



Wimmera
Health Care
Group

QUALITY OF CARE REPORT



Delivering caring services with respect, reliability & integrity.

2011-2012

About Us



Horsham Campus



Wimmera Medical Centre



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.

The Horsham campus features 86 acute and sub acute beds and 98 aged care beds. In Dimboola, there are 4 acute and 26 aged care beds.

We employ 800 staff who provide a range of acute, sub acute and community based, allied health and primary care services to our community. This year we treated 12,080 acute inpatients and 14,651 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 27th August 1877. In 1950, the name was changed to Wimmera Base Hospital and, following a formal amalgamation with Dimboola District Hospital on 1st November 1995, became officially known as Wimmera Health Care Group.

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 now and into the future.

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 having an acute illness or injury or recovering from surgery.

Sub Acute Care

Sub acute care is the provision of goal orientated assessments and interventions aimed at maximising independence and quality of life for people who have experienced a functional decline following an acute illness or as a result of the normal ageing process. Sub acute care is often used to smooth transition from acute care back to the community.

Allied Health Services

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

Clients

Those people accessing community care.

Community Care

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

Patient

Person receiving acute care services.

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 cover: Diabetes educator Nicky McMaster; social worker Frankie Blake, program participants Raymond Gilmartin and Sharon Anderson, with physiotherapist Shannyn McGrice and dietitian Helen Crome. (See page 19-20)

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Foreword

It is with much pleasure that we present the 2011/12 Quality of Care Report for Wimmera Health Care Group.

Each year, Wimmera Health Care Group publishes a Quality of Care Report, describing our quality and safety systems, processes and outcomes for distribution to consumers, carers and the community. In preparing content for this report, we have consulted with consumers, carers and our Community Advisory Committee.

Our Quality of Care Report contains stories, articles and information to keep the community updated on our activities over the past year. It will provide the reader with an accurate view of the services we provide and the way we provide them. It is just one of many ways that we aim to inform our community about the services that are available to you, your family, friends and colleagues.

Delivering caring services with respect, reliability and integrity is the theme for this year's report and is consistent with our vision and our commitment to you – our consumers, carers and community.

Mark Williams
President

Chris Scott
Chief Executive

"The real life stories and journeys through the health system before and after are wonderful"

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">• Improve Distribution	<ul style="list-style-type: none">• We have directly mailed copies out to service organisations• Improved publicity of availability
<ul style="list-style-type: none">• List services available	<ul style="list-style-type: none">• Services available have been included
<ul style="list-style-type: none">• List support accommodation	<ul style="list-style-type: none">• Information on Rotary House has been included

We sincerely thank the many people who have been involved in developing this report for their valuable contribution.

How this report is distributed

The Quality of Care Report was released to the public at our Annual General Meeting on Thursday 15th November 2012 in Horsham. The report was also mailed to our supporters, other service providers, service clubs and community groups who support our health service.

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

Copies are 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.

"Very interesting, attractively and clearly presented"

"A very comprehensive report that seems to cover all bases"

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 feedback form and return to us as soon as possible. Alternatively, you can log onto our web site www.whcg.org.au and complete the online survey.

Our Quality of Care Report Award

The Department of Health announced Wimmera Health Care Group as winner for the Best Annual Quality of Care Report for Regional and Large Health Services in 2011. The Award was received at a special Public Healthcare Awards dinner in Melbourne and announced locally at the Wimmera Health Care Group Annual General meeting the following evening.



From left to right: Mr Dean Luciani (Board of Management), Mr Chris Scott (Chief Executive,) Ms Fran Thorn (Former Secretary Department of Health) & Mr Don McRae (Director of Clinical Services) accepting the Quality of Care Reporting Award.

"Tells the complete story of the hospital operations"

A Snapshot Of Our Year

July 2011

- Wimmera Health Care Group successfully passed the periodic review component of Australian Council on Healthcare Standards Accreditation with the health service receiving two outstanding achievement ratings. Outstanding Achievements are not obtained easily and are the highest rating possible. These were achieved as Wimmera Health Care Group was viewed as a peer leader in systems and outcomes and in communicating and sharing its knowledge to other professionals and organisations.
- The Wimmera Medical Centre opened its doors for business with Physicians Dr Martin Ebenezer and Dr John Niall, along with Obstetrician and Gynaecologist, Dr Michaela Hock, consulting from their new rooms in Read Street.

August 2011

- An interactive Allied Health careers expo was held at Wimmera Health Care Group. The expo showcased careers available in Occupational Therapy, Physiotherapy, Podiatry, Speech Pathology, Dietetics and Social Work. More than 30 students interested in pursuing a career in health travelled from across the Wimmera Mallee to participate in the day, with Nhill, Birchip, Dimboola, Goroke, Horsham and Hopetoun schools involved in the project.

September 2011

- Wimmera Health Care Group Community Health Nurses started a walking program with students in Grades 3 and 4 at Dimboola Primary School. The program went for six weeks and involved students walking for 40 to 50 minutes and then coming together to discuss a range of different health topics. The walking program aimed to encourage families to be more active to improve their health.
- Wimmera Health Care Group celebrated the achievements of 63 staff members with a special graduation ceremony at University of Ballarat. The inaugural graduation ceremony was a way of acknowledging Wimmera Health Care Group's latest graduates.

October 2011

- The Wimmera Base Hospital Ladies Auxiliary handed over a \$40,000 cheque to the Wimmera Base Hospital at their October Fashion Parade.
- Wimmera Medical Centre was officially opened by Minister for Health, the Hon David Davis MP.

November 2011

- Department of Health announced Wimmera Health Care Group as producing the Best Annual Quality of Care Report for Regional and Large Health Service in 2011 at their annual Public Healthcare Awards evening.
- Wimmera Health Care Group Board of Management held their Annual General Meeting, Jo Saxton was awarded Life Governorship.

December 2011

- Healthcare Imaging Services signed a new contract to continue to provide radiology services to the Wimmera Health Care Group. The new contract secured the services of Healthcare Imaging Services for a further five to 10-year period.

January 2012

- A new generation of doctors and nurses started their medical careers at the Wimmera Health Care Group. The 12 interns were employed by the Royal Melbourne Hospital and as part of an agreement with the hospital spent the next 10 weeks on rotation at the Wimmera Base Hospital.

February 2012

- The release of findings from the 2009 Victorian Population Health Survey and the Rural and Regional Health Plan identified obesity, smoking and alcohol as major problems for Wimmera people.

March 2012

- The results of a study by Dr David Liu at the Wimmera Base Hospital into preventing blood clots was published in international medical journal 'Chest'. Dr Liu completed the study as an intern at Wimmera Base Hospital in conjunction with senior doctors at the Royal Melbourne and at the base hospital. The study involved approximately 2,400 patients at the Wimmera Health Care Group and was aimed at improving the use of measures designed to prevent blood clots developing in patients in hospital.
- Wimmera Health Care Group and Wimmera HUB joined forces to improve training in health services across the region. The partnership involves shared responsibility for the recruitment and training of students in Certificate III in Aged Care and Certificate III in Home and Community Care.



Wimmera Health Care Group Director of Clinical Services Don McRae and Staff Development Manager Matthew Blunden celebrate their partnership with Wimmera HUB's Board of Management Chairman Ross Higgins and Chief Executive Mandy Kirsopp.

April 2012

- The Wimmera Health Care Group's Murray to Moyne Team, the Wimmera Wizards, rode from Swan Hill to Port Fairy to raise money for the hospital.
- Staff from Wimmera Health Care Group represented the organisation and the region at the first ever Regional Living Expo in Melbourne, aimed at attracting people to the country.
- The Clinical Governance Committee Quality & Safety Plan for 2012-2015 was completed pending the finalisation of the Strategic Plan.
- The Wimmera Southern Mallee Health Alliance governance committee elected Mr. Ron Rosewell (West Wimmera Health Service) and Mr. Leo Casey (Rural Northwest Health) to the chair and deputy chair positions respectively.
- The Project Control Group endorsed the Feasibility Stage and moved on to the Design Phase of the Sub-acute Unit Development.
- A second dentist recruited and commenced duties.
- The first Chief Executive Wimmera Health Care Group Staff Forum was held on 5 April. The forum was well attended from a broad number of departments and levels.



Wimmera Hospice Care Trustee Dr John Nunn launches the scholarship with Wimmera Hospice Care Co-ordinator Melanie Hahne.

May 2012

- The Wimmera Health Care Group improved in all areas of a State Government survey, the Victorian Patient Satisfaction Monitor. The areas surveyed for patient satisfaction include overall care, access and admission, general patient transfer, treatments and related information, complaint management, physical environment, discharge and follow up and consumer participation.
- The Wimmera Hospice Care Trust launched a scholarship aimed at furthering the study of a Wimmera palliative care nurse. The scholarship was launched by Trustee Dr John Nunn and Wimmera Hospice Care co-ordinator Melanie Hahne in conjunction with National Palliative Care Week.

June 2012

- The Blue Ribbon Foundation Horsham Branch presented a cheque for more than \$25,000 to the Wimmera Base Hospital. The money was used to purchase life sign monitors for the emergency department.
- Residents at Wimmera Nursing Home were treated to an exciting performance from Circus Olympia. There were smiles and cheers all around as five members of Circus Olympia, juggled, flipped and joked in front of the crowd.

Involving The Whole Community

Consumer, Carer And Community Participation

Understanding You And Your Needs

Wimmera Health Care Group gathers information in a number of ways to ensure consumers, carers and the community receive quality care that aligns with our value -

“We believe that our customers are entitled to quality health care that respects their dignity, beliefs and rights regardless of their cultural, spiritual or socio- economic background”.

Consumer participation at Wimmera Health Care Group is guided by the Department of Health “Doing It With Us Not For Us” policy. Consumers, carers and the community play an important role by providing us with valuable feedback and advice about our services. Wimmera Health Care Group advocates for active consumer involvement in planning and service improvement based on the philosophy that we can learn and gain a greater understanding of consumer expectations and needs by actively evaluating their personal experiences of care.

Person-Centred Care

What is Person-Centred Care?

The Victorian Department of Health defines person-centred care as:

Treatment and care provided by health services [that] places the person at the centre of their own care and considers the needs of the older person’s carers’. Person centred care is about treating people as individuals and enabling them to make choices about their care.

At Wimmera Health Care Group, we believe patients and their families are essential members of the health care team. A core principle of providing person-centred care is sharing information and communicating effectively between patients, their families and the service provider.

Taking this into consideration, Wimmera Health Care Group has developed the “Nothing About Me Without Me” patient communication booklet. The booklet is available to all Wimmera Health Care Group patients, clients and residents and aims to help them and their families become more informed and more involved in their care. The “Nothing About Me Without Me” communication booklet can be used in many ways, such as:

- a communication tool between staff and patients;
- a family communication booklet;
- somewhere to record your medical history medications or appointments;

- a key contact book;
- a diary of your stay in hospital; or
- a reminder for the questions the patient needs to ask or the tasks they need to complete.

This year we also introduced the “Nothing About Me Without Me” patient communication booklet to sub-acute care patients and outpatients.

Person-centred care is an approach to treatment and care that recognises individuality and diversity and consults with and involves patients and their families at all stages of their patient journey.

To support communication and involve patients in their care; A copy of the nursing discharge summary is given to the patient upon discharge; A number of condition-specific clinical patient pathways have been designed to provide information for the patient on what will happen for each day of their stay for their particular condition.

Wimmera Health Care Group is reforming the working group to implement a Respecting Patient Choices Program and Advanced Care Plans to assist communication between patients, their families and health professionals about their values, beliefs and life goals. This is particularly important if you become seriously ill and are unable to make decisions for yourself.

"Helped us at a very difficult time with beautiful people skills."



John Hodge is checked on by registered nurse Jenny Ellis earlier this year.



Chelsea Gaiger, registered nurse, tends to Jeremy Hartigan during his stay at Wimmera Base Hospital.



Dimboola enrolled nurse Anne Launer and Dimboola Nursing Home resident 101 year old Vida Lehmann.



Jessie Stewart and Adam Ferguson speak with midwife Leonie Hoskins before taking their new baby Jed home.

Involving The Whole Community

Consumer, Carer And Community Participation

The Benefits of Rotary House

Mandy and Darren Spark from Nhill know the importance of a good night's sleep; or good day's sleep in Darren's case.

Darren has been resting at Rotary House while his wife Mandy undergoes Chemotherapy.

Mandy was diagnosed with Bowel Cancer in May, 2012 and had an operation to remove the right side of her bowel and a large tumor before starting chemotherapy at the Day Oncology Unit.

Mandy has chemotherapy three times a fortnight, on a Tuesday, Wednesday and Thursday. While Mandy hasn't used Rotary House, her husband has found it invaluable to allow him to keep working and to keep them both safe on their drives home to Nhill after treatment.

Darren works as a truck driver at night and drives Mandy in for treatment after he finishes work in the morning. While Mandy has her four hours of treatment, he gets four hours of sleep at Rotary House before driving Mandy back to Nhill and heading off back to work.

When Mandy first started treatment, Darren said he sat by her side trying to keep his eyes open. "I would finish work, bring her in and sit there trying to stay awake and then drive her home and go back to work," Darren said. "Mandy can't drive after the treatment so I had to, but I was trying to stay awake and then Mandy would be worried about me falling asleep at the wheel, either on the way home or at work that night.

"So when the social worker told us about Rotary House we thought I should give it a try."

Mandy said Rotary House has made the whole cancer journey a bit more tolerable for them. "Having Rotary House there for Darren has taken one bit of stress out of the equation. I don't have to worry about him on the road without any sleep anymore," she said.

"It also means we get to go home after treatment each night which has meant a lot to our two daughters who are 10 and 14 years old.

"We are still home at night to cook tea and keep some normality and routine in our lives; it has been so good for us and we are very thankful."



Darren Spark enjoys a cuppa at Rotary House while his wife Mandy receives treatment.



Mandy and Darren Spark of Nhill spend a few moments together in the garden before Mandy undergoes chemotherapy and Darren has a rest in Rotary House.

Mandy and Darren said they have formed great relationships with staff at Wimmera Health Care Group since Mandy started treatment.

"I just don't think I would have had this kind of support if I had been in a larger town," she said.

"We have had so much support from staff here and from people in Nhill. That supports helps make it a bit easier."



Rotary House

Rotary House is an accommodation service located opposite the hospital grounds and was built to help to people with cancer during their treatment.

The aim of the house is to give cancer patients somewhere homely and comfortable to stay so they don't have to travel so much during the difficult times of treatment.

Travel is one of the biggest obstacles for cancer patients and their families because the strain treatment puts on the body means patients often aren't well enough to travel afterwards.

"Can words describe the security and peace of Rotary House? What an amazing comfort. Arriving in the dark, following the ambulance, stress levels were high – then the offer of Rotary House."

Cultural Awareness

Wimmera Health Care Group's Cultural and Linguistically Diverse (CALD) committee ensures we continue to progress with the increasing diversity within our catchment area. The CALD committee, comprising of staff and community members, works to raise cultural awareness and understanding across our organisation ensuring that people from CALD backgrounds have equal access to care and services.

The CALD committee also plan, implement and evaluate the Cultural Diversity Plan based on the Department of Health's, Health Service Cultural Diversity Guide. The plan covers the following six key areas – Access, Cultural Relevance, Information/Communication, Consultation, Special Program Needs and Service Co-ordination.

All clinical areas at Wimmera Health Care Group have access to Interpreter services for people who do not speak English. Laminated Resources have been developed and implemented for the clinical areas outlining on Call Interpreters and Translators agency booking processes by telephone and booking processes for on-line. In addition, the Wimmera Health Care Group website can be readily translated to other languages via the Google Translator.

This year the CALD Committee organised a luncheon where more than 100 people learnt about and tasted Halal food prepared by the Horsham Islamic Welfare Association to celebrate Harmony Day. Harmony Day is an important day on the Wimmera Health Care Group calendar because of the diverse cultural backgrounds of our employees and patients at the hospital.



Members of the Horsham Islamic Welfare Association, Lale Kocak and her daughter Esra, 15 months, Yuksel Deirkale, Afroza Mollah, Canan Akiz and Rockeya Ayvi helped prepare food for the Halal day at Wimmera Health Care Group.

Involving The Whole Community

Consumer, Carer And Community Participation

Caring For Our Aboriginal And Torres Strait Islander Community

Wimmera Health Care Group remains committed to strengthening the relationship between local Aboriginal and Torres Strait Islander communities (approximately 860 people) and the health service. We aim to provide a safe comfortable health environment to start closing the gap in Aboriginal and Torres Strait Islander health and wellbeing.

During the last year, Wimmera Health Care Group had 276 Aboriginal and Torres Strait Islander inpatient admissions and 386 Aboriginal and Torres Strait Islander presentations to our Emergency Department. In total, 892 Aboriginal and Torres Strait Islander presentations were made to Wimmera Health Care Group and 1280 contacts to the Koori Liaison Officer.

This year, the Wimmera Health Care Group Koori Liaison Officer, with full support of the organisation, has focused on four key areas to improve hospital experiences for Aboriginal and Torres Strait Islanders.

1. Creating a welcoming environment

A permanent Aboriginal flag is flying at the Horsham campus. Aboriginal and Torres Strait Islander flags are also flown to recognise important events at the Horsham and Dimboola campuses including Reconciliation Week, NAIDOC Week and Sorry Day. During this year's NAIDOC Week a traditional welcoming ceremony for the Wimmera Medical Centre was held involving traditional owners and traditional local dancers. The Horsham and Dimboola campuses have plaques on arrival acknowledging the traditional landowners. Traditional landowners are also acknowledged at the commencement of all official meetings. Aboriginal breastfeeding prints are on display across both sites.

2. Training for hospital staff

Correct identification of Aboriginal and Torres Strait Islander patients is the first step in helping our staff to understand and respond to patient needs. New staff members and each rotation of Interns are orientated to patient cultural awareness needs. This year, 91 new staff members have attended cultural awareness training.

Regular Aboriginal and Torres Strait Islander health awareness sessions were also held in relevant areas of Wimmera Health Care Group. For the first time, Aboriginal and Torres Strait Islander health awareness education was incorporated into the Nurse Graduates Program and the Initial Registration of Overseas Nurses (IRON) Program.



Lachy Marks, CEO Chris Scott and Sonny Secombe.

3. Service planning and evaluation processes ensuring cultural needs

Identification of Aboriginal and Torres Strait Islander status enables the patient or client to become part of the Improving Care for Aboriginal and Torres Strait Islander Patients (ICAP) program. This ensures the provision of quality health care needs and expectations of Aboriginal and Torres Strait Islander clients are met in a culturally appropriate way. In order to assist this process improvements have been made to the Inpatient Management Program to incorporate ICAP information.

There has also been a focus on strengthening and sustaining the timely and culturally sensitive responsiveness of the Emergency Department from admission through to appropriately co-ordinated discharge. This includes further staff education, computerised identification notification, resource provision and working with Goolum Goolum Aboriginal Co-operative (Aboriginal Community Controlled Health Organisation); local indigenous communities, local medical practitioners and the Hospital Admission Risk Program to enable and facilitate discharge planning.

This year protocols were implemented for daily monitoring and communication between Wimmera Health Care Group and the Aboriginal Co-operative to ensure appropriate management of Aboriginal and Torres Strait Islander presentations and discharges. Protocols were extended to outpatient and community health services. Systems were also developed to refer high risk Aboriginal and Torres Strait Islander clients to the Hospital Admission Risk Program, and the Koori Hospital Liaison position has been extended to support services with the Wimmera Southern Mallee Health Alliance.

4. Aboriginal worker referral arrangements

The Koori Hospital Liaison Officer establishes and maintains referral links with Aboriginal co-operatives within our catchment area and works with mainstream and Aboriginal Health and Community Care Services to support Aboriginal and Torres Strait Islander patients requiring these services. Participation in the ICAP program enhances linkages with local co-operatives and agencies.

Formalising of service relationships with the Aboriginal Co-operative has commenced and Wimmera Health Care Group continues to actively participate in the Grampians Regional Aboriginal Service Plan meetings and the Delkaia Aboriginal Best Start Program to promote discussion and dialogue around strengthening links with local indigenous communities.

Disability Action Plan

The Wimmera Health Care Group Disability Action Plan 2010-2013 reflects the organisation's commitment to continuing to provide equitable and inclusive health services. Development of the plan involved setting up a reference group comprising of staff and community members and wide consultation with staff, service providers and residents.

The Disability Action Plan outlines a range of strategies and actions to remove barriers that people with a disability face every day to enable them to access and participate in our services. The aim of the plan is to improve Wimmera Health Care Group's planning, services, facilities, programs, communications and employment processes.

Specifically the plan aims to:

- improve access to services;
- improve physical access to buildings;
- improve inclusive work practices;
- remove barriers to community participation; and
- improve attitudes and access to information.

Progress has been made with work undertaken to:

- make changes to our accounts payable process;
- implement a "Waiting times in Emergency" policy;
- develop a triage chart for mental illness patients;
- review car parking;
- develop a disability directory;
- provide resource tools for National Relay Service and Accessing Translators;
- provide close captions on patients televisions.

For a full copy of the Disability Action Plan, please contact Tony Touhey at Wimmera Health Care Group on ph. 5381 9338.

Involving The Whole Community

Consumer, Carer And Community Participation

Community Advisory Committee

The Community Advisory Committee is another way of involving our community and acts as a vital link between Wimmera Health Care Group and the community. Their role is to advise the Board of Management on how Wimmera Health Care Group can better meet the needs of people who use its services from a community perspective.

This year, the Community Advisory Committee has provided valuable feedback and advice on the Wimmera Health Care Group:

- Annual Report and Quality of Care Report;
- Strategic Plan;
- Disability Action Plan;

While Wimmera Health Care Group is guided by the Department of Health's "Doing It with Us Not for Us" policy, the Community Advisory Committee has also started 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 Wimmera Health Care Group via the Community Advisory Committee, please contact the Quality Manager/ Consumer Advocate on ph. 5381 9331 or email quality@whcg.org.au.

If you are interested in getting involved in any of the Wimmera Health Care Group's committees as a consumer voice, please contact the Quality Manager/ Consumer Advocate on ph. 5381 9331 or email quality@whcg.org.au



Community Advisory Committee chairperson Gillian Vanderwaal reviewing the Quality of Care Report with fellow committee members Barry Sherwell and Audrey Hurst.

CAC Community Representatives:

- Mrs Gillian Vanderwaal (Chairperson)
- Mrs Nicole Timms
- Mr David Bowie
- Ms Audrey Hurst
- Ms Sujatha Umakantha
- Mr Barry Sherwell

Wimmera Health Care Group Representatives:

- Mr Mark Williams
(Board of Management Chairman)
- Mr Robert Pyers
(Board of Management Member)
- Mr Chris Scott
(Chief Executive)
- Ms Alicia McGrath
(Quality Manager and committee secretary)
- Miss Amelia Elliston
(Public Relations Co-ordinator)

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 8.00 pm 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 2.00 pm at the Dimboola Campus. This group raises funds for the Dimboola campus. For further details, please contact Lesley on ph. 5389 1284.

Friends of the Foundation is an arm of the Wimmera Health Care Group Foundation. Following on from the success of MasterCook in early 2011, MasterCook2 was one of their major fundraising activities this year. Money raised by the Friends of the Foundation is invested through the Foundation. 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 meets on the first Tuesday of every month at 7.30 am 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 1.30 pm 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, 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 10.00am 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 on ph. 5382 7123.



Wimmera Hospice Care Auxiliary members Rene Vivian, Lea Crammond and Agnes Seater donate books about grieving to Mary Dagleish from the Wimmera Regional Library Corporation.

Involving The Whole Community

Consumer, Carer And Community Participation

Healthy Communities

Our Community Health Nurses have continued to offer free health checks, human development and other health sessions, participated in health expos and overseen a range of activities promoting healthy lifestyles. Some of the activities they have participated in this year include:

- Walking Program with Grades 3 and 4 at Dimboola Primary School
- Horsham Plaza Health Expo
- Health Checks at Laharum and Dimboola
- "Be Your Best" Women's Health Night at Dimboola
- "Taste of Life" Expo In Horsham
- Father/Son, Mother/Daughter puberty sessions at every Primary School in Horsham
- Healthy Shopping Supermarket tours with Diabetes Self-Management clients
- Look Good Feel Better sessions for ladies receiving treatment for cancer
- "Girls Day Out" program on self-esteem for year nine girls. Piloted in 2011 and Horsham College has now included as part of their Year nine program
- Walking group with Salvation Army
- Wimmera Machinery Field Days where up to 130 women were educated around physical activity, healthy eating, breast care, pap screens, and emotional health
- Immigrant Women's Health Information Forum
- Health and Hygiene sessions to preps, Grades 1 to 4 at Horsham Primary School Rasmussen Rd Campus
- Women's health night in partnership with Quantong Fundraising Committee
- "Chick Chat" and Pap Screen Clinic at Horsham Salvation Army
- Walking Track Brochure produced in partnership with Horsham Rural City Council
- "Concussion Project" with year nine boys at Horsham College. This involved teaching the boys about concussion, the boys then producing a poster, brochure and power-point on concussion. The boys took the program to local football clubs and gave talks about concussion
- In partnership with staff from Grampians Community Health, Nexus, Red Cross, and the Victorian police a program to educate grades 5 and 6 students at Horsham Primary Rasmussen Rd on alcohol and other drugs has been developed. It is envisaged this program will roll out to all primary schools in the region over the coming years
- Held a free Forum for Parents on dealing with adolescents and alcohol in partnership with Grampians Community Health
- Monthly Pap-screen clinics at Horsham and Dimboola
- We are part of the Community Advisory Group at the YMCA and have helped co-ordinate and run several weekend pool parties
- Sex education at Horsham College



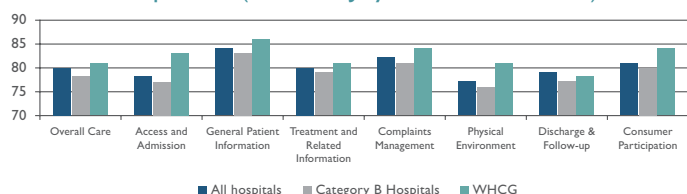
Horsham College Year 9 students Alex Harfield, Ambrose Launder, Kane Bolwell and Riley Williams raise awareness of brain injuries through a joint program with Wimmera Health Care Group's health promotion team.

Patient Satisfaction

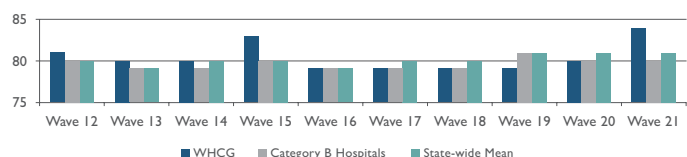
External

Wimmera Health Care Group participates in a State-wide Patient Satisfaction Survey, which is an independent survey of public hospitals conducted every six months. Consenting patients are randomly contacted following their discharge and asked a series of questions relating to their admission, participation, complaints management, physical environment, general information and overall care.

Patient Satisfaction Overall Summary and State-wide Comparison (Wave 21 July – December 2011)



Consumer Participation (Trended from Wave 12-21)



As you will see from the results, Wimmera Health Care Group has improved its performance comparatively to other similar hospitals and the State for overall patient satisfaction measures. Wimmera Health Care Group has also improved rates from the previous year. We are pleased to report that we have improved in Consumer participation. This was an area we needed to improve on

and through a person-centred approach, the “Nothing About Me Without Me” patient communication booklet and work towards a consumer participation plan our consumer participation has improved.

Highlights of Victorian Patient Satisfaction Survey (Wave 21: July – Dec 2011)

- 94% rated the explanation (by hospital staff) of the medicines to take after leaving hospital as 'good' to 'excellent'.
- 90% rate information on how to manage conditions and recover at home as being 'good' to 'excellent'.
- 90% were 'satisfied' or 'very satisfied' with all aspects of their hospital stay.

Wimmera Health Care Group improved satisfaction ratings in all these areas from the previous year.

Internal

Wimmera Health Care Group also conducts internal surveys for inpatients, outpatients and community services to measure performance and determine where improvements can be made.

Examples of Survey Area	Highlights
Oxley Ward	100% strongly agreed that Wimmera Health Care Group was the best hospital possible. 96% strongly agreed to agreed that they gave exactly the care I wanted when I needed.
Yandilla Ward	95% strongly agreed that Wimmera Health Care Group was the best hospital possible. 98% strongly agreed that they gave exactly the care I wanted when I needed.
Outpatient	Overall satisfaction with outpatient hospital services is high (100%). 100% of patients would recommend the outpatient hospital service to family and friends which is an excellent result.

Involving The Whole Community

Consumer, Carer And Community Participation

Listening To Our Consumers - Compliments, Suggestions And Complaints

Wimmera Health Care Group encourages and enables consumers to provide feedback about the services we provide. Feedback, whether in the form of a compliment, suggestion or complaint, is an important tool in assisting us to identify improvement opportunities. Your opinions help us look at what we are currently doing and ask ourselves – can we do it better? We promote this way of thinking across the organisation through updates, reporting and staff orientation.

This year, Wimmera Health Care Group has received many compliments through cards, letters, feedback forms and announcements in the local newspaper.

Our staff are educated at orientation to the hospital on how to receive and manage complaints.

This year, the number of complaints reduced by 30% from last year and compliments continue to far exceed the number of complaints received. Complaints are received

via our feedback form, phone calls, letters and emails. We aim to respond to all complaints within three days and to have investigated all complaints with the final outcome letter sent to the complainant within 30 days.

The Wimmera Health Care Group State-wide Patient Satisfaction Survey, an independent survey of public hospitals conducted every six months, found that only 3.3% of patients believed they had reason to make a formal complaint during their stay (reduction from 5% last year), with only 0.9% actually making a formal complaint.

Our Consumer Advocate is available to listen to any concerns or suggestions you may have and all feedback will be treated as confidential. Consumer Feedback forms are available in all departments. Alternatively, you can contact the Consumer Advocate on ph. 5381 9331, email quality@whcg.org.au or forward a letter to Wimmera Health Care Group, Baillie Street, Horsham VIC 3400.

Continuity Of Care

At Wimmera Health Care Group, we are committed to responding to the needs of our consumers, their families/ carers and the community. Below is a snapshot of some of

the ways we do this in a safe and effective, person-centred, integrated and co-ordinated manner.

Team Midwifery Program

The team midwifery program is aimed at women with normal pregnancies who have a low risk obstetric history.

Antenatal care is provided in a relaxed atmosphere by a team of three midwives, who help the expectant mother understand pregnancy and prepare for birth and parenting.

One of these midwives is usually available for the labour and birth



and the team provides postnatal care, including home visits.

Women develop a relationship with the midwives and care is provided in conjunction with a doctor or specialist obstetrician with the midwives.

Obstetric Paediatric Registra Gwenda Dabagua and intern Ragu Krishnamoorthy check on four day old Robert O'Toole in Yandilla.

Continuity Of Care

Team Effort Appreciated

Troy and Brydie Curran moved to Horsham from Melbourne's outer eastern suburbs with their son Nate to have a better quality of life.

Two years later and they are not only singing the praises of the community, but also the hospital that helped them to expand their brood, with the recent birth of their son Charlie on August 20, 2012. Mrs Curran said living in Melbourne's eastern suburbs she thought they would only have one child, mainly because of the high cost of living, but after moving to Horsham the family decided they would love a sibling for Nate. "I had a great experience having Nate in Melbourne, so I thought, but when I compare it to the support I received at Wimmera Health Care Group it was nowhere near as good," Mrs Curran said.

Mrs Curran was treated by Dr Yvonne Cymbalist and Dr Michaela Hock during her pregnancy and also signed up for the team midwifery program.

The program involves expectant mothers meeting the team of three midwives at Wimmera Health Care Group during their pregnancy to form a relationship with them while care is provided in conjunction with a doctor or specialist obstetrician along with the midwives. "I was very impressed with the level of service, with the treatment and the personal contact I had with the doctors and then with the three midwives," she said.

"I was told that through the team midwifery program they would try their best to make sure I had a midwife with me the whole way through my labour. I thought to myself, well I had a midwife with me in Melbourne so it was quite good that I could get the same thing in the country."

"But when it came to labour, I realised how much better it was in Horsham. I didn't just have a midwife, but I had a midwife that I had formed a relationship with through the program, so had my husband; in Melbourne I had never met the midwife before."

"It was such a better experience here because I really felt that between the doctors and midwife, I had three people supporting me through the pregnancy and now post pregnancy as well."

Mrs Curran said her whole family was made to feel welcome at the hospital and staff were incredibly caring and considerate. "I would go to get up to get something and the nurse would tell me to sit back down and get it for me, nurses would talk to Nate and explain how he had a little brother, it was a really personal and enjoyable experience."

Mrs Curran said the support is continuing, even after her son Charlie's birth. "The staff at the hospital have gone above and beyond through the team midwifery program,

they booked my follow-up doctor appointments for me and there is the option to do physiotherapy at the hospital as well," she said.

"I saw a lactation specialist who just dropped in to see how I was going and then when I came home one of the midwives actually came to the house to see how we were going, it was like getting a show bag full of goodies. Coming from the city, that level of service was just unbelievable."

"I thought I was lucky to have all these services just around the corner, but then they even made the effort to come to me."



Brydie Curran with four week old Charlie.

"Little Charlie has been monitored through the team midwifery program, with checkups and even a hearing test."

Mrs Curran said the program helped her, and husband Troy, feel safe and comfortable through what can be a scary time in life.

Continuity Of Care

Diabetes Education Program: Life Lessons

Jan Van Veldhuisen is managing her diabetes well and attributes her good health to what she learnt at the Diabetes Education program at Wimmera Health Care Group.

Mrs Van Veldhuisen, 80, was diagnosed with diabetes in early 2012, and on her doctor's recommendation attended the Diabetes Education Program.



The Program is for both newly diagnosed and people who have had diabetes for a long time and aims to educate participants about living with diabetes.

Participants in the program hear from a range of health professionals on how to best manage their disorder, including dietitians, podiatrists, physiotherapists, pharmacist and social workers.

Mrs Van Veldhuisen said attending the program's four sessions helped educate her about life changes she needed to make and helped her understand how her diabetes was affecting her body.

"I found the program really helpful, especially the information about looking after my feet, so I am going to see the podiatrist regularly now," Mrs Van Veldhuisen said.

"I haven't had to change my diet a lot because I already ate quite well and I walk quite a bit. The main thing is I now have a lot broader knowledge about diabetes and I believe I know enough now to manage my health a lot better.



Jan Van Veldhuisen with some of the healthy foods she learnt about keeping in her diet at the Diabetes Education Group.

"I now know how to monitor by blood sugar and I am confident I can look after myself and my diabetes."

"I also found it really good to hear other people's stories about how they were dealing with their diabetes."

Mrs Van Veldhuisen praised the Diabetes Education Program and the diabetes educators employed by Wimmera Health Care Group.

"The diabetes educators are excellent at educating people. The program is wonderful, the whole health service is fantastic," she said.

"I can honestly recommend the program to anyone who has recently been diagnosed, or anyone who has had the disorder for a while to get re-educated."

"I know I will be going back in a few years time and doing it all again."

Statistics from Diabetes Victoria show there are 1.4 cases of diabetes diagnosed in the Horsham Local Government area each week and 0.3 cases in West Wimmera Shire. Hindmarsh Shire Council has the highest rate of diabetes for any regional area in the state and Northern Grampians Shire Council has the fifth highest rate.

A lot of people diagnosed with diabetes don't feel sick at the time so they often don't change their lifestyle as they could, then by the time they start to feel unwell, often the damage is already done.

The Diabetes Education Program runs every second month and the group meets once a week, for four weeks, and can have up to 10 people in each group.

The sessions are held in the Arapiles building and anyone interested in the service can contact the Community Rehabilitation Centre on: 5381 9333 or 5381 9011.



Diabetes educator Nicky McMaster, social worker Frankie Blake, program participants Raymond Gilmartin and Sharon Anderson, with physiotherapist Shannyn McGrice and dietitian Helen Crome.

Monitoring Quality And Safety

Clinical Governance

Care provided at Wimmera Health Care Group is underpinned by a strong and effective clinical governance framework. It is through this framework that we are accountable for monitoring and continually improving the quality and safety of our service. The Clinical Governance Committee which consists of Board members, the Executive and key members of the Quality and Safety team is responsible for ensuring the implementation of the framework. The Clinical Governance Committee has also developed a Quality and Safety Strategic Plan to assist in the process and monitor a number of key performance indicators which provide a view of the whole health system and measure all dimensions of quality.

Our staff understand that everyone, not just the Clinical Governance Committee, is responsible for quality and safety within the health service. This means that staff act in the right way as part of a safe quality program with appropriate accountability to patients, management and the community.

At Wimmera Health Care Group we also achieve this by working with our staff and patients in key areas that assist to enhance the delivery of clinical care.

Consumer Participation

Consumers are involved and engaged with Wimmera Health Care Group through the Community Advisory Committee and the Cultural and Linguistically Diverse (CALD) Committee. Consumer complaints, compliments, suggestions and surveys are used to enhance the quality of care we provide. Wimmera Health Care Group is working to increase consumer participation in service planning, designing care and evaluation.

"We feel so fortunate to have such a wonderful health service."

Clinical Effectiveness

Clinical effectiveness is ensuring that the right care is given to the right patient at the right time in the right way by the right clinician. We have many ways of monitoring that this occurs from the accreditation process to monitoring clinical indicators and undertaking clinical audits. Some of these activities are presented throughout this report.

Effective Workforce

We have systems in place to ensure that staff employed at Wimmera Health Care Group have appropriate skills, qualifications and experience to provide safe high quality care. These include: credentialing and scope of practice; clinical practice and education programs; and mandatory competencies.

Risk Management

Wimmera Health Care Group has a robust risk management system which involves managing clinical risk to patients as part of the broader organisational risk management system which includes corporate, occupational health and safety risks.



Sub acute program co-ordinator Tamara Budde and Oxley registered nurse Lauren Simons spend time with Wimmera Nursing Home resident Elaine Pretty.

Accreditation

Accreditation is a measure of accountability. It is the formal process that is used to determine how well we are performing against standards that are set by governing agencies to ensure health care services such as Wimmera Health Care Group deliver quality care that is safe and appropriate to the needs of the individual. The accreditation process involves a written submission of achievements against the standards and independent assessors from the accreditation body visiting our hospital and conducting a thorough assessment. The thorough assessment can include: talking with patients, residents, clients and their relatives; interviewing staff; checking documentation and observing care, service delivery and the environment.

As Wimmera Health Care Group provides acute, aged care and community services, the organisation has been successfully accredited under a number of accreditation agencies.

"It is clearly evident that Wimmera Health Care Group is progressive and constantly challenges its own performance, striving to improve the care of the community it services" ACHS Surveyor Quote.

Wimmera Health Care Group has received continuous accreditation by the Australian Council on Healthcare Standards since 1975, a track record we are very proud of. Our accreditation outcomes send a message to the community that Wimmera Health Care Group, its management and staff, are committed to excellence in healthcare with a strong and continuing focus on safety, quality and performance.



Chris Scott

Agency	Hospital Area	Status
Australian Council on Healthcare Standards (ACHS)	Wimmera Health Care Group (excluding residential / aged care facilities)	Full four-year accreditation July 2009, Successful Periodic Review July 2011. Full re accreditation due July 2013
Aged Care Standards Accreditation Agency (ACAA)	Wimmera Nursing Home Kurrajong Lodge Dimboola Residential Services	Wimmera Nursing Home and Kurrajong Lodge achieved compliance May 2010, granted three year accreditation. Three year accreditation for Residential Services at Dimboola granted in 2011.
Home and Community Care (HACC)	Home and Community Care Allied Health Services, Wimmera Community Options and District Nursing.	Full four-year accreditation granted in August 2009. Re accreditation due July 2013

"I was impressed with the service we received from the Emergency Department through to Yandilla."

Monitoring Quality And Safety

Monitoring Our Patient Care: A Snapshot

This section of the report presents a snapshot of how the principles of quality and safety are used to continuously monitor our patient care. We collect and monitor our care

delivery as part of our strategic goal to pursue excellence in care. We also often collect and report data to external organisations, including the Department of Health.

Infection Control

Infection prevention remains a priority for all at Wimmera Health Care Group. Each year brings more challenges with the presentation of and frequency of new Multi Resistant Organisms (MROs) to the Wimmera Health Care Group. The emergence and increase in the rates of these organisms reinforces the importance that:

Hand hygiene along with correct prescribing of antibiotics are important weapons against infection!

Wimmera Health Care Group staff are educated in the Five Moments of Hand Hygiene with audits of hand hygiene compliance forwarded regularly to Hand Hygiene Australia. The latest audit showed an overall compliance rate of 76.8% compared to the National compliance rate of 75.7%

All visitors are also encouraged to use the alcohol hand rub which is available at the front entrance to the hospital and in all areas of Wimmera Health Care Group. The hands of visitors can innocently contaminate equipment, furniture, etc., which can later be transferred to a surgical wound or cause infection elsewhere. This is particularly important for friends and relatives handling newborn babies.

Many strategies are used to minimise the risk of infection: careful placement of patients at risk of infecting others or who are at increased risk of an infection themselves, auditing of processes, staff immunisation, and good hand hygiene to name a few.

Cleaning audits are regularly conducted by both internal and external auditors. The 2012 External Audit score for Horsham was 91% and Dimboola score was 96.5%. Staff in the Environmental Services department are to be congratulated on these achievements.



Rod Peachey makes use of the antiseptic hand wash available for visitors to use when at the hospital.

Our involvement in the collection of data for VICNISS (Hospital Acquired Infection Surveillance) during the last year has shown:

- 78% compliance in the correct use of prophylactic antibiotics prior to surgery
- No (0) new MRSA (Methicillin Resistant Staphylococcus Aureus) infections occurring after 48 hours of hospitalisation
- One (1) blood stream infection caused by the organism Staphylococcus aureus
- No (0) cases of Vancomycin Resistant Enterococci (VRE) treated at Wimmera Health Care Group
- Six (6) cases of Clostridium Difficile (causes acute diarrhoea)

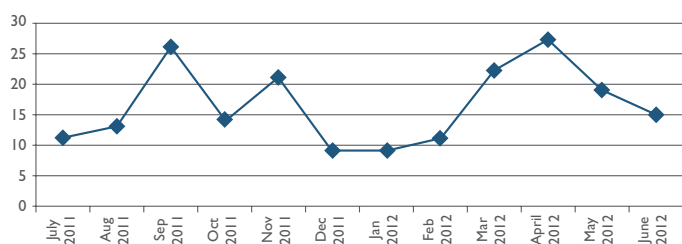
All results are either comparable or better than state average figures.

Medication Safety

The safe and appropriate use of medicines is vital to ensure patient safety in hospitals. It has been estimated that 2 to 3% of all hospital admissions (i.e. approximately 140,000 in 1999/2000) are related to problems with the use of medicines¹. 38% of readmissions to hospitals and 33% of attendances to emergency departments are associated with medicine use problems². These problems may start within the community or within the hospital. The cost of these problems was estimated at \$380 million per year in public hospitals alone¹. Problems may arise due to errors in:

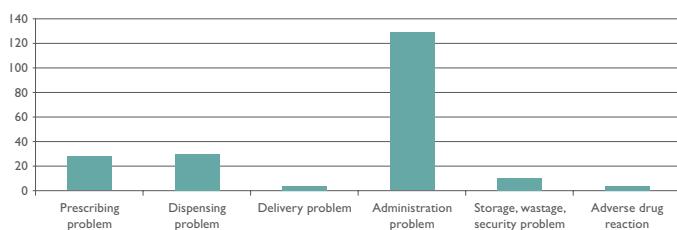
- prescribing (for example, an inappropriate medicine is prescribed);
- administration (for example, an incorrect medicine is given to a patient);
- dispensing (for example, an incorrect medicine is dispensed for a patient); and
- documentation and communication (for example, a patient receives a medicine to which they have previously had an allergic reaction, as the allergy was not recorded on the patient's medication chart.

Number of Medication Incidents



This graph shows the recorded medication incidents (or errors) at Wimmera Health Care Group for each month in the 12 months between July 2011 and June 2012.

Types of Medication Incidents



This graph shows the common types of medication incidents (or errors) reported at Wimmera Health Care Group during the period July 2011 and June 2012.

Wimmera Health Care Group has a designated committee, the Pharmaceutical Advisory Committee, which governs medication safety. Its responsibilities include:

- monitoring the safety and quality of medicines use;
- analysing medication incidents and medication performance indicators;
- implementing systems to reduce the occurrence of medication incidents and improve the safety and quality of medicine use; and
- reviewing and approving all medication policies and procedures.

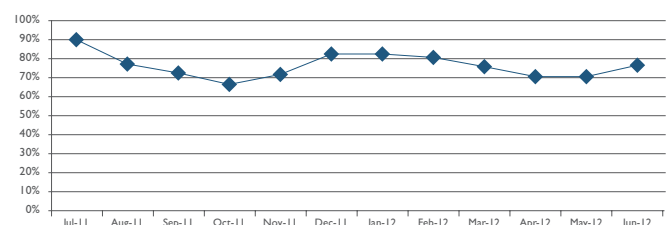
Improving medication safety is complex as there is no single solution to reduce all problems. Wimmera Health Care Group has introduced medication safety initiatives which improve patient care and reduce the risk of errors.

Documentation of Allergies and Sensitivities

It is important to document any allergies and / or sensitivities a patient has previously experienced. Current and complete information being available at the time of prescribing, dispensing and administration reduces the risk of the patient having another reaction to that medicine or a similar medicine.

The medication chart is one of the tools used to communicate information about allergies and sensitivities between clinicians. Data has shown that completion of allergy documentation occurs 49-85% of the time³.

Documentation of Allergies and Sensitivities



This graph shows the percentage of patients who have their allergic reaction status documented on their current medication chart.

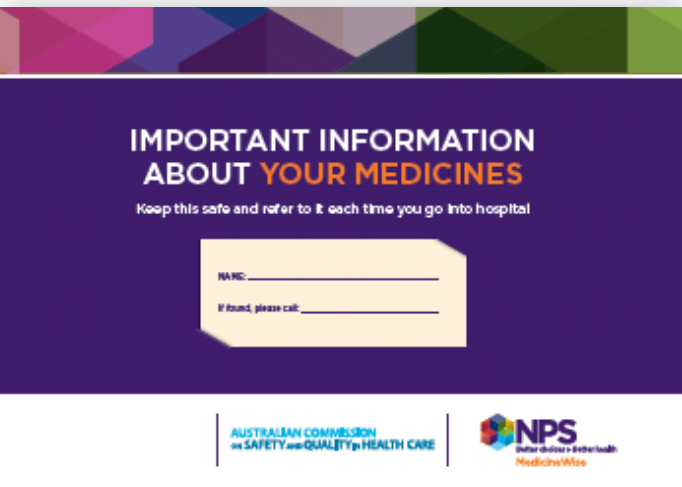
Monitoring Quality And Safety

Medication Safety (cont.)

Medication Reconciliation

'Medication Reconciliation' is a standardised process of obtaining a complete and accurate list of a patient's current medications and comparing it to medications prescribed on the medication chart and prescriptions. The purpose of medication reconciliation is to ensure patients receive all intended medicines and to avoid medicine errors which may occur at transitions of care, eg. hospital admission. A 'Medication Reconciliation' process was implemented at Wimmera Health Care Group in 2009.

In 2012, the hospital pharmacy commenced providing 'Consumer Information Wallets' to patients on discharge. The National Prescribing Service and the Australian Commission on Safety and Quality in Health Care jointly developed the wallets to provide patients with helpful tips on how they can help prevent medicine errors at hospital admission and discharge, changing wards or seeing different health professionals. The wallets are supplied to patients, containing the discharge medicines list (which includes information on any changes to medicines made during the hospital admission) and other medicines information, eg. Consumer medicines information for new medicines. If you are given one of these wallets you should take it with you to your Doctor, Pharmacist and if you have to go to hospital.



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Medication Safety In Residential Aged Care

Medication safety is a key focus for staff in residential aged care and an important aspect of our overall clinical risk management practice. Actions are employed by staff to ensure that medications are administered to residents in the safest and most efficient manner. A system of monitoring medication management is in place which includes daily monitoring of medication charts and weekly audits of key medication management functions. The number of residents who are prescribed nine or more medications is regularly collected, analysed and compared to state-wide figures to identify the need for improvement and/or review of residents medications.

Nine or more prescribed medications in Residential Aged Care Facilities
(2011-12 Average Quarterly rate per 1000 occupied bed days)

Wimmera Nursing Home		Dimboola Campus		Kurrajong Lodge	
Our Rates	Statewide High care Rates	Our Rates	Statewide High/Low Mixed Rates	Our Rates	Statewide Low Care Rates
4.89	4.20	4.53	3.84	4.03	4.16

Residential Medication Management Reviews (RMMR) are also carried out for permanent residents of Wimmera Health Care Group. The review is conducted once a year and involves collaboration between a doctor and pharmacist to review the medication management needs of a resident. The review is a means of ensuring quality use of medicines is developed and maintained, particularly for those at risk of medication misadventure because of a significant change in their condition or medication routine.

MISTAKES CAN HAPPEN WITH YOUR MEDICINES

Mistakes can happen with your medicines when you go into and come out of hospital, change wards or see different health professionals in the community. Having the right information about your medicines at all times will help prevent mistakes.

Health professionals need to know about all the medicines you use so they can make the right decisions about your health. Medicines include prescription, over-the-counter, herbal and natural medicines, and come in different forms, such as tablets, lotions, patches and drops.

You and your carer can help prevent medicine mistakes

Keep track of all your medicines with a *Medicines List*. Your doctor, nurse or pharmacist can help you fill it out. Speak up if you're ever unsure about your medicines.



AT HOME/SEEING ANY HEALTH PROFESSIONAL

- ▶ Keep your *Medicines List* up to date.
- ▶ Take your *Medicines List* every time you visit your regular health professional or someone new. If you stop or start a medicine, let them know.
- ▶ Ask your doctor or pharmacist for a medicines review if you have any problems with your medicines.



LEAVING HOSPITAL

- ▶ Ask which medicines you should continue using at home and for all changes to be explained.
- ▶ Leave with an up-to-date *Medicines List*.
- ▶ Check the active ingredients of all your medicines to avoid doubling up. Ask your health professional if you're unsure.
- ▶ Show your regular doctor and pharmacist your updated *Medicines List* and hospital discharge information so they can update their records.



GOING INTO HOSPITAL

- ▶ Take your *Medicines List* and medicine containers with you and show them to the doctor, nurse or pharmacist.
- ▶ Your medicines should be checked on arrival and when you're moved around the hospital.
- ▶ For your safety, you may be asked questions about your medicines, so answer them honestly.

HELP PREVENT MEDICINE MISTAKES WITH AN UP-TO-DATE **MEDICINES LIST**

Order, print or download an NPS *Medicines List* from www.nps.org.au/medicineslist or ask your pharmacist. It is also available in other languages and as an iPhone app.

BE MEDICINEWISE

Find out how at www.nps.org.au/medicinewise

AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

The role of the Australian Commission on Safety and Quality in Health Care is to lead and coordinate improvements in safety and quality in health care across Australia.

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1. Australian Council for Safety and Quality in Health Care. *Second National Report of Patient Safety – Improving Medication Safety*. Canberra 2002.
2. Easton K, Morgan T, Williamson M. *Medication Safety in the Community. A review of the literature*. National Prescribing Service. June 2009.
3. *Indicators for Quality Use of Medicines in Australian Hospitals: NSW Therapeutic Advisory Group*, 2007.

Monitoring Quality And Safety

Falls Monitoring And Prevention

Why does Wimmera Health Care Group try and prevent falls?

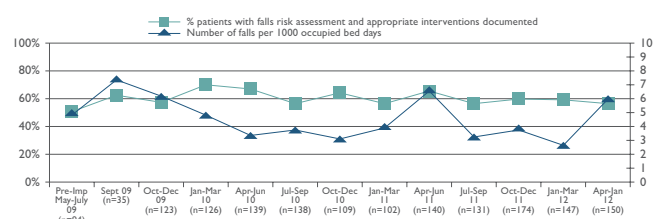
Falls are one of the most widespread and serious injury problems faced by the elderly in our community. Each year, one third of people aged over 65 will experience a fall. People in hospitals and residential facilities have even higher fall rates as a result of sickness and frailty, and altered routines and surroundings. The frequency of falls is made worse by the greater vulnerability of the elderly and infirm, to serious injury. In older people, even comparatively small falls can result in death or significant injury. People who experience falls also suffer increased anxiety levels and social withdrawal¹.

How does Wimmera Health Care Group prevent falls?

Wimmera Health Care Group 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; and
- 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.

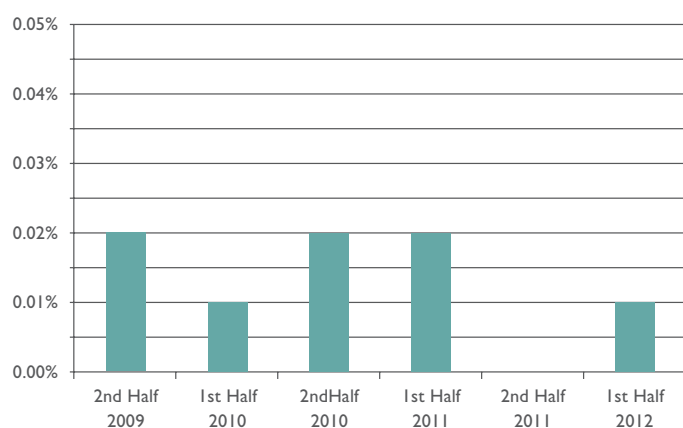
Comparison of Falls and Falls Risk Reduction



Wimmera Health Care Group monitors the number of falls that occur whilst patients are in our care (the blue line in the graph). The graph above shows that there has been a recent increase in the number of falls. 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.

Wimmera Health Care Group also 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 (the green line in the graph). Documentation of falls risk and prevention strategies is a key communication tool and also a legal requirement. We are currently working to increase the documentation from its current level.

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



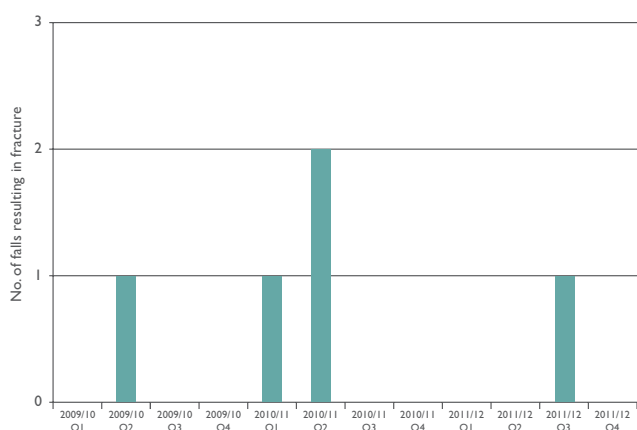
REFERENCES:

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

The percentage of falls which result in fractures or closed head injuries is a measure of the severest type of falls. There has been a reduction in the percentage of falls that result in a fracture or closed head injury from 0.02% in 2010-2011 to 0.01% in 2011-2012. These rates are comparable to other hospitals similar to ours.

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.

Residential Care Services falls resulting in fractures



The number of falls resulting in fracture has decreased in our Residential Care Services in 2011-2012.

Falls remain a significant risk to older people and as such we continue to review and improve upon the things that place a person at risk of falls. Strategies range from a simple task such as ensuring that their immediate environment is free from clutter to more complex activities such as assessment of mobility and cognition. Residential Care Services have developed a process that encourages staff to review situations when a resident has multiple falls in an effort to identify if there is anything else we can do to prevent the person from falling again. This is an important process of getting every staff member involved in the residents care to share their knowledge of the person so that strategies are unique to the individual.

The information presented for both inpatients and residential care services is also reported to the Wimmera Health Care Group Quality Committee and the Board of Management on a regular basis.



Intensive Care Unit registered number Chrissie Holmes with one of the new monitors the ward received in December 2011.

Monitoring Quality And Safety

Pressure Ulcer Monitoring And Prevention

How do pressure injuries develop?

A pressure injury is a sore, an area of skin that has been damaged due to unrelieved and prolonged pressure. Pressure injuries are also known as pressure ulcers, pressure sores or bed sores.¹ Pressure injuries are recognised internationally as a leading cause of harm in patients / residents and are largely preventable.² There are four stages of pressure injuries, these depend on how deep the injury is. A stage 1 injury is less severe than a stage 4 injury. People at risk of developing pressure injury are those:

- confined to a bed or chair and unable to move independently or have limited movement;
- who have loss of sensation or poor circulation;
- who have skin that is frequently moist through perspiration or loss of bowel or bladder control;
- who have poor nutrition; and
- who are unwell.¹

How does Wimmera Health Care Group prevent pressure injuries?

Commonly used strategies to prevent pressure injuries in those patients / residents admitted to Wimmera Health Care Group are:

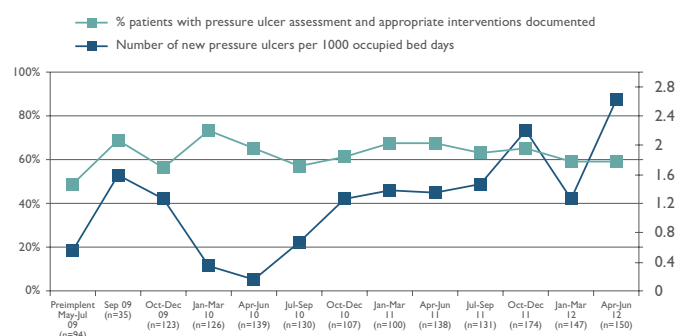
- Earlier recognition of those patients / residents who are at high risk of developing pressure injuries – each patient / resident is assessed to identify the level of pressure injury risk and their specific risk factors.
- Planning patient / resident care according to the patients / residents risk of developing pressure injury – specific risk reducing strategies are implemented which target the person's individual risk factors.
- Access to a range of special equipment that can be used for those patients / residents at high risk of developing pressure injuries. This includes special air mattresses, cushions and heel wedges.
- All hospital beds and trolleys now have specially designed pressure reducing mattresses on them.
- Staff education programs include pressure injury monitoring and prevention; and
- Information brochures are available for people at risk of developing pressure injuries.

What has Wimmera Health Care Group done to improve the prevention and management of pressure injuries in the last 12 months?

1. In 2011 our Graduate Nurse Program participants surveyed nursing staff to determine the level of their pressure injury knowledge. They found that the majority of nursing staff surveyed were unable to recognise all the signs of a stage one pressure injury. This was concerning because pressure injuries were often not being detected and managed until they reached stage 2 – missing an opportunity to prevent deterioration of the pressure injury due to early management. In response, the Graduate Nurses produced posters and lanyards on the stages of pressure injuries to educate staff. This resulted in an increase in the detection of stage 1 pressure injuries (see monitoring of pressure injuries).

2. “Preventing Pressure Ulcers – Move Move Move” Posters have been placed in the patient rooms of Oxley and Yandilla providing information for patients and families on what they can do to help prevent pressure injuries. Watch out for these posters when you next visit.

Comparison of Pressure Ulcers and Pressure Ulcer Risk Reduction



Wimmera Health Care Group monitors the number of pressure injuries that develop whilst patients are in our care (the blue line in the graph). You will notice in the graph that there has been an increase in the number of pressure injuries. Some of this is due to an increase in the number of injuries being reported – in particular more Stage 1 pressure injuries due to the 2011 education undertaken by the Graduate Nurses.

Wimmera Health Care Group also monitors the percentage of patients with a documented pressure injury risk assessment on admission and who also have the appropriate interventions documented (the green line in the graph). Documentation of pressure injury risk and prevention strategies is a key communication tool and also a legal requirement. We are working to increase the documentation level.

INPATIENTS	ANNUAL RATE (per 1000 bed days)
Stage 1	1.21
Stage 2	0.65
Stage 3	0.04
Stage 4	0.00

RESIDENTIAL CARE SERVICES	ANNUAL RATE (per 1000 bed days)
Stage 1	0.36
Stage 2	0.19
Stage 3	0.00
Stage 4	0.00

The stage of pressure injuries tells us how severe the pressure injuries are. During the last 12 months 64% of the inpatient pressure injuries were detected at a stage 1 level, this is an improvement from 2010-2011 where only 42% of pressure injuries were detected at stage 1. As stated previously the earlier pressure injuries are detected the greater chance of preventing further deterioration of the pressure injury with early management. Again this has been largely due to the Graduate Nurse Program pressure injury project conducted in 2011.

Pressure injuries are a risk to older people within our residential aged care homes at Wimmera Health Care Group. Risk of pressure injury to residents may be increased if they have issues such as reduced mobility, frail skin or conditions which place excessive moisture on the skin. Staff ensure that all risk factors associated with each individual are thoroughly assessed and a care plan is developed that is tailored to these needs. As indicated in the table, the residential care services annual rates (per 1000 bed days) for pressure injuries are low which again shows the positive outcomes the staff are able to achieve for residents.

The information on the number of pressure injuries, the percentage of patients with a pressure injury risk assessment and appropriate risk reduction interventions documented, and the stage of pressure injuries is provided to the staff in each ward area. This information is also reported to the Wimmera Health Care Group Quality Committee and Board of Management.

"Your vision statement was fulfilled from every aspect by every person."

REFERENCES:

1. Preventing Pressure Ulcers – an information booklet for patients. Victorian Quality Council 2004
2. PUPPS 3 – Pressure ulcer point prevalence survey, Statewide report 2006. Department of Human Services 2006

Monitoring Quality And Safety

Dental Services

Our two dentists, dental therapist, dental prosthetist and support staff provide a wide range of oral health services to eligible patients including emergency care, dentures and non-urgent treatment. During 2011-2012, the Dental Services provided 5,068 dental appointments. This included 1,270 general dental; 1,664 emergency dental and 364 denture courses of care.

Along with providing care and treatment, the Dental Services also educates pre-school children on oral health. Once a year, kindergarten groups visit the Dental Service and each child undergoes a quick mouth check. If they appear to require additional dental services, parents are informed via the Kindergarten Teacher. Children are shown how to correctly clean their teeth and a sample bag is sent home with each child. The aim of the kindergarten visits is to educate children and their parents on dental hygiene and hopefully reduce the need for dental services.

"The care I got at this hospital was second to none."

Our performance

Our Dental Services care is well above the Grampians and State average

- Unplanned return within 7 days after tooth extraction
There were 663 extraction episodes during July 2011 to June 2012, of which there were 3 unplanned returns. This was 0.5% of the total, lower than the Grampians region (1.2%) and state average (0.9%).
- Teeth re-treated within 6 months of initial restoration
There were 1,832 teeth requiring restoration during July 2011 to December 2011, of which there were 83 re-treated within 6 months. This was 4.5% of the total, lower than the Grampians region (4.8%) and state average (4.9%).
- Teeth resealed within 2 years of initial sealant placement
There were 495 teeth sealed during July 2009 to June 2010, of which there were 8 reseals within 2 years. This was 1.6% of the total, lower than the Grampians region (10.0%) and state average (7.8%).

These figures are provided to Wimmera Health Care Group from Dental Health Services Victoria based on our reporting (retrospective data used).



Dr Simon Estifo is part of the dental team at Wimmera Health Care Group.

Safe Use Of Blood And Blood Products

Introduction

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 products

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.

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).

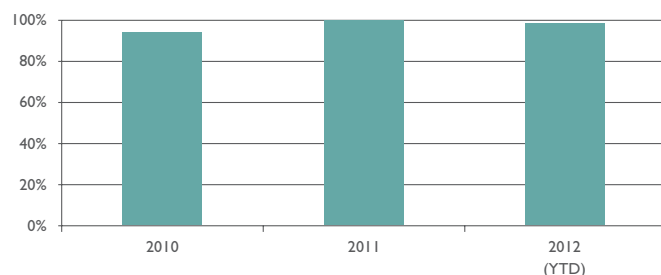
Blood and blood product safety

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

The Transfusion Committee, made up of staff from both Wimmera Health Care Group and St John of God Pathology, is responsible for ensuring that blood is used safely and appropriately within this organisation.

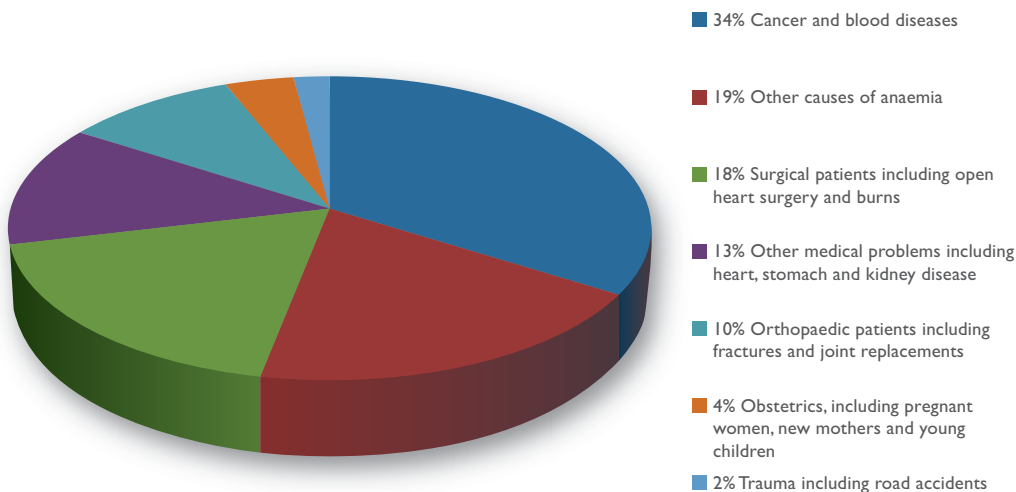
Blood Safe eLearning is an online educational program staff are able to complete. This national program was developed by experts in the area of transfusion and provides staff with an opportunity to develop their knowledge of blood and to foster safe transfusion practice and the appropriate use of blood components.

Percentage of patients with an appropriate indication for blood transfusion



Since September 2010, Wimmera Health Care Group has only had one patient without an appropriate indication for a blood transfusion

The red cells from your donations are used in the following ways:



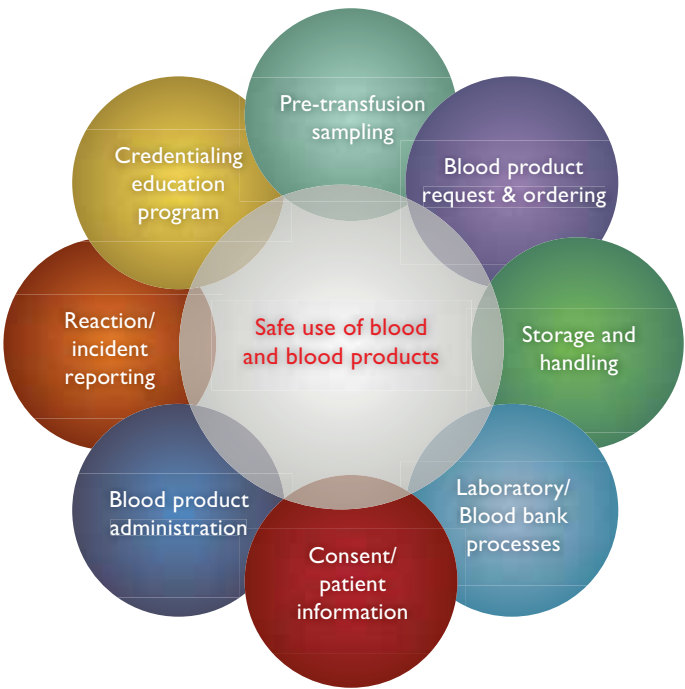
Monitoring Quality And Safety

Safe Use Of Blood And Blood Products

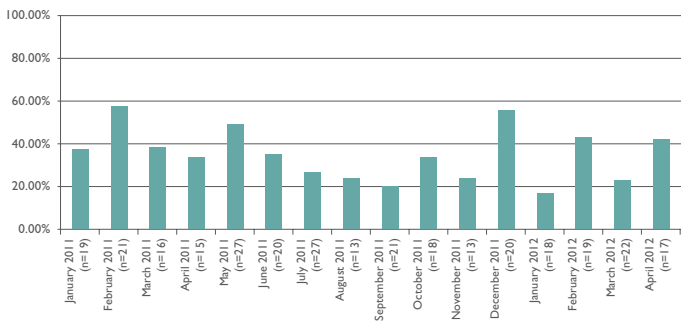
The Transfusion Nurse at Wimmera Health Care Group is an important resource for our staff.

- She promotes good transfusion practices amongst 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.



Percentage of patients with documented consent



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 during 2012.

Because of the risks associated with blood transfusions, it is important that 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.

Wimmera Health Care Group is introducing a form 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.

“Thank-you all for helping to make a difficult journey so much easier.”

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.

Monitoring Quality And Safety

Residential Care Services

Public Sector Residential Aged Care Services quality indicators assist aged care homes and the Victorian Government Department of Human Services to monitor and improve care to residents in the following areas: Falls, pressure injury, physical restraint, use of medications, unplanned weight loss.

Each quarter (i.e. four times a year) data is collected in these areas and forwarded to the Department of Human Services who then generate a report benchmarking our performance against the average rates for all Public Sector Residential Aged Care Services across Victoria.

This information is then analysed and used to change or improve practice where necessary. Examples of the information obtained for 2011-2012 is presented below and compared to state-wide averages.

Falls, Pressure Injury and Medication identification and prevention within our Residential Care Services has been discussed prior within this report.

Physical Restraint in Residential Care Services

Physical restraint is defined as "The intentional restriction of a resident's voluntary movement or behaviour by the use of a device, or removal of mobility aids, or physical force for behavioural purposes is physical restraint". As indicated in the table residential services employ minimal

use of restraint in comparison with the state wide rates. Whilst our use of restraint is significantly below other services, there may be times when physical restraint is applied, for example, cases where the resident or their representative requests this. Wherever restraint is used there are stringent guidelines regarding ongoing assessment to ensure that the device or method of restraint is safe and appropriate to the resident's circumstances and healthcare needs.

Reference: Resource Manual for Quality Indicators in Public Sector Residential Aged Care Service - Department of Human Services 2007

Unplanned Weight Loss in Residential Care Services

Residential care services collect and report information relating to unplanned weight loss of 3kg or more over a three month period and unplanned weight loss over three consecutive months. Since this method of review commenced the service has further developed this indicator to include percentage of total body weight loss. Accompanying this new indicator is a guide for staff on what to do if a certain percentage of weight loss occurs. This has resulted in more timely and accurate assessment of those at risk of unplanned weight loss and enables members of the care team to implement appropriate strategies to address the issue.

2011-2012 Average Quarterly Public Sector Residential Aged Care Indicators
(Rates per 1000 occupied bed days)

Public Sector Residential Aged Care Indicators	Wimmera Nursing Home		Dimboola Campus		Kurrajong Lodge	
	Our Rates	Statewide High care Rates	Our Rates	Statewide High/Low Mixed Rates	Our Rates	Statewide Low Care Rates
Physical restraint – Intent to restrain	0.10	1.06	0.00	0.54	0.07	0.03
Physical restraint – restraint devices	0.10	1.01	0.00	0.88	0.07	0.02
Unplanned weight loss > 3kg	1.70	0.83	1.72	0.85	0.69	0.51
Unplanned weight loss each month	1.22	0.78	0.00	0.78	0.38	0.54

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.

“Congratulations to the wonderful staff from all departments they were friendly and helpful at all times.”



Barkuma Mens Shed personal care attendants Colin Harper and Trenfield Fisher.

Our Services

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



Quality Of Care Report 2011-12 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. 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) |

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

Excellent 1 2 3 4 5 Poor

QUALITY OF CARE REPORT 2011-12 FEEDBACK FORM

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

- mail by folding document and posting;
- 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

Our Staff

This year, 64 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:

35 YEARS SERVICE

Susan Barber
Gaye Baker
Rhonda Huf
Fernanda Smith

Bernadette Ryan
Lisa Maroske
Jacqueline Fogarty
Jo-Anne Bates

10 YEARS SERVICE

30 YEARS SERVICE

Bruce Barnes
Jane Bolwell
Lynette McIntyre
Carolyn Kimberley
Fiona Schneider
Narelle O'Connor
Wendy King
Judith Bryan

Maureen Argall
Janet Bansemer
Peter Brennan
Olivia Bunworth
Kristen Coats
Karen Coleman
Ruth Cox
Fe' Dombi
Jacinta Duffy
Jennifer Ellis
Alison Foster

25 YEARS SERVICE

Roxanne Tucker
Sandra Smith
Margaret Huebner
Lynn Heard
Janine Harfield
Anne Richards
Colleen Whiteman
Judith Wood
Birgit Brown
Leonie Hoskins
George Csordas
Christine Goddard

Janine Harberger
Kathleen Hodge
Kellie King
Gareth Lane
Lindy Lavithis
Claire Lawes
Leanne Nesbitt
Belinda Nurse
Tracey O'Callaghan
Kerryn Prouse
Rosalie Rethus
Denese Ritchie
Debra Ryan
Carol Schneider
Tania Sickerdick

20 YEARS SERVICE

Frances Wilkinson
Margaret Witmitz
Rachelle Franks
Jocelyn Ballinger

Robyn Smith
Dianne Thomas
Leonne Thomas
Kari Tucker
Roxanne Wells
Margaret Wild

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w: www.whcg.org.au



Wimmera Medical Centre staff Bronwyn Avery, Terri Parry, Val Hales, Denese Ritchie, Heather Parker, Rod Jenkins, Kay Kennedy and Vicki-Lee Hughes.



Wimmera Health Care Group staff from the Dimboola Campus Kelly Walker and Tania Kuhne.

"What an amazing team working at the hospital – thank-you."

"The staff and Doctors were fantastic and the care was brilliant."



Incorporating:
Wimmera Base Hospital
Dimboola Hospital
Wimmera Nursing Homes
Kurrajong Lodge Hostel

Baillie Street
Horsham Victoria 3400
p: 03 5381 9111
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e: info@whcg.org.au
w: www.whcg.org.au

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