



Wimmera
Health Care
Group

Excellence In Health Care Quality And Safety



QUALITY OF CARE REPORT

2012/2013

ABOUT US



Horsham Campus



Dimboola Campus

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

With a budget of approximately \$72 million, Wimmera Health Care Group is the major specialist referral centre for the Wimmera and Southern Mallee region of Victoria. Our campuses in Horsham and Dimboola service an area of 61,000 square kilometres and a population of approximately 54,000.



Wimmera Medical Centre

We employ approximately 800 staff who provide a range of acute, sub-acute, community based, allied health, residential aged care and primary care services to our community. This year we treated 10,828 acute inpatients and 13,891 emergency presentations.

The Wimmera Health Care Group was established in 1874 as the Horsham Hospital and was incorporated by the authority of the Hospitals and Charities Act (No. 5300) on 27 August 1877. In 1950, the name was changed to Wimmera Base Hospital and, following a formal amalgamation with Dimboola District Hospital on 1 November 1995, became officially known as Wimmera Health Care Group.

How to Contact Us

Phone	(03) 5381 9111
Fax	(03) 5382 0829
Email	info@whcg.org.au
Mail address	Baillie Street, Horsham, Victoria 3400
Website	www.whcg.org.au

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

A level of care for patients not requiring the intensity of services of a hospital but require some support services. There is a focus on goal oriented assessments with the aim of independence and quality of life. Sub-acute is often used as a transition from acute care back to the community.

Allied Health Services

Services such as Occupational Therapy, Speech Pathology, Physiotherapy, etc.

Patient

Person receiving acute care services.

Clients

Those people accessing community care.

Community Care

Help available to persons living in their homes, rather than services provided in residential institutions.

Resident

An older person that 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.

Front Page: Wimmera Health Care Group Clinical Educator Chris Dodson shows Lilly Madex and Riley Reed how he finds a heart beat on a patient during a Teddy bear Tour at the hospital.

Acknowledgement: Thank you to the Wimmera Mail-Times for supplying photographs for this publication.

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FOREWORD

Welcome to the 2012/13 Quality of Care Report for Wimmera Health Care Group. On behalf of the Board of Management and all our staff and volunteers, we invite you to read this report which will provide you with an overview of the services we provide and how we reach into the community.

Our Quality of Care Report is published for distribution to consumers, carers and the community. The report provides information about the health and wellbeing related services that Wimmera Health Care Group has available for you, your family, your friends and colleagues.

We describe our quality and safety systems and processes we have in place and their beneficial outcomes for the community. In preparing this report we have consulted with consumers, carers and our Community Advisory Committee. Their contribution is appreciated and highly valued.

'Excellence in health care quality and safety' is the theme for this year's report and is consistent with our vision and our commitment to you - our consumers, carers and community.

We hope that you find this publication interesting, informative and enlightening in understanding our role in the provision and delivery of high quality health and wellbeing services to the Wimmera and Southern Mallee. It is with pleasure that we present the 2012/13 Quality of Care Report for Wimmera Health Care Group.



Mark Williams
President



Chris Scott
Chief Executive

Our Vision

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

Our Mission

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

Our Trademark

One of our most valuable assets at Wimmera Health Care Group is our distinctive logo; the wheat sheaf. This symbol has always stood for excellence in health care quality and safety; however, in more recent times the Board of Management, Executive and Staff have sought to clarify what values underpin our strong brand.

In distinguishing these 'trademark' values and ensuring we continue to aspire to them, our organisation is:

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

ABOUT THIS REPORT

How we went about preparing this report

This report has been prepared in consultation with the Community Advisory Committee, Wimmera Health Care Group staff and other stakeholders.

Last year, we actively sought feedback from the community and your suggestions have been used to improve this report.

An example of your feedback and how we have responded is provided below:

Your Feedback	What We Did
<ul style="list-style-type: none">• Graphs needed to be more readable.	<ul style="list-style-type: none">• Graphs have been altered to be easier to read.
<ul style="list-style-type: none">• Include more personal stories about some of the services or programs provided.	<ul style="list-style-type: none">• We have included more personal stories from community members.

How we will distribute this report

The Quality of Care Report will be released to the public at our Annual General Meeting on Thursday, 14 November 2013 in Horsham. At that time, the report will also be mailed to our supporters, other service providers, service clubs and community groups who support our health service.

Articles in the local press will be published as a means of increasing awareness and informing community members on how they can access a copy of this report.

Copies will be made available in waiting areas at all Wimmera Health Care Group sites, local clinics (medical, dental, etc), community organisations, Local Government, and the public library. Copies will also be provided to patients and clients through Wimmera Health Care Group departments.

This document will also be available on our web site www.whcg.org.au.

Your feedback is important

This report is designed to give you an insight into the work we do and how we are meeting community needs and continuously improving the quality of care we provide.

To ensure that it continues to be relevant, we welcome your feedback and encourage you to complete the enclosed feedback form and return it to us as soon as possible. Alternatively, you can log onto our web site www.whcg.org.au and complete the online survey.



Photo: Minister for Health, The Hon David Davis presents Professor Alan Wolff with his Health Lifetime Achievement Award at the Victorian Public Healthcare Awards.

INVOLVING THE WHOLE COMMUNITY

Consumer, Carer and Community Participation

Connecting with People in Aged Care

Recently, Wimmera Health Care Group (WHCG) adopted the Montessori principles within their residential aged care homes, incorporating;

- Sir Robert Menzies Manor (SRMM)
- Matron Arthur Manor (MAM)
- Kurrajong Lodge
- Dimboola Nursing Home

The founder of Montessori, Doctor Maria Montessori, worked with under-privileged children and developed an educational program to help these children based on the following goals;

- To enable individuals to be as independent as possible.
- To have a meaningful place in their community.
- To possess high self-esteem.
- To have the chance to make meaningful contributions to their community.

While Montessori is well-known in the education sector, it is only a relatively new concept in aged care. Many nursing homes now focus on the application of Montessori for residents with Dementia, however, WHCG is applying Montessori for all residents within our care regardless of their health status.

A Montessori Working Party was established to ensure we create an environment that aligns with the goals underpinned by Montessori. We are fortunate to have two residents on the working party who are active members and work diligently alongside the staff to plan and implement meaningful activities for

residents. Elaine Pretty was the first resident from SRMM to join the group. Elaine said it has been a wonderful experience.

“I feel that I can contribute to making a difference to the lives of older people,” Mrs Pretty said.

When asked how she enjoys her new role, resident Valda Grose from Kurrajong Lodge said “I felt honoured to be asked to join the group and am pleased that I can contribute in some way.”

The Montessori Working Party has initiated a ‘snack trolley’ run which commenced in September this year. The trolley provides residents, who are unable to get to the shops, an opportunity to buy personal items such as cards, stamps, confectionery, beverages and other assorted goods.

The group is also in the process of purchasing name badges for residents and staff to wear. One resident, when asked if she would like to wear a name badge said “What a great idea - I was sitting next to someone at the dining table today and would have loved to chat but I didn’t know their name;”. This initiative will assist residents to engage in conversation with each other at social events and at meal times in the dining room.

Montessori Working Party members (from left) Lifestyle and Leisure Co-ordinator Denise Ford, Quality Manager Katrina Perroud, Sir Robert Menzies Manor resident Elaine Pretty, Sir Robert Menzies Manor Nurse Unit Manger Fiona Williams, Kurrajong Lodge resident Valda Grose, Quality Co-ordinator Juliana Antonoff and Lifestyle Officer Aileen Ward.



As part of Wimmera Health Care Group's (WHCG) commitment to enhancing the health of all people across the region, the inaugural Move4Life was held on 25 November 2012.

Move4Life was co-ordinated by a volunteer committee which included WHCG staff and members of the broader community. The aim of the event was to get people more active, whether that was by walking, running or wheeling.

Move4Life was organised much like a traditional fun run/fun walk but also included stalls where health information was provided and at the end of the event, fresh fruit snacks were given free to participants.

The Horsham YMCA staff provided a group warm up which really got participants into a great mood and ready to take on either the 2km or 5km tracks.

Committee Chairperson and WHCG Public Relations Co-ordinator Amelia Crafter said the event was so popular, it will become an annual event.

“We had 80 registrations in the first year and we think that was a really good result,” Mrs Crafter said.

“Because of the support we received, it was decided to make the event annual, so we took a lot of the feedback from last year and have implemented that in the next event. There will now be an 8km track as well and the event will be earlier in the morning, to avoid the hot November sun.

“Our overall goals are to increase people's knowledge about living healthier, getting more exercise, eating right, alternative health options and being sun smart. “All of that is important and Move4Life touches on all those topics.”



Fun Run: Steve Kelly and Carly Creek take part in the inaugural Move4Life in Horsham in November, 2012.

INVOLVING THE WHOLE COMMUNITY

Consumer, Carer and Community Participation

Doing it with us, not for us

Doing it with us, not for us... Strategic Direction 2010-2013, is the Victorian Government policy on consumer, carer and community participation in the health care system. Experience shows that consumer, carer and community participation will only be encouraged and facilitated by staff throughout a health service when there is sufficient organisational commitment to support them.

This includes visible leadership, policies, processes, and capacity building to enable participation to occur effectively and meaningfully.

To achieve this locally we aim to;

Ensure that care, services and facilities provided by Wimmera Health Care Group (WHCG) are planned, delivered and evaluated in collaboration with consumers, carers and the community.

There are a number of ways to participate in your care. WHCG aims for consumers, carers and community members to experience a variety of opportunities to ensure they are central to their care.

Day to day strategies include;

- Sharing of information.
- Patient centred care .
- Family meetings.
- Provision of feedback.
- Bedside handover.
- Co-signing of care plans and involvement in clinical pathways.
- Patient identification through checking processes.

Let's look at two of these strategies in more detail

Clinical handover/Bedside handover

Clinical handover involves the transfer of information regarding your care and may occur whenever there is a change of location of care, or when responsibility for care shifts from one health care professional to another. Clinical handover occurs frequently throughout your stay whenever such a situation arises.

Part of clinical handover may take place at the bedside where you, the patient and/or your carer are encouraged to be involved in decisions regarding your care. This is an opportunity for you to clarify information, be involved in your management plan and ask any questions. Effective clinical handover enhances safe patient care and promotes better patient outcomes.

Patient identification

All admitted patients are required to wear a hospital identification band during their stay. This is to be worn at all times to ensure the patient receives the correct treatment and care. Staff are required to check the identification band before giving any medication or treatment. Patients admitted to the Dialysis Unit, Day Oncology Unit and those patients being treated

in the Emergency Department are also now required to wear an identification band on admission. This is a requirement of the National Safety and Quality Health Services Standards (NSQHSS).

Targeting Higher Standards

Wimmera Health Care Group's Progress

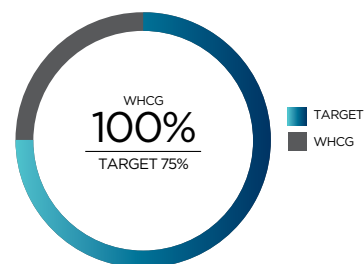
Standard 1

The organisation demonstrates a commitment to consumer, carer and community participation appropriate to its diverse communities.

WHCG's commitment to consumer participation is reflected through five standards in the Department of Health's 'Doing it with us, not for us' Strategic Direction 2010-2013 achieved through consumer, carer, community member involvement.

- Engage with our clients through the Active Service Model approach.
- Community Advisory Committee.
- Culturally and Linguistically Diverse Committee.
- Volunteers Committee.
- Information is disseminated to the community through a variety of platforms and these include; Annual Reports and the Annual General Meeting, Quality of Care Reports, media releases, health promotion, WHCG website.
- Open Access Board Meeting.
- Consumers, carers and community members providing feedback through focus groups, client satisfaction surveys, auxiliaries, Resident Relative Forums and volunteer programs.

Target is 75% - WHCG score was 100%



Standard 2

Consumers, and where appropriate, carers are involved in informed decision making about their treatment, care and wellbeing at all stages and with appropriate support.

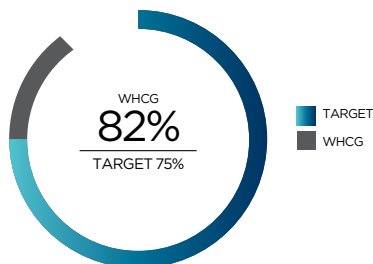
- WHCG continues to embrace the person centred care approach across all areas of the organisation. Some examples of this are;
- WHCG has established a Montessori Working Group with resident representatives.
- The Men's Shed promotes client's independence.
- The Day Centre has established client meetings where the client's needs are recognised in order for them to achieve optimal health and wellbeing.
- Discharge planning is a multidisciplinary approach with care staff, allied health professionals and the patients being at the centre of the plan discussed, ensuring they are provided with informed choices.

• All scores quoted are validated through either VPSM or internal auditing.

Indicator 2.1 Acute Care

- A consumer participation indicator score on the Victorian Patient Satisfaction Monitor (VPSM).

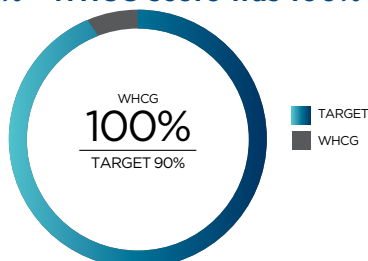
Target Index is 75 - WHCG Index was 82



Indicator 2.3 Community Health

The percentage of clients/carers satisfied or highly satisfied with their involvement in decisions about their care or treatment.

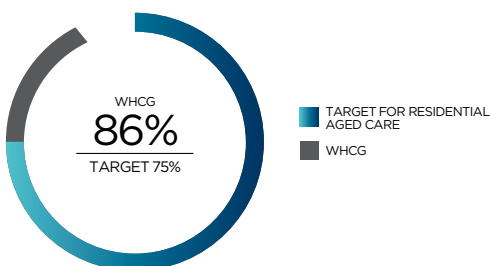
Target is 90% - WHCG score was 100%



Indicator 2.5 Residential Aged Care

The number of residents/families/carers satisfied with their involvement in decision-making about their care or treatment.

Target is 75% - WHCG score was 86%



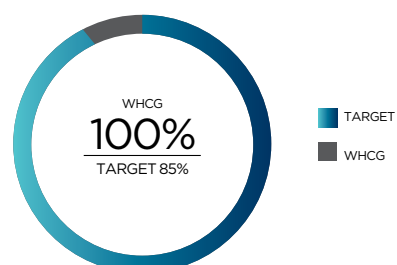
Standard 3

Consumers, and where appropriate, carers are provided with evidence-based, accessible information to support key decision-making along the continuum of care.

Indicator 3.1

Services rated 'yes' on at least 30 items of the Checklist for Assessing Written Consumer Health Information.

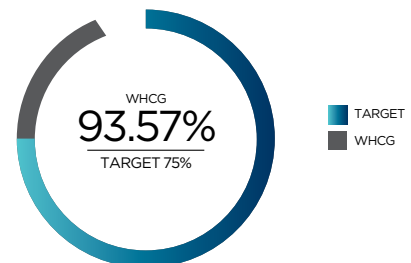
Target is 85% - WHCG score was 100%



Indicator 3.2

The number of respondents who rate the written information on how to manage your condition and recovery at home on the VPSM, as being good to excellent.

Target is 75% - WHCG score was 93.57%



Standard 4

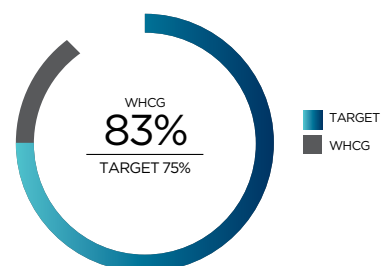
Consumers, carers and community members are active participants in the planning, improvement, and evaluation of services and programs on an ongoing basis.

- Rehabilitation activities- living and independence skills, gait and balance group.
- Feedback from consumers, carers and community members help guide the direction of health promotion activities.
- WHCG facilitates the following support groups with clients and their carers; Dementia, Lung and Stroke with outcome measures helping determine the plans for the programs.

Indicator 4

The number of dimensions or specified activities where consumers, carers and community members are active participants. Examples of dimensions include committees, quality activities and feedback into programs and strategic planning.

Target is 75% - WHCG score was 83%



Standard 5

The organisation actively contributes to building the capacity of consumers, carers and community members to participate fully and effectively.

- WHCG is part of a region wide planning approach and ensures collaboration with the Primary Care Partnership.
- Allied Health Staff attended the Wimmera Machinery Field Days, held forums and interactive and informative programs for school career days.
- Midwifery programs such as Early Bird Antenatal, Childbirth Education Classes and Special Needs Antenatal Classes.
- WHCG actively supports Goolum Goolum.

INVOLVING THE WHOLE COMMUNITY

Consumer, Carer and Community Participation

Cultural Responsiveness Plan

Wimmera Health Care Group (WHCG) has a strong commitment to meeting the needs of all consumers, including diverse cultural, linguistic and religious needs. We have shown this commitment through our Cultural Responsiveness Plan which is based on six standards set by the Department of Health. Our achievements against these six standards are outlined below.



1 A whole-of-organisation approach to cultural responsiveness is demonstrated

- WHCG participates in a broad range of cultural awareness areas. The WHCG Culturally and Linguistically Diverse (CALD) Committee is working with staff from all departments across both campuses in cultural awareness and understanding of multiculturalism.
- The CALD Committee consists of staff and community members including a representative from the Wimmera Development Association, member of the Victoria Police, a Koori Community member, a representative from Horsham Rural City Council and a member of The Horsham Islamic Welfare Association.
- All culturally significant events are observed with a particular emphasis on Harmony Day. The Aboriginal Flag is permanently flown as well as the Torres Strait Island Flag when appropriate.
- The Public Relations Department has been working with the Wimmera Development Association Settlement Committee to take some fear out of childbirth for women living in the region with refugee backgrounds. The Settlement Committee identifies women who have experienced trauma relating to childbirth, often in refugee camps. Those women are then given a private and personalised tour of the hospital to the Emergency Department, the Radiology Department and the Maternity Ward including the birthing suite. The tour allows the women to ask any questions they want in a comfortable one-on-one setting and helps allay any fears they may have.

2 Leadership for cultural responsiveness is demonstrated by the health service

- The WHCG Nursing Operations Manager has responsibility for a group of staff who make sure the Cultural Responsiveness Plan is implemented and monitored.
- The WHCG Executive and Board of Management are fully supportive of all CALD activities.

3 Accredited interpreters are provided to patients who require one

- Accessing a translator and translation guidelines are available on the Intranet for all departments.
- Access to ONCALL INTERPRETING and Translation Service is provided 24 hours on site. The following three services are provided.
 - (A) Telephone interpreter.
 - (B) On site interpreter can be provided for either spoken or Auslan languages.
 - (C) Translation service.

4 Inclusive practice in care planning is demonstrated, including but not limited to dietary, spiritual, family, attitudinal, and other cultural practices

- Inclusive practice in care planning has been implemented with the Horsham Islamic Community resulting in Halal food now being available to patients on request.
- Halal food promotion and awareness was a focus at the most recent celebration of Harmony Day.
- Consultation, regular meetings and dialogue is maintained with Goolum Goolum Aboriginal Co-operative for Aboriginal and Torres Strait Islander (ATSI) patients on discharge ensuring their needs are met.
- Spiritual needs of patients are catered for with purchases of the Bible, Koran, Torah and a Dreamtime Book which are now all located in the WHCG library.

5 CALD consumer, carer and community members are involved in the planning, improvement and review of programs and services on an ongoing basis

- The Community Advisory Committee makes sure the needs of CALD consumers are considered. The membership of this committee reflects diverse views.
- Staff are encouraged to involve CALD consumers in the planning, improvement and review of programs and services.

6 Staff at all levels are provided with professional development opportunities to enhance their cultural responsiveness

- Staff are encouraged to access external and internal education opportunities for professional development and are kept informed about opportunities.
- Cultural diversity is communicated each month at the orientation program held at WHCG for all new staff.

Harmony: Local Turkish woman Jill Sendikmen and Wimmera Health Care Group Foundation Administrator Anne Bothe, of Turkish descent, meet and share stories about Turkey at Harmony Day.



INVOLVING THE WHOLE COMMUNITY

Consumer, Carer and Community Participation

Migrant Maternity Program

Sarahi Bigirimana and her husband Charles Karangwa have settled in the Wimmera after a turbulent life fleeing civil unrest in the African nation of Burundi.

Sarahi arrived in 2008 and Charles in 2009. They have made their home in Horsham and recently started a family with their first child, a son named Fornice Charles Mugisha.

Before Sarahi gave birth at the Wimmera Base Hospital, she was one of the first women of migrant background to take part in the Migrant Maternity Program at the hospital.

Wimmera Development Association Settlement Worker Robyn Murphy and Wimmera Health Care Group (WHCG) Public Relations Co-ordinator Amelia Crafter host the tours which are a one-on-one experience for expectant mothers and their partners.

“Development of a partnership with WHCG is essential as they are the major provider of health services for all cultures living in our community,” Ms Murphy said.

“WHCG is assisting the Wimmera Settlement Program to inform and support migrants to become self-reliant and able to access services in an independent manner. The provision of individualised tours of the hospital for families, especially those who are expecting their first child, has been beneficial. It has allowed the couple to visit the hospital, meet staff and become familiar with the surrounds before the baby arrives. This has assisted in reducing their anxieties about child birth and made



the experience more satisfying.”

Ms Murphy said the relationship between the settlement program and WHCG has expanded.

“It is important to educate the migrant community on the services accessible to them. There is a growing need to provide a means by which migrant families can experience the services in health care first hand in a helpful and efficient manner,” she said.

“WHCG has provided a means by which our residents of refugee background have gained an understanding of the Australian health system which is totally foreign to their past experiences in developing countries and refugee camps.

“The WHCG is also hosting ‘Teddy Bear Tours’ for the families who attend Jellybeans Migrant Families Playgroup which has given mothers and children an insight into the hospital environment in a non-threatening manner. This can only enhance the whole experience of a trip to hospital in the future.”

Community Advisory Committee

The WHCG engages a Community Advisory Committee to help involve our community. The committee acts as a vital link between WHCG and the community. Their role is to advise the Board of Management on how WHCG can better meet the needs of people who use its services from a community perspective.

This year, the Community Advisory Committee has provided valuable guidance on the WHCG Quality of Care Report and a range of brochures and information material supplied at the hospital.

While WHCG is guided by the Department of Health’s ‘Doing It with Us, Not for Us’ policy, the Community Advisory Committee is also working towards ‘partnering with consumers’ requirements under the new National Safety and Quality Health Service Standards.

The Community Advisory Committee has received a number of presentations from hospital staff, up-skilling their knowledge and understanding of the health service.

If you would like to provide feedback to WHCG via the Community Advisory Committee, please contact the Quality Manager/Consumer Advocate on ph. 53819331 or email quality@whcg.org.au.

If you are interested in getting involved in any of the WHCG’s committees as a consumer voice, please contact the Quality Manager/Consumer Advocate on the phone number or email above.

Family: Sarahi Bigirimana and her husband Charles Karangwa with their new baby Fornice Charles Mugisha. Sarahi and Charles were one of the first couples to have a Migrant Maternity Tour at Wimmera Health Care Group

INVOLVING THE WHOLE COMMUNITY

Improving Care for Aboriginal Patients

Key Result Area 1:

Establish and maintain relationships with Aboriginal communities and services.

- Wimmera Health Care Group (WHCG) has a memorandum of understanding with Goolum Goolum Aboriginal Co-operative to ensure the best interests of the client's needs are identified and actioned.
- WHCG, through the Koori Hospital Liaison Office (KHLO) has established informal meetings with Goolum Goolum health staff. Both the KHLO and Goolum Goolum health staff liaise on the client's behalf with client permission.
- Goolum Goolum Health Manager receives a copy of the discharge summary from the WHCG doctor with the patient's consent and the patient is then eligible for Goolum Goolum services.
- Goolum Goolum Practice Manager will liaise with other community support service providers such as WHCG District Nursing, Meals on Wheels, Physiotherapy and social welfare organisations.
- NAIDOC (National Aboriginies and Islanders Day Observance Committee) week is formally recognised with a collaborative approach between WHCG and Goolum Goolum.

Key Result Area 2:

Provide or co-ordinate cross cultural training for hospital staff.

- Orientation and education sessions are provided to WHCG employees on culturally appropriate care for Aboriginal and Torres Strait Islander (ATSI) patients. In 2012-2013, 79 staff were trained in culturally appropriate care, 39 of those were nursing staff and 11 were allied health staff. These sessions give a list of ATSI patient numbers, an overview of the requirements of identification and recording of ATSI patients, a briefing on local ATSI organisations and an overview of the local cultural training available, either at Barengi Gadjin Land Council or Brambuk Cultural Centre.

Key Result Area 3:

Set up and maintain service planning and evaluation processes that ensure the cultural needs of ATSI patients are addressed when referrals and services are being considered, particularly in regard to discharge planning.

- Discharge planning and follow up/handover is in place with Goolum Goolum Aboriginal Co-operative with patient's consent. Where possible, families are involved with the patient's consent. If requested by the patient, other Aboriginal organisations may be involved e.g the Victorian Aboriginal Community Controlled Health Organisation (VACCHO), Barengi Gadjin Land Council or Budja Budja Aboriginal Health Service in Halls Gap. When dealing with transfer to, and discharge from another hospital, where there is an Aboriginal/Koori Liaison Office available, then this service would also be involved with the patient's consent.

Key Result Area 4:

Establish referral arrangements to support all hospital staff to make effective primary care referrals and seek the involvement of Aboriginal workers and agencies.

- Primary care referrals for WHCG ATSI patients/clients are made in conjunction with the KHLO and then onto Goolum Goolum if eligible. If not, KHLO co-ordinates with other primary health care/community health services to provide support and assistance with referrals and appointments to WHCG and other external service providers. Wherever possible Aboriginal health staff are involved at all times and ATSI patients are consulted and involved in referrals.



Best Start: Wimmera Uniting Care's Tracey Rigney, Horsham Mayor David Grumble, Wimmera Health Care Group's Shannon Dempsey and Director of Clinical Services Don McRae and Goolum Goolum's CEO Wally Coleman with their signed Best Start posters.

INVOLVING THE WHOLE COMMUNITY

Consumer, Carer and Community Participation

THE COMMUNITY THAT SUPPORTS US

At Wimmera Health Care Group, we are very grateful for the enormous support we receive from the community. Details of the groups that support us and how you can become involved are provided below:

Dimboola Campus Appeals Auxiliary

Meets on the last Wednesday of every month at 8pm at the Dimboola Campus. This group raises funds to support the Dimboola campus. For further details, please contact Greg on ph. 5389 1297.

Dimboola East Ladies Auxiliary

Meets on the first Friday of every month at 2pm at the Dimboola Campus. This group raises funds for the Dimboola campus. For further details, please contact Joycel Nelson on ph. 5389 1159.

Friends of the Foundation

Is an arm of the Wimmera Health Care Group Foundation. Money raised by the Friends of the Foundation is invested through the Foundation and only the interest is used to fund special projects that directly benefit people of the Wimmera, guaranteeing the highest quality health care. For further details on how you can support Friends of the Foundation, please contact Allison on ph. 0407 565 103.

Kurrajong Lodge Support Group

Provides support and company to residents at our 36-bed hostel. The Kurrajong Lodge Support Group meets on the last Monday of every month at 1.30pm at Kurrajong Lodge Hostel. For further details, please contact Marlene on ph. 5382 6763.

Victoria Police Blue Ribbon Foundation - Horsham Branch

Meets on the first Tuesday of every month at 7.30am in the Arapiles Building Board Room. This group raises funds for the Emergency Department in memory of Constable George Howell who passed away in the line of duty on 30 January 1952 at the age of 25. Their major fundraising activities include an annual gala ball and crime night. For further details, please contact the Public Relations Co-ordinator on ph. 5381 9309.

Wimmera Base Hospital Ladies Auxiliary

Meets on the first Monday of every month at 1.30pm in the Arapiles Building Board Room. They run an opportunity shop in Horsham and a uniform shop for Wimmera Health Care Group staff with all funds raised directed towards the purchase of lifesaving equipment for our hospital. For further details please contact Lorna on ph. 5382 1608.

Wimmera Health Care Group Foundation

Established in 1990, the Foundation is a public charitable fund. The aim of the Foundation is to raise money through donations and bequests to fund special projects within our campuses that will directly benefit people of the Wimmera, guaranteeing the highest quality of health care. The Foundation is managed by a skills based Board of Trustees from our local community. Donations to the Foundation are invested and only the interest is used to fund projects. The Wimmera Health Care Group Foundation has set a target to raise \$1 million in capital by 2014. To find out how you may support the Wimmera Health Care Group Foundation, please contact the Administrator on ph. 5381 9098.

Wimmera Hospice Care Auxiliary

Meets on the third Tuesday of every month at 10am in the Uniting Church Hall. All funds raised go towards the purchase of equipment to support clients of Wimmera Hospice Care. For further details, please contact Lorraine Norman on ph. 5382 7123.



Hospice Auxiliary: Wimmera Hospice Care Auxiliary Treasurer Marion Barber, President Lea Crammond, Secretary Lorraine Norman and Vice President Joy Smith.



Jacki Wahu, Lini Lokhande , Honeylette Conde , Nimmy Thomas, Sindhu Varghese, Preeni Joy, Jerry Trimocha and Maxwen Cabrerros are nurses in the IRON (Initial Registration for Overseas Nurses) program at Wimmera Health Care Group.



Wimmera Health Care Group staff members Leanne Leith and Kerry Mathews enjoy the food at Harmony Day.



New Mother Siane Holland with baby Laikyn and Dr Gwen Tabagua in Yandilla.



Paediatric Mobility Garden sponsor Lynton Brown, Wimmera Health Care Group Chief Executive Chris Scott, sponsors Chris Jones and Anne Taylor with Wimmera Health Care Group Foundation Chairman Don Johns.

CONTINUITY OF CARE

Attentive Staff Prevent Further Illness

Greg Brown has had a tough 12 months. He believes the support from staff at Wimmera Health Care Group has helped not only his health but his outlook on life after a major health scare.

Mr Brown underwent heart surgery in Melbourne at the end of 2012 but his recovery did not go well. While he was in his motel room resting up before the drive back to Horsham he suffered a major setback which saw him almost die, go back into hospital and have a pacemaker inserted.

Once Mr Brown was back in Horsham he found the thought of attending the Healthy Hearts Cardiac Rehabilitation Program extremely daunting.

“To be honest I was petrified, I was beginning to question why my life had been saved and how I would ever really get back a good quality of life,” Mr Brown said.

“The first session I saw people capable of doing a lot more than me and that got me down at first, until I realised they were further advanced in the program-it wasn’t their first day. Because of that, I could see the potential for me to improve and my competitive side kicked in and I wanted to work hard to do as well, if not better than them,” he laughed.

“I learnt so much from the program. There was the

dietitian, the cardiac nurse and the physiotherapist and they were all really positive and you couldn’t help but leave the meetings in a great mood.”

Mr Brown’s story didn’t end with the Healthy Hearts Program. Staff noticed some other health issues Mr Brown was suffering from during his time in the program and referred him on to the Hospital Admissions Risk Program (HARP).

After meeting with the HARP team and being assessed, Mr Brown was placed in a lung rehabilitation group and was also found to be suffering from Type 2 Diabetes.

“I have definitely spent a lot of time at Wimmera Health Care Group in the past year,” Mr Brown laughed.

“But that is because the staff went above and beyond and referred me on for more treatment. Without them caring that much, who knows how my health would be?”

“My health has improved to the point where I did a 4km walk in a fun run. I didn’t break any records and I was exhausted for the rest of the day, but that was a huge achievement for me and I don’t think I would have got there without the programs at Wimmera Health Care Group.”

“ I learnt so much from the program. There was the dietitian, the cardiac nurse and the physiotherapist and they were all really positive and you couldn’t help but leave the meetings in a great mood.”



Smiling: Greg Brown has a new lease on life after getting his health issues under control through various Wimmera Health Care Group programs.

Target Word Has Family Talking

Parents of late talkers are often told to 'wait and see' but Wimmera Health Care Group (WHCG) Speech Pathologists take a proactive approach through the 'Target Word' program.

Senior Speech Pathologist Melinda Brilliant said some parents are advised that their child will grow out of it and they wait, and watch, for their child to catch up to children the same age.

"Recent research suggests that up to 15 to 20 per cent of two year olds are delayed with their language development and up to 60 per cent of them may not outgrow their delay, continuing to experience difficulties into later childhood and even adulthood," Mrs Brilliant said.

"Ongoing difficulties with language are associated with difficulties learning to read and write as well as general academic and social difficulties."

Mrs Brilliant said children aged 18 to 30 months who are 'late talkers' are a high priority for the WHCG Speech Pathology Department.

"Late talkers are children whose general development is normal, however their spoken words have been late to develop. These children may also have a number of risk factors including frequent ear infections or a family history of late talking and language delays," she said.

WHCG runs a parent training group called 'Target Word - The Hanen Program for children who are late talkers' is specifically aimed at parents of children who are late talkers.

The 'Target Word' program, run by Hanen certified therapists, Mrs Brilliant, Cassandra Kelly and Louise Mason, is the recognised optimum treatment approach.

Parents in the program attend evening sessions to learn techniques and strategies to help early talking emerge.

Horsham mother of three, Cassie Gerdtz noticed her daughter Trinity spoke 10 words at 12 months old and had not improved by 18 months of age so she was referred to the program.

"Trinity is now two and a half years old and she can pretty much say any words you ask her to now," Mrs Gerdtz said.

"The program taught me how to use play to engage Trinity and help her speak by getting her to say one word she would want to say, such as car, and then bring in another word, such as fast, then for her to say fast car.

"It is a common sense approach and something you have to work on with your child at home. Some of it you probably know about, but the program teaches you how to really implement those learning techniques."



Play and Learn: Cassie Gerdtz uses play to help her daughter Trinity develop her vocabulary.

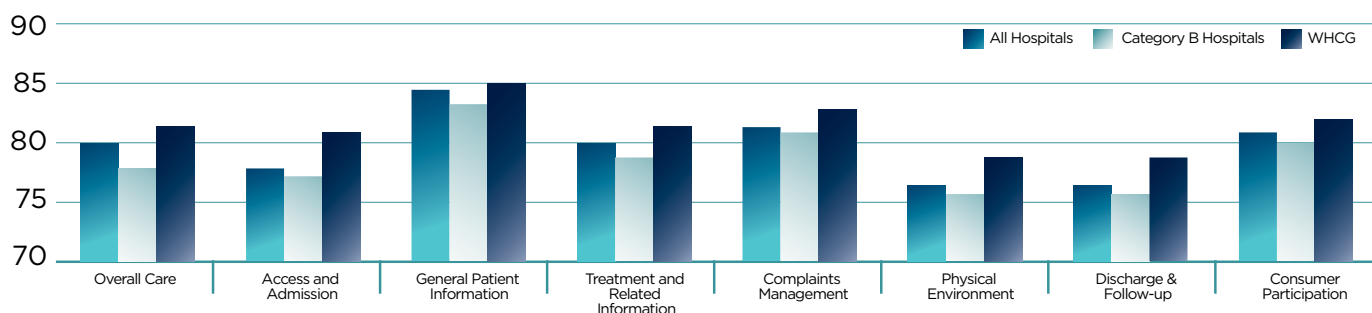
MONITORING QUALITY AND SAFETY

At Wimmera Health Care Group (WHCG) we value our community's feedback as we see it as an opportunity for improvement as the information provides us with an insight into your experiences with our service. We gather this information in a number of ways. We do internal surveys for our patients/clients/residents, to participate in; we have focus groups, family/resident meetings, information forums and the internal feedback system.

We also participate in the Victorian Patient Satisfaction Monitor (VPSM) which is a survey that is conducted by Ultra Feedback for the Department of Health on a six monthly basis, randomly surveying patients who have used the services at WHCG. Results from the VPSM report provide valuable insight into our performance and helps us identify areas that we can improve our services and client satisfaction.

WHCG is above average in comparison with Victoria's Category B hospitals when it comes to patient care. The data recorded in the graph below supports this and information from the research recorded is from July to December 2012.

VPSM Results



Some comments from our consumers

"A thank you to the kind nurse Jill from District Nursing who attended to him. He appreciated it very much."

"Family had extensive dealings with the nurses and doctors from Oxley expressing exceptional care, compassionate and understanding on all levels and provided professional care in the most exemplary manner. This ensured all members of the family were catered for with refreshments and the standard of care to their loved one as well as themselves was truly remarkable."

"Palliative care nurses displayed professionalism and understanding and a caring attitude was shown to a family which was much appreciated."

"Theatre nurses are great."

"Food was fine, enjoyed stay in Yandilla, level of care was outstanding, nurses and all staff were helpful and very friendly."

"Midwives were especially wonderful."

"Would like to thank Physio staff for encouraging the group as they exercised and for the helpful information to enable the group to cope with the problems they face."

"The staff showed exceptional level of compassion, kindness and professionalism. Also thanking staff for the kindness extended to their father and family, and for the time taken to explain everything along the way to the family."

Complaints Management

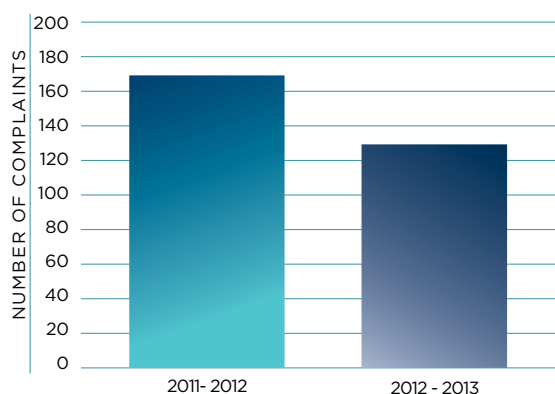
WHCG continuously looks for opportunities for consumers, including patient's families and carers to provide feedback that will help us improve service quality and safety.

We have consumer advocates that view all complaints as an opportunity to do things better, and we encourage you to tell us if you think there is something we could have done differently so we can improve the way we provide care and services. This includes complaints, compliments, comments and suggestions.

This year we have seen a reduction in the number of complaints received.

During 2011-2012 we received 174 complaints and during the 2012-2013 period we received 130 complaints.

Total Number of Complaints Per Year



As a result of feedback: Aged Care

- Created additional information forums to provide feedback for the exchange of information- this is additional to the resident's relative meetings.
- Improvements to the living environment with the purchase of new furniture, carpets curtains, outdoor furniture and new air conditioning units.

As a result of feedback: Acute Care

- Horsham Rural City Council and WHCG formed a working party to discuss options for improved parking facilities around the grounds of the organisation. As a result Davey Street has been resurfaced and opened up for parking, new signage has been erected for disabled parking and 6 new staff car-parks have been constructed in O'Brien Lane to assist with public car-parking. The development of the new sub-acute ward will include additional parking access for the public.
- Review of the Natural Birth Breast Feeding Pathway to comply with World Health Organisation guidelines.

Redesign

Redesign is a systematic approach to analyse and improve the processes surrounding patient care with the aim to reduce non-value adding activity and increase efficiency and quality of care. Our redesign work has been centred on the discharge planning process in our acute wards. We are working to increase the percentage of patients discharged before 12pm so we can have more beds available for emergency and surgical patients each day. This will provide patients with a greater certainty of admission times and better planning for discharge from hospital.

We are also working to increase the number of patients reviewed, treated and discharged from our Emergency Department within 4 hours of presentation. This is to improve our process performance during periods of high demand and ultimately improve the care and experience of patients through our Emergency Department.

Our maternity ward is working towards a more sustainable model of care through a shared care model that provides a more flexible midwifery service that will deliver an increased quality of care.

Clinical Governance

Clinical Governance is the system used by hospitals which the governing body, managers, clinicians and staff share responsibility and accountability for the quality of care, continuously improving, minimising risks, and fostering an environment of excellence in care for consumers/patients/residents.

WHCG has a focus on continuous quality improvement through compliance with an accreditation system, the risk management framework, legislative compliance and following the WHCG Quality and Safety Plan, which is guided by the Board of Management Clinical

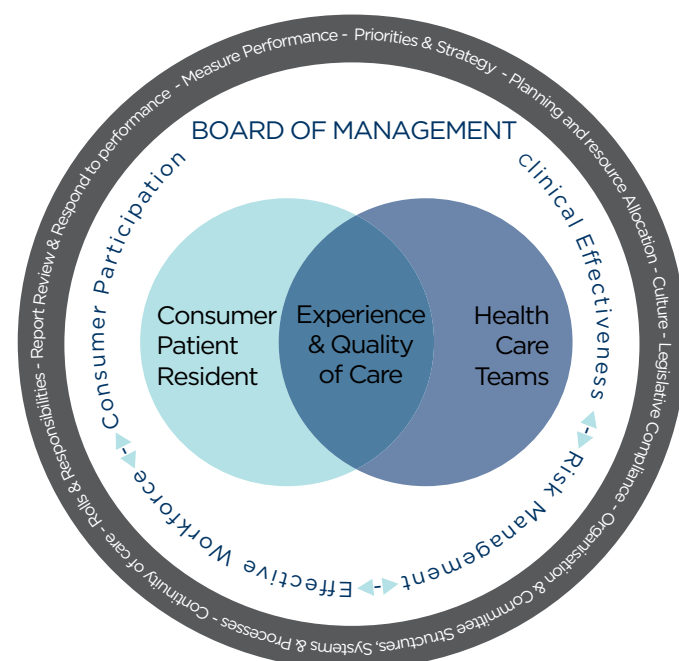
Governance Charter.

Clinical Governance at WHCG is carried out through a framework based on the four domains of safety and quality:

- *Consumer Participation*
- *Clinical Effectiveness*
- *Effective Workforce*
- *Risk Management*

This framework was developed around the Victorian Clinical Governance Policy and we review it regularly to make sure that quality and safety are the highest priorities for all staff at every level of the organisation.

The framework is underpinned by the four governance elements shown in the diagram, with the patients in the centre.



Accreditation

One of the ways in which WHCG can assure our community that we are doing our best to achieve excellent standards of safety and quality and continuously improve our services, is through the accreditation process.

Accreditation is the ongoing review of our performance against the standards across a range of areas to make sure we are doing our best to keep patients safe and improve our services.

The Council of Australian Governments recently announced the New National Accreditation Scheme using 10 National Safety and Quality Health Service Standards (NSQHSS).

Continued next page.

MONITORING QUALITY AND SAFETY

The NSQHS standards were developed by the Australian Commission for Safety and Quality in Health Care and are;

1. Governance for Safety and Quality in Health Service Organisations
2. Partnering with Consumers
3. Healthcare Associated Infections
4. Medication Safety
5. Patient Identification and Procedure Matching
6. Clinical Handover
7. Blood and Blood Products
8. Prevention and Management of Pressure injuries
9. Recognising and Responding to Clinical Deterioration
10. Preventing Falls and Harm from Falls

The National Standards became mandatory from 1 January 2013. In preparation for the external assessment of Wimmera Health Care Group (WHCG) we recently undertook an internal review of our performance against the national standards and established committees with a mix of clinicians, managers and community representatives to guide

our preparations for accreditation in June 2104.

Under the new accreditation model, state and territory health departments (as regulators) have agreed that public dental clinics and oral health services will need to be accredited against the National Safety and Quality Health Service Standards (NSQHSS) from 1 January 2013.

For WHCG this means the dental clinic located within our health service will also be assessed against 6 of the NSQHSS at the same time as the rest of the organisation. This is to occur from 3 June until 5 June 2014.

The HACC (Home and Community Care) programs within WHCG will also have an accreditation review against the Community Care Common Standards and this will take place on the 5 June 2014 by the same team of assessors assessing the remainder of the organisation against the National Standards.

The assessors will be from the Australian Council on Healthcare Standards (ACHS).

Table 1: Summary of Accreditation status

MA: Marked Achievement EA: Extensive Achievement OA: Outstanding Demonstration

Accreditation Standards	Status
Australian Council on Health Care Standards	<ul style="list-style-type: none"> Periodic review July 2011 where Mandatory Criterion assessed. <p>Outcome- 8 MA Ratings, 5 EA Ratings, 2 OA Ratings. Maintained full accreditation until 2014 where we switch over to the National Standards and are assessed against those.</p>
Commonwealth Aged Care Standards	<ul style="list-style-type: none"> Sir Robert Menzies received 3 years accreditation in May 2013 Matron Arthur Manor received 3 years accreditation in May 2013 Kurrajong Lodge received 3 years accreditation in May 2013 Dimboola Nursing Home received 3 years accreditation in 2011 and will undergo reassessment in 2014
HACC Standards	<ul style="list-style-type: none"> July 2009 accredited and in 2014 moving across to the Community Common Care Standards and being assessed in June 2014
National Safety and Quality Health Service Standards	<ul style="list-style-type: none"> Pending

Accreditation: Wimmera Health Care Group Quality Manager Katrina Perroud and Chief Executive Chris Scott with the recent accreditation certificate for the Wimmera Nursing Homes.



Promoting Safety in Older People

As part of their quality and safety programs all Public Sector Residential Aged Care Services collect information regarding risks that are common amongst older people and use this information to monitor and improve care to residents as well as being able to compare their performance with other like services in the following key areas:

- Prevalence of pressure injury (break in the skin if too much pressure on or friction to the skin is applied)
- Prevalence of falls and fall-related fractures (break in a bone)
- Incidence/use of physical restraint (restricting a person's movement or behavior)
- Incidence of residents using nine or more different medicines
- Prevalence of unplanned weight loss

POSITIVE OUTCOMES

Pressure Injuries

Pressure injuries range from stages 1 to 4 with 1 resulting in a redness of the skin, to 4 which is a deep wound with muscle and bone involvement.

Over the year, 24 residents were identified as having a stage 1 pressure injury (redness of the skin) and 12 residents developed a stage 2 pressure injury, which is defined as a break in the skin (superficial abrasion or blister). Due to diligent care measures, 50% of residents who had a stage 1 were prevented from developing a stage 2 injury by preventing pressure to the area and facilitating good blood supply. The most severe types of pressure injury, stage 3 and 4, totaled 3 across all residential care units within the 12 month period.

Physical restraint

Physical restraint was not used at all for any residents over the last twelve months. Wimmera Health Care Group prides itself on utilising alternatives to restraint so that the safety and dignity of the resident is maintained in keeping with person centered care principles which guide all our interactions with the people we care for.

Medication Use

Our rates for residents who use nine or more medications were higher than our counterparts, particularly in the hostel where residents have greater control over their medications and independent relationships with their doctor. The service engages a consultant pharmacist who works with the residents general practitioner to review their medication management needs. This process is particularly beneficial for those residents where the use of medicines may be an issue, or those at risk of medication misadventure because of a significant change in their condition or medication regime.

Unplanned Weight Loss

Over the 12 month period, 51 residents lost more than 5% of their total body weight (unplanned) over a month period. When this information is identified, the quality team reviews each individual case to determine if appropriate strategies were instigated shortly after the weight loss was recognised. In the majority of cases there was an explanation for the residents weight loss; such as the person was suffering an acute illness or they were unable to eat due to being in the last stages of life. This robust system for checking when someone loses weight unexpectedly has increased staff awareness of the need to act quickly before the weight loss becomes significant and affects the person's health by implementing strategies that correct the issue.

Falls

Falls incurred by residents decreased by 36% from July 2012 compared to June 2013. Of the total number of falls over the 12 month period, 5 falls resulted in a fracture, which is 1.3% of the total falls.

Assessing a person's level of risk when they first enter the home and when their health status changes are key actions in the prevention of falls, in addition to frequently observing those at risk of falls on an ongoing basis.

Opening Up: Occupational Therapist Annie Noonan was at the Wimmera Machinery Field Days in March promoting men's health.



MONITORING QUALITY AND SAFETY

Falls Monitoring and Prevention

Why does Wimmera Health Care Group try and prevent falls?

Falls are one of the most widespread and serious injury problems faced by the elderly in our community. Each year, one third of people aged over 65 will experience a fall. 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 there is a risk of serious injury. In older people, even comparatively small falls can result in death and significant injury. People who experience falls also suffer increased anxiety levels and social withdrawal.¹

How does Wimmera Health Care Group prevent falls?

Wimmera Health Care Group (WHCG) has been actively monitoring and managing falls for a number of years. The organisation has been working with staff, patients, residents, families and carers to prevent falls where possible, however sometimes we are not able to prevent somebody from falling, instead we try to minimise the harm to the person if they did fall.

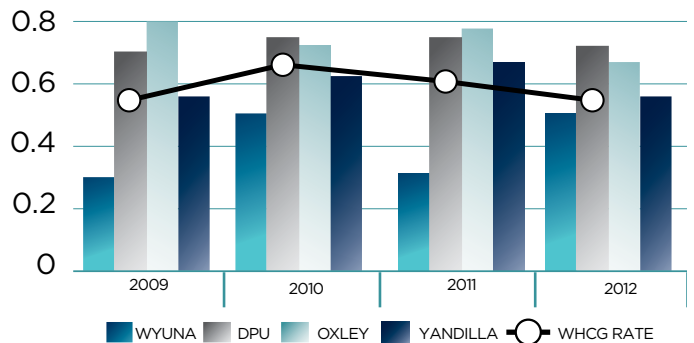
The falls reduction and harm minimisation strategies implemented are ongoing and have included:

- Earlier recognition of those patients/residents who are at high risk of falling and using strategies to reduce this risk.
- Planning patient/resident care according to the patients/residents risk of falling.
- The use of sensor mats, which alert staff when a patient/resident has moved from their bed or chair;
- The use of lift care beds, which lower the mattress to floor level which reduces the risk of injury as the person rolls out of bed, rather than falling from a height.
- The use of hip protectors. Hip protectors are plastic shields or foam pads which provide substantial protection against hip fracture during a fall or impact onto the hip.

How does Wimmera Health Care Group monitor inpatient falls prevention and management?

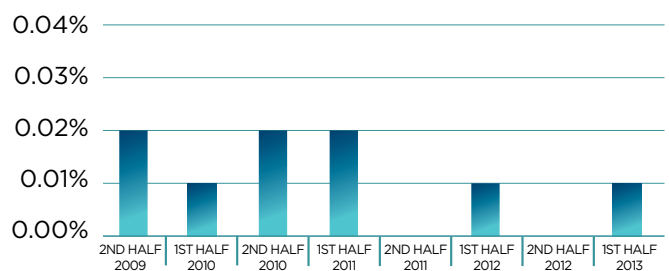
- WHCG monitors the percentage of patients with a documented falls risk assessment on admission and who also have the appropriate falls prevention/harm minimisation strategies documented. Documentation of falls risk and prevention strategies is a key communication tool and also a legal requirement. We are working to increase the documentation level from its current level.

Percentage of patients with appropriate documentation for falls risk management



- WHCG monitors the number of falls that occur whilst patients are in our care. Sometimes we have a patient who falls often, but it can be very difficult to stop the falls, so we try and prevent any harm arising from the fall.
- The percentage of falls which result in fractures or closed head injuries is a measure of the severest type of falls. The percentage of falls that result in a fracture or closed head injury has remained stable at 0.01% in 2012-2013. These rates are comparable to other hospitals similar to ours.

Fractures or closed head injuries that result because of an inpatient fall



- The information on the number of falls, the percentage of patients with a falls risk assessment and appropriate risk reduction interventions documented, and the percentage of fracture or closed head injuries that result because of inpatient falls is provided to staff in each ward area.

REFERENCES:

1. Preventing falls and harm from falls in older people. The Australian Council for Safety and Quality in Health Care, 2005.

• All scores quoted are validated through internal auditing.

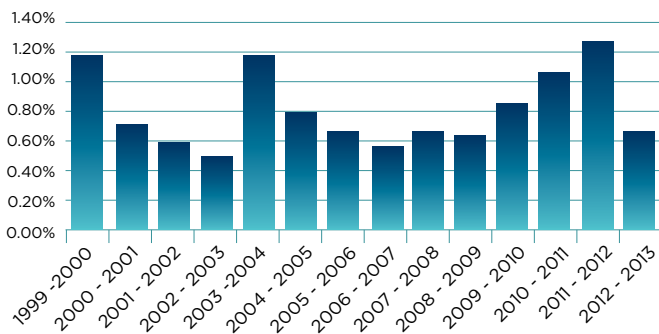
Infection Control had a busy year with staff striving to provide reports to satisfy the requirements to meet the National Safety and Quality Health Service Standards, which has rightly placed a great emphasis on infection prevention. The facility hopes to be accredited using these new standards in June 2014.

In the meantime, emphasis is placed on good hand hygiene, the identification of multi-resistant organisms, with appropriate precautions taken to protect other clients and the environment from contamination, good cleaning, efficient sterilisation and disinfection, appropriate prescribing of antibiotics and correct procedures when using invasive devices and performing aseptic procedures.

This year, as in previous years, there has been an increase in the number of new multi-resistant organisms identified in patients and outpatients. These patients and others with infectious conditions require special precautions in hospital. This causes inconvenience to everyone including staff and visitors. We ask that visitors follow the directions of staff to help prevent the spread of infections. You may be asked to wear a gown or other protective apparel while visiting. These precautions are aimed at preventing the spread of infection to other patients via the environment such as hand rails, furniture etc. Hand hygiene after leaving these rooms is of extreme importance.

Both nursing homes and Kurrajong Lodge passed accreditation in May with no recommendations made in reference to infection control. The staff in these areas are to be congratulated as they have managed to prevent any gastro outbreaks despite the occasional resident succumbing to the infection. Long term surveillance of surgical site infections showed a good decrease in the number of wounds infected post-operatively as indicated in the graph below.

Percentage of surgical site infections

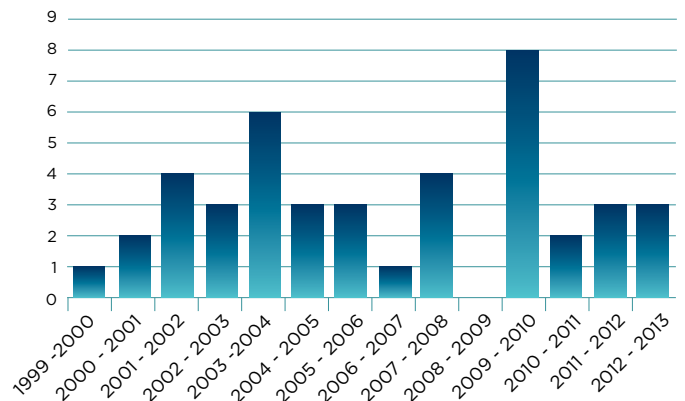


What is bacteraemia?

Bacteraemia is the presence of bacteria in the blood. The blood is normally a sterile environment so the detection of bacteria in the blood is always abnormal.

- Bacteria can enter the bloodstream as a severe complication of infections (like pneumonia or meningitis), during surgery, or due to catheters and other foreign bodies entering the arteries or veins.

Number of hospital aquired bacteraemias



Wimmera Health Care Group (WHCG) is required to report regularly to VICNISS (Victorian Nosocomial Infection Surveillance System) on the following infections that are detected within the organisation.

- MRSA (Methicillin Resistant Staphylococcus aureus) Infections occurring more than 48 hours after admission.
- Staphylococcus aureus Bacteraemia Infections occurring more than 48 hours after admission.
- VRE (Vancomycin Resistant Enterococci) Infections occurring more than 48 hours after admission.
- Clostridium difficile infections detected.

Staff Influenza Vaccination Rates for 2012 and 2013

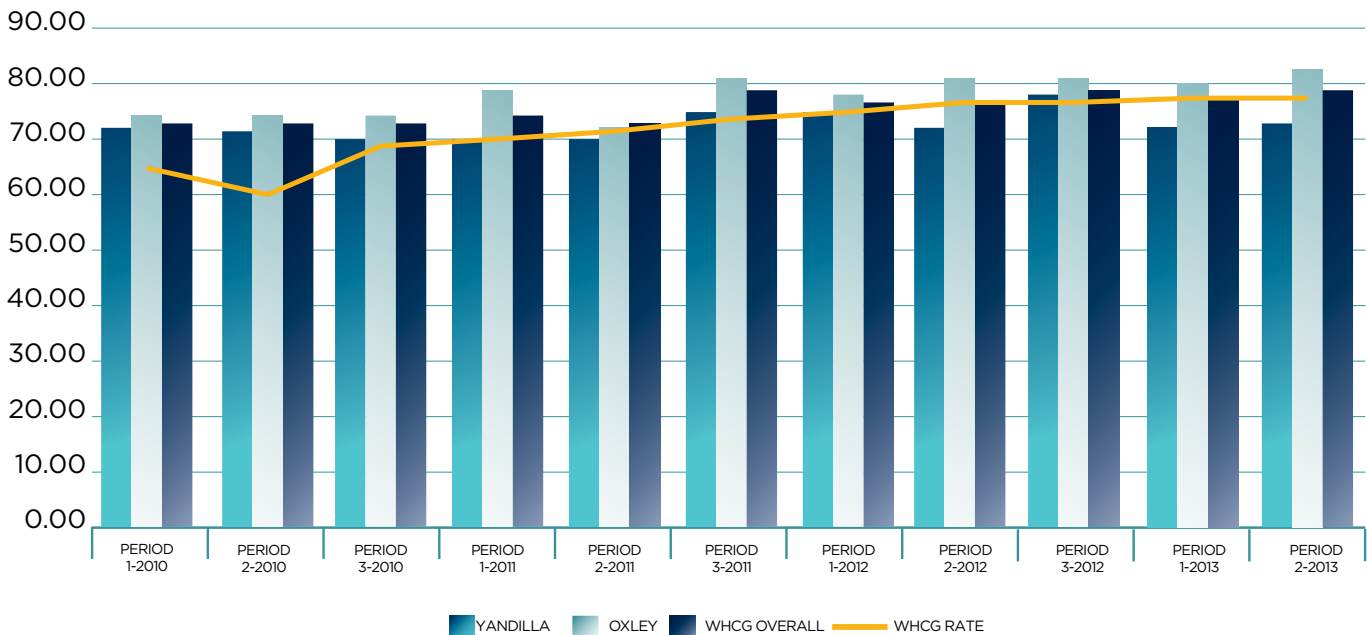
WHCG offers all staff influenza vaccinations to reduce the spread of infection. Below is a table demonstrating how many staff received vaccinations.

Campus	2012	2013
Horsham	53.7%	65%
Dimboola	47%	72%

INFECTION CONTROL (CONTINUED)

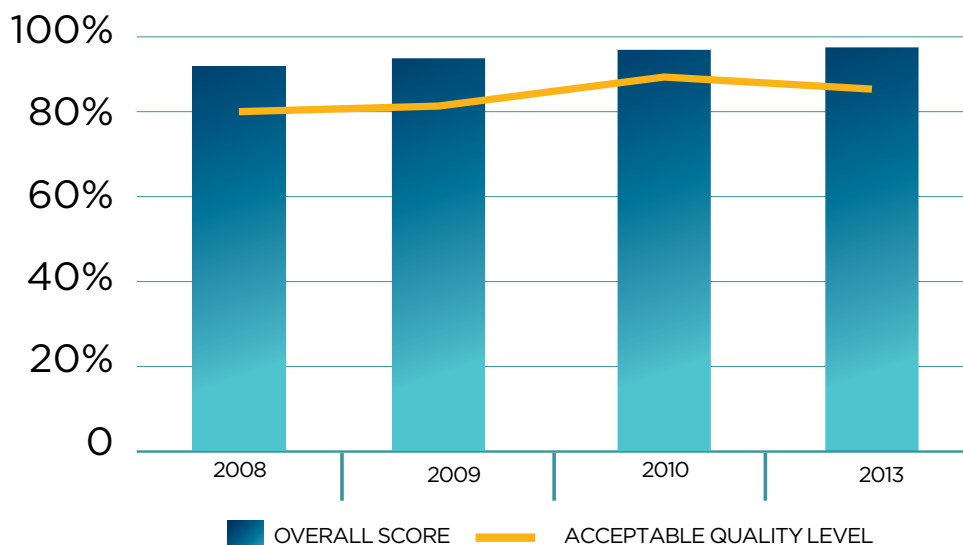
All clinical staff at Wimmera Health Care Group are required to undertake an annual competency on hand hygiene. In addition there are separate education sessions and mandatory audit reports sent to Hand Hygiene Australia three times per year. Results of these audits are:

WHCG Hand Hygiene Compliance Rates 2010-2013



Cleaning audits are also regularly conducted with an external auditor report completed each year. Audit results continue to improve with an increase from 94.4% compliance in 2010 to 97% in 2013 (as shown below).

Horsham Campus-External Cleaning Audit



MONITORING QUALITY AND SAFETY

Dental Services

The dental department is currently staffed by 2 Dentists, an Oral Health Therapist, Dental Prosthetist and support staff of trained Dental Assistants and receptionists providing a wide range of services to the region.

Dental treatment is provided to eligible patients, consisting of all children 0-12 years, 13-17 year-olds who are dependants of healthcare and pension card holders, all adults with healthcare or pension concession cards, as well as refugees and asylum seekers.

Oral health services provided are general dental treatment, emergency care, dentures and treatment of children (formerly the School Dental Service). Emergency patients are triaged and delivered treatment at the clinic or issued a voucher to a private practice to ensure care of the patient.

Throughout the year, the Oral Health Therapist has provided health promotion and education to the primary schools across the region, as well as visiting Goolum Goolum Aboriginal Co-operative and providing education/treatment for Indigenous children.

Our Performance

The Dental Department's number of visits for 2012-2013 was 6,479, an increase from 5,068 in the previous 12 months. This included 1,908 emergencies, 1,579 general treatments and 387 denture courses of care.

Through providing a fully staffed quality service, waiting times for general treatment have been reduced from 36.7 months at June 2012 to 20 months at June 2013. Currently the waiting list is continuing to decrease and at the end of August 2013, was 13 months. Denture

waiting times have reduced from 16.1 months in June 2012 to currently be 10 months.

Figures are provided to Wimmera Health Care Group (WHCG) from Dental Health Services of Victoria scorecards.

Dental Services

WHCG Dental Clinic saw 2325 clients in the 12 month reporting period 1 July 2012 to 30 June 2013.

The Following is a table of the Dental Clinic Quality Indicators Jan- Dec 2012

Dental Clinic Quality Indicators	No. Treated at WHCG	No. Returned to WHCG
Restorative retreatment within 6 months	1040	82
Restorative retreatment within 6 months -Child	829	20
Unplanned returned within 7 days subsequent to routine extraction	745	2
Unplanned returned within 7 days subsequent to surgical extraction	15	0
Extraction within 12 months of commencement of endodontic treatment	89	8
Denture remakes within 12 months	392	13

All Smiles: Dentist Shiamala Samy and Dental Assistant Judy Schier with patient John Francis



MONITORING QUALITY AND SAFETY

Safe use of Blood and Blood products

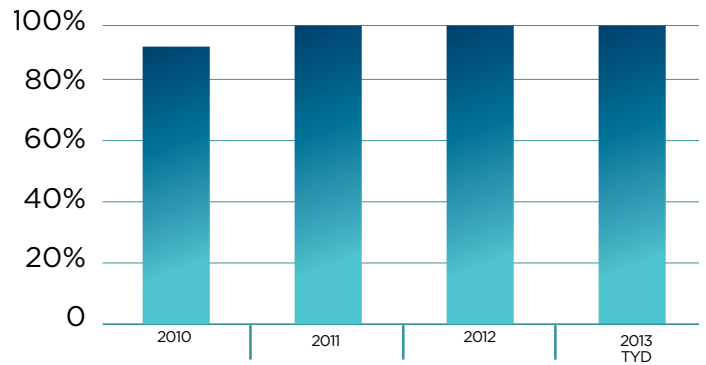
A blood transfusion can be lifesaving, however there can be risks associated with the use of blood and blood products. The Red Cross Blood Bank constantly strives to have one of the safest blood supplies in the world¹. There are numerous standards and guidelines based on best evidence that promote effective management systems in hospitals for the transfusion of blood and blood products².

Clinical indications for blood and blood product

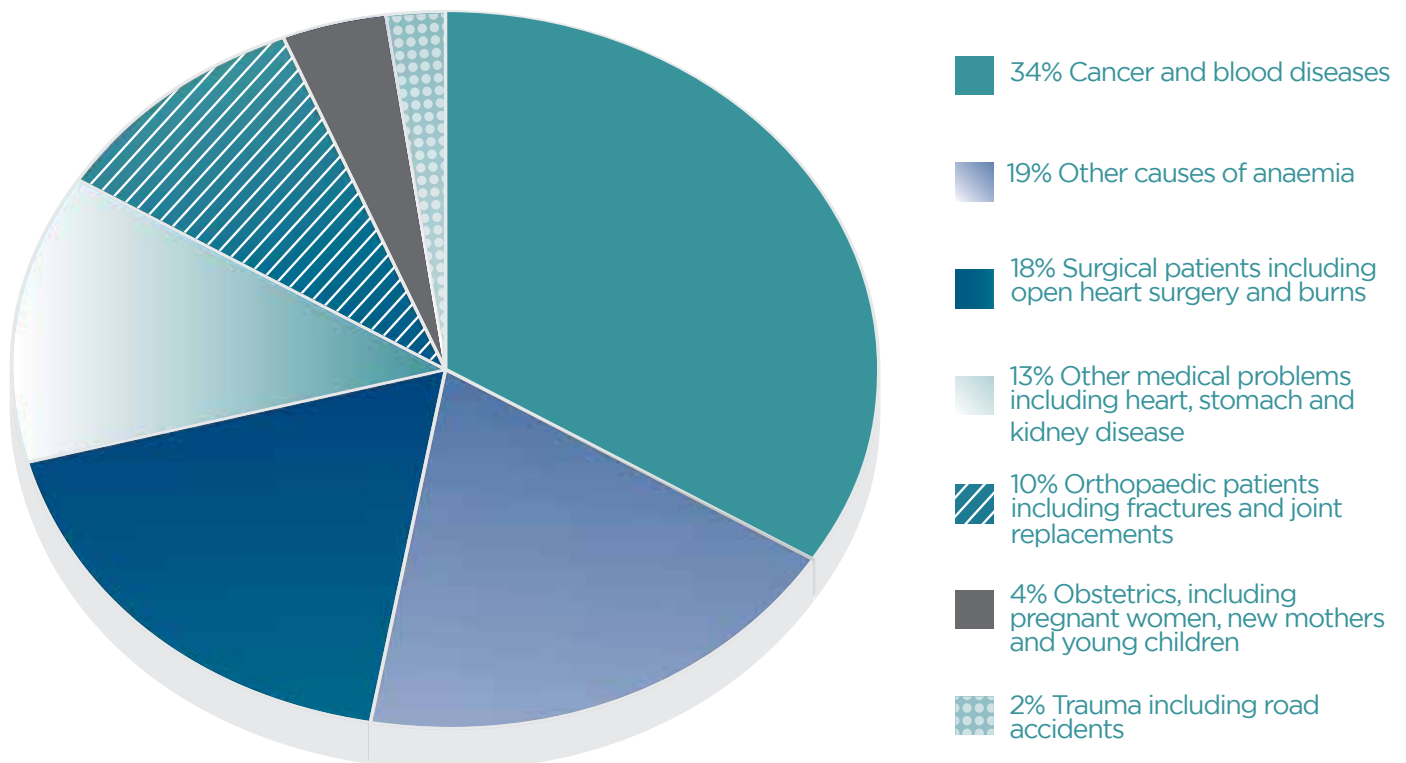
We need to ensure the administration of blood and blood products is appropriate. Blood is a valuable community resource and we don't wish to waste it. If administered inappropriately it may mean that the product is not available for someone else that does need it. It can also expose the patient to risks of a transfusion without offering a corresponding health benefit.

Appropriateness audits are undertaken to monitor the percentage of patients who meet the Clinical Practice Guidelines for Appropriate Use of Red Blood Cells developed by the National Health and Medical Research Council (NHMRC)/Australasian Society of Blood Transfusion (ASBT).

Percentage of patients with correct criteria for blood transfusion



Reasons for blood transfusion



Blood and blood product safety

At Wimmera Health Care Group (WHCG) we have a number of strategies that promote safe use of blood and blood products. We work closely with St John of God Pathology.

The Transfusion Committee, made up of staff from both WHCG and St John of God Pathology, is responsible for ensuring blood is used safely and appropriately within the organisation.

Blood Safe eLearning is an online educational program staff are able to complete. This national program was developed by experts in the area of transfusion and provides staff with an opportunity to develop their knowledge of blood and to foster safe transfusion practices and the appropriate use of blood components. The Transfusion Nurse at WHCG is an important resource for our staff.

- Promotes good transfusion practices among the staff.
- Assists in the development of policies relating to blood and blood products.
- Encourages staff to participate in ongoing education and training in transfusion procedures.

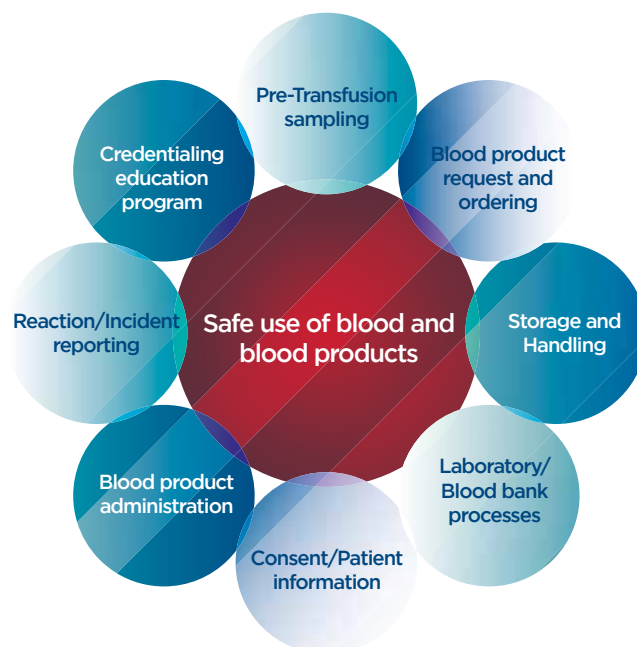
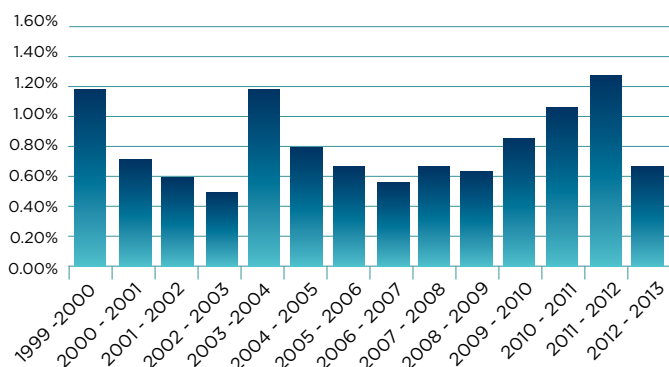
Our Transfusion Policy and Procedure Manual is based on national guidelines and outlines the expected process for the many procedures necessary for the transfusion of blood and blood products. These procedures include pre-transfusion testing, prescribing and administration of blood and blood products.

Because of the risks associated with blood transfusions, it is important patients understand why they might need a blood transfusion, the benefits and risks of a blood transfusion, and whether there are alternative procedures and treatments that could be used instead of a blood transfusion.

WHCG introduced a form in November 2012 for obtaining informed consent from patients that may require a blood transfusion. As part of the consent process patients are given information, the opportunity to ask questions and then asked to sign a consent form agreeing to the blood transfusion and that they understand the reasons for the treatment, probable effects, potential side effects and common risks.

We are hoping to see an improvement in the numbers of patients with documented consent for blood transfusion with the introduction of the Blood Transfusion Consent Form.

Percentage of patients with documented consent for blood transfusions



REFERENCES:

1. Australian Red Cross Blood Service, How Donated Blood is used. <http://www.donateblood.com.au/why-donate/blood-use>, accessed 11th September 2012.
2. Department of Health, Safe use of blood and blood products Quality of Care Report. <http://docs.health.vic.gov.au/docs/doc/Safe-use-of-blood-and-blood-products-Quality-of-care-report>, accessed 11th September 2012.

A SNAP SHOT OF OUR YEAR

July 2012

- The Blue Ribbon Foundation Horsham Branch recruited former Member for Lowan and Emergency Services Minister Bill McGrath as its patron. Mr McGrath served on the Blue Ribbon Foundation Horsham Branch Committee for many years and has a great appreciation for the work the foundation does for the Wimmera Health Care Group (WHCG), in particular the Emergency Department, in memory of police killed in the line of duty.
- WHCG's Carmel O'Kane was officially accredited as a registered nurse practitioner after receiving her endorsement from Australia Health Practitioner Regulation Authority. Ms O'Kane works in collaboration with the oncology unit nurses and Professor of Medical Oncology George Kannourakis and said she has fallen in love with her role and the region. Professor Kannourakis said Ms O'Kane's role is an integral part of the oncology service and palliative care service in the region.

August 2012

- WHCG's Health Promotion Team and Horsham Rural City Council joined forces to promote the city's range of walking tracks and healthy living activities. Community Health Nurse Tracey Pitts said the two organisations created a user-friendly and very informative walking track and activity brochure.
- Wimmera Southern Mallee Health Alliance Governance Committee met with the Royal Flying Doctors Service of Australia (Victorian Division) Board members to discuss matters of mutual interest for communities within the Wimmera Southern Mallee region.
- The WHCG launched the 'Blue Frog' campaign to reduce the organisation's impact on the environment. WHCG Chief Executive Chris Scott said the 'Blue Frog' campaign uses a logo of a blue frog to prompt staff to make environmentally friendly decisions in the workplace.
- The WHCG announced the appointment of Angela Murphy to the WHCG Board of Management. Mark Williams was re-appointed as President and Chair of the Board of Management. Dean Luciani was re-appointed as Deputy Chair. Mr Williams said Ms Murphy's appointment will bring extensive knowledge and experience to the Board.

September 2012

- Wimmera Hospice Care Trust awarded their inaugural \$1000 education scholarship to Deb Funcke. The scholarship is for palliative care nurses across the Wimmera to further their education in this specialist field.
- Dimboola Nursing Home residents helped care for 6-month-old kangaroo joeys last month. The joeys, Miranda and Miss Margaret, were brought in by volunteer wildlife foster carer, and WHCG employee, Heather Phillips. Ms Phillips' role involves keeping residents active both physically and mentally, so the joeys were used as pet therapy.

October 2012

- WHCG and Goolum Goolum Aboriginal Co-operative signed a Memorandum of Understanding formalising and strengthening their relationship. WHCG Chief Executive Chris Scott said the agreement acknowledged that the delivery of sustainable health and wellbeing required a joint team effort.
- WHCG replaced six of its fleet cars with hybrids, as part of the organisation's commitment to reducing its negative impact on the environment.
- WHCG's Podiatry team put their pride aside and pulled on their silly socks to raise awareness of foot health. Chief Podiatrist Brenton West said October was Australasian Podiatry Council's Foot Health Month and podiatrists across the country were 'Socking it to Diabetes' and donning silly socks to help raise awareness of foot health issues.



SIGNING: Goolum Goolum Aboriginal Co-operative CEO Wally Coleman and WHCG Chief Executive Chris Scott sign the memorandum of understanding.

November 2012

- WHCG hosted the inaugural Move4Life fun run and walk to promote healthy living and raise funds for the hospital. The event was held on 25 November 2012 along the Wimmera River, starting at Sawyer Park, with 80 participants registering.
- The WHCG Foundation donated \$30,000 to fully fund an adult mobility garden at Wimmera Base Hospital. Physiotherapist Ben Wiessner said the adult mobility garden will provide an enclosed area to assist with the rehabilitation of patients in Wyuna and the sub-acute wing, as well as nursing home residents and community clients.
- WHCG held its Annual General Meeting at the Grains Innovation Park. WHCG Chief Executive Chris Scott welcomed more than 100 guests to the event, which saw the Annual Report and Quality of Care Report released. WHCG Board of Management President Mark Williams presented the report of operations and financial statements at the AGM and spoke of major events for the organisation during the past 12 months. Guest speaker for the evening was Scott Chapman, Chief Executive Officer of the Royal Flying Doctor Service of Australia (Victorian Division).
- WHCG's Director of Medical Services, Professor Alan Wolff was awarded the Victorian Public Healthcare Awards, Minister's Award/ Health Lifetime Achievement Award.

December 2012

- WHCG presented signed and framed posters to the Best Start Delkaia partners. The posters were signed by Sydney Swans player and former Wimmera footballer Adam Goodes. Adam is also an ambassador of the Best Start program and has attended Best Start events in the Wimmera to show his support.

January 2013

- A new generation of doctors started their medical careers at the WHCG. An enthusiastic group of 12 interns spent their first day getting accustomed to their surroundings before getting to work as doctors for the first time. Director of Medical Services Professor Alan Wolff said the 12 interns were organised by the Royal Melbourne Hospital and, as part of an agreement with the Royal Melbourne, the interns spent the next 10 weeks on rotation at the Wimmera Base Hospital.

February 2013

- The WHCG Board of Management endorsed the Project Control Group's recommendation for the preferred builder of the 20 bed sub-acute unit development.
- Staff at Wimmera Base Hospital's Oxley Ward were given the ability to instantly update a patient's file thanks to a donation from the WHCG Foundation. The Foundation paid for the development and installation of satellite workstations in the walls outside patient rooms to allow doctors, nurses and allied health staff to write notes immediately after seeing patients.



WALL DESKS: Wimmera Health Care Group Foundation Chairman Don Johns OAM and Wimmera Health Care Group Chief Executive Chris Scott watch on as nurse Jenny Ellis works on some patient notes.

March 2013

- WHCG took part in Harmony Day celebrations with a special event to celebrate the cultures from the Indian Sub-Continent.
- The Blue Ribbon Foundation Horsham Branch presented a cheque for more than \$22,000 to the Wimmera Base Hospital Emergency Department. Newly elected Blue Ribbon Foundation Horsham Branch President Peter Daffy said the money was used to purchase a life signs monitor and trolley for the department.
- WHCG's campaign to reduce waste and costs began showing signs of success. The organisation's Blue Frog Program recorded a 20 per cent reduction in waste with Blue Frog as a visual reminder to help people make the right decision when it comes to waste.

April 2013

- The Wimmera Wizards took part in the annual Murray to Moyne fundraising ride. The team rode from Swan Hill to Port Fairy to raise funds for WHCG.
- The Pam Muszkieta House was officially opened in honour of the late Nursing Operations Manager. The house provides much needed accommodation for student nurses.



PAM MUSZKIETA HOUSE OPENING: Janet Spouse, Program Manager Health Workforce Australia, at the official opening of Pam Muszkieta House.

May 2013

- The WHCG Board of Management reviewed the Strategic Plan 2012-2015 to facilitate a clear direction for planning, governance and management of the health care group.
- WHCG started free walking groups to help make getting exercise more accessible to the community.
- WHCG's Family Planning Nurse started a monthly after-hours family planning clinic to make health services easier to access.

June 2013

- WHCG and Horsham Rural City Council worked together to improve access to parking for people attending the Horsham Campus services. Director of Finance and Corporate Services Mark Knights said council and WHCG had made improving parking in the hospital precinct a priority. The improvements included developing a car park in Davey Street.
- The Board of Management held their inaugural Open Access Board Meeting at the Grains Innovation Centre. The community consultation meeting provided an opportunity for increased community engagement and the provision of information about the health service.

OUR STAFF

At Wimmera Health Care Group, our most valued resource is our staff. They play a vital role in ensuring that we fulfil our mission to deliver caring services with respect, reliability and integrity. From the staff in our Medical and Clinical Divisions, to those that work in the Finance, Administration, Food Services, Environmental, Engineering and Linen Departments, each and every one of our staff has an important job to do to ensure that our health service runs effectively.



Happy Feet: Wimmera Health Care Group Podiatrists Daina Walton, Hannah McKinlay and Brenton West promote Foot Health Month by wearing silly socks to work.

OUR SERVICES

- Aboriginal Best Start
- Acquired Brain Injury Support
- Adult Day Activity/Support
- Aged Care Assessment
- Alzheimer's Association
- Antenatal Classes
- Audiology
- Breast Care Nurse
- Breast Prosthetics
- Breast Screening
- Cancer Support
- Cardiac Rehabilitation
- Cognitive Dementia and Memory
- Colposcopy Clinic
- Community Rehabilitation
- Computerised Tomography (CT)
- Continence
- Day Oncology
- Day Surgery
- Dental and Prosthetic Clinic
- Dermatology
- Diabetes Education
- Dietetics
- District Nursing
- Domiciliary Midwife
- Ear, Nose and Throat
- Echocardiography
- Emergency Department
- Endoscopy
- Family Planning
- Gait and Balance Clinic
- Geriatric Evaluation Management
- General Medicine
- General Surgery
- Haemodialysis
- Hospital Admissions Risk Program (HARP)
- Health Promotion
- Hospice Care
- Hospital in the Home
- Hostel Accommodation
- Infection Control
- Intensive Care Unit
- Koori Hospital Liaison Officer
- Lactation Consultant
- Low Vision Clinic
- Medical Imaging
- Medical Library
- Midwifery
- Neonatal Nursing
- Obstetrics and Gynaecology
- Occupational Therapy
- Oncology
- Ophthalmology
- Oral Surgery
- Orthopaedics
- Orthotics Laboratory
- Pacemaker Clinic
- Paediatric Care
- Pathology
- Pharmacy
- Physiotherapy
- Podiatry
- Post-Acute Care
- Pre-Admission Clinic
- Pulmonary Rehabilitation
- Radiology
- Rehabilitation Assessment
- Residential Services
- Respite for Carers
- Safety Link
- Sleep Clinic
- Social Work
- Speech Pathology
- Spinal Clinic
- Stomal Therapy
- Stress Testing Clinic
- Team Midwifery
- Teleradiology
- Transition Care
- Ultrasound
- Urology
- Video Fluoroscopy
- Wound Care
- Wimmera Community Options

QUALITY OF CARE REPORT 2013

Feedback

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.

1. 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

2. What did you find most interesting about this report?

3. What additional information would you like included?

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

5. Would you be interested in joining the Community Advisory Committee? (please tick)

YES NO NAME: _____ PHONE: _____

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

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

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

Excellent 1 2 3 4 5 Poor

Thank you for taking the time to complete this survey. Your survey can be returned to us by:

- mail by folding and sealing this form using the pre-paid information 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

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

This year, 61 staff members celebrated significant milestones in their working lives. We congratulate the following staff and sincerely thank them for their significant ongoing contribution to Wimmera Health Care Group.

10 YEARS

Kathleen Aitken
Felicity Bond
Geoffrey Boutcher
Johanna Brain
Brenda Breen
Olivia Bunworth
Katarina Burton
Kate Carter
Brooke Delahunty
Mark Delahunty
Tammy Fry
Ronald Galpin
Sherri Hicks
Ella Hoban
Michael Kerr
Tracy Klemm
Caroline Lloyd
Ann-Marie McConville
Ann O'Brien
Stephen Schuller
Marion Tepper
Suzanne Timms
Brendan Ward
Amy Wilson
Vassiliki Yann – Mintern

20 Years

Elizabeth Clark
Penelope Drinkell
Catherine Ivett
Donald McRae
Glenda Smith
Carrol Hill
Darren Barnett
Peter Crammond

25 Years

Juliana Antonoff
Peter Burns
Colleen Clough
Annette Connor
Tracey Daffy
Leonie Lawson
Dianne McIntyre
Shirley Mewett
Elaine Morrison
Heather Robinson
Patricia Taylor
Jennifer Vague
Janine Harfield
Anne Richards
Sharon Swaby

30 Years

Richard Dumesny
Jo -Anne Eldridge
Karen Goodgame
Stuart King
Pamela Marshman
Kaye Chilver

35 Years

Gillian Jarred
Lesley Lane
Catherine Newell
Linda Plunkett
David Rissman
Cheryl Schirmer
Wendy Sleep

How to contact us

P: 03 5381 9111
F: 03 5382 0829
E: info@whcg.org.au
M: Baillie Street, Horsham, Victoria, 3400
W: www.whcg.org.au



Photo: Kate Summerhayes, Casey Cook, Jen McGrath and Sue Trewin working in the Intensive Care Unit.

INCORPORATING:

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

Baillie Street

Horsham, Victoria, 3400

Ph: (03) 5381 9111

Fax: (03) 5382 0829

Email: info@whcg.org.au

Web: www.whcg.org.au

Wimmera Health Care Group prides itself on being a leader in Australian rural health, delivering caring services with respect, reliability and integrity.