents safe we compare ourselves against similar sized aged care homes every three months. Not only do we look at how others are doing we look at our results and ask ourselves what we can do better to help improve the safety of the people in our care.

What are our results?

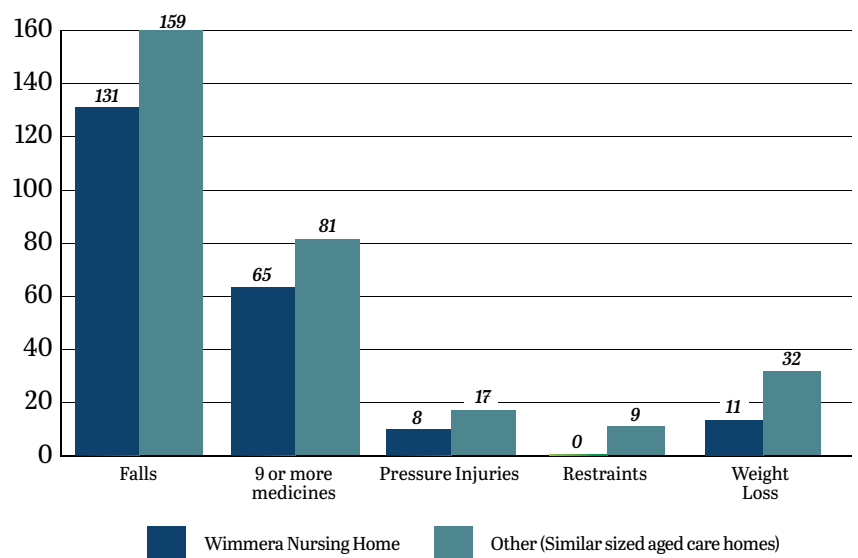
Wimmera Nursing Home

In Wimmera Nursing Home we have improved in all areas compared to other homes of similar size.

Compared to other homes, Wimmera Nursing Home has had:

- 28 less falls
- 16 less residents on more than nine medicines
- 9 less pressure injuries
- No residents restrained
- 21 less residents with unexpected weight loss.

The table below outlines results in the five key risk areas for residents over the last year from 1st July 2015 to 30 June 2016 in Wimmera Nursing Home.



Wimmera Nursing Home

Quality and Safety in Aged Care

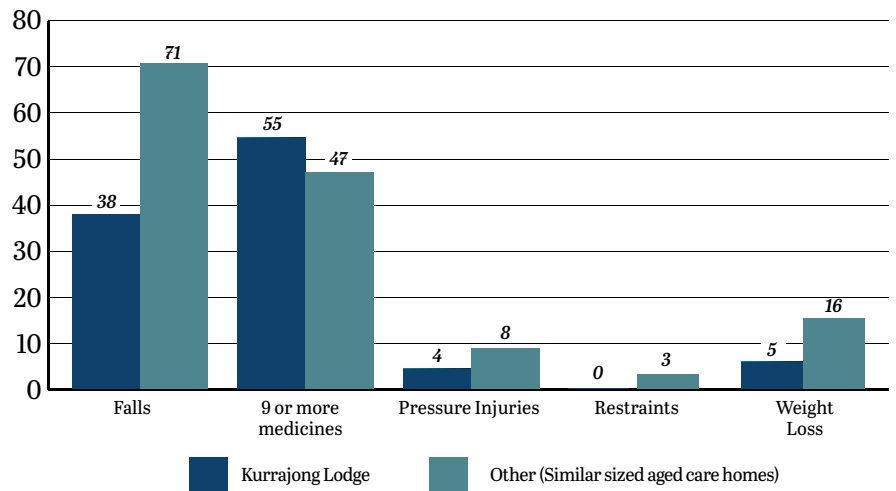
Kurrajong Lodge

In Kurrajong Lodge we have improved in four out of the five areas, compared to other homes of similar size.

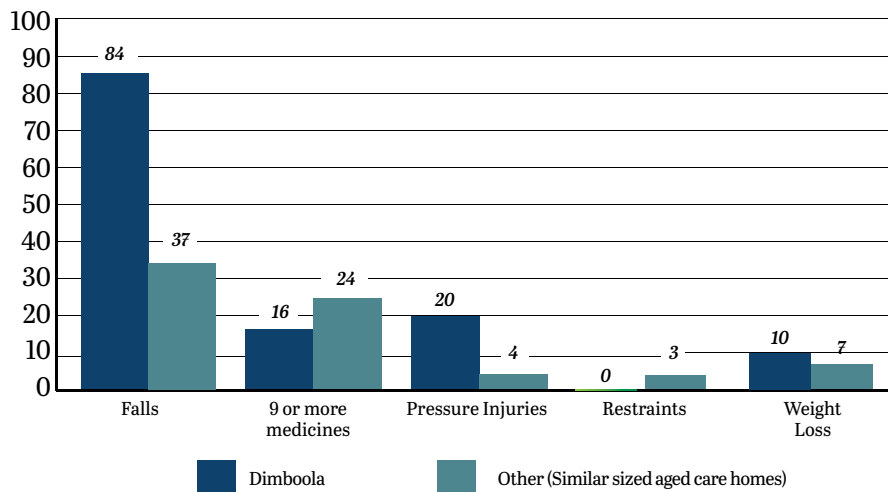
Compared to other homes, Kurrajong Lodge has had:

- 33 less falls
- 4 less pressure injuries
- No residents restrained
- 11 less residents with unexpected weight loss
- 8 more residents taking nine or more medicines

The graph to the right outlines results in the five key risk areas for residents over the last year from 1st July 2015 to 30 June 2016



Kurrajong Lodge



Dimboola Aged Care

Dimboola Aged Care

In Dimboola Aged Care we have improved in two out of the five areas, compared to other homes of similar size.

Compared to other homes, Dimboola Aged Care has had:

- 47 more falls
- 8 less residents using nine or more medicines
- 16 more pressure injuries
- No residents restrained
- 3 more residents with unexpected weight loss

The graph to the left outlines results in the five key risk areas for residents over the last year from 1st July 2015 to 30 June 2016 in Dimboola Aged Care.

How have we improved?

Weight Loss

Every three months we look at residents who have lost a lot of weight and those who keep losing weight over time. We look at why this is so and then make sure that staff put in place the right things to address the problem. This could be making sure a Dietitian sees the resident or their doctor. We weigh the resident more often to make sure that what we have put in place is working. Since we started this, the number of residents with weight loss has reduced because staff are now picking up the problem earlier and actions are put in place.

Use of Medicines

We have been part of two projects that aim to reduce the number of certain types of medicines taken by residents. We also had the Pharmacist give a talk to residents in all residential homes on medicines. At these talks the Pharmacist spoke about not taking medicines that are no longer needed. A little while ago we started 'Partnership in Care' meetings with residents, family and staff. We will also use this time to talk about medicines with the resident and their family.

Our Team

Food Services

Stephen Hill

Stephen has worked as the head chef at WHCG for just on seven years. Stephen said he loves his job as every day is different.



Reception

Petena Thomas

Petena is one of the first people you meet when you enter our front door. Petena loves being able to help people and enjoys working with 'a great bunch of people'.



Linen Service

Jocelyn Ballinger

Jocelyn has worked with us for 25 years and feels proud to work at a place where we provide good care.



Information Technology (IT)

Kevin Longstaff

Kevin has worked with us for three years and he is an Operations Supervisor in the Information Technology Department. IT has six full time staff and also provides IT Services to a number of smaller organisations.

Kevin enjoys helping solve many technology problems for other health services as well as for us.



Our Team

Occupational Therapy

Kate Cameron

Kate is an Occupational Therapist and has worked at Wimmera Health Care Group for five years. Kate is currently completing post graduate studies in Rehabilitation. Kate enjoys working with clients to achieve meaningful goals.



Engineering

Graham Pohlner

Graham has worked at WHCG for 36 years. He is known as 'Polly' and his job is supervising the engineering team.

'Polly' loves meeting a variety of people in his job and his motto is you have to try the best you can.



Environmental Services

Tania McConville

Tania has worked at Wimmera Health Care Group for five months. Tania gets to meet a lot of people in her job as a cleaner. Tania said the people she works with are "just fabulous".



Our Team



Dental Clinic

Hannah Dichiera

Hannah is one of our newer staff members. Hannah said it's a great place to work and she really enjoys the staff that she works with.

Central Sterilising Department

David Fogarty

David is in charge of the Central Sterilising Department. This a specialised area that collects, cleans, sterlises and distributes goods and equipment to patient care areas.



Complex Care

Alana Morrow, Annette Connor, Brooke Mc Master, Mandy Jones and Tamara Budde

This team of girls provides specialist treatment, care planning, education and support to help people with complex and long term health issues to manage independently in the community and reduce the risk of being admitted to hospital.



Some of our compliments

"The service provided has made me extremely happy and has taken the stress out of recovery and made the transition to home easier. I hope the care will continue to be this good and will aid in my successful recovery."

Allied Health

"Thanks the staff in the Arapiles Building in regards to my rehab after a fall a few weeks ago. The Intake Worker -Bec, the Occupational Therapist -Kate the Physiotherapist- Jessica and the Rehab Nurse Annette."

Engineering

"Thank you so much to David Emslie from engineering for the care given to my brother Walter Nikkelson and I during the power outage. David was so kind to us, during the power outage he brought food and torches and ran a lead from the generator to Rotary house so we had a fan during the heat. We have nothing but praise for the house and the staff. We appreciate it so much."

Emergency Department

"My brother Wayne went to ED at WHCG who was in pretty severe pain with renal colic. We were all home in Rainbow for the weekend to celebrate Mum's birthday and Wayne had travelled over from Adelaide for the weekend and woke about 4am with pain & vomiting. He woke me at 6am so I took him straight to ED knowing that he needed decent pain relief and further investigations. From the moment we arrived just after 7am the staff were all fantastic from reception, triage nurse, primary nurse and HMO."

"Please pass on our thanks to the staff who were all very professional, efficient and friendly."

Dental

"WHCG Dental has great service for families with school aged children."

Community Options

"Thank-you for the gift voucher for taxi service, it has made a wonderful difference for my travel in Horsham."

Yandilla

"Amazing experience from staff in Yandilla- nothing short of hospital angels- helpful friendly, can do attitude, knowledgeable, kind and reassuring."

Oxley

"Thanks to all Oxley staff (Doctors, Nurses, carers, cleaners, orderlies, kitchen staff, etc) involved in the care of my mother. We were in awe of the professionalism, care and kindness staff all displayed, resulting in the return of our mother to her home."

Hospice

"Family thanking the Wimmera Hospice Care staff for the care that they provided to their mother. It was really appreciated."

Day Centre

"The Day Centre was of great assistance and nothing was ever too much trouble. Thanks again."

"The Wyuna Subacute Wing is a state of the art facility and is a credit to the board of management, and the care provided by both the nursing staff and the allied health professionals was outstanding."

Aged Care

"To all the Wonderful, Caring Staff of Menzies Nursing Home. Thank you for all the care, conversation and cheek you gave our father. Whilst he was in your residence it gave our family much peace to know he was so well cared for. Thank you from the bottom of our hearts."

"Special thanks to the staff who had Mum ready for her 100th birthday party. She was beautifully dressed and her hair was lovely."

Wyuna

"To have a facility like this in the Horsham region is vital and for patients and their families to not have to travel to Ballarat or Melbourne for rehab is such an advantage. Thanks for the wonderful care provided by your facility, my partner is now home and progressing well. Congratulations again on the implementation of this outstanding facility which will continue to assist patients and their families throughout the Wimmera."

Feedback - Pull Out Survey

Please circle or tick the number or statement that best reflects your opinion.

1 a) What did you think of the information in this report?

Excellent 1 2 3 4 5 Poor

b) What did you think of the presentation of the report?

Excellent 1 2 3 4 5 Poor

2 a) The report was easy to read?

Agree Unsure Disagree

b) Information in the report was easy to understand

Agree Unsure Disagree

c) The report gave me a better understanding about the services Wimmera Health Care Group provides?

Agree Unsure Disagree

3 What did you like most about this report?

4 What additional information would you like included?

5 What changes could we make to improve this report?

6 Where did you access this report? (please tick)

<input type="checkbox"/>	WHCG Horsham Campus	<input type="checkbox"/>	Local clinic (e.g., medical, dental, etc)
<input type="checkbox"/>	WHCG Dimboola Campus	<input type="checkbox"/>	Mail out
<input type="checkbox"/>	WHCG Annual General Meeting	<input type="checkbox"/>	Wimmera Health Care Group Website
		<input type="checkbox"/>	Other (Please State)

7 What is your overall rating of this report? (please circle)

Excellent 1 2 3 4 5 Poor

Thank you for taking the time to complete this survey. Your survey can be returned to us by:
mail by folding and securing the ends and then using the pre-paid envelope provided; or
placing in one of the Consumer Feedback boxes in various locations throughout WHCG.

Delivery Address:
131 Barlie Street
HORSHAM VIC 3400

No stamp required
if posted in Australia



Wimmera Health Care Group
Reply Paid 63749
HORSHAM VIC 3400