



Quality of Care Report

2014-2015

Working together for better health



Wimmera Health Care Group

*FREE PUBLICATION



ABOUT THIS REPORT

Wimmera Health Care Group produces a Quality of Care report annually to highlight how we continuously strive to improve the health of the region by creating a safe and caring environment for our patients, clients and staff. We would like to thank everyone who has helped create this report and shared their time and stories with us. The Quality of Care Report is a way for us to inform the community about our services at Wimmera Base Hospital, Dimboola Hospital, Wimmera Nursing Home, Kurrajong Lodge, John Pickering Medical Centre and Wimmera Medical Centre.

The report contains information on standards and measures set by the Department of Health and Human Services and how we measure up to them as well as highlighting projects and programs we have undertaken in

the past 12 months. Above all else, this report contains interesting stories about our services and the staff who provide them. Your feedback on this report is very important to us and allows us to work on continually improving. The theme for this year's report is '*working together for better health*'.

The report includes information that has been requested by the community and several of our Community Advisory Committee members and is a reflection of some of the great achievements we have witnessed over the year. This report will be distributed at our Annual General Meeting, in waiting areas of the organisation, local medical clinics, local government agencies, public libraries and community organisations.

VISION

To be the leader in Australian rural health, delivering caring services with respect, reliability and integrity.

MISSION

To build a sustainable health service in our region that meets the health care needs of our community now and into the future.

VALUES

We believe that together, we are accountable for delivering high quality person-centred care.

TERMINOLOGY

Throughout this report, you may come across terminology that is unfamiliar to you, and whilst we have tried to simplify the wording so that you can understand the information presented, it is not always possible to achieve this. Below are some definitions of common words and phrasing that will hopefully add meaning to the text within the Quality of Care Report.

Acute Care

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

Sub-Acute Care

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

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.

Patient

Person receiving acute care services.

Clients

Those people accessing community care.

Community Care Services

Care co-ordination and help is provided to people in their own home, rather than in a sub-acute or residential institution.

Resident

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

Residential Aged Care Facility

A special-purpose facility which provides accommodation and other types of support, including assistance with day-to-day living, intensive forms of care, and assistance towards independent living, to frail and aged residents.

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FOREWORD

The Wimmera Health Care Group is proud to present the 2014-15 Quality of Care Report.

The report has been developed in consultation with the Wimmera Health Care Group Community Advisory Committee, patients, residents, clients, carers, support groups and staff.

Our focus at Wimmera Health Care Group is delivering caring services with respect, reliability and integrity and meeting the health care needs of our community now and into the future.

Our report contains valuable information on our services, the people who use them and the staff that deliver them. We are committed to ensuring our health care group meets the highest of standards for safety and quality of care and that our programs and services are accessible to the people of the Wimmera and Southern-Mallee.

'*Working together for better health*' is the theme of this year's report which provides information on how the organisation and community work together to improve the health outcomes of the region. It also highlights activities and projects we have undertaken over the past 12 months to ensure we constantly improve our services and follow best practice principles.

On behalf of the Board of Management, all our staff and volunteers, it is with pleasure that we present the 2014-15 Quality of Care Report for Wimmera Health Care Group.



Mark Williams

President



Chris Scott

Chief Executive

SNAPSHOT OF THE YEAR



July 2014

- Wimmera Health Care Group is trying to be the number one employer in our area so we started a program named the Employer of Choice. The campaign aims to get local businesses to offer incentives and discounts for Wimmera Health Care Group staff, for example a discounted membership at Anytime Fitness.
- An exhibition of paintings, drawings and sculptures by participants of Carer Respite Services' 'Artrageous' art program was held at RedRock Books and Gallery in July. Carer Respite Co-ordinator Mark Hawkins from Community Options, said 'Artrageous' is a popular program. "We have been running this respite activity for young people with a disability for eight years now. This year we are lucky to have well-known local artist Anthony Pelchen working with participants."

August 2014

- Wimmera Health Care Group's Community Advisory Committee approved a series of new brochures and posters outlining key health issues in plain English. Wimmera Health Care Group's Quality Manager and Consumer Advocate, Leanne Seipolt, said the Community Advisory Committee was an important way to engage with the community.

September 2014

- Wimmera Health Care Group hosted information sessions in Dimboola and Horsham to discuss changes to residential aged care services. The Federal Government introduced the Living Longer, Living Better Aged Care Reform Package in 2013, and many of the changes took effect on 1 July, 2014.



October 2014

- Walk to School Month had Wimmera Health Care Group staff out and about promoting the benefits of walking to school.
- The Wyuna Sub-Acute Facility was officially opened.

December 2014

- The theatre team were very happy to commence use of a state-of-the-art machine to assist in cataract operations.



November 2014

- Dedicated staff were recognised with awards for the years they have worked at Wimmera Health Care Group including nurse Joy Semmler who celebrated her 40 years of service alongside 45 other staff celebrating service awards.
- Wimmera Health Care Group staff promoted Antibiotic Awareness Week. An information board was placed in the front reception of the Wimmera Base Hospital outlining the importance of antibiotics and the risks associated with not using them properly.



May 2015

- The Wimmera Health Care Group Foundation donated funds to purchase a defibrillator for use in the Dimboola Community. Foundation trustee and Dimboola resident Tony Schneider said the defibrillator is kept at the Dimboola Campus and loaned out for events. "This is a great way for the Foundation and the Wimmera Health Care Group to partner with each other to help keep the broader community safe," Mr Schneider said. "The defibrillator can be hired for a gold coin donation for a range of events, it could be a sporting event or a birthday party."

June 2015

- Wimmera Health Care Group is partnering with Heart Foundation Victoria to improve cardiac rehabilitation. The Heart Foundation has created the Nurse Ambassador Program with nursing champions who will implement system improvements at ward level and for the first phase of cardiac rehabilitation. Wimmera Health Care Group's nurse ambassadors are Shev Healey, Jo Carroll and Melinda Lanyon.



April 2015

- Residents, staff, families and visitors at the Dimboola Campus worked together making a fabulous poppy memorial to the landing at Gallipoli on April 25, 1915. The wall panel was placed in the residential foyer with signage inviting all to sew on a poppy. Visitors sewed on a poppy, staff and residents would sew poppies together and this created much activity and engagement as poppies were placed.
- In line with State Government changes to smoking legislation, Wimmera Health Care Group moved 'Butt Out Day' forward to April 13. Director of Clinical Services Don McRae said the organisation went smoke free for staff and visitors in July 2013, and made the entire site smoke free, including for patients, on April 13 this year.
- Wimmera Health Care Group's Emergency Department improved its performance and reached all targets set by the Department of Health and Human Services. The department hit all five targets relating to the time in which patients are treated, including 81% of patients either admitted to a ward or sent home within four hours of presenting. Emergency Department Nurse Unit Manager Bernadette Ryan said it was the first time the Emergency Department had reached the target and it was due to a concerted effort from all staff in all departments.



March 2015

- Wimmera Health Care Group hosted two community health and wellbeing forums in Dimboola to help plan for the community's future. The forums, at the Dimboola Day Centre, were facilitated by Dr Kaye Knight and attended by more than 90 people over the two sessions. Dr Knight asked the people who attended the forum a series of questions, including how did they want the community's health and wellbeing to look in 20 years and what could be done to get there.
- Kurrajong Lodge residents were busily making and recycling cards as part of a social activity program at the home. The residents enjoyed the craft activity using donated cards and volunteers sold the cards at the Horsham Plaza to raise money for Kurrajong Lodge.

February 2015

- Figures released showed in the previous financial year, Wimmera Hospice Care supported 112 people. Wimmera Health Care Group Chief Executive Chris Scott said the daunting figure showed how important the service is, and why it is going to be an integral part of the new Wimmera Cancer Centre. Wimmera Hospice Care, Dialysis and Oncology will all be incorporated in the proposed Wimmera Cancer Centre.

January 2015

- The new Wyuna Sub-Acute rehabilitation facility received a blessing at a dedication service. Uniting Church Paster Susan Hobbs and Reverend Linley Liersch officiated the service which was attended by staff and patients.
- The Wimmera Base Hospital Ladies Auxiliary have continued their strong fundraising efforts for the Wimmera Health Care Group. A recent donation allowed the theatre department to purchase a difficult airways trolley and stock it with specific equipment to help patients having problems breathing.



OUR BIGGEST ASSET

At Wimmera Health Care Group we value our staff and consider them to be our most valuable resource. We employ more than 800 people at our Horsham and Dimboola campuses, making us one of the largest employers in the region. Our staff play a pivotal role in ensuring we fulfil our vision to deliver caring services with respect, reliability and integrity.

Wimmera Health Care Group is a teaching hospital and regularly hosts rounds of medical interns as part of their training. We consider teaching and training to be important aspects for all staff and encourage staff to up-skill whenever possible. Below are just a handful of examples of our staff expanding their knowledge.



Jessica Scott

Contract and Tender Administrator

Jessica is completing her Advanced Diploma in Management.

"I am doing this course because I want to gain experience and knowledge. It also fits with our department structure and is able to be supported as a part of the Procurement/Supply succession plan."



Mark Enright

Deputy Director – HR and Corporate Services

Mark is completing his Master of Business Administration (specialising in Human Resource Management).

"I decided to do it as it offers a broad range of subjects, many of which I can apply directly to the workforce and it keeps my knowledge of business studies up to date with best practice."



Amelia Crafter

Public Relations Co-ordinator

Amelia is completing her Graduate Certificate of Public Relations.

"I wanted to do this course to broaden my knowledge and keep up to date as communications and public relations is a continuously evolving industry."



Courtney Seipolt

Speech Pathologist

Courtney is completing her Graduate Diploma in Clinical Rehabilitation.

"I commenced this course in timing with the opening of the new sub-acute building. By completing this course I aim to further my skills and knowledge in rehabilitation, to provide best practice and quality service to patients."



Rae Gardy

Information Technology Trainee

Rae is completing her Certificate Three in Information, Digital Media and Technology.

"I am studying this course as a trainee to become qualified in Information Technology. This course is to help me gain knowledge and experience within the field and I am finding this course very interesting and enjoyable."



Sophie O'Connor

Human Resources Advisor

Sophie is completing her Masters of Employment Relations.

"I chose to undertake post graduate study that furthers my knowledge in the areas I have identified as needing continued professional development. Ongoing learning is important to me to maintain my knowledge and expand my skill set as an HR practitioner."



Rhys Bibby

Operations Accountant

Rhys is completing his Certified Practising Accountant (CPA).

"I am completing my CPA to develop my knowledge and skills to deal with the continued changing environment of finance in the health sector."



Olivia Bunworth

Clinical Coder

Olivia is completing her Complex Clinical Coding.

"I have been coding for five years and I really enjoy the challenge. I wanted to further my skills because coding guidelines are changing all the time. It is an important part of the hospital's structure and a great career path."

STAFF SERVICE

Wimmera Health Care group presented 46 staff with service awards in November 2014. Chief Executive Chris Scott said the continuously high number of staff receiving service awards is recognition of Wimmera Health Care Group's efforts to be a positive and supportive employer.



10 Years

Jennifer Avery
 Rebecca Bull
 Sara Coats
 Sandra Decker
 Jane Elliott
 Kate Hair
 Colin Harper
 Kaylene Innes
 Jodi King
 Tania Kuhne
 Nadine Miller
 Janice Pekin
 Janice Potter
 Margaret Raymer
 Chris Scott
 Karen Taberner
 Kerryn Thornton
 Marlene Vandenberg
 Peter Walsgott
 Mare Whitehead
 Michael Wynne

20 Years

Judith Atwell
 Jill Cramer
 Denise Wickham

25 Years

Helen Crome
 Sheryl Freak
 Denise Freijah
 Teresa Leach
 Diane McKenzie
 Sally Taylor
 Krystyna Wesolek

30 Years

Birgit Brown
 Debra Colquhoun
 Lorraine Davies
 Susan Friend
 Catherine Haby
 Karen Hinch
 Anne Russell
 Alan Wolff

35 Years

Helen Batty
 Anne Launer
 Frank Marklew
 Campbell Mitchell
 Leann Schwarz
 Wendy Wood

40 Years

Joy Semmler

DID YOU KNOW?

• 158 staff were employed this year (this does not include the doctors).

WHAT IT'S LIKE TO WORK AT WIMMERA HEALTH CARE GROUP



Karen Hinch

Karen Hinch started work at Wimmera Health Care Group in 1981 as an 18-year-old straight out of school. She was a hospital trained nurse at the Horsham Base Hospital. After 34 years Karen regards the Oxley ward as her second family. Karen also works as an Admission Discharge Co-ordinator and an After-hours Co-ordinator. She has a real passion for palliative care and all of her roles on the ward complement one another.

What she loves about her role as an Associate Nurse Unit Manager:

- Loves the interactions with families.
- Sees herself as a good problem solver as she knows how the hospital works and can manage the flow of patients. She is highly organised and this all helps with the running of the ward.
- Enjoys sharing her knowledge and skills with all the nursing staff.
- Likes to have the best interest of her patients at heart.
- There is a great deal of job satisfaction.
- She is proud of the Oxley team and their work to achieve their goals as a leadership team and strive for excellence.

What are the biggest changes you have seen during your time working as a nurse?

- The introduction of the nurse patient ratios.
- The removal of non-nursing duties from the nursing role.
- Length of stay for patients is much shorter.
- The amount of patients that come and go each week.



April James

April James is a graduate nurse and she started at the hospital in the early part of 2015, after completing three years of study at Federation University in Horsham. During her study April completed her nursing placements in Stawell, the Wimmera Nursing Home, Intensive Care Unit and on the Oxley ward at Horsham Base Hospital. While April was training to become a Division One Nurse she worked as a Personal Care Assistant at the Wimmera Nursing Home.

Why does April like working at the hospital?

- She gets great support.
- It's a great friendly environment to work in.
- Staff are always there for her for to get advice, assistance and coaching.
- Education provided to the graduate nurses is awesome.
- Everyone is so willing to help each other out - I really enjoy the team work.

April's plans for the future include staying at the hospital and completing the critical care course that is offered. This requires staff to work in the Intensive Care Unit for six months and then the Emergency Department for six months.

Student Feedback

Recently, we had students from NAVITAS which is a Registered Training Organisation based in Melbourne. The students were to gain experience in a nursing specialty that works with patients who are having operative or other invasive procedures. Below is some feedback left from a student.

"I just wanted to pass on some feedback about my acute placement at Wimmera Base Hospital in Horsham.

The staff at this facility were incredibly positive and instructional in their interactions with students. I was given ample opportunity to try new things and even spent time as scrub nurse, anaesthetic nurse, four days in recovery. The rest of my time I spent in the day procedure unit doing admissions, discharges and performing regular observations on patients before discharge. I feel I learned far more from this placement than any of my other placements, and students were actively encouraged to participate wherever possible rather than just spectating."

HEALTHY, HAPPY & SAFE WORKPLACE

Wimmera Health Care Group realised through incident report data there had been an increase in staff injuries relating to bone, muscle and tissue damage throughout the organisation in 2014. Management recognised that contributing factors

may have been due to incorrect methods of lifting, moving patients and or equipment. An audit was done by an external consultant to review the organisation's policies and procedures. The consultant observed staff performing manual

handling tasks including transferring patients on and off beds, onto trolleys, off the floor and in and out of chairs. Recommendations from the audit included the review of policies and procedures; staff to undergo further training for the equipment

used to move patients; to purchase some new equipment, and to replace of some pieces of equipment. All of the recommendations from the audit have been completed and this will assist with reducing the risk of injuries to our staff.

Health and wellbeing for employees at Wimmera Health Care Group

Wimmera Health Care Group has registered with the Healthy Together Victoria Achievement Program. The Achievement Program helps workplaces ensure their employees have the best opportunities for their health and wellbeing, and recognises workplaces that are improving health opportunities for their staff. The health and wellbeing of all employees is a priority for Wimmera Health Care Group.

Wimmera Health Care Group has committed to:

- Promoting positive health and wellbeing for all our employees.
- Providing an inclusive and health promoting environment.
- Strengthening and supporting the health of our organisational community.
- Providing opportunities that enable employees to improve their health and wellbeing.

A Health and Wellbeing Working Party has been formed, including staff from across the organisation. In 2015-2016, the working party will be focusing on mental health and wellbeing and healthy eating. In the coming years, the working party will also focus on physical activity, alcohol consumption and smoking.

Activities of the Health and Wellbeing Working Party have included:

- Healthy Breakfast Program Launch – to celebrate our commitment to staff health and wellbeing, a staff healthy breakfast was held in June 2015. Breakfast options included fruit salad, yoghurt and muesli cups and quiche.
- Weekly Lunchtime Walking Group – about a dozen staff meet weekly for a short lunchtime walk around the hospital.
- Employee Health and Wellbeing Survey – employees were surveyed about what initiatives they would like at Wimmera Health Care Group to improve their health.
- Undertaking a review of Wimmera Health Care Group Café to ensure healthy food choices are available for staff, visitors and patients.
- Beyond Blue Organisational Awareness Training was undertaken with the topic of Mental Health in the Workplace. Two training sessions were held in June 2015 that were attended by a total of 200 staff. The sessions aimed to increase awareness among staff members about depression and anxiety and their impact on mental health in the workplace.



Code Grey Program

Wimmera Health Care Group realised there was an issue with Code Grey (aggression) calls to security and the time it was taking for a response. The health care group looked at how to fix the problem and decided to tackle the issue in multiple ways. One of the techniques used was to stop using contracted security to come to the site when a call happened and instead employ their own security staff. The way this was done was by training existing orderly positions in security so the organisation has a security presence 24 hours a day, especially in the Emergency Department. The second method was to up-skill staff in ways to de-escalate potentially aggressive situations. This involved training with a martial arts specialist for 80 front-line staff. From that session, a training video was made and is now included in mandatory training for all staff. This was an innovative approach to a problem faced by many hospitals.

The People Matter Survey

This is a survey of our staff conducted annually by an independent organisation. It is a measure of how engaged and satisfied our staff are. This includes workplace wellbeing, staff commitment and perceptions of how change is managed throughout the organisation. It also includes a strong focus on the fair and reasonable treatment of others, how we address unacceptable behaviours and provide a process for resolving them. Development of the staff trademark culture and behaviours has assisted with staff building on their workplace environment, ensuring the culture is based on mutual respect, team work and support.

Many staff have been involved in a leadership program run by an external consultancy agency to assist with team building and develop attributes that contribute to a successful work environment

The People Matter Committee formed and met in November 2014. An action plan was developed to address the issues that came from the people matter survey.

- A people matter newsletter was used as a 'vehicle' to promote the survey and the results, to improve internal communication and it provides insight to departmental roles, highlights great achievements and 'goings on' in the busy workplace.
- WHCG has improved in each of the eight patient safety questions within the survey and this is a result of the changing culture within the organisation - staff are comfortable to report errors, we have an exceptional graduate nurse program and the doctors' have an extensive training program. Our orientation program has been evaluated and now includes mandatory training for all clinical, non-clinical and allied health staff.

- We promote and celebrate our great work both internally and externally and this creates a positive vibe for all staff. This provides the staff with motivation and inspires them to continue to be innovators and be creative.

OH&S representatives training

In the 2014–15 financial year a decision was made for Health and Safety Representatives in each Wimmera Health Care Group Department to be allocated a set paid day each month to attend to their OH&S duties.

The rostered day occurs on the first Tuesday of the month for all Health and Safety Representatives. This allows all representatives to attend the Health and Safety Representatives Meeting and the Health and Safe Practice Committee Meeting, both of which are held on that day.

By ensuring the representatives are all working on the same day it allows them to assist each other to conduct work place safety inspections, help each other to problem solve safety issues and work together to develop Workplace Risk Assessment and Controls for tasks within each department, to minimise the risk of injury to staff and patients and damage to equipment.

Following the introduction of the rostered Health and Safety Representatives Day, 100% of OH&S workplace inspections are now being completed as per the Safety Inspection Schedule.

The OH&S Manager has also been able to use these rostered days to schedule on site training which the Health and Safety Representatives are required to undertake, rather than having to send them away for training two or three at a time at considerable expense to Wimmera Health Care Group.

**Wimmera Health Care Group
Security Team**



OUR VALUED SUPPORTERS

Wimmera Health Care Group is fortunate to have the support of the community, including fundraising groups and auxiliaries. The funds raised and donated to the hospital make a very important contribution to the level of care we are able to provide our patients and residents. Fashion parades, raffles, high teas and wine tastings are just some of the great events organised to raise funds for Wimmera Health Care Group.

Dimboola Campus Appeals Auxiliary

raises funds to support the Dimboola campus. Contact Greg MacKenzie on 5389 1297.

Dimboola East Ladies Auxiliary

also raises funds for the Dimboola campus. Contact Joyce Nelson on 5389 1159.

Kurrajong Lodge Support Group

provides support and company to residents. Contact Tess Yeo on 5382 2873.

Victoria Police Blue Ribbon Foundation

raises funds for the Emergency Department in memory of Constable George Howell who passed away in the line of duty on 30 January 1952. Contact Amelia Crafter on 5381 9309.

Wimmera Base Hospital Ladies Auxiliary

runs an opportunity shop in Horsham and a uniform shop for Wimmera Health Care Group staff. Contact Helen Hounsell on 0432 218 262.

Wimmera Hospice Care Auxiliary

raises funds to support clients of Wimmera Hospice Care. Contact Lea Crammond on 5382 1964.



Wimmera Health Care Group Foundation

raises money through donations and bequests to fund special projects at

Wimmera Health Care Group. Contact Anne Bothe on 5381 9098 or visit www.whcgfoundation.org.au

Friends of the Foundation

holds fundraising events (with an emphasis on fun!) for the Wimmera Health Care Group Foundation. Contact Allison Roberts on 0407 565 109.



VOLUNTEERS

Wimmera Health Care Group has a Volunteer Enhancement Program which is co-ordinated by Volunteering Western Victoria. The program has 95 volunteers registered at Wimmera Health Care Group. Many of these volunteers support leisure and lifestyle departments in aged care. The figure does not include the large amount of volunteer support from local school children who engage in school-supervised volunteering and chaplaincy members who visit patients in hospital.

Volunteers are a vital part of Wimmera Health Care Group and the enhancement program aims to make volunteering an easier and more rewarding experience.



COMMUNITY ADVISORY COMMITTEE

One of the ways Wimmera Health Care Group Health involves consumers is through community membership of our Community Advisory Committee. This gives consumers a 'voice' in how we run our health service and provides a structure for communication with our community. The Community Advisory Committee is chaired by a consumer and has seven community members. This group of dedicated members have undertaken the following activities throughout the year:

- Helping us review the printed information we give to our consumers. Their consumer perspective helps us make sure the information we provide to families and patients is easy to read and relevant.
- Participated in a review of our website and suggested changes.

- Participated in the 'mystery shopper' program in Residential Aged Care.
- Instigated the idea of the business card with ward phone numbers - these cards are given to patients on arrival for their families and they also have the ability to write their direct room extension numbers on the cards, should they wish.
- Undertook a walking interview, seeking help and navigations around the hospital - which focused on gaining directions and available help for navigation to pre-determined destinations.
- The committee were also invited to participate in several consumer forums, 'April Falls Day', Cultural Diversity Day celebrations and the Dimboola community forums.

Members Max and Denise share an insight into what it is like being a member of the committee.

Why did I become a member of the WHCG Community Advisory Committee?

G'day, I'm Max and I have found the last few years on the Community Advisory Committee quite rewarding. Our main role is to assist with quality of care. We learn how the hospital is performing (impressively!). We have been able to share our experiences as patients and visitors.

Suggestions on how we thought improvements could be made have been acted on when staff agreed they would benefit future patients and visitors. In between our three monthly meetings we proof read and make suggestions on new brochures and documents helping to bring a consumer perspective to them."

- Max



“Why did I become a member of the WHCG Community Advisory Committee?

Almost everyone would agree that high quality medical care is essential. The primary focus of medical practitioners and allied health staff is, justifiably, the medical welfare of the patient. This is what is necessary and what is expected from our community. Hospital staff are familiar with the everyday happenings as care and/or treatment is delivered to the patients. However, patients and their families often find themselves thrown into a situation with which they are unfamiliar, at a time when they can be stressed, confused and frightened of potential outcomes.

The Community Advisory Committee strives to break down some of the barriers, through simplifying some of the technical jargon in brochures, speaking to people about their concerns, surveying the community on specific topics and becoming involved with activities across the health care group. I believe the Community Advisory Committee has a positive impact on the experience of patients, families and the staff."

- Denise

GIVING YOU A VOICE

Listening to the community

Patient perspective helps educate staff:

- Consumer involvement in the review of Gynaecology Surgery patient pathway. This is a leaflet given to patients at the pre-admission clinic outlining the expected care plan for their stay in hospital. The brochure covers wound dressings, discharge advice, an exercise program while in hospital, and activity advice after discharge.
- A consumer gives his perspective on our care and services that he uses while he has been a patient at our health service. The consumer talks about his experience at the mandatory clinical education program that is offered twice a month. The patient generously volunteers his time to speak with staff members. This provides staff with a unique and personal perspective relating to the emotional impact of a disabling illness and how the pain, symptoms and treatment affected his care requirements. The overwhelming response from the staff was positive. With a patient providing first-hand information about their experience, staff are now better able to understand and empathise with patients in similar circumstances. We strive to improve the care, knowledge, understanding and communication to improve the patient's experience.

Giving consumers a voice

- As we progressed the State Government changes to smoking legislation Wimmera Health Care Groups' Smoke Free working group invited consumers to help progress the plan to implement the new changes.
- In June 2015 the Clinical Governance Committee welcomed its first consumer as a member of its monthly committee meetings. This meeting discusses safety and quality issues for patients that may arise from audit reports both internally, externally and also patient experience stories.
- In April 2015 a consumer representative was invited to participate in the Persistent Pain Steering Committee. This consumer has a background in living with persistent pain. They have been involved in pain management programs offered in Melbourne and have also participated in the one day introduction to managing persistent pain offered through the Wimmera Health Care Group. The consumer's journey of living with persistent pain will provide the committee with invaluable knowledge and provide advice on the development of the service.
- In March 2015 the Dimboola community was invited to attend either one of the two consumer engagement forums held in Dimboola. These forums provided an opportunity for the Dimboola community to have input to their health and wellbeing future. They were facilitated by Dr Kaye Knight, Rural Health Research and Education Consultant.
- The draft Strategic Plan 2015-2018 has been distributed to key partners including the Department of Health and Human Services, Wimmera Southern-Mallee Health Alliance partners, local councils, the Community Advisory Committee, Wimmera Health Care Group Department Heads and medical officers with an invitation to provide feedback. Invitation to the general public for comment has also been advertised in the Wimmera Mail-Times, Dimboola Banner with access to the draft plan through the post, Wimmera Health Care Group website and Facebook.

Victorian Chemotherapy Services Redesign Project (VCSR)

Wimmera Health Care Group is entering into the second stage of this project which is designed to improve the efficiency and service performance of the Chemotherapy Day Unit (CDU).

Key areas for improvement identified from patient surveys and service delivery audits were:

- To improve the patient experience.
- To improve the working environment for staff.
- To increase the number of patients accessing the CDU for their treatment.
- To decrease the length of waiting times for patients before their treatment commences.

A diverse multi-disciplinary working group, including three consumer representatives, has been set up to oversee the implementation of the project.

Changes occurring in the CDU are:

- Restructuring the work area by removing one bed and replacing it with a chair. This will assist staff with patient centred care.
- Design and implement an electronic appointment scheduling system for CDU patients to assist with increasing the usage of chair time.
- Review ward clerks processes and procedures for appointment scheduling.
- Patients appointment times commencing at 8.30am instead of 9.30am.
- Offering a healthier food choice for patients lunches.



Your Hospital - Your Voice

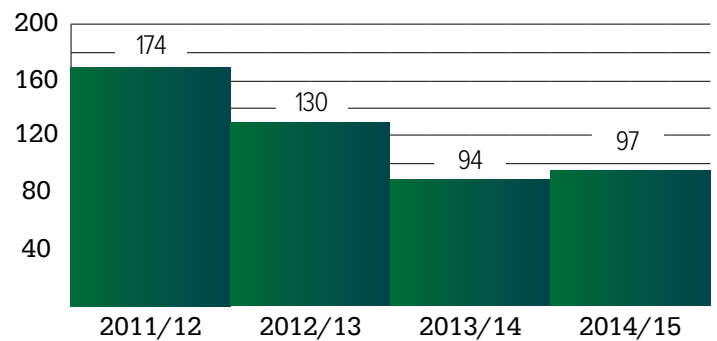
The way we handle complaints reflects the personal side of care; how willing we are to listen, answer questions, hear suggestions for improvement, and respect people's right to comment on their healthcare.

Complaints often happen because there are communication difficulties during what is already an anxious and stressful time. When you share your experience, good or bad, we understand that you would like a fast response. We aim to respond within five days to all consumers who have written a formal complaint and make contact with consumers within two days who complained in an informal way.

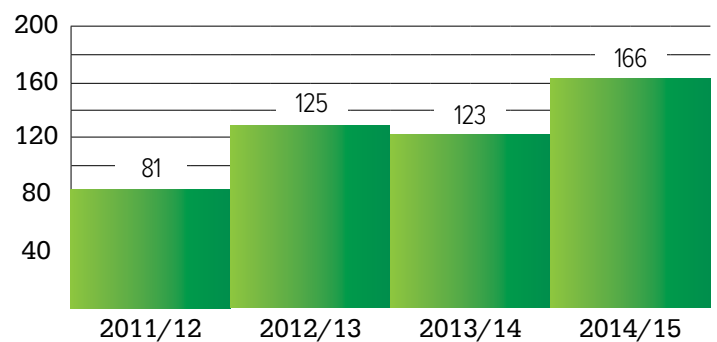
Feedback from the community and our clients is essential to improving the quality of the services we deliver and ensuring that our service delivery stays relevant and aligned with the needs of the community.

We receive feedback through a variety of avenues:

- We conduct a range of evaluation and consultation activities and we also collect and record incidental feedback and input through our compliments and complaints.
- Feedback and suggestions are encouraged and 'Have Your Say Feedback' forms are available at all sites for this purpose.
- Formal complaints are registered, investigated and responded to by the Chief Executive.
- Wimmera Health Care Group's individual programs conduct regular evaluation and audit programs of their services in order to ascertain their effectiveness and find means for improving services.
- We conduct bi-annual surveys of inpatients and phone discharge surveys are completed on patients that have had day procedures.
- Other program-specific client surveys are also conducted regularly.



Number of Complaints Per Year



Number of Compliments Per Year

YOU TOLD US	WHAT WE DID
Our website was not as current as it could be and was confusing.	We updated the information that was not as accurate as it could have been and regular checks are now undertaken on the website content.
That a breakdown in communications led to a delay in a diagnosis.	<ol style="list-style-type: none"> 1. We are developing a pathway for falls in the elderly that present to the Emergency Department. Since osteoporotic fractures can be relatively painless, we will perform a mandatory Hip and Pelvis X ray in all patients above the age of 75 who present with having a fall and have pain below the stomach either on resting or on mobilising. 2. As family are not always present when doctors do ward rounds WHCG is currently reviewing a way for patients' relatives to leave a written message to the doctors.
That some of the rooms in the wards were not as clean as you would have liked.	Staff have been retrained in cleaning procedures. Calling cards have been introduced that are now left in the patients rooms for when patients are not in the rooms (are at Xray etc) so patients can see that the cleaners have been.
That the appointment reminder text included 'Arapiles building' in Horsham when the appointment was actually in Dimboola. Travelled to Horsham to be told the appointment was in Dimboola.	Two text messages have been set up as reminders, one for clients who wish to have their appointment in Dimboola and one for the clients who come to the Horsham campus (Arapiles).
Some private patients did not know who to discuss their issues/concerns/questions that they had regarding with their private health insurance.	The admission process for private patients is now undertaken by the Private Patient Liaison Officers so any concerns/issues can be raised with these staff members.
That some staff were not as pleasant as they could be.	Have organised customer service training for approximately 40 staff.

IMPROVING CARE FOR ABORIGINAL AND CULTURALLY DIVERSE PATIENTS

Wimmera Health Care Group understands not all patients, family and visitors have the same needs. This often applies to Aboriginal and Torres Strait Islanders. Because of these differing needs, Wimmera Health Care Group has sought to form relationships which help us improve our services and understandings of people of differing cultural backgrounds.

Engagement and Partnerships

Established partnerships are being maintained as well as new partnerships formed. Our partners include; Goolum Goolum Aboriginal Co-operative, Hamilton Street Medical Clinic, Ballarat Aboriginal Mental Health, Wimmera Primary Care Partnership, Wimmera Uniting Care and Victoria Aboriginal Community Controlled Health Organisation (VACCHO).

Organisational development:

- New plaques have been placed at the main entrances of the hospital acknowledging the five traditional land owners – Wotjobaluk, Jaadwa, Jadawadjali, Wergaia and Jupagulk people.
- Increased liaison work by the Aboriginal Hospital Liaison Officer with additional community contacts and partnerships with outside organisations.
- Benchmarking with other similar sized health care organisations to identify opportunities and areas for improvement in our own health service.
- Indigenous working group established, with future planning to expand and include Aboriginal elders.
- Cultural training which was attended by 20 Wimmera Health Care Group Department Heads; this was a collaboration between local services to ensure cultural sensitivity in the health care setting.
- “Sorry Business Training” was attended by senior acute health care staff from Wimmera Health Care Group and numerous other health services in our area. This improves staff skills and knowledge surrounding the death of an Aboriginal person.

Workforce development

Orientation and education sessions are provided to employees on culturally appropriate care and understanding of a holistic view for Aboriginal and Torres Strait Islander patients and clients.

In the 2014-2015 financial year 150 employees attended these sessions;

- 30 through intern tutorials.
- 89 through hospital orientation.
- 31 at Aboriginal awareness education.

The Aboriginal Employment Plan continues to be implemented and training through VACCHO has been successfully completed.

Systems of Care

Culturally competent health care is provided in a holistic approach, inclusive of discharge planning, referrals, patient supports, support access and family. Evidence of this includes:

- Ongoing support and education of our Aboriginal Hospital Liaison Officer.
- Referral pathways to specialty support through the new electronic journey board.
- Education and support to staff and our clients around identifying as being indigenous.



DID YOU KNOW?

- 177 interns were orientated at WHCG.
- The IT Department has requests totalling more than 15,000 per year.

NAIDOC Week

NAIDOC Week celebrations are held across Australia each July to celebrate the history, culture and achievements of Aboriginal and Torres Strait Islander people.

Wimmera Health Care Group held a flag raising morning tea at the Dimboola campus for NAIDOC week. Chief Executive Chris Scott addressed local community members and staff that attended.

Aunty Hazel McDonald, an elder also from Dimboola, greeted attendees with a welcome to Country. Aunty Regina Hood, also an elder, received flowers in appreciation for her effort and time spent helping Wimmera Health Care Group.



Horsham living: making Wimmera Health Care Group accessible to migrants

Wimmera Health Care Group was approached by the settlement worker from Wimmera Development Association (WDA) in relation to consumer difficulties with some health information. WDA enquired about strategies and intervention to make health services known to and accessible for migrants.

Allied Health staff gave suggestions to improve services to the migrant

community. This began with a tour of the Arapiles Building and introduction to the staff and the services available from this group of staff. Further needs and interests were raised by the attendees.

Wimmera Health Care Group's relationship with members of the migrant community and WDA was further developed at the Cultural Diversity Awareness Week shared

lunch. Allied Health and Health Promotion staff worked with the group via English Language classes at HUB to identify what they needed and wanted from health services and any areas of difficulty they had functioning in the Horsham community.

As a result Allied Health is now running a 'Horsham Living' group. The sessions target skill

development to aid living in Horsham; including improving health literacy and accessibility to health services for migrants to Horsham.

This project is also strengthening our partnerships and relationships with consumer groups and other service providers in the local community.



FAMILY CONNECTION

Surgeon Ian Campbell began work at Wimmera Health Care Group in 1987. At the time, his daughter Nicole was just two-years-old.

Nicole spent her youth at the hospital, visiting her father at work. She loved visiting the hospital to see her dad, just like any other kid excited to see their parents in their workplace. For Nicole, it also sparked a passion for medicine. A spark that is as strong as the bond with her father.

Nowadays, Nicole doesn't just come and visit her father at work, she works alongside him. Nicole Campbell is now a registrar at Wimmera Health Care Group and shares cases with her father.

"I have always admired my dad and I wanted to work with him," Nicole said.

"I grew up visiting the hospital, did rotations as an intern here and now I am a registrar here - it is like a second home to me."

Mr Campbell beams with pride when he speaks about working

with his daughter, but also shares a humorous insight into their working relationship.

"I am a very proud father. I am very pleased to see how she has progressed over the years," he said.

"Admittedly, sometimes it is interesting, but most of the time it is just fun."

Theatre Nurse Unit Manager Maree Markby was a graduate nurse when Mr Campbell began working at the Wimmera Health Care Group. She said the father-daughter duo are a pleasure to work with.

"They are very alike. It is a pleasure to watch them work together. Sometimes I have threatened to

separate them, but it is all in good fun," she laughed.

Mr Campbell said his daughter was a great example of why Wimmera Health Care Group being a teaching hospital was so important. "It takes a lot of support to create a doctor, but it is always worth it," he said.



DID YOU KNOW?

- 3,000 people were admitted to hospital from our emergency department this year.
- 887 children (0–16 years) were admitted to hospital for treatment.

PERSON CENTRED CARE

Named Nurse Project

In the early part of 2015, our aged care homes introduced 'Named Nurse', where each resident is assigned a nurse who makes sure their needs and wants are met. This is in addition to the staff that look after residents on a day-to-day basis. Having a key person as the main contact and support for the resident and their family has great benefits for all those involved. It provides residents and their families with a familiar face and a regular person as the main point of contact. It fosters a more personal approach to care of the older person and the things that make them special. Better relationships are also developed between the resident, family and

the named nurse or carer and a sense of family created.

Lisa Polycarpou has been working in Wimmera Nursing Home for 10 years and believes the Named Nurse is a fantastic initiative. "It's nice to be able to support that person and get to know everything about them," Lisa said.

Lisa's named resident Mr Nigel Heard, says "Lisa is just wonderful and looks after me so well. She also has the same name as my daughter."



Bright Betty

Wimmera Health Care Group would like you to meet one of Dimboola's newest staff member – Betty, bringer of joy.

Betty the three month old Border Collie took up her position in May and is currently employed as a casual at the Dimboola Campus. She can be seen making her way through the building, popping into residents' room for a quick scratch behind the ear or just laying down in a communal area enjoying the bright smiles directed her way – it's a tough job.

Dimboola Campus Administration Assistant Tania Kuhne is Betty's owner and said she started bringing her to work after Campus Manager Sue Mark suggested the idea.

Betty has been a hit with residents and staff. She can get great reactions out of residents who normally don't respond well to stimulus, especially dementia patients. She walks into a room and the resident's eyes light up, it is great for them.

A PLACE TO CALL HOME..... RESIDENTIAL AGED CARE



Ilka's story

Ilka lives in Wimmera Nursing Home and before that she lived in Kurrajong Lodge. She was married for 56 years before her husband passed away. They have two children Shane and Debbie, and five grandchildren.

Ilka was raised on a farm in the remote area of the Millewa which is between Mildura and the South Australian Border, where Ilka's father worked on the land. Ilka said that when the drought hit, her father lost the farm and they had to move. The family then shifted to Brimpaen to work on her grandfather's farm. Ilka went to the Brimpaen Primary School and started in grade five after having several years of home school while living in the Millewa.

At the age of 15 Ilka left home to go to boarding school in Ballarat but came back home to work on the farm with her dad. Ilka said that she never worked in town as she

loved working on the land and being outdoors. Another bonus for Ilka was that she met a young man who was home from boarding school in Geelong on his family's farm next door. Ilka had only seen him a couple of times over the years but then they married a few years later.

Ilka's son Shane now lives on the farm and she goes back to see how the garden is going and reminisce about old times. Ilka recalls a funny moment in her life when her husband Garth bought her a new electric wheelchair and then found out it didn't work.

Ilka has some good advice for the younger generation and that is, 'be patient and also remember that family is the most important thing in life'.

While Ilka found the move hard from Kurrajong Lodge to the Wimmera Nursing Home, she is settling in well and said that staff are very kind and look after her well.

Wimmera Nursing Home is ideally positioned on the same site as the Wimmera Health Care Group (Wimmera Base Hospital), and close to the city centre.

A landscaped garden provides a wonderful opportunity for residents to enjoy the outdoors with family and friends. Within the grounds of the garden is a purpose built mobility walking area to aid residents in improving their mobility.



Tony's story

Tony moved to Kurrajong Lodge earlier this year and now feels part of the family.

Tony's had a very full and adventurous life, having helped his dad on the market farm when he was young, to completing National Service as a young lad and then setting his sights on a passion of his for the remainder of his career – wool classing. Tony laughs when he reminisces about his career choice. "People say to me how you can stand the smell of the wool – but I love it. Mum used to say to me – don't be silly you're not going to work in the sheering sheds it's too dirty, but I swayed her after a while." Tony remembers how hard working his mum was, raising five children on her own after his dad was killed in a car accident.

"She used to do a lot of cooking for the nuns and priests which would help ends meet," Tony said.

Tony and his late wife Betty have a daughter called Catherine who is a huge part of his life.

Tony keeps very busy in Kurrajong Lodge and helps maintain the vegetable garden in the home and helps the staff cook special treats for the residents.

Tony believes you need to help others and stay busy.

Tony recalls his time in the National Service when he took a young male under his wing that was anxious about the experience and had never been away from home before. Tony said to him "don't worry you can stick by me and I looked after him during that time."

Tony has seen a lot of aged care homes but says Kurrajong Lodge is 'spot on'.



Kurrajong Lodge is situated within the residential area of Horsham. Nestled quietly overlooking the recreational parkland of Jardwa Park, the home accommodates 36 residents, all in single rooms.

The lodge offers low care ageing and is a relaxed setting that allows residents to maintain their freedom and independence within a safe and comfortable environment.





Rona's story

Rona has been living at Dimboola Nursing Home for just over two years.

Rona grew up in Horsham and was the first ever woman to work at the Horsham Times, now called the Wimmera Mail-Times. Rona is also well known to the music world having performed as a classical singer at the Horsham Town Hall at many concerts in the 1960's.

When Rona was 22 years old her boyfriend at the time was sent off to war. Sadly he was missing in action for nearly two years and then four days before Christmas one year they received word that he was officially pronounced dead. Rona caught the first train to Wangaratta to be with John's mother at this sad time. It wasn't until 10 years later that Rona met her husband Dickson and they married within the year. They had a very happy life together and have two children, Elizabeth and Andrew.

Rona's daughter Elizabeth speaks very highly of the care her mum Rona receives at Dimboola.

"I often tell other families how good Dimboola is and give it a plug," Elizabeth said.

Rona recalls a very special moment in her life when she was to be at a press conference for the arrival of the Archbishop of Canterbury, Jeffery Fisher. Amongst all the excitement the taxi dropped Rona off at the Catholic Church instead of the Anglican Church and she had to run all the way around the block. Rona fondly remembers 'as he was driving through Dimboola the Archbishop spoke to an Englishman and said— go home and write to your mother'.

Rona said Dimboola is now her home and 'the staff are kind and the food is good — but often we get too much food and all we do is eat' she laughed.

Dimboola Nursing Home is located within the quiet rural town of Dimboola. This bright and modern home provides facilities that support residents to maintain their connections within the wider community. It is attractive and was designed to accommodate 28 residents and provides care in a friendly and homely environment.

Gardens and courtyards are landscaped with manicured lawn areas, planted gardens, easy walking paths, garden sculptures, mural designed by a local artist and barbecue facilities with some rooms offering direct access to the garden.



PULMONARY REHABILITATION AND LUNG SUPPORT GROUP

The Grampians, Wimmera and West Wimmera areas have very high incidences of Asthma and Chronic Obstructive Pulmonary Disease (COPD).

In 2008, surveys looking at the occurrences of lung diseases demonstrated our region had the highest respiratory disease statistics in Victoria.

COPD is an umbrella term for chronic lung diseases, such as Emphysema and long-lasting Bronchitis which affect the way we breathe, and is not entirely reversible.

People with long-lasting lung disease usually have shortness of breath, even when they are not doing very much. There is often mucous and a cough even though there is no indication of a chest infection.

The main causes of long-lasting lung disease are smoking, previous chest infections and sometimes the work we have done in the past.

Wimmera Health Care Group has provided a respiratory service through Pulmonary Rehabilitation

and the Lung Support Group for many years, through the Community Rehabilitation Centre.

In the past eight years, Pulmonary Rehabilitation has developed into an eight week group program held five times every year.

Attendance at a Pulmonary Rehabilitation Program for people with long-lasting Respiratory Disease is shown to improve quality of life, reduce the number of hospitalisations and days in hospital, reduce anxiety and depression and improve strength, endurance and improve survival.

The program involves one hour of exercise and one hour of group education and discussion.

The exercises are tailored to each person based on their screening results of tests for endurance, capacity, strength and personal goals. A pre and post group assessment provides valuable information of improvement of a person's physical and psychosocial stress level.



OUR PULMONARY NURSE

*Who would put their hand up to be Pulmonary Nurse
A life full of mucous, I could think of nothing worse
Bounding with excitement, if your phlegm does come
Quickly checked for colour, oh what fun
And heaven above you dare come in contact with a sneeze
You can back it in, in no time you'll have the dreaded wheeze
A lifetime full of battles, with wins few and far between
Against chests full of rattles, you have to be pretty keen
We know of one such lady, who spreads herself quite thin
From hospital wards, home visits, not to mention Rehab gym
Of OT's, Physio's, Nurses and more behind the scenes
They all work very hard to ease our weary lungs
And most of the time their praises usually go unsung
But we'd all be forgiven for getting a little discerned
As you'll see when I recap just what we have all learned
Our diet it's a must not to overeat
But also just as important to eat plenty of red meat
And when the times that you are struggling to get that bit of air
Breathe easy and remember, slow it down, you'll get there
And just when you feel down and out and think that we can't cope
They always seem to find a way to help and give us hope
So hook up your oxygen bottles, and take a big deep breath
And raise our multitude of puffers, to Heather MacDonald the best
- Marg Banks*

Lung Support Group

At the completion of the rehabilitation program, participants are invited to attend the Lung Support Group which is held monthly. The support group aims to continue and extend the peer support network they have developed during the rehabilitation program. Wimmera Health Care Group Lung Support Group is held at the Lutheran Retirement Village Community Centre. Long-lasting Lung disease can be very stressful and confusing. Apart from the physical symptoms, there is often worry, isolation and

depression associated with loss of independence and what the future may hold.

The support group assists participants and their families/carers share concerns and ideas whilst at the same time learn more about their lung disease and its management.

Participants have a common personal interest in long-lasting lung disease and strong connections are frequently made that are long lasting.

WE CARE ABOUT YOU

Caring for carers

Carers provide support to a family member or friend who needs assistance. They may care for a frail-aged person, someone with a disability, chronic or mental illness, or someone recovering from an illness or accident.

Community Options – Carer Respite Services has commenced a monthly Carer Support Group. The aim of the support group is to share carer's experiences, provide emotional support to each other, and share practical information, tips and resources. We meet monthly at the new Community Options offices in Baillie Street in the Wimmera Uniting Care building and each group is facilitated by our Carer Respite Co-ordinators. Community Options also provides information and support around Home Care Packages and services to assist people to remain living in the community.

If your family member or friend needs assistance or advice please contact Wimmera Health Care Group, Community Options by either calling into our new offices situated at 185 Baillie Street Horsham (across the road from May Park) or phone 5381 9336 and ask to speak with our intake and enquiries staff.



Look Good Feel Better

Since 2007 WHCG has been co-ordinating the delivery of the Look Good Feel Better (LGFB) program which is a Cosmetic Industry Community Initiative to help cancer patients.

In a relaxed and friendly workshop environment, a team of volunteers give practical advice on skin care, make-up and also provide head wear demonstrations to women undergoing treatment for cancer. The aim of the program is to empower the women to be able to manage the changes that may occur to their skin, hair and general appearance as a result of their chemotherapy and/or radiotherapy treatment.

These workshops would not be possible without volunteers and WHCG is very fortunate to have a very dedicated team. A number of our volunteers have been involved since 2007 attending each session even if it means having to rearrange their own personal commitments to do so.

The workshops are free and participants receive complimentary sets of skincare and make-up for use in the workshops. The two hour sessions are run three times a year in March, July and October.

Feedback from some of our participants include:

“Excellent program, it was fun and made me feel normal and forget about my diagnosis. Consultants were fantastic and very informative and helpful. Thank-you.”

“Really great day, recommend to everyone to come. Well run, very friendly, and is morale boosting.”

“What a wonderful day. Thank-you so much to the wonderful volunteers. I have learnt so much and feel a lot happier and confident.”

PATIENT CARE COMMITTEE

The safety and quality of clinical care provided in hospitals is now closely watched by governments, regulators, the media and the public. However, this was not always the case. In the 1980s, the quality and safety of patient care provided in hospitals was assumed to be of an appropriate standard. The large studies showing there were significant problems in hospital care in Australia and across the developed world were several years from commencing.

Wimmera Health Care Group has a strong history of commitment to quality and safety and is one of a handful of Australian hospitals that have been continuously accredited by the Australian Council on Healthcare Standards since 1974.

Following in this well established commitment to quality and safety, in 1989, Wimmera Health Care Group established only the second Clinical Risk Management unit in Australia

(the first being at Royal North Shore Hospital in Sydney).

Initially, four doctors continuously reviewed the medical records of patient admissions that had a higher than expected chance of containing an adverse event which may have been due to medical management. In practice, this resulted in the medical records of 10% of all patient admissions to the hospital being reviewed.

When adverse events were found they were discussed at the Patient Care Committee, analysed and action was taken to prevent the events from recurring.

One of the strengths of the program was that medical records were continuously being reviewed, and if the actions being taken were ineffective and the adverse events recurred, actions could be modified until the appropriate result was achieved. The Patient Care Committee's deliberations have

resulted in many changes in how care is provided to patients in this hospital and a sustained reduction in the number of adverse events.

The program has been described in several articles in the Medical Journal of Australia, international medical journals and in a book about how to improve quality and safety in hospitals which is used as a text in many university quality and safety courses in Australia and overseas.

The program and the results it has achieved, have been presented at conferences in every state and territory in Australia and at international conferences in Berlin and Singapore. The program has been replicated in large tertiary hospitals in Australian capital cities and rural base hospitals.

The program was supported by the Victorian Department of Health to be used by every small hospital in rural Victoria for ten years as

the Limited Adverse Occurrence Screening Program.

One of the strengths of the program has been that three of the four doctors who commenced the program 26 years ago (Ian Campbell, David Leembruggen and Alan Wolff), are still active participants. In addition, the health care group's Clinical Risk Management Unit has had only two long term managers (Jo Bourke and Sally Taylor).

The longevity and strength of the program is in no small part due to the long term dedication and commitment to clinical quality and safety of these key participants.

The corporate memory regarding adverse events and successful and unsuccessful strategies used to try to prevent them recurring, has added to the program's effectiveness and made the delivery of health care at Wimmera Health Care Group safer and of a higher quality.



The committee at work

LEADER IN RURAL HEALTH



Practice nurse Susie Barber and Dr Peter Haslau who retired from Dimboola before Dr Moyo commenced with practice manager Heather Parker.

New doctor for Dimboola

Wimmera Health Care Group has a new doctor at the Dimboola Medical Clinic. Dr Paul Moyo was appointed in May to run the general practice clinic in Dimboola, a position left vacant after Dr Ziggy Kusiak left the

community in 2014. Dr Moyo and his family have relocated to Dimboola. Dr Moyo has been enjoying his role and said he understands the position has a great level of responsibility to the community. Dr Moyo is a general practitioner but has special interests in mental health and skin problems.

Wimmera Health Care Group Director of Medical Services Professor Alan Wolff said Dr Moyo was a welcome addition to the organisation.

“We are very pleased and have welcomed Dr Moyo in Dimboola,” Prof Wolff said.

“He runs a full clinic and an after-hours service and has moved to Dimboola with his family and is settling into the community well.”

Prof Wolff also thanked Dr Peter Haslau who filled the role in Dimboola until a permanent replacement was found.

State of the art equipment

Wimmera Health Care Group is continuing to prove it is a leader in rural health with new, state-of-the-art equipment to remove cataracts. Director of Medical Services Professor Alan Wolff said the organisation was just the second in the country, and the first in Victoria, to get a Centurion Vision System. “The Centurion Vision System is the best equipment there is in the removal of cataracts,” Prof Wolff said.

“Our surgeon who uses the equipment is very impressed with it and said it makes the procedure faster and the removal of cataracts more efficient. We are very proud to have this technology in Horsham.”

Prof Wolff said the majority of cataract removals in the Wimmera and Southern-Mallee are performed in Horsham, with 204 done last year.

Prof Wolff said since the Centurion, which cost \$90,000, was purchased for Horsham, a large number of leading Australian hospitals had also ordered the machine.

“We were leaders in bringing in this technology to Australia, especially rural Australia.”



INFECTION CONTROL

Infection prevention remains a priority for all at Wimmera Health Care Group. Each year brings more challenges with the presentation and frequency of new Multi Resistant Organisms (MROs) to the Wimmera Health Care Group.

Community members who have travelled overseas in the past 12 months should mention to their treating doctor/nurse as extra tests may be required to rule out infections not yet common in Australia. This was very evident during the time when the Ebola epidemic was at its peak.

The emergence and increase in the rates of these organisms reinforces the importance that: hand hygiene, good environmental cleaning and correct prescribing of antibiotics are of extreme importance in the prevention of the spread of infection.



Wimmera Health Care Group takes hand hygiene very seriously and even undertook a public awareness campaign on Facebook explaining the importance of hand hygiene in health care.



Cleaning audit success

The Environmental Services staff have had a busy year keeping the hospital clean. This is no mean feat as we discharge and admit new patients many times each day. The annual audit conducted by an external auditor scored the Dimboola and Horsham sites with an overall score of 98%.

THE SAFE AND APPROPRIATE USE OF BLOOD AND BLOOD PRODUCTS

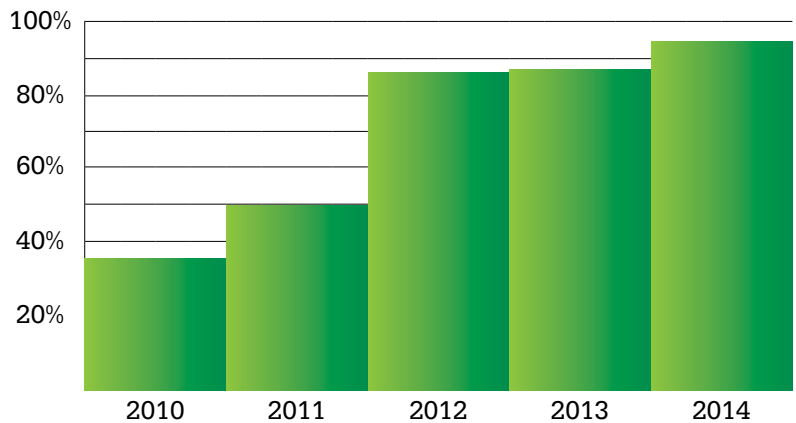
At Wimmera Health Care Group we have a number of approaches to promote the safe and appropriate use of blood and blood products. Blood products are products that are made from fresh blood.

- The Transfusion Committee, which is responsible for ensuring that blood is used safely and appropriately within 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 we use here, so we work closely with their staff in developing our processes around blood use.
- Wimmera Health Care Group staff who are involved in the collection and administration of blood are required to satisfactorily complete annual education. This education provides staff with the latest evidence for best practice for the safe administration of blood.

- Consent for administration of blood:
 - › There are a number of risks associated with blood transfusions and it is important that anybody who needs a transfusion understands why they need it, the benefits and risk of the transfusion, whether there are alternative procedures and treatments that could be used instead of a blood transfusion.
 - › Each person who receives a blood transfusion in Wimmera Health Care Group should be asked to provide their consent for the blood transfusion. The consent process provides the patient with the information on the reasons for the transfusion, the risks and benefits and any alternatives. It also provides them with the opportunity to ask any questions they may have. By signing the consent form, the patient agrees to the blood transfusion and agrees that they understand the reasons for the treatment, probable benefits, potential side effects and common risks.

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 96% of our patients have had a documented consent for their blood transfusion.

- Only giving blood and blood products when appropriate:
 - › We need to ensure that the administration of blood and blood products is appropriate. Blood is a valuable community resource and we don't wish to waste it. If administered inappropriately – it may mean that the product is not available for someone else that does need it. It can also expose the patient to risks of a transfusion without offering a corresponding health benefit.
 - › Audits are undertaken to monitor the percentage of patients who meet the Australian guidelines for appropriate use of blood.



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

DID YOU KNOW?

- In this financial year our recycling program diverted a total of 225kgs of printer cartridges from landfill.

QUALITY & 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 prevent them from harm that may be caused through:



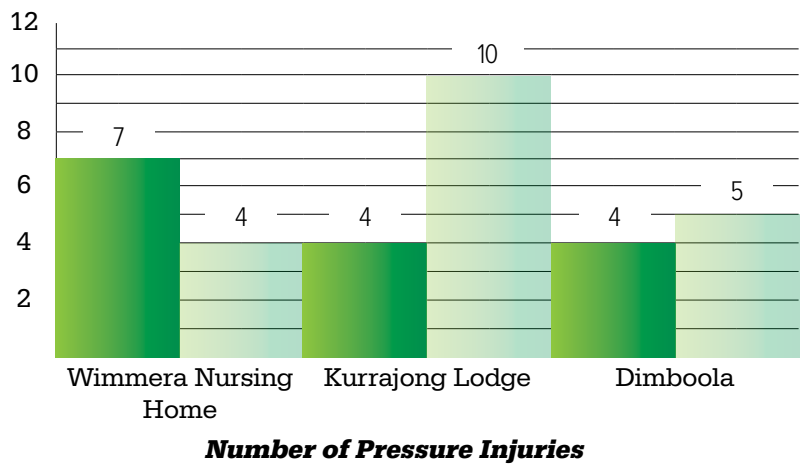
To track how well we are doing in keeping our residents safe we compare ourselves against similar sized aged care homes every three months. Not only do we look at how others are doing we look at our results and ask ourselves - "What we can do better to help improve the safety of the people in our care?"

Please see the graphs which tell you our results over the last 12 months (1 July 2014 to 30 June 2015) in comparison to other similar sized aged care homes.

Pressure injuries

Pressure injuries occur when there isn't enough blood getting to the tissues underneath the skin. This happens when too much pressure is placed on the tissue or when the pressure is not eased soon enough, for example, when someone is sitting or lying for too long in the same position. Pressure injuries often occur where the tissue covers a bone and it is this hard surface that further raises the pressure and lowers the blood flow. A pressure injury can result in a break in the skin and a sore forming.

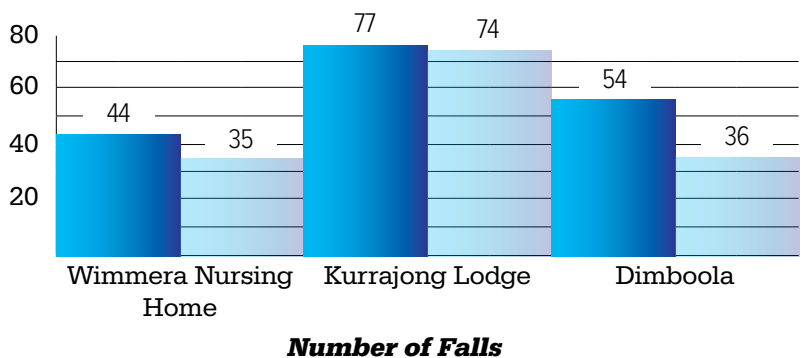
We have worked very hard to cut down the number of pressure injuries that residents get whilst in our care. Over the last 12 months we have lowered the number of pressure sores by almost one third, which is a great effort. This is due to teaching staff how to relieve pressure better and knowing the early warning signs of when an injury is forming so they can stop a break in the skin from happening.



● WHCG ● Other Similar Sized Aged Care Facilities

Preventing falls and harm from falls

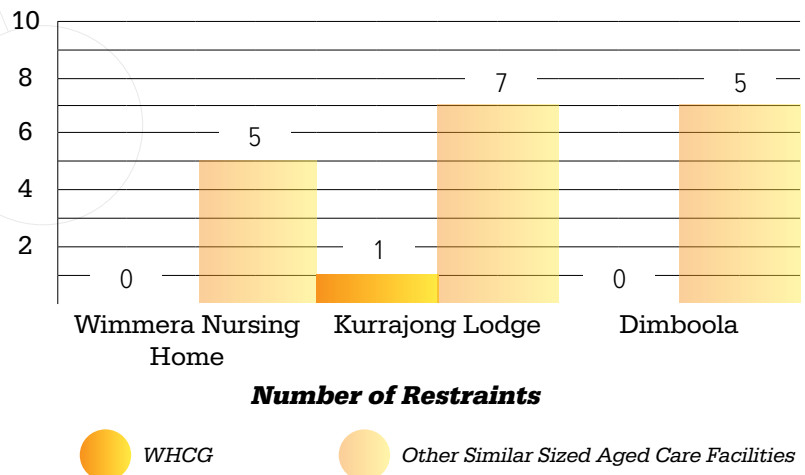
Older people are more prone to falls as their ability to move around is less than younger people. Some older people can't stand without something to support them or walk by themselves. The biggest fear we have of residents falling is that they may break a bone. If this happens it can cause the person a lot of discomfort and suffering. We are always looking at how we can keep falls from happening and the first step is to look at why the person is falling and address these things.



● WHCG ● Other Similar Sized Aged Care Facilities

Equipment for restraint

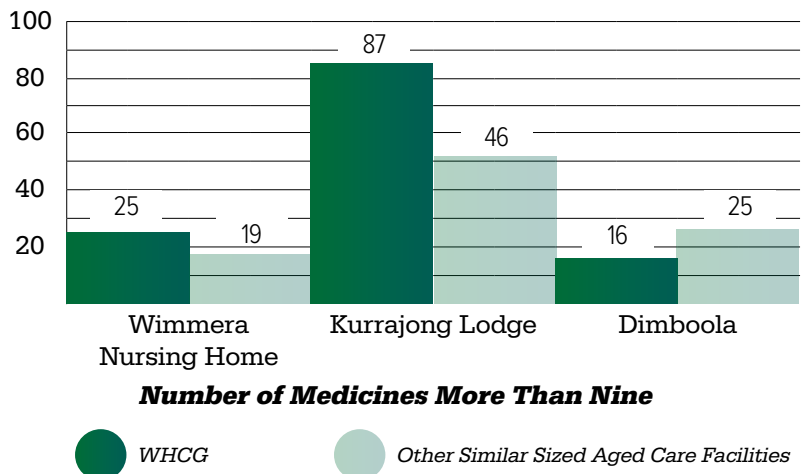
Sometimes equipment is needed to help keep residents safe from harm, especially if they are feeling agitated or angry or unaware of their safety limitations. However, if this equipment is used it must be ordered by a doctor and staff need to check on the resident frequently to make sure it is used correctly and is not causing any harm.



Using too many medicines

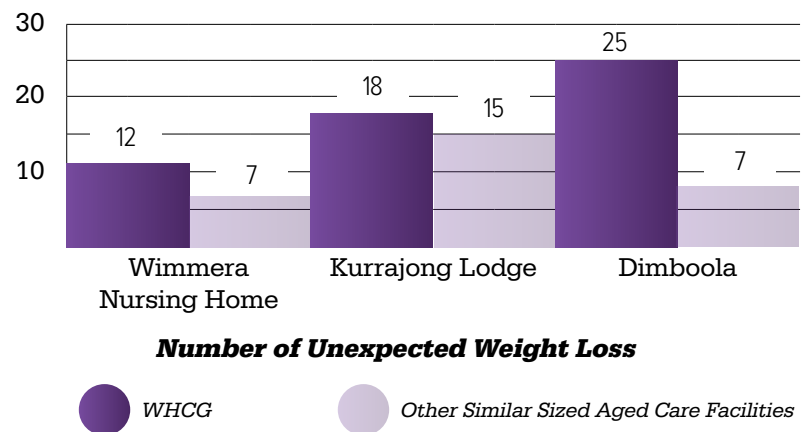
Every three months we count how many residents are taking nine or more medicines. Sometimes people can be on medicines that they may not need anymore, and if they aren't needed then residents should not take them.

At our health service 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 by cutting out some of the tablets or changing the dose and how many times the medicines are taken.



Unexpected weight loss

Sometimes residents may lose a lot of weight all at once or gradually over 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 as soon as we are aware of the problem.



DID YOU KNOW?

- Approximately 24,510 hot drinks and milkshakes were prepared from the kiosk over the last year

PREVENTING FALLS

Falls are one of the most widespread and serious injury problems faced by the elderly in our community. People in hospitals and residential facilities have even higher fall rates as a result of sickness and frailty, and altered routines and surroundings.

The frequency of falls is made worse by the greater vulnerability of the elderly and sick to serious injury. In older people, even comparatively small falls can result in significant injury and sometimes death. People who experience falls also suffer increased anxiety levels and social withdrawal.

Wimmera Health Care Group recognises the importance of implementing timely strategies to prevent falls and harm from falls and has a falls prevention program. The falls prevention program has many components including:

1. Risk Assessment and Individual Prevention Plans

If you are admitted to Wimmera Health Care Group and are aged 16 years or older, you will have your risk for falling assessed on admission and at other times during your stay. This assessment will help develop an individualised falls prevention plan.

The type of things that are likely to increase your risk of falling are:

- increasing age
- previous falls
- poor balance
- poor eyesight
- unsafe footwear.

2. Involving persons within our care and their families and carers

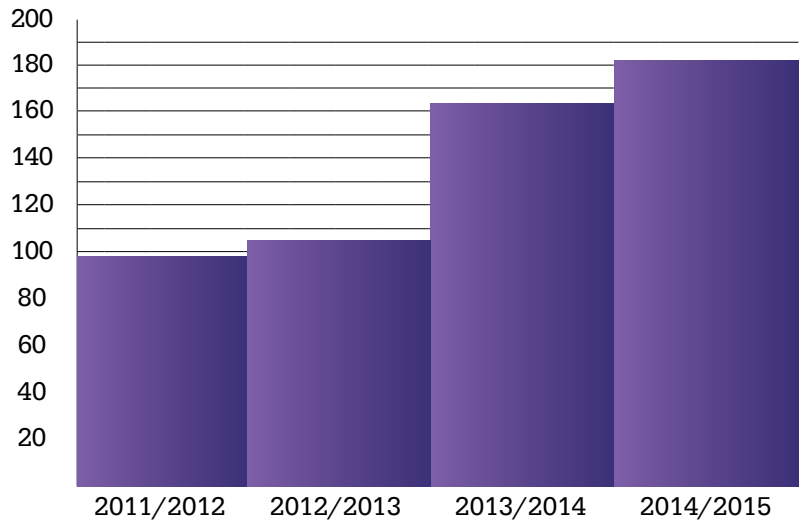
If you are assessed as having a high risk for falls, a falls prevention plan will be developed in partnership with you. An information brochure will be provided containing information on what you can do to prevent falls while you are in our care.

3. Monitoring

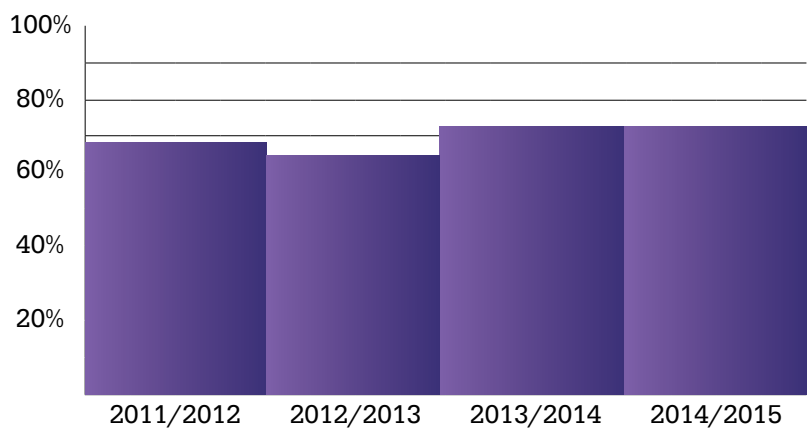
We collect data to monitor how successful this program is in preventing falls and harm from falls. This data is reviewed by the Falls Committee as well as our senior managers and the Board of Management.

Data collected includes:

- The number and harm caused by the fall.
- The percentage of persons with a falls risk assessment and appropriate falls prevention plan (if required).



WHCG Number of inpatient falls



The percentage of inpatients with a falls risk assessment and appropriate falls prevention plan

DID YOU KNOW?

- *Our orderlies walked 20 km per shift on average.*
- *37 new beds have been purchased.*
- *3,700 oxygen masks were ordered.*

APRIL FALLS DAY

Wimmera Health Care Group held its first ever April Falls Day earlier this year. The aim of April Falls Day on April 1 was to highlight ways to prevent falls. Over the day, activities that promoted falls prevention involved patients, residents, clients and staff. The following activities were conducted:

- Residents of Kurrajong Lodge participated in an exercise class aimed at improving balance.
- Day Centre clients attended an education session on appropriate footwear and also participated in exercises to improve balance.
- Patients in the acute wards completed an educational 'find-a-word' and were provided with information on how to prevent falls.

- Staff and a consumer attended an afternoon tea with a demonstration of falls prevention equipment for use in hospital and the community. At the equipment demonstration a consumer was investigating ways to make her elderly mother's home safe with a range of new products and hospital staff learnt about new products being trialed.
- Promotion of services that assists patients to prevent falls that are conducted at Wimmera Health Care Group and in the community, such as the Gait and Balance outpatient clinic and Tai Chi.



What you can do to prevent falls while you are in our care:

- Bring to hospital any equipment you normally use, such as glasses and walking aids.
- If you have a walking aid, make sure it is in good condition and that you use it rather than using furniture or walls for balance.
- If you have glasses, only wear your distance glasses when walking. Take special care when using bi-focal or multi-focal glasses.
- Wear comfortable clothing that is not too long or loose.
- Whenever you are up and about, wear comfortable, low-heeled and non-slip shoes that fit you well.
- Use your call bell when you require assistance and keep it in easy reach.
- Take your time when getting up from sitting or lying down.
- Let staff know if you feel unwell or unsteady on your feet.
- If staff recommend that you need assistance or supervision when moving, please ask them for this assistance and wait until they come to help you.
- Familiarise yourself with your room, its furniture and bathroom. Look out for environmental hazards such as spills and clutter that may cause a fall and tell staff about them promptly.
- Keep your fluid levels up.

MAINTAINING SKIN INTEGRITY

Maintaining skin integrity means that the skin is kept whole, intact and undamaged.

Why is it important to maintain skin integrity?

- Breaches of skin integrity that occur with hospital acquired pressure injuries, skin tears and infections are associated with pain, reduced mobility, increased risk of in-hospital complications and increased length of stay.
- Wounds occur more frequently and are slower to heal as we age.
- Healthy intact skin protects all our other body organs and their functions.
- Any breakdown in skin integrity makes the body more susceptible to infection.
- The aims of skin care are to:
 - Promote and maintain healthy skin.
 - Reduce risk of damage and infection.

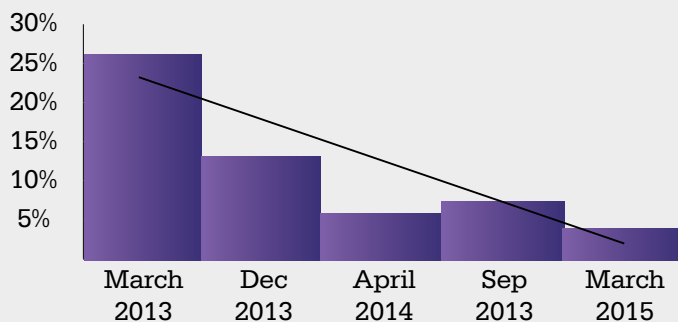
The Wound Improvement Program

In March 2013, Wimmera Health Care Group commenced the Wound Improvement Program in conjunction with Smith and Nephew (a company that supplies wound management products). The aim of the program was to improve the maintenance of skin integrity of persons within our care, by making the latest evidence a routine part of staff practice.

What have we done?

1. Researched the latest evidence on maintaining skin integrity including wound management and pressure injury prevention and management.
2. An extensive education program was provided on skin integrity, wound assessment and management, and pressure injury prevention and management.
3. Streamlined the dressing product range available to reduce staff confusion on which dressing should be used to manage which types of wounds.
4. Provided charts that prompted staff through the correct wound assessment and treatment planning.
5. Reviewed what equipment we had available for pressure injury prevention and have subsequently purchased more equipment such as alternating air pressure reducing mattresses.
6. Reviewed our patient information leaflets with patients and their families to see what information they wanted about preventing pressure injuries.
7. Regular auditing is conducted to see whether pressure injury prevention and management strategies and wound management strategies are appropriate. These results are collected 'real time' and feedback is provided to staff members caring for each person included in the audit.
8. Streamlined the skin care product range available to reduce staff confusion on which skin care product should be used on which types of skin.

Pressure injury point prevalence rate

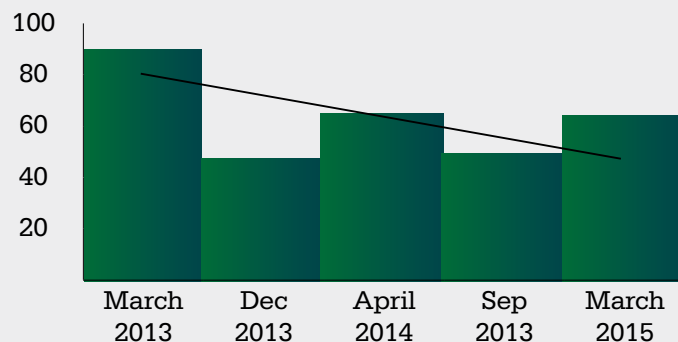


Wimmera Health Care Group Pressure Injury Point Prevalence Rate

Pressure Injury Point Prevalence Rate has decreased from 25.9% to 2.2% over 2 years.

Note: A point prevalence survey is a snap shot of all persons within our care on a given day.

Number of pressure injuries acquired whilst in care of WHCG



Pressure Injuries acquired whilst in care of Wimmera Health Care Group

The number of pressure injuries acquired whilst in care of WHCG has decreased from 92 to 66.7 over two years.

- Improved management of all wounds, leading to improved healing of wounds.
- Decreased staff confusion has resulted in increased adherence to treatment plans.
- Increased staff morale.

See the 'Preventing Pressure Injuries' poster for information on how you and your family can work with us in helping prevent the development of a pressure injury should you be admitted to hospital.

DID YOU KNOW?

- 284,800 meals were cooked this year.
- 101,352 bath towels were laundered this year.



PREVENTING PRESSURE INJURIES

(Information for Patients and their Families and Carers)

What is a Pressure Injury

- A pressure injury (also known as a pressure ulcer, pressure sore or bed sore) is an area of skin and deeper tissues that has been damaged.
- The damage can be due to unrelieved pressure, friction to the skin (eg. when heels rub on bed sheets or on shoes), and/or by shearing or dragging of the skin (eg. when sliding down in bed or being moved across the bed).

Skin redness that disappears after pressure is removed is often normal and is not necessarily a pressure injury.

Preventing Pressure Injury

- Fortunately, most pressure injuries can be prevented.
- The nurse will examine you and assess if you are at risk of developing a pressure injury. If you are at risk they will discuss options with you and a prevention plan will be agreed upon.

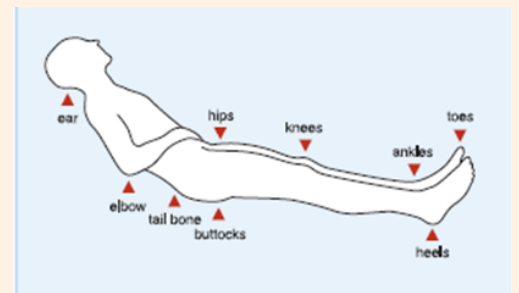
How you can be involved in preventing pressure injuries:

Look after your skin

Pressure injuries usually occur over bony areas, especially heels, buttocks and toes. Tell a nurse if you have any tenderness or soreness over a bony area or if you notice any reddened, blistered or broken skin.

Care for skin by using a mild cleanser and drying skin gently, moisturise dry skin. Staff may recommend using special cleansers and barrier creams.

Keep skin free from excessive moisture by telling staff if bedding or clothes are damp. If having difficulty in managing incontinence, please discuss with a nurse who can help in choosing appropriate aids and refer to specialists if needed.



Move Move Move

Keep as active as you are able: short walks, change your position in the chair or bed frequently. Staff will help you to shift position regularly if you are unable.

Special equipment such as pillows and foam wedges may be used to help position you to relieve pressure from bony areas, especially to keep heels off the bed. Air mattresses or special boots may also be used.

Eat a healthy diet and drink fluids regularly

If you are having difficulty eating, please discuss with your nurse.

Be Informed

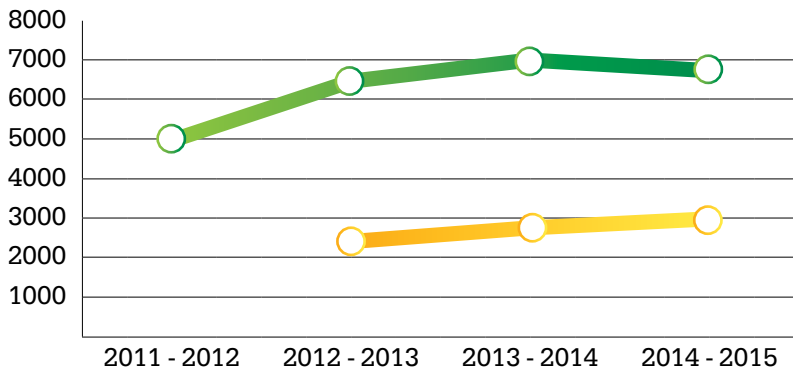
This leaflet provides some information on preventing pressure injuries. If you would like additional information please speak with a nurse or other health care professional.

DENTAL INFORMATION


The Dental Clinic underwent a major upgrade this year with funding from the Oral Health Therapist Graduate Program. The upgrade included a new surgery to replace the dental van, an upgrade to the sterilisation room and new state-of-the-art equipment.


The Dental Clinic employs two full time dentists, one Oral Health Therapist, two Dental Prosthetists, five Dental Nurses and one Receptionist.

- The number of new patients treated this years was 1700.
- The number of people on the waiting list for non-urgent treatment is 792.
- The number of people on the waiting list for dentures is 43.



Number of patients versus number of visits to the dental clinic

 No of Visits

 No of Patients

The graph shows:

1. The number of visits to the dental clinic has slightly decreased this year – by 127. Sometimes one patient can be seen several times for the one issue.
2. It also highlights the increasing number of patients seen each year in the dental department. This financial year they saw an extra 145 patients compared to the previous year.

The Dental Clinic at Wimmera Health Care Group partners with Goolum Goolum Aboriginal Co-operative to see Aboriginal children free of charge at clinics throughout the year.



MEETING PATIENT EXPECTATIONS

How well we meet patient expectations

At Wimmera Health Care Group we actively seek consumer's opinions on the services we provide. We participate in the Victorian Healthcare Experience Survey and receive this data and information on

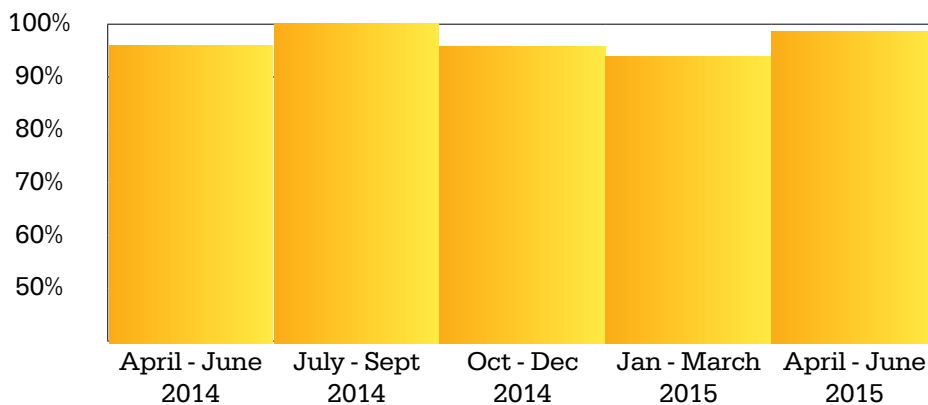
a quarterly basis. This survey helps us gain a better understanding of patient's expectations of the staff and the hospital. The survey asks patients about the pleasant and less than pleasant experiences. Patients are also asked to rate the hospital in areas of nursing, safety and quality and hospital services. The results are benchmarked against nine other similar sized Victorian public

hospitals and also with the hospitals within the Grampians region.

The survey measurement of the overall doctor's performance was positive. Patients rated their interactions with doctors favourably, and once again results were equal to or above the benchmarked areas. Treating patients with courtesy, respect, in a prompt manner,

listening and explaining, all received ratings in the 90 per cent range.

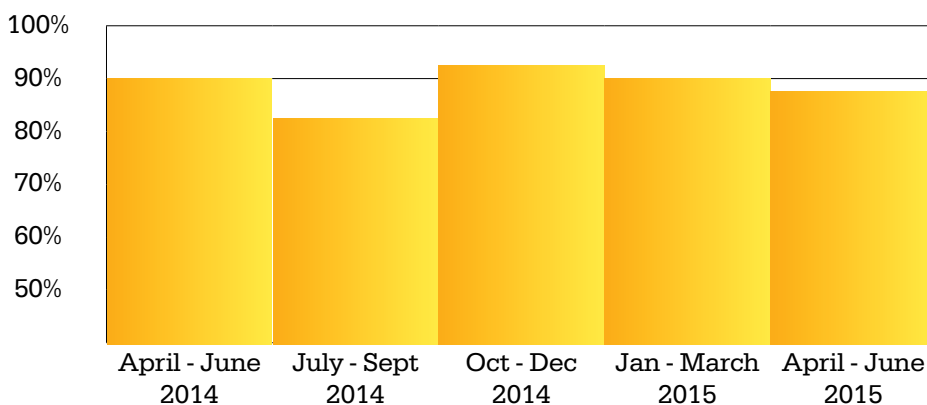
It was pleasing to see patient's rating nursing staff above the benchmark for demonstrating reassurance on any area of patient concern. The overall rating of care and treatment you received from your nurses at WHCG has consistently been rated in the very high 90% range.



WHCG overall rating of care and treatment you received from your nurses

The survey also provided some areas for possible improvement that we have been working on

- Including more provisions of hand hygiene gels in the waiting area of the Emergency Department and within the Emergency Department.
- New fold out beds have been purchased in the wards for parents or family members to stay overnight.
- Cleanliness of the Emergency Department waiting room amenities.
- Communication as to wait time in the Emergency Department.



Overall Patient Experience Score

We continue to work on the following areas that have been identified as areas for improvement:

- Discharge planning and car parking.
- Waiting room entertainment in the Emergency Department for children.
- Development of a welcome pack that includes a welcome letter, disposable earplugs and a communication booklet.

We value the contribution the Wimmera Healthcare Group staff make each and every day, and these results are a great testament to their continued dedication.

MEDICATION SAFETY

Mistakes can happen with medicines, especially when people go into or come out of hospital, change wards or see different health professionals in the community. Health professionals need to know about the medicines their patients are using, so they can make the right decisions about 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 when they go into hospital. A hospital doctor and pharmacist look at the medicines and medicines list to work out exactly 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 general practitioner 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.

People's own medicines are not used whilst they are in hospital,

unless the medicine is something the hospital pharmacy does not keep. People's own medicines are stored securely and safely in separate, clearly labelled green bags, which are stored in a separate cupboard in each ward.

Leaving hospital

When people are discharged from hospital, the hospital pharmacist looks at the person's own medicines and 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 medicine names, the dose of the medicines and how often to take them, 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 general practitioner. For people who use a Websterpak®, 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 medicine changes.

The hospital pharmacist also provides other written information about medicines, such as Consumer Medicines Information (CMI) leaflets, booklets or fact sheets about specific medicines or specific health conditions.

Warfarin

Warfarin is a medicine used to thin the blood to prevent or treat unwanted clots in blood vessels. People may take Warfarin if they have atrial fibrillation (an irregular heartbeat that can cause blood clots and strokes), blood clots in the legs or lungs, certain blood clotting problems or mechanical heart valves.

Warfarin is very effective and has been used worldwide for over 60 years and is taken by many hundreds of thousands of people every day. In the last couple of years, newer blood thinning medicines have become available, but not all people are able to use them.

People using Warfarin need regular blood tests so that their doctor can work out the right dose of warfarin. Mistakes can happen with Warfarin, especially when people go into hospital and when they leave hospital.

A new 'Warfarin Discharge Plan' form is being used at Wimmera Health Care Group to prevent mistakes with Warfarin when people leave hospital. The form is completed by hospital doctors and pharmacists. It is faxed to the person's general practitioner (and Pathology, if required) when they leave the hospital and a copy is given to the person or their carer. The form contains information about why the person is on Warfarin, how long they need to take Warfarin, any medicine changes whilst they have been in hospital, blood test results and Warfarin doses during the hospital stay. It also states the Warfarin dose to take after leaving hospital and when and where to have the next blood test.



FEEDBACK - PULL OUT FORM

Each year, Wimmera Health Care Group publishes a Quality of Care Report to inform our community of the activities we undertake in order to monitor and improve the quality of our service.

It is important to us that the report is valuable and informative. We value your thoughts and would appreciate it if you could take a few moments to complete this short survey to assist us in improving next year's report.

Please circle the number that best reflects your opinion, with 1 being 'excellent' and 5 being 'poor'.

The report clearly depicts Wimmera Health Care Group activities and achievements?

Excellent 1 2 3 4 5 Poor

The report is well presented?

Excellent 1 2 3 4 5 Poor

The report was easy to read?

Excellent 1 2 3 4 5 Poor

The report gives me confidence in choosing my care at Wimmera Health Care Group?

Excellent 1 2 3 4 5 Poor

The graphs are easy to understand?

Excellent 1 2 3 4 5 Poor

What did you find most interesting about this report?

What additional information would you like included?

What changes could we make to improve this report? (e.g., layout, content, distribution, etc)

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"/>	Other (Please State)

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;
- placing in one of the Consumer Feedback boxes in various locations throughout WHCG; or
- lodging your comments on our website at www.whcg.org.au/publications/index.aspx

Delivery Address:
131 Baillie Street
HORSHAM VIC 3400

No stamp required
if posted in Australia



Wimmera Health Care Group
Reply Paid 63749
HORSHAM VIC 3400

IT'S A TEAM EFFORT



Our Wimmera Health Care Group Team

Wimmera Health Care Group employs more than 800 staff and not all of them work in the medical field. While a hospital obviously has

nurses and doctors, there are also a large number of allied health, administration and support staff that make the hospital run efficiently. These staff work across a range of departments including pharmacy, health information, information technology, library, carer services,

administration, linen services, food services, day centre, environmental health and safety, staff development and engineering just to name a few. Allied health departments include physiotherapy, occupational therapy, speech pathology, podiatry, dietetics

and social work. It takes a large number of dedicated staff across a huge range of disciplines to provide quality continuity of care to our patients, clients and their loved ones.



Acknowledgement: Thanks to the Wimmera Mail-Times, Dimboola Banner and the Weekly Advertiser for the generous use of photographs.

At Wimmera Health Care Group
our trademark culture and
behaviour is:

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

INCORPORATING

Wimmera Base Hospital
Dimboola Hospital
Wimmera Nursing Homes
Kurrajong Lodge
Wimmera Medical Centre
John Pickering Medical Centre, Dimboola

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